



On a mission to build power for kids.

First 5 Commission Meeting  
July 25, 2022  
Ted Lempert  
President, Children Now

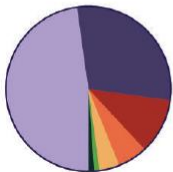
www.childrennow.org



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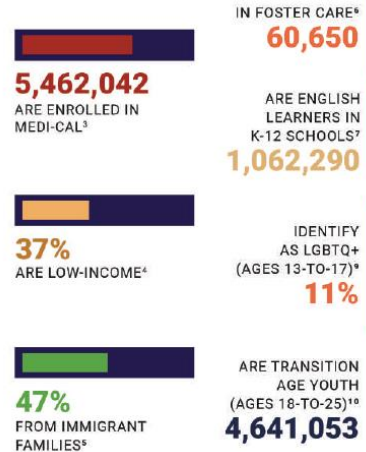
# California is home to 8,893,756 children.

(AGES 0-TO-17)<sup>1</sup>



RACE / ETHNICITY BREAKDOWN<sup>2</sup>

<b>48%</b> Latino/a	<b>30%</b> White	<b>11%</b> Asian	<b>5.4%</b> Black
<b>4.5%</b> Multiracial	<b>0.4%</b> American Indian or Alaska Native	<b>0.3%</b> Native Hawaiian or Pacific Islander	



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**HEALTH**

- A- Health Insurance
- D- Health Care Accountability
- C- Health Care Access
- D Preventive Screenings
- D+ Behavioral Health Care: Mental Health
- D- Behavioral Health Care: Substance Use
- C- Preventing Trauma & Supporting Healing
- C- Oral Health Care
- C- Food Security

**CHILD WELFARE**

- C Stable Homes & Enduring Relationships
- C Health Care for Kids in Foster Care
- D Education Supports for Students in Foster Care

**EDUCATION**

- D+ Child Care
- A- Preschool & Transitional Kindergarten
- C Early Care & Education Workforce
- B Expanded Learning Programs
- D+ Early Intervention & Special Education
- C- Education for Dual Language & English Learners
- C+ Education Funding
- C- STEM Education
- C- Teacher Pipeline & Retention
- D School Climate: Connections with Adults on Campus
- C- School Climate: Discipline & Attendance
- C+ Connected Cradle-to-Career Systems
- B- Higher Education

**FAMILY SUPPORTS**

- C- Voluntary Evidence-Based Home Visiting
- C Paid Family Leave
- B Income Assistance for Low-income Families

**ADOLESCENTS & TRANSITION AGE YOUTH**

- C- Relationships & Sexual Health Education
- D+ Supports for Unaccompanied Homeless Youth
- D+ Decriminalization of Youth
- C- Opportunities for Youth Leadership & Engagement



**Health**

Young people are experiencing **increased mental health emergencies**, stressors, and isolation, coupled with decreased mental health provider visits.

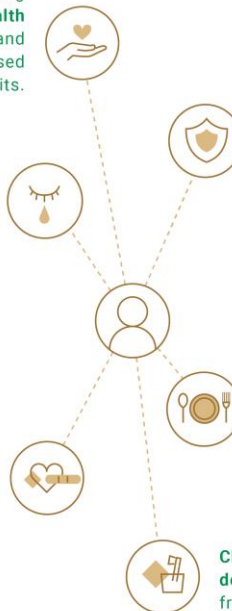
An estimated **175,000 American children – mostly children of color – lost caregivers to COVID-19 between April 2020 & October 2021, precipitating trauma and mental health crises.**

There were **40% fewer routine childhood vaccinations in April 2020 vs April 2019**, with immunization rates still not recovered as of July 2021.

**Nationwide, American Indian/Alaska Native, Black, and Latino/a children are 3 times more likely to be hospitalized for COVID than white and Asian/Pacific Islander children** due to ongoing gaps in health care access, obesity, and other risk factors.

In December 2020, **16% of California households with children sometimes or often didn't have enough to eat**, compared to 10% of households without kids.

**Children's dental visits decreased by nearly 40%** from 2019 to 2020.

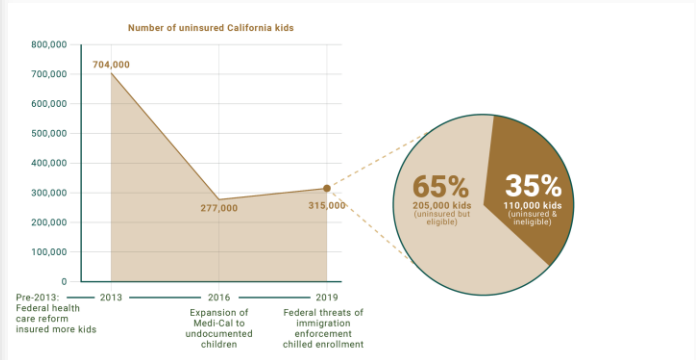


**Health Insurance**

Grade A-

**California needs to ensure that all kids have health insurance.**

California's Latino/a children are at an increased risk of being uninsured.



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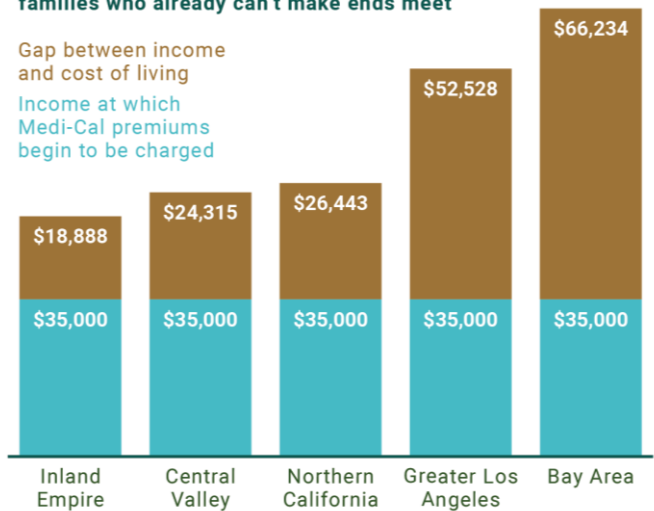
**Health Insurance**

Grade A-

**California is one of only four states that charges monthly premiums for kids in Medicaid (Medi-Cal).**

**Medi-Cal premiums are an added burden for families who already can't make ends meet**

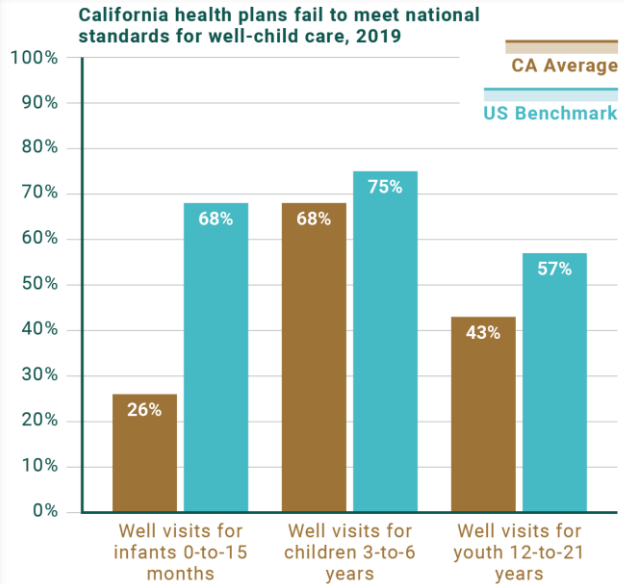
Gap between income and cost of living  
Income at which Medi-Cal premiums begin to be charged



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Health Care Accountability  
Grade D-

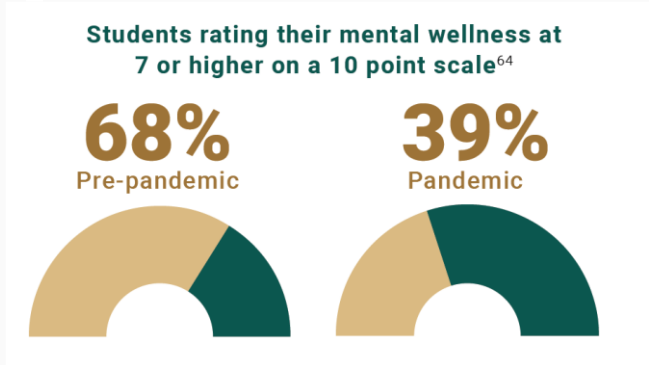
Despite a legal guarantee, California kids are not getting the basic services they need and for which the State is paying.



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Behavioral Health Care: Mental Health  
Grade D+

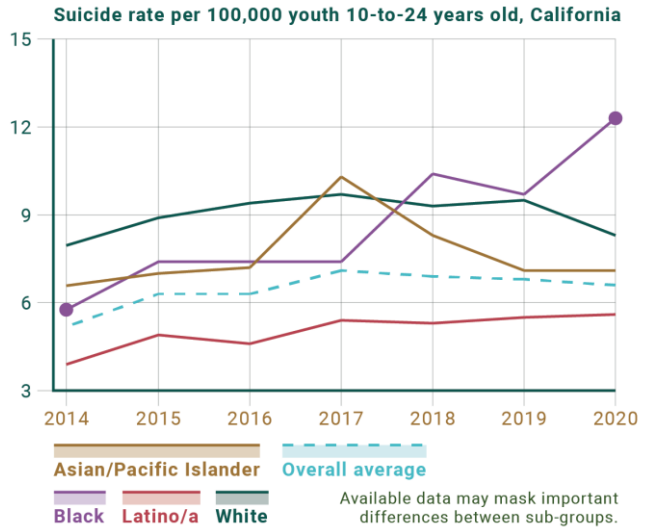
The isolation, stress, and increased material hardships of the pandemic have strained the vulnerable mental health of California's young people.



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**Behavioral Health Care: Mental Health**  
Grade D+

The suicide rate among Black youth has dramatically increased from 2014 to 2020.



**2020-21 CALIFORNIA SCORECARD OF CHILDREN'S WELL-BEING**

**San Mateo County**



**218,962** children/youth live in this county  
**Ages 0-17** 157,228  
**Ages 18-25** 61,734

**86,488** with one or more immigrant parents

**1,563** students experiencing homelessness

**Race Breakdown (ages 0-25)**

Latino **32%** Black **2%** Other **5%** White **33%** Asian **27%**

**21%** are living at or below 2X the poverty level

**10%** identify as LGBTQ

Indicators	California	County Percentages						County Rank
		All	Asian	Black	Latino	White	Other	
<b>Health</b>								
Eligible students who were reached by free and reduced-price meals during the school year	59%	56%	-	-	-	-	-	35
Newborns who were exclusively breastfed while in the hospital	71%	81%	71%	74%	75%	88%	75%	16
Pregnant women who received prenatal care beginning the first trimester	84%	92%	91%	86%	91%	95%	92%	1
Children who had health insurance	97%	98%	99%	99%	97%	99%	100%	3
Children, ages birth-to-5 and who are in low-income families, who visited a dentist in the last year	30%	37%	27%	*	44%	28%	26%	27
Children who were not food insecure	85%	92%	-	-	-	-	-	1

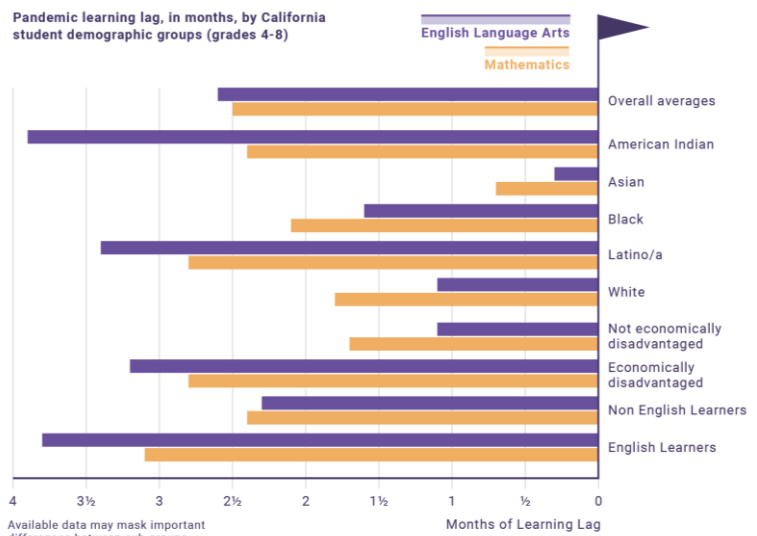


Indicators	California	County Percentages						County Rank
		All	Asian	Black	Latino	White	Other	
<b>Health</b>								
Newborns who were not low birthweight	92%	94%	93%	94%	94%	95%	93%	20
Kindergarteners with up-to-date immunizations	95%	97%	-	-	-	-	-	14
Students who met at least 4 of 6 state fitness standards	70%	77%	79%	77%	61%	84%	83%	14
Students who reported they did not experience chronic sadness/hopelessness	62%	66%	67%	73%	67%	71%	60%	19
13-year-olds who were vaccinated for Human Papillomavirus (HPV)	28%	42%	-	-	-	-	-	1
Students who reported they did not consider suicide	80%	82%	83%	83%	83%	85%	75%	27
Children with Medi-Cal who had an annual preventive check-up	43%	47%	51%	43%	55%	42%	49%	7



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# Education



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## Early Care and Education Workforce

Grade C

The pandemic has significantly exacerbated the impact of low wages and increased pressures on the child care workforce.

California child care providers have been stretched thin by the pandemic:

**29%**

of child care providers report experiencing food insecurity.

**48%**

of child care programs impacted by staffing shortages are serving fewer children.

**77%**

of child care worker survey respondents identified low wages as the main recruitment challenge.

**70%**

of child care programs experienced loss of income due to low attendance and other factors.



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## Early Care and Education Workforce

Grade C

To fulfill the promise of Transitional Kindergarten, California must onboard thousands of professionals.

**9,000-14,000**

new **Transitional Kindergarten** teachers are needed in California by 2025-26

**12,000-19,000**

new **assistant Transitional Kindergarten teachers** are needed in California by 2025-26

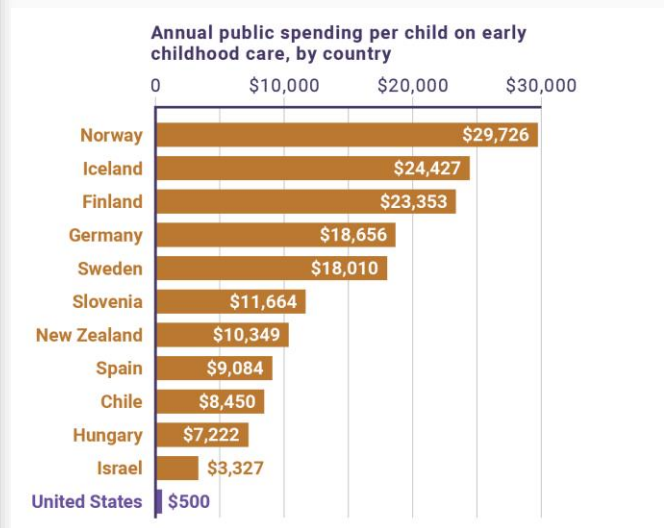


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Education Funding

Grade C+

The US has persistently under invested in both child care and preschool, resulting in high parent costs, low provider wages, and far fewer children being served than are eligible.



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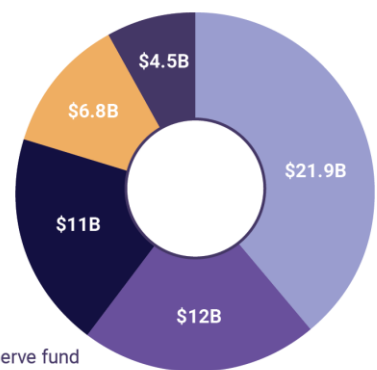
Education Funding

Grade C+

The 2021-22 State Budget included massive investments in the TK-12 system to deal with pandemic impacts on the schools, but much of the funding is one-time.

Over \$50 billion funding increase for TK-12 system, mostly through one-time state & federal grants

- On-going state funds
- One-time debt repayment
- One-time state funds
- One-time federal funds
- One-time Proposition 98 reserve fund



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## School Climate: Connections with Adults on Campus

Grade D

The ratio of teachers and other professionals to students is a key factor in education quality and student connectedness; California ranks near the bottom among the 50 states on these measures.

	California rank	National average ratio	California ratio
Total staff	45th	8:1	10:1
Teachers	49th	16:1	23:1
Principals & assistant principals	46th	261:1	348:1
Guidance counselors	46th	430:1	612:1
Student support staff	46th	135:1	295:1



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Indicators	California	County Percentages						County Rank
		All	Asian	Black	Latino	White	Other	
<b>Education</b>								
Children in working families for whom a licensed child care space was available	25%	27%	-	-	-	-	-	25
Students who were college- or career-ready	38%	45%	50%	25%	25%	68%	53%	25
Students who were ready or conditionally ready for college-level math courses	31%	45%	45%	21%	21%	64%	37%	5
Students who reported feeling connected to their school	54%	61%	61%	59%	57%	69%	56%	6
English Language Learner students who gained proficiency in English	50%	46%	-	-	-	-	-	29
3-and-4-year-olds enrolled in preschool or transitional kindergarten	58%	66%	*	*	*	71%	*	2
12th graders who graduated high school on time	81%	88%	91%	82%	81%	93%	87%	18
8th graders who met or exceeded standards in math	38%	51%	50%	17%	27%	68%	52%	4
Students who were not chronically absent from school	84%	90%	88%	82%	85%	93%	85%	10



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Indicators	California	County Percentages						County Rank
		All	Asian	Black	Latino	White	Other	
<b>Education</b>								
Young children, ages birth-to-5, who were read to everyday by an adult	75%	77%	46%	-	61%	97%	75%	12
3rd graders who read near or above standards	73%	79%	78%	62%	63%	91%	90%	6
18-to-25-year-olds registered to vote in General Elections	60%	82%	-	-	-	-	-	2
Student suspensions not due to "defiance or disruption"	85%	82%	85%	78%	79%	86%	87%	41
5th graders who met or exceeded standards in science	36%	44%	39%	19%	20%	62%	62%	5
Students who reported perceiving school as safe or very safe	53%	64%	65%	60%	61%	73%	56%	6
High school graduates who enrolled in college	60%	76%	74%	67%	64%	84%	72%	3
Students with Individualized Education Programs (IEPs) who graduated high school	66%	69%	70%	63%	67%	74%	74%	23



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## Family Supports

**Voluntary Evidence-Based Home Visiting**  
Grade C-

Despite research proving the benefits of voluntary home visiting programs, they do not reach enough California families.

**1,044,572**

California families who have one or more risk factors and could benefit from home visiting

(1.4%)

**14,788**

families actually served



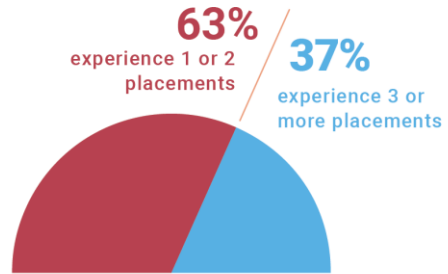
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## Child Welfare

Stable Homes & Enduring Relationships  
Grade C

Many children and youth in foster care experience frequent placement changes, adding to their trauma.

Children who are in foster care for 24 months or longer



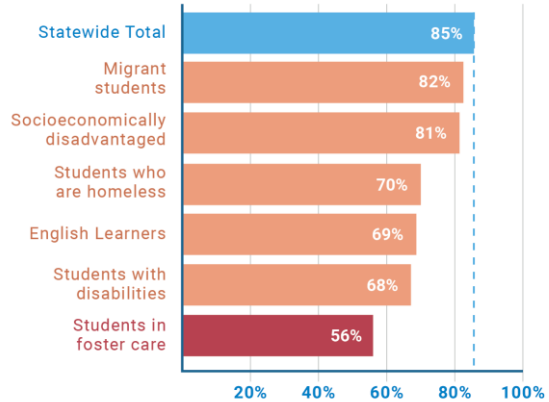
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## Child Welfare

Education Supports for Students in Foster Care  
Grade D

As a result of inequities in the education system, too few youth in foster care are finishing high school on time.

High school graduation rates, by demographic group, 2018-19



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Indicators	California	County Percentages						County Rank
		All	Asian	Black	Latino	White	Other	
<b>Child Welfare</b>								
Children in foster care who had a timely dental exam	67%	71%	-	-	-	-	-	17
Children in foster care who had a timely medical exam	74%	76%	-	-	-	-	-	23
Children in foster care who were placed in family-like settings	83%	61%	-	-	-	-	-	47
Youth in foster care who graduated high school on time	56%	59%	*	*	58%	*	*	28
Children in foster care who exited to permanency within one year	32%	37%	*	*	46%	*	*	27
Children in foster care who had been in 1 or 2 placements after 24 months in care	57%	*	-	-	-	-	-	-
3rd graders in foster care who met or exceeded standards in English Language Arts/Literacy	27%	23%	*	*	18%	*	*	18
8th graders in foster care who met or exceeded standards in math	15%	9%	*	*	*	*	*	23
Youth in foster care who were ready or conditionally ready for college-level math courses	1%	*	*	-	*	*	-	-



## The Children's Movement More than 1,000 Diverse Organizations Demanded Kids be Prioritized in 2021



January 6, 2021

**Prioritize California's Kids in 2021**

Dear Governor Newsom and State Legislators,

The pandemic above all is a crisis for kids. While the COVID-19 virus may be for the most part sparing children's physical health, kids are increasingly experiencing stress, social isolation, disconnection and serious mental health issues. The learning loss and lack of preventive health care because of the pandemic threatens a generation of kids. These outcomes are especially dire for Black and brown children, kids in poverty, students who are English learners, youth in foster care and children who are in unsafe situations, all of whom face significant systemic barriers to accessing the services and support they need.

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

2021 is the year to make a long-overdue, significant shift in state priorities to put children first and ensure our collective future. The undersigned call on you to take these tangible steps to make children the priority:

- This year's state budget should prioritize every unrestricted dollar for supports for kids, across the early childhood, family and economic supports, health, K-12 and higher ed, housing and child welfare domains. Priority budget actions should include:
  - Increasing funding for child care, where providers are at a crisis point.
  - Reversing \$12.5 billion in funding deferrals for schools and providing sufficient funding to add teachers, school nurses, counselors, and other critical staff to move us from our bottom of the country status.
  - Keeping Proposition 56 dollars earmarked for developmental and trauma screenings, well-child check-ups and other critical kids' health services in Medi-Cal; and
  - Supporting children and youth in foster care and their caregivers by increasing access to child care, educational supports to address learning loss and stable housing for young adults.
- The state government needs to coordinate an all-hands-on-deck urgent approach across relevant state and local departments and agencies to ensure every school has the staff, PPE, frequent COVID-19 testing, and other resources needed to reopen safely and quickly, including prioritizing school staff for the vaccine when it is available.
- Any new revenue measure should truly prioritize kids, including quality early childhood education.

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

Sincerely,  
The Undersigned Organizations

1484 Franklin Street, Ste 700, Oakland, California 94612 | [www.childrenow.org/themovement](http://www.childrenow.org/themovement)





# The Children's Movement 450 Organizations Supported Eliminating Medi-Cal Premiums

**November 2021**

**The Honorable Gavin Newsom**  
Governor  
State of California  
State Capitol Building  
Sacramento, California 95814

Dear Governor Newsom,

The undersigned organizations are writing to request that the FY 2022-23 budget eliminate Medi-Cal premiums for 702,000 children and pregnant individuals that are subject to premium requirements. Eliminating the Medi-Cal premium requirements for infants, children, and pregnant individuals would align with the newly unveiled "North Star" priorities of the California Health and Human Services Agency (CHHS) to make health care affordable and accessible, tackle economic inequality, and embody equity as a core value. It would also provide economic relief for families with household incomes between 90% and 325% FPL, from approximately \$33,000 to \$76,000 for a family of three. As a reference point, a single parent with two children would need to work three full-time minimum wage jobs to just barely afford the average cost of living in this state.

Health care affordability is a challenge for California families, and they want leaders to make it a priority. Approximately one out of three households in the state are finding it difficult to make ends meet, and more than half of young children under age 6 live in households struggling to meet their basic needs. A recent poll from the California Health Care Foundation found that 61% of all residents say they're "worried" or "very worried" about the government's ability to make health care more affordable. Recent surveys of Californians with limited incomes (1-150% FPL) found that affordability is a major concern, with 63% of respondents saying that the cost of health care is an "extremely serious problem." In terms of changes to improve health care, many respondents want reduced costs for health care, making health care more affordable, or making it free. In fact, Covered California is warning that consumers can health care costs will increase because of the increased financial help provided by the American Rescue Plan, which is enabling 700,000 people to get coverage for only \$2 per month. And because of the state's investment this year in the California Premium Credit, starting next year, some Covered California consumers at higher income than Medi-Cal families will have a 50 cent premium. In contrast, more than 400,000 families are required to pay \$10 or more per month for their child or infant's Medi-Cal coverage. Many families with children, especially in communities of color, are still struggling economically to afford basic necessities like housing, food, child care, and diapers for their babies and even still through health care affordability.

Premiums are a barrier to Medi-Cal enrollment and continuous coverage.

Research from the Office of Health Policy of the U.S. Assistant Secretary for Planning and Evaluation, the Medicaid and CHIP Payment and Access Commission (MACPAC), health economists writing for the National Bureau of Economic Research, and academic researchers in the journal Health Affairs all found that premium payment barriers from getting or losing health coverage as a result of a disaster among those with the lowest incomes and eligible for Medi-Cal. There may be an additional assumption that families with limited resources have "skin in the game" and that premium payments are a motivation to help families become more responsible for their health care, but the harsh reality is that Medi-Cal premiums act as a financial and administrative barrier for both low-income parents getting or losing coverage as a result of a disaster. The Medi-Cal program getting devolved to children and pregnant individuals has been a barrier to getting health care in a timely way, and in fact, healthcare workers and family members are already experiencing due to the pandemic.

It is estimated that one percent of premium account for nearly a quarter (24%) of the coverage "churn" that low-income children experience. This rolling in and out of coverage due to premium payment policies is "unstable churn," and has the same value from the beneficiaries who lose coverage, the county eligibility workers who must disenroll and re-enroll families, and the Medi-Cal program which already suffers from understaffing, poor performance and chronic eligibility system problems.

1404 Franklin Street, Ste 700, Oakland, California 94612 | www.childrensmovement.org

**November 2021**

The State should discontinue this anachronistic policy. The former Department of Health Care Services Director Tilly Douglas, who oversees the operation of the Healthy Families Program into Medi-Cal in 2012 and is now a commissioner on the non-partisan MACPAC, recently questioned the value and utility of premiums for children and how they contribute to gaps in coverage. The current premium requirement policy in Medi-Cal is a disservice from the Healthy Families Program, which was administered very differently than Medi-Cal is now, and it does not fit in today's vision of quality, affordable coverage that California has built since passage of the Affordable Care Act.

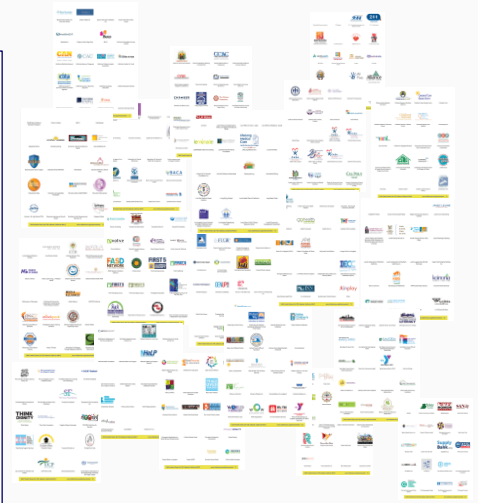
Elimination of Medi-Cal premium requirements would promote better access to health care, including important primary, preventive, and general care.

Maintaining Medi-Cal premiums undermines the goal, "to improve health outcomes and advance equity for Medi-Cal beneficiaries and other low-income people in the state" that the State has laid out through the billions of dollars allocated to reform and modernize Medi-Cal through CalAIM and other initiatives. The success of these reforms and quality improvement efforts hinges on eligible Medi-Cal members getting and staying enrolled, but premium requirements that offer no constructive value subtract those goals. Removing financial and economic barriers to enrolling allows families to better focus on accessing the health care services they need and navigating the multiple Medi-Cal delivery systems.

As you, California's elected leaders, consider next year's spending plan with a historic budget surplus, we implore you to make the roughly \$8 billion General Fund investment in the FY 2022-23 budget to remove the administrative red tape and eliminate Medi-Cal premiums for children and pregnant individuals.

Sincerely,  
The Undersigned Organizations

1404 Franklin Street, Ste 700, Oakland, California 94612 | www.childrensmovement.org



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# The Children's Movement 409 Pro-Kid Organizations Urge State Leaders to Invest in Early Childhood Mental Health

**March 2022**

**The Honorable Gavin Newsom**  
Governor  
State of California  
State Capitol Building  
Sacramento, California 95814

Dear Governor Newsom,

Thank you for your leadership in addressing the mental health needs of children and youth. The recent investment of more than \$4 billion for the Children and Youth Behavioral Health Initiative (CYBHI) is a strong down payment on the health and well-being of California's children and youth. The CYBHI offers the promise of transformation and rapidly expanding children's mental health services.

However, without a clear plan or dedicated funding, CYBHI will miss serving the critical needs of infants and toddlers. We are requesting a one-time General Fund appropriation of \$250 million to support infant and early childhood mental health services and provider training.

We are at a critical moment, one that has the potential to be pivotal in the landscape of early childhood mental health in California. Conditions created by the pandemic, such as isolation, economic stress, and community trauma, are at present negatively impact a child's ability to thrive. It is vitally important that young children, their parents, and caregivers receive the interventions necessary to support their mental health during this time.

Young children under age 5 can – and do – suffer from mental health conditions. These conditions are difficult for providers to identify and address because young children handle emotional experiences and traumatic events differently from adults and older children. During these early years a child's brain is developing more rapidly than at any other point in their life. Very young children are also uniquely dependent on the adults in their lives to meet their social-emotional needs and bounce back from stressful experiences. Thus, interventions must focus on caregivers to provide a nurturing, loving relationship that encourages the child's social-emotional growth and supports the foundational brain development that will enable them to flourish.

In community-based programs, care and support are delivered in spaces that children and their families frequent and allow families to play an active role in its delivery. Community-based services are distinct from clinical mental health services, such as the new specialty care Medi-Cal benefit, which, in addition to community-based services, are an essential part of the mental health system for young children. Services at the community level might look like facilitated playgroups, parenting support classes, and/or mental health consultation for early care and education providers, among others. These programs are uniquely designed to help families overcome barriers to mental health care access, and they can connect families and educators with more intensive health, mental health, or early intervention services as needed. Community-based programs are also most likely to reach families from historically marginalized communities, including immigrant families, low-income families, and families of color.

Children under age 5 comprise 21% of the young people ages 0 to 21 enrolled in Medi-Cal, yet, they do not receive a proportional share of health and mental health care. This is despite the evidence that 43% of young children have experienced at least one adverse Childhood Experience.

The undersigned call on you to prioritize very young kids in the upcoming 2022-23 State Budget by increasing funding to support existing crucial infant and early childhood programs and services.

Sincerely,  
The Undersigned Organizations

1404 Franklin Street, Ste 700, Oakland, California 94612 | www.childrensmovement.org



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**Learn more about Children Now:**

[www.childrennow.org](http://www.childrennow.org)

**Join The Children's Movement:**

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**Read our blog:**

<https://www.childrennow.org/blog/>

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# Puente de la Costa Sur

**PUENTE**

First5 Presentation



# Who we are

- Puente is a non-profit located in the rural south coast of San Mateo County
- Our service areas are: Pescadero, La Honda, Loma Mar, and San Gregorio
- We provide services in the following:
  - Community Development
  - Education
  - Housing Advocacy
  - Mental Health
  - Physical Health



## Our Mission

Puente fosters wellness and prosperity for the South Coast community by promoting and advocating for equitable access to education, health, and economic security.

## Our Vision

The South Coast region is an inclusive and thriving community where people embrace diversity and equity.

# Our partnership with First5

- **Sueños Unidos - United Dream Childcare Coop**
- **Mami, Papi, y Yo**
- **Trauma Informed Trainings**
- **Abriendo Puertas**
- **Referrals**

# Sueños Unidos - United Dreams Childcare Coop

- A parent coop for 8 families with children ages 18 - 36 months old
- Families participate in the everyday experience of the center by supporting and working with the staff
- Parents' engagement allows for on-hand experience about the ways in which to support child development and best approaches to guiding children's growth
- Our coop believes that all families bring strengths with them, and therefore we leverage their skills and knowledge into the everyday routine
- The environment is bi-cultural and bi-linguistic, allowing our monolingual Spanish speaking families to feel seen, represented, and valued

# Mami, Papi, y Yo

- An intimate space where families with children 0-12 months old come together to learn about best practices to supporting their little one's development
- Parents build a networking space to share their fears, joys, and concerns as new parents and/or parents with a little one for a 2nd time
- The group settings are small to provide families a safe space to share and to get to know one another
- Lead by a professional in the field of early childhood development



# Trauma Informed Trainings

The training provides a foundation of shared language in Spanish about what trauma is and the ways in which it impacts the self, those we work with, and the families we support. By understanding trauma we are better equipped at supporting those who most need it and can help minimize its impacts.



The screenshot shows a Zoom meeting interface. On the left, a presentation slide is displayed with the following text:

Cómo transformar el estrés y el trauma:  
Fomentar el bienestar y la resistencia emocional

Organizaciones que sanan: Trauma Transformed

**trauma TRANSFORMED**  
Conectando comunidades con sistemas compasivos.  
Reclamando los futuros del Área de la Bahía

10/11/17

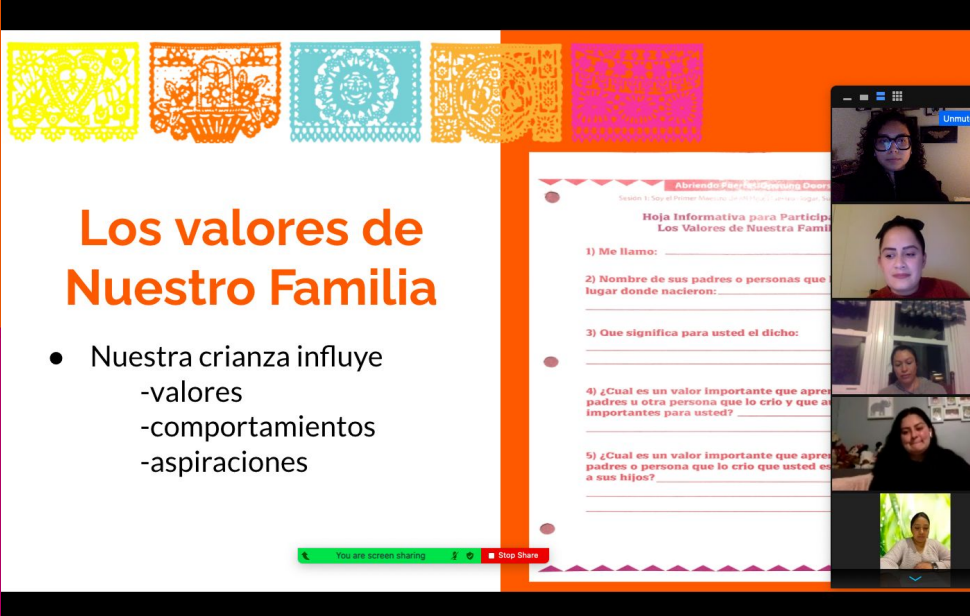
On the right, a video grid shows five participants in a Zoom meeting. The top two participants are women with glasses, the middle one is a man, and the bottom two are women.

In the center of the slide, there is a diagram with several colored boxes containing text:

- Comprensión del trauma
- Seguridad y estabilidad
- Humildad cultural y capacidad de respuesta
- Compasión y confiabilidad
- Iniciativa de sistemas sensibles a los efectos del trauma  
Departamento de Salud Pública de San Francisco
- Colaboración y empoderamiento
- Resistencia emocional y recuperación

# Abriendo Puertas

- An evidence-based curriculum taught to families with children 0 - 5 regarding best approaches to supporting a healthy child development.
- Families learn about the ways in which to support the different domains of growth and the importance of taking care of their own mental health



The screenshot displays a Zoom meeting interface. At the top, there are five colorful paper-mache masks in yellow, orange, blue, and pink. The main content area shows a presentation slide with the title "Los valores de Nuestro Familia" in large orange letters. Below the title is a bullet point: "● Nuestra crianza influye -valores -comportamientos -aspiraciones". To the right of the slide is a document titled "Hoja Informativa para Participar en los Valores de Nuestra Familia" with five numbered questions in Spanish. At the bottom of the slide, a green status bar indicates "You are screen sharing" and a red "Stop Share" button. On the right side of the Zoom window, there is a vertical stack of five video feeds showing participants. The top feed shows a woman with glasses, and the bottom feed shows a woman with a white shirt. A "Unmute" button is visible at the top of the Zoom window.

## Los valores de Nuestro Familia

- Nuestra crianza influye
  - valores
  - comportamientos
  - aspiraciones

**Hoja Informativa para Participar en los Valores de Nuestra Familia**

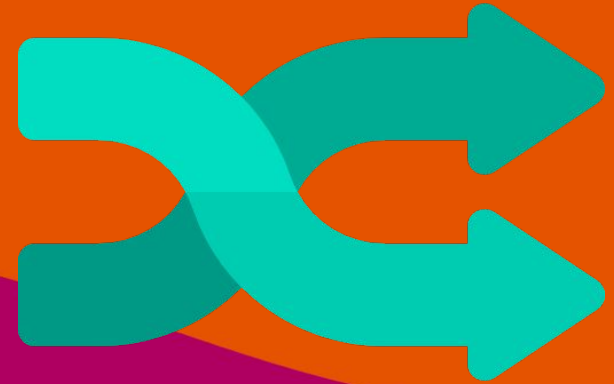
- 1) Me llamo: \_\_\_\_\_
- 2) Nombre de sus padres o personas que lo crío y que el lugar donde nacieron: \_\_\_\_\_
- 3) Que significa para usted el dicho: \_\_\_\_\_
- 4) ¿Cual es un valor importante que aprendió de sus padres u otra persona que lo crío y que es importante para usted? \_\_\_\_\_
- 5) ¿Cual es un valor importante que aprendió de sus padres o persona que lo crío que usted quiere enseñar a sus hijos? \_\_\_\_\_

You are screen sharing | Stop Share



What changed with  
COVID-19?

- Delivery of services
- How we supported families;  
their needs
- COVID-19 Safety Protocols
- Finding a balance between  
families needs and our staff's  
needs with a Trauma  
Informed Lens





# A Success Story

- Mother reaches out to discuss a referral to our Community Mental Health & Wellness team
- During our ASQ assessment, mom opened up about language development concern



**Thank you for  
your support!**

