

**\* PUBLIC HEARING MEETING NOTICE\***  
**FIRST 5 SAN MATEO COUNTY (F5SMC)**  
**COMMISSION MEETING**

**DATE:** Monday, June 24, 2019

**TIME:** 4:00 PM – 6:00 PM

**ADDRESS:** San Mateo County Office of Education (SMCOE)  
101 Twin Dolphin Drive, 1st Floor Conference Room  
Redwood City, CA 94065

AGENDA		
<b>Call to Order and Preliminary Business</b>		
1	<b>Roll Call</b>	4:00 PM
2	<b>Public Comment</b>	
3	<b>Action to Set Agenda for June 24, 2019 Meeting and Approve Consent Agenda Items</b> <i>(This item is to set the final consent and regular agenda, and for the approval of the items listed on the consent agenda. All items on the consent agenda are approved by one action.)</i>	
4	<b>Commission Announcements</b>	
5	<b>Storytelling: First 5 Work / Impact:</b> Jessica Diaz and Maria Carranza, Family Engagement Managers, Peninsula Family Services	
<b>Action Items</b>		
6	<b>Oath-taking for Commission Reappointments for Second Term:</b> For Pam Frisella and Sandra Phillips-Sved; oath administered by Commissioner Canepa	4:15 PM
7	<b>Approval of Correction to F5SMC's FY 19-20 Adopted Budget</b> <i>(See Attachment 7)</i>	4:20 PM
8	<b>Approval of F5SMC's Long Term Financial Plan (LTFP) FY 2019 – 2020 through FY 2024 – 2025 (FY 18/19 Update), and Presentation</b> by Kitty Lopez, Executive Director, First 5 San Mateo County <i>(See Attachment 8)</i>	4:25 PM
<b>Discussion Items</b>		
9	<b>Build Up for SMC's Children – San Bruno GIS Mapping</b> by Sarah Kinahan, Build Up Consultant	4:40 PM
10	<b>Promoting Healthy Families with Evidence-Based Practice in the First 5 Years</b> by Lizelle Lirio de Luna, Director of Family Health Services, San Mateo County Health	4:55 PM
<b>Informational Items</b>		
11	<b>Communications Update</b> <i>(See Attachment 11)</i>	5:20 PM

12	<b>Report of the Executive Director</b> (See Attachment 12)	
13	<b>Committee Updates</b> (See Attachment 13)	

**\* Public Comment:** This item is reserved for persons wishing to address the Commission on any Commission-related matters that are as follows: 1) Not otherwise on this meeting agenda; 2) Listed on the Consent Agenda; 3) Executive Director’s Report on the Regular Agenda; or 4) Subcommittee Members’ Reports on the Regular Agenda. Public comments on matters not listed above shall be heard at the time the matter is called.

Persons wishing to address a particular agenda item should speak during that agenda item. If you wish to speak to the Commission, please fill out a speaker’s slip located in the box on the sign in table as you enter the conference room. If you have anything that you wish to be distributed to the Commission and included in the official record, please hand it to Myra Cruz who will distribute the information to the Commissioners and staff. Speakers are customarily limited to two minutes, but an extension may be provided to you at the discretion of the Commission Chair.

The identified times are approximate and are intended to serve as a guide to the public and all First 5 meeting attendees regarding the approximate start times for any one section of the Agenda. The actual start and end times for an agenda item may differ from the noted times.

Public records that relate to any item on the open session agenda for a regular Commission meeting are available for public inspection. Those records that are distributed less than 72 hours prior to the meeting are available for public inspection at the same time they are distributed to all members, or a majority of the members of the Commission. The Commission has designated the First 5 San Mateo County office located at 1700 S. El Camino Real, Ste. 405, San Mateo, CA, 94402, for making those public records available for inspection. The documents are also available on the First 5 Internet Web site at [www.first5.smcgov.org](http://www.first5.smcgov.org).

**IN COMPLIANCE WITH THE CALIFORNIA GOVERNMENT CODE AND THE AMERICANS WITH DISABILITIES ACT:** First 5 San Mateo County Commission meetings are accessible to individuals with disabilities. Contact Myra Cruz at (650) 372-9500 ext. 232, or at [ecruz@smcgov.org](mailto:ecruz@smcgov.org) as soon as possible prior to the meeting, if (1) you need special assistance or a disability-related modification or accommodation, including auxiliary aids or services, in order to participate in this meeting; or (2) you have a disability and wish to receive the meeting notice, agenda packet or other writings that may be distributed at the meeting in an alternative format. Notification in advance of the meeting will enable First 5 San Mateo County to make reasonable arrangements to ensure full accessibility to this meeting and the materials related to it.

First 5 San Mateo County Commission Meeting

**CONSENT AGENDA**

June 3, 2019

All items on the consent agenda are approved by one roll call motion unless a request is made at the beginning of the meeting that an item be withdrawn or transferred to the regular agenda. Any item on the regular agenda may be transferred to the consent agenda.

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- 3.1 Approval of the May 20, 2019 Commission Meeting Minutes  
(See Attachment 3.1)

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**First 5 San Mateo County (F5SMC)  
COMMISSION MEETING MINUTES  
May 20, 2019  
San Mateo County Office of Education**

**Call to Order & Roll Call****1. Roll Call**

Commission Members: Alexis Becerra, David Canepa, Rosanne Foust, Nancy Magee,  
Neel Patel, Nicole Pollack Louise Rogers

Absent: Pam Frisella, Sandra Phillips-Sved

Staff: Kitty Lopez, Khanh Chau, Jenifer Clark, Myra Cruz

County Counsel: Monali Sheth

A quorum was present. Commissioner Rogers called the meeting to order at 4:06 PM; roll call was taken.

**2. Public Comments: None****3. Action to Set Agenda for May 20, 2019 Meeting and Approve Consent Agenda Items**

MOTION: CANEPA/ SECOND: FOUST

AYES: BECERRA, MAGEE, PATEL, POLLACK, ROGERS

NOES: NONE

ABSTAIN: NONE

Motion approved.

**4. Commission Announcements:**

- Commissioner Magee announced that San Mateo County Office of Education's (SMCOE) Administrator for Early Learning Support Services, Alyson Suzuki, has been invited to be part of California State Superintendent Tony Thurmond's Transition Team for Early Learning. She also reminded everyone that the Big Lift Collaborative Meeting, titled "A Conversation with Kris Perry", will be on May 29<sup>th</sup> from 3:00 – 5:00 pm at the San Carlos Library. Kris Perry, California Health and Human Services Agency Deputy Secretary for Early Childhood (EC) Development and Special Advisor to the Governor on Implementation of EC Development Initiatives, will be the key note speaker.
- Commissioner Foust thanked Commissioner Magee for being one of the speakers of the upcoming SAMCEDA's THRED (Transportation, Housing, Regionalism, Economy and Development) Talks Meeting on June 10<sup>th</sup>. Commissioner Foust also announced that she was selected to participate in the US Chamber of Commerce Foundation Business League's Fellowship Program. She will be meeting people from all over the country, primarily from Chamber of Commerce and Economic Development, and will be the only person from California participating. The purpose of this is business exposure to early childhood education through career technical education and how business can be a better partner with early learning educators.
- Commissioner Patel announced that the UC Berkeley's Center of Excellence in Maternal, Child and Adolescent Health invited him and Dr. Jaime Peterson to speak on a school readiness project that was started years ago and initially funded by First 5 SMC at Fair Oaks Health Center. It was a case study on intervention in early phases of life and how it can affect the life course. Commissioner Patel also announced that he is very excited about the work of the San Mateo County's Physician Advisory Group for the Help Me Grow Initiative. Currently, there are ten physician members in the group.

5. **Storytelling: First 5 Work/Impact**

Commissioner Becerra shared her personal experience that lead to her career as a Mental Health Therapist working with youth facing adversity and also shared a story about the cases she managed. She expressed how crucial it is to have programs in place for the health and well-being of vulnerable children and the important work of First 5 San Mateo County.

6. **Oath-taking for Commission Reappointments for Second Term:**

Commissioner Canepa administered the swearing of oath for Commissioner Neel Patel for reappointment for second term ending December 31, 2021.

7. **Approval of First 5 San Mateo County Finance and Administration Committee Members: Commissioner Alexis Becerra and Public Member, Michael Garb for 2019 Calendar Year**

F5SMC's Executive Director, Kitty Lopez, asked for approval of this agenda item. Lopez explained that these appointments were not presented in the December 2018 Commission Meeting because Michael Garb was still a Commissioner and Commissioner Becerra was not yet appointed as a Commissioner.

MOTION: CANEPA/ SECOND: FOUST

AYES: BECERRA, MAGEE, PATEL, POLLACK, ROGERS

NOES: NONE

ABSTAIN: BECERRA

Motion approved.

8. **Approval of FY 19 – 20 Draft Budget and the Use of Ending Fund Balance to Fund F5SMC's FY 19 – 20 Adopted Budget**

Kitty Lopez presented F5SMC's FY 19-20 Draft Budget. Lopez added that the detailed draft budget is included in the packet, and that the Finance Committee reviewed the budget and recommended its approval.

Commissioners asked questions and made comments. The PowerPoint Presentation can be found on F5SMC's website, [May 20, 2019 Commission Meeting Presentations](#).

Approval of FY 19 – 20 Draft Budget:

MOTION: FOUST/SECOND: POLLACK

AYES: BECERRA, CANEPA, MAGEE, PATEL, ROGERS

NOES: NONE

ABSTAIN: NONE

Motion approved.

Approval of the Use of Ending Fund Balance to Fund F5SMC's FY 19 -20 Adopted Budget:

MOTION: POLLACK/SECOND: FOUST

AYES: BECERRA, CANEPA, MAGEE, PATEL, ROGERS

NOES: NONE

ABSTAIN: NONE

Motion approved.

9. **Approval of F5SMC FY 19 – 20 Policies and Bylaws**

Kitty Lopez informed the public that annually the Commission reviews and approves F5SMC's bylaws and policies which includes Contracting and Procurement Policy, Conflict of Interest Policy, Salary and Benefits Policy, Supplantation Policy, Delegation of Authority to ED Policy, Event Sponsorship Policy and Administrative Costs Policy. The F5SMC policies and bylaws are to ensure compliance with Prop 10 mandates and align with other administrative and fiscal processes which strengthens F5SMC's internal controls and

operations. The Finance Committee reviewed the F5SMC's policies and bylaws. Lopez highlighted the new changes in the policies and bylaws:

- In the Administrative Cost Policy, the Administrative Costs do not exceed 12% of the Commission's Annual Operating Budget.
- In the F5SMC's Bylaws, the Commission staff shall prepare the minutes of each meeting of the Commission.

Commission asked questions regarding how F5SMC's policy deviates from the county policy in general. Lopez answered with an example that she emails the Commission a list of bills that F5SMC supports and the Commission had given her an authority to support the bill unless they have any question. Counsel Sheth will look into it further.

MOTION:           MAGEE/SECOND: FOUST  
 AYES:             BECERRA, CANEPA, PATEL, POLLACK, ROGERS  
 NOES:            NONE  
 ABSTAIN:        NONE  
 Motion approved.

#### **10. Strategic Plan Population Level Indicators Presentation**

F5SMC's Research and Evaluation Specialist, Jenifer Clark, presented F5SMC's Strategic Plan Population Level Indicators. Population level indicators are examined county wide. F5SMC is tracking these data, but the indicators are not necessarily tied to any particular investments. F5SMC's investment efforts can contribute to the indicators. Clark highlighted local indicators such as preschool enrollment data, proportion of need for infant/toddler care met with available supply, percentage of early learning programs in QRIS (Quality Rating and Improvement Systems, children 0 – 5 re-entering the child welfare system, and percentages of parents reading to children every day. Commission suggested to also include actual numbers next to percentages.

The Commission asked questions and made comments.

The PowerPoint Presentation can be found on F5SMC's website, [May 20, 2019 Commission Meeting Presentations](#).

#### **11. First 5 California Annual Report Review**

Commissioner Rogers opened the session for this agenda item.

Jenifer Clark presented the *First 5 California Annual Report for 2017 – 2018*. Clark reminded everyone that it is a requirement of Prop 10 that each year's First 5 California Annual Report is reviewed in a public hearing by each First 5 County Commission.

She highlighted the following:

- In Fiscal Year 2017 – 2018, all First 5 County Commissions invested a total of \$340,503,763 in services and \$67,130,353 in system change. First 5 County Commissions served 747,499 children, 716,996 adults, 716,996 adults, and distributed 165,000 Kits for New Parents.
- First 5 California is mandated to invest in communications to share importance of childhood development. They used website, social media and First 5 Express Van to communicate the information
- 6,800 sites are participating in the QRIS across the State.

- The final evaluation report for the Child Signature Program showed that 72,000 children and their families benefitted from that program; the AIR Study of Transitional Kindergarten found that TK improves kindergarten readiness skills for all students;
- New investments in The Dual Language Learner Pilot and Transforming the Workforce for Children Birth through Age 8 Infrastructure Development.

Clark's *First 5 California Annual Report for 2017 – 2018* Power Point Presentation and the link for the full report can be found on F5SMC's website, [May 20, 2019 Commission Meeting Presentations](#).

Public Comments: None

Commissioner Rogers closed the session for this agenda item.

## 12. **Communications Update**

Kitty Lopez informed the Commission that the Communication's written report was included in the [May 20, 2019 Commission Meeting Packet](#). Lopez highlighted the following:

- F5SMC's impact stories that were shared with State Legislators in Sacramento during First 5 Association's Advocacy Day.
- F5SMC's online newsletter, "Think Bigger" was sent out.
- Currently developing Cannabis/Marijuana educational brochure.
- Social Media Reports were attached.

Public Comments: None

## 13. **Executive Director's Report**

The Executive Director's written report was included in the [May 20, 2019 Commission Meeting Packet](#).

Lopez highlighted the following:

- Build Up received \$300,000 funding from corporate and individual donor. Press release is included in the packet.
- On May 7<sup>th</sup>, Build Up held its first of three series of workshop for faith-based communities.
- F5SMC will be hosting a grantee and community training, "It Takes a Village-Supporting LGBTQ + immigrants and their families" on May 22<sup>nd</sup>.
- Governor Gavin Newsom's May Budget Revision Summary.
- SMC Complete Count Census kickoff event on April 1<sup>st</sup>.
- F5SMC participated on several fairs to promote its mission.
- Kitty Lopez and Michelle Blakely attended the First 5 Network Association Advocacy Day in Sacramento on April 30, 2019.

## 14. **Committee Updates**

Finance and Administration Committee:

Kitty Lopez informed that Commissioner Foust was selected as chair. The written report was included in the [May 20, 2019 Commission Meeting Packet](#).

Commissioner Rogers adjourned the meeting at 5:12 PM.



DATE: June 24, 2019  
 TO: First 5 San Mateo County Commission  
 FROM: Kitty Lopez, Executive Director  
 RE: Approval of the Correction to F5SMC's FY 2019-20 Adopted Budget

**ACTION REQUESTED****Approval of the Correction to F5SMC's FY 2019-20 Adopted Budget****CORRECTION TO THE F5SMC'S FY 2019-20 Adopted Budget**

Commission approved and adopted the F5SMC's FY 2019-20 Draft Budget at the May 20, 2019 Commission Meeting (Attachments 7A,7B, 7C)

Finance and Administration Committee met, reviewed, and endorsed the Correction to F5SMC's FY 2019-20 Adopted Budget at the June 17, 2019 Finance and Administration Committee Meeting.

1. **Corrected Budget Deficit Amount:** There is one mathematical error in the Budget Deficit amount of \$2,486,370 presented on the Budget Memo of the F5SMC's FY 2019-20 Draft Budget (Attachment 7A), which should be read as **\$3,201,836**. Budget Summary and correction are presented in the following table:

	<b>FY19-20 Adopted Budget Presented on Attachment 4A</b>	<b>Corrected Budget Deficit Amount of FY 19-20 Adopted Budget</b>
Revenues		
• Beginning Fund Balance FY 2019-20 ( <i>Fund Balance*</i> )	10,430,525	
• Projected Total Revenues	6,513,223	
• Total Available Funds ( <i>Total Sources*</i> )	16,943,748	
Appropriations		
• Total Program Appropriations	8,990,817	
• Total Administrative Appropriations	724,242	
Total Appropriations ( <i>Net Appropriations*</i> )	9,715,059	
Ending Fund Balance, FY2019- 20 ( <i>Reserves*</i> )	7,228,689	
<b>Surplus / (Deficit)</b> ( <i>Total Revenues – Net Appropriations*</i> )	<b>(\$2,486,370)</b>	<b>(\$3,201,836)</b>

2. **Corrected Fiscal Impacts:** As the result of the correction to the Budget Deficit amount, the Corrected Fiscal Impacts should be read as following:
- FY 2019-20 Draft Budget has a budget deficit of **\$3,201,836** due to F5SMC investing in Community with higher fiscal Appropriations than its fiscal Revenue, as per F5SMC's Strategic Plan.
  - F5SMC draws down **\$3,201,836** from Ending Fund Balance (Reserves\*) to fund its FY 2019-20 Adopted Budget.
3. All other budget information and FY 2019-20 Budget spreadsheet (Attachment 7B, 7C) are correct.
4. This memo should be read in conjunction with Attachments 7A, 7B, and 7C.

**ACTION****Approval of the Correction to F5SMC's FY 2019-20 Adopted Budget.**

**DATE:** May 20, 2019  
**TO:** First 5 San Mateo County Commission  
**FROM:** Kitty Lopez, Executive Director  
**RE:** Approval of F5SMC's FY 2019-20 Draft Budget and the Use of Ending Fund Balance (*Reserves\**) to Fund F5SMC's FY 2019-20 Adopted Budget

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## **ACTION REQUESTED**

**Approval of F5SMC's FY 2019-20 Draft Budget and the Use of Ending Fund Balance (*Reserves\**) to Fund F5SMC's FY 2019-20 Adopted Budget**

## **BACKGROUND**

Finance and Administration Committee met on Monday May 13, 2019. Finance Committee members reviewed the proposed FY 2019-20 Draft Budget presented in both old budget format and in new budget format. Committee members endorsed the Approval of F5SMC's FY 2019-20 Draft Budget.

## **BUDGET ASSUMPTIONS**

- Projected Interest earning rate of 1.5% on the projected Ending Fund Balance of FY 2018-19;
- An official Tobacco Tax Revenue Projection from the California Department of Finance based on the actual birth rate in each county will be released at the end of May 2019;
- Continue contracting of the Strategic Plan Implementation Plan (SPIP) Funding Allocations FY 2018-20, that was approved at the August 27, 2017 Commission Meeting;
- Honor 100% executed contract obligations of the SPIP FY 2018-20 contracts;
- Continue efforts in Policy Advocacy, Communication, and System Changes (PAC) and exploration of new revenue source acquisition;
- Continue execution of F5CA IMPACT Grant, Help Me Grow Grant, Watch Me Grow – Clinic Based Services Grant; Build-Up SMC Children's Facilities Grant;
- Inclusion of 3% COLA as the result of the recent union negotiated changes and 6% healthcare cost increase in staff Salaries and Benefits projections;
- 100% Program and Evaluation Staff's Salaries and Benefits are allocated in the Program Appropriations section as previously guided and approved by the Finance and Administrative Committee and Commission.
- **Shared Operating Budget Allocations (New):** Allocation Rate: 50% Shared Operating Budget and 27% Shared Admin Staff Time to Program Appropriation section.

## **PROPOSED FY 2019-20 DRAFT BUDGET**

The Proposed FY 2019-20 Draft Budget is presented in **Attachment 7B** (new budget format) and Shared Operating Budget is presented in Schedule 1 of **Attachment 7C**. Increases and decreases in the Proposed Budget reflect all approved contracts and SPIP funding allocations.

\*Please read the memo in conjunction with the Budget Spreadsheets.

- A. Revenues Budget is \$6.513 M** or a net decrease of \$345K or 5% decrease.

Major contributions to the net decreases in Revenue budget are associated with the decreases in Interest Revenue and Tobacco Tax Revenue, and the sunset of various Non-

Tobacco Tax Grants that offset the increases in F5CA Impact Grant Revenue and the Watch Me Grow – Clinic Based Services Grant Revenue.

**B. Program Appropriations Budget is \$8.991 M** or a net increase of \$826K or 10% increase.

Major contributions to the net increases in Program Appropriations are associated with honoring 100% of executed contract obligations, continuing contracting of the approved PIP 18-20 funding allocations, increase execution of the Watch Me Grow - Clinic Based Services grant, increases in Program Staff salaries and benefits, and allocation of Shared Operating Budget.

**C. Administrative Appropriations Budget is \$724K** or \$373K net decrease or 22% decrease.

Major contributions to the net decreases in Administrative Appropriations are associated with the allocation of Shared Operating Budget and Admin Staff time to Program section.

**D. Shared Operating Budget is \$396K** or \$29K net decrease or 7% decrease

**Services & Supplies is \$144K** or \$5K net decrease or 3% decrease.

Major contributions to the net decreases in Services and Supplies budget are associated with combined decreases in various Administrative Budget Lines.

**Other Charges is \$251K** or \$24K net decrease or 9% decrease.

Major contributions to the net decreases in Other Charges budget are associated with the decrease in the A-87 County Indirect Cost allocation.

**\$198K Shared Operating Budget is allocated to Program**, allocation rate 50%

**\$198K Shared Operating Budget is allocated to Admin**, allocation rate 50%

**E. Salaries and Benefits Budget is \$1.502 M** or \$77K increase or 5% increase.

Major contributions to net increases in Salaries and Benefits area associated with 3% COLA inclusion and 6% of healthcare cost increase projections.

Inclusion in the Salaries and Benefits Budget, there are:

- ✓ \$80K of Salaries and Benefits Budget or 0.5FTE equivalent position that will be funded from the F5SMC's Base Layer Funding of the F5CA IMPACT Grant and the Help Me Grow Grant
- ✓ \$195K or 27% Shared Admin Staff time is allocated to Program, allocation rate 27%

**F. FY 2019-20 ENDING FUND BALANCE (Reserves\*):**

**Ending Fund Balance (Reserves\*) is \$7.229 M** or 27% decrease or \$2.633 M decrease.

Major contributions to the net decreases in Ending Fund Balance (Reserves\*) are associated with higher Community Investments than agency fiscal Revenue, as per the F5SMC's Strategic Plan Implementation.

**I. FY 2019-20 DRAFT BUDGET SUMMARY**

FY 2019-20 Draft Budget is presented in **Attachment 7B** and is summarized as following:

	<b>FY19-20 Draft Budget</b>	<b>Variances vs FY18-19 Revised Budget</b>
<b>REVENUE</b>		
• Beginning Fund Balance FY 2019-20 ( <i>Fund Balance*</i> )	10,430,525	-15%
• Projected Total Revenues	6,513,223	-5%
• Total Available Funds ( <i>Total Sources*</i> )	<b>\$16,943,748</b>	<b>-11%</b>
<b>PROGRAM APPROPRIATIONS</b>		
• Program Appropriations	7,817,140	15%
• Program staff's salaries and benefits	607,381	3%
• Evaluation staff's salaries and benefits	173,784	8%
• Shared Operating Budget	197,800	
• Shared Admin Staff time	194,712	
• Total Program Appropriations	<b>\$8,990,817</b>	<b>10%</b>
<b>ADMINISTRATIVE APPROPRIATIONS</b>		
• Shared Operating Budget	197,800	
• Admin Salaries and Benefits	526,442	-22%
• Total Administrative Appropriations	<b>\$724,242</b>	<b>-22%</b>
<b>TOTAL APPROPRIATIONS (<i>Net Appropriations*</i>)</b>	<b>\$9,715,059</b>	<b>5%</b>
<b>ENDING FUND BALANCE, FY2018-19 (<i>Reserves*</i>)</b>	<b>\$7,228,689</b>	<b>-27%</b>
<b>SURPLUS / (DEFICIT) (<i>Total Revenues – Net Appropriations*</i>)</b>	<b>(\$2,486,370)</b>	

- *Total Sources\*, Net Appropriations\*, Reserves\*, Total Requirements\* are budget terminologies used by the County of San Mateo. Since March 2018, F5SMC have added budget terminologies used by the County to F5SMC Budget*

## II. ISSUE TO CONSIDER

- We anticipate having FY 2019-20 Budget Revision in February 2020 once (1) all funding of Cycle 4 contracts are fully executed and (2) FY 2018-19 under spending funds of various grants become available after FY 2018-19 financial audit completion.

## III. FISCAL IMPACT

- Admin cost rate of 9% is within the current approved Admin Cost Rate Policy.
- FY 2019-20 Draft Budget has a budget deficit of \$2,486,370 due to F5SMC investing in Community with higher fiscal Appropriations than agency fiscal Revenue, as per F5SMC's Strategic Plan.
- F5SMC draws down \$2,486,370 from Ending Fund Balance (Reserves\*) to fund its FY 2019-20 Adopted Budget.





## ACTION

**Approval of F5SMC's FY 2019-20 Draft Budget and the Use of Ending Fund Balance (Reserves\*) to Fund F5SMC's FY 2019-20 Adopted Budget.**

	ORG/ACCT#	FY18-19 Revised Budget	FY19-20 Draft Budget	FY19-20 Draft Budget (+/-) vs FY18-19 Revised Budget (\$)	FY19-20 Draft Budget (+/-) vs FY18-19 Revised Budget (%)	Notes to FY19-20 Draft Budget
<b>REVENUE</b>						
<b>FUND BALANCE BEGINNING (BEGINNING RESERVES*)</b>		<b>12,265,268</b>	<b>10,430,525</b>			Based on projected Ending Fund Balance FY18-19
Interest	19510-1521	231,958	156,458	(75,500)	-33%	Conservative Interest Earning Rate projection of 1.5% on lower Beginning Fund Balance
Tobacco Tax Revenue	19510-1861	5,344,804	5,254,000	(90,804)	-2%	
F5CA IMPACT Grant	19510-1861	524,000	575,000	51,000	10%	Last year of the 5-year grant
F5SF IMPACT HUB TA FY18-19	19510-2643	70,903		(70,903)	-100%	Grant ends 6.30.2019
David Lucile Packard Foundation - Help Me Grow Grant	19510-2643	285,000	100,000	(185,000)	-65%	Pending no cost extension of the Grant.
San Bruno Community Foundation - Build-Up Kids Grant	19510-2643	14,709		(14,709)	-100%	Grant ends 6.30.2019
Peninsula Healthcare District - Help Me Grow Call Center Grant	19510-2643	25,000		(25,000)	-100%	Grant ends 6.30.2019
San Mateo County Health System - WMG Clinic Based Services Grant	19510-2643	181,383	362,765	181,382	100%	
GILEAD - Build Up Kids Facilities Grant	19510-2643	50,000		(50,000)	-100%	
San Mateo County Human Services Agency - Build Up Kids Facilities Grant	19510-2643	130,000	65,000	(65,000)	-50%	
F5SMC Wellness Grant	19510-2658	777		(777)	-100%	
<b>TOTAL REVENUES</b>		<b>6,858,534</b>	<b>6,513,223</b>	<b>(345,311)</b>	<b>-5%</b>	Various grants end and decrease of Interest Revenue due to lower Beginning Fund Balance.
<b>TOTAL AVAILABLE FUNDS (TOTAL SOURCES*)</b>		<b>19,123,802</b>	<b>16,943,748</b>	<b>(2,180,054)</b>	<b>-11%</b>	
<b>APPROPRIATIONS</b>						
<b>1. Program</b>						
Family Engagement	19540-6125	1,775,541	1,712,067	(63,474)	-4%	Last year of 2-year funding cycle.
Child Health & Development	19540-6156	1,563,670	1,744,041	180,371	12%	Last year of 2-year funding cycle.
SPIP 15-18 Carry Over	19540-6156	100,000		(100,000)		F5SMC leverage funding for the HMG will be paid out in FY19-20
Early Learning	19540-6263	1,628,259	1,665,000	36,741	2%	Last year of 2-year funding cycle.
Policy Advocacy, Communications & Systems Change	19540-6814	559,905	800,502	240,597	43%	Last year of 2-year funding cycle. Sponsorship budget \$10K.
SPIP 15-18 Carry Over	19540-6814	40,000	0	(40,000)	-100%	
Other Communications - Sponsorship	19540-6814	10,000		(10,000)		
Emerging Projects	19540-6814	200,000	334,600	134,600	67%	Last year of 2-year funding cycle.
Kit for New Parent KNP (KNP)	19540-6814	62,000	42,000	(20,000)	-32%	Build only 3000 KNP
Regional Cost Sharing	19540-6814	45,000	45,000	0	0%	Place holder
Program Salary & Benefits		591,149	607,381	16,232	3%	
Grant Management and Big Data	19540-6265	100,000	194,896	94,896	95%	
Other Evaluation Projects	19540-6265	145,000	290,000	145,000	100%	
Evaluation - Salaries & Benefits		161,632	173,784	12,152	8%	
David Lucile Packard Foundation grant - Help Me Grow Grant	19540-6131	255,000	100,000	(155,000)	-61%	Pending Help Me Grow grant no cost extension request and approval.
Help Me Grow - Centralized Access Point and Family and Community Outreach Providers	19540-6131		0	0	#DIV/0!	
Help Me Grow - Healthcare Provider Li	19540-6131		0	0		
Help Me Grow Call Center Grant - Peninsula Healthcare District	19540-6131	25,000		(25,000)	-100%	Grant ends 6.30.19
Watch Me Grow Clinic Based Services Grant	19540-6131	181,383	362,765	181,382	100%	x
San Bruno Community Foundation grant - Build-Up Kids	19540-6131	14,709		(14,709)	-100%	Grant ends 6.30.19
GILEAD - Build Up Kids Facilities Grant	19540-6131	50,000		(50,000)	-100%	Grant ends 6.30.19
San Mateo County Human Services Agency - Build Up Kids Facilities Grant	19540-6131	130,000	65,000	(65,000)	-50%	
F5SF IMPACT HUB TA FY18-19	19540-6126	65,231		(65,231)	-100%	Grant ends 6.30.19
F5CA IMPACT Grant	19540-6126	461,266	461,269	3	0%	
Allocated Shared Operating Budget			197,800	197,800		Allocation rate: 50% to Program

	ORG/ACCT#	FY18-19 Revised Budget	FY19-20 Draft Budget	FY19-20 Draft Budget (+/-) vs FY18-19 Revised Budget (\$)	FY19-20 Draft Budget (+/-) vs FY18-19 Revised Budget (%)	Notes to FY19-20 Draft Budget
Allocated Shared Admin Staff Time			194,712	194,712		Allocation rate to Program: 27%
<b>Subtotal Program Appropriations</b>		<b>8,164,745</b>	<b>8,990,817</b>	<b>826,072</b>	<b>10%</b>	Honor 100% executed contract obligations and continuing contracting of the approved SPIP 18-20 funding allocation.
<b>2. Administrative</b>						
Salaries and Benefits		672,719	526,442	(146,277)	-22%	Allocation rate to Program: 27%
Allocated Shared Operating Budget		424,577	197,800	(226,777)		Allocation rate: 50% to Admin
<b>Subtotal Administrative Appropriations</b>		<b>1,097,296</b>	<b>724,242</b>	<b>(373,054)</b>	<b>-22%</b>	
Administrative Cost Rate %		12%	9%			
<b>TOTAL APPROPRIATIONS (NET APPROPRIATIONS*)</b>		<b>9,262,041</b>	<b>9,715,059</b>	<b>453,018</b>	<b>5%</b>	Positive variances due to pending planning and contracting of various SPIP budget lines and delayed billing from various contractors
<b>ENDING FUND BALANCE (ENDING RESERVES*)</b>		<b>9,861,761</b>	<b>7,228,689</b>	<b>(2,633,072)</b>	<b>-27%</b>	Positive variances due to higher interest revenue and Prop 56 disbursement and under spending in both Program and Administrative Appropriations

**Color code**

Shared Budget/Shared Cost	
Revenue ; Fund Balance	
Appropriations	
Salaries & Benefits	

**Note 1:**

At the March 26, 2018 Commission Meeting, Commission reviewed and approved the use of Reserves\* to fund the approved FY17-18 Revised Budget. At the same time moving forward, F5SMC will add budget terminologies used by the County to F5SMC Budget for a comparable reading with County internal budget system.

\*Total Sources, Net Appropriations, Reserves, Total Requirements with asterisk \* are budget terminologies used by the County of San Mateo.

## Schedule 1 - Shared Operating Budget FY19-20

	ORG / ACCT#	FY18-19 Revised Budget	FY19-20 Draft Budget	FY19-20 Draft Budget (+/-) vs FY18-19 Revised Budget (\$)	FY19-20 Draft Budget (+/-) vs FY18-19 Revised Budget (%)	Notes to FY19-20 Draft Budget
<b>I. Services and Supplies</b>						
Outside Printing & Copy Svc	19510-5191	2,000	2,000	0	0%	
General Office Supplies	19510-5193	12,500	7,500	(5,000)	-40%	Reduce color ink cartridge purchase will offset the higher lease cost of a color photocopier.
Photocopy Lease & Usage	19510-5196	2,000	4,000	2,000	100%	Lease color photocopier
Computer Supplies	19510-5211	13,000	18,000	5,000	38%	7 new laptop purchase after 5-year services lives (\$15K) and software licenses (\$3K)
County Memberships - (e.g. F5 Assn Dues)	19510-5331	15,000	15,000	0	0%	
Auto Allowance	19510-5712	11,000	11,000	0	0%	
Meetings & Conference Expense	19510-5721	12,000	12,000	0	0%	
Commissioners Meetings & Conference Exp	19510-5723	8,000	5,000	(3,000)	-38%	
Other Business Travel Expense	19510-5724	5,000	5,000	0	0%	
Dept. Employee Training Expense	19510-5731	8,000	5,000	(3,000)	-38%	
Wellness grant	19510-5856	777		(777)	-100%	
Other Professional Services	19510-5858	60,000	60,000	0	0%	Place holder
<b>Sub Total - Services &amp; Supplies</b>		<b>149,277</b>	<b>144,500</b>	<b>(4,777)</b>	<b>-3%</b>	
<b>II. Other Charges</b>						
Telephone Service Charges	19510-6712	4,000	3,500	(500)	-13%	
Automation Services - ISD	19510-6713	48,000	45,000	(3,000)	-6%	
Annual Facilities Lease	19510-6716	92,000	95,000	3,000	3%	
General Liability Insurance	19510-6725	7,500	7,500	0	0%	
Official Bond Insurance	19510-6727	600	600	0	0%	
Human Resources Services	19510-6733	2,000	2,000	0	0%	
Countywide Security Services	19510-6738	500	500	0	0%	
All Other Service Charges	19510-6739	53,000	50,000	(3,000)	-6%	
A-87 Expense	19510-6821	67,700	47,000	(20,700)	-31%	County indirect cost allocation reduction.
<b>Sub Total - Other Charges</b>		<b>275,300</b>	<b>251,100</b>	<b>(24,200)</b>	<b>-9%</b>	
<b>Total Shared Operating Budget</b>		<b>\$ 424,577</b>	<b>\$ 395,600</b>	<b>(28,977)</b>	<b>-7%</b>	
<b>Allocated Shared Operating Budget to Program</b>			<b>\$ 197,800</b>			Allocation rate to Program: 50%
<b>Allocated Shared Operating Budget to Admin</b>			<b>\$ 197,800</b>			Allocation rate to Admin: 50%

## Schedule 2 - Salaries &amp; Benefits Budget FY19-20

Program Staff & Shared Admin Staff	591,149	802,093	210,944	36%
Evaluation Staff	161,632	173,784	12,152	8%
Admin Staff	672,719	526,442	(146,277)	-22%
<b>Total Salaries and Benefits</b>	<b>\$ 1,425,500</b>	<b>\$ 1,502,319</b>	<b>76,819</b>	<b>5%</b>

## Color code

Shared Budget/Shared Cost

Revenue ; Fund Balance

Appropriations

Salaries &amp; Benefits


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**DATE:** June 24, 2019

**TO:** First 5 San Mateo County Commission

**FROM:** Kitty Lopez, Executive Director

**RE:** Approval of F5SMC's Long-Term Financial Plan (LTFP) from FY 2019-20 through FY 2024-25 (FY18/19 Update)

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## **ACTION REQUESTED**

Approval of F5SMC's Long-Term Financial Plan (LTFP) from FY 2019-20 through FY 2024-25 (FY18/19 Update)

## **KEY MESSAGES**

Finance and Administration Committee met, reviewed, and endorsed the F5SMC's Long-Term Financial Plan (LTFP) from FY 2019-20 through FY 2024-25 (FY18/19 Update)

Long-Term Financial Plan (LTFP) is a snapshot in time with unknown financial information that continues to evolve. The Commission has the opportunities to review and approve updated LTFP every year.

### **Revenues:**

Additional Revenue opportunities exist that staff are currently working on with grant finalization to become available late in June 2019 through December, 2019 as well as early 2020:

- First 5 California Grants through competitive grant application processes;
- Non-Tobacco Tax Grant Opportunities;
- Any underspend from contracting of SPIP FY18-20 funding allocations.

### **Expenditures**

- Any additional reductions in operational spending will be evaluated and made.

### **Organizational Structure**

- Working with County HR Dept. First 5 is conducting job classification/job analyses studies to evaluate the current work and job descriptions. This information will help us determine more accurately the workload and any restructuring that might need to happen after 2020 and that will still support the new revised Strategic Plan, 2020-2025.
- Comparing F5SMC current operations with First 5's of similar size and revenue, F5SMC has a very lean organizational structure (8.3 equivalent FTEs); F5 San Francisco (14 FTEs), F5 Ventura (9-12 FTEs), F5 San Joaquin (11 FTEs).

## **F5SMC'S LTFP FROM FY 2019-20 THROUGH FY 2024-25 (FY18/19 Update)**

F5SMC's LTFP from FY 2019-20 through FY 2024-25 (FY18/19 Update) is presented in **Attachments 8B and 8C** and is updated with:

- (1) F5CA Tobacco Tax Revenue Projections FY 2019-24, released May 21, 2019;
- (2) FY 2017-18 Audited Financial Information;
- (2) FY 2018-19 Year-End Projections
- (3) FY 2019-20 Adopted Budget;
- (4) Approved Strategic Plan Implementation Plan (SPIP) FY 2018-20 Funding Allocations; and
- (5) FY 2020-25 Funding Allocation Level approved during the strategic planning process.

## I. REVENUES

A. **Interest Revenue:** projected 1% Interest Earning Rate on the Beginning Fund Balance.

### B. Tobacco Tax Revenues

- Tobacco Tax Revenues include Prop 10 and Prop 56 Tax Revenues that are allocated to F5 Commissions based on actual birth rate in each County.
- F5CA Tobacco Tax Revenue Projections FY 2019-24, released May 20, 2019, reflects Tobacco Tax Revenues are declining at a faster rate than 2018 projection; adjusted declining rate increases to 2.9% from 2.2%.

C. **Other Grant Revenues** from F5CA Other Grants and Other Non-Tobacco Tax Grants through competitive grant application processes.

- FY 2019-20: include Revenues of executed F5CA IMPACT Grant, Help Me Grow Grant, and Watch Me Grow – Clinic Based Services Grant, HSA- Build Up for SMC Children’s Initiative.
- FY 2020-25: projected \$200K Other Grant Revenues each fiscal year. This projection is made on a conservative estimate of historical trend (i.e. a combined \$4.318M of additional Other Grant Revenues acquired over 5-year period FY 2015-20 or \$1.1M annual average), trusted relationships with existing funders, and leverage funding opportunities with F5SMC’s strategic plan.

Potential Other Grant Revenue Sources include:

#### **C1. Pending Grant MOU and or Grant Finalization:** \$650K estimate

- ✓ Sequoia Healthcare District: Special Needs, Virtual Dental Home, Trauma Informed.
- ✓ Mental Health Services Act MHSA – Prop 63: Mental Health programs

#### **C2. Repeating Grant Opportunities:** \$375K estimate

- ✓ First 5 California
- ✓ David Lucile Packard Foundation
- ✓ Peninsula Healthcare District

## II. PROGRAM APPROPRIATIONS

### D. Strategic Plan Investment SPIP

- FY 2019-20: include SPIP FY2018-20 executed contracts and SPIP Funding Allocations and contracting.
- FY 2020-25: Strategic Plan – Cycle 4 investments are projecting an even investment level of \$3.780M each fiscal year; said investment level was previously approved by the Commission during the strategic planning process, 2017-2018.

### E. Other Grants

- FY 2019-20: Include Appropriations of executed F5CA IMPACT Grant, Help Me Grow Grant, Watch Me Grow - Clinic Based Services Grant, HSA- Build Up for SMC Children’s Initiative.
- FY 2020-25: Include projected \$150K/year pass-through contracts from projected Other Grant Revenues of \$200K/year.

F. **Program Operations:** for consistent presentation and reading across F5SMC’s Budget and F5SMC’s LTFP, the Program Operations section includes:

- Evaluation and Program Staff Salaries and Benefits
- Shared Admin Staff Time working on Program activities: Allocation rate of 27%
- Shared Operating Budget: Allocation rate of 50%

### **III. ADMIN APPROPRIATIONS**

**G. Shared Operating Budget:** Allocation rate of 50%

**H. Admin Staff Salaries and Benefits:** Allocation rate of 73%

### **IV. PENSION LIABILITY AND OPERATIONAL RESERVES**

- Commission has approved in previous LTFPs a \$1M Pension Liability and 6 months of Operational Reserves. The Pension Liability and Operational Reserves are Restricted Fund and are set aside for its intended restricted uses.

### **V. ENDING FUND BALANCE**

- Commission has guided and approved the Ending Fund Balance after Pension Liability and Operational Reserves equal to or approximate 6 months of said fiscal year revenue for safety cash flow management after FY 2020.
- At the end of FY 2024, Projected Ending Fund Balance after Pension Liability and Operational Reserves is \$3.052 M which is approximate to 6.2-month equivalent of FY 2024 fiscal Revenue.
- At the end of FY 2025, Projected Ending Fund Balance after Pension Liability and Operational Reserves is \$2.024 M which is approximate to 4.2-month equivalent of FY 2025 fiscal Revenue. We are working on plans to increase this amount.

### **VI. FISCAL IMPACT**

- Admin Cost Rate: projected 7% for period FY 2019-20 and 13% for period FY 2020-25.
- FY 2019-20: Projected Budget Deficit of \$3.153 M in FY 2019-20 with draw down of Ending Fund Balance (Reserves\*) to fund higher community investments, per the current Strategic Plan Implementation Plan (SPIP).
- FY 2020-25: Projected Budget Deficit of \$3.353 M over the 5-year period. We will continue to draw down funds to cover this annual deficit from the Ending Fund Balance.
- It is anticipated that from FY 2025 forward, Total Appropriations would be in line with Total Fiscal Revenues.

### **RECOMMENDATION**

Approval of F5SMC's Long-Term Financial Plan (LTFP) from FY 2019-20 through FY 2024-25 (FY18/19 Update).



LONG-TERM FINANCIAL PLAN LTFP FY2019-2025 (Update FY18/19)

	CYCLE 3					CYCLE 4					Notes
	FY 15-16 Actual	FY16-17 Actual	FY 17-18 Actual	FY 18-19 Year-End Projections	FY 19-20 Budget	FY20-21 Projection	FY21-22 Projection	FY22-23 Projection	FY23-24 Projection	FY24-25 Projection	
<b>BEGINNING FUND BALANCE (Beginning Reserves*)</b>	16,205	15,457	14,922	12,264	10,430	7,277	6,932	6,458	5,828	4,952	
A. Interest Revenue	136	156	208	232	156	109	104	97	87	74	
B. Tobacco Tax Revenue	6,098	5,846	5,262	5,301	5,303	5,129	4,992	4,843	4,606	4,468	
C. Other Grant Revenues											
F5CA Other Grants / IMPACT Grant	219	428	650	578	575						
Other Non-Tobacco Tax Grants	289	263	41	747	528	200	200	200	200	200	
<b>Total Revenues</b>	<b>6,742</b>	<b>6,693</b>	<b>6,161</b>	<b>6,858</b>	<b>6,562</b>	<b>5,438</b>	<b>5,296</b>	<b>5,140</b>	<b>4,893</b>	<b>4,742</b>	
<b>TOTAL AVAILABLE FUND (Total Sources*)</b>	<b>22,947</b>	<b>22,150</b>	<b>21,083</b>	<b>19,122</b>	<b>16,992</b>	<b>12,715</b>	<b>12,228</b>	<b>11,598</b>	<b>10,722</b>	<b>9,694</b>	

<b>PROGRAM APPROPRIATIONS</b>											
<b>D. SPIP Average Step Down (%)</b>		-20%		4.65%							
<b>D. SPIP Average (\$)</b>		6,046		6,327				3,780			
<b>D. Strategic Plan Investment SPIP (excl. E. Other Grants)</b>	5,663	5,781	6,694	5,826	6,828	3,780	3,780	3,780	3,780	3,780	<div style="border: 1px solid black; padding: 5px; font-size: small;">                     \$3.78 M include investments allocations for Community Investments (FE, CH&amp;D, EL), Evaluation, and Policy, Advocacy, Communication, and System Changes (PAC)                 </div>
Community Investments (FE, CH&D, EL)	5,392	5,261	6,092	5,018	5,121						
Evaluation	88	182	115	100	485						
Policy, Advocacy, & Communications (PAC)	183	338	486	708	1,222						
<b>E. Other Grants</b>	360	326	559	1,017	989	150	150	150	150	150	
F5CA Other Grants / IMPACT Grant	10	326	558	461	461						
Non-Tobacco Tax Grants (RTT, DLP, HMG, SBCF)	350		1	556	528	150	150	150	150	150	
<b>F. Program Operations</b>	426	585	628	752	1,174	1,125	1,125	1,125	1,125	1,125	
Shared Operating Budget					198	215	215	215	215	215	
Program Staff S&B including Shared Admin Staff Time	426	585	628	752	976	910	910	910	910	910	
Shared Admin Staff Time											
<b>Total Program Appropriations (D+E+F)</b>	<b>6,449</b>	<b>6,692</b>	<b>7,881</b>	<b>7,595</b>	<b>8,991</b>	<b>5,055</b>	<b>5,055</b>	<b>5,055</b>	<b>5,055</b>	<b>5,055</b>	
<b>ADMIN APPROPRIATIONS</b>											
<b>Operations Average Change (%)</b>		-33%		10%			4%		-9%		
<b>Operations Average (\$)</b>		1,014		1,113			1,153		1,050		
<b>G. Shared Operating Budget</b>	314	300	331	424	198	228	215	215	215	215	
<b>H. Admin Staff S&amp;B</b>	730	626	607	673	526	500	500	500	500	500	
<b>Total Admin Appropriations (G+H)</b>	<b>1,044</b>	<b>926</b>	<b>938</b>	<b>1,097</b>	<b>724</b>	<b>728</b>	<b>715</b>	<b>715</b>	<b>715</b>	<b>715</b>	
<b>TOTAL APPROPRIATIONS (Net Appropriations*)</b>	<b>7,492</b>	<b>7,618</b>	<b>8,819</b>	<b>8,692</b>	<b>9,715</b>	<b>5,783</b>	<b>5,770</b>	<b>5,770</b>	<b>5,770</b>	<b>5,770</b>	
Surplus / (Deficit) (Total Revenues - Total Appropriations)	(750)	(925)	(2,658)	(1,834)	(3,153)	(345)	(474)	(630)	(877)	(1,028)	

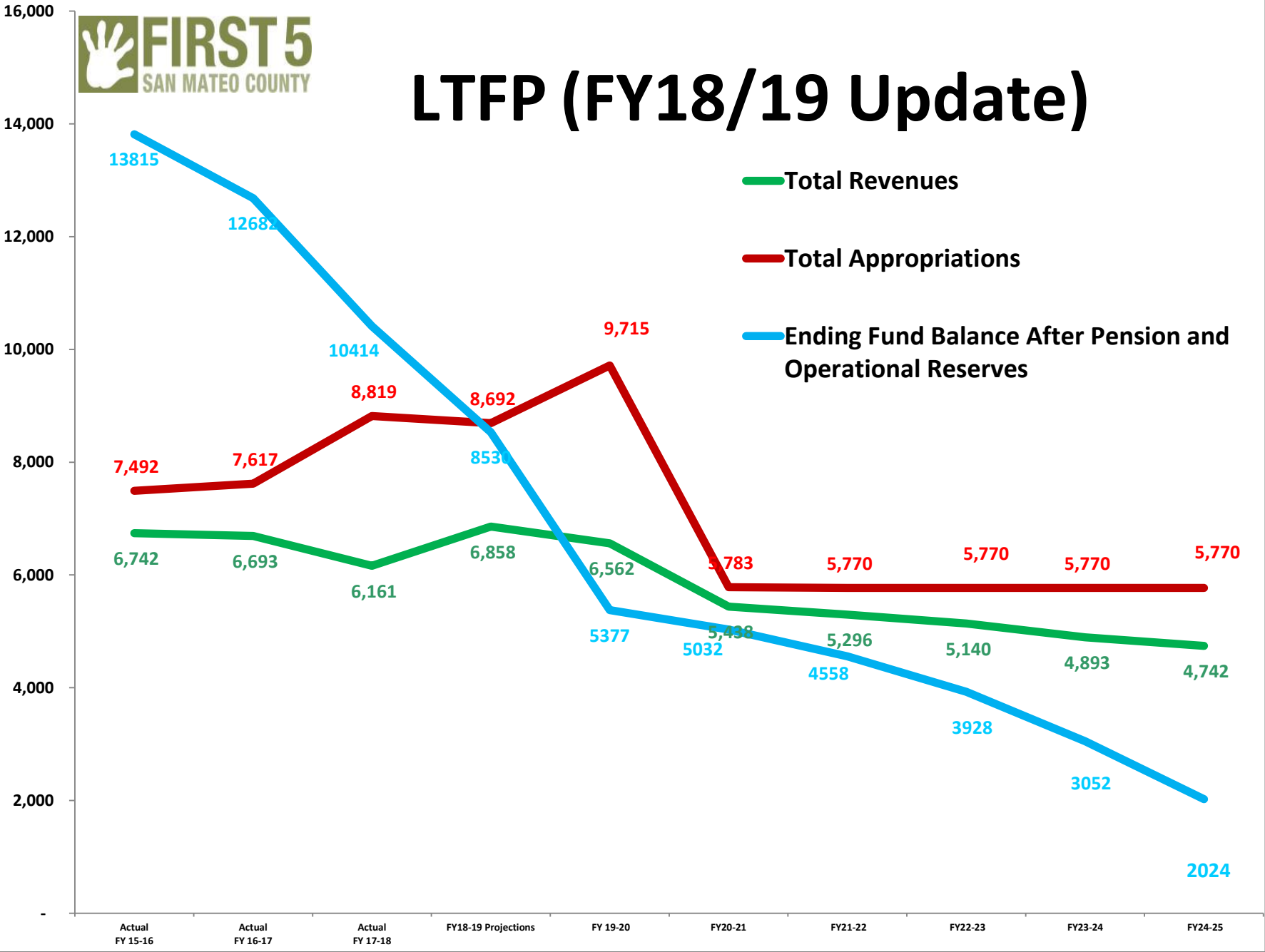
<b>ENDING FUND BALANCE before Pension Liability and Operational Reserves (Ending Reserves*before Pension Liability and Operational Reserves)</b>	15,455	14,532	12,264	10,430	7,277	6,932	6,458	5,828	4,952	3,924	
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Pension Liability and Operational Reserves (previously labeled as Reserves)	1,640	1,850	1,850	1,900	1,900	1,900	1,900	1,900	1,900	1,900	Restricted Fund set aside
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<b>ENDING FUND BALANCE after Pension Liability and Operational Reserves (Ending Reserves* after Pension Liability and Operational Reserves)</b>	13,815	12,682	10,414	8,530	5,377	5,032	4,558	3,928	3,052	2,024	Approximate 4.2 months of fiscal year Revenues
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# LTFP (FY18/19 Update)



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**DATE:** June 24, 2019  
**TO:** First 5 San Mateo County Commission  
**FROM:** Kitty Lopez, Executive Director  
**RE:** Communications Update

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**ACTION REQUESTED**

None; this agenda item is for information only.

**COMMUNICATIONS**

- **F5SMC Website Blog:**  
F5SMC's Research and Evaluation Specialist, Jenifer Clark, wrote a blog on the California Strong Start Index. The California Strong Start Index is a new tool designed to explore the geographies of opportunity into which children are born. *(See Attachment 11.1)*
- **Social Media Policy:**  
F5SMC is updating its Social Media Policy. The Program, Operations and Planning Committee provided feedback and County Counsel is currently reviewing the policy.
- **Cannabis/Marijuana Educational Brochure:**  
We are working with communication firm, RSE, to develop a cannabis education brochure for parents of children 0-5, in English and in Spanish. It has content on the risks associated with cannabis use during pregnancy and breastfeeding, and warns parents about having products containing marijuana within reach of children. We are conducting focus groups with parents and community providers to get feedback on the imagery and content. We have held two parent groups so far, one with mothers and one with fathers, with our partners Star-Vista and Daly City Partnership. We are working to schedule one more parent group, and one provider group by the end of summer, and will share the findings with RSE.

**SOCIAL MEDIA**

- See May 2019 Social Media Report and Website Analytics Report *(Attachment 11.2)*

# Strong Start Index

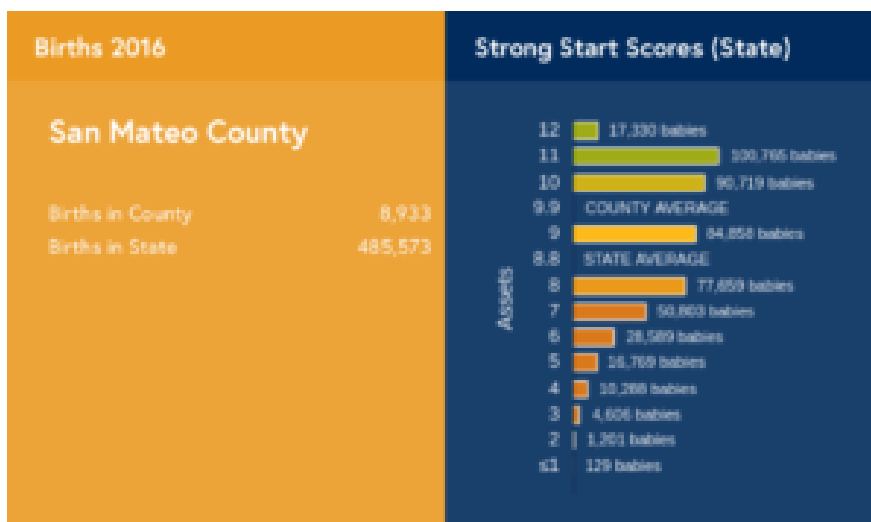
Jun 5, 2019

By Jenifer Clark



America has long prided itself on being a land of equal opportunity and upward social mobility, a place where those from even the humblest of backgrounds can flourish on the strength of their hard work. But we don't always stop to think deeply about what it means to give every child in our communities the opportunity to reach their potential. We may think about financial aid for college, mentorship programs for middle-schoolers, or equitable funding for public schools. But access to opportunity starts much earlier than that. It starts before children enter preschool. It starts with parents who have health insurance, enough food, and stable jobs with decent pay. In our society, unequal opportunity is evident even before a child is born.

The [California Strong Start Index](#) is a new tool designed to explore the geographies of opportunity into which children are born. Developed by the Children's Data Network, the Index is built from twelve health, financial, family, and service indicators that are universally captured on California birth certificates[1]. By examining the average Index scores for geographies such as census tracts, it is possible to identify locations where babies are more likely to be born into families and communities that lack some of crucial resources children need to thrive.



San Francisco and San Mateo Counties have the highest average Strong Start Index Scores in the State, at 9.9 out of 12. But if we only look at the county average, we will miss the very inequality of opportunity the Index intends to uncover. In San Mateo



County, nearly one in three babies (31%) is born with fewer resources than average. And one out of every five (20%) is born into a low-asset neighborhood, where large proportions of families are struggling against great odds to create opportunities for their children to blossom.

If we truly believe that that every child in every community deserves an equal chance to build a life that is productive, fulfilling, and joyful, we must commit to a more meaningful understanding of “opportunity.” A society where some children come into the world already behind because their parents can’t afford health care or find a job that pays a living wage is not a society that embodies equal opportunity. It is up to us to acknowledge this moral imperative and develop the political will to make it right.

*[1] Family Assets: Legal parentage established at birth, non-teen parents, parents with at least a high school degree. Health Assets: Healthy birth weight, absence of congenital anomalies or birth complications, no transmissible (mother-to-child) infections at birth. Service Assets: Access to and receipt of timely prenatal care, receipt of nutritional services (WIC) if eligible, born at a hospital with high percentage of births with timely prenatal care. Financial Assets: Ability to afford and access health care, parent with a college degree, parents with employment history.*



# First 5 San Mateo County May 2019

## Overview

During the month of May, the First 5 San Mateo County (F5SMC) social media platforms performed consistently and generated increased traffic to the website. Paid social posts in tandem with strong organic posts generated 26.7K Twitter impressions, 24 new Facebook followers, and over 1.1K Instagram engagements, which included comments and likes.

When looking at F5SMC's on-site analytics for the month of May, the website had a total of 590 users from within California, creating a total of 810 website sessions. Consistent from last month, the top sources of traffic were from Google organics, direct searches and from First 5 California. The top cities in California that drove website traffic were San Francisco, San Mateo and Redwood City. The top pages that were visited in the site continue to be the Home page, followed by the Families page and the About page. Over 67.5% of users accessed the site on a desktop computer. Detailed website analytics can be found on the attached F5SMC May 2019 Analytics Report.

## Social Activity by Platform

The following report provides engagement statistics by social media platform.



**1,360** Followers  
**2,252** Total Engagement (Likes and Comments)  
**68.6k** Facebook Post Impressions

### Facebook

In May, Facebook acquired 7 new followers and garnered over 65,269 impressions. 2,077 engagements were generated from the two most popular organic posts. The paid social post, which focused on corporate and community efforts for Build Up had 2,003 engagements, with 1,474 reactions, comments and shares.

### Highlights:

**First 5 San Mateo County**  
 Published by Runyon Saltzman, Inc. [?] · May 14 at 12:19 PM · 🌐

Corporate and private donors have contributed \$300,000 in capital funding to spur new child care and preschool facilities development in San Mateo County. The funds will help Build Up bring 100 new child care spaces to the region. Learn more: <https://buildupsmc.com/>

**Performance for Your Post**

**31,662** People Reached

**1,474** Reactions, Comments & Shares 🗨️

1,301 Like	1,294 On Post	7 On Shares
58 Love	57 On Post	1 On Shares
8 Haha	8 On Post	0 On Shares
8 Wow	8 On Post	0 On Shares
1 Sad	1 On Post	0 On Shares
35 Comments	32 On Post	3 On Shares
63 Shares	62 On Post	1 On Shares

**529** Post Clicks

451 Photo Views	39 Link Clicks 🗨️	39 Other Clicks 🗨️
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**NEGATIVE FEEDBACK**

0 Hide Post	1 Hide All Posts
0 Report as Spam	0 Unlike Page

Insights activity is reported in the Pacific time zone. Ads activity is reported in the time zone of your ad account.

**31,662** People Reached

**2,003** Engagements

Boost Post

1.3K 14 Comments 62 Shares

Like Comment Share

**First 5 San Mateo County**  
 Published by Mai Le [?] · May 17 at 9:04 AM · 🌐

We are proud to celebrate Mental Health Awareness Month with San Mateo County Health and San Mateo County Libraries! We will be at Millbrae Library's Bilingual Story Time, focused on social and emotional development, on May 23rd. Come see us for stories, giveaways, and family resources!

#wordsofwellness #BethOneSMC #mentalhealthawarenessmonth

**BILINGUAL STORY TIME**  
 for Mental Health Awareness Month  
 Thursday, May 23rd, 10:30am  
 Millbrae Library

Join us for children's stories related to social emotional development, in English and Mandarin!

First 5 San Mateo County will have free Kits for New Parents and other resources for young children and families.

**Performance for Your Post**

**438** People Reached

**27** Reactions, Comments & Shares 🗨️

17 Like	7 On Post	10 On Shares
3 Love	2 On Post	1 On Shares
2 Comments	0 On Post	2 On Shares
5 Shares	4 On Post	1 On Shares

**21** Post Clicks

4 Photo Views	0 Link Clicks 🗨️	17 Other Clicks 🗨️
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**NEGATIVE FEEDBACK**

0 Hide Post	0 Hide All Posts
0 Report as Spam	0 Unlike Page

Reported stats may be delayed from what appears on posts

**438** People Reached

**48** Engagements

Boost Post

4 Shares

Like Comment Share

# First 5 San Mateo County May 2019



Twitter

**496** Followers  
**59** Total Engagements- Retweets/Likes/Mentions  
**26.7K** Tweet Impressions


During the month of May, organic and paid Twitter posts received over 860 impressions per day. A paid social post highlighting new funding for Build Up generated over 35K impressions, and two We Rise Opportunity Summit 2019 organic posts collectively garnered over 852 impressions and 32 engagements.

Some highlighted tweets from the month are shown below:

 **First 5 San Mateo Co** @first5sanmateo · May 10

Today, we're at the @Rise\_BayArea #OpportunitySummit2019 at SJSU, which is focusing on taking collective action for the most powerful pathways cross-sector collaboration, business, philanthropy and community play in making economic security a reality for all Bay Area residents.

🗨️ 1 🔄 1 ❤️ 1 📺

 **First 5 San Mateo Co** @first5sanmateo · May 10

Pictured is Carmen Rojas, CEO of Workers Lab. When her mom emigrated to the US (1960s), the avg. corp. CEO made 10x what their lowest paid worker made, and 35% of employees were in unions. Now the avg. CEO makes 361x lower, and less than 10% of workers are unionized. Stay tuned!

🗨️ 1 🔄 1 ❤️ 1 📺

# First 5 San Mateo County May 2019

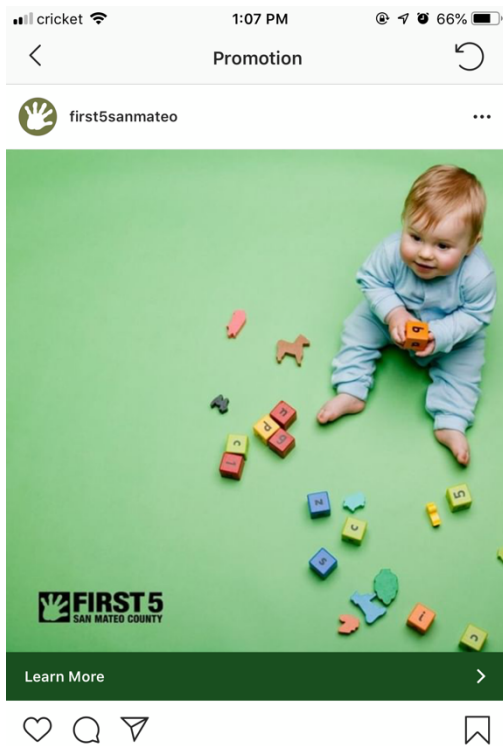


**484** Followers (+24 from last month)  
**1.1K** Total Engagements (Likes and Comments)

## Instagram

During May, the Instagram account continued to increase its following with an additional 14 followers. 11 posts were published this month, including a paid social post that generated over 977 engagements. Followers are comprised of parents, teachers, early education and health community organizations, other First 5's and public officials.

The two most popular post are shown below:



**first5sanmateo** • Follow  
Millbrae Library

**first5sanmateo** Mental Health Awareness Month is wrapping up! Last week we joined San Mateo County's Chinese Health Initiative for a special bilingual storytime at @millbraelibrary focused on social emotional development for little ones. Thank you to the many families who joined us! #wordsofwellness #betheonesmc

2w

26 likes  
MAY 30

Add a comment... [Post](#)


# First 5 San Mateo County May 2019



## LinkedIn


RSE continued to post content during the month of May to the F5SMC LinkedIn business page.

Posted by Carlota Patricia Treviño Duran • 5/24/2019 • ...  
[Sponsor now](#)



**First 5 San Mateo County**  
 47 followers  
 2w • Edited

Corporate and private donors have contributed \$300,000 in capital funding to spur new child care and preschool facilities development in San Mateo County. The funds will help Build Up bring 100 new child care spac ...see more



**Home**  
 buildupsmc.com

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Like Comment

Be the first to react

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Organic impressions: 20 Impressions Show stats ▾



May 1, 2019 - May 31, 2019

## On-Site Performance - May 2019

### Website Traffic Overview

Users	Sessions	Bounce Rate	Pages / Session	Avg. Session Duration
590	810	53.7%	3.54	00:03:01

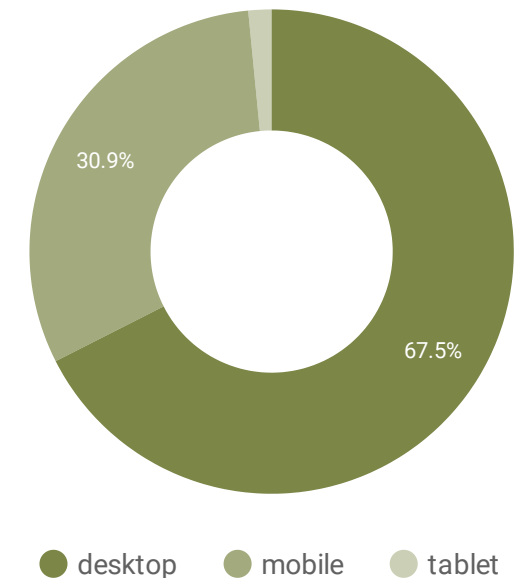
### Website Traffic Overview - California

Users	Sessions	Bounce Rate	Pages / Session	Avg. Session Duration
373	582	44.85%	4.16	00:03:49

### Website Traffic by Source - California

Source	Users	Sessions	Bounce Rate	Pages / Session	Avg. Session Duration
1. google	195	322	42.86%	4.47	00:04:39
2. (direct)	84	142	50.7%	4.56	00:03:20
3. first5california.com	36	38	44.74%	2.37	00:01:11
4. acesconnection.com	14	15	46.67%	2.13	00:01:47
5. bing	10	12	33.33%	4	00:01:01

Website Traffic by Device (Sessions)



### Website Traffic by City - California

City	Users	Sessions	Bounce Rate	Pages / Session	Avg. Session Duration
1. San Francisco	80	116	43.1%	4.17	00:03:31
2. San Mateo	48	87	50.57%	4.21	00:04:35
3. Redwood City	32	50	50%	3.4	00:02:56
4. Sacramento	28	74	41.89%	7.27	00:06:32
5. San Jose	18	20	50%	2.95	00:02:21

### Website Traffic by Page - California

Page	Users	Sessions	Bounce Rate	Pages / Session	Avg. Session Duration
1. /	172	245	29.8%	1.51	00:04:34
2. /about/	76	23	26.09%	8.74	00:05:44
3. /families/	70	14	57.14%	10.21	00:05:05
4. /about/first-5-staff/	50	16	43.75%	5.13	00:01:55
5. /contact/	41	2	50%	28.5	00:24:02





**FIRST 5 SAN MATEO COUNTY (F5SMC)  
REPORT OF THE EXECUTIVE DIRECTOR  
JUNE 2019**

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**OVERVIEW**

**STRATEGIC INVESTMENT FOCUS AREAS – UPDATE**

**Early Learning**

EQ+IP Partner's Meeting

Jenifer Clark attended this semi-annual meeting on June 7<sup>th</sup>. The meeting provides an opportunity for all of the organizations in the partnership to discuss the work they have been doing during the year, celebrate successes, and share challenges. Cynthia Fong-Wan of SMCOE led the group in a process of Appreciative Inquiry about how the work has evolved over the years. One theme that emerged was a shift from a focus on imparting content to an emphasis on how the work was done and the importance of relationships as a critical component of quality.

Build Up for San Mateo County's Children

Build Up Partners and advocates have been actively engaged in eliminating the gap in available early learning facilities. A few brief mentions are: The Build Up Advisory Body met on May 31<sup>st</sup> co-chaired by Supervisor Dave Pine and Kitty Lopez and included public policy updates, highlights of new developments, a capital projects gallery walk, a review of the employer engagement plan and discussion on linking facilities and quality. Assemblyman Mullin, honorary chair of the Build Up Advisory Body, who was unable to attend due to the legislative and budget cycle sent a note in part that read "I want to thank everyone for the hard work and make it clear that your efforts are paying off"; Build Up has been coordinating with Bay Area regional partners to track and weigh in on statewide budget and legislative proposals: [The Governor's proposed \\$245 million for ECE facilities infrastructure](#) and read [our latest blog post](#) on Build Up's use of GIS mapping to plan for child care and preschool in the City of San Bruno; Sarah Kinahan will provide a presentation to the Commission on June 24, 2019 on her work with the San Bruno project.

**Child Health and Development**

SMC Oral Health Coalition Retreat: On May 21<sup>st</sup> the Oral Health Coalition hosted a retreat for Coalition members to share collective progress on the SMC Oral Health Strategic Plan and to review proposed adjustments to the plan for the next one and a half years. Roughly 40 stakeholders attended the retreat and provided valuable insight and suggestions for future activities. The feedback from stakeholders will inform the direction of the Coalitions work together over the next year and a half.

Trauma- and Resiliency-Informed Systems Initiative (TRISI) Implementation Committee Meeting: The TRISI Implementation Committee met on May 30<sup>th</sup>. The meeting offered an opportunity to share information about a local online resource platform, review the data from our recent market survey, and to discuss the next steps for implementation that are supported by



the data. The participants discussed ideas for an event that is slated to take place in the fall of 2019. More details to come!

**Help Me Grow (HMG) Leadership Advisory Team Meeting:** On June 3<sup>rd</sup> the HMG Leadership Advisory Team met for the third time to receive updates on the rollout of the Help Me Grow System in San Mateo County and to provide feedback on opportunities for alignment and outreach. Leaders from SMC Health, Human Services Agency, San Mateo County Office of Education, and Stanford Children’s Health were in attendance along with staff from Gatepath, Stanford Children’s Health, and First 5 SMC who are working in partnership to implement the system.

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## POLICY & ADVOCACY UPDATES

### **Letter of Support: Early Childhood Investments in FY 19/20 Budget**

On May 28, 2019, the San Mateo County Board of Supervisors, First 5 San Mateo County and San Mateo County Office of Education submitted a support letter to California State Assembly Member and Budget Chair, Phil Ting and California State Senator and Budget Chair, Holly Mitchell on Governor Newsom’s California FY 2019/20 May Revise Budget regarding Early Childhood Investments. This letter was part of a Bay Area Regional effort to submit letters from First 5 and strategic partners such as Board of Supervisors and County Office of Education to support Governor’s Newsom’s budget.

*(See Attachment 12.1)*

### **Letter of Support: Public Comment on Scope of EIR for Willow Village**

On May 15, 2019, F5SMC and 4C’s of San Mateo County submitted a letter to the City of Menlo Park to consider adding child care in the EIR for the Willow Village Development project.

*(See Attachment 12.2)*

### **Proposal to Adjust the Official Poverty Measure**

On June 11, 2019 the First 5 Network Association including F5SMC signed-on to a letter addressed to Speaker Nancy Pelosi, Minority Leader Kevin McCarthy, Majority Leader Mitch McConnell, and Minority Leader Chuck Schumer urging them to block the Administration’s proposal to adjust the Official Poverty Measure calculated by the U.S. Census Bureau.

*(See Attachment 12.3)*

**“Obstacles Deter Many California Child Care Providers from Building, Expanding Facilities”** article from May 29, 2019, *EdSource*. This article talks about the barriers that many child care providers encounter when it comes to expanding and building their child care facilities. *(See Attachment 12.4)*

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## ACCOUNTABILITY, RESEARCH AND EVALUATION

### **Heckman Equation Research on Intergeneration Impact of Investment in Early Childhood**

On May 13<sup>th</sup>, Jenifer Clark attended a webinar given by The Heckman Equation. The webinar presented the latest findings from intergenerational research on Perry Preschool participants, now in their fifties. This work revealed that, not only did the participants themselves benefit over the course of their lives, but the children of participants were also more likely to complete high





school, have full-time employment, and avoid involvement with the criminal justice system. A one-page summary of the research findings is attached. (See *Attachment 12.5*)

### **Oral Health Coalition Data Workgroup**

Jenifer Clark attended this meeting on June 13<sup>th</sup>. Researchers from UCSF School of Dentistry presented their work on the required Kindergarten Oral Health Assessment and how to use this state mandate to increase utilization of oral health services prior to and during kindergarten. A recent article from the Journal of the California Dental Association is attached. (See *Attachment 12.6*)

### **F5SMC Census Readiness Survey**

In order to determine how F5SMC can best support our grantees in census education and outreach activities, Jenifer Clark is conducting a survey of staff at our partner organizations. Currently in the field, the survey asks about the activities that funded partners are willing to undertake, their concerns about and barriers to participating in outreach and education, resources that would be helpful to them, and effective messaging around census participation. The survey will close on Wednesday, June 19<sup>th</sup>. Results will be used to plan for our upcoming Grantee Learning Circle on Census Education & Outreach, which is scheduled for August 22<sup>nd</sup>.

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## **FIRST 5 CALIFORNIA & FIRST 5 ASSOCIATION UPDATES**

### **First 5 Association Census Planning Group**

On June 11<sup>th</sup>, Kitty Lopez and Jenifer Clark participated in this online meeting with the Association and County F5 Commissions from across the State. These meetings are intended to provide a forum where state and county staff can share resources and ideas for boosting census participation among hard-to-count populations with the goal of a full enumeration of young children throughout California.

### **First 5 Association Leadership Network**

On June 10-12<sup>th</sup>, Michelle Blakely participated in the Association's second Leadership Cohort convening delving deeper into Design Thinking and Social Innovation penned by Stanford Business School. Leaders from 18 County Commissions are participating with the aim of strengthening F5's impact and the strength of the First 5 Network leadership. One area of focus for the group is exploring deep equity. An article on deep equity assigned for pre-reading prior to the convening is attached (See *attachment 12.7*)

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## **COMMUNITY AND STATEWIDE EVENTS & UPDATES**

### **US Chamber Foundation Business Fellows Presentation**

On May 22<sup>nd</sup>, Michelle Blakely provided a presentation to over 30 chamber executives from several states on First 5, Early Brain Science and the Early Education Gap in Facilities. The US Chamber's Center for Education and Workforce has been in existence for 20 years and focuses on the education pipeline- early education through workforce development. It is committed to improving and expanding access to quality early learning programs and supporting the needs for the current workforce. To do this, the US Chamber convenes cohorts of chamber members (fellows) to strengthen the business connection to and advocacy for early education issues.



**Community Collaboration for Children’s Success Implementation Workgroup for North Fair Oaks/Redwood City**

On May 22<sup>nd</sup>, Jenifer Clark attended the first meeting of the Implementation Workgroup for this place-based project. Given resource constraints, topics of conversation included possibilities for leveraging current investments and activities, as well as fostering increased partnerships and collaboration.

**Thrive Action Group Meeting on Housing with CA State Senator Scott Wiener**

On June 7<sup>th</sup>, Jenifer Clark attended a TAG meeting on housing featuring Scott Wiener. This meeting was held in the Burlingame Public Library and was open to the community at large. Various city and county governmental bodies were represented in the audience, as were many non-profit organizations and constituents. After Sen. Wiener’s opening remarks, he participated in an interview with Bart Charlow (Executive Director of Samaritan House) and a Q&A session with attendees. Most of the conversation focused on SB 50, the bill to increase housing density near transit hubs.



May 28, 2019

California State Assembly Member and Budget Chair Phil Ting  
455 Golden Gate Avenue, Suite 14600  
San Francisco, CA 94102

California State Senator and Budget Chair Holly Mitchell  
Wallis Annenberg Building  
700 State Drive, Suite 113  
Los Angeles, CA 90037

**Re: Early Childhood Investments in FY 19/20 State Budget**

Dear Assembly Member Ting and Senator Mitchell,

On behalf of the San Mateo County Board of Supervisors, First 5 San Mateo County and the San Mateo County Office of Education, we are writing to express our strong support for the proposed FY 2019/20 May Revise Budget. In particular, we applaud the bold and comprehensive package of early childhood investments that incorporates strategies from the End Child Poverty Plan created by California's Lifting Children and Families Out of Poverty Task Force. We fully support the portfolio of research-based, whole-child, two-generation budget proposals that will provide significant and immediate relief for our state's most vulnerable children and families, while simultaneously advancing policies and systems changes that will improve outcomes over the long-term.

The proposed May Revise Budget reflects many of the same values and improvements in early childhood outcomes that San Mateo County is working toward. We are particularly supportive of the Governor's proposals to:

- **Invest over \$100 million in Federal and Proposition 56 funds in Developmental and Adverse Childhood Experiences (ACEs) Screening.** Screening young children for developmental and social-emotional concerns, as well as adverse experiences, helps ensure that children and their families have the resources they require to support optimal development. The relationship between trauma and long-term health and psycho-social consequences is well established. Investments in developmental and ACEs screening will bolster efforts already underway in San Mateo County to provide timely screening linked to quality referrals to appropriate resources. It is estimated that each year in San Mateo County, 4,000 children, ages 0-5, are not being identified and receiving critical early intervention services through the Regional Center, school district, or the County Office of Education. We are establishing Help Me Grow in our county, a national model that helps to address this need by building collaboration among primary care providers, schools, and community programs to have a centralized access point for information and referrals, promote surveillance and screenings, and educate and inform the community.
- **Invest \$10 million to develop the road map to provide universal preschool in California, as well as a long-term plan to improve access to and quality of subsidized child care.** Achieving the vision of universal preschool will require multiple,

sustainable financing strategies, partnerships, and improvements to policies and practices at all levels of the early care and education (ECE) system. We fully support the Governor’s balanced approach to making near-term investments to increase capacity and access to high-quality preschool programs, while putting California on the path to ensure all young children enter the K-12 education system ready to succeed socially, emotionally, developmentally, and academically. In San Mateo County, we have a bold initiative to increase 50% of children reading at 3<sup>rd</sup> grade level to 80%. The Big Lift combines high-quality and integrated learning experiences for San Mateo County preschool to third grade students. This early learning transformation is focused on literacy, reducing chronic absence and summer learning loss, as well as engaging families and the broader community to support both home and school learning. The Big Lift is partnering with 7 school districts who are also part of Quality Counts, San Mateo County’s Quality Rating & Improvement System (QRIS).

- **Increase investments in the California Earned Income Tax Credit (CalEITC), more than doubling the size of the current program.** This budget proposal is consistent with the recently-released report, “A Roadmap to Reducing Child Poverty” (National Academies of Sciences, Engineering, and Medicine, 2019), which cites the committee’s finding that the federal EITC and the refundable portion of the Child Tax Credit are the most successful strategies for alleviating poverty, and that “periodic increases in the generosity of the Earned Income Tax Credit program have improved children’s educational and health outcomes.” According to a United Way Bay Area report of 2017 data, 10% of children in San Mateo County, 0-17, live in poverty; in some cities in the county that number increases to 27%. San Mateo County has tried to address poverty and high rates of juvenile probation seen in four specific geographic areas of the county through the Community Collaboration for Children’s Success (CCCS), a multi-agency effort that includes SMC Health, Human Services Agency, Probation, County Office of Education, and First 5. This initiative focuses community planning efforts in these neighborhoods to recognize and address each community’s needs while building on existing assets. The initiative’s long-term goals are to achieve better outcomes for children and youth and help prevent circumstances that lead to juvenile justice, child welfare, or intensive behavioral health services which can limit young people’s ability to succeed.

The Governor’s new program, the “Working Families Tax Credit,” includes an additional \$500 credit per child for families with children under the age of 6, as well as other program enhancements that will have tangible benefits for working families.

- **Invest \$50 million of one-time General Funds in Child Savings Accounts to support and encourage families to build assets for their children’s post-secondary education, including living expenses.** California’s one-time investment in the Child Savings Account pilot program will enhance San Mateo County’s efforts in our Community Collaboration for Children’s Success (CCCS) Initiative to develop cost-effective models and help build existing assets in families and communities. We know that in our county, nearly one in three babies (31%) is born with fewer resources than average, according to the Strong Start Index Data; one in five (20%) is born into a “low-asset” neighborhood, where large proportions of families are struggling against great odds to create opportunities for their children to thrive.

- **Invest \$500 million one-time General Funds to expand subsidized child care facilities and invest in the education of the child care work force.** Strengthening the physical and human infrastructure of the state’s early care and education (ECE) system is essential to achieving the positive outcomes associated with early learning programs. The proposed investment in facilities compliments our Build Up for San Mateo County Children’s Initiative efforts to improve and expand child care facilities by granting forgivable loans for facility improvements with revenue generated by a local Child Care Developer Fee program. Build Up for SMC’s Children identified nearly 11,000 spaces needed for childcare, 0-3 and preschool age children. Build Up is a coordinated, cross-agency initiative of paid staff, volunteer community advocates and leaders working with cities, developers, employers, school districts, and faith-based organizations to expand and increase sites for early care and education. These funds will also support a recent study First 5 and the San Mateo County Child Care Partnership Council conducted to investigate current child care workforce compensation practices in center-based programs within the county.
- **Invest \$10 million for the development of a Longitudinal Data System** that will connect student information from early education providers, K-12 schools, higher education, and health and human services agencies. Building on work of the Silicon Valley Regional Data Trust and other local efforts to connect child data across sectors and ages, this investment will help ensure that our county, region and state will be able to use data effectively to understand the well-being of our children across sectors and the age-span.

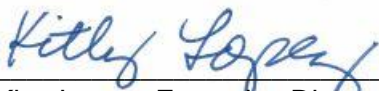
The breadth and depth of the proposed investments in California’s early childhood system are unprecedented and long overdue. We appreciate the Governor’s vision and understanding that only by investing in prevention services, targeted at young children and their families, will we sustain the California economy and the wellbeing of our communities. The proposed early childhood investments will enable leaders in San Mateo County to deepen and expand many of its existing efforts to promote self-sufficiency, alleviate poverty, and improve the quality of life for children and families.

The San Mateo County Board of Supervisors, First 5 San Mateo County and the San Mateo County Office of Education thank you for being visible, vocal champions for California’s children and families. We look forward to partnering with you to implement the vision of a California for All.

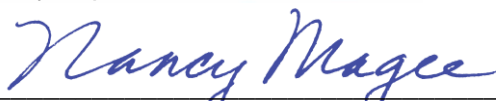
Sincerely,



Carole Groom, President San Mateo County Board of Supervisors



Kitty Lopez, Executive Director First 5 San Mateo County



Nancy Magee, Superintendent San Mateo County Office of Education

cc: Governor Gavin Newsom  
Assembly Member Kevin Mullin  
Senator Jerry Hill  
Kris Perry, Deputy Secretary & Senior Advisor Health & Human Services  
Gianina Perez, Senior Policy Advisor, ECE



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May 15, 2019

The Honorable Ray Mueller, Mayor  
City of Menlo Park  
701 Laurel Street  
Menlo Park, California 94025  
rdmueller@menlopark.org

RE: Public Comment on Scope of EIR for Willow Village

Dear Mayor Mueller and Councilmembers,

We are writing to ask that the City of Menlo Park consider assessing in the EIR for the Willow Village Development the impact that adding thousands of new jobs and new housing to this area of Menlo Park would have on the already strained child care supply for working families. Recently, San Mateo County's Human Services Agency funded Brion Economics to conduct an early learning facilities needs assessment. In this assessment, Brion Economics found that Menlo Park needs to create more than 1,000 new child care and preschool spaces for children ages birth to four by 2025 to keep up with demand. As Menlo Park adds additional centers of employment and housing, such as Willow Village, the gap in child care for working families will continue to grow without the creation of new child care facilities. Currently, there are only two licensed preschools and zero licensed infant/toddler child care centers in the Belle Haven neighborhood; the current supply of early care and education programs does not match levels of demand in this neighborhood.

In addition to including child care in the EIR, the city could consider how Facebook and the developer can provide community benefits that address the current and future shortage of child care in the city. Community benefits could include offering space for a child care center on the site, if feasible, or contributing funds toward the creation of child care spaces elsewhere in the city.

First 5 San Mateo County, the Child Care Coordinating Council of San Mateo County (4Cs), the San Mateo County Office of Education, the Silicon Valley Community Foundation, and the County of San Mateo are leading partners in a new initiative called Build Up for San Mateo County's Children. We are working with a multi-sector Advisory Body to come up with

solutions that can help cities to address the pressing child care and preschool shortages in their communities. Build Up would be happy to act as a resource to Menlo Park on planning for Willow Village, as well as other future developments. If you would like further information on Build Up or the need for child care and preschool facilities, please contact Christine Padilla, Director, Build Up for San Mateo County's Children, 650.517.1436 or [cpadilla@sanmateo4cs.org](mailto:cpadilla@sanmateo4cs.org).

Thank you for consideration of how this proposed development will impact working families in Menlo Park.

Sincerely,



Kitty Lopez  
Executive Director  
First 5 San Mateo County



David Fleishman  
Executive Director  
4Cs of San Mateo County

Attachments:                      Build Up's Child Care Facilities Brief for Cities  
    Build Up's Child Care Facilities One-pager



June XX, 2019

The Honorable Nancy Pelosi  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Mitch McConnell  
U.S. Senate  
Washington, DC 20510

The Honorable Kevin McCarthy  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Chuck Schumer  
U.S. Senate  
Washington, DC 20510

Dear Speaker Pelosi, Minority Leader McCarthy, Majority Leader McConnell and Minority Leader Schumer,

We, the undersigned organizations, write to urge you to block the Administration's recent proposal to adjust the Official Poverty Measure calculated by the U.S. Census Bureau. We understand that the House has already taken steps through its appropriations bills to bar any changes to the poverty measure. We urge you to ensure that this language is part of any final funding bill for FY 20, and if necessary take additional and more immediate measures outside of the appropriations process to prohibit the administration from implementing its proposal.

As organizations dedicated to improving the well-being of our nation's children, we strongly oppose this proposal, which could underestimate the number of children and families living in poverty and jeopardize their eligibility for programs that support healthy child development. With children experiencing poverty at a rate that is 62 percent higher than adults, our nation's children and youth stand to lose the most if this change is enacted.

The Office of Management and Budget issued a request for comment on May 7 on a proposal to adjust the Official Poverty Measure (OPM) by changing the rate of inflation used to calculate the poverty threshold each year.<sup>1</sup> The administration is considering changing the measure used to adjust the poverty line to one that would cause inflation to rise more slowly, thus also slowing the adjustment of the poverty threshold over time.

First, we remain concerned that some of the alternative inflation measures under consideration, such as the Chained Consumer Price Index for all Urban consumers (C-CPI-U) and Personal Consumption Expenditures Price Index (PCEPI) could underestimate inflation rates for low-income families. Research suggests that families in poverty actually experience inflation at higher rates than families with higher socioeconomic status due to constraints they face in

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<sup>1</sup> Request for Comment on the Consumer Inflation Measures Produced by Federal Statistical Agencies, 84 Fed. Reg. 19961 (proposed May 7, 2019), <https://www.federalregister.gov/documents/2019/05/07/2019-09106/request-for-comment-on-the-consumer-inflation-measures-produced-by-federal-statistical-agencies>.

substituting lower priced goods.<sup>2</sup> There is also evidence that this phenomenon is more pronounced during periods of economic downturn.<sup>3</sup>

Second, a more accurate inflation estimate does not necessarily equal a more accurate poverty measure. The OPM is currently based on a decades-old formula that does not fully account for a family's various expenses, such as housing and child care, or take into consideration regional variations in cost of living. The Federal Poverty Level already remains too low, at just \$24,858 a year for a family of four with two children. According to the Basic Needs Budget Calculator created by the National Center for Children in Poverty, a family of four with two children living in Washington, D.C. needs an annual income of \$72,297 a year to meet basic needs, which is nearly three times the current poverty threshold.<sup>4</sup>

Any adjustments to the OPM should seek to correct, rather than exacerbate, the existing formula's deficiencies. If the Administration is pursuing a more accurate measure of poverty, it cannot narrowly focus on inflation but instead must undertake a comprehensive, evidence-based reevaluation of OPM's underlying formula so that it can capture the true cost of meeting basic needs.

A family's eligibility for several critical assistance programs depends on their income in relation to the poverty threshold as determined by the OPM. An artificially low poverty threshold could therefore cause millions of children to lose access to healthcare, nutritious food, early education, heating assistance, and other critical resources. Programs that depend on Department of Health and Human Services guidelines to determine eligibility would be affected, including (but not limited to): Parts of Medicaid, Children's Health Insurance Program (CHIP), Head Start, Supplemental Nutrition Assistance Program (SNAP), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), National School Lunch and Breakfast Programs, Low Income Home Energy Assistance Program (LIHEAP), and Legal Services for the Poor through Legal Services Corporation.

What is more, since this measure is tied to inflation, the negative effects will increase with each passing year. The Center on Budget and Policy Priorities estimates that after ten years, indexing the OPM to the C-CPI-U would cause more than 300,000 children to lose coverage through Medicaid and CHIP, as well as some pregnant women.<sup>5</sup> Similarly, we anticipate repercussions of reduced eligibility over time for SNAP and WIC, of which children represent 44 percent and 76 percent of participants, respectively. Those states that do not operate with Broad-Based Categorical Eligibility to extend SNAP eligibility to families who earn more than 130 percent of the poverty line could particularly see disproportionate numbers of individuals losing access to

<sup>2</sup> Kaplan, Greg and Schulhofer-Wohl, Sam. "Inflation at the Household Level." *Journal of Monetary Economics* 91 (2017): 8. <https://doi.org/10.1016/j.jmoneco.2017.08.002>

<sup>3</sup> Argente, David and Lee, Munseob. "Cost of Living Inequality during the Great Recession." *Kilts Center for Marketing at Chicago Booth – Nielsen Dataset Paper Series 1-032* (2017): <http://dx.doi.org/10.2139/ssrn.2567357>

<sup>4</sup> "Basic Needs Budget Calculator," *Columbia University Mailman School of Public Health National Center for Children in Poverty*, 2019. <http://www.nccp.org/tools/frs/budget.php>. Accessed 22 May 2019.

<sup>5</sup> Aron-Dine, Aviva, Broaddus, Matt. "Poverty Line Proposal Would Cut Medicaid, Medicare, and Premium Tax Credits, Causing Millions to Lose or See Reduced Benefits Over Time," *Center on Budget and Policy Priorities*, 22 May 2019. <https://www.cbpp.org/research/poverty-and-inequality/poverty-line-proposal-would-cut-medicaid-medicare-and-premium-tax>. Accessed 23 May 2019.

food assistance over time. These examples are just part of the potential repercussions, as enrollment decreases in other programs will surely make the proposal's impact more severe.

As we approach the third decade of the twenty-first century, the inequality gap in the United States continues to grow—with children at the forefront. A recent landmark study from the National Academies of Sciences, Engineering, and Medicine confirms what we know to be true: child poverty remains high in the U.S. and there is a direct and causal link between poverty and negative outcomes for children.<sup>6</sup>

As members of the children's advocacy community, we urge you to give all children a chance to reach their true potential and block this harmful proposal.

Sincerely,

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<sup>6</sup> National Academies of Sciences, Engineering, and Medicine 2019. *A Roadmap to Reducing Child Poverty*, The National Academies Press, 2019, <https://doi.org/10.17226/25246>.

# Obstacles deter many California child care providers from building, expanding facilities

## EARLY LEARNING

May 29, 2019



Photo Courtesy of Gladys Gonzalez

Gladys Gonzalez teaches children at her small family child care home in Chula Vista, California.

After years of searching, a nonprofit hoping to open a new child care center for low-income infants and toddlers found a rent-free building inside a housing development for migrant workers. In some ways, it seemed like a perfect fit.

But it needed more than \$500,000 in renovations — a cost so high that Go Kids, Inc. abandoned the project and kept searching. The organization operates several child care centers in Santa Clara, San Benito, Monterey and Santa Cruz counties, but staff want to open up more centers to meet the need for more subsidized child care.

The search has lasted more than five years.

“We just can’t find anything,” said Jessica Kranz, family service director at [Go Kids, Inc.](#) “You have to have restrooms, you have to have a yard. Any time we’ve looked into building something or buying a piece of land, we just can’t afford it.”

Requirements such as a certain number of toilets, outdoor areas, fire walls and sprinklers are regulations designed to protect the safety and health of children. The state offers a loan program for child care center providers, but Kranz said the cost of paying back a loan and the interest would be too much for a nonprofit like Go Kids.

<https://edsources.org/2019/obstacles-deter-many-california-child-care-providers-from-building-expanding-facilities/612631>

Across California, child care providers have run into similar problems trying to open new centers and expand existing licensed family child care homes. The rising cost of purchasing or renting buildings, in addition to local zoning and permit requirements and a lack of technical assistance for navigating the process are all hurdles too difficult for many providers to clear.

But California needs more child care space. About 745,000 low-income children under 6 years old in California are eligible for subsidized child care but are not enrolled in a state-subsidized program, according to the California Budget and Policy Center, a nonpartisan organization analyzing a range of state policies.

One of the biggest barriers to providing more subsidized care is the lack of classrooms and buildings. In fact, according to the Learning Policy Institute, a nonprofit research and policy organization in Palo Alto, some counties have had to turn away state funding for subsidized care because they did not have the facilities to house new programs.

Gov. Gavin Newsom has made it clear in his proposed budget that expanding access to early education for California's youngest learners is a priority for his administration. Among Newsom's sweeping proposals, he's included about \$250 million for renovating and building new child care centers and family child care homes, which could include bringing existing buildings up to code.

Some bills being considered by the Legislature would help eliminate barriers for child care providers. AB 48 would put a bond measure on the ballot for school district facilities, including preschool. AB 452 would convert the fund that provides loans for building and renovating child care centers to a grant program. SB 234 would prohibit cities and counties from requiring business licenses or from charging taxes or permit fees for large child care homes. The cost of these fees varies from city to city, but in some places can add up to several thousand dollars.



Photo Courtesy of Educare Los Angeles at Long Beach

*Educare Los Angeles at Long Beach was built with the help of public and private partners.*

Advancement Project California, a civil rights organization that works to ensure that low-income children have equitable education opportunities, issued a [recent report](#) about the lack of child care facilities statewide. It recommends that the California Department of Education offer technical assistance to child care providers looking to expand or build and suggests a statewide bond to build early childhood education centers. In addition, the organization recommends conducting an inventory of state-owned property and land that could be converted into child care centers and requiring cities and counties to include early childhood education in their land-use plans, just as they have to for traffic circulation and housing, for example.

“Any broad conversations around infrastructure or improving our infrastructure have hardly ever included early care and education facilities,” said Roberto Viramontes, director of public affairs at the child care center [Educare Los Angeles at Long Beach](#). “You talk about transit, water distribution systems and open space, and if you were going to include education it was normally K-12 or higher ed, but not really” for early education facilities.

Viramontes said an inventory of state-owned buildings or land would also be helpful. He said some counties, such as Santa Clara and Los Angeles, have begun analyzing vacant or underutilized properties in their areas that could be used for child care or preschool.

“Some regions may have a clear idea, but across the state we don’t have a clear sense of state-owned facilities,” Viramontes said.

Viramontes said that Educare was fortunate to have a partnership between public and private organizations, from Long Beach Unified to the Los Angeles Chamber of Commerce and several nonprofit organizations. They were able to build the school on the site of a Long Beach elementary school and local and national partners had the expertise to help secure funds. That’s not the case for many other child care providers.

The organization Reading and Beyond, which runs an afterschool program and two preschools in Fresno, planned to convert a building they owned into a third preschool, to serve children in a high-poverty neighborhood north of downtown Fresno. But city officials told them they would need to build a fire wall separating the building from the one next door. They would need fire sprinklers. And they would have to build more bathrooms. The total estimate for renovations was about \$300,000. As a result, they abandoned the project.

“That became unrealistic for us,” said director Luis Santana. “I was very confident that with a little bit of change, I could provide a facility. I didn’t expect to have barriers to the point that we were not going to do it.”





Photos Courtesy of Reading and Beyond

Reading and Beyond already operates two preschools in Fresno.



The organization could not afford to convert this building into a preschool to serve children in a high-poverty neighborhood.

In addition to changes for child care centers, Advancement Project California recommends that the state also increase support for child care providers who operate licensed programs within their homes. For example, the organization recommends grants for home child care providers to pay for zoning permits, fire safety inspections and child care furniture and equipment.

“To really impact supply across the system, we need to support all settings,” said Keisha Nzewi, director of public policy for the [California Child Care Resource & Referral Network](#), a nonprofit organization made up of 58 local agencies that help parents find child care.

<https://edsources.org/2019/obstacles-deter-many-california-child-care-providers-from-building-expanding-facilities/612631>

All family child care homes have to meet state licensing requirements to ensure children's health and safety, such as adequate indoor space, an outdoor play area, and toilets and sinks. They also have to pass a fire safety clearance from their local fire department.

In addition, some cities require large family child care homes to apply for zoning permits. Current law requires small child care homes, serving fewer than six children under 6 years old, to be considered residential use, but large child care homes, which serve between six and twelve children under 6 years old, can be considered a business use. For those, cities can charge fees for permits, inspections and business licenses. Those fees vary widely from one location to another. Several cities — including San Francisco, San Diego and Sacramento — consider large family child care homes a residential use and do not charge permit fees.

In other cities, according to the Child Care Law Center, some providers have paid up to \$10,000 for a zoning permit and related requirements. Others have been told they would need to pay \$50,000 to \$60,000 to meet the requirements, a cost too high for many providers.

“We have not heard of any providers moving forward with a zoning permit when the costs are that high,” said Julia Frudden, director of community advocacy for the Child Care Law Center, a nonprofit firm dedicated to child care issues. “They either end up staying as a small family child care home or shutting down their child care.”

The city of Chula Vista near the Mexican border charges \$1,250 for a zoning permit application and [requires large family child care homes](#) to have double-wide driveways available for parents to park while picking up and dropping off children, as well as locating play areas to reduce the impact of noise on neighbors. Chris Jacobs, a senior planner for the city's Development Services Department, said the requirements are in place for safety reasons.

Gladys Gonzalez has had her family child care home in Chula Vista for 10 years. She currently has a license to care for six children under 6 years old. Two children left her care in the past year, because their mothers had second babies and Gonzalez didn't have space to care for both siblings. Gonzalez applied to expand to serve 12 children, but she said city officials told her she couldn't get a large license for her home because there wasn't enough parking space for parents to drop off and pick up their children, even though her neighbors signed a letter saying that parents could park in the shared driveway.

“They've been putting up a lot of obstacles to get the bigger license,” Gonzalez said. “I think the city shouldn't impose so many barriers, so we can expand, earn more and help more families. If not, at some point you have to close because you can't make it anymore.”

Santana, in Fresno, said child care building reforms can't come soon enough.

“Our goal is to eliminate or reduce the gap between the kids who are not going to preschool and the ones who are,” he said. If new child care centers can't be opened up, he said, the children who most need them will continue to be unserved.





**Zaidee Stavely** covers bilingual education, early education and immigration as it relates to schools.



New Research

## Perry Preschool: Intergenerational Effects

# Early childhood education strengthens families and can break the cycle of poverty.

*Professor Heckman's newest research looks at the life outcomes of Perry Preschool participants at midlife, as well as the outcomes of their own children. After putting the data through a series of rigorous tests, Heckman and his co-author find that the original participants of the program had significant gains in personal and family life outcomes that provided their children with positive second-generation effects on education, health, employment and civic life. Early childhood education resulted in stronger families and significantly contributed to upward mobility in the next generation—an indication that early childhood education can be an effective way to break the cycle of poverty.*

### **Perry: the program that inspired modern early childhood education.**

Originally developed as a randomized-controlled trial to determine whether quality early childhood education could increase the IQ of at-risk children from low-income families, Perry's components became the model for high-quality early childhood education today. Parental education and partnership, home visiting and child-centric early learning are now accepted best practices in birth-to-five early development and learning. Therefore, the treatment effects on Perry participants and their children have wide-ranging applications for more fully understanding the social benefits of early childhood education, especially when the results are seen in context with studies of more comprehensive programs inspired by Perry, such as the North Carolina Abecedarian Project.

### **A critical look at the data and effects on the next generation.**

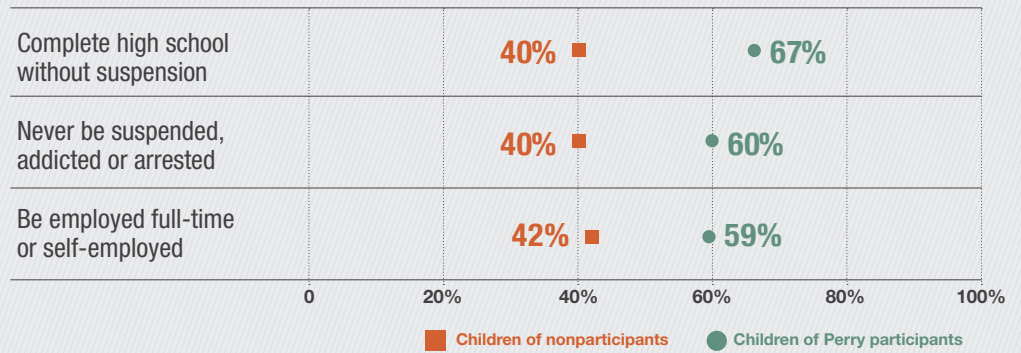
New data on outcomes after midlife provided the Heckman research team with the opportunity to understand the program's impact on the participants over their life course while addressing critics' concerns, such as the small sample size and compromises in the randomization of the treatment and control groups. After accounting for these and putting the data through a number of rigorous tests, this new analysis validates the return on investment in early childhood education for disadvantaged children. The latest data also allowed a first deep look into the

possible intergenerational effects of early childhood education on achievement, economic gains and upward mobility.

**Strong gains among the original participants.** While Perry failed to permanently increase a crude IQ measure of the treated, simplistic measures of cognitive achievement prove to be poor indicators of life success. Children treated with early childhood education have significantly better life outcomes than the untreated children. Treatment in Perry significantly increased the participants' employment, health, cognitive and socioemotional skills and reduced the male participants' criminal activity, especially violent crime. Improvements in childhood home environments and parental attachment are seen as an important source of the long-term benefits of the program.

**Positive multigenerational effects.** Heckman and his co-author found substantial second-generation effects on education, employment, crime, school suspensions and health. The children of participants were less likely to be suspended from school, and more likely to complete regular or any other form of high school and to be employed full-time with some college experience. While present for both male and female children of participants, the wide range of beneficial effects are particularly strong for the male children of participants, especially those of male participants.

## Children of Perry Preschool participants are more likely than children of non-participants to:



### High-quality early learning positively impacts later family life.

This latest analysis shows that effective early childhood development leads to better adult family lives. Perry participants had more stable marriages and were more likely to provide their children a more stable two-parent home in which to grow up. They tended to have children slightly later in life and remain stably married by the time their children turned 18, all of which afforded parents the ability to provide more resources and attention to the successful development of their children.



All children of Perry Preschool participants spend **3 times more time with stably married parents before age 18** compared to children of nonparticipants.

Male children of male Perry Preschool participants spend **15 times more time with stably married parents before age 18** compared to children of nonparticipants.



### High-quality early childhood education can break the cycle of poverty.

These new findings indicate that high-quality early childhood programs have the potential to lift multiple generations out of poverty. Those treated in Perry were able to build the foundations for stronger family lives that resulted in larger gains for their children, despite living in similar or worse neighborhoods than the untreated families. The children of Perry participants are more educated, healthy, gainfully employed citizens who are more productive members of society.

**Starting earlier can produce greater gains.** The elements and approach of the Perry program continue to inspire high-quality early development programs and supports that begin at birth. The Abecedarian/CARE program modeled after Perry served children from birth to five and produced similar results and a higher return, particularly in the health of recipients and the economic gains of mothers. The highest returns are achieved when investments start at birth—13% for every dollar invested in children who could otherwise not attend a high-quality program. Findings from the study of Perry participants at midlife also show no fadeout in terms of life outcomes, suggesting that success of the program is reflected not by measuring IQ or academic achievement, but by life-course gains in employment, health and other life achievements, as well as the reduction of persistent crime.

**Applications for policymaking.** This research on the Perry Preschoolers is yet further evidence that investing in high-quality early childhood education can produce gains for disadvantaged children and deliver better outcomes for society. It also shows strong intergenerational effects not only in achievement but also in family life that build greater personal and social gains spanning multiple generations. As a result, high-quality early childhood education emerges as an effective tool for fighting intergenerational poverty.

Sources:

Heckman, James, and Ganesh Karapakula. "The Perry Preschoolers at Late Midlife: A Study in Design-Specific Inference." (2019)

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James J. Heckman is the Henry Schultz Distinguished Service Professor of Economics and Director of the Center for the Economics of Human Development at the University of Chicago, a Nobel Laureate in economics and an expert in the economics of human development.



# Case Study: School-Based Oral Health Screening in San Francisco as an Essential Public Health Service

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**ABSTRACT** This review explores school-based oral health screening as an essential public health service in San Francisco between 2001 and 2017. Available data suggest that the screening was associated with all 10 essential public health services, including empowering the community, mobilizing partnerships and changing policy and practice to improve children's oral health.

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Conflict of Interest Disclosures: None reported by all authors.

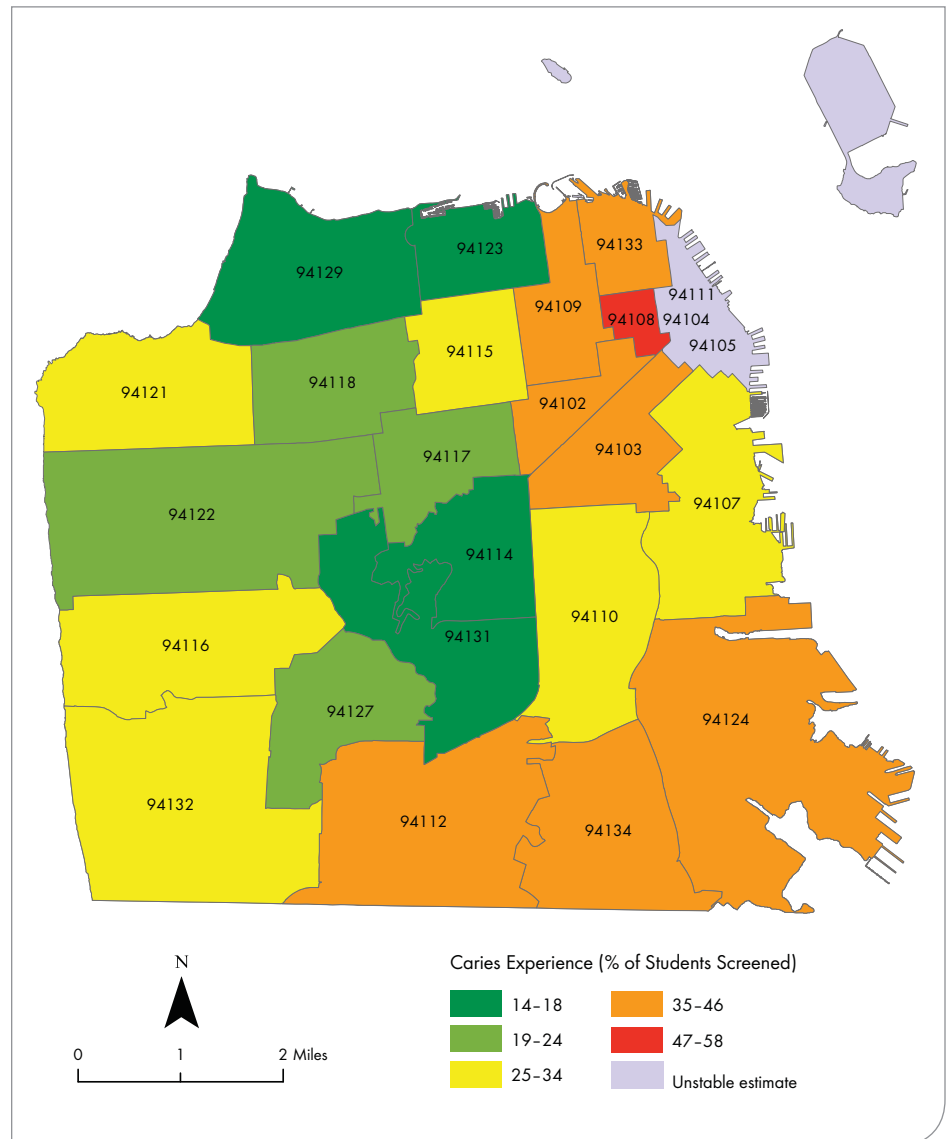
The Centers for Disease Control and Prevention (CDC) and the National Academy of Medicine (formerly the Institute of Medicine) gauge optimal public health system performance in terms of “10 essential public health services.”<sup>1,2</sup> Assessment is fundamental to 1) *monitor* health status, 2) *diagnose* community health problems and identify modifiable risk factors. Assessment can 3) *inform, educate and empower* the community about health issues, 4) *mobilize community partnerships* to solve health problems and provide evidence for 5) *policy development* and programs to promote community health. New policies and programs, in turn, can initiate new policy 6) *enforcement* mechanisms to 7) *link people to care* and 8) trainings to *assure a competent workforce*. Assessment can, furthermore, enable 9) *evaluation* and 10) *research* to inform program outreach

and quality improvement. Public health impacts are expected to flow from regular, iterative programmatic assessment.

In 2000, *Oral Health in America: A Report of the Surgeon General* identified children's dental disease as an epidemic public health problem.<sup>3</sup> Responding to this report, the incoming president of the San Francisco Dental Society (SFDS) approached the director of dental services at the San Francisco Department of Public Health (SFDPH) to explore ways for the two organizations to collaborate to improve children's oral health. At that time, no systematic assessment of the oral health status of San Francisco's children was occurring regularly. The San Francisco Children's Dental Health Committee, a group of dedicated professionals with two decades of experience working together, prioritized development of school-based oral health surveillance.<sup>4</sup> SFDPH and SFDS decided to create an annual kindergarten dental screening program for San Francisco's public schools to identify children with immediate dental needs and enable public health assessment.

Methodology and staffing of the annual kindergarten dental screening program (hereafter denoted "screening") has been described elsewhere.<sup>5</sup> In brief, the screening started as a public-private collaboration between SFDPH, SFDS, the National Dental Society of the Bay Area and local public schools. In 2001, the screening's first year, 44 volunteer dentists screened more than 3,300 children in San Francisco's 73 public schools. Since then, the screening has consistently served an average of 4,000 kindergartners, more than 95 percent of enrolled children, annually.

This case study reviewed information from publicly available sources to explore systematic oral health screening as an essential public health service in San Francisco between 2001 and 2017.



**FIGURE 1.** Percentage of kindergartners in public schools in San Francisco with caries experience in their primary teeth by child's ZIP code of residence, 2012-2013. Caries experience is defined as either untreated or treated (restored or filled) tooth decay.

The specific aim was to describe ways that the screening — i.e., assessment — was associated with other essential public health services with potential to improve children's oral health. The analysis provides preliminary data to operationalize the screening in terms of 10 essential public health services for future oral health intervention planning and evaluation. Results will inform measures to index the extent and quality of linkage of the screening with other essential services.

## Methods

This review provides an exploratory, retrospective case study of the screening offered to San Francisco public elementary schools from 2001 to 2017. The program's 17-year continuous and countywide reach was unique among California's 58 counties during this period.

Information about the screening was gathered from publicly available documents, including peer-reviewed journal articles, community health

needs assessments, program planning documents, San Francisco Health Commission documents and media articles. Resources were identified using Google and PubMed searches and through personal communication with local oral health stakeholders affiliated with the San Francisco Health Improvement Partnership (SFHIP) or CavityFree SF. Google and PubMed search terms included “San Francisco” with “oral health screening,” “children’s tooth decay,” “children’s caries,” “caries experience,” “Children’s Oral Health Strategic Plan” or “SFHIP oral health.” Throughout this review, caries experience is defined as the prevalence of either untreated or treated (restored or filled) tooth decay.

The review included materials that mentioned the screening, used screening data or implied any impact, positive or negative, direct or indirect, of the screening in 2001–2017. Screening impact was not restricted to immediate access to dental care or treatment of untreated caries. Each mention of the screening or use of screening data was abstracted from the sources and tabulated in qualitative terms, grouped by essential public health service<sup>1</sup> and year. The review summarized changes in monitoring, investigation, community partnerships, policy development, law enforcement, care delivery, workforce training, evaluation and/or research related to the screening. This descriptive case study did not seek to test for causal effects of the screening, estimate unbiased magnitudes of association or control for confounding variables. Local oral health resources and contextual factors, which might confound or modify relationships between the screening and children’s caries experience, were described to facilitate results interpretation and guide future program planning and evaluation.

## Results

The **TABLE** found on [cda.org/aug17](http://cda.org/aug17) summarizes essential public health services in San Francisco that were related to the screening in 2001–2017.

### Public Health Service No. 1: Monitor

Since implementation in 2001, the screening enabled systematic monitoring of kindergartners’ caries experience and severity status. Screening data were used for community health needs assessment in San Francisco.<sup>6–9</sup> In 2016, protocol to screen for caries experience

Untreated caries was 60 percent higher in schools where at least 50 percent of students qualified for free/reduced price meals.

was extended to children under age 5 at preschools and pediatric clinics.<sup>10</sup> In 2017, Sonoma County requested technical assistance to replicate San Francisco’s public-private collaborative model of school-based oral health monitoring.<sup>11</sup>

### Public Health Service No. 2: Diagnose and Investigate

Analysis of 2001–2005 screening data showed kindergartner caries experience was unevenly distributed across San Francisco by race/ethnicity, income and residential neighborhood.<sup>5</sup> Low-income, Asian, Hispanic and black children had significantly greater odds of experiencing caries compared to white, higher-income children.<sup>5</sup> Untreated caries was 60 percent higher in schools where at least 50 percent of students qualified for free/

reduced price meals.<sup>5</sup> In 2004–2005, the prevalence of untreated caries was 51 percent among children in the Chinatown neighborhood and 38 percent among children living in the southeast section of San Francisco versus 29 percent citywide.<sup>5</sup>

Although 2001–2005 trends suggested oral health improvements for all racial/ethnic groups, lack of change in year-to-year caries severity suggested that the caries burden was becoming concentrated in fewer children, widening caries experience disparities.<sup>5</sup> By 2008, the prevalence of untreated decay decreased to 5 percent in higher-income schools but was 40 percent (eight times higher) in lower-income schools.<sup>12</sup> Differences among neighborhoods persisted over time (**FIGURE 1**).

The screening results stimulated investigation into caries risk factors for low-income, minority, San Francisco children aged 0–5. Investigations included analyses to describe dental care utilization, focus groups to identify barriers to accessing dental care and pilot studies to determine the feasibility of offering preventive dental services in alternative settings.

Dental care utilization before age 5 appeared to be protective against caries experience for San Francisco kindergartners.<sup>8</sup> Dental care access by San Francisco children aged 0–3 was linearly and inversely associated with the prevalence of the caries experience in local kindergartners one year later.<sup>8</sup> Utilization of dental care increased significantly for Chinese and Hispanic children in 2003–2012.<sup>13</sup> Nonutilization of dental care among kindergartners was associated with speaking a language other than English, Spanish or Chinese.<sup>14</sup>

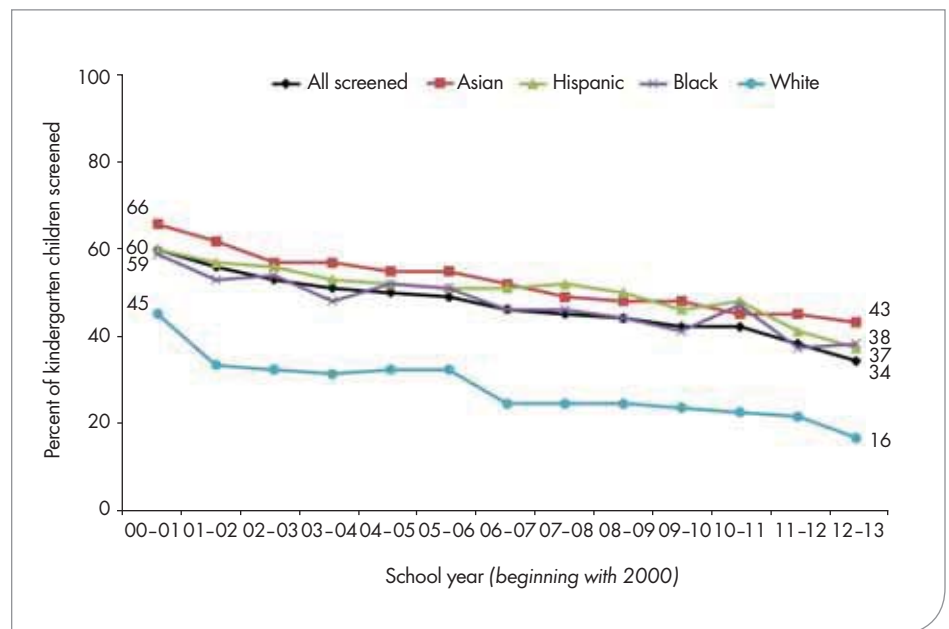
In 2007, focus groups with caregivers of young children identified possible barriers to accessing dental care for children aged 1–5.<sup>15</sup> Belief that primary



teeth “just fall out anyway” was widely shared among focus group participants. Routine preventive dental visits were considered unnecessary. Focus group participants trusted their child’s pediatrician to check teeth at well-child visits and refer to the dentist for any dental problems. A participant commented, “There’s a lot of dentists that don’t take 1-year-olds. A lot. Most don’t take them ...” and that some dentists suggested unnecessary treatment. Focus group participants stated that they counted on pediatricians, relatives and social networks to choose a dentist. In 2016, focus groups confirmed that parents prefer physicians and schools to provide oral health screening, information and referral.<sup>16</sup>

Child care-center program reports and clinic billing records also suggested gaps in access to dental care for low-income San Francisco children younger than age 5. “Pending” and wait-listed dental appointments were documented as the reason that children who were referred for treatment after screening did not receive treatment.<sup>17</sup> Clinic wait times for children’s dental appointments were two to three months.<sup>18</sup> In 2004–2005, neighborhoods with high rates of caries experience had a severe shortage of dental providers who would accept fee-for-service Denti-Cal; there was only one dentist for 33,170 southeast San Francisco residents.<sup>5</sup> Fewer than 20 percent of Denti-Cal-enrolled children aged 0–3 saw a dentist from 2004 to 2008.<sup>8</sup> In 2011, only 50 dental offices/clinics citywide accepted Denti-Cal.<sup>12</sup>

Diagnosing and investigating the problem showed that “the comparatively small dental safety net cannot meet the demand for care for children, which will only increase with the Affordable Care Act’s requirement for pediatric dental



**FIGURE 2.** Percentage of kindergartners in public schools in San Francisco with caries experience in their primary teeth by race/ethnicity, 2001–2012. Caries experience is defined as either untreated or treated (restored or filled) tooth decay.

coverage and the reinstatement of some adult Medi-Cal dental benefits in 2014.<sup>11,12</sup>

Consistent with parents’ expectation that pediatricians address children’s oral health at check-ups,<sup>15–16</sup> pilot studies suggested the potential for primary care clinics in San Francisco to offer oral health preventive services to children aged 0–5 who were not receiving regular dental care. Offering fluoride varnish applications to very young children at federally qualified health center (FQHC) primary care visits was found to be feasible and financially viable.<sup>19</sup> A 2011 telephone survey of primary care clinics determined that very few pediatric clinics offered fluoride varnish to their patients aged 0–5.<sup>12</sup>

### Public Health Service No. 3: Inform, Educate and Empower

Since its implementation in 2001, the screening has informed, educated and empowered parents and caregivers. Children and families are provided their child’s screening results, oral health education and dental clinic referral lists following a standardized protocol.<sup>20</sup>

Each school is provided information about the school-specific rates of caries experience and severity. Screening staff, including San Francisco Dental Society members, are updated about screening results to maintain continued engagement and interest in volunteering.

The screening data were used to inform, educate and empower the community. In 2011, aggregate screening results were presented to the SFHIP Children’s Oral Health Working Group,<sup>21–23</sup> a derivative of the San Francisco Children’s Dental Health Committee.<sup>4</sup> The trends in caries including the widening of oral health disparities, from a 14 percent absolute difference between whites and blacks in 2000 to a gap of 22 percent in 2012 (FIGURE 2), enabled SFHIP to secure seed funding,<sup>21</sup> planning grants from the Metta Fund, the United Way and the California Department of Public Health<sup>24,25</sup> and a \$400,000 implementation grant from the Hellman Foundation<sup>26</sup> awarded in 2013 to provide funds for 2014–2017.

In 2013–2014, the screening results were presented to more than 50 local

## ATTACHMENT 12.6

policymakers, community health leaders, child care center and school administrators and grassroots community members at two citywide meetings to gather input and announce the San Francisco Children's Oral Health (COH) Strategic Plan.<sup>22,24</sup> City funds were allocated to hire a coordinator for the implementation.<sup>23</sup>

In 2015, screening results were presented at community briefings in three neighborhoods to inform, educate and empower the community about neighborhood-specific caries experience and disparities. Local media reported the screening results and community briefings.<sup>27-29</sup> In 2015–2017, screening data were shared at quarterly steering committee meetings, biannual Health Commission updates and annual citywide briefings.<sup>22,30,31</sup> San Francisco policymakers, including San Francisco supervisors, First 5 San Francisco commissioners and representatives from the San Francisco Community Clinic Consortium, San Francisco Pediatric Advisory Committee and San Francisco Health Plan were informed about the screening data and COH Strategic Plan.<sup>23</sup> First 5 San Francisco is a department of the city and county of San Francisco that is dedicated to advancing the well-being of children and families.

In 2016, the briefings empowered community members and local politicians to advocate for \$250,000 in grant funding to develop children's oral health community-based task forces.<sup>30</sup>

#### Public Health Service No. 4: Mobilize Community Partnerships

Beginning in 2001, the screening mobilized partnerships between SFDPH, SFDS, the National Dental Society of the Bay Area and local public schools. In 2005, SFDPH partnered with University of California San Francisco (UCSF) public health dental

researchers to analyze and report the screening data.<sup>5</sup> In 2013, a diverse array of community, civic, private and public organizations, including dental and medical safety net providers, child advocates and early education stakeholders, collaborated to develop the COH Strategic Plan.<sup>21,22</sup> In 2014, launch of the COH Strategic Plan galvanized a dedicated citywide SFHIP Children's Oral Health Collaborative, currently known as CavityFree SF, whose objective was to implement the COH Strategic Plan.<sup>12</sup>

The work teams engaged in the four target areas of the COH Strategic Plan: promotion, integration, access and evaluation.

The CavityFree SF collaborative was structured with a “backbone” core team for ongoing administrative and leadership support, an implementation coordinating committee (ICC) and four implementation work teams.<sup>21,22</sup> The core team was co-led by two agencies, SFDPH and the UCSF School of Dentistry, and included a planning consultant and an administrative staff person. Multiple sectors and agencies (UCSF, SFDPH, SFHIP, University of the Pacific, Arthur A. Dugoni School of Dentistry, SFDS, SFUSD, San Francisco Health Plan) participated in the ICC.<sup>21,22</sup> The work teams engaged in the four target areas of the COH Strategic Plan:<sup>12</sup> promotion, integration, access and evaluation. The strategic goals and activities of the four work teams are described below:

#### *Evaluation*

The evaluation team's goal was to “develop and establish an ongoing oral health population-based surveillance system to address the oral health of San Francisco children.”<sup>30</sup> The team collaborated to outline a surveillance plan with standardized protocol for measurement, assess staff capacity for oral health data collection, analysis and reporting, create oral health epidemiologist positions, request data from Denti-Cal and child care agencies and improve surveillance software and hardware.<sup>23,30,32</sup>

#### *Promotion*

The promotion team's goal was to “increase awareness and practice of optimal children's oral health behaviors among diverse communities.”<sup>30</sup> The team developed connections with local media and neighborhood community-based organizations that serve low-income, minority families and children under age 5. The San Francisco mayor and supervisors budgeted \$250,000 to mobilize community-based oral health task forces.<sup>32</sup> In 2015, the Chinatown Children's Oral Health Task Force was created as a result of the Chinatown community briefing.<sup>30,33</sup> They met twice to develop goals specific for the Chinatown population<sup>33</sup> and partnered with Chinatown neighborhood schools to provide oral health education materials and resources. Formation of the Chinatown Oral Health Task Force was sponsored by the Chinatown YMCA, the Asian Pacific Islander Health Parity Coalition, Asian Perinatal Advocates Family Support Services, NICOS Chinese Health Coalition (North East Medical Services, Chinese Community Health Care Association, Chinese Hospital, On-Lok Lifeways and Self-Help for the Elderly).<sup>34</sup> In 2017, SFDPH released a request for proposal for a grant sponsored by the mayor's office to support neighborhood-specific children's oral health task forces.<sup>35</sup>



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### Access

The access team's goal was to "increase access to oral health care services for San Francisco children and pregnant women."<sup>30</sup> This team collaborated with the National Network for Oral Health Access to unite common efforts to increase access to dental care outside the "four walls"<sup>33</sup> at "nontraditional sites," such as schools and FQHC clinics. They worked with child care centers to expand the public school-based oral health program to serve preschool-age children.<sup>30,33</sup>

### Integration

The integration team's goal was to "integrate oral health with overall health."<sup>30</sup> The integration team worked to standardize documentation of fluoride varnish application in electronic health records across a large network of primary care providers serving low-income children, including the San Francisco Health Network, Kaiser Permanente and North East Medical Services. The team developed open-source resources to support primary care clinics to begin to implement fluoride varnish application during well-child pediatric visits, such as training, materials and technical assistance.<sup>30</sup> Team members worked with San Francisco's largest Medi-Cal managed care plan to support and incentivize medical providers to incorporate fluoride varnish for children aged 0–5 into their medical practices.<sup>30</sup>

### Public Health Service No. 5: Develop Policies

In 2005, the California Dental Association sponsored AB 1433 (Emmerson/Laird). This landmark legislation required that children have a dental checkup by May 31 of their first year in public school, at kindergarten or first grade. While AB 1433 was being considered by the California

legislature, the screening was cited as a model in support of the legislation,<sup>36</sup> which was eventually passed and signed into law.<sup>37</sup> The screening was cited in support of a resolution in Los Angeles to enforce AB 1433.<sup>38</sup>

In 2015, also at the statewide level, SFDS presented the screening data to California State Assemblymember David Chiu to advocate for oral health issues including increased funding for Denti-Cal.<sup>39</sup> The California Department of Education (CDE) approved a waiver to allow dental clinics to be paid for

Collectively, these policies raise awareness about children's oral health among local leaders, policymakers and the community.

dental services delivered in schools, paving the way for local community dental clinics to begin providing sealants and other preventive dental services in San Francisco schools in 2016.<sup>33</sup>

At the local level, screening data were used to set citywide agendas for funding, program planning, quality improvement and evaluation. In 2013, the data provided the evidence base for the COH Strategic Plan goal: "To reduce disparities and improve the oral health of children in San Francisco by increasing access to quality care and services, integrating oral health into overall health and promoting oral health among high-need communities and neighborhoods."<sup>12</sup> The screening data were translated into specific objectives for policy and intervention:

"reduce the percentage of kindergartners with dental caries experience from 37 percent in 2012 to 27 percent in 2017, reduce the percentage of kindergartners with untreated dental decay from 16 percent in 2012 to 8 percent in 2017 and reduce the gap between Chinese, black and Hispanic/Latino kindergartners and white kindergartners with respect to the risk of caries experience from a 20/21 percentage point difference in 2012 to a 15 percentage point difference in 2017."<sup>12</sup>

In 2014, the San Francisco Health Commission officially recognized children's caries experience as a local public health problem and endorsed the COH Strategic Plan.<sup>40</sup> In 2016, kindergartners' caries experience was selected as a DPH San Francisco Health Network True North Metric<sup>10</sup> and a key measure of success for the mayor's Our Children Our Families efforts.<sup>41</sup> In 2016, the San Francisco Health Plan, the Medi-Cal Managed Care Plan which serves a majority of children eligible for Medi-Cal in San Francisco, recognized caries experience among local low-income kindergartners as a health issue, and strategized to encourage health providers to offer fluoride varnish application as a Medi-Cal benefit to eligible children aged 0–5.<sup>42</sup> The San Francisco Health Plan included in its performance improvement plan a financial incentive rewarding primary care clinics that administer fluoride varnish at well-child visits.<sup>22</sup> In 2016, SFHIP selected children's caries experience as a focus area for community health improvement planning efforts.<sup>43</sup> Collectively, these policies raise awareness about children's oral health among local leaders, policymakers and the community.<sup>44</sup>

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### Public Health Service No. 6: Enforce Laws

Pediatric providers affiliated with the Child Health and Disability Prevention (CHDP) program are mandated to refer their pediatric patients to a dentist at age 1, annually thereafter and any time a dental problem is suspected during the well-child exam.<sup>45</sup> The SFDPH CHDP public health nurses used screening data slides showing racial/ethnic and income oral health disparities during audits to educate and inform medical directors and clinic managers to persuade those providers, who had not been following this state regulation, to monitor and ensure their medical staff made a dental referral.<sup>46</sup>

The school-based screening facilitated compliance with AB 1433. In the 2006–07 school year, the first full year of AB 1433 implementation, San Francisco was the county with the highest rate of returned school assessment forms in California (88 percent). The statewide average was 35 percent for that initial year, as per personal communication from Irene Hilton, DDS.

### Public Health Service No. 7: Link To/Provide Care

Over the past 17 years, the screening directly linked individuals and families to dental care. Per standardized protocol, all children identified as needing treatment during screening were given a letter to notify the parents of the result and a list of resources for dental follow-up.<sup>5,20</sup> COH Strategic Plan implementation resulted in new dental screening and treatment services being offered to children in grades other than kindergarten. Between August and November 2015, 55 children at eight Head Start preschool centers received full dental exams with X-rays and fluoride varnish application at their preschool sites. The Head Start centers adopted the motto “two is too late” for

the first dental visit and committed to continuing the on-site dental chair and dental screening partnership in 2016. Four Head Start sites that serve children aged 3 and 4 and two early Head Start sites that serve children aged 0–2 were in the process of acquiring on-site dental “clinic” services.<sup>9</sup> A CDE waiver was approved to allow nonprofit community clinics to provide dental services on-site at San Francisco public schools and preschools,<sup>22</sup> dramatically expanding dental screening capacity for schools and access to dental treatment for children.

The Head Start centers adopted the motto “two is too late” for the first dental visit and committed to continuing the on-site dental chair and dental screening partnership in 2016.

With respect to access to preventive dental care, screening and fluoride varnish application services were expanded to include all preschoolers enrolled in district preschools.<sup>10</sup> Access to preventive dental care was increased for approximately 1,045 Head Start preschoolers and 1,500 school district preschoolers.<sup>31</sup> The school sealant program was expanded to include an additional 400 fifth- and sixth-graders.<sup>22</sup>

COH Strategic Plan implementation resulted in efforts to offer fluoride varnish application to children aged 0–5 in medical clinics. Before implementation, the only medical providers routinely administering fluoride varnish were the SFDPH pediatric clinic at the county hospital and some pediatric practices at San Francisco Kaiser Permanente.<sup>22</sup> To date, COH Strategic Plan implementation has

resulted in 17 additional medical clinics in three large medical systems providing fluoride varnish applications at pediatric well-child visits for children under age 5.<sup>31</sup> The implementation team worked on an electronic medical record notification to medical providers if a child has not received fluoride varnish in the last six months.<sup>33</sup> At the largest family medicine clinic in San Francisco to integrate fluoride varnish application, the rate of fluoride varnish application more than tripled from a baseline of 5 percent to 18 percent in January 2016.<sup>47</sup> In 2015–2016, pediatric clinics in San Francisco offered fluoride varnish to almost 20,000 children aged 0–5 with Medi-Cal insurance.<sup>31</sup> Approximately 33,000 children aged 0–10 have Medi-Cal insurance in San Francisco.<sup>31</sup>

Following AB 1433, in 2006, the screening also indirectly provided care by systematically providing oral health education to families of all first-time public school students. School districts were required to notify parents about the importance of primary teeth and oral health to overall health and learning and how to access health insurance programs.<sup>48</sup>

### Public Health Service No. 8: Assure Competent Workforce

The capacity of the existing public health workforce to reduce kindergartners’ caries experience burden was increased through student training. Each year since 2001, the screening has provided opportunities for volunteer dentists to gain hands-on experience working with kindergarten-age children in the school setting and collaborate with public health professionals. SFDPH provided didactic training to both UCSF pediatrics and family medicine residents for 15 and 11 years, respectively. The lecture materials included screening results to inform residents about local caries experience and provide rationale for

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fluoride varnish application during well-child examinations. UCSF public health dental students used screening data and/or focused on risk factors for kindergarten caries experience to fulfill summer internship or residency requirements.<sup>13,14</sup>

COH Strategic Plan implementation increased workforce capacity by training existing staff. SFDPH and volunteer San Francisco Dental Hygiene Society hygienists trained pediatricians in 17 primary care clinics regarding oral health assessment and fluoride varnish application.<sup>22,31</sup> A Chinese hospital pediatrician trained private physicians to provide fluoride varnish in Chinatown.<sup>49</sup> Training materials included information about local disparities in kindergarten caries experience along with instruction regarding fluoride varnish application and technical assistance about billing strategies.<sup>50</sup>

The number of staff positions dedicated to reducing kindergartners' caries experience increased because of the efforts of the CavityFree SF collaborative. The promotion team chair led ICC steering committee members and the Chinatown Task Force Community Health Coalition (NICOS) to meet with San Francisco County supervisors' staff to advocate for financial support to advance the work of the CavityFree SF collaborative. The advocacy resulted in a permanent position at SFDPH to coordinate citywide children's oral health activities in 2015<sup>50</sup> and an allocation of \$250,000 city funding in 2016 to support up to three neighborhood community task force groups to work to improve children's oral health.<sup>22</sup> In 2014, SFDPH hired a dental hygienist to expand the early education schools fluoride varnish program. The Hellman Foundation awarded funding in 2015 to create a temporary oral health epidemiologist position at UCSF in 2016.<sup>26</sup>

### Public Health Service No. 9: Evaluate

Our literature review did not identify any formal published program evaluations that used screening data. "Bending the curve" of kindergarten caries experience is expected to require a lag time of up to five years, the time for infants currently receiving fluoride varnish at well-child visits to age and enroll in kindergarten. Evaluations of interventions implemented for the COH Health Strategic Plan are expected after 2020.

The annual systematic screening data did, however, enable agencies to plan

Ongoing oral health surveillance activities will track kindergartners' caries experience along with COH Strategic Plan implementation process measures.

to evaluate intervention efforts with measurable outcomes<sup>41,43,51</sup> and engage in quality improvement.<sup>10</sup> Ongoing oral health surveillance activities will track kindergartners' caries experience along with COH Strategic Plan implementation process measures.<sup>12</sup> The screening data provide an essential baseline reference for gauging impact.

SFDPH was recently awarded local dental pilot project (LDPP) funding from the California Department of Health Care Services Dental Transformation Initiative (DTI).<sup>31</sup> The DTI is a mechanism within the Medi-Cal 2020 waiver to improve dental health for Medi-Cal children by focusing on high-value care, improved access and utilization of performance measures to drive delivery system reform.<sup>52</sup> The goals of DTI LDPP funding are to

"increase dental prevention, caries risk assessment and disease management and continuity of care among Medi-Cal children through innovative pilot projects implemented by alternative programs, potentially using strategies focused on urban or rural areas, care models, delivery systems, workforce, integration of oral health into primary care, local case management initiatives and/or education."<sup>53</sup> SFDPH will use the \$6.4 million award for five pilot projects that align with COH Strategic Plan goals, serve children aged 0–5 and aim to reduce caries experience as measured by the screening. The screening provided key metrics required for LDPP planning, quality improvement and evaluation.

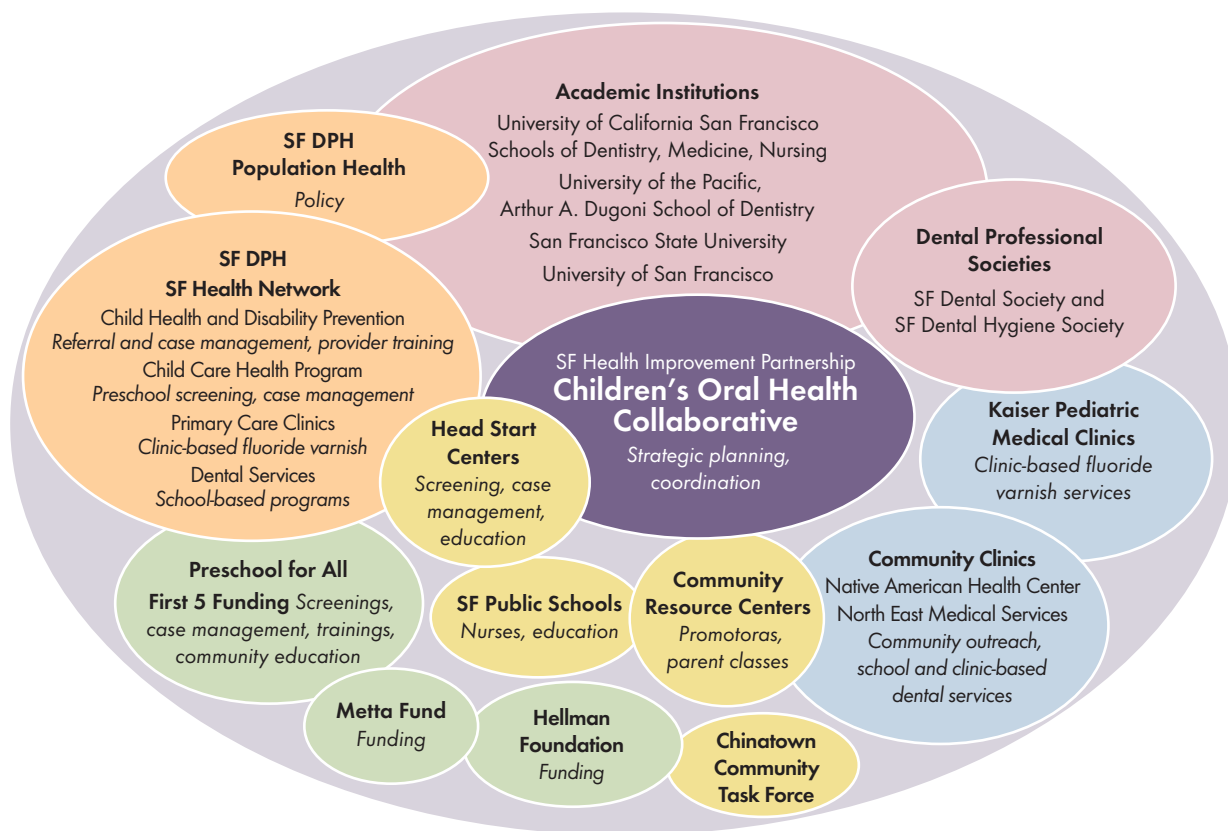
### Public Health Service No. 10: Research

Aggregate results from the 2001–2005 screening were reported in a peer-reviewed journal.<sup>5</sup> Focus group results regarding risk factors for caries experience in low-income young children in San Francisco were published in a peer-reviewed journal article.<sup>15</sup> Graduate students used screening data for research and/or studied risk factors associated with kindergarten caries experience.<sup>13,14,54,55</sup>

### Essential Public Health Service by Year

Beginning in 2001, the screening was associated with four essential public health services: monitor, inform/educate/empower, partner with communities and provide care. Over time, the screening became related with all 10 essential public health services (TABLE, [cda.org/aug17](http://cda.org/aug17)). Linkage of the screening with other public health services coincided with research partnership and communication of data to organized groups, communities and funders. The process of hiring new staff took about one year. For example, about one year elapsed between the allocation of city funds for the COH coordinator

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**FIGURE 3.** University, health network, community clinic, child care, public school, funding and public health resources in San Francisco in 2001–2017. University resources are grouped in pink. San Francisco Department of Public Health (SF DPH) resources are grouped in orange. Community clinics are grouped in blue. Educational resources are grouped in yellow. Funding resources are grouped in green. This figure is for illustrative purposes only and may not represent all resources.

and the hiring of the COH coordinator at SF DPH (TABLE, [cda.org/aug17](http://cda.org/aug17)). Hellman Foundation funding was obtained to hire an oral health epidemiologist in 2015. The new epidemiologist is expected to start at UCSF this year.

### Background Context

The associations observed in this review may be contingent on contextual factors in the background, such as organized community groups, the presence of academic institutions, researchers with expertise in the topic and availability of funding. Collaborative leadership, backbone resources, trusting relationships and willingness of many people to volunteer time outside the scope of their compensated jobs supported the COH Strategic Plan and collective

impact work.<sup>22</sup> FIGURE 3 illustrates the variety of agencies involved in the COH Strategic Plan in 2001–2017.

Effects of oral health screening may also depend on federal, statewide or local policy. Head Start's national mandate requiring oral health screening for every child within 90 days of enrollment facilitated fluoride varnish application interventions in child care centers. Statewide CDE policy was a barrier to delivery of dental care on-site at public schools. Statewide Denti-Cal policy changed over time, limiting benefits for adults in 2009 and restoring benefits for adults in 2014. Denti-Cal benefits for adults may affect the availability of dental appointments for Denti-Cal eligible children.<sup>13</sup> Local health plan reimbursement policy may incentivize pediatric fluoride varnish application.

### Discussion

Results of the present review suggest that over the past 17 years school-based oral health screening in San Francisco was related to each of the 10 CDC's essential public health services.<sup>1</sup> Resources identified for this review indicated multiple uses of screening data beyond immediate detection of children needing referral for dental care, consistent with school-based oral health screening playing an important role in planning and providing health services.<sup>56</sup>

Indication that the screening did not occur in isolation, independent of other essential public health services, implies potential for confounded, interactive or synergistic effects of the 10 essential public health services on kindergartners' caries experience. To account for the type

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and extent of linkage(s) between the screening and other essential services, the screening might be operationalized as a multi-component exposure and/or analyses might test whether screening effects are confounded or modified by level or change in other essential services. The results warrant a wide scope to describe and interpret trends in local kindergartners' caries experience.

This review identified concrete examples of changes in essential public health services associated with the screening, which may serve as preliminary data to inform planning for future CavityFree SF interventions and evaluation. Future interventions might aim to link the screening (or screening data) with public health services where there has been relatively less activity, such as law enforcement, workforce training and research. Future evaluations might systematically track the number of community briefings or newspaper articles to index activities to “inform, educate, empower.” Documents reviewed for the present analysis report a time lag of many months to create positions, hire new staff and train providers to apply fluoride varnish. This time lag suggests that CavityFree SF evaluation plans should include years of follow-up to describe effects of screening linked with changes in essential services.

Although the context of the present analysis is specific to San Francisco in 2000–2017, results motivate questions about the public health services context in other studies of screening effectiveness. For example, what essential public health services were working in the background of randomized controlled trials that previously tested for effects of school-based oral health screening, such as Milsom et al.<sup>57</sup> And to what extent does the public health services context contribute to debate over the

effectiveness of school-based dental screening? These questions are pertinent, given that the effectiveness of school-based oral health screening is considered to be one of the most debated aspects of health care systems, public health practice and health policy discussions.<sup>58</sup>

Milsom et al.<sup>57</sup> report no significant effect of oral health screening in schools in the United Kingdom on attendance at a dental visit or treatment of caries, oral sepsis, gross plaque or calculus over a four-month follow-up period. With respect to background context for this trial, the

To what extent does the public health services context contribute to debate over the effectiveness of school-based dental screening?

authors note that wait times for a dental appointment were short, there were no financial barriers to dental care and the target population generally preferred minimal intrusion from government agencies regarding care-seeking decision-making. The authors do not report, however, the linkage (or nonlinkage) of the screening with other essential public health services. They do not call for further research to investigate why families did not take their children for indicated treatment. Readers are not alerted to the possibility of outcomes not evaluated by the trial, such as short-term effects of school-based screening on community-level outcomes (e.g., changes in policy, funding and materials to incentivize dental visits) and/or longer-term effects of the screening on caries experience, mediated

via changes in essential public health services. Despite the fact that Milsom et al.<sup>57</sup> did not rule out longer-term benefits of the screening for subsequent cohorts of children, school-based oral health screening was discontinued in the U.K., even for surveillance, as a result of this trial. The U.K. National Screening Committee recently upheld the decision to discontinue the screening, based on no new evidence that screening children aged 6–9 for dental disease by the school dental service in England is effective.<sup>59</sup>

Although screening is recognized by health authorities as the first of 10 essential public health services,<sup>1,2</sup> research<sup>57,58</sup> and protocol for school-based oral health screening<sup>20,60</sup> have not treated it that way. Protocols specify how and when individual children will be screened and referred for treatment, but not how and when aggregate screening results will be systematically reported to the community or linked with other essential services.

In 2001, linkages between the screening and other essential public health services in San Francisco were not deliberately coordinated or preplanned. The present review of historical records suggests that the screening ended up related to other essential services in multiple ways. Awareness of the connections between services puts CavityFree SF in position not only to understand the screening's impact but also to intentionally strengthen links between essential services going forward. It remains to be determined if intentional linkage of the screening with other essential public health services can magnify the screening's impact.

#### Limitations

The present review assembled a patchwork of various data types from different sources to retrospectively scope school-based oral health screening as an essential public health



service in San Francisco over a period of 17 years. Evaluation data were not systematically, prospectively collected about the screening process and public health outcomes. This review was limited to publicly available documents and may not capture effects of the screening that were internal to programs or not reported in writing or online. The sources and data content included in this review were not restricted to peer-reviewed journal articles or validated measures. While some references included in this review witness causal impacts of the screening,<sup>22,33</sup> the present descriptive, qualitative synthesis does not support causal inference about effects of the screening. Use of the term “association” in this review does not mean that statistical tests of association were conducted and never implies causality. The review provides raw preliminary data about ways that the screening might affect particular public health services, for example, how the screening might contribute to policy change. This review did not describe complex interrelationships between the public health services.

School-based oral health screening was implemented in San Francisco in 2001 to track and reduce children’s caries experience. Beyond referral of individual children for dental treatment, the screening was associated with changes in all other essential public health services in 2001–2017. The results highlight community-level, public health uses of school-based oral health screening. The findings provide foundation for ways to intentionally use the screening as the first of 10 essential public health services to improve local services and understand their public health impacts.

## Funding

Support for the kindergarten screening program was provided by the San Francisco Department of Public Health, San Francisco Unified School District, AmeriCorps, the National Dental Society of the Bay Area (local chapter of the National Dental Association) and the San Francisco Dental Society. Colgate provided toothbrushes. This review was unfunded. ■

## ACKNOWLEDGMENTS

The authors acknowledge Liza Karamardian, DDS, San Francisco Dental Society president-elect 2000, president 2001, and Samantha Stephen, former SFDPH director of dental services, for envisioning and launching the kindergarten school screening program; Steven Ambrose, DDS, current SFDPH director of dental services for continually shepherding the program; and hundreds of dentists, school nurses and health workers who volunteered to make the screening program possible.

The strategic planning process was supported by the San Francisco Health Improvement Partnership, Metta Fund, United Way, California Department of Public Health and Hellman Foundation. The authors gratefully appreciate the contributions of everyone who has participated in CavityFree SF. The authors recognize the role of the San Francisco Children’s Dental Health Committee, including Janet Fricke, Dennis Shinbori, DDS, and Nick Paredes, DDS, whose regular meetings in the 1980s prepared the way for current collaborations.

The views expressed herein do not necessarily reflect the official policies of the city and county of San Francisco, nor does mention of the University of California San Francisco, the San Francisco Unified School District, the University of the Pacific, Arthur A. Dugoni School of Dentistry, San Francisco Dental Society or the San Francisco Department of Public Health imply their endorsement.

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**MANAGEMENT**

# Five Elements of a Thriving Justice Ecosystem: Pursuing Deep Equity



[“Inside Out Project – Locals Protest in Barcelona”](#) by Jordi Boixareu

## Introduction: Making Real Change

We have reached a tipping point in our society where a critical mass of people is demanding a new social contract. Alongside this wave, our clients and partners have been expanding their focus of attention from their own organizations and single-issue coalitions to movement networks oriented around a shared vision and aligned action. Leaders are committing to nurturing movements over the long term and forging values-based relationships across issue areas, sectors, and generations.

This shift—from competition to collaboration, from single issues to intersectionality, from scarcity to collective abundance—requires something different from us as actors for justice and as the intermediaries, capacity builders, and grantmakers who support them. By listening to our clients and partners and looking to people whose history, knowledge, and experiences have been forced to the periphery, MAG has come to believe there are five elements that are critical to advancing a thriving justice ecosystem.

We hope that calling out these elements will bring greater attention to them, encouraging all of us to embody them in our day-to-day practices, structures, mindsets, and culture as we work towards justice. As we share our thinking on these elements in this series, we invite you to participate in contributing to the evolution of what these elements mean in practice.

For the Alameda County Public Health Department, thinking in terms of race equity meant changing the way it did business. In 2015, the department began participating in the Northern California cohort of the [Government Alliance on Race and Equity](#). Previously, the department’s thinking about race had been framed around diversity and inclusion; it was focused on making sure women and people of color were included among the organization’s staff and leadership. By examining how equity issues interacted with the root causes of health problems in the county, the department began to incorporate a more systemic understanding of race and equity into its work.

Evaluating health outcomes in the county, the department saw that heavily African American communities suffered disproportionate health difficulties. Getting to the bottom of why this might be the case meant examining how issues such as transportation, housing, and air quality—all issues intertwined with histories of racial bias and discrimination—were affecting the wellbeing of county residents.

Looking at the health data with race equity in mind meant changing the way the health department designed its programs and whom it served. In one project, the department partnered with community organizations to examine the impacts of the foreclosure crisis on health. “After that,” Kimi Watkins-Tartt, Alameda County’s Deputy Public Health Director says, “we did another piece where we partnered with them around displacement, gentrification and health.” Recently, the department gave public testimony about how proposed projects to transport coal through the county and build new crematoriums in low-income communities would increase already-high asthma rates.

“We weren’t doing any of those things before,” Watkins-Tartt says. “The diversity and inclusion approach really is very focused on diversity and inclusion inside of the workforce. That’s a part of a racial equity lens, but a racial equity approach doesn’t stop there. We also then are talking to the people that are impacted by the issues we’re dealing with. I would say that this new initiative is allowing us the opportunity to more explicit about how racism plays a role in creating the social inequalities that are actually driving the health disparities.”

## ***Shifting the Field Toward Deep Equity***

The experience of the Alameda County Public Health Department reflects a wider shift taking place in the government, nonprofit, and social justice sectors—a shift toward what we call “deep equity.” This awakening in the United States is partly a result of the increased visibility of reduced quality of life, incarceration, and lack of access to basic needs for people of color, low-income communities, LGBTQ, and other marginalized communities, as well as increased visibility of needless loss of life for too many in these communities. In this context, more and more nonprofits, foundations, and capacity builders are seeking to delve deeply into the implications of equity for their work both externally and internally. In the last few years, high profile killings of people of color, including Trayvon Martin, Oscar Grant, Tamir Rice, Sandra Bland and many others, have propelled the multiracial [Movement for Black Lives](#) into prominence and highlighted the need for us to place racial equity and liberation at the center of conversations about deep equity.

## **Core Aspects of Deep Equity**

### ***Honoring Difference & Working at Multiple Levels***

Like others, we’ve learned that to achieve deep equity, we need to understand and address its **multiple systemic, structural, institutional, interpersonal, and individual/internal causes** (both historic and current), and recognize the social construction of identity, power and privilege over time. Deep equity requires ongoing attention to **hearts, minds, behaviors, and structures**. Any one of these areas is an entry point, but eventually deep equity requires attention to all areas. This goes beyond quantitative metrics and outcomes and includes spiritual, mental, and cultural dimensions that are often left out. Deep equity **honors the unique differences and gifts of culture** and recognizes how they influence what we see, how we listen, how we communicate, what’s important to us, and how we strategize and assess, while being grounded courageously and responsibly, in goals for our collective thriving.

### ***Focus on Relationships, Intersectionality, and Addressing Trauma***

Deep equity means working toward outcomes in ways that model dignity, justice, and love without re-creating harm in our structures, strategies and working relationships. It asserts that **relationships really matter** because genuine relationships allow us to move beyond simple notions of “niceness” or “politeness,” which can be harmful if they are not authentic. Instead, deep equity seeks *kindness*, which is rooted in empathy and feeling one another’s joys and sorrows.

“I’m not sure there’s any way except to be human together,” says Gayle Williams, a veteran leadership coach and facilitator. “That means through storytelling and direct experience, with the capacity for deep listening and asking open, honest questions that take us beyond our own experience of the world. No matter what our work on equity, we can always go deeper.” Committing to deep equity includes **forming authentic alliances** among people who experience both oppression and privilege to transform society, recognizing the centrality in that process of the leadership of people who are marginalized.

While deep equity recognizes the central importance of race in the U.S., it also highlights the **intersectionality** of gender and gender identity, socioeconomic, immigration, caste, sexual orientation, language, religion and other areas in many U.S. as well as international contexts. In the formulation of law professor Kimberlé Crenshaw, who first coined the term “intersectionality,” the concept does not deny the pivotal importance of race. Rather, it shows how racism overlaps with and compounds other forms of oppression: “Intersectionality is an analytic sensibility,” Crenshaw writes, “a way of thinking about identity and its relationship to power. Originally articulated on behalf of black women, the term brought to light the invisibility of many constituents within groups that claim them as members but often fail to represent them. Intersectional erasures are not exclusive to black women. People of color within LGBTQ movements, girls of color in the fight against the school-to-prison pipeline, women within immigration movements, trans women within feminist movements, and people with disabilities fighting police abuse—all face vulnerabilities that reflect the intersections of racism, sexism, class oppression, transphobia, ableism, and more. Intersectionality has given many advocates a way to frame their circumstances and to fight for their visibility and inclusion.”

Increasingly, practitioners are also recognizing that **addressing trauma and healing** must be part of an equity agenda. In the Portland, Oregon area, the Multnomah County Office of Equity & Diversity states in its “Foundational Assumptions” that a “reciprocal relationship exists between racial equity and trauma.” The office explains that, “Trauma-informed racial equity approaches transparently value healing as part of the change process, integrate the realities and effects of historical oppressions in analyses, and address racial microaggressions and implicit bias, in addition to structural barriers.”

## ***Eliminating Disparities***

Finally, leading equity capacity builders have long coalesced around the idea that deep equity must include eliminating and reducing systematic discrimination, disparities, and structural inequity in the outcomes of our work. This goes beyond increasing the representation of women, people from ALAANA (Asian, Latinx, African, Arab, Native American) backgrounds, LGBTQ, differently-abled people, and people with different educational backgrounds in organizations. Foundations and nonprofit organizations must also make cultural shifts, addressing the deeper dimensions of beliefs and values that affect their work. In the case of the Alameda County Public Health Department, embracing an equity agenda meant going beyond just increasing the diversity of the staff, but instead talking explicitly about race and looking at how it impacted health outcomes throughout the county—and how the department responded.

It is also the case that deep equity means foregrounding a **framework for justice**, not merely decreasing discrepancies in distribution of injustice. For example, eliminating disparities in homelessness or incarceration would not be adequate from a deep equity perspective, since we would still be required to examine the justice of homelessness and incarceration writ large. As one of our clients commented, we may eliminate “disparities” but there are some social conditions (such as homelessness) that we would not want to exist for any population, at any level.

Addressing all these areas together—honoring difference, working at multiple levels, understating relationships and intersectionality, addressing trauma, and eliminating disparities—is more difficult than taking them on piecemeal but has the greatest capacity for lasting change. Advancing a more robust definition of equity in the nonprofit field is essential to building the type of alliances needed to promote systemic change.

“The communities and leaders who can form a new majority won’t come to the table just for the sake of diversity,” says Derecka Mehrens, Executive Director of Working Partnerships USA. “They will come to the tables where they can build power—the kind of power it takes to change the systems that have broken trust and blocked true equity, all while praising diversity.”

## **Practices of Deep Equity**

A first critical step in the [pursuit of deep equity](#) is that organizations experience a **reckoning** about power and privilege. This reckoning includes *recognizing* privilege and oppression present in society and in our organizations and networks, understanding *one’s relationship* to privilege and oppression, and forming authentic *alliances* among people who experience both oppression and privilege to transform society, and recognizing the centrality in that process of the leadership of people who are marginalized. Throughout the system in question, a critical mass of people—including power holders—must experience this reckoning.

“It takes the ability to have an honest, self-assessment of your history and the way your organization was founded,” says the Meyer Foundation’s Maegan Scott. “Until we own this, we can’t show up in the world in any authentic way...unless we own what we’ve done and been part of.”



Alongside this, we must recognize when we are hiding, covering, or checking out, and use **inner practices**—such as mindfulness or any number of secular or sacred approaches—to support us to stay present and go deeper for the benefit of our shared vision and missions.

Second, cutting edge practitioners in deep equity recognize that we need to build the courage and muscle to skillfully and gracefully “**raise elephants**” in a group. These include fears, taboo areas, and places where an organization’s efforts are getting stalled. For example, “discussing race isn’t always easy,” says Rinku Sen, executive director of Race Forward. Sen’s organization emphasizes that we must use “plain talk,” saying what we really mean. “We call people of color ‘the disadvantaged,’ we talk about ‘the inner city,’ we come up with terms like ‘minority’ and assume that those terms are going to signal the same things to everybody,” Sen argues. “We’ve gotten accustomed to these proxies, and they constitute a kind of jargon. That is not serving us; we have to be able to say the words.”

Third, key leaders in the system must be willing to step up to deeper awareness of **power and privilege**. They must be willing to build capacity to address dominant culture norms (including white, heterosexual, affluent, able-bodied, and male norms) that may be excluding people who express themselves differently, have different life experiences, and demonstrate competence differently. Power and privilege are not inherently “wrong” or “bad.” It’s lack of awareness of them and the way they are wielded that is the issue.

In their article “[Systemic Change and Equity](#),” Mary Scheetz, former Assistant Superintendent of the Waters Foundation and Peter Senge of the Sloan School of Management at MIT, contend that, “The leader must be a zealot for equity who sees the big picture of challenges, but recognizes the opportunities to be a change agent.” While Scheetz and Senge make this argument in the context of education and school leaders, their observation applies across the nonprofit field. Leaders who are vocal about their own growth provide important modeling for their peers, allowing staff the support they need to face up to staggering and sobering realizations.

Fourth, organizations must get clear about their shared **vision and destination**. This includes making explicit notions of success and quality for the organization that deeply embed equity. With a clear vision in place, leaders can determine what changes are needed pertaining to how the organization measures and rewards success, if equity is to become a central driver. John Kania, Managing Director at FSG consulting, noted that the firm went from equity being something it cared about in the abstract to “really trying to define a vision for ourselves.”

Beyond charting goals, practitioners must **unearth deficit-based myths and beliefs** about communities of color and other marginalized groups, and note how these may be playing out and influencing your organization, network, or group effort. They must practice strength-based and appreciative approaches to viewing and engaging individuals and communities, while not losing sight of real systemic needs and individual growth areas.

Fifth, organizations must take a **systems approach to equity**, recognizing that it is not an “issue” to be solved, but rather is pervasive and embedded throughout every aspect of a group’s efforts. FSG has come to discover in its work that “making progress on equity both internally and in terms of how we approach the work, is essential to our becoming a more effective player in social impact. It’s absolutely essential...and core to our essence, as opposed to something that we need to do as an initiative.” Staff discovered that the firm’s work around diversity, equity and inclusion (DEI) impacts every aspect of their system, not just parts.

**Intersectionality** is a critical part of a systems vision—with practitioners recognizing the intertwined nature of race, gender, language, socioeconomics, sexual identity, ability, religion and other dimensions of difference. At the same time, race is a primary lever for U.S. communities. While economics and control of resources is critical to how oppression and inequity play out, race cannot be sublimated under economics.

Sixth, practitioners must **balance urgency with depth**. There are times to reflect and times to act. Organizations that attempt to move too fast and do not thoroughly examine their efforts, risk falling into the trap of implementing purely operational or technical solutions and not making the more difficult internal, interpersonal, and institutional changes required.

Seventh, groups should seek to **crowdsource deep equity** expertise from within and throughout their organization, networks, and communities. This is critical to embedding capacity in the DNA of a system for the long haul, for going beyond surface-level change, and recognizing and drawing leadership from multiple levels of an organization or initiative. In pursuing any work around development, we have found there is always experience in the room. Groups undertaking deep equity work in U.S.-based organizations and networks realize that we all have had experiences based in equity, whether conscious or unconscious, and therefore have various types of expertise to bring forward. While working with Los Angeles Alliance for a New Economy for example, staff were able to share tools and resources with other staff as well as offer grounding reminders that “this is not just about more effective strategy; this is about people’s lives—the people in our communities, and the people sitting next to you in the office.”

Finally, the field is recognizing that it is necessary to build muscle and capacity in **inner work**. The area of inner work allows practitioners grappling with equity to address inevitable anger, pain, and hurt, as well as connect with one another more deeply, evoke compassion, and heal trauma. This work can include coaching, storytelling to promote safety and understanding, approaches to grounding in the midst of emotional intensity, allowing space for grief, and experiencing nature and the outdoors in between meeting topics, among other strategies. In CAARE's *Leadership Development Initiative Team* (LeaDIT) program for example, we used a storytelling process to unearth origin stories about participants' understandings about racial and cultural identity. With a widely diverse group of mostly women from ALAANA backgrounds, and having spent two days together prior to this process, the group had built enough trust and relationships to be honest and vulnerable.

**Ultimately**, deep equity demands that organizations and groups look not merely at the composition of those on their staffs, but allow a commitment to honestly honoring difference, working at multiple levels, attention to relationships, healing, and a focus on dignity, justice and liberation to permeate very concrete approaches to how they pursue their mission. "When you don't have an approach that causes you to look at [equity] in a particular way and ask certain kinds of questions, it leaves a lot of room for our unintentional and implicit bias to seep into how we set things up and how we make decisions, and how we do all the work that we're doing," reflects Kimi Watkins-Tartt.

Embracing an equity agenda, she argues, goes "beyond the good intentions of the people who are in an institution, because all of us have bias. Even though you have people of color who step into leadership roles, we step into systems and structures that aren't designed to achieve equity. They're actually sometimes designed to the contrary. In order for us to get different outcomes, we have to very intentionally redesign some of the [key] ways we do business."

We hope you enjoyed this article. The next in the series is "[Cultivating Leaderful Ecosystems](#)."

#### ABOUT SHERYL PETTY



[Sheryl Petty](#)

Sheryl Petty is a Senior Consultant at Management Assistance Group and has worked in equity, organizational development and systems change for over 20 years. She also has a long history of supporting individuals and groups in developing inner work practices, mindfulness and socio-emotional competencies as core capacities.

#### ABOUT AMY B. DEAN



[Amy B. Dean](#)

Amy B. Dean is a Senior Consultant at the Management Assistance Group, and public policy fellow of the Century Foundation. She is co-author with David Reynolds, of "A New New Deal: How Regional Activism Will Reshape the American Labor." Movement.

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**DATE:** June 24, 2019  
**TO:** First 5 San Mateo County (F5SMC) Commission  
**FROM:** Kitty Lopez, Executive Director  
**RE:** Committee Updates

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**Program, Operations and Planning (POP) Committee Meeting – June 3, 2019**

Commissioners Present: Sandra Philips-Sved (Chair), Nancy Magee, Nicole Pollack  
Public Member: Harvey Kaplan  
Staff: Kitty Lopez, Michelle Blakely, Myra Cruz

1. **Review Draft Social Media Policy and Similar Policies in County**

F5SMC's Program and Planning Director, Michelle Blakely, informed everyone that F5SMC is updating its Social Media Policy and County Counsel is currently reviewing it. Blakely asked the Committee on their approach with their own social media policy in their respective depts. The Committee discussed and suggested the following when receiving perceived negative comments on social media:

- State the facts and let it go.
- Include an automatic reply "This post is removed due to violation of our Social Media Policy."
- Review the comments as a case by case basis.

The F5SMC's draft social media policy and San Mateo County social media policy can be found on the [F5SMC website](#).

2. **Race and Equity Discussion: How to Incorporate These Issues in the Work of First 5 SMC**

Michelle Blakely shared that in the new F5SMC's FY 20 – 25 Strategic Plan, the social determinants of health, equity, race, and gender are referenced. F5SMC would like to have more focused approach on this topic and asked the Committee for their input. Blakely added that some First 5's are involved in GARE (Government Alliance on Race and Equity). They use this program to review their internal systems to better support their grantees and community around race and gender.

The Committee discussed and shared their approach on race and equity at their workplace. Committee members shared the following:

- To provide the same language and context, they have done culture humility training on this topic.
- Naming and framing equity dilemma before starting the education around it.
- Start the internal conversation so that everyone will be on the same page, common language, and framework.

### 3. **Trauma and Resiliency Informed Systems Initiative (TRISI) Update**

Michelle Blakely distributed a handout of the TRISI Implementation Committee PowerPoint Presentation from May 30<sup>th</sup>. The handout can be found on the F5SMC website, [June 3, 2019 Program Planning and Operations Committee page.](#)

Blakely reminded the Committee the long-term goal is to embed Trauma-Informed Policies and Practices at every level of the system/organization. The goals in order of breadth, depth and priority are:

- 1) Training and support for child- and family-serving organizations to become make internal operations more trauma-informed, including:
  - Agency Self-Assessments of Trauma-Informed Care
  - Trauma Training: Basic training on definition, prevalence, impacts and treatment of trauma as well as information about resiliency and protective factors
  - Reflective Practice Training and Supervision: An approach that supports various models of relationship-based service delivery and can be used across disciplines, systems of care, and service models for children and families.
- 2) Training and resources for professionals working with children and families
- 3) Education for parents to help recognize the signs and symptoms of trauma

Committee members suggested using user-friendly terms to easily absorb the information i.e. you may benefit from using nomenclature such as caring relationships and meaningful engagements.

Blakely highlighted the following:

- F5SMC's Program Associate, Mai Le, is managing the ACE's (Adverse Childhood Experiences) Connections website. It is a website to share resources, information, successes, and challenges related to addressing trauma in young children and their families.
- TRISI Survey results: The survey was widely distributed for gathering simple base-line data on child and family serving organizations; Forty-six staff from several sectors/agencies responded to the survey, respondents ranked their organization on the Becoming Trauma and Resiliency-Informed: 4 Stages of Development developed by F5LA. This information provides a guiding data point for future planning around supports to organizations.
- F5SMC is planning to host an event in the Fall to further discuss TRISI and with the providers as the target audience. An essential trauma-informed webinar will be offered and recommended prior to attending the event.

Commissioner Phillips-Sved adjourned the meeting at 5:06 PM.

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#### **Finance and Administration Committee Meeting – June 17, 2019**

Commissioners Present: Rosanne Foust, Pam Frisella, Alexis Becerra  
 Committee Member: Michael Garb  
 Staff: Kitty Lopez, Khanh Chau

Commissioner Rosanne Foust chaired the meeting.



**1. Budget Monitoring Report as of May 31, 2019 (Attachment 13A, Attachment 13B)**

Kitty Lopez briefed key highlights of the Budget Monitoring Report as of May 31, 2019. Revenues produce net projections with 3% higher than YTD benchmark due to higher Interest Revenue and the Prop 56 Revenue disbursement. Total Appropriations produce net projections with 17% lower than YTD benchmark due to pending contracting of Strategic Plan Implementation Plan (SPIP) 2018-2020 as the new funding cycle begins, pending billing from various grants, and underspending in various Administrative areas. Ending Fund Balance projection produces 29% higher than the planned budget.

Committee members reviewed the Budget Monitoring Report and had no further questions.

**2. Review and Recommend Approval of Correction to the F5SMC FY 2019-20 Adopted Budget**

Kitty Lopez cited a math error in the calculation of the Budget Deficit presented on the Budget Memo of the F5SMC FY 19-20 Adopted Budget at the May 20, 2019 Commission Meeting. The corrected Budget Deficit of F5SMC FY 2019-20 Adopted Budget should be read as \$3,201,836 from \$2,486,370 previously presented; other budget information and FY 2019-20 Budget spread sheet are correct.

As the result of this correction, F5SMC draws down **\$3,201,836** from Ending Fund Balance (Reserves\*) to fund its FY 2019-20 Adopted Budget.

Committee members reviewed, discussed, and endorsed the correction to the F5SMC's FY 2019-20 Adopted Budget.

**3. Review and Recommend Approval of the F5SMC's Long-Term Financial Plan (LTFP) FY 2019-20 to FY 2024-25 (FY18/19 Update)**

Kitty Lopez stated some challenges facing in long-term financial planning with 5 to 6 years span including unknown financial information in the future. Kitty Lopez cited 3 key messages of the presented LTFP including (1) additional Other Non-Tobacco Revenues opportunities, (2) cost saving initiatives to be evaluated and made, (3) pending staff job class study with outcome anticipated in January 2020; F5SMC has lean operational structure compared with other First 5's of similar size and revenue.

Kitty Lopez briefly walked through the LTFP memo and its accompanying spreadsheet. For FY 2019-25, Tobacco Tax Revenues are declining faster while Other Grant Revenues are conservatively projected \$200K/year; there are pending Grant Opportunities including possible grant from Sequoia Healthcare District for the Special Needs, Virtual Dental Home, Trauma Informed Care and grant from County Health System (Prop 63) regarding Mental Health Program under Mental Health Services ACT MHSA.

In terms of Program Appropriations, the SPIP investments are projected \$3,780 M/year as previously approved by the Commission; Other Grant Appropriations are projected \$150K/year. Ending Fund Balance after Pension Liabilities and Operational Reserves at the end of FY 2025 is \$2M or 4.2 month equivalent of said fiscal Revenue.

Committee members reviewed the LTFP, asked questions about the composition of the SPIP investments of \$3,780 M, the Pension Liabilities and Operational Reserves. Staff Khanh Chau responded that the SPIP investments of \$3.78M include 3 focus areas (Family Engagement, Child Health Development, and Early Learning), Evaluation, and Policy Advocacy Communication and System Changes (PAC); Pension Liabilities are allocated for both current

and former retiree employees. Committee members suggested adding a note in the LTFP spreadsheet specifying the composition of the SPIP Investments amount of \$3.78 M.

Committee members endorsed the recommendation and approval of the F5SMC's LTFP FY 2019-20 through FY 2024-25 (FY18/19 Update) with the note addition suggested above.

The next Finance and Administration Committee Meeting is scheduled on Monday, September 16, 2019.

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### Early Childhood Evaluation Advisory Committee Meeting – June 17, 2019

Commissioners Present: David Canepa (via phone)  
Commissioners Absent: Louise Rogers, Neel Patel  
Grantee Representatives: Heather Cleary  
Staff: Jenifer Clark, Michelle Blakely, Kitty Lopez

Committee members discussed the process for filling the grantee-representative vacancy left by Tracey Fecher now that she has moved on from Gatepath. Staff will review the guidelines for identifying grantee representatives and determine how to move forward.

Jenifer Clark presented interim results of the F5SMC Grantee Census Readiness Survey, which is currently in the field and is scheduled to close on June 19<sup>th</sup>. Results indicate that, on average, management staff at our funded partners are more comfortable with engaging in census outreach and education activities than are line staff, who report more concerns and hesitation. The most commonly cited barriers to participating in outreach and education activities include:

- Lack of knowledge about the census
- Lack of time/resources to support these activities
- Concerns about how these activities might impact clients

Full results and a complete analysis will be available later this month, and can be presented to the Commission and any other County agencies that are interested. Results will also be used to inform the planning of the upcoming F5SMC Grantee Learning Circle on Census Education and Outreach. This Learning Circle is scheduled for August 22<sup>nd</sup>, from 9am to noon.

The group received updates on various ongoing research and evaluation activities, including:

- Qualitative Study on Access to Child Care for Children with Special Needs and Challenging Behaviors: We have received two quotes from consultants who can implement focus groups in Spanish. We will review these quotes and select a consultant within the next week or two.
- Watch Me Grow Roundtable Network Analysis: We are working with Stanford Children's Health to finalize the respondent list.
- EQ+IP EL Provider Survey: Jenifer Clark and Kim Goutam of SMCOE are working to refine the survey that we used during the Comprehensive Evaluation, and this will be implemented with EQ+IP partners and programs during the next fiscal year.
- Trauma- and Resiliency-Informed Systems Initiative (TRISI) Organizational Assessment: F5SMC is putting together a workgroup with members of the TRISI Steering Committee to review and select an assessment that is the best fit for our local needs. This assessment is intended to gather baseline information about the policies, procedures, and practices that

nurture or impede the creation of a trauma- and resiliency-informed work environment. The first meeting of this group will be planned for July.

The next meeting of the Early Childhood Evaluation Advisory Committee is planned for August 19<sup>th</sup>, 2019 from 3:30-4:30pm at F5SMC.

**DATE:** June 24, 2019  
**TO:** First 5 San Mateo County Commission  
**FROM:** Kitty Lopez, Executive Director  
**RE:** Budget Monitoring Report as of May 31, 2019

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## **BUDGET MONITORING REPORT as of May 31, 2019 HIGHLIGHTS**

### **County's Budget Terminologies**

Since March 2018, as County Manager's Office and County Controller's Office requests and F5SMC Commission approval, F5SMC added budget terminologies used by the County to F5SMC Budget for a comparable reading with County internal budget system.

*\*Total Sources, Net Appropriations, Reserves, Total Requirements are budget terminologies used by the County of San Mateo.*

### **Budget Monitoring Report as of May 31, 2019 Highlights**

The Budget Monitoring Report as of May 31, 2019 is presented in summary as **Attachment 13B**. The Finance and Administration Committee reviewed at their Committee Meeting on June 17, 2019.

**YTD Benchmark: 91.7%**

### **REVENUES**

- YTD Interest Revenue projection is \$246K or 106%, that represents a positive variance or 14% higher than YTD Benchmark due to higher interest earning rate in the County investment pool.
- YTD Tobacco Tax Revenue projections are \$5.289 million or 99%, that represents 7% positive variance higher than YTD Benchmark.
- YTD F5CA IMPACT Grant Revenue estimate is \$378K or 72% which is below YTD Benchmark by 20% due to slow grant execution of one executing partner in the Communication activities.
- YTD F5 San Francisco IMPACT HUB TA FY18-19 Revenue estimate is \$65K or 92% in line with YTD Benchmark.
- YTD David Lucile Packard Foundation - Help Me Grow Grant Revenue estimate is \$226K or 79% or 13% lower than YTD Benchmark.
- YTD San Bruno Community Foundation - Build up Kids Grant Revenue estimate is \$13.4K or 92% in line with YTD Benchmark.
- YTD Peninsula Healthcare District – Help Me Grow Call Center Grant Revenue estimate is \$23K or 92% in line with YTD Benchmark.
- YTD San Mateo County Health System – Watch Me Grow Clinic Based Services Revenue estimate is \$166K or 92% in line with YTD Benchmark.
- YTD Total Revenues projections are \$6.524 million or 95%, that represents a positive variance or 3% higher than YTD Benchmark. Major attributable factors to this positive variance are associated with higher Interest Revenue and the inclusion of Prop 56 Revenue disbursement.

### **APPROPRIATIONS**

- YTD Program Expenditures projections are \$6.135 million or 74%, that represents a positive variance or 18% below YTD Benchmark. Major contributions to this positive variance are attributable to

## Attachment 13A

pending planning and contracting of various Strategic Plan Implementation Plan SPIP 18-20 budget lines (PAC, Evaluation, Emerging Project), underspending in F5CA IMPACT Grant and Help Me Grow grants.

- YTD Administrative Expenditures projections of \$928K or 85% that represents a positive variance or 7% below YTD Benchmark. Major contributions to this positive variance are attributable to underspending in various administrative areas.
- **YTD Total Appropriations (Net Appropriations\*)** projections are \$7.063 million or 75%, that represents a positive variance or 17% below YTD Benchmark. Major contributions to this positive variance are attributable to pending planning and contracting of SPIP18-20 as the new funding cycle begins, pending billing from various grants, and under spending in various Administrative areas.

### **ENDING FUND BALANCE (RESERVES\*)**

- At this time, we are projecting Ending Fund balance (Reserves\*) of \$11.726 million or 121%, that represents a positive variance of 29% or \$2.046 million higher than the planned budget.

Major contributions to this positive variance are attributable to the Beginning Fund Balance Adjustment as the result of the FY17-18 Audit Report, higher Interest Revenue, inclusion of the Prop 56 disbursement, and under spending in both Program and Administrative Appropriations as the new funding cycle begins.

### **CHALLENGES:**

- None at this time.

SUMMARY

YTD Benchmark: 91.7%

	FY18-19 Revised Budget	YTD May 31, 2019	Accruals*	YTD Combined	% YTD Combined	Note
<b>REVENUE</b>						
<b>FUND BALANCE BEGINNING (BEGINNING RESERVES*)</b>	<b>12,265,268</b>	<b>12,265,268</b>	<b>-</b>	<b>12,265,268</b>		
Interest	231,958	207,549	38,660	246,209	106%	\$39K are April & May'19 Interest Revenue estimates.
Tobacco Tax Revenue (Prop 10 and Prop 56)	5,344,804	3,953,562	1,336,201	5,289,763	99%	New projections FY18-19 are \$5.301 M. \$1.336 Mio are Mar/April/May' 19 Tobacco Tax Revenue estimates
F5CA IMPACT Grant	524,000	159,641	218,333	377,974	72%	\$218K are is Q3' 19 and April May '19 Revenue estimates.
F5SF IMPACT HUB TA FY18-19	70,903	-	64,994	64,994		\$65K are Q1, Q2, and Q3'19 Revenue estimates.
David Lucile Packard Foundation - Help Me Grow Grant	285,000	-	226,480	226,480	79%	\$107K are Q1'19 & Q2'19 revenue accruals & \$119K 5 months Revenue estimates. Pending request of grant no cost extension.
San Bruno Community Foundation - Build-Up Kids Grant	14,709	-	13,483	13,483	92%	\$13.5K are Q1, Q2, Q3 Revenue estimates. Received full grant award amount.
Peninsula Healthcare District - Help Me Grow Call Center Grant	25,000	-	22,917	22,917	92%	\$23K are Q1'19 & Q2'19 & Q3'19 Revenue estimates. Received full grant award amount.
San Mateo County Health System - WMG Clinic Based Services Grant	181,383		166,268	166,268	92%	\$166K are Q1'19 & Q2'19 & Q3'19 Revenue estimates.
GILEAD - Build Up Kids Facilities Grant	50,000		50,000	50,000	100%	Received full grant award amount.
San Mateo County Human Services Agency - Build Up Kids Facilities Grant	130,000		-	65,000	50%	2-year Grant FY18-20.
F5SMC Wellness Grant	777	777	-	777	100%	-
Miscellaneous Reimbursements	-	-	-	-		-
<b>TOTAL REVENUES</b>	<b>6,858,534</b>	<b>4,386,529</b>	<b>2,137,336</b>	<b>6,523,865</b>	<b>95%</b>	<b>Positive variances due to higher Interest Revenue and inclusion of Prop 56 revenue disbursement.</b>
<b>TOTAL AVAILABLE FUNDS (TOTAL SOURCES*)</b>	<b>19,123,802</b>	<b>16,651,797</b>	<b>2,137,336</b>	<b>18,789,133</b>	<b>98%</b>	
<b>APPROPRIATIONS</b>						
<b>1. PROGRAMS</b>						
Family Engagement	1,775,541	1,345,016	295,924	1,640,940	92%	\$296K are April & May'19 expenditure estimates
Child Health & Development	1,563,670	820,545	260,612	1,081,157	69%	\$260K are April/ May'19 expenditure estimates; 2 leverage funding contracts are paid out first from the David Lucile Packard Foundation fund.
SPIP 15-18 Carry Over	100,000	0	0	0	0%	0
Early Learning	1,628,259	992,373	271,377	1,263,750	78%	\$271K are April/May'19 expenditure estimates
Policy Advocacy, Communications & Systems Change	559,905	264,423	93,318	357,740	64%	\$93K are Q3'19 and April'19 expenditure estimates
SPIP 15-18 Carry Over	40,000	0	0	0	0%	Pending SPIP15-18 carry-over contracting
Other Communications - Sponsorship	10,000	6,500	0	6,500	65%	0
Emerging Projects	200,000	15,977	50,000	65,977	33%	\$50K are March/ April/ May'19 expenditure estimates.
Kit for New Parent KNP (KNP)	62,000	51,754	0	51,754	83%	FY17-18 KNP kit components are received and paid in FY18-19

	FY18-19 Revised Budget	YTD May 31, 2019	Accruals*	YTD Combined	% YTD Combined	Note
Regional Cost Sharing	45,000	0	0	0	0%	No activities at this time.
<b>Program Salary &amp; Benefits</b>	<b>591,149</b>	<b>501,219</b>	<b>0</b>	<b>501,219</b>	<b>85%</b>	
Grant Management and Big Data	100,000	72,672	16,667	89,339	89%	\$16.6K are April & May'19 expenditure estimates.
Other Evaluation Projects	145,000	0	0	0	0%	Pending planning and SPIP18-20 contracting
<b>Evaluation - Salaries &amp; Benefits</b>	<b>161,632</b>	<b>145,883</b>	<b>0</b>	<b>145,883</b>	<b>90%</b>	
David Lucile Packard Foundation grant - Help Me Grow Grant	255,000	151,814	42,500	194,314	76%	\$42K are April & May'19 expenditure estimates.
San Bruno Community Foundation grant - Build-Up Kids	14,709	8,709	2,452	11,161	76%	\$2.50K is April & May'19 expenditure estimates.
Peninsula Healthcare District - Help Me Grow Call Center Grant	25,000	0	0	0	0%	Pending contracting
San Mateo County Health System - WMG Clinic Based Services Grant	181,383	114,611	30,231	144,842	80%	\$30K are April & May'19 expenditure estimates
Help Me Grow Centralized Access Point and Family & Community Outreach Providers	181,625	64,179	30,271	94,450	52%	\$30K are April & May'19 expenditure estimates
GILEAD - Build Up Kids Facilities Grant	50,000	0	50,000	50,000	100%	\$50K is expenditure estimate. Pending MOU development for the Build Up Capital Fund
San Mateo County Human Services Agency - Build Up Kids Facilities Grant	130,000	0	65,000	65,000	50%	\$65K is expenditure estimate. Pending MOU development for the Build Up Capital Fund
F5SF IMPACT HUB TA FY18-19	65,231	0	59,795	59,795	92%	\$48.9K is Q1, Q2, and Q3'19 expenditure estimates.
F5CA IMPACT Grant	461,266	234,378	76,878	311,256	67%	\$76K are April, and May'19 expenditure estimates.
<b>TOTAL PROGRAM APPROPRIATIONS</b>	<b>8,346,370</b>	<b>4,790,053</b>	<b>1,345,021</b>	<b>6,135,074</b>	<b>74%</b>	<b>Positive variances due to pending planning and contracting of PAC, Evaluations, Emerging Projects budget lines.</b>
<b>2. ADMINISTRATIVE</b>						
Salaries and Benefits	672,719	602,745	0	602,745	90%	
Sub Total - Services & Supplies	149,277	88,038	7,800	95,838	64%	0
Sub Total - Other Charges	275,300	226,146	3,217	229,363	83%	-
<b>TOTAL ADMINISTRATIVE APPROPRIATIONS</b>	<b>1,097,296</b>	<b>916,929</b>	<b>11,017</b>	<b>927,946</b>	<b>85%</b>	<b>Positive variances due to under spending in various Administrative budget lines.</b>
Administrative Cost %	12%	16%	1%	13%		
<b>TOTAL APPROPRIATIONS (NET APPROPRIATIONS*)</b>	<b>9,443,666</b>	<b>5,706,982</b>	<b>1,356,038</b>	<b>7,063,020</b>	<b>75%</b>	<b>Positive variances due to pending planning and contracting of various SPIP budget lines and pending billing from various contractors</b>
<b>ENDING FUND BALANCE (ENDING RESERVES*)</b>	<b>9,680,136</b>	<b>10,944,815</b>	<b>781,298</b>	<b>11,726,113</b>	<b>121%</b>	<b>Positive variances due to higher Interest Revenue and Prop 56 disbursement and under spending in both Program and Administrative Appropriations</b>
<b>Total Salaries and Benefits</b>	<b>1,425,500</b>	<b>1,249,847</b>	<b>0</b>	<b>1,249,847</b>	<b>88%</b>	<b>Positive variance due to County delayed posting of various payroll costs</b>