

**Meeting of January 13, 2015 – 5:00-7:30 PM**  
**601 Texas Street, Conference Room B, Fairfield, CA**

**CALL TO ORDER / SALUTE TO THE FLAG**

- I. Public Comment** **Information**  
*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 Commission Meeting Agenda for January 13, 2015  
B. Approve Minutes of the December 2, 2014 Commission Meeting
- III. Introduction of 2015 Officers; Chair Appoints Committee Chairs** (10 min) **Information**
- IV. Committee Reports** (120 min) **Discussion/Action**  
A. Systems and Policy Committee (Commissioner Barbosa)  
1. **Motion:** Consider approval of the Business Challenge Grant Fund Policy  
*Ciara Gonsalves, Community Engagement, Policy & Fund Development Manager*  
2. Planning for 2016 and Beyond  
a. Collective Impact – Review Emerging Systems Map  
b. Strategic Planning – Community Indicator Discussion  
*Michele Harris, Executive Director, Lori Allio, Hatchuel, Tabernik and Associates, Lisa Colvig, Applied Survey Research*  
B. Program and Community Engagement Committee (Commissioner Niedziela)  
1. 2014 Pre-K Academy Services Report and Recommendations for FY2015/16  
a. Receive a report on the 2014 Pre-Kindergarten Academies  
b. **Motion:** Consider approval of an allocation of up to \$110,000 for FY2015/16 Pre-Kindergarten Academy Services (Sources of Funding: Discretionary Fund, First 5 Futures, Pre-Kindergarten Business Champions, FY2013/14 Pre-Kindergarten Academies Rollover)  
*Cherelyn Ellington Hunt, Early Childhood Education Manager*  
2. Receive the Maternal, Child, and Adolescent Health Needs Assessment Report  
*Nancy Calvo, Maternal, Child, and Adolescent Health Administrator, Solano County Health & Social Services*
- V. Executive Director's Report** (5 min) **Information**  
*Michele Harris, Executive Director*
- VI. Commissioner Remarks** (5 min) **Information**
- VII. Future Agenda Items, Meeting Time/Date/Location** (5 min)  
The next Commission meeting will be held on March 3, 2015 at 5:00 PM at 601 Texas Street, Fairfield. Future agenda items include: Committee Reports; Strategic Planning; Pre-Kindergarten Academy Award of Funding; FY2015/16 Budget and Allocation of Funding

Aaron Crutison, Chair  
Dan Ayala  
Marisela Barbosa  
Elise Crane  
Dana Dean



Erin Hannigan  
Liz Niedziela  
Jay Speck  
Michele Harris, ED

CHILDREN ARE OUR BOTTOM LINE

**Meeting of January 13, 2015 – 5:00-7:30 PM  
601 Texas Street, Conference Room B, Fairfield, CA**

**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  
Commission Meeting**

December 2, 2014, 5:30 PM – 7:30 PM  
601 Texas Street, Suite 210, Fairfield, CA

**Minutes**

Commissioners present: Jay Speck (Chair), Dan Ayala, Dana Dean (arrived at 6:02pm), Erin Hannigan (arrived at 5:35pm), Liz Niedziela, Marisela Barbosa (arrived at 5:39pm), and Patrick Duterte

First 5 Staff present: Michele Harris (Executive Director), Megan Richards (Deputy Director), Ciara Gonsalves (Policy and Fund Development), Cherelyn Ellington-Hunt (Early Childhood Development), Christine Shipman (Health and Well-Being), Venis Boyd (Child and Family), and Christiana Lewis (Office Assistant III)

Members of the public present: Debbi Davis (Children's Nurturing Project & Help Me Grow Solano), Alan Kerzin (Children's Network), Christina Branom (Applied Survey Research), Dr. Lori Allio (Hatchuel Tabernik and Associates)

Chair Speck called the meeting to order at 5:33pm.

**I. Public Comment**

Chair Speck welcomed Ms. Harris as the new First 5 Solano Executive Director and thanked Ms. Richards and staff for their outstanding efforts during the transition.

**II. Consent Calendar**

- A. Approve the Commission Meeting Agenda for December 2, 2014
- B. Approve Minutes of the October 7, 2014 Commission Meeting
- C. Approve Minutes of the October 25, 2014 Commission Retreat Meeting

***Motion: Approve the December 2, 2014 Commission Meeting Agenda, the October 7, 2014 Commission Meeting Minutes, and the October 25, 2014 Commission Retreat Meeting Minutes***

**Moved by Commissioner Ayala; Seconded by Commissioner Duterte  
Approved 5-0-0**

**Yea: Commissioners Speck, Hannigan, Ayala, Niedziela, Duterte**

**Nay: None**

**Abstain: None**

### III. Committee Reports

#### A. Systems and Policy Committee

1. Ms. Harris introduced Dr. Lori Allio with Hatchuel, Tabernik, and Associates (HTA), and introduced the review of the preliminary 0-5 Systems Map which was developed by the Help Me Grow (HMG) Leadership Team. Dr. Allio reminded the Commission that the HMG Leadership Team is still in early phases of collecting data and connecting programs and services within each system. Dr. Allio asked the Commission, staff, and public to examine the progress of that data collection on the systems map, which was posted along the walls of the room. Attendees were invited to add to the map if they knew of additional resources or opportunities.

Commissioner Duterte pointed out that he sees a lot of resources in the community, but that there is no comprehensive plan on how tackle all the opportunities to serve families.

2. Ms. Gonsalves introduced Curt Below from FM3, who presented the initial polling results from a poll the Commission funded to test support of a ballot initiative to support children by likely voters in Solano County. It was determined that voters value early childhood education and programs and believe in the long-term benefits.

Commissioner Hannigan asked what the next steps are. Alan Kerzin answered that the Funding the Next Generation group is very active in pursuing an initiative on the 2016 ballot. Mr. Kerzin explained that the group is also looking at whether it would be better to do a dedicated tax which would require a 2/3rds vote or a general tax which is a simple majority of 50%+1 which is easier to pass. Commissioner Hannigan offered that a general tax gives much more flexibility in how the funds are used.

#### B. Program and Community Engagement Committee

1. Ms. Richards introduced Christina Branom from Applied Survey Research (ASR), to present more detailed community-wide indicators on poverty and child welfare, as requested at the October 25, 2014 Commission Retreat.

Commissioner Hannigan questioned the accuracy of the drop in unemployment rates presented to which Ms. Branom explained a number of reasons could attribute to the current rate. Commissioner Dean pointed out that the maltreatment rates may also need further analysis since certain areas of the County, including Birds Landing, do not have as many children as cities like Vallejo.

Chair Speck asked about the usefulness and purpose of the data presented. Commissioner Barbosa said that the larger issue trending is poverty and that First 5 should focus in cities and areas where children are affected by poverty

the most. Commissioner Duterte agreed and said that this information is helpful for making decisions in the future.

2. Ms. Branom presented the Partnership for Early Access for Kids (PEAK) Evaluation Report which outlines the returns on investment for the Commission and Mental Health Services Act funded program. This report evaluates how the children referred from the Child Welfare system to the PEAK Program fare, including if there were decreased referrals back to Child Welfare after children and families were involved in the program.

The report concludes that the developmental and mental health services PEAK provides lead to early intervention and ultimately can provide long-term cost savings by reducing the need of downstream services for children and fewer referrals to the Child Welfare system for low risk children.

#### **IV. Election of 2015 First 5 Solano Commission Officers**

Chair Speck asked Commissioners Dean and Ayala to report on their officer recommendations. Commissioner Dean and Ayala nominated Commissioner Crutison as Chair and Commissioner Barbosa as Vice Chair.

***Motion: Consider election of Aaron Crutison as 2015 Chair and Marisela Barbosa as 2015 Vice-Chair, as recommended by the Nominating Committee.***

**Moved by Commissioner Duterte; Seconded by Commissioner Niedziela**

**Approved 7-0-0**

**Yea: Commissioners Speck, Hannigan, Ayala, Niedziela, Duterte, Dean, and Barbosa**

**Nay: None**

**Abstain: None**

#### **V. Executive Director's Report**

Ms. Harris reported that Youth and Family Services (YFS) is no longer in business. First 5 Solano had two funded programs with YFS: BabyFirst Solano and Parent Coaching through PEAK. Children's Nurturing Project has agreed to continue the work BabyFirst Solano was doing, and Child Haven will be continuing the Parent Coaching classes.

Ms. Harris explained that First 5 California is preparing for the 2015 Child Health Education and Early Care Summit in February and is looking for Commissioners to participate in preconference panels. Debbi Davis and Patsy Hampton will be presenting the work Help Me Grow and First 5 Solano is doing in Solano County at this summit.

Children's Network has been working to coordinate the Second Annual Children's Policy Forum and held a Stakeholder's Summit to narrow down 42 top priority early childhood issues submitted by collaborative groups to four top issues and will be presenting them to legislators on February 21, 2015.

Ms. Harris shared with the Commission that First 5 Solano recently worked with the Local Childcare Planning Council to review a funding opportunity that equates to 120 full-time preschool slots and \$900,000 available to Solano County through California State Preschool Expansion Funds. First 5 Solano submitted a Letter of Intent as a back-up option to act an intermediary for agencies in Solano County to apply for these funds. However, since then, it has been identified that numerous school districts and agencies will be applying for the funds directly, so it is not necessary for First 5 Solano to apply.

#### **VI. Commissioner Remarks**

Commissioner Duterte thanked the Commission and staff for their hard work, and announced that with the start of the new Health & Social Services Director, he will be leaving Health & Social Services and leaving the Commission beginning 2015. The new Director, Gerald Huber, will be taking the H&SS position on the Commission. The Commissioners wished everyone happy holidays.

#### **VII. Future Agenda Items, Meeting Time/Date/Location**

The next Commission meeting will be held on January 13, 2015 at 5:00 PM at 601 Texas Street, Fairfield. Future agenda items include: Committee Reports; Strategic Planning; Pre-Kindergarten Academy Report

#### **Adjourn**

Commissioner Speck adjourned the meeting at 7:46pm.

Christiana Lewis, Office Assistant III

Approved:

**DATE:** January 13, 2015  
**TO:** First 5 Solano Commission  
**FROM:** Marisela Barbosa, Systems and Policy Committee (SPC) Chair  
by Ciara Gonsalves, Policy & Fund Development Manager  
**SUBJ:** **First 5 Futures – Business Challenge Grant Policy**

**Motion: Consider approval of the Business Challenge Grant Fund Policy**

**Background/Discussion:**

The First 5 Futures Implementation and Fund Development Plan was designed as a multi-pronged approach to sustain and expand the Solano County early childhood system in the face of declining First 5 Solano revenues. The three main goals of the plan include:

- Secure large foundation and government grants and contracts
- Obtain corporate grants and strengthen corporate and business partnerships
- Pursue legislative and policy changes

Under the prong of strengthening corporate and business partnerships, one identified intervention is to cultivate corporations and businesses to financially support First 5 Solano programs. As a strategy in implementing this specific intervention, the Business Challenge Grant Fund Policy and application have been developed and are presented for consideration. (Attachments A and B).

The policy sets forth the guidelines and criteria for a Business Challenge Grant Fund allocated to assist community based organizations with efforts to engage and incentivize local businesses to contribute funds toward services benefiting children ages 0-5 years and their families. The Business Challenge Grant Policy encourages businesses to contribute cash donations that will be matched by dollars from this fund and will help community partners as they seek to sustain and/or expand services in the community.

Under this policy, grants from \$1,000 to \$10,000 each may be awarded from this Fund allocated on a pre-approved basis to support expansion of services benefiting Solano children ages 0-5 and their families. Monies authorized under this fund must further the priorities and goals of First 5 Solano Children and Families Commission as set forth in its Strategic Plan. Funds would be authorized from the First 5 Futures Budget in the "Other Matching Funds" line item of Leveraging Funds with an annual allocation of \$40,000 (Attachment C).

The proposed policy and application are attached to this staff report for First 5 Solano Commission consideration.

Attachment A: Business Challenge Grant Fund Policy DRAFT  
Attachment B: Business Challenge Grant Application DRAFT  
Attachment C: First 5 Futures Budget



## CHILDREN ARE OUR BOTTOM LINE

### **BUSINESS CHALLENGE GRANT FUND POLICY**

This Policy sets forth the guidelines and criteria for the Business Challenge Grant Fund ("Fund"). The goal of the Fund is to assist community based organizations in engaging with local businesses to contribute funds toward services benefiting Solano children ages 0-5 years and their families. By incentivizing the business community to contribute cash donations matched by dollars from this Fund, First 5 Solano expands services for young children in the community.

Grants from \$1,000 to \$10,000 each may be awarded from this Fund on a pre-approved basis. Monies authorized under this Fund must further the priorities and goals of First 5 Solano Children and Families Commission as set forth in the Commission's most current Strategic Plan.

#### **A. Guidelines for the Business Challenge Grant Fund**

The purpose of the Fund is to support the expansion of services benefiting children ages 0-5 and their families by incentivizing the business community to contribute cash donations matched by dollars from this Fund.

#### **Guidelines for requesting funds:**

1. Grants range from \$1,000 to \$10,000.
2. Applicants shall complete the Business Challenge Grant Fund Application. Applicants may request the application by calling (707) 784-1332, or applicants may download an application from the First 5 Solano website at [www.first5solano.org](http://www.first5solano.org). Applications may also be picked up at the First 5 Solano office. Applications must be typed or written legibly.
3. Applicant MUST receive *prior* approval before seeking matching funds from a potential local business partner.
4. Business must not have donated to the applicant in the previous 2 full Fiscal Years.
5. In consultation with the Policy and Fund Development Manager, applications shall be reviewed and approved by the Systems and Policy Committee Chair, or their designee.
6. An applicant may only have one application in process (under review or approved to seek funding) at a time.
7. Match funding from First 5 Solano shall be issued to the applicant organization after the business partner funding has been received by the applicant. If the funding is not obtained from the business, it is the applicant's responsibility to notify First 5 Solano and close the application.
8. There is a limit of two funded applications and \$10,000 per agency per Fiscal Year.



**Additional Guidelines and Criteria:**

1. The applicant organization must serve children ages 0-5 and their families and authorized funding must be used for direct services to children ages 0-5 and their families in Solano County. Exceptions to the direct services requirement (e.g. play structures, early literacy materials, advocacy services) may be considered on a case-by-case basis.
2. Both the applicant organization and the business providing the matchable funds must have tobacco/nicotine-free workplaces.
3. The applicant and business partner must acknowledge the support of First 5 Solano Children and Families Commission in advertising of the funded services.
4. If the grant is approved, Grantee must read and sign the “Agreement for First 5 Solano Business Challenge Grant Fund” prior to authorization of funds.
5. As stated in the “Agreement for Business Challenge Grant Fund,” Grantee must complete and return the “Business Challenge Grant Fund Services Report” about the use of the funding within 30 days of the completion of the fiscal year. Any individual or organization that fails to provide this report may be considered ineligible for future funding.
6. Grantee must make every responsible effort to utilize funds in the fiscal year in which they are issued.



CHILDREN ARE OUR BOTTOM LINE

Business Challenge Grant Application for Funding

First 5 Solano Children and Families Commission has made available grants of \$1,000 - \$10,000 to support business fundraising activities for agencies that serve children ages 0 to 5 and their families (refer to Business Challenge Grant Policy). Complete and return this Application to apply for these funds. Applications must be approved prior to seeking business funding.

Application Date: \_\_\_\_\_

Applicant Organization Name: \_\_\_\_\_

Applicant Contact Person: \_\_\_\_\_

Applicant Address (Street, Apt., City, Zip) \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Proposed Business Donor: \_\_\_\_\_

Proposed Business Donor License Number: \_\_\_\_\_

\$\_\_\_\_\_ Business + \$\_\_\_\_\_ First 5 Solano

= \$\_\_\_\_\_ Total Business + First 5 Solano Funding

Describe how the funds will be used to directly benefit children ages 0-5 and their families in Solano County:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will this funding further the priorities and goals of First 5 Solano Children and Families Commission as set forth in its Strategic Plan: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

For more information or help completing this application, call First 5 Solano at 707-784-1338 or visit www.first5solano.org. Applications may be sent to cfcsolano@solanocounty.com Faxed to: 707-784-1345 or mailed to 601 Texas St, Suite 210, Fairfield CA 94533.

NOTE: In addition to this Application, if the funding is approved, Applicant must read and sign the "Legal Agreement for Business Challenge Grant" and return a W-9.

First 5 Futures FY2014/15 Estimated Budget: \$352,000			
Description	FY2014/15 Amount	Actual	Remaining Budget
<i>Staffing</i>			
<b>Subtotal</b>	<b>\$179,607</b>		<b>\$179,607</b>
<i>Memberships- Business Groups</i>			
Benicia Chamber of Commerce	336	315	336
Dixon Chamber of Commerce	200	200	200
Fairfield-Suisun Chamber of Commerce	295	320	295
Rio Vista Chamber of Commerce	265		265
Vacaville Chamber of Commerce	250	265	250
Vallejo Chamber of Commerce	335	335	335
Filipino-American Chamber of Commerce	150		150
Solano EDC	1,000	500	1,000
Solano Hispanic Chamber	500	100	500
Misc - buffer for change in rates	250		250
<b>Subtotal</b>	<b>\$3,581</b>	<b>\$2,035</b>	<b>\$1,546</b>
<i>Memberships- Funder Organizations</i>			
Early Childhood Funders - ECF	1,000		1,000
Grantmakers for Children, Youth and Families - GCYF	1,500		1,500
Grantmakers for Effective Organizations	500	370	130
Northern California Grantmakers - NCG	1,500		1,500
<b>Subtotal</b>	<b>\$4,500</b>		<b>\$4,130</b>
<i>Event Sponsorship</i>			
Pre-K Business Champs (edc bkfst)	6,312		6,312
<b>Subtotal</b>	<b>\$6,312</b>		<b>\$6,312</b>
<i>Leveraging Fund</i>			
Pre-K Business Champs	25,000	(14,800)	10,200
Other Matching Funds	40,000	(30,000)	10,000
<b>Subtotal</b>	<b>65,000</b>	<b>(44,800)</b>	<b>20,200</b>
<i>Professional Services - Grant Writing/Access</i>			
Grant Writing Services- Commission	25,000	(12,500)	12,500
Requests for Grantwriting Srvcs- Grantees/Org. Support Fund	50,000		
Grant Databases (Foundation Center Online - \$1,295)	2,000		
<b>Subtotal</b>	<b>\$77,000</b>		<b>\$64,500</b>
<i>Training, Travel &amp; Operations</i>			
<b>Subtotal</b>	<b>\$16,000</b>		<b>\$16,000</b>
<b>Grand Total</b>	<b>\$352,000</b>		<b>\$352,000</b>

**DATE:** January 13, 2015  
**TO:** First 5 Solano Commission  
**FROM:** Michele Harris, Executive Director  
**SUBJ:** **Strategic Planning and Collective Impact Efforts**

**Discussion:** In summer 2014, the First 5 Solano Commission embarked upon a joint Strategic Planning/Collective Impact process with the goal of providing the community a robust common agenda and shared measures, while at the same time, using the Collective Impact process to gather input and data to inform the Commission's Strategic Planning efforts.

At this Commission meeting, Dr. Allio will share the revised timeline for both Strategic Planning and Collective Impact efforts for 2015. The timeline identifies the strategic planning activities projected for each of the Commission meetings and identifies the Collective Impact related updates, activities, and resources that will be shared at these meetings.

In addition, the Commission will receive an update on the emerging 0-5 systems map. The Commission will review the four clusters of systems that are captured in the map, and will explore emerging overarching issues being raised through the system mapping process.

The systems mapping is a qualitative or narrative description of these needs across various sectors. To complement this description, Applied Survey Research is creating an indicator report that will provide a quantitative snapshot of how children and families are faring across Solano County.

ASR is now seeking input from First 5 staff, the Commission, and the Help Me Grow/CI steering Committee to identify the indicators that best describe the wellbeing of Solano County children and families. ASR has prepared an initial list of community indicators for the Commission to work from. The indicators provided this evening are community indicators that have been collected in Solano in the past, as well as general indicators that are used on a broader scale as determinants of overall childhood wellbeing.

In general, indicators should have the following characteristics:

- Focused on children 0- and their families
- Have past trend data available, and will continue to have data available
- Can be benchmarked to other counties and state-wide averages
- If possible, can be disaggregated into subpopulations (e.g., ethnicity, income level, age, area of county)

Once the indicators are identified, ASR will collect data and present findings to the Commission in April 2015. These data, along with systems mapping and other data, will then be integrated and summarized in order to help the Commission update its strategic plan, and to help the Collective Impact project create a common agenda and shared outcomes for the county.

Attachment A: Strategic Planning/Collective Impact Timeline  
Attachment B: Systems Map  
Attachment C: Systems Map PowerPoint  
Attachment D: Result Indicator List

## Strategic Planning and Collective Impact Activities 2015

### January – June 2015

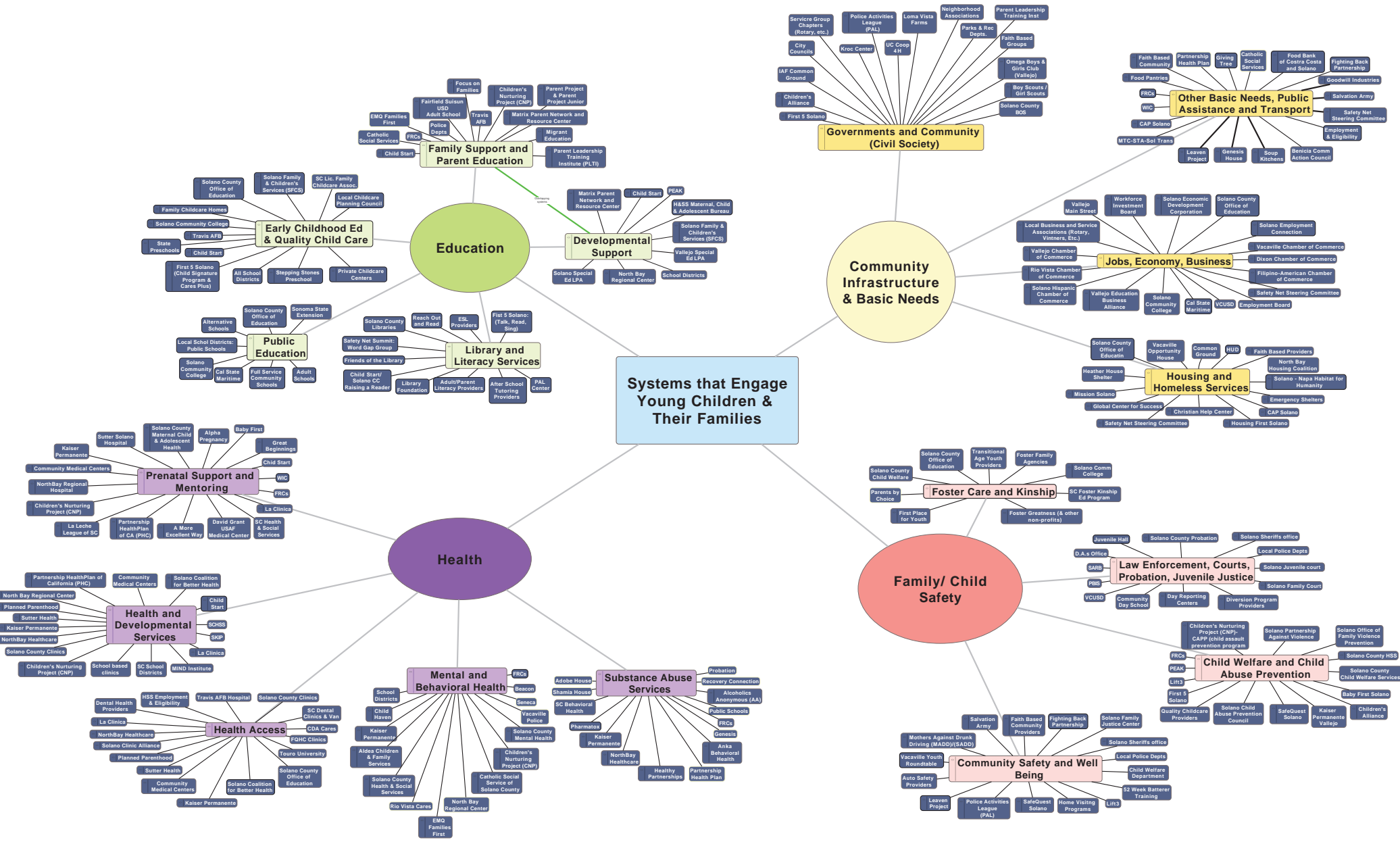


	January 13 5:00 - 7:30pm Commission Meeting	February 3 3:00 - 4:30pm SPC Meeting	March 3 5:00 - 7:30pm Commission Meeting	March 10 3:00 - 4:30pm SPC Meeting	April 7 5:00 - 7:30pm Commission Meeting	May 5 3:00 - 4:30pm SPC Meeting	June 2 5:00 - 7:30pm Commission Meeting
<b>Strategic Planning</b>	I.D. Range of Indicators	Review plan for mission, vision, and values	Revisit mission, vision, values.	Review of Existing First 5 Solano Strategic Framework  Share Indicator work	Review of First 5 Solano Strategic Framework  Indicator Presentation	Rough draft of First 5 Strategic Framework	Review/Revise draft Strategic Framework
<b>Collective Impact</b>	Share Systems Map Draft	SWOT for Commission  Update on CI Planning Information	SWOT Exercise  Update on CI Planning Information	Present Emerging Common Agenda	Commission explores Emerging Common Agenda Outreach Update	Update on Common Agenda and related measurement	Update on Common Agenda and related measurement Outreach Update

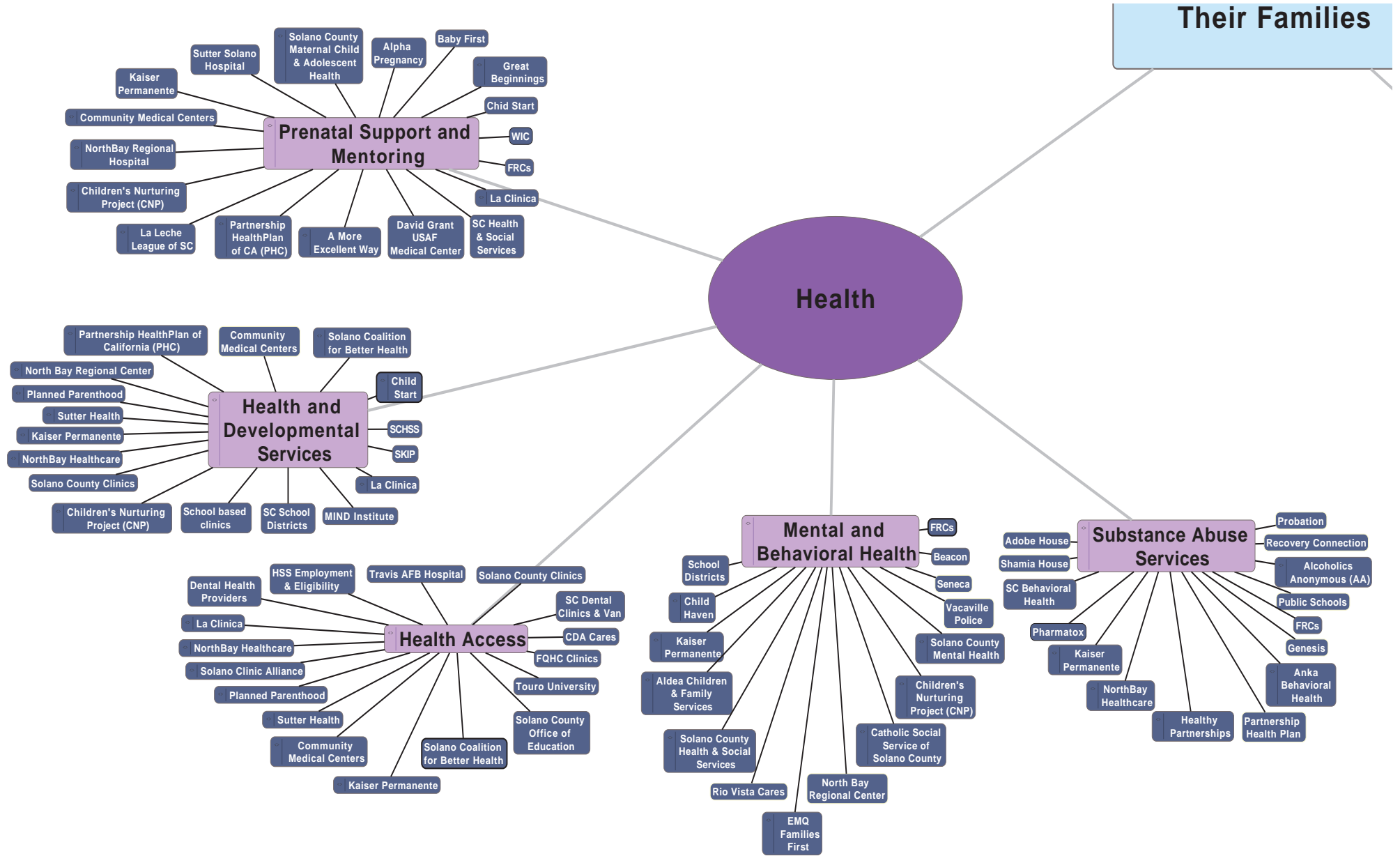
### July – December 2015

	July 7 3:00 - 4:30pm SPC Meeting	August 11 5:00 - 7:30pm Commission Meeting	September 1 3:00 - 4:30pm SPC Meeting	October 6 5:00 - 7:30pm Commission Meeting	October 24 Time TBD Commission Retreat	November 17 3:00 - 4:30pm SPC Meeting	December 1 5:00 - 7:30pm Commission Meeting	December 15 3:00 - 4:30pm SPC Meeting
<b>Strategic Planning</b>	Review finalized framework  Review initial documents for investment planning	Review & approve finalized framework  Begin to discuss funding strategies / investment plan	Planning for Commission retreat: -Strategic plan draft -Review LTFP -Program Investment Plan  Agenda for retreat	Approve Retreat agenda	Long Term Financial Planning  Program Investment Planning  Review draft Strategic Plan	Review Draft Plan Report  LTFP  PIP	Present for Approval: Strategic Plan Report, LTFP, PIP	TBD
<b>Collective Impact</b>		Outreach Update CI progress report		Outreach Update CI progress report	CI progress report		Outreach Update CI progress report	

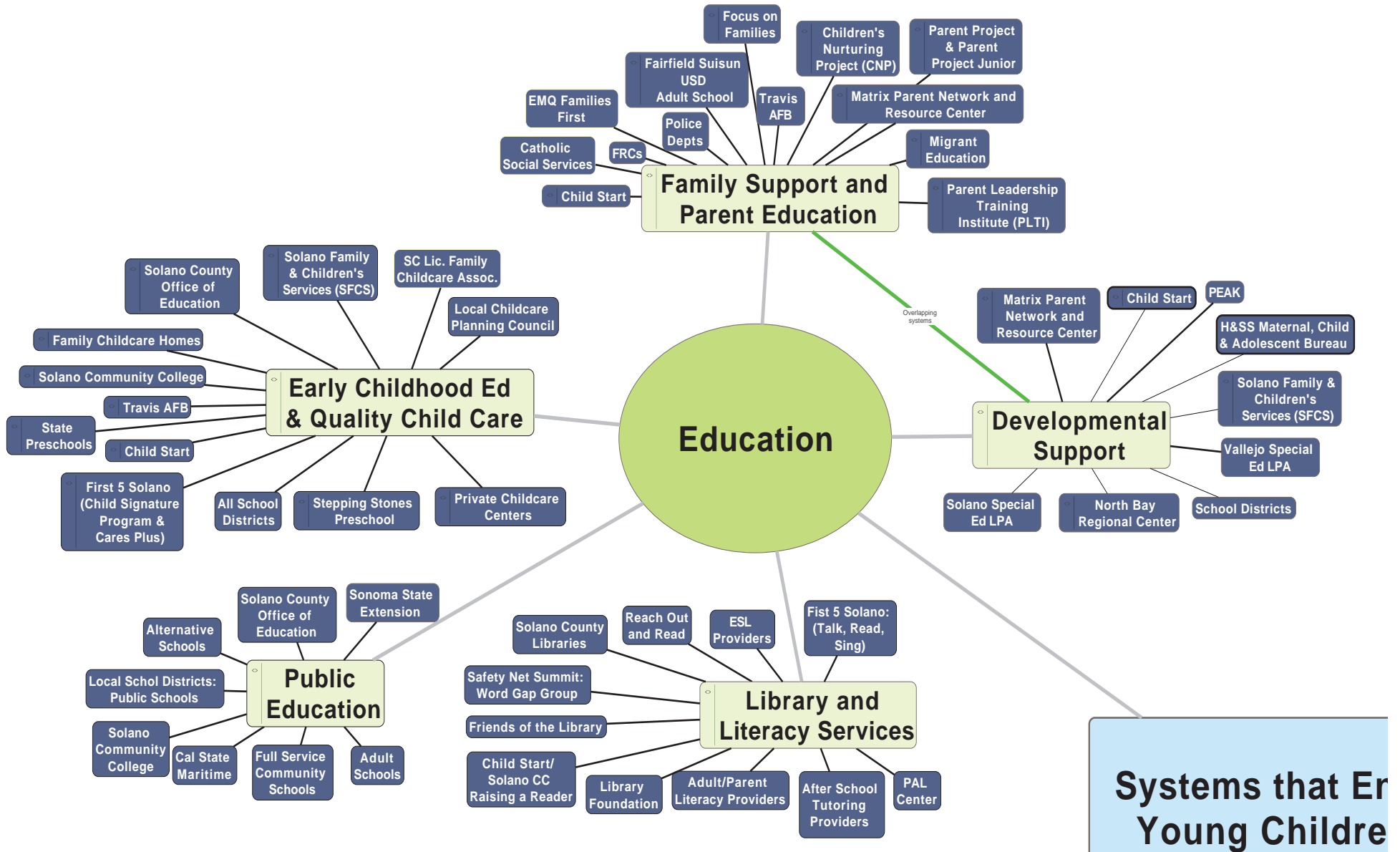
# Systems Map as of January 7, 2015



# Health Systems View

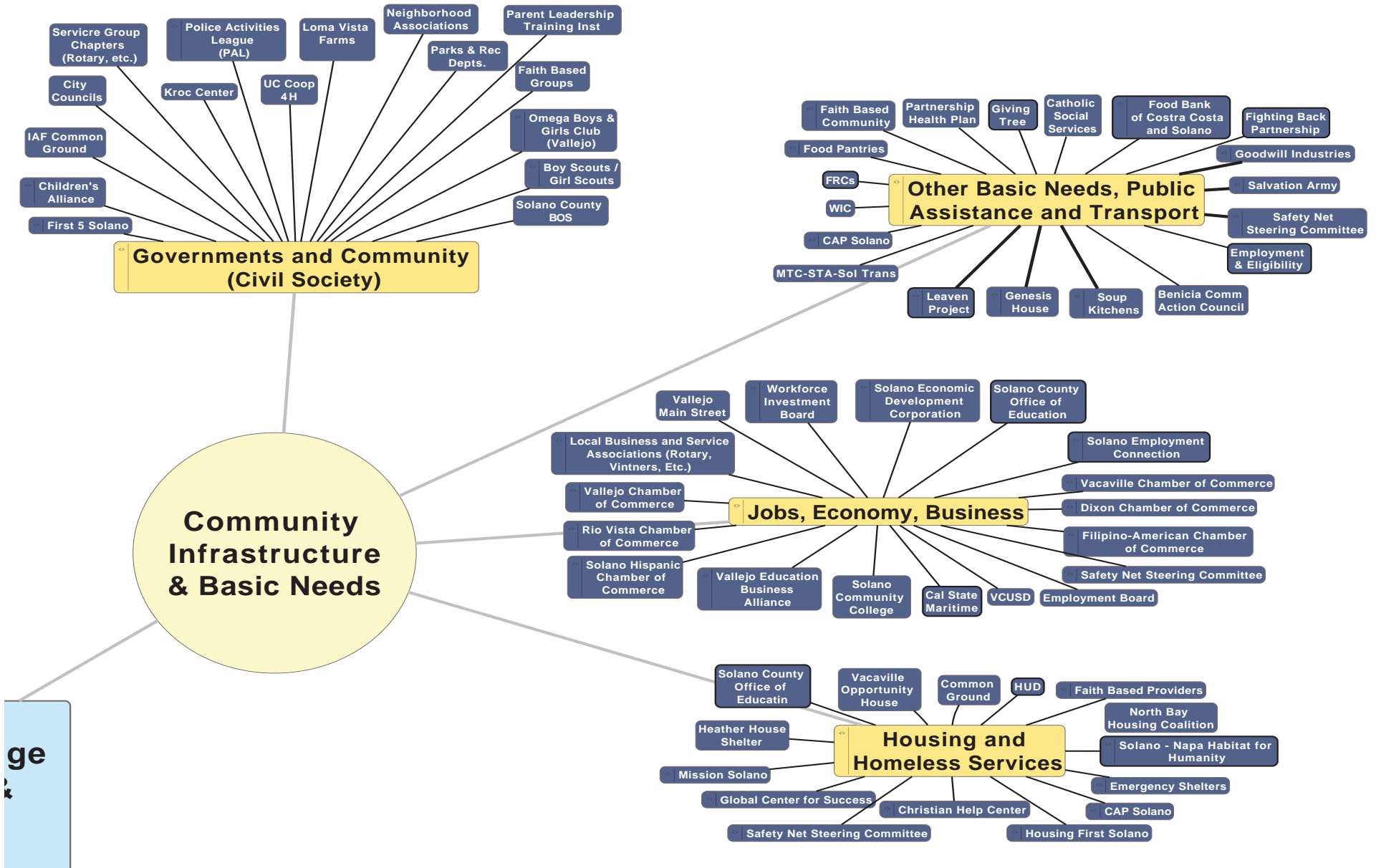


# Education Systems View



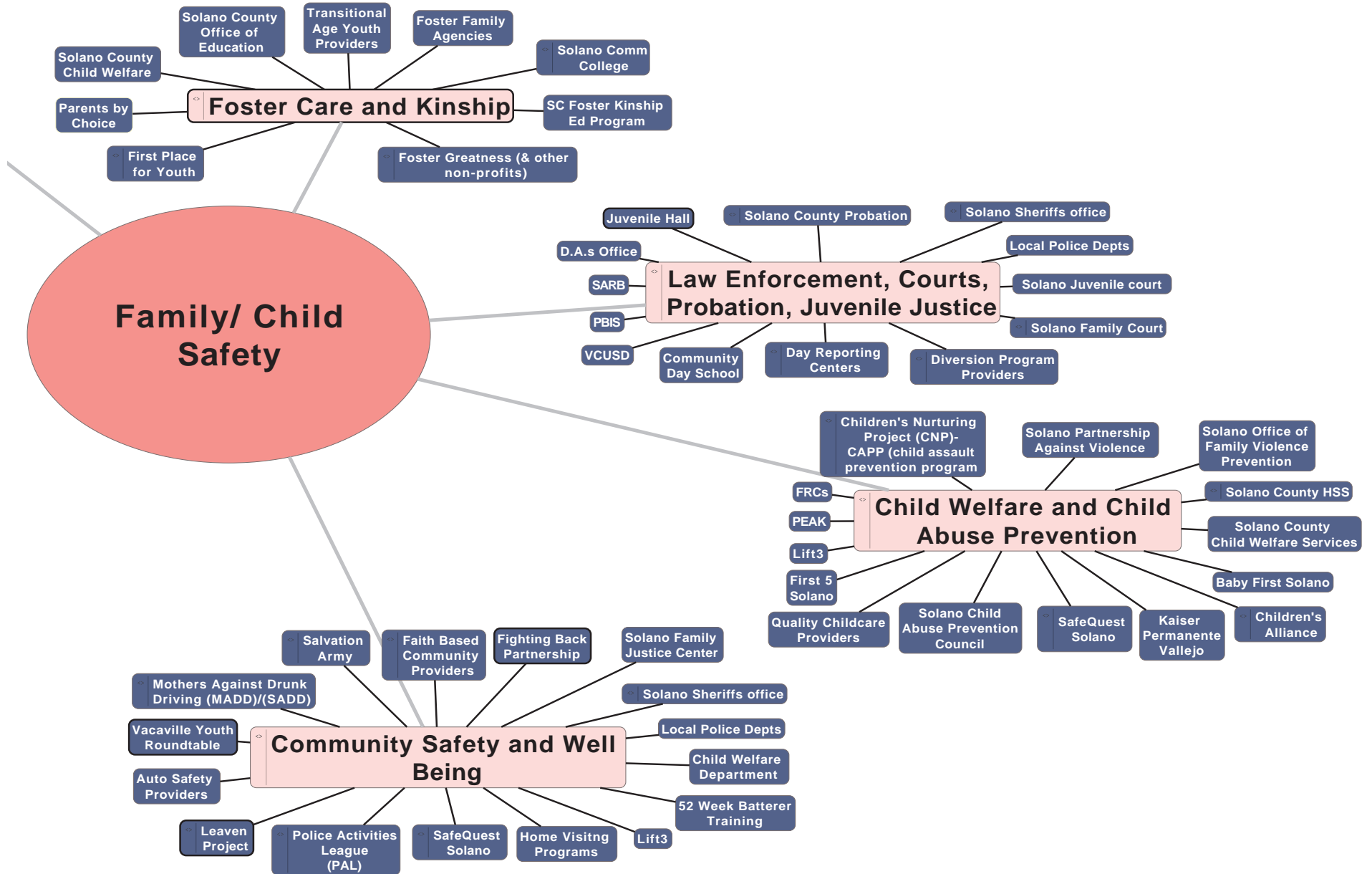


# Community Infrastructure & Basic Needs View



ge  
k

# Family/ Child Safety View





## Emerging Systems Map

January 13, 2015

Timelines & Update on Systems Mapping

HTA



### Timeline (Jan-Jun) 2015

	January 13 5:00 - 7:30pm Commission Meeting	February 3 3:00 - 4:30pm SPC Meeting	March 3 5:00 - 7:30pm Commission Meeting	March 10 3:00 - 4:30pm SPC Meeting	April 7 5:00 - 7:30pm Commission Meeting	May 5 3:00 - 4:30pm SPC Meeting	June 2 5:00 - 7:30pm Commission Meeting
<b>Strategic Planning</b>	I.D. Range of Indicators	Review plan for mission, vision, and values	Revisit mission, vision, values.	Review of Existing First 5 Solano Strategic Framework  Share Indicator work	Review of First 5 Solano Strategic Framework  Indicator Presentation	Rough draft of First 5 Strategic Framework	Review/Revise draft Strategic Framework
<b>Collective Impact</b>	Share Systems Map Draft	SWOT for Commission  Update on CI Planning Information	SWOT Exercise  Update on CI Planning Information	Present Emerging Common Agenda	Commission explores Emerging Common Agenda  Outreach Update	Update on Common Agenda and related measurement	Update on Common Agenda and related measurement  Outreach Update

### Timeline (Jul-Dec) 2015

	July 7 3:00 - 4:30pm SPC Meeting	August 11 5:00 - 7:30pm Commission Meeting	September 1 3:00 - 4:30pm SPC Meeting	October 6 5:00 - 7:30pm Commission Meeting	October 24 Time TBD Commission Retreat	November 17 3:00 - 4:30pm SPC Meeting	December 1 5:00 - 7:30pm Commission Meeting	December 15 3:00 - 4:30pm SPC Meeting
<b>Strategic Planning</b>	Review finalized framework  Review initial documents for investment planning	Review & approve finalized framework  Begin to discuss funding strategies / investment plan	Planning for Commission retreat: -Strategic plan draft -Review LTFFP -Program Investment Plan  Agenda for retreat	Approve Retreat agenda	Long Term Financial Planning  Program Investment Planning  Review draft Strategic Plan	Review Draft Plan Report  LTFFP  PIP	Present for Approval: Strategic Plan Report, LTFFP, PIP	TBD
<b>Collective Impact</b>		Outreach Update CI progress report		Outreach Update CI progress report	CI progress report		Outreach Update CI progress report	

3

- ### Steps in Iterative Systems Mapping (so far)
- On-line questionnaire completed by 24 providers
  - HMG CI Leadership Group input in November and December
  - First 5 Commission crosswalk and feedback in early December
  - Stakeholder interviews underway – one component of data gathering for SWOT analysis
- 4

## Activities this Evening

- Share current iteration of systems map
- Discuss emerging critical issues and possible overarching issues across systems
- Gather input on how best to create a quantitative view of these systems

5

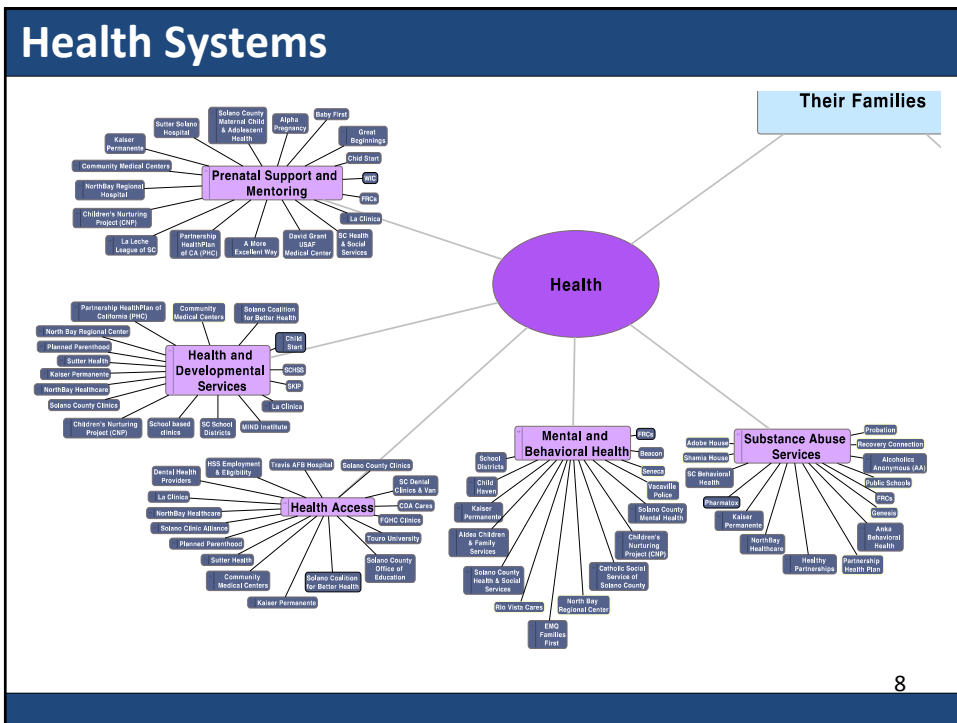
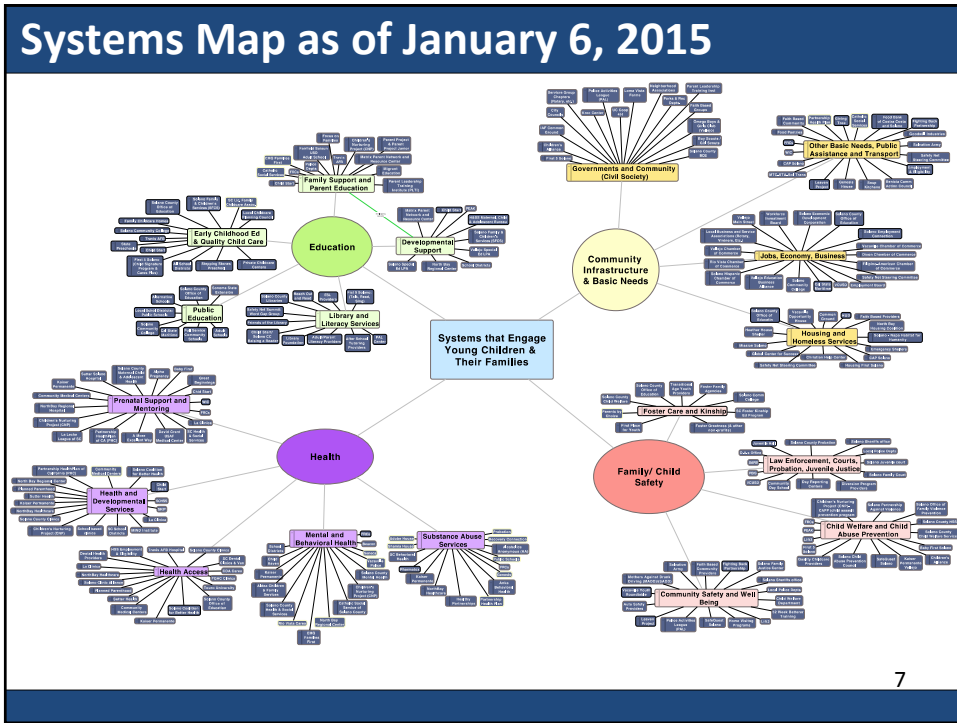
## Purpose of the Systems Map

While complex, the systems map simplifies our view of the systems that impact young children and their families.

A visual representation allows us to better see connections and opportunities across these systems.

We will look at a snapshot of each of the four areas of the systems map and then share some of the issues that have emerged.

6

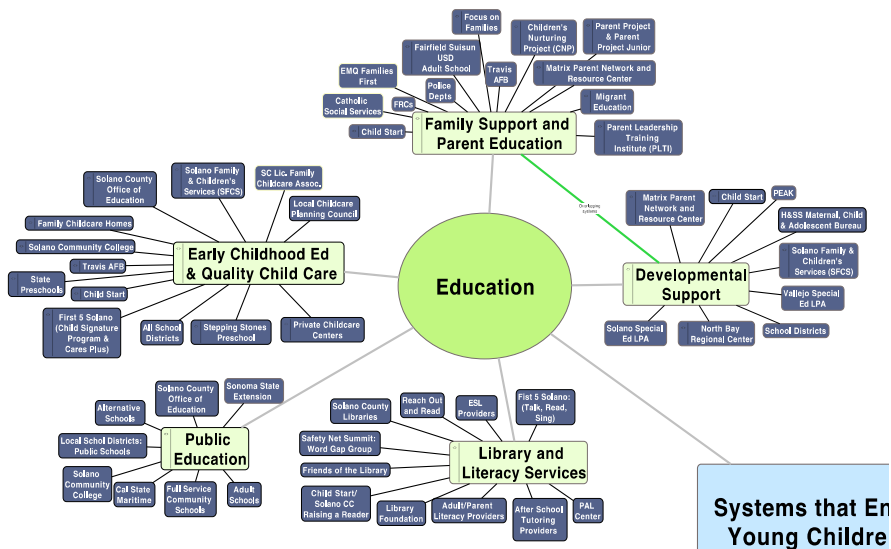


## Health Systems

Emerging critical issues for these systems (and beyond):

- Potential delays in access to appropriate level of health services (including physical, mental, and developmental health services) based on amount of services available in the community and cost of services
- A number of gaps and capacity issues in these systems (perinatal depression support, comprehensive crisis support, substance abuse treatment, local medical access in Rio Vista)

## Education Systems

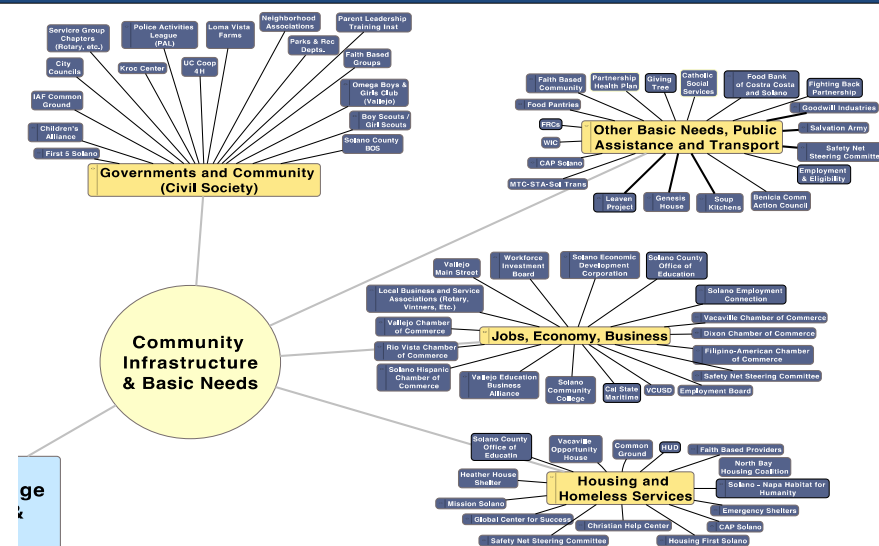


## Education Systems

Emerging critical issues for these systems (and beyond):

- Poverty is a barrier to educational performance
- Lack of articulation and communication between preschool, childcare, and K-12 system
- Lack of parental awareness of resources
- Not enough childcare slots and subsidies
- More support needed for special populations
  - special needs families
  - teen parents

## Community Infrastructure & Basic Needs



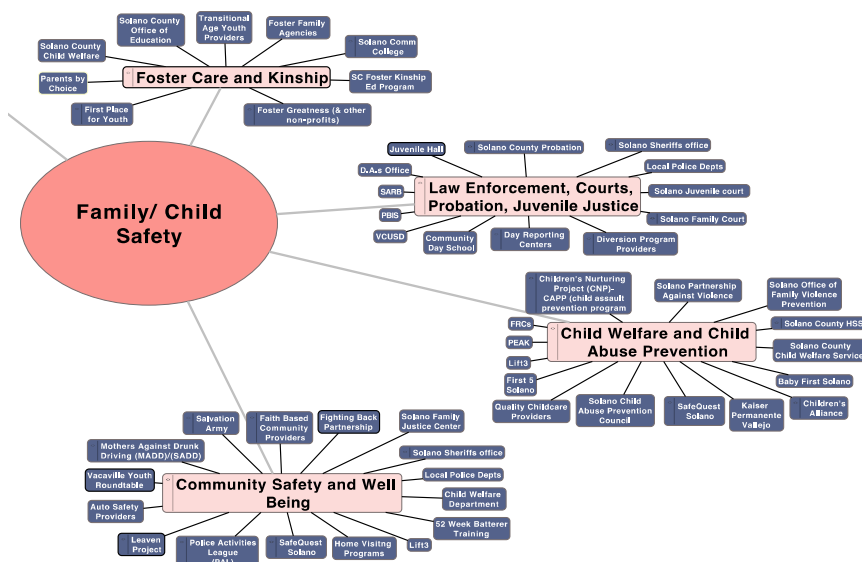


## Community Infrastructure & Basic Needs

Emerging critical issues for these systems (and beyond):

- Coordination of existing resources is important (food pantries, etc.) and consistency/equity across locations
- Improved awareness of services and resources available in the community would improve access
- A number of collaborations and large collaborative grants are addressing career pathways
- Homelessness is an issue that crosses most systems that impact young children – and there are not enough resources to address this issue

## Family/ Child Safety



## Family/ Child Safety

Emerging critical issues for these systems (and beyond):

- Trauma informed theory has documented that the impact of trauma on young children follows them later in life – impacts multiple systems. Potential to impact this by:
  - Addressing violence in a number of manifestations across several systems, e.g. focusing on child abuse prevention, bullying, etc.
  - Promoting multiple and upstream strategies (dual generation) that serve parents and children at same time
- A lack of basic needs may create conditions for violence and child abuse
- Absence of safety in communities linked to health via multiple pathways

15

## Summary

A number of issues appear overarching :

- Poverty
- Homelessness
- Violence of many types
- Lack of coordination/articulation

16

## Discussion

What did you see?

Are there other overarching or cross system issues you noted?

17

## Next Steps

Additional qualitative and quantitative data collection

Continue SWOT analysis

Identify the common agenda

18

# What indicators best describe the wellbeing of children and families in Solano County?

These tables list possible results and indicators that can inform us about the wellbeing of young children in Solano County. Data for most of the indicators listed are publicly available for Solano County. Comparisons can be made across years, to other similar counties, to the state overall, and to Healthy People 2020 benchmarks. For some indicators, it may also be appropriate to make demographic comparisons. Indicators in **bold** are new (i.e., were not included in previous F5 Solano strategic framework results dashboards). Indicators in **red** are proposed items for data development, but current, reliable county-wide data are unavailable for them.

Focus	Result	Indicator*
<b>Health</b>	Mothers have healthy pregnancies	1. Number/percentage of mothers entering prenatal care by first trimester
		<b>2. Number/percentage of mothers who used tobacco during pregnancy</b>
		<b>3. Number/percentage of births to mothers with health risk factors (e.g., hypertension and diabetes)</b>
	Newborns are healthy	4. Number/percentage of babies born full term (37+ weeks)
		5. Number/percentage of babies born at a healthy birth weight
		<b>6. Number/percentage of babies who are breastfed</b>
	Children are healthy	7. Number/percentage of young children with health insurance coverage
		8. Number/percentage of low-income children who attended well-baby and well-child visits
		9. Number/percentage of entering kindergartners with all required immunizations
		<b>10. Percent of low-income young children who visited a primary care practitioner in past year</b>
		<b>11. Number/rate of child mortality</b>
		12. <b>Number/percentage of children diagnosed with a mental health disorder</b>
	Children with special needs achieve optimal development	13. Number/percentage of young children enrolled in special education
		<b>14. Number of children enrolled in California Children's Services (services for children with special health needs such as cerebral palsy, cancer, and cystic fibrosis)</b>
		<b>15. Number of children enrolled in Regional Center Services</b>
	Parents have good mental health	16. <b>Number/percentage of parents diagnosed with a mental health disorder</b>
		17. <b>Number/percentage of parents receiving mental health treatment</b>
	Parents are not abusing or dependent on substances	18. <b>Number/percentage of parents diagnosed with a substance use disorder</b>
		19. <b>Number/percentage of parents receiving substance use treatment</b>
		20.
		21.

\*Indicators in bold are new (i.e., were not included in previous F5 Solano strategic framework results dashboards)

# What indicators best describe the wellbeing of children and families in Solano County?

These tables list possible results and indicators that can inform us about the wellbeing of young children in Solano County. Data for most of the indicators listed are publicly available for Solano County. Comparisons can be made across years, to other similar counties, to the state overall, and to Healthy People 2020 benchmarks. For some indicators, it may also be appropriate to make demographic comparisons. Indicators in **bold** are new (i.e., were not included in previous F5 Solano strategic framework results dashboards). Indicators in **red** are proposed items for data development, but current, reliable county-wide data are unavailable for them.

Focus	Result	Indicator*
Education	Child care providers are prepared to provide high quality child care programming	1. Number of child development permits issued
	Children have access to quality, affordable learning experiences in their community	2. Number of high quality child care spaces for low-income children (full-day Head Start slots)
		3. Number of licensed child care slots
		4. Number/percentage of children 3-4 enrolled in school
		<b>5. Average cost of full-time care (30 or more hours per week)</b>
		<b>6. Percent of requests for care by child age for children under 6</b>
		7. Number/percentage of third graders advanced or proficient in reading
	Children are ready for school	<b>8. Number/percentage of third graders advanced or proficient in math</b>
		9. <b>Number/percentage of kindergartners proficient across domains of school readiness skills (e.g., gross motor, fine motor, self-regulation, social expression, and academics)</b>
		10.
		11.
		12.
		13.
		14.
		15.
		16.
		17.
		18.

\*Indicators in bold are new (i.e., were not included in previous F5 Solano strategic framework results dashboards)

# What indicators best describe the wellbeing of children and families in Solano County?

These tables list possible results and indicators that can inform us about the wellbeing of young children in Solano County. Data for most of the indicators listed are publicly available for Solano County. Comparisons can be made across years, to other similar counties, to the state overall, and to Healthy People 2020 benchmarks. For some indicators, it may also be appropriate to make demographic comparisons. Indicators in **bold** are new (i.e., were not included in previous F5 Solano strategic framework results dashboards). Indicators in **red** are proposed items for data development, but current, reliable county-wide data are unavailable for them.

Focus	Result	Indicator*
<b>Community Infrastructure and Basic Needs</b>	Children and families have access to basic needs	1. Number/percentage of homeless families with children
		2. Number/percentage of young children in poverty
		<b>3. Number/percentage of children living in food insecure households</b>
		<b>4. Number/percentage of public school children who are homeless</b>
		<b>5. Number/percentage of young children receiving free or reduced lunch</b>
		<b>6. Number/percentage of young children raised by a single parent</b>
	Families have adequate access to employment opportunities	<b>7. Number/percentage of children without secure parental employment</b>
	Children removed from their families are in stable, supportive environments	8. Number/percentage of children in foster care
		9. Number/percentage of children in kinship care
	Families have access to safe, reliable transportation	<b>10. Number of vehicles available to workers in household 16 years and over</b>
		<b>11. Travel time to work, by means of transportation</b>
	Families have access to affordable housing	<b>12. Percentage of household income spent on housing per month</b>
		13.
		14.
		15.
		16.
	17.	
	18.	
	19.	
	20.	

\*Indicators in bold are new (i.e., were not included in previous F5 Solano strategic framework results dashboards)

# What indicators best describe the wellbeing of children and families in Solano County?

These tables list possible results and indicators that can inform us about the wellbeing of young children in Solano County. Data for most of the indicators listed are publicly available for Solano County. Comparisons can be made across years, to other similar counties, to the state overall, and to Healthy People 2020 benchmarks. For some indicators, it may also be appropriate to make demographic comparisons. Indicators in **bold** are new (i.e., were not included in previous F5 Solano strategic framework results dashboards). Indicators in **red** are proposed items for data development, but current, reliable county-wide data are unavailable for them.

Focus	Result	Indicator*
<b>Family/ Child Safety</b>	Children are raised in safe homes	1. Number/rate of substantiated maltreatment
		2. Number/rate of entries to foster care
		3. Number/percentage of children without a recurrence of substantiated maltreatment
		4. Number/percentage of families who reunify with their children
		<b>5. Number of domestic violence calls for assistance</b>
		6. <b>Number/percentage of children who have an incarcerated parent</b>
		<b>7. Number/rate of hospitalizations for child injuries</b>
	Children are raised in safe communities	<b>8. Number of arrests, crimes, and clearances in the county, by type</b>
		<b>9. Number of adults on probation</b>
		10.
		11.
		12.
		13.
		14.
		15.
		16.
		17.
		18.
		19.

\*Indicators in bold are new (i.e., were not included in previous F5 Solano strategic framework results dashboards)

## INDICATOR DATA SOURCES AND EXAMPLES OF CHILDREN'S DATA BOOKS ALSO REPORTING ON EACH INDICATOR

Focus	Indicator	Data Source	Other Children's Data Books Reporting this Indicator
Health	<b>Number/percentage of mothers entering prenatal care by first trimester</b>	CDC WONDER	Lucile Packard Foundation Kidsdata.org; Child Trends Databank; CA County Health Profiles; Children Now Children's Report Card
	<b>Number/percentage of mothers who used tobacco during pregnancy</b>	CDC WONDER	Child Trends Databank
	<b>Number/percentage of births to mothers with health risk factors (e.g., hypertension and diabetes)</b>	CDC WONDER	
	Number/percentage of babies born full term (37+ weeks)	CDC WONDER	Lucile Packard Foundation Kidsdata.org; Child Trends Databank; CA County Health Profiles
	Number/percentage of babies born at a healthy birth weight	CDC WONDER	Lucile Packard Foundation Kidsdata.org; Child Trends Databank; CA County Health Profiles; Children Now Children's Report Card; Annie E. Casey Kids Count
	<b>Number/percentage of babies who are breastfed</b>	<b>CA Department of Public Health, Newborn Screening Data</b>	<b>Lucile Packard Foundation Kidsdata.org; Child Trends Databank; CA County Health Profiles; Children Now Children's Report Card</b>
	Number/percentage of young children with health insurance coverage	Data from U.S. Census, American Community Survey, Table B27001	Lucile Packard Foundation Kidsdata.org; Child Trends Databank; Children Now Children's Report Card; Annie E. Casey Kids Count
	Number/percentage of low-income children who attended well-baby and well-child visits	CA Department of Health Care Services HEDIS Aggregate Report	Child Trends Databank
	Number/percentage of entering kindergartners with all required immunizations	CA Department of Education DataQuest	Lucile Packard Foundation Kidsdata.org; Child Trends Databank
	<b>Percent of low-income young children who visited a primary care practitioner in past year</b>	<b>CA Department of Health Care Services HEDIS Aggregate Report</b>	<b>Child Trends Databank</b>
	Number/percentage of young children enrolled in special education	CA Department of Education DataQuest	Lucile Packard Foundation Kidsdata.org; Child Trends Databank
	<b>Number of children enrolled in California Children's Services</b>	<b>Stanford Center for Policy, Outcomes and Prevention</b>	<b>Lucile Packard Foundation Kidsdata.org</b>
	<b>Number of children enrolled in North Bay Regional Center</b>	<b>Department of Developmental Services Caseload Report</b>	
	<b>Number/rate of child deaths</b>	<b>CA Department of Public Health; CDC WONDER</b>	<b>Lucile Packard Foundation Kidsdata.org; Child Trends Databank; County Health Profiles; Annie E. Casey Kids Count; Children Now Children's Report Card</b>

\*Indicators in bold are new (i.e., were not included in previous F5 Solano strategic framework results dashboards)



Education	Number of child development permits issued	Commission on Teacher Credentialing	
	Number of high quality child care spaces for low-income children (full-day Head Start slots)	American Institutes for Research, Early Learning Systems Database	Child Trends Databank
	Number of licensed child care slots	CA Child Care Resource & Referral Network Child Care Portfolio	Lucile Packard Foundation Kidsdata.org
	<b>Average cost of full-time care (30 or more hours per week)</b>	<b>CA Child Care Resource &amp; Referral Network Child Care Portfolio</b>	<b>Lucile Packard Foundation Kidsdata.org</b>
	<b>Percent of requests for care by child age for children under 6</b>	<b>CA Child Care Resource &amp; Referral Network Child Care Portfolio</b>	<b>Lucile Packard Foundation Kidsdata.org</b>
	Number/percentage of children 3-4 enrolled in school	U.S. Census, American Community Survey, Table S1401	Lucile Packard Foundation Kidsdata.org; Child Trends Databank; Annie E. Casey Kids Count
	Number/percentage of third graders advanced or proficient in reading	CA Department of Education DataQuest	Lucile Packard Foundation Kidsdata.org; Child Trends Databank; Children Now Children's Report Card; Annie E. Casey Kids Count
	<b>Number/percentage of third graders advanced or proficient in math</b>	<b>CA Department of Education DataQuest</b>	<b>Child Trends Databank</b>
Community Infrastructure and Basic Needs	<b>Number/percentage of children living in food insecure households</b>	<b>Feeding America</b>	<b>Lucile Packard Foundation Kidsdata.org; Child Trends Databank; Children Now Children's Report Card</b>
	<b>Number/percentage of public school children who are homeless</b>	<b>CA Department of Education Homeless Education Program</b>	<b>Lucile Packard Foundation Kidsdata.org; Children Now Children's Report Card</b>
	Number/percentage of homeless families with children	Department of Housing and Urban Development Exchange	Child Trends Databank
	Number/percentage of young children in poverty	U.S. Census, American Community Survey, Table DP03	Lucile Packard Foundation Kidsdata.org; Child Trends Databank; CA County Health Profiles; Children Now Children's Report Card; Annie E. Casey Kids Count
	<b>Number/percentage of young children receiving free or reduced lunch</b>	<b>CA Department of Education DataQuest</b>	<b>Lucile Packard Foundation Kidsdata.org; Children Now Children's Report Card</b>
	<b>Number/percentage of children without secure parental employment</b>	<b>U.S. Census, American Community Survey, Table S2302</b>	<b>Lucile Packard Foundation Kidsdata.org; Child Trends Databank; Annie E. Casey Kids Count</b>
	<b>Number/percentage of young children raised by a single parent</b>	<b>U.S. Census, American Community Survey, Table S1101</b>	<b>Lucile Packard Foundation Kidsdata.org; Child Trends Databank; Children Now Children's Report Card; Annie E. Casey Kids Count</b>
	Number of children in foster care	UC Berkeley, Child Welfare Indicators Project	Annie E. Casey Kids Count
	Number of children in kinship care	UC Berkeley, Child Welfare Indicators Project	Annie E. Casey Kids Count
	<b>Number of vehicles available to family members over 16</b>	<b>U.S. Census, American Community Survey, Table S0801</b>	<b>Annie E. Casey Kids Count</b>
	<b>Travel time to work, by means of transportation</b>	<b>U.S. Census, American Community Survey, Table B08136</b>	

\*Indicators in bold are new (i.e., were not included in previous F5 Solano strategic framework results dashboards)

	<b>Percentage of household income spent on housing per month</b>	<b>U.S. Census, American Community Survey, Table B25106</b>	<b>Children Now Children's Report Card; Annie E. Casey Kids Count</b>
Family/Child Safety	Number/rate of substantiated maltreatment	UC Berkeley, Child Welfare Indicators Project	Lucile Packard Foundation Kidsdata.org; Child Trends Databank; Children Now Children's Report Card
	Number/rate of removal to foster care	UC Berkeley, Child Welfare Indicators Project	Lucile Packard Foundation Kidsdata.org; Child Trends Databank; Children Now Children's Report Card
	Number/percentage of children without a recurrence of substantiated maltreatment	UC Berkeley, Child Welfare Indicators Project	
	Number/percentage of families who reunify with their children	UC Berkeley, Child Welfare Indicators Project	
	<b>Number of arrests, crimes, and clearances in the county, by type</b>	<b>CA Department of Justice, Statistics Databases</b>	
	<b>Number of adults on probation</b>	<b>CA Department of Justice, Statistics Databases</b>	
	<b>Number of domestic violence calls for assistance</b>	<b>CA Department of Justice, Domestic Violence-Related Calls for Assistance Database</b>	<b>Lucile Packard Foundation Kidsdata.org</b>
	<b>Number/rate of hospitalizations for child injuries</b>	<b>CA Department of Public Health; CDC WONDER</b>	<b>Lucile Packard Foundation Kidsdata.org; Child Trends Databank</b>

\*Indicators in bold are new (i.e., were not included in previous F5 Solano strategic framework results dashboards)



CHILDREN ARE OUR BOTTOM LINE

**SYSTEMS AND POLICY COMMITTEE**  
**December 9, 2014, 3:00-4:30**  
**601 Texas Street, Suite 210, Fairfield, CA 94533**

**AGENDA**

**CALL TO ORDER**

- I. Introductions, Public Comment, Commissioner Comments**
- II. Consent Calendar** **Action**
  - A. Approve Agenda of December 9, 2014
  - B. Approve Minutes of November 13, 2014
  - C. Receive Commissioner Meeting Attendance Status Report
- III. Business Challenge Grant Policy** **Action**

Consider recommending approval of the Business Challenge Grant Fund Policy  
*Ciara Gonsalves, Community Engagement, Policy & Fund Development Manager*
- IV. Planning for 2016 and Beyond** **Discussion**
  - A. Review Strategic Planning Calendar
  - B. Review Upcoming Agenda for Help Me Grow Solano Leadership Team Meeting  
*Michele Harris, Executive Director and Lori Allio, Hatchuel, Tabernik, and Associates*
- V. Receive a First 5 Solano Staffing and Finance Update** **Information**

Receive a report on First 5 Solano staffing and financials  
*Cherelyn Ellington Hunt, Early Childhood Programs Manager*
- VI. Receive a First 5 Futures update** **Information**

Receive a report on First 5 Futures  
*Ciara Gonsalves, Community Engagement, Policy & Fund Development Manager*
- VII. Future Agenda Items, Meeting Time/Date/Location** **Discussion**

The Systems and Policy Committee is December February 3, 2015, 601 Texas Street, Suite 210, Fairfield, CA. Future agenda items include: First 5 Solano Budget and Staffing Update; Commissioner Meeting Attendance; First 5 Futures Update, Planning for 2016 and Beyond

**ADJOURN**

*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. Non-confidential materials related to an item on this Agenda are available for public inspection at the First 5 Solano business office, 601 Texas Street, Suite 210, Fairfield, CA during normal business hours.*

**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.

**First 5 Solano Children and Families Commission  
Systems & Policy Committee Meeting  
December 9, 2014, 3:00 PM – 4:30 PM  
601 Texas Street, Suite 210, Fairfield, CA**

**Minutes**

**I. Introductions, Public Comments, Commissioner Comments**

Commissioner Aaron Crutison called the meeting to order at 3:03pm.

Committee Members present: Aaron Crutison, Jay Speck and Marisela Barbosa

First 5 Staff present: Michele Harris (Executive Director), Ciara Gonsalves (Policy and Fund Development), Cherelyn Hunt (Early Childhood Development)

Members of the public present: Lori Allio (Hatchuel, Tabernik, and Associates)

Public Comment: None

Commissioners' Comments: None

**II. Consent Calendar**

***Motion: Approve Agenda of December 9, 2014, approve minutes of November 13, 2014, and receive Commissioner Meeting Attendance Status Report.***

Moved by Commissioner Barbosa; Seconded by Commissioner Speck  
Approved: 3-0-0

**III. Business Challenge Grant Fund Policy**

Ms. Gonsalves presented the Business Challenge Grant Policy which incentivizes businesses to donate to community based organizations that benefit children ages 0-5, and each donated dollar will be matched from this fund. This policy engages the business community and builds on the First 5 Futures Fund Development Plan.

Commissioner Barbosa was concerned that this strategy was not the best use of First 5 Funds and asked what would specifically be solved by its implementation. Ms. Harris acknowledged and suggested First 5 Solano take a closer look at the entire business engagement strategy. Ms. Harris explained that this tool empowers nonprofits and encourages stronger relationships with the business community. These funds would act more as a leverage and aid nonprofits in sustainability.

Commissioner Barbosa stated she would like to see what other options are available and asked that staff bring back a report on First 5 Futures implementation.

Commissioner Speck asked the proposed budget for this fund. Ms. Gonsalves answered that category for leveraging funds was originally \$65,000 and currently \$20,200 is remaining. Ms. Harris explained that except for marching pre-k business donations that this category goes largely unspent every year.

All Commissioners voiced concern of the possibilities that awards would go to the same businesses every two years. They would like to see these funds go to new or expanding programs within the receiving organization. Staff reported that all decisions regarding this matching program would be made with the Committee chair.

***Motion: Consider recommending approval of the Business Challenge Grant Fund Policy***

Moved by Commissioner Speck; Seconded by Commissioner Barbosa  
Approved: 3-0-0

**IV. Planning for 2016 and Beyond**

A. Review Strategic Planning Calendar

Dr. Allio presented the 2015 calendar of planning events for both the First 5 Solano Commission and the Help Me Grow (HMG) Leadership Team/Collective Impact Steering Committee. The first meeting is scheduled for December 10, 2014.

B. Review Upcoming Agenda for Help Me Grow Solano Leadership Team Meeting

The team will be evaluating strengths, weaknesses and opportunities, and will talk about how each system relate. Commissioner Crutison asked what the expectation is for the end of the meeting. Dr. Allio answered that the group will have moved closer to the identification of a common agenda, at the same time they have come to agreement that this is an accurate representation of the systems map. Commissioner Speck commented that he likes the idea that the systems map visually shows the complexity of the many of the issues for children ages 0-5.

**V. Receive a Staffing and Finance Update**

First 5 Solano is now fully staffed including the new Executive Director, Michele Harris, and three new interns. Commissioner Crutison asked how many hours the interns provide; Ms. Hunt responded they annually provided up to 999 each. Ms. Hunt reported that staff just launched a program that allows grantees to request the help of an intern for short-term projects.

With 33% of the fiscal year complete, all revenues and expenditures are on track.

**VI. Receive a First 5 Futures Update**

Ms. Gonsalves is reviewing the original First 5 Futures Implementation and Fund Development Plan and identifying which areas either work or need more development. Ms. Gonsalves is currently helping to write a grant from Kresge Foundation to potentially support Help Me Grow and from S.H. Cowell Foundation to potentially support Family Resource Center(s), which are due in January.

## **VII. Future Agenda Items, Meeting Time/Date/Location**

Ms. Hunt informed the Commissioners that the Systems and Policy Committee meeting set on February 3, 2015 will change due to the Help Me Grow meeting; Ms. Hunt will send a revised meeting schedule via email.

Future agenda items include: First 5 Solano Budget and Staffing Update; Commissioner Meeting Attendance; First 5 Futures Update, Planning for 2016 and Beyond.

## **Adjourn**

Commissioner Crutison adjourned the meeting at 4:21pm.

Christiana Lewis, Office Assistant III

Approved:



## CHILDREN ARE OUR BOTTOM LINE

**DATE:** January 8, 2015  
**TO:** First 5 Solano Commission  
**FROM:** Liz Niedziela, Program & Community Engagement Committee (PCE) Chair  
By Cherelyn Ellington Hunt, Early Childhood Education Manager  
**SUBJ:** **2014 Pre-K Academy Services Report and Recommendations for FY2015/16**

**A. Receive the 2014 Pre-Kindergarten Academy Services Report**

**B: Motion: Consider approval of an allocation of up to \$110,000 for FY2015/16 Pre-Kindergarten Academy Services. (Sources of Funding: Discretionary Fund, First 5 Futures, Pre-Kindergarten Business Champions, FY2013/14 Pre-K Academies rollover, Long Term Financial Plan.**

### **Pre-K Academies Report**

In FY2013/14, the Commission approved additional funding for 2014 Pre-Kindergarten Academy services due to increased demand. Nine organizations provided 2014 Pre-Kindergarten Academy services at nineteen sites throughout the county. First 5 Solano worked with all Pre-K Academies grantees to provide resources and technical assistance including Kindergarten Student Entry Profile (KSEP) Assessment training, the Solano County Office of Education Attendance Training, Library resources and other materials.

Each site conducted the Kindergarten Student Entry Profile (KSEP), an evidence-based assessment developed by UC Santa Barbara, for each participant at both entry and exit of the program. A summary of the results of this assessment, the Pre-K Academy Readiness Report is included as Attachment A.

The results of the KSEP indicate that sites were successful in recruiting a high percentage of children (42%) with no prior pre-school experience, 39% with minimal preschool experience and high risk factors. Continual outreach allowed sites to maintain an average 90% attendance rate.

Children attending Pre-K Academies showed gains in all components of the Social/Emotional and Cognitive scales of the KSEP. Based on the KSEP Assessment at the conclusion of the Pre-K Academies, 41% of children are "Ready to Go" and another 38% are very close to mastering the necessary skills. The KSEP assessment continues to show that Pre-K Academies help all children attain skills that help them be ready for school in the fall.

### **Challenges**

A majority of sites experienced issues with capacity and attendance despite targeted outreach and parent follow-up contacts including phone calls. Only one site reported that they had a waiting list this year. The Vallejo City Unified School District was unable to hold both funded sessions due to space issues related to school district operations.

Agency	Approved Sessions	Contracted # of children	Actual Attendance
Benicia Unified School District	2	48	37
Vallejo City Unified School District	2	48	27
Vacaville Unified School District	2	48	58
World Changers Academy-Dixon	2	48	41
Fairfield Suisun Unified School District	10	240	259
Travis Unified School District	2	48	51
Circle of Friends-Fairfield	1	24	16
River Delta Unified School District	1	24	33
Dixon Unified School District	2	48	48
Total	24	576	570

Sites that historically have been able to fill their sessions experienced difficulty reaching the maximum number of children for their site. Issues included children dis-enrolled once parents found out that they could not take their child out for vacation, proximity of sites providing the services to other sites also providing services, and requiring that all sessions be held as close to the beginning of the Fall 2014 school semester as possible.

Several grantees expressed an interest in being able to hold Pre-K Academies earlier in the summer prior to the vacation season in July. These sites would offer training, information and materials to parents as part of their parent engagement activities. The focus of the activities would include specific activities they could do with their child over the summer to avoid children losing the knowledge attained by attending an academy earlier in the summer.

#### **Proposed Program Improvements for 2014**

Based on the Pre-K Academy Report, discussions with grantees and review of the administration of the Pre-K Academy grants, several adjustments to future solicitations for Pre-K Academy services are planned. These include:

- Grantees will continue to be encouraged to provide outreach and contact those registering for Kindergarten in their district, maintain a waiting list to ensure that all slots are filled for a session and submit weekly attendance sheets.
- Grantees will be allowed to determine the schedule that will best allow for maximum participation as long as additional parent supports are provided to avoid summer “learning loss.” Grantees will be allowed flexibility on changing location of academies if needed, as long as different locations do not create barriers for target populations.
- Requiring ½ hour of non-instruction time for teachers to be available to parents prior to and after sessions.
- Staff continues to maintain ongoing outreach activities with possible grantees in order to secure services that are geographically/population ratio appropriate within the county.

#### **Pre-K Business Champions Campaign**

In 2014, \$14,800 (attachment B) was raised for Pre-K Academies through the “Pre-K Business Champions” campaign. The program offered businesses the opportunity to sponsor a child for Pre-Kindergarten Academies. The campaign, which ran from February-May 2014, included outreach to businesses by Chamber of Commerce flier circulation, press releases/interviews with local media and targeted outreach (phone calls, letters and visits) to businesses to promote the program.



A total of 42 individuals and local businesses contributed to the Pre-K Business Champions campaign, which when matched by First 5 Futures translates to 72.5 children with little/no preschool experience attaining access to a preschool environment via the Pre-K Academies.

<b>School District:</b>	<b>Total Pre-K Slots</b>
Benicia	6
Dixon	3
Fairfield/Suisun	14
Solano	21.5
Vacaville	12
Vallejo	16
<b>Total</b>	<b>72.5</b>

### **Recommendations**

Based on analysis of “end-of-session” survey responses, discussions with grantees and review of the administration of the Pre-K Academy grants, staff is recommending approval of \$190,000 for Pre-K Academies for 2015 (sessions usually cost between \$7,500-\$10,000).

The current FY2014/15 funding cycle allocation is \$80,000. Additionally, \$29,600 is available from the 2014 Pre-K Business Champions Fund (\$14,800 raised and \$14,800 First 5 Futures matching funds). Thirdly, there is \$18,039 remaining in the FY2013/14 budget for Pre-K Academy services which staff is requesting to “roll-over” to FY2014/15.

An additional allocation of up to \$62,361 would bring the 2015 supplemental allocation to \$110,000 and the total amount available for Pre-K services would be \$190,000. The proposed source of funding for the additional \$62,361 would be the FY2014/15 Discretionary Fund. Attachment D, the Discretionary Fund Tracking Form, shows that should an allocation of \$62,361 be approved, there will be \$55,847 remaining in the FY2014/15 Discretionary Fund. This amount ensures that the Commission would be able to be flexible in considering future possible program opportunities, should they arise.

<b>Funding Sources for 2015 Pre-K Academies</b>	<b>Contracted</b>	<b>Actual</b>	<b>FY2014/15</b>
FY2013/14 Roll Over	\$233,786	\$215,747	\$18,039
2014 Pre-K Business Champions Funds			\$29,600
FY2014/15 Allocation			\$80,000
Total			\$127,639
Additional funds requested			\$62,361
Proposed FY2014/15 Pre-K Academy Budget			\$190,000

The allocation of \$190,000 for 2015 Academies would allow the Commission to award a minimum of 19 and a maximum of 25 sessions of Pre-K Services. This is on par with sessions from the 2014 levels and would provide between 456 and 600 slots, depending on site capacity/certification (schools can typically field a class of more than 24 children depending on staffing).

- Attachment A: Pre-Kindergarten Academy Services 2014 Report
- Attachment B: Pre-Kindergarten Business Champions campaign contributions
- Attachment C: 2012-2015 Discretionary Fund Tracking Form
- Attachment D: Pre-Kindergarten Academy Powerpoint



CHILDREN ARE OUR BOTTOM LINE

# 2014 Pre-Kindergarten Academies Report

## Introduction

Pre-Kindergarten (Pre-K) Academies provide quality early childhood education for children entering Kindergarten. First 5 Solano originally funded Pre-K Academies through its School Readiness Initiative at four established school readiness sites throughout the county. In FY2011/12, First 5 California matching funds for this initiative ended. The First 5 Solano Commission retained the Pre-K Academy component and included it as part of their 2012-2015 funding cycle.

For FY2013/14, First 5 Solano solicited applications for Pre-K Academy Services for summer 2014 from qualified applicants. The demand for Pre-K Academy Services has increased each year and the Commission funded 19 sites, some with multiple sessions (am/pm) allowing the program to increase by 30% capacity over 2013 sessions. Nine providers served 570 children.

Organizations that received funds agreed to conduct the Kindergarten Student Entrance Profile (KSEP). The KSEP is an evidenced-based assessment developed by UC Santa Barbara that measures social-emotional and cognitive elements of children's readiness to enter kindergarten. The KSEP is not used as a direct assessment of the child, instead it allows teachers to complete the scale based on their observations of and interactions with the child in the classroom. The tool is used as children begin the program, and again as children complete the program. Of the 570 children attending Pre-K Academies, 531 children had consent and both pre- and post-assessments were completed and included in the study (any part of this report with less than 531 children is due to incomplete information available on individual assessments).

The KSEP was updated in 2014 and modified to simplify the rubric and create classifications more indicative of skill levels acquired by children. The KSEP has 13 items linked to the social-emotional (items 1-6) and cognitive (items 7-13) domains. A four point rating rubric is associated with each item and provides a definition of the mastery level and an example of behavior of a child exhibiting that level of mastery. Levels of mastery are (1 = not yet, 2 = emerging, 3 = almost mastered, and 4 = mastered). A total readiness score of 52 on all 13 items would indicate that a child has demonstrated mastery on all items.

The updated KSEP uses the overall readiness score to describe the readiness levels of children and then suggest follow-up action appropriate for students. The KSEP classifications are as follows:

**Immediate Follow--up (13-25):** Students were rated a 1 (not yet) or 2 (emerging) on the majority of items.

**Monthly Monitor (26-37):** Students were rated mostly 2 (emerging) and 3 (almost mastered) on the majority of items.

**Quarterly Monitor (38-46):** Students were rated as mastering fewer than 8 items but were generally almost ready in a majority of areas.

**Ready to Go (47---52):** Students were rated as mastering 8 or more items.

Overall, the results of the 2014 Pre-K Academies are positive. Sites were successful in recruiting children with no prior pre-school experience, primarily Spanish speaking, or children with another high risk factor.

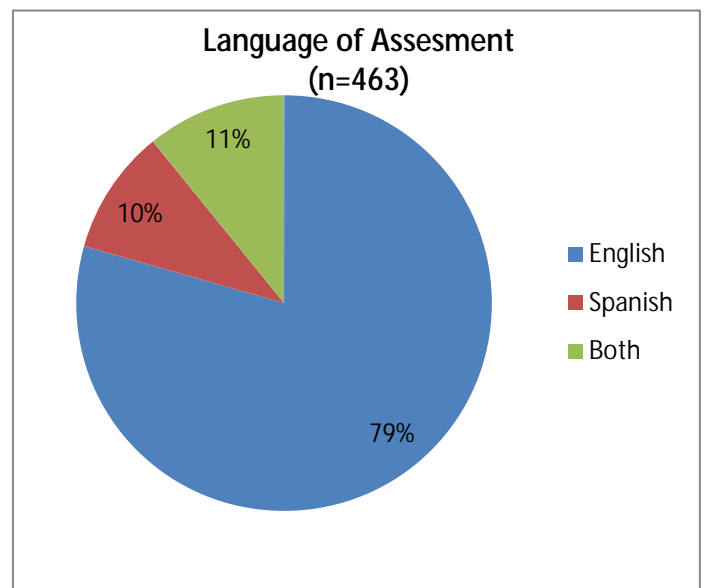
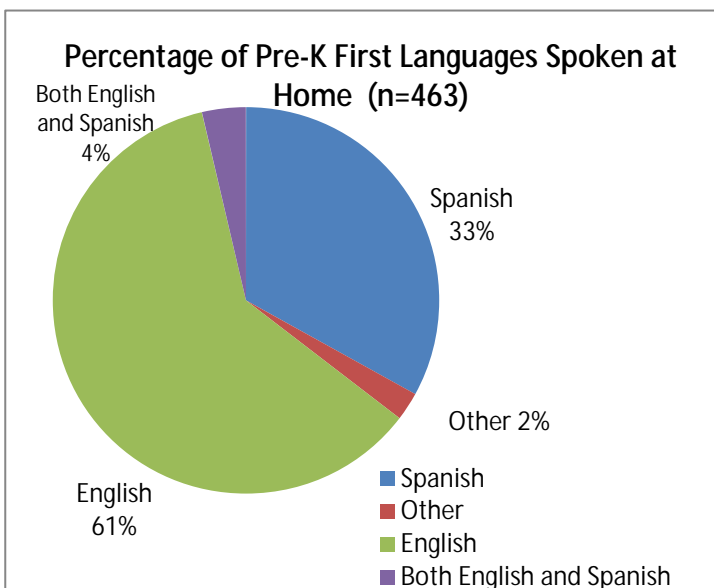
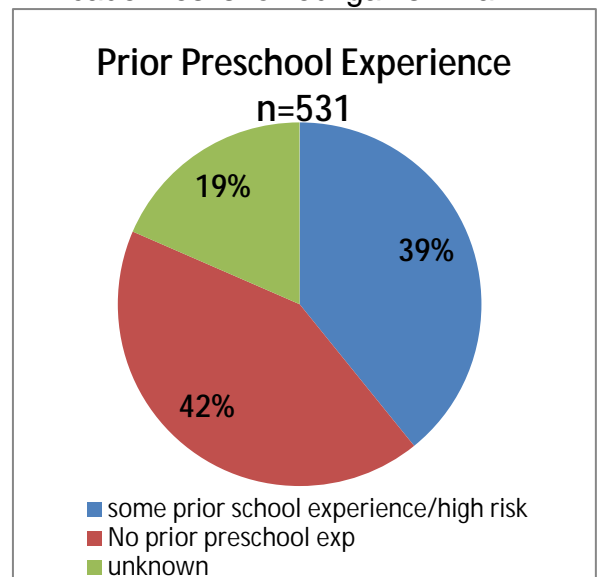
Increased funding allowed for attendance of over 30% more children than 2013 and the cumulative site attendance rate was 89% while most sites were over 90%. Parent outreach activities, back-pack programs, incorporation of summer school lunch programs and enrichment activities contributed to positive outcomes for children and families.

The data also show that overall, children attending Pre-K Academies showed gains in all classification scales of the KSEP. This outcome supports that children benefit from short, targeted programs to help them become ready for school.

**Outreach Priorities**

Pre-K Academies were provided to children who had not participated in prior preschool activities, are English Language Learners or considered “high-risk” due to factors such as poverty, remoteness, substance abuse, family violence, child abuse and neglect and special needs.

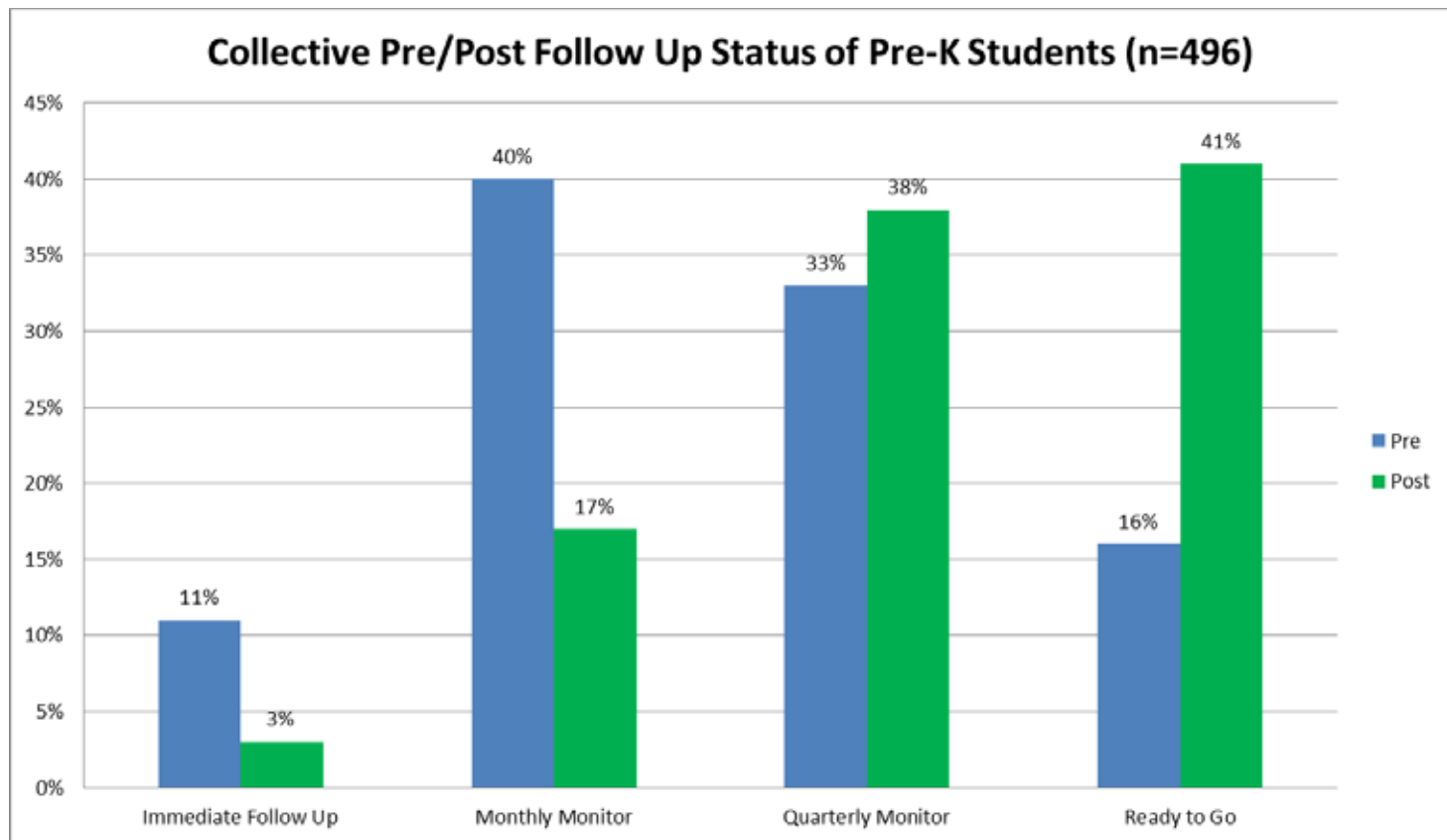
Of the children attending 2014 Academies, 42% had no prior preschool experience, 39% had some limited preschool experience and 19% did not provide the information. The number of children with no prior preschool experience was lower than in previous years, however, children that attended academies in several neighborhoods were considered at extremely high-risk and any preschool experience was minimal.



The percentage of children speaking Spanish as their primary home language is consistent previous years. However the 2014 KSEP does not include a direct question identifying an English Language Learner. The updated KSEP instead asked the teacher to indicate which language the KSEP was administered in. The results of this question show that the number of children who were administered the KSEP in English in 2014 were 79%, Spanish 10% and both English and Spanish 11%. In 2013, 36% of children were identified as English Language Learners and were administered the KSEP in Spanish only. This year only 10% of children used only Spanish to respond to the KSEP and another 11% used both English and Spanish.

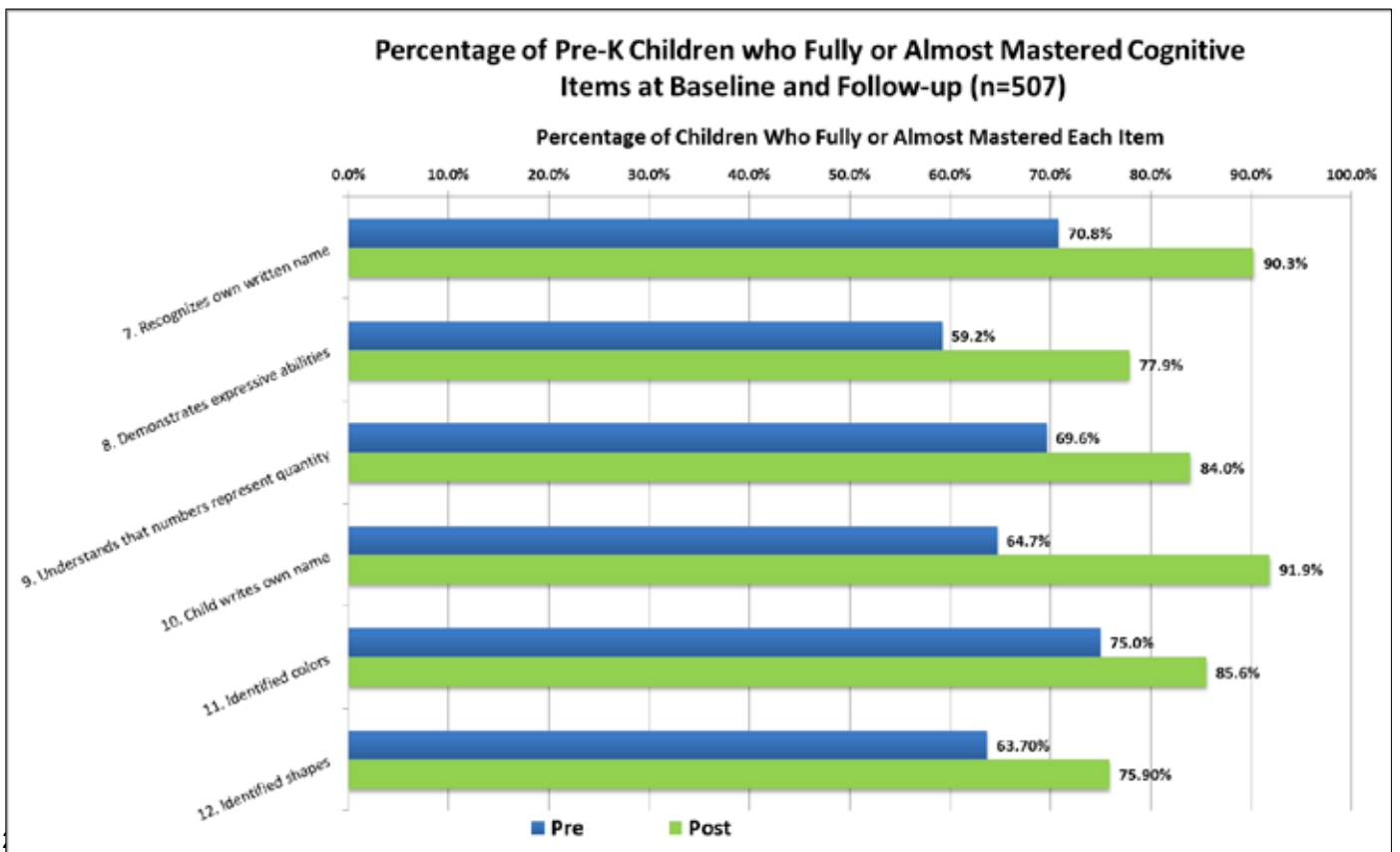
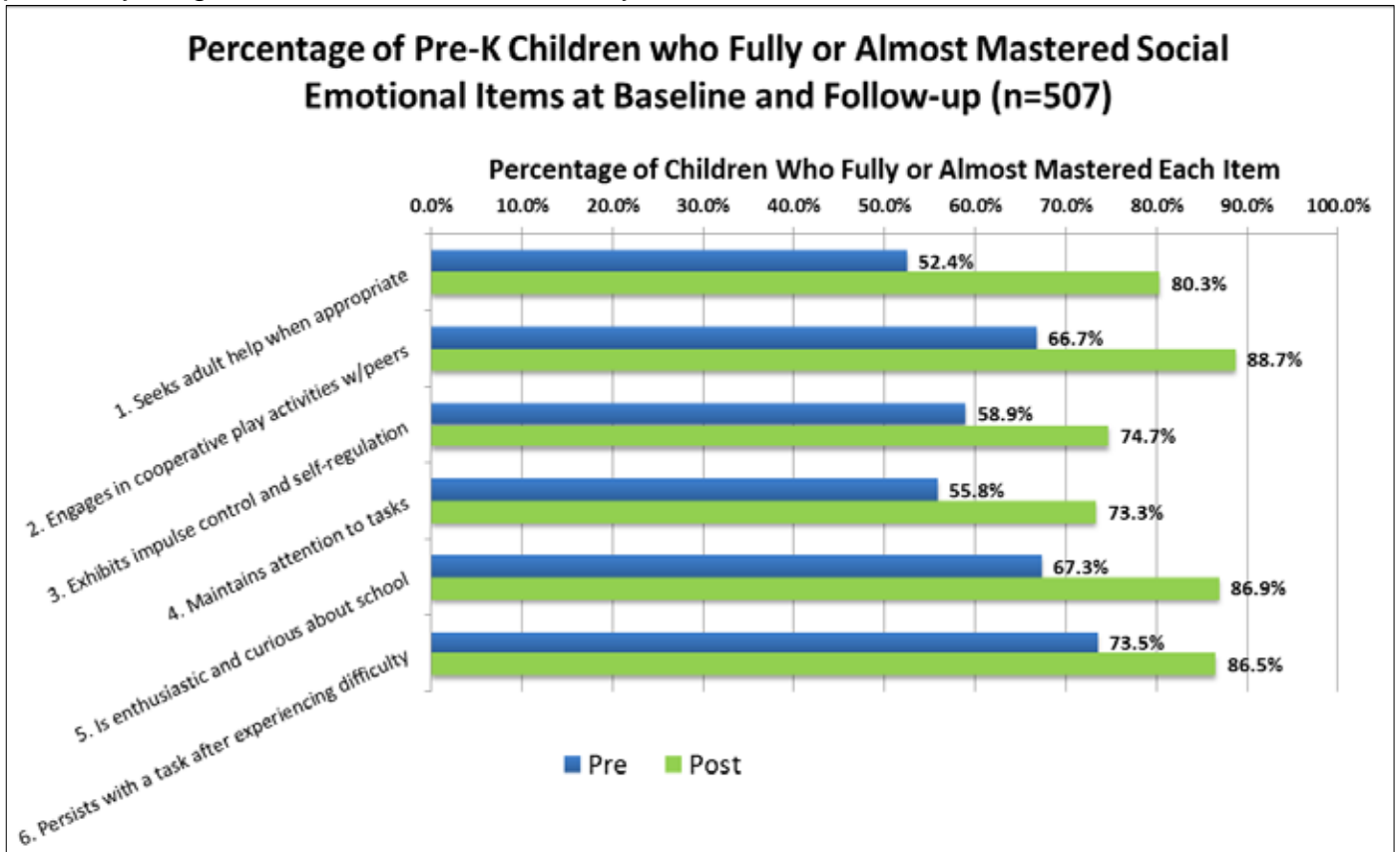
### **Mastery of KSEP Items**

The chart below shows that of the children assessed at the conclusion of Pre-K Academies, 41% are Ready to Go and 38% are Quarterly Monitoring. Quarterly Monitoring indicates a child mastered fewer than 8 of the 13 items on the KSEP but that the majority of their scores were at least Almost Mastered. This shows that 41% of children are ready and 38% are very close to ready to enter Kindergarten.



**Social Emotional & Cognitive Items**

Overall, children attending Pre-K Academies showed improvement in post-assessments in all Social/Emotional and Cognitive areas, indicating that the Pre-kindergarten Academies better position young children to enter school ready to learn.



## KSEP Classification

One of the reasons for the change in the KSEP is it allows for greater breakdown of assessment based on prior pre-school experience, age, gender and parent education level. The chart below shows the difference in classification between children with and without prior pre-school experience. There are a higher number of children identified as needing immediate follow-up who have no prior preschool experience (14%) than those who have had prior preschool experience (5%) in pre assessments. This higher rate applies to all classifications. Post assessments show that children with no prior preschool experience have begun to close the achievement gap, by achieving Quarterly Monitoring/Ready to Go classifications (72%) similar to children with prior preschool experience (85%), after receiving Pre-K Academy Services.

Student's Follow Up Status Pre/Post (n=496)								
	Immediate Follow Up-Pre	Immediate Follow Up-Post	Monthly Monitor-Pre	Monthly Monitor-Post	Quarterly Monitor-Pre	Quarterly Monitor-Post	Ready to Go Pre	Ready to Go-Post
Collective	11%	3%	40%	17%	33%	38%	16%	41%
No Prior Preschool Attendance (n=213)	14%	5%	46%	23%	31%	39%	9%	33%
Prior Preschool Attendance (n=198)	5%	1%	36%	14%	35%	39%	24%	46%
N/A Prior Preschool Attendance (n=85)	19%	5%	31%	11%	35%	35%	15%	49%

## **Classification by Site**

Listed below is the summary data classification identified by site. These data can be influenced by the type of curriculum used in the Pre-Kindergarten Academy, teaching style, the environment in which the assessment is administered, and the risk factors of the children. These data will be shared with each site to make adjustments as necessary with future classes.

	Pre Immediate Follow Up	Post Immediate Follow Up	Pre Monthly Monitor	Post Monthly Monitor	Pre Quarterly Monitor	Post Quarterly Monitor	Pre Ready to Go	Post Ready to Go
Alamo	9%	0%	65%	25%	24%	45%	2%	29%
Anderson	13%	4%	53%	15%	32%	51%	2%	26%
Anna Kyle	13%	21%	58%	46%	21%	25%	8%	8%
Center	2%	0%	38%	6%	36%	45%	23%	49%
Circle of Friends	6%	6%	6%	6%	13%	6%	75%	81%
Cleo Gordon	19%	7%	59%	33%	19%	44%	4%	15%
Crescent	4%	8%	40%	56%	52%	36%	4%	20%
Dan O Root	0%	0%	48%	20%	48%	32%	4%	48%
DH White	0%	0%	13%	3%	35%	29%	52%	68%
Federal Terrace	9%	4%	43%	4%	39%	4%	9%	61%
Laurel Creek	8%	0%	42%	25%	46%	42%	4%	33%
Oakbrook	0%	0%	19%	0%	31%	31%	50%	69%
Robert Semple	3%	0%	17%	11%	62%	43%	17%	46%
Sheldon	4%	4%	26%	30%	37%	33%	33%	33%
Suisun Elementary	7%	0%	27%	20%	40%	40%	27%	40%
Tolenas	18%	12%	71%	18%	12%	47%	0%	24%
David A Weir	14%	14%	36%	7%	43%	29%	7%	50%
World Changers	75%	4%	14%	18%	4%	21%	7%	57%

## **Conclusion and Recommendations**

The data show that Pre-K Academies have a positive impact on children who will be entering Kindergarten. Based on the successes and lessons learned of the 2014 Pre-K Academies and the results of the evaluation, staff recommends that:

- Outreach continues to be a primary focus of Pre-K Academy service sites.
- Sites continue to provide bilingual staff on location.
- Sites utilize federal lunch programs in their district and backpack programs as ways to maintain/attract parents to ensure that their children participate.
- Sites allow for at least ½ hour of teacher participation over the actual class time to allow for teachers to connect with parents and answer any questions.
- Site coordinators share KSEP results with Kindergarten teachers of incoming Pre-K Academy children.

## 2014 Pre-K Business Champions

## Attachment B

Pre-K City	Business Name	# of Slots	Recvd
Benicia	Belinda Smith	1	\$200
Benicia	Dana Dean	3	\$600
Benicia	Anonymous (KT)	2	\$400
Dixon	The Friendly Bookworm	1	\$200
Dixon	Talyon Sorter	1	\$200
Dixon	Douglas J. Ford	1	\$200
Fairfield	Kris Corey	1	\$200
Fairfield	Dr. Frances Nelson	1	\$200
Fairfield	Anonymous (LN)	1	\$200
Fairfield	CNP	1	\$200
Fairfield	Mayor Harry Price	1	\$200
Fairfield	Betsy Price	1	\$200
Fairfield	Nancy Huston	1	\$200
Fairfield	Fairfield Kiwanis	1	\$200
Fairfield	Linda Seifert	1	\$200
Fairfield	Dr. Ichikawa	1	\$200
Fairfield	Fairfield Funeral Home- Ken Graham	3	\$600
Fairfield	Roberta Logan	1	\$200
Vacaville	Jay Speck	1	\$200
Vacaville	Chris Bandy	1	\$200
Vacaville	Laura Kuhn	1	\$200
Vacaville	Birgitta Corsello	1	\$200
Vacaville	Petty & Warshawsky Attorneys at Law	1	\$200
Vacaville	Patsy Van Ouwerkerk	1	\$500
Vacaville	Travis Credit Union	3	\$600
Vacaville	Steve Hardy	3	\$600
Vallejo	A.Marie Young	0.5	\$100
Vallejo	Honore & Thom McIlhattan	1	\$200
Vallejo	Sharon & John Powers	1	\$200
Vallejo	Keadjian Associates, LLC	1	\$200
Vallejo	Monarch Engineers	1	\$200
Vallejo	Annette Taylor	1	\$200
Vallejo	Erin Hannigan	1	\$200
Vallejo	Jack Anthony Industries	1	\$200
Vallejo	Lennar Mare Island	2.5	\$500
Vallejo	Six Flags	5	\$1,000
Vallejo	Greater Vallejo Chapter of Jack and Jill of America, Inc	1	\$200
Solano	Curtis Hunt	1	\$200
Solano	Walmart Foundation - Corporate	2.5	\$500
Solano	Tarbell Family Foundation	3	\$600
Solano	NorthBay Health Care Systems Community Benefits Prog - Healthy Kids	5	\$1,000
VallejoVacaville	Kaiser Permanente	10	\$2,000
			\$14,800



**First 5 Solano  
Discretionary Fund Tracking**

<b>Discretionary Fund Allocation</b>		<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>	<b>Total 2012-2015</b>
Beginning Balance		250,000	250,000	250,000	750,000
Roll Forward		-	3,989	63,208	
<b>Annual Funding Allocation</b>		<b>250,000</b>	<b>253,989</b>	<b>313,208</b>	<b>750,000</b>
<b>Discretionary Fund Deployment</b>	Authorized				
<i>Child Signature Project Site Grants</i>	<i>May 2012</i>	(150,000)			(150,000)
<i>Art for Kids/Parent Education</i>	<i>Jun 2012</i>	(9,638)			(9,638)
<i>Children's Network Data System Support</i>	<i>Aug 2012</i>	(16,865)			(16,865)
<i>Child Signature Project Site Grants</i>	<i>Jan 2013</i>		(99,000)	(62,500)	(161,500)
<i>2013 Pre-K Academy Expanded Sessions</i>	<i>Mar 2013</i>	(69,508)			(69,508)
<i>2014 Pre-K Academy Expanded Sessions</i>	<i>Dec 2013</i>		(42,645)		(42,645)
<i>2014 Pre-K Academy Expanded Sessions</i>	<i>Mar 2014</i>		(58,136)		(58,136)
<i>Transition to Permanent Housing</i>	<i>Mar 2014</i>			(75,000)	(75,000)
<i>Child Signature Project Site Grants (Correction)</i>	<i>May 2014</i>		9,000	(12,500)	(3,500)
<i>275 Beck Ave Improvements</i>	<i>Oct 2014</i>			(45,000)	(45,000)
<i>2015 Pre-K Academy Expanded Sessions</i>	<i>Proposed</i>			(62,361)	(62,361)
<b>Discretionary Fund Remaining Balance:</b>		<b>3,989</b>	<b>63,208</b>	<b>55,847</b>	<b>55,847</b>



## REPORT DATA

- ◉ 19 sites/9 providers
- ◉ 570 children served
- ◉ Similar ethnicity, prior pre-school attendance and language as in prior years
- ◉ Children with no prior pre-school experience/in high risk situations made the greatest gains
- ◉ Difficulty maintaining maximum capacity at sites
- ◉ Recruitment difficulties

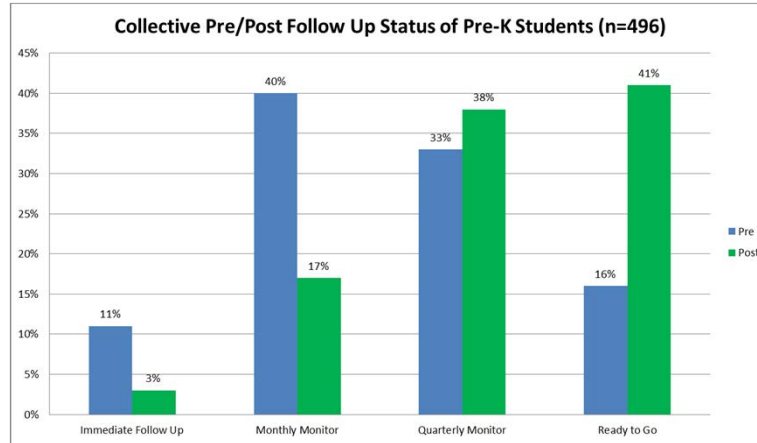
## ATTENDANCE BY CITY/SITE

Agency	Approved Sessions	Contracted # of children	Actual Attendance
Benicia Unified School District	2	48	37
Vallejo City Unified School District	2	48	27
Vacaville Unified School District	2	48	58
World Changers Academy-Dixon	2	48	41
Fairfield Suisun Unified School District	10	240	259
Travis Unified School District	2	48	51
Circle of Friends-Fairfield	1	24	16
River Delta Unified School District	1	24	33
Dixon Unified School District	2	48	48
<b>Total</b>	<b>24</b>	<b>576</b>	<b>570</b>

## 2014 PRE-K ACADEMY REPORT

- Kindergarten Student Entry Profile (KSEP)
- Evidence based tool
- Measures social-emotional and cognitive
- Change in scoring this year
  - Immediate Follow--up (13-25): Students were rated a 1 (not yet) or 2 (emerging) on the majority of items.
  - Monthly Monitor (26-37): Students were rated mostly 2 (emerging) and 3 (almost mastered) on the majority of items.
  - Quarterly Monitor (38-46): Students were rated as mastering fewer than 8 items but were generally almost ready in a majority of areas.
  - Ready to Go (47-52): Students were rated as mastering 8 or more items.

## KEY PRE K REPORT DATA



## CONTINUING CHALLENGES

- Capacity and attendance issues despite targeted outreach and parent follow-up
- One site had a waiting list this year
- VCUSD unable to hold both funded sessions due to space issues

## RECOMMENDATIONS

- ◉ Continue targeted outreach activities including Kindergarten registration
- ◉ Allow grantees flexibility in scheduling academy dates
- ◉ Encourage parents to include readiness activities at home
- ◉ Secure geographically/population ratio appropriate services in the county

## RECOMMENDATIONS

- ◉ Promote integration/use of other programs to increase/maintain participation
- ◉ Require ½ hour of non-instructional time to allow teachers to connect with parents
- ◉ KSEP results shared with Kindergarten teachers of Pre-K attending children

Motion: Consider approval of an allocation of up to \$110,000 for FY2015/16 Pre-Kindergarten Academy Services.

(Sources of Funding: Discretionary Fund, First 5 Futures, Pre-Kindergarten Business Champions, FY2013/14 Pre-K Academies rollover, Long Term Financial Plan)

Funding Sources for 2015 Pre-K Academies	Contracted	Actual	FY2014/15
FY2013/14 Roll Over	\$233,786	\$215,747	\$18,039
2014 Pre-K Business Champions Funds			\$29,600
FY2014/15 Allocation			\$80,000
Total			\$127,639
Additional funds requested			\$62,361
Proposed FY2014/15 Pre-K Academy Budget			\$190,000

## QUESTIONS?





CHILDREN ARE OUR BOTTOM LINE

**DATE:** January 6, 2015

**TO:** First 5 Solano Commission

**FROM:** Liz Niedziela, Program & Community Engagement Committee (PCE) Chair  
By Michele Harris, Executive Director

**SUBJ:** **Maternal, Child, and Adolescent Health Needs Assessment Report**

The H&SS, Solano Public Health's Maternal, Child, and Adolescent Health (MCAH) Bureau is required by the California Department of Public Health (CDPH) and Title V to produce a MCAH Needs Assessment report (Attachment A) every five years.

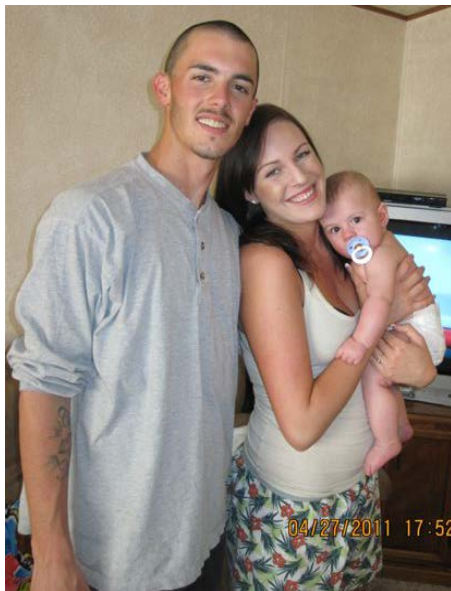
The 2015-2019 Solano MCAH Needs Assessment is a tool for assessing the health of the maternal, child and adolescent population in Solano County. The assessment provides an overview of indicators on the health and wellbeing of women, infants, children and youth in Solano County and serves as the county's input into the statewide needs assessment that is required for the receipt of Title V Block Grant funding. This report also serves as the first step in the development of an action plan that will provide detailed understanding and possible interventions for local maternal, child and adolescent health problems and will map out the steps that the MCAH Bureau will take to address its highest priority MCAH needs.

Attachment A: MCAH Needs Assessment Report  
Attachment B: MCAH Needs Assessment Presentation

**Solano County Health and Social Services Department  
Public Health Division  
Maternal, Child & Adolescent Health Bureau**

**Maternal, Child and Adolescent Health  
Five Year Needs Assessment  
2015 - 2019**

**November 2014**





## Contents

Summary/Executive Report.....	1
Key Findings and Recommendations .....	3
Solano County Community Health Profile.....	5
About The Solano Community – Health Starts Where People Live, Learn, Work, and Play.....	6
Maternal, Child and Adolescent Health System.....	6
MCAH Health Status Indicators .....	7
MCAH Priorities .....	12
1. High School Dropout.....	12
2. Child Abuse .....	13
3. Mental Health Among Women Age 15 to 44 Years .....	14
4. Prenatal Care .....	15
5. Substance Use/Abuse Among Women Age 15-44 Years .....	16
6. Obesity .....	17
7. Intimate Partner Violence/Domestic Violence.....	18
8. Low Birth Weight/Very Low Birth Weight.....	19
9. Chlamydia.....	20
10. Access to Dental Care .....	21
11. Unintentional Injury Emergency Department Visits in Ages 0 to 24 Years .....	22
Appendix A: Participating MCAH Stakeholders .....	23
Appendix B: Solano Community Groups Addressing MCAH Priorities .....	24
Appendix C: MCAH Needs Assessment Ad Hoc Work Group .....	26
Appendix D: Maternal, Child, and Adolescent Health Indicator Summary Tool.....	27

For further information about this report or additional data, please contact:

Maternal, Child and Adolescent Health Bureau

Solano County Public Health

275 Beck Ave, Fairfield, CA 94533

(707) 784-8600

Nancy Calvo, MCAH Director, [ncalvo@solanocounty.com](mailto:ncalvo@solanocounty.com)

Susan Whalen, MA, Sr. Health Education Specialist, [swhalen@solanocounty.com](mailto:swhalen@solanocounty.com)

Special thanks to Family Health Outcomes Project at UCSF; Meileen Acosta, Solano County Epidemiologist; and Penny Paxton, MPH, CLE for assistance in preparing this report.

# Solano County Health & Social Services Department



Mental Health Services  
Public Health Services  
Substance Abuse Services  
Older & Disabled Adult Services

Eligibility Services  
Employment Services  
Children's Services  
Administrative Services

Patrick Duterte, Interim Director

275 Beck Avenue  
Fairfield, CA 94533-6804

(707) 784-8400  
FAX (707) 421-3207

November 3, 2014

The Maternal, Child and Adolescent Health Bureau would like to share with you our 2015-2019 Needs Assessment.

Every five years the Solano County Maternal, Child and Adolescent Health Bureau (MCAH), conducts a needs assessment. The assessment looks at important maternal, child and adolescent health indicators for the community and our progress in impacting those areas over time. Our assessment, which was submitted to the California State MCAH, examines our strengths and assets as well as gaps and needs related to providing public health services to the communities we serve.

The process of conducting the needs assessment was implemented by an internal Technical Advisory Group with the assistance and input of many community partners and stakeholders. Five meetings were held to solicit input from stakeholders and participants in the Maternal, Child and Adolescent Health system, and two focus groups were held in May 2014. We are tremendously appreciative of the time and energy contributed by so many of our community partners to this process.

The data on which this document is based comes from many sources, including the California Department of Public Health, the Solano County Automated Vital Statistics System, the California Center for Health Statistics, the California Department of Education, the Office of Statewide Health Planning and Development, the Centers for Disease Control and Prevention Pediatric Nutrition, Surveillance System, the UCLA Center for Health Policy Research and the California Center for Public Health Advocacy. If you have questions about the information here or would like to review the data in more detail, feel free to contact Susan Whalen, Sr. Health Education Specialist at the MCAH Bureau at 707-784-8397.

Please join us in sharing this document with others who are interested in promoting optimal health for women, children, and adolescents in Solano County.

Sincerely,

Handwritten signature of Bela Matyas in black ink.

Bela Matyas, MD, MPH  
Health Officer

Handwritten signature of Nancy Calvo in black ink.

Nancy Calvo, MPH  
Maternal, Child & Adolescent Health Director

# Summary/Executive Report

## Purpose of the Needs Assessment

The Five Year Needs Assessment for Maternal, Child & Adolescent Health (MCAH) in Solano County serves as the county's input to the statewide needs assessment that is required for the receipt of Title V Block Grant funding. This needs assessment also serves as the first step in the development of an action plan that will provide detailed understanding and possible interventions for local Maternal, Child, and Adolescent Health problems and will map out the steps that the MCAH Bureau will take to address its highest priority MCAH needs.



## Solano County MCAH Vision, Mission and Goals

The mission of the Solano County MCAH Program is to preserve and improve access to health care and services for women, children, adolescents, and their families in Solano County, by embracing the public health principles of needs assessment, quality assurance, and policy development. We are an interdisciplinary team of public health administrators, managers, epidemiologists, physicians, public health nurses, social workers, health educators, and community outreach workers. We provide leadership in planning, developing, and supporting comprehensive systems of preventive and primary care for women, their partners, children and adolescents. We promote wellness and prevent disease, injury, and violence through advocacy, community outreach, education campaigns, and collaboration with agency and community partners. Through the establishment of strong

linkages with public and private health care providers, community-based organizations, schools and other institutions, we aim to ensure that all people – regardless of income or other factors – receive the health and social services they need. We are committed to providing women, children, adolescents and their families the health care and social services they need for a lifetime of health and well-being.

Since the last five year needs assessment there has been a growing understanding of how health and wellness are profoundly influenced by our past experiences, particularly those in the earliest parts of our lives. To promote the best health for our communities we need to begin at the earliest point in life and continue through a woman's healthy pregnancy and beyond, ensuring better health for herself and for the next generation. This will take the combined efforts of all of us. We need to continue to focus on "upstream work" – prevention efforts that can ensure early and continuing good health, rather than trying to repair damaged health down the road.

## Solano County MCAH Assessment Process

The 2015-2019 Needs Assessment effort was led by the MCAH Bureau Director and the Technical Advisory Group (TAG) comprised of key stakeholders from Solano County (see Appendix A). Members of the TAG were identified by the MCAH Director as having expertise in MCAH planning and analysis, familiarity with issues facing the MCAH populations in Solano County, and/or extensive knowledge of the available data regarding health access and health status of the MCAH populations.

For the 2015-2019 Needs Assessment, data were compiled for 62 different health indicators for maternal, child and adolescent health. Data sources included, but were not limited to, Office of Statewide Health Planning and Development (OSHPD), California Center for Health Statistics, Vital Statistics, and the U.S. Agency for Healthcare Research and Quality; and were compiled and analyzed by University of California at San Francisco's Family Health Outcomes Project and an MCAH Senior Health Education Specialist.

Over a series of three meetings, the TAG completed the following:

1. Reviewed 62 health indicators
2. Identified problem areas for Solano County
3. Agreed on a set of criteria to prioritize problems
4. Selected eleven problem areas as having the highest priority
5. Provided input in the design of community stakeholder meetings through which a broad set of providers and advocates reviewed the work of the TAG workgroup and provided input on needs and priorities

## Solano County MCAH Priority Problem Areas

Detailed information about the eleven priority areas was shared with the TAG and the community at large through a number of meetings with stakeholder groups. Drawing on the information shared and their specific subject matter expertise, the priority problems were ranked in order of importance for the maternal, child and adolescent population. Each group produced its own ranking and collectively, all scores were combined to create the following overall ranking in order of priority (1 being the highest and 11 being the lowest):

1. High School Dropout
2. Child Abuse
3. Women's Mental Health
4. Prenatal Care (late or inadequate care)
5. Substance Use/Abuse
6. Obesity
7. Intimate Partner Violence
8. Low Birth Weight/Very Low Birth Weight
9. Chlamydia
10. Children's Access to Dental Care
11. Unintentional Injury in ages 0 to 24 Years



It is easier to build strong children than to repair broken men.

~Frederick Douglass

## Key Findings and Recommendations

Solano County has made real progress in the last five years in maternal, child and adolescent health, but continues to face significant challenges. Minority and low-income population health have historically lagged behind on both a national and statewide level, and this is true in Solano County as well. In Solano, the Black community has higher rates of infant mortality, prematurity, low birth weight, mental health emergency room visits, obesity, chlamydia, high school dropout, substance abuse hospitalizations, and lower rates of early entry to prenatal care than other racial/ethnicity groups. Possible contributions to health disparities among Black residents include higher rates of stress, higher rates of poverty, and behavioral factors associated with poverty. Asian/Pacific Islanders have rates of gestational diabetes that are three times higher than Black, Hispanic, and White populations. The rates of Black and Hispanic teen births are double that of Asian/Pacific Islander and White populations. Pregnant teens have the highest rate of late entry to prenatal care. Black and Hispanic students have high rates of high school dropout within Solano County. Mental health services are not accessed equally by all racial/ethnicity groups, leaving Asian/Pacific Islanders and Hispanics underserved. Poverty, lack of education, and other social, economic and racial inequities all contribute to health disparities in Solano County.

Real improvement in the health of Solano County's women, children and families will require the combined efforts of the entire community. Providers and policymakers will need to continue to come together and align their efforts. It will also be important to go beyond simply addressing immediate needs, and to also invest in "upstream efforts" – programs and policies aimed at preventing negative health outcomes and maintaining wellness from the earliest moments of life onward. Based on the information in this assessment, the MCAH Bureau and its stakeholder partners have identified the following recommendations for Solano County:

- Invest in evidence-based programs—Solano County has recently invested in the Nurse-Family Partnership Program and Healthy Families America and has seen positive outcomes for women, infants, children and youth in Solano County. Expanding evidence-based programs and investing in new programs can further improve outcomes for Solano;
- The need to make access to mental health services available for uninsured women of child bearing age,
- Support good health from the beginning of life by supporting access to early, high quality prenatal care. This will require policy makers to support a more comprehensive and less fragmented system of care, and for providers to overcome institutional barriers to care by providing flexible, patient-centered care that respects the diversity of needs and challenges of patients.
- Support policies, legislation and budget action that impact women and children's health and the social determinants of health, which include significant social, economic and racial inequities such as poverty, lack of education, and lack of access to health care, transportation, or healthy food.

## Next Steps

The federal Department of Health and Human Services and the California Department of Public Health charge the MCAH Bureau with three goals: 1) improve access to quality health and human services for



women, children, and adolescents, 2) improve maternal and women's health, and 3) improve infant health. The Bureau does this by working within the current system of healthcare, which is comprised of public and private agencies, hospitals, community clinics and community based organizations. The Bureau will continue to share the findings in this report with the community, and will continue to assist with coordination and data to help the system better address the problems described here.

In May and September 2014, community stakeholders were invited to participate in meetings to further address problems in two of the MCAH Bureau's goal areas: Access to and Utilization of Health Care, and Maternal and Women's Health. Meeting participants further identified target populations, developed problem statements, and identified interventions and community organizations that are addressing the identified problems. The MCAH Bureau will continue to work with an ad hoc group to develop an action plan to address the priority areas identified in this report (Appendix C). The plan will include areas in which the MCAH Bureau can work directly, and other areas in which a community response will be most effective.

# Solano County Community Health Profile

## Demographic Summary

Solano County is a growing and diverse community facing many of the challenges that accompany growth: responding to the needs of an increasingly ethnically and culturally diverse population, increasing costs of living and housing, increasing commute times and traffic congestion, and inadequate public transportation. The county was hard-hit by the 2008 economic recession, and is recovering from high unemployment rates and the loss of funding for several health prevention programs that addressed health disparities within Solano County. The county is one of the most ethnically diverse in California, and has high rates of both chronic and communicable diseases.



Table 1 shows the age, race/ethnic and gender distribution for Solano County's population. Solano County total population and ethnicity data for 2011 are included in Appendix D.

Table 1: Solano County 2013 Demographic Percentages (%)					
Age (Years)		Ethnicity/Race		Gender	
Under 5	6.3	White	40.0	Male	49.9*
5-17	17.3	Hispanic	25.2	Female	50.1*
18-64	64.1	Black	13.9		
65+	12.3	Asian/Pacific Islander	15.1		
		Native American	0.3		
		Two or more races	5.5		

Source: California Department of Finance, American Community Survey 1 year estimates

\*Estimated based on data available.

## About The Solano Community – Health Starts Where People Live, Learn, Work, and Play

Solano County is located 50 miles northeast of San Francisco and 35 miles southwest of Sacramento. Solano County is 821.77 square miles in size, and is a mix of rural and urban areas. The three largest cities have the bulk of the county's population. Solano County's major industries include professional and environmental services, construction, health and social services, and specialized manufacturing.<sup>1</sup>

Solano County top employers include<sup>2</sup>:

- California Medical Facility (1,000-4,999 Employees)
- Travis Air Force Base (1,000-4,999 Employees)
- Westrust-Nut Tree (1,000-4,999 Employees)
- Genentech Inc. (1,000-4,999 Employees)
- Kaiser Foundation Hospitals (1,000-4,999 Employees)
- NorthBay Healthcare (1,000-4,999 Employees)
- Six Flags (1,000-4,999 Employees)
- Solano County - Health & Social Services, Sheriff, Superintendent (1,000-4,999 Employees)



Solano County is still recovering from the closure of Mare Island in 1996 and the repercussions from the economic recession that began in 2008. During the recession, Solano County experienced high foreclosure rates, high unemployment rates, and strained finances for local public services. Some areas in Solano are doing well, while others are not. Many areas lack access to healthy foods. Some urban areas may not be safe for outdoor play & exercise.

## Maternal, Child and Adolescent Health System

The system that serves the health needs of Solano County's maternal, child and adolescent population includes private hospitals, county facilities, and community based organizations. As of 2014, Solano County has five birthing hospitals; two Kaiser Permanente Hospitals (Vallejo and Vacaville), NorthBay Regional Hospital in Fairfield, Sutter Solano Hospital in Vallejo, and David Grant USAF Medical Center in Fairfield. In 2013, 1160 births (21% of all births to Solano County residents) occurred outside of the county.<sup>3</sup> Enhanced prenatal care services are offered by five Comprehensive Perinatal Services Providers and Kaiser Permanente offers similar

1 Solano Economic Development Corporation, Solano County 2010 Index of Economic Development and Community Progress, January 2011

2 State of California Employment Development Department, The America's Labor Market Information System (ALMIS) Employer Database, accessed 13 June 2014

<http://www.labormarketinfo.edd.ca.gov/majorer/countymajorer.asp?CountyCode=000095>

3 Solano County Vital Birth Statistics (2013)



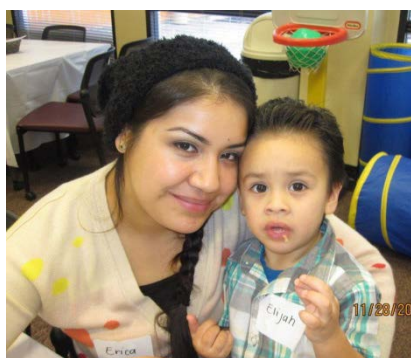
enhanced services to its members. To support pregnant women and families who are at risk of poor birth outcomes and/or later child neglect or maltreatment, Solano County offers a variety of home visiting programs that provide in-home support. These include Public Health Nursing, Healthy Families America Program, the Nurse-Family Partnership Program, Black Infant Health, the Adolescent Family Life Program, and Baby Coach. These programs provide education and support for families and have been shown to improve birth outcomes and offer lifelong benefits for participating children.

Solano County's Medi-Cal managed care program, Partnership HealthPlan of California, provides health insurance to Solano County's eligible low-income residents. There are community clinics in each city, with the exception of Rio Vista and Benicia. Routine well child exams for low income children are provided by 32 pediatric providers through the Child Health and Disability Prevention Program. Nevertheless, many women and children experience challenges in accessing the health care system. Barriers to care include individual barriers such as lack of information



about the need for health care, confusion about the process for obtaining care, concerns about cost and insurance, lack of reliable transportation, and cultural or language barriers. Obstacles at the provider level include scheduling, hours of availability or requirements related to their administrative practices that do not support the diverse needs of their patients and/or lack of sufficient provider capacity, particularly in providers that accept Medi-Cal. Institutional or governmental barriers are grounded in the fragmentation of the community system of care and public assistance system, as well as the complicated bureaucracy.

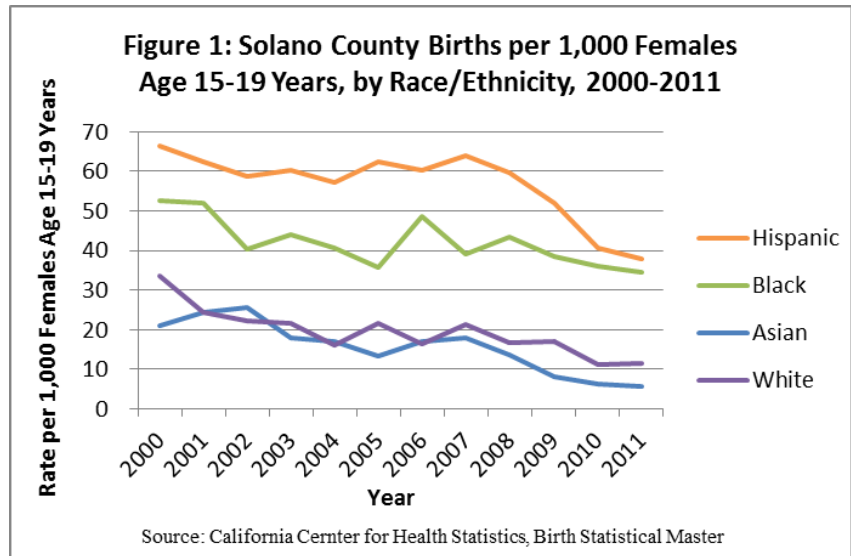
## MCAH Health Status Indicators



The 2015-2019 Needs Assessment looked at more health indicators than in previous years, expanding the number of indicators considered to 62, more than double the number considered in the previous needs assessment.

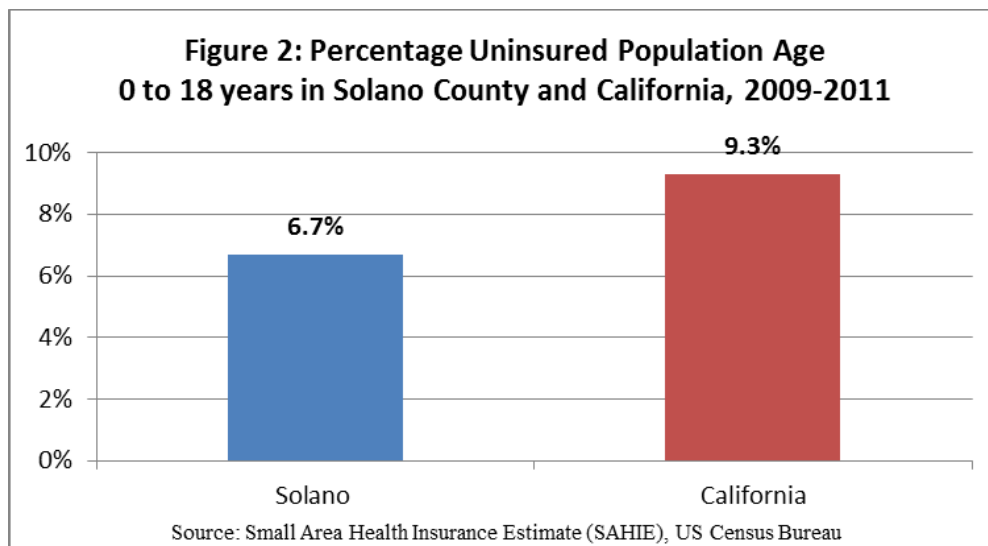
MCAH staff examined all indicators with special attention paid to evaluating performance in three areas: how Solano County compares to the state of California as a whole, how the County compares to a set of national benchmarks called Healthy People 2020 goals, and whether the County's performance is improving or worsening over time. In addition, staff examined the performance of different racial/ethnicity groups within each indicator, and noted where significant health disparities exist and/or particular groups were struggling. Information about all health indicators was summarized in the Solano County Maternal, Child, and Adolescent Health Indicator Summary Tool (see Appendix D).

The Technical Advisory Group (TAG) began by identifying areas in which Solano County is doing well and areas where Solano County is doing worse. Over the last decade, Solano County has seen significant improvement in a number of key areas. For example, Solano County Public Health and community partners have made efforts to reduce the teen birth rate through health education programs aimed at teen programs and services that encourage



positive youth development, and case management programs for teen parents to help prevent repeat births. Between 2002 and 2013, the number of teen births in Solano fell by 51%, and in 2013 Solano recorded 296 births to women age 19 years and under, the lowest number of teen births since automated recordkeeping began (Figure 1).<sup>4</sup>

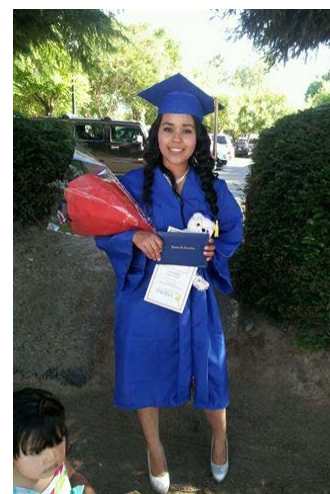
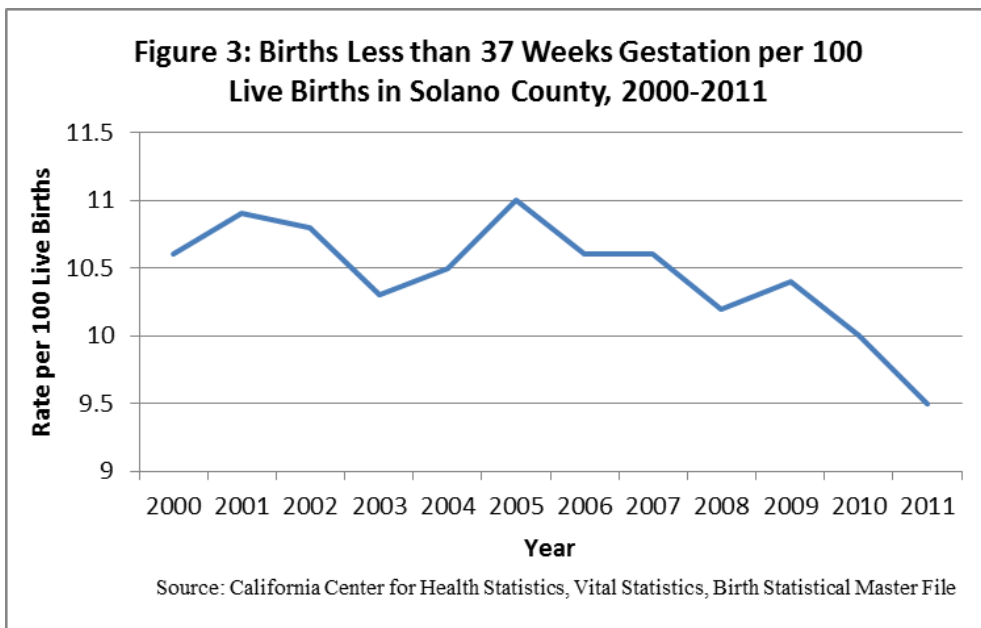
In 1998 the Solano Coalition for Better Health established the Solano Kids Insurance Program (SKIP) to assist families who want to enroll their children into Medi-Cal. Working with community based organizations, schools, and Solano Health and Social Services, SKIP has helped to decrease the number of children without insurance between 2009 and 2011 to 6.7% (Figure 2).<sup>5</sup> The Solano County Board of Supervisors matches every dollar raised at the annual SKIP fundraiser, with all matching funding used for health premiums for low income children. We are proud that we continue to have one of the top rates of health coverage for children in California.



<sup>4</sup> Solano County Automated Vital Statistics System, 2002-2013.

<sup>5</sup> Small Area Health Insurance Estimates (SAHIE), United States Census Bureau, 2008-2012 SAHIE estimates using American Community Survey data

Solano County Maternal, Child and Adolescent Health Bureau and other community partners have consistently worked to improve birth outcomes for infants in Solano County, including the percentage of infants that are born before 37 weeks gestation. Prematurity is the leading killer of America's newborns, and those who survive are at higher risk of lifelong health problems, including cerebral palsy, mental retardation, chronic lung disease, blindness and hearing loss. Initiatives to reduce rates of prematurity in Solano County have included the Comprehensive Perinatal Services Program and the Go Before You Show campaign. These are aimed at encouraging women to seek early prenatal care, and evidence-based home visiting programs for at-risk pregnant women and their families. Between 2000 and 2011, Solano County was able to reduce the percentage of infants born prematurely from 10.6% in 2000 to 9.5% in 2011(Figure 3).<sup>6</sup>



<sup>6</sup> California Center for Health Statistics, Vital Statistics, Birth Statistical Master File

Table 2: Selected Health Indicators for which Solano County is doing <b>better</b>		
Indicators for which Solano did better than California (2009-2011)	Indicators for Which Solano Health Status is Improving Over Time (2002-2011)	Indicators for Which Solano Has Met or Exceeded the Healthy People 2020 Goals
Uninsured age 0 to 18 years	Uninsured age 0 to 18 years	Preterm birth
Teen births	Early prenatal care rates	Low birth weight
Short birth intervals	Preterm birth	Very low birth weight
C-sections for first births	Teen births	Teen births
Uninsured females age 18 to 64 years	Motor vehicle injury hospitalizations 0 to 14 years	Deaths age 15 to 19 years
Deaths age 5 to 14 years	Children in foster care	Deaths age 20 to 24 years
Poverty age 18 to 64 years		
Poverty age 0 to 18 years		
Children in foster care age 0 to 17 years		
Unemployment rate		
Source: Family Health Outcomes Project, University of California at San Francisco, from California Center for Health Statistics, Vital Statistics, Birth Statistical Master File Analysis: Solano County Maternal, Child, and Adolescent Health Bureau		

Table 3: Selected Health Indicators for which Solano County is doing <b>worse</b>		
Indicators for which Solano did Worse than California (2009-2011)	Indicators for Which Solano Health Status is Worsening Over Time (2002-2011)	Indicators for Which Solano Has Not Met the Healthy People 2020 Goals
Early entry to prenatal care	Uninsured women 18 to 64 years	Uninsured age 0 to 18 years
Mood disorder hospitalizations in women of reproductive age	Mood disorder hospitalizations in women of reproductive age	Uninsured women 18 to 64 years
Assault hospitalizations in women of reproductive age	Assault hospitalizations in women of reproductive age	Early entry to prenatal care
Domestic violence calls	Mental health hospitalizations age 15 to 24 years	
Overweight and obesity per 100 females age 15 to 44 years	Substance abuse hospitalization age 15 to 24 years	
High School Dropout Rate	Poverty age 18 to 64 years	
Smoking in households with children <5 per 100 enrolled in CHDP	Poverty age 0 to 18 years	
Current smoker per 100 female adults	Unemployment rate	
Source: Family Health Outcomes Project, University of California at San Francisco, from California Center for Health Statistics, Vital Statistics, Birth Statistical Master File Analysis: Solano County Maternal, Child, and Adolescent Health Bureau		

The TAG also considered the performance of different racial/ethnicity groups within each indicator, and noted where significant health disparities exist. The TAG identified eleven local MCAH priorities considered to be significant problems and/or needs within Solano County using the following criteria developed and agreed upon by the group:

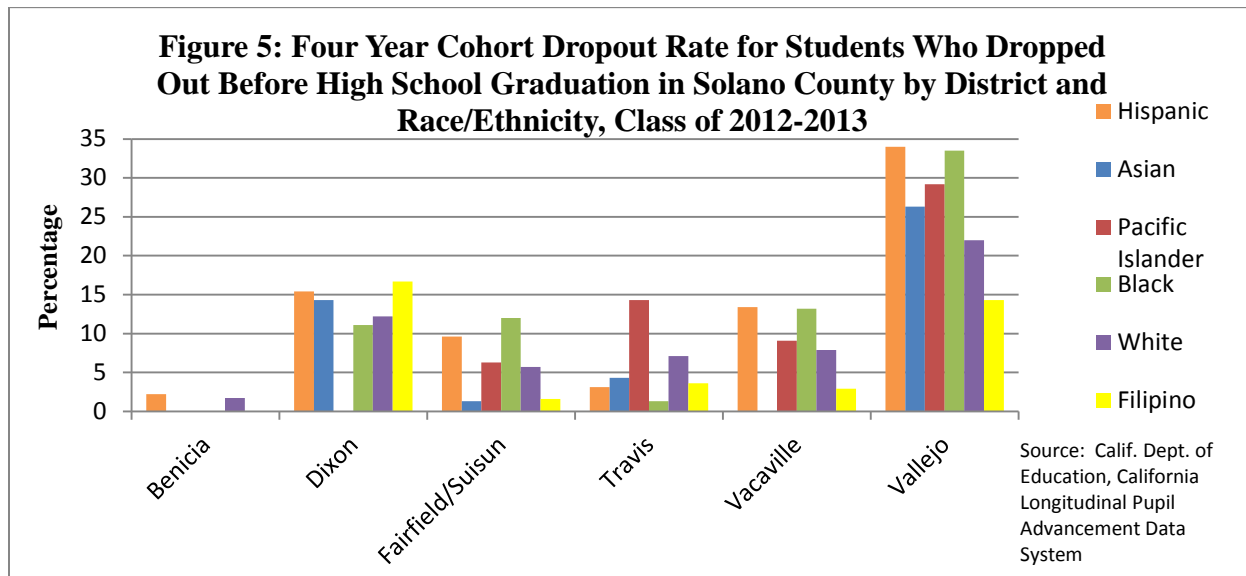
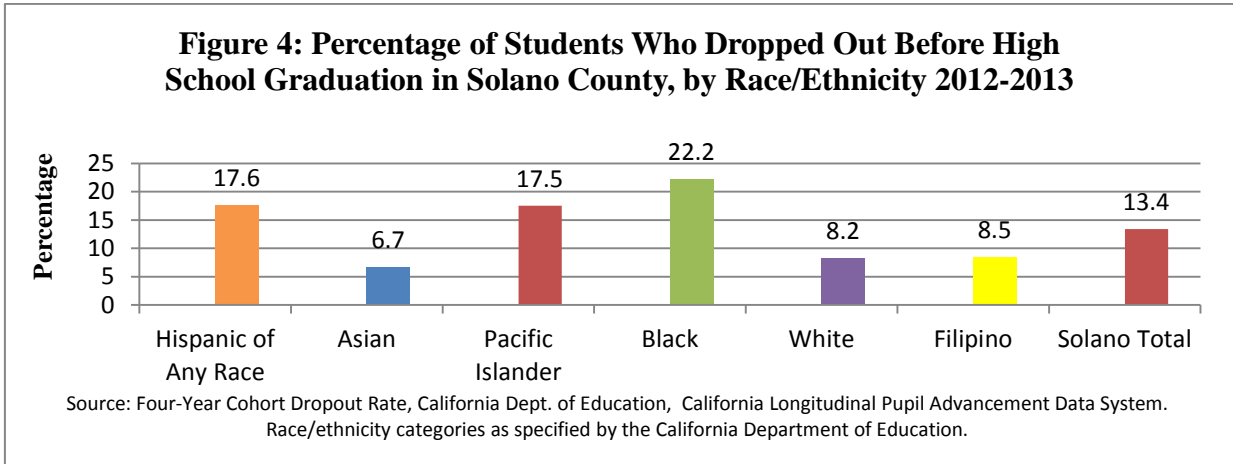
- Number of individuals affected
- Seriousness of issue
- Has indicator to track and measure
- Impact on downstream issues
- Degree of demographic disparity
- Ease in addressing issue
- Level of priority for community

A brief summary of information about each of the eleven priority areas is shared in the following section. *Note: In most cases, race/ethnicity categories follow conventions used by the California Department of Public Health. In the case of high school dropout rates, categories are as specified by the California Department of Education and all race/ethnicity categories listed are mutually exclusive.*

# MCAH Priorities

## 1. High School Dropout

High school dropout rates have declined in Solano County, from 21.9% in 2009-2010 school year to 13.5% in the 2012-2013 school year.<sup>7</sup> However, rates remain high, and Hispanics of any race, Blacks, and Pacific Islanders have dropout rates double that of Whites and Asians. Failure to complete high school can have a significant impact on future health; in addition to having lower levels of health literacy, students who do not complete high school are at higher risk of unemployment, poverty, and lack of insurance, all of which are associated with poor health outcomes. Within Solano County, Vallejo Unified School District (27.9%) has the highest high school dropout rate, while Travis Unified School District (4.9%) and Benicia Unified School District (1.2%) have the lowest high school dropout rates (Figure 5).<sup>8</sup>



7 California Department of Education, California Longitudinal Pupil Achievement Data System. <http://dq.cde.ca.gov/dataquest/cohortrates/GradRates.aspx?cds=48000000000000&TheYear=2011-12&Agg=O&Topic=Dropouts&RC=County&SubGroup=Ethnic/Racial> (Accessed May 2014)

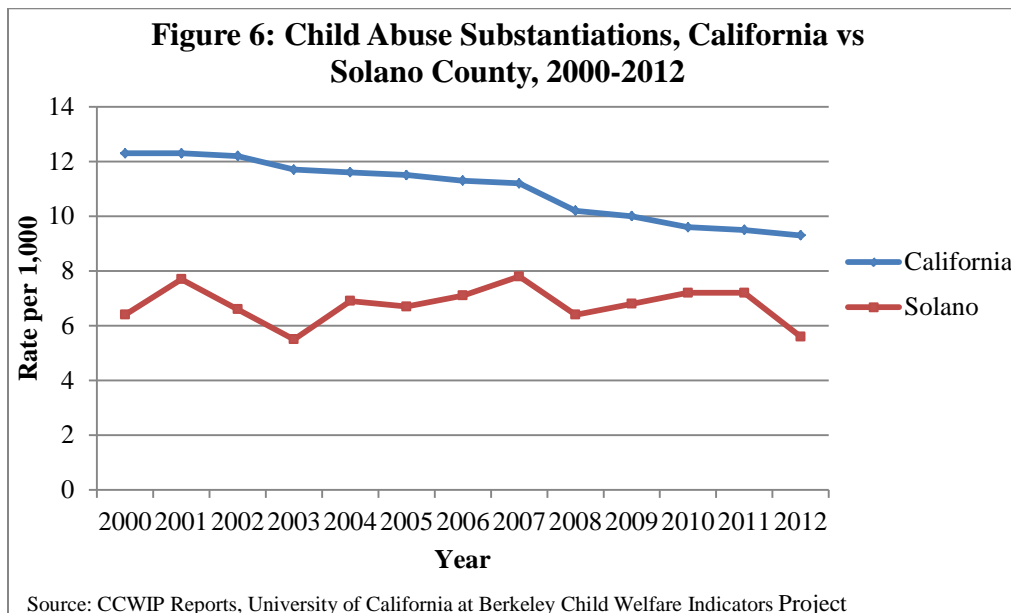
8 California Department of Education, California Longitudinal Pupil Achievement Data System. <http://dq.cde.ca.gov/dataquest/cohortrates/CohortList.aspx?cds=48000000000000&TheYear=2012-13&Agg=O&Topic=Dropouts&RC=County&SubGroup=Ethnic/Racial> (Accessed May 2014)

## 2. Child Abuse

The number of substantiated cases of child abuse from 2000 to 2012 in Solano County has remained flat (Figure 6). Child abuse can have devastating and lifelong health impacts. The Adverse Childhood Events (ACE) Study conducted in partnership with Kaiser Foundation and the Centers for Disease Control and Prevention indicated there are strong links between children who are maltreated and the development of health problems later in life, including higher rates of mental illness, substance use, and depression.<sup>9</sup> Child maltreatment can also create physiologic patterns of stress that can last for a lifetime and lead to higher rates of heart disease, cancer and other serious health impacts.

	<b>Allegations per 1,000 Children</b>	<b>Substantiations per 1,000 Children</b>	<b>Entry Into Foster Care per 1,000 Children</b>
Black	104.7	11.1	5.2
White	50.3	6.7	3.0
Hispanic	40.6	5.1	2.4
Asian/P.I.	24.1	2.4	0.8
Total	51.2	5.6	2.5

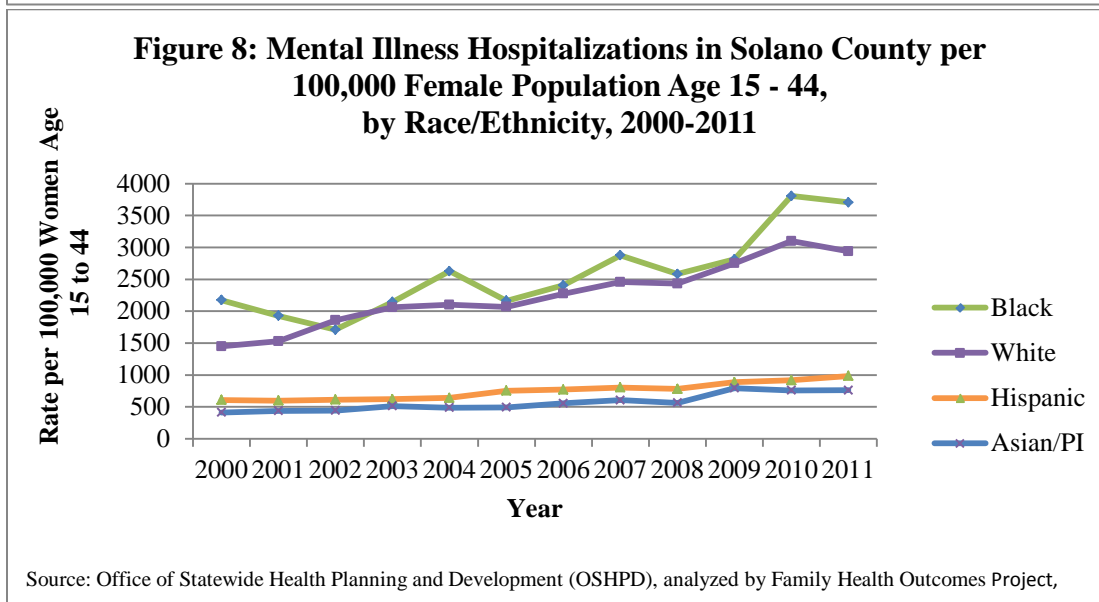
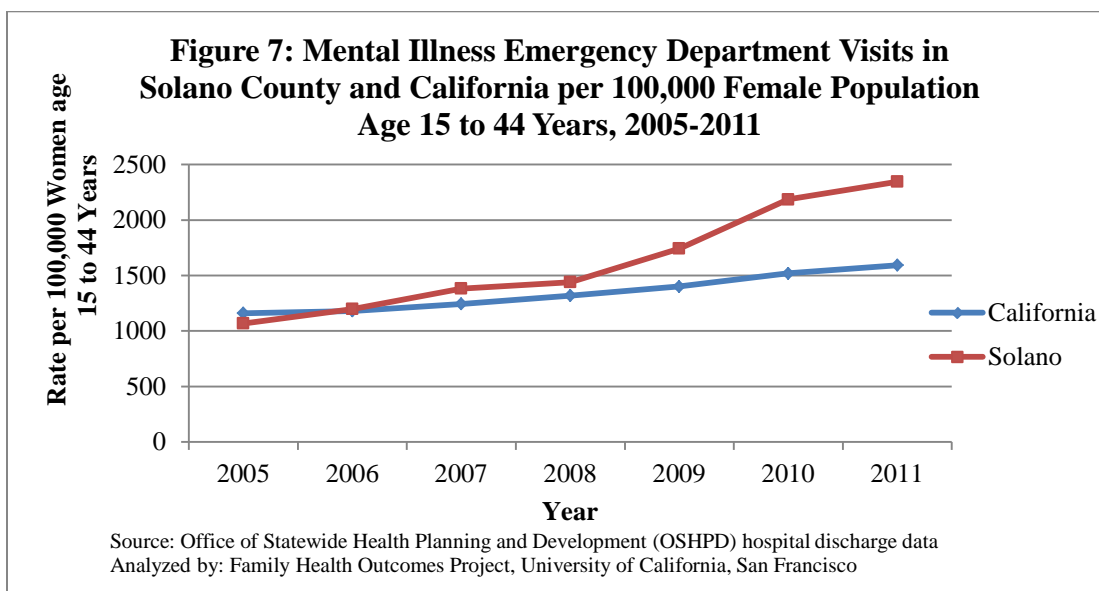
Source: CCWIP Reports, (2012) University of California at Berkeley Child Welfare Indicators Project



<sup>9</sup> Center for Disease Control and Prevention (2014). Adverse Childhood Experiences (ACE) Study. <http://www.cdc.gov/violenceprevention/acestudy/findings.html>

### 3. Mental Health Among Women Age 15 to 44 Years

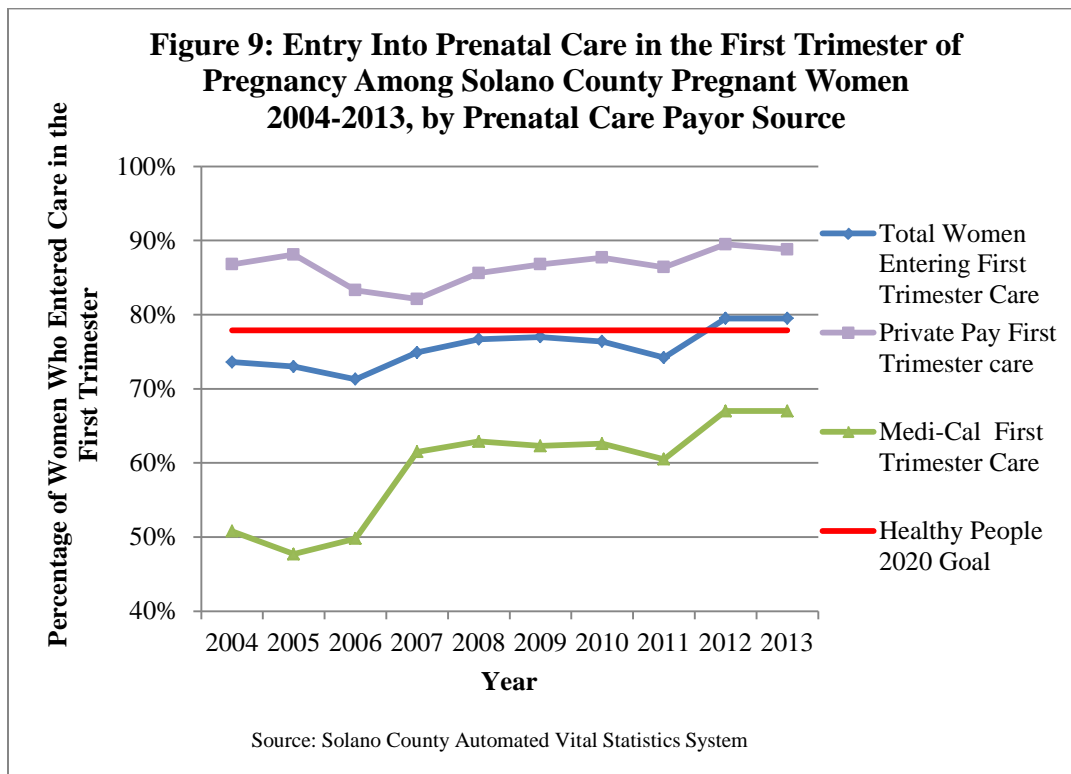
Both mental illness emergency department (ED) visits and mental health hospitalizations have been increasing over the last ten years in both Solano County and in California overall (Figure 7). Mental illness emergency department visit and hospitalization data displayed here include visits for which mental illness was either the primary or secondary diagnosis and visits with a substance abuse diagnosis. Community stakeholders suggest that this increase could be due to improved tracking and coding of ED visits, changes in the Solano County system for accessing mental health care, an increase in mental health disorders, or increasing challenges in providing services that help the mentally ill remain stable at home. There are significant racial and ethnic health disparities in the rate of mental health hospitalizations for women of reproductive age (15 to 44 years) in Solano County; Black and White women have higher hospitalization rates than Hispanics and Asian/Pacific Islander women (Figure 8).





#### 4. Prenatal Care

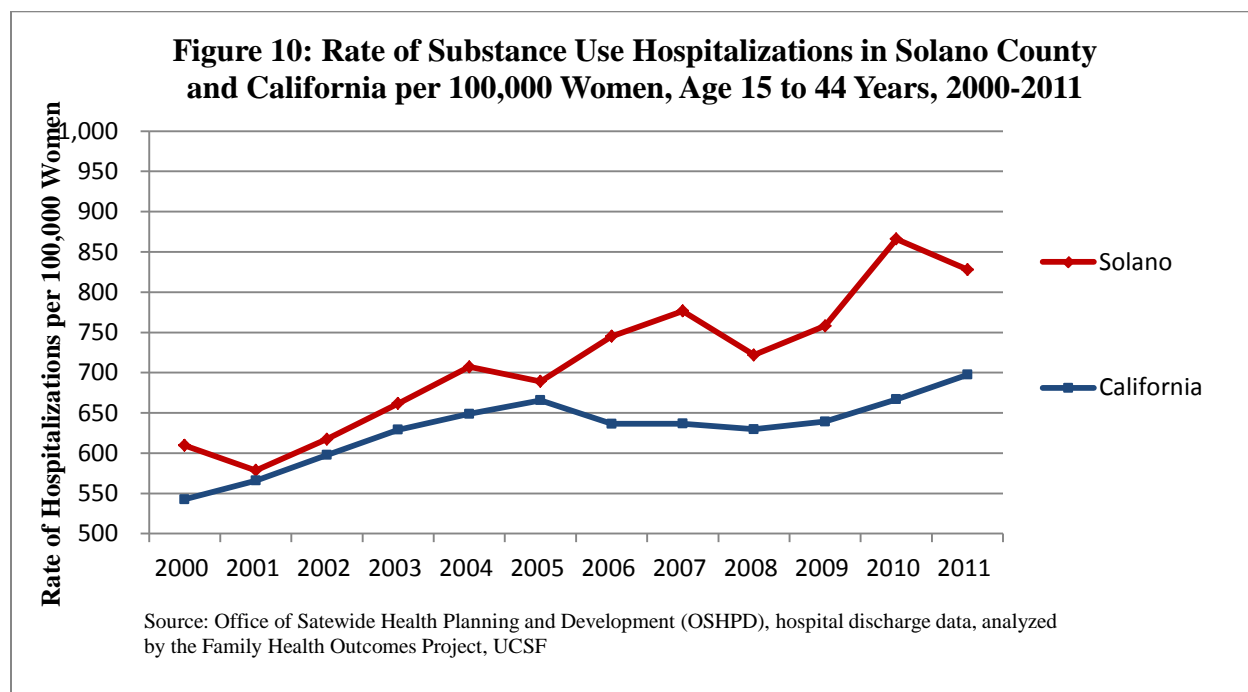
Women who receive delayed prenatal care (i.e., entry into prenatal care after the first 12 weeks of pregnancy) or no prenatal care are at risk for having undetected complications of pregnancy that can result in poor birth outcomes and severe maternal health risks.<sup>10</sup> Solano County data on early prenatal care show significant improvement over time, and in 2012 the County overall rate (79.5%) had met or exceeded the Healthy People 2020 goal of 77.9%. Access to prenatal care has improved most significantly for women insured by Medi-Cal. However, Solano County's rate of early prenatal care is lower than the state of California's rate, and rates for women covered by Medi-Cal continue to lag behind rates for women with private insurance (Figure 9). Black and Hispanic women have lower rates of early entry into prenatal care than White and Asian/Pacific Islander women. Solano County's 2009 Prenatal Care Access Report found that some of the barriers to prenatal care included confusion about the process for obtaining prenatal care or insurance, lack of transportation, language or literacy level, and lack of child care.



<sup>10</sup> Centers for Disease Control and Prevention (2000), <http://www.cdc.gov/MMWR/preview/mmwrhtml/mm4918a1.htm>

## 5. Substance Use/Abuse Among Women Age 15-44 Years

While the rate of substance abuse hospitalizations for women age 15 to 44 years in Solano County has increased by 36% over the past ten years (Figure 10). The substance abuse hospitalization rate among Black women age 15 to 44 years has increased by 66.8% over the same time period.<sup>11</sup> Substance use represents a significant health issue for women and the children and families they care for. Input from Child Welfare Services and Solano Home Visiting Program staff suggests that substance use contributes significantly to family stress and child maltreatment.



Substance use during pregnancy is an area of special concern. Data collected through a perinatal substance abuse survey for the CA Conference of Local Directors of MCAH show that 7% of babies born in Solano County between July 2000 and June 2001 had positive toxicology screens at birth<sup>12</sup> and a 2010 Fetal and Infant Mortality Review Report found that 25% of cases of fetal or infant death reviewed included a history of substance use.<sup>13</sup> Prenatal substance abuse screening among women insured by Medi-Cal showed that, in 2013, 36% of women reported using alcohol, tobacco, marijuana or another drug in the month before they knew they were pregnant. Since knowing they were pregnant, 13% of women reported some substance use (with some women reporting use of multiple substances). Of those, 2% reported continuing alcohol use, 6% reported marijuana use, 1% reported using another drug, and 8% reported using cigarettes. Rates differed significantly by ethnicity, with Whites and Blacks having higher rates of substance use, and Hispanics and Asian/Pacific Islanders having lower rates of substance use.

<sup>11</sup> Office of Statewide Health Planning and Development (OSHPD), analyzed by Family Health Outcomes Project, University of California at San Francisco

<sup>12</sup> CA Conference of Local MCAH Directors Survey, 2001

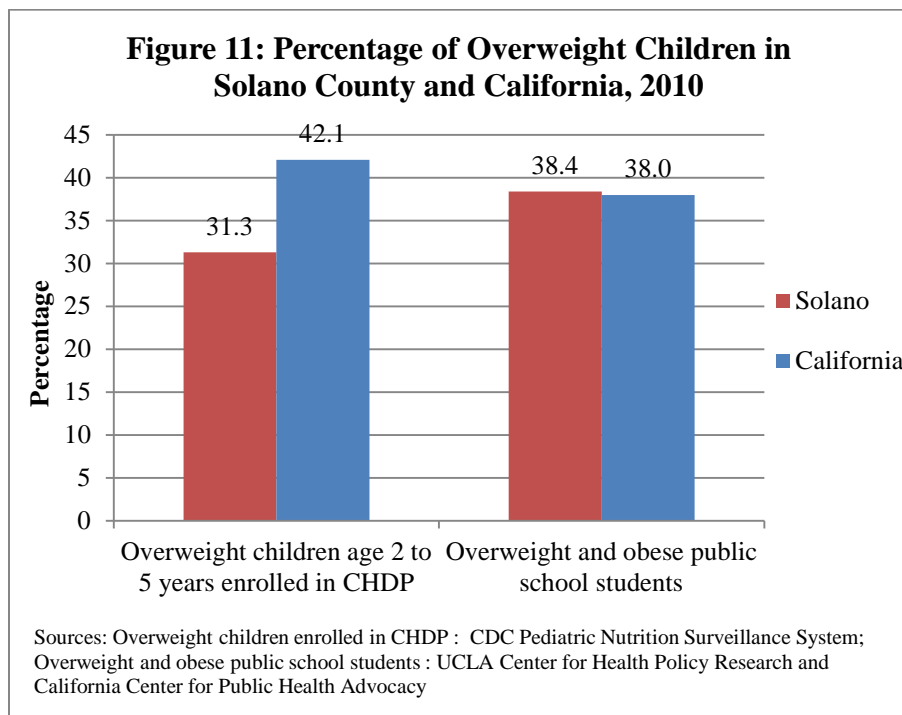
<sup>13</sup> Solano County Health and Social Services Public Health Division. Fetal and Infant Mortality Review (FIMR) Project 2005-2009

## 6. Obesity

Obesity is a serious issue in Solano County. Children who are overweight in childhood are more likely to be overweight or obese as adults. Adults who are overweight or obese are at greater risk of health issues such as diabetes, heart disease, and cancer. Pregnant women who are obese are at greater risk of gestational diabetes, hypertension, and poor birth outcomes. They also have higher rates of maternal mortality.

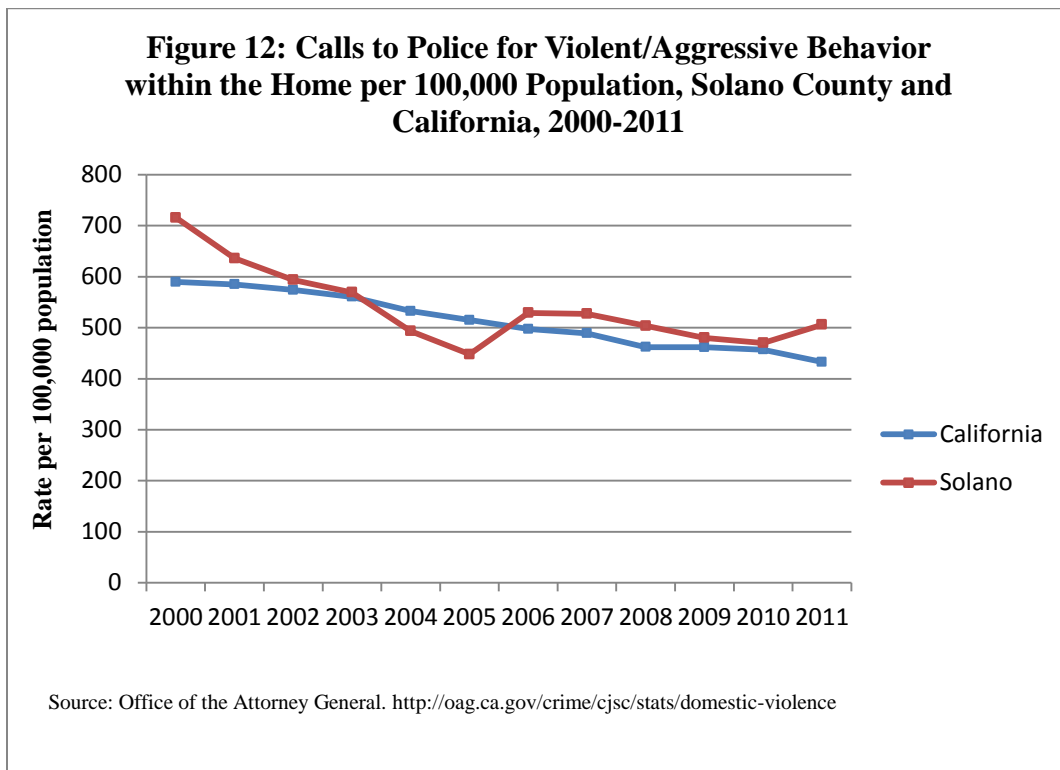
In Solano County, 31.3% of children age 2 to 5 years enrolled in the Child Health and Disability Prevention Program (CHDP) were reported as overweight versus the overall state percentage of 42.1% (Figure 11). The percentage of overweight or obese public school students in Solano County (38.4%) is similar to that in California (38.0%). Solano County's percent of overweight children is three times higher than the Healthy People 2020 national goal, putting children at risk of poor health later in life.

Data from the California Health Interview Survey, a statewide survey, showed that 60% of women of reproductive age (15-44 years) in Solano County were overweight or obese, compared to 40% of women statewide. Maternal obesity is a significant risk factor for poor birth outcomes including fetal death and prematurity.



## 7. Intimate Partner Violence/Domestic Violence

Intimate partner violence is an ongoing and persistent issue in Solano County, but local data about prevalence are limited. Child Welfare Services reports that intimate partner violence is a frequent contributor to child abuse reports and child removals. Rates of calls to police about intimate partner violence have declined since 2000; however, the changing landscape of police response, shelter availability and community trust in law enforcement may lead domestic violence victims not to report abuse or to contact domestic violence hotlines or shelters directly (Figure 12). The Solano Office of Family Violence Prevention continues to report a high need for services in Solano County. More work is needed to improve data collection for domestic violence prevalence.

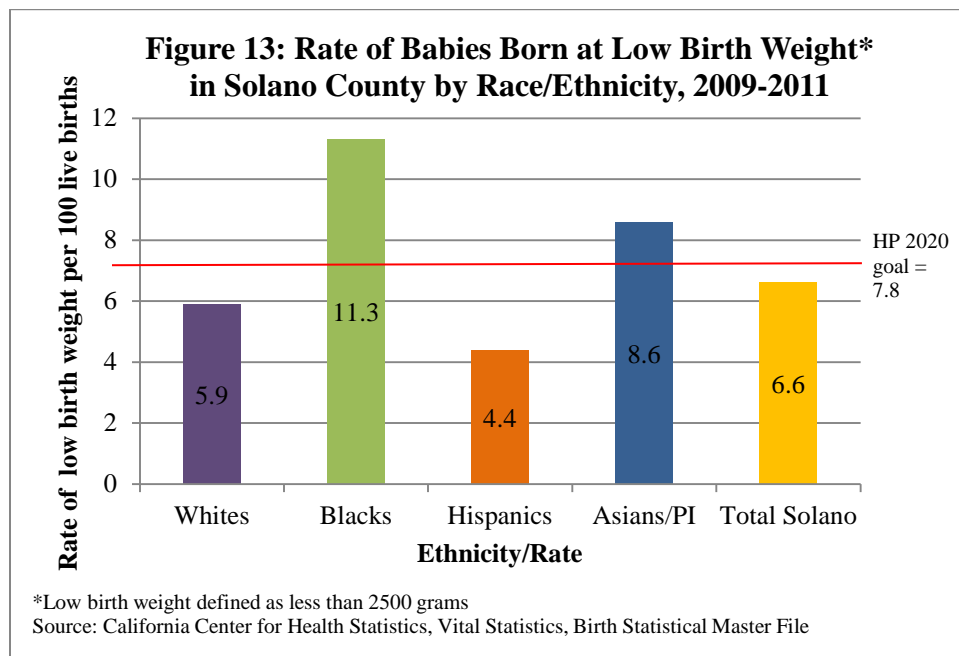


## 8. Low Birth Weight/Very Low Birth Weight

Babies born too early or too small can be extremely costly for families and their communities. Many babies born prematurely and at low birth weight require more medical attention and longer hospital stays. The additional hospital expenses needed to address their conditions typically range from \$28,000 to \$40,000, but can amount to \$140,000 or more.<sup>14</sup>

A child's health at birth has lifelong impacts. According to the National Poverty Center, on average, being born low birth weight means that by middle age, a person will have the health problems of someone who is 12 years older. It also increases the odds of dropping out of high school by one third; lowers labor force participation by 5 percent; and reduces labor market earnings by roughly 15%.<sup>15</sup>

The rate of babies born at low birth weight, defined as 2,500 grams (5.5 pounds), has remained steady in Solano County since 2000. Although rates of low birth and very low birth weight for Solano County are similar to California overall, there are significant disparities between racial/ethnicity groups, with low birth weight rates for Blacks being particularly high (Figure 13).



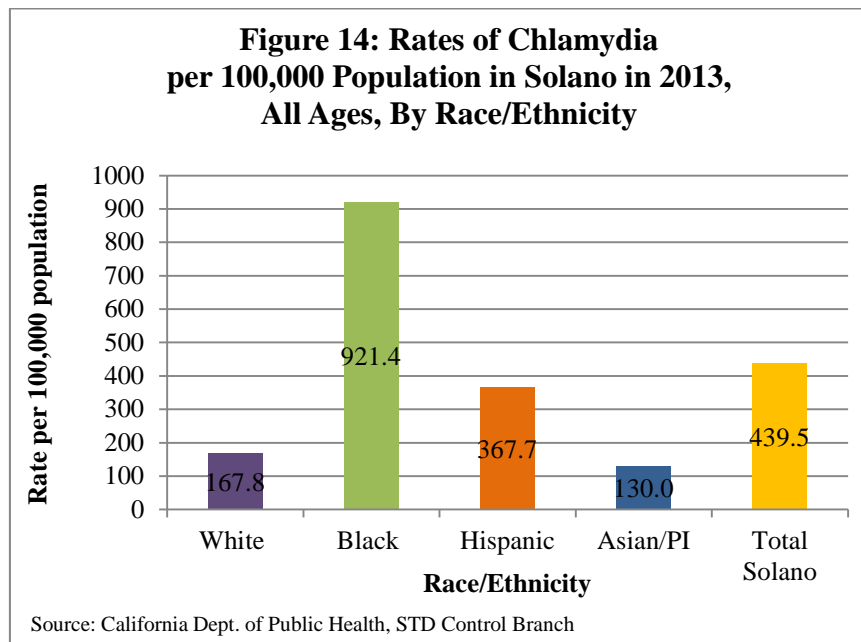
<sup>14</sup> Ellwood, M., Adanis, E., Crown, W., Dodds, S. (1993). An exploratory analysis of the Medicaid expenditures of substance exposed children under two years of age in California. Cambridge, MA: SysteMetrics.

<sup>15</sup> Johnson, Rucker, and Schoeni, Robert. The Influence of Early Life Events on Human Capital, Health Status, and Labor Market Outcomes Over the Life Course. National Poverty Center Working Paper, Jan 2007.

## 9. Chlamydia

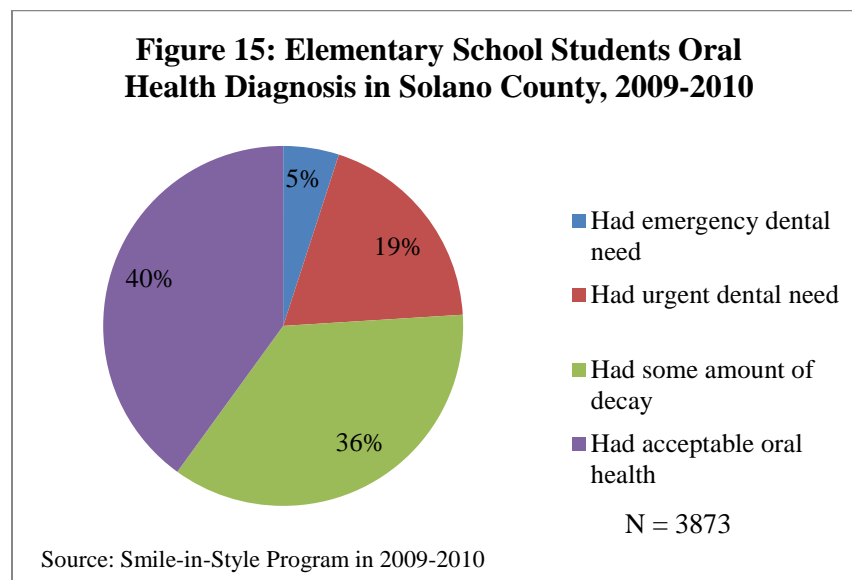
Chlamydia is a common sexually transmitted infection that can infect both men and women. It can cause serious, permanent damage to a woman's reproductive system, making it difficult or impossible for her to get pregnant later on. Chlamydia can also cause a potentially fatal ectopic pregnancy (pregnancy that occurs outside the womb). High rates of chlamydia are associated with high rates of unprotected sex, indicating that the community is also at risk for unplanned pregnancies and other sexually transmitted diseases including gonorrhea, syphilis, human papillomavirus (HPV) and HIV.

Solano County chlamydia rates are higher than the state rate, and have increased significantly between 2004 and 2013. In 2013 Solano had the 5<sup>th</sup> highest rate of chlamydia of all California counties. It is likely that the rate of reported cases is lower than the actual prevalence of chlamydia in the population, since some cases are asymptomatic and patients may not seek testing or treatment. Rates of chlamydia are higher among adolescents age 15-19 years, young adults age 20-24 years and non-Hispanic Blacks (Figure 14).



## 10. Access to Dental Care

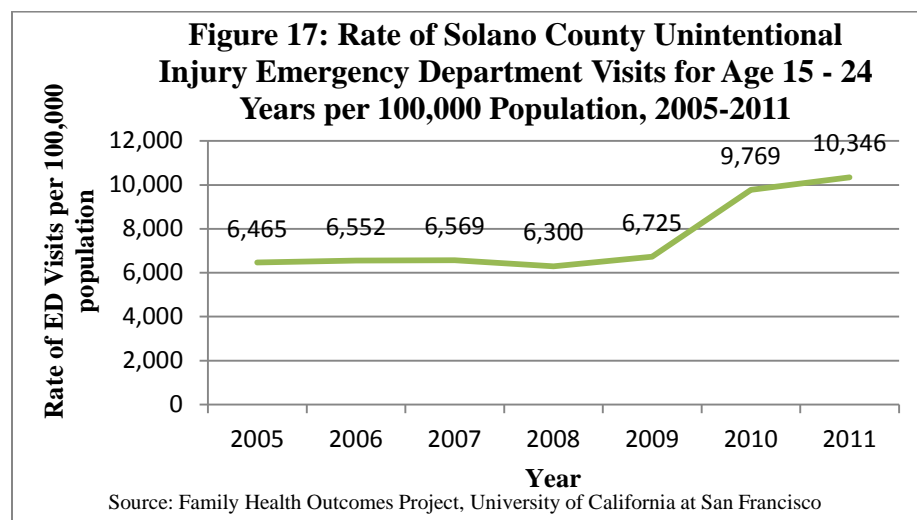
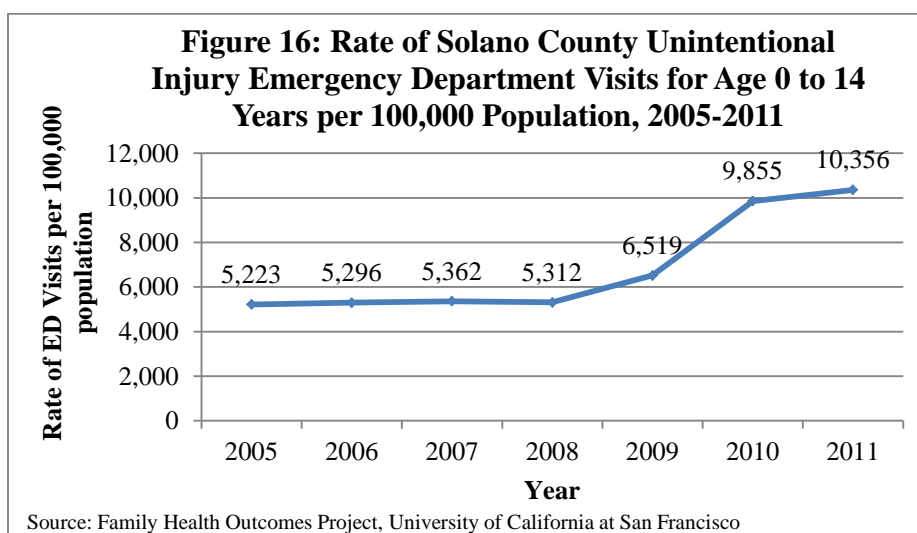
The percentage of children in Solano County who had been to a dentist in the last year was 87.6% in 2011-2012, slightly higher than the state rate. However, input from community stakeholders suggested that the picture of oral health for children in Solano County is more complicated. Data from the Smile-in-Style program, which provided dental screenings and sealants at local elementary schools until 2010, found that 81% of children screened in the 2009-2010 school year had some level of dental decay, and 24% had an urgent or emergency dental need (Figure 15). In 2007, the California Health Information Survey reported that 3.4% of children in Solano County missed two or more school days in an academic year due to dental problems. Comprehensive data on the state of oral health for children in Solano County is limited, but because the impact of poor oral health can be significant, this indicator remains a concern for Solano County. Early tooth loss caused by advanced tooth decay can result in failure to thrive in young children, and oral health problems can lead to impaired speech development, inability to concentrate on important early learning experiences, and absences from school or child development programs.<sup>16</sup>



<sup>16</sup> [http://www.mchoralhealth.org/PediatricOH/mod1\\_3.htm](http://www.mchoralhealth.org/PediatricOH/mod1_3.htm)

## 11. Unintentional Injury Emergency Department Visits in Ages 0 to 24 Years

Reported rates of unintentional injury Emergency Department visits for ages 0 to 14 years and 15 to 24 years in Solano County have increased significantly beginning in 2009 (Figures 16 and 17), and the 2011 Solano County rates (10,356 per 100,000 population for ages 0 to 4 and 10,346 per 100,000 population for ages 15 to 24) significantly exceed the state of California rates (7,637 per 100,000 population for ages 0 to 14 and 6,672 per 100,000 population for ages 15 to 24). However, stakeholder groups do not report experiencing an increase in emergency department visits for this age group, and rates of admissions for unintentional injuries have not increased. Further data are required to ascertain whether this increase is due to increased visits or to better reporting and coding of visits. Possible explanations could include increased rates of screening for concussion, improved coding, and changes related to the opening of new trauma centers.





## Appendix A: Participating MCAH Stakeholders

Alpha Pregnancy Center  
Children's Network  
Children's Nurturing Project  
City of Vacaville  
City of Vacaville Public Works  
Community Members  
County Board of Supervisors  
Cultural Center Library  
Fighting Back Partnership  
First 5 Solano  
Healthy Solutions Biofeedback Center  
Jesus House Vacaville  
Kaiser Permanente  
La Clinica Great Beginnings  
LW Connections  
Napa Solano Child Start, Inc  
National Association for the Advancement of Colored People (NAACP)  
NorthBay Medical Center  
Partnership HealthPlan of California  
Planned Parenthood Shasta Pacific  
Practical Academics  
Safequest Solano  
Solano Coalition for Better Health  
Solano County Child Welfare Services  
Solano County Courts  
Solano County Public Health Division  
Solano County Mental Health Division  
Solano County Public Health, Nurse-Family Partnership Program  
Solano County Probation  
Solano County Substance Abuse  
Solano County Public Health, Maternal Child and Adolescent Health Bureau  
Town Square Library  
Vacaville Police Activities League  
Vacaville Police Department  
Vacaville REACH Youth Coalition  
Vacaville Unified School District  
Vallejo Unified School District  
Yippie Foundation  
Youth and Family Services

## Appendix B: Solano Community Groups Addressing MCAH Priorities

*(not an exclusive list)*

Priorities	Organization	Contact
High School Dropout	Solano County Office of Education	<p>Jay Speck, Superintendent of Schools <a href="mailto:JSpeck@solanocoe.net">JSpeck@solanocoe.net</a></p> <p>Cynthia Varette, Kaiser Permanente Community Benefit Manager <a href="mailto:Cynthia.varette@kp.org">Cynthia.varette@kp.org</a></p> <p>Dr. Alana Shackelford, Director of Partnerships and Community Engagement <a href="mailto:ashackelford@vallejo.k12.ca.us">ashackelford@vallejo.k12.ca.us</a></p>
Child Abuse	<p>Solano County Child Welfare Services</p> <p>Solano Child Abuse Prevention Council</p> <p>Family Resource Centers</p> <p>First 5 Solano</p>	<p>Aaron Crutison, Deputy Director <a href="mailto:ACrutison@solanocounty.com">ACrutison@solanocounty.com</a></p> <p>Susan Ferdinandi <a href="mailto:sferdinandi@childnet.org">sferdinandi@childnet.org</a></p> <p>Michelle Harris, Executive Director <a href="mailto:mharris@solanocounty.com">mharris@solanocounty.com</a></p>
Mental Health	Solano County Mental Health Advisory Board	Halsey Simmons, Deputy Director Mental Health <a href="mailto:HSimmons@solanocounty.com">HSimmons@solanocounty.com</a>
Prenatal Care	<p>Prenatal Care Access Committee</p> <p>First 5 Solano</p>	<p>Nancy Calvo, MCAH Director <a href="mailto:NCalvo@solanocounty.com">NCalvo@solanocounty.com</a></p> <p>Michelle Harris, Executive Director <a href="mailto:mharris@solanocounty.com">mharris@solanocounty.com</a></p>
Substance Use/Abuse	<p>ATOD Prevention Efforts</p> <p>Tobacco Education Coalition</p> <p>Solano County Alcohol and Drug Advisory Board</p>	<p>Robin Cox, Health Education Manager <a href="mailto:RCCox@solanocounty.com">RCCox@solanocounty.com</a></p> <p>Felicia Flores-Workman, Health Education Specialist Supervisor <a href="mailto:FFlores-Workman@solanocounty.com">FFlores-Workman@solanocounty.com</a></p> <p>Andy Williamson, Mental Health Services Manager <a href="mailto:AMWilliamson@solanocounty.com">AMWilliamson@solanocounty.com</a></p>
Childhood Obesity	Food and Nutrition Network	<p>Denise Kirnig, Health Services Manager <a href="mailto:DDKirnig@solanocounty.com">DDKirnig@solanocounty.com</a></p> <p>Robin Cox <a href="mailto:RCCox@solanocounty.com">RCCox@solanocounty.com</a></p>

<b>Priorities</b>	<b>Organization</b>	<b>Contact</b>
Intimate Partner Violence	Solano Office of Family Violence Prevention	Carolyn Wold, Family Violence Prevention Officer <a href="mailto:CAWold@solanocounty.com">CAWold@solanocounty.com</a>
	LIFT3	Claudia Humphrey, Executive Director <a href="mailto:claudia@lift3supportgroup.com">claudia@lift3supportgroup.com</a>
	SafeQuest Solano	Toni Dumont, Executive Director <a href="mailto:Toni@safequest.us">Toni@safequest.us</a>
	Kaiser Permanente Vallejo	Michael Armstrong, Project Manager, Strategic Projects <a href="mailto:Michael.armstrong@kp.org">Michael.armstrong@kp.org</a>
Low Birth Weight	Prenatal Care Access Committee	Nancy Calvo, MCAH Director <a href="mailto:NCalvo@solanocounty.com">NCalvo@solanocounty.com</a>
Chlamydia	Synergy Coalition: ET2 Workgroup	Jewel Fink, Regional Director for Community Services and Education <a href="mailto:jfink@pp-sp.org">jfink@pp-sp.org</a>
Children's Access to Dental Care	Solano Coalition for Better Health	Nikayah Jones, Community Programs Manager <a href="mailto:njones@solanocoalition.org">njones@solanocoalition.org</a> Joanie Erickson, Executive Director <a href="mailto:jerickson@solanocoalition.org">jerickson@solanocoalition.org</a>
Unintentional Injury in Ages 0 to 24 Years	Solano County Health Education	Robin Cox, Health Education Manager <a href="mailto:RCCox@solanocounty.com">RCCox@solanocounty.com</a>
	Safe Routes to School Program/Car Seat Safety Program/Bicycle Helmet and Safety Program	Tracy Nachand, Sr. Health Education Specialist <a href="mailto:TNachand@solanocounty.com">TNachand@solanocounty.com</a>

## Appendix C: MCAH Needs Assessment Ad Hoc Work Group

<b>Access to and Utilization of Health Care: Prenatal</b>	Carrie Voyce	Alpha Pregnancy Center
	Bill Byrnes	Community Medical Center, Vacaville
	Chris Shipman	First 5 Solano
	Maria Martinez	Kaiser Permanente
	Vanessa Craviotto-Guzman	La Clinica Great Beginnings
	Janice Cueva	La Clinica Great Beginnings
	Belinda VanZant	La Clinica Great Beginnings
	Heidi Beck	NorthBay ABC Prenatal Clinic
	Katie Lydon	NorthBay Medical Center
	Jessica Hackwell	Partnership HealthPlan of California
	Zach Romawac	Partnership HealthPlan of California
	Cristina Rios-Klein	Solano County Maternal, Child & Adolescent Health
	Elena Villalpando	Solano County Maternal, Child & Adolescent Health
	Susan Whalen	Solano County Maternal, Child & Adolescent Health
	Glenda Lingenfelter	Solano County Mental Health Services
Shari Garger	Solano County Nurse-Family Partnership	
<b>Maternal and Women's Health: Mental Health/Substance Abuse</b>	Debbie Davis	Children's Nurturing Project
	Stephanie Roessler	Kaiser Permanente
	Yolanda Bonomo	NorthBay Medical Center
	Dr. Richard Fleming	Partnership HealthPlan of California
	Debbie Powell	Solano County Child Welfare Services
	Nancy Calvo	Solano County Maternal, Child & Adolescent Health
	Penny Paxton	Solano County Maternal, Child & Adolescent Health
	Mary Roy	Solano County Mental Health Services
	Leticia De la Cruz-Salas	Solano County Mental Health Services
	Marta Guzman	Solano County Mental Health Services
	Mary Wilson	Solano County Substance Abuse Services
	Pat Nicodemus	Youth and Family Services
	Kay Bosick	Youth and Family Services

## Appendix D: Maternal, Child, and Adolescent Health Indicator Summary Tool

#	Indicator Description	Solano previous period Rate or %	CA State previous period Rate or %	2011 Solano cases	Solano 2009-2011 Rate or %	CA State 2009-2011 Rate or %	Healthy People 2020	Status Compared to:		
								CA State	Healthy People 2020 Benchmark	Past Years
<b>Access to and Utilization of Care Indicators</b>										
<b>1A</b>	<b>Uninsured per 100 population age 0 to 18 years*</b>	<b>9.2*</b>	<b>12.2*</b>	<b>6,341</b>	<b>6.7</b>	<b>9.3</b>	<b>0.0</b>	Better	Worse	About the Same
<b>1B</b>	<b>Uninsured per 100 female population age 18 to 64 years*</b>	<b>15.1*</b>	<b>20.9*</b>	<b>20,646</b>	<b>15.4</b>	<b>22.1</b>	<b>0.0</b>	Worse	Worse	About the Same
<b>1C</b>	<b>Medi-Cal insured deliveries per 100 live births</b>	<b>27.6</b>	<b>41.7</b>	<b>2,008</b>	<b>38.6</b>	<b>47.3</b>	<b>N/A</b>	Increased	No HP 2020 Objective	Not Significantly Different
	Whites	14.7	17.9	378	22.2	23.2	N/A	Increased	No HP 2020 Objective	Not Significantly Different
	Blacks	37.5	47.2	315	50.4	55.8	N/A	Increased	No HP 2020 Objective	Not Significantly Different
	Hispanics	46.5	60.3	969	56.8	66.2	N/A	Increased	No HP 2020 Objective	Not Significantly Different
	Asian/Pacific Islanders	15.8	20.7	167	22.5	22.2	N/A	Not Significantly Different	No HP 2020 Objective	Not Significantly Different
<b>1D</b>	<b>Prenatal Care in the first trimester per 100 females delivering a live birth</b>	<b>75.4</b>	<b>85.5</b>	<b>3,829</b>	<b>76.9</b>	<b>83.3</b>	<b>77.9</b>	Worse	Worse	Better
	Whites	81.6	90.2	1,284	80.9	87.5	77.9	Worse	Better	Not Significantly Different
	Blacks	71.5	82.6	483	73.5	78.1	77.9	Worse	Worse	Not Significantly Different
	Hispanics	67.8	82.5	1,174	73.2	80.8	77.9	Worse	Worse	Better
	Asian/Pacific Islanders	77.7	87.3	543	79.1	86.9	77.9	Worse	Not Significantly Different	Not Significantly Different
<b>1D1</b>	<b>Percentage of Women (Age 15 to 44 years) with Early and Adequate Prenatal Care (Kotelchuck Index)</b>	<b>70.2</b>	<b>78.7</b>	<b>3,298</b>	<b>66.3</b>	<b>79.7</b>	<b>77.6</b>	Worse	Worse	Worse
	Whites	74.2	81.5	1067	68.4	82.7	77.6	Worse	Worse	Not Significantly Different

#	Indicator Description	Solano previous period Rate or %	CA State previous period Rate or %	2011 Solano cases	Solano 2009-2011 Rate or %	CA State 2009-2011 Rate or %	Healthy People 2020	Status Compared to:		
								CA State	Healthy People 2020 Benchmark	Past Years
	Blacks	69.4	76.1	438	67.4	74.2	77.6	Worse	Worse	Not Significantly Different
	Hispanics	65.1	73.7	1084	65.9	78.1	77.6	Worse	Worse	Worse
	Asian/Pacific Islanders	70.3	78.1	431	63.3	82.1	77.6	Worse	Worse	Worse
<b>1D2</b>	<b>Prenatal Care in the last trimester or never per 100 females delivering a live birth</b>	<b>5.2</b>	<b>2.9</b>	<b>351</b>	<b>5.6</b>	<b>3.2</b>	<b>N/A</b>	Worse	No HP 2020 Objective	Worse
	Whites	3.6	1.9	91	4.7	2.2	N/A	Worse	No HP 2020 Objective	Worse
	Blacks	6.6	3.5	48	6.7	4.7	N/A	Worse	No HP 2020 Objective	Not Significantly Different
	Hispanics	3.5	6.9	147	6.7	3.8	N/A	Worse	No HP 2020 Objective	Not Significantly Different
	Asian/Pacific Islanders	4.4	2.3	40	4.6	2.3	N/A	Worse	No HP 2020 Objective	Worse
<b>1E</b>	<b>Had a doctor visit in the last year per 100 children age 0 to 17 years</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>91.1</b>	<b>89.4</b>	<b>N/A</b>	Not Significantly Different	No HP 2020 Objective	Not Significantly Different
<b>1F</b>	<b>Had a doctor visit in the last year per 100 females age 18 years and over</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>87.9</b>	<b>85.9</b>	<b>N/A</b>	Not Significantly Different	No HP 2020 Objective	Not Significantly Different
<b>1G</b>	<b>Dental visit in the past year per 100 children age 3 to 11 years</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>87.6</b>	<b>85.8</b>	<b>N/A</b>	Not Significantly Different	No HP 2020 Objective	Not Significantly Different
<b>1H</b>	<b>Medicaid/CHIP enrollees who receive any dental service per 100 enrollees age 1 to 20 years</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>40.8</b>	<b>52.2</b>	<b>N/A</b>	Better	No HP 2020 Objective	Not Significantly Different
<b>Maternal and Women's Health Indicators</b>										
<b>2A</b>	<b>Pregnancy within 24 months per 100 females age 15 to 44 years delivering a live birth</b>	<b>27.2</b>	<b>27.9</b>	<b>779</b>	<b>26.9</b>	<b>28.7</b>	<b>N/A</b>	Better	Better	Better
	Whites	29.6	31.9	285	31.8	34.0	N/A	Better	Better	Better
	Blacks	23.9	28.8	95	27.9	31.4	N/A	Better	Better	Not Significantly Different
	Hispanics	25.8	25.0	234	22.0	25.6	N/A	Better	Better	Better

#	Indicator Description	Solano previous period Rate or %	CA State previous period Rate or %	2011 Solano cases	Solano 2009-2011 Rate or %	CA State 2009-2011 Rate or %	Healthy People 2020	Status Compared to:		
								CA State	Healthy People 2020 Benchmark	Past Years
	Asian/Pacific Islanders	25.9	29.4	103	25.9	29.1	N/A	Better	Better	Not Significantly Different
<b>2A1</b>	<b>Births per 1,000 females age 40 to 44 years</b>	<b>14.5</b>	<b>15.4</b>	<b>5,158</b>	<b>12.6</b>	<b>13.7</b>	<b>N/A</b>	Not Significantly Different	No HP 2020 Objective	Not Significantly Different
	Whites	11.9	10.4	1,649	9.7	9.3	N/A	Not Significantly Different	No HP 2020 Objective	Not Significantly Different
	Blacks	13.6	14.1	663	11.6	12.7	N/A	Not Significantly Different	No HP 2020 Objective	Not Significantly Different
	Hispanics	22.2	22.7	1,694	17.4	18.4	N/A	Not Significantly Different	No HP 2020 Objective	Not Significantly Different
	Asian/Pacific Islanders	14.7	14.8	706	11.9	13.1	N/A	Not Significantly Different	No HP 2020 Objective	Not Significantly Different
<b>2B</b>	<b>Cesarean births per 100 low risk females delivering a live birth**</b>	<b>22.1**</b>	<b>25.1**</b>	<b>396</b>	<b>22.0</b>	<b>26.3</b>	<b>N/A</b>	Better	No HP 2020 Objective	Not Significantly Different
	Whites**	21.2**	25.4**	137	21.9	26.2	N/A	Better	No HP 2020 Objective	Not Significantly Different
	Blacks**	25.8**	28.8**	64	23.4	30.1	N/A	Better	No HP 2020 Objective	Not Significantly Different
	Hispanics**	21.8**	24.1**	104	20.2	25.5	N/A	Better	No HP 2020 Objective	Not Significantly Different
	Asian/Pacific Islanders**	23.0**	26.1**	57	26.1	27.4	N/A	Not Significantly Different	No HP 2020 Objective	Not Significantly Different
<b>2C</b>	<b>Gestational Diabetes per 100 females age 15 to 44 years delivering in-hospital</b>	<b>4.7</b>	<b>4.6</b>	<b>435</b>	<b>8.8</b>	<b>7.6</b>	<b>N/A</b>	Worse	No HP 2020 Objective	Worse
	Whites	3.7	3.6	120	7.0	5.6	N/A	Worse	No HP 2020 Objective	Worse
	Blacks	3.7	3.5	44	5.6	5.1	N/A	Same	No HP 2020 Objective	Worse
	Hispanics	4.9	4.9	143	9.6	8.0	N/A	Worse	No HP 2020 Objective	Worse
	Asian/Pacific Islanders	8.3	7.3	113	15.5	12.4	N/A	Worse	No HP 2020 Objective	Worse
<b>2D</b>	<b>Substance use diagnoses per 1,000 hospitalizations of pregnant females ag 15 to 44</b>	<b>28.4</b>	<b>12.1</b>	<b>172</b>	<b>32.5</b>	<b>14.2</b>	<b>N/A</b>	Worse	No HP 2020 Objective	Worse

#	Indicator Description	Solano previous period Rate or %	CA State previous period Rate or %	2011 Solano cases	Solano 2009-2011 Rate or %	CA State 2009-2011 Rate or %	Healthy People 2020	Status Compared to:		
								CA State	Healthy People 2020 Benchmark	Past Years
	<b>years</b>									
	Whites	32.1	16.0	64	38.2	21.5	N/A	Worse	No HP 2020 Objective	Worse
	Blacks	57.6	39.1	74	76.0	40.8	N/A	Worse	No HP 2020 Objective	Worse
	Hispanics	10.9	7.4	20	13.8	8.9	N/A	Worse	No HP 2020 Objective	Worse
	Asian/Pacific Islanders	15.5	2.9	8	11.4	3.1	N/A	Worse	No HP 2020 Objective	Worse
<b>2E</b>	<b>Mood disorder hospitalizations per 100,000 female population age 15 to 44 years</b>	<b>522.8</b>	<b>447.5</b>	<b>419</b>	<b>696.0</b>	<b>729.1</b>	<b>N/A</b>	Worse	No HP 2020 Objective	Worse
	Whites	634.5	847.9	225	1108.5	1169.9	N/A	Worse	No HP 2020 Objective	Worse
	Blacks	535.1	773.9	89	970.0	1217.7	N/A	Better	No HP 2020 Objective	Worse
	Hispanics	244.1	285.1	65	344.1	447.4	N/A	Not Significantly Different	No HP 2020 Objective	Worse
	Asian/Pacific Islanders	212.5	187.4	21	267.7	265.0	N/A	Worse	No HP 2020 Objective	Worse
<b>2F</b>	<b>Assault hospitalizations per 100,000 female population age 15 to 44 years</b>	<b>11.93</b>	<b>17.6</b>	<b>22</b>	<b>22.5</b>	<b>15.4</b>	<b>N/A</b>	Worse	No HP 2020 Objective	Worse
	Whites	9.38	13.9	3	N/A	13.7	N/A	Not Significantly Different	No HP 2020 Objective	Not Significantly Different
	Blacks	36.09	78.62	12	69.5	69.5	N/A	Not Significantly Different	No HP 2020 Objective	Worse
	Hispanics	N/A	14.8	5	N/A	12.4	N/A	Not Significantly Different	No HP 2020 Objective	Not Significantly Different
	Asian/Pacific Islanders	N/A	4.7	2	N/A	3.7	N/A	Not Significantly Different	No HP 2020 Objective	Not Significantly Different
<b>2F</b>	<b>Assault ER visits per 100,000 female population age 15 to 44 years**</b>	<b>489.2**</b>	<b>327.5**</b>	<b>533</b>	<b>681.1</b>	<b>366.1</b>	<b>462.7</b>	Worse	Worse	Worse



#	Indicator Description	Solano previous period Rate or %	CA State previous period Rate or %	2011 Solano cases	Solano 2009-2011 Rate or %	CA State 2009-2011 Rate or %	Healthy People 2020	Status Compared to:		
								CA State	Healthy People 2020 Benchmark	Past Years
2G	Domestic violence calls per 100,000 population	648.1	582.8	1,991	485.6	450.5	N/A	Worse	No HP 2020 Objective	Better
2H	Any smoking during the 1st or 3rd trimester per 100 females with live births	N/A	N/A	N/A	7.4	8.1	N/A	Not Significantly Different	No HP 2020 Objective	Not Significantly Different
2I	Current smoker per 100 females 18 years and older	N/A	N/A	N/A	19.8	11.0	20.0	Worse	Better	Not Significantly Different
2J	Binge drinking in the last year per 100 females age 18 and older	N/A	N/A	N/A	24.8	23.6	N/A	Not Significantly Different	No HP 2020 Objective	Not Significantly Different
2K	Female Deaths per 100,000 population age 15 to 44 years	60.8	69.4	55	66.3	57.4	N/A	Not Significantly Different	No HP 2020 Objective	Not Significantly Different
	Whites	60.5	85.3	28	75.5	72	N/A	Not Significantly Different	No HP 2020 Objective	Not Significantly Different
	Blacks	110.8	150.3	11	113.4	120	N/A	Not Significantly Different	No HP 2020 Objective	Not Significantly Different
	Hispanics	43.1	49.5	11	49.1	44	N/A	Not Significantly Different	No HP 2020 Objective	Not Significantly Different
	Asian/Pacific Islanders	51.3	40.3	3	49.8	36.6	N/A	Not Significantly Different	No HP 2020 Objective	Not Significantly Different
<b>Infant Health Indicators</b>										
3A	Fetal and infant deaths during perinatal period per 1,000 live births and fetal deaths	6.8	6.3	21	5.1	5.3	5.9	Not Significantly Different	Not Significantly Different	Not Significantly Different
	Whites	5.2	5.7	5	4.0	4.7	5.9	Not Significantly Different	Better	Not Significantly Different
	Blacks	12.8	13.3	9	11.2	10.9	5.9	Not Significantly Different	Worse	Not Significantly Different
	Hispanics	5.1	6.1	1	4.5	5.5	5.9	Not Significantly Different	Not Significantly Different	Not Significantly Different
	Asian/Pacific Islanders	8.8	4.8	2	N/A	3.8	5.9	Cannot Tell/ Insufficient Data	Cannot Tell/ Insufficient Data	Cannot Tell/ Insufficient Data

#	Indicator Description	Solano previous period Rate or %	CA State previous period Rate or %	2011 Solano cases	Solano 2009-2011 Rate or %	CA State 2009-2011 Rate or %	Healthy People 2020	Status Compared to:		
								CA State	Healthy People 2020 Benchmark	Past Years
<b>3B</b>	<b>Deaths at age less than 1 year per 1,000 live births</b>	<b>5.6</b>	<b>5.4</b>	<b>23</b>	<b>5.6</b>	<b>4.8</b>	<b>6.0</b>	Not Significantly Different	Not Significantly Different	Not Significantly Different
	Whites	4.8	5.0	5	4.2	4.1	6.0	Not Significantly Different	Not Significantly Different	Not Significantly Different
	Blacks	9.6	12.7	7	10.8	10.2	6.0	Not Significantly Different	Worse	Not Significantly Different
	Hispanics	4.9	5.2	5	4.9	5.0	6.0	Not Significantly Different	Not Significantly Different	Not Significantly Different
	Asian/Pacific Islanders	N/A	3.6	1	N/A	3.1	6.0	Cannot Tell/ Insufficient Data	Cannot Tell/ Insufficient Data	Cannot Tell/ Insufficient Data
<b>3C</b>	<b>Births less than 37 weeks gestation per 100 live births</b>	<b>10.8</b>	<b>10.4</b>	<b>492</b>	<b>10.0</b>	<b>10.1</b>	<b>11.4</b>	Not Significantly Different	Better	Better
	Whites	9.5	9.4	120	8.9	9.1	11.4	Not Significantly Different	Better	Not Significantly Different
	Blacks	14.7	15.5	155	12.8	14.3	11.4	Better	Not Significantly Different	Not Significantly Different
	Hispanics	9.3	10.5	81	8.8	10.2	11.4	Better	Better	Not Significantly Different
	Asian/Pacific Islanders	13.0	9.8	75	12.0	9.5	11.4	Worse	Not Significantly Different	Not Significantly Different
<b>3D</b>	<b>Percent Low Birth Weight (Live Births)</b>	<b>6.8</b>	<b>6.3</b>	<b>338</b>	<b>6.6</b>	<b>6.8</b>	<b>7.8</b>	Not Significantly Different	Better	Not Significantly Different
	Whites	5.3	5.8	90	5.9	6.1	7.8	Not Significantly Different	Better	Not Significantly Different
	Blacks	11.5	11.8	69	11.3	12.0	7.8	Not Significantly Different	Worse	Not Significantly Different
	Hispanics	5.3	5.7	84	4.4	6.2	7.8	Better	Better	Better
	Asian/Pacific Islanders	8.9	7.1	60	8.6	7.9	7.8	Not Significantly Different	Worse	Not Significantly Different

#	Indicator Description	Solano previous period Rate or %	CA State previous period Rate or %	2011 Solano cases	Solano 2009-2011 Rate or %	CA State 2009-2011 Rate or %	Healthy People 2020	Status Compared to:		
								CA State	Healthy People 2020 Benchmark	Past Years
<b>3E</b>	<b>Percent Very Low Birth Weight (Live Births)</b>	<b>1.34</b>	<b>1.1</b>	<b>57</b>	<b>1.2</b>	<b>1.1</b>	<b>1.5</b>	Not Significantly Different	Better	Not Significantly Different
	Whites	1.1	1.0	16	1.1	1.0	1.5	Not Significantly Different	Better	Not Significantly Different
	Blacks	2.7	2.8	15	2.3	2.6	1.5	Not Significantly Different	Worse	Not Significantly Different
	Hispanics	1	1.0	19	0.6	1.1	1.5	Better	Better	Not Significantly Different
	Asian/Pacific Islanders	1.2	1.0	20	1.6	1.0	1.5	Worse	Not Significantly Different	Not Significantly Different
<b>3F</b>	<b>Substance-Affected Infant Hospitalizations</b>	<b>13.2</b>	<b>11.4</b>	<b>67</b>	<b>13.5</b>	<b>19.9</b>	<b>N/A</b>	Better	No HP 2020 Objective	Not Significantly Different
	Whites	11.8	12.7	33	17.0	21.5	N/A	Better	No HP 2020 Objective	Worse
	Blacks	28.8	33.1	13	18.6	34.6	N/A	Better	No HP 2020 Objective	Better
	Hispanics	6.2	8.9	9	7.1	19.2	N/A	Better	No HP 2020 Objective	Not Significantly Different
	Asian/Pacific Islanders	9.6	5.3	9	10.0	11.4	N/A	Not Significantly Different	No HP 2020 Objective	Not Significantly Different
<b>Nutrition and Physical Activity Indicators</b>										
<b>4A</b>	<b>Overweight children per 100 population age 2 to 5 years enrolled in CHDP</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>42.1</b>	<b>31.3</b>	<b>9.6</b>	Cannot Tell/Insufficient Data	Worse	Cannot Tell/Insufficient Data
<b>4B</b>	<b>Overweight and obese public school students per 100 population in grades 5, 7, 9, and 11</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>38.4</b>	<b>38.0</b>	<b>16.1</b>	Cannot Tell/Insufficient Data	Worse	Cannot Tell/Insufficient Data
<b>4C</b>	<b>Overweight and obesity per 100 females age 15 to 44 years</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>60.2</b>	<b>43.1</b>	<b>N/A</b>	Cannot Tell/Insufficient Data	Worse	Cannot Tell/Insufficient Data
<b>4D</b>	<b>Daily folic acid use in the month before pregnancy per 100 females delivering a live birth</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>40.6</b>	<b>34.4</b>	<b>N/A</b>	Better	No HP 2020 Objective	Cannot Tell/Insufficient Data

#	Indicator Description	Solano previous period Rate or %	CA State previous period Rate or %	2011 Solano cases	Solano 2009-2011 Rate or %	CA State 2009-2011 Rate or %	Healthy People 2020	Status Compared to:		
								CA State	Healthy People 2020 Benchmark	Past Years
4E	<b>Exclusive in-hospital breastfeeding per 100 females delivering a live birth*** 2010 vs 2012</b>	<b>64.4***</b>	<b>56.8***</b>	<b>2849</b>	<b>73***</b>	<b>62.6***</b>	<b>N/A</b>	Better	No HP 2020 Objective	Not analyzed
	Whites	74.1***	74.0***	995	81.8***	78***	N/A	Better	No HP 2020 Objective	Not analyzed
	Blacks	53.8***	46.1***	327	61.5***	52.1***	N/A	Better	No HP 2020 Objective	Not analyzed
	Hispanics	58.7***	48.3***	925	68.2***	56.2***	N/A	Better	No HP 2020 Objective	Not analyzed
	Asian/Pacific Islanders	70.3***	56.8***	314	73.9***	58***	N/A	Better	No HP 2020 Objective	Not analyzed
<b>Child/Adolescent Health Indicators</b>										
5A	<b>Teen Birth Rate per 1,000 Females (Ages 15 to 17)</b>	<b>18.8</b>	<b>24.3</b>	<b>94</b>	<b>13.0</b>	<b>16.8</b>	<b>36.2</b>	Better	Better	Better
	Whites	9.7	8.6	8	4.1	4.9	36.2	Not Significantly Different	Better	Better
	Blacks	24.9	27.3	20	16.1	18.3	36.2	Not Significantly Different	Better	Better
	Hispanics	36.5	43.5	54	24.0	26.9	36.2	Not Significantly Different	Better	Better
	Asian/Pacific Islanders	11.8	7.8	1	3.2	3.4	36.2	Not Significantly Different	Better	Better
5B	<b>Teen Birth Rate per 1,000 Females (Ages 15 to 19 years)</b>	<b>38.0</b>	<b>43.8</b>	<b>354</b>	<b>25.4</b>	<b>31.6</b>	<b>N/A</b>	Better	No HP 2020 Objective	Better
	Whites	26.6	20.3	54	13.3	12.8	N/A	Not Significantly Different	No HP 2020 Objective	Better
	Blacks	48.3	52.0	72	36.4	37.4	N/A	Not Significantly Different	No HP 2020 Objective	Better
	Hispanics	62.5	73.3	171	43.2	48.3	N/A	Better	No HP 2020 Objective	Better
	Asian/Pacific Islanders	23.7	14.5	11	6.7	7.2	N/A	Not Significantly Different	No HP 2020 Objective	Better

#	Indicator Description	Solano previous period Rate or %	CA State previous period Rate or %	2011 Solano cases	Solano 2009-2011 Rate or %	CA State 2009-2011 Rate or %	Healthy People 2020	Status Compared to:		
								CA State	Healthy People 2020 Benchmark	Past Years
<b>5C</b>	<b>Pregnancy Within 24 Mos. Of a Previous Birth per 100 females age less than 20 years</b>	<b>60.1</b>	<b>58.6</b>	<b>38</b>	<b>62.3</b>	<b>61.7</b>	<b>N/A</b>	Not Significantly Different	No HP 2020 Objective	Not Significantly Different
	Whites	67.1	61.5	6	67.9	66.6	N/A	Not Significantly Different	No HP 2020 Objective	Not Significantly Different
	Blacks	51.4	57.6	4	60.0	62.4	N/A	Not Significantly Different	No HP 2020 Objective	Not Significantly Different
	Hispanics	59.6	57.6	23	59.5	60.6	N/A	Not Significantly Different	No HP 2020 Objective	Not Significantly Different
	Asian/Pacific Islanders	71.4	65.7	2	N/A	68.5	N/A	Cannot Tell/Insufficient Data	No HP 2020 Objective	Cannot Tell/Insufficient Data
<b>5D</b>	<b>Deaths per 100,000 population age 1 to 4 years</b>	<b>27.5</b>	<b>27.6</b>	<b>7</b>	<b>28</b>	<b>22.3</b>	<b>25.7</b>	Not Significantly Different	Same	Not Significantly Different
	Whites	N/A	26.9	1	N/A	20.8	25.7	Cannot Tell/Insufficient Data	Cannot Tell/Insufficient Data	Cannot Tell/Insufficient Data
	Blacks	N/A	45.9	2	N/A	38.3	25.7	Cannot Tell/Insufficient Data	Cannot Tell/Insufficient Data	Cannot Tell/Insufficient Data
	Hispanics	N/A	26.6	2	N/A	22.8	25.7	Cannot Tell/Insufficient Data	Cannot Tell/Insufficient Data	Cannot Tell/Insufficient Data
	Asian/Pacific Islanders	N/A	26.1	0	N/A	17.8	25.7	Cannot Tell/Insufficient Data	Cannot Tell/Insufficient Data	Cannot Tell/Insufficient Data
<b>5E</b>	<b>Deaths per 100,000 population age 5 to 14 years</b>	<b>15.5</b>	<b>14.9</b>	<b>4</b>	<b>9.6</b>	<b>11</b>	<b>N/A</b>	Not Significantly Different	No HP 2020 Objective	About the Same
	Whites	18.5	15.5	3	N/A	10.5	N/A	Cannot Tell/Insufficient Data	No HP 2020 Objective	Cannot Tell/Insufficient Data
	Blacks	N/A	24.9	0	N/A	18.1	N/A	Cannot Tell/Insufficient Data	No HP 2020 Objective	Cannot Tell/Insufficient Data
	Hispanics	N/A	13.9	1	N/A	10.9	N/A	Cannot Tell/Insufficient Data	No HP 2020 Objective	Cannot Tell/Insufficient Data
	Asian/Pacific Islanders	N/A	13.4	0	N/A	9.6	N/A	Cannot Tell/Insufficient Data	No HP 2020 Objective	Cannot Tell/Insufficient Data

#	Indicator Description	Solano previous period Rate or %	CA State previous period Rate or %	2011 Solano cases	Solano 2009-2011 Rate or %	CA State 2009-2011 Rate or %	Healthy People 2020	Status Compared to:		
								CA State	Healthy People 2020 Benchmark	Past Years
5F	<b>Deaths per 100,000 population age 15 to 19 years</b>	48.3	55.5	13	41.8	41.2	55.7	Not Significantly Different	Better	Cannot Tell/ Insufficient Data
	Whites	48.2	53.3	3	33.6	39.5	55.7	Cannot Tell/ Insufficient Data	Cannot Tell/ Insufficient Data	Cannot Tell/ Insufficient Data
	Blacks	85.1	99.3	6	85.1	85.0	55.7	Not Significantly Different	Cannot Tell/ Insufficient Data	Cannot Tell/ Insufficient Data
	Hispanics	N/A	57.9	4	40.5	41.6	55.7	Cannot Tell/ Insufficient Data	Cannot Tell/ Insufficient Data	Cannot Tell/ Insufficient Data
	Asian/Pacific Islanders	N/A	36.6	0	N/A	22.6	55.7	Cannot Tell/ Insufficient Data	Cannot Tell/ Insufficient Data	Cannot Tell/ Insufficient Data
5G	<b>Deaths per 100,000 population age 20 to 24 years</b>	97.4	77.3	27	89.1	68.9	88.5	Worse	About the Same	Not Significantly Different
	Whites	118.8	75.8	9	81.4	72.7	88.5	Not Significantly Different	Cannot Tell/ Insufficient Data	Not Significantly Different
	Blacks	165.1	181.5	10	173.2	142.2	88.5	Cannot Tell/ Insufficient Data	Cannot Tell/ Insufficient Data	Cannot Tell/ Insufficient Data
	Hispanics	62.5	75.4	6	77.4	65.6	88.5	Cannot Tell/ Insufficient Data	Cannot Tell/ Insufficient Data	Cannot Tell/ Insufficient Data
	Asian/Pacific Islanders	N/A	44.5	2	N/A	34.3	88.5	Cannot Tell/ Insufficient Data	Cannot Tell/ Insufficient Data	Cannot Tell/ Insufficient Data
5H	<b>Motor vehicle injury hospitalizations per 100,000 population age 0 to 14 years</b>	29.3	38.7	11	13.8	18.6	N/A	Not Significantly Different	No HP 2020 Objective	Better
	Whites	27.1	36.1	3	16.8	17.8	N/A	Worse	No HP 2020 Objective	Cannot Tell/ Insufficient Data
	Blacks	42.5	60.5	2	N/A	31.4	N/A	Cannot Tell/ Insufficient Data	No HP 2020 Objective	Cannot Tell/ Insufficient Data

#	Indicator Description	Solano previous period Rate or %	CA State previous period Rate or %	2011 Solano cases	Solano 2009-2011 Rate or %	CA State 2009-2011 Rate or %	Healthy People 2020	Status Compared to:		
								CA State	Healthy People 2020 Benchmark	Past Years
	Hispanics	N/A	38.3	2	N/A	18.6	N/A	Cannot Tell/ Insufficient Data	No HP 2020 Objective	Cannot Tell/ Insufficient Data
	Asian/Pacific Islanders	N/A	21.3	1	N/A	8.4	N/A	Cannot Tell/ Insufficient Data	No HP 2020 Objective	Cannot Tell/ Insufficient Data
<b>5I</b>	<b>Mental illness hospitalizations per 100,000 population age 15 to 24 years</b>	<b>964.3</b>	<b>987.2</b>	<b>794</b>	<b>1325.1</b>	<b>1274.0</b>	<b>N/A</b>	Not Significantly Different	No HP 2020 Objective	Worse
	Whites	1260.1	1438.5	372	1854.7	1889.9	N/A	Not Significantly Different	No HP 2020 Objective	Worse
	Blacks	1394.4	1843.5	210	2428.8	2462.3	N/A	Not Significantly Different	No HP 2020 Objective	Worse
	Hispanics	560.7	613.6	137	668.8	854.6	N/A	Better	No HP 2020 Objective	Worse
	Asian/Pacific Islanders	433.0	364.6	35	451.8	443.2	N/A	Not Significantly Different	No HP 2020 Objective	Cannot Tell/ Insufficient Data
<b>5I.1</b>	<b>Mood disorder hospitalizations per 100,000 population age 15 to 24 years</b>	<b>447.5</b>	<b>522.8</b>	<b>419</b>	<b>696</b>	<b>729.1</b>	<b>N/A</b>	Not Significantly Different	No HP 2020 Objective	Worse
	Whites	634.5	847.9	225	1108.5	1169.9	N/A	Not Significantly Different	No HP 2020 Objective	Worse
	Blacks	535.1	773.9	89	970	1217.7	N/A	Better	No HP 2020 Objective	Worse
	Hispanics	244.1	285.1	65	344.1	447.4	N/A	Better	No HP 2020 Objective	Worse
	Asian/Pacific Islanders	212.5	187.4	21	267.7	265	N/A	Not Significantly Different	No HP 2020 Objective	Cannot Tell/ Insufficient Data
<b>5J</b>	<b>Substance abuse hospitalizations per 100,000 population age 15 to 24 years</b>	<b>512.0</b>	<b>424.0</b>	<b>376</b>	<b>626.2</b>	<b>633.9</b>	<b>N/A</b>	Not Significantly Different	No HP 2020 Objective	Worse
	Whites	696.5	640.9	169	807.4	998.5	N/A	Better	No HP 2020 Objective	Worse
	Blacks	687.4	676.5	110	1324.5	1107.1	N/A	Worse	No HP 2020 Objective	Worse
	Hispanics	297.3	276.2	66	324.7	422.4	N/A	Better	No HP 2020 Objective	Not Significantly Different

#	Indicator Description	Solano previous period Rate or %	CA State previous period Rate or %	2011 Solano cases	Solano 2009-2011 Rate or %	CA State 2009-2011 Rate or %	Healthy People 2020	Status Compared to:		
								CA State	Healthy People 2020 Benchmark	Past Years
	Asian/Pacific Islanders	208.5	110.6	12	188.2	151.6	N/A	Not Significantly Different	No HP 2020 Objective	Not Significantly Different
<b>5K</b>	<b>Reported cases of chlamydia per 100,000 female population age 15 to 24 years</b>	<b>3235.9</b>	<b>2533.2</b>	<b>794</b>	<b>4023.1</b>	<b>2905.4</b>	<b>N/A</b>	Worse	No HP 2020 Objective	Worse
<b>5L</b>	<b>Unintentional Injury Hospitalizations per 100,000 age 0 to 14 years</b>	<b>192.9</b>	<b>254.2</b>	<b>95</b>	<b>117.51</b>	<b>181</b>	<b>N/A</b>	Better	No HP 2020 Objective	Better
	Whites	233.4	299.2	35	161.42	215.08	N/A	Better	No HP 2020 Objective	Better
	Blacks	210.4	305.8	22	161.04	241.8	N/A	Better	No HP 2020 Objective	Not Significantly Different
	Hispanics	128.7	227.7	23	87.29	164.39	N/A	Better	No HP 2020 Objective	Better
	Asian/Pacific Islanders	114.1	135.1	6	66.53	98.08	N/A	Not Significantly Different	No HP 2020 Objective	Better
<b>5M</b>	<b>Unintentional Injury ER visits per 100,000 age 0 to 14 years**</b>	<b>5292.8</b>	<b>6318.6</b>	<b>7,566</b>	<b>8,892.8</b>	<b>7,486.5</b>	<b>N/A</b>	Worse	No HP 2020 Objective	Worse
<b>5N</b>	<b>Unintentional Injury Hospitalizations per 100,000 age 15 to 24 years</b>	<b>310.4</b>	<b>368.9</b>	<b>148</b>	<b>254.3</b>	<b>277.0</b>	<b>N/A</b>	Not Significantly Different	No HP 2020 Objective	Better
	Whites	419.1	497.9	62	342.5	389.3	N/A	Better	No HP 2020 Objective	Not Significantly Different
	Blacks	265.6	403.8	27	305.9	363.2	N/A	Not Significantly Different	No HP 2020 Objective	Not Significantly Different
	Hispanics	265.9	303.3	30	203.0	220.1	N/A	Better	No HP 2020 Objective	Not Significantly Different
	Asian/Pacific Islanders	96.2	146.6	9	92.0	111.8	N/A	Not Significantly Different	No HP 2020 Objective	Not Significantly Different
<b>5O</b>	<b>Unintentional Injury ER Visits per 100,000 age 15 to 24 years**</b>	<b>6528.5</b>	<b>6288.9</b>	<b>5,595</b>	<b>8,938.5</b>	<b>6,583.9</b>	<b>N/A</b>	Worse	No HP 2020 Objective	Worse
<b>5P</b>	<b>Assault Hospitalizations per 100,000 age 15 to 24 years</b>	<b>11.9</b>	<b>17.6</b>	<b>35</b>	<b>22.5</b>	<b>15.4</b>	<b>N/A</b>	Worse	No HP 2020 Objective	Worse
	Whites	9.4	13.9	8	N/A	13.7	N/A	Cannot Tell/ Insufficient Data	No HP 2020 Objective	Cannot Tell/ Insufficient Data



#	Indicator Description	Solano previous period Rate or %	CA State previous period Rate or %	2011 Solano cases	Solano 2009-2011 Rate or %	CA State 2009-2011 Rate or %	Healthy People 2020	Status Compared to:		
								CA State	Healthy People 2020 Benchmark	Past Years
	Blacks	36.1	78.6	30	87.2	69.5	N/A	Not Significantly Different	No HP 2020 Objective	Worse
	Hispanics	N/A	14.8	9	N/A	12.4	N/A	Cannot Tell/ Insufficient Data	No HP 2020 Objective	Cannot Tell/ Insufficient Data
	Asian/Pacific Islanders	N/A	4.7	5	N/A	3.7	N/A	Cannot Tell/ Insufficient Data	No HP 2020 Objective	Cannot Tell/ Insufficient Data
5Q	Assault ER Visits per 100,000 age 15 to 24 years**	870.1	728.9	533	1069.1	736.9	N/A	Worse	No HP 2020 Objective	Worse
5R	Child maltreatment allegations per 1,000 population age 0 to 17 years	43.3	51.7	5,785	60.4	53.7	N/A	Worse	No HP 2020 Objective	About the Same
<b>Socio-Economic Health Determinants</b>										
7A	Poverty (0-200% FPL) per 100 population age 18 to 64 years*	30.3*	24.4*	35,954	26.5	33.8	N/A	Better	No HP 2020 Objective	Better
7B	Poverty (0-200% FPL) per 100 population age 0 to 18 years*	42*	32.5*	38,921	35.6	45.5	N/A	Better	No HP 2020 Objective	Better
7C	Children in Foster Care per 1,000 children age 0 to 17 years	5.5	11.2	415	4.4	6.8	N/A	Better	No HP 2020 Objective	Better
7D	Unemployment per 100 people in the employment market	6.0	5.2	25,800	11.7	12.3	N/A	Better	No HP 2020 Objective	Worse
7E	Single mothers living in poverty per 100 single mothers	N/A	N/A	N/A	37.1	39.4	N/A	Cannot Tell/ Insufficient Data	No HP 2020 Objective	Cannot Tell/ Insufficient Data
7F	Children receiving free or reduced price meals at school per 100 students	N/A	N/A	N/A	48.5	57.5	N/A	Cannot Tell/ Insufficient Data	No HP 2020 Objective	Cannot Tell/ Insufficient Data
7G	High school dropout rates per 100 students in grades 9-12	N/A	N/A	N/A	19.9	14.7	N/A	Cannot Tell/ Insufficient Data	No HP 2020 Objective	Cannot Tell/ Insufficient Data
<b>Environmental Health Determinants</b>										
8A	Number of days with ozone above regulatory standards	N/A	N/A	N/A	1	16	N/A	Better	No HP 2020 Objective	Cannot Tell/ Insufficient Data
8B	Smoking in households with children under 5 years per 100 enrolled in CHDP	N/A	N/A	N/A	3.5	3	N/A	Cannot Tell/ Insufficient Data	No HP 2020 Objective	Cannot Tell/ Insufficient Data

Population Demographics				
		2011		
		Local	State	
6A	Total Population	414,337	37,570,307	
6B	Total Population African American	58,146	2,195,986	
6C	Total Population Asian/Pacific Islander	62,380	4,994,232	
6D	Total Population Am. Indian/Alaska Native	1,842	163,262	
6E	Total Population Hispanic	100,148	14,277,952	
6F	Total Population White	170,851	14,995,619	
	*Previous period is 2006-2008			
	**Previous Period years is 2005-2007			
	***Previous period is 2010 only, current period is for 2012 only			
	Light green = Better			
	Light red = Worse			

# Solano County Maternal, Child and Adolescent Health (MCAH) Needs Assessment

First 5 Solano Program Committee  
December 18, 2014



Solano County  
Maternal, Child and  
Adolescent Health  
Bureau



## **Title V Maternal and Child Health Block Grant**

- A primary source of federal support for improving the health and well-being of mothers and children.

Title V MCH Block grant requirements mandate that a statewide needs assessment be conducted every 5 years.

In California, the statewide process is decentralized by having each local jurisdiction conduct a needs assessment.

3

## **Areas Where Solano County Rates Are Better than they were 10 Years Ago**

Fewer uninsured age 0 to 18

Higher rates of early entry to prenatal care

Fewer preterm births

Fewer teen births

Fewer motor vehicle injury hospitalizations for age 0 to 14

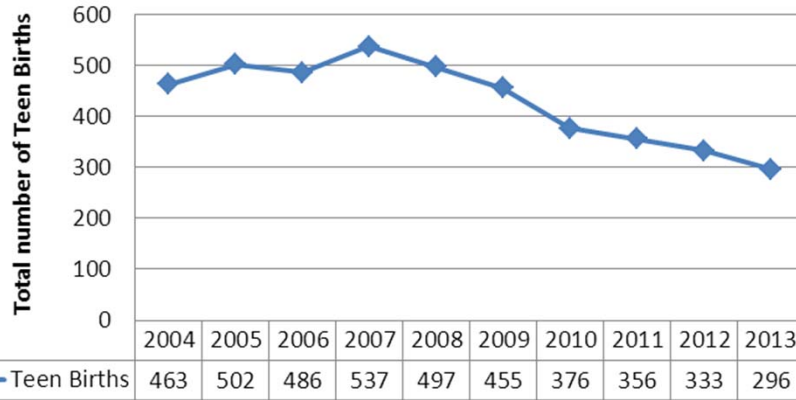
Fewer children in foster care

4

## Teen Births

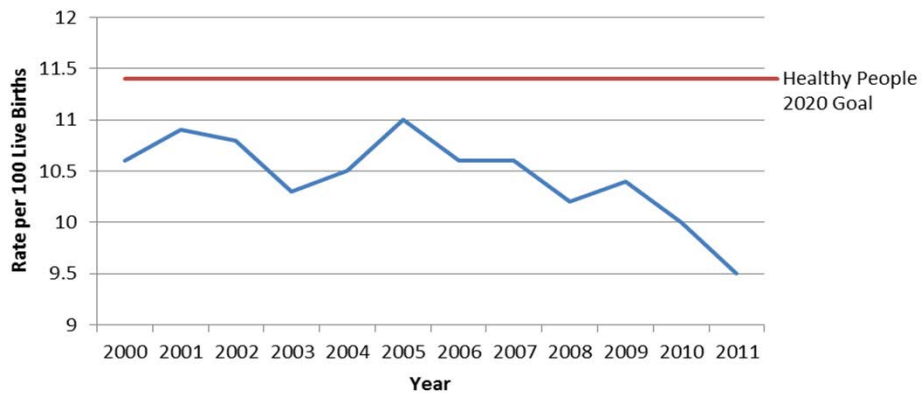
**Births to Mothers Age 19 and Under in Solano County, 2004-2013**

source: Solano Automated Vital Statistics System



## Premature Births

**Births Less than 37 Weeks Gestation per 100 Live Births in Solano County, 2000-2011**



Source: California Center for Health Statistics, Vital Statistics, Birth Statistical Master File

## Areas Where Solano County is Doing Better than the State Average

- Fewer uninsured
- Fewer C-sections
- Fewer teen births
- Fewer deaths age 5 to 14
- Fewer children and adults in poverty
- Fewer children in foster care
- Lower unemployment rate
- Fewer births closer than two years from a previous birth

7

## Solano County MCAH Priority Problem Areas in Priority Order

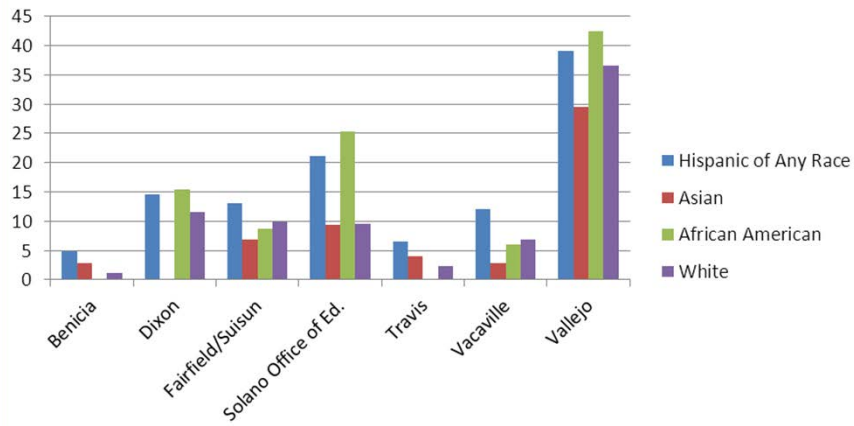
High School Dropout	Intimate Partner Violence
Child Abuse	Low Birth Weight
Women's Mental Health	Chlamydia
Prenatal care	Access to Children's Dental Care
Substance Use	Unintentional Injury Age 0 - 24
Obesity	

8

# High School Dropouts

**Percentage of Solano County Students Who Dropped Out Before High School Graduation in 2011-2012, by Race/Ethnicity Per District**

Source: California Department of Education, California Longitudinal Pupil Advancement Data System

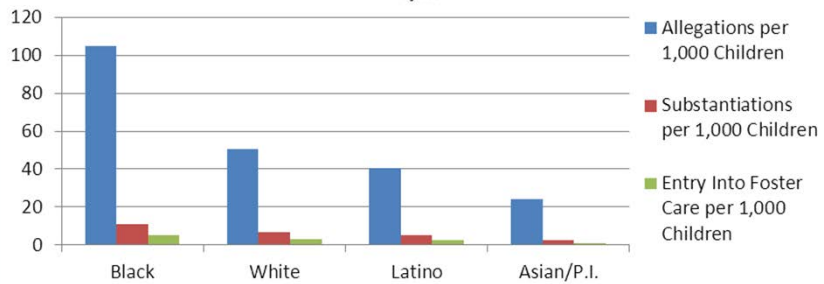


9

# Child Abuse

**Rate of Solano County Child Abuse Allegations, Substantiations and Entries Into Foster Care per 1,000 Children, by Race, 2012**

Source: CCWIP Reports, University of California at Berkeley Child Welfare Indicators Project

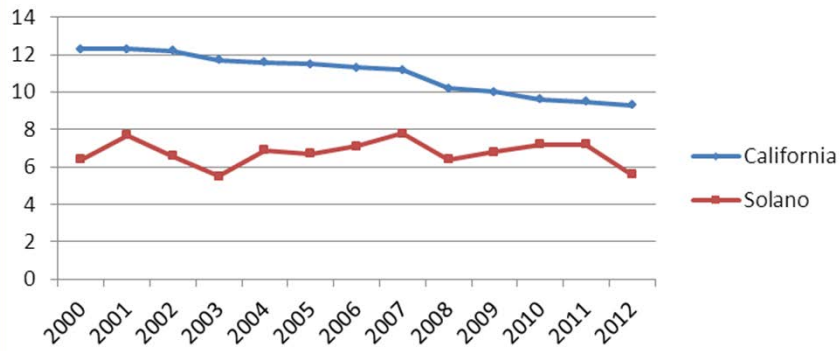


	Number of Allegations	Number of Substantiations	Number of Entries Into Foster Care
Black	1,331	141	66
White	1,442	191	86
Latino	1,389	176	81
Asian/P.I.	292	29	10

## Child Abuse

**Rate of Child Abuse Substantiations per 1,000 Children, California vs Solano County, 2000-2012**

Source: CCWIP Reports, University of California at Berkeley Child Welfare Indicators Project

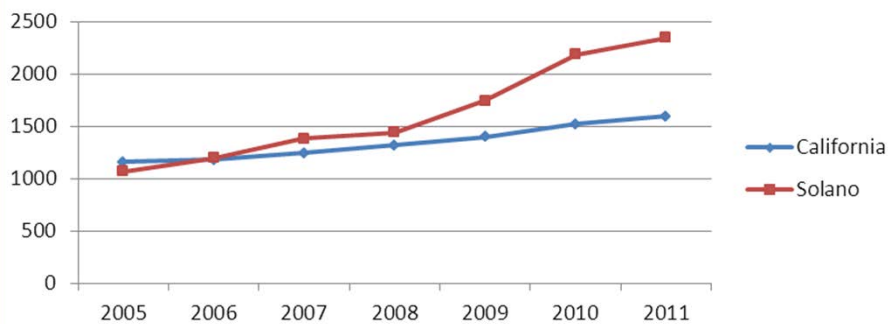


11

## Mental health

**Mental Illness Emergency Department Visits per 100,00 Female Population age 15 to 44, 2005-2011**

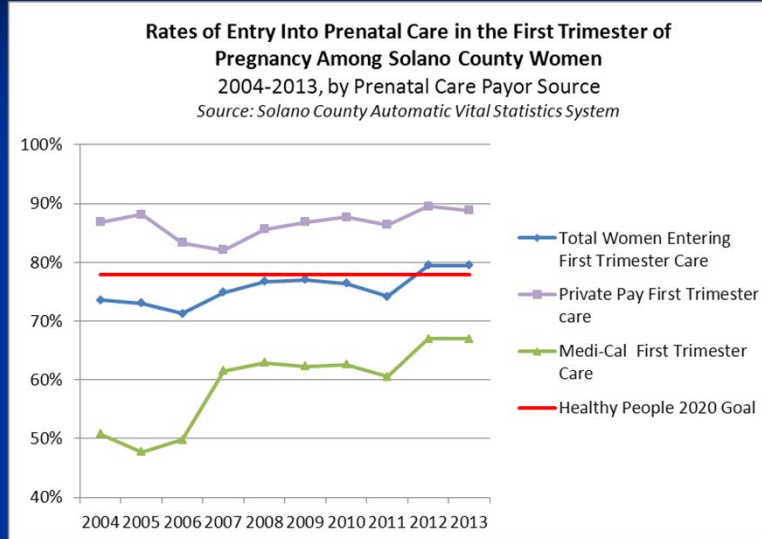
Source: Office of Statewide Health Planning and Development (OSHPD) hospital discharge data, analyzed by Family Health Outcomes Project, UC San Francisco



12



## Early Entry to Prenatal Care



13

## Recommendations

- Support appropriate policies, legislation and budget action.
- Invest in evidence-based strategies and programs.
- Provide access to mental health services for uninsured women of child bearing age.
- Ensure access to early, high quality prenatal care.

14

## Local Initiatives Responding to Priority Problems

- Each of the eleven priority problems is being addressed by more than 20 local initiatives in Solano County:

Office of Education, Child Abuse Prevention Council, First 5, Mental Health Advisory Board, Alcohol and Drug Advisory Board, Food & Nutrition Network, Lift3, Synergy Coalition, Safe Routes to School, Coalition for Better Health & Prenatal Care Access Committee.

15



CHILDREN ARE OUR BOTTOM LINE

**Program & Community Engagement Committee Meeting**  
**December 18, 2014**  
**2:00 PM – 3:30 PM**  
**601 Texas Street, Suite 210, Fairfield, CA 94533**

**AGENDA**

**CALL TO ORDER**

- I. Introductions, Commissioner Comment, Public Comment**
- II. Consent Calendar** **Action**
  - A. Approve Agenda of December 18, 2014
  - B. Approve Minutes of November 6, 2014
- III. 2014 Pre-K Academy Services Report and Recommendations for FY2015/16** **Action**
  - A. Receive a report on the 2014 Pre-Kindergarten Academies
  - B. Consider recommendation of approval of an allocation of up to \$110,000 for FY2015/16 Pre-Kindergarten Academy Services. (Sources of Funding: Discretionary Fund, First 5 Futures, Pre-Kindergarten Business Champions, FY2013/14 Pre-K Academies rollover, Long Term Financial Plan.)  
*Cherelyn Ellington Hunt, Early Childhood Education Manager*
- IV. Maternal Child & Adolescent Health Assessment Report** **Information/Discussion**

Receive the 2015-2019 Solano Maternal, Child and Adolescent Health Needs Assessment Report  
*Susan Whalen, Senior Health Education Specialist, H&SS*
- V. First 5 California Higher Education Coaching Pilot Program** **Discussion**

Receive information about the First 5 California Higher Education Coaching Pilot Program  
*Cherelyn Ellington Hunt, Early Childhood Education Manager*
- VI. Compliance in Contracts Report** **Information**

Receive an update on the BabyFirst Solano Program  
*Chris Shipman, Health and Well-Being Program Manager*
- VII. Community Engagement Activities Update** **Information**

Receive a report on Community Engagement Activities  
*Ciara Gonsalves, Policy, Fund Development & CE Program Manager*
- VIII. Future Agenda Items, Meeting Time/Date/Location** **Information**

The Program and Community Engagement Committee is scheduled to meet next on Thursday, February 17, 2015, 2:00 PM, at 601 Texas Street, Suite 210, Fairfield, CA. Future agenda items include: Compliance in Contracts Report, Community Engagement Activities.

**ADJOURN**

*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*

**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.

## **First 5 Solano Children and Families Commission**

Program & Community Engagement Committee Meeting  
December 18, 2014, 2:00 PM – 3:30 PM  
601 Texas Street, Suite 210, Fairfield, CA 94533

### **Minutes**

#### **I. Introductions, Commissioner Comment, Public Comment**

Committee Chair Niedziela called the meeting to order at 2:06 PM.

Committee members present: Committee Chair Liz Niedziela and Commissioner Erin Hannigan

First 5 Staff present: Michele Harris (Executive Director), Megan Richards (Deputy Director), Cherelyn Ellington Hunt (Early Care and Education Programs Manager), Christine Shipman (Health Programs Manager)

Public attendees: Susan Whalen (MCAH), Nazlin Huerta (MCAH)

Commissioner Comment: None

Public Comment: None

#### **II. Consent Calendar**

- a. Approve Agenda of December 18, 2014
- b. Approve Minutes of November 6, 2014

***Moved: Commissioner Hannigan, Seconded: Commissioner Niedziela  
Approved: 2-0-0***

#### **III. 2014 Pre-K Academy Services Report and Recommendations for FY2015/16**

Cherelyn Ellington Hunt reported that the 2014 Pre-K Academies are wrapped up and the Academy results are in today's packet. In addition, included in this staff report are options to consider for recommending for funding for next year.

Last year Pre-K Academies were funded through a combination of regular allocation in the Program Investment Plan, Pre-K Business Champion donations and matching funds, roll over funds, and Discretionary Funds for a total of nearly \$240,000. Recommendation for the upcoming FY is a \$190,000 total allocation, which would require an \$110,000 additional allocation of funds. When this is added to the \$80,000 already allocated the total is \$190,000. This is a blend of funding between roll over funds from FY2013/14, Pre-K Business Champions funds, and Discretionary funds.

Commissioner Hannigan stated the need that when measuring success, we need to discuss the differences that occur in different areas of the county. Ms. Ellington Hunt responded that some sites were more successful in enrolling and maintaining attendance than others. One recommendation for the upcoming year is to allow sites to hold the Academies anytime in the summer which will give both providers and parents more flexibility around vacation schedules.

Commissioner Hannigan asked what can First 5 do to make sure all sites are successful, especially Vallejo where there is a large need and they only had 27 kids attend. Ms. Ellington Hunt responded that staff have already initiated discussions with Vallejo on what the program entails and how to create relationships that can support the program so they can be more successful. Commissioner Hannigan offered to speak to the school district about the program and stated that we should offer as much support as possible. Commissioner Niedziela inquired if Vallejo has a program that meets this need. Ms. Ellington Hunt responded that they do have State preschool.

Ms. Harris stated we do have a feedback loop with Pre-K Academies to improve the process and have made recommendations for next year which include allowing provider to schedule the classes to closer to the end of the school year, when the school districts are more likely to have custodial or other services on site at that time. In addition, staff are planning on reaching out to other non-traditional partners, such as large family childcare homes or private centers who also may be able to provide the services.

Commissioner Niedziela inquired why the Commission needs to allocate additional funds prior to programs submitting applications, since we do not know how much is being requested. Ms. Ellington Hunt responded that by allocating funds, the Commission shows a larger commitment and the intent to fund more programs, so more programs will be encouraged to apply.

Commissioner Hannigan also expressed that she hopes the feedback that was given for the Pre-K Business Champion Campaign will be taken into consideration.

Motion: Consider recommendation of approval of an allocation of up to \$110,000 for FY2015/16 Pre-Kindergarten Academy Services. (Sources of Funding: Discretionary Fund, First 5 Futures, Pre-Kindergarten Business Champions, FY2013/14 Pre-K Academies rollover, Long Term Financial Plan.

***Moved: Commissioner Hannigan, Seconded: Commissioner Niedziela  
Approved: 2-0-0***

#### **IV. Maternal Child & Adolescent Health Assessment Report**

Susan Whalen, Senior Health Education Specialist with Maternal, Child, and Adolescent Health (MCAH), presented the MCAH Needs Assessment which wrapped up in the spring of 2014.

Most MCAH programs are funded through Title V Block Grant and there is a requirement for a Needs Assessment to be conducted every 5 years. This round, MCAH reviewed approximately 70 indicators, which showed some had improved from 10 years ago. For example, the teen birth rate is the lowest that it has been on record.

The indicators also showed that there are areas where work needs to be done and MCAH worked with a technical advisory group to identify problem areas in priority order. They identified high school dropout rate as the highest priority area and is the worst in Vallejo. This is a little outside of usual public health issues, but we now know how this is interrelated with health. The second priority area identified is child abuse, with concerns regarding substantiated abuse and racial/ethnic disparities. The third priority area is mental health for reproductive age women. Commissioner Hannigan inquired why is the mental health data was from 2011. Ms. Whalen answered that it is the data that was provided to each county to ensure county to county data is comparable.

Ms. Whalen also shared that early entry to prenatal care has gotten better and is now over the Healthy People 2020 goal, but there are still disparities based on health insurance. The recommendations from the report are to continue to support policies, legislation, and budget action that invest in the MCAH population and provide evidence based programs. Going forward, MCAH will be developing an action plan with community partners to address these areas.

The Commissioners thanked Ms. Whalen for sharing the information.

**V. First 5 California Higher Education Coaching Pilot Program**

Ms. Ellington Hunt shared that staff wanted to inform the Commission of a pilot program proposed by First 5 California in which Lead Agencies would partner with a local education provider to implement a new early childhood education curriculum. First 5 CA would provide the curriculum and the Lead Agency would need to partner with a provider who would implement the curriculum. The Lead Agency would also provide a stipend to participants.

First 5 Solano staff have looked at the options, but at this time due to the local funding cycle and initial inquiries on partnerships, staff are making the recommendation to not participate in the pilot and to evaluate the pilot once implemented. Commissioners agreed.

**VI. Compliance in Contracts Report**

Since we are near the end of Q2, there is no new data to report on BabyFirst Solano. Staff will include a more robust report on BabyFirst Solano with the Mid-Year report which will be coming to the Committee at the February Meeting.

**VII. Community Engagement Activities Update**

Ms. Ellington Hunt reported on behalf of Ms. Gonsalves that staff are reviewing current and former community engagement activities to assess what activities have been the most effective over time. Staff will be reporting out in future meetings on any changes taking place. First 5 Solano interns have been continuing to do outreach in the community when events arise.

**VIII. Future Agenda Items, Meeting Time/Date/Location**

The February Meeting was changed to Wednesday February 18 at 3:00pm due to the reporting timeline for the Mid-Year report. Staff are working to get a third Commissioner on this Committee and may need to reschedule future meetings to accommodate his schedule.

The meeting was adjourned at 3:04 PM.

Megan Richards, Deputy Director

Approved:

**DATE:** January 7, 2015  
**TO:** First 5 Solano Commission  
**From:** Michele Harris, Executive Director  
**SUBJ:** **Executive Director's Report for January 2015**

**Information Items:**

**California Breastfeeding Coalition Award Application:** Solano County Health and Social Services, in partnership with First 5 Solano, submitted an application for an award to acknowledge the collaboration to bring the Breastfeeding Friendly Express Van to the Solano County Fair. The award committee seeks to recognize consortiums that demonstrate hard work, grassroots efforts, accomplishments, and challenges. The "Golden Nugget" award will take into consideration the coalition's support of the Surgeon General's Executive Summary and "Call to Action to Support Breastfeeding." In particular, the deciding committee seeks to recognize activities that have helped reduce any of the 7 barriers and 20 recommended actions to support breastfeeding outlined by the Surgeon General.

The Solano Breastfeeding Coalition award application submittal is attached to this report as Attachment A. Staff will report back, should the award be secured in Solano.

**SPACE receives Golden Bell Award:** The First 5 Solano funded Solano Parent and Child Education Program (SPACE) (Fairfield Suisun Unified School District), received a Golden Bell Award in December 2014 from the California School Boards Association. The Golden Bell Awards program recognizes excellent and outstanding programs and governance practices of school districts and county offices of education throughout California. Golden Bell Awards reflect support of programs that address students' changing needs and highlight best practices in education in the areas of operations, instruction and support services.

FSUSD received the award for the Kindergarten Readiness Roundup program that services hundreds of families each year. This program is funded through the First 5 Solano Parent Education Program contract. Pre-kindergarten children, with their parents, move through stations where they are assessed on a range of specific kindergarten readiness skills including: shape and color recognition, small and large motor skills, letter and number identification, following directions and other identified readiness skills. Parents review results with kindergarten, preschool and special education teachers to learn strategies for preparing their children for kindergarten.

**The Kresge Foundation – Application Submitted:** First 5 Solano supported Children's Nurturing Project (CNP) via grant writing technical assistance in submitting a funding request to the Kresge Foundation. CNP applied for \$112,878 in operational support to fund the Help Me Grow Solano call center under the Human Services funding priority of Kresge: Leveraging the Effectiveness of Networks. The Kresge Foundation reviews requests on a rolling basis and a determination date will follow soon. In the meantime, a tracking number has been provided. If interested in the proposal, Kresge Foundation will ask for further information from CNP. Staff will continue to report out on the status of this grant application.

**Kaiser Community Benefit Letter of Intent Submitted:** Kaiser's annual Community Benefit grant making opportunity is currently open and accepting applications for funding. First 5 Solano submitted a letter of intent to apply for the maximum award amount of \$25,000 with partners Solano Coalition for Better Health and Help Me Grow Solano under Kaiser's *access to care* funding priority. If selected to submit a full application, the proposed project is to perform a point in time study to identify where the remaining 3% (800+/-) of children that remain uninsured in Solano County are, and connect them to both insurance and other needed services. Staff will keep the Commission apprised of next steps.

**50 Fund 'Game Changer' Grant:** Commissioner Barbosa notified staff of an exciting grant opportunity provided by the 50 Fund. The 50 Fund is a group of funders who combined their funds in honor of Super Bowl 50 coming to Santa Clara in 2016. Five grants of \$500,000 will be awarded to non-profit agencies that provide direct service to children, youth, and young adults. Funds are limited to nine bay area counties, Solano being one of them. Given the requirements and qualifications of the grant opportunity, 6 grantee agencies meet the criteria to be able to apply for funding. Staff have reached out to each of these 6 grantees to notify them of the grant opportunity, offer technical assistance and/or brainstorm ideas for funding if interested. Staff will keep Commission apprised of developments.

**Local and Regional Anti-Poverty/Pro-Prosperty Activities Update:** Solano Safety Net Summit #8 will be held January 29, 2015 8:30am-2:30pm at 601 Texas St., Conference Room A. To register, please contact Amanda Holmes at 784-1336 or [asholmes@solanocounty.com](mailto:asholmes@solanocounty.com). The day will be co-hosted by Rise Together Bay Area and give Solano constituents an opportunity to discuss data on economic modeling and weigh in on key strategies for moving families and communities out of poverty in the bay area. In addition, the SNS work groups will share their current work and measurements.

In addition, Children's Network of Solano County is implementing Parent Leadership Institute Training (PLTI). The first cohort of parents and community members are slated to begin the 20 week course in civic engagement on January 29, 2015. This is a unique opportunity for parents to develop skills to become leaders in their community and advocates for children in Solano. This is only the second time this course in has been replicated in California.

**United Way/Food Drive campaigns:** First 5 Solano had the opportunity to participate in two County-wide fundraising events. The *2014 United Way Bay Area Campaign (UWBA)* ran from October 20, 2014 through November 21, 2014. First 5 Solano successfully raised \$1,010 and coordinated a combined effort with the County Administrator's Office and Board of Supervisors for a grand total of \$4,910. UWBA supports and provides local community services such as: 2-1-1, Sparkpoint, Match Bridge, Earn It! Keep It! Save It!, and donations to community schools. UWBA also made a generous donation to Rise Together Bay Area which recently granted \$25,000 to First 5 Solano for the Solano Safety Net Summit work.

The *2014 Counties Care Food Fight* is a spirited "friendly competition" between employees of each respective county. From November 24, 2014 through December 31, 2014, First 5 Solano independently raised \$642.50 through the sale of handcrafted holiday candy grams, an online garage sale auction, and personal donations. 100% of the proceeds are donated to the Food Bank of Contra Costa and Solano County which provides food items to low-income families in those counties.

**Family Development Matrix (FDM) Revision:** The FDM is a strength-based tool used by the Solano FRC Network that is especially appropriate, but not exclusive, to use with families that are referred for risk of child abuse and/or neglect. The FDM helps family support workers identify family (and



individual) strengths and leverage those strengths to address the needs identified by the tool. Perhaps the biggest strength of the FDM and its approach is its focus on engaging families in the process of identifying their difficulties and strengths. By gathering the FDM information in a collaborative way, families become empowered to make decisions about how to address their needs, using the areas where they possess strengths.

The Solano County Family Development Matrix assessment is customized version include a number of non-core indicators which parallel the resources and services located in Solano County. First 5 Solano's evaluation consultant, Applied Survey Research, along with the Solano FRC Network have revised the Solano version of the FDM. Some enhancements include: 1) starting each item with a definition of the indicator; 2) instituting, wherever possible, a set of simple choices like never, sometimes, always, etc.; and 3) simplifying the language among others.

Family Resource Center Network adopted the revised Solano version and it was rolled out for use in First 5 Solano's database, Persimmony beginning January 1, 2015.

**Stakeholders Policy Summit Workgroup:** First 5 Solano staff, Ciara Gonsalves and Michele Harris have been participating on the Stakeholders Policy Summit Workgroup and have been helping to develop the agenda and materials for the upcoming 2<sup>nd</sup> Annual Children and Families Policy Forum to be held February 21, 2015 at Solano Community College 9:00 AM – 2:00 PM.

The 4 identified priority areas that have been identified by the large group are below:

- Ø Promoting safety for all children
- Ø Increasing funding for homeless youth
- Ø Restoring and expanding quality preschool and childcare
- Ø Supporting mental and developmental health screening, prevention, and early intervention for children birth to 18.

These 4 priority areas will be presented to policy makers at the 2<sup>nd</sup> Annual Children and Families Policy Forum. Please update your calendar for February 22, 2015, Solano Community College 9:00 AM – 2:00 PM.

**Raising of America Launch:** A Premier Screening of "The Raising of America: Early Childhood and the Future of our Nation" is taking place on January 31<sup>st</sup> at Noon at the Kroc Center, 586 Wigeon Way, Suisun City (Attachment B). The documentary series and public engagement campaign explores how a strong start for all our kids can lead to a healthier, stronger, and more equitable America and is produced by California Newsreel, who has created numerous awarding winning documentaries, including "Unnatural Causes: Is Inequality Making Us Sick?" The screening will take place during a community health fair at the Kroc Center. Please join us!

Attachment A: Solano Breastfeeding Award Application

Attachment B: Raising of America Launch Flyer



## California Breastfeeding Coalition's First Annual Golden Nugget Award

Coalition/Consortium/Group Name: Breastfeeding Coalition of Solano County

Contact Person: Teri Ewell

Phone Number: 707-553-5185

E-Mail: tewell@solanocounty.com

The *Golden Nugget* award will take into consideration your coalition's or group's support of the Surgeon General's Executive Summary and "*Call to Action to Support Breastfeeding*". List those activities that have helped reduce any of the 7 barriers outlined by the Surgeon General. See page 2 for the list of 7 barriers and the 20 recommended actions to reduce these barriers. If your activity doesn't fit into one of the 20 actions, we still want to hear about it.

We will also be honoring efforts that have not been successful or failed (as lessons learned for others), please include a brief description of any unsuccessful activities, and tell us why and how others can learn from your experiences.

List your accomplishment and/or challenges and briefly explain what your coalition, consortium or alliance planned and carried out in 2014 to reduce or address a key barrier to breastfeeding:

**1) Give mothers the support they need to breastfeed their babies:**

The Breastfeeding Coalition with collaboration with Solano County First 5 sponsored the Breastfeeding Express van during the Solano County Fair in August. This collaboration has been effective in bringing a refurbished Airstream trailer for the past 3 years to the County Fair. The trailer has 2 air-conditioned sections: one with 3 gliders, a diaper changing table, a sink and counter space, plus a flat screen to view breastfeeding videos. The other side has a diaper changing station. The van is staffed by Lactation Consultants to provide assistance to the moms who stop by and expert advice for the general public. Families are very grateful for this service and often say that this kind of area should be present at all large gatherings.

**9) Provide education and training in breastfeeding for all health professionals who care for women and children.**

The Breastfeeding Coalition provided free monthly one hour education trainings at the Coalition meetings. Providers from 3 local hospitals, La Leche League leaders, Comprehensive Perinatal Services Program staff, Public Health Nurses, Health Assistants, Dietetic interns, Maternal, dietitians from the WIC Program and Child and Adolescent Health department staff attend these monthly meetings. The information received is shared with to their respective organizations to provide continuous education for providers.

**12) Identify and address obstacles to greater availability of safe banked donor milk for fragile infants:**

The Breastfeeding Coalition sponsored the first annual Mother's Milk Bank drive in August 2014. Breastfeeding Peer Counselors and the Lactation Consultants organized a drive at 3 different cities in Solano County and were able to get over 1000 ounces of donated breastmilk for the San Jose Milk Bank. Mothers were registered on site to become certified donors. The general public was educated on the importance of having banked milk available for fragile infants and the existence of the San Jose Milk Bank.

## The Surgeon General's Executive Summary "Call to Action to Support Breastfeeding"

### Seven Key Barriers to Breastfeeding:

- *Lack of Knowledge*
- *Lactation Problems*
- *Poor Family and Social Support*
- *Social Norms*
- *Embarrassment*
- *Employment and Child Care*
- *Health Services*



### 20 Action Steps

1. Give mothers the support they need to breastfeed their babies.
2. Develop programs to educate fathers and grandmothers about breastfeeding.
3. Strengthen programs that provide mother-to-mother support and peer counseling.
4. Use community-based organizations to promote and support breastfeeding.
5. Create a national campaign to promote breastfeeding.
6. Ensure that the marketing of infant formula is conducted in a way that minimizes its negative impacts on exclusive breastfeeding.
7. Ensure that maternity care practices around the United States are fully supportive of breastfeeding.
8. Develop systems to guarantee continuity of skilled support for lactation between hospitals and health care settings in the community.
9. Provide education and training in breastfeeding for all health professionals who care women and children.
10. Include basic support for breastfeeding as a standard of care for midwives, obstetricians, family physicians, nurse practitioners, and pediatricians.
11. Ensure access to services provided by International Board Certified Lactation Consultants.
12. Identify and address obstacles to greater availability of safe banked donor milk for fragile infants.
13. Work toward establishing paid maternity leave for all employed mothers.
14. Ensure that employers establish and maintain comprehensive, high-quality lactation support programs for their employees.
15. Expand the use of programs in the workplace that allow lactating mothers to have direct access to their babies.
16. Ensure that all child care providers accommodate the needs of breastfeeding mothers and infants.
17. Increase funding of high-quality research on breastfeeding.
18. Strengthen existing capacity and develop future capacity for conducting research on breastfeeding.
19. Develop a national monitoring system to improve the tracking of breastfeeding rates as well as the policies and environmental factors that affect breastfeeding.
20. Improve national leadership on the promotion and support of breastfeeding.

Source: <http://www.surgeongeneral.gov/library/calls/breastfeeding/executivesummary.pdf>





# THE RAISING OF AMERICA

EARLY CHILDHOOD AND THE FUTURE OF OUR NATION

## SAVE THE DATE

*A documentary series and public engagement campaign that explores how a strong start for all our kids can lead to a healthier, stronger and more equitable America.*

### Fairfield/Suisun Premier Screening

January 31<sup>st</sup>, 2015 at Noon

(During Community Health Fair)

**Kroc Center**

586 Wigeon Way, Suisun City, CA

For more information contact Rebecca at

707.422.0464 ext. 18 or [rmcdonald@cnpkids.org](mailto:rmcdonald@cnpkids.org)

or visit [www.raisingofamerica.org](http://www.raisingofamerica.org).

