

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

DATE: Monday, April 28, 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 <u>istalzer@smcgov.org</u>. For information regarding how to participate in the meeting, either in person or remotely, please refer to the instructions at the end of the agenda.

	AGENDA					
Call to Ord	er and Preliminary Business					
1	Roll Call					
2	Public Comment					
3	Action to Set Agenda for April 28, 2025, Meeting and Approve Consent Agenda Items (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.)	4:00 PM				
4	Commission Announcements	4:05 PM				
5	Storytelling: First 5 Work/Impact: Dr. Neel Patel, Pediatrician, Former First 5 San Mateo County Commissioner, Help Me Grow Physician Champion, and Vice President of American Academy of Pediatrics California Chapter 1	4:10 PM				



Action Item		
6	Approval of Persimmony International, Inc., for a Grants Management and Data System, Agreement in an Amount not to exceed \$270,303, Contract Term Effective July 1, 2025 through June 30, 2028. (See Attachment 6)	4:15 PM
Discussion	Items	
7	Presentation: First 5 San Mateo County Infant and Early Childhood Mental Health Systems Components: Early Childhood Mental Health Landscape Scan By Emily Roberts, Strategic Initiatives Project Manager, and Jenifer Clark, Research and Evaluation Specialist, First 5 San Mateo County (See Attachment 7-9)	4:20 PM
8	Presentation: First 5 San Mateo County Infant and Early Childhood Mental Health Systems Components: Centering Family Voice Project By Thomas Both, Gabriela Buendia, Jasmine Pena, Bethsaida Ruiz, and Yormeri Vega (See Attachment 7-9)	4:45 PM
9	Presentation: First 5 San Mateo County Infant and Early Childhood Mental Health Systems Components: Children and Youth Behavioral Health Initiative By Sarah Dobkin, San Mateo County Infant and Early Childhood Mental Health (IECMH) Network Manager (See Attachment 7-9)	5:05 PM
10	First 5 San Mateo County Communications Analytics Performance By Laura Bowen, Communications Director, VIVA Social Impact Partners	5:25 PM
Information	al Items	
11	Report of the First 5 San Mateo County Staff Team By Kitty Lopez, Executive Director, First 5 San Mateo County (See Attachment 12)	5:40 PM
12	Committee Updates (See Attachment 13)	5:45 PM
13	Adjournment	6:00 PM

Public Participation:

The March 24, 2025, First 5 San Mateo County Commission meeting may be accessed through Zoom link at the top of this agenda. The March 24, 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:

<u>https://smcgov.zoom.us/u/acBJLZgb6r</u>). 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</u>

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



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

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

ADA Requests

Individuals who require special assistance or a disability related modification or accommodation to participate in this meeting, or who have a disability and wish to request an alternative format for the meeting, should contact Michelle Blakely, Deputy Director, as early as possible but no later than 10 a.m. on Friday, March 21, 2025, at ecruz@smcgov.org. Notification in advance of the meeting will enable the County to make reasonable arrangements to ensure accessibility to this meeting, the materials related to it, and your ability to comment.

*Instructions for Public Comment During Hybrid Meetings

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

*Written Comments:

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

- 1. Your written comment should be emailed to ecruz@smcgov.org
- 2. Your email should include the specific agenda item on which you are commenting or note that your comment concerns an item that is not on the agenda or is on the consent agenda.
- 3. Members of the public are limited to one comment per agenda item.
- 4. The length of the emailed comment should be commensurate with the two minutes customarily allowed for verbal comments, which is approximately 250-300 words.
- 5. If your emailed comment is received by 5:00 p.m. on Friday, March 21, 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, March 21, 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:

 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 March 24, 2025 First 5 San Mateo County Commission meeting may be accessed through Zoom online at the links and telephone numbers listed above.
- 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 contract 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

April 28, 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.

3.1 Approval of the March 24, 2025 Commission Meeting Minutes (See Attachment 3.1)

<u>First 5 San Mateo County (F5SMC)</u> <u>COMMISSION MEETING MINUTES</u> <u>MARCH 24, 2025</u> <u>San Mateo County Office of Education</u> <u>101 Twin Dolphin Drive, 1st Floor Conference Room</u> <u>Redwood City, CA 94065</u>

Call to Order & Roll Call

1	. <u>Roll Call</u>	
	Commission Members:	Carla Boragno, Claire Cunningham, Colleen Chawla, Sylvia Espinoza, Hanish Rathod, Nkia Richardson, Jackie Speier (attending virtually)
	Youth Commission:	Adele Ryono, Rikhav Shah
	Absent:	Nancy Magee, Naveen Mahmood
	Staff:	Kitty Lopez, Michelle Blakely, Emily Roberts, Jenifer Clark, Mai Le, 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 March 24, 2025, Meeting and Approve Consent Agenda Items:

MOTION:CUNNINGHAM / SECOND: BORAGNOAYES:BORAGNO, CUNNINGHAM, CHAWLA, ESPINOZA, RATHOD, RICHARDSONAYES - YC:RYONO, SHAHNOES:NONEABSTAIN:NONE

Motion approved. Public Comments: None

4. Commission Announcements:

 Commissioner Richardson shared that CASA will be hosting the Opening Night of the Lost Childhoods Exhibit on Friday, April 4, 2025, from 7 pm – 9 pm at the Redwood City Public Library and invited everyone to attend.

5. Storytelling: First 5 Work/Impact: Commissioner Colleen Chawla

Commissioner Colleen Chawla, Chief Health for San Mateo County, spoke about her background in public health, starting as a volunteer for an HIV AIDS hotline, then working for a nonprofit organization that provided services for people living with HIV and AIDS in Los Angeles for seven years. Next, she worked for San Francisco Department of Public Health in 1999 for 14 years, where she was exposed to services that support early childhood development and health, such as Women, Infants & Children (WIC), Child Health and Disability Prevention program (CHDP), and public health nurse home visiting. For the past seven years she was the Health Director in Alameda County, where she learned about the relationship between public health and the public hospital system, and she became familiar with health equity and disparities related to African Americans, such as the Black Infant Health Program, a program to improve birthing outcomes, and Beloved Birth, a midwifery program. Lastly, she was involved in the Fatherhood Initiative, a program which partnered between First 5 Alameda County and the Public Health Department of Alameda County. Commissioner Chawla is looking forward to continuing her journey with early childhood development as she works with First 5 San Mateo County.

6. <u>Presentation: Family Health Services Evidence-Based Home Visiting Interventions</u>

Lizelle Lirio de Luna, Director of Family Health Services, San Mateo County Health, Maribeth Viray, Clinical Services Manager for Home Visiting, Amy Lam-Bonilla, Clinical Services Manager for Home Visiting, and Dr. Anand Chabra, Medical Director of Family Health Services presented Evidence-Based Home Visiting Interventions. They highlighted the following for eligible children and their families:

- Giving every single baby the best start in life
- Leveling the playing field for every child to be able to realize their full potential
- Improving the health and well-being for both parents and children
- Use evidence-based home visiting programs (i.e. nurse family partnership)
- The "magic window" of time in which families can be reached with these services and interventions.
- Goals of the Nurse Family Partnership
 - o Improve pregnancy outcomes
 - Improve child health and development
 - o Improve families' economic self-sufficiency
- Healthy Family San Mateo County (based on the Healthy Families America model)
 - Focused on helping parents have positive interactions with their children.
 - Home visits focus on strengths rather than deficits in family relationships.
- Family Health Services
 - Offered from newborn to age 5
 - Focused on early social emotional development (bonding and attachment)
 - Increases parents' sensitivity and responsiveness to the child, and the parents' knowledge of social emotional development.
 - Decreases child removal rates by 50%

The Commission made comments and asked questions.

Public Comments: None

The Power Point Presentation can be found on the F5SMC's website, <u>March 24, 2025 Commission</u> <u>Meeting Presentations.</u>

7. <u>Presentation: First 5 San Mateo County Strategic Plan Implementation Plan (SPIP) Timeline</u> <u>Update</u>

Michelle Blakely, Deputy Director for F5SMC highlighted the following points from the SPIP:

- Commission had approved for \$7.8 million over 3-year period (equal to \$2.6 million annually)
- Commission had approved additional \$650,000 saved from unallocated funds from previous Strategic Plan
- Reiterated the four core domain areas that are required by the Proposition 10 Statute.
- F5SMC will now be using OpenGov for procurements.
- ↔ "With the federal landscape and funding & policy shifts happening locally and statewide... there's some uncertainty in every sector serving children and families. Early education and the child care landscape is in a transition phase-it is a moving target."
- This new 5-year Strategic Plan will begin in July 2025 after most of the procurement processes have completed.

Public Comments: None

The Power Point Presentation can be found on the F5SMC's website, <u>March 24, 2025 Commission</u> <u>Meeting Presentations.</u>

8. Report of the First 5 San Mateo County Staff Team

Kitty Lopez reviewed Attachment 8 Staff Team Report which is included in the <u>Commission Packet</u>. Lopez highlighted the following:

- Childcare Partnership Council Program is working on resolving a gap in subsidized care for infants and toddlers findings indicate that 88% of those in need are not being served.
- Baby Bonus Pilot Program is reaching out to eligible families inviting them to sign up.
- F5SMC is launching third cohort for Child Parent Psychotherapy training of 50-60 mental health clinicians for SMC.

9. <u>Committee Updates</u>

Kitty Lopez noted that the Early Childhood advisory committee had an informal meeting of discussion with partner providers and Commissioners to discuss ongoing client level data collection and strategic plan.

Public Comments: None

Meeting Adjourned at 5:44 pm

DATE:	April 28, 2025
TO:	First 5 San Mateo County Commission
FROM:	Kitty Lopez, Executive Director
RE:	Approval of Persimmony International, Inc for a Grants Management & Data System, Agreement in the Amount Not to Exceed \$270,303, Contract Term Effective July 1, 2025 through June 30, 2028

ACTION REQUESTED

Approval of Persimmony International, Inc for a Grants Management & Data System, agreement in the amount not to exceed \$270,303, contract term effective July 1, 2025 through June 30, 2028

BACKGROUND

During the 2015-16 fiscal year, F5SMC transitioned its grants management and aggregate data collection activities to the Persimmony online system. This system enables activities such as invoicing, budget revisions, and monitoring programmatic progress and deliverables to be handled via a secure online portal. All F5SMC staff and each user at funded partner agencies have unique log-in credentials. Permissions levels are specific to the particular grants and actions that each user needs to successfully administer their F5SMC grant portfolio. The unique log-in credentials and permissions levels also enable electronic signatures, reducing paper usage, streamlining the invoicing submittal and approval process, and simplifying record-keeping. The system also allows for secure entry and storage of both individual level and aggregated client data, which are used to generate the information we are required to submit to First 5 California as part of each year's Annual Report.

F5SMC continued to contract with Persimmony throughout our FY 2020-2025 Strategic Plan. During contract negotiations for the 2020 contract, Persimmony agreed to reduce its budget by 10% and to forgo annual cost-of-living increases for its staff.

KEY SERVICES AND ACTIVITIES

- Authorized Licensing
- Support and Training
- Software Support
- Hosting Server Accessibility and Uptime Performance

See Attachment 6.1 for Exhibit A: Scope of Work and Attachment 6.2 for Exhibit B: Budget.

ISSUES TO CONSIDER

• During the current Strategic Planning process, staff discussed with our County Attorney whether F5SMC was required to put out a Request for Qualifications for a Grants Management and Data System.

- Due to the disruption that would be caused by migrating all fiscal and performance tracking functions to a different vendor, potentially significant costs for a new system to develop the necessary customizations already built in the Persimmony System, and the costs to both F5SMC and its partner agencies to retrain all users, staff determined that the most cost effective and efficient option at this time is continuing to contract with Persimmony as a sole source for these functions.
- Our County Attorney advised that these are defensible justifications for a Sole Source contract.
- This recommendation is in accordance with the approved funding allocations of the Strategic Plan Implementation Plan (SPIP FY 25-28) and the Long-Term Financial Plan (LTFP).
- The Grants Management and Data System funds are drawn from the Data & Evaluation allocation, agency administrative funds, and other systems allocations as appropriate.
- Compared to the FY 24-25 budget, the proposed budget reflects a 3.3% funding increase. This increase is substantially below the rate of inflation since FY 20-21.
- Persimmony has agreed to forgo annual cost of living adjustments for the term of the contract, resulting in additional savings.

FISCAL IMPACT

The proposed amount for the Persimmony Grants Management & Data System contract is \$270,303 or \$90,101 per year over the three year term. This is in accordance with the approved funding allocations of the Strategic Plan Implementation Plan (SPIP) and the Long-Term Financial Plan (LTFP).



First 5 San Mateo County BUDGET REQUEST FORM

Complete this form to show the budget for the <u>entire</u> project for the fiscal year. If there are subcontractors or collaborative agency budgets involved, please complete an additional budget request form for each and identify the subcontractor.

Agency Name:	Persimmony International, Inc	
Program/Project Name:	Program/Project Name: Grants Management & Data System	
Amount of Request:	\$90,101	
Budget Period:	July 1, 2025-July 30, 2026	
Submission Date:	Feb. 28, 2025	

** List Leveraged Amount Available-Non F5SMC funds available to support the project, excluding the amount being requested from the Commission. At the bottom of the form under section VII, please list the funding source for all funds included in this column and any amounts from this column that are not yet secured.

I. PERSONNEL				A. Amou	int Requested	B. Lev Amount A	eraged vailable**	Program t (A+B)
Position Title	Salar	y Range	<u># FTEs</u>					
Α.	\$	-	0.00	\$	-	\$	-	\$ -
В.	\$	-	0.00	\$	-	\$	-	\$ -
С.	\$	-	0.00	\$	-	\$	-	\$ -
D.	\$	-	0.00	\$	-	\$	-	\$ -
Benefits @ <u>%</u>				\$	-	\$	-	\$ -
Subtotal - Personnel				\$		\$	-	\$ -

		B. Leveraged	C. Total Program
II. OPERATING EXPENSES	A. Amount Requested	Amount Available **	Budget (A+B)
A. Rent and Utilities	\$ -	\$-	\$-
B. Office Supplies and Materials	\$ -	\$-	\$-
C. Telephone/Communications	\$ -	\$-	\$-
D. Postage/Mailing	\$ -	\$ -	\$-
E. Printing/Copying	\$ -	\$-	\$-
F. Equipment Lease	\$ -	\$ -	\$-
G. Travel Using Personal Vehicle	\$ -	\$-	\$-
H. Travel Using Company Vehicle	\$ -	\$ -	\$-
I. Consultants (itemize):			
	\$ -	\$-	\$-
	\$ -	\$-	\$-
J. Subcontractors (itemize):			
	\$ -	\$-	\$-
	\$ -	\$-	\$-
K. Other (itemize):			
Licensing, hosting, management, and support	\$ 90,101.00	\$ -	\$ 90,101.00
	\$ -	\$-	\$-
Subtotal - Operating Expenses	\$ 90,101.00	\$-	\$ 90,101.00

III. CAPITAL EXPENDITURES	A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
Itemize and describe items requested. Competitive bids m capital requests are being made.	ay be requested by the Commission prior to contr	ract. This section can l	be left blank if no
Α.	\$ -	\$ -	\$
В.	\$ -	\$ -	\$
С.	\$ -	\$-	\$
D.	\$ -	\$-	\$
E.	\$ -	\$-	\$
Subtotal - Capital Expenditures	\$ -	\$-	\$

IV. INDIRECT COSTS	A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
<u>%</u>	\$-	\$ -	\$-
(Attach copy of approved indirect cost rate proposal if percentage exceeds 12%, or submit a proposal for approval)			\$ -
Subtotal - Indirect Costs	\$-	\$-	\$-

V. TOTAL PROGRAM COSTS	A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
Total of sections I - IV	\$ 90,101.00	\$-	\$ 90,101.00

VI. IN KIND SUPPORT: Please identify any in-kind support that is available to this project (example: volunteer hours, donated office space or equipment). If volunteer hours are listed, please indicate the role(s) of volunteers in the project.

VII. LEVERAGED FUNDS ARE FROM: Please list the funding sources and their amounts for funds identified in Column B. Also indicate which leveraged funds are not yet secured.

Date Prepared:		Prepared By:		
First 5 San Mateo County Use Only				
			r	



First 5 San Mateo County BUDGET NARRATIVE FORM

Agency Name:	Persimmony International, Inc
Program/Project Name:	Grants Management & Data System
Amount of Request:	\$90,101
Budget period:	July 1, 2025-July 30, 2026
Submission Date:	Feb. 28, 2025

I. PERSONNEL	A. Amount Requested	Description / Explanation
Position Title	Requested	
А.	\$-	
В.	\$-	
С.	\$-	
D.	\$ -	
Benefits @ %	\$ -	
Subtotal - Personnel	\$ -	

II. OPERATING EXPENSES	 Amount uested	Description / Explanation
A. Rent and Utilities	\$ -	
B. Office Supplies and Materials	\$ -	
C. Telephone/Communications	\$ -	
D. Postage/Mailing	\$ -	
E. Printing/Copying	\$ -	
F. Equipment Lease	\$ -	
G. Travel Using Personal Vehicle	\$ -	
H. Travel Using Company Vehicle	\$ -	
I. Consultants (itemize):		
	\$ -	
	\$ -	
J. Subcontractors (itemize):		
	\$ -	
	\$ -	
K. Other (itemize):		
Licensing, hosting, management, and support	\$ 90,101.00	Site licenses for all users associated with F5SMC and it's grants.
	\$ -	
Subtotal - Operating Expenses	\$ 90,101.00	

III. CAPITAL EXPENDITURES	A. Amount	Description / Explanation
	Requested	
Α.	\$ -	
В.	\$-	
С.	\$ -	
D.	\$-	
E.	\$-	
Subtotal - Capital Expenditures	\$-	

IV. INDIRECT COSTS	A. Amount Requested	Allocation Method / Formula Used
<u>%</u>	\$-	
Subtotal - Indirect Costs	\$-	

V. TOTAL PROGRAM COSTS	A. Amount Requested
Total of sections I - IV	\$ 90,101.00

VI. IN KIND SUPPORT: Please identify any in-kind support that is available to this project (example: volunteer hours, donated office space or equipment). If volunteer hours are listed, please indicate the role(s) of volunteers in the project.

VII. LEVERAGED FUNDS ARE FROM: Please list the funding sources and their amounts for funds identified in Column B. Also indicate which leveraged funds are not yet secured.

Mail signed First 5 San Mateo County Budget Request and Budget Narrative Forms to : First 5 San Mateo County Attn: F5SMC Program Specialist 1700 S. El Camino Real, Suite 405 San Mateo, CA 94402 – 3050

Electronic copy must also be submitted to: **F5SMC Program Specialist**

Persimmony Contract: July 1, 2025 – June 30, 2028

Scope of Work:

Services to be Performed

In consideration of the payments set forth in Exhibit B, the Contractor, under the general direction of the Chairperson of the Commission, or his/her authorized representative, with respect to the product or the result of the Contractor's services, shall perform services as described in Exhibit A (the "Services").

The Contractor shall ensure compliance with all state, federal and local laws or rules applicable to performance of the Services required under this contract.

PROVISION OF SERVICES

- 1. **Subscription Services.** Customer and each licensed User may access and use the applicable Subscription Service during the Term solely for Customer's internal business operations, subject to payment of the applicable fees and the requirements of the terms of the Agreement, including the applicable Order. Customer may purchase additional Subscription Services or add additional licenses at its then-current price; related fees will be prorated for the remainder of the applicable Term. The Subscription Services include the features and functionality applicable to the version selected. Available subscription plans and details of those plans may change over time but will not be materially degraded during a Term.
- 2. **Third-Party Applications.** If Customer chooses to utilize interoperability with a Third-Party Application, Customer's purchase and use of such product is subject to the end user license or other agreement between Customer and the third party provider. Persimmony has no liability with respect to procurement, maintenance, use, or interoperability of any Third-Party Application, and does not guarantee such interoperability.
- 3. **Support and Service Levels**. Support is available during Persimmony's standard business hours (Monday through Friday, 8:00 AM to 5:00 PM Pacific Time, excluding holidays). Support requests must be submitted through Persimmony's designated ticketing system at support.persimmony.com. Response time commitments begin only upon proper submission through this system.
 - a) Persimmony will attempt to respond to properly submitted emergency tickets within four (4) business hours during standard business hours. An "emergency" means a complete unavailability of the core Subscription Service affecting all Users. Individual User access issues, performance degradation, or featurespecific issues do not constitute emergencies.
 - b) Standard Support includes only: (i) basic troubleshooting of documented features; (ii) assistance with error messages; and (iii) basic "how-to" questions regarding documented features.
 - c) The following are expressly excluded from standard Support : (i) custom report creation or modification; (ii) training beyond basic feature usage; (iii) data imports or exports; (iv) configuration changes; (v) support outside standard business hours; (vi) on-site support; and (vii) support for Third-Party Applications hardware or software.

- d) To receive Support, Customer must: (i) use supported browser versions as specified in Documentation; (ii) maintain current operating system versions and security patches; (iii) provide sufficient information to reproduce and diagnose reported issues; (iv) provide a technical contact with adequate system knowledge; and (v) implement recommended security updates within 30 days of notification.
- 4. **Documentation and Training**. Persimmony will provide access to product Documentation through its online help center at support.persimmony.com. Customer is responsible for ensuring its Users review and follow such Documentation. Persimmony reserves the right to modify Documentation at any time and maintains sole discretion over the format, content, and delivery method of Documentation and training materials.

USING THE SERVICES

- 5. Access Rights and Restrictions. Persimmony hereby grants to Customer and its Users the right to access and use the Subscription Services during the term of the Agreement, including in operation with Third-Party Applications, for Customer's internal business purposes. Upon termination or expiration of the Agreement, or of any individual Order, the right to access and use the relevant Subscription Service(s) will immediately terminate. Customer and its Users will not:
 - a) rent, lease, lend, sell, license, sublicense, assign, distribute, publish, transfer or otherwise make the Services or the Persimmony IP available to any third party, except as expressly permitted by the Agreement;
 - b) use or authorize the use of the Services in any manner or for any purpose that is unlawful under applicable law;
 - c) reverse engineer, decompile, disassemble or otherwise attempt to discover the source code of the Subscription Services;
 - d) use or access the Subscription Services or Documentation
 - 1. to develop a product or service that competes with Persimmony or
 - 2. other than in compliance with the Agreement and all applicable laws and regulations (including export control laws and restrictions);
 - e) remove or modify any proprietary markings or restrictive legends in the Subscription Services or on the Documentation;
 - f) infringe or misappropriate any Persimmony IP;
 - g) attempt to gain unauthorized access to the Services or any portion thereof;
 - knowingly, intentionally or negligently introduce viruses, malware, Trojan horses, worms, spyware or other destructive code into, or otherwise engage in any malicious act or disrupt the security, integrity or operation of the Services;
 - access or attempt to access the Services by any means other than Persimmony's supported interfaces, including any automated means (e.g. via scripts or web crawlers);
 - j) probe, scan, or test the vulnerability of any Persimmony system or network; or
 - k) access, store, create, share, display, publish or transmit any material through the Services that a person would reasonably believe to be unlawful or related to illegal activity, or that is otherwise threatening, deceptive, defamatory, discriminatory, obscene, libelous, an invasion of privacy, or that infringes the intellectual property rights of another.
- 6. Customer Responsibilities. Customer is responsible for:

- access to and use of the Subscription Service(s) by the Users, including deactivating Users no longer requiring access to the Subscription Service, and each User's compliance with the Agreement;
- b) the secure transmission of Customer Information to the Subscription Service(s);
- c) the legality, reliability, integrity, accuracy and quality of the Customer Information, and the means by which the Users acquired the Customer Information;
- d) if desired, backing-up Customer Information outside of the Subscription Service(s);
- e) using commercially available technologies to prevent the introduction of viruses, malware, Trojan horses, worms, spyware or other destructive code into the Subscription Service(s);
- f) instructing Users on the use restrictions herein and ensuring that those use restrictions are not breached;
- g) ensuring all Users maintain current versions of supported web browsers and operating systems as specified in Documentation;
- h) implementing all security-related updates, patches, and configuration changes recommended by Persimmony within thirty (30) days of notification;
- i) providing adequate training to its Users on proper use of the Services;
- j) promptly notifying Persimmony of any unauthorized access or security concerns through the designated support channels;
- k) maintaining accurate and up-to-date User lists and promptly deactivating access for terminated employees or contractors; and (I) ensuring all Customer Information uploaded to or stored in the Services complies with applicable laws and regulations.
- 7. Authorized Use Per Named User. Licenses are for named Users and cannot be shared or used by more than one individual at a time. However, licenses may be reassigned to new Users replacing individuals who no longer use a Subscription Service for any purpose (e.g. transferring a subscription from a terminated employee to a new employee). Each User must keep a secure password for accessing the Subscription Service and keep such password confidential. Customer will:
 - a) if applicable, obtain from its Users any consents necessary for Persimmony to provide the Services;
 - b) maintain commercially reasonable security standards with respect to use of the Persimmony IP; and
 - c) in the event of any unauthorized access to or use of the Services or Deliverables, promptly notify Persimmony via the support channel at <u>support.persimmony.com</u>. All access to and use of the Subscription Services by Customer and its Users is subject to the terms of the Agreement, for the purposes of processing Customer's internal data related to program and contract planning, development, management, monitoring and evaluation. Users may not use the Services for any purpose other than those expressly authorized hereunder, and subject to the restrictions in Section 5 above. Persimmony will, under the terms and conditions of the Agreement, provide the Services described in the Agreement solely to Customer and its Users. Customer bears the sole responsibility of ensuring that only authorized Users access the Subscription Services. Customer is responsible for setting up new Users (assigning passwords and creating shortcuts, etc.) and the ongoing addition/deletion of new/existing Users.

- 8. Subscription Services Accessibility. Access to the Subscription Services is granted only to Users with assigned licenses, and pursuant to the terms of the Agreement. Customer warrants that all Customer computers used to access the Services will be free of viruses, worms or other malicious software. Persimmony is not liable for data loss related to malicious software contained within the data of, or in any correspondence from, Customer. The Subscription Services require that Users' computers be configured with Windows 10 or newer, screen resolution of 1024x768 or higher, and suitable Internet access. Persimmony is not responsible for Users' computer hardware or software failures which restrict the Users' ability to access the Subscription Services. Persimmony agrees to provide 24-hour access to the Subscription Services; however, the Subscription Services may be unavailable in the event of routine maintenance (routine maintenance will be scheduled outside of Persimmony's business hours of 6 am-6 pm Pacific Time), unexpected hardware failure, malicious attacks (such as denial of service attacks), or other unforeseeable events which restrict outside access to Persimmony's servers. Persimmony agrees to perform routine backups of all data and maintain these backups for a reasonable period of time.
- 9. **Customer Assigned Liaisons.** Customer will appoint a Program Liaison to coordinate with Persimmony for the life of the Agreement. This individual will be a single point of contact for legal, program, and technical questions. Customer may change the assigned Program Liaison from time to time as needed, provided Customer provides Persimmony at least seventy-two (72) hours' advance notice of the change.
- 10. **Change Management.** Persimmony reserves the right to make changes to the Services at any time, provided such changes do not materially reduce the overall functionality of the Services. Persimmony will provide notice of material changes through the support portal or via email to Customer's designated contact. Customer's continued use of the Services following any change constitutes acceptance of such change. Persimmony maintains sole discretion in determining its product roadmap, feature deprecation schedule, and timing of updates or modifications.

DATE:	April 28, 2025
TO:	First 5 San Mateo County Commission
FROM:	Kitty Lopez, Executive Director
RE:	Presentations #7, #8, #9: Early Childhood Mental Health Presentations: First 5 San Mateo County Infant and Early Childhood Mental Health Systems Context and Components (Information Only)

ACTION REQUESTED

Discussion Only

BACKGROUND

First 5 San Mateo County (F5SMC) continues to uplift Infant and Early Childhood Mental Health (ECMH) as a priority area for leadership, partnership, and investment. Staff and partners will share updates on the following ECMH efforts and highlight efforts to come in the upcoming fiscal year.

Agenda #7 Presentation: Early Childhood Mental Health Landscape Scan

F5SMC commissioned Learning for Action (LFA) to conduct a landscape scan in order to develop a clear understanding of the array of ECMH services available to children ages 0-5 and their families in San Mateo County. The study examined existing resources and the factors that complicate access to and delivery of appropriate therapeutic services. By identifying gaps and barriers in the current system, F5SMC seeks to gather comprehensive information that will inform future efforts to enhance the local ECMH system of care. The scan was conducted between March and October 2024, and consisted of desk research, conversations with local field experts and providers, and a survey of clinicians and administrators who oversee organizations that provide ECMH care. This Executive Summary attached here (Attachment 7.1) uplifts key insights from the research and is intended as a companion document to a more comprehensive compendium of findings.

Agenda #8 Presentation: Centering Family Voice Project

In 2023, F5SMC began a new project, aimed at creating a shift to center parents' voices in strategy, funding, policy, and programmatic decisions in order to create a stronger early childhood system in the county.

As an initial first step in this shift, F5SMC contracted with WithIn Collaborative to pilot a humancentered design process to meaningfully partner with families to focus on their experiences attempting to access mental health support for their young children. The pilot focused particularly on the experiences of Hispanic/Latino/Latinx families, because of the disparities in maternal mental health for this population. By working in partnership with parents and additionally interviewing and co-designing with parents – we aim to 1. Inform F5SMC strategies on mental health, and 2. Continue to learn how to meaningfully engage parents to shape our systems, from mental health and beyond.

Agenda #9 Presentation: Children & Youth Behavioral Health Initiative Grant: IECMH Workforce Development & Network

In 2023, F5SMC applied for and received a Children and Youth Behavioral Health Initiative grant from the California Department of Health Care Services to support the local infant and early childhood mental health workforce. The grant provides funding to train up to 50 mental health professionals serving young children in San Mateo County in Child-Parent Psychotherapy, an evidence-based trauma-informed clinical practice. In addition, the grant supports the development of an ECMH Network that includes not only mental health professionals but builds a network for advocates and families to continue to understand and prioritize the mental needs of young children and their families. This work is supported by a talented group of consultants including Dr. Vilma Reyes from UCSF's Child Trauma Research Project, Kristin Reinsberg of the UCSF Infant Parent Program, and Sarah Dobkin, who serves as the ECMH Network Manager.

FISCAL IMPACT: None



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

Introduction

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

Defining the ECMH Landscape

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

The local EMCH Landscape

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

The Cost and Payor Landscape

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

The Impact of Payor Transparency and Collaboration on Available Findings

As noted elsewhere in this document, most payors for ECMH services did not respond to numerous attempts to engage them in this project. The only payor that was willing to collaborate with this effort was the Health Plan of San Mateo (HPSM), which provides Medi-Cal coverage to San Mateo County residents. This resulted in more detailed information about HPSM processes, including about barriers to access, being included in this report. The lack of detailed information about other payors' networks and processes should not be taken to mean that patients in those systems do not experience challenges in accessing care; in fact, the lack of detail reflects an almost complete lack of transparency and collaboration from those organizations. As noted below, this may in fact be a tactic to discourage both patients and ECMH providers from attempting to have mental health services covered through their existing insurance plans.

Medi-Cal. Low-income families, children involved in the foster care system, and children enrolled in California Children's Services are eligible to receive ECMH services through Medi-Cal. Care for most Medi-Cal recipients is managed by Health Plan San Mateo (HPSM) and contracted out to community providers. No diagnosis is needed, and families can self-refer. There is a network of about 19 providers who serve children 0-5 and their families and there is not a waitlist to get connected to care. However, the providers contracted with HPSM vary in training, approaches, modalities, and languages spoken, meaning clients may not always be able to see a provider that aligns with all their needs and preferences.

Additionally, the process to connect to care requires that the client call and then receive a call back, which takes place during business hours. This creates challenges and delays for some families, especially those dealing with language barriers and inflexible work schedules.

Kaiser. Kaiser Permanente is a health plan that provides both insurance and care as a private insurer as well as for a portion of those on Medi-Cal. Kaiser does cover services for ECMH which are primarily contracted out at this time. A number of community-based nonprofit organizations in San Mateo County are contracted to provide services through Kaiser. Clients request approval through their pediatrician or primary care provider and can then be seen by a community provider external to Kaiser. As noted in the box above, Kaiser did not respond to multiple attempts to learn more about their network and processes. We are therefore not able to share any details about the number of ECMH providers in their network, the training those providers have, their language capacity, waitlists, whether pre-authorization is required, or how or how often patients need to communicate with Kaiser prior accessing care. Anecdotal reports from Kaiser members suggest that their children may spend months waiting to be connected to a provider in the community, and that in some cases those providers may not have had any prior experience working with children.

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

A recent ProPublica article titled "Why I Left the Network" describes the undue hurdles, barriers, and challenges many mental health clinicians nationally experience trying to contract with private insurance companies that drive many providers away from accepting private insurance. In fact, the elusive nature of coverage information may not only be a research challenge, but it may in fact also be a tactic that limits consumer and provider use of private insurance for mental health care.

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

None of the private practice and community-based organization providers we spoke with contract directly with private insurance, and only one survey respondent indicated that they contract with private insurance. Providers may supply their privately insured clients

with a superbill which the client can submit for reimbursement from their insurance, a process which puts the onus on the client, and which is subject to deductibles and provider network requirements.

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

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

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

Navigation

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

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

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

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

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

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

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

Balancing priorities. Many families are struggling with meeting basic needs. Because of the intersections of poverty with housing, food, and employment insecurity, the families most in need may be juggling the greatest challenges. Making the choice to take their child to therapy is a difficult one when balancing other priorities. If families miss appointments or do not return phone calls, they run the risk of losing their program spot or being removed from future follow-up.

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

High-Leverage Opportunities

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

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

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

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

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

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

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

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

First 5 San Mateo County is already deeply immersed in the Early Childhood Mental Health (ECMH) system in San Mateo County. This landscape scan is one of five components identified under an "umbrella" approach to comprehensively address ECMH needs. This landscape scan specifically answers the question, "Who currently provides services and supports for young children and families?" The current and ongoing efforts described below are complementary components of First 5 San Mateo County's effort to build

regional capacity and momentum for supporting the mental health needs of the county's youngest residents and their families:

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

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

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

Closing

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

Appendix A: The Local EMCH Landscape

County Agencies	
Health Plan San Mateo	Medi-Cal managed care provider for the county. Covers
	services through contracted providers
San Mateo County Behavioral	Specialty Mental Health services for HPSM and Kaiser
Health and Recovery Services	Medi-Cal members with serious mental health
Theatth and Needvery bervices	conditions- is considered both provider and payor for
	qualified Medi-Cal members. Has a Pre to Three and a
	Home Visiting Program focused on expectant parents
	and children ages 0-2. Serves Medi-Cal recipients and
	low-income families. Some services require a diagnosis
Non-Profit/Service Delivery O	
StarVista	Provides behavioral health and ECMH consultation
Starvista	
00004	services.
CORA	Serves survivors of domestic violence. Provides short-
Jerry Fashy Falses they	term behavioral health services.
Izzy Early Education	Early education-based provider offering ECE and support
	services including home visiting.
Puente	Multi-service agency offering services including
	behavioral health
Family Connections	Provides whole-family education and in-depth support
One Life Counseling Center	Offers behavioral health services, school-based services
	and consultation, and family support
Children's Health Council	Offers behavioral health services in a variety of
	community locations
Ability Path	Serves people with developmental disabilities
ALAS	Latino-centered organization dedicated to social
	wellness providing behavioral health care and other
	family support services
CASSY	Partners with local schools to support student social and
	emotional wellbeing
The Infant Parent Program	Offers a model for providing attachment-based infant
	and parent psychotherapy. Provides consultation, a
	clinician training program, and direct service (primarily
	serving San Francisco County residents with rare out of
	county exceptions)
Coordinating and Navigationa	l Entities
Golden Gate Regional Center	Coordinates identification and care of children with
	developmental delays or disabilities from birth to age 3
Special Education Local Plan	Coordinates the transition of children from early
Area	intervention (0-3) to programs through school districts for
	children 3-5 and older
Help Me Grow	Helps families get connected with appropriate
-	information, early intervention, and care coordination

Private Practice Providers	
Private Practice ECMH	Therapists (mostly LCSWs, and MFTs) who provide ECMH
Providers	services to families in San Mateo County. Payment for
	services is usually out-of-pocket.



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

STRATEGIC INVESTMENT FOCUS AREAS – UPDATE

QUALITY CARE AND EDUCATION

Children's Collective

On April 14, the San Mateo County Children's Collective met for its monthly meeting. The group discussed a recent supply/demand study by Sarah Kinahan Consulting, which updates the 2022 Child Care Needs Assessment with more detailed analyses; discussed an initial literature review of Family Child Care (FCC's) conducted by Family Child Care Experts LLC (FCCE). There's been a concerning 24% decrease in licensed, operating FCCs in SMC since the pandemic and we know that 40% of infant & toddlers receive care in FCC home businesses. The group also reexamined the Childcare Blueprint goals considering local needs and priorities and began developing a draft set of strategies for the Childcare Blueprint Strategies.

HEALTHY CHILDREN

Approval of Mental Health Services Act (MHSA) MOU

On March 25, the Board of Supervisors approved an Amendment to the MOU between Behavioral Health and Recovery Services and First 5 SMC to allocate \$1,000,000 in Mental Health Services Act funding to First 5 SMC for FY2025-26. This funding will support the ongoing work of our Trauma- and Resiliency-Informed Systems Initiative to support three of our largest child- and family-serving systems in the County to continue to adopt trauma-informed organizational practices and will also augment Proposition 10 funding for early childhood mental health services and efforts in the areas of prevention and early intervention.

Early Childhood Mental Health (ECMH) Services RFP Launch

First 5 SMC released a Request for Proposals for Early Childhood Mental Health Services on April 7, 2025. This process will support up to \$2,100,000 in funding to qualified agencies and organizations interested in implementing services and strategies that support access to the early childhood mental health service continuum, from preventative social supports for children and families through intensive mental health service delivery. *For more info, click the OpenGov link*: <u>https://procurement.opengov.com/portal/smcgov/projects/160517</u>. The deadline to submit via OpenGov: April 28, 2025, 4:00pm.

Systems Change Meeting

On April 10, First 5 SMC hosted the quarterly Systems Change for Children with Special Needs meeting for community partners focused on and supporting and serving children with special needs and their families. The meeting featured Mike Odeh, Senior Director of Health Policy at Children Now, who spoke about Medicaid/Medi-Cal in the federal and state budget and lead an engaging discussion about opportunities to create "warm handoffs" between Medi-Cal and Early Start for infants and toddlers. Odeh is co-leading a Warm Handoff Advisory Team alongside the First 5 Association Center for Children's Policy, which is made up of stakeholders from across California, including F5SMC staff member Emily Roberts.



RESILIENT FAMILIES

Friday CAFÉ Trustees Meeting

On April 11th, Jenifer Clark attended the Friday CAFÉ Trustees Meeting hosted by San Mateo County Office of Education. The Trustees are a group of on-the-ground Family Engagement Professionals who bring their wisdom and deep understanding of families and those who support them to bear on program planning and design for Friday CAFÉs. The group discussed plans for the final two CAFÉs of this fiscal year, as well as different approaches to continue to engage and support the family engagement workforce during the next program year.

SPECIAL PROJECT

Baby Bonus Pilot Program

Enrollment into the Baby Bonus pilot program began on March 24, 2025. Our partners at Stanford, Health Plan of San Mateo, and UpTogether have successfully enrolled over 10 eligible Medi-Cal families for monthly cash gifts and/or ongoing care coordination. Our planning and implementation partners met in person on March 26th to celebrate the program launch milestone, reflect on our collaboration process, and identify next steps.

POLICY & ADVOCACY UPDATES

The Outlier

In February 2025, Illuminating Journalism from American Public Media released a story highlighting the success of Steubenville City Schools in Ohio. Despite serving one of the highest proportions of low-income families in the state, nearly every third grader in the district achieved a proficient score on the state's reading test. The district's success is attributed to several key strategies: subsidized pre-K programs, a strong focus on attendance, small reading class sizes, and a teaching method known as "cooperative learning." (See Attachment 11.1) or click the link: Most school districts have lots of kids who struggle with reading. This one is different. | The Outlier | APM Reports

Strengthening the Child Tax Credit to Support Families and Reduce Poverty

In March 2025, the California Budget & Policy Center released a report, *Strengthening the Child Tax Credit to Support Families and Reduce Poverty*, emphasizing that expanding the Child Tax Credit could significantly benefit millions of children by reducing poverty, advancing racial equity, and providing full support to families with the lowest incomes. Click the link for the full report: <u>Strengthening the Child Tax Credit to Support Families and Reduce Poverty - California Budget and Policy Center</u>

It's Time to Prioritize Our Youngest Californians

On March 17, 2025, EdSource published a commentary by Patricia Lozano, Executive Director of Early Edge California, and Scott Moore, CEO of Kidango, highlighting the urgent need to expand access to high-quality, affordable early learning and care for infants. They emphasized the importance of increasing caregiver wages, expanding subsidized child care slots for infants and toddlers, and streamlining licensing and training pathways to strengthen the child care system. (See Attachment 11.2) or click the link: <u>It's time to prioritize our youngest Californians</u> <u>EdSource</u>



White House proposes eliminating Head Start funding as part of sweeping budgets cuts

On April 17, 2025, *The Associated Press News* reported that the Trump Administration is proposing to eliminate funding for Head Start, putting early education and child care for over 500,000 low-income children at risk. Advocates call the proposal devastating, while critics see it as part of a larger effort to roll back federal support for education. Click the link: <u>Head Start funding eliminated under Trump White House budget | AP News</u>

Protecting our future: Why Head Start Matters to Every Child in San Mateo County

On April 18, 2025, *The Daily Journal* published an op-ed by Christine Padilla, Executive Director of Build Up San Mateo County, highlighting the vital importance of Head Start programs in San Mateo County. Her piece comes in response to the sudden closure of the regional Head Start office in San Francisco, which oversees programs across multiple states. Padilla urged the community to contact their elected officials and advocate for the protection and restoration of Head Start and the early learning infrastructure that local families depend on. *(See Attachment 11.3).* F5SMC, Build Up, 4Cs, the F5 Association are working on additional communications efforts to create public awareness and education for local, state, and federal legislators and the public.

'I Know the Power of Head Start': Laid-Off Worker Fears for the Program's Future

On April 16, 2025, *KQED* published an article highlighting why Head Start works, told through the perspective of a Head Start worker and mother who personally benefited from the program—and who now expresses concern about its future. Click the link: <u>'I Know the Power of Head Start'</u>: Laid-Off Worker Fears for the Program's Future | KQED

FIRST 5 CALIFORNIA & FIRST 5 ASSOCIATION UPDATES

First 5 Association Advocacy Day

On April 9, 2025, the Annual First 5 Association event brought together county First 5 Commissions to meet with legislators in support of young children and families. Key advocacy priorities included protecting funding for Medi-Cal, supporting home and community-based perinatal services, and restoring funding for the ACEs Aware initiative. Kitty Lopez, Executive Director of First 5 San Mateo County (F5SMC), and Michelle Blakely, Deputy Director of F5SMC, are scheduled to meet with Senator Josh Becker, Assemblymember Diane Papan and Assemblymember Marc Berman in the coming weeks to discuss these priorities and provide updates specific to San Mateo County. *(See Attachment 11.4)*

First 5 Association Bay Area Regional Executive Directors (BAREDs)

The Bay Area Regional Directors, including First 5 San Mateo County, submitted their support for the following bills:

- AB 29 (Arambula) Medi-Cal ACES screenings reimbursable for Doula's and CHW
- AB 397 (Gonzalez) Personal Income Tax Law and Young Child Tax Credit
- AB 607 (Rodriguez) Extending CalWORKS home visiting extending age limits
- AB 753 (Garcia) Childcare Facility Licensure
- AB 997 (Stefani) Have a Heart, Be a Star, Help our Kids license plate program
- SB 626 (Smallwood-Cuevas) Maternal Health Screenings and Treatment
- SB 792 (Arreguin) Child Care State Median Income Threshold

(See Attachment 11.5)



COMMUNITY AND STATEWIDE EVENTS & UPDATES

Dia de los Niños

The Town of Colma will be celebrating Dia de los Niños aka Children's Day on Wednesday, April 30, 2025, from 4 to 6 pm at the Colma Community Center (1520 Hillsdide Blvd. Colma). There will be fun activities, games, crafts and much more for children 3 - 12 years old and their families. This is a free event, and First 5 SMC will be there to share resource information to families. *(See Attachment 11.6)*

San Bruno Park School District Wellness Fair

The San Bruno Park School District will host a Wellness Fair on Wednesday, May 14, 2025, from 1 to 3 p.m. at the San Bruno Park Library (701 Angus Avenue W, San Bruno). The event aims to raise awareness among school and community members about the various resources available in San Mateo County. First 5 San Mateo County will participate by hosting an information table at the event.

COMMUNICATIONS

Center for the Transition to Parenthood

First 5 San Mateo County has been included by the <u>Center for the Transition to Parenthood</u> part of the Department of Obstetrics & Gynecology at Columbia University in New York City—in its nationwide listing of resource programs that support families during the transition to parenthood.

What's New on our Website? Procurement Information and Instructional Videos

First 5 San Mateo County (F5SMC) has released two Requests for Proposals (RFPs): one for Family Connectivity and Leadership and another for Early Childhood Mental Health Services. Both proposals are due by Monday, April 28, 2025, at 4:00 PM, and must be submitted through the County's procurement portal, OpenGov.

Instructional videos to assist with completing the required forms in OpenGov—found within the RFP documents—are now available on the F5SMC website under <u>Funding Opportunities – First</u> <u>5 San Mateo County.</u>

Communications Analytics and Impact

F5SMC's communications firm, VIVA Social Impact Partners, will present an overview of F5SMC's communications performance at the April 28, 2025 Commission meeting. Their presentation will highlight social media metrics, website activity, and overall communications landscape.

March 2025 Social Media and Analytics Reports (See Attachment 11.7)

Illuminating Journalism from American Public Media

The Outlier

Most school districts have lots of kids who struggle with reading. This one is different.

STORY: Kate Martin | Carmela Guaglianone | Emily Hanford

Nate Smallwood for APM Reports

The third graders in Steubenville, Ohio, are among the best little readers in the nation. For nearly 20 years, 93% or more of them have scored proficient on state reading tests. In fact, the elementary schools in this economically depressed area are producing better readers than some of the wealthiest places in the country.

February 20, 2025

The schools in Steubenville, Ohio, are doing something unusual. In fact, it's almost unheard of. In a country where nearly 40% of fourth graders struggle to read at even a basic level, Steubenville has succeeded in teaching virtually all of its students to read well. Last year, almost every third grader in Steubenville City Schools scored proficient on the state's reading test. Statewide, one in three third graders in Ohio missed that mark.

Only three districts out of more than 600 in Ohio did better than Steubenville last year.

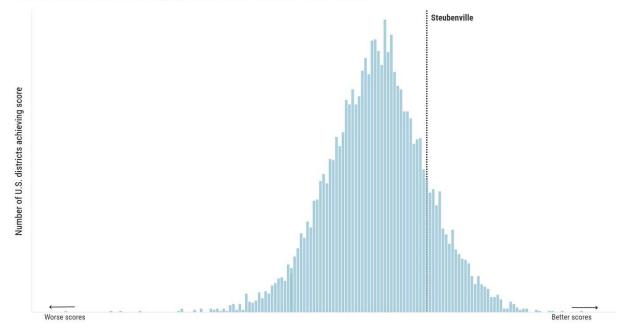
And those impressive results aren't a fluke. Every year since 2008, between 93% and 100% of the district's third graders have scored proficient.

A Flourish chart

Nationally, the district also stands out, according to data from the <u>Educational Opportunity Project</u> at Stanford University. Steubenville has routinely scored in the top 10% or better of schools nationwide for third grade reading, sometimes scoring as high as the top 1%.

Steubenville outperforms most U.S. districts in average third grade reading scores

Steubenville's third grade readers are scoring higher marks than most of their peers across the nation.



SOURCE: Stanford Education Data Archive, 2024. Data analysis by Kate Martin. Graphic by Carmela Guaglianone.

Education journalist Karin Chenoweth visited one of Steubenville's elementary schools back in 2008 and marveled at the results, which she wrote about in her <u>book</u> "How It's Being Done: Urgent Lessons from Unexpected Schools."

"It was astonishing to me how amazing that elementary school was," Chenoweth said in an interview. "They had a kid they were so proud of who had been measured with a very low IQ, and he was reading."

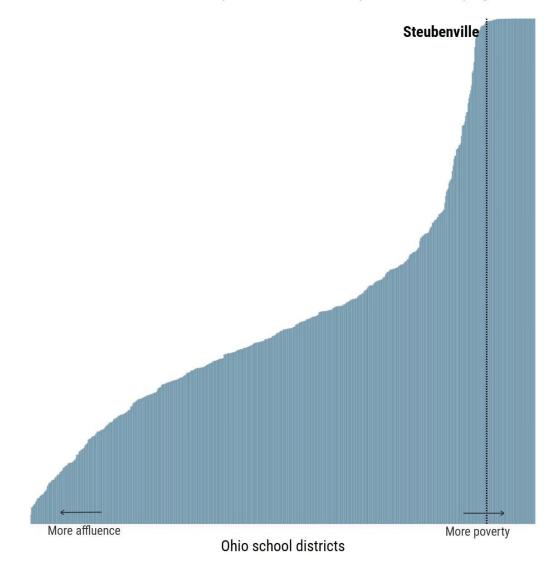
What stood out to Chenoweth was not just the school's success, but that it was happening in a place like Steubenville.

Once a bustling steel town, economic forces have left the city in decline.

Thousands of steelworkers in the Steubenville area had lost their jobs by the 1990s, and thousands more have since then. Weirton Steel, located across the Ohio River in West Virginia, which once employed 8,000 workers, closed just last year. These days, the median household income in the city is less than \$42,000 per year. Nearly 80% of Steubenville students receive free or reduced lunches, and the state of Ohio considers almost every one of Steubenville's students to be "economically disadvantaged."

Steubenville among Ohio districts with highest proportion of poor families

The proportion of students in Steubenville City Schools who are considered economically disadvantaged, a metric for poverty, is determined by the state of Ohio using a variety of factors, like whether a student receives free or reduced lunch or a family member is enrolled in public assistance programs.



SOURCE: State of Ohio school report cards, 2024. Data analysis by Kate Martin. Graphic by Carmela Guaglianone.

"We have one-parent homes, no-parent homes, kids that are coming from the homeless shelters," said Jennifer Blackburn, an instructional coach at Steubenville's East Garfield Elementary School. Blackburn maintains a closet full of everything from socks to sweatshirts to winter boots for kids who come to school without proper clothing.



Jennifer Blackburn organizes items in the clothing closet inside East Garfield Elementary School in Steubenville, Ohio. Nate Smallwood for APM Reports

In study after study for decades, researchers have found that districts serving low-income families almost always have lower test scores than districts in more affluent places.

Steubenville bucks that trend.

Its third grade reading scores surpass those of well-heeled districts all around the nation. Places like Loudoun County Public Schools in Virginia, San Pasqual Union Elementary School District near San Diego, and Chesterfield Township School District in New Jersey lag behind Steubenville, even though the typical families in those areas earn more than four times as much.

Test scores and income closely linked

When household income drops, reading scores usually do, too — but not always. Steubenville, marked with an S, is clearly an outlier. But there are others.

NOTES: The test score data comes from the 2023-2024 school year, the most recent year available. The percentage of economically disadvantaged students comes from 2019, the most recent year available for that statistic. The economic disadvantage statistic is a composite of several measures of poverty, including median household income, the percentage of those with a bachelor's degree or higher, unemployment, household poverty rate, the percentage of households with children headed by a single

mother, and the proportion of households receiving SNAP benefits. SOURCE: Stanford Education Data Archive. Data analysis by Kate Martin. Graphic by Andy Kruse.

In measure after measure — unemployment, single motherhood and household income to name a few — Steubenville struggles.



Steubenville, Ohio., on Jan. 30, 2025. Nate Smallwood for APM Reports

So why don't its students? Schools are complex systems, and teasing out correlation from causation can be difficult. But a visit to Steubenville reveals that its elementary schools employ a host of strategies that many others around the country don't.

Subsidized pre-K. Nearly 80% of Steubenville's children attend preschool, which costs just \$100 per month for full-day classes and is free for the poorest families. The program begins at age 3, and teachers encourage students to talk in complete sentences, which helps them later when they start to learn to read and write. Nationwide, fewer than half of children attend a preschool program.



Dierre Jackson spells his name in class inside East Garfield Elementary School in Steubenville, Ohio. Nate Smallwood for APM Reports

Attendance. Steubenville uses attendance contests to motivate students to come to school — and deploys a rapid response team when they don't. A child is considered chronically absent if they miss school 10% of the time or more. Steubenville has a much lower percentage of chronically absent students than most school districts in Ohio. In a class of 30 children, Steubenville is likely to have only a couple of chronically absent students, whereas the average district across the state may have as many as six or seven.

A Flourish pictogram

Small reading classes. All the students in Steubenville's elementary schools have reading class at the same time. That allows students to be grouped with others at the same reading level — even if they're in a different grade. And reading classes can be small. Some have just six kids. Steubenville is able to have so many small reading classes because every teacher leads one, even gym teacher Josh Meyer.



Gym teacher Josh Meyer helps students with reading exercises inside East Garfield Elementary School in Steubenville, Ohio. Nate Smallwood for APM Reports

Time to practice. Steubenville does something called "cooperative learning," where kids work in pairs and small groups based on their skill level. While this is no substitute for direct instruction from a teacher, it provides something really important: time to practice.



Students read as partners at East Garfield Elementary School in Steubenville, Ohio. Nate Smallwood for APM Reports

Tutoring for kids who need it. Kids who need extra help get one-on-one tutoring in addition to the daily 90-minute reading class. The tutors include staff, community volunteers and local high school and college students.

Consistency. While many schools change reading curricula frequently, Steubenville has used the same program for the past 25 years. It's called Success for All.

"SFA just fit us," said Steubenville Superintendent Melinda Young. "When anybody asks, 'Why do we have success?' we start with SFA."



Prior to becoming superintendent of Steubenville City Schools a decade ago, Melinda Young held a number of roles in the district, including as a principal and teacher. **Nate Smallwood for APM Reports**

The program was developed in the 1980s by two professors at Johns Hopkins University. Numerous studies show Success for All can be effective at boosting student achievement. But relatively few schools use it. Currently, only about 800 schools in the United States and Europe use Success for All. Around twice that many used it when Steubenville started in 2000.

Sold a Story is a podcast from APM Reports. Emily Hanford and Christopher Peak investigate influential authors who have promoted a debunked method for teaching children to read. <u>Learn more</u>.



EdSource

NEWS AUDIO & VIDEO SPECIAL PROJECTS RESOURCES ABOUT

COMMENTARY

It's time to prioritize our youngest Californians



California is home to more than <u>1.7 million children under the age of 3</u> — our future doctors, teachers, engineers, and leaders. These youngest Californians represent about 4% of <u>our state's population</u> and are <u>from diverse backgrounds</u>, with <u>nearly 60%</u> <u>speaking a language other than English at home</u>. Yet, for too long, they have been left behind in policy discussions and funding decisions.

The science is clear: <u>80% of brain growth happens by the age of 3</u>, laying the foundation for a child's cognitive, social, and emotional development. Every moment in which we do not invest in babies' development is a critical missed opportunity to lay the foundation for our future.

That's why babies urgently need high-quality, affordable early learning and care from birth. Unfortunately, for many families, this is either <u>too expensive or unavailable</u>, forcing parents into impossible choices between their careers and raising their children.

This dire shortage of care options affects more than just parents. When families can't find high-quality, affordable care, the ripple effects are felt across workplaces, classrooms, and communities. Parents — and, in most cases, mothers — <u>are often</u> <u>forced to leave the workforce</u>, creating financial instability for their families, reducing

career opportunities for women and decreasing the overall productivity in our economy.

To expand access and make early learning and care available to all of California's children, our educators and caregivers need our support. These professionals, <u>the</u> <u>majority of whom are women of color</u>, are among the lowest-paid workers in the state. This chronic underinvestment has pushed many of them to leave the field, worsening an already extreme shortage of care.

We must expand the workforce because, while 36% of infants and toddlers qualify for subsidized care, <u>only 14% have access to a space</u>. But California — which has led the nation in taking bold action by creating access to universal preschool through the expansion of Transitional Kindergarten (TK) for all 4-year-old children and expanding access to state preschool to 3-year-olds — can close this gap.

It's time to put solutions into action. Scaling successful models across early learning and care settings means expanding proven, high-quality programs to reach more children, especially those who live in communities that are under-resourced. By adapting these models to child care programs of all sizes — from home-based providers to large early learning centers — we can ensure more children have access to the education and support they need to thrive.

Here's how we can act now:

- Continue to support reforms to child care reimbursement rates to reflect the true cost of care. The goal is to develop policies to give caregivers a just and livable wage.
- The Legislature and governor should move ahead with their plans to <u>expand</u> <u>child care access</u> to thousands more children of working-class families through the commitment to funding 200,000 new subsidized child care slots by the 2027-28 state budget, but they should target this access to infants and toddlers, because that is what families need the most.
- We must remove the roadblocks to opening new child care centers and homebased providers, such as: allowing new early learning and care teachers to obtain their required college courses while working, as well as speeding up the time it takes for state child care licensing to approve new facilities, as we are currently <u>advocating for at the legislative level</u>.

Let's Do This, Together

By listening to families; supporting early learning educators and providers; and working collaboratively with our governor, the Legislature, state leaders, and our

partners, we can build a system that works for everyone. The future of our state depends on the decisions we make today.

Our babies can't wait. Let's act now to ensure they get the support they need to thrive.

...

Patricia Lozano is the executive director of <u>Early Edge California</u>, a nonprofit organization that advocates for accessible, high-quality early learning and care for communities that are under-resourced, with a primary focus on babies, toddlers, and preschoolers.

Scott Moore is the CEO of <u>Kidango</u>, a leading early childhood non-profit that serves thousands of low-income children and families.

EDAILY JOUR! The Peninsula's home page **Protecting our future:** 0 **Why Head Start** matters to every child in San Mateo County



By Christine Padilla

April 18, 2025

Last week's abrupt closure of the Region IX Office of Head Start – responsible for serving more than 100,000 children across California, Nevada, Arizona, Hawaii and the Pacific Islands – has sent shock waves through early education circles. For those of us on the ground in San Mateo County, this is not just a bureaucratic reshuffling. It's a serious disruption to a system that supports some of our most vulnerable children.

Here in San Mateo County, we're proud of programs like Izzi Early Education, which have been national models for high-quality early learning. Izzi serves approximately 750 children and their families each vear, with locations in South San Francisco, Daly City, Half Moon Bay, Redwood City, San Mateo, East Palo Alto and Menlo Park – providing essential early education across a wide and diverse region. These programs don't operate in a vacuum – they rely on the guidance, oversight and technical assistance of regional Head Start offices to meet federal standards and provide safe, developmentally rich environments for infants, toddlers and preschoolers.

The closure of Region IX not only strips away this critical layer of support but also threatens to delay or derail important work happening right now — like upgrading facilities, expanding access in high-need areas, and navigating complex licensing requirements. For communities already struggling with a lack of affordable, high-quality child care, this is an unnecessary blow.

I recently had the privilege of visiting Izzi's downtown Redwood City location, where I witnessed firsthand the joy, curiosity and dedication radiating from both children and teachers. It was a powerful reminder of why these programs matter — and what we risk losing without the infrastructure to support them. Head Start programs like Izzi's also provide critical health and nutrition services — serving breakfast, lunch and snacks that together make up two-thirds of a young child's daily meals. These meals support healthy development and are a key reason why families trust and depend on these programs every day. This aligns with the growing national focus on early childhood nutrition.

The impact also extends beyond children and families — it reaches into our broader economy. Access to reliable, affordable early care and education is a key driver of women's participation in the workforce. Without it, parents — especially mothers — are forced to reduce work hours, leave jobs or decline opportunities for advancement. When early learning systems falter, it's not just families that feel the strain — it's our businesses, our public systems and our long-term economic growth.

The return on investment in early childhood education is staggering. Research shows every dollar invested can yield up to \$13 in long-term benefits — from improved educational outcomes and higher earnings to reduced social service costs and lower incarceration rates. It's one of the smartest, most evidence-based investments we can make as a society. As a parent, I think about the broader impact. Whether your child attends Head Start or not —or even if you don't have children — these are the children who will grow up alongside mine, learning in the same classrooms and shaping the future of our community together.

We cannot provide a strong foundation for these children without highquality, safe early learning facilities — and programs can't do this work without consistent support and leadership. I know we have champions for early education here in San Mateo County, and I'm grateful for their continued support. But now is the time for their voices — and actions to rise even louder. We need our local, state and federal leaders to push for transparency, stability and restoration of support for Head Start programs. Let's set the example for the rest of the country and reaffirm our commitment to children and families.

I encourage readers to contact their elected officials to urge them to protect and restore support for Head Start and the early learning infrastructure our families rely on.

We cannot afford to let this moment pass without action. Let's ensure that every child in San Mateo County — regardless of background — has access to high-quality, safe early learning environments that prepare them for success and strengthen the foundation of our entire community.

Christine Padilla is the director of Build Up San Mateo County, a parent, advocate for women's rights, and longtime champion for children and families.





March XX, 2025

The Honorable Jesse Gabriel

Chair, Assembly Budget Committee 1021 O Street, Suite 8230

The Honorable Scott Wiener

Chair, Senate Budget & Fiscal Review Committee 1021 O Street, Suite 8620 Sacramento, CA 94814-4900

Sacramento, CA 95814

RE: MULTI-YEAR CONTINUOUS MEDI-CAL ENROLLMENT FOR CHILDREN 0 THROUGH 5

Dear Chairs Gabriel and Wiener,

We are writing to express our shared commitment to supporting the inclusion of multi-year continuous Medi-Cal enrollment (MYCE) for young children in the 2025-2026 state budget.

Through the 2022-23 budget, California committed to implement a multi-year continuous Medi-Cal enrollment (MYCE) protection for young children so that they can keep their Medi-Cal

coverage without any annual redeterminations, preventing the loss of coverage and care due to administrative hurdles. Unfortunately, this policy was never implemented with the passage of Proposition 35, the Managed Care Organization Tax initiative. In order to move forward with implementing this policy, the 2025-26 budget must fully fund multi-year continuous Medi-Cal eligibility for children ages 0 through 5 to prevent gaps in healthcare coverage for California's youngest low-income children, prioritizing a healthy start for one of the state's most vulnerable populations.

Approximately nine percent, or <u>100,000 children</u> up to age five in California experience Medi-Cal coverage churn during a year.¹ Cycling on and off health insurance coverage—or churning—is disruptive to health care continuity, and is especially problematic for young children. Children who are <u>uninsured for even short periods</u> have reduced access to care and report more unmet health care needs than those with continuous coverage.

When children lose coverage it is often caused by administrative hurdles, not ineligibility. Before COVID-19 continuous Medi-Cal coverage protections, the Department of Health Care Services staff found that about half of the time, children lose Medi-Cal coverage due to "failure to respond." Families' "failure to respond" during the redetermination process may be driven by administrative hurdles (not receiving required forms to current address, difficulty responding to additional documentation requirements, or housing insecurity). These children are losing coverage even though they <u>remain eligible.</u>

Any period of lost coverage can be devastating for a family. In recent focus groups, families expressed working hard to keep their insurance and how losing coverage is stressful even for a short period, resulting in delayed or forgone care and large out-of-pocket costs. Most focus group families found out their child lost coverage when they were seeking care, creating "nightmare" situations when at an emergency room or seeking life-sustaining medication.

Continuous coverage is the foundation of care continuity. The first years of a child's life present a unique opportunity to set them up for healthy outcomes. Ninety percent of brain development occurs during the first five years, a time when the American Academy of Pediatrics recommends children receive <u>14 well-child visits</u> to administer critical preventive care like immunizations and track developmental milestones. Providing continuous coverage without administrative hurdles would improve care continuity for young children and largely mitigate coverage disruptions.

Continuous coverage is especially impactful for children of color. Almost three-fourths of Medi-Cal children are <u>children of color</u> and Medi-Cal is the primary source of coverage for California Latinx and Black children. By removing coverage and access barriers, Medi-Cal can play a unique and critical role in addressing the structural racism that health disparities reveal, and that health crises, like COVID-19, have exacerbated. Therefore, Medi-Cal can play a pivotal role in advancing equity by ensuring that BIPOC children have a healthy start, beginning with ensuring their health coverage is stable and continuous. Long-standing, structurally racist policies and practices have created an environment where families of color experienced a significantly greater degree of volatility in employment, income, and housing. These economic and housing impacts <u>heighten the risk</u> of churn, especially when combined with the additional administrative hurdles families face in enrolling in and renewing Medi-Cal. Moreover, families of color are <u>more likely to face gaps in coverage</u> due to administrative hurdles.

¹ 2019 data which is pre-COVID-19 continuous Medi-Cal coverage protections.

Continuous coverage works. California adopted the federal option to provide 12 months of continuous eligibility in Medi-Cal for children in 2000, which allows infants and children up to age 18 to keep their coverage in between annual renewals, even if income changes in that interim period. This <u>12-month continuous coverage</u> reduces <u>gaps in coverage</u>, increases access to preventive care, and reduces unmet medical needs. The COVID-19 continuous coverage policy also greatly reduced churn for children, from 7.5% down to 1.5%. In addition, the uninsured rate for California children dropped from 3.6% to 3.2%—an <u>11% drop</u>. Continuous coverage not only protected children from becoming uninsured but also *reduced the uninsurance rate during the COVID-19 pandemic*.

Securing funding and executing policy implementation steps ASAP will prevent more children from losing health coverage in the coming years, and ensure California does not get left behind as similar policies are being implemented in other states (including <u>Oregon</u>, <u>Washington</u>, <u>Massachusetts</u>, <u>New Mexico</u>, <u>North Carolina</u>, <u>New York</u>, <u>Arizona</u>, <u>Hawaii</u>, and <u>Pennsylvania</u>).

Furthermore, moving forward with multi-year continuous coverage not only protects young children's healthy development, it also preserves existing state investments in children's mental health and the administration's strategic priorities in early childhood development; children cannot benefit from these investments if they lose their Medi-Cal coverage.

We believe California must take immediate action, and join 11 red and blue states, to prevent more children from unnecessarily losing health coverage in the coming years and remain a leader in advancing health equity. Continuous coverage is smart policy, by mitigating the inefficiency of re-enrollments while keeping young children covered when frequent well-child visits are most important to set children on a healthy start.

Thank you for your leadership and for considering this urgent matter. We look forward to working with you to advance solutions that ensure California's most vulnerable children have access to stable healthcare coverage.

Sincerely,

Abrazar, Inc. All For Kids American Academy of Pediatrics Asian Americans Advancing Justice Southern California Asian Resources, Inc. Black Women for Wellness Action Project Boys & Girls Clubs of Garden Grove CA Black Women's Health Project California Child Care Resource & Referral Network California Pan-Ethnic Health Network (CPEHN) California Physicians Alliance California Primary Care Association (CPCA) Advocates California School-Based Health Alliance (CSHA) California WIC Association Children Now Children's Institute CocoKids

Courage California Early Matters Fresno End Child Poverty in California powered by GRACE First 5 Alameda County First 5 Association First 5 Contra Costa First 5 Fresno County First 5 Santa Barbara County Friends Committee on Legislation of California Health Access CA Healthy & Active Before 5 Healthy Kids Happy Faces (HKHF) Indivisible CA: StateStrong **Innercity Struggle** Latino Coalition for a Healthy California March of Dimes Maternal and Child Health Access Mixteco/Indigena Community Organizing Project (MICOP) National Health Law Program South Asian Network Southeast Asia Resource Action Center Street Level Health Project The California LGBTQ Health and Human Services Network The Children's Partnership The Los Angeles Trust for Children's Health Western Center on Law and Poverty

ASSEMBLYMEMBER AL MURATSUCHI 66TH ASSEMBLY DISTRICT

1021 O STREET, SUITE 5310★ SACRAMENTO, CA 95814 3424 W. CARSON STREET, SUITE 450★ TORRANCE, CA 90505 WWW.A66.ASMDC.ORG

AB 49 (Muratsuchi) – The California Safe Haven Schools & Child Care Act

SUMMARY

AB 49 protects immigrant children from actions by immigration enforcement officers who enter school sites or child care facilities.

BACKGROUND_

The Supreme Court's decision in *Plyler v. Doe* (1982) ensures that all children in the U.S., regardless of immigration status, have the right to access a free public education. States cannot deny students a free, public education based on their immigration status or their parents or guardians' immigration status. Schools have long been safe havens for immigrant students.

Concerns about increased immigration enforcement near sensitive locations, such as schools and child care centers, can create fear and uncertainty among immigrant families. The Trump administration's threats to intensify deportations and reconsider protections for these areas amplifies anxieties during his upcoming tenure. Schools should continue to serve as places where children can learn and thrive without fear, regardless of their or their family's immigration status.

ISSUE

Immigration crackdowns can also lead to an increase in bullying, anxiety and general uncertainty on schools, and endangers a students' safety. According to the Migration Policy Institute, 133,000 undocumented children between the ages of 3 and 17 years are enrolled in California public schools, and 750,000 K-12 students in California have an undocumented parent.

In 2017, California passed AB 699, which established certain protections for immigrant students in California such as requiring that all local educational agencies keep immigrant students and families' data private, prohibiting discrimination based on a student's immigration status, and how to respond to bullying or harassment of a student based on immigration status.

In addition, AB 699 required the Attorney General to publish model policies which limited assistance with immigration enforcement at public schools, to the fullest extent possible consistent with federal and state law, and ensuring that public schools remain safe and accessible to all California residents regardless of immigration status. The bill also required that by July 1, 2018, all local educational agencies in California, including all school districts, county offices of education, and charter schools, adopt these or equivalent policies.

AB 49 strengthens these protections for undocumented students and their families by codifying the California Attorney General's model policies, which aim to restrict the involvement of schools in immigration enforcement activities. These policies ensure that federal immigration agents cannot detain undocumented students or their families on or near school property without proper judicial warrants or legal authority.

Schools are one of the last places immigrant families feel safe. The threat of federal immigration officials coming onto school grounds to detain undocumented students or family members casts a shadow of fear over all California students. Students cannot learn if they are under threat of deportation or separation from their family members. Children should not be afraid to come to school, and parents should not be afraid to send their children to school.

SOLUTION_

The California Safe Haven Schools and Child Care Act protects undocumented students and their families by prohibiting ICE officers from entering a school site or child care facility for any purpose without providing valid identification, a written statement of purpose, a valid judicial warrant, and approval from the school district's superintendent or director of the child care center. The bill also would require that if an ICE official meets the requirements to enter a school site or childcare facility, their access would be restricted to where students or children are not present.

STAFF CONTACT_

Bryan C. Singh, (916) 319-2066, bryan.singh@asm.ca.gov

WRITTEN BY

Jaren Gaither – Senior Policy Research Associate

More Than Half of California's Children from Birth to Five Rely on Medi-Cal

ON FEBRUARY 25TH, THE U.S. HOUSE OF REPRESENTATIVES VOTED TO PASS A BUDGET RESOLUTION THAT DIRECTS THE ENERGY AND COMMERCE COMMITTEE TO FIND \$880 BILLION IN SPENDING CUTS OVER THE NEXT DECADE.

The consensus is that these cuts would most likely come from Medicaid. As one of the largest federal entitlement programs, Medicaid provides health insurance to low-income Americans, as well as pregnant adults, those with disabilities and other older adults who qualify. Nationally, Medicaid covers approximately 73 million people. In California, almost 15 million residents rely on Medi–Cal, the state's Medicaid program. This represents more than one in three Californians who receive health insurance through the state's Medicaid program.

Drilling down even deeper, more than one in two children from birth to five in the state are eligible for Medi-Cal. This figure ranges based on the county, from 30 percent on the low end to 91 percent on the high end. Families with young children depend on Medi-Cal to receive critical care during the most important developmental period of a child's life. This includes access to much needed preventative care such as well-baby visits, immunizations, and developmental screenings.

In recent years, California has been on a journey to transform its Medicaid program. This effort, largely known as California Advancing and Innovating Medi-Cal or CalAIM, is a multiyear effort led by the Department of Health Care Services to improve health outcomes and the overall wellbeing of Medi-Cal members. CalAIM lays the foundation for the state to move towards a more integrated and person-centered approach to providing care for those with the most complex healthcare needs, including California's youngest residents. New benefits like the community health worker services, enhanced care management, dyadic care, and doula benefits all play a vital role in ensuring birthing families and families with young children have access to culturally affirming care to set them up for the best possible start in life.

Medi-Cal is more than just an insurance program-it is an investment in the health and wellbeing of California's future. By providing essential health services to children from

birth to five and beyond, Medi–Cal ensures that all children have the opportunity to grow up healthy and receive the care they deserve. Continued support for funding Medicaid is critical to ensuring the health development of the next generation.

For more information about how cuts to Medicaid might affect your county, see the birth to five Medi-Cal Population table below:

County	# of Children 0-5 Eligible for Medi-Cal ¹	Est # of Children 0-5 ²	% of Children 0-5 Eligible for Medi-Cal
Alameda	32,739	83,910	39%
Alpine	*	38	*
Amador	779	1,604	49%
Butte	6,631	10,099	66%
Calaveras	1,101	1,912	58%
Colusa	1,014	1,364	74%
Contra Costa	25,380	57,940	44%
Del Norte	1,046	1,147	91%
El Dorado	3,077	7,718	40%
Fresno	51,757	68,212	76%
Glenn	1,266	1,733	73%
Humboldt	4,217	6,232	68%
Imperial	8,810	12,252	72%
Inyo	420	760	55%

County	# of Children 0-5 Eligible for Medi-Cal ¹	Est # of Children 0-5 ²	% of Children 0-5 Eligible for Medi-Cal
Kern	48,663	61,257	79%
Kings	7,028	10,447	67%
Lake	2,737	3,476	79%
Lassen	846	1,149	74%
Los Angeles	271,653	473,814	57%
Madera	8,281	10,586	78%
Marin	4,090	11,048	37%
Mariposa	468	743	63%
Mendocino	3,402	4,391	77%
Merced	15,399	19,241	80%
Modoc	*	181	*
Mono	285	532	54%
Monterey	19,604	27,865	70%
Napa	2,823	6,001	47%
Nevada	2,151	3,936	55%
Orange	67,783	153,535	44%
Placer	6,696	18,854	36%
Plumas	436	644	68%

County	# of Children 0-5 Eligible for Medi-Cal ¹	Est # of Children 0-5 ²	% of Children 0-5 Eligible for Medi-Cal
Riverside	85,372	135,197	63%
Sacramento	54,024	90,728	60%
San Benito	2,180	3,932	55%
San Bernardino	85,892	131,118	66%
San Diego	78,483	186,199	42%
San Francisco	12,152	37,207	33%
San Joaquin	30,725	48,994	63%
San Luis Obispo	5,975	12,223	49%
San Mateo	11,719	37,332	31%
Santa Barbara	19,070	27,769	69%
Santa Clara	31,407	95,588	33%
Santa Cruz	5,933	11,242	53%
Shasta	9,067	9,170	66%
Sierra	25	84	30%
Siskiyou	1,331	1,605	83%
Solano	12,409	24,267	51%
Sonoma	11,171	22,134	50%
Stanislaus	22,975	34,848	66%

County	# of Children 0-5 Eligible for Medi-Cal ¹	Est # of Children 0-5 ²	% of Children 0-5 Eligible for Medi-Cal
Sutter	4,447	6,045	74%
Tehama	2,873	3,862	74%
Trinity	432	513	84%
Tulare	27,150	33,447	81%
Tuolumne	1,175	2,246	52%
Ventura	22,033	43,026	51%
Yolo	4,679	9,820	48%
Yuba	3,800	5,781	66%
TOTAL	1,144,081	2,076,998	55%

- 1. California Open Data Portal, Medi-Cal for children ages 0–5. This data reflects Medi-Cal enrollment at a point in time (Septemeber 2024). https://data.ca.gov/dataset/eligible-individuals-under-age-21-enrolled-in-medi-cal/resource/d1014a16-f9ec-4ab4-a007-5c5813530f77
- 2. California Department of Finance (DOF) child county population projections for 2024. https://dof.ca.gov/forecasting/demographics/projections/

*Data suppressed for small numbers

BUILDING A BETTER FUTURE FOR CALIFORNIA'S YOUNGEST CHILDREN





First 5 commissions are trusted, foundational partners to parents and caregivers, dedicated to the health and well-being of children from prenatal through age 5. Together, they serve more than one million children and families each year through an integrated, collaborative system of support. This includes advancing quality early learning and transitional kindergarten, expanding children's health coverage and home visiting programs, and connecting families to developmental and mental health services. With a county-based structure, First 5s enable local decision-making, flexible service delivery, and reduced administrative overlap. Created by voter mandate through Proposition 10 in 1998, First 5s have been essential partners to the State of California for over two decades.

First 5 Association of California represents all 58 county commissions and is the state's only network focused exclusively on comprehensive early childhood. First 5 Association sets a collective vision, coordinates state advocacy, manages shared knowledge, and strengthens regional and local capacity.

(!) What First 5s are doing today

- Putting State Policy Into Action for Families: Facilitating Medi-Cal services for children under 5, including health screenings and developmental support. Many First 5s screen for Adverse Childhood Experiences (ACEs) and connect families to culturally appropriate mental health and trauma interventions.
- Perinatal and Early Parenting Supports: Guiding expectant parents through the stages of pregnancy, highlighting the significance of medical check-ups, proper nutrition, and preparation for childbirth. Supports include home visiting, doula care, group prenatal education, and outreach through program partnerships. For parents and caregivers of young children, commissions provide parenting education and guidance on child development, among other services.
- High-Quality Early Education: Expanding access to child care and early learning programs, including early literacy, school readiness, and Universal Transitional Kindergarten (UTK).
- Family Resource Navigation: Connecting families to local resources—including health insurance, food, and housing—by integrating siloed systems of care.



First 5s served 1.2 million California children last year. First 5s ensure children are ready for school, their health and developmental needs are met, and their families and caregivers receive the support they need to thrive. For First 5's latest county-by-county Annual Report, please visit: <u>ccfc.ca.gov/annualreports.html</u>

At just 16 months old, Joaquin cried constantly.

His distress overwhelmed not only himself but also his aunt and foster caregiver, Nina, and her five-year-old daughter.

Without the support of First 5 Sacramento, Joaquin's developmental delays may have gone undetected during his critical first years of brain development, when early support has the greatest impact. Fortunately, First 5 facilitated a developmental screening and a formal evaluation at its regional center. Joaquin now receives weekly services to strengthen his communication and gross motor skills. He is also enrolled in Early Head Start, which offers early learning and family support for infants and toddlers.

The regional center also taught Nina strategies to help Joaquin communicate more effectively. Today, Joaquin cries far less because he can better express his needs and connect with those around him. These developmental strategies have helped Joaquin establish a foundation for future learning, social-emotional growth, and wellbeing. Meanwhile, Nina started the adoption process and now attends a weekly class for families fostering or adopting relatives.

First 5 Sacramento also taught Nina how to support her daughter's understanding of special needs, further advancing the family's health and wellbeing.



For more information about First 5's 58 County Commission programs and policy priorities, please visit **www.first5association.org**.

Email: Courtney@first5association.org

California's Response to Escalating Mental Health Crisis Must Include Trauma-Informed Care for Children and Families - Restore ACES Aware

California's children and families, especially those from historically marginalized communities, are facing multiple and escalating threats to their health and well-being: the federal administration's use of anti-immigrant rhetoric, policies and actions; the devastating fires in Los Angeles that threaten to deepen the state's housing crisis for hundreds of thousands of children and families, including those from historically redlined Black communities in Altadena; and the ongoing uncertainty of an increasingly challenging economy disproportionately impacting families of color and low-income families. **California cannot afford to lose Adverse Childhood Experiences** (ACEs) Aware, a first-in-the-nation program designed to identify adversity, respond to trauma, and prevent toxic stress in children - conditions that cost the state \$1.5 trillion annually in increased medical costs and lost healthy years of life.

At the programmatic level, ACEs Aware is a statewide provider education effort to support Medi-Cal providers with identifying and appropriately treating trauma. At a systemic level, ACEs Aware leverages the opportunity of well-child visits to screen children *and their caretakers* for a history of adversity, provide education and destigmatize stress responses to the family, and ultimately activate a network of community-based providers to respond to the social and emotional needs uncovered in these visits. This initiative is a primary example of the state's innovative approach to prevention and early intervention for mental and behavioral health disparities in marginalized and poorly-served communities.

The Medi-Cal provider payment for ACEs screenings is an important state investment in upstream prevention by identifying children who may be at risk for poor outcomes, without waiting for the child to display symptoms of distress. However, a screening is not an intervention service on its own. The full value of screening children for ACEs is realized when a provider trained on the physiological effects of trauma and adverse experiences can appropriately educate families on screening results, and a community-based system of care is rapidly recruited to support a trauma-informed response to both clinical and social needs uncovered in the screening. For infants and toddlers, ACEs screenings could serve as more direct pathways to infant and early childhood mental health support, such as dyadic care/family therapy and Enhanced Care Management.

The Medi-Cal provider payment is just one piece of moving a system from responding to pathology to promoting child well-being and preventing toxic stress. ACEs Aware's robust provider training ensures providers have the capacity to administer the screening in a way that limits stigma and educates families on the impact of trauma on child health and well-being, ensuring the screening itself is not destabilizing. Currently, eligible screening providers must take the ACEs Aware training in order to bill Medi-Cal, and there is presently no plan for DHCS to absorb the ACEs Aware training module. This means either no new Medi-Cal providers will be trained and receive payment for screening, or (more likely) the training requirement to bill for ACEs screenings will be eliminated. If the provider training requirement is lost as a result of ACEs Aware's sunset, California loses a structural means to ensure screenings are administered to families who have experienced systemic racism in a trauma-informed manner, greatly increasing the likelihood that families of color will face greater stigma and judgment, medical discrimination, and increased reluctance to engage with the health care system.

The ACEs Aware initiative was funded for three years, and we are very concerned that the funding for ACEs Aware was not renewed in full for the fiscal year 2025-26 in the Governor's January Proposal and instead was only afforded a no-cost extension of \$5.4 million in remaining funds. We strongly urge the Administration to restore \$25 million in state funds, to be matched with \$25 million in federal funds, for a full program investment of \$50 million in maintaining the ACEs Aware initiative for the fiscal year 2025-2026 and securing its critical role in connecting clinics, families, community-based organizations, and building critical capacity with Medi-Cal providers.

For more information, contact Angela M. Vázquez (<u>avazquez@childrenspartnership.org</u>) or Courtney Armstrong (<u>courtney@first5association.org</u>).

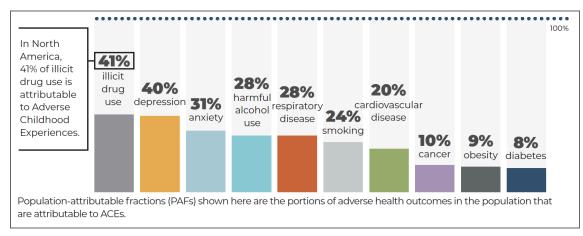


ACEs Aware Initiative: Legislative Briefing on Funding and Policy Implications

Helping Californians lead healthier lives by preventing and addressing Adverse Childhood Experiences (ACEs) and toxic stress

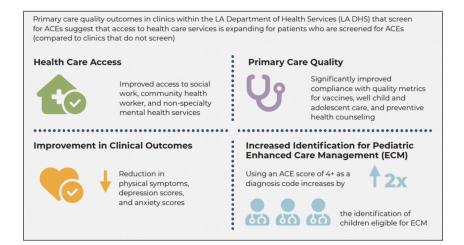
Why address ACEs?

- Annual Cost of ACEs in the U.S.: **\$14.2 trillion**
- Annual Cost of ACEs in California: **\$1.5 trillion**
- ACEs are common: 72% of California adults and 34% of California youth have experienced at least 1 ACE
- ACEs dramatically increase the risk for at least 9 of the 10 leading causes of death in the U.S.
- Many adverse mental, behavior, and physical health outcomes in North America are attributable, in part, to ACEs

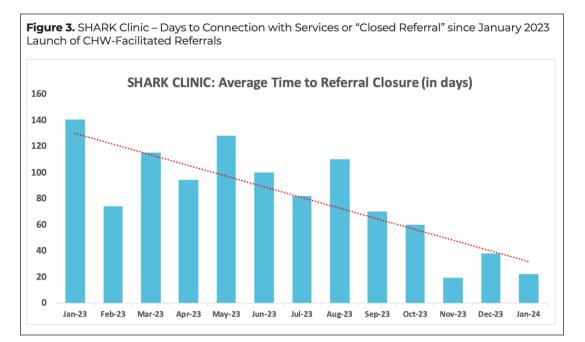


ACEs Aware Impact

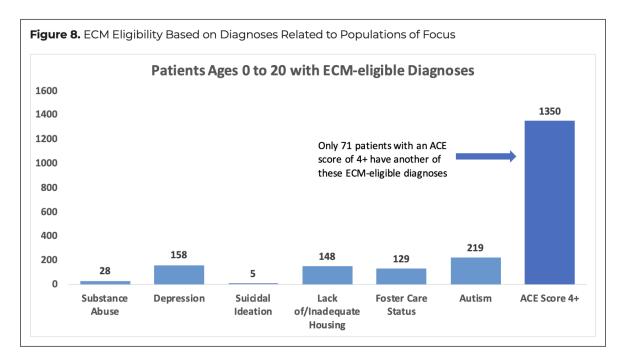
- 3.7 million ACE screens conducted by Medi-Cal providers
 2.2 million Medi-Cal members screened for ACEs
 44,000+ individuals trained to identify, screen, and respond to ACEs and toxic stress, including
- 21,000+ Medi-Cal providers who can now receive the provider payment
- 45+ webinars with 34,000+ attendance (live and on-demand)
- 56 of 58 California counties have Medi-Cal providers billing for ACEs screenings
 \$65 million invested in CA communities to implement, strengthen, and sustain ACE screening and response, including robust networks of care.
- Early findings in Los Angeles County suggest that ACE screening and response initiatives are advancing DHCS' statewide goals to improve the quality of care and reduce health disparities for the most vulnerable Californians. (Read the ACEs Aware Case Study -- <u>Improving Health Care Access and Quality in LA County:</u> <u>The ACEs-LA Network of Care Case Study</u>)



 With funding from ACEs Aware, CHWs in the Los Angeles Strong, Healthy, and Resilient Kids (SHARK) clinic were able to dramatically reduce the time to care for children who were screened for ACEs.



 Having an ACE score of 4+ makes children and youth eligible for specialty mental health services, and therefore, Enhanced Care Management (ECM), a Cal-AIM initiative to better coordinate health and social services necessary to improve long-term health and mental health outcomes. Pediatric and primary care clinics tend to underdiagnose or underdocument mental and behavioral health needs, especially for young children. Consequently, enrollment in ECM for children and youth with serious mental health needs <u>remains</u> low, despite being an ECM population of focus. Broader adoption of ACE screenings and submitting claims to managed care plans, especially for infants and toddlers, should lead to greater identification of children and families with higher support needs.



BRIEF March 2025

Home and Community-Based Perinatal Supports for California Families

INTRODUCTION

Welcoming a new baby is a time of tremendous change for families. In the months leading up to and following birth, birthing parents and other primary caregivers may have many emotions and questions about their baby and themselves as they navigate this new chapter of life.

Parents and caregivers can often benefit from additional emotional, physical, and educational supports provided by a trusted, culturally relevant professional such as a home visitor, doula, or community health worker, in addition to the child and caregiver's medical teams.

These supports can help reduce stress, ensure families connect to the resources they need, and provide education and advocacy to improve outcomes. Depending on the type of care provided, families may experience improved mental health and well-being, improved birth outcomes, enhanced caregiver/child bonding, better adherence to well-care appointments before and after birth for parent, caregiver and child, and prevention of, and early intervention for, intimate partner violence.

For families experiencing external stressors during and after birth, such as poverty and systemic racism, these supports can be especially impactful in improving outcomes in birth and early childhood.

ABOUT THIS BRIEF

California has made significant strides to increase access to multigenerational, wholefamily supports during the prenatal and postpartum period. However, significant gaps remain in access. This brief overviews the state of maternal and infant health in California, the landscape of home and community-based perinatal/parenting supports, and the new services California should develop to improve outcomes for families and respond to their needs.

The State of California Family Wellness During the Perinatal Period



California is currently—and has historically—faced a maternal and infant health crisis. At the center of this crisis are the disproportionate impacts on Black families. In California, Black birthing individuals are roughly three to four times more likely to die from pregnancy-related causes than individuals in all other racial/ethnic groups. This reality underscores that the crisis, far from being a new phenomenon, demands renewed urgency and action now.

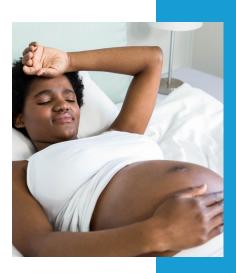
California's Black infants are over two times more likely to die than White infants, regardless of education and income.

Research indicates these perinatal outcomes are the result of toxic stress built up over a lifetime of experiencing racism, compounded by health care provider bias and racial disparities in health care quality and access.¹

Overall, significant racial and ethnic disparities exist across various maternal health measures in California, such as prenatal visits, preterm births, and maternal and infant mortality rates. For many of these measures, Black birthing people and infants had poorer outcomes than their peers in other racial/ethnic groups.²

For example, more than one in five California birthing people report prenatal or postpartum depressive symptoms, with Black California birthing people reporting higher rates of depressive symptoms than those of other races/ethnicities.³

Racial and ethnic disparities also persist into the postpartum and early childhood period. Overall, families struggle to connect to infant well-child visits in the Medi-Cal program, which provides health care to over half of all young children in California. In 2022, only half of infants in Medi-Cal managed care received the recommended six or more well-child visits in the first 15 months of life.⁴ Black, American Indian/Alaskan Native, and Native Hawaiian/ Pacific Islander children receive markedly lower rates of care than peers of other races.⁵ Overall, postpartum parents are under significant stress.



Recent survey data from the Rapid Survey Project at Stanford University found that most parents in the postpartum period feel tired, disorganized, isolated, or lack confidence in their caregiving abilities.⁶

Furthermore, the typical stressors of new parenthood are exasperated for families experiencing poverty, violence, or racism. Negative impacts on the emotional and physical well-being of caregivers in turn impacts child well-being.⁷

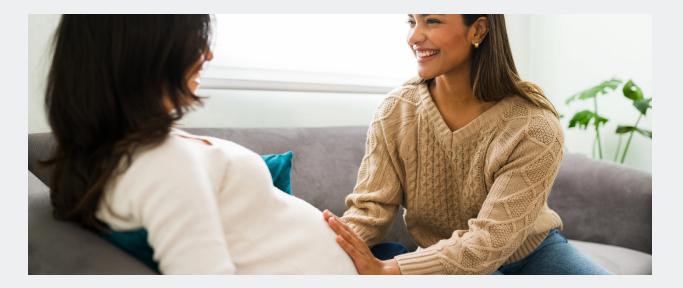
Types and Impacts of Home and Community-Based Perinatal Supports

There are various models of supports for parents during the perinatal period outside the clinical setting. The focus, approach, and intended outcomes of each of these models and workforce differ and offer various types of supports to meet families' unique needs and preferences.

This brief highlights three critical home and communitybased supports delivered by a community-based workforce: doula services, community health worker services, and home visiting services.

Doula Services:

birthing support, empowerment, advocacy, improved birth outcomes



DOULAS ARE NON-CLINICAL BIRTH WORKERS WHO PROVIDE PERSON-CENTERED AND CULTURALLY RELEVANT PHYSICAL, EMOTIONAL, AND INFORMATIONAL SUPPORT PRENATALLY, DURING LABOR/DELIVERY, AND POSTPARTUM.

Doulas help empower birthing individuals to advocate for their health care preferences and facilitate communication with providers.⁸ Doula care is associated with positive delivery outcomes, including a reduction in cesarean sections, epidural use, length of labor, low-birthweight, and premature deliveries. Additionally, the emotional support provided by doulas lowers stress and anxiety during labor.⁹

Doulas are particularly important for Black, Indigenous, and other communities of color to combat poor birth outcomes attributed to experiences of racism in traditional health care.¹⁰ Cultural congruence between a birthing parent and doula can also strengthen overall health care satisfaction and help address social determinants of health. In some cases, doulas may help families identify and connect to resources for basic needs, such as food and housing, and may detect physical or emotional abuse and the presence of maternal mental health conditions.¹¹

Doulas can provide care in a wide array of settings including in the community, at home, and in clinical settings, among other locations. Community-based doulas are members of the communities they serve and understand the needs of their clients and build trusting relationships. A strong and trusting doula/client relationship built on shared experience increases a pregnant person's engagement in care, agency in decision-making, and overall improved health outcomes.¹²

Community Health Worker Services:

community and individual support, advocacy, service navigation and education, improved health outcomes



COMMUNITY HEALTH WORKERS OR PROMOTORAS ARE FRONTLINE PUBLIC HEALTH WORKERS AND TRUSTED MEMBERS OF THE COMMUNITIES THEY SERVE.

They create a link between the community and health/social services, which are not always easy to navigate nor culturally responsive, to improve access to services and quality. Community health workers build individual and community capacity by increasing health knowledge and selfsufficiency through various activities such as outreach, community and individual education, screening, and referral.^{13,14}

Community health workers can provide support to families both one-on-one and in groups during the perinatal period on a wide array of topics and help families connect to the services they need for themselves and their children. Community health workers can also provide care in many settings, including in the community, at home, in clinical settings, and other locations. Community health workers are from the communities they serve and share lived experiences with the individuals they care for. Community health workers understanding, trust, and deep cultural awareness allow them to have a strong impact.

They can reach community residents where they live and work. Community health workers help to reduce health disparities in underserved communities and improve access to health care and social services.^{15, 16}

Home Visiting Services:

parenting support, attachment, service connection, improved child development



HOME VISITING CONNECTS PARENTS-TO-BE AND PARENTS/CAREGIVERS OF INFANTS AND TODDLERS WITH A DESIGNATED SUPPORT PERSON—TYPICALLY A NURSE, EARLY CHILDHOOD SPECIALIST, OR OTHER TRAINED PROFESSIONAL—WHO GUIDES THEM THROUGH THE EARLY STAGES OF RAISING A FAMILY.

When services start prenatally, home visitors help parents, caregivers, and families prepare for a new baby.

Home visitors provide parents/caregivers with information on how their child is growing, learning, and developing, emotional and physical health support for the whole family, help with goal setting, and connections to community services like childcare and food assistance. Home visitors meet families in their home, communities, or virtually. Home visitors build trusted relationships with the families they work with. Evidence-based home visiting programs offer a proven track record in addressing or at least mitigating disparities in health care quality and health outcomes by coordinating care and referrals to a variety of services, including other early childhood care and education programs.

When home visiting programs use culturally responsive and community-driven approaches they have the potential to address racial and ethnic disparities and improve maternal and early childhood outcomes.¹⁷

Improving Home Visiting for Black Families

AS OF 2021, THE MAJORITY OF CALIFORNIA'S HOME VISITING WORKFORCE IDENTIFIED AS HISPANIC OR LATINX AND SPEAK SPANISH FLUENTLY. THIS MIRRORS MAJORITY OF FAMILIES THAT ACCESS HOME VISITING. ¹⁸

In considering the role of home visiting services that support Black families in California, it is important to assess the current home visiting workforce and evidence of home visiting impacts on Black families.

In a recent national study of select evidence-based home visiting models, no statistically significant differences in health and well-being outcomes were found across race and ethnicity.¹⁹ Although outcomes improved across groups, there should be even more focus on reducing and addressing racial and ethnic disparities. Multiple evidence-based home visiting models operating in California are exploring adjusting their model practices to be more culturally responsive and their research to expand their knowledge of differential impacts across models.^{20, 21, 22}

Specific practice and policy changes could be implemented to become more culturally responsive and narrow racial disparities, including the use of culturally informed practices and recruiting a more diverse workforce.²³



The focus, approach, and services provided by each home or community-based provider are slightly different, but each can play an essential role for families during the perinatal period. Families could work with one or more provider types during the pregnancy, postpartum, and early childhood period given the differences in services and support offered.

Overall, perinatal support services, delivered in the home or other community-based setting by a community provider or other family-serving professional, can be transformative and effective if delivered respectfully and in accordance with the family's traditions and history.²⁴

Funding for Home and Community-Based Perinatal Supports in Medi-Cal

In recent years, both doula and community health worker services have become Medi-Cal benefits.^{25, 26} As Medi-Cal benefits, Medi-Cal members can receive these services and Medi-Cal will cover the cost. The inclusion of these new benefits is part of a multi-year effort from the Department of Health Care Services to transform Medi-Cal and create a more coordinated, person-centered, and equitable health system.

A clear part of achieving these goals is supporting a community health workforce through doulas, community health workers, and care managers, among others, so individuals can access culturally relevant care in their communities through their Medi-Cal coverage.

Medi-Cal represents a tremendous opportunity to reach a wide array of low-income parenting individuals of color in our state. Over 50% of children ages birth to three have Medi-Cal coverage, and 40% of births are covered by Medi-Cal.²⁷

Furthermore, most children in the Medi-Cal program are children of color, and the majority of Black and Hispanic children in California have Medi-Cal for their health care.

Although 28 states across the country have some state-level Medicaid funding for home visiting, California has not yet created a Medi-Cal benefit for home visiting.²⁸

Home visiting services are primarily funded through four sources in California.

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (CDPH) CALIFORNIA HOME VISITING PROGRAM (CHVP)

Funded by the federal Maternal Infant Early Childhood Home Visiting (MIECHV) program and state general fund

CALWORKS HOME VISITING PROGRAM (HVP)

Funded by federal Temporary Assistance for Needy Families (TANF) and state general funds

EARLY HEAD START, HOME-BASED OPTION (EHS-HBO)

Funded by the federal Administration for Children & Families and flows directly to local programs (also available through CalWORKs)

FIRST 5 COUNTY COMMISSION FUNDING

Since their inception, First 5s have been funders and promoters of home visiting services. Over the past several years, as state investments have grown and First 5 Proposition 10 tobacco tax revenues have declined, First 5s have reduced their level of funding for home visiting services.

Even with these significant investments, home visiting services only reach a small proportion of the families who may benefit from additional support. Together, these programs provided home visiting services to an estimated 20,000 families in fiscal year 2022, or approximately 3% of children ages birth to 3 enrolled in Medi-Cal.²⁹

Family Perspectives on Home and Community-Based Perinatal Supports

First 5 Center for Children's Policy conducted a targeted survey of families on expanding access to "light touch" home visiting services (brief check-ins, basic screenings, and resource connections) through the Medi-Cal program, the intersection between doula services, community health worker services, home visiting services, and the kinds of things families rank as most important when deciding whether to engage in these services.

We received responses from 47 individuals in California who had a baby in the last two years. Given the critical importance of supporting Black families in the perinatal period, we centered Black families in our sample. Our respondents' racial/ethnic breakdown is 53% Black, 36% Hispanic, 9% multi-racial, and 2% White or European.



In our survey, 87% of families shared they feel positively about receiving perinatal services in the home. This was true irrespective of respondent race/ethnicity.

When asked to rank their ideal location to receive various services such as lactation support, guidance on parenting, and care coordination, "in the home or another space of my choosing by a trained person" was the most popular response.

On average, a provider being "well-trained" was the most important factor to respondents when considering whether to work with a perinatal professional. The families in the survey who had received perinatal services described a wide array of things they found most helpful about the service:

- Not having to go out with a newborn
- Someone coming to the home who showed care, and supported parent mental state
- Getting support on better parenting and communication with baby
- Lactation support
- Learning about the resources available for baby and family
- Information on child development
- Reassurance and support
- Material supports such as diapers

California Should Expand Access to Home- and Community-Based Services through Medi-Cal

The exclusion of a specific home visiting benefit from Medi–Cal leaves a gap in perinatal supports for families interested in services to support their parenting journey, attachment with their child, and promote their child's health and development. Although the community health worker (CHW) services benefit could fund some of the activities in typical home visiting models, the benefit cannot cover the whole cost. Furthermore, the CHW services benefit is not specified for early childhood, and Medi–Cal managed care plans are not required to enroll a specific perinatal serving workforce for members.

First 5s are Leveraging Medi-Cal CHW Services Benefits for Home Visiting, but More Funds are Needed

SEVERAL COUNTY FIRST 5S ARE CURRENTLY CONTRACTING OR EXPLORING CONTRACTS WITH MEDI-CAL MANAGED CARE PLANS TO LEVERAGE THE MEDI-CAL CHW SERVICES BENEFIT FOR THEIR HOME VISITING INVESTMENTS.



First 5 Yolo County is a supervising provider with the Medi–Cal managed care plan, Partnership Health Plan, leveraging the CHW services benefit for its Welcome Baby home visiting program.

First 5 Yolo County manages Welcome Baby, a maternal/child health equity, home visiting program where families receive physical health assessments, lactation consultation, mental health screenings, parenting information, and connections to community resources from two providers: first, a Welcome Baby Nurse Home Visitor makes a home visit within one to two weeks postpartum, and then a community health worker makes up to two subsequent home visits.

Welcome Baby improves critical health outcome measures, exceeding rates found for all births in Yolo County, and among those covered by the local Medi-Cal managed care plan, Partnership HealthPlan of California. By partnering with First 5 Yolo, Partnership HealthPlan seeks to improve performance in these measures.

- Nearly all Welcome Baby participants (97.8%) completed at least one postpartum visit
- 86.7% of participants completed their one-month visit and 99.4% of participants completed their two-month visit
- All participants are being screened and provided referrals for postpartum mental health concerns as needed as early as 1–2 weeks after hospital discharge.³⁰

However, the CHW services benefit, especially with current reimbursement rates, does not cover the cost of programs like Welcome Baby. Although there are community-based providers employed as part of these programs, the benefit does not fully cover the costs of their time, nor can it always pay for other members of the care team in these programs. Similarly, these programs have data systems and overhead costs are also not included in the benefit. All of these additional components are essential to the programs' positive outcomes in child health, health access and health equity.

Creating an Early Childhood Development-Focused Medi-Cal Benefit is Aligned with Various State Priorities and Goals

As noted above, the Department of Health Care Services is seeking to transform Medi-Cal, and a clear part of achieving its goals is supporting a community health workforce. At the same time, the Department has set goals to:

- Improve children's preventive care and maternity care and reduce racial disparities in these outcomes for California families with Medi-Cal coverage.³¹
- Expand the settings in which care is provided, including through home visiting and a community-based workforce and increase enrollment of Medi-Cal-covered pregnant individuals and families into state funded home visiting programs.³²
- Develop and implement a comprehensive Birthing Care Pathway to cover the journey of a Medi-Cal member from conception through 12 months postpartum. This includes a care model with related benefit and payment strategies in Medi-Cal to reduce maternal morbidity and mortality and address significant racial and ethnic disparities in maternal health outcomes among Black, American Indian/Alaska Native, and Pacific Islander individuals. ³³

A new Medi-Cal benefit that provides parenting supports in the community is an important part of achieving these goals. The state should build from the lessons of the CHW services and doula benefit and the clear and compelling need to better serve families, particularly Black families and other families of color. Additional home-based parenting supports are an essential component to a comprehensive set of Medi-Cal benefits that nurtures families and children throughout the perinatal period.

NOTES

- 1. https://www.chcf.org/wp-content/uploads/2023/11/MaternityCareAlmanac2023.pdf
- 2. https://www.chcf.org/wp-content/uploads/2023/11/MaternityCareAlmanac2023.pdf
- 3. https://www.chcf.org/wp-content/uploads/2023/11/MaternityCareAlmanac2023.pdf
- 4. https://www.dhcs.ca.gov/services/Documents/Childrens-Health-Dashboard-June2024.pdf
- 5. https://www.dhcs.ca.gov/dataandstats/reports/Documents/CA2022-23-Preventive-Services-Report.pdf
- 6. https://rapidsurveyproject.com/our-research/postpartum-parents-emotional-wellbeing-physical-health-affect-caregiving
- 7. https://first5center.org/publications/parent-mental-health-concerns-and-the-impact-on-young-children-how-california-can-support-whole-family-wellness-through-two-generation-interventions-like-home-visiting-and-dyadic-care
- 8. https://www.healthaffairs.org/content/forefront/doula-care-saves-lives-improves-equity-and-empowers-mothers-state-medicaid-programs
- 9. https://pubmed.ncbi.nlm.nih.gov/37378162/
- 10. https://pmc.ncbi.nlm.nih.gov/articles/PMC10507922/#:~:text=For%20low%2Dincome%20people%20and,voice%20of%20the%20pregnant%20 person.
- 11. https://www.healthaffairs.org/content/forefront/doula-care-saves-lives-improves-equity-and-empowers-mothers-state-medicaid-programs
- 12. https://healthlaw.org/doula-care-improves-health-outcomes-reduces-racial-disparities-and-cuts-cost/
- 13. https://www.chcf.org/resource-center/advancing-californias-community-health-worker-promotor-workforce-medi-cal/introduction/ background-on-chw-ps-in-california/
- 14. https://www.apha.org/apha-communities/member-sections/community-health-workers/
- 15. https://www.elsolnec.org/chw/
- https://www.nhlbi.nih.gov/health/educational/healthdisp/role-of-community-health-workers.htm#:~:text=Among%20the%20many%20 known%20outcomes,health%20and%20social%20service%20system.
- 17. https://www.chcs.org/media/Addressing-Racial-Ethnic-Disparities-Maternal-Child-Health-Home-Visiting-Programs.pdf
- 18. https://www.childtrends.org/publications/findings-from-the-first-5-california-home-visiting-workforce-study
- 19. https://www.chcs.org/media/Addressing-Racial-Ethnic-Disparities-Maternal-Child-Health-Home-Visiting-Programs.pdf
- 20. https://parentsasteachers.org/wp-content/uploads/2022/10/RR_PATNC_research-brief_Black-families-Sep-22.pdf
- 21. https://pubmed.ncbi.nlm.nih.gov/39044009/
- 22. https://www.healthyfamiliesamerica.org/prospective-affiliates/hfa-model-flexibility/indigenous-families/
- 23. https://www.chcs.org/media/Addressing-Racial-Ethnic-Disparities-Maternal-Child-Health-Home-Visiting-Programs.pdf
- 24. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9158407/
- 25. https://www.dhcs.ca.gov/community-health-workers
- 26. https://www.dhcs.ca.gov/provgovpart/Pages/Doula-Services.aspx
- 27. https://www.chcf.org/wp-content/uploads/2023/11/MaternityCareAlmanac2023.pdf
- 28. https://nashp.org/state-tracker/medicaid-reimbursement-for-home-visiting-services/
- 29. https://first5center.org/blog/home-visiting-landscape-in-california
- 30. https://first5yolo.org/wp-content/uploads/WB_OneYearReport_FINAL.pdf
- 31. https://www.dhcs.ca.gov/services/Pages/DHCS-Comprehensive-Quality-Strategy.aspx
- 32. https://www.dhcs.ca.gov/Documents/DHCS-Medi-Cal's-Strategy-to-Support-Health-and-Opportunity-for-Children-and-Families.pdf
- 33. https://www.dhcs.ca.gov/CalAIM/Documents/Birthing-Care-Pathway-Report.pdf

ACKNOWLEDGMENTS

First 5 Center for Children's policy thanks the multiple experts, stakeholders, and families who contributed valuable insights into this brief, including California Black Women's Health Project, Child Care Resource Center, Children's Institute, El Sol Neighborhood Educational Center, First 5 Fresno, First 5 LA, First 5 Marin, First 5 Yolo, Jurupa Valley Doulas, and San Diego Community Birth Center. First 5 Center also thanks the county First 5s that contributed to First 5 Association's Home Visiting Policy Framework, which laid the foundation for this research. Support for this project was generously provided in part by the Blue Shield of California Foundation.

First 5 Association of California 2025 Bill Tracker

Bills to Discuss in April

Bill No.	Author	Description	Status	Position	Materials	ECE Subc. Lead
<u>AB 29</u>	Arambula	Medi-Cal: ACEs screenings: This bill would require the department to include community- based organizations and local health jurisdictions that provide health services through community health workers and doulas, that are enrolled Medi-Cal providers, as providers qualified to provide, and eligible to receive payments for, ACEs trauma screenings.	Asm. Health	Recommend support	<u>Folder</u>	N/A
<u>AB</u> <u>397</u>	Gonzalez	Personal income tax law: young child tax credit: existing law defines "qualified taxpayer" to include an eligible individual who has a qualifying child younger than 6 years old as of the last day of the taxable year. This bill would change the definition to mean a child younger than a specified age as of the last day of the taxable year and would make an appropriation by increasing the payments from the Tax Relief and Refund Account.	Asm. Rev. and Tax Suspense	Recommend support	<u>Folder</u>	N/A
<u>AB</u> <u>607</u>	Rodriguez	CalWORKs: home visiting programs: extends the time on the program to at least 24 months, and not to exceed the duration of the applicable home visiting program model, and would extend the maximum age of the child at the time of enrollment to less than 36 months of age.	Asm. Approps.	Recommend support	<u>Folder</u>	N/A

AB 753	Garcia	Childcare: facility licensure: teacher requirements: under existing law, a person may serve in an instructional capacity in a childcare and development program or a preschool program if they possess a current credential issued by the Commission on Teacher Credentialing authorizing teaching service in elementary school or a single-subject credential in home economics, and 12 units in early childhood education or child development, or both, or 2 years' experience in early childhood education or a childcare and development program. This bill would require a California state preschool program or a childcare and development program to allow 2 years from an individual's date of hire as a teacher in one of those programs to pursue necessary credentials or complete additional coursework to meet the requirements of their position if certain conditions are met, including, among others, that no more than one teacher per classroom is allowed to work toward their credential or complete additional coursework pursuant to this provision.	Asm. Human Services	Recommended Support	Folder	Diana
<u>AB</u>	Stefani	"Have a Heart, Be A Star, Help Our Kids" license	Asm.	Recommend	Folder	N/A
<u>997</u>		plate program: increases the fees for "Have a Heart, Be a Star, Help Our Kids" license plates	Human Services	support		
		and allocates 50% of the fees to state and local	20111000			
		child care provider licensure, oversight,				
		recruitment, training, and development, and the				
		remainder to child care safety and health.				

AB	Pellerin	Standby Guardianship: This bill authorizes	Asm Jud.	Watch and	Folder	N/A
1025		parents to use a new tool called "standby		Gather More Intel		
		guardianship" to choose another adult to take				
		care of their child or children if they are subject to				
		an adverse immigration action such as				
		deportation or detention. This bill involves the				
		court after the adverse immigration action occurs				
		to create oversight and an additional level of				
		protection for the child (or children). While the				
		standby guardian has the duties and powers of a				
		guardian while provisionally appointed and upon				
		formal appointment, the rights of the custodial				
		parent remain superior ot the rights of the				
		standby guardian - an important provision to				
		simplify reunification.				
<u>SB</u>	Smallwood-	Maternal health screenings and treatment: This	Sen.	Recommend	Folder	N/A
<u>626</u>	Cuevas	bill would require a licensed health care	Health	support		
		practitioner who provides perinatal care for a				
		patient to screen, diagnose, and treat the patient				
		for a maternal mental health condition				
		Childcare: state median income threshold:				
		Under existing law, for purposes of establishing				
		initial income eligibility for services under the				
		Child Care and Development Services Act,				
<u>SB</u>		"income eligible" means that a family's adjusted	Sen. Huan	Recommended		
<u>50</u> 792	Arreguín	monthly income is at or below 85% of the state	Services	support	Folder	Michaela
102		median income, adjusted for family size. Existing	00111003	support		
		law requires, to be eligible for the third stage of				
		childcare services, CalWORKS participants to				
		have an income that does not exceed 70% of the				
		state median income, adjusted for family size, as				

e te	specified. This bill would revise the income eligibility for the third stage of childcare services to also be 85% of the state median income, adjusted for family size.		

First 5 Association of California 2025 Bill Tracker

Other Tracked Bills

Bill No.	Author	Description	Status	Position	Materials	ECE Sub. Lead
<u>AB 49</u>	Muratsuchi	School sites and day care centers: entry requirements: immigration enforcement: This bill would prohibit schools and day care centers from allowing Immigration and Customs Enforcement (ICE) to enter a school site for any purpose without providing valid identification, a written statement of purpose, and a valid judicial warrant, and receiving approval from the superintendent (school district or county office of education) or the principal of the charter school, or their designee, as applicable.	Asm. Health	Support	Folder	Michaela
<u>AB 55</u>	Bonta	Alternative birth centers: licensing and Medi-Cal reimbursement: this bill would ease some certification and licensing requirements to try to keep remaining birth centers open and potentially allow for more facilities to open.	Asm. Health			N/A
<u>AB 73</u>	Jackson	Black mental health navigator certification: would require the department to develop criteria for a specialty certificate program and specialized training requirements for a Black Mental Health Navigator Certification.	Asm. Approps.		<u>Folder</u>	N/A
<u>AB 96</u>	Jackson	Community health workers: specifies that a "community health worker" includes a peer support specialist and would deem a certified peer support specialist to have satisfied all education and training requirements developed by the department for certification as a community health worker.	Asm. Health		<u>Folder</u>	N/A

<u>AB 318</u>	Alanis	Child daycare: application fees: Existing law requires DSS to charge an applicant for licensure an initial application fee and an annual license fee and authorizes a child daycare facility to use business or personal check to pay the annual license fee. This bill would also authorize a child daycare facility to use a business or personal check to pay the initial application fee and require the department to accept credit card payments for initial application fees and license fees from child daycare facilities.	Asm. Human Services	<u>Folder</u>	
<u>AB 350</u>	Bonta	Health care coverage: fluoride treatments: would require health plans to provide coverage for application of fluoride varnish in the primary care setting for children under 21 years of age. This bill would make the application of fluoride a covered benefit under Medi-Cal.	Asm. Health		N/A

<u>AB 398</u>	Ahrens	Personal income tax: earned income tax credit: The Personal Income Tax Law allows an earned income tax credit against personal income tax and a payment from the Tax Relief and Refund Account for an allowable credit in excess of tax liability to an eligible individual that is equal to that portion of the earned income tax credit allowed by federal law, as determined by the earned income tax credit adjustment factor, as specified. The law provides that the amount of the credit is calculated as a percentage of the eligible individual's earned income and is phased out above a specified amount as income increases and provides alternative calculation factors under specified circumstances. Existing law, for taxable years beginning on or after January 1, 2020, and until and including the taxable year in which the minimum wage is set at \$15 per hour, requires the phaseout percentage for eligible individuals to be recalculated by the Franchise Tax Board so that the calculated amount of credit for a taxpayer with an earned income of \$30,000 is equal to zero. This bill, for taxable years beginning on or after January 1, 2025, if the amount of credit computed for an eligible individual is less than \$355, as specified, would allow the credit for the eligible individual to be \$355 instead, except as otherwise specified.	Asm. Rev. & Tax Suspense		Folder	N/A
---------------	--------	--	--------------------------------	--	--------	-----

<u>AB 403</u>	Ortega	Medi-Cal: community health worker services: would require the department to annually review the above-described outreach and education efforts conducted by Medi-Cal managed care plans and would require the department to annually conduct analysis of the CHW services benefit, submit each analysis to the Legislature, and publish each analysis on the department's website.	Asm. Approps.		Folder	N/A
<u>AB 563</u>	Jackson	Childcare: strategic planning councils: This bill would rename "local planning council" to "strategic planning council" and would revise the definition of "childcare" to include early childhood education services. The bill would revise the makeup requirements for strategic planning councils, as provided. The bill would authorize a county board of supervisors and a county superintendent of schools to merge the strategic planning council with the Quality Rating and Improvement System local consortia or with another strategic planning council in a contiguous county under certain conditions, as provided. The bill would repeal all of the requirements imposed on strategic planning councils in order for the strategic planning council to identify local priorities, except those listed above, as provided.	Asm. Human Services	Watch	<u>Folder</u>	

<u>AB 601</u>	Jackson	Child abuse: reporting: would require each child welfare agency to establish an alternative response approach to reports of general neglect that uses county-based and community-based services and supports. Would require a mandated reporter who knows or reasonably suspects that a child has been the victim of general neglect to make a referral to the county child welfare agency and would require the agency to use the alternative response approach. It would require DSS to develop a standardized curriculum, make the training available on its website, and require all mandated reporters to receive that training within 3 months of their employment. DSS would analyze disparities in the mandated reporting system to determine if use of alternative response approaches to the child abuse and neglect reporting act reduces disparities and disproportionality in the child welfare system.	Asm. Human Services		N/A
<u>AB 636</u>	Ortega	Medi-Cal: diapers: establishes diapers as a covered Medi-Cal benefit for a child greater than 3 years of age who has been diagnosed with a condition, as specified, that contributes to incontinence, and for an individual under 21 years of age if necessary to correct or ameliorate a condition pursuant to certain federal standards.	Asm. Health	<u>Folder</u>	N/A
<u>AB 752</u>	Ávila Farías	Child daycare facilities: Existing law, the California Child Day Care Facilities Act, provides for the licensure and regulation of daycare centers and family daycare homes by the State Department of Social Services. Under existing law, the use of a home as a small or large family daycare home is	Asm. Human Services	Folder	Cindy

	_			_	
		considered a residential use of property and a use			
		by right for the purposes of all local ordinances,			
		including zoning ordinances, and a local			
		jurisdiction is prohibited from imposing a business			
		license, fee, or tax for the privilege of operating a			
		small or large family daycare home. Existing law			
		also exempts small and large family daycare homes			
		from the provisions of the California Environmental			
		Quality Act. This bill would similarly require a			
		daycare center, as defined, when colocated with			
		multifamily housing or legally established			
		community amenities, to be considered a			
		residential use of property and a use by right for the			
		purposes of all local ordinances. The bill would			
		similarly prohibit a local jurisdiction from imposing			
		a business license, fee, or tax for the privilege of			
		operating a daycare center that is colocated with			
		multifamily housing or legally established			
		community amenities, and would exempt a daycare			
		center colocated with multifamily housing or legally			
		established community amenities from the			
		provisions of the California Environmental Quality			
		Act.			
		Childcare services: workday. Existing law, the			
		Child Care and Development Services Act,			
		administered by the State Department of Social	Asm.		
AB 904	Aguiar-	Services, requires the department to administer	Asin. Human		
<u>AD 904</u>	Curry	childcare and development programs that offer a	Services		
		full range of services to eligible children from	00111063		
		infancy to 13 years of age, inclusive. Existing law			
		designates the department as the single state			

		agency responsible for the promotion, development, and provision of care of children in the absence of their parents during the workday. Existing law defines "workday" for purposes of the act to mean the time that a parent requires temporary care for a child for specified reasons, including to undertake training in preparation for a job or to undertake or retain a job. This bill would revise "workday" to additionally include the time that a parent requires temporary care for a child to search for a job, provide care for oneself during a pregnancy-related leave from work, or provide care for a family member during a period of paid family leave.		
<u>AB</u> 1121	Rubio, Blanca	Early literacy: professional development: instructional materials: this bill would require the Department of Education to develop a list of recommended professional development and training programs related to effective means of teaching literacy and reading skills and require school districts, county offices of education, and charter schools to ensure participation in an approved professional development and training program. The bill would also require adoption of instructional materials that are adhere to effective means of teaching literacy and foundational reading skills.	Asm. Ed.	<u>Folder</u>
<u>AB</u> 1428	Muratsuchi	California Affordable Childcare Act:spot bill	Asm. Rules	Spot Bill
<u>AB</u> 1471	Soria	Childcare providers: spot bill	Asm. Rules	Spot Bill

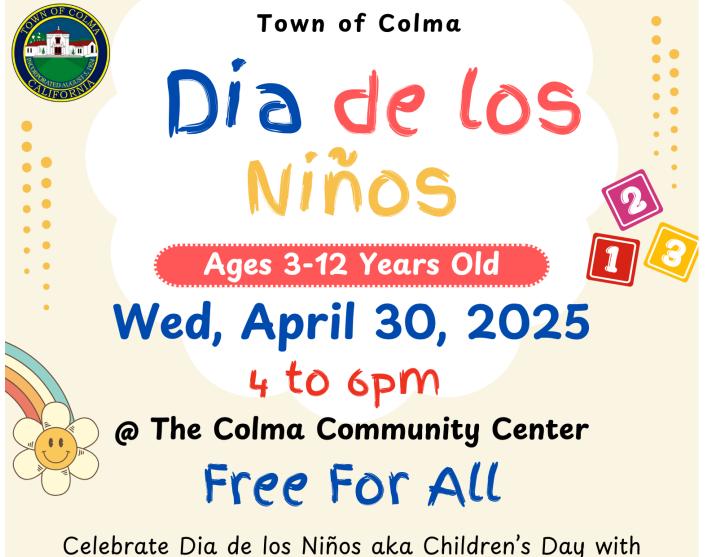
<u>AB</u> 1474	Patterson	Community-based perinatal care: Existing law establishes the State Department of Public Health and sets forth its powers and duties, including, but not limited to, implementation and administration of a community-based system of comprehensive perinatal care for eligible women and infants. Existing law states the goals of the community- based comprehensive perinatal health care system as decreasing and maintaining the decreased level of perinatal, maternal, and infant mortality and morbidity and supporting methods of providing comprehensive prenatal care that prevent prematurity and the incidence of low birth weight. This bill would make technical, nonsubstantive changes to those goals.	Asm. Rules	Spot Bill	N/A
ACR <u>18</u>	Sharp- Collins	Maternal Health Awareness Day: would proclaim January 23, 2025 as Maternal Health Awareness Day.	Passed Asm 1/30/25; sent to Senate.		N/A
<u>SB 32</u>	Weber Pierson	Maternity ward closures.	Sen. Rules		Spot Bill

<u>SB 99</u>	Blakespear	Family childcare homes: United States Armed Forces: Existing law requires the CA Dept of Social Services to license and regulate family daycare homes. This bill would exempt from state licensure a family childcare home certified as a family childcare provider by a branch of the U.S. military and who exclusively provides care for military families (thereby eliminating the redundancy of licensing through the state). The bill would also require the local bases to notify DSS with a list of certified childcare homes that will be exempt, as well as report incidents, post notices on the status of the facility, and certify that they meet California health and safety requirements. The bill also gives priority to these daycare homes for annual DSS inspections, including if they are participating in a QRIS.	Sen. Human Services		Kevin
<u>SB 228</u>	Cervantes	Comprehensive perinatal services program: This bill would transfer the administration of the program for CDPH to DHCS and authorize DHCS to enter into MOU or interagency agreement with CDPH to implement the program as needed.	Sen. Health	<u>Folder</u>	N/A

<u>SB 257</u>	Wahab	Pregnancy As a Recognized Event for Nondiscriminatory Treatment (PARENT) Act, would make pregnancy a triggering event for purposes of enrollment or changing a health benefit plan. The bill would prohibit a health care service plan contract or disability insurance policy issued, amended, or renewed on or after January 1, 2026, that provides coverage for maternity services or newborn and pediatric care services from taking specified actions based on the circumstances of conception, including denying, limiting, or seeking reimbursement for maternity services or newborn and pediatric care services because the enrollee or insured is acting as a gestational carrier.	Sen. Health		N/A
<u>SB 669</u>	McGuire	Rural hospitals: standby perinatal medical services: this bill would require CDPH to establish a 5-year pilot project to establish standby perinatal medical services. To qualify, critical access and individual and small system rural hospitals would have to meet specified requirements, including that the hospital (1) be greater than 60 minutes from the nearest hospital providing full maternity services, (2) not have closed a full maternity or labor and delivery department within the past 3 years, and (3) agree to provide routine labor and delivery services or have an agreement with a freestanding birth center, as specified. The bill would require a hospital selected for a pilot program to comply with certain requirements, including among others, having and maintaining specified staff, services, and equipment. The bill would require a physician,	Sen. Health	<u>Folder</u>	

	as specified, to have overall responsibility for a pilot program under these provisions. This bill contains other related provisions.			
SB 778 Limón	Migrant childcare and development programs: Existing law, the Child Care and Development Services Act, requires the State Department of Social Services to administer childcare and development programs, including, among others, migrant childcare and development programs. Existing law, for purposes of migrant childcare and development programs, defines a "migrant agricultural worker family" as a family that has earned at least 50% of its total gross income from employment in fishing, agriculture, or agriculturally related work during the 12-month period immediately preceding the date of application for childcare and development services. Existing law requires the children of these families to be enrolled in child development programs on the basis of specified priorities, including priority to children whose families move from place to place. This bill would instead define a "migrant agricultural worker family" as a family with at least one individual who has earned at least 40% of their total gross income from employment in fishing, agriculture, or agriculturally related work during the 12-month period immediately preceding the date of application for childcare and development services. The bill would authorize the individual to obtain and provide specified documentation	Sen. Human Service		

		necessary to establish their current income eligibility.			
<u>SCR 9</u>	Weber Pierson	Would proclaim January 23, 2025, as Maternal Health Awareness Day.	Chaptered		N/A



Celebrate Dia de los Ninos aka Children's Day with us! Dive into a world of fun with exciting activities, games, and crafts. Plus, inflatables, face painting, and yummy snacks that will make everyone smile! Bring your friends for a day every kid dreams of!





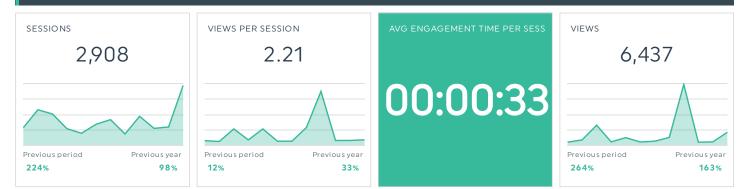
REPORT FOR MAR 1, 2025 - MAR 31, 2025 FIRST 5 SAN MATEO COUNTY

FEBRUARY ANALYTICS OVERVIEW

In March, First 5 San Mateo County's social media efforts focused on celebrating Development Disabilities Awareness Month and topics related to economic security, the San Mateo County special election, and uplifting events hosted by Family Resource Center of San Mateo County and Help Me Grow San Mateo County. Posts highlighting local events saw the highest engagement, particularly on Instagram.

Website traffic showed a significant increase from the previous period with the most-visited pages including the Baby Bonus page and Baby Bonus Parent Guide page. Social media ads drove engagement, though overall ad performance was lower.

WEBSITE ANALYTICS



TOP VIEWS BY PAGE

Page Address	Views 🗸
/	3,077
/baby-bonus/	265
/baby-bonus-parent-guide/	115
/resources/	82
/staff/	60
/who-we-are/	52
/commissioners/	48
/commission/	45
/kit-for-new-parents-2/	44
/our-work/	42
/for-parents-families/	37
/funding-opportunities/	33
/welcoming-colleen-chawla-to-first-5-san-mateo-county/	31
/family-blog/	31
/es/the-5-protective-factors-why-the-first-five-years-matter/	29
/welcoming-hanish-rathod-to-first-5-san-mateo-county/	28
/past-commission-meetings/	28

EVENT COUNT	
Event Name	Event Count 🗸
page_view	6,437
session_start	2,943
first_visit	2,452
user_engagement	1,584
scroll	733
file_download	127
click	107
view_search_results	25
video_progress	4
video_start	1

TOP TRAFFIC SOURCES

Session Default Channel Grouping	Sessions 🗸
Direct	2,196
Organic Search	522
Referral	103
Organic Social	35
Unassigned	2

FACEBOOK INSIGHTS

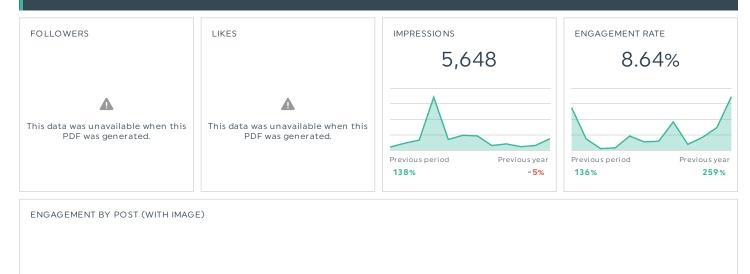


TOP POSTS BY ENGAGEMENT TYPE (WITH IMAGE)

Post With Image	Post Comments	Post Shares	Total Reactions \checkmark
Join us to Play & Learn with @helpmegrowsmc and engage in play-based activities that foster cognitive, social, and emotional development. This is a fun-filled activity group for families and children ages 0-5. Begins on	N/A	N/A	6
Did you know? In San Mateo County, 6.4% of children live below the federa poverty threshold. In one of the country's wealthiest counties, there is no reason any child should be facing those kinds of challenges or resource	N/A	N/A	3
On behalf of the Family Resource Center, San Mateo County, we would like to invite you to their monthly virtual Autism Support Group. If you are the parent/caregiver of a child or youth with autism, we invite you to meet		N/A	2
■ VOTE in the March 4, 2025 Special Election! ■ ■ February 3 to March 3, Hours 9 a.m. to 5 p.m.; Election Day, March 4, Hours 7 a.m. to 8 p.m. ■ Wher to Vote: Find your polling place at https://smcacre.gov/elections/marc (in	14/74	N/A	1
On behalf of the Family Resource Center of San Mateo County, we'd like to extend the invitation to join their monthly virtual Autism Support Group of March 4, 2025 6:00pm - 7:30pm. If you are the parent/caregiver of a child of	on N/A	N/A	1
Financial stability in the early years of a child's life lays the foundation for their future success. When families have the resources they need, children can grow and thrive in safe, nurturing environments. At First 5 San Mateo	N/A	N/A	1

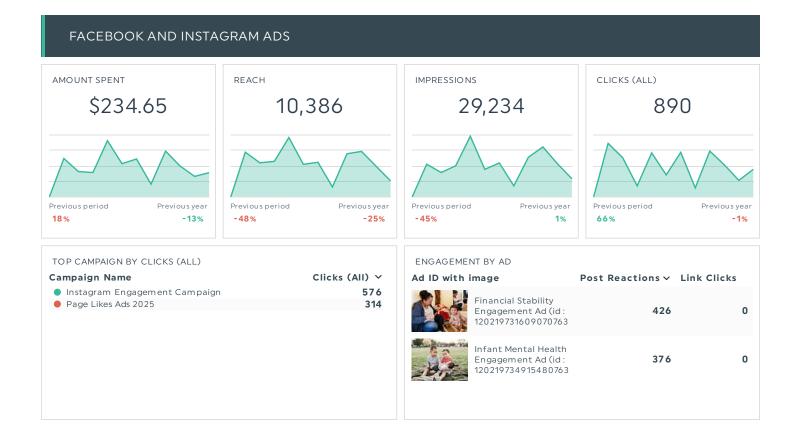
TOP POSTS BY ENGAGEMENT		TOP POSTS BY IMPRESSIONS	
Post	~	Post	Post Impressions 🗸
🔵 🛛 VOTE in the March 4, 2025 Special Election! 🛛 🖉 Februa	20	● ■ VOTE in the March 4, 2025 Special Election!	550
🗧 Join us to Play & Learn with @helpmegrowsmc and enga	11	Join us to Play & Learn with @helpmegrowsm	180
Did you know? In San Mateo County, 6.4% of children liv	5	Did you know? In San Mateo County, 6.4% of c	17 4
Doctors like Dr. Nayfack hear great things from parents	4	On behalf of the Family Resource Center, San	104
On behalf of the Family Resource Center, San Mateo Co	3	Financial stability in the early years of a child's	103
Financial stability in the early years of a child's life lays th	2	Financial insecurity can be a major barrier to	77
🔵 Su pediatra confía en Help Me Grow para brindarle la ate	1	Financial security plays a crucial role in ensuri	54
Your pediatrician trusts Help Me Grow to give you the at	1	• On behalf of the Family Resource Center of S	54
Financial insecurity can be a major barrier to a child's de	1	Su pediatra confía en Help Me Grow para brin	45
On behalf of the Family Resource Center of San Mateo	1	Doctors like Dr. Nayfack hear great things fro	44

INSTAGRAM INSIGHTS





This data was unavailable when this PDF was generated.



LINKEDIN INSIGHTS



TOP POSTS BY ENGAGEMENT RATE

Post with image	Engagement Rate 🗸	Likes	Clicks
Financial security plays a crucial role in ensuring strong early childhoods! When families are financially secure, children have better access to nutritious food, safe housing, quality education, and healthcare. Let's work together to build a stable foundation for our children's	9.5%	2	0
■ VOTE in the March 4, 2025 Special Election! ■ ■ February 3 to March 3, Hours 9 a.m. to 5 p.m.; Election Day, March 4, Hours 7 a.m. to 8 p.m. ■ Where to Vote: Find your polling place at https://lnkd.in/ga-Y5dyh & Voting by Mail: If you can't make it to the polls, vote by mail!	3.8%	0	1
Financial stability in the early years of a child's life lays the foundation for their future success. When families have the resources they need, children can grow and thrive in safe, nurturing environments. At First 5 San Mateo County, we believe that supporting families'	3.6%	0	1
Access to quality early education often depends on a family's financial situation. By promoting economic stability, we ensure more children benefit from early learning opportunities. This matters for a child's brain development. The growth a child experiences in the total of total of the total of total of the total of total o	0.0%	0	0
Financial insecurity can be a major barrier to a child's development, but there are ways to mitigate it. Policies like guaranteed income can provide families with a stable foundation, ensuring they can meet essential needs and invest in their children's futures. By supporting	0.0%	0	0
Did you know? In San Mateo County, 6.4% of children live below the federal poverty threshold. In one of the country's wealthiest counties, there is no reason any child should be facing those kinds of challenges or resource shortages. That is why First 5 San Mateo County and our	0.0%	0	0



DATE:	April 28, 2025
TO:	First 5 San Mateo County (F5SMC) Commission
FROM:	Kitty Lopez, Executive Director
RE:	Committee Updates

Program, Operations and Planning (POP) Committee Meeting – April 7, 2025

Commission:	Nkia Richardson, Nancy Magee (absent), Randy Torrijos (representing Jackie Speier)			
Public Member:	Harvey Kaplan, Liz Scully (absent)			
Staff:	Kitty Lopez, Michelle Blakely, Mai Le, Myra Cruz			

1. Elect Committee Chair

Public Member Kaplan nominated Nkia Richardson as Committee Chair, Seconded by Commissioner Speier Representative Torrijos. Motion approved.

2. Program, Systems and Strategic Planning Updates:

Strategic Plan Implementation Plan Update

Michelle Blakely, F5SMC's Deputy Director shared the following:

- F5SMC has initiated the procurement process for the Strategic Plan Implementation Plan (See Attachment 12.1), beginning with Parent Connectivity & Leadership and Early Childhood Mental Health (ECMH) Direct Services. Both procurements are scheduled for release today, April 7, 2025. The release is through the County's OpenGov the primary source, Constant Contact mailing list and posted on the F5SMC website. Proposal submissions are required through OpenGov. F5SMC will also provide instructional videos on how to complete some RFP attachment forms such as scope of work, logic model and the budget forms. More RFPs will be released in May and June.
- Secured Mental Health Services Act (MHSA) MOU with one year funding (FY 25-26) for \$800,000 for early mental health direct services and Trauma and Resiliency Informed Systems Initiative (TRISI). This funding is aligned with and is integrated into F5SMC's ECMH direct service procurement.
- Michelle Blakely, Kitty Lopez and Emily Roberts submitted a proposal and presented to Sequoia Health Care District for the Healthy Beginnings Initiative FYs 2025-2028 for \$2.1 M. Focus: Integrated Systems for Children with Special Needs, TRISI (workforce supports), Friday Café's and Early Childhood Mental Health Services. Funding award notification in Mid- May.
- F5SMC is also utilizing the funding from MHSA for training new 60 clinicians in child-parent psychotherapy, many of whom are new to early childhood work.

• Baby Bonus Program Update:

Mai Le, Community Health Planner for First 5 San Mateo County (F5SMC), announced that the Baby Bonus Program (BBP) officially launched on March 24, 2025, with five families already enrolled. She encouraged anyone seeking more information about eligibility and the application process to visit the Baby Bonus webpage.

Le outlined the different pathways available for families to participate in the program:

- **Randomized Controlled Trial (RCT)**: Families receive standard care while participating in a research study.
- **Community Health Worker (CHW) Only Group**: Families receive personalized care coordination from a CHW through the Health Plan of San Mateo.
- RCT: CHW + Cash Group: Families receive both CHW support and \$300 per month for three years through UpTogether.
- Non-RCT Cash Only Group: Families are enrolled separately by Baby & Me outreach staff and receive \$300 per month through UpTogether, but do not receive CHW support.

Le also discussed the enrollment process and eligibility criteria and provided the Committee with a handout titled *Supporting Baby Bonus Participants: A Guide for Community Providers*. One of the program's key goals is to collect data to inform future policy changes. Currently, funding is available to support 400 families for a three-year period. They have External Advisory Board to help think about future policies.

Discussion ensued.

• Policy Update

Michelle Blakely shared the First 5 Association policies that will be highlighted for Advocacy Day 2025 (*See Attachments 11.4 of the Staff Team Report*) and noted federal funding uncertainty for Head Start and joint advocacy and public education efforts that are beginning with local partners.

Discussion ensued.

Meeting adjourned at 5:04 pm.



First 5 San Mateo County 2025-2030 Strategic Plan July 1, 2025 - June 30, 2030

ATTACHMENT 12.1

COMMISSISON APPROVED

- Release of Funding Mechanism/Procurement for \$7,800.00 per the Domain Areas, and Strategies of the new Strategic Plan for FY 2025-2028. (Annual Budget is \$2.6 Mil)*
- Reallocation of unspent SPIP FY 23-25 funds to SPIP 25-30 in the amount of \$650,000 for Emerging Needs TBD.

*These amounts are aligned with the approved long-term financial plan, and do <u>not</u> include other leveraged funding outside of Prop. 10 funds.

2025-2030 Tentative Procurement Timeline

This is a timeline of		
anticipated release		
months for		
procurements, aligned		
with the approved		
2025-30 SPIP.		

	April	May	June
Family Connectivity & Leadership RFP			
ECMH Direct Services & Systems Building RFP			
Capacity & Network Building for Family Engagement Professionals RFP			
Oral Health Systems RFA			
Systems & Supports for Children with Special Needs RFA			
Quality Early Learning RFA			
ECMH Consultation in Early Learning Settings			
Communications RFP			
Child Care Facilities RFA			
			t in the second s

