



**FIRST 5 SAN MATEO COUNTY COMMISSION (F5SMC)
PROGRAM, OPERATIONS AND PLANNING (POP) COMMITTEE MEETING**

**Monday, December 2, 2024
4:00 – 5:00 p.m.**

**San Mateo County Office of Education
101 Twin Dolphin Drive, 2nd Floor Conference Room
Redwood City, CA 94065**

COMMISSION MEMBERS: Noelia Corzo, Nancy Magee, Nkia Richardson
 PUBLIC MEMBER: Harvey Kaplan, Liz Scully
 STAFF: Kitty Lopez, Michelle Blakely, Mai Le, Emily Roberts,
 Myra Cruz

AGENDA

	Item	Presenter
1.	Approval of the December 2, 2024 Program, Operations and Planning Committee Meeting Agenda	Richardson
2.	Approval of the Minutes of the October 7, 2024, Program, Operations and Planning Committee Meeting (<i>Attachment 2</i>)	Richardson
3.	Baby Bonus Program Update: Income Payment Distribution Vendor (<i>Verbal Update</i>)	Blakely/Le
4.	Program, Systems and Strategic Planning Highlights: Early Childhood Mental Health Landscape Scan Update (<i>See Attachments 4</i>)	Blakely/Roberts
5.	Adjourn	Richardson
Next Meeting Date: <i>February 3, 2025 (Tentative)</i>		

**First 5 San Mateo County (F5SMC)
Program, Operations and Planning (POP)
COMMITTEE MEETING MINUTES**

**October 7, 2024
Virtual Meeting Via Zoom**

Commissioners: Noelia Corzo, Nancy Magee, Nkia Richardson
Public Member: Harvey Kaplan, Liz Scully (via online)
Staff: Kitty Lopez, Michelle Blakely, Mai Le, Myra Cruz

The meeting was called to order at 4:04 PM.

1. Approval of the October 7, 2024 Program, Operations, and Planning Committee Meeting Agenda:

MOTION: Commissioner Magee / SECOND: Commissioner Corzo. Motion approved.

2. Approval of the April 1, 2024 Program, Operations, and Planning Committee Meeting Minutes:

MOTION: Commissioner Magee / SECOND: Public Member Scully.

ABSTAIN: Commissioner Corzo. Motion approved.

3. Baby Bonus Program Update

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

- Baby Bonus Program (BBP) is an investment in the most important years of a child's development. It offers vital support through a cash gift and coordinated care to ensure a strong start for the baby.
- Core planning partners which include F5SMC, San Mateo County Health, Human Services Agency, Health Plan of San Mateo, Stanford University, and The Jackie Speier Foundation
- Timeline – currently in a planning stage
- F5SMC will manage the planning and implementation of the program.
- Cash gift component - \$300 per month to birthing parent for 36 months. The money will be delivered through debit card. F5SMC will contract with a financial partner to manage cash disbursement. F5SMC released an RFP for a payment vendor which is posted on website and due date is September 20, 2024
- Coordinated care component – a community health worker from Health Plan of San Mateo will ensure families know how to access their medical home and home visiting program which is optional, inquire about needs and family resources they need at birth, and check-in periodically over 3 years.

- Eligibility to participate to the BBP are residents of San Mateo County with Medi-Cal births.
- Evaluation will be conducted through a randomized controlled trial led by Stanford University.
- Key outcome measures include health care utilization, service access and utilization, parental workforce participation, parental mental health, child developmental status, parent-child relationship qualities, and household income. One aspect of this initiative is the pilot data-sharing program between key system partners, including the Health Plan, Lucile Packard Children’s Hospital, County Health, and the Human Services Agency. This collaboration can help streamline support for our families and reduce the burden on individuals.
- Family and provider input – F5SMC, in collaboration with VIVA Social Impact Partners, conducted focus groups and interviews with parents on Medi-Cal to discuss their family needs both when they first had their child and in the following years. Common needs they shared are childcare, tangible goods like food, diapers, car seats, child development and parenting guidance, and social supports.
- F5SMC staff has been participating in convenings on guaranteed income to learn how other organizations are addressing similar initiatives.
- Next steps include continue fundraising, connect and coordinate with family resource providers, finalize enrollment process, select financial vendor through RFP, and develop and launch communications tools.
- Current funders of BBP are Health Plan of San Mateo, San Mateo County Health, SMC Board of Supervisors, Jackie Speier Foundation, Stanford University, Sobrato Philanthropies, Chan Zuckerberg Initiative, anonymous donor, and Silicon Valley Community Foundation.

Discussion ensued.

Committee members asked questions and made comments.

The [PowerPoint Presentation](#) can be found on F5SMC’s website.

4. **Children’s Funding Collaborative Update**

Deputy Director, Michelle Blakely, shared that the Childcare Blueprint and Implementation Project aims to create a collective action plan to improve access, equity, and quality in San Mateo County’s child care system. The blueprint will coordinate a multi-sector approach to efficiently deploy public and private resources, build infrastructure, and facilitate collective systems change. By December 2025, the Consultant will lead stakeholders in developing a detailed plan focusing on facilities, workforce development, and improved access to quality child care, including cost modeling and resource coordination.

A presentation will be held at the future Commission meeting. More details to follow.

The [PowerPoint Presentation](#) can be found on F5SMC’s website.

The meeting adjourned at 5:06 pm.

Prepared for:



Prepared by:



San Mateo County Early Childhood Mental Health Landscape Scan: Executive Summary

Introduction

First 5 San Mateo County (F5SMC) commissioned Learning for Action (LFA) to conduct a landscape scan to develop a clear understanding of the array of ECMH services available to children ages 0-5 and their families in San Mateo County. The study examined existing resources and the factors that complicate access to and delivery of appropriate therapeutic services. By identifying gaps and barriers in the current system, F5SMC seeks to gather comprehensive information that will inform future efforts to enhance the local ECMH system of care. The study, conducted between March and October 2024, consisted of desk research, conversations with local field experts and providers, and a survey of clinicians and administrators who oversee organizations that provide ECMH care. This executive summary uplifts key insights from the research and is intended as a companion document to a more comprehensive compendium of findings.

Defining the ECMH Landscape

According to [the ZERO TO THREE Infant and Early Childhood Mental Health Task Force](#), “Infant and early childhood mental health is the developing capacity of the child from birth to 5 years old to form close and secure adult and peer relationships; experience, manage, and express a full range of emotions; and explore the environment and learn—all in the context of family, community, and culture.” Clinical ECMH providers are trained mental health practitioners who focus on the parent-child dyad and have expertise in understanding child development and attachment. In addition to clinical providers, multidisciplinary service providers make up the ECMH landscape, including a range of professionals who work with pregnant and postpartum people and children. These include pediatricians, OBGYNs, nurses, early care and education providers, and occupational and speech therapists. In addition to care providers, key navigational organizations including Help Me Grow, Golden Gate Regional Center, and Special Education Local Plan Area play a role in helping connect children 0-5 with appropriate resources. Collectively, these parties play critical roles in the continuum of care for helping children and families recognize and identify ECMH needs and get connected to appropriate resources and support.

The local EMCH Landscape

San Mateo County's local landscape of ECMH providers consists of non-profit organizations and private practice clinicians who provide direct services to children 0-5 and their families as well as ECMH consultation (training and support for caregivers and early childhood education providers to build their capacity for addressing emotional and developmental challenges). The table in Appendix A shows organizations and entities that make up the local ECMH landscape.

The Cost and Payer Landscape

Coverage and payment for ECMH services plays a significant role in shaping who gets served where. Additionally, for each payer type there are unique barriers and challenges. These are described further below. The result is a patchwork of providers and services with different pathways to care depending on income, insurance, and other eligibility criterion, that collectively make up a complex system with some notable gaps in accessibility.

Medi-Cal. Low-income families with Medi-Cal are eligible for ECMH services. Care is managed by Health Plan San Mateo (HPSM) and contracted out to community providers. No diagnosis is needed, and families can self-refer. There is a network of about 19 providers who serve children 0-5 and their families and there is not a waitlist to get connected to care. However, the providers contracted with HPSM vary in training, approaches, modalities, and languages spoken, meaning clients may not always be able to see a provider that aligns with all their needs and preferences. Additionally, the process to obtain authorization requires that the client call and then receive a call back, which takes place during business hours. This creates challenges and delays for some families, especially those dealing with language barriers and inflexible work schedules.

Kaiser. Kaiser Permanente is a health plan that provides both insurance and care. Kaiser does cover services for ECMH which are primarily contracted out at this time. A number of community-based nonprofit organizations in San Mateo County are contracted to provide services through Kaiser. Clients request approval through their pediatrician or primary care provider and can then be seen by a community provider external to Kaiser.

Other Health Insurance. Information is very limited about other insurance companies' coverage for ECMH care. Insurance websites do not provide transparent information about coverage, getting in touch with a person to make inquiries is near impossible for non-members, and even providers and community ECMH leaders know very little about what coverage if any local private insurers offer for supporting early child and family mental health.

A recent ProPublica article titled "Why I Left the Network" describes the undue hurdles, barriers, and challenges many mental health clinicians nationally experience trying to

contract with private insurance companies that drive many providers away for accepting private insurance. In fact, the elusive nature of coverage information may not only be a research challenge, but it may in fact also be a tactic that limits consumer and provider use of private insurance for mental health care.

It is often the insurers, not the therapists, that determine who can get treatment, what kind they can get and for how long. - ProPublica, "Why I left the Network"

None of the private practice and community-based organization providers we spoke with contract directly with private insurance, and only one survey respondent indicated that contract with private insurance. Providers may provide their privately insured clients with a superbill which the client can submit for reimbursement from their insurance, a process which puts the onus on the client, and which is subject to deductibles and provider network requirements.

Free Services. Some non-profit organizations provide EMCH services free of charge to San Mateo County families through grant-funded programs. Eligibility criteria may limit who is able to utilize services and/or what types of services are offered. For example, CORA provides free services for families and children 0-5 impacted by domestic violence. Services are intended to be short-term and are not designed as a substitute for ongoing therapy for those who need it. Non-profit organizations' programs and services are also impacted by changes in funding availability and loss of funding from one source may lead to cutting back or eliminating certain programs and services.

Fee for Service/ Private Pay. Paying out of pocket gives families the greatest flexibility and choice for selecting a provider but is cost prohibitive for many families. When faced with the option of paying out of pocket for ECMH services, families may downplay the urgency or need for support and delay or even forego getting care. Even when cost is not an issue, it can be challenging to know where to look to find an ECMH therapist.

"The families that are paying out of pocket that insurance isn't covering it or that have to get a superbill to be reimbursed by their insurance, they just don't see the urgency to spend \$200 for a 50-minute session for their young child. They think they will grow out of it. Those are the kids we start seeing at 10, 11, 12 because by then they can't ignore it." - Provider

Navigation

In many ways, San Mateo County is a resource rich environment. There are multiple service-provision organizations and practitioners with significant expertise in ECMH, there is coverage for low-income families to access ECMH care through Medi-Cal, and there is growing attention and investment in youth mental health at the county level. More than half of organizations surveyed for this landscape scan (55%) indicate they have no waitlist, and clients can be served within two weeks. Despite these enabling conditions, the reality that local providers report is that many families in their community are struggling to get the support they need when they need it. Insights about the system of care navigation experience shed light on specific pain points that limit access.

Awareness and Understanding. Early Childhood Mental Health is not universally well understood. Parents and early care providers may interpret signs of distress/trauma in young children as behavioral issues their child will outgrow. Additionally, limited awareness of the resources available in the community and how to access them inhibits referring providers and consumers from being able to navigate resources seamlessly.

Stigma. Beliefs about mental health and concerns about system involvement prevent some families from seeking support, talking about challenges at home, or accepting services such as home visiting that invite providers into their home.

Language Barriers. Lack of linguistic and cultural congruence leads families to question if they will be understood. While many services are available in Spanish, other languages spoken in the community are not represented in the ECMH workforce, and translation support falls short of capturing culturally specific nuances in an effective way.

Logistical Barriers to Access. Hours of availability, location, and transportation needs limit access, especially for families struggling to meet basic needs.

Payor Networks. Insurance/payer type shapes where families can get care. Some of the highly trained and qualified providers in the region are not contracted with all insurance types, meaning families are bound by who their insurance will authorize them to see.

Lack of Coordination. System navigation gets quite complex for families who are receiving multiple types of services. Lack of data sharing, integration, and care coordination across services means multiple providers may be reaching out to a family without awareness of one another, the range of services a family is accessing, and where the family is in a process. This lack of a shared roadmap makes it difficult to effectively support families.

Balancing priorities: Many families are struggling with meeting basic needs. Because of the intersections of poverty with housing, food, and employment insecurity, the families most in need may be juggling the greatest challenges. Making the choice to take their child to therapy is a difficult one when balancing other priorities. If families miss appointments

or do not return phone calls, they run the risk of losing their program spot or being removed from future follow-up.

"Families have any number of other stressors going on. [...] I worry about all those stressors when we as care advocates and coordinators, we are pushing them to do things they may not be able to prioritize. Hierarchy of needs. Are you really going to go to that ABA appointment if your housing is threatened? How do we support them to make those decisions?" - HPSM Leader

High-Leverage Opportunities

Attracting and retaining a robust, multi-cultural, multi-lingual workforce is essential for enhancing the quality and accessibility of Early Childhood Mental Health care in San Mateo County. There are several high-leverage opportunities to enhance the ECMH landscape. Key areas include:

Workforce Development. Expanding pre-service and in-service training programs to create a robust pipeline of ECMH professionals is a key opportunity to further develop and sustain the ECMH workforce. Investing in provider training and funding scholarships can create pathways for providers focusing on the youngest children and help retain them in the workforce. Emphasizing specialized training can build support among larger institutions and expand provider networks.

Awareness Building. Raising awareness about ECMH within perinatal, pediatric, and early childhood education spaces is crucial. Community awareness efforts are essential to combat stigma and foster a supportive environment for families and children.

Recruitment and Retention. Increasing the number of ECMH providers and building awareness about the field among larger institutions is vital. Engaging with communities most affected by ECMH care needs and providing financial aid to individuals already in the field or pursuing additional degrees or certifications can significantly expand the workforce and better represent the communities served.

Service Integration. Investing in wraparound services that address both basic needs and mental health issues ensures a holistic approach to family well-being. Providing case management and follow-up services with a trauma-informed lens is essential.

Data Collection and Analysis. Collecting robust data on ECMH providers is necessary to accurately assess shortages and inform strategic planning and resource allocation.

Basic ECMH Training for Early Care Providers. Embedding basic ECMH training for all individuals who interact with children, such as early care providers and community health workers, can enhance workforce capacity.

High-Leverage Areas of Opportunity for First 5 San Mateo County

First 5 San Mateo County is already deeply immersed in the Early Childhood Mental Health (ECMH) system in San Mateo County. This landscape scan is one of five components identified under an “umbrella” approach to comprehensively address ECMH needs. This landscape scan specifically answers the question, “Who currently provides services and supports for young children and families?” The current and ongoing efforts described below are complementary components of First 5 San Mateo County’s effort to build regional capacity and momentum for supporting the mental health needs of the county’s youngest residents and their families:

Centering Family Voice Project: This initiative addresses the question, “What has been the experience of families and what can we learn from them?” The project used a human-centered design approach to incorporate the perspectives of families with lived experience into the planning and delivery of services. The design team included parents, consultants, and clinicians, ensuring that services were reflective of community needs.

Child-Parent Psychotherapy Cohorts: This initiative answers the question, “What types of skills or training could be useful for providers?” Supported by the Children and Youth Behavioral Health Initiative (CYBHI) grant, this program focuses on training professionals in the parent-child psychotherapy model. The 18-month training program for up to 50 professionals addresses workforce gaps and supports both current ECMH professionals and new entrants into the field, enhancing the overall capacity of the ECMH workforce.

United for Youth Vision 2030: This ongoing initiative, which has already established a vision for 2030, aims to enhance youth behavioral health and well-being through strategic collaboration and leveraging new funding opportunities. It aligns with the questions, “What other systems impact ECMH and how can we build knowledge and champions?” and “How can we continue to support providers by building community, resources, and connection?” First 5 San Mateo County’s participation as part of the TK-Elementary workgroup is a high-leverage area of opportunity ensuring that the needs of young children are integrated into broader county-wide strategies. The initiative prioritizes resources for populations experiencing the greatest disparities, ensuring equitable access to services. Additionally, coordinating across various funding opportunities maximizes impact and aligns efforts with broader county and state initiatives.

Closing

Providers serving the mental health needs of children 0-5 and their families in San Mateo County perceive the need for ECMH services to exceed the regional systems' ability to effectively address that need. While provider availability and language capacity are a part of that system imbalance, there are informational, navigational, and resource constraints that create complexity and inefficiencies for providing seamless and accessible care. First 5 San Mateo County's investment in understanding the existing ECMH landscape helps create fertile ground for regional partners to develop collaborative solutions to strengthen the local ECMH system of care.

DRAFT

Appendix A: The Local EMCH Landscape

County Agencies	
Health Plan San Mateo	Medi-Cal managed care provider for the county. Covers services through contracted providers
San Mateo County Behavioral Health and Recovery Services	Has a Pre to Three and a Home Visiting Program. Serves Medi-Cal recipients and low-income families. Some services require a diagnosis
Non-Profit/Service Delivery Organizations	
StarVista	Provides behavioral health and ECMH consultation services.
CORA	Serves survivors of domestic violence. Provides short-term behavioral health services.
Izzy Early Education	Early education-based provider offering ECE and support services including home visiting.
Puente	Multi-service agency offering services including behavioral health
Family Connections	Provides whole-family education and in-depth support
One Life Counseling Center	Offers behavioral health services, school-based services and consultation, and family support
Children’s Health Council	Offers behavioral health services in a variety of community locations
Ability Path	Serves people with developmental disabilities
ALAS	Latino-centered organization dedicated to social wellness providing behavioral health care and other family support services
CASSY	Partners with local schools to support student social and emotional wellbeing
The Infant Parent Program	Offers a model for providing attachment-based infant and parent psychotherapy. Provides consultation, a clinician training program, and direct service (primarily serving San Francisco County residents with rare out of county exceptions)
Coordinating and Navigational Entities	
Golden Gate Regional Center	Coordinates identification and care of children with developmental delays or disabilities from birth to age 3
Special Education Local Plan Area	Coordinates the transition of children from early intervention (0-3) to programs through school districts for children 3-5 and older
Help Me Grow	Helps families get connected with appropriate information, early intervention, and care coordination
Private Practice Providers	
Private Practice ECMH Providers	Therapists (mostly LCSWs, and MFTs) who provide ECMH services to families in San Mateo County. Payment for services is usually out-of-pocket.

F5 ECMH Questions and Mechanisms to Address

First 5 SMC Infant and Early Childhood Mental Health Systems Components

