

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

DATE: Monday, June 24, 2024

TIME: 4:00 PM – 6:00 PM

San Mateo County Office of Education
101 Twin Dolphin Drive, 1st Floor Conference Room
Redwood City, CA 94065

Participate via Zoom for Public Members

<https://smcgov.zoom.us/j/92952928173>

Phone: +1 669 900 6833, Webinar ID: 929 5292 8173

PLEASE NOTE: This meeting will be held in a hybrid format with both in-person and Zoom participation options for members of the public; Commission members shall appear in person

This meeting of the First 5 San Mateo County Commission will be held at the address above in the San Mateo County Office of Education on the first floor at 101 Twin Dolphin Drive, Redwood City and by teleconference pursuant to California Assembly Bill 2449 and the Ralph M. Brown Act, CA Gov't Code. Section 54950, et seq. **Members of the First 5 San Mateo County Commission are expected to attend the meeting in person.** For information on exceptions allowed by law please reach out to counsel for First 5, Jennifer Stalzer, at jstalzer@smcgov.org. For information regarding how to participate in the meeting, either in person or remotely, please refer to the instructions at the end of the agenda.

AGENDA		
Call to Order and Preliminary Business		
1	Roll Call	4:00 PM
2	Public Comment	
3	Action to Set Agenda for June 24, 2024, Meeting and Approve Consent Agenda Items <i>(This item is to set the final consent and regular agenda, and for the approval of the items listed on the consent agenda. All items on the consent agenda are approved by one action.)</i>	
4	Commission Announcements	4:05 PM
5	Storytelling: First 5 Work/Impact: Adele Ryono, New Youth Commissioner for First 5 San Mateo County	4:10 PM
Action Items		

6	Presentation and Approval of F5SMC’s Long Term Financial Plan (LTFP) from FY 2024 – 2030 (FY 23/24 Update) By Kitty Lopez, Executive Director, First 5 San Mateo County <i>(See Attachment 6)</i>	4:15 PM
7	Approval of Sarah Dobkin, LCSW Agreement for Infant and Early Childhood Mental Health Network Manager in an Amount not to exceed \$128,250, Contract Term Effective July 1, 2024 through June 30, 2026 <i>(See Attachment 7)</i>	4:35 PM
Discussion Item		
8	Strategic Plan 2025 – 2030 Update / Discussion on the Planning Process for the Strategic Plan FY 2025 - 2030 By Iris Elent, Director of Community Engagement and Strategic Planning, VIVA Social Impact Partners <i>(See Attachment 8)</i>	4:40 PM
Informational Items		
9	Report of the First 5 San Mateo County Staff Team By Kitty Lopez, Executive Director, First 5 San Mateo County <i>(See Attachment 9)</i>	5:40 PM
10	Committee Updates <i>(See Attachment 10)</i>	5:45 PM
11	Adjournment	6:00 PM

Public Participation:

The June 24, 2024, First 5 San Mateo County Commission meeting may be accessed through Zoom link at the top of this agenda. The June 24, 2024, First 5 San Mateo County Commission meeting may also be accessed via telephone by dialing 1 669 900 6833. Enter the webinar ID: Webinar ID: 996 2226 6925, then press #. (Find your local number: <https://smcgov.zoom.us/j/99622266925>). Members of the public can also attend this meeting physically in the **San Mateo County Office of Education, 101 Twin Dolphin Drive, 1st Floor Conference Room, Redwood City, CA 94065**

*Written public comments may be emailed to ecruz@smcgov.org, and such written comments should indicate the specific agenda item on which you are commenting.

*Spoken public comments will be accepted during the meeting in person or remotely through Zoom at the option of the speaker. Public comments via Zoom will be taken first, followed by speakers in person.

***Please see instructions for written and spoken public comments at the end of this agenda.**

ADA Requests

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 meeting, should contact Michelle Blakely, Deputy Director, as early as possible but no later than 10 a.m. on Friday, June 21, 2024, at ecruz@smcgov.org. Notification in advance of the meeting will enable the County to make reasonable arrangements to ensure accessibility to this meeting, the materials related to it, and your ability to comment.

***Instructions for Public Comment During Hybrid Meetings**

During hybrid meetings of the First 5 San Mateo County Commission, members of the public may address the Members of the First 5 San Mateo County Commission as follows:

***Written Comments:**

Written public comments may be emailed in advance of the meeting. Please read the following instructions carefully:

1. Your written comment should be emailed to ecruz@smcgov.org
2. Your email should include the specific agenda item on which you are commenting or note that your comment concerns an item that is not on the agenda or is on the consent agenda.
3. Members of the public are limited to one comment per agenda item.
4. The length of the emailed comment should be commensurate with the two minutes customarily allowed for verbal comments, which is approximately 250-300 words.
5. If your emailed comment is received by 5:00 p.m. on Friday, June 21, 2024, it will be provided to the Members of the First 5 San Mateo County Commission and made publicly available on the agenda website under the specific item to which your comment pertains. If emailed comments are received after 5:00p.m. on Friday, June 21, 2024, the First 5 San Mateo County Staff will make every effort to either (i) provide such emailed comments to the First 5 San Mateo County and make such emails publicly available on the agenda website prior to the meeting, or (ii) read such emails during the meeting. Whether such emailed comments are forwarded and posted, or are read during the meeting, they will still be included in the administrative record.

***Spoken Comments**

In person Participation:

1. If you wish to speak to the First 5 San Mateo County Commission, please fill out a speaker's slip located at the front entrance table. If you have anything that you wish distributed to the First 5 San Mateo County Commission and included in the official record, please hand it to the First 5 San Mateo County who will distribute the information to the First 5 San Mateo County Commission members and staff.

Via Teleconference (Zoom):

1. The June 24, 2024 First 5 San Mateo County Commission meeting may be accessed through Zoom online at the links and telephone numbers listed above.
2. You may download the Zoom client or connect to the meeting using an internet browser. If using your browser, make sure you are using a current, up-to-date browser: Chrome 30+, Firefox 27+, Microsoft Edge 12+, Safari 7+. Certain functionality may be disabled in older browsers including Internet Explorer.
3. You will be asked to enter an email address and name. We request that you identify yourself by name as this will be visible online and will be used to notify you that it is your turn to speak.

4. When the First 5 San Mateo County Commission Chair calls for the item on which you wish to speak, click on “raise hand.” Speakers will be notified shortly before they are called to speak.

***Additional Information:**

For any questions or concerns regarding Zoom, including troubleshooting, privacy, or security settings, please contact Zoom directly.

Public records that relate to any item on the open session agenda for a regular First 5 San Mateo County 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 First 5 San Mateo County Commission.

First 5 San Mateo County Commission Meeting

CONSENT AGENDA

June 24, 2024

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

- 3.1 Approval of the May 20, 2024, Commission Meeting Minutes
(See Attachment 3.1)

**First 5 San Mateo County (F5SMC)
COMMISSION MEETING MINUTES
May 20, 2024
San Mateo County Office of Education
101 Twin Dolphin Drive, 1st Floor Conference Room
Redwood City, CA 94065**

Call to Order & Roll Call

1. Roll Call

Commission Members: Carla Boragno, Noelia Corzo, Claire Cunningham, Nancy Magee, Nikia Richardson

Valeria Chavez-Franco (Youth Commission),
Rikhav Shah (Youth Commission)

Absent: Sylvia Espinoza, Manufou Liaiga-Anoa'i, Naveen Mahmood, Louise Rogers

Staff: Kitty Lopez, Michelle Blakely, Emily Roberts, Jenifer Clark, Khanh Chau, Mai Le, Mey Winata, Myra Cruz

County Counsel: Jennifer Stalzer

A quorum was present. Commission Chair Richardson called the meeting to order at 4:00 PM; roll call was taken. The meeting was held in a hybrid format where the public had the option to attend the meeting in person or virtually.

2. Public Comments: None

3. Action to Set Agenda for May 20, 2024, Meeting and Approve Consent Agenda Items:

MOTION: CORZO / SECOND: CUNNINGHAM
AYES: BORAGNO, CORZO, CUNNINGHAM, MAGEE, RICHARDSON
AYES - YC: CHAVEZ-FRANCO, SHAH
NOES: NONE
ABSTAIN: NONE

Motion approved.

Public Comments: None

4. Commission Announcements:

- Youth Commissioner Chavez-Franco invited the Commission to the San Mateo County Youth Commission Showcase that will be held on Thursday, May 23, 2024, from 6 – 8 pm at Regional Operations Center in Redwood City.
- Commissioner Corzo shared that her district office team presented their first Strategic Plan which includes a goal around child care. The Strategic Plan is a living document, and they welcome any feedback from anyone on the Commission in terms of executing the goal.

5. Storytelling: First 5 Work/Impact: Reading Rainbow Events

Youth Commissioners Valeria Chavez-Franco, Rikhav Shah, and Adele Ryono shared updates on the Reading Rainbow events held earlier this year. These events aimed to reach children aged 0-5 in three targeted areas: Belmont, Pacifica, and Half Moon Bay, focusing on underrepresented parts of the county.

Emails were sent to preschools, elementary schools, parent groups, and local businesses to generate interest. Each event had a structured setup, with organizers arriving 30 minutes early, providing snacks, handing out feedback forms, and holding book raffles. Activities included coloring pages for diverse literature events and canvas bags for environmental justice events.

The first event in Half Moon Bay Library on April 7th featured author Tiffany Goldman, discussing Black culture. The second event in Belmont Library on May 4th featured high school student Kelsey Sweet, speaking on environmental justice, with around 60 attendees. The third event in Pacifica on May 11th was more intimate, with DeMarion Gibson discussing environmental racism, attended by about 10 people.

Each event included book signings, which attendees enjoyed. The key lesson learned was the importance of widespread communication for success.

Photos of the events were shared to the Commission.

The Commission asked questions and made comments including promoting these future events through the Human Services Agency’s Big Lift media channels which could greatly enhance visibility and participation.

Public Comments: None

6. Approval of First 5 San Mateo County Policies and Bylaws for FY 2024 - 2025

First 5 San Mateo County Executive Director, Kitty Lopez, shared that each year the Commission approves the F5SMC’s Policies and Bylaws as mandated. The Finance Committee met on May 13, 2024, and they reviewed and endorsed the approval of the policies and bylaws. There are no changes on the policies and bylaws at this time.

MOTION: CUNNINGHAM / SECOND: MAGEE
AYES: BORAGNO, CORZO, CUNNINGHAM, MAGEE, RICHARDSON
AYES - YC: CHAVEZ-FRANCO, SHAH

NOES: NONE
ABSTAIN: NONE

Motion approved.

Public Comments: None

The Commission made no comments.

7. Approval of F5SMC’s FY 2024-25 Draft Budget and the Use of Ending Fund Balance (Reserves*) to Fund F5SMC’s FY 2024-25 Adopted Budget

Kitty Lopez presented this agenda item and highlighted the following:

- The Finance and Administration Committee met on May 13, 2024, and endorsed the approval of FY 2024 – 25 Draft Budget and the Use of Ending Fund Balance to fund FY 2024-25 Adopted Budget.
- F5SMC’s Strategic Implementation Plan (SPIP) FY 2020 – 2025 program appropriations of \$3.78 for each fiscal year.
- FY 24-25 Draft Budget Summary has a deficit of \$1,980,763 compared to FY 23 -24 Revised Budget of \$1,812,822 deficit.
- FY 24-25 Draft Budget key take aways such as the use of tobacco tax revenue projections with flavor ban is 5% lower as February 2024, \$1.932 million generated from other grant revenues, inclusion of 4% COLA and 6% projection increase of healthcare cost, and a drawdown of \$1.98 million from Fund Balance to support current operations for SPIP.
- Other grant revenues received such as a \$1.032 for Regional IMPACT Legacy and Impact Hub grants, \$750K for Children & Youth Behavior Health Initiatives, \$1.2 for Special Needs Grant and Mental Health Grant.
- Continue planning and execution of \$533K SPIP FY 20-23 Fund Carry Over in coordination within 2-year time frame of the curing Strategic Plan FY 23-25.
- Shared Operating Budget of \$458K between Program and Administrative
- Ten percent Administration Cost Rate.
- FY 24 – 25 Draft Budget reflects Total Revenue of \$6.219 million, Total Appropriations of \$8.2 million, Ending Fund Balance of \$9.542 million and a Deficit of \$1.981 million.

Lopez asked the Commission to approve the F5SMC’s FY24-25 Draft Budget and the use of Ending Fund Balance (Reserves*) of \$1.981 million to fund the F5SMC’s FY 24-25 Adopted Budget.

MOTION: BORAGNO / SECOND: CORZO
AYES: BORAGNO, CORZO, CUNNINGHAM, MAGEE, RICHARDSON
AYES - YC: CHAVEZ-FRANCO, SHAH
NOES: NONE
ABSTAIN: NONE

The Power Point Presentation can be found on the F5SMC’s website, [May 20, 2024 Commission Meeting Presentations](#).

The Commission made comments and asked questions.

Public Comments: None

8. Presentation: Help Me Grow – San Mateo County Data

Emily Roberts, F5SMC's Strategic Initiatives Project Manager, provided a brief background of Help Me Grow (HMG) such as:

- HMG is a national model, and we are the local version of San Mateo County. F5SMC is the conduit of implementing this model along with integrating systems for children with special needs.
- HMG is a comprehensive system that promotes universal early identification and linkage to intervention and ensures that all children reach their greatest potential.
- HMG SMC Core Components

Roberts introduced presenter, Carol Elliott, Director of Family Support Services, AbilityPath. Elliott highlighted the following:

- AbilityPath is the lead agency for the integrated systems for children with special needs. It has four subcontractors: Legal Aid, Life Steps, Stanford Children's Hospital Developmental Behavioral Pediatrics, Stanford Children's Hospital Government Relations
- HMG Data for Integrated Systems for Children with Special Needs:
 - Overall Impact FYs 2020 – 2023
 - Ethnicities
 - Languages
 - Age Breakdown 2022 & 2023
 - Developmental Screenings
- Tu y Yo Virtual Parent-Child Group and family quotes

The Commission made comments and asked questions.

Public Comments: None

The Power Point Presentation can be found on the F5SMC's website, [May 20, 2024 Commission Meeting Presentations](#).

9. Presentation and Approval of UCSF Infant-Parent Program Agreement for Infant and Early Childhood Mental Health Content Expert and Network Facilitator in an Amount not to exceed \$130,000, Contract Term Effective May 1, 2024 through June 30, 2026

Emily Roberts shared the following:

- According to Children Now 2024 California Children's Report Card, California ranked 51st for parents reporting lack of mental health care for their child.
- Early childhood mental health by the numbers such as estimates from Zero to Three, Think Babies and the CDC indicate that 10 – 16% of young children experience mental health conditions, including PTSD and anxiety. This number increases to 22% for families living in poverty.

- First 5 SMC Infant and Early Childhood Mental Health Systems Components (IECMH)
- Department of Health Care Services, Children and Youth Behavioral Health Initiative (CYBHI) Round 2 Grant Components
- CYBHI Grant: IECMH Content Expert and Network Facilitator & IECMH Network Manager roles and activities

MOTION: CORZO / SECOND: MAGEE
 AYES: BORAGNO, CORZO, CUNNINGHAM, MAGEE, RICHARDSON
 AYES - YC: CHAVEZ-FRANCO, SHAH
 NOES: NONE
 ABSTAIN: NONE

The Commission made comments and asked questions.

Public Comments:

- Michelle Blakely, F5SMC's Deputy Director, acknowledged the Head Start Programs and their focus on child development, health, early mental health and family wellness & engagement has been mandated since the 1960s launch of Head Start. She thanked those involved in federally funded Head Start Programs and emphasized the importance of their work.

The Power Point Presentation can be found on the F5SMC's website, [May 20, 2024 Commission Meeting Presentations](#).

10. Annual Review of First 5 San Mateo County's 2020-2025 Strategic Plan for FY 2024-2025 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.

Kitty Lopez shared that the Commission reviews the 2020 – 2025 Strategic Plan as part of Proposition 10 Statutes requirements every year. The [2020 – 2025 Strategic Plan](#) was included in the packet.

The Commission reviewed the 2020 – 2025 Strategic Plan. There are no changes and additions to the Plan.

Lopez added that F5SMC is in the process of engaging the Commission in the development of a new Strategic Plan 2025 - 2030, with guidance from an Ad Hoc Committee and F5SMC Staff. The strategic planning process will be facilitated by the consultant, Viva Social Impact Partners.

11. Presentation: Baby Bonus Program Updates

Mai Le, F5SMC's Community Health Planner, shared updates on the Baby Bonus Program, distributed a one-pager, and highlighted the following:

- Timeline and Core Planning Partners.

- Cash gift component of \$300 per month to birthing parent for 36 months. First 5 will contract with a financial partner to manage cash disbursement.
- A community health worker from Health Plan of San Mateo (HPSM) will oversee the coordinated care component.
- Residents of San Mateo County with Medi-Cal funded births are the focus eligible population.
- Evaluation will be led by multiple departments at Stanford University and codesigned with First 5, HPSM, County Health and Human Services Agency.
- Study design will be performed by randomized controlled trials.
- Still determining key outcome measures.
- For continuous learning, participated in conferences such as California Guaranteed Income Now conference, End Poverty in California Baby Bonds summit, and Guaranteed Income Community of Practice.
- Next steps include continue fundraising, engage families and providers for input, finalize program design, finalize evaluation design and outcome measures, develop RFP for financial vendor, and develop and implement communications plan.
- Funders and ways to support the program.

The Commission made comments and asked questions.

Public Comments: None

The Power Point Presentation can be found on the F5SMC's website, [May 20, 2024 Commission Meeting Presentations](#).

12. Report of the First 5 San Mateo County Staff Team:

Kitty Lopez, F5SMC's Executive Director, reviewed Attachment 12 Staff Team Report which is included in the [Commission Packet](#). Lopez highlighted the following:

- Michelle Blakely joined the Big Lift Steering Committee.
- F5SMC submitted support letters for Teacher Housing Act of 2016 and The Early Childhood Education Workforce Investment Act.
- Press release from First 5 Network in response to state budget cut proposals impacting California's youngest children.

Public Comments: None.

13. Committee Updates

Finance and Administration Committee Meeting:

Commissioner Cunningham reported that the Committee met, and they reviewed the F5SMC's bylaws, policies, Budget monitoring report, draft budget, and discussed county projections.

Early Childhood Evaluation Advisory Committee Meeting:

Kitty Lopez reported that the Committee met briefly on May 13, 2024, with EVALCORP and discussed TRISI Project Evaluation.

The [Committees written report](#) is included in the packet.

Public Comments: None

14. Other:

Youth Commissioner Valeria Chavez-Franco announced that this is her last Commission Meeting as she will be graduating in June. She expressed gratitude for her time on the Commission and thanked everyone.

The Commission thanked Youth Commissioner Chavez-Franco for all her efforts and wished her best of luck.

Meeting Adjourned at 5:53 pm.

DATE: June 24, 2024
TO: First 5 San Mateo County Commission
FROM: Kitty Lopez, Executive Director
RE: Approval of F5SMC's Long-Term Financial Plan (LTFFP) FY 2024-30 (FY23/24 Update)

ACTION REQUESTED

Approval of F5SMC's Long-Term Financial Plan (LTFFP) FY 2024-30 (FY23/24 Update)

KEY MESSAGES

- **On June 10, 2024, the Finance and Administration Committee reviewed and discussed the Long-Term Financial Plan Update and endorsed its recommendation to the full Commission.**
- Please read the LTFFP FY2024-30 (FY23/24 Update) Memo (**Attachment 6**) in conjunction with the LTFFP Narrative (**Attachment 6A**) and LTFFP Spreadsheets (**Attachments 6B and 6C**).
- Long-Term Financial Plan (LTFFP) is a snapshot in time with financial information that continues to change and evolve. The Commission has the opportunity to review and approve an updated LTFFP every year.
- F5SMC's LTFFP FY 2024-30 (FY23/24 Update) provides 6-year financial planning for the period FY 2024-30, which is the bridge of two strategic plans:
 - ✓ from current strategic plan SPIP FY 2020-25
 - ✓ to the upcoming new strategic plan SPIP FY 2025-30.
- Revenues: two main revenue sources:
 - ✓ 78% of fiscal revenue from F5CA Tobacco Tax revenue to fund F5SMC's Strategic Plan Implementation Plan (SPIP), and
 - ✓ 19% of fiscal revenue from Other Grant Revenues through competitive grant applications (increase from 10% of fiscal revenue in the previous 10 years). Other Grant Revenues help reduce F5SMC's sole financial dependency on the main Tobacco Tax.
- FY 2025-30 Appropriations:
 - ✓ 31% SPIP investments reduction
 - ✓ 18% Operating Budget reduction
 - ✓ Some possible staffing adjustments.

LTFP FY 2024-30 (FY23/24 Update) – KEY SUMMARY

	FY20-21 Actual	FY21-22 Actual	FY22-23 Actual	FY23-24 Revised Budget	FY24-25 Adopted Budget	FY25-26	FY26-27	FY27-28	FY28-29	FY29-30
Beginning Fund Balance	11,610	12,845	13,075	13,336	12,056	10,175	9,457	8,431	7,162	5,606
A+B. Tobacco Tax & Interest Revenues	6,105	5,821	5,295	4,629	4,286	3,758	3,534	3,383	3,239	3,096
C. Other Grants Revenues	1,112	1,189	1,504	1,715	1,933	600	600	600	600	600
Total Revenues	7,217	7,010	6,799	6,344	6,219	4,358	4,134	3,983	3,839	3,696
Total Available Fund	18,827	19,855	19,874	19,680	18,725	14,533	13,591	12,414	11,001	9,303
Appropriations										
D1. SPIP FY20-30	2,508	3,265	3,613	3,780	3,780	2,600	2,600	2,600	2,600	2,600
D2. SPIP FY20-23 Carry Over	0	0	0	367	533	0	0	0	0	0
D3. SPIP FY18-20 Carry Over	728	79	84	0	0	0	0	0	0	0
E. Other Grants Appropriations	933	901	1,024	1,327	1,715	500	500	500	500	500
F+G+H Operations	1,817	1,768	1,817	2,149	2,071	1,976	2,060	2,152	2,294	2,304
Total Appropriations	5,986	6,012	6,538	7,623	8,099	5,076	5,160	5,252	5,394	5,404
Ending Fund Balance Before Restricted Reserves	12,841	13,843	13,336	12,056	10,175	9,457	8,431	7,162	5,607	3,899
Restricted Reserves (Pension Liabilities and Operational Reserves)	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000
Ending Fund Balance After Restricted Reserves	10,841	11,843	11,336	10,056	8,175	7,457	6,431	5,162	3,607	1,899

FISCAL IMPACT

- Admin Cost Rate: projected 12% in FY 2023-25 and 17% during FY 2025-30
- At the end of FY 2029-30, projected Ending Fund Balance after Restricted Reserves is \$1,899 M which is approximate 3.5 months of Total Appropriations.
- FY 2023-25: projected total budget deficit of \$3.159 M. We will continue to draw down available Reserves to fund strategic operations.
- FY 2025-30: projected total budget deficit of \$6.276 M. We may continue to draw down available Reserves to fund strategic operations.
- At this time, we project from FY 2030 forward, Total Appropriations would be in line with Total Fiscal Revenues.

RECOMMENDATION

Approval of F5SMC's Long-Term Financial Plan (LTFP) from FY 2024-30 (FY23/24 Update)

LTFP FY 2024-30 (FY23/24 Update) - NARRATIVES

** Please read the LTFP FY2024-30 (FY23/24 Update) Memo (Attachment 6) in conjunction with the LTFP Narrative (Attachment 6A) and LTFP Spreadsheets (Attachments 6B, 6C).*

F5SMC's LTFP FY 2024-30 (FY23/24 Update) are presented in **Attachments 6A, 6B, and 6C** and are updated with:

- (1) F5CA Tobacco Tax Revenue Projections FY2024-28 with Flavor Ban, released January 29, 2024.
- (2) FY 2022-23 Audited Financial Information.
- (3) FY 2023-24 Revised Budget and FY 2024-25 Adopted Budget
- (4) Funding Allocations of Strategic Plan Implementation Plan (SPIP) FY 2023-25, which was approved during the strategic planning process.
- (5) Continue executing the SPIP FY 2020-23 Carry Over Fund in coordination within 2-year time frame of the SPIP FY 2023-25, per previous Commission approval.

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 2024-28 with Flavor Ban ** (released January 29, 2024), reflects:
 - ✓ FY 2023-25: 12% declining rate as the negative impact of Prop 31- Flavor Ban.
 - ✓ FY 2025-30: 4% declining rate with Flavor Ban compared to 3% declining rate without Flavor Ban.

C. Other Grant Revenue:

- FY 2023-25: increase to 19% of fiscal revenue from 10% in the last 4 years. Agency has won various new Other Grants through competitive grant application. Total \$3.648 M Other Grant Revenue (average \$1.824 M /year).
- FY 2025-30: conservative approach to revenue projections with projected \$600K Other Grant Revenues each fiscal year. This projection is based on conservative estimates to historical trend, F5SMC creditability and leadership, trusted relationships with existing funders, and leverage funding opportunities with F5SMC's Strategic Plan.

II. PROGRAM APPROPRIATIONS

D1. Strategic Plan Investment SPIP FY 2024-30

- This LTFP bridges two strategic plans:
 - ✓ from current strategic plan SPIP FY 2020-25
 - ✓ to the ongoing new strategic plan development SPIP FY 2025-30.

- FY 2023-25: 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.
- FY 2025-30: Cycle 5 investments are projected to be \$2.600 M each fiscal year, which represent 31% reduction from Cycle 4 investments; the new strategic plan development FY 2025-30 (started in May 2024) will help guide future investment strategies and priorities.

D2. SPIP FY 2020-23 Carry-Over:

- Continue implementation of SPIP FY 2020-23 Carry-Over Fund in coordination within 2-year time frame of SPIP FY 2023-25

E. Other Grants Appropriations

- FY 2023-25: Total \$3.648 M Other Grant appropriations (average \$1.824 M/year)
- FY 2025-30: Projected total \$2.500 M Other Grant appropriations (average \$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:

- ✓ Shared Program Operating Budget: 50% allocation rate of agency Operating Budget with projected 18% reduction of agency Total Operating Budget.
- ✓ Program and Evaluation Staff Salaries and Benefits
- ✓ Shared Admin Staff Time working on Program activities: 27% allocation rate of total Admin salaries and benefits.

III. ADMIN APPROPRIATIONS

G. Shared Operating Budget: 50% allocation rate of agency Operating Budget with projected 18% reduction of agency total Operating Budget

H. Admin Staff Salaries and Benefits: 73% allocation rate of total Admin Salaries and Benefits

IV. RESTRICTED RESERVES FOR PENSION LIABILITIES AND OPERATIONAL RESERVES

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

V. ENDING FUND BALANCE

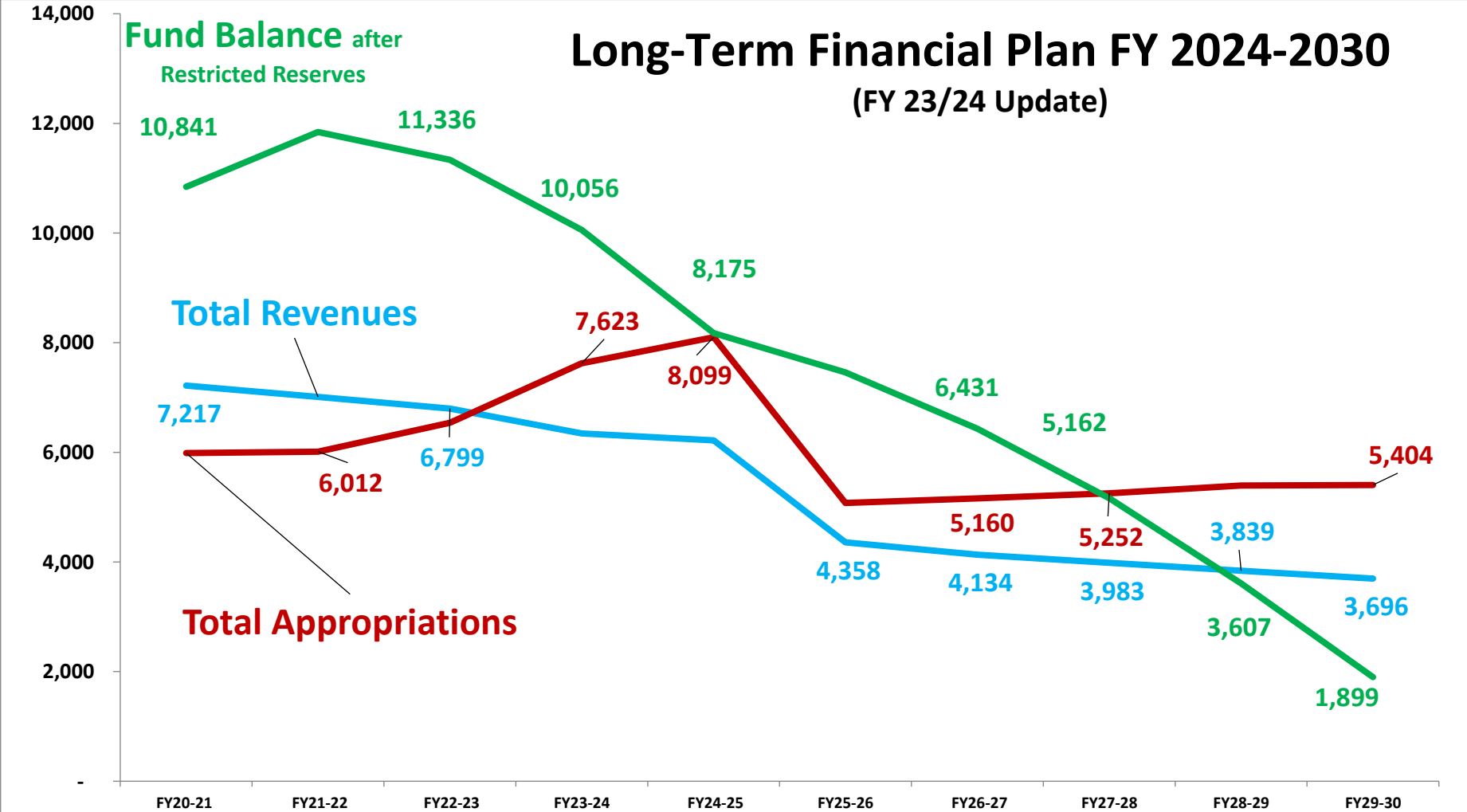
- At the end of FY 2029-30, Projected Ending Fund Balance after Restricted Reserves is \$1.899 M which is approximate to 3.5 months of Total Appropriations.

**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>*

*** Prop 31 – Flavor Ban on all Tobacco Products was passed in November 2022; The law is effective immediately in January 2023. Prop 31 causes larger negative decline rate of Tobacco Tax Revenue Projections from current 3% to 11% of Tobacco Tax Revenue Projections in 2023 and 2024, then levels off to 6% negative decline rate from 2025 onward.*

Restricted Reserves for Pension Liabilities and 6 months Operational Re	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000
ENDING FUND BALANCE after Restricted Reserves (Ending Reserves* after Pension Liability and Operational Reserves)	10,841	11,843	11,336	10,056	8,175	7,457	6,431	5,162	3,607	1,899

0.35



DATE: June 24, 2024
TO: First 5 San Mateo County Commission
FROM: Kitty Lopez, Executive Director
RE: Approval of Sarah Dobkin, LCSW Agreement for Infant and Early Childhood Mental Health Network Manager in an Amount not to exceed \$128,250, Contract Term Effective July 1, 2024 through June 30, 2026

ACTION REQUESTED

Approval of Sarah Dobkin, LCSW Agreement for Infant and Early Childhood Mental Health Network Manager in an amount not to exceed \$128,250, Contract Term Effective July 1, 2024 through June 30, 2026.

BACKGROUND

As part of the State of California Department of Health Care Services effort to support the mental health and wellness of children, youth, and young adults, F5SMC applied for Round 2: Trauma-Informed Programs and Practices of the Children and Youth Behavioral Health Initiative (CYBHI) funding in the Spring of 2023 in partnership with colleagues from SMC Health Behavioral Health and Recovery Services. After a significant delay, F5SMC was notified in December 2023 that the proposal was funded in full in the amount of \$750,000 to support training two cohorts of up to 50 mental health clinicians in the practice of child-parent psychotherapy (CPP) over the two-year grant term. The CPP training component will be facilitated by UCSF Child Trauma Research Project staff member Dr. Vilma Reyes.

In addition to the CPP training objective, the grant supports foundational training (ECMH 101) for up to 200 individuals on trauma theory in early childhood to interested child- and family-serving stakeholders. These trainings serve as a foundation to launch the SMC Infant and Early Childhood Mental Health (IECMH) Professional Development Network, which is the third objective of the CYBHI grant. To support the foundational training and IECMH Professional Network, the grant supports two additional roles: (1) Infant and Early Childhood Mental Health Content Expert and Network Facilitator, and (2) the IECMH Network Manager.

The contract for the IECMH Content Expert and Network Facilitator was approved at the Commission Meeting last month.

On May 31, F5SMC released a Request for Bids for the role of IECMH Network Manager and received two bids by the June 13 deadline.

QUALIFICATIONS AND KEY SERVICES TO BE PERFORMED

Sarah Dobkin, LCSW, has worked in the field of early childhood mental health for more than 15 years as a clinician and program director, and consultant, with significant experience and relationships in San Mateo County. She has served as an advisor and grant writer on strategic projects focused on early childhood mental health, is trained as a reflective practice facilitator, has relevant experience with evaluating and reporting, and has sought additional training in equity and inclusion principles.

As the IECMH Network Manager, Ms. Dobkin will: (1) be responsible for serving as the operational point person for the Network: conducting outreach, communications, coordinating

trainings, attending mandatory CYBHI learning collaboratives, and implementing evaluation requirements; (2) develop a plan to outreach to the broader community of child and family serving providers to garner interest in the Network; (3) create materials and establish infrastructure for the network (website, outreach materials, workplan), and conduct outreach to create membership; (4) organize peer support groups, get-to-know-you activities, consultation groups, learning communities, and other forums for networking.

FISCAL IMPACT

The recommended award to Sarah Dobkin LCSW is for up to \$128,250 award is to be funded in full through a grant from the Department of Health Care Services Children and Youth Behavioral Health Initiative, Round 2 and does not require additional allocation from the F5SMC fund balance.

RECOMMENDATION

Approval of Sarah Dobkin, LCSW Agreement for Infant and Early Childhood Mental Health Network Manager in an amount not to exceed \$128,250, Contract Term Effective July 1, 2024 through June 30, 2026.

**F5SMC DHCS CYBHI Round 2 Grant:
Infant and Early Childhood Mental Health Network Manager
Scope of Work and Budget**

Consultant: Sarah Dobkin, LCSW

Contract Term: July 1, 2024 - June 30, 2026

Activity	Estimated Total Hours (24 months)	Estimated Cost @ \$125
<u>Grant Administration</u> : Attend mandatory monthly CYBHI Learning Collaboratives and liaise with grant administrators in collaboration with First 5 Staff (about 5 hours per month)	120	\$15,000
<u>Evaluation</u> : With First 5 Staff and Network Facilitator/Content Expert, support evaluation efforts as required by CYBHI grant and First 5 (approximately 4 hours per month)	100	\$12,500
<u>Communications Materials Development</u> : Collaborate with First 5 Staff and Content Expert/Network Facilitator to develop communications materials for network activities including general messaging and website content	36	\$4,500
<u>Work Plan Development</u> : In coordination with First 5 Staff and Content Expert/Network Facilitator, develop plan to outreach to broader community of child and family serving providers to garner interest in the Network.	46	\$5,750
<u>Network Recruitment/Maintenance</u> : Work with First 5 Staff and Content Expert/Network Facilitator to implement the work plan; building and strengthening connections to community and creating and maintaining membership in the network (approximately 11 hours per month)	270	\$33,750
<u>Network Facilitation</u> : With First 5 Staff, Network Facilitator/Content Expert, and Network Training Facilitator, organize, market, and facilitate specific events such as network gatherings, trainings, peer support, consultation groups, and learning communities (approximately 12 hours/month)	290	\$36,250
<u>Coordination</u> : Attend coordination meetings with First 5 Staff, Network Facilitator/Content Expert and Network Training Facilitator (approximately 1.5 hours/week)	144	\$18,000
<u>Travel</u> : Travel to and from on-site meetings and trainings	20	\$2,500
Total	1,026	\$128,250

DATE: June 24, 2024

TO: First 5 San Mateo County Commission

FROM: Kitty Lopez, Executive Director

RE: Strategic Plan 2025 – 2030 Update / Discussion on the Planning Process for the Strategic Plan FY 2025 - 2030

ACTION REQUESTED

Discussion item

BACKGROUND

F5SMC has contracted with VIVA Social Impact Partners to design and facilitate the strategic planning process which will result in a refreshed five-year Strategic Plan for the period of July 1, 2025, through June 30, 2030. The refreshed Strategic Plan (SP) will build upon what has been learned and accomplished locally with the current Strategic Plan and Strategic Plan Implementation Plan (SPIP) and will produce a framework for the Commission and the community that outlines how F5SMC funds will strategically be invested over the next five years. The planning process commenced on May 1, 2024, and will result in clear recommendations for the Commission & Staff and its work for the upcoming Strategic Plan cycle set to begin in July 2025.

Specifically, the Commission will not be asked to reconsider and or make significant shifts in agency vision, mission, overarching desired outcomes, values, guiding principles, community roles, and primary focus areas; some areas may be “refreshed” with current language. The strategies recommended will also continue to be strongly rooted in research. At the same time, the Commission’s financial outlook, new partnership opportunities, and adaption to changing policy, service and funding landscapes requires us to think about i ways we positively impact the community, including funding levels. The SP consultant will work with F5 Staff, Strategic Planning Ad-hoc Committee, and the full Commission throughout the process.

Strategic Planning Inputs

- Strategic Planning Timeline: May 1, 2024- October 31, 2024
- Long-Term Financial Plan Approval for local Community Investments June/July 2024
- Strategic Plan Ad Hoc Committee Participation (4 Commissioners)
- Commission, Staff and Community & Family Engagement
- Data, local evaluation results, foundational documents, and impact synthetization
- Strategic Plan and Strategic Plan Implementation Framework FY 2025-2030

STRATEGIC PLANNING PRESENTATION AND DISCUSSION

At today’s Commission Meeting, Iris Elent, VIVA Social Impact will provide an update on this strategic planning process and engage the Commission in a rich discussion. See Attachments, **8.1 Strategic Plan 2020 - 2025** and **8.2 Strategic Plan Refresh Process**, for foundational documents.

FISCAL IMPACT

None

ACTION REQUESTED

Discussion item



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

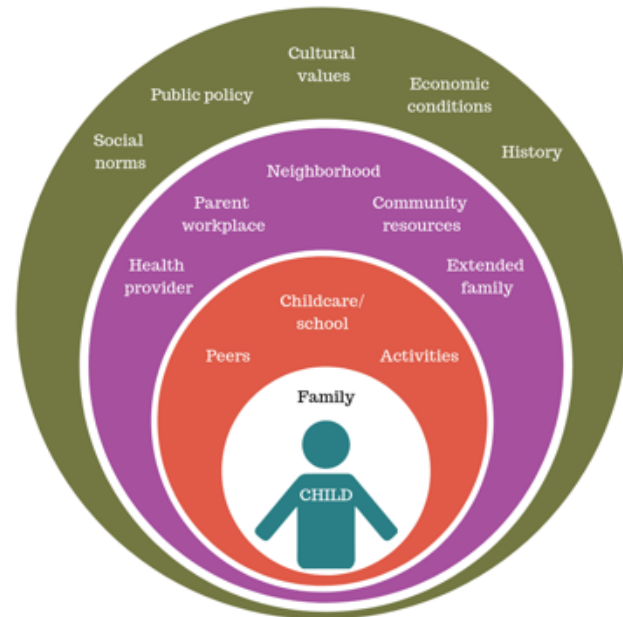
5 Children have healthy attachments to their parents and caregivers

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.¹ 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.

¹ World Health Organization (2018), *Social Determinants of Health*, Retrieved from 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:

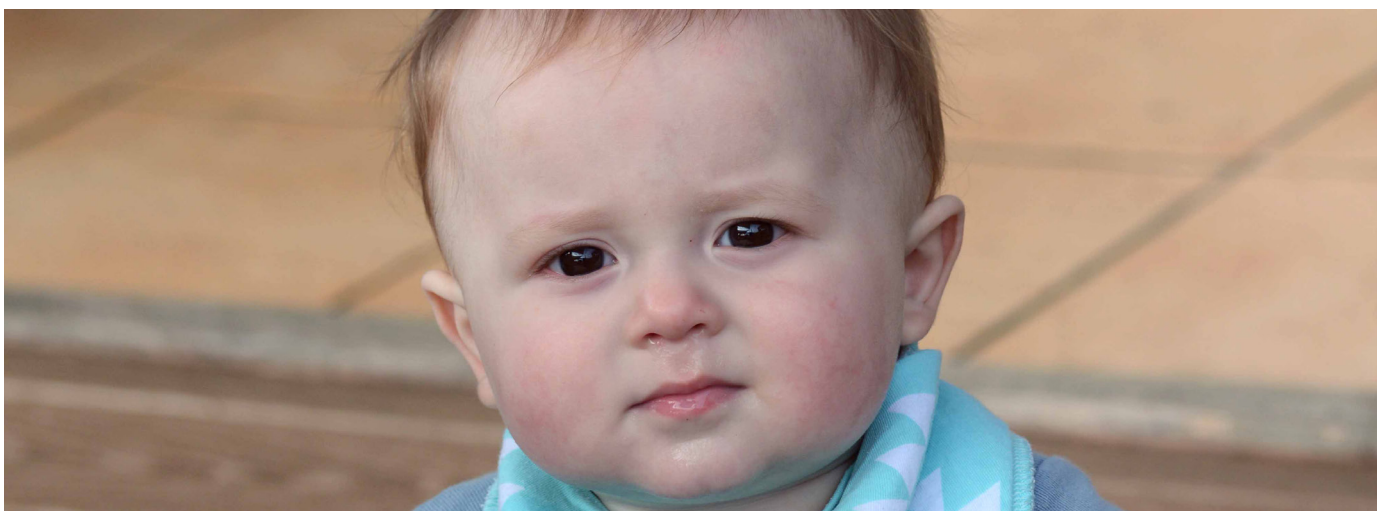
The Commission's role as an investor is to make positive movement toward its desired outcomes in critical areas of need for young children and their families. Specifically, these investments aim to make a unique contribution to specific family needs that are currently unable to be addressed by other 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,² 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%.³

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.⁴

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.

² 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>

³ 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/>

⁴ 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.

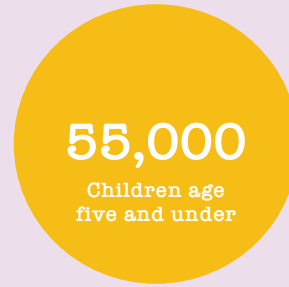
Children and Families in San Mateo County

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%).⁵

Median annual income for families in San Mateo County



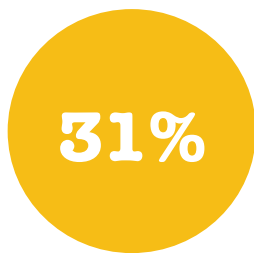
San Mateo County is home to over



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.⁵



of all African American children 0-5 live in poverty



of all Latinx children 0-5 live in poverty

⁵ 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.⁶ 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,⁷ 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.

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

⁷ 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,⁸ and 81% of kindergartners attend preschool in the year before entering elementary school.⁹ 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.¹⁰

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.¹¹ 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.¹²

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.¹³

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

⁹ 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>

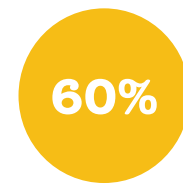
¹⁰ Reynolds, A.J. and Wolfe, B. (1997). School achievement, early intervention, and special education: New Evidence from the Chicago Longitudinal Study. Focus 19, 3, 25-28. Available online at: www.worldbank.org/children/why/18.htm

¹¹ 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).

¹² San Mateo County Teacher Compensation Study, Davis Consulting 2017

¹³ 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.¹⁴



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

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.



of the need for subsidized infant/toddler care is met

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.^{15,16} 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.

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.

¹⁴ 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

¹⁵ 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.

¹⁶ 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

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.¹⁷ 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.

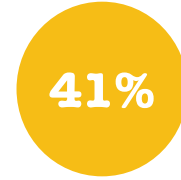
Given that there are limited resources to address the numerous important inputs that impact health, F5SMC is intentionally focusing on three areas that are not adequately supported in the current landscape of healthcare: oral health access and utilization, integrated systems for children with special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

¹⁷ 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.¹⁸ 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.¹⁹

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.²⁰ 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.²¹ 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.²²



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.²³ 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.²⁴ In California, 70% of children with developmental delays go undetected until kindergarten.²⁴ 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

¹⁸ 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

¹⁹ *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/>

²⁰ *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>

²¹ <http://healthpolicy.ucla.edu>.

²³ 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.

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

²⁵ 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

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.²⁵ California ranks 30th among all 50 states for screening of infants and toddlers.²⁵ 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.²⁵

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.²⁶ 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.²⁷

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.²⁸ 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.²⁹

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.³⁰

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.

²⁶ 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>

²⁷ Data source: *2009/10 National Survey of Children with Special Health Care Needs*. Data Resource Center for Child and Adolescent Health. www.childhealthdata.org

²⁸ 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>

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

³⁰ "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.³¹ 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.³² 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

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

³² 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.³³ 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.³⁴ 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.³⁵ 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.³⁶

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.

³³ 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.

³⁴ 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>

³⁵ 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>

³⁶ 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.

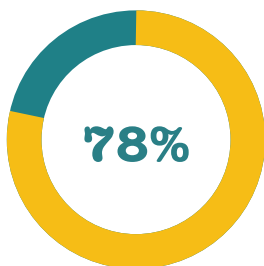
Organizations that receive First 5 San Mateo County funds report financial, program, and evaluation data in order to ensure contractual compliance. The fiscal reporting structure of the First 5 San Mateo County Commission was developed in accordance with the First 5 Financial Management Guide. This guide 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

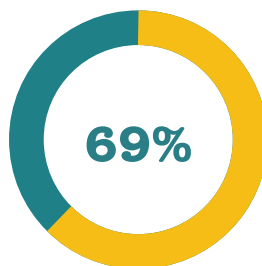
Starting in 2009, First 5 San Mateo County used a comprehensive evaluation approach to track its impact and identify effective strategies for achieving its desired outcomes using common indicators and data collection protocols across funded partners. The comprehensive evaluation has provided the Commission 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:



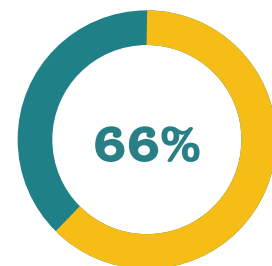
80% lived in households with annual incomes of less than \$30,000



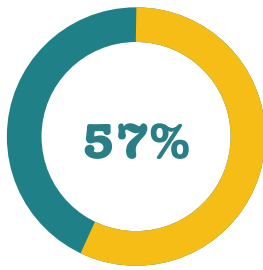
were Latinx, and 70% spoke primarily Spanish



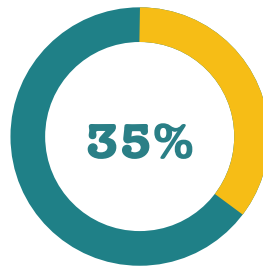
of parents had a high school education or less



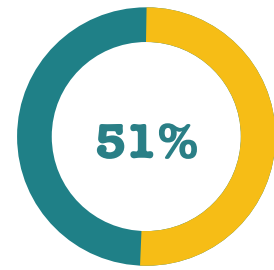
of parents read to their children at least 3 times per week



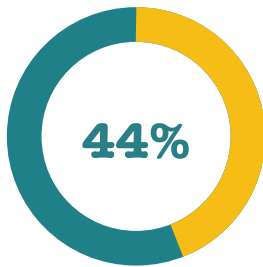
of children were breastfed for at least six months



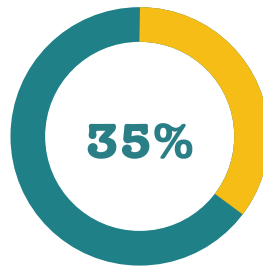
of the children had developmental concerns identified at screening, and 12% had been diagnosed with a developmental disability



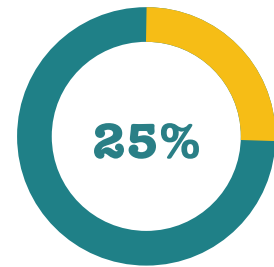
of parents worried about inadequate housing



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.

First 5 San Mateo County Strategic Plan Refresh Process
June 24, 2024

Building upon the achievements in the 2020-2025 Strategic Plan, the Commission is looking to develop a refreshed 5-year plan for the term of 2025-2030.

Strategic Plan Refresh Inputs

The groups below will be convened over the next several months to provide their unique perspectives into the plan refresh process. This will culminate in a First 5 San Mateo County Commission approval item at the October 28, 2024 meeting.

- 1. F5SMC Staff**
 - a. Three planning meetings
 - b. Work regularly with the consultant, Iris Elent, and all input groups to develop the refreshed plan.
- 2. F5SMC Strategic Planning Ad-hoc Committee**
 - a. Three planning meetings, including one joint meeting with F5SMC staff
- 3. F5SMC Commission Meetings**
 - a. Four Commission meetings: Three for planning updates and discussions, and one to consider the plan for adoption
- 4. Community Input**
 - a. One system leader convening to better understand the local and statewide landscape, including opportunities
 - b. One community partner forum to better understand priorities and needs
 - c. Leveraging family inputs through recent and concurrent family engagement activities (such as Baby Bonus interviews and focus groups, EvalCorp family focus groups, Centering Family Voice project, etc.) to better understand families' lived experiences, priorities, and recommendations.

Roles & Responsibilities

- 1. F5SMC Staff:** Contributes to discussions of strategic questions and provides recommendations for the refresh of the plan.
- 2. Ad-hoc Committee:** Provides thought partnership on key strategic questions, reviews staff recommendations, and provides recommendations to the Commission.
- 3. Commission:** Provide input, discuss and adopt the strategic plan.
- 4. Public/Community:** Provide feedback on existing strategies and share perspectives on the landscape, including needs and opportunities.

Attachment 8.2

Strategic questions that the above groups will contribute to:

1. Which investments have yielded significant outcomes and/or benefits?
2. Since the last strategic plan, what has changed? Are there emerging needs?
3. What is the desired legacy of the Commission regardless of community funding level?
4. What would look different for families of young children in the County if we were successful in five years?
5. How can F5SMC best operate as an investor, partner, and leader to improve outcomes for children 0-5 in light of declining Proposition 10 funding?
6. What might be lost or missed in San Mateo County if First 5 did not exist?
7. What opportunities and strategies should be considered or explored?

Strategic Plan Refresh Components

Plan Elements	Action
Term (July 1, 2025 - June 30, 2030)	Remains the same
Mission	Remains the same
Vision	Remains the same
Desired Outcomes	Revisit for refresh
Preparing Children for Lifelong Success - Guiding Frameworks	Revisit for refresh
Roles of the Commission	Remains the same
Profile of Children and Families in San Mateo County	Revisit for refresh
Core Values	Revisit for refresh
Guiding Principles	Revisit for refresh
Focus Areas	Remains the same
Strategies for Investment	Revisit for refresh
Indicators (population and participant level)	Revisit for refresh
Evaluation	Revisit for refresh
Conclusion	Revisit for refresh

Attachment 8.2

Refresh Process Timeline

~~Strikethrough~~ = Meeting complete

	F5SMC Staff	Ad-hoc Committee	Commission	Community Input
May	May 28 In-person			Data review
June	June 26 <i>In-person</i>		Survey -June 24	Data review
July		July 19 <i>Virtual</i>	-July 22	-System Leader Convening - <i>Date/time TBD</i> -Family input & new data review
August	Joint mtg w/ ad-hoc <i>In-person</i> Aug. 12	Joint mtg w/ staff <i>In-person</i> Aug. 12		-Community Partner Forum - <i>Date/time TBD</i>
September	TBD	TBD	-Sept. 23	
October			-Oct. 28th Meeting <i>for Adoption</i>	

**FIRST 5 SAN MATEO COUNTY (F5SMC)
FIRST 5 STAFF TEAM REPORT
JUNE 2024**

STRATEGIC INVESTMENT FOCUS AREAS – UPDATE

QUALITY CARE AND EDUCATION

Workforce (Early Learning) Update

Following up on F5SMC's contributions to the Child Care Needs Assessment (2022) and American Rescue Plan Act (ARPA) early learning workforce partnership with the County of San Mateo and San Mateo County Office of Education (SMCOE), First 5 San Mateo County and partners launched the Early Learning and Care Career Pathways Specialist navigator housed at SMCOE. One resulting activity is to better understand and to meet the needs of infant-toddler and preschool providers in the current landscape to support career pathways. F5SMC will support the following efforts with SMCOE to:

- 1) Participate in the Center for the Study of Child Care Employment (CSCCE) 2024 ECE Workforce Survey. CSCCE is currently conducting a statewide survey of the early learning workforce (licensed childcare centers and family childcare), an update to their previous survey which was conducted in 2020. The purpose of this survey is to understand demographics, education/experience, wages/benefits; educator well-being (personal & professional); trends in the field (educator turnover; transitional Kinder and COVID effects). We will have specific and deep information on SMC provider workforce.
- 2) Pilot a summer internship program specific to ECE (Early Childhood Education) partners: the **Summer Internship Pilot**: Through the YEEE! (Youth Empowerment, Entrepreneurship & Employment) program, SMCOE will pilot an innovative summer internship program specific to ECE. YEEE! is a youth workforce development program rooted in the belief system that education is for liberation.

We look forward to providing updates and data on the above.

RESILIENT FAMILIES

Friday CAFÉ (Community and Family Engagement): Celebrating Our Journey and Navigating Change

On June 17th, the Friday CAFE met in-person for the last CAFÉ of the year to collectively celebrate a shared journey. The family engagement professionals and advocates reflected on the past year and explored the inevitable changes ahead! Navigating through transitions can often be challenging. Compassion and kindness are essential in easing these transitions, both for us and for others. The participants discussed how kindness can help navigate these transitions, and ways to support families and communities through periods of change.

POLICY & ADVOCACY UPDATES

Letter of Support: AB 1851 (Holden) – School Lead Testing and Mitigation

On June 7, 2024, First 5 San Mateo County sign onto a letter addressed to Chairman Josh Newman of Senate Education Committee to support AB 1851 (Holden) which aims to protect students, educators, and staff in California public schools from lead in school drinking water.

(See Attachment 9.1)

FIRST 5 CALIFORNIA & FIRST 5 ASSOCIATION UPDATES

AB 2982- Prenatal to 3 Working Group:

The Association's sponsored legislation was held in suspense last month, which means the bill will not be moving forward this legislative session. This was largely due to the state's bleak fiscal picture. While this is disappointing there were important successes achieved along the way as the Association was able to continue to build momentum of support for a statewide prenatal-to-three vision.

COMMUNITY AND STATEWIDE EVENTS & UPDATES

All In to Keep Kids Covered

The California Department of Health Services (DHCS) is launching a statewide campaign to inform, educate, and engage the public about Medi-Cal renewals. ALL IN for Health [resource page](#) is available for families need assistance or have questions about the Medi-Cal renewal process. A [social media toolkit](#) is also created to help spread awareness to families about updates on the Medi-Cal renewal process and Medi-Cal expansion.

Family Connections Family Activities

Check out the several activities that our community partner, Family Connections, will be hosting in the coming weeks!

- *Babies in Bloom*, starting the week of June 24
An 8-week group for parents and caregivers of children birth to 12 months
To register and for more details, *See Attachment 9.2*
- *Navigating Separation and Transition*, June 27 (virtual)
Participants will discuss the challenges that may surface during major transitions such as kindergarten or TK, and many more.
To register and for more details, *See Attachment 9.3*
- *Summer Play Groups*, June 28 – July 29
Five weeks of fun outdoor play, art activities, and much more for children 1 – 3 years and 3 – 5 years
To rsvp and for more details, *See Attachment 9.4*

COMMUNICATIONS

The 5 Protective Factors: Why the First Five Years Matter

Check it out! On [F5SMC's website blog page](#), it explained the five protective factors that F5SMC has embedded in their work:

- parental resilience
- social connections
- knowledge of parenting and child development

- social and emotional competence of children
 - concrete support in times of need
- (See Attachment 9.5)*

Social Media and Analytics Reports *(See Attachment 9.6)*

June 7th, 2024

Chairman Josh Newman
Senate Education Committee
1021 O Street, Room 6740
Sacramento, CA 95814

Dear Chairman Newman,

The undersigned organizations write to you in support of AB 1851 (Holden), which would help protect students, educators, and staff in California public schools from lead in school drinking water. **Lead in our schools' drinking water is an environmental justice issue and imminent public health threat, and children and their families are counting on the state to keep them safe.**

Assembly Bill 1851 enacts a goal of the state to ensure that water served to or consumed by children while they attend school or are cared for in licensed childcare facilities contains no more than zero parts per billion of lead, with a limit of no more than five parts per billion. **There are no effective treatments for the long-lasting developmental effects of lead toxicity, and it is believed that these effects are permanent.** The Centers for Disease Control and Prevention state that there is no safe level of lead in children; further, the state Department of Public Health reports that lead exposure at even very low levels can cause learning, behavioral, and attention difficulties in children, along with nervous system and organ damage. Exposure to high levels of lead can be fatal. The costs of inaction when it comes to lead are significant; childhood lead exposure leads to increased costs in healthcare, higher rates of adult crime and juvenile delinquency, an increased need for special education, and a decline in lifetime savings.

The bill establishes a pilot program and requires the Superintendent of Public Instruction to select a technical assistance (TA) provider, along with 6-10 school districts to participate in the program. The TA provider will test the water at all potable outlets on eligible campuses, identify outlets where lead levels exceed five parts per billion (ppb), and remediate those exceedances to bring lead levels below five ppb, with the goal of reducing lead levels to zero. Once the testing and remediation is complete, the TA provider will conduct an analysis of remediation efforts and provide recommendations on the most health protective and cost-effective methods to reduce school drinking water lead levels to less than five ppb, including the feasibility of using lead-removing filters to reduce lead levels in school water.

This bill comes at a crucial time. The federal EPA proposed Lead and Copper Rule Improvements (LCRI), which may be finalized this year, offer little clarity or support to schools with lead exceedances. **Notably, while the updated LCRI promotes voluntary testing of some school drinking water outlets each year, the LCRI does not require schools to test and remediate outlets or even to lower water lead levels.** The pending rule doesn't regulate schools, only the water systems that would perform the testing. In absence of federal action to *actually* reduce lead in school drinking water, it is critical that California schools understand the

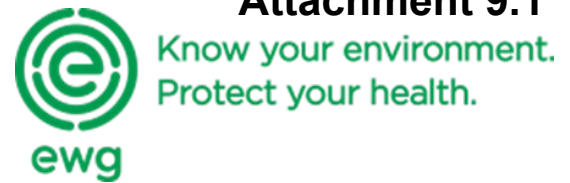
scope of their lead-in-water problem, and the most health protective, cost effective, ways to remediate lead exceedances. This pilot project could provide the state needed data and analysis to effectively adopt its own LCRI regulations and ensure that schools are adequately remediating lead in their water.

Available data shows significant cause for concern regarding lead in school drinking water. In 2019, limited California school drinking water testing found that samples from 18 percent of K-12 school campuses contained lead levels above 5 ppb. At that time, schools were only required to remediate lead levels above 15 ppb, a level that experts say is not protective of children's health, and most school drinking and cooking faucets were not tested. Recent data from the Department of Social Services indicates that one in four childcare centers in California also have unsafe levels of lead, and some of these levels were more than 2000 times the legal limit. While some of the centers tested are located on school campuses, all the centers are located in the same communities as our schools.

California continues to chart the path forward for environmental justice, but it lags in lead poisoning prevention. There are 18 states with mandatory lead in water testing requirements for schools and/or childcare centers, and 23 have a statewide voluntary lead testing program. Washington State, for example, passed laws in 2021 that require lead testing of all drinking water outlets in public schools.

For these reasons, we urge you to support AB 1851, to protect thousands of children, educators, and staff from harmful lead exposure.

Sincerely,



Attachment 9.1

Assembly Bill 1851 – School Lead Testing and Mitigation Assemblymember Chris R. Holden

SUMMARY

[AB 1851](#) enacts a goal of removing all lead from school drinking water by identifying the most cost-effective and health protective method of remediation in schools. The State Superintendent of Public Instruction will identify 6-10 geographically and demographically diverse school districts that administer TK-12 and K-12 schools. These districts will participate in a pilot project, administered by a nonprofit technical assistance organization, to test all potable water faucets and fixtures in those TK-12 schools for lead by 2028. Lead concentrations must be reduced to below five parts per billion (5 ppb). Faucets found to exceed 5 ppb must be made inoperable until the lead is reduced or the fixture replaced.

This bill mirrors a recently adopted Department of Social Services standard for testing, which was developed in collaboration with the State Water Resources Control Board, for childcare centers.

BACKGROUND

The [American Academy of Pediatrics](#) and the [Centers for Disease Control](#) and Prevention state that there is no safe amount of lead content in drinking water. Children are particularly vulnerable to even slightly elevated levels of lead exposure which can lead to adverse cardiovascular, renal, reproductive, immunological, and neurological effects, as well as cancer. A [US Environmental Protection Agency analysis](#) found that minority and low-income populations experience disproportionate risk of lead exposure in drinking water. Nearly all (99.2%) of California's ZIP codes are defined as being "[at risk](#)" for childhood lead exposure, which contributes to lifelong developmental delays and health effects.

Until the enactment of AB 746 (Gonzalez, 2017), lead testing programs for schools were conducted solely on a voluntary basis. AB 746 required community water systems (CWS) to test K-12 school sites built before 2010 for lead and to mitigate any lead levels that exceeded 15 ppb. When complying with AB 746's mandate, schools only tested three to five faucets at each campus, even though schools have many more faucets. Nevertheless, this limited sampling revealed that approximately 18 percent of K-12 schools had faucets emitting lead levels above 5 ppb.

AB 2370 (Holden, 2018) required licensed childcare centers to test their drinking water for lead once every five years. When implementing AB 2370, the California Department of Social Services (CDSS) required centers to remediate lead levels above 5 ppb. Data from this bill reveals extremely high levels of lead, some as high as 2000 times the legal limit, at one in four childcare centers.

The federal Lead and Copper Rule Revision (LCRR), published in June 2021 with an effective date of October 2024, requires community water systems to test drinking water at childcare facilities and elementary schools once within five years from the rule's implementation date, and in K-12 schools upon request thereafter. The most recent November 2023 proposed update to federal rule has *no mandatory testing or remediation for schools* – water systems only have to contact 20% of schools/childcare centers each year to offer testing, and nothing is required unless schools consent. Of those schools who consent, only 5 outlets per campus are required to be tested, with an action level of 10 ppb. In order for the state to implement and enforce this proposed rule, the state will have to formally adopt regulations – a process that could take four years. Notably, the lack of required remediation under the LCRR leaves students, teachers, and school employees at risk of dangerous levels of lead consumption. In fact, the EPA is proposing to take out the word

“mandatory” in all LCRR provisions related to schools.

EXISTING LAW

Existing state law and regulations for childcare centers establish a goal of reducing lead levels in center drinking water to as close to zero as possible, specify a lead action level of 5 ppb, and require all drinking and cooking faucets to be tested.

Existing law required community water systems to perform one-time testing of several faucets on each K-12 campus. State law required schools at that time to meet a lead action level of 15 ppb, but some school districts chose to meet a 5 ppb standard and set an even lower goal.

Although the federal government and State of California have established some lead testing standards for childcare centers and schools, the standards’ misalignments leave room for important improvements, and continue to expose children to lead. Addressing this, and the gap left by the LCRR, is critical for protecting California’s kids from a lead poisoning crisis.

THE SOLUTION

AB 1851 aligns lead-in-water removal goals and action levels for childcare centers and TK-12 school buildings built before 2010. Specifically, the bill creates a goal of 0 ppb lead, and remediation level of 5 ppb lead, for TK-12 schools. The bill also requires testing for lead contamination at all drinking water and food preparation faucets and fixtures in those buildings over the next five years. Schools will then implement remediation solutions to bring lead levels in water below 5 ppb, include replacing faucets and installing water filters.

Campuses that have tested all potable water outlets used for drinking or cooking on the campus after January 1, 2019, shall not be subject to the sampling requirements. Data and the subsequent analysis shall be provided to the Superintendent and State Water Board.

FUNDING

This bill is accompanied by a \$25 million budget ask which, following consultation with Sacramento State Office of Water Programs, is sufficient for funding the testing and remediation of *at least* 6 school districts. There are, however, many additional sources of funding should the state choose to remediate additional districts.

The federal Bipartisan Infrastructure Law (BIL) appropriated \$30.7 billion nationwide over five years to Drinking Water State Revolving Funds (DWSRF) programs and allocated approximately \$2.56 billion of the its funding directly to California’s State Water Resources Control Board (Water Board). Within each DWSRF allotment category are set-asides that the state can decide how to use. Set-aside activities, according to the EPA, can include statewide special purpose water sampling and filters. The state’s BIL allocations can be used over the course of 10 years.

A second possible funding stream includes the California Energy Commission (CEC) CalSHAPE program School Plumbing Fixture and Appliance Replacement Grant. This grant program can fund school installation of low-flow water faucets. As of February 2022, \$482 million was unencumbered.

In addition to the BIL and CEC money, there are two Water Infrastructure Improvements for the Nation (WIIN) grants available for funding AB 1851. The first and broadest—the [Voluntary School and Child Care Lead Testing and Reduction Grant](#)—is non-competitive, but California must apply for its individual allotment from the EPA. The second funding opportunity—the [Reducing Lead in Drinking Water Grant](#)—is competitive; community water systems and schools with their own water systems must apply.

SUPPORT

Environmental Working Group (Co-sponsor)
Children Now (Co-sponsor)

BABIES IN BLOOM



Attachment 9.2



starting the week of June 24

Please join us! Together, we will engage in various activities, including:

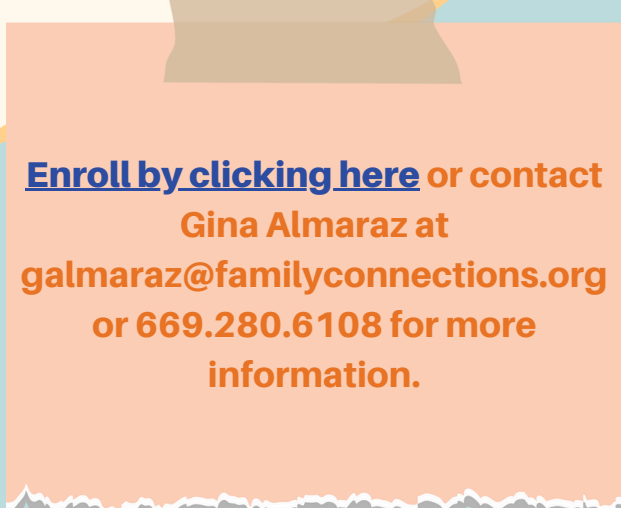

- Sing and read children's books
- Share ideas, resources, and information about infant feeding, sleep patterns, and other topics.
- Connect with other caregivers

Locations

414 Fourth Avenue
Redwood City, CA 94063
Weekly Wednesdays
2:30 PM - 3:30 PM

1070 Beech Street
East Palo Alto, CA 94303
(Beech Street & Pulgas Ave)
Weekly Thursdays
1:00 PM - 2:00 PM

Susan B. Anthony Elementary
575 Abbot Ave
Daly City, CA 94014
Weekly Wednesdays
10:30 AM - 11:30 AM



Enroll by [clicking here](#) or contact Gina Almaraz at galmaraz@familyconnections.org or 669.280.6108 for more information.

*Light refreshments will be available

BEBÉS FLORECIENDO

Attachment 9.2



UN GRUPO DE 8 SEMANAS PARA
PADRES Y CUIDADORES DE
NIÑO(A)S NACIMIENTO A 12 MESES

Comenzará la semana del 24 de junio

¡Por favor unase con nosotros! Juntos,
participaremos en diversas actividades,
que incluyen:


- Cantar y leer libros infantiles.
- Compartir ideas, recursos e información sobre alimentación infantil, patrones de sueño y otros temas.
- Socializar con otros cuidadores

Ubicaciones

414 Fourth Avenue
Redwood City, CA 94063
Semanalmente miércoles
2:30 PM - 3:30 PM

1070 Beech Street
East Palo Alto, CA 94303
(*Beech Street & Pulgas Ave*)
Semanalmente jueves
1:00 PM - 2:00 PM

Susan B. Anthony Elementary
575 Abbot Ave
Daly City, CA 94014
Semanalmente miércoles
10:30 AM - 11:30 AM



Inscríbete haciendo clic aquí o comuníquese con Gina Almaraz usando galmaraz@familyconnections.org o al 669.280.6108 para obtener más información.

* *Refrigerios ligeros disponibles*



Navigating Separation and Transition



PARTICIPANTS WILL:

- Discuss the challenges that may surface during major transitions such as kindergarten or TK
- Learn ways to support yourself and your child
- Begin your personalized plan on how you will support your child during separation and transition



Thursday, June 27, 2024

10:30 AM - 12:00 PM



Via Zoom

[CLICK HERE TO REGISTER](#)



Navegando Separación y Transición



PARTICIPANTES:

- Hablarán de las dificultades que pueden surgir durante transiciones como kindergarten o el TK.
- Aprenderán maneras de apoyar uno mismo y a su hijo/a
- Comience su plan personalizado sobre cómo apoyará a su hijo/a durante la separación y la transición.



jueves 27 de junio de 2024

1:30 PM - 3:00 PM



Zoom

[**HAGA CLIC AQUÍ
PARA INSCRIBIRSE**](#)



Summer Play Groups
Grupos de Juego de Verano

Join us for 5 weeks of fun outdoor play,
art activities, and much more.

Únase a nosotros durante 5 semanas de
divertidos juegos al aire libre, actividades
de arte y mucho más.

The Little Blue House
1070 Beech Street
East Palo Alto



Children 1-3 years
Niño(a)s de 1-3
años

6/28, 7/12, 7/19,
7/26, 8/2

1:00pm-2:30pm

Children 3-5 years
Niño(a)s de 3-5
años

7/1, 7/8, 7/15, 7/22,
7/29

1:00pm-3:00pm



[Click here to RSVP](#)

**[Haga clic aquí para
confirmar su asistencia](#)**





The 5 Protective Factors: Why the First Five Years Matter

- [May 30, 2024](#)
- [Childcare and Education, Family Blog, Impact, News and Updates](#)

“In the developed world, the United States is an outlier in its low levels of financial support for young children’s care. The U.S. spends 0.2 percent of its G.D.P. on child care for children 2 and under — which amounts to about \$200 a year for most families,” the [New York Times highlighted in this article](#). “Other wealthy countries spend an average of 0.7 percent of G.D.P. Denmark, for example, spends \$23,140 annually per child on care for children 2 and under.” “‘We as a society, with public funding, spend so much less on children before kindergarten than once they reach kindergarten,’ said Elizabeth Davis, an economist studying child care at the University of Minnesota. ‘And yet the science of child development shows how very important investment in the youngest ages are, and we get societal benefits from those investments.’”

Investments in early childhood return, on average, seven times in future savings on social services. That means that for every dollar we spend supporting children and their parents in the first five years of their life, our community saves seven dollars in costs in the future. The return on investment is undeniable, and First 5 San Mateo County is strategic about how we invest to ensure that our community has what it needs to thrive.





The five protective factors are a framework used in child development and family support to enhance family strengths, optimize child development, and reduce the likelihood of child abuse and neglect. These factors are considered essential for fostering healthy and resilient families. outline the kinds of support that are foundational, the work that sees this kind of groundbreaking return. Together, these protective factors create a supportive and nurturing environment that promotes the well-being and resilience of both children and their families. These are the things that make a childhood successful, that help a child thrive as they develop and grow into healthy, happy adults.

Our work at First 5 San Mateo County is a critical ingredient as our county looks toward the future. So much of our community in this county is dedicated to doing what has never been done before. Investing in early childhood through the lens of prevention is one of San Mateo County's most promising and reliable innovations. First 5 San Mateo County's role is to facilitate that, offering children and parents what they need today so that they can thrive in the future. Each of the five protective factors are embedded in our work. Here's how:



Parental Resilience:

Parents are their children's rock. When parents have the resilience and support they need, they are able to manage the stress and adversity that comes with the territory, and provide a stable emotional environment for their children. Children rely on their parents for emotional support and guidance, and resilient parents are better equipped to navigate challenges without becoming overwhelmed, which fosters a sense of security and stability for their children in their first five years.

This is why First 5 San Mateo County invests in [parental education and support resources](#) from the very beginning of a child's life. Family learning is such an important way to impart



confidence and capacity to parents who face systemic barriers, such as financial instability, language barriers, or even domestic violence.

Social Connections:

Being part of a community from the beginning helps children succeed for life. Social connections, particularly with family, childcare providers, and other children provide children with a sense of security, trust, and emotional support, which lays the foundation for healthy social and emotional development.

The people that babies spend the most time with are foundational to their language and communication skills from an early age. Important social skills like taking turns, sharing, empathy, and cooperation, can only be developed through practice! Through their social connections with peers and adults, children learn to express their feelings and understand new things!

Through participating in First 5 San Mateo County's family support programs or quality early care and education, parents can build their networks, and children can grow into their roles as community members. These are critical years for developing these skills, and having resources in place for children and families that are available to them from birth ensures that these children succeed when it comes time for Kindergarten.

Knowledge of Parenting and Child Development:

Parenting can be challenging, and there is not a rule book. It can be helpful to understand how a child's brain is developing, and what kinds of support are most effective, when parents are making decisions about their child's education, health, discipline, and enrichment.

Recognizing developmental milestones and potential developmental delays early on allows parents and caregivers to seek timely intervention and support services if needed. Early intervention can mitigate the impact of developmental delays and provide children with the resources they need to thrive. First 5 San Mateo County works with [Help Me Grow San Mateo County](#) to provide free screenings for every child in the county, and developmental support and system navigation for the children and families that need it.

Responsive caregiving, when parents are attentive and adaptive to their child's needs in the moment, fosters emotional regulation, and supports healthy development. Knowing how to do this, what to look out for, and what strategies to deploy in the moment takes practice! Our family support partners are there to help parents develop these skills in community.

Social and Emotional Competence of Children:

Positive parenting practices, such as consistency, warmth, and communication create a supportive and nurturing environment that enhances children's mental, social, and emotional development. As they grow up, children can learn resilience directly from their parents through interactions and experiences. When children observe their parents coping effectively with difficulties, they learn valuable skills for managing their own challenges, big and small.



Social and emotional competence equips children with the skills to resolve conflicts and solve problems collaboratively. By learning to negotiate, compromise, and seek win-win solutions, children develop essential skills for navigating social challenges and building positive relationships. Emotional skills allow children to manage their feelings effectively! When they learn to identify, express, and cope with a range of emotions, children can navigate social situations, handle stress, and maintain a sense of emotional balance.

What's more, children are more likely to succeed in school if they know how to make friends and manage social relationships by the time they get to kindergarten!

Concrete Support in Times of Need:

When it comes to protecting children, making sure that there are real, meaningful services to turn to that help repair in challenging times is important. Even with all the resilience, emotional strength, and knowledge in the world, sometimes, we simply need resources.

First 5 San Mateo County is investing in meaningful interventions, long term development support, and tangible resources for families as well. Ensuring that families have access to their basic needs, like food, shelter, and health resources is an important piece of the puzzle.

The first five years set the stage for the rest of a child's life. Investments in these five protective factors ensures that every parent has a reliable foundation for raising their children, rearing the next generation of San Mateo County citizens. These investments pay off, and it is important that children have the kind of well-rounded, complete support they need to realize their full potential.



Digital Communications Analytics Report

May 1, 2024 - May 31, 2024

In May, First 5 San Mateo County achieved notable successes in digital engagement and outreach. Our content strategy, which highlighted key initiatives and shared compelling blog posts, significantly boosted web traffic. The resources page, along with blog posts on the return on investment in early childhood and a profile on Andrea Burnett's advocacy for diversity, emerged as the most visited pages.

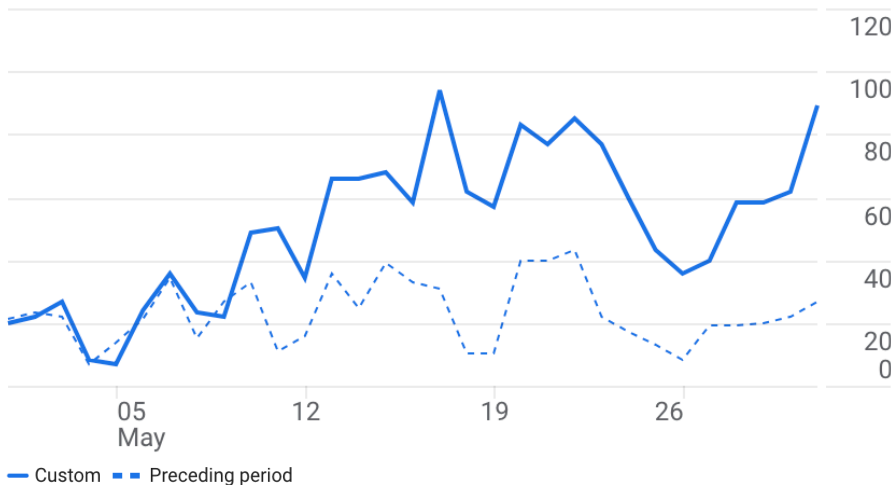
With a modest expenditure of \$200 on Meta ads, we saw remarkable increases in paid reach and impressions, demonstrating the effectiveness of our ad targeting and content. While audience growth has stabilized since the conclusion of our follower ads, the number of messages and comments increased, driven by the engaging and sometimes divisive discussions on our featured blog posts.

LinkedIn maintained strong impressions across various posts, despite a slight decrease in views, indicating consistent engagement. Overall, our communications efforts in May were robust, sparking meaningful interactions and maintaining strong digital presence across all channels.

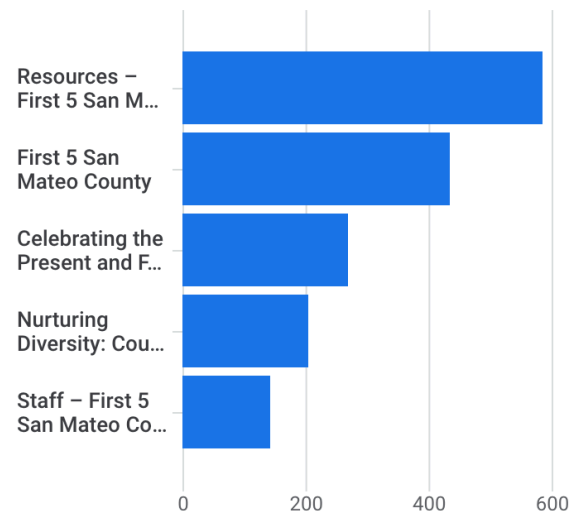
Website

Who is using your website?

Users ▾ Event count ▾ Average engagement time ▾
1.5K **8.4K** **30s**
↑ 132.9% ↑ 55.7% ↓ 46.3%



What pages do your users visit?



Meta: Facebook & Instagram

Facebook reach ⓘ
21.9K ↑ 2.5K%

Instagram reach ⓘ
2.1K ↑ 459.6%

Paid reach ⓘ
28,837 ↑ 16.0K%

Paid impressions ⓘ
52,692 ↑ 27.1K%

Audience

Facebook followers
2,483

Facebook Page new likes
4 ↓ 20%

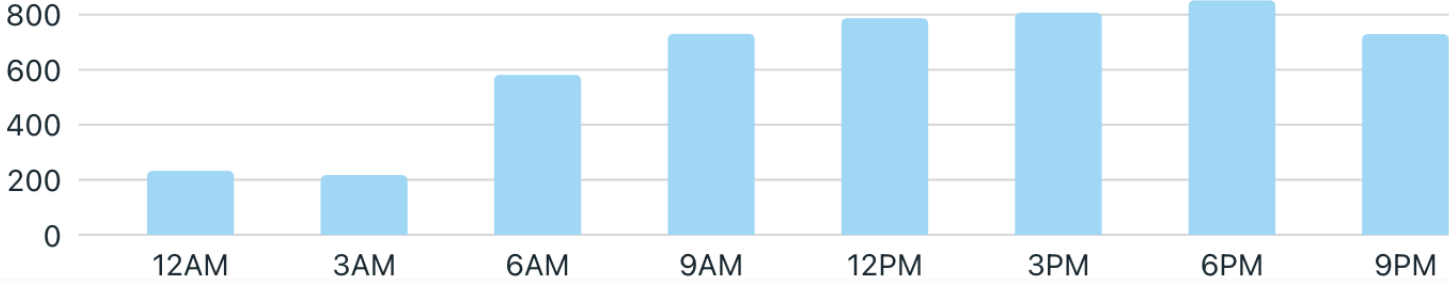
Messaging contacts ⓘ
27 ↑ 800%

Instagram followers
1,515

New Instagram followers
12 ↑ 9.1%

Messaging contacts ⓘ
2 ↓ 50%

Most active times ⓘ



Top Content by Reach

Reach ⓘ ↓

Likes and reactions ⓘ ↑↓

Image	Text	Reach	Likes and reactions
	As parents, caregivers, and members of the... First 5 San Mateo	19.4K Reach	--
	Babies can be both the sweetest reward and bigg.. First 5 San Mateo	16.6K Reach	--
	Check out the next installment of our Nurturing... First 5 San Mateo	8.9K Reach	--
	Get ready for the grand finale of First 5 San Mateo ... First 5 San Mateo County	168 Reach	4 Reactions
	Adverse Childhood Experiences (ACEs) can have la... First 5 San Mateo County	102 Reach	1 Reactions

Visitor highlights

21

Page views

▼ 58.8%

13

Unique visitors

▼ 38.1%

224

Total followers

1

New follower

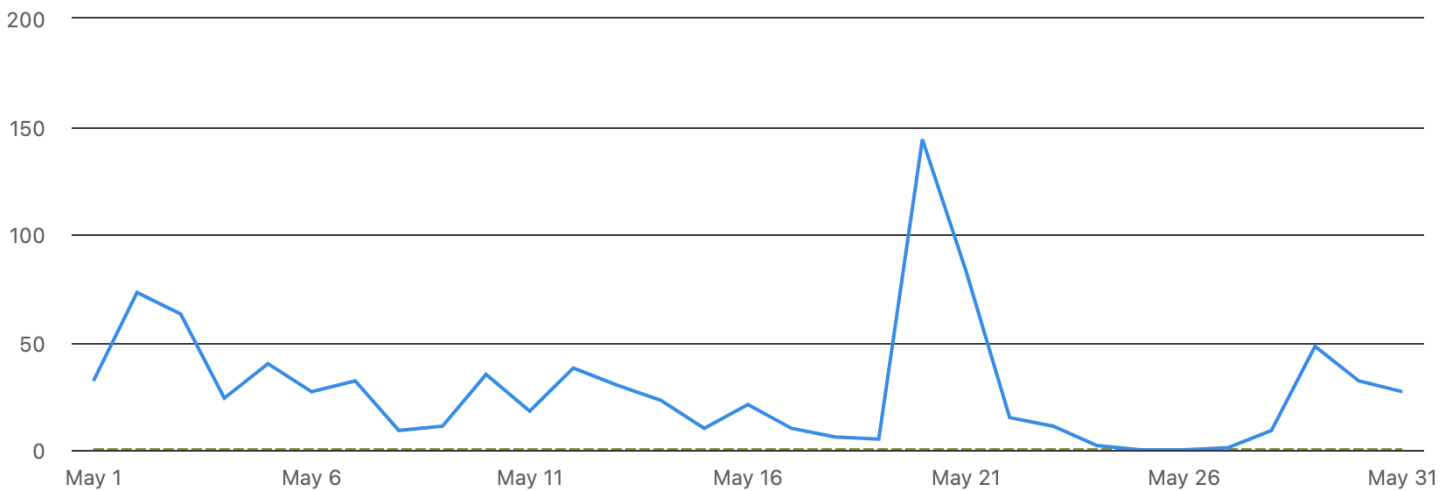
147

Search appearances

879

Post impressions

Impressions



LinkedIn Content

Post title	Post type	Audience	Impressions	Views	Clicks	CTR
<p>From early milestones to lasting impacts, we're dedicated to success for every child in our...</p> <p>Posted by Noa Elliott (she/her)</p> <p>5/20/2024</p> <p>👁️ Get more engagement Boost</p>	Image	All followers	231	-	17	7.36%
<p>Join us for a fun-filled Children's Book Swap event hosted by Peninsula Book Collaborative and Daly...</p> <p>Posted by Noa Elliott (she/her)</p> <p>5/2/2024</p> <p>👁️ Get more engagement Boost</p>	Image	All followers	162	-	0	0%

DATE: June 24, 2024
TO: First 5 San Mateo County (F5SMC) Commission
FROM: Kitty Lopez, Executive Director
RE: Committee Updates

Finance and Administration Committee Meeting – June 10, 2024

Commissioners: Carla Boragno (absent), Claire Cunningham, Sylvia Espinoza
Staff: Kitty Lopez, Khanh Chau

1. Review and Recommend Approval of First 5 San Mateo County’s Long-Term Financial Plan (LTFP) FY 2024-30 (FY23/24 Update)

Kitty Lopez stated that F5SMC Commissions have opportunity to review and approve the updated F5SMC’s Long-Term Financial Plan (LTFP) every fiscal year for state compliance requirements.

Kitty Lopez cited LTFP key highlights included 31% projected reductions in strategic planning implementation plan (SPIP) investments during period FY2025-30 with equal community investment funding in each fiscal year; and 18% projected reductions in operating budget with major rent reduction to \$50K annually during the same period.

Committee members asked how the LTFP being updated, the Other Grants’ admin cost and indirect cost rate. Staff responded that LTFP was updated with (1) the most recent Tobacco Tax Revenue projections in January 2024; (2) FY2022-23 Actual based on the audited financial information; (3) FY 2023-24 Revised Budget; (4) FY 2024-25 adopted budget that was approved last May 2024; (5) revenue projections based on historical trends; and (6) strategic planning implementation plan (SPIP) funding allocations approved by Commission. Staff also responded that we currently get approximately 10% combined admin and indirect cost rates from Other Grants. Committee members commented that the combined admin and indirect cost rate of 10% was quite low. Commissioner Cunningham remarked, for example, that the HSA team is currently looking increase the combined admin and indirect cost rates from 10% to 20% in the leverage and other grant funding category; and cited that shared office space and shared desk model has been proven workable and efficient in rent cost reduction.

Committee members also asked if COLA is included in salaries and benefits. Staff responded that 4% COLA is projected annually in the updated LTFP.

Committee members reviewed and endorsed the approval of LTFP.

Next Finance and Administration Committee Meeting is on Monday October 21, 2024.