Meeting Agenda
First 5 Merced County
May 11, 2020
3:00 PM
Online
https://zoom.us/j/96711823437?pwd=Y0ltT2o5bmh3WXNtSkpnQ1JkMnNBUT09
Phone
(669) 900 6833
Meeting ID: 967 1182 3437
Password: 983099

IMPORTANT NOTICE: DUE TO THE ONGOING COVID-19 CRISIS, AND AS AUTHORIZED BY THE GOVERNOR’S EXECUTIVE ORDER N-29-20, MERCED COUNTY FIRST 5 COMMISSIONERS WILL PARTICIPATE IN THIS MEETING OFFSITE AND ONLINE USING ZOOM MEETING SOFTWARE. PUBLIC ACCESS TO A MEETING LOCATION WILL BE UNAVAILABLE. FOR THE SAFETY OF STAFF AND THE PUBLIC, MEMBERS OF THE PUBLIC WHO WISH TO PARTICIPATE ELECTRONICALLY AND/OR OBSERVE A LIVE BROADCAST OF THE MEETING ARE ENCOURAGED TO REVIEW THE GUIDANCE DOCUMENT INCLUDED WITH THIS AGENDA. IF YOU HAVE ANY ISSUES VIEWING OR PARTICIPATING IN THIS MEETING OR REQUIRE REASONABLE ACCOMMODATION FOR YOUR PARTICIPATION, PLEASE CONTACT STAFF AT (209) (385-7337).

I. Call to Order

II. Pledge of Allegiance

III. Commissioners Roll Call

IV. Opportunity for Public Comment
Members of the public may comment on any item under the Board’s jurisdiction. Matters presented under this item will not be discussed or acted upon by the Board at this time. For agenda items, the public may make comments at the time the item comes up for Board consideration. If you wish to make a comment, please submit your comment via email by 3:00 p.m. on the day of the First 5 Merced Commission meeting. Please submit your comment to First 5 Merced at scott.waite@countyofmerced.com. Your comment will be placed into the record at the meeting.
V. **Consent Calendar**
All items listed under the consent calendar are considered to be routine and will be enacted by one motion if no member of the Commission or audience wishes to comment or ask questions. If comment or discussion is desired by anyone, the item will be removed from the consent agenda and will be considered in the listed sequence with an opportunity for any member of the public to address the Commission concerning the item before action is taken.

P. 005 2020-05-058 Approval of Minutes for the January 13, 2020 Commission Meeting
P. 016 2020-05-059 Approval of Expenditure through March 31, 2020
P. 018 2020-05-060 Approval of Expenditure through April 30, 2020

VI. **Action Items**
P. 020 2020-05-061 Augmentation to IMPACT Contract with Merced County Office of Education: Commission to review, discuss and consider authorizing the Executive Director to sign a Contract Augmentation with MCOE for FY 19/20.

P. 025 2020-05-062 Strategic Planning for 2020 to 2025: Commission to review, discuss, provide guidance and consider approving component of the 2020 to 2025 Strategic Plan.

VII. **Future Agenda Items**
June 2020
- Minutes from May 11, 2020 Commission Meeting
- Approval of Expenditure through May 31, 2020
- Public Hearing: First 5 California Annual Report
- Public Hearing: Strategic Plan

VIII. **Commissioner Reports**

IX. **Review Next Meeting Date & Adjournment**
- June 8, 2020 at 3:00 PM

**Public Comment is Taken on Each Agenda Item**
Please note that the order in which the agenda items are considered may be subject to change.

All supporting documentation is available for public review at 260 E. 15th Street, Merced, California during regular business hours, 8:00 a.m. – 5:00 p.m., Monday through Friday.

Any material related to an item on this Agenda submitted to the First 5 Commissioners after distribution of the Agenda packet is available for public inspection at 260 E. 15th Street, Merced, California.

The Agenda is available online at [http://www.first5mercedcounty.org/](http://www.first5mercedcounty.org/)

*First 5 Merced County proudly supports the Children's Bill of Rights for Merced County*

*Hearing Assistance Devices Are Available for Public Use Inquire Within First 5 Merced County.*
Persons, who require accommodation for any audio, visual or other disability in order to review an agenda, or to participate in a meeting of First 5 Merced County per the American Disabilities Act (ADA), may obtain assistance by requesting such accommodation in writing addressed to 260 E. 15th Street, Merced, California 95341 or telephonically by calling (209) 385-7337. Any such request for accommodation should be made at least 48 hours prior to the scheduled meeting for which assistance is requested.
Dispositivos De Asistencia Auditiva Están Disponibles Para Uso Público Dentro de First 5 Merced County. Personas que requieren acomodación por cualquier discapacidad auditiva, visual o de otro tipo para revisar una agenda, o para participar en una reunión de First 5 en el Condado de Merced según la Ley de Estadounidenses con Discapacidades (ADA), pueden obtener asistencia solicitando está acomodación por escrito dirigida a 260 E. 15th Street, Merced, California 95341 o por teléfono llamando al (209) 385-7337. Cualquier solicitud debe hacerse al menos 48 horas antes de la reunión programada para la cual se solicita asistencia.
IMPORTANT NOTICE AND GUIDANCE REGARDING COVID-19 & PUBLIC HEARINGS

Based on guidance from the California Department of Public Health and the California Governor’s Office, in order to minimize the spread of the COVID-19 virus, please comply with the following:

1. Meeting location(s) will be unavailable to the public in order to limit potential transmission of COVID-19.

2. You are strongly encouraged to observe the live stream of the First 5 Merced Commission meetings remotely by visiting: https://zoom.us/j/96711823437?pwd=Y0ltT2o5bmh3WXNtSkpnQ1JkMnNBUT09
   Meeting ID: 967 1182 3437
   Password: 983099
   Or
   +1 669 900 6833
   Meeting ID: 967 1182 3437
   Password: 983099

3. If you wish to make a comment on a specific agenda item, please submit your comment via email by 3:00 p.m. on the Monday prior to the First 5 Merced Commission meeting. Please submit your comment to First 5 Merced at scott.waite@countyofmerced.com. Your comment will be placed into the record at the meeting.

4. If you are watching the live stream of the First 5 Merced Commission meeting and wish to make either a general public comment or to comment on a specific agenda item as it is being heard, please submit your comment, limited to 250 words or less, to scott.waite@countyofmerced.com. Every effort will be made to read your comment into the record, but some comments may not be read due to time limitations. Comments received after an agenda item is heard will be made part of the record if received prior to the end of the meeting.

5. PUBLIC HEARINGS: Public comment during public hearings will be taken in real time via email. Once the public hearing is opened, the Commission will pause the meeting for ten minutes in order to receive emails directed at the public hearing (up to 250 words) and will read comments into the record after resuming the meeting, as time permits. Please indicate that comments are for a particular public hearing by putting “Public Hearing” in the subject line of the email and the title of the public hearing. Email comments to (scott.waite@countyofmerced.com).
2020-05-058

Approval of Minutes for the March 9, 2020 Commission Meeting
A COMMISSION MEETING MINUTES
March 9, 2020
Meeting location: 260 E. 15th Street, Merced, CA 95341

Commission Members Present:

- Lee Lor
- Eva de Long
- District 2 Representative - Vacant
- Shirley Brown
- BHRS Director - Vacant
- County Health Officer - Vacant
- Aaron Lequia
- Paula Smith
- Yvonnia Brown

Staff Present: Scott Waite, Marie Pickney, Forrest Hansen, Xee Lor

Guests: Joseph Hypes, Taylor Frost, Maria Bautista, Sandra Lee, Judy Xiong, Mike Weber, Dave Lockridge, Bounsavanh Lor, Monica Adrian, Samantha Thompson, Darlene Ingersoll, Shana Her, Linda Kaercher, Rosa Baragan, Christie Hendricks, Steve Roussos, Chee Xiong, and Soua Cha

Call to Order

Commissioner Chair, Lee Lor, called the Commission meeting to order at 3:03 PM.

Pledge of Allegiance, and Roll Call

The Pledge of Allegiance was led by: Commissioner Aaron Lequia

Attendance results noted above; a quorum was present.

Commissioner Yvonnia Brown arrived and joined the meeting at 3:15 PM.

SCHEDULED ITEMS:

Public Opportunity to Speak on Any Matter within the Commission’s Jurisdiction

Members of the public were invited to come forward to speak.

Samantha Thompson, Merced County Office of Education (MCOE) Program Manager, for Merced County Collaborative for Children & Families, thanked the Commission for their support of the African-American Conference in celebration of Black History month.

Additions/Deletions to the Agenda:
There were no additions/deletions to the agenda.

**CONSENT CALENDAR:**

2020-01-046 Approval of Minutes for January 13, 2020 Commission Meeting  
2020-01-047 Approval of Expenditures through January 31, 2020  
2020-01-048 Approval of Expenditures through February 29, 2020

Commissioner Aaron Lequia moved to approve Items #046-048.

Motion seconded by: Commissioner Shirley Brown. The motion was unanimously passed with 5 in favor, 0 opposed.

**ACTION ITEMS:**

2020-03-049 Mini-Grant Cycle 3

Scott Waite, First 5 Merced Executive Director, presented to the Commission the general mini-grants cycle III proposals. There were 3 proposals from the Mini-Grant Cycle III requesting a total of $8,342.00. Staff requests the Commission authorize the Executive Director to sign agreements between First 5 Merced County and the following: United Way of Merced, Rainbow Valley Foster Care, and Merced County Spring Fair Heritage Foundation. Waite went over the proposal, the score and funding recommendation for Merced County Spring Fair Heritage Foundation. Waite then went over the proposal, the score and funding recommendation for Rainbow Valley Foster Care. Finally, Waite went over the proposal, and score, which was below the threshold for funding recommendation, for United Way of Merced Hlub Hmong Center.

Lor asked for questions or comments from the Commission.

De Long expressed her happiness at the number of applications for the Mini-Grant Cycle III.

Lor asked for questions and comments from the public.

Steve Russos, representing the Hlub Hmong Center, made a comment regarding the status of their mini-grant.

Commissioner Shirley Brown moved to approve the Merced County Spring Fair Heritage Foundation mini-grant cycle III proposal.

Motion seconded by: Commissioner Eva de Long. The motion was unanimously passed with 5 in favor, 0 opposed.
Commissioner Shirley Brown moved to approve the Rainbow Valley Foster Care mini-grant cycle III proposal.

Motion seconded by: Commissioner Aaron Lequica. The motion was unanimously passed with 5 in favor, 0 opposed.

Commissioner Eva de Long moved to approve the United Way – Hmong Educator’s Day for Early Education mini-grant cycle III proposal.

Motion seconded by: Commissioner Paula Smith. The motion was unanimously passed with 5 in favor, 0 opposed.

2020-03-050 Improve and Maximize Programs so All Children Thrive (IMPACT) 2020 Request for Applications (RFA)

Smith recused herself from this item.

Waite went over the Improve and Maximize Programs so All Children Can Thrive (IMPACT) 2020 Request for Applications (RFA). The California Department of Education (CDE) and First 5 California (F5CA) have released a RFA to local qualifying agencies to apply for Quality Counts California (QCC) Local Consortia. Waite stated that is a joint application with MCOE staff because of the two components. This item is being brought to the Commission to approve the submission for the QCC Request for IMPACT 2020 funding. The QCC request for applications is due April 15, 2020 and the funding for IMPACT 2020 would be effective from July 1, 2020 through June 30, 2020. Waite stated the amount for the three fiscal years outlined would be $358,512 in state funds. Waite is requesting a 4:1 match from the Commission in the amount of $89,628 in local Prop 10 funds to match it. The total budget per year would be $448,140 if approved. Waite stated that there would be 90 sites to work with made up of family friended neighbors. If approved by the Commission this will also be brought to the Merced County Board of Supervisors since this would be an addition to First 5 Merced County budget.

Lor asked for questions or comments from the Commission. There were none.

Lor asked for questions or comments from the public. There were none.

Commissioner Yvonnia Brown moved to approve Items #050.

Motion seconded by: Commissioner Eva de Long. The motion was unanimously passed with 6 in favor, 0 opposed.
**2020-03-051 Improve and Maximize Programs so All Children Can Thrive (IMPACT) 2020 Sub-Contract with Merced County Office of Education**

Smith recused herself from this item.

Waite stated that with the approval to apply for IMPACT 2020 funding, the funding is allocated to each county based on their size and other factors. Waite stated that the challenge will be the state timeline. After the submission of the application by April 15, 2020 the formal contract and negotiations will not get finalized until the end of June. This creates a challenge because of the current sub-contract with Merced Office of Education (MCOE) which funds the IMPACT coaches, stipends, and FTE. Waite stated that MCOE deadline for staff layoffs are the middle of this month without having funding secured for next year, MCOE will have to provide layoff notices to the coaches. This will jeopardize the loss of the coaches to other counties and other jobs. Staff recommends that the Commission approve the match requirements of $89,628 form FY 20/21 for a three month sub-contract with MCOE, this would provide funding to push back the layoffs and maintain staff.

Lor asked for questions or comments from the Commission. There were none.

Lor asked for questions or comments from the public. There were none.

Commissioner Aaron Lequia moved to approve Items #051.

Motion seconded by: Commissioner Shirley Brown. The motion was unanimously passed with 6 in favor, 0 opposed.

**2020-03-052 United Way Merced County – Hmong Culture Camp**

Waite stated that in the 18/19 Fiscal year there was a contract for United Way to act as the fiscal agent for Hmong Culture Camp. Waite stated that the language in the contract specifically allocates funding per fiscal year. While language protects First 5 Merced from authorized expenditures and cost over-run, it also creates a conundrum as programs can spend within budget but not evenly allocated over fiscal years. Waite stated the challenge with this is that Hmong Culture Camp was approved in the second round of direct services funding and operates on a calendar year from January to December while First 5 Merced’s fiscal year is from June 1st to July 30th. This did not line up with the fiscal year in the contract creating an administrative issue where the final invoice for 2019 could not be paid out. To correct this issue and allow for the final payment from the program year that starts 01/01/2019 to 12/31/2019, a modification to the contract is required. This modification reallocates the funding between fiscal years but does not change the total grant award which shall not exceed $261,781.00 for the entirety of the contract term.

Lor asked for questions and comments from the Commission.
Y. Brown asked for clarification on the request for modification.

Waite stated that Hmong Culture Camp is operated on a program year but the payments are broken down by fiscal year resulting in adopted contract funds not being spent evenly through the fiscal year. This would not change the overall amount of the contract but would change the amount allowable to be paid out from the previous fiscal year.

Lor asked for questions and comments from the public. There were none.

Commissioner Yvonnia Brown moved to approve Items #052.

Motion seconded by: Commissioner Eva de Long. The motion was unanimously passed with 6 in favor, 0 opposed.

**2020-03-053 Merced Youth Connect a Fiscal Agent for Hmong Culture Camp**

Lequia recused himself from this item.

Waite stated that in August 2019, First 5 Merced received a notice of hardship from United Way Merced County regarding the match requirement for year 3 contract for Hmong Culture Camp. In December 2019 First 5 Merced received official notice that United Way would not serve as a fiscal agent for Hmong Culture Camp after 12/31/19. After an extensive search by First 5 Merced and Hmong Culture Camp staff, Merced Youth Connect (MYC) has agreed to serve as a fiscal agent for the remainder of the grant term. MYC has requested a minimum of a year commitment. MYC requested 3 modifications: waiver from the audit requirement due to organization size and limited budget; waiver of Vehicle Insurance Requirement – will be maintained by sub-contractor; and to reduce the aggregated insurance requirement form $3 million to $2 million. Staff requests the Commission to approve MYC to act as a fiscal agent for Hmong Culture Camp with the 3 modifications until 12/31/2020.

Lor asked for questions or comments from the Commission.

De long asked if staff will be working more closely with Hmong Culture Camp for appropriate invoicing and payment.

Marie Pickney, First 5 Merced Program Manager, states that she will be monitoring over the program compliance.

Waite stated that staff does review program invoices and backup documentation before payment is made.

Pickney also stated that when invoices are received it is checked by staff, Program Manager, and then the Executive Director to confirm that the program is within the
guidelines and criteria.

Lor commented that she is proud of the First 5 Merced staff process and the level of detail staff go through.

Lor asked for questions or comments from the public.

Commissioner Yvonnia Brown moved to approve Items #053.

Motion seconded by: Commissioner Paula Smith. The motion was unanimously passed with 6 in favor, 0 opposed.

2020-03-054 GROW Funding Application – Merced Food Bank – GROW the Access to Nutritional Food for Hungry Preschool Children in Merced

Waite stated that for FY 19/20 the Commission allocated $1 million for GROW initiatives. The first application approved was the Kids Discovery Station leaving $900,000 available for additional grants through the end of FY 19/20. Waite stated there are 3 applications that have been received. The first application is from Merced Food Bank, their project is called GROW the Access to Nutritional Food for Hungry Preschool Children in Merced. Waite gave a brief outline of the application.

Joseph Hypes, Director of Development with the Merced Food Bank, gave a presentation and showed a video on Merced Food Bank – GROW the Access to Nutritional Food for Hungry Preschool Children in Merced application.

Lor asked for questions or comments from the Commission.

Lequia commented that he likes this idea and thinks that there is a lot of benefits. Lequia asked if the Food Bank will focus on menus for families with dietary needs or food insecurities.

Hypes stated that they will be working with families that have access to the Food Bank and receive WIC, SNAP, and other services in Merced and a menu that would make the food more appealing through the 40 videos that would be 2-10 minutes.

S. Brown commented that she enjoyed the video. S. Brown states this video will help with families with food insecurities.

Y. Brown asked about how the Food Bank will be marketing the 40 videos out to the community. Y. Brown asked if there were going to be opportunities for other departments to use these videos.

Hypes stated that these videos are sustained. The videos can be beneficial to other
organizations to be used for outreach.

Lor asked if these videos will be in different languages.

Hypes stated that the Food Bank will be looking into making the videos accessible in different languages that represent Merced County.

Lor asked for questions or comments from the public.

Steve Russos, with Hlub Hmong Center, asked how the community will be a voice in the videos.

Hypes stated that the Food Bank will include stories from the people in the community who have access to the Food Bank and other services.

Christie Hendricks, MCOE Assistant Superintendent for Early Education, asked how Me TV will be used.

Hypes stated that they will be partnering with Me TV to make these videos and get them out to the community.

Commissioner Aaron Lequia moved to approve Items #054.

Motion seconded by: Commissioner Shirley Brown. The motion was unanimously passed with 6 in favor, 0 opposed.

2020-03-055 GROW Funding Application - Merced County Office of Education - Home Visitation

Waite stated that Merced Office of Education (MCOE) submitted a GROW application and are asking for the purchase of 2 vehicles to support the home visitation, and to fund 6 staff to attend training for Parents as Teachers model and curriculum. The 2 vehicles will allow for home visitation of 8 additional families to each caseload (total of 16 new families to be served). The funding for the training will allow for 4 Head Start Home Visitors, the Home-Based Coordinator, and the Training Coordinator to provide ongoing support, coaching and training to home visitation staff.

Lor asked for questions or comments from the Commission.

Y. Brown asked if the home visitation program is grant funded type program.

Waite stated that 2 home visiting positions funded by what was known as CalWorks but now is called Strong Beginnings.
Monica Adrian, MCOE Early Education, clarified that Strong Beginnings is home visiting state funded program which started with CalWorks and is now an ongoing initiative. Adrian also stated that with Merced County, Human Services Agency has contracted with MCOE Early Education and the Public Health Department to implement the home visiting.

Y. Brown asked if the vehicles would be returned back to First 5 Merced once the program ended and wanted to know what the process was.

Waite stated that this is a capital assets for First 5 Merced and will clarify with County Council.

Lor asked Y. Brown the reason why program through Human Services Agency does not cover vehicles.

Y. Brown will check for clarification.

De Long commented that having the vehicles would be worthwhile for the community.

Y. Brown stated that with this ask is the Commission setting a precedence for future applicants asking for the same item.

Forrest Hansen, Merced County Counsel, stated that this would not be setting a legal precedent but the capital assets language will need to be included in the contract.

Lor asked for questions or comments from the public. There were none.

Commissioner Eva de Long moved to approve Items #055.

Motion seconded by: Commissioner Aaron Lequia. The motion was unanimously passed with 6 in favor, 0 opposed.

2020-03-056 GROW Funding Application – Weaver School District – Preschool Enhancement

Waite presented the Weaver School District – Preschool Enhancement application. Waite stated that the Weaver School District would like to convert the meeting room attached to the preschool into a Family Resource Center which would allow for more opportunities for families to build stronger relationships among one another and with staff. Waite stated that Weaver School District would also like to upgrade some of the preschool classrooms.

Sandra Lee, Weaver Preschool Coordinator, gave a PowerPoint presentation the Weaver Preschool Enhancement.

Lor asked for questions or comments from the Commission. There were none.
Lor asked for questions or comments from the public.

Pickney commented that Lee does above and beyond work that incorporates other cultures. Pickney wanted to confirm that Lee had an African-American group that she started.

Lee confirmed that there is an African-American group that they are incorporating.

Russos commented that this will set a precedent for other preschools and he expressed how vital this is to all the schools.

Commissioner Yvonnia Brown moved to approve Items #056.

Motion seconded by: Commissioner Shirley Brown. The motion was unanimously passed with 6 in favor, 0 opposed.

2020-03-057 Joint Funding Request - Merced Hmong Children’s Day 2020

Waite presented the joint funding request application from the Hlub Hmong Center. The Hlub Hmong Center will be hosting the 2nd Annual Merced County Hmong Children’s Day on April 4, 2020 at Rahilly Park from 10:00 AM - 3:00 PM. The funding request is for $3,000 to serve children 0-5 years. The total budget for the Merced Hmong Children’s Day is $14,765.

Lor asked for questions or comments from the Commission. There were none.

Lor asked for questions or comments from the public. There were none.

Commissioner Shirley Brown moved to approve Items #057.

Motion seconded by: Commissioner Eva de Long. The motion was unanimously passed with 6 in favor, 0 opposed.

Informational Agenda Items

Study Session Spotlight on Services: Ace Overcomers Center for Resiliency

Dave Lockridge, Founder & Executive Director of Ace (Adverse Childhood Experiences) Overcomers, gave a Power Point presentation on Ace Overcomers Center for Resiliency.

Lockridge gave thanks to First 5 Merced for their continued funding that they have provided in building healthy life skills. Lockridge stated many families and have been changed and saved from a traumatic childhood.
Lor asked for questions or comments from the Commission.

Y. Brown gave thanks and commended Lockridge and ACE Overcomers for the work that they in this tough area and real underlined issues that are not uncomfortable to speak of.

**Staff Report**

Waite gave a report on IMPACT 2020, Strategic Planning, Children's Summit, and the Budget for FY 20/21.

**Future Agenda Items**

**April 2020**
- Minutes from March 9, 2020 Commission Meeting
- Approval of Expenditure through March 31, 2020
- G.R.O.W. Funding Applications (if Necessary)
- Public Hearing: First 5 California Annual Report
- IMPACT 2020 RFA (if Necessary)
- Strategic Planning Presentation - Data Dashboard
- Spotlight on Service: TBD

**Commissioner’s Report**

Lor reminded the Commissioners to meet with Barbara Aved with Barbara Aved and Associates regarding Strategic Planning if they have not already done so.

There were no other reports from Commissioners.

Meeting adjourned at 4:56 PM

The next regularly scheduled meeting will be held on:

**Monday, April 13, 2020**

3:00 PM

**Location:** Merced County Public Health Department

260 E. 15th Street

Merced, CA  95341
2020-05-059

Approval of Expenditure through March 31, 2020
### Revenues

<table>
<thead>
<tr>
<th>Description</th>
<th>Projection</th>
<th>Encumbered</th>
<th>Monthly Deposits</th>
<th>Cumulative Totals</th>
<th>Balance Pending</th>
<th>Percentages Received</th>
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</thead>
<tbody>
<tr>
<td>Prop 10 Revenues</td>
<td>$2,406,695</td>
<td>NA</td>
<td>$654,091</td>
<td>$1,315,588</td>
<td>$1,091,107</td>
<td>54.7%</td>
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<td>IMPACT</td>
<td>$548,643</td>
<td>NA</td>
<td>$ -</td>
<td>(2,353)</td>
<td>$550,996</td>
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<td>Interest</td>
<td>$200,000</td>
<td>NA</td>
<td>$81,160</td>
<td>$202,928</td>
<td>(2,928)</td>
<td>101.5%</td>
</tr>
<tr>
<td>Aid from Other Govt. Agencies</td>
<td>$ -</td>
<td>NA</td>
<td>$ -</td>
<td>$ -</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other Revenue-Prop 56</td>
<td>$ -</td>
<td>NA</td>
<td>$ -</td>
<td>(649,748)</td>
<td>(649,748)</td>
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</tr>
<tr>
<td>Other Revenue - Donations</td>
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<td>NA</td>
<td>$ -</td>
<td>$ -</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
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<td>$735,252</td>
<td>$2,165,911</td>
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### Operating Expenses

#### Salary & Benefits

<table>
<thead>
<tr>
<th>Description</th>
<th>Current Year Appropriated</th>
<th>Encumbrance</th>
<th>Monthly Expenditures</th>
<th>Cumulative Expenditures</th>
<th>CY Balance Remaining</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary and Wages</td>
<td>$501,850</td>
<td>$ -</td>
<td>$22,200</td>
<td>$220,236</td>
<td></td>
<td>43.9%</td>
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<tr>
<td>Vacation/Sick Leave Payout</td>
<td>$8,800</td>
<td>$ -</td>
<td>$253</td>
<td>$2,539</td>
<td></td>
<td>45.0%</td>
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<tr>
<td>Retirement</td>
<td>$238,745</td>
<td>$ -</td>
<td>$10,789</td>
<td>$106,824</td>
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<td>44.7%</td>
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<tr>
<td>Employee Benefits</td>
<td>$165,238</td>
<td>$ -</td>
<td>$7,431</td>
<td>$70,573</td>
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<tr>
<td>Worker's Comp.</td>
<td>$6,741</td>
<td>$ -</td>
<td>$293</td>
<td>$2,938</td>
<td></td>
<td>43.6%</td>
</tr>
<tr>
<td><strong>Total Salaries &amp; Benefits</strong></td>
<td>$921,374</td>
<td>$ -</td>
<td>$40,712</td>
<td>$403,013</td>
<td></td>
<td>43.7%</td>
</tr>
</tbody>
</table>

#### Operations

<table>
<thead>
<tr>
<th>Description</th>
<th>Monthly Expenditures</th>
<th>Cumulative Expenditures</th>
<th>CY Balance Remaining</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communications</td>
<td>$4,968</td>
<td>$330</td>
<td>$2,708</td>
<td>$2,260</td>
</tr>
<tr>
<td>Household Expense</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Insurance - General Liability</td>
<td>$5,640</td>
<td>$253</td>
<td>$2,539</td>
<td>$3,101</td>
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<tr>
<td>Maintenance</td>
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<td>$273</td>
<td>$2,007</td>
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<tr>
<td>Memberships</td>
<td>$6,500</td>
<td>$6,500</td>
<td>$6,500</td>
<td>$6,500</td>
</tr>
<tr>
<td>Office Expense</td>
<td>$9,000</td>
<td>$96</td>
<td>$2,409</td>
<td>$5,945</td>
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<tr>
<td>Professional Special Svc Audits</td>
<td>$12,030</td>
<td>$-</td>
<td>$12,030</td>
<td>$12,030</td>
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<td>Professional Special Svc Contracts</td>
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<td>$10,181</td>
<td>$10,181</td>
<td>$10,181</td>
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<tr>
<td>Professional Special Svc Other</td>
<td>$81,157</td>
<td>$21,396</td>
<td>$59,761</td>
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<td>$2,000</td>
<td>$19</td>
<td>$1,933</td>
<td>$1,933</td>
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<tr>
<td>Rents and Leases</td>
<td>$56,100</td>
<td>$20</td>
<td>$4,375</td>
<td>$51,725</td>
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<td>Special Department Expense</td>
<td>$82,285</td>
<td>$6,467</td>
<td>$60,452</td>
<td>$21,833</td>
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<tr>
<td>Special Department Expense Insurance</td>
<td>$8,318</td>
<td>$-</td>
<td>$4,886</td>
<td>$3,452</td>
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<td>Special Department Expense Software</td>
<td>$1,740</td>
<td>$-</td>
<td>$741</td>
<td>$741</td>
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<tr>
<td>Transportation and Travel</td>
<td>$22,650</td>
<td>$2,029</td>
<td>$7,268</td>
<td>$15,382</td>
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<tr>
<td>Transportation and Travel-Staff Developmen</td>
<td>$900</td>
<td>$-</td>
<td>$900</td>
<td>$900</td>
</tr>
<tr>
<td>Utilities</td>
<td>$12,000</td>
<td>$-</td>
<td>$12,000</td>
<td>$12,000</td>
</tr>
<tr>
<td>Intrafund Transfer In</td>
<td>$(95,091)</td>
<td>$(95,091)</td>
<td>$(95,091)</td>
<td>$(95,091)</td>
</tr>
<tr>
<td><strong>Total Operations</strong></td>
<td>$225,477</td>
<td>$15,151</td>
<td>$15,151</td>
<td>$123,986</td>
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</table>

### Program Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>Monthly Expenditures</th>
<th>Cumulative Expenditures</th>
<th>CY Balance Remaining</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMPACT</td>
<td>$590,796</td>
<td>$227,230</td>
<td>$190,584</td>
<td>$172,982</td>
</tr>
<tr>
<td>Community Initiatives</td>
<td>$2,657,948</td>
<td>$352,460</td>
<td>$267,282</td>
<td>$2,037,206</td>
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<td><strong>Total Program Expenses</strong></td>
<td>$3,248,744</td>
<td>$579,690</td>
<td>$457,866</td>
<td>$2,210,188</td>
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### Trust Fund Balance

<table>
<thead>
<tr>
<th>Description</th>
<th>Beginning</th>
<th>Total Monthly</th>
<th>Total Monthly</th>
<th>Ending Fund</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fund Balance</td>
<td>$11,703,188</td>
<td>$735,252</td>
<td>$63,666</td>
<td>$12,374,773</td>
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---

**FIRST 5 MERCED COUNTY**

**FISCAL REPORT**

**MARCH 2020**

**75%**
2020-05-060

Approval of Expenditures through April 30, 2020
### Revenues

<table>
<thead>
<tr>
<th>Revenues</th>
<th>Projection</th>
<th>Encumbered</th>
<th>Monthly</th>
<th>Cumulative</th>
<th>Balance</th>
<th>Percentag</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prop 10 Revenues</td>
<td>$ 2,406,695</td>
<td>NA</td>
<td>$</td>
<td>$ 1,315,588</td>
<td>$ 1,091,107</td>
<td>54.7%</td>
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<tr>
<td>IMPACT</td>
<td>$ 548,643</td>
<td>NA</td>
<td>$ 246,849</td>
<td>$ 244,496</td>
<td>$ 304,147</td>
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<tr>
<td>Interest</td>
<td>$ 200,000</td>
<td>NA</td>
<td>$</td>
<td>$ 202,928</td>
<td>(2,928)</td>
<td>101.5%</td>
</tr>
<tr>
<td>Aid from Other Govt. Agencies</td>
<td>$</td>
<td>NA</td>
<td>$</td>
<td>0</td>
<td>0.0%</td>
<td></td>
</tr>
<tr>
<td>Other Revenue-Prop 56</td>
<td>$</td>
<td>NA</td>
<td>$ -</td>
<td>$ 649,748</td>
<td>(649,748)</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other Revenue - Donations</td>
<td>$</td>
<td>NA</td>
<td>$</td>
<td>0</td>
<td>0.0%</td>
<td></td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td><strong>$ 3,155,338</strong></td>
<td><strong>$ 246,849</strong></td>
<td><strong>$ 2,412,760</strong></td>
<td><strong>$ 742,578</strong></td>
<td>76.5%</td>
<td></td>
</tr>
</tbody>
</table>

### Operating Expenses

#### Salary & Benefits

| Salary and Wages                  | $ 501,850 | $ - | $ 19,579 | $ 239,815 | $ 262,035 | 47.8%     |
| Retirement                        | $ 238,745 | $ - | $ 9,515  | $ 116,339 | $ 122,406 | 48.7%     |
| Employee Benefits                 | $ 165,238 | $ - | $ 6,443  | $ 77,016  | $ 88,222  | 46.6%     |
| Worker's Comp.                    | $ 6,741   | $ - | $ 258    | $ 3,196   | $ 3,545   | 47.4%     |
| **Total Salaries & Benefits**     | **$ 921,374** | **$ -** | **$ 35,796** | **$ 438,809** | **$ 482,565** | **47.6%** |

#### Operations

| Communications                    | $ 4,968   | $ - | $ 2,708  | $ 2,260   | 54.5%     |
| Household Expense                 | $ -       | $ - | $ -      | $ -       | 0.0%      |
| Insurance - General Liability     | $ 5,640   | $ - | $ 223    | $ 2,762   | 49.0%     |
| Maintenance                       | $ 2,280   | $ 169| $ -      | $ 273     | 12.0%     |
| Memberships                       | $ 6,500   | $ - | $ -      | $ 6,500   | 100.0%    |
| Office Expense                    | $ 9,000   | $ 646| $ -      | $ 2,409   | 26.8%     |
| Professional Special Svc Audits   | $ 12,030  | $ - | $ -      | $ 12,030  | 0.0%      |
| Professional Special Svc Contracts| $ 25,000  | $ 9,430| $ 5,388  | $ 15,570  | -         |
| Professional Special Svc Other    | $ 81,157  | $ - | $ 4,514  | $ 25,910  | 31.9%     |
| Publication and Legal Notice      | $ 2,000   | $ 49 | $ -      | $ 1,933   | 0.9%      |
| Rents and Leases                  | $ -       | $ - | $ -      | $ -       | 0.0%      |
| Special Department Expense        | $ 56,100  | $ - | $ -      | $ 4,375   | 7.8%      |
| Special Dept. Expense Cost Alloc. | $ 82,285  | $ - | $ 6,447  | $ 67,099  | 15,186    | 81.5%     |
| Special Department Expense Insurance| $ 8,318  | $ - | $ -      | $ 4,886   | 58.5%     |
| Special Department Expense Software| $ 1,740  | $ - | $ -      | $ 999     | 74.4%     |
| Transportation and Travel         | $ 22,650  | $ - | $ -      | $ 7,268   | 32.1%     |
| Transportation and Travel-Staff Development| $ 224,650 | $ - | $ - | $ 15,382 | 0.0%      |
| Utilities                         | $ -       | $ - | $ -      | $ -       | 0.0%      |
| Intrafund Transfer In             | $ (95,091)| $ - | $ -      | $ (95,091)| 0.0%      |
| **Total Operations**              | **$ 225,477** | **$ 10,295** | **$ 16,772** | **$ 140,759** | **$ 74,424** | **62.4%** |

#### Program Expenses

<table>
<thead>
<tr>
<th>Program Expenses</th>
<th>Current Year Appropriated</th>
<th>PO Encumbrance</th>
<th>Monthly Expenditures</th>
<th>Cumulative Expenditures</th>
<th>CY Balances Remaining</th>
<th>Percentag Expended</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMPACT</td>
<td>$ 590,796</td>
<td>$ 227,230</td>
<td>$ -</td>
<td>$ 190,584</td>
<td>$ 172,982</td>
<td>32.3%</td>
</tr>
<tr>
<td>Community Initiatives</td>
<td>$ 2,657,948</td>
<td>$ 346,165</td>
<td>$ -</td>
<td>$ 267,282</td>
<td>$ 2,043,501</td>
<td>10.1%</td>
</tr>
<tr>
<td><strong>Total Program Expenses</strong></td>
<td><strong>$ 3,248,744</strong></td>
<td><strong>$ 573,395</strong></td>
<td><strong>$ -</strong></td>
<td><strong>$ 457,866</strong></td>
<td><strong>$ 2,216,483</strong></td>
<td><strong>14.1%</strong></td>
</tr>
</tbody>
</table>

### Total Revenues

| Total Revenues                     | **$ 3,155,338**           | **$ 246,849**  | **$ 2,412,760** | **$ 742,578**           | 76.5%                |

### Trust Fund Balance

<table>
<thead>
<tr>
<th>Trust Fund Balance</th>
<th>Beginning Fund Balance</th>
<th>Total Monthly Revenues</th>
<th>Total Monthly Expenditures</th>
<th>Ending Fund Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ 12,374,774</td>
<td>$ 246,849</td>
<td>$ 52,568</td>
<td>$ 12,569,055</td>
</tr>
</tbody>
</table>
Augmentation to IMPACT contract with MCOE for FY 19/20
Augmentation to Contract between First 5 and the Merced County
AGENDA ITEM: Office of Education (MCOE) Contract with Merced County Office of Education for IMPACT FY 19/20

A. Background/History:

The intention of the IMPACT initiative is to support a network of local quality improvement systems to better coordinate, assess and improve the quality of early learning settings. IMPACT is designed to support quality in a variety of settings, including Family Child Care Homes, Family, Friend and Neighbor Care, Private Centers and alternative settings, such as libraries.

At the June 2017 Commission meeting, the Commission approved to initiate a new one-year contract with the Merced County Office of Education to provide coaching, technical assistance, professional development, assessments and support to early education sites in Merced and Mariposa Counties participating in IMPACT. These sites include Family Child Care Homes, Family Friend and Neighbor Care, Private Centers, State Preschool Sites, and Alternative sites. MCOE provides support such as strategies to increase program quality and improve family engagement. This contract will build upon the work conducted during the 2017/18 fiscal year and continue efforts to support local early education providers.

In March 2020, the we received the following notification:

A top priority of First 5 California is the health and safety of the children, families, and providers we serve. During this difficult time as we navigate the effects of novel Coronavirus (COVID-19), we want to be as supportive as possible in serving affected communities around the state. As a reminder, funding from First 5 IMPACT can be used flexibly to support high need populations in order to provide quality services to children and families.

We understand that many of the activities you typically fund, such as assessments and in-person coaching and training, are not possible at this time. The following is a list of allowable uses of existing First 5 IMPACT funds that may support emergency needs of children birth to age 5 and their families in your counties.

B. Summary of Request, Description of Project and/or Primary Goals of Agenda Item:

Staff requests the Commission authorize the Executive Director to sign an amendment to the agreement between First 5 Merced County and Merced County of Education.

C. Timeframe:

If approved this contract would go into effect May 11, 2020 through June 30, 2020.

D. Costs:
The approval of this Contract would not cost the Commission any additional funds as the remaining IMPACT budget is reimbursable by First 5 California.

E. **Staff Recommendation:**
   Staff recommends that the Commission review, discuss and approve the Executive Director to sign an amendment to the agreement between First 5 Merced County and the Merced County Office of Education in the amount of $84,000.

F. **Attachments:**
   - IMPACT Mini-Grant Plan from MCOE
Roll Out Plan 2020 IMPACT Mini Grants for Child Care Providers

**Funding:** First 5 Merced has allocated $84,000 – To be used for monetary stipends. The stipends will be issued through the Merced County Office of Education, Early Education Department.

**Overview**
First 5 Merced IMPACT Mini-Grants will support participating licensed and license-exempt child care providers by providing monetary stipend designed to improve the quality of child care settings. Amount of mini grant will be determined based on participation level and type of child care provider.

**Eligibility Criteria**
First 5 Merced County will provide mini grants to licensed (family child care providers and private centers) and license-exempt (family, friend and neighbor) child care providers that meet the following criteria:

- Actively participating or at least 6 months in the IMPACT program in Merced County
- Serving or willing and available to provide care for at least one child birth to five years old (changed the requirement due to COVID-19)
- Is not a California State Preschool Program (CSPP) or Head Start/Early Head Start Program site

**Application**
Participants will submit online application. Early Learning Coaches will be available to provide support and answer questions.

- Application
- Questions for Applicants (answered)
- Self-Certifications Form – electronically signed
- Copy of facility license (verify with R&R)

Applications will be submitted to Merced County Office of Education, Early Education Department at childcare@mcoe.org to the Early Learning Coach

First 5 Merced County has allocated $84,000.00 in fiscal year 2019-20 for this program and approximately 48 applicants are expected to be funded. Applicants may be eligible for awards from $600.00 up to $2,300.00 in monetary awards as outlined below:

**Step 1: Quality Improvement**
- Family, Friend, Neighbor (FFN) – up to $600.00 (1)
- Family Child Care – up to $600.00 (6)
  (new to IMPACT or not fully participated)
Step 2: **Quality Improvement System**

- Family Child Care - up to $1,500.00 (15)
- Child Care Center - up to $1,500.00 (6)

Step 3: **Quality Rating and Improvement System**

- Family Child Care - up to $2,415.00 (16)
- Child Care Center - up to $2,415.00 (4)

**IMPLEMENTATION**

**Phase 1:** After review by staff, Applicants will be notified of the funding status of their applications.

**Phase 2:** Staff will contact each successful Applicant to finalize the details of their award and any related issues.

**Phase 3:** Participants will receive their awards.

**Recipients receiving monetary awards:** MCOE will issue payment in support of the provider’s Quality Improvement Plan by end of May 2020.
2020-05-062

Strategic Planning for FY 20/21 through FY 24/25
AGENDA ITEM: Strategic Planning Update

A. Background/History:

Proposition 10: Requires all county commissions to “adopt an adequate and complete County Strategic Plan for the support and improvement of early childhood development within the county. The strategic plan must include a description of the goals and objectives proposed to be attained, a description of the programs, services, and projects proposed to be provided, sponsored or facilitated; and a description of how measurable results of such programs, services, and projects will be determined by the County Commission using appropriate and reliable indicators.

At the August 2019 Commission meeting during a study session the Commission requested that staff develop proposal to develop the required Strategic Plan. The Commission approved the release of a Request for Proposals (RFP) at the September 2019 Commission meeting.

At the October 2019 Commission meeting the Commission approved a contract with Barbara Aved Associates for Strategic Planning Services.

Barbara Aved will present to the Commission on the current status of Strategic Planning.

B. Summary of Request, Description of Project and/or Primary Goals of Agenda Item:

Staff requests that the commission review and discuss the attached Needs Assessment.

C. Timeframe:

The new strategic plan would start implementation July 1, 2020. All activities would need to be complete and a strategic plan would need to be adopted at the June 2020 commission meeting for existing contracts to be in place by July 1, 2020 (if necessary). The current timeline for Strategic Planning is scheduled to have the final version completed by May 31, 2020.

D. Costs:

This line item creates no additional costs for the commission.

E. Staff Recommendation:

Staff recommends that the Commission review and discuss the Needs Assessment.

F. Attachments:
**Meeting Objectives**

- Review and discuss the Needs Assessment background materials provided in the consultant report, and raise questions and express thoughts and opinions that can guide strategic planning decision making.
- Revisit and modify or reaffirm Mission and Vision statements.
- Review and decide on Guiding Principles.

<table>
<thead>
<tr>
<th>ITEM #</th>
<th>AGENDA ITEM</th>
<th>DISCUSSION QUESTIONS/ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Overview of timeline and process</td>
<td>Introduction to the Strategic Planning Needs Assessment report and re-review of the planning process.</td>
</tr>
<tr>
<td>2.</td>
<td>Data Dashboard¹</td>
<td>What do these data tell us? What are the implications for setting future priorities and desired outcomes?</td>
</tr>
<tr>
<td>3.</td>
<td>Input from the Commission/staff interviews¹</td>
<td>How does this input help to inform the strategic planning? What are the key take-aways regarding program and internal operations? Were there any surprises?</td>
</tr>
<tr>
<td>4.</td>
<td>Input from the Key Informant interviews¹</td>
<td>How do these perceptions fit with the Commission’s understanding? How do these insights influence priority setting?</td>
</tr>
<tr>
<td>5.</td>
<td>Input from the Provider/Professionals Survey¹</td>
<td>How does this input help to inform priority setting? Development of RFPs? What are the key take-aways?</td>
</tr>
<tr>
<td>6.</td>
<td>Input from the Parent Survey¹</td>
<td>Is the information we captured reflective of the Merced County 0-5 population? What did we learn (anything we didn’t already know?) Are the findings consistent with others’ needs assessments?</td>
</tr>
<tr>
<td>7.</td>
<td>Overview of Sustainability/Systems-Level Investment¹</td>
<td>What are the most important sustainability questions for this Commission? Is there agreement on the concept of systems-level work? Do any of the examples provided resonate with Commissioners?</td>
</tr>
<tr>
<td>8.</td>
<td>Program and Operational Issues¹</td>
<td>How to exploit strengths and opportunities and mitigate challenges and “threats”? Are we learning from our work what we want to learn? Are there structural issues to address?</td>
</tr>
</tbody>
</table>
| 9.     | First 5 Foundational Statements²  
  - Mission  
  - Vision  
  - Guiding Principles | Do the current Vision and Mission statements reflect what we want to project for the next 5 years (affirm or change it)? Which of the Guiding Principles (aka Core Values) do we want to adopt in the strategic plan? |
| 10.    | Next steps | Review and reaffirm consensus around the remaining process. |

¹Included in the Strategic Plan Needs Assessment report. ²Emailed as part of the Commission meeting package.
“Strategic funders typically see themselves as accountable for successful outcomes.”
—Forbes Leadership Strategy

<table>
<thead>
<tr>
<th>SECTION</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTRODUCTION</td>
<td>2</td>
</tr>
<tr>
<td>DATA SOURCES AND PROCESS</td>
<td>2</td>
</tr>
<tr>
<td>OVERVIEW</td>
<td>4</td>
</tr>
<tr>
<td>PART I: STATISTICAL DATA (Secondary Data)</td>
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<tr>
<td>Data Dashboard</td>
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<tr>
<td>PART II: COMMUNITY AND COMMISSION INPUT (Primary Data)</td>
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<tr>
<td>Commission and Staff Interviews</td>
<td>11</td>
</tr>
<tr>
<td>Key Informant Interviews</td>
<td>15</td>
</tr>
<tr>
<td>Provider Focus Groups</td>
<td>20</td>
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<tr>
<td>Parent Survey</td>
<td>24</td>
</tr>
<tr>
<td>PART III: PROGRAM AND OPERATIONAL ISSUES</td>
<td></td>
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<tr>
<td>Organizational Perspectives</td>
<td>29</td>
</tr>
<tr>
<td>Grant Alignment with Priorities</td>
<td>31</td>
</tr>
<tr>
<td>PART IV: OVERVIEW OF SUSTAINABILITY/SYSTEMS CHANGE</td>
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<tr>
<td>Sustainability Considerations</td>
<td>34</td>
</tr>
<tr>
<td>System-Level Investments</td>
<td>37</td>
</tr>
<tr>
<td>Best Practice Interventions</td>
<td>42</td>
</tr>
<tr>
<td>PART V: OTHER LOCAL NEEDS ASSESSMENTS</td>
<td>44</td>
</tr>
<tr>
<td>ATTACHMENTS</td>
<td></td>
</tr>
<tr>
<td>List of Commission, Staff and Key Informant Interviewees</td>
<td>45</td>
</tr>
<tr>
<td>Copy of Parent Survey</td>
<td>46</td>
</tr>
</tbody>
</table>
INTRODUCTION

The Children and Families Act of 1998 requires First 5 Commissions to have a strategic plan to guide their work. Community input and data-driven or evidence-based strategic planning helps funders define their direction and decision-making process. This needs assessment provides the framework that will allow the Commission to more strategically plan and guide its future community investments to achieve desired results. The Commission engaged Barbara Aved Associates in December 2019 to research and prepare this report. The report is organized into 5 sections: an assessment of external data (Parts I and II); an assessment of operational and program information (Part III); an overview of systems-level and sustainability considerations and evidence-based interventions; and a brief summary of findings from other local needs assessments not otherwise included in the other sections of the report.

DATA SOURCES AND PROCESS

To launch the strategic planning process, we identified the issues of highest relevance to First 5’s mission, and collected applicable data to inform the Commission of current needs, gaps, barriers and community perspectives. The information from this research came from the sources below.

Statistical Data (Secondary Data)

Data Dashboard. The most recently available and relevant statistical data from secondary data sources that aligned with each of the Commission’s goal areas, such as the percent of children who visited a dentist in the past year, were identified, extracted and organized into a reader-friendly “dashboard” format. The Dashboard includes 56 indicators and allows the Commission and its partners and stakeholder groups to track these key data points and monitor progress toward the early childhood outcomes sought by First 5.

Community Input (Primary Data)

Parent Survey. A Parent Survey was designed to learn more about the needs and experiences of Merced County’s 0-5 children and families (Attachment 2). The 16-question survey in English and Spanish was widely distributed between January and March to parents and other caregivers of children 0-5 at grantee and other community sites. A total of 1,338 parents responded to topics that included access barriers and utilization of services; nutrition and other preventive practices; early learning experiences; highest needs and concerns; and awareness and use of community resources.

Interviews and Provider Surveys. To gain an understanding of the perspectives of community leaders and individuals who work directly with families, we invited input to the strategic planning process through key informant interviews and surveys with provider/professionals. We posed many of the same questions to these groups to look for universal themes and common perspectives, tailoring some interview questions to individuals’ specific areas of expertise.
Twenty-one Key Informants representing a cross-section of Merced County health and human service and other professionals with a broad and informed perspective about the county’s population and needs participated in a one-hour telephone interview with the consultant between January and February. (See Attachment 1 for a list of these individuals.)

During late March and early April, 12 individuals representing First 5 Merced County providers and other community professionals responded to an emailed survey* that asked them to identify highest needs and top priorities, insights and recommendations for 0-5 children and families.

Commissioners and staff also participated in individual interviews to structured questions; this opportunity afforded historical perspectives as well as input concerning planning, programming, evaluation and other operational issues (Attachment 1).

Key Evaluation Findings

Any available evaluation-related documents were sought and reviewed for findings that could inform strategic planning. We were particularly looking for conclusions about approaches that have increased parenting knowledge, skills, and practices; strategies that facilitated access to services; interventions that promoted children’s developmental progress; and evaluation capacity-building offered to grantees that might have occurred among grantees.

Others’ Approaches

We conducted a brief literature search and spoke with other funders to learn what best-practice interventions, sustainability and systems-level approaches, including revenue maximization strategies, have been used successfully elsewhere that could have applicability to Merced County.

Other Local Needs Assessments

Other relevant local needs assessments, when used or updated by us, allowed us to avoid duplication of effort. Some of these reports included:

- 2018 Community Health Needs Assessment Report (Valley Children’s Hospital)
- Merced County Office of Education (MCOE) Head Start 2018-2019 Community Assessment
- Merced County Early Learning and Care Needs Assessment, Merced County Collaborative for Children and Families (MCOE)
- Merced County Community Health Needs Assessment and Community Health Improvement Plan (Merced County Public Health)
- Merced County Oral Health Needs Assessment and Community Oral Health Improvement Plan (Merced County Public Health)
- Merced County Public Health – Maternal Child and Adolescent Health Needs Assessment

* The original plan was to use focus groups. The two meetings that were scheduled had to be cancelled because of the work-from-home mandate due to the COVID-19.
Overview of Selected Merced County Child Demographics and Socioeconomic Indicators

- Ages 0-2  -  12,212
- Ages 3-5  -  12,706
- Ages 6-10  -  22,365

Child Population by Ethnicity
- African American  2.8%
- American Indian  0.2%
- Asian American  6.5%
- Hispanic/Latino  70.5%
- White  17.7%
- Multiracial  2.1%

Top non-English Languages Learners, K-6th Grade (2017-18)
- Spanish  -  92%  (13,694)
- Hmong  -  4%  (569)
- Punjabi  -  2%  (243)
- Other  -  1.6%  (251)

Migrant Students Ages 0-12 (2018)
- Infants and Toddlers  -  172
- Preschool  -  420
- School-Age  -  1,375
- Total Migrant Families  -  1,034

Percent of Children < Age 18 Living Below Poverty Threshold (2013-17)
- Merced  33.4%
- CA  20.8%

Children with Special Needs (2016)

<table>
<thead>
<tr>
<th></th>
<th>0-2 yr</th>
<th>3-5 yr</th>
<th>6-12 yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual disability</td>
<td>0</td>
<td>0</td>
<td>236</td>
</tr>
<tr>
<td>Speech or language</td>
<td>43</td>
<td>263</td>
<td>735</td>
</tr>
<tr>
<td>Impairment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other health impairment</td>
<td>34</td>
<td>13</td>
<td>262</td>
</tr>
<tr>
<td>Emotional disturbance</td>
<td>0</td>
<td>0</td>
<td>45</td>
</tr>
<tr>
<td>Specific learning</td>
<td>0</td>
<td>0</td>
<td>1308</td>
</tr>
<tr>
<td>Disability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autism</td>
<td>0</td>
<td>210</td>
<td>284</td>
</tr>
</tbody>
</table>

Unemployment Rate (pre-COVID-19)
- 2015: 6.2%
- 2016: 5.5%
- 2017: 4.8%
- 2018: 4.2%
- 2019: 3.7%
The dashboard below displays Merced County’s progress toward the early childhood outcomes sought by First 5. Each strategic result area is measured by a community-level indicator; the county’s status on each of the 56 indicators is compared to California state averages. Unless otherwise noted, the time period for the state data is the same as county period. It should be kept in mind that some age, race/ethnic and other differences may exist in population data. Merced County status is compared to statewide averages using the rubric below:

- 🔺 = Better than the state average (favorable condition)
- 🔻 = Poorer than the state average (unfavorable condition)
- ↔ = Similar (same or relatively close to the state average)
- N/R = Not rated (not applicable or neither favorable nor unfavorable)

<table>
<thead>
<tr>
<th>Result Area</th>
<th>Indicator</th>
<th>Merced County</th>
<th>California</th>
<th>Compare</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DESIRED OUTCOME: HEALTH AND DEVELOPMENT</strong></td>
<td>Children achieve optimal developmental, behavioral and social-emotional health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth Rate</td>
<td>The number of births per 1,000 women age 15-44.(^1)</td>
<td>71.5 (2006-2016) (Merced/Modesto region)</td>
<td>60.6</td>
<td>N/R</td>
</tr>
<tr>
<td>Access to Prenatal Care (Adequate/ Adequate Plus Prenatal Visits)</td>
<td>The percent of women who begin prenatal care in the first trimester of pregnancy.(^2)</td>
<td>67.5% (2015-2017)</td>
<td>83.5%</td>
<td>🔻</td>
</tr>
<tr>
<td></td>
<td>The percent of births with mothers receiving adequate number of visits.(^3)</td>
<td>65.2% (2015-2017)</td>
<td>77.9%</td>
<td>🔻</td>
</tr>
<tr>
<td>Low Birth Weight</td>
<td>The percent of babies born with low birth weight (&lt;2500 grams).(^4)</td>
<td>6.4% (2015-2017)</td>
<td>6.9%</td>
<td>🔺</td>
</tr>
<tr>
<td>Infant Mortality</td>
<td>The number of deaths of children less than one year of age per 1000 live births (rate).(^5)</td>
<td>4.0 (2015-2017)</td>
<td>4.4</td>
<td>🔺</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>The percent of women who initiate any or exclusive breastfeeding after childbirth, (^6) and the percent of women who continue breastfeeding for at least 3 mos.(^7)</td>
<td>Any 92.6% (2018)</td>
<td>93.3%</td>
<td>↔</td>
</tr>
<tr>
<td></td>
<td>Exclusive 60.4%</td>
<td></td>
<td>70.4%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hospital Any 90.7%</td>
<td>Exclusive 46.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Memorial 93.5%</td>
<td>65.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MIHA follow-up data (2013-15)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Any, at 1 mo. 80.1%</td>
<td>Exclusive, at 1 mo. 37.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Any, at 3 mos. 63.8%</td>
<td>Exclusive, at 3 mos. 22.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunization</td>
<td>The percent of children fully immunized by entry into kindergarten and enrolled in licensed child care facilities.(^8)</td>
<td>97.5% entering kindergarten (2018-19) 97.0% (avg) enrolled in child care centers (2018-19)</td>
<td>94.8% 95.9%</td>
<td>🔺</td>
</tr>
<tr>
<td>Result Area</td>
<td>Indicator</td>
<td>Merced County</td>
<td>California</td>
<td>Compare</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>----------------------------------------</td>
<td>--------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>Oral Health: Access</td>
<td>The percent of all children&lt;sup&gt;9&lt;/sup&gt; and children with Medi-Cal&lt;sup&gt;10&lt;/sup&gt; with a dental visit in the last 12 months.</td>
<td>93.4%, all children ages 2-11 (2018)</td>
<td>81.2%</td>
<td>↑</td>
</tr>
<tr>
<td></td>
<td>Children with Medi-Cal: (2017)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- 19.9% ages 1-2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- 50.9% ages 3-5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- 58.2% ages 6-9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The percent of women with a dental visit during pregnancy.&lt;sup&gt;11&lt;/sup&gt;</td>
<td>27.8% (2013-2015)</td>
<td>43.0%</td>
<td>↓</td>
</tr>
<tr>
<td>Untreated Decay</td>
<td>The percentage of kindergarteners screened with untreated dental decay.&lt;sup&gt;12&lt;/sup&gt;</td>
<td>25% (2017)</td>
<td>Fluctuates, but average is ~ 23%</td>
<td>↔</td>
</tr>
<tr>
<td></td>
<td>The percent of children that get juice or sugary beverage in their bottle or sippy cup.&lt;sup&gt;13,14&lt;/sup&gt;</td>
<td>7.2% - regularly</td>
<td>36%</td>
<td>N/R</td>
</tr>
<tr>
<td></td>
<td></td>
<td>57.4% - sometimes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(2018)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutrition and Fitness</td>
<td>Percent of 5&lt;sup&gt;th&lt;/sup&gt; graders who are overweight or obese.&lt;sup&gt;15&lt;/sup&gt;</td>
<td>46.9% (2017-18)</td>
<td>40.5%</td>
<td>↓</td>
</tr>
<tr>
<td></td>
<td>Percentage of 5&lt;sup&gt;th&lt;/sup&gt; graders meeting 6 of 6 Healthy Fitness Zone fitness standards.&lt;sup&gt;16&lt;/sup&gt;</td>
<td>15.8% (2018-19)</td>
<td>23.1%</td>
<td>↓</td>
</tr>
<tr>
<td></td>
<td>The proportion of women who are obese before pregnancy (that can influence the risk of obesity for the child)&lt;sup&gt;17&lt;/sup&gt;</td>
<td>26.4% (2013-15)</td>
<td>20.3%</td>
<td>↓</td>
</tr>
<tr>
<td></td>
<td>The percent of children that eat 5 or more servings of fruit/vegs daily; percent that ate fast food 2 times last week.&lt;sup&gt;18&lt;/sup&gt;</td>
<td>66.9% (2018)</td>
<td>27.0%</td>
<td>↑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>35.1% (2016)</td>
<td>18.8%</td>
<td>↓</td>
</tr>
<tr>
<td>Children's Mental Health</td>
<td>Number of hospital discharges for mental health issues per 1,000 children and youth ages 5-14.&lt;sup&gt;19&lt;/sup&gt;</td>
<td>2.8 (2018)</td>
<td>2.7</td>
<td>↔</td>
</tr>
<tr>
<td>Children's Emotional/ Developmental Health Status</td>
<td>The percent of children 0-5 screened for developmental/social-emotional with indications requiring a more comprehensive assessment or referral for services. <em>(Using a standardized assessment tool.)</em></td>
<td>922 ASQ screened 21.1% needed referral (Head Start)&lt;sup&gt;20&lt;/sup&gt;</td>
<td>NA</td>
<td>N/R</td>
</tr>
<tr>
<td></td>
<td></td>
<td>206 ASQ screened 25.7% needed referral (Merced Co HSA, 2019)&lt;sup&gt;21&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Note: Merced PH was unable to provide requested CHDP screening data results.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal Mental Health</td>
<td>The percent of women with postpartum depression.&lt;sup&gt;21&lt;/sup&gt; <em>(Which can affect children’s emotional and behavioral outcomes.)</em></td>
<td>17.8% (2013-15)</td>
<td>13.5%</td>
<td>↓</td>
</tr>
</tbody>
</table>
### DESIRED OUTCOME: STRONG FAMILIES
Families Raise Their Children in Safe, Stable and Nurturing Homes

<table>
<thead>
<tr>
<th>Result Area</th>
<th>Indicator</th>
<th>Merced County</th>
<th>California</th>
<th>Compare</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Structure</strong></td>
<td>Number and percent of families living with own children ages 0-5 only.</td>
<td>5,067 (6.4%)</td>
<td>6.3%</td>
<td>↔️</td>
</tr>
<tr>
<td></td>
<td>(&quot;Families&quot; defined as a householder and one or more other people related to the householder by birth, marriage, or adoption.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Percent of children ages 0–17 living with two married parents present.</td>
<td>55%</td>
<td>63.7%</td>
<td>↓️</td>
</tr>
<tr>
<td></td>
<td>Percent of children ages 0-17 living with grandparents who provide primary care for one or more grandchildren in the household.</td>
<td>3.3% (2013-17)</td>
<td>3.2%</td>
<td>↔️</td>
</tr>
<tr>
<td><strong>Child Abuse and Neglect:</strong></td>
<td>Rate of children with <em>reported</em> (allegations) cases of abuse and neglect, per 1,000 children.</td>
<td>(2019)</td>
<td></td>
<td>↓️</td>
</tr>
<tr>
<td></td>
<td>By child age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt; age 1 79.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ages 1-2 57.7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ages 3-5 60.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Substantiated</strong></td>
<td>Rate of children with <em>substantiated</em> cases of abuse and neglect, per 1,000 children.</td>
<td>(2019)</td>
<td></td>
<td>↔️</td>
</tr>
<tr>
<td></td>
<td>Substantiated cases by child age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt; age 1 23.1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ages 1-2 8.2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ages 3-5 8.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Foster Care</strong></td>
<td>Rate of first entries into foster care per 1,000 children age &lt;18.</td>
<td>&lt; age 1 13.0</td>
<td>&lt; age 1 12.2</td>
<td>↔️</td>
</tr>
<tr>
<td></td>
<td>ages 1-2 4.3</td>
<td>ages 1-2 3.6</td>
<td>ages 3-5 2.6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ages 3-5 3.1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Percentage of children age &lt;18 who have been in foster care less than 12 months, by number of placements during their stay in care.</td>
<td>62.2%, 2 or fewer placements (2017)</td>
<td>67.8%, 2 or fewer placements</td>
<td>↓️</td>
</tr>
<tr>
<td></td>
<td>37.8%, 3 or more placements</td>
<td>32.2%, 3 or more placements</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Domestic Violence</strong></td>
<td>The number of domestic violence calls for assistance.</td>
<td>1,541 (2017)</td>
<td>NA</td>
<td>N/R</td>
</tr>
<tr>
<td></td>
<td>Percent of women who experienced physical or psychological intimate partner violence during pregnancy.</td>
<td>10.1% (2013-14)</td>
<td>7.0%</td>
<td>↓️</td>
</tr>
<tr>
<td><strong>Unintentional Injury Hospitalizations</strong></td>
<td>The rate of hospitalizations due to non-fatal unintentional injuries per 100,000 children age 0-20.</td>
<td>135.7, ages 1-4 (2014)</td>
<td>212.2</td>
<td>↑️</td>
</tr>
<tr>
<td></td>
<td>79.4, ages 5-12</td>
<td>118.1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Desired Outcome: High-Quality Learning

**Children Have Access to High-Quality Early Learning Opportunities**

<table>
<thead>
<tr>
<th>Result Area</th>
<th>Indicator</th>
<th>Merced County</th>
<th>California</th>
<th>Compare</th>
</tr>
</thead>
</table>
| Unmet Need and Availability of Child Care        | The estimated unmet child care need, i.e., children not participating.  
(Note: Calculations are estimates due to missing counts, duplicative enrollment and other challenges.) | 2016 For Children in Low-Income Families |            | N/R     |
|                                                  | Programs Meeting Title V Stds                                             | Infant/Toddler | Preschool  |         |
|                                                  | All Programs                                                              |               |            |         |
|                                                  | 2016 For Children in Working Families                                    |               |            |         |
|                                                  | Programs Meeting Title V Stds                                             |               |            |         |
|                                                  | All Programs                                                              |               |            |         |
| Preschool Enrollment                              | The estimated percent of children with parents in the labor force for whom licensed child care is available. | 19%, in 2017  
(Based on the 5,976 licensed child care center and family home center slots in Merced County; doesn’t include license-exempt programs) | 23%         |         |
| Average annual cost of licensed child care.     |                                                                           |               |            |         |
|                                                  | Infant Preschool                                                         |               |            |         |
|                                                  | Child care center                                                        | $11,838       | $7,893     |         |
|                                                  | Family child care home                                                   | $7,389        | $7,079     |         |
|                                                  |                                                                           |               |            |         |
|                                                  |                                                                            | $16,451       | $11,202    |         |
|                                                  |                                                                            | $10,609       | $9,984     |         |
| Pre-K Enrollment                                 | The estimated percentage of children ages 3-5 enrolled in preschool or transitional kindergarten. | 44% 2018      | 49%        |         |
| Early Literacy                                   | The percent of children ages 0-5 whose parents read books with them every day. | 26.4% (2018)  | 63.2%      |         |
| Reading and Math Proficiency                     | The percent of 3rd grade children at grade-level proficiency in reading and math. | 41% English (2018-19)  
26% Math                                      | 48.5% English  
50.2% Math                                  |         |
| Language                                         | The percent of the population age 5+ who speak a language other than English at home. | 52.3% (2013-17 average) | 44.0%      | N/R     |
|                                                  | The percent of children ages 0-17 living in households in which no person age 14 or older speaks English "very well." | 15.7% (2012-16 average) | 10.8%      |         |
| English Learners                                 | The percent of English Learner (EL) students at Risk of Becoming Long-Term English Learners (EL students for 4 or 5 Years), grades 3-12. | 39.2% (2018-19)  
(varies by school district)                  | 36.3%        |         |
## OTHER COMMUNITY DETERMINANTS
### Related Indicators of Well-Being

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Value</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Connection to Community Resources</strong></td>
<td>The number of 2-1-1 calls requesting a community referral.</td>
<td>1,300 calls to 2-1-1 last year 98-120/mo. avg. <em>(Affordable housing/rentals/shelters was the main need, followed by assistance for utilities and funeral costs.)</em></td>
<td>NA</td>
</tr>
<tr>
<td><strong>Poverty</strong></td>
<td>The percent of children in deep poverty.</td>
<td>15.8% (2017)</td>
<td>7.2%</td>
</tr>
<tr>
<td><strong>Food Security</strong></td>
<td>Percent of adults unable to afford enough food (food insecure).</td>
<td>36.7% (2018)</td>
<td>37.4%</td>
</tr>
<tr>
<td></td>
<td>The percentage of children ages 0-17 living in households with limited or uncertain access to adequate food</td>
<td>24.4% (2017)</td>
<td>18.1%</td>
</tr>
<tr>
<td><strong>Educational Attainment</strong></td>
<td>Percent of population age 25 and older with less than and with only a HS/GED diploma.</td>
<td>31.1% (2017)</td>
<td>17.5%</td>
</tr>
<tr>
<td></td>
<td>The percent of mothers (women who gave birth in a given year) with no HS/GED diploma.</td>
<td>23.4% (2013-14)</td>
<td>16.3%</td>
</tr>
<tr>
<td><strong>Homelessness</strong></td>
<td>The percent of public school students recorded as being homeless at any point during a school year.</td>
<td>2.8% (2016)</td>
<td>4.4%</td>
</tr>
<tr>
<td><strong>Births to Adolescents</strong></td>
<td>The number of births per 1,000 females ages 15-19.</td>
<td>26.0 (2015-2017)</td>
<td>15.7</td>
</tr>
<tr>
<td></td>
<td>Percentage of repeat births (all births to mothers aged 15-19 with one or more previous live births).</td>
<td>18.4 (2015-2017)</td>
<td>16.1</td>
</tr>
<tr>
<td><strong>Exposure to Second-hand Smoke: Adult Smoking</strong></td>
<td>Percent of individuals age 18+ reporting current cigarette smoking.</td>
<td>19.3% (2018)</td>
<td>11.2%</td>
</tr>
<tr>
<td><strong>Maternal Tobacco Use</strong></td>
<td>Prevalence of maternal smoking 3 months prior to pregnancy.</td>
<td>12.8% (2013-2015)</td>
<td>10.8%</td>
</tr>
<tr>
<td><strong>Exposure to Lead</strong></td>
<td>The percent of children ages 0–5 screened with elevated blood levels (lead greater than or equal to 4.5% µg/dL.</td>
<td>1.85% (2018)</td>
<td>1.48%</td>
</tr>
<tr>
<td><strong>Adverse Childhood Experiences (ACES)</strong></td>
<td>Prevalence of people with ACES in the county.</td>
<td>0</td>
<td>38.2%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>24.6%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 or 3</td>
<td>24.9%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 or &gt;</td>
<td>12.3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0</td>
<td>38.3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>21.7%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 or 3</td>
<td>23.3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 or &gt;</td>
<td>16.7%</td>
</tr>
</tbody>
</table>
# DASHBOARD SUMMARY

(56 Indicators)

<table>
<thead>
<tr>
<th>DESIRED OUTCOME (n = number of indicators assessed)</th>
<th>MERCED COUNTY COMPARED TO CA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Development (n = 23)</td>
<td>🕹️  6 🕷️  9 🕷️  5 N/R 3</td>
</tr>
<tr>
<td>Strong Families (n = 12)</td>
<td>🕹️  2 🕷️  5 🕷️  4 N/R 1</td>
</tr>
<tr>
<td>High-Quality Learning (n = 9)</td>
<td>🕹️  1 🕷️  5 🕷️  1 N/R 2</td>
</tr>
<tr>
<td>Other Community Determinants (n = 12)</td>
<td>🕹️  1 🕷️  9 🕷️  2 N/R 0</td>
</tr>
</tbody>
</table>

Key:
- 🕹️ = Better than the state average (favorable condition)
- 🕷️ = Poorer than the state average (unfavorable condition)
- 🕷️ = Similar (same or relatively close to the state average)
- N/R = Not rated (not applicable or neither favorable nor unfavorable)
Community input—the primary data—is key in identifying needs and offering informed perspectives about ways to address them. This section of the assessment report highlights findings from Interviews, and Provider and Parent Surveys. The perspectives of these groups generally aligned with the dashboard data presented above.

COMMISSION AND STAFF INTERVIEWS

Five of the 8 Commissioners who chose to participate in a one-on-one telephone interview and the 3 staff provided input about community needs, issues and suggested approaches, and their input is combined as “the Commission” in the summary below. (Note: Commission input concerning internal/operational issues is included in Part III of this report.) It should be noted that the interviews were conducted pre-COVID-19.

Most Important Concerns and Needs

Parent engagement and “ineffective parenting” were among the most commonly mentioned concerns relative to Merced County families with young children (Figure 1). Screen time and other forms of technology were said to be interfering with parent/child bonding as well as having a negative impact on early literacy. Disparities among race/ethnic groups in parent knowledge about child development are apparent and also a concern.

Children’s access and utilization of oral health services was specifically identified as a top concern, especially those with Medi-Cal, given the importance of regular visits, caries risk assessment, and the need for parent education. There was mentioned again in questioning whether Medi-Cal Managed Care is doing enough outreach, especially in regard to follow-up appointments, as well as ensuring children are receiving primary care services, and not only referred for but make regular dental visits.

Figure 1. Top Concerns and Needs Relative to the 0-5 Population

- Safe, affordable housing
- Poor parent-child bonding/engagement
- Children’s oral health
- Fulfillment of Medi-Cal Managed Care contract responsibilities
- Access to good quality food
- Access to reliable, affordable transportation
Recommended Priorities

Given the knowledge of the extent of community need, and some understanding about where other monies are currently or expected to be available, the Commission was asked to rank 12 priority problem areas (Figure 2), with no presumption about the strategies for addressing them. The purpose was to assess the extent of accord among the interviewees. This was a challenging exercise because all of the concerns clearly are important, all are interconnected, and all have a direct or indirect impact on each another.

Of highest priority for First 5 funds over the next 5 years were safe parks/play areas and food security (62.5% agreement), followed by concerns around domestic violence. The issue of children’s behavioral/mental health was also believed to be a highest priority (50% agreement) followed closely by the need to address poor nutrition and inadequate physical activity and access to quality preschool. Other areas such as hearing and vision problems were not viewed as unimportant but just less of a priority for First 5 to take on. As you will see in the next section, except for concern about children’s mental/behavioral health, this input lines up in many places with the rankings of the Key Informants.

![Figure 2. Commissions’ Relatively Ranked Priorities for First 5*](image)

Intervention Strategies

The most common response to the question of what type of program strategy should be supported to impact the identified needs was home visitation (Figure 3). While this is a service-intensive strategy—challenging the concept of shift-from-client-services-to-systems-level-funding—the Commission felt strongly that home visitation should remain a key strategy. An example of a specific investment to promote children’s mental health was early identification of behavioral risk issues and referral for further evaluation and/or treatment—which could of course be facilitated through support for home visitation as well as enhanced training for childcare and preschool staff. The
recommendation for more support for community-based organizations to help address the priorities included skill building of existing CBO personnel and ensuring they have adequate staffing, as well as the idea of identifying a strong fiscal intermediary in the community that could serve certain administrative functions (e.g., maintain liability coverage, offer supportive services) for less “sophisticated” applicants. One individual observed that support had been limited to “just putting money into little pockets of areas” and not being more proactive throughout the county.

The ideas around FRC development included establishing more 1-stop-shopping service opportunities, and having an active referral database. A more comprehensive communications plan ("establishing a First 5 Merced brand") would help raise visibility, promote health/social messaging, and potentially encourage other funders to collaborate in endorsing First 5 priorities. In shifting to more systems-level investments, brought up by just one of the interviewees, First 5 should think about addressing policies as well as practices.

**Figure 3. Commissions’ Suggested Program/Grant Strategies for More Impactful Results**

- Home visiting programs
- CASA, and CASA-like programs
- Approaches that promote mental health, particularly maternal mental health
- Capacity-building for community-based organizations
- Tailored outreach for underserved populations
- Education/information for the public about available resources
- Family Resource Center-type entities
- Help Me Grow
- Be OK with narrowing and then focusing on selected priorities
- Look for more applicants beyond the usual players (than MCOE, for instance)
- Establishing a comprehensive communications plan
- More systems-level investments

**Potentially Under-Utilized Opportunities**

Besides the opportunity afforded by incorporating more data analytics into the program, the Commission did not know of current or future opportunities First 5 might be unaware of or not taking sufficient advantage of; one interviewee, however, believed there was potential for the Commission to do more through Help Me Grow. One individual pointed out that since many of the Commissioners were agency heads, they were generally aware when there were new funds, new policies and legislation, etc.

**Support for Providers/Professionals**

Nearly all of the interviewees thought First 5 had not done enough to support the professional/provider community. Some of the specific areas in which the Commission hadn’t either proactively reached out or been responsive included: education (e.g., helping pediatricians understand the
effects of poverty on nutritional status); capacity building (e.g., helping prospective applicants in grant seeking to make them competitive for First 5 and other funders); Short staffed to do it themselves – but could bring in experts from the outside (e.g., workshops in grant writing, grant seeking, evaluation capacity), arrange for

**Missing Stakeholders**

In general, the Commission felt comfortable with stakeholder reach except, according to a couple of individuals, questioning whether it had enough ways to hear from the Hispanic/Latino community in terms of “missing voices” and/or funding opportunities.
KEY INFORMANT INTERVIEWS

“Some parents come from families who haven’t valued education. They think ‘teaching’ kids takes a major time commitment but it really doesn’t; it’s the small, consistent amounts of time that count.”

– Key Informant Interviewee

Gaps and Needs

Thinking about the scope of the First 5 Desired Outcomes, the 21 Key Informants (see Attachment 1) were asked to identify the top gaps—in knowledge, services, policies and so forth—relative to Merced County’s 0-5 population. (It should be noted that the interviews were conducted pre-COVID-19.) We asked them to distinguish “gaps” from “needs” as something needed might already be being addressed in the community, adequately or otherwise, while a gap represented something more glaringly unfulfilled or unmet. Over half of the interviewees cited as a major gap “parent knowledge about good parenting” and the lack of resources to support this learning (Figure 1). Some thought parents seemed afraid to parent their children and were not engaged enough (“sitting on a park bench watching your child play while you’re on your cell phone is not engagement”)—the consequences of which, they observed, were an increasing number of children with behavioral issues and children with learning difficulties such as language development (“the children are ‘communicating’ with a cell phone; that’s not learning how to talk”). Interviewees stressed the need for early identification of problems—and intervention.

Figure 1. Top Four Gaps Identified Relative to the 0-5 Population* (n=20)

- Parent engagement and resources to improve parenting.
- Parenting skills are a key factor in long-term child outcomes.
- Childcare for working parents, especially with infants and toddlers.
- A number one barrier for parents to seek/keep a job.
- Transportation system inadequacies.
- Limits access to services, contributes to no-show rates, intensifies social isolation.
- Lack of affordable housing.
- Results in too many children being raised in unsafe, unstable environments.

* In order of frequency of mention.

Finding appropriate, affordable and high quality childcare for 0-5 was believed to be “painfully difficult and absent.” Transportation was said to “come up in all conversations” despite the transportation benefit available to Medi-Cal managed care plan members. Although not as “crazy” as some places in the state, the cost of affordable housing in Merced was acknowledged as still beyond the means of many families (“….obviously transient families can’t be found for follow-up when there’s a problem”). A point was also made that the presence of so many UC Merced students has taken up apartments and other rental properties that would otherwise be available to low-income families—and contributed universally to higher rents in the community.
Additional insightful comments included the following:

- “The numbers of kids with social and emotional health needs has been growing, but more importantly the severity is increasing greatly. How much more can the early childhood education community take on in the absence of parent involvement?”
- “Communities have too few places to recreate—to come together, socialize and establish relationships.”
- “There’s a big gap for the people who don’t qualify for anything—not poor enough for public benefits, not affluent enough to pay for services themselves.”
- “Sometimes the diagnosis doesn’t qualify people for services; not bad off enough, but not well off enough either.”
- “Health equity and other opportunities to optimize life sometimes get short shrift as a core value.”
- “Leadership seems deaf to some of these issues—better parent awareness, family violence.”
- “Maternal depression/postpartum depression—this keeps coming up in so many programs as a risk factor for child development.”

Given their knowledge of the extent of community need, and where other monies are currently or expected to be available, the interviewees ranked how much of a priority certain issues should be for First 5 funds over the next 5 years (Figure 2). The issue of children’s behavioral/mental health was nearly universally believed to be a high priority (94.4% agreement) followed closely (83.3%) by the need to address poor nutrition and inadequate physical activity. Other areas such as hearing and vision problems, substance abuse and primary health care were viewed as important but less of a priority for First 5 to take on. Although not a specific problem First 5 was asked to solve, a number of individuals highlighted the lack of affordable housing and the impact homelessness has had on families in the county—all of these issues are exacerbated by homelessness, they said—and until families’ basic living needs are met, to ensure safe, stable homes, kids’ health and learning were going to be compromised “no matter what strategies you put into place.”

**Figure 2. Key Informants’ Relatively Ranked Priorities for First 5* (n=21)**

<table>
<thead>
<tr>
<th>Issue</th>
<th>High</th>
<th>Middle</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental/behavioral health</td>
<td>94.4%</td>
<td>5.6%</td>
<td></td>
</tr>
<tr>
<td>Nutrition/physical activity</td>
<td>83.3%</td>
<td>16.7%</td>
<td></td>
</tr>
<tr>
<td>Safe parks and play areas</td>
<td>61.1%</td>
<td>38.9%</td>
<td></td>
</tr>
<tr>
<td>Access to quality preschool</td>
<td>50.0%</td>
<td>50.0%</td>
<td></td>
</tr>
<tr>
<td>Food security</td>
<td>44.4%</td>
<td>5.6%</td>
<td></td>
</tr>
<tr>
<td>Oral health</td>
<td>44.4%</td>
<td>11.1%</td>
<td></td>
</tr>
<tr>
<td>Substance abuse</td>
<td>38.9%</td>
<td>11.1%</td>
<td></td>
</tr>
<tr>
<td>Transportation assistance</td>
<td>38.9%</td>
<td>11.1%</td>
<td></td>
</tr>
<tr>
<td>Hearing and vision problems</td>
<td>33.3%</td>
<td>66.7%</td>
<td></td>
</tr>
<tr>
<td>Family/domestic violence</td>
<td>22.2%</td>
<td>72.2%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Primary health care</td>
<td>16.7%</td>
<td>72.2%</td>
<td>11.1%</td>
</tr>
</tbody>
</table>

*By rank order for highest priority.
Recommended Priorities/Grant Strategies

Challenged with making suggestions for what interventional strategies they would implement “if in charge of First 5 funds,” to effectively address the gaps and needs they had identified (Figures 1 and 2 above), many of the Key Informants viewed home visitation as a “high return practice” (Figure 3 below). Some suggested creating more incentives for home-based care options. More family support—particularly parent education—within the context of home visits as well as community settings (e.g., project fatherhood), was advocated by at least half of the individuals. The second most common suggestion—which can also be addressed by home visitors—is early screening and identification (“get eyes on kids early before they have problems”). It’s not enough, people said, for schools and pediatricians just to do assessments but to refer for further evaluation or treatment—and monitor family follow-through.

Five individuals thought the best way to address multiple issues was to put more money into nutrition education (emphasis on prevention such as reducing intake of sugar-sweetened beverages and junk food) and physical activity (emphasis on lowering screen time). Three individuals would want First 5 to use its funds to support a couple of comprehensive 1-stop shopping hubs, such as Family Resource Centers, to bring services closer to where families live especially in outlying communities; for example, offering linkage to training and employment for families who’ve lost benefits. The need for more collaboration was mentioned by several of the interviewees. One individual had observed “a shifting in First 5 funding that seems like there’s more competition now and less collaboration.”

Figure 3. Suggested Program/Grant Strategies for Impact

- Home visitation programs; reach out more to children with special needs.
- Do more early ASQ screening and referral.
- Nutrition education and promotion of physical activity.
- Strategies that promote collaboration, e.g., work toward shared outcomes.
- Support a hot-line or other means (e.g., 2-1-1) of making people aware of resources—location, eligibility, and current capacity.
- Open more childcare slots for low-income working parents.
- Provide money for grantees to offer incentives like childcare and transportation to promote attendance at parent education events.
- Create and/or help support Family Resource Centers (best practice model).
- Policies that address ethnic/racial equity.
- Messages and other educational interventions that address marijuana use (including vaping) during pregnancy based on increased use patterns providers are observing.
- Sponsorships that create recreational opportunities for low-income families.
- Fund local campaigns that promote read/sing/play with your kids using more creative communications (e.g., grocery bags, banners across G St.).
- Incentivize businesses to create scholarship programs and buy into the social impact
- Integrate training for trauma informed care in all First 5 programs (“and in everybody’s care system”).
- Anything that moves parents toward becoming greater advocates for their children.

*In rank order by frequency mentioned
**Under-Utilized Opportunities**

The opportunities—current or future—First 5 could be underutilizing or perhaps not taking sufficient advantage of to accomplish its goals, according to about half of the Key Informants who responded to this question, are listed in Figure 4 below. Some of them said they not know if the Commission was aware of these prospects, but certainly could be.

**Figure 4. Potentially Underutilized Opportunities or Resources**

- New home visitation programs
- New state preschool funds.
- New city and county housing monies.
- Use of local library branches that can serve as community gathering places as well as sponsor early literacy events.
- A strong 2-1-1 system in place that provides comprehensive, accurate referral information to callers.
- Collaborative opportunities with the local food bank.

**Duplication**

It is notable that when asked about this, only one of the 21 interviewees could think of a possible example of an unnecessary or wasteful duplication of programs or services in Merced County—fluoride varnish. Most people shared the belief expressed by one interviewee, “I think we don’t have enough services, nor have them in enough places, not that we have too many.”

**Support to the Provider/Professional Community**

Capacity-building for local organizations that need either a boost in grantwriting skills or an appropriate fiscal agent to be able to implement their proposed program was the most common suggestion for ways First 5 could be more helpful to the provider/professional community (Table 1 on the next page). Interviewees acknowledged that “there are only so many strong players in Merced County” but some who remarked “First 5 should push back on the big agencies” believed there were other organizations that could be “brought into the fold” with a little help. One example was to connect more with programs like the business schools at UC Merced or CSU Stanislaus and explore opportunities for pro bono consultation by faculty or graduate students.

People also thought First 5 should take a more visible leadership role in being the champion for children and families (“they recognize the ‘little hand’ [logo] but don’t necessarily see the people out in the community behind it”). A couple of individuals remarked that First 5 “used to be a bigger presence in the community—and used to have a robust Technical Advisory Committee—but not so much in recent years.” Many agreed First 5 was “so primed to be able to influence change regionally” but didn’t take enough advantage of it. The recommendation to play a greater convener role “and tackle selected issues” was also mentioned as another way to affect systems change.

Suggestions around education opportunities were for workshops, summits, brown bag lunches and similar events—speakers with cultural awareness—that provide information about best practices, “not just sharing statistics on what you’ve been doing or who you’ve been funding [as in the past].”
Table 1. Recommendations for More Provider/Professional Support

<table>
<thead>
<tr>
<th>Opportunity</th>
<th>Strategy</th>
</tr>
</thead>
</table>
| Build capacity of local organizations | - Sponsor a grant-writing workshop every couple of years  
- Sponsor a workshop to increase internal evaluation skills  
- Identify a fiscal partner to serve as an administrative agent  
- Offer or arrange for coaching/mentoring |
| Take on more of a convener role   | - Bring more people to the table around issues, promote awareness and advocacy through communications strategies, advocate, and build more diverse partnerships  
- Do more community outreach, e.g., pop-ups at events to distribute educational materials |
| Sponsor educational opportunities | - Bring in trainers  
- Bring in expert speakers  
- Support more evaluation activities  
- Take advantage of UC Merced faculty expertise |
| Promote collaborative activities  | - Create new or partner with existing (and diverse) groups  
- Require grant applicants to demonstrate collaborative strategies |

Missing Stakeholders

Most of the interviewees could not identify stakeholders or communities they thought First 5 wasn’t hearing enough from; several thought First 5 had “been good about” reaching out. But when they did name a group it was generally African Americans whose needs they said might not being well-enough addressed. A second-mentioned group was business community leaders. “Missing voices from the public in Los Banos/Dos Palos” (i.e., the Western part of the county) was noted by one individual.

Additional Comments and Recommendations

Other comments and recommendations from these interviews that are important to share with you are displayed below in Table 2. The statements are verbatim, and in no particular order.

Table 2. Additional Input from Key Informants

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Share this Needs Assessment report with the community.”</td>
<td>“First 5 has a reputation of holding grantees accountable (e.g., with monthly reports) but staff doesn’t always respond to it except with specific questions.”</td>
</tr>
<tr>
<td>“Hold convenings around the Data Dashboard that’s been developed for this Needs Assessment.”</td>
<td>“We get little in the way of evaluation feedback.”</td>
</tr>
<tr>
<td>“Develop the capacity of the First 5 staff around fiscal management and budgets so they can help local organizations and do more around evaluation.”</td>
<td>“Merced County has too much siloed funding, so funding gets diluted.”</td>
</tr>
<tr>
<td>“Take a risk, take a bolder approach around policies that affect 0-5 kids.”</td>
<td>“Many have parochial interests around their issues, making collaboration a challenge.”</td>
</tr>
<tr>
<td></td>
<td>“There is a bigger role for First 5 to play incentivizing businesses to buy into the social impact of poorly raised kids.”</td>
</tr>
</tbody>
</table>
In late March – early April 2020, 12 providers/professionals—some of whom were current or previous First 5 Merced grantees—provided input to the Commission’s strategic planning process through an emailed survey. First 5 developed the mailing list and according to staff sent out about 100 surveys. The responses were sent directly to us to assure respondent anonymity and encourage candor. In some cases, several agency staff contributed to the survey feedback. We used similar questions—mostly open-ended in this case—to those asked of Commissioners and the Key Informants and used thematic analysis to look for common patterns and opinions. Despite the small sample size, these informed perspectives add insights about specific community concerns, needs and gaps, and perceptions about First 5 and suggestions about future direction.

Top Concerns and Needs

Asked to think about the desired result areas of First 5, the respondents identified what they believed were the most pressing 0-5 population concerns and needs that First 5 should address over the next 5 years. The need for greater promotion of the health and well-being of young children and their families was the consistent theme that arose from these surveys. Poor parenting role models for themselves, disparities in knowledge about child development, “self-interest,” and “living in chronic survival mode,” and “use of non-educational screen time” were mentioned most frequently in relation to concerns expressed about inadequate parenting responsibilities (Figure 1). Some felt that parents had left child raising to professionals, for example schools. Several respondents who identified this concern suggested that growing attention on ACES (and trauma informed care) provides a platform for helping parents develop better parenting skills. One individual believed the “main purpose of First 5 should be to raise the bar of parental responsibility and connectivity.”

Figure 1. Five Top Needs and Concerns Relative to the 0-5 Population* (n=12)

- Parent responsibility for their children
- Maternal -infant mental health
- Children’s behavioral issues affecting learning
- Support for early childhood education and educators
- Positive cultural identity (Hmong children in particular)

*In order of frequency mentioned

Maternal and child mental health, including children’s “increasing intensity” of behavioral issues (“partly a result of ACES”), and recognition of the need for more and better quality child care and preschool opportunities were also specifically cited as top issues. Concerns specific to the Hmong

* Our original plan had been to hold focus groups—some were already scheduled—where we could engage in dialogue with community professionals. However, due to COVID-19 meeting restrictions, we used a written survey instead.
community such as children “not continuing to fall behind in education” and “achieving more positive cultural identity” were identified within the context of building personal resilience. Also pointed out was concern about supporting families with children that have a clinical diagnosis or other special needs as well as addressing families’ transportation difficulties.

Additional insightful comments related to the top needs included the following:

- “Often times children who experience mental health/social-emotional difficulties also have parents and family members dealing with the same issues.”
- “There’s a high need to educate parents in a culturally sensitive way.”
- “Parents need help to understand why and how literacy-building activities can be integrated in their everyday activities.”
- “There was a time when the concept of ‘family’ was revered and protected; today the concept is so fluid as to have no meaning.”
- “If there’s anything we’re learning from this COVID-19 and shelter-in-place is the need to understand how to play, teach, and respond to our children’s different behaviors.”

Impactful and Systems-Level Strategies

The providers recommended a number of strategies First 5 should consider supporting to most effectively address the top needs they had identified—strategies that should be reflected in future RFPs. Figure 2 below lists the most commonly advocated approaches.

Figure 2. Funding Strategies that make the Most Impact

- Family Resource Centers
- Parenting classes that emphasize emotional connectivity
- Post-partum screening and evaluation and wraparound services
- Building a regional shared agenda to promote children’s health and well-being
- Promoting and supporting the profession of early childhood educators
- The Promotores model, directed to education
- Investments in organizations and leaders people trust
- Support for parent advisory committees
- Training for professionals and others in trauma informed care

Trauma informed care, high ACES scores and robust wraparound mental health services were repeatedly referenced in describing recommended program investments. This included support for resilience-type curricula for families as well as professionals (with modifications appropriate to each sector), empowering parents to become their child’s first teacher, earlier screening and referral, and investing in leadership and mentoring. One group suggested First 5 should create and implement a shared agenda in Merced County about how best to promote the health and well-being of the 0-5 population—and then invest in building the capacity and infrastructure to implement that agenda. They recommended the agenda development include a wide group of stakeholders including CBOS, schools, businesses, health care providers and others.
Regardless of approach, the key features of any programs for supporting families (including single parents and teen parents) should reflect best practices; that is, be evidence-based, offer more than one option, be collaborative and multidisciplinary, and reflect diverse programing. Although it is best to use evidence-based practices, First 5 was cautioned to ensure that underserved populations such as monolingual parents who usually are not part of this evidence-based research be served appropriately through modified programming. One individual stressed the importance of being able to analyze results to identify successes.

**Funding Priorities**

The survey respondents were asked to rank in importance 12 main concerns as they related to the use of First 5 funds. (Note that the Commission and Key Informants responded to the same 12 items during the interviews, ranking them as Higher, Lower or Mid Priority.) Of highest priority—similar to all input received from the strategic planning process—was mental health: inclusive of social-emotional-behavioral health and maternal mental health (Table 1). Six (54.5%) of the individuals who answered this question (1 respondent did not), placed the item in the first rank. The mean scores in the table indicate the relative ranking of the other 11 items.

<table>
<thead>
<tr>
<th>Priority Areas</th>
<th>Ranking</th>
<th>Mean Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental/behavioral health</td>
<td>1</td>
<td>2.36</td>
</tr>
<tr>
<td>Primary health care</td>
<td>2</td>
<td>5.18</td>
</tr>
<tr>
<td>Access to quality preschool</td>
<td>3</td>
<td>5.36</td>
</tr>
<tr>
<td>Family/domestic violence</td>
<td>4</td>
<td>6.27</td>
</tr>
<tr>
<td>Food security</td>
<td>5</td>
<td>6.64</td>
</tr>
<tr>
<td>Housing</td>
<td>6</td>
<td>6.73</td>
</tr>
<tr>
<td>Nutrition/physical activity</td>
<td>7</td>
<td>6.81</td>
</tr>
<tr>
<td>Hearing and vision problems</td>
<td>8</td>
<td>7.18</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>9</td>
<td>7.45</td>
</tr>
<tr>
<td>Safe parks and play areas</td>
<td>10</td>
<td>7.73</td>
</tr>
<tr>
<td>Oral health</td>
<td>11</td>
<td>7.82</td>
</tr>
<tr>
<td>Transportation assistance</td>
<td>12</td>
<td>8.36</td>
</tr>
</tbody>
</table>

**Support to the Provider/Professional Community**

Suggestions about ways First 5 could be more helpful in supporting the provider/professional community included:

- Professional development and training for Early Educators with research-based strategies for supporting children and families. Offer follow-up support and guidance afterwards in the classroom in implementing the information that was learned.
- Books and other educational materials for distribution to families.
- Serve as a convener for one of the strategic plan priority areas, inviting all organizations and other stakeholders with an interest in that issue, and finding more ways to work collaboratively.
- Partner with UC Merced departments of psychology and sociology for in-service placing and teacher development.
- Have the Commissioners participate more in community events, make themselves more present at project sites to see what’s being accomplished.
- Commission members should use First 5 influence to integrate more systems change in the political arena. Push community leaders to understand the importance of children 0-5 and push that agenda at the highest levels in budget talks, etc.

**Feedback about First 5**

About half of the respondents provided feedback to the question that was directed specifically to current or former grantees. The question asked whether the person had experienced any operational concerns, grantee-funder relationship issues or other organizational behavior issues with First 5 that should be improved. The following were the verbatim comments offered:

- “Improve coordination of tracking expenses between First 5 and service providers.”
- “Billing at year-end would be smoother if First 5 would send a copy of its expense spreadsheet at each month end (we requested a copy 3 times with no response).”
- “First 5 should explore partnerships and leveraging with LPC as the forum that connects direct service systems – many of which are included in this survey – to families.”
- “Mini grants are great, but if you want impact you have to be willing to spend more on grant-funded programs.”
- “Make larger grants and continuously fund for 2+ years to become a self-sufficient program.”
- “If the grants continue to be small, it will discourage people from applying because it’s not worth the time, energy and effort.”
- “While the state focus on Read/Speak/Sing [sic] initiative is wonderful, something similar at the community level would be great. We are seeing more and more children with behavioral concerns as well as language and other developmental delays due to excessive use of phones, iPads and other screens.”
- “The process of working with First 5 has been painless and professional, and the people enjoyable.”
- “There is a lack of communication between First 5 and the grantees that are under a fiscal sponsor, sometimes resulting in the fiscal agent interacting with First 5 in ways that do not benefit us; for example, not being included in the administration of our own grant. When we’ve tried to interact with First 5 replies go through the fiscal sponsor and we’re not included. A clarification about this policy is needed.”

One individual specifically mentioned being appreciative that providers were invited to provide input to the strategic planning process (“I like that they’re being open about the process of this strategy”) and hoped the invitation to participate was not “a token appearance” to be included and “all of our comments and thoughts will be considered, addressed and counted.”
INTRODUCTION

The 16-question Parent Survey (Attachment 2) was distributed to parents and other caregivers through local grantee and other service organizations to help the Commission learn more about families who can benefit from First 5-funded services and what their needs are. We also developed a Survey Protocol and held an orientation session via conference call with the participating organizations to standardize its administration. Eligible respondents included any parents/caregivers raising children ages 0-5 receiving services from these organization as well as other families of young children who could be reached at community locations in the community.

Parents completed the surveys between January and March 2020 and agency staff collected and submitted them to First 5 for transfer to the consultant. The data were cleaned, coded and entered into an Excel spreadsheet for analysis. Some of the qualitative data (open-ended questions) were quantified to gain more concise views of parents’ experience. It should be noted that the surveys were conducted pre-COVID-19.

RESULTS

A total of 1,338 surveys was received—a very robust sample—74.3% completed in English and 25.7% in Spanish. Two-thirds (66%) of the total group reported English as “the language my child and I speak most of the time at home,” 31% reported speaking Spanish, and 3% Other (Figure 1). The survey parents represent a slightly lower proportion of those reporting they speak a language other than English at home in 2011-2015 in Merced County (45.2%).

Figure 1. Language Typically Spoken at Home with Child (n=1,338)

Parenting

Overall, the respondents expressed having a great deal of confidence about important aspects of parenting. The area where they felt most self-assurance was in their ability to tell if their child was making progress in growth and development (Figure 2). They expressed a little more doubt when it came to knowing what usual child behavioral issues are; 1.7% did report they “rarely” knew about it.
None of the parents marked the response choice “never” concerning their confidence about any of the 4 questions.

**Figure 2. Parent Confidence Concerning Parenting (1,338)**

<table>
<thead>
<tr>
<th>Question</th>
<th>Always</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am able to tell if my child is making developmental progress</td>
<td>74.5%</td>
<td></td>
<td>19.9%</td>
<td>5.3%</td>
<td></td>
</tr>
<tr>
<td>I feel confident in my parenting skills</td>
<td>52.7%</td>
<td>32.8%</td>
<td>13.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I know how to help my child develop and learn</td>
<td>52.3%</td>
<td>33.6%</td>
<td>13.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I know what is usual child behavior at this age</td>
<td>43.6%</td>
<td>37.5%</td>
<td>17.3%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Because "Rarely" and "Never are so minute, data labels (percentages on the graph) Are not included as they were overlapping.

**Utilization of Services and Barriers**

Access to preventive health services is one of the Commission’s primary Desired Outcomes result areas, with use of oral health services being a general marker for access. Close to one-fifth (19.2%) of parents reported their child had not had a dental visit in the last 6 months (Figure 3). There were various reasons given for no-dental-visit but in general reflected parents not taking responsibility, with close to half (47.8%) describing some sort of lack of action on their part, e.g., “just haven’t gotten around to it;” “I’ve procrastinated;” “I forgot” (Table 1 on the next page).

**Figure 3. Children with a Dental Visit in the Last Six Months (n=1,341)**

<table>
<thead>
<tr>
<th>Status</th>
<th>94.2%</th>
<th>5.8%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unable to</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Despite access to healthcare through enrollment in Medi-Cal Managed Care for many of these families, a small proportion, 5.8%, of the parents/caregivers reported not being able to get or delayed getting necessary health care for their child in the last year (Figure 4). The main reasons provided by the few respondents who described barriers were problems getting an appointment, insurance change (usually related to employment status), and failing to keep the appointment.
Table 1. Main Reason for No Recent Dental Visit (n=75)

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Just haven’t gotten around to it/low priority/procrastinating</td>
<td>47.8%</td>
</tr>
<tr>
<td>Appointment is coming up soon</td>
<td>10.6%</td>
</tr>
<tr>
<td>Don’t know where to go/how to set it up</td>
<td>9.4%</td>
</tr>
<tr>
<td>Thinks child is too young (or parent was told so by MD or DDS)</td>
<td>8.4%</td>
</tr>
<tr>
<td>Missed the appointment; need to reschedule</td>
<td>7.7%</td>
</tr>
<tr>
<td>In process of switching dental providers</td>
<td>7.0%</td>
</tr>
<tr>
<td>Child “has no problems so no need to go”</td>
<td>4.9%</td>
</tr>
<tr>
<td>Waiting for something related to Medi-Cal or private insurance</td>
<td>3.6%</td>
</tr>
<tr>
<td>Medical or special needs issue</td>
<td>0.5%</td>
</tr>
</tbody>
</table>

Healthy Behaviors

The families reported a mix of healthy eating behaviors. Their average number of daily servings of fresh fruit and vegetables is higher than the national average, and nearly three-quarters appear to eat most of their meals together as a family (Table 2). However, their children’s consumption of fast food appears to be higher than the average for children in the U.S., and consistent with findings reported above in the Data Dashboard (35.1% ate fast food 2 times in the last week in Merced (52.7% for low-income); 18.1% statewide).

Table 2. Families’ Nutrition Practices

<table>
<thead>
<tr>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
<tr>
<td>---------------------------</td>
</tr>
<tr>
<td>Servings of fresh fruit or vegetables, yesterday</td>
</tr>
<tr>
<td>Times child ate fast food, in the last week</td>
</tr>
<tr>
<td>Number sodas or sweetened drinks child drank, in the last week</td>
</tr>
<tr>
<td>Number of days parents eat a meal with their children, per week</td>
</tr>
</tbody>
</table>

Enrichments or Detractions from Early Learning

Research is very clear that reading to a child promotes brain development. One-quarter (24.2%) of the parents reported they read stories aloud with their child every day, and the same proportion reported doing so 4-5 times in a typical week (Figure 5); an even higher proportion count numbers or practice the alphabet with their child this often. However, 2.3% and 1.3%, respectively, said they never engaged in either activity with their child.

Figure 5. Number of Days Parent Reads or Sings with Child (n=1,327)
Screen time is “an inescapable reality of modern childhood.” On average, the study most quoted (now 10 years old) shows that children ages 2-5 spend 32 hours a week in front of a TV—watching television, DVDs, DVR and videos, and using a game console. Children in the surveyed families may watch TV less often than other children may, according to these parents’ responses. Just over one-third (35%) reported 1 hour a day in a typical weekday, and 40.7% reported 2 hours (Figure 6).

![Figure 6. Children’s Screen Time per Day (n=1,319)](image)

Parents’ Highest Concerns and Needs

The survey respondents were asked to think about the needs of their family and then mark which of 8 issues families often worry about were worrisome for them. As Figure 7 indicates, concerns about transportation and having enough food received the most responses, followed closely by the need for help in identifying problems (such as behavior, vision, speech, autism) and finding childcare. Domestic violence and substance abuse were relatively less of a worry for these parents.

![Figure 7. Issues Parents Worry About the Most](image)

Community Resource Needs

Parents were asked to identify needs for information or services they wanted help with but could not find in the areas of Health and Development and Early Care and Education and Other Family Resources. It is notable—and unexpected—that over 80% of parents reported needing no help for any of the issues asked about in the survey.

Health and Development

Parents most frequently wanted, or needed help for their family but could not find, safe parks and play areas (reported by 18.2% of respondents), help or resources related to child discipline (12.7%) and nutrition (10%). Dental and special needs were also concerns but to a lesser degree (Figure 8 below).
A small handful of parents, 17 of them, wrote in “Other” needs that were not on the list. These varied widely and in no particular order included looking for nearby family activities and social opportunities, helping children learn healthier eating habits and watching less TV, paying bills, help with “chores,” and concerns about when children reach adolescence, saving for college, and safety within the community.

**Early Care and Education and Other Family Resources**

Needing help and not finding resources for child care (20.6%), parenting classes (16.7%) and affordable preschool (16.4%) received the highest proportion of affirmative responses for the items shown in Figure 9. Practical matters such as help related to housing, food and legal services seem to be less of a concern. Only 3 parents wrote in “Other” needs but all were a variation on child care issues (affordability, eligibility, etc.).
“Literacy education takes a generation before you see a difference. It has to be a long-term commitment.”
– Key Informant Interview

ORGANIZATIONAL PERSPECTIVES

Five of the 8 Commissioners who were on the Commission at the time this strategic planning process began agreed to an interview, and along with the 3 staff who were interviewed, offered input about First 5 internal/operational/issues. The modified SWOT chart below summarizes this input. (Note: perspectives about community needs, grantmaking, etc. were reported above in Part II of this report.)

Table 1. Modified SWOT Analysis

<table>
<thead>
<tr>
<th>Strengths (Internal)</th>
<th>Weaknesses (Internal)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experienced, knowledgeable team.</td>
<td>Unfilled positions that limit capacity for the work, including keeping updated and sharing learning.</td>
</tr>
<tr>
<td>Staff who are very approachable and committed to First 5 issues and the community.</td>
<td>Haven’t done a good enough job with evaluation; we don’t look for outcomes (“Have we asked the right questions?”)</td>
</tr>
<tr>
<td>ED’s openness to new ideas/approaches and Commission’s responsiveness to this (“A refreshing start”).</td>
<td>Some Commissioners are very engaged; some could be more proactive than they are.</td>
</tr>
<tr>
<td>Positive name recognition and reputation.</td>
<td>Figuring out how to spend our money (“Maybe we need a better way of reaching the community with our funds”).</td>
</tr>
<tr>
<td>Establishing collaborative programs (e.g., with MCOE).</td>
<td>Haven’t been as helpful as we should for encouraging new, eligible applicants.</td>
</tr>
<tr>
<td>Good interaction/communication between staff and Commissioners.</td>
<td>Inefficiencies—need to simplify/streamline some administrative processes (“Some are strangling us”).</td>
</tr>
<tr>
<td>Commission recognizes needs of communities.</td>
<td>Staff (and Commissioners?) not visible enough in the community (“No time to attend events”).</td>
</tr>
<tr>
<td>Awareness of the need for strategic planning in view of financial projections (declining dollars).</td>
<td>Not necessarily getting everything in perspective; not looking at the big picture enough.</td>
</tr>
<tr>
<td>Good buy-in/support from Board of Supervisors.</td>
<td>Unnecessary bureaucracy/low visibility because housed within Public Health.</td>
</tr>
<tr>
<td>Good diversity/mix among the Commissioners.</td>
<td>Ability to tap into resources/save money by being housed within Public Health.</td>
</tr>
<tr>
<td>Ability to tap into resources/save money by being housed within Public Health.</td>
<td>Unfilled positions that limit capacity for the work, including keeping updated and sharing learning.</td>
</tr>
<tr>
<td>Opportunities (External)</td>
<td>Threats (External)</td>
</tr>
<tr>
<td>New First 5 CA monies for IMPACT, Early Literacy.</td>
<td>Declining First 5 dollars statewide.</td>
</tr>
<tr>
<td>Staff experience/skillsets allows quick response when opportunities arise.</td>
<td>Short- and long-term impact/unknowns of COVID-19</td>
</tr>
<tr>
<td>Governor’s focus on early childhood = potential increased dollars to support preschools.</td>
<td></td>
</tr>
<tr>
<td>More visibility could = more partnerships (e.g., with business community), leveraging (e.g., with local foundation), stimulate health messaging opportunities (e.g. nutrition campaign), increasing awareness and potentially behavior change.</td>
<td></td>
</tr>
</tbody>
</table>
The main internal items that rose to the top, in order of frequency of mention, included as strengths having highly capable staff, a “new start” with the current Executive Director, and Commission engagement (but with varying levels); recognized challenges included inadequate staffing capacity, burdensome bureaucracy and dissatisfaction with evaluation. Interestingly, First 5 being housed within Merced County Public Health was viewed by some as an asset (strength) and by others as a weakness as evidenced by some of the comments in the SWOT chart above. Externally, a number of opportunities were identified such as the Governor’s strong interest in early childhood education; other than citing the declining First 5 dollars statewide, no one identified any potential “threats” such as new policies, regulations, laws, leadership changes, political milieu, recruitment challenges, etc., which could affect what First 5 is able to do. Note that all insights reflected in this report are pre-COVID-19.

Evaluation-Related Issues

Funders regularly make decisions regarding renewal, expansion and replication of programs. To do so effectively, decisions have to be based on evaluation data that answer relevant questions—using evaluation feedback to inform decision-making. Overall, the Commissioners felt First 5 historically has “not done a good enough job in evaluation,” and all of them expressed dissatisfaction and under-use of this component of the program. The staff generally echoed the same sentiments.

Some of the Commissioners mentioned feeling “suppressed” when asking for data but implied this was “more in the past.” Some stated they either did not know what had been done or had asked for but not received what they were looking for; some had received performance data when they had asked for outcome results: for example being told the number of parents attending a class vs. knowing what those parents learned as a result (e.g., the percentage who demonstrated x% knowledge gain). Some expressed frustration at asking for detailed information but getting it “always put in only positive terms.”

Several individuals thought grantees should be using more standardized assessments and other appropriate evaluation tools in their programs, such as the ASQ and pre/posttests that match curricula. A couple of the Commissioners acknowledged the challenge of measuring change/impact (e.g., behavior change) but still remarked more should be done in this area. Staff felt evaluation was “basically just completing the required annual First 5 CA evaluation [performance numbers] report” without providing any “lessons learned” data.

The current evaluation contractor—who began after the funded programs had already started with little opportunity to influence individual grantee evaluation plans—developed a detailed Evaluation Plan for FY 2018-19–FY 2020-21, some of which has been implemented (for instance, Quarterly Learning Group meetings with contractors, to which the Commission has been invited, focus groups and interviews, development of a Theory of Change through a facilitated group process, and development of a comprehensive set of Outcome Definitions). Documents from some of these efforts have been delivered while others have not, for various reasons. (The 2019 Evaluation Report and Executive Summary are in still in process at this time.) However, it was clear in the Commission interviews that Commissioners seemed unaware of what has occurred or been produced as “evaluation” because none of them referred to these efforts/products when we asked about evaluation (e.g., “Do you feel you have the evaluation information you need to make decisions?”). It may be that what has been produced at this point is known about but not what the
Commission expects will lead to “lessons learned” information. This is an operational area where perhaps clearer understanding about expectations may be beneficial.

We noted that in recent RFPs, e.g., Strong Families/Direct Services, do require applicants to address evaluation in their proposals by stating:

*Part G: Evaluation Approach* (suggested length – 1/2-page maximum) Describe the proposed evaluation plan that highlights the effectiveness of the proposal. Include the specific change(s) expected or produced that will identify success. (i.e., what measurable indicators will be used?) Identify what methods to collect data on these indicators, as well as what staff, budgetary, or other resources are planned for evaluation.

Despite what seem like clear instructions, staff observes that evaluation plans in proposals are generally very weak, evaluation tools are usually missing and data collection methods are typically meant to report only on performance indicators. While your contracts contain Scopes of Work (SOW) that show what is to be done, when and by how much, we were not shown any Evaluation Plans (usually taken from what applicants submit and then refined by Commission staff and/or the external evaluator). We’ve shared a sample grantee Evaluation Plan with staff you may want to consider using in future contracts.

**Recommendations**

The Commission interviews also generated specific recommendations relative to operational issues, some of which tie back to the comments shown in the SWOT analysis above. These are fairly straightforward as shown in Figure 3 below.

**Figure 3. Commission Recommendations Regarding Operations**

- Increase visibility of First 5 in Merced County.
- Find ways to minimize bureaucratic processes that hamper efficiency.
- Figure out a better way of how to spend our money, e.g., blend funding to reduce siloes wherever possible.
- Increase school districts’ and others’ involvement at Commission meetings.
- Use more committee structure as in the past.
- Share what we’ve learned more, but learn more through outcome evaluation.
- Reach out to more potential applicants, building capacity when possible.
- Emphasize the concept of *families* not just children as “the 0-5 population.”
- Recruit and fill staff positions (with appropriately qualified personnel).

**GRANT ALIGNMENT WITH PRIORITIES**

A brief review of First 5 Merced’s current contracts reveals that of total grant funding under Priority Area 1 (Strong Families) about 64% supports direct services, 11% supports systems change and close to 5% supports the GROW program. Under Priority Area 2 (Early Learning), about 19% of total...
contracts support an early learning program. And, 0.7% of the expenditures support a number of mini-grants. Some of these projects support upstream principles (prevention), evidence-based and/or evidence informed programs and practices, and results-based approaches (Figure 4).

![Figure 4. Current First 5 Merced Investments by Priority Area](image)

Overall, 80.5% of the total grant funds are supporting Priority 1 programs and 18.% are supporting Priority 2 programs. There are no currently funded contracts in Priority Area 3 (Health). Note, however, that the categorization by First 5 unavoidably obscures some of the overlapping and interrelatedness among the priority areas. For example, Health House/AFYA—the contract categorized under systems change—that is said to “address serious maternal/child disparities in Merced County” could also be considered a health-related priority area grant. The disproportionate amount of funds by Priority Area may also be a reflection of the RFPs that were issued at the time and the ensuing contract terms of the approved grants.

**Issues to Consider**

First 5 Merced has traditionally issued Requests for Proposals (RFPs) as a *responsive grantmaker* – defined as openness to receiving proposals and ideas from nonprofits and government agencies and allowing them to drive the priorities, i.e., requests are initiated by the applicant, rather than by a funder seeking them out. This approach was important in the early days of Prop. 10 in order to a) get money out the door quickly; b) be responsive to the needs applicants felt most keenly; c) pursue early promising practices; and d) demonstrate results with a wide range of models, programs, and approaches.

As a “mature” funder, it now makes sense, as you’ve learned more about specific Merced County needs and issues, to address them more strategically—*strategic philanthropy*—especially if you want to make a difference in a specific area. (Note: there is still room to do both types of grantmaking; for example, responsive grants through mini-grants but with perhaps a higher ceiling, e.g., <$10K.) These kinds of investments require a longer-term commitment—at least 3 years—with an RFP written to align directly with your strategic plan. Making more strategic funding decisions, you will want to determine your funding focus, tie decisions to the findings of this Needs Assessment, take advantage
of new opportunities (such as First 5 California priorities that provide additional dollars). Being able to clearly define how, to whom and for what purpose you will award grants will also provide applicants with a clear set of expectations.

A few of the issues and questions to think about—and discuss during our retreat—including the following:

- Declining funding levels do not allow for previous levels of funding to be maintained across the board and hard decisions have to be made for future RFPs. Some of the options to consider include funding fewer programs but funding them more deeply (vs. spreading the dollars more broadly); narrowing the priorities/focusing more on addressing certain problems? Focusing on selected geographic areas or neighborhoods?

- It’s hard to narrow your focus when so many local needs are apparent. Some group will always think their issue/problem is being “ignored” and be disappointed. Funding more narrowly may also have potential negative consequences (e.g., missing a future opportunity, undesirable political impact). The Key Informants we interviewed largely support the idea of more strategic grantmaking, however; they understand there are always tradeoffs in ranking priorities.

- Because most ideas are already being worked on by other organizations or funders, you will likely want to partner with as many other funders, nonprofits, and government agencies you can.

- While you have to be prudent with public dollars, being too risk adverse can stifle creativity and progress.

- Be thinking about what information you want to learn from the things you fund. Are the ideas ones you can take to scale? Assuming there is a solid evaluation plan in place, what can the results (lessons learned) contribute to?

- How important is sustainability? Your last RFPs stated “The grant funding is not to be used for programs that will only operate for the life of the grant. Rather, the funding will be targeted to kick-start new or existing programs that will continue forward with non-First 5 Merced County funding.” How solid were the applicants’ plans for sustainability in the proposals you approved from these RFPs?
PART IV: OVERVIEW OF SUSTAINABILITY/ SYSTEMS-LEVEL CHANGE

“If there’s a sustainability requirement [in the RFP] I don’t apply; when the money is gone, my program would be gone.” – Key Informant Interview

Sustainability Considerations

It is not uncommon for funding strategies to evolve over time starting with “casting the net widely for responsive applicants,” to more strategic, longer-term grantmaking. As a result, the question arises, “What happens to these projects when our funding goes away?” “Will the program we fund continue in its current or similar form or will it dissolve along with our funding?” These are important questions a funder generally considers before making the grant, but especially needs to ask during the life of the grant if future funding is going to shift somewhat from direct services to support for more systems-LEVEL change strategies.

What Do We Mean by Sustainability?

Sustainability has traditionally been viewed narrowly as the act of decreasing dependence on one source of funding and shifting financial support for program implementation to a new funding stream. In reality, program and organizational sustainability is a much more complex process.

The term “sustainability” can refer to retained programs or services, or sustained impact. When most funders ask the question of longer-term sustainability, they refer to the former. The emphasis is on sustainability of programs or services that continue because they are valued and draw support and resources. This does not mean these programs or services necessarily remain as originally designed or created. Sometimes, sustainability comes with a refined definition of need, evolution of the services provided due to feedback, assessments or evaluations, and changes in owners and sponsors who may modify the objectives and strategies.

Sustained impact can occur with or without the retention of the initially funded program or service. Examples of sustained impact include changes in knowledge or attitudes (e.g., training of service providers; education of parents), adoption of desired behaviors (e.g., reducing sugar-sweetened beverages), new or improved policies (e.g., support for breastfeeding in the workplace), or increased capacity of local systems (e.g., additional bus lines in public transportation).

It is important to consider whether every funded effort needs to be sustained, and if so, is the goal sustained program or sustained impact, or both? The basic questions First 5 needs to ask—either upfront in making grants or certainly before funding ends—include:

- Does the effort need to be sustained?
- If so, is the current grantee the agency to sustain it? If not feasible (for whatever reasons), who else could absorb the work?
- If so, which parts are critical, if not all?
- What is a minimum level of needed sustainability to achieve the outcomes?
- Are we willing to fund that period or are partners needed?
- Are other funding options feasible given the target group?
- Who else supports the objectives and strategies? Public funders? Private Funders?
- What role will we play in helping identify those partners?

**What Forms Can Sustainability Take?**

Continuing a program or service can occur through a variety of means, some suggested below. The feasibility of each will depend on the program, target group, and interests of the service providers and their funding partners.

- Continued grant funding from the initial funder, e.g., First 5 Merced
- Funds from other sources – private or public
  - Grantees use the outcomes from their efforts to solicit support from other private funders, sometimes with the assistance of the initial funder
  - Government entities see the value of an effort and change policies and budgets to continue or expand an activity or service
  - A tax levy is introduced (such as Prop 10 tobacco tax)
- Donations from individuals or corporations
  - Solicitation of funds (sometimes with the assistance of the initial sponsor) are made to support a particular program
- Fees for services provided
  - After the initial grant or development period, those benefiting from the service personally contribute to the cost of the service
- Dues by members
  - Some program costs can be provided by a fee to participating families or other interested parties
- Royalties or commissions
  - Products created by the program or service can be sold with a percentage reverting back to the service provider

A key factor in strengthening program sustainability is the degree to which a grant applicant’s objectives and strategies align with other partners, private or public. Potential public funding far outweighs private funding, and public priorities should be emphasized when evaluating a particular funding strategy or group of grant applicants. For instance, funding preschool and parenting efforts that align with public strategies will increase the likelihood of program success and sustainability. A good example of this is Governor Newsom’s 2020-2021 state budget which includes early childhood priorities.

Likewise, funding local efforts utilizing strategies promoted by the federal government adds credibility to the locally funded effort and takes advantage of others’ efforts, both of which support sustainability. One way to identify federal priorities is through the federal government grant search tool at [https://www.grants.gov/web/grants/search-grants.html](https://www.grants.gov/web/grants/search-grants.html) and using First 5 Merced’s priorities as search criteria.
Other Factors that Increase the Probability of Sustainability

Besides aligning with public funding priorities, there are other factors First 5 Merced might consider that will increase applicants’ long-term viability and help current grantees prepare for funding reductions. These include:

- **Board support:** Is it clear the Board is actively involved and broadly represents the community/service area? Should steps be taken to expand the membership to tap additional talent or resources (in alignment with Prop. 10 requirements)?

- **Existing partnerships and networks:** Is the applicant operating alone or are its programs supported by multiple funding partners? Leveraging the resources of others increases the potential impact and provides possible funding sources beyond the current grant period.

- **Attraction of supporters:** Does the organization utilize a network of individuals (stakeholders, influencers, “champions”) who are aware of the organization, its efforts and successes are willing to share this information with others?

- **Are the program objectives clear, feasible and easily articulated to others?**

- **Innovation:** Is there anything unique or innovative (i.e., a novel strategy or a traditional one but used with a different population (e.g., fathers) that could draw positive attention leading to sustainability?

- **Measuring outcomes and impact:** Are formal evaluations a part of the program or services? Is there infrastructure in place to support data collection and data sharing across agencies and systems? *Are successes documented* in such a way as to attract other funders?

- **Is it clear what aspects of the program are critical or essential for success?** What can be eliminated if full funding is not available? *Are the trade-offs in reduced funding still worth supporting the effort?*

- **Would an investment in some training and coaching to build or boost capacity help make a different to sustain the program?**

Following are examples of how some historical programs—some with systems-level approaches—were sustained beyond the initial development and funding period that may have applicability to First 5 Merced County. Note that formal evaluations were a part of some of these efforts.

- **California Department of Education** endorsed a local grade 2 assessment program as a best-practice and recommended it for optional statewide use, increasing its impacts and sustainability.

- **Community health coalitions** in northern California were supported by a regional funder. Other foundations joined the effort by adding funding for certain priority communities and supporting complementary components, such as evaluation and dissemination of outcomes and findings.

- **A key program of a nonprofit organization** was valued by the community but the financial stability of the organization was at risk. The funding partners assisted the organization to dissolve and move the program and its resources to another agency with a similar mission, thereby sustaining the program and its impacts longer term.
- A health coalition in Cincinnati was sustained by bringing in more local partners (e.g., the local university) that brought in resources and had greater access to other resources. First 5 Merced has the advantage of its relationship with UC Merced and its many systems that can benefit local non-profits (e.g., the business school working to help strengthen local organizations’ understanding of budgets).

- A family outreach effort was funded by a group of Sacramento funders to increase enrollment in a child health insurance program. After a few years—and evidence of success from a formal evaluation—funding was picked up and retained by other hospitals in the area.

- A program to help educate providers on assisting families with end-of-life issues was developed by a Sacramento coalition and funded by a local foundation. Stakeholder engagement was critical as success was dependent on buy-in. The program was tested and formally adopted by each of the hospitals in the region, receiving statewide attention, and leading to what have become systemic change and a long-term impact across the state.

**Impact Sustainability - Not All Grants Need to be Sustained**

A special role First 5 can play is in the funding of efforts that do not require a long-term sustainability strategy. These include development of training materials and curricula, education of service providers, research and assessments, community convenings, and capital support (e.g., safe playgrounds) to improve the design of programs and provision of services already being provided by others. These grantmaking approaches, which were endorsed by the key informant interviews, have impacts beyond the grant period and are particularly useful when funding availability is fluctuating significantly from year-to-year or, in the case of First 5, declining.

**Systems-Level Investment**

**What Do We Mean by Systems Change?**

The concept of “systems change” is challenging because people differ by what they mean and what they expect (including all of the individuals we interviewed for this report). The term can mean changes in policies, service delivery, organizational culture and practice that can expand or streamline access to services or reduce barriers for the target population. Investing in systems work can also mean institutionalizing something As funders reflect on their grantmaking history and ask how they can continue to sustain or increase their impact, they often get to the question: “How can we affect the systems associated with our grantmaking strategies?

Most funders believe direct service programs should be rooted within a larger system of support to have an impact large enough to change community-level indicators. That is, the most effective partnerships focus on the underlying social and economic determinants of health, rather than on meeting the individual needs. Addressing needs such as stable housing, accessible transportation, and good health on a person-by-person basis is less impactful than policies, systems, and environmental change that address issues for the entire population. Funders understand the complex needs of at-risk families often extend beyond what single programs can provide in isolation and many community-level issues negatively impacting families cannot be addressed with a service-level only
approach. They also appreciate the fact that systems are interconnected sometimes function as a whole so that actions taken on one part may impact other parts, positively or negatively.

However, shifting systems and policies is a much more complex concept and takes more time than people realize. Systems change is a funding strategy that requires a high degree of knowledge of the issues and systems involved, a solid reputation as a funder, strong networks and partnerships (i.e., the relevant stakeholders that need to be at the table to facilitate change), a commitment of support, especially during the transition, tolerance for a higher level of risk, and a willingness to get involved in public policy—and sometimes politics—to achieve success. One essential element is understanding the power structure of the system and the readiness to change. This is no small endeavor that requires ample discussion and consideration before engaging such “systems change” strategies. But helping change systems can be one of the most impactful ways to make a difference, though this is not without risks and requires a deliberate, thoughtful approach before beginning.

Developing a relationship with representatives of the systems one wants to influence is a key success factor in system change. Obvious as it sounds, systems are managed by people. A funder can bring experience and knowledge and when they have a reputation as trustworthy, transparent, easy to work with and responsive to requests for information will have a higher likelihood of impacting these systems. Being supported by a network of service providers and/or community representatives is also helpful when trying to garner support in changing how systems work. Having representatives from the target systems with a sense of collective accountability in the funder’s network is also essential.

It is important to appreciate that systems change can take years. Funders need to accept this up front and expect barriers and delays throughout the process. The following have been suggested as most relevant to enhancing readiness for change:

- A high level of policy commitment that is translated into appropriate resources, including leadership, space, budget, and time.
- Incentives for change, such as intrinsically valued outcomes, expectations for success, recognition, and rewards.
- Procedural options from which those expected to implement change can select those they see as workable.
- A willingness to establish mechanisms and processes that facilitate change efforts, such as a governance mechanism that adopts ways to improve organizational health, using change agents who are perceived as pragmatic.
- Accomplishing change in stages and with realistic timelines.
- Providing progress feedback.
- Institutionalizing support mechanisms to maintain and evolve changes and to generate periodic renewal.

A common tendency is to think about some of these efforts as a time limited demonstration. Changes in leadership at the funder’s organization (e.g., newly appointed Commissioners, newly hired staff) or
in the public systems are common, requiring restarts. This is one of the reasons systems change is risky from a grantmaking perspective. A new public leader—or shifts in the “political winds”—may not support a change that has been under development for years.

Because getting to a systems-change outcome takes time and patience, and developing interim measures of success for change strategies is critical. Evaluating systems efforts in ways that both capture their impact and inform their ongoing development can be a significant challenge. But, being able to demonstrate progress to leadership in both the funder organization and its partners is key to maintaining support for such strategies. This also means not being afraid to challenge or support policy makers when it best serves the change strategy.

**Examples of Systems Change Strategies**

An example offered by the Child & Family Research Partnership at the University of Texas is easy to understand and aligns well with First 5’s funding interests. Under the goal of “improving children’s school readiness” and using access to healthy food as the evidence-based driver, the community identified two potential strategies: (1) a physical environment strategy to develop a community garden to increase access to healthy food; and (2) a public perception/awareness strategy of launching a public awareness campaign on nutrition’s role in healthy child development. It’s clear that as these strategies were accomplished, they became indicators of progress toward the larger goal. That is, even before the larger school readiness goal is met, the “system” was changing and community could show that by developing new community gardens, and launching public awareness campaigns that reached x number of people, they were improving children’s access to healthy foods—which ultimately increases children’s school readiness. (Of course the outcome one could measure in this school readiness example would be the percentage increase in children who were identified as school ready by passing their Kindergarten assessment.)

In another example, project directors in a child welfare initiative implemented by the federal Administration on Children, Youth and Families Children’s Bureau identified the following successful systems of care elements they believed would be sustained beyond the grant period. The funded strategies and reasons for success are useful for First 5 to consider and included:

- Integration of systems of care principles into child welfare policy manuals, Program Improvement Plans, and training curricula. As a result, systems of care principles and philosophy were infused into practice standards and approaches adopted by the child welfare and partner agency staff working with children and families.

- Commitment to collaboration among child- and family-serving agencies, which was facilitated and sustained by memoranda of agreements (MOUs) outlining cross-systems policies and structures for collaboration, information sharing, and accountability.

- Engagement of the community in the work of the child welfare agency, greater awareness among child welfare staff of the important role of the community as a resource for families, and a willingness among child welfare agency and community members to work collaboratively.

- Ongoing training for child welfare and other child and family-serving agency staff. In particular, several project directors identified cultural competence training as an important aspect of the...
Systems of Care initiative that would be sustained because agency champions were willing to carry the work forward.

Examples from human service projects evaluated by Collective Impact\(^{63}\) that led to systems-level changes and echo the elements above include:

- A focus on early changes around building legislative champions as part of the efforts to get successful adoption and implementation of policy change.
- Engaged and committed partners led to new alliances and programs, including citizen-led programs, such as resident engagement in seeding oyster beds, shoreline restoration projects, and support for voluntary practices undertaken by schools and businesses.
- Intentional communication strategies designed to build buy-in and public will to support the goals of the project.
- Implementation of modified curricula (such as for preschool-K) including expanded capacity of school leaders and teachers to implement it.
- The alignment and coordination of funding and services across multiple partners in the county, and the widespread adoption of a common system that goes beyond the funder requirements.

“Out-of-the-Box” Examples of Systems Change Strategies

It is important not to equate *innovation* with *invention*, or something altogether new (i.e., “here we go again, throwing out what we know”). Innovation can also be defined as making changes in something established, for example by introducing new methods, ideas or products and “out-of-the-box” systems thinking. There is definitely room for innovation in early childhood education—a system represented by challenges and demands that are consistent over time, and systems and structures that are hard to shift. Take the issue of the rise in challenging behaviors among young children (a trend that is common as a result of the increasing rates of childhood stress and adversity, mentioned by several key informants). First 5 funds may send teachers to training but unless those educators are connected to and supported by other adults (including parents) and given opportunities to consult with other educators, the impact stops there. To further affect the system, and in a model of continuous improvement, if this group of educators together could document behavior patterns and responses to the strategies they learned in training they might develop a new approach to addressing (and even preventing) challenging behaviors, and one worth sharing with the network of early educators in their city.\(^{64}\)

Businesses represent untapped opportunities for engagement in systems change, and are seldom considered when forming important collaborations to implement community health and social strategies. Yet the same elements that are essential to business are important social determinants of health and well-being. Decent housing and its impact on physical and mental health represents an obvious area for engagement. In one rather out-of-the-box collaboration, real estate developers were engaged to better understand how they could conceptualize and implement health strategies in their multifamily projects. The factors the group determined to influence the health of residents were a) location, emphasizing access to community amenities; b) place making, for community building and social and mental wellbeing; and c) physical fitness opportunities through fitness
spaces. Although these developers were initially uncomfortable discussing health strategies “using a public health lens,” the interdisciplinary conversations they were engaged in turned out to be valuable for considering ways to more rigorously adopt health strategies in this challenging building type. The learning from this example is generic enough to offer the following “tips” to First 5 should the Commission wish to engage with more Merced County business partners. 65, 66

- Some companies now recognize that their long-term value can advance further and faster with a community focus, i.e., a focus beyond the worksite; buying into social impact is now on the radar of more Merced businesses according to key informant interviews.

- Leadership buy-in specifically is critical; business leaders are needed who can communicate the value of engagement in community health to their peers.

- Community improvement requires multi-sector and multi-stakeholder engagement. The community development effort Restore Merced is one example of such engagement.

- One challenge is that sometimes no single entity feels ownership of, or has responsibility or accountability for, taking control and finding solutions.

- An important step is to identify and define the role of a convener in the community that could bring stakeholders together in a place of respect and trust; in the area of early childhood, First 5 is a natural for this.

- Identify the business case for companies to invest in community health and social change. These include reductions in health care spending through lowering the need and demand for health care; a reduced burden of illness leading to improved function; environmental and policy changes that make healthy choices the easy choices; stable or improved economic states, as healthy communities complement vibrant business and industry; increased healthy longevity; and preparation of a healthy future workforce through education and skill building.

- For each target organization and individual, pitches should be crafted to reflect their values.

- Recognize that businesses are already engaged in policy, advocacy, and philanthropy and that they participate on the boards of local community organizations. How can they do this with greater insight toward health and social impact?

Further research suggests the following specific steps for engaging businesses:

- Develop a strategic map of local partners.

- Prepare an “ask” that explains how the given business or coalition of businesses is particularly well-suited to address the issue.

- Recruit leaders as initiative champions.

- Focus on common problems.

- Implement a way to measure success and outcomes that demonstrate the impact of the partnerships; make others aware of your successes to encourage adoption.
Selected Best Practice Interventions

Playgroups

First 5 Monterey County considers playgroups to be an important strategy to build protective factors within the community. They used the Strengthening Families Initiative to help guide the success they’ve had with strategies and programming. The details they provided for the steps necessary to achieve best practices also have applicability across many other types of projects.

Early Identification and Referral

A number of examples from Help Me Grow California are consistent with what we heard as recommendations from key informants and include:

- To provide the value of early identification, and address the disparity in the diagnosis of children of color, First 5 San Bernardino and Riverside funded the development of the Autism Assessment Center of Excellence to be a “one-stop shop” that provides earlier and more accurate diagnosis and intervention for thousands of families.

- Alameda, Orange County and Contra Costa First 5s are building more strategic partnerships for sustainability in their early identification and intervention program for children with moderate delays. (The difference is that these children don’t have access to free intervention services the state is mandated to provide to children with more severe delays.)

Behavioral Programs

Behavioral and mental health challenges encompass a range of behaviors and conditions. The community input for this report encouraged the Commission to recognize this area as a higher priority. A number of evidence-based interventions focusing on improving the knowledge, attitudes, and practices of parents of children with these behaviors have been described that might resonate with First 5. For example:

- The Incredible Years Program addresses parental attitudes by helping parents increase their empathy for their children and educates parents about healthy child development, positive parent-child interaction techniques, and positive child behaviors.

- Parent Management Training (PMT) involves parents of children with externalizing behavior participating in therapy sessions to learn behavior management techniques to use with their children, leading to significantly greater changes in child behavior.

Home Visiting Programs

In recent years there has been an increase in the popularity of home visitation programs as a means of addressing risk factors for child maltreatment. This strategy also hopes to increase prenatal care, improve parent-child interactions and school readiness, promote healthy child development, improve positive parenting skills of caregivers, promote family self-sufficiency/ decrease dependency on social services, and improve primary health care access and child immunization rates. Not all models have provided evidence of effectiveness, however. Results from analyses of these programs show that the most important factors for successful implementation are adequate training, supervision, and
**program monitoring.** Fidelity (dependability, reliability) monitoring, in fact, has had the most significant effect on program outcomes. It is important for funders of home visiting programs to note that all of the models evaluated in a large federal Department of Health and Human Services review ⁶⁹ that met the evaluation criteria:

- Had minimum requirements for the frequency of home visits and have pre-service training requirements.
- Were associated with a national program office or institute of higher education that provides training and support to local program sites
- Had specified the content and activities for the home visits.
- Specified minimum requirements for home visitor supervision.
- Specified minimum education requirements for home visiting staff.

Other best-practice examples of home visitation approaches with applicable findings for First 5 are:

The Merced County Office of Education Caring Kids program uses an evidence-based Strengthening Families approach aimed at increasing family stability, enhancing child-development, and reducing child abuse and neglect. The program services are comprehensive: parent education, home visiting, support group sessions and workshops, screening using ASQ:SE and individualized intervention with children with social-emotional delays. The program is well regarded and although available in all communities—to some extent—is likely to have limited capacity to serve more families.

The Building Healthy Children (BHC) collaborative successfully integrates home visitation into medical care of infants born to young, low-income mothers. Preliminary analyses demonstrate avoidance of indicated Child Protective reports and foster placement and high rates of preventive care for enrolled children. ⁷⁰

Perinatal home visitation programs, according to research, likely improve pregnancy and infant outcomes. Additionally, some visiting interventions addressing intimate partner violence have been effective in minimizing intimate partner violence and improving outcomes. This suggests that perinatal home visiting programs adding specific intimate partner violence interventions may reduce intimate partner violence and improve maternal and infant health. ⁷¹

**Fatherhood Programs**

Efforts have grown that aim to reduce father absence; an example includes the well-regarded National Fatherhood Initiative (NFI). ⁷² NFI’s mission is to transform organizations and communities by equipping them to intentionally and proactively engage fathers in their children’s lives. Although we’re not familiar with All Dads Matter in Merced County, this local program has similar goals and offers workshops, training, support and access to community resources for fathers seeking parenting education.
PART V: OTHER LOCAL NEEDS ASSESSMENTS

“Some of these parents don’t have the role models they should have. They don’t know what good parents look like.” – Key Informant Interview

Overall, there was much congruence between local needs assessments and what we learned from this assessment. Similar needs and many of the same priorities were identified relative to children and families. Selected highlights from a couple of these other assessments, not already incorporated into other sections of this report, offer supplemental information of interest.

Maternal Child and Adolescent Health

Figure 1. Top 5 MCAH Health and Health Care Issues Cited as Most Important for Merced County (n=86)

<table>
<thead>
<tr>
<th>Issue</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Access to MH services</td>
<td>89%</td>
</tr>
<tr>
<td>Access to health care</td>
<td>71%</td>
</tr>
<tr>
<td>Teen MH</td>
<td>58%</td>
</tr>
<tr>
<td>Child abuse/neglect</td>
<td>45%</td>
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</table>


Figure 2. Agreement about Selected Resources/Systems in Merced County (n=86)

- Available MH for kids/teens
- Poor coordination serving kids w/ spec needs
- Access to quality maternal/perinatal care
- Sufficient primary care physicians
- System of community clinics as safety net


Figure 3. MCAH Best Practice Strategies

- Linkages between the hospital birthing unit and needed services in the community at time of birth is crucial.
- Need for programs to provide one-on-one counseling services to address postpartum depression.
- Providing early screenings, early intervention and strong family support.

Source: Merced County Public Health, Maternal Child and Adolescent Needs Assessment, 5/2/19.
“Once they’re through with childhood immunizations some parents think they’re through with preventive health services.” – Key Informant Interview

## ATTACHMENT 1

### Commission/Staff and Key Informant Interviews

*(In alphabetical order by first name)*

<table>
<thead>
<tr>
<th>Individuals</th>
<th>Affiliation/Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COMMISSIONERS AND STAFF</strong></td>
<td></td>
</tr>
<tr>
<td>Eva de Long</td>
<td>First 5 Commission</td>
</tr>
<tr>
<td>Gordon Arakawa, MD</td>
<td>First 5 Commission (at the time of interview)</td>
</tr>
<tr>
<td>Iantha Thompson</td>
<td>First 5 Commission (at the time of interview)</td>
</tr>
<tr>
<td>Kathleen Zimmerman</td>
<td>First 5 Staff</td>
</tr>
<tr>
<td>Lee Lor</td>
<td>First 5 Commission Chair</td>
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<tr>
<td>Marie Pickney</td>
<td>First 5 Staff</td>
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<tr>
<td>Paula Smith</td>
<td>First 5 Commission</td>
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<tr>
<td>Scott Waite</td>
<td>First 5 Executive Director</td>
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<tr>
<td><strong>KEY INFORMANTS</strong></td>
<td></td>
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<tr>
<td>Amy Taylor</td>
<td>Merced County Libraries</td>
</tr>
<tr>
<td>Danny Royer</td>
<td>Merced Community Foundation</td>
</tr>
<tr>
<td>Dennis Haines</td>
<td>Merced County Office of Education, Family Resource Center</td>
</tr>
<tr>
<td>Donna Chin</td>
<td>Merced County Public Health</td>
</tr>
<tr>
<td>Donna Perry</td>
<td>Central Valley Regional Center</td>
</tr>
<tr>
<td>Heather Hertan</td>
<td>Yosemite Dental Society (Merced County Dental Society)</td>
</tr>
<tr>
<td>Jamie Johnson</td>
<td>Child Welfare Services</td>
</tr>
<tr>
<td>Jennifer Mockus</td>
<td>Central California Alliance for Health</td>
</tr>
<tr>
<td>Jennifer Rocha</td>
<td>Los Banos School District Preschool</td>
</tr>
<tr>
<td>Joey Chavez</td>
<td>City of Merced Parks &amp; Recreation</td>
</tr>
<tr>
<td>Karen Lopez-Conde</td>
<td>Women Infants and Children (WIC) Supplement Food Program</td>
</tr>
<tr>
<td>Karen Smith</td>
<td>CASA</td>
</tr>
<tr>
<td>Kimiko Vang</td>
<td>Merced County Human Services, CAL Works Home Visitation</td>
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<tr>
<td>Leslie Abasta-Cummings</td>
<td>Livingston Community Health Center</td>
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<tr>
<td>Linda Kaecher</td>
<td>Merced County Office of Education, Head Start</td>
</tr>
<tr>
<td>Manuel Alvarado</td>
<td>United Way</td>
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<tr>
<td>Melanie Cole</td>
<td>Merced City School District Preschool</td>
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<tr>
<td>Sol Rivas</td>
<td>Building Healthy Communities</td>
</tr>
<tr>
<td>Steve Roussos</td>
<td>Hlub Hmong Community Center</td>
</tr>
<tr>
<td>Tim Curley and Esthela de la Cruz</td>
<td>Valley Children’s Healthcare</td>
</tr>
<tr>
<td>Yamilet Valladolid</td>
<td>Golden Valley Health Centers</td>
</tr>
</tbody>
</table>
Dear Parent:

Thank you for taking the time to complete this survey about your children ages 0-5. It will help us learn how we can be more helpful to you and your family. Please try to answer every question and ask for help if you need it. Thank you.

Your Family:

1. What language do you and your child speak most of the time at home?

For the next few questions, circle the best answer:

2. I am able to tell if my child is making developmental progress (walking, talking, smiling, etc.)
   a) Never    b) Rarely    c) Sometimes    d) Often    e) Always  

3. I know how to help my child develop and learn.
   a) Never    b) Rarely    c) Sometimes    d) Often    e) Always  

4. I know what is usual child behavior at this age.
   a) Never    b) Rarely    c) Sometimes    d) Often    e) Always  

5. I feel confident in my parenting skills.
   a) Never    b) Rarely    c) Sometimes    d) Often    e) Always  

Healthy Habits:

6. Has your child had a dental exam in the last 6 months?  [Circle one] a) Yes    b) No (If not, why? ____________________________ )

7. In the last year were you unable to get or were you delayed in getting any necessary medical or dental care for your child?  [Circle one] a) No    b) Yes (If yes, what was the main problem? ____________________________ )

These questions ask you about what happens in a usual week: [Circle one]

8. Yesterday, how many servings of fresh fruit or vegetables did your child eat?
   a) 0    b) 1    c) 2    d) 3    e) 4    f) 5 or more

9. In the past week, how many times did your child eat fast food?
   a) 0    b) 1    c) 2    d) 3    e) 4    f) 5 or more

10. In the past week, how many glasses/cans of soda or other sweetened drinks did your child drink?
    a) 0    b) 1    c) 2    d) 3    e) 4    f) 5 or more

11. In a usual week, how many days do you eat a meal with your child?
    a) 0    b) 1    c) 2    d) 3    e) 4    f) 5 or more

PLEASE TURN SURVEY OVER AND CONTINUE
Early Education Experiences: [Circle one]

12. In a usual week, how many days do you or other family members read stories out loud with your child?
   a) 0 days  b) 1 day  c) 2-3 days  d) 4-5 days  e) Every day

13. In a usual week, how many days do you count numbers or practice the alphabet with your child?
   a) 0 days  b) 1 day  c) 2-3 days  d) 4-5 days  e) Every day

14. On an average day, how much time does your child usually spend on screen time (TV, iPad, cell phone video, etc.)?
   a) 1 hour or less  b) 2 hours  c) 3 hours  d) 4 hours or more

Community Resources and Needs

15. Think about the needs of your family. Do any of the issues below worry you a lot? [✓ yes or no]
   Then, put a big circle around the 2 things you said are your biggest worries.
   a) Enough food for my family       __ No  __ Yes
   b) Transportation                  __ No  __ Yes
   c) Mental/emotional health issues  __ No  __ Yes
   d) Drug/alcohol issues             __ No  __ Yes
   e) Domestic violence               __ No  __ Yes
   f) Help to identify problems my child may have (behavior, vision, speech, autism, etc.)
      __ No  __ Yes
   g) Child care                       __ No  __ Yes
   h) Employment                      __ No  __ Yes
   i) Other (What?)_____________________

16. What do you want or need help for your family that you can't find? [✓ yes or no to all that apply]

<table>
<thead>
<tr>
<th>Health &amp; Development</th>
<th>Early Care &amp; Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental</td>
<td>Affordable preschool</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Child care</td>
</tr>
<tr>
<td>Child discipline</td>
<td>Other</td>
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<tr>
<td>Special needs</td>
<td></td>
</tr>
<tr>
<td>Drugs or alcohol</td>
<td></td>
</tr>
<tr>
<td>Safe parks play areas</td>
<td></td>
</tr>
<tr>
<td>Help with breastfeeding</td>
<td></td>
</tr>
<tr>
<td>Other (what?)</td>
<td></td>
</tr>
</tbody>
</table>

Thank You!

When you're done, please hand the survey to the person who gave it to you.
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72 http://www.fatherhood.org/
CURRENT VISION STATEMENT

On your Website

All children in Merced County will thrive in supportive, loving and nurturing environments, enter school healthy and ready to learn and become productive, well-adjusted members of society.

All children in Merced County will live in an environment that:

- Is emotionally and physically safe
- Has adequate food, clothing and shelter
- Is intellectually stimulating and challenging
- Provides adequate health care in sickness and in health
- Promotes the development of productive, well-adjusted members of society

In your Current Strategic Plan (2016-2020)

All children in Merced County will thrive in supportive, loving and nurturing environments, enter school healthy and ready to learn and become productive, well-adjusted members of society.

CURRENT MISSION STATEMENT

On your Website

To provide for the optimal physical, emotional, and intellectual growth of the young children of Merced County, the Commission will:

- Identify the issues and service needs relating to the early development of children from the parental stage, through age five.
- Develop a comprehensive plan of how those issues and needs can be addressed while acknowledging and supporting the strength of families and the cultural diversity of the community.
- Facilitate, through funding priorities and disbursement of Proposition 10 funds, the creation, implementation, or enhancement of integrated and collaborative preventive services and programs which will result, in measurable terms, in the optimal early development and future potential of our children.

In your Current Strategic Plan (2016-2020)

MISSION: To provide for the optimal physical, emotional and intellectual growth of the young children in Merced County.
GUIDING PRINCIPLES

You currently haven’t established any. Some Guiding Principles you may wish to consider adopting include the bullets below:

However, first think about:

→ **Identify the behaviors you want; then think about the ones you don’t want.**

→ **To give you ideas, core values include the areas of: leadership; continuous improvement; “customer” needs focus; performance standards; work environment. For example:**

- Soliciting and listening to the ideas of stakeholders and others and encouraging an open dialogue.
- Practicing wise stewardship.
- Conducting business in a socially responsible and ethical manner; being transparent and accountable.
- Honoring the diversity of families and communities.
- Promoting sustainable change by investing in long-term policy, institutional, funding, and systemic changes that extend First 5 reach and impact.
- Establishing partnerships and collaborations with similar mission-driven organizations to facilitate programs and services.
- Allowing for innovation in the development and implementation of initiatives and programs.
- Investing in systems-level changes to promote sustainability.
- Bringing commitment and passion to work each day.
- Maintaining a work environment that promotes constructive and effective communication throughout the organization and respect for the diversity of opinions.
- Improving evidence-based programs and practices based on solid evaluation.