



AGENDA
PUBLIC NOTICE
Regular Commission Meeting
Wednesday, March 9, 2022
2:00 PM
First 5 Riverside ZOOM
585 Technology Ct
Riverside, California 92507

This notice shall confirm the Regular Commission Meeting of the Riverside County Children and Families Commission.

Note: If special accommodations are needed to participate in this meeting, please contact Lynn Stephens, Commission Coordinator, at (951) 955-0200 during regular business hours of the Riverside County Children and Families Commission (Monday-Friday 8:00 a.m. – 5:00 p.m.).

Note: Public Comments will be taken on agenda items at various times during the meeting. Please submit a Request to Speak form to the Commission Coordinator at any time before or during the meeting indicating the item you wish to address.

Note: Please place all cellular phones on vibrate or off mode during the meeting.

Meeting URL: <https://us02web.zoom.us/j/87603645073>

Meeting ID: 876 0364 5073

Phone One tap mobile: 16699006833,,87603645073# US (San Jose)

A. Call to Order – Deborah Clark-Crews, Commission Chair

1. Pledge of Allegiance
2. Roll Call - Lynn Stephens, Commission Coordinator

B. Commission and Advisory Committee Business – Deborah Clark-Crews, Chair

1. **22-06:** Adopt Resolution of the First 5 Riverside County Children & Families Commission Authorizing Remote Teleconference Meetings of the Legislative Bodies of First 5 Riverside County for the Period of March 9, 2022 through April 9, 2022 Pursuant to the Ralph M. Brown Act **2**



1 **RESOLUTION NO. 22-06**

2 **A RESOLUTION OF THE FIRST 5 RIVERSIDE COUNTY**

3 **CHILDREN & FAMILIES COMMISSION**

4 **AUTHORIZING REMOTE TELECONFERENCE MEETINGS**

5 **OF THE LEGISLATIVE BODIES OF FIRST 5 RIVERSIDE COUNTY**

6 **CHILDREN & FAMILIES COMMISSION]**

7 **FOR THE PERIOD March 9, 2022, through April 9, 2022**

8 **PURSUANT TO THE RALPH M. BROWN ACT.**

9
10 **WHEREAS**, all meetings of **FIRST 5 RIVERSIDE COUNTY CHILDREN & FAMILIES**
11 **COMMISSION** and its legislative bodies are open and public, as required by the Ralph M. Brown Act
12 (Cal. Gov. Code §§ 54950 – 54963), so that any member of the public may attend, participate, and view the
13 legislative bodies conduct their business; and

14 **WHEREAS**, the Brown Act, Government Code section 54953(e), makes provisions for remote
15 teleconferencing participation in meetings by members of a legislative body, without compliance with the
16 requirements of Government Code section 54953(b)(3), subject to the existence of certain conditions and
17 requirements; and

18 **WHEREAS**, a required condition of Government Code section 54953(e) is that a state of emergency
19 is declared by the Governor pursuant to Government Code section 8625, proclaiming the existence of
20 conditions of disaster or of extreme peril to the safety of persons and property within the state caused by
21 conditions as described in Government Code section 8558(b); and

22 **WHEREAS**, a further required condition of Government Code section 54953(e) is that state or local
23 officials have imposed or recommended measures to promote social distancing, or, the legislative body
24 holds a meeting to determine or has determined by a majority vote that meeting in person would present
25 imminent risks to the health and safety of attendees; and

26 **WHEREAS**, on March 4, 2020, Governor Newsom issued a Proclamation of a State of Emergency
27 declaring a state of emergency exists in California due to the threat of COVID-19, pursuant to the California
28 Emergency Services Act (Government Code section 8625); and,

1 **WHEREAS**, on June 11, 2021, Governor Newsom issued Executive Order N-07-21, which
2 formally rescinded the Stay-at-Home Order (Executive Order N-33-20), as well as the framework for a
3 gradual, risk-based reopening of the economy (Executive Order N-60-20, issued on May 4, 2020) but did
4 not rescind the proclaimed state of emergency; and,

5 **WHEREAS**, on June 11, 2021, Governor Newsom also issued Executive Order N-08-21, which set
6 expiration dates for certain paragraphs of the State of Emergency Proclamation dated March 4, 2020 and
7 other Executive Orders but did not rescind the proclaimed state of emergency; and,

8 **WHEREAS**, as of the date of this Resolution, neither the Governor nor the state Legislature have
9 exercised their respective powers pursuant to Government Code section 8629 to lift the state of emergency
10 either by proclamation or by concurrent resolution the state Legislature; and,

11 **WHEREAS**, the California Department of Industrial Relations has issued regulations related to
12 COVID-19 Prevention for employees and places of employment. Title 8 of the California Code of
13 Regulations, Section 3205(5)(D) specifically recommends physical (social) distancing as one of the
14 measures to decrease the spread of COVID-19 based on the fact that particles containing the virus can travel
15 more than six feet, especially indoors; and,

16 **WHEREAS**, the **FIRST 5 RIVERSIDE COUNTY CHILDREN & FAMILIES COMMISSION**
17 finds that state or local officials have imposed or recommended measures to promote social distancing,
18 based on the California Department of Industrial Relations' issuance of regulations related to COVID-19
19 Prevention through Title 8 of the California Code of Regulations, Section 3205(5)(D); and,

20 **WHEREAS**, as a consequence, the **FIRST 5 RIVERSIDE COUNTY CHILDREN &**
21 **FAMILIES COMMISSION** does hereby find that it and its legislative bodies shall conduct their meetings
22 by teleconferencing without compliance with Government Code section 54953 (b)(3), pursuant to Section
23 54953(e), and that such legislative bodies shall comply with the requirements to provide the public with
24 access to the meetings as prescribed by Government Code section 54953(e)(2).

25 **NOW, THEREFORE, BE IT RESOLVED, FOUND AND ORDERED** by the **FIRST 5**
26 **RIVERSIDE COUNTY CHILDREN & FAMILIES COMMISSION** in regular session assembled on
27 March 9, 2022, does hereby resolve as follows:
28

1 Section 1. Recitals. All the above recitals are true and correct and are incorporated into this
2 Resolution by this reference.

3 ///

4 Section 2. State or Local Officials Have Imposed or Recommended Measures to Promote Social
5 Distancing. The FIRST 5 RIVERSIDE COUNTY CHILDREN & FAMILIES COMMISSION hereby
6 proclaims that state officials have imposed or recommended measures to promote social (physical)
7 distancing based on the California Department of Industrial Relations' issuance of regulations related to
8 COVID-19 Prevention through Title 8 of the California Code of Regulations, Section 3205(5)(D).

9 Section 3. Remote Teleconference Meetings. The FIRST 5 RIVERSIDE COUNTY
10 CHILDREN & FAMILIES COMMISSION and any of its legislative bodies are hereby authorized and
11 directed to take all actions necessary to carry out the intent and purpose of this Resolution including,
12 conducting open and public meetings in accordance with Government Code section 54953(e) and other
13 applicable provisions of the Brown Act.

14 Section 4. March 9, 2022. This Resolution shall take effect immediately upon its adoption and
15 shall be effective until the earlier of (i) April 9, 2022, or (ii) such time the FIRST 5 RIVERSIDE COUNTY
16 CHILDREN & FAMILIES COMMISSION adopts a subsequent resolution in accordance with Government
17 Code section 54953(e)(3) to extend the time during which its legislative bodies may continue to
18 teleconference without compliance with Section 54953(b)(3).

19 ADOPTED this 9th day of March 2022 by FIRST 5 RIVERSIDE COUNTY CHILDREN &
20 FAMILIES COMMISSION, by the following vote:

21
22 YES:

23 NO:

24 ABSENT:

25 ABSTAIN:

2. Advisory Committee Comments - Advisory Committee Chair

3. Commission Member Comments - Deborah Clark-Crews, Commission Chair

C. Public Comments (for items not listed on the agenda) – Deborah Clark-Crews, Chair

D. Public Hearings – Deborah Clark-Crews, Chair

1. Conduct a Public Hearing on the Fiscal Year 2020/2021 Annual Report of the California Children and Families Commission (a copy of the report may be obtained at <https://rccfc.org/About-Us/Impact> and can be viewed at the Commission Business Office) pursuant to the California Children and Families Act, Health and Safety Code section 130140 and Ordinance 784 - Barbara Andrade DuBransky, Deputy Director of Programs

a. **Public Hearing:** Annual Report of the California Children and Families Commission for Fiscal Year 2020/2021 - Deborah Clark-Crews, Chair

b. **22-07: Receive and File:** Annual Report of the California Children and Families Commission for Fiscal Year 2020/2021

6



AGENDA ITEM: 22-07
DATE OF MEETING: March 9, 2022
ACTION: ☒
INFORMATION: ☐

**RECEIVE AND FILE FISCAL YEAR 2020/2021 ANNUAL REPORT OF THE
CALIFORNIA CHILDREN AND FAMILIES COMMISSION AND
CONDUCT A PUBLIC HEARING**

SUMMARY OF REQUEST

Receive and file the California Children and Families Commission (First 5 California) 2020/2021 Annual Report and conduct a public hearing pursuant to the California Children and Families Act, as required by California Health and Safety Code Section 130140(H).

BACKGROUND

The annual report provides an overview of the California Children and Families Commission structure, vision, mission and goals, signature programs, program results, and accomplishments.

March 9, 2022: A copy of the report was provided to Commissioners as part of the meeting packet. The report also features highlights of local county commissions. Riverside County highlights are included on pages 28 and 47.

February 18, 2022: Fiscal Year 2020/2021 state commission annual report was posted to the First 5 Riverside County local website <https://rccfc.org/About-Us/Impact> for public review.

The California Children and Families Act (Proposition 10) requires that:

1. The state Children and Families Commission prepares a written report that consolidates, summarizes, analyzes, and comments on the annual audits and reports submitted by all of the 58 county commissions for the preceding fiscal year. The report must be transmitted to the Governor, legislature, and each county commission.

2. Each county commission must conduct at least one public hearing on each annual report distributed by the state commission.

RECOMMENDED ACTION

That the Commission:

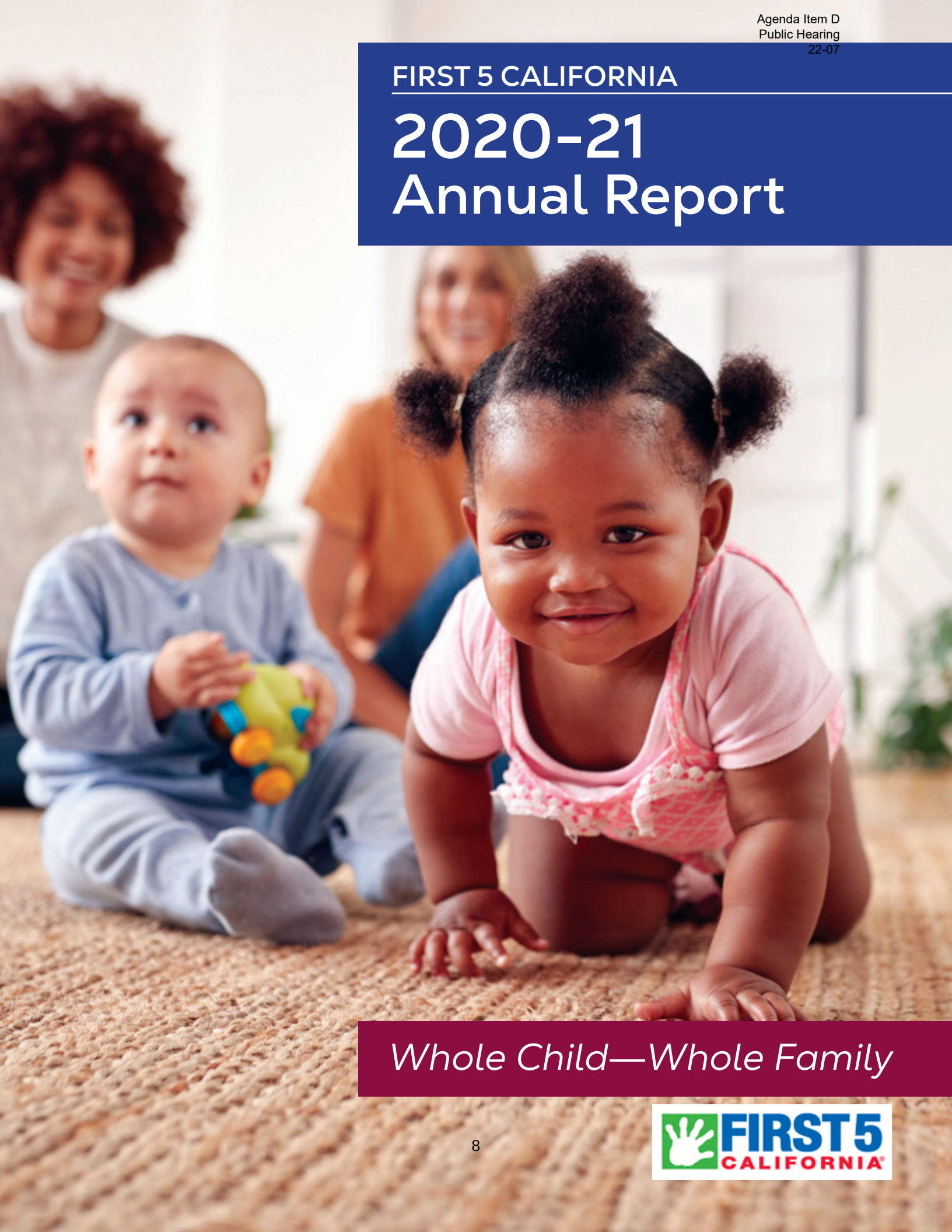
1. Conduct a public hearing in compliance with California Health and Safety Code Section 130140 (H); and
2. Receive and file the report (no Commission approval or adoption is required).

ATTACHMENT

1. California Children and Families Commission (First 5 California) Annual Report for Fiscal Year 2020/2021.

FIRST 5 CALIFORNIA

2020-21 Annual Report



Whole Child—Whole Family

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FIRST 5 CALIFORNIA COMMISSION MEMBERS

Dr. Nadine Burke Harris, Chair

California Surgeon General, Appointed by the Governor

Molly Munger, Vice Chair

Appointed by the Speaker of the Assembly

Mayra Alvarez

Appointed by the Governor

Monica Fitzgerald

Appointed by the Senate Rules Committee

Shana Hazan

Appointed by the Senate Rules Committee

Elsa Mendoza Jimenez

Appointed by the Governor

Jackie Majors

Appointed by the Speaker of the Assembly

EX-OFFICIO MEMBER:

Mark Ghaly

Secretary of the California Health and Human Services Agency

Kris Perry, Designee

Deputy Secretary of Early Childhood Development of the California Health and Human Services Agency

MEMBERS WITH TERMS ENDING IN 2020:

George Halvorson, Chair (Member until December 2020)

Appointed by the Governor

Muntu Davis (Member until December 2020)

Appointed by the Governor



"Our commitment at First 5 California is that we never stop learning about, believing in, and supporting the power of families and communities to change¹³ the world for the better."

Whole Child–Whole Family

MESSAGE FROM THE EXECUTIVE DIRECTOR

As we continue to meet the challenges brought on by the COVID-19 pandemic, we have the opportunity to learn from the challenges we faced during this unique time in our history. The length and severity of the pandemic have had an impact on how people react to personal and environmental stress, especially the youngest among us. Children have gone through periods of isolation that previous generations never imagined.

Our lives and the lives of our children will be changed in a variety of ways from this experience. It is important to acknowledge this reality, learn from it, and to forge ahead together with new and innovative ways to tackle today's challenges and to remain steadfast in our commitment to improving the lives of California's children through the pandemic and beyond.

First 5 California is committed to the principles that have always been the core of our work in serving our state's youngest children and their families. We will continue to partner with the Governor, the Legislature, First 5 county commissions, and other agencies and organizations that advocate for what is best for our kids and their future as we work toward implementing our 2019-24 Strategic Plan, our newly adopted North Star Statement and Audacious Goal.

First 5 California's 2020-21 Annual Report highlights its accomplishments and collaborations at both state and local levels that help us continue to lay the foundational investments that help children thrive. These include:

- An additional \$2 million investment in Fiscal Year 2020-21 to continue to support local mitigation efforts to address COVID-19
- A \$103 million investment in IMPACT 2020 to continue innovative approaches to quality improvement and development systems for early learning and care providers
- One-time funding of \$1.48 million for the California Family Book Distribution Partnership to provide counties with the option to receive children's books or expand existing Dolly Parton Imagination Library programs
- Continuing to lead the way on research for dual language learners to study and find solutions on how best to serve them
- Our investment in Race, Equity, Diversity and Inclusion strategies alongside the First 5 Association to clearly identify steps towards a framework that centers equity in the work we do

Our commitment at First 5 California is that we never stop learning about, believing in, and supporting the power of families and communities to change the world for the better. Although progress has been made, there is still much work to do. I consider it a privilege and an honor to be part of this outstanding early learning and care community and its noble work dedicated to improving the lives of young children.

At a time when hope and inspiration are sometimes hard to find, it's more important than ever to show kindness to one another, and to nurture and surround our children with love and support. It's the greatest gift we can give.



CAMILLE MABEN
EXECUTIVE DIRECTOR

NORTH STAR

"Trauma-informed, healing-centered, and culturally responsive systems promote the safe, stable, nurturing relationships and environments necessary to eliminate inequities and ensure healthy development for all children."

AUDACIOUS GOAL

"In a generation, all children 0-5 will have the safe, stable, nurturing relationships and environments necessary to achieve healthy development."



Our Mission

Convene, partner in, support, and help lead the movement to create and implement a comprehensive, integrated, and coordinated system for California's children prenatal through 5 and their families.

Promote, support, and optimize early childhood development.

Ensuring California's Children Receive the Best Start in Life and Thrive

PROPOSITION 10 AND THE LEGACY OF FIRST 5 CALIFORNIA

In 1998, California voters passed Proposition 10—the California Children and Families Act (the Act)—and declared the importance of investing in a better future for California's youngest children. For over two decades, the California Children and Families Commission (First 5 California) has promoted standards of quality child care and invested in the development of programs and services emphasizing improvement in early education, child care, child health and development, research, and community awareness.

BUILDING PUBLIC WILL AND INVESTMENT

First 5 California's Children's State Policy Agenda guides the agency's efforts to advocate for the strong start all children deserve, with an emphasis on optimizing early childhood development and reducing childhood poverty for children prenatal through age 5 and their families. The Policy Agenda reflects First 5 California's commitment in its Strategic Plan to participate and lead in the area of civic engagement, and the recognition of the Commission's responsibility to the people of California to ensure the wise and effective use of public funds.

In its 2019–2024 Strategic Plan, First 5 California continues its commitment to engage and lead in building public will and investment to support the optimal wellbeing and development of children prenatal through age 5, and their families and communities. The Strategic Plan also recognizes First 5 California must engage in partnerships with First 5 county commissions, stakeholders, and other allies from local to federal levels in order to be successful in institutionalizing efforts that advance child-centered policies and increase these crucial investments.

First 5 California serves as a leader and partner in state policy conversations, collaborating with First 5 county commissions, state agencies, stakeholders, and other advocates to convene, align, support, and strengthen statewide advocacy efforts to realize shared goals. Despite another unique year, First 5 California continued to expand its policy and advocacy engagement in fiscal year 2020–21, guided by its Policy Agenda. The Policy Agenda is focused on the following four areas the Commission identified as its top state policy priorities, including targeted goals within



each priority area to achieve a seamless statewide system of integrated and comprehensive programs for children and families:

Resilient Families and Communities

- Support effective parent education and engagement, including parent engagement on child brain development, early literacy, and *Talk. Read. Sing.*®
- Support sustainability of Family Resource Centers and other comprehensive community hubs for integrated services for children and families
- Support multi-generational family strengthening policies including economic security, breastfeeding resources, paid family leave, and a fair work week, for California's highest need families
- Expand access to voluntary home visiting programs
- Ensure digital equity across family serving systems, including access to broadband and the necessary



devices that are important in bridging the gap in telehealth and early learning services

Child Health

- Protect children and families' access to health care, and support coordination across health systems to ensure affordable and comprehensive health insurance coverage and services for every child and mother, prenatal through age 5
- Support and promote universal developmental, behavioral, and ACEs screenings, linkages to appropriate services, and seamless coordination across systems to improve outcomes for children and families

Early Learning

- Expand access to safe, quality early care and education programs for children ages 0 to 3

- Support implementation of safe, high-quality universal preschool access for all low-income three- and four-year-old children, and safe, high-quality transitional kindergarten and kindergarten statewide
- Define, measure, and achieve school readiness for all California children
- Support a healthy, safe, and high-quality early learning workforce through adequate compensation, stability, diversity, health and safety policies and supports, and robust professional development systems
- Promote statewide access to and participation in quality improvement systems

Revenue

- Promote inclusion of funding for children ages 0 to 5 and their families in existing and new revenue policy proposals
- Promote regulation of tobacco-related products, including electronic cigarettes, and sustainability of licensing and enforcement programs
- Promote inclusion of funding for prenatal and 0 to 3 two-generation prevention strategies in new tax funding structures

ACCOUNTABILITY: FUNDING AND AUDIT RESULTS

Under the California Children and Families Act, the California Department of Tax and Fee Administration collects an excise tax levied on all tobacco products and deposits the revenue into the California Children and Families Trust Fund, allocating 20 percent to First 5 California and 80 percent to county commissions. In FY 2020–21, First 5 California received \$81.3 million, and county commissions received \$325.1 million. This amount includes Proposition 10, Proposition 56 Backfill, and interest earned on the California Children and Families Trust Fund. The amount of funding allocated annually to each county commission is based on the annual number of births in the county relative to the total number of births in the state. Each county must prepare an independent annual audit subject to guidelines prepared by the State Controller's Office. The counties invest their dollars in locally designed programs, as well as in First 5 California's statewide programs as match funding. First 5 county commissions use their funds to support local programs in four result areas:

- Improved Family Functioning
- Improved Child Development
- Improved Child Health
- Improved Systems of Care

First 5 California's Program Management Division and Administrative Services, Evaluation, Executive Communications, External and Governmental Affairs, Fiscal Services, Contracts and Procurement, and Information Technology offices provide staff support for the following functions, operations, and systems:

- Fiscal management of the California Children and Families Trust Fund
- Tax revenue disbursements to county commissions
- Audits and annual fiscal reports
- Local agreement and program disbursement management
- Public education and outreach
- Evaluation of First 5 California programs
- Procurement and contract management
- Workforce recruitment and development
- Information technology
- Business services
- Legislative advocacy efforts

The administration of these and other programs is consistent with all applicable State and Federal laws, rules, and regulations. The State Controller's Office conducts an annual review of the 58 county commissions' independent audits. In November 2021, the Controller published its review of the counties' audits for FY 2019–20, summarizing several findings contained in the local audits, but did not deem any of them significant enough to withhold funding. Audits can be viewed on First 5 California's website at <https://www.cafc.ca.gov/about/budget.html>.

LEGISLATIVE AND BUDGET ENGAGEMENT

The year 2021 marked another unprecedented year of policymaking as the COVID-19 pandemic continued to impact all aspects of California legislative, budgetary, and administrative functions. Amid Capitol closures and a continued shift to mostly virtual operations, advocacy once again looked different this year. Partnerships and coalition building proved critical to elevate priorities at a time of immense need across the board. Through shared advocacy efforts between First 5 California and its early childhood partners, as well as leaders in the State Legislature and Congress, the early childhood field was able to secure historic budget investments for children and families, capitalizing on billions of dollars in federal aid and a once-in-a-generation surplus, to make transformative change in family-serving systems.

The state saw major wins in the First 5 California priority area of early learning, many of which were years and decades in the making. Most notably, child care rate increases and rate reform. In the hope of restoring and supporting the early care and education workforce and mixed delivery system coming out of the pandemic, the final budget contains a number of positive changes to provider reimbursement rates. Additionally, the budget provides a framework for rate reform policy for all child care programs, which First 5 California has championed for the last several years. The Legislature was critical in passing these reforms, through which we can: 1) ensure providers and programs are properly compensated for the cost of providing care, 2) ensure rates are responsive to the state's economic diversity and varying quality standards and regulations, and 3) incentivize participation in quality improvement efforts as a means to improve child outcomes.

To support a whole-child, whole-family approach, a number of key investments were made in child health and family strengthening policies. The creation of a Children and Youth Behavioral Health Initiative to reimagine mental and behavioral health supports for individuals ages 0–25 will be central in how children's declining mental and behavioral health coming out of the pandemic is addressed. In addition, a variety of multi-generational economic security policies were passed, including a second round of financial supports through the Golden State Stimulus program, an increase in the CalWORKs maximum aid payment, and creation of a statewide Universal Basic Income pilot, which together have the opportunity to change the financial trajectory of the next generation of children. A full summary of progress made in First 5 California's 2021 Children's Policy Agenda priorities can be found on page 10.





Vision: California's children receive the best possible start in life and thrive.

2021 CHILDREN'S POLICY AGENDA PROGRESS UPDATE

First 5 California will advocate for the strong start all children deserve by prioritizing children prenatal through age 5 and families from historically marginalized communities, to optimize early childhood development, reduce childhood poverty, and increase learning readiness. First 5 California's efforts will focus on addressing the needs of struggling children and families, recognizing the disproportionate impact the COVID-19 pandemic and systemic racism have had on low-income communities and communities of color.

RESILIENT FAMILIES AND COMMUNITIES	
Support effective parent education and engagement, including parent engagement on child brain development, early literacy, and <i>Talk. Read. Sing.</i> *	Progress Made: \$5 million for California Department of Public Health grants for local agencies to use evidence-based approaches to distribute books to children in the Women, Infants and Children (WIC) program - State Superintendent of Public Instruction Thurmond established a prenatal to 3rd grade literacy task force to ensure every California student learns to read by 3rd grade by 2026, which First 5 CA is co-chairing.
Support sustainability of Family Resource Centers and other comprehensive community hubs for integrated services for children and families.	Progress Made: Statewide expansion of and infrastructure to support the implementation and use of the community school model to all schools in communities with high levels of poverty (2021-22 Budget).
Support multi-generational family strengthening policies including economic security, breastfeeding resources, paid family leave, and a fair work week, for California's highest need families.	Progress Made: - An extension of the current 60 percent to 70 percent wage replacement rate for paid family leave until the end of 2022 (2021-22 Budget). - Extend Medi-Cal eligibility for post-partum individuals from 60 days to 12 months (2021-22 Budget). - Creation of a statewide Universal Basic Income pilot, with language emphasizing the need to specifically support foster youth and pregnant women as part of the pilot (2021-22 Budget). - An increase in the maximum level of CalWORKs cash grants by 5.3 percent and monthly CalWORKs pregnancy supplement aid from \$47 to \$100 (2021-22 Budget). - A second round of direct financial supports through the Golden State Stimulus program, with additional funds for families with young children and ITIN filers (2021-22 Budget). - Legal aid funding to help renters and homeowners avoid eviction and foreclosure (2021-22 Budget).
Expand access to voluntary home visit programs.	Progress Made: \$69.1 million for CalWORKs Home Visiting (2021-22 Budget).
Ensure digital equity across family serving systems, including access to broadband and the necessary devices that are important in bridging the gap in telehealth and early learning services.	Progress Made: \$6 billion to construct broadband infrastructure and improve access to broadband services throughout the state, including \$3.75 billion for "middle-mile" infrastructure in unserved communities (2021-22 Budget). - Require Caltrans, as part of projects that are located in priority areas, to install broadband conduit capable of supporting fiber optic communication cables (AB 41, Wood). - Align California law with federal law regarding approval of wireless telecommunications applications and provide additional clarity that will allow applicants to deploy communications technology (AB 537, Quirk).
CHILD HEALTH	
Protect children and families' access to health care, and support coordination across health systems to ensure affordable and comprehensive health insurance coverage and services for every child and mother, prenatal through age 5.	Progress Made: - Extend pandemic related telehealth flexibilities through December 31, 2022 (2021-22 Budget). - Creation of a Children and Youth Behavioral Health Initiative to reimagine mental and behavioral health supports for individuals ages 0-25 (2021-22 Budget). \$800 million to support the addition of dyadic care services as a Medi-Cal benefit (2021-22 Budget). - Annual funding to add Doula services as a covered benefit in the Medi-Cal program, and to add Community Health Workers to the class of health workers who are able to provide benefits and services to Medi-Cal beneficiaries (2021-22 Budget). - Improve data collection and research on socioeconomic factors that contribute to negative birth outcomes to close racial disparities in maternal and infant mortality and morbidity and improve perinatal outcomes (SB 65, Skinner).

Support and promote universal developmental, behavioral, and ACEs screenings, linkages to appropriate services, and seamless coordination across systems to improve outcomes for children and families.	Progress Made: • \$25 million to support All Children Thrive, a statewide program to mitigate the effects of ACEs on children (2021–22 Budget). • \$25.5 million for public education on ACEs and trauma (2021–22 Budget). • Eliminate the suspension of Proposition 56 supplemental payments, which will continue to support incentive payments to providers for conducting development screens and screenings (2021–22 Budget). • Require health care service plans and health insurance policies that provide coverage for pediatric services and preventive care to include coverage for ACEs screenings (SB 428, Hurtado).
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EARLY LEARNING

Expand access to safe, quality early care and education programs for children ages 0 to 3.	Progress Made: • 200,000 new child care spaces in Alternative Payment, General Child Care, Migrant Child Care, and bridge program for foster children program (2021–22 Budget). • Supported legislation requiring Dual Language Learner identification, AB 1363, with partners Early Edge and the Advancement Project informed by DLL Pilot Study findings. Legislation was enacted October 2021.
Support implementation of safe, high-quality universal preschool access for all low-income three- and four-year-old children, and safe, high-quality transitional kindergarten and kindergarten state-wide.	Progress Made: • Adopt Universal Transitional Kindergarten as part of a mixed delivery system, phasing in expanded age eligibility to full implementation by 2025–26 (2021–22 Budget).
Define, measure, and achieve school readiness for all California children.	Progress Made: • While there were no bills specific to school readiness in 2021, the adoption of Universal Transitional Kindergarten impacts the school readiness conversation. Additionally, \$4.8 million was allocated for planning and initial implementation of a child care data system, and requirements were made for a unique child identifier compatible with the Cradle to Career data system (2021–22 Budget). First 5 CA also continues Quality Counts California implementation to raise the quality of early learning and care and improve school readiness.
Support a healthy, safe, and high-quality early learning workforce through adequate compensation, stability, diversity, health and safety policies and supports, and robust professional development systems.	Progress Made: • An increase in provider reimbursement rates to 75 percent of the 2018 regional market rate survey, and funding to bring all providers to 85 percent of the 2018 regional market rate survey for the next two years (2021–22 Budget). • Ratify the Child Care Providers United contracts which include rate increases, provider stipends and supplemental payments, pandemic flexibilities, and mental health supports (2021–22 Budget). • Provide a framework for rate reform policy for all child care programs, which will seek to create set rate targets for a single rate system beginning in 2023 (2021–22 Budget).
Promote statewide access to and participation in quality improvement systems.	Progress Made: • \$20 million to improve equity in our quality systems (2021–22 Budget).

REVENUE

Promote inclusion of funding for children ages 0 to 5 and their families in existing and new revenue policy proposals.	Progress Made: • Young children and families were included in numerous programs funded with federal CARES Act and American Rescue Plan Act dollars, as well as state stimulus funding and new 0 to 5 investments via the Children and Youth Behavioral Health Initiative, Community Schools, etc. However, there were no significant state revenue proposals during the 2021 legislative year.
Promote regulation of tobacco-related products, including electronic cigarettes, and sustainability of licensing and enforcement programs.	Progress Made: • Address the disparity in taxation rates between vape products and traditional tobacco products by levying an additional 12.5 percent tax on vaping products (SB 395, Caballero).
Promote inclusion of funding for prenatal and 0 to 3 two-generation prevention strategies in new tax funding structures.	Progress Made: • Create parity between the sale of vape products and traditional tobacco products.



With the year 2021's historic investments in California's young children and families, and momentum in Washington, D.C. for bold reforms and transformative policies, 2022 promises to be another year full of opportunity. First 5 California is committed to supporting children, families, and providers through the COVID-19 pandemic and beyond, while continuing to build on state and federal advocacy achievements. First 5 California will work to strengthen its partnerships with stakeholders and its efforts to build policymakers' knowledge base and investment in shared priorities. Capitalizing on the deep commitment to early childhood wellbeing from state and federal leaders, First 5 California staff and partners will continue to work with the Administration, Legislature, State Superintendent of Public Instruction, Department of Social Services, Department of Education, Early Childhood Policy Council, and others. These entities work together to build and implement a road map for building stronger, integrated, more equitable early childhood systems for all California children, and determine how best to invest scarce resources in this crucial foundation for lifelong success. In doing so, the Commission will build on this year's successes and continue working toward the underlying Strategic Plan, North Star, and Audacious Goal.

COVID-19 PANDEMIC ASSISTANCE

On March 11, 2020, the World Health Organization (WHO) declared COVID-19 a pandemic with a sustained risk of global spread. In response, the Governor's Proclamation of a State Emergency and Executive Order, N-25-20, was issued on March 12, 2020.

COVID-19 is having a devastating effect on the world, impacting the lives of every community and individual in some way, shape, or form. Governor Newsom was, and continues to be, at the forefront of addressing this pandemic. Despite the Governor's efforts, Californians still struggle with economic, emotional, and physical impacts of the virus.

In particular, children and families are experiencing a once in a generation health crisis that requires extreme caution to help mitigate the spread of the coronavirus and prevent infecting large portions of the population. Child care programs and providers have been especially hard hit by closures and dwindling child care services.

To assess COVID-19's impact, First 5 California worked with the Governor's Office, the First 5 Association, and child care advocates to survey counties regarding what supplies were most needed. Survey results indicated basic necessities such as diapers, baby wipes, and hand soap were in high demand.

In April 2020, the First 5 California Commission took action to address the pandemic and approved \$4 million to provide emergency support to local communities around the state grappling with COVID-19. This effort supplemented other supply acquisition efforts around the state and was coordinated to maximize the various funding sources to support the purchase of emergency supplies and not duplicate efforts. The goal was to identify and support priority populations, including child care providers serving children of essential workers and identified high needs families in local First 5 communities.

To that end, First 5 California began the development of a contract with SupplyBank.org, a 501(3) (c) non-profit organization and systems change agency operating similar to a food bank, but for basic needs. In partnership with SupplyBank.org and the First 5 Association, First 5 California conducted a second assessment to further quantify the needs of child care providers remaining open for the children of essential personnel and the broader community.

The Commission subsequently approved an additional \$1 million during the May 2020 Commission meeting in order to continue supporting the local mitigation efforts to address COVID-19. Beginning in Fiscal Year 2020–21, SupplyBank.org worked directly with each First 5 county commission to develop a county-specific distribution, storage, and delivery plan. This plan included distribution to several local partner agencies.

Local partner types included:

- Family Resource Centers
- Women, Infants, and Children Program
- Homeless and domestic violence shelters
- Local First 5-run centers
- Child care providers
- Other nonprofit and agency partners

Through the efforts of this program, SupplyBank.org and local partners were able to leverage additional emergency supplies through donations and other support to maximize on the original investment from First 5 California. SupplyBank.org and the First 5 Association gathered statewide data to illustrate the full scope of this distribution network. Through Fiscal Year 2020–21, SupplyBank.org collectively distributed the following emergency supplies to every county throughout the state:

- 11 million 3-ply adult and child masks
- 150,000 washable face masks
- 33,940 KN95 masks
- 12 million diapers

- 20.4 million baby wipes
- 20,964 baby formula
- 475,296 feminine hygiene products
- 206,160 units of all-purpose cleaner and disinfectant
- 333,286 units of hand sanitizer and hand soap
- 5 million surgical gloves
- 11,000 Infrared thermometers
- 6,500 digital thermometers
- 63,000 children's books

As the initial investment and contract with SupplyBank.org sunset on February 28, 2021, First 5 California staff went to the Commission in March 2021 to recommend an additional investment of \$2 million to continue pandemic mitigation efforts through emergency supplies distribution. With the approval from the Commission, First 5 California staff began developing another contract with SupplyBank.org and working with the First 5 Association to identify local needs for emergency supply efforts beginning in Fiscal Year 2021–22. Data about the outcomes of the additional investment and who it targeted will be provided in the FY 2021–22 Annual Report.





Martin			
Jessica			
Hope	●		
Maggie	●		
	6	0	
	Griffin	Holmes	Joan
Did you like the butter?			
	YES	NO	
Trey	●		
Valeria		●	
Valentina	●		
Kayla		●	
Leahnic	●		

First 5 County Commission Program Result Areas

FOUR RESULT AREAS

For annual reporting, First 5 California and First 5 county commissions track progress in four result areas to inform evidence-based funding decisions, program planning, and policies:

- Improved Family Functioning
- Improved Child Development
- Improved Child Health
- Improved Systems of Care

These result areas comprise a framework for reporting early childhood investments and provide an overview of the number, type, and cost of services to children and adults. Stakeholders can use this information to assess statewide resource allocation and impact of First 5 county commissions.

Exhibit 1 contains the total numbers of services provided to children ages birth to 5 and adults (including primary caregivers and providers) for Improved Family Functioning, Improved Child Development, and Improved Child Health. During FY 2020–21, First 5 county commissions provided a total of 983,820 child services and 732,917 adult services. The distribution of expenditures in these three result areas totals \$283 million.

Exhibit 1: Total Number of Services Provided to Children Ages 0 to 5 and Adults* in FY 2020–21 Across Result Areas

● Adults ● Children

Child Health



Family Functioning



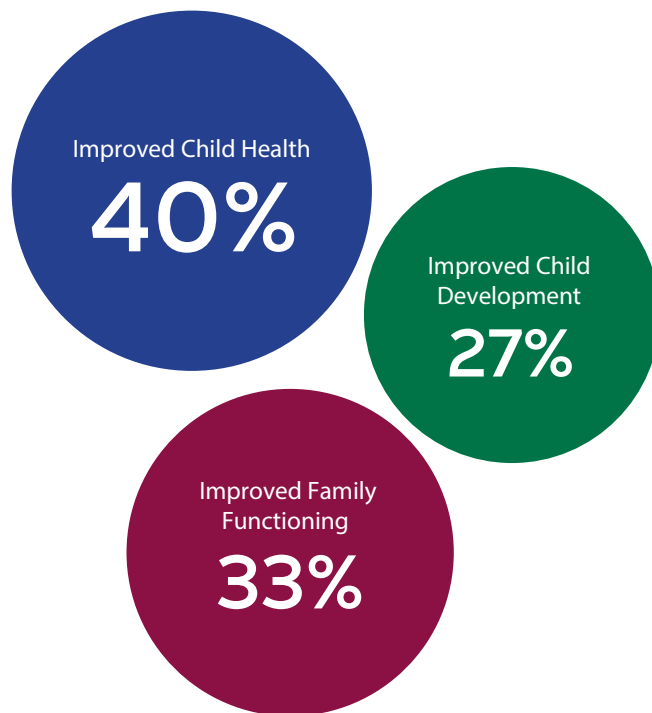
Child Development



* Totals for Adults include both Primary Caregiver and Provider counts

The result area, Improved Systems of Care, with expenditures of \$103 million, differs from the others. It consists of programs and initiatives for system-wide structural supports for efforts within the other three result areas. The four result areas combined show total expenditures of \$386 million.

Exhibit 2: Total Expenditures for Children Ages 0 to 5 and Adults* in FY 2020–21 by Result Area



*Adults include both Primary Caregivers and Providers
Source: County Revenue and Expenditure Summary, December 2021



First 5 county commissions are required to report to First 5 California revenues, expenditures, and fund balances. In collaboration with the First 5 Association, First 5 California annually develops and adopts annual reporting guidelines to standardize data collection. County commission revenues are reported in Appendix A1. For expenditures, county commission fiscal and service data are aggregated to the statewide level under four result areas (Appendix A2) using specific definitions for each result area with service category detail (Appendix B). The four result areas are listed below.

IMPROVED FAMILY FUNCTIONING

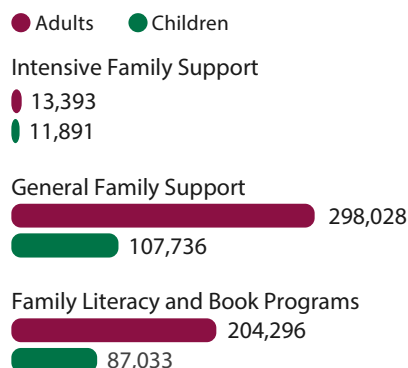
Family Functioning includes the categories Family Literacy and Book Programs, General Family Support, and Intensive Family Support. Services include instruction on general parenting topics, support for basic family needs and case management, parent education and literacy, referrals to community resources, and assistance for parents and families; and support to schools and educational institutions, nonprofit community-based agencies, government agencies, and private institutions.

In FY 2020–21, First 5 county commissions provided a total of 206,660 services to improve family functioning for children ages birth to 5, with 87,033 child services in Family Literacy and Book Programs, 107,736 child services in General Family Support and 11,891 child services in Intensive Family Support.

First 5 county commissions provided a total of 516,594 services to adults (parents, guardians, primary caregivers, relatives, and providers), with 204,296 adult services in Family Literacy and Book Programs, 298,905 adult services in

General Family Support and 13,393 adult services in Intensive Family Support. Exhibit 3 displays the numbers of services provided.

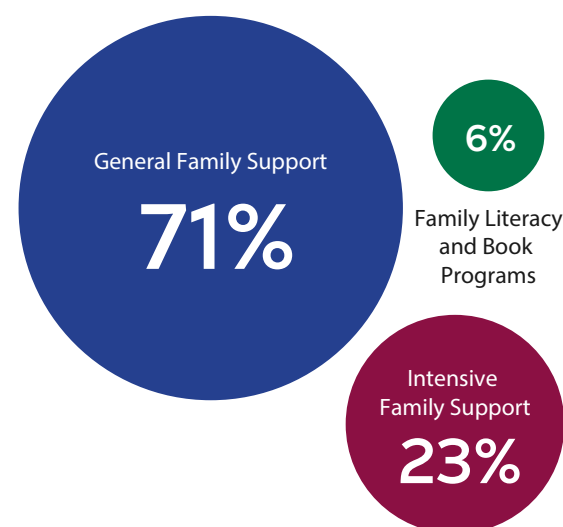
Exhibit 3: Family Functioning—Total Numbers of Services Provided to Children Ages 0 to 5 and Adults* in FY 2020–21 by Service



* Totals for Adults include both Primary Caregiver and Provider counts

First 5 county commissions expended \$94 million to improve Family Functioning, with 6 percent of expenditures in Family Literacy and Book Programs, 71 percent of expenditures in General Family Support, and 23 percent of expenditures in Intensive Family Support. Exhibit 4 shows the distribution of expenditures by service category.

Exhibit 4: Family Functioning—Distribution of Expenditures for Children Ages 0 to 5 and Adults* in FY 2020–21 by Service



*Adults include both Primary Caregivers and Providers
Source: County Revenue and Expenditure Summary, December 2021

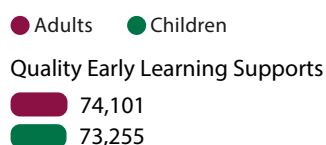
IMPROVED CHILD DEVELOPMENT

Child Development includes the categories Early Learning Program Direct Costs and Quality Early Learning Supports. Programs include professional development for educators, high-quality preschool, services for diverse populations, and school readiness.

In FY 2020–21, First 5 county commissions delivered 589,252 child development services to children ages birth to 5, with 515,997 child services in Early Learning Program Direct Costs and 73,255 child services in Quality Early Learning Supports.

First 5 county commissions provided 80,944 services to adults (parents, guardians, primary caregivers, relatives, and providers), with 6,843 adult services in Early Learning Program Direct Costs and 74,101 adult services in Quality Early Learning Supports. Exhibit 5 displays the numbers of services provided.

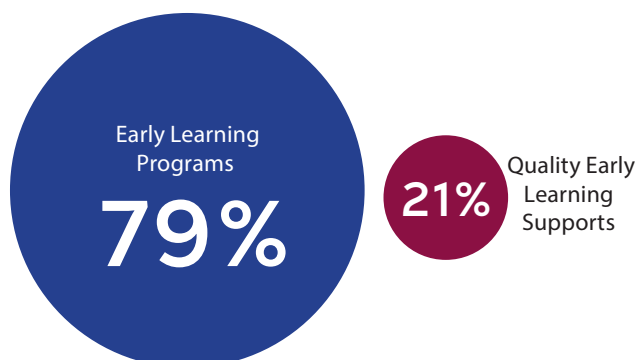
Exhibit 5: Child Development—Total Number of Services Provided to Children Ages 0 to 5 and Adults* in FY 2020–21 By Service



* Totals for Adults include both Primary Caregiver and Provider counts

In FY 2020–21, county commissions expended \$77 million to improve Child Development, with 21 percent of expenditures in Early Learning Program Direct Costs and 79 percent of expenditures in Quality Early Learning Supports.

Exhibit 6: Child Development—Distribution of Expenditures for Children Ages 0 to 5 and Adults* in FY 2020–21 by Service

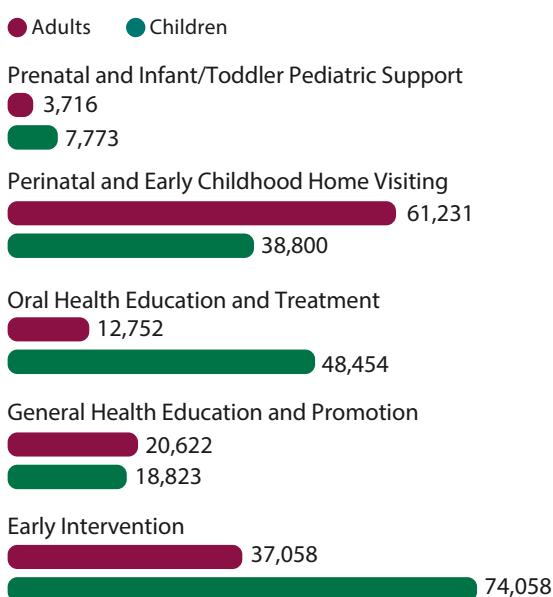


*Adults include both Primary Caregivers and Providers
Source: County Revenue and Expenditure Summary, December 2021

IMPROVED CHILD HEALTH

First 5 county commissions fund a variety of Child Health services promoting identification, treatment, and elimination of risks that threaten health and may cause developmental delays and disabilities. First 5 Child Health services are far-ranging and include the categories Early Intervention, General Health Education and Promotion, Oral Health Education and Treatment, Perinatal and Early Childhood Home Visiting, and Prenatal and Infant/Toddler Pediatric Support.

Exhibit 7: Child Health—Total Number of Services Provided to Children Ages 0 to 5 and Adults* in FY 2020–21 By Service



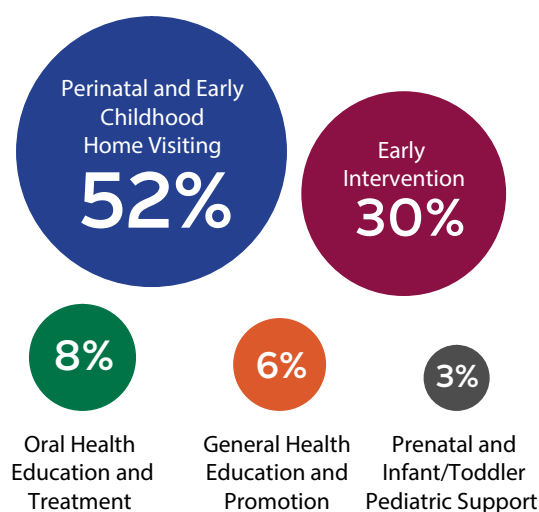
*Adults include both Primary Caregiver and Provider counts

In FY 2020–21, First 5 county commissions provided a total of 187,908 services to children ages birth to 5, with 74,058 child services in Early Intervention, 18,823 child services in General Health Education and Promotion, 48,454 child services in Oral Health Education and Treatment, 38,800 child services in Perinatal and Early Childhood Home Visiting, and 7,773 child services in Prenatal and Infant/Toddler Pediatric Support.

First 5 county commissions provided 135,379 services to adults (parents, guardians, primary caregivers, relatives, and providers), with 37,058 adult services in Early Intervention, 20,622 adult services in General Health Education and Promotion, 12,752 adult services in Oral Health Education and Treatment, 61,231 adult services in Perinatal and Early Childhood Home Visiting, and 3,716 adult services in Prenatal and Infant/Toddler Pediatric Support.

In FY 2020–21, county commissions expended \$112 million to improve Child Health, with 30 percent of expenditures in Early Intervention, 6 percent of expenditures in General Health Education and Promotion, 8 percent of expenditures in Oral Health Education and Treatment, 52 percent of expenditures in Perinatal and Early Childhood Home Visiting, and 3 percent of expenditures in Prenatal and Infant/Toddler Pediatric Support.

Exhibit 8: Child Health— Distribution of Expenditures for Children Ages 0 to 5 and Adults* in FY 2020–21 by Service

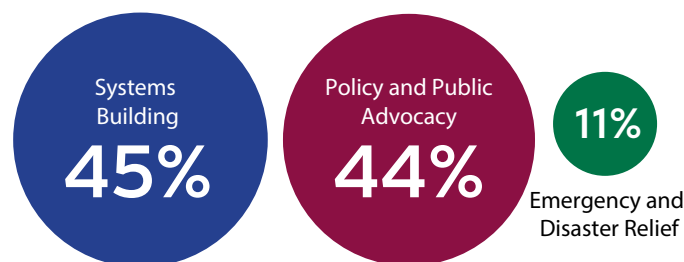


*Adults include both Primary Caregivers and Providers

IMPROVED SYSTEMS OF CARE

Systems of Care addresses system-wide structural supports as county commissions focus efforts within the result areas of Family Functioning, Child Development, and Child Health. For example, interagency collaboration allows coordinated wrap-around efforts from multiple organizations providing focused client services. Since this result is at a systems level, counties do not report numbers of children and adults served. Expenditure data indicate that for FY 2020–21, county commissions expended \$103 million to improve Systems of Care, with 11 percent focused on Emergency and Disaster Relief, 43 percent on Policy and Public Advocacy, and 45 percent of expenditures toward Systems Building.

Exhibit 9: Systems of Care—Distribution of Expenditures in FY 2020–21 by Service



Source: County Revenue and Expenditure Summary, December 2021

POPULATIONS SERVED

County commissions served a diversity of populations by age, race/ethnicity, and language (Appendix C). Statewide, 502,638 children were served by county commission programs. The total of 778,341 adults served included primary caregivers such as parents and other family members (703,802) and service providers (74,539).

By age, 37 percent of children served were under 3 years old, 39 percent were ages 3 through 5 years old, and 24 percent were of unknown age.

By race/ethnicity, children served included Hispanic or Latino as the largest group (41 percent), followed by White (14 percent), Asian (6 percent), Black or African American (4 percent), Other (3 percent), Two or More Races (3 percent), Alaska Native or American Indian (less than 1 percent), Native Hawaiian or Pacific Islander (less than 1 percent) and unknown race/ethnicity (28 percent).

With respect to primary language of children served, the two largest groups served were speakers of English (42 percent) and Spanish (25 percent), followed by speakers of Asian languages (Vietnamese, Cantonese, Mandarin, Korean, 3 percent) and language unknown (27 percent).



Priority Area: Child Health

KIT FOR NEW PARENTS

The award-winning *Kit for New Parents* targets hard-to-reach and low-income families, providing key information and resources for first-time parents, grandparents, and caregivers. The *Kit* is a foundational resource to support parents with the most important job anyone can have: parenting.

Since 2001, First 5 California has distributed the *Kit* free-of-charge to local hospitals, physicians, and community groups to reach new parents. *Kits* are available in English, Spanish, Chinese, Korean, and Vietnamese.

The *Kit* includes a health handbook; a baby board book; a Women, Infants, and Children mobile website flyer; a poison control brochure and magnet; and other important information on paid family leave, literacy, and early learning.

The *Kit* also features the *California Parent Guide*. Written in collaboration with UC Berkeley's Health Research for Action, the *Guide* contains tips for parents on:

- Keeping children healthy and safe (includes COVID-19 safety information)
- Tracking developmental milestones
- Handling emotional and behavioral challenges
- Finding quality childcare

Parents can also access the *Guide* online at:

<https://parentguide.first5california.com/en-US> (English)

<https://parentguide.first5california.com/es-MX> (Spanish)

First 5 county commissions are encouraged to add local references and resources to the *Kit* to help inform parents about services in their own communities.

To date, over 5 million *Kits* have been distributed throughout California since 2001, with 95,000 distributed in Fiscal Year 2020–21 alone.

Parents can order the *Kit* directly by visiting First 5 California's ordering portal at <https://first5parentingkits.com>.

SMOKING AND VAPING CESSATION

Cigarette smoking among adults in California has decreased from 16.5% in 2003 to a new low of 6.5% in 2020.¹ Though smoking prevalence has decreased in California overall, smoking remains high among low-income families and poses health risks to the most vulnerable children. Inequities continue between demographic groups as smoking prevalence becomes concentrated among certain ethnic minorities and low-income families. As a result, existing health disparities among these children can be exacerbated when exposed to nicotine, tobacco smoke, and e-cigarette (vape) liquid and aerosol.² For women, smoking while pregnant dramatically increases the risk of health problems such as preterm birth, low birth weight, birth defects, and damage to a developing baby's brain and lungs. Pregnant women who do not smoke but are exposed to secondhand smoke also face increased risk of stillbirth.³ Additionally, newborns exposed to secondhand smoke are at elevated risk for Sudden Infant Death Syndrome and young children who are exposed are more likely to have ear infections, breathing problems, and learning disabilities.

E-cigarette use is on the rise, especially in young adults, up from 10.1% in 2017 to 14.9% in 2018 among those 18–25 years old.⁴ The increasing use of e-cigarettes is problematic since vaping while pregnant and secondhand exposure after birth can expose a developing child to nicotine and other toxins. Thirdhand exposure to surfaces in rooms where someone smoked or vaped can also be a health hazard for children.

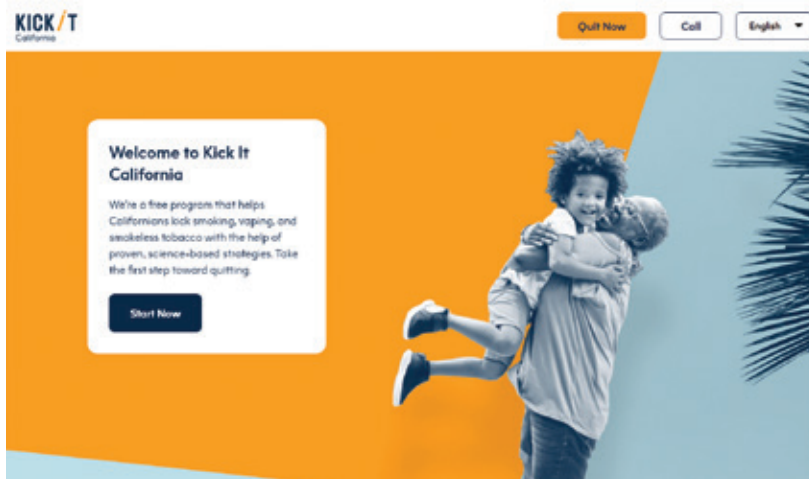


Helpline Services

First 5 California has funded the California Smokers' Helpline (Helpline) since 2001 to help parents and caregivers of young children quit smoking, educate the public about the harms of tobacco use, and reduce the likelihood that babies and young children will develop tobacco-related health problems. In 2018, Helpline services expanded to include vaping because of the rise in e-cigarette use. In FY 2020–21, the Quitline provided services to 2,411 tobacco users who were either pregnant, or parents or caregivers of children ages birth to 5; of those, 317 used e-cigarettes (vapes).

The Helpline provides one-on-one telephone counseling for smokers, vapers, and for non-tobacco using proxies (i.e., family members or friends calling on behalf of smokers or vape users). Helpline services are available in English (1-800-NO-BUTTS for smokers, 1-844-8-NO-VAPE for vape users), Spanish (1-800-45-NO-FUME for smokers and vape users) and through the Asian Smokers' Quitline (<https://www.asiansmokersquitline.org/>) in Chinese (Cantonese & Mandarin) (1-800-838-8917), Korean (1-800-556-5564), and Vietnamese (1-800-778-8440). Helpline services also include:

- Automated text, chat, and mobile apps to engage people in the process of quitting who might not be ready to take the step to work one-on-one with a counselor
- Counseling services that utilize scientifically validated protocols shown to double the odds of callers quitting tobacco and vaping
- Self-help materials, referrals to local resources, and free nicotine patches (for medically eligible tobacco users), sent directly to requesters' homes
- Counseling services for vaping cessation that address misunderstandings about health risks associated with vaping, difficulty assessing nicotine consumption, and challenges in identifying triggers
- Information on the www.nobutts.org website and downloadable fact sheets about the dangers of secondhand smoke, why "Kids and Vapes Don't Mix," how to stay smoke-free with a new baby, the health consequences of exposing young children to e-liquid and vape aerosol, and the relationship between smoking/vaping and COVID-19



Rebrand to Broaden Reach

Helpline services have evolved over the years to be responsive to the rise of vaping and to changes in the way people seek help. In FY 2020–21, the groundwork was set to launch a more inclusive name that extends to vape users and non-tobacco using proxies as well as the more expansive forms of intervention services. In fall 2021, the California Smokers' Helpline was rebranded as Kick It California. Along with new phone numbers (1-800-300-8086 for English and 1-800-600-8191 for Spanish), there is a new more interactive and user-friendly website (www.kickitca.org). The website was designed to appeal to smokers but also those who vape or chew tobacco, or those who just want to help others to quit. It provides a range of services from interactive self-guided quitting to chatting or talking with a quit coach for individualized care.

HOME VISITING

Home visiting is a primary prevention strategy for inter-generational support for pregnant women and families with children in the first few years of life. During the past decade, the home visiting landscape in California has become more complex as federal, state, and local funding is invested in home visiting services. Many First 5 county commissions support and fund home visiting. The California Department of Public Health implemented the California Home Visiting Program following passage of the Patient Protection and Affordable Care Act of 2010 that established the federal Maternal, Infant and Early Childhood Home Visiting Program with funds for evidence-based home visiting in every state. Additionally, the California Legislature passed Assembly Bill 1811 (Chapter 35, Statutes of 2018), appropriating funding for implementation of the California Home Visiting Program under the CalWORKs program effective January 1, 2019.

Research shows intervening as early as possible to mitigate the impacts of poverty has the greatest likelihood of improving child outcomes. Early childhood home visiting and out-of-home prenatal/pediatric supports have proven to help vulnerable children and families overcome barriers to health and well-being. Yet in California, not all families who are eligible and interested have access to voluntary home visiting or prenatal/pediatric support services. Only 10 to 20 percent of at-risk families who would likely benefit from home visiting receive these services.

Recognizing effective home visiting expansion requires an infrastructure to recruit and retain a well-qualified workforce and coordination across home visiting programs. In 2019, the First 5 California Commission authorized two investments to promote effective home visiting expansion and coordination:

1. **Home Visiting Workforce Study.** Effectiveness of home visiting relies upon a well-qualified, culturally responsive workforce. In July 2019, the Commission authorized \$2 million through January 2022 for a study to understand the demographics, training, retention, and well-being of the existing California home visiting workforce, map the workforce to the demographics of vulnerable families, and provide policy recommendations for workforce infrastructure and policy. In FY 2020–21, Child Trends conducted interviews with over 80 home visiting staff and received survey responses from more than 900 home visitors representing 171 programs in 48 counties, and launched a home visiting supply and demand map to inform policymakers and stakeholders about service levels and gaps. The study is guided by a Core Advisory Group, which includes representatives from First 5 county commissions and home visiting partners, California Departments of Social Services and Public Health, and state policy leaders.

Child Trends published their findings in March 2021, including analysis of how the COVID-19 pandemic impacted home visiting programs, staff, and service delivery:

- More than 40 percent of home visiting staff are new to the field or new to their positions within the last three years.
- Most home visitors hold at least a bachelors' degree and their most common fields of study include child development, early childhood education, psychology, social work, and nursing.
- Two-thirds (66 percent) of the workforce speaks Spanish and identifies as Hispanic or Latinx. Most (90

percent) reported sharing racial, ethnic, or cultural traits with at least some of the families they serve.

- The mental health and well-being of home visiting staff is a concern; one-quarter of home visitors and 15 percent of supervisors reported experiencing depressive symptoms above the clinical cutoff. Personal and work-related stressors related to the pandemic are likely contributing factors. Family needs changed during the pandemic. More families had basic needs such as diapers or food, parenting supports, and mental health services.
- Factors contributing to retention of the home visiting workforce include longevity in the field, training on virtual home visiting, lack of discrimination by families or in the workplace, satisfaction with on-the-job stress, and salary.

The home visiting workforce study will continue during 2021–22 with interviews and additional data collection. It will conclude in January 2022 with policy recommendations.

2. **Home Visiting Coordination Funding.** Most California counties are implementing at least one home visiting program through First 5 county commission investments, Maternal Infant and Early Childhood



Home Visiting, or CalWORKS (Home Visiting Program) funding. Although most counties offer home visiting to families, counties report being at different stages of service coordination. For most, home visiting programs operate as separate and distinct programs even while sharing similar goals, principles, and desired outcomes. In October 2019, the Commission authorized \$24 million through June 2025 to promote home visiting coordination at the local level. The funding is being implemented in two stages. Stage one includes approximately \$9.5 million through June 2022 to support county coordination and technical assistance to achieve coordination goals. Priorities for stage two and the remaining \$14.5 million will be determined based on what is learned from stage one. Stage two will be implemented between FYs 2022–23 and 2024–25. Specifically:

- In fall 2021, F5CA funded 50 counties interested in improving coordination across home visiting programs and integrating home visiting into other child- and family-serving systems. Ensuring a coordinated home visiting and family support system became more important than ever to meet family needs during the pandemic to help families recover as the pandemic ran its course.
- First 5 California contracted with James Bell Associates to host peer-learning opportunities, offer monthly group technical assistance sessions on topics of interest to the counties, provide individualized support, and connect implementers to key resources for supporting coordination efforts.
- For participating counties, the first coordination activity was the completion of an environmental scan to understand the local landscape of

families who could benefit from home visiting and identify existing and potential partners who could provide critical services to support children and their parents/caregivers. This information laid the groundwork for determining how to build or strengthen coordination to reach more families and improve existing services.

The home visiting workforce study and coordination activities are being implemented in collaboration with leaders from the California Department of Social Services, California Department of Public Health, First 5 Los Angeles, and the First 5 Association of California.

FUNDED RESEARCH: CALIFORNIA HEALTH INTERVIEW SURVEY

First 5 California continued its support of the California Health Interview Survey (CHIS) conducted by the UCLA Center for Health Policy Research (CHPR) with \$1.7 million of funding approved by the State Commission in July 2019. CHIS is the largest state health survey in the nation. First 5 California has been the primary funder of the CHIS child questionnaire since 2001. The child questionnaire asks parents about topics, including child care, preschool participation, positive parenting activities (e.g., parents' or caregivers' knowledge of the *Talk. Read. Sing.*® campaign), breastfeeding practices, health status and conditions, child oral health, developmental screening and referrals, languages spoken at home and English proficiency of parents, and receipt and use of First 5 California's *Kit for New Parents*. Funding also supports online public access to data via the AskCHIS query tool (ask.chis.ucla.edu), the AskCHIS Neighborhood Edition mapping tool (askchisne.ucla.edu), and research reports (healthpolicy.ucla.edu/chis).





In June 2021, CHPR UCLA Center for Health Policy Research released a policy brief funded by First 5 California, *Developmental Screening Among Children Ages 1–5 in California* (<https://healthpolicy.ucla.edu/publications/Documents/PDF/2021/Developmental-Screening-Among-Children-policybrief-jun2021.pdf>). During the last decade, California has seen progress in the number of screenings for young children, but there is still room for improvement in at-risk communities. Key findings included:

- The percent of all children screened for age-appropriate development increased to 72 percent in 2018 compared to less than 30 percent in 2007
- Parents reported being asked if they had any concerns about their children’s learning, development, or behavior by their child’s physician about 64 percent of the time in 2018 compared to 47 percent in 2007
- Despite improvement in overall rates of developmental screening, researchers found disparities by family characteristics such as health insurance type, usual source of care, parental education level, race and

ethnicity, and dual language learner children in the household, pointing to directions for improvement needed

In October 2020, CHPR released a methodology brief partly funded by First 5 California, *Innovative Methods to Increase Child Interviews in the California Health Interview Survey* (<https://healthpolicy.ucla.edu/chis/design/Documents/CHIS2019-Child-Redesign-MethodologyBrief-Oct2020.pdf>). The brief identified difficulties with survey data collection and methodologies to improve survey yield. In 2019, CHIS replaced its historic telephone mode with a mixed-mode web and telephone design using address-based sampling.

Additionally, CHIS implemented two new methods to specifically increase the number of child survey completes in 2019: 1) placing the child survey questions before the adult survey, and 2) oversampling households with children through predictive modeling. These changes helped CHIS achieve over 3,000 child completes in 2019—the highest number of child questionnaire completions since CHIS 2012. These innovative methods show promise for other surveys seeking to add or improve child survey data collection.



Priority Area: Child Development

IMPACT 2020

First 5 California completed the first year of IMPACT (Improve and Maximize Programs so All Children Thrive) 2020, a \$103 million investment to support local and regional Quality Improvement System infrastructure. This represented a continued commitment to the innovative First 5 IMPACT approach to quality improvement and professional development systems for early learning and care (ELC) providers. IMPACT 2020 is designed to address the needs of the whole child and builds upon the initial effort of First 5 IMPACT, which was launched in 2015 and sunset on June 30, 2020. The implementation of IMPACT 2020 takes place at a local consortium level, supported by the Regional Coordination and Training and Technical Assistance Hubs (T&TA Hubs). IMPACT 2020 is funded from July 1, 2020, through June 30, 2023. It was included in a joint request for application (RFA) developed in partnership with the California Department of Education (CDE), the Quality Counts California Local Consortia, and Partnership Grants. The cross-agency funding opportunity included both CDE Block Grants (California State Preschool Programs Block Grant and Quality Counts California [QCC] Block Grant), as well as IMPACT 2020, to align the QCC system of funding and strengthen partnerships to streamline implementation, achieve cost savings, and create efficiencies at the local and regional level.

IMPACT 2020 works in cooperation with all other ELC quality improvement efforts and investments in California to support the implementation of the QCC Quality Continuum Framework. IMPACT 2020 is specifically designed to fund quality improvement expansion and support providers serving high-impact communities and populations not already receiving support. QCC participation focuses on expansion of access to high-quality ELC in private centers; family child care (FCC) homes; with family, friend, and neighbor (FFN) caregivers; and in alternative settings such as home visiting programs and libraries.

The QCC RFA, along with implementation documents, and processes and procedures, can be found on the QCC website at <https://qualitycountscalifornia.net/resources/qcc-local-consortia-and-partnership-grants-rfa-documents/>.

Support During the COVID-19 Pandemic

Due to the ongoing COVID-19 pandemic, consortia and T&TA Hubs have continued to show flexibility and responsiveness to the needs of ELC settings and the children and families they serve. While the pandemic brought closures to sites and delayed classroom observations, ratings, and delivery of planned professional development services, QCC administrators were able to adjust to meet new priorities such as emerging health and safety needs, COVID-19 prevention practices and resources, family support, child social-emotional needs, and training and resources on trauma-informed practice.

Because of the flexibility of IMPACT 2020 and T&TA Hub supports, consortia and Hubs were able quickly pivot to provide COVID response, such as delivering critical supplies (personal protective equipment, hand sanitizer, masks, gloves, cleaning supplies) to those continuing to provide care for the children of essential workforce personnel. In addition, many IMPACT 2020 partners supported families whose ELC programs were closed, either temporarily or permanently, by providing distance learning and mental and physical health resources. To address workforce needs, local administrators promoted the use of technology to access virtual professional development and coaching, when feasible, and many worked





to share technology resources. Most consortia also adjusted eligibility requirements for teachers and programs to receive stipends and grants in order to support essential early learning and care providers despite the participation barriers due to COVID-19.

For FY 2020–21, amid a global pandemic, local consortia participating in IMPACT 2020 reported that of the 8,502 sites participating in QCC, over two-thirds (5,841) were supported in full or in part with IMPACT 2020 funding. With support from First 5 California's Emergency Supplies Program and its partnership with Supplybank.org, IMPACT 2020 lead agencies were provided access to personal protective equipment (PPE), including masks, gloves, hand sanitizer, cleaning supplies, diapers, and other materials needed for early learning environments. Consortia quickly responded and utilized existing staff, including coaches, administrators, and trainers to distribute these critical supplies to ELC sites and families. With immediate health and safety needs met, IMPACT 2020 lead agencies continued to provide quality improvement supports such as professional development training, coaching, and check-ins with providers and programs using various platforms to provide dedicated virtual quality support.

Regional Coordination and Training and Technical Assistance Hubs

T&TA Hubs continued to be the primary source of support for consortia. Funded through IMPACT 2020 dollars, Hubs streamlined the collection of data and management of expensive data systems, saving substantial administrative dollars. T&TA Hubs provided trainings, facilitated communication, shared best practices, and promoted consistency in supports available to coaches, trainers, and administrators. Regional T&TA Hub support was deemed particularly beneficial by small and rural consortia that would not have been able to access certain training or have the critical mass needed for Communities of Practice and other professional learning opportunities.

Local consortia identified the Hubs as very effective in supporting the use of data to guide continuous quality improvement decisions and in sharing best practices to efficiently manage their programs. Hubs analyzed regional quality improvement information to target supports specifically to local/regional needs. Data also informed administrators of gaps in the available trainings. Trauma-informed care principles and practices were identified as the most sought-after coach/trainer content area. QCC administrators, as well as coaches and trainers, took advantage of race, equity, diversity, and anti-bias learning opportunities. T&TA Hubs also identified infusing dual language learning strategies into each of their QCC models as their next priority area of focus. First 5 California will continue to fund T&TA Hubs throughout the IMPACT 2020 funding period.

Shared Services Alliance Networks

On August 19, 2020, the First 5 California Commission approved funding from IMPACT 2020 for the startup of Shared Services Alliance (SSA) Networks to build capacity in ELC settings by providing business and operational infrastructure support. On June 17, 2021, First 5 California announced the release of the *SSA Pilot for ELC Request for Applications (RFA)* funding opportunity.

This investment was made available to Local Public Entities to support private, licensed ELC providers and tribal child care settings, with priority given to FCC homes and other small and underserved providers. These SSA Networks will leverage regional partnerships to streamline local operations, such as billing, enrollment, fund management, and reporting, which will allow for increased service capacity within the Network.



SSAs are an emerging model in California and are utilized in other states to strengthen small ELC businesses by supporting them to become financially sound and more efficient. Small programs that participate in SSAs receive access to business support and automation tools that enable data sharing and back-office services, led by an entity that serves as the SSA Network. The SSA Network can deliver these services with less time and money, driving more resources directly into classrooms to support qualified, effective teachers.

Seven applicants were selected through a competitive application process to receive the SSA Network funds, including Merced County Office of Education, First 5 San Luis Obispo, Yolo County Office of Education, First 5 Sonoma, First 5 Solano, First 5 Commission of San Diego, and Ventura County Office of Education.

State-Level Support

Through IMPACT 2020, a \$6 million state support contract was awarded to WestEd Center for Child and Family Studies to deliver technical assistance and foster partnerships between QCC state agency partners, regions, and local consortia. WestEd and First 5 California are working together to develop working relationships with institutions of higher education (IHE), which includes developing common definitions and shared quality standards across many professional development (PD) types. WestEd is developing a platform for online PD, as well as creating resources for non-subsidized ELC providers, including FFN, FCC, and private centers. Alignment of quality standards is

also being improved through the upcoming roll-out of the Coach Certification program development. WestEd's work also includes evaluating successes of IMPACT 2020 work, identifying effective strategies, and analyzing key factors that result in program success. These evaluation findings will be used to highlight the benefits of a quality infrastructure for children and families to policy makers and to make informed decisions about future program development.

Additional state-level support came from the creation of the QCC Reporting Portal. Co-developed by First 5 California and CDE, and built by First 5 California, the portal increases collaboration across QCC funding sources and decreases administrative burdens at local and state levels by providing a single digital access point for submitting invoices, maintaining accurate budgets, tracking spending, and submitting data and other reporting to the state. The online QCC Reporting Portal provides a one-stop shop for counties to submit the various reports required for QCC and has been a long-standing request from local partners to more closely align and collaborate at the state level to streamline grant administration.

QUALITY COUNTS CALIFORNIA

Quality Counts California (QCC) is a statewide system of locally implemented Quality Rating and Improvement Systems (QRIS) that provide resources and support to early learning and care (ELC) providers so they can create engaging and effective experiences that help children grow and thrive. California's statewide quality improvement system, QCC, was funded by IMPACT 2020, and state and federal funding administered by the California Department of Education (CDE).

All ELC participant sites in QCC are reported in the statewide common data file, which is inclusive of all the state's QRIS funding streams. This data provides the state an efficient and coordinated method for receiving information about each county participating in QRIS. As of June 30, 2021, there were 8,502 participant QCC sites across the state, including 3,162 family child care homes, 4,137 centers, 665 Family, Friend and Neighbor providers, and 538 additional alternative settings. In total, 347,194 children ages 0 to 5 benefitted from the quality improvement support provided by QCC.

Growth in QCC participation increased by 10 percent statewide from last fiscal year. Through the QCC Annual Performance Report, Consortia reported that 94% of QCC participant sites remained open during the COVID-19 pandemic. Ninety-two percent (92%) of QCC consortia

indicated participation and support in QCC was as a major factor in sites remaining open. This is especially encouraging considering as of January 2021, the California Department of Social Services (CDSS) reported 8,330 licensed sites, or 11% of licensed programs statewide, were closed due to COVID-19.

The QCC consortia and partners did a tremendous job meeting the needs of ELC programs and providers in the past year. The support included ongoing communication, so participant sites were informed and cared for, and felt less isolated, knowing how incredibly chaotic and difficult things became as the pandemic unfolded and continued to impact the field. Collaboration among existing and new partner agencies (including CDSS Community Care Licensing, Department of Public Health [CDPH], and local Child Care Resource and Referral Agencies) to support the workforce and provide care and referrals resulted in increased information, allowing the field to keep up with the surge of details from public health officials and other state agencies. ELC providers received financial support in the form of stipends, relief grants, and other business funding, and professional development supports such as access to coaches, therapists, and early childhood mental health consultants to address trauma in staff, children, and families.

The onset of COVID-19 presented QCC local and regional partners with many challenges. QCC state leadership approved adjustments to local rating cycles for QRIS, alleviating stressors on participating sites when support and rating processes were significantly limited. As the pandemic was realized, and local and state guidance began to roll out to providers, consortia provided critical support to programs and the field. This included communication and guidance (frequently coordinated with local Child Care Resource and

Referral Agencies) on mandates and information from state and federal agencies and programs, as well as supplies and resources. These linkages included the CDSS—Community Care Licensing, the California Department of Education—Early Learning and Care Division, CDPH, as well as other forms of safety-net support to businesses through the U.S. Small Business Administration Payroll Protection Program and the California Employment Development Department Unemployment Benefits.

Throughout Fiscal Year 2020–21, the F5CA-funded QCC website added content for audience-specific webpages, updated county profiles, new Regional Hub profile pages, and expanded messaging around the importance of quality early learning and care. Additional information regarding local QRIS efforts to support early learning providers, and connections to local resource and referral agencies for parents and families looking for quality child care is continually added to the QCC website. In addition to website expansion, all five virtual modules of the Family Engagement Toolkit were released in both English and Spanish and are now accessible for professional development hours on the QCC website. For more information on QCC, visit the website at <https://qualitycountsca.net/>.

SMALL POPULATION COUNTY FUNDING AUGMENTATION

The Small Population County Funding Augmentation (SPCFA) enables First 5 county commissions in small population counties throughout California to meet provisions of the Act and provide programs for children prenatal through age five that promote, support, and improve early childhood development. Without their local First 5 commission, children in most of these counties would not have access to necessary services. Because the statutory funding formula in the California Children and Families Act (Proposition 10) is based on each county's proportion of statewide annual births, many First 5 county commissions receive relatively small amounts of funding for operating a commission and local programs. To close this gap, First 5 California has augmented statutory funding for counties with small populations and a low number of births.

The FY 2017–21 SPCFA funding term supported capacity-building around selection and implementation of evidence-based and evidence-informed programs, evaluation of effectiveness, and fiscal sustainability planning. In FY 2020–21, the 20 participating small population counties with 1,000 or fewer annual births received a total of approximately



\$3.9 million in SPCFA funding. SPCFA counties reported carrying out local systems building activities, as well as supporting programs in the areas of child health, family support and strengthening, and early learning and development.

On January 28, 2021, the First 5 California Commission approved up to \$20 million beginning April 1, 2021, through June 30, 2025, to focus on systems change and system efficiencies. In this new funding cycle, 21 small population counties with less than 1,000 births annually are being offered technical assistance from Child Trends to carry out the goals of the SPCFA grant. Counties completed a “Telling the Story of Systems Change” tool for at least one systems change activity by June 30, 2021. For example, five counties focused their systems change work on improvement of service coordination, while three counties focused on increasing access to programs/services. With support from Child Trends, SPCFA counties are exploring options for pooling services with the goal of piloting potential pooled services during the funding term.

DUAL LANGUAGE LEARNER PILOT

Nearly 60 percent of California’s children ages birth through five years old are Dual Language Learners (DLLs) learning English and another language at home. Research shows supporting DLL children to develop their home language and English early in life enhances cognitive skills, academic outcomes, and long-term economic gains. In 2016, First 5 California’s DLL Pilot study was authorized by the First 5 California Commission with a \$20 million investment through Fiscal Year 2020–21. In January 2021, the Commission granted a no-cost extension through December 2022 to complete the DLL Pilot activities which have been delayed due to the COVID-19 pandemic. The goals of the study are to examine culturally and linguistically responsive and effective intentional teaching, family engagement, and professional development (PD) strategies for DLLs.

The DLL Pilot study has been implemented in three phases: landscape (winter–spring 2019), in-depth (summer



2019–fall 2020), and expansion phase (fall 2020–summer 2022), with participation from 16 counties: Butte, Calaveras, Contra Costa, Fresno, Los Angeles, Monterey, Orange, Riverside, Sacramento, San Diego, San Francisco, Santa Barbara, Santa Clara, Sonoma, Stanislaus, and Yolo. The American Institutes for Research (AIR) is leading the evaluation of the study in each phase.

Study Findings

In FY 2020–21, AIR published six reports highlighting key issues for serving DLLs in early learning and care settings in California. Reports are available on AIR’s DLL study website at <https://californiadllstudy.org/reports>. Highlights include the following:

- Spanish is the most common language spoken by DLLs in California early learning programs, followed by Mandarin (24%) and Pilipino/Tagalog (19%).
- Many programs incorporate children’s home languages; however, the majority of programs (58% centers; 60% family child care homes [FCCH]) do not use a specific DLL curriculum or model
- There is a lack of trained staff who speak a child’s home language or are prepared to work with DLL children and their families, and DLL-specific PD is rarely required for early educators.

- More than three in four sites (78% centers; 75% FCCHs) report not having enough funding for PD. Programs that require DLL-specific PD tend to be publicly funded and serve a larger proportion of DLLs.
- Some linguistically and culturally appropriate materials exist in programs, but increased access to more materials is needed. There are very few valid and reliable assessments available for use in languages other than Spanish. To obtain a comprehensive picture of the skills of DLLs, children should be assessed in both English and their home language.
- DLL identification practices vary by program type and funding stream. Few programs administer a home language survey or direct child language assessment to identify DLLs. Programs are more likely to rely on informal strategies such as observing the child (73%) or asking a family member informally (82%).
- Many centers (84%) and FCCHs (57%) use assessments for DLL children, but few assess DLLs in their home language. Assessments in Spanish are much more common than assessments in other languages.
- Assessing math skills in the home language is particularly important for DLLs who are dominant in their home language. Spanish-dominant DLLs were most likely to score higher on math as assessed in Spanish, compared to balanced bilingual and English dominant DLLs.

Expanding Effective Practices

The expansion phase of the study, launched in summer 2020 and funded through June 2022, will provide information for policymakers to understand how to sustain and scale effective instructional support, family engagement, and PD strategies, and how to expand these to other contexts during the COVID-19 pandemic. This phase also supports the DLL Pilot counties to integrate DLL practices into other early childhood education initiatives such as Quality Counts California.

As of June 2021, DLL Pilot counties reached 44 of 58 counties by sharing DLL PD opportunities with 28 non-DLL Pilot counties. Additionally, the expansion activities included education campaigns to emphasize the importance of home language competency, and distribution of age-appropriate books in multiple languages.

In April 2021, DLL Pilot counties began participating in monthly Communities of Practice (CoP) meetings, a key

part of the expansion phase. CoPs help counties learn from experts and each other about DLL best practices related to implementing, expanding, and sustaining their DLL expansion projects, make recommendations about policy to better support DLLs, and highlight resources that should be developed and/or translated to support high-quality practices.

The CoPs are focused on two strands:

- Educator engagement, preparation, and PD
- Improving systems of support for DLLs

The CoPs are implemented in partnership with Advancement Project of California, Early Edge California, California Department of Education—Opportunities for All Branch, and AIR. Funding for the CoP is provided by the Emerging Bilingual Collaborative and the monthly CoP sessions are facilitated by the Glen Price Group.

The three phases of the study build on one another to further the ultimate goal for California's youngest DLLs: to thrive, develop bilingual ability, be ready for kindergarten, and succeed in school and beyond. AIR will summarize findings from the three phases of the study in summer 2022, including policy recommendations aligned to the California Master Plan for Early Learning and Care.





CALIFORNIA FAMILY BOOK DISTRIBUTION PARTNERSHIP

A wide body of research has demonstrated that early experiences with books and positive parenting practices, such as being read to in the first three years of life, are critical to robust brain development.⁵ Recognizing the importance of getting books into households with young children, in May 2020, First 5 California provided \$1.48 million in one-time funding for the California Family Book Distribution Partnership. Through this partnership, counties were provided the option to receive a direct shipment of books or expand existing Dolly Parton Imagination Library programs.

The California Family Book Distribution Partnership aligns with the Governor's Parent Agenda by providing needed resources to families and supports the California Surgeon General's goal to reduce adverse childhood experiences.⁶ It was also a timely investment, as early literacy programs encourage parent/child bonding, promoting resiliency and therefore providing positive childhood experiences buffering against adverse childhood experiences. Amid a pandemic when many schools and child care programs closed and stress among parents and children is heightened, it is more crucial than ever that children engage in comforting activities and routines.⁷ Activities, such as shared book reading, where parents and caregivers spend one-on-one, quality time with children, can help protect children from the harmful effects of stress and trauma.

Thirty-six counties requested direct book delivery and received over 277,000 books packaged in sets of three. In response to county feedback, bilingual titles, and a special wordless printing of *Three Brainy Birds Spreading the Word* book from the *Talk. Read. Sing.*⁸ campaign were included as part of the book bundles. Additional book acquisition within this project focused on content that reflects and affirms the diversity of California's families and communities. First 5 California and the California Department of Education jointly created a bilingual tip sheet for families that was packaged with the books for distribution to highlight the importance of early literacy and build on First 5 California's *Talk. Read. Sing.*⁸ campaign.

In addition to direct book distribution, twelve counties expanded Dolly Parton Imagination Library programs by enrolling 18,957 new children to receive monthly books and sustain enrollment for two years. Books acquired through the Dolly Parton Imagination Library are vetted and selected by early childhood educators with a focus on core human values: respect, acceptance, consideration, appreciation, listening, openness, affection, empathy, and love towards other human beings. The expansion of Dolly Parton Imagination Library combined with direct shipment of books will provide over 730,000 books to approximately 111,364 families over two calendar years (2021–2022).

EDUCARE

In 2010, the First 5 California Commission voted to become an inaugural funder in bringing the public-private Educare Quality Early Learning Model to California. The Commission dedicated \$6 million to support the launch, operation, and evaluation of California's first Educare centers in Santa Clara and Los Angeles counties. First 5 California's investment funds high-quality classroom elements, which have proven to increase the quality of early learning programs through improved teacher-child interactions.

Through funding from First 5 California and other national, state, and local public and private partners, Educare California at Silicon Valley serves 168 Santa Clara County children and families. The center is co-located with Santee Elementary School, and operates in partnership with First 5 Santa Clara, the Santa Clara County Office of Education's Early/Head Start and State Preschool programs, and the East Side Union High School Child Development Program.⁸ First 5 California's fiscal support to Educare California at Silicon Valley ended in June 2018.

Educare of Los Angeles at Long Beach (ELALB), another public-private partnership led by Long Beach Unified School

District and the Los Angeles Chamber of Commerce, operates its stand-alone facility located on the Barton Elementary School campus in the Long Beach Unified School District and serves 182 students and parents.⁹

ELALB modified and transitioned programs and curriculum due to the onset of the world-wide COVID-19 pandemic in March 2020 and allowed for the resumption of in-person instruction to half the students by July 2020, while providing comprehensive, online, virtual services to the rest.

ELALB worked through the COVID-19 challenges and succeeded in serving the communities most vulnerable kids and families while raising faculty standards via professional development and partnerships. Partnerships included: Head Start and Early Head Start, Attendance Works “All In” Campaign, Brazelton Touchpoints, and Sobrato Early Academic Model (SEAL).

A notable achievement included ELALB and SEAL executing a Memorandum of Understanding (MOU) for the 2020–21 school year, a successful replication of the SEAL Model that values English Learners’ home language as an asset. The MOU led to the full implementation of a *Spanish Dual Language Model for Heritage Learners* for all 16 Educare classrooms in the 2020–21 school year.

In June 2021, the contract with Educare of Los Angeles at Long Beach concluded.

FUNDED RESEARCH: CALIFORNIA EMERGENCY CHILD CARE BRIDGE EVALUATION

During 2021, the Child Care Resource Center released the evaluation report, *Strengthening California’s Emergency Child Care Bridge*. First 5 California co-funded the evaluation with the Heising-Simons Foundation and First 5 San Bernardino. The purpose of the evaluation is to identify outcomes and guide continuous improvement for this recently implemented statewide emergency child care program for children in foster care.

The Emergency Child Care Bridge Program for Foster Children (Bridge Program) was enacted by the State Legislature in 2017 to provide kinship caregivers, or other caregivers, emergency child care. Overseen by the California Department of Social Services, the Bridge Program works to connect child welfare agencies and early learning and care systems in each county across the state. Foster parent caregivers can receive emergency child care vouchers with child care navigator support to help them find care appropriate for their family, while child care providers receive

trauma-informed care training and coaching. The first-year report identified statewide successes and challenges faced by families and staff during implementation of the Bridge Program. The following recommendations were made:

- Extend the length of the Bridge voucher for each child, including through the reunification or adoption process
- Develop statewide guidelines for Bridge Program implementation
- Develop a statewide data system to track Bridge-specific data that could integrate with existing and future data systems in child welfare
- Dedicate efforts to outreach and recruit Bridge child care providers to participate in trauma-informed care training and coaching
- For Trauma-Informed Care (TIC) trainings, offer different skill levels relevant to providers’ existing knowledge base (e.g., beginner, intermediate, advanced levels)
- For TIC training materials, include a breakdown of materials by child age because trauma-informed care may be different for infants, preschoolers, and school-age children
- Provide trainings in Spanish

During Year 2 of the study, CCRC has conducted additional surveys and interviews with Bridge Program administrators, staff, caregivers, and providers in the 12 participating counties. Findings will be summarized in a forthcoming report. The goals are to identify county successes and challenges with the program, including changes made to the program, and how the COVID-19 pandemic has affected the program.





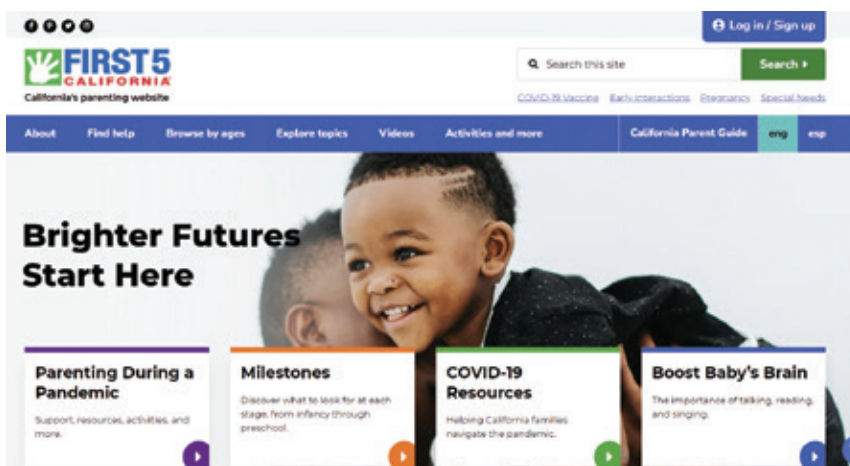
Priority Area: Family Functioning

PARENT WEBSITE

First5California.com is First 5 California's main resource for parent engagement on child health, education, literacy, child development, and smoking cessation. In recent years, it has expanded to incorporate more information about early brain development, including activities, downloadable resources, and links to organizations that support families. In 2020, the updated First 5 California Parent Site went live in both English and Spanish. Content for the site was informed by educators and researchers in the field of child development. It was redesigned to provide new levels of functionality, enabling parents to create an account and personalize their visit by inputting their child's age, allowing them to access resources, tips, and activities specific to their interests. Parents and caregivers visiting First5California.com can browse by their child's age group—Newborn, Baby, Toddler, or Preschool—to check developmental benchmarks and instantly access a wide variety of parenting tips, articles, instructional videos, and developmentally appropriate activities geared specifically for that age group. Due to the COVID-19 pandemic, the First 5 California Parent Site served as a resource tool for families seeking up-to-date information about COVID-19, services and resources for families needing assistance with childcare, unemployment and Paid Family Leave information, vaccine FAQs, and worker resources.

SOCIAL MEDIA

The parent website also links to multiple social media channels, including Facebook, Instagram, Pinterest, and YouTube. Across most platforms, followers receive regular posts that highlight simple, actionable tips and ideas related to early brain development. First 5 California's Facebook audience includes 215,433 followers. Instagram has 13,300 followers and Pinterest has 1,900 followers. Beginning spring of 2020, engagement increased as families were primarily spending time at home and logging onto social



media to find activities to engage their children and to look for information about staying healthy and the latest on COVID-19. Throughout 2020 and 2021, First 5 California broadcast numerous Facebook bilingual book readings for families teaching or quarantined at home.

TALK. READ. SING.® SUCCESS

First 5 California's *Talk. Read. Sing.*® campaign, prompting parents statewide to take active roles in increasing their children's early brain development, has been one of the most successful public health awareness efforts in First 5 California history. A 2019 study and health policy brief from the UCLA Center for Health Policy Research shows 87% of parents of children ages 0 to 5 recognize the messages of this campaign and understand that engaging with their children in these simple, cost-efficient ways will increase their brain capacity and better prepare them for school and life. Parents who have seen the *Talk. Read. Sing.*® messages are nearly three times more likely to read to their children three or more times per week, and twice as likely to sing to their children three or more times per week. From 2020 to 2021, specialized television and radio spots were produced and aired, reminding parents of the heightened importance of staying engaged with their children through talking, reading, and singing during the COVID-19 pandemic. Moving into 2022, First 5 California is building on the *Talk. Read. Sing.*® message

with the concept of promoting Safe, Stable, Nurturing Relationships and Environments to buffer against the effects of toxic stress, which is exacerbated by early adversity, even in utero. The presence of ACEs (Adverse Childhood Experiences) can lead to negative health and social outcomes throughout a lifetime. The messaging will aim to educate and support family resiliency and encourage healthy outcomes for all Californian families.

FIRST 5 EXPRESS

Since 2006, First 5 California's mobile outreach tour, First 5 Express, has traveled to every corner of the state, reaching out to families and caregivers of children ages 0 to 5 in all 58 counties. This interactive exhibit features "Edutainers" who educate parents and caregivers and entertain children. The Express teaches families about a wide variety of topics, including nutrition, physical activity, oral health, literacy, and

most recently, early brain development. Due to COVID-19, the tour of the Express was cut short in mid-March 2020. Even though edutainers could not physically visit with families throughout the state, First 5 California connected with families online. Beginning in May 2020, First 5 California began live-streaming on Facebook, engaging bilingual reading times featuring Edutainers from the First 5 Virtual Express as well as celebrities such as Mario Lopez, Univision's Argelia Atilano, Disney Jr.'s Sonal Shah, and California's First Partner, Jennifer Siebel Newsom. Additionally, the First 5 Virtual Express team produced multiple videos featuring singing, puppet making, exercising, and cooking using the First 5 California cookbook for families to enjoy during their time at home together. In 2022, First 5 California looks forward to finding new and engaging events and activities for communities throughout the state as COVID-19 restrictions are modified or lifted.





First 5 County Commission Highlights

Alameda

First 5 Alameda County leveraged existing investments, partnerships, and infrastructure in service to an equitable recovery from the pandemic, and long-term policy changes that address structural inequities and support the conditions for families and children to thrive.

- Distributed nearly 2 million health, safety, and educational supplies.
- Partnered with Alameda Alliance for Health, Medi-Cal Managed Care plan, to outreach to over 1,298 families to ensure access and utilization of pediatric care and immunizations.
- Administered \$4 million in CARES Act funding for grants and air purifiers to family child care providers.
- Leveraging pre-pandemic investments and partnerships, Neighborhoods Ready for School grantees became support hubs to connect families with resources.
- Provided developmental screening, care coordination, and linkages to services for 5,788 parents/caregivers and 5,978 children; 729 providers received training/support.
- Partnered with Help a Mother Out and Supplybank.org to distribute over 4 million diapers. Funded an evaluation for use in policy advocacy.
- Hosted monthly "Dad-scussions," a virtual series for fathers.
- Distributed over 11,000 earliest learner and kindergarten readiness backpacks via 27 neighborhood partners.
- Trained 1,684 community-based and 2,659 early childhood education professionals on topics such as housing and economic rights, early education, and mental health.
- Provided emergency relief, training, and coaching/consultation to 3,508 child care providers, impacting 1,240 parents/caregivers and 8,621 children.
- Continued support of an early childhood education apprenticeship pilot blending CalWORKs, Prop10, and philanthropic funding. Eighteen people graduated and seventeen people were placed in jobs.

- Advocated for using COVID relief funding for young children and families, and proven strategies in the state budget.
- Partnered with the community to use data and research for local policy advocacy.
- Hosted a policy speaker series with Dr. Raj Chetty, the University of Oregon RAPID-EC, and UC Berkeley Center for Child Care Employment.

Alpine

First 5 Alpine focuses most of its investments on child development programs and parent education.

- The Alpine Early Learning Center (AELC) is the only licensed childcare center serving Alpine families. It provides early care and education to children as young as eight weeks old and continues to serve them until they enter kindergarten.
- Busy Bears Playschool is a non-licensed early care and education program serving children as young as three months old all the way through kindergarten.
- The Catalyst Community Parent Education Project provides learner-centered workshops to parents, caregivers, and providers.

A key accomplishment this year involved coordination of a Kindergarten Round-up Event to better prepare children, families, and the school system for the start of the 2021–22 school year. Eleven of the 15 students anticipated to enter kindergarten were served by this event. This is an increase over the previous year's early registration of just six students. The results of this event included:

- Improved service coordination and connection to care: The Kindergarten-Round-up event served as a one-stop shop for registering children for kindergarten. It also provided needed health and vision screenings. Having First 5 conduct outreach increased the number of early kindergarten registrants and hosting it at the Early Learning Center offered a convenient

and trusted location for families to participate.

- Facilitating use of data across early childhood systems: School readiness data will be used by the school district to customize the start of school for incoming students. It will also be used by First 5 to better understand what services may be most useful in preparing kids for kindergarten in the future. Additionally, the information collected through the family survey was also used to identify the need for dental services. First 5 and the school district will be working together to bring a dental van to Alpine County in 2021–22.

Amador

First 5 Amador County continued to invest in areas that support parents as their children's first teacher. The Commission made significant changes in service delivery to best meet the needs of families during the continuation of the COVID-19 pandemic. Staff and funded community partners worked diligently to create a plan and look for opportunities to support children, families, and child care providers through virtual formats as well as curbside and home deliveries.



- Family Resource Centers, the Baby Welcome Wagon Universal Home Visiting, Dad and Me, Kindergarten Readiness programs, Playgroups, and Amador Quality for Kids mobilized to meet the needs of the community through what has been a challenging two years.
- First 5 Amador and a few local donors continued to fund the Imagination Library which mails an age-appropriate book monthly to children enrolled in the program. Approximately 60 percent of age-eligible children in Amador participate in this family engagement, early literacy program, and more than 70 percent have access to the books in their homes.
- First 5 Amador continued to assist with the coordination and promotion of the 33 Little Free Libraries throughout the county. These Little Free Libraries are stocked and maintained by the community with books for children and adults. Fortunately, First 5 Amador's e-newsletter, social media, and strong relationships with local media outlets made it possible to remain connected with families and caregivers.
- Amador's Quality for Kids initiative continued to engage a high percentage of Family Child Care homes as well as Center-based programs.
- First 5 Amador continued to work with community partners to establish and improve systems that impact families.
- First 5 Amador continues to oversee the Amador/Calaveras Perinatal Wellness Coalition. This successful group includes nurses, paraprofessionals, a retired physician, and Women, Infants, and Children, and continues to successfully monitor the system to ensure families receive quality and timely services.

Butte

First 5 Butte County engaged in strategic planning and adopted a 2021–2026 plan which envisions that “every child will have the opportunity for a resilient, thriving future through a nurturing, supportive network of families, caregivers, and their community.” In service of this vision, the Commission provides the following highlights:



- First 5 Butte partnered with community agencies by providing emergency funds to support 238 children and 511 caregivers who were impacted by the Covid-19 pandemic, as well as the catastrophic Bear Fire which killed 15 people and devastated the community of Berry Creek.
- First 5 Butte developed and adopted a new data system and website in order to streamline and enhance access for community members so that they may more readily engage with and seek funding from the Commission.
- First 5 Butte implemented the Dual Language Learner Expansion and provided funding to four community partners as part of a coordinated effort that centers language and cultural preservation in Hmong and Spanish speaking communities, as well as the distribution of technology and literacy supports to dual language learner families experiencing deep poverty and the crippling effects of the COVID-19 pandemic.
- First 5 Butte supported the COVID-19 vaccination effort by serving as the lead agency for identification, outreach and communication to child care and early care providers when it was their turn to receive the vaccine.
- First 5 Butte renewed its investment in home visiting and family support services by committing to five more years of funding for both the Butte Baby Steps and Tus Tu Menyuan

programs. Collectively, the programs provided intensive services and supports to 141 children and 253 caregivers in fiscal year 2020–21.

- First 5 Butte refined its commodity distribution skills and coordinated the dissemination of tens of thousands of personal protective equipment supplies and diaper kits to partner agencies who distributed directly to families and early learning and care providers.

Calaveras

In FY 2020–21, First 5 Calaveras funds were invested in prevention activities, early literacy promotion, and parent education. In this difficult pandemic year, the program grantees found innovative and effective ways to reach families. This dedication and creativity served as a positive force for Calaveras County families struggling with pandemic-related stressors.

- The Raising a Reader home visitor adapted to the COVID-19 restriction by revamping the whole concept of home visiting to virtual and socially distancing platforms. Book bags were delivered by porch drop-off by a masked coordinator.
- Home visits were done via the Zoom platform or through phone calls. Participating parents expressed that they were overwhelmed with pandemic-related family issues. The visits focused on practical approaches to positive child interactions. “The

virtual home visits influence families to find calm ways to handle big emotions and influence adult and child alike.” (Raising A ReaderHome Visitor).

- Children made early literacy gains. Parents made gains in knowledge and skills, and found a safe place to share their fears and frustrations during the pandemic year.
- First 5 Grantees continued to provide services to children at preschool centers and family child care sites, via remote strategies.
- Children were able to continue lessons in nutrition, science, and personal safety from a variety of programs, and received early literacy kits from libraries.
- Teachers were engaged with the curriculum materials provided, and children were engaged with age-appropriate videos and materials. “When we did our SAFE Self lessons, the children really enjoyed watching the videos. We extended the lessons throughout the week, recapping what the topic was. There was one family that really appreciated the topic of gun safety,” (Preschool Teacher).
- In addition, we appreciate the 1,800 books provided by First 5 California, which were distributed to a variety of early childhood education sites, special education, and social welfare programs.

Colusa

In FY 2020–21, First 5 Colusa County continued to respond to the ever-changing needs of the community as a result of the COVID-19 Pandemic. In-person programming was essentially halted as virtual platforms emerged as a safe format to deliver services to children and families. Input from families and grantees was considered to ensure that virtual formats offered the same level of service without compromising the integrity or outcome of the program. First 5 Colusa also considered the ease of accessibility for families that were already experiencing additional burdens and stress as a result of the Pandemic.

- First 5 Colusa Family Resource Centers increased food accessibility and access for low-income households through a county-wide collaboration utilizing CARES Act funding. Participation in food access programs increased by

46% from FY 2019–20, serving 2,400 families.

- First 5 Colusa successfully launched their localized Help Me Grow program in December 2020. Help Me Grow provided access to developmental screenings to 102 children; 87 of which were provided additional case management services.
- The Raising A Reader program served 97 families countywide. The program, offered in collaboration with three library branches, provided services through a virtual format with weekly drive-thru book bag dissemination. Colusa County Office of Education’s literacy initiative provided three books per week for each child enrolled, building home library collections for their families.
- Weekly online Growing Start Parent/Child Playgroups were offered to 67 families, serving 85 children. Activity kits that correlated with the online engagement platform were disseminated to families via a drive-thru process at three different Family Resource Centers in the county.

As the climate and conditions of the pandemic continued to evolve and change daily, the Commission committed to ensuring the delivery of quality programs and services that reflected the needs of children and families in the county.

Contra Costa

Last year, First 5 Contra Costa County applied a whole child, whole family approach to making services more coordinated, equitable, and responsive to families’ needs. The following are COVID-19 Survey Highlights (<http://www.first5coco.org/2021-covid-19-impact-survey/>; N=533):

- 40 percent of parents lost employment after the shelter-in-place order.
- Cash assistance, debt forgiveness, and free or affordable child care arose as top needs for parents. First 5 Contra Costa connected families with COVID-19 supplies, distributing 2,827 books and 27,632 personal protective equipment single packs/items from First 5 California and Help A Mother Out to programs across the county.
- First 5 California, the Low-Income Investment Fund, and other philanthropic funders also collaborated to aid 100 family child care providers with \$600,000 of COVID-19 relief grants.

- For the Antioch CHANGE Housing assessment, East County Regional Group members and Community Engagement staff collected 1,030 surveys from Antioch residents and are holding community forums to share learnings and establish housing policy priorities.
- Funded by the Adverse Childhood Experiences (ACEs) Aware Initiative, First 5 Contra Costa held two convenings of over 100 providers to make collective progress toward implementing a trauma-informed Network of Care. They also launched an online hub for connecting, learning, and collaborating on trauma informed practice. Currently, First 5 Contra Costa is funded by ACEs Aware to pilot a Contra Costa Network of Care, including key partners, First 5 Contra Costa, La Clinica, and the Contra Costa Crisis Center. The Network features an integrated approach to ACEs screening and referring families to buffering support services in order to mitigate the impact of ACEs on families and prevent future ACEs.
- The Ready Kids East County initiative hosted a series of School Readiness Parent Cafés for black families in which parents voiced hopes for educational settings that reflect their children’s needs and interests. Ready Kids East County has launched a workplan to build collective vision and capacity for educational stakeholders to best serve black families.



Del Norte

In Fiscal Year 2020-21, First 5 Del Norte County focused heavily on parental and child resiliency through these trying times. It is hard to look back at this year without seeing COVID-19 as the primary event affecting First 5 Del Norte's work. It may be overused, but "unprecedented" is still the right word to describe Fiscal Year 2020-21. Never before has our entire county experienced a community-wide trauma of this length and magnitude, shutting schools and businesses for months. Fortunately, First 5 Del Norte's work over the past years put it in a good position to continue to support families even while we couldn't be physically with them.

- One of First 5 Del Norte's major programs, the Family Resource Center of the Redwoods continued to provide essential services throughout the year with drive-through diapers and wipes giveaways, personal protective equipment giveaways, and multiple drive-through community outreach events like backpack giveaways, Community Baby Showers, and a Winter Break Meal Program. Two of our key programs required no face-to-face contact: Dolly Parton's Imagination Library and the Ready4K parent support/engagement texts.
- First 5 Del Norte was able to continue to bring Center on the Social and Emotional Foundations for Early Learning Teaching Pyramid training to Del Norte early childhood care and education providers. Multiple sites, representing over 150 students, participated in this social and emotional learning training via ZOOM. The training-coaching cycle was appreciated by providers.
- First 5 Del Norte also expanded the reach of Dolly Parton's Imagination Library throughout the year with registration forms handed out to every preschool class, kindergarten class, child care provider, community baby shower participant, and new parent kit registration in the county. Enrollment continues to increase and feedback from families has been positive.
- First 5 Del Norte received its third of three years of funding from the Mental Health Services Act Innovation fund that will help continue providing and developing culturally appropriate content of the parent-support texting program, Ready4K. Working with



ParentPowered, we are adapting their existing texting program, Ready4K, to provide connections to local programs and resources; encourage community connections; and boost mental health and protective factors messaging. The goals of this project are to increase parent capacity to support their child's social-emotional development and school readiness; increase parental resilience, self-care, access to mental health services; and connect parents to their community and community resources.

El Dorado

First 5 El Dorado County has always taken a regional approach to planning and service delivery, recognizing that different areas in El Dorado County have unique resources and needs. Within this framework, the Commission identified Community Hubs as the primary strategy within its 2016-2021 Strategic Plan. In partnership with county agencies and community-based partners, First 5 El Dorado has leveraged resources to support a variety of services through five Community Hubs.

During 2020-21, a total of 2,411 (not unduplicated) individuals were provided with Community Hub services. First 5 El Dorado funded partners, and adjusted their scope of services and delivery modalities in response to COVID-19 restrictions and other safety protocols. While all programs continued to offer their traditional scope of services, they also worked to be responsive to the unique needs of families in each Hub by:

- Managing and Staffing COVID-19 Response Activities: Hub staff

conducted contact tracing and case investigation and organized and staffed immunization clinics that served thousands monthly throughout the county.

- Distributing Food, Educational Materials, and Basic Needs Supplies: Hub staff provided thousands of families with food, diapers, hygiene supplies, books, themed activity kits and crafts, and educational resources.
- Providing Social Supports: Hub staff worked to remain visible in their communities, increase their outreach on social media and other communication platforms, and found innovative ways to fill the social gaps.

First 5 El Dorado reaffirmed its commitment to the Hub model within its 2021-23 Amended Strategic Plan, developing the Hubs 2.0 model which will build upon the existing navigation system and expand its reach to all individuals in the county. The Hubs 2.0 model will move the Commission toward systems-level changes and away from program-specific investments, prioritizing access to services, referral, and navigation, and more effectively engage the community.

Fresno

First 5 Fresno County envisions a future where all children and their families are healthy, loved, and nurtured. This past year, First 5 Fresno adapted and innovated new ways to support the wellbeing of families amid the COVID-19 pandemic, including:

- Community Health Teams (CHT): As part of a countywide goal to dramatically scale home visitation services for families, First 5 Fresno

partnered with the County of Fresno's Department of Public Health (DPH) to launch the CHT project. CHT is a cost-effective, localized model pairing public health nurses with teams of paraprofessionals from community benefit organizations (CBOs) to provide research-based home-visitation services to families who may otherwise not qualify for federal- or state-funded programs. Through CHT, DPH partnered with four CBOs to support families across the county with parenting, early learning, family literacy, developmental screening, and a multitude of other resources and referrals – all while prioritizing the health and safety of staff and families through virtual and modified service delivery.

- Lighthouse for Children Community Learning Center (CLC): Rooted in community and state partnerships, the CLC is home to programs and services supporting families and early childhood professionals. In response to the COVID-19 pandemic, the CLC transitioned its direct services into the virtual space and supported families with essential resources. For example, through a partnership with Prevent Child Abuse California, First 5 Fresno hosted four AmeriCorps members who facilitated weekly, virtual classes for more than 80 families focused on healthy development, enhancing interactions between children and caregivers, and preparing children for school. The AmeriCorps team also led the distribution of personal protective equipment and supplies to partners serving Fresno County families as part of the First 5 California Emergency Supplies Program and partnered with the Central California Food Bank to distribute formula, baby food, and more than 535,000 diapers.

Glenn

First 5 Glenn County highlights of the Fiscal Year 2020–21 program includes:

- Nurturing parenting classes are helping parents gain the skills and knowledge they need to use nurturing and positive strategies to guide and teach their child(ren). The Nurturing Parenting program provided virtual parenting instruction to 43 individuals. The average Adult-Adolescent Parenting Inventory (AAPI) scores

increased within all domains for the 24 parents and caregivers that participated in Nurturing Parenting, and they completed both a pre- and post-assessment. Additionally, the risk of child maltreatment decreased between 10 and 14 individuals, depending on the AAPI domain being considered.

- Families and individuals were provided resources through supply distribution activities. First 5 Glenn staff distributed the diapers and diapering supplies with education regarding baby skin integrity maintenance, bathing supplies, nutritional info. with food supplies, formula, bottles, clothing for those in desperate need, shoes and socks, blankets, bedding supplies. New mothers were supplied with personal protective equipment for COVID-19 prevention, sanitary feminine supplies, toilet paper, wipes, and bathing supplies. All families and children were provided with ongoing dental education that included toothbrushes, toothpaste, and dental floss every three months.
- All children in preschools, transitional kindergarten, kindergarten, infants in child care, day cares, and other programs were provided with Art Materials, Play Dough, Reading Books, crayons, markers, scissors, glue, tape, activity books, and various learning toys. Over 700 bags of these materials went to children, including children in their homes during the year to support parents and children during the pandemic lock down here in our county. Services were interrupted so the Commission agreed to spend the funding as needed for immediate and basic needs of families and children.

Humboldt

The Road to Resilience (RtR) Program is a partnership between First 5 Humboldt County (F5H) and United Indian Health Services (UIHS) that provides intensive services and support to pregnant women and new parents who are impacted by Substance Use Disorder (SUD). RtR supports Perinatal Healthcare Navigators at UIHS who work closely with families to help them access physical and mental health care, parenting support, and other services during this critical time for child development and family bonding. This allows for services that meet families where



they are and centers service plans directly around a family's communicated needs. Families are also supported in connecting/reconnecting with traditional birthing and parenting practices.

An important part of this work has been the development of partnerships such as that with UIHS. RtR also coordinates with Tribal Wellness Courts and Child Welfare Services to integrate Navigators into Wellness Court and Family Case Plan processes.

Training is another part of the work. For example, in 2021, F5H, in partnership with UIHS, the Yurok Wellness Coalition, and the Hoopa Valley Tribal Court, hosted three Weaving Wellness community forums regarding ways to support tribal families to prevent the separation of families and reduce prenatal substance exposure. Local tribal and national SUD experts came together to discuss supporting families impacted by SUD and supporting traditional birthing and parenting customs so that providers know how to best support local tribal families. The hope is that these partnerships will help "de-silo" services and bring about more collaboration among service providers. Ultimately, this will reduce barriers for families seeking these services.

The initial three-year grant to F5H from the California Office of Child Abuse and Prevention for the program was due to expire next June, but F5H has been awarded

almost \$1,000,000 to continue the program for an additional two years through June 2024.

Imperial

First 5 Imperial County, in partnership with a number of agencies, continued to fund and promote services designed to support the healthy development and well-being of children 0–5 years of age and their families, which was challenging due to the many pressures facing families and providers in light of the COVID-19 pandemic.

In partnership with Court Appointed Special Advocates of Imperial County, a notable program designed to support one of the most vulnerable populations in the county provided an array of important services based on intensive intervention and advocacy support offered to children placed under the protective custody of the Juvenile Court System as a result of adverse childhood experiences related to abuse or neglect. All of these children find themselves in situations where they are in need of care that reflects stability and positive experiences in order to support the healing process. Through this program, each child is assigned an advocate that, upon completion of rigorous training, devotes a minimum of 18 hours per month to each child. The essential functions offered by the advocate are to:

- Ensure the child's needs are represented through court proceedings
- Support the long-term placement of the child
- Be involved in enrolling the child in preschool/child care services
- Be engaged in the process to ensure that the child completes their basic immunization series
- Work to safeguard that the child receives a developmental assessment that is administered by a collaborating agency and follows up on any referrals for additional screening or services.

During Fiscal Year 2020–21, all children (65) under the custody of the Juvenile Court System were appointed an advocate. Of all cases closed, 74 percent were reunified with at least one biological parent, 93 percent were up to date on their immunization series, and 53 percent of children who received a developmental screening service were court ordered to receive additional intervention services.

Inyo

When looking back, what is so remarkable is how the entire year was in a pandemic. Shifting services, meeting on Zoom, working from home, and facing unprecedented challenges were all common themes.

First 5 Inyo County approached this unique year with flexibility and resiliency, prioritizing emerging needs and responding to challenges facing families and partners. Caregivers shared a sense of isolation, cut off from community.

First 5 Inyo County launched a new home visiting program with an innovative referral system to provide services to high-risk families. Home visiting staff created connections with families, meeting on Zoom or socially distanced in the park, playing games, reading books, and talking about challenges and goals. Caregivers also shared concerns about their children's development.

First 5 Inyo County provided developmental screenings online and offered Busy Bag activity kits. Each month, caregivers could pick up a Busy Bag, each containing age-appropriate art activities, learning games, and a book to read. Caregivers appreciated having new activities to fill the extra time children had at home and inviting moments to play as a family. Partners expressed frustration in understanding what services were available.

First 5 Inyo County created three tools to help providers refer clients. When the only hospital's lactation support program closed, First 5 Inyo County created a Breastfeeding Care Pathway, listing lactation supports to refer moms. Through the Triple P Network, First 5 Inyo County made a Provider & Services Sheet, to refer families to a Triple P Positive Parenting Program.

With the Family Strengthening Collaborative, First 5 Inyo County launched an online resource list, highlighting over 200 local services and programs. This is the strength and power of First 5 Inyo County and across the state, to meet local challenges, build systems, and provide services for families to be resilient and thriving, even in a pandemic.

Kern

Amid the COVID-19 pandemic, First 5 Kern County began a new five-year funding cycle reinvesting in the Commission's commitment to serving children and their families through programs that address Health and Wellness, Parent Education

and Support Services, Early Childcare and Education, and Integration of Services.

- Programs worked together to develop innovative methods to continue service delivery with minimal interruptions given the pandemic restrictions. The programs used social media and hybrid-virtual formats to provide court-mandated parent education, workshops, center-based activities, and case management services. In addition to the virtual platforms, the Kern County Children's Dental Health Network adapted and scheduled drive-thru dental screenings to address children's dental needs. This service delivery method also provided an opportunity to partner with the Children's Mobile Immunization Program and provided access to two services at one location.
- In Fiscal Year 2020–21, First 5 Kern continued its commitment to systems change efforts by applying and being awarded the Home Visiting Coordination grant, the Adverse Childhood Experiences (ACEs) Aware planning grant, and the Earned Income Tax Credit grant. Each award presented First 5 Kern with the opportunity to engage and work with community partners to help facilitate conversations on networking, collaboration, and system delivery, with an overall goal to enhance the systems of care by addressing the inequities faced by the children and families of Kern County.
- First 5 Kern launched ResilientKern.org, a website designed to collect and share information and resources specific to trauma-informed care. The website includes relevant news,





a list of local partners, training opportunities, recordings of past sessions on ACEs, and information on trauma and toxic stress. In addition, the site contains updates on ACEs Aware projects and will grow as efforts in this area develop.

Kings

During Fiscal Year 2020–21, one of the most significant accomplishments First 5 Kings County had was the development of the First 5 Kings County Family Resource Centers. With a funding investment of \$631,012, the Kings County Family Resource Centers provides Early Childhood Education, Home Visitation, Developmental Screening, Parent Education and Referral services.

During Fiscal Year 2020–21, 1,041 children ages 0 to 5 and 835 parents, siblings, and caregivers who live in Kings County visited a Family Resource Center. Kings County's Family Resource Centers continued to be a central hub for families to become aware of the various services available in the community, especially during the pandemic.

Other highlights that took place during Fiscal Year 2020–21 included:

- The Linkages 2 Learning project provided 1,866 school readiness services to incoming kindergarten children attending the school site's spring or fall orientation, and/or receiving a school readiness backpack.
- The Kings County CARES About Quality project provided support, ranking,

technical assistance, and materials to 66 preschool and child care sites.

- The local CARES project provided training and professional growth advising to 182 professionals working in the early childhood education field, as well as providing a Professional Learning Community for the growing home visitation workforce.
- The United Cerebral Palsy Special Needs project provided 65 developmental assessments and 63 interventions to children ages 0 to 5.
- The United Cerebral Palsy Parent & Me project served 167 children ages 0 to 5 and 134 parents through weekly center based early childhood activities, with the majority of services delivered virtually.
- First 5 Kings County funded the translation of the 211 resource line database to Spanish, making the information on the website and mobile application available to Spanish-speaking families.

Lake

First 5 Lake County collaborated within the county and across the region to reach out and educate families and providers serving young children in Fiscal Year 2020–21.

- In coordination with the Northwest Region First 5s, a child abuse prevention media campaign comprised of videos and radio ads was developed. Radio ads aired

throughout the region, and videos were shared via public access television and on social media. The Lake Family Magazine Positive Parenting Guide, funded in part by a County of Lake "Cann Grant," was created to encourage parents to "dream big" for their family. It explains the Strengthening Families™ Protective Factors, and child development and safety across ages, and includes information on how to access resources. The Guide is available online, and 5,120 copies of the English edition and 500 copies of the Spanish edition were printed for distribution in the first-print run. Copies were made available at family-serving agencies and placed in waiting rooms and anywhere parents may go to get information.

- The Substance Free Childhood Toolkit was developed to help local providers in their efforts to educate families about the potential negative impacts of substance use during pregnancy and while breastfeeding.
- A Perinatal Mental Health Toolkit was developed to help medical and other providers serving women in the perinatal period to screen for Perinatal Mood & Anxiety Disorders and to be able to follow up with connection to appropriate local resources. This Toolkit was made possible by leveraging Proposition 10 funds with a Mental Health Services Act Prevention and Early Intervention Mini Grant from the County of Lake Department of Behavioral Health. All three publications are available for viewing on the First 5 Lake website (www.first5velake.org).
- To assist with distribution and outreach, First 5 Lake County developed media toolkits to help community partners promote this important work. The Imagination Library provided books for 67 percent of children under age five.

Lassen

First 5 Lassen County has invested in the Pathways Home Visiting Program as its primary strategy for achieving its vision that "all Lassen County children will thrive in supportive, nurturing, and loving environments; enter school healthy and ready to learn; and become productive, well-adjusted members of society." While

COVID-19 continued to impact services, Pathways Home Visiting Program made some changes to their service delivery. It is estimated that half of all home visits were conducted virtually using either Facebook Messenger's video chat or over the phone. While not ideal, this enabled Pathways to work with families during the pandemic. As a rural county, it is important that all local partners are able to work together to provide services to families. To enhance this delivery system, First 5 Lassen began working on the Home Visiting Coordination Funding in December 2020. Since then, a comprehensive team has been assembled who meet on a monthly basis to examine and develop a plan to create a "soft handoff" for high-risk families. Upon completion, this referral platform will assist families in gaining access to the resources that are available to them, and help children thrive. As COVID-19 continued to have an impact, First 5 California shipped personal protective equipment to help child care providers to continue with their services. These supplies helped 19 childcare providers to continue services. In addition, First 5 Lassen partnered with Lassen HEARTS to help distribute diapers and wipes to community members that were in need.

Los Angeles

In Fiscal Year 2020–21, almost half of First 5 Los Angeles County's 135 contracts supported organizations that carried out systems of care work throughout Los Angeles County. Grantees reported a variety of accomplishments to increase access, quality, alignment, and sustainability of family-serving systems, thereby improving the lives of children and families. Grantees strengthened inter-agency collaborations and partnered with parents by harnessing formal and informal networks to share information and resources. Grantees, working with parents and other providers, advocated for both local and statewide issues, such as higher reimbursement rates and slots for child care, and increased funding. In one example, a collaboration between parents and grantees succeeded in reinstating LA Metro bus service to pre-pandemic levels. A committee comprised of LA Metro, families, and the grantee was established to improve public safety resulting in a \$40 million commitment by LA Metro to explore alternative safety ideas. The grantee stated, "By creating these collaborations, families felt empowered to

navigate...and [obtain] more resources." Professional development reached a new level by covering referral eligibility and follow-up, equity and cultural inclusion, trauma-informed care with families, and grant writing capacity. For example, one grantee launched a webinar series for 300+ health professionals on racial/ethnic health disparities by offering continuing education credits. Also, grantees increased their capacity for using and interpreting data for decision making, planning, and resource allocation. Grantees also gave examples of how they have helped families increase their awareness of existing services and community assets. The number of children and providers reached through First 5 Los Angeles investments has doubled from the previous year, and many direct service grantees reported collaborating more with each other and with other community groups in the county to reach more families and fill gaps in services.

Madera

First 5 Madera County continues investing in the healthy development of children 0–5 years of age and their families. First 5 Madera remains committed towards supporting parents and caregivers in becoming their child's first teacher, partnering with community stakeholders towards systems improvements, and investing in opportunities that contribute to a child's overall healthy development.

First 5 Madera County successfully converted in-person services to virtual platforms this year. Current efforts were elevated, and family participation widened into the harder-to-reach communities. The Family Resource Centers well reflect this accomplishment. Family Resource Center staff uploaded 52 educational videos to social media platforms and provided virtual parenting classes. Families also participated in drive-thru events where they received personal protective equipment and educational materials for at-home supports. The Special Projects department offered its car seat safety education virtually and some in-person car seat fittings. Additionally, through a partnership with the Tzu Chi Mobile Vision Clinic, PreK children received a vision screening, and some obtained glasses within minutes.

Other funded program highlights include:

1. **Parent Cafés.** Two separate parent cafés were offered this year, one in Eastern Madera County and another

to the Oaxaqueño community. Parents shared that the programs equipped them to be better advocates for their children and helped them make connections with other parents.

2. **Backpack Literacy.** In partnership with the Madera County Libraries, families received training and backpacks filled with books, journals, and other supplies to support and enhance home literacy.
3. **Dynamic Mindfulness.** The program was self-paced and included six, one-hour modules where providers received a certificate of completion and Dynamic Mindfulness tool kit all to ameliorate the impact delivering trauma-informed care has on service providers.
4. **ASQ Screening.** In partnership with county social workers, this program offered ASQ screenings and referrals to foster children.

Marin

In Fiscal Year 2020–21, First 5 Marin County's Learning Bus continued to align efforts with other community partners including Parent Services Project, West Marin Community Services, and the



Shoreline School district to support and engage families with children ages 0 to 5. The positive impact of building these relationships will be supportive wraparound support with all community partners in alignment and responsive to meet the needs of families with young children. The Learning Bus found ways to stay connected to community via check-in calls with attendees, Zoom meetings, virtual Learning Bus storytimes, and provided Little Learners Kits/Kits Pequeños Aprendizes: Play-based learning activities and materials designed to nourish children's learning. Other First 5 Marin County highlights included:

- First 5 Marin's Communication Forums have a solid place within Marin. As previously reported, the forums have led to the formation of coalitions and collective efforts among those looking to move into action on the issue explored in a forum. Op-Eds and earned media are now routinely associated with the gatherings. Approximately 1300 individuals Participated between August 2019 through February 2020, with individual forums attracting between 75 to 475 attendees.
- In Fiscal Year 2020–21, forums began adapting to the virtual environment. An initial offering on Social Emotional Development brought more than 900 participants from within and beyond Marin, shining light on the potential of the forums to thrive in a virtual community.
- Marin County of Education successfully expanded the use of a standards-based kindergarten entry screening with 11 districts participating. Which included 4 districts with 100% participation, and continuing to grow the buy-in and infrastructure necessary for what will hopefully become used countywide.
- Help Me Grow Marin hired key staff, a core database was developed, and the initial website development was launched. Help Me Grow was part of coordinating and securing support of state funding's coming into place for universal screening and home visiting.

Mariposa

During Fiscal Year 2020–21, the most significant accomplishment of First 5 Mariposa County was the School Readiness Program, funded for \$222,894. The School Readiness Program serves two

preschools (Catheys Valley and Lake Don Pedro), located in Mariposa County. The two preschools provide an outstanding play-based program that prepares children for kindergarten. The facilities, curriculum, and activities are creative and educational, and focus on developmentally appropriate activities using Science, Engineering, Technology, and Math (STEM) curriculum. This program is free of charge to the children in Mariposa.

Another funded program that was highly successful was the instructional aide hired to work in the Mariposa Elementary School Transitional Kindergarten classroom. The program was funded for \$18,481 for Fiscal Year 2020–21. The instructional aide worked with the reading program/assessments, and she provided extra assistance to children who were having difficulty. Having the aide in the classroom also provided time for the teacher to work with the children individually. The class had 15 transitional kindergarten students who ranged in age from 4 through 5 years, and having an aide made it possible for the students to work on enrichment projects and technology.

Mendocino

Fiscal Year 2020–21 continued to bring challenges from the effects of COVID-19, including the closure of the Imagination Library program which ran in Mendocino County for 11 years. The decision to close the Library was difficult, but ultimately came down to program inequity.

- First 5 Mendocino continued to offer Triple P groups in both English and

Spanish virtually throughout the county in collaboration with multiple county and partnering agencies. Providing groups virtually has brought about both challenges and successes, while we are able to provide more groups due to the remote capabilities, collecting survey data has been challenging. Additionally, the State of California and County of Mendocino unanimously recognized January as Positive Parenting Awareness Month for the 4th year.

- The IMPACT grant funds are used to support the Quality Counts California Manager, coaches who provide training and mentoring to preschool and child care staff, and direct financial incentives to sites for their participation and quality improvement activities.
- First 5 Mendocino, in collaboration with Adventist Health Labor and Delivery Department and MCHC Care for Her, provided funding for a pilot year of YoMingo, a parenting app which provides information from prenatal to parenting, including local content and resource information.
- First 5 Mendocino also collaborated with Zero to Three to provide a five-part series on Supporting the Early Childhood Workforce: Shifting from Shelter-in-Place to the New Normal.
- First 5 Mendocino hired a Home Visiting Coordinator to help facilitate the Home Visiting Consortium which connects and collaborates with all home visiting programs throughout



the county. Efforts within the first year included creating a mission and vision, and conducting an environmental scan, which surveyed the workforce, families, and community. Additionally, First 5 Mendocino set up a new data management to better collect data from grantees and the community. The efforts of the new system should be seen in Fiscal Year 2021–22.

Merced

First 5 Merced County (F5MC) launched its new strategic plan in Fiscal Year 2020–21.

- Over the year, F5MC spent approximately \$2.1 million to support services for more than 8,000 children, caregivers, and providers to build and enhance the five protective factors that promote optimal development and enhance the system of effective family support/strengthening programs.
- As seen globally, the onset of the pandemic was a major influencing factor for F5MC staff and grantees. The F5MC staff were reassigned to the public health response to the pandemic, as F5MC is housed within the County's Public Health Department. This reassignment caused the delay of many strategies originally planned to start in FY 2020–21.
- For strategies focused on system strengthening, the home visiting coordination initiative was launched.
- For strategies focused on service providers, IMPACT was the only multi-year strategy funded, and one-time COVID-19 Relief Funds were provided to family child care homes and centers to help cover the costs of staying open during the pandemic.
- For strategies directly serving children and families, Dolly Parton Imagination Library, Week of the Young Child, Innovation/GROW grants, mini grants, and sponsorships were implemented. All other strategies were postponed. Every grantee mentioned increased stress and difficulty with implementing some or all of their services. Service providers, however, were resilient and expressed gratitude for the F5MC staff, allowing them to adapt their scopes of work and budget. Some grantees reflected on the silver lining of pausing or shifting of services. After things settled down,



they would think at a higher level about how to change systems and strengthen their infrastructure.

Modoc

In Fiscal Year 2020–21, First 5 Modoc County invested in key partnership efforts to ensure children and families could access high-quality early education and care, mental health services, nutrition/health resources, prenatal health initiatives, and parent/family education. Utilizing strong relationships, First 5 Modoc and its partners addressed barriers created by the ongoing COVID-19 pandemic. Collaborative partnerships were built with 10 funded programs serving 564 children (334 primary caregivers and 41 providers).

- Efforts included the Tullake/Newell Family Resource Center which promoted self-sufficiency through service coordination, case management, playgroups, benefits access, and parenting classes.
- Modoc County 4-H Cloverbuds offered an experiential program engaging children and families in agriculture and life-skills learning.
- Dollywood Imagination Library provided monthly age-appropriate books at no cost to families with 1,500+ books delivered.
- Budding Tree Preschool and Surprise Valley Child Development Center

provided high-quality education/care environments to families not eligible for subsidized programs.

- Breast is Best and Prenatal Incentive program promoted lactation consultations, breastfeeding awareness, and connection to prenatal care.
- Early Mental Health Services provided 11 families intensive family support through home-based psychotherapy and increased access to therapy for families experiencing crisis.
- Also, the First 5 Modoc Early Learning & Resource HUB helped programs and families mitigate barriers of connection by conducting outreach through pop-up events at libraries, farmer markets, and health fairs. The HUB helped connect 339 children (245 caregivers), to cross-sector systems, services, and resources within Modoc, the region, and state. Services included early education and care connection, health services (physical and mental) connection, parenting education, professional development, and essential needs.

Mono

Thanks to the partnership of families, childcare providers, funders, and community agencies, First 5 Mono County continues to offer a strong system of

support to children and families in Mono County through home visiting, playgroups, oral health support, school readiness, and the Mono Alpine Childcare Quality System. Specific successes include:

- Partnering with non-tax filing families to support access to the Child Tax Credit. Through home visiting, First 5 staff was able to share information about the Child Tax Credit and how to access it. This critical support to families is what many need most—an economic boost to provide for basic essentials of rent, food, and utilities for families.
- Resuming in-person home visits, playgroups, and Kindergarten Round Up. Working with the Health Department to get guidelines on safety practices and participation limitations in groups, First 5 Mono staff began offering in-person services after ceasing them during the height of the COVID-19 pandemic. Staff noted how critical it is to work with families in person to be the best possible resource to families. In-person services allow for a better understanding of the child and family and are better able to decrease the isolation so many families face especially in a remote and rural community.
- Sustaining a high percentage of provider participation in the Childcare Quality System—88 percent of licensed sites in the county.

Thanks to providers for choosing to spend their time working towards higher levels of quality, children and

families in Mono County who have a child care provider are supported with professional development for their provider, developmental screenings for their children, and an intentional link to home visiting services. While the challenges of living in a rural and remote area are many, First 5 Mono and partners enjoy personal connections with one another contributing to streamlined work that quickly identifies challenges and often produces solutions.

Monterey

Throughout Fiscal Year 2020–21, First 5 Monterey County (F5MC) served 22,270 children, families, and providers by directing time and resources to meet the needs of families during the COVID-19 pandemic while advocating for systems change to address long-term inequities.

- In June, the Monterey County Board of Supervisors supported a request from Bright Beginnings, an early childhood development initiative of the Monterey County Children's Council, for \$1.5 million of the American Rescue Plan Act funds to address child care needs in Monterey County. The request prioritized short and long-term child care infrastructure and included teacher retention incentives, planning for facilities and business start-ups, and child care stipends for families in need. F5MC is the fiscal sponsor for Bright Beginnings and collaborated in drafting the request, advocated with local systems leaders, and crafted outreach messaging.
- F5MC will lead the coordination of

child care stipends for families.

- F5MC co-sponsored vaccine clinics for child care workers and supported funded partners in fully implementing virtual services for families.
- F5MC serves as the fiscal sponsor for the Central Coast Early Childhood Advocacy Network. Created in 2018, Central Coast Early Childhood Advocacy Network continues to grow its reach through workshops, an annual Parent Power Summit, and regular state and federal legislative visits. All events and materials are bilingual in English and Spanish and center race, equity, diversity, and inclusion. In October 2020, the Central Coast Early Childhood Advocacy Network hosted Centering Children & Families at the Heart of Recovery: A Town Hall with Congressman Jimmy Panetta. The panelists discussed how the region can collectively recover from the current economic, social and environmental challenges our children and families are facing. Child care, education, health and racial equity were highlighted. Parent leaders led the discussion on the priority focus areas sharing how systemic factors affect individual families and how community voice drives positive, lasting change.
- The Commission developed and adopted a new Strategic Plan for 2021–2024 and released a Request for Proposals for programs that meet the Mission, Vision, and Goals set about by the new plan. The new Strategic Plan and contracts began July 2021.

Napa

In Fiscal Year 2020–21, First 5 Napa County continued investing in systems-level change through supporting the initiatives and projects designed by leaders in the First 5 Napa Network. One initiative from the first cohort of the First 5 Napa Network (2018–19) is the Rainbow Action Network, a group of Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) and ally community members committed to making Napa County a welcoming and safe home for LGBTQ families.

First 5 Napa and Rainbow Action Network led efforts in Fiscal Year 2020–21 to:

- Create LGBTQ and gender-inclusive early childhood education settings





using Rainbow Kits and coordinated training

- Utilize Little Free Libraries to increase access to diverse (anti-racist, LGBTQ/ gender-inclusive) children's books throughout Napa County

In Fiscal Year 2020–21, 64 Rainbow Kits were distributed to early childhood education settings throughout Napa County.

- 167 providers were trained to best utilize the Kits. The Kits include LGBTQ and gender-inclusive picture books with bookmarks for facilitating discussion, LGBTQ-inclusive toys, invitations for using the toys in the classroom, suggestions for inclusive teaching techniques, family engagement ideas, and policy recommendations that support and promote diversity and inclusion.
- Thirty-four providers completed an end of year survey. Five out of six reported increased confidence in implementing LGBTQ and gender-inclusive practices into their programs because of the Rainbow Kits. Providers most liked the discussion bookmarks.

In June 2021, First 5 Napa and Rainbow Action Network distributed 500 diverse children's books through Little Free Libraries. All books contained tips in English and Spanish for grown-ups to have discussions about race, diversity, LGBTQ,

gender inclusion, and standing up against unfairness while reading children's books. Many of the books included bookmarks to help guide discussions and define terms that might be difficult for grown-ups to break down for children. First 5 Napa and Rainbow Action Network built and utilized community members to paint 11 Rainbow Little Libraries that were placed in "book deserts" in Napa County.

Nevada

Though reports show an overall decrease in the number of participants served during Fiscal Year 2020–2021, First 5 Nevada programs reported successes in developing creative ways to engage the families they are working with.

- The Community Collaborative of Tahoe Truckee has worked tirelessly to implement a seven-part "Learning Journey" to bring information to their partners while advancing collective race and equity work within local community-serving agencies.
- The Family Resource Centers have continued to provide engaging activities virtually and in-person (when approved by Public Health) with a focus on reducing isolation and promoting age-appropriate developmental activities.
- The evidence-based home visiting program, Healthy Babies, has been

working to find ways to resume in-person home visiting services.

- Internally, staff has been focused on the implementation of the Persimmony database to track contractor deliverables and enable programs to gather client-level data. The database was launched in July 2021 and the Commission is encouraged by the potential for additional evaluation and program improvements.
- Commission staff also have focused a lot of energy on community-wide collaboration through the Home Visiting Coordination grant and partnering with the Child Abuse Prevention Council of Western Nevada County on their prevention planning efforts. Community collaborative efforts allows First 5 Nevada to strengthen partnerships with funded partners and other community-based organizations that serve children and families.
- Finally, during Fiscal Year 2020–21, the First 5 Nevada Commission developed and adopted a new Strategic Plan for 2021–24 and released a Request for Proposals for programs that meet the Mission, Vision, and Goals set about by the new plan. The new Strategic Plan and contracts begin July 2021.

Orange

- **Championing Equity:** Dedicated to gaining deeper knowledge/ understanding of race, equity, diversity, and inclusion, First 5 Orange County partnered with CCSP to build staff/consultant skills and confidence addressing issues of racial equity, anti-racism, and parent engagement. First 5 Orange County is also participating in the reStructure program with Orange County Human Relations, a 12-session, 1-year program that unpacks and identifies areas of racial equity needs and strengths within an organizational structure as well as at the individual level. First 5 Orange County is sponsoring participation in the reStructure cohorts for commissioners and staff, as well as community partners and nonprofits so that we are building up champions for equitable outcomes.
- **Family Engagement:** Through its Engaged Neighborhood collaboratives, First 5 Orange County has supported increased family engagement through education opportunities on the Early Development Index, Developmental Milestones, and Advocacy. The Santa Ana Early Learning Initiative engages over 100 parent/caregiver leaders who champion early childhood development at school district/city events; the La Habra Little Learner collaborative engages the Parent Teachers Association on their task force, with parent leaders hosting virtual events to share their learnings; and Garden Grove and Anaheim Engaged Neighborhood collaboratives

have created goals to incorporate family engagement in the coming years.

- **COVID-19 Response:** During the pandemic, First 5 Orange County pushed out hundreds of thousands of dollars of supplies, learning kits, personal protective equipment, and more. Together, with agencies like Early Childhood Orange County, Orange County Department of Education, and the Orange County Child Care and Development Local Planning Council, the Emergency Child Care Task Force provided webinars, stipends, cleaning supplies, guidance for reopening, COVID-19 health and safety trainings, health guidance around cleaning, as well as information around mental health and stress reduction resources for providers. First 5 Orange County also updated its website with specific resources dedicated to mitigating the strain that COVID-19 was causing on the community.

Placer

In Fiscal Year 2020–21, First 5 Placer County implemented the Collaborative Action Plan together with its network to advance the strategic priorities related to children and families. Staff worked with funded partners to develop program logic models, conduct program cost analyses, and draft scopes of work; contracts commenced January 2021.

- As the collective action work proceeds, staff are ensuring each funded partner has an engagement strategy to reach First 5 Placer's priority populations; shared indicators are included across similar program areas; and activities match First 5 Placer strategies, priorities, and funding plan.
- Toward the focus on addressing disparities, seven \$20,000 mini grants were funded to serve targeted communities in furtherance of the aims of the Strategic Plan.
- The Commission also created a Race, Equity, Diversity and Inclusion subcommittee to examine how First 5 Placer can provide funding, evaluate, and support outreach with an equity lens.
- The Commission also advanced its systems improvement work in several ways. One-third of First 5 Placer's revenue was unrelated to tobacco

taxes and included funding to support structure and collaboration, capacity building, and outreach and engagement. These included an expansion of Home Visiting programs and systems work to develop an Adverse Childhood Experiences Network of Care. These set the stage for implementation of an Early Identification and Intervention system in Placer County.

- In response to emerging needs due to the COVID-19 pandemic, First 5 Placer and its funded partners explored opportunities to do their work differently, including virtual program facilitation; tracking data virtually; finding and referring families to high quality, affordable child care; and having to temporarily cancel programs and services. Funded partners were flexible, responsive, and resilient.

Plumas

First 5 Plumas County supports home visiting programs in which trained peer professionals provide regular, voluntary home visits to expectant and new parents and offer guidance, risk assessment, and referrals to other services offered in the community. While the Commission has historically invested in home visiting as its primary strategy in realizing its vision and fulfilling its mission, these services are needed now more than ever. Families are enduring the challenges posed by the COVID-19 global pandemic and recurring wildfires that have decimated large portions of the county.

In the 2020–2021 programming year, home visiting programs adjusted their practices so they could continue to provide a comprehensive service array to families with the youngest children. Services were offered in nontraditional settings (front porch visits and meetings in parks and other open spaces) and home visitors sought to meet families increasing needs for emotional support and basic needs. As a result, 56 families were provided support with a total of 3,517 services rendered. Evaluation results reveal that families receiving these services experienced enhanced protective factors and routinely identified their home visitor as a source of information, comfort, and stability.

In addition to direct service delivery, the Commission also supported efforts to strengthen the family support system through the establishment of a Family



Strengthening Coalition. This Coalition was established to ensure that support systems are responsive to community needs, collaborate to improve access, and work in partnership with families to improve outcomes. It conducted an environmental scan to assess the concentration of risk, quality, and capacity of existing family support services, with a special emphasis on home visiting. This information was used to identify opportunities to expand or improve services for families and young children in Plumas County.

Riverside

First 5 Riverside County continues to focus on opportunities to expand, enhance, and integrate key platforms for engaging and serving families with a whole child/whole family/whole community lens.

In July 2020, First 5 Riverside took administrative responsibility for the Riverside County Family Resource Centers. This community-based service setting rounds out the key platforms for in-home, healthcare-based and early learning-based settings that First 5 Riverside has historically supported. Further, this gives First 5 Riverside an opportunity to develop, enhance, and improve cross-sector pathways for families from the prenatal phase of development through age 5 and beyond. Key investments include home visiting (997 children served), HealthySteps (9,622 served), Quality Start (803 provider incentives earned), and direct response to Family Resource Center (FRC) constituents (5,170 served).

First 5 Riverside is utilizing a single data system to support home visiting and FRC programming, allowing for integration of home-based and community-based resources for families. Further, the HealthySteps program and the Help Me Grow system support the integration of early childhood development supports into the larger healthcare system by embedding these programs into health sector databases. FRCs align investments with programs that use the Protective Factors Framework and promote community hubs for integrated services and crisis supports. In Fiscal Year 2020–21, the FRCs provided pandemic support and resources, increasing strategic partnerships to serve respective communities with growing needs due to COVID-19. This harnessed local leadership and combined resources to improve county services by building sustainable infrastructure through community fairs.



Some examples in Fiscal Year 2020–21 include home visiting program outreach, personal protective care distribution events, flu shot drive-throughs, pre-paid food cards to 250 farmworkers, and a toy drive which included 371 children ages 0 to 5.

Sacramento

First 5 Sacramento County funded an evaluation of Help Me Grow Sacramento (HMG) to better understand how its three primary services (call center, home visiting, and informational website) were helping families understand and promote their child's developmental milestones and get connected to essential services. The following highlights key findings:

- 6 HMG staff members and seven HMG Family Advocate clients were interviewed, and 33 call center and website users completed an online survey.
- Staff were especially proud of HMG's partnerships with wraparound services and the ACEs Aware Community, and appreciated the ability to work through obstacles on behalf of families.
- Staff reported challenges, including insufficient specialized or accessible service providers to which they could refer families, staff capacity issues, COVID-19, and larger scale social issues.
- Clients often heard about HMG through word of mouth and referrals from agencies, and felt the navigating

external systems, education on parenting styles and strategies, and resources provided were beneficial.

- 100 percent of family advocate clients and call center participants have recommended or would recommend HMG to someone they know. 97 percent of call center and website users found what they were looking for.
- When asked for ways to improve HMG, some clients mentioned more availability of staff, spreading the word to move families in need, and a return to in-person services.
- Evaluation recommendations included: enhancing communication between partners, improving marketing strategies, innovate new partnerships for language needs, and continue evaluating client and staff experiences.

San Benito

In Fiscal Year 2020–21, First 5 San Benito County continued to provide services and supports to children, families, and providers that addressed the ongoing effects of the Coronavirus. For example, through a partnership with nearly 40 other agencies, families and child care providers received weekly deliveries of food and other essential supplies, including cleaning supplies, diapers, and formula. Families receiving these emergency supplies were also referred to case management or home visiting services if they needed additional



support. Families who chose to participate in the case management and home visiting programs demonstrated significant improvement in family functioning, knowledge of parenting and child development, positive parenting practices, feelings of social support, access to concrete supports, and the parent-child relationship, according to pre-post surveys. Children in the program also demonstrated improved resilience, as measured by their ability to stay calm and in control when faced with a challenge.

In addition to direct services, First 5 San Benito responded to the ongoing needs of the community by sponsoring and facilitating a multisector collaborative of local leaders. The objectives of the network collaboration included improving the capacity of local agencies to understand the impact of Adverse Childhood Experiences on families and to provide culturally sensitive, trauma-informed care; addressing complex problems by breaking down silos and promoting communication, collaboration, and alignment within and across service sectors; and providing multiple entry points to the service system with warm handoffs and a collaborative treatment approach to address fragmentation. At the end of the fiscal year, a survey of the collaborative members found that the majority felt the collaborative was important and beneficial to them, that what they were trying to accomplish as a collaborative couldn't have been accomplished alone, and that the time is right in the county for this work.

San Bernardino

Early Literacy Support: During Fiscal Year 2020–21, 4 First 5 San Bernardino AmeriCorps members provided one-on-one literacy, mathematics, social emotional, and school readiness services to students in 4 Head-Start Preschool sites in the San Bernardino County Preschool Services Department. Adhering to COVID-19 Pandemic protocols, they also provided much needed support and services to local food banks, virtual learning support, and drive-by community events. These members contributed over 4,347 hours and served more than 3,460 families and 2,081 children.

Fiscal Year 2020–21 was the first “full-service” year of the Parent and Child Connection Program, working with 4 local jails and serving 442 families. The program gives inmates an opportunity to bond with their children by reading a story and recording their voice on a device which is inserted into a stuffed animal and delivered to the child and caregivers.

The Maternal Health Network is made up of more than 100 individuals from approximately 60 organizations throughout San Bernardino County to help improve the experience and outcomes for families who are planning to get pregnant, those who are pregnant, and those who have recently delivered a child. The Network establishes partnerships between service sectors, uses data to drive continuous quality improvement efforts, and takes collaborative action to improve the health and wellness of families engaged in the maternal health system.

The Network has made significant strides in establishing itself as a successful systems change initiative. Key milestones achieved in Fiscal Year 2020–21 include:

- Established an Action Plan for implementation of short-term strategies
- Launched the Mental Health Network website as a hub for resources and information sharing
- Collected and analyzed consumer data to understand the experience of families within the maternal health system – centering the voices of consumers in quality improvement efforts
- Facilitated a multi-sector collaboration to better serve females who are pregnant and incarcerated

- Elevated the needs of Black and African American families, with equity identified as the most pressing issue facing families in San Bernardino County

San Diego

During Fiscal Year 2020–21, the COVID-19 pandemic continued to present unique challenges for staff, community partners, and San Diego families. First 5 San Diego County staff engaged with partners in a joint countywide COVID-19 response effort. Under the leadership of the First 5 San Diego Executive Director, First 5 San Diego staff worked to provide families and providers of children birth to 5 years of age with supportive resources and services to ensure their safety and well-being.

- First 5 San Diego initiated ongoing communication with the Early Childhood Education Coalition to assess the impact of the pandemic on the childcare sector.
- First 5 San Diego maintained the Early Care sector support webpage to provide up-to-date information on the rapidly evolving public health situation with local, state, and national guidance tailored to the childcare community.
- First 5 San Diego also began hosting informative telebriefings and engaged a diverse provider group throughout the county, all while following public health guidelines and utilizing digital methods of communication. This response effort led to the re-activation of the Child Care Disaster Council, co-chaired by the First 5 San Diego Executive Director. The Council developed the “Child Care Emergency Response Plan” that outlined a means to coordinate, receive, and distribute emergency supplies from the state and from First 5 California through regional distribution sites.
- First 5 San Diego service providers continued to offer services, including virtual phone check-ins, virtual developmental/behavioral services, virtual home visits, and virtual preschool. Maintaining these connections and supporting families through these most difficult times has been critical for families’ well-being. Despite the pandemic, thousands of families benefited from community-

wide services, such as daily activities on social media and the First 5 San Diego website, distribution of the *Kit for New Parents*, maintaining the parent warm line, and providing community health screenings and outreach.

San Francisco

For over two decades, First 5 San Francisco County has invested in the county's youngest children, their families, and providers who work on their behalf with a mission that all children will thrive and start school ready to learn. The COVID-19 pandemic, stay-at-home mandates, and the resulting economic downturn caused momentous and unprecedented challenges for San Francisco's families, bringing new meaning and urgency to this mission.

Investments in the Quality Connections Quality Rating and Improvement System reaches approximately 8,000 children in over 400 participating early care and education sites. When surveyed during the pandemic, 50 percent of programs worried they would go out of business in three months; 25 percent reported having to lay off or furlough staff. Through twice-weekly partner meetings at the height of the crisis, and continuing weekly round tables that reached hundreds of providers with re-opening guidance and technical support, 100 percent of city-funded sites were able to re-open by September 2020.

The Family Resource Center Initiative pivoted all services to remote and virtual modalities providing a vital lifeline by distributing food, diapers, and household supplies; offering myriad opportunities for social connection; advocating with landlords; and singing to children over Zoom. Supports continued throughout 2020 and subsequent 2021 pandemic surges. Over 1000 COVID-positive homes with babies and toddlers received formula, diapers, wipes, and baby food from Family Resource Centers during this time of isolation when they were cut off from other supports. Family Resource Centers made regular wellness calls to their approximately 6,000 enrolled families. They oversaw nearly 2,500 food pantry distributions per week and ensured that 2,433 gift cards and food vouchers were put in the hands of those who had lost some or all income due to COVID-19. Case Management supports were at record high rates, exceeding the average annual participation rate over the last 6 years of 1,600 by nearly 200 families.

San Joaquin

In Fiscal Year 2020–21, First 5 San Joaquin County focused on the areas of Enhance Early Learning, Improve Child Health, and Strengthen Family and Community Support and Partnership.

First 5 San Joaquin invested in Raising Quality! IMPACT 2020: Family, Friend, and Neighbor Initiative that aims to enhance the

quality of care provided by grandparents from diverse racial and ethnic communities. In this first year, 74 grandparents enrolled and cared for 104 children (58 infants and toddlers and 46 preschool aged children). Grandparents received support that included coaching, goal setting, workshops, and information regarding early screening and detection of developmental delays and were provided access to the screening tools. Due to screening access, 142 of the children were screened and 13 received referrals for follow up. First 5 San Joaquin will expand this program to approximately 230 new grandparents in 2021–23 by leveraging local funding.

Three First 5 San Joaquin WORKs programs provided services to families with children ages 0 to 5 who receive CalWORKs benefits.

- HousingWORKs helps families facing homelessness and aids in reducing housing barriers.
- JourneyWORKs addresses mental health and substance abuse issues, helps parents maintain healthy independent family lives, and helps assure children are in safe and stable homes.
- FamilyWORKs supports positive health, growth, and well-being; expanding educational and economic opportunities for families to exit poverty. Home visiting participants received services such as job search and readiness, and screening of 215 children for early detection of developmental delays.

The WORKs programs served a total of 601 individuals from a wide variety of ethnic backgrounds, including 230 Latinx, 180 African American/Black, 51 White, 49 Multiracial, 15 Asian, 4 Pacific Islander, and 72 were unknown, other, or did not specify. Evaluation results showed that when families participated in two or more WORKs programs, had higher success in achieving their goals as opposed to those participating in one WORKs program.

San Luis Obispo

Amid challenges of the COVID-19 Pandemic, First 5 San Luis Obispo County continued directing urgent-needs investments to its local Community Foundation Disaster Response Fund, offering support to a wide breadth of family-serving agencies across the county.





- Under First 5 San Luis Obispo's new Strategic Plan, the Commission bolstered basic needs and mental health supports while propelling new programmatic ventures in early learning and resiliency. This included providing funding for the expansion of a bilingual, inclusive preschool as well as parent learning pods focused on giving families real-time experiences with their children, social networking, and age-appropriate insight on growth and development.
- In collaboration with County of San Luis Obispo Behavioral Health Department, San Luis Obispo's Mental Health Services Act-funded 3 by 3 Partnership with local pediatric clinics yielded nearly 340 hours of one-on-one health education and developmental screenings for families, with more than 1,000 children screened and 181 children identified as needing early intervention services. To shine a brighter light on those efforts, First 5 San Luis Obispo shifted the theme of its monthly "Hands-on Heroes" public awareness campaign to honor individuals working in the spirit of Help Me Grow.

- The First 5 Health Access Training Project held provider-outreach events on topics ranging from COVID-19 vaccine updates, rental assistance housing and eviction prevention resources, child tax credit information, and supports specific to Immigrant families.
- First 5 San Luis Obispo went from advocacy to action with the rollout of the community-driven Family-Friendly Workplace Toolkit, an online resource designed to help employers assess their current business practices, explore the benefits of family-friendly workplace policies, and identify opportunities for change.
- Work also began on creating an associated Family-Friendly Workplace "Accelerator" Program in partnership with the San Luis Obispo Chamber of Commerce and County of San Luis Obispo. Both of these projects were born from a "We Are the Care" Initiative to address local child care challenges.

San Mateo

During Fiscal Year 2020–21, First 5 San Mateo County maintained its multi-faceted investments in programs supporting all aspects of a child's early years, including Quality Early Learning; Healthy Development; Resilient Families; and Policy, Advocacy, and Communications. Supported by \$4.5 million in community investments, First 5 San Mateo's funded partners served nearly 15,000 children, parents, and providers. The highlights included:

- Ongoing leadership and collaboration in efforts to support the community during COVID-19. First 5 San Mateo helped to secure and distribute \$5.3 million through the Child Care Relief Fund, including \$4.5 million from the CARES Act, and \$530,000 in private contributions. There were weekly meetings to plan and coordinate efforts, and partner in the distribution of emergency health and safety supplies. Throughout the year, partners drove 5,160 miles countywide to deliver over 7,000 items, including diapers, gloves, masks, and children's books, to more than 300 child care providers.
- Launching the next phase of the Trauma- and Resiliency-Informed Systems Initiative, including administration of a Trauma-Informed Organizational Practices Assessment

and Professional Learning Cohorts. The Trauma-Informed Organizational Practices Assessment was completed by over 350 staff across 8 organizations serving families with young children. Six organizations joined the inaugural Learning Cohorts. Cohorts meet monthly in small groups, and each participating agency receives tailored coaching to support staff as they interpret assessment results, develop goals and strategies for improvement, and work together to nurture a healing environment for clients and the workforce.

- Continuing to sustain and develop high-quality facilities to meet the county's increasing need for child care. In Fiscal Year 2020–21, the Build Up Initiative completed 425 new spaces, confirmed that 822 spaces will be added soon, and initiated planning for an additional 369 spaces.

Santa Barbara

In Fiscal Year 2020–21, First 5 Santa Barbara County invested \$3,449,178 in programs and services for 826 children, 929 primary caregivers/family members, and 30 providers. Investment strategies included family support, expansion and quality of early childhood spaces, communications and policy development, and systems change and capacity building. First 5 Santa Barbara achieved several noteworthy results that improved the lives of children and families within the county:

- COVID-19 Response: First 5 Santa Barbara-funded partners prioritized emergent needs among families with children ages 0 to 5 years and made numerous referrals for basic needs and concrete support. Agencies continued providing food and other much needed material items to families, including diapers, baby wipes, masks, books, and developmentally appropriate toys and activities for children. Programs also hosted multiple vaccination clinics and made personal phone calls to families to answer any questions they had.
- Early Learning Plans (ELPs): First 5 Santa Barbara and its UC Santa Barbara Evaluation Team worked with four local school districts on developing ELPs that aim to improve continuity between the early childhood education and K–12 systems, and reduce income-based opportunity

gaps among young, at-risk children. The goal of all ELPs is to expand efforts to improve social-emotional and cognitive development and thus promote kindergarten readiness and early elementary school success. An additional five school districts will join this initiative in Fiscal Year 2021–22.

- Dual Language Learner (DLL) Study: First 5 Santa Barbara started implementing Phase III of the DLL study. The main activities included a countywide public awareness campaign about the importance and value of being bilingual. In addition, four ELP school districts were subcontracted to provide early childhood and family DLL activities and the Quality Counts and Workforce Pathways partnership created specialized DLL professional development. Due to COVID-19, the majority of the DLL activities will be conducted in Fiscal Year 2021–22.

Santa Clara

First 5 Santa Clara County launched an expansive COVID-19 relief effort leveraging both existing funds and systems to support communities using their network of partners. First 5 Santa Clara has leveraged \$11,891,786 for its COVID-19 response efforts.

- The Family Strengthening and Support initiative tracked their safety-net support efforts using the Needs Tracker (<https://first5kids.org/safety-net-supports/>) they put in place across all their family resources centers.
- Nearly 15,000 family needs were recorded in Fiscal Year 2020–21. Food (2,372) was the top need for families, followed by activities for children (1,379), toiletries (1,063), and child care (886).
- First 5 Santa Clara organized curbside distributions at over 24 community sites where families could pick up food, calming kits, resource guides (provided in English, Spanish, and Vietnamese: www.first5kids.org/resources), diaper kits, formula, and personal protective equipment. A total of 1,724,800 diapers and 13,824 formula cans were distributed to families.
- To support the stabilization of child care for the community, the Early Learning Initiative launched the Family

Child Care Stabilization program which awarded more than \$5.2 million to 528 Family Child Care Homes. In addition to using these funds, full-year scholarships were awarded to 40 families who were residing in the City of San Jose, and 17 subsidized classrooms expanding their care to serving over 200 families.

- The Health and Wellness Initiative oversaw and distributed 473 Calming Kits to parents and providers to promote coping and calming. In addition, 12,894 personal protective equipment were provided, and 16,373 period products were distributed to families.
- In conclusion, First 5 Santa Clara was able to respond quickly to support the needs of the children, families, and community they serve and leveraged funds in order to provide a wide net of support. Findings of these efforts were presented at the Santa Clara County Children's Summit as well as the 2021 American Public Health Association Conference.

Santa Cruz

First 5 Santa Cruz County's Baby Gateway Newborn Enrollment Program supports mothers and their newborns at three Santa Cruz County hospitals. Before leaving the hospital, families are visited by a Newborn Enrollment Coordinator and are provided Medi-Cal enrollment assistance and given the First 5 California *Kit for New Parents*, and newborns are linked to a medical home. The program also expanded partnerships with key agencies to offer additional supports to families.

- Connection to medical care: In Fiscal Year 2020–21, 96 percent of all

mothers had a newborn visit, and 95 percent received a *Kit for New Parents*. Of all mothers with Medi-Cal births, 97 percent were assisted to complete an application for their new baby, and 99 percent chose a primary care provider for their child.

- New County programs: First 5 Santa Cruz began assisting with two new programs, which the Newborn Enrollment Coordinators incorporated into their visits. The State-wide Student Identification number (SSID) created for newborns by the County Office of Education, used to support the social, emotional, and academic development of children from birth through grade 12; and the Santa Cruz Community Ventures Semillitas savings account program for newborns, with incentives throughout childhood to save money to be used for college or vocational education after high school.
- Access to food: The COVID-19 pandemic has many families in the community struggling to get access to food. The Newborn Enrollment Coordinators provide families with resources to apply for the CalFresh program and Women, Infants, and Children.
- Lowered emergency department use: These program services may have an effect on the use of the emergency department for very young infants, and particularly those covered by Medi-Cal. Since the launch of this program at Watsonville Community Hospital, the number of infants on Medi-Cal who visited the emergency department dropped 74 percent by 2020.



- Summary: Through these efforts, the program is helping to increase access to affordable quality health care for newborns and improve overall maternal, child, and infant health.

Shasta

In Fiscal Year 2020–21, First 5 Shasta County began a multi-year Home Visitation grant. It established a cohort to create a sustainable, unified system to support families with home visiting services, and is completing an Environmental Scan to assess home visiting program needs and gaps. Other Shasta County achievements included:

- Continued work with community partners around Adverse Childhood Experiences' (ACEs) education, prevention, and intervention, including quarterly community meetings.
- Completed ACEs' Aware Planning grant and expanded ACEs and Pediatric ACEs and Related Life Events Screener (PEARLS) screenings to over 300 parents and families.
- Help Me Grow Shasta completed 385 developmental screenings for children ages 0 to 5 and provided referrals and case coordination services to over 1,800 children and families.
- Distributed over \$690,000 to participants of Quality Counts North State to improve the quality of early childhood education and distributed over \$24,000 in academic scholarships to 40 early childhood education providers to increase their knowledge of child development.
- Distributed over \$295,000 to participants of Quality Counts California, Region 2 Hub for training and support to early childhood education providers.
- Continued to support local child care and social service providers with grant funds and supplies in response to COVID-19.
- Partnered with community-based organizations to provide COVID-19-safe activities for families, such as virtual story-times and drive-through events.
- Coordinated 15 Week of the Young Child events, and distributed over 7,000 children's books.
- Invested over \$119,000 in community collaborations to strengthen families in Shasta County.

- Invested over \$111,000 in the Launch Parent Partner program to support families and reduce chronic absenteeism in Transitional Kindergarten and Kindergarten.
- Through the Healthy Babies Program, First 5 Shasta provided mental health services to 51 pregnant women and mothers of children aged 0 to 2 experiencing depression or anxiety during pregnancy or postpartum.
- First 5 Institute delivered learning opportunities for 800 children and 580 parents/caregivers through professional development and library story times.
- Created "Champions for NorCal Kids" Podcasts to expand outreach by more than 600 listeners

Sierra

In Fiscal Year 2020–21, First 5 Sierra County supported expecting families and children starting from birth to have the best first five years of life possible, and grow up healthy and happy in strong and resilient families. First 5 Sierra values early educational opportunities so all children can develop and become strong, smart, and resilient adults.

- First 5 Sierra's most successful achievement continued to be its preschool tuition subsidy program. This program supports working families, most of whom would not be able to send their children to preschool without tuition assistance. Investing in a program where all children living in rural communities can attend preschool,

ensures that Sierra County children will start Kindergarten with the most optimal preparation with the least disparity.

- First 5 Sierra provided backpacks and school supplies to all children entering Transitional Kindergarten and Kindergarten, which was highly appreciated by the parents and children.
- First 5 Sierra continues to seek innovative ways to support and positively impact Sierra County's children through programs such as yoga, music, and swimming lessons.
- The crisis and changes brought by COVID-19 affected the normal functioning of scarce child care providers, but First 5 Sierra supported them in every way possible. As a result, all providers were able to stay open with minimal closures, providing consistent support for all families and essential workers.

Siskiyou

"Yes. We are open!" were common words heard each time the phone rang at the Siskiyou Family and Community Resource Centers (FRCs). Co-funded by First 5 Siskiyou Children and Families Commission, FRCs continued to expand their services in most of Siskiyou County, keeping their doors open, and providing services without disruption, while upholding COVID-19 safety measures. This critical approach was deeply appreciated by county constituents,



with over 600 parents and 800 children receiving services from the FRCs, and over 250 children participating in playgroups. The FRCs continue to be the critical community hub for services, supports, and resources.

- During Fiscal Year 2020–21, the FRCs, in collaboration with First 5 Siskiyou, offered evidence-based parent education classes and workshops, and distributed nearly 2,000 family activity kits and over 14,000 children's books. FRCs also hosted over 40 outreach events to increase family awareness about the array of offerings provided at each FRC. These programs improve the quality of parent-child interactions, support children's development, and increase connections between parents.
- Additionally, the Ready4K evidence-based parenting education program, delivered via text messages, was adopted by First 5 Siskiyou in partnership with the Mental Health Services Act. Each week, parents receive fun facts and easy tips on how to promote their children's development by building on existing family routines. More than 600 parents actively participated in this program and received over 150,000 messages. The extensive menu of offerings is made possible through diverse funding partners. As a result, the total revenue for this small county has grown 137 percent. At the core of this success is the Small Population County Funding Augmentation dollars invested by First 5 California. The diversified funding and commitment by FRCs provide the path for parents to have more opportunities to engage with resources than ever before and build protective factors for family success.

Solano

In early Fiscal Year 2020–21, First 5 Solano County established the Vallejo First 5 Center, in the zip code with the highest risk factors for children. The center provides a full range of dual-generation services to support healthy behavior, social and emotional development, and school readiness for children, as well as providing parents the tools needed to develop positive parent-child relationships. Building on the success of the Vallejo First 5 Center,

and because of Assemblymember Jim Frazier's advocacy, First 5 Solano received \$2 million in the Fiscal Year 2021–22 California State Budget to support opening a First 5 Center in Fairfield. Additionally, First 5 Solano acted as an anchor institution in coordinating COVID-19 responses in Solano County for young children, their families, and the providers that support them.

First 5 Solano accessed over \$1 million in funding from the CARES Act. The funding was utilized in a variety of ways, including:

- Supporting child care for essential workers as part of the efforts of the Office of Emergency Services. Seventy-six families and a total of 124 children were provided care at two pop-up child care locations.
- Local stipends were provided for licensed child care providers. One-hundred twenty-nine child care providers serving a total of 1,056 children were enrolled in the stipend program, preserving their ability to stay open despite increased costs in providing care.
- Grants were provided for social distancing equipment, individual learning supplies, cleaning supplies, and other supports through the First 5 Solano Emergency Response Fund.

Sonoma

In Fiscal Year 2020–21, First 5 Sonoma County's focus was far-reaching in many ways. Responding to the impacts of the COVID-19 pandemic remained a high priority as the agency elevated the critical role of Family Resource Centers and other community hubs to distribute supplies, basic needs, access to benefits, system navigation, COVID-19 testing, and more.

- First 5 Sonoma maximized public education and communications through its electronic newsletter and multiple social media platforms to amplify local information about COVID-19 testing, vaccines, and safety. To mitigate the spread of the virus, child care providers and families were notified as soon as vaccines became available. As a direct response to the impact of COVID-19 on the local child care system, First 5 Sonoma, with the support of collaborative funding, distributed over \$1 million in grants directly to child care providers in the Child Care Resiliency Fund.
- The Commission, staff, and



stakeholders, despite the virtual environment, developed and finalized a new, robust four-year strategic plan, grounded in a bold commitment to advancing equity, diversity, belonging, and anti-racism—committing over \$14 million to programs, services, and systems improvement. The strategic plan also included the development of a Diversity, Equity, and Inclusion framework to guide internal policies and grantmaking mechanisms and support funding partners to increase cultural responsiveness and authentic parent engagement practices.

- In spring of Fiscal Year 2020–21, First 5 Sonoma became the first local First 5 commission to partner with the California Student Aid Commission, receiving funding of over half a million dollars to establish over 800 Child Savings Accounts for children, ages 2 to 5.
- As the Federal Government locally rolled out the Coronavirus Local American Rescue Plan Act funding, First 5 Sonoma formed a coalition of over 20 child-and-family-serving



organizations to proactively advocate to ensure the funding was directed toward the impacts of the pandemic and families with young children.

Stanislaus

It is the mission of First 5 Stanislaus County to be a catalyst to help give children and families the best start. This commitment was unwavering with the deepening impacts of the COVID-19 pandemic during this past year.

- Early in Fiscal Year 2020–21, First 5 Stanislaus worked with its funded partners to ensure services continued to be delivered to the community in a safe way. First 5 Stanislaus partner organizations reach thousands of the most vulnerable members of the community each year. Partners continued to offer services virtually, and by phone and drive-through formats which allowed children and families to remain connected to their support systems and receive basic needs when they were most needed.
- Through its partnership with a network of 12 local Family Resource Centers, First 5 Stanislaus invested

\$310,000 of emergency funding into the local community for basic human needs and support in response to the COVID-19 pandemic.

- Over 1,760 individuals impacted by the pandemic received assistance such as housing/utility payment relief, grocery assistance, cleaning supplies, or basic needs. \$70,000 of this special funding was issued to community partners for technology enhancements to support virtual customer engagement strategies. Despite the COVID-19 pandemic, First 5 Stanislaus-funded partners were able to make a significant impact with the children and families they served.
- The parents of 7,687 children received family support services through countywide Family Resource Centers or other programs, and 935 received more intensive services focused on improving child abuse risk factors. The parents of 576 children attended parenting classes to increase parenting skills and knowledge. 90 percent (788/880) of families of children ages 0 to 5 increased the time spent reading with their children at

home after receiving literacy services. 808 children ages 0 to 5 who received literacy services, received a book to build upon the skills they and their families learned.

Sutter

First 5 Sutter County Children and Families Commission received an Adverse Childhood Experiences (ACEs) Aware Grant from the State of California. First 5 Sutter used these funds to start building a Network of Care to interrupt the toxic stress response in children and adults. The Network of Care includes two Medi-Cal clinics, social services (Sutter-Yuba Behavioral Health and Domestic Violence Council & Child Abuse Prevention Council, and Women's Shelter), and other community-based organizations, such as the school district and law enforcement.

- First 5 Sutter has invested resources in the "Handle with Care initiative," a trauma-informed approach for supporting children who have been exposed to a traumatic event that requires a response from law enforcement. The first virtual Trauma-Informed Workshop was held in

the summer and garnered a lot of interest from attendees, as well as interest from other partners to join the Network of Care.

- Another success of First 5 Sutter is the partnership with two Medi-Cal providers, Peach Tree Health and Feather River Tribal Health. First 5 Sutter worked directly with the providers' behavioral health directors to provide ACEs screening during Help Me Grow events. Help Me Grow events typically have eight screening stations, including physical health, child development, and positive discipline; and now, another station has been added for ACEs screening. Medi-Cal providers conducted the screenings in a sensitive way, while giving educational materials to families that explain the consequences of ACEs.
- Peach Tree Health has added a HIPPA-compliant text messaging platform to send ACEs and Pediatrics ACEs and Related Life Events Screener assessments directly to patients and are training staff on how to explain toxic stress to patients. Thus far, there has been a good response from the families that completed the screenings.
- Lastly, members of the Network of Care have shown interest in having a unified, bi-directional system for screening and referrals. After exploring different options, First 5 Sutter will host the launch of the Aunt Bertha platform.

Tehama

First 5 Tehama County promotes collaborative and creative solutions for building sustainable programs that serve children ages 0 to 5 and decrease silos to better serve Tehama's children and families.

In Fiscal Year 2020–21, First 5 Tehama continued to support the Pregnancy to Preschool Partnership, a collaboration of publicly funded agencies to streamline referral and data sharing processes. An online referral system affectionately called the "Tracker" launched in the spring of 2020. The Pregnancy to Preschool Partnership partners have spent the last year utilizing the "Tracker" to decrease silos and increase access to services. Through support from the Small Population County Funding Augmentation program, First 5 Tehama funds the School Readiness Home Visitation and Help Me Grow program to ensure that there is no barrier entry point for any children. Notably, families have both improved family functioning and child health, and increased social connections.

Regarding medical health, 98 percent of children participating in home visiting had medical services. To better understand the impact, the Parenting Interactions with Children: Checklist of Observations Linked to Outcomes was adopted showing the positive impact on families: between the pre- and post-tests were statistically significant for all domains, including Teaching, Responsiveness, Encouragement, Affection.

Through a partnership with the local department of education and cradle-

to-career collaborative, First 5 Tehama facilitated eight Health and Wellness webinar series, attended by 183 community educators learning about timely topics, such as resilience, equity, social emotional wellbeing, and flow. Two of these eight webinars were offered in Spanish and focused on mind and body strategies for resilience. One participant shared, "As a home visitor, I have been to many amazing trainings, and this was the first time it felt like it was just for me. I almost cried when I realized it was in Spanish."

First 5 Tehama will continue to use the learnings from this year to build programs and support systems addressing rising pre-pandemic and pandemic-related needs of children, families, and systems.

Trinity

In Fiscal Year 2020–21, First 5 Trinity County Children and Families Commission invested in a variety of services aimed at supporting children prenatal through age five and their families. Primary investments include School Readiness Playgroups. The Trinity County Office of Education provides pre-K programs at various locations throughout the county. The pre-K school readiness program offers structured playgroups using a nationally recognized curriculum aimed at preparing children for the academic, social, and emotional rigors of kindergarten. The school readiness program also provides health-related supports to ensure that children are healthy upon kindergarten entry. Lastly, the program offers parenting and family literacy activities to support parents and caregivers as their child's first teacher.

Tulare

First 5 Tulare County's vision is that all Tulare County children thrive in supportive, safe, loving homes and neighborhoods, and will enter school healthy and ready to learn.

In Fiscal Year 2020–21, all of First 5 Tulare County's funded programs served 42,022 parents and children. First 5 Tulare is proud of all the efforts its programs have put forth in Fiscal Year 2020–21. The following are highlights of two programs:

- United Way of Tulare County 2-1-1 Resource and Referral Program saw an overwhelming increase of 336 percent (from 2018 to 2020) in calls for families seeking health care services and basic needs due to COVID-19, the drought, and fires. United Way of Tulare County 2-1-1 Resource and Referral Program





referred and linked families. The program staff worked tirelessly to ensure families were linked to services.

- Parenting Network Dinuba Family Resource Center opened its doors in March of 2020. Initially, they were unable to provide services due to COVID-19 protocols and procedures. This past year, they focused on outreach and continued to provide services to families in need via creative approaches. This program also has increased the number of families they served this year by 250 percent: Last year, they served 30 families, and this year they served 104.

Tuolumne

First 5 Tuolumne County provides leadership and support for programs to achieve the vision that all children are healthy and ready to learn.

In Fiscal Year 2020–21, First 5 Tuolumne County invested \$569,300, providing services to nearly 1,300 young children, parents, and providers. Although First 5 Tuolumne faced significant challenges due to COVID-19, the programs and staff adapted and found creative and innovative ways to stay connected to local families. Many programs have permanently improved the systems of delivery. First 5 Tuolumne's main focus areas are the following:

- Improved Family Functioning: Staff at the Family Learning Center responded to the need of families by delivering personal protective equipment, diapers, wipes, and other essential supplies, reducing stress on families to find these necessary items.

- » First 5 Tuolumne's parenting classes and home visits were also transitioned to an online platform, which enabled many parents to participate whom otherwise would not have. There were 653 children served with books through the Imagination Library.
- » First 5 Tuolumne has built a great partnership with the Birth Center to offer a *Kit for New Parents* to every parent who delivers their baby at the hospital. Over 300 kits were distributed this year.
- Improved Child Health: The Smile Keepers Oral Health Program was not able to visit children in person due to public health restrictions, but they were able to provide virtual oral health education to 50 parents at birthing classes and 336 parents through online kindergarten registrations.
- Improved Child Development: Tuolumne County invested \$208,000 in supporting its early childhood education system by providing professional development and coaching. Through blended funding, every early childhood educator in the county was eligible to receive a stipend for completing continuing education. Eighty-two providers took this opportunity to increase their knowledge of early childhood development and improve their capacity to serve our youngest children.

Ventura

First 5 Ventura County's Fiscal Year 2020–21 investments in the county's early childhood system supported

the continuation of the place-based Neighborhoods for Learning Initiative, which focused on Parent and Child Together classes and family support services; maintained preschool services; continued investment in Help Me Grow; and ongoing systems integration, advocacy, and capacity building efforts.

During Fiscal Year 2020–21, the Commission developed an implementation plan to support the Fiscal Year 2020–21 Strategic Plan to extend most of the Commission's current investments and target resources towards strengthening the larger early childhood systems and building organizational capacity. The Commission continued to address emerging needs of families with young children and service providers as a result of the COVID-19 pandemic.

- The Commission convened the Early Childhood Education COVID-19 Taskforce to ensure a coordinated response to the child care needs of essential workers and issues facing child care providers. Taskforce partners provided technical assistance workshops for providers on COVID-19 health and safety measures, immunizations, and how to apply for local, state, and federal relief funding.
- Through First 5 Ventura partner networks, emergency supplies of diapers and personal protective equipment provided by First 5 California were distributed to child care providers.
- First 5 Ventura was invited to participate in a national project led by Nemours Children's Health System and a state-level project led by the Center for the Study of Social Policy to better leverage Medi-Cal in promoting child outcomes.
- First 5 Ventura is now slated to receive reimbursement for a portion of expenditures associated with Medi-Cal Administrative Activities, as all Help Me Grow program components were implemented in-house as of July 1, 2020. Significant strides were made this past year with the Commission's parent engagement strategy, which is built upon a national model, in collaboration with the Center for the Study of Social Policy's EC-LINC. EC-LINC is a vibrant learning and innovation network of local communities, dedicated to bringing together a mix of services, supports,

policies, and practices that help all young children and their families thrive—locally and across the nation.

Yolo

In Fiscal Year 2020–21, First 5 Yolo County achieved an increasingly sharper focus on prevention and deeper investments in systems transformation, while supporting COVID-19 responses. Funded program highlights include the following: helping families avoid the need for entry into the Child Welfare Services system and supporting positive parenting; increasing access to early mental health screens and supports; providing public health support with COVID-19 safety trainings; child care provider stabilization; vaccination education; vaccination clinics for child care providers; and concrete supports to families and providers.

- Together with direct service partners, First 5 Yolo further developed its largest initiative, The CHILD Project: Road to Resilience (R2R), for high-risk perinatal families. All program components, including in-clinic/in-community navigation, Healthy Families America Home Visiting, and Behavioral Health Home Visiting, are increasingly coordinated, aligned, and targeted to integrated systems transformation.
- The Commission realized significant progress in its goal of systems improvement and home visiting coordination led by R2R progress. R2R is designed to prevent conditions that contribute to child maltreatment and prevent adverse childhood experiences by identifying high-risk mothers and infants and providing intensive services. R2R establishes central coordination for home visiting, integrates medical and social services, and addresses early learning and family strengthening with over 10 partner agencies. The approach helped to support isolated and vulnerable families during the pandemic.
- Given local and statewide data showing the devastating toll of COVID-19 related impacts on current birth cohorts and noting the inspiring successes of R2R, First 5 Yolo proposed an American Rescue Plan funding project to include postpartum nurse visits for all Medi-Cal families and expanded access to intensive home

visiting services in R2R. Recently approved, this project will launch in Fiscal Year 2021–22 and is planned for a 3-year duration.

Yuba

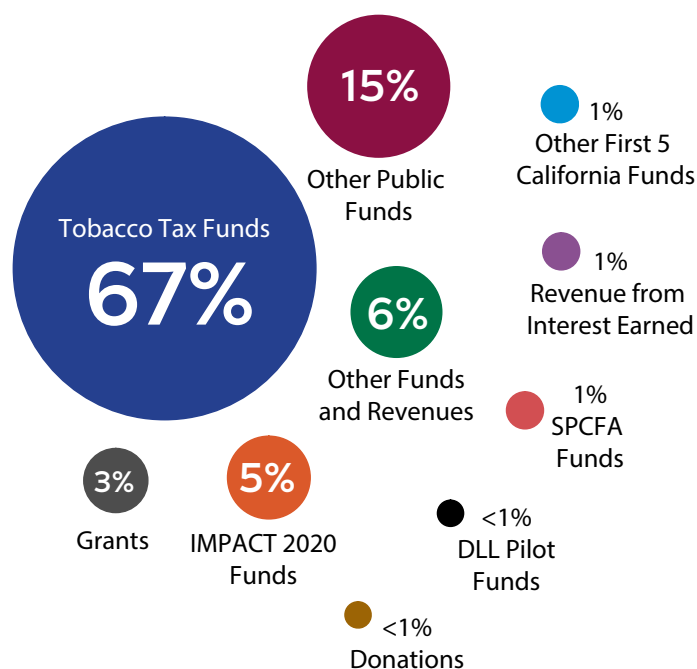
This past year, for the first time since their inception, First 5 Yuba secured over \$425,000 in external grant funds to support the health, development, and wellbeing of children ages 0 to 5 and their families. With these resources, First 5 Yuba was able to bring new programs and services to young children and their families, child care providers, medical providers, home visitors, and community based organizations. Specifically, resources were leveraged to enhance existing early screening and detection programs, build upon current systems change strategies within medical settings, and respond to the ongoing needs of the child care sector induced by the pandemic. With these resources, First 5 Yuba strengthened existing and established new partnerships with both traditional and non-traditional community-serving agencies such as health centers, family resource agencies, resource and referral agencies, community services development, Office of Emergency Services local food bank, child welfare, and others. First 5 Yuba collaborated with existing funded partners

to braid funding and build programs to meet the unique and challenging needs of the families they serve. During the first half of the year, First 5 collaborated with County Community Services Department, Childcare Planning Council and Children's Home Society of California to obtain over \$355,000 of local CARES Act funding. Partners worked quickly to establish a new program using existing systems to distribute stipends directly to licensed and license exempt child care providers to ensure child care businesses remained open and operating safely. Providers were incentivized to expand services and provided tools, such as Chrome books, to help reduce isolation and close the digital divide. During this past year, success can be visualized through undeniable resiliency among First 5 Yuba funded partners, innovative partnerships, and internal growth as an agency to obtain additional resources and meet the growing needs of children ages 0 to 5 and their families.



Appendix A1: Revenues by Sources, FY 2020-21

Tobacco Tax Funds (1)	\$305,363,626	67%
IMPACT 2020 Funds (2)	\$24,684,773	5%
SPCFA Funds (3)	\$4,135,932	1%
DLL Pilot Funds (4)	\$779,440	<1%
Other First 5 California Funds (5)	\$4,986,229	1%
Other Public Funds (6)	\$70,648,597	15%
Donations (7)	\$235,317	<1%
Revenue From Interest Earned (8)	\$4,245,199	1%
Grants (9)	\$15,525,246	3%
Other Funds or Revenues (10)	\$26,798,848	6%
TOTAL REVENUE	\$457,403,207	100%



This table represents revenues for all 58 county commissions.

- (1) Total Proposition 10 and Proposition 56 tobacco tax revenue. Tobacco tax revenues reported by county commissions may differ from revenues reported by First 5 California because of accrued state revenues not yet disbursed to counties.
- (2) Improve and Maximize Programs so All Children Thrive (IMPACT 2020) consortia or regional hub funds received from First 5 California
- (3) Small Population County Funding Augmentation (SPCFA) funds received from First 5 California
- (4) Dual Language Learner (DLL) Pilot funds received from First 5 California
- (5) Other funds received from First 5 California
- (6) Other federal, state or public funds received
- (7) Donations received by the county commission
- (8) Interest earned in all Children and Families Trust Fund revenue accounts by the county commission
- (9) Grants received by the county commission
- (10) Other funds or revenues received, may include rental income or revenue from services provided



Appendix A2: Number of Services and Expenditures by Result Area and Service Type, FY 2020–21

IMPROVED FAMILY FUNCTIONING

Service Type	Children	Primary Caregivers	Providers	Total Primary Caregivers and Providers	Total Number of Services	Percent of Services in Result Area (1)	Percent of Total Number of Services (1)	Total Expenditures for Services	Percent of Service Expenditures in Result Area (1)	Percent of Total Expenditures (1)
Family Literacy and Book Programs	87,033	203,371	925	204,296	291,329	40%	17%	\$5,797,695	6%	2%
General Family Support	107,736	291,198	7,707	298,905	406,641	56%	24%	\$66,225,473	71%	17%
Intensive Family Support	11,891	12,944	449	13,393	25,284	3%	1%	\$21,525,209	23%	6%
Total Improved Family Functioning	206,660	507,513	9,081	516,594	723,254	100%	42%	\$93,548,377	100%	24%

IMPROVED CHILD DEVELOPMENT

Service Type	Children	Primary Caregivers	Providers	Total Primary Caregivers and Providers	Total Number of Services	Percent of Services in Result Area (1)	Percent of Total Number of Services (1)	Total Expenditures for Services	Percent of Service Expenditures in Result Area (1)	Percent of Total Expenditures (1)
Early Learning Program Direct Costs	515,997	5,196	1,647	6,843	522,840	78%	30%	\$15,888,619	21%	4%
Quality Early Learning Supports	73,255	17,467	56,634	74,101	147,356	22%	9%	\$61,479,662	79%	16%
Total Improved Child Development	589,252	22,663	58,281	80,944	670,196	100%	39%	\$77,368,281	100%	20%

IMPROVED CHILD HEALTH

Service Type	Children	Primary Caregivers	Providers	Total Primary Caregivers and Providers	Total Number of Services	Percent of Services in Result Area (1)	Percent of Total Number of Services (1)	Total Expenditures for Services	Percent of Service Expenditures in Result Area (1)	Percent of Total Expenditures (1)
Early Intervention	74,058	29,372	7,686	37,058	111,116	34%	6%	\$33,926,426	30%	9%
General Health Education and Promotion	18,823	18,985	1,637	20,622	39,445	12%	2%	\$6,504,077	6%	2%
Oral Health Education and Treatment	48,454	12,724	28	12,752	61,206	19%	4%	\$9,396,505	8%	2%
Perinatal and Early Childhood Home Visiting	38,800	61,170	61	61,231	100,031	31%	6%	\$58,420,378	52%	15%
Prenatal and Infant/Toddler Pediatric Support	7,773	3,705	11	3,716	11,489	4%	1%	\$3,760,087	3%	1%
Total Improved Child Health	187,908	125,956	9,423	135,379	323,287	100%	19%	\$112,007,473	100%	29%
Total Client Service Counts	983,820	656,132	76,785	732,917	1,716,737					

IMPROVED SYSTEMS OF CARE

Service Type	Total Expenditures for Services	Percent of Service Expenditures in Result Area (1)	Percent of Total Expenditures (1)
Emergency and Disaster Relief	\$11,720,726	11%	3%
Policy and Public Advocacy	\$44,661,681	43%	12%
Systems Building	\$46,469,093	45%	12%
Total Improved Systems of Care	\$102,851,500	100%	27%
Grand Total	\$385,775,631		

(1) Totals may not equal 100 percent due to rounding.

Data include all 58 county commissions. First 5 Kings and First 5 Glenn submitted provisional data for this publication.

Appendix B: Result Area and Service Type Definitions

RESULT AREA: IMPROVED FAMILY FUNCTIONING

Providing parents, families, and communities with relevant, timely, and culturally appropriate information, education, services, and support.

Family Literacy and Book Programs

Programs promoting family literacy, parent-child book sharing, or book ownership for families with children ages birth to 5. The *Kit for New Parents* and *Talk. Read. Sing.*^{*} may be included if these statewide efforts are locally modified to promote literacy, for example, by adding a children's book to the *Kit*, or using *Talk. Read. Sing.*^{*} as a message for distributing books. **Program models or initiatives include** Bookmobile, Dolly Parton's Imagination Library, Habla Conmigo, *Kit for New Parents*, Little by Little, Potter the Otter, Raising a Reader, Reach Out and Read, Story Cycles, *Talk.Read.Sing.*^{*}, and other Local Models.

General Family Support

Programs providing short-term, non-intensive instruction on general parenting topics, and/or support for basic family needs and related case management, including meals, groceries, clothing, and temporary or permanent housing acquisition assistance. General family support may include playgroup programs that provide parents/caregivers with opportunities to engage, learn, and play with their children. Playgroups are structured, intentional opportunities for parents and/or caregivers and their young children to engage, learn, and play to support the optimal development of the child, the social-emotional needs of the family, and increase social connectedness. General family support may also include

referrals to family services such as Family Resource Centers (FRC) and other community resources. Core Operating Support includes staff, facilities, materials and other general operating costs associated with an organization's day-to-day functioning. Fatherhood programs and operational support for family service agencies and/or networks are included. In general, these programs are designed to provide less intense and shorter term ("lighter touch") support services and classes for families by paraprofessional staff (e.g., FRCs). **Program models or initiatives include** Abriendo Puertas, Avance, Core Operating Support, Playgroups, Triple P Levels 2-3, and Five Protective Factors.

Intensive Family Support

Programs providing intensive and/or clinical services by a paraprofessional and/or professional, as well as one-to-one services in family support settings. Programs are generally evidence-based and designed to support at-risk parents and families prenatally or with young children to increase knowledge and skills related to parenting and improved family functioning (e.g., counseling, family therapy, parent-child interaction approaches, and long-term classes or groups). This also is the category for comprehensive and/or intensive services for special populations (e.g., homeless families, teen parents, foster children, special needs children). **Program models or initiatives include** Incredible Years, Nurturing Parenting Program, and Triple P Levels 4-5.

RESULT AREA: IMPROVED CHILD DEVELOPMENT

Increasing the quality of and access to early learning and education for young children.

Early Learning Program Direct Costs

Early learning programs for children 0–5 years old may include preschool programs, kindergarten transition services, and early learning programs for all ages. Programs may include child related early literacy and Science, Technology, Engineering, and Math (STEM) programs; programs for homeless children; migrant programs; and similar investments. Extra supports in early learning settings for homeless children, Federal Migrant or Tribal Child Care programs, and children receiving Alternative Payment vouchers for childcare may be included. **Program models or initiatives include** Facility Grants, First 5-funded Preschool/Childcare Reimbursement, and Summer Bridge Programs.

Quality Early Learning Supports

Programs designed to enhance early learning programs such as professional development for early educators, or implementation and integration of services. This service category may include quality rating and improvement system investments as part of IMPACT 2020 and Quality Counts California. This service category covers early learning and care settings work, most commonly by licensed care providers, but is also inclusive of alternative settings such as FRCs; Family, Friend and Neighbor Care; Boys and Girls Clubs; and libraries. This service category may include interagency collaboration, quality improvement supports, support services to diverse populations, and database management and development. **Program models or initiatives include** Quality Counts California.

RESULT AREA: IMPROVED CHILD HEALTH

Promoting optimal health through identification, treatment, and elimination of the risks that threaten children's health and lead to developmental delays and disabilities in young children.

Early Intervention

Programs providing screening, assessment, and diagnostic services, including referrals or follow-up to needed services. Programs including early intervention or intensive services to children with disabilities and other special needs, or at-risk for special needs, may be included. May include strategies targeting language and communication skills, social and emotional development, developmental delays, and related parent education. Developmental playgroups are specifically intended for children who have been identified as at-risk for developmental delays. Additionally, the playgroup staff are trained to support each child's specific early intervention goals. Mental Health Consultations in early learning and care settings are included. **Program models or initiatives include** Care Coordination and Linkage, Developmental Playgroups, and Mild-to-Moderate Supports.

General Health Education and Promotion

Programs promoting children's healthy development, including nutrition, fitness, and access to insurance (health, dental, vision) and health services. Programs also may focus on increased awareness of information about child safety seats, fire, safe sleep, and substance education (drugs, alcohol, tobacco). **Program models or initiatives include**

Nutrition/Breastfeeding, Safety Education, and Smoking or Tobacco Cessation.

Oral Health Education and Treatment

Programs providing an array of services, including dental screening, assessment, cleaning and preventive care, treatment, fluoride varnish, and parent education on the importance of oral health care. This category may include provider training and care coordination of services. **Program models or initiatives are** Local Models.

Perinatal and Early Childhood Home Visiting

Home visiting is the primary service delivery strategy for inter-generational family-centered supports. Home visiting services are provided in the home by qualified professionals with parents, prenatally and/or with children birth to age 3. These voluntary programs tailor services to meet the needs of individual families and offer information, guidance, and support directly in the home environment. While home visiting programs vary in goals and content of services, in general, they combine parenting and health care education, early intervention, and early learning supports for young children and their families. Their visits focus on linking pregnant women with prenatal care, promoting strong parent-child attachment, and coaching parents on learning activities that foster their child's development and supporting families during the pivotal window of pregnancy through early childhood. **Program models or initiatives include** Early Head Start; Healthy Families America; Healthy Steps; Home Instruction for Parents of Preschool Youngsters; Nurse Family Partnership; Parents as Teachers, Other Maternal,

Infant, and Early Childhood Home Visiting Approved; Welcome Baby; and other Local Models.

Prenatal and Infant/Toddler Pediatric Support

Out-of-home programs include prenatal care and follow-up for healthy development-related services during the first three years of a child's life. These programs are designed to improve the health and well-being of women during and after pregnancy, and the infant or young child by a paraprofessional and/or professional outside of the family home, including, but not limited, to pediatric or clinical environments. Programs may provide comprehensive support, including parenting education, health information, developmental assessments, providing referrals, and promoting early learning. **Program models or initiatives include** Developmental Understanding and Legal Collaboration for Everyone, Healthy Steps, and other Local Models.

RESULT AREA: IMPROVED SYSTEMS OF CARE

Implementing integrated, comprehensive, inclusive, and culturally and linguistically appropriate services to achieve improvements in one or more of the other Result Areas.

Emergency and Disaster Relief

Unplanned expenditures made in response to a community disruption resulting from local, regional, or statewide events such as fires, earthquakes, floods, widespread illness (epidemic, pandemic), or riots. Direct materials or support may include addressing immediate needs of individuals or communities for items such as diapers, clothing, food, shelter, transportation, childcare, and lost wages. This also includes coalition

building funding used in concert with other philanthropic, government, and business partners to support broader emergency response systems efforts.

Program models or initiatives include Direct Material Support and Coalition Building.

Policy and Public Advocacy

Services include community awareness, and public outreach and education on issues related to children ages 0–5 years old and their families. This also includes work focused on policy change, work with local and statewide stakeholders, Town Halls, policy development, and related efforts.

Program models or initiatives include Resilient Families and Communities, Child Health, Early Learning, and Revenue Sustainability.

Systems Building

Efforts to improve service quality, connections between programs, infrastructure support, and professional development. This category includes activities such as strategic planning, business planning, grant writing workshops, sustainability workshops, and assistance in planning and promoting large community conferences or forums. These improvement efforts should result in

improved outcomes for children ages 0–5 years old. Improvements could be geared toward creating a well-trained workforce with shared professional standards and competencies, creating strong and effective linkages across system components, or leveraging funding to sustain the system of care. Database management and other cross-agency systems evaluation are also included. Program models or initiatives include Early Identification and Intervention (e.g., Help Me Grow), Family Resiliency, Health Systems, Place-Based, and Trauma Informed Care/Adverse Childhood Experiences.



Appendix C: Demographics of Populations Served, FY 2020–21

AGE	INDIVIDUALS SERVED
Children Less than 3 Years Old	185,499
Children from 3rd to 6th Birthday	194,058
Children—Ages Unknown (birth to 6th birthday)	123,081
Primary Caregivers	703,802
Providers	74,539
Total Children Ages 0-5	502,638
Total Primary Caregivers	703,802
Total Children, Caregivers, and Providers	1,280,929



RACE/ETHNICITY	CHILDREN 0-5	PRIMARY CAREGIVERS	TOTAL (1)
Alaska Native/American Indian	3,419	1,797	5,216
Asian	32,403	56,928	89,331
Black/African–American	21,680	24,072	45,752
Hispanic/Latino	203,798	177,746	381,544
Native Hawaiian or Other Pacific Islander	1,360	1,170	2,530
Other	15,606	47,113	62,719
Two or more races	16,363	12,531	28,894
White	69,047	49,371	118,418
Unknown	138,962	333,074	472,036
Total	502,638	703,802	1,206,440

LANGUAGE	CHILDREN 0-5	PRIMARY CAREGIVERS	TOTAL (1)
English	211,341	205,007	416,348
Spanish	123,773	133,365	257,138
Vietnamese	12,806	39,272	52,078
Other	12,651	16,564	29,215
Cantonese	2,299	1,744	4,043
Mandarin	1,244	1,157	2,401
Korean	354	376	730
Unknown	138,170	306,317	444,487
Total	502,638	703,802	1,206,440

(1): Column does not include race/ethnicity and language for providers. These data are not collected for the provider population.

References

- ¹ UCLA Center for Health Policy Research. Ask CHIS 2003-2020. Current Smoking Status—Adults. <https://ask.chis.ucla.edu/>. Accessed November 17, 2021.
- ² World Health Organization (2021). Tobacco Control to Improve Child Health and Development: Thematic Brief. <https://www.who.int/publications/i/item/9789240022218>
- ³ Shastri, S.S., Talluri, R., Shete, S. (2021). Disparities in Secondhand Smoke Exposure in the United States: National Health and Nutrition Examination Survey 2011-2018. JAMA Internal Medicine, 181 (1): 134-137.
- ⁴ Meng, YY, Ponce, NA (2020). The Changing Landscape: Tobacco and Marijuana Use Among Young Adults in California. Los Angeles, California.: UCLA Center for Health Policy Research.
- ⁵ Barton, L.R., & H.E. Brophy-Herb. (2006). "Developmental Foundations for Language and Literacy from Birth to Three Years." In Learning to Read the World: Language and Literacy in the First Three Years, eds. S.E. Rosenkoetter & J. Knapp-Philo, 15–60. Washington, DC: Zero to Three.
- ⁶ Bhushan D, Kotz K, McCall J, Wirtz S, Gilgoff R, Dube SR, Powers C, Olson-Morgan J, Galeste M, Patterson K, Harris L, Mills A, Bethell C, Burke Harris N, Office of the California Surgeon General. Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health. Office of the California Surgeon General, (2020). DOI: 10.48019/PEAM8812.
- ⁷ Bartlett, J.D., & Vivrette, R. (2020). "Ways to Promote Children's Resilience to the COVID-19 Pandemic." Bethesda, MD: Child Trends. http://www.centerforchildwelfare.org/kb/SafePrev/COVIDProtectiveFactors_ChildTrends_April2020.pdf
- ⁸ Educare California at Silicon Valley. <http://educaresv.org/>
- ⁹ Educare Los Angeles at Long Beach. <https://www.educareschools.org/schools/los-angeles-long-beach>



OUR VISION

*California's children receive the
best possible start in life and thrive.*



FIRST 5 CALIFORNIA

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E. Presentations/Action Items – Deborah Clark-Crews, Chair

1. Low Income Investment Fund (LIIF) Presentation - Angie Garling, Vice President, and Joe Fretwell, Program Officer - Early Care and Education, Low Income Investment Fund; Eileen Monahan - Early Care and Education, Eileen Monahan Consulting; Jeff Vincent, Director of Public Infrastructure Initiatives - Center for Cities and Schools, University of California Berkley

- a. **22-08:** Approve Contract with Low Income Investment Fund (LIIF) for Build Up for Riverside County's Children Initiative from March 9, 2022 - June 30, 2024 (**CONTRACT NO. CF22146-PSC**) [**\$440,133 - PROP 10 FUNDS**] **77**





Riverside County Child Care Facilities Landscape Scan

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First 5 Riverside Board of Commissioners Update
March 9, 2022





Project Scope and Background

- Landscape scan of ECE facilities with three core goals:
 - Increase awareness of facilities supply gap in key communities
 - Prepare the County for potential new local, state, and federal resources
 - Consider strategies for build capacity with operators to build the ECE pipeline and increase supply
- Methodology:
 - Interviews with ECE providers and key stakeholders
 - Data collection and analysis on existing facility supply, need, and costs for meeting demand
 - Research on best practices and revenue generating strategies to inform future County investments

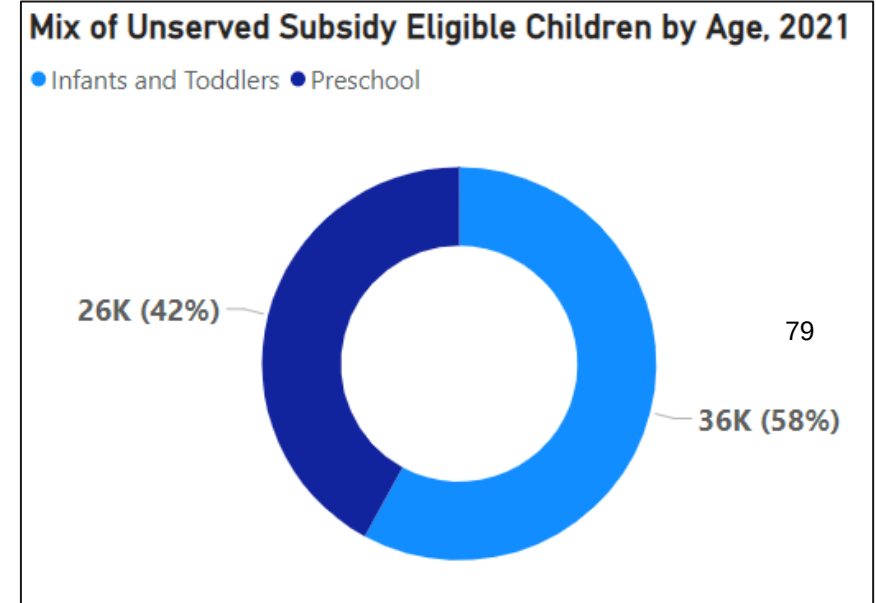
Core Study Questions:

1. Who needs child care?
What types?
2. What do operators need
to expand?
3. What is the cost of
meeting the need?

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Who needs child care? What type?

- Before the Covid-19 pandemic, the Bipartisan Policy Center (BPC) estimated that nearly 107,000 children ages 0-5 in Riverside County needed child care, but only **45,720** licensed slots existed^[1]
 - 60% of children under 5 live in households where all parents are in the workforce
 - One in three young children live in single-parent, working households
- As of 2021, **61,537** children were eligible for child care subsidies but unserved^[2]
- 2021 county child care licensing data shows deep impacts of the pandemic on the county's supply of child care
 - Now only **1,251** active or pending licensed child care facilities

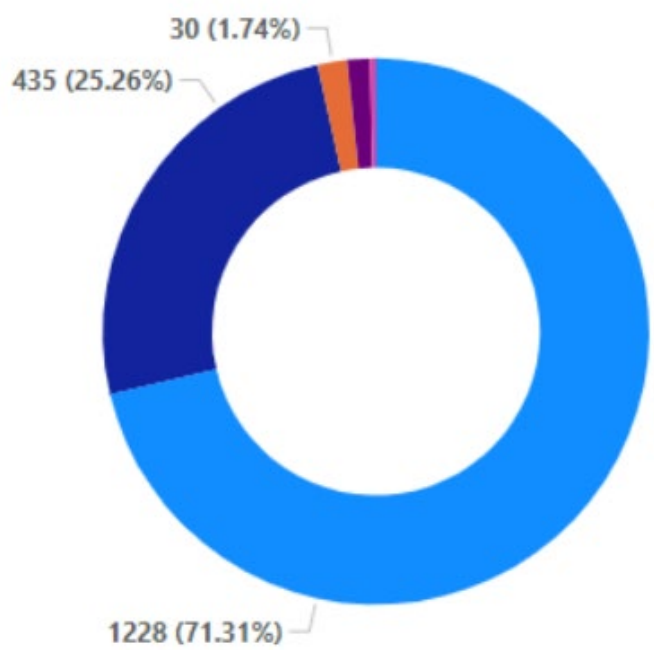




Who needs child care? What type?

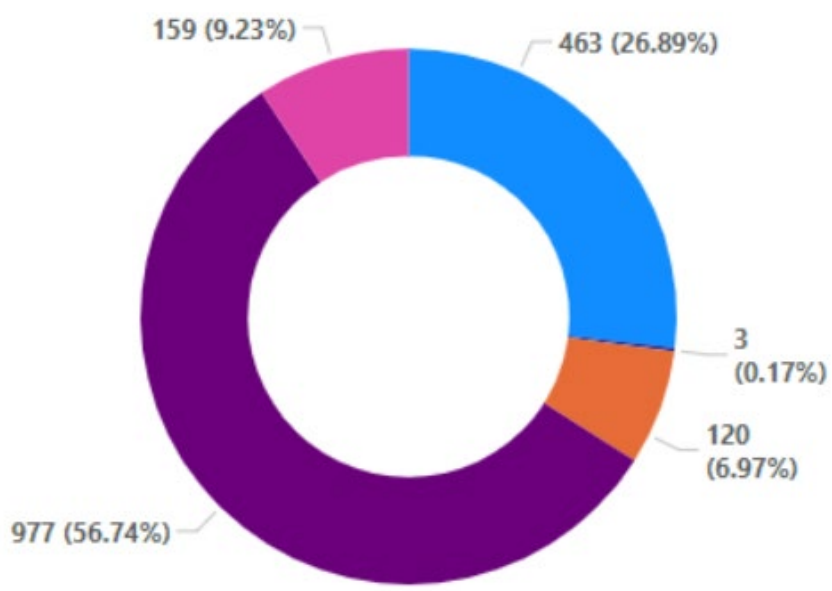
More licensed ECE facilities are needed countywide, especially after the pandemic

Licensed ECE Facilities by Operating Status



License Status ● Active ● Closed ● Inactive ● Pending ● Probation

Licensed ECE Facilities by License Type

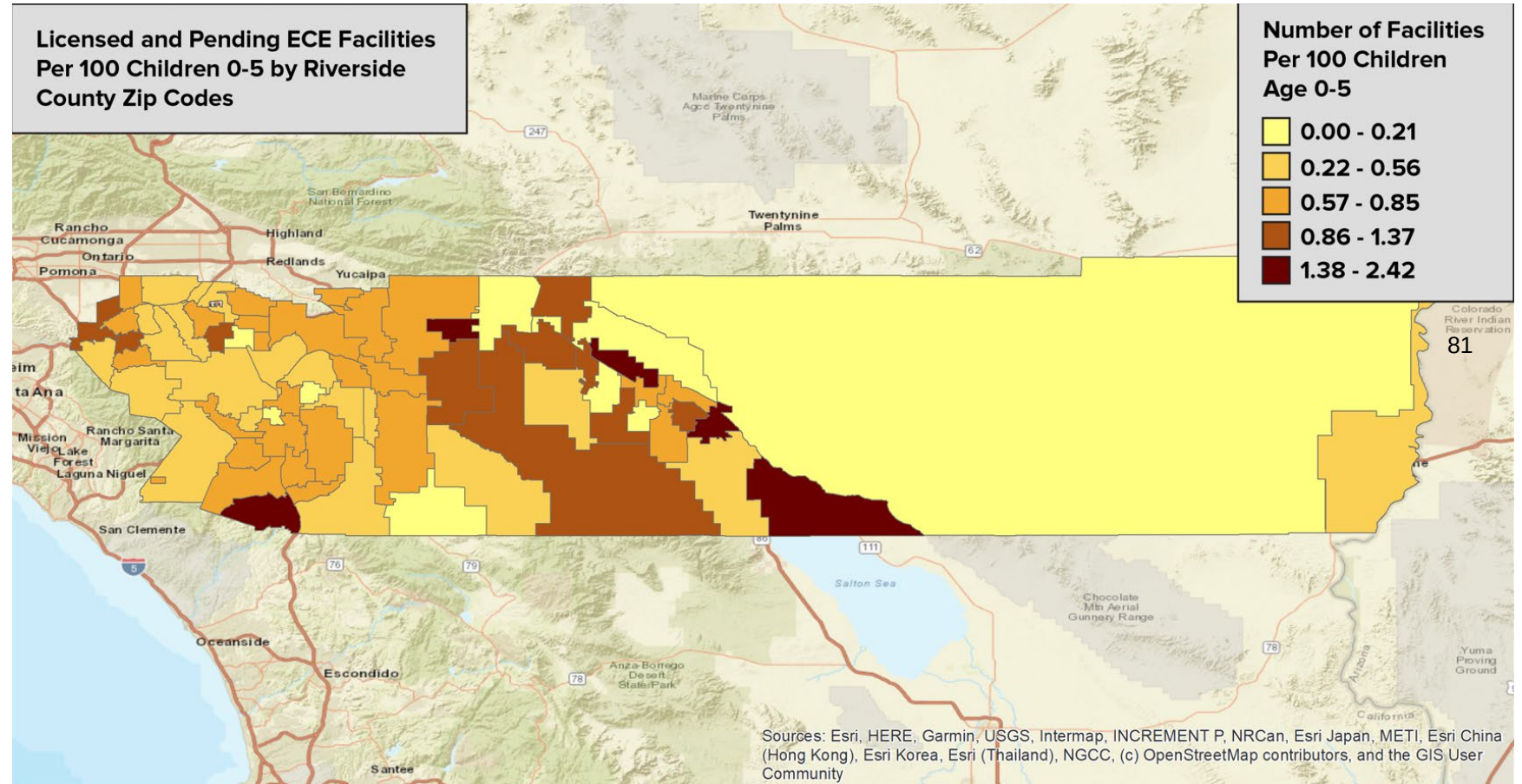


License Type ● Center ● ILL Center ● Infant Center ● Family Child Care ● School Age

Who needs child care? What type?

Aggregate child care supply largely correlates with population centers, but the county as a whole lacks sufficient supply.

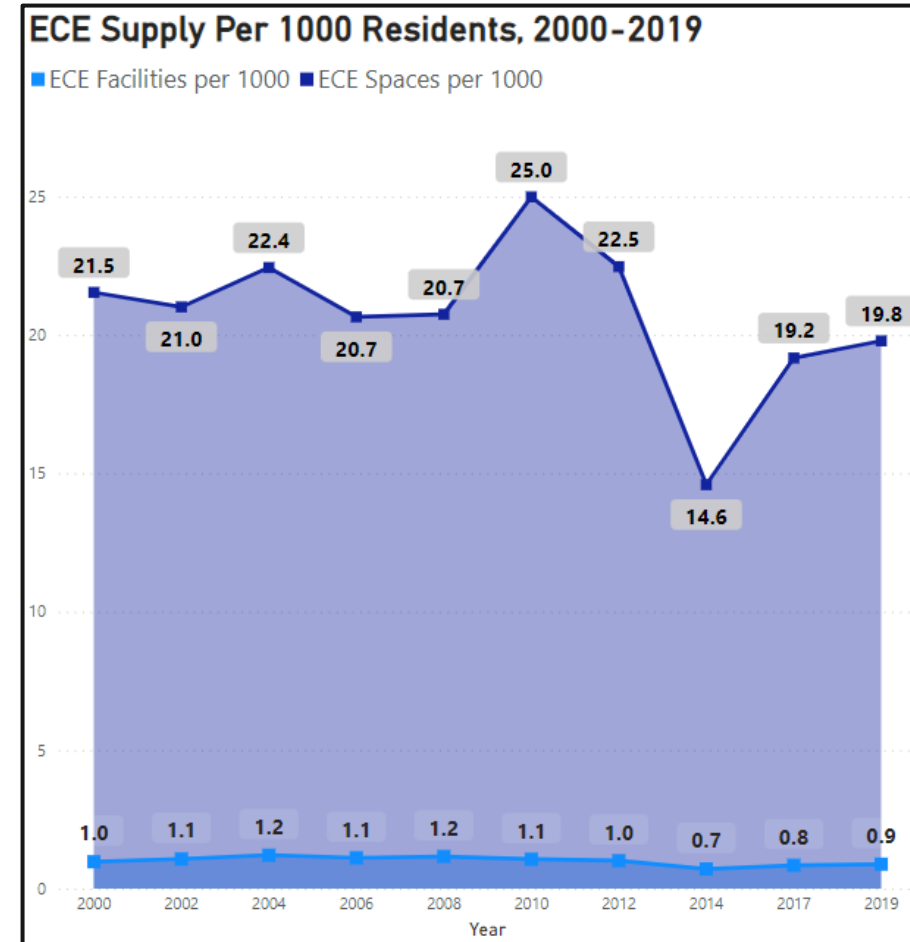
Current licensing data shows that no zip code in Riverside County has more than 2.5 active, licensed ECE facilities per 100 children ages 0-5.



Who needs child care? What type?

Understanding current supply in the context of demography, geography, and economics

- Since 2000, County population has grown by more than 65%
- State population forecasting anticipates steady growth through 2040, when the county will approach 3 million total residents
- Before the pandemic, Riverside County had just 20 licensed child care slots and less than 1 licensed facility per 1,000 residents

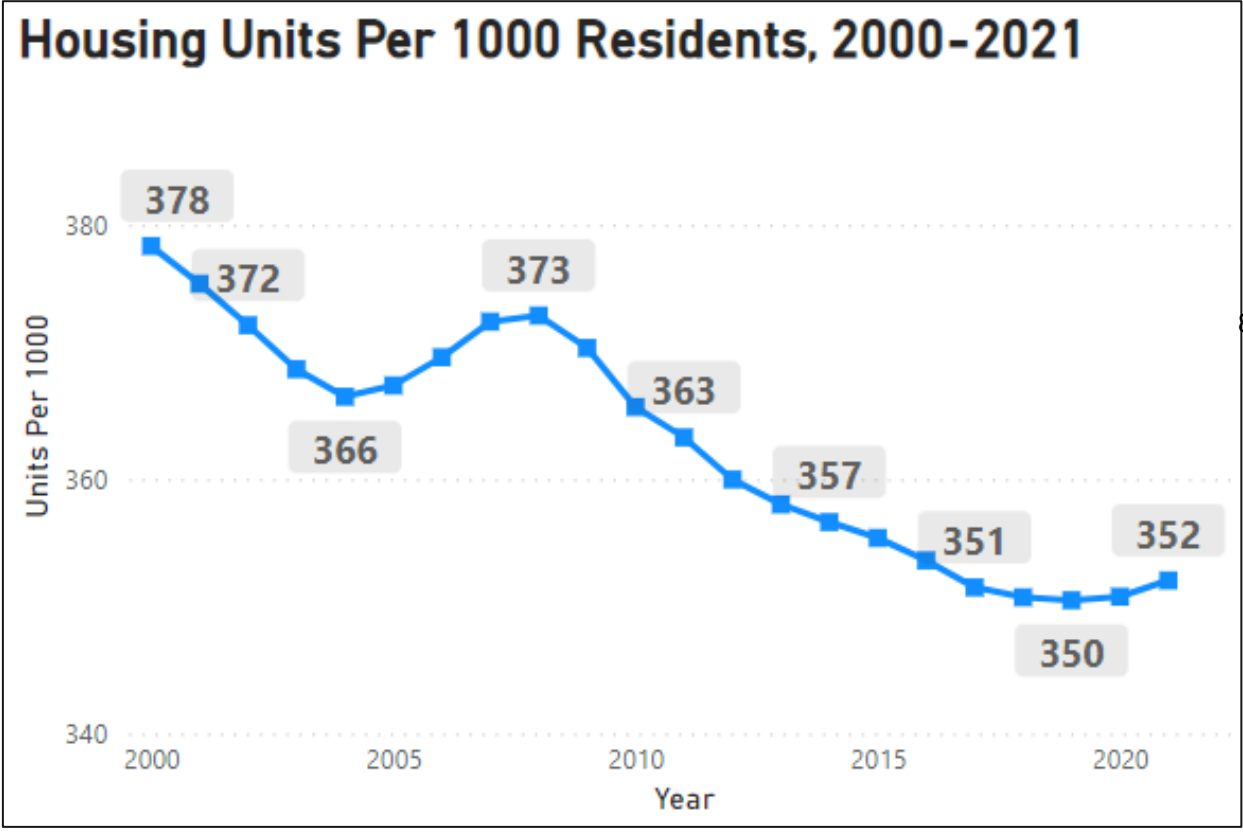
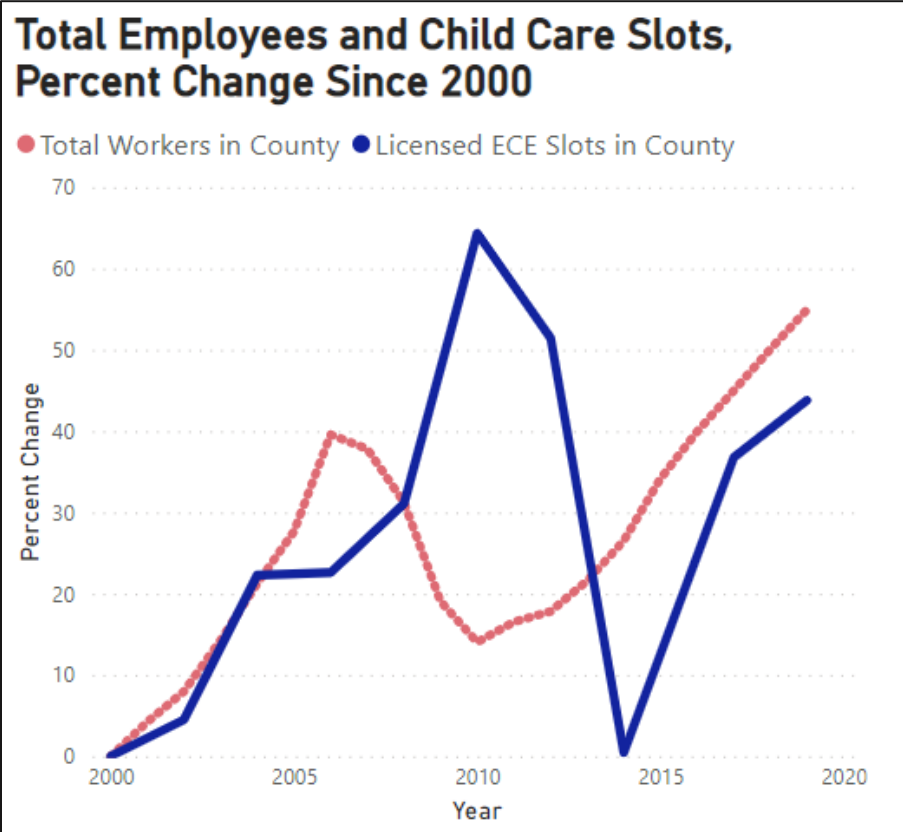


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Who needs child care? What type?

Examining two decades of development trends to understand current supply



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What is needed by Operators to expand?

Financial Resources and Support

- Capacity to track and successfully apply for grants
- Operational models and training on serving 0–3
- Funding for pre-planning through startup
- Funding for both repair and maintenance

“ We just need financing – it’s so hard to find. Future casting is difficult for nonprofits. Our own bank won’t loan to us.”

What is needed by Operators to expand?

Non-governmental support for ECE facilities is limited

Between 2016 and 2020, ECE providers in Riverside County struggled to access the most common forms of non-governmental capital support^[1]:

- **Small Business Administration (SBA) loans** – Only 10 child care businesses in Riverside County received SBA loans, collectively valued at \$615,000
- **Loans from Community Development Financial Institution (CDFIs)** – CDFIs supported just 3 county ECE providers with \$215,000 in loans. Comparatively, more than 1,000 non-child care businesses in the county received \$126 million in CDFI support in this time period.
- **Facilities grants from philanthropic organizations** – Nonprofit foundations in the county provided just 5 grants related to children and families, lagging such activity in neighboring counties.

Grantmaking Related to Children and Families in Five-County Region, 2016-2020

County	Active Foundations	Total Grants	Average Grant Size
Los Angeles	89	236	\$161,021
Orange	12	16	\$349,528
San Diego	9	14	\$157,273
Riverside	3	5	\$151,643
San Bernardino	1	1	\$78,540
Statewide	274	920	\$286,424

Source: Reinvestment Fund analysis of Candid database.



What is needed by Operators to expand?

Current Financial Resources for Child Care Facility Development

- Two jurisdictions with developer fee funds dedicated to child care
- First 5 funding
- ARPA funds
- State Infrastructure grants
- Child care in housing developments
- Transitional Kindergarten and UPK
- Financing mechanisms – New Market Tax Credits, Bank CRA grants, SBA, Low Income Housing Tax Credit, Community Development Block Grant
- Build Back Better (potentially)

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What is needed by Operators to expand?

Supports and Systems to Help Operators Expand

- Consistent, coordinated TA and expertise for facilities development
- Linking operators with developers and businesses
- Staffing for expansion
- Clarity on how programs will operate with UPK
- Connections between FCC and hubs to provide support and coordination





What is needed by Operators to expand?

Supportive Government Policies

- Government interest and expertise in child care facilities
- City and County land use and community development policies that support child care
- Government funding set-asides
- Tracking, directing and securing resources for child care facilities development
- Training and assistance with licensing applications

“People respond to incentives. Entitlements are just one of the leverage opportunities governments have. They can also say ‘to give you this land, or this money, you have to include child care.’”

What is the cost of meeting the need?

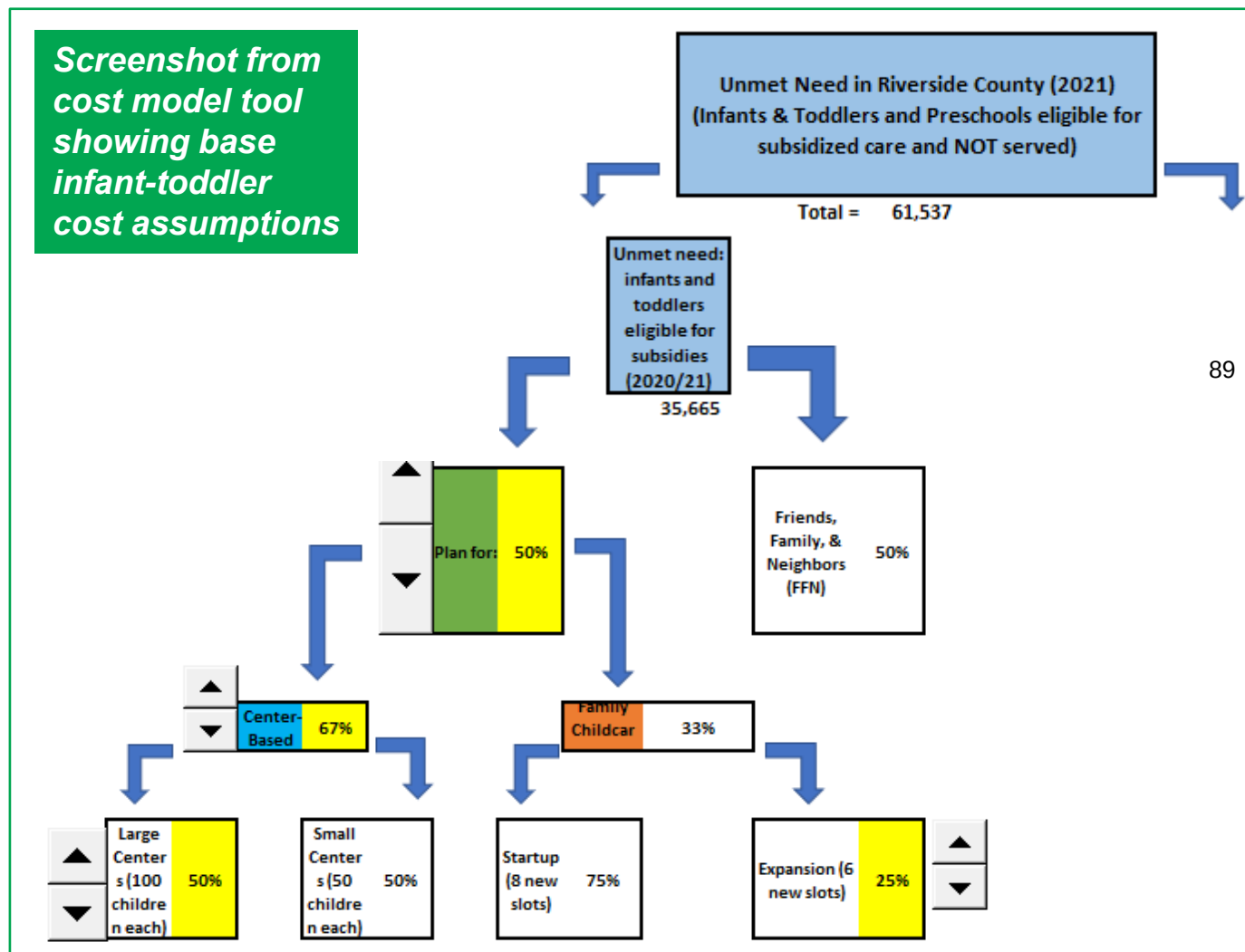
Developing a cost model using common construction cost and square footage assumptions

Methodology and data sources:

- Base data on child care supply and demand (Source: Riverside County Local Child Care and Development Planning Council 2021 zip code analysis)
- Adjustable assumptions on square footage requirements by age band and license type, costs of construction, etc.

Product:

- Interactive, excel-based tool for evaluating anticipated costs to construct sufficient child care facilities given current shortages
- Outputs presented at county-wide and zip code levels





What is the cost of meeting the need?

Developing a cost model using common construction cost and square footage assumptions

Relevant space and cost assumptions:

- 100 square feet of indoor space per child @ \$400 / sq. ft.
- 225-449 square feet of outdoor space per child @ \$200 / sq. ft.
- \$15,000 needed per family child care expansion
- \$20,000 needed per family child care start-up

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Relevant planning assumptions:

- 50% of total infants and toddlers will need care, two-thirds of which will be served in centers and one-third in FCCs
- 90% of total preschoolers will need care, two-thirds of which will be served in centers and one-third in FCCs
- 50% of center-based projects are new construction, and centers are evenly split between small (50 children) and large (100 children)
- 75% of FCC projects will be start-up and 25% will be expansion

What is the cost of meeting the need?

Developing a cost model using common construction cost and square footage assumptions

Estimated Facility Costs for Riverside County

Indoor Facilities Costs for Infants & Toddlers	\$492,622,813
Indoor Facilities Costs for Preschoolers	\$643,242,600
Total Est. Indoor Costs	\$1,135,865,413
Range of Total Est. Outdoor Costs	\$1,966,702,500 - \$3,924,664,100

*Total potential financing need to meet the 60,000+ gap in licensed child care slots: **\$3.1 billion***

Estimated Facilities Needed for Riverside County

Type	Infant-Toddler	Preschool
FCC	798	1,041
Center	180	234
Total	978	1,275

*Total potential facilities to be constructed, expanded, or modernized: **2,253***

Assuming that construction projects are built to last 50 years and an average child will use a space in an ECE facility for 4 years, actual cost of meeting need is about \$50,000 per space or \$4,200 per child.

Preliminary Recommendations

- **Hire coordinator(s)** to launch a business support network, provide TA to individual providers, create and monitor a pipeline, and usher in new resources to the county
- Allocate and secure more **money** for facilities based on cost modeling
- Create a geographic mapping tool to monitor the **ECE facilities pipeline**
- Focus on **co-location** of ECE and other community infrastructure
- Revise city and county **land use policies** to encourage child care development
- Incorporate an **employer child care initiative**
- Coordinate with Child Care **Workforce Development** efforts





AGENDA ITEM: 22-08

DATE OF MEETING: March 9, 2022

ACTION: ☒

INFORMATION: ☐

**APPROVE CONTRACT WITH
LOW INCOME INVESTMENT FUND
FOR BUILD UP FOR RIVERSIDE COUNTY'S CHILDREN INITIATIVE
FROM MARCH 9, 2022 – JUNE 30, 2024 (CONTRACT NO. CF22146 - PSC)
[\$440,133 – PROP 10 FUNDS]**

SUMMARY OF REQUEST

Approve Contract No. CF22146 - PSC with Low Income Investment Fund (LIIF) for an amount not to exceed \$440,133, effective March 9, 2022 – June 30, 2024, to support Build Up for Riverside County's Children, an initiative to build the Early Childhood Education (ECE) supply through capacity building, education, and co-location of early care and education facilities.

BACKGROUND

Capacity building, education, and partnerships yielding co-location opportunities are needed to expand the supply of ECE spaces in Riverside County. The contract will support a full-time Program Officer, housed at First 5 Riverside County (F5RC), focused on developing an ECE pipeline throughout the county, develop F5RC staff capabilities in ECE facilities development, and manage contract deliverables.

Since October 2021, LIIF has supported First 5 Riverside County (F5RC) in conducting a landscape scan of existing Early Childhood Education (ECE) facilities throughout the county, assessing the need for and geographic spread of future ECE facility development, and developing a cost model to estimate county investments needed to adequately address the demand for childcare. Analysis of existing childcare licensing data has revealed that Riverside County currently has only six (6) active, licensed ECE facilities per 1,000 children ages 0-5. The Bipartisan Policy Center indicates that, across all income levels, Riverside County needs to add 59,750 licensed childcare slots to meet estimated current demand. The LIIF cost model finds that meeting this demand could cost more than \$1.4 billion in ECE facilities construction and expansion efforts.

September 8, 2021: Riverside County Children & Families Commission authorized the executive director to execute contract CF22146 with LIIF for a total amount not to exceed \$65,000. Deliverables include data collection and development of an action plan to guide future direction and leverage federal stimulus funding and other potential opportunities.

LOW INCOME INVESTMENT FUND (LIIF)

LIIF has a dedicated focus on improving access to quality ECE and is a non-profit community development financial institution (CDFI) that has invested over \$2 billion in capital to high-impact community development projects nationally, including \$200 million in investments to support ECE nationwide. LIIF has served the ECE sector for nearly 30 years and has undertaken similar landscape scan and action-plan development work for Sonoma and San Luis Obispo counties. LIIF served as the facilities-lead on the California Early Learning and Care Master Plan.

RECOMMENDED ACTION

That the Commission:

1. Approve Contract No. CF22146 with Low Income Investment Fund for an amount not to exceed \$440,133 effective March 9, 2022 – June 30, 2024 and authorize the Executive Director to sign the amendment of the contract on behalf of the Commission, subject to County Counsel approval as to form.
2. Authorize the Executive Director, based on the availability of fiscal funding and as approved by County Counsel to sign amendments that exercise the options of Contract No. CF22146, on behalf of the Commission including modifications of the statement of work that stay within the intent of said contract without requiring further action from the Commission.

BUDGET IMPACT

Adequate appropriation exists in the FY 21/22 budget (938001-25800-92950-525440). The remaining funding will be included in the FY 22/23 proposed annual budget.

STRATEGIC PLAN RELEVANCE

Priority Area 1: Quality Early Learning

POTENTIAL CONFLICTS OF INTEREST

None known

ATTACHMENTS

1. LIIF Contract No. CF22146, Scope of Work and Budget

CONTRACT FOR PROFESSIONAL SERVICES
Contract No. CF22146

Riverside County Children and Families Commission and
Low Income Investment Fund

This Contract for Professional Services is made and entered into by and between the Riverside County Children and Families Commission ("RCCFC") aka First 5 Riverside and Low Income Investment Fund ("CONTRACTOR"). The parties hereto mutually agree as provided herein, including Exhibits "A and B" attached hereto and incorporated herein by reference.

1. **PROJECT**: CONTRACTOR shall perform services for the RCCFC as stated in Exhibits A and B and incorporated into this contract. CONTRACTOR shall perform these services in a complete, skillful, and professional manner. CONTRACTOR shall not provide any services which shall cause RCCFC to incur additional costs beyond those stated in this Contract without the proper advance written consent of RCCFC.
2. **TIME FOR PERFORMANCE**: The project shall begin on March 9, 2022 and shall be completed on or before June 30, 2024, or at such other time as is mutually agreed upon in writing by RCCFC and CONTRACTOR as provided herein.
3. **COMPENSATION**: The total amount of compensation to be paid to CONTRACTOR for the services to be provided pursuant to this contract (including any and all costs incurred by CONTRACTOR) shall not exceed FOUR HUNDRED FORTY THOUSAND ONE HUNDRED THIRTY-THREE DOLLARS (\$440,133) for this contract.
4. **TERMINATION**: This contract may be terminated by CONTRACTOR or RCCFC, for no cause, with a thirty (30) day written notice to the other party, as provided herein. In addition, it is mutually agreed and understood that the obligation of RCCFC is limited and contingent upon the availability of Proposition 10 funds for payment to CONTRACTOR; and that this contract may be immediately terminated by RCCFC if funds are no longer available. In the event RCCFC abandons or postpones the project, or terminates the project for lack of funds, then RCCFC shall make payment for all services provided by CONTRACTOR to the date of written notice of termination.
5. **LICENSES: COMPLIANCE WITH LAWS**: CONTRACTOR, including its employees and agents, shall maintain all licenses required by law or regulation while performing services under this contract. CONTRACTOR shall at all times comply with all laws and regulations applicable to the services provided pursuant to this contract.
6. **CONFIDENTIALITY**: CONTRACTOR shall maintain the confidentiality of information, including protection of names and other identifying information from unauthorized disclosure, except for statistical information which shall not identify any individual person and which shall be used only for carrying out the obligation of CONTRACTOR under this contract. CONTRACTOR shall not disclose any information, except as specifically permitted by this contract. CONTRACTOR shall observe all Federal, State, County and RCCFC regulations concerning confidentiality of records.

7. **CONFLICT OF INTEREST:** The parties hereto and their respective employees or agents shall have no interest, and shall not acquire any interest, direct or indirect, which will conflict in any manner or degree with the performance of services required under this contract.
8. **WORK PRODUCT:** All reports, preliminary findings or data assembled or compiled by CONTRACTOR under this Agreement shall become the property of RCCFC. RCCFC reserves the right to authorize others to use or reproduce such materials. Therefore, such materials may not be circulated in whole or in part, nor released to the public, without the prior, written authorization from the RCCFC.
9. **ADMINISTRATION:** The Executive Director of RCCFC (or designee) shall administer this contract on behalf of RCCFC.
10. **RECORDS AND REPORTS:** Contractor shall maintain accurate and complete financial and performance records for a minimum of two (2) years from the date of final payment under this contract, or until any relative County, State, and/or Federal audits of which Contractor is made aware of are completed, whichever is later, and shall maintain such records locally, to be made available for inspection by Contractor upon reasonable request.
11. **INSURANCE:** Without limiting or diminishing the CONTRACTOR'S obligation to indemnify or hold the COUNTY harmless, CONTRACTOR shall procure and maintain or cause to be maintained, at its sole cost and expense, the following insurance coverage's during the term of this Contract. As respects to the insurance section only, the COUNTY herein refers to the County of Riverside, its Agencies, Districts, Special Districts, and Departments, their respective directors, officers, Board of Supervisors, employees, elected or appointed officials, agents or representatives.
 - A. **Workers' Compensation:**

If the CONTRACTOR has employees as defined by the State of California, the CONTRACTOR shall maintain statutory Workers' Compensation Insurance (Coverage A) as prescribed by the laws of the State of California. Policy shall include Employers' Liability (Coverage B) including Occupational Disease with limits not less than \$1,000,000 per person per accident. The policy shall be endorsed to waive subrogation in favor of The County of Riverside.
 - B. **Commercial General Liability:**

Commercial General Liability insurance coverage, including but not limited to, premises liability, unmodified contractual liability, products and completed operations liability, personal and advertising injury, and cross liability coverage, covering claims which may arise from or out of CONTRACTOR'S performance of its obligations hereunder. Policy shall name the COUNTY as Additional Insured. Policy's limit of liability shall not be less than \$1,000,000 per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this Contract or be no less than two (2) times the occurrence limit.
 - C. **Vehicle Liability:**

If vehicles or mobile equipment are used in the performance of the obligations under this Contract, then CONTRACTOR shall maintain liability insurance for all owned, non-owned or hired vehicles so used in an amount not less than \$1,000,000 per

occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this Contract or be no less than two (2) times the occurrence limit. Policy shall name the COUNTY as an Additional Insured.

D. General Insurance Provisions - All lines:

- 1) Any insurance carrier providing insurance coverage hereunder shall be admitted to the State of California and have an A M BEST rating of not less than A: VIII (A:8) unless such requirements are waived, in writing, by the County Risk Manager. If the County's Risk Manager waives a requirement for a particular insurer such waiver is only valid for that specific insurer and only for one policy term.
- 2) The CONTRACTOR must declare its insurance self-insured retention for each coverage required herein. If any such self-insured retention exceeds \$500,000 per occurrence each such retention shall have the prior written consent of the County Risk Manager before the commencement of operations under this Contract. Upon notification of self-insured retention unacceptable to the COUNTY, and at the election of the County's Risk Manager, CONTRACTOR'S carriers shall either; 1) reduce or eliminate such self-insured retention as respects this Contract with the COUNTY, or 2) procure a bond which guarantees payment of losses and related investigations, claims administration, and defense costs and expenses.
- 3) CONTRACTOR shall furnish the County of Riverside with either 1) a properly executed original Certificate(s) of Insurance and certified original copies of Endorsements effecting coverage as required herein, and 2) if requested to do so orally or in writing by the County Risk Manager, provide original Certified copies of policies including all Endorsements and all attachments thereto, showing such insurance is in full force and effect. Further, said Certificate(s) and policies of insurance shall contain the covenant of the insurance carrier(s) that thirty (30) days written notice shall be given to the County of Riverside prior to any material modification, cancellation, expiration or reduction in coverage of such insurance. In the event of a material modification, cancellation, expiration, or reduction in coverage, this Contract shall terminate forthwith, unless the County of Riverside receives, prior to such effective date, another properly executed original Certificate of Insurance and original copies of endorsements or certified original policies, including all endorsements and attachments thereto evidencing coverage's set forth herein and the insurance required herein is in full force and effect. *CONTRACTOR shall not commence operations until the COUNTY has been furnished original Certificate (s) of Insurance and certified original copies of endorsements and if requested, certified original policies of insurance including all endorsements and any and all other attachments as required in this Section. An individual authorized by the insurance carrier to do so on its behalf shall sign the original endorsements for each policy and the Certificate of Insurance.*
- 4) It is understood and agreed to by the parties hereto that the CONTRACTOR'S insurance shall be construed as primary insurance, and the COUNTY'S insurance and/or deductibles and/or self-insured retentions or self-insured programs shall not be construed as contributory.

- 5) If, during the term of this Contract or any extension thereof, there is a material change in the scope of services; or, there is a material change in the equipment to be used in the performance of the scope of work; or, the term of this Contract, including any extensions thereof, exceeds five (5) years; the COUNTY reserves the right to adjust the types of insurance and the monetary limits of liability required under this Contract, if in the County Risk Manager's reasonable judgment, the amount or type of insurance carried by the CONTRACTOR has become inadequate.
 - 6) CONTRACTOR shall pass down the insurance obligations contained herein to all tiers of subcontractors working under this Contract.
 - 7) The insurance requirements contained in this Contract may be met with a program(s) of self-insurance acceptable to the COUNTY.
 - 8) CONTRACTOR agrees to notify COUNTY of any claim by a third party or any incident or event that may give rise to a claim arising from the performance of this Contract.
12. **INDEPENDENT CONTRACTOR:** CONTRACTOR and its employees and agents shall act at all times in an independent capacity with regard to performance of services rendered pursuant to this contract; and CONTRACTOR shall not act as, shall not be, and shall not in any manner be construed to be, agents, officers or employees of RCCFC and/or of the County of Riverside. There shall be no employer-employee relationship between RCCFC and CONTRACTOR, or between the County of Riverside and CONTRACTOR; and CONTRACTOR and its employees and agents shall not be entitled to any benefits payable to the RCCFC employees. CONTRACTOR is responsible for payment and deduction of all employment-related taxes on CONTRACTOR's behalf and for CONTRACTOR's employees, including but not limited to all federal and state income taxes and withholdings. RCCFC shall not be required to make any deductions from compensation payable to CONTRACTOR for these purposes. CONTRACTOR shall indemnify RCCFC, and/or County of Riverside against any and all claims that may be made against RCCFC, and/or County of Riverside based upon any contention by a third party that an employer-employee relationship exists by reason of this contract; and CONTRACTOR shall indemnify RCCFC for any and all federal or state withholding or retirement payments which RCCFC may be required to make pursuant to federal or state law.
13. **INDEMNIFICATION AND HOLD HARMLESS:** CONTRACTOR shall indemnify and hold harmless RCCFC, the County of Riverside, its Agencies, Districts, Special Districts and Departments, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives (individually and collectively hereinafter referred to as "Indemnitees" or "COUNTY") from any liability whatsoever, based or asserted upon any services of CONTRACTOR, its officers, employees, subcontractors, agents or representatives arising out of or in any way relating to this Contract, including but not limited to property damage, bodily injury, or death or any other element of any kind or nature whatsoever arising from the performance of CONTRACTOR, its officers, employees, subcontractors, agents or representatives Indemnitors from this Contract. CONTRACTOR shall defend, at its sole expense, all costs and fees including, but not limited, to attorney fees, cost of investigation, defense

and settlements or awards, the Indemnitees in any claim or action based upon such alleged acts or omissions.

With respect to any action or claim subject to indemnification herein by CONTRACTOR, CONTRACTOR shall, at their sole cost, have the right to use counsel of their own choice and shall have the right to adjust, settle, or compromise any such action or claim without the prior consent of COUNTY; provided, however, that any such adjustment, settlement or compromise in no manner whatsoever limits or circumscribes CONTRACTOR'S indemnification to Indemnitees as set forth herein.

CONTRACTOR'S obligation hereunder shall be satisfied when CONTRACTOR has provided to COUNTY the appropriate form of dismissal relieving COUNTY from any liability for the action or claim involved.

The specified insurance limits required in this Contract shall in no way limit or circumscribe CONTRACTOR'S obligations to indemnify and hold harmless the Indemnitees herein from third party claims.

In the event, there is conflict between this clause and California Civil Code Section 2782, this clause shall be interpreted to comply with Civil Code 2782. Such interpretation shall not relieve the CONTRACTOR from indemnifying the Indemnitees to the fullest extent allowed by law.

- A. Where CONTRACTOR is a public entity, as defined by applicable law, the Commission and CONTRACTOR, to the extent that liability may be imposed on the Commission by the provisions of Government Code Section 895.2, shall be liable for their own acts or omissions, including all claims, liabilities, injuries, suits, and demands and expenses of all kinds which may result or arise out of any alleged malfeasance or neglect, caused or alleged to have been caused by either the Commission or CONTRACTOR, their employees or representatives, performance or omission of any act or responsibility of either party under this Contract. In the event that a claim is made against both the Commission and CONTRACTOR, both parties shall cooperate in the defense of said claim and to cause their insurers to do likewise.
- B. CONTRACTOR agrees to indemnify the Commission for all federal/state withholding or state retirement payments, which the Commission may be required to make by the federal or state government as a result of this Contract. If for any reason, CONTRACTOR is determined not to be an independent contractor to the Commission in carrying out the terms of the Contract, such indemnification shall be paid in full to the Commission upon sixty (60) calendar days written notice to CONTRACTOR if a federal and/or state determination is made that such payment is required.

14. **NONDISCRIMINATION:** The CONTRACTOR shall not discriminate in the provision of its services, recruiting, hiring, promotion, demotion or termination practices on the basis of ethnic group identification, race, religious creed, color, ancestry, national origin, sexual preference, sex, marital status, medical condition, or physical or mental handicap, and shall comply with all other requirements of law regarding nondiscrimination and affirmative action.

15. **NOTICES:** All correspondence and notices required or produced by this contract shall be delivered to the respective parties at the addresses set forth below, and are deemed submitted one (1) day after their deposit in the United States mail, postage prepaid:

CONTRACTOR

Low Income Investment Fund
Angie Garling, Vice President
49 Stevenson Street, Suite 300
San Francisco, CA 94105

RCCFC

First 5 Riverside
Tammi Graham, Executive Director
585 Technology Court
Riverside, California 92507

or to such other address as may be designated by the respective parties.

16. **GOVERNING LAW AND VENUE:** This contract is to be construed under the laws of the State of California. The parties agree to the jurisdiction and venue of the appropriate courts in the County of Riverside, State of California. Should action be brought to enforce or interpret the provisions of this contract, the prevailing party shall be entitled to attorney's fees in addition to whatever other relief is granted. The provisions of the Government Claims Act (Government Code section 900, et seq.) must be followed first for any disputes under this contract.
17. **ASSIGNMENT:** Neither this contract nor any part thereof shall be assigned by CONTRACTOR without the prior written consent of RCCFC.
18. **WAIVER:** Any waiver by RCCFC of any one or more of the terms of this contract shall not be construed to be a waiver of any subsequent breach of the same or of any other term of this contract.
19. **ALTERATION AND/OR AMENDMENT:** No alteration or variation in the terms of this contract shall be valid unless made in writing and signed by both parties; and no oral understanding or agreement not incorporated herein by specific reference shall be binding on the parties. The terms contained in this contract shall represent the entire contract between the parties with respect to the services to be provided by CONTRACTOR.
20. **SEVERABILITY:** In the event any provision in this contract is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remaining provisions shall nevertheless continue in full force and effect without being impaired or invalidated in any way.
21. **DISALLOWANCE:** In the event CONTRACTOR receives payment for services under this contract which are later disallowed for nonconformance with the terms and conditions herein, CONTRACTOR shall promptly refund the disallowed amount to RCCFC upon written request. RCCFC retains the option to offset the amount disallowed from any payment due to CONTRACTOR under this contract, or under any other contract or agreement between CONTRACTOR and RCCFC.
22. **CERTIFICATION OF AUTHORITY TO EXECUTE CONTRACT:** CONTRACTOR certifies that the individual signing below has authority to execute this contract on behalf of CONTRACTOR, and may legally bind CONTRACTOR to the terms and conditions of this contract, including Exhibits A and B.

IN WITNESS, WHEREOF, the parties hereto have caused their duly authorized representative to execute this contract.

CONTRACTOR

Riverside County Children and Families
Commission

By: _____
Rachel Bluestein, Senior VP, Programs

By: _____
Tammi Graham, Executive Director

By: _____
Print Name & Title

Date: _____

Date: _____

Attest:

By: _____
Lynn M. Stephens, Commission Coordinator

Date: _____

Approved to Form Signature:

By: _____
Ronak Patel, Deputy County Counsel

Date: _____

EXHIBIT A

SCOPE OF SERVICE

Low Income Investment Fund
Build Up for Riverside County's Children Initiative

CONTRACTOR shall, under the direction of the Executive Director of the Riverside County Children and Families Commission, or designee, provide services in accordance with, but not limited to, the following specifications and scope of work:

Project Outcomes/Deliverables:

- Hire a full-time Program Officer for Pipeline and Resource Development;
- Develop and continually update an Early Childhood Education (ECE) facilities pipeline, which should geographically display all planned or underway acquisition, construction, and expansion projects;
- Work closely with equivalent housing and economic development pipeline coordinators in the county to integrate ECE pipeline data and support co-location of child care with affordable housing, transit, and job centers;
- Support city and county staff in identifying revenue generation strategies for facilities and in updating their ECE planning, land use and zoning policies to ease development processes for providers;
- Develop a cadre of ECE leaders who have solid child care facilities skills and knowledge and can provide technical assistance to providers and developers in the future;
- Provide technical assistance to Riverside County ECE providers in applying for and managing facilities funds from other public agencies, private and nonprofit lenders, and philanthropic organizations;
- Increase developer knowledge and ability to co-locate ECE alongside housing and other community facilities.

Statement of Need and Population of Focus

In the state of California, the Bipartisan Policy Center (BPC) ranks Riverside County among the top three counties with an extreme lack of child care for children ranging in age from birth to five years. LIIF's ECE facilities scan for the county – which finds that less than 6 licensed facilities exist per 1,000 children – confirms that the gap in child care supply is driven in large part by limited resources and technical support available to providers who may be interested in expanding. The pandemic has only exacerbated these challenges, as the California Department of Social Services found that between March 2020 and January 2021, at least 185 family child care and center-based businesses in Riverside County were permanently shut down. LIIF's facilities scan suggests the county needs to invest at least \$1.4 billion in the physical infrastructure of ECE facilities in order to meet baseline levels of demand for child care.

As a non-profit community development financial institution (CDFI) that has invested over \$2 billion in capital to high-impact community development projects nationally—including \$241 million in investments to support ECE nationwide—LIIF brings expert and long-standing ECE program staff, in-depth real estate and facilities financing knowledge, and a wide range of relationships and expertise specific to advancing the sector. LIIF also has deep connections with state and local ECE and other

SECTION A – cont.

community development programs in California. In addition to extensive background developing and managing child care facilities funds, LIIF is capable of providing technical support for innovative community development projects such as co-locating ECE facilities with affordable housing, another major need throughout Riverside County.

Hiring a Program Officer for Pipeline and Resource Development will radically improve outcomes for Riverside County's children and the ability of city and county officials working on disparate, often disconnected programs to ensure child care needs are deeply embedded in various investments countywide. CDFIs like LIIF are adept in creating and continuously updating development pipelines. The Program Officer would keep a running list or geographic map of ECE providers seeking to expand or construct new facilities that could be sorted by where providers are in the development process, amounts of capital raised to date, partners involved, and so on. This groundwork would help LIIF and county officials look holistically at need across the county and recruit non-county funders – such as state agencies, private lenders, or other CDFIs – to plug in to particular projects easily and efficiently. Having a well-maintained and up-to-date pipeline also helps broader community development actors in the county, such as housing developers interested in building out space for child care, seamlessly identify partners to include in project plans.

LIIF shares First 5 Riverside's concern over the health of the county's ECE sector. To address the severe shortage, we also must provide centers and operators with technical assistance (TA) and capacity building programs that enable their businesses to stabilize and grow. This grant would bring LIIF's ECE successful program model, which delivers capacity building, TA, training and local policy work to promote the sustainability and expansion of ECE centers and family child care providers.

Evidence-based Service/Practice

With a two-year grant of \$400,000, LIIF will support Build Up for Riverside County's Children, an initiative to build the ECE supply through capacity building, education and co-location of early care and education facilities. Specifically, these funds will allow LIIF to hire a full-time Program Officer for Pipeline and Resource Development for two years, a position that will directly support the development of the ECE pipeline throughout the county. As a leading national CDFI, LIIF has a dedicated focus on improving access to quality ECE.

LIIF will complete the following objectives through the duration of this grant:

- Hire a full-time Program Officer for Pipeline and Resource Development;
- Develop and continually update an ECE facilities pipeline, which should geographically display all planned or underway acquisition, construction, and expansion projects;
- Work closely with equivalent housing and economic development pipeline coordinators in the county to integrate ECE pipeline data and support co-location of child care with affordable housing, transit, and job centers;
- Support city and county staff in identifying revenue generation strategies for facilities and in updating their ECE planning, land use and zoning policies to ease development processes for providers;
- Develop a cadre of ECE leaders who have solid child care facilities skills and knowledge and can provide technical assistance to providers and developers in the future;
- Provide technical assistance to Riverside County ECE providers in applying for and managing facilities funds from other public agencies, private and nonprofit lenders, and philanthropic organizations;

SECTION A – cont.

- Increase developer knowledge and ability to co-locate ECE alongside housing and other community facilities.

LIIF has served the ECE sector for nearly 30 years and has honed its program delivery model to uniquely and effectively address the capacity and sustainability issues that are prevalent in the sector. Our model provides intensive 1:1 TA for real estate expansion projects, business capacity building services designed to stabilize and grow operations, and access to financial resources such as grants and loans that advance facilities and program operations. Our effective approach has led to the creation, enhancement, and preservation of thousands of ECE spaces across the state of California.

Implementation Approach

Roles and Responsibilities of Program Delivery Team:

LIIF	Housing and Community Development partner agencies	First 5 Riverside County and Riverside County Office of Education
• Recruit, hire, employ and supervise ECE Program Officer for Pipeline and Resource Development • Coordinate development pipeline • House/host trainings and convenings • Manage consultant contract with Eileen Monahan • Create Build Up for Riverside County's Children ECE Advisory Committee	• Connect and regularly engage ECE Program Officer for Pipeline and Resource Development with equivalent pipeline coordinators (e.g., for affordable housing development, job creation, transit, etc.) • Connect housing developers with ECE providers interested in co-locating • Host trainings related to ECE facilities development and intersection with community development	• Assist in identification and recruitment of potential operators and leadership cohort • Host trainings

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SECTION A – cont.

Implementation Approach Timeline:

Date Range	Activities
March-December 2022	• Hire Program Officer and consultants • Recruit Advisory Committee members • Hold kickoff meeting with partners • Hold developer roundtable • Create initial ECE pipeline of development projects • Identify state, regional and local revenue sources for ECE facilities and recruit new funders and lenders • Offer 1-2 specialized trainings and workshops for ECE providers
January - June 2023	• Recruit, select and launch facilities leadership cohort • Continue to develop and vet ECE pipeline; launch public version of the pipeline online • Engage with city and county land use officials to make recommendations • Continue Advisory committee meetings • Continue to engage with and recruit new funders and lenders • Offer 1-2 specialized trainings and workshops for ECE providers
July - December 2023	• Hold second developer roundtable • Continue to develop and vet ECE pipeline • Continue Advisory committee meetings • Continue to engage with and recruit new funders and lenders • Offer 1-2 specialized trainings and workshops for ECE providers
January - June 2024	• Refresh relevant publications, and create web-based resources for key ECE stakeholders • Continue to develop and vet ECE pipeline • Continue Advisory committee meetings • Continue to engage with and recruit new funders and lenders • Offer 1-2 specialized trainings and workshops for ECE providers

LIIF will reach and serve the following unique organizations and individuals over a two-year period:

- 8-10 center-based child care agencies
- 30-40 Family Child Care Homes
- 10-15 key staff from child care support entities such as the County Office of Education, Head Start, Resource & Referral, Local Planning Council, First Five
- 5-7 housing developers
- 22-28 city, county and regional government staff from planning, transportation and community development

Staff and Organization Experience

LIIF is well-positioned to staff and launch this new ECE program in Riverside County. LIIF has more than 20 years of experience in the ECE sector, predominantly focused on serving ECE centers and home-based providers in regions throughout California.

LIIF will hire a full-time ECE Program Officer for Pipeline and Resource Development for the grant term and will house this staff member at First 5 Riverside County. This position will be focused on developing an ECE pipeline throughout the County and completing the deliverables for this project including capacity building of First 5 Riverside County staff. We also plan to engage Eileen Monahan, a longtime ECE facilities consultant who supported the

SECTION A – cont.

initial facilities scan, on a part-time basis to orient and mentor staff. Ms. Monahan has decades of experience working throughout the state and most recently worked as part of the facilities team for the Governor's Master Plan for Early Learning and Care. She is based in Santa Barbara County.

The program will be led and designed by experienced, long-standing ECE experts. Bios are provided below:

Angie Garling, Vice President, ECE

Ms. Garling oversees LIIF's ECE facilities development programming, policy and strategy work. Prior to LIIF, Ms. Garling served as Alameda County's ECE Program Administrator. She was responsible for the development and implementation of federal, state and local ECE programs, as well as family support programs. For 25 years, she has served as an advocate, funder, policy analyst, researcher and program developer dedicated to quality care and education for all children. In the early 2000s, she partnered to launch the Local Investment in Child Care (LINCC) Consulting Group through which she advised CA counties on strategies to connect ECE to land use and smart growth. She received her BA from Wellesley College and her MA in Educational Psychology and Human Development from UC Berkeley.

Joe Fretwell, Program Officer, ECE

Mr. Fretwell supports LIIF's ECE facilities development programming, policy, and strategy work, with a particular focus on the intersection of affordable housing and ECE facilities. He has supported the initial phase of LIIF's engagement with First 5 Riverside by helping to develop an ECE facilities scan for the county. Prior to LIIF, Mr. Fretwell worked in federal and state ECE and affordable housing policy. He received his BA from Furman University and MA in Public Administration from the University of Georgia.

Data Collection and Performance Measurement

As part of the proposed program, LIIF will collect the following metrics:

- Number of ECE operators trained
- Number of developers trained
- Numerical increase in childcare spaces and facilities
- Number of ECE spaces in the pipeline
- New dollars invested in the county to support ECE facilities

LIIF will evaluate the effectiveness of its program in the following ways:

- Regular surveys to TA and capacity building recipients
- Pre and post surveys of leadership cohort participants

LIIF uses Salesforce, a customizable, cloud-based platform, to track the outputs and outcomes of our programs.

EXHIBIT B PAYMENT PROVISIONS

CONTRACTOR shall be compensated for services rendered pursuant to this contract as follows. Total payments shall not exceed FOUR HUNDRED FORTY THOUSAND ONE HUNDRED THIRTY-THREE dollars (\$440,133) for this contract.

- A. **Fee:** RCCFC shall reimburse CONTRACTOR, upon submission by CONTRACTOR of an acceptable invoice for actual expenses incurred under the terms of this contract. Payment shall be due to CONTRACTOR within thirty (30) days of RCCFC's receipt of invoice.
1. Payment shall be made in accordance with satisfactory completion of the Milestones below and upon receipt of an acceptable invoice to include:
 - a. Contractor's name, address, contract number, an assigned invoice number, supporting documentation (if applicable), and payment amount due.
 2. CONTRACTOR shall submit invoices to the Riverside County Children and Families Commission, Accounts Payable, 585 Technology Court, Riverside, CA 92507 or via email to RCCFC-accountspayable@RIVCO.ORG.

	Program Budget FY21/23	Program Budget FY23/24	Program Budget Total
Consultants	\$ 25,000	\$ 25,000	\$ 50,000
Travel	\$ 5,000	\$ 5,000	\$ 10,000
Total Outside Costs	\$ 30,000	\$ 30,000	\$ 60,000
Salary and Benefits	\$ 123,495	\$ 127,200	\$ 250,695
Rent	\$ 2,801	\$ 2,885	\$ 5,686
HR&IT	\$ 22,406	\$ 23,079	\$ 45,485
Office	\$ -	\$ -	\$ -
Management & Operations	\$ 10,275	\$ 10,583	\$ 20,858
Indirect	\$ 28,347	\$ 29,062	\$ 57,409
Total Overhead	\$ 63,829	\$ 65,609	\$ 129,438
Total	\$ 217,324	\$ 222,809	\$ 440,133

2. **22-09:** Ratify and Approve Cooperative Agreements with Riverside County Office of Education (RCOE), Riverside County Library System (RCLS), and Family Service Association (FSA) for LENA Start and Performance Outcome Rate Card from July 1, 2021 - June 30, 2023
[\$21,000 - PROP 10 FUNDS]

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AGENDA ITEM: 22-09
DATE OF MEETING: March 9, 2022
ACTION: ☒
INFORMATION: ☐

**RATIFY AND APPROVE COOPERATIVE AGREEMENTS WITH
RIVERSIDE COUNTY OFFICE OF EDUCATION (RCOE),
RIVERSIDE COUNTY LIBRARY SYSTEM (RCLS), AND
FAMILY SERVICE ASSOCIATION (FSA)
FOR LENA START AND PERFORMANCE OUTCOME RATE CARD
FROM JULY 1, 2021 – JUNE 30, 2023
[\$21,000 – PROP 10 FUNDS]**

SUMMARY OF REQUEST

Ratify and approve Cooperative Agreements with RCOE (\$6,000), RCLS (\$9,000), and FSA (\$6,000) for an amount collectively not to exceed \$21,000, effective July 1, 2021 – June 30, 2023, for the LENA Start Program to receive payment per achievement on performance outcomes (Rate Card).

BACKGROUND

RCOE, RCLS, and FSA participated in the Train the Trainer (TOT) for LENA Start as agencies to pilot LENA Start. The purpose of these cooperative agreements is to outline the individual partnership between First 5 Riverside County and RCOE, RCLS, and FSA for delivery of the LENA Start program model and to meet annual program goals. As each individual agency meets their performance objectives on their rate card metrics, a payment per achievement is earned.

May 12, 2021: (Action Item 21-18) Riverside County Children & Families Commission authorized the Executive Director to enter into agreement with the LENA Foundation for LENA Start expansion, and the implementation of LENA Home and LENA Grow programs, and to subcontract with community partner agencies for these programs.

January 23, 2019: (Action Item 19-03) Riverside County Children & Families Commission authorized the Executive Director to apply for LENA Start matching funds and committed Prop 10 funds for the implementation of LENA Start programming in Riverside County.

RECOMMENDED ACTION

That the Commission:

1. Ratify and approve the Cooperative Agreements with the Riverside County Office of Education (RCOE) for an amount not to exceed \$6,000, effective July 1, 2021 – June 30, 2023; Riverside County Library System for an amount not to exceed \$9,000 effective July 1, 2021 – June 30, 2023; and Family Service Association (FSA) for an amount not to exceed \$6,000 effective July 1, 2021 – June 30, 2023, for the LENA Start Program and Performance Outcome (Rate Card) in substantially the same form as attached hereto and authorize the Executive Director to sign the agreement on behalf of the Commission, subject to County Counsel approval as to form.
2. Authorize the Executive Director, based on the availability of fiscal funding and as approved by County Counsel, to sign amendments that exercise the options of the cooperative agreements, on behalf of the Commission including modifications of the statement of work that stay within the intent of said agreement without requiring further action from the Commission.

BUDGET IMPACT

Adequate appropriation exists in the FY 21/22 budget (938001-25800-527980-92950). Funding to support completion of performance objectives will be included in the proposed FY 22/23 budget.

STRATEGIC PLAN RELEVANCE

Goal 1: Quality Early Learning

POTENTIAL CONFLICTS OF INTEREST

Commissioner Gomez, Riverside County Office of Education

ATTACHMENTS

1. LENA Start Rate Card Template 21-23
2. RCOE – LENA Start Agreement FY21-23
3. RCLS LENA Start Agreement FY21-23
4. FSA LENA Start Agreement FY21-23

LENA Start Performance Outcome Rate Card Template - FY 2021 - 2023

Rate card metric	Metric definition	Metric Tool	Maximum cumulative payment	Payment per achievement
Retention / Program Completion	Payment per individual family who substantially completes the LENA Start program. "Substantially complete" is defined as attending at least a minimum number of sessions: • Attended 8 sessions out of 10-session program	Attendance in LENA Online	Up to \$7,000*	\$20 per individual family who completes LENA Start
Data Collection	Payment per completed survey and submitted in LENA Online data collection system. Completion is defined as having all core elements of the parent survey instrument filled in. For pre-post parent surveys, only one payment will be made once a completed "post" assessment has been submitted. Metric Tool - Parent Surveys submitted in LENA Online	Parent Surveys submitted in LENA Online	Up to \$7,000*	\$10 per completed parent survey Up to \$20 max per family Pre & Post Parent Surveys only
Star Performance in Early Talk	Payment per individual family who receive a minimum number of total stars received for their performance within their recording report.	Total stars earned through recording report uploaded into LENA Online	Up to \$7,000*	
	Total stars: 10-14			\$10 per individual family who receive 10-15 total stars within their recording report
	Total stars: 15 or more			\$20 per individual family who receive 15 or more total stars within their recording report.

*Cumulative total for RCOE, RCLS, and FSA

COOPERATIVE AGREEMENT

THIS AGREEMENT is entered into this day July 1, 2021 ("Effective Date") in the State of California by and between the Riverside County Children and Families Commission, hereinafter called "First 5 Riverside" or "RCCFC", and

Superintendent of Schools	
<u>RIVERSIDE COUNTY OFFICE OF EDUCATION</u>	hereinafter called PARTNER
<u>3939 Thirteenth Street</u>	
<u>Riverside, CA 92502</u>	<u>(951) 826-6608</u>
Address	Phone Number
<u>JoAnne Lauer</u>	<u>Assistant Superintendent</u>
Contractor Representative	Title
<u>0691026</u>	<u>jlauer@rcoe.us</u>
Federal ID No.	E-Mail Address

Separately referred to as "Party" and collectively as "Parties" have reviewed and understand and hereby enter into this Agreement.

IT IS HEREBY AGREED AS FOLLOWS:

I. BACKGROUND

LENA technology measures the early language environment of children ages 0-3, which is the critical time to improve school readiness. During this period, the brain grows to 80% of adult size and builds more than 1 million neural connections per second. Research shows that increasing the spoken language is key to brain stimulation.

The technology offered by LENA consists of a compact digital recorder in a vest that a child can wear comfortably, software that turns the recording into data and a cloud-based system for managing the data. Feedback from LENA helps parents and caregivers increase the quantity and quality of interactive talk. There are three types of LENA technology available based on the individual interacting with the child: LENA Start for parent/child interactions; LENA Grow for teacher/child interactions in the classroom; and LENA Home, designed for home visiting programs.

In January 2019, First 5 Riverside entered into an agreement with the LENA Foundation (LENA) to provide LENA Start services in Riverside County. Over the past two years, First 5 Riverside has developed partnerships with key community stakeholders to meet program objectives and expand services to include LENA Grow and LENA Home programming in Riverside County.

II. PURPOSE

The purpose of this Agreement is to outline the partnership between RCCFC and PARTNER to support LENA program deliverables. Considering the fidelity of the LENA Start program

model, the primary goal is to build the structural requirements of the partnership to meet annual program performance goals through service delivery of the LENA Start Program.

III. RCCFC RESPONSIBILITIES

RCCFC shall:

- A. Provide LENA Start program oversight, support, and supplies as the Lead Organization and as outlined in Attachment A: Partner Responsibility Mapping.
- B. Provide funding to PARTNER for performance outcomes as set forth in Section V. Fiscal Provisions, paragraph B: LENA Start Performance Outcome Rate Card FY2021/2022 – FY2022/2023.

IV. PARTNER RESPONSIBILITIES

PARTNER shall:

- A. Serve up to 100 families with the LENA Start programming within the Agreement Term as outlined in Section VI. Term.
- B. Provide program support as the Partner Organization outlined in Attachment A: Partner Responsibility Mapping.
- C. PARTNER agrees to participate in an internet-based evaluation and management process as defined by LENA Online. Participation shall include PARTNER program set-up, participant data, and PARTNER personnel. Utilization of LENA Online requires training(s) to familiarize and implement the results-based accountability framework. Where appropriate, PARTNER agrees to participate in the ongoing development of these evaluative processes for the duration of the term of this Agreement. Specific areas may include but are not limited to, the development of outcomes for programmatic performance, standards for service delivery, and assessment tools in accordance with the LENA program.

V. FISCAL PROVISIONS

- A. The maximum funding amount over the life of this Agreement shall not exceed **\$6,000.00** for the duration of the Agreement period as provided by the RCCFC, provided pursuant to the California Children and Families Act of 1998, also known as Proposition 10.
- B. Upon receipt of PARTNER invoice pursuant to Attachment B: Fiscal Provisions, RCCFC will remit payment amount for the applicable fiscal year, documentation on participant retention/program completion, and data report submissions. Payment will be rendered thirty (30) business days from submission of all required documentation and/or the reporting deadline. RCCFC's fiscal obligation to PARTNER is based on the number of participant completion of the LENA program as verified by the talk-ometer data uploaded in LENA Online.

VI. TERM

- A. The term of this Agreement shall commence on the July 1, 2021 (Effective Date) and shall terminate on June 30, 2023.
- B. A Party, with or without cause, may terminate this Agreement by giving written notice to other Party within thirty (30) days of the effective date of termination. Upon receipt of

notice, the Party shall immediately discontinue all services affected (unless the notice directs otherwise).

VII. GENERAL PROVISIONS

A. Notices

When notices are required to be given pursuant to this Agreement, the notices shall be in writing and mailed to the following respective addresses listed below.

RCCFC: First 5 Riverside
585 Technology Court
Riverside, CA. 92507

PARNTER: Riverside County Office of Education
3939 Thirteenth Street
Riverside, CA 92502

- B. The Parties agree that any alterations, variations, modifications, or waivers of provisions of the Agreement shall be valid only when they have been reduced to writing, duly signed, and attached to this Agreement as an amendment.

VIII. DISPUTE RESOLUTION

If any conflicts or disputes arise between the Parties, assigned staff shall meet in a timely manner to resolve the conflict or dispute. It is acknowledged by the Parties that the purpose of such meeting is to come to a resolution that is in the best interest of both Parties.

IX. HOLD HARMLESS/INDEMNIFICATION

RCCFC agrees to indemnify and hold harmless PARTNER, its officers, employees, agents, and volunteers for any and all claims, losses, actions, damages and/or liability resulting from any negligent act or omission of RCCFC, its officers, employees, agents or volunteers while performing its duties under this agreement, including any costs or expenses incurred by RCCFC, except as prohibited by law.

PARTNER agrees to indemnify and hold harmless RCCFC, its officers, employees, agents and volunteers from any and all claims, losses, actions, damages and/or liabilities resulting from any negligent act or omission of the PARTNER, its officers, employees, agents or volunteers while performing its duties under this Agreement, including any costs or expenses incurred by PARNTER, except as prohibited by law.

In the event that the Parties are determined to be comparatively at fault for any claim, action, loss or damage which results from their respective obligations under this agreement, RCCFC and/or PARTNER shall indemnify the other to the extent of its comparative fault.

X. AGREEMENT:

- A. This Agreement, consisting of thirteen (13) pages, with Attachments A, B, and C, is the full and complete document describing the roles and responsibilities of the Parties, including all covenants, conditions, and benefits.

- B. The signatures of the Parties affixed to this Agreement affirm that they are duly authorized to commit and bind their respective institutions to the terms and conditions set forth in this document.
- C. This Agreement may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Agreement. The parties shall be entitled to sign and transmit an electronic signature of this Agreement (whether by facsimile, PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Agreement upon request.

IN WITNESS WHEREOF, RCCFC and PARTNER have executed this Agreement.

RIVERSIDE COUNTY CHILDREN AND FAMILIES
COMMISSION

►

Authorized Signature

Tammi Graham

Printed Name

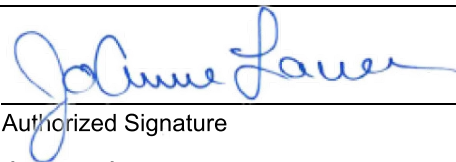
Executive Director

Title

Dated

RIVERSIDE COUNTY OFFICE OF EDUCATION

►



Authorized Signature

JoAnne Lauer

Printed Name

Assistant Superintendent

Title

12/21/2021

Dated

**ATTACHMENT A:
PARTNER RESPONSIBILITY MAPPING**



Partner Responsibility Mapping

There are many ways that a partner organization can be involved in LENA Start. You can use the chart below to map out which tasks or materials the lead organization or partner organization will be responsible for.

Responsibilities	Lead Organization:	Partner Organization:
Leadership & staff	✓	✓
Providing LENA materials	✓	
Program support	✓	
Funding		
Recruitment		✓
Location		✓
Coordinating Start sessions		✓
Incentives	✓	
Shared reading books	✓	
Child care		
In-kind donations		
Snacks		
Entering data in LENA Online		✓
Preparing participant kits		✓
Printing session documents		✓
Processing and charging devices		✓

ATTACHMENT B: PAYMENT PROVISIONS

A. FISCAL

The maximum amount reimbursable over the life of this Agreement shall not exceed **\$6,000.00** for the duration of the Agreement period as awarded by the Riverside County Children and Families Commission, also known as First 5 Riverside, (hereinafter the "COMMISSION" or "COUNTY"), provided pursuant to the California Children and Families Act of 1998, also known as Proposition 10.

AGREEMENT PERIOD: July 1, 2021– June 30, 2023

1. Method, Time, and Schedule Conditions of Payment

The COMMISSION will disburse payment on a performance-based process per the LENA Start Performance Outcome Rate Card metrics (Table.1). Payment will be rendered thirty (30) business days from submission of all required documentation and/or the reporting deadline.

a. Disbursement of any payment of funds to CONTRACTOR shall be made so long as all of the following conditions have been met:

1. The Agreement has been approved by the COMMISSION;
2. The Agreement has been fully executed by all parties;
3. The PARTNER submits the applicable metric tools via the data management system and an acceptable itemized invoice to receive payment per achievement. The invoice shall contain PARTNER:
 - a. Name
 - b. Physical and Mailing Address
 - c. Assigned Invoice Number
 - d. Assigned Contract Number
 - e. Assigned Agreement Number
 - f. Date of Invoice
 - g. Unit(s) and rate(s) of payment as it pertains to activities completed and identified in Table.1 – LENA Start Performance Outcome Rate Card – FY2021-2023

b. The final funding period amount approved for the applicable fiscal year will be paid based on final expenditures as of June 30th and reported as of the final deadline to submit program expenditures. Expenditures made after June 30th will not be accepted.

2. Allowable Costs

Funds provided pursuant to this Agreement shall be earned by CONTRACTOR in accordance with the following LENA Start Performance Outcome Rate Card – FY2021/2022 – FY2022/2023.

B. LENA Start Performance Outcome Rate Card - FY 2021 - 2023

The table below (Table.1) illustrates the metrics for earning incentives for performance outcomes related to the LENA Start Program up to the maximum reimbursable amount of **\$6,000**.

Table.1 - LENA Start Performance Outcome Rate Card FY2021/2022 – FY2022/2023.

RATE CARD METRIC	METRIC DEFINITION	METRIC TOOL	MAXIMUM CUMULATIVE INCENTIVE	PAYMENT PER ACHIEVEMENT
Retention / Program Completion	Payment per individual family who substantially completes the LENA Start program. "Substantially complete" is defined as attending at least a minimum number of sessions: •Attended 8 sessions out of 10-session program •Up to 100 families total	Attendance in LENA Online	Up to \$2,000	\$20 per individual family who completes LENA Start
Data Collection	Payment per completed survey and submitted in LENA Online data collection system. Completion is defined as having all core elements of the parent survey instrument filled in. For pre-post parent surveys, only one payment will be made once a completed "post" assessment has been submitted. Metric Tool - Parent Surveys submitted in LENA Online.	Parent Surveys submitted in LENA Online	Up to \$2,000	\$10 per completed parent survey
Star Performance in Early Talk	Payment per individual family who receive a minimum number of total stars received for their performance within their recording report.	Total stars earned through recording into report uploaded into LENA Online	Up to \$2,000	
	Total stars: 10-14			\$10 per individual family who receive 10-15 total stars within their recording report
	Total stars: 15 or more			\$20 per individual family who receive 15 or more total stars within their recording report.



COOPERATIVE AGREEMENT

THIS AGREEMENT is entered into this day July 1, 2021 ("Effective Date") in the State of California by and between the Riverside County Children and Families Commission, hereinafter called "First 5 Riverside" or "RCCFC", and

<u>Riverside County Library System</u>	hereinafter called PARTNER
<u>5840 Mission Blvd.</u>	
<u>Riverside, CA 92509</u>	<u>(951) 840-7901</u>
Address	Phone Number
<u>Allyson Jeffredo</u>	<u>Program Coordinator</u>
Contractor Representative	Title
<u></u>	<u>Allyson.jeffredo@rivlib.net</u>
Federal ID No.	E-Mail Address

Separately referred to as "Party" and collectively as "Parties" have reviewed and understand and hereby enter into this Agreement.

IT IS HEREBY AGREED AS FOLLOWS:

I. BACKGROUND

LENA technology measures the early language environment of children ages 0-3, which is the critical time to improve school readiness. During this period, the brain grows to 80% of adult size and builds more than 1 million neural connections per second. Research shows that increasing the spoken language is key to brain stimulation.

The technology offered by LENA consists of a compact digital recorder in a vest that a child can wear comfortably, software that turns the recording into data and a cloud-based system for managing the data. Feedback from LENA helps parents and caregivers increase the quantity and quality of interactive talk. There are three types of LENA technology available based on the individual interacting with the child: LENA Start for parent/child interactions; LENA Grow for teacher/child interactions in the classroom; and LENA Home, designed for home visiting programs.

In January 2019, First 5 Riverside entered into an agreement with the LENA Foundation (LENA) to provide LENA Start services in Riverside County. Over the past two years, First 5 Riverside has developed partnerships with key community stakeholders to meet program objectives and expand services to include LENA Grow and LENA Home programming in Riverside County.

II. PURPOSE

The purpose of this Agreement is to outline the partnership between RCCFC and PARTNER to support LENA program deliverables. Considering the fidelity of the LENA program model, the primary goal is to build the structural requirements of the partnership to meet annual program performance goals through service delivery of the LENA Program.

III. RCCFC RESPONSIBILITIES

RCCFC shall:

- A. Provide LENA program oversight, support, and supplies as the Lead Organization and as outlined in Attachment C: Partner Responsibility Mapping.
- B. Provide funding for incentivizing participant families completing the LENA program, per cohort as set forth in Section V. Fiscal Provisions and in Attachment B: Budget.

IV. PARTNER RESPONSIBILITIES

PARTNER shall:

- A. Serve up to 150 families with the LENA Start programming within the Agreement Term as outlined in Section VI. Term.
- B. Provide program support as the Partner Organization outlined in Attachment A: Partner Responsibility Mapping.
- C. PARTNER agrees to participate in an internet-based evaluation and management process as defined by LENA Online. Participation shall include PARTNER program set-up, participant data, and PARTNER personnel. Utilization of LENA Online requires training(s) to familiarize and implement the results-based accountability framework. Where appropriate, PARTNER agrees to participate in the ongoing development of these evaluative processes for the duration of the term of this Agreement. Specific areas may include but are not limited to, the development of outcomes for programmatic performance, standards for service delivery, and assessment tools in accordance with the LENA program.

V. FISCAL PROVISIONS

- A. The maximum funding amount over the life of this Agreement shall not exceed **\$9,000.00** for the duration of the Agreement period as provided by the RCCFC, provided pursuant to the California Children and Families Act of 1998, also known as Proposition 10.
- B. Upon receipt of PARTNER invoice pursuant to Attachment B: Budget, RCCFC will remit payment amount for the applicable fiscal year and data report submissions. Payment will be rendered thirty (30) business days from submission of all required documentation and/or the reporting deadline. RCCFC's fiscal obligation to PARTNER is based on the number of participant completion of the LENA program as verified by the talk-ometer data uploaded in LENA Online.

VI. TERM

- A. The term of this Agreement shall commence on the July 1, 2021 (Effective Date) and shall terminate on June 30, 2023.

- B. A Party, with or without cause, may terminate this Agreement by giving written notice to other Party within thirty (30) days of the effective date of termination. Upon receipt of notice, the Party shall immediately discontinue all services affected (unless the notice directs otherwise).

VII. GENERAL PROVISIONS

A. Notices

When notices are required to be given pursuant to this Agreement, the notices shall be in writing and mailed to the following respective addresses listed below.

RCCFC: First 5 Riverside
585 Technology Court
Riverside, CA. 92507

PARNTER: Riverside County Library System
5840 Mission Blvd.
Riverside, CA 92509

- B. The Parties agree that any alterations, variations, modifications, or waivers of provisions of the Agreement shall be valid only when they have been reduced to writing, duly signed, and attached to this Agreement as an amendment.

VIII. DISPUTE RESOLUTION

If any conflicts or disputes arise between the Parties, assigned staff shall meet in a timely manner to resolve the conflict or dispute. It is acknowledged by the Parties that the purpose of such meeting is to come to a resolution that is in the best interest of both Parties.

IX. HOLD HARMLESS/INDEMNIFICATION

RCCFC agrees to indemnify and hold harmless PARTNER, its officers, employees, agents, and volunteers for any and all claims, losses, actions, damages and/or liability resulting from any negligent act or omission of RCCFC, its officers, employees, agents or volunteers while performing its duties under this agreement, including any costs or expenses incurred by RCCFC, except as prohibited by law.

PARTNER agrees to indemnify and hold harmless RCCFC, its officers, employees, agents and volunteers from any and all claims, losses, actions, damages and/or liabilities resulting from any negligent act or omission of the PARTNER, its officers, employees, agents or volunteers while performing its duties under this Agreement, including any costs or expenses incurred by PARNTER, except as prohibited by law.

In the event that the Parties are determined to be comparatively at fault for any claim, action, loss or damage which results from their respective obligations under this agreement, RCCFC and/or PARTNER shall indemnify the other to the extent of its comparative fault.

X. AGREEMENT:

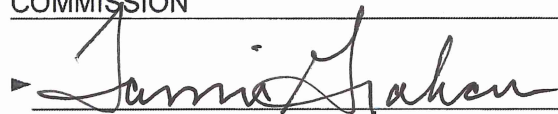
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IN WITNESS WHEREOF, RCCFC and PARTNER have executed this Agreement.

122

RIVERSIDE COUNTY CHILDREN AND FAMILIES
COMMISSION

► 

Authorized Signature

Tammi Graham

Printed Name

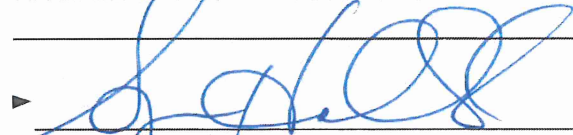
Executive Director

Title

12/8/2021

Dated

RIVERSIDE COUNTY LIBRARY SYSTEM

► 

Authorized Signature

Suzanne Holland

Printed Name

Director

Title

Dec. 2nd. 2021

Dated

ATTACHMENT A:
PARTNER RESPONSIBILITY MAPPING



Partner Responsibility Mapping

There are many ways that a partner organization can be involved in LENA Start. You can use the chart below to map out which tasks or materials the lead organization or partner organization will be responsible for.

Responsibilities	Lead Organization:	Partner Organization:
Leadership & staff	✓	✓
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Program support	✓	
Funding		
Recruitment		✓
Location		✓
Coordinating Start sessions		✓
Incentives	✓	
Shared reading books	✓	
Child care		✓
In-kind donations		
Snacks		
Entering data in LENA Online		✓
Preparing participant kits		✓
Printing session documents		✓
Processing and charging devices		✓

ATTACHMENT B: PAYMENT PROVISIONS

A. FISCAL

The maximum amount reimbursable over the life of this Agreement shall not exceed **\$9,000.00** for the duration of the Agreement period as awarded by the Riverside County Children and Families Commission, also known as First 5 Riverside, (hereinafter the "COMMISSION" or "COUNTY"), provided pursuant to the California Children and Families Act of 1998, also known as Proposition 10.

AGREEMENT PERIOD: July 1, 2021– June 30, 2023

1. Method, Time, and Schedule Conditions of Payment

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COOPERATIVE AGREEMENT

THIS AGREEMENT is entered into this day July 1, 2021 ("Effective Date") in the State of California by and between the Riverside County Children and Families Commission, hereinafter called "First 5 Riverside" or "RCCFC", and

<u>Family Service Association</u>	hereinafter called PARTNER
<u>21250 Box Springs Rd., Suite 112</u>	
<u>Moreno Valley, CA 92557</u>	<u>(951) 779-9623</u>
Address	Phone Number
<u>May Eslava</u>	<u>Chief Operating Officer</u>
Contractor Representative	Title
<u>95-1803694</u>	<u>May.Eslava@fsaca.org</u>
Federal ID No.	E-Mail Address

Separately referred to as "Party" and collectively as "Parties" have reviewed and understand and hereby enter into this Agreement.

IT IS HEREBY AGREED AS FOLLOWS:

I. BACKGROUND

LENA technology measures the early language environment of children ages 0-3, which is the critical time to improve school readiness. During this period, the brain grows to 80% of adult size and builds more than 1 million neural connections per second. Research shows that increasing the spoken language is key to brain stimulation.

The technology offered by LENA consists of a compact digital recorder in a vest that a child can wear comfortably, software that turns the recording into data and a cloud-based system for managing the data. Feedback from LENA helps parents and caregivers increase the quantity and quality of interactive talk. There are three types of LENA technology available based on the individual interacting with the child: LENA Start for parent/child interactions; LENA Grow for teacher/child interactions in the classroom; and LENA Home, designed for home visiting programs.

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The purpose of this Agreement is to outline the partnership between RCCFC and PARTNER to support LENA program deliverables. Considering the fidelity of the LENA program model, the primary goal is to build the structural requirements of the partnership to meet annual program performance goals through service delivery of the LENA Program.

III. RCCFC RESPONSIBILITIES

RCCFC shall:

- A. Provide LENA program oversight, support, and supplies as the Lead Organization and as outlined in Attachment C: Partner Responsibility Mapping.
- B. Provide funding to PARTNER for performance outcomes as set forth in Section V. Fiscal Provisions, paragraph B: LENA Start Performance Outcome Rate Card FY2021-2022 and FY2022/2023.

IV. PARTNER RESPONSIBILITIES

PARTNER shall:

- A. Serve up to 100 families with the LENA Start programming within the Agreement Term as outlined in Section VI. Term.
- B. Provide program support as the Partner Organization outlined in Attachment A: Partner Responsibility Mapping.
- C. PARTNER agrees to participate in an internet-based evaluation and management process as defined by LENA Online. Participation shall include PARTNER program set-up, participant data, and PARTNER personnel. Utilization of LENA Online requires training(s) to familiarize and implement the results-based accountability framework. Where appropriate, PARTNER agrees to participate in the ongoing development of these evaluative processes for the duration of the term of this Agreement. Specific areas may include but are not limited to, the development of outcomes for programmatic performance, standards for service delivery, and assessment tools in accordance with the LENA program.

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- B. A Party, with or without cause, may terminate this Agreement by giving written notice to other Party within thirty (30) days of the effective date of termination. Upon receipt of notice, the Party shall immediately discontinue all services affected (unless the notice directs otherwise).

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PARNTER: Family Service Association
21250 Box Springs Rd., Suite 112
Moreno Valley, CA 92557

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PARTNER agrees to indemnify and hold harmless RCCFC, its officers, employees, agents and volunteers from any and all claims, losses, actions, damages and/or liabilities resulting from any negligent act or omission of the PARTNER, its officers, employees, agents or volunteers while performing its duties under this Agreement, including any costs or expenses incurred by PARNTER, except as prohibited by law.

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IN WITNESS WHEREOF, RCCFC and PARTNER have executed this Agreement.

RIVERSIDE COUNTY CHILDREN AND FAMILIES
COMMISSION

►

Authorized Signature

Tammi Graham

Printed Name

Executive Director

Title

Dated

FAMILY SERVICE ASSOCIATION

►



Authorized Signature

May Eslava

Printed Name

Chief Operating Officer

Title

1.25.2022

Dated

**ATTACHMENT A:
PARTNER RESPONSIBILITY MAPPING**



Partner Responsibility Mapping

There are many ways that a partner organization can be involved in LENA Start. You can use the chart below to map out which tasks or materials the lead organization or partner organization will be responsible for.

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Incentives	✓	
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Child care		✓
In-kind donations		
Snacks		
Entering data in LENA Online		✓
Preparing participant kits		✓
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Processing and charging devices		✓

ATTACHMENT B: PAYMENT PROVISIONS

A. FISCAL

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AGREEMENT PERIOD: **July 1, 2021– June 30, 2023**

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1. Allowable Costs

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B. LENA Start Performance Outcome Rate Card - FY 2021 - 2023

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Table.1 - LENA Start Performance Outcome Rate Card FY2021/2022 – FY2022/2023.

RATE CARD METRIC	METRIC DEFINITION	METRIC TOOL	MAXIMUM CUMULATIVE INCENTIVE	PAYMENT PER ACHIEVEMENT
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	Total stars: 10-14			\$10 per individual family who receive 10-15 total stars within their recording report
	Total stars: 15 or more			\$20 per individual family who receive 15 or more total stars within their recording report.

F. Consent – Deborah Clark-Crews, Chair

1. Approve First 5 Riverside County Draft Commission Minutes - January 26, 2022 Regular Meeting 134





**Riverside County Children & Families
Commission Regular Meeting
January 26, 2022, 2:00 PM**

**First 5 Riverside ZOOM
585 Technology Ct
Riverside, California 92507**

Commissioners Present: Deborah Clark-Crews, Supervisor Chuck Washington, Jose Campos, Kimberly Britt, Zachary Ginder, Stephanie Yost, Kimberly Saruwatari

Absent: Commissioner Dr. Edwin Gomez, Commissioner Rosa Verduzco

Administrative Staff Present: Tammi Graham, Executive Director; Barbara Andrade DuBransky, Deputy Director of Programs; Piera Causley, Regional Manager; Carol Abella, Administrative Services Manager II; Paul Robles, Fiscal Manager; Jill Kowalski, Administrative Services Officer; Patricia Perez, Administrative Services Officer; Cori Robinson, Administrative Secretary II; Cindy Brandon, Administrative Secretary II; and Sean Pravica, Public Information Specialist

Legal Counsel: Ronak Patel, Deputy County Counsel

A. Call to Order – Deborah Clark-Crews Commission Chair

1. Pledge of Allegiance – Commissioner Britt
2. Roll Call – Cori Robinson, Administrative Secretary II

B. Commission & Advisory Committee Business– Deborah Clark Crews, Commissioner
Chair Clark Crews moved to adopt action item 22-01 as stated:

- **22-01:** Adopt Resolution of the First 5 Riverside County Children & Families Commission Authorizing Remote Teleconference Meetings of the Legislative Bodies of First 5 Riverside County for the Period of January 26, 2022, through February 26, 2022, Pursuant to the Ralph M. Brown Act

Commissioner Yost moved to approve action item 22-01 as presented. Commissioner Britt seconded the motion. Cori Robinson, Administrative Secretary II, conducted roll call. Ayes: Clark-Crews, Washington, Saruwatari, Ginder, Yost, Campos, Britt. Absent: Verduzco, Gomez, Motion carried.

2. Election of First 5 Riverside County Chair and Vice Chair- Ronak Patel, Deputy County Counsel and Tammi Graham, Executive Director

Mr. Patel explained that the Bylaws of the Commission and Ordinance 784.11, for the County of Riverside, provides that members of the Commission shall annually elect a chair person and a vice chair, who shall serve for one term and accordingly to section 3B of the Bylaws of the Commission, require members of the Commission to elect a chair and vice chair at the

first meeting of the year, and that the vice chair shall preside over any meetings of the Commission in the absence of the chairperson. The Bylaws require that the Executive Director contact nominees to confirm the nominee's acceptance of the nominations.

Ms. Graham presented the nominees as follows: Chair nominees Deborah Clark-Crews and Stephanie Yost. Vice chair nominee – Commissioner Ginder.

Mr. Patel explained that the Bylaws specify that the vote must be done by roll call vote. The Chair vote will be done first, followed by the Vice chair vote. A motion and a 2nd will be done, then a roll call vote.

*Commissioner Britt moved to accept the slate of nominations as presented. Supervisor Washington seconded the motion, clarifying the slate of nominations for Chair as Commissioner Yost, and Commissioner Clark-Crews. Cori Robinson, Administrative Secretary II, conducted roll call. **Ayes:** Clark-Crews, Washington, Saruwatari, Ginder, Yost, Campos, Britt. **Absent:** Verduzco, Gomez. **Motion carried.***

*Cori Robinson, Administrative Secretary II, conducted roll call for Chair vote. **Ayes:** Washington, Saruwatari, Ginder, Campos, Britt. **Absent:** Verduzco, Gomez **Abstained:** Clark-Crews, Yost **Results:** Commissioner Clark-Crews- 4 votes, Commissioner Yost -1 vote. Commissioner Clark-Crews voted in as Chair.*

Mr. Patel moved to the Vice chair vote. Because there is one nomination, the same process can be used for the vote.

*Commission Chair Clark-Crews moved to accept the Vice chair nomination of Commissioner Ginder. Commissioner Yost seconded the motion. Cori Robinson, Administrative Secretary II, conducted roll call. **Ayes:** Clark-Crews, Washington, Saruwatari, Yost, Campos, Britt. **Absent:** Verduzco, Gomez. **Abstained:** Ginder. **Motion carried.***

Commission Chair Clark-Crews thanked Commissioner Ginder for stepping up for the Vice chair position. She gave thanks for being reelected, stating that this will be her last year on the Commission and that she can't think of a better way to end her term and she hopes to represent the Commission well this year.

3. Executive Director Report- Tammi Graham, Executive Director

Martin Luther King, Jr. commemoration

Ms. Graham began her Executive Director report by recognizing the Martin Luther King Jr. holiday that marked the 28th anniversary of service that celebrates the Civil Rights leader's life and legacy. She said this day is observed each year on the third Monday in January as "a day on, not a day off," MLK Day is the only federal holiday designated as a National Day of Service to encourage all Americans to volunteer to improve their communities. Ms. Graham said she had the opportunity to do a clean-up at the campground she was at and that there was a lot of participation.

Champion For Children Award

The nomination period for the Champion for Children Award has been extended to February 18. Staff will bring this item to the March 9th Commission meeting with a recommendation for final selection. Two nominations have been received and additional nominations will be accepted for consideration by the Advisory Committee in March.

RCOE Alternative Payment Program

Ms. Graham shared an update from Riverside County Office of Education on the status of the Alternative Payment Program for the current fiscal year. Assistant Superintendent JoAnne Lauer is in attendance to answer any questions from the Commission. For the current fiscal year, Riverside County Office of Education received additional funding to enroll a minimum of 7,700 children. This month outreach to 2,500 families occurred to enroll children in February. The Commission's historical investments in Quality Early Learning supplements state funding to increase access and quality in early learning settings through additional funding to serve more children in quality settings and through tiered reimbursement to Quality Start rated providers.

CA State Budget Process and California Blueprint

On January 10, 2022, Governor Newsom released his initial budget proposal for the 2022-2023 fiscal year. Looking ahead, California will have \$286.4 billion total spending plan with \$45.7 billion in total budgetary surpluses, and \$20.6 billion in discretionary funds. The governor and state leaders have mostly messaged this year's budget as a blueprint building off major systems investments made in the 2021 Budget Act. The pandemic brought to light striking disparities in our state such as unequal access to healthcare, childcare, education, and the economic ability to endure a rapidly changing and unpredictable world. Key areas of investment identified by the governor include:

- Fighting COVID-19 with science
- Combating the Climate Crisis
- Confronting Homelessness; and,
- Tackling the Cost of Living

The governor has stated this initial proposal will look vastly different from the May Revise.

Child Care and Preschool

With the leadership of the First 5 Association, First 5's will closely monitor and help influence the following investment areas within the proposed budget:

- Universal Transitional Kindergarten (UTK)
- Provider reimbursement rates
- Childcare spaces
- Prop 64

The governor's budget proposal includes \$1 billion to implement the first year of Universal Transitional Kindergarten (UTK), with full implementation by 2025-26.

Aligning with the goals of the Master Plan for Early Learning and Care, the proposed budget continues to support last year's major investments in UTK expansion and is expected to increase access to early learning to at least 56,000 young children across California in 2022-2023. And, \$383 million will add an additional educator to every transitional kindergarten classroom to help reduce the ratio of students-to-adults in UTK classrooms. Ms. Graham referenced the slide with additional information:

- \$823.7 million for 36,000 additional subsidized childcare spaces, bringing the total to just over 145,000 spaces statewide. Multi-year investments provided through the 2021 state budget, and that went into effect this year, intend to bring this total up to 200,000. While that is a positive step, it is still not enough to properly address California's childcare crisis. Riverside expects to receive another increase in the coming year from these 36,000 slots.
- \$373 million to help subsidize a full year of rate increases for providers while the state continues to work towards comprehensive rate reform in alignment with the goals set out in

the Master Plan for Early Learning and Care. This builds upon investments made in last year's budget, and strongly aligns with First 5 Riverside County's investment in support of the Alternative Payment system for childcare and early childhood education to low-income families through the Riverside Hybrid Alternative Payment program, including scholarships for special populations and tiered reimbursement to support increases in levels of quality of QSRC providers -- in preparation for and in alignment with -- rate reform at the state level. F5RC will continue to advocate for rate reform.

- Child Care Providers United (CCPU), through the Joint Labor Management Committee (JLMC), is currently developing recommendations on streamlining the state's reimbursement structure, and these are set to be made available by November 15, 2022.
- Other investments to expand childcare include \$25 million to fund the Child Care Initiative Project through June of 2023 to increase spaces in high need areas and support providers in those communities that want to become licensed.
- Next is \$308.4 million to ensure California State Preschool Program (CSPP) meets the needs of students with disabilities and dual language learners. New requirements for state preschool providers program state that they must serve at least 10 percent of students with disabilities and provide additional supportive services for dual language learners.

This budget proposal seeks to expand eligibility for all students participating in the California State Preschool Program from 12-months to 24-months. Children with an individualized education program (IEP) would be considered eligible to participate in CSPP, and CSPP providers that have served all eligible 3- and 4-year-olds in their programs would be able to enroll 2-year-olds in their service as well. Some additional programmatic changes for the CA State Preschool Program which include establishing categorial eligibility for age-eligible children with individualized education programs; 24 months of continuous eligibility; and the ability of providers to enroll two-year-olds in their programs.

Children receive early developmental supports and services, and are safe from abuse, neglect, and other trauma

In child health, the Governor's budget seeks to move the health system forward in Medi-Cal and \$87 million (\$41 million from the General Fund) to implement Dyadic Services effective January 1, 2023. There is a proposed \$350 million in the General Fund to recruit, train, and certify 25,000 new community health workers (CHWs) by 2025. Other funding includes:

- \$400 million in one-time funding (\$200 million General Fund) for Medi-Cal Provider Equity payments to incentivize providers to focus on advancing equity and improving quality in children's preventative health and maternal care services.
- \$176 million in additional funding to support access to women's health services, and developmental and Adverse Childhood Experiences (ACEs) screenings.
- \$135.1 million over a three-year period to extend Medi-Cal provider training for conducting ACEs screenings.
- \$53.2 million (\$18.9 million General Fund) in 2022-2023 and \$89 million (\$31 million General Fund) annually to reduce Medi-Cal premiums for approximately \$500,000 for pregnant women, children, and disabled working adults.

Families optimize their child's development

In order to optimize their child's development, \$50 million will expand the California Home Visiting Program and Black Infant Health Program and provide greater flexibility in the home visiting

models families can receive and expand supports into additional counties. Additional funding includes:

- \$3.2 million to be establish Individuals with Disabilities Education Act (IDEA) specialists.
- \$51 million in 2022-2023 and \$68.1 million on-going to reduce Regional Center service coordinator caseloads – this is very important in our county.
- \$10 million for Special Education supports for pre-school aged children.
- \$10 million to support Early Literacy, something that aligns with Dr. Gomez' early literacy initiatives.
- \$5.5 million to support initiatives aimed at improving maternal and infant health outcomes.

American Rescue Plant Act (ARPA) updates

In partnership with the County of Riverside Executive Office and Auditor Controller's Office, First 5 has distributed \$2.3 million to 1,987 early childhood educators for wage enhancements on behalf of the Riverside County Board of Supervisors and \$24,750 to 36 licensed early care and education providers recruited to serve children attending care through State CA Alternative Payment Program. First 5 is continuing to make progress on the \$5 million allocated to expand childcare facilities in all supervisorial districts. One project has been identified in District 1 and the Request for Proposal is under final review for release in the coming weeks. Ms. Graham thanked First 5 staff and the Auditor Controller for processing applications and payments in a timely manner to support the early learning community.

ARPA appreciation

Childcare providers have expressed their appreciation and gratitude for wage enhancement stipends and newly enrolled Alternative Payment providers shared how these federal funds will enhance their programs. Ms. Graham highlighted a few messages received by providers.

Infrastructure update

Ms. Graham gave an update on Prop 10 funded infrastructure projects. Two projects are complete, three projects are midway through completion and two are in the final phase. Three projects are still in the beginning phase with contracts extended to 6/30/22. To date, First 5 Riverside County has reimbursed these Contractors a total of \$1,585,019.

Dads and Donuts

On Saturday January 8, the Dads Assisting Dads Coalition partnered with First 5 Riverside County and Child Support Service to host the first Dads & Donuts Outreach Event. This Resource and Networking Event consisted of information on First 5 Riverside County Services, Jurupa Valley Unified Programs, Community Action's Utility Assistance, Department of Public Social Services, and the Dads Assisting Dads Coalition. A total of 10 fathers/fatherhood figures attended the event. It was a great soft opening to connect with fathers in the area and share their stories. Each parent received a goodie bag containing toys, hand sanitizer, toothbrushes, and a sippy cup. Also provided was a "Dads Toolbox", a folder of information with county resources. We hope to continue such events in the Southwest and Desert regions soon. Thank you to Zach Romawac and other community partners for supporting this event!

Ms. Graham also let the Commission know that Mr. Romawac has been promoted to another county department and today is his last day.

Mead Valley FRC Toy Distribution

On December 4, 2021F5RC staff participated in the Festival of Lights, distributing toys and resources at the drive-thru event. A total of 449 toys were distributed.

Raising a Reader

Raising a Reader is now being piloted at the Perris Valley Family Resource Center. This program has only been available in District 4 through United Way of the Desert. This is our first implementation of RAR in a FRC.

Welcome new staff

Ms. Graham introduced new staff to First 5:

Erica Williams, Administrative Services Manager I, will have oversight of two units – the contracts and grants analysts and the evaluation team from the Riverside Office.

Rami Qaqish, Supervising Program Specialist, at the Desert Hot Springs FRC location working alongside Gloria Nunez who is in Mecca.

Aisha Mansoor is our current intern working on public policy.

Chair Clark-Crews thanked Ms. Graham for the comprehensive report and welcomed the new staff and intern. She also thanked JoAnne Lauer for all the work RCOE is doing.

4. Commission Member Comments – Deborah Clark Crews, Commission Chair

Commission Chair Clark-Crews, spoke on Governor Newsom's budget and how in her over 40 years of her experience in the field of early care and education, she has never witnessed such support coming out of the Governor's office for children and young families. "It is absolutely amazing that he is stepping forward to support families and children in every way he possibly can with the budget that he has." She also asked that at the March Commission meeting she would like for someone from RCOE to share all the changes coming forth for TK and preschool for 4-year-olds.

C. Public Comments (for items not listed on the agenda) – Deborah Clark-Crews, Commission Chair

None

D. Presentations/Information – Deborah Clark-Crews, Commission Chair

1. LENA Start, LENA Grow, LENA Home Presentation - Caitlyn Stafford, Growth Manager, LENA

Ms. Stafford talked about how exciting it is that all three of the LENA programs are being used in Riverside County. She explained each of the three LENA Programs and presented data.

- **LENA Start**- Builds school readiness and strengthens families with parent-group classes.
- **Quasi-experimental study**: - Families in LENA Start grew in talk and conversational turns significantly more than families who just attended the library or library programs.
- **Star Early Literacy Assessment** - Kindergarten Readiness. Indicates that children whose parents participated in LENA Start had higher early Literacy Scaled Scores. Children from LENA Start families were also three times as likely to have reached the more advanced "Late Emergent Reader" stage entering pre-K.

- **Snapshot Longitudinal data-** A parent administered assessment of children's preceptive and expressive language skill. The assessment found that most children begin the LENA start program with slightly below average language skills. Children made gains in the program and the gains stayed in place up to two years later. Families are reading more together. With the LENA Start program, F5RC has reached 144 families since beginning the program in 2018.
 - **LENA Grow-** Transform interactions in childcare through job embedded processional development. Teacher/Coaching program used both in early childhood classrooms and family childcare homes.
 - **Key Finding-** There are large disparities in the language environments children are experiencing in childcare. LENA Grow has made a significant impact on their CLASS® scores, with increases not only in language-related CLASS dimensions, but also in dimensions like Positive Climate that are impacted by enhanced communication and relationships.
 - **LENA Home-** Adds an early-language focus to any home-visiting program. Research on LENA Home has showed us that the frequency of feedback is important in LENA Home, and that when families receive sessions regularly, they boost adult words and conversational turns significantly.
2. **Measure of America Inland Empire Report Presentation** - Damien O'Farrell, President/CEO of Parkview Legacy Foundation; Kristen Lewis, & Vicki Lassiter-Social Science research Council-Presenters
- The presenters highlighted the Measure of America Spotlight on the Inland Empire Report with data and measures on human development progress through three core capabilities for living a flourishing life: A long and healthy life (life expectancy at birth); Access to knowledge (educational degree attainment and school enrollment); and a decent standard of living (median earnings). The report may be obtained at: <https://measureofamerica.org/california2021-22/>
3. **Information Only** - First 5 Riverside County Financial Highlights
- Receive and File;** Report was emailed to Commissioners on January 26, 2022.

E. Consent – Deborah Clark-Crews, Commission Chair

1. Approve First 5 Riverside County Commission Draft Meeting Minutes- October 27, 2021, Regular Meeting.
2. **22-02:** Approve 2022 First 5 Riverside County Finance Sub-Committee Members.
3. **22-03:** Approve First Amendment to Contract with Health Assessment and Research for Communities (HARC, Inc.) for Supervisorial District Community Profiles from July 1, 2021-June 30, 2023 (Contract NO. CF22142) [\$207,300-Prop10 & DPSS Funds].
4. **22-04:** Authorize Increase of Purchase Order to Lakeshore for Jump Start to Quality Packages to Quality Start Riverside County Providers [\$17,000 – Prop 10 Funds].
5. **22-05** Authorize Purchase Order with Absolute Security International, Inc. for Security Guard Services at the Family Resource Centers from January 1, 2022 – June 30, 2022 [\$150,000 – DPSS Funds].

*Supervisor Washington moved to approve consent items as presented. Commissioner Yost seconded the motion. Cori Robinson, Administrative Secretary II, called roll call. **Ayes:** Clark-Crews, Saruwatari, Ginder, Yost, Campos, Britt, Washington. **Absent:** Gomez and Verduzco. **Motion carried.***

F. Future Agenda Items:

1. Annual review and public hearing of First 5 Riverside County Strategic Plan
2. Annual review and public hearing of First 5 California Annual Report
3. Adopt First 5 Riverside County 2022 Policy Agenda

- G. **Adjournment:** Adjournment at 3:40 p.m. to the next Regular Meeting of the Riverside County Children and Families Commission, to be held on Wednesday, March 9, 2022, beginning at 2:00 p.m. at Riverside County Children and Families Commission Office. 585 Technology Court, Conference Room A, Riverside, CA 92507

Meeting Minutes Recorded by Cori Robinson, Administrative Secretary II.

2. **22-10:** Approve Contract with Inland SoCal United Way to Administer California Family Resource Association (CFRA) COVID-19 Relief Funds from March 9, 2022 - June 30, 2022 (**CONTRACT NO. CF22143**) [**\$230,062 - CFRA FUNDS**]

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AGENDA ITEM: 22-10
DATE OF MEETING: March 9, 2022
ACTION: ☒
INFORMATION: ☐

**APPROVE CONTRACT WITH INLAND SOCAL UNITED WAY
TO ADMINISTER CALIFORNIA FAMILY RESOURCE ASSOCIATION (CFRA)
COVID-19 RELIEF FUNDS
FROM MARCH 9, 2022 – June 30, 2022
(CONTRACT NO. CF22143) [\$230,062 – CFRA FUNDS]**

SUMMARY OF REQUEST

Approve Contract #CF22143 with Inland SoCal United Way as a single source procurement from March 9, 2022 through June 30, 2022 for an amount not to exceed \$230,062. SoCal United Way will administer California Family Resource Association (CFRA) funding to support foster families and tribal families served through the county's family resource centers (FRCs) in response to the effects of COVID-19.

BACKGROUND

Inland SoCal United Way is a vital community hub with a history of delivering much needed resources to the community-at-large. With an established system in distributing various assistance funds, Inland SoCal United Way is prepared to assist First 5 Riverside County with the distribution of the CFRA funds in the form of gift cards to the eligible tribal TANF families and foster families in the county.

On September 15, 2021 (Action Item 21-32), First 5 Riverside County was awarded \$231,163.38 in CFRA COVID-19 FRC Relief Funding to provide gift cards worth \$90.00 each to the 2,517 foster children and tribal families in Riverside County.

Services from United Way were procured through a single source procurement (justification attached).

RECOMMENDED ACTION

That the Commission:

- a. Approve Contract No. 22143 with Inland SoCal United Way as a single source procurement to administer funding received by California Family Resource Association (CFRA) effective March 9, 2022 – June 30, 2022, for an amount not to exceed \$230,062.00 in substantially the same form as the draft contract attached hereto; and authorize the Executive Director to sign the contract on behalf of the Commission, subject to County Counsel's approval as to form.
- b. Authorize the Executive Director, based on the availability of fiscal funding and as approved by County Counsel to sign amendments that exercise the options of the Contract #CF22143 on behalf of the Commission, including modifications of the statement of work that stay within the intent of said contract without requiring further action from the Commission.

BUDGET IMPACT

Adequate appropriation exists in the FY 21/22 budget (938001-25800-92960-525440).

STRATEGIC PLAN RELEVANCE

Goal 3: Resilient Families

POTENTIAL CONFLICTS OF INTEREST

None

ATTACHMENTS

1. Contract #CF22143 - Inland SoCal United Way
2. Single Source Procurement – Inland SoCal United Way

CONTRACT FOR PROFESSIONAL SERVICES
Contract No. CF22143

Riverside County Children and Families Commission and
Inland SoCal United Way

This Contract for Professional Services is made and entered into by and between the Riverside County Children and Families Commission ("RCCFC") aka First 5 Riverside and Inland SoCal United Way ("CONTRACTOR"). The parties hereto mutually agree as provided herein, including Exhibits "A and B" attached hereto and incorporated herein by reference.

1. **PROJECT:** CONTRACTOR shall perform services for the RCCFC as stated in Exhibits A and B, and incorporated into this contract. CONTRACTOR shall perform these services in a complete, skillful and professional manner. CONTRACTOR shall not provide any services which shall cause RCCFC to incur additional costs beyond those stated in this Contract without the proper advance written consent of RCCFC.
2. **TIME FOR PERFORMANCE:** The project shall begin on **March 9, 2022** and shall be completed on or before **June 30, 2022**, or at such other time as is mutually agreed upon in writing by RCCFC and CONTRACTOR as provided herein.
3. **COMPENSATION:** The total amount of compensation to be paid to CONTRACTOR for the services to be provided pursuant to this contract (including any and all costs incurred by CONTRACTOR) shall not exceed **TWO HUNDRED THIRTY THOUSAND SIXTY-TWO DOLLARS (\$230,062.00)** for this contract.
4. **TERMINATION:** This contract may be terminated by CONTRACTOR or RCCFC, for no cause, with a thirty (30) days written notice to the other party, as provided herein. In addition, it is mutually agreed and understood that the obligation of RCCFC is limited and contingent upon the availability of Proposition 10 funds for payment to CONTRACTOR; and that this contract may be immediately terminated by RCCFC if funds are no longer available. In the event RCCFC abandons or postpones the project, or terminates the project for lack of funds, then RCCFC shall make payment for all services provided by CONTRACTOR to the date of written notice of termination.
5. **LICENSES: COMPLIANCE WITH LAWS:** CONTRACTOR, including its employees and agents, shall maintain all licenses required by law or regulation while performing services under this contract. CONTRACTOR shall at all times comply with all laws and regulations applicable to the services provided pursuant to this contract.
6. **CONFIDENTIALITY:** CONTRACTOR shall maintain the confidentiality of information, including protection of names and other identifying information from unauthorized disclosure, except for statistical information which shall not identify any individual person and which shall be used only for carrying out the obligation of CONTRACTOR under this contract. CONTRACTOR shall not disclose any information, except as specifically permitted by this contract. CONTRACTOR shall observe all Federal, State, County and RCCFC regulations concerning confidentiality of records.
7. **CONFLICT OF INTEREST:** The parties hereto and their respective employees or agents shall have no interest, and shall not acquire any interest, direct or indirect, which

will conflict in any manner or degree with the performance of services required under this contract.

8. **WORK PRODUCT:** All reports, preliminary findings or data assembled or compiled by CONTRACTOR under this Agreement shall become the property of RCCFC. RCCFC reserves the right to authorize others to use or reproduce such materials. Therefore, such materials may not be circulated in whole or in part, nor released to the public, without the prior, written authorization from the RCCFC.
9. **ADMINISTRATION:** The Executive Director of RCCFC (or designee) shall administer this contract on behalf of RCCFC.
10. **RECORDS AND REPORTS:** Contractor shall maintain accurate and complete financial and performance records for a minimum of two (2) years from the date of final payment under this contract, or until any relative County, State, and/or Federal audits of which Contractor is made aware of are completed, whichever is later, and shall maintain such records locally, to be made available for inspection by Contractor upon reasonable request.
11. **INSURANCE:** Without limiting or diminishing the CONTRACTOR'S obligation to indemnify or hold the COUNTY harmless, CONTRACTOR shall procure and maintain or cause to be maintained, at its sole cost and expense, the following insurance coverage's during the term of this Contract. As respects to the insurance section only, the COUNTY herein refers to the County of Riverside, its Agencies, Districts, Special Districts, and Departments, their respective directors, officers, Board of Supervisors, employees, elected or appointed officials, agents or representatives.
 - A. **Workers' Compensation:**

If the CONTRACTOR has employees as defined by the State of California, the CONTRACTOR shall maintain statutory Workers' Compensation Insurance (Coverage A) as prescribed by the laws of the State of California. Policy shall include Employers' Liability (Coverage B) including Occupational Disease with limits not less than \$1,000,000 per person per accident. The policy shall be endorsed to waive subrogation in favor of The County of Riverside.
 - B. **Commercial General Liability:**

Commercial General Liability insurance coverage, including but not limited to, premises liability, unmodified contractual liability, products and completed operations liability, personal and advertising injury, and cross liability coverage, covering claims which may arise from or out of CONTRACTOR'S performance of its obligations hereunder. Policy shall name the COUNTY as Additional Insured. Policy's limit of liability shall not be less than \$1,000,000 per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this Contract or be no less than two (2) times the occurrence limit.
 - C. **Vehicle Liability:**

If vehicles or mobile equipment are used in the performance of the obligations under this Contract, then CONTRACTOR shall maintain liability insurance for all owned, non-owned or hired vehicles so used in an amount not less than \$1,000,000 per occurrence combined single limit. If such insurance contains a general aggregate

limit, it shall apply separately to this Contract or be no less than two (2) times the occurrence limit. Policy shall name the COUNTY as an Additional Insured.

D. General Insurance Provisions - All lines:

- 1) Any insurance carrier providing insurance coverage hereunder shall be admitted to the State of California and have an A M BEST rating of not less than A: VIII (A:8) unless such requirements are waived, in writing, by the County Risk Manager. If the County's Risk Manager waives a requirement for a particular insurer such waiver is only valid for that specific insurer and only for one policy term.
- 2) The CONTRACTOR must declare its insurance self-insured retention for each coverage required herein. If any such self-insured retention exceeds \$500,000 per occurrence each such retention shall have the prior written consent of the County Risk Manager before the commencement of operations under this Contract. Upon notification of self-insured retention unacceptable to the COUNTY, and at the election of the County's Risk Manager, CONTRACTOR'S carriers shall either; 1) reduce or eliminate such self-insured retention as respects this Contract with the COUNTY, or 2) procure a bond which guarantees payment of losses and related investigations, claims administration, and defense costs and expenses.
- 3) CONTRACTOR shall furnish the County of Riverside with either 1) a properly executed original Certificate(s) of Insurance and certified original copies of Endorsements effecting coverage as required herein, and 2) if requested to do so orally or in writing by the County Risk Manager, provide original Certified copies of policies including all Endorsements and all attachments thereto, showing such insurance is in full force and effect. Further, said Certificate(s) and policies of insurance shall contain the covenant of the insurance carrier(s) that thirty (30) days written notice shall be given to the County of Riverside prior to any material modification, cancellation, expiration or reduction in coverage of such insurance. In the event of a material modification, cancellation, expiration, or reduction in coverage, this Contract shall terminate forthwith, unless the County of Riverside receives, prior to such effective date, another properly executed original Certificate of Insurance and original copies of endorsements or certified original policies, including all endorsements and attachments thereto evidencing coverage's set forth herein and the insurance required herein is in full force and effect. *CONTRACTOR shall not commence operations until the COUNTY has been furnished original Certificate (s) of Insurance and certified original copies of endorsements and if requested, certified original policies of insurance including all endorsements and any and all other attachments as required in this Section. An individual authorized by the insurance carrier to do so on its behalf shall sign the original endorsements for each policy and the Certificate of Insurance.*
- 4) It is understood and agreed to by the parties hereto that the CONTRACTOR'S insurance shall be construed as primary insurance, and the COUNTY'S insurance and/or deductibles and/or self-insured retention's or self-insured programs shall not be construed as contributory.
- 5) If, during the term of this Contract or any extension thereof, there is a material change in the scope of services; or, there is a material change in the equipment

to be used in the performance of the scope of work; or, the term of this Contract, including any extensions thereof, exceeds five (5) years; the COUNTY reserves the right to adjust the types of insurance and the monetary limits of liability required under this Contract, if in the County Risk Manager's reasonable judgment, the amount or type of insurance carried by the CONTRACTOR has become inadequate.

- 6) CONTRACTOR shall pass down the insurance obligations contained herein to all tiers of subcontractors working under this Contract.
 - 7) The insurance requirements contained in this Contract may be met with a program(s) of self-insurance acceptable to the COUNTY.
 - 8) CONTRACTOR agrees to notify COUNTY of any claim by a third party or any incident or event that may give rise to a claim arising from the performance of this Contract.
12. **INDEPENDENT CONTRACTOR:** CONTRACTOR and its employees and agents shall act at all times in an independent capacity with regard to performance of services rendered pursuant to this contract; and CONTRACTOR shall not act as, shall not be, and shall not in any manner be construed to be, agents, officers or employees of RCCFC and/or of the County of Riverside. There shall be no employer-employee relationship between RCCFC and CONTRACTOR, or between the County of Riverside and CONTRACTOR; and CONTRACTOR and its employees and agents shall not be entitled to any benefits payable to the RCCFC employees. CONTRACTOR is responsible for payment and deduction of all employment-related taxes on CONTRACTOR's behalf and for CONTRACTOR's employees, including but not limited to all federal and state income taxes and withholdings. RCCFC shall not be required to make any deductions from compensation payable to CONTRACTOR for these purposes. CONTRACTOR shall indemnify RCCFC, and/or County of Riverside against any and all claims that may be made against RCCFC, and/or County of Riverside based upon any contention by a third party that an employer-employee relationship exists by reason of this contract; and CONTRACTOR shall indemnify RCCFC for any and all federal or state withholding or retirement payments which RCCFC may be required to make pursuant to federal or state law.
13. **INDEMNIFICATION AND HOLD HARMLESS:** CONTRACTOR shall indemnify and hold harmless RCCFC, the County of Riverside, its Agencies, Districts, Special Districts and Departments, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives (individually and collectively hereinafter referred to as "Indemnitees" or "COUNTY") from any liability whatsoever, based or asserted upon any services of CONTRACTOR, its officers, employees, subcontractors, agents or representatives arising out of or in any way relating to this Contract, including but not limited to property damage, bodily injury, or death or any other element of any kind or nature whatsoever arising from the performance of CONTRACTOR, its officers, employees, subcontractors, agents or representatives Indemnitors from this Contract. CONTRACTOR shall defend, at its sole expense, all costs and fees including, but not limited, to attorney fees, cost of investigation, defense and settlements or awards, the Indemnitees in any claim or action based upon such alleged acts or omissions.

With respect to any action or claim subject to indemnification herein by CONTRACTOR, CONTRACTOR shall, at their sole cost, have the right to use counsel of their own choice and shall have the right to adjust, settle, or compromise any such action or claim without the prior consent of COUNTY; provided, however, that any such adjustment, settlement or compromise in no manner whatsoever limits or circumscribes CONTRACTOR'S indemnification to Indemnitees as set forth herein.

CONTRACTOR'S obligation hereunder shall be satisfied when CONTRACTOR has provided to COUNTY the appropriate form of dismissal relieving COUNTY from any liability for the action or claim involved.

The specified insurance limits required in this Contract shall in no way limit or circumscribe CONTRACTOR'S obligations to indemnify and hold harmless the Indemnitees herein from third party claims.

In the event, there is conflict between this clause and California Civil Code Section 2782, this clause shall be interpreted to comply with Civil Code 2782. Such interpretation shall not relieve the CONTRACTOR from indemnifying the Indemnitees to the fullest extent allowed by law.

- A. Where CONTRACTOR is a public entity, as defined by applicable law, the Commission and CONTRACTOR, to the extent that liability may be imposed on the Commission by the provisions of Government Code Section 895.2, shall be liable for their own acts or omissions, including all claims, liabilities, injuries, suits, and demands and expenses of all kinds which may result or arise out of any alleged malfeasance or neglect, caused or alleged to have been caused by either the Commission or CONTRACTOR, their employees or representatives, performance or omission of any act or responsibility of either party under this Contract. In the event that a claim is made against both the Commission and CONTRACTOR, both parties shall cooperate in the defense of said claim and to cause their insurers to do likewise.
 - B. CONTRACTOR agrees to indemnify the Commission for all federal/state withholding or state retirement payments, which the Commission may be required to make by the federal or state government as a result of this Contract. If for any reason, CONTRACTOR is determined not to be an independent contractor to the Commission in carrying out the terms of the Contract, such indemnification shall be paid in full to the Commission upon sixty (60) calendar days written notice to CONTRACTOR if a federal and/or state determination is made that such payment is required.
14. **NONDISCRIMINATION**: The CONTRACTOR shall not discriminate in the provision of its services, recruiting, hiring, promotion, demotion or termination practices on the basis of ethnic group identification, race, religious creed, color, ancestry, national origin, sexual preference, sex, marital status, medical condition, or physical or mental handicap, and shall comply with all other requirements of law regarding nondiscrimination and affirmative action.
15. **NOTICES**: All correspondence and notices required or produced by this contract shall be delivered to the respective parties at the addresses set forth below, and are deemed submitted one (1) day after their deposit in the United States mail, postage prepaid:

CONTRACTOR

Lisa Wright, President
Inland SoCal United Way
9624 Hermosa Avenue
Rancho Cucamonga, CA 91730

RCCFC

First 5 Riverside
Tammi Graham, Executive Director
585 Technology Court
Riverside, California 92507

or to such other address as may be designated by the respective parties.

16. **GOVERNING LAW AND VENUE:** This contract is to be construed under the laws of the State of California. The parties agree to the jurisdiction and venue of the appropriate courts in the County of Riverside, State of California. Should action be brought to enforce or interpret the provisions of this contract, the prevailing party shall be entitled to attorney's fees in addition to whatever other relief is granted. The provisions of the Government Claims Act (Government Code section 900, et seq.) must be followed first for any disputes under this contract.
17. **ASSIGNMENT:** Neither this contract nor any part thereof shall be assigned by CONTRACTOR without the prior written consent of RCCFC.
18. **WAIVER:** Any waiver by RCCFC of any one or more of the terms of this contract shall not be construed to be a waiver of any subsequent breach of the same or of any other term of this contract.
19. **ALTERATION AND/OR AMENDMENT:** No alteration or variation in the terms of this contract shall be valid unless made in writing and signed by both parties; and no oral understanding or agreement not incorporated herein by specific reference shall be binding on the parties. The terms contained in this contract shall represent the entire contract between the parties with respect to the services to be provided by CONTRACTOR.
20. **SEVERABILITY:** In the event any provision in this contract is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remaining provisions shall nevertheless continue in full force and effect without being impaired or invalidated in any way.
21. **DISALLOWANCE:** In the event CONTRACTOR receives payment for services under this contract which are later disallowed for nonconformance with the terms and conditions herein, CONTRACTOR shall promptly refund the disallowed amount to RCCFC upon written request. RCCFC retains the option to offset the amount disallowed from any payment due to CONTRACTOR under this contract, or under any other contract or agreement between CONTRACTOR and RCCFC.
22. **CERTIFICATION OF AUTHORITY TO EXECUTE CONTRACT:** CONTRACTOR certifies that the individual signing below has authority to execute this contract on behalf of CONTRACTOR, and may legally bind CONTRACTOR to the terms and conditions of this contract, including Exhibits A and B.

IN WITNESS, WHEREOF, the parties hereto have caused their duly authorized representative to execute this contract.

INLAND SOCAL UNITED WAY

RIVERSIDE COUNTY CHILDREN AND
FAMILIES COMMISSION

By: _____
Lisa Wright, President

By: _____
Tammi Graham, Executive Director

Date: _____

Date: _____

Attest:

By: _____
Lynn M. Stephens, Commission Coordinator

Date: _____

Approved to Form Signature:

By: _____
Ronak Patel, Deputy County Counsel

Date: _____

EXHIBIT A SCOPE OF SERVICE

CONTRACTOR shall, under the direction of the Executive Director of the Riverside County Children and Families Commission, or designee, provide services in accordance with, but not limited to, the specifications and scope of work identified in this “Exhibit A” attached hereto and incorporated herein by reference.

Agency Name: Inland SoCal United Way (United Way)

Project Name: COVID Relief support for Riverside County foster children and tribal TANF families

Project Term: March 9, 2022 – June 30, 2022

Project Description:

First 5 Riverside County (F5RC) will sub-contract with Inland SoCal United Way to pass through funding received by the California Resource Family Association to purchase gift cards worth \$90.00 each to be distributed to 2,317 foster children, ages 0-18 and living in Riverside County, and up to 200 Native American families receiving assistance through Soboba Tribal TANF in Riverside County.

Inland SoCal United Way will purchase gift cards and distribute to foster families/children and tribal families at various in-person drive-through events coordinated with First 5 and identified partners. United Way will ensure the gift cards are signed for by each recipient and provide the documentation to F5RC. CFRA requires the funding to be spent by June 30, 2022.

Objectives	Activities (Including who is responsible)	Timeline	Deliverables
United Way will partner with F5RC to identify each foster child to receive a gift card.	<u>F5RC:</u> - Schedule an introduction meeting with Foster Family Agencies (FFA) to coordinate list of foster children to receive gift cards in FFA homes. - Schedule meeting to coordination between United Way and Soboba Tribal TANF and provide the names of Soboba Tribal families to receive gift cards. - Provide United Way with a list of foster children by DOB and initials for purchasing gift cards	Week of March 7-11	United Way receives list of identified recipients (FFA, Tribal TANF and foster families/children)
United Way will purchase gift cards for distribution to identified recipients.	<u>United Way:</u> - Purchase WalMart gift cards worth \$90.00 each for the determined number of identified recipients. - Gift cards to have a restriction from purchasing firearms, tobacco or alcohol.	On-going as cards needed for drive through events and distribution through June 30, 2022.	Gift cards purchased.
United Way will coordinate countywide distribution activities in coordination with F5RC.	<u>United Way:</u> Coordinate/schedule deliveries, pick-ups, and drive-through events in community locations TBD.	Various events held through June 30, 2022.	Gift cards distributed.
United Way will track gift card distribution and report to F5RC on activities.	<u>F5RC:</u> - Develop a template form for United Way to use for proof of receipt as families accept the gift cards. <u>United Way:</u> - Submit to F5RC monthly by the 15th of each month until 2,517 gift cards are fully distributed.	On-going through June 30, 2022.	Document receipt of each gift card per recipient.

EXHIBIT B BUDGET & PAYMENT PROVISIONS

BUDGET

CONTRACTOR shall be compensated for services rendered pursuant to this contract as follows. Total payments shall not exceed **TWO HUNDRED THIRTY THOUSAND SIXTY-TWO DOLLARS** (\$230,062.00) for this contract.

CFRA Funding Distribution to Tribal and Foster Families	
Budgeted Item	Cost
Project Administration	\$ 3,532.00
CFRA Distribution to 2,571 Tribal and Foster Families	\$ 226,530.00
Grand Total:	\$ 230,062.00

PAYMENT PROVISIONS

1. Advance payments will be made under this contract upon receipt of an acceptable invoice by CONTRACTOR for the purchase of 2,571 gift cards at \$90.00 each. The amount of the initial advance shall not exceed \$ 226,530.00.
2. Reimbursement payments shall be made in accordance with satisfactory completion of the milestone deliverables identified in Attachment A- Scope of Service for project administration activities and upon receipt of an acceptable invoice. An acceptable invoice includes:
 - Contractor's name, address, contract number, an assigned invoice number, supporting documentation (if applicable), and payment amount due.
3. Payment shall be due to CONTRACTOR within thirty (30) days of RCCFC's receipt of invoice. CONTRACTOR shall submit invoices to:

Riverside County Children and Families Commission
Attention: Accounts Payable
585 Technology Court
Riverside, CA 92507

or via email to: RCCFC-accountspayable@RIVCO.ORG.

Date: February 24, 2022

From: Mary Alvarez-Gomez, Contracts & Grants Analyst

To: Tammi Graham, Executive Director
Riverside County Children and Families Commission

**Subject: Single Source Procurement – Request for Inland SoCal United Way
COVID Relief support for Riverside County Foster Children and Tribal TANF Families**

Information below is provided in support of single source procurement approval for the purchase and distribution gift cards.

1. Supplier being requested: Inland SoCal United Way (United Way)

2. Vendor ID: 0000028946

3. ☒ Single Source ☐ Sole Source

(Single Source - is a purchase of a commodity or service without obtaining competitive bids although more than one source is available)

4. Supply/Service being requested:

The purchase and distribution of 2,517 gift cards in the amount of \$90.00 each to identified foster children and tribal TANF families in Riverside County to address family needs in response to the COVID-19 crisis. United Way will purchase and maintain fiscal controls for the gift cards. United Way will also coordinate distribution activities that include, but not limited to various in-person drive-through events, and home deliveries to the target population. United Way will ensure the gift cards are signed for by each recipient and provide the documentation to First 5 Riverside County (F5RC). United Way will also report regularly on the status of the number of gift-cards distributed and copies of the proof of receipt from the recipient.

California Family Resource Association (CFRA) awarded F5RC COVID-19 FRC Relief Funding to provide gift cards worth \$90.00 each to 2,517 foster children and tribal families in Riverside County (Action Item 21-32).

5. Unique features of the supply/service being requested from this supplier.

- Existing relationship between F5RC and United Way
- United Way has the staff, experience, and infrastructure to support the volume of (2,517) gift card distribution
- United Way is a well-known and a respected community agency

6. Reasons why department requires unique features from the vendor and what benefit will accrue to the County:

Due to the short timeframe for distribution, the experience and readiness of United Way is a benefit to F5RC. Since there is an existing partnership and United Way is a current, approved County vendor, there is minimal start-up time needed nor will there be delays in the project to allow the agency to meet the purchasing requirements as a new vendor doing business with Riverside County. United Way has an established process in-place to specifically purchase and distribute gift cards to third parties.



7. Period of Performance: March 9, 2022 – June 30, 2022

Is this an annually renewable contract? ☒ No ☐ Yes

Is this a fixed-term agreement: ☐ No ☒ Yes

8. Identify all costs for this requested purchase.

CFRA Funding Distribution to Tribal and Foster Families	
Budgeted Item	Cost
Project Administration	\$ 3,532.00
CFRA Distribution to 2,571 Tribal and Foster Families	\$ 226,530.00
Grand Total:	\$ 230,062.00

9. Price Reasonableness:

The distribution of gift cards to the target population is a minimal cost for staff time and administration of the project at a total cost of \$3,532.00 for the term of the contract. United Way has an existing infrastructure supporting the distribution of gift cards as they currently distribute COVID-19 supports such as rental and mortgage assistance across Riverside County.

Executive Director – Tammi Graham

Date

3. **22-11:** Approve and Adopt Revised Fiscal Year 2021/2022 Annual
Budget of the First 5 Riverside County Children and Families Commission

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AGENDA ITEM: 22-11

DATE OF MEETING: March 9, 2022

ACTION: ☒

INFORMATION: ☐

APPROVE AND ADOPT REVISED FISCAL YEAR 2021/2022 ANNUAL BUDGET OF FIRST 5 RIVERSIDE COUNTY CHILDREN & FAMILIES COMMISSION

SUMMARY OF REQUEST

Approve and adopt the revised FY 2021/2022 annual budget to recognize adjustments to revenue and expenditures. Additionally, approve and adopt the revised FY 2021/2022 American Rescue Plan Act (ARPA) fund budget to reflect reduction in expenditures in this fiscal year that will be carried over into FY 2022/2023.

BACKGROUND

Based upon budget analysis of revenue and expenditures, the revised budget reflects an increase in Proposition 56 (backfill) revenue and a corresponding decrease in Proposition 10 revenue, reduction in salaries and benefits due to vacancies that will not be filled by the end of the fiscal year, and reduction in contract expenditures based upon current spending trends.

Proposition 56

Revenue projections for Proposition 56 (backfill) are developed based upon several factors, the Department of Finance tax projections, the State's budget May revise and direction from the First 5 Association Finance Committee. Historically, revenue estimates for Proposition 56 have been projected conservatively low for the past three fiscal years. In FY 22/23 budget, the projected revenue received from Proposition 56 will be adjusted accordingly to reflect the current trend over the past three fiscal years.

To reflect an accurate analysis and expenditure trend, the ARPA fund (25820) separate from the department's fund (25800) will be reported out separately and has been removed from the department's budget. The revised FY 2021/2022 annual budget (CFARC 25800) reflects net decrease of \$14,677,726 in revenue and net decrease of \$1.6M in salaries and benefits (Appropriation 1); net decrease of \$9.6M in services and supplies

(Appropriation 2); and net decrease of \$9.9M in contracts/MOUs. As noted in Attachment 1, the revised budget reflects \$28.3M in revenue, \$5.9M in salaries and benefits, \$3.9M in services and supplies, and \$16.7M in contracts/MOUs. Based upon current trends and projected expenditures, fund draw is not anticipated.

ARPA FUND (25820)

As approved and accepted in October 2021 (21-40), the department has oversight of the \$15M ARPA fund (25820) to stabilize and expand availability of Early Care & Education (ECE) to support the return of working families to the workforce. Strategies include wage enhancement for the ECE workforce, recruitment of ECE businesses to provide subsidized care for children, and infrastructure. As noted in Attachment 2, the ARPA fund (25820) has been adjusted to reflect current spending and projected expenditures for the remainder of the fiscal year. Through the County's year end process, unspent funds will be carried over into the next fiscal year to continue the ECE work.

RECOMMENDED ACTION

That the Commission:

1. Approve and adopt the revised FY 2021/2022 CFARC (Fund: 25800) and ARPA (Fund: 25820) budgets as proposed.

BUDGET IMPACT

Fund balance draw is not anticipated due to increase of \$2,894,898 in Proposition 56 revenue with adjustments in Proposition 10 revenue, along with reductions in appropriations, and finally separation of the ARPA fund (25820).

ATTACHMENTS

1. Summary – Revised FY 2021/2022 Annual Budget (CFARC – 25800)
2. Summary – Revised FY 2021/2022 ARPA Budget (25820)
3. Cumulative Vendor List FY 2021/2022

Riverside County Children & Families Commission

FY 2021-2022

First 5 Riverside County Budget Summary

938001-25800 (CFARC)

Description	ACCOUNT	ORIGINAL BUDGET MAY	REVISED BUDGET OCTOBER	MARCH REVISED CHANGES	REVISED FY 21/22 BUDGET
REVENUE	7xxxx				
Interest-Invested Funds	740020	350,000	350,000	-	350,000
CA - Tobacco Prop 10	754000	17,000,000	17,000,000	(2,572,624)	14,427,376
CA - Prop 56 Tobacco Act 2016	754020	2,000,000	2,000,000	2,894,898	4,894,898
F5CA (IMPACT, DLL, HV)	755870	1,614,551	2,385,493		2,385,493
Fed-Federal Revenue (DTI)	767280	-	-	-	-
Other Misc Revenue	781360	-	-	-	-
Program Revenue	781480	250,000	530,931		530,931
Reimbursement for Salaries & Services	777540	5,776,815	5,776,815	-	5,776,815
Contrib Fr Other County Funds	781540	-	15,000,000	(15,000,000)	-
TOTAL REVENUE		\$ 26,991,366	\$ 43,043,239	\$ (14,677,726)	\$ 28,365,513
APPROP 1 - Salaries and Benefits	51xxxx	7,576,766	7,576,766	(1,593,768)	5,982,998
APPROP 2 - Services and Supplies	52xxxx	3,695,658	13,526,389	(9,594,850)	3,931,539
SUBTOTAL		\$ 11,272,424	\$ 21,103,155	\$ (11,188,618)	\$ 9,914,537
APPROP 2 - Contracts and MOUs		20,775,000	26,660,226	(9,905,150)	16,755,076
APPROP 2 - CARES Act (RCOE Partnership)				-	-
TOTAL CONTRACTS AND MOUs		\$ 20,775,000	\$ 26,660,226	\$ (9,905,150)	\$ 16,755,076
APPROP 4 - Capital Assets	542060	800,000	800,000	-	800,000
TOTAL APPROP CAPITAL ASSETS		\$ 800,000	\$ 800,000	\$ -	\$ 800,000
TOTAL APPROPRIATIONS		\$ 32,847,424	\$ 48,563,381	\$ (21,093,768)	\$ 27,469,613
TOTAL REVENUES		\$ 26,991,366	\$ 43,043,239	\$ (14,677,726)	\$ 28,365,513
VARIANCE		\$ (5,856,058)	\$ (5,520,142)	\$ 6,416,042	\$ 895,900

Riverside County Children & Families Commission

FY 2021-2022

First 5 Riverside County Budget Summary

938001-25820 (ARPA Fund)

Description	ACCOUNT	ORIGINAL BUDGET OCTOBER	MARCH REVISED CHANGES	REVISED FY 21/22 BUDGET
REVENUE		7xxxxx		
Fed-American Rescue Plan Act	763520	15,000,000	(5,202,575)	9,797,425
TOTAL REVENUE		\$ 15,000,000	\$ (5,202,575)	\$ 9,797,425
Special Program Expense	527780	9,594,850		9,594,850
Contracts	527980	\$ 5,405,150	(5,202,575)	202,575
TOTAL EXPENDITURES		\$ 15,000,000	\$ (5,202,575)	\$ 9,797,425
TOTAL APPROPRIATIONS		\$ 15,000,000	\$ (5,202,575)	\$ 9,797,425
TOTAL REVENUES		\$ 15,000,000	\$ (5,202,575)	\$ 9,797,425
VARIANCE		\$ -	\$ -	\$ -

Riverside County Children & Families Commission

Action Item: 22-11

Attachment 3. Cumulative Vendor List FY 21/22

	Description/Vendor	Action Item	Commission Approval Date	Total	Action Item	Commission Approval Date	Additional Amount	Cummulative Total	YTD Expenditures
1	Membership - First 5 Association Dues & Communication Fund	21-17	5/12/2021	\$65,850					\$ 63,127
2	Total Plan (Office Reconfigurations)	21-17	5/12/2021	\$100,000					\$ 69,290
3	Golden State Technology and/or Saitech (Computers)	21-17	5/12/2021	\$330,000					\$ 3,716
4	Capito Associates, LLC	21-27	7/14/2021	\$50,000	21-31	9/8/2021	\$149,000	\$199,000	\$ 28,523
5	SupplyBank.org	21-27	7/14/2021	\$50,000					\$ 29,075
6	Teachstone Training LLC	21-27	7/14/2021	\$50,000					\$ 19,756
7	Lakeshore Equipment Company	21-27	7/14/2021	\$50,000					\$ 8,494
8	Discount School Supply	21-27	7/14/2021	\$50,000					\$ -
9	Kaplan Companies Inc	21-27	7/14/2021	\$50,000					\$ 5,432
10	CM Supply	21-27	7/14/2021	\$50,000					\$ -
11	The Book Vine for Children	21-27	7/14/2021	\$50,000					\$ 24,182
12	Stewards for Children	21-27	7/14/2021	\$50,000					\$ -
13	Kenyon Consulting	21-27	7/14/2021	\$50,000					\$ 20,582
14	Health Management Associates Inc	ED Approval	6/3/2021	\$50,000	21-28	7/14/2021	\$78,000	\$128,000	\$ 44,429
15	Viva Strategy and Communication LLC	ED Approval	10/1/2021	\$49,600					\$ 43,400

4. **22-12:** Approve Second Amendment with California Northstate University (**CONTRACT NO. CF22112**) for ECOHA Sustainability Services from January 1, 2021 - December 31, 2022 [**\$181,100 - PROP 10 FUNDS**]

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AGENDA ITEM: 22-12
DATE OF MEETING: March 9, 2022
ACTION: ☒
INFORMATION: ☐

**APPROVE SECOND AMENDMENT WITH
CALIFORNIA NORTHSTATE UNIVERSITY (CONTRACT NO. CF22112)
FOR ECOHA SUSTAINABILITY SERVICES
FROM JANUARY 1, 2021 – DECEMBER 31, 2022
[\$181,100 – PROP 10 FUNDS]**

SUMMARY OF REQUEST

Approve contract amendment No. 2 (Contract No. CF22112) with California Northstate University (CNU) from January 1, 2021 through December 31, 2022. This request extends the project period an additional 12 months and increases the contract an additional \$91,110 from \$90,000 for a total amount not to exceed \$181,100. Additionally, this amendment modifies the scope of work to include sustainability services for the Early Childhood Oral Health Assessment (ECOHA).

BACKGROUND

Approval of this Amendment further expands the reach of the ECOHA by continuing training provided to home visitors, improving cross system integration with Help Me Grow Inland Empire, and expanding educational training and resource materials for home visitors and families. Sustainability and expansion of ECOHA will continue through CNU's development of a network system of dentists to accept referrals resulting from ECOHA assessments and the establishment of a program dental hygienist to provide additional assessment, education and referral pathways for families determined to be at risk by the ECOHA assessment. The CNU dental hygienist will identify dentists willing to provide treatment to children ages 0-5 who are on Medi-Cal.

January 27, 2021: (Action Item #21-02), the Commission approved contracts in the three strategic goal areas including Contract No. CF22112 with California Northstate University for ECOHA Sustainability Services.

The Early Childhood Oral Health Assessment (ECOHA) was part of the California Department of Health Care Services (DHCS) Dental Transformation Initiative (DTI) ram

implemented by First 5 Riverside County and First 5 San Bernardino. The ECOHA pilot project, one of two innovative strategies funded through DTI, was based on an early childhood assessment program developed by Dr. Paul Glassman, Associate Dean for Research and Community Engagement at the California Northstate University College of Dental Medicine (CNU). Dr. Glassman and his staff acted as consultants for the Inland Empire Smiles (IE Smiles) DTI project that included the development and implementation of the Early Childhood Oral Health Assessment mobile app during the DTI demonstration pilot project.

Dental problems are more prevalent in young children than caregivers realize and as a result often go untreated. Contract No. CF22112 was developed to sustain and expand the oral health assessment (ECOHA) created for children ages 0-5 to make it available for home visitors to use with the families they serve. Dr. Glassman partnered with First 5 and Apricot 360 to embed the assessment in the new Apricot 360 case management system.

RECOMMENDED ACTION

That the Commission:

1. Approve Amendment No. 2 to Contract No. CF22112 with California Northstate University for an amount not to exceed \$181,100, expanding the project period, effective January 1, 2021 – December 31, 2022 and authorize the Executive Director to sign the Amendment on behalf of the Commission, subject to County Counsel approval as to form.
2. Authorize the Executive Director, based on the availability of fiscal funding and as approved by County Counsel to sign amendments that exercise the options of the Contract No. CF22112, on behalf of the Commission including modifications of the statement of work that stay within the intent of said contract without requiring further action from the Commission.

BUDGET IMPACT

Adequate appropriation exists in the FY 21/22 budget (938001-25800-525440-92945). Funding for FY 22/23 (\$45,550) will be included in the proposed budget.

STRATEGIC PLAN RELEVANCE

Goal 2: Comprehensive Health and Development

POTENTIAL CONFLICTS OF INTEREST

None known

ATTACHMENTS

1. CF22112 CHD Cal Northstate Amendment 2

RIVERSIDE COUNTY CHILDREN AND FAMILIES COMMISSION
CONTRACT
INVESTMENT OF FUNDS
SECOND AMENDMENT

CONTRACTOR: **California Northstate University**

RCCFC Award: **CF22112 CHD**

Address: **9700 West Taron Drive, Elk Grove, CA 95757**

WHEREAS, the Riverside County Children and Families Commission, also known as “First 5 Riverside” (“Commission”) and **California Northstate University** (“Contractor”) entered into an Investment of Funds Contract, RCCFC Award no. **CF22112** (the “Contract”) for the provision of services.

Now, therefore, the parties agree to amend the Contract as follows:

- A. The first page of the Contract shall be amended to reflect the maximum reimbursable amounts, funding periods, as listed below:

Revised Contract Term: 01/01/2021 – 12/31/2022
Maximum Reimbursable Amount: \$181,100.00

- B. Attachment A-1. Scope of Work is added as outlined in Attachment A-1 and is attached hereto. Attachment A is deleted in its entirety.
- C. Attachment B-1. Budget is added as outlined in Attachment B-1 and is attached hereto. Attachment B is deleted in its entirety.
- D. Attachment C of the Contract shall be amended to reflect the maximum reimbursable amounts, funding periods, as listed below:

Revised Contract Term: 01/01/2021 – 12/31/2022
Maximum Reimbursable Amount: \$181,100.00

- E. All changes to this Contract referenced herein shall supersede the comparable sections within the Contract. All other terms and conditions of the Contract shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have caused their duly authorized representative to execute this Amendment to the Contract.

California Northstate University:

By:

Shirdell M. Dollar-Long, MBA
Director, Office of Research &
Sponsored Programs

Date:

Riverside County Children and Families Commission:

By:

Tammi Graham
Executive Director

Date:

Attest:

By:

Lynn M. Stephens
Commission Coordinator

Date:

APPROVED AS TO FORM:

Ronak Patel,
Deputy County Counsel

Date:



Early Childhood Oral Health Assessment Continued Support and Expansion Proposal REVISED December 20, 2021

Background

The First 5 Riverside and First 5 San Bernardino, Early Childhood Oral Health Assessment (ECOHA) program was part of the California Medi-Cal Dental Transformation Initiative (DTI). The ECOHA concept was based on an early childhood assessment program developed by Dr. Paul Glassman, Associate Dean for Research and Community Engagement at the California Northstate University College of Dental Medicine (CNU). Dr. Glassman and his staff acted as consultants for the Inland Empire (IE) ECOHA project during the DTI process.

In 2021, First 5 Riverside provided a follow-up grant to CNU to further develop the ECOHA system including:

- Developing the questions and proposed algorithms for ECOHA in Apricot 360
- Developing and supporting the data collection systems in Apricot 360
- Developing the ECOHA training for home visitors and conducting training
- Conducting focus groups of home visitors as they begin to use the system
- Providing ongoing technical assistance to home visiting programs and First 5 Riverside staff

In 2021 good progress has been made.

- ECOHA in Apricot 360 system is set up and capable of collecting data and reporting on outcomes.
- Training materials and methods have been developed and continue to be updated and improved.
- Approximately 9 home visitors field tested the system and changes were made based on their feedback.
- Approximately 60 home visitors have been trained and are using the system.

As the 2021 work comes to an end, it is clear that there is more work to do. Some of the areas needing further attention are:

- On-going training, support, and feedback from the home visitors using the system, including additional support if home visitors begin using the system electronically in real time with families.
- Continued feedback and revision of the training materials and methods.
- Reporting and analysis of data and outcomes from the ECOHA system.
- Expanding the educational materials for home visitors and parents to include materials relevant for pre-natal oral health.
- Sharing lessons learned to other First 5 communities and others interested in adopting this system through compiled reports and presentations should those be requested.
- Developing and supporting a dental care referral system. It has become clear that home visitors can use ECOHA system to categorize which families are in greatest need of a referral. However, there are few dental care providers willing to accept referrals of young children, children with special needs, and pregnant women covered by the California Medi-Cal dental system.

Scope of Work

Dr. Paul Glassman and his team and consultants at CNU propose to continue supporting the ECOHA system in 2022. CNU will:

- Provide on-going training, support, and feedback from the home visitors using the ECOHA system.
- Conduct focus groups and implement surveys to understand what is working in the ECOHA system and what areas need adjustments.
- Modify training programs and materials based on feedback.
- Work with Help-Me-Grow, a Help Me Grow is a system of supports for pregnant women, caregivers with new babies, and families with young children with developmental delays and disabilities in the Inland Empire. Train Help-Me Grow community health workers in oral health considerations and awareness for young children.
- Expand the educational materials for home visitors and parents to include materials relevant for pre-natal oral health
- Work with Apricot 360 developers to implement necessary updates to ECOHA including adding a separate ECOHA questionnaire for pregnant women.
- Produce and analyze reports based on Apricot 360 data, focus groups, and other sources.
- Develop conclusions and recommendations for long term management and sustainability of the ECOHA system.
- Work with F5 staff to create and collect data on several measure listed below.
- Report and analyze data and outcomes from the ECOHA system.
- Share lessons learned with First 5s and other stakeholders across the state and country.
- Develop a system to recruit and support dentists willing to accept referrals resulting from ECOHA assessments. This system will involve:
 - Set up a system, based on CNU's previous work, to make limited and targeted referrals to dentists. These referrals will include pre-referral screening

information, beginning oral health records and information, and care coordination to ensure that appointments are kept.

- Recruit dentist who would be willing to accept referrals under this system that have not been accepting patients previously.
- Create an intermediate care system where the program dental hygienist can provide additional assessment, education, and help determine referral pathways for families determined to be at-risk by the initial home visitor assessment.

The term of this project will be from 1/1/22 to 12/31/22.

Benchmarks

The project will achieve the following benchmarks based on the above Scope of Work:

1. At least 70% of children screened by a home visitor as needing to see a dentist receive a “warm hand-off” to a hygienist and/or dentist who will treat them.
2. 70% of families with children who are still in the home visiting program six-months after the previous ECOHA assessment in Apricot 360, will receive a follow-up ECOHA assessment in Apricot 360.
3. 70% of parents in home visiting program who have a follow-up ECOHA assessment in Apricot 360 will show positive change in behavior related to their child’s oral health habits as measured in completion of a post ECHOA 6 months after the initial assessment..
4. 60% of children referred to see a dentist by a home visitor will have a documented visit with a dentist.

Budget

The cost for this proposal is \$91,100 per the attached budget.

Attachment B-1 - Budget

EXPENSES	Budget	Justification
CNU Personnel		
Project Director - Paul Glassman	\$13,310	7% of annual salary of \$200,000
Senior Program Manager - Maysa Namakian	\$5,000	6% of annual salary of \$80,000
Total Salaries:	\$18,310	
Benefits and Taxes @ 25%	\$4,578	
Sub-Total Personnel	\$22,888	
Non-Salary Expenses:		
Consultant: Jenny Kattlove	\$22,000	Consultation related to community agency integration and system design
Consultant: Dental Hygienist - TBN	\$32,000	Support development of dentist referral system and targeted referrals, including recruiting dentists to participate
Educational Materials	\$8,000	Development and purchase of supporting education and training materials
Zoom Subscription	\$450	Annual 3-host subscription
Registration and Travel for Jenny Kattlove to National Oral Health Conference (April 2022 in Fort Worth, TX)	\$2,100	Registration: \$800 Hotel: approx. \$800 Transportation: \$500
Sub-Total Non-Personnel Costs	\$64,550	
Total Direct Expenses	\$87,438	
Indirect at 20% of Total Salary	\$3,662	
GRAND TOTAL	\$91,100	

This budget is specific to the 2nd calendar year of this contract. The prior year budget was \$90,000 and the total contract maximum is \$181,100. This budget will be split equally between the 2 fiscal year periods (21/22, January 1, 2022 to June 30, 2022 and 22/23, July 1, 2022 to December 31, 2022). Funds unspent in 21/22 may be rolled over to 22/23 with First 5 Riverside County approval.

5. **22-13:** Approve Fifth Amendment to Contract with Eide Bailly, LLP for Audit Services (**CONTRACT NO. CF17802**) from May 15, 2016 - June 30, 2026 [**\$412,736 - PROP 10 FUNDS**]

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AGENDA ITEM: 22-13
DATE OF MEETING: MARCH 9, 2022
ACTION: ☒
INFORMATION: ☐

**APPROVE FIFTH AMENDMENT TO CONTRACT WITH
EIDE BAILLY, LLP FOR AUDIT SERVICES (CONTRACT NO. CF17802)
FROM MAY 15, 2016 – JUNE 30, 2026
[\$412,736 - PROP 10 FUNDS]**

SUMMARY OF REQUEST

Approve contract amendment No. 5 (Contract No. CF17802) with Eide Bailly, LLP from May 15, 2016 through June 30, 2026. This request increases the contract an additional \$165,000 from \$247,736 for a total amount not to exceed \$412,736 for the completion of audit services for an additional three (3) fiscal years.

BACKGROUND

An increase of \$165,000 for a total contract amount of \$412,736 for the project period May 15, 2016 – June 30, 2026 will ensure sufficient funds are available to support the required external audit process for audit years FY 22/23, FY 23/24, and FY 24/25, as well as the support of the single audit requirement related to the disbursement of Federal Funds (American Rescue Plan Act). As noted in Table A below, the increase in expenditures in prior fiscal years captures additional work that the firm performed to support staff with subject matter expertise for diverse funding streams and cross-system partnerships.

On March 10, 2021 (Action Item # 21-04), the Commission approved Amendment No. 4 to the contract with Eide Bailly, LLP, increasing the maximum compensation amount to \$247,736.

On May 13, 2020 (Action Item #20-19), the Commission approved Amendment No. 3 to the contract with Eide Bailly, LLP increasing the maximum compensation amount to \$188,736.

On September 11, 2019 (Action Item #19-19), the Commission approved an assignment agreement assigning Contract No. 17802 PSC between the Commission and Vavrinek, Trine, Day & Company, LLP (VTD) to Eide Bailly, LLP (EB).

On May 11, 2016 (Action Item #16-14), the Commission approved a contract (17802 PSC) with VTD to conduct annual audits and reports for Fiscal Years 2015/2016 through 2020/2021 in the amount of \$141,933.

Table A. Audit Budget & Actuals

Fiscal Year Audit	Amount
2015/2016	\$27,000*
2016/2017	\$27,450*
2017/2018	\$27,909*
2018/2019	\$36,377*
2019/2020	\$39,000*
2020/2021	\$40,700*
2021/2022	\$49,300**
2022/2023	\$55,000**
2023/2024	\$55,000**
2024/2025	\$55,000**
TOTAL	\$412,736

* Actual cost for fiscal year

**Projected cost for Fiscal Year

RECOMMENDED ACTION

That the Commission:

1. Approve Amendment 5 to Contract No. CF17802 with Eide Bailly, LLP for an amount not to exceed \$412,736 for the project period May 15, 2016 through June 30, 2026 and authorize the Executive Director to sign the contract on behalf of the Commission, subject to County Counsel approval as to form; and
2. Authorize the Executive Director, based on the availability of fiscal funding and as approved by County Counsel to sign amendments that exercise the options of Contract No. CF17802, on behalf of the Commission including modifications of the statement of work that stay within the intent of said contract without requiring further action from the Commission.

BUDGET IMPACT

Adequate appropriation exists in the FY 21/22 budget. Future fiscal year audit expenses will be included in the corresponding fiscal year budgets.

STRATEGIC PLAN RELEVANCE

Goal 4: Countywide (Administration)

POTENTIAL CONFLICTS OF INTEREST

None Known

ATTACHMENTS

22-14 Attachment CF17802 PSC Eide Bailly Amendment 5

RIVERSIDE COUNTY CHILDREN AND FAMILIES COMMISSION
CONTRACT
PROFESSIONAL SERVICE AGREEMENT
FIFTH AMENDMENT

CONTRACTOR: **Eide Bailly, LLP**

RCCFC Award: **CF17802 PSC**

Address: **10681 Foothill Blvd, Suite 300, Rancho Cucamonga, CA 91730**

WHEREAS, the Riverside County Children and Families Commission, also known as "First 5 Riverside" ("Commission") and **Eide Bailly, LLP** ("Contractor") entered into that certain Professional Service Agreement (Contract ID #CFARC-17802 PSC) (the "Contract") for the provision of services.

Now, therefore, the parties agree to amend the Contract as follows:

1. Amend Section 2. Time for Performance, to read:
"This Agreement is effective May 15, 2016, to June 30, 2026.
2. Amend Section 2.B. Expiration, to read:
"In no event, shall this Contract continue past June 30, 2026, unless approved by the RCCFC."
3. Amend Section 3. Compensation, to read:
"The total amount of compensation to be paid to CONTRACTOR for the services to be provided pursuant to this Contract (including any costs incurred by CONTRACTOR) shall not exceed FOUR HUNDRED TWELVE THOUSAND, SEVEN HUNDRED THIRTY-SIX, **(\$412,736.00)** dollars for the initial and nine (9) renewal periods as may be exercised, as outlined in Exhibit B."
4. Replace Exhibit A. with Exhibit A-1 Scope of work
5. Replace Exhibit B. with Exhibit B-1 Payment Provisions:

Funding Period: 05/15/2016 – 11/30/2022 ¹	\$198,436
Funding Period: 07/01/2022 – 11/30/2023 ²	\$49,300
Funding Period: 07/01/2023 – 06/30/2026 ²	\$165,000
Maximum Compensation Amount:	<u>\$412,736</u>

¹Actual expenses reimbursed for these funding periods
²Future funding periods – annual budgets to be determined
6. All changes to this Contract referenced herein shall supersede the comparable sections within the Contract. All other terms and conditions of the Contract shall remain in full force and effect.
7. This Agreement may be executed in any number of counterparts, each of which will be an original, but all of which together will constitute one instrument. Each party of this Agreement agrees to the use of electronic signatures, such as digital signatures that meet

the requirements of the California Uniform Electronic Transactions Act ("CUETA") Cal. Civ. Code §§ 1633.1 to 1633.17), for executing this Agreement. The parties further agree that the electronic signatures of the parties included in this Agreement are intended to authenticate this writing and to have the same force and effect as manual signatures. Electronic signature means an electronic sound, symbol, or process attached to or logically associated with an electronic record and executed or adopted by a person with the intent to sign the electronic record pursuant to the CUETA as amended from time to time. The CUETA authorizes use of an electronic signature for transactions and contracts among parties in California, including a government agency. Digital signature means an electronic identifier, created by computer, intended by the party using it to have the same force and effect as the use of a manual signature, and shall be reasonably relied upon by the parties. For purposes of this section, a digital signature is a type of "electronic signature" as defined in subdivision (i) of Section 1633.2 of the Civil Code.

IN WITNESS WHEREOF, the parties hereto have caused their duly authorized representative to execute this Amendment to the Contract.

Eide Bailly, LLP:

By:

David E. Showalter, CPA
Partner

Date: _____

Riverside County Children and Families Commission:

By:

Tammi Graham
Executive Director

Date: _____

Attest:

By:

Lynn M. Stephens
Commission Coordinator

Date: _____

APPROVED AS TO FORM:

Ronak Patel
Deputy County Counsel

Date: _____

EXHIBIT A-1

SCOPE OF SERVICE

CONTRACTOR shall, under the direction of the Director of the Riverside County Children and Families Commission, or designee, provide services in accordance with, but not limited to the following specifications:

Perform audit functions for the fiscal year covering July 1, 2015 through June 30, 2026 and renewed terms in accordance with auditing standards generally accepted in the United States of America as promulgated by the American Institute of Certified Public Accountants and the standards applicable to financial audits set forth in Government Accounting Standards, issued by the Comptroller General of the United States. The audits must also comply with the California Controller's Office "Standards and Procedures for Audits of California Counties participating in the Children and Families Act" (Exhibit C also available at: http://www.sco.ca.gov/Files-AUD/first5_audit_guide_revised_may_2016.pdf to include the following activities:

I. ANNUAL AUDIT AND REPORT

A. Service Required

- (1) An opinion on the Commission's financial statements.
- (2) A report of the Commission's compliance with applicable laws, regulations and requirements contained within the applicable portions of the California Health and Safety Code Sections 130100 through 130155.
- (3) A report of the Commission's compliance with internal control procedures, based on minimal testing performed by the auditors, disclosing any material weaknesses identified during the scope of the audit work.
- (4) A meeting with Commission management staff at a time to be determined prior to public hearing to review findings.
- (5) Presence at a public hearing set in October following the end of the audited fiscal year or other date as may be determined by Commission staff, to provide an overview of the findings and answer questions from the Commission and general public relating to the report and any findings expressed in the audit prepared.
- (6) Issue a pre-audit letter (Letter of Intent).
- (7) Issue a Management Review Letter.
- (8) A report on the status of prior year findings.
- (9) The audit will be conducted in accordance with the auditing standards generally accepted in the United States of America and *Government Auditing Standards*, issued by the Comptroller of the United States for the purpose of determining whether or not such financial statements fairly present the financial position and results of operations of the Commission in accordance with generally accepted accounting principles (GAAP).
- (10) For subsequent fiscal year audits, review year-end financial reports for quality assurance of material information to mitigate obvious errors and maintain consistency in content from previous reporting information to the Commission.
- (11) The Contractor will provide technical assistance and attend Commission meetings, as necessary, related to the scope of services.
- (12) As the Contractor schedules staff to perform annual services, Contractor is to give the Commission consideration to:
 - (a) assign the same engagement Partner provide continuity for service performance
 - (b) to ensure objectivity and prevent the perception of partiality in conducting audits and reporting results, during the initial of the new engagement, assign staff not previously involved in First 5 Riverside engagements, until a reasonable time has elapsed (to be agreed upon by both parties to this Contract).

(13) Single Audit as may be required by the County of Riverside, State and/or Federal Agencies as related to the disbursement of Federal Grants.

B. Reports

The Annual Audit and Report shall consist of the following components:

- (1) The independent auditor's report on the financial statements
- (2) The independent auditor's report on internal control over financial reporting and on compliance and other matters based on an audit of financial statements performed in accordance with *Government Auditing Standards*
- (3) The independent auditor's report on state compliance
- (4) Status of Prior Audit Findings

The Commission requires five (5) copies of the draft audit report to be submitted to the Commission Office no later than August 30th immediately following the end of the audited fiscal year and twenty-five (25) bound copies of the final audit report to be submitted to the Commission Office no later than September 30th following the end of the audited fiscal year.

Management Letter – A draft management letter advising the Commission of opportunities observed for economy of operations and improvement in internal controls shall be submitted to the Commission's Office within fifteen (15) days from the audit opinion date. The Contractor shall be available for any scheduled meetings that may be necessary to discuss the draft Management Letter. The Final Management Letter is to be submitted to the Commission within 60 days from the audit opinion date.

EXHIBIT B-1
PAYMENT PROVISIONS

Fiscal Year Audit	Amount
2015/2016	\$27,000*
2016/2017	\$27,450*
2017/2018	\$27,909*
2018/2019	\$36,377*
2019/2020	\$39,000*
2020/2021	\$40,700*
2021/2022	\$49,300**
2022/2023	\$55,000**
2023/2024	\$55,000**
2024/2025	\$55,000**
TOTAL	\$412,736

* Actual cost for fiscal year

**Projected cost for Fiscal Year

6. **22-14:** Approve Contract with Corona-Norco Family Young Men's Christian Association to Support Drowning Prevention Efforts from April 1, 2022 - June 30, 2023 (**CONTRACT NO. CF22145**) [**\$272,625 - PROP 10 FUNDS**]

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AGENDA ITEM: 22-14
DATE OF MEETING: March 9, 2022
ACTION: ☒
INFORMATION: ☐

**APPROVE CONTRACT WITH CORONA-NORCO FAMILY YOUNG MEN'S
CHRISTIAN ASSOCIATION TO SUPPORT DROWNING PREVENTION EFFORTS
FROM APRIL 1, 2022 – JUNE 30, 2023 (CONTRACT NO. CF22145)
[\$272,625 – PROP 10 FUNDS]**

SUMMARY OF REQUEST

Approve contract No. CF22145 with Corona-Norco Family Young Men's Christian Association (YMCA) for an amount not to exceed \$272,625, effective April 1, 2022 – June 30, 2023, to support drowning prevention efforts. Approval of this contract will fund new program startup costs and provide swim lessons for 1,550 children in the funding period.

BACKGROUND

On February 8, 2022, the Corona-Norco Family YMCA submitted a proposal to launch a progressive year-round swim lesson program for children ages 0-5.

The program, which includes water safety instruction, is designed to prevent drowning by encouraging children and families to follow safety protocols around water, and by building confidence in their swimming abilities.

Approval of this contract will fund new program startup costs and provide swim lessons for 370 children in fiscal year 21/22 and for 1,180 children in fiscal year 22/23. These swim lesson services are in addition to Commission-approved swim lessons through SoCal Water Babies and Jurupa Valley Recreation and Parks District. This will build upon the Commissions previous investments and expand swim lessons to the Corona-Norco area. Drowning is a preventable cause of death and disability among young children and approval of this contract increases access to potentially lifesaving lessons.

In August 2021, the Corona-Norco Family YMCA met with First 5 Riverside County to explore partnerships related to aquatics and drowning prevention.

RECOMMENDED ACTION

That the Commission:

1. Approve Contract No. CF22145 with Corona-Norco Family YMCA for an amount not to exceed \$272,625, effective April 1, 2022 – June 30, 2023, to support drowning prevention efforts, in substantially the same form as the draft Contract No. CF22145 attached hereto and authorize the Executive Director to sign the contract on behalf of the Commission, subject to County Counsel approval as to form.
2. Authorize the Executive Director, based on the availability of fiscal funding and as approved by County Counsel to sign amendments that exercise the options of the Contract No. CF22145, on behalf of the Commission including modifications of the statement of work that stay within the intent of said contract without requiring further action from the Commission.

BUDGET IMPACT

Adequate appropriation exists in the FY 21/22 budget (\$136,925) 938001-25800-527980-92945. Funding for FY 22/23 (\$135,700) will be included in the proposed budget.

STRATEGIC PLAN RELEVANCE

Goal 2: Comprehensive Health and Development

POTENTIAL CONFLICTS OF INTEREST

None Known

ATTACHMENTS

1. CF22145 CHD Corona Norco YMCA 22 Contract

RIVERSIDE COUNTY CHILDREN AND FAMILIES COMMISSION
CONTRACT
INVESTMENT OF FUNDS
585 Technology Court
Riverside, California 92507

RCCFC AWARD: **CF22145**

CONTRACTOR: **Corona-Norco Family Young Men's Christian Association**

CONTRACT TERM: **04/01/2022 – 06/30/2023**

MAXIMUM REIMBURSABLE AMOUNT: **\$272,625**

The CONTRACTOR designated above is hereby certified for an investment of funds in an amount not to exceed \$272,625.00.

Compensation: The maximum reimbursable amount over the life of the Contract for Investment of Funds (hereinafter the "Contract") shall not exceed **\$272,625.00** as awarded by the Riverside County Children and Families Commission, also known as First 5 Riverside, (hereinafter the "COMMISSION" or "COUNTY"), provided pursuant to the California Children and Families Act of 1998, also known as Proposition 10, to provide services and results as set forth in Attachments A, B, C and D attached hereto as incorporated herein by reference, subject to the following terms and conditions:

IN WITNESS WHEREOF, COMMISSION and CONTRACTOR have executed this Contract.

Authorized Signature for COMMISSION:	Authorized Signature for CONTRACTOR:
Tammi Graham, Executive Director	Audrie Echnoz
Date Signed:	Chief Executive Officer
585 Technology Court Riverside, CA 92507-2423	815 W 6 th Street Corona, CA 92882
APPROVED AS TO FORM SIGNATURE:	Date Signed:
Ronak Patel, Deputy County Counsel	ATTEST SIGNATURE:
Date Signed:	Lynn M. Stephens Commission Coordinator
	Date Signed:

RIVERSIDE COUNTY CHILDREN AND FAMILIES COMMISSION

CONTRACT TERMS AND CONDITIONS

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Terms and Conditions

1. NOTICES

All correspondence and notices required or contemplated by this Contract shall be delivered to the respective parties at the addresses set forth below and are deemed submitted one day after deposit in the United States mail, postage prepaid:

COMMISSION:

Tammi Graham, Executive Director
First 5 Riverside
585 Technology Court
Riverside, California 92507

CONTRACTOR:

Audrie Echnoz
Corona-Norco Family YMCA
815 W 6th Street
Corona, CA 92882

Or to such other address as the parties may hereafter designate in writing.

2. SOURCE AND SCOPE OF CONTRACT

- A. This Contract award is valid and enforceable only if sufficient funds are available to the COMMISSION from Proposition 10 tax dollars for the total term of the Contract. It is mutually agreed that if the State does not appropriate sufficient Proposition 10 funds, this Contract shall be amended to reflect any reduction in funds.
- B. This Contract is subject to any additional restrictions, limitations, or conditions enacted by the State of California, which may affect the provisions, terms, or funding of this Contract in any manner.
- C. This Contract award is designated for an investment of funds to provide services to address Child Health & Development, Quality Early Learning or Resilient Families in accordance with the current COMMISSION Strategic Plan. Services are to be provided to benefit children 0 through 5 years of age (may also be abbreviated as "0-5") who reside in Riverside County.

3. DEFINITIONS

Terminology included within the Terms and Conditions of the Contract are defined by the Riverside County Children & Families Commission as stated below:

Commission: The Riverside County Children & Families Commission, an assembly of Commissioners appointed by the Riverside County Board of Supervisors, which is responsible for establishing policy and directing Proposition 10 funds at the County level.

Contractor: The government or other legal entity to which the Contract is awarded and which shall be accountable to the Commission for the use of funds provided.

County: The Riverside County Children & Families Commission, the County of Riverside, its Agencies, Districts, Special Districts and Departments, respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives.

Data Management System: An online data management system used to collect and analyze client demographics, services, and target accomplishments.

Executive Director: The designated lead director of the Commission.

Fiscal Year: The Commission's fiscal year is July 1 through June 30.

Performance Target: The specific results that a CONTRACTOR will commit to achieving as outlined in the Scope of Work.

Performance Target Accomplishment Schedule: The specific timeline that a CONTRACTOR will commit to adhere to achieving specific results as outlined in the Scope of Work.

Probationary Status: CONTRACTOR is given notice of non-compliance after failing to correct deficiencies and has been placed in a status that may require additional monitoring, announced and unannounced visits, additional reporting by CONTRACTOR, an evaluation by COMMISSION staff and a report to the COMMISSION inclusive of recommendations regarding the disposition of the Contract.

Scope of Work (SOW): A documented qualitative and quantitative description of the project deliverables (i.e., what the CONTRACTOR is funded to do).

4. TERM

The term of this Contract shall be from **April 1, 2022** through **June 30, 2023** unless terminated sooner by the provisions herein by either party. Funds shall not be automatically renewed by the COMMISSION upon or after the term of the Contract except by formal amendment approved by the COMMISSION.

5. COMPLIANCE, DISALLOWANCE, WITHHOLDING

If CONTRACTOR fails to comply with any conditions contained within this Contract, the COMMISSION may place the CONTRACTOR in a probationary status, temporarily withhold payments until the deficiency is corrected, deny funds for all or part of the cost of activity not in compliance, and/or request repayment to the COMMISSION if any disallowance is rendered after audit findings. Written notification of non-compliance will be sent to the identified contact person and the CONTRACTOR'S Executive Director or other lead staff authorized by the CONTRACTOR'S governing board or ownership within twenty (20) working days.

6. TERMINATION

A. By COMMISSION: The COMMISSION may, by written notice to CONTRACTOR, terminate this Contract in whole or in part at any time for the reasons as set forth below. Upon receipt of notice, the CONTRACTOR shall immediately discontinue all services affected (unless the notice directs otherwise).

1. Termination for cause:

- a. Due to Default or Breach of Contract.** Upon default by the CONTRACTOR in the performance of this Contract or material breach of any of its provisions which include but are not limited to; change in status or delegation, assignment or alteration of the services outlined in Attachment A of this Contract, the COMMISSION may immediately terminate this Contract by written notice, which shall be effective upon receipt by CONTRACTOR, unless COMMISSION provides CONTRACTOR the opportunity to cure breach within twenty (20) working days of receipt of notice, and CONTRACTOR does so to COMMISSION'S satisfaction.
- b. Due to Health and Safety Concerns of Clients.** The COMMISSION may immediately terminate this Contract, at the sole discretion of the COMMISSION when the CONTRACTOR has been accused and found to be in violation of any county, state, or federal law and/or regulation related to the health and safety of clients. The Contract may also be immediately terminated at the sole discretion of the COMMISSION if the

CONTRACTOR fails to provide for the health and safety of clients served under this Contract where the health and safety of clients are placed at risk by CONTRACTOR.

- c. **Due to Non-Appropriation.** It is mutually agreed that if either the federal or state budget of the current year and/or any subsequent years covered under this Contract does not appropriate sufficient funds for the program, this Contract shall be of no further force and effect. In this event, the COMMISSION shall have no liability to pay any funds whatsoever to the CONTRACTOR or to furnish any other considerations under this Contract and CONTRACTOR shall not be obligated to perform any provisions of this Contract. If funding for any fiscal year is reduced or deleted by the federal or state budgetary process for purposes of this program, the COMMISSION shall have the option to either cancel this Contract with no liability occurring to the COMMISSION or offer a Contract amendment to CONTRACTOR to reflect the reduced amount.
 - d. **Due to Non-Compliance.** Termination may occur if CONTRACTOR fails to provide the COMMISSION with any reports, data and information as required in this Contract. CONTRACTOR may be placed in a probationary status until compliance with the terms of the Contract has been met. CONTRACTOR will be given thirty (30) calendar days after the date of written notice by COMMISSION to cure the deficiency. If compliance is not met within the thirty (30) calendar days, the COMMISSION may move forward with termination of the Contract.
 - e. **Without Cause.** COMMISSION may terminate this Contract without cause upon thirty (30) days' written notice served upon the CONTRACTOR stating the extent and effective date of termination.
- B. By CONTRACTOR:** CONTRACTOR may terminate this Contract in whole or in part upon thirty (30) calendar days' written notice to the COMMISSION.

7. REQUIREMENT OF SUPPLEMENTING PROGRAM

Funds received pursuant to this Contract shall not be used to supplant any program of the CONTRACTOR. Proposition 10 funds shall ONLY be used to supplement a CONTRACTOR'S program. The COMMISSION endorses the California Children and Families Commission's interpretation of supplanting: The definition of "supplement" is to add to or augment something that currently exists, while "supplant" is defined as taking the place of something currently in existence. As defined in Health and Safety Code sections 130100 et seq. (the Children and Families Act), all monies raised pursuant to the Act shall be appropriated and expended by CONTRACTOR only to supplement existing levels of services. The Act specifically prohibits appropriation and expenditure of funds to supplant state or local general fund money for any purpose. Further, expenditures are prohibited for use to fund any existing levels of service.

8. DATA MANAGEMENT

CONTRACTOR agrees to participate in a comprehensive, countywide, internet-based evaluation and management process as defined by the COMMISSION. Participation shall include, but is not limited to, monthly input of program and financial data, submission of quarterly and annual Program Progress Reports (PPR), utilization of the COMMISSION developed reporting systems and Administrative Review formats and required training(s) to familiarize and implement the results-based accountability framework. The COMMISSION continues to refine its evaluative processes that will assist the COMMISSION, its CONTRACTORS and the community to successfully increase and measure the impact of the Proposition 10 in Riverside County. Where appropriate, CONTRACTOR agrees to participate in the ongoing development of these evaluative

processes. Specific areas may include but are not limited to, the development of outcomes for programmatic performance, standards for service delivery, and assessment tools.

9. SCOPE OF WORK (SOW)

- A. CONTRACTOR will be required to submit and adhere to a SOW approved by the COMMISSION and attached to this Contract. The SOW will accurately reflect measurable results of services provided through Proposition 10 funding. The SOW will provide a qualitative and quantitative description of program(s) objectives to be achieved in connection with Proposition 10 funding.
- B. The SOW (Attachment A) will be amended each fiscal year of the Contract Term to confirm or adjust specific qualitative and/or quantitative targets for the respective year.
- C. SOW revisions that are considered relatively minor adjustments that do not affect the overall deliverables of this Contract shall be accepted for consideration through March 31st of each fiscal year. Requests for these types of SOW adjustments must be submitted to the COMMISSION office in writing or via e-mail and shall not be implemented by CONTRACTOR prior to receipt of written approval from authorized COMMISSION personnel. Upon approval, CONTRACTOR will receive either written or e-mail verification from the COMMISSION Executive Director (or designee).
- D. SOW revisions that are considered significant changes to program performance targets and affect the overall deliverables of this Contract include the following: changes that result in the type of customer or numbers served, new staff positions or major staff changes, or significant changes in the Performance Targets. Requests for these types of SOW changes shall be accepted for consideration through March 31 of each fiscal year. SOW revisions shall be submitted to the COMMISSION Executive Director (or designee), via the COMMISSION'S Contracts & Grants Analyst assigned to the CONTRACTOR. The COMMISSION Executive Director (or designee) will respond to the proposed request for SOW revisions within thirty (30) calendar days after receipt at the COMMISSION office. Final approval of any proposed revisions to the SOW shall require the written approval of the COMMISSION Executive Director (or designee). All changes will be incorporated into the Contract and shall become effective on the date of written approval from the COMMISSION Executive Director and/or the COMMISSION.
- E. CONTRACTOR agrees to make every possible effort to obtain voluntary consent using the COMMISSION Consent Form for any customer entered into the data management system. CONTRACTOR also agrees to maintain the original signed Consent Form on file for the COMMISSION to review as necessary. Each customer is to receive a copy of the signed Consent Form.

10. REIMBURSEMENT OF COSTS

Payment will not be provided for services performed and/or expenditures accrued prior to the full execution of this Contract unless previously authorized by COMMISSION action. Reimbursement of costs shall be made upon CONTRACTOR'S satisfactory performance, based upon the SOW and methodology contained in Attachment A as determined by the COMMISSION. The COMMISSION shall allocate the funds to CONTRACTOR as follows:

- A. All funds provided pursuant to this Contract shall be expended by CONTRACTOR in accordance with the Budget attached hereto.

- B. All funds will be distributed as detailed in the attached Payment Provisions, attached hereto.

11. FISCAL AND PROGRAM REPORTING REQUIREMENTS

A. Fiscal Reporting

Fiscal expenditures are required to be input into the data management system by CONTRACTOR on a monthly basis with input completed and submitted by the 20th of the month following Contract performance for expenditures occurring in the 1st, 2nd and 3rd quarters of the fiscal year (July through March). Fiscal expenditures occurring in the 4th quarter (April, May and June) will be required to be input into the data management system on earlier modified due dates to support COUNTY internal deadlines and external audit requirements. These due dates will be communicated to CONTRACTOR through the COMMISSION'S Contracts and Grants Analyst assigned to the CONTRACTOR. CONTRACTOR is required to report expenditures on a monthly basis and apply accruals at year-end. Accruals show costs for services that have occurred but have not yet been paid. If the reporting due date falls on a weekend or County, State or nationally recognized holiday, the due date will be on the following business day. Any changes that occur with expenditures must be reported to COMMISSION staff and adjusted within the data management system before the end of the Quarter following the expense occurrence. Example: Changes to expenditures in the first quarter of performance must be adjusted and reconciled before the end of the second quarter (December 30, as reported in the January 30 report). **A change in CONTRACTOR staff, or other difficulties, does not absolve the CONTRACTOR from this monthly fiscal reporting responsibility.**

In rare and justifiable circumstances, an extension may be requested by the CONTRACTOR. Such requests are to be submitted in writing prior to the due date and shall be directed through the COMMISSION'S Contracts and Grants Analyst assigned to the CONTRACTOR.

If applicable, CONTRACTOR shall provide copies of the claim report submitted monthly for Medi-Cal and/or any other state or federal reimbursements. In addition, the CONTRACTOR will provide the subsequent revenue reports that will reconcile the claim reports.

Costs may be allowed and reviewed for reimbursement up to the time of the Final Fiscal Expenditure Report, which is due as described in paragraph one of this section. All reimbursement costs not submitted at the time of the Final Fiscal Expenditure Report will be disallowed.

Payment information, including amount, payment reduction or payment withheld may be obtained by the CONTRACTOR via the data management system.

B. Program Reporting

As requested by COMMISSION, CONTRACTOR shall participate in research and evaluation studies designed to show the effectiveness of CONTRACTOR'S services or to provide information about CONTRACTOR'S program. CONTRACTOR shall report program and demographic data on participants, where appropriate, service and outcome data with measurement tools approved by COMMISSION. CONTRACTOR shall enter data (quantitative and qualitative) in the evaluation database system designated by COMMISSION. CONTRACTOR shall submit complete data, in accordance with the SOW.

1. Monthly Reporting

CONTRACTOR shall input and submit program data into the COMMISSION'S data management system on a monthly basis and input must be completed by the 20th of the month following Contract performance. If the reporting due date falls on a weekend or holiday, the due date will be on the following business day. The due date for program data submitted in the 4th quarter (April, May and June) may be modified by COMMISSION as required to meet internal COUNTY and State reporting deadlines. Modified due dates will be communicated to CONTRACTOR through the COMMISSION'S Contracts and Grants Analyst assigned to the CONTRACTOR. Any changes that occur with program data input must be reported to COMMISSION staff and adjusted within the data management system before the end of the Quarter following the change.

Example: Changes to program data in the first quarter must be adjusted and reconciled before the end of the 2nd quarter (December 30th, as reported in the January 30th report). **A change in CONTRACTOR staff, or other difficulties, does not absolve the CONTRACTOR from this monthly program data input and quarterly Program Progress Report (PPR) responsibility.**

2. Quarterly and Annual Reporting

CONTRACTOR shall submit Program Progress Reports (PPR) which includes quarterly and year-to-date progress on actual achievement of performance targets compared to projected achievements as detailed in the SOW and other data collection information as requested by the COMMISSION. The PPR shall include narrative information on lessons learned, course corrections, client success stories, sustainability and public awareness/policy change activities for the quarter. CONTRACTOR is required by the COMMISSION to complete and submit Program Progress Reports electronically via the COMMISSION'S data management system.

For each reporting period, CONTRACTOR shall provide the COMMISSION with a Program Progress Report within thirty (30) calendar days from the end of the reporting period. In rare and justifiable circumstances, an extension may be requested by the CONTRACTOR. Such requests are to be submitted in writing prior to the due date and shall be directed through the COMMISSION'S Contracts and Grants Analyst assigned to the CONTRACTOR. Quarterly Program Progress Reporting due dates for each Contract period are as follows:

- QUARTER 1 (July 1 – September 30): Report Due October 30
- QUARTER 2 (October 1 – December 31): Report Due January 30
- QUARTER 3 (January 1 – March 31): Report Due April 30
- QUARTER 4 (April 1 – June 30): Report Due July 30 (Final Cumulative Program Progress Report), Quarter 4 due date may be modified by COMMISSION as necessary to meet County and/or State reporting deadlines.

If the due date falls on a weekend or County, State or nationally recognized holiday, the due date will be on the following business day. The first quarterly report is due **October 30th of the current fiscal year.**

CONTRACTOR agrees that failure to submit reports as specified will be sufficient cause for the COMMISSION to withhold any payment due until reporting requirements have been fulfilled.

12. REIMBURSEMENT OF FUNDS TO THE COMMISSION

If CONTRACTOR has been overpaid in the previous fiscal year, the COMMISSION will, in instances where the Contract is renewed, reduce subsequent payment(s) to recover the amount overpaid.

Notwithstanding any other provision herein, CONTRACTOR agrees to reimburse, in full, all funds received from the COMMISSION, upon request of the COMMISSION, where such funds as determined by the COMMISSION are not or have not been utilized by CONTRACTOR for purpose as intended by the COMMISSION. The terms and conditions of reimbursement shall be at the sole discretion of the COMMISSION. This provision is not terminated upon termination of this Contract.

13. COMMISSION FISCAL REQUIREMENTS

A. Budget Revisions

A Budget Revision Form may be submitted by the CONTRACTOR to the COMMISSION to modify budget line(s) of the approved budget. The request must indicate the proposed line item change, the budget as amended applying the requested change, a written justification for each requested change, and signed by an authorized representative. The request cannot result in any alteration or degradation to the program services and performance targets as specified in this Contract.

The COMMISSION Executive Director (or designee), on behalf of the COMMISSION, has the authority to approve or deny the request, provided that the modification does not deviate from the original intent of the Contract or increase the total Contract amount. CONTRACTOR is limited to two (2) budget revisions per fiscal year.

The CONTRACTOR must submit any Budget Revision Forms to the COMMISSION or designee no later than **March 31st** of the fiscal year.

B. Amendments

Necessity for budget amendments to this Contract will be determined by the COMMISSION Executive Director (or designee) and may include, but are not limited to, Contract increases or decreases and significant changes to the Scope of Work (SOW). All budget amendments to the Contract shall require formal approval of the COMMISSION Executive Director acting on behalf of the COMMISSION, as provided herein before such amendments are effective. Major budget amendments, as determined by the COMMISSION Executive Director, in consultation with County legal counsel, will require formal approval of the COMMISSION. Contract budget amendments shall be considered until March 31st of each fiscal year.

C. Cost Allocation Plan

CONTRACTOR shall have or will establish a Cost Allocation Plan (CAP) to identify prorated costs shared by multiple funding sources, including Proposition 10 funds. CONTRACTOR shall identify any other funding sources and organizations whose cooperation/participation is necessary to ensure the success of the project. CONTRACTOR'S CAP must be approved by CONTRACTOR'S appropriate governing body and submitted with the executed Contract.

A CAP is defined as a written summarization that documents the methods and procedures CONTRACTOR will use to allocate costs between two or more programs or funding sources. The goal is to ensure that each program or funding source bears its fair share, and only its fair

share, of the total costs. The CONTRACTOR must have a method of identifying and distributing program costs that are comprehensive, well documented, and defensible under the Generally Accepted Accounting Principles (GAAP).

A written CAP is required if any of the conditions below are met:

- a. Funded staff members share time between a COMMISSION funded program and one or more other grant funded program.
- b. A single-funded staff member shares time between two or more COMMISSION funded programs.
- c. The same facilities and/or resources are utilized by more than one funded program.

D. Overhead/Indirect Costs

1. Overhead/Indirect costs are defined as costs incurred for a common or joint purpose benefiting more than one cost objective and cannot be readily identified with a particular final cost objective. These costs do not provide a measurable, direct benefit to a particular program or activity, unlike direct costs. Indirect cost may include salaries and benefits. For the purpose of this Contract, operational expenses, capital expenses, and subcontractor costs are **excluded** from the indirect cost calculation.
2. Indirect cost percentage rate included in the Budget, to this Contact, shall not exceed ten percent (10%) calculated against the salaries and benefits expenses only.
3. Indirect costs shall be based on the CONTRACTOR'S official governing board approved CAP. State/federal approved rates in excess of the approved ten percent (10%) indirect cost rate percentage will be reviewed and approved on a case-by-case basis.
4. A pass-through is defined as those instances where the CONTRACTOR forwards funds obtained from the COMMISSION to a subcontractor and the COMMISSION maintains no relationship or responsibility for the performance of the subcontractor. Proposition 10 funds shall not be used in a manner that will cause payment for indirect costs associated with the CONTRACTOR'S funded program more than once. The COMMISSION will not pay for subcontractor indirect costs as part of the CONTRACTOR'S budget.

E. Revenues Received

All revenue received by the CONTRACTOR (except funds received from the COMMISSION) to operate the program funded pursuant to this Contract shall be reported as revenue received within the monthly fiscal report. All such revenues shall be used to fully compensate expenses within the program funded and/or to provide additional services within the program funded pursuant to this Contract. Any unused revenues shall be deducted from Contract reimbursement.

F. Payroll Taxes

The COMMISSION shall not be directly responsible for the payment of any taxes on the CONTRACTOR'S behalf. In the event that the COMMISSION is required to do so by state, federal or local taxing agencies, CONTRACTOR agrees to promptly reimburse the COMMISSION for the full value of such paid taxes plus interest and penalty, if any. Taxes shall include, but are not limited to, the following: FICA (Social Security), unemployment insurance contributions, income tax, disability insurance and workers' compensation insurance.

G. Payor of Last Resort

CONTRACTOR shall obtain funding through sources other than the COMMISSION to provide services or support to participants whenever possible.

In cases where a participant is qualified for benefits from another source (such as Medi-Cal, Healthy Families, federal or state-funded programs, personal insurance, etc.), costs relating to services provided to that participant must be paid for by the primary payor first. Only the costs not covered will be allowable under this Contract. CONTRACTOR must provide written verification upon request.

14. CONTRACTOR AUDIT REQUIREMENTS

- A. All CONTRACTORS are required to have an annual financial audit. Each CONTRACTOR shall provide a copy of annual audited financial statements to the COMMISSION covering the fiscal year that funds are received for services provided pursuant to this Contract. The audited financial statements will cover the CONTRACTOR'S fiscal year and will include a report on internal controls over financial reporting and on compliance and other matters in accordance with Government Auditing Standards. All audits shall be performed by a Certified Public Accountant (CPA) who possesses a valid license to practice within the State of California.
- B. Audited financial statements are to be submitted to the COMMISSION Executive Director, or designee, within one hundred and eighty (180) calendar days after the close of the CONTRACTOR'S fiscal year for every year covered under this Contract. If the audited financial statements are not received on or before the required due date, and an extension has not been granted, the audited financial statements shall be considered delinquent, and immediate corrective action will be initiated. If the CONTRACTOR fails to produce or submit acceptable audited financial statements, the COMMISSION has the authority to withhold funding, and if necessary, secure an Auditor, and the CONTRACTOR shall be liable for all COMMISSION costs incurred in obtaining an independent audit. The cost of the audit will be applied against the Contract encumbered amount, thereby reducing the amount of funding available to the program.

15. INVENTORIABLE EQUIPMENT

- A. Inventoriable equipment includes equipment or fixed assets with a unit cost of one thousand dollars (\$1,000.00), or more, or if the aggregate cost of integral components required to fully operate the assembled equipment (i.e., computer processing unit, keyboard, monitor) total one thousand dollars (\$1,000.00) or more. Inventoriable equipment derived from approved purchases funded by Proposition 10 funds shall be maintained by the CONTRACTOR. CONTRACTOR shall use such capitalized equipment only for the purposes for which they were granted for children 0 through 5 years of age.
- B. The CONTRACTOR shall inventory and report all equipment purchases meeting this criterion on the COMMISSION Inventory Record Form. This record must be submitted within forty-five (45) calendar days of purchase to the COMMISSION'S Contracts and Grants Analyst assigned to the CONTRACTOR. Applicable receipts must be maintained by the CONTRACTOR to validate expenditures and shall be submitted as invoice back-up documentation and uploaded to the COMMISSION'S data management system and made available as requested during the COMMISSION staff site visits. The CONTRACTOR understands that they are liable for all damages and/or loss resulting from the use and/or misuse of equipment purchased with Proposition 10 funds. Equipment shall not be used for personal use by the CONTRACTOR and/or employees, agents, subcontractors, and/or collaborating partners.

- C. Any materials and supplies purchased by CONTRACTOR with Proposition 10 funds with a value of less than one thousand dollars (\$1,000.00) will be used for children ages 0 through 5 years of age by another of the CONTRACTOR'S programs serving this population or returned to the COMMISSION. If CONTRACTOR is no longer serving this population, all remaining items will be returned to the COMMISSION within thirty (30) calendar days of the program ceasing operations.

16. REVERSION OF ASSETS

Real or Personal Property Assets. Any real property or moveable or immovable personal property under CONTRACTOR'S control or ownership that was acquired or improved in-whole or in-part with Proposition 10 funds disbursed under this Contract, or under any previous Contract between the COMMISSION and CONTRACTOR, where the original cost exceeded one thousand dollars (\$1,000.00) shall either be: (1) used by CONTRACTOR for the services described in the SOW for a period of five (5) years after termination or expiration of this Contract, unless a different period is specified in the SOW; or (2) disposed of and proceeds paid to the COMMISSION in a manner that results in the COMMISSION being reimbursed in the amount of the current fair market value (assuming depreciation in accordance with customary business practices) of the real or personal property less any portion of the current value attributable to CONTRACTOR'S out of pocket expenditures using non-commission funds for acquisition of, or improvement to, such real or personal property and less any direct and reasonable costs of disposition.

- A. In furtherance of the foregoing, if the COMMISSION selects continued use of the capital asset, the CONTRACTOR hereby agrees that it will confirm in writing that it will continue to use the capital asset for purposes congruent with the intent of this Contract. This provision shall survive termination or expiration of this Contract and shall be actionable at law or in equity by the COMMISSION against CONTRACTOR and its successors in interest.
- B. In the event the COMMISSION selects disposition of the subject real or personal property, the CONTRACTOR shall exercise due diligence to dispose of such property in conformity with applicable laws and regulations and in accordance with customary business practices. The net proceeds of such disposition shall be disbursed directly to and be payable to the COMMISSION upon the close of the applicable disposition transaction, such as close of escrow for the sale of real property, transfer of a motor vehicle "Certificate of Title" in accordance with applicable California Vehicle Code requirements, or completion of sale of personal property by bill of sale in accordance with Uniform Commercial Code (UCC) requirements.

17. TOBACCO CONTROL POLICY

CONTRACTOR shall abide by the Comprehensive Tobacco Control Policy, incorporated herein by reference, and as may be amended from time to time. CONTRACTOR shall have tobacco education and cessation materials visibly available and accessible to clients participating and to staff funded from the COMMISSION funded activities. The Comprehensive Tobacco Control Policy, as attached hereto.

18. CONDUCT OF BUSINESS

CONTRACTOR shall comply with all references listed below. Failure to comply may place the CONTRACTOR in a Probationary Status or result in Termination of Contract.

- A. CONTRACTOR shall comply with all applicable state and/or federal laws, regulations, or requirements during the term of the Contract.

- B. CONTRACTOR shall conduct its business, pursuant to this Contract, in compliance with all applicable state, and/or federal laws, regulations, or requirements.
- C. CONTRACTOR shall obtain and maintain all applicable business and/or professional licenses, insurances, and/or accreditations, in good standing, which are required under the laws of the State of California or the federal government at all times while performing services under this Contract.
- D. CONTRACTOR shall notify the COMMISSION Executive Director (or designee) verbally and in writing of the intent to cease operations of the facility or program within sixty (60) calendar days, but no less than thirty (30) calendar days of the event.
- E. CONTRACTOR shall notify the COMMISSION Executive Director (or designee) in writing within seventy-two (72) hours of a change of key personnel funded under this Contract. Key personnel is defined as individuals who have a direct bearing on the outcome of the project, who have substantive responsibility for developing or achieving the scope or objectives of the project, and who possess the reputation, knowledge, or skills on which the work of the project is based. This includes, but not limited to, the Director, Chief Executive Officer (CEO), Chief Financial Officer (CFO), Program Manager, or Project Lead.
- F. CONTRACTOR shall notify the COMMISSION Executive Director (or designee) verbally and in writing of any condition that could interfere with CONTRACTOR'S ability to perform required services and/or meet material Contract requirements within thirty (30) calendar days of learning of such a condition.
- G. Agencies that are governed by a regulatory or licensing entity shall advise and forward to the COMMISSION Executive Director all documentation of regulatory/licensing violations, findings and responses to such violations and/or findings within twenty-four (24) hours of receipt of notice of violation from the governing entity. Agencies shall promptly submit to COMMISSION Executive Director a copy of the response sent to the governing entity.
- H. CONTRACTOR shall immediately notify the COMMISSION in writing upon the intent to file or filing of any action of bankruptcy.
- I. CONTRACTOR shall immediately notify the COMMISSION in writing upon the commencement of any litigation, whether CONTRACTOR is the plaintiff or defendant, where such litigation may interfere with the ability of CONTRACTOR to perform its duties under this Contract and where the COMMISSION is not a party to such litigation.
- J. CONTRACTOR shall immediately notify the COMMISSION in writing upon the commencement of any investigation, and/or activity by a regulatory agency against CONTRACTOR, which may interfere with the ability of CONTRACTOR to perform its duties under this Contract.
- K. CONTRACTOR shall provide a grievance policy system to the COMMISSION, through which participants of services shall have an opportunity to express views and complaints regarding the delivery of service. Grievance procedures must be posted prominently in English and Spanish at service sites for participants to review.

19. RECORDS MANAGEMENT AND MAINTENANCE

- A. The CONTRACTOR shall make reports to the COMMISSION in the required format and containing information as required by the COMMISSION.

- B. The CONTRACTOR shall provide additional reports or information if required by the State or the local COMMISSION that was not reasonably anticipated at the time the Contract was entered into.
- C. CONTRACTOR shall input all data required on a monthly basis by the 20th day of the month following the end of the reporting period **and** submit quarterly reports within thirty (30) calendar days following the end of the quarter, and at the end of the term of the Contract.

This requirement includes:

- a. All the monthly data necessary to generate demographic, service utilization, results and aggregate activity reports; and
 - b. Submission of the Program Progress Report on a quarterly basis.
- D. CONTRACTOR shall retain such reports and all records associated with this Contract for at least five (5) years following the close of the fiscal year in which this Contract is in effect. This obligation is not terminated upon termination of this Contract, whether by rescission or otherwise. CONTRACTOR agrees to require any subcontractors to retain all records associated with the Contract for the same time period.
 - E. Accounting information and transactions shall be recorded and reported in accordance with generally accepted accounting principles (GAAP).
 - F. Where medical records and/or client records are generated under this Contract, CONTRACTOR shall safeguard the confidentiality of the records in accordance with all state and federal laws, and all regulations promulgated hereunder, including the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-91, enacted August 21, 1996, and the laws and regulations promulgated subsequent thereto.
 - G. Each CONTRACTOR must maintain a written customer confidentiality policy and maintain a written protocol to ensure CONTRACTOR'S staff is aware of and abide by said policy.

20. PUBLIC DISCLOSURE OF DOCUMENTS

CONTRACTOR acknowledges and agrees that information, communications, and documents given to the COMMISSION during meetings involving COMMISSION members, staff, finance or COMMISSION Advisory Committee members may be subject to applicable law on public disclosures and/or public meetings. CONTRACTOR shall cooperate with the COMMISSION in order that it may fully comply with the requirements of such laws and regulations.

21. INSPECTIONS, PROGRAM MONITORING, AND CONTRACT ADMINISTRATIVE REVIEW BY COMMISSION

- A. COMMISSION representatives shall review and inspect the CONTRACTOR through mandatory periodic Administrative Review visits for compliance with the terms of this Contract. Administrative Review visits will occur at a minimum of two (2) times per Fiscal Year for the duration of the Contract Term. During the Administrative Review visits, CONTRACTOR representatives **must** be present. All books, financial records and program records including verification of target(s) and other documents relating to the performance of this Contract must be open to inspection, examination, or copying during normal business hours by the COMMISSION staff or duly authorized representatives from the state or federal government.

Records shall be made available at reasonable times at CONTRACTOR'S place of business or at such other mutually agreeable location in the County of Riverside, State of California.

- B. Upon completion of the Program Monitoring and Administrative Review visit, the CONTRACTOR will be mailed a report summarizing the results of the Administrative Review visit within forty-five (45) calendar days of the visit. The CONTRACTOR may be required to respond to concerns or requests as specified in the Administrative Review report within thirty (30) calendar days of receipt.
- C. CONTRACTOR shall reimburse the COMMISSION for all direct and indirect expenditures incurred in conducting an audit or investigation when CONTRACTOR is found in violation of the terms of the Contract. Reimbursement for such costs will be withheld from any amounts due to CONTRACTOR.
- D. When additional information (i.e., receipts, paperwork, etc.) is requested of the CONTRACTOR as a result of any audit or monitoring, CONTRACTOR must provide all information requested by the deadline specified by the COMMISSION. Failure to provide the information by the specified deadline will subject the CONTRACTOR to the provisions of Contract section: COMPLIANCE, DISALLOWANCE, and WITHHOLDING.

22. GOVERNING LAW AND VENUE

- A. This Contract is entered into under the provisions of Health and Safety Code section 130100 et seq., as may be amended from time to time and any other applicable law.
- B. This Contract, its construction, and interpretation as to validity, performance, and breach shall be construed under the laws of the State of California. In the event any provision in this Contract is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remaining provisions will nevertheless continue in full force without being impaired or invalidated in any way.
- C. The provision of the Government Claims Act (Government Code Section 900 et seq.) must be followed first for any disputes under this Contract.
- D. All actions and proceedings arising in connection with this Contract shall be tried and litigated exclusively in state or federal (if permitted by law and a party elects to file an action in federal court) courts located in the County of Riverside, State of California.

23. CONTRACTOR SUBCONTRACTS FOR WORK OR SERVICES

- A. The COMMISSION holds CONTRACTOR solely responsible for the performance of all duties and obligations under this Contract. CONTRACTOR agrees and understands that COMMISSION does not enter into or assume any legal relationship with any subcontractor of CONTRACTOR for performance under this Contract. CONTRACTOR agrees to remedy all breaches of any contracts with any subcontractor, and further agrees that CONTRACTOR may not look to the COMMISSION for any payment, liability, or assistance in the remedy of any actual or alleged breach.
- B. CONTRACTOR shall identify any other organization whose cooperation/participation is necessary to ensure the success of the project and what specific roles these key partners will play. All subcontractor(s) shall conform to all requirements of the COMMISSION and any Contract between the CONTRACTOR and the COMMISSION.
- C. The CONTRACTOR shall not enter into any subcontract with any subcontractor who:

1. Is presently debarred, suspended, proposed for debarment, or declared ineligible or voluntarily excluded from covered transactions by a federal department or agency;
 2. Has within a three (3) year period preceding this Contract been convicted of or had a civil judgment rendered against them for the commission of fraud, or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction; violation of Federal or State anti-trust status or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 3. Is presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with the commission of any of the offenses enumerated in the paragraph above; and
 4. Within a three (3) year period preceding this Contract, has had one or more public transaction (federal, state, or local) terminated for cause or default.
- D. The CONTRACTOR shall be as fully responsible for the acts or omissions of its subcontractors, and of persons either directly or indirectly employed by them as for the acts or omissions of persons directly employed by the CONTRACTOR.
- E. The CONTRACTOR shall insert appropriate clauses in all subcontracts to bind subcontractors to the terms and conditions of this Contract insofar as they are applicable to the work of subcontractors.
- F. Nothing contained in this Contract shall create any contractual relationship between any subcontractor and the County of Riverside, its Agencies, Districts, Special Districts and Departments, respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives.

24. PUBLICITY AND ATTRIBUTION REQUIREMENTS

- A. Upon signing this Contract, CONTRACTOR shall publicize funded program and partnership with the COMMISSION by creating a press release to be distributed to local media outlets. The press release shall be sent to COMMISSION for review and approval within fourteen (14) calendar days of signing of Contract. No later than five (5) calendar days after the press release is reviewed and approved by COMMISSION Public Information Specialist, the press release shall be distributed to local media outlets. Should guidance be needed on this requirement, please contact COMMISSION Public Information Specialist.
- B. CONTRACTOR shall include the following acknowledgment of the COMMISSION and Proposition 10 funding in all materials produced for the purpose of public education and outreach related to COMMISSION funded programs. These materials include but are not limited to the following: brochures, workbooks, flyers, circulars, posters, games, television, radio and print advertising, public service announcements and video news releases, calendar/event listings, presentations, telephone hold messages, outdoor advertising and vehicles. The wording of the COMMISSION attribution shall be one of the following:

“Made possible by funding from First 5 Riverside”

“Funded by First 5 Riverside”

“Funded by First 5 Riverside - the Riverside County Children & Families Commission”

"Hecho posible por medio de fondos de Primeros 5 Riverside"
"Financiado por Primeros 5 Riverside"

For events, conferences or programs with multiple funders, one of the following attributions shall be used:

"Funded in part by First 5 Riverside"

"Funded in part by First 5 Riverside - the Riverside County Children & Families Commission"

"Made possible by funding from First 5 Riverside"

"Financiado parcialmente por Primeros 5 Riverside"

"Financiado parcialmente por Primeros 5 Riverside - Comisión de Niños y Familias del Condado de Riverside"

When space is limited (i.e., buttons, pencils, pens, etc.), attribution may be omitted. However, CONTRACTOR shall contact the COMMISSION'S Public Information Specialist to determine an appropriate method of providing attribution to the public regarding the funding source for such items.

- C. The approved First 5 Riverside logo (graphic) shall be used on materials specific to the COMMISSION funded program. CONTRACTOR shall use the approved First 5 Riverside logo (graphic) on public education and outreach materials in accordance with the First 5 Riverside graphics attribution standard as posted on the COMMISSION public website (www.First5Riverside.org).
- D. CONTRACTOR shall provide the COMMISSION staff and COMMISSION Public Information Specialist a copy of all public information/relations products (such as flyers, newsletters, posters, etc.) as soon as possible but not later than fourteen (14) calendar days prior to submitting to print. News releases should be submitted as soon as possible but not later than seven (7) calendar days before public release is scheduled.
- E. The COMMISSION'S Public Information Specialist shall provide guidance on procedures for logo usage and printed public relations material in accordance with the COMMISSION policies. Policies will be available on the COMMISSION public website (www.First5Riverside.org).

25. PROHIBITION OF POLITICAL/RELIGIOUS ACTIVITY

CONTRACTOR agrees that it shall not require client participation in political or religious activities in order to receive services for programs funded by the COMMISSION. Furthermore, Proposition 10 funds shall be used only for the purposes specified in this Contract and in any attachments, hereto. No Proposition 10 funds shall be used for any political activity, or to further the election or defeat of any candidate for political office. No Proposition 10 funds shall be used for purposes of religious worship, instruction or proselytizing.

26. WORK PRODUCT

- A. The COMMISSION shall be the owner of the following items incidental to this Contract upon production, whether or not completed: all data collected, all documents of any type whatsoever, and any material necessary for the practical use of the data and/or documents from the time of collection and/or production whether or not performance under this Contract

is completed or terminated prior to completion. CONTRACTOR shall not release any materials under this section except after prior written approval of the COMMISSION.

- B. Material produced in whole or in part under this Contract shall not be subject to copyright in the United States or in any other country except as determined at the sole discretion of the COMMISSION. The COMMISSION will have the unrestricted authority to publish, disclose, distribute, and use in whole or in part, any reports, data, documents or other materials prepared under this Contract.

27. NON-DISCRIMINATION

Pursuant to the Affordable Care Act section 1557 (42 U.S.C. section 18116), during the performance of this Contract, CONTRACTOR shall not, and shall also require and ensure its subcontractors, providers, agents, and employees to not cause an individual, beneficiary, or applicant to be excluded on the grounds prohibited under Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.), or section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), or subject to any other applicable State and Federal Laws, from participation in, be denied the benefits of, or be subjected to discrimination under, any health program or activity offered through the California Department of Health Care Services. This Contract hereby incorporates by reference the provisions of Title 2, California Code of Regulations, Section 11105 et seq., as may be amended from time to time. CONTRACTOR agrees to comply with the provisions of Title 2, California Code of Regulations, Section 11105 et seq. and further agrees to include this Non-Discrimination clause in all subcontracts to perform services under this Contract.

28. CHILD ABUSE REPORTING

CONTRACTOR shall ensure that all known or suspected instances of child abuse or neglect are reported to the appropriate law enforcement agency and/or to the appropriate Child Protective Services agency. This responsibility shall include:

- A. Assurance that all employees, agents, consultants or volunteers who perform services under this Contract and are mandated by Penal Code Sections 11164 et seq. to report child abuse or neglect, sign a statement, upon the commencement of employment, acknowledging reporting requirements and compliance with them;
- B. Development and implementation of procedures for employees, agents, consultants, or volunteers who are not subject to the mandatory reporting laws for child abuse to report any observed or suspected incidents of child abuse to a mandated reporting party, within the program, who will ensure that the incident is reported to the appropriate agency;
- C. Provision of or arrangement of training in child abuse reporting laws (Penal Code, Sections 11164 et seq.) for all employees, agents, consultants, and volunteers, or verification that such persons have received training in the law within thirty (30) days of employment/volunteer activity.

29. DEPARTMENT OF JUSTICE CLEARANCE

CONTRACTOR shall obtain from the Department of Justice (DOJ), records of all convictions involving any sex crimes, drug crimes, or crimes of violence of a person who is offered employment, or volunteers, for all positions in which he or she would have contact with a minor, the aged, the blind, the disabled or a domestic violence client, as provided for in Penal Code

Section 11105.3. This includes licensed personnel who are not able to provide documentation of prior DOJ clearance. A copy of a license from the State of California is sufficient proof.

CONTRACTOR must have on file for review upon request a signed statement verifying Department of Justice clearance for all appropriate individuals.

30. ADULT AND ELDER ABUSE REPORTING

The CONTRACTOR shall provide documentation of a policy and procedure acceptable to the COUNTY to ensure that all employees, volunteers, consultants, subcontractors, or agents performing services under this Contract report elder and dependent adult abuse pursuant to Welfare & Institutions Code (WIC) Sections 15600 et seq. Suspected incidents of abuse should be immediately reported to the COUNTY, followed by a written report within two (2) working days.

31. INDEPENDENT CONTRACTOR

It is understood and agreed that CONTRACTOR is an independent contractor and that no relationship of employer-employee exists between the CONTRACTOR and the COMMISSION. The CONTRACTOR, nor CONTRACTOR'S officers, agents, employees or subcontractors, shall not be entitled to any COMMISSION paid employee benefits, including Workers' Compensation.

32. HOLD HARMLESS/INDEMNIFICATION

CONTRACTOR shall indemnify and hold harmless COMMISSION, the County of Riverside, its Agencies, Districts, Special Districts and Departments, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives (individually and collectively hereinafter referred to in this section as the "COUNTY") from any liability whatsoever, based or asserted upon any services of CONTRACTOR, its officers, employees, subcontractors, agents or representatives arising out of or in any way relating to this Contract, including but not limited to property damage, bodily injury, or death or any other element of any kind or nature whatsoever arising from the performance of CONTRACTOR, its officers, employees, subcontractors, agents or representatives under this Contract. CONTRACTOR shall defend the COUNTY at CONTRACTOR'S sole expense, including all costs and fees (including, but not limited, to attorney fees, cost of investigation, defense and settlements or awards), the COUNTY in any claim or action based upon such alleged acts or omissions.

With respect to any action or claim subject to indemnification herein by CONTRACTOR, CONTRACTOR shall, at sole cost, have the right to use counsel of choice and shall have the right to adjust, settle, or compromise any such action or claim without the prior consent of COUNTY; provided, however, that any such adjustment, settlement or compromise in no manner whatsoever limits or circumscribes CONTRACTOR'S indemnification to the COUNTY as set forth herein.

CONTRACTOR'S obligation hereunder shall be satisfied when CONTRACTOR has provided to COUNTY the appropriate form of dismissal relieving COUNTY from any liability for the action or claim involved.

The specified insurance limits required in this Contract shall in no way limit or circumscribe CONTRACTOR'S obligations to indemnify and hold harmless the COUNTY herein from third party claims.

In the event there is a conflict between this clause and California Civil Code Section 2782, this clause shall be interpreted to comply with Civil Code 2782. Such interpretation shall not relieve the CONTRACTOR from indemnifying the COUNTY to the fullest extent allowed by law.

- A. If CONTRACTOR is a public entity, as defined by applicable law, the COMMISSION and CONTRACTOR, to the extent that liability may be imposed on the COMMISSION by the provisions of Government Code Section 895.2, shall be liable for acts or omissions, including all claims, liabilities, injuries, suits, and demands and expenses of all kinds which may result or arise out of any alleged malfeasance or neglect, caused or alleged to have been caused by either the COMMISSION or CONTRACTOR'S, employees or representatives, performance or omission of any act or responsibility of either party under this Contract. In the event that a claim is made against both the COMMISSION and CONTRACTOR, both parties shall cooperate in the defense of said claim and to cause insurers to do likewise.
- B. CONTRACTOR agrees to indemnify the COMMISSION for all federal/state withholding or state retirement payments, which the COMMISSION may be required to make by the federal or state government as a result of this Contract. If for any reason, CONTRACTOR is determined not to be an independent contractor to the COMMISSION in carrying out the terms of the Contract, such indemnification shall be paid in full to the COMMISSION upon sixty (60) calendar days written notice to CONTRACTOR if a federal and/or state determination is made that such payment is required.

33. INSURANCE

Without limiting or diminishing the CONTRACTOR'S obligation to indemnify or hold the COUNTY harmless, CONTRACTOR shall procure and maintain or cause to be maintained, at its sole cost and expense, the following insurance coverages during the term of this Contract. Pertinent to the insurance section only, the COUNTY herein refers to the County of Riverside, its Agencies, Districts, Special Districts, and Departments, respective directors, officers, Board of Supervisors, employees, elected or appointed officials, agents or representatives as Additional Insureds.

Workers' Compensation:

If the CONTRACTOR has employees as defined by the State of California, the CONTRACTOR shall maintain statutory Workers' Compensation Insurance (Coverage A) as prescribed by the laws of the State of California. Policy shall include Employers' Liability (Coverage B) including Occupational Disease with limits not less than one million dollars (\$1,000,000) per person per accident. The policy shall be endorsed to waive subrogation in favor of the County of Riverside, and if applicable, to provide a Borrowed Servant/Alternate Employer Endorsement.

Commercial General Liability:

Commercial General Liability insurance coverage, including but not limited to, premises liability, unmodified contractual liability, products and completed operations liability, personal and advertising injury, and cross-liability coverage, covering claims which may arise from or out of CONTRACTOR'S performance of its obligations hereunder. Policy shall name the COUNTY as Additional Insureds. Policy limit of liability shall not be less than one million dollars (\$1,000,000) per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this Contract or be no less than two (2) times the occurrence limit. General Liability coverage must include coverage for incidents such as sexual assault or molestation and the insurance limits must not be eroded by incurred expenses.

Vehicle Liability:

If vehicles or mobile equipment are used in the performance of the obligations under this Contract, then CONTRACTOR shall maintain liability insurance for all owned, non-owned or hired vehicles so used in an amount not less than one million dollars (\$1,000,000) per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall

apply separately to this Contract or be no less than two (2) times the occurrence limit. The policy shall name the COUNTY as Additional Insured.

Professional Liability Insurance:

CONTRACTOR shall maintain Professional Liability Insurance providing coverage for the CONTRACTOR'S performance of work included within this Contract, with a limit of liability of not less than one million dollars (\$1,000,000) per occurrence and two million dollars (\$2,000,000) annual aggregate. If CONTRACTOR'S Professional Liability Insurance is written on a claims made basis rather than an occurrence basis, such insurance shall continue through the term of this Contract and CONTRACTOR shall purchase at his sole expense either 1) an Extended Reporting Endorsement (also known as Tail Coverage); or 2) Prior Dates Coverage from new insurer with a retroactive date back to the date of, or prior to, the inception of this Contract; or 3) demonstrate through Certificates of Insurance that CONTRACTOR has maintained continuous coverage with the same or original insurer. Coverage provided under items 1), 2) or 3) will continue as long as the law allows.

General Insurance Provisions - All lines:

1. Any insurance carrier providing insurance coverage hereunder shall be admitted to the State of California and have an A.M. BEST rating of not less than A: VIII (A:8) unless such requirements are waived, in writing, by the COUNTY Risk Manager. If the COUNTY'S Risk Manager waives a requirement or a particular insurer, such waiver is only valid for that specific insurer and only for one (1) policy term.
2. The CONTRACTOR must declare its insurance self-insured retention for each coverage required herein. If any such self-insured retention exceeds five hundred thousand dollars (\$500,000) per occurrence such retention shall have the prior written consent of the COUNTY Risk Manager before the commencement of operations under this Contract. Upon notification of self-insured retention unacceptable to the COUNTY and at the election of the County's Risk Manager, CONTRACTOR'S carriers shall either; 1) reduce or eliminate such self-insured retention with respect to this Contract with the COUNTY, or 2) procure a bond which guarantees payment of losses and related investigations, claims administration, and defense costs and expenses.
3. CONTRACTOR shall cause CONTRACTOR'S insurance carrier(s) to furnish the COUNTY with either 1) a properly executed original Certificate(s) of Insurance and certified original copies of Endorsements effecting coverage as required herein, and/or 2) if requested to do so orally or in writing by the COUNTY Risk Manager, provide original Certified copies of policies including all Endorsements and all attachments thereto, showing such insurance is in full force and effect. Further, said Certificate(s) and policies of insurance shall contain the covenant of the insurance carrier(s) that thirty (30) working days written notice shall be given to the COUNTY prior to any material modification, cancellation, expiration or reduction in coverage of such insurance. If CONTRACTOR'S insurance carrier(s) policies does not meet the minimum notice of requirement found herein, CONTRACTOR shall cause CONTRACTOR'S insurance carrier(s) to furnish a thirty (30) day Notice of Cancellation Endorsement.
4. In the event of a material modification, cancellation, expiration or reduction in coverage, this Contract shall terminate forthwith, unless the COUNTY receives, prior to such effective date, another properly executed original Certificate of Insurance and original copies of endorsements or certified original policies, including all endorsements and attachments thereto evidencing coverage's set forth herein and the insurance required herein is in full force and effect. CONTRACTOR shall not commence operations until the COUNTY has been furnished original Certificate(s) of Insurance and certified original copies of

endorsement and if requested, certified original policies of insurance including all endorsements and all other attachments as required in this Section. An individual authorized by the insurance carrier to do so on its behalf shall sign the original endorsements for each policy and the Certificate of Insurance.

5. It is understood and agreed to by the parties hereto that the CONTRACTOR'S insurance shall be construed as primary insurance and the COUNTY'S insurance and/or deductibles and/or self-insured retention's or self-insured programs shall not be construed as contributory.
6. If during the term of this Contract or any extension thereof there is a material change in the scope of services; or there is a material change in the equipment to be used in the performance of the SOW; or this Contract, including any extensions thereof, exceeds five (5) years; the COUNTY reserves the right to adjust the types of insurance required under this Contract and the monetary limits of liability for the insurance coverage currently required herein, if in the COUNTY Risk Manager's reasonable judgment the amount or type of insurance carried by the CONTRACTOR has become inadequate.
7. CONTRACTOR shall pass down the insurance obligations contained herein to all tiers of subcontractors working under this Contract.
8. The insurance requirements contained in this Contract may be met with a program(s) of self-insurance acceptable to the COUNTY.
9. CONTRACTOR agrees to immediately notify COUNTY in writing of any claim by a third party or any incident or event that may give rise to a claim arising from the performance of this Contract.

Adjustment and/or Waiver of Requirements:

The COMMISSION Executive Director (or designee), in consultation with the COUNTY'S Risk Manager, may adjust the insurance requirements set forth herein as deemed necessary for the Contract, and/or may waive insurance requirements where not applicable to the Contract. Insurance endorsements shall be submitted to the COMMISSION upon submission of the fully executed Contract, but no later than when contract work commences.

34. ASSIGNMENT

This Contract shall not be assigned by CONTRACTOR, either in whole or in part, without prior written consent of the COMMISSION, as approved and authorized by formal action of the COMMISSION.

35. ALTERATION AND/OR AMENDMENT

No alteration, amendment, or variation of the terms of this Contract shall be valid unless made in writing and signed by the parties hereto. Oral understandings of Contract not incorporated herein shall not be binding on any of the parties hereto. As provided herein, the COMMISSION Executive Director, acting on behalf of the COMMISSION, may alter or revise this Contract on behalf of the COMMISSION. Material alterations and/or amendments, as determined by the COMMISSION Executive Director in consultation with County legal counsel, will require formal approval of the COMMISSION. Except as provided herein, the parties expressly recognized that individual COMMISSION members, COMMISSION Advisory Committee members, or staff to the COMMISSION is without authorization to either change or waive any material requirements of this Contract without formal action of the COMMISSION.

36. CONFLICT OF INTEREST

CONTRACTOR shall have no economic interest and shall not acquire any economic interest, direct or indirect, which will conflict in any manner or degree with the performance of services required under this Contract.

37. WAIVER AND SEVERABILITY

Any waiver by the COMMISSION of any breach or default hereof by CONTRACTOR shall be deemed to be a waiver of any preceding or succeeding breach or default hereof, and no waiver shall be operative unless the same shall be in writing. In the event any provision in this Contract is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remaining provisions hereof shall remain in full force and effect without being impaired or invalidated in any way.

38. DISALLOWANCE

In the event CONTRACTOR receives payment for services under this Contract, which is later disallowed for nonconformance with the terms and conditions herein, CONTRACTOR shall promptly refund the disallowed amount to the COMMISSION upon request. The COMMISSION retains the option to offset the amount disallowed from any payment due to the CONTRACTOR under this Contract, or under any other Contract between CONTRACTOR and the COMMISSION.

39. OFFICIAL DOCUMENTS

Upon the Contract approval by the COMMISSION, and full execution of the Contract by COMMISSION and CONTRACTOR, one (1) fully executed copy will be sent to the CONTRACTOR. Such copy shall be the officially approved Contract for the conduct of the approved project.

40. ENTIRE CONTRACT

This Contract, inclusive of all attachments and exhibits, constitutes the entire Contract between the parties. Any modifications to the terms of this Contract shall be by the provisions detailed in the Section entitled "Alteration and/or Amendment" herein.

41. NONEXCLUSIVE CONTRACT

CONTRACTOR understands that this is not an exclusive Contract and that the COMMISSION shall have the right to negotiate with and enter into Contracts with others providing the same or similar services as those provided by CONTRACTOR as the COMMISSION desires and at the sole discretion of the COMMISSION.

42. CERTIFICATION OF AUTHORITY TO EXECUTE THIS CONTRACT

CONTRACTOR certifies that the individual signing herein has authority to execute this Contract on behalf of CONTRACTOR and may legally bind CONTRACTOR to the terms and conditions of this Contract and any attachments hereto.

43. COMPLIANCE WITH LAW

CONTRACTOR shall, at its sole cost and expense, comply with all County, State, and Federal law now in force or which may hereafter be in force with regard to this Contract. The judgment of any court of competent jurisdiction, or the admission of CONTRACTOR in any action against CONTRACTOR, whether the COMMISSION be a party thereto or not, that CONTRACTOR has violated any such ordinance or statute, shall be conclusive of that fact as between CONTRACTOR and the COMMISSION.

44. CONFLICTS IN INTERPRETATION

In the event of conflict in interpretation by the parties of the provisions contained in the numbered sections of this Contract and the provisions contained in the attachments hereto, the provisions of the attachments in the Contract shall prevail over those in numbered sections.

45. COUNTERPARTS

This Agreement may be executed in any number of counterparts, each of which will be an original, but all of which together will constitute one instrument. Each party of this Agreement agrees to the use of electronic signatures, such as digital signatures that meet the requirements of the California Uniform Electronic Transactions Act ("CUETA") Cal. Civ. Code §§ 1633.1 to 1633.17), for executing this Agreement. The parties further agree that the electronic signatures of the parties included in this Agreement are intended to authenticate this writing and to have the same force and effect as manual signatures. Electronic signature means an electronic sound, symbol, or process attached to or logically associated with an electronic record and executed or adopted by a person with the intent to sign the electronic record pursuant to the CUETA as amended from time to time. The CUETA authorizes use of an electronic signature for transactions and contracts among parties in California, including a government agency. Digital signature means an electronic identifier, created by computer, intended by the party using it to have the same force and effect as the use of a manual signature, and shall be reasonably relied upon by the parties. For purposes of this section, a digital signature is a type of "electronic signature" as defined in subdivision (i) of Section 1633.2 of the Civil Code.

ATTACHMENT A: SCOPE OF WORK

Corona-Norco Family YMCA Scope of Work

Swim Lessons

Corona-Norco Family YMCA Swim lessons provide kids and teens with the opportunity to set goals and achieve success, learn water safety and enjoy swimming as a form of exercise. Through swimming lessons, lap swimming and more, the Corona Norco Family YMCA provides a safe environment for swimmers of all ages and abilities.

The Corona-Norco Family YMCA will offer year round swim lessons for young children ages 6 months through 5 years of age, for any skill level from beginner to advanced. Through quality progressive lessons each swimmer will focus on learning new skills and practicing skills they may have learned before.

Each lesson will be 30 minutes in duration for 4-week sessions. Some classes run once per week and some run twice per week. Corona-Norco Family YMCA plans to run 8 weeks of summer programs followed by year round swim lessons (40 weeks of off-season lessons). The partnership with First 5 Riverside allows for a specific emphasis on water safety and lessons for children ages 0-5.

In the off-season Corona-Norco Family YMCA will average between 24-28 lessons per week, serving approximately 100-130 swimmers. In summer Corona-Norco Family YMCA will average between 100-120 lessons per week, serving approximately 450-500 swimmers.

Contractor will report the data below and Program Performance Reports (PPRs) quarterly into the First 5 Riverside County data management system.

Targets: Aggregate

Fiscal year 2021-2022 (April 1, 2022 to June 30, 2022)

On a quarterly basis, Corona-Norco Family YMCA will document the number of children who complete a swim lesson series funded by First 5 Riverside County and will collect demographic information, by pool location, and by fiscal year, including child age (0-3) or (3-5), primary language spoken at home, ethnicity, special needs status and zip code.

Fiscal Year 2022-2023 (July 1, 2022 to June 30, 2023)

On a quarterly basis, Corona-Norco Family YMCA will document the number of children who complete a swim lesson series funded by First 5 Riverside County and will collect demographic information, by pool location, and by fiscal year, including child age (0-3) or (3-5), primary language spoken at home, ethnicity, special needs status and zip code.

ATTACHMENT B: BUDGET

Corona-Norco Family YMCA - Program Budget				
Year 1 - April 1, 2022 to June 30, 2022				
Line Item	Description	Qty	Cost	Total
1	Swim Lesson Scholarships	370	\$ 115.00	\$ 42,550.00
Start-up Costs - Year 1 only				
2	Training			\$ 11,045.00
	Lifeguard Class	20	\$ 350.00	
	Lifeguard Instructor	2	\$ 600.00	
	Swim Instructor Training	10	\$ 250.00	
	CPR Certification	1	\$ 345.00	
3	Lifeguard Supplies			\$ 13,790.00
	Rescue Tubes	8	\$ 50.00	
	Uniforms	100	\$ 20.00	
	First Aid Kits	4	\$ 130.00	
	AED	1	\$ 1,400.00	
	Lifeguard Chair	1	\$ 6,500.00	
	Lifeguard Stand umbrella	2	\$ 100.00	
	Lifeguard hat kit	45	\$ 26.00	
	O2 Kit	1	\$ 550.00	
	Backboard	2	\$ 350.00	
	Walkie Talkies	2	\$ 175.00	
4	Swim Lesson Supplies			\$ 740.00
	Kickboards	20	\$ 12.00	
	Pool Toys	1	\$ 150.00	
	Noodles	50	\$ 7.00	
5	General Supplies			\$ 450.00
	Office Supplies	1	\$ 250.00	
	Sunscreen	1	\$ 200.00	
6	Deck and Facility			\$ 30,850.00
	Participant Locker	2	\$ 850.00	
	Staff Locker	1	\$ 950.00	
	Storage Box	1	\$ 2,000.00	
	Storage Shed	1	\$ 2,000.00	
	Benches	4	\$ 550.00	
	Table with Umbrella	3	\$ 1,200.00	
	Lane Lines	4	\$ 600.00	
	Deep End Line	1	\$ 300.00	
	Flags	2	\$ 100.00	

	Mats	6	\$ 250.00	
	Thermal Cover	1	\$ 11,000.00	
	Signage	1	\$ 3,000.00	
7	Staffing - Aquatics Leadership		\$ 37,500.00	\$ 37,500.00
Total Year 1 Budget				\$ 136,925.00
**Contractor will submit an invoice monthly into First 5 Riverside County data management system for actual expenses incurred and submit acceptable backup document to substantiate those expenses.				

Corona-Norco Family YMCA - Program Budget				
Year 2 - July 1, 2022 to June 30, 2023				
Line Item	Description	Qty	Cost	Total
1	Swim Lesson Scholarships	1180	\$ 115.00	\$ 135,700.00
Total Year 2 Budget				\$ 135,700.00
TOTAL CONTRACT MAXIMUM REIMBURSEABLE AMOUNT				\$ 272,625.00
**Contractor will submit an invoice monthly into First 5 Riverside County data management system for actual expenses incurred and submit acceptable backup document to substantiate those expenses.				

ATTACHMENT C: PAYMENT PROVISIONS

A. FISCAL

The maximum amount reimbursable over the life of this Contract shall not exceed **\$272,625.00** for the duration of the Contract period as awarded by the Riverside County Children and Families Commission, also known as First 5 Riverside, (hereinafter the "COMMISSION" or "COUNTY"), provided pursuant to the California Children and Families Act of 1998, also known as Proposition 10.

CONTRACT PERIOD: **April 1, 2022 – June 30, 2023**

1. Method, Time, and Schedule Conditions of Payment

- a. The COMMISSION will disburse funds on a reimbursement payment process based on the Contract Budget (Attachment "B") amount for the applicable fiscal year and monthly report submissions. Payment will be rendered thirty (30) business days from submission of all required documentation and/or the reporting deadline.
- b. Disbursement of any payment of funds to CONTRACTOR shall be made so long as all of the following conditions have been met:
 1. The Contract has been approved by the COMMISSION;
 2. The Contract has been fully executed by all parties;
 3. All applicable licenses to comply with the terms of the SOW are current and valid; and
 4. The CONTRACTOR submits monthly itemized invoices, via the data management system to include the supporting documentation separated by a cover sheet in front of each expense category. Documentation shall include; payroll register or report, time & activity report and/or, timesheets, statement of costs, copy of invoice or receipt, mileage report(s), copy of check(s) or proof of payment; and
 5. COMMISSION staff has reviewed and approved Cost Allocation Plan (if applicable).
- c. Under special circumstances, CONTRACTOR may request advance disbursements. A supplemental disbursement request along with justification must be submitted, in writing, to the Executive Director or designee.
- d. The COMMISSION Executive Director, or designee, reserves the right to withhold or reduce disbursement of funds if CONTRACTOR fails to 1) comply with monthly and/or quarterly reports by the indicated due date as set forth in Section 11 of the Contract; 2) if results achieved are not as projected and no COMMISSION approved plan is in place for improvement; or 3) if the CONTRACTOR is not in compliance with any provision contained within this Contract.
- e. The final funding period amount approved for the applicable fiscal year will be paid based on final expenditures as of June 30th, and reported as of the final deadline to submit program expenditures defined in Section 11. Fiscal and Program Reporting Requirements, A. Fiscal Reporting. Expenditures made after June 30th will not be accepted.

2. Allowable Costs

Funds provided pursuant to this Contract shall be expended by CONTRACTOR in accordance with the Budget.

- a. Such specified expenditures will be further limited to those that are considered both reasonable and necessary as determined by the COMMISSION. CONTRACTOR agrees COMMISSION may recover any payments for services or goods, including rental of facilities, which were not reasonable and necessary, or which exceeded the fair market value. The recovery shall be limited to payments over and above reasonable or fair market amounts and any costs of recovery.
- b. The reasonable and allowable reimbursement rate for use of motor vehicles, travel expenses and food are based on the current IRS allowable rate.
- c. Contractor shall obtain approval for all overnight travel and out of State travel as it relates to services provided in this Contract. Reimbursement as it relates to pre-approved travel will be based on the Federal allowable rate. Request must be submitted in writing thirty (30) days in advance of travel date and travel must be approved in advance by COMMISSION management.

**ATTACHMENT D:
COMPREHENSIVE TOBACCO CONTROL POLICY**

As a material condition of the Contract, the CONTRACTOR shall agree that the CONTRACTOR and the CONTRACTOR'S employees, while receiving funding from the COMMISSION:

1. Shall not use tobacco products while using the CONTRACTOR'S property e.g., vehicle, equipment; and
2. Shall not sell, offer, or provide tobacco products on CONTRACTOR 'S premises; and
3. Shall have tobacco education and cessation materials visibly available and accessible to clients participating in activities funded by Proposition 10 funds; and
4. Shall assure that the CONTRACTOR and its employees have no current business association or relationship with the tobacco industry, and further agrees to neither accept nor solicit financial contributions, sponsorships, gifts, or services from any tobacco company, executive, or tobacco-related function; and
5. Shall make a reasonable effort to divest of all investments in companies that derive fifteen percent (15%) or more of revenues from tobacco.

The COMMISSION may terminate for default or breach of this Contract and any other Contract the CONTRACTOR has with the COMMISSION, if the CONTRACTOR or CONTRACTOR'S employees, are determined by the COMMISSION Executive Director (or designee), not to be in compliance with the conditions set forth herein.

If the CONTRACTOR or CONTRACTOR'S employees are determined by the COMMISSION Executive Director (or designee) not to be in compliance with the conditions set forth herein, the COMMISSION may terminate for default or breach of this Contract and any other Contract the COMMISSION has with the CONTRACTOR.

In instances where the CONTRACTOR is part of a larger entity, and where the entity has an investment policy set by governance officials other than the CONTRACTOR, and the CONTRACTOR is not directly involved in such investment decisions, CONTRACTOR agrees to the provisions herein as required in the programs and activities under the direct control of the CONTRACTOR to the satisfaction of the COMMISSION Executive Director (or designee). Activities of the larger entity other than investment decisions, which are not under the direct control of CONTRACTOR, shall not be considered to be in violation of CONTRACTOR'S activities pursuant to the policy.

G. Presentations/Information – Deborah Clark-Crews, Chair

1. Help Me Grow Inland Empire Presentation - Dr. Ronald Stewart, PhD,
Help Me Grow Manager, Brett Walls and Dr. Marti Baum, MD, Loma Linda
University Children's Hospital

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HMGIE Update for First ²¹⁶ 5 Riverside County

Presented by: Marti Baum, MD; Ronald Stewart, PhD; and
Brett Walls, Loma Linda University Children's Hospital





What is Help Me Grow Inland Empire (HMGIE)?

- Our local affiliate of a national systems model (Help Me Grow) that works to...
 - **Give families information** about child development and offer screenings
 - Ensure developmental **concerns are caught early**
 - Help families **access resources** and services
 - **Build a strong network** and system of services
- First **5 Riverside County financially partners with First 5 San Bernardino** to fund HMGIE as a dual-county, systems approach initiative
- **Loma Linda's University Children's Hospital serves as the backbone** entity for HMGIE

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Overall Participation & Demographics - Year One

(both Counties 7/1/20 - 6/30/21)

- Total of 2,686 kids/families served
- Kids prenatal through age 8
- 53% male; 46% female children
- 52.3% were ages 2-4 when first served
- Primary language spoken at home
 - 83%: English
 - 16%: Spanish
- Race and Ethnicity
 - 57.8% identify as Hispanic
 - 35.1% identify as White
 - 6.4% identify as Black/African American
 - 5.8% identify as multi race
- Referred to HMGIE by:
 - Medical Professionals
 - Early Childhood Educators
 - Family Member/Caregiver

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Partners Questionnaires Resource Referrals

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Building Screening Partnerships in Riverside County

- **Growing Healthy Minds Collaborative**
- **Family First Child Care**
- **Kids Health First Pediatrics**
- **Riverside University Health Services (RUHS) Pediatrics**
- **University of California (UCR), Early Childhood Services**
- **Inland Empire Health Plan (IEHP) Health Educators**
- **New partners joining the HMGIE system: Riverside County Office of Education; Jurupa Unified School District; and Storybook Preschool**

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ASQ 3 Questionnaire Findings – Riverside County Children

FINE MOTOR:

Overall, **23.8%**
scored
atypical

COMMUNICATION:

Overall, **24%**
scored
atypical

GROSS MOTOR:

Overall, **21.4%**
scored atypical

PROBLEM SOLVING:

Overall, **22.8%**
scored
atypical

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PERSONAL SOCIAL:

Overall, **23%** scored atypical

Social Determinants of Health (SDOH)

- Social determinants of health are the conditions in which people are born, grow, live, work and age.
 - They include factors like socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as access to health care
- Top 4 Categories of SDOH Concern:
 - **Financial Strain**
 - **Housing Risk**
 - **Food Insecurity**
 - **Transportation Risk**

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Top SDOH Findings among Riverside County Families

FINANCIAL STRAIN:

75.4% self-identified as at risk

HOUSING RISK:

50.9% self-identified as at risk.

FOOD INSECURITY:

50% self-identified as at risk.

TRANSPORTATION RISK:

13% self-identified as at risk.

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Resource Referrals - Community Connectedness

60.8% of families received one referral

85.6% those that received one referral required 2+ referrals

170 referrals made to **Early Learning Settings-Center Based**

140 referrals made to **Home Visiting**

224 referrals made to **Family Child Advocates**

202 referrals made to **Child Welfare**

HMGIE Closing the Loop:

29.1% with **Health and Humans Services** agencies

79.8% with **School Systems**

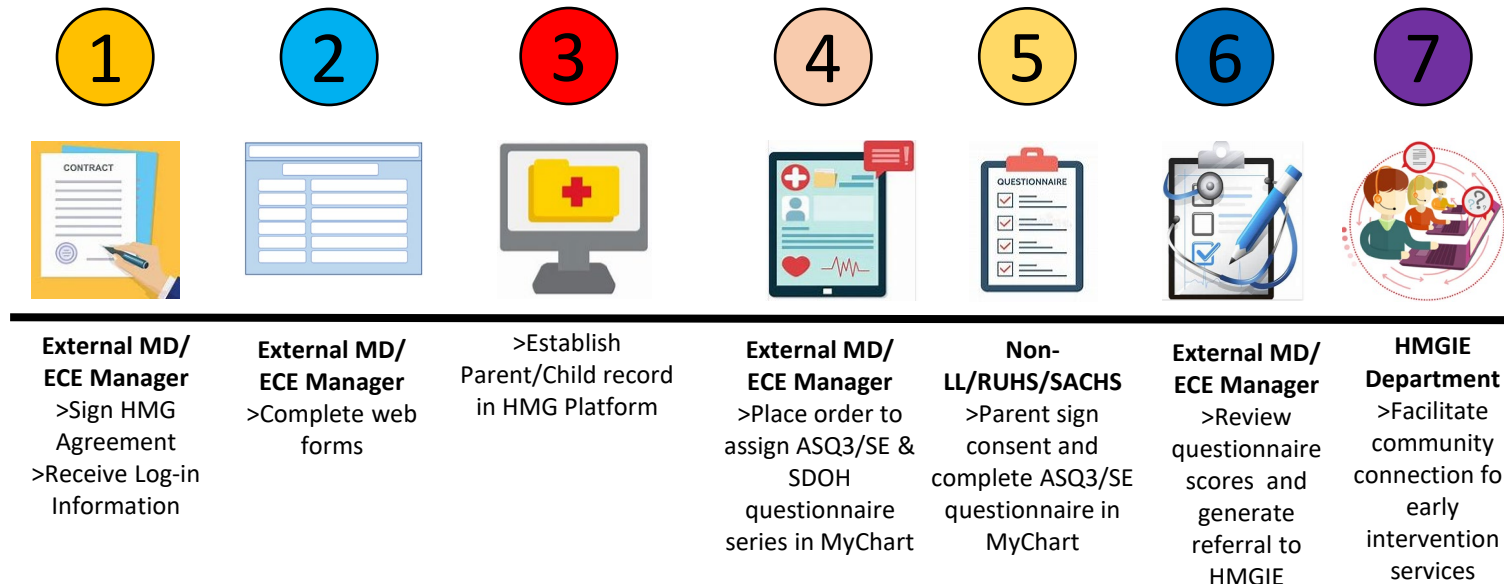
27.5% with **Parent Educators**

51.4% with **Special Supplemental Nutrition**

49.8% with **Faith-based or Nonprofit resource agencies** ²²⁴

62.5% with **Child & Family Legal Services**

HMGIE in 2022 – Expanded Data System



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HMGIE in 2022 – Expanding Engagement

- **Continuing to recruit screening partners** among Early Childhood Educators, Medical Professionals, and those serving young children and their families.
- **Dedicating 1 FTE to outreach** within the County to expand HMGIE's connectedness
- **Facilitating a three-part Early Intervention Speakers Series** for community partners & families
- Partnering with First 5 to **evolve the plan for sustainability of HMGIE**
- **Strengthening system connectedness** with **Home Visiting, HealthySteps, Quality Start RC, & the Family Resource Centers**

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Questions? Observations? *Thank you!*

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HMGIE's Access Center is open M-F from 8am to 5pm

888.464.4316

info@HelpMeGrowIE.org

www.HelpMeGrowIE.org



Help Me Grow Inland Empire Electronic Data System (EDS) Evaluation Report FY 2020-2021

07.01.2020-06.30.2021



The following report presents Help Me Grow Inland Empire (HMGIE) Data from Fiscal Year 2020-2021. The data displays who HMGIE served, who was reached, and what assessments were provide.



Acknowledgements

At Loma Linda University Health (LLUH), our commitment to caring for the mind, body, and spirit is part of everything we do. We're combining our educational, clinical care, and research arms to fulfill our institutional mission: to further the teaching and healing ministry of Jesus Christ: **to make man whole**.

Listen, Respect, and Engage are three powerful words that encompass the LLUH's approach in promoting equity in our communities. Community engagement requires us to listen to our communities, which leads to an increased level of respect, that allows us to then engage and find problem-solving solutions. **Loma Linda University's Institute for Community Partnership's (ICP)** mission is to ensure that LLUH is both **relevant** and **responsive** to the needs of our community. The Institute for Community Partnerships supports the implementation of LLUH's hospital community benefit investments and fulfillment of the priority focus areas, in close collaboration with its community partners. ICP also promotes and supports meaningful community-engaged research, academic service-learning at Loma Linda University Health (LLUH). The Institute plays a centralizing, coordinating, and implementation function for the four licensed hospitals at LLUH's community benefit investment dollars. We are committed to strategically working with our community partners to better understand and address the needs and strengths of the community through research, teaching, and service. Community participation is at the core of our efforts, with structured learning opportunities for career pathways for underrepresented minoritized students, training and workforce integration for community health workers, and community research projects.

With our **community partners**, this took on new meaning in 2020 with the impact of Covid-19 in how we worked collaboratively to improve the health and wellness of the people most impacted by the pandemic in our region. At LLUH, our focus on the social determinants of health aligns with our value of wholeness and ensures our system invests health not just healthcare.

Help Me Grow Inland Empire (HMGIE) provides both an access point for our most vulnerable families to be connected to community resources, and a system framework for providers to work together to ensure an organized system of support is available in our community. To ensure that we are providing resources that are needed and helpful to families, we seek continuous feedback from parents with children from pregnancy through age 5 to determine what support they would most like to see available in their community.

Help Me Grow Inland Empire Partners:

- First 5 San Bernardino
- First 5 Riverside
- Loma Linda University Children's Hospital
- Riverside University Health System
- SAC Health System



LLU's Institute for Community Partnerships has been asked to analyze the data, review the research, engage in community conversations, share the research results, and deliver a summary of lessons learned as well as create action steps that can be taken to promote child well-being in the Inland Empire. These action steps are based on information provided by HMGIE. We have incorporated strengths from successful models and practices, which could potentially be used within the Inland Empire to support families. These action steps focus on identifying culturally relevant supports needed for families of color. In addition, these steps focus on reducing existing barriers (including stigma) which prevent families from accessing support.

In collaboration and thoughtful partnership with Help Me Grow Inland Empire (HMGIE,) **this report features the work done by LLU's ICP & our partners in:**

- Reporting out on the clients and families served through HMGIE in FY 2020-2021.
- Reporting out on the number of developmental screenings and their results.
- Reporting out on the number of social determinants of health screenings and their results.
- Reporting out on the type and number of referrals given to families, based on need, and their completion rate.

Lastly, this work would not be possible without the families, community stakeholders and leaders, early childhood educators, medical professionals, school systems, community-based organizations who engaged with the HMGIE system during the program year.

Specific Acknowledgements:

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- Juan Carlos Belliard, PhD, MPH

Special thanks to Crissy Irani and Jasmine Hutchinson as well for their contributions.

With gratitude,

Juan Carlos Belliard, PhD, MPH
Assistant Vice President for Community Partnerships
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Fiscal Year 2020-2021 Executive Summary

Help Me Grow (HMG) Background

Help Me Grow is a system model that works to promote integrated, cross-sector collaboration in order to build resourceful and effective early childhood systems that mitigate the impact of hardship and support protective factors among families. Through model implementation in communities and states across the country, the mission of HMG is to advance developmental promotion and promote early detection, referral, and linkage to community-based supports, such that all children can grow and thrive to their full potential.

Research Questions and Purpose of Report

This data report was compiled during fiscal year 2020-2021 to provide a comprehensive look at children from pregnancy to age eight served in San Bernardino and Riverside Counties (Inland Empire). It is intended to guide community efforts in reaching parents of young children and understanding their needs. This report provides measurements for the HMG action teams to determine desired long-term population outcomes, as well as implementation strategies that will reach families and meet existing resource needs. Wherever possible, the data in this report is provided in total, and when possible, by County and race level data for comparison.

This report aims to answer two priority questions: 1) *In FY 20-21, who did HMGIE serve?* This question will be answered by describing the quantitative summary of the first twelve months along with an analysis of indicators (who did we reach, what did we provide, how well did we do it) and 2) *In FY 20-21, of the families served, what assessments were they linked to?*

Data Collection and Analysis Process:

The Data and Evaluation component of HMG ensures that the appropriate information is being gathered to support families in connecting to services, provides useful information for the community on family needs and resource gaps, and informs ongoing improvement efforts.

The HMGIE Electronic Data System (EDS) is the activity recorded in EPIC as related to the HMGIE Pilot launched in 2020. This system connects Loma Linda University Children's Hospital (LLUCH,) Riverside University Health System, and SAC Health System (SACHS) so that in advance of Well Child appointments, parents are issued screeners electronically via My Chart (online patient portal.) The age appropriate ASQ-3 and SDOH screeners are currently issued as part of the Pilot. Parents complete these screeners using a smart device and the scores are automatically tabulated and returned to the physician's workflow for the upcoming appointment.

Analysis was completed using SPSS-27 and Microsoft Excel. Statistical tests used include T-Tests, ANOVA, Paired T-Tests and general frequency and descriptive data analyses.

Summary of Findings:

During FY 20-21, a total of 1,883 families were seen through the EDS. Of the 1,883 families enrolled through the EDS, nearly 43% of families identified living in Riverside County, while 56% reside in San Bernardino County. Nine-hundred ninety-one (52.6%) indicated that they were 'Male' and 892 (47.4%) indicated 'Female'. Based on the participant demographics, the majority of participants self-identified as 'Male' gender (N=991, 52.6%), 'White-Other' race (N=797, 42.3%), 'Hispanic or Latino-Mexican' ethnicity (N=587, 31.2%), and primarily spoke 'English' at home (N=1,657, 88.0%). Furthermore, the majority indicated that the child age in years and/or months at program entrance was '3 years old' (N=487, 25.9%).

A total of 5,277 individual SDOH domain screenings were completed, and 1,589 ASQ-3 Screenings (nearly 85% of all families.) Of the 1,883 clients, 100% received a screening on at least 1 domain of the SDOH. When it came to SDOH Positive screens, there was a statistically significant difference between race groups as pertaining to Food Insecurity ($p = 0.01$), Transportation Risk ($p=0.03$) and Alcohol Risk ($p=0.000$). Families who identified as White/Caucasian were more likely compared to their other race group counter parts to score a positive screen on an SDOH screening. After further analysis, it was also determined that there were no statistically significant differences between race groups or geographic location (County) and ASQ results.

Conclusion and Next Steps:

Data in this report demonstrates the correlation between children's health and development and the Social Determinants of Health (SDOH). It was found that families who had atypical scores in at least one domain of the SDOH screening, had a higher rate of an atypical score in at least one category of the ASQ-3. Based on these results, next steps can include further exploration of and identifying resource gaps in data, identifying workflow successes and challenges within and between families and providers. Additionally, creating a feedback mechanism with partners and health care providers to respond to community voices and establishing standardized protocols and continuously striving to improve the EDS by expanding to include additional physicians/health care providers/professionals/Early Childhood Educators and setting data collection and standardization goals.

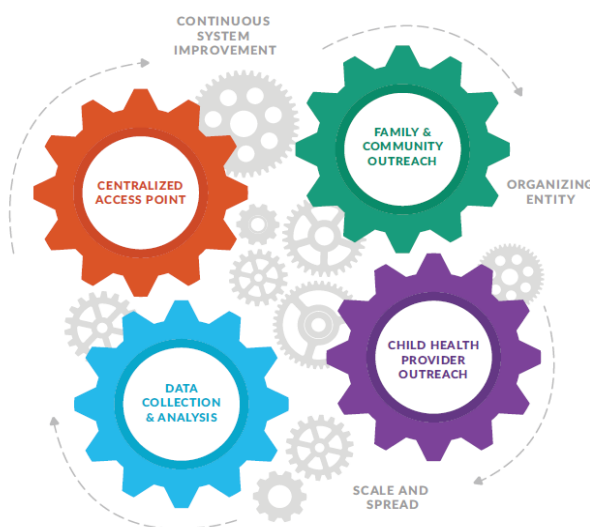


Help Me Grow Background:

Help Me Grow (HMG) is a system model that works to promote integrated, cross-sector collaboration in order to build efficient and effective early childhood systems that mitigate the impact of adversity and support protective factors among families. Through model implementation in communities and states across the country, the mission of Help Me Grow is to advance developmental promotion and promote early detection, referral, and linkage to community-based supports, such that all children can grow and thrive to their full potential. Help Me Grow is not a stand-alone program, but rather utilizes and builds on existing resources in a community to provide a more comprehensive approach to early childhood system strengthening.

Successful implementation of Help Me Grow leverages community resources, maximizes existing opportunities, and advances a coalition working collaboratively toward a shared agenda through the implementation and cooperation of four Core Components:

- 1) A Centralized Access Point integrally assists families and professionals in connecting children to appropriate community-based programs and services;
- 2) Child Health Care Provider Outreach supports early detection and intervention, and loops the medical home into the system;
- 3) Family & Community Outreach supports education to advance developmental promotion, and also grows awareness of the system and the services that it offers to families and community-facing providers;
- 4) Data Collection and Analysis supports evaluation, helps identify systemic gaps, bolsters advocacy efforts, and guides quality improvement so the system is optimally supporting families and ensuring children receive what they need, when they need it.



Database Entry and Background:

The Help Me Grow Inland Empire's (HMGIE) Electronic Data System (EDS) is the activity recorded in EPIC as related to the HMGIE Pilot launched in 2020. This system connects Loma Linda University Children's Hospital (LLUCH), Riverside University Health System, and SAC Health System (SACHS) so that in advance of Well Child appointments, parents are issued screeners electronically via My Chart (online patient portal.) The age appropriate ASQ-3 and SDOH screeners are currently issued as part of the Pilot. Parents complete these screeners using a smart device and the scores are automatically tabulated and returned to the physician's workflow for the upcoming appointment.

Data Collection and Analysis:

The Data and Evaluation component of HMGIE ensures that the appropriate information is being gathered to support families in connecting to services, provides useful information for the community on family needs and resource gaps, and informs ongoing improvement efforts. Information on system operations is critical to ensuring that families are connected to the right services in an appropriate and timely manner.

HMGIE is in a unique position to collect data that reflect system-level issues: not only who calls and why, but also what happens to families seeking help. Data Collection and Analysis also serves as a crucial tool for Continuous Quality Improvement. Evaluation of the HMG system helps to assess how well it is working or what may need to be changed to improve the service, including gaps and barriers.

Data Collection and Analysis ensures ongoing capacity for continuous system improvement, a key structural requirement of HMGIE. Data are collected throughout all components of the HMGIE system, including child health provider outreach, family and community outreach, and within the centralized access point. Data is mutually exclusive and non-duplicated.

The collection of a set of shared metrics across the HMG National Network informs the national narrative regarding the impact of HMG on children and family across the country. The collection of locally-sourced metrics enable HMGIE affiliates to benchmark progress, identify areas of opportunity and systemic gaps, and guide strategic quality improvement projects.

Fidelity to the component of Data Collection and Analysis consists of the following criteria:

- HMG-specific data are regularly monitored to determine relevant trends, patterns, and opportunities for improvements;
- HMG-specific data are shared across partners through strategies such as provision of regular reports, ad hoc requests, and targeted evaluation projects;
- Opportunities are identified for and conducting continuous quality improvement projects using HMG-specific data; and

- HMG-specific data, such as identification of systemic barriers, are leveraged to generate community change.

Analysis was completed using SPSS-27 and Microsoft Excel. Statistical tests used include T-tests, ANOVA, Paired T-Tests and general frequency and descriptive data analyses.

About This Report:

This data report was compiled withing HMGIE during fiscal year 2020-2021 to provide a comprehensive look at children from pregnancy to age eight served in San Bernardino and Riverside Counties (which are located in the Inland Empire). It is intended to guide community efforts in reaching parents of young children and understanding their needs. This report provides measurements for the HMGIE action teams to determine desired long-term population outcomes, as well as implementation strategies that will reach families and meet existing resource needs. Wherever possible, the data in this report is provided in total, and when possible, by County level data for comparison. By coordinating services from pregnancy to age five under a coordinated access point, HMGIE provides a systematic way to gather ongoing data on family needs, available resources, and service gaps. Identifying service gaps can inform future advocacy and investment efforts.

This report is presented in two sections in order to answer the two main research questions. Section 1 covers a landscape of who was served during FY 2020-2021. Landscape data includes general demographics of participants. Section 2 covers a deeper analysis of what services and assessments were provided to families.



Section 2

Evaluation Question #1

Who did Help
Me Grow
Inland Empire
Serve in FY
2020-2021?



²⁹Map of the Inland Empire, California.

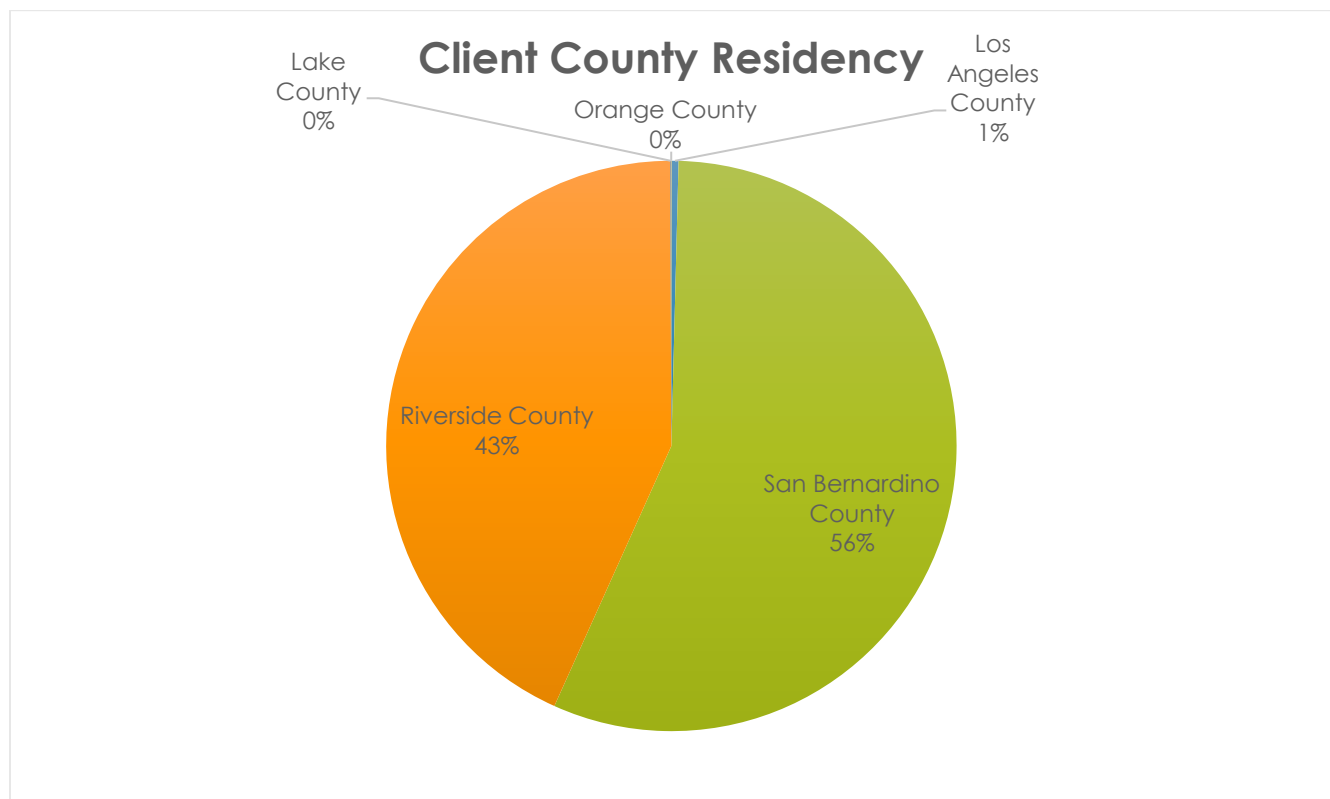
Overall Participation

A total of 1,883 families were enrolled in HMG in FY 2020-2021 through the Electronic Data System (EDS).

Service Geography

Of the 1,883 families enrolled through the EDS, nearly 43% of families identified living in Riverside County, while 56% reside in San Bernardino County. Note that within the EDS, any child/family from any County can be served within the clinic setting and hence is captured within this system as well for service*.

Figure 1. Client County Residency



*The EDS system will enroll any client who is seen at a Pilot partner clinic, as opposed to the CAP system that only serves clients in Riverside and San Bernardino Counties; clients who enter the CAP system and do not live in one of these two counties are referred back to their local care coordination hubs or HMG.

Zip Code

Top 5 zip codes identified were ‘92410’ (N=114, 6.1%), ‘92324’ (N=94, 5.0%), ‘92553’ (N=85, 4.5%), ‘92404’ (N=82, 4.4%), and ‘92201’ (N=79, 4.2%).

For the service priority areas, the responses indicated the following zip-codes as the top three in each of the two Counties:

- San Bernardino
 - ‘92410’ (N=114, 6.10%)
 - ‘92324’ (N=94, 5.00%)
 - ‘92404’ (N=82, 4.40%)
- Riverside
 - ‘92553’ (N=85, 4.50%)
 - ‘92201’ (N=79, 4.20%)
 - ‘92509’ (N=21, 1.10%)

Table 1. Top Ten Zip Code List, Overall

Zip Code	Frequency	Percentage
92410	114	6.10%
92324	94	5.00%
92553	85	4.50%
92404	82	4.40%
92201	79	4.20%
92346	69	3.70%
92407	67	3.60%
92376	55	2.90%
92354	53	2.80%
92405	52	2.80%

*Only the top ten zip codes are displayed. To view the comprehensive frequency and percentage table, please refer to Appendix A, Table 2.

Client Demographics

Client Gender

Of the total responses (N=1883):

- 991 (52.6%) indicated that they were 'Male' and
- 892 (47.4%) indicated 'Female'.

The client is identified as the child here.

[Appendix A, Table 3. and Figure 2.]

Client Race*

Of the total responses (N=1883), the top five client races were...

- 'White-Other' (N=797, 42.3%),
- 'Hispanic/Latin Origin' (N=355, 18.9%),
- 'White or Caucasian' (N=274, 14.6%),
- 'Multi' (N=110, 5.8%), and
- 'Black or African American' (N=61, 3.2%).

[Appendix A, Table 4. and Figure 3.]



Client Ethnicity*

Of the total responses (N=1883): the top three client ethnicities were

- 'Hispanic or Latino- Mexican' (N=587, 31.2%),
- 'Not Hispanic or Latino' (N=539, 28.6%), and
- 'Hispanic or Latino' (N=407, 21.6%).

[Appendix A, Table 5. and Figure 4.]

Child Age in years and/or months (at program entrance)

Of the total responses (N=1883): the top three entry ages (in years or months) selected were

- '3 years old' (N=487, 25.9%),
- '2 years old' (N=359, 19.1%), and
- '10 months old' (N=111, 5.9%).

[Appendix A, Table 6. and Figure 5.]

Primary Language Spoken at Home*

Of the total responses (N=1883): the top two languages spoken at home were

- 'English' (N=1657, 88.0%) and
- 'Spanish' (N=210, 11.2%).

[Appendix A, Table 7. and Figure 6.]

**The client race, ethnicity and primary language spoken at home is self-identified.*

Summary of Clients Served

In summary, during FY 2020-2021...

- The top zip code and city where families reside was '92410' (N=114, 6.1%) and 'San Bernardino' (N=403, 21.4%). (Note that 92410 is found in San Bernardino City.)
- Of the total families served, 43% identified as living in Riverside County and 56% reside in San Bernardino County.
- The majority of participants self-identified as...
 - 'Male' gender (N=991, 52.6%)
 - 'White-Other' race (N=797, 42.3%), 'Hispanic or Latino-Mexican' ethnicity (N=587, 31.2%), and primarily spoke 'English' at home (N=1657, 88.0%).
- The majority indicated that the child age in years and/or months at program entrance was '3 years old' (N=487, 25.9%).

Section 2

Evaluation Question #2

***What Assessments
Did Families
Receive?***



Part 2: Review of what assessments were provided to families and their results.

Help Me Grow Inland Empire utilizes a social determinants of health (SDOH) screening process to determine risk levels for certain categories in an effort to refer and link families to appropriate resources. Social determinants of health are the conditions in which people are born, grow, live, work and age that shape health. Social determinants of health include factors like socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as access to health care. Addressing SDOHs is important for improving health and reducing longstanding disparities in health and health care. It's important to note that any family who enters HMGIE through the EDS automatically receives an age appropriate ASQ-3 and SDOH screening. Completion is based off of the client's engagement.

Given their personal interactions with children and families, health care providers are uniquely positioned to identify risk factors that exist outside of the home. Furthermore, screening legitimizes the discussion of sensitive topics in a way that surveillance alone cannot, and builds trust among patients, fostering more discussion of need.

A total of 5,277 individual SDOH screenings were completed for 1,883 families. Social determinant of health screening is broken down into nine parts: financial strain, food insecurity, transportation risk, physical activity risk, stress risk, social connection risk, tobacco risk and intimate partner violence (IPV) risk.

Of the 1,883 clients, 100% received a screening on at least 1 domain of the SDOH. The overall total of SDOH screenings includes the sum of the various domains of the SDOH screenings, regardless of results (arriving at 5,277) whereas in total there were 1,883 individual client SDOH screens entered into the EDS. The only domain completed 100% of the time was for tobacco use. Below is a table breaking down the number of screenings per domain of the SDOH, and how many percent of screenings.

Table 8. Social Determinants of Health: Atypical Score

SDOH Domains Screened (total)	5277	Of the number of screenings, % that had an atypical score
Social Connection Risk	390	48.70%
Physical Activity Risk	390	33.30%
Food Insecurity	394	18.20%
Financial Strain	391	17.60%
Stress Risk	259	9.60%
Tobacco risk	1883	9.40%
Transportation Risk	392	6.10%
IPV Risk	374	1.80%
Alcohol Risk	804	0.30%



Table 9. Social Determinants of Health: Comprehensive List by Race

Label Legend:

- Green: No/Low Risk
- Yellow: Medium/Some Risk
- Red: High Risk

SDOH Screened	Race	Green	Yellow	Red	Unknown	Total (N)
Financial Strain	White	199 (80.1%)	38 (15.4%)	9 (3.7%)	0	246
	Black or African-American	21 (95.5%)	1 (4.5%)	0	0	22
	Other Race	1 (100%)	0	0	0	1
	Asian	16 (88.9%)	1 (5.6%)	1 (5.6%)	0	18
	Hispanic/Latino Origin	58 (80.1%)	11 (15.3%)	3 (4.2%)	0	72
	Unknown	5 (83.3%)	0	1 (16.7%)	0	6
	Patient refused	6 (100%)	0	0	0	6
	Multi-race	15 (78.9%)	4 (21.1%)	0	0	19
	American-Indian or Alaska Native	0	0	0	0	0
	Native Hawaiian	0	0	0	0	0
Food Insecurity	Race	Green	Red	Unknown	Total (N)	
	White	191 (78.6%)	48 (19.8%)	4 (1.6%)	243	
	Black or African-American	22 (95.7%)	1 (4.3%)	0	23	
	Other Race	1 (100%)	0	0	1	
	Asian	16 (84.2%)	1 (5.3%)	2 (10.5%)	19	
	Hispanic/Latino Origin	57 (75.0%)	16 (21.1%)	3 (3.9%)	76	
	Unknown	4 (66.7%)	2 (33.3%)	0	6	
	Patient refused	7 (100%)	0	0	7	
	Multi-race	15 (78.9%)	4 (21.1%)	0	19	



	American-Indian or Alaska Native	0	0	0	0	
	Native Hawaiian	0	0	0	0	
Transportation Risk	Race	Green	Red	Unknown	Total (N)	
	White	199 (81.6%)	19 (7.8%)	26 (10.7%)	244	
	Black or African-American	22 (95.7%)	0	1 (4.3%)	23	
	Other Race	1 (100%)	0	0	1	
	Asian	15 (78.9%)	1 (5.3%)	3 (15.8%)	19	
	Hispanic/Latino Origin	56 (76.7%)	2 (2.7%)	15 (20.5%)	73	
	Unknown	4 (66.7%)	1 (16.7%)	1 (16.7%)	6	
	Patient refused	5 (71.4%)	0	2 (28.6%)	7	
	Multi-race	17 (89.5%)	1 (5.3%)	1 (5.3%)	19	
	American-Indian or Alaska Native	0	0	0	0	
	Native Hawaiian	0	0	0	0	
Physical Activity Risk	Race	Green	Yellow	Red	Unknown	Total (N)
	White	70 (29.4%)	66 (27.7%)	19 (8.0%)	83 (34.9%)	238
	Black or African-American	7 (33.3%)	7 (33.3%)	2 (9.5%)	5 (23.8%)	21
	Other Race	0	1 (100%)	0	0	1
	Asian	8 (40.0%)	3 (15.0%)	0	9 (45.0%)	20
	Hispanic/Latino Origin	25 (32.1%)	14 (17.9%)	7 (9.0%)	32 (41.0%)	78
	Unknown	1 (16.7%)	1 (16.7%)	1 (16.7%)	3 (50.0%)	6
	Patient refused	0	2 (33.3%)	1 (16.7%)	3 (50.0%)	6
	Multi-race	5 (25.0%)	4 (20.0%)	2 (10.0%)	9 (45.0%)	20



	American-Indian or Alaska Native	0	0	0	0	0
	Native Hawaiian	0	0	0	0	0
Stress Risk	Race	Green	Red	Unknown	Total (N)	
	White	138 (87.3%)	19 (12.0%)	1 (0.63%)	158	
	Black or African-American	16 (100%)	0	0	16	
	Other Race	1 (100%)	0	0	1	
	Asian	12 (92.3%)	1 (7.7%)	0	13	
	Hispanic/Latino Origin	49 (90.1%)	5 (9.3%)	0	54	
	Unknown	3 (100%)	0	0	3	
	Patient refused	3 (100%)	0	0	3	
	Multi-race	11 (100%)	0	0	11	
	American-Indian or Alaska Native	0	0	0	0	
	Native Hawaiian	0	0	0	0	
Social Connection Risk	Race	Green	Yellow	Red	Unknown	Total (N)
	White	13 (5.4%)	115 (47.4%)	6 (2.5%)	107 (44.4%)	241
	Black or African-American	1 (4.5%)	10 (45.4%)	0	11 (50.0%)	22
	Other Race	0	1 (100%)	0	0	1
	Asian	2 (10.0%)	10 (50%)	0	8 (40.0%)	20
	Hispanic/Latino Origin	5 (6.6%)	33 (43.4%)	0	38 (50.0%)	76
	Unknown	0	3 (50.0%)	0	3 (50.0%)	6
	Patient refused	0	3 (50.1%)	0	3 (50.0%)	6
	Multi-race	0	9 (50.0%)	0	9 (50.0%)	18



	American-Indian or Alaska Native	0	0	0	0	0
	Native Hawaiian	0	0	0	0	0
Tobacco risk	Race	Green	Yellow	Red	Unknown	Total (N)
	White	992 (87.1%)	110 (9.7%)	3 (0.26%)	34 (3.0%)	1139
	Black or African-American	128 (91.4%)	11 (7.9%)	0	1 (0.71%)	140
	Other Race	5 (71.4%)	2 (28.6%)	0	0	7
	Asian	70 (87.5%)	7 (8.8%)	0	3 (3.8%)	80
	Hispanic/Latino Origin	319 (89.9%)	29 (8.2%)	0	7 (2.0%)	355
	Unknown	23 (88.5%)	3 (11.5%)	0	0	26
	Patient refused	16 (80.0%)	4 (20.0%)	0	0	20
	Multi-race	100 (90.9%)	8 (7.3%)	0	2 (1.8%)	110
	American-Indian or Alaska Native	4 (80.0%)	1 (20.0%)	0	0	5
	Native Hawaiian	1 (100%)	0	0	0	1
IPV Risk	Race	Green	Red	Unknown	Total (N)	
	White	215 (93.5%)	6 (2.6%)	9 (3.9%)	230	
	Black or African-American	21 (100%)	0	0	21	
	Other Race	1 (100%)	0	0	1	
	Asian	18 (94.7%)	0	1 (5.3%)	19	
	Hispanic/Latino Origin	71 (94.7%)	1 (1.3%)	3 (4.0%)	75	
	Unknown	5 (100%)	0	0	5	
	Patient refused	5 (83.3%)	0	1 (16.7%)	6	
	Multi-race	17 (100%)	0	0	17	



	American-Indian or Alaska Native	0	0	0	0
	Native Hawaiian	0	0	0	0
Alcohol Risk	Race	Green	Red	Unknown	Total (N)
	White	470 (99.4%)	3 (0.6%)	0	473
	Black or African-American	57 (95.0%)	0	3 (5.0%)	60
	Other Race	4 (100%)	0	0	4
	Asian	33 (97.1%)	0	1 (2.9%)	34
	Hispanic/Latino Origin	151 (97.1%)	0	4 (2.6%)	155
	Unknown	9 (100%)	0	0	9
	Patient refused	9 (100%)	0	0	9
	Multi-race	42 (100%)	0	0	42
	American-Indian or Alaska Native	3 (100%)	0	0	3
	Native Hawaiian	1 (100%)	0	0	1

Table 10. Social Determinants of Health: Comprehensive List by County (Riverside and San Bernardino County Only)

Label Legend:

- Green: No/Low Risk
- Yellow: Medium/Some Risk
- Red: High Risk

	County	Green	Yellow	Red	Unknown	Total (N)
Financial Strain SDOH	Riverside County	139 (82.7%)	23 (13.7%)	5 (3.0%)	1 (0.60%)	168
	San Bernardino County	168 (80.8%)	31 (14.9%)	9 (4.3%)	0	208
Food Insecurity SDOH	County	Green	Red	Unknown	Total (N)	
	Riverside County	131 (77.1%)	33 (19.4%)	6 (3.5%)	170	
	San Bernardino County	170 (81.0%)	37 (17.6%)	3 (1.4%)	210	
Transportation Risk	County	Green	Red	Unknown	Total (N)	
	Riverside County	137 (82.0%)	10 (6.0%)	20 (12.0%)	167	
	San Bernardino County	169 (80.5%)	14 (6.67%)	27 (12.9%)	210	
Physical Activity Risk SDOH	County	Green	Yellow	Red	Unknown	Total (N)
	Riverside County	41 (25.3%)	40 (24.7%)	13 (8.0%)	68 (42.0%)	162
	San Bernardino County	70 (33.2%)	53 (25.1%)	18 (8.5%)	70 (33.2%)	211
Stress Risk SDOH	County	Green	Red	Unknown	Total (N)	
	Riverside County	97 (92.4%)	8 (7.6%)	0	105	
	San Bernardino County	128 (88.9%)	15 (10.4%)	1 (0.69%)	144	
Social Connection Risk SDOH	County	Green	Yellow	Red	Unknown	Total (N)



	Riverside County	7 (4.4%)	70 (44.1%)	4 (2.5%)	78 (49.1%)	159
	San Bernardino County	14 (6.5%)	106 (49.5%)	2 (0.93%)	92 (43.0%)	214
Tobacco Risk SDOH	County	Green	Yellow	Red	Unknown	Total (N)
	Riverside County	717 (88.3%)	73 (9.0%)	1 (0.12%)	21 (2.59%)	812
	San Bernardino County	885 (88.3%)	93 (9.3%)	2 (0.20%)	22 (2.20%)	1002
IPV Risk SDOH	County	Green	Red	Unknown	Total (N)	
	Riverside County	151 (96.2%)	1 (0.64%)	5 (3.2%)	157	
	San Bernardino County	187 (92.6%)	6 (3.0%)	9 (4.5%)	202	
Alcohol Risk SDOH	County	Green	Red	Unknown	Total (N)	
	Riverside County	332 (97.6%)	0	8 (2.4%)	340	
	San Bernardino County	420 (96.3%)	2 (0.46%)	14 (3.2%)	436	

Financial Strain Risk SDOH

Of the total responses (N=391) when looking at financial strain risk,

- 321 (82.1%) were identified as being in the green zone,
- 55 (14.1%) were in the yellow zone,
- 14 (3.6%) were in the red zone and 1 (0.3%) were 'unknown'.

[Appendix B, Table 11. and Figure 9.]

Financial Strain Risk SDOH by Race

- Of the 246 families who identify as White and received a screening on Financial Strain, 199 (80.1%) scored in green zone, 38 scored in the yellow zone (15.4%) and 9 scored in the red zone (3.7%).
- Of the 22 families who identify as Black or African-American, 21 (95.5%) scored in the green zone and 1 (4.5%) scored in the yellow zone.
- Of the 18 families who identify as Asian, 16 (88.9%) scored in the green zone, 1 (5.6%) scored in the yellow zone, and 1 (5.6%) scored in the red zone.
- Of the 72 families who identify as Hispanic/Latino Origin, 58 scored in the green zone (80.1%), 11 (15.3%) scored in the yellow zone, and 3 (4.2%) scored in the red zone.
- Of the 19 families who identify as multi-race, 15 (78.9%) scored in the green zone and 4 (21.1%) scored in the yellow zone.

[Appendix B, Table 11a. and Figure 9a.]

Financial Strain:

Of the total families screened on Financial Strain Risk:

- **14.1%** were in the yellow zone
- **3.6%** were in the red zone.

Riverside County: **16.7%** of identified as being in the yellow and red zone.

San Bernardino County: **19.2%** identified as being in the yellow and red zone.

Financial Strain Risk SDOH by County

Of the 391 families who received a screening on Financial Strain,

- 43% of the families reside in Riverside County
- 53% in San Bernardino County.

Of those who identified living in Riverside County, 139 (82.7%) scored in the green zone, 23 (13.7%) scored in the yellow zone and 5 (3.0%) scored in the red zone.

Of those living in San Bernardino County, 168 (80.8%) scored in the green zone, 31 (14.9%) scored in the yellow zone and 9 (4.3%) scored in the red zone.

[Appendix B, Table 11b. and Figure 9b.]

Food Insecurity Risk SDOH

Of the total responses (N=394): when looking at food insecurity risk...

- 313 (79.4%) were identified as having 'no food insecurity',
- 72 (18.3%) were identified as 'food insecurity present', and
- 9 (2.3%) were 'unknown'.

[Appendix B, Table 12. and Figure 10.]

Food Insecurity Risk SDOH by Race

- Of the 243 families who identify as White and received a screening on Food Insecurity, 191 (78.6%) had no food insecurity and 48 (19.8%) had food insecurity.
- Of the 23 families who identify as Black or African-American, 22 (95.7%) had no food insecurity and 1 (4.3%) had food insecurity.
- Of the 19 families who identify as Asian, 16 (84.2%) had no food insecurity and 1 (5.3%) had food insecurity.
- Of the 19 families who identify as multi-race, 15 (78.9%) had no food insecurity and 4 (21.1%) had food insecurity.

[Appendix B, Table 12a. and Figure 10a.]

Food Insecurity SDOH by County

Of the 394 families who received a screening on Food Insecurity...

- 43% of the families reside in Riverside County
- 53% in San Bernardino County.

Of those who identified living in Riverside County, 131 (77.1%) had no food insecurity and 33 (19.4%) had food insecurity.

Of those living in San Bernardino County, 170 (81.0%) had no food insecurity and 37 (17.6%) had food insecurity.

[Appendix B, Table 12b. and Figure 10b.]

Unmet Food Need:

- *A total of **18.3%** identified as having food insecurity (red zone.)*
- ***19.4%** of those living in Riverside County identified as having food insecurity (red zone.)*
- ***17.6%** of those living in San Bernardino County identified as having food insecurity (red zone.)*

Transportation Risk SDOH

Of the total responses (N=392): when looking at transportation risk...

- 392 (81.4%) were identified as being in the green zone,
- 24 (6.1%) were identified as being in the red zone, and
- 49 (12.5%) were 'unknown'.

[Appendix B, Table 13. and Figure 11.]

Transportation Risk SDOH by Race

- Of the 244 families who identify as White and received a screening on Transportation Risk, 199 (81.6%) were identified as being in the green zone, and 19 (7.8%) were identified as being in the red zone.
- Of the 23 families who identify as Black or African-American and 22 (95.7%) were identified as being in the green zone.
- Of the 19 families who identify as Asian, 15 (78.9%) were identified as being in the green zone, and 1 (5.3%) were identified as being in the red zone.
- Of the 73 families who identify as Hispanic/Latino Origin, 56 (76.7%) were identified as being in the green zone, and 2 (2.7%) were identified as being in the red zone.
- Of the 19 families who identify as multi-race, 17 (89.5%) were identified as being in the green zone,

needs and 1 (5.3%) had unmet transportation needs.

[Appendix B, Table 13a. and Figure 11a.]

Unmet Transportation Needs (Red Zone:)

6.0% in Riverside County

6.7% in San Bernardino County

Transportation Risk SDOH by County

Of the 390 families who received a screening on Transportation Risk...

- 43% of the families reside in Riverside County
- 54% in San Bernardino County.

Of those who identified living in Riverside County, 137 (82.0%) were identified as being in the green zone, and 10 (6.0%) were identified as being in the red zone.

Of those living in San Bernardino County, 169 (80.5%) were identified as being in the green zone, and 14 (6.67%) were identified as being in the red zone.

[Appendix B, Table 13b. and Figure 11b.]



Physical Activity Risk SDOH

Of the total responses (N=390): when looking at physical activity risk...

- 32 (8.2%) were identified as being in the red zone,
- 98 (25.1%) were identified as being in the yellow zone,
- 116 (29.7%) were identified as being in the green zone, and
- 144 (36.9%) were 'unknown'.

[Appendix B, Table 14. and Figure 12.]

Physical Activity Risk:

Of the families screened for Physical Activity Risk:

8.2% inactive

- Of those living in San Bernardino County, 8.5% were inactive (red zone) and 25.1% were insufficiently active (yellow zone.)
- Of those who identified living in Riverside County, 8% were inactive (red zone,) 24.7% were insufficiently active (yellow zone.)

Physical Activity Risk SDOH by Race

- Of the 238 families who identify as White and received a screening on Physical Activity Risk, 19 (8.0%) were identified as being in the red zone 66 (27.7%) were identified as being in the yellow zone, and 70 (29.4%) were identified as being in the green zone.
- Of the 21 families who identify as Black or African-American, 2 (9.5%) were identified as being in the red zone, 7 (33.3%) were identified as being in the yellow zone and 7

(33.3%) were identified as being in the green zone.

- Of the 20 families who identify as Asian, 3 (15.0%) were identified as being in the yellow zone, and 8 (40.0%) were identified as being in the green zone.
- Of the 78 families who identify as Hispanic/Latino Origin, 7 (9.0%) were identified as being in the red zone, 14 (17.9%) were identified as being in the yellow zone, and 25 (32.1%) were identified as being in the green zone.
- Of the 20 families who identified as multi-race, 2 (10.0%) were identified as being in the red zone, 4 (20.0%) were identified as being in the yellow zone, and 5 (25.0%) were identified as being in the green zone.

[Appendix B, Table 14a. and Figure 12a.]

Physical Activity Risk SDOH by County

Of the 390 families who received a screening on Physical Activity Risk...

- 42% of the families reside in Riverside County
- 54% in San Bernardino County.

Of those who identified living in Riverside County, 13 (8.0%) were identified as being in the red zone, 40 (24.7%) were identified as being in the yellow zone, and 41 (25.3%) were identified as being in the green zone.

Of those living in San Bernardino County, 18 (8.5%) were identified as being in the red zone, 53 (25.1%) were identified as being in the yellow zone, and 70 (33.2%) were identified as being in the green zone.

[Appendix B, Table 14b. and Figure 12b.]



Stress Risk SDOH

Of the total responses (N=259,) when looking at stress risk...

- 233 (90.0%) were identified as being in the green zone,
- 25 (9.7%) were identified as being in the red zone, and
- 1 (0.4%) was 'unknown'.

[Appendix B, Table 15. and Figure 13.]

Stress Risk SDOH by Race

- Of the 158 families who identify as White and received a screening on Stress Risk, 138 (87.3%) were identified as being in the green zone and 19 (12.0%) were identified as being in the red zone.
- Of the 16 families who identify as Black or African-American, all 16 (100%) were identified as being in the green zone.
- Of the 13 families who identify as Asian, 12 (92.3%) were identified as being in the green zone and 1 (7.7%) were identified as being in the red zone.
- Of the 54 families who identify as Hispanic/Latino Origin, 49 (90.1%) were identified as being in the green zone and 5 (9.3%) were identified as being in the red zone.
- Of the 11 families who identify as multi-race, all 11 (100%) were identified as being in the green zone.

[Appendix B, Table 15a. and Figure 13a.]

Stress Risk:

Overall, **9.7%** indicated a stress concern present (red zone.)

San Bernardino County: **10.4%** had stress present (red zone.)

Riverside County: **7.6%** had stress present (red zone.)

Stress Risk SDOH by County

Of the 259 families who received a screening on Stress Risk...

- 41% of the families reside in Riverside County and
- 56% in San Bernardino County.

Of those who identified living in Riverside County, 97 (92.4%) were identified as being in the green zone, and 8 (7.6%) were identified as being in the red zone.

Of those living in San Bernardino County, 128 (88.9%) were identified as being in the green zone, and 15 (10.4%) were identified as being in the red zone.

[Appendix B, Table 15b. and Figure 13b.]

Social Connection Risk SDOH

Of the total responses (N=390,) when looking at social connection risk...

- The majority of clients were identified as 'no response' (N=179, 45.9%),
- Green zone (N=21; 8.7%)
- Yellow zone (N=184; 76.3%)
- Red zone (N=6; 2.4%)

[Appendix B, Table 16. and Figure 14.]

Social Connection Risk:

Of the responses, **21.5%** were somewhat isolated while **13.1%** were moderately isolated.

Severely Isolated (Red Zone:)

2.5% in Riverside County

0.93% in San Bernardino

Social Connection Risk SDOH by Race

- Of the 241 families who identify as White and received a screening on Social Connection Risk, 6 (2.5%) were in the red zone, 125 (47.7%) were in the yellow zone and 13 (5.4%) were in the green zone.
- Of the 22 families who identify as Black or African-American, 10 (33.4%) were in the yellow zone and 1 (4.5%) was in the green zone

- Of the 20 families who identify as Asian, 10 (50.0%) were in the yellow zone and 2 (10.0%) were in the green zone.
- Of the 76 families who identify as Hispanic/Latino Origin, 33 (43.4%) were in the yellow zone and 5 (6.5%) were in the green zone.
- Of the 18 families who identify as multi-race, 9 (50.0%) were in the yellow zone.

[Appendix B, Table 16a. and Figure 14a.]

Social Connection Risk SDOH by County

Of the 390 families who received a screening on Social Connection Risk,

- 41% of the families reside in Riverside County and
- 55% in San Bernardino County.

Of those who identified living in Riverside County, 4 (2.5%) were in the red zone, 70 (44.1%) were in the yellow zone and 7 (4.4%) were in the green zone.

Of those living in San Bernardino County, 2 (0.93%) were in the red zone, 106 (49.5%) were in the yellow zone and 14 (6.5%) were in the green zone.

[Appendix B, Table 16b. and Figure 14b.]



Tobacco Risk SDOH

Of the total responses (N=1883): when looking at tobacco risk, the majority of clients were identified as being in the green zone (N=1685, 88.1%).

[Appendix B, Table 17. and Figure 15.]

Tobacco Risk:

Of the 1,883 families screened for Tobacco Risk, the majority of families screened low risk (green zone; 88.1%).

Tobacco Risk SDOH by Race

- Of the 1139 families who identify as White and received a screening on Tobacco Risk, 992 (87.1%) scored in the green zone, 110 (9.7%) scored yellow zone and 3 (0.26%) scored in the red zone.
- Of the 140 families who identify as Black or African-American, 128 (91.4%) scored in the green zone and 11 (7.9%) scored in the yellow zone.
- Of the 80 families who identify as Asian, 70 (87.5%) scored in the green zone and 7 (8.8%) scored in the yellow zone.

- Of the 355 families who identify as Hispanic/Latino Origin, 319 (89.9%) scored in the green zone and 29 (8.2%) scored in the yellow zone.
- Of the 110 families who identify as multi-race, 100 (90.9%) scored in the green zone and 8 (7.3%) scored in the yellow zone.
- Of the 5 families who identify as American-Indian or Alaska Native, 4 (80.0%) scored in the green zone and 1 (20.0%) scored in the yellow zone.
- Of the 1 family who identify as Native Hawaiian, 1 (100%) scored in the green zone.

[Appendix B, Table 17a. and Figure 15a.]

Tobacco Risk SDOH by County

Of the 1883 families who received a screening on Tobacco Risk...

- 43% of the families reside in Riverside County and
- 53% in San Bernardino County.

Of those who identified living in Riverside County, 717 (88.3%) scored in the green zone, 73 (9.0%) scored in the yellow zone and 1 (0.12%) scored in the red zone.

Of those living in San Bernardino County, 885 (88.3%) scored in the green zone, 93 (9.3%) scored in the yellow zone and 2 (0.20%) scored in the red zone.

[Appendix B, Table 17b. and Figure 15b.]

Intimate Partner Violence Risk SDOH

Of the total responses (N=374): when looking at partner violence risk...

- 353 (94.4%) were identified as being in the green zone,
- 7 (1.9%) were identified as being in the red zone, and
- 14 (3.7%) were 'unknown'.

[Appendix B, Table 18. and Figure 16.]

Intimate Partner Violence Risk SDOH by Race

- Of the 230 families who identify as White and received a screening on Intimate Partner Violence Risk, 215 (93.5%) were identified as being in the green zone and 6 (2.6%) were identified as being in the red zone.
- Of the 21 families who identify as Black or African-American, all 21 (100%) were identified as being in the green zone.
- Of the 19 families who identify as Asian and 18 (94.7%) were identified as being in the green zone.
- Of the 75 families who identify as Hispanic/Latino Origin, 71 (94.7%) were identified as being in the green zone and 1 (1.3%) were identified as being in the red zone.
- Of the 17 families who identify as multi-race, all 17 (100%) were identified as being in the green zone.

[Appendix B, Table 18a. and Figure 16a.]

Intimate Partner Violence Risk SDOH by County

Of the 374 families who received a screening on Intimate Partner Violence Risk,

- 42% of the families reside in Riverside County and
- 54% in San Bernardino County.

Of those who identified living in Riverside County, 151 (96.2%) were identified as being in the green zone and 1 (0.64%) were identified as being in the red zone.

Of those living in San Bernardino County, 187 (92.6%) were identified as being in the green zone and 6 (3.0%) were identified as being in the red zone.

Intimate Partner Violence Risk:

Of the 374 families screened on Intimate Partner Violence Risk 1.9% were at risk (red zone.)

Riverside County:

0.64% at risk

San Bernardino County:

3% at risk

[Appendix B, Table 18b. and Figure 16b.]

Alcohol Risk SDOH

Of the total responses (N=804): when looking at alcohol risk, the majority of clients were identified as being in the green zone (N=779, 96.9%).

[Appendix B, Table 19. and Figure 17.]

Alcohol Risk:

Of the 804 families
screened on Alcohol
Risk, the majority

96.9%

were not at risk (green
zone.)

Alcohol Risk SDOH by Race

- Of the 473 families who identify as White and received a screening on Alcohol Risk, 470 (99.4%) were identified as being in the green zone and 3 (0.6%) were identified as being in the red zone.
- Of the 60 families who identify as Black or African-American and 57 (95.0%) were identified as being in the green zone.
- Of the 34 families who identify as Asian and 33 (97.1%) were identified as being in the green zone.

- Of the 155 families who identify as Hispanic/Latino Origin and 151 (97.1%) were identified as being in the green zone.
- Of the 42 families who identify as multi-race, all 42 (100%) were identified as being in the green zone.
- Of the 3 families who identify as American-Indian or Alaska Native, all 3 (100%) were identified as being in the green zone.
- Of the 1 family who identify as Native Hawaiian, 1 (100%) were identified as being in the green zone.

[Appendix B, Table 19a. and Figure 17a.]

Alcohol Risk SDOH by County

Of the 804 families who received a screening on Alcohol Risk,

- 42% of the families reside in Riverside County and
- 54% in San Bernardino County.

Of those who identified living in Riverside County, 332 (97.6%) were identified as being in the green zone.

Of those living in San Bernardino, 420 (96.3%) were identified as being in the green zone and 2 (0.46%) were identified as being in the red zone.

[Appendix B, Table 19b. and Figure 17b.]

SDOH Positive Screen by Race

To further determine if a certain race group was impacted by a positive SDOH screening at a higher rate, a deeper level analysis was conducted using ANOVA. When it came to SDOH Positive screens, there was a statistically significant difference between race groups as pertaining to Food Insecurity ($p = 0.01$), Transportation Risk ($p=0.03$) and Alcohol Risk ($p=0.000$.) Families who identified as White/Caucasian were more likely compared to their other race group counter parts to score a positive screen on an SDOH screening.

Table 20. ANOVA (SDOH Positive Screen by Race)

ANOVA (SDOH Positive Screen by Race)	
SDOH	Statistical Significance
Alcohol Risk SDOH	0.000
Food Insecurity Risk SDOH	0.013
Transportation Risk SDOH	0.033
Physical Activity Risk SDOH	0.256
Financial Strain Risk SDOH	0.912
Stress Risk SDOH	0.953
Social Connection Risk SDOH	0.971
Tobacco Risk SDOH	0.978
Partner Violence Risk SDOH	0.997



Ages and Stages Questionnaire – 3 (ASQ-3) Screening

Completing a developmental screening can be both fun and educational. A screening can identify a child's strengths or areas where a child may need encouragement or support, provide new activities to try with the child, and help a parent/caregiver understand the skills the child may be learning at each new stage. HMGIE offers the ASQ -3 developmental questionnaires: Ages and Stages Questionnaire (ASQ-3). It's important to note that any family who enters HMGIE through the EDS automatically receives an age appropriate ASQ-3, ASQ-SE 2 and SDOH screening.

This screening tool can help parents discover their child's strengths and uncover any opportunities for growth. Results of the ASQ can assist parents and caregivers in talking with pediatricians, child care providers, teachers, and other professionals. The assessment also creates opportunities for referrals to resources as needed. The ASQ-3 assesses five major areas of development: communication, gross motor, fine motor, problem solving, and personal-social. This is available for children ages one month through 5 1/2 years.

Of the 1,883 clients served in FY 20-21, 100% received an ASQ-3 screening. Of all the clients that received an age appropriate ASQ-3, 1,589 completed at least one ASQ 3 screening (84.3%.) Pending the age of the child, they could have received multiple ASQs depending on their entry age. Nearly 15% of clients did not receive an ASQ-3; potential reasons could be the parent declined, the child already had a diagnosis and a screening was not necessary or the provider didn't find it necessary.

The table below summarizes what percentage of each domain that noted atypical results.

Table 21. Ages and Stages Questionnaire-3 (ASQ-3): Atypical Screening Percentage

ASQ-3 Screening	Total number of Screenings	Of the number of screenings, % that had an atypical score
Fine Motor	1589	28%
Communication	1589	24.90%
Gross Motor	1589	1.50%
Problem Solving	1589	0.12%
Personal Social	1589	0.12%

After further analysis, it was also determined that there were no statistically significant differences between race groups or geographic location (County) and ASQ results.

Table 22. Ages and Stages Questionnaire (ASQ-3): Comprehensive List by Race

ASQ Communication Score	Race	Concern	Monitor	Typical	Total (N)
	White	105 (10.9%)	128 (13.3%)	727 (75.7%)	960
	Black or African-American	17 (14.4%)	14 (11.9%)	87 (73.7%)	118
	Other Race	1 (16.7%)	0	5 (83.3%)	6
	Asian	7 (10.9%)	6 (9.4%)	51 (79.7%)	64
	Hispanic/Latino Origin	45 (14.5%)	39 (12.6%)	226 (72.9%)	310
	Unknown	2 (9.1%)	6 (27.3%)	14 (63.6%)	22
	Patient refused	2 (12.5%)	3 (18.8%)	11 (68.8%)	16
	Multi-race	14 (15.9%)	6 (6.8%)	68 (77.3%)	88
	American-Indian or Alaska Native	1 (20.0%)	0	4 (80.0%)	5
	Native Hawaiian	0	0	0	0
ASQ Gross Motor Score	Race	Concern	Monitor	Typical	Total (N)
	White	114 (11.9%)	88 (9.2%)	758 (79.0%)	960
	Black or African-American	22 (18.6%)	9 (7.6%)	87 (73.7%)	118
	Other Race	2 (33.3%)	1 (16.7%)	3 (50.0%)	6
	Asian	10 (15.6%)	4 (6.3%)	50 (78.1%)	64
	Hispanic/Latino Origin	33 (10.6%)	32 (10.3%)	245 (79.0%)	310
	Unknown	1 (4.5%)	4 (18.2%)	17 (77.3%)	22
	Patient refused	1 (3.1%)	15 (46.9%)	16 (50.0%)	32
	Multi-race	11 (12.5%)	6 (6.8%)	71 (80.7%)	88
	American-Indian or Alaska Native	1 (20.0%)	0	4 (80.0%)	5
	Native Hawaiian	0	0	0	0
ASQ Fine Motor Score	Race	Concern	Monitor	Typical	Total (N)
	White	112 (11.7%)	154 (16.0%)	694 (72.3%)	960



	Black or African-American	17 (14.4%)	22 (18.6%)	79 (66.9%)	118
	Other Race	2 (33.3%)	0	4 (66.7%)	6
	Asian	6 (9.4%)	12 (18.8%)	46 (71.9%)	64
	Hispanic/Latino Origin	42 (13.6%)	45 (13.6%)	223 (72.7%)	310
	Unknown	3 (13.6%)	3 (13.6%)	16 (72.7%)	22
	Patient refused	3 (18.8%)	1 (6.3%)	12 (75.0%)	16
	Multi-race	10 (11.4%)	12 (13.6%)	66 (75.0%)	88
	American-Indian or Alaska Native	1 (20.0%)	0	4 (80.0%)	5
	Native Hawaiian	0	0	0	0
ASQ Problem Solving Score	Race	Concern	Monitor	Typical	Total (N)
	White	118 (12.3%)	104 (10.8%)	738 (76.9%)	960
	Black or African-American	22 (18.6%)	12 (10.2%)	84 (71.2%)	118
	Other Race	1 (16.7%)	1 (16.7%)	4 (66.7%)	6
	Asian	8 (12.5%)	6 (9.4%)	50 (78.1%)	64
	Hispanic/Latino Origin	35 (11.3%)	33 (10.6%)	242 (78.1%)	310
	Unknown	3 (13.6%)	0	19 (86.4%)	22
	Patient refused	0	4 (%)	12 (%)	16
	Multi-race	9 (10.2%)	9 (10.2%)	70 (79.5%)	88
	American-Indian or Alaska Native	1 (20.0%)	0	4 (80.0%)	5
	Native Hawaiian	0	0	0	0
ASQ Personal Social Score	Race	Concern	Monitor	Typical	Total (N)
	White	118 (12.3%)	104 (10.8%)	738 (76.9%)	960
	Black or African-American	22 (18.6%)	12 (10.2%)	84 (71.2%)	118
	Other Race	1 (16.7%)	1 (16.7%)	4 (66.7%)	6
	Asian	8 (12.5%)	6 (9.4%)	50 (78.1%)	64



	Hispanic/Latino Origin	35 (11.3%)	33 (10.6%)	242 (78.1%)	310
	Unknown	3 (13.6%)	0	19 (86.4%)	22
	Patient refused	0	4	12	16
	Multi-race	9 (10.2%)	9 (10.2%)	70 (79.5%)	88
	American-Indian or Alaska Native	1 (20.0%)	0	4 (80.0%)	5
	Native Hawaiian	0	0	0	0

Table 22a. Ages and Stages Questionnaire (ASQ-3): Comprehensive List by County (Riverside County and San Bernardino County Only)

ASQ Communication Score	County	Concern	Monitor	Typical	Total (N)
	Riverside County	88 (12.6%)	78 (11.2%)	533 (76.3%)	699
	San Bernardino County	100 (12.0%)	115 (13.8%)	618 (74.2%)	833
ASQ Gross Motor Score	County	Concern	Monitor	Typical	Total (N)
	Riverside County	81 (11.6%)	69 (9.9%)	549 (78.5%)	699
	San Bernardino County	107 (12.8%)	69 (8.3%)	657 (78.9%)	833
ASQ Fine Motor Score	County	Concern	Monitor	Typical	Total (N)
	Riverside County	88 (12.6%)	84 (12.0%)	527 (75.4%)	699
	San Bernardino County	101 (12.1%)	155 (18.6%)	577 (69.3%)	833
ASQ Problem Solving Score	County	Concern	Monitor	Typical	Total (N)
	Riverside County	90 (12.9%)	69 (9.9%)	540 (77.3%)	699
	San Bernardino County	100 (12.0%)	96 (11.5%)	637 (76.5%)	833
ASQ Personal Social Score	County	Concern	Monitor	Typical	Total (N)
	Riverside County	90 (12.9%)	69 (9.9%)	540 (77.3%)	699
	San Bernardino County	100 (12.0%)	96 (11.5%)	637 (76.5%)	833

ASQ Completion Source

Of the total responses (N=1787): when assessing for where the last ASQ was completed, 1081 (60.5%) indicated ‘SAC Health Care System’, 351 (19.6%) indicated ‘Riverside University Health’, and 355 (19.86%) indicated ‘Loma Linda University’. [Appendix A., Table 23.]

ASQ Communication Score

Of the total responses (N=1589): the majority scored in the typical zone (N=1161, 73.1%) on the ASQ communication score.

[Appendix C, Table 24. and Figure 19.]

- Of the 5 families who identify as American-Indian or Alaska Native, 1 (20.0%) scored in the concern zone and 4 (80.0%) scored in the typical zone.

[Appendix C, Table 24a. and Figure 19a.]

ASQ Communication Score by Race

- Of the 960 families who identify as White and received a ASQ Communication Score Screening, 105 (10.9%) scored in the concern zone, 128 (13.3%) scored in the monitor zone and 727 (75.7%) scored in the typical zone.
- Of the 118 families who identify as Black or African-American, 17 (14.4%) scored in the concern zone, 14 (11.9%) scored in the monitor zone and 87 (73.7%) scored in the typical zone.
- Of the 64 families who identify as Asian, 7 (10.9%) scored in the concern zone, 6 (9.4%) scored in the monitor zone, and 51 (79.7%) scored in the typical zone.
- Of the 310 families who identify as Hispanic/Latino Origin, 45 (14.5%) scored in the concern zone, 39 (12.6%) scored in the monitor zone and 226 (72.9%) scored in the typical zone.
- Of the 88 families who identify as multi-race, 14 (15.9%) scored in the concern zone, 6 (6.8%) scored in the monitor zone and 68 (77.3%) scored in the typical zone.

ASQ-3 Communication Score:

Riverside County:

- **12.6%** concern zone
- **11.2%** monitor zone

San Bernardino County:

- **12.0%** concern zone
- **13.8%** monitor zone

ASQ Communication Score by County

Of the 1589 families who received an ASQ Communication screening,

- 44% of the families reside in Riverside County and
- 52% in San Bernardino County.

Of those who identified living in Riverside County, 88 (12.6%) scored in the concern zone, 78 (11.2%) scored in the monitor zone and 533 (76.3%) scored in the typical zone.

Of those living in San Bernardino County, 100 (12.0%) scored in the concern zone, 115 (13.8%) scored in the monitor zone and 618 (74.2%) scored in typical zone.

[Appendix C, Table 24b. and Figure 19b.]

ASQ Gross Motor Score

Of the total responses (N=1589): the majority were identified as 'typical' (N=1250, 78.7%) on the ASQ gross motor score.

[Appendix C, Table 25. and Figure 20.]

ASQ-3 Gross Motor Score:

Riverside County:

- **11.6%** concern
- **9.9%** monitor

San Bernardino County:

- **12.8%** concern
- **8.3%** monitor

ASQ Gross Motor Score by Race

- Of the 960 families who identify as White and received an ASQ Gross Motor Score Screening, 114 (11.9%) scored in the concern zone, 88 (9.2%) scored in the monitor zone and 758 (79.0%) scored in typical zone.
- Of the 118 families who identified as Black or African-American, 22 (18.6%) scored in the concern zone, 9 (7.6%) scored in the monitor zone and 87 (73.7%) scored in the typical zone.
- Of the 64 families who identify as Asian, 10 (15.6%) scored in the concern zone, 4 (6.3%) scored in the monitor zone and 50 (78.1%) scored in the typical zone.

- Of the 310 families who identify as Hispanic/Latino Origin, 33 (10.6%) scored in the concern zone, 32 (10.3%) scored in the monitor zone and 245 (78.1%) scored in the typical zone.
- Of the 88 families who identify as multi-race, 11 (12.5%) scored in the concern zone, 6 (6.8%) scored in monitor zone and 71 (80.7%) scored in the typical zone.
- Of the 5 families who identify as American-Indian or Alaska Native, 1 (20.0%) scored in the concern zone and 4 (80.0%) scored in the typical zone.

[Appendix C, Table 25a. and Figure 20a.]

ASQ Gross Motor Score by County

Of the 1589 families who received an ASQ Gross Motor screening,

- 44% of the families reside in Riverside County and
- 52% in San Bernardino County.

Of those who identified living in Riverside County, 81 (11.6%) scored in the concern zone, 69 (9.9%) scored in the monitor zone and 549 (78.5%) scored in the typical zone.

Of those living in San Bernardino County, 107 (12.8%) scored in the concern zone, 69 (8.3%) scored in monitor zone and 657 (78.9%) scored in the typical zone.

[Appendix C, Table 25b. and Figure 20b.]



ASQ Fine Motor Score

Of the total responses (N=1589), the majority were identified as 'typical' (N=1144, 72.0%) on the ASQ fine motor score.

[Appendix C, Table 26. and Figure 21.]

ASQ Fine Motor Score by Race

- Of the 960 families who identify as White and received an ASQ Fine Motor Score Screening, 112 (11.7%) scored in the concern zone, 154 (16.0%) scored in the monitor zone and 694 (72.3%) scored in the typical zone.
- Of the 118 families who identify as Black or African-American, 17 (14.4%) scored in the concern zone, 22 (18.6%) scored in the monitor zone and 79 (66.9%) scored in the typical zone.
- Of the 64 families who identify as Asian, 6 (9.4%) scored in the concern zone, 12 (18.8%) scored in the monitor zone and 46 (71.9%) scored in the typical zone.
- Of the 310 families who identified as Hispanic/Latino Origin, 42 (13.6%) scored in the concern zone, 45 (13.6%) scored in the monitor zone and 223 (72.7%) scored in the typical zone.
- Of the 88 families who identify as multi-race, 10 (11.4%) scored in the concern zone, 12 (13.6%) scored in the monitor zone and 66 (75.0%) scored in the typical zone.
- Of the 5 families who identify as American-Indian or Alaska Native, 1

(20.0%) scored in the concern zone and 4 (80.0%) scored in the typical zone.

[Appendix C, Table 26a. and Figure 21a.]

ASQ-3 Fine Motor Scores in the Concern Zone by County

Riverside County:

- **12.6%** concern
- **12.0%** monitor

San Bernardino County:

- **12.1%** concern
- **18.6%** monitor

ASQ Fine Motor Score by County

Of the 1589 families who received an ASQ Fine Motor screening...

- 44% of the families reside in Riverside County and
- 52% in San Bernardino County.

Of those who identified living in Riverside County, 88 (12.6%) scored in the concern zone, 84 (12.0%) scored in the monitor zone and 527 (75.4%) scored in the typical zone.

Of those living in San Bernardino County, 101 (12.1%) scored in the concern zone, 155 (18.6%) scored in the monitor zone and 577 (69.3%) scored in the typical zone.

[Appendix C, Table 26b. and Figure 21b.]



ASQ Problem Solving Score

Of the total responses (N=1589): the majority were identified as 'typical' (N=1223, 77.0%) on the ASQ problem solving score.

[Appendix C, Table 27. and Figure 22.]

ASQ-3 Problem Solving Concern Zone by County:

Riverside County:

- **12.9%** concern
- **9.9%** monitor

San Bernardino County:

- **12.0%** concern
- **11.5%** monitor

monitor zone and 50 (78.1%) scored in the typical zone.

- Of the 310 families who identify as Hispanic/Latino Origin, 35 (11.3%) scored in the concern zone, 33 (10.6%) scored in the monitor zone and 242 (78.1%) scored in the typical zone.
- Of the 88 families who identify as multi-race, 9 (10.2%) scored in the concern zone, 9 (10.2%) scored in the monitor zone and 70 (79.5%) scored in the typical zone.
- Of the 5 families who identify as American-Indian or Alaska Native, 1 (20.0%) scored in the concern zone and 4 (80.0%) scored in the typical zone.

[Appendix C, Table 27a. and Figure 22a.]

ASQ Problem Solving Score by Race

- Of the 960 families who identify as White and received an ASQ Problem Solving Screening, 118 (12.3%) scored in the concern zone, 104 (10.8%) scored in the monitor zone and 738 (76.9%) scored in the typical zone.
- Of the 118 families who identify as Black or African-American, 22 (18.6%) scored in the concern zone, 12 (10.2%) scored in the monitor zone and 84 (71.2%) scored in the typical zone.
- Of the 64 families who identify as Asian, 8 (12.5%) scored in the concern zone, 6 (9.4%) scored in the

ASQ Problem Solving Score by County

Of the 1589 families who received an ASQ Problem Solving screening...

- 44% of the families reside in Riverside County and
- 52% in San Bernardino County.

Of those who identified living in Riverside County, 90 (12.9%) scored in the concern zone, 69 (9.9%) scored in the monitor zone and 540 (77.3%) scored in the typical zone.

Of those living in San Bernardino County, 100 (12.0%) scored in the concern zone, 96 (11.5%) scored in the monitor zone and 637 (76.5%) scored in the typical zone.

[Appendix C, Table 27b. and Figure 22b.]



ASQ Personal Social Score

Of the total responses (N=1589): the majority were identified as 'typical' (N=1223, 77.0%) on the ASQ personal social score.

[Appendix C, Table 28. and Figure 23.]

ASQ Personal Social Score by Race

- Of the 960 families who identify as White and received an ASQ Personal Social Screening, 118 (12.3%) scored in the concern zone, 104 (10.8%) scored in the monitor zone and 738 (76.9%) scored in the typical zone.
- Of the 118 families who identify as Black or African-American, 22 (18.6%) scored in the concern zone, 12 (10.2%) scored in the monitor zone and 84 (71.2%) scored in the typical zone.
- Of the 64 families who identify as Asian, 8 (12.5%) scored in the concern zone, 6 (9.4%) scored in the monitor zone and 50 (78.1%) scored in the typical zone.
- Of the 310 families who identify as Hispanic/Latino Origin, 35 (11.3%) scored in the concern zone, 33 (10.6%) scored in the monitor zone and 242 (78.1%) scored in the typical zone.
- Of the 88 families who identify as multi-race, 9 (10.2%) scored in the concern zone, 9 (10.2%) scored in the monitor zone and 70 (79.5%) scored in the typical zone.
- Of the 5 families who identify as American-Indian or Alaska Native, 1 (20.0%) scored in the concern zone

and 4 (80.0%) scored in the typical zone.

[Appendix C, Table 28a. and Figure 23a.]

ASQ Personal Social Score by County

Of the 1589 families who received an ASQ Personal Social screening,

- 44% of the families reside in Riverside County and
- 53% in San Bernardino County.

Of those who identified living in Riverside County, 90 (12.9%) scored in the concern zone, 69 (9.9%) scored in the monitor zone and 540 (77.3%) scored in the typical zone.

Of those living in San Bernardino County, 100 (12.0%) scored in the concern zone, 96 (11.5%) scored in the monitor zone and 637 (76.5%) scored in the typical zone.

[Appendix C, Table 28b. and Figure 23b.]

ASQ-3 Personal Social Score:

Riverside County:

- **12.9%** concern
- **9.9%** monitor

San Bernardino County:

- **12.0%** concern
- **11.5%** monitor



Discussion

Understanding the needs of children and families in our community is crucial to determine appropriate interventions to address the most pressing local inequities and improve outcomes for children and families. Help Me Grow Inland Empire aims to address the most common struggles for parents of young children to ensure that resource investment will be timely, accessible, and helpful to those who need it most. Reducing inequity begins by building upon the existing strengths and resources in a community. Through better coordination among services, consistent data tracking, and targeted efforts to address resource gaps, a local Help Me Grow system aims to strengthen the support system for all parents and improve early childhood outcomes. These efforts have become more crucial than ever in 2020, as many families faced increased health and economic hardships due to the COVID-19 pandemic. How the pandemic will impact the data indicators for children in our community remains to be seen in the coming years. Despite pandemic-related challenges in data collection, the available data guided the team's focus toward efforts in key communities and expressed needs.

It is clear that engaged partnerships are a crucial part of the referral system of HMGIE. Engaged community partnerships are supportive relationships between programs and other community agencies. Partners value and nurture relationships. Each partner looks for ways to strengthen the partnership. Partners seek to understand each other's goals, perspectives, strengths, and challenges. Communication between community partners is regular and responsive. The goals of each partner are best met through their work with each other. Together, they share leadership and assess effectiveness to inform continuous learning and improve the quality of their partnership. As HMGIE comes out of its pilot year, sustaining, strengthening and growing these partnerships is crucial for ongoing collaboration and thoughtful partnership.

Based on the analysis above, it is seeming that certain race and ethnicity groups are accessing services at a higher rate than their counterparts. This is mainly due to the fact that this was considered a HMGIE pilot year and clinics for entry and referrals were chosen based on existing relationships and partnerships. However, there is an opportunity to expand EDS referral systems for both counties to go beyond just existing partnerships. Data can be used to identify areas for growth and lack of direct access at this time and consider future partnership with those clinics to enroll families.

Overall, nearly 58% of HMGIE participants self-identified as White/Caucasian, 4.5% as Black/African/African American and 19% as Hispanic/Latino. Areas to further explore include 1) Developing new methods of engagement that can lead to improved access for race/ethnicity groups focused on child safety, growth and development and family well-being and permanency outcomes, 2) Augmenting or developing their best practice skills in client engagement and 3) Understanding cultural differences and reasons for attrition and tactics for retention.

Given the deeper level of analysis, we also know that families who had atypical scores in at least one domain of the SDOH screening, had a higher rate of an atypical score in at least one category of the ASQ-3. This further confirms that children's health and development outcomes follow a social gradient: the further up the socioeconomic spectrum, the better likely the outcomes and access to resources. Early childhood, particularly the first 5 years of life, impacts long-term social, cognitive, emotional, and physical development (Anderson, Shinn, Fullilove, Scrimshaw, Fielding



et al., 2003). Healthy development in early childhood helps prepare children for the educational experiences of kindergarten and beyond (Arnold & Doctoroff, 2003). Early childhood development and education opportunities are affected by various environmental and social factors (Currie, 2005; Evans & Kim, 2013).

Limitations

The data reporting and evaluation for the first year is complete, creating a uniform and centralized snapshot of Help Me Grow Inland Empire. One of the emerging challenges in analyzing the data is the need for standardization across the two databases. Data information collected from the Centralized Access Point (CAP) and Electronic Data Systems (EDS), when merged appear to have different standardized scales due to entry methods. This is a struggle across all electronic health records as categories are defined differently. Without defined definitions, it is difficult to compare outcomes. As a result, this challenge becomes a missed opportunity to present data, but highlights the opportunities ahead.

Perhaps the largest limitation discovered is that most of the data identified was ‘not applicable’. Having large gaps in data may underrepresent information of the population and possible correlations with other data collected. Furthermore, with such many ‘not applicable’ responses it becomes another missed opportunity to present data. An example is the following: Social Determinants of Health questionnaire required several answers in a single category to give a composite score. If however, the family only answered two of the four questions, a score could not be determined, which resulted in a ‘not applicable’ response. Part of the next steps should be to further determine how to change collection of information to reduce a ‘not applicable’ response.

Another consideration is the COVID-19 Pandemic which may have had a potential impact of the data collected during this fiscal year. However, this information will not become clear until resolution of the Pandemic subsides, and data collected in the future is compared against the data presented in this report. Epidemics or pandemics, such as COVID-19, produce potential risks to child development due to the risk of illness, protective confinement, social isolation, and the increased stress level of parents and caregivers. This situation becomes an adverse childhood experience and may generate toxic stress, with consequent potential losses for brain development, individual and collective health, with long-term impairment of cognition, mental and physical health. Studies to improve the understanding of the impact of epidemics and pandemics such as COVID-19 on children’s mental health and development can help to guide strategies to prevent damage to children’s growth and promote positive development.

Next Steps

Gaps:

Future recommendations for Help Me Grow Inland Empire include utilizing the data collected during fiscal year 2020-2021 to identify and address resource gaps. In identifying these resource areas there is a opportunity and potential to strengthening early emerging community support system. In addition, it is also recommended to highlight areas of strength in the community, continue to implement strategies and techniques for best practices to model. By recognizing in the different communities, the varying gaps in resources, emerging new resources, and models of best practices, the full scope of social care and developmental services can support families.

System Categories:

HMGIE is targeting the collection process of data through a similar assignment of categories that will stretch into this new fiscal year. Standardization allows data to become easily accessible for reporting and comparative analyses. HMGIE recognizes the challenge in collecting complete data as the mechanism in the EDS is a different workflow in contrast to the CAP. While the category classifications are important, it is recommended to be sensitive to a collection opportunity with qualitative data to provide space for ‘other’ responses. This would provide an opportunity to receive information from families to give guidance for future efforts to support our community resources.

Early Developmental Risk:

Early childhood development and education are key determinants of future health and well-being (Magnuson & Waldfogel, 2005; Shonkoff & Phillips, 2000). Addressing the disparities in access to early childhood development and education opportunities can greatly bolster young children’s future health outcomes (Hahn, Rammohan, Truman, Milstein, Johnson, et al. 2014; Noble, McCandliss & Farah, 2007). Often the “slightly behind” child’s developmental risk is overlooked. HMGIE has an opportunity to create the connection for families to early enrichment opportunities with system partners. The COVID-19 pandemic exacerbated already existing health disparities for a broad range of populations, but specifically for people of color as a child is not followed for marginal results in developmental testing due to health access. In the state of California, addressing the ‘Pre-School for All’ concept is critical for HMGIE involvement to advance and build upon.

Disparities:

The association of social inequalities and COVID-19 morbidity is further compounded in the context of underlying chronic conditions. One example of a chronic health condition is asthma, where there is a possible additive, or even multiplicative, effect on COVID-19 morbidity. Several adverse social determinants that impact the risk of COVID-19 morbidity also increase asthma

morbidity, including poverty and smoke exposure. These additional health data sources will allow HMGIE to determine additional needs of families and link them to services. Additional information from other screening options and reports could be helpful for identifying chronic stress conditions: Adverse Childhood Experiences (ACES)/ Pediatric ACEs and Related Life-events Screener (PEARLS) – for caregivers/parents and child. Additional research is needed to increase the evidence base for successful impact on childhood development and education when controlling or accounting for disparity resilience and chronic health conditions. This additional evidence will facilitate public health efforts to address early childhood development and education as social determinants of health. Additional evidence and analysis of social determinants of health will facilitate public health efforts to address early childhood development and education.

Community and Provider Engagement:

As the network of community and provider partners grow, it will be beneficial to create a bidirectional feedback mechanism. Staff and providers know their communities, and many are members of the communities they serve. They collaborate with families, community members, and other local agencies to identify common goals, align resources, and share data for continuous improvement and effective partnerships. The engagement of community partners and providers can assist in further identifying the needs of diverse communities that might speak beyond data. Additionally, it would be valuable to explore what constitutes a provider who might be hesitant to initiate an ASQ Screening. Understanding this would serve as an opportunity to establish a standardized protocol to ensure that all children receive the necessary ASQ screenings, even beyond age thirty-six months of testing with Well-Child visits.

Family Engagement:

A consistent, uniform family and client engagement satisfaction survey process could assist in understanding how families see the benefits of HMGIE with a focus on understanding of their child’s development, knowledge of available services, connection to services, and ability to advocate for their child’s improvement because of HMGIE. Questions asked of families could target and inform the ways that HMGIE helped to resolve caregivers’ concerns about the development, learning, or behavior of children, and facilitate access to appropriate services to address identified needs.

Health In All Policies:

Lastly, the effort of data collection through HMGIE is an adjunct effort that supports the “Health in All Policies” philosophy. It engages diverse partners and stakeholders to work together to promote health, equity, and sustainability. A consequence of the integrated work leads to simultaneously advancing other goals such as promoting job creation and economic stability, transportation access and mobility, and improved educational attainment. This consideration for decision making across sectors and policy areas, identifies the ways in which multiple systems affect health, how improved health can also support the intersection of goals from multiple sectors



(Puska, 2007.). State and local funders along with service providers could join through task forces and workgroups focused on bringing together leaders across agencies and the community to collaborate and prioritize health as a focus.



Appendix A.

Evaluation Question #1: Comprehensive Program Demographic Tables and Figures



Table 2. Comprehensive Zip Code List

Zip Code	Frequency	Percentage
84664	1	0.1%
90061	1	0.1%
91207	1	0.1%
91710	3	0.2%
91730	7	0.4%
91737	1	0.1%
91739	6	0.3%
91752	3	0.2%
91761	2	0.1%
91762	3	0.2%
91764	7	0.4%
91765	1	0.1%
91766	1	0.1%
91768	1	0.1%
91784	2	0.1%
91786	1	0.1%
92201	79	4.2%
92201-5721	1	0.1%
92202	1	0.1%
92203	19	1.0%
92203-0000	1	0.1%
92211	4	0.2%
92220	22	1.2%
92223	33	1.8%
92225	2	0.1%
92230	2	0.1%
92234	4	0.2%
92236	43	2.3%
92240	6	0.3%
92241	2	0.1%
92253	5	0.3%
92254	10	0.5%
92260	6	0.3%
92262	1	0.1%
92264	2	0.1%
92274	15	0.8%



92276	4	0.2%
92282	2	0.1%
92284	3	0.2%
92301	7	0.4%
92301-2405	1	0.1%
92307	1	0.1%
92308	6	0.3%
92311	8	0.4%
92313	12	0.6%
92314	3	0.2%
92315	2	0.1%
92316	17	0.9%
92317	3	0.2%
92317-1053	1	0.1%
92320	5	0.3%
92321	1	0.1%
92322	2	0.1%
92324	94	5.0%
92324-0000	2	0.1%
92325	8	0.4%
92335	30	1.6%
92336	23	1.2%
92337	8	0.4%
92339	1	0.1%
92340	1	0.1%
92344	8	0.4%
92345	19	1.0%
92346	69	3.7%
92352	6	0.3%
92354	53	2.8%
92359	6	0.3%
92371	5	0.3%
92372	1	0.1%
92373	30	1.6%
92374	48	2.5%
92375	1	0.1%
92376	55	2.9%
92377	15	0.8%
92378	1	0.1%
92382	4	0.2%



92386	3	0.2%
92392	8	0.4%
92394	6	0.3%
92395	4	0.2%
92397	2	0.1%
92399	45	2.4%
92401	8	0.4%
92404	82	4.4%
92405	52	2.8%
92406	2	0.1%
92407	67	3.6%
92407-3730	1	0.1%
92407-6619	1	0.1%
92408	40	2.1%
92408-3056	1	0.1%
92408-3694	1	0.1%
92410	114	6.1%
92410-1315	2	0.1%
92411	31	1.6%
92415	1	0.1%
92423	1	0.1%
92427	1	0.1%
92501	19	1.0%
92503	17	0.9%
92504	7	0.4%
92505	5	0.3%
92506	8	0.4%
92507	21	1.1%
92508	7	0.4%
92509	21	1.1%
92517	1	0.1%
92518	1	0.1%
92530	7	0.4%
92532	2	0.1%
92543	21	1.1%
92544	16	0.8%
92545	12	0.6%
92548	3	0.2%
92549	1	0.1%
92551	38	2.0%



92553	85	4.5%
92554	1	0.1%
92555	49	2.6%
92557	39	2.1%
92557-6036	1	0.1%
92562	1	0.1%
92563	5	0.3%
92567	8	0.4%
92570	30	1.6%
92571	42	2.2%
92572	1	0.1%
92582	14	0.7%
92583	19	1.0%
92584	9	0.5%
92585	5	0.3%
92585-0000	1	0.1%
92586	1	0.1%
92587	2	0.1%
92587-0000	1	0.1%
92591	2	0.1%
92595	1	0.1%
92596	3	0.2%
92602	2	0.1%
92603	1	0.1%
92703	1	0.1%
92860	3	0.2%
92880	5	0.3%
92881	1	0.1%
92882	1	0.1%
92883	2	0.1%
93543	1	0.1%
95457	1	0.1%
Total	1883	100%



Table 3. Client Gender

Client Gender	Frequency	Percentage
Male	991	52.6%
Female	892	47.4%
Total	1883	100%

Figure 2. Client Gender

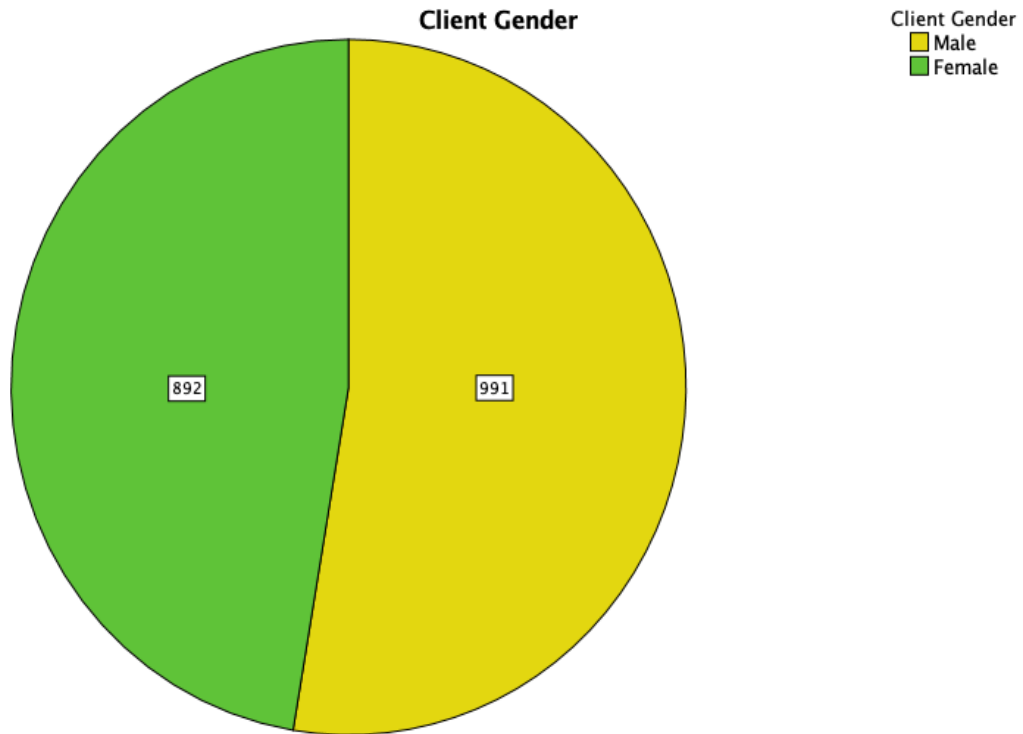


Table 4. Comprehensive Client Race List

Client Race	Frequency	Percentage
White or Caucasian	274	14.6%
White - Middle Eastern or North African	3	0.2%
White - Other	797	42.3%
Black or African American - African	24	1.3%
Other Race	7	0.4%
Asian - Filipino	17	0.9%
Hispanic/Latin Origin	355	18.9%
Unknown	26	1.4%
Patient Refused	20	1.1%
Black or African American - African American	41	2.2%
White - Arab	4	0.2%
Black or African American	61	3.2%
White - European	28	1.5%
Multi*	110	5.8%
American Indian	4	0.2%



Black or African American- Black	33	1.8%
Asian - Other	6	0.3%
Asian - Laotian	1	0.1%
Asian-Asian India	11	0.6%
Asian-Korean	8	0.4%
Asian-Chinese	3	0.2%
Asian-Indonesian	3	0.2%
Asian	18	1.0%
Asian-Vietnamese	1	0.1%
Black or African American - Other	13	0.7%
Native Hawaiian	1	0.1%
Asian-Cambodian	4	0.2%
Asian-Japanese	2	0.1%
American Indian or Alaska Native	1	0.1%
Asian-Bhutanese	2	0.1%
Asian-Hmong	2	0.1%
Black or African American - Jamaican	1	0.1%



Asian - Pakistani	2	0.1%
Total	1883	100%

**If more than one race was selected, the client was categorized as "Multi" Race.*

Figure 3. Client Race

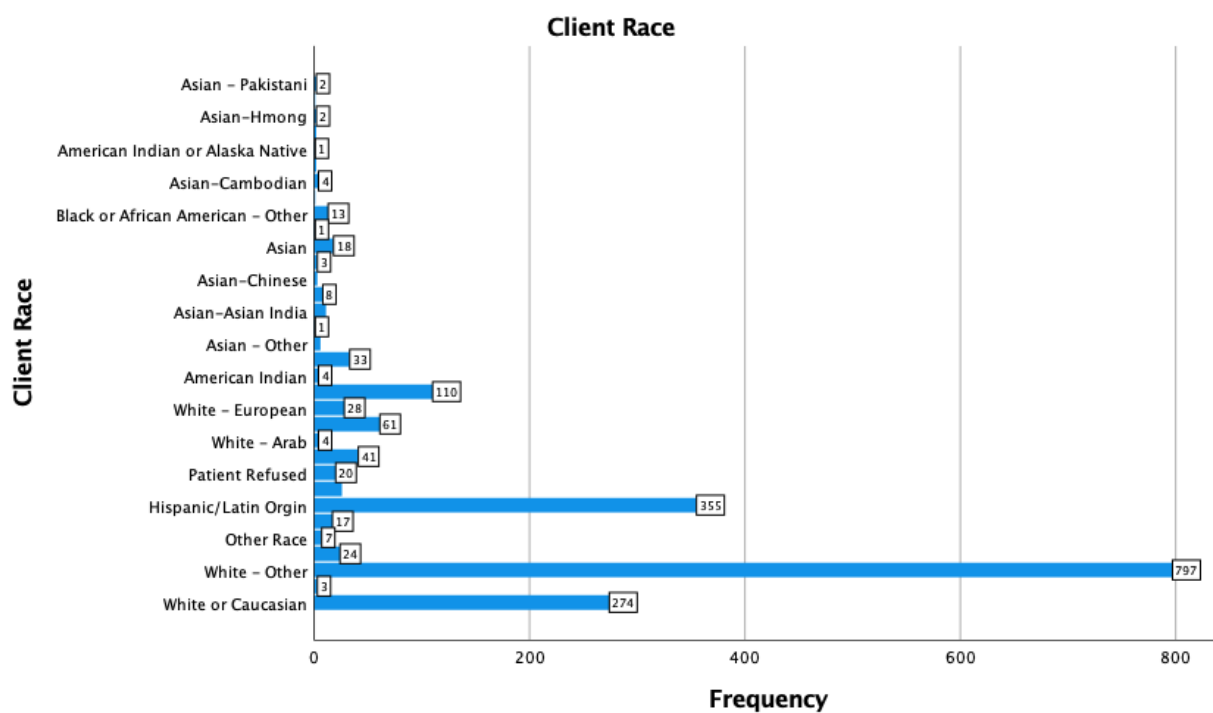


Table 5. Comprehensive Client Ethnicity List

Client Ethnicity	Frequency	Percentage
Not Hispanic or Latino	539	28.6%
Hispanic or Latino	407	21.6%
Hispanic or Latino - Mexican	587	31.2%
Hispanic or Latino - Other	240	12.7%
Hispanic or Latino - Latin American	33	1.8%
Hispanic or Latino - Central American	26	1.4%
Hispanic or Latino - Spaniard	8	0.4%
Unknown	27	1.4%
Hispanic or Latino - Cuban	3	0.2%
Hispanic or Latino - South American	4	0.2%
Hispanic or Latino - Puerto Rican	9	0.5%
Total	1883	100%

Figure 4. Client Ethnicity

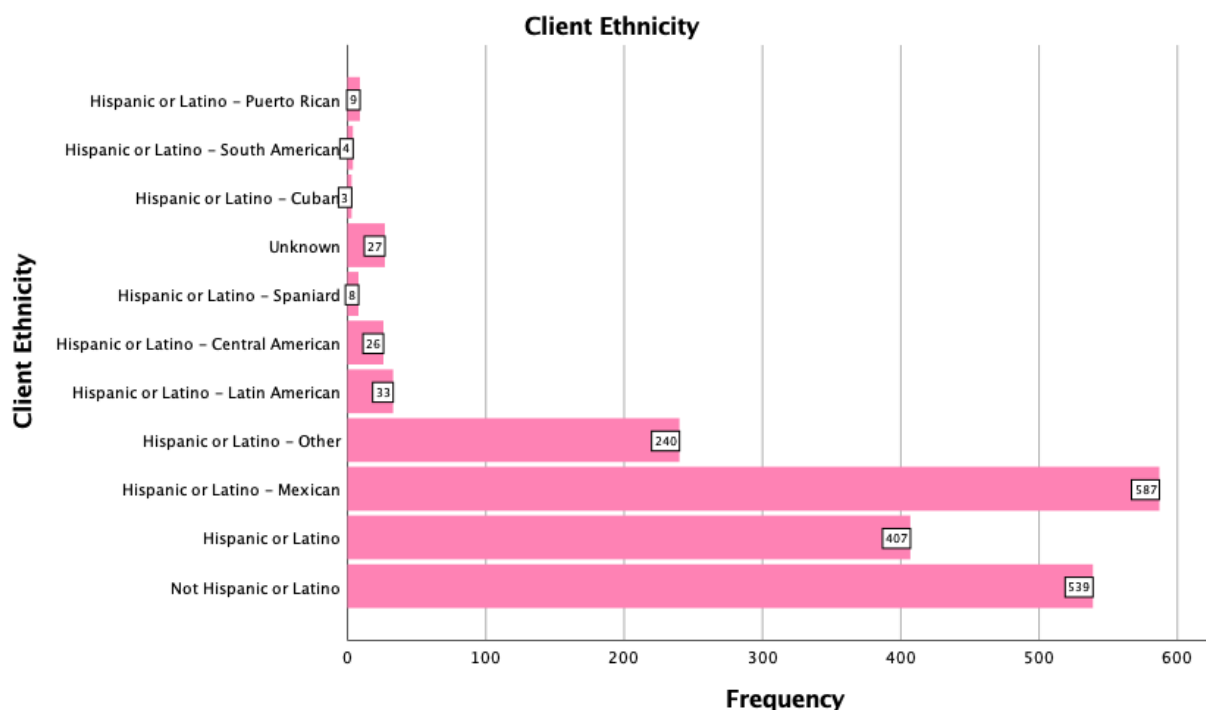


Table 6. Child Age in years and/or months (at program entrance)

Child Age in years and/or months (at program entrance and Child Age in months (at program entrance AND less than or equal to 66 months)	Frequency	Percentage
2 y.o.	359	19.1%
3 y.o.	487	25.9%
4 y.o.	11	0.6%
9 m.o.	68	3.6%
10 m.o.	111	5.9%
11 m.o.	110	5.8%
12 m.o./1 y.o.	75	4.0%
13 m.o.	55	2.9%
14 m.o.	50	2.7%
15 m.o.	41	2.2%
16 m.o.	48	2.5%
17 m.o.	66	3.5%
18 m.o.	98	5.2%
19 m.o.	105	5.6%
20 m.o.	73	3.9%
21 m.o.	46	2.4%
22 m.o.	38	2.0%
23 m.o.	42	2.2%
Total	1883	100%

Figure 5. Child Age in years and/or months (at program entrance)

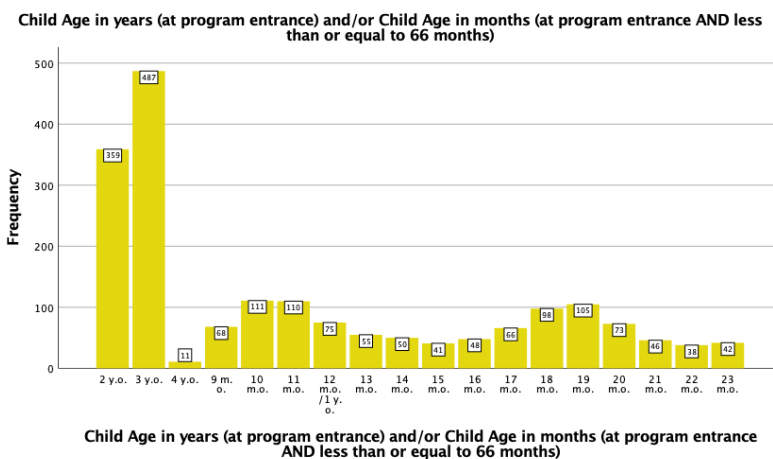
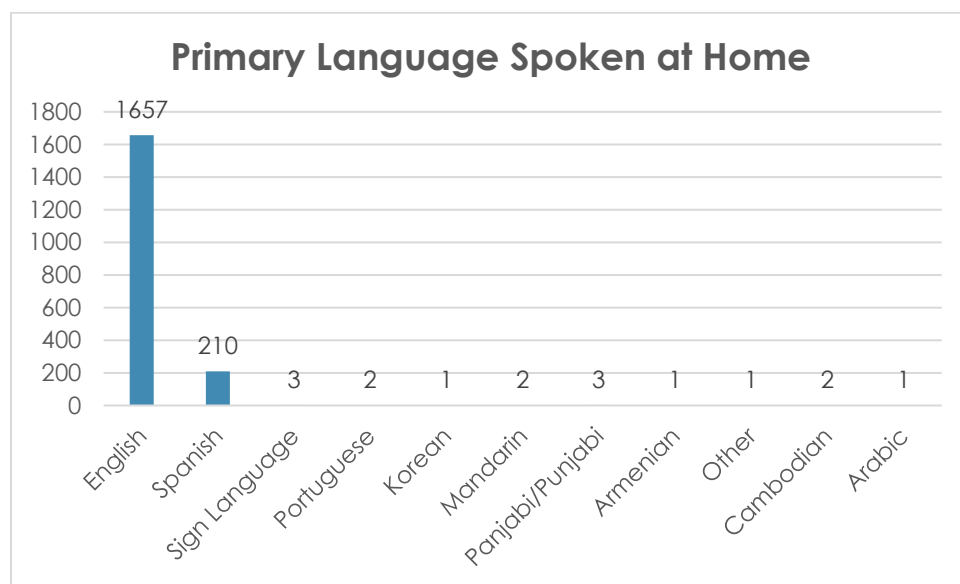


Table 7. Primary Language Spoken at Home

Primary Language Spoken at Home	Frequency	Percentage
English	1657	88.0%
Spanish	210	11.2%
Sign Language	3	0.2%
Portuguese	2	0.1%
Korean	1	0.1%
Mandarin	2	0.1%
Panjabi/Punjabi	3	0.2%
Armenian	1	0.1%
Other	1	0.1%
Cambodian	2	0.1%
Arabic	1	0.1%
Total	1883	100%

Figure 6. Primary Language Spoken at Home



Appendix B.

Evaluation Question #2: SDOH Comprehensive Tables and Figures



Table 11. Financial Strain Risk SDOH

Financial Strain Risk SDOH	Frequency	Percentage
Low Risk	321	82.1%
Medium Risk	55	14.1%
High Risk	14	3.6%
Unknown	1	0.3%
Total	391	100%

Figure 9. Financial Strain Risk SDOH

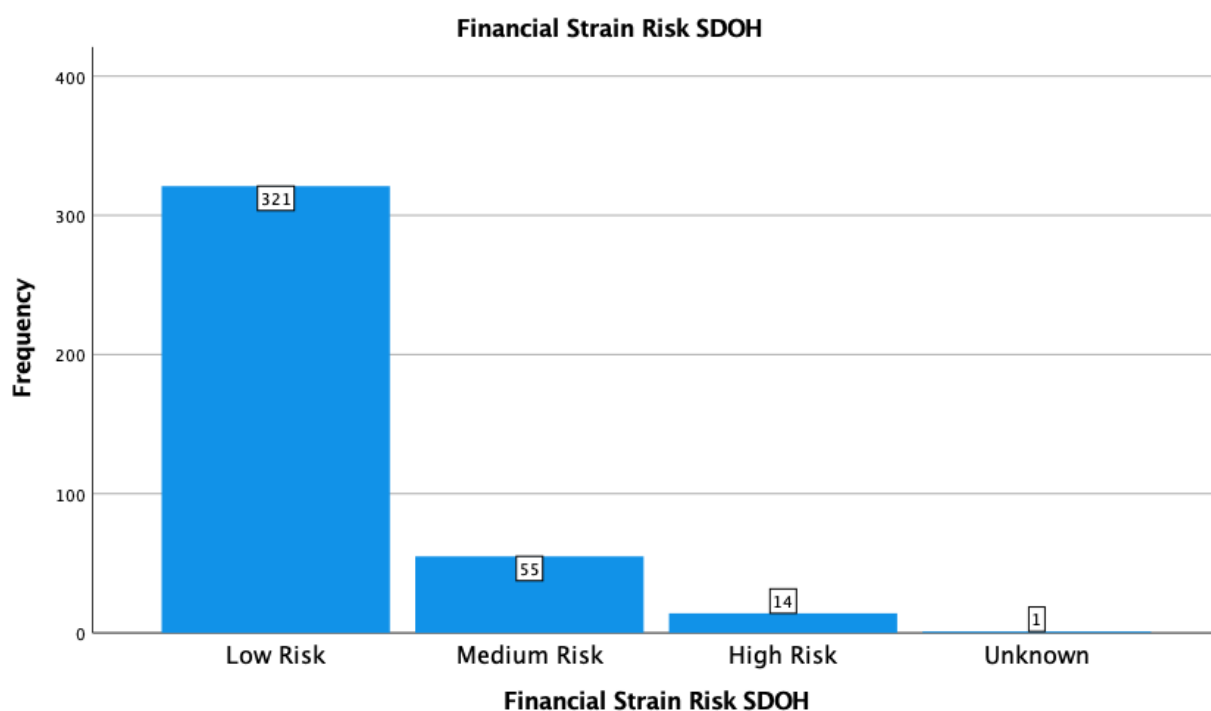


Table 11a. Financial Strain Risk SDOH by Race

Financial Strain SDOH by Race						
Race	Low Risk	Medium Risk	High Risk	Unknown	Frequency	Percentage
White	199	38	9	0	246	63%
Black or African-American	21	1	0	0	22	6%
Other Race	1	0	0	0	1	0%
Asian	16	1	1	0	18	5%
Hispanic/Latino Origin	58	11	3	0	72	18%
Unknown	5	0	1	0	6	2%
Patient refused	6	0	0	0	6	2%
Multi-race	15	4	0	0	19	5%
American-Indian or Alaska Native	0	0	0	0	0	0%
Native Hawaiian	0	0	0	0	0	0%
Total	321	55	14	0	390	100%

Figure 9a. Financial Strain Risk SDOH by Race

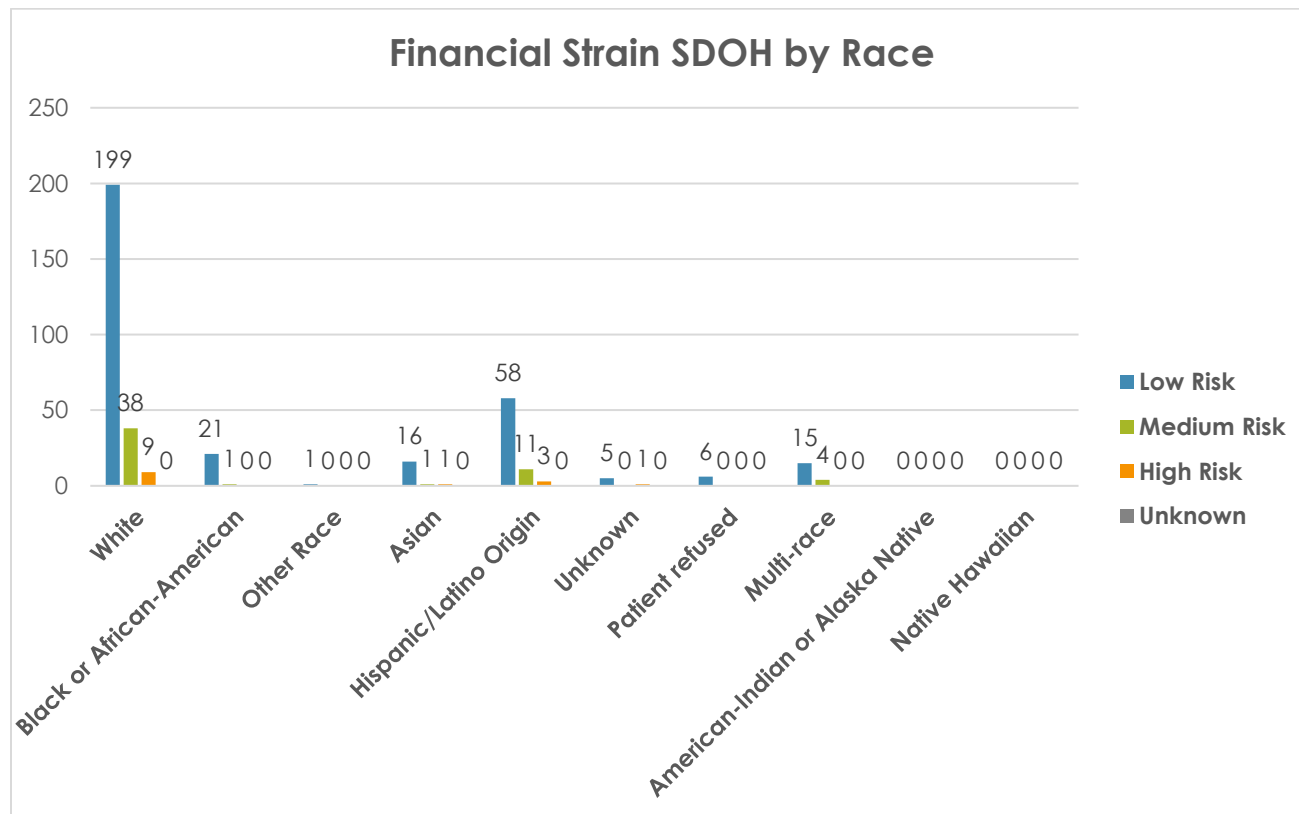


Table 11b. Financial Strain Risk SDOH by County

Financial Strain SDOH by County						
County	Low Risk	Medium Risk	High Risk	Unknown	Frequency	Percentage
Lake County	1	0	0	0	1	0%
Los Angeles County	12	1	0	0	13	3%
Orange County	1	0	0	0	1	0%
Riverside County	139	23	5	1	168	43%
San Bernardino County	168	31	9	0	208	53%
Total	321	55	14	1	391	100%

Figure 9b. Financial Strain Risk SDOH by County

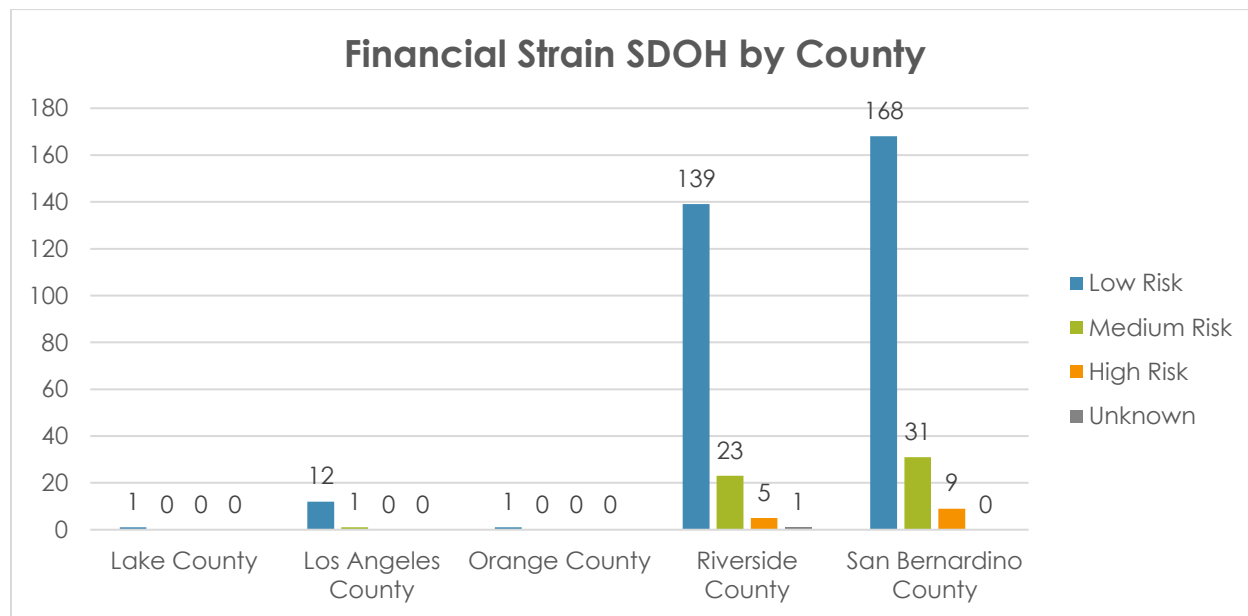


Table 11c. Financial Strain Risk SDOH by Race and by County

Financial Strain by Race and by County							
Race	County	Low Risk	Medium Risk	High Risk	Unknown	Frequency	Percentage
White	Lake County	0	0	0	0	0	0%
	Los Angeles County	9	0	0	0	9	2%
	Orange County	0	0	0	0	0	0%
	Riverside County	86	14	4	0	104	27%
	San Bernardino County	104	24	5	0	133	34%
Black or African-American	Lake County	0	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0	0%
	Orange County	0	0	0	0	0	0%
	Riverside County	9	1	0	0	10	3%
	San Bernardino County	12	0	0	0	12	3%
Other Race	Lake County	0	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0	0%
	Orange County	0	0	0	0	0	0%
	Riverside County	1	0	0	0	1	0%
	San Bernardino County	0	0	0	0	0	0%
Asian	Lake County	0	0	0	0	0	0%



	Los Angeles County	1	0	0	0	1	0%
	Orange County	0	0	0	0	0	0%
	Riverside County	6	0	0	0	6	2%
	San Bernardino County	9	1	1	0	11	3%
Hispanic/Latino Origin	Lake County	1	0	0	0	1	0%
	Los Angeles County	1	1	0	0	2	1%
	Orange County	1	0	0	0	1	0%
	Riverside County	26	6	1	0	33	8%
	San Bernardino County	29	4	2	0	35	9%
Unknown	Lake County	0	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0	0%
	Orange County	0	0	0	0	0	0%
	Riverside County	2	0	0	0	2	1%
	San Bernardino County	3	0	1	0	4	1%
Patient refused	Lake County	0	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0	0%
	Orange County	0	0	0	0	0	0%
	Riverside County	3	0	0	1	4	1%

	San Bernardino County	3	0	0	0	3	1%
Multi-race	Lake County	0	0	0	0	0	0%
	Los Angeles County	1	0	0	0	1	0%
	Orange County	0	0	0	0	0	0%
	Riverside County	6	2	0	0	8	2%
	San Bernardino County	8	2	0	0	10	3%
American Indian or Alaska Native	Lake County	0	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0	0%
	Orange County	0	0	0	0	0	0%
	Riverside County	0	0	0	0	0	0%
	San Bernardino County	0	0	0	0	0	0%
Native Hawaiian	Lake County	0	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0	0%
	Orange County	0	0	0	0	0	0%
	Riverside County	0	0	0	0	0	0%
	San Bernardino County	0	0	0	0	0	0%
Total		321	55	14	1	391	100%



Table 12. Food Insecurity SDOH

Food Insecurity Risk	Frequency	Percentage
No Food Insecurity	313	79.4%
Food Insecurity Present	72	18.3%
Unknown	9	2.3%
Total	394	100%

Figure 10. Food Insecurity SDOH

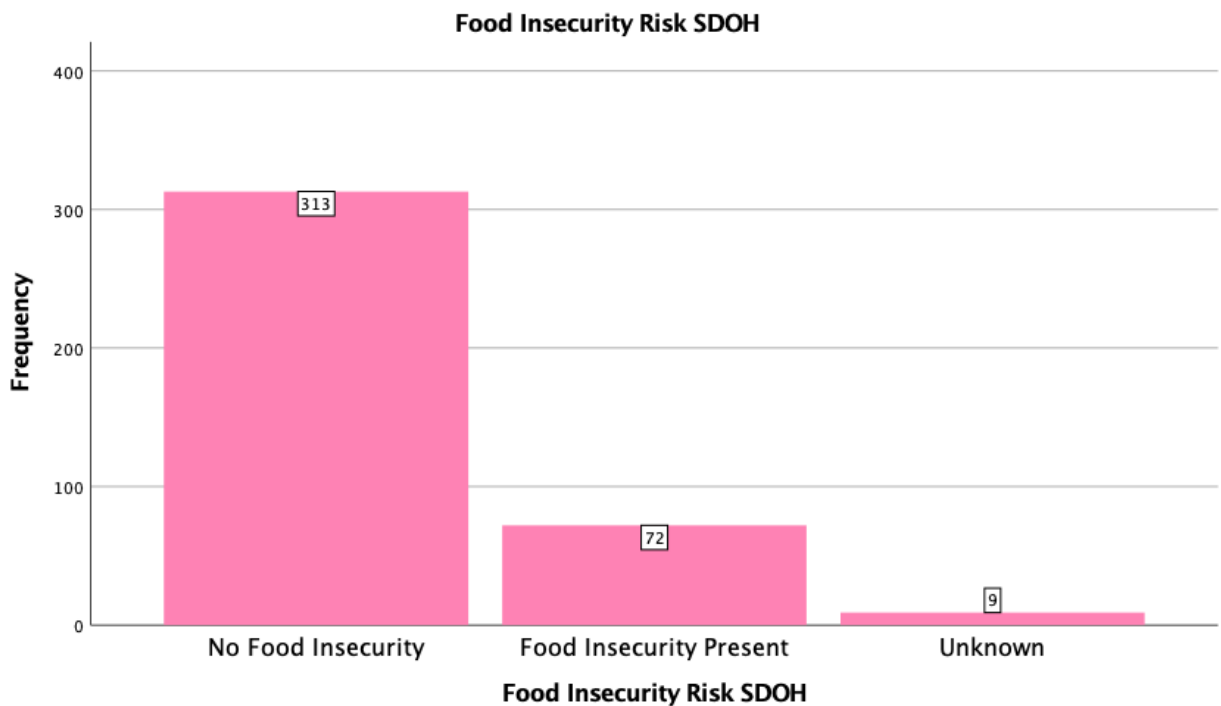


Table 12a. Food Insecurity SDOH by Race

Food Insecurity SDOH by Race					
Race	No Food Insecurity	Food Insecurity	Unknown	Frequency	Percentage
White	191	48	4	243	62%
Black or African-American	22	1	0	23	6%
Other Race	1	0	0	1	0%
Asian	16	1	2	19	5%
Hispanic/Latino Origin	57	16	3	76	19%
Unknown	4	2	0	6	2%
Patient refused	7	0	0	7	2%
Multi-race	15	4	0	19	5%
American-Indian or Alaska Native	0	0	0	0	0%
Native Hawaiian	0	0	0	0	0%
Total	313	72	9	394	100%

Figure 10a. Food Insecurity SDOH by Race

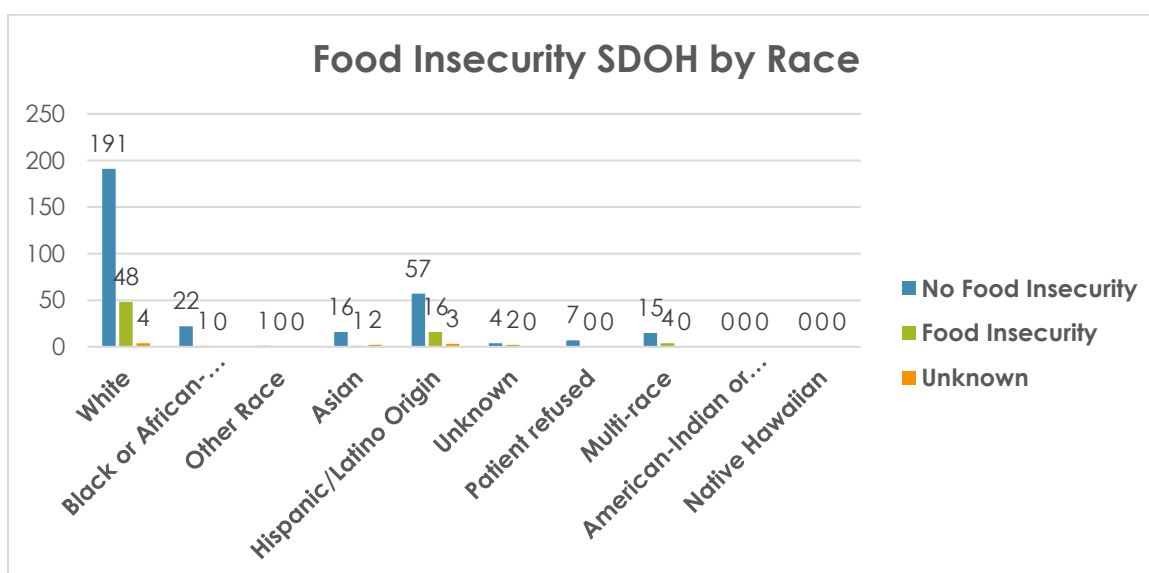


Table 12b. Food Insecurity SDOH by County

Food Insecurity SDOH by County					
County	No Food Insecurity	Food Insecurity	Unknown	Frequency	Percentage
Lake County	1	0	0	1	0%
Los Angeles County	10	2	0	12	3%
Orange County	1	0	0	1	0%
Riverside County	131	33	6	170	43%
San Bernardino County	170	37	3	210	53%
Total	313	72	9	394	100%

Figure 10b. Food Insecurity SDOH by County

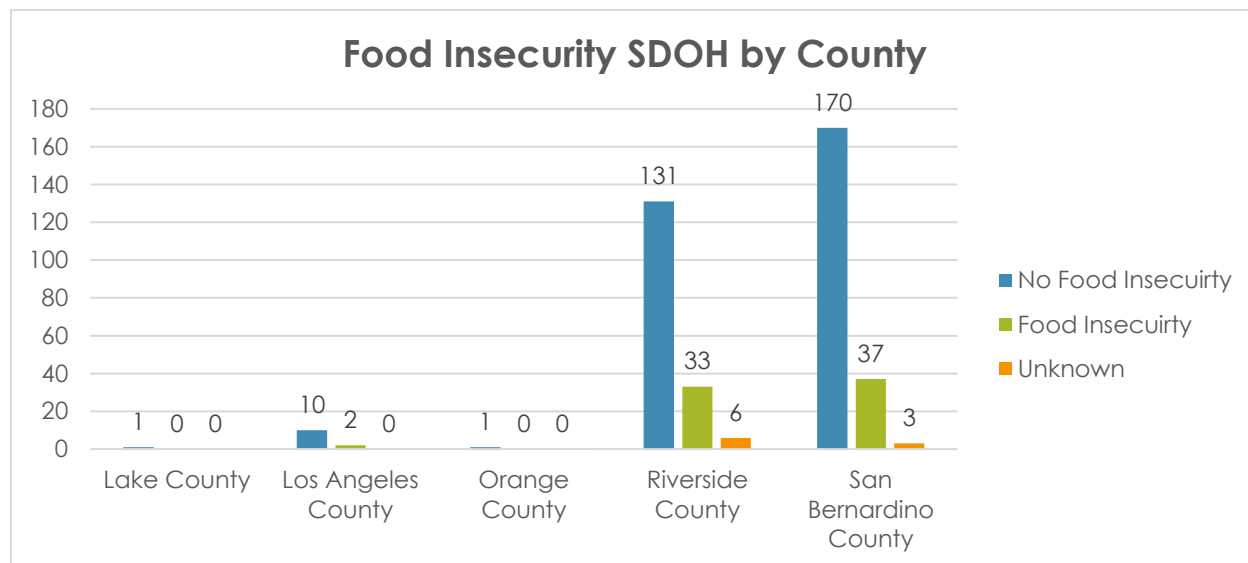


Table 12c. Food Insecurity SDOH by Race and by County

Food Insecurity by Race and by County						
Race	County	No Food Insecurity	Food Insecurity	Unknown	Frequency	Percentage
White	Lake County	0	0	0	0	0%
	Los Angeles County	8	0	0	8	2%
	Orange County	0	0	0	0	0%
	Riverside County	78	22	3	103	26%
	San Bernardino County	105	26	1	132	34%
Black or African-American	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	10	1	0	11	3%
	San Bernardino County	12	0	0	12	3%
Other Race	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	1	0	0	1	0%
	San Bernardino County	0	0	0	0	0%
Asian	Lake County	0	0	0	0	0%



	Los Angeles County	1	0	0	1	0%
	Orange County	0	0	0	0	0%
	Riverside County	6	0	1	7	2%
	San Bernardino County	9	1	1	11	3%
Hispanic/Latino Origin	Lake County	1	0	0	1	0%
	Los Angeles County	0	2	0	2	1%
	Orange County	1	0	0	1	0%
	Riverside County	25	7	2	34	9%
	San Bernardino County	30	7	1	38	10%
Unknown	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	1	1	0	2	1%
	San Bernardino County	3	1	0	4	1%
Patient refused	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	4	0	0	4	1%



	San Bernardino County	3	0	0	3	1%
Multi-race	Lake County	0	0	0	0	0%
	Los Angeles County	1	0	0	1	0%
	Orange County	0	0	0	0	0%
	Riverside County	6	2	0	8	2%
	San Bernardino County	8	2	0	10	3%
American Indian or Alaska Native	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	0	0	0	0	0%
	San Bernardino County	0	0	0	0	0%
Native Hawaiian	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	0	0	0	0	0%
	San Bernardino County	0	0	0	0	0%
Total		313	72	9	394	100%



Table 13. Transportation Risk SDOH

Transportation Risk SDOH	Frequency	Percentage
No Transportation Needs	319	81.4%
Unmet Transportation Needs	24	6.1%
Unknown	49	12.5%
Total	392	100%

Figure 11. Transportation Risk SDOH

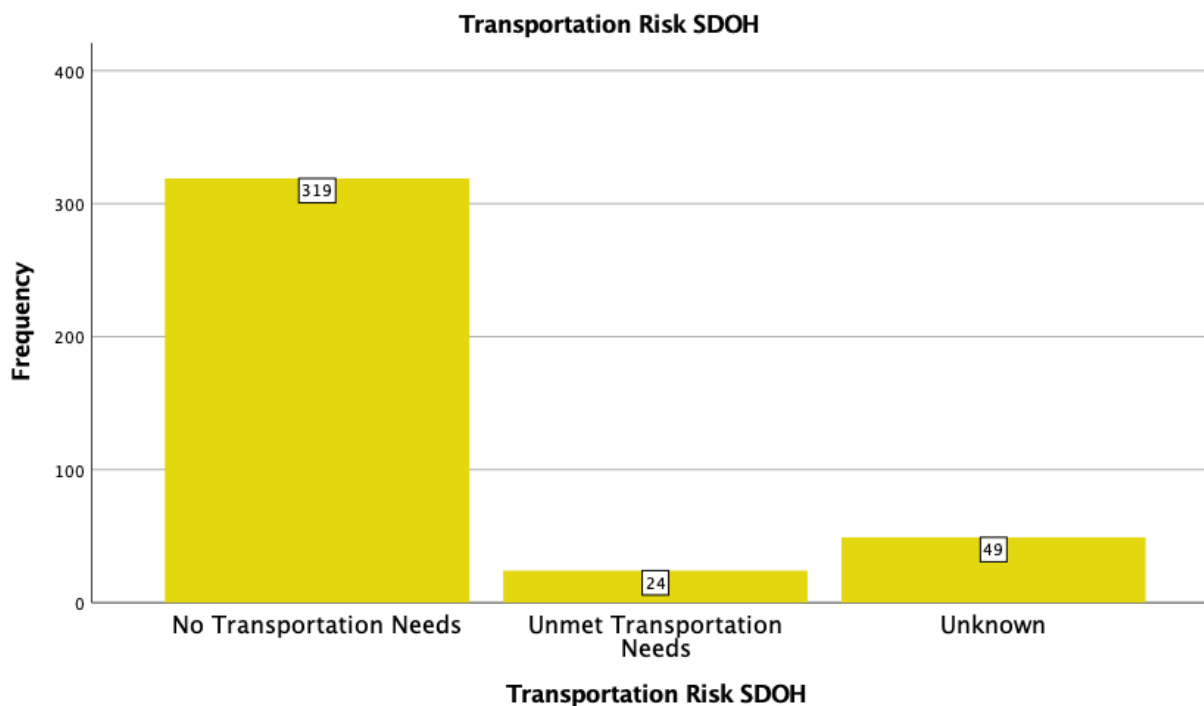


Table 13a. Transportation Risk SDOH by Race

Transportation Risk SDOH by Race					
Race	No Transportation Needs	Unmet Transportation Needs	Unknown	Frequency	Percentage
White	199	19	26	244	62%
Black or African-American	22	0	1	23	6%
Other Race	1	0	0	1	0%
Asian	15	1	3	19	5%
Hispanic/Latino Origin	56	2	15	73	19%
Unknown	4	1	1	6	2%
Patient refused	5	0	2	7	2%
Multi-race	17	1	1	19	5%
American-Indian or Alaska Native	0	0	0	0	0%
Native Hawaiian	0	0	0	0	0%
Total	319	24	49	392	100%



Figure 11a. Transportation Risk SDOH by Race

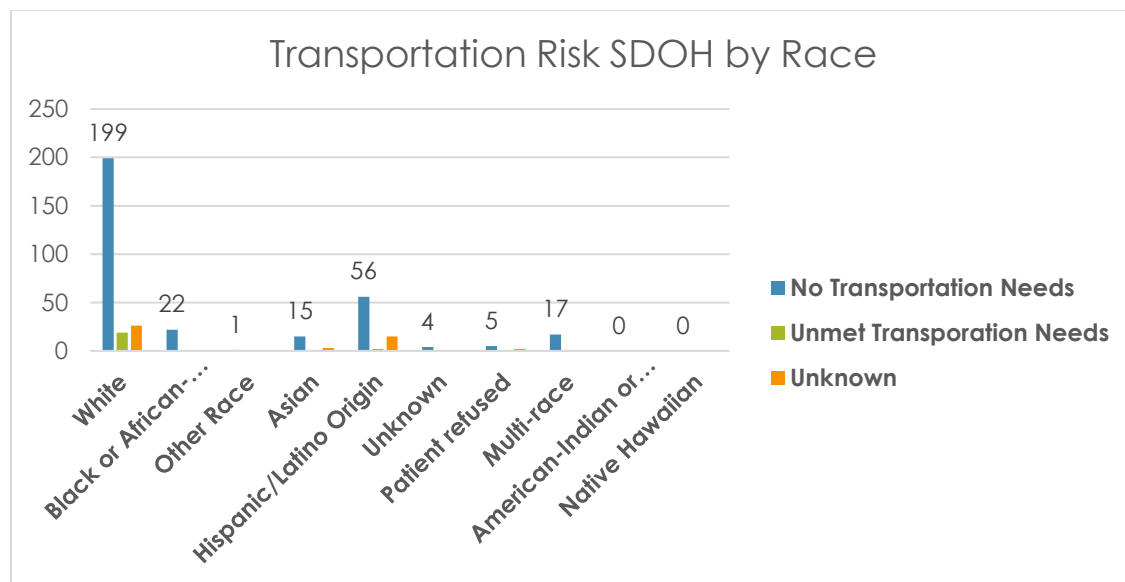


Table 13b. Transportation Risk SDOH by County

Transportation Risk SDOH by County					
County	No Transportation Needs	Unmet Transportation Needs	Unknown	Frequency	Percentage
Lake County	1	0	0	1	0%
Los Angeles County	11	0	0	11	3%
Orange County	1	0	0	1	0%
Riverside County	137	10	20	167	43%
San Bernardino County	169	14	27	210	54%
Total	319	24	47	390	100%

Figure 11b. Transportation Risk SDOH by County

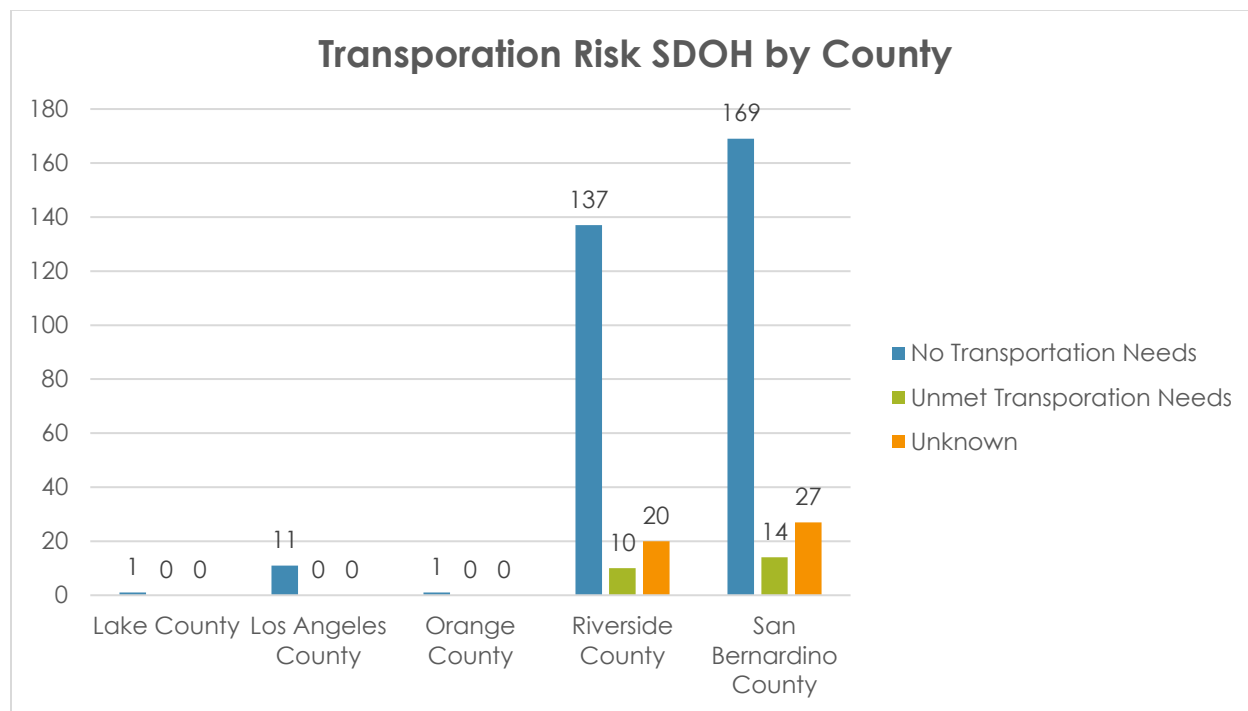


Table 13c. Transportation Risk SDOH by Race and by County

Transportation Risk by Race and by County						
Race	County	No Transportation Needs	Unmet Transportation Needs	Unknown	Frequency	Percentage
White	Lake County	0	0	0	0	0%
	Los Angeles County	8	0	0	8	2%
	Orange County	0	0	0	0	0%
	Riverside County	85	9	9	103	26%
	San Bernardino County	106	10	17	133	34%
	Lake County	0	0	0	0	0%



Black or African-American	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	11	0	0	11	3%
	San Bernardino County	11	0	1	12	3%
Other Race	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	1	0	0	1	0%
	San Bernardino County	0	0	0	0	0%
Asian	Lake County	0	0	0	0	0%
	Los Angeles County	1	0	0	1	0%
	Orange County	0	0	0	0	0%
	Riverside County	6	0	1	7	2%
	San Bernardino County	8	1	2	11	3%
Hispanic/Latino Origin	Lake County	1	0	0	1	0%
	Los Angeles County	1	0	2	3	1%
	Orange County	1	0	0	1	0%
	Riverside County	23	0	8	31	8%
	San Bernardino County	30	2	5	37	9%
Unknown	Lake County	0	0	0	0	0%



	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	2	0	0	2	1%
	San Bernardino County	2	1	1	4	1%
Patient refused	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	2	0	2	4	1%
	San Bernardino County	3	0	0	3	1%
Multi-race	Lake County	0	0	0	0	0%
	Los Angeles County	1	0	0	1	0%
	Orange County	0	0	0	0	0%
	Riverside County	7	1	0	8	2%
	San Bernardino County	9	0	1	10	3%
American Indian or Alaska Native	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	0	0	0	0	0%
	San Bernardino County	0	0	0	0	0%
Native Hawaiian	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	0	0	0	0	0%
	San Bernardino County	0	0	0	0	0%
Total		319	24	49	392	100%



Table 14. Physical Activity Risk SDOH

Physical Activity Risk SDOH	Frequency	Percentage
Inactive	32	8.2%
Insufficiently Active	98	25.1%
Sufficiently Active	116	29.7%
Unknown	144	36.9%
Total	390	100%

Figure 12. Physical Activity Risk SDOH

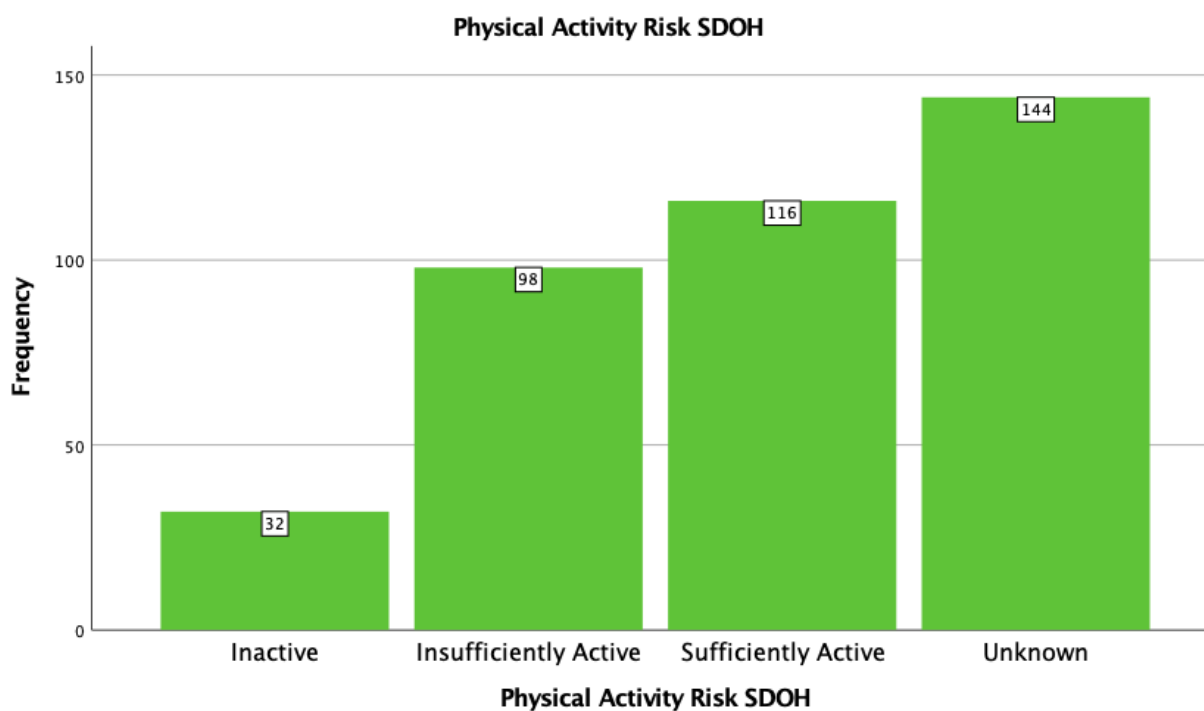


Table 14a. Physical Activity Risk SDOH by Race

Physical Activity SDOH by County						
County	Inactive	Insufficiently Active	Sufficiently Active	Unknown	Frequency	Percentage
Lake County	0	1	0	0	1	0%
Los Angeles County	1	3	5	6	15	4%
Orange County	0	1	0	0	1	0%
Riverside County	13	40	41	68	162	42%
San Bernardino County	18	53	70	70	211	54%
Total	32	98	116	144	390	100%

Figure 12a. Physical Activity Risk SDOH by Race

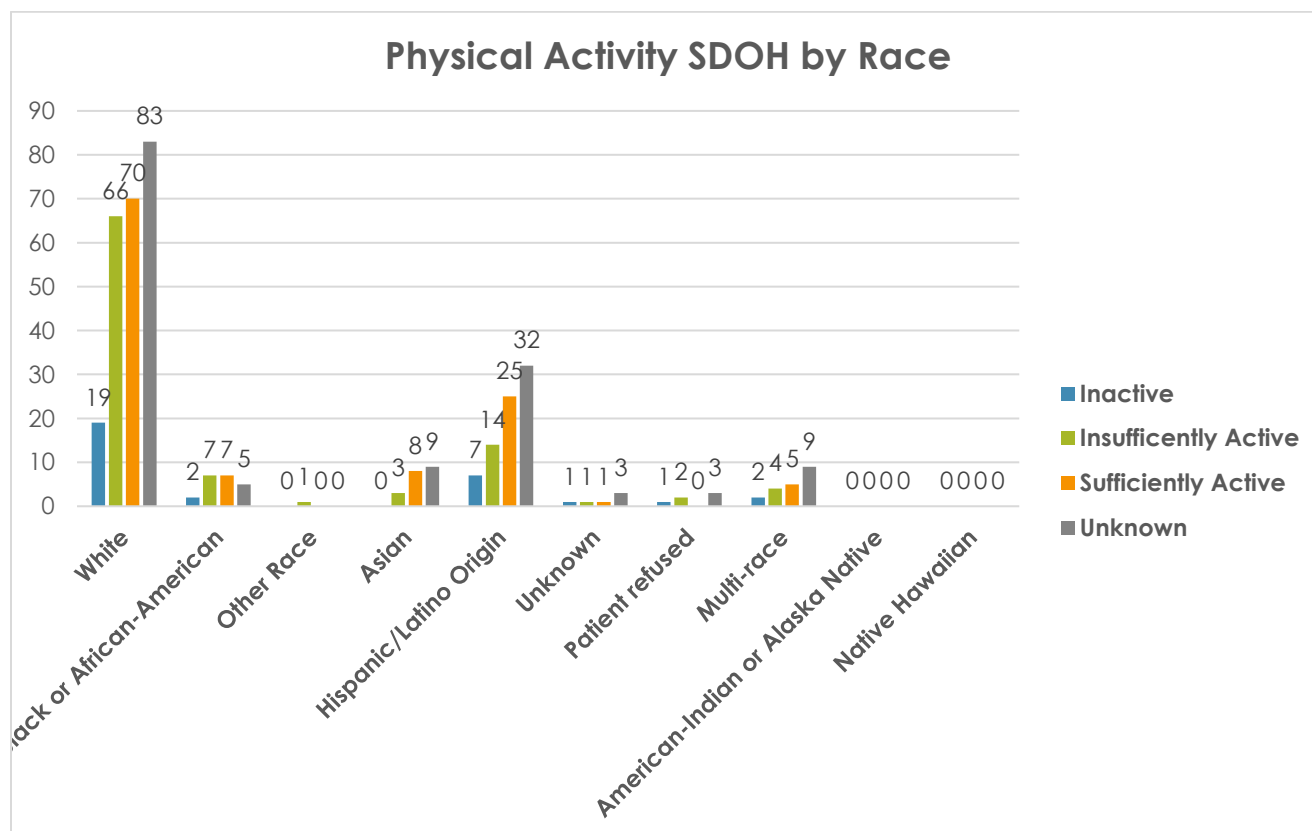


Table 14b. Physical Activity Risk SDOH by County

Physical Activity SDOH by County						
County	Inactive	Insufficiently Active	Sufficiently Active	Unknown	Frequency	Percentage
Lake County	0	1	0	0	1	0%
Los Angeles County	1	3	5	6	15	4%
Orange County	0	1	0	0	1	0%
Riverside County	13	40	41	68	162	42%
San Bernardino County	18	53	70	70	211	54%
Total	32	98	116	144	390	100%

Figure 12b. Physical Activity Risk SDOH by County

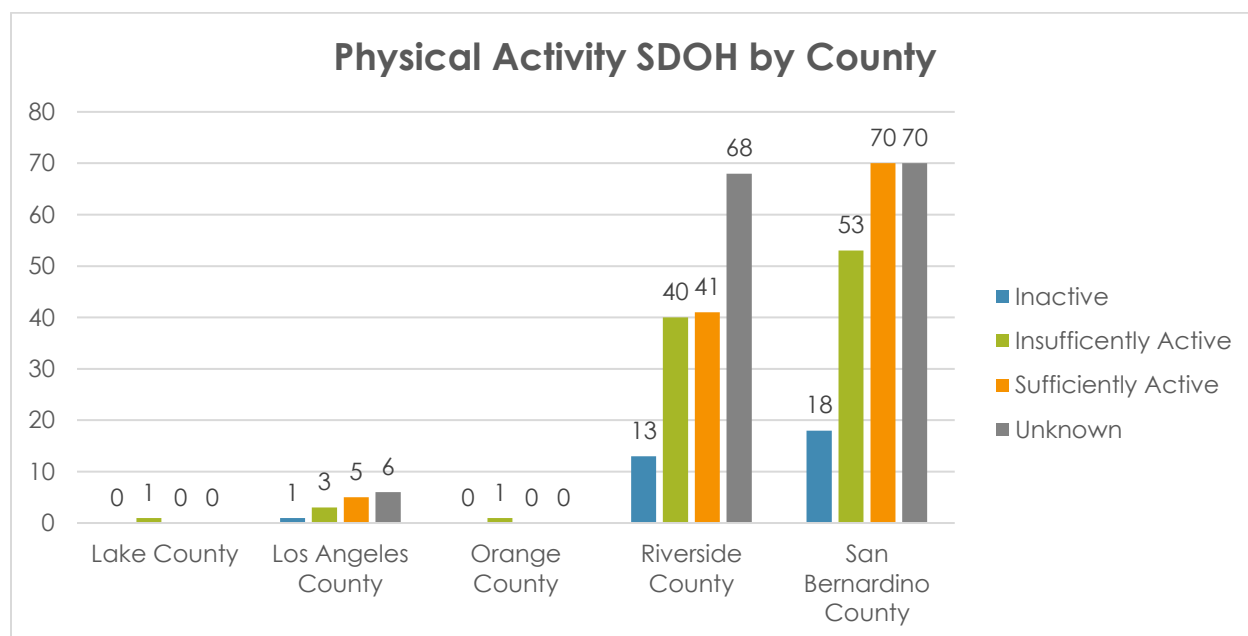


Table 14c. Physical Activity Risk SDOH by Race and by County

Physical Activity SDOH by Race and by County							
Race	County	Inactive	Insufficiently Active	Sufficiently Active	Unknown	Frequency	Percentage
White	Lake County	0	0	0	0	0	0%
	Los Angeles County	1	2	4	2	9	2%
	Orange County	0	0	0	0	0	0%
	Riverside County	6	27	22	41	96	25%
	San Bernardino County	12	37	44	40	133	34%
Black or African-American	Lake County	0	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0	0%
	Orange County	0	0	0	0	0	0%
	Riverside County	0	3	5	2	10	3%
	San Bernardino County	2	4	2	3	11	3%
Other Race	Lake County	0	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0	0%
	Orange County	0	0	0	0	0	0%
	Riverside County	0	1	0	0	1	0%
	San Bernardino County	0	0	0	0	0	0%
Asian	Lake County	0	0	0	0	0	0%
	Los Angeles County	0	1	0	0	1	0%
	Orange County	0	0	0	0	0	0%
	Riverside County	0	0	2	5	7	2%



	San Bernardino County	0	2	6	4	12	3%
Hispanic/Latino Origin	Lake County	0	1	0	0	1	0%
	Los Angeles County	0	0	1	3	4	1%
	Orange County	0	1	0	0	1	0%
	Riverside County	5	5	10	14	34	9%
	San Bernardino County	2	7	14	15	38	10%
Unknown	Lake County	0	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0	0%
	Orange County	0	0	0	0	0	0%
	Riverside County	1	0	0	1	2	1%
	San Bernardino County	0	1	1	2	4	1%
Patient refused	Lake County	0	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0	0%
	Orange County	0	0	0	0	0	0%
	Riverside County	0	1	0	2	3	1%
	San Bernardino County	1	1	0	1	3	1%
Multi-race	Lake County	0	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0	0%
	Orange County	0	0	0	0	0	0%
	Riverside County	1	3	2	3	9	2%



	San Bernardino County	1	1	3	5	10	3%
American Indian or Alaska Native	Lake County	0	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0	0%
	Orange County	0	0	0	0	0	0%
	Riverside County	0	0	0	0	0	0%
	San Bernardino County	0	0	0	0	0	0%
Native Hawaiian	Lake County	0	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0	0%
	Orange County	0	0	0	0	0	0%
	Riverside County	0	0	0	0	0	0%
	San Bernardino County	0	0	0	0	0	0%
Total		32	98	116	143	389	100%

Table 15. Stress Risk SDOH

Stress Risk SDOH	Frequency	Percentage
No Stress Concern Present	233	90.0%
Stress Concern Present	25	9.7%
Unknown	1	0.4%
Total	259	100%

Figure 13. Stress Risk SDOH

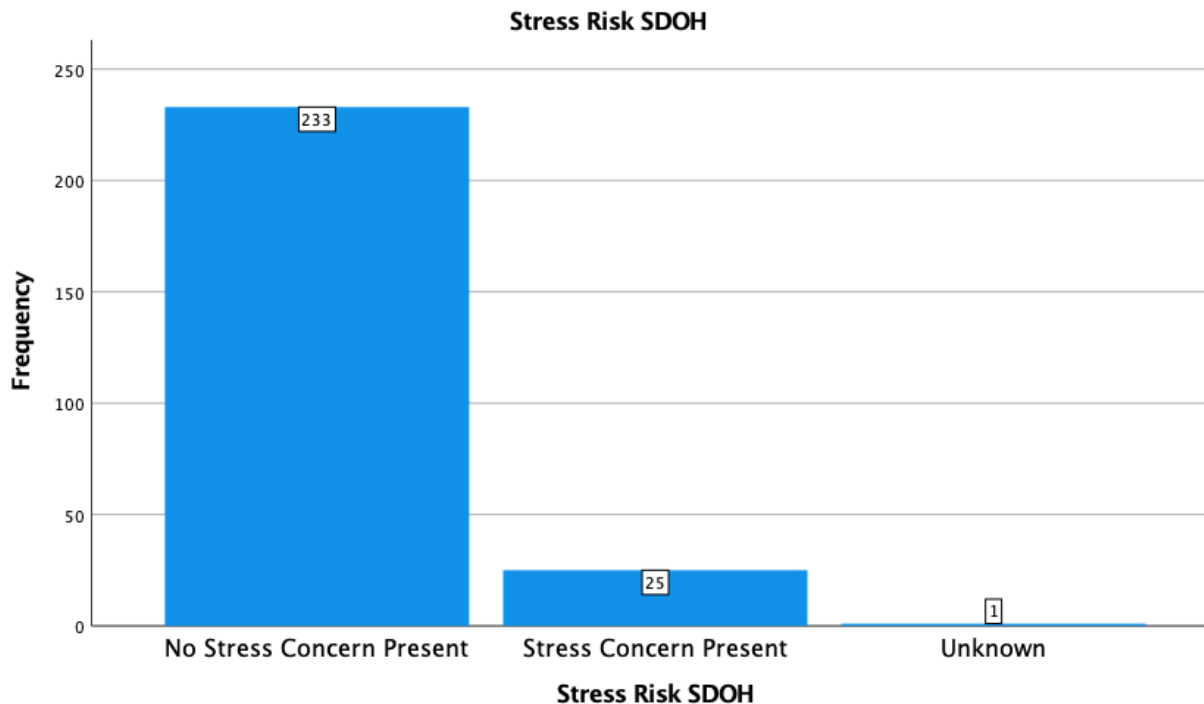


Table 15a. Stress Risk SDOH by Race

Stress Risk SDOH by Race					
Race	No Stress Concern Present	Stress Concern Present	Unknown	Frequency	Percentage
White	138	19	1	158	61%
Black or African-American	16	0	0	16	6%
Other Race	1	0	0	1	0%
Asian	12	1	0	13	5%
Hispanic/Latino Origin	49	5	0	54	21%
Unknown	3	0	0	3	1%
Patient refused	3	0	0	3	1%
Multi-race	11	0	0	11	4%
American-Indian or Alaska Native	0	0	0	0	0%
Native Hawaiian	0	0	0	0	0%
Total	233	25	1	259	100%

Figure 13a. Stress Risk SDOH by Race

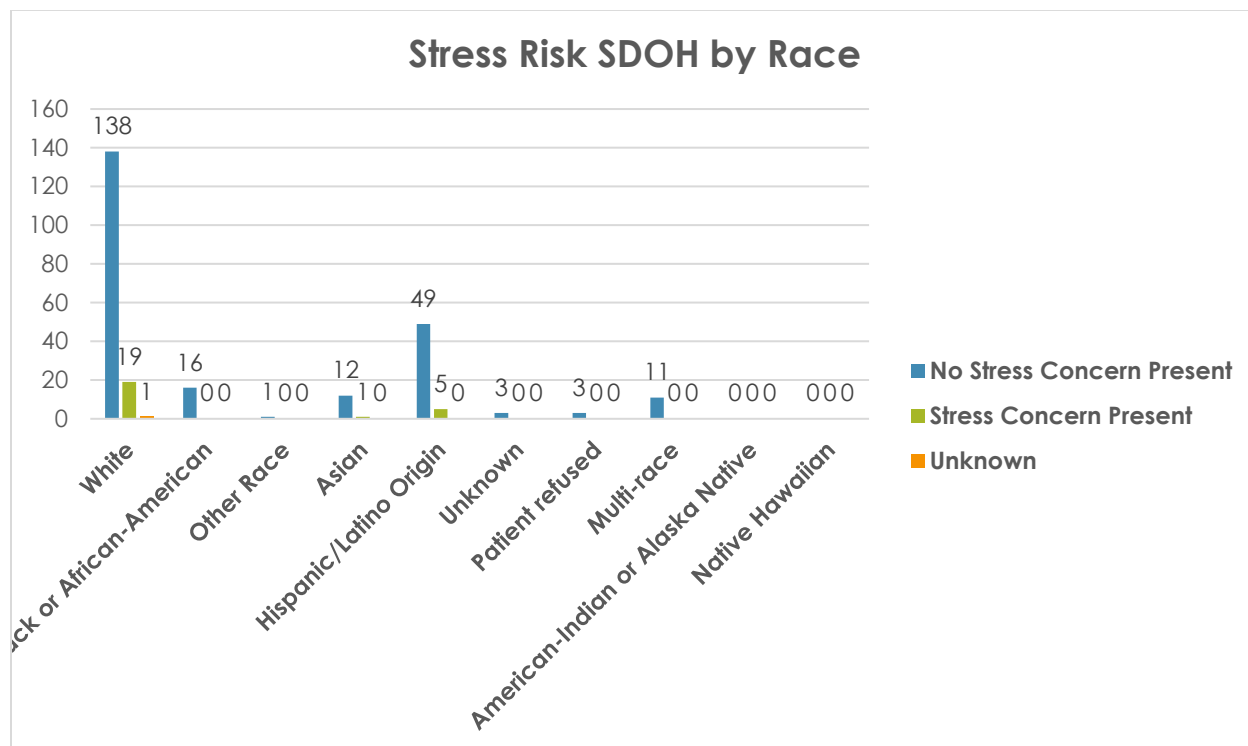


Table 15b. Stress Risk SDOH by County

Stress Risk SDOH by County					
County	No Stress Concern Present	Stress Concern Present	Unknown	Frequency	Percentage
Lake County	1	0	0	1	0%
Los Angeles County	6	2	0	8	3%
Orange County	1	0	0	1	0%
Riverside County	97	8	0	105	41%
San Bernardino County	128	15	1	144	56%
Total	233	25	1	259	100%

Figure 13b. Stress Risk SDOH by County

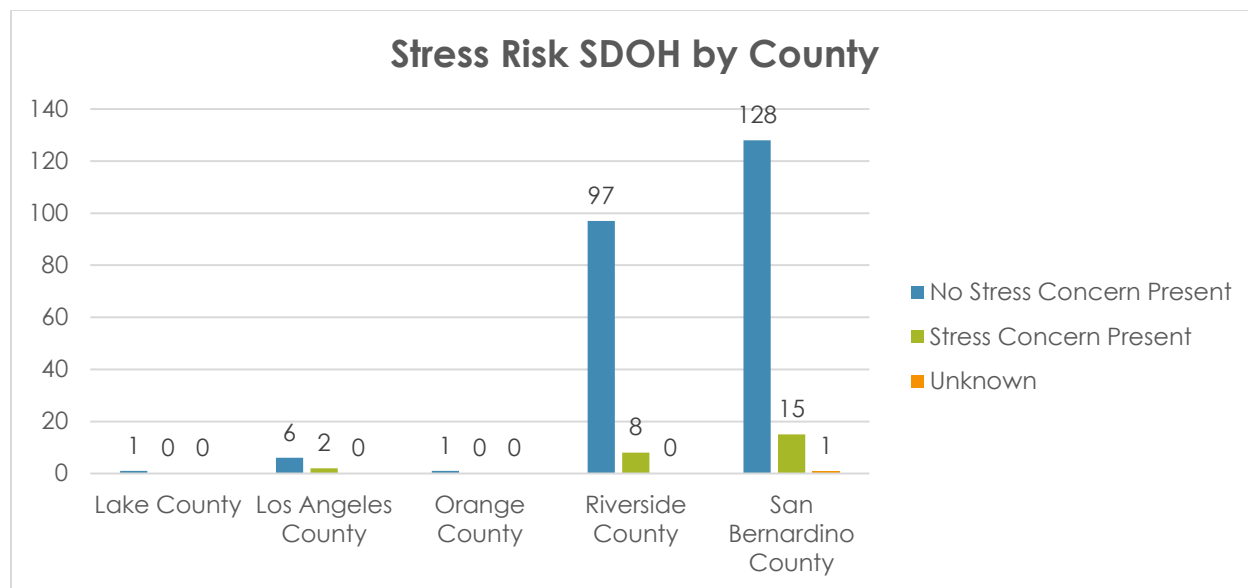


Table 15c. Stress Risk SDOH by Race and by County

Stress Risk by Race and by County						
Race	County	No Stress Concern Present	Stress Concern Present	Unknown	Frequency	Percentage
White	Lake County	0	0	0	0	0%
	Los Angeles County	5	1	0	6	2%
	Orange County	0	0	0	0	0%
	Riverside County	52	7	0	59	23%
	San Bernardino County	81	11	1	93	36%
Black or African-American	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	8	0	0	8	3%

	San Bernardino County	8	0	0	8	3%
Other Race	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	1	0	0	1	0%
	San Bernardino County	0	0	0	0	0%
Asian	Lake County	0	0	0	0	0%
	Los Angeles County	1	0	0	1	0%
	Orange County	0	0	0	0	0%
	Riverside County	4	1	0	5	2%
	San Bernardino County	7	0	0	7	3%
Hispanic/Latino Origin	Lake County	1	0	0	1	0%
	Los Angeles County	0	1	0	1	0%
	Orange County	1	0	0	1	0%
	Riverside County	24	0	0	24	9%
	San Bernardino County	23	4	0	27	10%
Unknown	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	1	0	0	1	0%

	San Bernardino County	2	0	0	2	1%
Patient refused	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	1	0	0	1	0%
	San Bernardino County	2	0	0	2	1%
Multi-race	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	6	0	0	6	2%
	San Bernardino County	5	0	0	5	2%
American Indian or Alaska Native	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	0	0	0	0	0%
	San Bernardino County	0	0	0	0	0%
Native Hawaiian	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	0	0	0	0	0%



	San Bernardino County	0	0	0	0	0%
Total		233	25	1	259	100%

Table 16. Social Connection Risk SDOH

Social Connection Risk SDOH	Frequency	Percentage
Severely Isolated	6	1.5%
Somewhat Isolated	84	21.5%
Slightly Isolated	49	12.6%
Moderately Isolated	51	13.1%
Not Isolated	21	5.4%
Unknown	179	45.9%
Total	390	100%

Figure 14. Social Connection Risk SDOH

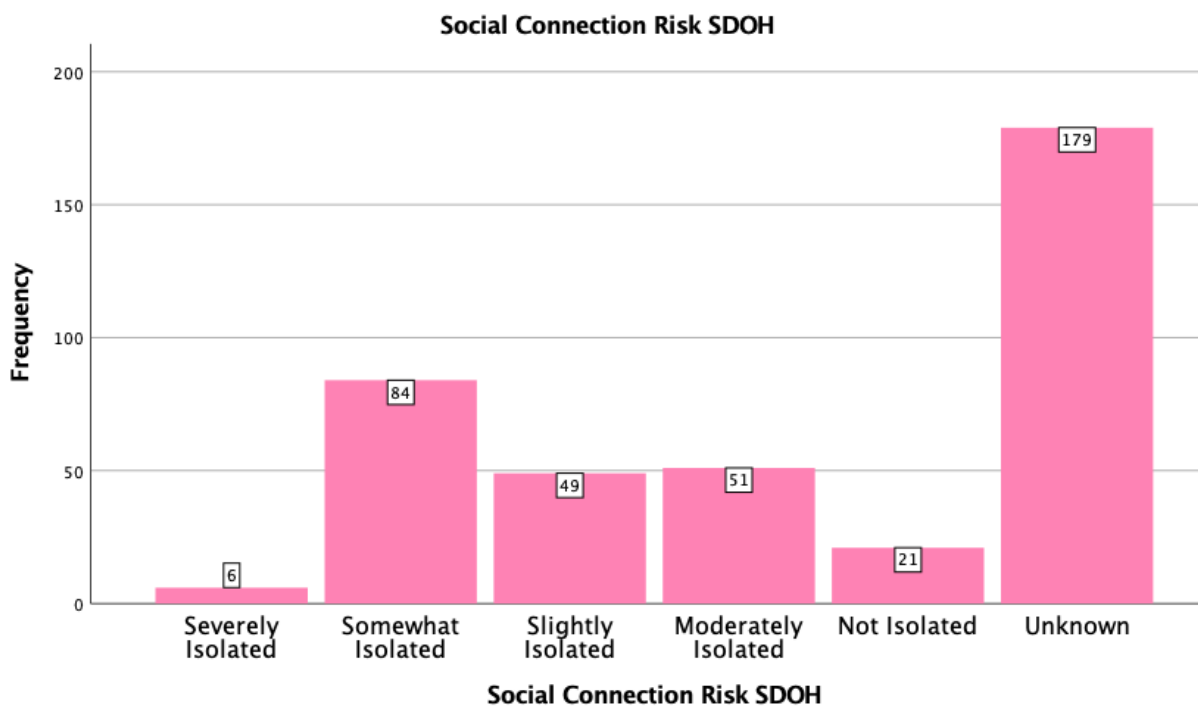


Table 16a. Social Connection Risk SDOH by Race

Social Connection SDOH by Race								
Race	Severely Isolated	Somewhat Isolated	Slightly Isolated	Moderately Isolated	Not Isolated	Unknown	Frequency	Percentage
White	6	55	29	31	13	107	241	62%
Black or African-American	0	3	3	4	1	11	22	6%
Other Race	0	1	0	0	0	0	1	0%
Asian	0	4	1	5	2	8	20	5%
Hispanic/Latino Origin	0	13	12	8	5	38	76	19%
Unknown	0	2	1	0	0	3	6	2%
Patient refused	0	1	1	1	0	3	6	2%
Multi-race	0	5	2	2	0	9	18	5%
American-Indian or Alaska Native	0	0	0	0	0	0	0	0%
Native Hawaiian	0	0	0	0	0	0	0	0%
Total	6	84	49	51	21	179	390	100%

Figure 14a. Social Connection Risk SDOH by Race

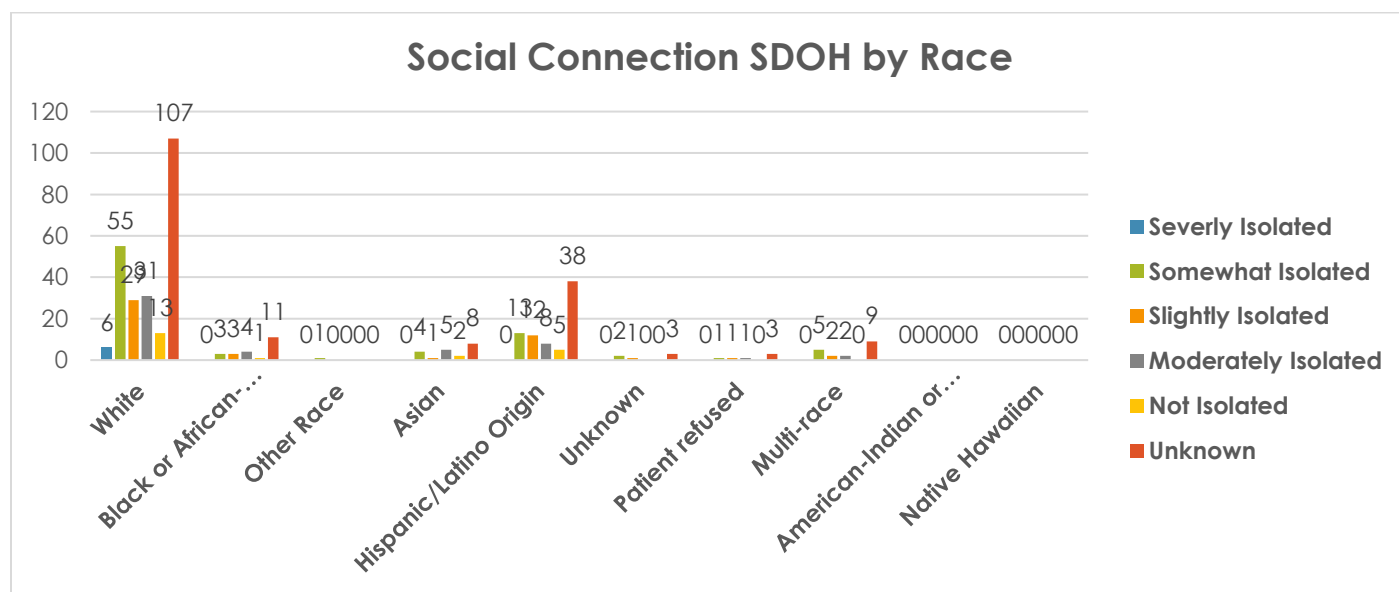


Table 16b. Social Connection Risk SDOH by County

Social Connection SDOH by County								
County	Severely Isolated	Somewhat Isolated	Slightly Isolated	Moderately Isolated	Not Isolated	Unknown	Frequency	Percentage
Lake County	0	0	0	0	0	1	1	0%
Los Angeles County	0	5	2	0	0	8	15	4%
Orange County	0	0	1	0	0	0	1	0%
Riverside County	4	28	16	26	7	78	159	41%
San Bernardino County	2	51	30	25	14	92	214	55%
Total	6	84	49	51	21	179	390	100%

Figure 14b. Social Connection Risk SDOH by County

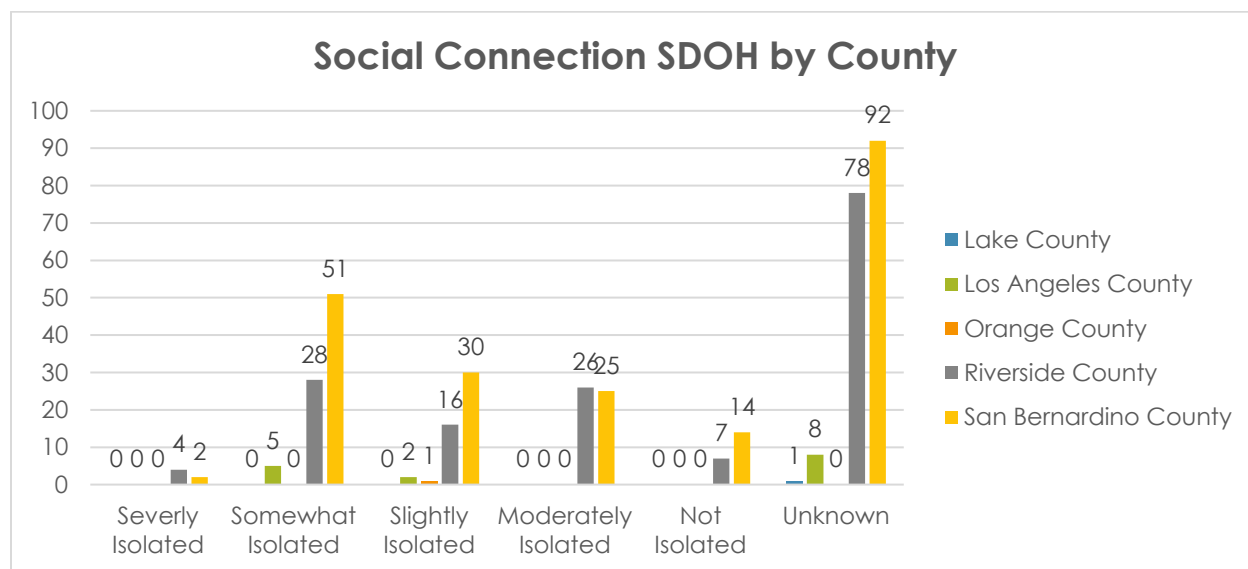


Table 16c. Social Connection Risk SDOH by Race and by County

Social Connection by Race and by County									
Race	County	Severely Isolated	Some-what Isolated	Slightly Isolated	Moderately Isolated	Not Isolated	Unknown	Frequency	%
White	Lake County	0	0	0	0	0	0	0	0%
	Los Angeles County	0	3	2	0	0	4	9	2%
	Orange County	0	0	0	0	0	0	0	0%
	Riverside County	4	18	8	14	3	51	98	25%
	San Bernardino County	2	34	19	17	10	52	134	35%
Black or African-American	Lake County	0	0	0	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0	0	0	0%
	Orange County	0	0	0	0	0	0	0	0%
	Riverside County	0	2	1	2	1	4	10	3%
	San Bernardino County	0	1	2	2	0	7	12	3%
Other Race	Lake County	0	0	0	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0	0	0	0%
	Orange County	0	0	0	0	0	0	0	0%
	Riverside County	0	1	0	0	0	0	1	0%
	San Bernardino County	0	0	0	0	0	0	0	0%
Asian	Lake County	0	0	0	0	0	0	0	0%
	Los Angeles County	0	1	0	0	0	0	1	0%
	Orange County	0	0	0	0	0	0	0	0%
	Riverside County	0	1	0	2	1	3	7	2%



	San Bernardino County	0	2	1	3	1	5	12	3%
Hispanic/ Latino Origin	Lake County	0	0	0	0	0	1	1	0%
	Los Angeles County	0	0	0	0	0	1	1	0%
	Orange County	0	0	1	0	0	0	1	0%
	Riverside County	0	3	5	5	2	16	31	8%
	San Bernardino County	0	10	6	3	3	17	39	10%
Unknown	Lake County	0	0	0	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0	0	0	0%
	Orange County	0	0	0	0	0	0	0	0%
	Riverside County	0	1	0	0	0	1	2	1%
	San Bernardino County	0	1	1	0	0	2	4	1%
Patient refused	Lake County	0	0	0	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0	0	0	0%
	Orange County	0	0	0	0	0	0	0	0%
	Riverside County	0	0	1	1	0	1	3	1%
	San Bernardino County	0	1	0	0	0	2	3	1%
Multi- race	Lake County	0	0	0	0	0	0	0	0%
	Los Angeles County	0	1	0	0	0	0	1	0%
	Orange County	0	0	0	0	0	0	0	0%
	Riverside County	0	2	1	2	0	2	7	2%



	San Bernardino County	0	2	1	0	0	7	10	3%
American Indian or Alaska Native	Lake County	0	0	0	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0	0	0	0%
	Orange County	0	0	0	0	0	0	0	0%
	Riverside County	0	0	0	0	0	0	0	0%
	San Bernardino County	0	0	0	0	0	0	0	0%
Native Hawaiian	Lake County	0	0	0	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0	0	0	0%
	Orange County	0	0	0	0	0	0	0	0%
	Riverside County	0	0	0	0	0	0	0	0%
	San Bernardino County	0	0	0	0	0	0	0	0%
Total		6	84	49	51	21	176	387	100 %

Table 17. Tobacco Risk SDOH

Tobacco Risk SDOH	Frequency	Percentage
Low Risk	1658	88.1%
Medium Risk	175	9.3%
High Risk	3	0.2%
Unknown	47	2.5%
Total	1883	100%

Figure 15. Tobacco Risk SDOH

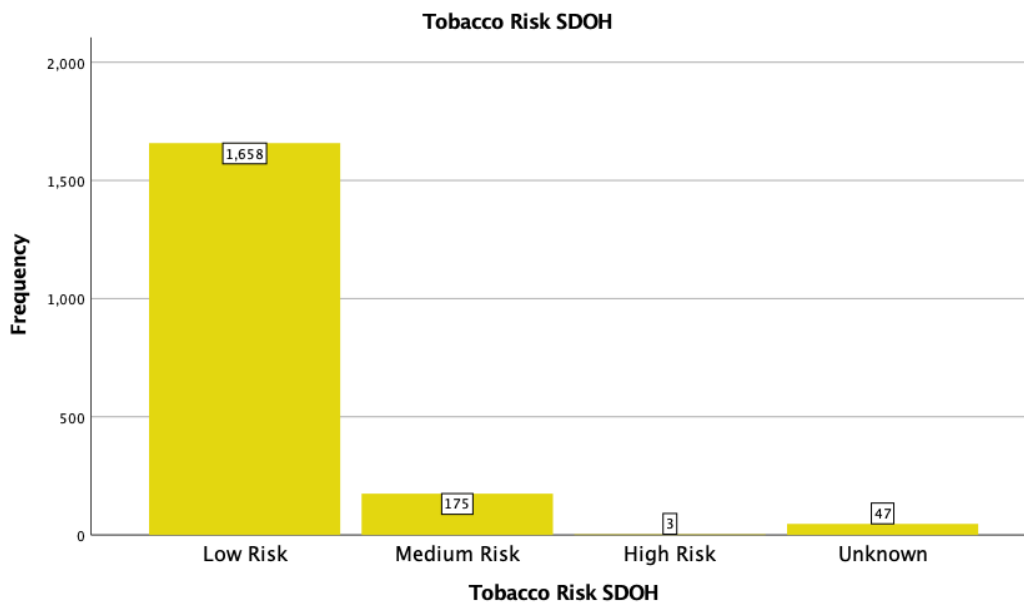


Table 17a. Tobacco Risk SDOH by Race

Tobacco Risk SDOH by Race						
Race	Low Risk	Medium Risk	High Risk	Unknown	Frequency	Percentage
White	992	110	3	34	1139	60%
Black or African-American	128	11	0	1	140	7%
Other Race	5	2	0	0	7	0%
Asian	70	7	0	3	80	4%
Hispanic/Latino Origin	319	29	0	7	355	19%
Unknown	23	3	0	0	26	1%
Patient refused	16	4	0	0	20	1%
Multi-race	100	8	0	2	110	6%
American-Indian or Alaska Native	4	1	0	0	5	0%
Native Hawaiian	1	0	0	0	1	0%
Total	1658	175	3	47	1883	100%

Figure 15a. Tobacco Risk SDOH by Race



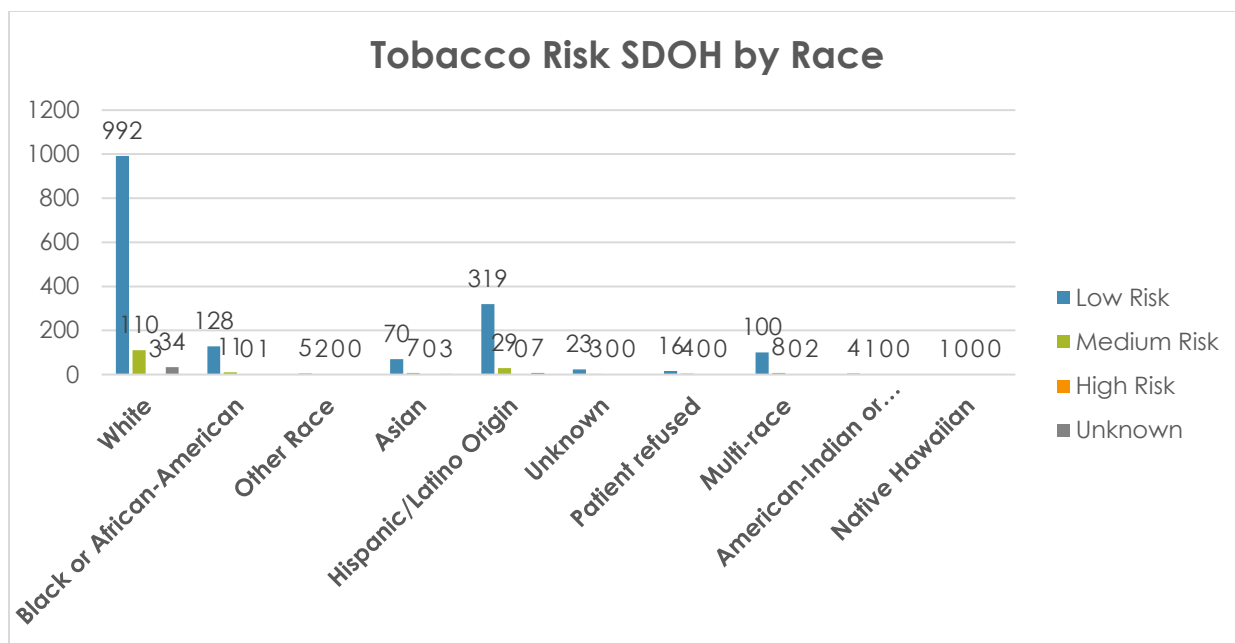


Table 17b. Tobacco Risk SDOH by County

Tobacco Risk SDOH by County						
County	Low Risk	Medium Risk	High Risk	Unknown	Frequency	Percentage
Lake County	1	0	0	0	1	0%
Los Angeles County	52	9	0	3	64	3%
Orange County	3	0	0	1	4	0%
Riverside County	717	73	1	21	812	43%
San Bernardino County	885	93	2	22	1002	53%
Total	1658	175	3	47	1883	100%

Figure 15b. Tobacco Risk SDOH by County



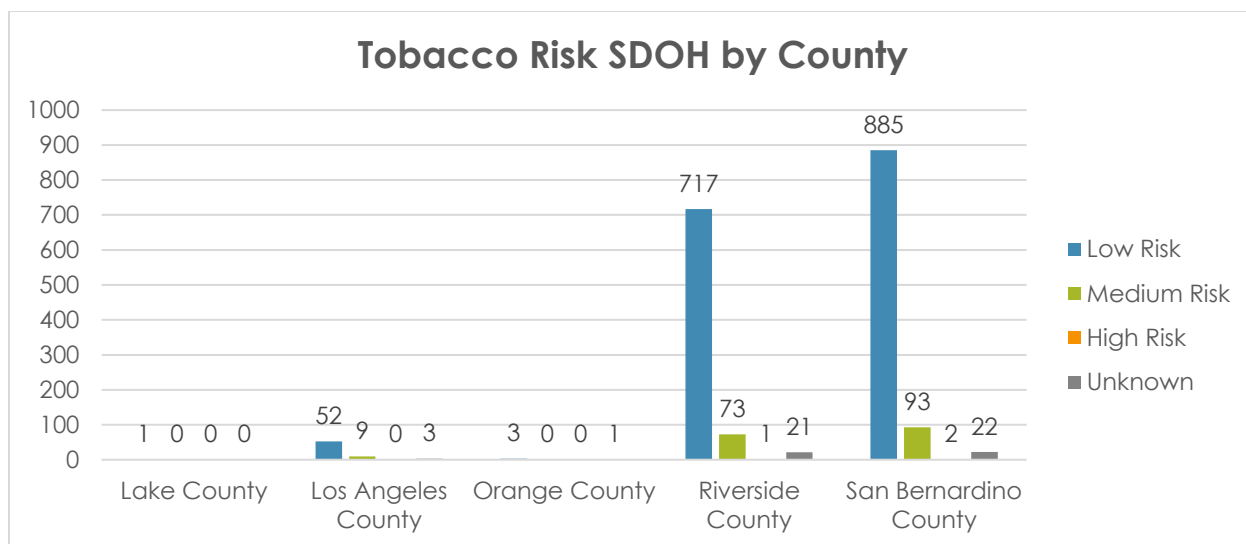


Table 17c. Tobacco Risk SDOH by Race and by County

Tobacco Risk by Race and by County							
Race	County	Low Risk	Medium Risk	High Risk	Unknown	Frequency	Percentage
White	Lake County	0	0	0	0	0	0%
	Los Angeles County	34	6	0	2	42	2%
	Orange County	1	0	0	1	2	0%
	Riverside County	428	42	1	14	485	26%
	San Bernardino County	529	62	2	17	610	32%
Black or African-American	Lake County	0	0	0	0	0	0%
	Los Angeles County	2	0	0	0	2	0%
	Orange County	0	0	0	0	0	0%
	Riverside County	55	7	0	1	63	3%
	San Bernardino County	71	4	0	0	75	4%
Other Race	Lake County	0	0	0	0	0	0%

	Los Angeles County	0	0	0	0	0	0%
	Orange County	0	0	0	0	0	0%
	Riverside County	3	1	0	0	4	0%
	San Bernardino County	2	1	0	0	3	0%
Asian	Lake County	0	0	0	0	0	0%
	Los Angeles County	3	0	0	0	3	0%
	Orange County	0	0	0	0	0	0%
	Riverside County	30	2	0	3	35	2%
	San Bernardino County	37	5	0	0	42	2%
Hispanic/Latino Origin	Lake County	1	0	0	0	1	0%
	Los Angeles County	11	2	0	0	13	1%
	Orange County	2	0	0	0	2	0%
	Riverside County	135	15	0	2	152	8%
	San Bernardino County	170	12	0	5	187	10%
Unknown	Lake County	0	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0	0%
	Orange County	0	0	0	0	0	0%
	Riverside County	11	1	0	0	12	1%
	San Bernardino County	12	2	0	0	14	1%
Patient refused	Lake County	0	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0	0%



	Orange County	0	0	0	0	0	0%
	Riverside County	7	3	0	0	10	1%
	San Bernardino County	9	1	0	0	10	1%
Multi-race	Lake County	0	0	0	0	0	0%
	Los Angeles County	2	1	0	1	4	0%
	Orange County	0	0	0	0	0	0%
	Riverside County	46	2	0	1	49	3%
	San Bernardino County	52	5	0	0	57	3%
American Indian or Alaska Native	Lake County	0	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0	0%
	Orange County	0	0	0	0	0	0%
	Riverside County	2	0	0	0	2	0%
	San Bernardino County	2	1	0	0	3	0%
Native Hawaiian	Lake County	0	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0	0%
	Orange County	0	0	0	0	0	0%
	Riverside County	0	0	0	0	0	0%
	San Bernardino County	1	0	0	0	1	0%
Total		1658	175	3	47	1883	100%

Table 18. Intimate Partner Violence Risk SDOH



Partner Violence Risk	Frequency	Percentage
Not at Risk	353	94.4%
At Risk	7	1.9%
Unknown	14	3.7%
Total	374	100%

Figure 16. Intimate Partner Violence Risk SDOH



Table 18a. Intimate Partner Violence Risk SDOH by Race

Partner Violence Risk SDOH by Race					
Race	Not at Risk	At Risk	Unknown	Frequency	Percentage
White	215	6	9	230	61%
Black or African-American	21	0	0	21	6%
Other Race	1	0	0	1	0%
Asian	18	0	1	19	5%
Hispanic/Latino Origin	71	1	3	75	20%
Unknown	5	0	0	5	1%
Patient refused	5	0	1	6	2%
Multi-race	17	0	0	17	5%
American-Indian or Alaska Native	0	0	0	0	0%
Native Hawaiian	0	0	0	0	0%
Total	353	7	14	374	100%

Figure 16a. Intimate Partner Violence Risk SDOH by Race

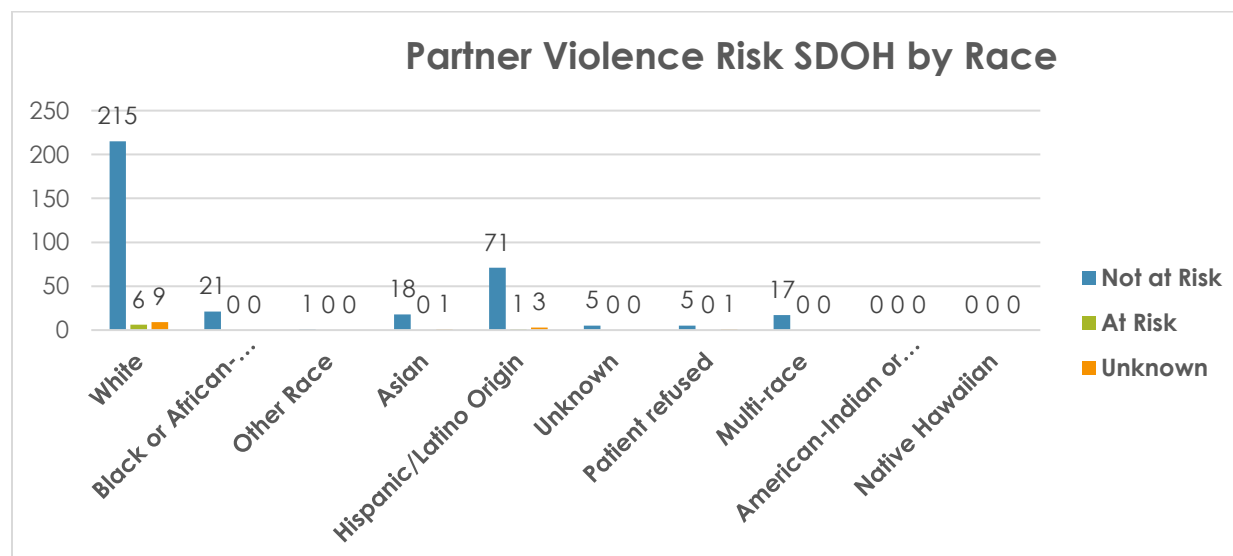


Table 18b. Intimate Partner Violence Risk SDOH by County



Partner Violence Risk SDOH by County					
County	Not at Risk	At Risk	Unknown	Frequency	Percentage
Lake County	1	0	0	1	0%
Los Angeles County	13	0	0	13	3%
Orange County	1	0	0	1	0%
Riverside County	151	1	5	157	42%
San Bernardino County	187	6	9	202	54%
Total	353	7	14	374	100%

Figure 16b. Intimate Partner Violence Risk SDOH by County

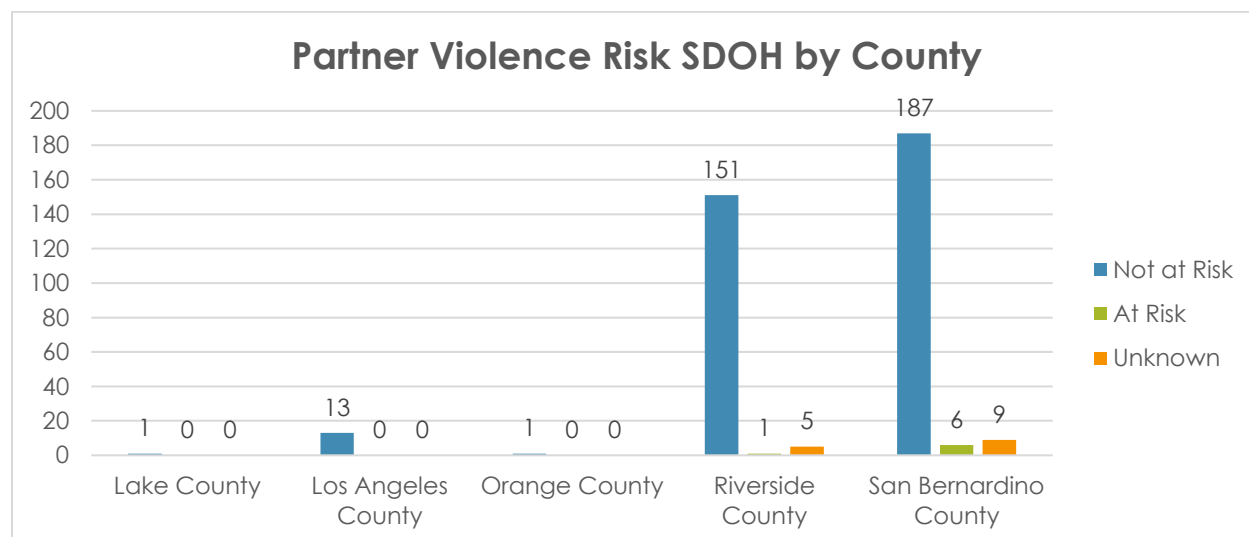


Table 18c. Intimate Partner Violence Risk SDOH by Race and by County



Intimate Partner Violence Risk by Race and by County						
Race	County	Not at Risk	At Risk	Unknown	Frequency	Percentage
White	Lake County	0	0	0	0	0%
	Los Angeles County	8	0	0	8	2%
	Orange County	0	0	0	0	0%
	Riverside County	91	1	4	96	26%
	San Bernardino County	116	5	5	126	34%
Black or African-American	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	10	0	0	10	3%
	San Bernardino County	11	0	0	11	3%
Other Race	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	1	0	0	1	0%
	San Bernardino County	0	0	0	0	0%
Asian	Lake County	0	0	0	0	0%
	Los Angeles County	1	0	0	1	0%
	Orange County	0	0	0	0	0%
	Riverside County	7	0	0	7	2%
	San Bernardino County	10	0	1	11	3%



Hispanic/Latino Origin	Lake County	1	0	0	1	0%
	Los Angeles County	3	0	0	3	1%
	Orange County	1	0	0	1	0%
	Riverside County	31	0	1	32	9%
	San Bernardino County	35	1	2	38	10%
Unknown	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	1	0	0	1	0%
	San Bernardino County	4	0	0	4	1%
Patient refused	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	3	0	0	3	1%
	San Bernardino County	2	0	1	3	1%
Multi-race	Lake County	0	0	0	0	0%
	Los Angeles County	1	0	0	1	0%
	Orange County	0	0	0	0	0%
	Riverside County	7	0	0	7	2%
	San Bernardino County	9	0	0	9	2%
American Indian or Alaska Native	Lake County	0	0	0	0	0%



	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	0	0	0	0	0%
	San Bernardino County	0	0	0	0	0%
Native Hawaiian	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	0	0	0	0	0%
	San Bernardino County	0	0	0	0	0%
Total		353	7	14	374	100%

Table 19. Alcohol Risk SDOH

Alcohol Risk SDOH	Frequency	Percentage
Not at Risk	779	96.9%
Heavy Drinker	3	.4%
Unknown	22	2.7%
Total	804	100%

Figure 17. Alcohol Risk SDOH

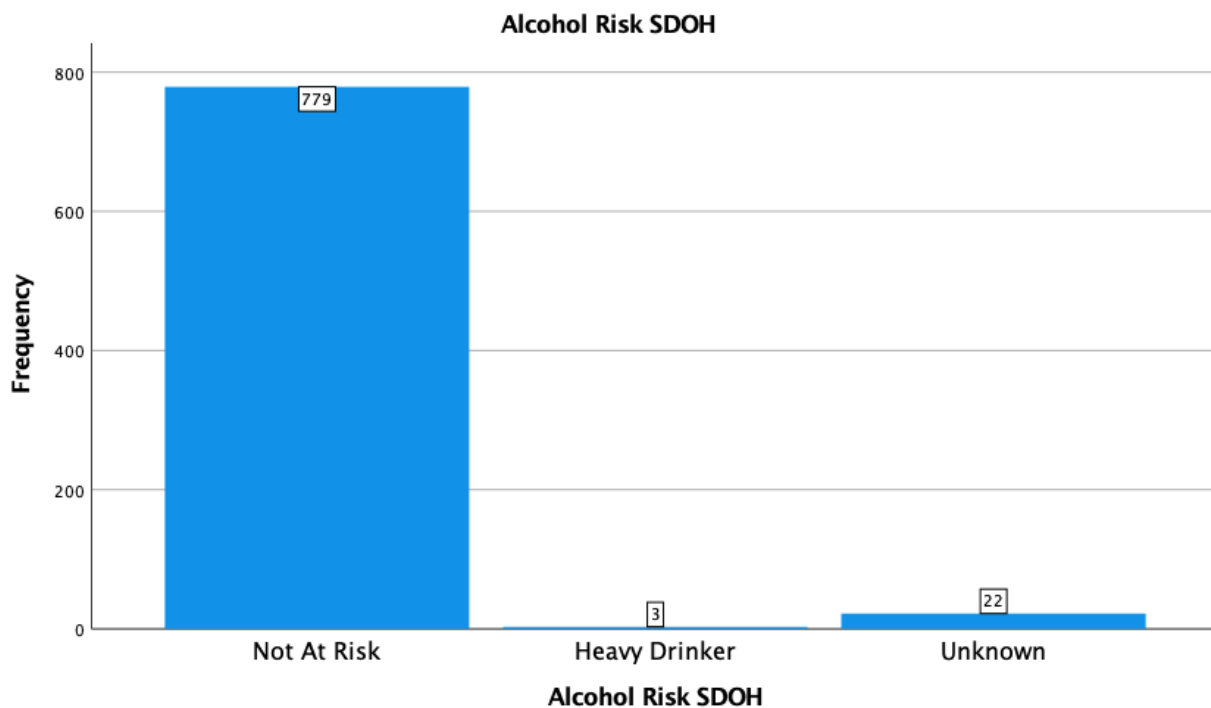


Table 19a. Alcohol Risk SDOH by Race.

Alcohol Risk SDOH by Race					
Race	Not at Risk	Heavy Drinker	Unknown	Frequency	Percentage
White	470	3	0	473	60%
Black or African-American	57	0	3	60	8%
Other Race	4	0	0	4	1%
Asian	33	0	1	34	4%
Hispanic/Latino Origin	151	0	4	155	20%
Unknown	9	0	0	9	1%
Patient refused	9	0	0	9	1%
Multi-race	42	0	0	42	5%



American-Indian or Alaska Native	3	0	0	3	0%
Native Hawaiian	1	0	0	1	0%
Total	779	3	8	790	100%

Figure 17a. Alcohol Risk SDOH by Race

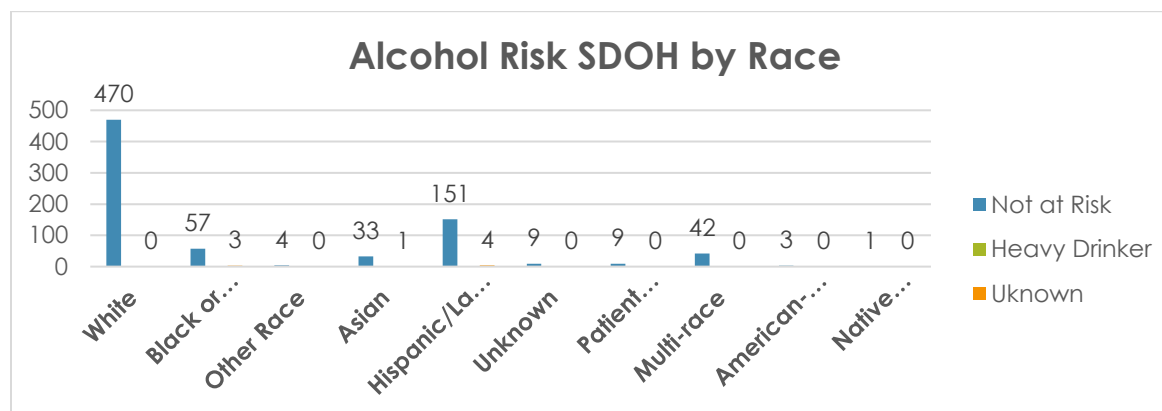


Table 19b. Alcohol Risk SDOH by County

Alcohol Risk by County					
County	Not at Risk	Heavy Drinker	Unknown	Frequency	Percentage
Lake County	1	0	0	1	0%
Los Angeles County	25	1	0	26	3%
Orange County	1	0	0	1	0%
Riverside County	332	0	8	340	42%
San Bernardino County	420	2	14	436	54%
Total	779	3	22	804	100%

Figure 17b. Alcohol Risk SDOH by County

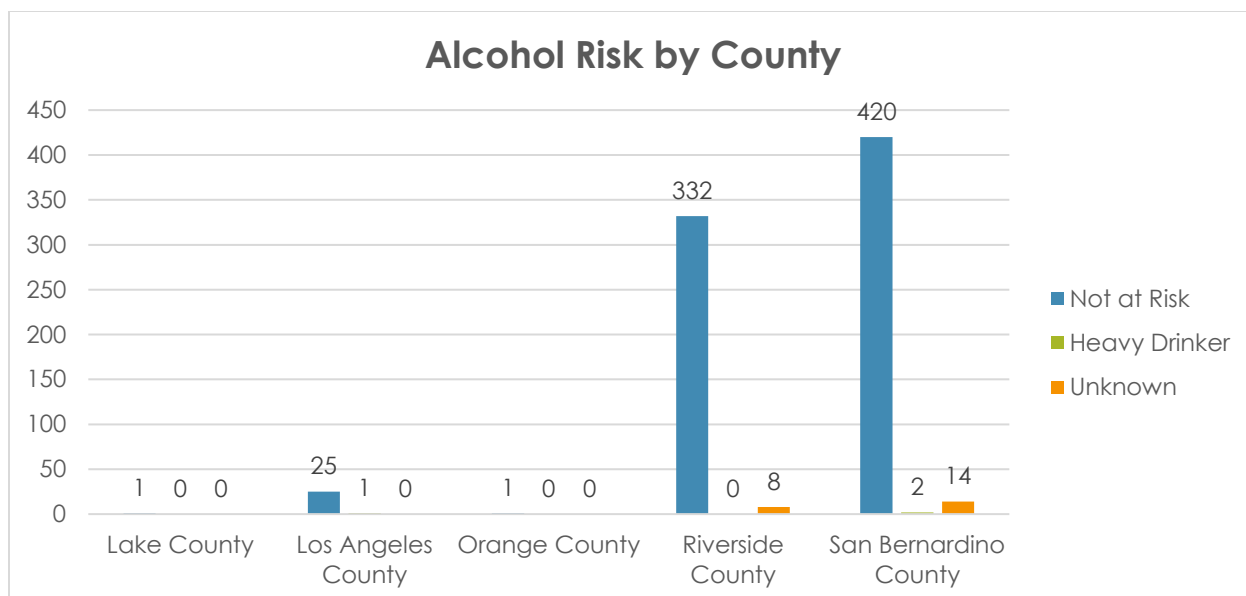


Table 19c. Alcohol Risk SDOH by Race and by County

Alcohol Risk by Race and by County						
Race	County	Not at Risk	Heavy Drinker	Unknown	Frequency	Percentage
White	Lake County	0	0	0	0	0%
	Los Angeles County	16	1	0	17	2%
	Orange County	0	0	0	0	0%
	Riverside County	204	0	5	209	26%
	San Bernardino County	250	2	9	261	32%
Black or African-American	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	26	0	2	28	3%

	San Bernardino County	31	0	1	32	4%
Other Race	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	2	0	0	2	0%
	San Bernardino County	2	0	0	2	0%
Asian	Lake County	0	0	0	0	0%
	Los Angeles County	1	0	0	1	0%
	Orange County	0	0	0	0	0%
	Riverside County	13	0	0	13	2%
	San Bernardino County	19	0	1	20	2%
Hispanic/Latino Origin	Lake County	1	0	0	1	0%
	Los Angeles County	6	0	0	6	1%
	Orange County	1	0	0	1	0%
	Riverside County	61	0	1	62	8%
	San Bernardino County	82	0	3	85	11%
Unknown	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	3	0	0	3	0%

	San Bernardino County	6	0	0	6	1%
Patient refused	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	5	0	0	5	1%
	San Bernardino County	4	0	0	4	0%
Multi-race	Lake County	0	0	0	0	0%
	Los Angeles County	2	0	0	2	0%
	Orange County	0	0	0	0	0%
	Riverside County	17	0	0	17	2%
	San Bernardino County	23	0	0	23	3%
American Indian or Alaska Native	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	1	0	0	1	0%
	San Bernardino County	2	0	0	2	0%
Native Hawaiian	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	0	0	0	0	0%

	San Bernardino County	1	0	0	1	0%
Total		779	3	22	804	100%



Appendix C.

Evaluation Question #2: ASQ-3 Comprehensive Tables and Figures



Table 23. Last Source of ASQ Completion

Last ASQ Completed Source	Frequency	Percentage
Loma Linda University Pediatrics	355	19.86%
Riverside University Health	351	19.64%
SAC Health Care System	1081	60.50%
Total	1787	100%

Table 24. ASQ Communication Score

ASQ Communication Score	Frequency	Percentage
Concern	194	12.2%
Monitor	202	12.7%
Typical	1193	75.1%
Total	1589	100%

Figure 19. ASQ Communication Score

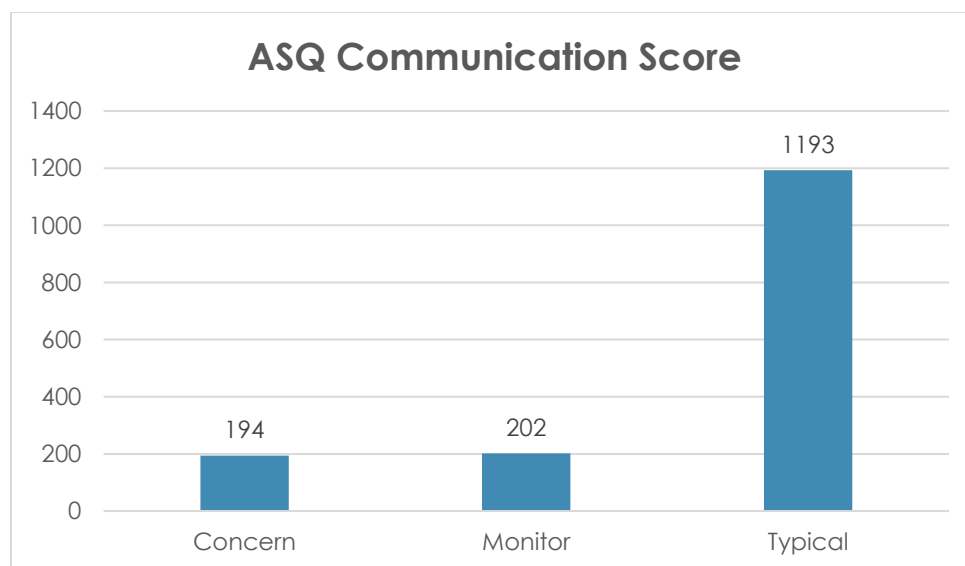


Table 24a. ASQ Communication Score by Race

ASQ Communication Score by Race					
Race	Concern	Monitor	Typical	Frequency	Percentage
White	105	128	727	960	60%
Black or African-American	17	14	87	118	7%
Other Race	1	0	5	6	0%
Asian	7	6	51	64	4%
Hispanic/Latino Origin	45	39	226	310	20%
Unknown	2	6	14	22	1%
Patient refused	2	3	11	16	1%
Multi-race	14	6	68	88	6%
American-Indian or Alaska Native	1	0	4	5	0%
Native Hawaiian	0	0	0	0	0%
Total	194	202	1193	1589	100%

Figure 19a. ASQ Communication Score by Race

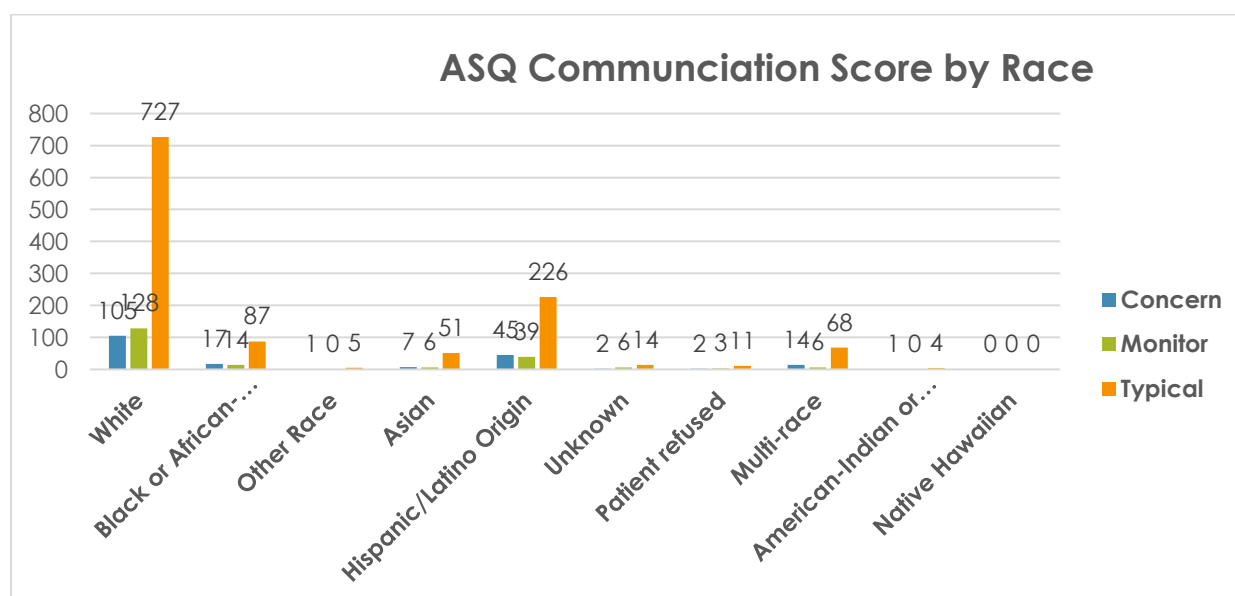


Table 24b. ASQ Communication Score by County

ASQ Communication Score by County					
County	Concern	Monitor	Typical	Frequency	Percentage
Lake County	0	0	1	1	0%
Los Angeles County	5	9	38	52	3%
Orange County	1	0	3	4	0%
Riverside County	88	78	533	699	44%
San Bernardino County	100	115	618	833	52%
Total	194	202	1193	1589	100%

Figure 19b. ASQ Communication Score by County

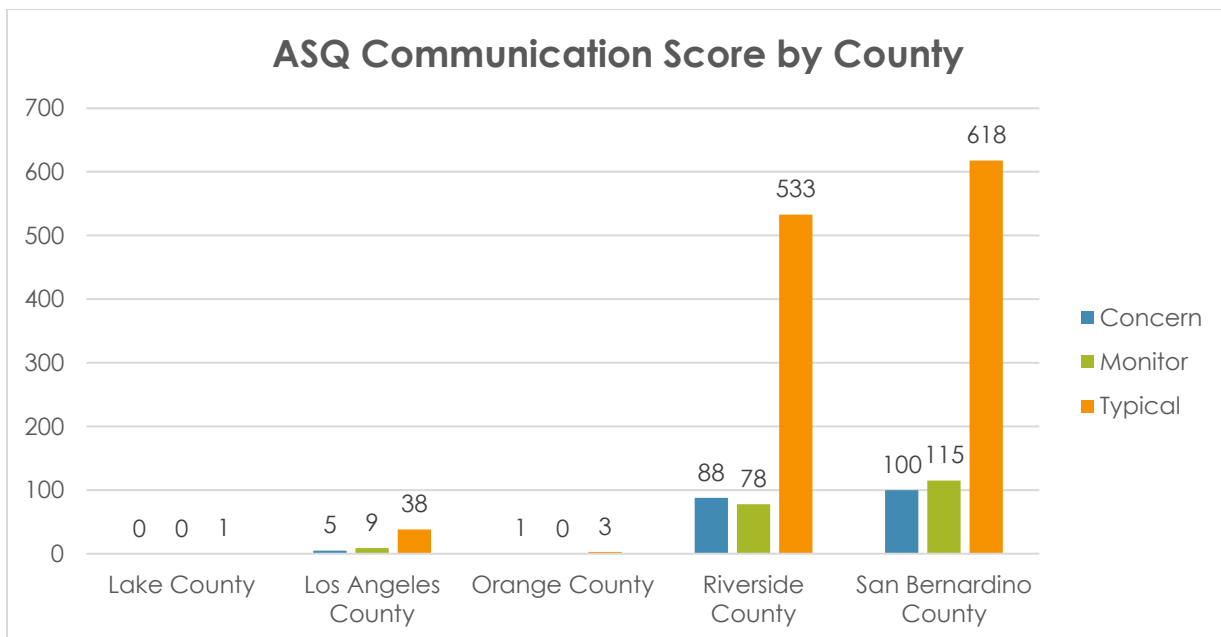


Table 24c. ASQ Communication Score by Race and by County

ASQ Communication by Race and by County						
Race	County	Concern	Monitor	Typical	Frequency	Percentage
White	Lake County	0	0	0	0	0%
	Los Angeles County	3	6	25	34	2%
	Orange County	1	0	1	2	0%
	Riverside County	47	49	329	425	27%
	San Bernardino County	54	73	372	499	31%
Black or African-American	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	2	2	0%
	Orange County	0	0	0	0	0%
	Riverside County	8	6	38	52	3%
	San Bernardino County	9	8	47	64	4%
Other Race	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	1	0	2	3	0%
	San Bernardino County	0	0	3	3	0%



Asian	Lake County	0	0	0	0	0%
	Los Angeles County	0	1	1	2	0%
	Orange County	0	0	0	0	0%
	Riverside County	5	1	22	28	2%
	San Bernardino County	2	4	28	34	2%
Hispanic/Latino Origin	Lake County	0	0	1	1	0%
	Los Angeles County	1	1	8	10	1%
	Orange County	0	0	2	2	0%
	Riverside County	20	17	97	134	8%
	San Bernardino County	24	21	118	163	10%
Unknown	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	1	4	5	10	1%
	San Bernardino County	1	2	9	12	1%
Patient refused	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	2	1	5	8	1%



	San Bernardino County	0	2	6	8	1%
Multi-race	Lake County	0	0	0	0	0%
	Los Angeles County	1	1	2	4	0%
	Orange County	0	0	0	0	0%
	Riverside County	4	0	33	37	2%
	San Bernardino County	9	5	33	47	3%
American Indian or Alaska Native	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	0	0	2	2	0%
	San Bernardino County	1	1	4	6	0%
Native Hawaiian	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	0	0	0	0	0%
	San Bernardino County	0	0	0	0	0%
Total		194	203	1195	1592	100%



Table 25. ASQ Gross Motor Score

ASQ Gross Motor Score	Frequency	Percentage
Concern	194	12.2%
Monitor	145	9.1%
Typical	1250	78.7%
Total	1589	100%

Figure 20. ASQ Gross Motor Score

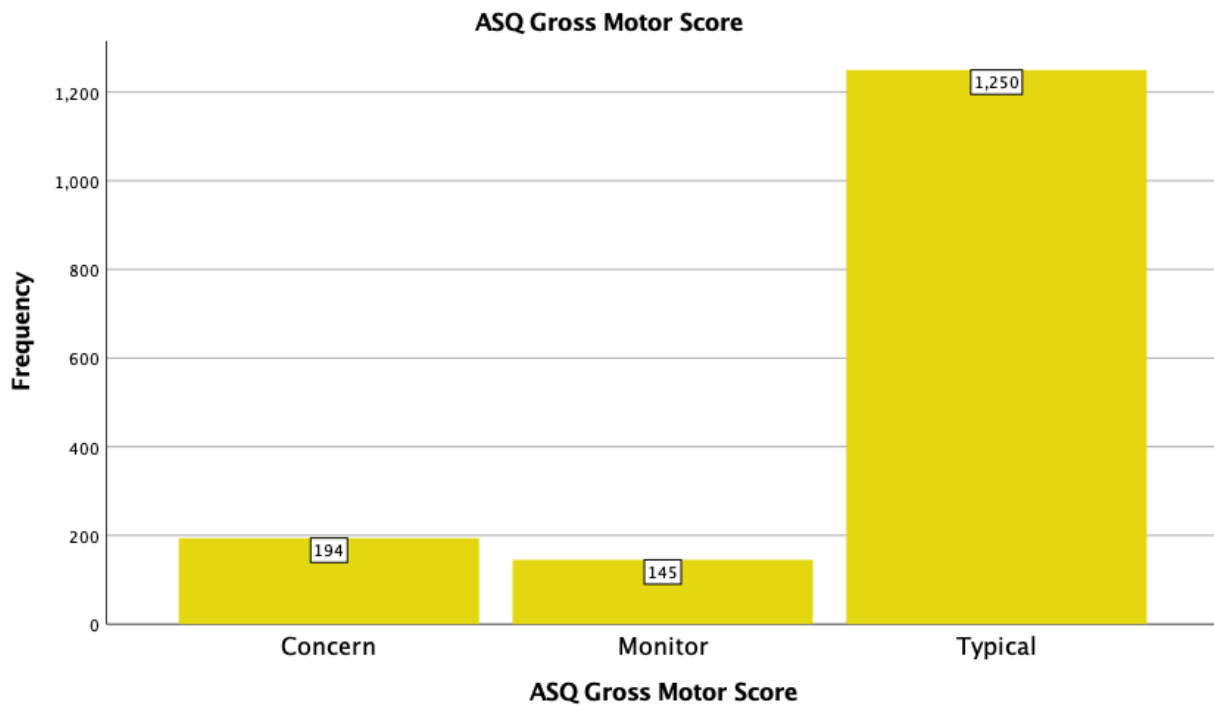


Table 25a. ASQ Gross Motor Score by Race

ASQ Gross Motor Score by Race					
Race	Concern	Monitor	Typical	Frequency	Percentage
White	114	88	758	960	60%
Black or African-American	22	9	87	118	7%
Other Race	2	1	3	6	0%
Asian	10	4	50	64	4%
Hispanic/Latino Origin	33	32	245	310	19%
Unknown	1	4	17	22	1%
Patient refused	1	15	16	32	2%
Multi-race	11	6	71	88	5%
American-Indian or Alaska Native	1	0	4	5	0%
Native Hawaiian	0	0	0	0	0%
Total	195	159	1251	1605	100%

Figure 20a. ASQ Gross Motor Score by Race

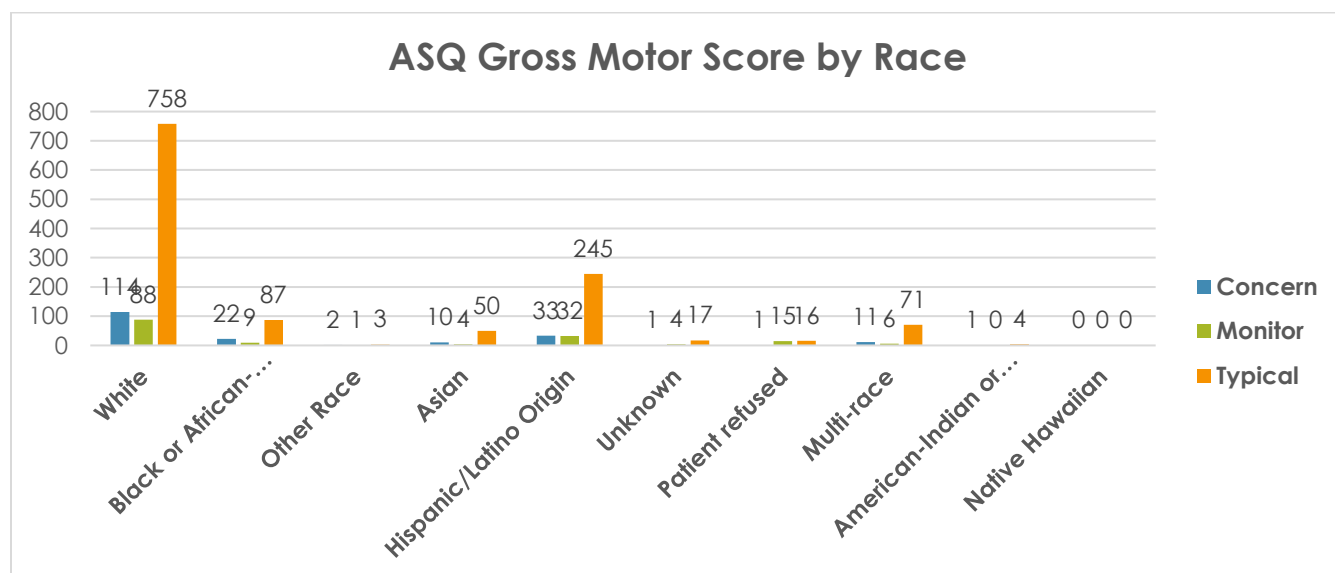


Table 25b. ASQ Gross Motor Score by County

ASQ Gross Motor Score by County					
County	Concern	Monitor	Typical	Frequency	Percentage
Lake County	0	0	1	1	0%
Los Angeles County	6	6	40	52	3%
Orange County	0	1	3	4	0%
Riverside County	81	69	549	699	44%
San Bernardino County	107	69	657	833	52%
Total	194	145	1250	1589	100%

Figure 20b. ASQ Gross Motor Score by County

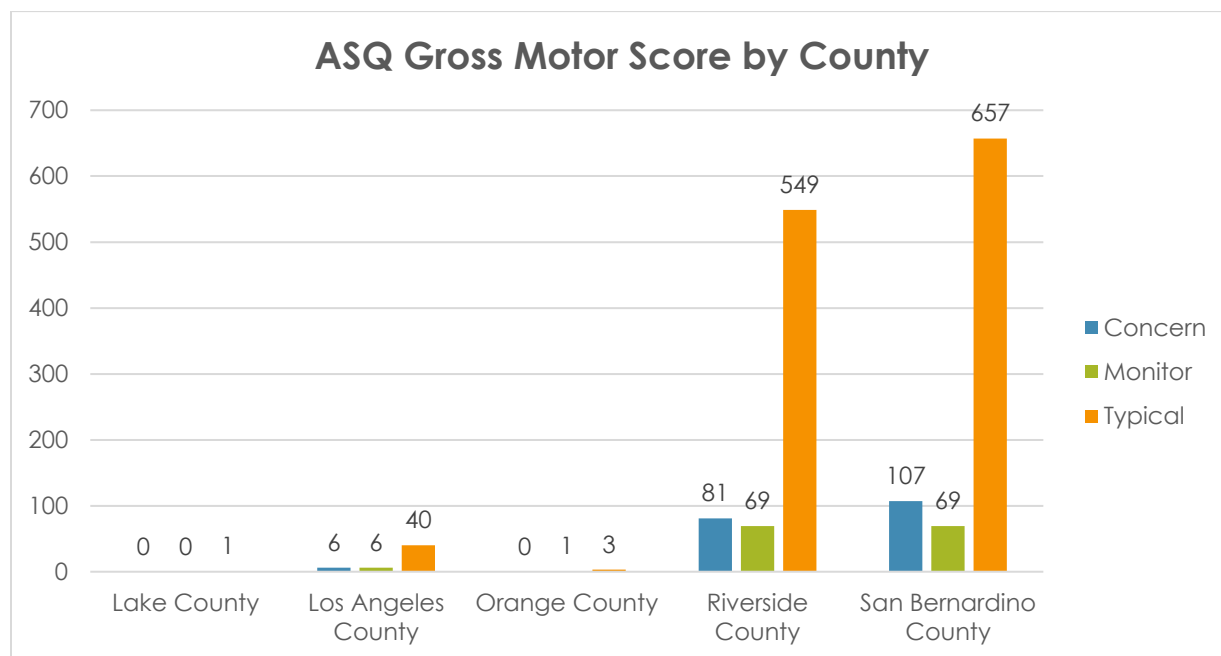


Table 25c. ASQ Gross Motor Score by Race and by County

ASQ Gross Motor Score by Race and by County						
Race	County	Concern	Monitor	Typical	Frequency	Percentage
White	Lake County	0	0	0	0	0%
	Los Angeles County	3	4	27	34	2%
	Orange County	0	1	1	2	0%
	Riverside County	45	38	342	425	27%
	San Bernardino County	66	45	388	499	31%
Black or African-American	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	2	2	0%
	Orange County	0	0	0	0	0%
	Riverside County	10	3	39	52	3%
	San Bernardino County	12	6	46	64	4%
Other Race	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	1	1	1	3	0%
	San Bernardino County	1	0	2	3	0%
Asian	Lake County	0	0	0	0	0%
	Los Angeles County	0	1	1	2	0%



	Orange County	0	0	0	0	0%
	Riverside County	5	1	22	28	2%
	San Bernardino County	5	2	27	34	2%
Hispanic/Latino Origin	Lake County	0	0	1	1	0%
	Los Angeles County	3	0	7	10	1%
	Orange County	0	0	2	2	0%
	Riverside County	15	18	101	134	8%
	San Bernardino County	15	14	134	163	10%
Unknown	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	1	4	5	10	1%
	San Bernardino County	0	0	12	12	1%
Patient refused	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	0	0	8	8	1%
	San Bernardino County	0	1	7	8	1%
Multi-race	Lake County	0	0	0	0	0%

	Los Angeles County	0	1	3	4	0%
	Orange County	0	0	0	0	0%
	Riverside County	4	4	29	37	2%
	San Bernardino County	7	1	39	47	3%
American Indian or Alaska Native	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	0	0	2	2	0%
	San Bernardino County	0	1	2	3	0%
Native Hawaiian	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	0	0	0	0	0%
	San Bernardino County	0	0	0	0	0%
Total		193	146	1250	1589	100%

Table 26. ASQ Fine Motor Score

ASQ Fine Motor Score	Frequency	Percentage
Concern	196	12.3%
Monitor	249	15.7%
Typical	1144	72.0%
Total	1589	100%

Figure 21. ASQ Fine Motor Score

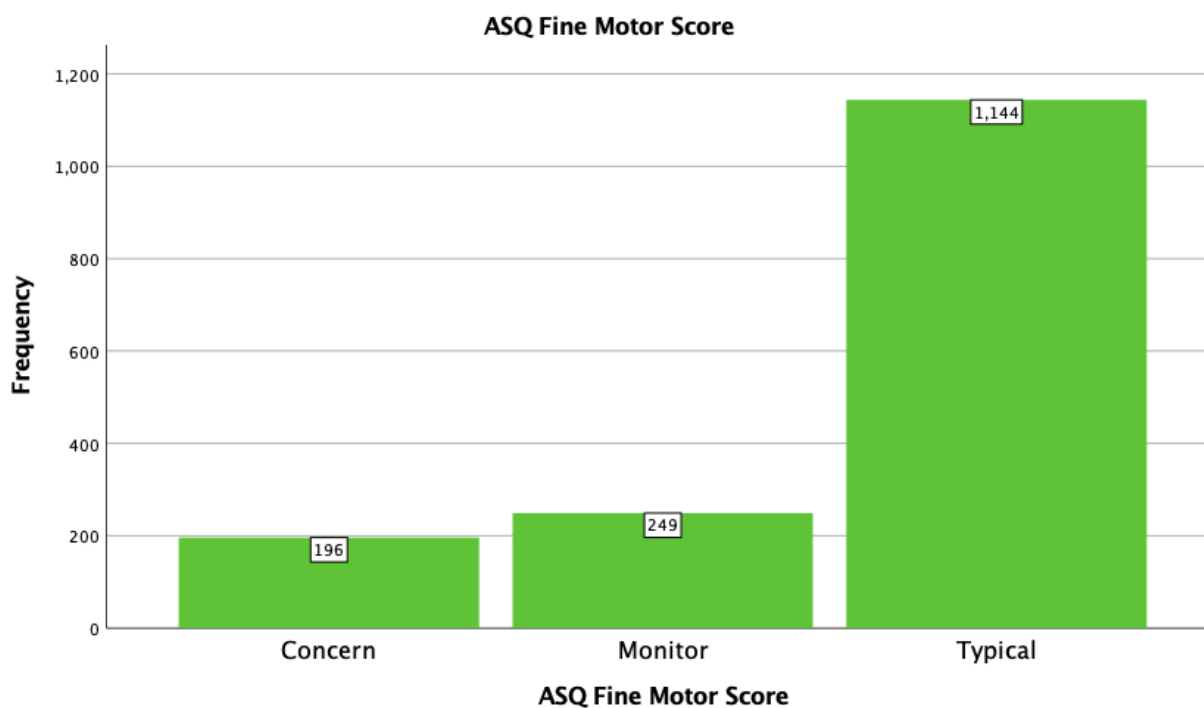


Table 26a. ASQ Fine Motor Score by Race

ASQ Fine Motor Score by Race					
Race	Concern	Monitor	Typical	Frequency	Percentage
White	112	154	694	960	60%
Black or African-American	17	22	79	118	7%
Other Race	2	0	4	6	0%
Asian	6	12	46	64	4%
Hispanic/Latino Origin	42	45	223	310	20%
Unknown	3	3	16	22	1%
Patient refused	3	1	12	16	1%
Multi-race	10	12	66	88	6%
American-Indian or Alaska Native	1	0	4	5	0%
Native Hawaiian	0	0	0	0	0%
Total	196	249	1144	1589	100%

Figure 21a. ASQ Fine Motor Score by Race

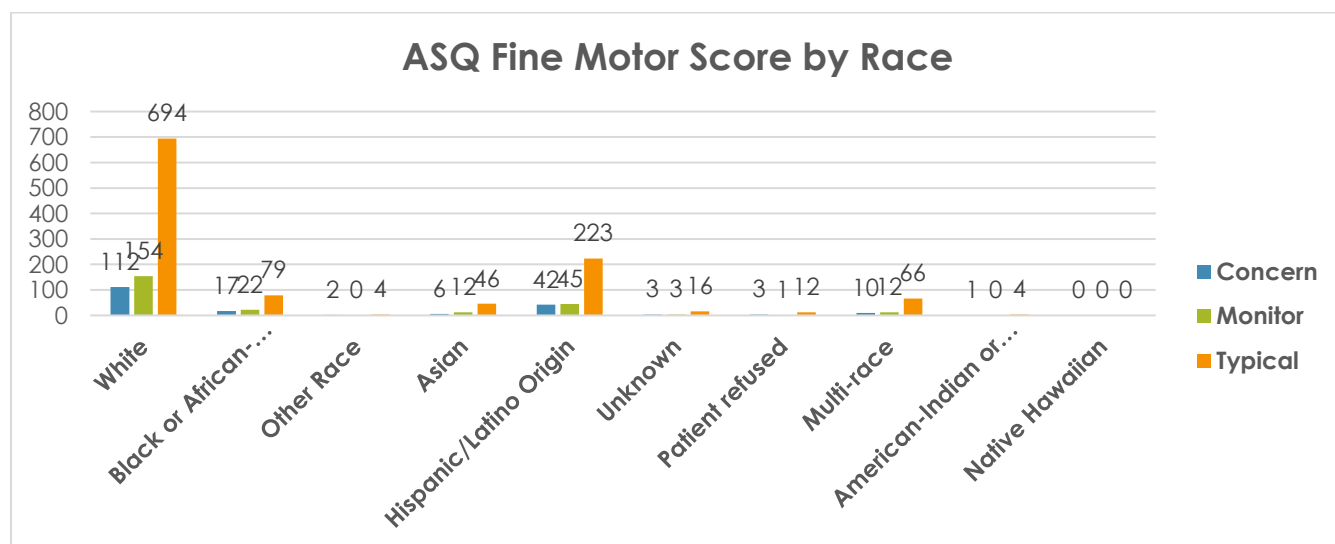


Table 26b. ASQ Fine Motor Score by County

ASQ Fine Motor Score by County					
County	Concern	Monitor	Typical	Frequency	Percentage
Lake County	0	0	1	1	0%
Los Angeles County	5	10	37	52	3%
Orange County	2	0	2	4	0%
Riverside County	88	84	527	699	44%
San Bernardino County	101	155	577	833	52%
Total	196	249	1144	1589	100%

Figure 21b. ASQ Fine Motor Score by County

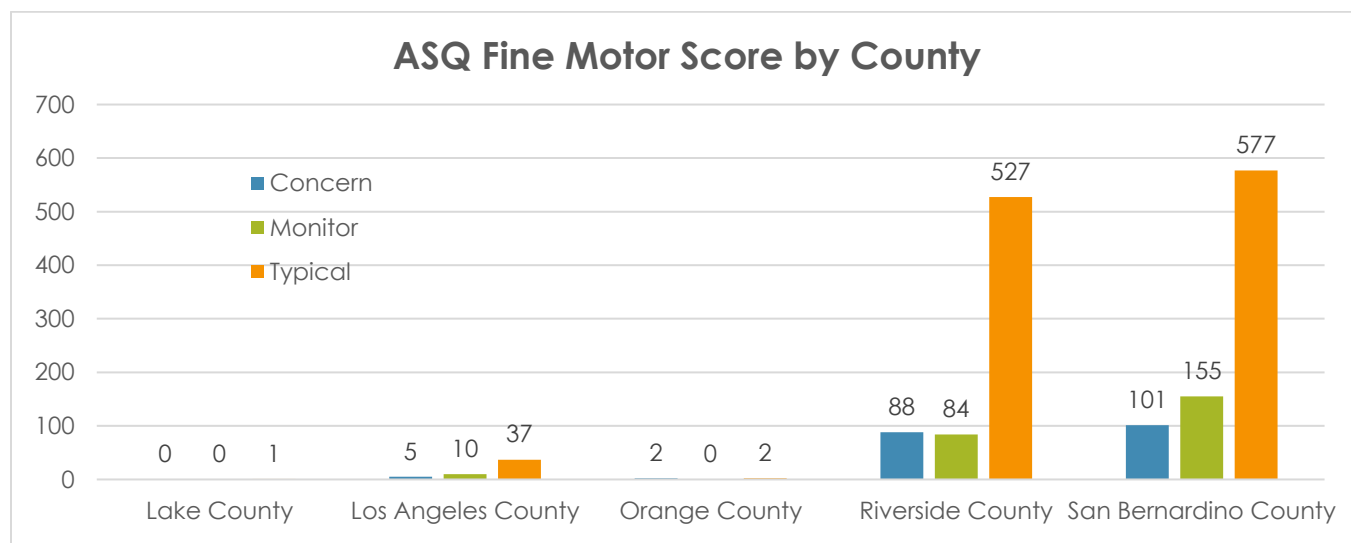


Table 26c. ASQ Fine Motor Score by Race and by County

ASQ Fine Motor Score by Race and by County						
Race	County	Concern	Monitor	Typical	Frequency	Percentage
White	Lake County	0	0	0	0	0%
	Los Angeles County	2	7	25	34	2%
	Orange County	1	0	1	2	0%
	Riverside County	50	46	329	425	27%
	San Bernardino County	59	101	339	499	31%
Black or African-American	Lake County	0	0	0	0	0%
	Los Angeles County	0	1	1	2	0%
	Orange County	0	0	0	0	0%
	Riverside County	10	10	32	52	3%
	San Bernardino County	7	11	46	64	4%
Other Race	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	1	0	2	3	0%
	San Bernardino County	1	0	2	3	0%



Asian	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	2	2	0%
	Orange County	0	0	0	0	0%
	Riverside County	2	7	19	28	2%
	San Bernardino County	4	5	25	34	2%
Hispanic/Latino Origin	Lake County	0	0	1	1	0%
	Los Angeles County	2	1	7	10	1%
	Orange County	1	0	1	2	0%
	Riverside County	19	11	104	134	8%
	San Bernardino County	20	33	110	163	10%
Unknown	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	2	3	5	10	1%
	San Bernardino County	1	0	11	12	1%
Patient refused	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	3	0	5	8	1%

	San Bernardino County	0	1	7	8	1%
Multi-race	Lake County	0	0	0	0	0%
	Los Angeles County	1	1	2	4	0%
	Orange County	0	0	0	0	0%
	Riverside County	1	7	29	37	2%
	San Bernardino County	8	4	35	47	3%
American Indian or Alaska Native	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	0	0	2	2	0%
	San Bernardino County	1	0	2	3	0%
Native Hawaiian	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	0	0	0	0	0%
	San Bernardino County	0	0	0	0	0%
Total		196	249	1144	1589	100%



Table 27. ASQ Problem Solving Score

ASQ Problem Solving Score	Frequency	Percentage
Concern	197	12.4%
Monitor	169	10.6%
Typical	1223	77.0%
Total	1589	100%

Figure 22. ASQ Problem Solving Score

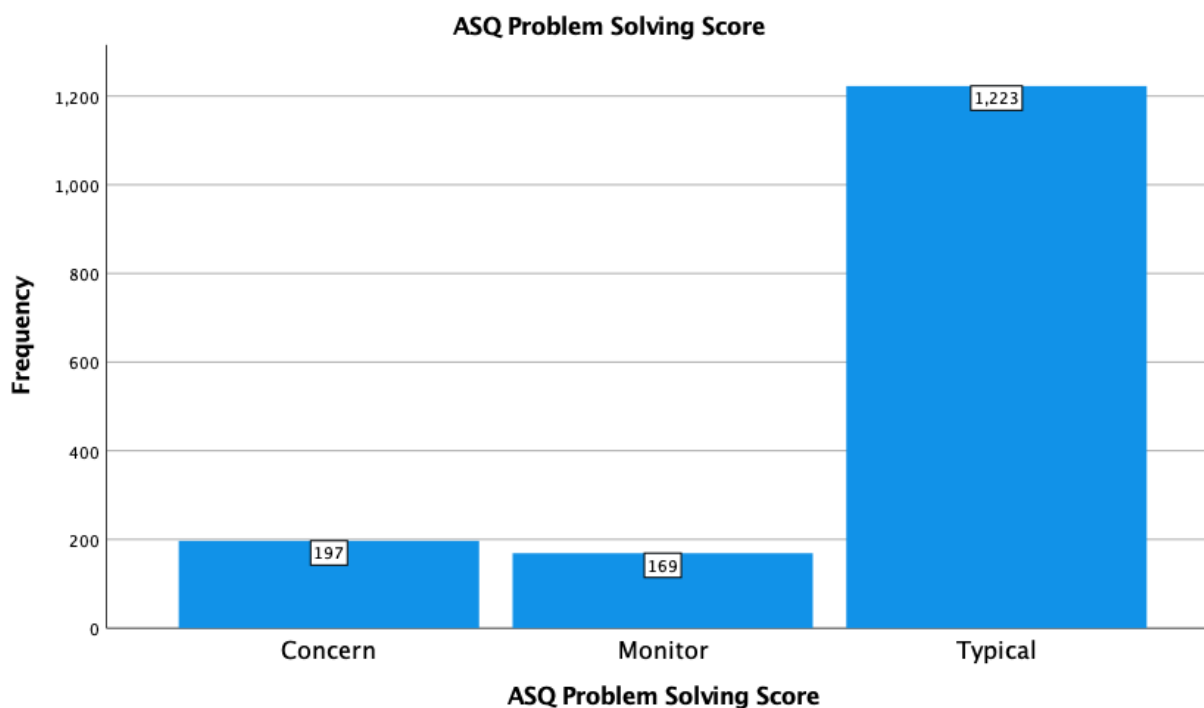


Table 27a. ASQ Problem Solving Score by Race

ASQ Problem Solving Score by Race					
Race	Concern	Monitor	Typical	Frequency	Percentage
White	118	104	738	960	60%
Black or African-American	22	12	84	118	7%
Other Race	1	1	4	6	0%
Asian	8	6	50	64	4%
Hispanic/Latino Origin	35	33	242	310	20%
Unknown	3	0	19	22	1%
Patient refused	0	4	12	16	1%
Multi-race	9	9	70	88	6%
American-Indian or Alaska Native	1	0	4	5	0%
Native Hawaiian	0	0	0	0	0%
Total	197	169	1223	1589	100%

Figure 22a. ASQ Problem Solving Score by Race

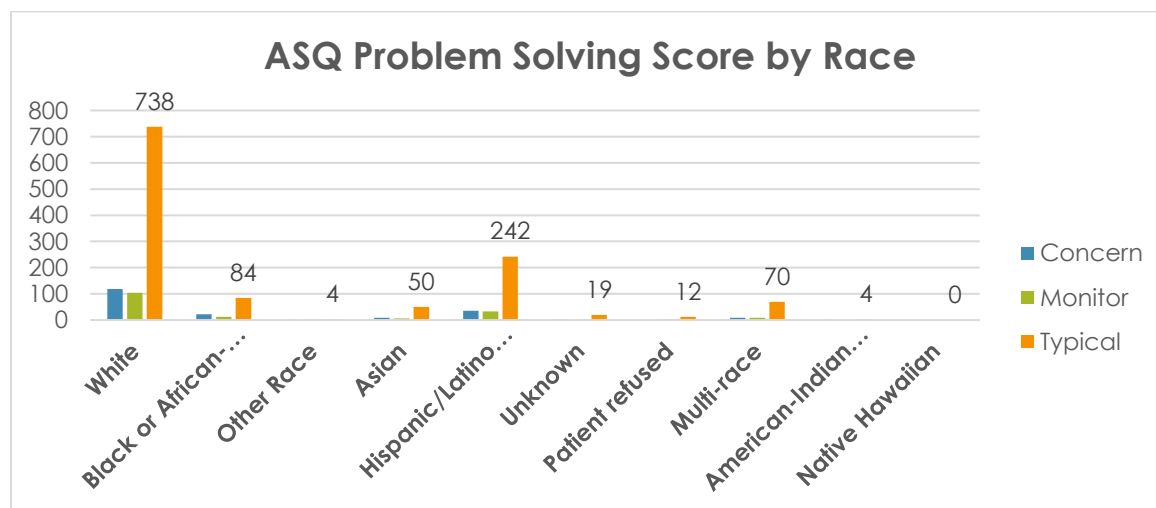


Table 27b. ASQ Problem Solving Score by County

ASQ Problem Solving Score by County					
County	Concern	Monitor	Typical	Frequency	Percentage
Lake County	0	0	1	1	0%
Los Angeles County	7	3	42	52	3%
Orange County	0	1	3	4	0%
Riverside County	90	69	540	699	44%
San Bernardino County	100	96	637	833	52%
Total	197	169	1223	1589	100%

Figure 22b. ASQ Problem Solving Score by County

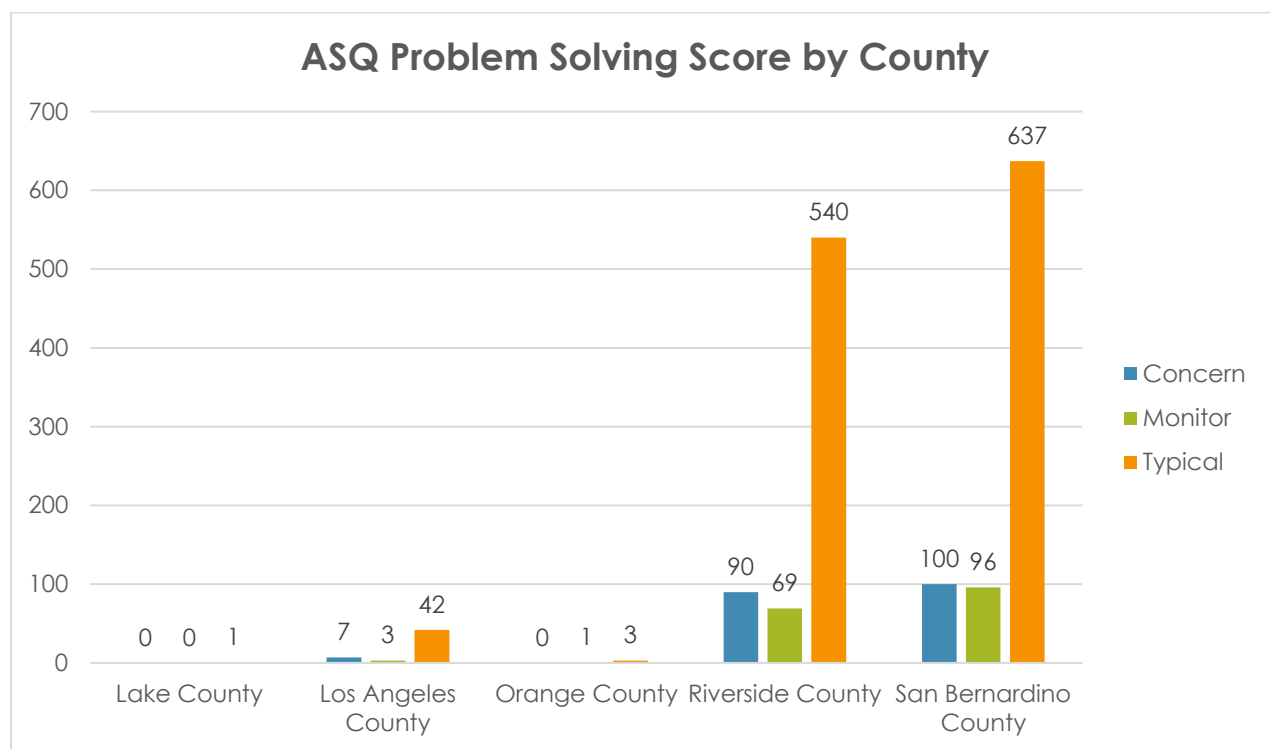


Table 27c. ASQ Problem Solving Score by Race and by County

ASQ Problem Solving Score by Race and by County						
Race	County	Concern	Monitor	Typical	Frequency	Percentage
White	Lake County	0	0	0	0	0%
	Los Angeles County	3	1	30	34	2%
	Orange County	0	1	1	2	0%
	Riverside County	57	42	326	425	27%
	San Bernardino County	58	60	381	499	31%
Black or African-American	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	2	2	0%
	Orange County	0	0	0	0	0%
	Riverside County	10	6	36	52	3%
	San Bernardino County	12	6	46	64	4%
Other Race	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	1	1	1	3	0%
	San Bernardino County	0	0	3	3	0%
Asian	Lake County	0	0	0	0	0%



	Los Angeles County	0	0	2	2	0%
	Orange County	0	0	0	0	0%
	Riverside County	6	2	20	28	2%
	San Bernardino County	2	4	28	34	2%
Hispanic/Latino Origin	Lake County	0	0	1	1	0%
	Los Angeles County	3	1	6	10	1%
	Orange County	0	0	2	2	0%
	Riverside County	13	13	108	134	8%
	San Bernardino County	19	19	125	163	10%
Unknown	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	2	8	10	20	1%
	San Bernardino County	1	0	11	12	1%
Patient refused	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	0	1	7	8	1%



	San Bernardino County	0	3	5	8	1%
Multi-race	Lake County	0	0	0	0	0%
	Los Angeles County	1	1	2	4	0%
	Orange County	0	0	0	0	0%
	Riverside County	1	4	32	37	2%
	San Bernardino County	7	4	36	47	3%
American Indian or Alaska Native	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	0	0	2	2	0%
	San Bernardino County	1	0	2	3	0%
Native Hawaiian	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	0	0	0	0	0%
	San Bernardino County	0	0	0	0	0%
Total		197	177	1225	1599	100%



Table 28. ASQ Personal Social Score

ASQ Personal Social Score	Frequency	Percentage
Concern	197	12.4%
Monitor	169	10.6%
Typical	1223	77.0%
Total	1589	100%

Figure 23. ASQ Personal Social Score

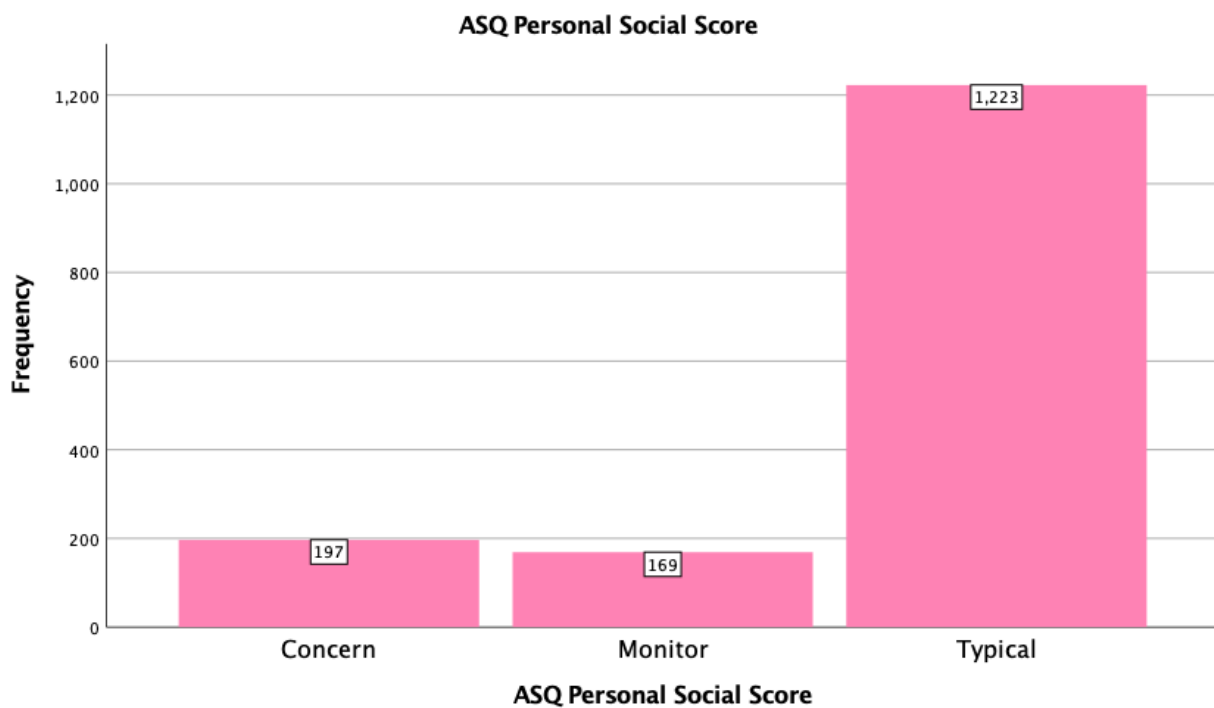


Table 28a. ASQ Personal Social Score by Race

ASQ Personal Social Score by Race					
Race	Concern	Monitor	Typical	Frequency	Percentage
White	118	104	738	960	60%
Black or African-American	22	12	84	118	7%
Other Race	1	1	4	6	0%
Asian	8	6	50	64	4%
Hispanic/Latino Origin	35	33	242	310	20%
Unknown	3	0	19	22	1%
Patient refused	0	4	12	16	1%
Multi-race	9	9	70	88	6%
American-Indian or Alaska Native	1	0	4	5	0%
Native Hawaiian	0	0	0	0	0%
Total	197	169	1223	1589	100%

Figure 23a. ASQ Personal Social Score by Race

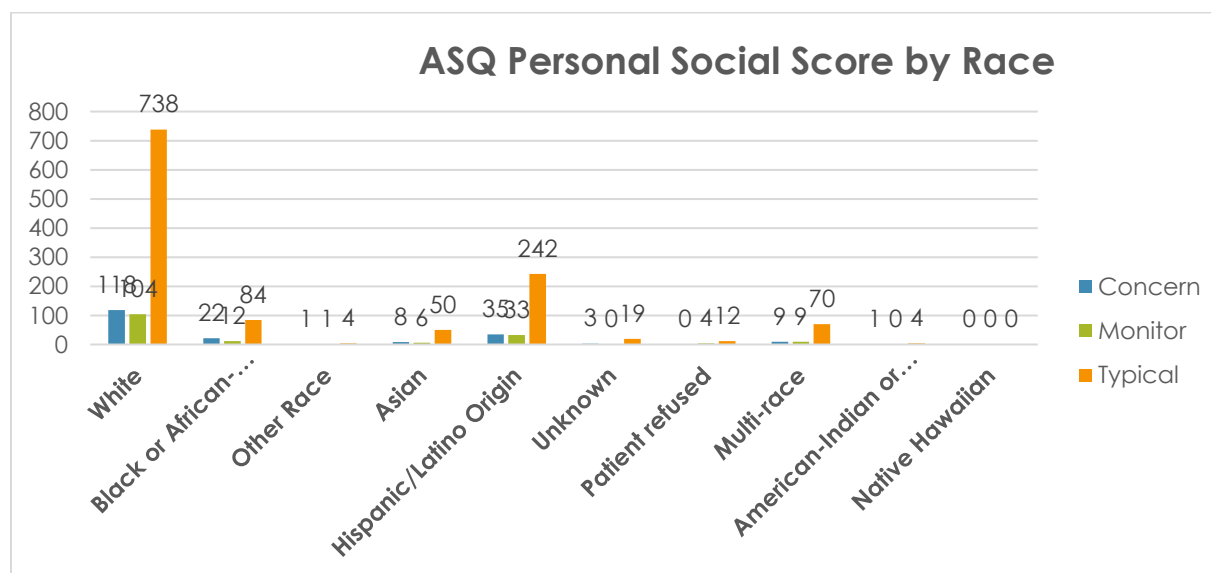


Table 28b. ASQ Personal Social Score by County

ASQ Personal Social Score by County					
County	Concern	Monitor	Typical	Frequency	Percentage
Lake County	7	0	1	1	0%
Los Angeles County	1	3	42	46	3%
Orange County	0	1	3	4	0%
Riverside County	90	69	540	699	44%
San Bernardino County	100	96	637	833	53%
Total	191	169	1223	1589	100%

Figure 23b. ASQ Personal Social Score by County

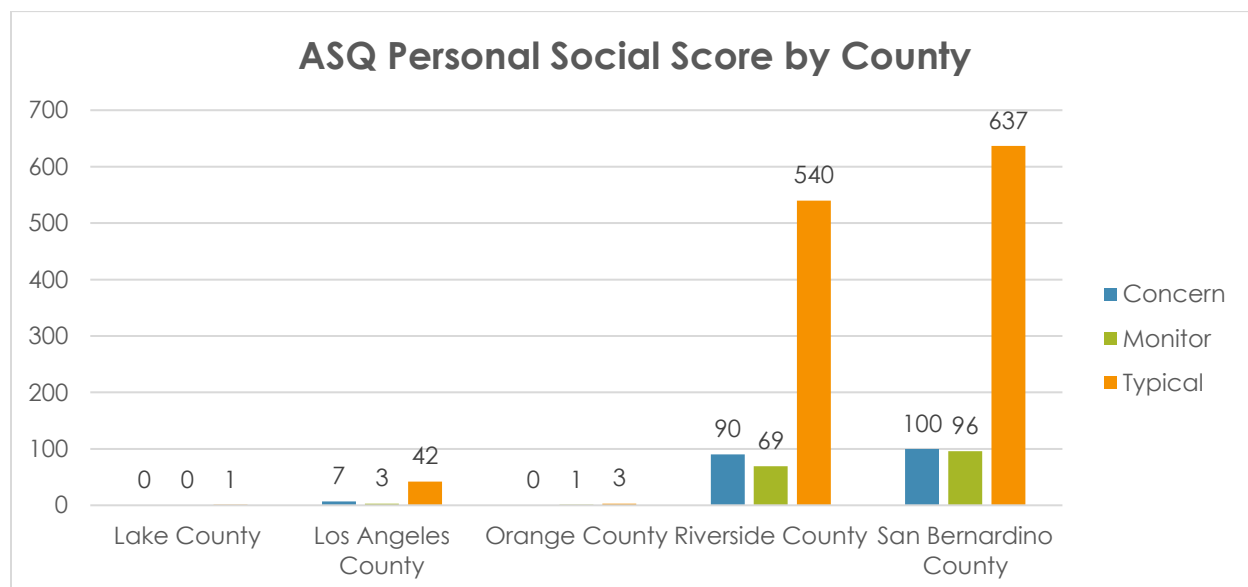


Table 28c. ASQ Personal Social Score by Race and by County

ASQ Personal Social Score by Race and by County						
Race	County	Concern	Monitor	Typical	Frequency	Percentage
White	Lake County	0	0	0	0	0%
	Los Angeles County	3	1	30	34	2%
	Orange County	0	1	1	2	0%
	Riverside County	57	42	326	425	27%
	San Bernardino County	58	60	381	499	31%
Black or African-American	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	2	2	0%
	Orange County	0	0	0	0	0%
	Riverside County	10	6	36	52	3%
	San Bernardino County	12	6	46	64	4%
Other Race	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	1	1	1	3	0%
	San Bernardino County	0	0	3	3	0%
Asian	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	2	2	0%



	Orange County	0	0	0	0	0%
	Riverside County	6	2	20	28	2%
	San Bernardino County	2	4	28	34	2%
Hispanic/Latino Origin	Lake County	0	0	1	1	0%
	Los Angeles County	3	1	6	10	1%
	Orange County	0	0	2	2	0%
	Riverside County	13	13	108	134	8%
	San Bernardino County	19	19	125	163	10%
Unknown	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	2	0	8	10	1%
	San Bernardino County	1	0	11	12	1%
Patient refused	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	0	1	7	8	1%
	San Bernardino County	0	3	5	8	1%

Multi-race	Lake County	0	0	0	0	0%
	Los Angeles County	1	1	2	4	0%
	Orange County	0	0	0	0	0%
	Riverside County	1	4	32	37	2%
	San Bernardino County	7	4	36	47	3%
American Indian or Alaska Native	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	0	0	2	2	0%
	San Bernardino County	1	0	2	3	0%
Native Hawaiian	Lake County	0	0	0	0	0%
	Los Angeles County	0	0	0	0	0%
	Orange County	0	0	0	0	0%
	Riverside County	0	0	0	0	0%
	San Bernardino County	0	0	0	0	0%
Total		197	169	1223	1589	100%



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b. **Information Only:** Help Me Grow Inland Empire Central Access Point (CAP) Evaluation Report FY 2020-2021 - **Receive and File**

376





Help Me Grow Inland Empire Central Access Point (CAP) Evaluation Report FY 2020-2021 07.01.2020-06.30.2021



The following report presents Help Me Grow Inland Empire (HMGIE) Data from Fiscal Year 2020-2021. The data displays who HMGIE (CAP) served, who was reached, what was provided, and how successful it was.



Acknowledgements

At Loma Linda University Health (LLUH), our commitment to caring for the mind, body, and spirit is part of everything we do. We're combining our educational, clinical care, and research arms to fulfill our institutional mission: to further the teaching and healing ministry of Jesus Christ: **to make man whole.**

Listen, Respect, and Engage are three powerful words that encompass the LLUH's approach in promoting equity in our communities. Community engagement requires us to listen to our communities, which leads to an increased level of respect, that allows us to then engage and find problem-solving solutions. **Loma Linda University's Institute for Community Partnership's (ICP)** mission is to ensure that LLUH is both **relevant** and **responsive** to the needs of our community. The Institute for Community Partnerships supports the implementation of LLUH's hospital community benefit investments and fulfillment of the priority focus areas, in close collaboration with its community partners. ICP also promotes and supports meaningful community-engaged research, academic service-learning at Loma Linda University Health (LLUH). The Institute plays a centralizing, coordinating, and implementation function for the four licensed hospitals at LLUH's community benefit investment dollars. We are committed to strategically working with our community partners to better understand and address the needs and strengths of the community through research, teaching, and service. Community participation is at the core of our efforts, with structured learning opportunities for career pathways for underrepresented minoritized students, training and workforce integration for community health workers, and community research projects.

With our **community partners**, this took on new meaning in 2020 with the impact of Covid-19 in how we worked collaboratively to improve the health and wellness of the people most impacted by the pandemic in our region. At LLUH, our focus on the social determinants of health aligns with our value of wholeness and ensures our system invests health not just healthcare.

Help Me Grow Inland Empire (HMGIE) provides both an access point for our most vulnerable families to be connected to community resources, and a system framework for providers to work together to ensure an organized system of support is available in our community. To ensure that we are providing resources that are needed and helpful to families, we seek continuous feedback from parents with children from pregnancy through age 8 to determine what support they would most like to see available in their community.

Help Me Grow Inland Empire Partners:

- First 5 San Bernardino
- First 5 Riverside
- Loma Linda University Children's Hospital
- Riverside University Health System
- SAC Health System

LLU's Institute for Community Partnerships has been asked to analyze the data, review the research, engage in community conversations, share the research results, and deliver a summary of lessons learned as well as create action steps that can be taken to promote child well-being in the Inland Empire. These action steps are based on information provided by HMGIE. We have incorporated strengths from successful models and practices, which could potentially be used within the Inland Empire to support families. These action steps focus on identifying culturally relevant supports needed for families of color. In addition, these steps focus on reducing existing barriers (including stigma) which prevent families from accessing support.

In collaboration and thoughtful partnership with Help Me Grow Inland Empire (HMGIE,) **this report features the work done by LLU's ICP & our partners in:**

- Reporting out on the clients and families served through HMGIE in FY 2020-2021.
- Reporting out on the number of developmental screenings and their results.
- Reporting out on the number of social determinants of health screenings and their results.
- Reporting out on the type and number of referrals given to families, based on need, and their completion rate.

Lastly, this work would not be possible without the families, community stakeholders and leaders, early childhood educators, medical professionals, school systems, community-based organizations who engaged with the HMGIE system during the program year.

Specific Acknowledgements:

- Marti Baum, MD
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- Juan Carlos Belliard, PhD, MPH

Special thanks to Crissy Irani and Jasmine Hutchinson as well for their contributions.

With gratitude,

Juan Carlos Belliard, PhD, MPH
Assistant Vice President for Community Partnerships
Professor in Global Health at the School of Public Health
Loma Linda University

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Fiscal Year 2020-2021 Executive Summary

Help Me Grow (HMG) Background

Help Me Grow is a national model that works to promote integrated, cross-sector collaboration to build efficient and effective early childhood systems that mitigate the impact of adversity and support protective factors among families. Through model implementation in communities and states across the country, the mission of Help Me Grow is to advance developmental promotion and promote early detection, referral, and linkage to community-based supports, such that all children can grow and thrive to their full potential.

Research Questions and Purpose of Report

This data report was compiled during fiscal year 2020-2021 to provide a comprehensive look at children from pregnancy through age eight served in San Bernardino and Riverside Counties (Inland Empire). It is intended to guide community efforts in reaching parents of young children and understanding their needs. This report provides measurements for the HMGIE action teams to determine desired long-term population outcomes, as well as implementation strategies that will reach families and meet existing resource needs. Wherever possible, the data in this report is provided in total, and when possible, by County and race level data for comparison.

This report aims to answer two priority questions: 1) *In FY 20-21, who did HMGIE serve?* This question will be answered by describing the quantitative summary of the first twelve months along with an analysis of indicators (who did we reach, what did we provide, how well did we do it) and 2) *In FY 20-21, of the families served, what resources/referrals were verified as they linked to?* How successful were those referrals?

Data Collection and Analysis Process:

The Data and Evaluation component of Help Me Grow Inland Empire (HMGIE) ensures that the appropriate information is being gathered to support families in connecting to services, provides useful information for the community on family needs and resource gaps, and informs ongoing improvement efforts.

The Central Access Point (CAP) data reflects contacts, activities, and actions completed by HMGIE Program Coordinators. This work starts with calls to the toll-free telephone line, emails or as a referral generated through the HMGIE Electronic Data System (EDS) by a medical professional. The CAP database reflects all contact activity for HMGIE and data is currently recorded across a variety of Excel and Word files. In Fiscal Year 2021-2022, funding has been provided by Riverside and San Bernardino First 5s for the CAP to have a custom-built database constructed to better meet the data entry and reporting analytics for the growing HMGIE system.

Currently, as part of the Pilot, the age appropriate ASQ-3 and an SDOH screener are issued through the patient portal, MyChart. Parents complete these screeners using a smart device and the scores are automatically tabulated and returned to the physician's workflow for the upcoming appointment. Analysis was completed using SPSS-27 and Microsoft Excel. Statistical tests used include T-Tests, ANOVA, Paired T-Tests and general frequency and descriptive data analyses.



Summary of Findings:

During FY 20-21, a total of 803 families were seen through the Central Access Point. A total of 1,051 individual SDOH domain screenings were completed, and 349 ASQ-3 Screenings (43% of all families). Based on the participant demographics, most of the clients self-identified as ‘Male’ gender (N=426, 53.2%), ‘Hispanic’ (N=504, 62.9%) race/ethnicity, and primarily spoke ‘English’ (N=625, 77.8%) at home. Furthermore, the majority indicated that the child age in years at program entrance was ‘4 years old’ (N=216, 26.9%). Of the 803 clients, 489 clients received at least one referral (60.8%). Of the 489 clients that received at least one referral, 419 received more than one referral (85.6%). Overall, 2,555 total referrals were verified as made in every category and of those referrals, a total of 483 were completed.

Of the 803 clients served in FY 20-21, 265 received at least one screening on an SDOH domain (33%.) The overall total of SDOH screenings includes the sum of the various domains of the SDOH screenings, regardless of results (arriving at 1,052). A total of 291 children received an ASQ-2 screening of which 73% displayed “no concern”, 11% noted “monitor” and 15% displayed “concern.” Of those who completed an ASQ SE-2, 183 identified as Hispanic/Latino (63%) of which 140 (77%) displayed an atypical result (monitor or concern). Of the 803 clients served in FY 20-21, 347 received at least one ASQ 3 screening (43.2%). Of those that received an ASQ-3 (N=347), 284 accessed it in English and 47 accessed it in Spanish. Two families completed the screening verbally over the telephone. The majority of those screened (N=347), were screened at the 54-month engagement point (N=69, 28.5%), 42-month engagement point (25.9%) and 6-month engagement point (19.8%).

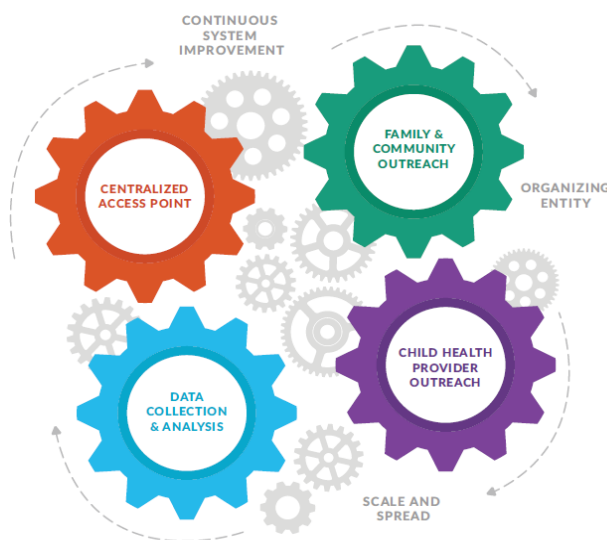


Help Me Grow Background:

Help Me Grow (HMG) is a national model that works to promote integrated, cross-sector collaboration to build efficient and effective early childhood systems that mitigate the impact of adversity and support protective factors among families. Through model implementation in communities across the country, the mission of Help Me Grow is to advance developmental promotion and promote early detection, referral, and linkage to community-based supports, such that all children can grow and thrive to their full potential. Help Me Grow is not a stand-alone program, but rather utilizes and builds on existing resources in a community to provide a more comprehensive approach to early childhood system strengthening.

Successful implementation of HMG leverages community resources, maximizes existing opportunities, and advances a coalition working collaboratively toward a shared agenda through the implementation and cooperation of four Core Components:

- 1) A Centralized Access Point integrally assists families and professionals in connecting children to appropriate community-based programs and services;
- 2) Child Health Care Provider Outreach supports early detection and intervention, and loops the medical home into the system;
- 3) Family & Community Outreach supports education to advance developmental promotion, and also grows awareness of the system and the services that it offers to families and community-facing providers;
- 4) Data Collection and Analysis supports evaluation, helps identify systemic gaps, bolsters advocacy efforts, and guides quality improvement so the system is optimally supporting families and ensuring children receive what they need, when they need it.



Database Entry and Background:

The Help Me Grow Inland Empire (HMGIE) Electronic Data System (EDS) is the activity recorded in the medical record (EPIC) as related to the HMGIE Pilot launched in 2020. This system connects Loma Linda University Children's Hospital (LLUCH), Riverside University Health System, and SAC Health System (SACHS) so that in advance of Well Child appointments, parents are issued screeners electronically via My Chart (online patient portal).

The age appropriate ASQ-3 and an SDOH screener are currently issued as part of the Pilot. Parents complete these screeners using a smart device and the scores are automatically tabulated and returned to the physician's workflow for the upcoming appointment.

Data Collection and Analysis:

The Data and Evaluation component of HMG ensures that the appropriate information is being gathered to support families in connecting to services, provides useful information for the community on family needs and resource gaps, and informs ongoing improvement efforts. Information on system operations is critical to ensuring that families are connected to the right services in an appropriate and timely manner.

HMG is in a unique position to collect data that reflect system-level issues: not only who calls and why, but also what happens to families seeking help. Data Collection and Analysis also serves as a crucial tool for Continuous Quality Improvement. Evaluation of the HMG system helps to assess how well it is working or what may need to be changed to improve the service, including gaps and barriers.

Data Collection and Analysis ensures ongoing capacity for continuous system improvement, a key structural requirement of HMG. Data are collected throughout all components of the HMG system, including child health provider outreach, family and community outreach, and within the centralized access point.

The collection of a set of shared metrics across the HMG National Network informs the national narrative regarding the impact of HMG on children and family across the country. The collection of locally sourced metrics enables HMGIE affiliates to benchmark progress, identify areas of opportunity and systemic gaps, and guide strategic quality improvement projects.

Fidelity to the component of Data Collection and Analysis consists of the following criteria:

- HMG-specific data are regularly monitored to determine relevant trends, patterns, and opportunities for improvements;
- HMG-specific data are shared across partners through strategies such as provision of regular reports, ad hoc requests, and targeted evaluation projects;
- Opportunities are identified for and conducting continuous quality improvement projects using HMG-specific data; and



- HMG-specific data, such as identification of systemic barriers, are leveraged to generate community change.

Analysis was completed using SPSS-27 and Microsoft Excel. Statistical tests used include T-Tests, ANOVA, Paired T-Tests and general frequency and descriptive data analyses.

About This Report:

This data report was compiled during fiscal year 2020-2021 to provide a comprehensive look at children from pregnancy through age eight served in San Bernardino and Riverside Counties (which are in the Inland Empire). It is intended to guide community efforts in reaching parents of young children and understanding their needs. This report provides measurements for the HMGIE action teams to determine desired long-term population outcomes, as well as implementation strategies that will reach families and meet existing resource needs. Wherever possible, the data in this report is provided in total, and when possible, by County level data for comparison. By coordinating services from pregnancy to age eight under a coordinated access point, HMGIE provides a systematic way to gather ongoing data on family needs, available resources, and service gaps. Identifying service gaps can inform future advocacy and investment efforts.

This report is broken into two parts to answer the two main research questions. Section 1 covers a landscape of who was served during FY 2020-2021. Landscape data includes general demographics of participants. Section 2 covers a deeper analysis of what services, assessments and referrals were verified as provided to families.

Client Snapshot:

Prior to diving into the quantitative aspects of this report, HMGIE found it important to provide a sense and how families and clients are being served. Aside from what is captured in the database, there are also numerous communication efforts that take place between the family and HMGIE to ensure families are receiving the information and resources they need and are getting their questions answered.

To illustrate this work, two case studies were prepared of clients and families who entered HMGIE through the CAP and received screenings, resources, and referrals.

CAP Client Snapshot #1

Referral Pathway to HMGIE:

Medical Provider

HMGIE Care Coordination Activities:

- Conducted Ages & Stages Questionnaire – Social/Emotional (ASQ-SE) screening
- Conducted Social Determinants of Health (SDOH) screening
- Referred to child counseling services
- Referred to local food pantry
- Referred to CalFresh and Women, Infants & Children (WIC)
- Referred to Managed Care
- Provided care coordination activities update to Medical Provider

Child's Development Concern:

- Behavioral

Family's SDOH Concerns:

- Financial Strain
- Social Connections
- Food Insecurity
- Transportation Needs
- Housing Stability

Duration of HMGIE's Engagement with Family: 30 days

Number of HMGIE Care Coordination Contacts with Family: 5

CAP Client Snapshot #2

Referral Pathway to HMGIE:

Early Child Educator

Child Age: 2yrs

HMGIE Care Coordination Activities:

- Conducted Ages & Stages Questionnaire – Social/Emotional (ASQ-SE) screening
- Conducted Social Determinants of Health (SDOH) screening
- Referred to low cost or free day care

Child's Development Concern:

- Development

Family's SDOH Concerns:

- Financial Strain

Duration of HMGIE's Engagement with Family: 2 days

Number of HMGIE Care Coordination Contacts with Family: 2

Section 2

Evaluation Question #1

Who did
Help Me Grow
Inland Empire
Serve in FY
2020-2021?



²⁹Map of the Inland Empire, California.

Overall Participation

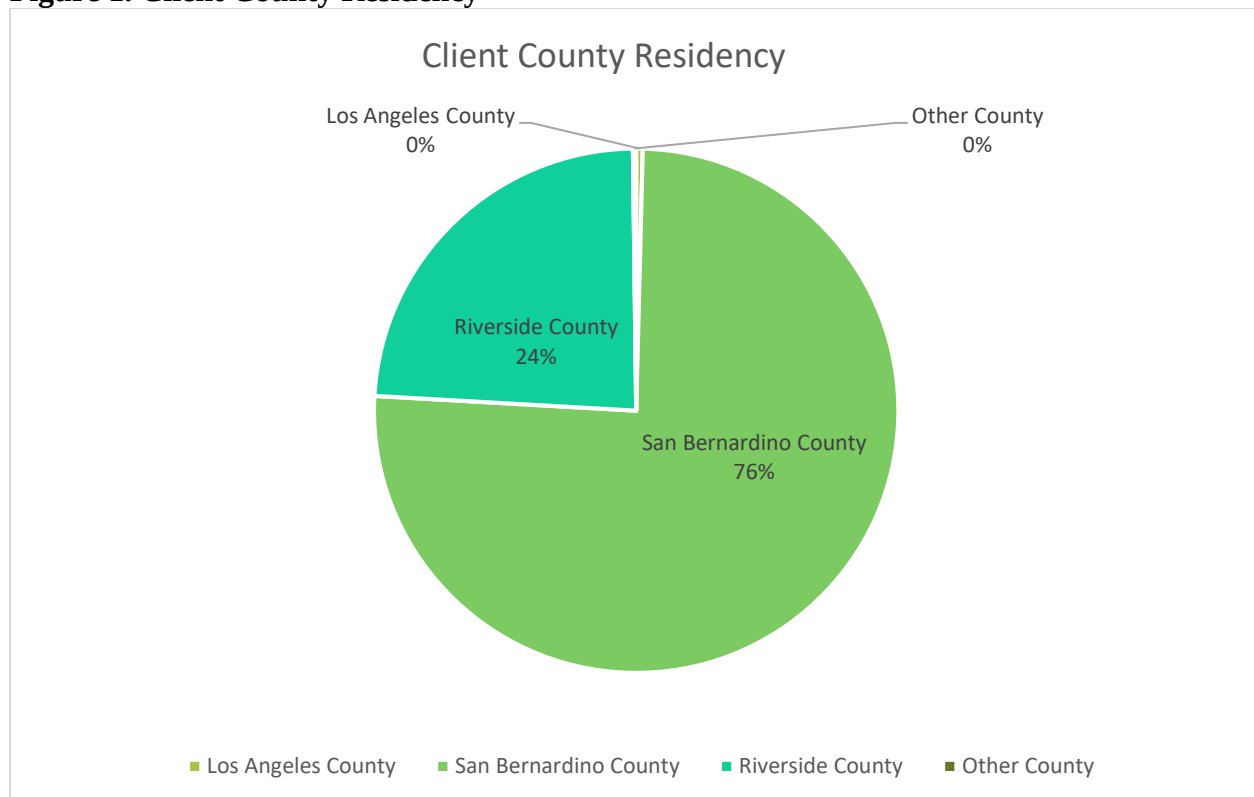
A total of 803 families were enrolled in HMGIE in FY 2020-2021 through Central Access Point (CAP).

Service Geography

Of the 803* families enrolled through CAP, nearly 24% of families identified living in Riverside County, while 76% reside in San Bernardino County. [Appendix A, Table 1].

*Note that only clients living in Riverside and San Bernardino Counties are captured within the CAP system. Clients who come from other counties are referred to their local care hub or HMG resource.

Figure 1. Client County Residency*



*Please note that these are not reflective of generic calls coming into the call center, but rather strategic outreach efforts. Calls came directly from partner sites due to partnership.

Zip Code

The top 5 zip codes from the list of top ten, were '92410' (N=71, 8.8%), '92392' (N=66, 8.2%), '92404' (N=66, 8.2%), '92371' (N=42, 5.2%), and '92345' (N=27, 3.4%).

For the service priority areas, the responses indicated the following for San Bernardino and Riverside:

- San Bernardino
 - '92410' (N=71, 8.8%)
 - '92392' (N=66, 8.2%)
 - '92404' (N=66, 8.2%)
- Riverside
 - '92507' (N=9, 1.1%)
 - '92240' (N=6, 0.7%)
 - '92509' (N=4, 0.5%)

Table 2. Top Ten Zip Code List, Overall

Zip Code	Frequency	Percentage
92410	71	8.8%
92392	66	8.2%
92404	66	8.2%
92371	42	5.2%
92345	27	3.4%
92376	20	2.5%
92346	19	2.4%
92397	18	2.2%
92407	18	2.2%
92372	17	2.10%

*Only the top ten zip codes are displayed. To view the comprehensive frequency and percentage table, please refer to Appendix A, Table 2a.

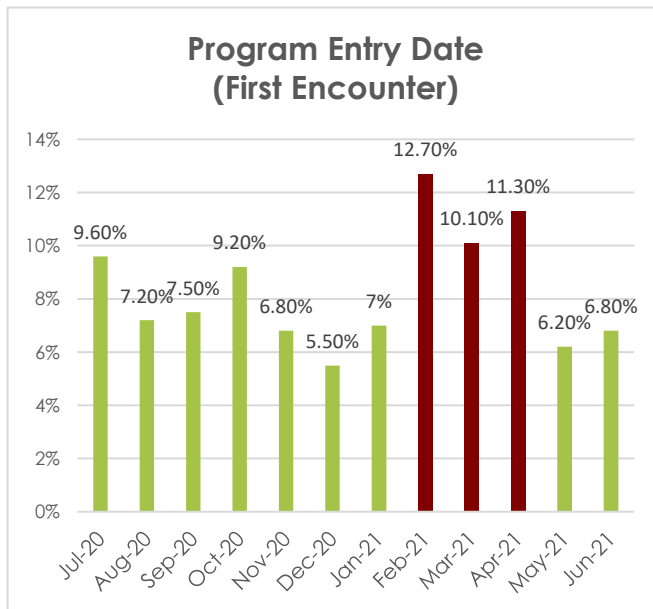
Program Entry Date (First Encounter)

Of the total responses to this question (N=803): the three months with the highest program entries during Fiscal Year 2020-2021 were:

- ‘February 2021’ (N=102, 12.7%),
- ‘April 2021’ (N=91, 11.3%), and
- ‘March 2021’ (N=81, 10.1%).

[Appendix A, Table 3.]

Figure 2. Program Entry Date (First Encounter)



[Appendix A, Table 4. and Figure 3.]

Method of Program Entry

Of the total responses to this question (N=803): the top method of program entry was through ‘EDS’ (N=317, 39.5%).

Referral Source

Of the total responses to this question (N=803), the top three referral sources were:

- ‘Internal Pediatrics through Loma Linda University (Internal Peds)’ (N=253, 31.5%),
- ‘School District Personnel’ (N=244, 30.4%), and
- ‘Family Member or Caregiver’ (N=84, 10.5%).

[Appendix A, Table 5. and Figure 4.]

Caller Relationship to Client*

Of the total responses to this question (N=803): when asked to indicate the caller relationship to the client, the majority selected ‘Parent’ (N=758, 94.4%).

[Appendix A, Table 6. and Figure 5.]

*While the majority of responses indicated that the calls came from the parent, it is important to note that the parent may have been directed to call. The caller was likely referred from three primary buckets; doctor/medical provider/behavioral specialist, teacher or organically/self-referral.

Client Demographics

Client Gender

Of the total responses to this question (N=801):

- 426 (53.2%) indicated that they were 'Male' and
- 342 (42.7%) indicated 'Female'.

[Appendix A, Table 7. and Figure 6.]

Client Race/Ethnicity*

Of the total responses to this question (N=801), the top three client races/ethnicities identified were:

- 'Hispanic' (N=504, 62.9%),
- 'White' (N=105, 13.1%), and
- 'Black' (N=77, 9.6%).

[Appendix A, Table 8. and Figure 7.]



Child Age in years (at program entrance)

Of the total responses to this question (N=802,) the top three age in years (at program entrance) identified were:

- '4 years old' (N=216, 26.9%),
- 'Under 1 years old' (N=131, 16.3%), and
- '3 years old' (N=100, 12.5%).

[Appendix A, Table 9., Table 9a and Figure 8.]

Child Age in months (at program entrance)

Of the total responses to this question (N=802), the top child age in months (at program entrance AND less than or equal to 66 months) identified were:

- '49 months' (N=34, 4.2%), and
- '55 months' (N=25, 3.1%).

[Appendix A, Table 10., Table 10a and Figure 9.]

Primary Language Spoken at Home*

Of the total responses to this question (N=803,) when asked to indicate the primary language spoken at home:

- The majority selected 'English' (N=625, 77.8%) and
- 'Spanish' (N=168, 20.9%).

[Appendix A, Table 11. and Figure 10.]

**The client race, ethnicity and primary language spoken at home is self-identified.*

Summary of Clients Served

- When examining service geography for families enrolled through CAP, it was found that the top zip code where families reside was '92410' (N=71, 8.8%) (within San Bernardino County.)
- Of the families served, nearly 24% identified as living in Riverside County and 76% reside in San Bernardino County. Most clients entered the program in February 2021 (N=102, 12.7%) and indicated that 'EDS' (LLEAP) was the primary method of program entry (N=317, 39.5%).
- Based on the participant demographics, most clients self-identified as 'Male' gender (N=426, 53.2%), 'Hispanic' (N=504, 62.9%) race/ethnicity, and primarily spoke 'English' (N=625, 77.8%) at home.
- The majority indicated that the child age in years at program entrance was '4 years old' (N=216, 26.9%).

Section 2

Evaluation Question #2

***What Assessments Did
Families Receive?***

***What Resources and
Referrals were verified
as Families Linked to?***



Overall Referrals Completed

Of the 803 clients, 489 clients received at least one resource referral (60.8%). Of the 489 clients that received at least one referral, 419 received more than one referral (85.6%). Overall, 2,555 total referrals were verified as made in every category and of those referrals, a total of 483* were completed.

*Known and reported on; likely an underestimate. The current system is an open loop system where communication and confirmation of referrals is staff driven. Staff are required to follow up with each family at least three times to confirm receipt and confirmation of completion of the referral.



Referral to Medical and/or Health Providers

Of the 190 referrals made to medical and/or health providers, the majority, 169 (88.9%), were referred to Dental.

Of the total 190 referrals made to medical and/or health providers, 26 (13.7%) referrals were verified as completed.

[Appendix B, Table 12. and Table 12a.]

Referral to Inland Regional Center

Of the 59 referrals made to Inland Regional Center...

- 43 (72.9%) were referred to Early Start and
- 16 (27.1%) were referred to 3 and Above.

Of the total 59 referrals made to Inland Regional Center, 45 (76.3%) referrals were verified as completed.

[Appendix B, Table 13. and Table 13a.]

Referral to Pediatric-based Intervention

Of the 184 referrals made to Pediatric-based Intervention...

- 155 (84.2%) were referred to Physical Therapy
- 23 (12.5%) were referred to Speech Therapy,
- 3 (1.6%) were referred to Speech Therapy and Occupational Therapy
- 3 (1.6%) were referred to Speech, Occupational and Physical Therapy.

Of the total 184 referrals made to Pediatric-based Intervention, 20 (10.9%) referrals were verified as completed.

[Appendix B, Table 14. and Table 14a.]



Referral to Special Education Local Plan Areas (SELPA)

Of the 177 referrals made to SELPA, the majority, 162 (91.5%) were referred to Desert/Mountain Children's Center.

Of the total 177 referrals made to SELPA, 15 (8.5%) referrals were verified as completed.

[Appendix B, Table 15. and Table 15a.]

Referral to Early Learning Settings-Center Based

Of the 170 referrals made to Early Learning Settings-Center Based...

- 155 (91.2%) were referred to Child Care Resource Center & Others,
- 10 (5.9%) were referred to Child Care Resource Center and
- 4 (2.4%) were referred to Childcare.

Of the total 170 referrals made to Early Learning Settings-Center Based, 11 (6.5%) referrals were verified as completed.

[Appendix B, Table 16. and Table 16a.]

Referral to Home Visiting

Of the 140 referrals made to Home Visiting, all 140 (100%) referrals were verified as made to First 5 Riverside Home Visiting.

Of the total 140 referrals made to Home Visiting, 1 (0.7%) referral was verified as completed.

[Appendix B, Table 17. and Table 17a.]

Referrals Made:

170 referrals made to Early Learning Settings-Center Based

140 referrals made to Home Visiting

224 referrals made to Family Child Advocates

202 referrals made to Child Welfare

Referral to Family/Child Advocates

Of the 224 referrals made to Family/Child Advocates, the top three referrals were verified as to...

- Birth & Beyond (N=162, 72.3%),
- Purpose Point (N=5, 2.2%) and
- Asanta Family Agency (N=5, 2.2%).

Of the total 224 referrals made to Family/Child Advocates, 21 (9.4%) referrals were verified as completed.

[Appendix B, Table 18. and Table 18a.]

Referral to Child Welfare

Of the 202 referrals made to Child Welfare, the majority, 159 (78.7%) were referred to Applied Behavior Analysis (ABA) Therapy.

Of the total 202 referrals made to Child Welfare, 25 (12.4%) referrals were verified as completed.

[Appendix B, Table 19. and Table 19a.]

Referral to Health and Humans Services Agency

Of the 127 referrals made to Health and Humans Services Agency...

- 73 (57.4%) were referred to San Bernardino Cash Assistance Program and

Of the total 127 referrals made to Health and Humans Services Agency, 37 (29.1%) referrals were verified as completed.

[Appendix B, Table 20. and Table 20a.]

Referral to School Systems

Of the 109 referrals made to School Systems...

- 109 (100%) were referred to Individualized Educational Plans.

Of the total 109 referrals made to School Systems, 87 (79.8%) referrals were verified as completed.

[Appendix B, Table 21. and Table 21a.].

Percentage of Successfully Completed Referrals:

29.1% *Health and
Humans Services
Agency*

79.8% *School
Systems*

27.5% *Parent
Educators*

Referral to Parent Educators

Of the 51 referrals made to Parent Educators, 35 (68.6%) were referred to Parenting Classes.

Of the total 51 referrals made to Parent Educators, 14 (27.5%) referrals were verified as completed.

[Appendix B, Table 22. and Table 22a.].

Referral to Intimate Partner Violence Prevention

Of the 2 referrals made to Intimate Partner Violence Prevention, all 2 (100%) were referred to Alternatives to DV.

Of the total 2 referrals made to Intimate Partner Violence Prevention, none (0%) of the referrals were verified as completed.

[Appendix B, Table 23. and Table 23a.]

Referral to Special Supplemental Nutrition

Of the 74 referrals made to Special Supplemental Nutrition...

- 28 (37.8%) were referred to CalFresh,
- 12 (16.2%) were referred to CalFresh and WIC
- 34 (45.9%) were referred to WIC.

Of the total 74 referrals made to Special Supplemental Nutrition, 38 (51.4%) referrals were verified as completed.

[Appendix B, Table 24. and Table 24a.]

Referral to Faith-based or Nonprofit Service Initiatives

Of the 277 referrals made to Faith-based or Nonprofit Service Initiatives, the top three referrals were verified as to...

- Jr. League Diaper Bank (N=60, 21.7%),
- Project TOUCH (N=25, 9.0%) and
- Rainbolt Ritecare CLC (N=15, 5.4%).

Of the total 277 referrals made to Faith-based or Nonprofit Initiatives, 138 (49.8%) referrals were verified as completed.

[Appendix B, Table 25. and Table 25a.]

Special Supplemental Nutrition:

74 referrals made
51.4% completed

Faith-based or Nonprofit Service Initiatives:

277 referrals made
49.8% completed

Child and Family Legal Services:

8 referrals made
62.5% completed

Referral to Child and Family Legal Services

Of the 8 referrals made to Child and Family Legal Services,

- 2 (25.0%) were referred to Consulate,
- 3 (37.5%) were referred to Legal Aid and
- 3 (37.5%) were referred to San Bernardino Community Service Center.

Of the total 8 referrals made to Child and Family Legal Services, 5 (62.5%) referrals were verified as completed.

[Appendix B, Table 26. and Table 26a.]

Social Determinants of Health Screening

Review of what assessments were provided to families and their results.

Help Me Grow Inland Empire utilizes a social determinants of health (SDOH) screening process to determine risk levels for certain categories to refer and link families to appropriate resources. The CAP prioritized four SDOH focus areas: food, housing, financial and transportation. Other SDOH screenings are conducted based off disclosed need. An atypical score (risk) is coded as red, yellow is somewhat at risk, and green is no risk.

Social determinants of health are the conditions in which people are born, grow, live, work and age that shape health. Social determinants of health include factors like socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as access to health care. Addressing SDOHs is important for improving health and reducing longstanding disparities in health and health care.

Of the 803 clients served in FY 20-21, 265 received at least one screening on an SDOH domain (33%.) The overall total of SDOH screenings includes the sum of the various domains of the SDOH screenings, regardless of results (arriving at 1,052.) Table 27. Below shows a breakdown of the number of screenings per focused domain of the SDOH and the percentage that displayed an atypical score. A comprehensive table of all results for all domains can be found in the Appendices, Tables 28-30.

Table 27. Social Determinants of Health: Atypical Score

Social Determinant of Health (SDOH)	Total number of screenings	Of the number of screenings, % that had an atypical score
Food Insecurity	249	57.30%
Housing Risk	221	25.30%
Financial Strain	248	15.80%
Transportation Risk	249	2.60%

Additionally, when looking at individual domains of the SDOH screening, Hispanic/Latino self-identified families/clients living in San Bernardino County (as opposed to Riverside County) were statistically more significantly ($p=0.05$) more likely to score atypical in food insecurity, financial strain, transportation risk and housing risk.

Please note: No reported screenings were made and/or data available was 'not applicable' for analysis for Postpartum Depression, Tobacco Risk SDOH, Alcohol Risk SDOH, Social Connection Risk SDOH, Intimate Partner Violence Risk SDOH, Physical Activity Risk SDOH and Stress Risk SDOH. Furthermore, please note that there may be slight variances in the SDOH total number of screenings and total responses; such discrepancies such as the need for data standardization may have affected the mutually exclusive and non-duplicated data format. As mentioned above, the CAP system focuses on four areas unless otherwise indicated as a need.



Table 28. Social Determinants of Health: Comprehensive List by Race

	Race	Green	Yellow	Red	Total (N)
Financial Strain Risk SDOH	White	4 (18.2%)	12 (54.2%)	6 (27.3%)	22
	Hispanic	24 (14.5%)	76 (45.8%)	66 (39.8%)	166
	Multi-race	2 (16.7%)	4 (33.3%)	6 (50.0%)	12
	Black or African American	9 (25.7%)	15 (42.9%)	11 (31.4%)	35
	Unknown	2 (40.0%)	2 (40.0%)	1 (20.0%)	5
	Asian	2 (28.6%)	3 (42.9%)	2 (28.6%)	7
	Other	1 (100%)	0	0	1
Food Insecurity Risk SDOH	Race	Green	Yellow	Red	Total (N)
	White	14 (63.6%)	0	8 (36.4%)	22
	Hispanic	58 (34.9%)	4 (2.4%)	104 (62.7%)	166
	Multi-race	7 (58.3%)	0	5 (41.7%)	12
	Black or African American	17 (47.2%)	1 (2.8%)	18 (50.0%)	36
	Unknown	2 (40.0%)	0	3 (60.0%)	5
	Asian	3 (42.9%)	0	4 (57.1%)	7
	Other	0	0	1 (100%)	1
Transportation Risk SDOH	Race	Green	Yellow	Red	Total (N)
	White	20 (19.0%)	3 (2.9%)	82 (78.1%)	105
	Hispanic	132 (80.5%)	2 (1.2%)	30 (18.3%)	164
	Multi-race	12 (100%)	0	0	12
	Black or African American	21 (27.3%)	15 (19.5%)	41 (53.2%)	77
	Unknown	4 (71.4%)	0	1 (28.6%)	5
	Asian	5 (71.4%)	0	2 (28.6%)	7
	Other	1 (100%)	0	0	1
Housing Risk SDOH	Race	Green	Yellow	Red	Total (N)
	White	6 (31.6%)	5 (26.3%)	8 (42.1%)	19
	Hispanic	45	42	57	144



		(31.3%)	(29.2%)	(39.6%)	
	Multi-race	6 (50.0%)	2 (16.7%)	4 (33.3%)	12
	Black or African American	10 (29.4%)	12 (35.3%)	12 (35.3%)	34
	Unknown	3 (60.0%)	1 (20.0%)	1 (20.0%)	5
	Asian	1 (16.7%)	3 (50.0%)	2 (33.3%)	6
	Other	1 (100%)	0	0	1

Table 28a. Social Determinants of Health: Comprehensive List by County (Riverside and San Bernardino County Only)

	County	Green	Yellow	Red	Total (N)
Financial Risk Strain Risk SDOH	San Bernardino County	30 (15.7%)	86 (45.0%)	75 (39.3%)	191
	Riverside County	14 (37.7%)	26 (45.6%)	17 (29.8%)	57
	County	Green	Yellow	Red	Total (N)
Food Insecurity Risk SDOH	San Bernardino County	72 (37.7%)	4 (2.1%)	115 (60.2%)	191
	Riverside County	29 (50.0%)	1 (1.7%)	28 (48.3%)	58
	County	Green	Yellow	Red	Total (N)
Transportation Risk SDOH	San Bernardino County	150 (78.9%)	2 (1.1%)	38 (20.0%)	190
	Riverside County	45 (77.6%)	0	13 (22.4%)	58
	County	Green	Yellow	Red	Total (N)
Housing Risk SDOH	San Bernardino County	47 (27.6%)	56 (32.9%)	67 (39.4%)	170
	Riverside County	25 (49.0%)	9 (17.6%)	17 (33.3%)	51



Financial Strain Risk SDOH

- Of the total responses (N=248), when looking at financial strain risk, 42 (17.6%) scored in the green zone, 113 (45.2%) scored in the yellow zone and 93 (37.2%) scored in the red zone.

[Appendix C, Table 29. and Figure 11.].

Financial Strain Risk:

Of those who scored in the Red Zone

- Riverside County: **29.8%**
- San Bernardino County: **39.3%**

Financial Strain Risk SDOH by Race

- Of the 22 families who identify as White and received a screening on Financial Strain, 4 (18.2%) scored in the green zone, 12 (54.2%) scored in the yellow zone and 6 (27.3%) scored in the red zone.
- Of the 12 families who identify as Hispanic, 2 (16.7%) scored in the green zone, 76 (45.8%) scored in the yellow zone and 6 (50.0%) scored in the red zone.
- Of the 12 families who identify as multi-race, 2 (16.7%) scored in the green zone, 4 (33.3%) scored in the

yellow zone and 6 (50.0%) scored in the red zone.

- Of the 35 families who identify as Black or African American, 9 (25.7%) scored in the green zone, 15 (42.9%) scored in the yellow zone and 11 (31.4%) scored in the red zone.
- Of the 7 families who identify as Asian, 2 (28.6%) scored in the green zone, 3 (42.9%) scored in the yellow zone and 2 (28.6%) scored in the red zone.

[Appendix C, Table 29a. and Figure 11a.].

Financial Strain Risk SDOH by County

- Of the 248 families who received a screening on Financial Strain, 77% of the families reside in San Bernardino County and 23% in Riverside County.
- Of those who identified living in San Bernardino County, 30 (15.7%) scored in the green zone, 86 (45.0%) scored in the yellow zone and 75 (39.3%) scored in the red zone.
- Of those living in Riverside County, 14 (37.7%) scored in the green zone, 26 (45.6%) scored in the yellow zone and 17 (29.8%) scored in the red zone.

[Appendix C, Table 29b. and Figure 11b.]

Food Insecurity Risk SDOH

- Of the total responses (N=249): when looking at food insecurity risk, 102 (40.6%) scored in the green zone, 5 (2.0%) scored in the yellow zone and 144 (57.4%) scored in the red zone.

[Appendix C, Table 30. and Figure 12.].

Food Insecurity Risk SDOH by Race

- Of the 22 families who identify as White and received a screening on Food Insecurity, 14 (63.6%) scored in the green zone and 8 (36.4%) scored in the red zone.
- Of the 166 families who identify as Hispanic, 58 (34.9%) scored in the green zone, 4 (2.4%) scored in the yellow zone and 104 (62.7%) scored in the red zone. Of the 12 families who identify as multi-race, 7 (58.3%) scored in the green zone and 5 (41.7%) scored in the red zone.
- Of the 36 families who identify as Black or African American, 17 (47.2%) scored in the green zone, 1 (2.8%) scored in the yellow zone and 18 (50.0%) scored in the red zone.
- Of the 7 families who identify as Asian, 3 (42.9%) scored in the green zone and 4 (57.1%) scored in the red zone.

[Appendix C, Table 30a. and Figure 12a.].

Food Insecurity Risk SDOH by County

- Of the 249 families who received a screening on Food Insecurity, 77% of the families reside in San Bernardino County and 23% in Riverside County.
- Of those who identified as living in San Bernardino County, 72 (37.7%) scored in the green zone, 4 (2.1%) scored in the yellow zone and 115 (60.2%) scored in the red zone.
- Of those living in Riverside County, 29 (50.0%) scored in the green zone, 1 (1.7%) scored in the yellow zone and 28 (48.3%) scored in the red zone.

[Appendix C, Table 30b. and Figure 12b.].

Food Insecurity Risk:

Of those who scored
in the Red Zone

48.3% live in
Riverside County

60.2% live in San
Bernardino County

Transportation Risk SDOH

- Of the total responses (N=249): when looking at transportation risk, 195 (78.3%) scored in the green zone, 2 (0.8%) scored in the yellow zone and 52 (20.9%) scored in the red zone.

[Appendix C, Table 31. and Figure 13.].

Transportation Risk SDOH by Race

- Of the 105 families who identify as White and received a screening on Transportation Risk, 20 (19.0%) scored in the green zone, 3 (2.9%) scored in the yellow zone and 82 (78.1%) scored in the red zone.
- Of the 164 families who identify as Hispanic, 132 (80.5%) scored in the green zone, 2 (1.2%) scored in the yellow zone and 30 (18.3%) scored in the red zone.
- Of the 12 families who identify as multi-race, all 12 (100%) scored in the green zone. Of the 77 families who identify as Black or African American, 21 (27.3%) scored in the green zone, 15 (19.5%) scored in the yellow zone and 41 (53.2%) scored in the red zone.
- Of the 7 families who identify as Asian, 5 (71.4%) scored in the green zone and 2 (28.6%) scored in the red zone.

[Appendix C, Table 31a. and Figure 13a.].

Transportation Risk:

Of those who scored in the Red Zone, **20%** live in San Bernardino County and **22.4%** live in Riverside County.

Transportation Risk SDOH by County

- Of the 249 families who received a screening on Transportation Risk, 77% of the families reside in San Bernardino County and 23% in Riverside County.
- Of those who identify as living in San Bernardino County, 150 (78.9%) scored in the green zone, 2 (1.1%) scored in the yellow zone and 38 (20.0%) scored in the red zone.
- Of those living in Riverside County, 45 (77.6%) scored in the green zone and 13 (22.4%) scored in the red zone.

[Appendix C, Table 31b. and Figure 13b.].

Housing Risk SDOH

- Of the total responses (N=221): when looking at housing risk, 68 (31.9%) scored in the green zone, 64 (28.8%) scored in the yellow zone and 89 (39.4%) scored in the red zone.

[Appendix C, Table 32. and Figure 14.].

Housing Risk:

Of those who scored in the Red Zone,
39.4% live in San Bernardino County and **33.3%** live in Riverside County.

Housing Risk SDOH by Race

- Of the 19 families who identify as White and received a screening on Housing Risk, 6 (31.6%) scored in the green zone, 5 (26.3%) scored in the yellow zone and 8 (42.1%) scored in the red zone.
- Of the 144 families who identify as Hispanic, 45 (31.3%) scored in the green zone, 42 (29.2%) scored in the yellow zone and 57 (39.6%) scored in the red zone.

- Of the 12 families who identify as multi-race, 6 (50.0%) scored in the green zone, 2 (16.7%) scored in the yellow zone and 4 (33.3%) scored in the red zone.
- Of the 34 families who identify as Black or African American, 10 (29.4%) scored in the green zone, 12 (35.3%) scored in the yellow zone and 12 (35.3%) scored in the red zone.
- Of the 6 families who identify as Asian, 1 (16.7%) scored in the green zone, 3 (50.0%) scored in the yellow zone and 2 (33.3%) scored in the red zone.

[Appendix C, Table 32a. and Figure 14a.].

Housing Risk SDOH by County

- Of the 221 families who received a screening on Housing Risk, 77% of the families reside in San Bernardino County and 23% in Riverside County.
- Of those who identified as living in San Bernardino County, 47 (27.6%) scored in the green zone, 56 (32.9%) scored in the yellow zone and 67 (39.4%) scored in the red zone.
- Of those living in Riverside County, 25 (49.0%) scored in the green zone, 9 (17.6%) scored in the yellow zone and 17 (33.3%) scored in the red zone.

[Appendix C, Table 32b. and Figure 14b.].



Ages and Stages Questionnaire (ASQ-3)

Completing a developmental screening can be both fun and educational. A screening can identify a child's strengths or areas where a child may need encouragement or support, provide new activities to try with the child, and help a parent/caregiver understand the skills the child may be learning at each new stage. Help Me Grow offers the ASQ -3 developmental questionnaires: Ages and Stages Questionnaire (ASQ-3). The CAP System utilizes the Brookes Publishing Company's Family Access subscription to disseminate the ASQ-3 screeners to families.

These screening tools can help parents discover their child's strengths and uncover any opportunities for growth. Results of the ASQ can assist parents and caregivers in talking with pediatricians, child care providers, teachers, and other professionals. The assessment also creates opportunities for referrals to resources as needed. The ASQ-3 assesses five major areas of development: communication, gross motor, fine motor, problem solving, and personal-social. This is available for children ages one month through 5 1/2 years.

Of the 803 clients served in FY 20-21, 100% received at least one age-appropriate screener. Of those disseminated to families, 347 responded to at least one ASQ 3 screening (43.2%). Pending the age of the child, they could have received multiple ASQs depending on their entry age. Potential reasons could be the parent declined, the child already had a diagnosis, and a screening was not necessary.

Of those that received an ASQ-3 (N=347,) 284 accessed it in English and 47 accessed it in Spanish. Two families completed the screening verbally over the telephone. The majority of those screened (N=347), were screened at the 54-month engagement point (N=69, 28.5%), 42-month engagement point (25.9%) and 6-month engagement point (19.8%). [Appendix D, Table 33.].

Table 34. Ages and Stages Questionnaire-3 (ASQ-3): Atypical Screening Percentage

ASQ-3 Screenings	Total number of Responses to Screening	Of the number of screenings, % that had an atypical score
Communication	341	25.90%
Fine Motor	337	8.30%
Personal Social	332	7.20%
Problem Solving	334	5.40%
Gross Motor	330	5.10%

Additionally, when looking at individual domains of the ASQ-3 screening, Hispanic/Latino self-identified families/clients living in San Bernardino County (as opposed to Riverside County) were statistically more significantly ($p=0.01$) more likely to score atypical in communication compared to their race or neighbor counterparts. The other four domains did not display an association in race group or County.



Please note that there may be slight variances in the ASQ total number of screenings and total responses; such discrepancies such as the need for data standardization may have affected the mutually exclusive and non-duplicated data format.

Table 35. Ages and Stages Questionnaire (ASQ-3): Comprehensive List by Race

ASQ Communication Score	Race	Below	Monitor	Above	Frequency
	White	8 (12.1%)	3 (4.5%)	55 (83.3%)	66
	Hispanic	41 (19.5%)	20 (9.5%)	149 (71.0%)	210
	Multi-race	5 (62.5%)	0	3 (37.5%)	8
	Black or African American	0	3 (18.8%)	13 (81.3%)	16
	Unknown	0	1 (100%)	0	1
	Asian	1 (12.5%)	1 (12.5%)	6 (75.0%)	8
	Other	3 (14.3%)	4 (19.0%)	14 (66.7%)	21
ASQ Gross Motor Score	Race	Below	Monitor	Above	Frequency
	White	4 (6.1%)	10 (15.2%)	52 (78.8%)	66
	Hispanic	18 (8.6%)	26 (12.4%)	166 (79.0%)	210
	Multi-race	3 (37.5%)	0	5 (62.5%)	8
	Black or African American	0	3 (18.8%)	13 (81.3%)	16
	Unknown	0	0	1 (100%)	1
	Asian	2 (25.0%)	1 (12.5%)	5 (62.5%)	8
	Other	1 (4.8%)	4 (19.0%)	16 (76.2%)	21
ASQ Fine Motor Score	Race	Below	Monitor	Above	Frequency
	White	7 (10.6%)	11 (16.7%)	48 (72.7%)	66
	Hispanic	25 (12.0%)	33 (15.8%)	151 (72.2%)	209
	Multi-race	3 (37.5%)	1 (12.5%)	4 (50.0%)	8
	Black or African American	4 (25.0%)	4 (25.0%)	8 (50.0%)	16
	Unknown	0	1 (100%)	0	1
	Asian	0	1 (12.5%)	7 (87.5%)	8
	Other	5 (23.8%)	2 (9.5%)	14 (66.7%)	21



ASQ Personal Social Score	Race	Below	Monitor	Above	Frequency
	White	6 (9.4%)	8 (12.5%)	50 (78.1%)	64
	Hispanic	30 (14.3%)	21 (10.0%)	159 (75.7%)	210
	Multi-race	2 (25.0%)	1 (12.5%)	5 (62.5%)	8
	Black or African American	1 (6.3%)	1 (6.3%)	14 (87.5%)	16
	Unknown	0	0	1 (100%)	1
	Asian	1 (12.5%)	1 (12.5%)	6 (75.0%)	8
	Other	1 (4.8%)	7 (33.3%)	13 (61.9%)	21
ASQ Problem Solving	Race	Below	Monitor	Above	Frequency
	White	3 (4.5%)	4 (6.1%)	59 (89.4%)	66
	Hispanic	30 (14.3%)	31 (14.8%)	149 (71.0%)	210
	Multi-race	4 (50.0%)	0	4 (50.0%)	8
	Black or African American	1 (6.3%)	1 (6.3%)	14 (87.5%)	16
	Unknown	0	0	1 (100%)	1
	Asian	0	0	8 (100%)	8
	Other	1 (4.8%)	5 (23.8%)	15 (71.4%)	21



**Table 35a. Ages and Stages Questionnaire (ASQ-3): Comprehensive List by County
(Riverside County and San Bernardino County Only)**

ASQ Communication Score	County	Below	Monitor	Above	Frequency
	San Bernardino County	42 (16.8%)	26 (10.4%)	182 (72.8%)	250
	Riverside County	15 (19.5%)	6 (7.8%)	56 (72.7%)	77
ASQ Gross Motor Score	County	Below	Monitor	Above	Frequency
	San Bernardino County	22 (8.8%)	34 (13.6%)	194 (77.6%)	250
	Riverside County	6 (7.8%)	10 (13.0%)	61 (79.2%)	77
ASQ Fine Motor Score	County	Below	Monitor	Above	Frequency
	San Bernardino County	35 (14.1%)	49 (19.7%)	165 (66.3%)	249
	Riverside County	9 (11.7%)	4 (5.2%)	64 (83.1%)	77
ASQ Personal Social Score	County	Below	Monitor	Above	Frequency
	San Bernardino County	32 (12.9%)	28 (11.2%)	189 (75.9%)	249
	Riverside County	9 (11.7%)	11 (14.3%)	57 (74.0%)	77
ASQ Problem Solving	County	Below	Monitor	Above	Frequency
	San Bernardino County	27 (10.8%)	34 (13.6%)	189 (75.6%)	250
	Riverside County	11 (14.3%)	7 (9.1%)	59 (76.6%)	77



ASQ-3 Communication Score

Of the total responses (N=341*): for ASQ Communication Score...

- 249 (73.0%) scored in the above zone,
- 59 (17.3%) scored in the below zone and
- 33 (9.7%) scored in the monitor zone.

[Appendix D, Table 36. and Figure 15.].

*Some participants did not complete the entirety of the screening; therefore, the response rate differs throughout the domains.

ASQ-3 Communication Score by Race

- Of the 66 families who identify as White, and received an ASQ Communication screening, 8 (12.1%) scored in the below zone, 3 (4.5%) scored in the monitor zone and 55 (83.3%) scored in the above zone.
- Of the 210 families who identify as Hispanic, 41 (19.5%) scored in the below zone, 20 (9.5%) scored in the monitor zone and 149 (71.0%) scored in the above zone.
- Of the 8 families who identify as multi-race, 5 (62.5%) scored in the below zone and 3 (37.5%) scored in the above zone.
- Of the 16 families who identify as Black or African American, 3 (18.8%) scored in the monitor zone and 13 (81.3%) scored in the above zone.
- Of the 8 families who identify as Asian, 1 (12.5%) scored in the below zone, 1 (12.5%) scored in the monitor zone and 6 (75.0%) scored in the above zone.

[Appendix D, Table 36a. and Figure 15a.].

ASQ-3

Communication:

Overall, 17.3% scored in the Below Zone

San Bernardino County:

Below Zone: 16.8%

Monitor Zone: 10.4%

Riverside County:

Below Zone: 19.5%

Monitor Zone: 7.8%

ASQ-3 Communication Score by County

- Of the 340 families who received an ASQ Communication screening, 76% of the families reside in San Bernardino County and 23% in Riverside County.
- Of those who identified living in San Bernardino County, 42 (16.8%) scored in the below zone, 26 (10.4%) scored in the monitor zone and 182 (72.8%) scored in the above zone.
- Of those living in Riverside County, 15 (19.5%) scored in the below zone, 6 (7.8%) scored in the monitor zone and 56 (72.7%) scored in the above zone.

[Appendix D, Table 36b. and Figure 15b.].



ASQ-3 Gross Motor Score

Of the total responses (N=330*): for ASQ Gross Motor Score...

- 260 (78.2%) scored in the above zone,
- 27 (8.7%) scored in the below zone and
- 43 (13.1%) scored in the monitor zone.

[Appendix D, Table 37. and Figure 15.]

*Some participants did not complete the entirety of the screening; therefore, the response rate differs throughout the domains.

ASQ-3 Gross Motor:

Overall, 8.7% scored in the Below Zone

San Bernardino County:

Below Zone: 8.8%

Monitor Zone: 13.6%

Riverside County:

Below Zone: 7.8%

Monitor Zone: 13.0%

ASQ-3 Gross Motor Score by Race

- Of the 66 families who identify as White and received an ASQ Gross Motor screening, 4 (6.1%) scored in the below zone, 10 (15.2%) scored in the monitor zone and 52 (78.8%) scored in the above zone.
- Of the 210 families who identify as Hispanic, 18 (8.6%) scored in the below zone, 26 (12.4%) scored in the

monitor zone and 166 (79.0%) scored in the above zone.

- Of the 8 families who identify as multi-race, 3 (37.5%) scored in the below zone and 5 (62.5%) scored in the above zone.
- Of the 16 families who identify as Black or African American, 3 (18.8%) scored in the monitor zone and 13 (81.3%) scored in the above zone.
- Of the 8 families who identify as Asian, 2 (25.0%) scored in the below zone, 1(12.5%) scored in the monitor zone and 5 (62.5%) scored in the above zone.

[Appendix D, Table 37a. and Figure 15a.]

ASQ-3 Gross Motor Score by County

- Of the 330 families who received an ASQ Gross Motor screening, 76% of the families reside in San Bernardino County and 23% in Riverside County.
- Of those who identified living in San Bernardino County, 22 (8.8%) scored in the below zone, 34 (13.6%) scored in the monitor zone and 194 (77.6%) scored in the above zone.
- Of those living in Riverside County, 6 (7.8%) scored in the below zone, 10 (13.0%) scored in the monitor zone and 61 (79.2%) scored in the above zone.

[Appendix D, Table 37b. and Figure 15b.]

ASQ-3 Fine Motor Score

- Of the total responses (N=337*): for ASQ-3 Fine Motor Score, 237 (70.3%) scored in the above zone, 45 (13.4%) scored in the below zone and 55 (16.3%) scored in the monitor zone.

[Appendix D, Table 38. and Figure 16.].

*Some participants did not complete the entirety of the screening; therefore, the response rate differs throughout the domains.

ASQ-3 Fine Motor by Race

- Of the 66 families who identify as White and received an ASQ Fine Motor screening, 7 (10.6%) scored in the below zone, 11 (16.7%) scored in the monitor zone and 48 (72.7%) scored in the above zone.
- Of the 209 families who identify as Hispanic, 25 (12.0%) scored in the below zone, 33 (15.8%) scored in the monitor zone and 151 (72.2%) scored in the above zone.
- Of the 8 families who identify as multi-race, 3 (37.5%) scored in the below zone, 1 (12.5%) scored in the monitor zone and 4 (50.0%) scored in the above zone.
- Of the 16 families who identify as Black or African American, 4 (25.0%) scored in the below zone, 4 (25.0%) scored in the monitor zone and 8 (50.0%) scored in the above zone.
- Of the 8 families who identify as Asian, 1 (12.5%) scored in the monitor zone and 7 (87.5%) scored in the above zone.

[Appendix D, Table 38a. and Figure 16a.].

ASQ-3 Fine Motor by County

- Of the 337 families who received an ASQ Fine Motor screening, 76% of the families reside in San Bernardino County and 23% in Riverside County.
- Of those who identified living in San Bernardino County, 35 (14.1%) scored in the below zone, 49 (19.7%) scored in the monitor zone and 165 (66.3%) scored in the above zone.
- Of those living in Riverside County, 9 (11.7%) scored in the below zone, 4 (5.2%) scored in the monitor zone and 64 (83.1%) scored in the above zone.

[Appendix D, Table 38b. and Figure 16b.].

ASQ-3 Fine Motor:

Overall, 13.4% scored in the Below Zone

San Bernardino County:

Below Zone: 14.1%

Monitor Zone: 19.7%

Riverside County:

Below Zone: 11.7%

Monitor Zone: 5.2%



ASQ-3 Personal Social Score

- Of the total responses (N=332*): for ASQ Personal Social Score, 252 (75.9%) scored in the above zone, 41 (12.3%) scored in the below zone and 39 (11.7%) scored in the monitor zone.

[Appendix D, Table 39. and Figure 16.].

*Some participants did not complete the entirety of the screening; therefore, the response rate differs throughout the domains.

ASQ-3 Personal Social Score by Race

- Of the 64 families who identify as White and received an ASQ Personal Social screening, 6 (9.4%) scored in the below zone, 8 (12.5%) scored in the monitor zone and 50 (78.1%) scored in the above zone.
- Of the 210 families who identify as Hispanic, 30 (14.3%) scored in the below zone, 21 (10.0%) scored in the monitor zone and 159 (75.7%) scored in the above zone.
- Of the 8 families who identify as multi-race, 2 (25.0%) scored in the below zone, 1 (12.5%) scored in the monitor zone and 5 (62.5%) scored in the above zone.
- Of the 16 families who identify as Black or African American, 1 (6.3%) scored in the below zone, 1 (6.3%) scored in the monitor zone and 14 (87.5%) scored in the above zone.
- Of the 8 families who identify as Asian, 1 (12.5%) scored in the below zone, 1 (12.5%) scored in the monitor

zone and 6 (75.0%) scored in the above zone.

[Appendix D, Table 39a. and Figure 16a.].

ASQ-3 Personal Social:

Overall, 12.3% scored in the Below Zone

San Bernardino County:

Below Zone: 12.9%

Monitor Zone: 11.2%

Riverside County:

Below Zone: 11.7%

Monitor Zone: 14.3%

ASQ-3 Personal Social Score by County

- Of the 332 families who received an ASQ Personal Social screening, 76% of the families reside in San Bernardino County and 23% in Riverside County.
- Of those who identified living in San Bernardino County, 32 (12.9%) scored in the below zone, 28 (11.2%) scored in the monitor zone and 189 (75.9%) scored in the above zone.
- Of those living in Riverside County, 9 (11.7%) scored in the below zone, 11 (14.3%) scored in the monitor zone and 57 (74.0%) scored in the above zone.

[Appendix D, Table 39b. and Figure 16b.].



ASQ-3 Problem Solving Score

Of the total responses (N=334*): for ASQ Problem Solving Score...

- 251 (75.1%) scored in the above zone,
- 39 (11.7%) scored in the below zone and
- 44 (13.2%) scored in the monitor zone.

[Appendix D, Table 40. and Figure 17.]

*Some participants did not complete the entirety of the screening; therefore, the response rate differs throughout the domains.

ASQ-3 Problem Solving Score by Race

- Of the 66 families who identify as White and received an ASQ Problem Solving screening, 3 (4.5%) scored in the below zone, 4 (6.1%) scored in the monitor zone and 59 (89.4%) scored in the above zone.
- Of the 210 families who identify as Hispanic, 30 (14.3%) scored in the below zone, 31 (14.8%) scored in the monitor zone and 149 (71.0%) scored in the above zone.
- Of the 8 families who identify multi-race, 4 (50.0%) scored in the below zone and 4 (50.0%) scored in the above zone.
- Of the 16 families who identify as Black or African American, 1 (6.3%) scored in the below zone, 1 (6.3%) scored in the monitor zone and 14 (87.5%) scored in the above zone.
- Of the 8 families who identify as Asian, all 8 (100%) scored in the above zone.

[Appendix D, Table 40a. and Figure 17a.].

ASQ-3 Problem Solving Score by County

- Of the 334 families who received an ASQ Problem Solving screening, 76% of the families reside in San Bernardino County and 23% in Riverside County.
- Of those who identified living in San Bernardino County, 27 (10.8%) scored in the below zone, 34 (13.6%) scored in the monitor zone and 189 (75.6%) scored in the above zone.
- Of those living in Riverside County, 11 (14.3%) scored in the below zone, 7 (9.1%) scored in the monitor zone and 59 (76.6%) scored in the above zone.

[Appendix D, Table 40b. and Figure 17b.].

ASQ-3 Problem Solving:

Overall, 11.7% scored in the Below Zone

San Bernardino County:

Below Zone: 10.8%

Monitor Zone: 13.6%

Riverside County:

Below Zone: 14.3%

Monitor Zone: 9.1%



ASQ SE-2

Ages and States Questionnaire: Social and Emotional Developmental Screening (ASQ SE-2) is a set of questionnaires about children's social-emotional development from 2 to 60 months which can be self-administered by parents/caregivers. Doing this screening provides a quick look at how children are doing in important areas, such as self-regulation, communication, autonomy, compliance, adaptive functioning, affect, and interaction with people. ASQ SE-2 can help identify young children at risk for social or emotional difficulties. The CAP System utilizes the Brookes Publishing Company's Family Access subscription to disseminate the ASQ SE-2 screeners to families.

- A total of 291 children received an ASQ-2 screening of which 73% displayed "no concern", 11% noted "monitor" and 15% displayed "concern."
- Of those who completed an ASQ SE-2, 183 identified as Hispanic/Latino (63%) of which 140 (77%) displayed an atypical result (monitor or concern).
- No statistically significant differences were found between geographic location and an ASQ-SE 2 score.

ASQ SE-2 Completion Engagement Point

Of the total responses (N=291) for the ASQ SE-2 Completion Engagement Point, the majority indicated completed the ASQ-SE2 at the 48-month engagement point (N=129,43.7%) and the 60-month engagement point (N=116, 39.3%). [Appendix D, Figure 18.]

ASQ SE-2 Score

Of the total responses (N=291): for ASQ SE-2 Score...

- 44 (15.1%) scored in the concern zone,
- 32 (11.0%) scored in the monitor zone and
- 215 (73.9%) scored in the no concern zone.

[Appendix D, Table 41. and Figure 19.]

Of the total families screened for ASQ SE-2:

Overall, 15.1% scored in
concern zone

San Bernardino County:
Below Zone: 10.8%
Monitor Zone: 13.6%

Riverside County:
Below Zone: 14.3%
Monitor Zone: 9.1%

ASQ SE-2 Score by Race

- Of the 50 families who identify as White and received an ASQ SE-2 screening, 7 (14.0%) scored in the concern zone, 4 (8.0%) scored in the monitor zone and 39 (78.0%) scored in the no concern zone.
- Of the 195 families who identify as Hispanic, 25 (12.8%) scored in the concern zone, 21 (10.8%) scored in the monitor zone and 149 (91.7%) scored in the no concern zone.
- Of the 12 families who identify as multi-race, 1 (8.3%) scored in the concern zone and 11 (91.7%) scored in the no concern zone.
- Of the 20 families who identify as Black or African American, 5 (25.0%) scored in the concern zone, 2 (10.0%) scored in the monitor zone and 13 (65.0%) scored in the no concern zone.

- Of the 1 family who identify as Asian, all 1 (100%) scored in the monitor zone.

[Appendix D, Table 41a. and Figure 19a.]

ASQ SE-2 Score by County

- Of the 291 families who received an ASQ SE-2 screening, 91% of the families reside in San Bernardino County and 9% in Riverside County.
- Of those who identified living in San Bernardino County, 27 (10.8%) scored in the below zone, 34 (13.6%) scored in the monitor zone and 189 (75.6%) scored in the above zone.
- Of those living in Riverside County, 11 (14.3%) scored in the below zone, 7 (9.1%) scored in the monitor zone and 59 (76.6%) scored in the above zone.

[Appendix D, Table 41b. and Figure 19b.]



Oral Health Screen

Of the total responses (N=206): for oral health screening, 18 (8.7%) completed the screening and 188 (91.3%) declined the screening. Families are given a tip sheet and referred to a dental home for continuity of care. [Appendix D, Table 42. and Figure 20.].



Discussion

Understanding the needs of children and families in our community is crucial to determine appropriate interventions to address the most pressing local inequities and improve outcomes for children and families. Help Me Grow Inland Empire aims to address the most common struggles for parents of young children to ensure that resource investment will be timely, accessible, and helpful to those who need it most. Reducing inequity begins by building upon the existing strengths and resources in a community. Through better coordination among services, consistent data tracking, and targeted efforts to address resource gaps, a local Help Me Grow system aims to strengthen the support system for all parents and improve early childhood outcomes. These efforts have become more crucial than ever in 2020, as many families faced increased health and economic hardships due to the COVID-19 pandemic (Ahmed, Ahmed, & Stiglitz, 2020). How the pandemic will impact the data indicators for children in our community remains to be seen in the coming years. Despite pandemic-related challenges in data collection, the available data guided the team's focus toward efforts in key communities and expressed needs. The onset of the COVID-19 pandemic has exacerbated the impact and importance of SDOH (Dunn, Kenney, & Bleish, 2020). To assist members during this time, there has been renewed focus around SDOH and providing updated guidance on how to identify and respond to those needs.

Research shows that health outcomes are driven by an array of factors, including underlying genetics, health behaviors, social and environmental factors, and health care (Evans & Kim, 2013). Currently, there is no consensus in the research on the magnitude of the relative contributions of each of these factors to health. Studies suggest that health behaviors, such as stress, housing instability, food insecurity, smoking, and exercise, and social and economic factors are the primary drivers of health outcomes, and social and economic factors can shape individuals' health behaviors. For example, children born to parents who have not completed high school are more likely to live in an environment that poses barriers to health such as lack of safety, exposed garbage, and substandard housing. They also are less likely to have access to sidewalks, parks or playgrounds, recreation centers, or a library. Further, evidence shows that stress negatively affects health across the lifespan and that environmental factors may have multi-generational impacts (Karoly, Kilburn & Cannon, 2005). Addressing social determinants of health is not only important for improving overall health, but also for reducing health disparities that are often rooted in social and economic disadvantages.

Engaged partnerships are a crucial part of the referral system of HMGIE. Engaged community partnerships are supportive relationships between programs and other community agencies. Partners value and nurture relationships. Each partner looks for ways to strengthen the partnership. Partners seek to understand each other's goals, perspectives, strengths, and challenges. Communication between community partners is regular and responsive. The goals of each partner are best met through their work with each other. Together, they share leadership and assess effectiveness to inform continuous learning and improve the quality of their partnership. As HMGIE comes out of its pilot year, sustaining, strengthening, and growing these partnerships is crucial for ongoing collaboration and thoughtful partnership.

Based on the analysis above, it is apparent that certain race and ethnicity groups are accessing these services at a higher rate than their counterparts. This is mainly because this was considered a HMGIE pilot year and clinics for entry and referrals were verified as chosen based on existing

relationships and partnerships. However, there is an opportunity to expand CAP referral systems for both counties to go beyond just existing partnerships, even within the hospital systems. Data can be used to identify areas for growth and lack of direct access at this time and consider future partnership with those clinics to enroll families.

There continues to be growing recognition of the relationship between neighborhoods and health, with zip code understood to be a stronger predictor of a person's health than their genetic code. A number of initiatives focus on implementing coordinated strategies across different sectors in neighborhoods with social, economic, and environmental barriers that lead to poor health outcomes and health disparities.

Overall, 13.6% of participants self-identified as White/Caucasian, 9.6% as Black/African/African American and 62.9% as Hispanic/Latino. Areas to further explore include 1) Developing new methods of engagement that can lead to improved access for race/ethnicity groups focused on child safety, growth and development and family well-being and permanency outcomes, 2) Augmenting or developing their best practice skills in client engagement and 3) Understanding cultural differences and reasons for attrition and tactics for retention.

Given the deeper level of analysis, we also know that Hispanic/Latino self-identified families/clients living in San Bernardino County (as opposed to Riverside County) were statically more significantly ($p=0.01$) more likely to score atypical in communication compared to their race or neighbor counterparts. Additionally, when looking at individual domains of the SDOH screening, Hispanic/Latino self-identified families/clients living in San Bernardino County (as opposed to Riverside County) were statistically more significantly ($p=0.05$) more likely to score atypical in food insecurity, financial strain, transportation risk and housing risk, compared to their race or neighbor counterparts. This further confirms that children's health and development outcomes follow a social gradient: the further up the socioeconomic spectrum, the better likely the outcomes and access to resources. Early childhood, particularly the first 5 years of life, impacts long-term social, cognitive, emotional, and physical development (Anderson, Shinn, Fullilove, Scrimshaw, Fielding et al., 2003). Healthy development in early childhood helps prepare children for the educational experiences of kindergarten and beyond (Arnold & Doctoroff, 2003). Early childhood development and education opportunities are affected by various environmental and social factors (Currie, 2005; Evans & Kim, 2013).

Limitations

The data reporting and evaluation for the first year is complete, creating a uniform and centralized snapshot of Help Me Grow Inland Empire. One of the emerging challenges in analyzing the data is the need for standardization across the two databases. Data information collected from the Centralized Access Point (CAP) and Electronic Data Systems (EDS), when merged appear to have different standardized scales due to entry methods. This is a struggle across all electronic health records as categories are defined differently. Without defined definitions, it is difficult to compare outcomes. As a result, this challenge becomes a missed opportunity to present data, but highlights the opportunities ahead.

Perhaps the largest limitation discovered is that most of the data identified was ‘not applicable’. Having large gaps in data may underrepresent information of the population and possible correlations with other data collected. Furthermore, with such many ‘not applicable’ responses it becomes another missed opportunity to present data. An example is the following: Social Determinants of Health questionnaire required several answers in a single category to give a composite score. If however, the family only answered two of the four questions, a score could not be determined, which resulted in a ‘not applicable’ response. Part of the next steps should be to further determine how to change collection of information to reduce a ‘not applicable’ response.

Another consideration is the COVID-19 Pandemic which may have had a potential impact of the data collected during this fiscal year. However, this information will not become clear until resolution of the Pandemic subsides, and data collected in the future is compared against the data presented in this report. Epidemics or pandemics, such as COVID-19, produce potential risks to child development due to the risk of illness, protective confinement, social isolation, and the increased stress level of parents and caregivers. This situation becomes an adverse childhood experience and may generate toxic stress, with consequent potential losses for brain development, individual and collective health, with long-term impairment of cognition, mental and physical health. Studies to improve the understanding of the impact of epidemics and pandemics such as COVID-19 on children’s mental health and development can help to guide strategies to prevent damage to children’s growth and promote positive development.

Next Steps

Gaps:

Future recommendations for Help Me Grow Inland Empire include utilizing the data collected during fiscal year 2020-2021 to identify and address resource gaps. In identifying these resource areas there is a opportunity and potential to strengthening early emerging community support system. In addition, it is also recommended to highlight areas of strength in the community, continue to implement strategies and techniques for best practices to model. By recognizing in the different communities, the varying gaps in resources, emerging new resources, and models of best practices, the full scope of social care and developmental services can support families.

System Categories:

HMGIE is targeting the collection process of data through a similar assignment of categories that will stretch into this new fiscal year. Standardization allows data to become easily accessible for reporting and comparative analyses. HMGIE recognizes the challenge in collecting complete data as the mechanism in the EDS is a different workflow in contrast to the CAP. While the category classifications are important, it is recommended to be sensitive to a collection opportunity with qualitative data to provide space for ‘other’ responses. This would provide an opportunity to receive information from families to give guidance for future efforts to support our community resources.



Early Developmental Risk:

Early childhood development and education are key determinants of future health and well-being (Magnuson & Waldfogel, 2005; Shonkoff & Phillips, 2000). Addressing the disparities in access to early childhood development and education opportunities can greatly bolster young children's future health outcomes (Hahn, Rammohan, Truman, Milstein, Johnson, et al. 2014; Noble, McCandliss & Farah, 2007). Often the "slightly behind" child's developmental risk is overlooked. HMGIE has an opportunity to create the connection for families to early enrichment opportunities with system partners. The COVID-19 pandemic exacerbated already existing health disparities for a broad range of populations, but specifically for people of color as a child is not followed for marginal results in developmental testing due to health access. In the state of California, addressing the 'Pre-School for All' concept is critical for HMGIE involvement to advance and build upon.

Disparities:

The association of social inequalities and COVID-19 morbidity is further compounded in the context of underlying chronic conditions. One example of a chronic health condition is asthma, where there is a possible additive, or even multiplicative, effect on COVID-19 morbidity. Several adverse social determinants that impact the risk of COVID-19 morbidity also increase asthma morbidity, including poverty and smoke exposure. These additional health data sources will allow HMGIE to determine additional needs of families and link them to services. Additional information from other screening options and reports could be helpful for identifying chronic stress conditions: Adverse Childhood Experiences (ACES)/ Pediatric ACEs and Related Life-events Screener (PEARLS) – for caregivers/parents and child. Additional research is needed to increase the evidence base for successful impact on childhood development and education when controlling or accounting for disparity resilience and chronic health conditions. This additional evidence will facilitate public health efforts to address early childhood development and education as social determinants of health. Additional evidence and analysis of social determinants of health will facilitate public health efforts to address early childhood development and education.

Community and Provider Engagement:

As the network of community and provider partners grow, it will be beneficial to create a bidirectional feedback mechanism. Staff and providers know their communities, and many are members of the communities they serve. They collaborate with families, community members, and other local agencies to identify common goals, align resources, and share data for continuous improvement and effective partnerships. The engagement of community partners and providers can assist in further identifying the needs of diverse communities that might speak beyond data. Additionally, it would be valuable to explore what constitutes a provider who might be hesitant to initiate an ASQ Screening. Understanding this would serve as an opportunity to establish a standardized protocol to ensure that all children receive the necessary ASQ screenings, even beyond age thirty-six months of testing with Well-Child visits.

Family Engagement:

A consistent, uniform family and client engagement satisfaction survey process could assist in understanding how families see the benefits of HMGIE with a focus on understanding of their child's development, knowledge of available services, connection to services, and ability to advocate for their child's improvement because of HMGIE. Questions asked of families could target and inform the ways that HMGIE helped to resolve caregivers' concerns about the development, learning, or behavior of children, and facilitate access to appropriate services to address identified needs.

Health In All Policies:

Lastly, the effort of data collection through HMGIE is an adjunct effort that supports the “Health in All Policies” philosophy. It engages diverse partners and stakeholders to work together to promote health, equity, and sustainability. A consequence of the integrated work leads to simultaneously advancing other goals such as promoting job creation and economic stability, transportation access and mobility, and improved educational attainment. **This consideration for decision making across sectors and policy areas,** identifies the ways in which multiple systems affect health, how improved health can also support the intersection of goals from multiple sectors (Puska, 2007.). State and local funders along with service providers could join through task forces and workgroups focused on bringing together leaders across agencies and the community to collaborate and prioritize health as a focus.

Appendix A:
Evaluation Question #1: Demographic Comprehensive Tables and Figures



Table 1. Client County Residency

County	Frequency	Percentage
Los Angeles	3	0.4%
San Bernardino	606	75.5%
Riverside	192	23.9%
Other	2	0.2%
Total	803	100%

Table 2a. Comprehensive Zip Code List

Type of Resource Provided	Frequency	Percentage
Bottle Weaning Tips, Nutrition Tips, IEHP Classes	1	0.1%
Breast Pump Info	1	0.1%
Clothing Distribution	1	0.1%
Distance Learning Resources	2	0.3%
Distance Learning Tips	4	0.5%
CA Lifeline	1	0.1%
Edison #, Gas #	1	0.1%
Employment Resources	2	0.3%
N/A	544	68.3%
Food Pantries	103	12.9%
Food Pantries (diapers)	1	0.1%
Food Pantries, Child Support Office	2	0.3%
Food Pantries, CPR classes	1	0.1%
Food Pantries, Distance Learning tips	2	0.3%
Food Pantries, Employment Resources	1	0.1%
Food Pantries, IEHP Classes, TAD contact info	1	0.1%
Food Pantries, IEHP Transportation	2	0.3%
Food Pantries, Insurance Transport	18	2.3%
Food Pantries, Perris Housing Authority	1	0.1%
Food Pantries, Riverside Housing Authority	1	0.1%
Food Pantries, Riverside HUD	2	0.3%
Food Pantries, SB HUD	6	0.8%
Food Pantries, SB HUD, Insurance Transport	1	0.1%
Food Pantries, Shelters	4	0.5%
Nutrition Tips	1	0.1%
Parenting Tips, Toilet Training Tips, Food Pantries	1	0.1%



Physical Activity Resources	1	0.1%
Physical Activity Resources, Food Pantries	1	0.1%
Physical Activity Resources, Nutrition Tips	1	0.1%
Positive Behavior Intervention Support Tips	1	0.1%
Positive Behavior Intervention Tips	3	0.4%
Positive Behavior Intervention Tips, Feeding Tips	1	0.1%
Positive Behavior Intervention Tips, Nutrition Tips, Sleep Tips	1	0.1%
Postpartum Hotline	1	0.1%
Potty Training Tip Sheet	1	0.1%
Riverside HUD	3	0.4%
Riverside HUD , Insurance Transport, Food Pantries	2	0.3%
Riverside HUD, Shelters	1	0.1%
Riverside HUD, Transitional Housing	2	0.3%
SB HUD	6	0.8%
SB HUD, Bottle Weaning Tips	1	0.1%
SB HUD, Food Pantries (diapers), Transitional Housing, Shelters, IEHP Classes	1	0.1%
SB HUD, Food Pantries, IEHP Classes	1	0.1%
SB HUD, IEHP classes	1	0.1%
SB HUD, Riverside HUD, Food Pantries	1	0.1%
SB HUD, Shelters	3	0.4%
SB HUD, Transitional Housing, Shelters, IEHP Classes	2	0.3%
Shelters	6	0.8%
United Way 211	2	0.3%
Food Pantries, Insurance Transport, Shelters	2	0.3%
Food Pantries, Insurance Transport, Transitional Housing, Shelters	1	.1%
Food Pantries, Transitional Housing	2	0.3%
FQHC Information	1	0.1%
HMGLA, Food Pantries	1	0.1%
IEHP Enrollment	1	0.1%
IEHP Transportation	1	0.1%
Insurance Transport	8	1.0%
Insurance Transport, Food Pantries	3	0.4%
Insurance Transport, SB HUD	7	0.9%



Insurance Transport, SB HUD, Food Pantries	2	0.3%
Insurance Transport, SB HUD, Shelters	4	0.5%
Insurance Transport, Shelters	1	0.1%
LLUCH Department #	1	0.1%
Physical Activity Resources	1	.1%
Shelters, CA Lifeline, Clothing Distribution	1	0.1%
Shelters, Employment	1	0.1%
Substance Abuse Programs	1	0.1%
Thrift Stores (furniture)	1	0.1%
Transitional Housing	5	0.6%
Food Pantries, Nutrition Tips	3	0.4%
Total	796	100%

Table 3. Program Entry Date (First Encounter)

Program Entry Date	Frequency	Percentage
July 2020	77	9.6%
August 2020	58	7.2%
September 2020	60	7.5%
October 2020	74	9.2%
November 2020	55	6.8%
December 2020	44	5.5%
January 2021	56	7%
February 2021	102	12.7%
March 2021	81	10.1%
April 2021	91	11.3%
May 2021	50	6.2%
June 2021	55	6.8%
Total	803	100%



Figure 3. Method of Program Entry

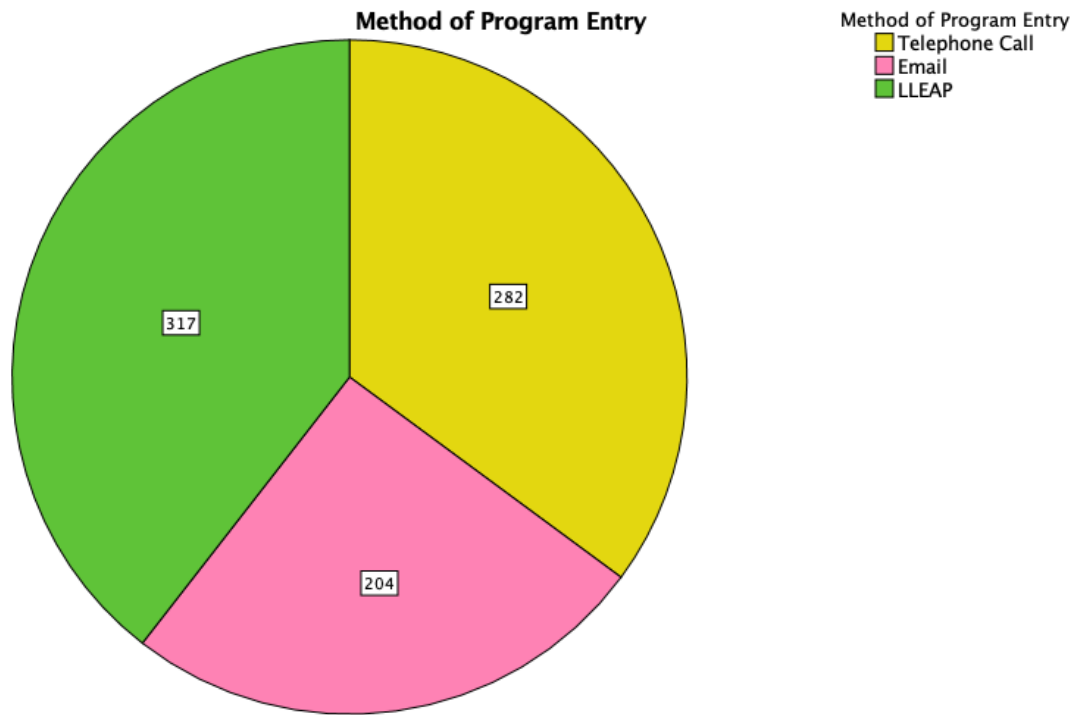


Table 4. Method of Program Entry

Method of Program Entry	Frequency	Percentage
Telephone Call	282	35%
Email	204	25.4%
EDS (LLEAP)	317	39.5%
Total	803	100%

Figure 4. Referral Source

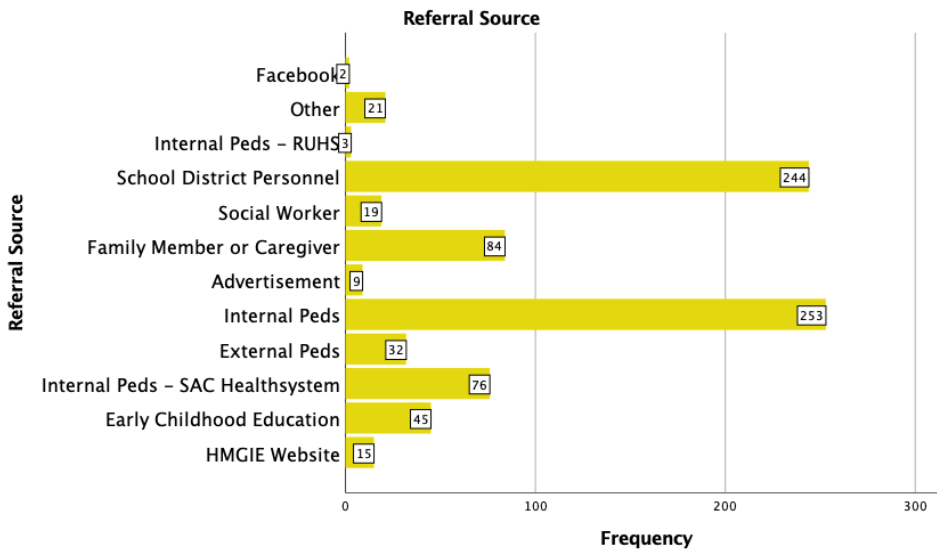


Table 5. Referral Source

Referral Source	Frequency	Percentage
HMGIE Website	15	1.9%
Early Childhood Education	45	5.6%
Internal Peds - SAC Health system	76	9.5%
External Peds	32	4.0%
Internal Peds	253	31.5%
Advertisement	9	1.1%
Family Member or Caregiver	84	10.5%
Social Worker	19	2.4%
School District Personnel	244	30.4%
Internal Peds - RUHS	3	0.4%
Other	21	2.6%
Facebook	2	0.2%
Total	803	100%

Figure 5. Caller Relationship to Client

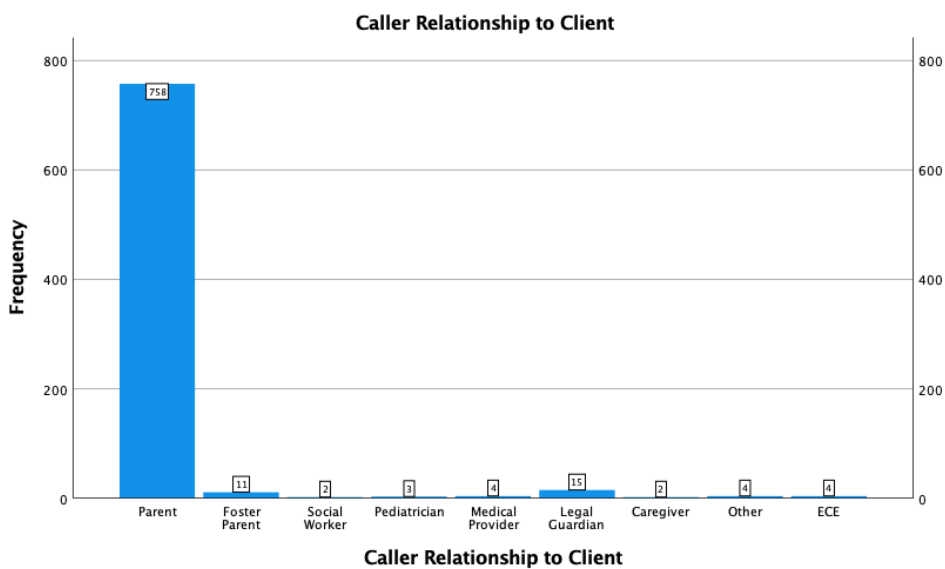


Table 6. Caller Relationship to Client

Caller Relationship to Client	Frequency	Percentage
Parent	758	94.4%
Foster Parent	11	1.4%
Social Worker	2	0.2%
Pediatrician	3	0.4%
Medical Provider	4	0.5%
Legal Guardian	15	1.9%
Caregiver	2	0.2%
Other	4	0.5%
ECE	4	0.5%
Total	803	100%

Figure 6. Client Gender

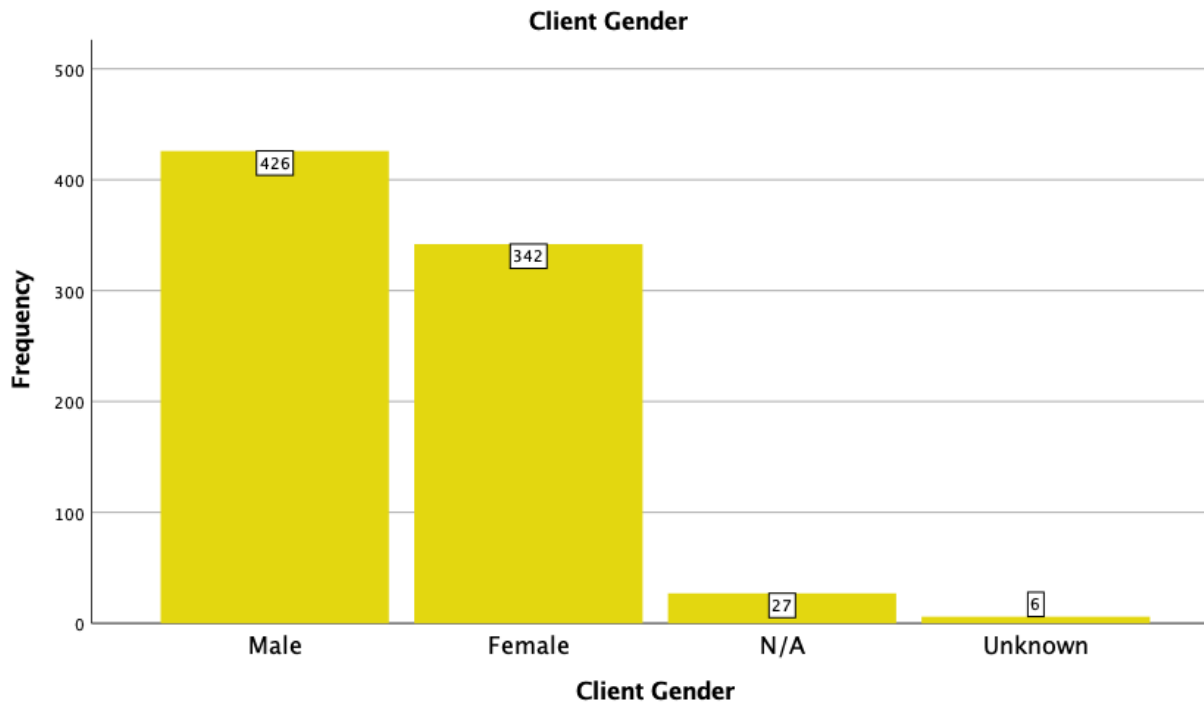


Table 7. Client Gender

Client Gender	Frequency	Percentage
Male	426	53.2%
Female	342	42.7%
N/A	27	3.4%
Unknown	6	0.7%
Total	801	100%

Figure 6. Client Gender

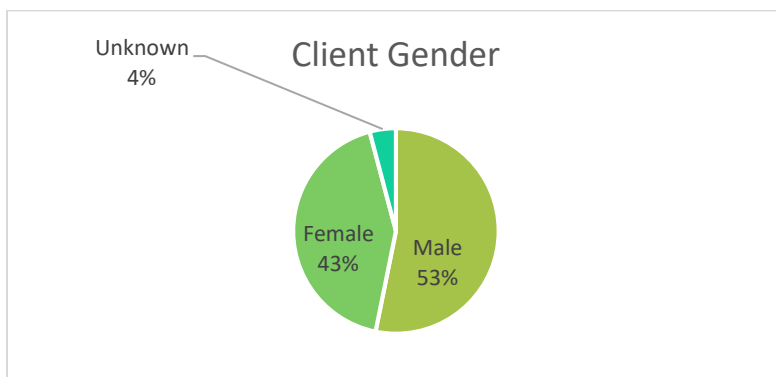


Figure 7. Client Race/Ethnicity

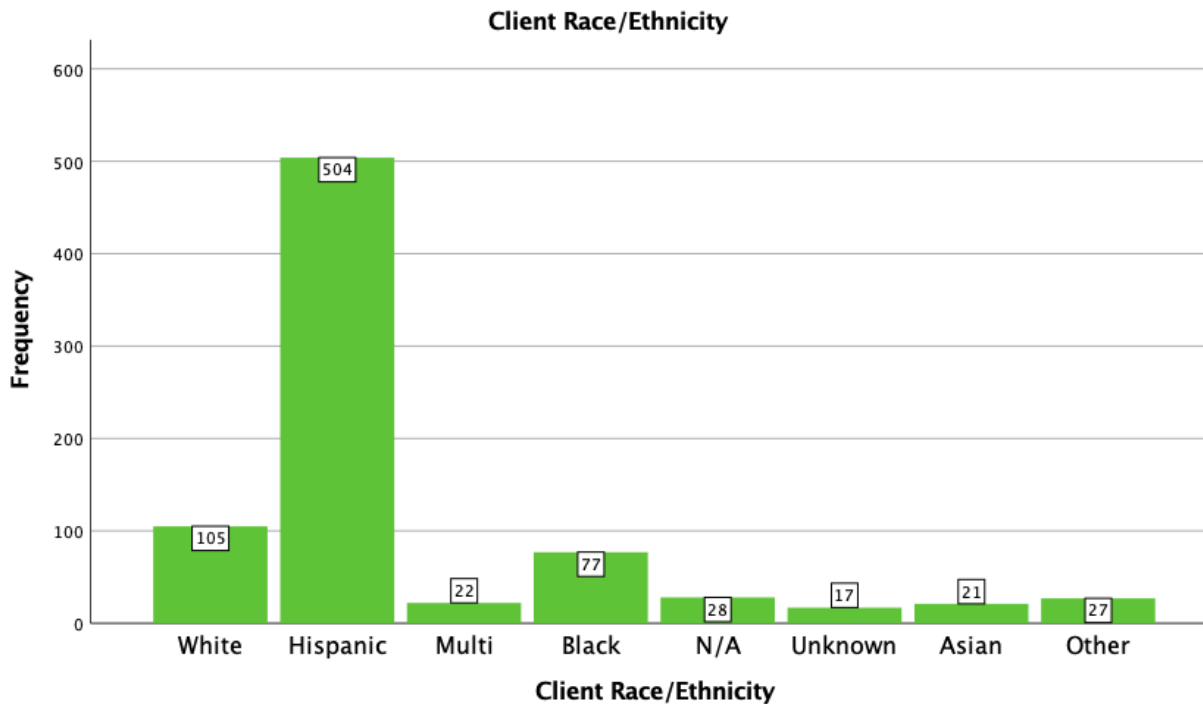


Table 8. Client Race/Ethnicity

Client Race/Ethnicity	Frequency	Percentage
White	105	13.1%
Hispanic	504	62.9%
Multi*	22	2.7%
Black	77	9.6%
N/A	28	3.5%
Unknown	17	2.1%
Asian	21	2.6%
Other	27	3.4%
Total	801	100%

*Clients that were more than one race/ethnicity were categorized as “multi”.



Figure 8. Child Age in Years (at program entrance)

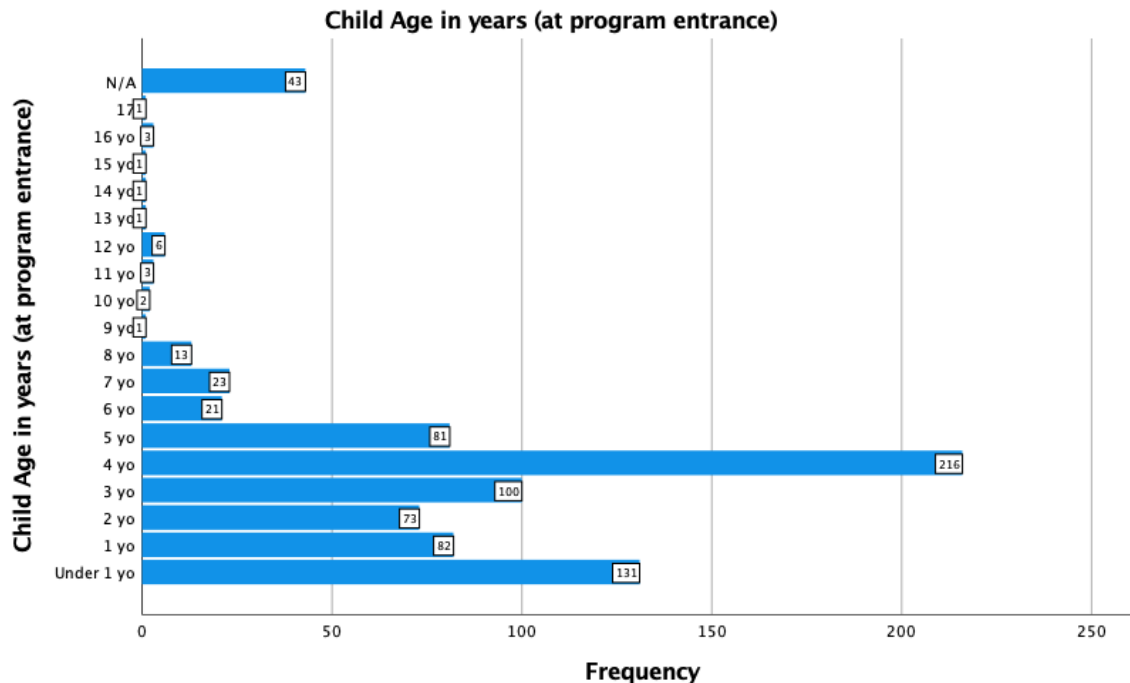


Table 9. Top Ten Child Age in Years (at program entrance) list

Child Age in Years (at program entrance)	Frequency	Percentage
4 yo	216	26.9%
Under 1 yo	131	16.3%
3 yo	100	12.5%
1 yo	82	10.2%
5 yo	81	10.1%
2 yo	73	9.1%
N/A	43	5.4%
7 yo	23	2.90%
6 yo	21	2.6%
8 yo	13	1.6%
Total*	802	100%



Table 9a. Comprehensive Child Age in Years (at program entrance) list

Child Age in Years (at program entrance)	Frequency	Percentage
Under 1 yo	131	16.3%
1 yo	82	10.2%
2 yo	73	9.1%
3 yo	100	12.5%
4 yo	216	26.9%
5 yo	81	10.1%
Total*	802	100.0%
6 yo	21	2.6%
7 yo	23	2.9%
8 yo	13	1.6%
9 yo	1	0.1%
10 yo	2	0.2%
11 yo	3	0.4%
12 yo	6	0.7%
13 yo	1	0.1%
14 yo	1	0.1%
15 yo	1	0.1%
16 yo	3	0.4%
17	1	0.1%
N/A	43	5.4%
Total	802	100.0%

Figure 9. Child Age in Months (at program entrance)

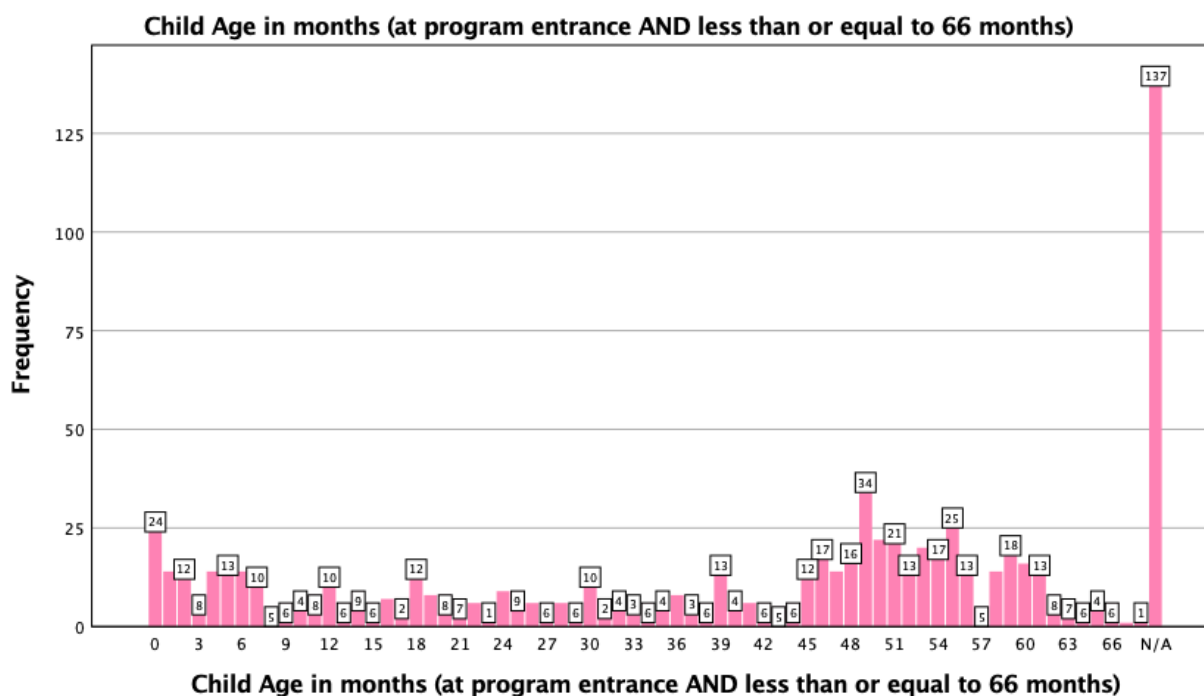


Table 10. Top Ten Child Age in Months (at program entrance) list

Child Age in months (at program entrance AND less than or equal to 66 months)	Frequency	Percentage
N/A	137	17.1%
49	34	4.2%
55	25	3.1%
0	24	3.0%
50	22	2.7%
51	21	2.6%
53	20	2.5%
59	18	2.2%
46	17	2.1%
54	17	2.1%
Total	802	100%

Table 10a. Comprehensive Child Age in Months (at program entrance) list

Child Age in months (at program entrance AND less than or equal to 66 months)	Frequency	Percentage
0	24	3.0%
1	14	1.7%
2	12	1.5%
3	8	1.0%
4	14	1.7%
5	13	1.6%
6	14	1.7%
7	10	1.2%
8	5	0.6%
9	6	0.7%
10	4	0.5%
11	8	1.0%
12	10	1.2%
13	6	0.7%
14	9	1.1%
15	6	0.7%
16	7	0.9%
17	2	0.2%
18	12	1.5%
19	8	1.0%
20	8	1.0%
21	7	0.9%
22	6	0.7%
23	1	0.1%
24	9	1.1%
25	9	1.1%
26	6	0.7%
27	6	0.7%
28	6	0.7%
29	6	0.7%
30	10	1.2%
31	2	0.2%
32	4	0.5%
33	3	0.4%
34	6	0.7%
35	4	0.5%

36	8	1.0%
37	3	0.4%
38	6	0.7%
39	13	1.6%
40	4	0.5%
41	6	0.7%
42	6	0.7%
43	5	0.6%
44	6	0.7%
45	12	1.5%
46	17	2.1%
47	14	1.7%
48	16	2.0%
49	34	4.2%
50	22	2.7%
51	21	2.6%
52	13	1.6%
53	20	2.5%
54	17	2.1%
55	25	3.1%
56	13	1.6%
57	5	0.6%
58	14	1.7%
59	18	2.2%
60	16	2.0%
61	13	1.6%
62	8	1.0%
63	7	0.9%
64	6	0.7%
65	4	0.5%
66	6	0.7%
68	1	0.1%
Unknown	1	0.1%
N/A	137	17.1%
Total	802	100.0

Figure 10. Primary Language Spoken at Home

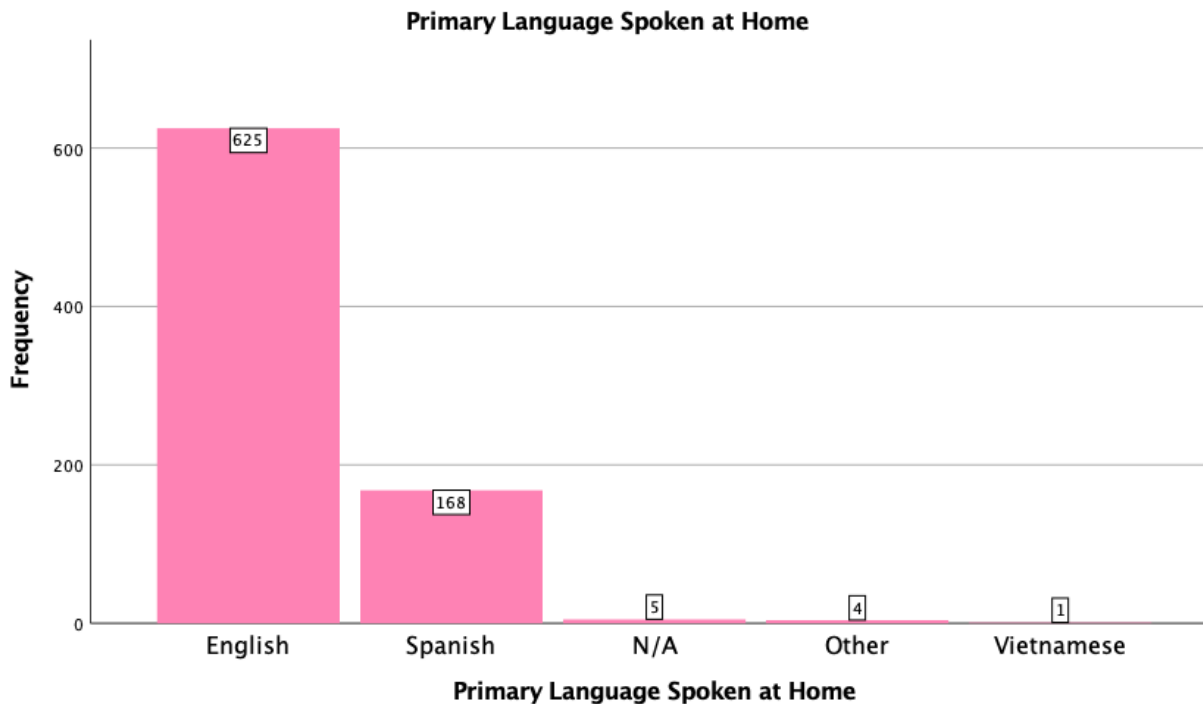


Table 11. Primary Language Spoken at Home

Primary Language Spoken at Home	Frequency	Percentage
English	625	77.8%
Spanish	168	20.9%
N/A	5	0.6%
Other	4	0.5%
Vietnamese	1	0.1%
Total	803	100%

Appendix B:
Evaluation Question #2: Referrals and Resources Comprehensive Tables and Figures



Table 12. Referral to Medical and/or Health Providers

Referral to Medical and/or health providers	Frequency	Percentage
Pediatrician	7	3.68%
Dental	169	88.95%
Inland Empire Autism Assessment Center of Excellence	9	4.74%
Birthing Centers	1	0.53%
Other	4	2.11%
Total	190	100%

Table 12a. Medical and/or Health Provider referral completed

Medical and/or Health Provider referral completed	Frequency	Percentage
Referral completed	26	13.7%
Total referrals made	190	

Table 13. Referral to Inland Regional Center

Referral to Inland Regional Center	Frequency	Percentage
Early Start	43	72.9%
3 and above	16	27.1%
Total	59	100%

Table 13a. Inland Regional Center Referral Completed

Inland Regional Center referral completed	Frequency	Percentage
Referral completed	45	76.3%
Total referrals made	59	

Table 14. Referral to Pediatric-based Intervention

Referral to Pediatric-based intervention	Frequency	Percentage
Physical Therapy	155	84.2%
Speech Therapy	23	12.5%
Speech Therapy and Occupational Therapy	3	1.6%
Speech, Occupational and Physical Therapy	3	1.6%
Total	184	100%

Table 14a. Pediatric-based Intervention Referral Completed

Pediatric-based intervention referral completed	Frequency	Percentage
Referral completed	20	10.9%
Total referrals made	184	



Table 15. Referral to SELPA

Referral to SELPA	Frequency	Percentage
Desert/Mountain Children's Center	162	91.5%
Desert/Mountain Children's Center - CARE	7	4.0%
East Valley SELPA	2	1.1%
West End SELPHA	3	1.7%
San Bernardino City Unified	2	1.1%
Corona-Norco	1	0.6%
Total	177	100%

Table 15a. SELPA Referral Completed

SELPA referral completed	Frequency	Percentage
Referral completed	15	8.5%
Total referrals made	177	

Table 16. Referral to Early Learning Settings-Center Based

Early learning settings – center based	Frequency	Percentage
Child Care Resource Center	10	5.9%
Childcare	4	2.4%
Other	1	0.6%
Child Care Resource Center + others	155	91.2%
Total	170	100%

Table 16a. Early Learning Settings-Center Based Referrals Completed

Early learning settings – Center Based referrals completed	Frequency	Percentage
Referral completed	11	6.5%
Total referrals made	170	

Table 17. Referral to Home Visiting

Referrals to Home visiting	Frequency	Percentage
First 5 Riverside Home Visiting	140	100%
Total	140	

Table 17a. Home Visiting Referrals Completed

Home visiting referrals completed	Frequency	Percentage
Referral completed	1	0.7%
Total referrals made	140	



Table 18. Referral to Family/Child Advocates

Referrals to Family/Child advocates	Frequency	Percentage
Asanta Family Agency	5	2.2%
Birth & Beyond	162	72.3%
Helping Hands	4	1.8%
HMGLA	1	0.4%
HMGOC	1	0.4%
My City Youth Center	3	1.3%
Purpose Point	44	19.6%
Rose of Sharon	4	1.8%
Total	224	100%

Table 18a. Family/Child Advocates Referrals Completed

Family/Child advocates referral completed	Frequency	Percentage
Referral completed	21	9.4%
Total referrals made	224	

Table 19. Referrals to Child Welfare

Referrals to Child welfare	Frequency	Percentage
ABA Therapy	159	78.7%
Mental Health Therapy	31	15.3%
Safekids	7	3.5%
West End Family Services	3	1.5%
Victor Community Support	1	0.5%
Inland Psychiatric Med Group	1	0.5%
Total	202	100%

Table 19a. Child Welfare Referrals Completed

Child welfare referrals completed	Frequency	Percentage
Referral completed	25	12.4%
Total referrals made	202	



Table 20. Referral to Health and Humans Services Agency

Referral to Health and Humans Services agency	Frequency	Percentage
San Bernardino Cash Assistance Program	73	57.4%
Riverside Cash Assistance Program	2	1.6%
SSI/In Home Support Services/Emergency Renters Assistance Program	4	3.1%
Emergency Renters Assistance Program	7	5.5%
CalWORKs	5	3.9%
CARE/Federal Emergency Relied Administration / San Bernardino Cash Assistance Program	7	5.5%
CARE/Federal Emergency Relied Administration	8	6.3%
Medi-Cal / Kin-GAP	2	1.6%
Employee Assistance Program / Riverside Cash Assistance Program	4	3.1%
In Home Support Services	5	3.9%
Cash Assistance Program for Immigrants	6	4.9%
CalWorks / SSI / Medi-Cal / California Children's Services	1	0.8%
Medi-Cal	2	1.6%
In Home Support Services / San Bernardino CAP / CalWorks	1	0.8%
Total	127	100%

Table 20a. Health and Humans Services Agency Referral Completed

Health and Humans Services agencies referral completed	Frequency	Percentage
Referral completed	37	29.1%
Total referrals made	127	

Table 21. Referral to School Systems

Referral to School systems	Frequency	Percentage
Individualized Educational Plan (Education and Family)	109	100%
Total	109	100%

Table 21a. School Systems Referral Completed

School systems referral completed	Frequency	Percentage
Referral completed	87	79.8%
Total referrals made	109	

Table 22. Referral to Parent Educators

Referral to Parent educators	Frequency	Percentage
Parenting Classes	35	68.6%
National Parent Helpline	3	5.9%
PPD Counseling	3	5.9%
Ready4k	3	5.9%
Postpartum Depression Counseling/ Support	1	2.0%
Support Groups	6	11.8%
Total	51	100%



Table 22a. Parent Educator's Referral Completed

Parent educator's referral completed	Frequency	Percentage
Referral completed	14	27.5%
Total referrals made	51	

Table 23. Referral to Intimate Partner Violence Prevention

Referral to Intimate partner violence prevention	Frequency	Percentage
Alternatives to DV	2	100%
Total	2	

Table 23a. Intimate Partner Violence Prevention Referral Completed

Intimate partner violence prevention referral completed	Frequency	Percentage
Referral completed	0	0.0%
Total referrals made	2	

Table 24. Referral to Special Supplemental Nutrition

Referral to Special Supplemental Nutrition	Frequency	Percentage
CalFresh	28	37.8%
CalFresh & /WIC	12	16.2%
WIC	34	45.9%
Total	74	100%

Table 24a. Special Supplemental Nutrition Referral Completed

Special Supplemental Nutrition referral completed	Frequency	Percentage
Referral completed	38	51.4%
Total referrals made	74	

Table 25. Referral to Faith-based or Nonprofit Initiatives

Referral to Faith-based or nonprofit initiatives	Frequency	Percentage
Rainbolt Ritecare CLC	15	5.4%
Jr League Diaper Bank	60	21.7%
Salvation Army	2	0.7%
Arrowhead United Way / Inland Equity Program	2	0.7%
Arrowhead United Way / Inland Equity Program / Jr League Diaper Bank	1	0.4%
Moses House	5	1.8%
N/A	41	14.8%
United Lift	3	1.1%
Inland Equity Program / St Vincent de Paul	1	0.4%



Project TOUCH	25	9.0%
Project TOUCH / Jr League Diaper Bank	15	5.4%
Moses House/ Project TOUCH	5	1.8%
Jr League Diaper Bank/ FSA Redlands Formula	8	2.9%
Jr League Diaper Bank, Redlands FSA	2	0.7%
Jr League Diaper Bank, Project TOUCH, The Fruit of Our Hands Ministries, St Vincent de Paul	1	0.4%
Galilee Center	4	1.4%
Building Up Lives Foundation	2	0.7%
Jr League Diaper Bank / Building Up Lives Foundation	2	0.7%
Jr League Diaper Bank / Moses House	2	0.7%
Jr League Diaper Bank/ Building Up Lives Foundation	2	0.7%
Project TOUCH/ Building Up Lives Foundation	1	0.4%
Catholic Charities	3	1.1%
FSA Redlands	7	2.5%
FSA Redlands / Operation Grace	1	0.4%
God's Pantry	2	0.7%
Jr League Diaper Bank / Galilee Center	1	0.4%
Jr League Diaper Bank / Catholic Charities / Galilee Center	1	0.4%
Call 4 Life	3	1.1%
Project TOUCH / HDH FAD	1	0.4%
Jr League Diaper Bank / Project TOUCH	9	3.2%
Project TOUCH, Moses House	2	0.7%
Jr League Diaper Bank, Redlands FSA, Arrowhead United Way	1	0.4%
Arrowhead United Way / Jr League Diaper Bank	1	0.4%
Jr League Diaper Bank/ FSA Redlands/ Project TOUCH /Arrowhead United Way	1	0.4%
Salvation Army, Lutheran Social Services, Jr League Diaper Bank, Project TOUCH	2	0.7%
Arrowhead United Way/ Project TOUCH	1	0.4%
Salvation Army, Catholic Charities	1	0.4%
Arrowhead United Way	4	1.4%
Project TOUCH/ United Lift	1	0.4%
Jr League Diaper Bank/ Inland Equity Program/ Arrowhead United Way	3	1.1%

Jr League Diaper Bank / Inland Equity Program/ Arrowhead United Way/Project TOUCH	2	0.7%
Galille Center/ Inland Equity Program/ Project TOUCH/Arrowhead United Way	1	0.4%
Project TOUCH/ Galilee Center/ United Lift	2	0.7%
Project TOUCH / Jr League Diaper Bank / HDH FAD	2	0.7%
Inland Equity Program	5	1.8%
Jr League Diaper Bank / Project TOUCH / Moses House	5	1.8%
Assistance League / Salvation Army	2	0.7%
St Vincent de Paul	1	0.4%
Jr League Diaper Bank / Inland Equity Program	1	0.4%
Galilee Center / United Lift	1	0.4%
Jr League Diaper Bank / Project TOUCH / United Lift	1	0.4%
Jr League Diaper Bank / Inland Equity Program / St Vincent de Paul	1	0.4%
United Way Moreno Valley Rental Program	1	0.4%
Project TOUCH, Galilee Center	1	0.4%
Moses House/ Call 4 Life	3	1.1%
Jr League Diaper Bank, Project TOUCH, Arrowhead United Way	1	0.4%
Jr League Diaper Bank / FSA Redlands / Arrowhead United Way / SB County Rent Relief	2	0.7%
Project TOUCH/ Galilee Center/ Catholic Charities	1	0.4%
Total	277	100%

Table 25a. Faith-based or Nonprofit Initiatives Referrals Completed

Faith-based or nonprofit initiatives referrals completed	Frequency	Percentage
Referral completed	138	49.8%
Total referrals made	277	

Table 26. Referral to Child and Family Legal Services

Referrals to Child and family legal services	Frequency	Percentage
Consulate	2	25.0%
Legal Aid	3	37.5%

San Bernardino Community Service Center	3	37.5%
Total	8	100%

Table 26a. Child and Family Legal Services Referral Completed

Child and family legal services referrals completed	Frequency	Percentage
Referral completed	5	62.5%
Total referrals made	8	

Appendix C:
Evaluation Question #2: SDOH Comprehensive Tables and Figures



Table 28. Comprehensive overview of all SDOH screenings completed

Social Determinant of Health (SDOH)	Total number of screenings	Of the number of screenings, % that had an atypical score
Food Insecurity	249	57.30%
Housing Risk	221	25.30%
Financial Strain	248	15.80%
Transportation Risk	249	2.60%
Postpartum Depression	3	33%
Stress Risk	14	14.20%
Physical Activity Risk	16	6.20%
Tobacco risk	1	0%
Depression Risk	1	0%
Alcohol Risk	0	0%
Social Connection Risk	0	0%
IPV Risk	0	0%

Table 29. Comprehensive overview of all SDOH screenings completed by Race and Score

Financial Strain Risk SDOH	Race	Green	Yellow	Red	Total (N)
	White	4 (18.2%)	12 (54.2%)	6 (27.3%)	22
	Hispanic	24 (14.5%)	76 (45.8%)	66 (39.8%)	166
	Multi-race	2 (16.7%)	4 (33.3%)	6 (50.0%)	12
	Black or African American	9 (25.7%)	15 (42.9%)	11 (31.4%)	35
	Unknown	2 (40.0%)	2 (40.0%)	1 (20.0%)	5
	Asian	2 (28.6%)	3 (42.9%)	2 (28.6%)	7
	Other	1 (100%)	0	0	1
Food Insecurity Risk SDOH	Race	Green	Yellow	Red	Total (N)
	White	14 (63.6%)	0	8 (36.4%)	22
	Hispanic	58 (34.9%)	4 (2.4%)	104 (62.7%)	166
	Multi-race	7 (58.3%)	0	5 (41.7%)	12
	Black or African American	17 (47.2%)	1 (2.8%)	18 (50.0%)	36
	Unknown	2 (40.0%)	0	3 (60.0%)	5
	Asian	3 (42.9%)	0	4 (57.1%)	7
	Other	0	0	1	1



				(100%)	
Transportation Risk SDOH	Race	Green	Yellow	Red	Total (N)
	White	20 (19.0%)	3 (2.9%)	82 (78.1%)	105
	Hispanic	132 (80.5%)	2 (1.2%)	30 (18.3%)	164
	Multi-race	12 (100%)	0	0	12
	Black or African American	21 (27.3%)	15 (19.5%)	41 (53.2%)	77
	Unknown	4 (71.4%)	0	1 (28.6%)	5
	Asian	5 (71.4%)	0	2 (28.6%)	7
	Other	1 (100%)	0	0	1
Housing Risk SDOH	Race	Green	Yellow	Red	Total (N)
	White	6 (31.6%)	5 (26.3%)	8 (42.1%)	19
	Hispanic	45 (31.3%)	42 (29.2%)	57 (39.6%)	144
	Multi-race	6 (50.0%)	2 (16.7%)	4 (33.3%)	12
	Black or African American	10 (29.4%)	12 (35.3%)	12 (35.3%)	34
	Unknown	3 (60.0%)	1 (20.0%)	1 (20.0%)	5
	Asian	1 (16.7%)	3 (50.0%)	2 (33.3%)	6
	Other	1 (100%)	0	0	1
Postpartum Depression	Data not applicable/not available by Race				
Tobacco Risk SDOH	Data not applicable/not available by Race				
Depression Risk SDOH	Data not applicable/not available by Race				
Alcohol Risk SDOH	Data not applicable/not available by Race				
Social Connection Risk SDOH	Data not applicable/not available by Race				
Intimate Partner Violence Risk SDOH	Data not applicable/not available by Race				
Physical Activity Risk SDOH	Data not applicable/not available by Race				
Stress Risk SDOH	Data not applicable/not available by Race				



Table 30. Comprehensive overview of all SDOH screenings completed by Race, County and Score

	County	Green	Yellow	Red	Total (N)
Financial Risk Strain Risk SDOH	San Bernardino County	30 (15.7%)	86 (45.0%)	75 (39.3%)	191
	Riverside County	14 (37.7%)	26 (45.6%)	17 (29.8%)	57
Food Insecurity Risk SDOH	County	Green	Yellow	Red	Total (N)
	San Bernardino County	72 (37.7%)	4 (2.1%)	115 (60.2%)	191
	Riverside County	29 (50.0%)	1 (1.7%)	28 (48.3%)	58
Transportation Risk SDOH	County	Green	Yellow	Red	Total (N)
	San Bernardino County	150 (78.9%)	2 (1.1%)	38 (20.0%)	190
	Riverside County	45 (77.6%)	0	13 (22.4%)	58
Housing Risk SDOH	County	Green	Yellow	Red	Total (N)
	San Bernardino County	47 (27.6%)	56 (32.9%)	67 (39.4%)	170
	Riverside County	25 (49.0%)	9 (17.6%)	17 (33.3%)	51
Postpartum Depression	Data not applicable/not available by County				
Tobacco Risk SDOH	Data not applicable/not available by County				
Depression Risk SDOH	Data not applicable/not available by County				
Alcohol Risk SDOH	Data not applicable/not available by County				
Social Connection Risk SDOH	Data not applicable/not available by County				
Intimate Partner Violence Risk SDOH	Data not applicable/not available by County				
Physical Activity Risk SDOH	Data not applicable/not available by County				
Stress Risk SDOH	Data not applicable/not available by County				



Table 29. Financial Strain Risk SDOH

Financial Strain Risk SDOH	Frequency	Percentage
Green	45	5.50%
Yellow	113	14.13%
Red	93	11.63%
N/A	550	68.75%
Total	800	100%

Figure 11. Financial Strain Risk SDOH

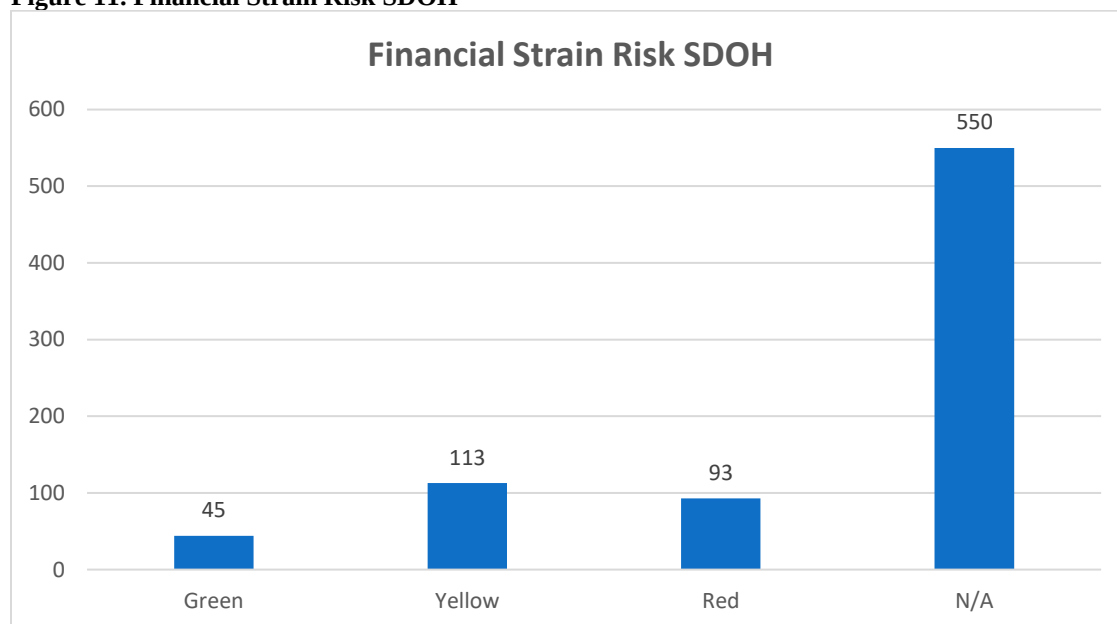


Table 29a. Financial Strain Risk SDOH by Race

Financial Strain Risk by Race						
Race	Green	Yellow	Red	N/A	Frequency	Percentage
White	4	12	6	83	105	13%
Hispanic	24	76	66	337	503	63%
Multi-race	3	4	6	10	22	3%
Black or African American	9	15	11	42	77	10%
N/A	0	0	0	28	28	4%
Unknown	2	2	1	12	17	2%
Asian	2	3	2	13	20	3%
Other	1	0	0	26	27	3%
Total	45	112	92	551	799	100%

Figure 11a. Financial Strain Risk SDOH by Race

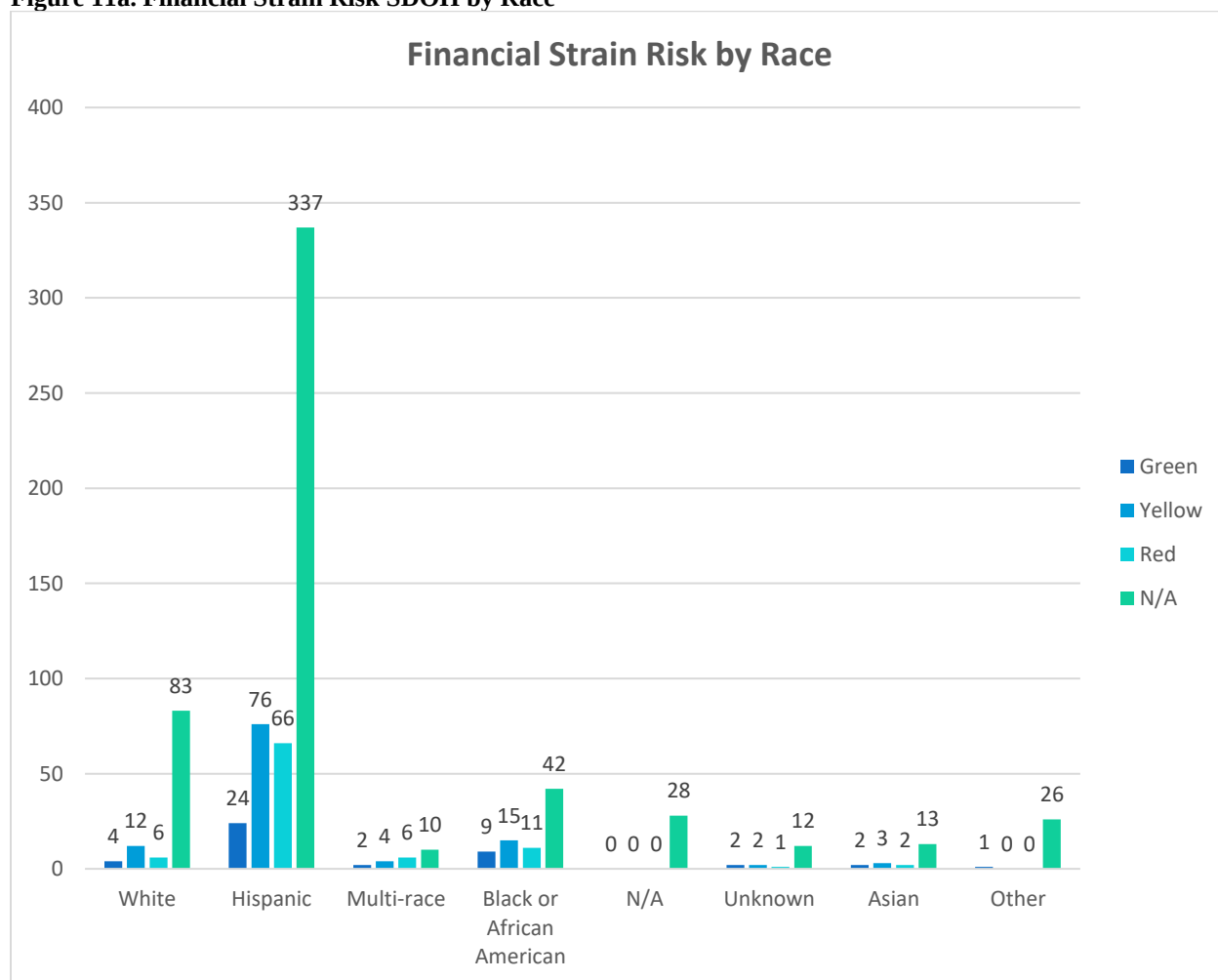


Table 29b. Financial Strain Risk SDOH by County

Financial Strain Risk by County						
County	Green	Yellow	Red	N/A	Frequency	Percentage
Los Angeles County	0	0	0	3	3	0%
San Bernardino County	31	86	75	413	604	76%
Riverside County	14	26	17	134	191	24%
Other County	0	0	0	2	2	0%
Total	45	112	92	552	800	100%

Figure 11b. Financial Strain Risk SDOH by County

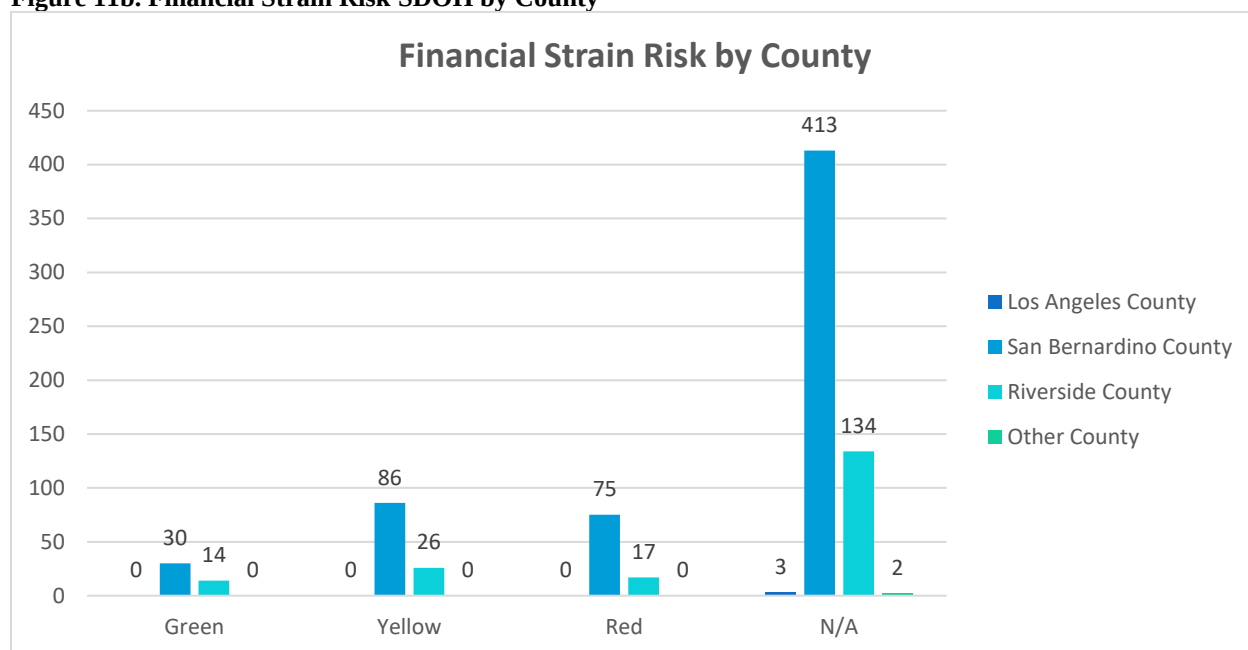


Table 29c. Financial Strain Risk SDOH by Race and by County

Financial Strain by Race and by County							
Race	County	Green	Yellow	Red	N/A	Frequency	Percentage
White	Los Angeles County	0	0	0	1	1	0%
	San Bernardino County	4	11	6	72	93	12%
	Riverside County	0	1	0	10	11	1%
	Other County	0	0	0	0	0	0%
Hispanic	Los Angeles County	0	0	0	2	2	0%
	San Bernardino County	16	60	54	258	388	49%
	Riverside County	8	16	12	76	112	14%
	Other County	0	0	0	1	1	0%
Multi-Race	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	1	4	4	9	18	2%
	Riverside County	1	0	2	1	4	1%
	Other County	0	0	0	0	0	0%
Black or African American	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	8	10	9	26	53	7%
	Riverside County	1	5	2	15	23	3%
	Other County	0	0	0	1	1	0%
N/A	Los Angeles County	0	0	0	0	0	0%



	San Bernardino County	0	0	0	19	19	2%
	Riverside County	0	0	0	9	9	1%
	Other County	0	0	0	0	0	0%
Unknown	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	0	0	1	8	9	1%
	Riverside County	2	2	0	4	8	1%
	Other County	0	0	0	0	0	0%
Asian	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	1	1	1	2	5	1%
	Riverside County	1	2	1	11	15	2%
	Other County	0	0	0	0	0	0%
Other	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	0	0	0	18	18	2%
	Riverside County	1	0	0	8	9	1%
	Other County	0	0	0	0	0	0%
Total		44	112	92	551	799	100%



Table 30. Food Insecurity Risk SDOH

Food Insecurity Risk	Frequency	Percentage
Green	100	12.75%
Yellow	5	0.63%
Red	144	18.00%
N/A	549	68.63%
Total	800	100%

Figure 12. Food Insecurity Risk SDOH

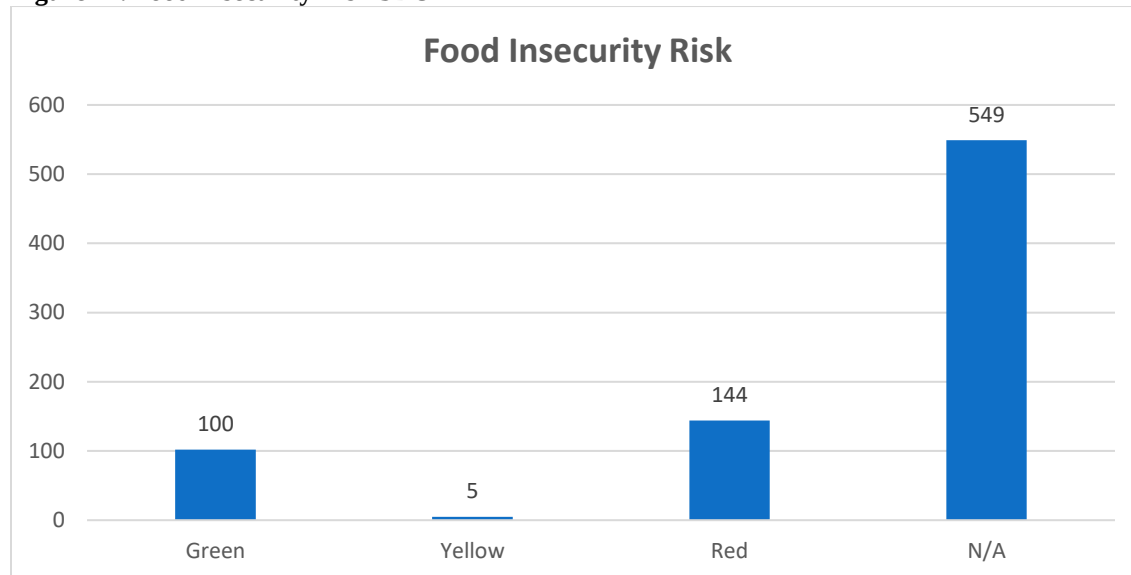


Table 30a. Food Insecurity Risk SDOH by Race

Food Insecurity by Race						
Race	Green	Yellow	Red	N/A	Frequency	Percentage
White	14	0	8	83	105	13%
Hispanic	58	4	104	337	503	63%
Multi-race	7	0	5	10	22	3%
Black or African American	17	1	18	41	77	10%
N/A	0	0	0	28	28	4%
Unknown	2	0	3	12	17	2%
Asian	3	0	4	13	20	3%
Other	0	0	1	26	27	3%
Total	100	5	143	550	800	100%

Figure 12a. Food Insecurity Risk SDOH by Race

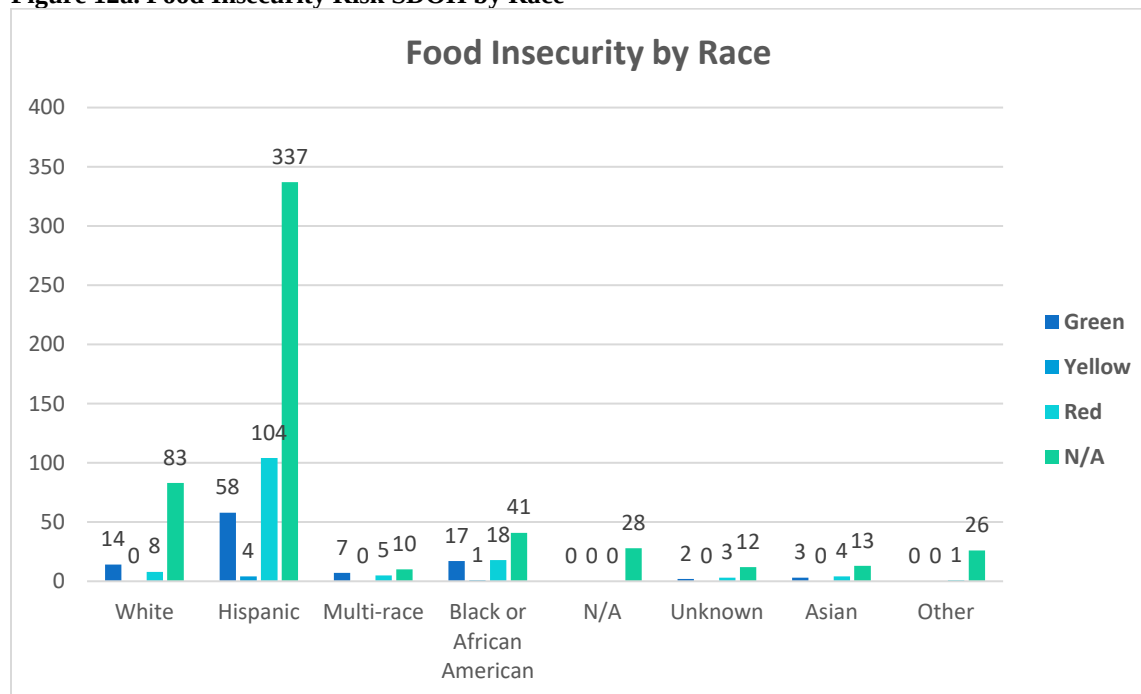


Table 30b. Food Insecurity Risk SDOH by County

Food Insecurity by County						
County	Green	Yellow	Red	N/A	Frequency	Percentage
Los Angeles County	0	0	0	3	3	0%
San Bernardino County	72	4	115	413	604	76%
Riverside County	29	1	28	133	191	24%
Other County	0	0	0	2	2	0%
Total	100	5	143	551	800	100%

Figure 12b. Food Insecurity Risk SDOH by County

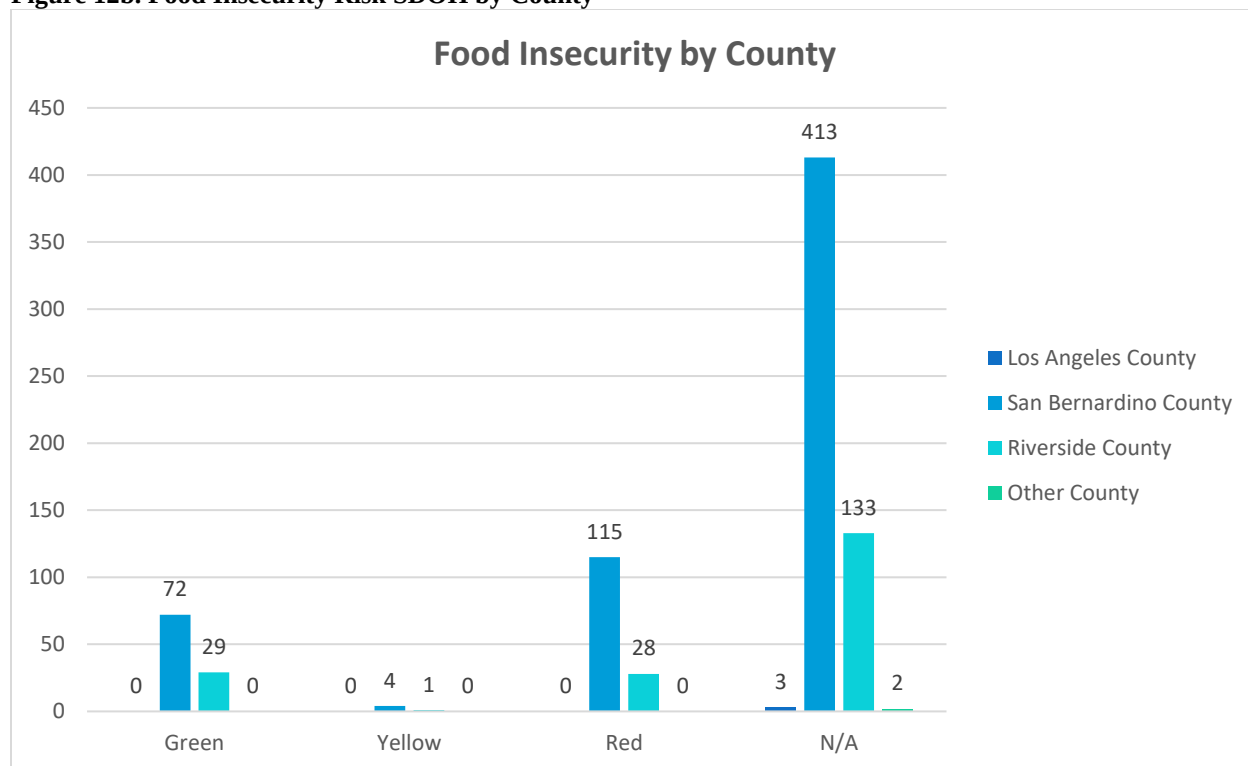


Table 30c. Food Insecurity Risk SDOH by Race and by County

Food Insecurity by Race and by County							
Race	County	Green	Yellow	Red	N/A	Frequency	Percentage
White	Los Angeles County	0	0	0	1	1	0%
	San Bernardino County	13	0	8	72	93	12%
	Riverside County	1	0	0	10	11	1%
	Other County	0	0	0	0	0	0%
Hispanic	Los Angeles County	0	0	0	2	2	0%
	San Bernardino County	42	4	84	258	388	49%
	Riverside County	16	0	20	76	112	14%
	Other County	0	0	0	1	1	0%
Multi-Race	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	4	0	5	9	18	2%
	Riverside County	3	0	0	1	4	1%
	Other County	0	0	0	0	0	0%
Black or African American	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	12	0	15	26	53	7%
	Riverside County	5	1	3	14	23	3%
	Other County	0	0	0	1	1	0%
N/A	Los Angeles County	0	0	0	0	0	0%



	San Bernardino County	0	0	0	19	19	2%
	Riverside County	0	0	0	9	9	1%
	Other County	0	0	0	0	0	0%
Unknown	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	0	0	1	8	9	1%
	Riverside County	2	0	2	4	8	1%
	Other County	0	0	0	0	0	0%
Asian	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	1	0	2	2	5	1%
	Riverside County	2	0	2	11	15	2%
	Other County	0	0	0	0	0	0%
Other	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	0	0	0	18	18	2%
	Riverside County	0	0	1	8	9	1%
	Other County	0	0	0	0	0	0%
Total		101	5	143	550	799	100%



Table 31. Transportation Risk SDOH

Transportation Risk SDOH	Frequency	Percentage
Green	195	24.38%
Yellow	2	0.25%
Red	52	6.50%
N/A	551	69%
Total	800	100.00%

Figure 13. Transportation Risk SDOH

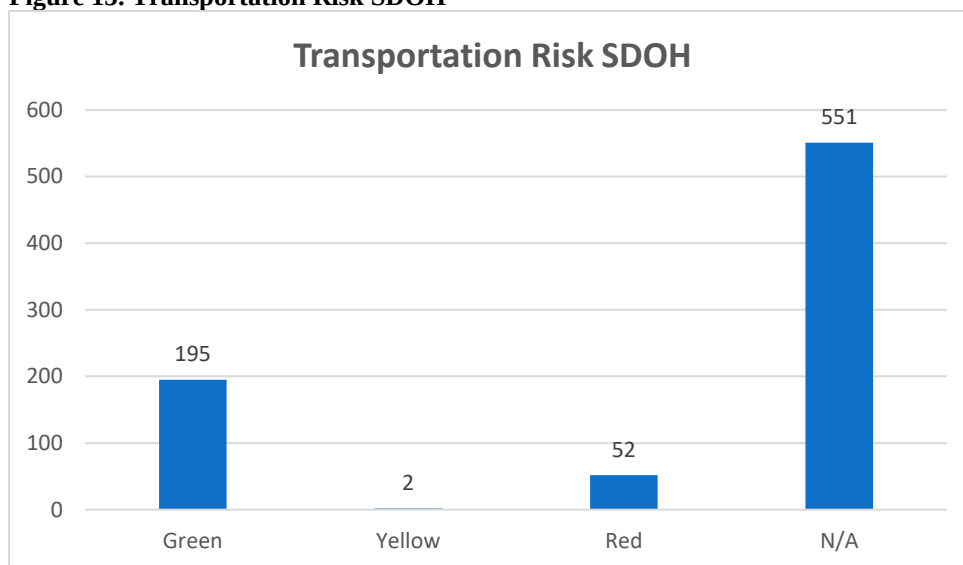


Table 31a. Transportation Risk SDOH by Race

Transportation Risk SDOH by Race						
Race	Green	Yellow	Red	N/A	Frequency	Percentage
White	20	3	82	105	210	21%
Hispanic	132	2	30	339	503	51%
Multi-race	12	0	0	10	22	2%
Black or African American	21	15	41	77	154	16%
N/A	0	0	0	28	28	3%
Unknown	4	0	1	12	17	2%
Asian	5	0	2	13	20	2%
Other	1	0	0	26	27	3%
Total	195	20	156	610	981	100%

Figure 13a. Transportation Risk SDOH by Race

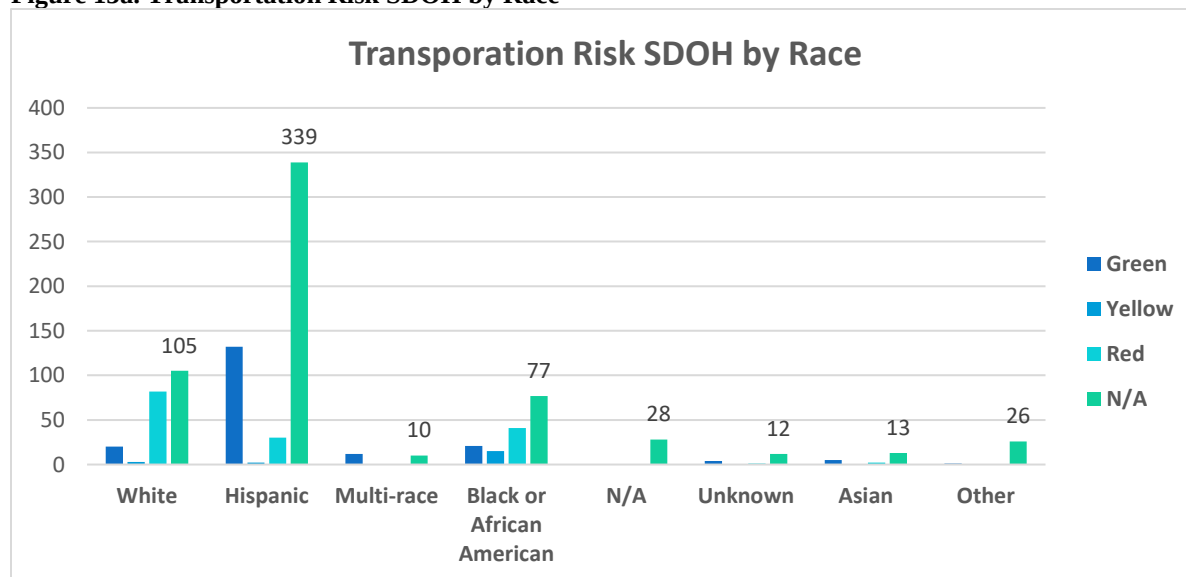


Table 31b. Transportation Risk SDOH by County

Transportation Risk by County						
County	Green	Yellow	Red	N/A	Frequency	Percentage
Los Angeles County	0	0	0	3	3	0%
San Bernardino County	150	2	38	414	604	76%
Riverside County	45	0	13	133	191	24%
Other County	0	0	0	2	2	0%
Total	195	2	51	552	800	100%

Figure 13b. Transportation Risk SDOH by County

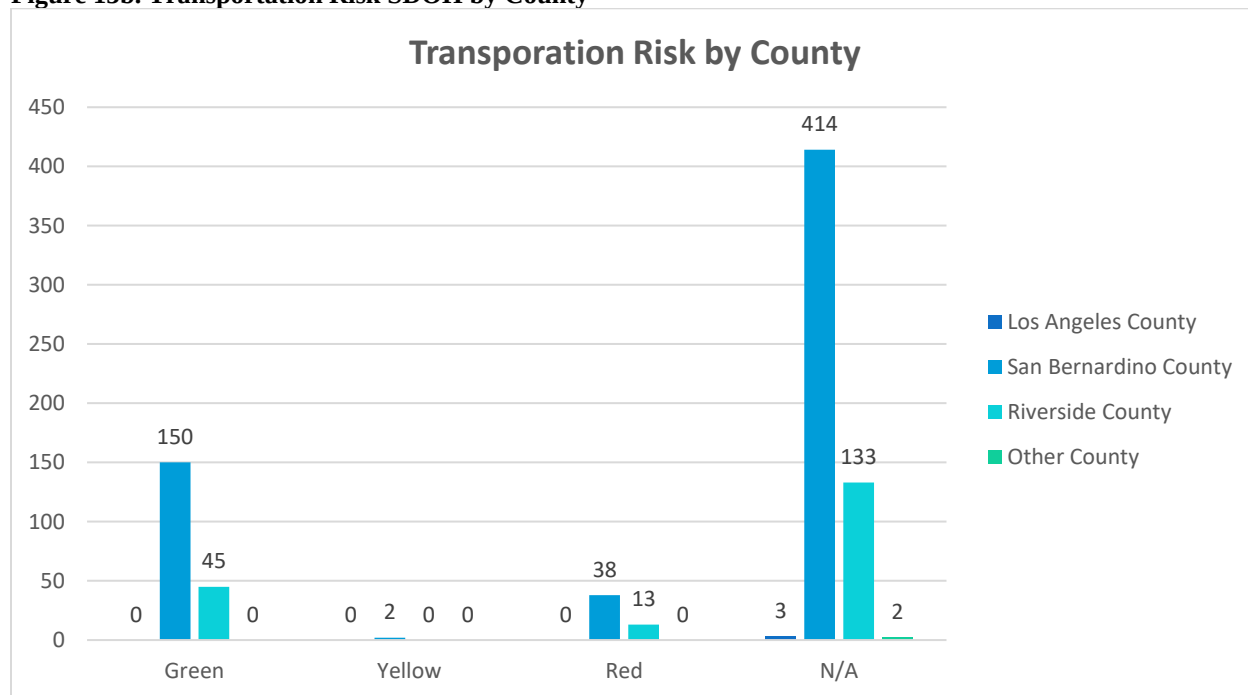


Table 31c. Transportation Risk SDOH by Race and by County

Transportation Risk by Race and by County							
Race	County	Green	Yellow	Red	N/A	Frequency	Percentage
White	Los Angeles County	0	0	0	1	1	0%
	San Bernardino County	19	0	3	71	93	12%
	Riverside County	1	0	0	10	11	1%
	Other County	0	0	0	0	0	0%
Hispanic	Los Angeles County	0	0	0	2	2	0%
	San Bernardino County	104	2	22	260	388	49%
	Riverside County	28	0	8	76	112	14%
	Other County	0	0	0	1	1	0%
Multi-Race	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	9	0	0	9	18	2%
	Riverside County	3	0	0	1	4	1%
	Other County	0	0	0	0	0	0%
Black or African American	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	16	0	11	26	53	7%
	Riverside County	5	0	4	14	23	3%
	Other County	0	0	0	1	1	0%
N/A	Los Angeles County	0	0	0	0	0	0%

	San Bernardino County	0	0	0	19	19	2%
	Riverside County	0	0	0	9	9	1%
	Other County	0	0	0	0	0	0%
Unknown	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	0	0	1	8	9	1%
	Riverside County	4	0	0	4	8	1%
	Other County	0	0	0	0	0	0%
Asian	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	2	0	1	2	5	1%
	Riverside County	3	0	1	11	15	2%
	Other County	0	0	0	0	0	0%
Other	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	0	0	0	18	18	2%
	Riverside County	1	0	0	8	9	1%
	Other County	0	0	0	0	0	0%
Total		195	2	51	551	799	100%



Table 32. Housing Risk SDOH

Housing Stability	Frequency	Percentage
Green	67	9.00%
Yellow	65	8.13%
Red	89	11.13%
N/A	573	71.63%
Total	800	100.00%

Figure 14. Housing Risk SDOH

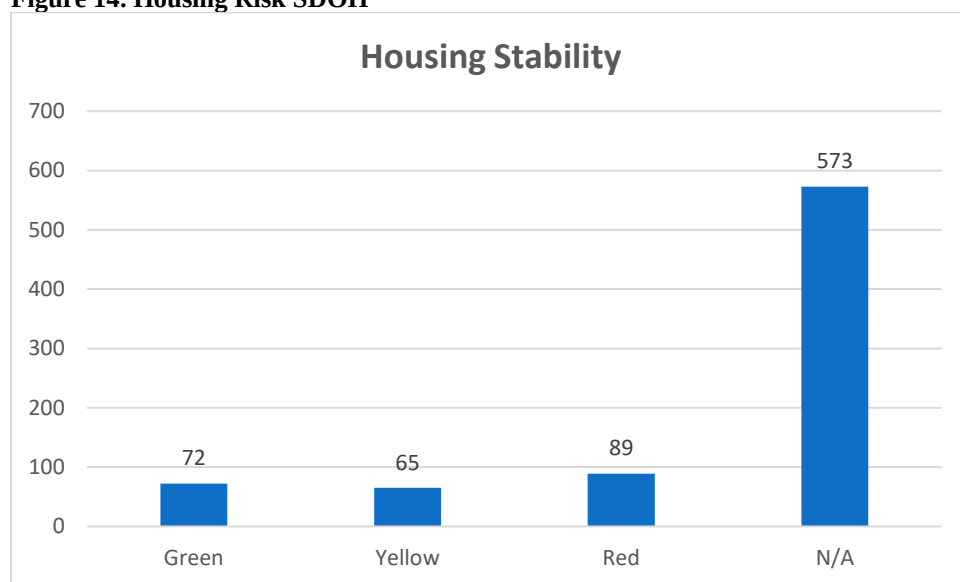


Table 32a. Housing Risk SDOH by Race

Housing Stability by Race						
Race	Green	Yellow	Red	N/A	Frequency	Percentage
White	6	5	8	86	105	13%
Hispanic	45	42	57	359	503	63%
Multi-race	6	2	4	10	22	3%
Black or African American	10	12	12	43	77	10%
N/A	0	0	0	28	28	4%
Unknown	3	1	1	12	17	2%
Asian	1	3	2	14	20	3%
Other	1	0	0	26	27	3%
Total	67	65	84	578	799	100%

Figure 14a. Housing Risk SDOH by Race

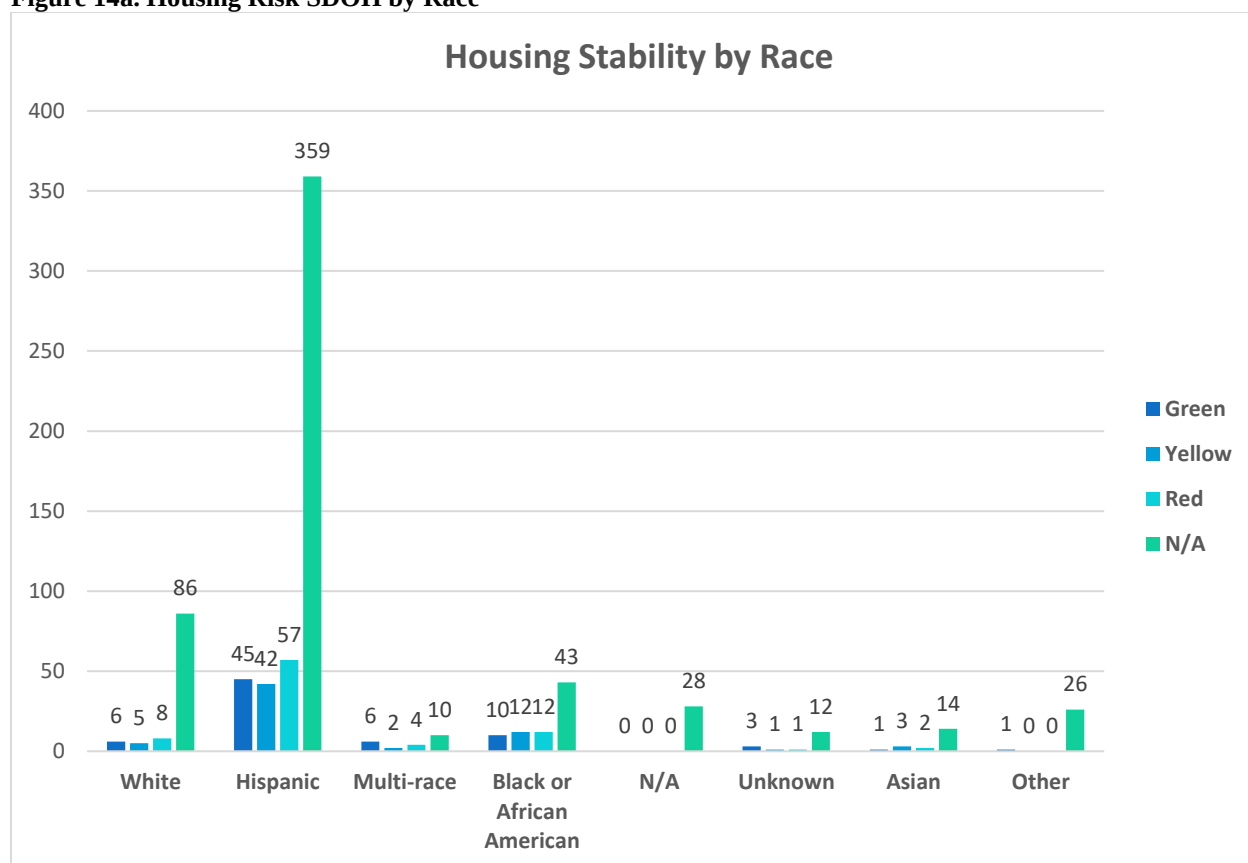


Table 32b. Housing Risk SDOH by County

Housing Stability by County						
County	Green	Yellow	Red	N/A	Frequency	Percentage
Los Angeles County	0	0	0	3	3	0%
San Bernardino County	47	56	67	434	604	76%
Riverside County	20	9	17	140	191	24%
Other County	0	0	0	2	2	0%
Total	67	65	84	579	800	100%

Figure 14b. Housing Risk SDOH by County

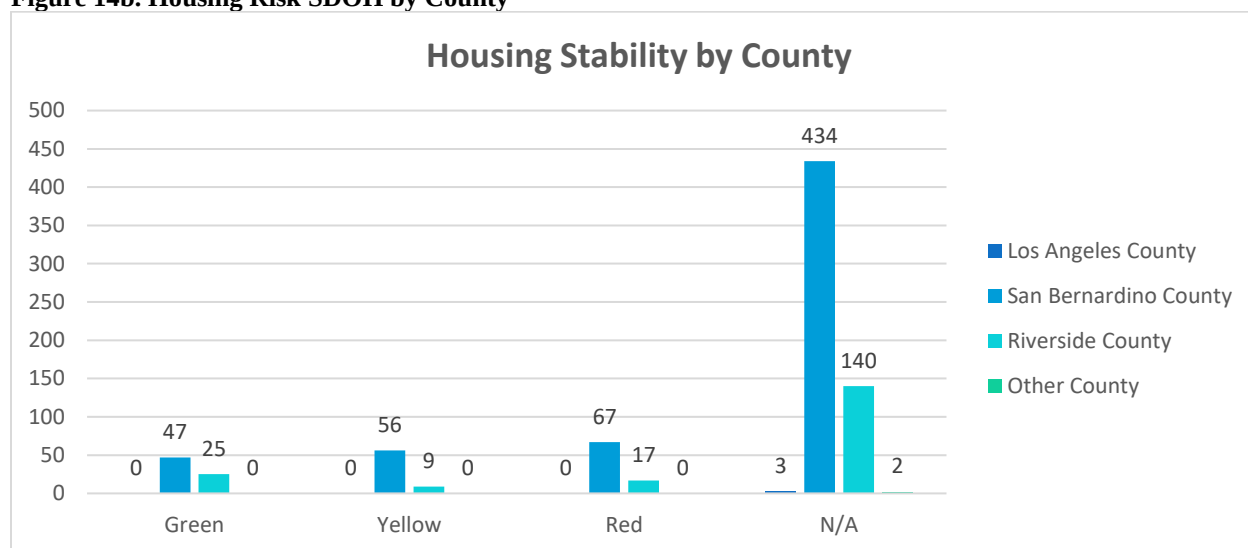


Table 32c. Housing Risk SDOH by Race and by County

Housing Stability by Race and by County							
Race	County	Green	Yellow	Red	N/A	Frequency	Percentage
White	Los Angeles County	0	0	0	1	1	0%
	San Bernardino County	6	5	7	75	93	12%
	Riverside County	0	0	1	10	11	1%
	Other County	0	0	0	0	0	0%
Hispanic	Los Angeles County	0	0	0	2	2	0%
	San Bernardino County	30	37	46	275	388	49%
	Riverside County	15	5	11	81	112	14%
	Other County	0	0	0	1	1	0%
Multi-Race	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	5	2	2	9	18	2%
	Riverside County	1	0	2	1	4	1%
	Other County	0	0	0	0	0	0%
Black or African American	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	5	11	10	27	53	7%
	Riverside County	5	1	2	15	23	3%
	Other County	0	0	0	1	1	0%
N/A	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	0	0	0	19	19	2%



	Riverside County	0	0	0	9	9	1%
	Other County	0	0	0	0	0	0%
Unknown	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	0	0	0	8	8	1%
	Riverside County	3	1	0	4	8	1%
	Other County	0	0	0	0	0	0%
Asian	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	1	1	1	2	5	1%
	Riverside County	0	2	1	12	15	2%
	Other County	0	0	0	0	0	0%
Other	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	0	0	0	18	18	2%
	Riverside County	1	0	0	8	9	1%
	Other County	0	0	0	0	0	0%
Total		72	65	83	578	798	100%

Appendix D:
Evaluation Question #2: ASQ-3, ASQ SE-2 and Oral Health Comprehensive Tables and Figures



Table 33. Ages and Stages Questionnaire-3 (ASQ-3) Screening Engagement Point*

ASQ-3 Screening Engagement Point	Frequency	Percentage
2 month	4	1.15%
6 month	1	0.29%
8 month	1	0.29%
9 month	1	0.29%
10 month	4	1.15%
12 month	4	1.15%
16 month	4	1.15%
18 month	5	1.44%
20 month	4	1.15%
22 month	4	1.15%
24 month	7	2.02%
27 month	7	2.02%
30 month	8	2.31%
33 month	5	1.44%
36 month	8	2.31%
42 month	22	6.34%
48 month	90	25.94%
54 month	99	28.53%
60 month	69	19.88%
Total	347	100%

*N/A responses have been removed from the calculations in Table 34.



Table 36. ASQ-3 Communication Score

ASQ Communication Score	Frequency	Percentage
Above	249	31.24%
Below	59	7.40%
Monitor	33	4.14%
N/A	467	58.59%
Total	797	100%

Figure 15. ASQ-3 Communication Score

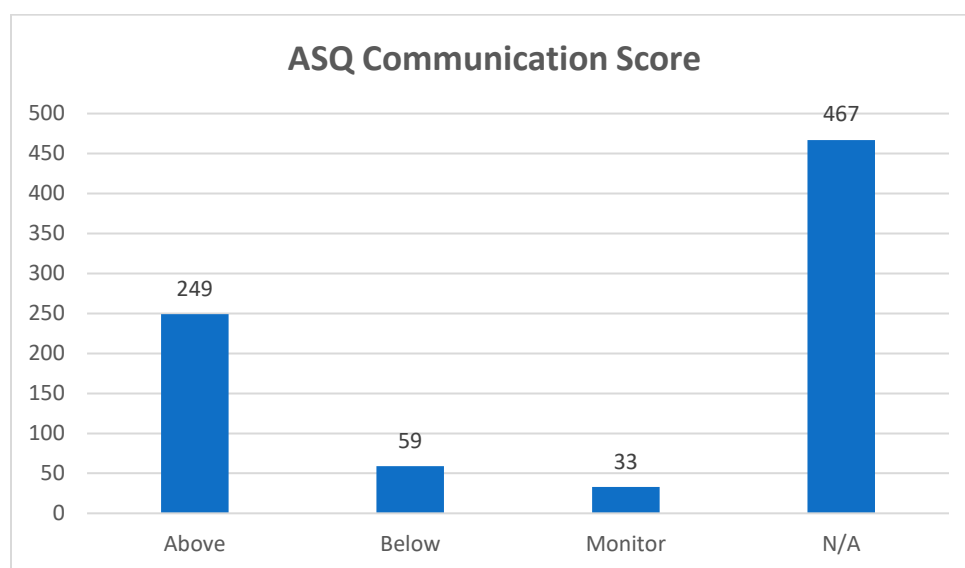


Table 36a. ASQ-3 Communication Score by Race

ASQ Communication Score by Race						
Race	Below	Monitor	Above	N/A	Frequency	Percentage
White	8	3	55	37	103	13%
Hispanic	41	20	149	293	503	63%
Multi-race	5	0	3	14	22	3%
Black or African American	0	3	13	61	77	10%
N/A	0	0	0	28	28	4%
Unknown	0	1	0	16	17	2%
Asian	1	1	6	12	20	3%
Other	3	4	14	6	27	3%
Total	58	32	240	467	797	100%

Figure 15a. ASQ-3 Communication Score by Race

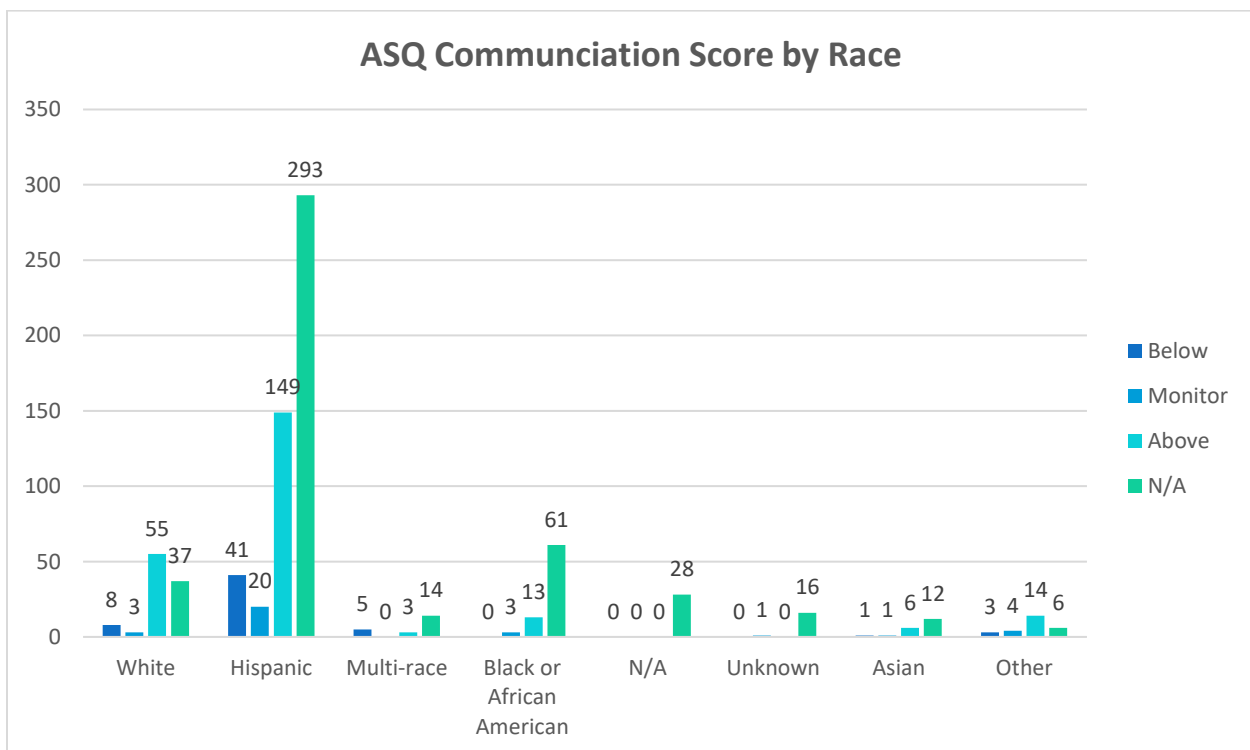


Table 36b. ASQ-3 Communication Score by County

ASQ Communication by County						
County	Below	Monitor	Above	N/A	Frequency	Percentage
Los Angeles County	1	0	1	1	3	0%
San Bernardino County	42	26	182	351	601	75%
Riverside County	15	6	56	114	191	24%
Other County	0	0	1	1	2	0%
Total	58	32	240	467	797	100%

Figure 15a. ASQ-3 Communication Score by County

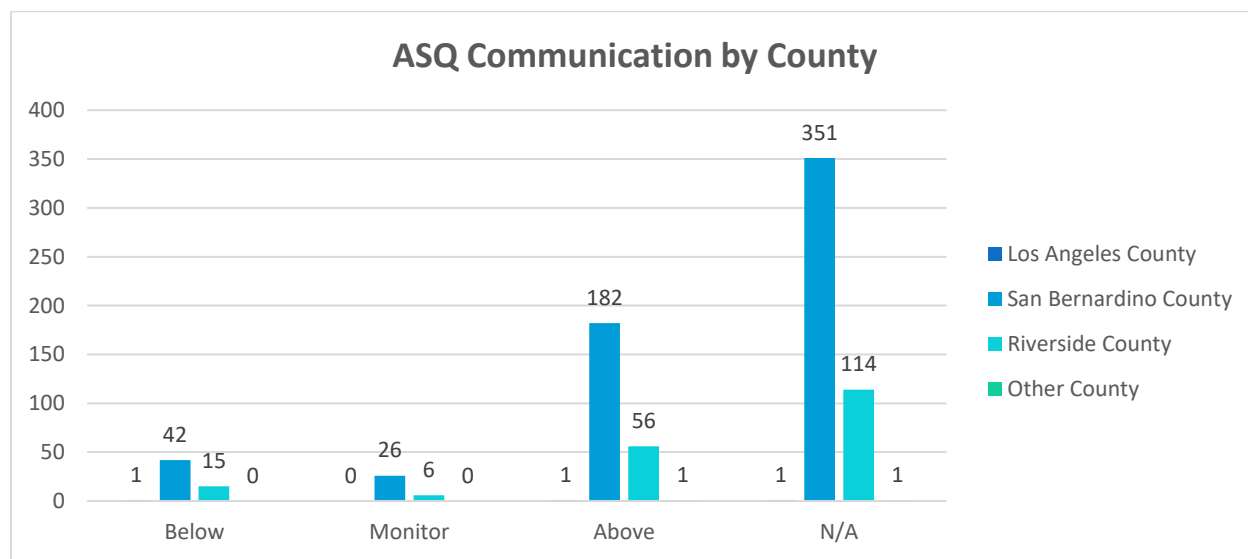


Table 36c. ASQ-3 Communication Score by Race and by County

ASQ Communication by Race and by County							
Race	County	Below	Monitor	Above	N/A	Frequency	Percentage
White	Los Angeles County	1	0	0	0	1	0%
	San Bernardino County	6	3	49	33	91	11%
	Riverside County	1	0	6	4	11	1%
	Other County	0	0	0	0	0	0%
Hispanic	Los Angeles County	0	0	1	1	2	0%
	San Bernardino County	30	18	113	227	388	49%
	Riverside County	11	2	34	65	112	14%
	Other County	0	0	1	0	1	0%
Multi-Race	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	3	0	3	12	18	2%
	Riverside County	2	0	0	2	4	1%
	Other County	0	0	0	0	0	0%
Black or African American	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	0	2	6	45	53	7%
	Riverside County	0	1	7	15	23	3%
	Other County	0	0	0	1	1	0%
N/A	Los Angeles County	0	0	0	0	0	0%



	San Bernardino County	0	0	0	19	19	2%
	Riverside County	0	0	0	9	9	1%
	Other County	0	0	0	0	0	0%
Unknown	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	0	1	0	8	9	1%
	Riverside County	0	0	0	8	8	1%
	Other County	0	0	0	0	0	0%
Asian	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	0	0	2	3	5	1%
	Riverside County	1	1	4	9	15	2%
	Other County	0	0	0	0	0	0%
Other	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	3	2	9	4	18	2%
	Riverside County	0	2	5	2	9	1%
	Other County	0	0	0	0	0	0%
Total		58	32	240	467	797	100%



Table 37.ASQ-3 Gross Motor Score

ASQ Gross Motor Score	Frequency	Percentage
Above	262	32.87%
Below	29	3.64%
Monitor	49	5.52%
N/A	467	58.59%
Total	797	100%

Figure 15.ASQ-3 Gross Motor Score

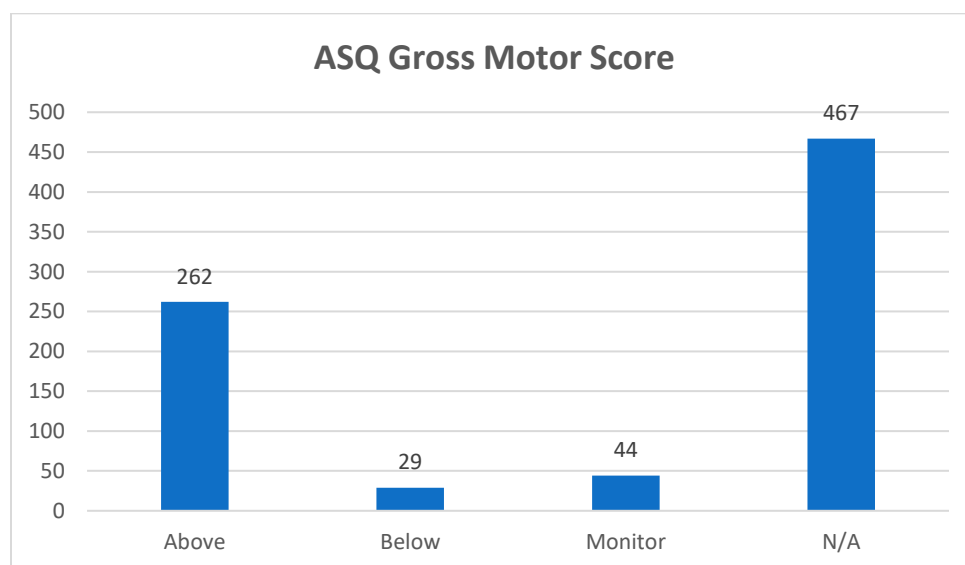


Table 37a. ASQ-3 Gross Motor Score by Race

ASQ Gross Motor Score by Race						
Race	Below	Monitor	Above	N/A	Frequency	Percentage
White	4	10	52	37	103	13%
Hispanic	18	26	166	293	503	63%
Multi-race	3	0	5	14	22	3%
Black or African American	0	3	13	61	77	10%
N/A	0	0	0	28	28	4%
Unknown	0	0	1	16	17	2%
Asian	2	1	5	12	20	3%
Other	1	4	16	6	27	3%
Total	28	44	258	467	797	100%

Figure 15a. ASQ-3 Gross Motor Score by Race

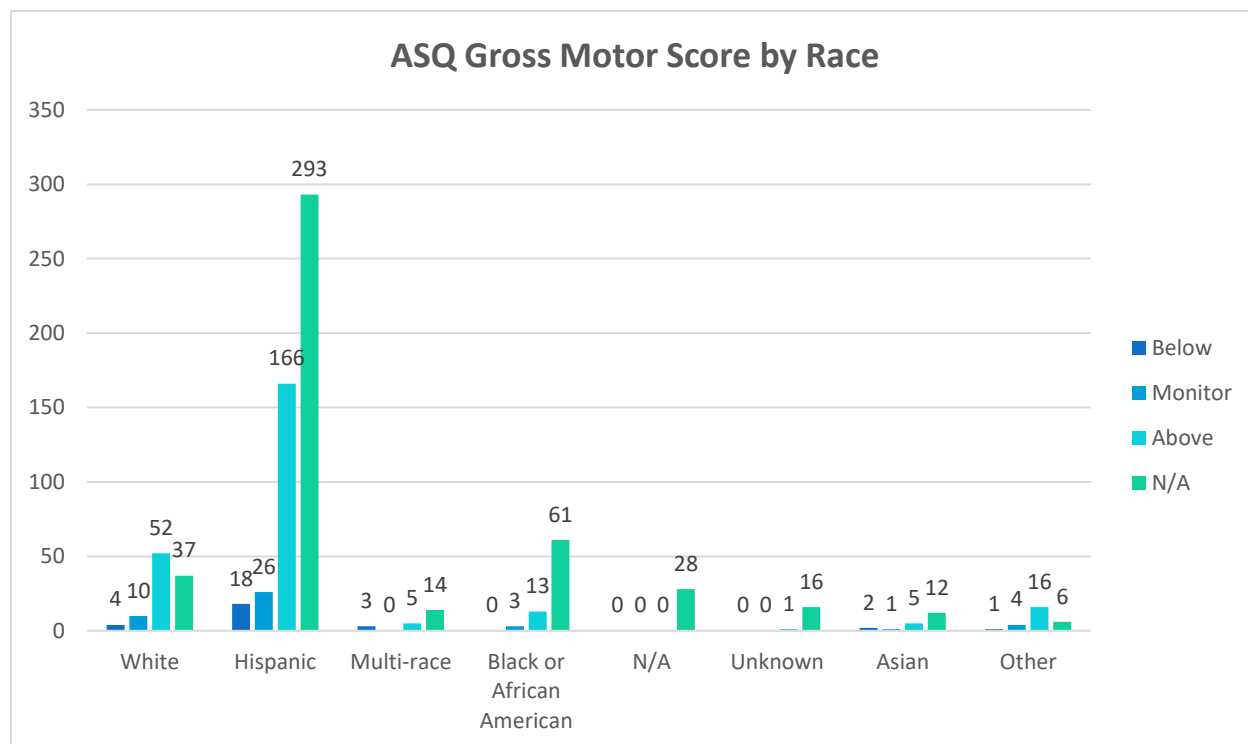


Table 37b. ASQ-3 Gross Motor Score by County

ASQ Gross Motor Score by County						
County	Below	Monitor	Above	N/A	Frequency	Percentage
Los Angeles County	0	0	2	1	3	0%
San Bernardino County	22	34	194	351	601	75%
Riverside County	6	10	61	114	191	24%
Other County	0	0	1	1	2	0%
Total	28	44	258	467	797	100%

Figure 15b. ASQ-3 Gross Motor Score by County

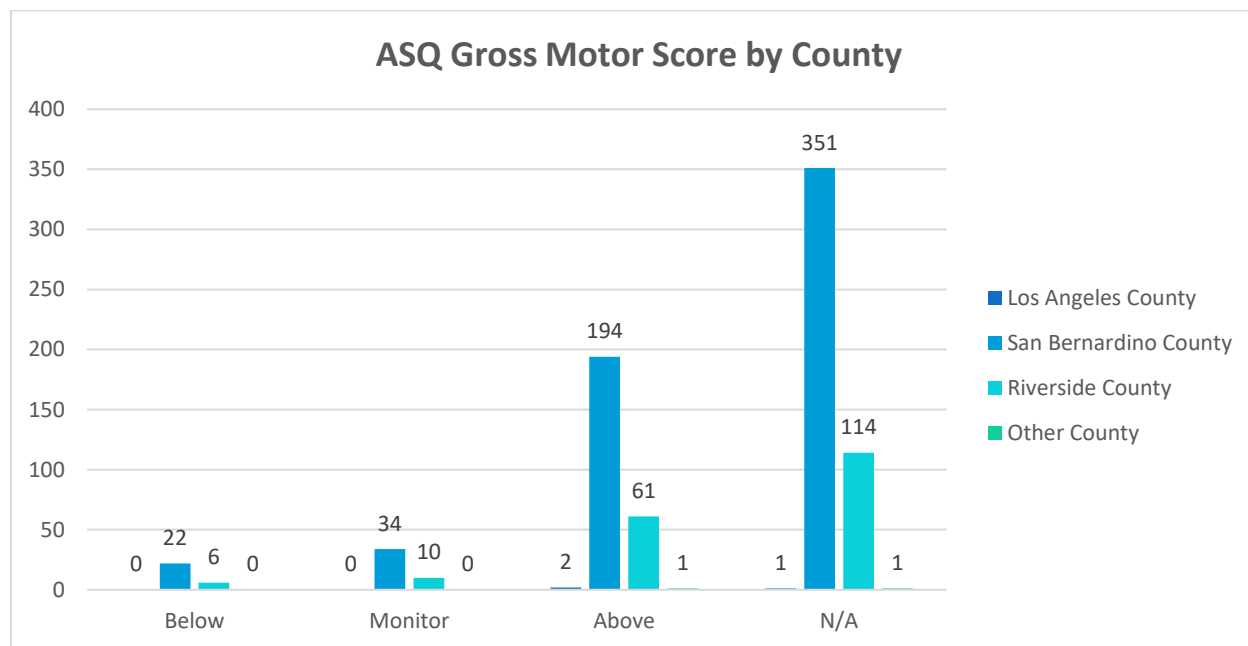


Table 37c. ASQ-3 Gross Motor Score by Race and by County

ASQ Gross Motor Score by Race and by County							
Race	County	Below	Monitor	Above	N/A	Frequency	Percentage
White	Los Angeles County	0	0	1	0	1	0%
	San Bernardino County	3	9	46	33	91	11%
	Riverside County	1	1	5	4	11	1%
	Other County	0	0	0	0	0	0%
Hispanic	Los Angeles County	0	0	1	1	2	0%
	San Bernardino County	15	19	127	227	388	49%
	Riverside County	3	7	37	65	112	14%
	Other County	0	0	1	0	1	0%
Multi-Race	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	2	0	4	12	18	2%
	Riverside County	1	0	1	2	4	1%
	Other County	0	0	0	0	0	0%
Black or African American	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	0	2	6	45	53	7%
	Riverside County	0	1	7	15	23	3%
	Other County	0	0	0	1	1	0%
N/A	Los Angeles County	0	0	0	0	0	0%



	San Bernardino County	0	0	0	19	19	2%
	Riverside County	0	0	0	9	9	1%
	Other County	0	0	0	0	0	0%
Unknown	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	0	0	1	8	9	1%
	Riverside County	0	0	0	8	8	1%
	Other County	0	0	0	0	0	0%
Asian	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	1	0	1	3	5	1%
	Riverside County	1	1	4	9	15	2%
	Other County	0	0	0	0	0	0%
Other	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	1	4	9	4	18	2%
	Riverside County	0	0	7	2	9	1%
	Other County	0	0	0	0	0	0%
Total		28	44	258	467	797	100%

Table 38. ASQ-3 Fine Motor Score

ASQ Fine Motor Score	Frequency	Percentage
Above	237	29.74%
Below	45	5.65%
Monitor	55	6.90%
N/A	468	58.72%
Total	797	100%

Figure16. Fine Motor Score

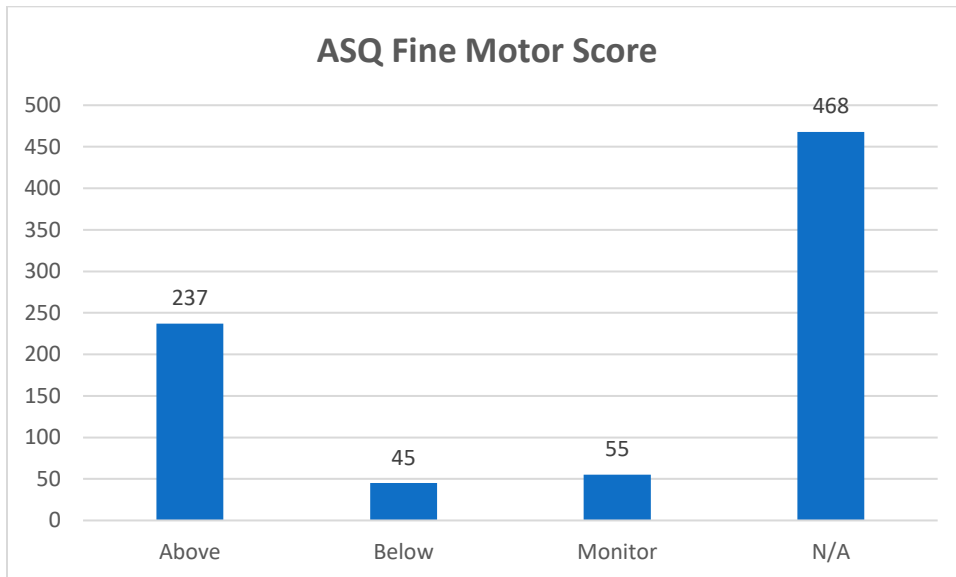


Table 38a. ASQ-3 Fine Motor Score by Race

ASQ Fine Motor Score by Race						
Race	Below	Monitor	Above	N/A	Frequency	Percentage
White	7	11	48	37	103	13%
Hispanic	25	33	151	294	503	63%
Multi-race	3	1	4	14	22	3%
Black or African American	4	4	8	61	77	10%
N/A	0	0	0	28	28	4%
Unknown	0	1	0	16	17	2%
Asian	0	1	7	12	20	3%
Other	5	2	14	6	27	3%
Total	44	53	232	468	797	100%

Figure16a. ASQ-3 Fine Motor Score by Race

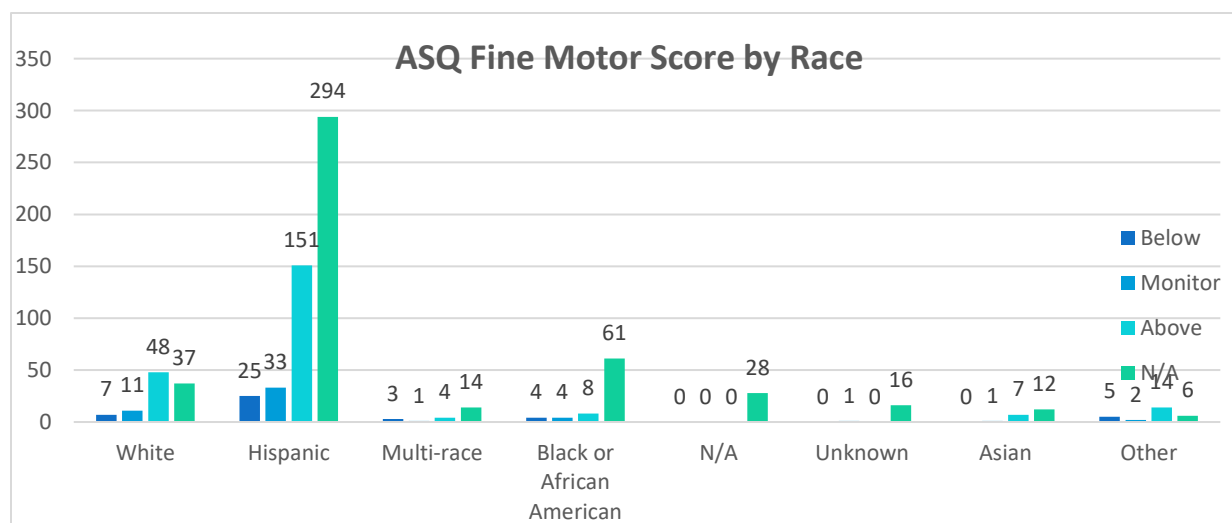


Table 38b. ASQ-3 Fine Motor Score by County

ASQ Fine Motor Score by County						
County	Below	Monitor	Above	N/A	Frequency	Percentage
Los Angeles County	0	0	2	1	3	0%
San Bernardino County	35	49	165	352	601	75%
Riverside County	9	4	64	114	191	24%
Other County	0	0	1	1	2	0%
Total	44	53	232	468	797	100%

Figure16b. ASQ-3 Fine Motor Score by County

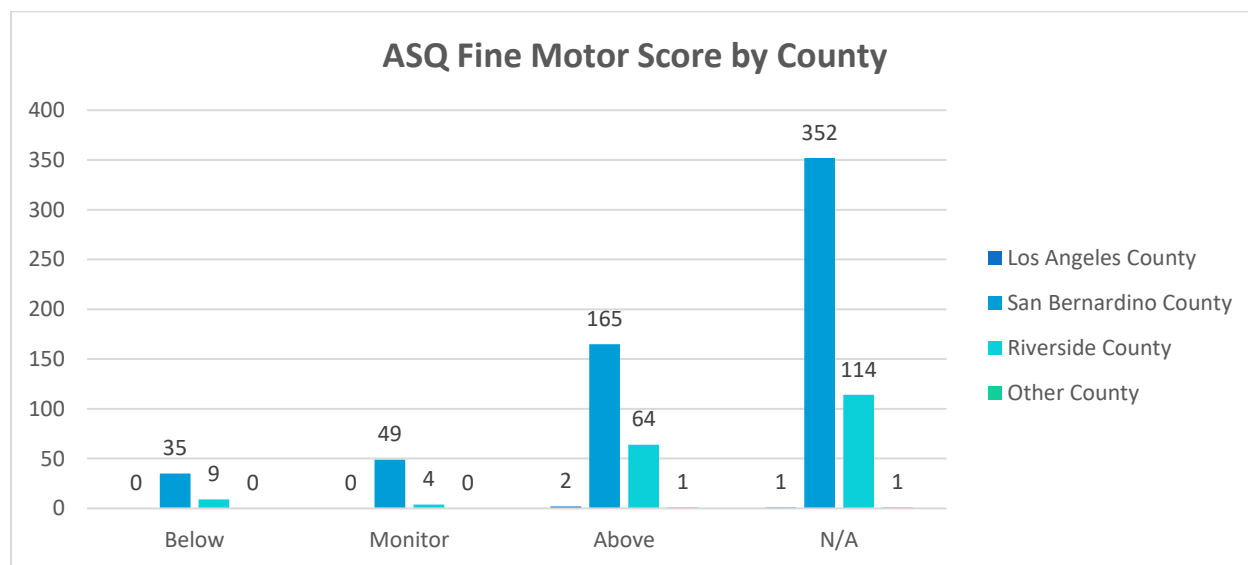


Table 38c. ASQ-3 Fine Motor Score by Race and by County

ASQ Fine Motor Score by Race and by County							
Race	County	Below	Monitor	Above	N/A	Frequency	Percentage
White	Los Angeles County	0	0	1	0	1	0%
	San Bernardino County	6	11	41	33	91	11%
	Riverside County	1	0	6	4	11	1%
	Other County	0	0	0	0	0	0%
Hispanic	Los Angeles County	0	0	1	1	2	0%
	San Bernardino County	19	32	109	228	388	48%
	Riverside County	6	1	40	65	112	14%
	Other County	0	0	1	0	1	0%
Multi-Race	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	2	1	3	12	18	2%
	Riverside County	2	1	3	12	18	2%
	Other County	0	0	0	0	0	0%
Black or African American	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	3	2	3	45	53	7%
	Riverside County	1	2	5	15	23	3%
	Other County	0	0	0	1	1	0%
N/A	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	0	0	0	19	19	2%



	Riverside County	0	0	0	9	9	1%
	Other County	0	0	0	0	0	0%
Unknown	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	0	1	0	8	9	1%
	Riverside County	0	0	0	8	8	1%
	Other County	0	0	0	0	0	0%
Asian	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	0	0	2	3	5	1%
	Riverside County	0	1	5	9	15	2%
	Other County	0	0	0	0	0	0%
Other	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	5	2	7	4	18	2%
	Riverside County	0	0	7	2	9	1%
	Other County	0	0	0	0	0	0%
Total		45	54	234	478	811	100%

Table 39.ASQ-3 Personal Social Score

ASQ Personal Social Score	Frequency	Percentage
Above	252	31.62%
Below	41	5.14%
Monitor	39	4.89%
N/A	470	58.97%
Total	797	100%

Figure 16.ASQ-3 Personal Social Score

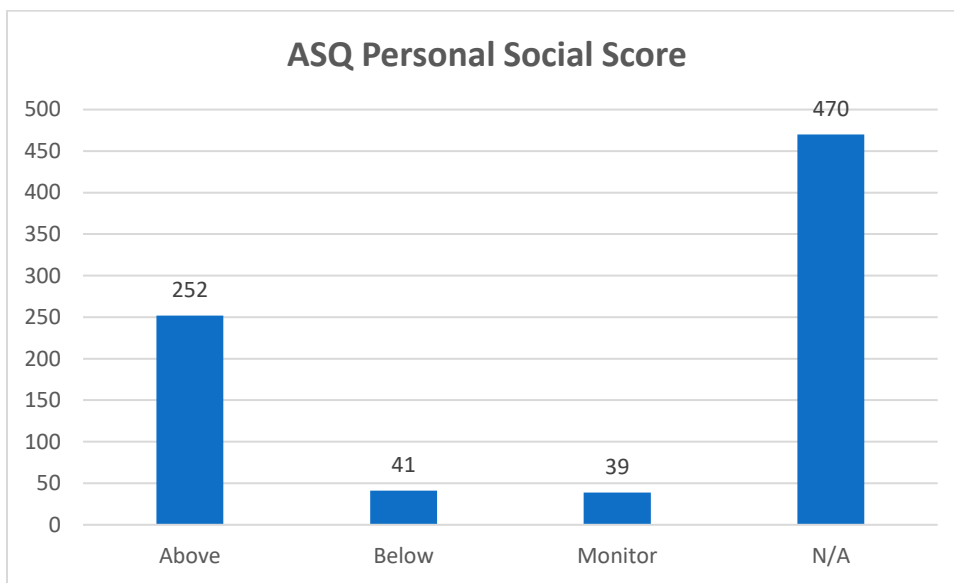


Table 39a. ASQ-3 Personal Social Score by Race

ASQ Personal Social Score by Race						
Race	Below	Monitor	Above	N/A	Frequency	Percentage
White	6	8	50	39	103	13%
Hispanic	30	21	159	293	503	63%
Multi-race	2	1	5	14	22	3%
Black or African American	1	1	14	61	77	10%
N/A	0	0	0	28	28	4%
Unknown	0	0	1	16	17	2%
Asian	1	1	6	12	20	3%
Other	1	7	13	6	27	3%
Total	41	39	248	469	797	100%

Figure 16a. ASQ-3 Personal Social Score by Race

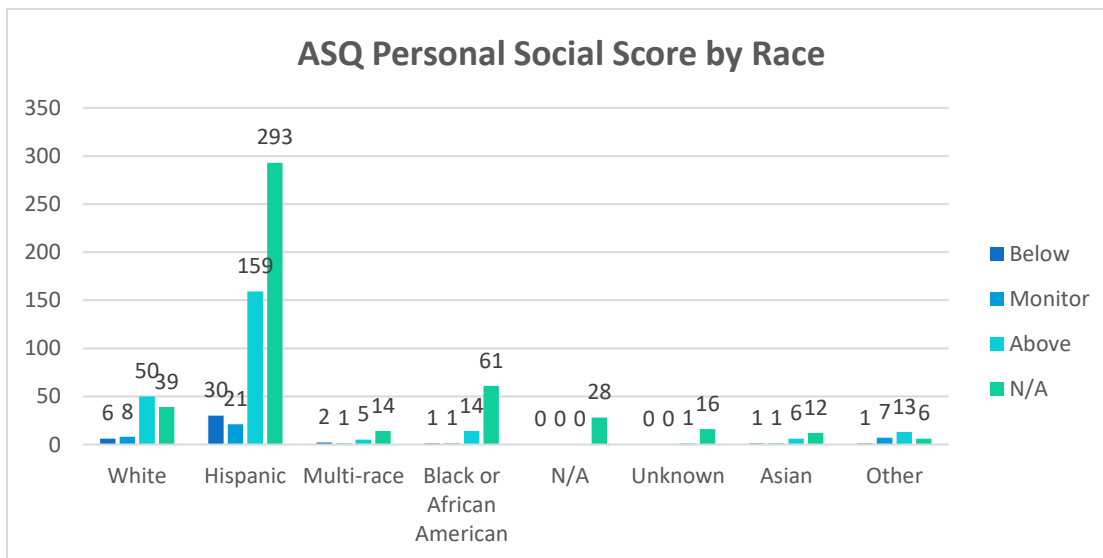


Table 39b. ASQ-3 Personal Social Score by County



ASQ Personal Social Score by County						
County	Below	Monitor	Above	N/A	Frequency	Percentage
Los Angeles County	0	0	1	2	3	0%
San Bernardino County	32	28	189	352	601	75%
Riverside County	9	11	57	114	191	24%
Other County	0	0	1	1	2	0%
Total	41	39	248	469	797	100%

Figure 16b. ASQ-3 Personal Social Score by County

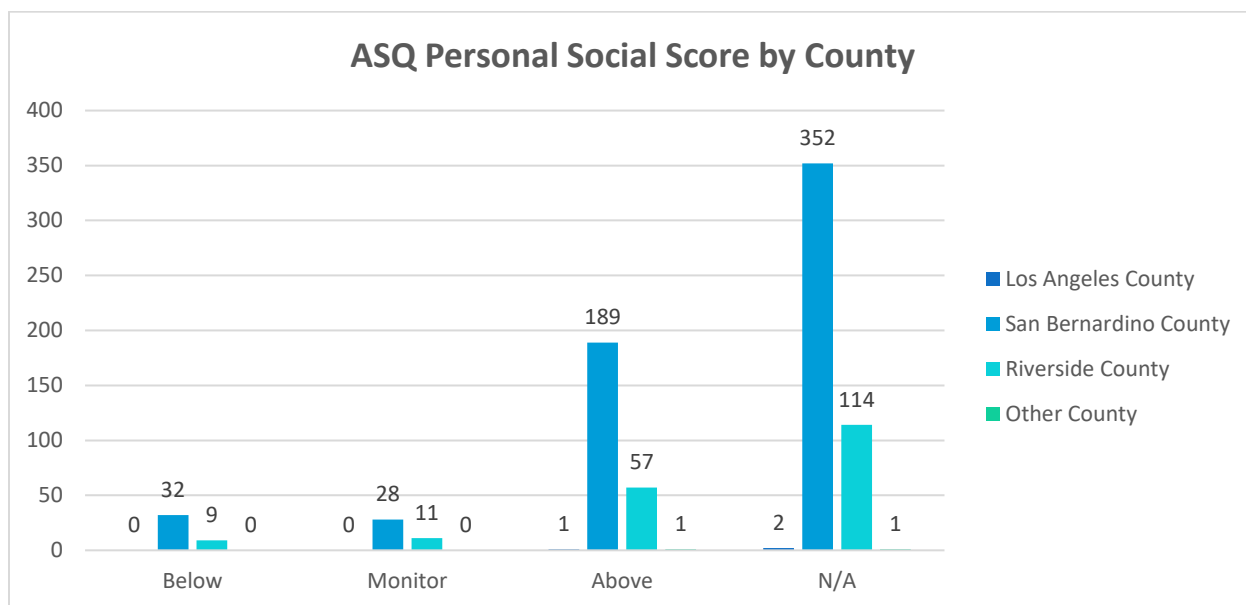


Table 39c. ASQ-3 Personal Social Score by Race and by County

ASQ Personal Social Score by Race and by County							
Race	County	Below	Monitor	Above	N/A	Frequency	Percentage
White	Los Angeles County	0	0	0	1	1	0%
	San Bernardino County	5	8	44	34	91	11%
	Riverside County	1	0	6	4	11	1%
	Other County	0	0	0	0	0	0%
Hispanic	Los Angeles County	0	0	1	1	2	0%
	San Bernardino County	24	15	122	227	388	49%
	Riverside County	6	6	35	65	112	14%
	Other County	0	0	1	0	1	0%
Multi-Race	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	2	0	4	12	18	2%
	Riverside County	0	1	1	2	4	1%
	Other County	0	0	0	0	0	0%
Black or African American	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	0	1	7	45	53	7%
	Riverside County	1	0	7	15	23	3%
	Other County	0	0	0	1	1	0%
N/A	Los Angeles County	0	0	0	0	0	0%



	San Bernardino County	0	0	0	19	19	2%
	Riverside County	0	0	0	9	9	1%
	Other County	0	0	0	0	0	0%
Unknown	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	0	0	1	8	9	1%
	Riverside County	0	0	0	8	8	1%
	Other County	0	0	0	0	0	0%
Asian	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	0	0	2	3	5	1%
	Riverside County	1	1	4	9	15	2%
	Other County	0	0	0	0	0	0%
Other	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	1	4	9	4	18	2%
	Riverside County	0	3	4	2	9	1%
	Other County	0	0	0	0	0	0%
Total		41	39	248	469	797	100%



Table 40. ASQ-3 Problem Solving Score

ASQ Problem Solving	Frequency	Percentage
Above	251	31.49%
Below	39	4.89%
Monitor	44	5.52%
N/A	467	58.59%
Total	797	100%

Figure 17. ASQ-3 Problem Solving Score

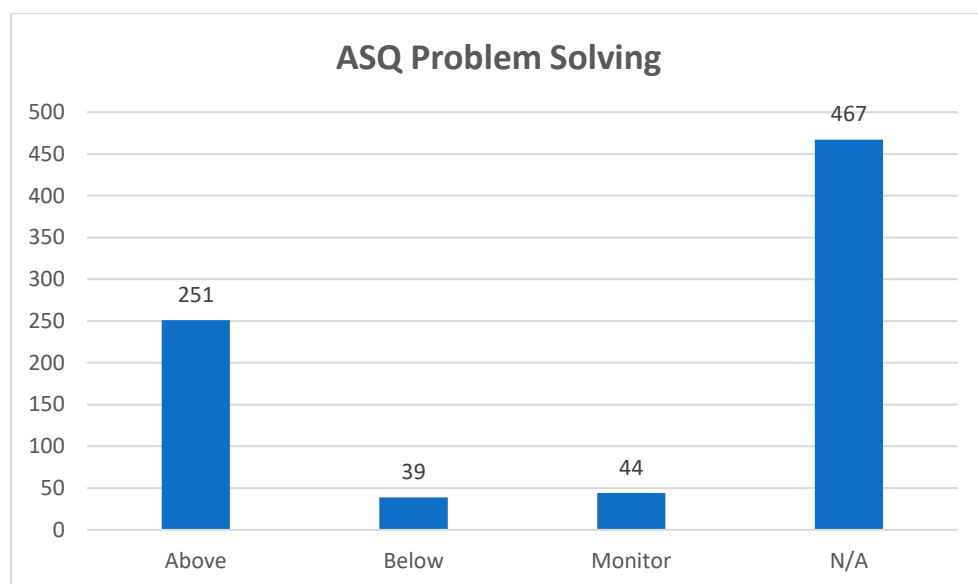


Table 40a. ASQ-3 Problem Solving Score by Race

ASQ Problem Solving Score by Race						
Race	Below	Monitor	Above	N/A	Frequency	Percentage
White	3	4	59	37	103	13%
Hispanic	30	31	149	293	503	63%
Multi-race	4	0	4	14	22	3%
Black or African American	1	1	14	61	77	10%
N/A	0	0	0	28	28	4%
Unknown	0	0	1	16	17	2%
Asian	0	0	8	12	20	3%
Other	1	5	15	6	27	3%
Total	39	41	250	467	797	100%



Figure 17a. ASQ-3 Problem Solving Score by Race

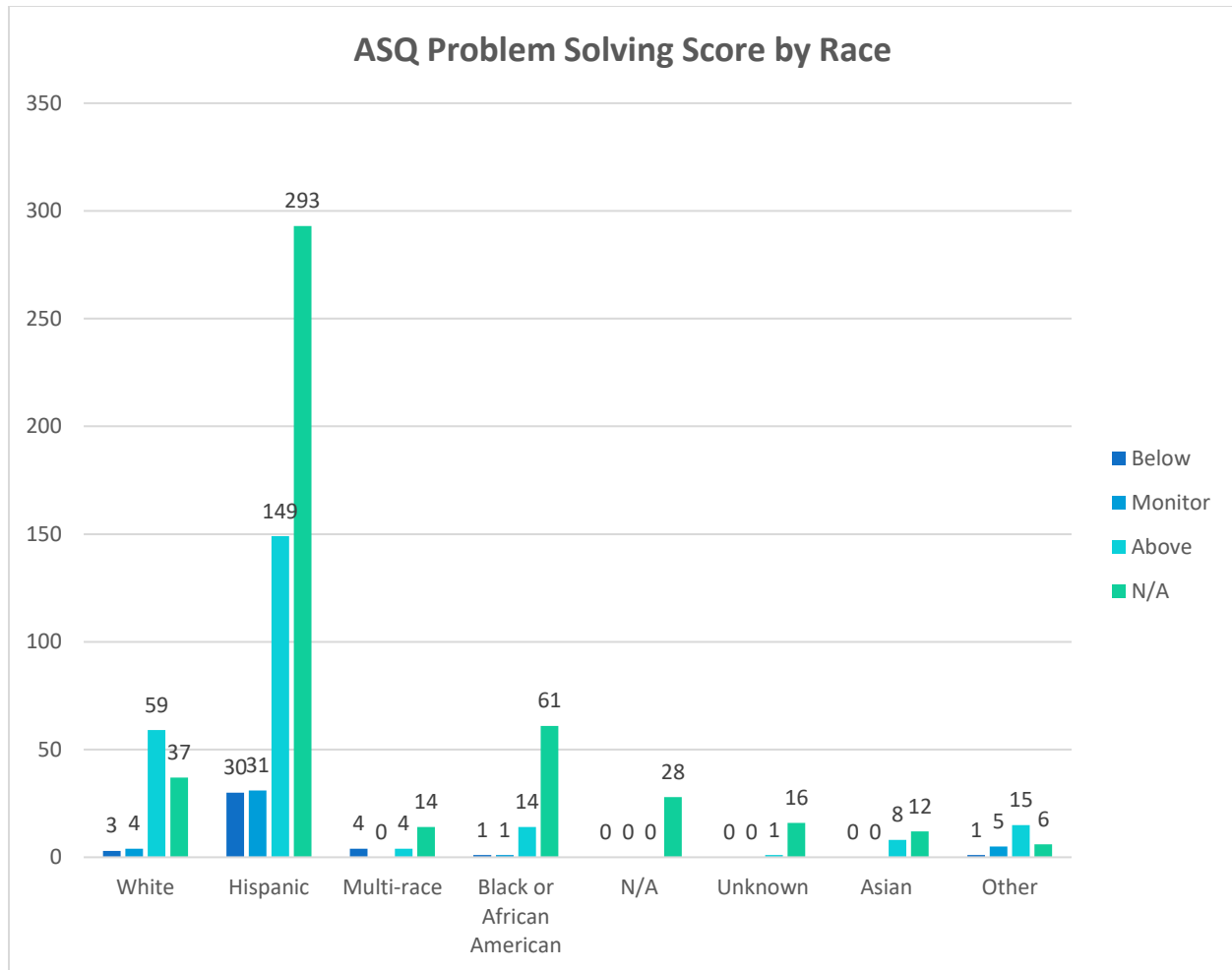


Table 40b. ASQ-3 Problem Solving Score by County

ASQ Problem Solving Score by County						
County	Below	Monitor	Above	N/A	Frequency	Percentage
Los Angeles County	1	0	1	1	3	0%
San Bernardino County	27	34	189	351	601	75%
Riverside County	11	7	59	114	191	24%
Other County	0	0	1	1	2	0%
Total	39	41	250	467	797	100%

Figure 17b. ASQ-3 Problem Solving Score by County

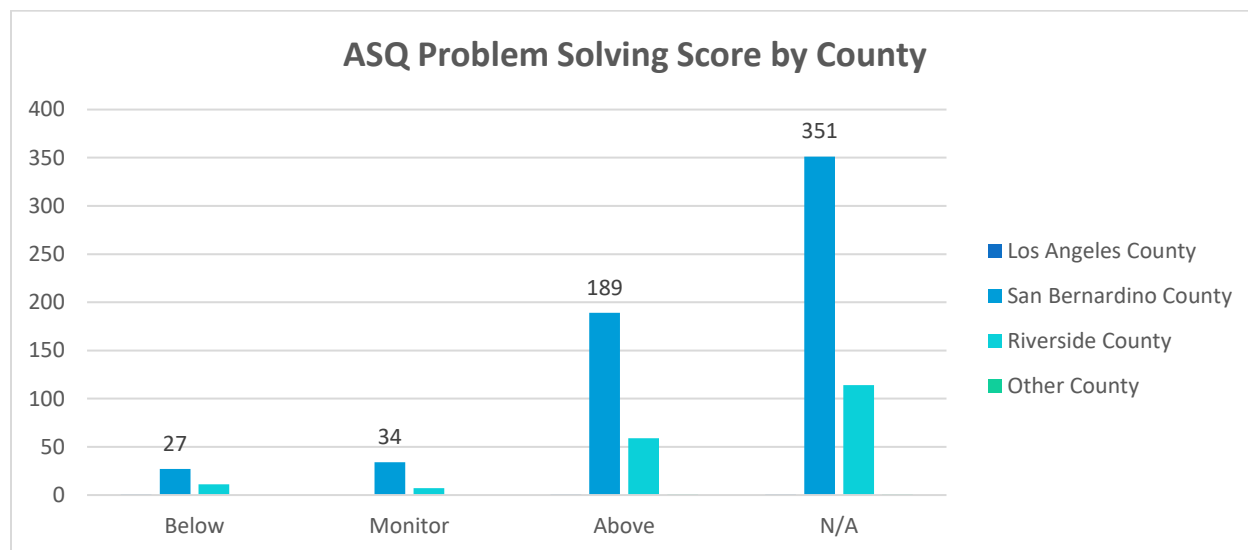


Table 40c. ASQ-3 Problem Solving Score by Race and by County

ASQ Problem Solving Score by Race and by County							
Race	County	Below	Monitor	Above	N/A	Frequency	Percentage
White	Los Angeles County	1	0	0	0	1	0%
	San Bernardino County	1	3	54	33	91	12%
	Riverside County	1	1	5	4	11	1%
	Other County	0	0	0	0	0	0%
Hispanic	Los Angeles County	0	0	1	1	2	0%
	San Bernardino County	1	27	112	227	367	47%
	Riverside County	8	4	35	65	112	14%
	Other County	0	0	1	0	1	0%
Multi-Race	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	3	0	3	12	18	2%
	Riverside County	1	0	1	2	4	1%
	Other County	0	0	0	0	0	0%
Black or African American	Los Angeles County	0	0	0	0	0	0%



	San Bernardino County	0	1	7	45	53	7%
	Riverside County	1	0	7	15	23	3%
	Other County	0	0	0	1	1	0%
N/A	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	0	0	0	19	19	2%
	Riverside County	0	0	0	9	9	1%
	Other County	0	0	0	0	0	0%
Unknown	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	0	0	1	8	9	1%
	Riverside County	0	0	0	8	8	1%
	Other County	0	0	0	0	0	0%
Asian	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	0	0	2	3	5	1%
	Riverside County	0	0	6	9	15	2%
	Other County	0	0	0	0	0	0%



Other	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	1	3	10	4	18	2%
	Riverside County	0	2	5	2	9	1%
	Other County		0	0	0	0	0%
Total		18	41	250	467	776	100%

Figure 18. ASQ SE-2 Completion Engagement Point

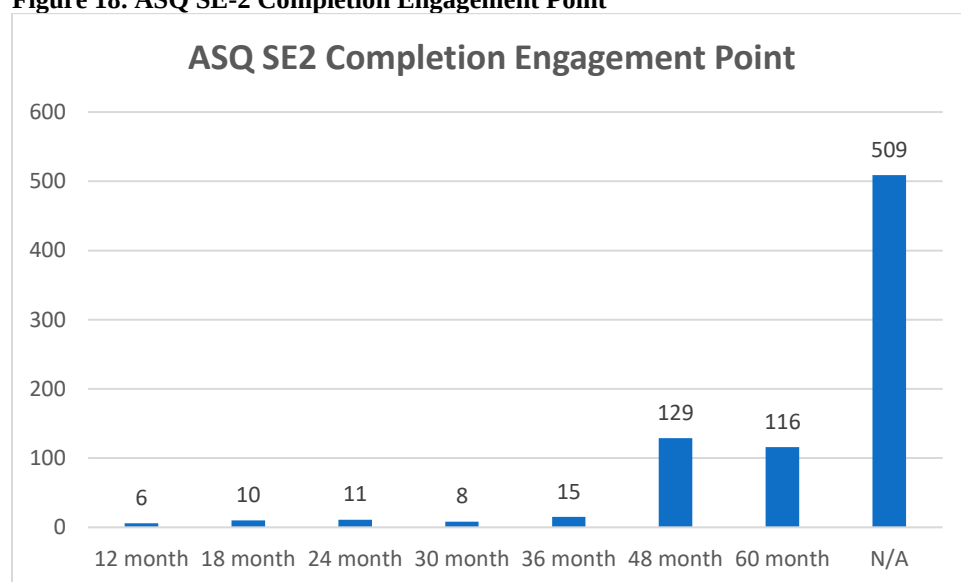


Table 41. ASQ SE-2 Score

ASQ SE2 Score	Frequency	Percentage
Concern	44	5.53%
Monitor	32	4.02%
No Concern	215	27.01%
N/A	508	63.82%
Total	796	100%

Figure 19. ASQ SE-2 Score

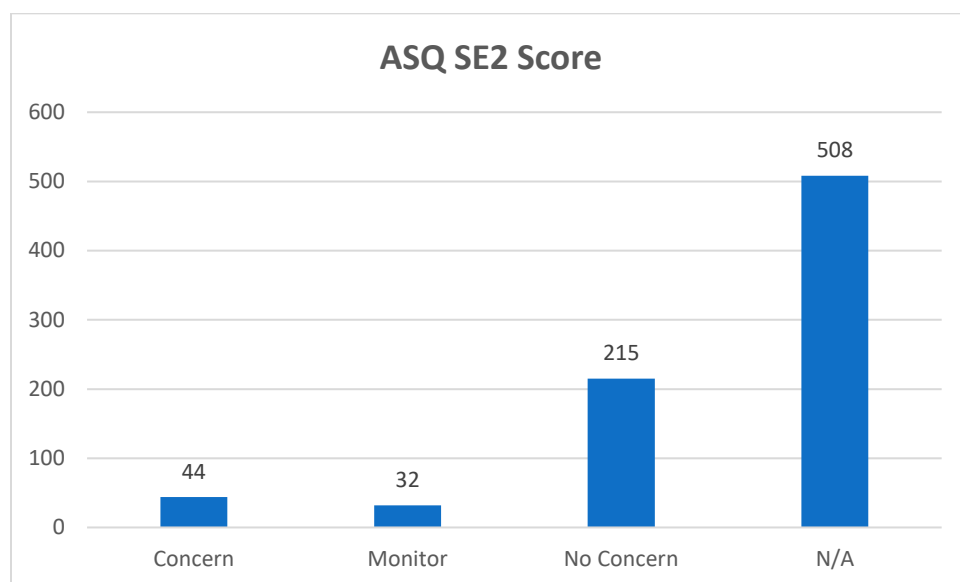


Table 41a. ASQ SE-2 Score by Race

ASQ SE2 Score by Race						
Race	Concern	Monitor	No Concern	N/A	Frequency	Percentage
White	7	4	39	55	105	13%
Hispanic	25	21	149	309	504	62%
Multi-race	1	0	11	10	22	3%
Black or African American	5	2	13	57	77	9%
N/A	3	1	1	23	28	3%
Unknown	3	2	12	17	34	4%
Asian	0	1	0	20	21	3%
Other	0	0	0	20	20	2%
Total	44	31	225	511	811	100%

Figure 19a. ASQ SE-2 Score by Race

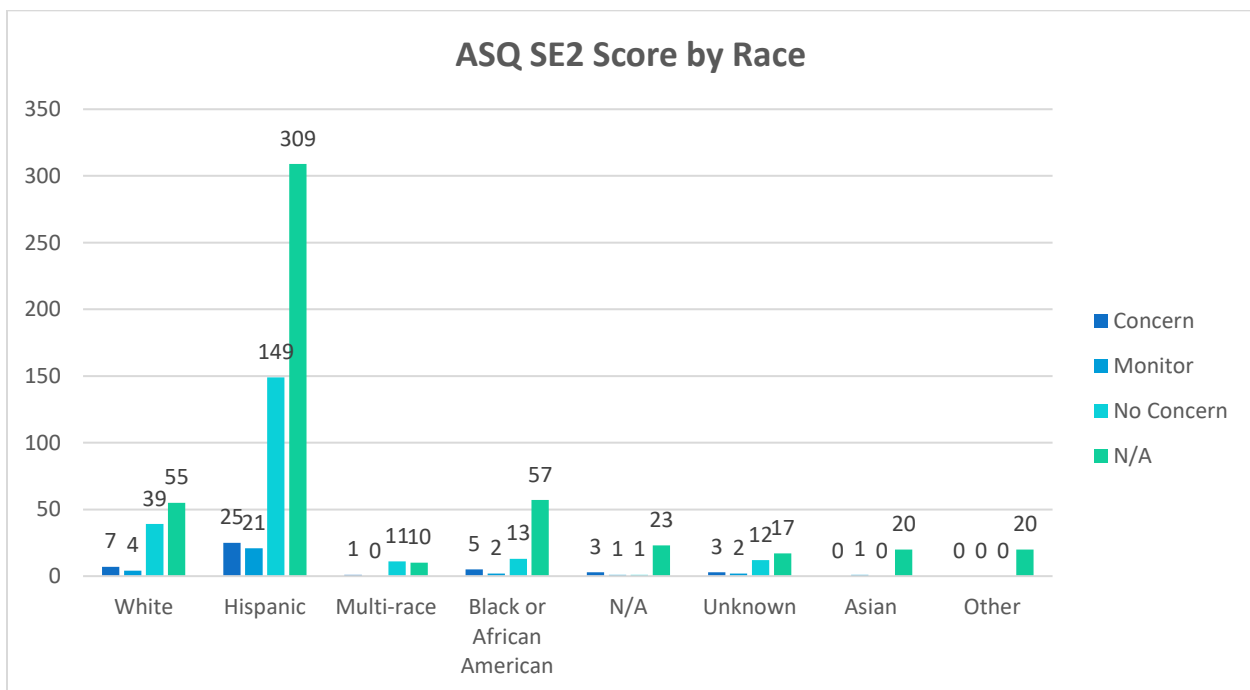


Table 41b. ASQ SE-2 Score by County

ASQ SE2 Score by County						
County	Concern	Monitor	No Concern	N/A	Frequency	Percentage
Los Angeles County	0	0	0	3	3	0%
San Bernardino County	33	25	203	341	602	76%
Riverside County	11	6	10	162	189	24%
Other County	0	0	0	2	2	0%
Total	44	31	213	508	796	100%

Figure 19b. ASQ SE-2 Score by County

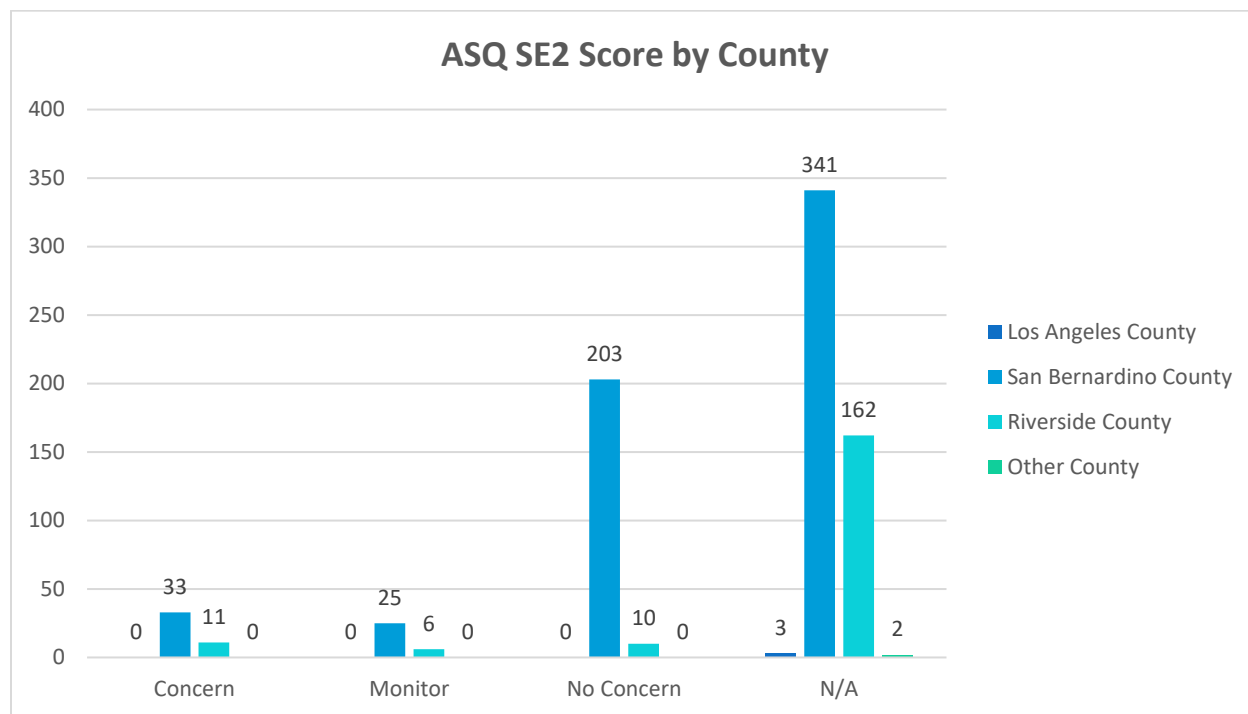


Table 41c. ASQ SE-2 Score by Race and by County

ASQ SE2 Score by Race and by County							
Race	County	Concern	Monitor	No Concern	N/A	Frequency	Percentage
White	Los Angeles County	0	0	0	1	1	0%
	San Bernardino County	7	4	39	43	93	12%
	Riverside County	0	0	0	11	11	1%
	Other County	0	0	0	0	0	0%
Hispanic	Los Angeles County	0	0	0	2	2	0%
	San Bernardino County	17	18	146	208	389	49%
	Riverside County	8	3	3	98	112	14%
	Other County	0	0	0	1	1	0%
Multi-Race	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	1	0	11	6	18	2%
	Riverside County	0	0	0	4	4	1%
	Other County	0	0	0	0	0	0%
Black or African American	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	4	1	6	42	53	7%
	Riverside County	1	1	7	14	23	3%
	Other County	0	0	0	1	1	0%
N/A	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	2	0	1	16	19	2%



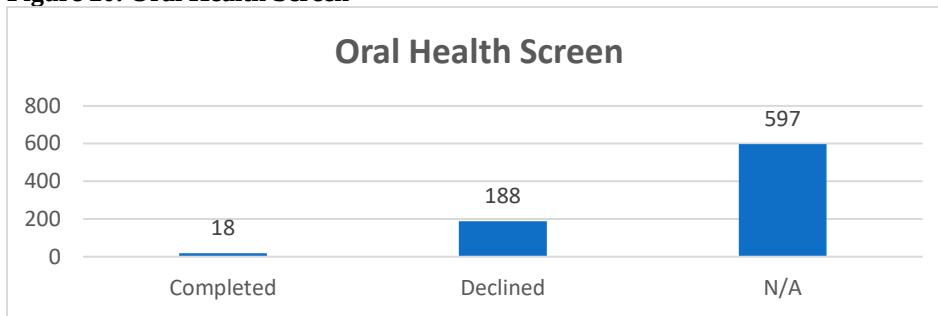
	Riverside County	1	1	0	7	9	1%
	Other County	0	0	0	0	0	0%
Unknown	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	2	1	0	6	9	1%
	Riverside County	1	1	0	6	8	1%
	Other County	0	0	0	0	0	0%
Asian	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	0	1	0	5	6	1%
	Riverside County	0	0	0	15	15	2%
	Other County	0	0	0	0	0	0%
Other	Los Angeles County	0	0	0	0	0	0%
	San Bernardino County	0	0	0	14	14	2%
	Riverside County	0	0	0	6	6	1%
	Other County	0	0	0	0	0	0%
Total		44	31	213	506	794	100%



Table 42. Oral Health Screen

Oral Health Screen	Frequency	Percentage
Completed	18	2.25%
Declined	188	23.47%
N/A	597	74.53%
Total	801	100%

Figure 20. Oral Health Screen



REFERENCES

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- Map of the Inland Empire, California. (2021, September 7). *Mapchart.net*. map. <https://mapchart.net/usacounties.html>. The map of the Inland Empire, California was generated through MapChart.net.
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H. Future Agenda Items:

1. First 5 Riverside County Strategic Plan
2. First 5 Riverside County Third Quarter Financial Highlights
3. First 5 Riverside County Annual Budget
4. First 5 Riverside County Champion for Children Award Recipient Nomination
5. First 5 Riverside County Communications Plan
6. First 5 Riverside County Legislative Policy Agenda
7. Riverside County Office of Education (RCOE) Update

I. **Adjournment:** Adjournment to the next Regular Meeting of the Riverside County Children and Families Commission to be held on May 11, 2022 beginning at 2:00 p.m. at:
Riverside County Children and Families Commission Office
585 Technology Court - Conference Room A
Riverside, CA 92507

Conflict of Interest: Any person, or group of persons present at this meeting, who wish (es) to speak on a matter may be required to state for the record any contributions, in excess of \$250.00 made in the past (12) twelve months, made to any Commission member, the Commission member receiving the contribution, and the matter of consideration with which they are involved.

Agenda Posting: Agendas will be posted at the Clerk of the Board of Riverside County and the Commission Business Office.

All public record documents for matters on the open session of the Agenda are available for inspection at the meeting listed in this Agenda, and at the following location beginning three (3) days prior to the meeting date:

**Riverside County Children and Families Commission
585 Technology Court
Riverside, CA 92507**

If a public record document that relates to a matter on the open session of the Agenda is distributed less than 72 hours prior to the meeting date, the public record document shall be available for inspection, at the same time it is distributed, at the address listed above. Upon request, this agenda will be made available in appropriate alternative formats to persons with disabilities, as required by Section 202 of the Americans with Disabilities Act of 1990.

