

## 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
- 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](mailto: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**

On September 16, 2021, the Governor signed AB 361, which amended certain provisions of the Ralph M. Brown Act (Government Code section 54950, *et seq.*) to allow for local agency legislative bodies to conduct their meetings remotely either telephonically or by other electronic means under specified circumstances. Thus, pursuant to Government Code section 54953(e), the First 5 San Mateo County Commission meeting will be conducted via remote conferencing.

**DATE: Monday, June 27, 2022**

**TIME: 4:00 PM – 6:00 PM**

**Join Zoom Meeting**

**Online: <https://smcgov.zoom.us/j/97618515225>**

**Phone: US: +1 669 900 6833**

**Webinar ID: 976 1851 5225**

<b>AGENDA</b>		
<b>Call to Order and Preliminary Business</b>		
<b>1</b>	<b>Roll Call</b>	<b>4:00 PM</b>
<b>2</b>	<b>Adopt a resolution finding that, as a result of continuing COVID-19 pandemic state of emergency, meeting in person for the First 5 San Mateo County Commission would present imminent risks to the health or safety of attendees</b> <i>(See Attachment 2A. and Attachment 2B.)</i>	
<b>3</b>	<b>Public Comment</b>	
<b>4</b>	<b>Action to set Agenda for June 27, 2022 meeting and approve Consent Agenda items</b> <i>(This item is to set the final consent and regular agenda, and for the approval of the items listed on the consent agenda. All items on the consent agenda are approved by one action.)</i>	
<b>5</b>	<b>Commission Announcements</b>	
<b>6</b>	<b>Storytelling: First 5 Work/Impact:</b> Award Presentation on behalf of American Academy of Pediatrics by Dr. Neel Patel	<b>4:05 PM</b>
<b>Action Items</b>		
<b>7</b>	<b>Annual Review of First 5 San Mateo County’s 2020-2025 Strategic Plan for FY2022 - 2023 in accordance to Proposition 10 Statutes, California Health and Safety Code 130140(a) (1) (C) (iii), 130140(a) (1) (E), and 130140(a) (1) (F) and San Mateo County First 5 Commission Ordinance 2.24.060</b> <i>(See Attachment 7)</i>	<b>4:10 PM</b>
<b>8</b>	<b>Approval of Strategic Plan Implementation Plan (SPIP) FY2018-20 Funding Reallocation of \$190,000 from Evaluation Services to Emerging Strategies</b> <i>(See Attachment 8)</i>	<b>4:15 PM</b>

<b>9</b>	<b>Approval of F5SMC’s Long Term Financial Plan (LTFP) from 2020 – 21 through FY 2024 – 25 (FY 21/22 Update)</b> <i>(See Attachment 9)</i>	4:20 PM
<b>Discussion Items</b>		
<b>10</b>	<b>Presentation: Review of First 5 California Annual Report 2021 – 2022</b> by Jenifer Clark, Research and Evaluation Specialist, First 5 San Mateo County	4:35 PM
<b>11</b>	<b>Presentation: Family Connections</b> by Eric Valladares, Executive Director, and Carolina Balladares, Director of Programs, Family Connections	4:50 PM
<b>12</b>	<b>Report of the Executive Director</b> <i>(See Attachment 12)</i>	5:10 PM
<b>13</b>	<b>Committee Updates</b> <i>(See Attachment 13)</i>	5:20 PM
<b>14</b>	<b>Adjournment</b>	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](http://www.first5.smcgov.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, June 24, 2022 at 650.372.9500 x232 and/or [ecruz@smcgov.org](mailto: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.

**Date:** June 27, 2022  
**To:** First 5 San Mateo County Commission  
**From:** Kitty Lopez, Executive Director  
**Subject:** **Resolution to make findings allowing continued remote meetings under Brown Act**

**RECOMMENDATION:**

Adopt a resolution finding that, as a result of the continuing COVID-19 pandemic state of emergency declared by Governor Newsom, meeting in person for the First 5 San Mateo County Commission would present imminent risks to the health or safety of attendees.

**BACKGROUND:**

On June 11, 2021, Governor Newsom issued Executive Order N-08-21, which rescinded his prior Executive Order N-29-20 and set a date of October 1, 2021 for public agencies to transition back to public meetings held in full compliance with the Brown Act. The original Executive Order provided that all provisions of the Brown Act that required the physical presence of members or other personnel as a condition of participation or as a quorum for a public meeting were waived for public health reasons. If these waivers had fully sunset on October 1, 2021, legislative bodies subject to the Brown Act would have to had contend with a sudden return to full compliance with in-person meeting requirements as they existed prior to March 2020, including the requirement for full physical public access to all teleconference locations from which board members were participating.

On September 16, 2021, the Governor signed AB 361, a bill that formalizes and modifies the teleconference procedures implemented by California public agencies in response to the Governor's Executive Orders addressing Brown Act compliance during shelter-in-place periods. AB 361 allows a local agency legislative body to continue to use teleconferencing under the same basic rules as provided in the Executive Orders when certain circumstances occur or when certain findings have been made and adopted by the legislative body. Since September 28, 2021, the First 5 San Mateo County Commission has renewed this finding for the following Commission Meetings: October 25, 2021, December 13, 2021, January 24, 2022, February 28, 2022, March 28, 2022, and May 23, 2022, accordingly.

AB 361 provides that Brown Act legislative bodies must return to in-person meetings on October 1, 2021, unless they choose to continue with fully teleconferenced meetings because a specific declaration of a state or local health emergency is appropriately

made. AB 361 allows legislative bodies to continue to conduct virtual meetings as long as there is a gubernatorially-proclaimed public emergency in combination with (1) local health official recommendations for social distancing or (2) adopted findings that meeting in person would present an imminent risk to health or safety of attendees. AB 361 became effective on October 1, 2021 and will sunset on January 1, 2024.

AB 361 also requires that, if the state of emergency remains active for more than 30 days, the legislative body must make findings by majority vote every 30 days to continue using the bill's exemption to the Brown Act teleconferencing rules. The findings demonstrate the need for teleconferencing persists due to the nature of the ongoing public health emergency. Effectively, this means that legislative bodies must either agendaize a Brown Act meeting once every thirty days to make these findings, or, if a legislative body has not made such findings within the prior 30 days, the legislative body must re-adopt the initial findings if it wishes to conduct a remote meeting.

The County Board of Supervisors has adopted a resolution finding that, as a result of the continuing COVID-19 pandemic state of emergency, meeting in person "would present imminent risks to the health or safety of attendees."

The County's resolution states, among other things, that: "The Board of Supervisors strongly encourages all legislative bodies of the County of San Mateo that are subject to the Brown Act, including but not limited to, the Planning Commission, the Assessment Appeals Board, the Civil Service Commission, and all other oversight and advisory boards, committees and commissions established by the Board of Supervisors and subject to the Brown Act, to make a similar finding and avail themselves of teleconferencing until the risk of community transmission has further declined, and directs the County Manager to provide necessary support for these legislative bodies to continue teleconferencing procedures when they have adopted such findings."

**DISCUSSION:**

For these reasons, we recommend that the First 5 San Mateo County Commission avail itself of the provisions of AB 361 allowing continuation of online meetings by adopting findings to the effect that conducting in-person meetings would present an imminent risk to the health and safety of attendees. A resolution to that effect and directing staff to take such other necessary or appropriate actions to implement the intent and purposes of the resolution, is attached hereto.

**FISCAL IMPACT:**

None

**RESOLUTION NO.**

**RESOLUTION FINDING THAT, AS A RESULT OF THE CONTINUING COVID-19 PANDEMIC STATE OF EMERGENCY DECLARED BY GOVERNOR NEWSOM, MEETING IN PERSON FOR THE FIRST 5 SAN MATEO COUNTY COMMISSION WOULD PRESENT IMMINENT RISKS TO THE HEALTH OR SAFETY OF ATTENDEES**

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**WHEREAS**, on March 4, 2020, pursuant to Government Code section 8550, *et seq.*, Governor Newsom proclaimed a state of emergency related to the COVID-19 novel coronavirus, and subsequently, the San Mateo County Board of Supervisors (“Board”) declared a local emergency related to COVID-19, and the proclamation by the Governor and declaration by the Board remain in effect; and

**WHEREAS**, on March 17, 2020, Governor Newsom issued Executive Order N-29-20, which suspended certain provisions in the California Open Meeting law, Government Code section 54950, *et seq.* (the “Brown Act”), related to teleconferencing by local agency legislative bodies, provided certain requirements were met and followed; and

**WHEREAS**, on June 11, 2021, the Governor issued Executive Order N-08-21, which extended provisions of Executive Order N-29-20 that waive otherwise-applicable Brown Act requirements related to remote/teleconference meetings by local agency legislative bodies through September 30, 2021; and

**WHEREAS**, on September 16, 2021, Governor Newsom signed AB 361 into law, and AB 361 provides that a local agency legislative body subject to the Brown Act may continue to meet without complying with the otherwise-applicable requirements in the Brown Act related to remote/teleconference meetings by local agency legislative

bodies, provided that a state of emergency has been declared and the legislative body determines that meeting in person would present imminent risks to the health or safety of attendees, and provided that the legislative body makes such finding at least every thirty (30) days during the term of the declared state of emergency; and

**WHEREAS**, on September 28, 2021, in the interest of public health and safety, as affected by the state of emergency caused by the spread of COVID-19, the Board issued a finding that meeting in person would present imminent risks to the health or safety of attendees, and decided to invoke the provisions of AB 361 related to teleconferencing for meetings of the Board; and

**WHEREAS**, since September 28, 2021, the First 5 San Mateo County Commission has renewed this finding for the following Commission Meetings: October 25, 2021, December 13, 2021, January 24, 2022, February 28, 2022, March 28, 2022, and May 23, 2022, accordingly; and

**WHEREAS**, the Board also strongly encouraged other County legislative bodies to make a similar finding and continue meeting remotely through teleconferencing; and

**WHEREAS**, the First 5 San Mateo County Commission has an important governmental interest in protecting the health, safety and welfare of those who participate in its meetings; and

**WHEREAS**, in the interest of public health and safety, as affected by the emergency caused by the spread of COVID-19, the First 5 San Mateo County Commission finds that meeting in person would present imminent risks to the health or safety of attendees, and the First 5 San Mateo County Commission will therefore invoke

the provisions of AB 361 related to teleconferencing for meetings of the San Mateo County Commission.

**NOW, THEREFORE, IT IS HEREBY DETERMINED AND ORDERED** that

1. The recitals set forth above are true and correct.
2. The First 5 San Mateo County Commission finds that meeting in person would present imminent risks to the health or safety of attendees.
3. Staff is directed to take such other necessary or appropriate actions to implement the intent and purposes of this resolution.

\* \* \* \* \*



First 5 San Mateo County Commission Meeting

**CONSENT AGENDA**

June 27, 2022

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

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- 4.1 Approval of the May 23, 2022 Commission Meeting Minutes  
(See Attachment 4.1)

**First 5 San Mateo County (F5SMC)  
COMMISSION MEETING MINUTES  
May 23, 2022  
Via Zoom**

**Call to Order & Roll Call**

**1. Roll Call**

Commission Members: Alexis Becerra, Carole Groom, Sylvia Espinoza, Nancy Magee, Naveen Mahmood, Louise Rogers  
\*Valeria Chavez-Franco (Youth Commission)

Absent: Ken Cole, Rosanne Foust, Nkia Richardson

Staff: Kitty Lopez, Michelle Blakely, Emily Roberts, Jenifer Clark, Khanh Chau, Myra Cruz

County Counsel: Jennifer Stalzer

*\*Not present during roll call*

A quorum was present. Commissioner Becerra called the meeting to order at 4:00 PM; roll call was taken.

**2. Adopt a resolution finding that, as a result of continuing COVID-19 pandemic state of emergency, meeting in person for the First 5 San Mateo County Commission would present imminent risks to the health or safety of attendees**

Commissioner Becerra presented and requested to adopt the resolution referring to Attachment 2A & 2B.

MOTION: MAGEE / SECOND: GROOM  
AYES: BECERRA, GROOM, ESPINOZA, MAGEE, MAHMOOD, ROGERS  
NOES: NONE  
ABSTAIN: NONE  
Motion approved

Public Comments: None

**3. Public Comments: None**

**4. Action to Set Agenda for March 28, 2022 Meeting and Approve Consent Agenda Items**

MOTION: GROOM / SECOND: ESPINOZA  
AYES: BECERRA, GROOM, ESPINOZA, MAGEE, MAHMOOD, ROGERS  
NOES: NONE

ABSTAIN: NONE

Motion approved.

**5. Commission Announcements:**

Commissioner Becerra announced the following:

- Welcomed and introduced Jennifer Stalzer as the First 5 SMC new County Attorney.
- Almost made it through the end of academic year in spite of the challenges given by the pandemic.

**6. Storytelling: First 5 Work/Impact: CORA (Community Overcoming Relationship Abuse)**

Mari Barrera Pacheco, Registered Associate MFT, First 5 Coordinator of CORA shared a story of one of their clients, Jennifer, a 39-year-old mother of a 5-year-old boy and a 10-year-old boy who received services, treatment, and benefits from CORA. She received services and treatments such as ongoing safety planning and learning to manage triggers and stress, which significantly diminished her PTSD symptoms. Jennifer and her 5-year-old son also engage in First 5 Spanish Group dyadic group, where they strengthen their relationship and communication. She also attended a mental health support group and received case management support through the First 5 program. As a result, Jennifer is now in a healthy relationship and feels happiness, security, and safety for herself and her family.

Commission made comments and asked questions.

Public Comment: None

**7. Approval of First 5 San Mateo County's FY 2022-23 Draft Budget and the Use of Ending Fund Balance (Reserves\*) to Fund First 5 San Mateo County's FY 2022-23 Adopted Budget**

Kitty Lopez, F5SMC's Executive Director, shared that the Finance Committee met on May 16, 2022 to review the FY 22 – 23 Draft Budget. Lopez highlighted the following:

- FY 22 – 23 Draft Budget is created based on key assumptions and next year a Revised Budget will be presented.
- FY 22 – 23 Draft Budget Key Assumptions such as Annual Tobacco Tax Revenue Projections, additional funding sources, implementation of Strategic Plan Implementation Plan (SPIP) FY 20 – 23, and inclusion of 4% COLA and 6% Healthcare cost projection
- Budget Summary: Total Revenue of \$6.412 million, Total Appropriations of \$8.234 million, Ending Fund Balance of \$9.302 million, and a deficit of \$1.825 million.
- Other Grants received outside the tobacco revenue and interest revenue.
- Administrative Cost Rate is 10%
- Strategic Plan Implementation Plan (SPIP) FY 18-20 Funding Carry Over
- The Finance and Administration Committee is recommending the approval of F5SMC's FY 22-23 Draft Budget and the approval of the use of Ending Fund Balance of \$1.825 million to fund the F5SMC's FY 22-23 Adopted Budget.

MOTION: ROGERS / SECOND: MAGEE

AYES: BECERRA, GROOM, ESPINOZA, MAGEE, MAHMOOD, ROGERS  
CHAVEZ-FRANCO (YC)

NOES: NONE

ABSTAIN: NONE

Motion approved.

Commission made comments and asked questions.

Public comment: None

The Power Point Presentation can be found on the F5SMC’s website, [May 23, 2022 Commission Meeting Presentations](#).

8. **Approval of First 5 San Mateo County’s FY 2022 – 2023 Bylaws & Policies**

Kitty Lopez shared that every year the Commission reviews the F5SMC’s Bylaws and Policies. The Finance and Administration Committee reviewed all the policies and bylaws at its May 16, 2022 meeting, and there are no changes to the FY 2022 – 2023 Bylaws and Policies.

MOTION: MAGEE / SECOND: MAHMOOD

AYES: BECERRA, GROOM, ESPINOZA, MAGEE, MAHMOOD, ROGERS  
CHAVEZ-FRANCO (YC)

NOES: NONE

ABSTAIN: NONE

Motion approved.

Public comment: None

9. **Approval of Amendment to Agreement with VIVA Social Impact Partners Communications Consultation Services Agreement to increase the total amount by \$140,000 for a new total obligation not to exceed \$475,000, Contract Term July 1, 2020 through June 30, 2023**

Michelle Blakely, F5SMC’s Deputy Director, provided a brief background about F5SMC’s Communications Plan and introduced Laura Bowen, VIVA Social Impact Partners Communications Director. Bowen shared communications highlights for 2022 and focus for next year:

- F5SMC’s priorities and impact in five areas: importance of the first 5 years, economic prosperity and equity, family wellbeing, early learning and care, and community responsibility
- Current website page views and social media engagement reach figures.
- Family story campaign and ACEs Aware campaign.
- COVID-19 communications and Program communications support for Build Up and Help Me Grow San Mateo County
- Twenty blogs and five newsletters were developed in 2021 – 2022.
- 2020 -2023 Communications Plan Goals
- Recommended priorities for 2022 – 2023:
  - Continue to amplify priority areas and partners by telling the story of the work
  - Develop multimedia to promote it.
  - Publish across existing communications platforms to reach diverse audiences.
- Budget Allocation for 2022 - 2023

MOTION: MAGEE / SECOND: ROGERS

AYES: BECERRA, GROOM, ESPINOZA, MAGEE, MAHMOOD, ROGERS  
CHAVEZ-FRANCO (YC)

NOES: NONE

ABSTAIN: NONE

Motion approved.

Commission made comments and asked questions.

Public Comment: None

The Power Point Presentation can be found on the F5SMC's website, [May 23, 2022 Commission Meeting Presentations](#).

**10. Approval of Amendments to Agreements for Oral Health Access and Utilization to increase the total amounts for new total obligations and with extended terms:**

- A) Approval of Amendment to Agreement with Children Now in the Amount of \$37,825, Contract Term Effective May 10, 2021 through June 30, 2023**
- B) Approval of Amendment to Agreement with South County Community Health Center dba Ravenswood Family Health Network in the Amount of \$213,100, Contract Term Effective July 1, 2021 through June 30, 2023**
- C) Approval of Amendment to Agreement with Sonrisas Dental Health Inc. in the Amount of \$124,075, Contract Term Effective May 10, 2021 through June 30, 2023**

Emily Roberts, F5SMC's Strategic Initiatives Project Manager, shared a brief background and highlighted the following:

- F5SMC encouraged proposals for strategies that address priority issues, elevate family-centered partnerships to leverage impact, promote awareness and alignment and build toward sustainability.
- Total grant amount of up to \$250,000 for term May 2021 – June 30, 2022 was awarded to Children Now for \$20,000; Ravenswood Family Health Network for \$160,000; Sonrisas Dental for \$70,000
- These were funded for short-term because they were being implemented during pandemic and with the intention to revisit the strategies after a year.
- Amendment rationale: 2021 funded strategies shows no marked changes in landscape or needs; the remaining (unallocated) amount available to use during FY 22 – 23 is \$125,000; and strong performance of current grantees during this fluid and critical time.
- Amendment Amount for FY 22 - 23: Children Now additional \$17,825; Ravenswood Family Health Network additional \$53,100; Sonrisas Dental Health, Inc additional \$54,075

Commission made comments and asked questions.

Public Comment: None

- A) Approval of Amendment to Agreement with Children Now in the Amount of \$37,825, Contract Term Effective May 10, 2021 through June 30, 2023**

MOTION: GROOM / SECOND: ESPINOZA  
 AYES: BECERRA, GROOM, ESPINOZA, MAGEE, MAHMOOD, ROGERS  
 CHAVEZ-FRANCO (YC)  
 NOES: NONE  
 ABSTAIN: NONE  
 Motion approved.

**B) Approval of Amendment to Agreement with South County Community Health Center dba Ravenswood Family Health Network in the Amount of \$213,100, Contract Term Effective July 1, 2021 through June 30, 2023**

MOTION: GROOM / SECOND: MAHMOOD  
 AYES: BECERRA, GROOM, ESPINOZA, MAGEE, MAHMOOD, ROGERS  
 CHAVEZ-FRANCO (YC)  
 NOES: NONE  
 ABSTAIN: NONE  
 Motion approved.

**C) Approval of Amendment to Agreement with Sonrisas Dental Health Inc. in the Amount of \$124,075, Contract Term Effective May 10, 2021 through June 30, 2023**

MOTION: GROOM / SECOND: MAGEE  
 AYES: BECERRA, GROOM, ESPINOZA, MAGEE, MAHMOOD, ROGERS  
 CHAVEZ-FRANCO (YC)  
 NOES: NONE  
 ABSTAIN: NONE  
 Motion approved.

**11. Presentation: CORA (Community Overcoming Relationship Abuse)**

Karen Pisani, F5SMC's Family Support Program Specialist, provided a brief background and introduced the CORA presenters Mari Barrera Pacheco, Registered Associate MFT, First 5 Coordinator, and Joan Pezanoski, LMFT, Clinical Supervisor. F5SMC is funding CORA for \$850,000 for 3 years for the Family Resilience Project. Pacheco and Pezanoski highlighted the following:

- CORA services such as Crisis Hotline Team, emergency shelter and safe houses, community education, legal services and mental health program.
- First 5 services includes case management, child-parent psychotherapy, child-parent dyadic groups, family engagement events, and CCRT Meetings.
- Case Management includes providing trauma-informed support, successful navigation of complex systems, walking families through the systems and processes, and follow-up to ensure successful connection to services.
- Treatment goals and modalities for child-parent psychotherapy
- Child-Parent dyadic groups offered in Spanish and English. It is a 12 week dyadic groups for parents and their children (ages 0 – 5) are designed to address the specific needs of adult and child pairs that have been exposed to and affected by the traumas of intimate partner abuse and family violence.

- Family engagement events and activities such as holiday celebrations, crafting workshops, expressive art, family yoga.
- CCRT meetings such as quarterly community partnerships meetings and address barriers around service delivery.

Public Comment: None

The Power Point Presentation can be found on the F5SMC's website, [May 23, 2022 Commission Meeting Presentations](#).

## **12. Presentation: Review of First 5 California Annual Report 2021 – 2022**

Due to time constraints, this presentation is tabled for the June Commission meeting.

## **13. Report of Executive Director**

The Executive Director's written report was included in the [March 28, 2022 Commission Meeting Packet](#). Kitty Lopez, highlighted the following:

- Child care workforce survey is out. The SMC Child Care Partnership Council in partnership with Seed Collaborative and Brion Economics is conducting the online survey and encouraging anyone who works in the child care field in San Mateo County to complete the survey.
- Trauma– and Resiliency-Informed Systems Initiative (TRISI) Funding. The County Board of Supervisors approved an MOU between County Behavioral Health and Recovery Services and First 5 SMC for continued funding for the TRISI work for up to \$250,000 via Mental Health Services Act.
- Friday Café Evaluation
- Kitty Lopez and Michelle Blakely participated in Advocacy Day held in April. They met with six legislators via Zoom and asked for their support in all aspects of policy and state budget.
- Governor Newsom appointed Gianina Perez as the new chairperson of First 5 California.
- Kitty Lopez will be part of an Evening with Geoffrey Canada talk tomorrow night along with Ted Lempert, President of Children Now and Jelena Obradovic, Associate Professor of Stanford Graduate School of Education.
- Acknowledged First 5 Staff, Myra Cruz, for participating in Children's Day at San Bruno Park, and she educated children and families about the importance of first 5 years of children's life.

## **14. Committee Updates**

The Committee Updates written report was included in the [March 28, 2022 Commission Meeting Packet](#).

- Finance and Administration Committee: Commissioner Becerra reported that Committee met on May 16, 2022 and discussed Agenda Item #7 and Agenda Item #8 that were presented today.
- Early Childhood Evaluation Advisory Committee: Commissioner Rogers shared that the Committee met, and she highlighted the following:
  - Acknowledged Carol Elliott from AbilityPath and Heather Cleary from Peninsula Family Service Agency as consistent representatives of our grantees. They have direct experience to provide to the conversations in the Committee meeting.

- There will be a migration of data collection on how Persimmonny data systems collect outcome data, and there will be a change in how the grantees provide their information.
- First 5 Equity measures will be collected and monitored as part of a broader County initiative.
- Input of draft RFP related to Research and Evaluation support.

Commissioner Becerra adjourned the public meeting at 5:52 PM.



**DATE:** June 27, 2022

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

**FROM:** Kitty Lopez, Executive Director

**RE:** Annual Review of First 5 San Mateo County's 2020-2025 Strategic Plan for FY 2022-2023 in accordance with Proposition 10 Statutes, California Health and Safety Code 130140(a) (1) (C) (iii), 13140(a) (1) (E), and 130140(a) (1) (F) and San Mateo County First 5 Commission Ordinance 2.24.060

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### **ACTION REQUESTED**

Annual Review of First 5 San Mateo County's 2020-2025 Strategic Plan for FY 2022-2023 in accordance with Proposition 10 Statutes, California Health and Safety Code 130140(a) (1) (C) (iii), 13140(a) (1) (E), and 130140(a) (1) (F) and San Mateo County First 5 Commission Ordinance 2.24.060

### **BACKGROUND**

In accordance with the California Health and Safety Code and San Mateo County First 5 Commission Ordinance referenced above, the First 5 County Commission shall, on at least an annual basis, review its strategic plan and revise the plan if necessary and is appropriate. Additionally, County Commissions are required to conduct a public hearing on the review of the strategic plan before any revisions are adopted, and to submit its strategic plan and any revisions to First 5 California.

2020-2025 Revised Strategic Plan: After a comprehensive strategic planning process, the 2020-2025 Revised Strategic Plan was developed and adopted by the F5SMC Commission on October 22, 2018. The community was engaged throughout the process with the Commission during a significant portion of the Commission meetings through table top discussions and audience participation (**See Attachment 7A, 2020 – 2025 Strategic Plan**). The approved Strategic Plan's approach inspired by social determinants of health and Bronfenbrenner's ecological model is relevant today given the current events affecting the physical health, emotional health, economic vitality and equanimity with systems supporting young children and families.

Strategic Plan Implementation Plan (SPIP): On October 28, 2019, the Commission approved the SPIP, strategies and funding allocations, for FY2020 through FY2023, supporting the implementation of the 2020-2025 Strategic Plan. For the duration of the 2020-2025 Strategic Plan, F5SMC will focus on three primary community roles: Strategic Financial Investor, Community Partner in aligned efforts, and as a Community Leader to advocate for the prioritization of young children and their families in decision making processes.

The Commission also approved the Long-Term Financial Plan (LTFP) for FY2020-2025, allocating funding to the Strategic Plan's Focus Areas: Healthy Children; Quality Care and Education; Resilient Families; and Policy, Advocacy, Evaluation and Communication.

July of 2020 marked the beginning of the first phase of the 5-year plan; a 3-year funding cycle of community investments. New contracts came to the Commission April – June for final approvals. Updates on the Strategic Plan Implementation have been provided to the Program, Operations and Planning Committee (POP), to the full Commission and public since 2019; updates will be ongoing.

This agenda item satisfies the requirement of an Annual Review of First 5 San Mateo County's 2020-2025 Strategic Plan; no changes to the 2020-2025 Revised Strategic Plan are recommended at this time; SPIP implementation began July 1, 2020.

**RECOMMENDATION**

Annual Review of First 5 San Mateo County's 2020-2025 Strategic Plan for FY2021-2022 in accordance with Proposition 10 Statutes, California Health and Safety Code 130140(a) (1) (C) (iii), 13140(a) (1) (E), and 130140(a) (1) (F) and San Mateo County First 5 Commission Ordinance 2.24.060



# First 5 San Mateo County **Strategic Plan**

July 1, 2020 - June 30, 2025



## Vision

Success for every child.

## Mission

First 5 San Mateo County promotes positive outcomes for young children and their families through strategic investments, community leadership, and effective partnerships.

## Desired Outcomes

The First 5 San Mateo County Commission (F5SMC) adopted the following desired outcomes to guide its efforts during the 2020-2025 Strategic Plan:

**1 San Mateo County will give priority to young children and their families**

**2 Communities provide a safe and healthy environment for young children**

**3 Children have access to high-quality early care and education settings**

**4 Families feel connected to and supported by their community and able to nurture their children's health and development**

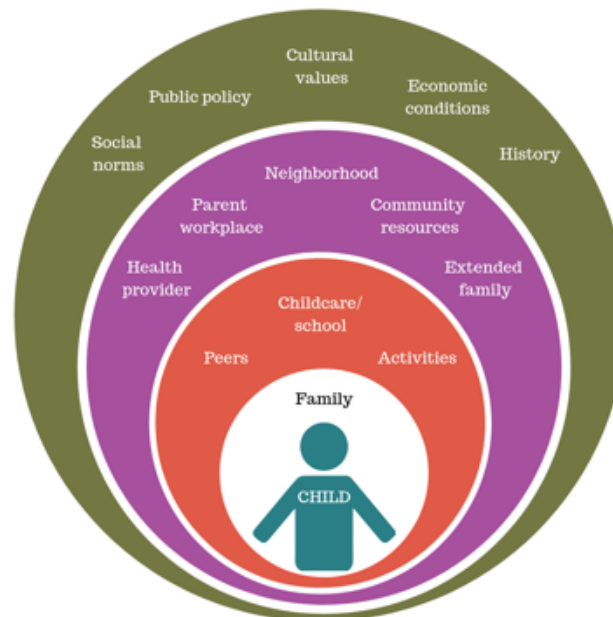
**5 Children have healthy attachments to their parents and caregivers**

**6 Children have access to and are utilizing appropriate health care services to meet their health and developmental needs**

## Preparing Children for Lifelong Success

By the time children reach their sixth birthday, they should be poised to achieve their potential in all areas. This is frequently labeled “school readiness” and measured using standardized tests; however, the work of the First 5 San Mateo County Commission goes far beyond success in school settings. F5SMC’s vision is for children to succeed in all aspects of their lives.

The foundations for physical, emotional, cognitive, and behavioral health are laid during the first years of life. Children develop these capacities through interactions with responsive and loving caregivers in safe environments. Stable, nurturing relationships literally build children’s brains in ways that foster healthy emotional expression, self-regulation and impulse control, and social interactions. Parents and other caregivers are better able to build warm and consistent relationships with children if they themselves feel secure in their lives. Parents who are experiencing mental health issues, substance abuse, violence, social isolation, or the stress of being unable to meet their family’s basic needs face more barriers to providing a nurturing environment for their children.



Research has identified four major building blocks that contribute to a child’s likelihood of thriving in school and beyond: behavioral and emotional health, physical health, social skills, and academic skills. Children who arrive in elementary school well prepared in all four of these building blocks are over three times more likely to be reading at grade level in third grade than children who need additional support in all areas. In fact, healthy behavioral and emotional development at kindergarten entry is just as important as academic skills in predicting future success. Given our charge to foster optimal development for children prenatally through age 5, F5SMC can play a unique role in ensuring that communities prioritize the needs of young children and their families.

Our approach to supporting children’s success is aligned with Bronfenbrenner’s Ecological Systems Theory, which was first published in 1979. This theory emphasizes environmental factors as central context to development. In this approach, the child is at the center of what can be visualized as concentric circles including other systems and influences, such as family, community, and public policy.

Many of these systems and influences have been studied in research on social determinants of health, including physical environment, housing, employment opportunities, wages, education, community safety, and social connections. These factors influence the health, cognitive and social-emotional development, well-being, and long-term success of children and their caregivers. Each child’s development and opportunity to thrive is thus shaped by the distribution of and access to resources and power.<sup>1</sup> Understanding the complexity of achieving health and well-being, we strive to work broadly and proactively to create, support, and sustain the social, physical, and economic conditions for children’s success.

<sup>1</sup> World Health Organization (2018), *Social Determinants of Health*, Retrieved from [www.who.int/social\\_determinants/en/](http://www.who.int/social_determinants/en/)

## History of First 5 Children and Families Commissions

In November 1998, California voters passed the California Children and Families First Act (Prop 10). This groundbreaking legislation added a 50-cent tax on all tobacco products. The purpose of this funding is to create “an integrated, comprehensive, and collaborative system of information and services to enhance optimal early childhood development and to ensure that children are ready to enter school.”

The Act established the Children and Families Commissions, subsequently called First 5 Commissions, in each of the state’s 58 counties. It also created a State Children and Families Commission (First 5 California) that focuses on statewide initiatives, media communications, public education, and research and evaluation functions.

Funds from the Children and Families First Act are distributed to each county based upon the number of births in that county. County Commissions are responsible for developing strategic plans that guide funding decisions to meet local strategic priorities, consistent with the legislative intent of the Act.

For the last 20 years, First 5 County Commissions have funded a wide variety of programs and services that address the needs of children in the prenatal stage through age 5 and their families. Investments were made in the areas of early childhood development and education, health care, and parent education and support. Additionally, investments have been made to improve capacity and quality of services provided to young children and their families. These local efforts have been complemented by an array of investments by First 5 California.

In recent years, many Commissions have been faced with the issue of declining revenues. While First 5 dollars were never able to meet all of the need for children 0-5 and their families, the decrease in funding has resulted in five related trends in Commission investments:

**1 Endorsing practices with evidence of effectiveness**

**2 Focusing on prevention and early identification**

**3 Targeting populations most at risk**

**4 Shifting the balance from funding primarily direct services to efforts that contribute to broader systems change**

**5 Considering the contextual landscape at the local, state, and federal level by examining the policy and budget landscape, partnership opportunities, and other funding and sustainability considerations**

As outlined in its 2015-2020 Strategic Plan, F5SMC is prioritizing partnerships with entities that are achieving both direct impact and positive systemic change. This approach fosters sustainable improvement within agencies and systems, and allows families beyond the direct service reach to benefit. Many of our investments serve present needs as well as examining and improving the underlying systems.

## About the First 5 San Mateo County Commission

The First 5 San Mateo County Commission was established in March 1999. It consists of nine Commissioners appointed by the San Mateo County Board of Supervisors. Since its inception, First 5 San Mateo County has invested more than \$150 million in local programs and has served nearly 100,000 children from birth through age five. Each year, more than 8,000 parents and primary caregivers receive F5SMC services.

## Roles of the First 5 San Mateo County Commission

First 5 San Mateo County is fortunate to be a part of a community with a history of collaboration and partnership within and across our publicly funded service sectors and community-based organizations. In light of the Commission's declining revenues, as well as expanding opportunities for partnership, the First 5 San Mateo County Commission reaffirmed that its desired role in the community is to maximize positive impacts for children, families, and the community. For the duration of the 2020-2025 Strategic Plan, F5SMC will focus on three primary community roles: Strategic financial investor, community partner in aligned efforts, and systems leader to advocate for the prioritization of young children and their families in decision-making processes.

### **Strategic Financial Investor:**

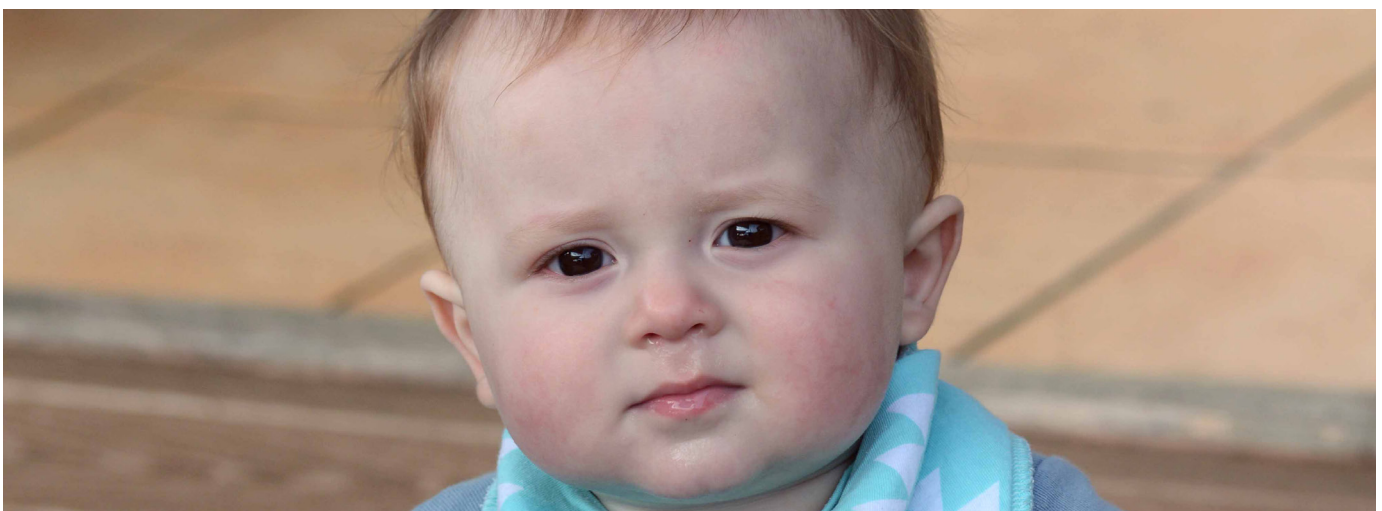
The Commission's role as an investor is to make positive movement toward its desired outcomes in critical areas of need for young children and their families. Specifically, these investments aim to make a unique contribution to specific family needs that are currently unable to be addressed by other entities. Strategic investments will also target quality improvement and enhancements within and across organizations and professionals serving children 0-5 and their families.

### **Community Partner:**

The Commission's role as a community partner may be as a leader, initiating collaborative efforts aligned to its vision and mission; as a partner in existing efforts for which the leadership is provided or shared; or as a champion of community efforts, encouraging the efforts of others better resourced to make a positive impact. First 5 San Mateo County prioritizes partnerships that are results-driven, action-oriented, and likely to achieve measurable results and community impact.

### **Systems Leader:**

As the County's only organization legislated exclusively to achieving positive outcomes for children 0-5 and their families, the Commission will vigorously advocate for their needs and priorities. Using appropriate and respectful channels, this leadership aims to ensure that the unique health and developmental needs of young children are known, discussed, and integrated into community solutions for families.





## Prioritizing San Mateo County's Young Children Through Policy, Advocacy, and Building Awareness

Lasting improvements to the well-being of the County's youngest residents are possible when community organizations, policy makers, businesses, and residents understand the importance of supporting young children and their families, and work together to mobilize resources.

Voicing the need to prioritize young children and those who care for them is especially important in light of the stark inequalities of opportunity for the children of San Mateo County. While San Mateo County overall has some of the best health outcomes in the state,<sup>2</sup> these experiences are not shared equally. San Mateo County has greater income inequality than any other county in California, with the average income of the top 1% being nearly 50 times greater than the average income of the bottom 99%.<sup>3</sup>

This inequality manifests itself in the stress experienced by parents and caregivers, and the opportunities available for young children to reach their potential. Children living in low-income families are less likely to visit the dentist, attend preschool, be read to daily, and have access to enrichment activities, and they are more likely to be diagnosed with a developmental disability and to have a parent dealing with depression.

Children's health and development outcomes follow a social gradient: the further up the socioeconomic spectrum, the better the outcomes. Inequitable access to supports and services has the potential to maintain or increase inequities for children during their early years, because those families most in need of services are typically least able to access them. Reducing inequities during early childhood requires a multi-level, multi-faceted response.<sup>4</sup>

First 5 San Mateo County strives to create the conditions that will allow all young children to prosper socially, emotionally, and economically. Ensuring that all children can achieve their potential is a significant undertaking and will require a community solution that is not possible with funding alone. This effort will require common understanding, shared ownership, willingness to change, and commitment to providing equitable opportunities for all children.

An example of this work is the Early Childhood Policy Cabinet, which was convened as part of the strategic planning process in 2015-2020. The Cabinet consisted of a cross-section of large agencies in San Mateo County, including the County Office of Education, Human Services Agency, Probation, Housing, and others. The leadership of these agencies quickly identified opportunities for alignment and maximization of positive outcomes while better meeting family needs. This work will continue as part of First 5 San Mateo County's 2020-2025 Strategic Plan.

<sup>2</sup> University of Wisconsin Population Health Institute. (2018). *County Health Rankings & Roadmaps*. Retrieved from countyhealthrankings.org: <http://www.countyhealthrankings.org/app/california/2018/rankings/san-mateo/county/outcomes/overall/snapshot>

<sup>3</sup> Price, E. S. (2018, July 19). epi.org. Retrieved from Economic Policy Institute: <https://www.epi.org/publication/the-new-gilded-age-income-inequality-in-the-u-s-by-state-metropolitan-area-and-county/>

<sup>4</sup> Moore, T., McDonald, M. & McHugh-Dillon, H. (2014). *Early childhood development and the social determinants of health inequities: A review of the evidence*. Parkville, Victoria: Centre for Community Child Health at the Murdoch Children's Research Institute and the Royal Children's Hospital.



Additional activities to promote the prioritization of young children in San Mateo County are listed below:

**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.

**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.

**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.

## Early Childhood Research

The Children and Families First Act was based on research that a child’s brain develops more during the first five years than at any other time and that a child’s experiences and relationships during these years will impact a child for the rest of his or her life.

Since that time, a wealth of research has supported and expanded upon these earlier findings. This newer research provides First 5 Commissions additional information about types of early childhood programs and services that make the greatest difference, as well as demographic targets that will achieve the greatest benefit.

Among the primary findings are:

- The brain undergoes its most rapid development from the prenatal period through three years old. In the first few years of life, 700 new neural connections are formed every second.
- During these early sensitive periods of development, healthy emotional and cognitive development is shaped by responsive, dependable interaction with adults.
- Conversely, stress experienced early in life can result in physiological changes to the brain and have a cumulative toll on a child’s physical, emotional, and cognitive development.
- The more adverse experiences in childhood, the greater the likelihood of developmental delays and lifelong problems in learning, behavior, and physical and mental health.

The impact of experiences on brain development is greatest during the earliest years of a child’s life. It is easier and less costly to form strong brain circuits during the early years than it is to intervene later. However, it is important to remember that the brain remains flexible and capable of building new pathways throughout life. Therefore, while prevention of early childhood trauma is ideal, intervention after stressors have occurred can also be significantly beneficial to children.

## Children and Families in San Mateo County

Located in the heart of the Silicon Valley, San Mateo County has a highly-educated population with a median family income of \$125,227. It is home to over 55,000 children age five and under. Latinx children are the majority population in the county at 33.9%, followed by Caucasian (31.9%) and Asian American (22.6%). Other ethnic populations include: Multiracial (11.1%), African American (1.8%), and Pacific Islander (1.7%).<sup>5</sup>

Median annual income for families in San Mateo County

\$125,227

San Mateo County is home to over

55,000

Children age five and under

### Ethnic population

Latinx	33.9%
Caucasian	31.9%
Asian American	22.6%
Multiracial	11.1%
African American	1.8%
Pacific Islander	1.7%

**Approximately 10% of all children 0-5 are living at or below federal poverty standards.**

Compared to the overall population of children 0-5 in the county, Latinx and African American children are much more likely to be living in poverty than all other children. In fact, 31% of all African American children 0-5 and 20% of all Latinx children 0-5 live in poverty.<sup>5</sup>

31%

of all African American children 0-5 live in poverty

20%

of all Latinx children 0-5 live in poverty

<sup>5</sup> 2016 American Community Survey, 5-year estimates for San Mateo County.

While the median annual income for families in the county was \$125,227 in 2016, the Self-Sufficiency Standard for California estimates that a San Mateo County family of two adults and two children (one infant/toddler and one preschooler), would need an annual income of \$146,005 to make ends meet without assistance. Although a relatively small proportion of families in the county live below the Federal Poverty Line, 39% of families with children are below the Self-Sufficiency Standard.<sup>6</sup> At the same time, high housing prices continue to make owning a home—or even finding affordable rentals—difficult for most families, as the median value of housing units is almost double that of the state.

According to the 2013 Silicon Valley Parent Story Project,<sup>7</sup> approximately one-third of parents in San Mateo and Santa Clara Counties experienced depressive symptoms. Low-income parents reported higher frequency of depressive symptoms compared to middle-to-high income parents. The study also brought to light several other troubling disparities between low-income or Latinx parents and their middle-to-high income and non-Latinx peers. These included:

- Low-income parents reported lower levels of both personal and neighborhood support;
- Latinx preschool-age children were less likely to be enrolled in preschool and less likely to participate in enrichment activities outside of school;
- Low-income parents were more likely to encounter problems finding childcare and identified cost and inconvenient hours or locations as barriers to selecting child care options; and
- Low-income parents engaged in language development activities less frequently with their infants/toddlers than middle-to-high income parents.

The Parent Story Project also presented findings that illustrated strengths among low-income and Latinx parents. These included that they:

- Were more likely to help their children with homework;
- Were more likely to have family meals together than middle-to-high income parents; and
- Reported a greater ability to deal with stress compared to non-Latinx parents.

## Core Values & Guiding Principles

The First 5 San Mateo County Commission has established the following Core Values and Principles to guide this Strategic Plan.

### Core Values

We believe that our work must:

- 1 **Support the whole child within the whole family:** We understand that young children's social, emotional, physical, and cognitive development are interdependent, and that children grow and learn within their family relationships and the larger community.

<sup>6</sup> Sources: 2016 American Community Survey, 5-year estimates for San Mateo County, and 2018 Self Sufficiency Standard for California, San Mateo County estimate.

<sup>7</sup> Diaz, Rebeca & Rodriguez, Fernando & Boal, Ashley & Miller, Sarah. (2014). *The Silicon Valley Parent Story Project*.

- 2 **Build connections between the many systems that serve young children and their parents and caregivers:** We recognize the importance of smooth transitions for children and families as they grow from infancy through toddlerhood and preschool, and enter elementary school.
- 3 **Embrace the importance of fathers and male role models in the healthy development of children:** We expect intentional inclusion of fathers/male role models and consideration of their needs within the structure and delivery models of family services and supports.
- 4 **Promote positive development in infants and toddlers, and focus on prevention and early intervention:** We know that 75% of a child's brain develops before the third birthday, and that it is therefore critical to support pregnant women and to help mothers, fathers, and caregivers establish and maintain stable and loving relationships with their infants and toddlers.
- 5 **Include children of diverse abilities:** We support the right of all children to live, grow, and learn in their communities.
- 6 **Respect and engage parents and families:** We acknowledge the strength of individual familial structures and cultures, and respect the desire and ability of parents to nurture their children and act as their first teachers.
- 7 **Honor cultural, ethnic, and linguistic diversity:** We believe that all services should be delivered in a culturally and linguistically appropriate way.
- 8 **Appreciate strengths:** We build upon the positive qualities of children, families, and communities in the design and delivery of programs.
- 9 **Enlarge community capacity:** We invest in our community's understanding of and ability to support the healthy development of all children.

## Guiding Principles

In our work on behalf of young children, we strive to:

- 1 **Create value:** Invest in approaches that add social and economic value to the landscape of supports for all children and families; and build upon, integrate, and collaborate with existing services to improve quality and provide efficient service delivery.
- 2 **Promote equity:** Ensure that all children, regardless of circumstance, have the opportunity to reach their full potential, and include families as partners in decisions that affect their service provision.
- 3 **Foster excellence:** Expect excellence and allow for innovation in the development and implementation of initiatives and programs.
- 4 **Demonstrate effectiveness:** Consider the existing evidence of impact when designing and supporting activities, and evaluate our investments to monitor results and inform continuous quality improvement.
- 5 **Achieve sustainable change:** Use Commission investments to effect long-term policy, institutional, funding, and systemic changes that extend the reach and impact of First 5 San Mateo County activities.

## Developing the Strategic Plan - The Planning Process

In March 2018, the First 5 San Mateo County Commission began its strategic planning revision process to guide future community investments. The process included the following activities:

- A Community Forum for members of the public to share their experiences, perspectives and priorities
- A Partnership Breakfast with public agency systems partners to identify areas for collaboration
- An ad-hoc committee of F5SMC Commissioners that met regularly over seven months
- Two strategic planning sessions held as part of Commission meetings that included dialogue among Commissioners, community members, and First 5 San Mateo County staff.

Across the input processes, five themes emerged as central to F5SMC efforts moving forward.

- 1 **Convener and Collaborator:** Helping local funded and unfunded stakeholders tap into collaborative opportunities.
- 2 **Resource Maximization:** Leveraging, aligning, and blending funding as well as ensuring available public funds are maximized before F5SMC funding is utilized.
- 3 **Impact Investor:** Focus investments on prevention and target interventions to children with the very highest needs.
- 4 **Systems Catalyst:** Striking the right balance between program investments and systems improvements through cross-sector initiatives and effective partnership.
- 5 **Advocate and Champion:** Impacting local and regional decision makers, including community business leaders, to prioritize young children.

The information gathered from these discussions served as guidance for the strategic planning process and informed the Commission's deliberations and ultimate decisions on the Strategic Plan.

## Framework for the 2020-2025 Strategic Plan

The 2020-2025 Strategic Plan is consistent with the focus and intent of the Children and Families Act, building on what has been learned and accomplished locally and providing a framework for the Commission and the community for how Proposition 10 funds will be strategically invested over the next five years.

Central to the success of these investments is a strong foundation that adequately prioritizes early childhood systems and services in San Mateo County. These foundational improvements will be furthered with investments in three core focus areas: Quality care and education, healthy children, and resilient families.



## Focus Area: Quality Care and Education

Early learning settings—including infant and toddler care, family child care homes, and center-based preschool programs—play a critical role in nurturing children’s social, emotional, and cognitive development and are an essential component of any strategy to promote school readiness and success in all aspects of life. In San Mateo County, 69% of children ages 0-5 live in families where all parents work,<sup>8</sup> and 81% of kindergartners attend preschool in the year before entering elementary school.<sup>9</sup> The benefits of a continuum of high-quality early learning, beginning in infancy and with smooth transitions into toddler care, preschool, and elementary school, has been well researched and is a priority for the Commission.

69%

of children ages 0-5 in San Mateo County, live in families where all parents work

Quality matters when providing early care and education services. Programs that participate in continuous quality improvement efforts are more likely to prepare students for success in school and beyond. Children who participate in high-quality early childhood education programs show long-term impacts on their ability to learn and interact with the world around them, including increased language and math skills, positive peer relationships, decreased rates of grade repetition, fewer referrals to special education services, and higher levels of cognitive and social development.<sup>10</sup>

81%

of kindergartners attend preschool in the year before entering elementary school

Central to providing a quality early care and education experience for children is a well-compensated, well-educated, and well-respected workforce. Studies have found that teachers’ specialized knowledge about child development and instruction for young children is particularly important.<sup>11</sup> A highly skilled, educated, and compensated workforce is necessary for high-quality early education. Professionalizing the early care and education field reduces teacher vacancies and turnover.<sup>12</sup>

The long-term economic benefit of children attending high-quality preschool programs is well documented, particularly for children living in low-income households. These “return on investment” studies differ on level of return depending on the population served, length of the program, and quality enhancements. One of the most widely studied programs is The Perry Preschool Program, a high-quality, half-day preschool targeted to very low-income children. Evaluations of this program document that the program returned seven dollars for every dollar invested.<sup>13</sup>

<sup>8</sup> American Community Survey, 2012-2016 5 year estimates. American Fact Finder, Retrieved from <https://factfinder.census.gov/>

<sup>9</sup> 2012 San Mateo County School Readiness Assessment, June 2013, SRI International, <https://www.siliconvalleycf.org/sites/default/files/publications/2012-silicon-valley-school-readiness-assessment.pdf>

<sup>10</sup> Reynolds, A.J. and Wolfe, B. (1997). School achievement, early intervention, and special education: New Evidence from the Chicago Longitudinal Study. Focus 19, 3, 25-28. Available online at: [www.worldbank.org/children/why/18.htm](http://www.worldbank.org/children/why/18.htm)

<sup>11</sup> Bueno, M., Darling-Hammond, L., and Gonzales, D. Preparing Teachers for Pre-K: What Policymakers Should Know and Be Able to Do (Washington, DC: Pre-K Now, 2008).

<sup>12</sup> San Mateo County Teacher Compensation Study, Davis Consulting 2017

<sup>13</sup> National Institute for Early Education Research. Economic benefits of quality preschool education for America’s 3- and 4- year olds. <http://nieer.org/resources/facts/index.php?FastFactID=6>

Parents of children with special needs and parents of infants and toddlers consistently report difficulty finding appropriate child care settings for their children. According to the 2017 San Mateo County Child Care Needs Assessment conducted by the Child Care Partnership Council, only 60% of the demand for infant and toddler care can be met with the available supply, and only 13% of the need for subsidized infant/toddler care is met.<sup>14</sup>

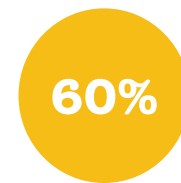
The 2014 assessment estimated that the parents of 1,956 children ages 0-5 with identified special needs are looking for an early learning program that will enroll their child. While the 2017 report did not provide a numerical estimate of the number of children with special needs who are seeking child care, it noted that the overall numbers of children served through the Golden Gate Regional Center and school district special education programs is similar to what has been found in prior assessments.

High-quality early learning programs can also provide an early identification process to assess young children for special needs. Early interventions for children at high risk can improve their social competence and cognitive abilities prior to school entry.<sup>15,16</sup> These programs adapt to meet the needs and strengths of their students, to ensure that students with physical, sensory, or cognitive disabilities can learn some or all of the same lessons as other students.

In order to enroll their children in high-quality early learning programs, parents must be able to find understandable, user-friendly, reliable information about the quality of specific programs. Under the collaborative leadership of First 5 San Mateo County, San Mateo County Office of Education, and 4Cs of San Mateo County, San Mateo County began its Quality Rating and Improvement System (QRIS), which is called Quality Counts San Mateo County.

Quality Counts San Mateo County supports the quality improvement efforts of early learning programs to help make the care and education they provide even better. It is part of a state and national movement to raise early learning quality. Quality Counts rates early learning programs using statewide, evidence-based standards for high quality care and education. The ratings help programs identify where they want to improve; Quality Counts gives the programs helpful resources and training based on their ratings. Quality Counts also gives parents information to help find and select the best early learning program for their child.

The strategies for investments listed below link to and build upon the foundation of Quality Counts.



of the demand for infant and toddler care can be met with the available supply



of the need for subsidized infant/toddler care is met

## STRATEGIES FOR INVESTMENT

1

### 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.

<sup>14</sup> San Mateo County Child Care and Preschool Needs Assessment. (2017) Retrieved from [http://www.smcoe.org/assets/files/learning-and-leadership/child-care-partnershipcouncil/Needs%20Assessment%202017/CCPC\\_Full\\_Report\\_Needs\\_Assessment\\_11-17.pdf](http://www.smcoe.org/assets/files/learning-and-leadership/child-care-partnershipcouncil/Needs%20Assessment%202017/CCPC_Full_Report_Needs_Assessment_11-17.pdf)

<sup>15</sup> Karoly, L., Greenwood, P.W., Everingham, S.S., Hoube, J., Kilburn, M.R., Rydell, C.P., Sanders, M. and Chiesa, J. (1998). *Investing in Our Children: What We Know and Don't Know about the Costs and Benefits of Early Childhood Education*. Santa Monica, CA: RAND Corporation. Available online at: [www.rand.org/publications/MR/MR898](http://www.rand.org/publications/MR/MR898).

<sup>16</sup> Reynolds, A.J. and Wolfe, B. (1997). *School achievement, early intervention, and special education: New evidence from the Chicago Longitudinal Study*. Focus 19, 3, 25-28. Available online at: [www.worldbank.org/children/why/18.htm](http://www.worldbank.org/children/why/18.htm)

2

## Expand Access to Early Learning Settings/Environments 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.

### Population-level Indicators:

*These indicators have community baseline data and are impacted by many efforts and agencies. The Commission will monitor the following indicators to inform its work:*

- The percentage of children ages 3-5 who are enrolled in preschool prior to Transitional Kindergarten/Kindergarten entry
- The available supply of infant and toddler care relative to the need
- The number/percent of early learning programs that enroll and maintain children 0-5 with special needs
- The percentage of all early learning programs participating in the QRIS

### Participant-level Indicators:

*These indicators will be measured by First 5 San Mateo County grantees, as applicable, for participants in services:*

- The percentage of children ages 3-5 who are enrolled in quality preschool prior to Transitional Kindergarten/Kindergarten entry (note: availability of information on the quality of programs is limited)
- The percentage of early learning programs that improve their overall rating on the QRIS matrix
- The percentage of families of children with special needs and of infants/toddlers reporting ability to access appropriate early care for their children

### Focus Area:

## Healthy Children

Children's optimal health and development is influenced by many factors, from the environments in which children live and are cared for to their access and utilization of preventive health services. F5SMC has a strong history of supporting collaborative health efforts, particularly those that focus on prevention and early intervention.

Preventive health care can help minimize threats to healthy development and provide early detection and intervention for problems that emerge.<sup>17</sup> In San Mateo County, 98.5% of children are covered by health insurance (CHIS). Health coverage and utilization of preventive care benefits has been and continues to be an advocacy priority for the First 5 San Mateo County Commission.

Given that there are limited resources to address the numerous important inputs that impact health, F5SMC is intentionally focusing on three areas that are not adequately supported in the current landscape of healthcare: oral health access and utilization, integrated systems for children with special needs and their families, and enhanced mental health systems.

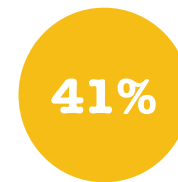
<sup>17</sup> Center on the Developing Child at Harvard University (2007). A Science-Based Framework for Early Childhood Policy: Using Evidence to Improve Outcomes in Learning, Behavior, and Health for Vulnerable Children. <http://www.developingchild.harvard.edu>



## Oral Health Access and Utilization

Tooth decay is the most common chronic condition for children in the United States. Untreated decay can have negative implications for children's development, including problems with eating and speaking, as well as poor self-esteem. Additionally, dental problems are one of the leading causes of school absenteeism, which is associated with lower academic achievement.<sup>18</sup> Preventive dental visits for children save 10 times the cost of more invasive dental treatment and help to avoid the negative physical, socio-emotional, and academic consequences of poor dental health.<sup>19</sup>

One-third of California children are low income and subsequently qualify for Denti-Cal. Children on Denti-Cal experience inadequate access to dental care. In 2016, the Little Hoover Commission issued a scathing report detailing the reasons for the poor utilization rates, including dismal reimbursement rates and the lack of providers willing to accept the state insurance provision.<sup>20</sup> According to 2017 data from the California Department of Health Care Services, only 41% of eligible children on Medi-Cal ages 1-20 in San Mateo County received an annual dental visit in the year prior. These rates differ significantly from those of children with private insurance.<sup>21</sup> Denti-Cal reimbursement rates, administration of the Medi-Cal dental provision, and higher no-show rates are cited as significant barriers for dental providers to accept Medi-Cal patients.<sup>22</sup>



of eligible children on Medi-Cal ages 1-20 in San Mateo County received an annual dental visit in the year prior

## Integrated Systems for Children with Special Needs and Their Families

Early identification and treatment of special needs during the first five years of life is critical because this is the time when a child's brain, body, and behavior are most malleable. Early detection is critical for the 12 to 16 percent of all children in the U.S. who experience developmental or behavioral problems.<sup>23</sup> Although developmental delays pose risks for all children, delays that are prevalent among low-income children are more likely to be missed. Although the national average for all children to receive an autism diagnosis is four years of age, the average age of diagnosis for low-income children varies by race, with white low-income children diagnosed on average at six years of age, and their black and Latinx peers diagnosed at eight and nine years, respectively.<sup>24</sup> In California, 70% of children with developmental delays go undetected until kindergarten.<sup>24</sup> Undetected developmental problems in young children may cause delays in acquiring speech and language, inability to maintain relationships, and serious impediments to school learning.



of children with developmental delays go undetected until kindergarten

<sup>18</sup> Research Brief. *Chronic Health Conditions and Academic Achievement*, 2017. Retrieved from [https://www.cdc.gov/healthyschools/chronic\\_conditions/pdfs/2017\\_02\\_15-CHC-and-Academic-Achievement\\_Final\\_508.pdf](https://www.cdc.gov/healthyschools/chronic_conditions/pdfs/2017_02_15-CHC-and-Academic-Achievement_Final_508.pdf)

<sup>19</sup> *Early Childhood Caries and the Impact of Current U.S. Medicaid Program: An Overview*. March 2012 Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3312229/>

<sup>20</sup> *Fixing Denti-Cal*, Report #230, April 2016. Little Hoover Commission Retrieved from <https://lhc.ca.gov/sites/lhc.ca.gov/files/Reports/230/Report230.pdf>

<sup>21</sup> <http://healthpolicy.ucla.edu>.

<sup>23</sup> Boyle CA, Boulet S, Schieve LA, et al. *Trends in the prevalence of developmental disabilities in U.S. children, 1997-2008*. *Pediatrics* 2011;127:1034-42.

<sup>24</sup> Retrieved from <http://helpmegrowca.org/index.php/resources/resources-and-references/>

<sup>25</sup> Source for FY 2017: Part C Early Intervention Numbers and Percentages 2016. Retrieved from <https://www2.ed.gov/programs/osepidea/618-data/static-tables/2016-2017/part-c/child-countand-settings/1617-cchildcountandsettings-1.xlsx> Citation Source for Part B Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health, National Survey of Children with Special Health Care Needs (Dec. 2012). downloaded from Kids Data: Lucile Packard Foundation for Children's Health: [www.kidsdata.org/topic/65/special-needs-special-education-participation](http://www.kidsdata.org/topic/65/special-needs-special-education-participation)

Screening for developmental delays using a validated tool has been shown to detect credible concerns that are otherwise missed by primary care physicians and other child-serving professionals who rely instead on surveillance methods. Although the American Academy of Pediatrics recommends that pediatricians implement universal screening for their patients three times before a child's third birthday, only 29% of children in California receive timely developmental screenings.<sup>25</sup> California ranks 30th among all 50 states for screening of infants and toddlers.<sup>25</sup> Early data in San Mateo County mirror the statewide data, indicating that each year 4,000 children under age six are not receiving critical early intervention services for which they may qualify.<sup>25</sup>

Families and providers need support to understand and navigate the complex array of community-based services and supports available to promote children's optimal health and wellness.<sup>26</sup> However, California ranks 46th in the nation on effective care coordination for children with special health care needs, and families in our state are more likely than families in every other state to cut back or stop working due to their child's condition.<sup>27</sup>

## Enhanced Mental Health Systems

Trauma is increasingly recognized as a significant contributing factor to overall health and well-being. Trauma can affect individuals, families, and communities immediately and long term, even over generations. It can have particularly negative developmental impacts on young children.<sup>28</sup> When young children are exposed to trauma, they can experience feelings of helplessness, uncertainty about whether there is continued danger, and a general fear that extends beyond the traumatic event.<sup>29</sup>

Trauma refers to the effects of an event, series of events, and/or ongoing circumstances that are experienced as physically or emotionally harmful. For children, this can include abuse and neglect, as well as living in a household affected by substance abuse, mental illness, domestic violence, or incarceration. These conditions are often also referred to as Adverse Childhood Experiences, or ACEs. ACE scores are highly correlated with future health outcomes and opportunities, including greater risk of nearly every major disease or condition. People with high ACE scores are more likely to die decades before their counterparts with lower ACE scores.<sup>30</sup>

Given the increase of knowledge regarding the critical role that ACEs play in overall health and well-being, equal attention is also being paid to the importance of child- and family-facing services being mindful and attentive to trauma, a concept that has been coined "trauma-informed." Similarly, the recognition that systems that are intended to serve children and families in supportive ways can often unintentionally exacerbate the trauma of their clients has led to a new body of knowledge focused on promoting "trauma-informed organizations." This work encourages organizations to recognize the importance of trauma and its impacts, plan and implement trauma-informed practices at the organizational level, and adapt for the ongoing and evolving needs of those they serve.

<sup>26</sup> Hughes, D. (2015). *In their own words: Improving the care experience of families with children with special health care needs*. Lucile Packard Foundation for Children's Health & University of California, San Francisco. Retrieved from: <http://www.lpfch.org/publication/their-own-wordsimproving-care-experience-families-children-special-health-care-needs>

<sup>27</sup> Data source: *2009/10 National Survey of Children with Special Health Care Needs*. Data Resource Center for Child and Adolescent Health. [www.childhealthdata.org](http://www.childhealthdata.org)

<sup>28</sup> Center for Collective Wisdom. *Trauma and Resiliency: A Systems Change Approach: Emerging Lessons and Potential Strategies from the Los Angeles County Trauma and Resiliency-Informed Systems Change Initiative*, 2017. <https://www.first5la.org/files/Trauma.pdf>.

<sup>29</sup> National Child Traumatic Stress Network, 2013. <http://www.nctsn.org/>

<sup>30</sup> "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults," published in the *American Journal of Preventive Medicine* in 1998, Volume 14, pages 245-258

## STRATEGIES FOR INVESTMENT

1

### Oral Health Access and 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.

2

### 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.

3

### Early Mental Health Systems and Infrastructure Enhancements:

Partnerships to support trauma- and resiliency-informed practices and policies in child- and family-serving organizations.

#### Population-level Indicators:

*These indicators have community baseline data and are impacted by many efforts and agencies. The Commission will monitor the following indicators to inform its work:*

- The number and/or percentage of children ages 0-5 who live in areas of High Community Need, as defined by the Community Collaboration for Children's Success Project.
- Maintenance of universal or near-universal health insurance rates for children ages 0-5 (at or above 98.5% of children 0-5 insured)
- The number or capacity of dental providers who serve children on public insurance
- The number or percentage of pediatric health providers who provide access to developmental screening as a part of routine well-child visits

#### Participant-level Indicators:

*These indicators will be measured by First 5 San Mateo County grantees, as applicable, for participants in services:*

- The percentage of children with the appropriate number of well-child visits for their age in the past 12 months, calculated using the Academy of Pediatrics schedule
- The percentage of children ages 1-5 who have seen the dentist for a routine check-up in the past year
- The percentage of parents reporting difficulty accessing services for mental health, developmental, or behavioral concerns



## Focus Area: Resilient Families

Secure, stable, and supportive relationships with caring adults significantly contribute to a child's healthy brain development.<sup>31</sup> A loving and caring environment within the parent-child relationship is associated with many positive outcomes including higher self-esteem, increased communication, and fewer psychological and behavioral problems.<sup>32</sup> Furthermore, lower levels of parenting stress may serve as a protective factor of the social-emotional health of their children. The early childhood field has gained tremendous knowledge in recent years about the ways in which families should be engaged in children's healthy development. Strength-based approaches that authentically affirm different cultures, languages, and family structures are accepted by the field as the best way to partner with families to achieve positive outcomes for children. Research on family engagement has repeatedly demonstrated that the majority of parents want the best for their children but may lack the knowledge and resources to promote development in the critical early years.

Data gathered from First 5 San Mateo County's research and evaluation efforts has identified social isolation, especially during the infant and toddler years, as a common struggle for parents. Between 2009 and 2015, more than one of every four parents participating in F5SMC services reported a lack of social support. This mirrors one of the key findings of the 2013 Silicon Valley Parent Story Project, which found that 37% of low-income families could not count on anyone in their neighborhood for help. Similarly, 24% of high-needs families reported they did not have friends to help them in their role as parents. Mothers' or fathers' groups can help parents network with other parents from similar backgrounds. Effective parent support groups are led by individuals who have similar life experiences and have a deep understanding of the socio-cultural backgrounds of the group participants.

Families in greatest need of support, for example, parents with mental health or substance abuse problems, parents experiencing domestic violence or incarceration, and especially those dealing with more than one serious issue benefit from focused services that are targeted to their particular source of stress. The cumulative effects of toxic stress can have damaging effects on learning, behavior, and health across the lifespan. Supporting families with multiple stressors diminishes the effects of trauma and promotes resilience by providing a more stable foundation for lifelong learning and success.

37%

of low-income families could not count on anyone in their neighborhood for help

24%

of high-needs families reported they did not have friends to help them in their role as parents

<sup>31</sup> Schorr, L. B., & Marchand, V. (2007). "Pathway for Children Ready for School and Succeeding at Third Grade." Harvard University, Cambridge, MA.

<sup>32</sup> Cox, M. Parent-child relationships. In M. Bornstein, L. Davidson, C. Keyes, and K. Moore (Eds.), *Well-being: positive development across the lifespan*. Hillsdale, NJ: Lawrence Erlbaum.

It is critical that parents and caregivers feel able to nurture their child's optimal development, because positive home learning environments contribute significantly to children's school achievement.<sup>33</sup> When parents act as their child's advocate and are involved in their child's education, it is more likely that their child will have increased school attendance and higher academic achievement.<sup>34</sup> Effectively partnering with parents in promoting their child's optimal development also results in better lifelong outcomes and reduces costs to society for special education, welfare, criminal justice, and health. By working with parents as equal partners in their child's healthy development, as well as acknowledging parents, schools, and communities as collectively responsible for the success of children, we promote reciprocal relationships that exponentially benefit children.

Authentic family engagement is the shared responsibility of families, providers, and communities to all collaborate in meaningful ways to support children's optimal development and learning. One barrier to family engagement for service providers and early childhood educators is a lack of knowledge and/or skills to effectively develop family engagement strategies. A key ingredient of effective family engagement is developing the capacity of providers through professional development.<sup>35</sup> A focus should be placed on building capacity of staff and families in four keys areas: Capabilities (skills and knowledge), Connections (networks), Cognition (beliefs, values), and Confidence (self-efficacy). Service sector leaders (i.e. executive directors, supervisors, and decision makers) must have a fundamental understanding of early brain development and the parent-child relationship, as well as an understanding of the importance of family engagement for child development. This is critical to guard against decision makers implementing practices/approaches/policies that unwittingly burden families and/or the family-serving system. Having a fundamental understanding of child development is key to positively impacting children. Without such knowledge and information, service providers will struggle to reach children in a positive light.<sup>36</sup>

## STRATEGIES FOR INVESTMENT

1

### **Intensive Support for Families with Multiple Risk Factors:**

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.

<sup>33</sup> Duncan, G.J. and Magnuson, K. (2003). *Promoting health development of young children*. In Sawhill, I. [ed.], *One Percent for the Kids: New Policies, Brighter Futures for America's Children*. Washington, DC: Brookings Institution Press.

<sup>34</sup> Caspe, M., Traub, F., and Little, P. (2002). *Beyond the Head Count: Evaluating Family Involvement in Out-of-School Time*. Harvard Family Research Project. Cambridge, MA. <http://www.gse.harvard.edu/hfrp/projects/afterschool/resources/issuebrief4.html>

<sup>35</sup> Mapp and Kuttner. (2013) *Partners in Education: A Dual Capacity-Building Framework for Family-School Partnerships*. Retrieved from <https://www2.ed.gov/documents/family-community/partners-education.pdf>

<sup>36</sup> National Association for the Education of Young Children (NAEYC)

2

### Parent Connectivity:

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.

3

### Family Engagement Capacity Building:

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 CAFEs - Community and Family Engagement) 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.

#### Population-level Indicators:

*These indicators have community baseline data and are impacted by many efforts and agencies. The Commission will monitor the following indicators to inform its work:*

- The percentage of children ages 0-5 reunified with their families within 12 months of entering out-of-home care
- The percentage of children ages 0-5 re-entering the child welfare system
- The percentage of parents who regularly read, sing, and/or count with their children ages 0-5
- Increase in percentage of parents who report feeling connected to a support network

#### Participant-level Indicators:

*These indicators will be measured by First 5 San Mateo County grantees, as applicable, for participants in services:*

- The number and/or severity of risk factors reported by parents, such as inadequate food, inadequate housing, depression, domestic violence, and substance abuse
- The percentage of parents reporting that they are able to access the services their family needs
- The percentage of parents who report feeling connected to a support network
- The percentage of parents reporting confidence in their ability to nurture their children and support their development
- The percentage of parents who regularly read, sing, and/or count with their children ages 0-5

## Accountability and Evaluation

First 5 San Mateo County Commissioners are responsible for ensuring that First 5 funds are used as voters intended when the California Children and Families First Act (Proposition 10) was passed in 1998. Commissioners work with First 5 staff to create and implement internal policies and procedures in order to help guide decision-making that is both consistent with the law and that respects and honors families with young children. In addition, Commissioners serve on committees such as: Finance & Administration; Program, Operations, & Planning; and Evaluation. Committee work facilitates in-depth discussions on internal and external activities and responsibilities. Reports from committee meetings are a part of each Commission meeting.

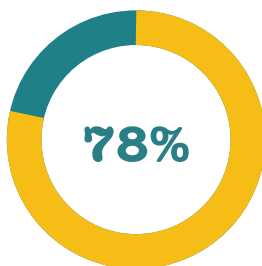
Organizations that receive First 5 San Mateo County funds report financial, program, and evaluation data in order to ensure contractual compliance. The fiscal reporting structure of the First 5 San Mateo County Commission was developed in accordance with the First 5 Financial Management Guide. This guide is a result of a cooperative project of the First 5 Association, First 5 California, and the Government Finance Officers Association of the United States and Canada (GFOA). Each year, F5SMC reports financial and program data to First 5 California for inclusion in the statewide Annual Report. In addition, F5SMC completes a comprehensive external audit annually. Together, these measures serve to ensure the public that Proposition 10 funds are being used as they were intended.

## Evaluation

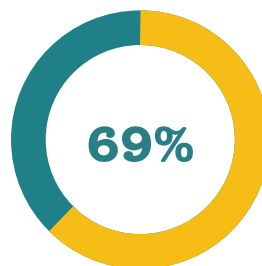
Starting in 2009, First 5 San Mateo County used a comprehensive evaluation approach to track its impact and identify effective strategies for achieving its desired outcomes using common indicators and data collection protocols across funded partners. The comprehensive evaluation has provided the Commission with a more complete picture of the families and providers we serve, and the benefits they gain from F5SMC-funded programs. For example, among families who received home visiting or care coordination services:



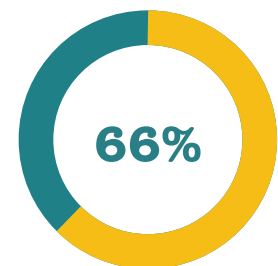
**80% lived in households with annual incomes of less than \$30,000**



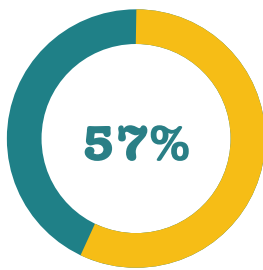
78%  
were Latinx, and  
70% spoke primarily  
Spanish



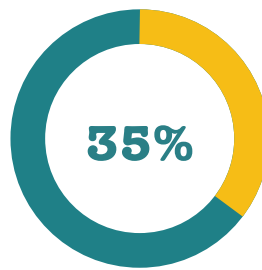
69%  
of parents had a high  
school education or less



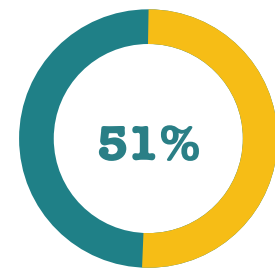
66%  
of parents read to their  
children at least 3 times  
per week



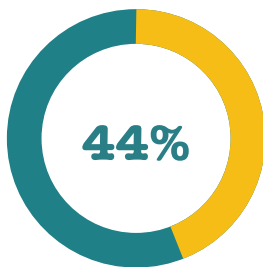
of children were  
breastfed for at least  
six months



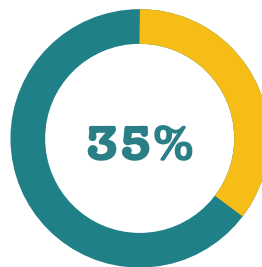
of the children had  
developmental concerns  
identified at screening,  
and 12% had been  
diagnosed with a  
developmental disability



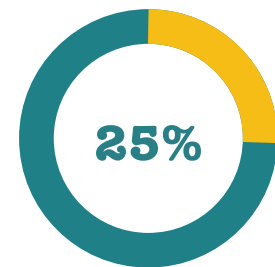
of parents worried  
about inadequate  
housing



of children ages 1-5 had  
never been to the dentist



of children had two or  
more hours of screen  
time per day



of parents needed help  
with their sadness or  
depression

While F5SMC is continuing common data collection for clients who participate in intensive services through our funded programs, different types of data collection may be required as we shift towards partnership, policy, and systems-level interventions. Collective impact models of community change require common data collection and data sharing procedures. Such efforts require that all partners build deeper connections to align, share, and use the data we collect on behalf of the children and families we serve. Regional, statewide, or national efforts typically have their own data collection and evaluation requirements, which we must map onto our local efforts. Work conducted through cross-agency, cross-sector collaborations also requires specialized evaluation to assess the changing nature of relationships between organizations and how those relationships improve systems' abilities to support high-quality service delivery as well as client outcomes.

## Status of Young Children Countywide

In addition to evaluating the impact of its funded programs, F5SMC has an interest in tracking the overall status of the young children and families of San Mateo County. Partnering with local and regional funders to collect and analyze information about the status of young children allows all those who care about the wellbeing of our youngest residents to monitor trends, identify emerging issues, and inform program and policy development. To further these ends, the Commission will continue to partner with other funders in support of countywide research projects such as school readiness assessments, parent surveys, or service participation analyses.



## Conclusion

It is with tremendous gratitude for our fellow investors, leaders, and partners that F5SMC celebrates its contribution to the increased well-being of children ages birth through five and their parents in our County. It is also satisfying that as Proposition 10's funding has decreased, the impact of First 5 continues to be significant.

F5SMC's pivot from primarily serving as a direct-service grant maker to a strategic investor, leader, and partner has set up its enduring relevance and the championing of young children for years to come. Now at its 20-year anniversary as an organization, the maturation of F5SMC, its leadership, and community partners facilitated the ability to rethink the strategies used to make the most impact. Rather than perceiving the funding decline as a fiscal cliff from which one should recoil, it was embraced as an opportunity to seek out new opportunities for leverage and significance. This creative and opportunity-based approach has yielded profound impact for young children and their families, and reinvigorated F5SMC as a community investor, partner, and leader.



## First 5 San Mateo County Commissioners

### *Commissioners Who Adopted the Strategic Plan*

Pam Frisella, Public Member, Commission Chair  
 Louise Rogers, Chief, San Mateo County Health, Commission Vice-Chair  
 Anne E. Campbell, County Superintendent of Schools  
 David J. Canepa, Board of Supervisors  
 Nicole Pollack, Director, San Mateo County Human Services Agency  
 Michael Garb, Public Member  
 Rosanne Foust, Public Member  
 Neel Patel, M.D., Public Member  
 Sandra Phillips-Sved, Public Member

### *2020 Current Commissioners*

Louise Rogers, Chief, San Mateo County Health, Commission Chair  
 Sandra Phillips-Sved, Public Member, Commission Vice-Chair  
 Nancy Magee, County Superintendent of Schools  
 David J. Canepa, Board of Supervisors  
 Ken Cole, Director, San Mateo County Human Services Agency  
 Alexis Becerra, Public Member  
 Rosanne Foust, Public Member  
 Pam Frisella, Public Member  
 Neel Patel, M.D., Public Member

## First 5 San Mateo County Staff

Kitty Lopez, Executive Director  
 Michelle Blakely, MA, Program and Planning Director  
 Khanh Chau, MBA, CPA, Fiscal Management Analyst  
 Myra Cruz, Administrative Secretary III  
 Jenifer Clark, Research and Evaluation Program Specialist  
 Karen Pisani, Family Support Program Specialist  
 Emily Roberts, MSW, MPH, Child Health and Development Program Specialist  
 Mai Le, MPH, Program Associate III  
 Mey Winata, Fiscal Office Specialist

## Acknowledgements

The Commission would like to thank and acknowledge:

- Community members and leaders who took part in the strategic planning process. The time, expertise, and insight provided by our community partners were invaluable and played a significant role in shaping the focus and direction of the 2020-2025 Strategic Plan
- First 5 San Mateo County strategic planning ad-hoc members which includes the following Commissioners: Pam Frisella, Louise Rogers, Nicole Pollack, and Michael Garb
- First 5 San Mateo County staff for their thoughtful and tireless work, and dedication to San Mateo County's youngest children and families
- VIVA Strategy + Communications for their wise counsel and facilitation of the strategic planning.

**DATE:** June 27, 2022  
**TO:** First 5 San Mateo County Commission  
**FROM:** Kitty Lopez, Executive Director  
**RE:** Review and Recommend Approval of SPIP FY 2018-20 Funding Reallocation of \$190,000 from Evaluation Services to Emerging Strategies

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## **ACTION REQUESTED**

### **Approval of SPIP FY 2018-20 Funding Reallocation of \$190,000 from Evaluation Services to Emerging Strategies**

#### **1. BACKGROUND**

- Commission approved the Implementation of the SPIP FY 2018-20 Underspending Fund Carry Over to be in coordination within 3-year time frame of the strategic plan FY 2020-23.
- The SPIP FY2018-20 Evaluation Services has remaining balances in the Evaluation Big Data and Other Evaluation Projects Line items. The Evaluation Big Data efforts had starts and stops and shifting community priorities over the years and new collaborative data projects emerged (i.e., Early Learning Vertical Change Database, etc.) and Persimmony Data import capability became a primary focus. Other planned Evaluation projects were completed at less cost, were delayed due to the pandemic, or completed by the F5SMC Research and Evaluation Analyst.
- The Research and Evaluation Specialist developed a workplan and budget needed for FY 2020-23 and determined that a portion of unspent SPIP FY 2018-20 Evaluation Services could be reallocated. Staff are recommending reallocation of unspent fund to the Policy- Advocacy and Communications Focus area: Emerging Strategies Line item which currently carries zero balance. The purposes of the funding reallocation are (a) to address newly identified needs, (b) leverage new opportunities, (c) to further support strategic plan implementation, and (d) F5 needs to be able to responsive to community and strategic planning needs as it arises.
- Finance and Administration Committee reviewed and endorsed the Recommendation of Approval of SPIP FY 2018-20 Funding Reallocation of \$190,000 from Evaluation Services to Emerging Strategies at its Finance and Administration Committee Meeting June 13, 2022.

#### **2. EMERGING STRATEGIES POSSIBILITIES**

The reallocated fund to Emerging Strategies aims to be invested in the following areas:

- a. Family/Parent Engagement and Parent Advocacy Landscape project. Potential leveraged opportunity to better understand the need, impact of parent/guardian advocacy in San Mateo County to elevate parent voices.
- b. Workforce Stabilization Strategies. Provide seed, match and or bridge funding for county-wide efforts to address the early learning and childcare workforce crisis (career navigation, pipeline and pathways, advocacy, and policy; leverage funding for potential workforce landscape recruitment, retention compensation and career pathways study for child and family serving sectors, recommendations from San Mateo County Child Care Needs and Wages Compensation survey and focus groups.

- c. Home Visiting Systems Strategies. Provide seed, match and or bridge funding for recommendations identified in countywide Home Visiting strategic plan; Collaborative agency participation in a referral and resource database system pilot with home visiting programs (i.e. Unite US)
- d. Strategies identified from grantees, F5 funded projects surveys and evaluation findings: Pandemic/Covid Grantee Survey; Family Engagement (Friday Café' etc.); Incentives for survey participation
- e. Race and Equity Diversity Initiatives (REDI): Efforts to support work evolving from San Mateo County Performance Equity plan, F5 Staff coaching and consultation sessions with REDI Coaches and Trauma Resiliency Initiatives System Initiatives (TRISI) Coach.
- f. New Identified Project Partnerships: Seed, match or leveraged funding for consultation, planning and or coordination that supports county-wide systems alignment. (i.e., cradle to career pilot)

### 3. FISCAL IMPACT

<b>SPIP FY18-20 Strategies</b>	<b>SPIP FY18-20 Line</b>	<b>Current Balance as of June 13, 2022</b>	<b>Reallocation Amount</b>	<b>Balance after Funding Reallocation</b>
Evaluation – Big Data	18	90,000	(90,000)	0
Other Evaluation Projects	20	260,000	(100,000)	160,000
Emerging Projects	35	0	190,000	190,000

### ACTION

**Approval of SPIP FY18-20 Funding Reallocation of \$190,000 from Evaluation Services to Emerging Strategies.**

**DATE:** June 27, 2022

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

**FROM:** Kitty Lopez, Executive Director

**RE:** Approval of F5SMC's Long-Term Financial Plan (LTFP) from FY 2020-21 through FY 2024-25 (FY21/22 Update)

## ACTION REQUESTED

**Approval of F5SMC's Long-Term Financial Plan (LTFP) from FY 2020-21 through FY 2024-25 (FY21/22 Update)**

## KEY MESSAGES

- Please read the LTFP Memo (Attachment 9) in conjunction with the LTFP Narrative (Attachment 9A) and LTFP Spreadsheets (Attachments 9B, 9C).
- Long-Term Financial Plan (LTFP) is a snapshot in time with financial information that continues to change and evolve. The Commission has the opportunity to review and approve updated LTFP every year.
- There is a delayed release of the Tobacco Tax Revenue Projections May 2022. Staff uses the Tobacco Tax Revenue Projections May 2021 with Flavor Ban, which is still current at this time.
- Finance and Administration Committee reviewed and endorsed the Recommendation and Approval of F5SMC's Long-Term Financial Plan (LTFP) from FY 2020-21 through FY 2024-25 (FY21/22 Update) at its Finance and Administration Committee Meeting June 13, 2022.

## LTFP SUMMARY (FY21/22 Update)

	FY20-21 Actual	FY21-22 Revised Budget	FY22-23 Projection	FY23-24 Projection	FY24-25 Projection
<b>Beginning Fund Balance</b>	<b>11,610</b>	<b>12,844</b>	<b>11,893</b>	<b>10,067</b>	<b>8,781</b>
A+B. Tobacco Tax & Interest Revenues	6,105	5,968	5,241	4,576	4,199
C. Other Grants Revenues	1,112	1,502	1,171	600	600
<b>Total Revenues</b>	<b>7,217</b>	<b>7,470</b>	<b>6,412</b>	<b>5,176</b>	<b>4,799</b>
<b>Total Available Fund</b>	<b>18,827</b>	<b>20,314</b>	<b>18,304</b>	<b>15,243</b>	<b>13,580</b>
<b>Appropriations</b>					
D1. Strategic Plan Investment FY20-23	2,508	4,185	4,444	3,780	3,780
D2. Strategic Plan Investment FY18-20	725	901	572		

E. Other Grants Appropriations	933	1,267	1,108	500	500
F+G+H Operations	1,817	2,069	2,113	2,182	2,230
<b>Total Appropriations</b>	<b>5,983</b>	<b>8,422</b>	<b>8,237</b>	<b>6,462</b>	<b>6,510</b>
<b>Ending Fund Balance Before Restricted Fund</b>	<b>12,844</b>	<b>11,893</b>	<b>10,067</b>	<b>8,781</b>	<b>7,070</b>
Restricted Fund (Pension Liability and Operational Reserves)	2,000	2,000	2,000	2,000	2,000
<b>Ending Fund Balance After Restricted Fund</b>	<b>10,844</b>	<b>9,893</b>	<b>8,067</b>	<b>6,781</b>	<b>5,070</b>

### FISCAL IMPACT

- Admin Cost Rate: projected 10% for period FY 2020-23 and 13% for period FY 2023-25.
- At the end of FY 2024-25, Projected Ending Fund Balance after Pension Liability and Operational Reserves is \$5.070M which is approximate to one year equivalent of FY 2024-225 Fiscal Revenue.
- FY 2022-23: Projected Budget Deficit of \$1.825M in FY 2022-23 with draw down of Ending Fund Balance (Reserves\*) to fund higher community investments, per the current Strategic Plan Implementation Plan (SPIP).
- FY 2020-25: Projected Budget Deficit of \$4.541M over the 5-year period. We will continue to draw down funds to cover this annual deficit from the Ending Fund Balance (Reserves\*)
- It is anticipated that from FY 2025 forward, Total Appropriations would be in line with Total Fiscal Revenues.

### RECOMMENDATION

**Approval of F5SMC's Long-Term Financial Plan (LTFP) from FY 2020-21 through FY 2024-25 (FY21/22 Update)**

**LTFP FROM FY 2020-21 THROUGH FY 2024-25 (FY21/22 Update) - NARRATIVES**

*\*Please read the LTFP Memo (Attachment 9) in conjunction with the LTFP Narratives (Attachment 9A) and LTFP Spreadsheet (Attachments 9B, 9C)*

F5SMC's LTFP from FY 2020-21 through FY 2024-25 (FY21/22 Update) are presented in **Attachments 9A, 9B and 9C** and are updated with:

- (1) F5CA Tobacco Tax Revenue Projections FY2020-25 with Flavor Ban, released July 2021
- (2) FY 2020-21 Audited Financial Information;
- (3) FY 2021-22 Revised Budget and FY 2022-23 Adopted Budget
- (4) Funding Allocations of New Strategic Plan Implementation Plan (SPIP) FY 2020-25, which was approved during the new strategic planning process.
- (5) Continue executing the balance of SPIP FY 2018-20 Carry Over Fund in coordination within 3-year time frame of the SPIP FY 2020-23, per Commission approved.

**I. REVENUES**

**A. Interest Revenue:**

- Interest Revenue is projected 1% Interest Earning Rate on the Beginning Fund Balance.

**B. Tobacco Tax Revenue**

- Tobacco Tax Revenues include Prop 10 and Prop 56 \*Tax Revenues which are allocated to F5 Commissions based on actual birth rate in each county.
- F5CA Tobacco Tax Revenue Projections FY 2020-25 with Flavor Ban \*\* (released July 2021), reflects the average annual declining rate of 5.8% compared to 2.15% declining rate of Tobacco Tax Revenue Projections without Flavor Ban.

**C. Other Grant Revenue:**

- FY 2020-23: Total \$3.795M Other Grant Revenue (average \$1.262M/year)
- FY 2023-25: projected \$600K Other Grant Revenues each fiscal year. This projection is based on conservative estimates to historical trend, trusted relationships with existing funders, and leverage funding opportunities with F5SMC's strategic plan.

**II. PROGRAM APPROPRIATIONS**

**D1. Strategic Plan Investment SPIP FY 2020-23:**

- Cycle 4 investments are \$3.780M each fiscal year; said investment level was previously approved by the Commission during the strategic planning process in 2017 and 2018.

**D2. SPIP FY 2018-20 Carry-Over:**

- Continue implementation balance of SPIP FY 2018-20 Carry-Over Fund in coordination within 3-year time frame of SPIP FY 2020-23

**E. Other Grants Appropriations**

- FY 2020-23: Total \$3.308M Other Grant appropriations (average \$1.100M/year)
- FY 2023-25: Include projected \$500K/year pass-through contracts from projected Other Grant Revenue of \$600K/year.

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

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

**III. ADMIN APPROPRIATIONS**

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

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

**IV. RESTRICTED FUND FOR PENSION LIABILITY AND OPERATIONAL RESERVES**

- Commission has approved in previous LTFPs \$1M Pension Liability and \$1 M for 6-month Operational Reserves, total of \$2 M are Restricted Funds and are set aside for its intended restricted uses.

**V. ENDING FUND BALANCE**

- At the end of FY 2024-25, Projected Ending Fund Balance after Pension Liability and Operational Reserves is \$5.070M which is approximate to one-year equivalent of FY 2025 Fiscal Revenue.

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*\*The Proposition 56 taxes reduce tax-paid tobacco purchases (hereafter, “consumption”), resulting in lower revenue for other tobacco tax funds. In the first revenue allocation step, some Proposition 56 revenues replace—or “backfill”—these revenue losses. <https://lao.ca.gov/Publications/Report/3939>*

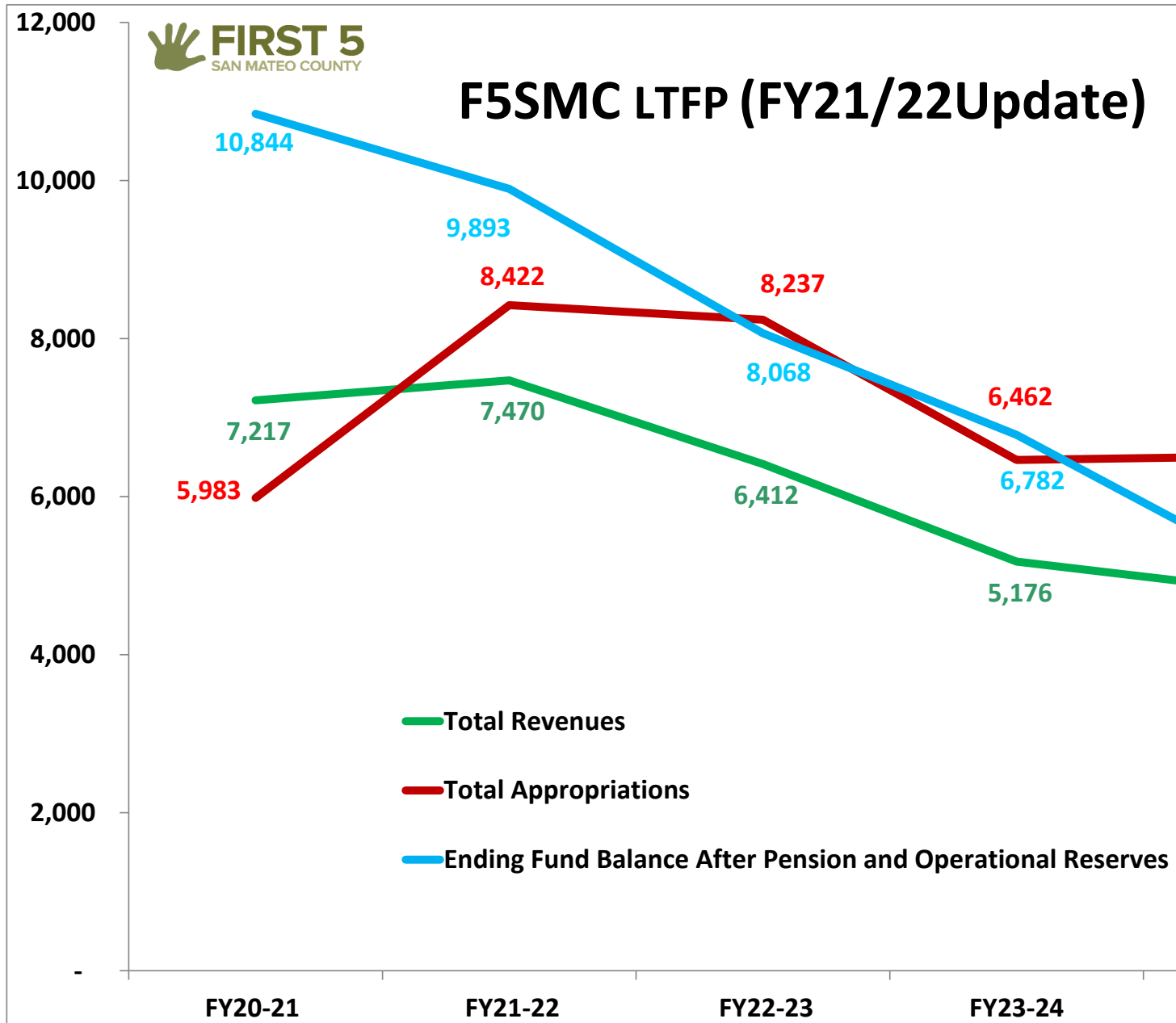
*\*\* In July 2021, State Department of Finance provided a projection \*DOF-Without Flavor Ban Impact and “DOF-Flavor Ban Impact (Prop 10) which relies on estimating consumer response to the Flavor Ban.*

*The **California Flavored Tobacco Products Ban Referendum** is on the [ballot](#) in [California](#) as a [veto referendum](#) on [November 8, 2022](#).*



## LONG-TERM FINANCIAL PLAN LTFP FY 2020-2025 (Update FY21/22)

	CYCLE 4				
	FY20-21 Actual	FY21-22 Revised Budget	FY22-23 Budget w Flavor Ban	FY23-24 Projection with Flavor Ban	FY24-25 Projection with Flavor Ban
<b>BEGINNING FUND BALANCE</b> (Beginning Reserves*)	11,610	12,844	11,893	10,068	8,782
<b>A. Interest Revenue</b>	145	96	84	74	62
<b>B. Tobacco Tax Revenue</b>	5,959	5,872	5,157	4,502	4,137
<b>C. Other Grant Revenues</b>					
F5CA Other Grants / IMPACT Grant/ Home Visiting Grant	357	620	510	200	200
Other Non-Tobacco Tax Grants	755	882	661	400	400
<b>Total Revenues</b>	7,217	7,470	6,412	5,176	4,799
<b>TOTAL AVAILABLE FUND</b> (Total Sources*)	18,827	20,314	18,305	15,244	13,580
<b>PROGRAM APPROPRIATIONS</b>					
<b>D1. Strategic Plan Investment SPIP (excl. E. Other Grants)</b>	2,508	4,185	4,444	3,780	3,780
Community Investments (Resilient Families, Healthy Children, Quality Care & Education)	2,255	3,837	3,442		
Evaluation	52	44	57		
Policy, Advocacy, & Communications (PAC)	201	304	945		
<b>D2. SPIP FY18-20 Carry Over to FY20-23</b>	725	901	572		
<b>E. Other Grants</b>	933	1,267	1,108	500	500
F5CA Other Grants / IMPACT Grant	310	563	462	150	150
Other Non-Tobacco Tax Grants	622	704	646	350	350
<b>F. Program Operations</b>	1,109	1,261	1,304	1,346	1,378
Shared Operating Budget	156	202	224	220	220
Program Staff S&B & Shared Admin Staff Time	953	1,059	1,080	1,126	1,158
<b>Total Program Appropriations (D1+D2+E+F)</b>	5,275	7,614	7,428	5,626	5,658
<b>ADMIN APPROPRIATIONS</b>					
<b>G. Shared Operating Budget</b>	156	202	224	220	220
<b>H. Admin Staff S&amp;B</b>	552	606	585	616	632
<b>Total Admin Appropriations (G+H)</b>	708	808	809	836	852
<b>TOTAL APPROPRIATIONS</b> (Net Appropriations*)	5,983	8,422	8,237	6,462	6,510
Surplus / (Deficit) (Total Revenues - Total Appropriations)	1,234	(952)	(1,825)	(1,286)	(1,711)
<b>ENDING FUND BALANCE before Pension Liability and Operational Reserves</b> (Ending Reserves*before Pension Liability and Operational Reserves)	12,844	11,893	10,068	8,782	7,070
Restricted Fund for Pension Liability and Operational Reserves	2,000	2,000	2,000	2,000	2,000
<b>ENDING FUND BALANCE after Pension Liability and Operational Reserves</b> (Ending Reserves* after Pension Liability and Operational Reserves)	10,844	9,893	8,068	6,782	5,070
<b>Total S&amp;B</b>	1,505	1,665	1,665	1,742	1,790



**FIRST 5 SAN MATEO COUNTY (F5SMC)  
REPORT OF THE EXECUTIVE DIRECTOR  
JUNE 2022**

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**STRATEGIC INVESTMENT FOCUS AREAS – UPDATE**

**QUALITY CARE AND EDUCATION**

**Build Up SMC and Build Up CA- CA State Facilities Grants**

Finally, the state of CA is funding childcare facilities grants for maintenance, renovation, and expansion in family child -care homes and centers in a rollout of \$250M originally approved in the FY 2019-2020 state budget. The pause in the grants program, due to the pandemic, is being managed by the Department of Social Services and local partners are providing technical assistance. The advocacy and education for this funding would not have been possible without the effort of Build Up SMC, Build Up CA, local partners and local elected officials. Several SMC providers have submitted applications for grant funding. There remains a large gap in facilities space and is coupled by the workforce shortage. See link for Build CA [Build Up CA](#)

**HEALTHY CHILDREN**

**Help Me Grow Physician Advisory Group Meeting**

On May 23, HMG Physician Champion and former F5 Commissioner Dr. Neel Patel led the quarterly meeting of pediatric physicians focused on improving identification and service delivery for children with special needs. In addition to regular agenda items, the focus for discussion centered on challenges with speech referrals and barriers to successful referrals and services for families. This complex issue is likely to remain a focus for this group in the near future in the hopes of reducing obstacles to care in the future.

**RESILIENT FAMILIES**

**Friday Café (Community and Family Engagement) Update**

Friday Cafés are held the fourth Friday of each month throughout the school year from 9:00 to 10:30 virtually (until further notice) for all who work at the intersection of early learning and family support. The final Friday Café of the season was held on May 27<sup>th</sup> during which attendees reflected on the year and acknowledged the challenges met and the fortitude it took. There will be a hiatus during the summer months; however, the Friday Café Advisory Board will meet mid summer to begin planning the fall series and to engage regarding the deeper Friday Café evaluation underway.

**IZZY's FY 21/22 Family Credential Training**

As part of their systems change work, each year we fund IZZY (formerly IHSD) to provide the Family Development Training and Credentialing Program (FDC) to 10 family engagement workers in San Mateo County, who otherwise would not have access to this program. The FDC is a national initiative that teaches family engagement professionals to empower families to attain a healthy self-reliance and interdependence with their communities, so that families are not merely “rescued” when crisis hits, but gain capacity to solve problems and achieve lasting

self-reliance. This program was developed by the New York State Division of Community Services and Cornell University's College of Human Ecology to address the fact that many family-oriented services and interventions are fragmented, problem-specific, crisis-driven, and therefore not as effective as they could be. There are now more than 5,000 frontline workers across the country who have earned the Family Development Credential, **and as of June 8, 2022 IZZY graduated 10 more!** Each participant completed 90 hours of class, homework, and portfolio advisor mentoring time, as well as successfully passing the final exam. This is an intense effort on the part of the IZZY staff who provide the training and the portfolio review and mentorship, as well as the participants who often dedicate personal time to further their impact on those they serve. Thank you IZZY staff and congratulations FDC graduates!

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## **POLICY & ADVOCACY UPDATES**

### **First 5 San Mateo County Stands in Favor of the Right to Choose and the End to Gun Violence**

F5SMC's release its statement in favor of the women's reproductive rights and end to gun violence. These statements are posted on F5SMC's website along with links to resources for parents and teachers on how to talk to children about these issues. (See Attachment #12.1).

Please see the corresponding statements by the San Mateo County Board of Supervisors regarding this issue (See Attachment #12.2)

### **State Leaders Must Make Equitable Investments in Child Care and Early Learning Systems Now**

In the first week of June 2022, First 5 SMC signed onto a letter with The Children's Movement of California along with other organizations, addressed to Governor Newsom and State Legislators to strengthen the final budget agreement and further prioritize early learning and child care in the 2022 – 23 State Budget. (See Attachment #12.3)

### **As a Doctor, I Have to Watch Children Die. There is No Disease More Brutal, or Preventable, than Gun Violence**

Dr. Nicole Webb, VP of American Academy of Pediatrics California Chapter 1, wrote an op-ed published in the *San Francisco Chronicle* on June 6, 2022, her acumens on gun violence as a pediatrician. (See Attachment #12.4)

### **Affordability of Employer Coverage for Family Members of Employees**

On June 6, 2022, First 5 SMC signed onto a letter along with several organizations such as American Academy of Pediatrics, Children's Hospital Association, and Family Voices addressed to Hon. Charles Rettig, Commissioner of Internal Revenue Service, supporting the proposed rule in Affordability of Employer Coverage for Family Members of Employees, which would correct the "family glitch" that was created by a 2013 misinterpretation of the Affordable Care Act. Children are disproportionately impacted by the family glitch – more than half of the 5 million people who are locked out of subsidized coverage are children. (See Attachment #12.5)

**Advisers to the FDA Back COVID Vaccines for the Youngest Children**

On June 15, 2022, Scott Hensley of NPR, reported that a Committee of Advisers with a unanimous vote of 21 – 0, recommended authorizing the Food and Drug Administration to approve COVID-19 vaccines from Moderna and Pfizer-BioNTech for children as young as 6 months. See article <https://tinyurl.com/3wauwdkv>

**The FDA has Authorized COVID-19 Vaccines for Children Under 5. What Should Parents Know?**

On June 20, 2022, Katia Hetter of CNN, reported that “the US Food and Drug Administration gave emergency use authorization on Friday for both Pfizer/BioNTech and Moderna vaccines for young children. Vaccine advisers to the US Centers for Disease Control and Prevention voted unanimously on Saturday in support of giving babies and other kids as young as 6 months a COVID-19 vaccination.” See article <https://www.cnn.com/2022/06/18/health/children-under-5-covid-vaccine-explainer-wellness/index.html>

**American Academy of Pediatrics (AAP) Applauds CDC Approval of Safe, Effective COVID-19 Vaccines for Children Ages 6 Months and Older**

The AAP supports the CDC COVID-19 vaccines recommendation for children ages 6 months through 5 years and encourages pediatricians to promote it. See article <https://tinyurl.com/2p8n5dhh>

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**ACCOUNTABILITY, RESEARCH AND EVALUATION****Bids for Evaluation Consultation and Support Services**

F5SMC recently released a Request for Bids for Evaluation Consultation and Support Services. In response, we have received three bids. Staff are in the process of reviewing each bid and will be interviewing potential consultants within the next few weeks. We anticipate that the contract with the successful applicant will be brought before the Commission for approval at its meeting on July 25, 2022.

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**FIRST 5 CALIFORNIA & FIRST 5 ASSOCIATION UPDATES****First 5 California Statement on the Infant Formula Shortage**

On May 26, 2022, First 5 California sent out a press release regarding the nationwide infant formula shortage. According to Jackie Thu-Huong Wong, Executive Director of First 5 California, “The First 5 California has been in communication with Governor Newsom’s Administration and the California Department of Public Health (CDPH) to provide credible information and resources as the federal government works on strategies to increase production of formula and help families access existing supplies.” (See Attachment #12.6)

**Support Letter for AB 1930 (Arambula) – Medi-Cal Comprehensive Perinatal Services Program**

On June 15, 2022, First 5 Association of California sent out a letter of support to Honorable Richard Pan, Chair of Senate Health Committee, requesting to support AB 1930 (Arambula) to improve access to critical social and other services for low-income mothers and infants during Medi-Cal’s new 12-month postpartum eligibility period. (See Attachment #12.7)

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## COMMUNITY AND STATEWIDE EVENTS & UPDATES

### San Mateo County Vaccines for Children Under 5 Years Old

San Mateo County Health announced that they have been working with local pediatric health care providers to help them prepare to administer COVID-19 vaccines to children under 5. Parents and care-givers of young children now eligible for COVID-19 vaccines should contact their pediatric provider to schedule an appointment. Other options may be available on MyTurn. <https://myturn.ca.gov/>



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## COMMUNICATIONS

### What's New on Our Website?

- With so many negative news that would have an adverse effect young child, First 5 SMC put together resources from various sites on its website, [first5sanmateo.org](http://first5sanmateo.org), for parents and teachers.
  - [Talking with Students About Bad News](#). Age-based tips for teachers to help students process.
  - [Talking to Children About Safety at School](#). Resources for parents and teachers to talk to children.
  - [Explaining Violence – Repair the World](#). Talking to children about safety in the world we live in.
  - [Explaining the News to Our Kids](#). Age-based tips on how to talk with kids about the news.
  - [Supporting our Families Through the Formula Shortage and Recall](#).

**Social Media and Analytics Report** (See Attachment #12.8)

# First 5 San Mateo County Stands in Favor of the Right to Choose and the End to Gun Violence

Our vision of success for every child means that children should have the opportunity to grow up with security, safety, stability and respect from the first days of their lives. Creating success for every child is about constructing a nurturing and limitless future that we hope to leave the next generation. We want our children to grow into people, with the opportunities to choose how they thrive, with the rights to their own lives.

The right to life means the right to safety. It includes the right of mothers to bring children into the world on their own terms, the rights of children to learn without a threat of traumatic violence in their schools, and the rights of communities, especially communities of color, to conduct their lives without the looming peril of being ravaged by mass shootings.

When we prioritize life, it means that we love and honor it. We celebrate and protect it, in its present and existing form. We are talking about female bodied lives, immigrant lives, black lives, young lives.

First 5 San Mateo County stands united with our communities— those reeling from the trauma of gun violence, those who are scared, and those who are taking action to protect their bodies and their choices. We are here for our families and children.

## Resources for Parents and Teachers

### [Talking with Students About Bad News](#)

Age-based tips for teachers to help students process.

### [Talking to Children about Safety at School](#)

Resources for parents and teachers to talk to children.

### [Explaining Violence - Repair the World](#)

Talking to children about safety in the world we live in.

### [San Mateo is Unwavering in its Support of Abortion and Reproductive Freedom](#)

### [Explaining the News to Our Kids](#)

Age-based tips on how to talk with kids about the news.

# NEWS

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June 14, 2022

For Immediate Release

## San Mateo County Supervisors Approve Action Plan to Support Women's Reproductive Rights

*Supervisors Dave Pine and Warren Slocum Champion Financial Investments, Protections and Outreach Supporting Women's Access to Reproductive Care*

**Redwood City** — Today, the San Mateo County Board of Supervisors approved the [Women's Reproductive Freedom and Healthcare Privacy Action Plan](#) to provide financial support for Planned Parenthood Mar Monte to deliver increased abortion care; create a buffer zone ordinance for the unincorporated areas of the county; develop an advocacy agenda; establish the Reproductive Rights and Healthcare Privacy Subcommittee to include Supervisors Pine and Slocum; and launch an information campaign to let patients know that San Mateo County Health continues to offer reproductive services.

The Action Plan was developed in conjunction with Planned Parenthood Mar Monte (PPMM), which serves residents of Northern California including San Mateo County. PPMM has three clinics in San Mateo County that provide comprehensive sexual and reproductive health care, gender-affirming care, behavioral health, and family medicine services. Together, these clinics serve about 13,000 San Mateo County residents a year.

“With the likely reversal of *Roe v. Wade* by the U.S. Supreme Court looming, San Mateo County and California as a whole must prepare for the inevitable increase of women seeking care here that will be unavailable to them elsewhere in the nation,” said Supervisor Dave Pine.

According to a report released in October 2021 by the Guttmacher Institute, if *Roe v. Wade* is overturned or gutted, 26 states are certain or likely to ban abortion. The actions by those states would increase the number of out-of-state patients seeking abortion care in California from 46,000 to 1.4 million—an increase of nearly 3,000 percent. Between July of 2021 and May of 2022, PPMM provided abortion care to 87 patients from out-of-state. Those services were provided to 5 patients at the PPMM clinics in San Mateo County.



“We are at a precipice and the time for action is now. These financial investments to Planned Parenthood Monte Mar will allow for more women to make decisions about their bodies, particularly those living in states set to ban abortion. What we have done today is monumental in this effort,” said Supervisor Warren Slocum.

The financial investment includes \$1,000,000 allocated in two tranches including \$549,312 to support the purchase of technology and equipment by PPMM to allow for increased patient capacity at its clinics. The second tranche of funding, up to \$450,688, would be held in reserve for use as needs emerge.

To provide additional access to services, a draft buffer zone ordinance for unincorporated San Mateo County clinics that protects patients and employees from harassment, intimidation, and obstruction when accessing a PPMM clinic while also balancing First Amendment rights will be brought to the Board of Supervisors at the June 28, 2022 meeting.

In addition, a women’s reproductive freedom and healthcare privacy advocacy agenda will be developed in coordination with the Commission on the Status of Women, County Attorney’s Office, County staff and the Board subcommittee to develop a proposed advocacy agenda for consideration at the August 2, 2022 Board meeting.

Lastly, the County will lead an information campaign to let patients know that San Mateo County Health continues to offer reproductive services.

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###





The Children's  
Movement  
of California®

# State leaders must make equitable investments in child care and early learning systems now

June 2022

## **CA must make child care our top priority in this State Budget**

Dear Governor Newsom and State Legislators,

The undersigned organizations urge you to bolster the final budget agreement and further prioritize early learning and child care in the 2022-23 State Budget.

As state leaders, you have a once in a generation opportunity to make even stronger investments in the systems that serve kids, especially Black, Latino, and other children of color, dual language learners, and children growing up in low-income households – the majority of California's children. We urge you to meet the urgency of the hour and address the short-term crisis in early learning and child care while putting a down payment on the billions of dollars needed to equitably support the human and physical infrastructure needed to build a stronger future. As you make tough choices and determine your budget priorities, kids and working families must be at the top of the list.

California's youngest children, their families and adults who care for them have borne the brunt of a perfect storm: the devastating human and economic impacts of the pandemic – serving the last remaining population of unvaccinated Californians; the 40% increase in the minimum wage without aligned increases for the child care field; and rapidly rising inflation. All of these forces have made it extremely difficult for many in the field to remain open and up to a quarter have closed their doors at some point during the past two years. Like so many in the care economy, California's child care providers are emotionally and financially exhausted from the COVID-pandemic and parents of young children are left making increasingly difficult choices about returning to work and finding safe, affordable child care for their young children. These closures are amidst a backdrop of serving as few as 14% of eligible infants and toddlers and one-third of children under 6 before the pandemic and 58% of child care workers using one or more public assistance programs. Yet, statewide, early learning classrooms remain empty because there are not enough people applying to these positions with sub-par wages, with no benefits, and stressful conditions, when viable, higher paying jobs are available. The funding of additional slots will be wasted if these structural problems are not addressed.

To ensure California's young children are provided with enriching, safe and nurturing early learning and care opportunities, and to enable California's economy to fully reopen, robust and stable early learning and child care must be available. We are supporting the Early Care and Education (ECE) Coalition budget requests – investments and policies that support the Coalition's vision of child care and early childhood education systems that serve and meet the diverse needs of all children, families and ECE professionals. We are asking for investments that are informed by current research and are led by the expertise of families and ECE professionals. Specifically, we are asking for the following:

**Increasing Child Care Provider Wages and Benefits**

**\$1 billion** for rates, **\$50 million** to support local Head Start programs who serve California's children living in poverty, and \$400-\$600 million for health care and retirement benefits and paid time off days for all family child care providers.

**Waiving Family Fees and Increasing Access**

**\$187 million** to extend the waiving of family fees through September 30, 2024, for all families with child care subsidies.

**Infrastructure Grants**

**\$310 million** to invest in Child Care Infrastructure Grants and to fund a Department of Housing and Community Development study on implementing and providing start-up funding for a low-interest loan and grant program that supports financing for child care centers and family child care housing units that are co-located with affordable housing projects.

**Workforce Development Grants**

We request **\$250 million** for restoration of the Early Learning and Care Workforce Development Grants Program, and we propose special funds for family, friend, and neighbor provider support and specific professional development for providers who support dual language learners (DLL), who make up 60% of the children in California.

**Continued Pandemic and Economic Recovery Aid**

We join the ECE Coalition in requesting the continuance of several COVID-pandemic policies into 2022-23. To ensure child care providers can keep their doors open during a future COVID surge, they need to be "held harmless" for attendance drops, and they need additional paid COVID sick days and maximum flexibility to allow unspent dollars to be carried over to next year and allow community contractors and providers to exhaust available relief funds.

***Prioritize California's Child Care Providers for Emergency Relief***

In addition, we ask that child care providers are eligible for and prioritized in the state's SMARTER Plan implementation for emergency relief funding, testing supplies and PPE, as they continue to navigate evolving economic and public health variables. As providers supporting the ***last remaining age group without access to vaccines***, these important caregivers deserve additional support as prior early relief funds end and leave them at further risk for personal and economic strain.

**To prevent another catastrophic hit to California's youngest children, their families, providers, and the economy due to an inadequate investment in and availability of affordable, comprehensive early learning and child care, the undersigned organizations are urging you to support these budget priorities.**

Sincerely,

The Undersigned Organizations

# San Francisco Chronicle

OPINION//OPEN FORUM

## As a doctor, I have to watch children die. There is no disease more brutal, or preventable, than gun violence

Nicole Webb

June 6, 2022

Comments



A hearse with the casket of school shooting victim Jacklyn Cazares passes through Uvalde, Texas, on Friday.

Eric Gay/Associated Press

“Doctor, is my daughter going to die?”

Page 1 of 4

<https://www.sfchronicle.com/opinion/openforum/article/As-a-doctor-I-have-to-watch-children-die-There-17219219.php>

As an inpatient pediatrician, I get asked some variation of that question from parents frequently. I struggled with what to say less than 24 hours after an 18-year-old with an assault-style rifle killed 19 children and two teachers, and injured another 17 people May 24 at Robb Elementary School in Uvalde, Texas. The patient in question was, thankfully, doing very well and in the hospital for an asthma attack, which is a manageable condition. It was easy for me to listen to the mother's concerns and reassure her that her daughter would get to go home and that she'd be OK.

My heart breaks when I think of the conversations doctors had to have with parents in Uvalde and so many other places across the country because of gun violence.

Talking to parents about the health of their children is part of the job of a pediatrician. Sometimes these conversations are fairly easy, like with my asthma patient. But often times, they are not.

I have watched children die during "code blue" emergencies despite heroic effort and the best modern medicine has to offer. I have attended deliveries of babies born so prematurely their eyelids are still fused, with airways too small to accommodate even the tiniest breathing tube. I have sat with parents and held their hands as I explained devastating diagnoses and cried with them when their child took their last breath.

As doctors, we are given both the training and the tools to evaluate, diagnose and manage disease. Often the problem is not something I can cure, but I can offer some treatment, some comfort and rarely is it the case that I know what the problem is, what treatment to provide, but am prevented from doing so.

This is why, as a pediatrician, a mom and a longtime gun violence prevention advocate, I'm struggling today, more than ever. Gun violence is a disease. It is a public health epidemic, and just like many other public health issues, we know the cause — in this case, unrestricted access to guns by many who should not have them — and the solution — common sense gun safety legislation.

Yet here we are again, collectively mourning the killing of elementary school children when we have the means to prevent it.

In 2021, guns surpassed motor vehicle collisions as the leading cause of death of American children. Not COVID, not cancer, not birth defects or anything else. Guns.

In other words, the No. 1 killer of kids today is something that is 100% preventable but there is no reason to think the violence will stop.

According to Gun Violence Archive, there have been at least 20 mass shootings since the May 24 shooting in Texas.

That count doesn't include the two shootings Thursday in Iowa and Wisconsin or the dozens more that will certainly happen throughout the rest of the year.

We're often told that gun violence prevention is a political issue. But that's not true. In reality, the country is ready for reform.

According to a May 25 survey from Morning Consult and Politico, 88% of Americans support background checks on every gun sale, 67% support an assault weapons ban, 79% support banning the purchase of firearms by people on the federal no-fly or watch list and 65% of people support stronger gun laws overall.

Yet, pro-gun lobby groups, most notably the National Rifle Association, spend millions of dollars supporting politicians who do their bidding by shouting about threats to the Second Amendment and the right to bear arms.

Undoubtedly, there are some who would call for a full ban on gun ownership. But by repeatedly focusing their talking points on that perspective, pro-gun lobby groups and the politicians they fund conveniently ignore the fact that a majority of Americans want stricter gun safety laws than we have today.

In the 1980s, there was strong resistance to seat belt safety — much of it stemming from resistance to a perceived government infringement on individual choice. One politician at the time argued levying a fine on people who didn't buckle up was just the start and soon the government would outlaw smoking.



Obviously, that never happened. But the country eventually did pass seat belt safety laws, saving hundreds of thousands of lives.

While some Republican lawmakers in Texas have signaled an openness to some gun restrictions in the wake of the Uvalde shooting, there's little reason to think they'll follow through.

In 2021, Texas legislators loosened gun laws by passing permitless carry, less than two years after mass shootings in El Paso and Odessa.

To expect any different outcome without the country collectively standing up and saying "enough" through the vote is asinine. Nothing will change.

As pediatricians, emergency room doctors and trauma surgeons, our mission is to save lives. Let us go back to treating the things we can actually fix. Let us be telling the truth when we tell parents that their babies aren't going to die. That we aren't just fixing them up to send them off to school to be slaughtered by bullets from an AR-15.

No matter our differences, let's at least agree on that.

*Dr. Nicole Webb is vice president of the American Academy of Pediatrics California Chapter 1, which covers the northern and central part of the state.*

June 6, 2022

The Honorable Charles Rettig  
Commissioner  
Internal Revenue Service  
U.S. Department of the Treasury  
P.O. Box 7604, Ben Franklin Station  
Washington, D.C., 20044

**Re: Affordability of Employer Coverage for Family Members of Employees (REG-114339-21)**

Dear Commissioner Rettig:

As advocates for child and adolescent health, the undersigned organizations appreciate the opportunity to comment on the proposed rule, *Affordability of Employer Coverage for Family Members of Employees*, issued by the Internal Revenue Service (IRS). We write in strong support of the proposed rule, which would correct the “family glitch” that was created by a 2013 misinterpretation of the Affordable Care Act (ACA).

Our organizations have repeatedly urged the Department of the Treasury to use its administrative authority and adopt the strongest, most reasonable interpretation of the statutory language related to the affordability test that is family-based and includes the cost of dependent coverage. Specifically, in 2011 the child health community expressed concern that the Treasury’s proposed definition of “minimum essential coverage” related to employer-based coverage as set forth at 1.36B-2(c)(3)(v), violated the intent of the ACA and would adversely impact the families of millions of children without affordable coverage.<sup>1</sup> Instead, our organizations called for Treasury to revise the proposed definition to make clear that at least children and family members would be eligible for subsidized exchange coverage if the cost of family-based insurance – not just individual coverage – exceeds 9.5 percent of household income.<sup>2</sup> Despite these objections, IRS finalized the policy in 2013 (78 FR 7264), with an interpretation inconsistent with the text and intent of the ACA, thereby creating the “family glitch.”

Children are disproportionately impacted by the family glitch—more than half of the 5 million people who are locked out of subsidized coverage are children.<sup>3</sup> Through no fault of their own, children have suffered the consequences of this incorrect regulatory interpretation of the ACA, which considers whether family coverage is “affordable” based only on the cost to cover the employee. While most employers offer family-based coverage, it is not always subsidized or is subsidized only to a very limited degree, leading to high costs for workers and their families. Data from the Kaiser Family Foundation’s Employer Health Benefits Survey shows that in 2021, the average annual employee contribution for employee-only coverage was \$1,299, while the average contribution for family coverage was \$5,969.<sup>4</sup> Consequently, nearly half a million people go uninsured when faced with unaffordable coverage under a family member’s employer plan.<sup>5</sup> Workers in small businesses are also impacted as they are more likely to face higher premiums for family coverage. Five percent of covered workers in large businesses face a premium contribution of at least \$10,000 to enroll the entire family in their

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<sup>1</sup> Full comments can be found here: [https://downloads.aap.org/DOFA/10-31-11%20Group%20Comment%20Premium%20Tax%20Medicaid%20Eligibility%20Exchange%20Functions%20-%20Copy%20\(2\).pdf](https://downloads.aap.org/DOFA/10-31-11%20Group%20Comment%20Premium%20Tax%20Medicaid%20Eligibility%20Exchange%20Functions%20-%20Copy%20(2).pdf)

<sup>2</sup> First Focus Campaign for Children, “Fix the Family Glitch: To the President and Congressional Leaders,” March 2012. <https://campaignforchildren.org/wp-content/uploads/sites/2/2012/03/Family-Glitch-Letter.pdf>

<sup>3</sup> Cox et al., The ACA Family Glitch and Affordability of Employer Coverage, KFF, Apr 07, 2021, <https://www.kff.org/health-reform/issue-brief/the-aca-family-glitch-and-affordability-of-employer-coverage/>

<sup>4</sup> <https://www.kff.org/health-costs/report/2021-employer-health-benefits-survey/>

<sup>5</sup> Cox et al., The ACA Family Glitch and Affordability of Employer Coverage, KFF, Apr 07, 2021, <https://www.kff.org/health-reform/issue-brief/the-aca-family-glitch-and-affordability-of-employer-coverage/>

employer plan. That number grows to 29 percent of covered workers in small businesses who must pay \$10,000 to obtain family coverage.<sup>6</sup>

Low- and middle-income families are disproportionately impacted by the current IRS misinterpretation: 46 percent of those stuck in the family glitch have incomes below 250 percent of the federal poverty line.<sup>7</sup> Fixing the family glitch would provide greater premium savings for those families with incomes under 200% of FPL (\$580 average savings per person).<sup>8</sup> Low-income families would also see significant savings in out-of-pocket costs, thanks to cost-sharing subsidies available to families with income under 250% of FPL. This could mean thousands of dollars in cost-sharing savings for these families.<sup>9</sup>

If finalized, the proposed rule would help millions of families by allowing for a separate affordability test for children and other family members that would be based on the cost to enroll in family employer coverage (not the cost of enrolling only the employee). **We strongly support this sound, reasonable, and consistent interpretation of the statute and the approach to determining family members' eligibility for premium tax credits.** This nuanced approach will likely increase access to affordable coverage for children and families without impacting the existing employer-sponsored insurance market.

Our organizations also appreciate the opportunity to comment on the minimum value definition requiring employer plans to provide substantial coverage of inpatient hospital and physician services to satisfy the 60% actuarial value threshold. **We support this definition and the proposed rule clarifying that, like the affordability test, the minimum value requirement should be applied separately for employees and family members.** We agree that this clarification will ensure family members are not barred from premium tax credits by coverage that is affordable but fails to provide minimum value.

Children must be able to get the care they need, when they need it, without jeopardizing their families' financial security. When children see clinicians who know their medical history, can monitor their physical and socioemotional development, and provide them with appropriate interventions, they are more likely to have better overall health, be up-to-date on immunizations, perform better in school and receive care in the most cost-effective way. On the contrary, missed screenings, diagnoses, and treatments can result in life-long health consequences that generate extensive and avoidable costs. As such, we support the proposed rule, which is consistent with the goals of the ACA to expand access to affordable coverage and will benefit millions of families.

After a decade of advocacy, our organizations tremendously appreciate the hard work by the Department of the Treasury and the Internal Revenue Service to craft a thoughtful regulatory package to correct the family glitch. If our organizations can be of any further assistance, please do not hesitate to contact Stephanie Glier, Director, Federal Advocacy at the American Academy of Pediatrics at [sglier@aap.org](mailto:sglier@aap.org).

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<sup>6</sup> Gary Claxton, Larry Levitt and Matthew Rae, "Many Workers, Particularly at Small Firms, Face High Premiums to Enroll in Family Coverage, Leaving Many in the 'Family Glitch,'" KFF, Apr. 12, 2022, accessed at <https://www.kff.org/health-reform/issue-brief/many-workers-particularly-at-small-firms-face-high-premiums-to-enroll-in-family-coverage-leaving-many-in-the-family-glitch/>.

<sup>7</sup> Ibid.

<sup>8</sup> Mathew Buettgens and Jessica Banthin, "Changing the 'Family Glitch' Would Make Health Coverage More Affordable for Many Families," The Urban Institute, May 2021, accessed at [https://www.urban.org/sites/default/files/publication/104223/changing-the-family-glitch-would-make-health-coverage-more-affordable-for-many-families\\_1.pdf](https://www.urban.org/sites/default/files/publication/104223/changing-the-family-glitch-would-make-health-coverage-more-affordable-for-many-families_1.pdf)

<sup>9</sup> Dania Palanker and Christina Goe, "ACA 'Family Glitch' Increases Health Care Costs for Millions of Low-and Middle-Income Families," Commonwealth Fund, Apr. 22, 2021, accessed at <https://www.commonwealthfund.org/blog/2021/aca-family-glitch-increases-health-care-costs-millions-low-and-middle-income-families>

Sincerely,

American Academy of Pediatrics  
Children's Hospital Association  
Family Voices  
First Focus on Children  
Georgetown Center for Children and Families  
March of Dimes  
National Association of Pediatric Nurse Practitioners

DRAFT



## First 5 California Statement on the Infant Formula Shortage

May 26, 2022 05:32 PM Eastern Daylight Time

SACRAMENTO, Calif.--([BUSINESS WIRE](#))--As California children and families continue to recover from the devastating effects of the COVID-19 pandemic, many families now face a national shortage of infant formula. Long-term supply chain issues have impacted U.S. manufacturing, but the infant formula supply chain was recently disrupted due to Abbott Nutrition recall of infant formula, affecting families in California and across the United States.

The First 5 California has been in communication with Governor Newsom's Administration and the California Department of Public Health (CDPH) to provide credible information and resources as the federal government works on strategies to increase production of formula and help families access existing supplies. "We are committed to ensuring that every parent and caregiver of an infant has access to healthy and safe baby formula, and we are working with our state leaders to lift our voices of the urgency to address the formula shortage swiftly and safely," said Jackie Thu-Huong Wong, Executive Director of First 5 California.

According to CDPH:

- Parents and caregivers should contact their healthcare provider first when baby formula supply options are scarce.
- Parents and caregivers should NOT dilute formula or use homemade recipes for substitution when formula supply is scarce.
- Families on Women, Infants & Children Program (WIC), should use formula benefits early. Ask your WIC or health care provider for guidance on other formulas you could use. WIC can also assist families who want to continue to breastfeed but need support.
- Babies usually tolerate alternative formula products, except in the case of special therapeutic formula. Consult with your healthcare provider first to get help or discuss alternative options.

CDPH/WIC is working closely with federal partners at the United States Department of Agriculture (USDA) to monitor participant access to WIC-provided formulas. CDPH also temporarily expanded the WIC authorized product list to include additional infant formula options for California families using WIC benefits and is continuing to work to add more options.

- [CDPH Infant Formula Website](#)
- [CDPH Infant Formula Website \(Spanish\)](#)
- [California WIC Family Formula Shortage Website](#)
- [CDPH Infant Formula Communications Toolkit](#)

On May 18, 2022, President Biden announced additional steps to increase formula production and distribution by ensuring manufacturers have the necessary ingredients to make safe and healthy infant formula. Earlier last week, the United States Food and Drug Administration and Abbott reached an agreed on next steps to reopen the Abbott facility in Michigan and begin safely importing formula to supplement the current shortage. Through Operation Fly Formula, non-domestic safe therapeutic formula has been rapidly imported and now in distribution phase to hospitals and healthcare providers.

As our state health officials continue to assess the situation, First 5 California will provide updates as information is available.

For more information about First 5 California, visit [www.cafc.ca.gov](http://www.cafc.ca.gov).

**ABOUT FIRST 5 CALIFORNIA:**

*First 5 California was established in 1998 when voters passed Proposition 10, which taxes tobacco products to fund services for children ages 0 to 5 and their families. First 5 California programs and resources are designed to educate and support teachers, parents, and caregivers in the critical role they play during a child's first five years – to help California kids receive the best possible start in life and thrive. For more information, please visit [www.cafc.ca.gov](http://www.cafc.ca.gov).*

**Contacts**

Jamiann Collins-Lopez  
(916) 316-1924

June 15, 2022

The Honorable Richard Pan, Chair

Senate Health Committee

1021 O Street, Suite 3310

Sacramento, CA 95814

Delivered to The Advocacy Portal at <https://calegislation.lc.ca.gov/Advocates/>

**Re:** SUPPORT for AB 1930 (Arambula)-- Medi-Cal Comprehensive Perinatal Services Program

Dear Chair Pan:

First 5 Association requests your support of AB 1930 (Arambula) to improve access to critical social and other services for low-income mothers and infants during Medi-Cal's new 12-month postpartum eligibility period, which began April 1, 2022. The bill requires the Department of Health Care Services to: (1) continue Medi-Cal's Comprehensive Perinatal Services Program (CPSP) benefit beyond the initial 60-day postpartum period; and (2) adopt the federal option to allow Comprehensive Perinatal Health Workers (CPHWs) to provide supportive services in the home or community, not just at a clinic or doctor's office.

The CPSP is a Medi-Cal benefit that was adopted after the state's three-year OB Pilot Project showed that non-clinical supports, when wrapped around obstetrical care, improved birth outcomes and reduced Medi-Cal costs. It has several integrated components: health education, nutritional counseling, psychosocial services, and case management.

Clarifying that the CPSP benefit is available during the additional ten months of postpartum coverage is necessary to implement the commitment the state made when adopting Medi-Cal's postpartum eligibility extension to provide full benefits. We urge your aye vote for AB 1930 to provide families with crucial supports during a particularly important time, the first year after a baby is born.

Sincerely,



Kitty Lopez

Board President, First 5 Association of California

Executive Director, First 5 San Mateo County

REPORT FOR MAY 1, 2022 - MAY 31, 2022  
**FIRST 5 SAN MATEO ANALYTICS**

OVERVIEW

OVERVIEW - MAY

This month's F5SMC Communications were focused on sharing community resources and reacting to the heartbreaking tragedies in Uvalde and Buffalo. First 5 San Mateo County content shared our outrage and solidarity with advocates for gun control and protection of a Woman's right to choose, and continued to share resources for parents, teachers, and other community members regarding community events and highlights.

**Website**

Web traffic was pretty consistent this month, with 888 visitors. This is slightly lower than last month, likely because less of the social media content redirected viewers to the website, and more shared other online resources. Most website referrals came from partner organizations. 79% of the visitors to the site were new to the site. Pages per session were slightly higher than last month on average, and the average duration was the slightly higher as well.

**Social Media**

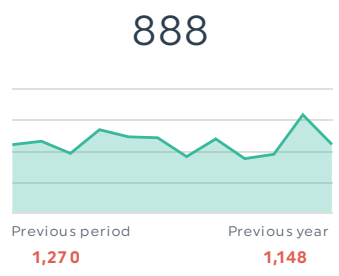
- o First 5 San Mateo County Facebook page gained 65 followers in May, for a total of 1,685 total fans. This month, we ran paid page-likes ads online to reach new followers, and that contributed to the largest single-month increase in the last 9 months of consistent growth.
- o May page impressions increased to 47,196 with the page likes ad and the video views promotion. The engagement rate was 4.47%, which is slightly higher, but consistent, with the last few months. The top post was video views of families talking about their experiences with COVID, which was used to promote the outcomes of Advocacy Day.
- o Instagram followers increased by 9 to 1264 in May. The top posts was the statement condemning the gun violence in Uvalde, Texas. The engagement rate of the top post was about 16% and the overall average engagement rate was about 6.75%.
- o Twitter followers increased by 3 to 677. Impressions remained consistent with month-over-month and year-over-year performance of about 3,600 impressions. Engagement was up consistent from month-over-month and year-over-year performance. There were 8 follower retweets and 10 mentions.
- o LinkedIn increased by 6 followers to 133. Engagement rate was high, 12.5%. The highest performing post was the celebration of teacher appreciation week.

WEBSITE INSIGHTS

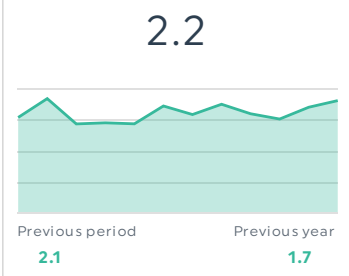
TOP PAGES BY PAGEVIEWS

Page Path	Pageviews
/	492
/about/	94
/resources/	87
/staff/	81
/for-parents-families/	50
/who-we-are/	47
/commission/	45
/resource/car-seat-checks/	42
/commissioners/	38
/our-work/	37
/kit-for-new-parents/	35
/early-childhood-development/	34
/contact/	32
/es/los-tres-tipos-de-estres-y-como-afrontarlo/	32
/news-updates/	31
/es/	30
<b>Total</b>	<b>1,935</b>

TOTAL SESSIONS

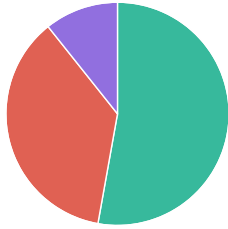


PAGES PER SESSION





TOP SOURCES BY SESSIONS



Medium	Sessions	Previous period
organic	469	459
(none)	324	746
referral	95	64
<b>Total</b>	<b>888</b>	

AVERAGE SESSION DURATION

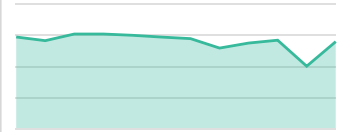
00:01:37



Previous period: 00:01:14 | Previous year: 00:00:60

BOUNCE RATE

69.93%

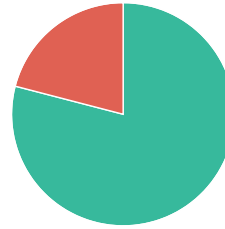


Previous period: 50.16% | Previous year: 79.44%

TOP REFERRERS BY SESSIONS

Source	Sessions	Previous period
app.getflywheel.com	13	1
peninsulafamilyservice.org	13	6
smcgov.org	13	4
e.ate.wpml.org	11	N/A
facebook.com	6	8
m.facebook.com	4	12
l.facebook.com	3	1
app.buzzstream.com	2	N/A
cosmbrand.ru	2	4

NEW VS RETURNING

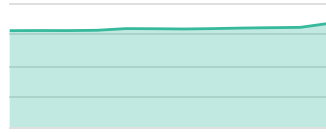


Visitor Type	Sessions
New Visitor	79.1%
Returning Visitor	20.9%

FACEBOOK INSIGHTS

FANS COUNT

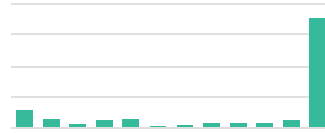
1,685



Previous period: 1,620 | Previous year: 1,558

FAN ADDS

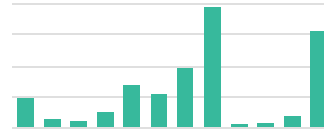
71



Previous period: 5 | Previous year: 18

PAGE IMPRESSIONS

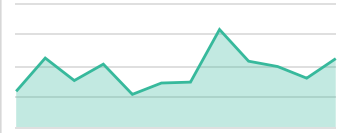
47,196



Previous period: 6,392 | Previous year: 58,676



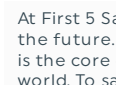

PAGE ENGAGEMENT RATE

4.47%






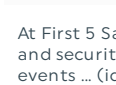
Previous period: 3.21% | Previous year: 2.47%

TOP POSTS BY ENGAGEMENT RATE

Post With Image	Engagement Rate	Total Reactions	Post Comments	Post Shares
 In tough times, neighborhoods are stronger. (id: 618117351594890_7427689343970956)	18.52%	2	0	0
 Only 13% of workers nationwide have employer-sponsored paid leave, and Black and Latinx families are the least likely to have access to #PaidLeave at work. It's time to expand access to	15.94%	3	0	1
 At First 5 San Mateo County, we understand that children are the future. Ensuring their safety, health, comfort, and security is the core of the light in our communities and our whole world. To say we are devastated by the events ... (id: ...)	5.48%	5	1	1
 Cubberley Lecture Series presents An Evening with Geoffrey Canada, author, children's advocate, and founder of Harlem Children's Zone. First 5 SMC's Executive Director, Kitty Lopez, is one of the	5.00%	1	0	0

TOP POSTS BY IMPRESSIONS

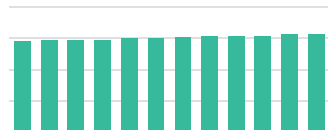
1

Post With Image	Post Impressions	Post Reach
 Do you work in child care (defined as working with children ages 0-12 years old, including children in day-care, preschool, or before/after school care) in San Mateo County? The SMC Child Care Partnership Council wants to hear fr ... (id: 618117351594890_7377445112328713)	201	191
 Do you work in child care (defined as working with children ages 0-12 years old, including children in day-care, preschool, or before/after school care) in San Mateo County? The SMC Child Care Partnership Council wants to hear fr ... (id: 618117351594890_7392449447494946)	187	176
 Do you work in child care (defined as working with children ages 0-12 years old, including children in day-care, preschool, or before/after school care) in San Mateo County? The SMC Child Care Partnership Council wants to hear fr ... (id: 618117351594890_7437768329629724)	172	168
 At First 5 San Mateo County, we understand that children are the future. Ensuring their safety, health, comfort, and security is the core of the light in our communities and our whole world. To say we are devastated by the events ... (id: 618117351594890_7432518973487993)	149	144

INSTAGRAM INSIGHTS

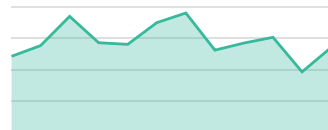
FOLLOWERS

1,264



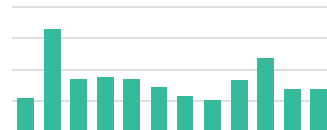
ENGAGEMENT RATE

6.75%



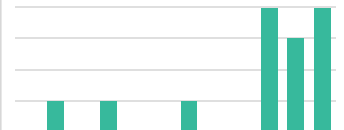
LIKES ON POSTS

69







COMMENTS ON POSTS





4



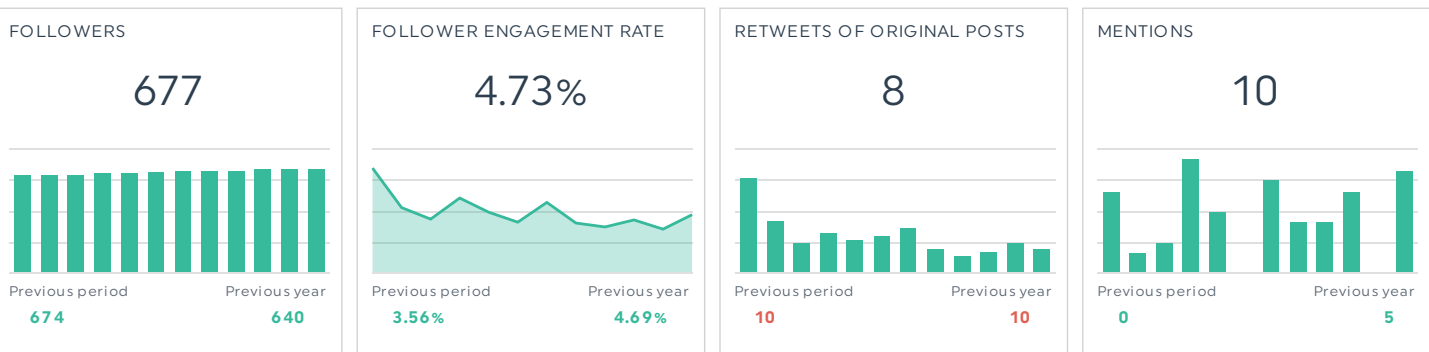
TOP POSTS BY ENGAGEMENT RATE

Post With Image	Engagement Rate	Likes	Comments
 <p>At First 5 San Mateo County, we understand that children are the future. Ensuring their safety, health, comfort, and security is the core of the light in our communities and our whole world. To say we are devastated by the events in Uvalde, Texas, is insufficient. It is heartbreaking to witness another act of gun violence on a community of color. For</p>	15.63%	15	0
 <p>A \$250 million budget augmentation for Infant &amp; Early Childhood #MentalHealth services will help to prevent &amp; mitigate concerns, promote healthy social-emotional development, &amp; train providers of infants/toddlers.</p>	16.67%	7	1
 <p>Our amazing executive director is a panelist for this lecture series next week, and it will be a fabulous opportunity to learn about how investing in education from an early age set kids of for success. Register at the link in our bio!</p>	11.76%	7	1
 <p>Success for every child means that they have the opportunity to grow up without a fear of totally random firearm violence. In the last 10 days, two shootings have turned communities in our nation upside down. The families of Uvalde, Texas, the families of Buffalo, New York, and all of the families in between ache for true reform and real,</p>	10.71%	7	2

TOP POSTS BY IMPRESSIONS

Post With Image	Impressions	Reach
 <p>At First 5 San Mateo County, we understand that children are the future. Ensuring their safety, health, comfort, and security is the core of the light in our communities and our whole world. To say we are devastated by the events in Uvalde, Texas, is insufficient. It is heartbreaking to witness another act of gun violence on a community of color. For those of you who are hurting right now, we are with you. We have the families of the</p>	96	94
 <p>Success for every child means that they have the opportunity to grow up without a fear of totally random firearm violence. In the last 10 days, two shootings have turned communities in our nation upside down. The families of Uvalde, Texas, the families of Buffalo, New York, and all of the families in between ache for true reform and real, reliable safety. There have been 27 school shootings this year, 2022. Here in the US, 7957</p>	84	81
 <p>The Kindergarten Oral Health Assessment helps set your child up for success in the classroom. Medi-Cal covers dental check-ups every 6 months for children. Visit <a href="https://SmileCalifornia.org/KOHA">SmileCalifornia.org/KOHA</a> to learn more about the Kindergarten Oral Health Assessment, and to find a dentist near you. #SmileCalifornia #KOHA</p>	76	68
 <p>Our amazing executive director is a panelist for this lecture series next week, and it will be a fabulous opportunity to learn about how investing in education from an early age set kids of for success. Register at the link in our bio!</p>	68	64

TWITTER INSIGHTS



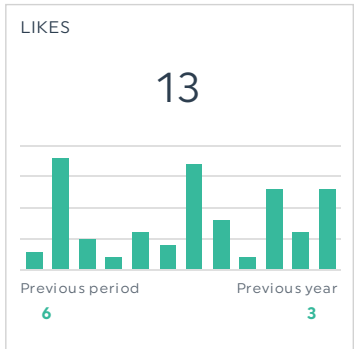
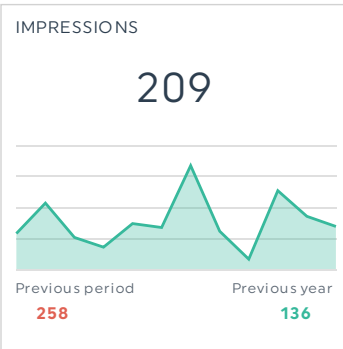
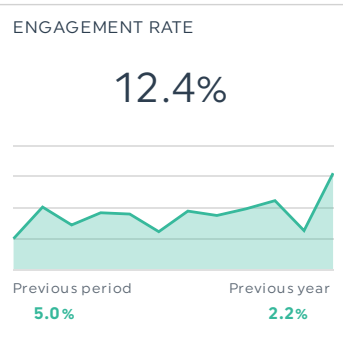
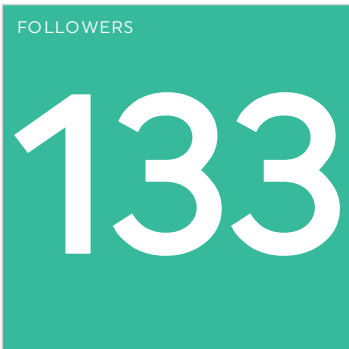


TOP RETWEETED POSTS





Post ^

- Did you know that over a quarter of the people living in San Mateo County are part of the AAPI c... **2**
- It's teacher appreciation week! We cannot say enough how much we are grateful for the heroes ... **3**
- RT @tedlempert: Thrilled to join tonight's panel conversation @StanfordEd with Geoffrey Canad... **2**
- The health and wellness of the children in our community is directly related to the health of wom... **3**

LINKEDIN INSIGHTS



TOP POSTS BY ENGAGEMENT RATE (WITH IMAGE)

Post with image	Engagement Rate ▾	Likes	Clicks
 <p>It's teacher appreciation week! We cannot say enough how much we are grateful for the heroes who come to work on the frontlines and care for our children every day. Our communities could not survive without you. Thank you.</p>	<b>17.8%</b>	<b>3</b>	<b>4</b>
 <p>Our amazing executive director is a panelist for this lecture series next week, and it will be a fabulous opportunity to learn about how investing in education from an early age set kids of for success. Register now!</p>	<b>13.6%</b>	<b>2</b>	<b>1</b>
	<b>11.1%</b>	<b>0</b>	<b>1</b>
 <p>The health and wellness of the children in our community is directly related to the health of women in our community. We offer resources that support success for the whole child, but that includes and shares a priority with the health of women and people with uteruses. This women's health week, we thank our partners for all they do for women and girls in our</p>	<b>10.9%</b>	<b>4</b>	<b>3</b>

NOTES

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



**DATE:** June 27, 2022  
**TO:** First 5 San Mateo County (F5SMC) Commission  
**FROM:** Kitty Lopez, Executive Director  
**RE:** Committee Updates

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**Program, Operations and Planning (POP) Committee Meeting – June 6, 2022**

- Commissioners: Ken Cole, Nancy Magee, Nkia Richardson
- Public Member: Harvey Kaplan
- Public Attendee: Liz Scully
- Staff: Kitty Lopez, Michelle Blakely, Myra Cruz

**1. Adopt a resolution finding, that because of continuing COVID-19 pandemic state of emergency, meeting in person would present imminent risks to the health or safety of attendees**

MOTION: Public Member Kaplan/ SECOND: Commissioner Cole

**2. Early Childhood Education Housing Campaign: Community Equity Collaborative**

Michelle Blakely, F5SMC's Deputy Director, shared that F5SMC's advocacy and policy platform efforts involve three approaches: Lead, -Follow or Cheer. We take the lead on identifying and spearheading child/family/system needs along with our partners; other times we follow other partners leading advocacy efforts and support in various ways and we also cheer on our community partners as their work is equally important and being deeply implemented.

An example of following and cheering our partners' work is sharing the Community Equity Collaborative's public education campaign on the benefits and intersectionality of housing, child- care and healthy child development. A social media toolkit was developed for all platforms. The target audience are learning advocates, parents and other allies with the hope that these voices would provide public or written commentary, and testimonials, as cities, planning departments and housing partners are developing updated housing and land use plans and funding. The Committee provided feedback on the term "housing" and how it can be phrased to describe its intentional meaning fully. Discussion ensued.

**3. Advocacy Highlights:**

- **Workforce Instability & Advocacy: Early Childhood Education (ECE) & Early Intervention Instability (EII)**

Michelle Blakely shared that Governor Newsom's FY 22 – 23 State Budget does not address the wages and compensation for the childcare workforce. Many agencies such as Good2Know Network and Parent Voices California expressed their concern regarding the Budget. Other organizations such as AbilityPath, Golden Gate Regional Center, and Help Me Grow Systems Change Group also expressed their concern about the lack of support for wages and staffing for early intervention and disability services. First 5 SMC signed onto the letters and submitted commentaries to Governor Newsom supporting these agencies' concerns.

Blakely added that a study for San Mateo County is underway for the childcare workforce, which includes center-based, family childcare providers and nannies (Informal care givers). The final report will be ready at the end of September.

- **American Academy of Pediatrics: The Tragedy of Child Deaths from Firearms**  
Michelle Blakely shared the “The Tragedy of Child Deaths from Firearms” Blog from a pediatrician and research data regarding gun violence. Blakely asked the Committee what else First 5 SMC could do to make a difference as it affects everybody, in addition to providing resources for educators, supporting children and families through crisis, and understanding how trauma affects children and families. The Committee added partnership with public health and F5SMC should help amplify the advocacy efforts. Discussion ensued.
  
- **ARRPA (American Recovery and Reinvestment Plan Act) Update**  
Michelle Blakely shared that First 5 San Mateo County, San Mateo County Office of Education, and Child Care Coordinating Council (4Cs) have been working with San Mateo County Manager’s Office, Peggy Jensen, to make recommendations to the Board of Supervisors for childcare and workforce development budget allocation from the remaining ARPPA tranche. Blakely highlighted that BOS has previously approved recommendations for the following:
  - Operating grants are intended to support at least 60-75 Center - based providers at a cost of \$4.5 mil intended for
    - General Operating
    - Re-opening spaces
    - Health and Safety Upgrades
    - Staff incentives for new hires and retention
  
  - Provide technical assistance to center-based early care and education programs to open and expand for approximately 20 centers and 900 preschool & infant- toddler spaces at a cost of \$200,000
  
  - Family Child Care Provider TA Project – Build Up for maintenance, opening and expansion support for 50+ home base provides \$500k budget.

We are currently working on Early Childhood Education Workforce Stabilization Plan which involves pathways, career navigation, and wages and compensation advocacy as well as a collaboration with Nova Works.

#### 4. California State FY 22-23 Budget Reflections

Michelle Blakely shared the First 5 Association’s comments regarding Governor Newsom’s Budget. There were mixed opinions on the state budget amongst some advocates. Commissioner Cole provided insights regarding Medi-Cal coverage coming from the Human Services Agency perspective.

The meeting adjourned at 4:55 pm. The next POP Committee Meeting is September 12, 2022.

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### Finance and Administration Committee Meeting – June 13, 2022

- Commissioners: Alexis Becerra, Sylvia Espinoza, Rosanne Foust
- Staff: Kitty Lopez, Khanh Chau

**1. Adopt a resolution finding that, because of the continuing COVID-19 pandemic state of emergency, meeting in person would present imminent risks to the health or safety of attendees**

MOTION: Commissioner Espinoza/ SECOND: Commissioner Foust  
Motion approved.

**2. Verbal Discussion: Tobacco Tax Revenue Projections**

Kitty Lopez stated that the Tobacco Tax Revenue Projections are a snapshot in time; are updated and released annually from the State as new data evolves. However, there has been a delay in release of the 2022 Tobacco Tax Revenue Projections at this time.

Finance Committee members reviewed two scenarios of Tobacco Tax Revenue Projections with the passage of the Flavor Ban and without the Flavor Ban; said projections were released in May 2021 and updated in June 2021. The average annual declining rate of Tobacco Tax Revenue projections is 5.8% with the Flavor Ban, during 5-year period FY 2020-25, compared to 2.15% of average annual declining rate without Flavor Ban. Staff has consistently employed conservative approaches in developing agency FY2022-23 Budget and LTFP using the Tobacco Tax Revenue Projections with Flavor Ban. The Flavor Ban will be on the ballot and will be voted on in November 2022.

Committee members suggested to check with First 5 California, that if the Flavor Ban was passed, when the law might be taken into effect in case there were pending lawsuits from Tobacco Manufacturers against the Flavor Ban.

Committee members discussed pros and cons of Flavor Ban regarding to public health and First 5's revenue projections.

**3. Review and Recommend Approval of SPIP FY 2018-20 Funding Reallocations of \$190,000 from Evaluation Services to Emerging Strategies**

Kitty Lopez briefly stated that, due to COVID 19 impacts, Commission has approved the continuation and implementation of Strategic Plan Implementation Plan (SPIP) FY 2018-20 in coordination with the 3-year time frame of the SPIP FY2020-23. However, due to various timing delays in implementing and executing some of Evaluation Strategies paired with savings from utilizing the internal Evaluation staff, staff are proposing to reallocate \$190,000 from Evaluation Services line item to Emerging Strategies. This funding reallocation is within the SPIP FY2018-20 and without any additional funding request. Kitty Lopez cited various project possibilities for the uses of the reallocated funds in the Emerging Strategies, such as leverage fund for family engagement projects, work force initiatives, matching funds for Home Visiting, Friday Café Survey, continuation of Race and Equity consultation, and for other new emerging projects.

Committee members commented this is a fantastic way to repurpose funds for future projects within the Strategic Plan FY2018-20 and all inquiries and projects have merit. Committee members endorsed the proposal and recommended the approval of SPIP FY 2018-20 Funding Reallocation of \$190,000 from Evaluation Services to Emerging Strategies

**4. Review and Recommend Approval of F5SMC's Long-Term Financial Plan (LTFP) from FY 2020-21 through FY 2024-25 (FY21/22 Update)**

Kitty Lopez briefly stated that Long-Term Financial Plan LTFP is a State compliance requirement and is mandated for annual review by the Commission.

Kitty Lopez cited that Long-Term Financial Plan (LTFP) is a snapshot in time with financial information that continues to change and evolve. The Commission reviews and approves updated LTFP every year. As a conservative approach to Revenue projections, staff uses the Tobacco Tax Revenue Projections May 2021 with Flavor Ban, which is still current.. The presented LTFP is in a similar format of the Budget presentation that Committee members saw in the Budget Presentation in May 2022, but for a 5-year span from FY2020-21 to FY2024-25.

Kitty Lopez walked through the LTFP summary and highlights. Other Grant Revenues are projected \$1.2M per year during FY2020-23 and \$600K per year during FY2023-25 as conservative approach to revenue projections. Kitty Lopez stated that agency's lean and small staffing structure allows focusing efforts on strategic initiatives while leveraging and acquiring new grant funding opportunities to enhance overall revenue.. Having adequate staffing structure is essential for the agency to continue its work in the community. .

Kitty Lopez cited that Admin Cost Rate is projected 10% during FY2020-23 and 13% during FY2023-25. At the end of FY 2024-25, Projected Ending Fund Balance after Pension Liability and Operational Reserves is \$5.070M which is approximate to one year equivalent of FY 2024-225 Fiscal Revenue. We will continue to draw funding from Reserves to fund First 5 strategic initiatives, as per the Strategic Plan. After the year 2025, we anticipate operating a balanced budget where fiscal Appropriations are in line with fiscal Revenue.

Committee members reviewed and discussed the LTFP. Committee members cited tough years after 2025 and commented its comfortability with presented projections. Committee members endorsed the recommendation and approval of the LTFP (Update FY21/22).

Next Finance and Administration Committee Meeting will be October 17, 2022