

Dan Ayala Aaron Crutison Gerald Huber Scott Ingham Michele Harris, ED

## **COMMISSION MEETING** October 3, 2017 – 5:30-7:30pm 601 Texas Street, Conference Room B, Fairfield, CA 94533

#### CALL TO ORDER / SALUTE TO THE FLAG

Information I. **Public Comment** 

This is the opportunity for members of the public to address the Commission on matters not listed on the Agenda that are otherwise within the subject matter jurisdiction of the Commission. Please submit a Speaker Card and limit your comments to 3 minutes.

II. Consent Calendar (5 min) Action

- A. Approve the October 3, 2017 Commission Meeting Agenda
- B. Approve the August 8, 2017 Commission Meeting Minutes
- III. Chair Appoints Nominating Committee for 2018 Officers (5 min)

Information

IV. Public Hearing: First 5 Solano FY2016/17 Annual Audit (20 min)

Action

Receive the FY2016/17 First 5 Solano Annual Audit Kirk Starkey, Solano County Auditor Controller's Office

V. Public Hearing: First 5 Solano FY2016/17 Annual Report (20 min) Action

Approve the First 5 Solano submission to First 5 CA for the FY2016/17 Annual Report Juanita Morales, Program Manager

VI. Committee Reports (60 min)

Action

- A. Systems and Policy Committee (Commissioner Hannigan)
  - 1. Receive the 2017 Solano County Early Childhood Mental Health Needs Assessment and recommendations to consider for Program Investment **Planning**
  - 2. Receive an assessment of Family Support and Parent Education and recommendations to consider for Program Investment Planning Michele Harris, Executive Director; Christina Branom, Applied Survey Research
  - 3. Motion: Consider approval of an update to the First 5 Solano Signature Authority Policy to support the implementation of the First 5 Solano Legislative Platform

Lorraine Fernandez, Program Manager

B. Program and Community Engagement Committee (Commissioner Ayala) No Meeting

VII. Executive Director's Report (5 min)

Information

Michele Harris. Executive Director

VIII. Commissioner Remarks (5 min)

Information



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#### IX. Future Agenda Items, Meeting Time/Date/Location (5 min)

Information

The next Commission meeting will be held on October 21, 2017 at 9:00AM at 601 Texas Street, Conference Room A, Fairfield. Future agenda items include: Program Investment Planning

#### **ADJOURN**

Vision: All Solano County children are loved, healthy, confident, eager to learn, and nurtured by their families, caregivers and communities. Mission: First 5 Solano Children and Families Commission is a leader that fosters and sustains effective programs and partnerships with the community to promote, support and improve the lives of young children, their families and their communities.

The First 5 Solano Children and Families Commission does not discriminate against persons with disabilities. If you require a disability-related modification or accommodation in order to participate in the meeting, please call (707) 784.1332 at least 24 hours in advance of the meeting to make arrangements. Non-confidential materials related to an item on this Agenda submitted to the Commission are available for public inspection at the First 5 Solano business office, 601 Texas Street, Suite 210, Fairfield, CA during normal business hours.

# First 5 Solano Children and Families Commission Commission Meeting

August 8, 2017, 5:30 PM – 7:30 PM 601 Texas Street, Suite 210, Fairfield, CA

#### **Minutes**

Commissioners present: Liz Niedziela (Chair), Erin Hannigan (Vice Chair), Dan Ayala, Aaron Crutison, Lisette Estrella-Henderson Jerry Huber, Scott Ingham, Nicole Neff (arrived 5:34PM).

First 5 Solano Staff present: Michele Harris, Megan Richards, Gene Ibe, Lorraine Fernandez, and Andrew Boatright.

Members of the public present: Christina Branom (Applied Survey Research)

Chair Niedziela called the meeting to order at 5:31pm.

Commissioner Niedziela, on behalf of the commission, welcomed the newest commissioner, Scott Ingham.

#### I. Public Comment

#### II. Consent Calendar

A. Approve the August 08, 2017 Commission Meeting Agenda

Motion: Approve the Commission Meeting Agenda for August 08, 2017

Moved by Commissioner Huber; Seconded by Commissioner Estrella-Henderson Approved 7-0-0

Yea: Commissioners Ayala, Crutison, Estrella-Henderson, Hannigan, Huber,

Ingham, Niedziela

Nay: None Abstain: None

B. Approve June 06, 2017 Commission Meeting Minutes

Motion: Approve the Commission Meeting Minutes for June 06, 2017

Moved by Commissioner Huber; Seconded by Commissioner Estrella-Henderson Approved 7-0-0

Yea: Commissioners Ayala, Crutison, Estrella-Henderson, Hannigan, Huber,

Ingham, Niedziela

Nay: None Abstain: None

C. Approve the 2018 Commission Meeting Schedule

Motion: Approve the Commission Meeting Schedule for 2018

Moved by Commissioner Huber; Seconded by Commissioner Estrella-Henderson Approved 7-0-0

Yea: Commissioners Ayala, Crutison, Estrella-Henderson, Hannigan, Huber,

Ingham, Niedziela

Nay: None Abstain: None

#### III. Strategic Plan and Community Indicator Review

Christina Branom presented the Community Indicators Review summarizing the status of young children and their families in Solano County. Ms. Branom reviewed Priority Area 1: Health and Well-Being, Priority Area 2: Early Childhood Learning and Development, Priority Area 3: Family Support and Parent Education, and additional geographic "hot spot" analysis of the county. Each priority area analysis included charts and maps with percentages and rates for various categories related to Solano County children, expressing trends over several years.

#### **IV.** Committee Reports

Commissioners Crutison and Huber recused from agenda item IV-A, motion 1.

A. Systems and Policy Committee

1) Megan Richards gave an overview of the proposal to integrate developmental screenings into primary care visits within Family Health Services. Ms. Richards noted that the change would increase developmental screenings from 700 to over 5,000 in addition to being a one-time cost to the commission; Health & Social Services has agreed to fund the ongoing cost associated with maintenance of the application, tablets, and licensing.

Motion: Approve an allocation of funding of up to \$300,000 to integrate developmental screenings into primary care visits within Family Health Services

Moved by Commissioner Hannigan; Seconded by Commissioner Ayala Approved 6-0-0

Yea: Commissioners Ayala, Estrella-Henderson, Hannigan, Ingham, Neff,

Niedziela

Nay: None Abstain: None

**Recuse: Commissioners Crutison and Huber** 

Commissioners Crutison and Huber returned.

- 2) Ms. Richards reviewed the direction given by the commission during the 2017 commission retreat and presented the long-term financial plan projections, and explained how projections would inform funding decisions at the 2018 commission retreat. Overall, the commission's annual expenditure budget would be reduced by approximately \$700,000 annually. The commission directed staff to prepare funding cycle recommendations based upon this level of spending.
- B. Program and Community Engagement Committee

Commissioner Estrella-Henderson recused from agenda item IV B, motion 1.

1) Megan Richards gave an overview of the Program and Community Engagement Committee Meeting. Ms. Richards reviewed Solano County Office of Education's activities related to IMPACT and connected the Hub reimbursable activities to current practices.

Motion 1: Approve an allocation of funding of up to \$28,000 for FY 2017-18 to Solano County Office of Education to expand IMPACT activities to include Hub reimbursable activities

Moved by Commissioner Hannigan; Seconded by Commissioner Crutison Approved 7-0-0

Yea: Commissioners Ayala, Crutison, Hannigan, Huber, Ingham, Neff,

Niedziela

Nay: None Abstain: None

Recuse: Commissioner Estrella-Henderson

Commissioner Estrella-Henderson returned.

2) Megan Richards gave an overview of the described the importance of Solano Family and Children's Services work in the management of Help Me Grow Solano and cited the successful transition of services to the call center.

Motion 2: Approve an allocation of funding of up to \$80,000 for FY 2017-18 to Solano Family and children's Services to expand Help Me Grow Activities

Moved by Commissioner Estrella-Henderson; Seconded by Commissioner Hannigan

Approved 8-0-0

Yea: Commissioners Ayala, Crutison, Estrella-Henderson, Hannigan, Huber,

Ingham, Neff, Niedziela

Nay: None Abstain: None

3) Gene Ibe presented an update on contract negotiations with Benicia and Dixon Family Resource Centers. Ms. Ibe noted that contract amendments for both FRCs have been executed with funding levels in line with the level of services each FRC can provide in FY2017/18.

#### V. Executive Director's Report

Michele Harris advised the commission of 2 upcoming events: a screening of Resilience followed by a panel discussion on September 28, and; a Poverty Simulation sponsored by First 5 Solano in partnership with Child Support Services on November 13 and 14. Ms. Harris also informed the commission that First 5 Solano, in partnership with Health and Social Services, is conducting an assessment of Solano nonprofit capacity. This capacity assessment is intended to help us hone in on the next area (beyond fundraising and volunteer management) that we should target for capacity building. Lastly, Ms. Harris thanked those commissioners that volunteered at the First 5 Solano Giant Sandbox at the county fair, and shared pictures of the event.

#### VI. Commissioner Remarks

Commissioner Niedziela asked that each commissioner describe their background for the benefit of the new commissioners; each commissioner in turn introduced themselves and welcomed Scott Ingham.

#### VII. Future Agenda Items

The next Commission meeting will be held on October 3, 2017 at 5:30 PM at 601 Texas Street, Conference Room B, Fairfield. Future agenda items include: Committee Reports, Annual Report and Audit, Allocation Updates.

#### Adjourn

Chair Niedziela adjourned the meeting at 7:16 PM.

Andrew Boatright, Office Assistant III

Approved:



**DATE:** October 3, 2017

**TO:** First 5 Solano Children and Families Commission

FROM: Commissioner Liz Niedziela, Chair

BY: Gene Ibe, Staff

**SUBJ:** Nominating Committee for Election of 2018 First 5 Solano Commission Officers

In December of each year, the First 5 Solano Commission elects its officers (Chair and Vice-Chair) per its Bylaws. To facilitate this process, the Commission Chair is calling for 2-3 Commissioner volunteers to comprise an ad hoc Nominating Committee to bring forward recommended officers for the upcoming year.

For the Commission's convenience, attached are copies of the Bylaws and the First 5 Solano "Commissioner Job Description," which include details about the duties of the Chair and Vice-Chair. Officers serve a term of one calendar year. Commissioners interested in serving as officers can review these materials and, if they wish to be considered, forward their names to the Nominating Committee for consideration.

Attachment A: Commission Bylaws

Attachment B: Commissioner Job Description

#### **BY-LAWS**

#### OF

#### FIRST 5 SOLANO CHILDREN AND FAMILIES COMMISSION

#### **ARTICLE 1**

#### **AUTHORITY**

The First 5 Solano Children and Families Commission is governed by the California Children and Families Act of 1998 and Solano County Code Section 7.3.

#### **ARTICLE II**

#### **PURPOSE AND INTENT**

<u>Section 2.1 Purpose</u>. The specific purpose of this Commission is to carry out the mandates as set forth in the California Children and Families Act of 1998 and Solano County Code Section 7.3.

#### **ARTICLE III**

#### **POWERS AND DUTIES**

<u>Section 3.1 Powers and Duties.</u> The powers and duties of the Commission shall be as set forth in the California Children and Families Act of 1998 and Solano County Code Section 7.3.

#### ARTICLE IV

#### **MEMBERS**

<u>Section 4.1. Management of the Commission's Activities and Affairs</u>. The activities and affairs of the Commission shall be conducted as set forth in the California Children and Families Act of 1998 and Solano County Code Section 7.3.

<u>Section 4.2 Membership.</u> The Commission shall be appointed by the Solano County Board of Supervisors as set forth in the California Children and Families Act of 1998 and Solano County Code Section 7.3.

<u>Section 4.3 California Political Reform Act.</u> Members shall comply with the terms of the California Political Reform Act.

**Section 4.4 Terms of Office.** The terms of office for each Commission member shall be four years. The terms of the original members shall be staggered.

#### **SECTION V**

#### **COMMITTEES**

<u>Section 5.1 Standing and Ad Hoc Committees.</u> The Commission may form standing committees or ad hoc committees as needed.

#### **ARTICLE VI**

#### **OFFICERS AND DUTIES**

<u>Section 6.1 Identification and Title</u>. The officers of the Commission shall be the Chair and the Vice-Chair.

**Section 6.2 Terms of Office.** The term of office for each officer shall be one year.

<u>Section 6.3 Election of Officers</u>. The election of officers shall take place at the first meeting in December of any year. The newly elected officers shall take office at the first meeting in January of any year. Vacancies in the positions of Chair and/or Vice-Chair that occur during the calendar year shall be filled by election as soon as possible, in accordance with the Ralph M. Brown Act, and any such officer(s) elected mid year shall serve out the remainder of the calendar year.

<u>Section 6.4 Conduct of Meetings</u>. The Chair shall preside at all meetings. In the absence of the Chair, the Vice-Chair shall preside. In the absence of both, the Commissioners attending shall choose a temporary Chair at the beginning of the meeting.

#### **Section 6.5 Chair**. The Chair shall:

- 1. Preside at all meetings of the Commission;
- 2. Appoint Chairs of Standing and ad hoc Committees.
- 3. Exercise such other powers and perform such other duties as may be prescribed by the Commission.

<u>Section 6.6 Vice-Chair</u>. The Vice-Chair shall have such powers and perform such duties as may be delegated by the Chair, and when the Chair is unable to preside at meetings and in his/her absence, shall preside and otherwise act as Chair.

#### **ARTICLE VII**

#### **MEETINGS OF THE COMMISSION**

<u>Section 7.1 Meeting Time and Place.</u> A regular time and place of meeting shall be adopted by the Commission in accordance with the Ralph M. Brown Act.

<u>Section 7.2 Special Meetings</u>. Special meetings of the Commission may be called from time to time provided such special meeting is called in accordance with the Ralph M. Brown Act.

#### **ARTICLE VIII**

#### **QUORUM**

# Section 8.1 Quorum.

- (a) A quorum of the Commission shall be five members present.
- (b) Actions of the Commission shall be by majority vote of the full Commission.
- (c) If a quorum is lost so that no action may be taken, the meeting may continue as a committee in order to allow discussion and take testimony, provided that no action will be taken.

#### **ARTICLE IX**

#### **RULES OF ORDER**

<u>Section 9.1 Robert's Rules of Order</u>. Except as they may conflict with these By-Laws, the conduct of their affairs by the Commission and of all the committees shall proceed in accordance with provisions of the then-current codification of Robert's Rules of Order.

#### **ARTICLE X**

#### **RECORDS, REPORTS AND INSPECTION RIGHTS**

#### Section 10.1. Annual Report.

- (a) By January of each year, the Commission shall furnish a report containing the following information:
  - (1) the assets and liabilities as of the end of the fiscal year;
  - (2) the principal changes in assets and liabilities, including trust funds, during the fiscal year;
  - (3) the revenue or receipts of the Commission, both unrestricted and restricted to particular purposes, for the fiscal year;
  - (4) the expenses or disbursements of the Commission, for both general and restricted purposes, during the fiscal year; and
- (b) The report required herein shall be accompanied by any report thereon of the annual independent audit.

<u>Section 10.2 Strategic Plan</u>. By January of each year the Commission shall furnish a report on outcomes and changes regarding the Commission's Strategic Plan.

#### **ARTICLE XI**

#### **MISCELLANEOUS PROVISIONS**

#### Section 11.1 Interpretation of By-Laws.

- (a) Unless defined differently herein or unless the context requires a different meaning, terms used in these By-Laws shall have the same meaning as may be given to them in the Law, as amended from time to time.
- (b) To the extent possible, these By-Laws shall be construed as supplemental to all laws applicable to the same subject matter and shall be fully complied with unless such compliance shall be legal.
- (c) Any provision of these By-Laws which is inconsistent with any applicable law shall not be complied with, but such inconsistency shall not affect the validity of any other provision of these By-Laws, it being hereby declared that these By-Laws would have been adopted in full irrespective of the invalidity of any provision thereof.
- (d) By-Laws may be amended by majority vote at a regularly noticed Commission meeting. All proposed changes to these By-Laws shall be mailed to each Commissioner at least 10 days prior to such scheduled meeting. These By-Laws and subsequent amendments to these By-Laws shall take effect upon approval by the Board of Supervisors.

**Section 11.2 Fiscal Year.** The fiscal year of the Commission shall coincide with Solano County's fiscal year.



# First 5 Solano Commissioner "Job Description"

I. First 5 Solano Commissioners are appointed for a four-year term.

The Commission makeup is as follows:

- One Board of Supervisor member
- Two Solano County Department of Health and Social Services representative members
- Five members, each of whom is nominated by a Board of Supervisor member (appointee need not reside in the District the appointing Board member represents)
- One 'at large' member

# II. Major areas of Commission responsibility include, but are not limited to:

- A. **Policy/Strategic Planning:** Oversee the development of, and approve, a strategic plan as the framework for the allocation of funding for programs, services and activities that enhance the health, well-being and development of children 0-5. Oversee and actively engage in the implementation of the strategic plan.
- B. **Allocation of funds:** Independent authority to allocate funds for services for children 0-5 and their families in accordance with the approved strategic plan.

#### C. Accountability:

- Ensure that the annual required independent audit is performed and submitted to the Board of Supervisors and First 5 California in accordance with established timelines.
- 2. Approve an annual proposed budget and submit this budget to the Board of Supervisors in accordance with established timelines. Monitor the budget.
- 3. Approve the required annual report submission to First 5 California. Monitor and review local program outcomes and documented results.

# D. Functioning/Staffing:

- 1. Approve and monitor policies as needed and ensure adherence to County policies as appropriate.
- 2. Participate in the selection and evaluation of the Executive Director.
- 3. Provide direction to staff to carry out the work of the Commission.
- E. Community Engagement: Substantively involve Solano parents, service providers, interested community members and policy makers in the activities and decision-making process of the Commission. Ensure that the Commission's strategic plan, funding priorities, programs and services reflect community needs and priorities. Ensure the free and open flow of information among Commissioners and the public.

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#### II. Commissioner Job Duties:

In order to fulfill these responsibilities (and carry out the other powers and duties prescribed in the Children and Families First Act, County Code Section 7.3, Commission By-Laws and applicable commission policies), Commissioners are expected to commit to a substantive level of time and effort, including but not limited to the sections below.

- A. **Meetings** Commissioners must maintain sufficient meeting attendance in accordance with County Code Section 7.3 and the First 5 Solano Commission Meeting Attendance Policy. Meeting participation is outlined below.
  - There are 8-10 full Commission meetings per year, generally starting in late afternoon or early evening, lasting 2-4 hours and located in various parts of the County, including an annual, full-day Retreat, generally on a Saturday in October. From time to time a special meeting may be called to deal with an item that cannot be postponed.

The full Commission Chair and Vice Chair are elected annually and serve a one- (calendar) year term. Duties and responsibilities of Commission Chair include:

- a. reviewing and approving agendas and meeting materials
- b. presiding at/conducting meetings
- c. appointing Chairs of standing and ad hoc Committees
- d. presenting reports to the full Commission
- e. carrying out any other duties/activities delegated by the Commission
- f. representing the Commission at public or other meetings

The By-Laws provide that the Vice Chair acts as Chair if the Chair is unavailable and presides at meetings when the Chair is not present, and has the powers and performs the duties delegated to him/her by the Chair.

2. There are three standing committees – "Internal Systems, "Program" and "Community Engagement" committees. Committees also meet 8-12 times/year for 2-3 hours). Each Commissioner will be asked to serve on a standing committee.

Committee Chairs are appointed by the Commission Chair. Committee Chairs and members serve a minimum of one year and may serve indefinitely. Duties and Responsibilities of Committee Chairs include:

- a. reviewing and approving agendas and meeting materials
- b. presiding at/conducting meetings
- c. presenting reports to the full Commission
- d. representing the Commission at public or other meetings
- From time to time, the Commission forms ad hoc committees, work groups or task forces and may request one or more Commissioners to serve on these bodies.

- Commissioners also have training sessions on areas such as public information/media, Brown Act, Conflict of Interest and Robert's Rules of Order.
- B. Establishing and maintaining a level of knowledge and understanding about early childhood issues to support responsible policy, strategic and fiscal decisions by the First 5 Commission. This is accomplished by reading Commission packets and supporting information, tracking the Committee process.
- C. Engaging in substantive policy, program or community support activities to promote the alignment of Commission/Community priorities, foster the free flow of information and promote system change<sup>1</sup>. These can include representing the Commission in areas such as:
  - 1. Presentations at policy bodies such as school boards, city councils, Solano County Board of Supervisors, etc.;
  - 2. Attendance at community meetings and events;
  - 3. Participating in interagency planning meetings and activities;
  - 4. Participating in Commission-hosted or -funded meetings and events (such as quarterly Grantee training/technical assistance meetings, strategic planning meetings, forums and workshops held by grantee organizations, Commission-sponsored forums/health and literacy fairs/etc., or other activities):
  - 5. Community partner visits to funded programs and local organizations, including meeting with parents, service providers and other community stakeholders;
  - 6. Participating in public information/education activities (such as a Speakers Bureau, writing opinion pieces or other press/media materials, speaking with the press, etc.).
- D. Engaging in regional and statewide policy-level processes and/or activities concerning First 5 and/or early childhood issues. Examples include attending First 5 Association or First 5 California meetings and being familiar with early childhood-related legislation or policy changes.

First 5 Solano Commissioner 'Job Description': Adopted 12/6/05; Revised Adopted 3/3/09

<sup>&</sup>lt;sup>1</sup> With the understanding that Commissioners represent First 5 Solano and its Strategic Plan Priorities, Goals, Results and objectives.



**DATE:** September 27, 2017

**TO:** First 5 Solano Children and Families Commission

FROM: Megan Richards, Deputy Director

SUBJ: First 5 Solano FY2016/17 Annual Audit

Motion: Receive the First 5 Solano FY2016/17 Annual Audit

#### Background/Discussion

Enclosed is the FY2016/17 statutorily-required independent audit of the First 5 Solano Children and Families Commission. The report will be presented to the Solano County Board of Supervisors and submitted to the California State Controller's Office by the deadline of October 31, 2017.

The fiscal year 2016/17 Financial and Compliance Audit was conducted in accordance with auditing standards generally accepted in the United States of America, the standards applicable to financial audits contained in the *Government Auditing Standards*, issued by the Comptroller General of the United States and state requirements contained in the *Standards and Procedures for Audits of Local Entities Administering the California Children and Families Act.* The audit is submitted to First 5 California and the State Controller's Office.

In Solano County, the Solano County Internal Audit Division conducts the annual First 5 Solano Audit, reviewing the Commission's overall financial condition, including financial statements and transactions, contracting procedures and record-keeping, and a review of First 5 Solano's and adherence to policies.

The Audit consists of 3 separate reports:

- 1. The Independent Auditor's Report and Financial Statements
- 2. Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters
- 3. The Independent Auditor's Report on State Compliance

The FY2016/17 Audit is submitted for Commission consideration.

Attachment A: FY2016/17 Audit of the First 5 Solano Children and Families Commission

# County of Solano Office of the Auditor-Controller



# AN AUDIT OF THE FIRST 5 SOLANO CHILDREN & FAMILIES COMMISSION

Independent Auditor's Report and Financial Statements

Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters

Independent Auditor's Report on State Compliance

For the fiscal year ended June 30, 2017

Auditor-Controller: Simona Padilla-Scholtens, CPA Assistant Auditor-Controller: Phyllis Taynton, CPA Deputy Auditor-Controller: Kirk Starkey Auditor: Melinda S. Ingram, CPA

# First 5 Solano Children & Families Commission For the fiscal year ended June 30, 2017

# TABLE OF CONTENTS

Page
First 5 Solano Commission
Independent Auditor's Report
Management's Discussion and Analysis6
Basic Financial Statements
Government-wide Financial Statements
Statement of Net Position
Statement of Activities
Fund Financial Statements
Balance Sheet – Governmental Fund
Reconciliation of the Balance Sheet of Governmental Fund to the Statement of Net Position
Statement of Revenues, Expenditures and Changes in Fund Balance – Governmental Fund
Reconciliation of the Statement of Revenues, Expenditures and Changes in Fund Balance of Governmental Fund to the Statement of Activities
Notes to the Financial Statements19
Required Supplementary Information
Schedule of Revenues, Expenditures, and Changes in Fund Balance General Program, Budget and Actual
Notes to Required Supplementary Information
Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with  Government Auditing Standards
Independent Auditor's Report on State Compliance

# First 5 Solano Children & Families Commission Board of Commissioners (as of September 25, 2017)

Liz Niedziela, Chair Transit Program Manager, Solano Transportation Authority

Erin Hannigan, Vice Chair Solano County Board of Supervisors District 1

Dan Ayala Retired Air Force Technical Sergeant

Marisela Barbosa Monarch Engineers, Vice President

Aaron Crutison Deputy Director of Health & Social Services, Solano County

Lisette Estrella-Henderson Solano County Superintendent of Schools

Gerald Huber Director of Health & Social Services, Solano County

Scott Ingham Business Owner

Nicole Neff Parent

# **Executive Director:**

Michele D. Harris

# **Deputy Director:**

Megan E. Richards

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PHYLLIS TAYNTON, CPA Assistant Auditor-Controller



675 Texas Street, Suite 2800 Fairfield, CA 94533-6338 (707) 784-6280 Fax (707) 784-3553

www.solanocounty.com

Board of Commissioners First 5 Solano Children and Families Commission Fairfield, CA 94533

#### **Independent Auditor's Report**

#### Report on the Financial Statements

We have audited the accompanying financial statements of the governmental activities and the special revenue fund of the First 5 Solano Children & Families Commission (Commission), a department (fund) of Solano County, as of and for the fiscal year ended June 30, 2017, and the related notes to the financial statements, which collectively comprise the Commission's basic financial statements as listed in the table of contents.

#### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America and in accordance with guidelines established by the State First 5 Commission; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

#### Auditor's Responsibility

Our responsibility is to express opinions on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to error or fraud. In making those risk assessments, the auditor considers internal control relevant to the Commission's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Commission's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting

policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

#### **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities and the special revenue fund of the First 5 Solano Children & Families Commission as of June 30, 2017, and the respective changes in financial position thereof for the fiscal year then ended, in accordance with accounting principles generally accepted in the United States of America.

#### **Other Matters**

Accounting principles generally accepted in the United States of America require that the Management's Discussion and Analysis and the Budgetary Comparison Information on pages 6 through 12 and page 29, respectively, be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

#### Other Information

In connection with the audit contained herein, there are certain disclosures that are necessary pursuant to *Government Auditing Standards Statement No. 3*, more specifically, the general standard related to independence. As required by various statutes within the California Government Code, County Auditor-Controllers are mandated to perform certain accounting, auditing, and financial reporting functions. These activities could impair an audit organization's independence. Specifically, "auditors should not audit their own work or provide non-audit services in situations where the amounts or services involved are significant/material to the subject matter of the audit."

Although the Auditor-Controller is statutorily obligated to maintain the accounts of departments, districts, or funds that reside within the county treasury, we believe the following safeguards and division of responsibility exists:

- ➤ The Internal Audit Division has the responsibility to perform audits and as such has no other responsibility for the accounts and records being audited including the approval or posting of financial transactions that would therefore preclude the reader of this report from relying on the information contained therein.
- ➤ In addition, the Auditor-Controller is an independent elected official and does not engage in management decisions on behalf of the audited entity.

# Other Reporting Required by Government Auditing Standards

In accordance with Government Auditing Standards, we also have issued our report dated September 25, 2017 on our consideration of the Commission's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Governmental Auditing Standards in considering the First 5 Solano Children & Families Commission's internal control over financial reporting and compliance.

As discussed in Note I, the financial statements present only the Commission and do not purport to, and do not present fairly the financial position of the County of Solano, as of June 30, 2017, the changes in its financial position for the fiscal year then ended in accordance with accounting principles generally accepted in the United States of America.

Simona Padilla-Scholtens, CPA Auditor-Controller By:

Phyllis Taynton, CPA

Assistant-Auditor-Controller

Fairfield, California

September 25, 2017



#### CHILDREN ARE OUR BOTTOM LINE

#### **Management's Discussion and Analysis**

As management of the First 5 Solano Children & Families Commission (Commission), we offer readers of the Commission's financial statements this narrative overview and analysis of the financial activities of the Commission for the fiscal year ended June 30, 2017. We encourage readers to consider the information presented here in conjunction with additional information in our financial statements.

#### **Financial Highlights**

- The Commission's net position totaled \$7,207,085 at June 30, 2017. The entire \$7,207,085 is restricted for the use of specific government programs as outlined under the California Children and Families Act of 1998 (Proposition 10).
- The Commission's total net position increased by \$260,321 as a result of the following factors:
  - 1) The current fiscal year's operations increased net position as revenues from First 5 Solano's major funding source, Proposition 10 tobacco tax as well as charges for services provided to Health & Social Services outpaced program expenses.
  - 2) The increase to net position also included general revenues which consisted primarily of interest income earned from the Commission's cash maintained in the County Treasury.
- At June 30, 2017, the Commission's governmental funds reported an ending fund balance of \$8,385,908, an increase of \$278,839 from June 30, 2016. The entire amount of \$8,385,908 is restricted as a result of the enabling legislation enacted under the California Children and Families Act of 1998 (Proposition 10).

#### **Overview of the Financial Statements**

This management discussion and analysis is intended to serve as an introduction to the Commission's basic financial statements. The Commission's basic financial statements are comprised of three components: 1) government-wide financial statements, 2) fund financial statements, and 3) notes to the financial statements.

**Government-wide financial statements.** The government-wide financial statements are designed to provide readers with a broad overview of the Commission's finances, in a manner similar to a private-sector business.

The statement of net position presents information on the Commission's assets/deferred outflows of resources and liabilities/deferred inflows of resources, with the difference reported as net position. Over time, increases or decreases in net position may serve as a useful indicator of whether the financial position of the Commission is improving or deteriorating. The Commission has adopted a revised Long-Term Financial Plan (LTFP) which spends the Commission's assets over a ten-year period of time (FY 2016/17-FY 2025/26).

The statement of activities presents information showing how the Commission's net position changed during the fiscal year. All changes in net position are reported as soon as the underlying event giving rise to the change occurs, regardless of timing of related cash flows. Thus, revenues and expenses are reported in this statement for some items that will only result in cash flows in future fiscal periods.

The government-wide financial statements can be found on pages 13-14 of this report.

**Fund financial statements.** A fund is a grouping of related accounts used to maintain control over resources that have been segregated for specific activities or objectives. The Commission, like other state and local governments, uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements.

Governmental funds. Governmental funds are used to account for essentially the same functions reported as governmental activities in the government-wide financial statements. However, unlike the government-wide financial statements, governmental fund financial statements focus on near-term inflows and outflows of spendable resources, as well as on balances of spendable resources available at the end of the fiscal year. Such information may be useful in evaluating a Commission's near-term financing requirements.

Since the focus of governmental funds is narrower than that of the government-wide financial statements, it is useful to compare the information presented for governmental funds with similar information presented for governmental activities in the government-wide financial statements. By doing so, readers may better understand the long-term impact of the Commission's near-term financing decisions. Both the governmental fund balance sheet and the governmental fund statement of revenues, expenditures, and changes in fund balance provide a reconciliation to facilitate this comparison between governmental funds and governmental activities.

The basic governmental fund financial statements can be found on pages 15-18 of this report.

**Notes to the financial statements.** The notes provide additional information that is essential to a full understanding of the data provided in the government-wide and fund financial statements. The notes to the financial statements can be found on pages 19-27 of this report.

Other information. In addition to the basic financial statements and accompanying notes, this report also presents certain required supplementary information concerning the Commission's budgetary comparison schedule for the Special Revenue Fund. Required supplementary information can be found on pages 29-30 of this report.

# Government-wide Financial Analysis

As noted earlier, net position may serve over time as a useful indicator of the Commission's financial position. In the case of the Commission, assets/deferred outflows of resources exceeded liabilities/deferred inflows of resources by \$7,207,085 at June 30, 2017.

As previously stated, the Commission's total restricted net position as of June 30, 2017 has limitations on their use imposed by the California Children and Families Act of 1998 (Proposition 10).

#### First 5 Solano Children & Families Commission Government-wide Statement of Net Position June 30, 2017 & 2016

	6/30/2017	6/30/2016
Assets:		
Current and other assets	\$ 8,842,884	\$ 9,169,639
Total assets	8,842,884	9,169,639
Deferred Outflows of Resources:		
Deferred outflows related to pensions	392,311	268,681
Total deferred outflows of resources	392,311	268,681
Liabilities:		
Current liabilities	456,976	1,062,570
Non-current liabilities	1,386,062	1,167,495
Total liabilities	1,843,038	2,230,065
Deferred Inflows of Resources:		
Deferred inflows related to pensions	185,072	261,491
Total deferred inflows of resources	185,072	261,491
Net Position:		
Restricted	7,207,085	6,946,764
Total net position	\$ 7,207,085	\$ 6,946,764

The key elements in the significant changes in assets/deferred outflows of resources and current/non-current liabilities/deferred inflows of resources are as follows:

<u>Current assets</u>: Current assets decreased by \$326,755 from June 30, 2016. The primary reason is a reduction in the anticipated amount due from other agencies, most specifically Proposition 10 tobacco tax funding from First 5 California, at fiscal year-end. The effect of Proposition 56, the Tobacco Tax Increase Initiative resulted in lower allocations for May and June as retailers increased purchases at the lower rate prior to the April 1, 2017 effective date.

<u>Deferred outflows of resources:</u> Deferred outflows of resources increased by \$123,630 from June 30, 2016. The increase is attributable to employer contributions to the pension plan applicable to a future accounting period and current year changes in the net pension liability and related amortization and other factors.

<u>Current liabilities:</u> Current liabilities decreased by \$605,594 from June 30, 2016. The decrease is due to no amounts owed at fiscal year-end to the Department of Health and Social Services for administration of the Baby First Pre-Natal Program which was not a part of the FY 2016/17 funding cycle. In addition, amounts owed to vendors for goods and services received prior to fiscal year-end decreased as well.

Non-current liabilities: Non-current liabilities increased by \$218,567 from June 30, 2016. The increase is due to adjustments recorded to the Commission's Net Pension Liability as required by Governmental Accounting Standards Board (GASB) Statement No. 68-Financial Reporting for Pensions.

<u>Deferred inflows of resources:</u> Deferred inflows of resources decreased by \$76,419. The decrease is attributable to current year changes in the net pension liability, related amortization, and other factors.

Governmental activities increased the Commission's net position by \$260,321 during fiscal year 2016/17, which represents an increase of approximately 4% from total net position at June 30, 2016.

First 5 Solano Children & Families Commission's Change in Net Position For the fiscal years ended June 30, 2017 & 2016

	2017	2016
Program expenses:		9 <del></del>
General:	\$ 841,114	\$ 890,006
Employee services Program evaluation costs	131.250	209,000
Interfund services	57,185	99,579
Professional & specialized services	55,818	91.765
Special departmental expense	2.412	9.763
Rents & leases	51,364	45,100
Insurance	5,276	6,837
Communication	5,966	5,798
	7,226	5,419
Memberships Meals/Refreshments	1,593	2,197
Utilities	1,323	5,100
Transportation & travel	6,661	4,697
	113	1,924
Non-capitalized equipment	1,695	1.811
Supplies Countywide admin overhead	67,044	62,640
Miscellaneous	8	205
Total general expenses	1,234,725	1,441,841
	1,234,723	1,441,041
Grant: Early mental health	483,430	792,882
SR family support	594,426	642,275
Pre-natal	334,420	470,090
EPSDT- Early Periodic Screening Diagnosis & Treatmen	nt 215,803	264,842
Health access initiative	120,381	241,433
Child care-CARES	120,501	240,217
Pre K academy	186,363	230,649
Child care and development	323,234	255,802
H&SS IFSI - Family Strengthening Project	187,956	185,272
Parent education	107,550	115,017
Collaboration	9,761	102,027
Community engagement	83,223	67,049
Pre-natal grants	34,889	33,839
H. 그렇지 아이들이 바퀴 이 시간 (1985)	153,104	27,397
Systems change Co-sponsorship of conferences	11,500	7,744
	2,404,070	3,676,535
Total grant expenses	3,638,795	5,118,376
Total program expenses	3,038,793	5,110,570
Program revenues:	3,514,874	3,786,163
Operating grants and contributions	316,920	615,344
Charges for services	3,831,794	4,401,507
Total program revenues	3,031,794	4,401,307
Net program revenues	192,999	(716,869)
General revenues:		
Revenues from the use of money and property	66,782	55,056
Miscellaneous	540	3,924
Total general revenues	67,322	58,980
Change in net position	260,321	(657,889)
Net position:		
Beginning of the fiscal year	6,946,764	7,514,061
Prior period adjustment		90,592
Beginning, as restated	6,946,764	7,604,653
End of the fiscal year	\$ 7,207,085	\$ 6,946,764

The key elements for the significant changes in net position are as follows:

#### Program expenses-general:

General expenses decreased overall from prior year by (\$207,116). The most significant decreases are noted as follows:

- Employee services decreased in the amount of (\$48,892) as a result of reduced staffing (Contract & Program Specialist and Office Assistant II positions eliminated).
- ➤ Program evaluation costs decreased in the amount of (\$77,750) as a result of a reduction for the current year Applied Survey Research (ASR) contract. In addition, ASR contract services were split between Data Collection and Systems Change projects.
- ➤ Interfund services decreased in the amount of (\$42,394) primarily due to the one-time funding of improvements at the Beck Avenue childcare site occurring in FY 2015/16.
- ➤ Professional and specialized services decreased in the amount of (\$35,947) due to consulting services used in fiscal year 2015/16 to assist the Commission in strategic planning.

#### Program expenses-grants:

Grant expenses decreased overall from prior year by (\$1,272,465) as a result of both reduced and discontinued funding of various programs. Significant changes are as follows:

Funding for the following programs was discontinued for the current year funding cycle:

- ➤ BabyFirst Pre-Natal Program (\$470,090)
- ➤ Child Care -CARES (\$240,217)
- ➤ Parent Education (\$115,017)

Funding for the following programs was either reduced or grantees underspent the budgeted amount for the current year funding cycle:

- ➤ Early Mental Health (\$309,452)
- ➤ SR Family Support (\$47,849)
- ➤ Health Access Initiative (\$121,052)
- Pre K Academy (\$47,286)
- Collaboration (\$92,266)
- > EPSDT-(\$49,039)

Conversely, Systems Change (formerly First 5 Futures) and the Child Care and Development Program funding increased in the amount of \$125,707 and \$67,432, respectively.

#### Program revenue:

Program revenue decreased from prior year by (\$569,713) as a result of reduced funding from both First 5 California Proposition 10 annual allocations as well as charges for services provided to Health & Social Services Mental Health Division to administer early childhood mental health programs. Various factors identified by First 5 Solano management contributed to the underutilization of funded services including the closure of a key service provider and Medi-Cal providing funded mental health services to children enrolled in the program, thus requiring fewer services from First 5 Solano funding sources.

#### Financial Analysis of the Commission's Governmental Funds

As noted earlier, the Commission uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements.

Governmental funds. The Special Revenue Fund is a governmental fund type that is used to account for the proceeds of specific revenue sources that are restricted or committed to expenditures for specified purposes other than debt service or capital projects. The focus of the Commission's governmental fund is to provide information on near-term inflows, outflows, and balances of spendable resources. Such information is useful in assessing the Commission's net resources available for spending at the end of the fiscal year. At June 30, 2017, the Commission's governmental fund reported an ending fund balance of \$8,385,908. This was the result of an increase to fund balance of \$278,839 for the fiscal year ended June 30, 2017. The entire \$8,385,908 is restricted for the purposes outlined under the California Children and Families Act of 1998 (Proposition 10).

Governmental revenues totaled \$3,899,116 in fiscal year 2016/17. This represents a decrease of approximately 13% from fiscal year 2015/16.

Governmental expenditures totaled \$3,620,277 in fiscal year 2016/17. This represents a decrease of approximately 30% from fiscal year 2015/16 due primarily to the overall decrease for various services funded by grant expenditures.

#### **Budgetary Highlights**

The General Program Special Revenue Fund budget (Adopted and Final versions) is reflected in the Schedule of Revenues, Expenditures, and Changes in Fund Balance – Budget and Actual, as presented on page 29 in the Required Supplementary Information (RSI) section of this report.

There were changes between the adopted budget and the final budget resulting in an increase in appropriations for contingencies. Revenues recognized were less than budget by \$210,628 as a result of less charges for services provided to Health & Social Services Mental Health Division for early childhood mental health programs. Expenditures incurred were less than budget by \$2,484,858 due to the overall reduction in grant disbursement expenditures (\$1,028,514) resulting from the new funding cycle which reduced overall allocations to various grant categories. In addition, the contingencies budget line item (\$1,347,029) was not utilized.

#### **Debt Administration**

**Long-term debt.** At June 30, 2017 the Commission had \$1,386,062 of long term debt composed of the net pension liability and compensated absences. This amount is entirely backed by the full faith and credit of the First 5 Solano Children & Families Commission. For more information, see Note II A on page 23 of this report.

## **Economic Factors and Next Year's Operating Activities**

The Commission has completed an update of its Strategic Plan and Program Investment Plan which continues to decrease the expenditure plan for FY2017/18 to maintain expenditures in line with ongoing revenue. This strategy allows the Commission to support its program investments at an appropriate level for the sustained effective delivery of services.

The following services will be funded during fiscal year 2017/18:

- Family Support Services
- Prenatal and Children's Health Insurance Outreach
- Early Childhood Mental Health Services
- Quality Child Care Services
- Pre-Kindergarten Academy Services

In addition, the Commission adopted a priority area of Systems Change to proactively pursue opportunities to strengthen, expand, integrate and sustain the early childhood system in Solano County.

Commission management continues its fiscal policy of managing operating costs associated with Commission operations. For fiscal year 2017/18, the Commission continues the second year of a two-year funding cycle. Expenditures are projected to be on par with fiscal year 2016/17 levels. The Commission intends to bring ongoing expenditures in line with the level of ongoing revenues.

# **Requests for Information**

This financial report is designed to provide a general overview of the Commission's finances for all those with an interest with the government's finances. Questions concerning any of the information provided in this report or requests for additional financial information should be addressed to the First 5 Solano Children and Families Commission, 601 Texas Street, Suite 210, Fairfield, CA 94533.

# First 5 Solano Children & Families Commission Government-Wide Financial Statements Statement of Net Position June 30, 2017

ASSETS Current assets		
Cash & equivalents	\$	8,304,924
Due from other County funds	Ψ	145,593
Due from State Commission		392,367
Total current assets		8,842,884
Total assets		
Total assets		8,842,884
DEFERRED OUTFLOWS OF RESOURCES		
Deferred outflows related to pensions		392,311
Total deferred outflows of resources	<del>)</del>	392,311
LIABILITIES Current liabilities		64.240
Outstanding warrants		64,349
Accounts payable		226,972
Due to other County funds		104,573
Due to other agencies		61,082
Total current liabilities	•	456,976
Noncurrent liabilities		92.2
Compensated absences		38,275
Net pension liability		1,347,787
Total noncurrent liabilities		1,386,062
Total liabilities		1,843,038
DEFERRED INFLOWS OF RESOURCES		
Deferred inflows related to pensions		185,072
Total deferred inflows of resources	0.	185,072
NET POSITION		
Restricted		7,207,085
Total net position	\$	7,207,085
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# First 5 Solano Children & Families Commission Government-Wide Financial Statements Statement of Activities

#### For the Fiscal Year Ended June 30, 2017

Program expenses:	
Employee services	\$ 841.114
Program evaluation costs	0.00 A 1.00 A
Countywide admin overhead	131,250
Interfund services	67,044
Professional & specialized services	57,185
Rents & leases	55,818
Memberships	51,364 7,226
Transportation & travel	6,661
Communication	5,966
Insurance	5,276
Special departmental expense	
Supplies	2,412
Meals/Refreshments	1,695
Non capitalized equipment	1,593
Miscellaneous	113
Total general expenses	1 224 725
Total general expenses	1,234,725
Grants	
SR family support	504 426
Early mental health	594,426 483,430
Child care and development	
EPSDT - Early Periodic Screening Diagnosis & Treatment	323,234 215,803
H&SS IFSI - Family Strengthening Project	
Pre K academy	187,956
Systems change	186,363
Health access initiative	153,104 120,381
Community engagement	83,223
Pre-natal	
Co-sponsorship of conferences	34,889 11,500
Collaboration	9,761
Total grant expenses	2,404,070
Total program expenses	3,638,795
L - 8	
Program revenues:	
Operating grants and contributions	3,514,874
Charges for services	316,920
Total program revenues	3,831,794
S 4	
Net program revenues	192,999
General revenues:	
Revenues from the use of money and property	66,782
Miscellaneous	540
Total general revenues	67,322
Change in net position	260,321
Net position- beginning	
Net position- end of the fiscal year	6,946,764
The same of the sa	\$ 7,207,085

# First 5 Solano Children & Families Commission Balance Sheet Governmental Funds June 30, 2017

Assets		
Cash & equivalents	\$	8,304,924
Due from other County funds		145,593
Due from State Commission		392,367
Total assets	\$	8,842,884
Liabilities		
Outstanding warrants	\$	64,349
Accounts payable	0.000	226,972
Due to other County funds		104,573
Due to other agencies		61,082
Total liabilities		456,976
Fund Balance		
Restricted	\$	8,385,908
Total fund balance		8,385,908
Total liabilities and fund balance	\$	8,842,884

# First 5 Solano Children & Families Commission Reconciliation of the Balance Sheet of Governmental Funds to the Statement of Net Position June 30, 2017

Governmental fund balance	\$ 8,385,908
Amounts reported for governmental activities in the statement of net position are different because:	
Deferred inflows and outflows of resources related to the net pension liability are not due and payable in the current period and, therefore, are not reported in the funds:	
Deferred outflow-pension Deferred inflow-pension	392,311 (185,072)
Long-term liabilities are not due and payable in the current period and, therefore, are not reported in the funds.  Compensated absences	(29.275)
Other long-term obligations-pension liability	 (38,275) (1,347,787)
Net position of governmental activities	\$ 7,207,085

#### First 5 Solano Children & Families Commission Statement of Revenues, Expenditures and Changes in Fund Balance Governmental Funds

#### For the Fiscal Year Ended June 30, 2017

Intergovernmental revenues         \$ 3,505,889           Charges for services         316,920           Revenues from the use of money and property         66,782           Pre K Academy donations         8,985           Miscellaneous         540           Total revenues         3,899,116           Expenditures:         66,782           General         822,596           Program evaluation costs         131,250           Countywide admin overhead         67,044           Interfund services         57,185           Professional & specialized services         55,818           Rents & leases         51,364           Memberships         7,226           Transportation & travel         6,661           Communication         5,966           Insurance         5,276           Special departmental expense         2,412           Supplies         1,695           Meals/Refreshments         1,593           Non capitalized equipment         113           Miscellaneous         8           S R family support         8           Early mental health         483,430           Child care and development         323,234           EPSDT - Early Periodic	Revenues:		
Charges for services         316,920           Revenues from the use of money and property         66,782           Pre K Academy donations         8,985           Miscellaneous         540           Total revenues         3,899,116           Expenditures:         3,899,116           General         Employee services           Program evaluation costs         131,250           Countywide admin overhead         67,044           Interfund services         57,185           Professional & specialized services         55,818           Rents & leases         51,364           Memberships         7,226           Transportation & travel         6,661           Communication         5,966           Insurance         5,276           Special departmental expense         2,412           Supplies         1,695           Meals/Refreshments         1,593           Non capitalized equipment         113           Miscellaneous         1,216,207           Grants         SR family support         594,426           Early mental health         483,430           Child care and development         232,324           EPSDT - Early Periodic Screening Diagnosis& Treatment		\$	3 505 889
Revenues from the use of money and property         66,782           Pre K Academy donations         8,985           Miscellaneous         540           Total revenues         3,899,116           Expenditures:         66,782           General         822,596           Employee services         131,250           Countywide admin overhead         67,044           Interfund services         57,185           Professional & specialized services         55,818           Rents & leases         51,364           Memberships         7,226           Transportation & travel         6,661           Communication         5,966           Insurance         5,276           Special departmental expense         2,412           Supplies         1,695           Meals/Refreshments         1,593           Non capitalized equipment         113           Miscellaneous         8           Total general expenditures         1,216,207           Grants         S           SR family support         8           Early mental health         483,430           Child care and development         123,234           EPSDT - Early Periodic Screening Diagnosis& Treatment		9	
Pre K Academy donations         8,985           Miscellaneous         540           Total revenues         3,899,116           Expenditures:         General           Employee services         822,596           Program evaluation costs         131,250           Countywide admin overhead         67,044           Interfund services         57,185           Professional & specialized services         55,818           Rents & leases         51,364           Memberships         7,226           Transportation & travel         6,661           Communication         5,966           Insurance         5,276           Special departmental expense         2,412           Supplies         1,695           Meals/Refreshments         1,593           Non capitalized equipment         113           Miscellaneous         8           Total general expenditures         5,246           SR family support         594,426           Early mental health         483,430           Child care and development         323,234           EPSDT - Early Periodic Screening Diagnosis& Treatment         215,803           Pre K academy         186,363           Systems c			
Miscellaneous         540           Total revenues         3,899,116           Expenditures:         3,899,116           Employee services         822,596           Program evaluation costs         131,250           Countywide admin overhead         67,044           Interfund services         57,185           Professional & specialized services         55,818           Rents & leases         51,364           Memberships         7,226           Transportation & travel         6,661           Communication         5,966           Insurance         5,276           Special departmental expense         2,412           Supplies         1,695           Meals/Refreshments         1,595           Meals/Refreshments         1,513           Miscellaneous         8           Total general expenditures         3,200           Grants         8           SR family support         594,426           Early mental health         483,430           Child care and development         215,803           EPSDT - Early Periodic Screening Diagnosis& Treatment         215,803           H&SS IFSI - Family Strengthening Project         186,363           System			
Total revenues         3,899,116           Expenditures:         General           Employee services         822,596           Program evaluation costs         131,250           Countywide admin overhead         67,044           Interfund services         57,185           Professional & specialized services         55,818           Rents & leases         51,364           Memberships         7,226           Transportation & travel         6,661           Communication         5,966           Insurance         5,276           Special departmental expense         2,412           Supplies         1,695           Meals/Refreshments         1,593           Non capitalized equipment         113           Miscellaneous         1,216,207           Grants           SR family support         594,426           Early mental health         483,430           Child care and development         215,803           EPSDT - Early Periodic Screening Diagnosis& Treatment         215,803           H&SS IFSI - Family Strengthening Project         186,363           Systems change         136,003           Pre K academy         186,363           Systems			
Expenditures:   General   Separation   Sep	Total revenues	_	
General         822,596           Employee services         131,250           Countywide admin overhead         67,044           Interfund services         57,185           Professional & specialized services         55,818           Rents & leases         51,364           Memberships         7,226           Transportation & travel         6,661           Communication         5,966           Insurance         5,276           Special departmental expense         2,412           Supplies         1,695           Meals/Refreshments         1,695           Meals/Refreshments         1,893           Non capitalized equipment         113           Miscellaneous         8           Total general expenditures         594,426           Early mental health         483,430           Child care and development         232,234           EPSDT - Early Periodic Screening Diagnosis& Treatment         215,803           H&SS IFSI - Family Strengthening Project         187,956           Pre K academy         186,363           Systems change         153,104           Health access initiative         120,381           Community engagement         83,223		-	
Employee services         822,596           Program evaluation costs         131,250           Countywide admin overhead         67,044           Interfund services         57,185           Professional & specialized services         55,818           Rents & leases         51,364           Memberships         7,226           Transportation & travel         6,61           Communication         5,966           Insurance         5,276           Special departmental expense         2,412           Supplies         1,695           Meals/Refreshments         1,593           Non capitalized equipment         113           Miscellaneous         8           Total general expenditures         1,216,207           Grants           SR family support         594,426           Early mental health         483,430           Child care and development         323,234           EPSDT - Early Periodic Screening Diagnosis& Treatment         215,803           H&SS IFSI - Family Strengthening Project         187,956           Pre K academy         186,363           Systems change         153,104           Health access initiative         120,381			
Program evaluation costs         131,250           Countywide admin overhead         67,044           Interfund services         57,185           Professional & specialized services         55,818           Rents & leases         51,364           Memberships         7,226           Transportation & travel         6,661           Communication         5,966           Insurance         5,276           Special departmental expense         2,412           Supplies         1,695           Meals/Refreshments         1,695           Non capitalized equipment         113           Miscellaneous         8           Total general expenditures         1,216,207           Grants         SR family support           Early mental health         483,430           Child care and development         323,234           EPSDT - Early Periodic Screening Diagnosis& Treatment         215,803           H&SS IFSI - Family Strengthening Project         187,956           Pre K academy         186,363           Systems change         153,104           Health access initiative         120,381           Community engagement         83,223           Pre-natal grants         34,889			
Countywide admin overhead         67,044           Interfund services         57,185           Professional & specialized services         55,818           Rents & leases         51,364           Memberships         7,226           Transportation & travel         6,661           Communication         5,966           Insurance         5,276           Special departmental expense         2,412           Supplies         1,695           Meals/Refreshments         1,593           Non capitalized equipment         113           Miscellaneous         8           Total general expenditures         1,216,207           Grants           SR family support         594,426           Early mental health         483,430           Child care and development         215,803           EPSDT - Early Periodic Screening Diagnosis& Treatment         215,803           H&SS IFSI - Family Strengthening Project         187,956           Pre K academy         186,363           Systems change         153,104           Health access initiative         210,381           Community engagement         83,223           Pre-natal grants         34,889			
Interfund services			
Professional & specialized services         55,818           Rents & leases         51,364           Memberships         7,226           Transportation & travel         6,661           Communication         5,966           Insurance         5,276           Special departmental expense         2,412           Supplies         1,695           Meals/Refreshments         1,593           Non capitalized equipment         113           Miscellaneous         8           Total general expenditures         1,216,207           Grants           SR family support         594,426           Early mental health         483,430           Child care and development         323,234           EPSDT - Early Periodic Screening Diagnosis& Treatment         215,803           H&SS IFSI - Family Strengthening Project         187,956           Pre K academy         186,363           Systems change         153,104           Health access initiative         120,381           Community engagement         83,223           Pre-natal grants         34,889           Co-sponsorship of conferences         11,500           Collaboration         9,761           To			
Rents & leases       51,364         Memberships       7,226         Transportation & travel       6,661         Communication       5,966         Insurance       5,276         Special departmental expense       2,412         Supplies       1,695         Meals/Refreshments       1,593         Non capitalized equipment       113         Miscellaneous       8         Total general expenditures       1,216,207         Grants         SR family support       594,426         Early mental health       483,430         Child care and development       323,234         EPSDT - Early Periodic Screening Diagnosis& Treatment       215,803         H&SS IFSI - Family Strengthening Project       187,956         Pre K academy       186,363         Systems change       153,104         Health access initiative       120,381         Community engagement       83,223         Pre-natal grants       34,889         Co-sponsorship of conferences       11,500         Collaboration       9,761         Total expenditures       2,404,070         Total grant expenditures       2,404,070         Total part expenditure			
Memberships         7,226           Transportation & travel         6,661           Communication         5,966           Insurance         5,276           Special departmental expense         2,412           Supplies         1,695           Meals/Refreshments         1,593           Non capitalized equipment         113           Miscellaneous         8           Total general expenditures         1,216,207           Grants           SR family support         594,426           Early mental health         483,430           Child care and development         323,234           EPSDT - Early Periodic Screening Diagnosis& Treatment         215,803           H&SS IFSI - Family Strengthening Project         187,956           Pre K academy         186,363           Systems change         153,104           Health access initiative         120,381           Community engagement         83,223           Pre-natal grants         34,889           Co-sponsorship of conferences         11,500           Collaboration         9,761           Total expenditures         2,404,070           Total expenditures         278,839           Fund balanc			
Transportation & travel         6,661           Communication         5,966           Insurance         5,276           Special departmental expense         2,412           Supplies         1,695           Meals/Refreshments         1,593           Non capitalized equipment         113           Miscellaneous         8           Total general expenditures         1,216,207           Grants           SR family support         594,426           Early mental health         483,430           Child care and development         323,234           EPSDT - Early Periodic Screening Diagnosis& Treatment         215,803           H&SS IFSI - Family Strengthening Project         187,956           Pre K academy         186,363           Systems change         153,104           Health access initiative         120,381           Community engagement         83,223           Pre-natal grants         34,889           Co-sponsorship of conferences         11,500           Collaboration         9,761           Total expenditures         2,404,070           Total expenditures         3,620,277           Excess of revenues         278,839 <td< td=""><td></td><td></td><td></td></td<>			
Communication         5,966           Insurance         5,276           Special departmental expense         2,412           Supplies         1,695           Meals/Refreshments         1,593           Non capitalized equipment         113           Miscellaneous         8           Total general expenditures         1,216,207           Grants           SR family support         594,426           Early mental health         483,430           Child care and development         323,234           EPSDT - Early Periodic Screening Diagnosis& Treatment         215,803           H&SS IFSI - Family Strengthening Project         186,363           Systems change         153,104           Health access initiative         120,381           Community engagement         83,223           Pre-natal grants         34,889           Co-sponsorship of conferences         11,500           Collaboration         9,761           Total expenditures         2,404,070           Total expenditures         2,404,070           Total expenditures         2,404,070           Total expenditures         278,839			
Insurance         5,276           Special departmental expense         2,412           Supplies         1,695           Meals/Refreshments         1,593           Non capitalized equipment         113           Miscellaneous         8           Total general expenditures         1,216,207           Grants           SR family support         594,426           Early mental health         483,430           Child care and development         323,234           EPSDT - Early Periodic Screening Diagnosis& Treatment         215,803           H&SS IFSI - Family Strengthening Project         187,956           Pre K academy         186,363           Systems change         153,104           Health access initiative         120,381           Community engagement         83,223           Pre-natal grants         34,889           Co-sponsorship of conferences         11,500           Collaboration         9,761           Total expenditures         2,404,070           Total expenditures         3,620,277           Excess of revenues over expenditures         278,839           Fund balance - beginning         8,107,069			
Special departmental expense         2,412           Supplies         1,695           Meals/Refreshments         1,593           Non capitalized equipment         113           Miscellaneous         8           Total general expenditures         1,216,207           Grants           SR family support         594,426           Early mental health         483,430           Child care and development         323,234           EPSDT - Early Periodic Screening Diagnosis& Treatment         215,803           H&SS IFSI - Family Strengthening Project         187,956           Pre K academy         186,363           Systems change         153,104           Health access initiative         120,381           Community engagement         83,223           Pre-natal grants         34,889           Co-sponsorship of conferences         11,500           Collaboration         9,761           Total expenditures         2,404,070           Total expenditures         3,620,277           Excess of revenues over expenditures         278,839           Fund balance - beginning         8,107,069			
Supplies         1,695           Meals/Refreshments         1,593           Non capitalized equipment         113           Miscellaneous         8           Total general expenditures         1,216,207           Grants           SR family support         594,426           Early mental health         483,430           Child care and development         323,234           EPSDT - Early Periodic Screening Diagnosis& Treatment         215,803           H&SS IFSI - Family Strengthening Project         187,956           Pre K academy         186,363           Systems change         153,104           Health access initiative         120,381           Community engagement         83,223           Pre-natal grants         34,889           Co-sponsorship of conferences         11,500           Collaboration         9,761           Total grant expenditures         2,404,070           Total expenditures         2,404,070           Total expenditures         2,78,839           Fund balance - beginning         8,107,069			
Meals/Refreshments       1,593         Non capitalized equipment       113         Miscellaneous       8         Total general expenditures       1,216,207         Grants         SR family support       594,426         Early mental health       483,430         Child care and development       323,234         EPSDT - Early Periodic Screening Diagnosis& Treatment       215,803         H&SS IFSI - Family Strengthening Project       187,956         Pre K academy       186,363         Systems change       153,104         Health access initiative       120,381         Community engagement       83,223         Pre-natal grants       34,889         Co-sponsorship of conferences       11,500         Collaboration       9,761         Total grant expenditures       2,404,070         Total expenditures       2,404,070         Total expenditures       2,404,070         Total expenditures       278,839         Fund balance - beginning       8,107,069			
Non capitalized equipment       113         Miscellaneous       8         Total general expenditures       1,216,207         Grants       SR family support       594,426         Early mental health       483,430         Child care and development       323,234         EPSDT - Early Periodic Screening Diagnosis& Treatment       215,803         H&SS IFSI - Family Strengthening Project       187,956         Pre K academy       186,363         Systems change       153,104         Health access initiative       120,381         Community engagement       83,223         Pre-natal grants       34,889         Co-sponsorship of conferences       11,500         Collaboration       9,761         Total grant expenditures       2,404,070         Total expenditures       3,620,277         Excess of revenues over expenditures       278,839         Fund balance - beginning       8,107,069			
Miscellaneous       8         Total general expenditures       1,216,207         Grants       SR family support       594,426         Early mental health       483,430         Child care and development       323,234         EPSDT - Early Periodic Screening Diagnosis& Treatment       215,803         H&SS IFSI - Family Strengthening Project       187,956         Pre K academy       186,363         Systems change       153,104         Health access initiative       120,381         Community engagement       83,223         Pre-natal grants       34,889         Co-sponsorship of conferences       11,500         Collaboration       9,761         Total grant expenditures       2,404,070         Total expenditures       3,620,277         Excess of revenues over expenditures       278,839         Fund balance - beginning       8,107,069			
Total general expenditures         1,216,207           Grants         SR family support         594,426           Early mental health         483,430           Child care and development         323,234           EPSDT - Early Periodic Screening Diagnosis& Treatment         215,803           H&SS IFSI - Family Strengthening Project         187,956           Pre K academy         186,363           Systems change         153,104           Health access initiative         120,381           Community engagement         83,223           Pre-natal grants         34,889           Co-sponsorship of conferences         11,500           Collaboration         9,761           Total grant expenditures         2,404,070           Total expenditures         3,620,277           Excess of revenues over expenditures         278,839           Fund balance - beginning         8,107,069			
Grants       594,426         Early mental health       483,430         Child care and development       323,234         EPSDT - Early Periodic Screening Diagnosis& Treatment       215,803         H&SS IFSI - Family Strengthening Project       187,956         Pre K academy       186,363         Systems change       153,104         Health access initiative       120,381         Community engagement       83,223         Pre-natal grants       34,889         Co-sponsorship of conferences       11,500         Collaboration       9,761         Total grant expenditures       2,404,070         Total expenditures       3,620,277         Excess of revenues over expenditures       278,839         Fund balance - beginning       8,107,069			
SR family support       594,426         Early mental health       483,430         Child care and development       323,234         EPSDT - Early Periodic Screening Diagnosis& Treatment       215,803         H&SS IFSI - Family Strengthening Project       187,956         Pre K academy       186,363         Systems change       153,104         Health access initiative       120,381         Community engagement       83,223         Pre-natal grants       34,889         Co-sponsorship of conferences       11,500         Collaboration       9,761         Total grant expenditures       2,404,070         Total expenditures       2,404,070         Excess of revenues       278,839         Fund balance - beginning       8,107,069	Total general expenditures		1,216,207
Early mental health       483,430         Child care and development       323,234         EPSDT - Early Periodic Screening Diagnosis& Treatment       215,803         H&SS IFSI - Family Strengthening Project       187,956         Pre K academy       186,363         Systems change       153,104         Health access initiative       120,381         Community engagement       83,223         Pre-natal grants       34,889         Co-sponsorship of conferences       11,500         Collaboration       9,761         Total grant expenditures       2,404,070         Total expenditures       3,620,277         Excess of revenues over expenditures       278,839         Fund balance - beginning       8,107,069	Grants		
Early mental health       483,430         Child care and development       323,234         EPSDT - Early Periodic Screening Diagnosis& Treatment       215,803         H&SS IFSI - Family Strengthening Project       187,956         Pre K academy       186,363         Systems change       153,104         Health access initiative       120,381         Community engagement       83,223         Pre-natal grants       34,889         Co-sponsorship of conferences       11,500         Collaboration       9,761         Total grant expenditures       2,404,070         Total expenditures       3,620,277         Excess of revenues over expenditures       278,839         Fund balance - beginning       8,107,069	SR family support		594 426
Child care and development       323,234         EPSDT - Early Periodic Screening Diagnosis& Treatment       215,803         H&SS IFSI - Family Strengthening Project       187,956         Pre K academy       186,363         Systems change       153,104         Health access initiative       120,381         Community engagement       83,223         Pre-natal grants       34,889         Co-sponsorship of conferences       11,500         Collaboration       9,761         Total grant expenditures       2,404,070         Total expenditures       3,620,277         Excess of revenues over expenditures       278,839         Fund balance - beginning       8,107,069			
EPSDT - Early Periodic Screening Diagnosis& Treatment       215,803         H&SS IFSI - Family Strengthening Project       187,956         Pre K academy       186,363         Systems change       153,104         Health access initiative       120,381         Community engagement       83,223         Pre-natal grants       34,889         Co-sponsorship of conferences       11,500         Collaboration       9,761         Total grant expenditures       2,404,070         Total expenditures       3,620,277         Excess of revenues over expenditures       278,839         Fund balance - beginning       8,107,069			
H&SS IFSI - Family Strengthening Project       187,956         Pre K academy       186,363         Systems change       153,104         Health access initiative       120,381         Community engagement       83,223         Pre-natal grants       34,889         Co-sponsorship of conferences       11,500         Collaboration       9,761         Total grant expenditures       2,404,070         Total expenditures       3,620,277         Excess of revenues over expenditures       278,839         Fund balance - beginning       8,107,069	EPSDT - Early Periodic Screening Diagnosis& Treatment		
Pre K academy       186,363         Systems change       153,104         Health access initiative       120,381         Community engagement       83,223         Pre-natal grants       34,889         Co-sponsorship of conferences       11,500         Collaboration       9,761         Total grant expenditures       2,404,070         Total expenditures       3,620,277         Excess of revenues over expenditures       278,839         Fund balance - beginning       8,107,069	H&SS IFSI - Family Strengthening Project		
Systems change       153,104         Health access initiative       120,381         Community engagement       83,223         Pre-natal grants       34,889         Co-sponsorship of conferences       11,500         Collaboration       9,761         Total grant expenditures       2,404,070         Total expenditures       3,620,277         Excess of revenues over expenditures       278,839         Fund balance - beginning       8,107,069			
Health access initiative       120,381         Community engagement       83,223         Pre-natal grants       34,889         Co-sponsorship of conferences       11,500         Collaboration       9,761         Total grant expenditures       2,404,070         Total expenditures       3,620,277         Excess of revenues over expenditures       278,839         Fund balance - beginning       8,107,069	Systems change		
Community engagement       83,223         Pre-natal grants       34,889         Co-sponsorship of conferences       11,500         Collaboration       9,761         Total grant expenditures       2,404,070         Total expenditures       3,620,277         Excess of revenues over expenditures       278,839         Fund balance - beginning       8,107,069	Health access initiative		
Pre-natal grants       34,889         Co-sponsorship of conferences       11,500         Collaboration       9,761         Total grant expenditures       2,404,070         Total expenditures       3,620,277         Excess of revenues over expenditures       278,839         Fund balance - beginning       8,107,069	Community engagement		
Co-sponsorship of conferences       11,500         Collaboration       9,761         Total grant expenditures       2,404,070         Total expenditures       3,620,277         Excess of revenues over expenditures       278,839         Fund balance - beginning       8,107,069	Pre-natal grants		
Collaboration       9,761         Total grant expenditures       2,404,070         Total expenditures       3,620,277         Excess of revenues over expenditures       278,839         Fund balance - beginning       8,107,069			
Total grant expenditures	Collaboration		
Total expenditures 3,620,277  Excess of revenues over expenditures 278,839  Fund balance - beginning 8,107,069			
over expenditures 278,839  Fund balance - beginning 8,107,069	Total expenditures		
over expenditures 278,839  Fund balance - beginning 8,107,069	Excess of revenues		
Fund balance - beginning  8,107,069			270 222
Eural balance 1:	o. o. o.ponataros		278,839
Eural balance 1:	Fund balance - beginning		8 107 069
		\$	

The notes to the financial statements are an integral part of this statement.

#### First 5 Solano Children & Families Commission Reconciliation of the Statement of Revenues, Expenditures, and Changes in Fund Balance of Governmental Funds to the Statement of Activities For the Fiscal Year Ended June 30, 2017

Changes in fund balance - governmental funds	\$	278,839
Amounts reported for governmental activities in the statement of activities are different because:		
Some expenses reported in the statement of activities do not require the use of current financial resources and, therefore, are not reported as expenditures in the governmental funds.		
Change in compensated absences	-	(18,003) (515)
Change in net position of governmental activities	_\$_	260,321

#### First 5 Solano Children & Families Commission Notes to the Financial Statements For the fiscal year ended June 30, 2017

#### I. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### A. Reporting Entity

Solano County is a political subdivision of the State of California. An elected, five-member Board of Supervisors governs the County.

First 5 Solano Children and Families Commission of Solano County (Commission) was organized on July 8, 1999, by the Solano County Board of Supervisors through the adoption of Ordinance No. 1579 in accordance with the California Children and Families Act of 1998. The Commission currently operates under the State of California Health and Safety Code § 130100-130155 and Solano County Code § 7.3. The purpose of the Commission is to promote, support, and improve the early development of children from the prenatal stage through five years of age. The First 5 Solano Commission is funded by a surtax imposed statewide on the sale and distribution of cigarettes and other tobacco related products.

The Commission consists of nine members encompassing a myriad of professional and personal experience. The Board of Supervisors of Solano County approves the appointment of each Commission member's four-year term.

The activities of the Commission are accounted for as a special revenue fund. This is a governmental fund type which is a part of the basic financial statements of the County of Solano, the reporting entity. The special revenue fund accounts for the proceeds of specific revenue sources that are restricted or committed to expenditures for specified purposes.

#### B. Government-wide and Fund Financial Statements

The Commission's financial accounts are maintained in accordance with generally accepted accounting principles (GAAP) and the uniform accounting system for counties prescribed by the State Controller in compliance with the Government Code of the State of California.

The government-wide financial statements (i.e., the statement of net position and the statement of activities) report information on all of the activities of the Commission. The statement of activities demonstrates the degree to which the direct expenses of a given function or segment is offset by program revenues. Direct expenses are those that are clearly identifiable with a specific function. Program revenues include: 1) charges to customers or applicants who purchase, use, or directly benefit from goods, services, or privileges provided by a given function and 2) grants and contributions that are restricted to meeting the operational or capital requirements of a particular function. Intergovernmental revenue, interest income and other items not included among program revenues are reported as general revenues.

#### C. Measurement Focus, Basis of Accounting and Financial Statement Presentation

The government-wide financial statements are reported using the economic resources measurement focus and the accrual basis of accounting. Revenues are recorded when earned and expenses are recorded when a liability is incurred, regardless of the timing of related cash flows.

Governmental fund financial statements are reported using the current financial resources measurement focus and the modified accrual basis of accounting. Revenues are recognized as soon as they are both measurable and available. Revenues are considered to be available when they are collectible within the current period or soon enough thereafter to pay liabilities of the current period. For this purpose, the government considers revenues to be available if they are collected within 90 days of the end of the current fiscal period. Expenditures are generally recorded when a liability is incurred, as under accrual accounting. However, debt service expenditures, as well as expenditures related to compensated absences and claims and judgments, are recorded only when payment is due.

Proposition 10 funds, grants, and interest associated with the current fiscal period are all considered to be susceptible to accrual and so have been recognized as revenues of the current fiscal period. All other revenue items are considered to be measurable and available only when the government receives cash.

The Commission reports the following major governmental fund:

The <u>General Program Fund</u> is the Commission's primary operating fund. This Special Revenue Fund is used to account for the proceeds of specific revenue sources that are restricted or committed to expenditures for specified purposes.

The amounts reported as program revenues in the statement of activities include operating grants and contributions received from First 5 California as well as charges to customers for program services. General revenues include interest income.

#### D. Assets, Liabilities, Net Position or Equity

#### 1. Cash and Cash Equivalents

The Commission's cash is maintained in the County Treasury and is pooled with the County of Solano and various other depositors. The Commission is a mandatory depositor, pursuant to Solano County Code § 7.3 and Health & Safety Code § 130105. The Commission's ability to withdraw large sums of cash from the County Treasury may be subject to certain restrictions set by the County Treasurer.

The County's pooled cash and investments are invested pursuant to investment policy guidelines established by the County Treasurer and approved by the County Board of Supervisors. The objectives of the policy (in order of priority) are: legality, preservation of capital, liquidity, and yield. The policy addresses the soundness of financial institutions in which the County will deposit funds, types of investment instruments as permitted by the

California Government Code, and the percentage of the portfolio which may be invested in certain instruments with longer terms of maturity. A detailed breakdown of cash and investments and a categorization of risk factors per GASB Statement No. 40, *Deposits and Investment Risk Disclosures*, are presented in the County of Solano Comprehensive Annual Financial Report.

#### 2. Due from Other County Funds

Due from other county funds represents amounts due to the Commission for early childhood mental health services provided per terms of the County of Solano Memorandum of Understanding 2014-101.

#### 3. Due from State Commission

Due from other agencies represents amounts due to the Commission from the State (First 5 California Children & Families Commission) as of June 30, 2017 for amounts approved but not received.

#### 4. Deferred Outflows/Inflows of Resources

In addition to assets, the statement of net position will sometimes report a separate section for deferred outflows of resources. This separate financial statement element represents a consumption of net position that applies to a future period(s) and so will not be recognized as an outflow of resources (expense/expenditure) until then. As of June 30, 2017, the Commission has five items reportable on the Statement of Net Position related to pensions resulting from employer contributions subsequent to the measurement date as well as current year changes in the net pension liability and related amortization.

In addition to liabilities, the statement of net position will sometimes report a separate section for deferred inflows of resources. This separate financial statement element represents an acquisition of net position that applies to a future period(s) and so will not be recognized as an inflow of resources (revenue) until that time. The Commission has four items reportable on the Statement of Net Position related to pensions resulting from current year changes in the net pension liability, related amortization and other factors.

#### 5. Outstanding Warrants

Outstanding warrants represent the amount of warrants issued but not yet presented to the County for payment. When warrants are mailed, expenditures are recorded in the Commission's fund and an outstanding warrant liability is created, pending payment of the warrant.

#### 6. Accounts Payable

Accounts payable represents the balance owed for goods received and/or services rendered.

#### 7. Due to Other County Funds

Due to other funds represents amounts owed to funds within the reporting entity (Solano County) for grantee services provided by the Department of Health and Social Services.

#### 8. Due to Other Agencies

Due to other agencies represents amounts owed to grantees outside the reporting entity.

#### 9. Compensated Absences

The Commission follows County policy which permits permanent employees to accumulate earned but unused vacation and sick leave benefits. Accrued vacation and sick leave is paid at the time of the employee's termination or retirement based on established County limitations. Compensated absences leave is accrued when incurred in the government-wide financial statements. A liability is reported in the governmental fund only if unused vacation and sick leave after limitations are expected to be liquidated (paid out due to an employee separating from service with the Commission) with expendable available financial resources.

The notes to the County's basic financial statements provide detail for the County as a whole regarding compensated absences in accordance with accounting principles generally accepted in the United States of America.

#### 10. Pensions

For purposes of measuring the net pension liability and deferred outflows/inflows of resources related to pensions, and pension expense, information about the fiduciary net position of the County of Solano's California Public Employees Retirement System (CalPERS) Plans and additions to/deductions from the Plan's fiduciary net position have been determined on the same basis as they are reported by CalPERS. For this purpose, benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with the benefit terms. Investments are reported at fair value.

#### 11. Net Position/Fund Balance

The government-wide financial statements utilize a net position presentation. The net position is categorized as restricted.

 Restricted – This category represents external restrictions imposed by creditors, grantors, contributors, or laws or regulations of other governments or constraints imposed by law through constitutional provisions or enabling legislation.

The various categories of fund balance represent relative strength or hierarchy of spending constraints. These categories are established either by inherent, external or internal limitations.

As of June 30, 2017, fund balance was categorized as follows:

• Restricted – the constraints imposed by the enabling legislation of Proposition 10 represents a legally enforceable requirement that those resources be used only for the specific purposes stipulated in the legislation.

#### 12. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions. These estimates and assumptions affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses/expenditures during the reporting period. Actual results could differ from those estimates.

#### II. DETAILED NOTES

#### A. Long-term debt

Long-term liability activity for the fiscal year ended June 30, 2017, was as follows:

]	Beginning Balance	A	Additions	R	eductions	Ending Balance		Within Year
\$	1,129,735	\$	404,274	\$	186,222	\$ 1,347,787	\$	-
	37,760		515		6	38,275		<u> </u>
\$	1,167,495	\$	404,789	\$	186,222	\$ 1,386,062	\$	_
	\$ 	\$ 1,129,735 37,760	Balance A \$ 1,129,735 \$ 37,760	Balance       Additions         \$ 1,129,735       \$ 404,274         37,760       515	Balance         Additions         R           \$ 1,129,735         \$ 404,274         \$           37,760         515	Balance         Additions         Reductions           \$ 1,129,735         \$ 404,274         \$ 186,222           37,760         515         -	Balance         Additions         Reductions         Balance           \$ 1,129,735         \$ 404,274         \$ 186,222         \$ 1,347,787           37,760         515         -         38,275	Balance         Additions         Reductions         Balance         One           \$ 1,129,735         \$ 404,274         \$ 186,222         \$ 1,347,787         \$ 37,760         \$ 155         -         38,275

#### III. OTHER INFORMATION

#### A. Description of Programs

#### 1. General Programs

General programs address the issue of developing a comprehensive, collaborative, and integrated system of information and services to promote, support, and optimize early childhood development from the prenatal stage to five years of age. General program expenses capture those costs related to the programmatic and administrative staffing and operations of the First 5 Solano.

#### 2. Pre-Kindergarten Academies

Pre-Kindergarten Academies are offered throughout the County and provide quality early childhood experiences for entering kindergarteners who lack prior preschool experience or have another high-risk factor such as English language learner, poverty, remoteness, substance abuse, family violence, child abuse and neglect, special needs, and other

challenges. Pre-K Academies are designed to support school readiness, both for the entering kindergartener as well as the family and the school.

#### 3. Family Strengthening Partnerships

Family Strengthening Partnerships (FSP) is a comprehensive set of services centrally coordinated through the Family Resource Center network in Solano County designed to reduce child abuse and neglect and increase family stability. Services include case management, basic needs, financial literacy, and parent education. FSP offers neighborhood based services, including multi-disciplinary team case conferencing (including a Child Welfare Services Social Worker and Public Health Nurse), information-sharing, and provider capacity-building and support.

#### 4. Quality Child Care

#### a. Improving and Maximizing Programs so All Children Thrive (IMPACT)

IMPACT is a jointly funded (First 5 Solano and First 5 California) program designed to support a network of local quality improvement systems to better coordinate, assess, and improve the quality of early learning settings. IMPACT provides a systems level approach through a local consortium along with individual supports to a variety of early learning settings.

#### b. Head Start Wrap-Around Care

Head Start Wrap-Around funds full-day, full-year care for 40 children in the Head Start Program.

#### c. Head Start Facility

The Head Start facility provides child care spaces for up to 36 children in the Early Head Start and Head Start Program at the County Facility on Beck Avenue in Fairfield.

#### 5. Prenatal Services - Health Insurance

This prenatal program ensures pregnant women and newborns are enrolled in health insurance.

#### 6. Children's Health Access

Solano Kids Insurance Program (SKIP) increases the number of children ages 0-5 who have health insurance and access to health services. The program includes outreach, enrollment, assistance to access medical services, and health insurance retention assistance.

#### 7. Early Childhood Mental Health

#### a. Early Periodic Screening Diagnosis and Treatment (EPSDT)

Solano County Health & Social Services Department implements the EPSDT program, which provides early mental health screening, assessment and treatment to Medi-Cal-eligible children. The Commission funding leverages state and

federal match which exponentially increases the capacity of the early childhood mental health system.

#### b. Partnership for Early Access for Kids (PEAK)

PEAK is a county-wide, multi-agency collaborative that provides developmental and mental health screening, assessment and treatment for early identification and intervention for infants and young children. The partners also provide parent and provider education on mental health and developmental needs along with a centralized call center to connect families to services through Solano County. This program is jointly funded by First 5 Solano and Solano County Mental Health Services Act-Prevention and Early Intervention.

#### 8. Collaboration

Collaboration efforts are provided through Help Me Grow Solano which is an affiliate program that uses existing resources and builds collaboration across sectors (child health care, early care and education, family support, and others) to connect at-risk children with the services they need.

#### 9. Systems Change

Systems change efforts are implemented by First 5 Solano staff with the intention of achieving the goal that "The early childhood systems are strengthened, integrated, expanded, and sustained."

#### 10. Other Programs

First 5 Solano also funds a variety of internal programs. These programs include community engagement efforts, customization of the First 5 California Kit for New Parents for distribution in Solano County, the co-sponsorship of conferences and other trainings for providers of services to children 0-5 and their families, and organizational supports for agencies partnering with First 5 Solano to provide services in the County.

#### **B. Program Evaluation Costs**

The Commission spent \$131,250 on program evaluation during the audit period. Evaluation activities include an ongoing, countywide evaluation of First 5 Solano Children and Families Commission funded programs, initiatives and system-change activities aimed at improvements in the health, well-being and development of young children.

#### C. General Information about the Pension Plan

#### 1. Plan Description

The Commission participates in the County of Solano's Miscellaneous Plan (Plan), a defined benefit pension plan. The Plan provides retirement and disability benefits, annual cost of living adjustments, and death benefits to plan members and beneficiaries.

The County's Miscellaneous Plan (Plan) is part of the Public Agency portion of the California Public Employees' Retirement System (CalPERS), an agent multiple-employer plan administered by CalPERS, which acts as a common investment and administrative agent for participating public employers within the State of California. A menu of benefit provisions as well as other requirements is established by State statutes within the Public Employees' Retirement Law. The County selects optional benefit provisions from the benefit menu by contract with CalPERS and adopts those benefits through County ordinance. CalPERS issues publicly available reports that include a full description of the pension plans regarding benefit provisions, assumptions, and membership information that can be found on the CalPERS website at: <a href="http://www.calpers.ca.gov/index.jap?bc=/about/forms-pubs/calpers-reports/actuarial-reports/home.xml">http://www.calpers.ca.gov/index.jap?bc=/about/forms-pubs/calpers-reports/actuarial-reports/home.xml</a>.

#### 2. Benefits Provided

CalPERS provides retirement and disability benefits, annual cost of living adjustments, and death benefits to plan members, who must be public employees and beneficiaries. Benefits are based on years of credited service, equal to one year of full time employment. Members with five years of total service are eligible to retire at age 50 with statutorily reduced benefits. All members are eligible for non-duty disability benefits after 10 years of service. The death benefit is one of the following: the Basic Death benefit, the 1957 Survivor Benefit, or the Optional Settlement 2W Death Benefit. The cost of living adjustments for the plan are applied as specified by the Public Employees' Retirement Law.

The Commission's pension plan information is not reported separately but rather included in the CalPERS GASB 68 Accounting Valuation Report for the Solano County Miscellaneous Plan. The notes to the County of Solano Comprehensive Annual Financial Report provide detail for the County as a whole regarding plan provisions and benefits, actuarial funding and assumptions, annual pension costs and net pension liability as required in accordance with accounting principles generally accepted in the United States of America. Additional information may be found on the Solano County website at <a href="http://www.solanocounty.com/depts/auditor/finance">http://www.solanocounty.com/depts/auditor/finance</a> reports.asp.

#### D. Post Employment Health Care Benefits

#### 1. Plan Description

The Commission participates in County of Solano Multi-Employer Defined Benefit Healthcare Plan administered by the CalPERS. The plan provides postemployment healthcare benefits to eligible retirees by contributing a minimum of \$128 per month towards medical insurance benefits. This benefit is provided based on the Board of Supervisor's election to participate under the Public Employees' Medical and Hospital Care Act (PEMHCA) [Government Code Section 22750]. The County's Board may elect to pay more than the minimum contribution; however, the County's Board has elected to pay the minimum contribution of \$128 per month per eligible retiree. The County has not executed a formal plan document that provides for these benefits and the plan does not have a name.

In addition, the County established an irrevocable trust to pre-fund the other postemployment Annual Required Contribution benefits with the Public Agency Retirement Services (PARS). The PARS financial statements and additional reports can be obtained from the PARS website at http://www.PARS.org.

The Commission's healthcare plan information is not reported separately from the County. The notes to the County of Solano Comprehensive Annual Financial Report provide detail for the County as a whole regarding plan provisions and benefits, funding policy, annual Other Post Employment Benefit (OPEB) cost, net OPEB liability, funded status and funding progress and actuarial methods and assumptions as required in accordance with accounting principles generally accepted in the United States of America. Additional information may be found on the Solano County website at <a href="http://www.solanocounty.com/depts/auditor/finance\_reports.asp">http://www.solanocounty.com/depts/auditor/finance\_reports.asp</a>.

#### E. Risk Management

The County carries coverage administered through the Solano County Risk Management Division, for all risks under a multi-peril policy, including accident and property, workers' compensation, and general liability insurance programs.

Solano County also participates in the California State Association of Counties-Excess Insurance Authority (CSAC-EIA), a joint powers authority created to provide self-insurance programs for California counties.

REQUIRED SUPPLEMENTARY INFORMATION

#### First 5 Solano Children & Families Commission Schedule of Revenues, Expenditures and Changes in Fund Balance General Program Budget and Actual

#### For the fiscal year ended June 30, 2017

Variance with

	Budgeted Amounts			Final Budget	
	Adopted	Final	Actual Amounts	Positive (Negative)	
Revenues:	opred		- Actual Pallounts	(regative)	
Intergovernmental revenues	\$ 3,427,247	\$ 3,427,247	\$ 3,505,889	\$ 78,642	
Charges for services	641,841	641,841	316,920	(324,921)	
Revenues from the use of money & property	35,656	35,656	66,782	31,126	
Pre K Academy pledges	5,000	5,000	8,985		
Miscellaneous	3,000	3,000		3,985	
Total revenues	4,109,744	4 100 744	2 800 116	540	
Expenditures:	4,109,744	4,109,744	3,899,116	(210,628)	
General					
Employee services	889,693	889,693	822,596	67,097	
Program evaluation costs	140,000	140,000	131,250	8,750	
Countywide Admin O/H	67,044	67,044	67,044	6,730	
Interfund services	52,300	52,300	57,185	(4,885)	
Professional & specialized services	84,337	84,337	55,818	28,519	
Rents & leases	51,500	51,500	51,364	136	
Memberships	7,226	7,226	7,226	130	
Transportation & travel	7,300	7,300	6,661	639	
Communication	6,171	6,171	5,966	205	
Insurance	5,276	5,276	5,276	-	
Special departmental expense	5,225	5,225	2,412	2,813	
Supplies	4,200	4,200	1,695	2,505	
Meals/Refreshments	1,000	1,000	1,593	(593)	
Non capitalized equipment	3,000	3,000	113	2,887	
Maintenance	1,000	1,000		1,000	
Contingencies	1,006,525	1,347,029	D=0	1,347,029	
Miscellaneous	250	250	8	242	
Total general expenditures	2,332,047	2,672,551	1,216,207	1,456,344	
Grants					
SR family support	672,044	672,044	594,426	77,618	
Early mental health	1,030,000	1,030,000	483,430	546,570	
Child care and development	446,805	446,805	323,234	123,571	
EPSDT - Early Periodic Screening Diagnosis& Treatment	300,000	300,000	215,803	84,197	
H&SS IFSI - Family Strengthening Project	189,735	189,735	187,956	1,779	
Pre K academy	200,000	200,000	186,363	13,637	
Systems change	293,000	293,000	153,104	139,896	
Health access initiative	121,000	121,000	120,381	619	
Community engagement Pre-natal grants	88,000	88,000	83,223	4,777	
	35,000	35,000	34,889	111	
Co-sponsorship of conferences Collaboration	25,000	25,000	11,500	13,500	
Total grant expenditures	32,000	32,000	9,761	22,239	
Total expenditures  Total expenditures	3,432,584	3,432,584	2,404,070	1,028,514	
Total experientares	5,764,631	6,105,135	3,620,277	2,484,858	
Excess (deficiency) of revenues over (under) expenditures	(1,654,887)	(1,995,391)	278,839	2,274,230	
Fund balance - beginning	8,107,069	8,107,069	8,107,069	-	
Fund balance - ending	\$ 6,452,182	\$ 6,111,678	\$ 8,385,908	\$ 2,274,230	
			77.77.79	_,_, ,,,,,,,,	

The notes to the required supplementary information are an integral part of this statement.

#### First 5 Solano Children & Families Commission Notes to Required Supplementary Information For the fiscal year ended June 30, 2017

#### **Budgetary Information**

The Commission shall conform to Solano County Code § 7.3 for the First 5 Solano Children and Families Commission by approving a budget for the fiscal year in accordance with the Solano County annual budget calendar. The budget shall include anticipated revenues to the First 5 Solano Children & Families Trust Fund and shall provide for carrying out the adopted strategic plan. The budget shall be transmitted to the County Administrator for inclusion in the Final Budget of Solano County.

In accordance with provisions of Sections 29000-29144 of the California Government Code and other statutory provisions, commonly known as the County Budget Act, the County prepares and legally adopts a final balanced budget each fiscal year by July 1.

An operating budget prepared on the modified accrual basis is adopted each fiscal year for the special revenue funds.

#### OFFICE OF THE AUDITOR-

SIMONA PADILLA-SCHOLTENS, CPA Auditor-Controller

PHYLLIS TAYNTON, CPA Assistant Auditor-Controller



675 Texas Street, Suite 2800 Fairfield, CA 94533-6338 (707) 784-6280 Fax (707) 784-3553

www.solanocounty.com

Board of Commissioners First 5 Solano Children and Families Commission Fairfield, CA 94533

# REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITINGS STANDARDS

#### **Independent Auditor's Report**

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities of First 5 Solano Children and Families Commission (Commission), as of and for the fiscal year ended June 30, 2017, and the related notes to the financial statements, which collectively comprise the Commission's basic financial statements, and have issued our report thereon dated September 25, 2017.

#### **Internal Control Over Financial Reporting**

In planning and performing our audit of the financial statements, we considered the Commission's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing an opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Commission's internal control. Accordingly, we do not express an opinion on the effectiveness of the Commission's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct misstatements on a timely basis. A material weakness is a deficiency, or combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the Commission's financial statements will not be prevented, or detected and corrected on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control, that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses, or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

#### **Compliance and Other Matters**

As part of obtaining reasonable assurance about whether the Commission's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

#### Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Commission's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Commission's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

This report is intended solely for the information and use of the Solano County Board of Supervisors, the First 5 Solano Commission, the First 5 California Commission, and the State Controller's Office, federal agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties. However, this report is a matter of public record and its distribution is not limited.

Simona Padilla-Scholtens, CPA

Auditor-Controller

By:

Phyllis Taynton, CPA

Assistant-Auditor-Controller

Fairfield, California

September 25, 2017

#### OFFICE OF THE AUDITOR-

SIMONA PADILLA-SCHOLTENS, CPA Auditor-Controller

PHYLLIS TAYNTON, CPA Assistant Auditor-Controller



675 Texas Street, Suite 2800 Fairfield, CA 94533-6338 (707) 784-6280 Fax (707) 784-3553

www.solanocounty.com

Board of Commissioners First 5 Solano Children and Families Commission Fairfield, CA 94533

#### INDEPENDENT AUDITOR'S REPORT ON STATE COMPLIANCE

#### Compliance

We have audited the First 5 Solano Children and Families Commission's (Commission) compliance with the requirements specified in the State of California's *Standards and Procedures for Audits of Local Entities Administering the California Children and Families Act*, issued by the State Controller's Office, applicable to the Commission's statutory requirements identified below for the fiscal year ended June 30, 2017.

#### Management's Responsibility

Management is responsible for compliance with the requirements of the laws and regulations applicable to the California Children and Families Act.

#### **Auditor's Responsibility**

Our responsibility is to express an opinion on the Commission's compliance with the requirements referred to above based on our audit.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America, the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, and the State of California's *Standards and Procedures for Audits of Local Entities Administering the California Children and Families Act*, issued by the State Controller's Office. Those standards and the State of California's *Standards and Procedures for Audits of Local Entities Administering the California Children and Families Act* require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the requirements referred to above that could have a direct and material effect on the statutory requirements listed below. An audit includes examining, on a test basis, evidence about the Commission's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe our audit provides a reasonable basis for our opinion on compliance. However, our audit does not provide a legal determination of the Commission's compliance with those requirements. In connection with the audit referred to above, we selected and tested transactions and records to determine the Commission's compliance with the state laws and regulations applicable to the following items:

	Audit Guide Procedures	Procedures <u>Performed</u>
Contracting and Procurement	6	Yes
Administrative Costs	3	Yes
Conflict of Interest	3	Yes
County Ordinance	4	Yes
Long-range Financial Plans	2	Yes
Financial Condition of the Commission	1	Yes
Program Evaluation	3	Yes
Salaries and Benefit Policies	2	Yes

#### Opinion

In our opinion, the First 5 Solano California Children and Families Commission complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on the California Children and Families Program for the fiscal year ended June 30, 2017.

This report is intended solely for the information and use of the Solano County Board of Supervisors, the First 5 Solano Commission, the First 5 California Commission, and the State Controller's Office, federal agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties. However, this report is a matter of public record and its distribution is not limited.

Simona Padilla-Scholtens, CPA Auditor-Controller

By:

Phyllis Taynton, CPA

Assistant-Auditor-Controller

Fairfield, California

September 25, 2017



**DATE:** September 27, 2017

**TO:** First 5 Solano Children and Families Commission

**FROM:** Juanita Morales, Program Manager

SUBJ: First 5 Solano Submission of the FY2016/17 Annual Report to First 5 California

Motion: Approve the First 5 Solano Submission of the FY2016/17 Annual Report to

First 5 California

Each year, the First 5 California Children and Families Commission is required by law to submit to the Legislature and the Governor a report outlining the activities and accomplishments of both the state First 5 Commission and the 58 county First 5 Commissions.

The First 5 Solano submission to First 5 California for its FY2016/17 Annual Report has been prepared in accordance with state requirements for submission by the deadline of October 31, 2017. The report includes "aggregate data" by program category (service counts and demographics), as well as a snapshot of outcomes, evaluation activities, and system level activities.

As the First 5 California Annual Report submission requirements are relatively narrow and prescriptive following the required elements for state Commission, staff also included a FY2016/17 Year End Performance Report which outlines the Commission's programs by Initiative and includes Program Performance Measures over time and qualitative data to give a more expansive picture of the Commission's investments for FY2016/17.

Attachment A: First 5 Solano FY2016/17 Annual Report

September 27, 2017

#### **COMMISSIONERS**

Liz Niedziela

Chair

Erin Hannigan

Dan Ayala

Marisela Barbosa

**Aaron Crutison** 

Lisette Estrella-Henderson

Gerald Huber Scott Ingham

Nicole Neff

#### **STAFF**

Michele Harris Executive Director

Megan Richards Deputy Director

Juanita Morales Program Manager

Gene Ibe

Program Manager

Lorraine Fernandez Program Manager

**Andrew Boatright** Office Assistant III

Andrea Azurdia College Intern

Camille Maben First 5 California 2389 Gateway Oaks Dr, Ste 260 Sacramento, CA 95833

Dear Ms. Maben,

First 5 Solano is pleased to convey its submission to First 5 CA for its FY2016/17 Annual Report.

Highlights of the First 5 Solano submission include:

- Over 7,300 Solano residents were served by First 5 Solano
- Enrolled 43 early care and education sites through IMPACT and the QRIS Block Grant, Hired and trained 6 QRIS coaches.
- Solano County Family Resource Centers provided 856 children and families case management, including connection to basic needs, financial literacy skills, and parent education.
- 184 children received assessments from a Child Welfare Social Worker, 100% of children receiving CWS services remained safely in the home or with the family unit.
- Secured health insurance for 1,027 expectant months and children.
- Screened 326 high risk children for developmental and social-emotional concerns. Provided 230 children with mental health treatment.
- Provided 392 children a Pre-Kindergarten Academy to prepare them to transition to kindergarten.
- Opened a Head Start/Early Head Start center co-located with Solano County Health & Social Services.
- Launched a Systems Change Action Plan to strengthen, integrate, expand, and sustain the early childhood system.
- Conducted an evaluation of Help Me Grow Solano which has been shared with Help Me Grow CA and National.

If you have any questions, feel free to contact me at 707-784-1332. Thank you.

Sincerely,

Michele Harris

Executive Director, First 5 Solano



# FY2016/17 Year-End Performance Report



#### Introduction

The First 5 Solano Year End Performance Report covers the period July 1, 2016 - June 30, 2017 for services funded through community partners/grantees in specific initiatives under the First 5 Solano Strategic Plan Priority Areas. In addition, the Commission funds some internally run programs and "mini-grants."

The FY2016/17 Annual Performance Report provides a snapshot of the performance of the Commission's investments across all initiatives and programs. For each program, this report includes a brief description of the program, documentation of each grantee's level of achievement of performance goals along with information about challenges faced by grantees. There is also a discussion of goals that were not attained and any necessary corrective action recommended. In addition, this report includes program performance and funding level with a high-level description of those areas that have been successful or challenging in each goal area.

#### **Program Areas**

The overarching goal of First 5 Solano's Strategic Plan is to strengthen families through the services provided under the four priority areas:

- Health and Wellbeing: Promotes physical, social and emotional development 1.
- 2. Early Childhood Learning and Development: Supports learning by preparing children for kindergarten through developing communications, problem solving, physical, socialemotional and behavioral skills
- 3. Family Support and Parent Education: Strengthens families to provide nurturing and safe environments for children
- 4. Systems Change: Strategic effort to strengthen, integrate, sustain and expand the early childhood system in Solano County.

All of the initiatives described in this report fall under one or more of the Commission's four priority areas.

#### **Performance Measures**

The purpose of performance measures is to ensure appropriate progress is being made for both the target number children and families to be served, and outcomes, including "is anyone better off" because of the service. Performance measures are written into contracts with grantees and are collected quarterly so staff can monitor progress made toward meeting contractual goals for and, where needed, to provide recommendations for changes in services to ensure annual targets are met. Performance measures are gauged as "met" if the grantee is within 90% of the contractual requirement. Otherwise the measure is "not met." Often performance measures contain both targets for numbers served and outcomes, and both must be met for the performance measure to be considered met.

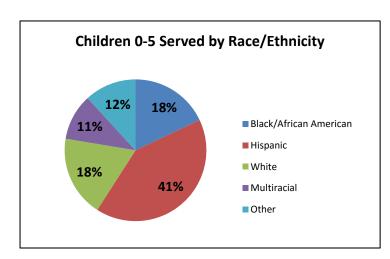
If one or more performance measures are not met, staff follow the Commission's Compliance in Contracts Policy, which begins with working with the grantee to discover the reasons behind the inability to meet the measures. Staff utilize this information to determine if a Compliance Action Plan is warranted and work to ensure that the issue is not carried over multiple years.

For FY2016/17, overall, First 5 Solano grantees achieved 79% (103) of the 131 performance measures tracked across the Commission's framework (See Attachment A). Of this amount, over half of the unmet measures are attributable to 2 programs: Help Me Grow Solano, which transitioned to a new provider during this fiscal year and required a period of start-up for the new contractor, and 3 of the 6 family resource centers, all of which were either in contract Compliance Action Plans, or are currently entering a Compliance Action Plan to resolve the issue.

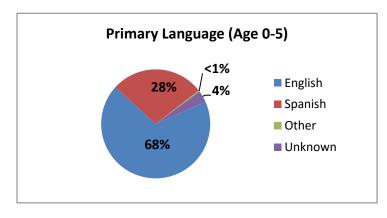
#### **Demographics**

First 5 California requires that County Commissions collect "aggregate data" to document numbers, ages, language and ethnicities of children, parents/caregivers, and providers served. The First 5 Solano initiatives reach children, families/caregivers and service providers, while focusing on hard-to-reach populations including isolated, low-income, high risk, and underserved communities.

During the year, 7,383 residents received services from First 5 Solano.<sup>1</sup> Of this total, 46% (3,408) were children ages 0-5, 41% (3,061) were parents and caregivers, and 12% (914) were providers and others relating to children ages 0-5. This is an 23% decrease in number of people served from FY2015/16. This decrease is primarily attributable to the 31% decrease in overall budget of the Commission from FY2015/16 to FY2016/17.



Overall, the children ages 0-5 served in FY2016/17 in Solano were most likely to be Hispanic/Latino (41%). This was followed by 18% of children who identified as white and 18% of children who identified as Black/African American. When compared to the overall Solano County 0-5 population, First 5 Solano program participants were more likely to be Hispanic/Latino or African American than the population for Solano County.



Nearly one-third of children served were identified as Spanish-speaking. This finding highlights the importance for grantees to have staff who can communicate in Spanish, the ongoing need for parent education materials in English and Spanish, and continued literacy supports for the entire family.

<sup>&</sup>lt;sup>1</sup> Individuals are unduplicated by program, but may be duplicated across programs.

## Priority 1: Health and Well-Being

#### Children's Health Insurance and Prenatal Initiatives

#### Solano Kids Insurance Program (SKIP)

#### **Program Overview**

Solano Coalition for Better Health runs the Solano Kids Insurance Program (SKIP) to assists all children in Solano County in applying for and retaining health insurance, thereby increasing access to health, mental health and dental care services. First 5 Solano funds outreach and enrollment services for families with children ages 0-5, as well as pregnant moms and newborns. Services provided include:

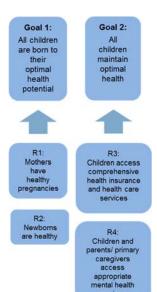
- Outreach Identifying and engaging hard-to-reach families in need of coverage
- Enrollment Health insurance application assistance
- Retention Support to keep children and families enrolled in health insurance programs
- Utilization Information and support for children and families to utilize health services.

#### **Connection to First 5 Solano Strategic Plan**

The prenatal efforts conducted by SCBH are in service of the commission's desired results that "Mothers have healthy pregnancies" and "Newborns are healthy." Health insurance outreach, enrollment and retention efforts are in service of the commission's desired result that "Children access comprehensive health insurance and health care services."

#### **Funding**

In FY2016/17, SKIP was funded at \$156,000—\$121,000 under Children's Health Insurance and \$35,000 under the Prenatal Initiative. This was a decrease of \$124,000 (44%) from FY2015/16.



#### **SKIP Family Story**

Lucila is the mother in a family with five children ranging in age from newborn to six years old. Lucila recently had to visit the emergency room with one of the children and it was there that she discovered that her child's insurance was not active. She had no idea, and contacted SKIP to schedule an appointment for enrollment assistance. SKIP was able to contact the Benefits Action Center on Lucila and her family's behalf, and Medi-Cal for the entire family became active. Lucila was so happy to receive assistance and is grateful that organizations such as SCBH and SKIP exist to help the community.

#### **Key Performance Measures**

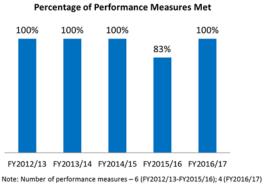
- ✓ Assisted parents to enroll 366 children ages 0-5 in health insurance.
- √ 100% of children enrolled at child development centers in elementary schools had health insurance.
- ✓ Enrolled 661 expectant mothers and their newborns in health coverage.

#### **Challenges to Effective Service Provision**

Concerns over reporting on immigration status has caused a decline in families pursuing enrollment in health insurance. Outreach is needed to assist families in understanding how to enroll and access health services. In addition, a portion of children who live in moderate income families still have a challenge accessing affordable health insurance.

#### **Multi-Year Program Performance**

Over the last 5 years, there has been success in the children's health initiative, both funded by First 5 Solano, as well as community-wide. First 5 Solano's funded partner, SCBH has met the vast majority of their measures every year. Solano County is currently ranked #1 in the State of California for children's health insurance coverage.



## Priority 1: Health and Well-Being

#### Early Childhood Mental Health Initiative

# Partnership for Early Access for Kids (PEAK) Early Periodic Screening Diagnosis and Treatment (EPSDT)

#### **Program Overview**

The Solano Early Childhood Mental Health Initiative includes the Partnership for Early Access for Kids (PEAK) and Solano County Health & Social Services Early Periodic Screening, Diagnosis and Treatment (EPSDT) Programs.

PEAK is jointly funded by First 5 Solano in partnership with Solano County Health & Social Services, Mental Health Division utilizing Mental Health Services Act, Prevention and Early Intervention funds. PEAK provides:

- Education and training for parents and providers
- Mental and developmental health screenings
- Mental health assessment and treatment for non-Medi-Cal eligible children
- Interdisciplinary Team Evaluations
- Case Management

The PEAK funded partners for FY2016/17 were Child Haven, Solano Family and Children's Services, and Uplift Family Services (formerly known as EMQ FamiliesFirst).

EPSDT provides mental health treatment for Medi-Cal eligible children with identified needs.

#### **Connection to First 5 Solano Strategic Plan**

The early childhood mental health efforts conducted by PEAK partners and EPSDT providers are in service of the commission's desired result that "Children and parents/primary caregivers access appropriate mental health services."

#### **Funding**

In FY2016/17, early childhood mental health was funded at \$610,000. This was matched by \$600,000 from Mental Health Services Act. This remained the same from FY2015/16.

#### children maintain optimal health

Goal 2:



Children access comprehensive health insurance and health care services

R4: Children and parents/ primary caregivers access appropriate mental health services

#### **Key Performance Measures**

- ✓ PEAK provided mental and developmental health screenings for 326 high risk children.
- ✓ Between PEAK and EPSDT, 230 children were provided mental health treatment. The total number of children served for treatment services were not met for either program—See Challenges to Effective Service Provision below.
- ✓ 8 children were provided Interdisciplinary Team Evaluations.
- ✓ 100% of 116 providers who attended educational sessions on screening tools and other mental and developmental topics increased their knowledge as demonstrated by pre/post evaluations.

√ 98% of 274 parents/caregivers who attended educational sessions on screening tools and other mental and developmental topics increased their knowledge as demonstrated by pre/post evaluations.



#### <u>Challenges to Effective Service Provision</u>

During the year there were changes in the provider landscape for Early Childhood Mental Health services. In August 2016, Children's Nurturing Project, a large provider of PEAK services closed its doors to clients. Services provide by that agency were reassigned to other PEAK grantees. PEAK providers, EPSDT, staff and community partners worked closely to continue to monitor the needs in the community and streamline client flow, remove barriers, and improve these services in the community.

There were also unmet performance measures related to reduced client referrals for mental health treatment. As the majority of high-risk children in Solano have Medi-Cal, the need for short term treatment for non-Medi-Cal children has been significantly reduced. In addition, there were fewer referrals for Medi-Cal treatment (EPSDT), and referrals were reviewed for appropriateness of mental health treatment, so fewer children were served. As a result, the Memorandum of Understanding with Solano County Health & Social Services EPSDT was amended to serve 25% fewer children in FY2017/18, with a commiserate reduction in the funding level.

#### PEAK Family Story

A 5-year-old boy was referred to a PEAK provider due to aggressive behavior, frequent temper tantrums and poor social skills. The mother was concerned because her child hit her when he did not get his way and fought frequently with his younger sibling. At the intake session, he was observed screaming, throwing things at his mother, and hitting her multiple times. The child received in home therapy sessions to teach self-soothing techniques to improve his self-regulation; enhance his ability to communicate his needs; and, develop sharing, turn taking and other social skills with his sister. The child and mother also participated in Parent Child Interaction Therapy to support the mother's ability to set limits, use positive behavior management strategies with her son, and enhance the parent-child relationship.

This family completed PEAK services and the mother reports that the child's aggression has significantly decreased. The mother shared that she feels more confident in her parenting and her ability to set consistent limits for her son. He is now able to share mother's attention with sister and follows directions with only occasional reminders.

#### **Multi-Year Program Performance**

Over the last 5 years, the early childhood mental health programs have had variable degrees of success. In FY2014/15, the PEAK partners transitioned to a new model of service delivery to align the with the new Mental Health Services Act plan, which focused on higher risk children and a higher level of care. Since that time, one contractor dropped out of the PEAK collaborative and two providers of services went out of business.

Two contractors have been in contract Compliance Action Plans over the last 5 years. Uplift Family Services, who continues to perform the work, has had challenges retaining staff (especially bilingual staff) to complete the work, which resulted in fewer children being seen, with the commensurate amount of funding going unspent.

# Percentage of Performance Measures Met FY2012/13 FY2013/14 FY2014/15 FY2015/16 FY2016/17 79% 67% 58% H&SS - EPSDT PEAK - CH PEAK - UFS PEAK - SF&CS

Note: Number of performance measures – HSS: 2, CH: N/A (not contracted until 2014/15), UFS: 7, SFCS: 2 (FY2012/13-FY2013/14); HSS: 2, CH: 13, UFS: 11, SFCS: 2 (FY2014/15); HSS: 2, CH: 13, UFS: 9, SFCS: 2 (FY2015/16); HSS: 2, CH: 14, UFS: 3, SFCS: 12 (FY2016/17)

In addition, fewer kids have been referred to and qualify for mental health treatment services. EPDST has struggled to meet performance due to fewer kids being seen. H&SS and First 5 Solano have mutually agreed to reduce the number of clients served for mental health treatment under EPSDT for FY2017/18, with a commensurate decrease in funding for treatment services.

SFCS recently took on the Help Me Grow Solano program. In previous years, they had only provided provider training as part of the PEAK program. This transition has impacted their FY2016/17 performance measures and will be discussed further later in this report.

### Priority 2: Early Childhood Learning and Development

#### **School Readiness Initiative**

#### **Pre-Kindergarten Academies**

#### **Program Overview**

Pre-Kindergarten (Pre-K) Academies provide quality early childhood experiences for children entering Kindergarten. Children who have not participated in pre-school have priority for participation in Pre-K Academies. In addition, outreach is directed to children who are English Language Learners and/or considered "high-risk" due to factors such as poverty, remoteness, substance abuse, family violence, child abuse and neglect, special needs, lack of education and other challenges.

Summer of 2016 Pre-K Academies were held at multiple sites by the following agencies:

- Fairfield-Suisun Unified School District
- Travis Unified School District
- Vacaville Unified School District
- Benicia Unified School District
- River Delta Unified School District
- Child Start, Inc. at Virginia St. Head Start-Vallejo

Students are assessed by the Kindergarten Student Entrance Profile (KSEP), an evidenced-based tool developed by UC Santa Barbara that measures social-emotional and cognitive elements of children's readiness to enter kindergarten. Mastery of most items on the KSEP indicate that the child is "Ready to Go" to Kindergarten. This data can then be shared with the child's kindergarten teacher. In addition,

parents are provided information to help their child work at home on skills that will help their child succeed in school.

#### Connection to First 5 Solano Strategic Plan

The school readiness efforts are in service of the commission's desired results that "Parents and primary caregivers are educated on, prepared to, and engage in helping their children enter school ready to learn" and "Children have access to quality, affordable early learning experiences in their community (Birth-5)."

#### **Funding**

In FY2016/17, Pre-K Academies were funded at \$200,000. This remained the same from FY2015/16.

#### **Key Performance Measures**

- √ 392 children attended Pre-K Academies.
- ✓ Pre-K Academies reported 58% of attendees as having no prior preschool experience.
- ✓ At the end of the 2016 Pre-Kindergarten Academies, 78% of students were ready to go or nearly ready to go to Kindergarten.



Goal 4: All children enter kindergarten ready to



R7:
Parents and
primary caregivers
are educated on,
prepared to, and
engage in helping
their children enter
school ready to
learn

R8: Children have access to quality, affordable early learning experiences in their community (Birth-5)

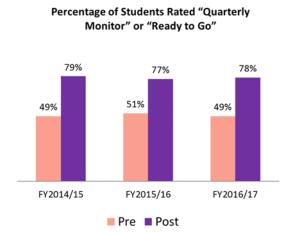
- ✓ Post assessments show that 35% of children were "Ready to Go" by the end of Pre-K Academies, up from 14% at the start of the 4-week program. Another 42% were recommended for quarterly monitoring indicating that they may just have one or two key areas which require additional follow up.
- ✓ The biggest gains were in the areas of "Seeks adult help when appropriate" (54% at pre; 81% at post) and "Exhibits impulse control and self-regulation" (52% at pre; 75% at post).

#### **Challenges to Effective Service Provision**

Attendance continues to be a struggle throughout the 4-week summer program, as many families take vacation or are working toward developing school routines with their children.

#### **Multi-Year Program Performance**

Multi-Year Program Performance for specific contractors for pre-kindergarten academies cannot be quantified, as the contractors that provide the service change each year. That said, as a whole, 25% more children are ready for kindergarten from pre to post assessment for this short 4 week program.



Note: Number of students – 496 (FY2014/15); 517 (FY2015/16); 345 (FY2016/17)
The KSEP tool used to assess readiness was modified in 2014; therefore comparisons to prior years could not be made.

## Priority 2: Early Childhood Learning and Development

#### **Quality Child Care Initiative**

# Head Start Wraparound Child Care Services and Facility IMPACT program

#### **Program Overview**

First 5 Solano's Quality Child Care Initiative consists of 2 programs:

- Head Start Wrap Around program provides wrap-around care (full-day child care) for 40
  children receiving Head Start services. In addition, Head Start began providing services to a total
  of 36 children at the Commission funded space at 275 Beck Ave, Fairfield.
- Improve and Maximize Programs so All Children Thrive (IMPACT) supports a local quality rating
  and improvement system (QRIS) to coordinate, assess and improve early care and education
  settings, such as preschools and family childcare homes.

#### Connection to First 5 Solano Strategic Plan

The quality child care efforts are in service of the commission's desired results that "Reliable, affordable child care is consistently available to families" and "Child care providers know and practice high-quality child care programming."

#### **Funding**

In FY2016/17, quality child care was funded at \$442,000--\$186,000 for Head Start and \$256,000 for IMPACT. First 5 Solano funding is matched approximately 5:1 by First 5 CA for the IMPACT program. Funding for IMPACT transitioned from other quality care child programs matched from First 5 CA including CARES Plus and Child Signature Program. First 5 Solano funding for Head Start had increased in FY2016/17 due to the additional space at Beck. Starting in FY2015/16, First 5 Solano has made a five-year commitment to sponsor the Beck Head Start space with an option to renew for another five years.

# Goal 3: All children learn and develop through high quality care



R5: Reliable, affordable child care is consistently available to families

R6: Child care providers know and practice high-quality child care programming

#### **Key Performance Measures**

- ✓ All 40 Head Start slots were consistently enrolled over the fiscal year, with an average daily attendance of 88%.
- ✓ Opened Beck childcare site to provide care to 20 preschoolers and 16 toddlers.
- ✓ First 5 IMPACT currently has 43 sites enrolled, exceeding the target by 3 sites.
- ✓ 90% of providers enrolled in QRIS have made changes to enhance the quality of their program.

#### **Challenges to Effective Service Provision**

The Head Start facility at Beck Avenue in Fairfield was anticipated to open at the end of 2016, but due to construction challenges the site opened and began serving families in April 2017.

Hiring and retention of coaches for the Quality Rating and Improvement System (QRIS) has been challenging; departing coaches have helped to make the transitions to new coaches rather smoothly. A total of 6 quality support coaches have been hired and most of the coaches serving in the next year will be available on a full-time basis.

#### **QRIS Team Member Story**

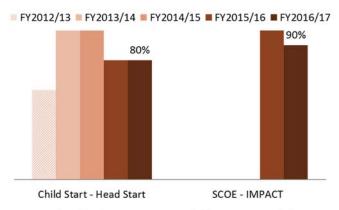
"As a QRIS coach, I started working with a reluctant provider in May. She was unsure of herself, unsure of why she was providing care, and thinking of giving up her childcare business. The first visits were the two of us, provider and coach, sitting on the floor, playing with babies, stacking blocks with children, and talking about dreams and goals and about what it would take to make those become reality. Slowly over time, she realized that she really did love caring for children. Over the course of the next eight weeks SHE came up with a quality improvement plan that works for her.

The timid, unsure, resistant woman that met me at the door in May is now gone. She met me at our last visit full of excitement, had the children occupied with an activity, and her face was lit up like a Christmas tree. She said to me, 'I am so excited to show you all I have done!' She is a totally different person because of the QRIS program."

#### **Multi-Year Program Performance**

Over the years, First 5 CA has supported local Commissions with match funding for a variety of quality childcare initiatives. In FY2015/16, they transitioned their support to the IMPACT program, providing First 5 Solano a grant for over \$1 million for 5 years to increase quality in child care sites across the county. This investment requires a relatively small contribution from First 5 Solano to implement the IMPACT Program. SCOE, has integrated this quality work with their other programming and is successfully implementing the program.

#### Percentage of Performance Measures Met



Note: Number of performance measures – Child Start: 5; SCOE: N/A (not contracted until 2015/16) (FY2012/13-FY2014/15); Child Start: 5; SCOE: 2 (FY2015/16); Child Start: 5; SCOE:10 (FY2016/17)

Head Start, the Federally-funded child

care/preschool program has strict requirements set by the federal government. They are also performing the work effectively. Their unmet measures are related child performance on standardized child assessments. Some of their sites work with extremely disadvantaged children who have significant improvements in skills that are reflected in the assessments, but they are unable to achieve the result that 90% of the children meet the standard.

## Priority 3: Family Support and Parent Education

#### Family Strengthening Initiative

#### Family Strengthening Partnership

#### **Program Overview**

The Family Strengthening Partnership (FSP) seeks to strengthen access to services and programs and enhance community collaboration by serving as the connection between people in need and available resources. The Family Resource Centers are ideal places to offer these comprehensive neighborhood-based services for families experiencing or at-risk of child neglect or abuse, poverty, family violence, substance abuse or other pressing family needs. The services are enhanced by a Multidisciplinary Team which conducts case conferences for families with multiple issues.

#### Providers under the FSP include:

- Six Family Resource Centers with 8 locations throughout the county
- Solano County Child Welfare and Public Health



- Basic needs and intensive case management to stabilize families in crisis
- Financial literacy and money management counseling
- Family support services and parent education
- Home visiting for Child Welfare-referred children by a Social worker and public health nurse to reduce the risk of out-of-home placements and reduce child abuse and neglect

#### **Connection to First 5 Solano Strategic Plan**

The family strengthening efforts conducted by family resource centers and Solano County CWS/PHN are in service of the commission's desired results that "Families know about and access the necessary community support systems and services to meet their basic needs," "Children are raised in safe homes and health communities" and "Using community resources and supports, parents and primary caregivers are educated on and practice effective parenting strategies."

#### **Funding**

In FY2016/17, family strengthening services were funded at \$860,000. This remained the same from FY2015/16.

#### **Key Performance Measures**

856 families were provided client case management services through a combination of office visits, home visits, and group workshops. Goal 5: All families are safe, stable, and self sufficient

1

R9: Families know about and access the necessary community support systems and services to meet their basic needs

R10: Children are raised in safe homes and healthy communities

Goal 6: All parents and primary caregivers support their children's development



R11:
Using community resources and supports, parents and primary caregivers are educated on and practice effective parenting strategies

- ✓ Out of the 856 families engaged in case management 499 completing a pre and post assessment utilizing the Family Development Matrix. 80% (399) remained stable or improved.
- √ 705 families received resources to address basic needs, including resources to prevent homelessness.
- √ 380 families received financial counseling assistance, including developing a budget and promoting asset building through initiation of a savings plan/account.
- √ 90% of 92 families receiving support from the Family Strengthening Partnership public health nurse improved status by referrals to health care provider, WIC, immunization, mental health, developmental screening, parent education, substance abuse, or FRC services.
- √ 100% of the 184 high-risk children receiving
  support by the Family Strengthening Partnership
  Child Welfare Services social worker remained safely in their homes or with their family unit.



#### **Challenges to Effective Service Provision**

Benicia and Dixon FRC's experienced challenges in keeping client families engaged in case management activities which led to several performance measures not being met in FY2015/16, continuing into FY2016/17. Benicia also had challenges in FY2013/14. In line with in First 5 Solano's Compliance in Contract policy, both FRCs were placed on Compliance Action Plans. Both FRCs were not successful in meeting the terms of those plans. The Commission directed staff to reduce the level of service along with commensurate funding to a level at which the grantees can perform successfully. The new level of services began with the new contract year and the grantees were removed off of Compliance Action Plans.

Fighting Back Partnership FRC also encountered challenges in meeting their performance measures in FY2016/17. Based on further conversations and the Commission's Compliance in Contracts Policy a Compliance Action Plan is currently being initiated. This FRC experienced challenges particularly in the area of completing post-assessments measuring family stability and documenting improvements in financial counseling activities. Additionally, Vallejo FRC has had a significant leadership change for the organization, requiring Board of Director intervention to resolve. First 5 Solano staff will closely monitor this FRCs progress towards meeting their performance measures and provide updates at the Program and Community Engagement Committee as per the Contracts Compliance Policy.

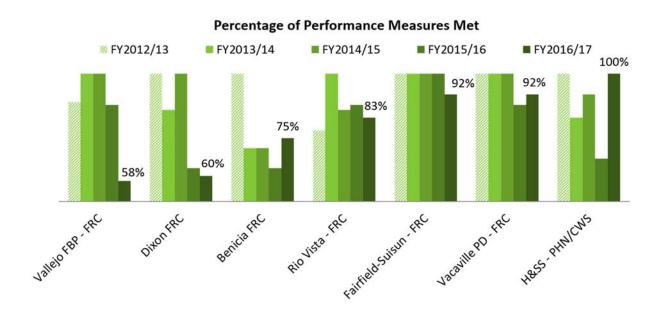
#### **Family Strengthening Partnership Story**

Vacaville FRC provided case management services and parenting classes to a single mother who worked full-time and lived at a local homeless shelter. She had been recently reunited with her three year old son and was given an opportunity to obtain permanent housing, but needed assistance with the security deposit. Through basic needs funding provided by First 5 Solano, Vacaville FRC was able to assist the client with \$300 for the deposit. This allowed the client to secure permanent housing after being homeless for several months. The client was eventually promoted as a manager at her place of employment and has been able to maintain her housing for eight months.

#### **Multi-Year Program Performance**

Over the last 5 years, the family resource centers have had varying degrees of success in meeting their performance measures. Three of the six FRCs have either been on a contract Compliance Action Plan or are entering into a Compliance Action Plan.

Beginning in FY2016/17, services transitioned from a focus on information and referral to more intensive case management services with pre/post assessment and financial literacy with the intention of telling the story of whether a family "was better off" for having received the service. This transition to more intensive service delivery has been challenging for several partners.



### Priorities 1-3: Overarching Initiative

#### **Access and Linkages to Services**

#### Help Me Grow Solano



#### **Program Overview**

Launched in 2013, Help Me Grow Solano provides a centralized access point to connect children and families to appropriate community-based programs and services, such as in the areas of health, developmental services, parent education, housing, and childcare. Help Me Grow Solano family navigators provide education and support to families, referrals to community-based supports, empower families to overcome barriers to services, and follow up with clients to make sure that linkages are successful. Other program activities include community outreach and outreach/education with child healthcare providers. Data is collected and analyzed for use in continuous improvement.

#### **Connection to First 5 Solano Strategic Plan**

Help Me Grow Solano crosses all priority areas and integrates the Commission's overarching principles of access and coordination.

#### <u>Funding</u>

In FY2016/17, Help Me Grow Solano was funded at \$120,000. This remained the same from FY2015/16.

#### **Key Performance Measures**

- ✓ Served 567 families, of which 408 were provided with at least one connection to a program or service.
- √ 352 of these families had complex issues and were paired with a Family Navigator for further assistance.

#### **Challenges to Effective Service Provision**

In the beginning of this program year, the Help Me Grow Solano provider, Children's Nurturing Project, closed their doors. In September 2016, Solano Family and Children's Services (SFCS) assumed the scope of work for this program. SFCS had significant start-up activities including hiring and training staff, transitioning the Help Me Grow Solano phone number and website and setting up new systems. SFCS also committed to following up with all the clients who were in the program, but did not have a documented outcome. Not as much time was spent conducting outreach, which impacted the number of clients services and led to unmet Performance Measures. First 5 Solano staff is working closely with SFCS staff to ensure FY2017/18 measures will be met.

#### Help Me Grow Staff Story

Help Me Grow Solano staff received a call from the mother of a 7-month old baby girl. The family was in a domestic violence situation and the child was exhibiting unusual behavior. HMG connected the family to partner agencies for a developmental screening, mental health services, support for domestic violence, and parenting classes. Help Me Grow stayed involved with the family until they were able to confirm that the mother and child both received the much needed services.

#### **Multi-Year Program Performance**

As the contractor changed last fiscal year, there is no comparison data to reflect any trends in service provision.

### Priority 4: Systems Change

#### **Program Overview**

First 5 Solano's Systems Change goal is that *early childhood systems are strengthened, integrated, expanded and sustained.* First 5 Solano runs this program through a combination of internal staff and collaboration with community partners. An Action Plan was adopted in April 2016 which outlines strategies and key results in the 4 result areas

#### **Connection to First 5 Solano Strategic Plan**

Systems change efforts are in service of the commission's desired results that "Systems are strengthened with the increased capacity of providers," "Systems are expanded with leveraged or new financial resources," "Systems are integrated with increased cross-systems understanding, resource sharing, referral and collaboration," and "Systems are sustained with legislative and policy changes."

#### **Funding**

In FY2016/17, Systems Change was funded at \$450,000. This was a new initiative in FY2016/17.

#### **Key Performance Measures**

The table below outlines the strategies in each result area and progress made in FY2016/17 toward the desired results.

#### Goal 7:

The early childhood systems are strengthened, integrated, expanded, and sustained



R12: Systems are strengthened with the increased capacity of providers

R13: Systems are expanded with leveraged or new financial resources R14: Systems are integrated with increased crosssystems understanding, resource sharing, referral and collaboration

R15: Systems are sustained with legislative and policy changes

Desired Result 12: Systems are strengthened with the increased capacity of providers		
Planned Strategies	Year 1 Progress	
Increase cultural and linguistic competency of providers.	Two sessions of Advancing Racial Equity training were offered in Spring 2017 for community providers.	
<ul> <li>Help increase the number of new bilingual/bicultural staff in the county</li> <li>Help increase the competency of existing staff</li> </ul>	To increase the number of social workers in the county, First 5 Solano had conversations with three universities (JFK, Brandman and Touro) to address a shortage of social workers locally. Further discussions revealed that the issue may be larger than just a lack of social workers, and may impact the entire human service field. Additional research is being gathered to determine the best way to approach provider workforce needs in the county.	
Increase organizational capacity of local non-profits serving young children and linguistic competency of providers.  Identify the functions that non-profits feel most hinder their efficiency and	First 5 Solano conducted an initial survey with the leadership of non-profit partners who contract with First 5 Solano about their greatest needs for organizational capacity. First 5 Solano and the QRIS regional hub also conducted a survey to determine the greatest needs for coaching and professional development as it relates to delivering quality early learning experiences.	
effectiveness  Explore creating pool of shared resources that multiple non-profits can draw from  Seek resources to build capacity of local	First 5 Solano and its partners explored the use of Management Service Organizations or Administrative Consolidations. The workgroup (a subset of non-profit leadership) ultimately decided this structure was not a fit for any agencies. Therefore, First 5 Solano decided to not proceed further with this activity.	
nonprofits.	In Spring 2017, First 5 Solano secured a \$40,000 grant from the Zellerbach Family Foundation to offer local non-profit leaders the opportunity to attend the Fundraising and Volunteer Management Program, offered through UC Berkeley Extension	
Increase cross-training.	First 5 Solano convened a Bridges Out of Poverty training session. This training engaged 85 providers to help them better understand and	
Create a pool of trainers in topics relevant to several sectors	empathize with families living in poverty and to support their work with families as partners in creating more culturally cognizant solutions for their lives.	
<ul> <li>Coordinate Train-the-Trainer sessions.</li> <li>Create a shared training calendar and coordinate training needs across multiple sectors.</li> </ul>	Multiple Advancing Racial Equity training sessions were held. The training, a sponsored program of Solano County Health and Social Services, was so well received, that the Department of Child Support Services (who sent representation to the First 5 Solano-hosted training) decided to provide the training to their entire staff.	

Desired Result 13: Systems are expanded with leveraged or new financial resources		
Planned Strategies	Year 1 Progress	
<ul> <li>Find new funding for services.</li> <li>Share the Foundation Giving report with Bay Area funders and learn what they feel it will take to make Solano a more competitive applicant for funding.</li> <li>Increase grant-seeking activity of non-profits serving young children and their families (e.g., make better use of First 5 Solano's grant-writing fund, provide training on grant-writing).</li> </ul>	First 5 Solano and its partners developed a Funders Packet that consisted of a summary of the Foundation Giving report as well as county data snapshot, and profiles for four broad outcome areas that listed the needs, existing assets, and funding opportunities. In Fall 2016, First 5 Solano and other public agency leaders provided the packet in a presentation to the Northern California Grantmakers forum.  The Foundation report was also shared with the Board of Supervisors, the Commission, Solano Kids Thrive Collective Impact group, and leadership of First 5 Solano partners.  First 5 Solano extended invitations to funders to attend local events; as a result of the invitation to attend the Children's Policy Forum, The Children's Network was able to apply for and secure a \$100,000 grant	
	from the Walter S. Johnson Foundation to develop a Youth Leadership Council.  First 5 Solano provided support for the submission of 9 letters of interest or applications to grantmakers for a total of \$3,207,545. Of these, two grants were awarded to Solano County partners in the amount of \$652,000. In addition, two applications are pending final funding announcements.	
<ul> <li>Find alternative ways to fund services.</li> <li>The Affordable Care Act may cover the cost of developmental screenings.</li> <li>School district early education funding could possibly be accessed to help support the Commission's Priority of Early Childhood Learning and Development.</li> </ul>	First 5 Solano developed project plan for implementation of developmental screenings in primary care settings and met with community clinics to discuss project feasibility. The plan was negotiated and agreed upon with county community clinics, and will be completed in FY2017/18. This will significantly increase the number of children screened.  First 5 Solano reviewed all Solano LCAP plans, targeted 2 largest school districts, met with both school districts and presented information on the importance of ECE.  First 5 Solano provided a small grant to the Vacaville Family Resource Center to collaborate with Supplybank.org to receive and distribute Diaper Kits to 200 low income families.	
Promote more efficient use of existing resources.	N/A - Year 2 activity.	

Planned Strategies	Year 1 Progress
Identify systemic "hot spots, "and address places where there is the greatest fragmentation as families move between systems.	First 5 Solano (in partnership with Health and Social Services and Child Support Services) created the Children and Youth Leadership Council (CYLC), a team of Department Heads that convene to identify and address systemic barriers to services for children and youth. To set the stage for action, in Fall 2016, First 5 Solano and Applied Survey Research presented a data profile of children and youth countywide. Next, the CYLC facilitated data sharing between Child Support and H&SS, and worked on increased coordination and communication around youth involved in both Child Welfare and Probation.
	First 5 Solano provided a small grant to Child Haven to support integration of their new Vallejo facility with other local agencies providing services in the area.
Use Solano Kids Thrive Collective Impact Initiative and Help Me Grow Solano to increase service integration.	A survey was conducted of SKT members, to identify where SKT has been successful and where SKT should head. SKT has been most successful at a range of collective impact activities, such as garnering commitment to a Common Agenda, expanding awareness of services and resources for children, and improving or maintaining the quality of existing services. SKT has improved members' understanding of how interconnected county agencies are, which helped them to consider how they might collaborate with other partners, and helped them think more systematically about services for children and families. Bringing together diverse stakeholders and exchanging information and knowledge at meetings helped secure these wins, according to respondents.
	The same survey also revealed that the initiative has been less successful at generating new policies, laws, or regulations, increasing public awareness and community support for child outcomes, improving service integration and alignment, and improving the sustainability of services.
	When considering these areas for improvement and the future of SKT, several members said that they wanted to see the group commit to greater service coordination, information sharing, and interagency support and promotion in the future. For FY2017/18, the SKT team leadership team will coalesce around a single issue that underlies almost all of the community indicators on which SKT is focused: trauma and resiliency.
Explore feasibility of a common intake form or intake questions.	The CYLC is working on a Universal Informed Consent Form to be utilized both across departments as well as with the Office of Education, and eventually to include county contractor partners. The universal consent form is a necessary step prior to development of common intake questions, so the information collected can be utilized in a way to facilitate the best service for the clients
Promote communication between systems.	N/A - Year 2 activity.
Promote communication within systems.	N/A - Year 2 activity.

Desired Result 15: Systems are sustained with legislative and policy changes.		
Planned Strategies	Year 1 Progress	
Update lawmakers with briefings about the most pressing needs of Solano children.	First 5 Solano interviewed a local lawmaker's chief of staff to seek advice on the best approach to begin and sustain effective relationships with policymakers. First 5 Solano also researched local lawmakers and their areas of interest, and developed an outreach plan.	
Create and/or support coordinated policy agendas.	First 5 Solano reviewed multiple legislative platforms, including platforms from Solano County, First 5 California, First 5 Association, and Children Now. First 5 Solano adopted the 2017 First 5 Solano Legislative Platform to assist in acting nimbly in responding to requests for letters of support/opposition.	
	First 5 Solano provided small grants to both Solano Family & Children's Services and Children's Network to aid with support of AB377. First 5 Solano also provided letters of support/oppose based upon individual legislation.	
Pursue Board of Supervisor's adoption and use of Child Impact Statements.	N/A – not pursued.	

Overall, First 5 Solano adopted an ambitious action to plan to address four desired results for systems change in Solano County, and made progress in each of these results. Staff were assigned to lead specific tasks, and a project tracker helped them log activities and successes. Along the way, staff rearticulated and refined the original action plan to reflect the changes that were most feasible and meaningful. These changes and refinements are reflected in the Systems Change Measurement Plan for FY2017/18.



### **Internal Programs**

In addition to the Programs that fit directly under one of the Commission's 4 Priority Areas, the Commission has a variety of special funds and internally run programs that are funded to support any of the priority areas under the Commission's Strategic Plan.

#### **Community Engagement**

First 5 Solano Community Engagement activities support proactive, consistent and clear communication about the programs and services offered by First 5 Solano grantee partners and engage the broader Solano County community in the importance of efforts to improve the lives of children ages 0-5.



Internal Community engagement activities included:

- Establishing community partnerships and promoting collaboration including Help Me Grow efforts.
- Developing and implementing strategies to keep parents, grantee and community stakeholders informed about First 5 Solano activities and programs.
- Developing and spreading community information through local radio public service announcements, and distributing 20,000 First 5 Solano informational calendars.
- Customizing and distributing outreach materials promoting First 5 Solano and Help Me Grow Solano to include over 500 Help Me Grow bookmarks in English and Spanish, 500 band aid holders, 400 baby keys, 300 forehead thermometers and numerous other items.
- Distribution of Kit for New Parents. Kits are provided by First 5 California-funded program and "customized" with up to 3 items by our local Commission. In FY2016-2017, 1,975 Kits were distributed and approximately 30% of Kits distributed were in Spanish.

#### Community Events included:

- Hosted the Giant Sandbox at the Solano County Fair and included support of volunteers from First 5 Solano Commissioners and Grantees.
- Cohosted a Quality Rating and Improvement System launch event.
- Brought the First 5 CA Express Van to provide their interactive exhibit at the Solano County Family Justice Center Health Fair and the Vallejo's farmers market.
- Supported the Grand Opening of the Beck Ave Head start center.
- Provided a workshop presenter for "Healthy cooking with Kids" at the Food Oasis.





In addition, Community Engagement grants of up to \$300 each totaling \$5,965 were disbursed to 20 local agencies. Details of each event are as follows:

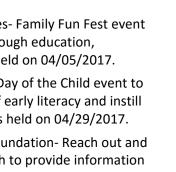
- Emmanuel Arms Community, Inc. National Night Out resource fair for the community held on 08/02/2016.
- A More Excellent Way –World Breast Feeding Week Celebration held on 08/07/2016.
- Travis Air Force Base Fire Department Fire Prevention Week for young children and their parents during the week of 10/11/2016-10/14/2016.
- 4. Matrix Parent Network & Resource Center- Holiday Event to support children with disabilities by visiting the Silveyville tree farm held on 12/09/2016.
- 5. Benicia Mom's Group Early Education Fair to educate parents/guardians about preschool and child development activities available for children 0-5 held on 01/14/2017.
- 6. Solano County Public Health- Equity in Birth Outcomes event to improve access to prenatal care held on 02/02/2017.
- 7. A More Excellent Way Community Baby Shower for pregnant mothers and their families held on 02/15/2017.
- Suisun City Police Department-"Police Tales" program to develop positive interactions between preschool children and police officers through a reading program. Kick off held on 03/6/2017.
- The Doula Bar-Family and Lifestyle Expo to provide education and resources to expectant mothers held on 03/25/2017.
- 10. Dixon Family Services- April Community Outreach event to increase awareness of child abuse prevention kick off held on 04/03/2017.
- 11. Child Haven Inc. Pinwheels for prevention event to kick off Child Abuse Prevention Month held on 04/04/2017.



- 12. Friends of Family Services- Family Fun Fest event to honor military families through education, resources and fun activities held on 04/05/2017.
- 13. Solano County Library –Day of the Child event to emphasize the importance of early literacy and instill children with a love for books held on 04/29/2017.
- 14. Solano County Library Foundation-Reach out and Read event at La Clinica North to provide information about story times and library activities held on 04/29/2017.
- 15. Solano Community College-Touch a Truck event to provide an educational experience for children and their families the opportunity to explore campus

vehicles and how they work held on 05/05/2017.

16. Solano County Resource Family Association-Parent Appreciation dinner for relatives, caregivers, providers and foster/adoptive parents to connect with each other and community resources held on 05/12/2017.



- 17. The Learning Tree-Community Carnival to engage the community and provide information about summer activities held on 05/20/2017.
- 18. Team Dixon-Family Swim event to include activities and resources for special needs children and their families held on 06/09/2017.
- 19. Miss Allyson's Preschool- End of year event to provide parent education and summer resources for families held on 06/16/2017.
- 20. Lil Einstein's preschool- End of Year event to provide summer resources and information to encourage activities over the summer held on 06/16/2017.

#### **Co-Sponsorship of Training and Conferences**

The purpose of the Co-Sponsorship of Training and Conferences Fund is to improve the capacity of individuals and organizations in Solano County to serve expectant parents, children birth to five years old and their families. Grants totaling \$11,500 were disbursed to local agencies for four conferences/trainings. Details of each event are as follows:



- A More Excellent Way Health Organization was awarded \$2,500 to provide 20 African American community members and paraprofessionals who serve low-income pregnant women with breastfeeding peer counselor training to support pregnant and postpartum mothers.
- The Solano Napa Association of the Education of Young Children was awarded \$3,000 to provide the 30<sup>th</sup> Annual Solano College Early Childhood Educator Conference to provide continuing education, classroom skills, community resources, and inspiration to teachers and parents.
- Napa Solano SANT/SART was awarded \$3,000 to provide the inaugural Courage Conference: Hope and healing for the Traumatized Child. The conference educated both professionals and parents and caregivers on trauma informed care.
- ZMB Consulting was awarded \$3,000 to provide 2 trainings to childcare providers on working with children with special needs. The focus of the trainings is challenging behaviors and communication. Benicia Unified School District was awarded \$675 to provide preschool and transitional kindergarten teachers with training in handwriting curriculum.

#### **Community Partnerships/Executive Director Fund**

For several years the Commission has approved an annual Community Partnerships/Executive Director's Fund to provide flexibility in meeting community needs. The Commission participated in multiple community partnerships in Solano County in FY2016/17 to serve our target population with small grants from the Executive Director's fund as follows:

- 1. Library Early Learning Corners and Materials Support for the Solano County libraries to purchase age appropriate furniture and interactive toys for early learning corners in libraries across the county. The library also created over 200 SPARK kits with books, puppets, and musical instruments for families to check out.
- Child Haven CARE Clinic Support for equipment for the newly opened CARE clinic at Child Haven, including purchase and installation of a hammock/swing for special needs children.



- 3. Grant-writing support for SANE/SART Support for SANE/SART to write a grant to secure dollars for a trauma recovery center. SANE/SART secured the grant for \$300,000 annually.
- 4. Solano Family and Children's Services Lobby and Soft Room Support for the purchase of furniture and toys to make the lobby family friendly. Also furniture and toys to create a soft room where parents can meet with staff in an open and welcoming environment specially designed for children with special needs.
- 5. Pre-K Academy backpacks and supplies Support for each child attending a Pre-K Academy to receive a backpack filled with school supplies prior to the start of Kindergarten.
- 6. WIC Fairfield Lobby Revamp Support for WIC to redo their wall mural at their Fairfield office, including an activity table with the matching sea life theme.



#### **Summary/Conclusion**

First 5 Solano's FY2016/17 funded Priority Areas, programs and services were overall highly successful and effective. First 5 grantees, Commissioners, staff and community are to be commended for their diligent and committed work for Solano's youngest and most vulnerable children and their families.

Staff continue to work closely with grantees and other partners to support execution of the 2016 First 5 Solano Strategic Plan Update through the implementation of programs and services. In addition, First 5 Solano began working closely with its partners through its systems change action plan to identify ways to strengthen the early childhood system, as well as continue funding the valuable services in the community with a declining funding stream. Altogether, these components serve to position First 5 Solano and its grantees as community leaders in continuing to build, strengthen, sustain and expand an effective and accountable early childhood system for Solano County.



#### **Attachment A**

**Table 1: Summary of FY2016/17 Performance Measures** 

**Summary of FY2016/17 Performance Measures** (July 1, 2016 – June 30, 2017)

	Performance Measures		
Grantee	Total Number	Number Met/ Exceeded	Number Unmet
Early Childhood Developme	ntal Health Init	iative	
Solano County H&SS EPSDT	2	1	1
PEAK - Child Haven	8	5	3
PEAK - Uplift Family Services	3	2	1
PEAK - Solano Family & Children's Services	12	7	5
PEAK - Child Haven Jail Services	6	6	0
Children's Health/Pre	natal Initiative		
Solano Coalition for Better Health	4	4	0
Quality Child Care	Initiative		
Solano County Office of Education - IMPACT	10	9	1
Child Start - Head Start Wrap-around Care	5	4	1
Family Support	Initiative		
Benicia Police Department	12	9	3
Dixon Family Services	10	6	4
Fairfield-Suisun USD	12	11	1
Fighting Back Partnership	12	7	5
Rio Vista CARE	12	10	2
Vacaville Police Department	12	11	1
H&SS Public Health Nurse/CWS Social Worker	11	11	0
Total	131	103	28



County: Solano Tuesday, September 26, 2017

Revenue Detail	
Tobacco Tax Funds	\$3,371,579
Small County Augmentation Funds	\$0
IMPACT	\$114,993
Other Funds	\$336,237
Other Funds Description	Mental Health Services Act Charges for services provided IMPACT Hub reimbursement
Grants	\$0
Grants Description	
Donations	\$9,525
Revenue From Interest Earned	\$66,782
Total Revenue	\$3,899,116

Improved Family Functioning	
Community Resource and Referral	\$139,838
Distribution of Kit For New Parents	\$0
Adult and Family Literacy Programs	\$0
Targeted Intesive Family Support Services	\$717,404
General Parenting Education and Family Support Programs	\$55,722
Quality Family Functioning Systems Improvement	\$0
Total	\$912,964



Improved Child Development	
Preschool Programs for 3- and 4- Year Olds	\$0
Infants, Toddlers, and All-Age Early Learning Programs	\$144,000
Early Education Provider Programs	\$49,948
Kindergarten Transition Services	\$183,482
Quality ECE Investments	\$117,562
Quality ECE Investments Description	
Total	\$494,992

Improved Child Health	
Nutrition and Fitness	\$0
Health Access	\$155,270
Maternal and Child Health Care	\$0
Oral Health	\$0
Primary and Specialty Medical Services	\$0
Comprehensive Screening and Assessments	\$198,803
Targeted Intensive Intervention for Identified Special Needs	\$307,388
Safety Education and Injury Prevention	\$0
Tobacco Education and Outreach	\$0
Quality Health Systems Improvement	\$0
Quality Health Systems Improvement Description	
Total	\$661,461

Improved Systems of Care	
Policy and Broad Systems-Change Efforts	\$359,403
Organizational Support	\$409,063
Public Education and Information	\$152,122
Total	\$920,588



Expenditure Detail	
Program Expenditures	\$2,990,005
Administrative Expenditures	\$499,022
Evaluation Expenditures	\$131,250
Total Expenditures	\$3,620,277
Excess (Deficiency) of Revenues Over (Under) Expenses	\$278,839

Other Financing Sources	
Sale(s) of Capital Assets	\$0
Other: Specify Source Below	\$0
Other Description	
Total Other Financing Sources	\$0

Net Change in Fund Balance	
Fund Balance - Beginning July 1	\$8,107,069
Fund Balance - Ending June 30	\$8,385,908
Net Change In Fund Balance	\$278,839

FY Fund Balance	
Nonspendable	\$0
Restricted	\$8,385,908
Committed	\$0
Assigned	\$0
Unassigned	\$0
Total Fund Balance	\$8,385,908



<b>Expenditure Notes</b>		

Result Area 1: Improved Family Functioning (Family Support, Education and Services

Service Area: 13. Community Resource and Referral

#### Reporting Requirements

**TOTAL** 

#### **Population Served**

Children less than 3	247
Children 3 to Five Years	179
Children - Ages Unknown(birth to five years)	0
Parents/Guardians/Primary Caregivers	472
Other family members	69
Providers	0
TOTAL	967

**Total Children** 

426

**Ethnic Breakdown of Population Served** 

(Children and Families)	Children	Parents/Guardians
Alaska Native/American Indian	1	1
Asian	19	20
Black/African-American	105	119
Hispanic/Latino	137	149
Pacific Islander	0	0
White	72	76
Multiracial	45	48
Russian	0	0
	0	0
Other	22	29
Unknown	25	30
TOTAL	426	472

**Primary Language Spoken in the Home** (Children and Families)

(Children and Families)	Children	Parents/Guardians
English	338	379
Spanish	78	83
Cantonese	0	0
Mandarin	0	0
Vietnamese	1	1
Korean	0	0
Hmong	3	3
	0	0
Other	2	2
Unknown	4	4
TOTAL	426	472

Result Area 1: Improved Family Functioning (Family Support, Education and Services

Service Area: 17. Targeted Intensive Family Support Services

#### Reporting Requirements

**TOTAL** 

#### **Population Served**

Children less than 3 Children 3 to Five Years Children - Ages Unknown(birth to five years) Parents/Guardians/Primary Caregivers Other family members **Providers TOTAL** 

493	
356	
0	
910	
548	
22	
2329	

**Total Children** 849

### **Ethnic Breakdown of Population Served**

(Children and Families) Alaska Native/American Indian Asian Black/African-American Hispanic/Latino Pacific Islander White Multiracial Other/Unknown **TOTAL** 

#### Parents/Guardians Children

6	8
23	26
218	229
314	358
2	5
181	214
79	41
26	29
849	910

#### **Primary Language Spoken in the Home** (Children and Families)

**English** Spanish Cantonese Mandarin Vietnamese Korean Other Unknown **TOTAL** 

#### Parents/Guardians Children

677	684
164	214
0	2
0	2
1	1
0	0
7	7
0	0
849	910

Result Area 1: Improved Family Functioning (Family Support, Education and Services

Service Area: 18. General Parenting Education and Family Support Programs

#### Reporting Requirements

**TOTAL** 

#### **Population Served**

Children less than 3 Children 3 to Five Years

Children - Ages Unknown(birth to five years)

Parents/Guardians/Primary Caregivers

Other family members

Providers

**TOTAL** 

36
30
0
70
59
2
197

**Total Children** 

66

### Ethnic Breakdown of Population Served (Children and Families)

Alaska Native/American Indian

Asian

Black/African-American

Hispanic/Latino

Pacific Islander

White

Multiracial

Other/Unknown

**TOTAL** 

Children	Parents/Guardians

0
0
16
28
0
11
9
2
66

0
0
18
33
0
14
4
1
70

### Primary Language Spoken in the Home (Children and Families)

English

Spanish

Cantonese

Mandarin

Vietnamese

Korean

Other

Unknown

**TOTAL** 

#### Children Parents/Guardians

51
15
0
0
0
0
0
0
66

51	
19	
0	
0	
0	
0	
0	
0	
70	

Result Area 2: Improved Child Development (Child Development Services)

Service Area: 26. Infants, Toddlers, and All-Age Early Learning Programs

#### Reporting Requirements

**TOTAL** 

#### **Population Served**

Children less than 3

Children 3 to Five Years

Children - Ages Unknown(birth to five years)

Parents/Guardians/Primary Caregivers

Other family members

**Providers** 

**TOTAL** 

0
50
0
56
24
0
130

**Total Children** 

50

### Ethnic Breakdown of Population Served (Children and Families)

Alaska Native/American Indian

Asian

Black/African-American

Hispanic/Latino

Pacific Islander

White

Multiracial

Other/Unknown

**TOTAL** 

#### Children Parents/Guardians

Ominaren
0
2
11
2
0
8
8
19
50

### Primary Language Spoken in the Home (Children and Families)

English

Spanish

Cantonese

Mandarin

Vietnamese

Korean

Other

Unknown

**TOTAL** 

#### Children Parents/Guardians

37
13
0
0
0
0
0
0
50

37	
19	
0	
0	
0	
0	
0	
0	
56	

Result Area 2: Improved Child Development (Child Development Services)

Service Area: 27. Early Education Provider Programs

#### Reporting Requirements

**TOTAL** 

#### **Population Served**

Children less than 3	17
Children 3 to Five Years	15
Children - Ages Unknown(birth to five years)	0
Parents/Guardians/Primary Caregivers	105
Other family members	2
Providers	90
TOTAL	229

Total Children

Ethnic Breakdown of Population Served

(Children and Families)	Children	Parents/Guardians
Alaska Native/American Indian	0	1
Asian	1	5
Black/African-American	7	19
Hispanic/Latino	11	64
Pacific Islander	0	0
White	6	16
Multiracial	2	0
Russian	0	0
	0	0
Other	0	0
Unknown	5	0
TOTAL	32	105

Primary Language Spoken in the Home (Children and Families)

(Children and Families)	Children	Parents/Guardians
English	27	79
Spanish	5	26
Cantonese	0	0
Mandarin	0	0
Vietnamese	0	0
Korean	0	0
Hmong	0	0
	0	0
Other	0	0
Unknown	0	0
TOTAL	32	105

Result Area 2: Improved Child Development (Child Development Services)

Service Area: 28. Kindergarten Transition Services

#### Reporting Requirements

**TOTAL** 

#### **Population Served**

Children less than 3
Children 3 to Five Years
Children - Ages Unknown(birth to five years)
Parents/Guardians/Primary Caregivers
Other family members
Providers

Providers TOTAL

0	
388	
0	
388	
0	
0	
776	
	388 0 388 0 0

**Total Children** 

388

### Ethnic Breakdown of Population Served (Children and Families)

Alaska Native/American Indian

Asian

Black/African-American

Hispanic/Latino

Pacific Islander

White

Multiracial

Other/Unknown

**TOTAL** 

Children	F

### Parents/Guardians

0
0
0
0
0
0
388
388

### Primary Language Spoken in the Home (Children and Families)

English Spanish Cantonese

Mandarin Vietnamese

Korean

Other Unknown

TOTAL

#### Children

#### Parents/Guardians

0
0
0
0
0
0
0
388
388

Result Area 2: Improved Child Development (Child Development Services)

Service Area: 29. Quality ECE Investments

#### Reporting Requirements

**TOTAL** 

#### **Population Served**

Children less than 3

Children 3 to Five Years

Children - Ages Unknown(birth to five years)

Parents/Guardians/Primary Caregivers

Other family members

**Providers** 

**TOTAL** 

0
0
0
0
0
43
43

#### **Total Children**

0

### Ethnic Breakdown of Population Served (Children and Families)

Alaska Native/American Indian

Asian

Black/African-American

Hispanic/Latino

Pacific Islander

White

Multiracial

Other/Unknown

**TOTAL** 

#### Children Parents/Guardians

0
0
0
0
0
0
0
^

0

### Primary Language Spoken in the Home (Children and Families)

English

Spanish

Cantonese

Mandarin

Vietnamese

Korean

Other

Unknown

**TOTAL** 

#### Children Parents/Guardians

0	
0	
0	
0	
0	
0	
0	
0	
0	

	0
	0
	0
	0
	0
	0
·	0
·	0
·	0
	0

Result Area 3: Improved Health (Health Education and Services)

Service Area: 34. Health Access

#### Reporting Requirements

**TOTAL** 

#### **Population Served**

Children less than 3 Children 3 to Five Years Children - Ages Unknown(birth to five years) Parents/Guardians/Primary Caregivers Other family members **Providers** 

**TOTAL** 

681	
157	
0	
189	
0	
0	
1027	
	157 0 189 0

0

1 2

158

0

24 0

4

189

**Total Children** 

838

#### **Ethnic Breakdown of Population Served** (Children and Families)

Alaska Native/American Indian Asian Black/African-American Hispanic/Latino Pacific Islander White Multiracial Other/Unknown

**TOTAL** 

Children	Parents/Guardians
Oa. o	i ai oiito, o aai aiaiio

Omiarch	i di ciitt
0	
16	
27	
509	
0	
84	
86	
116	
838	

#### **Primary Language Spoken in the Home** (Children and Families)

**English** Spanish Cantonese Mandarin Vietnamese Korean Other Unknown **TOTAL** 

#### Parents/Guardians Children

Result Area 3: Improved Health (Health Education and Services) Service Area: 39. Comprehensive Screening and Assessments

#### Reporting Requirements

**TOTAL** 

#### **Population Served**

Children less than 3 Children 3 to Five Years Children - Ages Unknown(birth to five years) Parents/Guardians/Primary Caregivers Other family members **Providers TOTAL** 

192	
213	
3	
494	
0	
53	
955	

**Total Children** 408

### **Ethnic Breakdown of Population Served**

(Children and Families) Alaska Native/American Indian Asian Black/African-American Hispanic/Latino Pacific Islander White Multiracial Other/Unknown **TOTAL** 

Children	Parents/Guardians	
2	3	
13	12	
82	95	
142	202	
4	5	
94	102	
36	28	
35	47	
408	494	

#### **Primary Language Spoken in the Home** (Children and Families)

**English** Spanish Cantonese Mandarin Vietnamese Korean Other Unknown **TOTAL** 

Children	
317	
90	
0	
0	
0	
0	
1	
0	
408	

358
134
0
0
0
0
1
1
494

Parents/Guardians

Result Area 3: Improved Health (Health Education and Services)

Service Area: 40. Targeted Intensive Intervention for Identified Special Needs

#### Reporting Requirements

**TOTAL** 

#### **Population Served**

Children less than 3 Children 3 to Five Years Children - Ages Unknown(birth to five years) Parents/Guardians/Primary Caregivers Other family members **Providers TOTAL** 

124	
217	
10	
377	
2	
0	
730	
	217 10 377 2 0

**Total Children** 351

### **Ethnic Breakdown of Population Served**

(Children and Families) Alaska Native/American Indian Asian Black/African-American Hispanic/Latino Pacific Islander White Multiracial Other/Unknown **TOTAL** 

Children	Parents/Guardian	s
	40	7

7	10
6	5
88	102
96	112
9	11
87	97
49	24
9	16
351	377

#### **Primary Language Spoken in the Home** (Children and Families)

**English** Spanish Cantonese Mandarin Vietnamese Korean Other Unknown **TOTAL** 

Children	Parents/Guardians

289	313
57	61
0	0
0	0
0	0
0	0
0	0
5	3
351	377

## Most Compelling Outcomes Result Area 2: Early Childhood Learning and Development School Readiness

#### Most Compelling Outcome

Pre-Kindergarten Academies provided children who have not had other pre-school or school readiness programs an opportunity to develop skills to help them start school ready to learn.

In FY2016/17, 392 children attended Pre-K Academies. Pre-K Academies reported 58% of children as having no prior preschool experience.

Post assessments showed that 36% of children were "Ready to Go" by the end of Pre-K Academies, a 22% increase from the 14% at the start of the 4-week program. Another 43% were recommended for quarterly monitoring indicating that they may just have one or two key areas which require additional follow up for a total of 79% of the children ready or nearly ready for Kindergarten.

The biggest gains were in the areas of "Seeks adult help when appropriate" (54% at pre; 81% at post) and "Exhibits impulse control and self-regulation" (52% at pre; 75% at post).

#### Benchmark/Baseline Data

In FY2016/17, 79% of children attending Pre-K Academies achieved classifications of Quarterly Monitoring or Ready to Go by the end of the 4-week session, an increase of 30% from the beginning of the 4-week program. This is comparable to the 77% who achieved this status in FY2015/16, showing the program is effective over multiple years.

On individual measures, in FY2015/16, 91% of children engaged in cooperative play with their peers post assessment which increased to 96% in FY2016/17.

#### **Outcome Measurement Tool**

Pre-K Academy teachers receive training on the use of the Kindergarten Student Entrance Profile (KSEP), prior to the start of the Pre-K session.

Using this evidence based tool allows measurement of the success of the Pre-K academies across our county and in different demographic areas.

## Most Compelling Outcomes Result Area 1: Health and Well Being Children's Health insurance

#### Most Compelling Outcome

According the Children Now's 2016-17 California County Scorecard, Solano was rated #1 out of California counties in number of children enrolled in health insurance for the entire year, with virtually 100% enrollment.

Contributing to this, in FY2016/17, Solano Coalition for a Better Health's Solano Kids Insurance Program (SKIP) enrolled over 180 pregnant moms and 366 hard to reach children ages 0-5 in Solano County in appropriate health insurance. A special focus was ensuring 100% of children enrolled in child development centers located at elementary schools had health insurance.

#### Benchmark/Baseline Data

In 2013, Solano's rate of health insurance enrollment for children ages 0-5 was 93.9%. This increased to 98.5% in 2014.

#### Outcome Measurement Tool

Rates of health insurance enrollment for kids is based on the California Health Interview Survey (CHIS) and the US Census American Community Survey.

### Improved Systems of Care Policy and Broad Systems Change Efforts

#### Who was the primary audience for the service?

The audience for First 5 Solano's system change efforts are providers of early childhood services and others that contribute to the systems in Solano that impact children, such as higher education providers, policy-makers, and local government.

#### What types of services were provided?

The overarching goal of First 5 Solano's System Change Action Plan is to implement efficiencies and maintain or expand services for early childhood services as program funding is declining.

Services were provided in a wide variety of ways, including engaging cross-sector partners to increase collaboration and integration, providing training and technical assistance, seeking new financial resources, and developing a legislative platform.

What was the intended result of the service? What was the community impact of the service?

- Intended Result: Systems are Strengthened
   Secured a grant from the Zellerbach Foundation for non-profit leaders to participate in an intensive UC Berkeley Extension training in Fundraising & Volunteer Management.
- Intended Result: Systems are Expanded
  Provided fund development support for 7 grant applications for a total of \$2,707,545. Two grants were awarded to Solano County partners in the amount of \$652,000. Two applications are pending final funding announcements.
- Intended Result: Systems are Integrated
   Collaborated to form the Child and Youth Leadership Council, a team of County
   Department Heads who identify and address systemic barriers to service. The council
   created a data sharing agreement between Child Support and H&SS, and is coordinating
   to better serve youth involved in both Child Welfare and Probation.
- <u>Intended Result: Systems are Sustained</u>
  Developed a Legislative Platform, and provided two grants to local non-profits to support specific legislation.

### Improved Systems of Care Organizational Support

Who was the primary audience for the service?

The primary audience for organizational support is providers of early childhood services and community partners.

What were the types of services provided?

In FY2016/17, First 5 Solano hosted two trainings to increase understanding of issues impacting children and families in Solano:

Bridges Out of Poverty – 85 community partners attended a workshop on understanding the culture of poverty.

Advancing Racial Equity – In partnership with Solano County H&SS and the Government Alliance on Race & Equity, First 5 Solano offered trainings on addressing racial inequities. A total of 78 community partners attended three small group trainings.

What was the intended result of the service? What was the community impact of the service?

The intended result was to bring awareness of the challenges faced by families and provide early childhood service providers and community partners a better understanding of hardships that clients encounter, so they can then take measures to strengthen their practices.

Impacts of the specific trainings:

Bridges Out of Poverty – The training provided strategies for improving outcomes of individuals living in poverty. Small group discussions helped attendees see how the class in which they were raised affects perceptions they may bring into the workplace when working with clients and families.

Advancing Racial Equity – Participants gained an awareness of the history of race, implicit and explicit bias, and individual, institutional, and structural racism and how this affect health, community engagement, employment, and a range of other issues. The training increased attendees' understanding of how their organization can change practices for ensuring race equity.

### Improved Systems of Care Public Education and Community Information Dissemination

Who was the primary audience for the service?

The First 5 Solano Community Engagement and Communications plan includes parents and caregivers, community partners, policy makers and the public.

What were the types of services provided?

Outreach and engagement services include:

- Promoting Help Me Grow Solano
- Developing and spreading community information via the website, radio pubic services announcements, an annual calendar, and other venues
- Customizing and distributing outreach materials promoting First 5 Solano and Help Me Grow Solano
- Participating in Community Events
- Distribution of customized Kit for New Parents
- Award of community engagement grants of up to \$300 each

What was the intended result of the service? What was the community impact of the service?

Community engagement efforts allow First 5 Solano and our partner organizations to connect to parents, providers and the community in ways that are fun, educational and safe. The community impacts were that parents, residents and businesses better understand and support positive early childhood experiences and First 5 Solano's mission and programs.

\$5,965 in Community Engagement grants was dispersed for a variety of activities including April Children's month celebrations, accessible events for special needs children, health and fitness activities, and more.

Messaging was provided through on-line radio streaming, local radio station, and our website. Over 20,000 2017 calendars containing community information and featuring Solano County families were distributed. First 5 Solano provided a Giant Sandbox at the Solano County Fair and the First 5 CA Express Van attended the Family Justice Center Health Fair. Customized New Parent Kits were distributed to 1,975 families in Solano County.

## County Evaluation Summary - Solano First 5 CA Annual Report Submission 3 – Evaluation Activities Completed

**a. AR3 Evaluation Activities Completed** Description of Evaluation Activities Completed during FY2016/17.

First 5 Solano and its local evaluator, Applied Survey Research (ASR) engaged in variety of evaluation activities in FY2016/17, including:

- FY2015/16 Annual Report to First 5 California: In October 2016, the Commission received and authorized the statutorily-required First 5 Solano submission to First 5 California for its annual report to the Governor/Legislature.
- Presentation on Community Indicators by Result Area: Updated and presented the Solano County community indicators to the Commission for review during the annual review of the First 5 Solano Strategic Plan.
- Systems Change Evaluation: First 5 Solano began the first year of implementation of its Systems Change Plan in FY2016/17. ASR conducted an evaluation of the first year of activities and drafted a measurement plan for FY2017/18.
- 2016 Pre-Kindergarten Academy Report: The Commission produced a report on the children that participated in the Pre-Kindergarten Academies during the summer of 2016. 392 children with little or no prior preschool experience attended and were evaluated using the Kindergarten Student Entrance Profile (KSEP) at entrance and exit of a four-week Pre-Kindergarten Academy.
- Help Me Grow Evaluation: During FY2015/16, an evaluation of the local Help Me Grow was conducted by ASR providing valuable insight into best practices, common challenges and solutions, and service data as compared to other CA Help Me Grows. The evaluation report was finalized and presented to the Commission in FY2016/17.
- Reports: The Commission received informational reports including:
  - o In August 2016, the Commission received a report on foundation giving in the bay area entitled Foundation Giving in Solano County and the Bay Area: Who Winds, and Who's Left Behind. The report was commissioned by the Solano County Board of Supervisors and coordinated by First 5 Solano.
  - o In October 2016, the Commission received a presentation on the Community Health Needs Assessment of the Solano County Health Service Area. The report was produced through a partnership of local hospitals and public health to set community health priorities in Solano.
- Ongoing Technical Assistance and Management of Evaluation Processes and Systems: First 5 Solano staff in conjunction with ASR provided ongoing technical assistance to all current and newly-funded First 5 Solano grantees and initiative partners, to maintain and manage the evaluation processes in place and measure progress toward target objectives.
- **b.** AR-3 Evaluation Findings Reported (Description of evaluation findings reported during the fiscal year)
  - Pre-Kindergarten Academies: Overall, as in years past, the results of the 2016 Pre-Kindergarten Academies are positive. 392 children attended and 345 completed both a pre and a post KSEP assessment. Aggregated post assessments show gains in all

components of the Social/Emotional and Cognitive scales of the KSEP which demonstrates that children benefited from this short, targeted program to help them become ready for school. Post assessments show that 36% of children were "Ready to Go" by the end of Pre-K Academies, up from 14% at the start of the 4-week program. Another 43% were recommended for quarterly monitoring indicating that they may just have one or two key areas which require additional follow up. The most significant increase for social emotional items was "seeks help when appropriate." The most significant increase for cognitive items was "child writes own name."

- Help Me Grow Evaluation: The evaluation found that Help Me Grow Solano had high call/referral rates compared to other Help Me Grow affiliates, with the most common concerns being related to behavior or communication and the most common referral being for developmental screening. Solano has moderate success at connecting families to services, with referrals to preschool or childcare being the most challenging for parents to secure. Lesson learned include: the need to diversify funding, provide call center staff with additional training, continue to regularly outreach to providers, reach high-need populations through community partners, build cultural and linguistic capacity, and focus on collecting complete and accurate data.
- Foundation Giving: This study found that Solano receives just \$3 per capita in foundation giving, by far the lowest in the Bay Area region. The study also found over the last 10 years, Solano has received the lowest number of foundation grants and the lowest amount of overall foundation dollars in the Bay Area region. While philanthropic activity in the Bay Area had increased 37% over the last 10 years, giving in Solano has remained stagnant. Meanwhile, Solano County has the highest percent of families living in poverty and residents' reliance on government assistance programs has doubled, from 14% in 2006 to over 29% in 2016.
- **c.** AR-3 Policy Impact of Evaluation Results (Description of the policy impact of the evaluation results)
  - Continued Funding of Pre-Kindergarten Academies: The Commission continues to put a high value on Pre-Kindergarten Academies and continues to fund Pre-K Academies at \$200,000 annually.
  - **Help Me Grow:** The results of the evaluation report will assist in improving the local program during the upcoming year.
  - Foundation Giving: First 5 Solano participated on a panel coordinated by Northern California Grantmakers to share the Foundation Giving Report with bay area foundations. This has turned into conversations both with specific foundations interested in funding in Solano and as a group dialog on how to support increased giving in Solano. Through conversations with First 5 Solano grantees, a funder packet was developed to share with foundations on the needs in Solano. In June 2017, First 5 Solano received a grant from Zellerbach Family Foundation to conduct a Solano cohort of the UC Berkeley Professional Program in Fundraising and Volunteer Management for 25 nonprofit leaders to take place fall 2017.



**DATE:** September 27, 2017

**TO:** First 5 Solano Commission

**FROM:** Erin Hannigan, Systems and Policy Committee Chair

By: Megan Richards, Deputy Director

**CC:** Michele Harris, Executive Director

SUBJ: Systems and Policy Committee Staff Report

#### **Background**

Over the last 2 years, the Commission, staff, and community partners have been working together toward addressing the Commission's fiscal cliff and bringing annual expenditures in line with annual revenues. At its August 2017 meeting, the Commission directed staff to prepare funding cycle recommendations based upon a budget of \$3.4 million annually, which is a decrease of approximately \$700,000 annually. To inform the decision-making process, staff reviewed the Commission's current Program Investment Plan, taking into account those areas that have already been reduced in previous funding cycles. Staff requested that Applied Survey Research (ASR) provide assessments of the 2 areas in the Commission's portfolio that were lowest ranked in the 2015 prioritization process, have yet to be reduced, and are large enough to achieve the necessary reduction: Early Childhood Mental Health and Family Support & Parent Education. This staff report addresses the Early Childhood Mental Health Needs Assessment, which is attached to this staff report (Attachment A).

#### **Early Childhood Mental Health Needs Assessment**

The Commission currently allocates \$610,000 annually for Early Childhood Mental Health Services in its Program Investment Plan. This is matched by \$600,000 of Mental Health Services Act funds. The strategies that are implemented include training for parents and providers, home-based developmental screenings, and mental health treatment. Recently, the Commission allocated one-time funds of \$300,000 to integrate developmental screenings into 3 primary care clinic sites in Solano. This one-time investment will standardize screenings in the clinic site, increase the number of screenings completed from 300 to over 7,000 annually, and require a small ongoing cost that will be covered by the primary care clinic.

The attached report sought to answer the following questions to inform the Commission's decision-making regarding future investments in this arena:

- What is the prevalence of early childhood mental health (ECMH) problems in Solano County? How does this compare to the state and the nation overall? Has the prevalence changed in recent years?
- Where are young children in Solano County with ECMH needs identified?
- What are the challenges and barriers to screening in Solano County?
- Where are young children in Solano County with ECMH needs served?
- What are the challenges and barriers to ECMH services in Solano County?
- Given limited resources and what is already available in Solano County's ECMH system, what are the best strategies, programs, or approaches partners can undertake to best meet the developmental and mental health needs of young children in the county?

The attached report addresses the above questions and provides recommendations on how the Commission may use its limited funding to make the most impact. Staff will be considering this information when making recommendations to the Commission on funding levels and strategies to achieve the Commission's results in its Strategic Plan for the upcoming funding cycle.

#### **Committee Discussion**

The Systems and Policy Committee reviewed the draft report at their meeting on September 20, 2017. The Committee discussed the findings and recommendations from the report and thought it was comprehensive in nature and would assist the Commission in making upcoming funding decisions. The Committee recommended to forward the report to the full Commission for information and discussion.

Attachment A: Solano Early Childhood Mental Health Report

Attachment B: Presentation

# Solano County Early Childhood Mental Health Needs Assessment 2017

**Applied Survey Research** 







# **Table of Contents**

Executive Summary	3
Introduction	4
Background and Purpose	4
Methodology and Research Questions	4
Prevalence of Early Childhood Mental Health Issues	6
National Prevalence	6
Local Prevalence	7
Screening and Early Intervention System in Solano County	9
Screenings	11
ECMH Prevention and Intervention Services	14
Recommended Strategies	18
Conclusion	20
Appendix and Endnotes	21

# **Executive Summary**

The research on early childhood mental health (ECMH) is clear: screening, prevention, and early intervention for social-emotional and developmental problems can prevent a multitude of costly, long-term adverse outcomes for children, their families, and their communities. In order to better understand how First 5 Solano can best utilize its limited resources to improve the mental health outcomes of the county's youngest children, Applied Survey Research (ASR) conducted an assessment of the ECMH needs in Solano County, the availability of services to meet those needs, and the challenges and barriers to accessing services. The assessment included a review of the ECMH research literature, available ECMH prevalence and service data, and key informant interviews with local professionals who have expertise in the county's ECMH system.

According to the 2015 California Health Interview Survey (CHIS), 15% of children 0-5 in California had an identified mental health or developmental concern, while 14% had been referred to a developmental or mental health specialist. The available data suggest that ECMH prevalence rates in Solano County are likely similar to those statewide. However, these prevalence rates may be an underestimate of the true ECMH need, as most communities, including Solano, lack a universal, systematic, and coordinated screening system. Furthermore, even if ECMH concerns are identified through a screening, not all children receive the services they need. Young children in Solano County with ECMH needs are less likely to be identified and treated if they are not connected to the medical and early childhood education systems, or their families' experience other stressors like poverty, face linguistic and cultural barriers to accessing services, fear stigmatization and blame for the child's problems, lack of awareness of the available screening and treatment services, or have difficulty accessing and navigating the service system.

These findings and further discussions with key informants about the best strategies, programs, or approaches partners can undertake to best meet the ECMH needs of young children in the county informed a set of recommendations for investment in Solano's ECMH system. Key informants stated that it critically important to target resources towards the following:

- Screening and prevention services, including universal screenings at primary care offices and/or child care and preschool settings; formal, ongoing mental health and trauma training for providers in these settings; parent education and outreach about the importance of screenings, positive parenting practices, identifying mental health or developmental problems, and the available services in the community.
- Coordination and integration of services, with particular attention to improving coordination between the medical and social service systems.
- **System navigation support**, so that families are given appropriate referrals and the assistance they need to successfully connect to services.

These improvements to the ECMH system in Solano County can help ensure its youngest children achieve optimal social-emotional development.

## Introduction

#### **Background and Purpose**

Healthy social and emotional development in the first years of life is essential for a child's successful transition to school and preventing cognitive, social, and emotional problems later in childhood and adulthood. III norder to ensure young children develop optimally, early childhood mental health (ECMH) screening, prevention, and intervention are essential. The consensus among medical and mental health professionals is that children should be screened for mental health and developmental concerns, at a minimum, at each pediatric visit in the first five years. Iv

Detecting concerns early on and connecting children to needed supports in a timely manner can have critical, long-term implications for the child. For example, receiving early intervention services has been shown to improve cognitive development, language development, and social skills in children with developmental concerns, and improve adjustment to home and school among children exhibiting behavioral problems. Left untreated, mental health problems not only have detrimental lifelong effects on a child's functioning and development, but significant cost implications as well. It is been estimated that the annual cost of mental illness among children and adolescents in the United States is \$247 billion.

With the understanding that optimal mental health and development is important for a child's long-term outcomes, First 5 Solano commissioned Applied Survey Research (ASR) to assess the prevalence of early childhood mental health needs in the county, the availability of services to meet those needs, the challenges and barriers to accessing services, and how partners can best intervene to prevent or ameliorate mental health problems in the community. The findings inform a set of recommendations to help channel First 5 Solano's limited resources into effective and efficient strategies that improve the mental health outcomes of Solano County's young children.

#### Methodology and Research Questions

This assessment utilized information from a variety of sources, including a review of the ECMH research literature, the collection of available prevalence and service data in Solano County, California, and the nation, and key informant interviews with local professionals with expertise in the early childhood mental health field to validate and provide context to the data and recommendations. The key informants included representatives from Help Me Grow Solano, Solano County Child Welfare Services, the Solano County Office of Education, Solano County Behavioral Health, and community-based mental health providers who contract with the county. Data on the prevalence and services for children with mental health and developmental needs were obtained from state and national surveys on health and mental health, Help Me Grow California, the California Department of Education, the North Bay Regional Center, and Solano County Health & Social Services Department, Behavioral Health Division.

These sources were synthesized to answer the following questions:

- What is the prevalence of early childhood mental health (ECMH) problems in Solano County? How does this compare to the state and the nation overall? Has the prevalence changed in recent years?
- Where are young children in Solano County with ECMH needs identified?
- What are the challenges and barriers to screening in Solano County?
- Where are young children in Solano County with ECMH needs served?
- What are the challenges and barriers to ECMH services in Solano County?
- Given limited resources and what is already available in Solano County's ECMH system, what are the best strategies, programs, or approaches partners can undertake to best meet the developmental and mental health needs of young children in the county?

Information about ECMH prevalence and service utilization, along with recommendations for investment in the ECMH system in Solano County, are summarized in the remainder of this report.



# Prevalence of Early Childhood Mental Health Issues

What is the prevalence of early childhood mental health (ECMH) problems in Solano County and how does this compare to the state and the nation overall? Has the prevalence changed in recent years?

Knowing the prevalence of emotional and behavioral disorders in children helps providers and policy makers invest adequate resources into the mental health services needed in their communities. However, there are many challenges to estimating prevalence, including the lack of universal, regular screenings in most communities; the lack of standard, agreed-upon definitions of mental health diagnoses for very young children; and the underutilization of supports and services by parents. Vii

For example, despite widespread consensus in the pediatric and mental health fields that young children should be screened at each health visit, the evidence suggests that this is not a standard practice. The 2011-12 National Survey of Children's Health (NSCH) found that just 31% of children aged 10 months to 5 years across the United States received a developmental screening during a health care visit—the rate for children in California was just 29%. According to the Calfornia Health Interview Survey (CHIS), 50% of children 0-5 California had received a standardized development and behavioral screening in 2015.

While an improvement compared to the 25% found in the 2007 CHIS, it is nonetheless concerning that half of this state's youngest children go without a developmental screening. Such low screening rates are in part due to the fact that many providers receive little training in child psychopathology, and pediatricians often feel that they do not have the time to adequately screen children during their visits.

In 2015, just 50% of children 0-5 in California received a developmental screening

Furthermore, even if they conduct a screening, some professionals are cautious about diagnosing very young children due to the rapid development that takes place in the first few years of life. \*i Instead, some clinicians prefer to describe children's symptoms using a dimensional framework (i.e., on a spectrum of internalizing and externalizing symptoms) or use a "wait and see" approach, telling parents children may "grow out" of their behavior. \*ii Moreover, mental health challenges in infancy and early childhood often present themselves differently than in later childhood; for example, anxiety in early childhood may manifest as irritability or tantrums, which may make it more difficult for an untrained provider to detect a mental health condition. \*iii

#### **National Prevalence**

While acknowledging the challenges in estimating the prevalence of ECMH problems, a widely cited 2006 review published by the *Journal of Child Psychiatry* found the prevalence of ECMH disorders for children 2-5 years of age to be between 14% and 26% (the average rate across the reviewed studies was 20%). The prevalence varied by disorder, with ADHD estimated at about

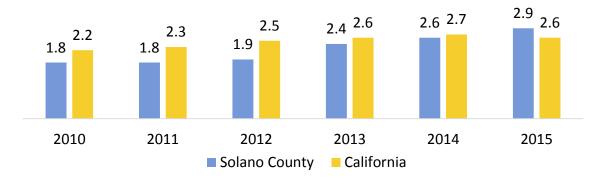
3%, Oppositional Defiance Disorder (ODD) at about 7%, and any other emotional disorders at about 10%. \*\* According to more recent data from the 2014 National Health Interview Survey (NHIS), about 13% of children 0-5 had at least some difficulties in emotion, concentration, behavior, and social relationships (as identified by their parents)—a rate that had changed very little from prior years. \*\*

#### **Local Prevalence**

Local data on mental health disorder prevalence are more limited, particularly for the 0-5 population. However, according to the 2015 CHIS, 15% of children 0-5 in California had an identified mental health or developmental concern, while 14% had been referred to a specialist regarding development. \*\*vi\* Reliable county-level estimates were not available, but other research and available data (see below) suggest that the ECMH disorder prevalence rates in Solano County are likely to be similar to those statewide. \*In addition, while trend data from the CHIS were unavailable, county data on mental health and developmental service utilization may help us estimate the local needs and how they have changed over time. These data are detailed later in the report, but they suggest that the demand for ECMH and developmental services in Solano County has remained steady or perhaps increased in recent years. Another indication of the mental health prevalence trends in the county can be gleaned from the child mental health

At least 14% of young children in Solano likely have an early childhood mental health or developmental concern hospitalization rate. The rate of hospitalization for mental health issues for children aged 5-14 in Solano County has gone up from 1.8 per 1000 in 2010 to 2.9 per 1000 in 2015. Although these data are for older children (and represent very high need cases), research has shown that many mental health problems that appear later in childhood first emerged in the infant and toddler years. \*\*vii\*

Figure 1: Mental Health Hospitalizations, Rate per 1000 Children 5-14, Solano and CA



<sup>&</sup>lt;sup>1</sup> A rough, indirect estimate of the serious emotional disturbance (SED) rate in each county was estimated by a research team for the California Department of Health Services based on each counties' poverty rate. The SED rate among Solano County children 0-5 was estimated to be 7.2% using this method, which was similar to the statewide prevalence (7.6%). (Source: California Department of Health Services Task Team. [n.d.]. *California mental health prevalence estimates*. Retrieved from http://www.dhcs.ca.gov/provgovpart/Documents/CaliforniaPrevalenceEstimates.pdf)

Source: As cited on kidsdata.org, Special tabulation by the State of California Office of Statewide Health Planning and Development (Aug. 2016); California Department of Finance.

It should be noted that the data on the local and national prevalence rates are likely to be underestimates, given that most children do not receive screenings and therefore many ECMH concerns may remain undetected. Nevertheless, the available data suggest at least 14% of children 0-5 in Solano likely have mental health needs, and these needs do not appear to have declined over time.

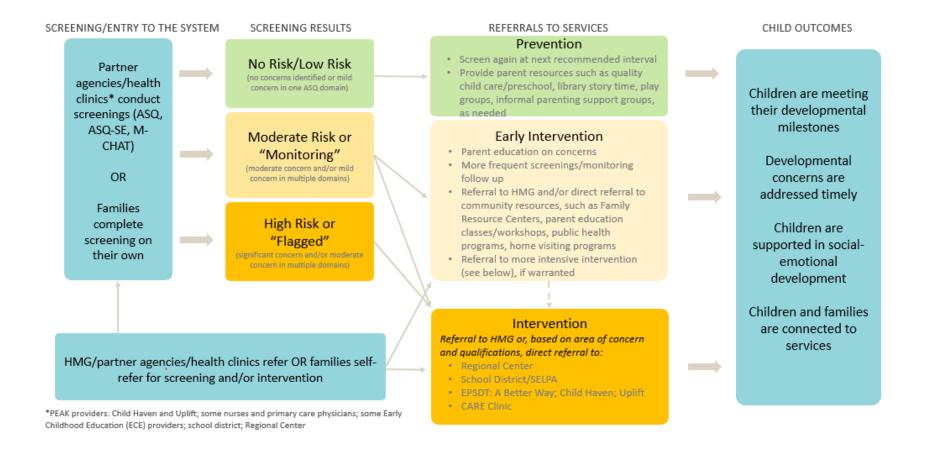


# Screening and Early Intervention System in Solano County

In addition to estimating the prevalence of early childhood mental health issues, this assessment aimed to describe the continuum of care from ECMH screening to prevention and intervention in Solano County, as well as the barriers to screening and treatment in the county. The diagram on the next page illustrates how children with mental health needs are identified and where they are served. The far left side of the diagram represents children's entry to the ECMH system, either through a screening or direct referral to developmental and mental health services. Based on the child's presenting concerns, he or she may receive prevention services, early intervention services, or more intense, targeted intervention services.

If these elements of the system are in place for all children, the diagram shows the expected outcomes on the far right: children meet their developmental milestones; developmental concerns are addressed in a timely manner; children are supported in their social and emotional development; and children and families are connected to needed services. In the following sections, we describe the screening and treatment services available in Solano County for children 0-5 as well as the challenges families face in accessing those services.

Figure 2: Screening and Early Intervention System in Solano County



#### Screenings

#### Where are young children in Solano County with ECMH needs identified?

In Solano County, screening services are available at community-based organizations, health clinics, and child care centers, but key informants stated that the screening system is not universal, systematic, or coordinated. For example, while some primary care clinics will use a validated tool such as the Ages and Stages Questionnaire (ASQ) to screen for developmental or social-emotional needs, many others screen only informally or not at all. Key informants stated that most primary care providers lack training in ECMH, as well as the effects of trauma, and may have difficulty detecting signs of a mental health concern. Likewise, while some early childhood education (ECE) providers conduct screenings, most do not. They, too, often lack training in mental health. Child welfare workers may also conduct a preliminary assessment, but not a full developmental and behavioral screen using a validated tool. It is more common for child welfare, child care, and primary care providers to refer the family to Partnership for Early Access for Kids (PEAK, described below), the school district, or North Bay Regional Center for screenings and assessments if they suspect a developmental or mental health problem.

Solano County lacks a universal, systematic, and coordinated screening system Parents may also self-refer to providers for screenings or be referred to them through one of two warm lines available in the county for connecting families to screenings and treatment: Solano County Behavioral Health Access Line or Help Me Grow (HMG) Solano. Callers to these lines are directed to community resources based on the families' needs and concerns, including developmental screenings. HMG, which specifically targets children 0-5 and their families, is described below.

#### **Help Me Grow**

Help Me Grow is a national model designed to coordinate early identification, referral, and service provision for families with children 0-5 at risk for developmental or mental health challenges. National evaluations have shown that the program provides wide-ranging benefits to the child, family, and healthcare and social services systems, including cost-savings associated with early detection and intervention and reduced reliance on health specialist services. \*\*viii\* The HMG Solano program began in 2013 and is currently housed at Solano Children and Family Services. Staff at the HMG call center have training in early childhood development and knowledge of the range of resources and services available in the county. The program is designed to connect young children and their families to *any* needed resources and services;

<sup>&</sup>lt;sup>2</sup> For example, one key informant indicated that primary care providers and NICU nurses at NorthBay Healthcare are using the ASQ.

<sup>&</sup>lt;sup>3</sup> Help Me Grow trained 43 child care providers on ASQ in the last year. At least five are currently using the tool

<sup>&</sup>lt;sup>4</sup> One key informant indicated that child welfare workers are now mandated to refer cases to PEAK.

these may include developmental services, but also basic needs supports, health care, child care, and other community resources.

Utilization rates of HMG are fairly high in Solano as shown in the chart below. In 2016, the HMG call rate was about 22 per 1000 children 0-5 in the county—similar to that in Alameda and Fresno—and higher than in all other counties.

23.7 22.5 22.0 18.3 8.6 7.5 7.1 5.9 Alameda Solano Contra Fresno Orange San San Ventura Francisco Joaquin Costa

Figure 3: HMG Call Rates per 1000 Children 0-5, California Counties, 2016

Note: Number of calls to HMG Solano=812.

Sources: Help Me Grow California. (May 2017). 2016 Indicator Data; California Department of Finance.

In 2016, the majority of callers to HMG Solano were concerned about the child's developmental and/or social-emotional and behavioral issues. HMG Solano referred a total of 195 children to a PEAK provider for a screening last year. Some children were also referred directly from HMG to developmental services (165 children) or social-emotional/behavioral services (86).

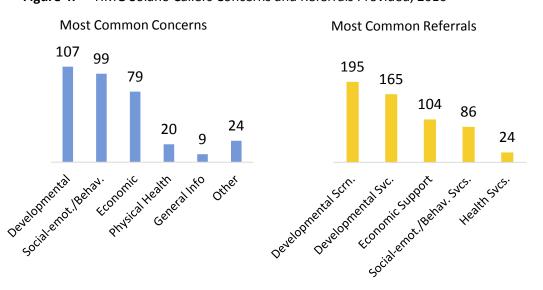


Figure 4: HMG Solano Callers Concerns and Referrals Provided, 2016

Note: Not shown are 191 "other" referrals for which information was not available. Comparisons to prior years and other counties not possible due to differences in tracking methodology used.

Source: Help Me Grow California. (May 2017). 2016 Indicator Data.

#### **Partnership for Early Access for Kids**

As mentioned above, many developmental and mental health screening referrals are sent to PEAK, a program funded by First 5 Solano and the Mental Health Services Act (MHSA) to provides screenings, assessments, and other prevention and early intervention services to children 0-5, who are considered at risk for developmental or mental health challenges. Screenings and assessments offered by PEAK include the ASQ and the ASQ-Social Emotional. Depending on the age of the child and the needs of the family, other screenings that may be provided are the M-CHAT for autism, 4Ps Plus for parental substance abuse, Edinburgh Postpartum Depression Scale and PHQ-9 for parental depression.

Screenings are conducted in the home by early childhood mental health professionals from two community-based organizations who contract with Solano County, Uplift Family Services and Child Haven. In 2015-16, 11 in 1000 children 0-5 in Solano County (344 children) received a PEAK screening, a rate similar to that observed in 2014-15 (10.5 per 1000, or 326 children). XiX Based on the outcome of the screenings, PEAK providers refer families to community resources and/or developmental and mental health intervention services.

#### What are the challenges and barriers to screening in Solano County?

According to the statewide data and key informant interview participants, not all children are equally likely to receive a developmental screening. Several interview respondents stated that children were less likely to be screened if they were not connected to professional medical services. This observation is supported by the outcomes of the NSCH survey, which found that children in California were more likely to receive a screening if they had a medical home and adequate health insurance coverage (i.e., the insurance was sufficient for their health needs and did not have prohibitively high out-of-pocket expenses). XXX

Key informants also stated that children were less likely to be screened if they were not in a child care or preschool setting. In these settings, a teacher or care provider may notice early signs of a challenge and refer the child for screenings or services. Yet, key informants also reported that children with behavioral or developmental issues often face difficulties in finding a child care or preschool setting that will accept them.

Additionally, interview respondents said that children are less likely to be screened if their families are facing other stressors, such as poverty. These parents may not have the time or the resources to take their children to a provider for screenings and assessments. In many cases, children in these families do not even attend their annual well-child checkups. Respondents also stated that parents may not seek screening and treatment for their children for fear of stigmatization and blame for the child's challenges or because they are simply unaware that screening services are available. Unfortunately, when emotional,

Children are less likely to receive a screening if they are not connected to the medical and ECE systems

artment of Health Services HEDIS Aggregate Report for Medi-Cal ren 3-6 on Solano County's Medi-Cal plan attended their well-child visit in behavioral, and developmental issues are not detected early, children with ECMH needs often do not begin receiving services until the symptoms require more intensive intervention.

#### **ECMH Prevention and Intervention Services**

#### Where are young children in Solano County with ECMH needs served?

Depending on the child and families' presenting needs, they may be referred by PEAK, the Solano County Behavioral Health access line, HMG, or another provider to prevention or intervention services. Prevention services for children who have not yet demonstrated any concerns may include general parenting and child development supports like child care, library story time, playgroups, and informal parenting groups. If the child has mild-to-moderate identified needs that warrant early intervention, the parent may be referred to parent education, Family Resource Centers, public health programs, and home visiting programs. Children with moderate-to-high levels of need may be referred to one of the more targeted intervention providers described below, depending on the nature of their concerns, their age, and their health insurance plan.

#### **Regional Center**

Regional Centers, funded by the California Department of Developmental Services, provide services for people who have an intellectual disability, autism, cerebral palsy, epilepsy, and related developmental disabilities. North Bay Regional Center (NBRC) serves Solano, Sonoma, and Napa Counties. To be eligible for services from NBRC, an individual must be a resident of one of these counties and have a qualifying diagnosis or be at high risk of developing one of the conditions treated by the Regional Center. Although a mental health diagnosis by itself does not qualify a person to receive services from NBRC, a child can be served if he or she has both an intellectual or developmental disability and a mental health concern or emotional challenge. Services provided by the Regional Center include counseling, education, support for the development of social-emotional and behavioral skills, and family support. NBRC has an early start program for children 0-2 with disabilities, after which the responsibility for providing services for many of these children shifts to the public schools. The proportion of children under 3 receiving developmental services at NBRC has remained relatively constant since 2010 (between 23 and 27 per 1000 children 0-2). In 2016, the NBRC enrollment rate was 26 per 1000 children 0-2, similar to the rate statewide (25 per 1000 children 0-2).

#### **County Office of Education and School District**

Services are also available to young children with developmental and emotional or behavioral problems through the public school system. XXIII Eligible disabilities include intellectual or developmental disabilities, emotional disturbance, autism spectrum disorder, and ADHD. Qualifying children ages 3-5 receive individualized service plans to meet their needs, which may include speech services, occupational therapy, physical therapy, psychological or behavioral therapy, and family support services. The rate of enrollment in special education services for young children in the county has risen slightly in recent years and is approximately the same as the rate statewide (about 54 per 1000 children 0-5). XXIIV

#### Early and Periodic Screening, Diagnostic, and Treatment

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a Medi-Cal funded program providing comprehensive and preventative health care to children, including mental health services.xxv To receive EPSDT mental health treatment, a child must have Medi-Cal and a qualifying mental health need. Eligible mental health disorders include mood, anxiety, behavior, and adjustment disorders, but key informants noted that autism spectrum disorder does not qualify the child for EPSDT services. There are three EPSDT providers in Solano County: Uplift Family Services, Child Haven, and A Better Way, all of which provide similar services, including trauma-informed counseling, family support, parenting classes, and specialized therapies, such as art therapy and parent-child interaction therapy. All three also provide in-home services and center based services in Fairfield, while Child Haven has an additional location in Vallejo. The rate of children 0-5 receiving EPSDT mental health care in Solano declined from 13 per 1000 in FY 2010-2011 to 7 per 1000 in 2016-17. xxvi As of 2015, the rate of enrollment in Solano was similar to the rate statewide (more recent statewide data were not available). xxvii The time that elapses between the identification of a need for EPSDT services and assignment to an EPSDT service provider has also gone down in recent years. These observed declines may in part be due to challenges in identifying children with needs, as described earlier, or due to challenges and barriers in accessing services, like those outlined in the next section.

#### **CARE Clinic**

Children with severe emotional, behavioral, and developmental challenges are served by a multidisciplinary team at the CARE Clinic, a wraparound program that began October 2016 and targets children who have been expelled from child care or preschool, as well as those involved in the child welfare system. CARE provides intensive, time-limited mental health treatment to children 0-5. The high staff-to-child ratio helps ensure children received intensive individualized attention. Currently, the program has the capacity to serve 40 children annually.

#### What are the challenges and barriers to ECMH services in Solano County?

Research has shown that even when mental health issues are identified, many young children do not receive adequate services. Nationwide, just 3% of children 0-5 saw a mental health professional in 2011-12, despite the fact that, according to the same survey, about 13% of children 0-5 had at least minor social-emotional and behavioral challenges, suggesting only about one-quarter (23%) of children with needs received appropriate services. \*\*x\*v\*iii\*\* Other research has similarly estimated that no more than one-quarter to one-half of children with mental illness are receiving treatment. \*\*X\*iX\*\* When asked to approximate the proportion of children in Solano County receiving needed mental health and developmental services, estimates from key informants varied widely, but nearly all agreed that a significant number of families do not receive services, due to family stressors, linguistic and cultural barriers, and difficulty accessing and navigating the service system.

Some of the barriers to treatment are similar to those preventing children from accessing screenings. For instance, children with developmental or mental health needs are less likely to receive services if their families are facing homelessness and/or poverty. Key informants stated that some low income families are so consumed by the urgency of accessing basic needs that they are unable to address the child's mental health needs. Many families, particularly those living in more rural areas of the county, also lack transportation to health services.

Barriers to ECMH
treatment include
family stressors,
linguistic and cultural
barriers, and difficulty
accessing and
navigating the service
system

Respondents also said that parents may not recognize their child has needs, especially if the parent has mental health problems or special needs themselves. Additionally, many interviewees stated parents are simply not aware that intervention services are available. For example, several respondents indicated that many parents do not know their child's right to special education services and how to advocate for those services. Finally, some parents avoid mental health and developmental treatment for their children due to stigmatization and fear they will be blamed for their child's problems.

Interview respondents also discussed cultural and linguistic barriers to treatment for certain populations. <sup>6</sup> They indicated that it has been a challenge to recruit and retain bilingual clinicians in the county, particularly those with expertise in early childhood mental health. Specifically, there is a great need in the county for clinicians who can serve the Spanish and Tagalog-speaking communities. This challenge is also supported by the findings of the 2015 Solano County Community Health Needs Assessment and 2016-17 Solano County MHSA Annual Update and 2017-20 Integrated Plan, which cited a lack of early childhood mental health clinicians in general, and a lack of clinicians who speak Tagalog and Spanish, in particular. <sup>7xxx</sup> Key informant interviewees also spoke about cultural differences in understanding mental illness within the Latino and Filipino communities, which may prevent families from seeking help. It was noted that bilingual and bicultural clinicians were most effective to sensitively address families' concerns and communicate the need for and benefits of treatment. This problem is unfortunately common across the country; just 12-18% of Latino children with mental health problems in one study received services compared to 24-28% of white children. <sup>xxxi</sup>

Interviewees also mentioned barriers to mental health treatment services for families without Medi-Cal. For example, several respondents stated that Kaiser does not offer mental health treatment for children 0-5. In addition, research on mental health service utilization has found that uninsured children are significantly less likely to receive needed mental health services than children with private or public insurance. One Solano County mental health contractor, Child Haven, provides short-term treatment for families who do not have Medi-Cal, but respondents felt there needed to be additional options for these families.

Finally, key informants mentioned challenges in navigating the service system as a barrier to treatment, particularly for children with certain diagnoses. To cite one example, children with

<sup>&</sup>lt;sup>6</sup> Most key informants discussed cultural barriers for Latino and Filipino families, but one also mentioned that LGBTQ parents are less likely to utilize the mental health system.

<sup>&</sup>lt;sup>7</sup> According to the 2017 MHSA Annual Update and Integrated Plan, County EPSDT contractors have had difficulty serving the number of clients they were contracted to serve, in part due to staff shortages and turnover. The availability of services was also impacted by the closure of the largest EPSDT provider in 2016. In addition, despite the allocation of funding to expand EPSDT services to the Latino and Filipino communities, contractors were not able to do so; instead this funding will be used to serve foster children and youth.

autism spectrum disorder sometimes face difficulties in accessing treatment, because they do not qualify for EPSDT and must be referred to either the Regional Center or the school district, depending on the child's age. Unfortunately, the Regional Center tends to have very strict diagnostic criteria, and the availability and provision of services by the schools can vary by district, according to interview respondents. Likewise, children with more mild issues, whose symptoms are not severe enough to qualify for EPSDT, the Regional Center, special education, or the CARE Clinic, may have more difficulty finding appropriate services. One respondent also mentioned frustration families feel when screening and treatment are not conducted in the same location; families are moved around and have to "retell their story" to new clinicians each time. Children with mental health needs who are screened at one agency then referred to another agency for treatment or who face a lengthy gap in time between screening and treatment are apt to fall through the cracks. By the time an appointment is made for treatment, some parents have lost interest in services or may have moved and are unreachable.



# **Recommended Strategies**

Given limited resources and what is already available in Solano County's ECMH system, what are the best strategies, programs, or approaches partners can undertake to best meet the developmental and mental health needs of young children in the county?

A key objective of this assessment was to use the information detailed in this report on ECMH prevalence, the barriers to screening and treatment, and the availability of services in Solano to inform approaches, strategies, and programs to better meet the ECMH needs of Solano County. Key informants were also specifically asked to provide their recommendations for prevention or intervention services in the context of the county's limited resources. From this research and those discussions the following recommendations emerged:

**Invest in prevention**. Almost universally, key informants stated that it was most important to target resources towards screening and prevention services—a strategy that helps avoid more costly intervention services incurred when ECMH symptoms are not detected and treated as soon as possible. This recommendation is backed by the research on the effectiveness of screening and early intervention; and the need for it in the county is evidenced by the low screening rates and lack of a systematic, universal screening system. Furthermore, key informants pointed out that intervention services for children with moderate-to-high levels of developmental and mental health need are more likely to be covered by state and federally funded programs than are prevention services.

Prevention services recommended by key informants include:

- Universal screenings at primary care offices and/or child care and preschool settings.
   This effort will help ensure mental health and developmental concerns are identified and treated early on, before they escalate and require costly intensive intervention.
- Formal ongoing mental health and trauma training and consultation to primary care and ECE providers. Key informants said that many of these providers are not trained in identifying and addressing developmental and mental health concerns.
- Parent education and outreach about the importance of screenings for *all* children (not just those already demonstrating challenges), positive parenting practices, how to identify mental health or developmental problems and where to go for services. Parent education should be coordinated and accessible throughout the county; interviewees said that classes are not currently available throughout the year and may not be offered at accessible times and locations. To address accessibility challenges, parent education may be best offered in the client's home (expanding the Early Head Start

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<sup>&</sup>lt;sup>8</sup> In 2017, First 5 Solano began sponsoring the implementation of universal screenings in the county's public health clinics. These screenings are then integrated into a child's electronic medical health record.

home visiting program was offered as one potential strategy) or at locations families regularly frequent, such as libraries and schools. Finally, services must be available in the client's language and provided in a culturally sensitive manner. A description of evidence-based parenting programs demonstrating the strongest outcomes for early childhood mental health is available in the Appendix.

**Invest in service coordination.** Although many ECMH services are available in the county, key informants said that they need to be better coordinated and integrated. For example, the medical and social service systems are not closely linked (e.g., some medical professionals may not know where to refer families whose children have ECMH needs).

Connecting service systems may be aided by:

- Expanding a program called Child Find, which offers resources to primary care providers to help them refer children to the school district if they suspect a special need.
- The work of HMG, which conducts outreach to the medical and ECE communities about developmental screenings and the services offered by HMG.
- Collective impact efforts, such as Solano Kids Thrive, which unites representatives from health, education, and social service sectors under a common goal and set of strategies to improve the health and well-being of children in the county.
- Interdisciplinary treatment teams (IDT) for children requiring more intensive services. Such teams, composed of medical, mental health, and social service professionals, work together to ensure children in their care receive all needed services in one place. Interview respondents said that IDT services help children showing early signs of a mental health or developmental condition avoid more intensive services like special needs preschool.

**Invest in service navigation support.** Families also need support in navigating the various prevention and intervention services available in the county, according to key informants. As mentioned earlier, children may fall through the cracks if given inappropriate referrals or if their families are not provided needed support to successfully connect to services.

Recommended service navigation strategies include:

- The family navigation component of HMG, which helps ensure children receive appropriate referrals and are connected to services in a timely manner.
- Co-location of services so families receive supported referrals from one service to the
  next and to ease the time and travel burden of accessing services in various locations.
  One suggestion was to use local school sites as community hubs that offer numerous
  services: screening and mental health treatment, insurance enrollment, support for
  basic needs, and parent education.

## Conclusion

The purpose of this report was to assess the prevalence of early childhood mental health needs in Solano County, the availability of services to meet those needs, and the best practices and approaches in the field to prevent or ameliorate mental health problems in the community. Estimating ECMH disorder prevalence in young children can be challenging, but research suggests that at least 14% of children 0-5 in Calfornia have a developmental and/or mental health problem. The rate in Solano County is likely similar and the need for ECMH services does not appear to be declining. Screening rates in the county, state, and nation are low, but even when mental health issues are identified, many young children do not receive adequate services. Identified barriers to screening and treatment in Solano include family stressors, linguistic and cultural barriers, and difficulty accessing and navigating the service system. To help address some of these challenges, recommendations emerging from this assessment include the implementation and/or expansion of universal screenings at primary care offices and/or child care and preschool settings, formal ongoing mental health and trauma training and consultation to primary care and ECE providers, parent outreach and education, service coordination, and service navigation support for families. These efforts to enhance the county's screening and early intervention system undoubtedly will have positive impacts on the longterm health, well-being, and functioning of Solano County's children.

# **Appendix and Endnotes**

# **Evidence-Based Parenting Programs Impacting Early Childhood Mental Health Outcomes**

The evidence base is strongest for parenting programs that are standardized and implemented by trained providers. The parenting programs described here have demonstrated positive ECMH outcomes for children in multiple rigorous, well-designed research studies (e.g., randomized controlled trials). Several databases of evidence-based programs were consulted in the selection, including the California Evidence-Based Clearinghouse for Child Welfare, Child Trends What Works Programs, and SAMHSA National Registry of Evidence Based Programs and Practices. \*\*XXXIV\*\* The programs below demonstrated the greatest impact across a range of mental health outcomes, including disruptive behavior disorders, internalizing disorders (e.g., anxiety and depression), and attention problems.

**Chicago Parent Program (CPP).** CPP is a 12-week group-based program that uses video vignettes of parent-child interactions to help parents learn problem-solving strategies and build positive relationships with their children. Parents engage in group discussions, role-play, and weekly practice assignments to help them apply what they learned. The group format also provides an element of social support to parents. The program is conducted by two trained group leaders and has been found to improve parenting competence and skills and reduce problem behavior in children 2-5 years of age. XXXV In addition, CPP was developed with the input of an advisory board of African-American and Latino parents to ensure it is appropriate for a culturally diverse population. The program can be implemented by facilitators who have at least a high school diploma and some experience working with families.

**Family Check Up**. This is a family-centered intervention conducted in two phases. An initial assessment phase is followed by parent management training (using *Everyday Parenting* curriculum) which focuses on positive behavior support, healthy limit setting, and relationship building. It is conducted in a variety of settings, preferably by a Master's level clinician, although paraprofessionals can be trained to conduct the intervention provided they engage in post training consultation. The intervention has been found to improve family management, parenting practices, and child social and emotional adjustment, while also reducing child behavior problems and negative or coercive parenting. XXXXVI

The Incredible Years. This program is composed of three multifaceted curricula: 1) BASIC Parent Training Program teaches parenting skills, including how to play with your child, how to foster school readiness, and positive discipline strategies; 2) ADVANCE Parent Training Program addresses family interpersonal skills, such as communication, anger management, and problem-solving; and 3) Child Training Program, designed for small groups of children, includes role-playing, fantasy play, and arts projects. Master's level clinicians engage families in lessons that promote parent-child interactions, attachment, nurturing, social support, and problem solving, and positive social, emotional, and cognitive outcomes for the children. xxxxiii

**Triple P – Positive Parenting Program.** Triple P is a unique parenting program in that it is offered at five levels of intensity, depending on the needs of families and the community. Level 1 is a media campaign and distribution strategy for delivering positive parenting information; Level 2

consists of seminars or single session meetings; Level 3 interventions entail brief parenting sessions; Level 4 involves longer, more comprehensive parenting sessions; and Level 5 interventions are intended for parents with specific risk factors (e.g., families at risk for maltreatment) or who need continuing support following a Level 4 intervention. Although all levels are supported by research, the strongest evidence available is for the positive impact of Level 4 in which parents engage in 8 to 10 sessions, developing a parenting plan and practicing parenting skills with their children. Parents track the child's behavior as well as their own and work with trained practitioners to make adjustments. The program helps parents learn strategies to promote social competence and self-regulation in children; improves parenting partners' communication about parenting issues; reduces parenting stress; and reduces parents use of coercive and punitive discipline methods. \*\*Example \*\*Example

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# Solano County Early Childhood Mental Health Needs Assessment 2017

**Applied Survey Research** 





# Agenda

- ▶ Purpose of study, research questions, methodology
- ► ECMH prevalence
- Overview of Solano screening and early intervention system
- Screening services in Solano (including challenges/barriers)
- ▶ Intervention services in Solano (including challenges/barriers)
- ▶ Recommendations for improvements to ECMH system
- Questions and discussion

-

#### **Research Questions**

- ▶ What is the prevalence of early childhood mental health (ECMH) problems in Solano County? How does this compare to the state and the nation overall? Has the prevalence changed in recent years?
- ▶ Where are young children in Solano County with ECMH needs identified?
- ▶ What are the challenges and barriers to screening in Solano County?
- ▶ Where are young children in Solano County with ECMH needs served?
- ▶ What are the challenges and barriers to ECMH services in Solano County?
- ▶ Given limited resources and what is already available in Solano County's ECMH system, what are the best strategies, programs, or approaches partners can undertake to best meet the developmental and mental health needs of young children in the county?

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### Methodology



- ► ECMH Research Literature
- ► Prevalence and Service Data in Solano County, California, and the Nation
- Key Informant Interviews with Local Professionals
  - ► Help Me Grow
  - ► Solano County Child Welfare Services
  - ► Solano County Office of Education
  - ► Solano County Behavioral Health
  - ► Community-based Mental Health Providers

4

What is the prevalence of early childhood mental health (ECMH) problems in Solano County? How does this compare to the state and the nation overall?



#### National Prevalence

- Prevalence of ECMH disorders in children 2-5 years of age is between 14% and 26%
- ▶ Prevalence varies by disorder
  - ► Attention-Deficit/Hyperactivity Disorder 3%
  - ▶ Oppositional Defiance Disorder 7%
  - ▶ Other Emotional Disorders 10%

#### Local Prevalence

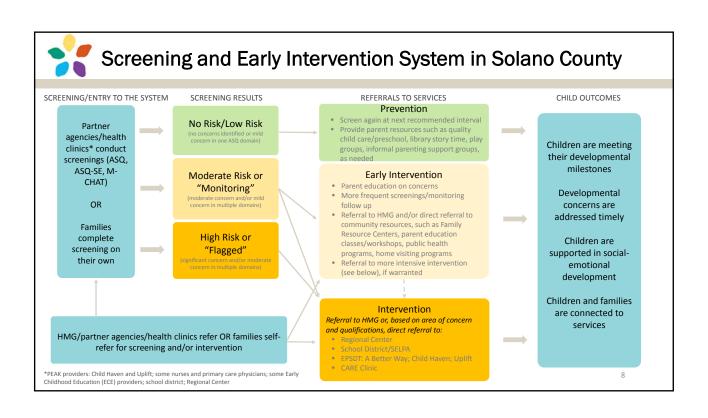
- 15% of children 0-5 in California had an identified mental health or developmental concern
- Reliable county-level estimates were not available
  - Mental health data for older children suggest the prevalence rate in Solano is similar to that statewide

In 2015, just 50% of children 0-5 in California received a developmental screening

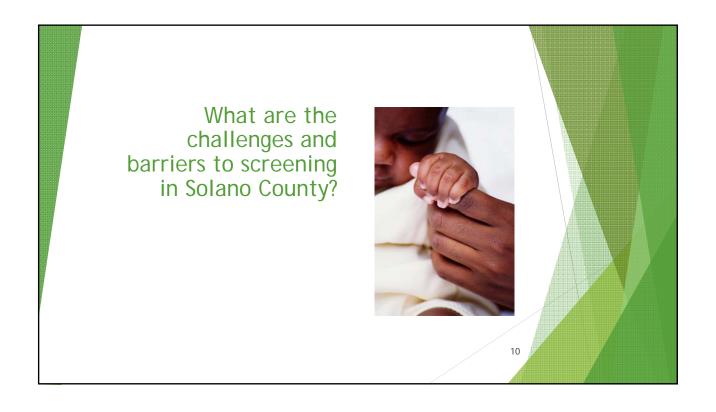
California Health Interview Survey, 2015

Journal of Child Psychology, 2006





#### Where are ECMH Needs Identified Primary care Early Childhood Educators Help Me Grow Solano Solano County Behavioral Health Access Line Solano County PEAK providers: Child Haven and Uplift Family Services lacks a universal, School districts systematic, and coordinated Regional Center screening system Parents self-refer to get screening Screening is not universal nor systematic ▶ Only some use validated tools, such as ASQ ▶ Others screen informally or not at all ► Lack of training for providers



# Challenges and Barriers to Screening

- ► Children are less likely to be screened if they are...
  - ▶ Not in a child care or preschool setting
  - ▶ Not connected to medical services
- ▶ Parents may not seek out screening or treatment
  - ► Facing other stressors such as poverty
  - ► Fear of stigmatization
  - Unaware of existing services

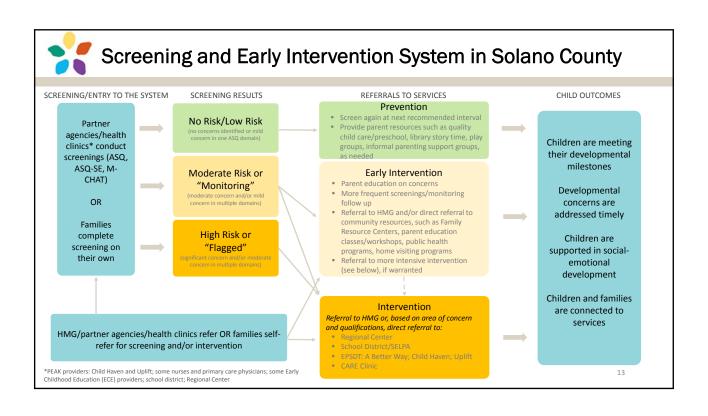
Children are less likely to receive a screening if they are not connected to the medical and ECE systems

11

Where are young children in Solano County with ECMH needs served?



12









15

# Challenges and Barriers to Services

- ▶ Cultural differences in understanding of mental health
- ▶ Linguistic barriers
- ► Families are less likely to receive services if:
  - ▶ Homeless
  - ► In poverty
  - Lacking insurance or insurance that will cover ECMH services
  - ▶ Do not recognize their child has needs
  - ▶ Unaware services are available
  - ▶ Do not know how to advocate for services

Nationwide, only about 23% of children with a social-emotional or behavioral challenge receive treatment

National Survey of Children's Health

1

## Challenges and Barriers to Services Continued

- ▶ Navigation of service system is difficult
  - ▶ Children may only qualify for certain programs at certain ages
  - ► Parents may be referred to different treatment centers and have to "retell their story"
  - ▶ Time between referrals and visits

17

What are the best strategies, programs, or approaches partners can undertake to best meet the developmental and mental health needs of young children in the county?





### Prevention

- Universal Screenings
  - ▶ Primary care offices
  - ▶ Child care and preschools
- Ongoing ECMH Training
  - Formal training for all providers on identifying and addressing developmental and mental health concerns
- Parent Education and Outreach
  - Positive parenting practices using an evidence-based curriculum, such as Triple  $\mbox{\sc P}$
  - ▶ Where to go for services
  - ► Accessible classes throughout the year
  - Classes available in the client's language



### Service Coordination

- Help Me Grow Solano
  - ▶ Outreach to the medical and ECE communities
- Collective Impact Efforts
  - ► Continue to unite representatives from health, education, and social services under a common goal
- ▶ Interdisciplinary Treatment Teams
  - ▶ A one-stop for children who need intensive services
- Child Find Program
  - ▶ Resources to connect primary care providers and school districts



## Service Navigation Support

- ► Family Navigation Component of Help Me Grow Solano
  - ► Families receive appropriate referrals
  - ► Connected to services in a timely manner
- ▶ Co-location of Services
  - ► Ease the time and travel burden of families accessing various services
  - ► School sites could potentially be a community hub that offers various resources

2

## **Summary of Recommendations**

- **▶** Prevention
  - ▶ Universal screening
  - ► Ongoing ECMH training
  - ▶ Evidence-Based Parent Education, such as Triple P
- ▶ Service Coordination
- ► Service Navigation Support



**DATE:** September 27, 2017

**TO:** First 5 Solano Commission

**FROM:** Erin Hannigan, Systems and Policy Committee Chair

By: Megan Richards, Deputy Director

**CC:** Michele Harris, Executive Director

SUBJ: Systems and Policy Committee Staff Report

#### Background

Over the last 2 years, the Commission, staff, and community partners have been working together toward addressing the Commission's fiscal cliff and bringing annual expenditures in line with annual revenues. At its August 2017 meeting, the Commission directed staff to prepare funding cycle recommendations based upon a budget of \$3.4 million annually, which is a decrease of approximately \$700,000 annually. To inform the decision-making process, staff reviewed the Commission's current Program Investment Plan, taking into account those areas that have already been reduced in previous funding cycles. Staff requested that Applied Survey Research (ASR) provide assessments of the 2 areas in the Commission's portfolio that were lowest ranked in the 2015 prioritization process, have yet to be reduced, and are large enough to achieve the necessary reduction: Early Childhood Mental Health and Family Support & Parent Education. This staff report addresses the Early Childhood Mental Health Needs Assessment, which is attached to this staff report (Attachment A).

#### Family Support and Parent Education Assessment

The Commission currently allocates \$860,000 annually toward Family Support and Parent Education in its Program Investment Plan. The strategies that are implemented include neighborhood-based case management, parent education, financial literacy and basic needs support.

The attached report sought to answer the question of what strategies and activities are best suited to strengthen families and best meet the results that are in the Commission's Strategic Plan. The report summarizes research on evidence-based best practices, which were further informed by key informant interviews, and finally considers a geographic analysis for areas of highest risk. Staff will consider this information when making recommendations to the Commission on funding levels and strategies to achieve the Commission's results in its Strategic Plan for the upcoming funding cycle.

#### **Committee Discussion**

The Systems and Policy Committee reviewed the draft report at their meeting on September 20, 2017. The Committee discussed the findings and recommendations from the report and thought it was comprehensive in nature and would assist

#### Goal 5: All families are safe, stable, and self

sufficient

All parents and primary caregivers support their children's

Goal 6:



R9: Families know about and access the necessary community support systems and services to meet their basic needs R11:
Using
community
resources and
supports,
parents and
primary
caregivers are
educated on
and practice
effective
parenting

strategies

R10: Children are raised in safe homes and healthy communities the Commission in making upcoming funding decisions. The Committee recommended to forward the report to the full Commission for information and discussion.

Attachment A: Family Support and Parent Education Report

Attachment B: Presentation

# Family Support and Parent Education

# Recommended Approaches for Building Strong Families in Solano County

**Applied Survey Research** 







# **Table of Contents**

Executive Summary	3
Introduction	5
Methodology	7
Key Findings	8
Promoting Positive Parenting	
Promoting Family Self-Sufficiency	9
Family Self-Sufficiency Programs in Solano	10
Geographical Hotspots Analysis	11
Conclusion	14
Appendix A	15
Appendix B	
Appendix C	
Endnotes	

# **Executive Summary**

In December 2015, the First 5 Solano Children & Families Commission approved a 2016 Strategic Plan Update, which identified the Commission's priorities, goals, and desired results. In addition, the Commission adopted their Long Term Financial Plan Update and their 2016-2018 Program Investment Plan, which directed investments toward the areas of highest need and where First 5 Solano can make the greatest impact with its increasingly limited financial resources.

While these plans significantly decreased the Commission's annual expenditure, First 5 Solano, like many other First 5 agencies across the state, is utilizing dwindling reserves to supplement annual funding; continuing this practice is not sustainable. Therefore, when adopting the new plans, **the**Commission directed staff to work toward fully bringing expenditure in line with revenue. At that time, the Commission also asked staff to work with community partners over the course of two years to communicate the upcoming reduction in First 5 Solano expenditure, as well as engage them in conversations around streamlining services, identifying alternate sources of funding, and ensuring the services valued by the Commission and the community continue.

In August 2017, the Commission directed staff to move forward with a recommendation to reduce annual expenditures from \$4.1 million to \$3.4 million, a reduction of \$700,000 annually. As the Commission approached its next funding cycle, First 5 Solano tasked Applied Survey Research (ASR), the Commission's evaluator, to provide information and recommendations on the areas in the Commission's Strategic Plan with the largest investment. This report reviews best practices and strategies for achieving First 5 Solano's Strategic Plan goals and results in the largest priority area: Family Support and Parent Education.

ASR used multiple methods for this research, including a literature review and environmental scan on evidence-based and best practices for family support and parent education services; key informant interviews to understand how nearby communities provide family support and parent education services; and geographical data analysis on "hot spots" in Solano County to identify communities most in need of these services.

#### The key findings from the research include:

- Support for self-sufficiency, basic needs, and parent education in neighboring communities is often provided by family resource centers. Family support and parent education service agencies are most successful and sustainable when they are neighborhood-based, located in high risk communities, have multiple funding streams, and offer a range of services to meet their clients' needs.
- Literature on the effectiveness of case management for achieving positive parenting and family self-sufficiency outcomes is limited. Case management may be most successful when utilized to connect families to basic needs and to evidence-based/promising parenting and financial literacy programs.
- Using an evidence-based parent education curriculum is key to achieving positive parenting outcomes; Several curricula are available.

- The Triple P parent education curriculum has been successful in nearby communities, addresses both child safety and parenting outcomes, and can be scaled by using different levels of support based upon familial need.
- Literature on the effectiveness of financial literacy programs is limited; best practices include services which use a coaching approach, are individualized and relevant to the client's life, and address both financial knowledge and behavior change.
- Several financial education/self-sufficiency programs are available in Solano, including SparkPoint, Solano Employment Connection One Stop, CalWORKS Family Stabilization Program, and HUD Family Self-Sufficiency Program. However, there appears to be a need for financial education services for families living outside of Fairfield and Vallejo (where SparkPoint and One Stop are located) and who are not connected to CalWORKS or HUD.
- Based on an analysis of multiple risk factors, including percent of children in poverty, rates of child maltreatment, and 3rd grade reading and math proficiency, Rio Vista and Vallejo (zip codes 94589 and 94590) emerged as the highest risk communities in Solano County, followed by part of Fairfield (zip code 94533) and Dixon.

# Recommendations for Solano:

- Implement an evidence-based parent education program. Triple P may be the best suited for Solano, as it has tiers of service that can be implemented according to familial need, addresses both parenting and child safety outcomes, and has been successfully implemented in several surrounding counties.
- Implement or connect families to coaching-based financial education services. There are several identified programs in Solano; connecting families to these services available may be most cost-effective.
- Target family support services, including connecting families to basic needs, toward the highest risk communities. Concentrating services in high need areas, such as Vallejo and Rio Vista, is the recommended approach to best impact the target population.

### Evidence-based parent education

Connection to financial education

Targeted basic needs support

### Introduction

In December 2015, the First 5 Solano Children and Families Commission adopted three guiding documents: the 2016 Strategic Plan Update; 2016 Long Term Financial Plan Update; and the 2016-2018 Program Investment Plan. These plans shifted the Commission's focus from funding direct services, to funding a combination of direct services and systems change work to sustain and expand the early childhood system.

Across California counties, as tobacco tax revenues decline, First 5 agencies are serving their communities with diminishing resources, and are using reserves that were accumulated years ago to support community investments. Solano County is no different: between 2011 and 2015, Proposition 10 tobacco tax revenue decreased in Solano by an average of 4% each year, from \$3.9 million in 2011 to \$3.3 million in 2015.

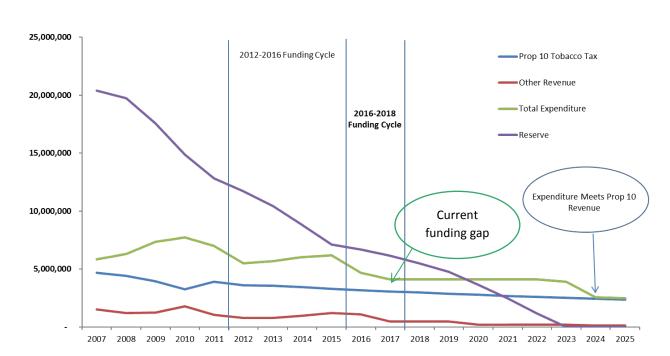


Figure 1: Long-Term Financial Plan Projection and Funding Gap

The First 5 Solano Commission acknowledged that, although it decreased its expenditures in 2011 and 2015, it was still in a financial position of utilizing funding from its reserve on an ongoing basis. The Commission asked staff to provide recommendations to fully bring expenditure in line with ongoing revenue sources. This fiscal reality set the stage for First 5 Solano to prioritize its investments in sustainable ways that allow it to live within its means, complement other efforts happening around the county and the state, and achieve lasting change in the early childhood system.

After the previous round of funding, the Commission's investments were spread across its Strategic Plan goals as follows:

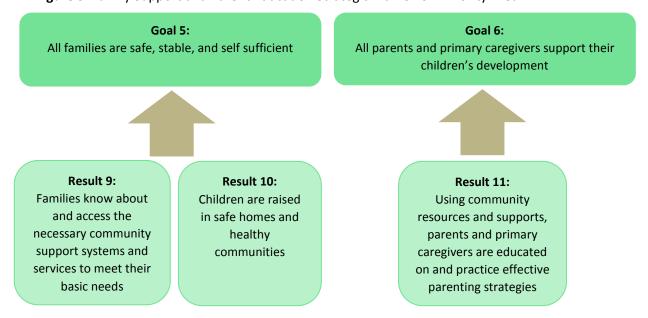
Figure 2: First 5 Solano Commission Goals, Initiatives, Strategies, and Investments

Goal	Initiative	Strategies	Annual Investment		
All	Help Me Grow	Access and linkage to services	\$120,000		
Goal 1	Prenatal	Insurance enrollment for newborns	\$35,000		
Goal 2	Health Insurance	Insurance outreach & enrollment	\$121,000		
Goal 2	Mental Health	Developmental screenings & treatment	\$610,000		
Goal 3	Child Care	IMPACT; Head Start facility; Head Start child care wrap around	\$476,000		
Goal 4	School Readiness	Pre-kindergarten academies	\$200,000		
Goal 5 & 6	Family Support	Case management; Basic needs support	\$860,000		
Total:			\$2,422,000		

With the upcoming funding cycle, a reduction of almost \$700,000 annually is required to bring ongoing expenditure in line with ongoing revenue. Given the significance of this amount, an examination of the initiatives with the largest investment amounts took place, in an effort to determine how to make the most impact with limited resources on the goals and results outlined for each areas in the Commission's Strategic Plan.

To that end, First 5 Solano tasked Applied Survey Research (ASR) to explore best practices for achieving positive outcomes in the Commission's largest investment area: Family Support and Parent Education. This report seeks to identify approaches or strategies that can best address the Commission's Strategic Plan goals and results in this priority area, as illustrated below.

Figure 3: Family Support and Parent Education Strategic Framework Priority Area



# Methodology

Several methods were used to identify approaches or strategies that can best achieve the goals and results in First 5 Solano Commission's Family Support and Parent Education Priority Area. The focus of this research was on three main categories of services:

- Parent education, including education on positive parenting practices, healthy relationships, and child safety
- Financial education
- Access to basic needs

ASR conducted extensive research on evidence-based and best practices for these services. ASR also conducted key informant interviews with program managers at First 5 Sacramento, First 5 San Francisco, First 5 Contra Costa, and First 5 Santa Clara, as well as current and former staff at Strategies (a training and technical assistance agency for nonprofits) and the founding director of the California Family Resource Center Association, to garner information on how nearby communities provide family support and parent education services. Lastly, ASR conducted a geographical "hotspots" analysis to assess the areas in Solano County demonstrating the





# **Key Findings**

clients' needs.

Key findings from the research conducted on the best approaches for family support and parent education services are summarized in the remainder of this report. First, ASR found that support for self-sufficiency, basic needs, and parent education in neighboring communities is often provided by family resource centers or community-based hubs. Although the services provided at each center vary depending on the needs of the local community, these centers generally bring together services and activities to help families develop skills and acquire resources to achieve health, safety, and stability. Local experts on family support and parent education services stated that these services are most successful and sustainable when they are neighborhood-based, located in high risk communities, have multiple funding streams, and offer a range of services to meet their

Key informants consulted in this research also indicated that all family resource centers in nearby communities offer parent education programs that use an evidence-based curriculum. In addition, all nearby communities offer connection to community resources, including basic needs. Other services vary, but include case management, counseling or therapy, and child welfare services.

One service commonly offered by family support and parent education providers is case management, the practice of seeking and advocating for services on behalf of the client. However, the term *case management* has been used to describe a range of practices across a wide variety of sectors, settings, and specialties, and conducted by professionals with differing levels of education and training. The research literature is mixed

# Successful family support/parent education programs:

- Are neighborhoodbased
- Are located in high risk communities
- Have multiple funding streams
- Offer a range of services

on the effectiveness of case management and most studies have been conducted in the health and mental health fields. The conflicting results in published research on the impact of case management, and the lack of evidence on effective models specific to parenting and financial self-sufficiency suggest that it should not be relied on exclusively to achieve the goals and results in the Family Support and Parent Education Priority Area. Instead, case management may be best utilized as a supplement to evidence-based programs and as a strategy for connecting families to these programs and to basic needs support (e.g., CalWORKS).

Based on this information and considering the Commission's Strategic Plan goals and results, ASR conducted additional research into evidence-based and best practices for parent education and financial stability, as well as a geographic analysis of high risk "hotspots" in Solano County.

### **Promoting Positive Parenting**

ASR reviewed the literature on parent education and identified the most effective interventions to specifically address the following First 5 Solano results:

Children are raised in safe homes and healthy communities

 Using community resources and supports, parents and primary caregivers are educated and practice effective parenting strategies

The recommended interventions are standardized and demonstrated positive outcomes for children in multiple rigorous, well-designed research studies (e.g., randomized controlled trials). The interventions achieve these results by improving parenting practices and family functioning in a variety of domains, including nurturing (warmth, responsiveness, sensitivity), discipline (handling challenging child behaviors, providing limits, teaching self-control), teaching (conveying information or skills), and communicating positively and effectively with the child and other family members.

There are four parent education programs that demonstrate the strongest evidence according to multiple sources: "

- **Family Check Up:** A family-centered intervention with two phases: 1) An initial assessment and feedback; and 2) Parent management training (using *Everyday Parenting* curriculum), which focuses on positive behavior support, healthy limit setting, and relationship building.
- The Incredible Years: A multifaceted curricula including the following components: 1) BASIC Parent Training Program targets parents of high-risk children and those displaying behavior problems; 2) ADVANCE Parent Training Program addresses interpersonal skills; and 3) Child Training Program promotes social competency and reduces conduct problems.
- Triple P Positive Parenting Program: A unique parenting program in that it is offered at five levels of intensity, depending on the needs of families and the community. The program helps parents learn strategies to promote social competence and self-regulation in children; improves parenting partners' communication about parenting issues; reduces parenting stress; and reduces parents' use of coercive and punitive discipline methods.
- Chicago Parent Program: A group-based intervention that helps caregivers learn how to manage challenging behaviors and improve their relationships with their children.

Two of these programs (Incredible Years and Triple P) are used in the neighboring communities that ASR interviewed. More details about each of these programs, including the peer-reviewed research demonstrating their impact, can be found in Appendix A. It should be noted that parent education providers in Solano County utilized the Nurturing Parenting Program (NPP) curriculum in previous years, but there were challenges in engaging families for the duration of the program, and the program did not produce the desired outcomes. Also, unlike the four programs described above, NPP lacks rigorous research backing its effectiveness. Consequently, it is not one of the programs recommended here.

Recommendation for Parent Education: Utilizing a parent education program with a strong evidence base is recommended to achieve the Commission's desired results. Triple P may be the best option for Solano, as it is a flexible program, offering various levels of intensity based upon familial need, and addresses both child safety and parent education outcomes. In addition, it is successfully utilized by other Bay Area First 5 agencies, including Contra Costa, San Francisco, Santa Clara, Sonoma, and Santa Cruz. In a 2015 evaluation of the Santa Cruz program, ASR found the program helped improve parenting practices and reduce child behavior problems and parenting stress.

### **Promoting Family Self-Sufficiency**

The Family Support and Parent Education Priority Area goals also include a result around meeting families' basic needs: Families know about and access the necessary community support systems and services to meet their basic needs. This goal also involves building financial literacy and family self-sufficiency.

The research on financial selfsufficiency practices is limited. However, the available literature on self-sufficiency programs indicates that a *coaching* approach to working with participants is more effective than traditional



case management. Coaching helps participants stay positive, motivated, and focused on their personal goals improving the participants sense of self-efficacy.

In addition to using the coaching model, financial self-sufficiency programs should provide information that is directly relevant to the learner's life circumstances. Instructors should help learners transfer the classroom information into their lives and encourage participants to use their own financial data in class activities. Also, addressing both financial knowledge and behavior are likely to produce better outcomes.

### **Family Self-Sufficiency Programs in Solano**

In addition to reviewing the general best practices for financial education programs, ASR conducted a scan of financial self-sufficiency programs available in Solano County to help families achieve the goals and results in the Family Support and Parent Education Priority Area. Using a variety of strategies, including financial education, these programs aim to help families become economically self-sufficient and are offered in a variety of settings. Four self-sufficiency programs available to families in Solano County are briefly described below with more information in Appendix B.

- **SparkPoint.** SparkPoint, funded by the United Way, has offices in Fairfield and Vallejo and uses one-on-one coaching with clients to help them achieve employment and financial success. It takes an average of 8-10 months for SparkPoint clients to achieve their financial goals and clients may be in the program for up to three years.\*
- Solano Employment Connection One Stop. Operated by the Solano Employment Connection and overseen by the Solano Workforce Development Board (a federally funded nonprofit), One Stop centers are located in Fairfield and Vallejo and offer employment resources and services at no charge to Solano County residents 16 years of age and over. Services include job search assistance, skills workshops, and recruiting events. People also can use the facilities' computers and Internet to search and apply for jobs. xi

- California Work Opportunity and Responsibility to Kids (CalWORKs): Family Stabilization Program. CalWORKs is a federally funded public assistance program that is operated by the county welfare department. The CalWORKs Family Stabilization Program is a component of CalWORKs that provides intensive case management to help families become self-sufficient. The Family Stabilization program also addresses homelessness, domestic violence, and/or mental health or substance abuse related needs.xii
- HUD Family Self-Sufficiency. The U.S. Department of Housing and Urban Development (HUD) offers a Family Self-Sufficiency (FSS) program, designed to help HUD-assisted families increase their earned income. Examples of services coordinated through the program include child care, transportation, education, job training, employment counseling, financial literacy, and homeownership counseling. An evaluation of the FSS program was conducted from 2005 through 2009. The researchers found that the financial benefits were substantial for participants who remained in and graduated from the FSS program, including that program graduates were more likely to be employed and have higher incomes.

Recommendation for Family Self-Sufficiency: As multiple programs that address financial literacy for families are available in Solano, it may be most cost-effective to ensure parents are informed of and connected to the services available. However, SparkPoint and One Stop are located only in Fairfield and Vallejo, and the CalWORKS and HUD programs are only available to those qualifying for and enrolled in these programs. Family self-sufficiency resources may be less accessible to residents in other areas of the county and those not connected to federal basic needs programs. For example, according to the geographical hotspots analysis conducted for this report, there appears to be a need for family self-sufficiency services in Rio Vista, where 16% of the population is unemployed and 18% of children under 5 lives in poverty, viv but the nearest SparkPoint and One Stop are approximately 15-20 miles away in Fairfield. Additional financial education resources may be needed in this community.

### **Geographical Hotspots Analysis**

Considering the need to decrease the Commission's programmatic portfolio, the Commission may consider targeting family support and parent education services to the populations needing them most. According to key informants from neighboring counties, these services in nearby communities are concentrated in the areas of each county with the greatest needs. Target areas are determined by analyzing community indicator data, such as rates of child maltreatment, child poverty, and early education enrollment. Although nearby counties stated that transportation was not usually a problem for clients because services are strategically located, some counties also offer services at satellite sites (e.g., at community centers, schools, and libraries) or partner with other agencies to serve families who don't live near a provider. In order to help the Commission best target family support and parent education resources, a geographical analysis was conducted to identify the areas of Solano County demonstrating the highest need.

The data reviewed for this analysis came from the Child Welfare Indicators Project, the California Department of Education, and the U.S. Census American Community Survey.\* The 9 indicators examined in the analysis included child maltreatment and foster care rates, child poverty rates, employment rates, educational attainment, 3rd grade academic proficiency (in math and reading), preschool enrollment, and child health insurance rates. These data were broken down by ZIP Code in

order to assess the areas of the county in greatest need on these indicators. A risk index was created representing the number of indicators on which a given ZIP Code demonstrated higher than average risk (i.e., worse than the median value for Solano County). Full data are available in Appendix C.

As illustrated in the map below, the area with the greatest number of risk factors is 94590 in Vallejo, where the population demonstrates above average risk on all 9 indicators. Other high risk areas (worse than average on 7 of the 9 indicators) include 94589, also in Vallejo, and 94571, which represents Rio Vista. To a slightly lesser extent, 94533 (in Northeast Fairfield) and 95620 (Dixon) are also high risk, demonstrating above average risk levels on 6 of the 9 indicators.

The lowest risk areas in Solano County are 94510 (Benicia) and 94534 (in Fairfield), which are below average on all 9 risk indicators. Marked with a red asterisk on the map are the approximate locations of Solano County's Family Resource Centers to provide context on where some of the Family Support and Parent Education services are currently being provided.

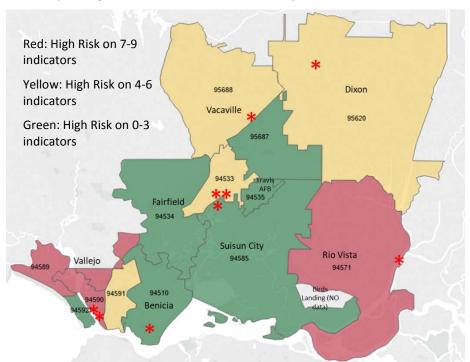


Figure 4: Map of Highest Risk Areas in Solano County

<sup>\*</sup>Approximate location of current Family Resource Centers providing family support and parent education services.

<sup>&</sup>lt;sup>1</sup> One caveat to consider is that the population of children 0 to 5 in Rio Vista is relatively low (approximately 274 children, or 1% percent of the 0 to 5 population, according to the U.S. Census, American Community Survey). Nevertheless, the very high levels of need in this area likely warrant investments in services for families in Rio Vista.

<sup>&</sup>lt;sup>2</sup> Residents of 94533 in Fairfield demonstrated lower than average risk according to the health insurance rate of children under 6 and 3rd grade math and reading proficiency rates. It is worth noting, however, that 3rd grade proficiency levels are reported at the district level, and Fairfield shares a district with the Suisun City (a relatively low risk community).

Recommendations based on Geographical Analysis: To make the most of limited resources, the First 5 Solano Commission may consider targeting investments to the areas of the county most in need. The results of a geographical risk analysis suggests that services and supports are most needed for families and children in Vallejo and Rio Vista, although it should be noted that only 1% of the 0 to 5 population resides in Rio Vista. To a slightly lesser extent, services and supports are needed for Northeast Fairfield and Dixon. To make the greatest difference for Solano Counties' high risk families, services should be available and accessible to families living in these high need areas.



### Conclusion

As the First 5 Solano Children & Families Commission began working toward fully bringing its expenditure in line with its revenue, First 5 Solano asked ASR to provide information and recommendations on the areas in the Commission's Strategic Plan with the largest investment. The purpose of this study was to inform the Commission's decisions on investments in the largest area: Family Support and Parent Education. The study found that family support and parent education service agencies are most successful and sustainable when they are neighborhood-based, located in high risk communities, have multiple funding streams, and offer a range of services to meet their clients' needs. Also, while research on the most effective case management models remains limited, Solano County continues to need services that connect families to basic needs and evidence-based parent education and financial education programs. In addition, the research pointed to several recommendations for the Commission. These recommendations include:

- Implement an evidence-based parent education program. Triple P may be the best suited for Solano, as it has tiers that can be implemented according to familial need, addresses both parent education and child safety outcomes, and has been successfully implemented in several surrounding counties.
- Implement or connect families to coaching-based financial education services. There are several identified in Solano, including SparkPoint, One Stop, CalWORKS Family Stabilization Program, and HUD Family Self-Sufficiency Program, so connecting families to available services may be most cost-effective. Yet, there still appears to be a need for financial education resources for families living outside of Fairfield and Vallejo (where SparkPoint and One Stop are located) and who are not connected to CalWORKS or HUD.
- Target family support and parent education services to the highest risk communities. Concentrating services in areas demonstrating the most need, including Vallejo and Rio Vista, may be considered in order to make the greatest impact on family support and parenting outcomes for needy families.

By investing in effective programs and practices in the highest need areas, First 5 Solano can make the most of its limited resources and help families with young children achieve stability and self-sufficiency.

# Appendix A

### **Evidence-Based Parenting Interventions Overview**

### **Family Check Up**

Intervention Description	Outcomes	Frequency and Duration	Resources Required
Family centered intervention with two phases: 1) An initial assessment and feedback; 2) Parent management training (using Everyday Parenting curriculum) which focuses on positive behavior support, healthy limit setting, and relationship building.	Promotes:  Positive family management  Positive parenting  Child social and emotional adjustment  Reduces/prevents:  Child behavior problems and emotional distress  Coercive and negative parenting	Frequency:  • 1-hour session every 1-2 weeks Duration:  • 1-4 months depending on the individual needs of the family	<ul> <li>One provider at Master's level (MSW, MS, MA, and M.Ed.) with some clinical experience required. Paraprofessionals may be trained as providers with more intensive post training consultation</li> <li>Provider training</li> <li>A video or audio recording device to record the family interaction task and intervention sessions that are evaluated for fidelity/competence and used for supervision purposes.</li> <li>Intervention manuals and videos used in training and intervention delivery are made available to all trained providers.</li> <li>A computer or tablet (e.g., iPad) is not required but reduces time required for participant to complete and provider to score questionnaires administered in the child and family assessment.</li> <li>Cost</li> <li>Training costs not publicly available; \$25 for the manual</li> </ul>

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- o Dishion, T. J., Connell, A., Weaver, C. M., Shaw, D. S., Gardner, F., & Wilson, M. N. (2008). The Family Check-Up with high-risk indigent families: Preventing problem behavior by increasing parents' positive behavior support in early childhood. *Child Development*, 79(5), 1395-1414. doi:10.1111/j.1467-8624.2008.01195.x
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- o McEachern, A. D., Fosco, G. M., Dishion, T. J., Shaw, D. S., Wilson, M. N., & Gardner, F. (2013). Collateral benefits of the Family Check-Up in early childhood on caregiver's social support and relationship satisfaction. *Journal of Family Psychology*, 27(2), 271-281. doi:10.1037/a0031485
- o Shaw, D. S., Dishion, T. J., Supplee, L., Gardner, F., & Arnds, K. (2006). Randomized trial of a family-centered approach to the prevention of early conduct problems: 2-year effects of the Family Check-Up in early childhood. *Journal of Consulting and Clinical Psychology, 74*(1), 1-9. doi:10.1037/0022-006X.74.1.1

#### The Incredible Years

Intervention Description	Outcomes	Frequency and Duration	Resources Required
Three multifaceted curricula: 1) BASIC Parent Training Program targets parents of high-risk children and those displaying behavior problems; 2) ADVANCE Parent Training Program addresses interpersonal skills; 3) Child Training Program promotes social competency and reduces conduct problems	Promotes:  Parent-child interactions  Attachment  Parental functioning  Nurturing parenting  Parental social support and problem solving  Child social competence, emotional regulation, positive attributions, academic readiness, and problem solving  Reduces/prevents:  Early onset conduct behaviors and emotional problems	Frequency  • 2-hour session weekly  Duration  • For prevention: 14 weeks  • For treatment: 18-24 weeks	<ul> <li>Master's level (or equivalent) clinicians</li> <li>TV/DVD or Computer with projector</li> <li>\$895-\$1095 for materials</li> <li>\$500 per trainee at training held in Seattle</li> <li>\$1650-\$2000 daily fee for three day training at agency site plus travel expenses</li> </ul>

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**Triple P – Positive Parenting Program** 

Intervention Description	Outcomes	Frequency and Duration	Resources Required
Level 1: A media campaign/distribution strategy for delivering positive parenting information to all families in a community.	Promotes:  • Parents' competence in promoting healthy development and managing common behavior problems and developmental issues	<ul> <li>Level 2: 3 2-hour seminars (standalone or series) or 1-2 30-minute consultations</li> <li>Level 3: 4 2-hour discussion groups (standalone or series) and 1-4 30-minute consultations</li> </ul>	<ul> <li>Trained providers with college degree</li> <li>Equipment to show families DVD clips</li> <li>A/V equipment to deliver a PowerPoint</li> </ul>
Level 2: Low-intensity seminars or single-session meetings.	<ul> <li>Parents' use of positive parenting strategies in managing their children's behavior</li> </ul>	<ul> <li>Level 4 options:</li> <li>Group versions—5 weekly 2-hour group sessions and 3 20-minute individual</li> </ul>	<ul><li>White board or flip chart</li><li>Cost</li><li>Costs of training and support</li></ul>
Level 3: Brief sessions focusing on identifying and resolving commonly encountered behavior challenges.	<ul> <li>Parental confidence in raising their children</li> <li>Parenting partners' communication about parenting issues</li> </ul>	telephone consultations for each family O Online version—8 self-paced modules Self-directed workbook—self-paced One-on-one versions—10 weekly 1-hour sessions	materials are not publicly available, but have been estimated at \$12 per child. Associated costs of the courses are described in the
Level 4:3 Longer sessions in which parents develop a parenting plan and practice with their children. Parents track child's behavior and their own and work with trained practitioners to make adjustments.	<ul> <li>Reduces/prevents:</li> <li>Parents' use of coercive and punitive methods of disciplining children</li> <li>Child behavior problems</li> <li>Parenting stress associated with raising children</li> </ul>	<ul> <li>Level 5 options:         <ul> <li>3-10 individual sessions, 60-90 minutes each</li> <li>4 sessions, 60-90 minutes each when offered individually or 2 hours each when offered as a group</li> <li>10 2-hour group sessions and 2 30-minute individual phone consultations</li> <li>10 90-minute groups and 4 30-minute</li> </ul> </li> </ul>	Triple P Training Guide, which is available by request. An implementation consultant can provide quotes for each site.
Level 5: Further support for parents with specific risk factors		individual phone consultations  Duration	
or those with continuing needs		Levels 2-3: 1-6 weeks	
following a Level 4 intervention.		• Levels 4-5: 8-12 weeks	

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### **Chicago Parent Program**

Intervention Description	Outcomes	Frequency and Duration	Resources Required
A group-based intervention that helps caregivers learn how to manage challenging behaviors and improve their relationships with their children.	Promotes:  Positive parenting practices and attitudes  Positive discipline practices  Reduces/prevents child problem behavior	<ul> <li>Frequency</li> <li>2-hour weekly sessions</li> <li>Duration</li> <li>12 weeks</li> </ul>	<ul> <li>Two trained facilitator with at least a high school diploma and professional experience working with families</li> <li>TV monitors/ DVD or computer with projector</li> <li>White board chalkboard or large paper for group discussions</li> <li>Cost</li> <li>\$799 for program videos and manual</li> <li>\$4000 plus trainer travel expenses for on-site training OR</li> <li>\$1500 for training in Chicago or Baltimore</li> </ul>

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# Appendix B

### **Financial Literacy Programs in Solano County**

**SparkPoint.** One financial education program that stands out as being effective and accessible is SparkPoint. SparkPoint is funded by the United Way and uses one-on-one coaching with clients to help them achieve employment and financial success. Commitment to the program is the only eligibility criteria. SparkPoint assists clients with identifying goals, developing a step-by-step action plan, and keeping them on track to achieve their goals. Managing credit, increasing income, and building assets are the key aims of the program. SparkPoint works with clients for up to three years, and their curriculum builds upon the Annie E. Casey Foundations Centers for Working Families model. XVI In Solano County, there are offices in Fairfield and Vallejo.

It takes an average of 8-10 months for SparkPoint clients to achieve their financial goals. On average, clients who have been involved with the agency consistently for two or more years had a \$807 increase in their monthly income and a 39 point improvement in their credit score as well as \$10,586 decrease in their debt. About three-quarters (76%) of clients who have been consistently with SparkPoint for two or more years have increased their savings by an average of \$2,969. The longer that clients are with SparkPoint the more likely they are to maintain their level of income, credit, or savings.

**Solano Employment Connection One Stop.** Operated by the Solano Employment Connection and overseen by the Solano Workforce Development Board (a federally funded nonprofit), One Stop centers are located in Fairfield and Vallejo and offer employment resources and services at no charge to Solano County residents 16 years of age and over. Services include job search assistance, skills workshops, and recruiting events. People also can use the facilities' computers and Internet to search and apply for jobs. \*Vii Data on the effectiveness of the program could not be located.

California Work Opportunity and Responsibility to Kids (CalWORKs): Family Stabilization Program. CalWORKs is a federally funded public assistance program that is operated by the county welfare department. The program provides cash assistance and services to eligible families who have a child(ren) in the home. Short-term help is available to families who have little or no cash and need housing, food, utilities, clothing or medical care. Continued assistance is available to families that apply and qualify for it. These families receive money each month to help pay for housing, food, and other necessary expenses. The amount of a family's monthly assistance payment depends on the number of people who are eligible, the special needs of any of those family members, and other factors. The income of the family is considered when the amount of cash aid the family receives is determined. \*\*viii\*\*

The CalWORKs Family Stabilization (FS) Program is a component of the CalWORKs Welfare to Work (WTW) program that was implemented in Solano County on January 1, 2014. WTW provides intensive case management to help families achieve self-sufficiency. The FS program addresses homelessness, domestic violence, and/or mental health or substance abuse related needs. xix

**HUD Family Self-Sufficiency.** The Section 8 Housing Assistance program is funded by the U.S. Department of Housing and Urban Development (HUD). The family self-sufficiency (FSS) program is designed to help HUD-assisted families increase their earned income, thereby decreasing their

dependency on welfare assistance and rental subsidies. Public Housing Agencies (PHAs) work with a Program Coordinating Committee (PCC) to administer the program.

Once an eligible family is selected to participate in the program, the PHA and the head of each participating family create a FSS Contract of Participation, typically for a five-year period. The FSS contract includes the creation of the family's individual training and services plan (ITSP) which identifies the family's intermediate and long-term goals and the steps the family needs to take to achieve them. Examples of services coordinated through the program include child care, transportation, education, job training, employment counseling, financial literacy, and homeownership counseling. Services are generally outsourced to service providers in the community.\*\*

An evaluation of the FSS program was conducted from 2005 through 2009. The researchers found that the financial benefits were substantial for participants who remained in and graduated from the FSS program. For example, program graduates were more likely to be employed than those who exited the program early and those who were still enrolled. Program graduates also had higher incomes, both when they enrolled in FSS and when they completed the program, than participants who did not graduate. Furthermore, the average annual income for FSS graduates increased from \$19,902 in the first tracking year to \$33,390 in the graduation year.

# Appendix C

### Solano County Risk Data, by ZIP Code

Zip Code	City	% of children 0-5	Child Maltreat. Allegation Rate	Foster Care Entry Rate	% of Children under 5 in Poverty	Civilian Unemploy. Rate	% of Adults with BA+	% of 3rd Graders Proficient in Math	% of 3rd Graders Proficient in Reading	% of 3 to 4-yr-olds in School	% of Children 0-5 w/ Insurance	# of Risk Factors
	Median Ra	ate	48.4	1.4	18%	10%	26%	36%	37%	49%	96%	
94590	Vallejo	9%	76.5 <b>*</b>	4.7*	44%*	17%*	21%*	29%*	27%*	35%*	92%*	9
94571	Rio Vista	1%	81.9*	2.2*	18%*	16%*	27%	25%*	21%*	63%	84%*	7
94589	Vallejo	7%	51.7*	2.0*	36%*	13%*	19%*	29%*	27%*	52%	97%	7
94533	<b>Fairfield</b>	19%	71.5*	2.6*	29%*	12%*	18%*	36%	37%	35%*	97%	6
95620	Dixon	5%	45.2	0.4	22%*	10%	21%*	30%*	21%*	38%*	92%*	6
94591	Vallejo	11%	40.9	1.4	17%	13% <mark>*</mark>	29%	29%*	27%*	46%*	93%*	5
95688	Vacaville	8%	49.5 <b>*</b>	3.2*	28%*	10% <mark>*</mark>	27%	41%	40%	50%	96%*	5
94592	Vallejo	<1%	89.4*	0	15%	10%	57%	29%*	27%*	74%	92%*	4
94585	Suisun City	8%	47.5	1.2	18%	10%	18%*	36%	37%	41%*	96%	2
95687	Vacaville	14%	48.4	1.8*	17%	10%	21%*	41%	40%	51%	97%	2
94535	Travis AFB	2%	47.9	0	11%	6%	26%	53%	45%	38%*	99%	1
94510	Benicia	6%	34.1	1.2	12%	7%	43%	55%	52%	65%	98%	0
94534	Fairfield	8%	30.1	0.4	11%	8%	38%	36%	37%	49%	99%	0

<sup>\*</sup>Worse than the median for Solano County ZIP Codes for a given indicator (figures may appear above median in one ZIP, but below in another, due to rounding). The number of risk factors is a summation of indicators that are worse than the median for a given ZIP Code. Not shown are data for 94512 where fewer than 50 children under 18 live.

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# Family Support and Parent Education

Recommended Approaches for Building Strong Families in Solano County





## Agenda

- Review Family Support & Parent Education Priority Area and study purpose
- Parent education findings and recommendations
- Financial education findings and recommendations
- Geographical analysis findings and recommendations
- Summary of recommendations
- Questions and discussion

# **Strategic Plan Framework**

# PRIORITY AREA 3: Family Support and Parent Education



#### Goal 5:

All families are safe, stable, and self sufficient



### R9:

Families know about and access the necessary community support systems and services to meet their basic needs

R10: Children are raised in safe homes and healthy communities

#### Goal 6:

All parents and primary caregivers support their children's development



#### R11:

Using community resources and supports, parents and primary caregivers are educated on and practice effective parenting strategies

# Methodology

- Research on evidence-based and best practices to achieve Commission's Strategic Plan Results
- Key informant interviews
- Geographical analysis



## **Parent Education Findings**

- Evidence-based parent education curriculum is key to achieving positive parenting outcomes
  - Used in all neighboring counties
- Strongest programs according to multiple rigorous, well-designed research studies:
  - Family Check Up: Two-phase family-centered intervention consisting of an assessment and parent training.
  - The Incredible Years: Basic and advanced training for parents with highrisk children and those displaying behavior problems.
  - Triple P Positive Parenting Program: Program with 5 levels of intensity depending on needs of family and community.
  - Chicago Parent Program: Group-based intervention to improve parentchild relationships and manage challenging behavior.

# **Evidence-based Parent Education Recommendations**

- Implement an evidence-based parent education program
- Triple P may be best suited program
  - Offered at 5 levels of intensity; able to tier services according to family needs
  - Teaches strategies to promote social competence and selfregulation in children
  - Guides parents on how to communicate effectively and reduce stress
  - Addresses both parenting and child safety outcomes
  - Already been successfully implemented by other counties in region

## **Financial Education Findings**

- Should use positive coaching approach and be directly relevant to learner's life circumstances
- Should address both financial knowledge and behavior
- Available Programs in Solano County
  - SparkPoint One-on-one coaching to achieve employment and financial success.
  - **Solano Employment Connection One Stop** Employment resources/services such as job search assistance and skills workshops at no charge.
  - CalWORKs: Family Stabilization Program Intensive case management; addresses barriers to self-sufficiency.
  - **HUD Family Self Sufficiency** Helps families increase earned income by providing services like financial literacy and employment counseling.
- Financial education resources likely less accessible in certain communities
  - Those not connected to federal basic needs programs
  - Those outside of Vallejo and Fairfield (location of SparkPoint and One Stop)

## **Financial Education Recommendations**

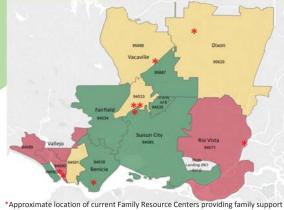
- Connect families to existing coaching-based financial education services
- Consider alternative strategy for Rio Vista:
  - 16% of the population is unemployed
  - 18% of children under 5 lives in poverty
  - The closest SparkPoint or One Stop is 15-20 miles away



10

# **Geographical Analysis Findings**

- "Hot spots" determined by community indicator data
  - Child maltreatment
  - Foster care
  - **Employment rates**
  - Educational attainment
  - 3<sup>rd</sup> grade academic proficiency
  - Child poverty
  - Early education enrollment
  - Health insurance



and parent education services

Highest risk areas: Vallejo (94590, 94589) and Rio Vista (94571)

#### **Risk Factors by Zip Code**

Zip Code	City	% of children 0- 5	Child maltreat. allegation rate	Foster care entry rate	% of children under 5 in poverty	Civilian unemployr ate	% of adults with BA+	% of 3rd graders proficient in math	% of 3rd graders proficient in read.	% of 3 to 4-yr-olds in school	% of children 0- 5 w/ insurance	# of Risk Factors
M	ledian Rate		48.4	1.4	18%	10%	26%	36%	37%	49%	96%	
94590	Vallejo	9%	76.5*	4.7*	44%*	17%*	21%*	29%*	27%*	35%*	92%*	9
94571	Rio Vista	1%	81.9*	2.2*	18%*	16%*	27%	25%*	21%*	63%	84%*	7
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94591	Vallejo	11%	40.9	1.4	17%	13%*	29%	29%*	27%*	46%*	93%*	5
95688	Vacaville	8%	49.5*	3.2*	28%*	10%*	27%	41%	40%	50%	96%*	5
94592	Vallejo	<1%	89.4*	0	15%	10%	57%	29%*	27%*	74%	92%*	4
94585	Suisun City	8%	47.5	1.2	18%	10%	18%*	36%	37%	41%*	96%	2
95687	Vacaville	14%	48.4	1.8*	17%	10%	21%*	41%	40%	51%	97%	2
94535	Travis AFB	2%	47.9	0	11%	6%	26%	53%	45%	38%*	99%	1
94510	Benicia	6%	34.1	1.2	12%	7%	43%	55%	52%	65%	98%	0
94534	Fairfield	8%	30.1	0.4	11%	8%	38%	36%	37%	49%	99%	0

<sup>\*</sup>Worse than median value for County (figures may appear above median in one ZIP, but below in another, due to rounding)

### **Family Support Recommendations**

- Target family support services
  - Including connecting families to basic needs
- Focus on highest risk areas
  - Vallejo (94590, 94589)
  - Rio Vista (94571)

#### Successful programs:

- Are neighborhood-based
- Are located in high risk communities
- Have multiple funding streams
- Offer a range of services

# **Summary of Recommendations**

- Implement evidence-based parent education program, like Triple P
- Implement or connect families to coaching-based financial education services
- Target family support services, including connection to basic needs, toward highest risk communities

**Evidence-based parent education** 

**Connection to financial education** 

Targeted basic needs support

Safe, stable, selfsufficient families who support their child's development

# Questions & Discussion

12



**DATE:** September 26, 2017

**TO:** First 5 Solano Children and Families Commission

**FROM:** Lorraine Fernandez, Program Manager

SUBJ: Approval of an update to the First 5 Solano Signature Authority Policy

Motion: Consider approval of an update to the First 5 Solano Signature Authority

Policy to support the implementation of the First 5 Solano Legislative

**Platform** 

#### **Background:**

Commission policies are updated either on an as-needed basis, or in an annual review process that takes place in or around each September to ensure they are consistent with changes to local, state, and federal laws/regulations and Commission actions during the prior year. Staff conducted the annual review of Commission policies and is recommending an update of the Signature Authority Policy to support the implementation of the First 5 Solano Legislative Platform.

The Commission approved the First 5 Children and Families Commission 2017 Legislative Platform on June 6, 2017. Prior to the adoption of this platform, First 5 Solano did not have a mechanism to provide support/oppose stances without action from the full Commission. Staff informed the Commission that an updated First 5 Solano Signature Authority Policy to support the use of the legislative platform would be presented during the Annual Review of Commission Policies.

Staff has developed the updated First 5 Signature Authority Policy (Attachment A) to allow maximum flexibility and responsiveness on issues that impact First 5 Solano, grantees and Solano children 0-5 and their families. This policy details the procedures for letters of support regarding grants and applications; and, now includes a procedure for responding to state or federal legislative, policy, or budget issues. The policy includes specific and limited provisions for taking action when the immediacy of the action prevents a full discussion by the Commission from occurring at a regularly scheduled Commission meeting.

#### **Committee Consideration and Recommendation:**

The Systems and Policy Committee received a report on the annual review of Commission policies at the September 20, 2017 SPC Committee meeting. As part of this report, the SPC Committee reviewed and commented on the updated First 5 Solano Signature Authority Policy. The committee asked that staff add language that allows the use of an electronic signature.

Upon conclusion of this discussion, the SPC committee directed staff to bring forward a recommendation to the full commission to approve the modified draft of the updated First 5 Solano Signature Authority policy.

Attachment A: Draft Revised First 5 Solano Signature Authority Policy Attachment B: Current First 5 Solano Signature Authority Policy



#### SIGNATURE AUTHORITY POLICY

The First 5 Solano Children and Families Commission has determined that there is a need to establish and maintain a "Policy on Signature Authority" to ensure the timely flow of information and support for its activities. The following is a summary of the areas and circumstances under which the full Commission delegates signature authority to the Chair/designee, along with guidelines for keeping the Commission informed of items signed in accordance with this Policy.

#### I. Letters of support regarding grants and other applications

The purpose of establishing a signature authority policy for letters regarding grants and other applications is:

- A. To allow organizations applying for grants and other applications under a time constraint to receive a letter of support, whereby otherwise the opportunity might be missed if they had to wait until the next full Commission meeting for approval;
- B. To most effectively leverage dollars into Solano County for children and family services, to increase the overall County service capacity for children and families, and provide other benefits for children 0-5 and their families.

The Commission authorizes the Chair and his/her designee (the Vice-Chair and/or Executive Director) to approve and sign letters for support for grants and other applications, under the following guidelines:

- 1. Requests for letters of support must be from community organizations or County agencies that provide services or support the work of organizations providing services in Solano County to children 0-5 and their families. The requestor must be prepared to provide any and all information, including but not limited to the following information, upon request:
  - a) The name and status (i.e., for-profit, non-profit, etc.) of the applicant organization
  - b) The name of the (potential) funder
  - c) The amount of the application
  - d) The period of time the grant covers
  - e) The estimated number of children and/or families to be served
  - f) The types of services that will be provided
  - g) The service area(s) of the County (ex: two cities? Countywide?)
  - h) The goals of the project
  - i) The proposed performance measures
  - j) The deadline for submitting the grant
  - k) To whom the letter of support should be addressed
  - I) The deadline for receipt of the support letter
- 2. The grant or other application must align with one or more Priorities/Goals of the First 5 Solano Strategic Plan; and
- 3. Copies of letters of support signed by the Chair or his/her designee will be included in the Commission Meeting Packet.



#### II. Responding to state or federal legislative, policy, or budget issues

On June 6, 2017 the Commission approved the 2017 First 5 Children and Families Commission 2017 Legislative Platform. This legislative platform allows the Commission to be responsive to the changing landscape and provides the Commission with a mechanism with which to weigh in on activities that will impact children and families.

The purpose of establishing a policy for signature authority for correspondence to respond to state or federal legislative, policy, or budget issues; or, state or federal legislation, is:

- A. To allow maximum flexibility and responsiveness on issues that impact First 5 Solano, grantees, and Solano children 0-5 and their families.
- B. To support/oppose legislation, send letters of support/opposition, or take such other action consistent with the Commission's Legislative Platform, when the need for such action is immediate and the immediacy of the action prevents a full discussion by the Commission from occurring at a regularly scheduled Commission meeting.

The Commission authorizes the Chair and his/her designee (the Vice-Chair and/or Executive Director) to approve and sign letters supporting/opposing legislation and/or policy recommendations under the following guidelines:

- 1. The position of support/oppose must align with one or more of the positions listed in the current Solano County State or Federal Legislative Platform; and, the current First 5 Solano Children and Families Commission 2017 Legislative Platform.
- 2. An electronic signature may be used for the above referenced correspondence.
- Copies of letters to support/oppose legislation and/or policy recommendations signed by the Chair or his/her designee (the Vice-Chair and/or Executive Director) will be included in the next Commission Meeting Packet.



#### SIGNATURE AUTHORITY POLICY

The First 5 Solano Children and Families Commission has determined that there is a need to establish and maintain a "Policy on Signature Authority" to ensure the timely flow of information and support for its activities. The following is a summary of the areas and circumstances under which the full Commission delegates signature authority to the Chair/designee, along with guidelines for keeping the Commission informed of items signed in accordance with this Policy.

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The purpose of establishing a signature authority policy for letters regarding grants and other applications is:

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The Commission authorizes the Chair and his/her designee (the Vice-Chair and/or Executive Director) to approve and sign letters for support for grants and other applications, under the following guidelines:

- 1. Requests for letters of support must be from community organizations or County agencies that provide services or support the work of organizations providing services in Solano County to children 0-5 and their families. The requestor must be prepared to provide any and all information, including but not limited to the following information, upon request:
  - a) The name and status (i.e., for-profit, non-profit, etc.) of the applicant organization
  - b) The name of the (potential) funder
  - c) The amount of the application
  - d) The period of time the grant covers
  - e) The estimated number of children and/or families to be served
  - f) The types of services that will be provided
  - g) The service area(s) of the County (ex: two cities? Countywide?)
  - h) The goals of the project
  - i) The proposed performance measures
  - j) The deadline for submitting the grant
  - k) To whom the letter of support should be addressed
  - I) The deadline for receipt of the support letter



- 2. The grant or other application must align with one or more Priorities/Goals of the First 5 Solano Strategic Plan; and
- 3. Copies of letters of support signed by the Chair or his/her designee will be included in the Commission Meeting Packet.

#### **II.** General Correspondence

The purpose of establishing a policy for signature authority for general correspondence is to allow maximum flexibility and responsiveness on issues that impact First 5 Solano and its grantees. Such correspondence may include, but is not limited to: responding to state legislative and/or budget issues, letters of recognition and/or appreciation, etc.

The Commission authorizes the Chair and his/her designee (the Vice-Chair and/or Executive Director) to approve and sign letters regarding the above, under the following guidelines:

- 1. Correspondence must be consistent with the Solano County Board of Supervisors Legislative Platform;
- 2. The issue(s) addressed must align with one or more Priorities/Goals of the First 5 Solano Strategic Plan; and
- 3. Copies of correspondence signed by the Chair or his/her designee will be included in the next Commission Meeting Packet.



#### SYSTEMS AND POLICY COMMITTEE MEETING September 20, 2017, 10:00 AM – 11:30 AM 601 Texas Street, Suite 210, Fairfield, CA 94533

#### **CALL TO ORDER**

I. Introductions, Public Comment, Commissioner Comment

II. Consent Calendar Action

- A. Approve the September 20, 2017 SPC Meeting Agenda
- B. Approve the July 25, 2017 SPC Meeting Minutes
- C. Receive the Commissioner Meeting Attendance Status Report

#### III. Co-Sponsorship of Training and Conferences Fund Application

Action

**Motion A:** Consider approval of a request from Napa Solano SANE/SART for an allocation of up to \$3,000 to provide the second annual Courage Conference to bring education and awareness on childhood abuse

**Motion B:** Consider approval of a request from Children's Network of Solano County for an allocation of up to \$2,975 to provide the Standard of Quality for Family Strengthening and Support Certification Training

Megan Richards, Deputy Director

#### IV. Annual Review of Commission Policies

Action

**Motion:** Consider a recommendation to approve an update to the First 5 Solano Signature Authority Policy to support the implementation of the First 5 Solano Legislative Platform *Megan Richards, Deputy Director; Lorraine Fernandez, Program Manager* 

#### V. Planning for 2018 and Beyond

Discussion

- A. Receive a draft assessment on Early Childhood Mental Health Needs Assessment
- B. Receive a draft assessment on Family Support and Parent Education
- C. Review the 2017 First 5 Solano Commission Retreat Agenda

  Michele Harris and Megan Richards, First 5 Solano; Lisa Niclai, Applied Survey Research

VI. Systems Change Update

Information

Receive an update on the Systems Change activities Lorraine Fernandez, Program Manager

#### VII. First 5 Solano Staffing and Finance Update

Information

Receive a report on First 5 Solano staffing and financials Megan Richards, Deputy Director

#### VIII. Future Agenda Items, Meeting Time/Date/Location

Information

The Systems and Policy Committee is scheduled to meet next on November 9, 2017, 3:00 PM, at 601 Texas Street, Suite 210, Fairfield, CA. Future agenda items include: Co-Sponsorships of Training and Conferences; Systems Change Update, and Staffing and Finance Update

#### **ADJOURN**

Vision: All Solano County children are loved, healthy, confident, eager to learn, nurtured by their families, caregivers and communities.



**Mission:** First 5 Solano Children and Families Commission creates and fosters programs and partnerships with community entities to promote, support and improve the lives of young children, their families and their communities.

The First 5 Solano Children and Families Commission does not discriminate against persons with disabilities. If you require a disability-related modification or accommodation in order to participate in the meeting, please call (707) 784.1332 at least 24 hours in advance of the meeting to make arrangements. Non-confidential materials related to an item on this Agenda submitted to the Commission are available for public inspection at the First 5 Solano business office, 601 Texas Street, Suite 210, Fairfield, CA during normal business hours.

#### First 5 Solano Children and Families Commission Systems & Policy Committee Meeting

September 20, 2017, 10:00 AM – 11:30 AM 601 Texas Street, Suite 210, Fairfield, CA

#### **Minutes**

Commissioners present: Erin Hannigan, Liz Niedziela

First 5 Solano Staff present: Michele Harris, Megan Richards, Lorraine Fernandez, Juanita Morales, Gene Ibe, and Andrew Boatright

Members of the public present: Haley Armstrong (Courage Center), Lisa Niclai (Applied Survey Research), Christina Branom [via telephone] (Applied Survey Research), Isabelle Montano (Vacaville FRC)

Chair Hannigan called the meeting to order at 10:00 AM

#### I. Public Comment

There were no public comments.

#### II. Consent Calendar

A. Approve the September 20, 2017 SPC Meeting Agenda

Motion: Approve the SPC Meeting Agenda for September 20, 2017

Moved by Commissioner Niedziela; Seconded by Commissioner Hannigan Approved 2-0-0

Yea: Commissioners Niedziela, Hannigan

Nay: None Abstain: None

B. Approve the July 25, 2017 SPC Meeting minutes

Motion: Approve the SPC Meeting Minutes for July 25, 2017

Moved by Commissioner Niedziela; Seconded by Commissioner Hannigan Approved 2-0-0

Yea: Commissioners Niedziela, Hannigan

Nay: None Abstain: None

C. Receive the Commissioner Meeting Attendance Status Report

#### III. Co-Sponsorship of Training and Conferences Fund Applications

Megan Richards described the request from SANE/SART to host a second Courage Center Conference. Ms. Richards described the Commission's co-sponsorship funding for the first meeting held by Courage Center last year and what the commission's co-sponsorship would allow for the 2<sup>nd</sup> annual meeting to accomplish. Ms. Richards noted the blended funding utilized by Courage Center for the meeting.

Motion A: Approve a request from Napa Solano SANE/SART for an allocation of up to \$3000 to provide the second annual Courage Conference to bring education and awareness on childhood abuse

Moved by Commissioner Niedziela; Seconded by Commissioner Hannigan Approved 2-0-0

Yea: Commissioners Niedziela, Hannigan

Nay: None Abstain: None

Ms. Richards described the second request for training for family strengthening. The training provides a certification, which is renewable every 2 years. Ms. Richards noted that the certification is targeted to providers and resource staff which work with families. Isabelle Montano echoed that her staff would be attending the training to benefit from its certification.

Motion B: Approve a request from Children's Network of Solano County for an allocation of up to \$2,975 to provide the Standard of Quality for Family Strengthening and Support Certification Training

Moved by Commissioner Niedziela; Seconded by Commissioner Hannigan Approved 2-0-0

Yea: Commissioners Niedziela, Hannigan

Nay: None Abstain: None

#### IV. Annual Review of Commission Policies

Lorraine Fernandez reviewed the previous Commission meeting; with the approval of the First 5 Solano Legislative Platform it was recommended to update the signature authority policy. Committee members asked that an electronic signature and e-mail correspondence be added to the policy to allow for ease in communication and execution of approvals prior to brining the policy to the full commission for approval.

Motion: Consider a recommendation to approve an update to the First 5 Solano Signature Authority Policy to support the implementation of the First 5 Solano Legislative Platform

Moved by Commissioner Niedziela; Seconded by Commissioner Hannigan Approved 2-0-0

Yea: Commissioners Niedziela, Hannigan

Nay: None Abstain: None

#### V. Planning for 2018 and Beyond

Ms. Harris noted that these 2 reports are informational for the Commission prior to entering into their annual retreat and the discussion of funding decisions. Ms. Harris explained that staff requested Applied Survey Research prepare these 2 reports to help inform the Commission's decision making. Ms. Harris reminded the committee that these 2 areas were lowest ranked during their 2015 prioritization process, have yet to be reduced, and are significant enough in size that they can be considered for funding adjustments without eliminating the entire initiative. The reports seek to offer insights to the Commission on how they can utilize their limited resources to have the greatest impact in the community.

- A. Lisa Niclai presented the draft assessment on Early Childhood Mental Health (ECMH) Needs Assessment. Ms. Niclai highlighted that developmental screenings identify the mental health needs of children and noted systematic challenges and barriers for Solano County families and service providers. Ms. Niclai presented strategies for prevention, service coordination, and service navigation support.
- B. Ms. Niclai presented the draft assessment on Family Support and Parent Education. Ms. Niclai noted that Positive Parent Program (Triple P) is the recommended evidence-based parent education program as preventative support for families. Ms. Niclai noted that related to financial education, connecting families to existing coaching-based financial education services is the recommended strategy. Ms. Niclai noted that in targeting family support services to allow families meet basic needs. Lastly, a geographic focus on the highest risk areas, including Vallejo and Rio Vista could be considered by the Commission.
- C. Ms. Harris reviewed the Commission Retreat Agenda.

#### VI. Systems Change Update

Ms. Fernandez reported that an evaluation of 14 months of Systems Change implementation will be presented in at the upcoming commission meeting, Brandman University's potential Master of Social Work program is not being pursued, gave an update on the progress of AB377 and the stop in progress of AB1250.

#### VII. First 5 Solano Staffing and Finance Update

Ms. Richards reported that year-end revenue was \$500,000 higher than anticipated potentially due to Prop 56 changes and other factors, under revenue in some matchfunding areas, and under in expenditures for ECMH and IMPACT.

#### VIII. Future Agenda Items, Meeting Time/Date/Location

The next Systems and Policy Change Committee is scheduled on Tuesday, November 9, 2017, 3:00PM, at 601 Texas Street, Suite 210, Fairfield, CA. Future agenda items include: Systems Change Update and Staffing and Finance Update.

#### Adjourn

Commissioner Hannigan adjourned the meeting at 11:30 AM.

Andrew Boatright, Office Assistant III

Approved:



**DATE:** September 28, 2017

**TO:** First 5 Solano Children and Families Commission

**FROM:** Michele Harris, Executive Director

SUBJ: Executive Director's Report for October 2017

#### **Program Updates**

**Barnes & Noble:** First 5 Solano is partnering with Barnes & Noble to participate in their holiday book drive. The book drive allows patrons to purchase a book and donate it to a child in need. The books will be distributed to children participating in next year's First 5 Solano pre-k academies. We are also exploring a year round partnership to allow community partners to host events at Barnes & Noble where books could be purchased and donated to their organization, putting over 1,000 books a month into the hands of kids. These events would also provide an opportunity to engage the community in the importance of early literacy. This partnership would be of no cost to First 5 Solano.

**Poverty Simulation**: In partnership with the Department of Child Support Services, First 5 Solano will be hosting 2 community poverty simulation exercises in November 2017. The simulation is a unique training for policymakers and service providers interested in learning about challenges and situations experienced by families living in poverty. The role-play simulates a one-month time frame in which participants are randomly assigned to a "family" and given different life scenarios. The simulation requires participants to work, access benefits, buy food, and maintain housing given the scenario assigned. Additional volunteers in the simulation play vital roles of "community resources", such as the bank, an employer, or the doctor, with whom the families interact during role-play.

The simulations will be held at the Solano County Event Center in Conference Room A. Registration for the event will commence in October 2017.

**Resilience Screening & Panel Discussion**: Solano Kids Thrive hosted a screening of "Resilience: The Biology of Stress & the Science of Hope" in September 2017 at the KROC Center in Suisun. The movie delves into the science of Adverse Childhood Experiences (ACEs) and the birth of a new movement among pediatricians, therapists, educators, and communities to treat and prevent toxic stress. The event will conclude with remarks from guest panelists sharing their reactions to the film. Additional screenings of the film in Solano County to further expand awareness of ACEs and its prevention are expected to be scheduled over the next few months.

**Washington Post Article:** Pre-Kindergarten Academies are 4-week intensive programs for children entering kindergarten with no prior pre-school experience, English Language Learners, special needs and/or are considered "high-risk." First 5 Solano Children and Families Commission has been funding Pre-Kindergarten academies since 2008. In an article by the Washington Post, Pre-K academies or "Boot camps for tots" indicate that these programs ease

the transition into kindergarten and give children a head start so that they can be successful. First 5 Commissioner and Solano County Superintendent of Schools, Lisette-Estrella Henderson is quoted in the article as saying, "We have found that those little ones also critically need the support so they don't enter school with that gap in their social skills." She acknowledged that a summertime program cannot replace a year or more of high-quality preschool. However, in the absence of money from the state to provide universal prekindergarten, the boot camps can help give a boost to children from families unable to afford preschool.

#### **Systems Change Updates**

#### **Systems are Strengthened**:

- Brandman University: In June 2017, the Commission requested additional information regarding systems change activities related to development of a local Master's of Social Work program by Brandman University. Upon further discussion, staff is no longer moving forward with Brandman to develop a social worker program in the county. Staff will bring forward its findings at the next SPC meeting for further discussion.
- Nonprofit Capacity Assessment: First 5 Solano, in partnership with Health & Social Services, is working with Learning for Action (LFA) to conduct an assessment of Solano nonprofit capacity. LFA recently conducted the Point the Way study of nonprofit capacity building in the Chicago area. First 5 Solano hopes to utilize the information from the assessment to build a plan for nonprofit training and technical assistance.
- UC Berkeley Fundraising Program: First 5 Solano managed a competitive request for applications process to select nonprofit agency participants in the UC Berkeley Extension four-month Professional Program in Fundraising and Volunteer Management. Eligible applicants were nonprofit agencies who provide services in Solano that benefit children and families. Twenty agencies were selected for a total of 25 nonprofit leaders. The training began September 22 and will continue through December 2017.

#### **Systems are Expanded**

- The Children's Network received approval of a \$100,000 grant application from the Walter S. Johnson Foundation. This 12-month grant will fund the establishment of the "Solano Youth Voices" youth leadership council; and, support the development of a policy platform that will reflect policy issues that have the most impact on the quality of life for at-risk youth.
- In early June, First 5 Solano submitted a Letter of Interest to California Wellness Foundation for \$200,000 over 18 months to support the project to integrate developmental screenings into primary care visits. A response was received on September 7<sup>th</sup>, stating that Cal Wellness receives many more requests than their grant dollars can fund, and regretting that they could not respond favorably at this time.

#### **Systems are Sustained**

 AB 377: This bill has been sent to the Governor for signature, and would allow local changes to eligibility for families' access to subsidized care. First 5 Solano submitted a letter of support directly to the Governor's office.



AB 1250: This bill would mandate all services be provided by county employees, unless
extensive analysis was done to justify a contract. The Solano County Board of
Supervisors and the First 5 Association took a position of opposition on the bill. The bill
was sent back to the Senate Rules committee. It is expected that discussions about this
bill will continue next year.

### The Washington Post

**Education** 

## Boot camps for tots: Kindergarten orientation provides a head start

By Moriah Balingit September 3

One day in August, 16 squirmy youngsters at Alexandria's Douglas MacArthur Elementary School made their way down an empty hallway, some moving haltingly, some running their fingers along the walls.

"Ladies and gentlemen, we're going to walk quietly to breakfast," their teacher, Anthony Jackson, bellowed. "I like what I'm seeing today! Good job!"

It was the third day of Kindergarten Prep, a half-day program intended to prepare 4- and 5-year-olds for their inaugural year at the Virginia school. Jackson hoped the children would learn the basic rhythms of the school day and the basic rules of the classroom: Raise your hand when you want to speak, ask the teacher if you need to go to the bathroom, never be afraid to ask for help.

Across the nation, about 3.8 million children will start kindergarten at public schools this fall, some entering classrooms for the first time. In an era when kindergarten is chock full of academic rigor, it can be a moment rife with stress: busy hallways, peculiar routines, unfamiliar faces and long stretches of activity without nap time.

To ease the transition, many schools have introduced boot camps or orientation weeks for young children, hoping to give them a head start so they can be successful.

"They're much more comfortable and ready to learn on the first day of school," said Lisa Piehota, executive director of elementary education for Alexandria City Public Schools. The program, offered to all incoming kindergartners, costs the district about \$100 per child.

The programs reflect a move toward more academic rigor in kindergarten, with lessons on reading and math displacing play and free time. Education experts say No Child Left Behind — the federal education law that required more high-stakes testing — spurred the shift, putting pressure on educators to get children ready for standardized exams earlier.

Children from low-income households — who are less likely to attend preschool — are starting off further behind classmates who attended preschool.

At Mount Vernon Woods Elementary in Fairfax County, where 78 percent of the school's students come from low-income households, some incoming kindergartners show up five weeks before the start of school.

"You have to do whatever you can do to get an early start . . . and do whatever you can to fill the gap," principal Clint Mitchell said. The school district runs a four-week Bridge to Kindergarten program for at-risk children, and Mitchell uses about \$9,000 of school-based money to run another week-long kindergarten transition camp for all children.

Some of the short-term prekindergarten programs — ranging from a few days to six weeks — are intended to close the gap for children whose families did not have the means to send them to preschool.

Schools in Charlottesville and Des Moines bring children in for about a week during summer to get them accustomed to school buildings. Many schools in California offer four-week prekindergarten academies for at-risk children who have never been to preschool. Fairfax County schools offer a similar program, aimed at giving at-risk children a head start to the school year.

The Pre-Kindergarten Academy in Solano County, Calif., targets children at risk of falling behind because they are English language learners or because they have special needs. More than half of children in the county never attend preschool, and the academy gives a small fraction of them the chance to get a head start.

"We have found that those little ones also critically need the support so they don't enter school with that gap in their social skills," said Lisette Estrella-Henderson, the Solano County schools superintendent. She said it also gives teachers the chance to identify children with special needs.

She acknowledged that a summertime of cramming cannot replace a year or more of high-quality preschool. In the absence of money from the state to provide universal prekindergarten, the boot camps can help give a boost to children from families unable to afford preschool.

"I'm really a believer that these pre-K academies could potentially change a child's developmental trajectory," Estrella-Henderson said.

Amanda Williford, a University of Virginia professor whose research focuses on academic readiness for children, said a short-term program can help a child feel more comfortable in the classroom, but she was skeptical of the long-term effect.

"That is not designed to get a child ready for kindergarten. It's really just designed to help kids feel more comfortable," Williford said.

In Jackson's Alexandria classroom, students had made plenty of progress toward becoming full-time kindergartners. Nearly all of them rotated politely among activity stations without supervision, making patterns with blocks, creating rubber-band art on peg boards and stretching clay into letters.

Jackson said the week gives him an opportunity to get to know his students: their strengths and weaknesses, their favorite colors and interests. It makes the children more comfortable following his directions, so they can focus on learning.

He gave a small group of students a handout with circles drawn on it and asked them to make their own art using the circles. One girl drew in a face and eyeglasses.

"She's a spy girl with glasses," she explained. "These are not ordinary glasses. These are spy glasses — to help her see the bad guys."

A boy pressed an orange crayon and scribbled indiscriminately over the circle.

"It's coral!" he said.

That gave Jackson a clue to the boy's interests and will help him tailor lessons later in the year. If the child is interested in sea creatures, Jackson said he will keep an eye out for books about the ocean, hoping to spur excitement about reading.

At the end of the day, he led students in free drawing. One girl drew an elaborate birthday party scene complete with a cake on which she wrote her name. Another girl scribbled with crayons and handed it to Jackson.

"What is that?" Jackson asked.

"It's you!" she squealed.

He smiled. "Well, I am just a handsome guy."

Moriah Balingit writes about education for the Post. **Y** Follow @ByMoriah