AGENDA

September 11, 2019
3:00-5:00 pm
First 5 Yolo Conference Room
502 Mace Blvd. Ste. 15
Davis, CA 95618

ADMINISTRATIVE AGENDA

1. Chair Call to Order
2. Chair Roll Call
3. Chair Consider Approval of the Agenda
4. Chair Opportunity for Commissioners to state Conflict and Recusal
5. Public Public Comment
6. Chair Updates and Announcements from the Chair

CONSENT AGENDA
Executive Director recommends approval of Consent Agenda Items 7-9

General Administrative Function

7. Chair Approve First 5 Yolo Commission Meeting Minutes from 06/12/2019 and 08/14/2019
8. Staff Receive Sponsorship Fund Allocations Report (Yolo County FIMR Committee- Yolo County Remembrance Ceremony)
9. Chair Approve Additional Salary Steps for Executive Director Position

REGULAR AGENDA Presentation/Discussion/Possible Action

10. Executive Director Review and Adopt FY2019-2021 Evaluation Plan 5 minutes
11. Executive Director Receive The CHILD Project: R2R Update 15 minutes
12. Executive Director  Receive Year End Funded Partner Performance Measure Summary Report  15 minutes
13. Business Services Officer  Accept Year End Revenue and Expenditure Report  10 minutes
14. Executive Director  Executive Director Report  5 minutes
15. Commissioners  Commissioner Reports  5 minutes

CLOSED SESSION AGENDA (expected to convene to Closed session and reconvene in Open Session)

1. Conference with Labor Negotiator (§ 54957.6):  20 minutes
   Unrepresented Employee: (First 5 Executive Director)

RETURN TO REGULAR SESSION

16. Chair  Oral recommendation of changes regarding proposed changes to salary and/or fringe benefits of First 5 Executive Director.  5 minutes

Next meeting scheduled: Commission Meeting
October 9, 2019
First 5 Yolo
502 Mace Blvd. Ste. 15, Davis, CA 95618

I declare under penalty of perjury that the foregoing agenda was posted September 5, 2019 by 5:00 PM at the following places:
1) On the bulletin board at the East entrance of the Erwin Meier Administration Center, 625 Court Street, Woodland, California 95695
2) On the bulletin board at the First 5 Yolo office, 502 Mace Blvd. Ste. 11, Davis, California 95618
   Melina Ortigas, Management Services Officer
   First 5 Yolo Children and Families Commission

If requested, this agenda can be made available in appropriate alternative formats to persons with a disability, as required by Section 202 of the Americans with Disabilities Act of 1990 and the Federal Rules and Regulations adopted in implementation thereof. Persons seeking an alternative format should contact First 5 Yolo for more information. In addition, a person with a disability who requires a modification or accommodation, including auxiliary aids or services, in order to participate in a public meeting should telephone or otherwise contact the First 5 Yolo as soon as possible and preferably at least 24 hours prior to a meeting. First 5 Yolo may be reached at telephone number 530-669-2475 or at the following address: First 5 Yolo, 502 Mace Blvd. Ste. 11, Davis, CA 95618.
First 5 Yolo Children and Families Commission
Agenda Item Cover Sheet

### Agenda Item- Commission Meeting Minutes

<table>
<thead>
<tr>
<th><strong>Background</strong></th>
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<tbody>
<tr>
<td>Final minutes from the First 5 Yolo Commission Meetings held on 6/12/18 and 8/14/19.</td>
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<table>
<thead>
<tr>
<th><strong>Executive Director Overview</strong></th>
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<tbody>
<tr>
<td>First 5 Yolo Children and Families Commission held a regularly scheduled meeting on June 12, 2018 from 3:00-5:00PM at First 5 Yolo, 502 Mace Blvd. Ste. 15, Davis, CA 95618 and a special meeting on August 14, 2019 from 11:00 a.m.-12:00 p.m. at First 5 Yolo, 502 Mace Blvd. Ste. 11, Davis, CA 95618</td>
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<table>
<thead>
<tr>
<th><strong>Additional Information</strong></th>
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<tbody>
<tr>
<td>The next regularly scheduled Commission meeting will be held October 9, 2019 at 502 Mace Blvd. Ste. 15, Davis, CA 95618 from 3:00-5:00PM.</td>
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<table>
<thead>
<tr>
<th><strong>Action Requested</strong></th>
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<tr>
<td>Approve minutes from 6/12/19 and 8/14/19 as submitted or propose edits.</td>
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Meeting Minutes

The First 5 Yolo Children and Families Commission met on the 12th day of June, 2018 at First 5 Yolo, 502 Mace Blvd. Ste. 15, Davis, CA 95618.

<table>
<thead>
<tr>
<th>COMMISSIONERS (Absentees denoted by X)</th>
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<tbody>
<tr>
<td>Nichole Sturmfels – District 1</td>
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<tr>
<td>Sally Brown – District 2</td>
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<td>Jenn Rexroad – District 3 X</td>
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<td>Heidy Kellison – District 4</td>
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<td>Melissa Roberts – District 5</td>
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<tr>
<td>Garth Lewis – YCOE</td>
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<td>Jennie Pettet – County of Yolo</td>
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<td>Jim Provenza, Chair - Board of</td>
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<tr>
<td>Supervisors</td>
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<tr>
<td>Nichole Arnold – Children w/ Special Needs</td>
</tr>
</tbody>
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Staff in attendance: Gina Daleiden, Victoria Zimmerle, Melina Ortigas

Public in attendance: Mariah Piepho, Justine Jimenez

Item #1: Call to Order
Chair Jim Provenza called the meeting to order at 3:06 p.m.

Item #2: Roll call
Absentees were Jen Rexroad and Jennie Pettet.

Item #3: Approval of Agenda
Commissioners reviewed the agenda and had no changes.

Item #4: State of Conflict and Recusal
None.

Item #5: Public Comment
None.

Item #6: Updates and Announcements from the Chair
None.

Item #7-11 Consent Agenda

7. Approve First 5 Yolo Commission Meeting Minutes (item pulled from Consent by N. Sturmfels)
8. Adopt Calendar for FY 19-20
9. Approve First 5 Yolo Finance Committee Meeting Minutes from 06/04/2019
10. Receive Sponsorship Fund Allocations Report (Yolo County Multi-disciplinary Interview Center’s Eliminate Human Trafficking and Child Sexual Abuse Awareness Benefit Concert)

11. Adopt Policy Revisions to First 5 Yolo Administrative Policies and Procedures Chapters 4, 5 and 7 (Planning and Budgeting; Accounting Policies; and Administrative, Program and Evaluation Cost Policies)

Approve Consent Agenda Items 8-11.
MOTION: H. Kellison  SECOND: S. Brown  Motion carries unanimously.

Item #7: Approve First 5 Yolo Commission Meeting Minutes

H. Kellison noted a typographical error in her name in the minutes. N. Sturmfels noted an error in the CHILD Project numbers in the draft Minutes. Tracked corrections clarifying the numbers were provided to Commissioners for review during the meeting.

Approve First 5 Yolo Commission Meeting Minutes from May 08, 2019 with corrections.
MOTION: S. Brown  SECOND: M. Roberts  Motion carries unanimously.

Item #12: Consider and Approve Cost of Living Adjustment (COLA) of 2% for First 5 Yolo Employees for Fiscal 2019-2020.

J. Provenza noted this increase is consistent with county practices and the designated employee units of First 5 Yolo positions. Staff clarified that current budget projections include the 2% COLA, as recommended by County of Yolo and best practice for fiscal planning. Staff noted an error under the effective pay period schedule included in the agenda item cover sheet. The correct Fiscal Year is 2019-2020 instead of 2018-2019.

Approve Cost of Living Adjustments (COLA) of 2% for First 5 Yolo Employees for Fiscal Year 2019-2020.
MOTION: N. Arnold  SECOND: S. Brown  Motion carries unanimously

Item #13: Public Hearing: Review and Adopt FY 19-21 Strategic Plan Update

OPEN PUBLIC HEARING at 3:33 pm. Chair Provenza opened the Public Hearing.
No public Comment.

CLOSE PUBLIC HEARING at 3:34 pm. Chair Provenza closed the Public Hearing.

Commissioners reviewed and discussed updates to The FY19-21 Strategic Plan. S. Brown noted missing commas in J. Provenza’s letter. N. Sturmfels’ name had a typographical error.

Staff responded to questions about the types of financial reserves. G. Daleiden clarified that the Unassigned Balance, while not specifically “dedicated” right now, includes dollars that are essentially dedicated based on prior Commission decisions to leverage funding on multi-year projects. The goal is not to spend these dollars simply to use the funds by end of a given year, but to plan strategically, extending these dollars for larger projects like Help Me Grow and Road to Resilience, which have
longer horizons and for which actual expenditures are more difficult to predict. V. Zimmerle added that these reserve funds are important in weathering delays in P10 funding, mitigating catastrophic incidents, and maintaining a cash flow to have working capital to fund leveraged projects. First 5 Yolo reimburses direct service providers without first receiving funds from co-funders, necessitating working capital.

J. Provenza added this is a good way of limiting sporadic, or uncoordinated spending. G. Daleiden noted that it takes more strategy and planning to support programs that are more systems-oriented, larger, and impactful.

Adopt FY 2019-2021 Strategic Plan Update with noted edits

MOTION  H. Kellison  SECOND:  S. Brown  Motion carries unanimously

Item #14: Public Hearing: Review and Authorize Funded Program Contracts, Sole Source Procurements, and issuance of Requests for Qualifications for Nurturing Parenting Program and Evaluation Services for FY 19-21 Strategic Plan Update.

G. Daleiden noted that some contracts are intended to fund for multiple years, however, per First 5 contract policies, all contracts are signed as single-year contracts.

The RFQ for NPP is scheduled to be posted on June 13th, 2019. A committee, including 1-4 Commissioners, is needed to review applications the week of July 15th. Members on the review committee will also include staff and community members. This committee will need to review and score the proposals the week prior to July 15th and then meet the week of the 15th to discuss. A quorum of at least five Commissioners will then need to meet again around August 13th-23rd to approve the contractor(s) selected to implement NPP.

H. Kellison volunteered for the NPP committee and N. Sturmfels volunteered for both NPP and Evaluation Services RFQ committee. S. Brown volunteered for the Evaluation Services RFQ process.

V. Zimmerle clarified that based on feedback received from the previous AVANCE program, participants in the rural areas wanted a longer duration program (27 weeks), as there are very few programs/opportunities for families in rural areas for parent education and family engagement. Some other populations seem to prefer shorter duration classes, and this is why the RFQ includes both 10 and 27-week course options.

Chair asked for comment on sole source designation. G. Daleiden discussed each and how they met criteria. Commissioners asked clarifying questions.

G. Lewis asked if it is possible to show how the percentages of the budget aligned with each of the four strategic goals. G. Daleiden agreed to follow up with G. Lewis to explore.

Authorize Funded Program Contracts, Sole Source Procurements, and issuance of Requests for Qualifications for Nurturing Parenting Program and Evaluation Services for FY 19-21 Strategic Plan Update

MOTION  H. Kellison  SECOND:  N. Arnold  Motion carries unanimously

Item #15: Review 3-Year Budget and Review and Adopt FY 19/20 Budget
S. Brown discussed the outcomes of the Finance Committee Meeting on June 3rd, 2019 and highlighted a few items in the budgets presented.

In comparing the years, it should be noted that there are one-time expenditures in each year that change, or spike, individual program allocations in particular years.

The Evaluation amount listed on the Evaluation line under Professional Services in the proposed budget does not include R2R evaluation, which is listed as part of the R2R Program budget. The total allocation for outside evaluation is $25,000.

There is a new Operating Reserve in addition to the Catastrophic Reserve and Unassigned Balance.

G. Daleiden also noted that since the Finance Committee meeting, an additional $5,000 was received from a private funder. This amount was expected in the next fiscal year, but came in earlier, and is now included in the FY18/19 Budget.

V. Zimmerle clarified there is no formal action on the 3-year Budget; it is a tool for review and to provide information on trends. There were more individual programs funded in FY 17-18, the last year of the previous Strategic Plan, because, in addition to multi-year programs there were smaller and “special,” one-time projects. The current Strategic Plan focuses on deeper investment in fewer individual programs that are better aligned and positioned for greater systems impact on higher-need populations.

G. Lewis inquired about the one-time expense for training cohorts through Help Me Grow and whether a plan was needed for sustaining this. G. Daleiden clarified that the Early Mental Health Training cohorts are designed to create a learning community of Masters-level providers in Child Parent Psychotherapy and licensed providers trained in Napa Infant-Parent Mental Health Fellowship working with children 0-5. Once they are trained, providers will commit to serving clients from HMG in Yolo County in exchange for the “scholarships” for the trainings provided by First 5 Yolo. The trainings themselves are not intended to be on-going.

G. Daleiden also provided an update that Help Me Grow (HMG) is now expected to expand in two ways not yet reflected in the Budget. These additions were recommended and requested by the HMG CTC team using RBA/Clear Impact to identify these needs. There will be an increase in bilingual HMG staff screening families, and additional play groups run by child development specialists to support HMG-identified children and families with intervention through play. This expansion is possible because of the partnership with MHSA and the collaboration with HHSA. This additional funding is expected to be approximately $115,000.

G. Lewis asked about Quality Counts/IMPACT. G. Daleiden explained that it is still not clear how IMPACT funds from First 5 CA will change for FY20/21, when the current IMPACT grant sunsets. Some funds may come to individual First 5s to fund parent and family engagement. Other funds may be provided to fund Quality Counts initiatives, possibly through, or in collaboration with, California Department of Education.

The Chair took public comment. J. Jimenez commented that it is important to think about gaps in early learning and collective County resources.
J. Provenza added that it will be important to see what the State is doing around new early learning initiatives and legislation.

G. Daleiden informed the Commission that the Woodland City Council approved the inclusion of $50,000 in their FY19/20 Budget to support R2R home visiting/navigation for Woodland residents. The City of Woodland and City of Davis are now funding partners on the R2R Project for services within their respective communities.

**Adopt FY 19/20 Budget.**

MOTION: H. Kellison  SECOND: S. Brown  Motion carries unanimously

Item #16: Public Hearing: Review and Adopt Long Term Financial Plan Update FY2019

**OPEN PUBLIC HEARING** at 4:17pm. Chair Provenza opened the Public Hearing.

No Public Comments.

**CLOSED PUBLIC HEARING** at 4:18pm.

V. Zimmerle noted the update reflects the Commission’s focus on funding strategically across multi-year projects.

**Adopt Long Term Financial Plan Update FY2019.**

MOTION: G. Lewis  SECOND: N. Sturmfels  Motion carries unanimously

Item #17: Executive Director Road to Resilience Update

G. Daleiden shared that direct service program staff are being recruited by direct service partners and will be hired after July 1, 2019. The target is to have management staff hired prior to the end of August.

The updated graphic of the Navigation and Referral Pathways for the Project included in the agenda materials shows the most recent change to have the HFA Navigator trained to do HFA assessments in order to eliminate an additional service person, streamlining the process, which will be better for the clients and the program. The graphic also now highlights that the Behavioral Health Navigation Coordinator supports, but does not lead the Project, as leadership rests with the Project Manager/Perinatal Navigation Coordinator.

Item #18: Executive Director Report

G. Daleiden announced that a special Commission Meeting, between August 13-23, 2019, will be needed for the Nurturing Parent Program RFQ process. Staff will send a survey monkey to Commissioners to confirm availability.

G. Daleiden requested Commissioner attendance at MHSA Stakeholder Meetings that will be held this summer and fall before Yolo County drafts its next 3-year MHSA plan. Currently, the County is
holding education events in the community. On July 11th, the meeting will be in West Sacramento to review data generated by some of the programs. Suggestion is for commissioners to attend the meetings held in their location in the fall. Commissioners agreed to attend when available.

G. Daleiden reinforced the importance of First 5 yolo ensuring that the community understands that early childhood sets the foundation for mental health.

G. Daleiden agreed to share the slides from the last MHSA community meeting held at the Davis Library with the commissioners.

G. Daleiden asked for 4-5 commissioners to join the Executive Director of CTC and First 5 Yolo Staff on the scholarship committee for the Early Mental Health Trainings. Those commissioners who are interested in participating on the committee are requested to reach out to G. Daleiden.

Item #19: Commissioner Reports

None.

Item #20: Adjournment

The open session of the meeting was adjourned at 4:34 p.m. The next Commission Meeting will be September 11, 2019 from 3-5pm at the First 5 Yolo, 502 Mace Blvd. Ste. 11, Davis, CA 95618.

CLOSED SESSION

The Commission convened to closed session at 4:34 p.m.

Commissioners in Attendance: Jim Provenza, Heidy Kellison, Nichole Arnold, Sally Brown, Nichole Sturmfels, Garth Lewis

Staff in Attendance: Gina Daleiden

Item #1 Public Employee Evaluation Government Code Section 54957(b)(1) Executive Director

Item #2 Conference with Labor Negotiator Government Code Section 54957.6 Executive Director

There was no report out of closed session.

The meeting ended at 5:09PM
The First 5 Yolo Children and Families Commission met on the 14th day of August, 2019 at First 5 Yolo 502 Mace Blvd. Ste. 11, Davis, CA 95618.

Commissioners in Attendance: Jim Provenza, Sally Brown, Jenn Rexroad, Nichole Arnold, and Melissa Roberts
Phone-in: Nichole Sturmfels
Staff in Attendance: Gina Daleiden, Victoria Zimmerle, Melina Ortigas

Item #1: Call to order
J. Provenza called the meeting to order at 11:01 a.m.

Item #2: Roll Call
A Quorum was present. Nichole Sturmfels called into the meeting. Absentees were: Jennie Pettet, Garth Lewis, Heidy Kellison

Item #3: Approval of Agenda
MOTION: M. Roberts  SECOND: J. Rexroad
Motion carries unanimously.

Item #4: Statement of Conflict and Recusal
There was no statement of Conflict and recusal.

Item #5: Public Comment
There was no public comment.

Item #6: Updates and Announcements from the Chair
There were no announcements.

Item #7: Consent Agenda
7. Receive Sponsorship Fund Allocations Reports for CommuniCare Health Centers—I Dig CommuniCare: Planting the seeds of Wellness, Yolo County Health and Human Services Agency-Child, Youth & Family Branch, Quality Improvement Recognition Event, Circling Services Event, and All Staff Meeting, and Yolo County Children's Alliance- 4th annual Community Baby Shower.
Approve Consent Agenda (Item #7)
MOTION: N. Arnold SECOND: Jenn Rexroad
Motion Carried unanimously

Item 8: Approve Contracts for NPP and Evaluation Services
Staff and N. Sturmfels and S. Brown (Commissioners who served on the RFQ selection panel) described the recently completed RFQ process for both Nurturing Parent Program and Evaluation Services. Commissioners discussed the RFQ application process.

There was consensus that both contractors (RISE Inc. and YCCA) selected to carry out the Nurturing Parenting Program demonstrated sufficient experience in the community and understanding of the specific needs of the service area. Both contractors have prior experience conducting NPP. RISE Inc. was part of the pilot NPP project with First 5 Yolo and YCCA conducted the program independently for approximately four years. RISE Inc. will be responsible for the 27-week programs and YCCA will implement the 10-week courses.

The Evaluation Services RFQ received three well-qualified applicants. LPC was selected as they demonstrated strong capacity to relay information to a diverse audience and have advanced data skills to work with a variety of databases as well as support with capacity building. There were questions raised regarding the budget the Contractor allocated for R2R compared to the annual report to First 5 California and Local Evaluation. The R2R project will likely require more effort than the quality checks planned for First 5 reporting. This topic will be further discussed with the Contractor/LPC during the initial scope of work meeting to further clarify First 5 Yolo expectations and agree on an appropriate budget.

The Community member for the Evaluation RFQ was unable to attend the selection meeting due to an emergency situation.

Award and Authorize Funded Program Contracts for Nurturing Parenting Program and Evaluation Services for FY2019/20

MOTION: M. Roberts SECOND S. Brown
Motion carried unanimously.

Item #9: Executive Director Report

Partnership Health Data Sharing Agreement:

G. Daleiden provided an update on the agreement with Partnership Health to help review the impact of Help Me Grow in Yolo County. First 5 Alameda ran a study comparing the Medi-Cal claims data of HMG participants versus non-participants and a key finding was that HMG was able to identify problems 2 years earlier, on average. First 5 Yolo intends to run a similar study with Partnership Health and County HHSA’s Karen Larsen was very helpful in fast-tracking the draft of the data sharing agreement with Partnership Health.

With increased screening and identification efforts, J. Rexroad asked if there were plans for Partnership Health to build capacity to better serve the community. G. Daleiden confirmed the shortage in services for identified cases has been a problem about which partners like HMG have voiced concerns. G. Daleiden will follow up with Partnership Health about their plans for capacity building, while First 5 Yolo will implement a scholarship early mental health training program for local providers with a one-time MHSA grant this year. Initially, when First 5 Yolo was exploring the Mental
Health Training Cohort Scholarships (meant to address the shortage of qualified early-childhood mental health professionals in Yolo County), Partnership Health indicated West Sacramento was especially underserved. This led to making West Sacramento a target service area for the Early-Childhood Mental Health Training Cohorts.

**R2R Update:**

G. Daleiden will be meeting with CCHC to finalize consent forms and legal documents for the R2R project specifically on the pathways and intent of data sharing.

There is currently a two-month delay with the final execution of the contract with Office of Child Abuse Prevention (OCAP) due to language changes that will be required in the scope of work. The State’s legal department asked OCAP for changes to help strengthen the data collection and privacy language in all of the contracts, given the work with vulnerable populations. OCAP also added language to the SOW to include their revised plan to have the CPHS IRB review the project as a component of it will now be conducted as a research study. The IRB is expected to review the submission in October 2019. This additional research component will add another layer of complexity to the project, but will likely yield data to help better serve the population.

The unspent funds (due to the delay in service start) may be utilized for evaluation and database build-out considering the requirements in the SOW will necessitate a more robust database and additional formal written processes related to data management and obtaining informed consent. First 5 Staff had anticipated the need for a central database for the project and were reviewing potential vendors for a database prior to receiving the new information from OCAP, and so the work to put a system in place has already begun.

G. Daleiden requested for the Commission allow flexibility with the First 5 Yolo contracts to accommodate any additional last-minute changes required by OCAP. First 5 Yolo will need to create budget adjustments for all R2R contracts. V. Zimmerle added that contracts will need prorating.

**First 5 Staff Network- Inaugural Meeting:**

G. Daleiden thanked the Commission for approving the first Network Staff meeting among local First 5s (Sonoma, Napa, Solano, and Yolo) to help foster staff development and collaboration. First 5 staff agreed that the meeting was productive and the network will build synergy and innovation. V. Zimmerle added there are plans to build a shared resource area to house helpful documents such as Solano’s Resiliency Plan that can be very helpful for Yolo’s R2R project and other First 5 programs.

**Item #10: Commissioner Reports**

J. Provenza thanked Commissioners for participating in the Review Committees for the RFQ process.

J. Provenza informed the commission that he attended a Juvenile Justice presentation and a portion of it covered early childhood and the link to prevention. J. Provenza was pleased to see HHSA lead the discussion and ask that the BOS make early prevention and treatment a priority.

Commissioners commented and agreed that systems improvement should be prioritized as it is possible to make a greater impact on the population by focusing more efforts on the youngest children.
Item #11: Adjournment

J. Provenza adjourned the meeting at 11:35 a.m.

The next Commission Meeting will be **September 11, 2019 from 3-5 p.m.** at the First 5 Yolo Office located at 502 Mace Blvd. Ste 15 Davis, CA 95618.
Agenda Item- Receive Sponsorship Funds Allocations Report (Yolo County Remembrance Ceremony- 2nd annual butterfly release ceremony)

**Background**

The Sponsorship Fund, established in FY17/18, allows First 5 Yolo continued involvement in community activities, public awareness of the mission of First 5 Yolo, and support of a variety of organizations with a limited cost in dollars and staff/commission time. Up to $250 may be allocated per qualifying event, not to exceed a total of $5,000 per year.

Per the Sponsorship Policy adopted by the Commission on May 10, 2017, the Executive Director and staff review, approve, and process requests on a rolling basis throughout the year. All recent, approved allocations are submitted to the Commission on the Consent Calendar at each regularly scheduled Commission meeting.

**Executive Director Overview**

Seven sponsorships have been approved since the start of Fiscal Year 2019-2020. The total allocation of Sponsorships fiscal year to date is $1200.

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<tr>
<th>Event</th>
<th>Agency</th>
<th>Event Date</th>
<th>Allocated Amount</th>
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<tbody>
<tr>
<td>HHSA Child, Youth, and Family Branch- All Staff Meeting</td>
<td>Yolo County HHSA</td>
<td>7/6/2019</td>
<td>$100</td>
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<tr>
<td>HHSA Child, Youth, and Family Branch-Circling Services</td>
<td>Yolo County HHSA</td>
<td>9/4/2019</td>
<td>$100</td>
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<tr>
<td>HHSA Child, Youth, and Family Branch Quality Improvement event</td>
<td>Yolo County HHSA</td>
<td>7/17/19</td>
<td>$250</td>
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<tr>
<td>I Dig CommuniCare: Planting the Seeds of Wellness.</td>
<td>CommuniCare Health Centers</td>
<td>07/25/19</td>
<td>$250</td>
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<tr>
<td>The Yolo County Collaborative 4th annual Community Baby Shower</td>
<td>Yolo County Children’s Alliance</td>
<td>9/28/2019</td>
<td>$250</td>
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<td><strong>Yolo County Remembrance Ceremony- 2nd annual butterfly release ceremony</strong></td>
<td><strong>Yolo County FIMR Committee</strong></td>
<td><strong>10/6/2019</strong></td>
<td><strong>$250</strong></td>
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**Additional Information**

Sponsorships in **bold/highlighted** are new as of the last Commission meeting. Promotional flyers are submitted with the applications when available at time of application.

**Action Requested**

Receive list of allocated sponsorships and ask questions or provide comments.
First 5 Yolo Children and Families Commission  
Agenda Item #9  
9/11/19  

**Agenda Item Cover Sheet**

**Agenda Item- Approve Additional Salary Steps to Executive Director Position**

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<tbody>
<tr>
<td>All First 5 Yolo employees are at-will County of Yolo employees under the direction of the First 5 Yolo Commission. First 5 Yolo maintains its own salary scales and defines its own positions. Position titles are historically unique to First 5 Yolo.</td>
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<tr>
<td>Per County HR, each salary step is a 5% increase over the previous. Adding two additional steps would update the salary range of the position to move from $97,026-$117,936 to $97,026-$130,024.</td>
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<td>No current fiscal impact, as this action changes the position salary scale only.</td>
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<tr>
<td>Approve additional salary steps to Executive Director position.</td>
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**First 5 Yolo Children and Families Commission**  
**Agenda Item Cover Sheet**

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<th>Agenda Item- Review and Adopt FY19/20 Evaluation Plan</th>
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<td>With each new Strategic Plan, First 5 Yolo develops and implements an Evaluation Plan to track and monitor the performance of funded programs. The Evaluation Plan provides an overview of tools and protocols associated with contracts in First 5 Yolo’s funded programs. This Plan is adjusted each year during the Strategic Plan update, or once program contracts are finalized.</td>
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<td>The Plan provides an overview of evaluation for funded programs, and individual program service contracts include detailed requirements for evaluation and reporting that are program specific (e.g., individualized performance measures) and will be incorporated into the Local Evaluation Report at the end of the year.</td>
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| **Executive Director Overview**                      |
| With the adoption of the update of FY2019-2021 Strategic Plan in June 2019, a new Evaluation Plan, comprised of Matrix 1 and Matrix 2, has been developed for programs funded for FY19/20. |
| Evaluation Matrix 1, the evaluation framework, lays out the strategies and programs for each of the Goal Areas, Improved Child Health, Improved Safety, and Improved Early Learning, and the corresponding evaluation activities. Please note that the Goal Area of Systems and Networks is not included as a separate category, as most of First 5 Yolo’s funded programs also meet this definition, and this Goal Area increasingly frames First 5 Yolo investments. While individual contracts for funded programs often meet multiple strategies across more than one Goal Area, Matrix 1 is focused on the evaluation activities required/embedded in each individual contract, and therefore, programs are categorized based on the three specific Goal Areas (Health, Safety, and Early Learning). |
| Clear Impact is First 5 Yolo’s tracking and reporting software. All funded programs report Performance Measures, in a Friedman Results Based Accountability format, in Clear Impact. The data gathered for this reporting and for the annual Local Evaluation Report emanates from the variety of tools and sources detailed in Matrix 2. |

<table>
<thead>
<tr>
<th><strong>Additional Information</strong></th>
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</tbody>
</table>
A copy of the updated Evaluation Plan is included as Attachment A to this agenda item.

The Evaluation Plan will be reviewed with LPC Consulting, First 5 Yolo’s new evaluation services consultants. LPC will advise on any changes through the year and for FY20/21, particularly as The R2R Project completes IRB review.

**Action Requested**

Review and Adopt FY19/20 Evaluation Plan
First 5 Yolo • Fiscal Year 2019-20 Evaluation Plan

Purpose and Key Questions

The evaluation plan for First 5 Yolo is designed to examine program level changes, ultimately measuring the extent to which clients served are “better off,” using data collection instruments that are part of an evidence-based or best practice program, as well as those that have been tailored for First 5 Yolo. Evaluation tools are based on current best practices in the fields of evaluation and early childhood development and education. The evaluation also builds from previous evaluation work and moves toward looking at cross-cutting indicators and outcomes for key programs and services funded by First 5 Yolo.

First 5 Yolo staff, in collaboration with the agency’s outside evaluator, will collect and analyze information to understand who receives services from First 5 Yolo, measure the impact of First 5 Yolo funded programs on families with young children, or on children 0-5, and identify opportunities for learning and improvement.

Evaluation Matrix 1, the evaluation framework, lays out the initiatives and programs for each of the four Goal Areas (Improved Child Health, Improved Safety, Improved Early Learning, and Improved Systems and Networks) and the corresponding evaluation activities. As the First 5 Yolo Commission shifts from siloed to integrated investments, most funded programs/initiatives support multiple goal areas. Evaluation Matrix 2, the data collection summary, is a description of the methods, including the type of data collected, the mode of data collection, and the frequency. Annually, the Commission adopts Matrix 1 and 2 after program contracts are finalized.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Program Contract</th>
<th>Agency</th>
<th>Contract Amount</th>
<th>Performance Measures</th>
<th>Demographic Data</th>
<th>Other Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal: Improve Child Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Help Me Grow (HMG)</td>
<td>Help Me Grow (HMG)</td>
<td>Northern California Children’s Therapy Center (NCCTC)</td>
<td>$339,000</td>
<td>X</td>
<td>X</td>
<td>HMG National Indicators</td>
</tr>
<tr>
<td>Help Me Grow (HMG)</td>
<td>Help Me Grow (HMG)</td>
<td>Yolo County Children’s Alliance</td>
<td>$75,000</td>
<td>X</td>
<td>X</td>
<td>HMG National Indicators</td>
</tr>
<tr>
<td>Help Me Grow (HMG)</td>
<td>Help Me Grow (HMG)</td>
<td>Yolo Crisis Nursery</td>
<td>$25,000</td>
<td>X</td>
<td>X</td>
<td>HMG National Indicators</td>
</tr>
<tr>
<td>Help Me Grow (HMG)</td>
<td>Help Me Grow (HMG)</td>
<td>CommuniCare Health Centers</td>
<td>17,000</td>
<td>X</td>
<td>X</td>
<td>Programmatic Data Collection and Review</td>
</tr>
<tr>
<td>Help Me Grow (HMG)</td>
<td>Help Me Grow (HMG)</td>
<td>RISE Inc.</td>
<td>$10,000</td>
<td>X</td>
<td>X</td>
<td>HMG National Indicators</td>
</tr>
<tr>
<td>Early Mental Health Trainings</td>
<td>Early Mental Health Trainings</td>
<td>First 5 Yolo/NCCTC</td>
<td>$333,500</td>
<td>X</td>
<td>X</td>
<td>• Letters of Conferral and Letters of Completion</td>
</tr>
<tr>
<td><strong>Goal: Improve Child Safety</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crisis Nursery Intervention Services</td>
<td>Crisis Nursery Intervention Services</td>
<td>Yolo Crisis Nursery</td>
<td>$67,280</td>
<td>X</td>
<td>X</td>
<td>• Crisis Nursery Parent Survey</td>
</tr>
<tr>
<td>Nurturing Parenting Program</td>
<td>Nurturing Parenting Program</td>
<td>RISE Inc.</td>
<td>$68,000</td>
<td>X</td>
<td>X</td>
<td>• Adult-Adolescent Parenting Inventory-2 (AAPI-2)</td>
</tr>
<tr>
<td>Nurturing Parenting Program</td>
<td>Nurturing Parenting Program</td>
<td>Yolo County Children’s Alliance</td>
<td>$85,000</td>
<td>X</td>
<td>X</td>
<td>• Adult-Adolescent Parenting Inventory-2 (AAPI-2)</td>
</tr>
<tr>
<td>The CHILD Project: Road to Resilience</td>
<td>The CHILD Project: Road to Resilience</td>
<td>Yolo County Children’s Alliance</td>
<td>$425,000</td>
<td>X</td>
<td>X</td>
<td>• HFA Parent Survey</td>
</tr>
<tr>
<td>The CHILD Project: Road to Resilience</td>
<td>The CHILD Project: Road to Resilience</td>
<td>CommuniCare Health Centers</td>
<td>$436,200</td>
<td>X</td>
<td>X</td>
<td>• Protective Factors Survey</td>
</tr>
<tr>
<td>The CHILD Project: Road to Resilience</td>
<td>The CHILD Project: Road to Resilience</td>
<td>Yolo Crisis Nursery</td>
<td>$55,000</td>
<td>X</td>
<td>X</td>
<td>• Retrospective Pre/Post Parenting Skills Ladder</td>
</tr>
<tr>
<td>ABC Home Visiting Joint Project</td>
<td>ABC Home Visiting Joint Project</td>
<td>Yolo Crisis Nursery</td>
<td>$135,000</td>
<td>X</td>
<td>X</td>
<td>• Adult- Adolescent Parenting Inventory-2 (AAPI-2)</td>
</tr>
<tr>
<td>Family Hui</td>
<td>Family Hui</td>
<td>Lead4Tomorrow</td>
<td>$15,000</td>
<td>X</td>
<td>X</td>
<td>• Administrative Data Screen</td>
</tr>
<tr>
<td><strong>Goal: Improve Quality Early Learning</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Imagination Library</td>
<td>Imagination Library</td>
<td>United Way CCR</td>
<td>$8,000</td>
<td></td>
<td></td>
<td>• Number of program enrollees</td>
</tr>
<tr>
<td>Early Literacy for Families</td>
<td>Early Literacy for Families</td>
<td>Yolo County Library</td>
<td>$30,000</td>
<td>X</td>
<td>X</td>
<td>• Early Learning Parent Survey</td>
</tr>
</tbody>
</table>
*Note: Most First 5 Yolo initiatives/programs are targeted toward the Improving Systems and Networks Goal Area outlined in the FY19-21 Strategic Plan. Individual program contracts, within those programs, support multiple strategies across multiple goal areas. Matrix 1 is focused on the evaluation activities required/embedded in each individual contract and therefore, programs are categorized based on the goal area to which they are most closely tied.

**Evaluation Matrix 2: Data Collection Summary**

<table>
<thead>
<tr>
<th>Data Collection Instrument</th>
<th>Type of Data Collected</th>
<th>Data Collection Mode</th>
<th>Frequency of Collection</th>
<th>Reviewed by First 5:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance Measures</td>
<td>Programs report on select indicators measuring “how much,” “how well,” and the extent to which clients served are “better off.”</td>
<td>Clear Impact Software</td>
<td>Biannually</td>
<td>Biannually</td>
</tr>
<tr>
<td>Client Demographic Data</td>
<td>Programs report on the number of unduplicated clients served, gender, age, ethnicity, language, city, and child health insurance type of children 0-5, parents/guardians, other family members, and providers.</td>
<td>Collected at client intake</td>
<td>Start of services for any new client</td>
<td>Aggregate data reviewed quarterly</td>
</tr>
<tr>
<td>Early Learning Parent Survey</td>
<td>The Early Learning Parent Survey is administered by funded programs to assess if families are demonstrating improvement after participating in First 5 Yolo programs and services.</td>
<td>Paper surveys administered and aggregated by providers</td>
<td>Biannually for all program attendees</td>
<td>Aggregate data reviewed biannually</td>
</tr>
<tr>
<td>Help Me Grow National Indicators</td>
<td>Help Me Grow affiliates are required to collect and report data on a common set of indicators developed by the National Center and State HMG. Indicators include demographics, nature of presenting issues, referrals to service/programs, gaps and barriers, and outcomes.</td>
<td>YesYolo</td>
<td>Ongoing for individual clients</td>
<td>Aggregate data reviewed biannually</td>
</tr>
<tr>
<td>Adult-Adolescent Parenting Inventory (AAPI-2)</td>
<td>The AAPI-2 is a validated pre/post assessment designed to measure parenting and child rearing attitudes and provide an index of risk for the practice of abusive and/or neglectful parenting and child rearing behaviors.</td>
<td>Paper Surveys administered and data entered into the “assessing parenting” website for scoring</td>
<td>Collected at the beginning and end of each NPP Program</td>
<td>Aggregate data reviewed biannually</td>
</tr>
<tr>
<td>Parenting Skills Ladder (Retrospective pre/post)</td>
<td>The Parenting Skills Ladder measures changes in parenting behavior and knowledge related to parenting skills as well as substance use.</td>
<td>Paper or electronic surveys administered during home visits</td>
<td>Biannually for all enrolled clients and at program exit</td>
<td>Aggregate data reviewed biannually</td>
</tr>
<tr>
<td>Protective Factors Survey</td>
<td>The Protective Factors Survey is a retrospective pre/post survey developed by First 5 Alameda’s evaluation team to measure changes in knowledge, skills, and supports related to each protective factor in the Family Strengthening Framework</td>
<td>Paper or electronic surveys administered during home visits</td>
<td>Biannually for all enrolled clients and at program exit</td>
<td>Aggregate data reviewed biannually</td>
</tr>
<tr>
<td>Home Visiting Record Form</td>
<td>The Home Visiting Record Form is utilized by the Program to track activities during home visits including curriculum covered, resources given, and program progress</td>
<td>Record form completed by assigned home visitor after each client visit</td>
<td>Collected after each home visit</td>
<td>Aggregate data reviewed biannually</td>
</tr>
<tr>
<td>Crisis Nursery Parent Satisfaction Survey</td>
<td>The Crisis Nursery Parent Survey is collected at program exist and gathers information about how satisfied parents are with the services they received, and progress on health and wellbeing of the child. Data on rates of entry into CWS is collected and verified with CWS at 3, 6, and 12 months after service.</td>
<td>Collected via email</td>
<td>At participant program exit</td>
<td>Aggregate data reviewed biannually</td>
</tr>
</tbody>
</table>
First 5 Yolo Children and Families Commission
Agenda Item Cover Sheet

<table>
<thead>
<tr>
<th>Agenda Item- Receive Update on The CHILD Project: Road to Resilience</th>
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<tbody>
<tr>
<td><strong>Background</strong></td>
</tr>
<tr>
<td>First 5 has a California constitutional mandate (Proposition 10) to lead prevention and early intervention efforts for children prenatal to 5 years and their families, and to coordinate and improve systems of care.</td>
</tr>
<tr>
<td>In support of this mission, First 5 Yolo was awarded The Office of Child Abuse Prevention’s Road to Resilience Grant in the full amount of $1.8 million (over 3-years with the option to extend for 2 additional years). The new initiative, The CHILD Project: Road to Resilience (R2R), builds upon and expand First 5 Yolo’s CHILD Project Pilot.</td>
</tr>
<tr>
<td>Funded partners, including CommuniCare Perinatal and Behavioral Health, Yolo County Children’s Alliance Healthy Families America, and Yolo Crisis Nursery, as well as in-kind partners Child Welfare Services, Yocha Dehe Wintun Nation, Northern Valley Indian Health Services, Yolo County HHSA, District Attorney, Sheriff, and Yolo County Office of Education are participating in R2R. By design, the R2R Project is fully consistent with the First 5 Yolo Strategic Plan.</td>
</tr>
<tr>
<td>The Project provides for First 5 Yolo to convene and lead a network of R2R Partners to guide interagency collaboration and integration of services, while direct service funded partners deliver an innovative approach to point-of-entry and centralized coordination and management of services. Coordinated services between health service providers, public agencies, and community-based organizations will include in-clinic navigation at perinatal clinics across the County, as well as a referral system from partners, and service pathways for evidence-based, in-home services that include parenting supports, case management, linkage to resources, and behavioral and perinatal health.</td>
</tr>
<tr>
<td>On March 13, 2019, The Commission voted to accept The OCAP Road to Resilience (R2R) Grant Award and the general terms of funding allocation, and to authorize the Executive Director to finalize details of the funded project with OCAP.</td>
</tr>
<tr>
<td>On June 12, 2019, The Commission voted to authorize the negotiation and finalization of contracts to direct service providers as funded partners in R2R.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Executive Director Overview</th>
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</thead>
</table>
| First 5 Yolo Executive Director and Staff have been working with OCAP and direct service partners to finalize Scopes of Work (SOW’s), budgets, and evaluation plans with performance measures, among many other detail items. First 5 Yolo expected to fully execute the contract with OCAP by the end of July. There have been some delays in the internal process at the State, particularly related to additional requirements (in the SOW/Evaluation Plan) associated with the decision to move all of the funded projects (11
statewide) through an Internal Review Board (IRB) process. It is possible that R2R will be accepted as a “research” project, allowing the sharing of administrative data with CDSS, a potentially very informative relationship that could help First 5 Yolo better serve the community.

This delay in contract execution has moved back the timeline for full launch of the Project until later fall. In the interim, First 5 Yolo has been working with partners to develop data sharing agreements, consent forms, and referral forms/pathways, as well as to prepare project lists for a Project Manager to be hired by CommuniCare Perinatal. All funded partners are engaged in hiring processes to on-board new R2R staff positions through September and October, in time for EBP trainings. The CHILD Project Pilot contract has been extended for two months (July-August) to cover existing operations and allow some planning for full R2R launch.

At the time of this writing, First 5 Yolo has received final approval on the updated SOW, and the contract is with the OCAP Director for final signature. OCAP expects that within 2-weeks, the contract will be available for the First 5 Yolo Executive Director to sign and fully execute. At that time, First 5 Yolo will be able to enter into contracts with direct service providers for FY19/20.

First 5 Yolo completed an RFQ process over the summer to hire LPC Consultants as the outside evaluator for the agency, including very specific assignments related to R2R.

Included with this Item, as Attachment A, are infographics intended for use with clients in the Project, and reflects the service pathway in a client-friendly format.

Attachment B is the working draft of the R2R Pathways Graphic depicting client flow with brief notation of key program components. This is intended primarily for partners, potential partners, and other community stakeholders.

As this is an on-going process nearing full launch with multiple, changing details, more updates will be provided at the meeting.

Additional Information
First 5 Yolo, funded by Proposition 10 for the professional staffing around systems improvement and contract management to support use of data for continuous quality improvement, is providing the administration of the Project in-kind.

Dignity Health is sponsoring the R2R Partnership Network Roundtables, funding a specialized consultant, conversant in the work of First 5 around family strengthening, to work with the First 5 Yolo Executive Director in building the network of partners. The R2R Partnership Network to establish a multi-agency, cross-sector partnership of high-level leadership to continually examine data, outcomes, and options for systems and practice improvements. Many of these partners will refer clients to R2R direct services, as well. The Partnership Network will support systems and practice transformation at quarterly strategic R2R Roundtables. All partners, funded and in-kind, will convene at these Roundtables as a prevention community to review processes, identify gaps and barriers, and strategize for systems and practice transformation.

**Action Requested**

Receive Update and ask questions and/or provide comments.
R2R improves the coordination of care and provides special support for parents and connection to a variety of services available to families. The program provides an in-depth assessment to identify any needs parents might have and timely referrals to a variety of local resources and supports.

An in-clinic navigator visits clients at the medical clinic, or in the community, to discuss individual needs and the R2R program. Pregnant women or those with a 0-12 month old, are offered direct connection to services on-site, at CommuniCare (CCHC) Perinatal Clinics across Yolo County or in-community at a referring partner agency, and more intensively in-home.

Referrals to the R2R program are routed to the R2R Perinatal Navigation Coordinator (PNC) at CommuniCare, who routes clients to one of two pathways for services, based on eligibility. The PNC follows the client throughout their participation in the program to ensure that they receive timely referrals and services through the program.

Clients meet with a Healthy Families America or Behavioral Health Navigator/Assessor and complete surveys. Based on results, Navigator will provide a warm hand-off to an in-home visitor and connect clients to other support services in a timely manner.

Qualified Home Visiting Staff will coach clients to help them strengthen the bond with their child and build a safer, healthier environment for them.

At the end of the program, clients are asked about their experience in the program to help us improve and expand it to more families in the future.
The CHILD Project: Road to Resilience

R2R website/referral link
CommuniCare Perinatal Navigation Coordinator/Program Manager
TBD
phone
fax
email
Referrals to the R2R program are routed to the R2R Perinatal Navigation Coordinator (PNC) at CommuniCare, who routes clients to one of two pathways for services, based on eligibility. The PNC follows the client throughout their participation in the program to ensure that they receive timely referrals and services through the program.

Clients have access to in-home support from a perinatal Social Worker, auxiliary services such as parent education, parent support groups, and access to basic needs. R2R is a collaboration between multiple, direct service community-based organizations.

Qualified Home Visiting Staff will coach clients to help them strengthen the bond with their child and build a safer, healthier environment for them.

At the end of the program, clients are asked about their experience in the program to help us improve and expand it to more families in the future.
Pregnant women or those with a 0-12 month old and who have current or previous substance use problems may participate. Referrals are routed directly to Communicare’s Central Point of contact—the Perinatal Navigation Coordinator—who then routes participants to one of two pathways for services based on eligibility. As needed, clients have access to in-home support from perinatal Social Worker as well as auxiliary services such as parent education, parent support groups and access to basic needs. Home Visits with qualified staff will coach clients to help them strengthen the bond with their child and build a safer and healthier environment for them.

The CHILD Project: Road to Resilience

R2R website/referral link
CommuniCare Perinatal Navigation Coordinator/Program Manager
TBD
phone
fax
e-mail
The CHILD Project: Road to Resilience

**Target Population:** Pregnant women with known histories of substance use, pregnant women with current substance use, and mothers of substance-exposed infants (up to 12 months)

**CommuniCare Perinatal Clinic Patients**
- Woodland, West Sacramento, and Davis Perinatal Clinics

**Outside Referrals from:**
- Child Welfare
- County Office of Education
- Yocha Dehe Wintun Nation
- Indian Health Services
- Sheriff
- Public Health and Behavioral Health
- District Attorney
- CommuniCare Health

**Project Manager/Perinatal Navigation Coordinator**
- Overall Project management and centralized point of coordination and access
- Oversee administrative data screen implementation
- Consult with navigators and provide support, seeing clients as needed
- Client pathway re-evaluation as needed
- Scheduling support and oversight
- Establish and Update ADS threshold
- Point of contract for all outside referrals

**Behavioral Health Navigation Coordinator**
- Centralized point of coordination for behavioral health navigation
- Collaborate with Project Manager/Perinatal Navigation Coordinator on pathway for clients
- Consult with all navigators and provide support, seeing clients as needed
- Client pathway re-evaluation as needed

**Perinatal Social Worker (PSW)**
- Support Navigators and provide in-home support as needed
- Provide health care and health care related service navigation, as needed

**Perinatal Medical**
- In-home perinatal medical support and care, as needed

**HFA Navigator/Assessment**
- Meet clients in-clinic
- Identify/address time-urgent needs
- Regularly follow up with clients declining assessment at initial visit
- Complete HFA Kempe Assessment
- Schedule warm hand off to HFA Home visitor or refer to managers to pathway re-evaluation

**HFA Home Visitor**
- Deliver evidence-based HFA Home Visiting and case management
- Service and support connections

**Auxiliary Services**
- Connection to parent education, support groups, concrete supports, basic needs, etc.

**Attachment and Biobehavioral Catch-up**
- In-home parent education intervention for highest risk families
First 5 Yolo Children and Families Commission
Agenda Item #12
9/11/19

Agenda Item Cover Sheet
Attachments x

Agenda Item- Receive Year End Funded Partner Performance Measure Summary Report

Background

First 5 Yolo funded partners are required to submit demographic data quarterly, and performance measure data twice-yearly, in January (Q2) and July (Q4).

First 5 Yolo Staff verifies that funded partners are making satisfactory progress across the fiscal year and provides an update to the Commission after performance measure data is submitted by funded partners and reviewed by staff at the close of Quarters 2 and 4. Performance measure and demographic data are used to inform First 5 Yolo’s annual Local Evaluation Report which is reviewed and adopted by the Commission on or around January of the following year.

Executive Director Overview

With First 5 funded programs now reporting in a performance measure template consistent with the Friedman Results Based Accountability method, funded partners are able to more easily communicate how children and families are "better off" and programs are making a difference.

The Q4 summary performance measure reports for individual programs, the PM3 standard (or “better off” measurements) now in “presentation scorecard” format in Clear Impact, will be presented at the meeting. Help Me Grow and The CHILD Project Pilot will have a more expanded view of the reporting as examples of the analysis that accompanies measures. Performance measures were developed in collaboration with each funded partner, per process directed by Friedman RBA. The refinement of individual performance measures is a continual process.

More detailed data analysis, forecasting, and recommendations for each performance measure (in sections PM2 and PM3) are recorded and available in the system for review by First 5 Yolo and individual funded partners. Full analysis is completed at Q4, when data is tracked over a greater period of time and trends are more apparent. Please note that some performance measures are only reported annually, at Q4, as appropriate to the program and evaluation tools.

Data analysis is not only for First 5 Yolo reporting, but for agencies to use for internal purposes and continuous program improvement. All funded partners have now had an initial training in Clear Impact, and technical assistance and RBA training from First 5 Yolo Staff is on-going, particularly as personnel may change at various agencies. All First 5 Yolo Staff are trained in Friedman RBA.
### Additional Information

The FY18/19 Local Evaluation Report, with fuller detail on program outcomes, is expected January 2020.

The Q4 Funded Partner Roundtable was held on August 6, 2019. Executive Directors of funded agencies met in the first hour to discuss integration with new First 5 Yolo initiatives and plans for FY19/20, given the launch of The CHILD: Road to Resilience Project, expansion of Help Me Grow, and countywide Nurturing Parent Program. Partner agency staff met with First 5 Yolo staff to review procedures for data and performance measure tracking and reporting.

### Action Requested

Receive Year End Funded Partner Performance Measure Summary Report.
The CHILD Project - City of Davis -
Performance Measure Scorecard

Annual Data Tracker

**How much did we do?**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Period</th>
<th>Most Recent Actual</th>
<th>Prior Actual</th>
<th>Current Actual Value</th>
<th>Trend</th>
<th>Baseline</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td># of clients scored (screened) with the electronic data screen</td>
<td>FY 18/19</td>
<td>—</td>
<td>108</td>
<td>0</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of families assessed with HFA Kempe Stress assessment tool</td>
<td>FY 18/19</td>
<td>—</td>
<td>39</td>
<td>0</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of families served by HFA Home Visiting year to date</td>
<td>FY 18/19</td>
<td>—</td>
<td>17</td>
<td>0</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**How well did we do it?**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Period</th>
<th>Most Recent Actual</th>
<th>Prior Actual</th>
<th>Current Actual Value</th>
<th>Trend</th>
<th>Baseline</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td># and % of clients connected to HFA based on their electronic data screen score</td>
<td>FY 18/19</td>
<td>—</td>
<td>94</td>
<td>0</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Data Summary

1. **Data point:** CommuniCare Health Center’s (CCHC’s) warm hand-off rate is 93.65% for patients with qualifying ADS scores who also met residence and other CHILD Pilot requirements for HFA services.
2. Raw values: Overall, 71 patients had qualifying ADS scores of 8 or more on or before 6/30/19. Among the 63 patients who had ADS scores of 8 or more and who remained eligible for the CHILD Pilot Project, 59 hand-offs were completed (93.65%) and the remaining 4 patients (6.35%) are eligible for a warm hand-off which was pending at time of this report. There were 8 patients (12.69%) referred for a HFA warm hand-off based on their ADS scores who were no longer eligible for services at the time of this report: 6 patients moved and 2 had miscarriages after the CCHC-FHA staff communications occurred, and warm hand-offs were completed for half (4) of these 8 disqualified patients prior to their ineligibility determinations.

3. Data were collected from patient charts (ADS scores and timing), and CCHC/HFA records regarding timing of communications about appointment scheduling and project data tracking spreadsheets.

Performance Measure Analysis

1. Overall analysis: CCHC staff are reliably achieving a "warm hand-off" to HFA, as this direct connection has been accepted by all prenatal patients with qualifying ADS scores at the Davis Community Clinic, including some women who are later determined to be ineligible for services due to residence relocation and pregnancy loss.

2. Contributing factors: Persistence by staff was key to ensuring that hand-offs occurred, even if multiple scheduling attempts were required to accomplish the meeting.

3. Restricting factors: Schedule conflicts delayed warm hand-offs when patient and HFA staff calendars lacked shared availability. The CCHC and HFA staff use of email and texts to communicate about patient appointments was difficult to track, particularly in the absence of regular oversight and assistance (e.g. by a project manager) in addition to the current limited unfunded administrative help with report preparation and submission.

Recommendations

1. No cost: If nothing changes, CCHC will likely see a slight increase in timely warm hand-offs for high ADS scores, as CCHC staff workflows become even more routine following the 9 month pilot CHILD Project
2. Low cost: The CHILD Project is being expanded as The CHILD Project: Road to Resilience (R2R), which requires new staff with initial and ongoing training needs to ensure we maintain near perfect rates of timely CCHC-HFA warm hand-offs for all positive ADS scores. CCHC anticipates new staff will develop competencies and independence more quickly than staff trained during the project start-up. New hires will be mentored by prenatal staff who developed the project activities and workflows at Davis Community Clinic which are now being expanded to patient encounters at all clinics, home visits and in community settings. Oversight will be provided by the R2R Project Manager, which will improve the completion, timing and accuracy of screening, warm hand-offs and triage into grant-funded programs or services provided by colleagues and community partners.

3. Pie in the Sky: In an ideal world HFA staff would always be available to do a warm hand-off at a moment’s notice, and there would always be an available and appropriate place to meet with patient incentives and healthy snacks provided.

An HFA group session in -clinic once a week to review resources in the community—perhaps in partnership with a CCHC health educator and/or the grant funded R2R Perinatal Social Worker— to include self-care and mental health topics. This would give women a chance to meet HFA staff and independently arrange a meeting with them to complete the Parent Survey if desired.

Forecast

1. Current: No changes are anticipated if CCHC expands the CHILD Project using only the staff workflows tested in the pilot.

2. Optimistic: The expansion of the CHILD Project Pilot is planned with the addition of an R2R Project Manager who will support timely warm hand-offs following positive ADS scores. This measure is expected to improve over time with new administrative support, despite anticipated, rapid project growth.

3. Pessimistic: If there are unanticipated challenges with project expansion, e.g. insufficient staffing due to unfilled positions, it may be extremely difficult for CCHC staff to prioritize completing warm hand-offs for all patients who require multiple appointments rescheduled, each with related communications that must be tracked for reporting purposes.
Data Summary

From October 2018 - June 30, 2019, 80 new patients were referred to Yolo County Children’s Alliance (YCCA) Healthy Families America (HFA) Home Visiting Program from Davis CommuniCare Health Centers (CCHC). 39 participants completed the Healthy Families America Kempe Assessment (Parent Survey). One of the 39 Parent Surveys completed was with a client referred to HFA in December 2018 who canceled numerous appointments before completing the Parent Survey in February 2019.

Patients scoring at or above the qualifying threshold on the Administrative Data Screen were identified as higher risk and flagged by Davis CommuniCare staff. CCHC perinatal staff then provided upcoming appointment information for these identified patients to the Family Resource Specialists (in-clinic Assessment Worker/Navigator) so the Navigator could meet the patient in-clinic to offer immediate resource and referral services and complete a Parent Survey, an HFA evidence-based assessment. Clinic staff, such as the Perinatal Social Worker, provided information to HFA staff on additional patients who did not reach the score threshold on the ADS but, based on clinical impression, might benefit from the additional support.

Patient appointment information and all related data points and outcomes are tracked on an Excel spreadsheet. Patients who consent to completing a Parent Survey and enroll in home visiting services are then entered into the California Home Visiting Program’s (CHVP) ETO database. ETO is a database that was specifically developed by the State for California Home Visiting Programs’ data tracking and is currently being leveraged for the Pilot.
Performance Measure Analysis

Compared to the first half year (FHY1) of 18/19, there was a significant increase in the number of Parent Surveys completed by potential participants with a positive screen, due to implementing new strategies to help engage higher risk families, such as facilitating repeated meetings in-clinic after scheduled appointments to build rapport and offer immediate connection to needed services, as well as incentivizing the Parent Survey.

**Contributing factors:**

Two Family Resource Specialists (in-clinic Assessment Workers/Navigators) collaborate to attend the patient appointment times provided by Davis CommuniCare perinatal staff and ensure as much clinic coverage as possible for identified patient appointments.

The in-clinic Assessment Workers/ Navigators are supported by an experienced HFA Clinical Social Worker and receive specific coaching on how to best initiate contact with patients. Patients are offered resource and referral services first, and then are gradually eased into more in-depth services such as the Parent Survey, to allow patients time to accept services when they are ready and to build a relationship with a new service provider.

The YCCA team communicates consistently with CommuniCare clinic staff who coordinate patient appointment scheduling and follow-up on no shows, cancellations, and patients who are undecided. This follow-up often involves providing support for families who face additional challenges, such as reliable access to transportation or a cell phone.

As an incentive to complete the Parent Survey assessment, the team offers a $20 gift card to patients who complete the survey. The addition of the incentive increased the number of Parent Surveys completed in the second half of the fiscal year, allowing for collection of more data to validate the ADS and providing more time to build rapport with clients.

**Restricting factors:**

The in-clinic Assessment Worker/Navigator meets with patients during existing prenatal clinic appointments and has only a few minutes to describe the program and establish rapport. The Parent Survey is an in-depth review of family history that can take 45 minutes to an hour to complete. This requires additional time that the patients are not always prepared to provide. The in-depth questions in the survey can also be uncomfortable for families to discuss, especially with someone they have just met.

Patient scheduling challenges (no shows and frequent re-scheduling) were a significant barrier to providing services to patients in the clinic.
Recommendations

**No Cost:** Continue to focus more on immediate Resource and Referral services in-clinic before discussing the lengthy Parent Survey to allow patients to warm up to a new service provider. Train in-clinic staff to provide higher level of this service.

**Low Cost:** Create outreach materials, such as flyers and brochures, and make those materials available in the clinic to increase overall awareness of the CHILD Project and its benefits.

**Pie in the Sky:** Fully integrate an Assessment Worker/Navigator into the clinic so that staff can be available during all or most clinic hours to mitigate the impact of frequent and pervasive rescheduling challenges.

Forecast

**Current:** By continuing to offer both immediate resources and referrals and an incentive to complete the Parent Survey, performance on this measure is likely to remain stable or increase depending on the impact of the financial incentive on patient needs.

**Optimistic:** With updated and expanded use of promotional materials in the clinic, we expect that more patients will be familiar with the benefits of the service offered by the in-clinic Assessment Workers/Navigators, and the number of Parent Surveys completed will increase. With the coming expansion of the Pilot to The CHILD Project: Road to Resilience, there will be designated space available at CCHC Perinatal Clinics for the in-clinic Assessment Workers/Navigators, which will allow for greater and more consistent clinic coverage and therefore more Parent Surveys completed.

**Pessimistic:** If funding levels drop for purchasing incentives to complete the Parent Survey, we expect the number of Parent Surveys completed in clinic will decrease.
Data Summary

Twenty-seven (27) patients at Davis CommuniCare completed the Parent Survey and met the qualifying threshold from October 1, 2018 - June 30, 2019. Seventeen (17) of these 27 (62.9%), enrolled in HFA home-visiting services under the CHILD project.

Two others were removed from this data set as they were not in an eligible service area, according to updated CHILD Project requirements. The residency requirements were updated after the clients completed the Parent Survey, therefore they were enrolled in county-run HFA home-visiting services instead.

Parent Surveys conducted and enrollment in home visiting are entered and tracked in the CHVP ETO database. Patient contacts in clinic are tracked on the CHILD data tracking sheet and the two data sources are cross referenced.

The Parent survey threshold was updated on March 31, 2019 from 25 and above to 40 and above.

Performance Measure Analysis

In this first year of the program, the resulting 63% annual performance measure is very encouraging given the impact of engaging a higher-risk population in services.

**Contributing factors:**
To help keep families engaged in HFA and move from the assessment to uptake of home visiting services, the in-clinic Assessment Worker/Navigator arranges a warm handoff between herself and the Home Visitor, at the first home visit. At this visit, the Home Visitor provides a food basket (from the Yolo Food Bank in partnership with First 5 Yolo) to the family. If families disengage before the first home visit, there is regular follow-up with the family by phone and/or letter in an effort to reestablish contact. In some cases, the in-clinic Assessment Worker/Navigator will provide additional support to the home visitor by making arrangements to engage the potential participant at future medical appointments or at their home.

Throughout the Pilot, committed program staff worked through challenges and strategized innovative ways to engage higher-risk families. For example, as a result of this continuous quality improvement practice, the in-clinic Assessment Worker/Navigator arranges some clinic appointments with the Home Visitor in attendance to help make the transition smoother for clients who are less willing to engage with new providers. The assigned Home Visitor joins the in-clinic Assessment Worker/Navigator at the clinic at the client's next medical appointment to try to engage the client in home visiting services and complete the warm handoff from in-clinic to in-home HFA services.

**Restricting factors:**

Potential participants may complete the Parent Survey due to the incentive rather than a strong interest in intensive home visiting; therefore some may not be as likely to later complete enrollment in home visiting. Unique to The CHILD Project Pilot, incentivizing the Parent Survey allows this tool to be used as a service in itself, supporting families by further identifying needs for immediate resource and referrals. This results in improved service provision even outside of more intensive services.

Engaging clients in weekly visitation can be difficult, as services are not only intensive, they are delivered very personally, in the home of the client. This is often more challenging working with highest-risk populations, and remains both an area of challenge and focused attention.

When there is a lengthy period between completion of the Parent Survey and completion of the first home visit, enrollment and engagement can be negatively impacted. Frequent "no shows" and cancellations hinder the completion of the first home visit (which is when enrollment in the program is considered complete).

Housing insecurity is the top restricting barrier, creating multiple challenges with connection after a Parent Survey is completed, as well as with retention once participants are enrolled. The target population has been tremendously impacted by the lack of affordable housing across Yolo County. Families are forced to transition housing frequently to escape overcrowded apartments with unsupportive roommates and landlords, unsafe neighborhoods, and cost prohibitive rents which can lead to toxic stress, increased program dropout rates, and inability to access needed support services.
Home visitors have witnessed parents bringing babies home from the hospital shortly after birth to overcrowded apartments, rented rooms in other people's homes, and motel rooms with questionable cleanliness where parents don't feel comfortable practicing tummy time with their babies. These motels are covered through CalWorks Vouchers that may require stressful ongoing renewals or re-applications. The availability of transitional housing slots is also very limited in the County. HFA personnel report that frequent moves due to these conditions, and moving between counties (Sacramento, Yolo, and Solano), are now much more common than ever before as families try to find safe, stable housing they can afford.

Recommendations

**No cost:** Continue to prioritize Creative Outreach to potential participants who are not returning contact attempts. Work to schedule the first home visit based on how close a woman is to her Estimated Due Date or if the newborn child is close to approaching three months old in order to ensure HFA is maximizing opportunities to enroll the target population.

Review with the in-clinic Navigators/Assessment Workers the added service CHILD Project participants receive, a delivered, healthy food basket at the first home visit (as incentive to make that home visit happen) and ensure this is communicated to clients.

Program staff will be gathering housing status data on current and recently enrolled participants in order to inform and improve practice in engaging and retaining participants who are housing insecure.

**Low cost:** Continue to encourage both the in-clinic Assessment Workers/Navigators and Home Visitors to engage at the patient's next clinic appointment or their home to follow up when patients have accepted services, but are difficult to engage in home visits. Work toward the goal of making it as convenient as possible for higher-risk clients to enroll in the program.

**Pie in the sky:** Add additional incentives for families to follow through with the first home visit by providing essential items to help prenatal mothers prepare for the birth of their child. (e.g. cribs/pack 'n plays, baby clothes, diapers/wipes, breastfeeding support supplies, books to promote reading, toys to promote floor time/tummy time and development, childproofing supplies, and/or gift cards). Collection of essential items into a gift package such as a "Baby Shower in a Box" or "Welcome Baby baskets".

Establish a storage space for the gift baskets, as well as space to help assemble them, and allow the home visitor to easily collect a prepped basket prior to going out to a client's home.

Partner with local agencies to provide safe, affordable housing to families in the home-visiting program.
Forecast

**Current:** By utilizing the new system for Creative Outreach noted above, HFA expects to increase enrollment and/or reduce the time between completion of the Parent Survey and the first home visit.

**Optimistic:** By prioritizing Creative Outreach efforts, performance on this measure is expected to increase. Additional incentives to help at-risk prenatal clients prepare for the birth of their baby would help them prioritize scheduling and maintain appointments for the first home visit, therefore completing enrollment.

**Pessimistic:** If new creative options and engagement are not effective, then performance on this measure could decrease. Should the target population continue to struggle with the lack of affordable, safe housing in Yolo County, engagement and enrollment in home visiting will decrease further.

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Data Summary

Within the first two months of services, 93% (15/16) participants enrolled in the CHILD Project HFA home visiting in the fiscal year were offered materials and education about the risks of alcohol, tobacco and drug use. One client was open to services for over two months but was on Creative Outreach (not returning contact attempts to schedule home visits). Of the 17 total clients enrolled, one participant was not offered materials, as the participant had a very short duration of services (less than three weeks) and therefore did not factor in the calculation.

This data is collected and entered into ETO database. Referrals are required if families indicate any substance use.

Performance Measure Analysis

Compared to FHY1 18/19, there was a slight downward trend attributable to one client not receiving the educational materials.
**Contributing factors:** All home visiting participants are assessed for current and/or history of Alcohol and other Drug (AOD) abuse and/or dependancy during the standardized Healthy Families America Parent Survey. All participants are offered resource information, referrals (when warranted), and individualized goals are set to help minimize risk factors related to AOD use. Participants are also asked about tobacco use by them or anyone else in the home. Tobacco cessation resources are given if there is any positive response. All home visiting participants receive age-specific Partners for a Healthy Baby curriculum. The curriculum is centered on the age of the child to ensure families receive information that is immediately relevant to their family. The curriculum spans a broad range of parenting topics including safety, tobacco, alcohol and drug use. The program has recently integrated additional materials to support the home visitors in talking to parents about cannabis use and how it impacts children, especially during pregnancy and breastfeeding. These materials are provided by the CA Dept of Public Health.

**Training:** All HFA home visitors receive two specific trainings from the Healthy Families America Learning Center titled "Recognizing Substance Abuse" and "Striving for a Smoke-Free Environment" which equips them with knowledge about impacts of smoking, alcohol and substance use on babies and children as well as how to recognize signs of use. Most staff have had Motivational Interviewing training, a strengths-based counseling style for eliciting positive behavioral change to support better health. Motivational Interviewing is supported and promoted by the Substance Abuse and Mental Health Services Administration (SAMHSA) as an evidenced-based practice.

**Resources:** HFA's work with CA Department of Public Health and use of their materials and guidelines for screening, resource & referral, and tracking of data within their database ETO, has supported the addition of this screening in the last year.

**Restricting factors:** Two new HFA staff members and the new HFA Supervisor have not yet completed Motivational Interviewing training. Previously this training was offered regionally and affordably by Strategies, and recently it has not been offered. HFA offers a "Faciliating Change" training utilizing the principles of Motivational Interviewing, however, it is not offered regionally so travel and tuition can be cost prohibitive.

Families do not always disclose use and it can take time for the Family Support Specialists to build trust and rapport for families to feel comfortable disclosing this information. Furthermore, families may not share for fear of child welfare involvement.
Recommendations

No Cost: Add a checklist of additional requirements for CHILD project participants to the chart to track completion. All approved materials are kept on a shared network drive for staff to access when needed. First 5 Yolo has also added materials approved by Yolo County Community Health and based on Alameda County's "Weed Can Wait" public education campaign. These materials are now being shared with participating families.

Low Cost: Request and offer to host a Motivational Interviewing training through Strategies (20 people or more) for all staff who have not received it in the last 3 years.

Pie in the Sky: Send all staff to the new HFA Facilitating Change training.

Forecast

Current: If HFA continues current practices, performance on this measure is expected to remain largely the same.

Optimistic: New staff have been trained on the subject, and have practice using materials and curriculum during home visits. The training and experience had enables staff to feel increasingly comfortable discussing these topics with families. As families themselves start to feel increasingly comfortable disclosing use to their home visitor, we expect performance on this measure to remain high. These additional disclosures are the key to effective goal setting, connecting the participants to effective resources, and ensuring better outcomes.

Pessimistic: If funding decreases, it will negatively impact supervision and training making it more difficult for home visitors to have the knowledge and support they need and performance on this measure may decrease.

Data Summary
During the fiscal year, 74 patients were identified by Davis CommuniCare clinic for contact by the in-clinic Navigators. 50 out of those 74 (68%) received direct connections to services at their first visit. In Fiscal Half Year 1, 23 clients were identified for contact and 11 of them were connected to services at their first visit (48%). In FHY2, 61 patients were identified for contact by the in-clinic Navigator but 10 patients were not able to be seen due to "no shows", appointment rescheduling, or scheduling conflicts. Of the 51 patients who did have a visit with the in-clinic navigator, 39 patients received Resource and Referral services (76%) 7 patients declined any services and 5 chose to defer Resource and Referral services until a later appointment due to time constraints at the clinic.

This data was gleaned from the CHILD Project tracking sheet, an excel spreadsheet created by the in-clinic Assessment Worker/Navigator to track patient contacts and outcomes per quarter. Some patient's service extended from Fiscal Half Year 1 into FHY2 or from one quarter of reporting to the next before an outcome was reported.

Performance Measure Analysis

Compared to FHY1 18/19, there was a significant increase (58%) in the number of patients receiving resource and referral services in-clinic. This increase was due to a shift in client engagement strategies that were developed after gaining valuable insights from implementing The CHILD Pilot Project in the first half of the year. The project team learned that by providing resource and referral separately from the Parent Survey at initial contact, and as a light introduction to more intensive services, there was a greater opportunity to build rapport and enroll clients in additional services, including consent to the Parent Survey and Home Visiting.

**Contributing Factors:**

In-clinic Navigators were given specific coaching on how to approach patients in the clinic to offer resource and referral, with the emphasis being placed on providing connections to needed community resources for parents more immediately. This was a new approach, as historically resource and referral was provided within the context of the Parent Survey assessment. By seperating out the two service functions, more patients accepted resource and referral.

The in-clinic Navigators carry flyers, brochures, and other helpful information about many of the services parents frequently request and even now provide a resource list with locations and contact information specifically for the Davis service area.

**Restricting Factors:**

Patients are not expecting an additional service provider to meet with them at the end of their scheduled appointment and may not have time to stay beyond that or have no interest in another service that day.
Some patients report that they have already received some level of resource and referral from other service providers, such as clinic parent educators, and are not interested in speaking with another person. Additionally, some clinic patients are reluctant to share personal information with outside service providers over fears that sensitive information such as immigration status, income/use of public benefits, may not be kept confidential.

Accuracy of data due to multiple appointment changes per patient continues to be an issue. Most patients require 2-3 appointment attempts before they accept or decline any services provided by the in-clinic Navigators. This often leads to longer times between when the time the patient was identified by Davis CommuniCare staff via the Administrative Data Screen and a tracked outcome. Some patient's service extended from Fiscal Half Year 1 into FHY2 or from one quarter of reporting to the next before an outcome was reported making referrals harder to track consistently.

Recommendations

**No Cost:** Increase collaboration with clinic staff so that resource and referral services are not being duplicated, and that there are no gaps in needed supports.

**Low Cost:** A shared data system (primarily between HFA and CommuniCare) for tracking patient contacts and outcomes with clinic staff. This will also improve data accuracy. First 5 Yolo will supply a shared database with the expansion to R2R.

**Pie in the Sky:** New parent resource packets for all patients being seen at the clinic.

**Forecast**

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Data Summary

Over the course of the Fiscal Year, 16 out of 17 total clients participating in HFA (94%) were up to date on prenatal visits or well-child exams. In Fiscal Half Year 1, 5 out of 5 clients were prenatal (no well child exams were applicable) and 100% were up to date on prenatal visits. During FHY2 100% (8/8) prenatal participants reported being up to date on prenatal appointments while they were enrolled and engaged in home visiting services. Prenatal appointments are tracked by the home visitor at each visit and participants self-report attendance.

During Fiscal Half Year 2 (FHY2) 89% (8/9) participants whose babies were born reported they were up to date on Well Baby Visits while enrolled in home visiting services. One participant had her baby but has been on Creative Outreach so home visitors were not able to confirm the status of the child’s Well Baby Visits with the participant. Well Baby Visits are tracked by the home visitor at the established intervals of clinical care and participants self-report their attendance.

Compared to FHY1 18/19, there was a slight downward trend from 100% to 94% due to the inability to confirm data for one participant (self-report).

Performance Measure Analysis

**Contributing Factors:** All participants enrolled in CHILD Project are patients at Davis CommuniCare Clinic and are already connected with a medical care provider. The home visitors regularly check in with all participants about the scheduling and outcomes of their appointments both prenatally and after birth. HFA currently offers Yolo Bus passes for participants that need transportation to medical appointments.

**Restricting Factors:** Sometimes participants have to cancel/reschedule appointments due to lack of transportation.

This measure is dependent on self-report by clients, and when they disengage from the program or are difficult to reach, it is not possible to confirm the actual and current status of well baby visits.
Recommendations

**No Cost:** Work with CommuniCare to share information about upcoming client prenatal or well-baby visits, and create a tracking sheet to be placed in the chart to document future appointments.

**Low Cost:** Secure funding for and set up a business account that can be used to pay for alternative transportation options such as Lyft or Uber.

**Pie in the Sky:** Funding for a van or other suitable vehicle for YCCA staff to use to transport clients to medical appointments and other critical appointments for basic needs such as WIC, Cal Fresh, CalWorks, housing searches, job interviews, child care, etc.

Forecast

**Current:** Most of the prenatal participants are referred by their prenatal care provider. If staff regularly follow up regarding appointments, and help troubleshoot transportation problems, performance on this measure is expected to remain stable.

**Optimistic:** By securing funding for Lyft or Uber rides for participants who cannot access or afford transportation, HFA can ensure access to transportation, and decrease cancellations, no shows and reschedules for medical appointments.

**Pessimistic:** If families experience a change in access to transportation to medical appointments and HFA cannot assist with transportation, the number of women current on prenatal appointments could decline.

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![](image)

% of parents who report that they use all or most of the strategies learned in HFA to prevent child second hand smoke exposure and/or accidental consumption of substances such as alcohol and drugs (New Parent Retrospective Pre/Post)

Data Summary

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The data is from a survey (an adaptation of Parenting SKills Ladder) that was only available in the second-half of the Fiscal Year (FHY2). Of the 17 participants enrolled in CHILD project during FHY2, 11 agreed to complete the survey. 91% (10/11) answered positively to questions #5 and #6 on the Retrospective Parenting Skills Ladder Pre/Post survey indicating that they used all or most of the strategies learned in HFA to prevent child second-hand smoke and/or accidental consumption of substances such as alcohol and drugs. One participant did not answer the question due to being a first time parent and still pregnant.

One (first-time parent) answered 0 for BEFORE and selected 6 AFTER, indicating that her time in home visiting services had dramatically increased her awareness of how to protect her child from second-hand smoke and from accidentally consuming alcohol and/or drugs. HFA finds this notable, as this participant had disclosed occasional use of substances before pregnancy.

Participants recently closed to services (4) were called by the in-clinic Navigators and asked the questions over the phone. Current participants were given the survey to complete and self-reported.

FHY2 18/19 is the first time HFA has reported on this performance measure, as this is a new survey developed specifically for The CHILD Project Pilot.

<table>
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<th>Performance Measure Analysis</th>
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<td><strong>Contributing Factor:</strong> All participants enrolled in CHILD Project receive educational materials on protecting children from exposure to cannabis and 2nd hand smoke from tobacco during the first 2 months of service. All participants also receive educational materials related to Safe Sleep, which includes strategies for protecting children from second-hand smoke.</td>
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<td><strong>Restricting Factor:</strong> Not all participants completed the survey, as this new tool was implemented in the later part of the second fiscal half-year. The survey was conducted by phone on 4/6 participants which had closed/completed services. The other 2 participants could not be reached. Of the 11 participants still enrolled/open to services, 7 participants agreed to complete the survey. 4 could not be completed. (1 participant was just newly enrolled at the very end of the reporting period, 1 was on Creative Outreach (could not be reached), 1 was in Mexico on a lengthy vacation, and 1 had just had her baby and was unwilling to complete the survey).</td>
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This was HFA’s first time conducting this new survey with participants and it was conducted on a tight timeline due to not having a Spanish version of the tool until June. There was some lack of clear understanding on how to administer and explain the survey to the varying demographics (prenatal first time parent versus prenatal but with older children). A more specific procedure for uniform administration of the survey will be provided by First 5 Yolo before it is administered again.

Additionally, it’s possible that not all participants felt comfortable giving honest answers or truly reflected on their skills and knowledge BEFORE the program, due to the stigma around alcohol and/or drug (AOD) use and the underlying fear that answering certain questions about AOD use could potentially lead to a report to Child Welfare Services.

**Recommendations**

**No Cost:** Additional training and guidance on the survey to improve uniform understanding and administration will standardize the utilization of this tool that is tailored for CHILD. Attaching a cover sheet with directions to the Parenting Ladder survey will also help ensure all HFA staff administer it in the same way.

**Low Cost:** To address the recent, apparent increase in participants disclosing substance use, HFA Supervisors will put together a brief training for an upcoming team meeting regarding AOD use and the impacts of legalizing marijuana on the target population.

**Pie in the Sky:** Specific Alcohol and Other Drug (AOD) training for all CHILD Project staff to ensure staff know how to discuss AOD topics with all families in a nonjudgemental manner so that families will be more likely to answer honestly.

**Forecast**

**Current:** Performance on this measure, as well as the completion rate, is expected to increase with improved and refined survey administration.

**Optimistic:** Specific trainings on recent changes to drug enforcement, and on how to discuss AOD topics in ways to combat stigma around disclosing use, could allow staff and participants to feel more comfortable discussing the topic, and lead to more impactful education and intervention to benefit the participants and their children. If clients report accurately/honestly on both their use and knowledge/skills prior to and after participating in the program, it's possible there will be greater improvement reported in future surveys compared to this year, in which some clients reported very similar scores for both time periods (pre/post).

**Pessimistic:** If the percentage of our target population with current substance use/abuse increases, specific work to address risk factors related to exposure and/or accidental consumption will be more challenging.
Data Summary

During the fiscal year, 2018-2019, 100% (17/17) CHILD program participants avoided entry into CWS while engaged in home visiting services. Six of these closed/completed services during the reporting period (2 moved out of area and 4 were not interested in continuing home visiting services).

Of the 11 enrolled as of June 30, 2019, 7 were prenatal, 3 had their babies and were receiving home visiting services, and 1 participant had her baby but is on Creative Outreach.

Compared to FYH1 18/19, performance on this measure was stable and overall consistent with previous reporting periods for the CHILD Pilot Program.

Performance Measure Analysis

**Contributing Factors:** Healthy Families America (HFA) is an evidence-based home visiting model designed to prevent child abuse and neglect. By maintaining fidelity to the model and adhering to model Best Practice Standards, the program is designed to actively prevent child abuse and neglect at a staff/operations level. This includes addressing risk factors identified during the Parent Survey assessment, connecting parents to community resources to ensure basic needs are being met, health and safety education, safe sleep and childproofing materials, and conducting periodic screening for both domestic violence and maternal mental health (two critical components of preventing abuse and neglect). Furthermore, annual Child Abuse and Neglect training is required by HFA for all staff.

**Restricting Factors:** Clients with a higher level of risk are being engaged, including those with current, mild substance use, history of substance use within the last year, or any past history of substance use. Substance use is a leading contributing factor to child neglect.
**Recommendations**

**No Cost:** CWS is a key partner in the new R2R Project, and CWS will be a part of the R2R Leadership meeting for providers. Yolo County Children, Youth, Families is also an R2R Network Partner. By improving communication with CWS, HFA could be optimally positioned to address identified risk factors and work proactively with our participants to avoid involvement with CWS.

**Low Cost:** Annual Child Abuse and Neglect training is required by HFA for all staff. In recent years this has comprised of a short formal presentation by a Yolo County CWS worker or a webinar to update staff on any changes in laws or reporting criteria. Newer staff (3) have not yet had the experience of a full day comprehensive Child Abuse and Neglect prevention training, and this could be planned.

**Pie in the Sky:** Link Administrative data with CDSS to check CWS entry rates at 6 months and 1 year after the close of HFA services.

**Forecast**

**Current:** By continuing to run the program with fidelity to the Healthy Families America model and adhering to the Policy and Procedures outlining prevention activities, we expect performance on this measure to remain at or near 100%.

**Optimistic:** Should a supervisor dedicated to R2R be hired to manage the increased acuity of the population, increased need for staff training and support specific to the target population, and the increased work load of collaborating with CWS and other community service providers, additional CWS/CPS involvement could potentially be prevented and severity and/or duration of involvement could be decreased for families that have some level involvement (such as babies testing positive for substance exposure at birth).

**Pessimistic:** Referrals for pregnant or parenting women with mild current and past (within last year) substance use or any history of substance abuse will introduce a higher level of acuity and risk for this portion of the home visiting program. Children born substance-exposed may have a risk of CWS involvement.

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**Half Year Data Tracker for YCCA**

<table>
<thead>
<tr>
<th>DavisCHILD # of families assessed with HFA Kempe Stress assessment tool</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Most Recent Period</strong></td>
</tr>
<tr>
<td>FHY2 18/19</td>
</tr>
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</table>
Data Summary

Performance Measure Analysis

Recommendations

Forecast

<table>
<thead>
<tr>
<th>Period</th>
<th>Most Recent Period</th>
<th>Prior Actual Value</th>
<th>Current Actual Value</th>
<th>Current Trend</th>
<th>Baseline % Change</th>
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<tr>
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Data Summary

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<th>Current Trend</th>
<th>Baseline % Change</th>
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</tr>
<tr>
<td>FY2 18/19</td>
<td>10</td>
<td>17</td>
<td>1</td>
<td>240% ↑</td>
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</table>

Data Summary

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<th>Current Trend</th>
<th>Baseline % Change</th>
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<td>30</td>
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<td>1</td>
<td>87% ↑</td>
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</tbody>
</table>
Performance Measure Analysis

Recommendations

Forecast

Data Summary

Performance Measure Analysis

Recommendations

Forecast
Data Summary

Performance Measure Analysis

Recommendations

Forecast
% of parents who report that they use all or most of the strategies learned in HFA to prevent child second hand smoke exposure and/or accidental consumption of substances such as alcohol and drugs (New Parent Retrospective Pre/Post)

Data Summary

Performance Measure Analysis

Recommendations

Forecast
Northern California Children’s Therapy Center – Help Me Grow

In addition to the information presented below, Help Me Grow screened 1,044 unique children, and trained 4,653 agencies, providers and families. 60% of children who were recommended for a re-screen in FY 18-19 completed a re-screen in the same year (196 out of 327 children with at least 1 area of monitor/concern). The re-screens represent a 650% increase since the program’s baseline, FY1 16-17.

Data Summary

100% (raw values that created the data point: 181 children with at least 1 concern connected to at least 1 referral/181 children with at least 1 concern) of children with at least 1 developmental domain scoring in the "concern" range were successfully connected to at least one service or are pending a start date. Data was collected on yesyolo.org by checking the status of the case of a child whose screening had at least one score in the concern range from January 2019 through June 2019.

Performance Measure Analysis

Compared to fiscal half year one 18/19 there was no change in the trend in the percentage of children successfully connected to at least one service or pending a start date due to having concerns identified by screening. It is important to note that one client may be referred to multiple programs. For the clients who were provided multiple referrals, some of those referrals did not pan out but at least one referral was connected.
Contributing Factors: Help Me Grow Yolo County staff identifying needs and referring accurately to resources. The infant-child development specialists at HMG are skilled and highly trained in working with the population and the resources available.

There has been increased education provided to parents via the use of Livebinder (online resource manual), Tockify (online calendar), and screening events. For example, with the implementation of screening events, more parent education and individualized information for the family encourages them to pursue connection to referrals.

Staff expertise and experience.

Restricting Factors: Data on a family’s connection to services is based on parent-report along with, in some instances, confirmation from the referred agency. There have been discrepancies between a referred agency’s report and a parent’s report. These discrepancies show that parents may be misreporting connections.

 Agencies that Help Me Grow Yolo County staff referred to may not have followed through with family.

Parents/caregivers may have been discouraged by providers to pursue an evaluation and/or service. These providers may need more education about what Help Me Grow Yolo County does and offers. In addition, the referral process for some agencies may be cumbersome and families may need additional advocacy support. The providers have limited resources and do not have a specialist available to complete the necessary evaluations.

Parents/caregivers thinking that their child has made enough progress and decide not to follow through with referred agency.

Recommendations

No Cost: Create a document template with explanations of referral pathways that can be copied and pasted into emails to families.

Low cost:

Provide language interpretation services for groups whose primary language is not English or Spanish so that the importance of the referral is communicated to the parent/caregiver.

Hire a graphic designer to create referral pathway maps for families which can be distributed for no cost via email.

Update yesyolo.org so that canned referral pathways can be auto-populated into emails when a family is referred to a particular program/service.

Pie in the Sky:

With additional funding, a large-scale, community-wide marketing campaign can be implemented to encourage families to seek out developmental screenings with Help Me Grow Yolo County, raise awareness about child development, and lower the stigma around receiving services. It is Help Me Grow Yolo County's hope that these efforts will directly benefit the
most at-risk families who are most in need of information about child development and early intervention.

Update yesyolo.org so that canned referral pathways, created by a graphic designer that can be auto populated into emails when a family is referred to a particular program/service.

**Forecast**

**Current Forecast:** Help Me Grow Yolo County will maintain current referral pathway protocols and anticipate the same connection rate. As more children are identified as needing services, similar barriers will come up as access to resources becomes more difficult.

**Optimistic Forecast:** With increased marketing and awareness in the community, Help Me Grow Yolo County should see more families accept referrals.

**Pessimistic Forecast:** If resources in the community don’t expand as Help Me Grow Yolo County increases the number of referrals; then there will be longer wait times for referrals to be connected.

**Data Summary**

46% (raw values that created the data point 91 children with an improved score in at least 1 domain/ of 196 children that had at least one monitor or concern, were recommended for a rescreen, and completed the rescreen) of children, whose first screening scores consisted of at least one area of monitor and had a recommended rescreen completed, demonstrated an improved score in at least one area in fiscal half year two 18/19. Data was collected using the scores of the initial screening compared to the scores when parents completed a rescreening from January 2019 through June 2019. This data was compiled from yesyolo.org.

**Performance Measure Analysis**
Compared to fiscal half year one 18/19 there was a small negative downward trend of the percentage of children whose screening scores improved in at least one developmental area with a “monitor” result after the families were provided with developmental information and recommendations for a rescreen. The 46% who showed an improved score on at least one area of their re-screen demonstrate the critical importance of early screening and intervention. Those who did not improve upon re-screen were more timely identified and referred to an evaluation, while those who had milder cases benefited from the developmental information and recommendations (including activities parents can do with their child) preventing further concerns.

It is important to note that of the children who did not show an improved score, the majority were referred for evaluation or treatment to early childhood mental health services: 12 were referred to Alta for an evaluation; 8 were referred to a school district for an evaluation; 2 were referred to contact their doctor for an evaluation; 2 were referred to mental health services; 13 were referred to community services; 20 have been scheduled for an additional rescreen; and there were 6 children that were too old for a rescreen and parents were given information to contact Help Me Grow Yolo County for support with a referral to the school district if concerns persisted into the school year. The remaining 42 children (out of 105 who did not show improvement), were provided with additional developmental handouts and activities.

**Contributing Factors:**

Children naturally developed and resolved delays through increased exposure and practice resulting in fewer results in the "monitor" range.

Recommendations were made in addition to the activity sheets that supported the child’s development.

Increased awareness and education provided to the parent on the ways to practice a skill.

Scores may be inflated because parents are reporting improved scores and/or have less time to complete the questionnaire accurately. There is also potential for test/retest bias. When completing a follow-up screening, parents may already understand that if they mark that their child is doing better than they are then they will not have to fill out another questionnaire, or any other number or reasons.

Parents/caregiver doing rescreens on their own accord are more likely to do/implement the activities/recommendations.

**Restricting Factors:**

If the score does not improve with rescreen, sometimes the parent insists on continuing to rescreen instead of going forward with a referral. If the child needs additional supports/services, the activity sheets and/or community resources may not have been enough support to show growth.

Lack of understanding on both how to do an activity and incorporate it into a child’s routine could affect the result.
Parent/Caregiver states that everything is fine after a teacher or Help Me Grow Yolo County staff does the screen and does not want to complete a rescreen.

**Recommendations**

**No Cost:** Videoconferencing tool to go over how to do the activities with the parent/caregiver so that the examples are clear.

**Low cost:** Provide manipulatives for families so they have items to practice desired skills.

Purchase additional Brookes Publishing books on specific issues that will provide additional activities/information for families.

With the merging websites, a subscription to an app, and/or subscription to online resources, etc. more tools can be provided to families to support improved development that will be captured on a rescreen.

Translation services in conjunction with purchasing screening tools, activity sheets, and handouts available in languages other than English and Spanish for families with different language needs. So that families whose first language is not English are interested in completing a rescreen. Additionally, there will be fewer inaccurate responses and/or false positives due to less language barriers.

Provide parents with an incentive to complete a rescreen. For example, a certificate indicating that rescreens were done with an improvement score and then family receives a MOD pizza certificate.

**Pie in the Sky:** Destigmatizing the process with a large-scale community-wide marketing campaign that can be implemented to encourage families to seek out developmental screenings with Help Me Grow Yolo County, raise awareness about child development, and lower the stigma around receiving services. It is Help Me Grow Yolo County's hope that these efforts will directly benefit the most at-risk families who are most in-need of information about child development and early intervention.

Developmental Play Groups for children waiting to receive follow-up services or with borderline concerns. The play groups would be customized for families and children based on identified needs from ongoing data and program review, and staffed by infant-child development specialists at Children’s Therapy Center.

Skill building workshops for parents/caregivers with a childcare component. These workshops would teach parents activities and skills to support improvement in areas of monitor and/or concern. Following the workshop, there would be the rescreen that would show skill improvement along with take-home activities for the family to do with the child to support their skill development.

Provide parents with an incentive to complete a rescreen. For example, a gift certificate.
Forecast

Current Forecast: Help Me Grow Yolo County staff will continue to see some scores improve when parents are provided resources and activities, while catching the children who need an evaluation when a rescreen has been completed.

Optimistic Forecast: Parents will be more willing to utilize tools provided as they better understand the importance of early intervention during this critical development period; resulting in improved scores by implementing recommendations.

Pessimistic Forecast: Without recommendations and activities that are clear and relevant to the parent, scores will not improve.

Data Summary

.3 % (raw values that created the data point 3 documented service gaps/966 total referrals made) of the referrals made were documented as resulting in a gap in services available. Data was collected in yesyolo.org when Help Me Grow Yolo County staff identified a gap in services in Yolo County from January 2019 through June 2019. This data was compiled using yesyolo.org.

Performance Measure Analysis

Compared to fiscal half year one 18/19 there was an upward trend in the number of service gaps identified.
Contributing Factors:

Help Me Grow Yolo County staff understands that not all families are always receptive nor do all services referred to have the capacity to take referrals. In these circumstances, Help Me Grow Yolo County staff work with families and outside resources to make every attempt to find alternate resources to ensure a successful connection.

Restricting Factors:

Many Yolo County School Districts are not taking referrals until August when school starts up again. Therefore, the referral is not being made to those school districts over the summer.

Help Me Grow Yolo County staff may not be documenting gaps because alternative resources for the family are available.

An issue that occurs with this performance measure is that the Help Me Grow Yolo County team refers families to services that already exist and that can fit the needs of the family. Help Me Grow Yolo County staff does not document what they wish existed for families, partly because there are many services available.

On site Help Me Grow Yolo County staff only speak English and Spanish. This is a service barrier. We cannot gather gap information from families whose primary language is anything other than English or Spanish at this time.

Recommendations

No Cost: Additional training for Help Me Grow Yolo County staff to document any potential and/or perceived gaps.

Low Cost: Purchase screening tools, activity sheets, and handouts available in languages other than English and Spanish for families with different language needs to accurately meet needs of parents. To make this material effective, language interpretation services are needed. With interpretation services, groups not previously reached to minimize and/or eliminate language barriers for families of different cultural and language backgrounds; while identifying what gaps exist for these families.

Pie in the Sky: With additional funding, a community wide effort to identify gaps in families' experiences can occur via a research firm.

Forecast

Current Forecast: Help Me Grow Yolo County staff anticipate that we will see gaps reported by families and be able to document them accurately. It can be that with the implementation of in-depth data reporting to measure connections across multiple referrals, Help Me Grow Yolo County will see an increase in gaps identified.

Optimistic Forecast: With the implementation of the recommendations, Help Me Grow Yolo County staff will see an increase in gaps identified and be able to develop options to address
those gaps. Alternatively, Yolo County, themselves, could be reducing the gaps by providing more programs.

**Pessimistic Forecast:** Decreases in funding of local resources, will decrease available services and could increase the number of gaps in services found locally.

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**Data Summary**

2% (raw values that created the data point 17 barriers were documented after a referral was made/838 referrals made) of referrals made, Help Me Grow Yolo County staff documented barrier in accessing services. Data was collected in yesyolo.org when Help Me Grow Yolo staff checked in with parent/caregivers on status of referrals made and parent/caregivers reported not being able to access a service/program from January 2019 through June 2019. This data was compiled using a report from yesyolo.org.

The barriers identified by Help Me Grow Yolo County staff were:

- Referral not made; child moved placements
- Parent/Caregiver did not respond to attempts to find out status of referral
- Caregiver wanted to use activities instead of referral being made
- Parent wanted to pursue referral after providing Doctor with results
- Parent Declined
- Family did not follow through on referral
- Child no longer has partnership where referral was made
- Parent declined but referral may not be appropriate
Parent wants to go through pediatrician for evaluation

Performance Measure Analysis

Compared to fiscal half year one 18/19 there was a downward trend of the percentage of barriers identified by parent/caregivers.

Contributing Factors:

There were two “No Cost” recommendations from fiscal half year one 18/19 implemented:

Educate parents on the agencies to which they are referred and on the importance of early intervention during this critical period of development.

Staff training on importance and usefulness of referring families to Warmline, a program that offers parent support and advocacy.

Help Me Grow Yolo County Staff have had fewer families refusing recommended referrals compared to last fiscal half year. Fiscal half year one for 2018/2019 had 20 parents/caregivers reported as refusing the referral from Help Me Grow Yolo County. Fiscal half year two for 2018/2019 had only 1 parent/caregiver reported as having refused a referral.

Help Me Grow Yolo County staff has identified unique resources available to families which has improved Help Me Grow Yolo County staff’s ability to connect families with an appropriate local resource. Help Me Grow Yolo County’s resource library, Livebinder, is also updated with additional resources frequently, increasing available resource knowledge thereby reducing possible barriers. The Livebinder has been embedded into the yesyolo.org website for easy access to make referrals for families easier.

Help Me Grow Yolo County staff regularly attend community meetings to learn more about local resources and collaborate with those agencies to reduce any barriers to referrals.

Help Me Grow Yolo County staff is committed to distributing referrals to families whenever possible; trying all contact methods provided and making at least 3 contact attempts (averaging one time per week) before reporting a “barrier”.

Help Me Grow Yolo County staff meet weekly to discuss new resources and services available for families.

Restricting Factors:

Caregivers refusing referral recommendations, which can be challenging for staff to overcome.

Caregivers not responding to multiple contact attempts by Help Me Grow Yolo County staff. This may be after a referral has been made to an agency and Help Me Grow Yolo County staff are following-up to learn the status of the referral made. Or the family did not respond when Help Me Grow Yolo County staff recommended a referral.

Recommendations
Recommendations

No Cost:
Increase social media presence specifically regarding what to expect with referrals and why early intervention is crucial.

Low Cost:
Develop a parent mentor program.
Additional funding for marketing to distribute referral pathway maps for parent/caregivers not using an email address. Source or create digital informational videos for families that explain the importance of early intervention and education and the positive outcomes that result from it.
Purchase screening tools, activity sheets, and handouts available in languages other than English and Spanish for families with different language needs to accurately capture needs of parents. Provide language interpretation services for groups not previously reached to minimize, or eliminate language barriers for families of different cultural and language backgrounds, and identify what other barriers exist for these families.
Develop and share informational videos for families about why the referrals are important to encourage follow through.

Pie in the Sky:
Increase marketing to reach a broader audience by promoting the online screening which requires the caregiver to enter contact information. With more families participating in the program more barriers that families experience can be identified.
Advocate for systemic change, so families can have access to programs more quickly and easily, reducing refusals.

Forecast

Current forecast: By maintaining current referral pathway protocols, we anticipate a similar number of barriers tracked.

Optimistic forecast: Implementing digital informational videos for families will improve acceptance of referrals. By developing a group of parent mentors, more parents will understand the importance of early intervention and supports, thereby reducing parent refusal of referrals.

Pessimistic forecast: If county resources lose funding or have more clients than they can serve, there will be barriers to getting children to currently established programs and services.

CommuniCare Health Centers- Maternal Mental Health Services

This program is funded by one-time, unallocated dollars in First 5 Yolo’s HMG MHSA grant, and is a joint effort between Help Me Grow, CommuniCare and Healthy Families America to
provide maternal mental health services for women, particularly those being served in home visiting. The program began enrolling clients in Q3 and was at capacity in Q4. Nine clients received in-home Cognitive Behavioral Therapy through the program in FY 2018-2019.

Yolo County Children’s Alliance- Healthy Families America Step x Step This is the last year for funding the CHVP-related Step x Step program. YCCA’s Healthy Families America Home Visiting will continue under the CHILD Project: Road to Resilience.

Note that 80% (4/5) prenatal clients participating in Step by Step home visitation services in FHY2 who enrolled during their first trimester of pregnancy, were up to date on their prenatal visits. The 5th prenatal client was not responding to contact attempts so YCCA staff were not able to confirm the status.
### Empower Yolo - Play School Experience:

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<td>ChildDev</td>
<td>Is anyone better off?</td>
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<tr>
<td>PM</td>
<td>% of clients who reported learning ways to keep their child safe and healthy</td>
<td>FHY2 18/19</td>
<td>100%</td>
<td>1</td>
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<tr>
<td>PM</td>
<td>% of clients who reported learning skills/behaviors that are appropriate for their child's age</td>
<td>FHY2 18/19</td>
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<td>PM</td>
<td>% of clients who reported it is easier to manage the daily stress of raising a child since participating in PSE</td>
<td>FHY2 18/19</td>
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### YCCA - Play School Experience

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<td>YCCA-PSE</td>
<td>Is anyone better off?</td>
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<tr>
<td>PM</td>
<td>3.1% of clients who reported learning ways to keep their child safe and healthy</td>
<td>FHY2 18/19</td>
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<td>PM</td>
<td>3.2% of clients who reported learning skills/behaviors that are appropriate for their child's age</td>
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<td>3.3% of clients who reported it is easier to manage the daily stress of raising a child since participating in PSE</td>
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**RISE Inc. - Play School Experience**

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<tr>
<th>Metric</th>
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<th>Current Value</th>
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<td>RISE-PSE</td>
<td>Is anyone better off?</td>
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<td>100%</td>
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<td>RISE-PSE</td>
<td>3.1% of clients who reported learning new ways to keep their child safe and healthy (Question 7b on Early Learning Parent Survey)</td>
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<td>1</td>
<td>0%</td>
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<td>FY16/17</td>
<td>100%</td>
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<td>FY16/17</td>
<td>100%</td>
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**RISE Inc. - Nurturing Parenting Program Pilot**

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<th>Current Value</th>
<th>Trend</th>
<th>Percentage Change</th>
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<tr>
<td>RISE-NPP</td>
<td>PM 3: Anyone better off?</td>
<td>FY16/17</td>
<td>52%</td>
<td>1</td>
<td>37%</td>
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<td>RISE-NPP</td>
<td>% parent/guardians who improved their knowledge of appropriate expectation of children and reduced their risk for inappropriate parental expectations by one or more category.</td>
<td>FY16/17</td>
<td>48%</td>
<td>1</td>
<td>45%</td>
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<tr>
<td>RISE-NPP</td>
<td>% parent/guardians who improved their knowledge of empathy and reduced their risk for lack of empathetic awareness of children’s needs by one or more category.</td>
<td>FY16/17</td>
<td>39%</td>
<td>1</td>
<td>200%</td>
</tr>
<tr>
<td>RISE-NPP</td>
<td>% parent/guardians who improved their knowledge of appropriate discipline and reduced their risk for a strong belief in the use and value of the use of corporal punishment by one or more category.</td>
<td>FY16/17</td>
<td>22%</td>
<td>1</td>
<td>57%</td>
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<tr>
<td>RISE-NPP</td>
<td>% parent/guardians who improved their knowledge of appropriate family roles and reduced their risk for parent-child role reversal by one or more category.</td>
<td>FY16/17</td>
<td>74%</td>
<td>1</td>
<td>289%</td>
</tr>
<tr>
<td>RISE-NPP</td>
<td>% parent/guardians who improved their knowledge of power and independence of children and reduced their risk for oppressing children’s power and independence by one or more category.</td>
<td>FY16/17</td>
<td>74%</td>
<td>1</td>
<td>14%</td>
</tr>
<tr>
<td>RISE-NPP</td>
<td>% parent/guardians who started and remained in the lowest risk category across any construct.</td>
<td>FY16/17</td>
<td>74%</td>
<td>1</td>
<td>14%</td>
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Yolo County Library - Early Literacy for Families

<table>
<thead>
<tr>
<th>Measure</th>
<th>Most Recent Period</th>
<th>Current Actual Value</th>
<th>Current Trend</th>
<th>Baseline % Change</th>
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</thead>
<tbody>
<tr>
<td>% of parents/caregivers who talk with their child more often after participating in Storytime</td>
<td>FY12 18/19</td>
<td>88%</td>
<td>↑ 1</td>
<td>40% ↑</td>
</tr>
<tr>
<td>% of parents/caregivers who read with their child more often after participating in Storytime (data source: Storytime Survey)</td>
<td>FY12 18/19</td>
<td>91%</td>
<td>↑ 3</td>
<td>38% ↑</td>
</tr>
<tr>
<td>% of parents/caregivers who sing songs with their child more often after participating in Storytime (data source: Storytime Survey)</td>
<td>FY12 18/19</td>
<td>88%</td>
<td>↑ 1</td>
<td>17% ↑</td>
</tr>
</tbody>
</table>

Yolo Crisis Nursery - Intervention Services

<table>
<thead>
<tr>
<th>Measure</th>
<th>Most Recent Period</th>
<th>Current Actual Value</th>
<th>Current Trend</th>
<th>Baseline % Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of children served who avoid entry into the Child Protective Services</td>
<td>FY12 18/19</td>
<td>99%</td>
<td>↓ 1</td>
<td>-1% ↓</td>
</tr>
<tr>
<td>% of parents/caregivers who reported a decrease in level of stress at time of exit of overnight care</td>
<td>FY12 18/19</td>
<td>100%</td>
<td>↑ 1</td>
<td>10% ↑</td>
</tr>
<tr>
<td>% of children who are up to date on vaccinations from entry to exit</td>
<td>FY18/19</td>
<td>99%</td>
<td>← 0</td>
<td>0% ←</td>
</tr>
<tr>
<td>% of children up to date on well-child exams from entry to exit</td>
<td>FY18/19</td>
<td>98%</td>
<td>← 0</td>
<td>0% ←</td>
</tr>
<tr>
<td>% of parents/caregivers who report that they were able to access needed services because of the on-site location of the Mobile Client Navigator</td>
<td>FY12 18/19</td>
<td>98%</td>
<td>↑ 1</td>
<td>8% ↑</td>
</tr>
</tbody>
</table>

Note- Only one child served by the mobile client navigator and YCN services during FY 18/19 entered the Child Welfare Services. The child was placed in foster care with another family member and that foster parent contacted Yolo Crisis Nursery to continue child care and for Supervised Visit services because she felt that Yolo Crisis Nursery offered the child stability and support for foster parents.
Yolo Crisis Nursery- Attachment Bio-behavioral Catch-Up (ABC)

<table>
<thead>
<tr>
<th>PM</th>
<th>VCN-ABC PM 3: Anyone Better Off?</th>
<th>Most Recent Period</th>
<th>Current Actual Value</th>
<th>Current Trend</th>
<th>Baseline % Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>PM</td>
<td>VCN-ABC % of parents/caregivers demonstrating increased sensitivity (responsiveness to non-distress) based on pre and post intervention ratings, as defined by the ABC model</td>
<td>FYH2 18/19</td>
<td>75</td>
<td>$\rightarrow$ 0</td>
<td>0% $\rightarrow$</td>
</tr>
<tr>
<td>PM</td>
<td>VCN-ABC % of parents/caregivers demonstrating increased positive regard based on pre and post intervention ratings, as defined by the ABC model</td>
<td>FYH2 18/19</td>
<td>25</td>
<td>$\rightarrow$ 0</td>
<td>0% $\rightarrow$</td>
</tr>
<tr>
<td>PM</td>
<td>VCN-ABC % of parents/caregivers demonstrating decreased intrusiveness based on pre and post intervention ratings, as defined by the ABC model</td>
<td>FYH2 18/19</td>
<td>50</td>
<td>$\rightarrow$ 0</td>
<td>0% $\rightarrow$</td>
</tr>
<tr>
<td>PM</td>
<td>VCN-ABC % of children re-entering the Child Welfare System</td>
<td>FYH2 18/19</td>
<td>0</td>
<td>$\rightarrow$ $\rightarrow$</td>
<td>$\rightarrow$ $\rightarrow$</td>
</tr>
</tbody>
</table>

Note-Data for ABC video coding from University of Delaware was not available in FYH1, so all data for PM 3s were reported for the first time in FYH2.

Lead 4 Tomorrow- Family Hui

<table>
<thead>
<tr>
<th>PM</th>
<th>FH 3) Is Anyone Better Off?</th>
<th>Most Recent Period</th>
<th>Current Actual Value</th>
<th>Current Trend</th>
<th>Baseline % Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>PM</td>
<td>FamFunction 3.1 % of participants who reported an improvement in integrating positive parenting skills into their approach to parenting, with positive impact on their children.</td>
<td>FYH2 18/19</td>
<td>100%</td>
<td>$\rightarrow$ 3</td>
<td>0% $\rightarrow$</td>
</tr>
<tr>
<td>PM</td>
<td>FamFunction 3.2 % of participants who reported a greater understanding of how trauma can impact brain development, health, and parenting.</td>
<td>FYH2 18/19</td>
<td>100%</td>
<td>$\rightarrow$ 2</td>
<td>0% $\rightarrow$</td>
</tr>
<tr>
<td>PM</td>
<td>FamFunction 3.3 % of participants who reported the program helped them to become connected with other families.</td>
<td>FYH2 18/19</td>
<td>100%</td>
<td>$\rightarrow$ 3</td>
<td>0% $\rightarrow$</td>
</tr>
</tbody>
</table>

CommuniCare Perinatal Clinic and YCCA--The CHILD Project Pilot

Fuller CHILD Pilot Program data is provided in the attached, combined PM report as shared with City of Davis. The CHILD Pilot is co-funded by First 5 Yolo and City of Davis.
Quartely, the Treasurer and First 5 Yolo financial staff provide a year-to-date Revenue and Expenditure Report Summary to the Commission. The Year End Revenue and Expenditure report is presented after the close of every fiscal year and reflects the prior fiscal year’s actual revenues and expenditures, budgeted revenues and expenditures, and summary of the administrative, program, and evaluation cost incurred by the Commission.

**Executive Director Overview**

Presented revenue and expenditures for FY18/19 reflect all receipt and expenditure of funds for the entirety of FY18/19. Revenues and expenditures are reported on a modified accrual basis and as such, FY18/19 expenditures reflect all incurred expenses and earned revenues as of 6/30/2019 though cash funds may or may not have been expended or received prior to 6/30/19. The presented allocations across the administrative, program, and evaluation cost centers are based on percentage allocations as defined in the Commission adopted Cost Allocation Plan.

Of note are the following variances:

1. Revenues were higher than budgeted by approximately $100,000 primarily as a result of higher than budgeted P10 revenues, interest revenues, and other income and adjustments. The actual amount more closely tracks with the January revenue assumptions than the May Revise numbers.
2. Savings within the personnel category were as previously projected and related to the under-filling or vacancy of the Management Services Officer Position for the majority of the fiscal year.
3. Actuals within the program category were lower than budgeted, however the majority of those funds do not return to the Commission’s fund balance, as funds for those projects pass through via co-funding relationships with Yolo County. Those funds that would return to the Commissions fund balance have largely been allocated into FY19/20 programs already, in accordance with Strategic Plan direction.
4. While the Unassigned Balance is projected to be higher than the target balance of $500,000 at the close of the fiscal year, the FY19-21 Strategic Plan provides for maintaining a steady level of program funding across the life of the Strategic Plan. Additionally, the Commission has recently undertaken projects that will span strategic plans. Per Commission direction, funds held in the Unassigned Balance that are in excess of the target balance will be used to smooth program funding across the next two Strategic Plans in order to maintain program funding for these multi-year initiatives.
**Additional Information**
The Year End Revenue and Expenditure Summary Report is included as Attachment A to this agenda item.

**Action Requested**
Accept the Year End Revenue and Expenditure Summary Report (FY2018-2019)
# FIRST 5 YOLO  
**Year End Revenue and Expenditure Summary Report**  
FISCAL YEAR 2018-2019

**Report Period:** July 1, 2018 - June 30, 2019

<table>
<thead>
<tr>
<th>Descriptions</th>
<th>Original Budget</th>
<th>Adopted Budget</th>
<th>Final Revised Budget</th>
<th>Actual Through 6/30/2019</th>
<th>Favorable Variance</th>
<th>% Budget Variance</th>
<th>Admin (6975)</th>
<th>Program (6976)</th>
<th>Eval (6977)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SOURCES OF FUNDS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>A. Revenue</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First 5 California Tobacco Tax Allocation</td>
<td>$1,563,774</td>
<td>$1,445,203</td>
<td>$1,502,988</td>
<td>57,785</td>
<td>4.00%</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>MHSA-PEI Grant Funding</td>
<td>225,000</td>
<td>253,000</td>
<td>233,465</td>
<td>(19,535)</td>
<td>-7.72%</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Intergovernmental Transfer Funds</td>
<td>45,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest Earnings</td>
<td>3,000</td>
<td>3,000</td>
<td>22,571</td>
<td>19,571</td>
<td>652.37%</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>HHSA-Child, Youth and Families Branch</td>
<td>64,167</td>
<td>64,167</td>
<td>60,960</td>
<td>(3,207)</td>
<td>-5.00%</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Delta Conservancy MERP</td>
<td>10,000</td>
<td>9,600</td>
<td>9,602</td>
<td>2</td>
<td>0.02%</td>
<td></td>
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<tr>
<td>City of Davis Community Benefit Fund</td>
<td>50,000</td>
<td>50,000</td>
<td>25,000</td>
<td>(25,000)</td>
<td>-50.00%</td>
<td></td>
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</tr>
<tr>
<td>Other Income and Adjustments</td>
<td>-</td>
<td>-</td>
<td>70,679</td>
<td>70,679</td>
<td>#DIV/0!</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL SOURCES OF FUNDS</strong></td>
<td>1,960,941</td>
<td>1,824,970</td>
<td>1,925,265</td>
<td>100,295</td>
<td>5.50%</td>
<td></td>
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<tr>
<td><strong>EXPENDITURES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>B. Personnel</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FTE</td>
<td>3.25</td>
<td>3.25</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries and Benefits (+1% CalPERs Trust)</td>
<td>433,634</td>
<td>436,352</td>
<td>397,165</td>
<td>39,187</td>
<td>8.98%</td>
<td>124,087</td>
<td>205,672</td>
<td>66,368</td>
<td></td>
</tr>
<tr>
<td>Extra Help</td>
<td>12,331</td>
<td>12,331</td>
<td>13,538</td>
<td>(1,207)</td>
<td>-9.79%</td>
<td>3,983</td>
<td>6,497</td>
<td>2,096</td>
<td></td>
</tr>
<tr>
<td>OPEB</td>
<td>21,744</td>
<td>21,744</td>
<td>18,517</td>
<td>3,227</td>
<td>14.84%</td>
<td>5,864</td>
<td>9,566</td>
<td>3,087</td>
<td></td>
</tr>
<tr>
<td>CalPERs Trust</td>
<td>2,718</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Workers Comp, Unemployment, &amp; Liability Ins.</td>
<td>2,541</td>
<td>2,541</td>
<td>576</td>
<td>1,965</td>
<td>77.34%</td>
<td>546</td>
<td>23</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td><strong>Total Personnel</strong></td>
<td>472,968</td>
<td>472,968</td>
<td>429,796</td>
<td>43,172</td>
<td>9.13%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>C. Program Funding</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funded Programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Help Me Grow/ Developmental Screening</td>
<td>450,000</td>
<td>480,000</td>
<td>459,029</td>
<td>20,971</td>
<td>4.37%</td>
<td>-</td>
<td>459,029</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Nurturing Parenting Program</td>
<td>68,500</td>
<td>68,500</td>
<td>67,521</td>
<td>979</td>
<td>1.43%</td>
<td>-</td>
<td>67,521</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Play Groups/Play School Experience</td>
<td>119,300</td>
<td>119,800</td>
<td>119,800</td>
<td>-</td>
<td>0.00%</td>
<td>-</td>
<td>119,800</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Parent Education / Family Hui</td>
<td>15,000</td>
<td>15,000</td>
<td>13,025</td>
<td>1,975</td>
<td>13.17%</td>
<td>-</td>
<td>13,025</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Healthy Families America/Step by Step</td>
<td>50,000</td>
<td>50,000</td>
<td>28,184</td>
<td>21,816</td>
<td>43.63%</td>
<td>-</td>
<td>28,184</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Preschool/IMPACT</td>
<td>50,000</td>
<td>50,000</td>
<td>50,000</td>
<td>-</td>
<td>0.00%</td>
<td>-</td>
<td>50,000</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

continued on next page…
### Descriptions

<table>
<thead>
<tr>
<th>Original Budget</th>
<th>Adopted Budget</th>
<th>Final Revised Budget</th>
<th>Actual Through 6/30/2019</th>
<th>Favorable (Unfavorable) Vaiance</th>
<th>% Budget Variance</th>
<th>Admin (6975)</th>
<th>Program (6976)</th>
<th>Eval (6977)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yolo Crisis Nursery Services</td>
<td>67,280</td>
<td>74,480</td>
<td>70,962</td>
<td>3,518</td>
<td>4.72%</td>
<td>-</td>
<td>70,962</td>
<td>-</td>
</tr>
<tr>
<td>Early Literacy for Families</td>
<td>31,000</td>
<td>31,000</td>
<td>27,720</td>
<td>3,280</td>
<td>10.58%</td>
<td>-</td>
<td>27,720</td>
<td>-</td>
</tr>
<tr>
<td>ABC Home Visiting</td>
<td>86,664</td>
<td>86,664</td>
<td>78,924</td>
<td>7,740</td>
<td>8.93%</td>
<td>-</td>
<td>78,924</td>
<td>-</td>
</tr>
<tr>
<td>The CHILD Project Pilot</td>
<td>115,000</td>
<td>135,000</td>
<td>120,125</td>
<td>14,875</td>
<td>11.02%</td>
<td>-</td>
<td>120,125</td>
<td>-</td>
</tr>
<tr>
<td>BOOST</td>
<td>5,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Imagination Library</td>
<td>-</td>
<td>10,000</td>
<td>850</td>
<td>9,150</td>
<td>91.50%</td>
<td>5</td>
<td>-</td>
<td>850</td>
</tr>
</tbody>
</table>

#### Subtotal

| | 1,057,744 | 1,120,444 | 1,036,140 | 84,304 | 7.52% |

#### Special Projects

| | 5,500 | 5,500 | - | 0.00% | - | 5,500 | - |

#### Subtotal

| | 10,000 | 10,000 | 8,250 | 1,750 | 17.50% | - | 8,250 | - |

#### Subtotal

| | 10,000 | 10,000 | 8,250 | 1,750 | 17.50% | - | 8,250 | - |

#### Other Program Funding

| | 5,000 | 5,000 | 3,950 | 1,050 | 21.00% | - | 3,950 | - |

#### Additional Funds Available for Program

| | 106,500 | 46,040 | - | 46,040 | 100.00% | - | - | - |

#### Subtotal

| | 111,500 | 51,040 | 3,950 | 47,090 | 121.00% | - | - | - |

#### Total Program Funding

| | 1,179,244 | 1,186,984 | 1,053,840 | 133,144 | 11.22% |

### D. Operating Expenses

| | 4,500 | 4,500 | 3,643 | 857 | 19.05% | 1,154 | 1,882 | 607 |
| Food | 200 | 200 | 465 | (265) | -132.72% | 147 | 240 | 78 |
| Office Expenses | 750 | 750 | 221 | 529 | 70.57% | 70 | 114 | 37 |
| Postage | 75 | 75 | - | 75 | 100.00% | - | - | - |
| Printing | 150 | 150 | - | 150 | 100.00% | - | - | - |
| Maintenance - Equipment | 800 | 800 | 287 | 513 | 64.17% | 91 | 148 | 48 |
| First 5 Association Membership Dues | 4,500 | 4,500 | 4,125 | 375 | 8.33% | 1,306 | 2,131 | 688 |
| Program Expense | 1,000 | 1,000 | 900 | 100 | 10.00% | - | 900 | - |
| House Hold Expense | 125 | 125 | 125 | - | 0.00% | 40 | 65 | 21 |
| Rent - Buildings | 23,328 | 23,328 | 23,328 | - | 0.00% | 7,388 | 12,051 | 3,889 |
| Smalls tools and Minor equipment | 2,000 | 2,000 | 1,412 | 588 | 29.38% | 447 | 730 | 235 |
| Training, Conferences, Transportation & Travel | 8,000 | 8,000 | 4,960 | 3,040 | 38.01% | 1,571 | 2,562 | 827 |

#### Total Operating Expenses

| | 45,428 | 45,428 | 39,466 | 5,962 | 13.13% |

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### E. Professional Services

#### Consulting/Contracting

<table>
<thead>
<tr>
<th>Description</th>
<th>Original Budget</th>
<th>Adopted Budget</th>
<th>Final Revised Budget</th>
<th>Actual Through 6/30/2019</th>
<th>Favorable Variance</th>
<th>% Budget Variance</th>
<th>Admin (6975)</th>
<th>Program (6976)</th>
<th>Eval (6977)</th>
<th>Vaiance</th>
<th>Favorable (Unfavorable)</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation</td>
<td>12,000</td>
<td>12,000</td>
<td>8,000</td>
<td>4,000</td>
<td>33.33%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>8,000</td>
<td>-</td>
<td>(-33.33%)</td>
<td>-</td>
</tr>
<tr>
<td>Program</td>
<td>2,000</td>
<td>2,000</td>
<td>-</td>
<td>2,000</td>
<td>100.00%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(100.00%)</td>
<td>-</td>
</tr>
<tr>
<td>Systems and Support</td>
<td>1,750</td>
<td>1,750</td>
<td>-</td>
<td>1,750</td>
<td>100.00%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(100.00%)</td>
<td>-</td>
</tr>
<tr>
<td>Other</td>
<td>1,000</td>
<td>1,000</td>
<td>-</td>
<td>1,000</td>
<td>100.00%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(100.00%)</td>
<td>-</td>
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</table>

#### Legal and Accounting

<table>
<thead>
<tr>
<th>Description</th>
<th>Original Budget</th>
<th>Adopted Budget</th>
<th>Final Revised Budget</th>
<th>Actual Through 6/30/2019</th>
<th>Favorable Variance</th>
<th>% Budget Variance</th>
<th>Admin (6975)</th>
<th>Program (6976)</th>
<th>Eval (6977)</th>
<th>Vaiance</th>
<th>Favorable (Unfavorable)</th>
<th>% Variance</th>
</tr>
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<tbody>
<tr>
<td>Yolo County Counsel (Legal Services)</td>
<td>2,500</td>
<td>2,500</td>
<td>2,138</td>
<td>363</td>
<td>14.50%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(-363)</td>
<td>677</td>
</tr>
<tr>
<td>Yolo County Auditor's Office (Fiscal Services)</td>
<td>3,946</td>
<td>3,946</td>
<td>3,946</td>
<td>-</td>
<td>0.00%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Independent Financial and Expanded Audit</td>
<td>8,900</td>
<td>8,900</td>
<td>8,900</td>
<td>-</td>
<td>0.00%</td>
<td>-</td>
<td>8,900</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<td>-</td>
</tr>
</tbody>
</table>

#### Technology and Data Processing

<table>
<thead>
<tr>
<th>Description</th>
<th>Original Budget</th>
<th>Adopted Budget</th>
<th>Final Revised Budget</th>
<th>Actual Through 6/30/2019</th>
<th>Favorable Variance</th>
<th>% Budget Variance</th>
<th>Admin (6975)</th>
<th>Program (6976)</th>
<th>Eval (6977)</th>
<th>Vaiance</th>
<th>Favorable (Unfavorable)</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yolo County ERP</td>
<td>1,357</td>
<td>1,357</td>
<td>1,410</td>
<td>(53)</td>
<td>-3.88%</td>
<td>1,410</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(-53)</td>
<td>-</td>
</tr>
<tr>
<td>Other IT Services</td>
<td>1,000</td>
<td>1,000</td>
<td>680</td>
<td>320</td>
<td>32.00%</td>
<td>215</td>
<td>351</td>
<td>113</td>
<td>-</td>
<td>-</td>
<td>(-320)</td>
<td>-</td>
</tr>
<tr>
<td>Website/Database Dev &amp; Maintenance</td>
<td>750</td>
<td>750</td>
<td>1,380</td>
<td>(630)</td>
<td>-84.00%</td>
<td>437</td>
<td>713</td>
<td>231</td>
<td>-</td>
<td>-</td>
<td>(-630)</td>
<td>-</td>
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</tbody>
</table>

#### Total Professional Services

<table>
<thead>
<tr>
<th>Description</th>
<th>Original Budget</th>
<th>Adopted Budget</th>
<th>Final Revised Budget</th>
<th>Actual Through 6/30/2019</th>
<th>Favorable Variance</th>
<th>% Budget Variance</th>
<th>Admin (6975)</th>
<th>Program (6976)</th>
<th>Eval (6977)</th>
<th>Vaiance</th>
<th>Favorable (Unfavorable)</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Professional Services</td>
<td>35,203</td>
<td>35,203</td>
<td>26,453</td>
<td>8,750</td>
<td>24.86%</td>
<td>-</td>
<td>31,275</td>
<td>31,275</td>
<td>-</td>
<td>-</td>
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</tbody>
</table>

### F. Contingency Funds

<table>
<thead>
<tr>
<th>Description</th>
<th>Original Budget</th>
<th>Adopted Budget</th>
<th>Final Revised Budget</th>
<th>Actual Through 6/30/2019</th>
<th>Favorable Variance</th>
<th>% Budget Variance</th>
<th>Admin (6975)</th>
<th>Program (6976)</th>
<th>Eval (6977)</th>
<th>Vaiance</th>
<th>Favorable (Unfavorable)</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>F. Contingency Funds</td>
<td>31,275</td>
<td>31,275</td>
<td>-</td>
<td>31,275</td>
<td>100.00%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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</tbody>
</table>

**TOTAL EXPENSES**

<table>
<thead>
<tr>
<th>Description</th>
<th>Original Budget</th>
<th>Adopted Budget</th>
<th>Final Revised Budget</th>
<th>Actual Through 6/30/2019</th>
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<th>Eval (6977)</th>
<th>Vaiance</th>
<th>Favorable (Unfavorable)</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Expenses</td>
<td>$1,764,118</td>
<td>$1,771,858</td>
<td>$1,549,554</td>
<td>$222,304</td>
<td>12.55%</td>
<td>-</td>
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<td>-</td>
<td>-</td>
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</tr>
</tbody>
</table>

**Excess of sources over exps (Exps over sources)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Original Budget</th>
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<th>Vaiance</th>
<th>Favorable (Unfavorable)</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excess of sources over exps</td>
<td>$196,823</td>
<td>53,112</td>
<td>375,711</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<td>-</td>
</tr>
</tbody>
</table>

**Fund Balance, July 1, 2018**

<table>
<thead>
<tr>
<th>Description</th>
<th>Original Budget</th>
<th>Adopted Budget</th>
<th>Final Revised Budget</th>
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<th>Eval (6977)</th>
<th>Vaiance</th>
<th>Favorable (Unfavorable)</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fund Balance, July 1, 2018</td>
<td>$1,354,621</td>
<td>$1,354,621</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<td>-</td>
</tr>
</tbody>
</table>

**Projected Fund Balance, June 30, 2019**

<table>
<thead>
<tr>
<th>Description</th>
<th>Original Budget</th>
<th>Adopted Budget</th>
<th>Final Revised Budget</th>
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<th>Program (6976)</th>
<th>Eval (6977)</th>
<th>Vaiance</th>
<th>Favorable (Unfavorable)</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Projected Fund Balance, June 30, 2019</td>
<td>$1,730,332</td>
<td></td>
<td></td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<th>Vaiance</th>
<th>Favorable (Unfavorable)</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unassigned Balance (target $500K)</td>
<td>980,332</td>
<td></td>
<td></td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Catastrophic Reserve (6mo. PY Total Budget)</td>
<td>750,000</td>
<td></td>
<td></td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<td>-</td>
</tr>
</tbody>
</table>
Year End Revenue and Expenditure Summary Report Notes:

1 MHSA grant funding for Help Me Grow will rollover to FY19-20 per the terms of the contract to continue the Maternal Mental Health component of the HMG contract.

2 The Cannabis Community Benefit Fund agreement with the City of Davis runs approximately 4 months off of First 5 Yolo's fiscal year which resulted in less revenue received during fiscal year 18/19 than originally projected however, does not impact total revenues expected from the current agreement.

3 Revenues in "Other Income and Adjustment" include dedicated donations, discretionary donations, and other income (e.g., refunds from prior periods)

4 The Management Services Officer position is a 1.0FTE position. The position was under filled (.5FTE) from October 2018- March 2019 and vacant through mid-May 2019, which resulted in savings within the Personnel Category.

5 The Imagination Library contract term is January 1-December 31, 2019. As such, it is expected that the balance of the $10,000 will be expended during the coming fiscal year.

6 The majority of unspent program funds were either rolled forward into FY19/20 programs or connected to reimbursement based grant funding.

7 In accordance with the FY19-21 Strategic Plan, the balance of "Additional Funds Available for Program" were allocated into funded programs across the last two years of the current strategic plan.

8 While the Unassigned Balance is projected to be higher than the target balance of $500,000 at the close of the fiscal year, the FY19-21 Strategic Plan provides for maintaining a steady level of program funding across the life of the Strategic Plan. Additionally, the Commission has recently undertaken projects that will span strategic plans. Per Commission direction, funds held in the Unassigned Balance that are in excess of the target balance will be used to smooth program funding across the next two Strategic Plans in order to maintain program funding for these multi-year initiatives.
## Agenda Item- Executive Director’s Report

### Background

The Executive Director updates the Commission on activities and developments.

### Executive Director Overview

**Updates:**
- F5 HMG Convening in October and F5 Association Staff Summit in December
- NPP Training September 16-19 for funded partners
- MHSA Contracts expected in September (Early Childhood Mental Health Trainings and HMG Bilingual FTE/Developmental Playgroups)
- F5 CA Grant for Dual Language Learner Pilot
- First 5 CA IMPACT 20/20 Update

### Additional Information

### Action Requested

Receive Executive Director’s Report.
First 5 Yolo Children and Families Commission  
Agenda Item Cover Sheet

<table>
<thead>
<tr>
<th>Agenda Item- Commissioner Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Background</strong></td>
</tr>
<tr>
<td>Commissioners have the opportunity to provide updates on activities and events relating to their role as First 5 Yolo Commissioner and/or professional capacity in the County.</td>
</tr>
<tr>
<td><strong>Executive Director Overview</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Additional Information</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Action Requested</strong></td>
</tr>
<tr>
<td>Receive Commissioner reports.</td>
</tr>
</tbody>
</table>