

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

**DATE: Monday, January 27, 2025**

**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](mailto: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		
<b>Call to Order and Preliminary Business</b>		
<b>1</b>	<b>Roll Call</b>	4:00 PM
<b>2</b>	<b>Public Comment</b>	
<b>3</b>	<b>Action to Set Agenda for January 27, 2025, Meeting and Approve Consent Agenda Items</b> <i>(This item is to set the final consent and regular agenda, and for the approval of the items listed on the consent agenda. All items on the consent agenda are approved by one action.)</i>	
<b>4</b>	<b>Commission Announcements</b>	4:05 PM
<b>5</b>	<b>Storytelling: First 5 Work/Impact: Supervisor / First 5 SMC Commissioner Jackie Speier</b>	4:10 PM
<b>Action Items</b>		

<b>6</b>	<b>Approval of a Second Amendment to Agreement with VIVA Social Impact Partners for the Strategic Planning Implementation Process for the Strategic Plan 2025-2030 to increase the total amount of the agreement by \$25,828.40 for a new total obligation not to exceed \$126,000.00 and for an extended term from May 1, 2024, through April 30, 2025.</b> <i>(See Attachment 6)</i>	4:15 PM
<b>7</b>	<b>Presentation and Approval</b> a) <b>Review the Strategic Plan Implementation Plan FYs 2025-2028 totaling \$7,800,000.</b> b) <b>Approve and authorize staff to develop and release funding mechanisms for the Strategic Plan Implementation Plan per the Focus/Domain Areas, and Strategies of the new Strategic Plan for FY 2025-2028</b> c) <b>Approve the reallocation of FY 23-25 unspent Strategic Plan Implementation Plan funds, in the amount of \$650,000, to augment the Strategic Plan Implementation Plan (2025- 2030)</b> By Kitty Lopez Executive Director and Michelle Blakely, Deputy Director, First 5 San Mateo County <i>(See Attachment 7)</i>	4:20 PM
<b>Discussion Items</b>		
<b>8</b>	<b>Presentation: Learning Goals for First 5 San Mateo County Partner Network Mapping</b> By Sally Lee, Project, and Development Coordinator, EVALCORP	4:50 PM
<b>9</b>	<b>Presentation: San Mateo County Home Visiting System Coordination Update</b> By Tamara Hamai, President, Hamai Consulting <i>(See Attachment 9)</i>	5:10 PM
<b>10</b>	<b>Presentation: Brown Act Training</b> By Jennifer Stalzer, Deputy County Attorney, County of San Mateo	5:30 PM
<b>Informational Items</b>		
<b>11</b>	<b>Report of the First 5 San Mateo County Staff Team</b> By Kitty Lopez, Executive Director, First 5 San Mateo County <i>(See Attachment 11)</i>	5:45 PM
<b>12</b>	<b>Adjournment</b>	6:00 PM

**Public Participation:**

The January 27, 2025, First 5 San Mateo County Commission meeting may be accessed through Zoom link at the top of this agenda. The January 27, 2025, 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](mailto: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, January 24, 2025, at [ecruz@smcgov.org](mailto: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](mailto: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, January 24, 2025, 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, January 24, 2025, 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 January 27, 2025 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**

January 27, 2025

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

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- 3.1 Approval of the December 16, 2024 Commission Meeting Minutes  
(See Attachment 3.1)

**First 5 San Mateo County (F5SMC)**  
**COMMISSION MEETING MINUTES**  
**December 16, 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, Sylvia Espinoza,  
Nancy Magee, Nkia Richardson, Louise Rogers

Youth Commission: Adele Ryono

Absent: Naveen Mahmood,  
Rikhav Shah (YC)

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

County Counsel: Jennifer Stalzer

A quorum was present. Commission Chair Richardson called the meeting to order at 4:02 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 December 16, 2024, Meeting and Approve Consent Agenda Items:**

MOTION: CUNNINGHAM / SECOND: BORAGNO

AYES: BORAGNO, CORZO, CUNNINGHAM, ESPINOZA, MAGEE, RICHARDSON, ROGERS

AYES - YC: RYONO

NOES: NONE

ABSTAIN: NONE

Motion approved.

Public Comments: None

**4. Commission Announcements: None**

5. **Storytelling: First 5 Work/Impact: Storytelling: First 5 Work/Impact: Jackie Speier Foundation Diaper Drive Project**

Mai Le, F5SMC Community Health Planner, introduced Juleen Grace Mallari, a student of Westmoor High School. Juleen shared her team’s research and planning process for the Diaper Drive Project as they supported the pre-existing diaper programs of the Daly City Partnership and the YMCA. She talked about her team’s social media campaign efforts to raise awareness about the drive and about the support from Daly City Parks and Recreation centers through the use of their facilities for the Diaper Drive event. She reported that 1900 diapers were collected and donated to Daly City Partnership and YMCA as a result of the drive. Juleen thanked F5SMC for their support of the drive.

Ilhaam Husain, Administrative Assistant of the Jackie Speier Foundation, thanked Mai Le and the volunteers and highlighted other purposes of the Diaper Drive, such as engaging community leaders and engaging students in other SMC schools to replicate the Diaper Drive event in their areas.

Commission asked questions and made comments.

The Power Point Presentation can be found on the F5SMC’s website, [December 16, 2024 Commission Meeting Presentations](#).

6. **Reappointment of Commissioners Nkia Richardson, Sylvia Espinoza and Naveen Mahmood to the First 5 San Mateo County Commission, representing Public Members for their second 3-year term, from January 1, 2025 ending December 31, 2027**

Kitty Lopez, F5SMC Executive Director, shared info on this agenda item and highlighted that the Board of Supervisors (BOS) approved the recommendation for reappointments of Commissioners Richardson, Espinoza and Mahmood at the November 12, 2024, BOS meeting.

MOTION: CORZO / SECOND: MAGEE  
AYES: BORAGNO, CORZO, CUNNINGHAM, ESPINOZA, MAGEE, RICHARDSON, ROGERS  
AYES - YC: RYONO  
NOES: NONE  
ABSTAIN: NONE

Motion approved.

Public Comments: None

7. **Approval of Recommendation to Board of Supervisors for Public Member Commissioner to Replace Resigned Public Member Commissioner Manufou Liaiga-Anoa’i: Hanish Rathod**

Kitty Lopez shared background info on this agenda item and highlighted that Hanish Rathod background is included in the memo.

MOTION: CUNNINGHAM / SECOND: BORAGNO  
AYES: BORAGNO, CUNNINGHAM, ESPINOZA, MAGEE, RICHARDSON, ROGERS  
AYES - YC: RYONO  
NOES: NONE  
ABSTAIN: CORZO

Motion approved.  
Public Comments: None

**8. Approval of First 5 San Mateo County 2025 Meetings Calendar**

Kitty Lopez shared background info of this agenda item.

MOTION: BORAGNO / SECOND: CORZO  
AYES: BORAGNO, CORZO, CUNNINGHAM, ESPINOZA, MAGEE, RICHARDSON, ROGERS  
AYES - YC: RYONO  
NOES: NONE  
ABSTAIN: NONE

Motion approved.  
Public Comments: None

**9. Approval of 2025 Committee Members for Finance and Administration Committee, Early Childhood Evaluation Advisory Committee, and Program, Operations, and Planning Committee**

Kitty Lopez shared background info of this agenda item.

MOTION: ESPINOZA / SECOND: MAGEE  
AYES: BORAGNO, CORZO, CUNNINGHAM, ESPINOZA, RICHARDSON, ROGERS  
AYES - YC: RYONO  
NOES: NONE  
ABSTAIN: NONE

Motion approved.  
Public Comments: None

**10. Nomination and Election of Chairperson and Vice Chairperson to Commission for 2025**

Kitty Lopez shared a brief background of this agenda item. She reminded the Commission that these positions are elected annually in accordance with the Bylaws. It has been customary for both Chair and Vice Chair to serve two-year terms. Commissioner Rogers nominated the reelection of Nkia Richardson as Commission Chair and Commissioner Richardson nominated Nancy Magee to continue as Commission Vice Chair.

CHAIR

MOTION: ROGERS / SECOND: CORZO  
AYES: BORAGNO, CORZO, CUNNINGHAM, ESPINOZA, MAGEE, RICHARDSON, ROGERS  
AYES - YC: RYONO  
NOES: NONE



ABSTAIN: NONE

VICE CHAIR

MOTION: ROGERS / SECOND: CORZO

AYES: BORAGNO, CORZO, CUNNINGHAM, ESPINOZA, MAGEE, RICHARDSON, ROGERS

AYES - YC: RYONO

NOES: NONE

ABSTAIN: NONE

Motion approved.

Public Comments: None

**11. Recommendation by F5SMC Staff and Review Panel for Approval of Award to FII-National dba UpTogether for Baby Bonus Pilot Program Family Payment Vendor in an amount up to \$4,799,475.00, Contractual Term effective January 1, 2025 through December 31, 2029; Direct Staff to Conduct Contract Negotiations and Contract Execution Regarding Same**

Mai Le, F5SMC Community Health Planner went over the memo, which is included in the packet, and covered the following information points of the Baby Bonus guaranteed income pilot program in 2025:

- program’s background as a pilot program providing a \$300 cash gift to parents of newborns with Medi-Cal for up to 36 weeks
- procurement through an RFP process
- five-year funding recommendation for UpTogether in the amount of \$4,799,475
- scope of work and budget
- 5% variance of implementation costs
- fiscal impact of including primary and additional funding, along with F5SMC contributions

MOTION: MAGEE / SECOND: CUNNINGHAM

AYES: BORAGNO, CORZO, CUNNINGHAM, ESPINOZA, MAGEE, RICHARDSON, ROGERS

AYES - YC: RYONO

NOES: NONE

ABSTAIN: NONE

Commission asked questions and made comments.

**12. Presentation and Approval and Adoption of Fiscal Years 2025 - 2030 First 5 San Mateo County Strategic Plan**

Iris Elent, VIVA Social Impact Partners Strategic Planning Consultant, went over the F5SMC Strategic Plan including revisions as the outcome of discussions between F5SMC and the Ad-Hoc Committee. She went over the strategic planning process including community events that helped F5SMC get input from community leaders and partners to help identify opportunities and

suggestions regarding the role of F5SMC in the San Mateo Community. She also noted concurrent projects, surveys, and focus groups that helped F5SMC gain insights from the community which helped shape the strategies for F5SMC for 2025-2030. Iris shared a summary of factors that informed the plan including:

- Long term 31% reduction in community investments over the next 5 years
- Affirmation of F5SMC continued role as a strategic investor, systems leader, and community partner

Elements of the strategy would include the following:

- Maintaining the existing Core Values and Guiding Principles as part of the plan
- F5SMC role in systems change
- System Navigation and Care Coordination for Families
- Capacity and Network building for Child-Serving Systems and Providers
- Weaving Partnerships and Innovate Initiatives for Transformational Change
- Family Connectivity and Leadership
- Policy, Advocacy, and Community education

F5SMC would continue to focus on their core domains, such as Healthy Children, Resilient Families, Quality Care and Education, and Systems Change. Iris emphasized that there is potential for these domains to expand and intersect.

Iris mentioned that the next steps for the plan would be to offer more detail and funding mechanisms for the next year and revisit the plan.

Iris invited the Commission to review and consider the strategic plan.

MOTION:        ROGERS        / SECOND: ESPINOZA  
 AYES:            BORAGNO, CORZO, CUNNINGHAM, ESPINOZA, MAGEE, RICHARDSON, ROGERS  
 AYES - YC:      RYONO  
 NOES:            NONE  
 ABSTAIN:        NONE

Commission asked questions and made comments.

The Power Point Presentation can be found on the F5SMC's website, [December 16, 2024 Commission Meeting Presentations](#).

### **13. Report of the First 5 San Mateo County Staff Team**

Kitty Lopez reviewed Attachment 13 Staff Team Report which is included in the Commission Packet. Lopez highlighted the following:

- F5SMC support for training of local mental health clinicians in Child-Parent Psychotherapy training in an effort to support children who have experienced traumatic events
- Meeting of the Child Abuse Prevention Council (CAPC)

- The Big Lift to provide insights that will inform strategies on the 3 pillars: P-3 Literacy, Family Engagement, and Inspiring Summers.
- Farmworker Health and Community Event
- No Cost Lead Paint Remediation for Homeowners in SMC

Public Comments: None

#### **14. Committee Update**

##### Program, Operations and Planning (POP) Committee:

Commissioner Richardson shared that the Committee met on December 2, 2024, and discussed the Baby Bonus Program Update and Early Childhood Mental Health Landscape Scan Update.

Public Comments: None

##### **Meeting Adjourned at 5:07 pm for Closed Session**

**DATE:** January 27, 2025  
**TO:** First 5 San Mateo County Commission  
**FROM:** Kitty Lopez, Executive Director  
**RE:** Approval of a Second Amendment to Agreement with VIVA Social Impact Partners for the Strategic Planning Implementation Process for the Strategic Plan 2025-2030 to increase the total amount of the agreement by \$25,828.40 for a new total obligation not to exceed \$126,000.00 and for an extended term from May 1, 2024, through April 30, 2025.

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### **ACTION REQUESTED**

Approval of a Second Amendment to Agreement with VIVA Social Impact Partners for the Strategic Planning Implementation Process for the Strategic Plan 2025-2030 to increase the total amount of the agreement by \$25,828.40 for a new total obligation not to exceed \$126,000.00 and for an extended term from May 1, 2024, through April 30, 2025.

### **BACKGROUND**

F5SMC has contracted with VIVA Social Impact Partners to design and facilitate the strategic planning process resulting in a refreshed five-year Strategic Plan for the period of July 1, 2025, through June 30, 2030. The refreshed Strategic Plan (SP) builds upon what has been learned and accomplished locally with the former 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 (SPIP 25-30) 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.

Although there were no significant shifts in agency vision, mission, overarching desired outcomes, values, guiding principles, community roles, and primary focus/ domain areas; some of these areas were “refreshed” with current language. To achieve our desired outcomes, F5SMC has identified five strategies with the goal of impacting children and families across our four core domains. To maximize our resources and the expertise that exists in our county, these strategies will be implemented in collaboration and coordination with other funding partners, systems, and community organizations, as F5SMC has done for 25 years. Guided by our understanding of the interdependencies and interrelatedness of early childhood systems, F5SMC recognizes that these strategies may directly impact and/or have ripple effects beyond one singular domain area. (SP 2005-2023).

### **KEY SERVICES TO BE PERFORMED WITH AMENDMENT**

The amended scope and budget for this project to support the implementation of the new Strategic Plan include:

- Development of Executive Summary for Strategic Plan 2025-2030
- Assist with developing the public facing Strategic Plan Implementation Plan (SPIP) and related products.
- Consultation on procurement planning; See Attachment 6.1 Amendment Agreement Scope of Work & Budget

**FISCAL IMPACT**

The funding for the proposed amendment for VIVA Social Impact Partners for the Strategic Planning Process is allocated in the approved Long Term Financial Plan (LTFP) SPIP FY 23-25.

**ACTION REQUESTED**

Approval of a Second Amendment to Agreement with VIVA Social Impact Partners for the Strategic Planning Implementation Process for the Strategic Plan 2025-2030 to increase the total amount of the agreement by \$25,828.40 for a new total obligation not to exceed \$126,000.00 and for an extended term from May 1, 2024, through April 30, 2025.



# First 5 San Mateo County **2025-2030 Strategic Plan Implementation**

Scope of Work Amendment | January 2025





VIVA Strategic Planning Process  
 Amendment Scope of Work & Budget  
 January- April 2025

Attachment 6.1

**Additional Activities & Budget (as of 1/22/25 F5SMC)**

Activity	Estimated Additional Hours	Estimated Additional Budget	Staff
<b>Workstream: Project Planning &amp; Management</b> <i>Ongoing</i> <ul style="list-style-type: none"> <li>Quarterly invoicing</li> <li>Project management across workstreams</li> </ul>	13.8	\$3,068.2	Iris Elent, Sabrina Alvarez, Nicole Murray*
<b>Workstream: Executive Summary</b> <i>January - February</i> <ul style="list-style-type: none"> <li>Draft written content for Executive Summary using existing/approved strategic plan copy, and coordinate one round of electronic review and revisions from F5SMC Team</li> <li>Design Executive Summary and coordinate one round of electronic review and design revisions from F5SMC Team</li> <li>Produce final designed 2025-2030 Strategic Plan Executive Summary</li> </ul>	27.6	\$5,673.5	Iris Elent/ Laura Bowen, Krista Beams, Sabrina Alvarez
<b>Workstream: SPIP Support</b> <i>January - April</i> <ul style="list-style-type: none"> <li>Public facing SPIP document</li> <li>SPIP Overview slide deck for Commission</li> <li>Procurement planning, including thought partnership on procurement release and reviewer panel</li> <li>Other support, as needed</li> </ul>	46	\$12,100.87	Iris Elent, Christina Collosi*, Sabrina Alvarez
<b>Workstream: Strategic Plan Framework Graphics/Animated Video</b> <i>February - March</i> <ul style="list-style-type: none"> <li>Develop strategic plan framework animated graphic video to highlight domains and strategies and desired outcomes</li> </ul>	21.85	\$4,985.83	Iris Elent, Krista Beams
<b>TOTAL Estimated Budget Amendment</b>		<b>\$25,828.40</b>	

- VIVA will submit invoices on a quarterly basis based on actual hours worked. All of the budgeted costs are estimates, and subject to vary depending on final approved scope.
- The core project team may leverage *additional* team members, as needed, to effectively and efficiently advance the project.
- Budget Assumptions:
  - All meetings and planning discussions will be done virtually.
  - The Executive Summary will be produced in English-only. Requests for additional language translation will require additional budget.

\*Christina Bath Collosi's has been added to the project team to support the SPIP process, if needed. Her comprehensive hourly rate is \$345.

**DATE:** January 27, 2025

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

**FROM:** Kitty Lopez, Executive Director

**RE:** **Presentation and Approval of**

- a) **The Review the Strategic Plan Implementation Plan FYs 2025-2028 totaling \$7,800,000.**
- b) **Approve and authorize staff to develop and release funding mechanisms for the Strategic Plan Implementation Plan per the Focus /Domain Areas, and Strategies of the new Strategic Plan for FY 2025-2028**
- c) **Approve the reallocation of FY 2023-2025 unspent Strategic Plan Implementation Plan funds, in the amount of \$650,000, to augment the Strategic Plan Implementation (2025- 2030)**

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#### **ACTION REQUESTED**

- a. The Review the Strategic Plan Implementation Plan FYs 2025-2028 totaling \$7,800,000.
- b. Approve and authorize staff to develop and release funding mechanisms for the Strategic Plan Implementation Plan per the Focus /Domain Areas, and Strategies of the new Strategic Plan for FY 2025-2028
- c. Approve the reallocation of FY 23-25 unspent Strategic Plan Implementation Plan funds, in the amount of \$650,000, to augment the Strategic Plan Implementation (2025- 2030)

#### **BACKGROUND**

All First 5 County Commissions are required by Proposition 10 Statute to adopt a strategic plan that guides its investments and activities. The current 2020-2025 strategic plan and Prop 10 community investments sunset in 6 months, June 30, 2025. On December 16, 2024, the Commission approved a new 2025-2030 Strategic Plan meeting the requirements of the Statute. Beginning July 2025 the newly approved strategic plan and community investments will then replace and guide the Commission's efforts from July 1, 2025 - June 30, 2030. The implementation of the F5SMCs Strategic Plan referred to as the Strategic Plan Implementation Plan (SPIP) delineates funding mechanisms and funding allocations that are aligned with the approved Community Investment allocation of \$7,800,000 (2025-2028) in the Long -Term Financial Plan (LTFP) approved by the Commission in June 2024.

#### **STRATEGIC PLANNING ACTIVITIES**

The 2025-2030 Strategic Plan was the result of a revision of the Commission's current strategic plan (2020-2025). The revised plan work occurred May 2024 – December 2024. The process included : A Community Forum for members of the public to share their experiences, perspective and priorities; System Leader Convening with public agency systems partners and philanthropic leaders to identify areas for collaboration; an Ad-Hoc Committee of F5SMC Commissioners that met five times over five months; four strategic planning sessions held as part of Commission meetings that included dialogue among Commissioners, community members, and First 5 San Mateo County Staff and Community insights from surveys, focus groups, and other data collected as part of the Baby Bonus Project Parent Input, Centering Family Voice Project, Early Childhood Mental Health Landscape Scan, and EvalCorp Client-Level Pilot Evaluation Results.

The following themes emerged in strategic planning as central to F5SMC's efforts moving forward.

1. *Weaver*: Building bridges and connecting dots to cultivate strategic partnerships and cross-sector collaboration, help local funded and unfunded stakeholders tap into



- opportunities to strategize together in support of common goals and transform mindsets.
- 2. *Change Agent*: Impacting local, regional, and state decision makers, including community business leaders, to prioritize young children in policy and practice.
- 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*: Prioritize investments that focus on prevention, upstream interventions, and transformational change to promote long-lasting equitable outcomes.
- 4. *Systems Catalyst*: Striking the right balance between program investments and systems improvements through bold, cross-sector initiatives and effective partnership

**See Attachment 7.1 Strategic Plan 2025-2030.**

**STRATEGIC PLAN IMPLEMENTATION PLAN**

The Strategic Plan (2025-2030) and SPIP directs activities and investments in 4 core Focus or Domain Areas: Quality Care and Education, Healthy Children, Resilient Families and Policy, Advocacy and Communications (PAC). To achieve desired outcomes, five strategies will support the goal of impacting children and families across the four Core Domains (1) Capacity & Network Building, (2) System Navigation and Care Coordination, (3) Family Connectivity & Leadership, (4) Weaving Transformational Change and (5) Policy Advocacy & Community Education (PAC). This includes Evaluation & Research & Staff work to support the domain areas with data collection & analysis, monitoring trends, identifying emerging issues, and informing program and policy development.

The SPIP will direct community investments for 3 years FY’s 25-28 beginning on July 1, 2025, totaling \$7,800,000. This is on average a 30% reduction from community investments in FY 20 – 25 as a result of declining Tobacco Tax revenue. These investment amounts were presented and approved by the Commission in the Long-Term Financial Plan of June 2024. F5SMC Staff have developed a guiding context for considerations for specific resource allocations /investments in the SPIP 2025-28. Most contract start dates would begin on July 1, 2025.

A presentation and handout of the SPIP FY 2025-2028 will be provided at the January 27, 2025 Commission Meeting. The accompanying handout Strategic Plan Implementation Plan (SPIP) details the allocation of Prop. 10 funds/community investments for 2025-2028, organized by domain areas and strategies, ensuring alignment with the strategic plan's framework.

**See Attachment 7.2 Resource Allocations Considerations for SPIP FY 2025 – 2030, See Attachment 7.3 Comparison of Procurement Strategies.**

SPIP Procurement Timeline thru July 2025						
January	February	March	April	May	June	July
Phase 1: Finalization of SPIP, Procurement Preparation and Release		Phase 2: Procurement Preparation and Release, SPIP Refinement and Contract Approval		Phase 3: Procurement Release, Contract Approval, Execution of New Agreements/Contracts		

**CONSIDERATIONS**

- Periodic updates on the SPIP and procurement process will be provided to the Commission.
- Commission authorizes staff to enter into negotiations for all contracts including potential variances. Final contracts/agreements information will be approved by the Commission.
- The use of the SPIP FY23-25 unspent \$650,000 includes emerging issues and innovations, as well as contingency allocations for leveraging and braided funding opportunities.

**Attached Supporting Documents:**

- Attachment 7.1: Strategic Plan 2025 - 2030
- Attachment 7.2: Resource Allocation Considerations for Strategic Plan 2025 - 2030
- Attachment 7.3: Comparison of Procurement Strategies

**FISCAL IMPACT**

SPIP FY 2025- 2030) funding allocations are aligned with the Commission approved LTFFP of June 2024.

**ACTION REQUESTED**

- a. The Review of the Strategic Plan Implementation Plan FYs 2025-2028 totaling \$7,800,000.
- b. Approve and authorize staff to develop and release funding mechanisms for the Strategic Plan Implementation Plan per the Focus and Domain Areas, and Strategies of the new Strategic Plan for FY 2025-2028
- c. Approve the reallocation of FY 23-25 unspent Strategic Plan Implementation Plan funds, in the amount of \$650,000, to augment the current Strategic Plan Implementation (2025- 2030)



# First 5 San Mateo County 2025-2030 Strategic Plan

July 1, 2025 - June 30, 2030



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## Term

July 1, 2025 - June 30, 2030

## Mission

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

## Vision

**Success for Every Child.**

San Mateo County: Where everyone belongs and children lead the way.

## Who We Are and What We Do

### 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 25 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 addition to the First 5 Association Network, an advocacy organization solely dedicated to children prenatal to age 5 across all 58 counties in the state.

**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 promising practices or practices with evidence of effectiveness
2. Focusing on prevention and early identification
3. Targeting populations most at risk and/or those facing the largest inequities
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 2025-2030 Strategic Plan, First 5 San Mateo County 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 \$182 million in local programs and has served nearly 117,000 children from birth through age five. Each year, more than 3,000 parents and primary caregivers receive First 5 San Mateo County-funded services.

## Roles of the First 5 San Mateo County Commission

As children and families live whole and integrated lives, First 5 San Mateo County recognizes that efforts to make a positive impact for young children and their families are inherently interwoven and often intersect. Over the past twenty-five years serving children and families, the First 5 San Mateo County Commission has successfully woven the roles of *Strategic Financial Investor*, *Community Partner*, and *Systems Leader* within and across its various strategies and domains.





First 5 San Mateo County (F5SMC) 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 2025-2030 Strategic Plan, F5SMC will continue to weave together its 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.

## F5SMC's Primary Roles:

- **Systems Leader:** As the County's only organization legislated exclusively to achieving positive outcomes for children 0-5 and their families, the Commission will set and drive a child-centered agenda and 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.

As a systems leader, F5SMC identifies strategic partners and aligns leadership and resources to promote optimal child and family outcomes; convenes high-level, multi-agency policy conversations that keep early childhood priorities and the impact of early childhood in the forefront of decision making; develops and implements a Policy and Practices Platform that advances F5SMC's vision of success for every child; and partners with elected officials, community leaders, and other stakeholders to promote an early childhood agenda. F5SMC continues to maintain strategic partnerships with state-level groups such as First 5 California, the First 5 California Association, and other early childhood advocacy-focused organizations.

- **Community Partner:** The Commission's role as a community partner may be as a leader, initiating cross-agency and multidisciplinary partnerships and 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. F5SMC prioritizes partnerships that are results-driven, action-oriented, and likely to achieve measurable results and community impact.
- **Strategic 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.

## 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.
2. **Re-envision systems that serve young children and their families to ensure equitable access and a seamless experience.** We recognize the importance of smooth transitions for children and families as they grow from infancy through toddlerhood and the preschool years, and enter elementary school.
3. **Embrace the importance of all caregivers in the healthy development of children.** We believe all services should be inclusive of all types of families and caregivers in a child's life.
4. **Support the right of all children to live, grow, and learn in their communities.**
5. **Uplift cultural, ethnic, and linguistic diversity.** We believe all services should be designed, planned, and delivered to meet the needs of our county residents, in a culturally and linguistically responsive way.
6. **Believe in the strengths and resiliency of all families and cultures.** We respect the desire and ability of families to nurture their children and act as their first teachers. We build upon the positive qualities of children, families, and communities in the design and delivery of programs.
7. **Expand our collective understanding of the critical importance of supporting and meeting the need for 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 value to the landscape of supports for all children and families; and, evaluate our strategies to ensure excellence.
2. **Advance equity.** Ensure all children, regardless of circumstance, have the opportunity to reach their full potential, and families are included as partners in decisions about their children.
3. **Drive progress on prevention & early intervention.** Promote positive social-emotional, mental, and physical development in infants and toddlers, and focus on prevention and early intervention.
4. **Promote healing.** Uplift the capacity of providers, partners, and systems to be trauma-informed and promote the healing and restoration of children, families, and communities that have experienced harm.
5. **Achieve sustainability.** Use Commission investments to effect long-term policy, institutional, funding, and systemic changes that extend the reach and impact of F5SMC activities.
6. **Cultivate collaboration & learning.** Build upon and integrate with existing services to improve quality and provide efficient service delivery.





## Preparing Children for Lifelong Success: Guiding Frameworks & Research

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 F5SMC Commission goes far beyond success in school settings. F5SMC’s vision is for children to succeed in all aspects of their lives.

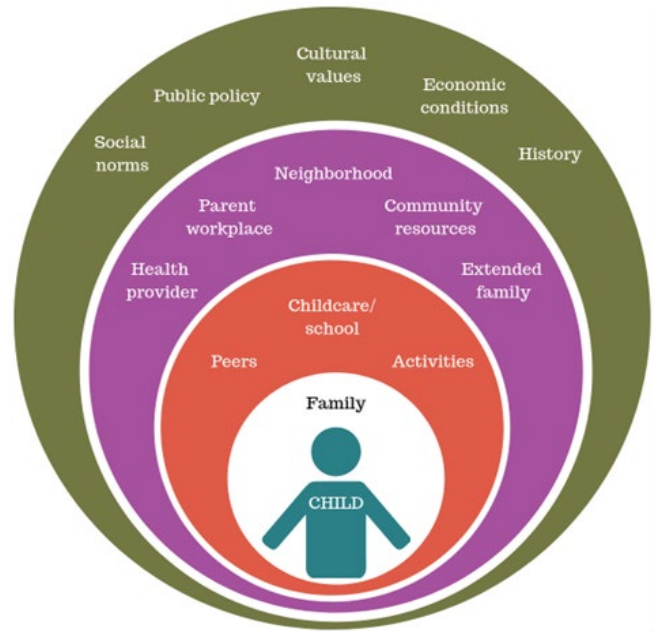
The foundations for physical, emotional, cognitive, and behavioral health are laid during the first years of life. Children develop these capacities through interactions with responsive and loving caregivers in safe environments. Stable, nurturing relationships literally build children’s brains in ways 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. Caregivers 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 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.

To be successful in this role, we must be thoughtful and intentional about how we approach all that we do. The following are the frameworks and philosophies that guide our work and have informed the strategies outlined in this plan.

## Guiding Framework: Ecological Systems Theory

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.



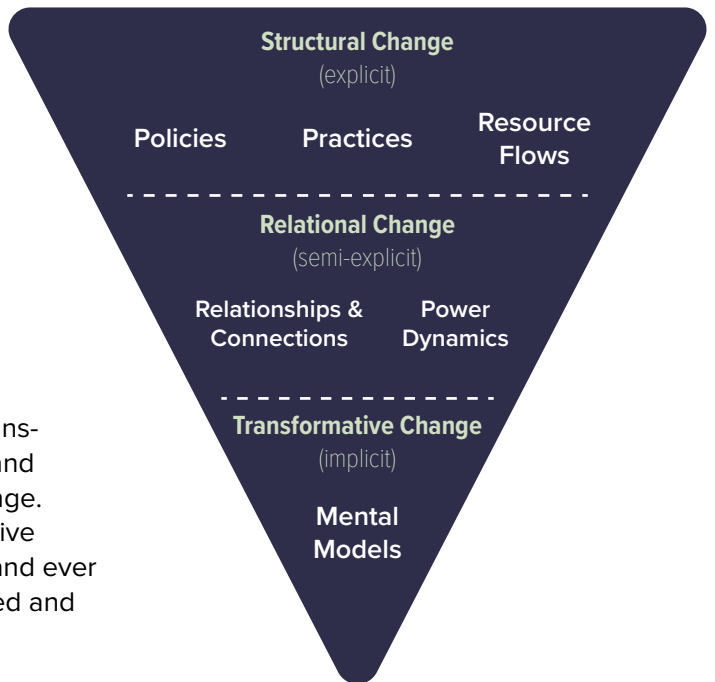
## Guiding Framework: Social Determinants of Health

Many of these systems and influences have been studied in research on Social Determinants of Health, including physical environment, housing, employment opportunities, wages, education, community safety, and social connections. These factors influence the health, cognitive and social-emotional development, well-being, and long-term success of children and their caregivers. Each child’s development and opportunity to thrive is thus shaped by the distribution of and access to resources and power.<sup>1</sup> Through intentional focus on social determinants of health, F5SMC seeks to address health inequities that disproportionately impact children of color and children from low-income families in San Mateo County, limiting their ability to fully thrive.

## Guiding Framework: Water of Systems Change

Recognizing the profound role that systems play in a child’s development, F5SMC acknowledges that to effectively support children’s success, it must have a role in transformational systems change. F5SMC’s approach to systems change is guided by FSG’s Water of Systems Change, which outlines six conditions that influence how systems operate and function (Kania, Kramer, Senge, 2018). These conditions are organized into three levels of systems change. The first level is structural change, which happens through shifting policies, practices, and resource flows. The second level is relational change, which requires fundamentally altering relationships, connections, and power dynamics. The final level is transformative change, which requires changing mental models.<sup>2</sup> With an eye towards transformational systems change, F5SMC prioritizes strategies and approaches that address at least one level of systems change. It is important to note that systems change and transformative change take time, and that because systems are dynamic and ever evolving, related efforts will need to constantly be monitored and iterated upon.

### Six Conditions of Systems Change



F5SMC defines a **‘system’** as multiple parts that are intertwined and interrelated, working together to produce an outcome.<sup>3</sup>

With limited resources, F5SMC is maintaining a strategic focus on efforts that have the potential to change systems and lead to transformative change.

Building upon FSG’s Water of Systems Change framework, F5SMC defines **‘systems change’** as “shifting the conditions that are holding the problem in place,” and **‘transformative change’** as occurring when we shift mental models, as these are more likely to uphold explicit conditions such as policies, practices, and resources.



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.

## 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.
- A caring and nurturing relationship with at least one primary caregiver helps children feel safe and secure, and supports their learning and social-emotional development. A loving bond with a caregiver can offset adverse experiences.

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, early intervention after stressors have occurred can also be significantly beneficial to young children and can help prevent negative outcomes later in life.

# Developing the 2025-2030 Strategic Plan

## Children and Families in San Mateo County

Located in the heart of the Silicon Valley, San Mateo County has a diverse population. It is home to over 47,000 children aged five and under.<sup>4</sup> White children, under the age of 17, are the largest population in the county at 35.3%, followed by Latinx (31.4%) and Asian American (22.7%). Other ethnic populations include: Multiracial (7.1%), African American (1.8%), and Pacific Islander (1.4%).<sup>5</sup>

Amidst the tremendous wealth in San Mateo County, there exists a glaring disparity between “the haves” and “the have nots,” which was only further exacerbated by the COVID-19 pandemic in 2020. This disparity is best captured in the fact that there are over 3,000 children ages 0-5 that are living in poverty in San Mateo County, a county which has ranked third in the state for median income.<sup>6,7</sup>

The high cost of living in the county has made it challenging for many families to not only stay in the area, but to do so without some level of financial stress. While the median annual income for households in the county is approximately \$186,600<sup>8</sup> in 2024, the Self-Sufficiency Standard for California estimates that a San Mateo County family of two adults and two children under the age of 5 would need an annual income of \$206,427<sup>9</sup> to make ends meet without assistance.<sup>10</sup>

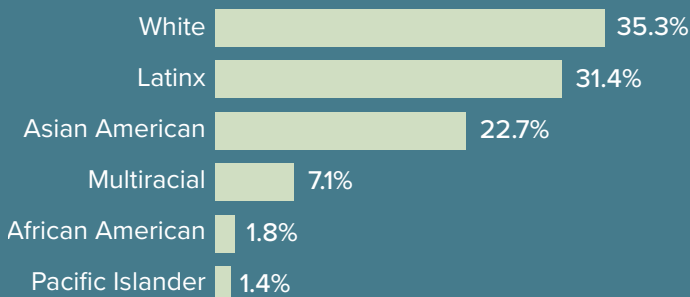


Annual income needed for family of four to meet the Self-Sufficiency Standard in San Mateo County, 2024



Area Median Income for San Mateo County for a family of four, 2024

### Population of children under the age of 17 in San Mateo County



**3,196**

Children ages 0-5 living in poverty in San Mateo County



These income disparities become greater when factoring in race and ethnicity. Though the county's overall median income in 2022 was \$149,907, this drops dramatically for Hispanic/Latino households (estimated at \$99,162) and Black/African American households (estimated at \$97,411).<sup>11, 12</sup> For white households, the median income in 2022 was estimated at \$166,608.<sup>13</sup>

One of the most commonly noted challenges in the county is the high cost of housing, as renters need to earn at least 3.7 times the minimum wage to afford the average asking rent in San Mateo County.<sup>14</sup> In fact, 84% percent of extremely low-income households with young children in San Mateo County are paying more than half their income on housing costs. Coupled with housing costs, families with young children also struggle with finding affordable high-quality child care in the county.

As can be imagined, the high cost of living compounded by the collective trauma and social isolation of the COVID-19 pandemic, has had ripple effects on the mental and behavioral health of young children and families in our county. Interviews conducted with San Mateo County families in 2021 by the Silicon Valley Community Foundation helped to articulate the profoundly stressful and traumatic reality that many families faced during this time. These families reported having to juggle school, child care, and other responsibilities all while not being able to work from home. They experienced fear, isolation, and financial insecurity and continue to deal with the lingering effects of this toll on their mental health. The stories of these lived experiences have been validated in local data from child and family-serving organizations. For example, Family Connections, a San Mateo County organization that works with families of young children, reported a 41% increase in families needing mental health services.<sup>15</sup>

For families that do not qualify for subsidized services, but also do not make enough income to cover the high costs of living in the county, finding support and relief for these and any other emerging challenges they face can be difficult to near impossible.

## The 2025-2030 Plan Refresh Process

In 2024, F5SMC celebrated 25 years as a Systems Leader, Community Partner, and Strategic Investor for young children in San Mateo County. Through deep reflection of the past 25 years, F5SMC reaffirmed its belief that effectively planning for the future requires deep listening and learning from community partners and the lived experiences of the families it seeks to serve.

In May of 2024, the F5SMC Commission began its strategic planning revision process to guide future community investments. The process was designed in partnership with VIVA Social Impact Partners to leverage existing efforts, uplift diverse voices, center lived experiences, and strengthen community collaboration.



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.

### The plan refresh process included the following activities:

- Reviewing data from projects and programs funded by F5SMC, which included family interviews, family focus groups, surveys, and other evaluation and community-level data.
- A Community Forum for community partners to share their feedback, perspectives and priorities.
- A System Leader Convening with public agency systems partners and philanthropic leaders to identify areas for collaboration and alignment.
- An Ad-hoc committee of F5SMC Commissioners that met regularly over five months.
- Dozens of meetings with F5SMC Staff.
- Four strategic planning sessions held as part of Commission meetings that included dialogue among Commissioners, community members, and F5SMC staff.

### Across the input processes, we learned that:

1. Families of young children are struggling with accessible quality early care and education, accessible mental and behavioral health supports, and basic needs (e.g., housing, diapers, food).
2. Families often face barriers around awareness of what services are available, how to navigate complex systems and access services, meeting eligibility criteria to receive services, and being placed on waitlists.
3. The most common barrier faced when trying to address child and family needs are a shortage of available service providers, including having enough providers that can meet linguistic and cultural affinity needs of families. These workforce challenges are compounded by a lack of coordination of partners and systems, a lack of sustainable funding, and complex systems that providers must navigate.
4. Despite the significant challenges that families face, many families are finding ways to be resourceful and have inherent strengths that should be applauded and reinforced.

## The following themes emerged as central to F5SMC's efforts moving forward.

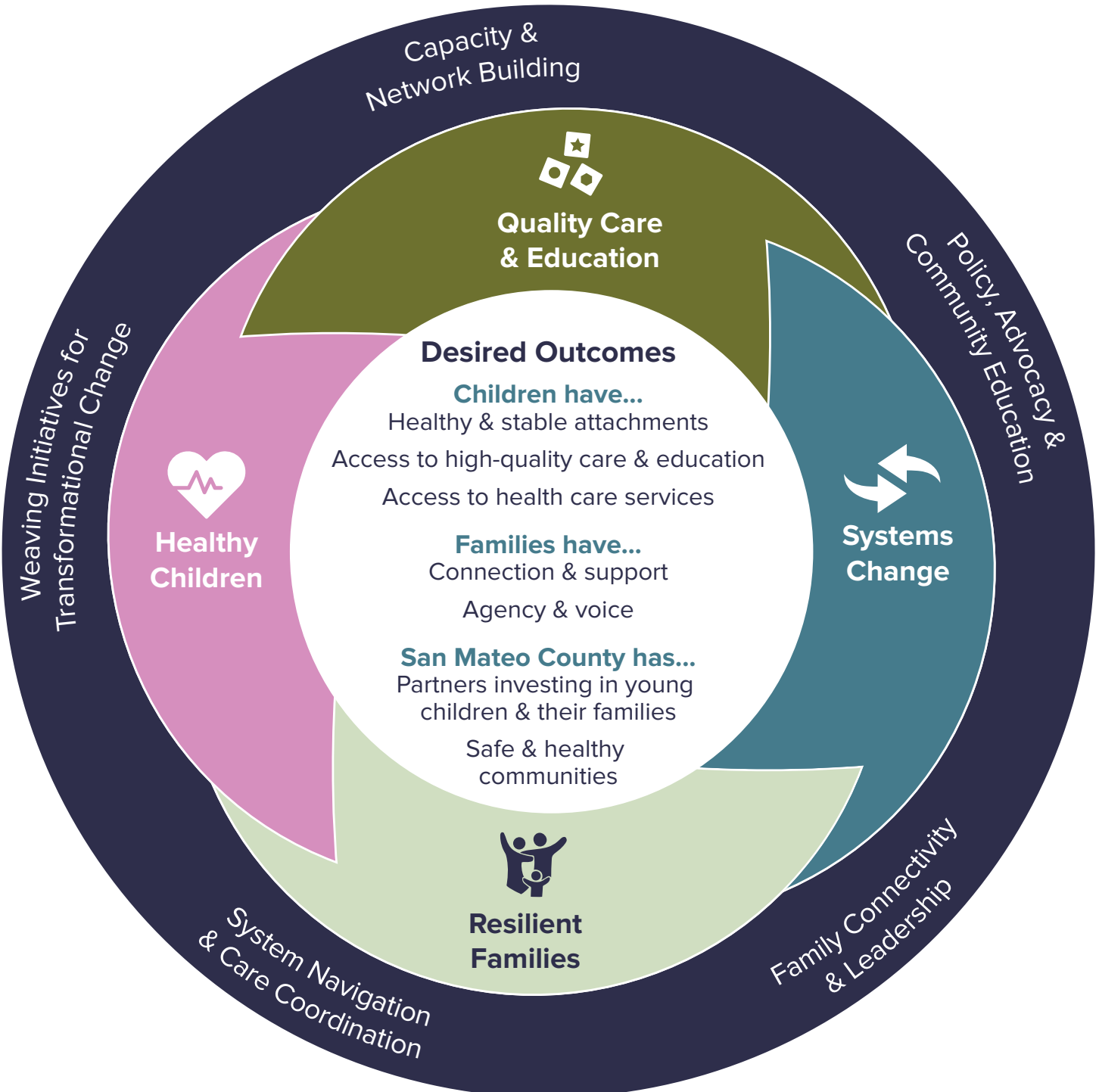
1. **Weaver:** Building bridges and connecting dots to cultivate strategic partnerships and cross-sector collaboration, help local funded and unfunded stakeholders tap into opportunities to strategize together in support of common goals, and transform mindsets.
2. **Change Agent:** Impacting local, regional, and state decision makers, including community business leaders, to prioritize young children in policy and practice.
3. **Resource Maximization:** Leveraging, aligning, and blending funding as well as ensuring available public funds are maximized before F5SMC funding is utilized.
4. **Impact Investor:** Prioritize investments that focus on prevention, upstream interventions, and transformational change to promote long-lasting equitable outcomes.
5. **Systems Catalyst:** Striking the right balance between program investments and systems improvements through bold, cross-sector initiatives and effective partnership.



# FRAMEWORK FOR THE 2025-2030 STRATEGIC PLAN

Our strategic plan guides our actions and our areas of focus. At the center of our framework and the central drivers of our efforts are our desired outcomes for children, families, and the county. We will work to achieve these outcomes by focusing on four intersecting core domains. Changes in these domains can have a direct impact on our desired outcomes. How we focus on the domains will be guided by our five strategies. These strategies inform our investments and actions within and across the domains.

Pages 15-27 of this plan share details about our desired outcomes, core domains, and strategies.







## Desired Outcomes

The First 5 San Mateo County Commission (F5SMC) adopted the following desired outcomes to guide its efforts during the 2025-2030 Strategic Plan:

- 1 San Mateo County leaders and partners fully invest in young children and their families.**
- 2 Communities provide a safe and healthy environment for young children.**
- 3 Children have timely and affordable 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 relationships and stable attachments to their primary caregivers.**
- 6 Children have access to and are utilizing appropriate health care services to meet their health and developmental needs.**
- 7 Families have agency and voice to direct policies and systems that impact their children.**



## Strategies

To achieve our desired outcomes, F5SMC has identified the following five strategies with the goal of impacting children and families across our four core domains. To maximize our resources and the expertise that exists in our county, these strategies will be implemented in collaboration and coordination with other funding partners, systems, and community organizations, as F5SMC has done for 25 years.

Guided by our understanding of the interdependencies and interrelatedness of early childhood systems, F5SMC recognizes that these strategies may directly impact and/or have ripple effects beyond one singular domain area.

### 1. System Navigation and Care Coordination for Families:

To support families with equitable access to the services they need to support their child's positive and healthy development, F5SMC will advance system building efforts that help families navigate systems, resources, and services, and promote stronger service coordination, care coordination, and case management for families with complex needs. This will be done in coordination with other funding partners and systems to achieve the highest impact.

### 2. Capacity and Network Building for Child-Serving Systems and Providers:

To strengthen child- and family-serving systems to deliver high-quality services to children and families, F5SMC will drive efforts that build and strengthen organizational and workforce capacity, promote workforce retention, break down silos, and increase cross-collaboration. This will be done in coordination with other funding partners and systems to achieve the highest impact.

### 3. Weaving Partnerships and Innovative Initiatives for Transformational Change:

To fundamentally change the systems that impact the wellbeing and lifelong trajectories of children prenatal to five, F5SMC will lead efforts that weave together cross-sector partnerships, amplify family voices, transform mental models, and practice the vision of the future that we are seeking to build for our county's youngest children. This will be done in coordination with other funding partners and systems to achieve the highest impact.

#### 4. Family Connectivity and Leadership:

To strengthen the connections, relationships, and power that make up a supportive and holistic ecosystem of care for families of young children, F5SMC will support parent connection and community-building efforts that reduce social isolation of families and empower caregivers with the relationships, knowledge, leadership skills, and tools to support their child's positive and healthy development and to advocate for their child. These parent connectivity and leadership efforts may focus on positive mental health of caregivers of young children prenatal to five, positive caregiving, quality early learning, healthy development, family advocacy and leadership building, or protective factors for children. This will be done in coordination with other funding partners and systems to achieve the highest impact.



#### 5. Policy, Advocacy, and Community Education:

To cultivate a child-centered culture where children lead the way in San Mateo County, F5SMC will lead strategic policy, advocacy, communications, and research and knowledge development to build public and political will to invest in the well-being and success of our young children, and give stakeholders the information they need to change the systemic conditions for children and families. This includes developing and implementing a new Communications Plan that supports increasing understanding about foundational early childhood topics such as early brain development. This will be done in coordination with other partners and leaders to achieve the highest impact.

*In addition to leading and investing in these overarching strategies, as a Community Partner, F5SMC will participate, champion, and/or stay informed of other concurrent initiatives and efforts happening in the County to ensure that when and where there is an opportunity to uplift the voices of children 0-5 and their families F5SMC can do so effectively.*

\*Note: Future procurement processes will provide more specific detail and information about the implementation of the above strategies.

### F5SMC's Core Domains & Indicators

The 2025-2030 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, leadership, and partnerships that target four core domains:**

- Healthy Children
- Resilient Families
- Quality Care and Education
- Systems Change

Within each of these core domains are a set of indicators at the population level, systems level, and participant level that will be monitored by the F5SMC Staff and Commission and that will support F5SMC in evaluating and adapting its implementation of the strategic plan.

- **Population-Level Indicators:** These indicators have community baseline data and are impacted by many efforts and agencies. The Commission will monitor these indicators to inform its ongoing work as a systems leader and community partner.
- **Systems-Level indicators:** These indicators will be monitored by First 5 San Mateo County to inform its systems-level efforts and investments.
- **Participant-Level Indicators:** These indicators will be measured by First 5 San Mateo County grantees, as applicable, for participants in services.

The following outlines the critical importance of each of these domains for children and families in San Mateo County, and the indicators that will be monitored for each 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.<sup>16</sup> Because the social determinants of health intersect with numerous systems, addressing health inequity for children requires cross collaboration and an intentional focus on systems change efforts. F5SMC has a strong history of supporting collaborative health efforts, particularly those that focus on prevention and early intervention.

In San Mateo County, 98% of children are covered by health insurance.<sup>17</sup> Health coverage and utilization of preventive care benefits has been and continues to be an advocacy priority for the Commission. As California continues to roll out enhancements for Medi-Cal Transformation, there are numerous opportunities on the horizon to strengthen children's access and utilization of preventive and early intervention services. However, many children in San Mateo County are privately insured,<sup>18</sup> and others may still face barriers to accessing timely and needed health care services, such as language issues, availability of specialized service providers, waitlists, lack of formal diagnosis required to receive services, and out-of-pocket costs.<sup>19</sup>

### Access to Preventive Oral Health Care

Preventive health care can help minimize threats to healthy development and provide early detection and intervention for problems that emerge.<sup>20</sup> For children in the United States, tooth decay is the most common chronic condition. Untreated decay can have negative implications for children's development, including problems with eating and speaking, as well as poor self-esteem. Additionally, dental problems are one of the leading causes of school absenteeism, which is associated with lower academic achievement.<sup>21</sup> Preventive dental visits for children save 10 times the cost of more invasive dental treatment and help to avoid the negative physical, socio-emotional, and academic consequences of poor dental health.<sup>22</sup> However, in 2020, only 30% of children 0-5 from low-income families had visited a dentist in the last year.<sup>23</sup>



### Access to Early Identification

Another important element of preventive care for children during the first five years of life is the early identification and treatment of developmental concerns, because this is the time when a child's brain, body, and behavior are most malleable. Early detection is critical for the 16.9% percent of all children ages 0-5 in California who have special health care needs.<sup>24</sup> However, in 2021, only 45% of children with Medi-Cal in San Mateo County received an annual preventive checkup.<sup>25</sup>

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. The American Academy of Pediatrics recommends that pediatricians implement universal screening for their patients three times before a child's third birthday. In San Mateo County, 64.8% of children receive timely developmental screenings, suggesting that there are still many children who may not be identified early enough.<sup>26</sup> Although developmental delays pose risks for all children, delays that are prevalent among low-income children are more likely to be missed.

### Access to Early Intervention Services

Once a health or developmental concern has been identified, families and providers need support to understand and navigate the complex array of community-based services and supports available to promote children's optimal health and wellness.<sup>27</sup> Navigating numerous and sometimes disconnected systems to access vital health care services can be challenging for any family, but especially for working families, families with limited English proficiency, and families from marginalized and disenfranchised communities.

When families are supported through coordinated care, case management, system navigation, and warm hand-offs, they may be able to more easily access health services that their children need to develop and lead healthy lives. However, California ranks 43<sup>rd</sup> in the nation on effective care coordination for children with special health care needs.<sup>28</sup> In 2024, F5SMC gathered qualitative and survey data from families through a number of initiatives. Across these insight gathering efforts, systems navigation and care coordination consistently rose to the surface as a key need.<sup>29</sup>

### Access to Early Childhood Mental Health

Intervening early to impact children's health outcomes is inherently an upstream strategy that can mitigate longer-term health challenges and inequitable health outcomes. Creating greater access to quality early childhood mental health and family behavioral health services in San Mateo County is crucial to support the healthy development of our youngest residents.

We know that the groundwork for positive emotional health is laid during pregnancy. After birth, this continues to be developed through caring and safe relationships with a child's caregivers. Positive mental and emotional health enables children to thrive in all aspects of their life, including their health. However, when children struggle with

emotional, mental, and behavioral health concerns, it can lead to more significant health symptoms such as chronic eating, difficulty sleeping, toilet training issues, and dangerous or risky behaviors.<sup>30</sup> According to Zero to Three, between 10-16% of young children in the United States experience mental health conditions, and for babies in poverty this number increases to 22%.<sup>31</sup>

The causes of mental health issues in young children can be due to a number of factors such as environment, trauma, biology, and other adverse childhood experiences (ACEs).<sup>32</sup> ACE scores are highly correlated with future health outcomes and opportunities, including greater risk of nearly every major disease or condition. People with high ACE scores are more likely to die decades before their counterparts with lower ACE scores.<sup>33</sup>



In San Mateo County, we are seeing families facing challenges navigating and accessing the early childhood mental health system, due to a number of barriers. According to the San Mateo County Early Childhood Mental Health Landscape Scan conducted in 2024, these barriers range from eligibility restrictions, to logistical challenges and language access, to high staff turnover that disrupts continuity of care for families. Furthermore, challenges with insurance create another set of limitations for families of young children. Most children in San Mateo County are privately insured. Some private insurance plans do not cover services until high deductibles or out-of-pocket maximums are met, and out-of-pocket costs can be difficult for families to afford and may not be reimbursable. Additionally, providers may be hesitant to share the information required by private insurance companies and are reluctant to contract with them due to concerns over extensive documentation requests and the risk of payment denials or clawbacks. These issues further limit access to quality mental health services for children and families.<sup>34</sup>

## Population-Level Indicators

- 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 percentage of children enrolled in Medi-Cal managed care who had 6 or more well-child visits during the first 15 months of life.
- The number of children and families enrolled in home visiting.
- The percentage of children ages 1-5 who have seen the dentist for a routine check-up in the past year.
- The number of children ages 0-5 who live in High Community Need areas, as defined by the Health Equity Index from San Mateo County All Together Better.
- The number or percentage of children receiving Early Start services in San Mateo County.
- The percentage of children ages 0-5 in priority school districts and childcare settings that are receiving oral health screenings and/or services.

## System-Level Indicators

- The number or percentage of pediatric health providers who provide access to developmental screening as a part of routine well-child visits.
- The number or capacity of dental providers who serve children ages 0-5 on public insurance.
- The percentage of providers reporting confidence and capacity to refer families to Help Me Grow services.
- Progress made by agencies participating in the Trauma and Resiliency-Informed Systems Initiative towards becoming Healing Organizations
- The number and strength of partnerships established with key organizations to support Baby Bonus program implementation and community health worker (CHW) engagement.

## Participant-Level Indicators

- The percentage of children with the appropriate number of well-child visits for their age in the past 12 months.
- The percentage of parents reporting difficulty accessing services for their child's mental, developmental, and/or behavioral health.
- The percentage of Help Me Grow (HMG) referrals that result in families feeling that their needs have been met.
- The number of children ages 1-5 who received a dental visit in the past year.

## ► Resilient Families

Secure, stable, and supportive relationships with caring adults significantly contribute to a child's healthy brain development.<sup>35</sup> A loving and caring environment within the parent-child relationship is associated with many positive outcomes including higher self-esteem, increased communication, and fewer psychological and behavioral problems.<sup>36</sup> Furthermore, lower levels of parenting stress may serve as a protective factor of the social-emotional health of their children. The early childhood field has gained tremendous knowledge in recent years about the ways in which families should be engaged in children's healthy development. The Strengthening Families Protective Factors Framework articulates five elements that can support child development and reduce the likelihood of abuse and neglect through engaging families in a strengths-based approach.<sup>37</sup> These factors include: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children. In order to cultivate these protective factors in families, there needs to be concerted strengths-based efforts to build parent partnerships, create avenues for social connection, mutual support, and inclusion, promote engagement, and support parents as decision-makers and leaders.



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. It is critical that parents and caregivers feel able to nurture their child's optimal development, because positive home learning environments contribute significantly to children's school achievement.<sup>38</sup> When parents act as their child's advocate and are involved in their child's education, it is more likely that their child will have increased school attendance and higher academic achievement.<sup>39</sup> Effectively partnering with parents in promoting their child's optimal development also results in better lifelong outcomes and reduces costs to society for special education, welfare, criminal justice, and health. By working with parents as equal partners in their child's healthy development, as well as acknowledging parents, schools, and communities as collectively responsible for the success of children, we promote reciprocal relationships that exponentially benefit children.



As a result of the COVID-19 pandemic and its many aftereffects, many families continue to struggle in San Mateo County with stress and social isolation. This stress, which is primarily due to economic inequality in the county and social isolation, is particularly profound for families that face low annual household incomes, or middle-income families that may not be able to qualify for certain resources. Preliminary findings from a 2024 survey conducted with 69 parents of children with Medi-Cal eligible children in the County revealed that 34% face housing insecurity, 31% report financial concerns, and 31% experience food insecurity, which are critical stressors for families. Additionally, 24% of parents reported feeling socially isolated.<sup>40</sup> These stressors have ripple effects on children's mental and emotional well-being. Through the 2024 San Mateo County Early Childhood Mental Health Landscape Scan, data reveals a rise in anxiety among young children, particularly since COVID-19. The rise in anxiety is often misinterpreted as misbehavior, when in reality, these behaviors stem from underlying trauma.<sup>41</sup>

## Population-Level Indicators

- The percentage of families of young children experiencing housing insecurity.
- The percentage of parents who regularly read, sing, and/or count with their children ages 0-5.
- Median earnings of families by race and ethnicity.
- The number of families with children living at or below 250% of the federal poverty line in the County.
- 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.



## System-Level Indicators

- Core resource centers are consistently stocked with essential supplies (e.g., diapers, wipes, formula) to meet community demand.
- The percentage of parents reporting that they are able to access the services their family needs.

## Participant-Level Indicators

- The number and/or severity of risk factors reported by parents receiving intensive services, such as inadequate food, inadequate housing, depression, domestic violence, and substance abuse.
- 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 report feeling confident in their ability to advocate for their child.
- The percentage of parents who regularly read, sing, and/or count with their children ages 0-5.
- The percentage of parents reporting increased confidence and capacity to engage in leadership roles and influence systemic change.

## ► 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 children’s lives. In San Mateo County, 71% of children ages 0-5 live in families with working parents,<sup>42</sup> but in 2021 there were only enough licensed childcare spaces available for 33% of these children.<sup>43</sup> Overall, the county faces a shortage of about 6,897 child care spaces for children 0-5. While statewide efforts, such as the expansion of Universal Transitional Kindergarten, may offset some of these shortages for preschool age children, access for younger children continues to be a significant challenge.

### Benefits of Quality Care and Education

Quality matters when providing early care and education services. Programs that participate in continuous quality improvement efforts are more likely to prepare students for success in school and beyond. Children who participate in high-quality early childhood education programs show long-term impacts on their ability to learn and interact with the world around them, including increased language and math skills, positive peer relationships, decreased rates of grade repetition, fewer referrals to special education services, and higher levels of cognitive and social development.<sup>44</sup> Children with preschool



experience are generally more developmentally prepared for kindergarten, setting them on the path for grade-level reading proficiency by the third grade, which research shows can increase the likelihood of high school graduation and future success.<sup>45</sup>

The long-term economic benefit of children attending high-quality preschool programs is well documented, particularly for children living in low-income households. These “return on investment” studies differ on level of return depending on the population served, length of the program, and quality enhancements. One of the most widely studied programs is The Perry Preschool Program, a high-quality, half-day preschool targeted to very low-income children. Evaluations of this program document that the program returned seven dollars for every dollar invested.<sup>46</sup>

High-quality early learning programs can also provide an early identification process to assess young children for special needs. Early interventions for children at high risk can improve their social competence and cognitive abilities prior to school entry.<sup>47,48</sup> The benefits of a continuum of high-quality early learning, beginning in infancy and with smooth transitions into toddler care, preschool, and elementary school, has been well researched and is a priority for the Commission.

### Improving Quality Through Workforce Support

Critical to high-quality early learning settings are safe, accessible, and developmentally appropriate facilities, and a well-trained and well-supported workforce. Studies have found that teachers’ specialized knowledge about child development and instruction for young children is particularly important for quality early learning.<sup>49</sup> In order to develop and retain a well-qualified workforce, especially in a county with a high cost of living, teachers must be well-compensated, well-educated, and well-respected. Professionalizing the early care and education field reduces teacher vacancies and turnover.<sup>50</sup>

While the vast majority of early educators feel their work makes a difference, only 43% of center teachers and 65% of family child care (FCC) providers in San Mateo County feel respected in their roles.<sup>51</sup> Low wages in early care and education affect educators’ economic well-being, leading to food insecurity and reliance on public assistance, which contributes to high-stress. About one in three early educators in San Mateo County use public assistance, with 44% of center assistants relying on it. Furthermore, staff recruitment challenges are widespread, with 82% of family child care providers and 93% of center directors reporting difficulties in finding qualified candidates. Retention is equally concerning; only one-third of center teachers and assistants are likely to remain at their current sites for at least three more years.<sup>52</sup> Low pay and financial concerns frequently drive educators to leave their positions. Addressing and improving these factors will not only alleviate stress among educators but also foster an environment where they can better support quality education in the classroom.



### Promoting Equitable Access to Quality Care and Education in San Mateo County

The First 5 San Mateo County Commission is committed to serving as a leader, partner, and investor in efforts that promote equitable access to quality care and education in San Mateo County. The Commission will continue to serve as an advocate, pushing for policies that improve conditions for the workforce and create more equitable access to quality care and education for children and families, including for dual language learners, children of color, and children with cognitive and physical disabilities. F5SMC will also continue to partner with local, regional, and statewide collaborative efforts that support access to, and the quality improvement of, early learning settings for all children 0-5. Through strong partnerships, and strategic collaboration, F5SMC believes a more equitable early learning system for children, their families, and their teachers is possible.

## Population-Level Indicators

- The available supply of infant and toddler care relative to the need.
- The percentage of children ages 3-5 who are enrolled in Preschool (UPK) before Transitional Kindergarten/Kindergarten entry.
- The percentage of all early learning programs participating in Quality Improvement activities.
- The percentage of third-grade students reading at or above grade level.
- The percentage of children entering kindergarten ready to thrive.

## System-Level Indicators

- The number of early learning facilities maintained, expanded, or in the pipeline.
- Number and/or percentage of publicly-funded child care settings receiving Early Childhood Mental Health Consultation services

## Participant-Level Indicators

- The number of children ages 3-5 who are enrolled in programs participating in Quality Counts.
- The percentage of home-based and alternative setting early learning programs that are participating in Quality Counts.
- Of children who attend early learning programs that are participating in Quality Counts, the percentage of those that are dual language learners and children of color, and special needs.



## ► Systems Change

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

Voicing the need to prioritize young children and those who care for them is especially important in light of the stark inequalities of opportunity for the children of San Mateo County. While San Mateo County overall has some of the best health outcomes in the state,<sup>53</sup> these experiences are not shared equally. San Mateo County, along with Santa Clara county as part of the Silicon Valley region, has a staggering degree of wealth inequality. In fact, the top 1% of households in Silicon Valley hold 48 times the wealth of the bottom 50%, compared to the national gap where 1% of households hold 23 times the wealth.<sup>54</sup>

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

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

F5SMC 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.



### Population-Level Indicators

- The status of continuous Medi-Cal enrollment for children 0-5.
- California's ranking in the U.S. for parents reporting their ability to access mental health services for their child.

## System-Level Indicators

- The number and characteristics of partnerships among the organizations that comprise the early childhood ecosystem in San Mateo County.
- The number of child and/or family-serving providers that express having the capacity to participate in systems-level efforts.
- The number of child and/or family-serving providers that express feeling connected to a network and supported.
- The percentage of agencies successfully accessing and utilizing Medi-Cal funding streams to support services for eligible populations.
- The percentage of providers across sectors reporting adequate resources and manageable levels of stress related to participating in systems-level meetings and gatherings.
- The percentage of target audiences that report positive perception, trust, and/or value of the topics that F5SMC communicates about.
- Experiences with San Mateo County early childhood systems, as measured qualitatively through partner and family stories.
- Number of local and statewide advocacy efforts F5SMC has participated in.
- The number of in-person community outreach participated in, including but not limited to local discussion panels and tabling events.
- The number of local jurisdictions adopting strategies to increase the quality and/or availability of childcare.
- Number of providers trained in early childhood mental health modalities and/or foundational practices.

## Other measures that matter

In addition to the indicators outlined above, there are numerous measures that would be meaningful to monitor, if and when the data becomes available, to inform F5SMC's partnerships, investments, advocacy, and leadership efforts. These include the following measures:

- The percentage of mental health clinicians reporting confidence and capacity to serve young children and their families effectively.
- The total amount of funding per year dedicated to early childhood, such as child care, early childhood mental health, home visiting, etc.
- The rate of early childhood mental health concerns reported from families and child-serving providers.

## Accountability

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

First 5 San Mateo County uses a variety of evaluation methods to stay informed about the needs of local families, track its impact, and identify effective strategies for achieving its desired outcomes. These methods include qualitative approaches such as interviews and focus groups with parents and service providers, as well as quantitative analysis of survey results. For example, as part of a recent qualitative needs assessment, substantial proportions of Medi-Cal eligible families identified challenges meeting the following needs for their families:

- Child care: 83%
- Basic needs: 61%
- System navigation: 61%
- Cost of living: 57%
- Parenting education: 35%
- Mental health services: 30%
- Social and emotional support: 26%

Additionally, among a sample of families who received home visiting or care coordination services:

- 35% reported housing insecurity
- 31% often did not have enough money to meet their families' needs
- 24% were socially isolated
- 24% needed help with their sadness or depression
- 7% expressed concerns about domestic violence
- 7% expressed concerns about substance use by someone in their household



While F5SMC is continuing to collect survey data from families 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. For example, the Baby Bonus project is fielding an intensive, multipartner data collection and sharing effort as part of a randomized controlled trial to evaluate the program. 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 25-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.



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## End Notes

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## Resource Allocation Considerations for 2025-2030 Strategic Plan Implementation

1. **The contextual landscape at the local, state, and federal level.** Includes policy, partnership, and funding considerations, as well as both positive and negative developments. Examples include the following: Trauma-Informed Systems, Workforce Policy and Reform, Cal-Aim, Children Youth Behavioral Intervention (CYBHI), CDE, CDSS and F5CA, Prop 31 Flavor Ban, Federal funding ( F5 funds cannot supplant federal funding), etc.
  - a. Larger regional or statewide efforts which have substantial external support and momentum and or have been exacerbated negatively by the pandemic or budgetary shifts.
  - b. How our contributions to and involvement with initiatives and partnerships enable continuity and larger-scale change both locally and regionally.
  - c. Continued advocacy for local contributions, funding to leverage, blending and layering initiatives.
  - d. New developments in state and or federal funding streams for targeted populations/strategies
2. **Seeding innovative/emerging efforts: How should F5SMC incorporate potential new activities or partners into our funding portfolio? Considerations may include:**
  - a. Information on the needs addressed by the potential intervention and its likelihood of success.
  - b. Availability of other partners to help to fund, manage, administer, or implement the project.
  - c. Potential value-add and scalability of any pilot projects.
3. **Community needs and available data.**
  - a. Current needs of children 0-5 and their families based on local population-level data, zip codes, demographics, and indicators as well as local knowledge and understanding of the landscape, such as local data on [social determinants of health](#).
  - b. Local evaluation results and impact as well as relevant data from regional, statewide, or national evaluations or mapping projects of programs or strategies that we currently support or are considering supporting.
  - c. Qualitative results such as systems-level initiatives and partnerships advancing the Strategic Plan 2025-2030 and emerging needs.
  - d. Any gaps that are caused due to a crisis or systemic inequity in the community.
4. **Relationship between systems-level change interventions and direct services.**
  - a. Our investment trajectory overall is moving from focusing on funding direct-service provision to funding more systems-level work, with the goal of contributing to transformational change. This can occur both by increasing the proportional allocation to systems work at the agency level, and by including more systems work within contracts with community partners.
  - b. How efforts demonstrate the potential to address root causes and/or lead to broader systems change, which is defined as changing the conditions of: policies, practices, resource flows, relationships/connections, power/decision-making, and mental models.
  - c. Systems work is included within grantee contracts and is also funded from our Policy, Advocacy, and Community Education (PAC) and Weaving Partnerships & Innovative Initiatives for Transformational Change strategies allocation. This depends in part on the specific type of systems work; for example, provider capacity building may be more efficiently situated within the grants to community partners, whereas policy or advocacy work may be more efficiently managed and funded out of the of PAC allocation.
  - d. Funding for direct services places a high priority on programs that address public emergencies/crises, inequities, and the most critical risk factors such as family violence, trauma, children with special needs, child and parent mental health etc.
5. **Sustainability & lifecycle stage of a strategy.**
  - a. Continue to weigh/prioritize/consider the ability to leverage, match, braid, layer and partner in order to secure adequate financial resources for activities we support.
  - b. The lifecycle stage of strategies and programs, with particular focus on supporting a strategy from initial Design Phase, to a Build and Implementation Phase, and finally a Maintain Phase with the goal of either

retiring or handing off the strategy because external partners or other funding sources are able to fully sustain them.

- c. Identify areas where other partners may be able to take on some of the financial contributions, we are unable to sustain including, joint funding or collaborative funding and fee for service.
- d. Some strategies may have opportunities to leverage consistent funding sources, enabling us to reduce our investments over time.
- e. Some programs may be able to identify alternate funding sources or to embed the services and practices within their own personnel or operations budget, thereby becoming fully sustainable without F5SMC funding.
- f. Because we control the eligibility requirements or (other than child's age) for our funded programs, F5SMC can fund some programs that meet critical needs yet may not have access to other stable or consistent funding sources.

**6. Focus on equity.**

- a. The extent to which strategies and programs plan to advance equity in their approach and how they may address systemic inequities through their outcomes.
- b. The cultural needs and preferences of families (immigration status, preferred modes of service delivery, language needs, and family engagement practices etc.).



### Comparisons of Procurement Strategies

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

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



	<ul style="list-style-type: none"> <li>● May be used with numerous vendors at the same time or as sole source</li> <li>● Desired outcomes are usually clear</li> <li>● Goal is usually a coordinated effort that involves multiple parties</li> <li>● Strategies may or may not be loosely pre-defined</li> <li>● Typically looking for community input for design details and vendors</li> <li>● Budget limit may or may not be defined</li> </ul>	<ul style="list-style-type: none"> <li>● Use when it is in the Commission's interest to have staff involved in all details of development</li> <li>● Use when looking to develop a coordinated structure with multiple community partners</li> </ul>	
Sole Source	<ul style="list-style-type: none"> <li>● Non-competitive process</li> <li>● Requires a rationale be fully justified in writing and approved by the Commission</li> <li>● Desired outcomes are clearly defined</li> <li>● Budget limit may or may not be defined</li> </ul>	<ul style="list-style-type: none"> <li>● Use when there is only one viable provider of the required service, competition is determined to be inadequate after solicitation from a number of sources, or the Commission is contemplating an effort that has not been done before</li> <li>● Use when the contractor is familiar with the Commission and is knowledgeable of its unique needs</li> <li>● The contract is below a threshold determined by the Commission</li> </ul>	

**Date:** January 27, 2025  
**To:** First 5 San Mateo County Commission  
**From:** Kitty Lopez, Executive Director  
**Re:** Presentation: San Mateo County Home Visiting System Coordination Update

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### **ACTION REQUESTED**

Discussion only

### **BACKGROUND**

Early childhood home visiting helps children and families overcome barriers to their health and well-being. In these programs, a support person (the home visitor) provides holistic support to families when and where services are relevant and needed (such as the family's home). In most California counties, home visiting programs operate as separate and distinct programs while they share many goals, principles, and desired outcomes. Funded by a Home Visiting Coordination Grant from First 5 California, First 5 San Mateo County (F5SMC) has been working with community partners to strengthen coordination of the home visiting system to better support families in San Mateo County since 2020.

F5SMC contracted Hamai Consulting to conduct the initial environmental scan of home visiting in the county to inform a countywide strategic plan. The scan incorporated data from public data sources and primary data collected from home visiting programs, focus groups with home visitors, and focus groups with parents and caregivers. Home visiting programs shared information about their programs and the children and families they served in 2020-2021. Hamai Consulting then updated the environmental scan in 2024, guided by a newly developed, shared definition of home visiting.

The Executive Summary of the First 5 San Mateo County Home Visiting Environmental Scan is available in Attachment 9.1, while the [full report](#) can be found in Attachment 9.2. A presentation on this topic will take place at the January 27, 2025, Commission Meeting.

**FISCAL IMPACT:** None



# First 5 San Mateo County Home Visiting Environmental Scan

## EXECUTIVE SUMMARY

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### Background

Early childhood home visiting helps children and families overcome barriers to their health and well-being. In these programs, a support person (the home visitor) provides holistic support to families when and where services are relevant and needed (such as the family's home). In most California counties, home visiting programs operate as separate and distinct programs while they share many goals, principles, and desired outcomes. Funded by a Home Visiting Coordination Grant from First 5 California, First 5 San Mateo County (F5SMC) has been working with community partners to strengthen coordination of the home visiting system to better support families in San Mateo County since 2020.

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### Families' Context

Birth outcomes in San Mateo County are similar to or better than in California overall. Most children are born into a context with some resources, including access to basic health care and health insurance coverage. However, many families experience financial, social, and emotional stress from high cost of housing and living with limited access to financial assistance and mental health care.

The geographic areas with the most need and fewest assets/resources are Daly City, South San Francisco, San Mateo, Menlo Park, and East Palo Alto.




# Children and Families Served by Home Visiting Programs



19 home visiting programs.




1,385 families (including 1,628 children and 1,331 parents).



More infants and toddlers than preschool-aged children.



Fewer pregnant parents than other parents.



More Hispanic/Latinx children and parents than other racial/ethnic groups.

Only 4 programs are at capacity and have a waitlist, while other programs have openings to serve more. Parents suggested increasing enrollment by expanding programs so more families can participate, and allowing parents who feel they need the help to stay longer in programs.

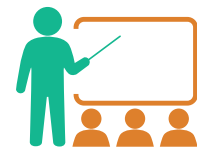
## Program Characteristics



Program eligibility is most commonly based on child age and whether the parent is enrolled at another service at the same organization.



Programs served the most families in 94063 (Redwood City), 94303 (East Palo Alto), and 94401 (San Mateo).



Early Head Start Home-Based Option is the most commonly used evidence-based model. Over a third of programs use other, evidence-informed models.



Most programs provide families with weekly home visits. Parents and home visitors prefer this frequency of visits.



Home visitors and parents have similar racial/ethnic backgrounds and speak many of the same languages.

## Coordination

Home visitors and families want a more cohesive continuum of care. Home visiting programs have little in common when it comes to intake, screening and assessment tools, and data systems. In alignment with published research, some home visitors suggest that they can play the role of liaison between families and services to improve communication and coordination across programs. A shared data system and more funding would aid and sustain these coordination efforts.

First 5 San Mateo County  
**Home Visiting**  
**Environmental Scan**

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Developed by



Hamai  
Consulting



## Acknowledgements

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- Gina Almaraz
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- Mayra Ruiz Soto

## Background

Early childhood home visiting helps children and families overcome barriers to their health and well-being. In home visiting programs, a support person (the home visitor) provides holistic support to families when and where services are relevant and needed (e.g., the family's home). The importance of home visiting only increased during the COVID-19 pandemic. Home visiting programs help families navigate the different service systems and supports during crisis and transition.

In October 2019, the First 5 California (F5CA) State Commission approved Home Visiting Coordination Grant (HVCG) funding up to \$24 million for FY 2019-20 through 2024-25 to help counties create a sustainable, coordinated local home visiting system that supports families with the services they need and maximizes available funding to serve more families. First 5 San Mateo County (F5SMC) is one of the counties that received funding under this initiative.

F5SMC and the other HVCG recipients are working to create a sustainable, efficient, and integrated home visiting. In most California counties, home visiting programs operate as separate and distinct programs when they share many goals, principles, and desired outcomes across both home visiting and other maternal and infant health services and supports.

Therefore, F5SMC convened a group of community partners who serve families in the county and formed an Improvement Charter to guide this collaborative work.

The goals established for F5SMC's HVCG local action plan include:

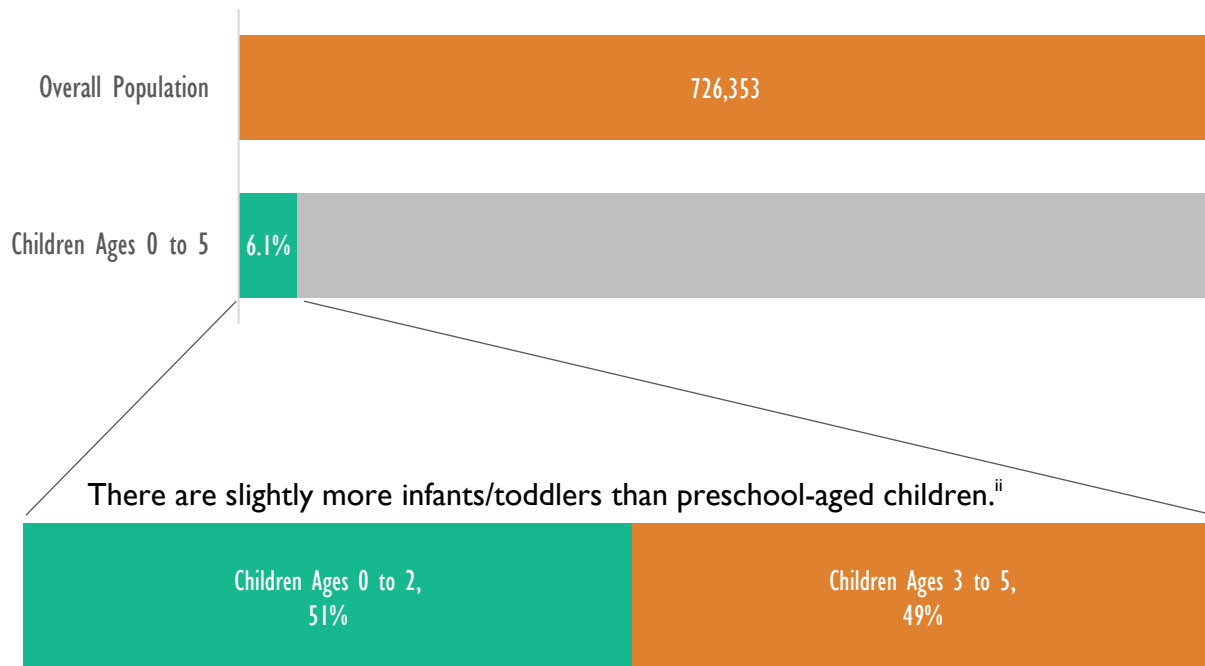
1. Build or strengthen the county-wide vision for how a coordinated local early childhood development and family support system, including home visiting, can address the needs of families impacted by COVID-19.
2. Determine scope and effectiveness of existing home visiting programs and family support services designed to help families in crisis, and expand access to home visiting and other family support services, as needed, to help families recover from the effects of the COVID-19 pandemic.
3. Strengthen (or rebuild) coordination and alignment across home visiting and family support agencies to address the effects of the pandemic on family support systems.
4. Strengthen (or rebuild) early childhood development and family support systems by embedding home visiting as a critical component to helping families recover from the effects of COVID-19.
5. Advance family-centered and trauma-informed practices within home visiting and family support services.

To inform county-wide actions toward reaching these goals, F5SMC partnered with Hamai Consulting to conduct an environmental scan of local home visiting programs in 2020-21 and to update the environmental scan in 2024.

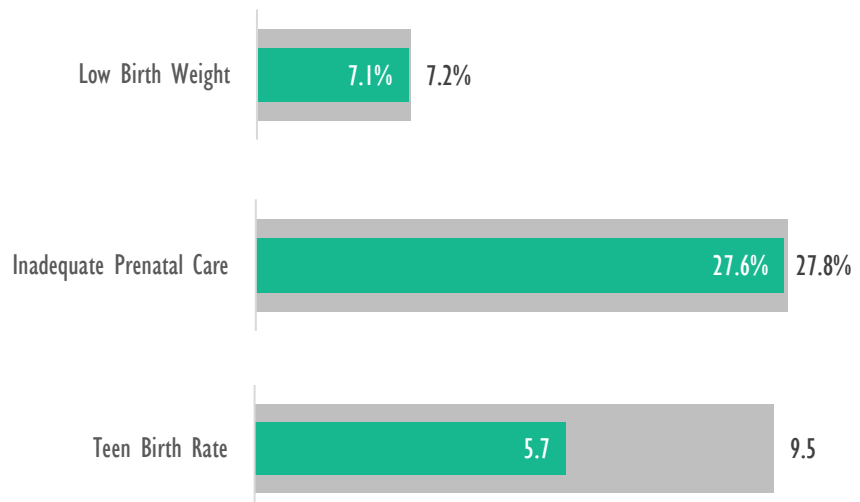
# Landscape of Expectant Families and Families with Young Children

San Mateo County is located between San Francisco and Santa Clara County and includes the majority of the land area of the San Francisco Peninsula.

The **overall population** is 726,353 (2023)<sup>i</sup>, of which 6.1% (approximately 43,991) are **children birth to age 5**.<sup>ii</sup>



The percentages of infants with a low birth weight and mothers who did not receive adequate prenatal care in **San Mateo County** are similar to the statewide percentage, while the teen birth rate is better than for California overall.<sup>iii</sup>



Most young children have basic access to health care. **4%** of children ages 0 to 5 are uninsured and **4%** of kindergarteners do not have their required immunizations.<sup>iv</sup>

However, many families with young children likely experience high levels of stress, given the levels of resources available to families.

**39%** of families with children are not earning wages adequate to meet their basic needs and **6%** of children ages 0 to 5 live in households below the federal poverty level.

**31%** of students are eligible for the Free or Reduced Price School Meals Program.

**6%** of children are experiencing food insecurity, of which 27% are likely ineligible for assistance.

**20%** of children live in single-parent households.

**10%** of new mothers experience symptoms of postpartum depression.<sup>v</sup>

We selected indexes of family well-being and vulnerability to cover a broad range of indicators of need and strength that are both relevant to the impact of the COVID-19 pandemic and long-term family well-being. The map on the subsequent page shows the average of the quintiles<sup>vi</sup> across four indexes for each census tract or zip code in the county:

**Social Vulnerability Index<sup>vii</sup>:** Combines data for socioeconomic status, household composition & disability, minority status & language, and housing type & transportation. A higher quintile indicates greater vulnerability.

**Healthy Places Index<sup>viii</sup>:** Combines data for indicators within 8 areas: economics, education, healthcare access, housing, neighborhood conditions, clean environment, social environment, and transportation. A lower quintile indicates fewer assets/strengths.

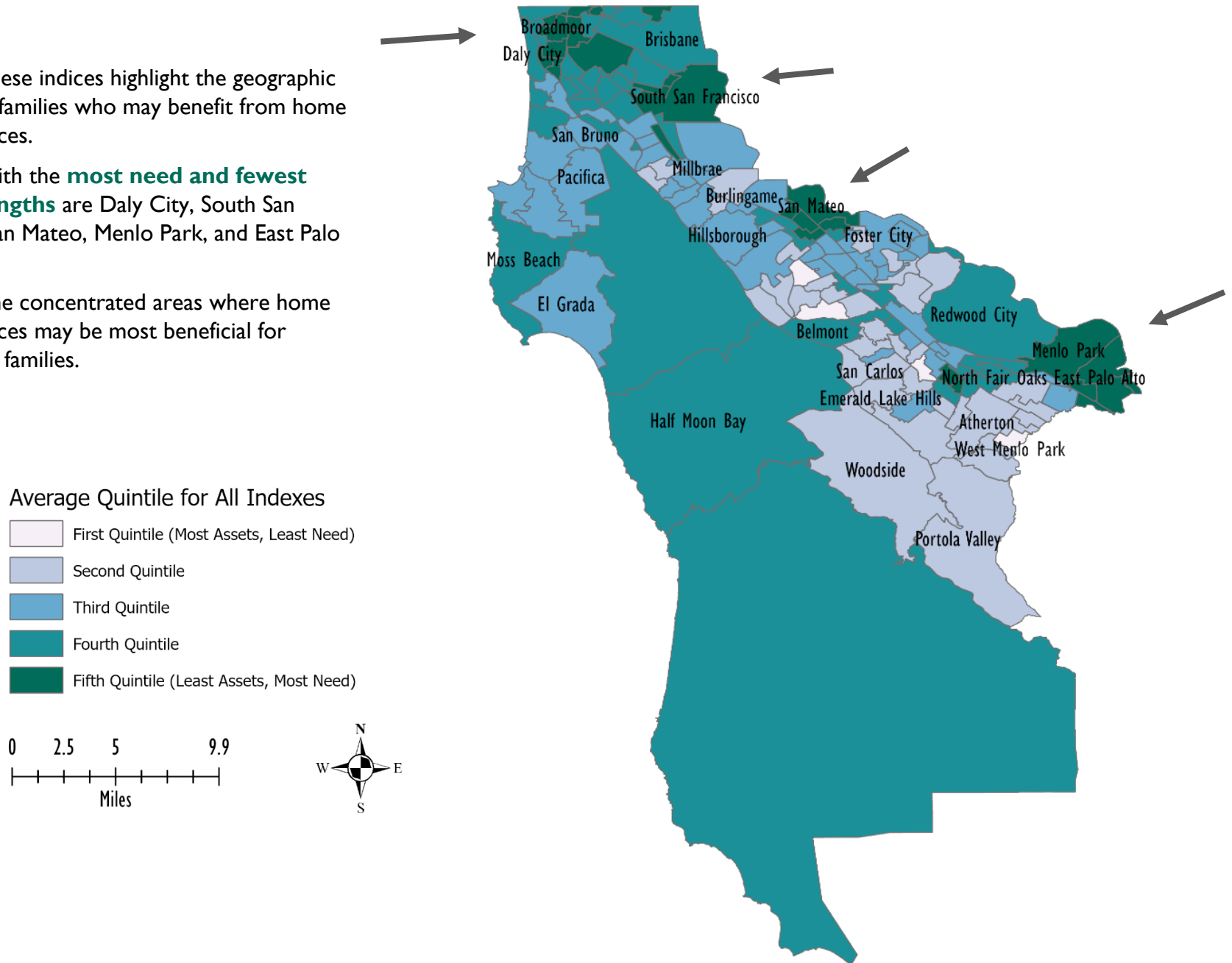
**COVID-19 Statewide Vulnerability & Recovery Index<sup>ix</sup>:** Combines data for percentile of risk of COVID-19 infection, percentile of risk of severe illness or death from COVID-19, and percentile of needs related to economic & social recovery. A higher quintile indicates greater vulnerability.

**Strong Start Index<sup>x</sup>:** Combines data for parent age and education, birth weight, complications, and transmissible infections, receipt of prenatal care, WIC, hospital with high percentage of births with timely prenatal care, can afford and access health care, and parents employment history. A lower quintile indicates fewer assets/strengths.

Together, these indices highlight the geographic locations of families who may benefit from home visiting services.

The areas with the **most need and fewest assets/strengths** are Daly City, South San Francisco, San Mateo, Menlo Park, and East Palo Alto.

These are the concentrated areas where home visiting services may be most beneficial for children and families.



# Landscape of Home Visiting Services

Home visiting is a strength-based, family-centered service delivery model in which home visitors partner with families in their home or preferred location to improve child and family well-being, health, and development. Home visiting programs use this service delivery model and:

- Serve children and families from prenatal through kindergarten entry and beyond based on family need and program guidelines.
- Include visits with families at least once a month.
- Conduct home visits at a location determined by the parent/family, preferably in the child's home or natural environment.
- Are interactive, and family centered. The following activities occur during home visits (not necessarily every visit):
  - Screening and assessments
  - Individualized, targeted support
  - Resource and referral
  - Building the partnership and relationship with the family
  - Information sharing and goal setting

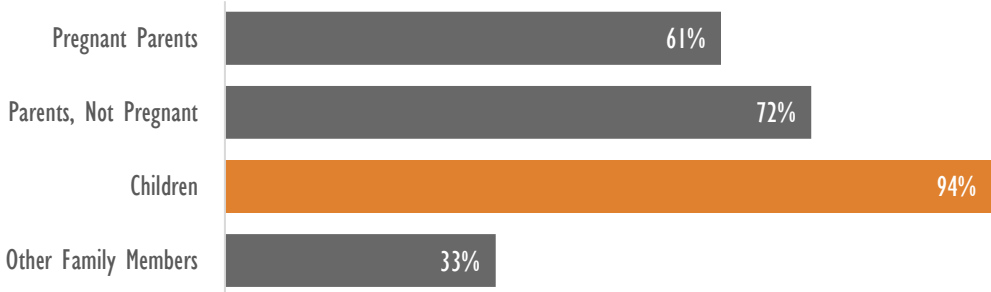
There are 19 programs that provide home visiting services in San Mateo County.<sup>xi</sup>



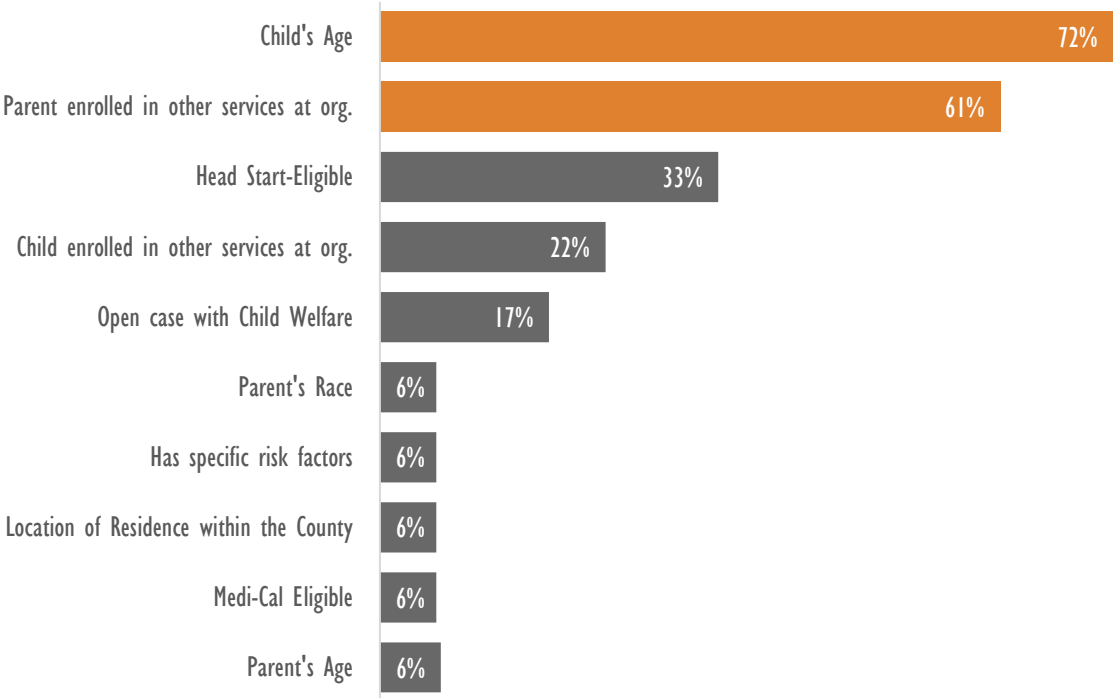


# Program Eligibility

Home visiting programs primarily intend to serve **children**.



Eligibility for home visiting programs is most frequently based on **child age** and whether the **parent is enrolled in other services** at the same organization.<sup>xii</sup>

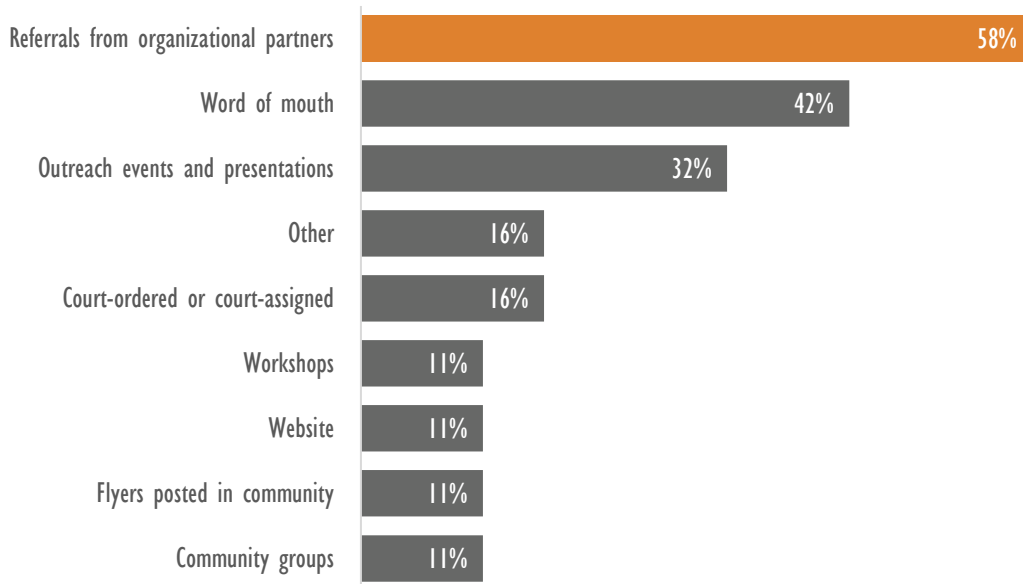


The Child and Family Services Public Health Nursing program is the only program that court-mandated for all the families that they serve, while 4 other programs serve some (2% to 70%) court-mandated families.

Programs primarily use referral or intake forms (along with any attachments, such as income verification) to determine eligibility. One program has a Psych. Social Worker conduct an assessment for eligibility. One program connected to child welfare services completes a Comprehensive Assessment tool using the referral information along with the case information and prior reports in the Child Welfare System Case Management System.

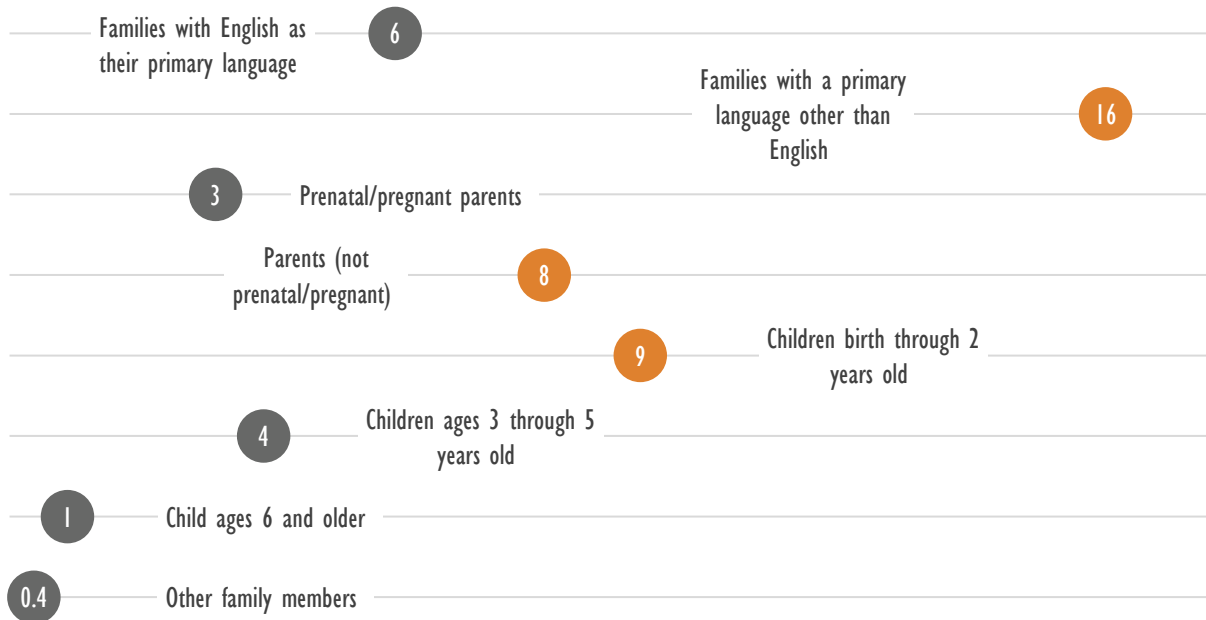
## Recruitment and Enrollment

Most home visiting programs recruit families through **referrals** from organizational partners.



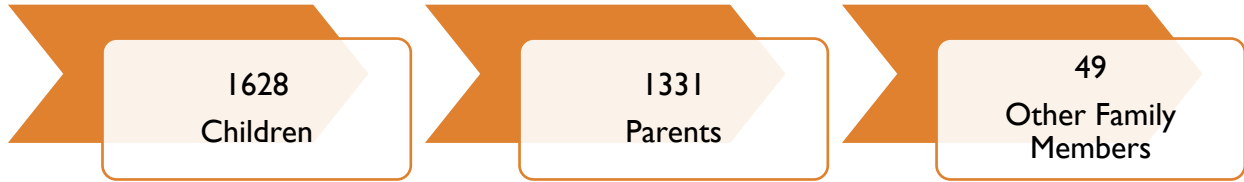
Home visiting programs receive 14 referrals, on average (ranging from 1 to 52), of which 77% end up enrolling in the program (ranging from 7% to 100%).

Average new enrollment per month is highest for **families with a primary language other than English, parents** (not prenatal/pregnant), and **children birth through 2 years old**.

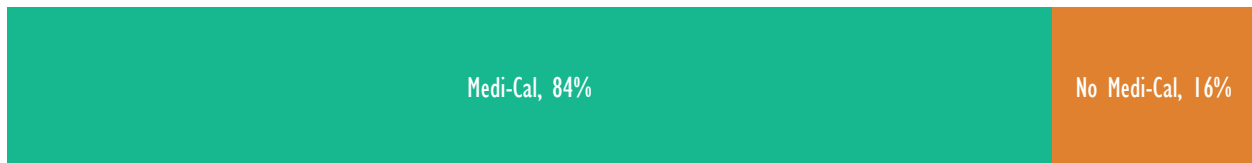


## People Served by Programs

San Mateo County home visiting programs served 1385 families in 2023.

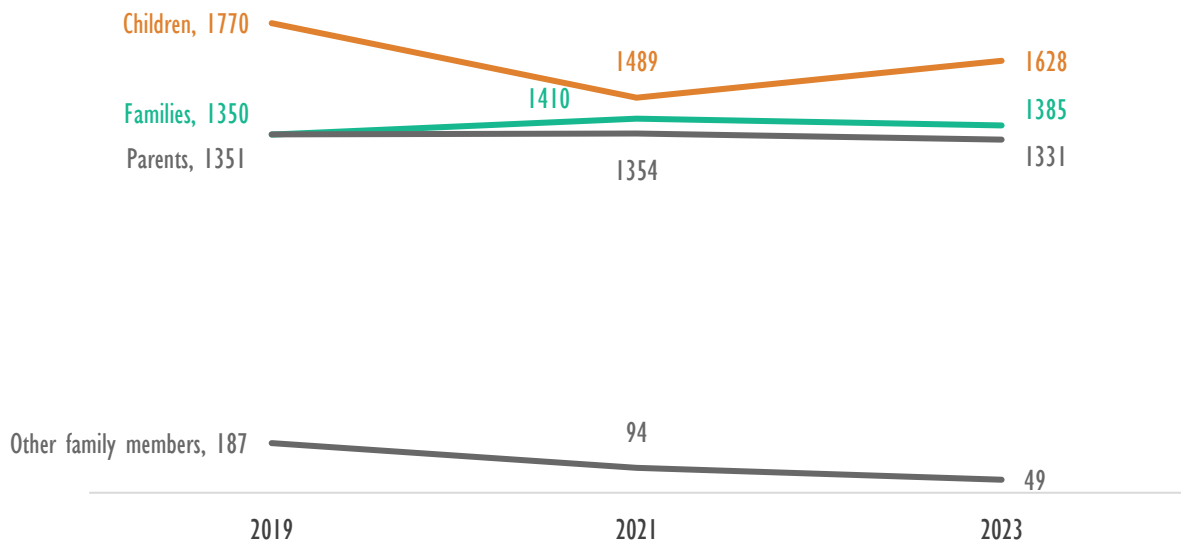


Most of the families in home visiting programs have or are eligible for **Medi-Cal**.



Programs served the most clients in 94063 (Redwood City), 94303 (East Palo Alto), and 94401 (San Mateo).<sup>xiii</sup>

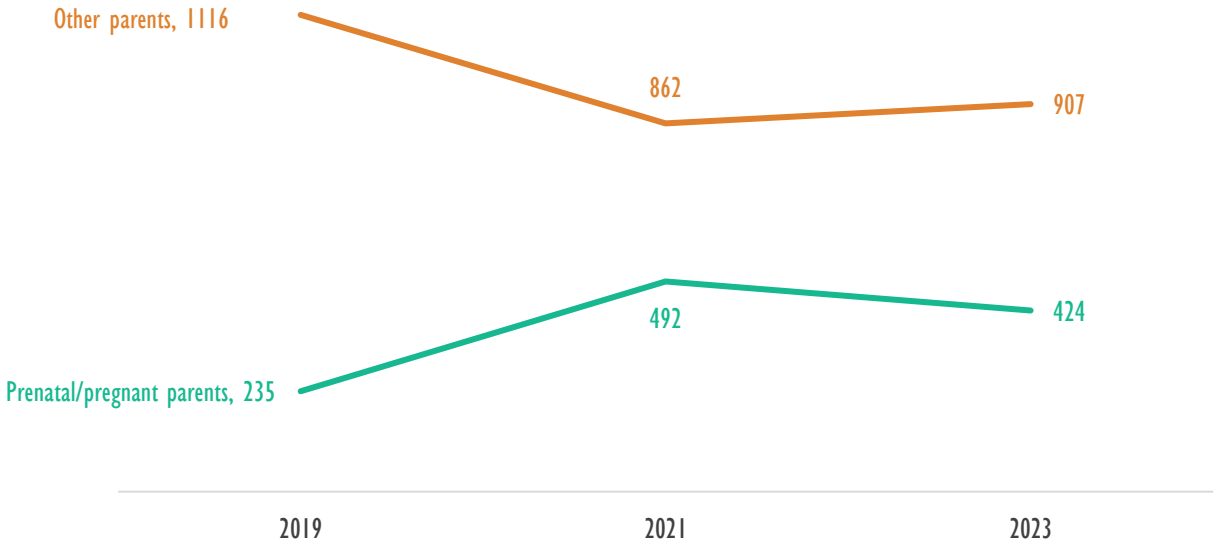
The number of **children** served by home visiting programs declined during the pandemic and has not fully recovered, while the numbers of **families** and **parents** served have been stable over time.



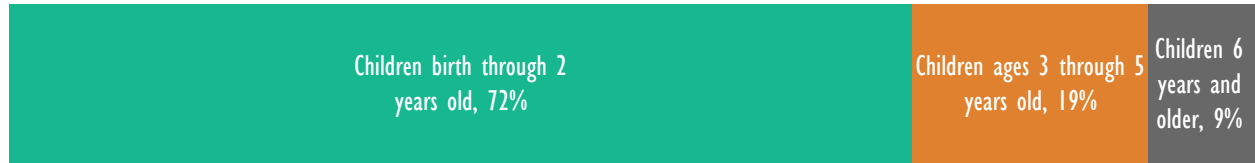
Programs serve more **parents after the birth of their child** than **parents who are pregnant**.



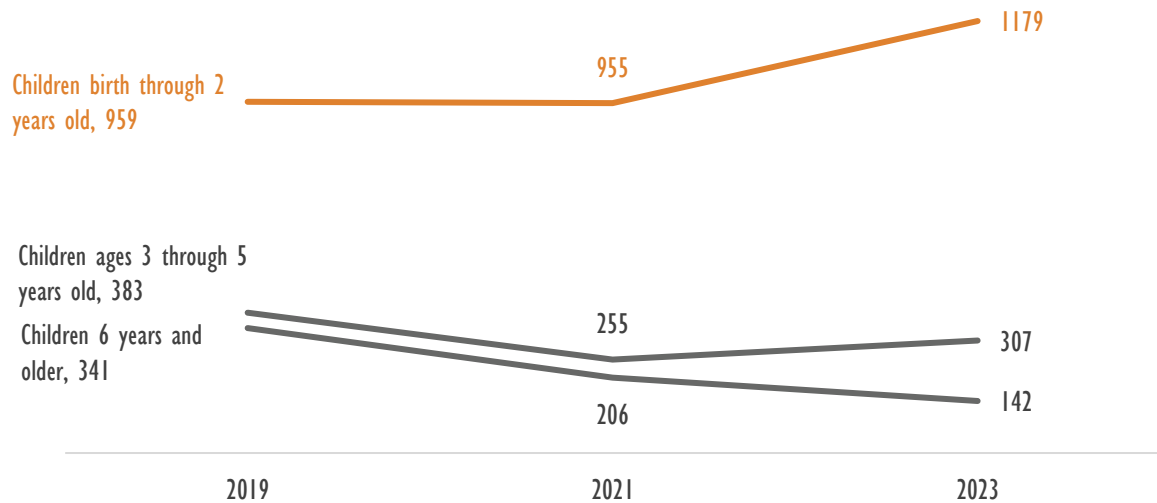
The number of **parents after the birth of their child** served by home visiting programs declined during the pandemic while the number of **parents who are pregnant** increased during the pandemic.



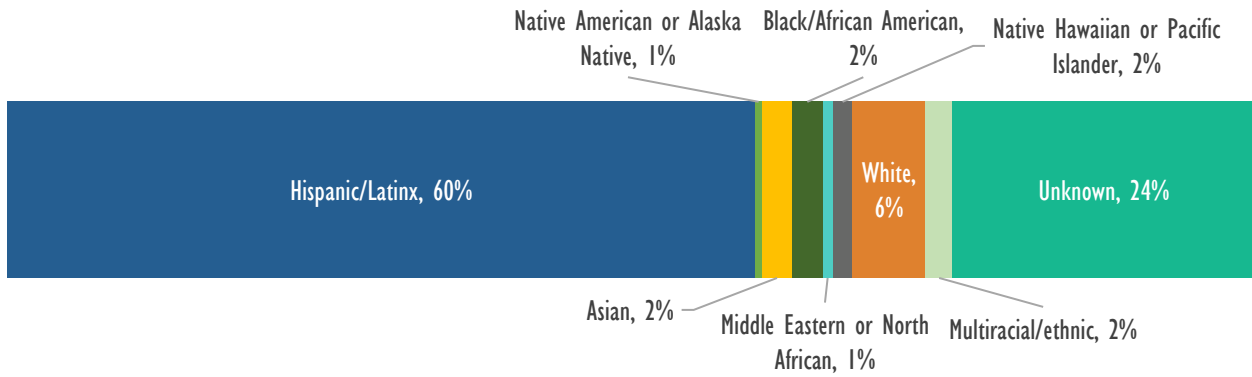
Programs serve more **infants/toddlers** than older children.



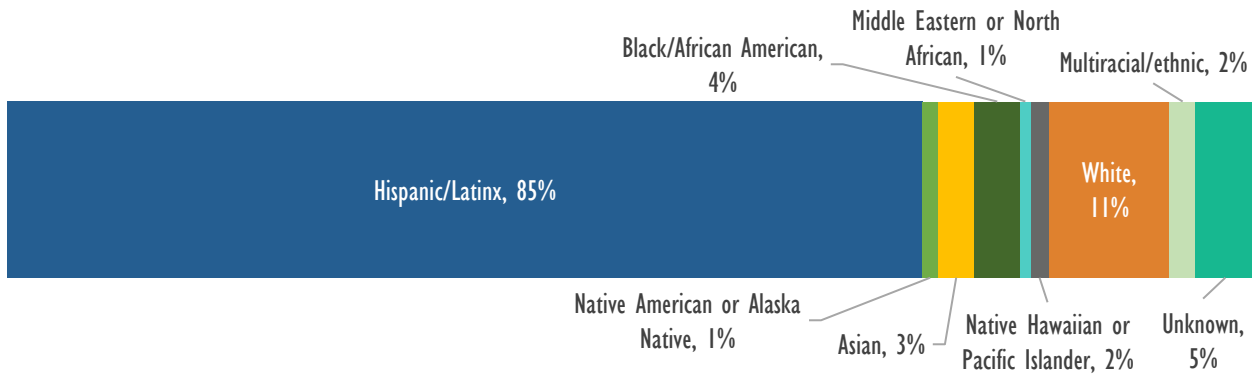
The number of **infants/toddlers** served by home visiting programs increased after the pandemic.



Home visiting programs serve more **Hispanic/Latinx** children than children of other races/ethnicities.



Similarly, programs serve mostly **Hispanic/Latinx** parents.



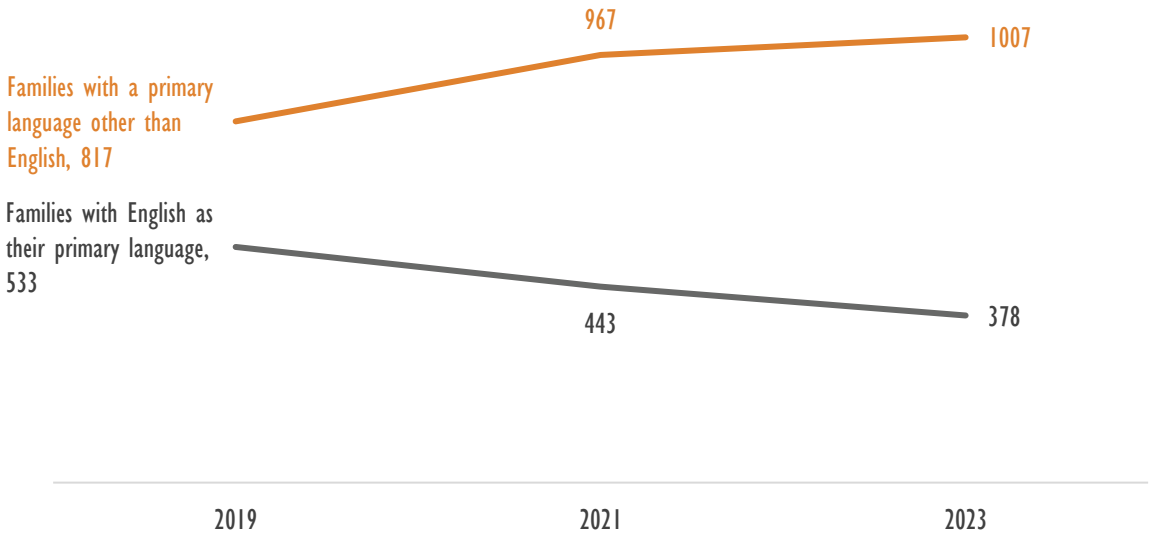
Most families in home visiting programs have a **primary language other than English**.



Most families in home visiting programs speak **Spanish** as their primary language.



The number of **families with a primary language other than English** served by home visiting programs has increased since 2019, while the number of **families with English as their primary language** has decreased.



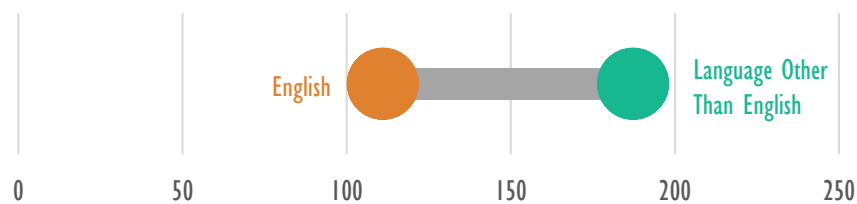
## Capacity

Most programs are currently at capacity and **have a waitlist**, as compared to 2021, when only 31% of programs reported having a waitlist.

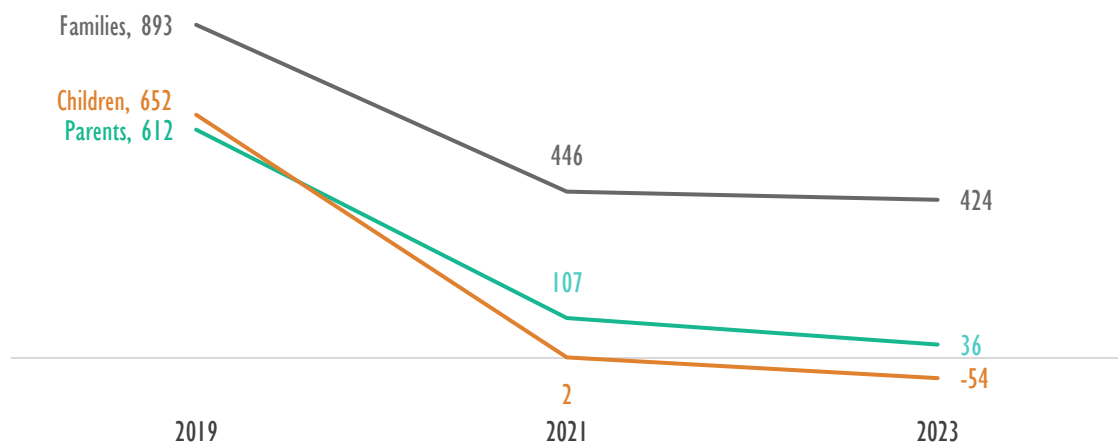


In 2021, home visitors explained that some programs are not at capacity due to eligibility requirements, outreach, pandemic worries, fear of government action/deportation if undocumented, and families’ lack of knowledge about existing programs. They suggested for programs to (a) expand so more families can participate, and (b) allow parents who feel they need the help to stay in the program after their child turns 4, to increase enrollment.<sup>xiv</sup>

The average wait time for families with English as a primary language (average 111 days, ranging from 28 to 231 days) is 76 days shorter than the average wait time for families with a language other than English as their primary language (average 187 days, ranging from 91 to 384 days).

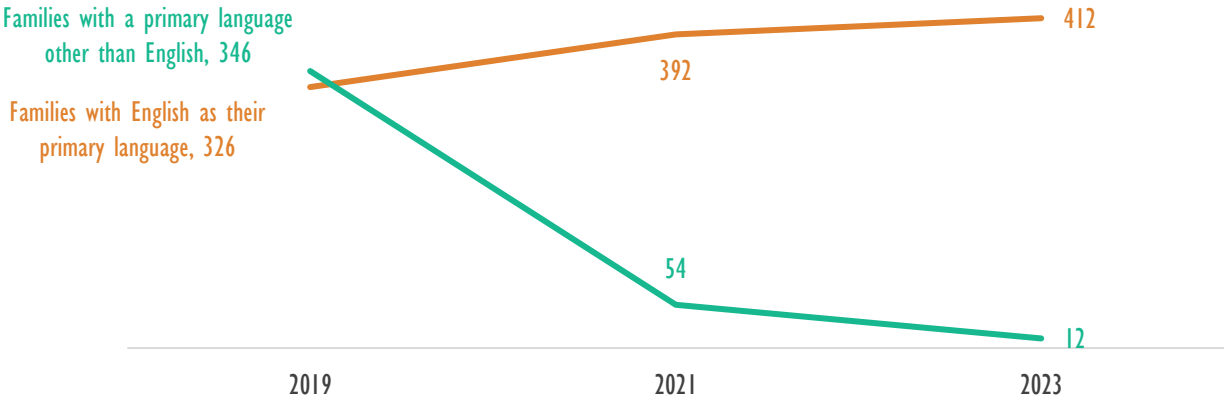


The difference between capacity and actual served was positive in 2019 (i.e., there was more capacity than **families**, **children**, and **parents** actually served), but the surplus declined over time and programs are now stretching to serve more **children** than they have capacity for.





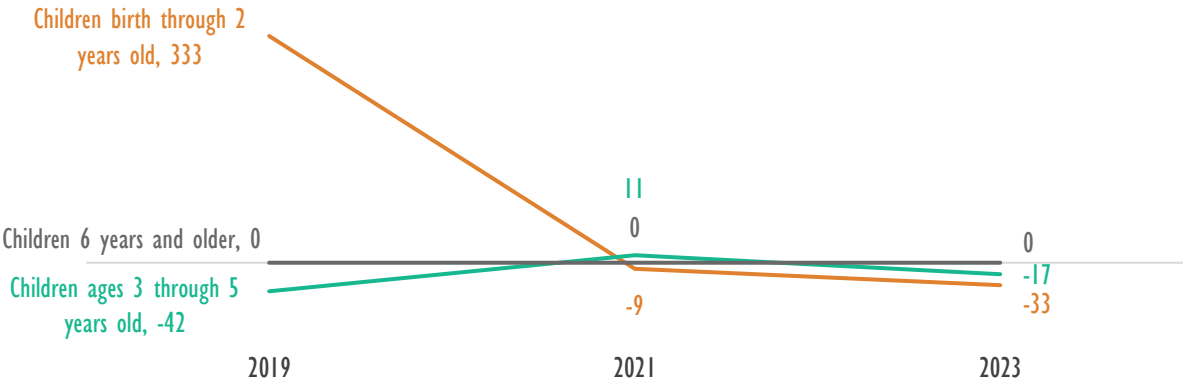
The difference between capacity and actual served for **families with English as their primary language** has increased since 2019 (i.e., there was more capacity than families actually served), but the surplus has declined over time for **families with a primary language other than English**.



Surplus capacity to serve parents has declined over time and programs are now stretching to serve more **parents after the birth of their children** than they have capacity for.

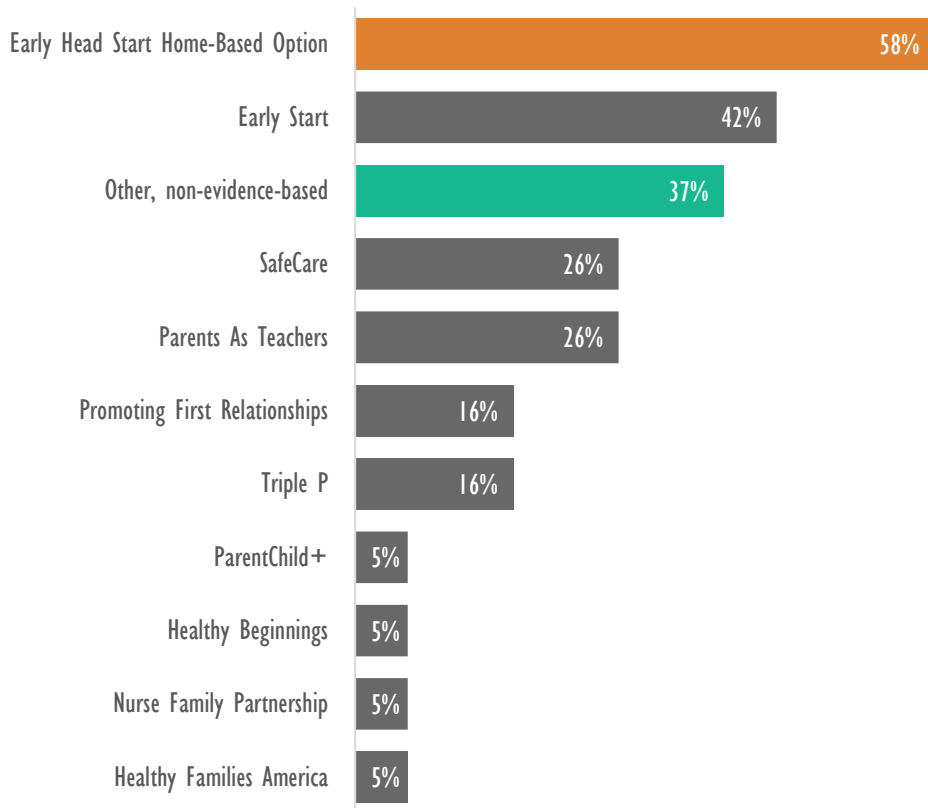


The surplus capacity to serve children seen in 2019 has disappeared and programs are now stretching to serve more **infants/toddlers** and **preschool-aged children** than they have capacity for.



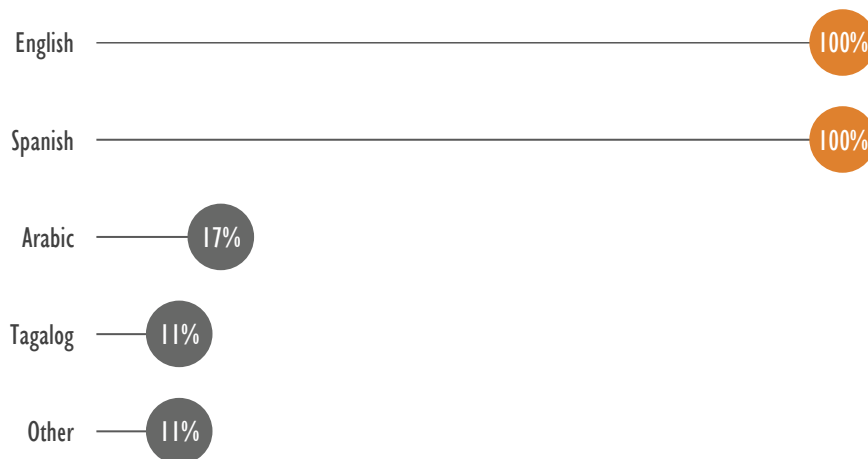
## Program Model and Characteristics

There is a wide variation of models/curricula used across home visiting programs in the county. The most used evidence-based model is **Early Head Start Home-Based Option**. Using the U.S. Department of Health and Human Services' list of evidence-based home visiting programs models,<sup>xv</sup> over a third of programs use **non-evidence-based models**.

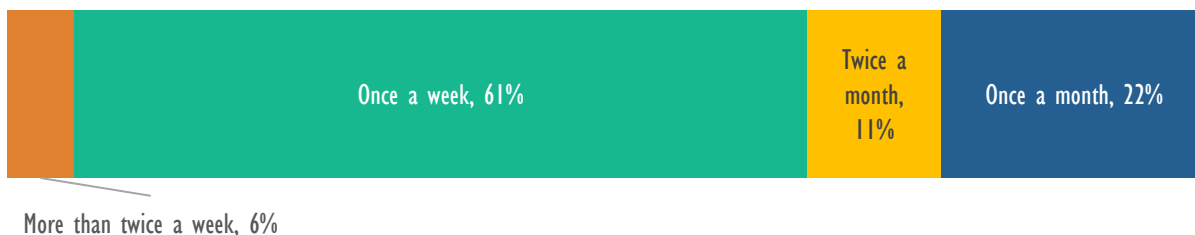


This definition, however, is very specific and many of the non-evidence-based models are evidence-informed, promising practices, or evidence-based using other definitions. The non-evidence-based models/approaches used by programs in San Mateo County include Child-Parent Psychotherapy (CPP), Circle of Security, Dyadic Assessment of Naturalistic Caregiver/Child Interaction (DANCE), Growing Great Kids, Life-course perspective, Loving Solutions, Motivational Interview, Nurturing Parenting, Partners in Parenting Education (PIPE), Positive Discipline, Reflective Practice, STEP, Strength-Based & Parent Project, Touchpoints, Trauma-Informed Cognitive Behavioral Therapy, Trauma-Informed Systems, and internally developed curriculum addressing the needs of their population.

All programs are available in **English** and **Spanish**, and some programs are available in **Arabic**, **Tagalog**, and **other** languages.



Most programs provide families with **weekly home visits**.



Most parents reported feeling that a 60- to 90-minute visit once per week is sufficient.<sup>xvi</sup>

Home visiting providers agreed that visits once a week sufficed without placing unreasonable demands on the families. Their high case load coupled with paperwork requirements place limits on the number of times a visitor could see their families; however, one provider shared that once a week was not enough because sometimes a parent would request more time.<sup>xvii</sup>

“I don't think it's enough, because we see them once a week, an hour and a half. I don't think it's enough to cover everything, sometimes kids want to do more or sometimes moms want more time to chat. Yes, but I also know that sometimes many of the families do not have the time, because they have other children, they have other things to attend to. I think it would benefit, but it would also have to depend on the families, if they are willing.”

Home visitors suggested that visitation schedules follow schools' yearly programming with breaks in the summer to avoid burnout. A couple of providers pointed out that:

“The problem with our program is 12 months. And I felt that multiple time is like, at the end in summertime, the families are tired. They don't want to do it because the other sibling is off. I wish that we can finish June 15, for example, and give us at least one month free like teachers. Because the parents they feel, oh, summertime. Oh, I don't want a home visit. They start canceling in the summertime more than any time ever.”

They used phone calls, Zoom, text messages, and emails in addition to in-person visits to connect with families. Using technology to communicate with families during the pandemic made it fast and easy for home visitors to tell parents where they could get diapers, money, food, and other resources.

Home visitors found the very fast switch from in-person to virtual services during shelter-in-place to be stressful and somewhat difficult. After the initial shift, home visitors experienced increased convenience and efficiency using Zoom, texts, or the phone, but still felt that in-person visits were necessary, especially when doing activities with children. They saw the pandemic experience as an opportunity to explore if a hybrid approach would increase efficiency and convenience while still allowing for high quality, in-person services to be delivered to families. They noted, however, that state and federal laws may prohibit virtual visits.

For some parents, it was easier to speak to their home visitor on the phone because of their busy schedules. Yet, when it came to interacting with the children, parents preferred in-person visits.

“It was exciting for me and my daughter to wait for the teacher for the first time, as the other moms say. After the pandemic, being in front of the screen is not the same as her coming personally. Yes, it was something exciting to tell my girl, "Teacher [Name] is coming." It's nice because there are already activities with my girl, and the teacher is already present. It was very nice the first time she came here, to see her in person.”

“I was with my oldest child, last year we were there, sometimes he didn't want to work very well, he would get unfocused. He watched the computer and he wanted to watch videos, he wanted to see something else and he didn't want to participate. In person it is very different, because he sees the other person and they are more motivated.”<sup>xviii</sup>

Many parents expressed the desire to connect with other parents either virtually or in person. One group of parents shared that they participated in Zoom meetings where they had the opportunity to make friends with other mothers, exchange experiences and resources, and support each other. One parent expressed her desire to be with other mothers that spoke her language and shared her culture.

Providers and parents agreed there are pros and cons to virtual home visiting.



**Pros**



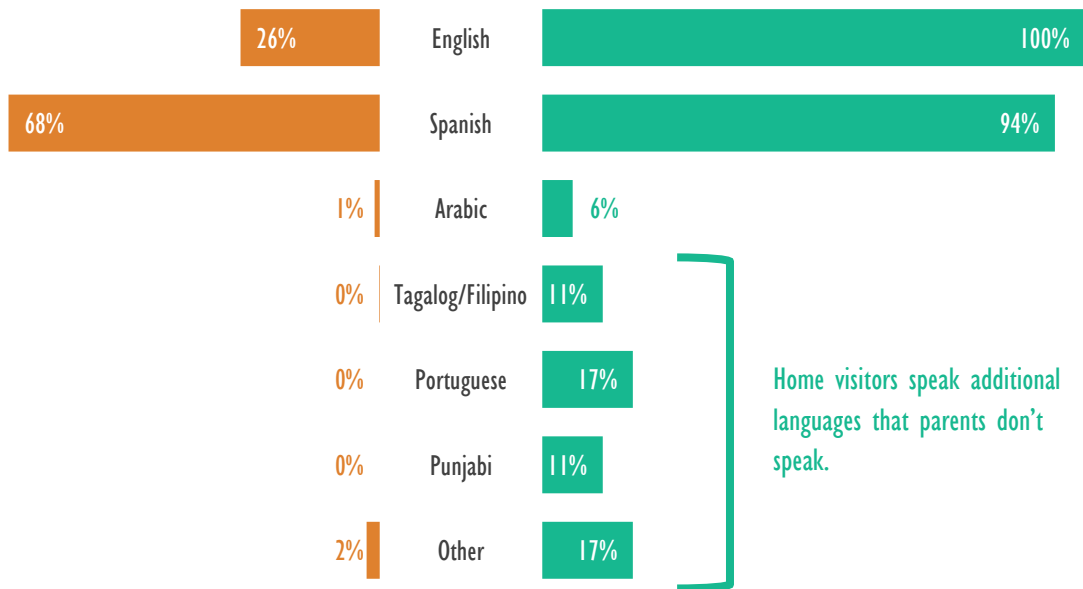
**Cons**

- No need for transportation or commute
- Increased family flexibility for scheduling
- Able to reach families throughout the county
- Technology Issues
- Too much screen time
- Children are less engaged, attentive, and interactive

## Cultural Relevance

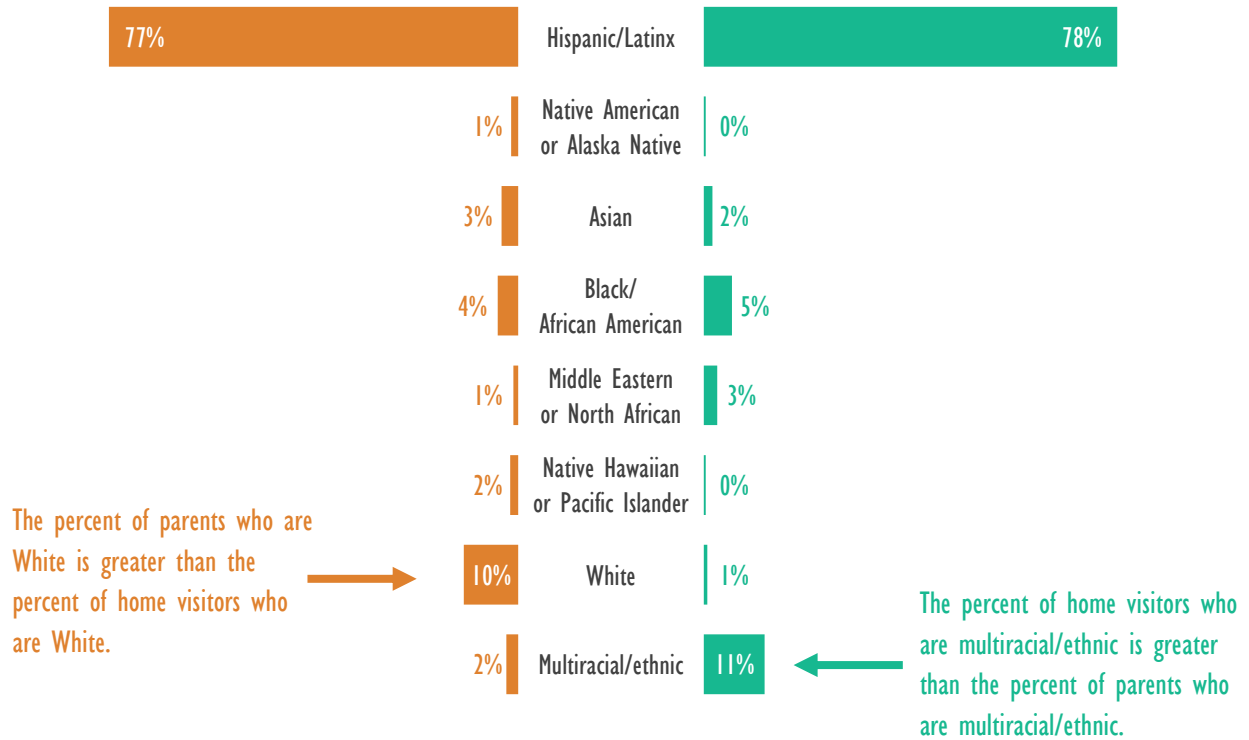
Most (83%) programs report that they maintain cultural relevance of services by matching the languages spoken by families and the language of services (through bilingual home visitors or interpretation).

**Home visitors** speak English and Spanish, the same languages spoken by **parents**.



Almost a third of programs match the families’ and home visitors’ cultural backgrounds.

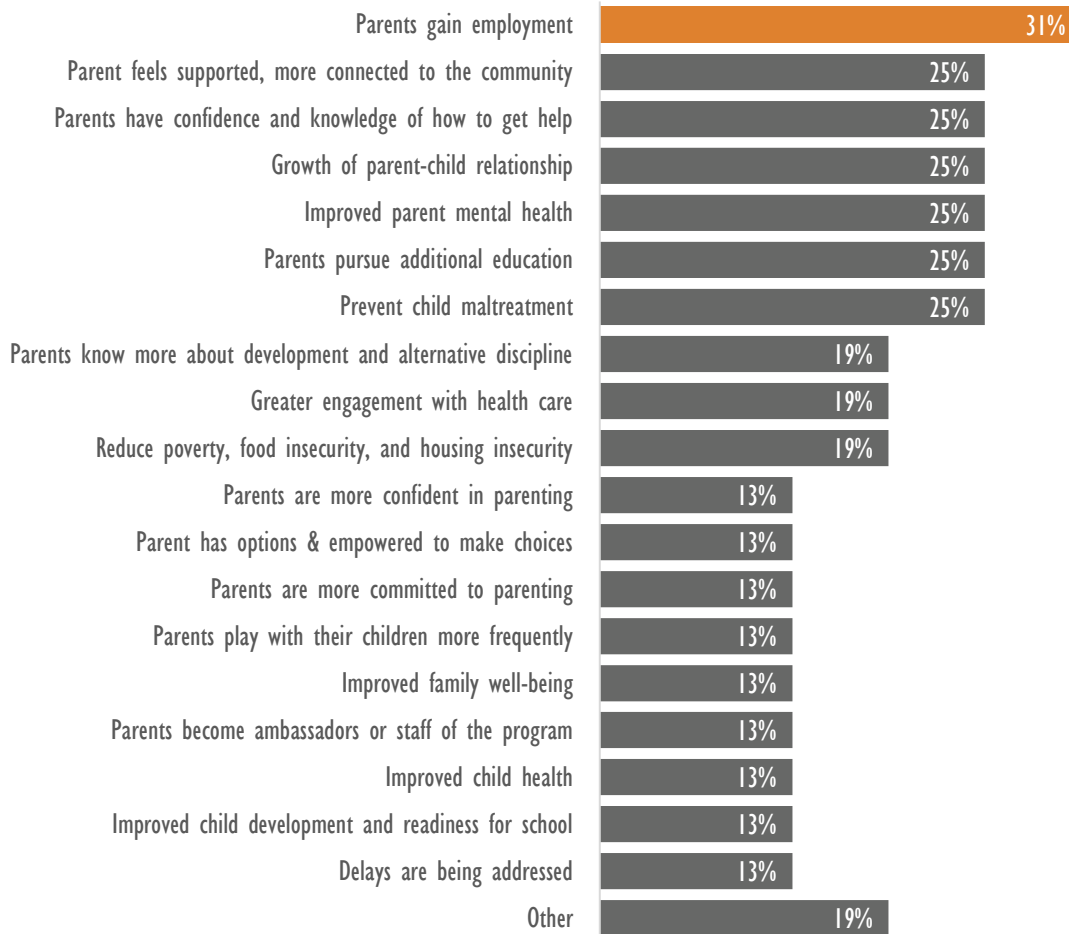
**Home visitors** tend to have similar racial/ethnic backgrounds as **parents**.



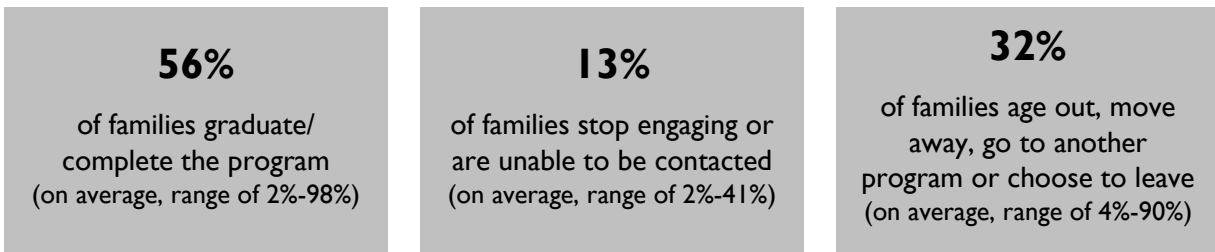
A few programs described other methods of maintaining cultural relevance of services, including providing materials in multiple languages, requiring staff complete trainings about cultural humility and diversity, involving families in the program (e.g., asking for input and feedback, having parents on the board of directors), allowing parents to choose activities that align with their cultural values and practices, incorporating families’ beliefs, culture, and background into services. One program offers monthly Diversity, Equity, and Inclusion events that involve cultural foods, clothing, and dances, with methods of cultural celebrations selected by families at enrollment. Another program emphasized that they maintain cultural relevance by basing the services on family need.

## Outcomes

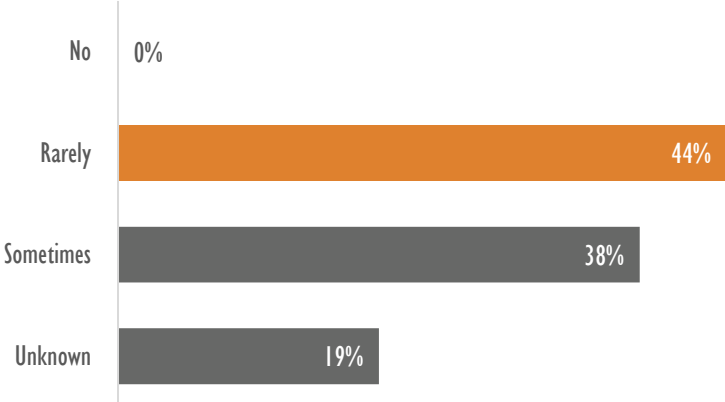
The most common intended outcome of home visiting programs is that **parents gain employment** as a result of participating in their programs.



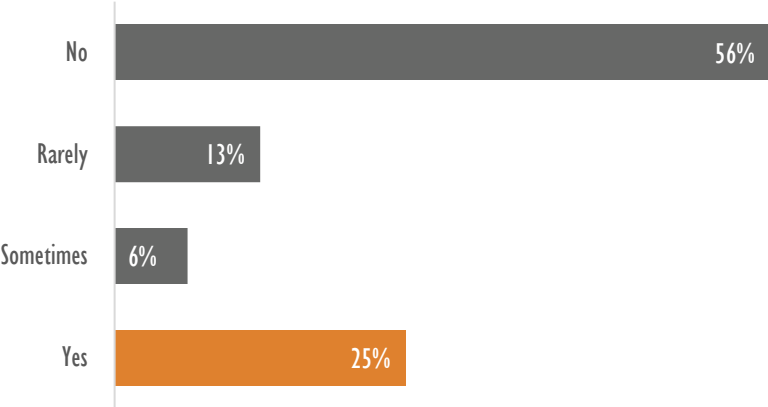
Over half of families graduate from or complete the program, suggesting that they achieve these intended outcomes.



Before enrolling in a program, families were **rarely** in a previous home visiting program.



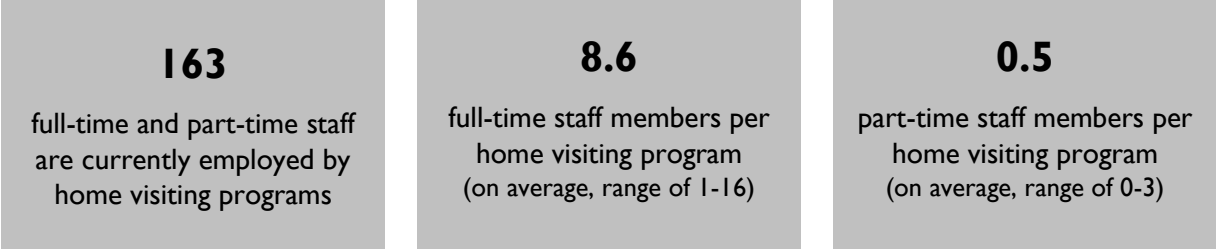
A quarter of programs have families who are **enrolled in other home visiting programs** while concurrently enrolled in their program.



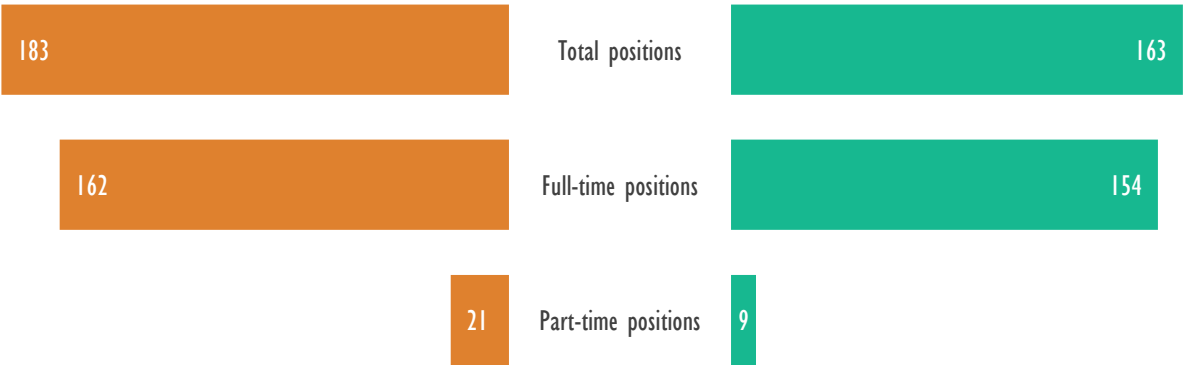


# Home Visiting Workforce

The current home visiting workforce is primarily full-time staff.



Almost all (95%) **available** full-time positions are **currently filled**, while less than half of **available** part-time positions are **currently filled**.



The average caseload for a home visitor is 14.6 (ranging from 1.5 to 30 cases).

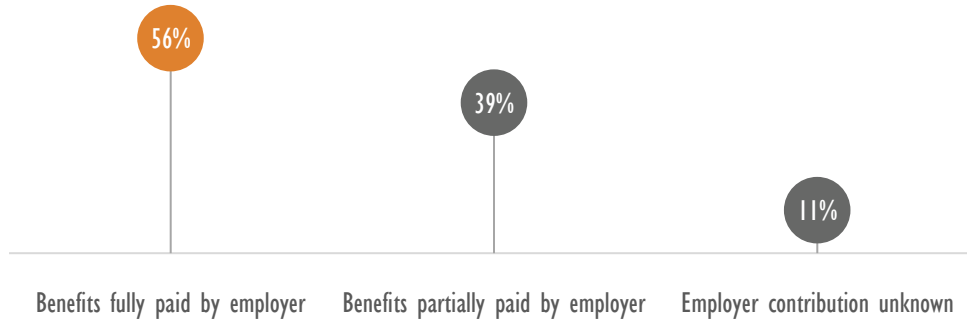
Home visiting staff are currently paid an average of \$3.79 more than their starting wage.



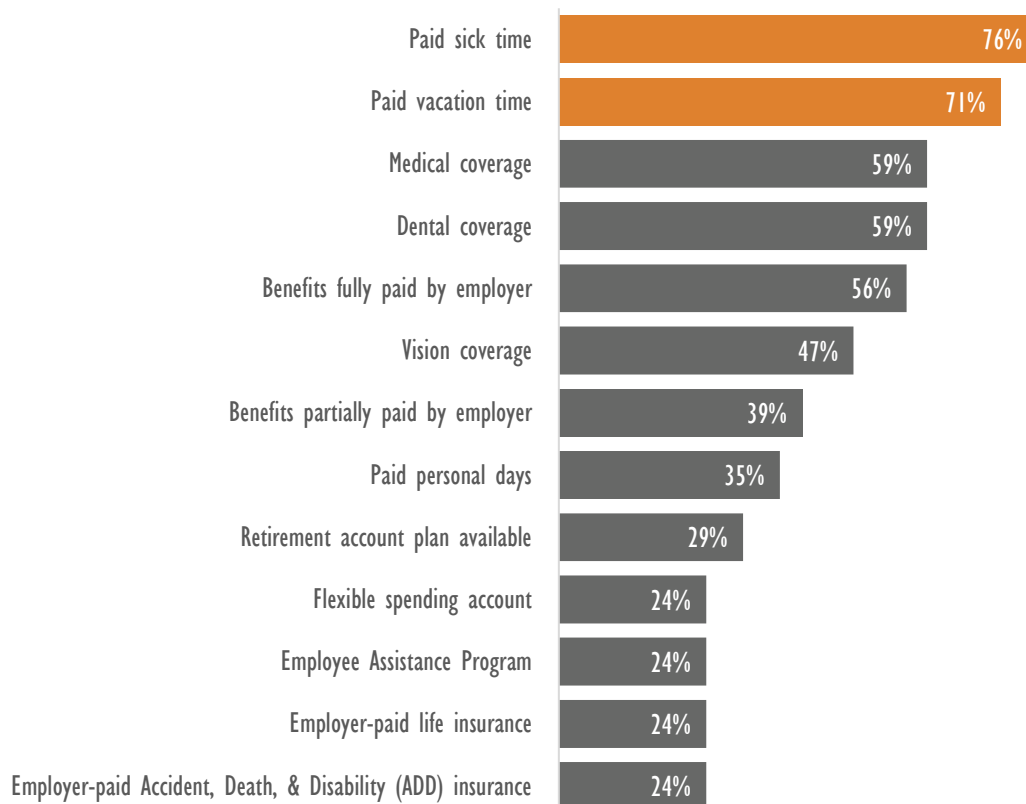
Starting wages range from \$25 to \$70.66 per hour and current wages range from \$27.50 to \$83.35 per hour, depending on the role and program.

Almost all home visiting programs (94%) offer some benefits to their employees.

More than half of **employers fully pay** for the benefits they provide employees.



The most common benefits home visiting programs provide their employees are **paid sick time** and **paid vacation time**.



## Coordination of the Home Visiting System

Home visiting programs vary widely in their goals and target populations. Some programs are designed to identify and address at-home risk factors (e.g., environmental hazards, mental health), while others provide services such as maternal mentoring and coaching, or mental health interventions.<sup>xxix</sup> Variations from program to program, along with the separation of service delivery across different organizations and systems, can create a disjointed and unsupportive experience for families.

Research on home visiting programs emphasizes the importance of coordination between organizations – coordination that promotes optimization of services and enhances the emotional and physical care and well-being of program participants. Coordination of home visiting services hinges on a high level of collaboration and relationships between service providers.<sup>xx</sup> Effective collaboration that reduces duplicate services and redundant costs relies upon frequent and consistent communication between organizations.<sup>xxxi</sup>

Collaboration requires the renegotiation of professional boundaries and the development of innovative ways to work together. Relatively few home visiting programs engage in regular communication with other home visiting programs and health care providers; however, communication is more likely to occur if providers share a formal agreement, such as a Memorandum of Understanding (MOU), that outlines procedures for collaboration, screening, recording participant health outcomes, and central points of contact.<sup>xxii</sup>

Interagency collaboration is “a fluid process through which a group of diverse, autonomous actors (organizations or individuals) undertakes a joint initiative, solves shared problems, or otherwise achieves common goals.”<sup>xxiii</sup> There are nine dimensions to examine when developing interagency collaboration: (1) Community involvement, (2) common goals or tasks, (3) shared responsibilities, (4) shared rewards, (5) shared resources, (6) shared authority or decision making, (7) shared evaluation, (8) shared structures, and (9) shared visions and values.<sup>xxiv</sup>

Collaboration between organizations is characterized by “mutual benefit, interdependence, reciprocity, concerted action and joint production.”<sup>xxv</sup> Organizations that adopt a culture of information exchange, formalize joint service delivery initiatives, and embrace a culture that values collaboration are more likely to be successful in care coordination efforts. If service philosophies align, it is more likely that integration and service collaboration will be successful.<sup>xxvi</sup> In the social and health care fields, coordination encourages shared care planning with participants, their families, support systems, and service organizations to coordinate services and strengthen the quality of care. Teams have clear roles and responsibilities with little to no overlap in services.<sup>xxvii</sup>

In San Mateo County, organizations serving families identified several recommendations in an Improvement Charter for facilitating and strengthening interagency collaboration:<sup>xxviii</sup>



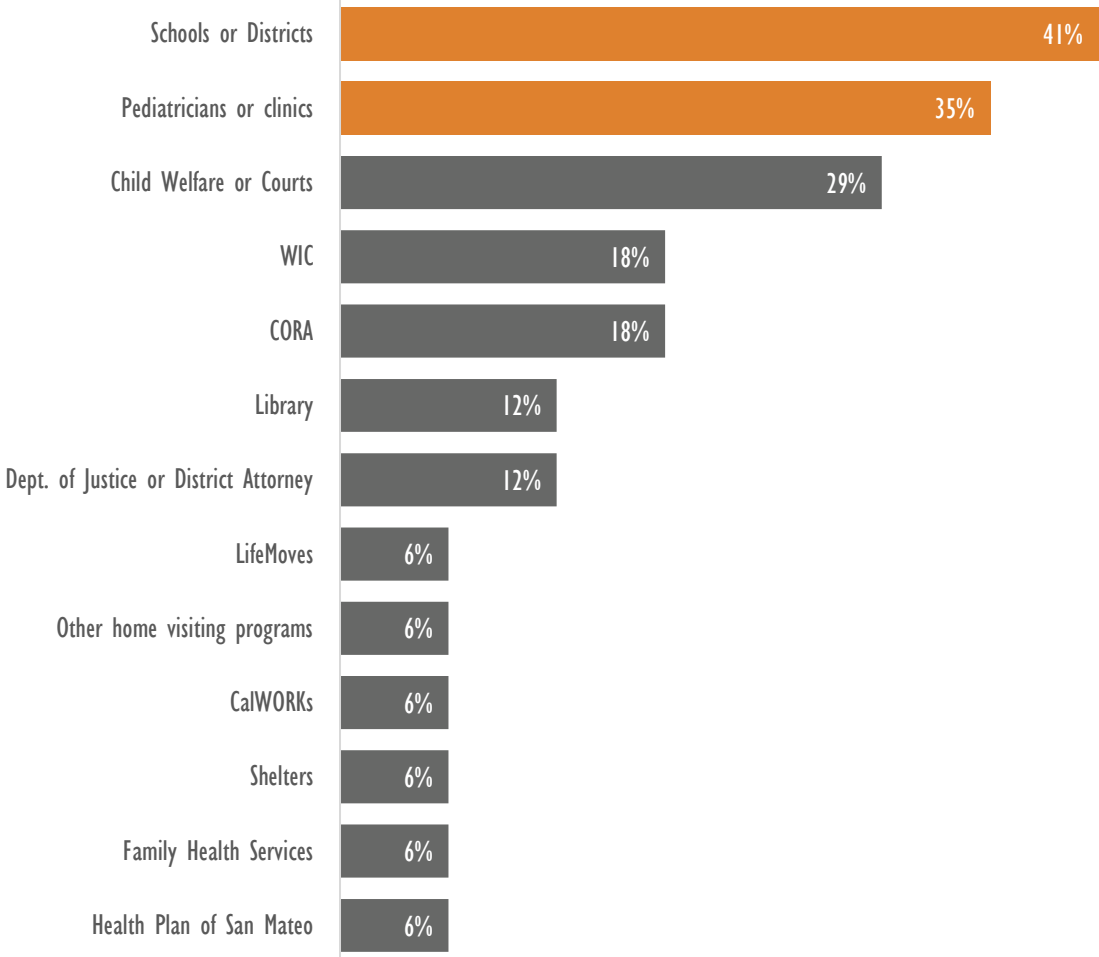
## Referral Networks with Warm Handoffs

One effective strategy for formalizing coordination is to form a network of organizations that refer families to each other's services. The American Academy of Pediatrics, Illinois Department of Healthcare and Family Services and the Illinois Department of Human Services<sup>xxix</sup> recommend that organizations collaboratively answer the following questions when setting up a referral network:

- Who is responsible for making the actual referral?
- Who contacts the resource to determine their referral procedure, availability, and eligibility in order for the family to access services?
- What must the provider/service coordinator/staff member do to effectively refer a family to a community resource?
- Who in the organization documents information on the referral form?
- Who in the organization will work with the referral source to follow-up and share information?
- What resources exist in the community to send families to?
- Does our organization have a relationship with enough resources in the community to meet the needs of our families through a referral process?
- How do we track our relationships with referral sources?
- Where is the resource inventory? Is it a database in a computer or is it merely a paper binder or a paper resource list? Is it easily accessible?
- Who oversees this process? Is there the capability for staff oversight of this referral process and resource inventory?

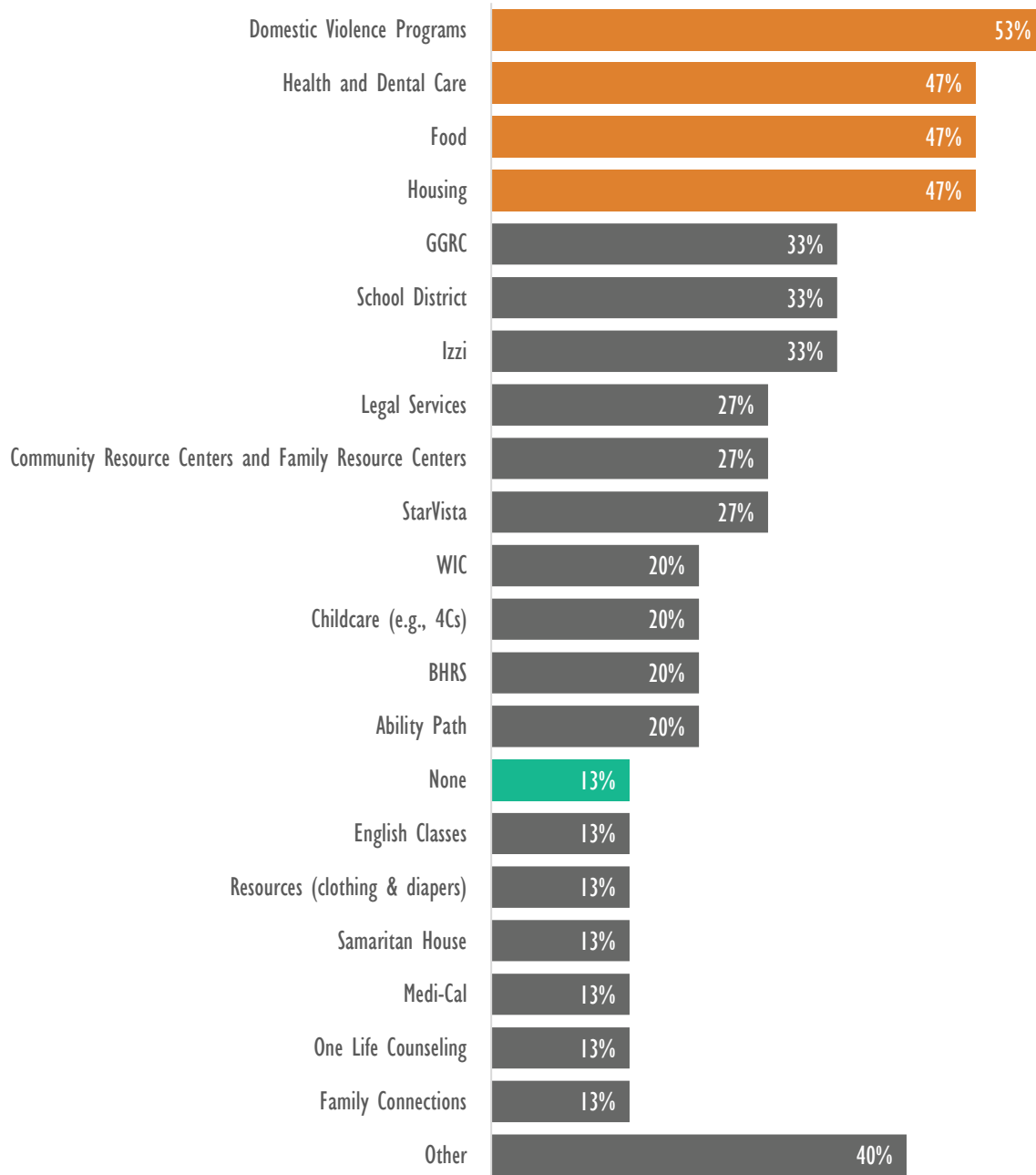
Successful referral networks include warm handoffs of families between different programs and organizations. Rather than giving the family the responsibility of connecting with other service providers, providers schedule a face-to-face introduction of the family to the new provider. Warm handoffs increase the likelihood that family concerns are communicated and appropriately addressed.<sup>xxx</sup>

In San Mateo County, most referrals are based on pregnancy status, developmental assessments, and/or family needs or requests. Home visiting programs most commonly receive referrals from **schools/school districts** and **pediatricians/clinics**.



Referrals to other agencies and services are made based on the results of assessments, family needs, home visitors’ observations, and if children are failing to progress on identified goals.

Home visiting programs in San Mateo County most frequently refer to **domestic violence programs, health and dental care, food, and housing**; however, a few programs **do not refer** to any other programs or resources.



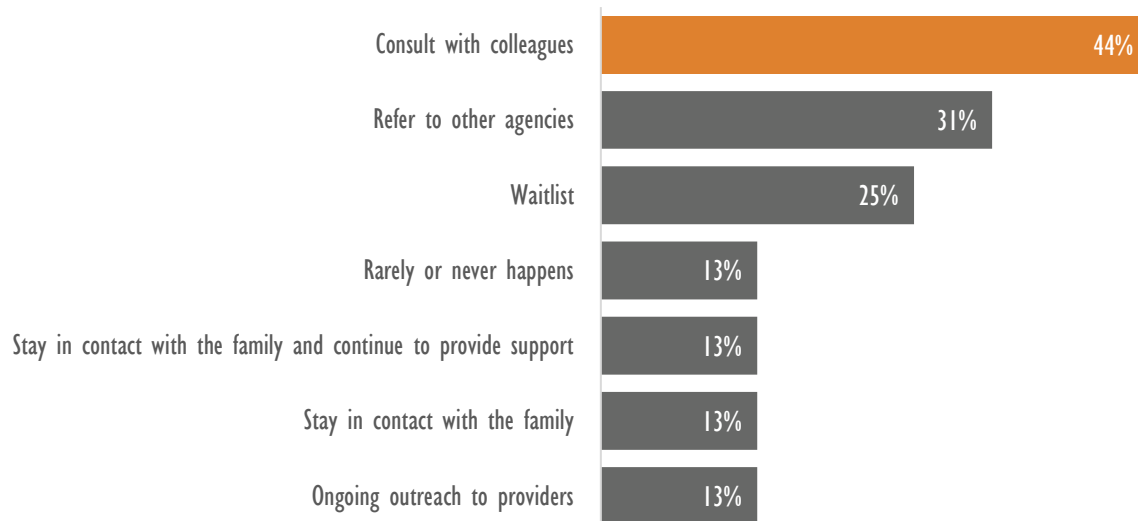
Other places where home visiting refers to include mental health and early intervention services, Help Me Grow, Coastside Hope, Job Train and Novo Works.

Home visiting programs refer families to services by completing a form, calling the program, or giving the information to the family. Only one program completes electronic referrals.

Home visitors share and follow-up on referrals with families. Almost all programs mentioned following up with the families and programs by phone and/or email. The importance of partnerships with community organizations is exhibited throughout the referral process to ensure warm handoffs. Four programs describe their referral process as a “warm hand-off.” Additionally, some providers are required to follow-up on referrals within a certain number of days.

Some parents reported that they received referrals from their home visitor and were encouraged to follow up on their own. Parents received referrals that helped them gain skills and certifications, access additional monthly funds, and get free or low-cost items for their children. When families fear government action due to documentation issues, home visitors help to facilitate and track referral connections as they have a perceived need to protect the families they work with.<sup>xxxii</sup>

If there are no relevant services available to address families’ needs, home visitors frequently **consult with colleagues** to search for options and additional resources.



## Liaisons

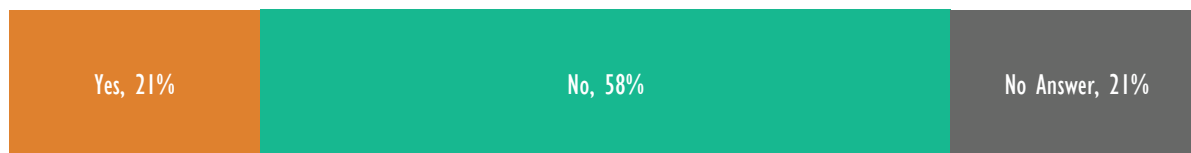
Liaison positions can strengthen coordination by facilitating communication between multidisciplinary teams, service locations, and organizations. The liaison becomes the person through which each provider and organization communicates; however, this position may also maintain the rift between organizations, as sharing of information is relegated to only a few professionals rather than becoming a function of the organization.<sup>xxxiii</sup>

One of the focus groups comprising all Arabic-speaking parents revealed how home visitors can act as liaisons to help mitigate some of the challenges they face as new immigrants, especially regarding their unfamiliarity with American systems and how to navigate them.

“When I first came here, I wasn’t familiar with the system here, so Ms. [Name] always used to be the one who kept track of these things with me, and it was very nice to know that information.”

“What made it easier for us was the language because she speaks with us in Arabic, and we have a perfect command of the Arabic language.

The majority of home visitors, however, **do not see themselves as care coordinators**, so they may not be intentionally playing the role of liaison.



## Advisory Committees

Advisory committees may offer a unique opportunity for service providers to encourage family-centered practice as part of the culture of coordination. Creating interagency committees can help overcome interdepartmental communication challenges.<sup>xxxiii</sup> Often, interagency committees are restricted to staff and managers from participating organization,<sup>xxxiv</sup> which can cause some service providers to miss critical information and feedback from families. Involving representatives from all levels of the care community in the Advisory Committee, including leadership, service providers, and families, more strongly promotes collaboration.

## Centralized Intake System

Quality of care improves when participant information, including resources and programs accessed, is regularly updated and shared between service providers; however, families enter the home visiting system through different agencies and for different services. This makes information collection and sharing inconsistent and challenging,<sup>xxxv</sup> given that relatively few home visiting programs engage in regular communication with other home visiting programs and health care providers.<sup>xxxvi</sup>

The Pediatric Association and the American Academy of Pediatrics recommends integrated computerized record systems and a joint registry for intakes and screening.<sup>xxxvii</sup> This kind of



centralized intake system gives providers the ability to offer families access to a variety of services including information, eligibility, assessment, and referrals from a single, easily accessible location. Typically, central intake locations conduct outreach services and complete a shared intake form before referring families to appropriate services.<sup>xxxviii</sup> Having central points of contact at specified offices helps organizations to overcome barriers to communication, such as physical distance.<sup>xxxix</sup>

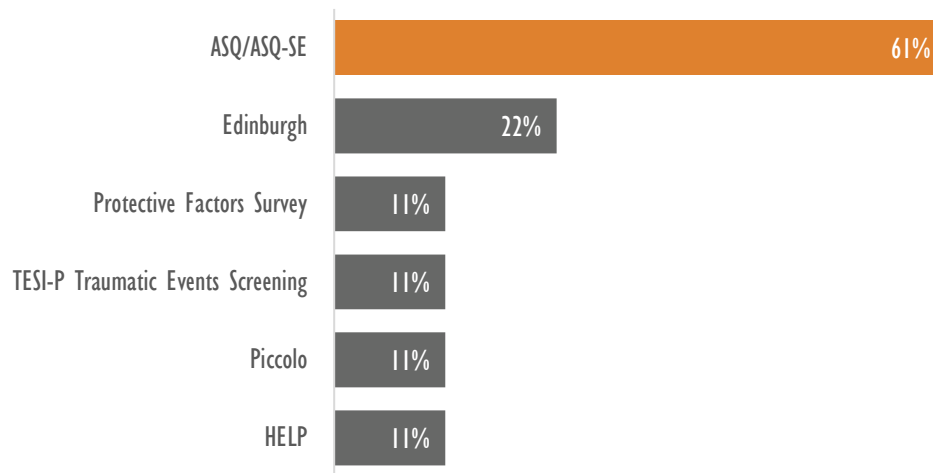
Some initiatives, such as Help Me Grow,<sup>xi</sup> suggest that a centralized intake system is a solution for interagency referrals and data sharing. For example, the Illinois chapter of the American Academy of Pediatrics and counties in New Jersey implemented a centralized intake system with the goal of integrating home visiting services throughout the state. As part of this system, they created an online toolkit to encourage a shared understanding and language across partners in the system, including information about home visiting models, examples of referral forms, and templates for interagency communication.<sup>xii</sup>

One family may have multiple home visitors and receive services from multiple agencies; thus, a centralized intake system might eliminate a family's need to re-tell their story (which might be trauma inducing), match families to needs, services, and requests, and eliminate/lessen steps to program participation. The first visit is an opportunity to enter families into this shared intake systems, as many programs collect similar information. Most home visiting programs use the first visit to establish rapport, build trust, get to know the family's needs, communicate the expectations of the program, and explain the services. They take time to explain the curriculum and program, share informed consent and mandated reporting details, provide parents with provider options that best match their needs, and share roles and responsibilities.<sup>xlii</sup>

Central intake systems are successful when they share data collection, entry, and management systems; however, home visiting models vary widely in the ways they operate and report outcomes. The success or failure of shared data collection systems depends on the level of mutual agreement among collaborating partners around data collection methods and definitions of participant characteristics, service use, and intended outcomes. This depth of alignment, however, is challenged by communication between agencies, misalignment of goals, unclear roles, and conflicting reporting requirements from funders.<sup>xliii</sup>

The diverse intake, screening, and assessment processes across programs in San Mateo County may be a barrier to creating a centralized intake system. Some intake processes involve forms, others involve phone interviews, and others involve electronic data systems. For example, Izzi's Early Education program requires parents to submit an application, be placed on a waiting list (spots are offered based on needs), and then meet with staff to fill out the intake paperwork. In other programs, referrals enter an electronic system that uses an algorithm to determine what programs they are eligible for, and supervisors then assign staff to the referral.

San Mateo County home visiting programs use a variety of screening and assessment tools. The **Ages and Stages Questionnaires** (ASQ-3 and ASQ-SE) are most commonly used by more than one program.

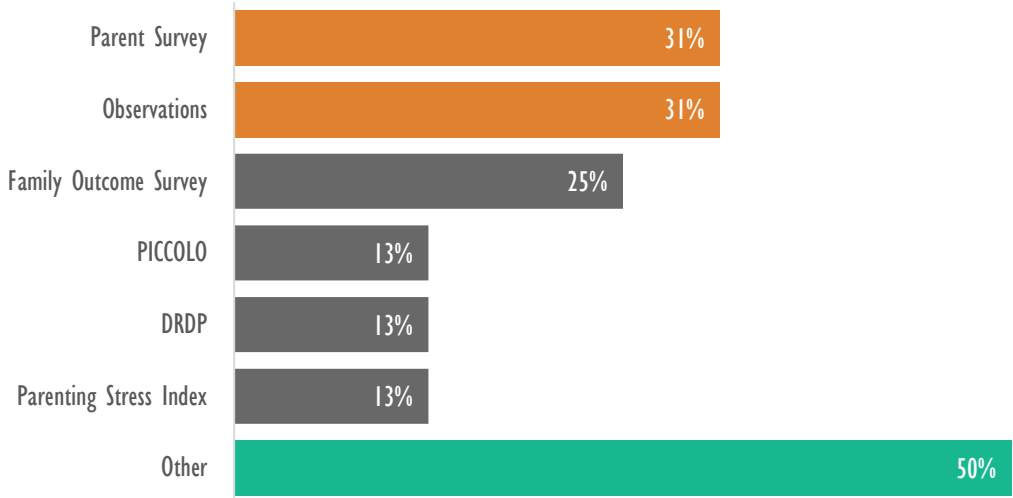


Several other screening and assessment tools are only used by a single program: ANSA, Breast Feeding Assessment, CANS, CHEERS (Cues, Holding, Experience, Empathy, Rhythm/Reciprocity and Smiles), DANCE, Desired Results Developmental Profile (DRDP), Family Resilience and Opportunities for Growth (FROG) scale, First 5 Assessments, GAD-7, HITS, Knowledge/Confidence Quiz, NCFAS-G, Needs assessment and home visiting form, Parent Child Interaction Observation Tool, Parent Contact Record, Parent Reflection Survey, Parenting Relationship Questionnaire, and Parenting Stress Index.

Home visitors set goals and explore children's progress, share development charts, and identify and share resources with families. Parents may also request that certain skills be worked on during home visiting session. The focal areas of visits tend to be parent/child interactions, child development, family wellbeing, health, nutrition, and reflection.

Some programs use formal assessments, such as the DRDP and ASQ, while others use a less formal assessment approach, such as engaging with families and taking progress notes. Some assessments are completed by school districts and typically include a school psychologist and speech therapist who work together to co-create goals and plans for the child's future development. To track child and family progress, some home visitors review and reassess children every 3 months, depending on need.

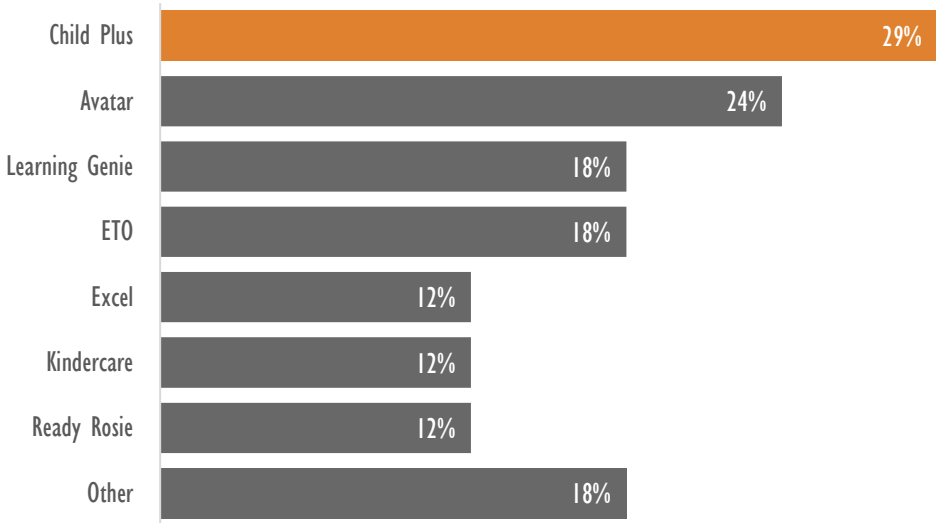
Most programs use **other** measures that are not used by any other program. The most common outcome measures used by multiple programs are a **parent survey** and **observations** (the surveys and observations are not the same across programs, however).



Other outcome measures include the ASQ, CHEERS, informal conversations with parents, tracking engagement with medical care, Child-Parent Psychotherapy, PRQ, CPP (a measure of sexual abuse, domestic violence, loss, serious accident, and divorce), and Protective Factors Survey).

Home visiting programs in San Mateo County also use many different data systems, which may be a barrier to integrating data across programs.<sup>xliv</sup>

The most common data system used by multiple programs is **Child Plus**.



Other data systems include Noho, Salesforce, and the Child Welfare System Case Management System.

Home visitors have mixed responses to the idea of sharing information about families across programs (as would be necessary for a centralized intake system).<sup>xlv</sup>

Benefits	Concerns
<ul style="list-style-type: none"> <li>▪ Less delay waiting for paperwork from other agencies</li> <li>▪ Access to additional family supports</li> <li>▪ Increased provider communication</li> </ul>	<ul style="list-style-type: none"> <li>▪ Family Consent</li> <li>▪ Data entry duplication</li> <li>▪ Confidential access to family data</li> <li>▪ Cohesive state and federal policies</li> </ul>

Some home visitors raised concerns about consent, data entry duplication, confidentiality, who would have access to what information, and how a single system would accommodate different data requirements from state and federal agencies; however, they also could see the benefits of a shared data system, expressing frustration with the length of time it can take to get data from other agencies when it is needed. A system for sharing resources and information with families is more worthwhile than having families share more information.

“I think it would be better if there was a database where instead of sharing information about families, agencies share information about themselves, and families have access to that information so they can contact those agencies instead of the other way around.”

Home visitors also expressed a need for more information to make better referrals, and wondered how sharing information might help them tap into the knowledge of other home visitors who may know of more available services and resources.

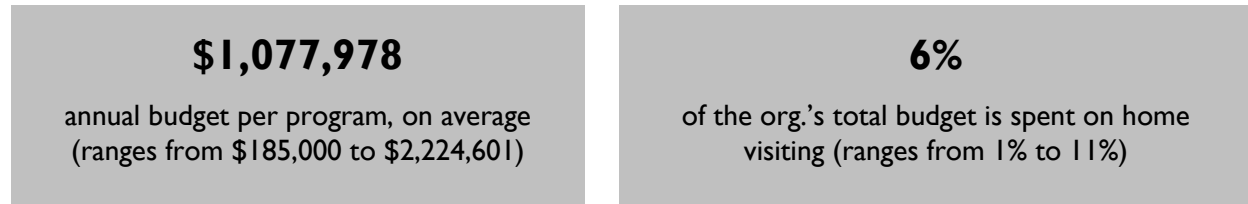
“I feel like it's important, when you can share information, it brings a lot of benefits to the family, and one tries to cover the areas where they need support faster. It also sometimes happens that with a provider they share one thing and with another they share something else, perhaps that one did not know, and that can also help, facilitate trust and understand more, have more recognition of the challenges, such as the obstacles that a family is having.”

The depth and variety of responses about a shared data system suggest that users of any such system should be involved with decision-making, design, and implementation.

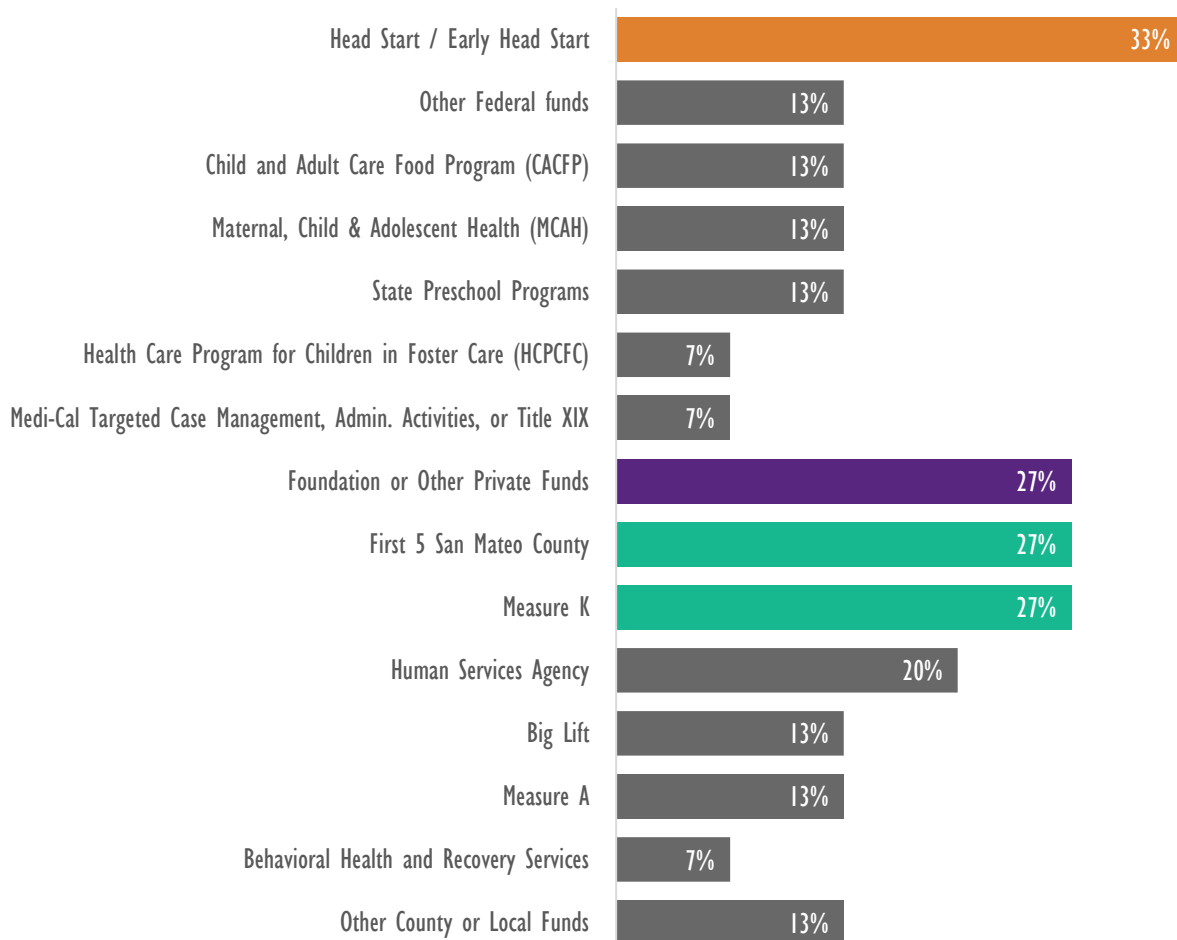
## Linking Funding to Integration

Past research demonstrates that service providers that find innovative financing strategies, such as incentives for integration, pooled funding, and blended funding, are more likely to be successful in their coordination efforts. Children’s Services Councils, for example, secured local taxes earmarked for system integration and child and family services, and serves in a coordinating role as central funder and evaluator.

Currently, **\$10,779,784** is budgeted for home visiting in San Mateo County each year.



**Head Start/Early Head Start** is the most common funding source, followed by two county sources (**First 5 San Mateo County** and **Measure K**) and **foundation and other private funds**.



The majority of expenses for home visiting programs go to **staff compensation** and **benefits**.



Other expenses include employee-related costs (recruiting, health screen, tb testing, travel/mileage, professional development and training), client-related costs (parent involvement activities, incentives/stipends), facilities-related costs (rent, CAM charges, storage, maintenance/repair, equipment/lease), printing, costs related to the program model, information technology, telephone/internet/cell phones, and other overhead costs.

## Conclusion

In most California counties, home visiting programs operate as separate and distinct programs although they have many shared goals, principles, and desired outcomes. While a shared county-wide vision is not yet in place, San Mateo County's Improvement Charter process suggested that a collaborative vision should be simple, short, clear, client-centered, strength- and relationship-based, and with a stated purpose and description of services and outcomes. The results of this environmental scan demonstrate the need for continuing to develop a shared vision for the county's home visiting programs and families with children, as well as aligned practices and coordinated, collaborative actions to strengthen the system of care. Without a shared vision, aligned practices, and coordinated action, F5SMC and other service providers will continue to underserve the communities they were founded to support.

Using the results of the environmental scan, First 5 San Mateo County can continue to implement and refine its countywide strategic plan for home visiting system coordination, and connect with similar initiatives in other service areas. The results of the scan can help inform the development of a shared approach to achieving goals such as expanding program eligibility to improve families' access to services and reducing the barriers preventing programs from serving more families.

**FIRST 5 SAN MATEO COUNTY (F5SMC)  
FIRST 5 STAFF TEAM REPORT  
JANUARY 2025**

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**STRATEGIC INVESTMENT FOCUS AREAS – UPDATE**

**QUALITY CARE AND EDUCATION**

**Child Care Partnership Council Updates**

The Child Care Partnership Council welcomed Jennifer Mayman as the new Coordinator of The San Mateo County Child Care Partnership Council (CCPC). CCPC advises the County Board of Supervisors and the County Superintendent of Schools on child care and early learning program and policy issues and takes the lead in planning and advocating for quality child care and early learning for all children, *from birth to age thirteen*, in San Mateo County. (*CCPC Policy Platform 2020-2025*)

The Leadership and Impact Committee of the CCPC met on January 13, and they discussed a Crosswalk of Public Policy Platform and UPK Mixed Delivery Planning Report, the CA State Budget Updates, CCPC Policy Priorities for 2025-26 and had an update on the Expanded Learning Opportunities Program (a California funded program that provides funding for enrichment programs for children in transitional kindergarten through sixth grade). One important CA budget allocation is \$7.4 M in FY 25/26 and \$12M in FY 27/28 for Diaper Initiative-free 3-month supply of diapers via hospital systems to all CA newborns.

The CCPC General meeting is on January 27, 2025, and will welcome Board of Supervisor Jackie Spier as Co-Chair with Superintendent Nancy Magee. F5SMC Deputy Director, Michelle Blakely, is staff liaison to CCPC.

**KNOW YOUR RIGHTS FOR ECE PROFESSIONALS**

On January 10, 2024, SMCOE held *Know Your Rights for ECE Professionals* sessions. Resources to support undocumented families can be found on the SMCOE website [Supporting Undocumented Families - San Mateo County Office of Education](#).

Resources can be found on <https://www.smcgov.org/ceo/know-your-rights> which includes Red Cards and Know Your Rights Toolkit, Immigration Preparedness Toolkit, and Family Preparedness Plan. (*See Attachment 11.1*)

**HEALTHY CHILDREN**

**Peninsula Health Care District Community Grant**

First 5 SMC staff received notification in December that a Community Grants proposal to Peninsula Health Care District (PHCD) was funded for Help Me Grow SMC in the amount of \$60,000 for calendar year 2025. The grant will help to support the operational costs of Help Me Grow SMC to serve PHCD families of young children and their providers with concerns or questions about child development and connection to related services. This is the sixth year that F5SMC has been awarded dollars from PHCD via the Community Grants process.

**SPECIAL PROJECT****Baby Bonus Pilot Program**

The cross-agency planning team led by F5SMC staff has made great progress towards implementation by hiring an initial team of research coordinators (Stanford) and community health workers (HPSM) who will interact directly with families. The staff are getting trained and working through enrollment protocols, in collaboration with UpTogether, our new financial partner.

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**FIRST 5 CALIFORNIA & FIRST 5 ASSOCIATION UPDATES****First 5 Network Responds to Governor Newsom's Proposed 2025 – 2026 Budget**

On January 10, 2025, the First 5 Network, comprising First 5 California, the First 5 Association of California, and First 5 LA, responded to Governor Gavin Newsom's proposed 2025–2026 budget, commending its emphasis on supporting young children and families. The budget prioritizes investments in early care, education, and health initiatives, including expanding childcare spaces, supporting universal Transitional Kindergarten, and providing essential resources like free diapers for newborns. First 5 advocates urged further commitments, such as continuous Medi-Cal eligibility for children under 5 and reauthorization of the ACES Aware program to address childhood trauma. The Network emphasized collaboration with state leaders to finalize a budget that fosters resilience and thriving communities for California's youngest residents. (See *Attachment 11.2*)

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**COMMUNITY AND STATEWIDE EVENTS & UPDATES****San Mateo County Child Abuse Prevention Council (CAPC)**

On January 9, 2024, F5SMC staff members Michelle Blakely and Myra Cruz participated in the in-person CAPC meeting at the SMC County Center. The three workgroups that were established—Community Education/Public Awareness, CAPC Support for CPP Implementation, and Professional Development Training—discussed their preliminary goals and approaches. As thought partners, Blakely and Cruz co-represented F5SMC in the Community Education and Public Awareness workgroup. This subgroup concentrated on developing strategies to effectively engage community-based organizations in reaching families. Further updates will be shared as the work progresses.

**County, Cities & Nonprofits Prepare for Policy Changes**

On January 16, 2025, F5SMC Executive Director, Kitty Lopez, along with other civic leaders from throughout San Mateo County, gathered to prepare for anticipated significant changes in states and federal policies and priorities, given the new incoming Trump Administration. Presentations were made by county staff and relevant departments and nonprofit leaders; breakout groups discussed ways local governments and community groups can come together to prioritize and develop ways to support communities and vulnerable populations throughout the county, particularly our immigrant communities. (See *Attachment 11.3*)

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**COMMUNICATIONS**

[Quarterly E-Newsletter](#)



On December 18, 2024, F5SMC released its quarterly [newsletter](#) which topics including The State of Young Children and Families in San Mateo County, Strategic Planning Process, 25 Years of Impact Timeline, Universal PreKindergarten Plan, and Free Books for Kids! Courtesy of Dolly Parton's Library.

**Social Media and Analytics Reports (See Attachment 11.4)**



# Know Your Rights: Immigration

## Prepare

Anyone with immigration legal concerns is encouraged to consult with a trusted legal services provider. They can help you explore possible immigration options, and assist families in preparing for a possible immigration-related emergency.

- Community Legal Services in East Palo Alto 650- 326-6440
- Catholic Charities Immigration Services 650- 295-2160
- Legal Aid Society of San Mateo County 650- 558-0915
- Immigration Institute of the Bay Area 650- 750-7530

## Plan

Make a plan with your family that includes emergency childcare. Ensure that everyone in your household knows how to reach the Rapid Response Hotline. Review the constitutional rights on the Red Card (below) and practice using the Red Card to assert your rights.

**Know Your Rights Resources:**  
[smcgov.org/ceo/know-your-rights](http://smcgov.org/ceo/know-your-rights)

**Family Preparedness Plan:**  
[ilrc.org/resources/family-preparedness-plan](http://ilrc.org/resources/family-preparedness-plan)

## Respond

If immigration enforcement officials approach you, remain calm and do not run away. Remain silent and use the Red Card below to assert your constitutional rights. Call the Rapid Response hotline at 203-666-4472 for immediate support.

### Rapid Response Hotline

If immigration comes to your home, work, or neighborhood, or if there are ICE raids nearby, call the San Mateo County Rapid Response Hotline at 203-666-4472 (203-NO-MIGRA).

Cut and fold the Red Card below to fit it in your wallet.



### You have constitutional rights:

- DO NOT OPEN THE DOOR if an immigration agent is knocking on the door.
- DO NOT ANSWER ANY QUESTIONS from an immigration agent if they try to talk to you. You have the right to remain silent.
- DO NOT SIGN ANYTHING without first speaking to a lawyer. You have the right to speak with a lawyer.
- If you are outside of your home, ask the agent if you are free to leave and if they say yes, leave calmly.
- GIVE THIS CARD TO THE AGENT. If you are inside of your home, show the card through the window or slide it under the door.

**Rapid Response Hotline: 203-666-4472**

- I do not wish to speak with you, answer your questions, or sign or hand you any documents based on my 5th Amendment rights under the United States Constitution.
- I do not give you permission to enter my home based on my 4th Amendment rights under the United States Constitution unless you have a warrant to enter, signed by a judge or magistrate with my name on it that you slide under the door.
- I do not give you permission to search any of my belongings based on my 4th Amendment rights.
- I choose to exercise my constitutional rights.

*These cards are available to citizens and noncitizens alike.*



# Conoce tus derechos: Inmigración

## Prepara

Se recomienda que todos que tengan preocupaciones legales sobre la inmigración consulten con un proveedor confiable de servicios legales. Ellos pueden ayudar a las familias a explorar posibles opciones migratorias, y apoyarlas en preparar para una emergencia relacionada con la migración.

Community Legal Services in East Palo Alto	650- 326-6440
Catholic Charities Immigration Services	650- 295-2160
Legal Aid Society of San Mateo County	650- 558-0915
Immigration Institute of the Bay Area	650- 750-7530

## Haz un plan

Haz un plan con tu familia que incluye cuidado infantil de emergencia. Asegura que todos en tu casa sepan como contactar a la línea de respuesta comunitaria. Revisa los derechos constitucionales en la tarjeta roja (abajo) y practica el uso de la tarjeta roja para afirmar tus derechos.

**Recursos para conocer tus derechos:**  
[smcgov.org/ceo/know-your-rights](http://smcgov.org/ceo/know-your-rights)

### Plan de Preparación:

[ilrc.org/resources/family-preparedness-plan](http://ilrc.org/resources/family-preparedness-plan)

## Responde

Si los oficiales de la migra se acercan, no huyes. Manten el silencio y utiliza la tarjeta roja abajo para afirmar tus derechos constitucionales. Llama a la línea de respuesta comunitaria para apoyo inmediato al 203- 666-4472

### Línea de Respuesta Comunitaria

**Si la migra viene a su casa, trabajo, o vecindario, o si hay redadas de ICE cercanas, llame a la línea de respuesta comunitaria del Condado de San Mateo al 203-666-4472 (203-NO-MIGRA).**



Corte y doble la tarjeta roja abajo para poner en tu cartera



### Usted tiene derechos constitucionales:

- NO ABRA LA PUERTA si un agente de inmigración está tocando la puerta.
- NO CONTESTE NINGUNA PREGUNTA de un agente de inmigración si el trata de hablar con usted. Usted tiene el derecho de mantenerse callado.
- NO FIRME NADA sin antes hablar con un abogado. Usted tiene el derecho de hablar con un abogado.
- Si usted está afuera de su casa, pregunte al agente si es libre para irse y si dice que sí, váyase con tranquilidad.
- ENTREGUE ESTA TARJETA AL AGENTE. Si usted está dentro de su casa, muestre la tarjeta por la ventana o pásela debajo de la puerta.

**Línea de respuesta comunitaria: 203-666-4472**

- I do not wish to speak with you, answer your questions, or sign or hand you any documents based on my 5th Amendment rights under the United States Constitution.
- I do not give you permission to enter my home based on my 4th Amendment rights under the United States Constitution unless you have a warrant to enter, signed by a judge or magistrate with my name on it that you slide under the door.
- I do not give you permission to search any of my belongings based on my 4th Amendment rights.
- I choose to exercise my constitutional rights.

*These cards are available to citizens and noncitizens alike.*



# 了解您的权利: 移民

## 准备

我们鼓励任何有移民法律问题的人咨询值得信赖的法律服务提供者。他们可以帮助您探索可能的移民选择，并帮助家庭为可能出现的移民相关的紧急情况做好准备。

Community Legal Services in East Palo Alto	650- 326-6440
Catholic Charities Immigration Services	650- 295-2160
Legal Aid Society of San Mateo County	650- 558-0915
Immigration Institute of the Bay Area	650- 750-7530

## 计划

与家人一起制定一个包括紧急儿童保育在内的计划。确保您家中的每个人都知道如何拨打迅速回应热线。复习“红卡”上的宪法权利（如下），并练习使用“红卡”维护自己的权利。

了解您的权利相关资源:

[smcgov.org/ceo/know-your-rights](http://smcgov.org/ceo/know-your-rights)

家庭准备计划:

[ilrc.org/resources/family-preparedness-plan](http://ilrc.org/resources/family-preparedness-plan)

## 回应

如果移民执法人员接近您，请保持冷静并且不要逃跑。保持沉默并使用下面的红卡来维护您的宪法权利。致电迅速回应热线 203-666-4472 寻求即时援助。

### 迅速回应热线

如果移民局来到您的家中、工作场所或社区，或者附近有移民及海关执法局的突袭，请拨打圣马刁县迅速回应热线: 203-666-4472 (203-NO-MIGRA)。

将下面的红卡剪下并折叠，以便放入您的钱包



### 你有以下宪法赋予的权利:

- 如移民局人员敲门，不要开门。
- 如移民局人员想和你交谈，不要回答任何问题。你有权保持缄默。
- 未和律师咨询之前，不要签署任何文件。你有权和一名律师交谈。
- 如你在家外面，问移民局人员你是否可以离开。如他们答可以，请镇静地离开。
- 出示此卡给移民局人员看。如你在家裡，可在窗口或 門下面遞出去給他們看。

社区响应热线: 203-666-4472

- I do not wish to speak with you, answer your questions, or sign or hand you any documents based on my 5th Amendment rights under the United States Constitution.
- I do not give you permission to enter my home based on my 4th Amendment rights under the United States Constitution unless you have a warrant to enter, signed by a judge or magistrate with my name on it that you slide under the door.
- I do not give you permission to search any of my belongings based on my 4th Amendment rights.
- I choose to exercise my constitutional rights.

*These cards are available to citizens and noncitizens alike.*

# PRESS RELEASE

FOR IMMEDIATE RELEASE

Contact: Courtney Armstrong

[courtney@first5association.org](mailto:courtney@first5association.org)

## First 5 Network Responds to Governor Newsom's Proposed 2025-2026 Budget

SACRAMENTO, CA (January 10, 2025)—The First 5 Network, which includes First 5 California, the First 5 Association of California, and First 5 LA, issued the following statements regarding Governor Gavin Newsom's proposed 2025-2026 budget:

Governor Newsom's proposed 2025 budget presents an important opportunity to strengthen California's investment in its youngest children, ensuring that every child has the foundation to thrive during their critical early years. The First 5 Network appreciates the Governor and administration for maintaining their commitment to investments in early care and education rates and the continued rollout of additional childcare spaces. The Network looks forward to working with the Governor and the Legislature to further prioritize the health and well-being of the state's young children and their families by maintaining funding for key health and mental health initiatives.

### **First 5 Association – Attributed to Avo Makedessian, Executive Director, First 5 Association of California**

"In order to better meet the needs of California's babies, toddlers, and preschoolers, First 5 Commissions from across the state look forward to working with the administration and the legislature to ensure that they have access to the physical and mental health care that they need. Specifically, First 5 Association urges the Governor and Legislature to commit funding to implement continuous Medi-Cal eligibility for children age 0-5, which has been shown to have a measurable impact on reducing the uninsured rate for Californian children. First 5 Association also supports the reauthorization of the ACES Aware program, California's first-in-the-nation initiative that screens children for adverse experiences and provides community-based interventions and support to mitigate the long-term effects of trauma and toxic stress."

### **First 5 California**

"First 5 California deeply appreciates the Governor and Legislature for their prioritization of investments in young children and families in the 2025 budget proposal," said Jackie Thu-Huong Wong, First 5 California Executive Director. "As a leading voice advocating for universal Transitional Kindergarten, multilingual learners and supporting the basic needs of children 0 to 5, First 5 California thanks the Governor for investing in California's families and

helping to shape California's future through initiatives like providing free diapers to all families with newborns, strengthening Transitional Kindergarten with lower student-to-adult ratios and expanded learning programs, and supporting young multilingual learners with English proficiency tools. These investments solidify essential resources for California's young children, families, and communities."

#### **First 5 LA**

"With the unprecedented wildfires that have devastated communities across Los Angeles County, First 5 LA would like to thank Governor Newsom for his swift response, and we are ready to work with local and state partners in recovery efforts once the immediate threat has been addressed," said Karla Pleitez Howell, First 5 LA President and CEO. "First 5 LA remains steadfast in our commitment to advocating for policies and programs to ensure that children and families have the basic needs essential to creating supportive environments and that are foundational to well-being, lifelong learning, and success. We will continue to prioritize investments in wholistic services such as home visiting, and community health workers, and supporting the state's early care and education rate reform process to increase access to child care and adequately compensates providers for the true cost to care for our children. In the coming months, we look forward to working with state leaders to finalize a budget that is responsive to the needs of families and ensures long-term funding to support not only a resilient but a thriving California."

###

#### **About First 5 Association**

The First 5 Association of California (F5AC) elevates the voice of the 58 county First 5s, created by voters in 1998 to ensure our youngest children are healthy, safe and ready to thrive in school and life. The First 5 Network impacts the lives of more than 1 million kids, families and caregivers each year. F5AC advocates for the state's youngest kids, uniting partners and leveraging funding to improve and scale up California's early childhood programming piloted by county First 5s. Learn more at [www.first5association.org](http://www.first5association.org)

#### **About First 5 LA**

As one of the state's largest funders of early childhood and an independent public agency, First 5 LA advocates for children and their families, amplifies community voice, and partners for collective impact so that every child in Los Angeles County reaches their full developmental potential throughout the critical years of prenatal to age 5. Learn more at [www.first5la.org](http://www.first5la.org).

#### **About First 5 California**

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



## County Executive's Office

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County Executive's Office

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### County, Cities & Nonprofits Prepare for Policy Changes that Could Impact Health Care, Housing, Other Vital Services

January 16, 2025

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**San Mateo** – Civic leaders from across San Mateo County met Thursday to prepare for expected sweeping changes to state and federal policies and priorities.

Uncertainty surrounds the future of health care funding and eligibility, immigration policy, infrastructure investment and more.

"They do have real impacts for the people in our county and in many cases the most vulnerable in our county. That's why we are here today to listen to you," County Executive Mike Callagy said as he kicked off the day-long conference at the San Mateo County Event Center.

"We want to listen," Callagy said to about 150 representatives from local cities, nonprofit organizations and other groups. "We want to understand what your concerns might be or how policy might impact you."

Participants said they were concerned that changes to the eligibility for a host of programs funded by the federal government could create a chilling effect, stopping families from applying for or receiving certain benefits.

"They're afraid their information will be shared and they will be put on some radar," said Laura Bent, CEO of [Samaritan House](#), a San Mateo-based nonprofit that serves individuals and families with low incomes. "They are afraid of cuts. They are afraid of reductions in services and supports they have and they rely upon."

Discussions focused on ways local governments and community groups can come together to support a wide array of safety-net services, regardless of who delivers those services.

“What we’ve witnessed is a total team effort,” said David Canepa, president of the San Mateo County Board of Supervisors who attended the event. “It’s the County, our cities, our community-based organizations and nonprofits. As we move forward we realize it’s not just a County solution. It’s not just a city solution. It’s a collective solution. That’s the significance and importance of what’s happening today.”

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## Media Contact

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REPORT FOR DEC 1, 2024 - DEC 31, 2024  
**FIRST 5 SAN MATEO COUNTY**

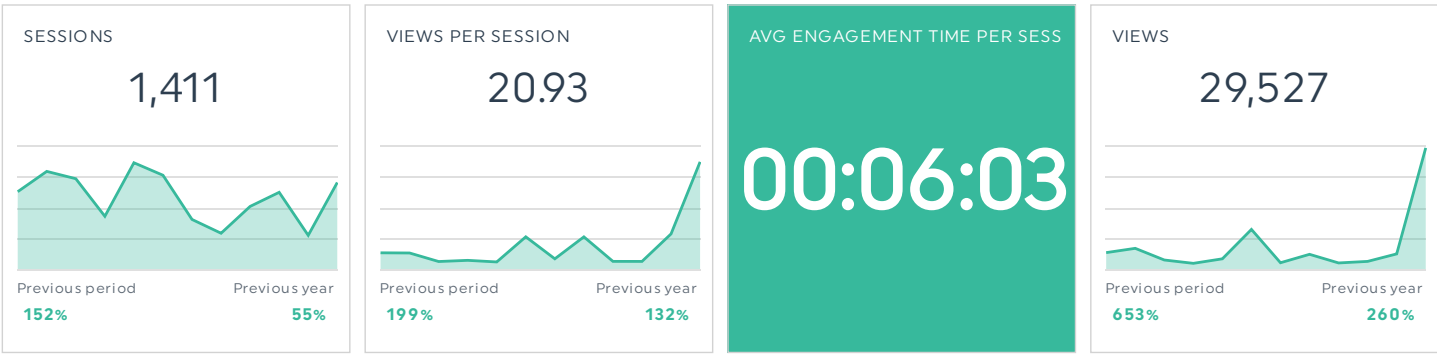
DECEMBER ANALYTICS OVERVIEW

In December, our communications focused on two priorities: sharing key takeaways and data highlights about the state of young children and their families in San Mateo County and promoting mental health resources.

Posts on these topics performed well organically across Instagram, Facebook, and LinkedIn. The top performing campaign by clicks on Facebook and Instagram ads was the State of Young Children blog. On Facebook, we saw strong growth on page impressions, page likes, and engagement, and we gained 100 new page likes. While Instagram had more impressions than the previous month, its engagement rate was lower.

Website sessions, views per session, and average engagement time per session nearly tripled compared to the previous month. Usually a spike like this is due to bots. That said, the State of Young Children and Families in San Mateo County blog still performed extremely well, becoming the second most visited page and the top performing blog of the year.

**WEBSITE ANALYTICS**



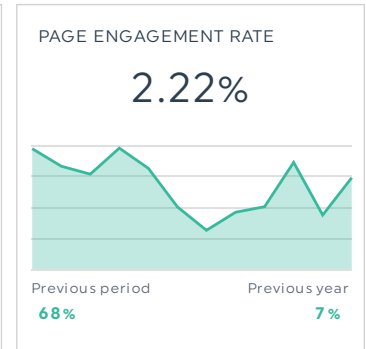
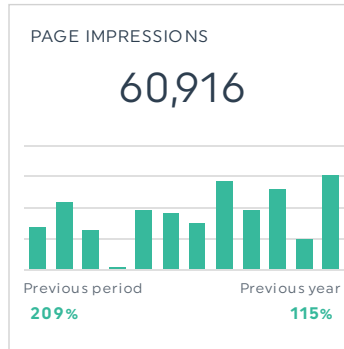
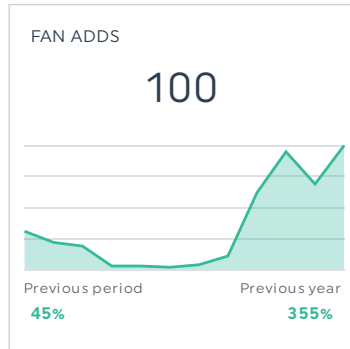
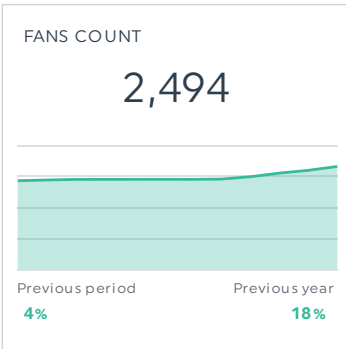
TOP VIEWS BY PAGE

Page Address	Views
/	27,663
/the-state-of-young-children-and-families-in-san-mateo-county/	704
/home-2/	107
/baby-bonus/	89
/staff/	77
/resources/	72
/commission/	69
/who-we-are/	63
/our-work/	62
/kit-for-new-parents-2/	44
/family-blog/	40
/for-parents-families/	37
/commissioners/	35
/our-impact/	31
/oral-health-2/	31
/supporting-smc-families/	30
/learning-in-community-planning-for-the-next-5-years-of-first-5/	30

EVENT COUNT	
Event Name	Event Count
page_view	29,527
session_start	2,363
first_visit	2,026
user_engagement	1,095
scroll	745
file_download	79
click	40
view_search_results	15

TOP TRAFFIC SOURCES	
Session Default Channel Grouping	Sessions
Organic Social	650
Direct	415
Organic Search	310
Referral	36
Unassigned	1

## FACEBOOK INSIGHTS



### TOP POSTS BY ENGAGEMENT TYPE (WITH IMAGE)

Post With Image	Total Reactions	Post Comments	Post Shares
Our latest blog shares the results from The State of Young Children and Families in San Mateo County, gathered through an in-depth community engagement process. One of the biggest takeaways? Families are in survival mode. <a href="#">View more</a>	3	N/A	N/A
In San Mateo County, families are searching for the "village" it takes to raise a child—but many are overwhelmed by the challenge of navigating complex systems and services. Our new blog post shares insights from The State of <a href="#">View more</a>	3	N/A	N/A
Over the past few months, we've been busy planning the next five years for First 5 San Mateo County. Our community has been such important partners in that and we can't wait to share what we've learned with you! This <a href="#">View more</a>	2	N/A	N/A
Over the past few months, we've been busy planning the next five years for First 5 San Mateo County. Our community has been such important partners in that and we can't wait to share what we've learned with you! This <a href="#">View more</a>	2	N/A	N/A
Even four years after the pandemic, San Mateo County families still struggle to find high-quality, affordable early care and education. Our latest blog shares findings from The State of Young Children and Families in San Mateo <a href="#">View more</a>	2	N/A	N/A
Families with young children in San Mateo County are facing serious mental health and social isolation challenges. During our recent strategic planning process, families shared their need for specialized mental health support <a href="#">View more</a>	2	N/A	N/A

TOP POSTS BY ENGAGEMENT

Post	Engagement
Amid the challenges faced by families in San Mateo Cou...	5
Over the past few months, we've been busy planning the...	5
Our latest blog shares the results from The State of You...	5
Over the past few months, we've been busy planning the...	5
First 5 San Mateo County, with support from San Mateo ...	5
In San Mateo County, families are searching for the "villa...	4
Families with young children in San Mateo County are fa...	3
Even four years after the pandemic, San Mateo County f...	3
Safe, healthy parents are imperative to raising safe, heal...	2
Adverse Childhood Experiences, or ACEs, can be a big de...	2

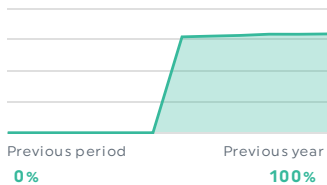
TOP POSTS BY IMPRESSIONS

Post	Post Impressions
Our latest blog shares the results from The St...	167
Amid the challenges faced by families in San ...	147
This summer, we focused on listening to our c...	136
Our newest blog shares key insights into the r...	135
Over the past few months, we've been busy pl...	127
In San Mateo County, families are searching f...	125
Families with young children in San Mateo Co...	116
Even four years after the pandemic, San Mateo...	116
Safe, healthy parents are imperative to raisin...	102
Over the past few months, we've been busy pl...	98

INSTAGRAM INSIGHTS

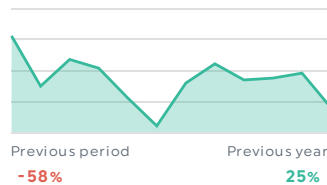
FOLLOWERS

1,591



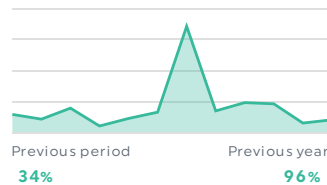
LIKES

40



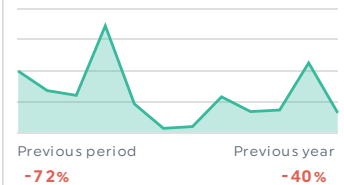
IMPRESSIONS

3,125







ENGAGEMENT RATE

1.28%



ENGAGEMENT BY POST (WITH IMAGE)

Post With Image	Likes	Comments	Engagement	Total Post Reach
 First 5 San Mateo County, with support from San Mateo County Health and Sequoia Healthcare District is embarking on an initiative to transform service delivery for young children and their families.	5	0	5	41
 Over the past few months, we've been busy planning the next five years for First 5 San Mateo County. Our community has been such important partners in that and we can't wait to share what we've learned with you!	5	0	5	80
 Even four years after the pandemic, San Mateo County families still struggle to find high-quality, affordable early care and education. Our latest blog shares findings from The State of Young Children and Families in San Mateo County.	5	0	5	57
 Amid the challenges faced by families in San Mateo County, there are also powerful strengths supporting child and family well-being. Our latest blog on The State of Young Children and Families in San Mateo County shares insights into these strengths.	5	0	5	41
 In San Mateo County, families are searching for the "village" it takes to raise a child—but many are overwhelmed by the challenge of navigating complex systems and services. Our new blog post shares insights from The State of Young Children and Families in San Mateo County.	4	0	4	70
 Our latest blog shares the results from The State of Young Children and Families in San Mateo County, gathered through an in-depth community engagement process. One of the biggest takeaways? Families are in search of a "village" to support their children's development.	3	0	3	65

FACEBOOK AND INSTAGRAM ADS

AMOUNT SPENT

**\$443.01**

Previous period: **258%** | Previous year: **96%**

REACH

**27,813**

Previous period: **332%** | Previous year: **50%**

IMPRESSIONS

**63,949**

Previous period: **258%** | Previous year: **128%**

CLICKS (ALL)

**1,478**

Previous period: **404%** | Previous year: **89%**

TOP CAMPAIGN BY CLICKS (ALL)

Campaign Name	Clicks (All) ↓
● State of Children Blog Promotion	<b>1,079</b>
● Page Likes Ads 2024	<b>399</b>

ENGAGEMENT BY AD

Ad ID with image	Post Reactions ↓	Link Clicks
Test - Fall Awareness Page Like Ad (id: 120214651274800763)	<b>57</b>	<b>36</b>
State of Children Blog Traffic Ad (id: 120215209355110763)	<b>20</b>	<b>385</b>

LINKEDIN INSIGHTS

FOLLOWERS

**238**

IMPRESSIONS

**980**

Previous period: **6%** | Previous year: **194%**

LIKES

**24**







Previous period: **-23%** | Previous year: **300%**

ENGAGEMENT RATE

**5.3%**

Previous period: **-17%** | Previous year: **18%**

TOP POSTS BY ENGAGEMENT RATE

Post with image	Engagement Rate ▾	Likes	Clicks
 <p>Over the past few months, we've been busy planning the next five years for First 5 San Mateo County. Our community has been such important partners in that and we can't wait to share what we've learned with you! This summer, we spent a lot of time hearing from families,</p>	10.9%	2	3
 <p>In San Mateo County, families are searching for the "village" it takes to raise a child—but many are overwhelmed by the challenge of navigating complex systems and services. Our new blog post shares insights from The State of Young Children and Families in San Mateo</p>	9.6%	4	3
 <p>This summer, we focused on listening to our community—families, providers, and partners—to better understand the current needs of young children and families in San Mateo County. Our latest blog shares what we learned through a collaborative, community-driven process.</p>	7.9%	2	0
 <p>Safe, healthy parents are imperative to raising safe, healthy children. CORA (Community Overcoming Relationship Abuse) is San Mateo County's only provider of comprehensive intimate partner abuse prevention services. Every family deserves to have unwavering</p>	6.5%	0	2
 <p>First 5 San Mateo County, with support from San Mateo County Health and Sequoia Healthcare District is embarking on an initiative to transform service delivery for young children and their families. TRISI is a countywide effort to integrate a comprehensive</p>	6.4%	3	4
 <p>Even four years after the pandemic, San Mateo County families still struggle to find high-quality, affordable early care and education. Our latest blog shares findings from The State of Young Children and Families in San Mateo County blog post, based on insights and data</p>	5.9%	3	1

