

FIRST 5 SAN MATEO COMMISSION MEETING

HOW TO PARTICIPATE

- Commission and others, we recommend to be on the call Monday at 3:40 PM so we can test prior to the 4 PM meeting start time and ensure that you have connection.
- Please note that public is attending this meeting and they may join early so please keep that in mind
- Be sure to mute your microphone during the meeting until called upon to speak; and
- If you plan to join by phone, please let Myra Cruz or other First 5 Staff know the phone number in advance so we can identify you to the Commission, and we will rename your masked phone number to show your name instead. We highly encourage that you join early so we can make this change, OR you can email us your phone # ahead of time to ecruz@smcgov.org .

- **JOINING VIA ONLINE:**

For those attending the meeting on the Zoom videoconference, (click the link listed on the agenda), we will use the “raise hand” feature in order to organize any public comments. During the general public comment period, and for each item on the Regular Agenda, F5SMC Staff, will ask those members of the public who wish to comment to click the “raise hand” feature to raise your hand to speak on that agenda item.

- **JOINING BY PHONE:**

The phone number is listed on the agenda.

Press *6 to mute and unmute your phone

Press *9 if would like to speak. This would notify the staff that you would like to speak.

Please note that members of the public must wait for the prompt in connection with each Agenda item before using the raise hand function. For example, you cannot raise your hand at the beginning of the meeting for an Agenda item that is later in the meeting.

When you hear your name called, F5SMC Staff, will unmute your mic to begin speaking. You may only speak once per agenda item.

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

As authorized by Governor Newsom’s Executive Order N-29-20 dated March 17, 2020, the meeting will be held via teleconferencing with members of the Commission attending from separate remote locations. The meeting will be held and live cast from the following location where members of the public shall have the right to observe and offer public comment:

DATE: Monday, April 26, 2021

TIME: 4:00 PM – 6:00 PM

Join Zoom Meeting

Online:

<https://smcgov.zoom.us/j/91722273690?pwd=Y3ppL1NseGlxZ1BZd3VVL2c2Y1BTUT09>

Phone: +1 669 900 6833

Webinar ID: 917 2227 3690, Passcode: 990994

This altered format is in observance of the recommendation by local officials that certain precautions be taken, including social distancing, to address the threat of COVID-19.

AGENDA		
Call to Order and Preliminary Business		
1	Roll Call	4:00 PM
2	Public Comment	
3	Action to Set Agenda for April 26, 2021 Meeting and Approve Consent Agenda Items <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	Commission Announcements	4:05 PM
5	Storytelling: First 5 Work/Impact Puente de la Costa Sur by Lizeth Hernandez, Education Director, Puente de la Costa Sur	4:10 PM
Discussion Items		
6	Presentation: Mission Asset Fund by José Quiñonez, Founder & CEO, Mission Asset Fund	4:15 PM
7	Presentation: Home Visiting by Michelle Blakely, Deputy Director, First 5 San Mateo County	4:35 PM

8	Presentation: Early Identification and Intervention Environmental Scan in San Mateo County by Emily Roberts, Health and Development Specialist, First 5 San Mateo County <i>(See Attachment 8)</i>	4:55 PM
Action Item		
9	Approval of Recommended Awards for Oral Health Access and Utilization Procurement Process and Authorization to Negotiate and Execute the following Contracts: A) Award to Children Now in the Amount of \$20,000, Contract Term Effective May 7, 2021 through June 30, 2022, Based on Recommendation by F5SMC Staff and Review Panel; Direction to Staff to Conduct Contract Negotiations and Execute Contract Regarding the Same B) Award to Ravenswood Family Health Network in the Amount of \$160,000, Contract Term Effective May 7, 2021 through June 30, 2022, Based on Recommendation by F5SMC Staff and Review Panel; Direction to Staff to Conduct Contract Negotiations and Execute Contract Regarding the Same C) Award to Sonrisas Dental Health Inc. in the Amount of \$70,000, Contract Term Effective May 7, 2021 through June 30, 2022, Based on Recommendation by F5SMC Staff and Review Panel; Direction to Staff to Conduct Contract Negotiations and Execute Contract Regarding the Same <i>(See Attachment 9)</i>	5:15 PM
Informational Items		
10	Report of the Executive Director <i>(See Attachment 10)</i>	5:20 PM
11	Committee Updates <i>(See Attachment 11)</i>	5:30 PM
12	Adjournment	6:00 PM

*** 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. 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 documents are also available on the First 5 Internet Web site at www.first5.smcgov.org.

www.first5sanmateo.org

Individuals who require special assistance or a disability-related modification or accommodation to participate in this meeting, or who have a disability and wish to request an alternative format for the agenda, meeting notice, agenda packet or other writings that may be distributed at the meeting, should contact Myra Cruz, by 12 Noon on Friday, April 23, 2021 at 650.372.9500 x232 and/or ecruz@smcgov.org. Notification in advance of the meeting will enable the Commission to make reasonable arrangements to ensure accessibility to this meeting, the materials related to it, and your ability to comment.

First 5 San Mateo County Commission Meeting

CONSENT AGENDA

April 26, 2021

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.

- 3.1 Approval of the February 22, 2021 Commission Meeting Minutes
(See Attachment 3.1)
- 3.2 Approval of the March 1, 2021 Special Commission Meeting Minutes
(See Attachment 3.2)

**First 5 San Mateo County (F5SMC)
COMMISSION MEETING MINUTES
February 22, 2021
Via Zoom**

Call to Order & Roll Call

1. Roll Call

Commission Members: Ken Cole, Rosanne Foust, Pam Frisella, Carole Groom, Nancy Magee, Neel Patel, Sandra Phillips-Sved, Louise Rogers
Ryan Teh (Youth Commissioner)

Commission Members Absent: Alexis Becerra

Staff: Kitty Lopez, Michelle Blakely, Khanh Chau, Karen Pisani, Emily Roberts, Mey Winata, Myra Cruz

County Counsel: Monali Sheth

A quorum was present. Commissioner Rogers called the meeting to order at 4:02 PM; roll call was taken. The Commission welcomed Commissioner Carole Groom.

2. Public Comments: None

3. Action to Set Agenda for February 25, 2021 Meeting and Approve Consent Agenda Items

MOTION: FRISELLA/ SECOND: COLE

AYES: COLE, FOUST, FRISELLA, GROOM, MAGEE, PATEL, PHILLIPS-SVED, ROGERS
TEH (Youth Commissioner)

NOES: NONE

ABSTAIN: NONE

Motion approved.

4. Commission Announcements:

- Commissioner Magee shared the great outcomes reported at the Big Lift's Core Leadership Team Meeting. Eleven out of twelve of the Big Lift programs are open now despite of a difficult year due to the pandemic. They are open in reduced capacity, and some have been open since June. Magee shared a mother's story related to the Play to Grow Series (a First 5 supported curriculum/program) and how the program helped the mother change her life and maintain custody of her children. Commissioner Groom added that family engagement has been a crucial part of the Big Lift. F5SMC staff, Karen Pisani informed everyone that F5SMC initially supported the Play to Grow Program 5 to 6 years ago and pleased to hear that the series is still creating an impact though no longer funded by F5SMC; A good example of embedded sustainability.
- F5SMC's Executive Director, Kitty Lopez, shared that F5SMC's Program Associate, Mai Le, had a baby boy this morning.

5. Storytelling: First 5 Work/Impact

Karen Pisani introduced Leanne Hay, Children's Services Manager, Institute for Human and Social Development / Head Start-Early Head Start and provided brief background on the family engagement credential training for providers. Leanne Hay first shared the requirements to be a provider instructor for this evidenced-based credential and then class format. The class is a self-reflective, authentic deep instruction,

and teaches how to handle family situations. Hay shared a student story and how the class changed the student's perspective.

Commission asked questions and made comments.

6. Friday CAFEs (Community and Family Engagement) Update

Karen Pisani provided a brief background and introduced the presenters: Soodie Ansari, Coordinator, Early Learning Dual Language Support, Early Learning Support Services, San Mateo County Office Education (SMCOE); Valerie Higgins, Child Care Provider, Parent Voices Family Leader, Friday CAFÉ Advisory Council Member and Conversation Catalyst; Karla Rodriguez, Project Specialist, Early Learning Support Services, SMCOE. They highlighted the following:

- Thanked the supporters F5SMC & W.K. Kellogg Foundation.
- Celebrated 4th Anniversary and shared history.
- San Mateo County, San Diego County, and Connecticut are the only ones running Friday CAFÉ.
- Mission, vision, and goals of Friday CAFÉ.

Valerie Higgins shared how the goals of Friday CAFÉ such as building connections through networking, sparking innovative thinking, establishing a professional identity for the family engagement field, and creating a restorative experience generated her transformational experience.

The Commission asked questions and made comments.

The PowerPoint Presentation can be found on the F5SMC's website, [February 22, 2021 Commission Meeting Presentations](#).

7. Masking in Preschools

Commissioner Patel introduced the presenters Dr. Stephanie Nguyen Lai, Pediatrician, Palo Alto Medical Foundation and Dr. Mary Rhee, Pediatrician, Kaiser Permanente. Drs. Lai and Rhee presented Masking in Preschools and highlighted the following:

- Masking young children ages 2 to 5 years.
- Reviewed policies and masking guidelines from American Academy of Pediatrics, Center for Disease Control, and California State and San Mateo County.
- Pediatric pandemic data such as over 3 million pediatric cases reported, hospitalization rate is 0.1 to 2.3%, and 227 pediatric deaths due to COVID-19.
- Reasons why young children should wear a mask.

The Commission asked questions and made comments. Commissioner Frisella requested a copy of the presentation.

The PowerPoint Presentation can be found on the F5SMC's website, [February 22, 2021 Commission Meeting Presentations](#).

8. First 5 San Mateo County Website Presentation

Laura Bowen, Communications Director, and Elizabeth Campos, Communications Specialist, of VIVA Social Impact Partners, shared a sneak peek of F5SMC's new website and highlighted the following:

- Redesigning the website is part of Communications Plan Strategies.

- Website priorities including clear and easy-to-find background information, timely updates, robust content and information for families, and highlights the work and achievements of First 5 and its partners.

The Commission asked questions and made comments.

The PowerPoint Presentation can be found on the F5SMC's website, [February 22, 2021 Commission Meeting Presentations](#).

9. Approval of First 5 San Mateo County's FY 2020 – 21 Revised Budget and the Use of Ending Fund Balance (Ending Reserves) to Fund FY 2020 – 2021 Revised Budget

Kitty Lopez explained the revised budget and shared that the Finance Committee reviewed the revised budget. Lopez highlighted the following:

- The Commission approved withdrawing of funds from the ending reserves to continue investing in and supporting F5SMC initiatives. This has been the practice of the F5 Commission for at least 8 years.
- COVID-19 and shelter-in-place order has caused delayed execution of Strategic Plan Implementation Plan FY 2018 – 2020 contracts.
- Commission approved no-cost extension for the FY 2018 – 2020 contracts
- Revised Budget Summary 2020-2021

Lopez requested an approval for this agenda item:

MOTION: MAGEE/ SECOND: FRISELLA

AYES: COLE, FOUST, FRISELLA, GROOM, MAGEE, PATEL, PHILLIPS-SVED, ROGERS
TEH (Youth Commissioner)

NOES: NONE

ABSTAIN: NONE

Motion approved.

Public Comment: None

The Commission asked questions.

10. A) Approval of Second Amendment to Agreement NO. 19500-19-D012 with San Mateo County Office of Education for the EQ+IP Program, Extending the Term of the Agreement through June 30, 2021 at No Additional Cost; Direct Staff to Execute the Second Amendment Regarding Same.

Kitty Lopez requested an approval for this agenda item.

MOTION: GROOM/ SECOND: COLE

AYES: COLE, FOUST, FRISELLA, GROOM, PATEL, PHILLIPS-SVED, ROGERS
TEH (Youth Commissioner)

RECUSED: MAGEE

NOES: NONE

ABSTAIN: NONE

Motion approved.

Public Comment: None

B) Approval of Second Amendment to Agreement No. 19500-19-D010 with AbilityPath for the Watch Me Grow Program, Extending the Term of the Agreement through June 30, 2021 at No Additional Cost; Direct Staff to Execute the Second Amendment Regrading Same.

MOTION: GROOM/ SECOND: FRISELLA
AYES: COLE, FOUST, FRISELLA, GROOM, MAGEE, PATEL, PHILLIPS-SVED, ROGERS
TEH (Youth Commissioner)
NOES: NONE
ABSTAIN: NONE

Motion approved.

Public Comment: None

11. Executive Director's Report

The Executive Director's written report was included in the [February 22, 2021 Commission Meeting Packet](#). Kitty Lopez, highlighted the following:

- o Region 4 Equity Funding Allocation Proposal.
- o Peninsula Health Care District Community Grant co-funds portions of Help Me Grow model for calendar year 2021 for \$50,000.
- o On February 10th, F5SMC hosted an information session to introduce our Trauma-Informed Organizational Practices Assessment Tool.
- o America's Mothers Are in Crisis article from *The New York Times*.
- o Sent a letter to Governor Newsom to support the immediate disbursement of \$300 million federal funds for Child Care Workers. F5SMC also reached out to Assemblymembers Mullin and Berman.

12. Committee Updates

Program, Operations, & Planning Committee:

Commissioner Phillips-Sved reported that the Committee met on February 1st and she will be serving as Committee Chair, reviewed the F5SMC's new website, received an update on race and equity discussion and TRISI (Trauma and Resiliency Informed Initiative) Readiness Survey.

Finance and Administration Committee:

Commissioner Foust reported that the Committee met and in addition to reviewing the revised budget, they elected Commissioner Becerra as Committee Chair for Finance and Administration.

Commissioner Rogers adjourned the meeting at 5:45 PM.

**First 5 San Mateo County (F5SMC)
SPECIAL COMMISSION MEETING MINUTES
March 1, 2021
Via Zoom**

Call to Order & Roll Call

1. Roll Call

Commission Members: Alexis Becerra, Ken Cole, Rosanne Foust, Pam Frisella, Carole Groom,
Nancy Magee, Neel Patel, Sandra Phillips-Sved, Louise Rogers

Staff: Kitty Lopez, Michelle Blakely

County Counsel: Monali Sheth

A quorum was present. Commissioner Rogers called the meeting to order at 1:30 PM; roll call was taken.

2. Public Comments: None

3. Race and Equity Discussion: How Do We Embed Race & Equity More Deeply in the Work of First 5 SMC?

Discussion ensued on this topic which was facilitated by Adene Sacks and Johnny Manzon Santos of With/in Collaborative, and the Commission agreed that further conversation is needed.

The meeting adjourned at 3:30 PM.

DATE: April 26, 2021
TO: First 5 San Mateo County Commission
FROM: Kitty Lopez, Executive Director
RE: Presentation: Early Identification and Intervention Environmental Scan in San Mateo County

ACTION REQUESTED

No action requested. For discussion only.

BACKGROUND

The impetus for undertaking the Early Identification and Intervention (EII) Environmental Scan authored by Cheryl Oku on behalf of F5SMC is noted in the Scan itself, “First 5 San Mateo County (F5SMC) has long prioritized the importance of identifying children with special needs as early as possible and linking them to the services and supports that they need to thrive. The F5SMC Strategic Plan for 2020-2025 explicitly calls out the intent for our investments to bolster ongoing efforts to address systemic issues that impact access to and quality of these services as a primary goal. Stakeholder feedback over time and throughout the planning process has identified timely access to early intervention services as a priority.” (EII IN SMC Scan 2021). **(See Attachment 8.1 for the EII Environmental Scan Summary & Attachment 8.2 for the Full Report).**

F5SMC staff member, Emily Roberts, and Help Me Grow Consultant, Cheryl Oku, will co-present on the EII Environmental Scan at today’s Commission meeting. F5SMC wishes to thank the contributors to this scan, including local, regional, and state stakeholders as well as to VIVA Social Impact Partners for the final design of the Scan and Executive Summary.

ACTION REQUESTED

No action requested. For discussion only.



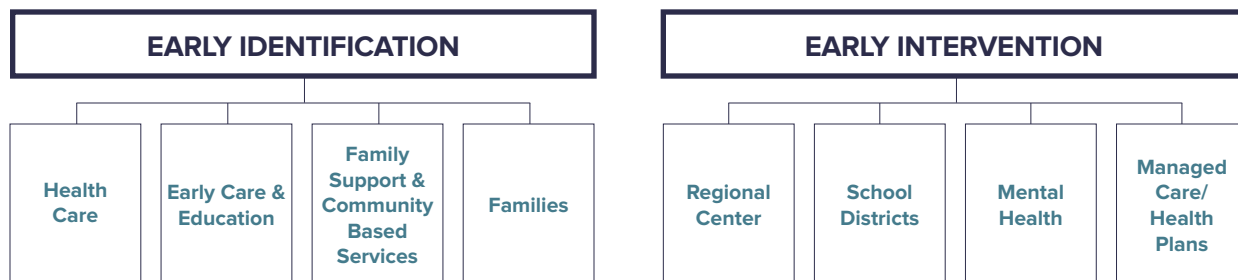
THE EARLY IDENTIFICATION AND INTERVENTION SYSTEM IN SAN MATEO COUNTY: AN ENVIRONMENTAL SCAN *EXECUTIVE SUMMARY*

First 5 San Mateo County invests in early childhood development issues through combined financial investments in direct services and systems level work.

Most recently, First 5 SMC launched Help Me Grow San Mateo County, a special needs initiative bolstering the continuum of services

that identifies and treats young children with special needs as part of an ongoing effort to address systemic issues that impact access to and quality of services. Timely access to early intervention services was an issue raised in the planning process for the 2020-2023 funding cycle. The information gathered as a part of this scan highlights critical barriers and opportunities for local stakeholders to consider in efforts to mitigate these barriers.

Figure 1: Early Identification and Intervention System Components



Despite a well-established EII system and collective efforts to find and support children with special needs, there is still a significant gap between the estimates of children with significant delays and the number of children receiving EII services.

This gap clearly indicates that many more children would benefit from services to promote their optimal development during the critical early years and highlights the need to improve how children are being identified and connected to the EII system in San Mateo County.

Described below are key barriers identified as impacting children's access to EII services and some potential opportunities to address these barriers at a local level.

BARRIER:

Children with delays are not being identified early.

The CDC estimates that 1 in 5 or 17% of children have developmental delays. However, only 7% of children ages 0-5 receive developmental services in San Mateo County. Developmental screenings are recommended for all children at 9, 18 and 24 months, although only 1 in 5 or 21% of children receive developmental screenings in San Mateo County.

OPPORTUNITY 1:

Expand early identification through shared responsibility for Child Find and increased access to developmental screenings for all children in primary care, early care and learning and family support settings.

Strategies to consider might include collaborative partnerships with GGRC to further expand Child Find efforts; leveraging existing screening resources, such as online ASQ screenings through Help Me Grow; or expanded outreach to pediatric practices to increase developmental screenings.

BARRIER:

Barriers to access are based on a model that relies on IDEA mandated services and overlooks a network of invaluable community-based interventions and services available to serve children in inclusive and family-centered settings.

OPPORTUNITY 2:

Shift our concept of EII from detect and refer to a focus on providing a continuum of services for children at-risk and matching services to the unique needs of children and families. Moving to a framework that includes a system of tiered interventions available to meet the needs of all young children and their families has the potential to serve many more children at risk, including those with mild to moderate delays, while continuing to serve children with significant delays.

BARRIER:

When children are referred for early intervention services, their families and referring providers encounter barriers to accessing services.

Families may find the referral process confusing or may not understand how their child would benefit from these services. Sixty percent of pediatric providers surveyed indicated that the referral process was challenging or particularly challenging.

OPPORTUNITY 3:

Make high quality care coordination available to all young children with special needs to ensure they receive timely and appropriate developmental services.

Pediatric and community care coordination for families seeking services for their child with special needs ensures that children are linked to services.

BARRIER:

Even when referrals for early intervention are successful, the assessment process for early intervention often extends beyond the mandated 45-day timeline.

In 2018, 60.61% of infants received timely services (45 days) for IFSPs from GGRC in comparison to the California average for timely services of 82.44%.



OPPORTUNITY 4:

Support families to receive timely access to assessment through 1) targeted care coordination to support linkage to services, 2) an alternative dispute resolution process, and 3) increased collaboration with GGRC to better understand the mechanisms to address systemic barriers such as timelines more expediently and partner on solutions.

Due to their rapid growth and brain development from 0-3 years, timely access to EII services is of critical importance for young children. While parents have rights to pursue legal action for delays and disagreements, enhanced care coordination and access to a transparent alternative process to resolve disagreements could provide quicker resolution and access to services.

“CHILDREN DESERVE OUR COLLECTIVE ATTENTION AND ACTION. WE LOOK FORWARD TO CO-CREATING SOLUTIONS THAT MOVE THE EII SYSTEM TO A MORE ROBUST AND SUSTAINABLE REALITY FOR CHILDREN, FAMILIES AND PROVIDERS.”

— MICHELLE BLAKELY, FIRST 5 SAN MATEO COUNTY

BARRIER:

In complex systems such as the EII system, transparency of metrics and sharing of data across agencies is needed to accurately describe how well the system is doing in meeting goals, to plan improvements, and to measure their effectiveness and continue to adjust.

OPPORTUNITY 5:

Promote transparency and interagency data sharing to fully understand the current landscape of EII services, make informed decisions where to target systems improvement efforts and to ensure that children with special needs are being connected to services. For example, a shared screening database countywide would provide accurate baseline data, reduce duplication of services, and provide a way to measure progress towards the goals of identifying children early in order to connect them to developmental services.

NEXT STEPS

If systems change means “shifting the conditions that keep problems in place,” the conditions that we most need to shift will need to address resource flows to ensure coordinated policies for a high quality EII system. The next steps in addressing systemic barriers will require collaborative development of shared priorities and action for local system change efforts. Aligning our local efforts with organizations advocating for policy, budget and legislative change addressing systemic barriers with transparency and accountability at the state level, such as the First 5 Center for Children’s Policy is highly recommended.



**Cheryl Oku Consulting,
Primary Author**



THE EARLY IDENTIFICATION AND INTERVENTION SYSTEM IN SAN MATEO COUNTY

An Environmental Scan | March 2021



ACKNOWLEDGEMENTS

Cheryl Oku Consulting, Primary Author

Special thanks to Emily Roberts and Michelle Blakely, First 5 San Mateo County, for their vision and support

- Sarah Crow, First 5 Center for Children’s Policy
- Anne de Battista, Developmental-Behavioral Pediatrics, Stanford Children’s Health
- Carol Elliott, AbilityPath
- Loren Farrar, First 5 Alameda County
- Dominique Gallagher, Golden Gate Regional Center
- Emily Gudaitis, Community and Government Affairs, Stanford Children’s Health
- Diana Harlick, San Mateo County Office of Education
- Ben Loewy, San Mateo County SELPA
- Mara McGrath, Community and Government Affairs, Stanford Children’s Health
- Edirle Meneses, San Mateo County Office of Education
- Paul Olgivie, Golden Gate Regional Center
- Alexandra Parma, First 5 Center for Children’s Policy
- Anjanette Pelletier, San Mateo County SELPA
- Lisa Rosene, Golden Gate Regional Center
- Sophie Scheidlinger, Health Plan of San Mateo
- Sonia Valenzuela, Help Me Grow San Mateo County, AbilityPath

Thank you to the San Mateo County pediatricians who participated in the survey.

In appreciation of the many families with young children with special needs in San Mateo County and the providers and systems working together to ensure their optimal health and development.



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PREFACE

First 5 San Mateo County (F5SMC) has long prioritized the importance of identifying children with special needs as early as possible and linking them to the services and supports that they need to thrive.

The F5SMC Strategic Plan for 2020-2025 explicitly calls out the intent for our investments to “bolster ongoing efforts to address systemic issues that impact access to and quality of these services” as a primary goal. Stakeholder feedback over time and throughout the planning process has identified timely access to early intervention services as a priority.

As we reflect on our systems in the spirit of continuous growth, we know it’s more critical than ever to examine the disproportionate impacts they have on families, particularly on families of color, and embrace a trauma-informed, family-centered lens. With direct feedback from families, we see the potential for our system of care to reflect the equity we strive for as a society.

The information gathered as a part of this scan highlights critical barriers and potential opportunities for local stakeholders to consider in an effort to mitigate these challenges. This scan serves as the basis for a collective call to action to address these barriers through a multi-tiered approach with emphasis at the state and local levels, involving service recipients, providers, policy makers, and funders in a model of shared leadership and innovative solution-finding. In essence, this scan invites us all to come together to fulfill our collective vision for our children in San Mateo County, Success for Every Child.

“REAL AND EQUITABLE PROGRESS
REQUIRES EXCEPTIONAL ATTENTION
TO THE DETAILED AND OFTEN
MUNDANE WORK OF NOTICING WHAT
IS INVISIBLE TO MANY.”

— FSG, THE WATER OF SYSTEMS CHANGE, 2018



EXECUTIVE SUMMARY

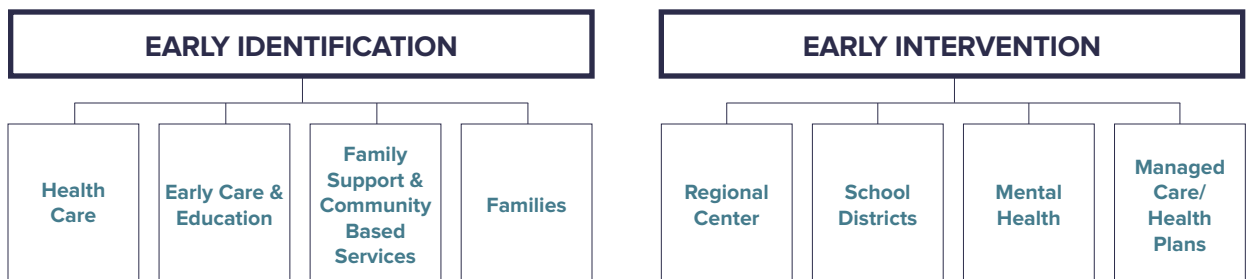
THE EARLY IDENTIFICATION AND INTERVENTION SYSTEM IN SAN MATEO COUNTY: AN ENVIRONMENTAL SCAN

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that identifies and treats young children with special needs as part of an ongoing effort to address systemic issues that impact access to and quality of services. Timely access to early intervention services was an issue raised in the planning process for the 2020-2023 funding cycle. The information gathered as a part of this scan highlights critical barriers and opportunities for local stakeholders to consider in efforts to mitigate these barriers.

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Shift our concept of EII from detect and refer to a focus on providing a continuum of services for children at-risk and matching services to the unique needs of children and families. Moving to a framework that includes a system of tiered interventions available to meet the needs of all young children and their families has the potential to serve many more children at risk, including those with mild to moderate delays, while continuing to serve children with significant delays.

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Support families to receive timely access to assessment through 1) targeted care coordination to support linkage to services, 2) an alternative dispute resolution process, and 3) increased collaboration with GGRC to better understand the mechanisms to address systemic barriers such as timelines more expediently and partner on solutions.

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OPPORTUNITY 5:

Promote transparency and interagency data sharing to fully understand the current landscape of EII services, make informed decisions where to target systems improvement efforts and to ensure that children with special needs are being connected to services. For example, a shared screening database countywide would provide accurate baseline data, reduce duplication of services, and provide a way to measure progress towards the goals of identifying children early in order to connect them to developmental services.

NEXT STEPS

If systems change means “shifting the conditions that keep problems in place,” the conditions that we most need to shift will need to address resource flows to ensure coordinated policies for a high quality EII system. The next steps in addressing systemic barriers will require collaborative development of shared priorities and action for local system change efforts. Aligning our local efforts with organizations advocating for policy, budget and legislative change addressing systemic barriers with transparency and accountability at the state level, such as the First 5 Center for Children’s Policy is highly recommended.

“CHILDREN DESERVE OUR COLLECTIVE ATTENTION AND ACTION. WE LOOK FORWARD TO CO-CREATING SOLUTIONS THAT MOVE THE EII SYSTEM TO A MORE ROBUST AND SUSTAINABLE REALITY FOR CHILDREN, FAMILIES AND PROVIDERS.”

— MICHELLE BLAKELY, FIRST 5 SAN MATEO COUNTY



INTRODUCTION

Experts agree that the foundations of lifelong health are built in the early years and that early detection of developmental concerns and connection to services lead to the best outcomes for young children.

Early detection is critical for children who experience developmental or behavioral problems.¹ For young children who have developmental delays, early intervention services can improve development in many domains such as language and communication,^{2,3} cognitive,⁴ and behavioral or social-emotional. Early identification and intervention (EII) reduces the need for life-long developmental services and special education,⁶ improves child nutrition and health, and reduces child abuse and neglect.⁷ In San Mateo County, the Early Identification and Intervention (EII) system encompasses a network of agencies and programs providing services for young children with special needs and their families ranging from early childhood education to specialized services such as physical and occupational therapy,

speech therapy, special education, behavioral therapy and early childhood mental health to medical services for children with special health care needs.

The system for finding and connecting young children with special needs to EII relies on the combined efforts of the regional center, community-based initiatives and providers serving young children and their families. Early identification activities include developmental screenings and referrals for further evaluation and services and are conducted in medical, early education and family support settings.

DEFINITION OF CHILDREN WITH SPECIAL NEEDS:

THOSE CHILDREN WHO HAVE OR ARE AT RISK FOR A CHRONIC PHYSICAL, DEVELOPMENTAL, BEHAVIORAL, OR EMOTIONAL CONDITION AND WHO ALSO REQUIRE HEALTH AND RELATED SERVICES OF A TYPE OR AMOUNT BEYOND THAT REQUIRED BY CHILDREN GENERALLY.

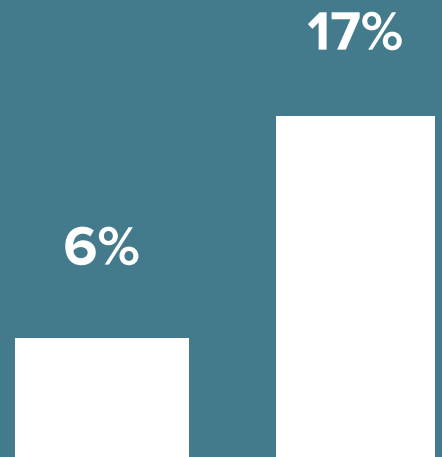
— MATERNAL CHILD AND HEALTH BUREAU, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

INTRODUCTION

San Mateo County is home to 49,557 young children from birth through 5 years.⁸ While most children are developing typically and meeting developmental milestones, the Centers for Disease Control (CDC) and American Academy of Pediatrics (AAP) estimate that 17% or 1 in 6 children have a disability or significant developmental delay.⁹

Based on GGRC and San Mateo Special Education Local Plan Area (SELPA) reported data, only 6% of children 0-5 years in San Mateo County currently receive EII or preschool special education services.

Despite a well-established EII system and our combined efforts to find and support children with special needs, there is a gap between the estimates of children with significant delays and the number of children receiving EII services. This gap clearly indicates that many more children would benefit from services to promote their optimal development during the critical early years and highlight the need to improve how children are being identified and connected to the EII system in San Mateo County.



ONLY 6% OF CHILDREN 0-5 IN SAN MATEO COUNTY RECEIVE EII SERVICES, IN COMPARISON TO THE CDC ESTIMATED 17% OF CHILDREN WITH SPECIAL NEEDS.

THE PURPOSE OF THIS ENVIRONMENTAL SCAN IS:

1. to describe the EII system in San Mateo County,
2. to report on barriers to EII services and
3. to highlight opportunities to reduce barriers and improve the local system of care.

For purposes of this paper, the early identification and intervention system (EII) consists of entities that serve children ages 0 to 5 and that:

- Conduct surveillance, screening and/or formal assessment for developmental delays, behavioral concerns, and disabilities.
- Provide care coordination and/or navigation support for families with children who have, or are at risk for, developmental delays, behavioral concerns, and disabilities.
- Deliver intervention services for children with or at risk for developmental delays, behavioral concerns, and disabilities

While the landscape of EII includes both Early Start for 0-3 and Preschool Special Education for 3-5, the selected focus of this paper is access to EII services for the youngest and most vulnerable children from 0-3 years and their families.



PART 1: THE EARLY IDENTIFICATION AND INTERVENTION SYSTEM IN SAN MATEO COUNTY

San Mateo County has a well-established EII system including services mandated by the Individuals With Disabilities Education Act (IDEA) and a network of agencies and programs that provide services for young children and their families. Services range from community-based services, home visiting, family support services and early childhood education to specialized services such as physical and occupational therapy, speech therapy, special education, behavioral therapy to medical services for children with special health care needs.

IDEA MANDATED SERVICES

Based on the federal Individuals with Disabilities Education Act (IDEA), EII services are available for children with disabilities from birth to 3 years through Part C and for children 3-5 years with specific disabilities impacting educational outcomes through Part B.

In California, the Department of Developmental Services (DDS) is responsible for Part C early intervention or Early Start services for infants and toddlers and contracts with 21 Regional Centers to administer EII services. The California Department of Education (CDE) administers Part B Special Education services with public schools responsible for providing appropriate services for children 3-5 years.

In San Mateo County, Golden Gate Regional Center (GGRC) provides Early Start services including outreach, referrals, assessments and evaluation, Individualized Family Service Plans (IFSP), developmental services delivered by contracted specialized service providers, and transition services to school district services for children at 3 years.

During the past year, 1,657 children in San Mateo County 0-3 years received Early Start services.¹⁰ In 2019, GGRC received 995 referrals with 717 cases assigned for assessment. However, in 2020, only 843 referrals were received with 576 cases assigned for assessment. The 15% decrease in referrals and 20% decrease in assessments are attributed to local impacts of COVID.

Despite a decrease in referrals, GGRC is notable as the only Regional Center that pivoted and continued to provide services for children beyond 3 years who could not be transitioned during school closures due to COVID.

The number of children in Early Start represents 7% of children ages 0-3 in San Mateo County in favorable comparison to the statewide rate of 3%. However, both the local and statewide Early Start enrollment rates are significantly lower than the CDC estimates of 17%. These discrepancies indicate systemic issues related to policy and resources for early intervention systems that need to be addressed at state and federal levels.¹¹ Statewide issues, including how system complexity and narrow eligibility criteria constrain access to developmental services, are clearly identified and described in a recent paper from The First 5 Center for Children's Policy: "[Early Identification and Intervention for California's Infants and Toddlers: 6 Key Takeaways](#)."¹²

IN 2020, 1,504 CHILDREN 3-5 YEARS OR 5.6% OF CHILDREN 3-5 YEARS COUNTYWIDE RECEIVED EII SERVICES THROUGH PART B. USING CDC ESTIMATES OF 17% OF CHILDREN WITH SIGNIFICANT DEVELOPMENTAL DELAYS, AS MANY AS 3,022 CHILDREN WOULD BENEFIT FROM THESE SERVICES AND MANY PRESCHOOL AGE CHILDREN ARE MISSING OPPORTUNITIES FOR SERVICES THAT WOULD OPTIMIZE THEIR EDUCATIONAL OUTCOMES.

In San Mateo County, Part B preschool special education services for children 3-5 years are provided by 20 local education agencies (LEAs). Services include assessment and evaluation for eligibility, an Individualized Education Plan (IEP) focused on the child's goals, special education; related services such as physical, occupational, and speech therapy, and supplementary aids and services, such as adaptive equipment or special communication

systems.¹³ The San Mateo County Special Education Local Plan Area (SELPA) provides technical assistance and oversight support, acts as an intermediary between the state and school districts, and provides communication and dispute resolution services when appropriate for parents and school districts.¹⁴

In 2020, 1,504 children 3-5 years or 5.6% of children 3-5 years countywide received EII services through Part B. Using CDC estimates of 17% of children with significant developmental delays, as many as 3,022 children would benefit from these services and many preschool age children are missing opportunities for services that would optimize their educational outcomes.

SERVICES FOR YOUNG CHILDREN WITH SPECIAL NEEDS AND THEIR FAMILIES

The full range of programs and agencies that provide services for children 0-5 with special needs and their families are too numerous to cite here, however, key programs and agencies are included below.

The Family Resource Center at AbilityPath offers information, education and peer-to-peer support to families and caregivers of children of all ages with disabilities.

Family Health Services, part of San Mateo County Health, offers prenatal services, well-child check-ups, developmental screenings, support for children with special health needs, parenting classes, home visits, and additional services to support and promote the health and wellbeing of children and families.

California Children's Services (CCS) is a state program that provides services for children with special health care needs i.e., specified diseases or health conditions. Services include arranging, directing, and paying for medical care, occupational and physical therapy, equipment, and rehabilitation. CCS served 235 children ages 0-1 and 1,327 children ages 1-21 in 2014.¹⁵

MEDI-CAL MANAGED CARE PLANS ARE RESPONSIBLE FOR THE COORDINATION OF CARE FOR ALL MEDICALLY NECESSARY EARLY AND PERIODIC SCREENING DIAGNOSTIC AND TREATMENT (EPSDT) SERVICES DELIVERED WITHIN AND OUTSIDE THE MANAGED CARE PLAN FOR ALL CHILDREN, NOT JUST MEDICALLY COMPLEX. EPSDT IS THE BROAD SET OF PREVENTION AND TREATMENT BENEFITS CHILDREN ARE ENTITLED TO UNDER FEDERAL LAW.

Children with special health care needs receive services through their health insurance which includes coverage for specialized services, such as medical, physical, occupational, speech and language, or behavioral health therapy, based on referral or diagnosis by a physician. For low-income families, the Health Plan of San Mateo (HPSM) provides Medi-Cal services for 32.7% of children 0-1 and 29.2% of children 1-21 in the county.¹⁶ Medi-Cal managed care

plans are responsible for the coordination of care for all medically necessary Early and Periodic Screening Diagnostic and Treatment (EPSDT) services delivered within and outside the managed care plan for all children, not just medically complex. EPSDT is the broad set of prevention and treatment benefits children are entitled to under federal law.^{17, 18}

Additionally, a wide range of private health insurance plans also include coverage for specialized services for enrolled children based on referral by a physician.

At the systems level, First 5 San Mateo County invests in an Integrated Systems for Children With Special Needs initiative to prioritize a comprehensive Help Me Grow model, including community and provider outreach, a centralized access point, developmental and social-emotional screenings, and care coordination to ensure linkage to services, as well as strategic services and supports to fill critical gaps in the local landscape of care. First 5 San Mateo County acts as the backbone for this initiative with AbilityPath designated as the lead agency coordinating funded partners including Family Resource Center, Legal Aid Society, Life Steps Foundation, Silicon Valley Community Foundation, Stanford Children's Health: Developmental Behavioral Pediatrics and Government and Community Affairs, and Star Vista.



Figure 1: Early Identification and Intervention System in San Mateo County

Note: The examples provided indicate key agencies and types of services in the EII system and do not represent a complete listing of the numerous agencies and programs.

EARLY IDENTIFICATION				EARLY INTERVENTION			
Health	Early Learning	Family Support	Families	Regional Center	School Districts	Mental Health	Health
Pediatricians and child health care providers	Public and private preschools	Home visiting	Family Resource Center	Golden Gate Regional Center	Preschool Special Education	SMC Health: Behavioral Health & Recovery Svcs	Medi-Cal: Health Plan of San Mateo, includes CCS.
FQHCs	Head Start and Early Head Start	Parent education and parent-child groups	Help Me Grow	Specialized Services for PT, OT, SLT, etc.	Specialized Services for PT, OT, SLT, etc.	Magellan	San Mateo County Health
San Mateo County Health Clinics	Family Child Care	First 5 SMC Resilient Families	Life Steps Foundation	Family Resource Center	SELPA	Star Vista	FQHCs
Kaiser, Sutter, and pediatric clinics	SMCOE Quality Counts, The Big Lift	Family Connections	Parca and other family advocates	Specialized service providers	SMCOE Anne Campbell Center	In house clinical services e.g., Kaiser	Pediatric Clinics
SMC Health: Family Health Services	Libraries	Legal Aid Society	Parents Helping Parents		Preschool Inclusion Programs	Private clinicians	Hospitals: Kaiser, LPCH, Mills, Sutter
	Parks & Rec. Departments	Faith based programs	Special Advantage			Early Childhood Mental Health Consultation	Private health insurance

EARLY IDENTIFICATION: How are children with delays detected and connected to early intervention services?

Before they can begin and benefit from EII and special education services, children with special needs must first be identified, referred, complete an intake and evaluation to determine whether they are eligible for services.

There are two methods for detecting and referring a child to Early Intervention.¹⁹

The first is a referral by a parent or by a provider. Any parent with a concern may apply to GGRC for evaluation of their child

0-3 years or to their school district for a child 3-5 years.

Providers serving young children and their families may observe children with developmental or behavioral concerns or hear parents' concerns about their child. As trusted partners to families in the community, they can share information and resources with families interested in further services for their child. Some providers offer Ages and Stages Questionnaires (ASQ) screenings and support families through the referral process, including Star Vista, Family Connections. Help Me Grow provides community and family

outreach, information and resources on child development, support for parent and provider questions and concerns, ASQ-3 and ASQ: SE 2 screenings, and linkage to services for families with young children in San Mateo County.

EARLY LEARNING providers are well-positioned to identify developmental concerns and refer

for early intervention or school district services. With their knowledge of child development and regular contact with young children and families, they observe and document children's development and behavior over time. They may provide screenings and referrals for children with concerns.

SOME EFFECTIVE POLICIES AND INNOVATIONS DESIGNED TO INCREASE AND EMBED SCREENING IN EARLY LEARNING PROGRAMS ARE DESCRIBED BELOW.

1. Head Start and Early Head Start programs at IHSD and Peninsula Family Services screen all children for developmental and social-emotional development as required in the Performance Standards. Children with special needs are included in programs and families supported with referrals to ELL and preschool special education.
2. The Big Lift initiative includes screenings as a measure of program quality and works with preschool classrooms in seven school districts to ensure more at-risk children are ready to thrive in school and in life.
 - 80% or 1,446 Big Lift preschool children were screened in 2018-2019
 - 21% had developmental concerns on the ASQ-3, a 5% increase from previous years
 - 23% had monitoring concerns in one or more developmental areas
 - Screening supports include ASQ-3 and ASQ: SE screening tools, ASQ Online, an ASQ Hub and training and technical assistance to implement screening systems in 6 school districts and programs.
3. The Quality Rating Improvement System (QRIS) sets standards for, supports and monitors early learning program quality. Developmental screening is included as a quality indicator.
 - In 2019-2020, 33 agencies, 79 center-based sites and 20 Family Child Care programs served 3,736 children
 - 51 center-based sites and 3 Family Child Care programs used the ASQ and ASQ: SE and used screening results to support further assessments and referrals
 - QRIS has recently partnered with Help Me Grow to increase and support ASQ screenings in Family Child Care

HEALTH CARE: Because 97.8% of children in San Mateo have health insurance,²⁰ pediatric health care providers are ideally positioned to identify developmental delays. They see most young children during their first 5 years and have regular opportunities to provide ongoing surveillance during well-child visits, to elicit parent concerns, to screen using validated screening tools and to refer children with concerns for further evaluation and services. The AAP recommends developmental screening at 9, 18 and 24/30 months and

autism screening at 18 and 24 months.^{21, 22} Screening incentives and training are available for physicians to administer developmental, social-emotional and trauma screenings.²³ In a recent survey of local pediatricians, 41% reported that they administer developmental screenings frequently or always at the recommended intervals.²⁴

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) provides comprehensive health coverage for children under 21 enrolled

EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT) PROVIDES COMPREHENSIVE HEALTH COVERAGE FOR CHILDREN UNDER 21 ENROLLED IN MEDICAL, INCLUDING SCREENINGS AS A REQUIRED SERVICE. YET ONLY 21% OR ONLY 1 IN 5 CHILDREN WITH MEDICAL WERE SCREENED IN 2019.

CHILD FIND AS THE SECOND METHOD FOR DETECTING AND REFERRING A CHILD TO EARLY INTERVENTION

Both [Part C](#) and [Part B](#) of [IDEA](#) contain explicit requirements for states to actively identify children and determine their eligibility for services.

in Medi-Cal, including screenings as a required service. Yet only 21% or only 1 in 5 children with Medi-Cal were screened in 2019.²⁵

To promote screening and early identification by child health providers, Help Me Grow (HMG) partner Stanford Children's Health provides outreach, resources and training on screening tools and systems and referral pathways for pediatricians.

The Help Me Grow Physician Advisory Group convened by Dr. Neel Patel, HMG Physician Champion, shares information about innovations in screening, including screening tools, resources, policy, and advocacy opportunities among the pediatricians representing the major health systems serving young children, including San Mateo County Health, CCS, Kaiser, PAMF, GGRC, Stanford School of Medicine, Stanford Health Care and Gardner.

It targets primary referral sources including hospitals, including prenatal and postnatal care facilities, physicians, parents, childcare programs and early learning programs, local education agencies and schools, public health facilities, social service agencies and other clinic and health care providers, public agencies, and staff in the child welfare system, including child protective services and foster care, homeless family shelters and domestic violence shelters and agencies.²⁶

GGRC is responsible for Child Find for 0-5 in San Mateo County and provides information and outreach to the public and to public agencies about early intervention services.²⁷

The GGRC website links to information on their process and services, including pamphlets, maps, flyers and literature for families and professionals interested in regional center services for a child with suspected delays.²⁸



DEVELOPMENTAL SURVEILLANCE AND SCREENING

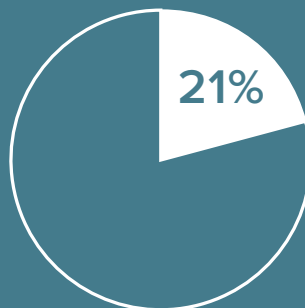
The American Academy of Pediatrics (AAP) recommends surveillance at every visit and screening all children with validated tools at regular intervals.²⁹

However, in 2016, only 21% or 1 in 5 children were being screened for developmental or social emotional delays in the medical home.³⁰

SURVEILLANCE: Developmental surveillance is a flexible ongoing process used by pediatricians which includes eliciting and attending to parental concerns, obtaining a relevant developmental history, making accurate and informative observations of children over time, and sharing opinions and concerns with other relevant professionals.³¹ Surveillance includes consideration of the child's environment and dynamic development over time.

SCREENING: The use of a standardized tool to identify risk and determine the need for further evaluation.³² Screening is a highly effective and underutilized strategy for identifying developmental and social-emotional delays. Screening tools that rely on parent reports, such as the Ages and Stages Questionnaires (ASQ) have the additional benefit of eliciting parent concerns and engaging the family in understanding and supporting their child's unique strengths and needs, including when they might benefit from referral for further assessment and services. Currently, training and incentives for developmental, social-emotional and trauma screenings are available to health care providers.³³

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MEDICAL HOME



PARENT REPORT

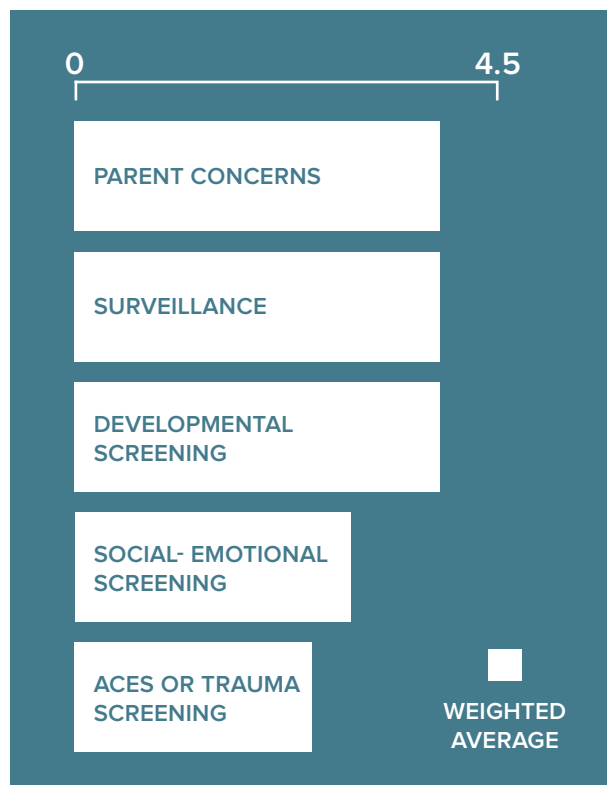
Studies showing that parental report of current skills is predictive of developmental delay and are the basis for development of widely used screening tools that rely on parent report, such as the Ages and Stages Questionnaires (ASQ) and Pediatric Evaluation of Developmental Status (PEDS).^{34, 35, 36}

A recent survey of local pediatricians indicates the equal use of parent concerns, surveillance, and developmental screening to identify developmental and social emotional delays as recommended by the AAP.

While developmental surveillance is an important method of detecting delays, the use of standardized developmental screening tools at periodic intervals will increase accuracy. Research in pediatric settings shows that screening tools identify significantly more children with delays than surveillance alone.^{38,39,40,41}

Figure 2: How do you identify children with developmental or social-emotional delays?³⁷

Survey of San Mateo County Pediatricians, Help Me Grow, January 2021



Local efforts have been made to increase screenings in pediatric clinics because screening tools are so effective in detecting children with developmental disabilities and mental health needs. Recently, the South San Francisco Health Center began exploring implementation of an electronic screening system. Help Me Grow Child Health Provider Outreach provides training on screening tools and systems for pediatric clinics. Help Me Grow San Mateo County offers free online developmental screening for children 0-5 in San Mateo County.

Figure 3: Detection Rates of Children with Delays: With and Without Screening Tools

DETECTION RATES OF CHILDREN WITH DELAYS: WITH AND WITHOUT SCREENING TOOLS		
	Without Screening Tools	With Screening Tools
Developmental Disabilities	30% identified Palfrey et al, 1994	70-80% identified Squires et al, 1996
Mental Health Problems	20% identified Lavigne et al, 1993	80-90% identified Sternern, 1991

REFERRAL TO EII: BRIDGING EARLY IDENTIFICATION AND EARLY INTERVENTION

Regardless of how developmental delays are noticed, a referral for further assessment is still needed to diagnose or evaluate the extent and nature of the delay.

Because IDEA services include assessment, a standard recommendation is to refer children 0-3 to GGRC and children 3-5 to their local school district. Pediatricians may also provide or prescribe diagnostic assessments or services for a child utilizing the child's health insurance.

After the referral has been made, IDEA regulates timelines for all the procedures leading up to and including the writing of the IFSP, which must be completed within a brief time window (45-days). In comparison, 50% more time (60 days) can elapse from the time a parent provides permission for their child to be evaluated for Part B special education services until the time the child's initial IEP is written. The Part C 45-day time clock starts

running when GGRC receives a referral about an infant or toddler with a suspected disability or developmental delay, and within that 45-day timeframe, the early intervention system must complete the steps to prepare the child for early intervention services:

- Child Find
- screening
- initial evaluation of the child to determine eligibility
- initial assessments of the child and family, and
- writing the IFSP (if the child has been found eligible)

Pamphlets and materials describing how to access Early Start services are available on the GGRC website. [The Pathway for Families to Access Regional Center Services for Children with Developmental Delays](#) is a simplified version specific to San Mateo County.

The more detailed [Map to Early Start Services](#) describes timelines and tips for each step and [Pathway for Professionals to Access Regional Center and/or Local Education Agency \(LEA\)](#) provide descriptions of the steps involved and shed light on why some families and providers encounter barriers to accessing early intervention.





PART 2: BARRIERS TO EARLY IDENTIFICATION AND INTERVENTION

Barriers and challenges in access to EII for children and families, providers and mandated service providers include those that existed prior to the COVID-19 pandemic and those that persist or have been exacerbated as the pandemic continues as documented by the Help Me Grow Collaborative Roundtable, Help Me Grow San Mateo County and from interviews with key informants from GGRC, SELPA and the Health Plan of San Mateo (HPSM).

COVID-RELATED BARRIERS

The COVID-19 pandemic continues to create new barriers to access and magnify existing challenges for children with special needs and their families. While every family has experienced new challenges during COVID-19, there are heightened concerns for young

children who are not receiving regular medical care, not attending early care, and learning programs and who are isolated and at higher risk for abuse and neglect. These concerns are reflected in the low rate of children seen at well-child visits and the reduced number of referrals to GGRC. For low-income families, the increased challenge of meeting their family's basic needs is magnified by crowded housing conditions, job loss, and economic instability during the stay-at-home order. School closures have caused delays in transitions, IEPs, and school district services. Reduced well-child visits and referrals to GGRC mean that fewer children are served. Finally, although services provided remotely work well and are even preferred by some families, they aren't working for others because of individual preferences or due to limited access or unfamiliarity with technology.

Communication issues are common including communication challenges between families and programs, interagency communication, and communications from public agencies. Since the beginning of the pandemic, public agencies have invested in efforts to provide current, clear information to reduce confusion about changes in recommended practices, policies, and procedures.

EXISTING AND PRE-COVID BARRIERS

FOR FAMILIES: Housing, economic instability and food insecurity are most frequently mentioned as negatively impacting families' ability to prioritize and participate in the referral process. Some families are reluctant to engage with GGRC due to their language, cultural preferences, status, or previous experience with the system of care. Some families require additional support to understand the importance of EII for their child and to complete the GGRC referral process, particularly those with limited organizational or cognitive skills or mental health issues. Some families are discouraged when attempting to reach their GGRC Service Coordinator by phone.

FOR PROVIDERS: Providers noted frequent issues with the referral process, including lack of clarity on how to make a referral, technical issues for referrals submitted via fax and email, and referrals that could not be located by GGRC on follow-up and which need to be resubmitted. Providers have expressed a strong interest in receiving confirmation of referrals and being informed of the outcomes of referrals.

A recent survey of local pediatricians uncovered issues with the referral process to GGRC.

- Referral process: 60% indicated that the referral process was challenging for them. Comments were made on the need for an easier referral system.
- Follow up: 82% responded that additional follow-up was required to find out the outcomes of referrals made to GGRC.
- Comments were made on the needs for better communication between GGRC and the medical home including eligibility and sharing medical and developmental assessments.
- Comments included appreciation for improved communications with GGRC in recent years, that services are delivered effectively after evaluations are completed and understanding that GGRC and Early Start is under-resourced as a system.
- Responses indicated the need to improve communication between families and the physicians referring children for Early Start services, specifically regarding the value of early intervention services for their child.

- One provider commented that children in Spanish-speaking families are more likely to fall between the cracks and not be evaluated or have delays starting services.

SYSTEMS BARRIERS NOTED BY COMMUNITY PROVIDERS INCLUDE:

- The need for more regular and timely interagency communication with providers from GGRC and school districts about changes in policies, processes, eligibility, and availability of services, For example, because each of the 20 LEA/school districts have their own referral processes and procedures, families and the providers assisting with referrals may lack accurate information and experience challenges in the transition from Early Start to Preschool Special Education at age 3.
- Lack of coordination of services between medical and community systems
- Lack of care coordination for children with special needs and families served through multiple systems. Care coordination supports family-centered planning, eases access to and coordination among service providers, and reduces potential duplication and/or gaps in services.
- Wait lists for some EII services, e.g., feeding therapy, due to a limited number and availability of providers

SOME FAMILIES ARE RELUCTANT TO ENGAGE WITH GGRC DUE TO THEIR LANGUAGE, CULTURAL PREFERENCES, STATUS, OR PREVIOUS EXPERIENCE WITH THE SYSTEM OF CARE. SOME FAMILIES REQUIRE ADDITIONAL SUPPORT TO UNDERSTAND THE IMPORTANCE OF EII FOR THEIR CHILD AND TO COMPLETE THE GGRC REFERRAL PROCESS, PARTICULARLY THOSE WITH LIMITED ORGANIZATIONAL OR COGNITIVE SKILLS OR MENTAL HEALTH ISSUES.

SYSTEMS BARRIERS AND ISSUES FOR MANDATED SERVICE PROVIDERS

Even when referrals for early intervention are successful, the assessment process for early intervention often extends beyond the mandated 45-day timeline.

GGRC acknowledges that timely provision of services is challenging due to delays caused by incomplete referrals, cancelled appointments,

and based on resources and availability of contracted specialized service providers. The table below illustrates how well regional centers in the greater Bay Area region met the timeline.

Transition from GGRC to school district services at age 3 is also noted as a barrier.

Each of the 20 LEA/school districts have their own process for Preschool Special Education which can be confusing for families and the providers assisting with referrals. SELPA and GGRC meet regularly to facilitate transitions from Early Start to School District services.

Transition services are difficult to provide when a child is referred too close to their third birthday with insufficient time to complete the IFSP.

Figure 4: How well regional centers in the greater Bay Area region met the 45-day timeline.

Data from CA Department of Developmental Services: Early Start Local Performance
<https://www.dds.ca.gov/services/early-start/state-performance-reports/>

	2018-19	2017-18	2016-17	2015-16
LOCAL PROGRAMS	TIMELY SERVICES (45 DAYS) % of infants receiving IFSPs timely	TIMELY SERVICES (45 DAYS) % of infants receiving IFSPs timely	TIMELY SERVICES (45 DAYS) % of infants receiving IFSPs timely	TIMELY SERVICES (45 DAYS) % of infants receiving IFSPs timely
TARGETS	100%	100%	100%	100%
CALIFORNIA	82.44%	82.25%	88.84%	88.84%
GGRC	60.61%	60.61%	60.61%	75.9%
NBRC	66.67%	84%	84%	84%
RCEB	51.28%	51.28%	76.67%	77.1%
SARC	82.35%	82.35%	95%	92.5%

Timelines:

Within the 45-day timeline, GGRC is responsible for taking the child's history, evaluating a child's eligibility for services, conducting family and child assessment, including multidisciplinary assessments to describe a child's unique needs, functioning in each of the developmental areas, and completing an IFSP identifying interventions that will be provided based on the child's needs.

Regional centers rely on specialized service providers to complete the required assessments and services. These specialized service providers are independent contractors from a limited workforce available locally, therefore GGRC is at a disadvantage competing with health insurance, private and other payers for their services, which leads to delays completing assessments within the timeline and delays in providing some services.

Additional strains on the Regional Center system are the increased number of clients served, workforce turnover, and increased requirements from DDS. The combined factors contribute to the challenge of meeting the 45-day timeline for many Regional Centers.

In addition, GGRC describes delays in the referral process due to receiving referrals with incomplete information, cancelled and rescheduled appointments and families not interested in services for their child.

RESOURCES TO ADDRESS BARRIERS:

A wide range of resources are available to address gaps and barriers in the EII system including services included in mandated services, services and supports provided through participation in regional or statewide initiatives and resources developed in response to local gaps and barriers.

Some examples of resources for families include:

- The Family Resource Center at AbilityPath provides information, education, and peer-to-peer support to families of children with special needs.
- Help Me Grow San Mateo County offers a centralized access point for information, support, developmental and social emotional screenings, and linkage to services.
- Life Steps Foundation provides information, support, and inclusive services with expertise in serving young children with special needs and Asian families.
- Legal Aid Society assists families of children with disabilities with questions about GGRC, school district, CCS, and other services. They also provide a range of services for low-income families who encounter barriers to services.




Some examples of resources for providers and agencies include:

- Help Me Grow Child Health Provider Outreach offers information and training on screening tools and systems and referral pathways for pediatric providers.
- The Big Lift and the Quality Rating Improvement Scale (QRIS) support screenings in programs participating in targeted school districts and quality improvement initiatives.
- SELPA provides Alternate Dispute Resolution to mediate between families and school districts.

Some examples of systems level collaboration include:

- IHSD Head Start/Early Head Start collaborating with partners including school districts, County Office of Education, community agencies and advocacy groups to facilitate a continuity of services to meet children's developmental needs.
- DDS funding for Family Resource Center services, including grants to reduce disparities in access to services in East Palo Alto and Half Moon Bay.
- HPSM and GGRC coordinating services for Medi-Cal children to ensure continuity of services.
- SELPA, GGRC and school districts meet regularly to ensure smooth transitions for children from early intervention to special education.
- The Help Me Grow Collaborative Roundtable convening and facilitating multi agency, multidisciplinary case discussions of children with complex needs encountering barriers to service.
- The Help Me Grow Physician Advisory Group led by Dr. Neel Patel, HMG Physician Champion, includes representatives from the local health systems to promote screenings and to share information and resources on screening policies, practices, and innovations both locally and statewide.
- First 5 San Mateo County and Help Me Grow convene the Systems Change Group including agencies and programs serving young children with special needs to address systems level topics and issues for young children with special needs.





PART 3: OPPORTUNITIES TO REDUCE BARRIERS AND IMPROVE THE LOCAL EARLY IDENTIFICATION SYSTEM

Although beyond the scope of this section of the paper, it would be remiss to ignore the fact that the EII system exists within the context of federal and state mandates, IDEA, and Medicaid law for children with Medi-Cal insurance.

In addition to local county efforts, state and federal level policy changes in the Medi-Cal and Part C programs are needed to improve the EII system. State and federal action is necessary to expand the services Part C and Medi-Cal can provide, increase sustainable funding, and improve oversight. Medi-Cal in particular plays a significant role in the EII system and carries a lot of responsibility in ensuring children receive screening, care coordination, and treatment

for developmental concerns. In addition, there is heightened attention on Medi-Cal's role in the EII system currently, given California's historic and pandemic-related low rates of pediatric preventive care access, including developmental screening.^{42, 43}

Issues that can be addressed through advocacy at the state and federal levels include resource flows for increased reimbursement rates for services, effectively increasing regional center access to contracted service providers and improving service delivery including assessments and IFSPs completed within the 45-day timeline. These and other statewide EII systems issues and recommendations are described in *Early Identification and Intervention for California's Infants and Toddlers: 6 Key Takeaways*, a recent publication from the First 5 Center for Children's Policy.

STATE AND FEDERAL ACTION IS NECESSARY TO EXPAND THE SERVICES PART C AND MEDICAL CAN PROVIDE, INCREASE SUSTAINABLE FUNDING, AND IMPROVE OVERSIGHT. MEDICAL IN PARTICULAR PLAYS A SIGNIFICANT ROLE IN THE EII SYSTEM AND CARRIES A LOT OF RESPONSIBILITY IN ENSURING CHILDREN RECEIVE SCREENING, CARE COORDINATION, AND TREATMENT FOR DEVELOPMENTAL CONCERNS.

Addressing the documented barriers on a systemic, rather than individual case level will require a collaborative process to prioritize and target efforts. There are potential solutions to some barriers through leveraging existing efforts, such as community

collaboration with GGRC to expand Child Find efforts, increased interagency communication or outreach to providers seeking clarity about the GGRC referral process. Other barriers might be resolved through technical solutions, e.g., lost, or incomplete referrals or tracking progress on the status of referrals.

Complex issues that are impacted by state and federal regulations and funding, such as the lack of compliance meeting the 45-day timeline for completing IFSPs, may require a different type of approach. Despite multiple perspectives on each of these issues, families, providers, mandated service providers and policy makers share the goal of ensuring that all children with delays and special needs and their families receive the services needed to support their optimal development.

The opportunities listed below include possible opportunities to address systemic barriers to early intervention services that were shared by key stakeholders. The list below is not intended to be exhaustive, but rather to serve as a starting point for community stakeholder discussion and action.



DESPITE MULTIPLE PERSPECTIVES ON EACH OF THESE ISSUES, FAMILIES, PROVIDERS, MANDATED SERVICE PROVIDERS AND POLICY MAKERS SHARE THE GOAL OF ENSURING THAT ALL CHILDREN WITH DELAYS AND SPECIAL NEEDS AND THEIR FAMILIES RECEIVE THE SERVICES NEEDED TO SUPPORT THEIR OPTIMAL DEVELOPMENT.

Opportunity 1: Expand and improve early identification through developmental screenings for all.

Developmental screening reliably identifies children with delays and the tools are readily available and easy to use in a variety of settings. Help Me Grow provides family and community outreach and access to online ASQs for any family in San Mateo County and numerous quality preschool and early learning programs successfully implement screenings. While continuing to promote screening in the medical home, we need to seek opportunities to create multiple points of access to screenings. For example, forming partnerships among community providers to expand outreach and make screenings available where families with young children gather and receive services, such as libraries, parks and recreation programs and faith-based organizations.

Opportunity 2: Shift our concept of EII from detect and refer to a focus on providing a continuum of services for children at-risk and matching to the unique needs of children and families.

The current model for EII relies exclusively on GGRC for services for children with developmental delays. Most barriers cited above pertain to the referral and assessment process for Early Start. The focus is on

whether a child is eligible and receives Early Start services.

Making a shift in our way of thinking about access to the EII system from “eligible/not eligible” to a framework that describes a system of tiered interventions available to meet the needs of all young children and their families has the potential to serve many more children at risk, including those with mild to moderate delays, while continuing to serve children with significant delays. This is particularly important to consider with (1) our increasing recognition of the impact of Adverse Childhood Experiences (ACEs) on young children’s development in the context of significant numbers of vulnerable children living in poverty or with multiple ACEs and (2) impacts of equity on how children and families can access EII.

Community based early childhood services are widely available throughout the county. Many children at-risk for developmental delays and children not identified with delays are served in community programs which provide important preventive services. These programs often go unrecognized and are only briefly referenced in IDEA as “generic resources” for children who are not eligible.

Head Start and Early Head Start are national models of providing a continuum of services for young children and their families in community-based settings and in collaboration with GGRC and school districts to serve children with a wide range of developmental needs, including children identified with developmental delays and disabilities.

Palabritas y Padres is an example of a local community-based intervention developed to address gaps in services for children with communication concerns. This short-term intervention for Spanish-speaking families provided 8-week parent-child groups where families learned to encourage their child’s speech and language, to participate in everyday conversations and to gain confidence in their role as their child’s teacher. Most parents and the therapist reported noticeable progress and increased enjoyment of their child. Several children previously referred for EII services made sufficient progress and no longer required additional services; one child was diagnosed with autism soon afterwards.

Similar groups could be offered with a focus on selected developmental areas to promote gross motor, adaptive self-help, or social-emotional development.

Alternative paths to services for children with special needs also exist through health insurance, quality early care and learning, and parent-participation programs. Services provided through health insurance may provide a limited number of services based on progress towards goals. In comparison, IFSP goals are reviewed and updated at minimum every 6 months, and services are provided until the child transitions at age 3. While limited data is available on the relative value and impact of short and long-term services for children with developmental delays, maximizing utilization of health insurance to provide ELL services is recommended.

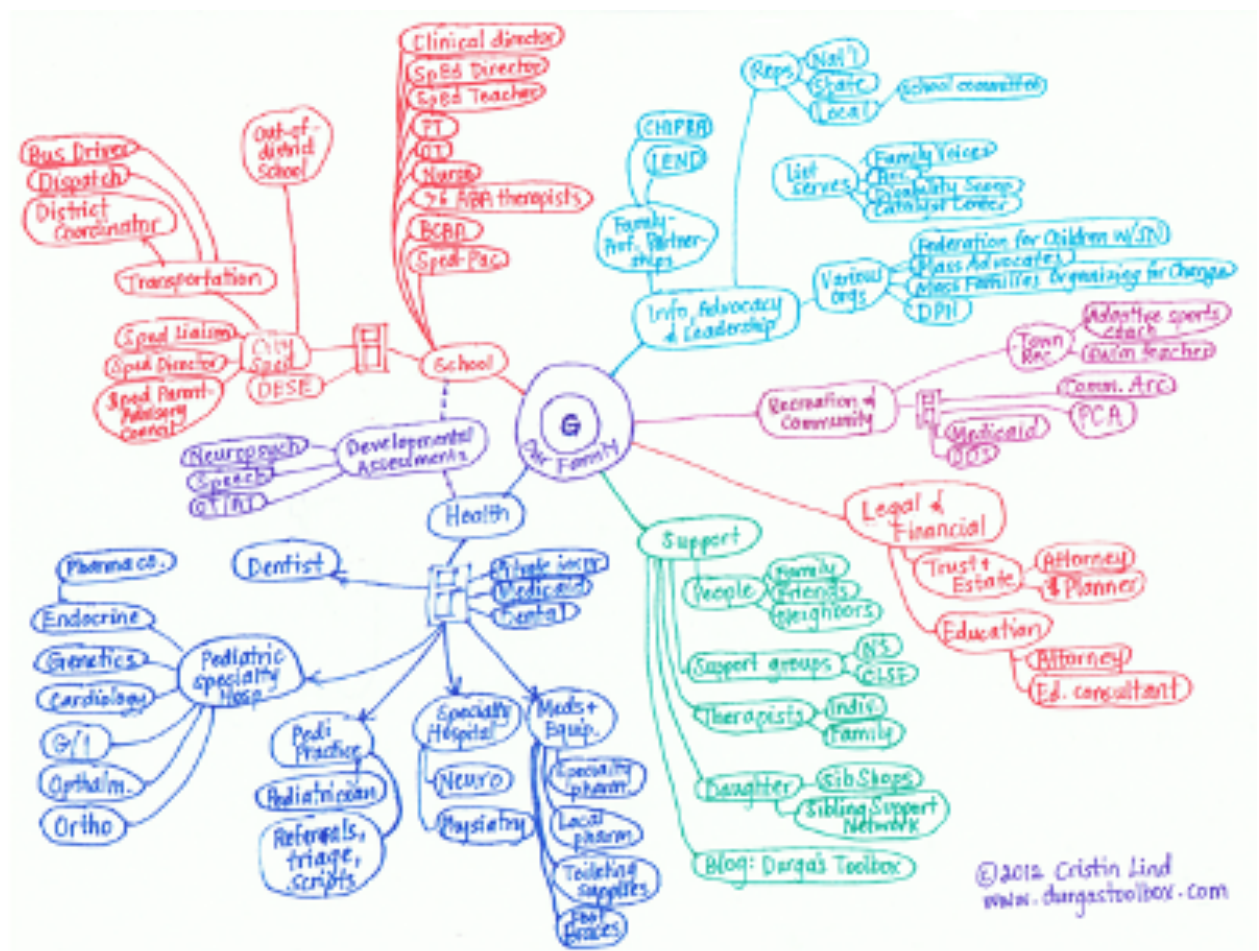
Opportunity 3: Make high-quality care coordination available for all children with special needs to support seamless and appropriate services

The complexity of the ELL system is well described in Navigating the Early Identification and Intervention Maze: A Flowchart from the First 5 Center for Children’s Policy. 44

In a graphic depiction of the ELL system from a parent’s perspective, the care map below shows one’ mother’s illustration of the complexity of her son’s care. While most children’s needs are less complex, it is important to understand the many different service sectors and types of services involved in the system of care.

Figure 5: My Son’s Care Map

Used with permission from Cristin Lind, <http://www.cristinlind.com>



The process of developmental screening, referral for further evaluation, and ongoing interventions and services requires coordination among primary care providers, specialists, early care and education providers, early intervention and special education programs, and families to ensure that children and families receive appropriate services and do not fall through the cracks. Referral and care coordination require appropriate tools, such as referral forms, feedback mechanisms, and methods of communication among the providers and agencies serving children and families.⁴⁰

Care coordination addresses the interrelated medical, social, developmental, behavioral, educational, and financial needs of families. Effective care coordination connects children to services, facilitates provider communication, and supports families as primary caregivers. While care coordination may be available to families of children with complex medical conditions (CMCs), funding for care coordination outside the medical system is difficult to access for most children with special health care needs.

Locally, HPSM and CCS provide care coordination for CMCs but most children with

special health care needs who would benefit never receive care coordination services and their families do the best they can to coordinate their child's services. EPSDT requires coordination of care for children with MediCal and is a promising opportunity to expand care coordination for children with special health care needs.

A local example of successful care coordination is Help Me Grow which provides screenings, and care coordination that includes family support for referrals to EII, and follow-up to support linkage to services. For greater impact, Help Me Grow services could be maximized through countywide scale and spread to support increased family access to GGRC and school district services and community-based resources. Without systematic care coordination, the most vulnerable children can easily go undetected and slip between the cracks in the system. With care coordination, children are linked to and receive the EII services needed to optimize their health and development, families are supported while learning to navigate the system, and providers have confidence in making referrals for EII services.



Opportunity 4: Support families to receive timely access to assessment through 1) targeted care coordination to support linkage to services, 2) an alternative dispute resolution process, and 3) increased collaboration with GGRC to better understand the mechanisms to address systemic barriers such as timelines more expediently and partner on solutions.

Due to their rapid growth and brain development from 0-3 years, timely access to EII services is of critical importance for young children. While parents have rights to pursue legal action for delays and disagreements, enhanced care coordination and access to a transparent alternative dispute resolution process could provide quicker resolution and access to services.

1. Targeted care coordination to support linkage to services

While many families successfully navigate through the referral process, others encounter more barriers completing the required steps in the referral process to obtain services for their child. Bolstering support for these families could help to address issues such as delays, miscommunication, and complaints requiring further advocacy.

For parents and providers, a natural sense of protectiveness for their baby or toddler with special needs is coupled with the hope that services are available to support their child's development in the early years. When the child or family has complex medical or psychosocial needs, there is a heightened sense of urgency to connect them to services. However, some families are additionally challenged by other factors based on cultural background, previous experience with the system, immigration status or may lack awareness of their child's rights to EII services. These families may be reluctant to question delays or be challenged by requirements to provide additional information and participate in the assessment or evaluation

and are unlikely to complain when services are delayed or denied. For these families, care coordination services can support their understanding of how their child might benefit from early intervention services, support their access to early intervention services in a family centered manner and support their ability to navigate the system.

2. Alternate Dispute Resolution Process

IDEA requires the timely resolution of complaints through: (1) mediation; (2) minimum complaint procedures; and (3) due process hearing procedures.⁴⁵ While parents have rights to pursue legal action, it could be less costly and contentious to create an alternate, more transparent process to address issues in a way that produces the best results for all in a more expedient manner. In many cases, access to an alternative process might offer swifter resolution and save the time and emotional and financial cost to families and of going through the formal process of mediation, complaint, and due process.

An innovative local example of alternative dispute resolution is the SELPA Appropriate Dispute Resolution (ADR)⁴¹ process for conflict resolution with the goal of avoiding conflict at the family and district level. Through parent

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engagement, parent training and staff training, conflict is preempted by building capacity through prevention, interventions for disagreements, more intensive interventions when members are “stuck”, and facilitated resolution to resolve conflicts. The process is rapid, responsive, free of charge, confidential, protective of legal rights and focused on desired outcomes.

In another local example, the Help Me Grow Collaborative Roundtable is convened by Developmental Behavioral Pediatrics at Stanford Children’s Health, for case discussion of young children with complex medical or psycho-social needs who encounter barriers to service. The members include representation from a range of programs serving children with special needs including SELPA, HPSM and GGRC. Through facilitated case discussion, providers familiar with the child and family identify resources or strategies to address gaps or barriers, develop a plan and designate a provider responsible for follow-up with the family who closes the loop by updating the group at a future meeting. Legal Aid Society participates in the Roundtable and assists families of children with disabilities with questions about GGRC, school district, CCS, and other

services. They also provide a range of services for low-income families who encounter barriers to accessing services. A similar model of care coordination collaborative to discuss complex cases of children with special health care needs and systems level issues has successfully addressed barriers in other counties.

3. Increased collaboration with GGRC to better understand the mechanisms to address systemic barriers such as timelines more expediently and partner on solutions.

Some barriers are persistent, have been noted by many families and reported by multiple providers, such as children not receiving an IFSP within the 45-day timeline. For barriers that are documented repeatedly, a closer examination of the root causes and data would help to understand if some families or populations are more likely to experience a particular barrier to services or whether the source of the barrier is rooted in an institutional process, practice, or policy. Establishing a consistent format to address systems level barriers with relevant stakeholders

could promote the adoption of equitable and systemic solutions through a collaborative approach with the shared goal of ensuring that young children with delays receive appropriate and timely support and services.

Opportunity 5: Promote transparency and interagency data sharing to fully understand the current landscape of EII services, make informed decisions where to target systems improvement efforts and to ensure that children with special needs are being connected to services.

Data is fundamental to understanding the current landscape of EII including gaps and barriers, to targeting systems improvement efforts, and to evaluate progress towards the goal of a system of seamless services supporting the development of young children with special needs. In complex systems such as the EII system, transparency of metrics and sharing of data across agencies is needed to accurately describe how well the system is doing in meeting goals, to plan improvements, and to measure their effectiveness and continue to adjust.

An example of the need for data sharing is incomplete screening data countywide. Because screenings are conducted in multiple programs across service sectors with different funding streams, outcome measures and data systems and metrics, there is no reliable baseline data for the number of screenings, or the number of children screened countywide. There are examples of agencies that include developmental screenings in performance measures and reporting such as HPSM for

children with Medi-Cal, The Big Lift and QRIS for children in selected preschools and early care and learning programs, and Head Start/Early Head Start for children who are eligible based on age, income, homelessness, as a foster child or as a child with disabilities.

A centralized screening registry or database available to primary care and community providers has the potential to prevent duplication and proactively identify children. The OC Children's Screening Registry is an example of how it is possible to communicate screening data between organizations and providers and link children to services and referrals.

A local, though more limited, example of centralized screening data is the ASQ Hub at SMCOE developed for The Big Lift, All participating programs have access to an online ASQ database to track screenings and screening results of children in their program and SMCOE can monitor linked programs and generate reports with aggregate data.

A local example of a more comprehensive client data system for tracking screenings, referrals and referral outcomes is the Help Me Grow STAR database. Care coordinators use the database to gather individual client information for intake, link automatically to the ASQ online screenings completed by families, and enter referrals made matched to concerns, and referral follow-up reminders to ensure that care coordinator contacts the family or referral for the outcome of the and ensure that children and families are connected to services.

To address the issues related to providers who want to be informed of the outcomes of referrals but who have limited capacity and resources to follow up, a centralized referral database tracking the status of referrals to GGRC would provide visibility into whether referrals were received, the status of the referral and whether the IFSP has been completed and the child is receiving services. Despite significant resource, data sharing and privacy issues related to building a shared referral database, there are clear benefits for children, families, and the providers and organizations serving them in expediting and tracking referrals, coordination of services, and improved communication and relationships.

A CENTRALIZED SCREENING REGISTRY OR DATABASE AVAILABLE TO PRIMARY CARE AND COMMUNITY PROVIDERS HAS THE POTENTIAL TO PREVENT DUPLICATION AND PROACTIVELY IDENTIFY CHILDREN.



NEXT STEPS: DEVELOPING SHARED PRIORITIES FOR SYSTEMS CHANGE EFFORTS AND ACTION

In conclusion, while there is widespread agreement among families, providers and agencies serving young children with special needs of the need to improve access to the EII system, the next steps will require collaborative development of shared priorities for local system change efforts.

The next steps in addressing systemic barriers will require collaborative development of shared priorities for local system change efforts with all partners and agencies invested in improving the local EII system. This includes families, health care, family support services, San Mateo County Health, Health Plan of San Mateo, San Mateo County Office of Education, SELPA, Help Me Grow San Mateo County, First 5 San Mateo County and GGRC.

To actualize the vision for family-centered, trauma informed, equitable systems it is imperative to look to families for their lived wisdom and experience.

Aligning our local efforts with organizations advocating for policy and legislative change addressing systemic barriers with transparency and accountability at the state level, such as the First 5 Center for Children's Policy is highly recommended.

“CHILDREN DESERVE OUR COLLECTIVE ATTENTION AND ACTION. WE LOOK FORWARD TO CO-CREATING SOLUTIONS THAT MOVE THE EII SYSTEM TO A MORE ROBUST AND SUSTAINABLE REALITY FOR CHILDREN, FAMILIES, AND PROVIDERS.”

—MICHELLE BLAKELY,
FIRST 5 SAN MATEO COUNTY

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DATE: April 26, 2021
TO: First 5 San Mateo County Commission
FROM: Kitty Lopez, Executive Director

RE: Approval of Recommended Awards for Oral Health Access and Utilization Procurement Process and Authorization to Negotiate and Execute the following Contracts:

- A) Award to Children Now in the Amount of \$20,000, Contract Term Effective May 7, 2021 through June 30, 2022, Based on Recommendation by F5SMC Staff and Review Panel; Direction to Staff to Conduct Contract Negotiations and Execute Contract Regarding the Same
- B) Award to Ravenswood Family Health Network in the Amount of \$160,000, Contract Term Effective May 7, 2021 through June 30, 2022, Based on Recommendation by F5SMC Staff and Review Panel; Direction to Staff to Conduct Contract Negotiations and Execute Contract Regarding the Same
- C) Award to Sonrisas Dental Health Inc. in the Amount of \$70,000, Contract Term Effective May 7, 2021 through June 30, 2022, Based on Recommendation by F5SMC Staff and Review Panel; Direction to Staff to Conduct Contract Negotiations and Execute Contract Regarding the Same

ACTION REQUESTED

Approval of Recommended Awards for Oral Health Access and Utilization Procurement Process and Authorization to Negotiate and Execute the following Contracts:

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BACKGROUND

F5SMC 2020-2025 Strategic Plan and Implementation Plan: At its October 2018 meeting, the Commission updated and adopted its 2020-2025 Strategic Plan, approved the LTFP and the Strategic Plan Implementation Plan (**SPIP— See Attachment 9.1**). At the same time the Commission authorized staff to conduct the procurement processes associated with all investment strategies within the SPIP, including the awards under consideration at this meeting.

The Long-Term Financial Plan involves two funding phases: Phase One is a three- year period from July 1, 2020 to June 30, 2023; and Phase Two is a two-year period from July 1, 2023 to June 30, 2025. One of the strategies identified for investment in the Strategic Plan is Oral Health Access and Utilization, particularly partnerships to improve young children’s utilization of preventative oral health care and advocating for policies and practices that increase dental utilization for children on Medi-Cal.

Current Context

While First 5 SMC had planned for a renewed investment in oral health starting at the beginning of FY 2020-21, the challenges presented by COVID-19 beginning in the Spring of 2020 presented many hurdles for oral health service delivery for children. At the onset of the pandemic, many dental providers provided care only for emergent needs with additional health protocols and measures to implement and families being weary of close contact, providers still haven’t seen their service numbers fully recover. Additionally, for providers implementing models where the service delivery depended on in-person visits in classrooms, the impact of school closures and the need to maintain stable cohorts for early learning sites that remain open has effectively been brought to a standstill.

Meanwhile, as many families have struggled with balancing multiple stressors, providers anticipate that routine oral health care may not have been a high priority, which is likely to result in increased need and poor outcomes.

Procurement Process

Due to the significant shifts required by oral health providers for the past year, First 5 SMC had held off on releasing a procurement document to fund services addressing Oral Health Access and Utilization. However, recognizing that the need for oral health prevention and services has not disappeared with the onset of the pandemic, First 5 SMC staff issued a Request for Proposals (RFP) process on March 1, 2020 with support from the Commission. A document provided by VIVA Social Impact Partners comparing various procurement processes is attached **(See Attachment 9.2)**.

The RFP process allocated up to two-thirds (\$250,000) of the overall 3-year allocation for the Oral Health Access and Utilization strategy for an approximately 14-month term of service in response to the following Areas of Interest:

1. Address Priority Issues:
 - a. COVID-19: Needs created or exacerbated by the COVID-19 pandemic
 - b. Equity: Center equity and address the disproportionate oral health burden shouldered by children of color and those who are low-income
 - c. Persistent Barriers: Such as access to care and provider shortages
2. Elevate Family-Centered Partnerships to Leverage Impact:
 - a. Include partnership or collaboration with other sectors that serve young children and families (such as early learning, education, and primary care
 - b. Reach families in familiar settings and/or through familiar modalities
3. Promote Awareness and Alignment:
 - a. Advocate for child-friendly oral health policies
 - b. Support continued alignment with state and local policies, guidelines, and promising practices
 - c. Elevate awareness of oral health as a key issue for children among the general public and with policy makers
4. Build Toward Sustainability:

- a. Are time-limited in nature or show potential for economic sustainability beyond June of 2022
- b. Utilize resources efficiently and/or leverage other funding streams to increase the impact First 5 SMC’s investment

A review panel comprised of local content, organizational, and systems level experts diverse in their experience met on April 19 to review the proposals and make recommendations. The panel engaged in an in-depth discussion and used standard rating forms and follow-up interviews where necessary to arrive at their unanimous recommendations. The following recommendations are pending due diligence still in process between recommended agencies and F5SMC and successful contract negotiations following Commission approval.

Recommendations

The recommendations to support Oral Health Access and Utilization are as follows:

Agency and Project Name	Short Service Description	Amount	Key Strengths
Children Now: Improving Access to Oral Health Care for Children (0-5) Enrolled in Medi-Cal	Educate and engage stakeholders about state policies that support the implementation of the county’s oral health strategic plan.	\$20,000	<ul style="list-style-type: none"> - Addresses the advocacy and alignment area of interest in the RFP with high quality staff and support - Well-known, state-level advocacy group that can help keep SMC connected to state policy discussions - Clear policy priorities to address meaningful issues relevant during COVID pandemic
Ravenswood Family Health Network: Preventative Oral Health Project	Provide preventative oral health care to children 0-5 through: 1. Virtual Dental Home model in partner preschools, 2. Disease prevention model utilizing telehealth, 3. Oral health literacy using parents as oral health promoters, and 4. Dental desensitization visits at a clinic for children with special needs.	\$160,000	<ul style="list-style-type: none"> - Clear proposal addressing several areas of need in children’s oral health landscape - Strong history of high-quality service delivery and partnerships via VDH model - Includes two promising new strategies to pilot: promotoras and dental desensitization - Strong conceptualization of equity and its relationship to proposed service delivery
Sonrisas Dental Health, Inc.: Early Childhood Oral Health Programming	Provide dental screenings, education, oral health supply toolkits, and care coordination to low-income children ages 0-5 in San Mateo County.	\$70,000	<ul style="list-style-type: none"> - Demonstrated ability to pivot to deliver oral health services during the pandemic in partnership with schools and early learning sites - Clear model of screening and connection to consistent provider for ongoing care - Strong partnerships

ISSUES TO CONSIDER

- All agencies recommended for funding are prepared to begin work as soon as contracting is complete and will not need additional ramp-up time.
- The two recommended proposals that support direct services to children (Ravenswood Family Health Network and Sonrisas Dental Health, Inc.) would offer geographically complementary service delivery.
- Approval of these awards will initiate the formal process through which agencies or individuals can appeal the awards. This process is described in attachment (**See Attachment 9.3**).
- Contract negotiations will commence upon Commission approval of this recommendation. This approval includes authorization for staff to complete negotiations and for the agencies to execute the contract without additional review by subcommittees or the full Commission.

FISCAL IMPACT

The recommended awards to Children Now, Ravenswood Family Health Network, and Sonrisas Dental Health Inc. for oral health access and utilization total \$250,000 combined. To fund these awards, we will utilize up to \$250,000 of the Oral Health Access and Utilization allocation from First 5 SMC. This award is in accordance with the approved funding allocations of the SPIP and the LTFP.

RECOMMENDATION

Approval of Recommended Awards for Oral Health Access and Utilization Procurement Process and Authorization to Negotiate and Execute the following Contracts:

- A) Award to Children Now in the Amount of \$20,000, Contract Term Effective May 7, 2021 through June 30, 2022, Based on Recommendation by F5SMC Staff and Review Panel; Direction to Staff to Conduct Contract Negotiations and Execute Contract Regarding the Same
- B) Award to Ravenswood Family Health Network in the Amount of \$160,000, Contract Term Effective May 7, 2021 through June 30, 2022, Based on Recommendation by F5SMC Staff and Review Panel; Direction to Staff to Conduct Contract Negotiations and Execute Contract Regarding the Same
- C) Award to Sonrisas Dental Health Inc. in the Amount of \$70,000, Contract Term Effective May 7, 2021 through June 30, 2022, Based on Recommendation by F5SMC Staff and Review Panel; Direction to Staff to Conduct Contract Negotiations and Execute Contract Regarding the Same

Comparisons of Procurement Strategies

Note: This is based on a strict interpretation on procurement types. However, in practice, many funders don't distinguish between an RFP and an RFA. There are many different ways that procurement can be modified and this should not be seen as "right" or "wrong." In addition, a required or optional Intent to Participate may be used as a precursor for any type of procurement.

Procurement Type	Key Characteristics	Typically Used For	Usual Timeline
Request for Application (RFA)	<ul style="list-style-type: none"> • Defined desired outcomes and <i>strategies</i> • Defined budget for which the applicant delineates staffing structure/costs to deliver the specified strategies • Typically has prescribed data and evaluation expectations 	<ul style="list-style-type: none"> • Use when you know what you want to achieve and which strategies will take you there. Looking for best applicant/s that can deliver within the allowed budget. 	8-12 weeks
Request for Proposal (RFP)	<ul style="list-style-type: none"> • Defined outcomes • Applicant "proposes" strategies to meet outcomes • Budget range typically defined for which the applicant proposes staffing structure/costs to deliver vendors proposed strategies • Some data elements may be defined but typically proposer suggests evaluation plan along with strategies 	<ul style="list-style-type: none"> • Use when you know what outcomes you want to achieve and are <i>flexible</i> about which strategies will best meet those outcomes. 	8-12 weeks
Request for Qualifications (RFQ)	<ul style="list-style-type: none"> • Qualifications to produce services or product are clear • Vendor is selected on their qualifications and experience in delivering comparable services or products • There is not a detailed proposal at the service or strategy level, but they may give examples of previous work to back-up their qualifications • Budget limit may or may not be defined • Candidates typically give hourly or deliverable rates 	<ul style="list-style-type: none"> • Use when you need to procure a specific skill set or product where the qualifications to deliver are clear (strategic planning, evaluation services, training/coaching, data system, etc.) • detailed SOW/work plan of project often determined during or after initial contracting 	4-12 weeks
Intent to Negotiate/ Partner (ITN/P)	<ul style="list-style-type: none"> • Collaborative grantmaking where staff and vendors work together throughout the entire procurement; typically includes multiple working meetings • May be used with numerous vendors at the same time or as sole source • Desired outcomes are usually clear • Goal is usually a coordinated effort that involves multiple parties • Strategies may or may not be loosely pre-defined • Typically looking for community input for design details and vendors • Budget limit may or may not be defined 	<ul style="list-style-type: none"> • Use when an open community process will result in a better program model • Use when it is in the Commission's interest to have staff involved in all details of development • Use when looking to develop a coordinated structure with multiple community partners 	12-16 weeks

2020 – 2025 STRATEGIC PLAN IMPLEMENTATION PLAN*

RESILIENT FAMILIES

Strategies	Language in the Strategic Plan	Total Allocation
<p>#1 Intensive Support for Families with Multiple Risk Factors</p>	<p>Provide ongoing, individualized, professional support to children and parents in families experiencing multiple challenges, such as: homelessness, low income, domestic violence, incarceration, mental illness, or substance abuse. Activities may include: home visiting, care coordination, case management, family needs assessments, social-emotional screening, and therapeutic services, as well as wrap-around services such as parent support/parent education groups.</p>	<p>\$3,180,000</p>
<p>#2 Parent Connectivity</p>	<p>Support informal or semi-formal social networks to promote parental resilience and reduce social isolation. Activities may include: mothers’ or fathers’ groups; paraprofessional- or peer-led support groups; social media networking opportunities; father involvement efforts; family cafés; father cafés; developmental playgroups; and partnering with parents to identify parent leaders who understand and share knowledge about attachment and early child development among their peers.</p>	
<p>#3 Family Engagement Capacity Building</p>	<p>Increase the understanding of early brain development, the parent-child relationship and culturally responsive practices among service providers from sectors whose decisions affect family functioning, and to promote the appropriate application of that knowledge within their work. Activities may include: training and learning communities (Friday Cafés) to create a culture of awareness, learning and sharing; building the capacity of both service sector leaders and direct service staff on early childhood development, adverse early childhood experiences, the 5 Protective Factors, and related subjects; systematized data sharing; and promotion of family-centric practices. Target service sectors include: child- and family-serving organizations.</p>	
		<p>\$ 3,180,000</p>

HEALTHY CHILDREN

Strategies	Language in the Strategic Plan	Total
#4 Oral Health Access & Utilization	Partnerships to improve young children’s utilization of preventive oral health care and advocating for policies and practices that increases dental utilization for children on Medi-Cal.	\$ 375,000
#5 Integrated Systems for Children with Special Needs and their Families	Bolster the continuum of care to identify and treat children with special needs, and the ongoing efforts to address systemic issues that impact access to and quality of these services. Activities may include: promoting universal social-emotional and developmental screening services for children 0-5; embedding screenings, assessments, and care coordination into pediatric clinics, early learning settings, or family support services; and supporting linkages and timely access to care coordination, assessment, and services for children and families requiring additional assistance.	\$ 2,580,000
#6 Early Mental Health Systems & Infrastructure Enhancements	Partnerships to support trauma- and resiliency-informed practices and policies in child- and family-serving organizations.	\$ 225,000
		\$ 3,180,000

QUALITY CARE AND EDUCATION

Strategies	Language in the Strategic Plan	Total Allocation
#7 Quality Improvement	In partnership with existing community efforts, support formal quality improvement frameworks in early learning environments, and provide the services required to help providers and programs improve their quality as measured by these frameworks. Such services may include: coaching/consultation, including reflective practice and consultation to support children with social-emotional needs or who are at risk for expulsion and/or reduced hours; peer mentoring; program quality assessments; facility enhancements; early learning provider training; and technical assistance. Recruiting, retaining, and educating the early learning workforce is vital to creating and sustaining high-quality early learning programs.	\$ 2,700,000

ATTACHMENT 9.1

#8 Expand Access to Early Learning Settings for Children with Special Needs	Support families’ ability to access appropriate early learning experiences for their children with special needs. Such efforts may include: enhanced referrals matching children with appropriate placements, training and technical assistance to providers who enroll children with special needs, and/or policy approaches supporting inclusion.	\$ 405,000
		\$ 75,000
		\$ 3,180,000
	GRAND SUBTOTAL FOR FAMILY ENGAGEMENT, CHILD HEALTH & DEVELOPMENT, AND EARLY LEARNING FOCUS AREAS	\$ 9,540,000

POLICY, ADVOCACY, EVALUATION, EMERGING AND COMMUNICATIONS

Strategies	Language in the Strategic Plan	Total Allocation
#9 Leadership on Early Childhood Advocacy & Policy Development	Identify strategic partners and align leadership and resources to promote optimal child and family outcomes. Activities may include: convening high-level, multi-agency policy conversations that keep early childhood priorities and the impact of early childhood in the forefront of decision making; development and implementation of a Policy and Practices Platform that advances First 5 San Mateo County’s vision of Success for every child; and partnering with elected officials, community leaders, and other stakeholders to promote an early childhood agenda.	\$1,140,000
#10 Community Partnership	Foster cross-agency and multidisciplinary partnerships to better serve children 0-5 and their families. Activities may include: facilitation of partnerships and collaborative efforts that increase the capacity and quality of services to children 0-5 and those that care for them; and hosting facilitated opportunities for multidisciplinary cross-training and networking for both funded and unfunded partners.	
#11 Community Education	Increase understanding about foundational early childhood topics such as early brain development. In coordination with other efforts, build public and political will to invest in the well-being and success of our young children. Activities may include: development and implementation of a Communications Plan highlighting the importance of a child’s early years, the needs and circumstances of families with young children in San Mateo County, and opportunities for stakeholders to act in ways that maximize positive outcomes for this population.	

ATTACHMENT 9.1

#12 Evaluation	Prop 10 mandates that we evaluate and collect data on our investments. Evaluation includes research activities.	\$339,000.00
#13 Emerging Projects	Innovation, New Opportunities, Seed Projects	\$321,000.00

- Procurement process to determine grantees for FY 2020-2023 has commenced.

Comparisons of Procurement Strategies

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Request for Proposal (RFP)	<ul style="list-style-type: none"> • Defined outcomes • Applicant "proposes" strategies to meet outcomes • Budget range typically defined for which the applicant proposes staffing structure/costs to deliver vendors proposed strategies • Some data elements may be defined but typically proposer suggests evaluation plan along with strategies 	<ul style="list-style-type: none"> • Use when you know what outcomes you want to achieve and are <i>flexible</i> about which strategies will best meet those outcomes. 	8-12 weeks
Request for Qualifications (RFQ)	<ul style="list-style-type: none"> • Qualifications to produce services or product are clear • Vendor is selected on their qualifications and experience in delivering comparable services or products • There is not a detailed proposal at the service or strategy level, but they may give examples of previous work to back-up their qualifications • Budget limit may or may not be defined • Candidates typically give hourly or deliverable rates 	<ul style="list-style-type: none"> • Use when you need to procure a specific skill set or product where the qualifications to deliver are clear (strategic planning, evaluation services, training/coaching, data system, etc.) • detailed SOW/work plan of project often determined during or after initial contracting 	4-12 weeks
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Appeal Process: Oral Health Access and Utilization RFP

An email informing unsuccessful Proposers that their proposal has not been recommended for funding will be sent by Monday April 26, 2021, to the contact person identified on the RFP Cover Sheet.

A Proposer must submit a written appeal via email by midnight, May 2, 2021 to the attention of the Executive Director of F5SMC and copied to the Program staff as indicated below. Appeals may be written in the body of the email itself or sent as an attachment to the email.

Appeals shall be emailed to: Kitty Lopez, Executive Director, F5SMC at klopez@smcgov.org and copied to: Emily Roberts, Health & Development Specialist at eroberts@smcgov.org; and Myra Cruz, Administrative Secretary, at ecruz@smcgov.org.

Mailed or hand-delivered appeals will not be accepted.

Appeals shall be submitted as stated above and shall be limited to the following grounds:

1. Any failure of F5SMC to follow RFP procedures as articulated in the RFP; and/or
2. The RFP review criteria were not appropriately applied to the proposal.

The Proposer must include a statement of explanation in the appeal letter describing the specific reasons that form the basis of the appeal.

The Executive Director of F5SMC will respond in writing to the appeal within 10 calendar days of the receipt of the written appeal. F5SMC staff may establish a meeting with the Proposer in order to discuss the concerns. The decision of the Executive Director of F5SMC is final.

If the proposer fails to follow any of the instructions set forth in this RFP, Proposer will waive the right to file an appeal with the Commission.

**FIRST 5 SAN MATEO COUNTY (F5SMC)
REPORT OF THE EXECUTIVE DIRECTOR
MARCH AND APRIL 2021**

OVERVIEW

STRATEGIC INVESTMENT FOCUS AREAS – UPDATE

QUALITY CARE AND EDUCATION

Build UP SMC and Build Up CA: Early Learning and Care Facilities Infrastructure Funding Restoration 2021-22 California State Budget

Build Up CA, local and state partners have jointly developed a letter to focus advocacy on Early Learning and Care Facilities Infrastructure restoration. The letter is still being circulated through the budget committee process and organizations are still being encouraged to sign-on. The ask is a request for an additional \$350 Million investment in Early Childhood Education (ECE) infrastructure this year, including the restoration of the \$263 Million previously allocated in the 2019-20 state budget for the Early Learning and Care Infrastructure Grant Program. See Fact Sheet in Attachment 10.1.

Child Care Partnership Council: Adopts Equity Statement.

On March 15, 2021, the Child Care Partnership Council adopted an Equity Statement and Approach to their strategic plan. Through the work of the Leadership & Impact, Workforce, Access and Quality Committee members have and will continue to operationalize the approach through policy and advocacy locally and statewide. The Equity Statement begins with: “The CCPC welcomes and embraces diversity among individuals from all backgrounds, races, ethnicities, abilities, genders and gender identities, sexual orientations, immigration statuses, and religions. We will advocate for, and protect, the rights and opportunities of all children and families in our community, as well as those that provide their early care and education”. See Attachment 10.2 for the full statement and approach.

A Celebration of the Children

Columnist, Sue Lempert, wrote a column in *San Mateo Daily Journal* on April 12, 2021, to commemorate the Week of the Young Child and highlighted the efforts of the San Mateo County Response Team which includes 4Cs, First 5 San Mateo County, San Mateo County Office of Education, and the Silicon Valley Community Foundation, and local city leaders during the pandemic. Their efforts led to creation of Child Care Relief Fund which helped fund child care centers and family child care homes one month of operating expense. (See Attachment 10.3)

Build Up for San Mateo County’s Children

The Pritzker Foundation approved a \$50,000 grant to the Build Up Capital Fund. The funding would be distributed to Family Child Care Homes in the form of grants for those wanting to expand or add infant toddler capacity.

HEALTHY CHILDREN

Oral Health Access and Utilization Request for Proposals (RFP)

On March 1, F5SMC launched the Oral Health Access and Utilization RFP. The purpose of the RFP is to (1) support partnerships to improve young children’s utilization of preventive oral health care and (2) advocate for policies and practices that increases dental utilization for

children on Medi-Cal with a focus on short-term strategies that can be implemented during the pandemic. The process will allocate up to \$250,000 in funding for up to 14 months. The full RFP can be viewed here: <https://first5sanmateo.org/funding-opportunities/>. Letters of Intent were due on March 22 and full proposals on April 13. Recommendations from this process will be presented at the Commission meeting on April 26.

Help Me Grow Physician Advisory Group (HMG PAG)

The HMG PAG, convened by F5SMC Commissioner and HMG Physician Champion Dr. Neel Patel met on March 15. The agenda included a discussion on electronic referral processes for HMG, trauma-screening, and an update on the return to school outlined by the County. The PAG is slated to meet next in May 2021.

TRISI: Trauma-Informed Organizations Update

On March 29, First 5 SMC Staff joined partners at Hamai Consulting and Trauma Transformed to co-lead the second of two learning sessions devoted to supporting agencies through our Trauma Informed Organizational (TIO) Assessment process. The session, titled “Trauma-Informed Organizational Assessment: Turning Results in to Action” covered the basics of the TIO Assessment Tool with a focus on what organizations should consider as they plan for sharing the results back within their organizations in the spirit of strengthening TIO practices. Agencies are still able to participate in the Assessment process. Those agencies that had committed to completing the TIO Assessment Tool and that completed an Expression of Interest form to be considered for the cohort and coaching support offerings should hear by the end of April about the status of their applications. For more information on the project, please visit <https://first5sanmateo.org/trauma-and-resiliency/>.

Systems Change for Children with Special Health Needs Meeting

The Systems Change for Children with Special Needs Meeting on April 15 marked the public release of the Early Identification and Intervention Landscape Scan authored by Cheryl Oku Consulting on behalf of First 5 San Mateo County. Program Specialist Emily Roberts and Help Me Grow Consultant Cheryl Oku presented on the context and content of the Scan and attendees had a chance to break into groups to discuss some of the highlighted opportunities and to think about other possible opportunities for system improvement. Attendees also gave feedback on a draft Racial Equity Guiding Statement for the group, which we hope to finalize by the next meeting in July.

RESILIENT FAMILIES

Friday Café Parent Advocate Testimony

Following up to her powerful testimonial story for the Commission in February 2021, Valerie Higgins, Parents Voices and Friday Café Advisory Council member graciously provided a blog for F5SMC’s web-site. Check out Valerie’s Blog [“Creating Community and More Through Friday CAFÉ.”](#) and the [Family Resources](#) section of our new web-site, first5sanmateo.org.

Birth to Five Parent Poll

EdTrust West recently conducted a parent poll to understand how COVID-19 has impacted families with young children. You can find the statewide results [here](#). EdTrust West also conducted an oversample in Silicon Valley (San Mateo and Santa Clara counties). See PDF for poll overview. (See Attachment 10.4)

POLICY & ADVOCACY UPDATES

CA Must Make Kids Our Top Priority in this State Budget

F5SMC signed onto a letter from The Children’s Movement of California to Governor Gavin Newsom urging him to prioritize children in the upcoming California Revised Budget proposal in May. (See Attachment 10.5)

Support Letter for SB 246 (Leyva) – Early Childhood Education: Reimbursement Rates

On March 4, F5SMC submitted a support letter to Senator Connie Leyva for SB 246, which would establish a single regionalized state reimbursement rate system, called Child Care Stabilization Formula, for early care and education services. (See Attachment 10.6)

12-Month Postpartum Medi-Cal eligibility and continuous Medi-Cal Coverage for Children Up to Age 5

F5SMC signed onto a letter address to Senator Susan Talamantes Eggman and Assemblymember Joaquin Arambula urging them to support the budget proposal to maintain continuous Medi-Cal coverage for children ages 0 – 5 years old and 12 months postpartum. (See Attachment 10.7)

“What The \$300 A Month Child Benefit Could Mean For A Family On The Edge”

An article from NPR, March 9, 2021 by Anya Kamenetz about stories of family struggles and how a \$300 a month can help provide their basic necessities. “This benefit, combined with other enhanced benefits in the package, could cut child poverty in the U.S. by half, according to an analysis by Columbia University.” Read article:

<https://www.npr.org/2021/03/09/974830177/what-the-300-a-month-child-benefit-could-mean-for-a-family-on-the-edge>

AB 1073 (Berman) – Community College fee waivers for students enrolled in early childhood education or child development courses. On March 29, 2021, F5SMC sent out a support letter to Honorable Jose Medina, Chair of California State Assembly Committee on Higher Education encouraging him to support this bill. (See Attachment 10.8)

California Must Increase the Wage Replacement Rate for State Disability Insurance (SDI) and Paid Family Leave (PFL)

F5SMC along with other agencies signed-onto a letter addressed to Governor Gavin Newsom, California State Assembly and Senate to increase the wage replacement to 90% for low-wage Californians when they qualify for Paid Family Leave or State Disability Insurance. (See Attachment 10.9)

San Mateo County Board of Supervisors “The Week of the Young Child” Proclamation

On April 6, 2021, the SMC Board of Supervisors presented a proclamation designating April 10 – April 16, 2021 as The Week of the Young Child. (See Attachment 10.10)

Biden Plots a Revolution for America’s Children

Opinion Columnist, Nicholas Kristof, wrote his views published in *The New York Times* on March 24, 2021, of why Biden should prioritize children on his plans. (See Attachment 10.11)

FIRST 5 CALIFORNIA & FIRST 5 ASSOCIATION UPDATES

First 5 Association Policy Agenda

F5SMC aligns its policy and advocacy efforts with the First 5 Association. As the F5 Association policy agenda states “First 5 believes that all of California’s youngest children deserve to be healthy, safe, and ready to succeed in school and life. Grounded in a whole child/whole family framework that advances equity, prevention and systems coordination, First 5 seeks to build comprehensive and integrated early childhood systems of care, with an intentional focus on Prenatal-3 during this critical stage of child development”. See Attachment 10.12 for the full policy agenda.

F5 Association Advocacy Day 2021

On April 27, 2021, the F5 Association Advocacy Day is going virtual again! Advocacy Day has been a great opportunity to meet with our local SMC Assembly and Senate lawmakers to emphasize the importance of prioritizing young children and families in all aspects of the state policy and budget. Kitty Lopez and Michelle Blakely will be participating again this year.

COMMUNITY AND STATEWIDE EVENTS & UPDATES

Free Vaccine Taxis for ECE Providers

In partnerships with Peninsula Family Service (PFS), Early Childhood Educators have access to free taxi rides to vaccine appointments. Heather Cleary, CEO of PFS, says “We are working to address access barriers, such as lack of transportation, so that early educators who have been on the front lines of this pandemic do not miss the opportunity to receive this life-saving vaccine simply because they cannot get there”. See Attachment 10.13 for more information.

Día de los Libros! Friday, April 30, 2021

Join First 5 California, the First 5 Association of California, and the California State Library, virtually in celebration of Día de los Libros on Friday, April 30, 2021. Special appearances by First Partner Jennifer Siebel Newsom, California Surgeon General Nadine Burke Harris, “Fresh Off the Boat” TV star Hudson Yang, and his father, journalist Jeff Yang. For further information, click the link: <http://bit.ly/Dia-Storytime>

Diaper Give-away

Organized by San Mateo County Health Foundation and Help a Mother Out, **on Saturday, May 1** from 10 AM - 2 PM at the San Mateo Medical Center Patient Parking Lot in San Mateo.

Families can choose a time slot and learn more about the event [the Eventbrite page](#).

Note: They will be able to provide tech support and rides to anyone who needs them. Simply have them email their details to info@smchf.org or call **(650) 573-2655** and leave a voicemail with their name and number.

COMMUNICATIONS

Newsletter

F5SMC Quarterly Newsletter was sent on March 12, 2021. Its highlighted articles such as

vaccinations for ECE professionals & immigrants, new F5SMC website, and one of our partners, Mission Asset Fund. Click link <https://conta.cc/2ONUELc> or see Attachment 10.14.

Press Release: Vaccines Distributed to Early Childhood Educators

F5SMC sent out a press release informing, as per San Mateo County Health, the expansion of individuals who can now receive the vaccine, which includes early childhood educators, teachers, first responders, and food and agricultural workers. Hundreds of early childhood educators were vaccinated against COVID-19 during the first week of eligibility. (See Attachment 10.15)

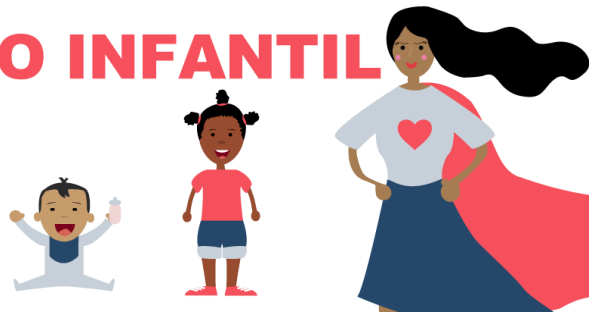
Email to Early Educator regarding Vaccine

An email was sent on March 5, 2021 from F5SMC to Early Educators providing them an update on the vaccine and its roll out plan. (See Attachment 10.16)

Childcare Hero Window Decals

The Child Care Response Team and First 5 SMC's, communications firm, Viva Social Impact Partners, developed window decals to honor the childcare workforce and their important role to young children. 4Cs, F5 and SMCOE will be distributing these decals to child care home providers and child care organizations. To request a decal, please email first5smc@smcgov.org.

HÉROE DE CUIDADO INFANTIL
CHILDCARE HERO
保育界的英雄 



Social Media and Analytics Report (See Attachment 10.17)

Background

In 2019, California allocated \$263 million for the *Early Learning and Care Infrastructure Grant Program*, which included \$245 million from the General Fund and \$18 million from the Child Care Facilities Revolving Fund. In 2020, before applications could be released for providers to access the grant dollars, the \$263 million allocation was swept into the General Fund for purposes of the COVID-19 pandemic impact on the state's finances. The unfunded Grant Program continues to exist within the Department of Education but is currently being transferred to the Department of Social Services.

The *Master Plan for Early Learning and Care* clearly supports the expansion and funding of the *Early Learning and Care Facilities Infrastructure Grant Fund* as a strategy to equitably expand the supply of early learning and care facilities. The absence of public investment in facilities infrastructure reduces programs' capacity to provide quality services and adequately support economically insecure families and children. As a result, this lack of investment limits equitable access to early learning and care for all California children.

Safe, healthy, and quality learning and care experiences are only possible if provided in safe, healthy, and quality environments. California must prioritize investments in early learning facilities; the health and safety of children and the adults who educate them depend on it.

Budget Request

\$350 million for investment in early learning and care facilities, including the restoration of \$263 million previously allocated in the 2019-20 state budget for the Early Learning and Care Infrastructure Grant Program.

- \$263 million would provide resources to build new facilities or retrofit, renovate, or expand existing ones.
- \$87 million would be utilized for reopening grants. Early learning and care providers need more support than ever to cover the costs of adjusting to new guidelines related to the COVID-19 pandemic and climate resiliency (e.g., wildfires and heatwaves).

This investment would sustain and reopen approximately 100,000 licensed spaces for children across California and create and renovate at least 20,000 spaces in new and existing facilities.

Child Care Deserts and California's Unmet Need

According to the Advancement Project, California's early care and education facilities infrastructure only has the capacity to serve less than a quarter of our youngest learners. Out of the nearly 1 million children under age two who need quality child care in California, there are only 47,000 publicly funded seats.¹ 60% of California children from low-income families live in child care deserts.² Demand far exceeds supply for high-quality child care, particularly for low-income families, and the COVID-19 pandemic has only exacerbated California's early learning and care capacity problem.

California’s moms and dads are counting on child care to get back to work. Nourish California reported over half of parents with young children stated they had their hours cut back, wages reduced, or had to leave their job to provide care for their family during the pandemic³. Since February 2020, 2.3 million women have left the workforce, bringing their labor participation rate to levels not seen since 1988⁴. Many women have been forced to leave the workforce to care for children at home. According to a September “Women in the Workplace”⁵ report, 1 in 4 women are considering leaving the workforce or downshifting their careers. Making childcare more available and affordable is key to enabling the whole family to succeed by permitting parents, particularly low-income parents, to work or attend school while feeling confident about their children’s well-being.



Only 6 out of 100 low-income babies and toddlers have access to a publicly-funded seat.

Income-eligible children who lack access to publicly-funded child care programs (%)

Source: *Building California’s Future*,” The Advancement Project, <https://www.advancementprojectca.org/ece-facilities>

For more information, please contact Ericka Omena Erickson, Build Up California Director, at eerickson@liifund.org or (415) 415.489.6119.

¹ <https://www.advancementprojectca.org/ece-facilities>

² <https://californiaforallkids.chhs.ca.gov/assets/pdfs/CA%20For%20All%20Kids%20-%20Master%20Plan%20Knowledge%20Brief%20-%20Facilities.pdf>

³ <https://nourishca.org/fresh/blog-category/young-children-are-still-running-out-of-food/>

⁴ <https://nwlc.org/resources/january-jobs-day-2021/>

⁵ <https://womenintheworkplace.com/>



CHILD CARE PARTNERSHIP COUNCIL EQUITY STATEMENT AND APPROACH

The CCPC welcomes and embraces diversity among individuals from all backgrounds, races, ethnicities, abilities, genders and gender identities, sexual orientations, immigration statuses, and religions. We will advocate for, and protect, the rights and opportunities of all children and families in our community, as well as those that provide their early care and education.

We seek to engage a broad range of constituents, including parents, ECE providers, policy-makers, and community stakeholders, in decision-making, determining priorities, and planning. We use local data to understand and transform inequities and remove barriers to access in our ECE system, examining data related to:

- Racial/Ethnic disparities
- Family income and child poverty
- Children with special needs
- Dual Language Learners
- Children experiencing homelessness
- Children in the Child Welfare System
- Demographics and needs of the ECE Workforce

[The following is adapted from the National Equity Project's definition of Educational Equity]

We seek to transform our institutions by eliminating inequitable practices and cultivate the unique gifts, talents, and interests of every child so that success and failure are no longer predictable by child identity - racial, cultural, economic, or any other social factor. Equity in early care and education means that each child receives what they need to develop to their full academic and social potential.

Working towards equity in early care and education settings involves:

- Ensuring equally high outcomes for all participants in our ECE system;
- Removing the predictability of success or failure that currently correlates with any social or cultural factor;
- Interrupting inequitable practices, examining biases, and creating inclusive multicultural ECE environments for adults and children; and
- Discovering and cultivating the unique gifts, talents and interests that every human possesses.

MARCH 15, 2021

https://www.smdailyjournal.com/opinion/columnists/a-celebration-of-the-children/article_7624e464-9b43-11eb-9673-67eb4ee4e648.html

A celebration of the children

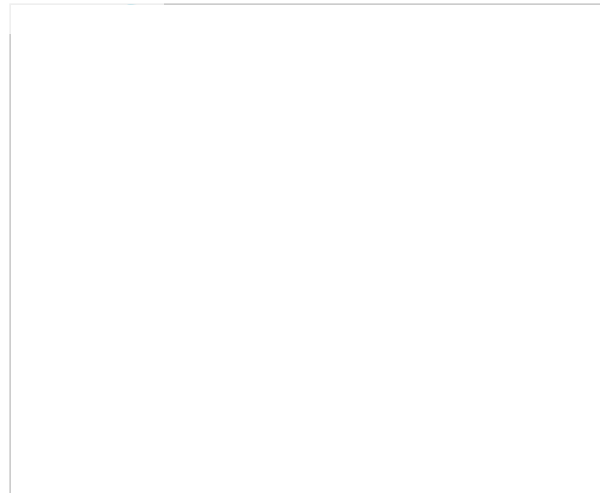
By Sue Lempert
Apr 12, 2021



Children don't vote. They don't make campaign contributions or have PACs. They don't have an organization like AARP which successfully lobbies for seniors. Now there are several organizations which have stepped into the breach to fill that void statewide and locally noted in this column. So has President Joe Biden's proposed jobs bill.

According to New York Times columnist, Nicholas Kristof, "The most revolutionary part of President Biden's agenda so far is his focus on a constituency that doesn't write whiny op-ed columns, doesn't vote, doesn't hire lobbyists and so has been neglected for half a century: children. Biden's proposal to establish a national pre-K

and child care system would be a huge step forward for children and for working parents alike. It would make it easier for moms and dads to hold jobs, and above all it would be a lifeline for many disadvantaged children.”



American children ages 1-19 are 57% more likely to die than children in other rich countries because those countries provide universal health care for kids. The U.S. has some of the highest child poverty rates in the industrialized world because it doesn't provide services that are routine in Canada and Europe. These are elements in Biden's bill: universal access to high-quality pre-K for 3 and 4 year olds; affordable high quality child care.

Many early childhood programs pay for themselves when aimed at the most disadvantaged, because they reduce spending on criminal justice, special education, health care and other services.

The pandemic lockdown demonstrated how critical child care is for working parents of all incomes. Remote learning for young children made it a challenge to do one's job at home. For parents who could not work from home it was an impossible situation. A response team made up of 4Cs (Child Care Coordinating Council), First 5, San Mateo County, the San Mateo County Office of Education, and the Silicon Valley Community Foundation came to the rescue so that child care remained open throughout the pandemic for essential, front-line workers.

The response team, in partnership with local city council members Giselle Hale of Redwood City and Amourence Lee of San Mateo, lobbied the county to allocate \$2 million of CARES Act funds in August to create the Child Care Relief Fund. Grants from the fund provided one month of operating expenses (up to \$55,000 for child care centers and \$10,000 for family child care homes). In addition, a broad spectrum of donors contributed over \$829,000 to the fund, including local companies, community foundations, cities, faith-based organizations and individuals. In response to additional outstanding need, the county contributed an additional \$2.5million to the fund in November and December. The total of \$5.3 million in grants to 287 child care programs (79 centers and 208 family child care homes) benefited over 8,000 of the county's most vulnerable children. Members of the response team served as the fund's advisory body and administrators alongside the San Mateo Credit Union and County Board of Supervisors. Job well done.

David Fleishman, head of 4Cs, points out that the availability of child care is necessary for working families and low income-wage earners, needed for the economy and our community to “re-open.” Child care helps mitigate equity issues regarding achievement and school-readiness gaps. Child care is overwhelmingly provided by women, the majority of which are low income .The pandemic has highlighted longstanding structural problems which impact child care. The lack of qualified workers and low wages for child care educators have continued to limit the expansion of services. The gap between what parents can afford to pay and the cost of child care is a persistent problem.

Children Now, an advocacy nonprofit statewide and beyond, issues an annual report card on the state of children in California. It reports that the average cost of center based child care is \$16,000 a year compared to \$10,000 a year average cost for one year at a four year college. In San Mateo County there is licensed child care space for only 27% of workers who need it.

As the county officially celebrates the Week of the Young Child we recognize how much more there remains to be done.

What's our former state Sen. Jerry Hill up to these days? He will co-chair the statewide campaign against the Big Tobacco referendum of his flavored tobacco ban law that will be on the ballot at the next statewide election. That would be the recall election if it qualifies for the ballot.

Sue Lempert is the former mayor of San Mateo. Her column runs every Monday. She can be reached at sue@smdailyjournal.com.



Birth to Five Parent Poll

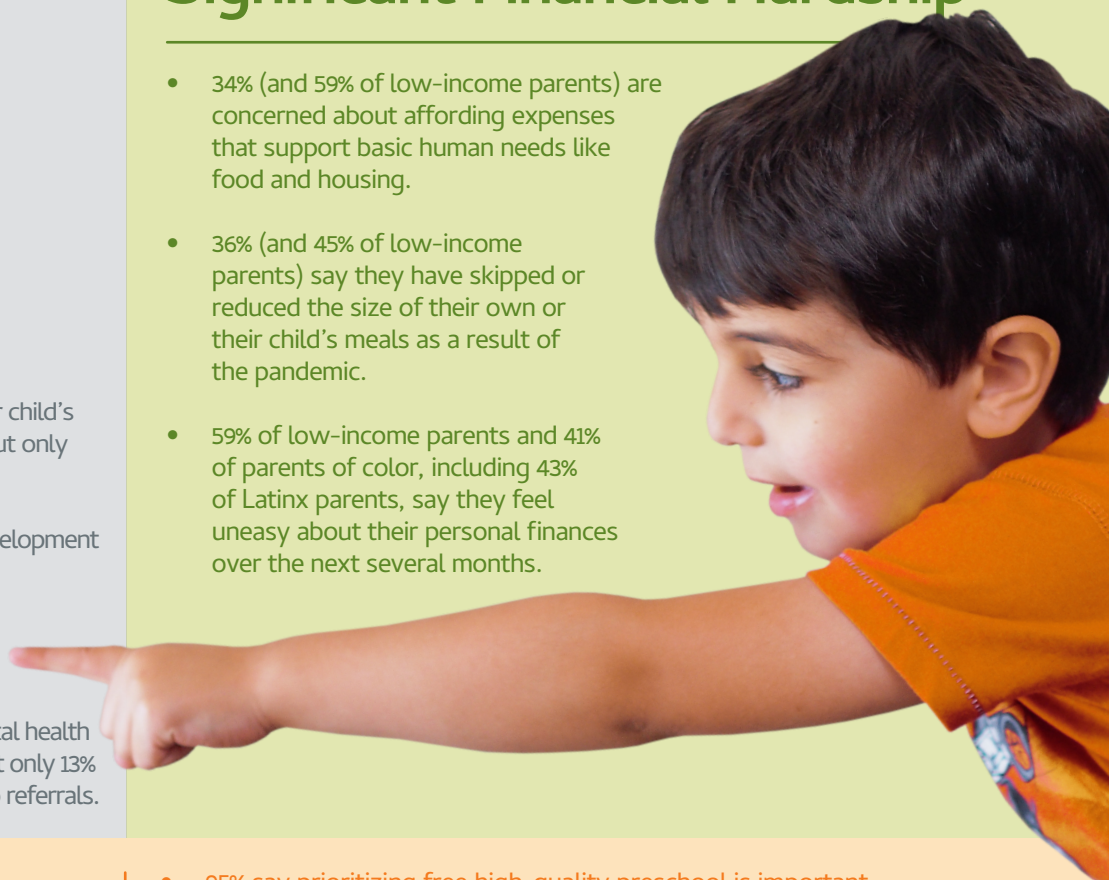
Over 600 California parents were polled* to determine the impact of COVID-19 on their families. We share these findings to help inform California policymakers, advocates, and other leaders on some of the most pressing issues faced by families during the pandemic.

Prominent Concerns About Health

- 73% worry about their child's ability to socialize with other children.
- 32% have missed well-child health appointments for their child.
- 26% have not been able to access medical care using telehealth.
- 94% of parents agree that accessing their child's doctor via telehealth could help them, but only 48% are currently able to.
- 74% worry their child's education and development are suffering because of the pandemic.
- 70% worry about their own and their family's mental health.
- 87% agree that receiving referrals to mental health clinics and providers could help them, but only 13% currently have received or have access to referrals.

Significant Financial Hardship

- 34% (and 59% of low-income parents) are concerned about affording expenses that support basic human needs like food and housing.
- 36% (and 45% of low-income parents) say they have skipped or reduced the size of their own or their child's meals as a result of the pandemic.
- 59% of low-income parents and 41% of parents of color, including 43% of Latinx parents, say they feel uneasy about their personal finances over the next several months.



Widespread Support for Investing in Early Care and Education

- 95% say prioritizing free high-quality preschool is important.
- 95% say increased wages and professional development support for educators are important.
- 97% would prioritize professional development for early educators in the state budget.
- 94% think it's important to collect data to improve quality of care and better support children, families and educators.

[Click here to learn more](#)

As state and local leaders take action on the state budget and Master Plan for Early Learning and Care, we urge them to center on the whole child, family wellness, and parents' priorities to offer solutions that increase equity and eradicate systemic barriers through the pandemic and beyond.



ADVANCEMENT
PROJECT
CALIFORNIA



The Children's
Partnership



Center for
District Innovation
And Leadership
in Early Education



EARLY EDGE
CALIFORNIA



The Education Trust—West



SILICON VALLEY
community foundation®



Child360™

*Global Strategy Group partnered with the collaborating organizations on this poll, which had a confidence interval of +/-4.0%. All interviews were conducted via a web-based panel, including 62% of interviews conducted via mobile device. Care has been taken to ensure the geographic and demographic divisions of parents of young children in California are properly represented.

March 2021

CA must make kids our top priority in this State Budget

Dear Governor Newsom,

The undersigned organizations urge you to prioritize kids in your upcoming May Revise budget proposal. We appreciate that you are being inundated by numerous interests. We also recognize that even with a budget surplus, the state can't sufficiently meet every need and supplement federal investments in every area. As you make tough choices and determine your priorities, we urge you to put kids at the top of the list. The learning loss, isolation, serious mental health issues, and lack of preventive health care because of the pandemic threatens a generation of kids. These outcomes are especially dire for Black and brown children, kids in poverty, students who are English Learners, youth in foster care, and children who are in unsafe situations, all of whom face significant systemic barriers to accessing the services and support they need.

Even before COVID-19, California was not prioritizing kids, especially kids that face systemic barriers to their well-being. Our investments lagged far behind most other states, as did most measures of educational attainment and overall children's well-being. Now the situation is mission critical.

The undersigned call on you to prioritize dollars for supports for kids, across the early childhood, family and economic support, health, K-12 and higher ed, housing, and child welfare domains. Priority items for the May Revise include:

Child care: Invest a minimum of \$5 billion (\$1.25 billion in new state funding on top of the \$3.75 billion in federal funding California expects to receive) to stabilize, strengthen and scale child care, including: \$1.5 billion for stipends, hold harmless measures, elimination of family fees, restoring swept workforce and facility block grants, and rebuild ECE capacity with reopening assistance; \$1.5 billion which would update provider reimbursement rates to 2018 levels and create a dedicated multi-year set-aside to implement comprehensive rate reform in 2021-22 and beyond; and \$2 billion to expand child care subsidies for families with low incomes, with at least \$1 billion dedicated to infants and toddlers.

TK-14 Education: Ensure there are effective student supports in place and school budgets are stabilized by using one-time federal funds provided for state-level education activities (\$1.4 billion) to recruit and retain teachers and provide high-quality professional learning for educators; paying off debts to TK-12 schools and community colleges (\$3.7 billion); and providing the funding to expand and ensure educationally appropriate practices (group sizes and curriculum) are in place for transitional kindergarten.

School based mental health: Provide \$80.5 million to fund turn-key school-county partnerships ready for implementation. These partnerships will help prevent student mental health concerns from becoming severe and disabling; increase timely access to services; participate in outreach to recognize early signs; reduce stigma; reduce discrimination; and prevent negative outcomes.

Medi-Cal: Permanently extend Medi-Cal coverage for children up to age 5 and for women 12-months postpartum with \$55 million (matched with \$55 million in federal funds).

Children in foster care: Support children and youth in foster care living with emergency caregivers or resource families with \$73.2 million in desperately needed pandemic stipends to address significant additional responsibilities and activities and \$37 million to increase access to the Emergency Child Care Bridge program to prevent placement instability resulting from reduced child care options.

We recognize the strain you are experiencing as you try to grapple with the enormity of this crisis and keep the Golden State intact. We urge you to ensure that our most precious constituency, our kids, are your top priority.

Sincerely,
The Undersigned Organizations



March 4, 2020

The Honorable Connie Leyva
California State Senate
Sacramento, CA 95814

RE: Support for SB 246 (Leyva)

Dear Senator Leyva,

On behalf of First 5 San Mateo County, we are pleased to support SB 246, which would establish a single regionalized state reimbursement rate system, called the Child Care Stabilization Formula, for early care and education services.

First 5 believes that all of California's youngest children deserve to be healthy, safe, and ready to succeed in school and life, and that access to early care and education (ECE) is a critical component to ensuring the strongest start possible for young children. Currently, far too many children in California lack access to ECE programs and far too many providers are not paid adequately to cover the cost of providing care. Simply put, to ensure equitable access to ECE programs for our youngest children, California must address inequities in our child care reimbursement rate systems.

California has a mixed delivery system for providing early care and education (ECE), including child care and preschool, to the state's youngest learners. Our state is stronger for its ability to provide parents with a choice when it comes to selecting the early learning experiences that are most appropriate for their children and family's unique needs.

However, California has two different and unaligned systems for *funding* the state's early learning services. Child care providers who meet Title 22 standards are reimbursed using a Regional Market Rate (RMR) that accounts for geographic cost factors. Early learning centers that contract directly with the state and meet both Title 5 and Title 22 standards are reimbursed at a flat Standard Reimbursement Rate (SRR). This unaligned, two-system approach limits access and fails to maximize program quality. It also forces many child care providers out of business by providing inadequately low reimbursements for an essential service that supports children's development and families' economic well-being.

An effective and equitable rate system would ensure resources are streamlined and expended in a way that: 1) compensates providers and programs for the actual cost of providing care, 2) is responsive to the state's economic diversity, 3) recognizes the cost of meeting varying quality standards, regulations and contracting burdens, and 4) incentivizes quality and participation in research-based quality improvement efforts as a means to improve child outcomes.

SB 246 would establish a single, regionalized state reimbursement rate system for the state's mixed delivery system that achieves these four goals. Through these reforms, California will more equitably support children and families, and maximize public benefit.

We thank you for your leadership in authoring SB 246, and look forward to working with you and your colleagues in the Legislature to win approval of this important measure. If you have any questions, please feel free to contact me at klopez@smcgov.org.

Sincerely,

Kitty Lopez
Executive Director

Senate Bill 246

Attachment 10.6

The Child Care Stabilization Formula Senator Connie M. Leyva (D-Chino)

SUMMARY

Senate Bill 246 would establish a single regionalized state reimbursement rate system—The Child Care Stabilization Formula—for child care, preschool, and early learning services.

BACKGROUND

California has a mixed delivery system that provides early care and education (ECE) services for the state’s youngest learners, including child care, preschool, and early learning.

Specifically, it has two different and unaligned systems for reimbursing early learning services. Child care providers meeting Title 22 standards are reimbursed using a Regional Market Rate (RMR) that accounts for geographic economic cost factors, while directly state-contracted early learning centers that meet Title 5 standards—in addition to Title 22 standards—are reimbursed at a flat Standard Reimbursement Rate (SRR).

California families are strengthened when given the opportunity to select the early learning experiences that are most appropriate for their children and families.

PROBLEM

This bifurcated rate system and inadequately low reimbursement rates complicate efforts to fund and deliver high-quality ECE programs that meet the developmental needs of all children while addressing the health, safety, and well-being of the children served. This current structure and overall insufficient funding limit California’s ability to increase teacher compensation, adequately resource ECE programs, and incentivize quality improvement efforts, ultimately limiting access and forcing many child care providers out of business.

SOLUTION

To address the problems of a bifurcated rate system, resource expenditures should be streamlined and expended in a way that:

- 1) Compensate teachers and programs for the cost of providing care
- 2) Are responsive to the economic diversity of California
- 3) Recognize the costs of meeting varying quality standards, regulations, and contracting burdens
- 4) Incentivize high standards and participation in research-based quality improvement efforts as a means to improve child outcomes.

These recommendations are supported by the Governor’s Master Plan for Early Learning and Care.

SB 246 (The Child Care Stabilization Formula) would establish a single regionalized state reimbursement rate system for child care, preschool, and early learning services that would achieve these important goals. Through these reforms, California can achieve a more equitable system to support children and families, as well as maximize public benefit.

STATUS

Introduced – January 22, 2021

SUPPORT

Child Care Alliance of Los Angeles (Co-Sponsor)
Child Care Resource Center (Co-Sponsor)
EveryChild California (Co-Sponsor)

CONTACT

Rochelle Schmidt
Office of Senator Connie M. Leyva
Rochelle.Schmidt@sen.ca.gov
916.651.4020

Sign-on Letter for Continuous Coverage & Postpartum Budget Ask

On behalf of the American College of Obstetricians and Gynecologists District IX, First 5 Association of California, March of Dimes, Maternal and Child Health Access, The Children's Partnership, please consider signing on to support the continuation of coverage for 12-month postpartum Medi-Cal eligibility and continuous Medi-Cal coverage for children up to age 5.

This budget proposal would preserve the eligibility currently in place under the COVID Public Health Emergency (PHE), in order to minimize barriers to enrollment for families, protect the continuity of care, and ensure adherence to prevention and early intervention services and screenings during these critical early phases in life, when the COVID public health emergency comes to an end.

Please find the letter below:

March 10, 2021

The Honorable Susan Talamantes Eggman, Chair
Senate Budget Sub-Committee No. 1
California State Senate
State Capitol, Room 5019
SBUD.Committee@senate.ca.gov

The Honorable Joaquin Arambula, Chair
Assembly Budget Sub-Committee No. 3
California State Assembly
State Capitol, Room 6026
BudgetSub1@asm.ca.gov

RE: 12-month postpartum Medi-Cal eligibility and continuous Medi-Cal coverage for children up to age 5

Dear Senator Talamantes-Eggman and Assembly Member Arambula:

On behalf of the undersigned organizations, we write to you in strong support of the budget proposal to maintain continuous Medi-Cal coverage for children ages 0-5 years old and 12 months postpartum.

Under the federal Families First Coronavirus Response Act, Medi-Cal is required to provide temporary continuous enrollment to most all enrollees throughout the federal COVID-19 public

health emergency (PHE). States are also required to develop a plan to unwind this federal PHE coverage protection to implement when the PHE ends. The Department of Health Care Services' budget assumes that the unwinding of the temporary continued coverage requirement will begin during the second half of the state budget year 2021-2022.

In order to protect essential continuity of care and to ensure a smooth transition from the existing PHE continuous coverage, a broad coalition of stakeholders urge you to adopt, with federal approval, permanent 12-month postpartum Medi-Cal eligibility and continuous Medi-Cal coverage for children up to age 5 after the end of the COVID-19 PHE.

Continuous health care coverage is essential to avoiding disruptions in care, especially during these critical phases in life when medical visits are so frequent and when care is especially important. Over 90% of a child's brain development occurs before a child turns age 5. One-third of all maternal deaths occur one week to one year after a pregnancy ends, and one in seven women experience symptoms of postpartum depression in the year after giving birth.

COVID-19 has underscored the need for extended coverage: Increased isolation and stress has taken a toll on maternal and child physical and mental wellbeing. In addition, children's preventive care, like well-child visits and immunizations, have plummeted below the already low preventive care rates in Medi-Cal.

Communities of color are experiencing the impacts of the pandemic disproportionately. Medi-Cal covers a greater share of families of color, and nearly half of all births annually in California; thus, by removing barriers to accessing care, Medi-Cal can play a unique role in addressing the structural racism that health disparities reveal and that COVID has exacerbated.

To mitigate unnecessary disruptions in care during the post-pandemic redetermination period, California will need to prepare now, and adopt any necessary TBL for the budget year. By continuing coverage for postpartum individuals and the youngest Medi-Cal children during this PHE wind down period and beyond, Medi-Cal would:

- mitigate disruptions in the continuity of coverage for two of the most vulnerable populations;
- improve low Medi-Cal preventive care rates for children and maternal health outcomes; and
- contribute to an orderly and smooth redetermination process for all Medi-Cal enrollees.

We urge your inclusion of this continuous coverage proposal in the state budget for 2021 -22 so that the Administration can secure a smooth plan for transition when the PHE ends.

Thank you for consideration of this request and for your commitment to improving the health of all women, infants, and children.

Respectfully,

Cc: The Honorable Nancy Skinner, Chair, Senate Budget Committee
The Honorable Phil Ting, Chair, Assembly Budget Committee
Members, Senate Budget Committee
Members, Assembly Budget Committee
Scott Ogus, Senate Budget Committee
Andrea Margolis, Assembly Budget Committee
Senate Republican Caucus
Assembly Republican Caucus
Tam Ma, Office of the Governor
Department of Health Care Services
* Required

March 29, 2021

The Honorable Jose Medina, Chair
California State Assembly Committee on Higher Education
State Capitol Building, Room 2141
Sacramento, CA 95814
RE: SUPPORT AB 1073 (Berman)

Dear Chair Medina,

In order to increase access to and the quality of early childhood education (ECE) in our state, California must address the severe shortage of over 90,000 early childhood educators. State leaders deserve credit for supporting the 2019-20 ECE-friendly budget and for passing bills that further the cause of early childhood education in our State. Support for workforce development that widens the pathway to a high-quality ECE system is critical if we are to achieve the goals set forth by the Governor and Legislature, including the Master Plan for Early Learning and Care.

That is why, as the Executive Director of First 5 San Mateo County, I am writing to voice my support for AB 1073, a bill that would establish the ECE Workforce Waiver at the California Community Colleges. Providing a fee waiver for core ECE courses will remove the financial barriers that discourage potential educators from entering the field. It will also remove obstacles that prevent current educators from pursuing professional development opportunities associated with increased quality, compensation, and access to early care and learning.

At First 5, we invest in and advocate for children 0 – 5 years old and their families. I know that a well-supported workforce is essential to high-quality ECE. As mentioned before, California is experiencing a severe and growing shortage of early childhood educators. This shortage is driven by unlivable wages with many the majority of the ECE workforce living in poverty. As a result, turnover rates for early childhood educators in recent years have exceeded 50%. This is particularly acute in high-cost-of-living areas, where up to a third of the workforce has recently relocated to more affordable communities.

In my experience, I see how the fees and tuition for ECE courses is cost prohibitive for many prospective and current early childhood educators.

Lastly, there is no doubt that the impact of the COVID-19 on our state will be severe and long-lasting, especially for more vulnerable populations, including child care workers and low-income families. This pandemic will exacerbate the challenges facing the ECE workforce prior to the crisis and amplify the need for immediate support and investment in care providers and educators who will be vital to the recovery efforts. Long-term, these investments are a fiscally responsible way to reduce deficits and produce big gains for children, businesses and taxpayers and help our state support the workforce of tomorrow by investing in the educators of today.

Sincerely,



Kitty Lopez
Executive Director

California must increase the Wage Replacement Rate for State Disability Insurance (SDI) and Paid Family Leave (PFL)

To: Governor Newsom and the California State Assembly and Senate

We represent diverse constituencies including advocates for families with young children, older Californians, parents, and caregivers, domestic violence prevention advocates, health and racial equity groups and worker and community advocacy organizations. We believe that every Californian should be able to take paid time off of work to care for themselves or their family without jeopardizing their economic security.

California's State Disability Insurance (SDI) and Paid Family Leave (PFL) programs have served workers in our state for decades. Together, these two programs form a critical safety net that is supposed to ensure that Californians are able to recover from a serious illness, bond with a new child or care for a seriously ill family member and still meet their financial obligations.

However, many low-wage workers are unable to access these benefits due to California's low wage replacement rate. In fact, AB 908 which increased the wage replacement rate from 55% to the current 60% or 70% in 2018, is scheduled to sunset this year. The Legislature and the Administration must take action now so we don't go backwards. Instead, we must increase wage replacement to 90% so low income workers and families who can't afford to live on a small percentage of their pay can benefit from these vital programs.

The undersigned [number] of organizations call on the Administration and Legislature to ensure that low-wage Californians are paid 90% of their regular weekly wages when they qualify for Paid Family Leave or State Disability Insurance.

California's State Disability Insurance and Paid Family Leave Are Critical for California's Health.

Paid Family Leave and SDI are important interventions to address the social determinants of health because they reduce the likelihood of premature birth and infant mortality . PFL especially promotes breastfeeding , and reduces nursing home admissions . Paid leave in California has increased the share of parents taking time off to bond with a new child, and most significantly for mothers without a college degree, single mothers, and Black and Latinx mothers . Paid Leave has also improved parents' and children's health and wellbeing across the state, including by promoting higher rates of immunizations, with health benefits extending into children's elementary years. Access to paid leave encourages caregivers' participation in the workforce, while helping

them balance work and family responsibilities.

Paid family leave also acts as an economic stimulus. California's Paid Family Leave program has been shown to increase household income and reduce the chances of a family falling into poverty. It has also been shown to reduce employee turnover and strengthen employees' morale, benefiting both workers and employers. Finally, it serves as an important tool for small employers, allowing them to provide competitive benefits they would be unable to afford without the state fund.

Low Wage Workers, Who are Disproportionately People of Color, Women, and Immigrants, Need Adequate Wage Replacement Rates to Be Able to Access PFL and SDI.

While California is the 5th largest economy in the world, we also have the highest rate of childhood poverty and the highest number of children living in poverty in the country . In 2017, 32% of California workers made less than \$14.35 an hour, which is about 4.9 million Californians . At the same time, California's Paid Family Leave offers workers earning \$14 per hour the lowest wage replacement rate in the country . As we've seen throughout the COVID-19 pandemic, unexpected illness or a critically ill infant can be the first event that leads to economic collapse for a family. Paid Family Leave and State Disability Insurance can be the only source of income for a family going through one of the most stressful times of their life. In addition to being a source of stability in times of crisis, Paid Family Leave also allows parents to establish strong bonds with their children and to participate fully in one of the most joyful events for a family, welcoming a new child. All parents deserve to be present for their children during this unique and important time.

Because the wage replacement rate is so low, low wage workers, almost all of whom pay into the SDI fund, are disproportionately unable to access a benefit that they themselves are paying for. As Governor Newsom's Taskforce on Paid Family Leave concluded, one of the leading causes for Californians to forego taking PFL is because current benefit levels replace too little of a worker's wages. Currently, workers earning less than \$22,000 a year receive wage replacement rates of 70% and workers earning more receive 60% of their wages during leave. These wage replacement rates require the lowest wage workers to choose between trying to live on less than \$300 a week from PFL or SDI, or simply forego the benefits they pay for.

The low wage replacement rate has created an inequitable system by which lower wage workers are subsidizing their higher paid counterparts who are able to take paid family leave. A 90% wage replacement rate would ensure that low wage workers don't see a reduction in salary while on SDI and PFL. For a full-time worker earning \$14 an hour, this would come out to about \$504 a week. For a full-time worker earning the minimum wage of \$14 an hour, a 90% wage replacement rate would increase the benefit by 50% from \$336 per week to \$504 per week.

If We Don't Act Now, Current Wage Replacement Rates for SDI and PFL Will Decrease in 2022

Workers who qualify for SDI or PFL currently receive 60% or 70% of their regular weekly wages depending on income. However, if no action is taken this year, these rates will sunset and the wage replacement rate for both SDI and PFL will plummet back to 55% of weekly wages. We cannot afford to move backwards when we know how critical SDI and PFL are to the health and wellbeing of California workers and their families.

Even at current levels of wage replacement, California's Paid Family Leave program benefits are lower for low wage workers than in any other state in the country .

We urge immediate action to ensure that the current wage replacement rates are increased so that all families can afford to benefit from the PFL and SDI programs they pay for. In order for State Disability Insurance and Paid Family Leave to really work for low wage Californians, we must increase wage replacement levels to 90% for all those earning less than 70% of the State Average Weekly Wage, both for Paid Family Leave and the first 12 weeks of State Disability Insurance, with all others receiving 60% of their regular income.

California led the way by creating paid family leave, but now it is time for us to catch up by making our state disability and paid family leave accessible to California's most vulnerable families.

Sincerely,

[names of organizations]

The name and photo associated with your Google account will be recorded when you upload files and submit this form.

Not **first5smc@gmail.com**? [Switch account](#)

**Joint Resolution No. 21-16
San Mateo County Board of Education
and
San Mateo County Superintendent of Schools
State of California**

Recognizing April 10-16, 2021, as the Week of the Young Child

Whereas, the National Association for the Education of Young Children established the Week of the Young Child in 1971 to focus attention on the needs of young children and their families, honor teachers and all those who make a difference in young children’s lives, and recognize that the early childhood years provide the foundation for children’s success in school and later life; and

Whereas, high-quality early learning experiences help children develop mentally, socially, emotionally, and physically, prepare students for school, eliminate opportunity and achievement gaps, increase graduation rates, and improve college and career readiness; and

Whereas, early childhood education and care programs benefit the entire community, creating more engaged learners, enabling parents to participate in the workforce, and creating the foundation for a skilled workforce and informed citizenry; and

Whereas, the Week of the Young Child provides an opportunity to recognize the early learning and child care workforce and honor them for all of the critical work they do; and

Whereas, many early learning and child care programs have remained open and have continued to support the families of essential workers and provide critical programming throughout the pandemic; and

Whereas, the San Mateo County Office of Education’s Early Learning Support Services team has provided training, coaching, leadership, systems and organizational capacity building, data and evaluation, communication, and public policy support to early learning and child care providers and initiatives throughout the pandemic; and

Whereas, the San Mateo County Office of Education’s Anne Campbell Center for Children and Families has continued to provide high quality early learning opportunities and support to families throughout the pandemic;

Now, Therefore, Be It Resolved the San Mateo County Board of Education and the San Mateo County Superintendent of Schools hereby observe April 10-16, 2021, as the Week of the Young Child to focus attention on the importance of early learning, inspire policymakers and leaders to place young children at the forefront of public policy and education initiatives, and highlight the early learning programs and services that help children succeed in school and in life.

**SAN MATEO COUNTY
SUPERINTENDENT OF SCHOOLS**

**SAN MATEO COUNTY
BOARD OF EDUCATION**

Passed and Adopted on this
Seventh Day of April 2021

President

Biden Plots a Revolution for America's Children

National pre-K and affordable day care don't have to be a dream.



By **Nicholas Kristof**
Opinion Columnist

March 24, 2021

The most revolutionary part of President Biden's agenda so far is his focus on a constituency that doesn't write whiny op-ed columns, doesn't vote, doesn't hire lobbyists and so has been neglected for half a century: children.

Biden's proposal to establish a national pre-K and child care system would be a huge step forward for children and for working parents alike. It would make it easier for moms and dads to hold jobs, and above all it would be a lifeline for many disadvantaged children.

Imagine: You drop a kid off at a high-quality prekindergarten program in the morning and pick the child up on the way home from work. That's how it is in many other advanced countries, and in the United States military.

When my wife and I lived in Japan in the late 1990s, we sent our kids to one of these nurseries, and they were a dream.

But the United States never developed such a system, because for half a century as other countries were investing in children, the United States was stiffing them. Today one of our saddest statistics is this: American children ages 1 to 19 are 57 percent more likely to die than children in other rich countries.

Some of those kids die because the United States doesn't provide universal health care to children — only to senior citizens, who vote and thus are a priority. Some die because the United States tolerates some of the highest child poverty rates in the industrialized world. And some die because the United States just doesn't have programs to support children that are routine in Canada and Europe.

So the most historic part of the Biden agenda, to me, is a determined effort to invest in America's kids and reverse decades of child neglect. Just as Franklin Roosevelt revolutionized conditions for the elderly by instituting Social Security, Biden may be able to do the same for children.

Biden's \$1.9 trillion American Rescue Plan included monthly child allowances and other elements that other countries have used to reduce child poverty. A Columbia University study estimated that these programs, if sustained, could reduce child poverty by about half.

Much of the attention on Biden's next step is on infrastructure and climate change, and they are critical. But still more important for America's future, in my view, will be the elements focused on children. While plans are still being developed, it appears that Biden will propose:

- Making his child allowances permanent.
- Expanding home visitation programs that help at-risk moms and dads from pregnancy through early childhood. These lower fetal drug and alcohol exposures, curb lead poisoning, encourage parents to read to their children and reduce domestic violence and child abuse. Home visitation programs like Nurse-Family Partnership have been rigorously tested and greatly improve outcomes.
- Working toward universal access to high-quality pre-K for 3- and 4-year-olds.
- Ensuring high-quality affordable day care for parents, with costs not to exceed 7 percent of incomes for most parents.

One model the White House is studying is the excellent day care system offered by the U.S. military, because the armed forces don't want to have to deal with the child care crises that parents routinely face in the civilian world.

Can we afford this Biden revolution in child programs? It will indeed be expensive. And there is a perennial debate over whether it's better to have programs that are targeted at the neediest (which are more cost-effective) or those that are universal (which are politically more sustainable).

But I've written about the heartache in my hometown in rural Oregon: More than one-quarter of the kids on my old school bus are dead from "deaths of despair": drugs, alcohol and suicide. Taxpayers spent huge sums incarcerating my former classmates when the funds would have been far better spent reducing fetal alcohol exposures and tackling childhood trauma, illiteracy, failure to graduate from high school and a lack of job skills.

One reason our efforts to fight poverty haven't achieved more is that we often start too late. For some of my middle-aged friends wrestling with homelessness, mental health crises and decades of addiction, with more of a criminal record than an educational record, it may not be possible to turn lives around. For their kids and grandkids, we have to try.

Many early childhood programs pay for themselves when aimed at the most disadvantaged, notes the Nobel-winning economist James Heckman, because they reduce spending on criminal justice, special education, health care and other services. One study by Heckman found that programs for vulnerable young children generated a 13 percent annual rate of return.

So, please, President Biden, push on. This is about America's future. This is your chance to preside over a Rooseveltian revolution that sprinkles opportunity and averts tragedies for decades to come.

The question isn't whether we can afford to invest in children and break cycles of poverty, educational failure and substance abuse. It's whether we can afford not to.

NICHOLAS KRISTOF'S NEWSLETTER: *Get a behind-the-scenes look at Nick's gritty journalism as he travels around the United States and the world.*

Sign Up

The Times is committed to publishing a diversity of letters to the editor. We'd like to hear what you think about this or any of our articles. Here are some tips. And here's our email: letters@nytimes.com.

Nicholas Kristof has been a columnist for The Times since 2001. He has won two Pulitzer Prizes, for his coverage of China and of the genocide in Darfur. You can sign up for his free, twice-weekly email newsletter and follow him on Instagram. His latest book is "Tightrope: Americans Reaching for Hope." @NickKristof • Facebook

A version of this article appears in print on , Section A, Page 22 of the New York edition with the headline: Biden Plots a Revolution for America's Children



FREE VACCINE TAXIS FOR EARLY CHILDHOOD EDUCATORS

Free transportation for early learning educators (ECE) from work or home round-trip to receive their COVID-19 vaccinations. This will ensure transportation costs do not prevent these educators from receiving their vaccinations.

QUALIFICATIONS:

- Early childhood educator in the San Mateo County
- Employee at a licensed center or family care home
- Employee of a license-exempt program
- Non-licensed childcare provider working with one family
- Currently provide child care in another capacity/position

If any of the vaccination centers are drive-through centers, the ECE will remain in the taxi to receive the vaccination.

Contact: vaccinetaxi@peninsulafamilyservice.org

HOW TO SIGN UP:

[HTTPS://WWW.PENINSULAFAMILYSERVICE.ORG/ECEVACCINETAXI/](https://www.peninsulafamilyservice.org/ecevacinetaxi/)



2021 Policy Agenda

02/22/21

First 5 believes that all of California's youngest children deserve to be healthy, safe, and ready to succeed in school and life. Grounded in a **whole child/whole family framework** that advances **equity, prevention** and **systems coordination**, First 5 seeks to build comprehensive and integrated early childhood systems of care, with an intentional focus on **Prenatal-3** during this critical stage of child development.

First 5 aims to advance state and federal policy frameworks that foster systems of care that *proactively* support the wellbeing of young children and families and focus on those farthest from opportunity, recognizing the disproportionate impacts that systemic racism, COVID-19, lack of economic opportunity, and natural disasters have had on communities of color and low-income communities.

I. Resilient Families

- Strengthen families through family-centered, community-based, culturally and linguistically responsive, trauma-informed approaches and buffering supports, including expanded access to home visiting and support to parents/caregivers to be their child's first teacher.
- Strengthen families by improving economic security, including expansion of the Earned Income Tax Credit, Paid Family Leave, and other policies that promote economic opportunity.
- Support community and neighborhood hubs, such as Family Resource Centers and other models, to increase immediate access to basic needs and promote integrated systems that result in more accessible and responsive services for children and families.
- Ensure access to services for all families regardless of their immigration status.

II. Comprehensive Health & Development

- Improve the health, mental health, and wellbeing of young children by advancing prevention, care coordination, screenings, and multi-generational supports through Medi-Cal, as well as continuous eligibility for preventive and postpartum care.
- Strengthen the systems of early identification and referral to appropriate intervention services for young children, including through Help Me Grow.
- Address racial inequities in maternal and infant health, particularly black maternal and infant health.
- Reduce and mitigate exposure to trauma and Adverse Childhood Experiences (ACEs) through supports that promote healthy social-emotional development and overall family wellbeing and resilience.

III. Quality Early Learning

- Increase access to early learning programs across the mixed delivery system for children 0–5.
- Support the early care and education workforce by increasing compensation, providing professional development opportunities, and valuing diversity and increasing equity across the field.
- Stabilize, strengthen and scale early learning systems that are accessible and affordable for all families, including through advancing key elements of the state’s Master Plan for Early Learning and Care.
- Promote equitable access to and participation in quality improvement systems, recognizing that quality exists in all locations where caregivers are supported and nurturing relationships between provider/caregivers and child are present.

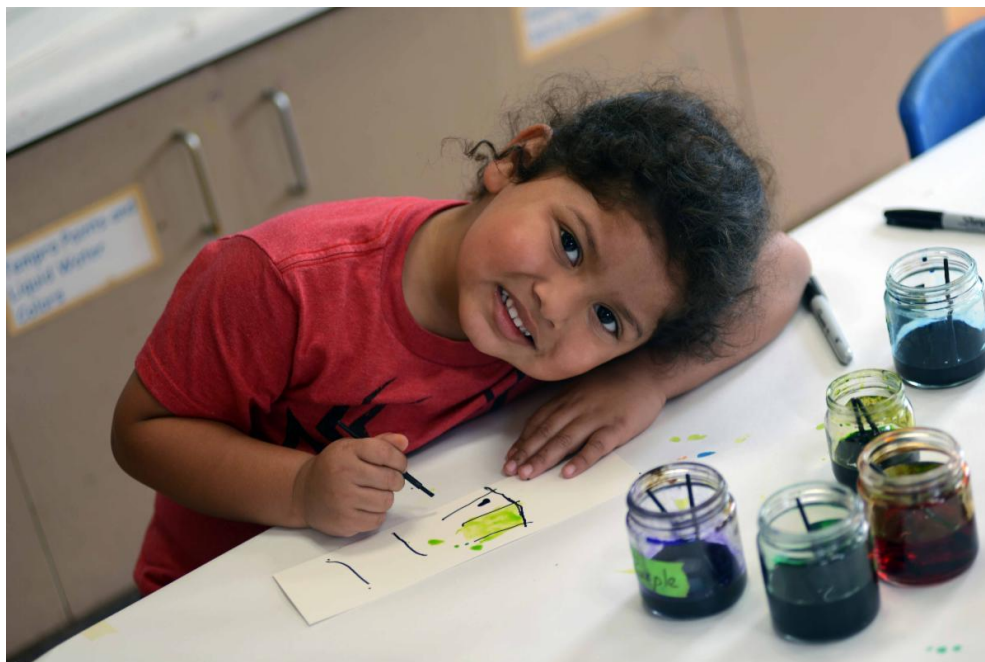
IV. Sustainability & Scale

- Explore and advance additional revenue sources for ensuring comprehensive, integrated systems and services to children and families.
- Ensure that local First 5 commissions can continue to provide the foundational infrastructure, leadership and partnership in communities throughout California in order to realize improved opportunity and outcomes for our youngest children and their families.
- Regulate tobacco products and promote smoking cessation.
- Improve and integrate data systems to track and evaluate children’s outcomes.

SHARE:

[Join Our Email List](#)

February-March 2021 | [View as Webpage](#)



Supporting COVID-19 Vaccination for ECE Professionals

We are proud to be part of San Mateo County's COVID-19 Child Care Response Team, working to ensure vaccine access for early educators. Child care providers are a critical piece of our community's infrastructure, working on the front lines to care for children and families.

In response to the shortage of adequate vaccine supply, the San Mateo County COVID-19 Child Care Response Team advocated for the prioritization of early childhood educators during Phase 1B and made recommendations to San Mateo County Health to support equitable distribution. As of this release, hundreds of early education professionals have been vaccinated in San Mateo County, including at several child care-eligible vaccination clinics hosted by San

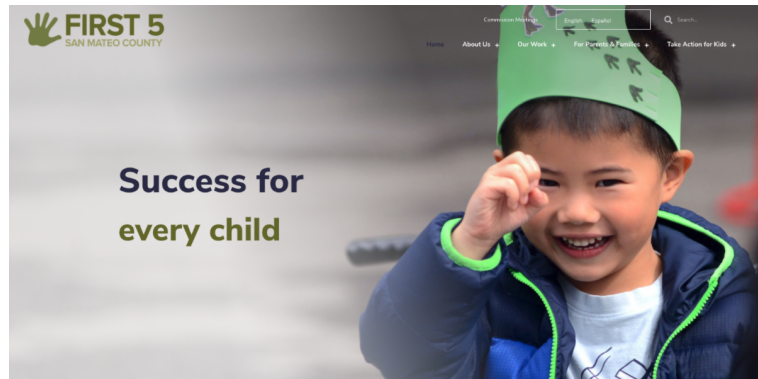
Mateo County Health in February. These efforts prioritized those who have remained open during the pandemic and who serve the highest-risk families and communities, including East Palo Alto, North Fair Oaks, Redwood City, Belle Haven and Daly City.

[Click to learn more about the effort to increase vaccine access for early childhood educators.](#)

Taking Action for Kids

Announcing our new website with resources for partners and families!

We are thrilled to announce the launch of our new website at www.first5sanmateo.org. With our updated site, we hope to make it simple to find the information you need on the Commission, what we do, and local resources and information to support your work on behalf of children and families. Click below for a few highlights:



[For Parents and Families:](#) Find a searchable library of local resources and programs for families, our family blog, and our kit for new parents

[Take Action for Kids:](#) Features our Community Toolkit, with resources for advocating for young children, plus the latest news and updates from First 5

[Our Work:](#) Learn about our investments and our impact, and meet our partners

If you have any questions or feedback about our new site, please [let us know!](#)

New Flyer on COVID-19 Vaccines for Immigrants

The Legal Aid Society of San Mateo County has developed a new flyer in English and Spanish with information on the COVID-19. The flyer provides information on vaccine eligibility, confidentiality

related to receiving the vaccine, and information on getting an appointment. Please download and share with families who could use this information!

[Download Flyer in English](#)

[Download Flyer in Spanish](#)

Immigrants and the COVID Vaccines:

What Do I Need to Know?

The COVID vaccines are safe and effective.
Medical experts have tested and approved them.
For more information: <https://www.cdph.ca.gov/vaccines/COVID-19/index.html>

The vaccination is free.
Includes people without health insurance.
People with insurance should provide that information.

Immigrants can get the vaccine.
No immigration status or social security number is needed.
ICE will not be at the vaccination sites.
Getting the vaccine does **not** negatively affect immigration options.
Vaccines are **not** considered as a public charge test.

Your information is kept confidential.
Vaccine providers may **not** share any personal information with Immigration.
There are no tracking devices in the vaccines.

To Get an Appointment:	What to Bring:	Need Transportation?
<ul style="list-style-type: none"> • Go to MyImm.gov to find out when it's your turn. • Or call the California state hotline at 855-622-6275. 	<ul style="list-style-type: none"> • Photo ID with birth date (from any country). • No ID! Bring a document that proves who you are (e.g., a bill or lease agreement). • If you have them: <ul style="list-style-type: none"> ◦ Proof of insurance (not required). ◦ Vaccine appointment confirmation notice. 	<ul style="list-style-type: none"> • San Mateo provides free taxi cabs on existing service to COVID-19 vaccination sites for people who live or work in San Mateo County. Show the driver your vaccination appointment card to ride. • South of Redwood & Redwood will provide rides to vaccine appointments. • Health Plan of San Mateo members can arrange taxi vouchers.

LEGAL AID SOCIETY OF SAN MATEO COUNTY
 If someone asks you to pay for the vaccine, call Legal Aid at (650) 517-8907. If you have questions about immigration and the vaccine, please call (650) 517-8906. (5/19/2020)

To Reduce Child Poverty, Increase Family Incomes

Children are more likely to live in poverty than any other age group in the United States, and the COVID recession has increased the number of children who do. Poverty undermines children's development and threatens their long-term prospects. But there is a proven way to significantly reduce the percentage of children in poverty and provide a buffer for families at risk of becoming poor: Increase the income of families raising children.

[Read this policy brief from Child Trends](#) that explains the many ways that increasing families' incomes provides lasting benefits for children.

Updated Logo for Partners' Use

As part of our new website launch, we've refreshed our look! If you use our logo on your website or any materials, please download a new logo file and update it. Thank you!



Download New Logo

Partner Spotlight

The **Mission Asset Fund** is providing financial support to San Mateo County's immigrant families through its San Mateo County Immigrant Relief Fund. MAF established this fund to offer \$1,000 grants to immigrant families who have been left out of the federal government's coronavirus (COVID-19) relief efforts. First 5 would like your help to reach families with children 0-5 who could benefit from this support.



To be eligible, families must meet the following requirements:

- Live in San Mateo County.
- Not be eligible to receive a second-round stimulus check (Economic Impact Payment) from the Federal government.
- Household income less than 80% area median income (\$97,440 for an individual).
- Lost income due to the coronavirus (COVID-19) pandemic.
- Have not yet received a grant from MAF through the CA College Student Support Fund, LA Young Creatives Fund, or Immigrant Families Fund.

[Learn more and find information on applying here.](#)

First 5 San Mateo County | 1700 S. El Camino Real, Suite 405, San Mateo, CA 94402



1700 South El Camino Real, Suite 405
San Mateo, CA 94402 United States

(650) 372-9500



For Immediate Release- Updated
March 3, 2021

Vaccines Distributed to Early Childhood Educators

Hundreds of early childhood educators were vaccinated against COVID-19 during the first week of eligibility

SAN MATEO COUNTY - On February 22, 2021, San Mateo County Health announced the expansion of COVID-19 vaccine eligibility to child care providers, along with teachers, first responders, and food and agricultural workers. With this announcement, these essential workers are eligible for the protection they need to stay safe during the COVID-19 pandemic.

Child care providers are a critical piece of our community's infrastructure. "Early childhood educators have been on the front lines caring for children ages 0-14 throughout the pandemic," shares Angel Barrios, executive director of the Institute for Human and Social Development. "We are essential to our families and the community."

In response to the shortage of adequate vaccine supply, the San Mateo County COVID-19 Child Care Response Team advocated for the prioritization of early childhood educators during Phase 1B and made recommendations to San Mateo County Health to support equitable distribution. As of this release, hundreds of early education professionals have been vaccinated in San Mateo County, including at three child care-eligible vaccination clinics hosted by San Mateo County Health last week. These efforts prioritized those who have remained open during the pandemic and who serve the highest-risk families and communities, including East Palo Alto, North Fair Oaks, Redwood City, Belle Haven and Daly City.

Child care professionals and early educators can receive vaccines from their primary health providers, federally operated FEMA clinics, and vaccination clinics through San Mateo County Health. Find more information here: www.smchealth.org/covidvaccine. Information on available vaccine appointments can also be found at myturn.ca.gov. Child care vaccination updates are available through 4Cs of San Mateo County at sanmateo4cs.org. Residents should sign up for both the [County's notification tool](#) (<https://bit.ly/2MOO6eY>) and the State's [MyTurn tool](#) (myturn.ca.gov). It is expected that MyTurn will offer vaccine appointment scheduling in San Mateo County starting on March 15.

The Response Team is continuing to work to maximize vaccine access for this essential workforce. This includes partnering with the San Mateo County Department of Health to organize additional vaccination events and collaborating with community partners to minimize barriers to getting vaccines. Many in the child care workforce not only serve vulnerable communities, but are themselves under-resourced women and women of color. Heather Cleary, chief executive officer of Peninsula Family Service says, “We are working to address access barriers, such as lack of transportation, so that early educators who have been on the front lines of this pandemic do not miss the opportunity to receive this life-saving vaccine simply because they cannot get there.”

The San Mateo County COVID-19 Child Care Response Team thanks early childhood educators and recognizes the vital role they play for young children and families—work that in turn builds strong economies, interrupts intergenerational cycles of poverty, empowers women and working families, and improves academic and health outcomes.

“In child care programs across the county, early childhood educators have cared for our county’s most vulnerable children amidst unprecedented challenges,” says First 5 San Mateo County executive director, Kitty Lopez. “We hope that these current events will reinforce the resolve of leaders, as well as our community at large, to not only prioritize early educators during COVID-19, but to also commit to the long-term work of addressing systemic inequities and investing in this essential workforce.”

###

PRESS CONTACT:

Michelle Blakely, Deputy Director
First 5 San Mateo County
mblakely@smcgov.org

First 5 San Mateo County works on behalf of children ages 0-5 in San Mateo County - to ensure their every need is met, their families are supported, and their future is a priority. We partner with our community and make investments to create the conditions that will allow all young children to prosper socially, emotionally, and economically. First 5 San Mateo County was created in 1998 when California voters passed Proposition 10.

In March 2020, early care and education leaders in San Mateo County came together to form the San Mateo County COVID-19 Child Care Response Team (“Response Team”) to ensure a coordinated child care relief and recovery effort during the COVID-19 pandemic.

SHARE:



[Join Our Email List](#)



Dear Early Educator,

As we reach the one-year anniversary of the COVID-19 pandemic, I am struck by the resiliency of San Mateo County. In particular, I am humbled by you, the early childhood educators who are providing high quality care for young children while navigating new safety measures to keep everyone in your programs healthy.

As of last week, early education and child care professionals in San Mateo County are eligible for COVID-19 vaccines. You play a vital role for children and families, and we hope that the vaccine will bring you greater security and reassurance.

As part of the San Mateo County COVID-19 Child Care Response Team, First 5 San Mateo County has made vaccine access for early childhood educators a priority. In response to the vaccine shortage, we worked closely with our partners at San Mateo County Health to prioritize early educators. This includes supporting equitable vaccine distribution that prioritizes those who have been open during the pandemic and who serve the highest-risk families and communities.

The first week of vaccine distribution has been inspiring. Hundreds of you have already received your first vaccine. But it was also filled with challenges. First 5 and the Response Team are learning from these challenges, and we are working with San Mateo County Health to improve access to the vaccine for early educators.

This week, we shared information on what we've learned so far with local elected officials, and we want to share this same information with you.

Click here for a [presentation on the ECE COVID-19 vaccine roll-out](#).

We expect that there will continue to be some challenges until San Mateo County receives more vaccine supply. In the meantime, we appreciate your patience and your persistence in getting vaccinated.

Child care professionals and early educators can receive vaccines from their primary health providers, federally operated FEMA clinics, and vaccination clinics through San Mateo County Health. Find more information here: www.smchealth.org/covidvaccine. Information on available vaccine appointments can also be found at myturn.ca.gov. Child care vaccination updates are available through 4Cs of San Mateo County at sanmateo4cs.org. Residents should sign up for both the [County's notification tool](#) and the State's [MyTurn](#) tool. It is expected that MyTurn will offer vaccine appointment scheduling in San Mateo County starting on March 15.

More than anything, thank you for the work you're doing for our community.

Sincerely,

Kitty Lopez
Executive Director

First 5 San Mateo County
first5sanmateo.org



REPORT FOR MAR 1, 2021 - MAR 31, 2021
FIRST 5 SAN MATEO ANALYTICS

OVERVIEW

OVERVIEW - MARCH

In March, communications across F5SMC platforms focused on sharing the new website, COVID-19 vaccine information, promoting family resiliency, and disseminating priority information from the county and local partners.

Website

First 5 San Mateo's new website was completed and published the last week of February. In March, website analytics indicated a positive response with an increase of total sessions at 1,369 - double from the previous month (698 sessions). Visitors stayed to explore multiple pages on the website. The bounce rate decreased from 67% to 48%.

Social Media

- Instagram followers increased from 1135 to 1152 in March. Compared to the previous month, both followers and engagement continued to increase. The top post by impressions and engagement this month was a statement against racism by Executive Director, Kitty Lopez.
- LinkedIn has 88 followers and the increase of impressions and engagement continued this month.
- Twitter followers increased from 623 to 633 with 3.6K impressions. Follower engagement and retweets both increased in March.
- Facebook followers are at 1541, adding 14 new fans in March. Page engagement continued to increase. Top posts by engagement are those focused on promoting the new website and the work of community partners.

Email Marketing

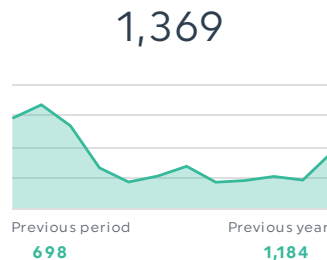
- In March, the newsletter was distributed to 363 recipients, 118 of them opened it (35% open rate).
- Four other email campaigns were sent out by F5SMC. Of those four, the Trauma-Informed Org Assessment had the highest open rates.

WEBSITE ANALYTICS

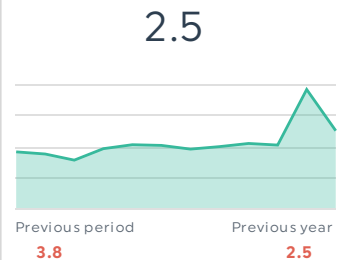
TOP PAGES BY PAGEVIEWS

Page Path	Pageviews
/	1,255
/about/	101
/trauma-and-resiliency/	96
/funding-opportunities/	88
/covid-19-information-resources/	87
/commission/	70
/our-work/	69
/partners/funding_opportunities/	64
/staff/	58
/resources/	55

TOTAL SESSIONS



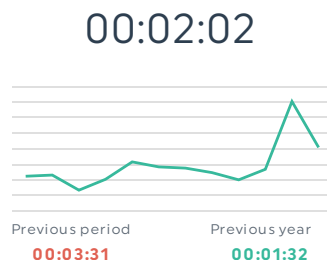
PAGES PER SESSION



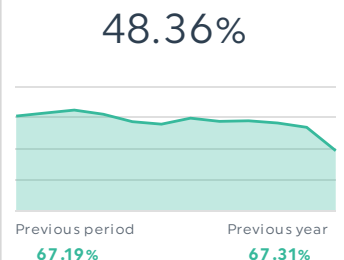
TOP REFERRERS BY SESSIONS

Source	Sessions
m.facebook.com	51
l.facebook.com	16
joyous-oil.flywheelsites.com	14
em-ui.constantcontact.com	11
facebook.com	10
helpmegrowsmc.org	9
smcgov.org	7
t.co	6
linkedin.com	5
lp.constantcontactpages.com	5

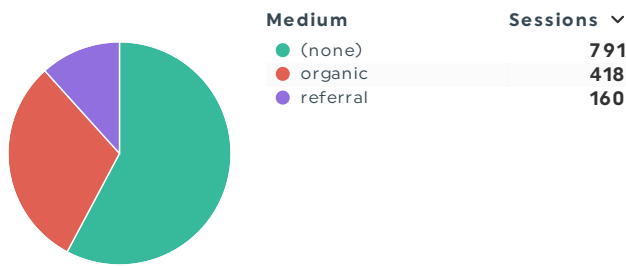
AVERAGE SESSION DURATION



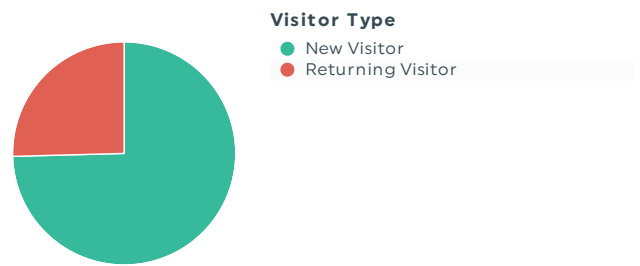
BOUNCE RATE



TOP SOURCES BY SESSIONS



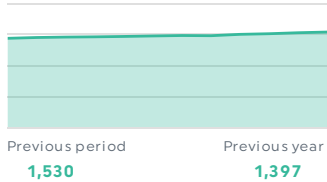
NEW VS RETURNING



FACEBOOK INSIGHTS

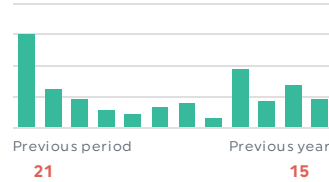
FANS COUNT

1,541



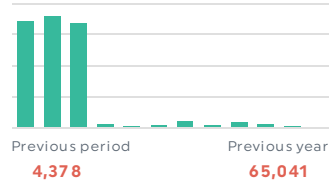
FAN ADDS

14



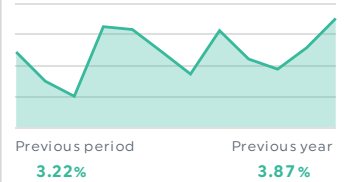
PAGE IMPRESSIONS

2,838



PAGE ENGAGEMENT RATE

4.40%








TOP POSTS BY ENGAGEMENT RATE

Post With Image	Engagement Rate	Total Reactions	Post Comments	Post Shares
At First 5, we invest, engage, and lead so that all young children can prosper socially, emotionally, and economically. Learn more about our work on www.first5sm.org	11.29%	3	0	0
We are so proud of the work you do StarVista and grateful for our partnership to support young children and their families. Thank you fo your www.starvista.org	9.59%	6	0	0
Potter the Otter knows following these steps can keep us healthy. Avoid touching your face and wash your hands often to Slow the Spread of COVID-19. www.first5sm.org	9.21%	4	1	0
A child's brain develops faster in the first five years than at any other time in their life. Learn about community resources and tools to understand www.first5sm.org	7.55%	4	0	0
It's almost one year since the shelter-in-place order was implemented. San Mateo County History Museum is collecting stories from San Mateo www.sanmateohistory.org	7.35%	5	1	0
San Mateo County thrives when community-wide partnerships and investments focus on young children. Together we can make positive changes www.first5sm.org	7.02%	4	0	1

TOP POSTS BY IMPRESSIONS

Post With Image

Post Impressions ▾ Post Reach

	<p>Child care educators are a critical piece of our community's infrastructure. We are thankful for all they do to support young children in San Mateo County. Hundreds of early educators were vaccinated against COVID-19 during the fi ... (id: 618117351594890_5112064362200144)</p>	<p>291</p>	<p>273</p>
	<p>Don't forget to register for the 2nd annual COVID-19 Black Regional Town Hall this Thursday, March 25. Hear from CA Surgeon General Dr. Burke Harris and San Mateo County leaders to learn the facts about the vaccine, distribution p ... (id: 618117351594890_5193136394092940)</p>	<p>131</p>	<p>129</p>
	<p>Photos from ZERO TO THREE's post (id: 618117351594890_5200822703324309)</p>	<p>94</p>	<p>92</p>
	<p>We are so proud of the work you do StarVista and grateful for our partnership to support young children and their families. Thank you fo your work! (id: 618117351594890_5145284525544794)</p>	<p>81</p>	<p>73</p>
	<p>Potter the Otter knows following these steps can keep us healthy. Avoid touching your face and wash your hands often to Slow the Spread of COVID-19. https://youtu.be/rFd1ZQMjGRs (id: 618117351594890_5128676427205604)</p>	<p>78</p>	<p>76</p>
	<p>It's almost one year since the shelter-in-place order was implemented. San Mateo County History Museum is collecting stories from San Mateo County residents about this experience. Let's get the voices of children in this effort! (id: 618117351594890_5157508427655737)</p>	<p>74</p>	<p>68</p>

INSTAGRAM INSIGHTS

FOLLOWERS

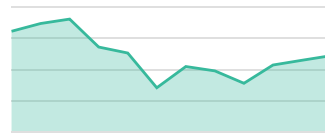
1,152



Previous period: 1,135 | Previous year: N/A

ENGAGEMENT RATE

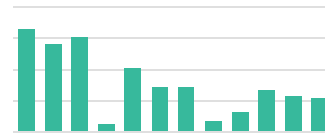
4.89%



Previous period: 4.59% | Previous year: 4.12%

LIKES ON POSTS

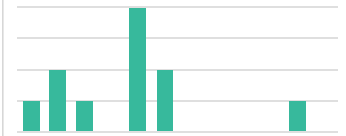
80



Previous period: 88 | Previous year: 157

COMMENTS ON POSTS

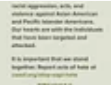





0



Previous period: 1 | Previous year: 3


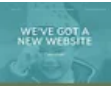




TOP POSTS BY ENGAGEMENT RATE

Post With Image

	Experiences of bias, social, and systemic racism are harmful to children and steal away their opportunity to thrive. Our work on behalf of children and families is more important than ever. Read a statement from our Executive Director, Kitty Lopez: https://bit.ly/3f67qji	13.02%	25	0
	San Mateo County thrives when community-wide partnerships and investments focus on young children. Together we can make positive changes for kids. Visit our new website and join our efforts! first5sanmateo.org	9.46%	7	0
	#KidsAreEssential in and out of crisis. Our society needs to invest in kids and their families as early as possible. It's time to address the economic, racial, and health disparities that were made worse by the pandemic. Take action—today. Join us: kidsareessential.org	7.25%	5	0
	A child's brain develops faster in the first five years than at any other time in their life. Learn about community resources and tools to understand your child's development. visit https://bit.ly/34ycd7e	6.52%	6	0
	COVID-19 Prepare, Prevent, Protect: a visual reminder for to wear masks, ensure ventilation, wash hands and practice physical distancing. Download and share it with friends and family! https://bit.ly/38ougOZ	5.56%	5	0
	We are proud to be the recipients of an ACEs Aware grant to promote ACEs screening in San Mateo County! ACEsAware is doing critical work to expand awareness of Adverse Childhood Experiences (ACEs) and #toxicstress in California. Learn more about ACEs Aware at www.acesaware.org #ACEsAware	5.41%	4	0

TOP POSTS BY IMPRESSIONS

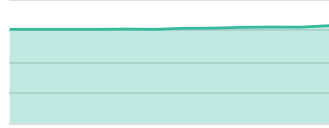
Post With Image

		Impressions	Reach
	Experiences of bias, social, and systemic racism are harmful to children and steal away their opportunity to thrive. Our work on behalf of children and families is more important than ever. Read a statement from our Executive Director, Kitty Lopez: https://bit.ly/3f67qji	192	185
	We have a new look and we are excited to announce that our website is live! Visit and explore it at first5sanmateo.org .	100	96
	ITINs can now be used by CA Taxpayers earning less than \$30,000 to claim cash-back tax credits, #CalEITC and #YCTC for parents with children under 6. You earned it, now claim it! Get started at myfreetaxes.org .	100	97
	A child's brain develops faster in the first five years than at any other time in their life. Learn about community resources and tools to understand your child's development. visit https://bit.ly/34ycd7e	92	88
	COVID-19 Prepare, Prevent, Protect: a visual reminder for to wear masks, ensure ventilation, wash hands and practice physical distancing. Download and share it with friends and family! https://bit.ly/38ougOZ	90	87
	¿Cambió su situación laboral en 2020? Es posible que aún sea elegible para créditos fiscales con devolución de efectivo como #CalEITC y el Crédito Fiscal por Niños Pequeños. ¡Se lo ha ganado, ahora reclámelo! Visite myfreetaxes.org para comenzar y obtenga más información sobre la asistencia virtual gratuita para la	85	80

TWITTER INSIGHTS

FOLLOWERS

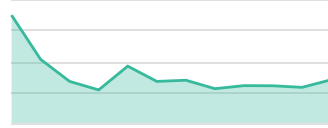
633



Previous period: 623 | Previous year: 609

FOLLOWER ENGAGEMENT RATE

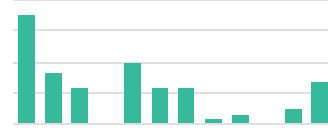
4.27%



Previous period: 3.53% | Previous year: 7.55%

RETWEETS OF ORIGINAL POSTS

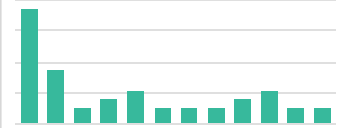
8



Previous period: 3 | Previous year: 15

MENTIONS

4



Previous period: 4 | Previous year: 17

IMPRESSIONS

3.6K

TOP RETWEETED POSTS

Post

- #KidsAreEssential in and out of crisis. Our society needs to invest in kids and their families as early... 1
- We have a new website! Take a tour and learn about our work to support children and families in ... 1
- RT @ZEROTOTHREE: The Biden Administration's action to end the #PublicCharge policy will ensu... 2
- Experiences of bias, social, and systemic racism are harmful to children and steal away their oppo... 3
- We are proud to be the recipients of an ACEs Aware grant to promote ACEs screening in San Mat... 3

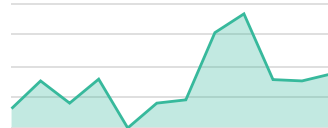
LINKEDIN INSIGHTS

FOLLOWERS

88

ENGAGEMENT RATE

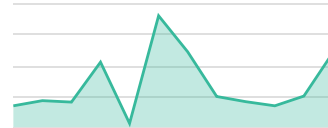
5.2%



Previous period: 4.5% | Previous year: 3.5%

IMPRESSIONS

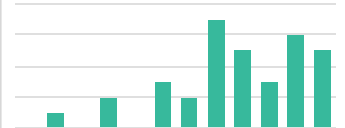
364



Previous period: 154 | Previous year: 141







LIKES

5



Previous period: 6 | Previous year: 2

TOP POSTS BY ENGAGEMENT RATE (WITH IMAGE)

Post with image	Engagement Rate ▾	Likes	Clicks
 Child care educators are a critical piece of our community's infrastructure. We are thankful for all they do to support young children in San Mateo County. Hundreds of early educators were vaccinated against COVID-19 during the first week of eligibility. Read more! https://bit.ly/2O1DQ3v	15.0%	1	1
 We are proud to be the recipients of an ACEs Aware grant to promote ACEs screening in San Mateo County! ACEs Aware is doing critical work to expand awareness of Adverse Childhood Experiences (ACEs) and #toxicstress in California. Learn more about ACEs Aware at https://bit.ly/2O1DQ3v	12.5%	1	1
 WE'VE GOT A NEW WEBSITE At First 5, we invest, engage, and lead so that all young children can prosper socially, emotionally, and economically. Learn more about our work on our new website! https://bit.ly/2O1DQ3v	7.3%	4	10
 THE 10 THINGS YOU SHOULD KNOW ABOUT CALIFORNIA'S NEW TAX BENEFIT Puede recuperar cientos, o incluso miles, cuando presente sus impuestos de 2020, gracias a #CalEITC y al Crédito Fiscal por Niños Pequeños. Eso es \$\$ de regreso en las manos de californianos trabajadores para necesidades como pañales y comestibles. ¡Se lo ha ganado! https://bit.ly/2O1DQ3v	0.0%	0	0
 COVID-19 BLACK REGIONAL TOWN HALL Don't forget to register for the 2nd annual COVID-19 Black Regional Town Hall this Thursday, March 25. Hear from CA Surgeon General Dr. Burke Harris and San Mateo County leaders to learn the facts about the vaccine, distribution plans, and more. Register in advance at https://bit.ly/2O1DQ3v	0.0%	0	0
 Help Me Grow provides access to screening tools, referral recommendations and care coordination assistance. Visit the provider's webpage! https://bit.ly/35wXdXT	0.0%	0	0

EMAIL CAMPAIGNS

EMAIL CAMPAIGNS

Campaign Name	Open Rate ▾	Opens	Sends	Clicks	Click Rate
February/March Newsletter 2021/02/23	35%	118	363	22	19%
Trauma Informed Org Assessment	34%	115	365	14	12%
Don't Miss It! Trauma Informed Org Assessment	29%	100	367	9	9%
Early Educator Vaccine Update	26%	84	356	15	19%
RFP Oral Health Email - Master List Created 2021/03/01, 12:20:25 PM	25%	84	357	13	16%

NOTES

1. Impressions are the number of times your content is displayed. Reach is the total number of people who see your content.



DATE: April 26, 2021
TO: First 5 San Mateo County (F5SMC) Commission
FROM: Kitty Lopez, Executive Director
RE: Committee Updates

Program, Operations and Planning (POP) Committee Meeting – April 5, 2021

Commission Members: Ken Cole, Nancy Magee, Harvey Kaplan (Public Member)

Commission Absent: Sandra Phillips-Sved

Staff: Kitty Lopez, Michelle Blakely, Emily Roberts, Myra Cruz

1. Early Identification and Intervention Environmental Scan in San Mateo County

Emily Roberts, F5SMC's Health & Development Specialist, presented the Early Identification and Intervention Environmental (EIIE) Scan in San Mateo County and highlighted the following:

- The EIIE is authored by Cheryl Oku Consulting with the support of F5SMC, community partners, and San Mateo County pediatricians.
- Rationale and context of the scan are based on F5SMC Strategic Plan, stakeholders' feedback, is equity driven, and provides a basis for a collective action to address barriers.
- Primary barriers such as children not being identified early, access based on IDEA-mandated services, and lack of transparent metrics and data sharing across agencies.
- Opportunities such as expanded early ID through increased access to developmental screening, focus on providing a continuum of services for children at-risk, and making high-quality care coordination available to all children with special needs.

Roberts asked the Committee for feedback on the key issue – the balance is bringing attention to persistent issues and barriers, sometimes in ways that might highlight agency/system challenges, and keeping all parties engaged in the spirit of continuous quality improvement. The Committee provided comments and feedback.

Roberts added that EIIE will be presented at the System Change Group.

The EIIE Scan and PowerPoint Presentation can be found on the F5SMC website, [April 5, 2021 POP Meeting Packet and Presentation](#).

2. Oral Health Initiative RFP Process Update

Emily Roberts provided an update on the Oral Health Initiative RFP process. Roberts shared that the RFP was released on March 1, 2021. F5SMC received five Letters of Interest (LOIs). LOI is mandatory but not binding. Full proposals are due on April 13th and recommendation will be presented at the April 26th Commission Meeting. F5SMC allocated up to \$250,000 for this initiative with the goals to improve young children's utilization of preventive oral health care and to advocate for policies and practices that increases dental

utilization for children on Medi-Cal with a focus on short-term strategies that can be implemented during the pandemic.

3. Child Care Response Team Update

Michelle Blakely, F5SMC's Deputy Director, provided an update on the SMC Child Care Response Team (CCRT). It has been over a year since the COVID-19 pandemic began, and the CCRT is vigorously discussing many variables such as strategies for childcare funding & sustainability, vaccination messaging, and CA State and Federal funding to address short and long-term issues. Blakely will provide an update on F5SMC's May or June Commission Meeting.

The meeting adjourned at 4:58 PM. The next meeting is scheduled on June 7, 2021.