



**MINUTES
FIRST 5 RIVERSIDE
Regular Meeting
Wednesday, May 11, 2022
2:00 PM**

Present:

Absent:

Vacancy:

Administrative Staff Present: Tammi Graham, Executive Director, Yvonne Suarez, Deputy Director, Lynn Stephens, Commission Coordinator, Piera Causley, Administrative Services Manager, Alicia Chavez, Principal Accountant, Kristi Van Heule, Program Specialist, Rajni Lopez, Research Specialist

Legal Counsel: Kristine Bell-Valdez, Supervising Deputy County Counsel

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

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

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

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

1. Oath of Office - Supervisor Chuck Washington
- Supervisor V. Manuel Perez
2. Executive Director Report - Tammi Graham, Executive Director
3. Commission Member Comments

D. Public Hearing - Deborah Clark-Crews, Chair

1. Conduct a Public Hearing of the Revised First 5 Riverside County Children and Families Commission Strategic Plan 2018-2023 pursuant to the California Children and Families Act, Health and Safety Code section 130140 and Ordinance 784 - Tammi Graham, Executive Director and Alex Hildebrand, Learning for Action Consultants 2



FIRST 5

Riverside County

Children & Families Commission

May 11, 2022 Commission Meeting

2018-2023 Strategic Plan: 2022 Update

Prepared by:



LEARNING *for* ACTION

About the Strategic Plan Update Process

Proposition 10 requires Commissions to annually review strategic plans and adjust accordingly based on revised priorities. First 5 Riverside County engaged Learning for Action (LFA) to guide the 2022 update of its 2018-2023 Strategic Plan, which upon approval by the Commission, will be **Version IV** of the current strategic plan. The process included the following components:

Management Team Workshop: LFA designed and facilitated a session with First 5 Riverside County's Management Team on September 14, 2021 to brainstorm environmental factors and recent developments that should inform the update of the strategic plan.

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Executive Management Team Collaboration: LFA worked with First 5 Riverside County's Executive Management Team to integrate input from the full Management Team and solicit targeted input from other staff and board members to update information about First 5 Riverside's context and progress towards objectives.

Strategy Development: LFA worked with First 5 Riverside County staff to use the updated information about context and progress towards objectives to refine the activities and results articulated in each of First 5 Riverside County's 4 program areas: Early Learning, Child Health, Family Strengthening, and Countywide Impact strategies.

First 5 Riverside County Impact Model



SIGNIFICANT SHIFTS TO FIRST 5 RIVERSIDE COUNTY CONTEXT

- I. First 5 Riverside becomes a County Department**
- II. First 5 Riverside County, in partnership with DPSS, assumes management of Family Resource Center (FRC) network**
- III. National racial justice reckoning, and County declaration of racism as a public health crisis**
- IV. Ongoing COVID impacts**
- V. Continuing decline of Prop 10 revenues**

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**STRATEGIC
PLAN**



Fiscal Years
2018-2023
Revision IV

2022 Strategic Plan Update Process

CHANGES MADE TO THE PLAN:

- I. Updated data in the plan**
 - **Population and need data (including disparities by race)**
 - **Financial investment data**
 - **Program impact data**
 - **Evidence base**
- II. Incorporated language and concepts reflecting continuing shift to Whole Child, Whole Family frame**
- III. Updated Strategy Narrative, Activities, and Results to reflect strategy refinements informed by changes to our context**
- IV. Updated Procurement, Sustainability, and Accountability approach to emphasize collaboration, systems change, and funding diversification**

Goal 1

QUALITY EARLY LEARNING

Goal Statement

Children, birth through age 5, benefit from high-quality early education, early intervention, family engagement, and support that prepares all children to reach their optimal potential in school and life.

Goal 2

COMPREHENSIVE HEALTH AND DEVELOPMENT

Goal Statement

Children, prenatal through age 5, and their families access the full spectrum of health and behavioral health services needed to support their healthy physical and socio-emotional development and overall health.

Goal 3

RESILIENT FAMILIES

7

Goal Statement

Families and communities are engaged, supported, and strengthened through culturally effective resources and opportunities that assist them in nurturing, caring, and providing for their children’s success and well-being.

Goal 4

CROSS-PROGRAM GOAL

Goal Statement

Work with early childhood stakeholders, including State and County agencies, local educational agencies, the child care planning council, institutions of higher education, and elected officials to strengthen countywide efforts to create a comprehensive, integrated early childhood system to improve outcomes for children, prenatal through age 5, and their families.

PROGRAM SPOTLIGHT: HEALTHYSTEPS

STRENGTHENING THE SYSTEM BY:

SYSTEMATIZING PREVENTION



20-25%

SAFETY NET

(Secondary & Tertiary)

HIGH NEED



HealthySteps Tier 3



Intensive Home Visiting



Help Me Grow



35-40%

PREVENTATIVE CARE

(Primary)

MODERATE NEED



HealthySteps Tier 2



Moderate-Touch Home Visiting



Help Me Grow



35-40%

UNIVERSAL ASSESSMENT

(Promotion)

LOW NEED



HealthySteps Tier 1



Light-Touch Home Visiting



Help Me Grow

Early Intervention Investments



HealthySteps

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Help Me Grow
Inland Empire



Home Visiting

Questions & Discussion

NEXT STEPS

- Commission votes on 2022 Update
- Finalize 2022 Update document based on feedback from the Commission
- Prepare for next strategy cycle, including revisiting our Impact Model to more substantially incorporate Family Resource Center work and impact

2. **Public Hearing:** First 5 Riverside County Strategic Plan - Deborah Clark-Crews, Chair
3. **22-15:** Adopt First 5 Riverside County Revised Strategic Plan 2018-2023 - Deborah Clark-Crews, Chair **12**



AGENDA ITEM: 22-15
DATE OF MEETING: May 11, 2022
ACTION:
INFORMATION:

**REVIEW AND PUBLIC HEARING OF REVISED
FIRST 5 RIVERSIDE COUNTY CHILDREN AND FAMILIES COMMISSION
STRATEGIC PLAN 2018-2023
PURSUANT TO CALIFORNIA CHILDREN AND FAMILIES ACT AND
SAFETY CODE SECTION 13140 AND ORDINANCE 784**

SUMMARY OF REQUEST

Pursuant to statutory requirement, review and conduct public hearing of the updated 2018-2023 Strategic Plan.

BACKGROUND

Since the adoption of the 2016-2021 Strategic Plan, the Commission has made timely revisions to support the evolution of its work and has extended the Plan through 2023.

Previous Commission Action:

December 2020 - Action Item 20-4: Commission authorized the extension of the strategic plan for an additional 2 years inclusive of the additional goal area activities approved by the Commission on December 11, 2019.

December 11, 2019 – Action Item 19-33: Annual Review and Public Hearing of Riverside County Children and Families Commission Strategic Plan Fiscal Years 2018 – 2021. In 2018, a mid-course revision reflected the evolution of the entire First 5 system, which is occurring in the context of a slow but steady decline in the tobacco taxes that are the main revenue source for First 5 Commissions.

December 8, 2017 – Action Item 17-19: Commission approved revised Strategic Plan for July 1, 2018, implementation.

May 10, 2017 – Action Item 17-06: Commission approved existing plan, with no changes.

October 28, 2015 – Action Item 15-25: Commission approved and adopted 2016 – 2021, five-year Strategic Plan.

Statutory Requirement

Pursuant to statutory requirement, at a minimum, Commissions are to annually review strategic plans and adjust accordingly based on revised priorities. In addition, legislation requires the Commission to conduct at least one public hearing on its proposed county strategic plan annually and before changes to the plan are adopted. All funding allocations by the Commission must be consistent with the adopted strategic plan. the Commission reviews the plan on an annual basis and adjusts the plan accordingly.

The California Children and Families Act, Health and Safety Code Section 13140 (Proposition 10) requires local county commissions to adopt a strategic plan for the support and improvement of early childhood development. It further requires that the plan be consistent with, and in furtherance of the purposes of, the act and any guidelines adopted by the state commission.

RECOMMENDED ACTION

That the Commission:

- 1) Review and adopt the Revised Riverside County Children and Families Commission 2018-2023 Strategic plan, following a public hearing.

ATTACHMENTS

1. 2018-2023 First 5 Riverside County Children and Families Commission Strategic Plan Revision IV

STRATEGIC PLAN



CONNECTING FAMILIES and the **COMMUNITY**
with resources to build a **STRONG FOUNDATION**
for **SUCCESS** for children 0 through 5 years of age.



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All children in Riverside County
are healthy and thrive in

SUPPORTIVE, NUTURING, *and* LOVING
environments

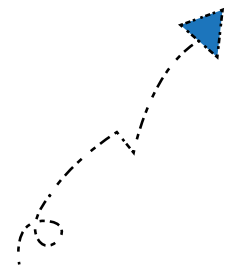
AND

enter school ready to learn &



embrace

Lifelong
Learning



I. OVERVIEW

On August 4, 2020, the Riverside County Board of Supervisors voted unanimously to declare racism as a public health crisis. The resolution passed by the Board listed several planned actions describing what the County will do to act on this, including seeking more diversity in county's workforce and in leadership positions, implementing solutions to eliminate systemic inequality in all external services provided by the county, and enhancing public education to increase understanding and awareness of systemic inequality and its impact. Similarly, the First 5 Association has established a commitment to "center race, equity, diversity, inclusion (REDI) in all we do" in its 2022-2025 strategic plan, including an objective to build local First 5 capacity to advance REDI locally. While both entities are still formulating plans for what this work will entail, First 5 Riverside County shares the commitment to centering race equity.

The County of Riverside is blessed with incredible diversity that makes us unique and is one of our many strengths. Therefore, we will focus on developing programs and initiatives that are equitable to create a better future for our residents. This will build a solid foundation to improve the health and wellbeing of our community. We have a strong sense of community, and we must ensure this is inclusive of all. I am proud that we are moving forward together to address the needs of our residents to further health, wellness, and success in every aspect of all lives.



**-Chuck Washington, District 3 Supervisor
First 5 Riverside County Commissioner 2022**

First 5 Riverside County understands that this commitment will have a significant bearing on its own work to advance the vision stated above through its investment of its resources, which are largely but decreasingly comprised of revenues from Proposition 10.

State voters passed Proposition 10, the "California Children and Families Act of 1998," in November of that year. Subsequently, the Riverside County Board of Supervisors created the Riverside County Children & Families Commission, also known as First 5 Riverside County. The act levies a \$.50 tax increase on cigarettes and other tobacco products to provide funding for early childhood development programs. The revenue generated from this tax, which was increased in 2016 by Prop 56, is distributed by the state to the counties to ensure that our youngest Californians, from prenatal through age 5, get the best start in life.

Revenues generated from the tobacco tax must be used to enhance the early growth experiences of children, enabling them to be more successful in school and ultimately to give them an equal opportunity to succeed in life. Since inception, First 5 Riverside County has invested more than \$505 million of Proposition 10 and Prop 56 funds

in local programs. Additionally, since 2016, First 5 Riverside County has identified and accessed an additional \$22 million in federal, state, and inter-county funding to expand and support integrated whole child and whole family supports. In the past 23 years, through diverse funding strategies, approximately \$527 million has been invested in the County.

First 5 Riverside County supports and advocates for the strong start all children deserve and is committed to engaging in partnerships that maximize investments to ensure children and families have every opportunity to succeed.

II. ANNUAL STRATEGIC PLAN REVIEW

The Commission is required to conduct an annual review of the adopted strategic plan and to adjust the plan to respond to opportunities, challenges, or changes in the environment. In 2018, a mid-course revision reflected the evolution of the entire First 5 system, which is occurring in the context of a slow but steady decline in the tobacco taxes that are the main revenue source for First 5 Commissions. In 2020, the Commission revised and extended the Plan through 2023.

Since inception, many First 5 Commissions initiated their work by funding direct services for children and families since it was an obvious need, evidenced by services that were limited and not supporting children and families adequately. These efforts also gave First 5 Commissions an opportunity to gain valuable practice knowledge and to identify where gaps existed in the provision of programs and associated systems that resulted in inadequate and/or interrupted services, especially for vulnerable children. Grants to fund services created the possibility to address these issues quickly and efficiently. Although the majority of Proposition 10 funds have been focused on supporting families through direct services, First 5 Commissions have shifted increasingly toward funding services with an intent to change the core practice of organizations and improve or develop systemic approaches. The First 5 Association defines system change as: “working with organizations, communities, and public agencies in new ways to change how services and supports are organized and delivered.”¹ This approach reflects First 5 Commissions’ role as stewards of public resources, and the associated imperative to maximize the public’s investment and invest those funds strategically in a way that creates real and lasting change for children and families. Furthermore, given that funding entities can be politically influential, First 5’s are in a unique position to engage relevant and significant stakeholders, such as elected officials and senior leaders of public agencies, to highlight the challenges faced by children and families in respective communities.

Several important changes have occurred in recent years that shift the context for this work even further. Building on, and leveraging, its role as leader and convener, First 5 Riverside County has become an official department of Riverside County, more deeply embedding it within the public systems it seeks to improve on behalf

of children. First 5 Riverside County and the county's Department of Public Social Services established a partnership to redesign county-operated family resource centers (FRCs) to be essential sites for innovation and a part of the larger county-wide prevention and early intervention strategy for children and families. This includes supporting and nurturing a larger family resource center network beyond the county operated FRCs to contribute to building a much larger coordinated system of care for child abuse prevention and child well-being efforts. Combined with additional learning based on recent experimentation and innovation in engaging formal and informal systems of care, First 5 Riverside County is investing in meaningful and lasting systems change on behalf of children and families. This learning and success have engendered another evolution in the First 5 system: an increase in the level of coordination between and alignment of approaches taken by individual First 5 Commissions. This alignment has reflected an effort to incorporate and codify the learning and success on the one hand, and to set the stage for more effective system-wide and statewide advocacy on the other.

Since the adoption of the 2016-2021 Strategic Plan, the Commission has made timely revisions to support the evolution of its work and has extended the Plan through 2023. To account for and leverage its changing context, First 5 Riverside County has updated both the content of the strategies (an increase in level and sophistication of systems-change investments) and the structure and language of its planning framework (to reflect a more intentional change model and align with the rest of the First 5 system wherever possible). The strategies contained in this document reflect the updated content and the following sections explain and present First 5 Riverside County's updated strategic framework.

Riverside County Profile

Riverside County is the fourth largest county in California and the 10th largest in the United States. It covers more than 7,300 square miles and is home to 2.4 million residents.² There are 28 cities, large areas of unincorporated land, and several Native American tribal entities. The population by race is as follows: 56.24% White, 6.63% Black/African American, 1.12% American Indian/Alaskan Native, 6.82% Asian, 0.34% Native Hawaiian/Pacific Islander, 23.36% Other Race and 5.49% Multiracial.² The population by ethnicity is 51.97% Hispanic/Latino and 48.03% Non-Hispanic/Latino.²

The median household income of Riverside County is \$70,732 compared to \$78,672 for the State of California.² In Riverside County, 33.6% of individuals are living in households with income below 200% of the Federal Poverty Level (FPL) compared to 31.0% in California.³

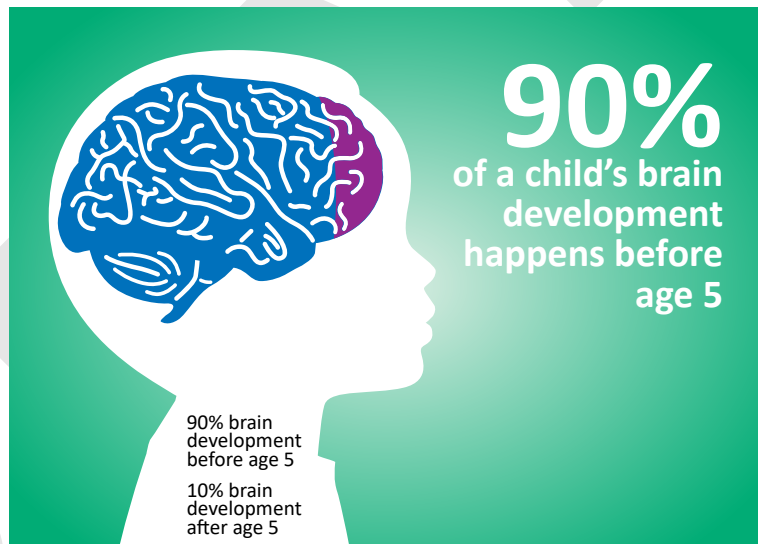
In 2020, Riverside County was home to approximately 175,500 children under age 6.⁴ Births average 30,000 annually.⁵ Enrollment in Medi-Cal for children 0 through 5 years is at 48.2% for Riverside County compared to 44.7% for the state.⁶ In the 2018-19 academic year, 23.2% of 3rd graders met English language arts/literacy (ELA/literacy) Common Core State Standards, and 28.5% in Riverside County met

the mathematics Common Core State Standards.⁷

While this County-level data is critical for informing our County-wide approach, understanding the regional variation in needs and assets of children and their families can help us determine how to focus our resources even more efficiently. To this end, First 5 Riverside County will begin work to develop datasets at the supervisorial district level, so that strategy refinements can be made that are responsive to community need at the local level. This work is anticipated to be complete in time to inform our next strategic plan in 2023.

The Importance of Early Childhood

First 5 Riverside County's commitment to serving our youngest children stems from research in brain development showing that the experiences of children in their earliest years significantly affect the way they grow and develop. The first years are the most rapid period of brain growth, with nearly 90% of brain development occurring by age 5. This remarkable growth happens in response to, and in the context of, a child's experiences. During the early years, critical connections form between nerve cells, creating pathways that determine an individual's emotional, social, and intellectual makeup. Investments in the early years, when children's brains are developing and taking permanent shape, are the best investments First 5 Riverside County can make.



Early Learning Matters

Research demonstrates that children who attend a quality early learning and care program are more likely to do well in school and experience better outcomes as adults. In fact, for every dollar invested in quality early childhood education, there is up to a 13% return on investment per year through better outcomes in education, health, sociability, economic productivity, and reduction in crime.⁸ This is especially true for children living in poverty and those who experience multiple risk factors and in Riverside County, nearly one-fifth of children under age 5 live in poverty. Moreover, over half of the County's 3rd graders score below grade level in English Language Arts.⁷ Families have a continued need for quality early learning and care programs. As of February 2022, 569 early learning providers are a part of Quality Start Riverside County. Of the 501 sites that have a quality

higher on quality standards established by the Quality Counts California Quality Rating Matrix. These standards include quality elements at five tiers in three core areas of child development and school readiness, teachers and teaching, and program and environment.

While the availability of licensed early learning and care increased between 2017 and 2019 (4% increase in center-based spaces and 7% increase in family child care spaces)⁹, the impact of the COVID-19 pandemic on the availability of licensed child care is still being felt. Another challenge, that is in part due to the ongoing impact of the COVID-19 pandemic, is the lack of qualified early educators. During the pandemic many early educators left the field due to the low wages, lack of benefits, the high risk of working with young children during a pandemic, as well as the economic impact of program closures and lack of enrollment during the pandemic.

Over three quarters of parents who request assistance from the Riverside County Office of Education (RCOE) Resource and Referral program need early learning and care for their children so that they can work. However, even for families earning the median family income of \$70,732 who have a preschool age child and an infant, the cost of child care is greater than the cost of housing (25% compared to 20% of the family's income, respectively).⁹ For lower income households and those who qualify for subsidized early learning and care, the availability of subsidized care is inadequate to meet the need, particularly for infant and toddler care. In fact, only 5% of the eligible infants and toddlers in Riverside County receive the care for which they are eligible, compared to over one-third of preschool age children.

Universal preschool/Kindergarten (UPK), which offers families free preschool to all 4-year-old children in the state for a minimum of 3 hours per day, is expected to have a dramatic impact on the early learning and care field. Pre-Kindergarten (PK) expansion is expected to not only increase the number of 4-year-olds enrolled in PK but will also shift the early learning and care system to serve more children ages 0-3 years. While the shift is intended to increase the availability of spaces for infants and toddlers, there is concern that the higher cost of providing care to younger children (primarily due to the lower adult/child ratios) coupled with the anticipated shift of qualified early educators to UPK, will be too great for the early learning and care system to bear. Fortunately, the state recognizes this challenge and the rates at which providers are reimbursed for serving income eligible children has increased and will continue to increase with rate reform efforts.

In addition, there is a growing prevalence of children with a wide range of special needs. Children with high needs are 50% more likely to be placed in special education classes, 25% more likely to drop out of school, 70% more likely to be arrested for a violent crime and 40% more likely to become a teen parent.¹⁰ Children with high needs who participate in high-quality early learning environments benefit greatly, often exceeding national averages on measures of school readiness. In Riverside County, families have a continued need for services in early learning settings which support inclusion.

Whole Child, Whole Family

With the number of critical developmental processes that are at play during early childhood in mind, the First 5 Association has adopted a whole child, whole family framework to put child development into an even more explicit ecological context that includes connections between a child and their family and community that they are a part of. While First 5 Riverside County has always incorporated these vital connections, its direct involvement and strategic investment in the Family Resource Center network in Riverside County puts it in an even stronger position to address these connections as a part of its work. As it approaches its next strategy cycle, First 5 Riverside County will be looking for ways to identify and address opportunities to strengthen comprehensive family systems in ways that promote the healthy development of children, as well as other social determinants of health that have a significant bearing on the developmental environment for children growing up in Riverside County.

Growing Need for Health Equity

Riverside County ranks 39th out of 58 California counties in relation to overall health factors. For quality of life, it ranks 42nd, 47th for clinical care, and 56th for the physical environment.¹¹ The combination of nearly all health indicators strongly correlated with race and/or class with a saturation of users to the health care system make health equity a growing area of concern for the county as a whole.

In Riverside County access to both prenatal and pediatric care are trailing state averages. There is one primary care pediatrician available for every 2,800 children through age 5 in the county; this is six times lower than the statewide rate. In addition, rates of timely prenatal and postpartum care are declining in the county in recent years and preterm, and very preterm births in the county are higher than the state average, a poor outcome that disproportionately impacts Black women and babies.¹²

Persistent health inequities exist statewide and within the county. In California Black and Latinx women experience higher rates of postpartum depression.¹² The county also has lower than State average rates of children visiting the dentist, with only two-thirds of children 2 to 3 years of age having ever visited a dentist.¹³ In addition, childhood obesity rates have more than tripled in the last four decades,¹⁴ only 77% of mothers receive prenatal care,¹⁵ and asthma prevalence continues to be higher in Riverside County (21% compared to 15% statewide in 2013-2014).¹⁶ There is also a significant increase in behavioral health needs particularly among children age 17 and younger; a challenge exacerbated by low rates of developmental screening (nationally, fewer than one in three children receive developmental screening).

Overall healthcare coverage in California has increased and reduced the need for local investment in providing premium subsidies. However, gaps in services remain and navigation of the health system and other services is not consistently available to families. A healthcare system that can effectively achieve positive birth and early childhood health outcomes will include (1) a stronger focus on prevention; (2) enhanced care coordination to assist families in meeting multi-faceted healthcare

needs and (3) resources to address social determinants of health and trauma. Most children in Riverside under age 6 have health insurance and over 40% of those children are Medi-Cal recipients, making Medi-Cal the largest health insurance provider for children in the county. Further, the 0-5 population is expected to increase over the next decade increasing the population insured by Medi-Cal.⁵

California Advancing and Innovating Medi-Cal (CalAIM) is a long-term commitment from the State to transform and strengthen Medi-Cal, offering Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory¹⁷. Improvements in the Medi-Cal managed care system can catalyze population-level improvements in health, especially for young children. The CA Department of Health Care Services Medi-Cal procurement in 2022 is redefining how care is delivered to more than 12 million Californians by raising the state's expectations of plans in the Medi-Cal program to be committed to:

1. High-quality, accessible, and comprehensive care across all settings and levels of care
2. Reducing health disparities
3. Improving Health outcomes

Increase in Family Stress

Approximately one-third (30%) of households in Riverside County have a child under age 6.¹⁸ The physical and emotional well-being of children is largely dependent on the strength, health, and resilience of their family.

There is an increasing number of families facing critical challenges in Riverside County. The COVID-19 pandemic exacerbated these longstanding challenges resulting in more children experiencing homelessness, child abuse and neglect, and food and housing insecurities. At some point in the 19-20 school year, 2,365 children ages birth-kindergarten (which includes infants, toddlers, pre-kindergarteners, and kindergarteners) were reported as being homeless in Riverside County.¹⁹ Approximately 19.2% of children ages 5 and under are living below the poverty level in Riverside County.²⁰ In 2020, for children under 1, the rate of substantiated reports is 26.4 per 1,000 children compared to California's rate of 22.2 per 1,000 children, 11.4 for ages 1-2 compared to 8.7 for the state, and 9.2 for ages 3-5 compared to 7.2 for the state.²¹

According to the California Office of the Surgeon General, "widespread stress and anxiety regarding COVID-19, compounded by the economic distress due to lost wages, employment and financial assets, mass school closures, and necessary physical distancing can result in an increase of stress-related health outcomes."²² Families continued to struggle to find affordable quality child care and early learning options keeping some parents from returning to work. Other challenges include a significant percentage of children in foster care and grandparents who are responsible

for raising their grandchildren while dealing with their own aging needs and health issues. These all contribute to a high number of families with limited access to the resources necessary to help children grow up healthy and ready to succeed.

III. STRATEGIC ESSENTIALS AND INVESTMENT GUIDELINES

In 2016, the Commission developed three strategic essentials to ensure the success and sustainability of the Commission's efforts to advance its vision, mission, and long-term objectives. The Strategic Essentials include:

- **Support strategic positioning and partnerships:** Maximize return on the Commission's future investments through leveraging resources
- **Support the development of organizations and providers:** Provide technical assistance and support to programs to build capacity and increase independence from First 5 funding
- **Integrate direct services:** Provide funding for services that integrate other First 5 programs and link to existing programs and services

Investment Guidelines

To help define and support First 5 Riverside County's shifting focus, the Commission developed five investment guidelines to express First 5 Riverside County's point of view about how and where it can have the most impact and advance the strategic essentials.

Five Investment Guidelines to Implement the Strategic Essentials

Upstream (Prevention) → Downstream (Intervention)

PROMOTION → PRIMARY PREVENTION → EARLY INTERVENTION → TREATMENT OR SERVICE



Upstream strategies focus on improving fundamental social and economic structures, environments, and conditions that support the ability of individuals and groups to reach their full health potential and to withstand challenges. Downstream strategies focus on providing equitable access to care and services to ensure that any presenting problems or challenges are addressed effectively.²³

First 5 Riverside County position: First 5 Riverside County investments will fall on the upstream/prevention side of the continuum, prioritizing support for promotion, primary prevention, and early intervention strategies.

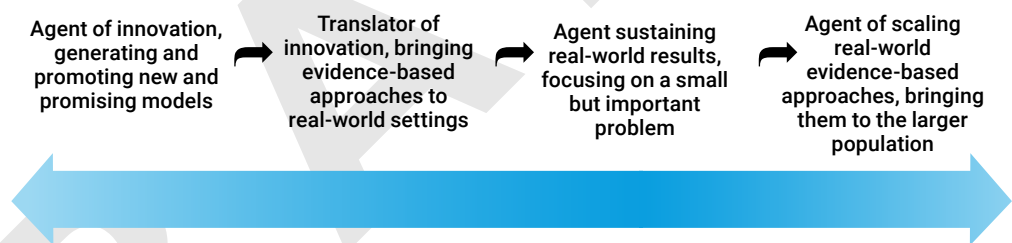
Going Broad → Going Deep



Going broad means engaging in strategies that have less impact on a greater number of people, while going deep means engaging in strategies that have a greater impact but reach fewer people.

First 5 Riverside County position: First 5 Riverside County investments will fall on the left to middle section of this continuum, with most investments ranging from low intensity with high reach to moderate intensity and reach.

Growing Local Models → Leveraging Evidence-Based Models

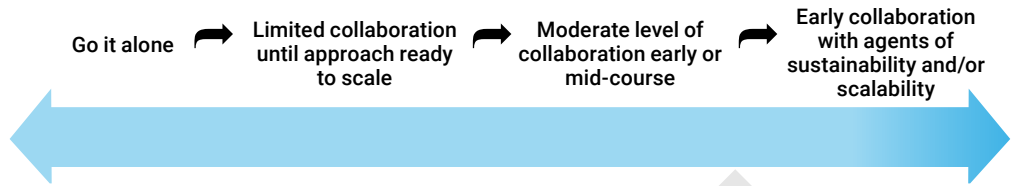


Growing local models means being an agent of innovation, generating and promoting new and promising models. In the middle of this continuum means being a translator of innovation, bringing evidence-based approaches to real-world settings, and being an agent sustaining real-world results, focusing on a small but important problem. Leveraging evidence-based models means being an agent of scaling real-world evidence-based approaches by bringing them to the larger population.

First 5 Riverside County position: Investments will generally fall in the middle of this continuum, and thus First 5 Riverside County will largely serve as a translator of innovation and agent of sustaining real-world results.



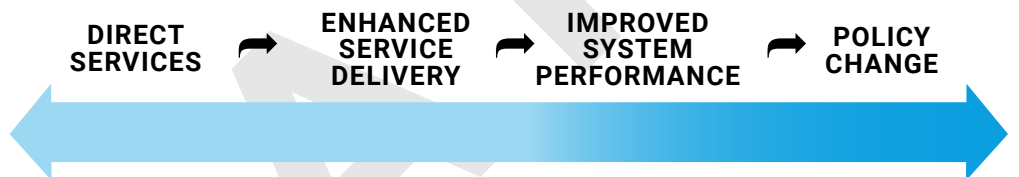
Go It Alone → Start with Partnership Opportunity



Going it alone means engaging in limited collaboration until an approach is ready to replicate or scale, while starting with partnership opportunities means engaging in collaboration early in the process with agents of sustainability and/or scalability.

First 5 Riverside County position: Investments will primarily follow a model of collaborating early with other partners and/or agents of sustainability and/or scalability.

Direct Services → Systems and Policy Change



On one side of this continuum is a focus on funding direct services; the middle of this continuum includes enhancing service delivery; and the other side of this continuum focuses on working towards systems improvement and being a champion for policy change.

First 5 Riverside County position: Investments will primarily be directed towards systems and policy change.

These guidelines establish the Commission's preferences for how future investments will be allocated and are to be considered both in evaluating individual proposals and assessing the overall portfolio of First 5 Riverside County investments.



IV. OUR STRATEGIC FRAMEWORK

First 5 Riverside County's vision, mission, and values remain constant and continue to anchor and guide the Commission's work:

Vision

All children in Riverside County are healthy and thrive in supportive, nurturing, and loving environments and enter school ready to learn and embrace lifelong learning.

Mission

First 5 Riverside County invests in partnerships that promote, support and enhance the health and early development of children, prenatal through age 5, their families and communities.

Values

- Child & Family
- Outcomes-Driven
- Collaboration
- Sustainability

Protective Factors

In addition to mission, vision, and values, First 5 Riverside County utilizes the Strengthening Families™ Protective Factors Framework²⁴ (see Appendix C) as a foundational philosophy for its approach to improving the lives of young children. Extensive evidence supports the common-sense notion that, when these Protective Factors are present and robust in a family, the likelihood of a child achieving optimal health and development is greatly increased.

First 5 Riverside County's Impact Model reflects its ideal role in supporting improvements to systems that primarily serve children prenatal through age 5 and their families.

Impact Model

First 5 Riverside County's Impact Model is organized around three developmental areas for children:

1. Quality Early Learning
2. Comprehensive Health and Development; and
3. Resilient Families

These three developmental areas, aligned with the First 5 Association, correspond to the three program areas around which First 5 Riverside County organizes its investments.

The Impact Model establishes an outcomes framework for the system changes First 5 Riverside County is working towards, which is divided into four different kinds of systems change outcomes and expressed in terms of what will be different for children and their families in relation to the services and supports they need to thrive:

1. Increased access
2. Increased quality
3. Increased coordination
4. Increased consumer and community capacity to utilize services and supports, as well as to successfully face challenges

These outcome areas are important because they define how First 5 Riverside County will measure the success of its investments: in terms of their effectiveness in advancing these systems change outcomes on behalf of young children and their families. These outcome areas are used to organize the measurable results listed in the program strategies that specify what each of the program strategies is designed to achieve.



The Impact Model organizes the different types of investments First 5 Riverside County makes to strengthen the system of services and supports for young children and their families. This organizing principle divides investments into two meta-categories: direct services and systems change.

Direct services can take the form of services for children or services for families and caregivers, while systems change investments take the form of efforts to build provider capacity, to support organizations and communities to work better together through strengthened partnerships and service integration, to increase and leverage financial resources, and to educate parents and policymakers about the importance of supporting a child's early development. Within each program area, those systems change investments target a set of stakeholders specific to that program area, while First 5 Riverside County continues to lead and advocate for change at a county-wide, cross-systems level.

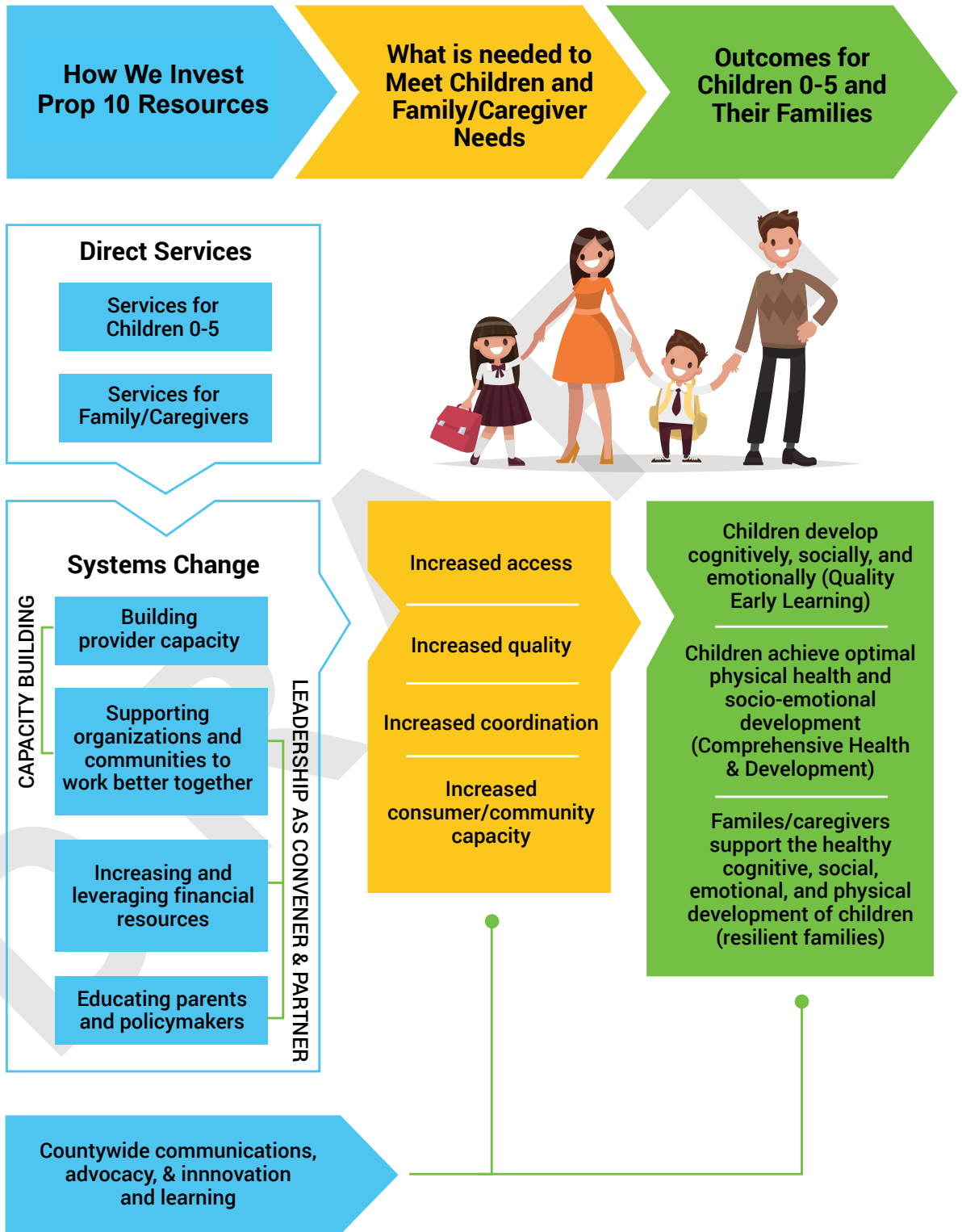
The Impact Model provides clarity and consistency of First 5 Riverside County's investment strategies and helps to build connection and alignment between streams of work across program areas that have characteristics in common. For example, provider capacity building efforts in the Quality Early Learning program area could be leveraged in services of similar capacity building efforts in Comprehensive Health and Development.

Two significant recent developments – First 5 Riverside County's direct involvement and investment in Family Resource Centers and its commitment to centering a heightened focus on race equity – may lead to a revision of this Impact Model in the next strategy cycle; in the interim, First 5 Riverside County will continue to use it to guide its thinking about how it invests its resources and to what end.

In the following section, goals, strategies, activities, and results are organized according to this Impact Model.



First 5 Riverside County Impact Model



Goal 1

QUALITY EARLY LEARNING

Goal Statement

Children, birth through age 5, benefit from high-quality early education, early intervention, family engagement, and support that prepares all children to reach their optimal potential in school and life.

Strategy Narrative

First 5 Riverside County increases access to quality child care through two major collaborative initiatives: Quality Start Riverside County (QSRC) and the Riverside Hybrid Alternative Payment (RHAP) program. In addition, First 5 Riverside County addresses key gaps in the early learning landscape.

QSRC is the region's Quality Improvement System (QIS) and provides four critical supports:

1. establishing and promulgating quality standards for early care and education,
2. supporting quality improvements with early childhood education (ECE) providers using these standards,
3. providing professional development opportunities for providers to help them increase the quality of their care, and
4. providing parents and caregivers with tools and resources to select quality programs.

The RHAP program increases the number of children accessing high-quality early learning environments. RHAP is a systems approach that aligns with and supplements the existing California Alternative Payment Program (CAPP) administered by Riverside County Office of Education (RCOE). In 2019, RCOE received increased state funds to enroll children into CAPP reducing the need for Proposition 10 funded RHAP scholarships.

RHAP leverages QSRC and provides scholarships for families who do not qualify for other child care subsidies. RHAP also leverages the capacity of RCOE to administer scholarships, collect data, and provide enhanced reimbursement for quality programs participating in QSRC.

Further, the Commission continues to address barriers to families' access to high quality early learning opportunities committing Proposition 10 funds to expand ECE facilities. Analysis of existing childcare licensing data has revealed that Riverside County currently has only six active, licensed ECE facilities per 1,000 children ages 0-5. The Bipartisan Policy Center indicates that, across all income levels, Riverside

County needs to add 59,750 licensed childcare slots to meet estimated current demand. The Low Income Investment Fund cost model finds that meeting this demand could cost the county more than \$1.4 billion in ECE facilities construction and expansion efforts.

The Riverside County Board of Supervisors approved the County Executive Office and First 5 Riverside County's recommendation to direct American Rescue Plan Act (ARPA) funds to provide wage enhancement payment to the ECE workforce and expand facilities. This was an innovative approach to support a workforce that is critical to both the educational and economic success of the county and to effectively utilize Federal relief funds.

The need for increased funding for childcare is broadly recognized and legislative efforts are underway to increase funding at the State and Federal levels. These legislative initiatives are essential to establish on-going funding streams to stabilize the child care system and increase access to a comprehensive, quality, and affordable care. In California, child care rate reform is underway that will align all child care and preschool programs, including school-based, to a single regionalized reimbursement rate structure that addresses quality standards for equity and accessibility while supporting positive learning and developmental outcomes for children. Rate reform is projected to be adopted for all child care programs and implemented in 2023.

edsources.org/wp-content/uploads/2022/01/EarlyChildhoodBudgetSummary.pdf



Goal 1 Activities

A. DIRECT SERVICES

Services for children

- Support early literacy efforts such as Ready for K and Raising a Reader
- Support the Alternative Payment system for child care and early childhood education to low-income families through the RHAP program, including scholarships for special populations and tiered reimbursement to support increases in levels of quality of QSRC Providers, in preparation for and in alignment with, rate reform at the State.

Services for families/caregivers

- Provide education and tools to parents/caregivers on how to choose a quality early learning program
- Provide parents/caregivers with evidence-based early language and literacy tools, through the use of technology and traditional resources, to maximize existing family routines to engage in more home and center-based learning.

B. SYSTEMS CHANGE

Building provider capacity

- Strengthen the professional development system for early care and education providers by making available a cohort of experts that provide mentoring, training and assessments, with a focus on increasing the quality of curriculum, teacher-child engagement, and enhanced teaching practices.
- Increase supply of high-quality early learning programs across our mixed delivery system for children 0–5.
- Support infrastructure/facility expansion of Quality Start Riverside County early learning center-based infant and toddler settings.
- Support improved facility safety in Quality Start Riverside County sites, including supporting providers' responsiveness to public health COVID-19 guidance.
- Support community and home-based child care settings that are not subsidized child care or preschool sites and provide early learning and school readiness services to parents and young children. These may include, but are not limited to, home visitation programs, family resource centers, Boys and Girls Clubs, and libraries.

Supporting organizations and communities to work better together

- Convene a consortium comprising of ECE and health-related stakeholders that share the same vision for children in Riverside County to improve the quality of early learning, and to implement the QIS framework in Riverside County.

Goal 1 Results

Increasing and leveraging financial resources

- Leverage resources and capacity to expand access to outside funding, including awards to First 5 Riverside County via Federal, State, local, foundations or other private sector funding, including CARES & ARPA funds.
- Align partnerships and investments that support infrastructure expansion for child development centers for infants and toddlers.

Educating parents and policymakers

- Inform and drive policy decisions and investments across the early education sector in Riverside County.

Increased access

- Increased access to high-quality early care and education for infants, toddlers, and preschoolers with a focus on families who fall between low-income level ranks who are not supported by other subsidized programs.

Increased quality

- Increased level of quality in early learning centers and family child care homes as demonstrated by site-specific improvements or implementation of evidence-based practices in alternative sites.
- Increased safety and outdoor learning environments.
- Increased supply of high-quality child development centers in Riverside County.
- Increased capacity of ECE providers to provide high quality care and learning environments.
- Utilize assessments to understand need, tailor learning experiences, and prepare children for seamless transition into kindergarten.
- Increased positive engagement and quality interactions between child and parent/caregiver or child and teacher.
- Increased knowledge and understanding on the part of early learning providers of children's development of motor, social, emotional, literacy, and numeracy skills.

Increased efficiency

- Existing professional development and subsidy programs are leveraged to expand reach.
- Early education stakeholders embed workforce development strategies to increase alignment across qualifications, competencies, preparation and training.

Increased consumer/community capacity

- Increased parent's awareness regarding the importance of choosing quality licensed learning environments and how to choose quality care.

- Increased community understanding of the important role that high quality early learning plays in young children’s school-readiness and long-term success.
- A shared vision for systems reform amongst early learning stakeholders and communities and a joint approach to solving early childhood development barriers and challenges, aligning countywide data and measurement of indicators.

Quality Early Learning Program Spotlight: MASTER PLAN FOR EARLY LEARNING AND CARE



In December 2020 a team of researchers led by WestEd, authored the Master Plan for Early Learning and Care: Making California For All Kids funded by the California Health and Human Services Agency. The intent of the Master Plan is to provide an actionable roadmap to achieving the vision that "all California children thrive physically, emotionally and educationally in the early years, through access to high-quality early learning and care resources; equitable opportunities for the workforce that advance equitable outcomes for children; and greater efficiencies to the state today and every day through structures for continuous improvement" by 2020.²⁵ The Master Plan lays out the following four key objectives:

1. Improve the life outcomes of infants and toddlers by providing comprehensive early learning and care.
2. Ensure that all families can easily identify and access a variety of quality early learning and care choices that fit the diverse needs of their children, their financial resources, and workday.
3. Promote school readiness through preschool for all three-year-old children experiencing poverty and universally for all four-year-old children.
4. Advance better outcomes for all children by growing the quality, size, and stability of the early learning and care workforce through improved and accessible career pathways, competency-based professional development supports, and greater funding.

The Master Plan also lays out the following four policy goals:

1. Unify programs to improve access and equity.
2. Support children’s learning and development by enhancing educator competencies, incentivizing, and funding career pathways, and implementing supportive program standards.
3. Unify funding to advance equity and opportunity.
4. Streamline early childhood governance and administration to improve equity

Strategies outlined within the Master Plan focus on (1) Unifying a continuum of early and development opportunities from Paid Family Leave to Universal Preschool; (2) Enhancing workforce competencies, career pathways and standards; (3) Aligning funding and reforming rates of pay; (3) and Establishing more equitable and efficient administration of programs, including facilities and integrated data development. F5RC is well-positioned to continue to promote a systems approach to expanding, improving and achieving equitable access to early learning opportunities for young children that align with the Master Plan goals and objectives.



Goal Statement

Children, prenatal through age 5, and their families access the full spectrum of health and behavioral health services needed to support their healthy physical and socio-emotional development and overall health.

Strategy Narrative

First 5 Riverside County improves capacity of health and behavioral systems to meet the needs of children and families through a systemic and coordinated network, enabling increased effectiveness and navigation of services. Strengthening the system of care for children and families allows for better connection and access to the services they need and creates enhanced opportunities for high quality and seamless services.

First 5 Riverside County has identified multiple approaches for advancing improvements across health-related systems to help the greatest number of children and families. Investments in this goal area focus on improving how health-related systems connect, coordinate, and assist families in receiving early intervention services needed for their child's healthy development. Specifically, First 5 Riverside County will work to improve how systems work together to provide timely screening, effective care coordination, and appropriate referrals so that more young children at risk of developmental delays have access to the care they need to thrive. In addition, some investments will focus on directly serving children and families, including drowning prevention efforts delivered through funded partners that provide water safety and swim lessons for young children and prevention strategies for parents.

Help Me Grow Inland Empire (HMGIE) is a system integration effort conducted in partnership with First 5 San Bernardino and Loma Linda University Children's Health (LLUCH). HMGIE provides both an access point for our most vulnerable families to be connected to community resources, and a system framework for providers to work together to ensure an organized system of support is available in our community. The centralized access point assists families in connecting with specialized professionals in community-based settings, following early detection through screenings for cognitive, physical, or behavioral issues. 2020-2021 marked the first full year of HMGIE Access Center operations.

HMGIE has been intentional in its outreach and partnership development with organizations across the region's early identification and intervention system, strengthening relationships to improve services and activating new opportunities to increase the number of children who receive developmental screenings. These efforts were completed against the backdrop of the ongoing COVID-19 pandemic and resulting economic hardships facing many Inland Empire families. HMGIE's dual focus on developmental delays and risk factors for delays, the



social determinants of health, enabled supports to families with a range of needs during this challenging time by linking them to needed resources and providing an important throughline as they navigate new and unfamiliar systems of care.

In partnership with California Northstate University (CNU), the Early Childhood Oral Health Assessment (ECOHA) is continuing with training provided to home visitors, improving cross system integration with Help Me Grow Inland Empire, and expanding educational training and resource materials for home visitors and families. Sustainability and expansion of ECOHA will continue through CNU's development of a network system of dentists to accept referrals resulting from ECOHA assessments and the establishment of a program dental hygienist to provide additional assessment, education and referral pathways for families determined to be at risk by the ECOHA assessment. The CNU dental hygienist identifies dentists willing to provide treatment to children ages 0-5 who are on Medi-Cal. This program was developed to sustain and expand the ECOHA created for children ages 0-5 and to embed into home visiting programs to be utilized with the families.

HealthySteps Pilot in Riverside County

In 2017, First 5 Riverside County Children and Families Commission approved an investment to pilot the HealthySteps model in a variety of healthcare settings with three pediatric/primary care agencies across the county serving children with the highest needs in partnership with the national organization, ZERO TO THREE.

HealthySteps Pilot Agencies and Sites:

- Riverside University Health System: A public general hospital that also operates Federally Qualified Health Centers. Piloted at the main campus in Moreno Valley
- Borrego Community Health Foundation: A non-profit, Federally Qualified Health Center (FQHC). Piloted in Cathedral City, Desert Hot Springs, San Jacinto, and Riverside
- Rady's Children's Hospital: A non-profit children's hospital. Piloted in satellite locations in Murrieta and Temecula-Expansion plan for Hemet in 2022

HealthySteps is increasing access to quality care, expanding screenings, connecting families to services and supports, increasing physician satisfaction, and reducing health care costs.

Underlying these comprehensive health and development initiatives is the continued emphasis on systems integration and coordination through expansion and capacity building of providers and existing services. The presence of a responsive health care system is key to universal access for children and families and to addressing children's physical and developmental needs, as well as the social determinants of health.



Goal 2 Activities

A. DIRECT SERVICES

Services for children

- Provide swimming instruction and water safety classes for children.
- Care coordination for families/caregivers for children dental screenings and assessments for caries risk. Provide culturally relevant developmental screenings, comprehensive assessments, and early intervention services through an integrated system of care.
- Connect families to HMGIE for care coordination and systems navigation to community resources for early identification and early intervention.
- Provide team-based well-child visits in a primary care setting that ensures infants and toddlers receive nurturing parenting and healthy development. HealthySteps model will be embedded through primary pediatric care practices and Federally Qualified Health Centers (FQHCs) across the county serving various communities and will provide:
 - Child development, social-emotional and behavioral screening.
 - Screening for family risk/protective factors and social determinants of health.
 - Connections to community resources.
 - Care coordination and systems navigation.
 - Access to HealthySteps Specialist (HSS) support between well-child visits.

Services for families/caregivers

- Through HealthySteps, provide parents with parenting guidance, information, and personalized support regarding child development needs.

B. SYSTEMS CHANGE

Building provider capacity

- ECE provider training on using Ages and Stages Questionnaire (ASQ-3; ASQ:SE-2).
- Support pediatric providers, early learning specialists and home visitors to use evidence-based validated screenings in accordance with American Academy of Pediatrics (AAP) guidelines.
- Support providers' ability to ensure continuity of care across the spectrum of developmental and behavioral services and supports.
- Support expansion of specialized practices in maternal medicine that address at-risk pregnant and/or parenting mothers through the development of fellowship and other research and clinical residency programs.

- Support telemedicine practices that increase access.

Supporting organizations and communities to work better together

- Through HMGIE, provide information, referrals and linkages to health services for high risk children and families through a coordinated and responsive system.
- Create cross-county regional systems that leverage resources, skills and partnerships to deliver comprehensive health programs. Examples of existing platforms include partnerships with First 5 San Bernardino for HMGIE and LDPP-IE.
- Facilitate the exchange of information and best practices amongst private and public organizations that deliver services for children and their families.
- Create an integrated system involving community health centers, early care and education centers, schools, and home visitors to improve coordination and better assist families in receiving early identification and intervention services.
- Create a system that encourages ownership of child outcomes using data to inform decision making at the population and community level.

Increasing and leveraging financial resources

- Acquire sustainable financial resources for a HMGIE system that has the capacity to develop a robust inventory of resources and services for children and families.

Educating parents and policymakers

- Increased community knowledge about healthy child development through public education campaigns and cross-disciplinary workforce development.

Goal 2 Results

Increased access

- Increased access to swim and water safety lessons for children.
- Increased number of children receiving developmental screenings per the AAP guidelines.
- Increased number of Medi-Cal enrolled children who have had an ECOHA and preventative dental visit.
- Increased continuity of care across the spectrum of developmental, health, oral health, and behavioral health services.
- Increased early identification and early intervention services for children, especially for high-risk and at-risk children.
- Increased number of children receiving an oral health assessment.
- Increased number of specialized medical practitioners in the maternal mental health and Maternal Fetal Medicine disciplines.
- Increased coordination across systems of care to connect young children to

screening and early intervention, including through the expansion of HMGIE.

Increased quality

- Increased understanding of social emotional learning and its value by health and early learning providers.
- Increased application of validated screening tools in accordance with AAP guidelines.
- Increased health provider knowledge about developmental screenings.
- Increased wellness checks within clinics with a HealthySteps Specialist.

Increased efficiency

- Early identification and intervention:
 - Increased number of referrals.
 - Increased number of referrals that lead to service uptake.
 - Decreased inappropriate utilization of the emergency room.

Increased consumer/community capacity

- Increased understanding by parents and the community of social emotional learning and its value.
- Strengthened connections for families to pediatric practice.
- Parents are empowered to identify child health care needs and participate fully in decision-making and care planning.
- Increased awareness by parents/caregivers around water safety.
- Increased utilization of specialized services by parents through targeted care coordination.





HealthySteps: Changing Pediatric Care in Riverside County

Each year nearly 30,000 babies are born in Riverside County. Decades of research show how important the first three years will be to each one of these babies. This is the time when critical connections are made in the brain that will shape how they will grow, learn, and develop. During this time some children may experience developmental delays that can affect their ability to meet their full unique potential. Unfortunately, children who are born to families living below the poverty line and children of color are more likely to have delays that go undetected.

The good news is that early identification through screenings and linkages to supportive services can make a big difference. In Riverside County, with funding from First 5 Riverside County, an innovative model of pediatric care—HealthySteps— is being demonstrated in pediatric care settings. The model integrates a child development specialist into the pediatric primary care team to promote nurturing parenting and healthy development for babies and toddlers. “HealthySteps Specialists” connect with families during and between well-child visits, providing families with guidance, referrals, and care coordination tailored to their needs as identified by developmental and behavioral screenings.

HealthySteps: Changing Pediatric Care in Riverside County

In 2017, First 5 Riverside County Children and Families Commission approved a three-year investment to test the HealthySteps model in a variety of healthcare settings across the county serving children with the highest needs. First 5 invested more than \$4.45 million and partnered with ZERO TO THREE to pilot HealthySteps in three pediatric primary care agencies between October 2018 and 2021.

HealthySteps Pilot Agencies and Sites:

Although still in the early stages of implementation, HealthySteps is already making a significant impact in its first years by:

- **Increasing Access to Quality Care:** HealthySteps is reaching more than 6,000 children and their families each year
- **Expanding Screenings:** Over a 2-year period more than 10,000 child development, social and emotional, autism, maternal depression, and family needs screenings were conducted
- **Connecting Families to Services & Support:** In that same period, more than 4,000 referrals and follow up was conducted for child and family needs for early intervention, mental health, early care and education, and maternal depression
- **Demonstrating a Model for Practice Improvement:** Across sites, physicians reported significantly higher satisfaction with HealthySteps and that they felt emotionally supported by the HealthySteps Specialist.
- **Reducing Health Care Costs:** A financial analysis in one HealthySteps practice serving a diverse pediatric population found that an estimated \$641 - \$959 of costs were averted by services provided by HealthySteps.

STRENGTHENING THE SYSTEM BY:

SYSTEMATIZING PREVENTION



Goal 3

RESILIENT FAMILIES

Goal Statement

Families and communities are engaged, supported, and strengthened through culturally effective resources and opportunities that assist them in nurturing, caring, and providing for their children's success and well-being.

Strategy Narrative

First 5 Riverside County strives to support the community in understanding the importance of, and ways of building, resilient families. The Protective Factors™ are the foundation of First 5 Riverside County's approach to strengthening families; the factors are:

1. parental resilience,
2. knowledge of parenting and child development,
3. social and emotional competence of children,
4. social connections, and
5. concrete support in times of need.

Research shows that these factors are essential to create healthy environments for the optimal development of all children. By helping to create safe physical and emotional environments at home, in school and in neighborhoods, First 5 Riverside County can support building vibrant and resilient communities throughout Riverside County. To this end, First 5 Riverside County's approach to supporting family resilience is based on the expectation that all parents and caregivers can benefit from some level of support ranging from information about child development and social connections to support in navigating the safety net and behavioral health systems. By investing in Home Visiting and Family Resource Centers (FRCs), First 5 Riverside County has an opportunity to promote healthy family functioning and prevent maltreatment of children through a multi-platform approach that reaches families in their homes and communities. Both Home Visiting and FRCs are service delivery models that are able to respond to a range of needs in family-friendly spaces.

Home Visiting

First 5 Riverside County is partnering with key stakeholders and associated sector leaders to co-design a system of home visiting. The stakeholders envision a system where all families have access to home visiting services for the prenatal to five year period through an integrated system that positively impacts healthy development and early learning. The envisioned system will:

- Ensure equity in access.
- Be responsive to family strengths and needs.

- Empower and support families to speak to their own needs and advocate for the child and family.
- Advance strengths-based programming and use a relationship-based approach.
- Function as part of a bigger system of supports within communities and the county.
- To make effective home visitation available to more families who need it.

First 5 Riverside County has worked to expand funding and implementation of multiple evidence-based home visiting models that have been shown to make a positive difference for children and families on a range of outcomes related to the Protective Factors. Expansion of these models has included leveraging additional funds, including CalWORKs, and working with key partners to establish upstream efforts to assess family strengths and needs and make offers of home visiting and other supportive services from which families can most benefit.

First 5 Riverside County's investments in family resiliency draw heavily on evidence-based and promising-practice models, most of which require National affiliation and entail annual monitoring of outcomes and measurements to ensure and maintain the fidelity of the model. In addition to Nurse Family Partnership (NFP) and SafeCare, other prominent family strengthening models that First 5 Riverside County supports include Parents As Teachers (PAT), Home Instruction for Parents of Preschool Youngsters (HIPPO), Healthy Families America (HFA), Parent Child Plus (PC+), and Nurturing Parent Program (NPP).

Investments will primarily address direct services for children who are living in communities of highest need and/or are at risk of abuse or neglect. Risk factors may include childhood-related trauma, poverty, parental substance abuse, and repeated changes in caregivers and schools, which result in poor emotional response in children, affecting their early learning development and opportunities to grow in stable environments. Supported programs will serve overlapping populations with some programs targeting first-time parents, children with incarcerated parents, and pregnant women. Other approaches focus specifically on teenage parents, low-income families, or geographically-isolated families.

The parent/caregiver and service provider relationship is foundational to increasing Protective Factors, given the critical role parents/caregivers play in their child's development. Therefore, First 5 Riverside County, in partnership with others, will seek to impact systems of services and supports to better engage parents/caregivers in fostering their child's early learning and healthy development. This will be undertaken through the expansion of existing programs that create a continuum of services for children and families and improves child outcomes through strengthening families.

Strategy Narrative

Family Resource Centers are collaborative partnerships of public and non-profit

organizations that bring together services and activities which support and promote healthy family functioning. Model Family Resource Centers are prevention focused, community responsive, strength-based spaces for families to connect, learn and exercise their leadership. FRCs may provide:

- Comprehensive Case Management
- Access to concrete supports
- Differential response programming that supports families with child welfare involvement
- Treatment programs
- Parenting education and supports
- Formal services for children and youth
- Social activities and peer support opportunities

First 5 Riverside County partners with the Department of Public Social Services to fund the county-operated FRCs, while also committing to expanding access to family resource centers by partnering with community-based and trusted agencies to provide stronger linkages for families to an array of support services through a family resource center network. Further, the Commission has matched county child welfare dollars to invest in enhancing early childhood programming within FRCs.



Goal 3 Activities

A. DIRECT SERVICES

Services for children

- Prevent children experiencing housing instability from becoming homeless through FRCs and home visiting programs.
 - Operate Riverside County Family Resource Centers through a partnership with the Department of Public Social Services, the Child Abuse Prevention Council and community-based providers, with funding targeted for the prevention of child maltreatment and matching funds from Proposition 10 to enhance services for the prenatal to five population.
 - Expand the network of family resource centers in Riverside County by investing in community-based organizations that are trusted by families to function as part of a network of Family Resource locations.

Services for families/caregivers

- Provide families/caregivers with access to evidence-based home visiting models through partnerships with providers who have expertise in the provision of home visiting programs, parent education, and parent and father-friendly practices, to optimize child development and reduce the risk of abuse and neglect:
 - Connect families to community supports and resources to meet basic needs.
 - Address personal and environmental health, parenting, life course development, relationships with family and friends and community connections.
 - Provide parenting tools to support positive parent-child interactions and respond appropriately to challenging child behaviors.
 - Increase families'/caregivers' knowledge of child development.
 - Build positive parenting skills and resilient families.
- Support parent engagement on child brain development, including Talk. Read. Sing.®

B. SYSTEMS CHANGE

Building provider capacity

- Mobilize health providers to systematically engage parents/caregivers in supporting their child's development through the promotion of evidence-based programs that increase protective factors in home and community settings.
- Identify data collection tools and performance measures that inform best practice and continuous improvement in building resilient families.
- Harness local leadership to improve local services.

Goal 3 Results

Supporting organizations and communities to work better together

- Develop partnerships to strengthen the coordination of existing home visiting programs, FRCs, community hubs and alternative settings by convening and creating shared opportunities for learning and problem-solving.

Increasing and leveraging financial resources

- Align investments with programs that use the Protective Factors Framework and promote community hubs for integrated services and crisis supports for children and families.
- Align partnerships and investments supporting collaborative frameworks and local policies that address housing instability and homelessness in the region.
- Improve workforce development through leveraged skills and resources with organizational partners.

Educating parents and policymakers

- Build sustainable infrastructure through advocacy efforts with legislators and policymakers, increasing their understanding of the needs of children at risk of abuse and neglect and ensuring mutual responsibility for better outcomes for children and families.

Increased access

- Increased social supports for families.
- Increased connection for families to additional concrete support.

Increased quality

- Increased provider knowledge about child development and parenting and ability to integrate this knowledge into programming.
- Increased environments that provide safe and nurturing experiences for children.

Increased efficiency

- Strengthened and better coordinated social safety net which supports family resiliency and promotes self-sufficiency.

Increased consumer/community capacity

- Increased capacity of parents to support their child's development. Increased parent-provider engagement.
- Increased community capacity to support and promote the safety, healthy development, and well-being of children, prenatal through age 5, and their families.

Resilient Families Program Spotlight: HOME VISITING



What is home visiting?

Evidence-based home visitation models provide families of children, prenatal through age 5, with in-home support from a trained professional to strengthen protective factors and ensure that young children are safe, healthy, and ready to learn. Research demonstrates that home visiting programs that provide parent education and support to at-risk families can help to reduce rates of child abuse and neglect, and improve children's health, development, and school readiness outcomes. Home visiting increases families' access to services and resources that support family resiliency, building provider capacity to support families in caring for their children, and educating parents to have the skills and tools to help their children achieve their fullest potential.

How does home visiting strengthen the system of care for children and families?

A home visiting system that is nested within larger systems such as the healthcare, public health, child welfare and self-sufficiency systems is well-positioned to make contact with families at a time when they can most benefit from learning about resources available to support their child's development in the context of families' unique circumstances. A home visiting system with diverse offerings is able to act as a universal touchpoint for assessing how families may benefit and make best-fit offers of support. Systems of universal contact with families:

1. lower stigma associated with asking for help;
2. reduce isolation;
3. prevent poor child outcomes;
4. maximize the use of public funds; and
5. reduce longer-term need for higher-cost interventions

This approach prioritizes ensuring families are offered services commensurate with their strengths and needs and which optimizes system resources.

VI. COUNTYWIDE IMPACT

Goal 4

CROSS-PROGRAM GOAL

Goal Statement

Work with early childhood stakeholders, including State and County agencies, local educational agencies, the child care planning council, institutions of higher education, and elected officials to strengthen countywide efforts to create a comprehensive, integrated early childhood system to improve outcomes for children, prenatal through age 5, and their families.

Strategy Narrative

First 5 statute calls for County Commissions to focus on integrated and comprehensive systems of care for children 0 through 5 years of age. The Commission plays a significant role in working with partners that mirror First 5 Riverside County's commitment towards enhancing early childhood systems and to leverage resources as a mechanism to advance the well-being of Riverside County's youngest children and to strengthen families.

First 5 Riverside County has prioritized early intervention investments that build a foundation for a system of care that emphasizes (i) prevention, (ii) support for clinical and community linkages, and (iii) promotion of population-based approaches to addressing children's comprehensive needs. Riverside's investments in HealthySteps, Help Me Grow Inland Empire, and Home Visiting programs act as key drivers in actualizing a comprehensive care model of "systemized prevention." This involves addressing three levels of preventive care, as illustrated in the graphic below: 1) universal assessment: providing universal access to early identification and basic services; 2) preventative care: providing services to families with moderate needs and preventing the need for safety net services; and 3) safety net: providing comprehensive service and safety net navigation to children and families exhibiting the highest needs for care.

SYSTEMATIZING PREVENTION



Goal 4 Activities

A. COMMUNICATIONS

- Utilize technology, including the First 5 Riverside County website, e-newsletter, and social media platforms to share information and resources such as trainings, best practices, latest research, and funding opportunities.
- Identify, update, design, and disseminate community resource materials to increase public awareness on the importance of early childhood investments.
- Participate in workgroups to facilitate communication, share learnings, and reduce silos among stakeholders on current priorities, goals, and projects to increase services for children and families and maximize resources.

B. RESEARCH AND DATA

- Support and guide efforts by Riverside County to conduct a needs assessment for children 0 through age 5 that accurately reflects the diversity of our communities.
- Improve data collection and coordination with other First 5 Commissions to enhance research and evaluation capacity.
- Develop internal measurement and learning plans, data collection processes and tools, and learning systems; train and orient staff as needed to new systems, tools, and processes.
- Integrate data systems where possible to enhance efficiencies.
- Support the dissemination and implementation of the Early Development Instrument that measures physical well-being and motor development, social and emotional development, cognitive skills, language and developing literacy and the ability to concentrate and follow directions.
- Maximize the use of technological tools such as Geographical Information Systems (GIS) to enhance visual interpretation of data in a mapping format (such as story mapping) that leads to better informed decision-making for investments.

C. ADVOCACY

- Promote and support First 5 California (F5CA) and the First 5 Association of California (F5A) policy platforms, and to the extent possible, align and collaborate on shared policy goals.
- Advocate for and support state legislative efforts for Medi-Cal expansion of home visitation to achieve sustainability.
- Explore and promote innovative funding models that have the potential to support infrastructure and increase affordable housing units within the region.
- Elevate the early care and education profession by increasing compensation,

providing professional development opportunities, and emphasizing diversity across the field.

- Regulate tobacco products and promote smoking cessation.
- Explore and advance additional revenue sources for services to children and families.
- Improve and integrate data systems to track and evaluate children's outcomes.
- Increase use of and integrate essential Medi-Cal services across systems of care, including dental, mental health, and vision services.
- Expand access to evidence-based family strengthening programs, including home visiting and parent education, and parent and father friendly practices to optimize child development and reduce the risk of abuse and neglect.
- Strengthen the social safety net to build family resiliency and promote early relational health.

Goal 4 Results

Communications

- Policymakers and legislators have an increased understanding of the importance of early brain development and the impact on families, especially those living in poverty.
- Community members have a greater understanding of early childhood challenges through educational campaigns such as Talk.Read.Sing.®, Kit for New Parents, and Quality Start Riverside County.

Research and Data

- Riverside County specific early childhood needs assessment utilized as a tool to make data-informed decisions.
- First 5 Riverside has a robust system and internal capability for monitoring and evaluation practices that support program excellence and continuous improvement.
- Evidence-based models, practices, and positive outcomes are at the core of investments undertaken by the Commission.

Advocacy

- Shared policy goals and legislative platform recommendations developed annually.
- New, diverse, and innovative funding sources secured for prenatal through age 5 programs in the county.

VII. PROCUREMENT AND ACCOUNTABILITY

First 5 Riverside County is committed to funding strategies and programs that make positive impacts within the community. All strategies in this plan include results and measurable indicators that will be used to assess progress and performance. The results and indicators for each goal are all connected to the First 5 Riverside County Impact Model and will be used as the basis for contracts with external entities to carry out its work, and to guide the monitoring processes in place to ensure contract compliance and learn whether, and for what reasons, results are or are not being achieved. Annual plans for all goal areas are based on the strategies presented in this document and results will be assessed and reported to the Commission on an annual basis.

Evaluation identifies the success of past investments and defines future priorities. Evidence-based models are the premise of First 5 Riverside County's efforts in moving the needle towards positive results for children and families in the county. As collaborative functioning increasingly characterizes how we engage with partners across the county, evaluation of our efforts to build capacity will be paramount to our implementation of programs and investments. This work will involve reviewing the framework of our service systems and consider the effectiveness of the service pathways.

Systems change is complex and requires strong stakeholder engagement, commitment, and accountability. Given First 5 Riverside County's focus on systems change, the evaluation of these efforts across the service system will be critical to the ongoing prioritization for Commission investments. This provides the opportunity to identify different strategies that lead to better outcomes for children and their families.

This also aligns with the Riverside County mission to identify collaboration opportunities and innovative partnerships to maximize public funds to impact a greater number of citizens. As tobacco tax revenues continue to decrease, First 5 Riverside County will increase its efforts to increase and diversify funding streams for children and families in order to ensure the development of comprehensive, integrated systems and services for children and families.



The Strategic Plan Revision Process

Following are the Commission Review actions relating to the current strategic plan and preceding the approval of this plan:

- December 9, 2020 – Action Item 20-41, Commission approved extension of the Riverside County Children and Families Commission Strategic plan through June 30, 2023.
- December 11, 2019 – Action Item 19-33, Annal Review and Public Hearing of Riverside County Children and Families Commission Strategic Plan Fiscal Years 2018 – 2021.
- December 13, 2017 – Action Item 17-19, Commission approved revised Strategic Plan for July 1, 2018 implementation.
- May 10, 2017 – Action Item 17-06, Commission approved existing plan, with no changes.
- October 28, 2015 – Action Item 15-25, Commission approved and adopted 2016 – 2021, five-year Strategic Plan.

The California Children and Families Act, Health and Safety Code Section 13140 (Proposition 10) requires Commissions to annually review strategic plans and adjust accordingly based on revised priorities. First 5 Riverside County engaged Learning for Action (LFA) to guide the updating of its 2018-2023 Strategic Plan and to support the 2022 Annual Review, which upon approval by the Commission, will be Version IV of the current strategic plan. The process included the following components:

Management Team Workshop: LFA designed and facilitated a session with First 5 Riverside County's Management Team on September 14, 2021 to brainstorm environmental factors and recent developments that should inform the update of the strategic plan.

Executive Management Team Collaboration: LFA worked with First 5 Riverside County's Executive Management Team to integrate input from the full Management Team and solicit targeted input from other staff and board members to update information about First 5 Riverside County's context and progress towards objectives.

Strategy Development: LFA worked with First 5 Riverside County staff to use the updated information about context and progress towards objectives to refine the activities and results articulated in each of First 5 Riverside County's 4 program areas: Quality Early Learning, Comprehensive Health and Development, Resilient Families, and Countywide Impact strategies.

Strategic Plan Approval: The plan was presented and approved by the Commission during a regularly scheduled meeting held on May 11, 2022. First 5 Riverside County staff and LFA made refinements to the plan based on Commissioner feedback.

Programs, Terms & Acronyms to Know

Alternative Payment (AP) Program: State programs that provide assistance with child care payments through a subsidized (alternative) payment.

American Rescue Plan Act (ARPA): The American Rescue Plan Act of 2021, also called the COVID-19 Stimulus Package or the American Rescue Plan (ARP), is a \$1.9 trillion economic stimulus bill passed by the 117th United States Congress and signed into law by President Biden on March 11, 2021, to accelerate the United States' recovery from the economic and health impacts of the COVID-19 pandemic. The American Rescue Plan includes \$350 billion for eligible state, local, territorial, and Tribal governments. These funds known as the Coronavirus State and Local Fiscal Recovery Funds provide a substantial infusion of resources to help turn the tide of the pandemic, address its economic fallout, and lay the foundation for a strong and equitable recovery.

California Advancing and Innovating Medi-Cal (CalAIM): CalAIM is a long-term commitment to transform and strengthen Medi-Cal, offering Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory.

California Alternative Payment Program (CAPP): The program provides vouchers for families to obtain childcare in licensed childcare centers, licensed family childcare homes, or license-exempt care. The family may choose the type of care that their child receives. Alternative payment programs use federal and state funding to provide vouchers for low-income families ranked on income eligibility. The Riverside County Office of Education administers CAPP and provides support to families to arrange childcare services and makes payment for those services directly to the childcare provider selected by the family.

California Department of Health Care Services: State department dedicated to providing Californians with access to affordable, integrated, high-quality health care, including medical, dental, mental health, substance use treatment services and long-term care.

Care Coordination: Involves an intentional and deliberate approach in organizing various services and activities (such as healthcare and social services) for individuals and families through a person-centered approach, including sharing information among all participants concerned to achieve better outcomes for participants seeking support. This includes ensuring appropriate delivery of services and active follow up of resources are aligned with individual and family needs and priorities.

CARES Act: The Coronavirus Aid, Relief, and Economic Security Act, also known as the CARES Act, is a \$2.2 trillion economic stimulus bill passed by the 116th U.S. Congress and signed into law by President Donald Trump on March 27, 2020, in response to the economic fallout of the COVID-19 pandemic in the United States. The Act provided fast and direct economic assistance for American workers, families, small businesses, and industries.

Department of Public Social Services (DPSS): A county department that provides temporary financial assistance and employment services for families and individuals, programs and services to protect children and adults from abuse and/or neglect, and access to health care coverage to low income individuals and families.

Early Childhood Oral Health Assessment (ECOHA): A new screening tool for non-dental providers for children 0 through 5 to assess the current condition of the teeth and overall health of children aged 0 through 5.

Early Development Instrument (EDI): The EDI is a validated, population-based measure of early child development in five key domains (physical health, emotional maturity, social competence, language and cognitive skills, and communications skills and general knowledge). The EDI is a 103-item questionnaire completed by kindergarten teachers in the second half of the school year which has shown to predict later school success.

Evidence-Based: Refers to the use of research and scientific studies as a base for determining best practices.

Federally Qualified Health Center (FQHC): Entities as defined by the Social Security Act at section 1905(l)(2) which is receiving a grant under section 330 of the Public Health Service Act. Programs meeting the FQHC requirements commonly include the following: Community Health Centers, Migrant Health Centers, Health Care for the Homeless Programs, Public Housing Primary Care Programs, Federally Qualified Health Center Look-Alikes, and Tribal Health Centers.

First 5 Association of California (F5A): A nonprofit membership organization for the fifty eight First 5 County Commissions. The Association connects Commissions to other public and nonprofit partners, including county departments, foundations and child advocacy organizations to ensure collaboration and a common statewide agenda to ensure the best future for children.

First 5 California (F5CA): A statewide Commission created by voters under Proposition 10 to recognize that children's health and education are a top priority, especially in the early years of development.

First 5 Riverside Hybrid Alternative Payment Program (RHAP): RHAP is a subsidized reimbursement program that provides scholarship slots for families with children 0 through 5 years of age that meet eligibility criteria to access early care and education in quality settings. The RHAP program supplements and enhances the existing California Alternative Payment Program by funding additional scholarship slots for families at a higher income or with specific needs therefore expanding services to a greater number of children.

Geographic Information System (GIS): A system designed to capture, store, manipulate, analyze, manage and present all types of spatial or geographical data.

Healthy Families America (HFA): A home visiting approach for at-risk families that supports positive parent-child engagement, promotes optimal child health and development, and enhances parental resiliency.

HealthySteps: A national initiative that focuses on the importance of the first three years of life. Healthy Steps emphasizes a close relationship between health care professionals and parents in addressing the physical, emotional and intellectual growth and development of children from birth to age three.

Help Me Grow (HMG): A system model that works to promote cross-sector collaboration to build efficient and effective early childhood systems that mitigate the impact of adversity and support protective factors among families, so that all children can grow, develop, and thrive to their full potential.

Home Instruction for Parents of Preschool Youngsters (HIPPI): A home visiting model that provides parents with moderate to intensive support that promotes early literacy practices, focuses on school readiness through

parent-involved and parent-directed early learning.

Improve and Maximize Programs so All Children Thrive (IMPACT): First 5 California initiative aimed at increasing the number of high-quality early learning settings, including supporting and engaging families in the early learning process.

Low Income Investment Fund (LIIF): LIIF is a non-profit community development financial institution (CDFI) that has invested over \$2 billion in capital to high-impact community development projects nationally, including \$200 million in investments to support ECE nationwide. LIIF has a dedicated focus on improving access to quality ECE and has served the ECE sector for nearly 30 years. Additionally, LIIF served as the facilities-lead on the California Early Learning and Care Master Plan.

Managed Care: Managed Care is a health care delivery system organized to manage cost, utilization, and quality. Medicaid managed care provides for the delivery of Medicaid health benefits and additional services through contracted arrangements between state Medicaid agencies and managed care organizations (MCOs) that accept a set per member per month (capitation) payment for these services.

Medi-Cal Managed Care: California's approach to healthcare and consists of established networks of organized systems of care, which emphasize primary and preventive care.

The National Association for the Education of Young Children (NAEYC): A professional membership organization that works to promote high-quality early learning for all young children, birth through age 8, by connecting early childhood practice, policy and research.

Nurse Family Partnership (NFP): A maternal and early childhood health home visitation program that fosters long-term success for first-time moms, their babies and society.

Nurturing Parenting Program (NPP): A low intensity in-home (and/or group-based) program for multiple specific populations (such as parents of teens, parents of children birth to five) to increase parenting skills and strengthen parent-child relationships

ParentChild Plus (PC+): Early Learning Specialists from the community who share language/culture background from the family, provide home visiting support to parents/caregivers to support children's healthy development, increase cognitive, social-emotional and early literacy skills through reading, conversation and play.

Parents as Teachers (PAT): A parent education home visitation program designed to give children the best start in life, based on the philosophy that parents are their first and most influential teachers.

Proposition 56: California ballot proposition that passed on the November 8, 2016 ballot. It increased the cigarette tax by \$2.00 per pack, effective April 1, 2017, with equivalent increases on other tobacco products and electronic cigarettes containing nicotine. Proposition 56 backfill replaces revenue lost attributable to the decline in consumption due to this tax increase

Quality Rating & Improvement System (QRIS): A QRIS is a systemic approach to assess, improve, and communicate the level of quality in early and school-age care and education programs. Similar to rating systems for restaurants and hotels, QRIS awards quality ratings to early and school-age care and education programs that meet a set of defined program standards. By participating in their State's QRIS, early and school-age care providers embark on a path of continuous quality improvement. Even providers that have met the standards

of the lowest QRIS levels have achieved a level of quality that is beyond the minimum requirements to operate.

Raising A Reader: A model designed to engage caregivers in a routine of book sharing with children from birth through age 8 to foster healthy brain development, healthy relationships, a love of reading and the literacy skills critical for school success.

Reach Out and Read (ROR): An evidence-based model recommended by the American Academy of Pediatrics which incorporates early literacy into pediatric practice to equip parents with tools and knowledge to ensure children are prepared to learn when they start school.

Riverside County Office of Education (RCOE): The agency that provides specific educational, financial, legislative and leadership services and support to all K-12 school districts in Riverside County.

SafeCare: An evidence-based curriculum for parents who are at-risk or have been reported for child maltreatment.

Social Determinants of Health (SDOH): SDOH refers to factors in the external environment (non-medical factors) where people are born, live, work, and play that affect a wide range of health and quality-of-life risks and outcomes. Examples of SDOH are: safe housing, transportation, neighborhoods, education, job opportunities, racism, discrimination, violence, access to nutritious food and physical activity, polluted air/water, language and literacy skills. Screening for risk factors of SDOH support a holistic approach in identifying and addressing circumstances for individuals and families.

Virtual Dental Home (VDH): Using tele-health technology, the VDH creates a community-based oral health delivery system in which children 0 through 20 years of age receive preventive and simple therapeutic services in community settings.

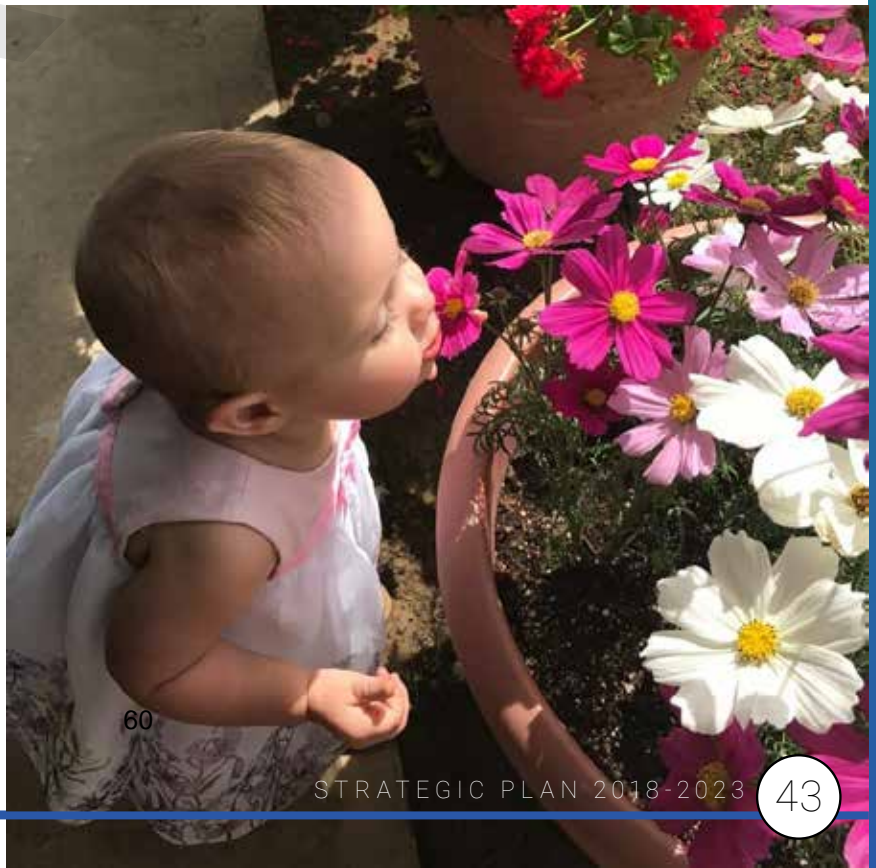
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- 20 SHAPE Riverside County, Children Living Below Poverty Level, Measurement Period 2015-2019
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- 22 Office of the California Surgeon General, Information and Resources: COVID-19 – Manage Stress for Health
- 23 National Collaborating Centre for Determinants of Health
- 24 Created by the Center for the Study of Social Policy, the Strengthening Families™ Protective Factors Framework is a strength-based initiative for preventing child abuse and neglect in families with children birth to age 5 <https://www.cssp.org/reform/strengthening-families/basic-one-pagers/Strengthening-Families-Protective-Factors.pdf>
- 25 Led by WestEd, California for all Kids: Master Plan for Early Learning and Care, https://www.ctc.ca.gov/docs/default-source/educator-prep/files/master-plan-for-early-learning-and-care.pdf?sfvrsn=b6512bb1_2

APPENDIX C: FAMILY PROTECTIVE FACTORS

The Family Protective Factors include the following:

- 1. Parent Resilience:** No one can eliminate stress from parenting but building parental resilience can affect how a parent deals with stress. Parental resilience is the ability to constructively cope with and bounce back from all types of challenges. It is about creatively solving problems, building trusting relationships, maintaining a positive attitude and seeking help when it is needed.
- 2. Knowledge of Parenting and Child Development:** Having accurate information about raising young children and appropriate expectations for their behavior help parents better understand and care for children. It is important that information is available when parents need it, that is when it is relevant to their life and their child. Parents whose own families used harsh discipline techniques or parents of children with developmental or behavior problems or special needs require extra support in building this Protective Factor.
- 3. Social and Emotional Competence of Children:** A child's ability to interact positively with others, to self-regulate, and to effectively communicate his or her emotions has a great impact on the parent-child relationship. Children with challenging behaviors are more likely to be abused, so early identification and working with them helps keep their development on track and keeps them safe. Also, children who have experienced or witnessed violence need a safe environment that offers opportunities to develop normally.
- 4. Social Connections:** Friends, family, neighbors, and other members of a community provide emotional support and concrete assistance to parents. Social connections help parents build networks of support that serve multiple purposes: they can help parents develop and reinforce community norms around childrearing, provide assistance in times of need, and serve as a resource for parenting information or help solving problems. Because isolation is a common risk factor for abuse and neglect, parents who are isolated need support in building positive friendships.
- 5. Concrete Support in Times of Need:** Parents need access to the types of concrete supports and services that can minimize the stress of difficult situations, such as a family crisis, a condition such as substance abuse, or stress associated with lack of resources. Building this Protective Factor is about helping to ensure the basic needs of a family, such as food, clothing, and shelter, are met and connecting parents and children to services, especially those that have a stigma associated with them, like domestic violence shelter or substance abuse counseling, in times of crisis.





585 Technology Court, Riverside, CA 92507
1.800.266.3880 • www.First5Riverside.org



Revised May 11, 2022

E. Presentations/Information – Deborah Clark-Crews, Chair

1. Riverside County Office of Education (RCOE) Update - JoAnne Lauer,
Assistant Superintendent, Division of Early Learning Services, Riverside
County Office of Education

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RCOE Update

Division of Early Learning Services

JoAnne Lauer, Assistant Superintendent

Subsidized Care Programs		Data	Notes
Total Children Enrolled in Subsidized Care Programs (as of 4.26.22)		11,216	142 RHAP 684 ECAP
Total Children on Eligibility List (Ranks 1-99)		5,660	442 April
Expected <u>Additional</u> Children to be Enrolled in Subsidized Care		7,700	
Subsidized Care Program Supports		Data	Notes
Quality Start - Site Support (Training, TA, Assessments, Coaching)		>500	Sites
RHAP Incentives - Number of Quality Start Sites		212	2,670 Children
Community Support		Data	Notes
Resource and Referral - Referrals Completed (as of 4.26.22)		2187	April ⁶⁴
Family and Provider Support - Mecca FRC (DHS FRC Coming Soon!)		83	March/April

Resources

Division of Early Learning Services
Early Care and Education

ROCE, Resource & Referral development program for providers, and child care various training topics related to professional development.

Once a trainee participants will receive a care and education professional development stamp for their passport to success.

www.rcoe.us

Family, Friend, and Neighbor (FFN) Provider Supports

If you are an FFN child care provider interested in:

- Obtaining a Family Child Care Home license to provide care to more children;
- Assistance with the process or costs associated with obtaining a Family Child Care Home license; and/or
- Being connected to agencies that can provide you with programmatic support; please see the information below.

Child Care Initiative Project ROCE, Resource & Referral

- 25 Hours of provider training
- Technical assistance with the licensing process
- Prelicensing Inspections
- Program incentives, such as instructional equipment and materials, safety training, and training materials
- CFR/First Aid and Preventative Health Training
- Ongoing support through licensing process; ongoing support post licensing; and ongoing support for FFNs

Workforce Pathways Consortium for Early Learning

- Support with licensing and process
- Support with costs related to application
- Support with costs related to safety checks, including fingerprinting
- Safety equipment
- CFR/First Aid Training

Consortium for Early Learning to Support the Lives of Children

Consortium for Early Learning Support

Phone: (951) 825-6626 | Fax: (951) 825-4479
RandR@rcoe.us

Care, Connect, Grow.
Improving Children's Home-Based Child Care

CCIP
Child Care Initiative Project

ROCE, Resource & Referral is introducing Passport to Success, a professional development program for potential child care providers, family child care home providers, and child care center staff. Training pathways have strands that include various training topics related to their strand.

Once a training session in a strand in the pathway is completed, participants will receive educational/incentive items to use in their early care and education program. In addition, each training will provide professional development hours for the California Child Development Permit.

CCIP PATHWAY

- CCIP MODULES
 - Child Development & Learning
 - Culture, Diversity & Equity
 - Health, Safety, Nutrition & Substance
 - Family & Community Engagement
 - Child Language Development
 - Observation, Screening Assessments, & Documents
 - Social Needs & Inclusion
 - Health, Safety, & Nutrition/Child Education
 - Leadership in Early Childhood Education
 - Professionalism
 - Administration & Supervision
- CCIP TRACKING EVENTS
 - Session 1
 - Session 2
 - Session 3
 - Session 4
- APPLYING FOR CHILD CARE LICENSE
 - Copy of Child Care Licensing Review of Application Letter Submitted to Resource & Referral
- APPROVED LICENSED FAMILY CHILD CARE HOME
 - Copy of Official Child Care License Submitted to Resource & Referral
- PASSPORT TO SUCCESS ORIENTATION
 - FOUR I'M LICENSED: NOW WHAT? JOCCP EXPANSION
 - Business Essentials, Marketing, & Program Supports
 - Provider Care (Self-Care Preparation)
 - Business Administration Scope (BAS)
 - Child Care & Inclusion
 - Helping Early Literacy Into Your Child Care Program (Early Concepts)

Division of Early Learning Services
Early Care and Education

Looking for Licensed Child Care Near You?

If you are searching for available, licensed child care near your home or work, please search the Resource & Referral database at:

secureweb.rcoe.us/ONLINE/REE

This database provides the most current information on licensed child care centers and family child care homes in Riverside County.

Additional resources regarding finding quality child care can be found at:

Looking for Assistance Paying for Child Care?

Some families may be eligible for cost-assisted (subsidized) child care based on income and family size. See *Schedule of Income Ceilings* but potentially qualify for enrollment. To apply to the Eligibility List for assistance pay for child care, please visit:

secureweb.rcoe.us/ROCE_ELUST/sign

Child care provider selection is a parental choice, for families to complete the enrollment process to determine their eligibility. Approved families will have a portion or all of their child care costs covered by Riverside County Office of Education.

Table with 4 columns: FIRST LAST, PATHWAY NAME, MONTHLY YEARLY INCOME, MONTHS. Includes a list of providers and their details.

BE THE ONE WHO ENCOURAGES THEM TO WONDER WHY... CREATE A SPACE WHERE THEY HAVE WHAT THEY NEED TO BE SUCCESSFUL.

SCHEDULE TIME TO ALLOW THEM TO EXPERIENCE THAT MOMENT WHEN THEY FIGURE OUT FOR THEMSELVES HOW IT ALL WORKS.

www.rcoe.us/resource-and-referral

If you have any questions, or to sign up for Passport to Success, please feel free to contact ROCE, Resource & Referral at RandR@rcoe.us or (951) 442-4927.

Early Education & Child Care Options in Riverside County

From birth through age 5, your child is rapidly developing and learning from the world around them.

Give your child a strong start by enrolling them in one (or more!) of the many early education and child care options available based on your child's age:

For Ages 0-3	For Ages 4-5*
<ul style="list-style-type: none"> Early Head Start / Head Start State-Funded Preschool Alternative Payment Program Licensed Center or Home Family, Friend, or Neighbor Caregiver 	<ul style="list-style-type: none"> Head Start State-Funded Preschool Transitional Kindergarten (TK) Alternative Payment Program Licensed Center or Home Family, Friend, or Neighbor Caregiver

*Children not yet Kindergarten age eligible

What is Transitional Kindergarten (TK)?

Transitional kindergarten provides an opportunity for children, who are 4- and 57 years old, to access an early education program. Some school districts may also accept children outside of the eligible 4- and 5 year old age range for early enrollment.

To learn about the TK options available through your local public schools, you may contact your local school districts. To learn about all early education and child care options, you may contact ROCE, Resource & Referral at 800-442-4927 or by email at randr@rcoe.us.

Want More Information About Your Options?

Contact Riverside County Office of Education, Resource & Referral, at 800-442-4927 or by email at randr@rcoe.us or www.rcoe.us/departments/early-learning-services

Content adopted from Tulare County Office of Education

Provider Support / Workforce Development

- **ARPA-F5R Partnership**

- Increase number of providers serving children in subsidized programs
- 343 contacted; 71 enrolled; 48 pending contracts

- **California Health and Safety Trainings (CHST)**

- **California Preschool Instruction Network (CPIN)**

- **Child Care Initiative Project (CCIP)**

- Passport to Success (Quality Pathways)

- **Passport to Quality**

- **Early Education Teacher Development Grant (EETDG)***

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Footsteps2Brilliance

As part of the Literacy by 5th Grade Initiative, Riverside County Superintendent of Schools Dr. Edwin Gomez is providing **FREE** access to a suite of bilingual learning programs for all students in Riverside county. From pre-reading activities and read-to-you stories, to alphabet recognition songs and grammar rules games, these interactive, new tools from Footsteps2Brilliance are now available to our youngest learners 24/7.



Division of Early Learning Services

LITERACY BY 5th GRADE Initiative

Footsteps2brilliance™
Big Brilliance for Little People™

Put Your Child on the Path to Success with
Footsteps2Brilliance Literacy Apps
(available in English and Spanish)



To access the free Footsteps2Brilliance apps, parents can easily register their children following the steps below:

1. Go to www.myf2b.com/riverside.
2. Click the Register for Free Today button.
3. Enter your home zip code and click the Check my Zip Code button.
4. Select your school district from the options provided.
5. Click the Register in English or Registrarse en español button.
6. Follow the prompts to complete your child's registration.

The Riverside County Office of Education is offering the Footsteps2Brilliance Literacy Apps (available in English and Spanish) FREE for all families to help their children, birth to 5th grade, succeed in school.

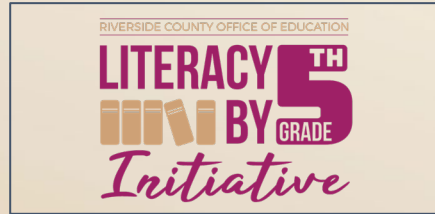
www.Myf2B.com

Download on the App Store

GET IT ON Amazon Appstore for Android

ANDROID APP ON Google play

Riverside County Early Learning and Literacy Program



Early Literacy Training

- Vocabulary Development
- Phonological Awareness
- Literacy Interest and Response
- Concepts About Print
- Dialogic Reading
- Conversations

Provide Books for Children/Families at Home to Support Literacy Efforts and Family Engagement

Teachers Trained	271
Number of Sites	111
Number of Children	5,812



California Preschool Instructional Network (CPIN)

Early Literacy Trainings for LEAs

<i>LEA</i>	<i>Spring 2022</i>	<i>Summer 2022</i>	<i>Fall 2022</i>
Val Verde USD	X		
Riverside USD	X		
RCOE ELS	X	X	
Jurupa USD		X	
Moreno Valley USD		X	
Perris ESD			X
Alvord USD			X

Lakeshore Professional Learning Group

Early Literacy Trainings for non-LEA Early Childhood Centers

<i>Cohort</i>	<i>April</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>Aug</i>	<i>Sep</i>
Children's Lighthouse Learning Centers, Riverside Community College CDC, Moreno Valley College	X	X	X	X	X	
La Petite Academy, Milestones Pre-K Learning Center, The Growing Place, Helping Hands CDC, Big Sky Preschool	X	X	X	X	X	
Jan Peterson CDC, Melody Lane Children's Center, Rawlins CDC, Shepherd of the Valley Preschool, Centro de Ninos, Preschool on the Hill		X	X	X	X	X
City of Moreno Valley A Child's Place and Time for Tots, YMCA, Family Services Association	TBD	TBD	TBD	TBD	TBD	⁷⁰ TBD



2. **Information Only** - First 5 Riverside County Third Quarter Financial Highlights and Vendor over 25K Report - **Receive and File**

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RIVERSIDE COUNTY CHILDREN & FAMILIES COMMISSION - FIRST 5 RIVERSIDE COUNTY

FY 21/22 - 3RD QUARTER

(July 2021 - March 2022)

Revenue and Expenditure Balances

		Year-To-Date Budget	Actuals as of 03/31/22	Actuals as of 04/07/22	Projections for 06/30/22
Revenues					
740020	Interest-Invested Funds	\$ 350,000	\$ 36,660	\$ 36,660	\$ 54,990
754000	CA-Tobacco Tax Prop.10	14,427,376	9,071,319	9,071,319	13,606,978
754020	CA-Prop 56 Tobacco Act 2016	4,894,898	4,894,898	4,894,898	4,894,898
755870	IMPACT	2,385,493	578,984	578,984	1,080,445
777540	Reimbursement Of Salaries	4,718,761	1,676,266	1,676,266	3,116,406
781480	Program Revenue	530,931	241,221	241,221	908,069
Total Revenues		27,307,459	16,499,348	16,499,348	23,661,786
Expenditures					
Approp 1	Salaries & Benefits	\$ 6,132,998	\$ 4,238,543	\$ 4,238,543	\$ 6,012,115
Approp 2	Services & Supplies	20,686,616	10,054,976	10,283,625	15,949,453
Approp 4	Capital Assets	800,000	-	-	-
Total Expenditures		27,619,614	14,293,520	14,522,168	21,961,568
Total		(312,155)	2,205,828	1,977,180	1,700,219

Expenditure Allocation		3/31/2022		4/7/2022	
Program		11,274,857	52.1%	11,502,878	53%
CalWORKs Home Visit Initiative	42200	497,184		497,184	
Dual Language Learner	76410	39,005		39,005	
LENA	76420	65,704		65,704	
IMPACT	92930	902,195		902,995	
Comprehensive Health & Development	92945	2,444,461		2,444,461	
Quality Early Learning	92950	2,864,616		2,865,004	
ARPA Support	92950	189,190		189,190	
Resilient Families	92960	1,696,495		1,923,025	
RCOE	92965	176,389		176,389	
HUB	92970	529,303		529,303	
Family Resource Centers	92975	1,870,316		1,870,619	
Evaluation		304,969	1.4%	304,969	1%
Evaluation	81250	304,969		304,969	
Administration		2,713,694	12.5%	2,714,321	13%
Countywide Impact	92955	2,713,694		2,714,321	
		14,293,520	66.0%	14,522,168	66%

Based on Actual Expenses as a Percentage of Operating Budget at 3rd Qtr (75%)

Administration	12.5%
Evaluation	1.4%
Program	52.1%

PERCENTAGE OF COST BY DEPARTMENT

Administrative Rate based on Budgeted Operating Expenses per policy: **12.5%**
Does not exceed approved maximum allowable administration costs of 13% (Action Item #18-13).

Appropriation 1 (Salaries & Benefits) reflects estimated expenditures based on new hires. Appropriation 2 (Services & Supplies) is underspent due to timing of submission of invoices from agencies (typically 45 days in arrears for reimbursement of payments), as well as some of our partner agencies switching their billing methods which will be captured in the 4th quarter. Appropriation 4 (Capital Assets) for building improvements will not be spent this current fiscal year.

EXPENDITURES BETWEEN \$25K - \$50K

Per Action Item #17-24 (December 2017), identify vendors authorized for payment > \$25K.

See attachment E.2 for Vendor List.

Riverside County Children & Families Commission

E.2

Cumulative Vendor List FY 21/22

Description/Vendor	Action Item	Commission Approval Date	Total	Action Item	Commission Approval Date	Additional Amount	Cumulative Total	YTD Expenditures
1 Membership - First 5 Association Dues & Communication Fund	21-17	5/12/2021	\$65,850					\$ 63,127
2 Total Plan (Office Reconfigurations)	21-17	5/12/2021	\$100,000					\$ 69,290
3 Golden State Technology and/or Saitech (Computers)	21-17	5/12/2021	\$330,000					\$ 3,716
4 Capito Associates, LLC	21-27	7/14/2021	\$50,000	21-31	9/8/2021	\$ 149,000	\$ 199,000	\$ 28,523
5 SupplyBank.org	21-27	7/14/2021	\$50,000					\$ 29,075
6 Teachstone Training LLC	21-27	7/14/2021	\$50,000					\$ 19,756
7 Lakeshore Equipment Company	21-27	7/14/2021	\$50,000	22-04		\$ 17,000	\$ 67,000	\$ 8,494
8 Discount School Supply	21-27	7/14/2021	\$50,000					\$ -
9 Kaplan Companies Inc	21-27	7/14/2021	\$50,000					\$ 5,432
10 CM Supply	21-27	7/14/2021	\$50,000					\$ -
11 The Book Vine for Children	21-27	7/14/2021	\$50,000					\$ 24,182
12 Stewards for Children	21-27	7/14/2021	\$50,000					\$ -
13 Kenyon Consulting	21-27	7/14/2021	\$50,000					\$ 20,582
14 Health Management Associates Inc	ED Approval	6/3/2021	\$50,000	21-28	7/14/2021	\$ 78,000	\$ 128,000	\$ 44,429
15 Viva Strategy and Communication LLC	ED Approval	10/1/2021	\$49,600					\$ 43,400
16 Social Finance Inc.	ED Approval	5/11/2022	\$50,000					\$ 25,000
17 Frontier	ED Approval	5/11/2022	\$50,000					\$ 23,270
18 Amazon Business	ED Approval	5/11/2022	\$50,000					\$ 17,041
19 Staples Business Advantage	ED Approval	5/11/2022	\$50,000					\$ 16,908

**3. Information Only - First 5 Riverside County 2022 Communications Plan -
Receive and File**

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AGENDA ITEM: E.3
DATE OF MEETING: MAY 11, 2022
ACTION:
INFORMATION:

**RECEIVE AND FILE
FIRST 5 RIVERSIDE COUNTY
2022 COMMUNICATIONS PLAN**

SUMMARY OF REQUEST

Receive and file the First 5 Riverside County (F5RC) 2022 Communications Plan as reviewed and recommended for presentation by the F5RC Advisory Committee.

BACKGROUND

The communications plan aligns with the current Strategic Plan and supports emerging strategies and goals connected to the branding and communications audit. The plan will reinforce guiding principles and provide key messaging about the organization, and its investments to serve as a communications reference for all internal and external stakeholders.

F5RC outlined communication goals and expected results in the 2018-2023 Strategic Plan. The previous communication plan was presented to Commission on September 9, 2015.

ATTACHMENT

1. First 5 Riverside County 2022 Communications Plan

 **FIRST 5**
Riverside County
Children & Families Commission



COMMUNICATIONS
PLAN



2022





EXECUTIVE SUMMARY

First 5 Riverside County Vision

All children in Riverside County are healthy and thrive in supportive nurturing and loving environments, and enter school ready to learn and embrace lifelong learning.

First 5 Riverside County (F5RC) seeks to realize the vision that all children in Riverside County are healthy and thrive in supportive, nurturing and loving environments and enter school ready to learn and embrace lifelong learning. To achieve this vision F5RC invests in partnerships that promote, support and enhance the health and early development of children, prenatal through age 5, their families and communities. A clear communications plan is needed to support F5RC's goals and efforts so that all families and individuals in Riverside County are connected to the information they need about the services available to them and stakeholders hold a shared vision for providing a high quality system of supports and services to Riverside County residents.

All F5RC Commissioners, Advisory Committee members, staff and partners have a role in effectively communicating about F5RC in order to achieve its Mission, Vision and Goals. Communications efforts extend beyond the general messaging about the organization to key messages about funded programs, the Family Resource Centers (FRCs), and developing news and stories in the early childhood and family space, as well as focused campaigns within Riverside County. While aligned to the [F5RC 2018-2023 Strategic Plan](#), the communications plan should be reviewed and updated regularly to match the pace of evolving communication strategies today.





GUIDING PRINCIPLES



F5RC stated its communication goals and expected results in the Strategic Plan as excerpted below. In summary, communication efforts are designed to spread awareness about F5RC to increase understanding about its investments in the county.

Communications Goals

- Utilize technology, including the F5RC website, e-newsletter, and social media platforms to share information and resources such as trainings, best practices, latest research, and funding opportunities.
- Identify, update, design, and disseminate community resource materials to increase public awareness on the importance of early childhood investments.
- Participate in workgroups to facilitate communication, share learnings, and reduce silos among stakeholders on current priorities, goals, and projects to increase services for children and families and maximize resources.



Communications Results

- Policymakers and legislators have an increased understanding of the importance of early brain development and the impact on families, especially those living in poverty.
- Community members have a greater understanding of early childhood challenges through educational campaigns such as Talk.Read.Sing ®, Kit for New Parents, and Quality Start Riverside County.

Transparent
Resourceful
Understanding
Supportive
Timely

F5RC staff connect the community to supports and services made available through F5RC investments and linkages to other community and county services. To properly spread awareness, it is crucial that F5RC has the community's trust. To achieve this, F5RC staff must conduct their communication efforts in a **transparent** manner to the public; be **resourceful** in providing thorough customer service to link people to available services; be **understanding** in listening to the questions, concerns, and comments from the public; be **supportive** in their responses; and be **timely** in responding back to everyone who contacts the organization.

General Guidelines

- The Public Relations staff will distribute appropriately formatted press releases. All press releases will have to be approved by the Executive Director prior to submission to media and communications contacts.
- The F5RC logo may be shared outside the organization but must be reproduced according to the standards detailed in the [F5RC style guide](#). The Public Relations staff will determine if the logo is approved to be shared according to the request and will be responsible for distributing it.
- Updates and changes to the F5RC website must be requested through the Public Relations staff who oversee the website.



- As outlined in the Style Guide, the F5RC logo can be reproduced with a transparent background unless being placed over a busy or darkly-shaded background, in which case the logo with the white border should be used instead.

Internal Guidelines

- F5RC staff at the FRCs may be asked to create flyers for events hosted at the FRC locations, including by partnering organizations. Style guide standards need to be followed and partnering organization logos need to be reproduced clearly.
- F5RC staff should refer to the organizations' Customer Service Guidelines when addressing the public in person, over the phone, or through email messages.
- F5RC staff should follow the TRUST model as outlined on the previous page for general guidance in how to conduct themselves with the public to ensure the organization maintains trust among all audiences and stakeholders.





TARGET AUDIENCES

INTERNAL STAKEHOLDERS

WHO: F5RC staff, Commissioners, Advisory Committee members

ROLE: Key stakeholders in executing the Strategic Plan

WHY: Most recognized voice for F5RC

EXTERNAL STAKEHOLDERS

WHO: Elected Officials, Community leaders, Service providers, County partners

ROLE: Support the key messaging for F5RC

WHY: Influential in communities and can support and/or change policies

FAMILIES

WHO: Parents, Caregivers, Children

ROLE: Our customers and recipients of funded services

WHY: They are the reason for our work and also vote and provide word-of-mouth influence in their own communities

MEDIA

WHO: Media outlets online, in print, on radio and TV

ROLE: Provides media attention, both paid and earned

WHY: Increases awareness across broad and varied channels of information

Strengthening F5RC's internal and external stakeholders' ability to effectively reach each target audience is the main goal of the communications plan. Different types of audiences may require different strategies and language. As an example, while the work of systems change is central to F5RC's strategic plan, the way this work is described may vary depending on the target audience. However, no communications plan can possibly cover the entire scope of language and messaging that any one individual stakeholder can employ. Additionally, the roles of each internal stakeholder are varied and specialized, leading to individualized language.

There are a number of key messages, however, that can provide a clear and concise narrative independent of the individual communicating and the target audience reached. While roles vary, individual stakeholders work together to speak for F5RC as its most recognized voice.



KEY MESSAGES

First 5 Riverside County Mission

First 5 Riverside County invests in partnerships that promote, support and enhance the health and early development of children, prenatal through age 5, their families and communities.

Key F5RCC Messaging

- First 5 Riverside County Children & Families Commission, is primarily funded by tobacco taxes generated by Proposition 10, which passed in November 1998 to ensure that all of our youngest Californians, from prenatal through age 5, get the best possible start in life.
- First 5 Riverside County also receives state and federal funding to support the county's family resource centers and community programs to meet the goals and objectives of the Strategic Plan.
- First 5 Riverside County invests in partnerships that promote, support and enhance the health and early development of children, prenatal through age 5, their families and communities.
- The most rapid period of brain growth occurs in the first 5 years of life, with nearly 90% of brain development occurring by age 5. This growth happens in response to a child's experiences in the early years. Investments in these early years are vital to building a strong foundation for success in life.
- The Riverside County Children & Families Commission is comprised of nine members. The Commission includes members appointed by each of the five Riverside County Board of Supervisors, a member of the Riverside County Board of Supervisors, a member from the Health Office or persons responsible for management of county functions within the Riverside University Health System, a member responsible for management of County functions from Riverside County Office of Education, and a member responsible for the management of County functions within the Human Services Portfolio (County Ordinance 784.11).

Key Messaging for Family Resource Centers

- First 5 Riverside County and the Department of Public Social Services (DPSS) are partnering to financially support the Riverside County-operated Family Resource Centers (FRCs) and to support the creation of the FRC Network.
- Riverside County's Family Resource Centers support the Vision and Mission of First 5 Riverside County, in partnership with Riverside County Department of Public Social Services (DPSS) Children's Services Division and community and county service providers by strengthening children, families and communities in Riverside County through offering comprehensive services.

Key Goal Area Messaging

Quality Early Learning

- Children, prenatal through age 5, benefit from high-quality early education, early intervention, family engagement, and support that prepares all children to reach their optimal potential in school and life.

Comprehensive Health & Development

- Children, prenatal through age 5, and their families access the full spectrum of health and behavioral health services needed to enhance their well-being.

Resilient Families

- Families and communities are engaged, supported, and strengthened through culturally effective resources and opportunities that assist them in nurturing, caring, and providing for their children's successes and well-being.





PROGRAMS & CAMPAIGNS

Quality Start Riverside County Quality Early Learning - First 5 Initiative



Quality Start Riverside County (QSRC) helps early learning programs improve their quality. Quality Start provides opportunities for early educators to receive training, access professional development, and, ultimately, raise the quality of their programs. It also

helps to increase access to high quality services and resources to better support families and children.

Quality Start supports high quality early learning environments by:

- Establishing standards of quality for early learning programs.
- Measuring programs using these standards.
- Offering coaching, training, and professional development opportunities to early educators.
- Giving parents and caregivers resources to find high quality programs for their children.

Utilizes the Quality Rating Improvement System (QRIS) effort for Riverside County. QRIS is a statewide approach to rating and supporting early childhood program settings, classrooms, and family child care homes. The QRIS uses a tiered-matrix to identify and assign a quality rating based upon assessments and program features focusing on three core elements of program quality:

- Child Development and School readiness
- Teachers and Teaching
- Program and Environment



F5RC Hybrid Alternative Payment Program (RHAP) **Quality Early Learning - First 5 Initiative**

F5RC funds early learning scholarships for low-income children to attend quality rated licensed child care centers and family child care homes. Families must meet program eligibility criteria. Offers providers incentivized reimbursements for children enrolled in RHAP based on provider QSRC tiered rating.

Raising a Reader **Quality Early Learning - Child Literacy**



A program which promotes reading by providing preschool and kindergarten children with 3 to 4 different books each week to take home



and read with their family. Open to preschool children enrolled at participating Head Start sites in the Desert Sands Unified School District and kindergarten children enrolled at participating sites in the Coachella Valley Unified School District. In partnership with Inland SoCal United Way.

Reach Out and Read - Inland Empire **Quality Early Learning - Child Literacy**



A school-readiness program that gives young children a foundation for success by incorporating books into pediatric care and encouraging families to read aloud together.



During well-child visits, pediatricians and family medical doctors give advice and guidance to parents on reading to their young children, and give them age-appropriate books to take home. American Academy of Pediatricians (AAP) is the local affiliate responsible for implementation and expansion in the Inland Empire. In partnership with Riverside University Health System and incorporated into existing HealthySteps programs at participating sites.



Early Talk (LENA) Quality Early Learning - Early Language



LENA technology measures the early language environment of children ages 0-5, which is the critical time to improve school readiness. The technology offered by LENA consists of a compact digital recorder in a vest that a child can wear comfortably, software that turns the recording into data and a cloud-based system for managing the data. Feedback from LENA helps parents and caregivers increase the quantity and quality of interactive talk.

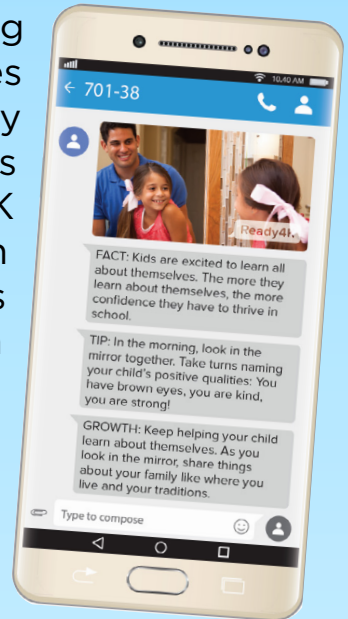
There are three types of LENA Programs available based on the individual interacting with the child:

- **LENA Start:** Builds school readiness and strengthens families with children 0-3 years of age with parent-group classes through community programs.
- **LENA Home:** Targets and supports home visiting programs and is implemented with parents with children 0-3 years of age within these settings. Currently implemented with existing families in Safe Care and Nurse Family Partnership home visitation programs.
- **LENA Grow:** Supports early childhood educators to improve teacher-child interaction in the classroom serving infants, toddlers, and preschool children. Currently implemented with participating QSRC Family Child Care Home and center-based providers.



Ready4K Quality Early Learning - Early Learning

Ready4K A research-based text messaging program for families with children ages 0-5. Parents receive 3 texts weekly with fun facts and tips on ways to boost their children's learning and prepare them for kindergarten. Ready4K tips build on daily routines, like getting dressed, bath time, or preparing a meal. Messages match the child's age. Parents who enroll also receive event and program updates from First 5 Riverside County.



Parents can join by texting "F5RC" to 70138. There is no cost to enroll, however data & message rates may apply. Text messages are available in English and Spanish.

Help Me Grow Inland Empire

Comprehensive Health and Development - Developmental Screenings



LOMA LINDA UNIVERSITY
CHILDREN'S HOSPITAL

A public-private partnership to build an efficient early childhood network that promotes the healthy development of children. Creates a centralized access point to connect with specialized professionals following an early physical and behavioral health screening. Focuses on connecting existing resources and identifying critical early intervention and service gaps to improve the system of supports. Help Me Grow

Inland Empire is not a program, but rather a mechanism for aligning services in a more systematic way for improved access. In partnership with First 5 San Bernardino and Loma Linda University.



SET-4-School

Comprehensive Health and Development - Behavioral Health Support

Provides behavioral health screenings and therapy for children ages 0-5. Services offered include:



**Riverside
University**
HEALTH SYSTEM
Behavioral Health

- **Parent-Child Interaction Therapy (PCIT):** Evidence-based parent-child treatment program which assists caregivers of children with behavioral problems by promoting positive parent-child relationships and interactions while teaching effective child management skills.
- **Teacher-Child Interaction Training (TCIT):** School-based variant of PCIT wherein the relationship enhancement, disciplinary techniques, and findings of PCIT are utilized to help teachers manage behavior challenges in the classroom.
- **Trauma Focused Cognitive Behavioral Therapy (TF-CBT):** Treatment which utilizes trauma-sensitive, developmentally appropriate play-based interventions with young children who are experiencing significant emotional and behavioral difficulties related to traumatic life events.
- **The Incredible Kids (IK):** Interventions for reducing children's aggression and behavior problems and increasing social competence at home and at school. Both parent and child components are offered.
- **Positive Parenting Program (Triple P):** Practical strategies to help caretakers confidently manage their child's behavior, prevent problems from developing, and build healthy relationships.

SoCal Water Babies

Comprehensive Health and Development - Drowning Prevention



Swim lessons for children ages 6 months through 5 years and water safety education classes for their parent/caregivers. Families must reside in Eastvale, Murrieta, Riverside, Corona, French Valley, Palm Desert or Cathedral City for no-cost lessons. Swim lesson scholarships are also available through the cities of Jurupa Valley and Temecula.



Early Childhood Oral Health Assessment (ECOHA) Comprehensive Health and Development - Dental Health



The ECOHA is an electronic survey for home visitors to identify children's risk for dental disease and provide families with tailored education, resources, and connections to dental care. Home visitors can access ECOHA on Apricot 360, F5RC's electronic tool to support home visitors in managing their care of families. Home visitors then provide oral health education to families and refer them to dental care, as needed.

HealthySteps

Comprehensive Health and Development - Developmental Screenings



Pediatric primary care program which includes a Specialist that connects and guides families during and between well-child visits. Specialists are trained to provide families with parenting guidance, support between visits, referrals and care coordination, all specific to their needs. Specialists offer developmental, behavioral, social, and emotional screenings.



Participating partner agencies, Borrego Community Health Centers, Riverside University Health System, and Rady Children's Hospital, provide Specialists to assist families with children ages 0 through 3.

High-Risk Care Access and Resources (HeRCARe)

Comprehensive Health and Development - Maternal Fetal Medicine



HeRCARe's Maternal-Fetal Medicine (MFM) doctors are for all mothers in Riverside County facing a high-risk pregnancy. Services provided include: total prenatal care, high-resolution ultrasound and 3D, genetic counseling and testing, nutrition counseling, Sweet Success Diabetes education, behavioral health support, non-stress testing, and video visit with provider during ultrasound.



Blindness Support Resilient Families - Home Visiting



For families with children, aged 0 through 5, who are blind, visually impaired, or have other sensory disabilities. Uses the “Tactile Approach to Learning” program which focuses on teaching by touch. We utilize multiple mediums and textures to help enhance the development of a child with a visual or sensory impairment. Tactile items are made available to parents, as well as instructions to create their own.

Program staff give instruction on home safety. Hazards that are often overlooked are addressed to ensure daily living environments are a safe learning place for young explorers. Provided by Blindness Support Services, Inc.

Safe Care Resilient Families - Home Visiting



This program provides support and linkage to services for families with children 0 to 17 who have come to the attention of Child Protective Services (CPS) for child maltreatment. Trained Family Support Specialists work together with CPS to



assess families who are in need of community support and assistance. Assessment focuses on the family’s unique strengths and needs. The program is designed to help families break the cycle of CPS involvement without removing children. The goal is to reduce the risk of future CPS involvement and provide unique family interventions that allow the family to move forward independently and productively and avoid future CPS investigations. Provided by the John F. Kennedy Foundation in the Coachella Valley region and by the Family Services Association in the Riverside region.

Home Instruction for Parents of Preschool Youngsters (HIPPI) Resilient Families - Home Visiting



Provides learning activities for children ages 3 and 4 in preparation for kindergarten. Parents partner with home-based educators to learn

age-appropriate activities. Families must reside within the Jurupa Unified School District.



Nurturing Parent Program Resilient Families - Home Visiting



Intensive case management services designed to support families at risk of re-entering the child welfare system. The Nurturing Parenting Program provided by Parentz@Work is recognized by SAMHSA, (Substance Abuse and Mental Health Services) NREPP (National Registry of Evidence-Based Programs and Practices) and other certifying agencies as proven, evidence based programs designed for the prevention and treatment of child abuse and neglect.

Nurse Family Partnership Resilient Families - Home Visiting



An in-home parenting program for first time, low-income pregnant mothers. Nurses work with pregnant mothers from the second trimester up through the child's second birthday. Support includes training in parenting skills, building a strong network of support for the family and baby, providing referrals for healthcare, child care, and job training, help with setting goals and in improving economic sustainability. Provided by Riverside University Health Systems - Public Health.

Parent-Child Home Program Resilient Families - Home Visiting



Focuses on school readiness for children 16 months to 2 years of age and building positive child-parent interaction. Home-visitors work one-on-one with families providing visits twice a week during the school year. Includes building parent-child verbal and non-verbal interactions, development of pre-literacy skills, and positive parenting skills and engagement. Provided by the Jurupa Unified School District.

Parents as Teachers (PAT) Resilient Families - Home Visiting



For families with children 0-2 years old. Increases parent knowledge of early child development through one-hour home visits once a month. Also provides child screening for detection of developmental delays. In order to be eligible for PAT, families must be receiving or must be eligible for CalWORKs. Provided by the Jurupa Unified School District.



COUNTY DIVERSITY

Diversity Statement

We embrace and celebrate the rich diversity of Riverside County residents and will work to ensure that families of all backgrounds are recognized, listened to, and supported equitably to give children age birth through five the best start in life.

Commitment to Race, Equity, Diversity, Inclusion (REDI)

F5RCC invests in programs for all families with children age birth through 5 with a focus on initiatives that increase equitable outcomes for underserved families by promoting access to services and supports that might not otherwise be available to them. This includes expanding our capacity to recognize systemic barriers and racial disparities that impact children and families throughout the county.

According to [The Measure of America's Spotlight on the Inland Empire report](#), there are significant gaps in the quality of life between six major racial and ethnic groups in the Inland Empire. This report uses the American Human Development Index (AHDI) which focuses on three key dimensions of well-being: a long and healthy life, access to knowledge, and a decent standard of living. Using data from this report and examining not only AHDI disparities by demographic background but also by regions within the county, F5RCC is committed to investing where the greatest needs exist so that all families may experience healthy and happy lives, but also have equal opportunity to increase their well-being.



CURRENT STRATEGIES

Online

- **Websites:** Information is shared regularly on the F5RC and QSRC websites; the Public Relations team is responsible for curating information provided from the organization into an accessible and aesthetic format.

The legal name for the F5RC website is rccfc.org, after the organization's legal name, Riverside County Children & Families Commission. However, for branding purposes the URL should be written as First5Riverside.org. Using this URL on F5RC documents and branding materials supports brand awareness. This URL redirects to rccfc.org automatically when entered in a browser.



- **Social Media:** F5RC is currently active on three social media channels: Facebook, Twitter and Instagram and QSRC is active on Facebook; the Public Relations staff are responsible for posting to social media channels daily and for approving content submitted by other F5RC staff and stakeholders.
- **Eblasts:** F5RC uses the Constant Contact email service to send out eblast messages to the organization's contact lists. Public Relations staff are responsible for assembling and sending these messages.

Media Engagement

- **Press Releases:** The Public Relations staff submits press releases through the Riverside County Public Information Officer; press releases must be approved by the executive management team.
- **Media Advisories:** F5RC hosts public events that may be newsworthy for the community. In coordination with the Riverside County Public Information Officer, Public Relations staff will submit media advisories to open the events up to the local media to cover.

Community Outreach Events

F5RC is committed to working with organizations throughout Riverside County to help build a network of supports for the children and families served. Word of mouth promotion through community engagement is essential to promoting F5RC and its investments. Events may take place in person or virtually. Any F5RC



internal stakeholder can attend events in the community to promote the organization. The dress code for public events follows Riverside County's official dress code unless otherwise specified by the event organizers.

Events attended may be hosted by F5RC, partnering agencies, other county departments, or any other community organization that supports children and families. Requests for F5RC participation in events must go through the Public Relations team. Organizations can also request F5RC involvement through the F5RC website at: <https://rccfc.org/Partners/Promote-and-Support-Your-Event>.

Legislative Outreach & Advocacy

F5RC engages with elected officials through letters of support and requests for advocacy to champion issues important to First 5 commissions as well as families in Riverside County. The First 5 Association also encourages advocacy and alerts F5 commissions to advocacy opportunities. All legislative communications must be approved by the executive management team.

Sponsorships

F5RC aims to invest in efforts that will have the most effective and positive impact on children and the community. In addition to funded services, F5RC provides sponsorships to help support community outreach/educational events and efforts that connect families with resources for children, prenatal through 5 years of age, as well as for families within the county. Organizations seeking sponsorships from F5RC must complete the sponsorship application.

Applications are received by the Public Relations team first and then forwarded to the appropriate Contracts and Grants Analyst for review. The final approval must then be made by the Executive Management team. Organizations awarded sponsorships must adhere to the F5RC style guide when reproducing the F5RC logo.

Promotional and Print Materials

Promotional and print materials are widely used to promote F5RC investments and partnering agency programs. This includes program and resource flyers, brochures, and postcards which are distributed at community outreach events, through FRCs, and through partnering agency locations. Additional promotional materials include retractable banner signs to be displayed at FRCs and partnering agencies where applicable, books aimed at children 0-5 and their families, and New Parent Kits (First 5 California-funded bags including information and resources for first-time parents) which are distributed through partnering hospitals.

The Public Relations team orders promotional and print materials and is responsible for tracking their distribution rates. Requests for these materials for promotional use must be made to them, excluding program-specific materials staff distribute relating to a F5RC investment or service.

Advertising

F5RC advertises through paid and unpaid options to promote specific investments and campaigns and to support brand awareness.

Currently, F5RC uses or has used the following mediums:

- Billboards
- Radio
- TV - Including paid advertisements on cable and online streaming services and unpaid PSAs on local access TV stations where applicable within Riverside County
- Social media boosted and promoted posts

The Public Relations team designs and orders advertising content. All final advertisements must be approved by the Executive Director.

The Public Relations team is also responsible for researching new advertising options as they become available through emerging technologies and trends in communication strategies.





COMMUNICATIONS GOALS



New Branding Guidelines



F5RC is currently undergoing a period of service and staff expansion through its partnership with the Department of Public Social Services in support of the Family Resource Centers. This expansion requires an audit of branding and communication strategies organization-wide to ensure that all internal and external stakeholders clearly understand the mission, vision, and work done by First 5 Riverside and the Family Resource Center network.

To achieve updated branding guidelines to reflect the organization's expanded scope of services, F5RC will:

To achieve updated branding guidelines to reflect the organization's expanded scope of services, F5RC will:

- Hire a Marketing Consultant through an RFP
 - Implement overall branding audit of F5RC, including but not limited to website, print materials, and key messages
 - Implement branding audit of the FRC network including but not limited to logo and key messages
 - Conduct messaging focus groups and surveys to assess public awareness and expectations of F5RC's impact in the community
- Revise Style Guide to reflect findings from marketing consultant branding audit and focus groups
- Create a flyer template for use by other staff as needed which reflects revised style guide
- Publicize updated branding efforts through media engagement and all other available forms of communication with the public

All updated branding changes will require approval by the Executive Director and by the Commission where applicable.

Website Redesigns



Riverside County Information Technology (RCIT) migrated the F5RC website away from its former server to a more secure county server in 2020. In addition, the site transitioned to be run through the Dot Net Nuke (DNN) content management system (CMS). While the newly migrated site is an improvement from the version that was running in previous years, further improvements are still needed to create a more modern and public-facing website. RCIT will again migrate the F5RC website in 2022 to a new server and CMS, allowing for a full assessment of the site as it appears and operates currently to create a more user-friendly experience.

In addition to the F5RC site, the QSRC website is also being migrated to a new server and CMS. Similar to the F5RC website, the QSRC website also requires modernization and an improved structure to be more accessible to its users.



Lastly, while there are pages dedicated to the FRCs on the F5RC website, a microsite to be more fully devoted to the FRC network will be necessary. RCIT also has the capability to create a microsite for the FRCs.

The Public Relations team will work with RCIT to assess the needs of the F5RC website and will utilize information provided by the Marketing Consultant to inform its design based on the available templates provided. The Public Relations team will also work with RCIT, QSRC and RCOE staff to assess the needs of the QSRC website. The Public Relations team will work with RCIT and the F5RC FRC staff to design and launch a microsite dedicated to the FRCs.

To successfully redesign the organization's websites, F5RC will:

- Revise look and navigational quality of the F5RC website
 - Provide greater linking to other websites across Riverside County departments as well as F5RC partner agencies
 - Include a FRC microsite, including linking to websites throughout the FRC Network
- Revise look and navigational quality of the QSRC website

Increase Promotional Campaigns for FRCs



As the new branding work is implemented on behalf of the FRCs, greater attention will be required to successfully promote them and their services

across Riverside County through the FRC network. This will involve promotional efforts including media engagement and advertising strategies.



New branding of the FRCs will include:

- Billboard advertisements to increase awareness of the FRC locations throughout Riverside County
- Updated signage at the FRCs
 - Signage should reflect partnership with F5RC
 - Paper signs should be limited and any sign that can be permanent will be ordered, such as ADA accessible bathrooms signs
 - Promotional signage such as retractable banners will be designed and ordered
- Paid and unpaid advertising campaigns to be designed and ordered by F5RC with support by the Marketing Consultant
- Focus groups around FRCs to be conducted in the community through the Marketing Consultant
- The newly designed FRC logo to be promoted broadly and will be updated on any material where the FRC logo appears
- A standardized flyer template and design guidelines need to be created to provide to FRC staff who create flyers for events at the FRCs and in partnership with external organizations.

All updated branding changes will require approval by the Executive Director





CONCLUSION



This communications plan has been developed to clearly describe F5RC as an organization as well as its investments, to clarify current communication strategies and outline the most pressing communications goals and what needs to be done to accomplish them. The plan is a living document and while it is to be reviewed and updated regularly, it can be modified at any time when needed. As additional programs emerge or new promotional strategies and opportunities develop, they should be considered and incorporated if necessary.



This is an exciting time for F5RC as it expands its network throughout the county and reaches more families than ever. This plan should help guide all internal stakeholders and any other appropriate audiences as they inform the community about F5RC and its continuing support of young children, families, and individuals in Riverside County.

Source Documents

First 5 Riverside County reviewed the following documents to inform and guide the design and completion of this plan:

- [First 5 Fresno County Communications Plan](#)
- [Western Municipal Water District Strategic Communications Plan](#)
- [First 5 San Joaquin Communications Plan](#)

Additional communications plans that become available, including other Riverside County departments and First 5 Commissions, will also be reviewed when modifying this plan.



**Riverside Administration Office and
Family Resource Center**

585 Technology Court
Riverside, CA 92507
(951) 955-0200

Mead Valley Family Resource Center

21091 Rider Street, Suite 204
Perris, CA 92570
(951) 210-1550

Desert Hot Springs Family Resource Center

14-320 Palm Drive
Desert Hot Springs, CA 92240
(760) 288-2854

Mecca Family and Farmworkers' Service Center

91-275 66th Avenue, Suite 100A
Mecca, CA 92254
(760) 863-7860

4. Information Only - HealthySteps Community Impact Report - Receive and File

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AGENDA ITEM: E.4
DATE OF MEETING: May 11, 2022
ACTION:
INFORMATION:

RECEIVE AND FILE HEALTHYSTEPS COMMUNITY IMPACT REPORT

SUMMARY OF REQUEST

Receive and file the HealthySteps Community Impact Report detailing the outcomes of the HealthySteps pilot project over the period of January 1, 2019, through June 30, 2021.

REPORT SUMMARY

With a longstanding commitment to taking a whole-child approach to early identification and intervention and recognizing the opportunity of reaching children and families through their pediatric providers, First 5 Riverside County partners with Riverside University Health System-Medical Center, Rady's Children's Hospital, and Borrego Community Health Foundation and with the national non-profit ZERO TO THREE, to pilot HealthySteps to Riverside County (First 5 Riverside County HealthySteps Community Progress Report, VIVA, p.5).

This 2018-2021 Community Impact Report provides an overview of the HealthySteps model and how it has been implemented in three pediatric settings. It highlights the progress and impact of the pilot, the potential for positive return on investment, and the opportunities for HealthySteps to be an integral part of the early intervention system in Riverside County.

WHAT IS HEALTHYSTEPS

HealthySteps is an evidence- and team-based pediatric primary care program designed to promote nurturing parenting and healthy development for babies and toddlers.⁶ The model integrates a child development professional - called a "HealthySteps Specialist" - into the pediatric primary care team to provide support to families whose concerns are often unaddressed by physicians.⁷ The HealthySteps Specialist connects with families during, and between well-child visits, as part of the primary care team. HealthySteps Specialists provide families with parenting guidance, referrals and care coordination, tailored to their particular needs and concerns (p.6).

The HealthySteps pilot is having a direct impact by ensuring that more children and their families have access to services, increasing the level and quality of care and support that families are receiving and impacting the way in which pediatric care is being provided in the pilot site (p.16).

HealthySteps is showing a significant impact by:

- Increasing the number of children and families who are receiving child and family needs **screenings**
- Increasing **access to quality services and supports** for children and their families
- Providing a **model for pediatric practice improvement** that benefits providers and families alike

Riverside County HealthySteps Pilot Partners

Awarding funding to three different types of health care entities gave First 5 and its partners the opportunity to serve children and families across the county, and to test the model in different settings, and within different health care structures (p.12).

Borrego Community Health Foundation (Borrego)

Borrego is a non-profit 501(c)(3) Federally Qualified Health Center (FQHC) Tort Claims Act Deemed (FTCA) facility. Their health centers serve communities across Riverside, San Bernardino, and San Diego counties. Borrego's services range from primary and pediatric care, preventative care, specialty services, and ancillary services. HealthySteps was piloted in Borrego community health centers in the cities of Cathedral City, Desert Hot Springs, San Jacinto, and Riverside.

Rady Children's Hospital (Rady)

Rady is a nonprofit pediatric care facility that has offices located throughout San Diego and Riverside counties. Rady is a dedicated pediatric healthcare facility that provides primary care services in addition to specialty and developmental services. HealthySteps was piloted at satellite locations in Murrieta and Temecula.

Riverside University Health System - Medical Center (RUHS)

RUHS is a public general hospital providing primary and specialty care throughout Riverside County. In addition to the general hospital, RUHS operates FQHC community-based health centers for underserved communities. HealthySteps was piloted at RUHS's main campus in Moreno Valley.

ATTACHMENTS

1. Riverside HealthySteps Community Impact Report



First 5 Riverside County HealthySteps

Community Impact Report

2018–2021





	<h2 style="margin: 0;">Introduction 04</h2> <hr/> <ul style="list-style-type: none"> What is HealthySteps 06 The HealthySteps Model 06 HealthySteps National Reach and Results 09
	<h2 style="margin: 0;">HealthySteps in Riverside County 10</h2> <hr/> <ul style="list-style-type: none"> First 5 Riverside County's Investment in HealthySteps 11 Riverside County HealthySteps Pilot Partners 12
	<h2 style="margin: 0;">HealthySteps Progress & Impact 14</h2> <hr/> <ul style="list-style-type: none"> Riverside County Pilot Progress 14 HealthySteps Fidelity Requirements 15 The Impact of HealthySteps 16 Key Learning in Operationalizing HealthySteps 19
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	<h2 style="margin: 0;">The Opportunity of HealthySteps 24</h2> <hr/> <ul style="list-style-type: none"> Looking Forward 27
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Introduction

Nearly 30,000¹ babies are born each year in Riverside County. The speed at which each of these little ones will grow, learn and develop in their first years is incredibly rapid and amazing to witness. Decades of research shows that the first three years of life are the time when vital connections are made in the brain and that this is the most critical period in a child's development. Unfortunately, due to multiple external factors facing families today, many young children are at-risk of not meeting developmental milestones during their first years. And they can have developmental delays that can go undetected until they reach kindergarten or even later, putting them behind from the very beginning of their time in school and potentially throughout their lives.

The good news is that early screening and identification of developmental delays can make a big difference by identifying concerns early, connecting children and their families to supportive resources, and helping children enter school ready to learn and thrive. Developmental screenings that measure how children are doing in meeting developmental milestones are now seen as a best practice among education and child development experts and have become the standard practice in pediatric care for children ages birth through three.

Fewer than one third of children in California receive developmental and behavioral screenings in a timely manner. And children of color are even less likely to be screened.²

Nearly all families take their babies to see a pediatric primary care provider (90%)³. New parents and caregivers typically attend 12-13 well-child visits in a child's first three years, providing a prime opportunity to identify developmental concerns early - through identification and intervention. This frequent contact often means that pediatric providers are seen as trusted sources of information and a lifeline for parents as they navigate the first years of their child's life.

There is also increasing recognition of the importance of supporting children's development more holistically and in the broader context of the challenges families face that can ultimately affect a child's physical, social and emotional development. To better understand what these factors may be, health care providers are increasingly looking at the Social Determinants of Health (SDOH) and their impact on children and their families.

Social Determinants of Health⁴



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HealthySteps Comes to Riverside County

With a longstanding commitment to taking a whole-child approach to early identification and intervention, and recognizing the opportunity of reaching children and families through their pediatric providers, First 5 Riverside County (F5RC) partnered with the national non-profit ZERO TO THREE, to bring HealthySteps, an enhanced pediatric practice-based model, to Riverside County. "Healthy Steps integrates a child development specialist into the pediatric primary care team to promote nurturing parenting and healthy development for babies and toddlers, particularly in areas where there have been persistent inequities for families with low incomes and families of color."⁵

HealthySteps specialists are uniquely positioned to provide, not only support for parenting and child developmental concerns, but are able to support families more broadly with concerns that may affect their families, including those identified through looking at the Social Determinants of Health (SDOH). First 5 Riverside County invested in a three-year pilot and partnership that began in 2018, in partnership with local health care providers to test the model in a range of settings, with a focus on serving children who were less likely to have their concerns identified early.

The HealthySteps Community Impact Report provides an overview of the HealthySteps model and how it has been implemented in Riverside County through a pilot in three pediatric settings. It highlights the progress and impact of the pilot, the potential for positive return on investment, and the opportunities for HealthySteps to be an integral part of the early intervention system in Riverside County.

What is HealthySteps?

HealthySteps is an evidence- and team-based pediatric primary care program designed to promote nurturing parenting and healthy development for babies and toddlers.⁶ The model integrates a child development professional - called a "HealthySteps Specialist" - into the pediatric primary care team to provide support to families whose concerns are often unaddressed by physicians.⁷ The HealthySteps Specialist connects with families during, and between well-child visits, as part of the primary care team. HealthySteps Specialists provide families with parenting guidance, referrals and care coordination, tailored to their particular needs and concerns.



HealthySteps was launched in 1995 and became part of the national nonprofit, ZERO TO THREE, in 2015. The goal of the HealthySteps model is to improve the health, well-being, and school readiness of children ages 0 to 3 who are at the highest risk for poor developmental outcomes.⁸

The HealthySteps Model

"The HealthySteps model is organized into three (3) Tiers of Service and eight (8) Core Components to make sure all families in the practice with children ages 0-3 receive support aligned with their needs."⁹

Tier 1 (Universal Services)

All families with children ages 0-3 in a HealthySteps practice receive universal services (Tier 1) that include screenings and access to a child development support line. Screenings include child development, social and emotional and behavioral screenings based on the American Academy of Pediatrics guidelines. They also receive screenings for family needs including, "at a minimum maternal depression, food insecurity, housing instability or homelessness, utility needs, transportation needs, interpersonal violence, substance misuse and tobacco use."¹⁰ After they are screened, families are triaged further into a variety of support catered to their needs.

Tier 2 (Short-Term Supports)

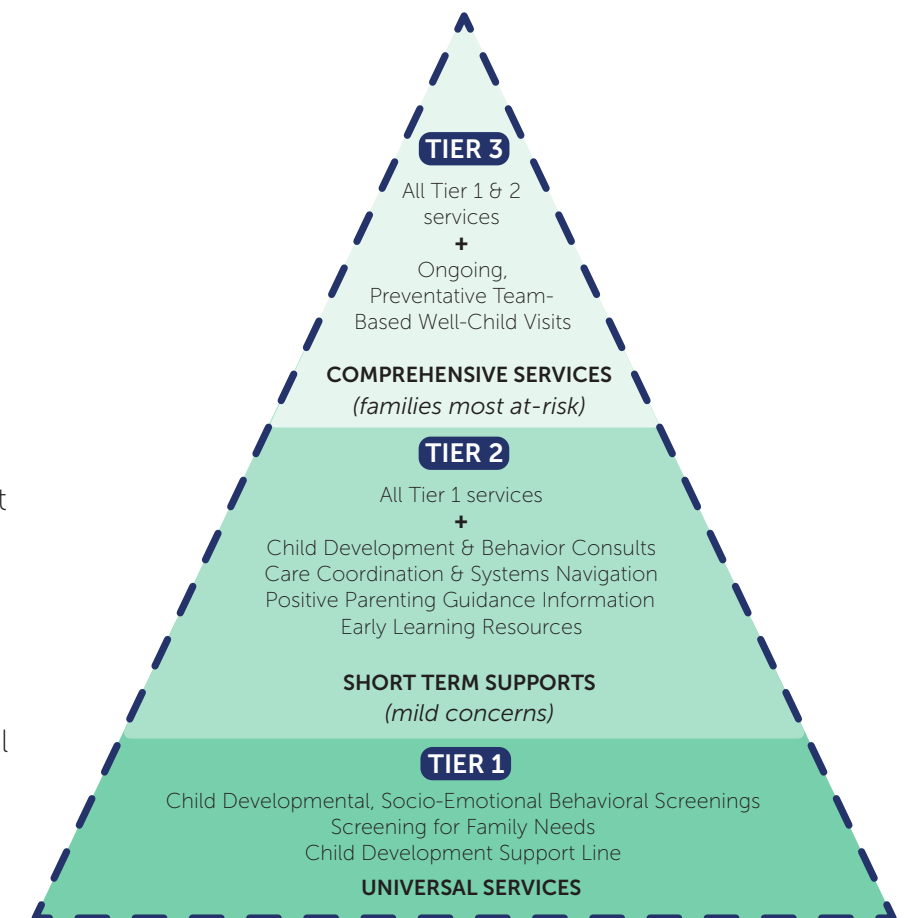
If a family has moderate concerns, they receive additional Tier 2 services. In addition to receiving all of the Tier 1 universal services, families with mild concerns receive short-term supports that include consults with a HealthySteps Specialist, referrals to needed services and care coordination, positive parenting guidance and information, and early learning resources to address more time-limited concerns. This might include 1-3 visits or calls from the Specialist.¹¹

A key ingredient at the Tier 2 level is the "warm hand-off" that happens as the HealthySteps Specialist is introduced by the provider to the family during a well child visit or through a follow up referral from the provider. The HealthySteps Specialist helps families navigate community services by making both in-house and community referrals and ensuring that families are able to navigate the often complex systems.¹²

Tier 3 (Comprehensive Services)

Families that are determined to be at greatest risk receive Tier 3, comprehensive services, that include scheduled ongoing touchpoints with the HealthySteps Specialist. In addition to receiving all of the supports provided through Tier 1 and Tier 2, they receive more intensive support that includes connecting with a HealthySteps Specialist in the exam room prior to, during and/or following a baby's routine well-child visits.¹³ Sometimes additional visits with the HealthySteps Specialist may be scheduled outside of the routine visits, if needed. The intent is to help prevent children from having poor developmental and social-emotional outcomes by intervening early, and providing information and guidance to parents to best support their children's health, development and well-being.

Core Components (Services)





HealthySteps National Reach & Results

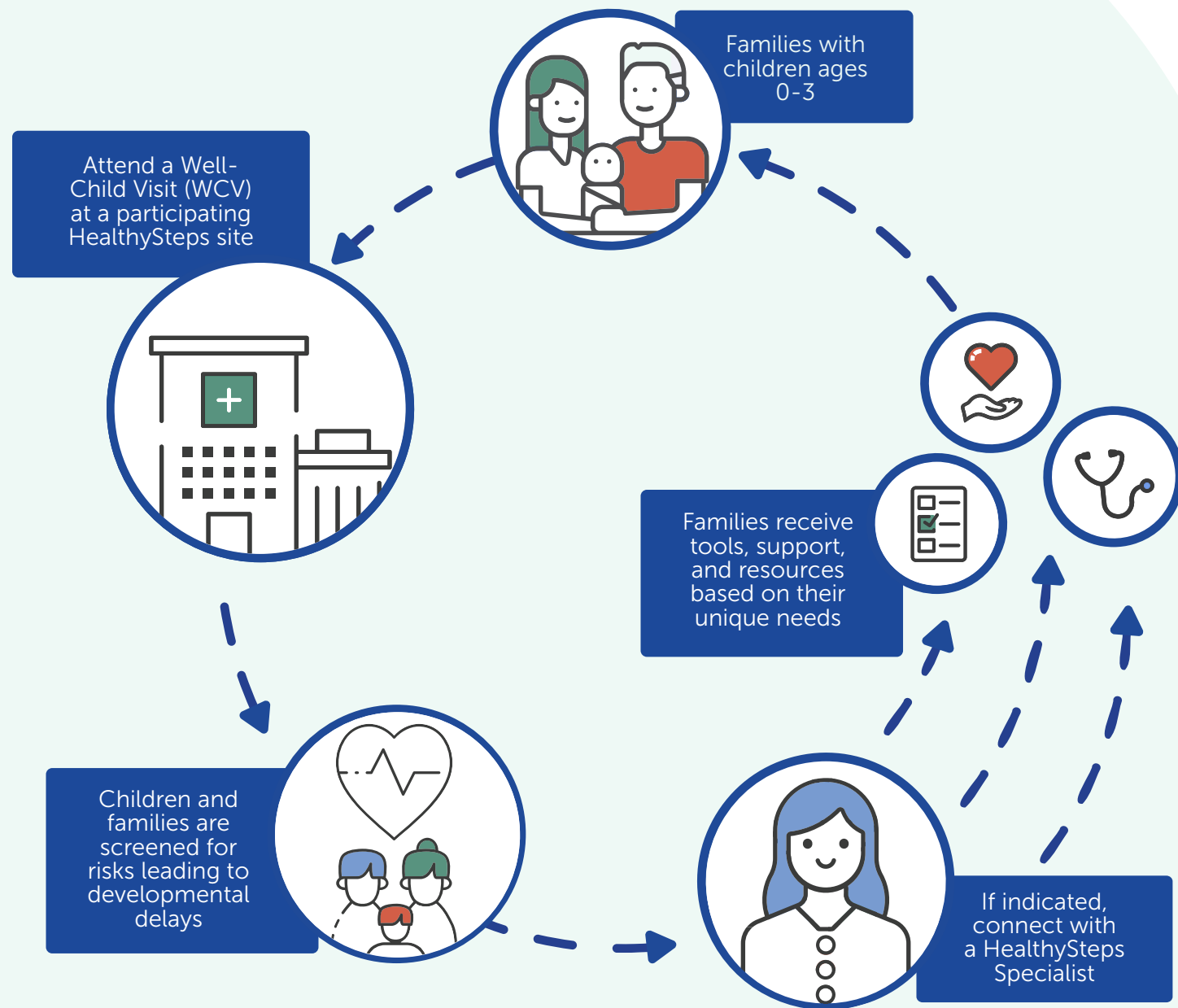
Since HealthySteps was launched in 1995, it has been implemented in over **200 pediatric primary care practices** across the United States and Puerto Rico. In 2020 alone, **over 300,000 families were served** throughout the HealthySteps' National Network. The model is showing significant positive outcomes including increases in early intervention referrals as a result of universal screenings, increased rates of social-emotional development and well-being, and decreased symptoms of maternal depression, amongst other positive life outcomes for young children and their families.¹⁵ In its 25+ year history, children served by HealthySteps were:

8 times more likely to receive a developmental assessment and had significantly higher rates of developmental and nonmedical referrals¹⁶

Diagnosed with autism earlier. Across a network of HealthySteps practices the **median age of autism diagnosis for children who were screened at the high-risk level was two years earlier** than the national median.¹⁷

2.4 times more likely to receive timely well child visits and to **attend all of the first 10 recommended well-child visits**¹⁸

HealthySteps in Action¹⁴



HealthySteps has also been successful in identifying family needs early and connecting them to services.

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- Mothers with depressive symptoms **reported significantly fewer symptoms after receiving HealthySteps and that symptoms decreased at a faster rate** than comparable mothers¹⁹
- Families were significantly **less likely to report the use of harsh punishment and severe discipline**
- **Children were 23% less likely to visit the emergency room for injuries in a 1-year period**²⁰
- Families were significantly **more likely to notice behavioral cues and provide age-appropriate nurturing**²¹
- Families were significantly more likely to report their **child looked at or read books weekly**²²

HealthySteps has helped participating primary care practices to improve their patient's experiences and provider satisfaction and lower health care costs.

- Families **rated their provider as more competent and caring** and were significantly more likely to believe that the health plan cared about them²³
- Physicians reported significantly **higher satisfaction** with HealthySteps and that they **felt emotionally supported** by the HealthySteps Specialist²⁴
- A financial analysis in one HealthySteps practice serving a diverse pediatric population found that **estimated costs averted exceeded program operating costs** (\$641-\$959 compared to \$575 per child)²⁵

Overall, HealthySteps is demonstrating a powerful capacity to drive population health because it strategically and inexpensively tailors care, focusing resources on improving the experience and behaviors of parents, providers' care, and broadening services that positively impact children and families.²⁶



HealthySteps in Riverside County

In 2017, recognizing HealthySteps’ demonstrated ability to positively impact young children and families, the First 5 Riverside County Children and Families Commission approved the development of a Request for Qualifications (RFQ) to identify pediatric partners to participate in a HealthySteps pilot program. The initial intent was to test the HealthySteps model in a variety of site types in the county that served children living in communities of highest need. First 5 funding was designated to support HealthySteps Specialist positions within Federally Qualified Health Centers (FQHC) and/or pediatric care facilities in Riverside County and to support training to sites, over a three-year period. As a national partner, ZERO TO THREE’s role was to provide training and technical assistance to ensure fidelity to the model and to contribute to planning around possible sustainability strategies.

For First 5 Riverside County, HealthySteps was consistent with its goal of supporting the comprehensive health and development of all children by creating a system in which young children and their families access a full spectrum of health and behavioral health services.²⁷ The investment was also in line with the Commission’s priority of making investments that include collaborating early with other partners and/or agents of sustainability and/or scalability.²⁸

First 5 Riverside County’s Investment in HealthySteps

First 5 Riverside County invested more than \$4.45 million to pilot HealthySteps in three pediatric primary care agencies in the county between October 2018 and June 2021 including Borrego Community Health Foundation, a Federally Qualified Health Center (FQHC); Rady Children’s Hospital, a non-profit hospital; and Riverside University Health System, a public general hospital. In 2021, seeing the positive impact and the opportunity of HealthySteps to support children and families in the pilot sites’ communities, the Commission approved contract extensions through June 2023 for all three of the pilot organizations for a total of \$2.75 million for the 2-year period.²⁹

Table 1: **Riverside HealthySteps investments 2018-2023**³⁰

	Borrego	Rady	RUHS	Start-up Training Costs	Total
2018-21 Investment	\$1,696,412	\$1,629,750	\$984,291	\$144,286	\$4,454,739
2021-23 Renewal	\$1,170,000	\$1,100,000	\$480,000	-	\$2,750,000 ¹⁰⁹
Total Investment	\$2,866,412	\$2,729,750	\$1,464,291	\$144,286	\$7,204,739

HealthySteps has provided an impactful, cost-efficient approach to incorporating a whole-child early intervention model into existing pediatric practices. By Year 3 (2021) of the HealthySteps pilot in Riverside County, the average annual operating costs across all Pilot Partners for a practice of over 3,000 children is just under \$410,000.

Table 2: **HealthySteps Pilot 2021 Annual Operating Costs and Practice Size**

	Borrego	Rady	RUHS	Average
2021 Operating Costs	\$560,133.34	\$465,295.73	\$203,586.14	\$409,671.74
2021 Practice Size (all sites)	2,062	4,593	1,703	3,086

Riverside County HealthySteps Pilot Partners

Awarding funding to three different types of health care entities gave First 5 and its partners the opportunity to serve children and families across the county, and to test the model in different settings, and within different health care structures.

Borrego Community Health Foundation (Borrego)³¹

Borrego is a non-profit 501(c)(3) Federally Qualified Health Center (FQHC) Tort Claims Act Deemed (FTCA) facility. Their health centers serve communities across Riverside, San Bernardino, and San Diego counties. Borrego’s services range from primary and pediatric care, preventative care, specialty services, and ancillary services. HealthySteps was piloted in Borrego community health centers in the cities of Cathedral City, Desert Hot Springs, San Jacinto, and Riverside.

Rady Children’s Hospital (Rady)³²

Rady is a nonprofit pediatric care facility that has offices located throughout San Diego and Riverside counties. Rady is a dedicated pediatric healthcare facility that provides primary care services in addition to specialty and developmental services. HealthySteps was piloted at satellite locations in Murrieta and Temecula.

Riverside University Health System - Medical Center (RUHS)³³

RUHS is a public general hospital providing primary and specialty care throughout Riverside County. In addition to the general hospital, RUHS operates FQHC community-based health centers for underserved communities. HealthySteps was piloted at RUHS’s main campus in Moreno Valley.

First 5 Riverside County’s funding supported new HealthySteps Specialist positions at the participating sites and training and ongoing technical assistance from ZERO TO THREE’s national office.

Table 3: **HealthySteps Sites & Specialists**³⁴

	Borrego	Rady	RUHS	Total
# of Sites	5 (Cathedral City, Desert Hot Springs, San Jacinto, Riverside, (2))	2 (Murrieta, Temecula)	1 (Moreno Valley)	8
# of HealthySteps Specialists (FTE)	4.5	5	2	11.5





HealthySteps Progress & Impact

Riverside County Pilot Progress

Although still in the early years of implementation, the HealthySteps pilot is already having an impact on children, families and pediatric providers across Riverside County by changing the way that early identification and intervention is addressed for families with complex needs, who are most likely to be ill prepared for lifelong learning.

HealthySteps Reach in Riverside County

- HealthySteps is **reaching more than 6,000 children³⁵ and their families annually** through the three pilot sites.
- In FY 19-20 through FY 20-21 **more than 10,000 screenings** were conducted with children and families covering child development, social and emotional **functioning**, autism, maternal depression and family needs³⁶
- **More than 4,000 referrals were made for services and follow up for child and family needs** in FY 19-20 through FY 20-21 related to early intervention, mental health, early care and education, and maternal depression

Table 4: **Children Served by HealthySteps by Tier FY 2020-2021³⁷**

HealthySteps Tier	Borrego	Rady	RUHS
Tier 1: All children and families receive developmental, social-emotional and behavioral screenings and access to a child development support line	2,888	1,745	1,703
Tier 2: Tier 1 services plus child development and behavioral consults, care coordination/ case management and systems navigation, positive parenting information and access to early learning resources	894	252	316
Tier 3: Tier 1 and 2 services and ongoing preventative team-based well child visits at the practice site, or in family home for families at greatest risk	704	1,414	318

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Table 5: **Children Served by HealthySteps Pilot Agency³⁸**

	18-19	19-20	20-21
Borrego	2,151	4,964	4,486
RADY	486	3,230	3,411
RUHS	852	1,662	2,337
Total	3,489	9,856	10,234

Note: Numbers include Tier 1, 2, and 3 children served, Source: Persimmony

HealthySteps Fidelity Requirements



As an evidence-based model, ZERO TO THREE has established two types of requirements that are assessed in order to assure that participating sites are working towards and maintaining fidelity to the HealthySteps model. HealthySteps' fidelity requirements aim to capture the successful implementation of the model (Administrative Fidelity) and delivery of services in alignment with the model's Core Components and Tiers of Service (Service Fidelity).³⁹ ZERO TO THREE works closely with each of the HealthySteps sites to support their success along the way. Examples of the HealthySteps fidelity requirements are highlighted in Appendix A.⁴⁰



The Impact of HealthySteps

The HealthySteps pilot is having a direct impact by ensuring that more children and their families have access to services, increasing the level and quality of care and support that families are receiving and impacting the way in which pediatric care is being provided in the pilot sites. HealthySteps is showing a significant impact by:

- Increasing the number of children and families who are receiving child and family needs **screenings**
- Increasing **access to quality services and supports** for children and their families
- Providing a **model for pediatric practice improvement** that benefits providers and families alike

Expanding Screenings for Children and Families

With early screening for developmental delays, Riverside County families and providers are able to readily address delays and related issues early-on so that children are on track to thrive into adulthood. As a result of these screenings, families in Riverside are better equipped to understand what their children are experiencing and are empowered to seek out appropriate services.

"[A mother whose child was screened for developmental and behavioral delays] took a full 12 months before she was willing to get the diagnostic evaluation her child needed based on the symptoms that came up in [her child's] screenings... [Today], the same mother is now going to have her second child served [by HealthySteps] before [her child reaches the] age of two. That's the impact of HealthySteps."

—Kristin Gist, Advisor, Rady

Referrals & Access to Services & Supports

Referrals from developmental and behavioral screenings have resulted in successful linkages to services for young children and their families. These linkages have enabled children to attend therapy sessions for speech delays and mothers to receive mental health treatment, amongst other related supports. Families receiving services from HealthySteps sites in Riverside County reported overall positive experiences and outcomes since being introduced to the program.



"I personally have received a lot of support and insight from the HealthySteps program and staff. They have been there for me and my family every step of the way and through every challenge or uncertainty I've faced with my girls...HealthySteps [staff] have adapted to my daughters' needs and helped with the skills they needed. I personally am appreciative of the care they've shown for my daughters."

—HealthySteps Parent

"HealthySteps has been vital in helping create a medical home for our families. They are great at helping narrow down areas of concerns and following up with families about referrals placed. It helps create a wonderful closed loop communication system with some of our higher risk children. I've had so many times where I've had moms dealing with severe PPD. Everyone, especially Melanie, has been helpful in connecting with these moms and making sure they are getting connected with the proper resources."

—Dr. Amber Hamilton, MD, Rady



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The impact of HealthySteps has been especially powerful for those who are struggling the most, as was captured in the words of a mother who had scored with concern on the PHQ-9 screening for depression, and shared that she was having feelings of depression and anxiety following the birth of her second child. HealthySteps provided support to her by connecting her to a mental health therapist and a psychiatrist:

"[I] finally feel happy...and can enjoy[my] boys". "If you doubt what you are doing, this is the reason you are here."

—HealthySteps Parent

Families' needs for services were heightened during the COVID-19 pandemic. During the pandemic, HealthySteps Specialists acted as a source of stability and support for families experiencing added hardships. HealthySteps Specialists have been cited as a support system that families knew they could rely on for resources and assistance.

"Many families [gave] feedback on how grateful they are to know that they have someone who is checking in on their family and providing resources to them during [COVID 19]... [Patients] have stated things like, 'It shows that you care about my family,' and 'I am happy I have someone I can talk to.'"

2019 - 2020 Performance Progress Report, Borrego



A Model for Practice Improvement

Across the HealthySteps sites operating in Riverside County, pediatric primary care staff find themselves better equipped to provide quality care to young children through insights rendered from their on-site HealthySteps Specialists.

"We work very closely with our [HealthySteps] Specialists. They are critical to what we're doing in [the] clinic to address social, behavior, developmental or parenting issues."

—Dr. Chad Vercio, MD, RUHS

The incorporation of the HealthySteps Specialists into primary care teams has provided pediatric care providers with key developmental insights and concerns that contribute to the quality of care provided to young children and their families. Since the introduction of HealthySteps, pediatricians are not only equipped with the "full picture" of a child's physical health, but also the factors in their environments that contribute to their overall well-being.

"I think we're helping the family... Even though the family is assigned a [primary care physician] for each child, it doesn't mean the kids will see the same doctor [at every visit]... [HealthySteps Specialists are] in a position where [they are] able to talk to the doctor and remind the doctor of those things that need to be done [for each child]."

—HealthySteps Specialist, RUHS

"[HealthySteps] greatest impact on our practice is having] a specialized person [and] team to help families who may need things that I could not provide as a physician."

—Dr. Kaivan Dadachanji, MD, RUHS

The capacity of HealthySteps Specialists to form and develop relationships with families has allowed families to find pillars of support during difficult times. The care and support provided by HealthySteps Specialists, as part of the primary care team, have allowed families to access basic resources, gain knowledge and resources to support their child's development, and provide nurturing environments for their children to live and grow.

"I was able to learn that [a] dad was homeless and had very little resources. If I never asked... I would have never learned about the serious needs of his family. [Eventually, the dad and his partner] were able to get the resources that they needed and moved out of state into a much better situation. During my last phone call [with the dad], it was so nice to hear him tell me, 'you checked in with me at a time where I really needed the resources that you gave me, [and] you made a really big impact in our lives. Thank you.'"

—HealthySteps Specialist, Rady

Initially, the sites reported some hesitancy to integrate and adapt to a new model, especially with the existing high-volume workloads for providers. After HealthySteps was integrated, however, the HealthySteps pediatric teams found that building trusting relationships between medical staff and HealthySteps Specialists actually improved workflow and the ability to serve children and families.

"It's been a long journey in...getting [physicians] to trust us [as HealthySteps Specialists]... Today, they joke that they can't live without us...That speaks volumes as to how we've been able to build that rapport and how they now depend on us to support them in these situations...whether it be identifying resources or discussing very specific developmental topics."

—HealthySteps Specialist, Rady

Key Learning in Operationalizing HealthySteps

"I'm really impressed with [how Riverside's] implementation has gone, how their teams have managed things, and with the leadership they've shown...[First 5 Riverside County's piloting partners have] a really strong influence on HealthySteps' reputation in California."

—Laura Krug, Director of Training, ZERO TO THREE

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HealthySteps Model Fidelity: Borrego, Rady, and RUHS are all making significant progress in achieving HealthySteps' Service Fidelity requirements across the three tiers of service provided to children and families. Riverside County's HealthySteps pilot sites have been recognized by ZERO TO THREE as models of successful implementation of HealthySteps in California and beyond.

Integrating HealthySteps into Existing Practices: As with any new program, certain challenges arose when integrating HealthySteps into existing medical practices. Sites had to rethink the way in which they conducted and utilized screening tools and broadened their team with the addition of the HealthySteps Specialists. While ultimately this was successful, it requires a change in thinking about how care is delivered, which takes time and commitment across all of the practice.

Data Collection & Documentation: The HealthySteps model requires ongoing data collection in order to determine if sites are meeting fidelity requirements. Tailoring existing data systems to meet HealthySteps requirements took significant time. The investment of time in building and integrating data collection systems is now allowing the practices to gather relevant data to not only meet fidelity tracking requirements, but also to inform their work.

COVID-19 Response: The COVID-19 pandemic altered the ways in which families received care in the midst of national stay-at-home orders. HealthySteps teams adjusted their service delivery to provide telehealth services in order to continue monitoring children's and families' progress in achieving developmental goals. The ability to be nimble and be responsive to families' needs speaks to both the commitment of the pilot practices, as well as the value of HealthySteps in providing supportive services to families.

"[We] made immediate changes to [our] program, due to the public health emergency. Moving our HealthySteps Specialist (HSS) out of the clinics and having them work remotely was something we were not prepared to do, [but our] HSS [has continued to provide] the support...families needed during this time of disparity and uncertainty."

2019 - 2020 Performance Progress Report, Borrego



Services Provided:

Screenings for Children: Rady's utilizes the following tools to help assess the developmental and behavioral state of children served: M-CHAT, a modified Survey of Well-being of Young Children (SWYC), PHQ-9, and ASQs.⁴²

Screening for Families: To better serve children and their families, Rady administers a family needs assessment for Social Determinants of Health (SDOH) as adapted from the SWYC. Elements captured in these assessments are also being monitored via the child's primary care physician during office visits.⁴³

Support for Families: Rady provides all its HealthySteps families with an on-demand telephone support line for families seeking assistance on their child's development. For families exhibiting needs for extra support (Tier 2 and Tier 3 families), ongoing consultation is provided by Rady's HealthySteps Specialists.⁴⁴

Referrals for Children & Families: Families receiving support have been referred to therapy for parents, early care and education services including Early Head Start, and behavioral and emotional support services for children.⁴⁵

Program Spotlight: Rady Children's Hospital⁴¹

Rady Children's Hospital has demonstrated noteworthy progress in moving towards ZERO TO THREE's HealthySteps model fidelity. The following program highlights Rady's approach and progress.

Sites: HealthySteps was piloted at Rady Children's Hospital's Murrieta and Temecula **parkway** locations.



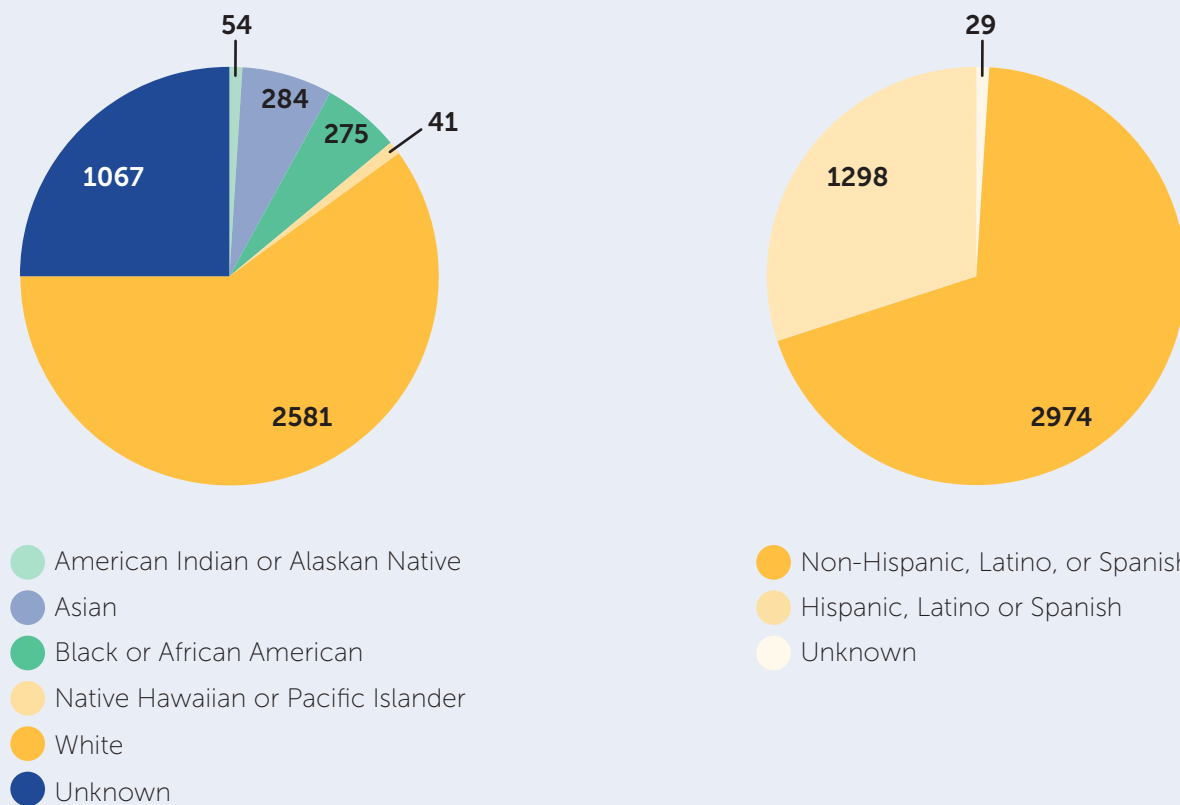
Results

In FY 2020-21 through Rady's HealthySteps sites:

- **Almost 2000 children age 0-3** received at least one developmental, social-emotional, or autism screening (note: children who received multiple screenings are double counted)
- **Over 300 children age 0-3** received Tier 2 services
- **99-100% of children** who were identified as needing Tier 2 services received a consult with the HealthySteps Specialist within 3 months of being identified
- **Over 1,300 children age 0-3** received Tier 3 services

Family Characteristics

Children Served by Race 2020⁴⁶



Rady's HealthySteps Service Fidelity Progress

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Each HealthySteps site is expected to be working towards model fidelity and is expected to meet specific standards. ZERO TO THREE completes an annual, HealthySteps Fidelity Scorecard to track each sites' progress, against fidelity indicators. Rady has made significant progress in moving towards fidelity across all tiers of services and has achieved optimal fidelity in Tier 2 in both of its locations. This means that in addition to receiving screenings, families are receiving child development and behavioral consults, care coordination/case management and systems navigation, positive parenting information and access to early learning resources that are timely and responsive. This is vital for helping families and children thrive.

	Murrieta	Temecula
Tier 1 - Universal Services	2.6	2.5
Tier 2 - Short-Term Supports	4.0	4.0
Tier 3 - Comprehensive Services	2.5	2.8

Source: HealthySteps Fidelity Scorecard

Note: Scores shown are the average of individual indicator scores relevant to each tier.

Scoring legend: 0 = did not begin; 1 = does not meet fidelity; 2 = approaching fidelity; 3 = meets basic fidelity; 4 = meets optimal fidelity

Other Accomplishments

- Rady was selected to participate in the Harvard Center for the Developing Child, Health's Early Roots and Origins (HERO) study, focused on validating the screening process for measuring toxic stress on young children.
- Rady was selected by ZERO TO THREE to participate in a pilot study of their Return on Investment (ROI) calculator for its sites to capture the cost-savings benefits of HealthySteps.⁴⁷



The Opportunity of HealthySteps



The launch of the HealthySteps pilot in Riverside County has brought an interdisciplinary, pediatric, primary care approach to the county that promotes nurturing parenting and healthy development for babies and toddlers through one of their most trusted sources of support – their pediatric providers. The inclusion of HealthySteps Specialists as part of their practices' primary care teams, as well as the whole-family approach in the HealthySteps pilot sites, is setting a new standard of pediatric care that is yielding positive outcomes for young children and their families. As First 5 Riverside County and its partners look ahead, there are a number of opportunities to explore:

- 1. Expansion in a Range of Pediatric Settings:** The success of the HealthySteps pilot in Riverside County across multiple primary care settings including a Federally Qualified Health Center (FQHC), a non-profit children's hospital and a public general hospital with services provided in both neighborhood clinics and community health centers, highlights the opportunity of bringing this standard of care to children and families receiving their primary care in diverse settings.
- 2. Short- and Long-Term Cost-Savings to Medicaid:** HealthySteps has a strong commitment to serve children with Medicaid health coverage and explicitly target areas of health inequity. Due to the program's ability to impact both child and caregiver health trajectories, HealthySteps drives significant Medicaid cost savings, even when evaluated against a short time horizon.⁴⁸ In looking at the short-term cost savings over a period of 12 months, Medicaid agencies save an estimated **\$2.63 for every \$1 invested** in HealthySteps.⁴⁹ **This is an average Medicaid Return on Investment (ROI) of 163%.⁵⁰**

In addition to short-term health care savings, there are long-term cost savings that may be attributed to reductions in the need for developmental and special education services, prevention of chronic diseases, reduced involvement in juvenile justice, and higher educational attainment.⁵¹ HealthySteps sites in Riverside County are currently working with ZERO TO THREE to determine the actual and potential cost savings and return on investment of HealthySteps. HealthySteps provides an opportunity to actualize short and long-term savings through partnerships across the county.

- 3. Building an Integrated System of Preventative Care:** First 5 Riverside County has prioritized early intervention investments that build a foundation for a system of care that emphasizes (i) prevention, (ii) support for clinical and community linkages, and (iii) promotion of population-based approaches to addressing children's comprehensive needs.⁵² Riverside's investments in HealthySteps, Help Me Grow, and Home Visiting programs act as key drivers in actualizing a comprehensive care model of "systemized prevention."⁵³ First 5 envisions an early identification and intervention system that leverages its existing program investments to provide families with multiple entry points to care:
 - **Universal Services:** providing universal access to early identification and intervention services. Services include HealthySteps Tier 1 services, Light-Touch Home Visiting* programs, and Help Me Grow
 - **Preventative Care:** providing services to families with moderate needs. Services include HealthySteps Tier 2 services, Moderate-Touch Home Visiting* programs, and Help Me Grow
 - **Safety Net:** providing comprehensive services to children and families exhibiting the highest needs for care. Services include HealthySteps Tier 3 services, Intensive Home Visiting programs, and Help Me Grow⁵⁴

*Light and Moderate-Touch Home Visiting does not exist in Riverside County.

SYSTEMATIZING PREVENTION



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This comprehensive model of care prioritizes prevention, levels of service based on the complexity of needs and concerns that a family might face, and creates a network of support that meets families where they are in the community, in their homes, or in their pediatrician’s office. Together, First 5’s program investments aid young children and their families with their immediate early child development needs and beyond, to address the social determinants of health, contributing the healthy development of the “whole child”.⁵⁵

First 5 Riverside County’s Early Intervention System Investments

HealthySteps: A national initiative that focuses on the importance of the first three years of life. HealthySteps emphasizes a close relationship between healthcare professionals and families in addressing the physical, emotional and cognitive growth and development of children from birth to age three.

Help Me Grow Inland Empire: A system model that works to promote cross-sector collaboration to build efficient and effective early childhood systems that mitigate the impact of adversity and support protective factors among families, so that all children can grow, develop, and thrive to their full potential.

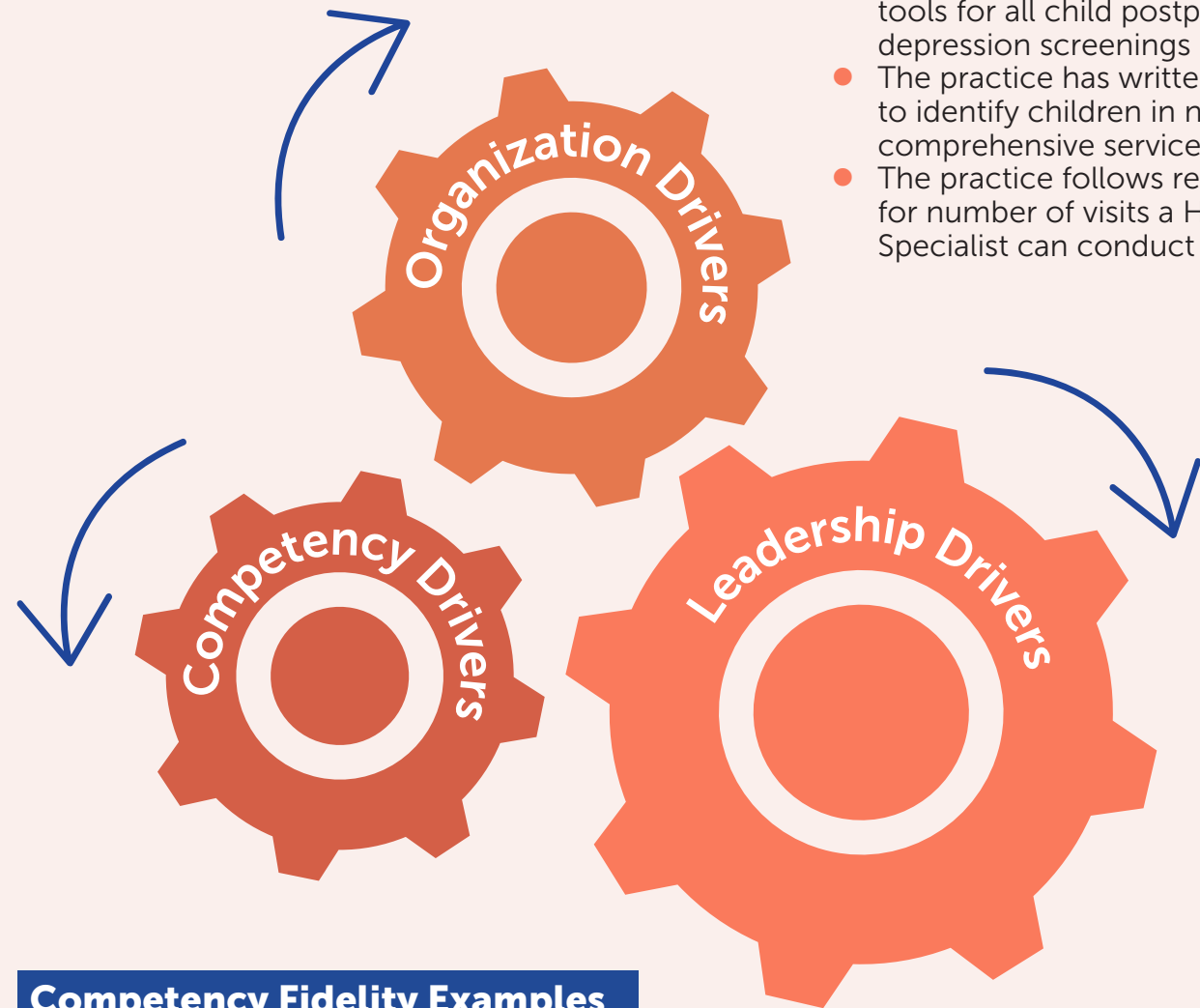
Home Visiting: In partnership with community organizations and other initiatives across the county, home visitation brings comprehensive support for children’s development within the context of the family and home environment and assists families with identifying and navigating community- and public- services and supports. Home visiting also provides evidence-based validated developmental, risk and other screenings to families where they are as well as provides care coordination in order to better assist families in receiving early identification and intervention services.

Looking Forward

HealthySteps’ ability to increase families’ access to health services through systems navigation and expertise related to early child development makes the program a valuable component of First 5 Riverside County’s investment landscape in early intervention. The HealthySteps Pilot in Riverside County is demonstrating the power and potential for changing the way that young children’s development is supported in a range of pediatric settings and in the context of the communities in which families live, that capitalize on the natural level of engagement between families and primary care providers. Through HealthySteps and First 5’s other investments in early intervention, Riverside County families are equipped with a variety of pathways to achieve positive developmental outcomes for their young children. First 5 Riverside County is committed to continuing to work with its community partners to build equitable systems of support for children and families throughout the county.

First 5 Riverside County and its HealthySteps partners invite other health, education, social service agencies and providers, and elected leaders to learn more about HealthySteps and how Riverside County can lead the state and the country in setting the highest standard of care for our youngest children and their families.

Administrative Fidelity ⁵⁶



Organization Fidelity Examples

- The practice uses validated screening tools for all child postpartum depression screenings
- The practice has written guidelines to identify children in need of more comprehensive services
- The practice follows recommendations for number of visits a HealthySteps Specialist can conduct in a single day

Competency Fidelity Examples

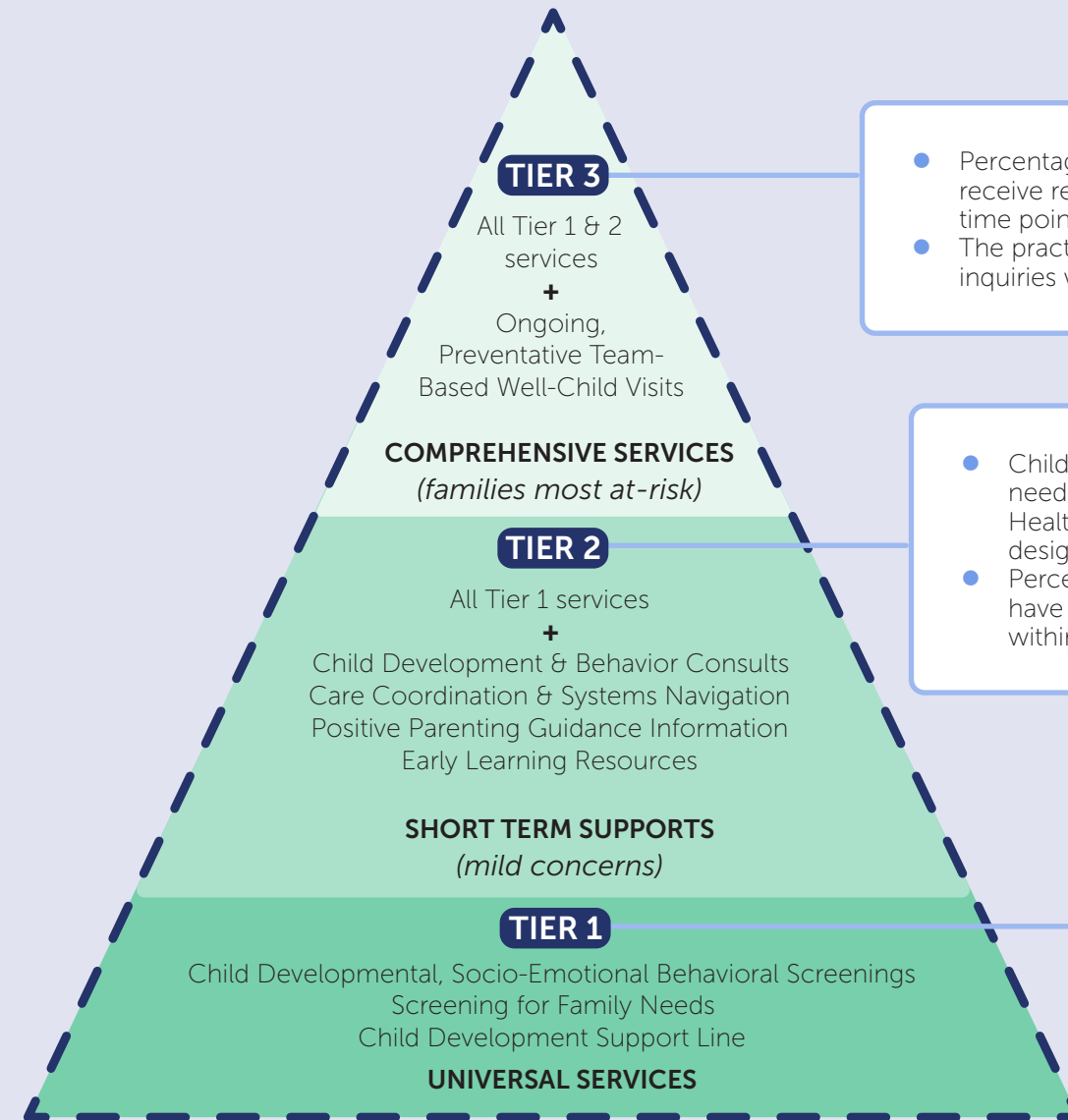
- Key staff participate in an initial multi-part training and multiple technical assistance calls with the National Office
- HealthySteps Specialists hold at least a Bachelor's degree, with a Master's degree strongly preferred
- HealthySteps Specialists receive reflective supervision at least 1x/month in addition to logistical supervision

Leadership Fidelity Examples

- The practice has an identified Physician Champion
- The practice completes an implementation plan during onboarding

Service Fidelity ⁵⁷

HealthySteps Levels & Core Components



Fidelity Examples

- Percentages of children/families that receive required screenings at designated time points
- The practice responds to support line inquiries within a designated timeframe

- Children with an identified need receive a consult with the HealthySteps Specialist within a designated timeframe
- Percentage of children/families that have a referral outcome documented within a designated timeframe

- Percentage of children who receive a specific number of ongoing, preventative time-based well-child visits within a designated timeframe.

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5. **Information Only** - Riverside County Child Care Facilities Landscape Scan
Report - **Receive and File**

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AGENDA ITEM: E.5
DATE OF MEETING: May 11, 2022
ACTION:
INFORMATION:

**RECEIVE AND FILE
RIVERSIDE COUNTY CHILD CARE FACILITIES LANDSCAPE SCAN REPORT**

SUMMARY OF REQUEST

Receive and file the Riverside County Child Care Facilities Landscape Scan (RCCCFS)

REPORT SUMMARY

This report expands on existing data, reviewing the county’s need for new or expanded child care facilities – as well as the costs associated with meeting those needs-to ensure that all children and families in Riverside County are supported in high-quality child care and early learning environments (RCCCFS, Low Income Investment Fund, p.4).

This report finds that Riverside County needs to invest at least \$3.1 billion in constructing, expanding, and modernizing more than 2,220 child care facilities. Without such investments, the significant proportion of families without access to child care will continue to struggle to find affordable, quality ECE opportunities. Findings suggest that significant technical assistance and capacity building efforts are required to support child care businesses in complex, long-term development projects. In addition to appropriating and stewarding new funds for child care facilities, Riverside County must also consider wraparound supports for providers and local officials.

LOW INCOME INVESTMENT FUND (LIIF)

LIIF is a non-profit community development financial institution (CDFI) that has invested over \$2 billion in capital to high-impact community development projections nationally, including \$200 million in investments to support ECE nationwide. LIIF has served the ECE sector for nearly 30 years.

ATTACHMENTS

1. LIIF Riverside County Child Care Facilities Scan Report - April 2022

Riverside County Child Care Facilities Landscape Scan

April 2022



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Support and Primary Authors

This study was developed by the Low Income Investment Fund (LIIF) with the support of a grant from the First 5 Riverside County Children and Families Commission. Primary authors of the report include: Joe Fretwell (LIIF), Angie Garling (LIIF), Eileen Monahan (Eileen Monahan Consulting), and Jeff Vincent (University of California Berkeley Center for Cities and Schools).

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Introduction

According to the Bipartisan Policy Center’s (BPC) Child Care Gap report, Riverside County experiences an annual negative economic impact of \$2 billion in lost revenue for families, businesses, and government due to limited supply of licensed early care and education (ECE). As of 2021, the county had more than 61,000 low- and moderate-income young children who qualified for subsidized child care but were unserved because of limited options for parents. Especially as providers and families continue to struggle with the fallout of the Covid-19 pandemic and as the county grapples with a local redistricting process, review and analysis of data on child care needs and costs is critical. The State of California’s pending universal Pre-Kindergarten initiative further elevates the importance of this study. Although a major win for the ECE field, universal pre-K also creates new operational challenges for providers and could lead to unintended disinvestment in child care slots available for infants and toddlers without sufficient planning and coordinated resource allocation.

This report expands on existing data, reviewing the county’s need for new or expanded child care facilities – as well as the costs associated with meeting those needs – to ensure that all children and families in Riverside County are supported in high-quality child care and early learning environments. Primary project goals include:

1. Building capacity with operators to build the ECE pipeline and increase supply;
2. Increasing awareness of the facilities supply gap in key communities; and
3. Preparing the County for potential new local, state, and federal resources.

To address goals of the project, the Low Income Investment Fund (LIIF) and partners conducted interviews with ECE providers and key stakeholders, collected and analyzed data on facility supply and need, developed and conducted a cost analysis of addressing unmet child care needs, and researched best practices for informing future County investments.

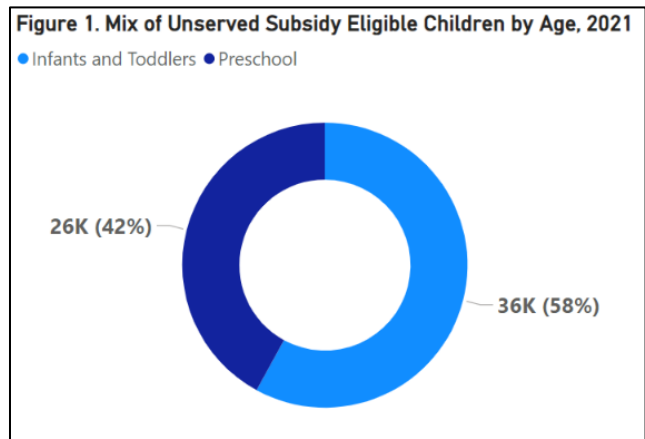
This report finds that Riverside County needs to invest at least \$3.1 billion in constructing, expanding, and modernizing more than 2,220 child care facilities. Without such investments, the significant proportion of families without access to child care will continue to struggle to find affordable, quality ECE opportunities. Money alone will not solve challenges, though, and findings suggest that significant technical assistance and capacity building efforts are required to support child care businesses in complex, long-term development projects. In addition to appropriating and stewarding new funds for child care facilities, Riverside County must also consider wraparound supports for providers and local officials. This report recommends First 5 Riverside County hire a full-time staff person to offer these supports, track development pipelines and needs, and open new doors for child care businesses throughout the county.

Who needs child care and what types of programming meets their needs?

Riverside County faces a severe shortage of early care and education slots. A pre-pandemic child care gap analysis conducted by the Bipartisan Policy Center (BPC) found that 106,920 children from birth through age 5 countywide had some need for licensed child care, but Riverside County only had 45,720 licensed slots.ⁱ In other words, nearly two-thirds of all families with young children in the county have a need for child care, confirmed by 2019 Census estimates showing about 60% of children under 5 live in households where all parents are in the workforce, and roughly one in three young children live in working, single-parent households.ⁱⁱ Of the 114,046 children ages 0-4 in the county with all parents in the workforce, 72% (82,583) come from families who qualify for State subsidies.ⁱⁱⁱ Contractors of state subsidized care for eligible low income families operate in 18 of the 53 cities and towns, and all school districts except two offer between one and four state Preschool or Head Start programs.^{iv}

Annually, the negative economic impact of the child care gap in Riverside County is estimated at \$1.4B-\$2.1B. These estimates include impacts to households (loss of income), businesses (productivity and earnings losses), and reduction in tax revenue. Despite having the sixth largest county supply of child care in the state of California, Riverside ranks fourth highest in need for additional slots and third highest in size of the child care need and supply gap.

Review of 2021 county child care licensing data and a recent needs assessment conducted by the Riverside County Child Care Development and Planning Council (LPC) suggests need has grown and capacity in ECE facilities has decreased since 2019. LPC data suggest that 61,537 young children in the county currently qualify for a child care subsidy but are not served in a licensed slot. Figure 1 shows the mix of current unmet need by age band. Data in Appendix A display the total number of children and the number of children



by age band in each city or census designated area in the county who are eligible for subsidized child care but are not currently served. While the greatest unmet needs numerically are in the more densely populated counties, rural areas also face a severe shortage of slots and facilities relative to child populations.

High levels of unmet need are driven by various factors, including the physical supply of ECE facilities. Current capacity of licensed child care facilities countywide was for 41,526 slots as of late 2021. State reporting suggests the county has about 1,900 total licensed child care facilities, but just 1,251 of these are centers or large family child care homes serving children ages 0-5, the two settings where most children are enrolled.^v Figure 2 presents data on facilities listed in the county’s licensing database, showing

that more than 25% that were active in previous years have closed. Figure 3 provides further nuance and helps explain why families with infants and toddlers have more difficulty finding licensed care. As of late 2021, just 7% of all licensed facilities in the county had specific licenses to serve infants and toddlers.

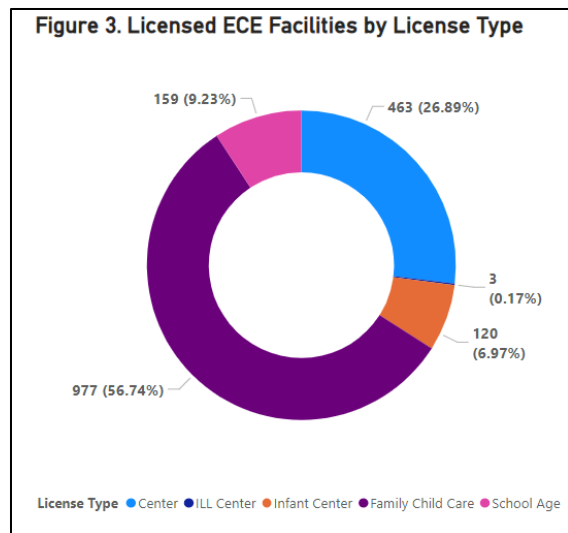
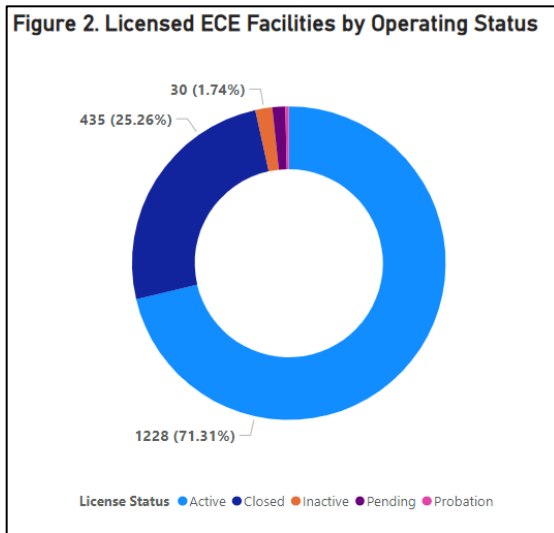
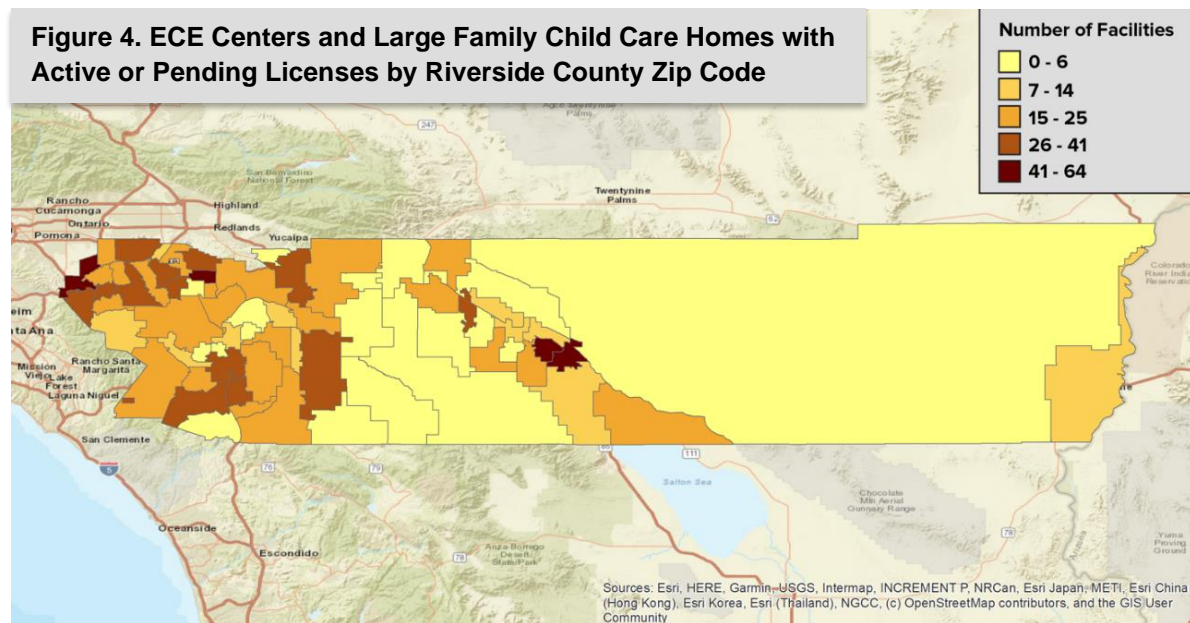
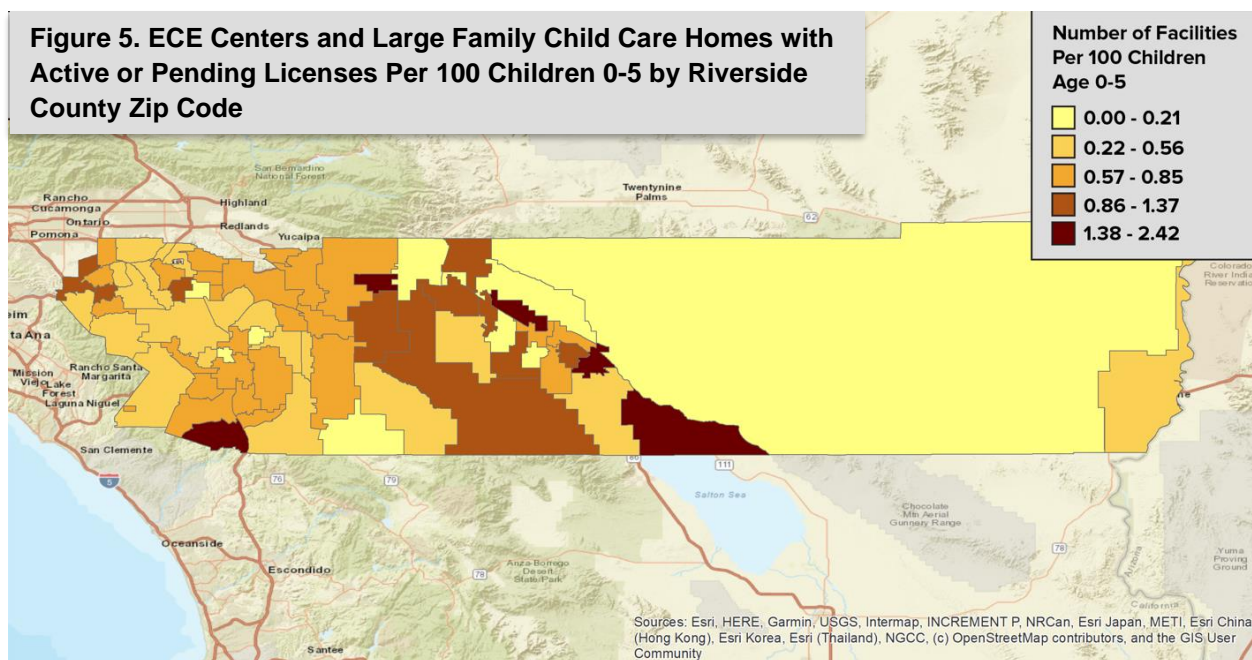


Figure 4 maps geographic spread of ECE centers and large family child care homes with active or pending licenses by zip code throughout the county (see Appendix B for detailed versions of Figure 4 and zip code labels).¹ Total concentration of licensed ECE facilities generally mirrors population centers, as more urban jurisdictions in the western part of the county – and to a lesser extent the Coachella Valley in the central region – have larger shares of total facilities. Riverside and Corona, the two largest cities in the county, have the most total child care facilities countywide. Appendix A attributes each of the 1,251 centers and large FCCs mapped in Figure 4 to the city or census designated place they are located in.



¹ Methodological note: Data on small family child care homes were not included in this report because licensing data suppresses geographic information on facilities that enroll less than 8 children for privacy reasons.

Figure 5 standardizes total ECE facilities by child populations (see Appendix C for detailed versions of Figure 5 and zip code labels).² Darker colored zip codes have somewhat more proportional supply of licensed facilities to meet demand in surrounding areas, but every community faces a severe shortage. Even in the zip codes with the most licensed centers and large FCCs per capita, there are less than 2.5 facilities per 100 children. This clearly does not meet base demand and is a key driver of large numbers of children with unmet child care needs.



Further, although more rural jurisdictions tend to have smaller populations of young children and require fewer ECE facilities to meet need, data do not always tell the full story. The logistics of transporting children to and from child care, especially in southern and eastern regions of the county, is a clear barrier with so few options to choose from. Research also suggests that most rural parents are required to work onsite or in their offices full-time.^{vi} Riverside County and the Coachella Valley, in particular, have large swaths of low- and moderate-income individuals working in service industry jobs (e.g., hotels, restaurants, tourism, etc.), and schedules and working hours can be unpredictable. This may help explain why more ECE facilities exist per capita in places like the Coachella Valley, as workers at nearby resorts need child care proximate to their places of employment, even if they commute long distances to and from work. It also signifies the importance of planning and supporting ECE providers beyond baseline data. Addressing local facilities needs should also account for transportation issues and commute times, rurality and geographic barriers, and employment characteristics in each region of the county.

² Figures 4 and 5 were created by Ian Gabriel, Senior Data and Policy Analyst at LIFT to Rise, to support this report.

Development trends and supply of community infrastructure

Although the Covid-19 pandemic has made challenges to the ECE and broader community development systems in Riverside County more acute, current supply shortages far predate recent disruptions. Since 2000, Riverside County’s total population has grown by more than 65%, from around 1.5 million people in 2000 to just under 2.5 million in 2021. State population forecasting anticipates steady growth over the next twenty years and that the county will approach 3 million residents by 2040.^{vii}

This section considers broad trends in development of important community infrastructure in the context of Riverside County’s substantial population growth since the turn of the century. Current ECE, housing, and other affordability challenges are driven by two decades of stagnant development, a trend that today bears most burden on low-income households and families with young children. New parents tend to be one of the least economically stable demographic groups. They are often early in their careers in lower paying jobs, and their ability to earn income is directly tied to child care options and housing expenses. High costs of both can force parents to sacrifice quality in care or living arrangements, which can adversely affect child development and wellbeing.

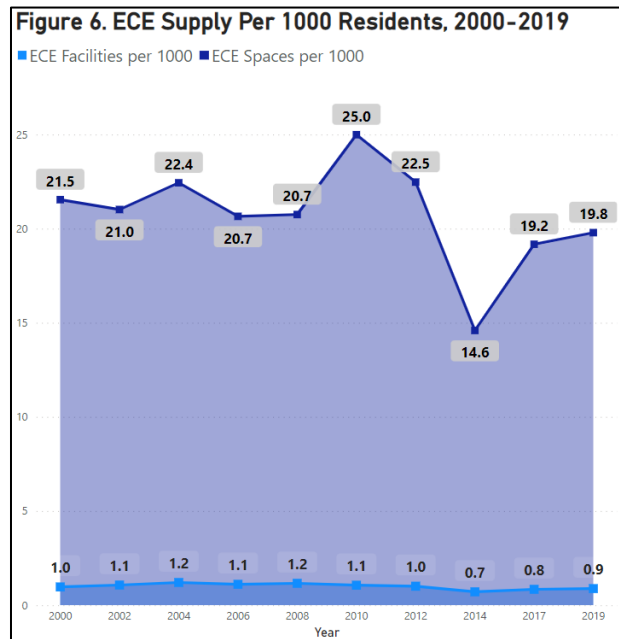
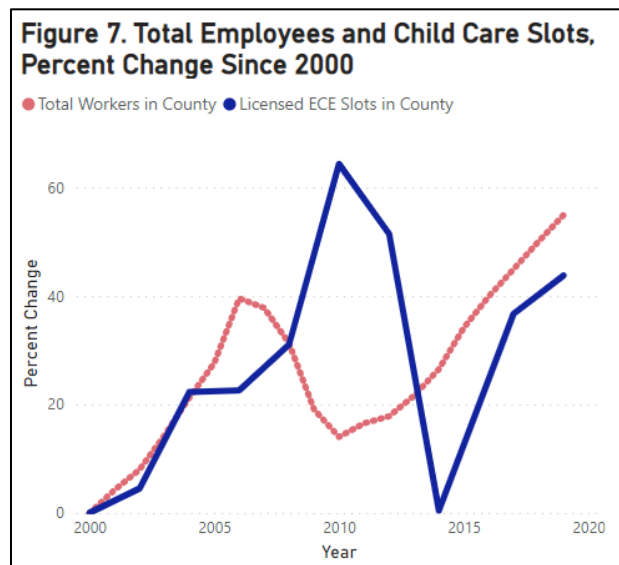


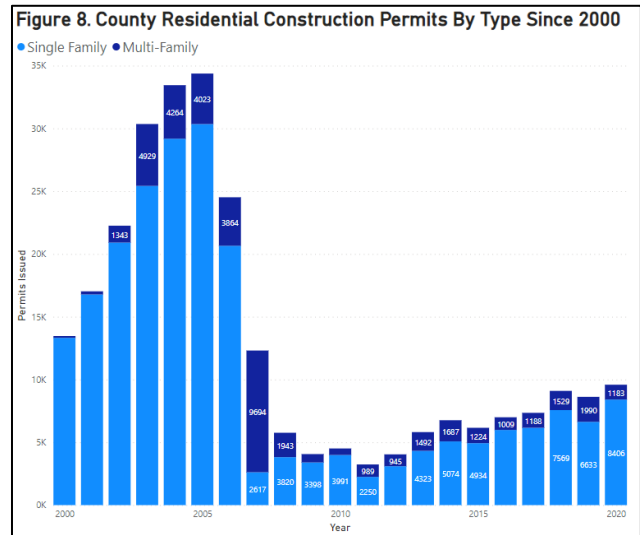
Figure 6 shows the number of available child care slots and facilities per 1000 residents in Riverside County from 2000 - 2019. Before the pandemic, the county as a whole had just 20 licensed child care slots and less than 1 licensed facility per 1000 residents. Significant decline in supply in the aftermath of the Great Recession mirrored statewide trends, as California lost substantial child care supply, including 30 percent of its licensed family child care homes, or 91,000 spaces. The reduction in family child care particularly affected rural areas, where there are often not enough children in one location to establish a child care center. The loss of FCC also reduced the supply of infant and toddler care in all parts of the county and state.^{viii}

Figure 7 expands on this trend, indexing annual percentage change of workers in the county and licensed child care slots to baseline levels in 2000. The county experienced steep declines in child care

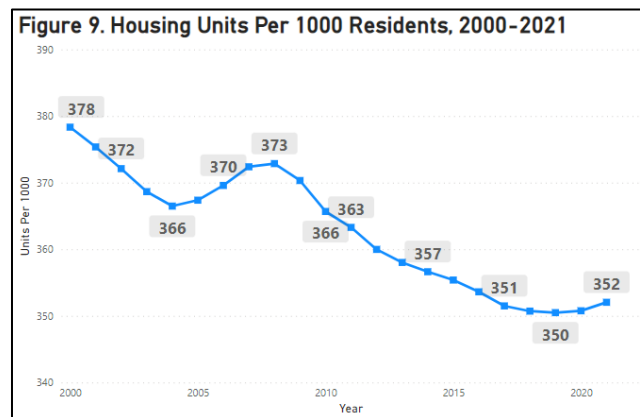


capacity from 2010 to 2014 as providers struggled to recover from the economic recession. Total spaces available in Riverside County were nearly the same in 2000 as they were in 2014, despite significant population growth. This growth further strained the market as 800,000 more county residents in 2014 had to compete for the same number of child care slots that existed in 2000. Despite some recovery, ECE capacity in Riverside County in 2019 had yet to fully stabilize from this period of disruption. Meanwhile, job growth had far exceeded recession-infused declines.

Periods of declining or stagnant growth in the child care sector mirror those in housing over the last two decades. Figure 8 suggests that county residential construction permits tapered off dramatically during the 2008 recession, and new development is only now beginning to tick upward. The long period of reduced housing construction explains the trend in Figure 9: Riverside County has far fewer units of housing per capita today than it did twenty years ago. The California Housing Partnership reports that the county has a shortfall of 51,451 affordable homes for low-income renters, and the average county resident must earn more than \$28 per hour to afford average asking rent.^{ix}



When overall housing supply is constrained – whether construction is market-rate or intended just for low-income households – prices rise across the board. However, recent uptick in housing construction may supply reason for optimism for development of all types countywide. State and federal funding supporting affordable housing construction doubled from 2019 to 2020, and regional groups within the county like LIFT to Rise have substantial housing projects to be developed in their financing pipeline.^{x,xi} LIFT to Rise, alone, has plans to help develop more than 5,000 housing units over the next two years in the Coachella Valley, 40% of which will be co-located or directly connected with an ECE facility.



Such trends and momentum in housing construction could have spillover effects for ECE facilities projects, especially for those that may be co-located, or developed on-site or within housing projects. This form of supply-building offers the child care sector the ability to learn best practices from developers and potentially tap new forms of financing to support construction or expansion projects.

What is needed by operators and developers to increase capacity to meet child care needs?

California’s 2020 Master Plan for Early Learning and Care (MPELC) suggests that many providers across the state – including centers and family child care – are interested in expanding or opening new facilities if funds are available, and especially to serve more infants and toddlers.^{xii,xiii} Interviews with providers and stakeholders revealed challenges well beyond funding, including finding a site, project management capacity, licensing requirements and other regulatory approvals, as well as a lack of access to qualified architects and contractors.

Individuals interviewed to inform this report largely agreed that there is interest among operators in improving or expanding facilities, but key challenges impede progress:

Lower quality programs struggle. Many operators are not at the quality level they or the county desire and are unsure of who to reach out to for help. The age and condition of buildings, as well as health hazards like the presence of asbestos, hamper the ability to provide quality services and to expand.

There is a lack of consistent, coordinated technical assistance for facilities development. There is some informal technical assistance (TA) currently provided through the Consortium for Early Learning Services, colleagues, First 5 Riverside County, and the Riverside County Office of Education, but it is not organized and robust, and not all providers know how to access the expertise.

There is insufficient financing and funding. Operators need access to capital through financing or grants. They also need assistance putting together the complex deals that will allow them to start up or expand a facility. Grant funding, by and large, does not exist for ECE facilities projects, and operators have struggled to access traditional forms of debt. Family child care providers also would like to purchase homes to operate from but struggle to qualify for mortgages.

GETTING PROJECTS ‘SHOVEL-READY’ – BEYOND ACQUIRING ESSENTIAL CAPITAL – REQUIRES ECE LEADERS TO FIND AN AFFORDABLE PRIVATE OR (EXCESS) PUBLIC SPACE, ENGAGE AN ARCHITECT, OBTAIN NECESSARY PERMITS FROM MUNICIPAL AGENCIES, AND SYNCHRONIZE NEW OPERATIONAL FUNDING FOR ADDITIONAL CHILD SLOTS. FEW PROVIDERS HAVE EXPERIENCE IN ASSEMBLING THESE PIECES OF THE PUZZLE. OVERALL, WE FIND THAT INTENSIVE CAPACITY-BUILDING WORK WILL BE REQUIRED TO DESIGN AND IMPLEMENT CONSTRUCTION PROJECTS LOCALLY. CAPACITY TO BUILD IS MOST LIMITED IN REGIONS WITH VERY SCARCE ECE SUPPLY.”

–BERKELEY EARLY CHILDHOOD THINK TANK & AIR

Operators and developers need help with the facilities development process. Most child care professionals are not trained on building design, construction and project management, land use regulations, and finance, so are challenged to understand and navigate these complex systems. Workforce issues were brought up in interviews, relating the current workforce shortages during the pandemic to the potential for the need for additional child care staff with new facilities. Operators who were interviewed shared that the staffing issues are improving, but as it was an issue pre-pandemic, the challenge remains. Government interest and expertise has been built up over the years and this is an opportune time for policy changes to support child care. Nearly all operators interviewed mentioned the need for more information and clarity about California’s new Universal Pre-Kindergarten and Transitional Kindergarten expansion efforts, and how they might impact the need for child care and facilities in the future.

Current systems in place to support ECE supply-building

Nongovernmental support for child care facilities

In states and localities that lack dedicated funding for child care facilities, providers often look to small business lenders, community development financial institutions (CDFIs), and philanthropic organizations for support with capital and facilities needs. Recent analysis by the Reinvestment Fund (RF) shows that child care businesses struggle to secure capital from these sources throughout southern California and especially in Riverside County.^{xiv}

Between 2016 and 2020, RF found that more than 22,000 small business administration (SBA) loans were provided across San Bernardino, Los Angeles, Riverside, San Diego, and Orange counties. Only 10 of the 139 loans went toward child care businesses that were located in Riverside County. Child care providers that did receive SBA loans in Riverside County tended to be larger facilities that could afford to take on loan products averaging more than \$615,000. Similarly, 51 of the 32,000 CDFI loans to all types of businesses and nonprofit organizations provided across the five-county region supported child care operators. Riverside County received just three of these loans, valued collectively at \$219,000. In the same time period, 1,006 non-child care businesses in the county received \$126 million in CDFI support.

Figure 10 compares philanthropic grantmaking activity for children and families across the five-county region. Collectively, \$8 million of \$46 million in grants made for children and families in Southern California supported child care facilities, business technical assistance, and program expansion. Riverside and San Bernardino counties

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

³ Figure 10 was provided by Reinvestment Fund from its *Capitalizing Child Care* report and database.

lag the rest of the region in active foundations making any grants to support child welfare issues, let alone child care facilities.

City and County support for child care facilities

Local governments are a pivotal part of the complex child care facilities development process. From granting and leveraging funding and property, to land use policies and community planning, to public influence, cities and counties have the ability to ensure that child care facilities are equitably planned for and developed.^{xv}

In Riverside County, support for child care facilities has been growing due to years of strong advocacy efforts. Some federal American Rescue Plan Act (ARPA) funds awarded through the county have been dedicated to child care facilities development in partnership with First 5 Riverside. The County has an experienced developer of child care and housing leading the Housing department. And at least two cities have developer fees dedicated to child care facilities development. Additionally, there is a pledge by developers to incorporate child care into housing developments, beginning with Coachella Valley, and expanding across the county.^{xvi} All of these initiatives will drive child care facilities development and will encounter city and County policies that either assist or delay progress.

“LOCAL JURISDICTION POLICIES AND PRACTICES CAN HAVE AS MUCH EFFECT, POSITIVE OR NEGATIVE, ON WHETHER PROGRAMS DEVELOP AS DO STATE REGULATION, MARKET FORCES, AND OTHER COMPLEX FACTORS.”

~ KRISTEN ANDERSON, [PLANNING FOR CHILD CARE](#)

Although a formal study was not conducted as part of this project, anecdotal data on child care land use policies across the cities and county from interviews reflect limited planning for child care and restrictive zoning policies. California cities such as Goleta and Santa Monica, have amended zoning codes to allow for the development of child care in most areas of the community that has resulted in an increase in the interest and ability of operators and developers to build facilities.^{xvii,xviii} The National League of Cities and the National Association of Counties have comprehensive guides for local governments on strategies and examples that can be a springboard for policy revisions to better support child care.^{xix} Especially as the County seeks to encourage more co-location of ECE facilities with housing development, reviewing zoning and land use restrictions that may prevent or make difficult child care from being developed in certain zones (such as residential or commercial) is critical. Housing developers often have an interest in providing child care for tenants on-site but are deterred by lengthy and expensive processes associated with applying for conditional use permits in areas where mixed-use development may not be allowed automatically.^{xx}

What is the cost of building out to meet the need?

Data from the Riverside County Local Child Care and Development Planning Council (LPC) show that 61,537 children ages 0-5 are eligible for subsidized child care but are not currently served in a licensed center or family child care home.^{4,xxi} This report relies on a cost modeling tool to estimate the number and cost of ECE facilities that need to be constructed or expanded countywide and by zip code to address current supply gaps (see Appendix D for more information on how to interpret and use the cost model).

The tool relies on assumptions on indoor and outdoor construction costs, facility square footage needed per child, and the number of children who will desire licensed care, as identified in Figure 11. For example, the tool assumes half of parents of the 35,665 infants and toddlers in Riverside County will seek licensed care. Of these children, two-thirds will be served in centers and one-third will be served in family child care (FCC) homes. For centers, Figure 11 displays relevant indoor square footage requirements and a range of outdoor square footage best practices, as well as costs associated with each per square foot. Estimated costs to create a new family child care home (8 total slots) or expand capacity in an existing one (14 total slots) are also presented. The tool enables each assumption to be adjusted and automatically updates estimates.

Age Group	Need	Plan For	Center (67%)				FCC (33%)	
			Indoor		Outdoor		Start Up	Expansion
			<i>sf / child</i>	<i>cost / sf</i>	<i>sf / child</i>	<i>cost / sf</i>	<i>cost</i>	<i>cost</i>
Infants & Toddlers	35,665	50%	100	\$400	225-449	\$200	\$20,000	\$15,000
Preschool	25,872	90%	100	\$400	225-449	\$200		

Given base assumptions, the cost model finds that in order to serve the 61,537 children currently not served and eligible for child care subsidy, Riverside County needs to add or expand 2,253 ECE facilities, which is estimated to require at least \$3.1 billion in total financing. Figure 12 identifies the breakdown of total facilities needed by age group and setting type (e.g., center or family child care home), and Figure 13 represents estimated costs associated with constructing and renovating these facilities.

Age Group	Actual Child Need	Estimated Facility Need		
		Center	FCC	Total
Infants & Toddlers	35,665	180	798	978
Preschool	25,872	234	1,041	1,276
Total	61,537	414	1839	2,253

⁴ Data on unmet child care needs by zip code are current for Riverside County as of May 2021. County Child Care and Development Planning Councils in California collect regular needs assessments and zip code priority reports to evaluate child populations and child care accessibility by zip code. Annual LPC reports rely on information from five-year estimates of the U.S. Census Bureau’s American Community Survey (ACS) and state of California reporting on child care subsidy eligibility across various programs (e.g., Title 5 State Preschool, Head Start, CalWORKs, etc.).

Figure 13. Estimated ECE Facility Costs for Riverside County							
Age Group	Actual Child Need	Indoor Costs		Outdoor Costs		Total	
		Center	FCC	Base Quality	High Quality	Low	High
Infants & Toddlers	35,665	\$477 M	\$14.7 M	\$802 M	\$1.6 B	\$1.3 B	\$2.1 B
Preschool	25,872	\$624 M	\$19.2 M	\$1.2 B	\$2.3 B	\$1.8 B	\$2.9 B
Total	61,537	\$1.14 B		\$1.96 B	\$3.92 B	\$3.1 B	\$5.0 B

Note: Base quality of outdoor space is estimated to be 225 square feet per child, and ensures sufficient space for well-designed, developmentally appropriate outdoor learning environments. The high quality threshold accounts for even more space (449 square feet per child) to allow for individualized and group activities, variation in equipment based on mixes of age groups, etc.

Of the 978 new or expanded facilities needed for infants and toddlers, the model projects that required investments could range from \$1.3 billion to \$2.1 billion. The low-end of this range assumes that facilities will include 225 square feet per child in outdoor space, and the high-end assumes 449 square feet per child outdoors.^{5,xxii} When preschool needs are included, the total estimated investment to meet child care demand in Riverside County swells to a range between \$3.1 billion and \$5.0 billion.

Appendices E-F include cost model outputs for each city in Riverside County. As discussed earlier in the report, current supply of ECE facilities is mostly proportional to population centers. Larger cities like Riverside tend to have similar shares of the county’s young children and ECE facilities. However, data in Appendix A show that this supply hardly meets actual need for child care. In large and small cities across the county, dozens – if not hundreds – of new or expanded facilities are needed.

Supply-side costs required to address unmet child care need appear overwhelming in the aggregate, but when analysis is conducted at the per space or per child level, the level of investment appears more manageable. Assuming indoor space needs of \$1.1 billion and outdoor at base quality of \$1.96 billion, the county needs to invest \$50,417 *per space* to build sufficient supply.⁶ Interpreting cost projections at the per child level paint an even more optimistic picture. Large construction projects are long-term investments intended to last well beyond the first cohort of children who will occupy spaces. If facilities built today last 50 years and individual children attend them for an average of 4 years, about 12 children could occupy each space created over the full life cycle of the project.⁷ Therefore, the actual long-term ECE facility investments needed in Riverside County *per child* are around \$4,200.⁸

Financial resources to direct toward ECE facilities

A lack of funding for child care facilities was reported in interviews as historically the greatest barrier to development. However, the Covid-19 pandemic raised significant public awareness about the importance of a robust and financially supported ECE sector, and significant new opportunities and resources exist to

⁵ The range of square feet needed per child includes outdoor play space, outdoor green space, and parking.

⁶ Cost per space (\$50,417) = Total cost estimate (\$3.1 billion) / total unmet need (61,537)

⁷ Total children served (12) = Total life-span of project (50 years) / Average attendance per child (4 years)

⁸ Cost per child (\$4,200) = Cost per space (\$50,417) / Total children served (12)

help Riverside County steward substantial resources toward child care supply-building efforts – both for center-based and family child care programs.

At the local level, American Rescue Plan Act (ARPA) funds, developer fees and First 5 funding can be used for child care facilities, and Riverside County is currently using about \$5 million in ARPA resources for this purpose. Community Development Block Grant funds can also be an effective funding source, although research and interviews conducted to inform this report did not reveal any examples of it being applied in Riverside County for child care facilities. At the state level, the Department of Social Services has released Phase 1 of the \$250 million Child Care Infrastructure grant program with funding for much-needed renovation and repair of family child care and center-based facilities. The Phase 2 application is due to be released in the spring of 2022 and will fund major facilities construction. Although currently stalled in Congress, President Biden’s Build Back Better (BBB) plan would fully fund universal pre-K for three- and four-year-olds and create a child care entitlement program capping monthly costs for parents at 7% of household income. BBB does not include standalone funding for facilities but would allow states and localities to divert large portions of flexible funds to support infrastructure.^{xxiii}

Including child care in housing and other developments, as is being planned and implemented in Riverside County, leverages not only the time and effort of the development process, but also leverages funding and financing from sources that are not available to stand-alone projects, such as the Low Income Housing Tax Credits (LIHTC). Other nontraditional sources can be applied more broadly to both co-located and stand-alone facilities, including New Market Tax Credits (NMTC) and Transit Oriented Development Funds (TOD). Riverside has the benefit of having a few child care advocates who are experienced in child care facilities development and using all of these types of funding. These experts can develop strategies, connect projects to the resources and help operators navigate through the processes. Housing developers can incorporate family child care and/or centers, based on the project size and the need in the area.

Employers can also be incentivized or required to include child care facilities as part of new or redeveloped sites, and/or contribute to a fund to offset the community’s child care costs. As of 2020, there were 28 businesses in Riverside County with between 2000 and 23,000 employees. These larger businesses impact communities in ways that support families (jobs), as well as in ways that stress communities (traffic). Adding child care onsite, or contracting with operators near a site, can relieve some of the identified child care facility need, mitigate traffic congestion, support families, and add to the business bottom line. For long-range commuters, onsite child care would provide the comfort and safety of children being near parents in case of emergency. Such strategies would help the county chip away at the multi-billion dollar investment needed to address facility needs.

California’s Transitional Kindergarten and Universal Pre-Kindergarten initiatives will provide funding for not only the operation of early learning programs for 4-year-olds, but also spaces through renovated and new facilities. The full impact of these initiatives on child care supply in Riverside County will not be known for a few years but incorporating these initiatives into the plan for facilities development countywide will ensure the facilities funds are fully used to meet families’ needs and will lead to a comprehensive system of care for young children.

Recommendations

Riverside County has substantial unmet child care needs, due in large part to lack of resources in the sector and limited supply of high-quality, licensed facilities. In order to expand resources, sector capacity, and ultimately facility supply, the county should consider the following strategies:

- 1. Hire a coordinator to create and implement a plan to launch a business support network, create and monitor a pipeline of child care business seeking to expand or open, and provide critical technical assistance throughout development projects.** Ideally, this person should be housed at First 5 Riverside but be deeply integrated with the work of cities, counties, and intermediary organizations focused on planning and community development. This staff person will help lock in deals between partners, developers, and organizations holding funds, and help steward new state or private resources into the county for child care facilities. The coordinator should be well-versed in land use policies, financing strategies, and the broader community development field to help the county prepare for potential new funding in the future.
- 2. Create a geographic mapping tool to make the ECE facilities pipeline public access and integrated with similar housing pipeline tools.** This should be a core function of the county ECE facilities coordinator and would help First 5 grow as a match-maker between funders, city and county officials, housing developers, employers, and child care providers.
- 3. Increase capital dedicated to child care facilities.** This report finds that the county needs to usher in at least \$3.1 billion in new funding to meet child care facilities needs. The county could consider earmarking tax revenue for this purpose, allocating additional ARPA and state funds to providers, and other revenue generating strategies to chip away at need. Some financing needs can be addressed by streamlining private, philanthropic, and other public sector funds that exist but are not currently used effectively for child care. However, the county will also need to appropriate substantial dollars to fully address the scope of the need.
- 4. Focus explicitly on co-location of child care with other forms of community infrastructure.** This model represents best practice in healthy planning and development. By creating efficiencies and incentives for housing developers and employers interested in setting aside space for ECE providers, the county could support families and communities. Co-location is also a revenue-generating strategy for child care facilities projects, as programs like the Low Income Housing Tax Credit (LIHTC), Community Development Block Grant (CDBG), New Markets Tax Credits (NMTC), and Transit Oriented Development (TOD) funds can be used in innovative ways to support ECE facilities construction.
- 5. Revise city and county land use policies to encourage child care development.** The coordinator hired to support facilities planning and resourcing should also act as a technical assistance provider for localities seeking to make the development landscape more manageable for child

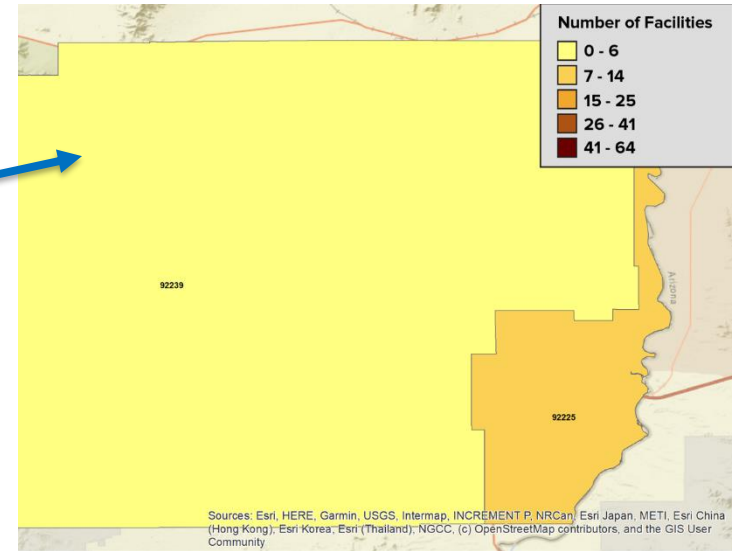
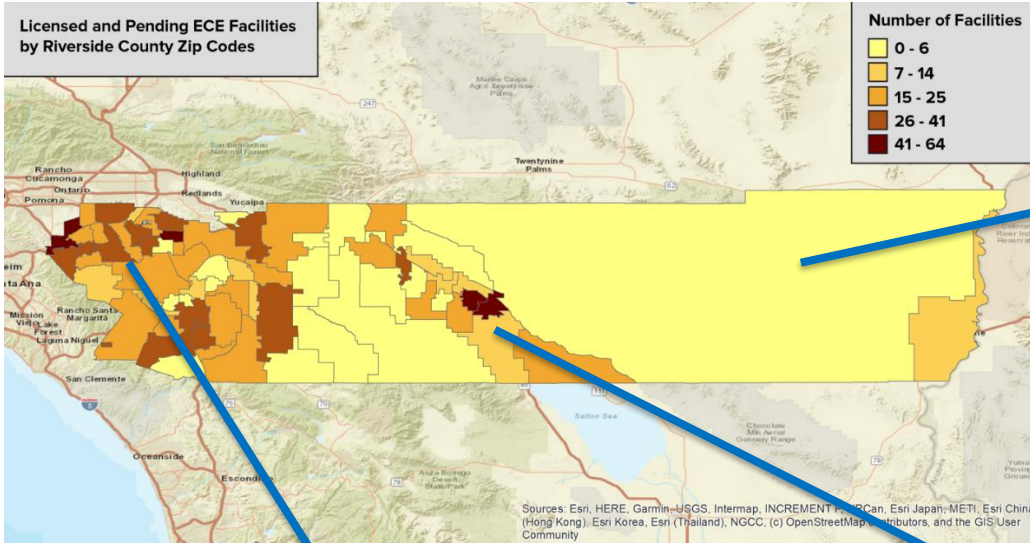
care providers engaging in facilities projects. This could occur through zoning reform, permitting easements, and so on.

- 6. Support operators in applying for state child care facilities grant funds, as well as federal funding if it becomes available.** The California Department of Social Services currently has \$250 million available for ECE facilities projects. The county would be well-served to seek out providers interested in applying and supporting them in developing applications and managing any awarded grant funds.
- 7. Coordinate efforts with Child Care Workforce Development to ensure that teachers and other staff are being brought into the field and trained sufficiently.** Eventual increased facilities supply will require complementary ECE workforce supports, and the county should ensure it is also partnering with local colleges and workforce boards to proactively train and establish a sufficient ECE workforce.

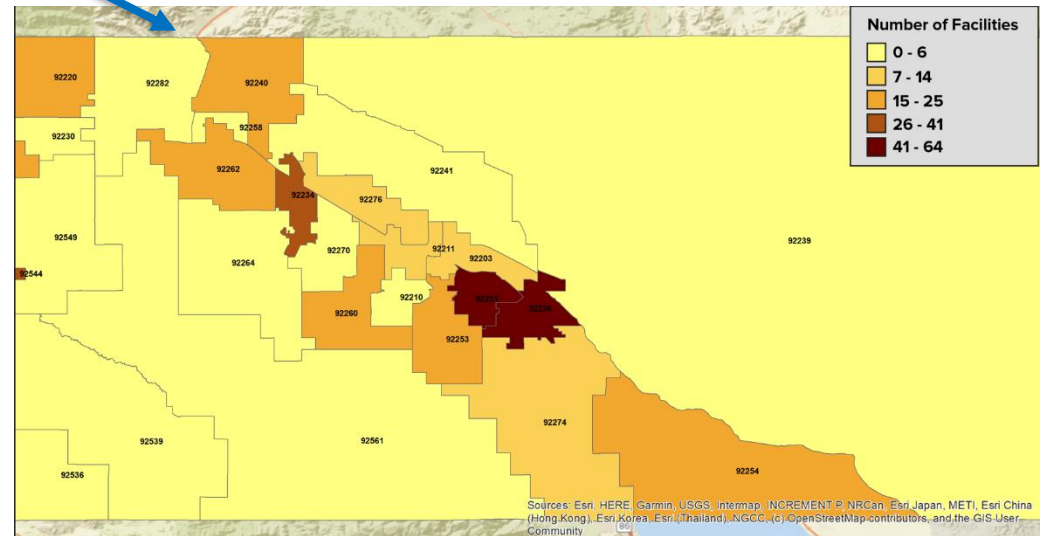
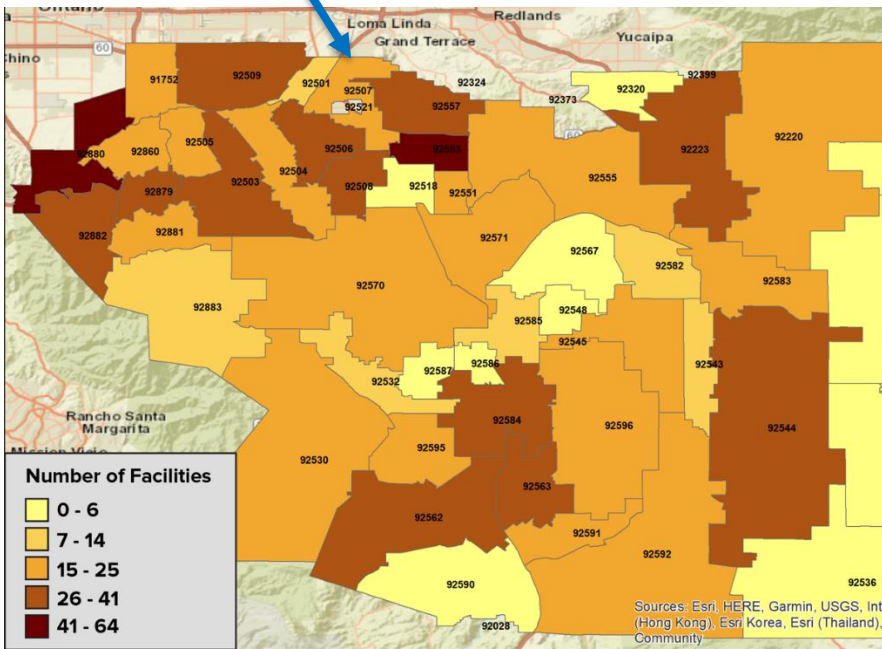
Appendix A. Total Unmet Child Care Needs and Facility Supply by City

Name	Total Children 0-5	ECE Facilities	Infant-Toddler Need	Preschool Need
Aguanga	225	0	45	48
Anza	282	1	61	45
Banning	2,960	18	504	400
Beaumont	4,086	27	706	667
Blythe	1,883	10	445	333
Cabazon	242	4	38	25
Calimesa	729	6	140	139
Canyon Lake	1,776	5	340	284
Cathedral City	2,842	32	485	422
Coachella	3,179	64	770	582
Corona	22,365	172	3,674	3,056
Desert Center	12	0	3	4
Desert Hot Springs	2,670	21	580	79
Hemet	10,804	56	2,473	1,388
Homeland	650	0	145	76
Idyllwild	219	3	39	46
Indian Wells	283	0	69	43
Indio	6,634	66	1,623	1,289
La Quinta	2,365	20	559	343
Lake Elsinore	7,364	31	1,390	782
March Air Base	95	0	18	19
Mecca	990	24	228	228
Menifee	4,496	32	860	644
Mira Loma	3,209	22	455	405
Moreno Valley	18,182	118	3,301	3,195
Mountain Center	96	1	18	26
Murrieta	10,371	76	1,985	1,264
North Palm Springs	55	0	13	0
Nuevo	938	3	185	84
Palm Desert	3,388	32	774	492
Palm Springs	2,538	20	448	498
Perris	10,837	42	2,259	1,068
Rancho Mirage	956	2	171	249
Riverside	37,388	198	6,482	4,449
Romoland	1,907	11	335	164
San Jacinto	4,292	28	800	518
Sun City	2,133	4	403	338
Temecula	9,184	50	1,277	1,147
Thermal	1,621	9	411	330
Thousand Palms	466	9	104	8
White Water	65	0	11	11
Wildomar	2,802	17	544	313
Winchester	2,155	17	494	371
Total	189,734	1,251	35,665	25,872

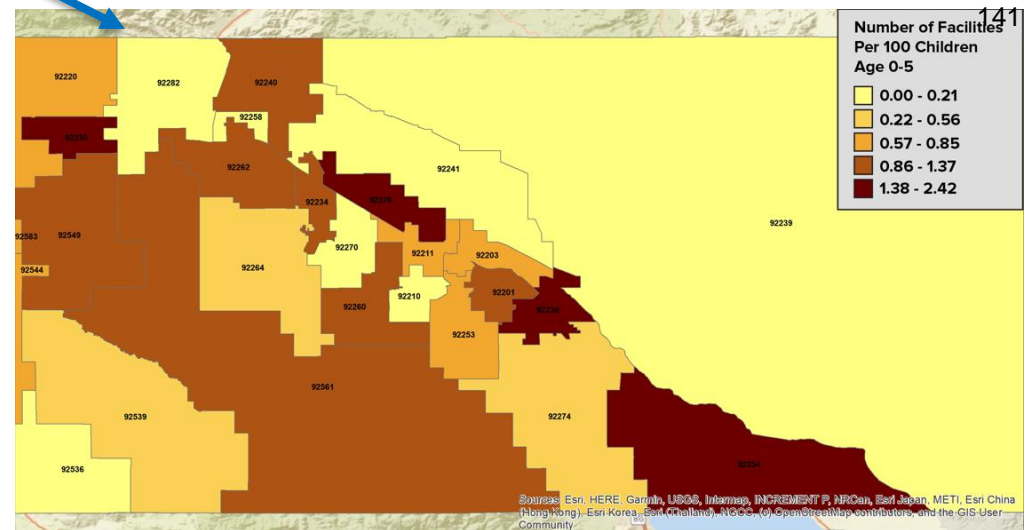
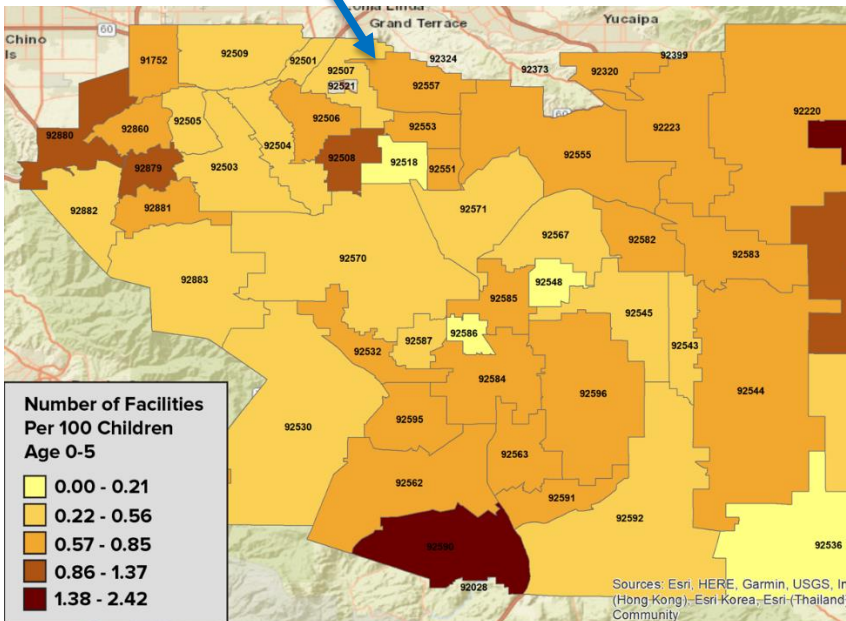
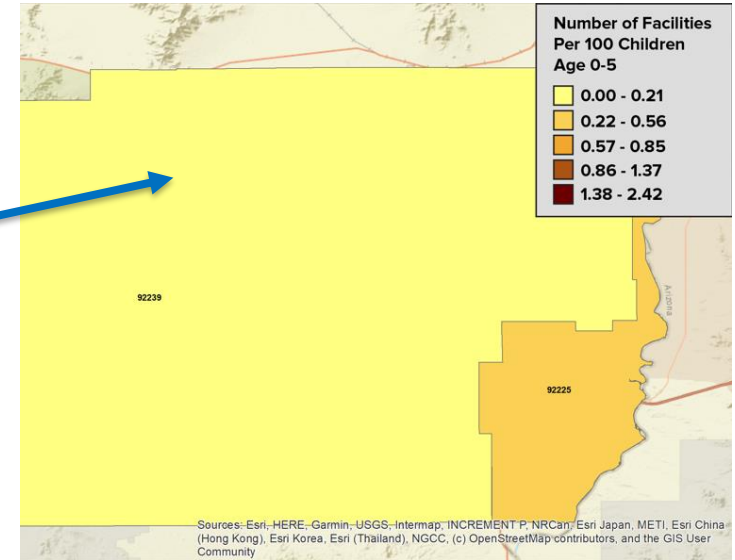
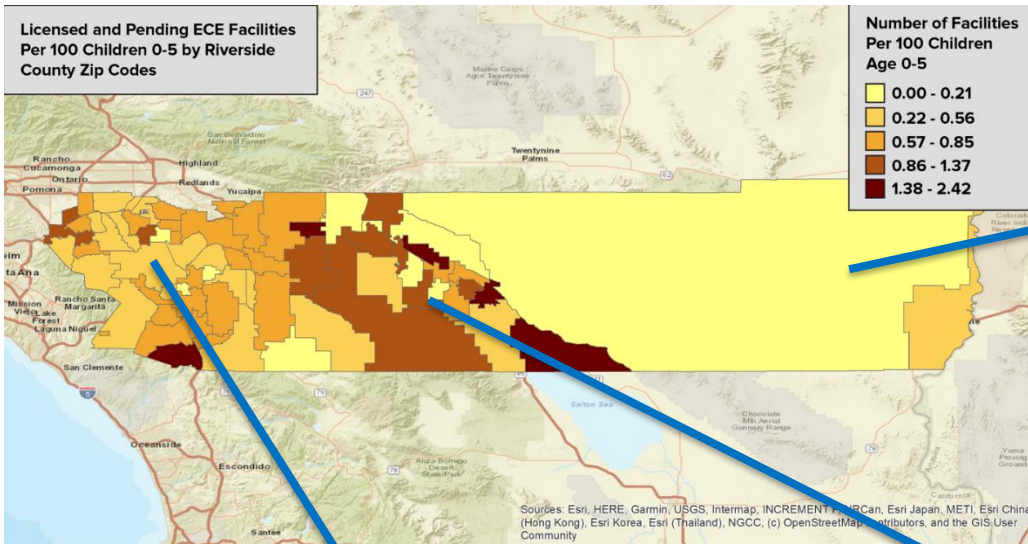
Appendix B. Maps of Total ECE Facility Supply by Zip Code



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Appendix C. Maps of ECE Facility Supply Per 100 Children by Zip Code



Appendix D. How to Use and Interpret the Cost Modeling Tool

This section includes instructions on how to access, use, and interpret the ECE facility cost estimates tool.

Excel-Based Estimation Tool

The Excel file “Riverside ECE Facility Estimates Feb 24 2022.xlsx” contains a detailed estimated of facility space needs and costs for meeting the unmet need of infants & toddlers and preschoolers in Riverside County (2021).

Unmet Needs Data and Assumptions Used

The Excel-based estimation tool is color coded across the tabs and is built from zip code level counts of unmet need (e.g., number of children), obtained from Riverside County Local Child Care and Development Planning Council (LPC).⁹

Unmet Need in Riverside County (2021). (Infants & Toddlers and Preschools eligible for subsidized care and NOT served)

First, the tool applies assumptions about what percent of unmet need will need to be “planned for.”

Percent/Number of Children to Plan For

Next, the tool applies assumptions about what percent of those children will choose to go to “Center-Based” or “Family Childcare” providers on the “READ ME | ASSUMPTIONS” tab.

Center-Based Provider

Family Childcare Provider

Next, the tool applies space per child and cost per square foot assumptions to the unmet need.

Each of these assumptions (in yellow) can be found on the “READ ME | ASSUMPTIONS” tab of the tool. To change assumptions, adjust the yellow numbers only, which will update the estimates on other tabs.

⁹ These data were collected in 2021 to inform an annual needs assessment conducted by the Riverside County Local Child Care and Development Planning Council (LPC). Riverside County’s LPC uses child population and unmet child care need data to annually evaluate and assign priority levels to each zip code in the county. The most recent zip code priority report is [here](#). Annual LPC reports rely on information from five-year estimates of the US Census Bureau’s American Community Survey (ACS) and state of California reporting on child care subsidy eligibility across various programs (e.g., Title 5 State Preschool, Head Start, CalWORKs, etc.).

Appendix E. Total Estimated Facilities Needed by City, Riverside County

Name	Actual Child Need	Infant-Toddler FCC	Infant-Toddler Center	Preschool FCC	Preschool Center	Total Est. Facilities
Aguanga	93	1.00	0.23	1.93	0.43	3.59
Anza	106	1.30	0.31	1.81	0.41	3.82
Banning	904	11.30	2.53	16.09	3.62	33.54
Beaumont	1,373	15.80	3.55	26.83	6.03	52.21
Blythe	778	10.00	2.24	13.39	3.01	28.64
Cabazon	63	0.90	0.19	1.01	0.23	2.32
Calimesa	279	3.20	0.70	5.59	1.26	10.75
Canyon Lake	624	7.60	1.71	11.42	2.57	23.30
Cathedral City	907	10.80	2.44	16.97	3.82	34.03
Coachella	1,352	17.20	3.87	23.41	5.26	49.74
Corona	6,730	82.10	18.46	122.91	27.64	251.11
Desert Center	7	0.00	0.02	0.16	0.04	0.21
Desert Hot Springs	659	12.90	2.91	3.18	0.71	19.71
Hemet	3,861	55.40	12.43	55.82	12.55	136.20
Homeland	221	3.20	0.73	3.06	0.69	7.67
Idyllwild	85	0.90	0.20	1.85	0.42	3.36
Indian Wells	112	1.60	0.35	1.73	0.39	4.07
Indio	2,912	36.30	8.16	51.84	11.66	107.96
La Quinta	902	12.40	2.81	13.80	3.10	32.11
Lake Elsinore	2,172	31.10	6.98	31.45	7.07	76.61
March Air Base	37	0.40	0.09	0.76	0.17	1.43
Mecca	456	5.10	1.15	9.17	2.06	17.48
Menifee	1,504	19.20	4.32	25.90	5.82	55.25
Mira Loma	860	10.10	2.29	16.29	3.66	32.34
Moreno Valley	6,496	73.80	16.59	128.50	28.90	247.79
Mountain Center	44	0.40	0.09	1.05	0.24	1.77
Murrieta	3,249	44.30	9.97	50.84	11.43	116.54
North Palm Springs	13	0.30	0.07	0.00	0.00	0.37
Nuevo	269	4.20	0.93	3.38	0.76	9.27
Palm Desert	1,266	17.20	3.89	19.79	4.45	45.33
Palm Springs	946	10.10	2.25	20.03	4.50	36.88
Perris	3,327	50.50	11.35	42.95	9.66	114.47
Rancho Mirage	420	3.80	0.86	10.01	2.25	16.93
Riverside	10,931	144.90	32.57	178.93	40.24	396.65
Romoland	499	7.50	1.68	6.60	1.48	17.26
San Jacinto	1,318	17.80	4.02	20.83	4.69	47.34
Sun City	741	9.00	2.03	13.59	3.06	27.68
Temecula	2,424	28.60	6.42	46.13	10.37	91.52
Thermal	741	9.20	2.07	13.27	2.98	27.52
Thousand Palms	112	2.30	0.52	0.32	0.07	3.22
White Water	22	0.30	0.06	0.44	0.10	0.90
Wildomar	857	12.10	2.73	12.59	2.83	30.25
Winchester	865	11.00	2.48	14.92	3.36	31.76
Total	61,537	797.10	179.22	1,040.54	234.01	2,250.87

Appendix F. Total Estimated Cost of Facilities by City, Riverside County

Name	Actual Child Need	Infant-Toddler Indoor	Infant-Toddler Base Outdoor	Infant-Toddler Best Outdoor	Preschool Indoor	Preschool Base Outdoor	Preschool Best Outdoor	Total Est. Cost Low	Total Est. Cost High
Aguanga	93	\$621,563	\$1,012,500	\$2,020,500	\$1,193,400	\$2,160,000	\$4,310,400	\$4,987,463	\$8,145,863
Anza	106	\$842,563	\$1,372,500	\$2,738,900	\$1,118,812.5	\$2,025,000	\$4,041,000	\$5,358,875.5	\$8,741,275.5
Banning	904	\$6,961,500	\$11,340,000	\$22,629,600	\$9,945,000	\$18,000,000	\$35,920,000	\$46,246,500	\$75,456,100
Beaumont	1,373	\$9,751,625	\$15,885,000	\$31,699,400	\$16,583,287.5	\$30,015,000	\$59,896,600	\$72,234,912.5	\$117,930,912.5
Blythe	778	\$6,146,563	\$10,012,500	\$19,980,500	\$8,279,212.5	\$14,985,000	\$29,903,400	\$39,423,275.5	\$64,309,675.5
Cabazon	63	\$524,875	\$855,000	\$1,706,200	\$621,562.5	\$1,125,000	\$2,245,000	\$3,126,437.5	\$5,097,637.5
Calimesa	279	\$1,933,750	\$3,150,000	\$6,286,000	\$3,455,887.5	\$6,255,000	\$12,482,200	\$14,794,637.5	\$24,157,837.5
Canyon Lake	624	\$4,696,250	\$7,650,000	\$15,266,000	\$7,060,950	\$12,780,000	\$25,503,200	\$32,187,200	\$52,526,400
Cathedral City	907	\$6,699,063	\$10,912,500	\$21,776,500	\$10,491,975	\$18,990,000	\$37,895,600	\$47,093,538	\$76,863,138
Coachella	1,352	\$10,635,625	\$17,325,000	\$34,573,000	\$14,469,975	\$26,190,000	\$52,263,600	\$68,620,600	\$111,942,200
Corona	6,730	\$50,747,128	\$82,665,000	\$164,962,600	\$75,979,800	\$137,520,000	\$274,428,800	\$346,911,928	\$566,118,328
Desert Center	7	\$41,438	\$67,500	\$134,700	\$99,450	\$180,000	\$359,200	\$388,388	\$634,788
Desert Hot Springs	659	\$8,011,250	\$13,050,000	\$26,042,000	\$1,964,137.5	\$3,555,000	\$7,094,200	\$26,580,387.5	\$43,111,587.5
Hemet	3,861	\$34,158,313	\$55,642,500	\$111,037,700	\$34,509,150	\$62,460,000	\$124,642,400	\$186,769,963	\$304,347,563
Homeland	221	\$2,002,813	\$3,262,500	\$6,510,500	\$1,889,550	\$3,420,000	\$6,824,800	\$10,574,863	\$17,227,663
Idyllwild	85	\$538,688	\$877,500	\$1,751,100	\$1,143,675	\$2,070,000	\$4,130,800	\$4,629,863	\$7,564,263
Indian Wells	112	\$953,063	\$1,552,500	\$3,098,100	\$1,069,087.5	\$1,935,000	\$3,861,400	\$5,509,650.5	\$8,981,650.5
Indio	2,912	\$22,417,688	\$36,517,500	\$72,872,700	\$32,047,762.5	\$58,005,000	\$115,752,200	\$148,987,950.5	\$243,090,350.5
La Quinta	902	\$7,721,188	\$12,577,500	\$25,099,100	\$8,527,837.5	\$15,435,000	\$30,801,400	\$44,261,525.5	\$72,149,525.5
Lake Elsinore	2,172	\$19,199,376	\$31,275,000	\$62,411,000	\$19,442,475	\$35,190,000	\$70,223,600	\$105,106,851	\$171,276,451
March Air Base	37	\$248,625	\$405,000	\$808,200	\$472,387.5	\$855,000	\$1,706,200	\$1,981,012.5	\$3,235,412.5
Mecca	456	\$3,149,250	\$5,130,000	\$10,237,200	\$5,668,650	\$10,260,000	\$20,474,400	\$24,207,900	\$39,529,500
Menifee	1,504	\$11,878,750	\$19,350,000	\$38,614,000	\$16,011,450	\$28,980,000	\$57,831,200	\$76,220,200	\$124,335,400
Mira Loma	860	\$6,284,688	\$10,237,500	\$20,429,500	\$10,069,312.5	\$18,225,000	\$36,369,000	\$44,816,500.5	\$73,152,500.5
Moreno Valley	6,496	\$45,595,064	\$74,272,500	\$148,214,900	\$79,435,687.5	\$143,775,000	\$286,911,000	\$343,078,251.5	\$560,156,651.5
Mountain Center	44	\$248,625	\$405,000	\$808,200	\$646,425	\$1,170,000	\$2,334,800	\$2,470,050	\$4,038,050
Murrieta	3,249	\$27,417,813	\$44,662,500	\$89,126,500	\$31,426,200	\$56,880,000	\$113,507,200	\$160,386,513	\$261,477,713
North Palm Springs	13	\$179,563	\$292,500	\$583,700	\$0	\$0	\$0	\$472,063	\$763,263
Nuevo	269	\$2,555,313	\$4,162,500	\$8,306,500	\$2,088,450	\$3,780,000	\$7,543,200	\$12,586,263	\$20,493,463
Palm Desert	1,266	\$10,690,876	\$17,415,000	\$34,752,600	\$12,232,350	\$22,140,000	\$44,181,600	\$62,478,226	\$101,857,426
Palm Springs	946	\$6,188,000	\$10,080,000	\$20,115,200	\$12,381,525	\$22,410,000	\$44,720,400	\$51,059,525	\$83,405,125
Perris	3,327	\$31,202,438	\$50,827,500	\$101,429,100	\$26,553,150	\$48,060,000	\$95,906,400	\$156,643,088	\$255,091,088
Rancho Mirage	420	\$2,361,938	\$3,847,500	\$7,677,900	\$6,190,762.5	\$11,205,000	\$22,360,200	\$23,605,200.5	\$38,590,800.5
Riverside	10,931	\$89,532,628	\$145,845,000	\$291,041,800	\$110,613,262.5	\$200,205,000	\$399,520,200	\$546,195,890.5	\$890,707,890.5
Romoland	499	\$4,627,188	\$7,537,500	\$15,041,500	\$4,077,450	\$7,380,000	\$14,727,200	\$23,622,138	\$38,473,338
San Jacinto	1,318	\$11,050,001	\$18,000,000	\$35,920,000	\$12,878,775	\$23,310,000	\$46,516,400	\$65,238,776	\$106,365,176
Sun City	741	\$5,566,438	\$9,067,500	\$18,094,700	\$8,403,525	\$15,210,000	\$30,352,400	\$38,247,463	\$62,417,063
Temecula	2,424	\$17,638,563	\$28,732,500	\$57,337,300	\$28,517,287.5	\$51,615,000	\$103,000,600	\$126,503,350.5	\$206,493,750.5
Thermal	741	\$5,676,938	\$9,247,500	\$18,453,900	\$8,204,625	\$14,850,000	\$29,634,000	\$37,979,063	\$61,969,463
Thousand Palms	112	\$1,436,500	\$2,340,000	\$4,669,600	\$198,900	\$360,000	\$718,400	\$4,335,400	\$7,023,400
White Water	22	\$151,938	\$247,500	\$493,900	\$273,487.5	\$495,000	\$987,800	\$1,167,925.5	\$1,907,125.5
Wildomar	857	\$7,514,000	\$12,240,000	\$24,425,600	\$7,781,962.5	\$14,085,000	\$28,107,400	\$41,620,962.5	\$67,828,962.5
Winchester	865	\$6,823,375	\$11,115,000	\$22,180,600	\$9,223,987.5	\$16,695,000	\$33,315,800	\$43,857,362.5	\$71,543,762.5
Total	61,537	\$492,622,834	\$802,462,500	\$1,601,358,500	\$643,242,600	\$1,164,240,000	\$2,323,305,600	\$3,102,567,934	\$5,060,529,534

Appendix G. Themes from Key Informant Interviews

The following is a high level list of themes that arose from interviews with local child care operators and other experts.

What are the needs?

- **Regional:** Rural regions have fewer resources. Coachella Valley and the North end of the desert were specifically called out
- **Type of care:** Wrap around care will be needed with Head Start and Universal Prekindergarten. Must have culturally responsive solutions involving type of care, hours, and geographic location.
- **Subsidies:** Low to moderate, and even middle income families need help paying for child care. Access to Head Start is being restricted due to the State minimum wage increase, which pushes families out of the eligible earning levels for Head Start services.
- Better **transportation networks** are needed across the county. Logistics of transporting children to and from child care, especially in the southern and eastern regions of the county is a barrier.

What is available to support Development

- There is strong and growing **advocacy and support** for child care facilities development support.
- Local funding has been made available through the American Recovery Plan Act funds through the County and First 5 Riverside. Two cities have developer fees dedicated towards child care facilities development and developers have pledged to co-locate child care in their housing developments.
- There is an informal **technical assistance** (TA) currently provided by experts through the Consortium for Early Learning Services, colleagues, First 5 Riverside County, and the Riverside County Office of Education. The County Housing department has expertise in child care development and colocation.
- There is **interest** by operators to start up and expand child care facilities.
- There are a number of **large employers** who could champion and model employer sponsored child care.

What do operators need to expand?

- Operators cannot access sufficient **funding** to develop new sites, and there is not consistent funding available.
- **Technical assistance** is needed in all aspects of facilities developing
- The impact of **Universal Prekindergarten** on the child care system is not known, but operators need more information to understand if, and how they can expand. And more models for operating a program for just infants and toddlers will be critical to ensure successful projects.

End Notes

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- ⁱ Bipartisan Policy Center [BPC]. (2021). *Child Care Gaps Assessment*. Available online: <https://www.childcaregap.org/>
- ⁱⁱ United States Census Bureau. (Accessed Feb. 2022). *American Community Survey 2019 1-Year Estimates Detailed Tables*. Available online: <https://data.census.gov/cedsci/table?q=labor%20force%20children&g=0500000US06065&tid=ACSDT1Y2019.C23008>
- ⁱⁱⁱ Riverside County Local Child Care and Development Planning Council [LPC]. (2021). *Local Planning Council County Priorities Report Form*. Available online: http://consortiumels.org/PDFs/2021_Signed_Zip_Code_Priorities_Report.pdf.
- ^{iv} Analysis of data provided by Riverside County Office of Education [RCOE], Office of Early Learning Services. (Accessed Feb. 2022).
- ^v California Department of Social Services [CDSS]. (2022). *Coronavirus (Covid-19) Cases in Licensed Child Care Facilities in California, Week of 3/1/22*. Available online: <https://www.documentcloud.org/documents/21320091-03012022-california-licensed-child-care-coronavirus-cases?responsive=1&title=1>
- ^{vi} Morning Consult and BPC. (2021). *Understanding Rural Parents Child Care Needs*. Available online: <https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2021/10/BPC-Rural-Parents-Analysis-9.14-Additional-Analysis-min.pdf>
- ^{vii} State of California Department of Finance. (2022). *Population Projections*. Available online: <https://dof.ca.gov/forecasting/demographics/projections/>
- ^{viii} Alcala et al. (2020). *Master Plan for Early Learning and Care: Making California for All Kids*. Available online: https://www.ctc.ca.gov/docs/default-source/educator-prep/files/master-plan-for-early-learning-andcare.pdf?sfvrsn=b6512bb1_2.
- ^{ix} California Housing Partnership. (2022). *Housing Needs Dashboard*. Available online: <https://chpc.net/housingneeds/?view=34.741612,-117.32300,7&county=Riverside&group=market&chart=shortfall|current,cost-burden|current,cost-burden-re|current,homelessness,historical-rents,vacancy,asking-rents|2021,budgets|2021,funding|current,state-funding,lihtc|2010:2020:historical,rhna-progress,multifamily-production>
- ^x Ibid. See *State and Federal Funding* table.
- ^{xi} LIFT to Rise. (2022). *Housing Pipeline Portal*. Available online: <https://msaenv.maps.arcgis.com/apps/View/index.html?appid=b49a03af7cb54d84a6729476dd0a0d1e>
- ^{xii} Alcala et al. (2020).
- ^{xiii} The quote in the side bar on p. 10 comes from: Berkeley Early Childhood Think Tank and American Institutes for Research [AIR]. (2020). *Early Childhood Facilities – Local Challenges and What’s Working*. Available online: https://gse.berkeley.edu/sites/default/files/air-berkeley_early_childhood_facilities_field_study_-_final_january_2020.pdf.
- ^{xiv} Rosch et al. (2022). *Capitalizing Child Care: The National Landscape of Grants, Loans, and Community Development Capital in Early Childhood Education*. Available online: <https://static1.squarespace.com/static/5e221ab388621f5c0aeb37e5/t/6202bec376aa493d0fb51380/1644347086805/Capitalizing+Child+Care+Final+Report.pdf>
- ^{xv} Anderson. (2006). *Planning for Child Care in California*.
- ^{xvi} LIFT to Rise. (2020). *2020-2022 Action Plan*. Available online: https://static1.squarespace.com/static/5fdd8a053193d513c0b568fc/t/5fde8feef23a830a59ae97a8/1608421373601/Lift-to-Rise_ActionPlan_Report-v8.pdf
- ^{xvii} Anderson. (2006).
- ^{xviii} City of Goleta, CA. (2020). *Zoning Ordinance: Title 17 of the Municipal Code*. Available online: <https://www.cityofgoleta.org/home/showdocument?id=23253>
- ^{xix} National League of Cities [NLC]. *Supporting Early Childhood Success: Action Kit for Municipal Leaders*. Available online: <https://www.nlc.org/wp-content/uploads/2016/12/early-childhood-action-kit-apr07.pdf>.
- ^{xx} Fretwell et al. (2022). *Co-Locating Early Care and Education Facilities with Affordable Housing in Oregon*.
- ^{xxi} Riverside LPC. (2021).
- ^{xxii} Olds. (2001). *Child Care Design Guide*. Available online: <https://eric.ed.gov/?id=ED452682>.
- ^{xxiii} National Children’s Facilities Network [NCFN]. (2021). *November 2021 Monthly Update*. Available online: <https://www.ncfn.org/blog/november-2021-monthly-update>.

F. Consent – Deborah Clark-Crews, Chair

1. Approve First 5 Riverside County Draft Commission Minutes - March 11, 2022
Regular Meeting

148



**Riverside County Children & Families
Commission Regular Meeting Minutes
March 9, 2022, 2:00 PM**

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

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

Absent: Commissioner Rosa Verduzco

Administrative Staff Present: Tammi Graham, Executive Director; Barbara Andrade DuBransky, Deputy Director of Programs; Yvonne Suarez, Deputy Director of Administration; Lynn Stephens, Commission Coordinator; Piera Causley, Regional Manager; Carol Abella, Administrative Services Manager II; Paul Robles, Fiscal Manager; Jill Kowalski, Administrative Services Officer; Patricia Perez, Administrative Services Officer; Erica Williams, Administrative Services Manager I and Sean Pravica, Public Information Specialist.

Legal Counsel: Ronak N. Patel, Chief Deputy County Counsel

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

1. Pledge of Allegiance – Commission Vice Chair Ginder
2. Roll Call - Lynn Stephens, Commission Coordinator

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

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

*Commissioner Yost moved to approve action item 22-06 as presented. Vice Chair Ginder seconded the motion. Commission Coordinator conducted roll call. **Ayes:** Clark-Crews, Washington, Saruwatari, Ginder, Yost, Campos, Britt, Gomez. **Absent:** Verduzco **Motion carried.***

2. Advisory Committee Comments - Advisory Committee Chair

Jennifer Briseño, provided highlights from today's Advisory Committee meeting. She was voted in as the new chair and Annette Webb was voted in as the new vice chair. The Advisory Committee discussed their review and recommendations of First 5 Riverside County Communications Plan and Champion for Children Award recipient recommendations. Staff will bring both items to the Commission for consideration in May.



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

Executive Director Tammi Graham provided a highlight on the recent one-year anniversary of the American Rescue Plan Act (ARPA) passage; and recognition of Riverside County Board of Supervisors and First 5 were recognized by the White House Department of Intergovernmental Affairs and California State Association of Counties (CSAC) for Early Care and Education Recovery Fund with the ARPA funds. F5RC has been innovative in getting funding directly to the early care and education workforce, along with working to invest in facilities and partnering with Riverside County Office of Education to ensure more licensed providers are serving children through the subsidized state program.

Commissioner Saruwatari reported a decrease in COVID-19 cases and a 20% vaccination rate among 5-11 year-olds. She said they hope to have approval for vaccines for children ages 0-4 year-olds in April.

Commissioner Ginder applauded the work that F5RC is doing and recognized the Riverside County Board of Supervisors for their quick action with ARPA funds.

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

None.

D. Public Hearings – Deborah Clark-Crews, Chair

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

Ms. Andrade DuBransky noted Riverside County highlights on page 47.

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

Chair Clark-Crews opened the public hearing. Hearing no requests for public comment, she closed the public hearing.

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

Commissioner Campos moved to approve, receive, and file item 22-07 as presented. Commissioner Yost seconded the motion. Commission Coordinator conducted roll call. Ayes: Clark-Crews, Saruwatari, Ginder, Yost, Campos, Britt, Washington, Gomez. Absent: Verduzco. Motion carried.

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

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



Presenters provided an overview of key highlights in the LIIF presentation as included in the Commission packet. A final report will be available in a few months. A copy of the presentation may be obtained at www.first5@rivco.org and can be viewed at the Commission Business Office.

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

*Vice Chair Ginder moved to approve action item 22-08 as presented. Commissioner Gomez seconded the motion. Commission Coordinator conducted roll call. **Ayes:** Clark-Crews, Saruwatari, Ginder, Yost, Campos, Britt, Washington, Gomez. **Absent:** Verduzco. **Motion carried.***

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

Chair Clark-Crews noted a potential conflict of interest for Commissioner Gomez. Commission Coordinator moved Commissioner Gomez into the ZOOM waiting room for the duration of the discussion and vote.

Chair Clark-Crews called for comments and discussion.

*Commissioner Yost moved to approve action item 22-09 as presented. Commissioner Britt seconded the motion. Commission Coordinator conducted roll call. **Ayes:** Clark-Crews, Saruwatari, Ginder, Yost, Campos, Britt, Washington. **Conflict:** Gomez. **Absent:** Verduzco. **Motion carried.***

Commission Coordinator re-admitted Commissioner Gomez into the Zoom meeting.

F. Consent – Deborah Clark-Crews, Chair

1. Approve First 5 Riverside County Draft Commission Minutes - January 26, 2022 Regular Meeting
2. **22-10:** Approve Contract with Inland SoCal United Way to Administer California Family Resource Association (CFRA) COVID-19 Relief Funds from March 9, 2022 - June 30, 2022 (**CONTRACT NO. CF22143**) [**\$230,062 - CFRA FUNDS**]
3. **22-11:** Approve and Adopt Revised Fiscal Year 2021/2022 Annual Budget of the First 5 Riverside County Children and Families Commission
4. **22-12:** Approve Second Amendment with California Northstate University (**CONTRACT NO. CF22112**) for ECOHA Sustainability Services from January 1, 2021 - December 31, 2022 [**\$181,100 - PROP 10 FUNDS**]
5. **22-13:** Approve Fifth Amendment to Contract with Eide Bailly, LLP for Audit Services (**CONTRACT NO. CF17802**) from May 15, 2016 - June 30, 2026 [**\$412,736 - PROP 10 FUNDS**]
6. **22-14:** Approve Contract with Corona-Norco Family Young Men's Christian Association to Support Drowning Prevention Efforts from April 1, 2022 - June 30, 2023 (**CONTRACT NO. CF22145**) [**\$272,625 - PROP 10 FUNDS**]



Commissioner Saruwatari moved to approve consent items as presented. Commissioner Gomez seconded the motion. Commission Coordinator conducted roll call. **Ayes:** Clark-Crews, Saruwatari, Ginder, Yost, Campos, Britt, Washington, Gomez. **Absent:** Verduzco. **Motion carried.**

G. Presentations/Information – Deborah Clark-Crews, Chair

1. Help Me Grow Inland Empire Presentation - Dr. Ronald Stewart, PhD, Help Me Grow Manager, Brett Walls and Dr. Marti Baum, MD, Loma Linda University Children's Hospital

Dr. Baum provided an overview of her presentation as included in the Commission packet. A copy of the presentation may be obtained at www.first5@rivco.org and can be viewed at the Commission Business Office.

a. **Information Only:** Help Me Grow Inland Empire Electronic Data System (EDS) Evaluation Report FY 2020-2021 - **Receive and File**

b. **Information Only:** Help Me Grow Inland Empire Central Access Point (CAP) Evaluation Report FY 2020-2021 - **Receive and File**

Mr. Walls noted a correction to the Help Me Grow website: www.HelpMeGrowIE.org

H. Future Agenda Items:

1. First 5 Riverside County Strategic Plan
2. First 5 Riverside County Third Quarter Financial Highlights
3. First 5 Riverside County Annual Budget
4. First 5 Riverside County Champion for Children Award Recipient Nomination
5. First 5 Riverside County Communications Plan
6. First 5 Riverside County Legislative Policy Agenda
7. Riverside County Office of Education (RCOE) Update

I. **Adjournment:** Adjournment at 3:13 p.m to the next Regular Meeting of the Riverside County Children and Families Commission to be held on May 11, 2022 beginning at 2:00 p.m. at:
Riverside County Children and Families Commission Office
585 Technology Court - Conference Room A
Riverside, CA 92507

Meeting Minutes Recorded by Lynn Stephens, Commission Coordinator.





AGENDA ITEM: 22-16

DATE OF MEETING: May 11, 2022

ACTION:

INFORMATION:

ADOPT FIRST 5 RIVERSIDE COUNTY 2022 LEGISLATIVE POLICY AGENDA

SUMMARY OF REQUEST

Adopt the 2022 First 5 Association Policy Agenda and support priority bills that are in alignment with the First 5 Riverside County's Strategic Plan.

BACKGROUND

F5RC's position on State and Federal legislation is informed by internal staff and partners, including the Riverside County Executive Office, Southern California First 5 Commissions, First 5 Association, and First 5 California. F5RC staff will continue to provide updates to the Commission as bills advance. The Commission will be kept apprised of legislative developments and opportunities via meetings or the Executive Director's report.

The Bill Tracker list is subject to modification as bills are amended or new legislation is introduced. Any additional items that are identified at a later period as relevant to First 5 Riverside County (F5RC) strategic priorities will be brought to the Executive Director for approval. Full description, author information, and current status is included in Attachment B.

The First 5 Association's 2022 Policy Agenda guides the F5RC strategic plan and aligns goal areas to include: Quality Early Learning, Comprehensive Health and Development, and Resilient Families. It also aligns with the First 5 California strategic goal area Infant and Early Childhood Mental Health. While not recognized formally as an F5RC goal area in the strategic plan, infant and early childhood mental health aligns with F5RC's recognized goal areas, mission, and vision. The 2022 First 5 Association Legislative Policy Agenda (Attachment A) falls within the guidelines set forth in the Legislative Agenda Policy adopted in May 2021 (Action #21-11).

F5RC seeks to achieve lasting change in the lives of children, families, and communities by working toward long-term public policy change. Actively engaging in state legislation related to F5RC strategic policy priorities is one opportunity to improve the lives of children and their families.

RECOMMENDED ACTION

That the Commission authorize the Executive Director to provide letters of support on behalf of the Commission based on the approved policy agenda, inclusive of bills recommended for First 5 Riverside County support, and as it aligns with the approved strategic plan.

BUDGET IMPACT

Not applicable.

STRATEGIC PLAN RELEVANCE

All Strategic Goal Areas

POTENTIAL CONFLICTS OF INTEREST

None known.

ATTACHMENTS

- A. First 5 Association 2022 Policy Agenda
- B. 2022 First 5 Association Bill Tracker

2022 POLICY AGENDA FOR THE WHOLE CHILD AND FAMILY



First 5 Association of California (First 5) believes that all of California’s youngest children deserve to be healthy, safe, and ready to succeed in school and life. Grounded in a whole child / whole family framework that advances equity, prevention strategies and systems coordination, First 5 seeks to build comprehensive and integrated early childhood systems of care, with an intentional focus on prenatal to age 3 as a critical stage of child development.

First 5 focuses on systems change, particularly across sectors, with an intention to shift the conditions that hold problems in place, to achieve meaningful and lasting social change.

First 5 aims to advance state and federal policy frameworks that foster systems of care that proactively support the wellbeing of young children and families; systems that reach those farthest from opportunity, recognizing the disproportionate impacts that systemic racism, COVID-19, lack of economic opportunity, and natural disasters have had, and continue to have, on communities of color and low-income communities. These include:

Policy Priorities



Infant & Early Childhood Mental Health (IECMH)

Mental health supports for young children and their families are vitally important to promoting resilience and social-emotional health and addressing the unique needs of infants and young children experiencing toxic stress and ACEs.



Resilient Families

Family-strengthening programs, like home visiting, improve birth outcomes, promote resilience and reduce parental stress, teach positive parenting techniques, and nurture stable, healthy, loving attachments for infants and their caregivers.



Comprehensive Health & Development

High-quality and accessible developmental and health screenings, and timely connection to early intervention services when needed, improve life-long outcomes for children. Family-centered healthcare services that prioritize prevention are fundamental for young children’s healthy development.



Quality Early Learning

High-quality early childhood care and education facilitates social-emotional learning and helps young children build critical early literacy and math skills, setting them on the path for school readiness and long-term academic success.

INFANT AND EARLY CHILDHOOD MENTAL HEALTH (IECMH)

- » Increase access to community-based IECMH programs that are prevention-focused, help mitigate trauma, promote resilience, and identify concerns early.
- » Secure increased investments in the workforce to create a robust network of providers trained in IECMH.
- » Support investments in the implementation of the new dyadic care Medi-Cal benefit, including technical assistance for local community partners, peer navigators, pediatric health care providers and others.

RESILIENT FAMILIES

- » Build and expand upon state and local systems that provide family strengthening services rooted in the cultural and linguistic diversity of communities, such as home visiting.
- » Expand and strengthen the home visiting workforce through additional professional development resources, in coordination with local early childhood systems building efforts, with the goal of ensuring home visitors represent the diversity of California's families.
- » Increase cross-system coordination to ensure families are offered the most relevant and effective services available in a timely manner.
- » Increase family economic supports, so that families can provide stable, thriving homes in which to raise children.

COMPREHENSIVE HEALTH AND DEVELOPMENT

- » Improve the physical health, mental health, and overall wellbeing of young children by advancing prevention services, care coordination, screenings, and multi-generational supports through Medi-Cal, including continuous Medi-Cal enrollment for children ages 0 to 5.
- » Strengthen the systems of early identification and referral to appropriate intervention services for young children.
- » Reduce racial inequities in maternal and infant health outcomes, including through removing systemic barriers to care for people of color, eliminating systemic racist practices, and increasing culturally relevant services for birthing people.

QUALITY EARLY LEARNING

- » Stabilize, strengthen, and scale early care and learning opportunities, with a focus on infant and toddler care.
 - » Promote increased access and affordability across the mixed delivery system, workforce support, system strengthening, and equitable access to quality improvement support to promote nurturing relationships between provider/caregivers and child.
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2022 First 5 Association Bill Tracker

Updated: April 20, 2022

Questions? Contact Kathy Mossburg at kmossburg@mosaicsofca.com.



Priority Support: The Association will send letters to each committee, testimony will be given, partner coordination will occur, members and staff will be lobbied. This title is primarily reserved for co-sponsored, and sponsored bills where partner organizations we work closely with seek our active support.

Support Bills: The Association will send letters to the bill author’s legislative office and policy committees where the bills will be heard.

The policy committee will be notified if there are any changes in status from support to priority support.

Infant & Early Childhood Mental Health (IECMH)			
Bill Number	Author	Description	Position or Recommended Position
AB 2281	Lackey	Mental Health Preschool Services Act. This bill, contingent upon an appropriation in the Budget Act, would establish the Mental Health Preschool Services Act, administered in a similar manner by the commission, to award grants to fund partnerships between qualified applicants and preschool and daycare programs for children from birth to 5 years of age, inclusive, to provide mental health services to those children, as specified.	Proposed: Watch
AB 2806	Rubio, Blanca	Childcare and developmental services: preschool: expulsion and suspension: mental health services: reimbursement rates. Revises and recasts provisions related to expulsion and suspension of a child from the state preschool program and broadens the provisions to include general childcare and development programs and family childcare home education network programs. Fact Sheet	APPROVED Support

Quality Early Learning			
Bill Number	Author	Description	Position or Recommended Position
AB 321	Valladares	Childcare services: enrollment priority. Adds prioritization for children who come from a family in which the primary home language is a language other than English into specified federal and state subsidized child development services programs. Major Provisions: 1) Makes Legislative findings and declarations pertaining to literacy in the English language and language development in early childhood education. 2) Adds, for part-day and full-day California State Preschool Program (CSPP) and federal and state subsidized child development services, a child from a family in which the primary home language is a language other than English as a priority for contracting agencies to give services. Families in this category would be given priority if there are no other families with a child with exceptional needs. Fact Sheet	Proposed-Watch
AB 976	Leyva	Universal Preschool Act. This bill establishes the Universal Preschool Act that expands access to and operation hours of state preschool programs to all three- and four-year-old children regardless of family income; expands the types of child care providers who may be eligible to offer a universal preschool program to Head Start centers and licensed family daycare facilities; waives family preschool fees; and, requires the Superintendent of Public Instruction (SPI) in consultation with the Director of the California Department of Social Services (CDSS) to convene a statewide coordination council, and adopt rules and regulations for the administration of all universal preschool programs, among other things. Fact Sheet	Proposed: Watch
AB 1649	Quirk-Silva	Childcare services: alternative payment programs Requires the alternative payment program (APP) to reimburse childcare providers based upon the maximum certified hours of care instead of the actual days and hours of attendance, and adds Legislative intent related to access to childcare and reimbursement to providers. Fact Sheet	APPROVED Support
AB 2602	Salas	Child health and safety: "Have a Heart, Be a Star, Help Our Kids" license plate program. This bill would increase the fees for the initial issuance and renewal of the "Have a Heart, Be a Star, Help Our Kids" license plates. The bill would continuously appropriate 50% of the fees collected on or after January 1, 2023, to local childcare and development planning councils, as described, for specified purposes, including recruitment and training of new childcare providers. The bill would require a portion of the funds to be allocated to the agency having oversight of new and continuing childcare provider health and safety education and training program curriculum for specified purposes. The bill would also continuously appropriate 25% of the fees collected on or after January 1, 2023, to county	APPROVED Priority Support – Working with Sponsors on possible Amends Letter

		commissions, as specified, that elect to receive funding and would limit the spending of those funds for certain purposes, including administering the California Unintentional Injury Prevention Strategic Plan Project. The bill would require that no more than 10% of the funds allocated to the commissions be allocated to the nonprofit organization that provides administrative and staff support to the California Unintentional Injury Prevention Strategic Plan Project and would require the nonprofit organization to support statewide networking of unintentional injury coalitions and support evidence-based technical assistance and training for childhood unintentional injury prevention programs to the county commissions.	
AB 2827	Quirk-Silva	Inclusive Early Education Expansion Program. Requires the California Department of Social Services (CDSS), by January 1, 2024, to revise its regulations to permit children with exceptional needs who are enrolled in separate programs or classrooms from nondisabled children to use outdoor play spaces simultaneously with nondisabled children without first seeking a waiver of Title 22 of the California Code of Regulations (CCR), and to specify any health and safety requirements that shall be met when simultaneous use of outdoor play spaces occurs. Fact Sheet	APPROVED Support
AB 2832	Rivas, Robert	Whole Child Community Equity. This bill would require the State Department of Social Services, in consultation with the Early Childhood Policy Council to convene a workgroup to receive input for the development of the Framework, the Equity Tool, and recommended uses of the Equity Tool for early childhood investments and whole child resources. The bill would require the workgroup to include, among other things, representatives from county offices of education. The bill would require the departments, on or before January 1, 2024, to finalize and present the Framework, the Equity Tool, and recommended uses of the Equity Tool to the Legislature. The bill would also require the departments to publish the tool for public use, including the data and methodology, on the departments' internet website. Fact Sheet	Proposed: Watch
SB 1047	Limon	California state preschool program: eligibility. This bill expands the range of types of child care and early learning services that a State Preschool contracting agency may provide, until January 1, 2029. Fact Sheet	APPROVED Support
SB 1183	Grove	The Early Education Act. This bill would establish the Statewide Imagination Library Program under the direction of the State Librarian for purposes of developing, implementing, promoting, and fostering a comprehensive statewide initiative for encouraging preschool children to develop a love of reading and learning. The bill would create and continuously appropriate the Imagination Library of California Fund for purposes of the program, as provided, thereby making an appropriation. The bill would require the fund to be used to provide age-appropriate books on a monthly basis, at home, to each child registered in the program, from birth to their 5th birthday, inclusive, at no cost to families, through Dolly Parton's Imagination Library. The bill would require the funds to only be allocated to qualified local entities that agree to a dollar-for-dollar match for purposes of the program.	Proposed: Watch

SB 1481	Becker	Preschools, child daycare facilities, and Trustline providers: meals. This bill establishes a free, universal meal program through the Child and Adult Care Food Program (CACFP) by increasing state reimbursement to the existing federal meal program for children in State Preschool, general child care, and licensed-exempt care; expands eligibility for free meals in these programs; and, creates a grant program to encourage expansion and participation in the CACFP in underserved communities. Fact Sheet	APPROVED Support
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Comprehensive Health & Development			
Bill Number	Author	Description	Position or Recommended Position
AB 1930	Arambula	Medi-Cal: Comprehensive perinatal services. This bill, during the one-year post pregnancy eligibility period, and as part of comprehensive perinatal services under Medi-Cal, would require the department to cover additional comprehensive perinatal assessments and individualized care plans and to provide additional visits and units of services in an amount, duration, and scope that are at least proportional to those available on July 27, 2021, during pregnancy and the initial 60-day post pregnancy period in effect on that date. The bill would require the department to collaborate with the State Department of Public Health and a broad stakeholder group to determine the specific number of additional comprehensive perinatal assessments, individualized care plans, visits, and units of services to be covered. Fact Sheet	APPROVED Priority Support Letter
AB 1937	Patterson	Expectant parent benefit: clothing allowance. Requires the Department of Health Care Services (DHCS) to establish a health expense account program for pregnant Medi-Cal beneficiaries and pregnant subscribers of the Medi-Cal Access Program (MCAP) for reimbursement for out-of-pocket pregnancy-related costs in an amount not to exceed \$1,250. Defines “out-of-pocket pregnancy-related costs” to include birth and infant care classes, doula services, midwifery care, lactation support services, prenatal vitamins, lab tests or screening, prenatal acupuncture or acupressure, and transportation expenses essential to medical care. Permits DHCS to authorize reimbursement for additional pregnancy-related expenses as it deems fit. Fact Sheet	APPROVED Support
AB 1995	Arambula	Medi-Cal: premiums, contributions, and copayments. Repeals the premiums and subscriber contributions for the Medi-Cal Other Targeted Low-Income Children’s Program (OTLICP), the Medi-Cal Access Program (MCAP), the Medi-Cal Access Infants Program (MCAIP), and the 250% Working Disabled Program. Prohibits the Department of Health Care Services (DHCS), effective July 1, 2022, from imposing copayments required under existing law, to the extent allowable under federal law.. Sample Support Letter for related budget action	APPROVED Support

AB 2199	Wicks	Doula services Establishes the Birthing Justice for California Families Pilot Project (pilot project), a three-year grant program to provide grants to entities that provide full-spectrum doula care and services. Fact Sheet	APPROVED Support
AB 2402	Rubio, Blanca	Medi-Cal: continuous eligibility. Makes a child under five years of age in the Medi-Cal program, the Medi-Cal Access for Infants Program (MCAIP), and the County Children’s Health Initiative Matching Program (CCHIP) continuously eligible for Medi-Cal, including without regard to income until the child reaches five years of age. Prohibits a redetermination of Medi-Cal eligibility from being conducted before a child reaches five years of age, unless specified conditions are met. Conditions implementation of these changes on obtaining any necessary federal approvals and federal financial participation (FFP) being available.	APPROVED Priority Support, CO-Sponsor Letter
AB 2458	Weber, Akilah	California Children’s Services: reimbursement rates. Requires, subject to an appropriation by the Legislature, the reimbursement rates for physician services provided under the California Children’s Services (CCS) Program to be increased by adding at least 25% to the augmentation percentage that was in effect for CCS physician services on December 31, 2022, relative to the applicable Medi-Cal rates. Requires the rate increase to apply only if the services are provided by a physician in a practice in which at least 30% of the practice’s pediatric patients are Medi-Cal beneficiaries. Requires the Department of Health Care Services (DHCS) to complete a review of the reimbursement rates for physician services provided under the CCS Program no later than January 1, 2026, and every three years thereafter. Fact Sheet	Proposed: Watch
AB 2659	Patterson	Medi-Cal managed care: midwifery services. This bill would require a Medi-Cal managed care plan to have within its provider network at least one licensed midwife (LM) or certified-nurse midwife (CNM) within each county where the Medi-Cal managed care plan provides services to Medi-Cal beneficiaries. The bill would exempt a Medi-Cal managed care plan from that requirement for purposes of a given county if no LM or CNM is available in that county or if no LM or CNM in that county accepts Medi-Cal payments. The bill would condition implementation of these provisions on receipt of any necessary federal approvals and the availability of federal financial participation. This bill contains other existing laws. Fact Sheet	Proposed: Watch but seek more information on midwifery access
AB 2786	Stone	Children’s Crisis Continuum Pilot Program. This bill would expand the pilot program to provide services to a child or youth who meets the eligibility requirements to enroll in the Medi-Cal program and who meets medical necessity standards for the care components in the pilot program. The bill would include respite care as a component of the continuum of services provided by the pilot program to allow primary caregivers of pilot program-eligible youth and resource family caregivers of foster youth to access periods of relief from full-time caregiving duties. The bill would make additional changes to the pilot program relating to, among other things, family-based treatment settings, as defined. This bill contains other existing laws. Fact Sheet	APPROVED Support

Resilient Families			
Bill Number	Author	Description	Position or Recommended Position
AB 2176	Wood	Live Birth Records. Increases the time to register a live birth with the local registrar from within 10 days following the date of the event, to within 21 days.	APPROVED Support Letter
AB 2464	Garcia, Cristina	California State University: employees: paid parental leave of absence. Requires the California State University (CSU) to grant an employee a leave of absence with pay for one semester of an academic year, or an equivalent duration, in a one-year period, following the birth of a child of the employee or the placement of a child with an employee in connection with the adoption or foster care of the child by the employee. Fact Sheet	APPROVED Support
AB 2589	Santiago	Earned Income Tax Credit: one-time stimulus payment. Provides, upon appropriation, a child tax credit payment of \$2,000 per qualifying child to qualified recipients and, for taxable years beginning on or after January 1, 2022, makes various changes to the California Earned Income Tax Credit (CalEITC) provisions to increase the amount of credit. Fact Sheet	APPROVED Support Letter
SB 854	Skinner	Hope, Opportunity, Perseverance, and Empowerment (HOPE) for Children Act of 2022. This bill creates the Hope, Opportunity, Perseverance, and Empowerment (HOPE) Account Program to provide eligible children, qualifying wards or dependents of the Juvenile Court and lower income children who have lost a parent or guardian to COVID-19, with state-funded trust fund accounts in an effort to address financial disparities and long-term economic outcomes. Additionally, the bill creates the CalSurvivor Benefit Program, which mirrors the federal Old-Age, Survivors, and Disability Insurance (OASDI) program, to provide monthly survivor benefits for those dependents who do not qualify for federal survivor benefits, as provided. Fact Sheet	Proposed: Watch
SB 860	Rubio	Personal Income Tax Law: Young Child Tax Credit. SB 860 would (1) modify the Young Child Tax Credit to allow the credit for those with no earned income and (2) index the credit to increases in inflation, as specified. Fact Sheet	APPROVED Support
SB 951	Durazo	Unemployment insurance: contribution rates: disability insurance: paid family leave: weekly benefit amount. SB 951 would (1) increase the wage replacement benefits provided under the State Disability Insurance (SDI) and Paid Family Leave (PFL) programs from the current 60 to 70 percent level, as specified, (2) link wage replacement benefits to an individual's earnings (with lower-wage workers getting a higher wage replacement rate), and (3) eliminate provisions creating a taxable wage ceiling, thus subjecting all wages earned by workers to the SDI tax.	APPROVED Support Letter

SB 1003	Eggman	Trauma-Informed Care Training Program. Requires the California Department of Public Health to establish the Trauma-Informed Care (TIC) Training Program for the purpose of approving TIC training providers and certifying training programs. Fact Sheet	APPROVED Support
SB 1083	Skinner	CalWORKs: pregnancy and homeless assistance. This bill makes various changes to the California Work Opportunity and Responsibility to Kids (CalWORKs) homeless assistance (HA) program, including expanding the number of days eligible families may receive temporary shelter assistance and extending CalWORKs HA to families at risk of homelessness and families facing eviction, as provided. This bill also changes CalWORKs HA benefit limits for families that include a pregnant person, by removing HA program benefit limits for those families, allowing counties to provide them additional days of temporary shelter assistance if the family would otherwise be without shelter, and making changes to their overall program eligibility, as provided Fact Sheet	APPROVED Support

Other			
Bill Number	Author	Description	Position or Recommended Position
AB 1690	Rivas, Luz	Tobacco products: single-use components. Prohibits the sale in this state of a cigarette utilizing a single-use filter made of any material, an attachable and single-use plastic device meant to facilitate manual manipulation or filtration of a tobacco product, or a single-use electronic cigarette or vaporizer device. Authorizes a city attorney, county counsel, or district attorney to assess a \$500 civil fine against a person determined to have violated those prohibitions. Fact Sheet	Proposed: Watch
AB 1697	Patterson	Personal income taxes: credit: still birth. Provides, for taxable years beginning on or after January 1, 2022, and before January 1, 2027, a credit of up to \$2,000 under the Personal Income Tax (PIT) Law to a taxpayer who holds a Certificate of Still Birth (Certificate) for qualified expenses.	Proposed: Watch

3. **22-17:** Approve and Adopt Revised Fiscal Year 2021/2022 Annual Budget of the First 5 Riverside County Children & Families Commission

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AGENDA ITEM: 22-17

DATE OF MEETING: May 11, 2022

ACTION:

INFORMATION:

**APPROVE AND ADOPT
REVISED FISCAL YEAR 2021/2022 ANNUAL BUDGET OF
FIRST 5 RIVERSIDE COUNTY CHILDREN & FAMILIES COMMISSION**

SUMMARY OF REQUEST

Approve and adopt the revised FY 2021/2022 annual budget to recognize adjustments to revenue and expenditures.

Based on budget analysis of various operational changes, the revised FY2021/2022 annual budget for fund 25800, reflects a reduction of revenues of \$1,058,054 and an increase of \$150,000 in expenditures. Revised revenue is \$27,307,459 and total expenditures are \$27,619,614 with a projected fund balance draw of \$312,155.

BACKGROUND

BUDGET ADJUSTMENT SUMMARY – FUND 25800 (CFARC)

- Revenue Adjustments – includes a decrease of \$1,058,054 to reflect the reduction of CalWORKs funding.
- Appropriation 1 – Salaries and benefits reflect an increase of \$150,000, to account for recently filled positions that were not anticipated to be hired during the remainder of this fiscal year.

In March 2022, the Commission approved the revised FY 2021/2022 annual budget (Action Item 22-11), recognizing an increase in revenue and decrease in salaries and benefit due to vacancies, as well as reduction in contract expenditures. Additionally, the ARPA funding budget was separated from the Prop 10 budget for clarity in expenditures.

In May 2021, the Commission approved the FY 2021/2022 annual budget (Action Item 21-17), which reflected an estimate of \$26,991,366 in revenues and \$32,847,424 total

expenditures, with \$5,856,058 projected from fund balance augmenting current year revenues.

RECOMMENDED ACTION

That the Commission:

1. Approve and adopt the revised FY 2021/2022 budget as proposed; and
2. Authorize the Executive Director to execute related documents, as approved by County Counsel, and coordinate appropriate actions to expend funds in accordance with established Commission policy and as set forth in the attached budget.

BUDGET IMPACT

Decrease of \$1,058,054 in revenue and increase in Appropriation 1 of \$150,00 with a net projected fund balance draw of \$312,155 to augment current year expenditures.

ATTACHMENTS

1. Summary – Revised FY 2021/2022 Annual Budget

Riverside County Children & Families Commission

FY 2021-2022

First 5 Riverside County Budget Summary

938001-25800 (CFARC)

Description	ACCOUNT	ORIGINAL BUDGET MAY	MARCH REVISED CHANGES	MAY REVISED CHANGES	REVISED FY 21/22 BUDGET
REVENUE	7xxxx				
Interest-Invested Funds	740020	350,000	350,000		350,000
CA - Tobacco Prop 10	754000	17,000,000	14,427,376		14,427,376
CA - Prop 56 Tobacco Act 2016	754020	2,000,000	4,894,898		4,894,898
F5CA (IMPACT, DLL, HV)	755870	1,614,551	2,385,493		2,385,493
Fed-Federal Revenue (DTI)	767280	-	-		-
Other Misc Revenue	781360	-	-		-
Program Revenue	781480	250,000	530,931		530,931
Reimbursement for Salaries & Services	777540	5,776,815	5,776,815	(1,058,054)	4,718,761
TOTAL REVENUE		\$ 26,991,366	\$ 28,365,513	\$ (1,058,054)	\$ 27,307,459
APPROP 1 - Salaries and Benefits	51xxxx	7,576,766	5,982,998	150,000	6,132,998
APPROP 2 - Services and Supplies	52xxxx	3,695,658	3,931,540		3,931,540
SUBTOTAL		\$ 11,272,424	\$ 9,914,538	\$ 150,000	\$ 10,064,538
APPROP 2 - Contracts and MOUs		20,775,000	16,755,076		16,755,076
TOTAL CONTRACTS AND MOUs		\$ 20,775,000	\$ 16,755,076	\$ -	\$ 16,755,076
APPROP 4 - Capital Assets	542060	800,000	800,000		800,000
TOTAL APPROP CAPITAL ASSETS		\$ 800,000	\$ 800,000	\$ -	\$ 800,000
TOTAL APPROPRIATIONS		\$ 32,847,424	\$ 27,469,614	\$ 150,000	\$ 27,619,614
TOTAL REVENUES		\$ 26,991,366	\$ 28,365,513	\$ (1,058,054)	\$ 27,307,459
VARIANCE		\$ (5,856,058)	\$ 895,899	\$ (1,208,054)	\$ (312,155)

4. **22-18: Consent Allocation of Proposition 10 Funds for Child Care Infrastructure Project at Lakeland Village - District 1 [\$1,000,000 - PROP 10 FUNDS]**

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AGENDA ITEM: 22-18
 DATE OF MEETING: May 11, 2022
 ACTION:
 INFORMATION:

**CONSENT ALLOCATION OF PROPOSITION 10 FUNDS FOR
 CHILD CARE INFRASTRUCTURE PROJECT
 LAKELAND VILLAGE – DISTRICT 1
 [\$1,000,000 - PROP 10 FUNDS]**

SUMMARY OF REQUEST

Consent allocation of \$1,000,000 Proposition 10 funds to leverage American Rescue Plan Act (ARPA) and Development Impact Fund (DIF) funds to support construction of a child care center at Lakeland Village in Lake Elsinore.

Funding Source	Amount
Western County Development Impact Fees – Fund 30569	\$607,628
ARPA District Allocation – Fund 25820	\$1,000,000
Proposition 10 – Fund 25800	\$1,000,000
Proposed Total In-Principal	\$2,607,628

BACKGROUND

In response to an ARPA district-specific survey solicited by Commission staff, Supervisorial District 1 identified a potential project within a county-owned property.

Project Summary – Lakeland Village Infrastructure project will construct a child care facility at Lakeland Village, a Multi-Access County-owned facility located at 16275 Grand Avenue in Lake Elsinore. The rough order of magnitude of the investment required to construct the facility is approximately \$2.6 million, expending DIF and ARPA funds first and leveraging Proposition 10 funding to support additional costs. This facility is expected to accommodate licensed capacity of 25, inclusive of classrooms for infants and toddlers.

April 5, 2022 (Action Item 3-8): Board of Supervisors of Riverside County authorized the use of Western County Development Impact Fees (DIF) Fund 30569 in the amount not to exceed \$607,628 for the Lakeland Village Infrastructure project. Furthermore, the

Board approved the preliminary project budget in the amount not to exceed \$2,607,628 for the project and provided consent to allocate the District 1 allocation of ARPA funds to the project.

September 27, 2021 (Action Item 21-36): Riverside County Children & Families Commission approved \$5,000,000 of Prop 10 funds to be allocated equally in each supervisorial district. The Commission further authorized the Executive Director to establish agreements with Real Estate Services and Facilities Management through established County process for projects in County-owned facilities.

RECOMMENDED ACTION

That the Commission:

1. Consent allocation of \$1,000,000 from Prop 10 unallocated fund balance to leverage the ARPA and DIF funds allocated to the Lakeshore Village child care infrastructure project located at 16275 Grand Avenue, Lake Elsinore, CA 92530.
2. Accept Board of Supervisor consent to allocate Western County DIF funds in the amount of \$607,628 and commit funds by June 30, 2022 to support the Lakeland Village child care infrastructure project.
3. Accept Board of Supervisor consent to allocate \$1,000,000 of ARPA Infrastructure funds set aside for District 1 to the Lakeland Village infrastructure project; and
4. Authorize Executive Director or designee to establish agreements with Real Estate Services and Facilities Management through established County processes for projects in County-owned facilities.

BUDGET IMPACT

Adequate appropriation exists in the FY 22/23 proposed annual budget (Prop 10: 938001-25800-92950-527980 and ARPA: 938001-25820-92950-527980).

STRATEGIC PLAN RELEVANCE

Goal: 1 Quality Early Learning (92950)

POTENTIAL CONFLICTS OF INTEREST

None known.

ATTACHMENTS

1. Form 11, Item 3.8, Lakeland Village Child Care Facilities Project

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**



**ITEM: 3.8
(ID # 18696)**

MEETING DATE:

Tuesday, April 05, 2022

FROM : FIRST 5 RIVERSIDE COUNTY:

SUBJECT: RIVERSIDE COUNTY CHILDREN & FAMILIES COMMISSION: Approval of In-Principle, Preliminary Project Budget for Riverside County Lakeland Village Child Care Project; California Environmental Quality Act Exempt, District 1. [2,607,628 - 24% Western County Development Impact Fees - Fund 30569; 38% Federal - American Rescue Plan Act (ARPA) - Fund 25820; 38% State - Proposition 10 - Fund 25800]

RECOMMENDED MOTION: That the Board of Supervisors:

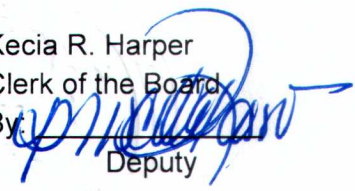
1. Approve the Riverside County Lakeland Village Child Care Facilities (Project) for inclusion in the Capital Improvement Program (CIP);
2. Find that the Project is exempt from the California Environmental Quality Act (CEQA) pursuant to State CEQA Guidelines Section 15303, Class 3 New Construction or Conversion of Small Structures Exemption, Section 15311, Class 11 Accessory Structures Exemption, and Section 15061 (b)(3) "Common Sense" Exemption;
3. Approve in-principle, the Lakeland Village Child Care Facilities Project located at 16275 Grand Ave in Lakeland Village, California, for construction of one new Child Care facility of approximately 12,500 square feet including approximately 4,300 square feet of indoor areas and 8,200 square feet of outdoor playground areas;

Continued on page 2

ACTION:CIP, Policy

On motion of Supervisor Perez, seconded by Supervisor Washington and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Spiegel, Washington, Perez and Hewitt
Nays: None
Absent: None
Date: April 5, 2022
xc: First 5, FM

Kecia R. Harper
Clerk of the Board
By: 
Deputy

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA**

RECOMMENDED MOTION: That the Board of Supervisors:

4. Approve a preliminary project budget in the amount not to exceed \$2,607,628 for the Project;
5. Authorize the use of Western County Development Impact Fees (DIF) Fund 30569 in the amount not to exceed \$607,628;
6. Consent to the allocation of ARPA Childcare Infrastructure Funds assigned to the Riverside County Children and Families Commission for District 1 in the amount of \$1,000,000 to the Project;
7. Designate Riverside County Facilities Management – Project Management Office as the Authorized Entity as it is defined in Board Policy No. B-11 for the purpose of implementing, administering and completing the Project;
8. Delegate project management authority for the Project to the Project Management Office of Riverside County Facilities Management in accordance with applicable Board policies, including the authority to utilize consultants on the approved pre-qualified list for services in connection with the Project, and within the approved project budget; and
9. Authorize the Purchasing Agent to execute pre-qualified consultant service agreements not to exceed \$100,000, per pre-qualified consultant, per fiscal year, in accordance with applicable Board policies for this project, and the sum of all project contracts shall not exceed \$2,607,628.

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$ 607,628	\$ 2,000,000	\$ 2,607,628	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS:			Budget Adjustment: No	
24% Western County Development Impact Fees - Fund 30569;				
38% Federal - American Rescue Plan Act - Fund 25820;				
38% State - Proposition 10 - Fund 25800				
			For Fiscal Year: 21/22 – 22/23	

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

A request for funding was received to construct a childcare facility at Lakeshore Village, a Multi-Service County-owned facility located in Lake Elsinore (Supervisory District 1). The rough order of magnitude of the investment required to construct the facility is \$2,607,628. This facility will accommodate 25 spaces in the age 0-3 spectrum of child care.

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA**

The Riverside County Children and Family Commission recommends the Board of Supervisors (Board) approve the Lakeland Village Child Care Facility Project and the preliminary project budget in the not to exceed amount of \$2,607,628. The Project Management Office of Facilities Management will be assigned to procure the most cost-effective project delivery method and award in accordance with applicable Board policies.

With certainty, there is no possibility that the Lakeland Village Child Care Facility Project may have a significant effect on the environment. The Project, as proposed, is limited to the construction of an addition building at the existing Lakeland Village Community Center facility. The additional improvements would not alter the use of the overall facility and would result in a new structure consisting of approximately 5,500 square feet. A small playground area of approximately 8,200 square feet would act as an accessory structure to the Child Care Facility. Two existing buildings would be removed to accommodate the new improvements so that the new facility would not result in a substantial increase in capacity or intensity of use of the existing Community Center. The existing Community Center has existing utilities and infrastructure such that it would satisfy the requirements for use of the New Construction or Conversion of Small Structures Exemptions identified in Sections 15301 and 15303, as well as the Accessory Structures Exemption and Common Sense Exemption identified in Sections 15311 and 15061 (b)(3). The Project will not result in any specific or general exceptions to the use of the categorical exemption as detailed under State CEQA Guidelines Section 15300.2. It will not cause an impact to an environmental resource of hazardous or critical concern nor would the Project include unusual circumstances which could have a potential significant effect on the environment. It would not result in impacts to scenic highways, hazardous waste sites, historic resources, or other sensitive natural environments, or have a cumulative effect to the environment. Therefore, the Project is exempt as the project meets the scope and intent of the above described Categorical Exemptions. A Notice of Exemption will be filed by FM staff within five days of Board approval.

Developmental Impact Fees (DIF)

The Board of Supervisors of the County of Riverside ordained the 2010-2020 Development Impact Fee "DIF" Ordinance No. 659, which allows for the construction or acquisition of needed facilities to execute the Capital Improvement Plan and support the Riverside County Comprehensive General Plan.

The Executive Office tasked with the execution of the "DIF" ordinance has indicated availability of \$607,627.80 in fund 30569 (for Multi-Service Center) to be committed by the end of FY2021/22.

American Rescue Plan Act (ARPA) Infrastructure Funds

With Action Item 3.42 on September 14, 2021 the Board of Supervisors approved the allocation of \$15,000,000 in federal funding under ARPA to be administered by First 5. With approval, the allocated amount of \$1,000,000 for District 1 will be used for this project.

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA**

With Action Item 21-36 on September 27, 2021, the Commission accepted the funds and approved \$5,000,000 of Prop 10 funds to be allocated equally in each supervisorial district for infrastructure projects. The Commission further authorized the Executive Director to establish agreements with Real Estate Services and Facilities Management through established County process for projects in County-owned facilities.

Proposition 10 Infrastructure Allocation

Through Action Item 20-36 on October 28, 2020, the Commission authorized \$3,800,000 of additional Prop 10 funds for facility projects. Ten (10) projects were funded in Districts 2, 3, 4, and 5 to increase access to serve an additional 80 infants and toddlers, create 13 additional outdoor quality learning environments, impacting 1,263 children in existing care. On June 10, 2020 the Executive Director received a letter of declination in relation to Award CFARC000000018 that set aside \$1,136,000 allocated for a renovation of a child care facility in Moreno Valley. Committed funds for this project were released and returned to the unassigned fund balance for potential future use for infrastructure support.

Pending Board action on this item, an Action Item is on calendar for the May Commission meeting to re-assign \$1,000,000 Proposition 10 funds from the unassigned fund balance to infrastructure support and allocated this amount to the Lakeland Village project to leverage the DIF and ARPA funds.

Impact on Residents and Businesses

The child care center to be constructed at Lakeland Village is expected to provide 25 spaces for children ages 0-3 and to enhance the service provision at this multi-service facility, with easy access to complementary services like the Lakeland Village library.

Additional Fiscal Information

The funding source breakdown will be as follows:

- 23.4% Western County Development Impact Fees - Fund 30569: \$607,628;
- 38.3% Federal - American Rescue Plan Act - Fund 25820: \$1,000,000; and
- 38.3% State - Proposition 10 - Fund 25800: \$1,000,000.

5. **22-19:** Approve Second Amendment with Jan Peterson Child Day Care Center, Inc. from November 1, 2020 - June 30, 2023 for Quality Early Learning Infrastructure Project (**CONTRACT NO. CF21113**)[**\$1,105,354 - PROP 10 FUNDS**]

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AGENDA ITEM: 22-19
DATE OF MEETING: May 11, 2022
ACTION:
INFORMATION:

**APPROVE SECOND AMENDMENT WITH
JAN PETERSON CHILD DAY CARE CENTER, INC. (CONTRACT NO. CF21113)
FROM NOVEMBER 1, 2020 – JUNE 30, 2023
FOR QUALITY EARLY LEARNING INFRASTRUCTURE PROJECT
[\$1,105,354 – PROP 10 FUNDS]**

SUMMARY OF REQUEST

Approve amendment No. 2 (Contract No. CF21113) with Jan Peterson Child Day Care Center, Inc. for an amount not to exceed \$1,105,354, effective November 1, 2020 – June 30, 2023. Approval of this amendment increases the project budget by \$340,000 from \$765,000 to \$1,105,354 to Contract No. CF21113 and extends the project period for an additional 12 months from June 30, 2022 to June 30, 2023 to complete infrastructure improvements.

BACKGROUND

Jan Peterson experienced challenges around structure type that caused significant delays in the completion of the project due to COVID. In addition, changes in the plans from installation of a modular to a permanent structure to meet city requirements increased project costs by \$340,000.

Previous Commission Action:

October 28, 2020 (Action Item 20-36): Authorized Executive Director to exercise Option 1 to fully fund nine (9) additional proposals for an additional \$3,800,000. Jan Peterson CDCCI was one of the agencies awarded funding for infrastructure development.

December 19, 2019 (Action Item 19-29): Approval of investment of \$1.5M to develop an RFP to support the development of quality early learning infrastructure projects for infant and toddler programs. The RFP solicited proposals from private nonprofit and for-profit center-based providers currently participating in Quality Start Riverside County (QSRC).

RECOMMENDED ACTION

That the Commission:

1. Approve second amendment to Contract No. CF21113 with Jan Peterson Child Day Care Center, Inc. for an amount not to exceed \$1,105,354, effective November 1, 2020 – June 30, 2023, for Quality Early Learning Infrastructure Project in substantially the same form as the draft Contract No. CF21113 attached hereto and authorize the Executive Director to sign the contract on behalf of the Commission, subject to County Counsel approval as to form; and
2. Authorize the Executive Director, based on the availability of fiscal funding and as approved by County Counsel to sign amendments that exercise the options of the Contracts No. CF21113, on behalf of the Commission including modifications of the statement of work that stay within the intent of said agreements without requiring further action from the Commission.

BUDGET IMPACT

Adequate appropriation exists in the FY 21/22 budget (938001-25800-92950-527980). The remaining funding has been included in the FY 22/23 proposed annual budget.

STRATEGIC PLAN RELEVANCE

Goal 1: Quality Early Learning

POTENTIAL CONFLICTS OF INTEREST

None known.

ATTACHMENT

1. Amendment No. 2 - Contract No. CF21113 Jan Peterson Child Day Care Center, Inc. FY20-23. Location: 26895 Brodiaea Avenue, Moreno Valley, CA 92555 – District 5

RIVERSIDE COUNTY CHILDREN AND FAMILIES COMMISSION
FUNDING AGREEMENT
SECOND AMENDMENT

RECIPIENT: **Jan Peterson Child Day Care Center, Inc.**

RCCFC Award: **CF21113 QEL**

Address: **268985 Brodiaea Avenue, Moreno Valley, CA 92555
(District 5)**

WHEREAS, the Riverside County Children and Families Commission, also known as “First 5 Riverside” (“Commission”) and **Jan Peterson Child Day Care Center, Inc.** (“Recipient”) entered into Funding Agreement, RCCFC Award No. **CF21113 QEL** (the “Agreement”) for the provision of services for infrastructure development.

Now, therefore, the parties agree to amend the Agreement as follows:

- A. All references to the “term” of the Agreement, as identified in Section 1.1(K), is hereby amended to be effective:

November 1, 2020 – June 30, 2023

- B. All references to the maximum reimbursable amount, as identified in Section 1.1(H) as “Total Contribution”, shall be amended from **\$765,354** to **\$1,105,354**.
- C. Exhibit B-1. Budget is added as outlined in Attachment B-1 and is attached hereto. Exhibit B is deleted in its entirety.
- D. All changes to this Agreement referenced herein shall supersede the comparable sections within the Agreement. All other terms and conditions of the Agreement shall remain in full force and effect.

[Signature page to follow.]

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

**Jan Peterson Child Day Care Center,
Inc.**

By: _____
Carl E. Rowe
Executive Director

Date: _____

**Riverside County Children and Families
Commission:**

By: _____
Tammi Graham
Executive Director

Date: _____

ATTEST:

By: _____
Lynn M. Stephens
Commission Coordinator

Date: _____

APPROVED AS TO FORM:

By: _____
Ronak Patel
Deputy County Counsel

Date: _____

EXHIBIT B-1: BUDGET
November 1, 2020 – June 30, 2023

USE OF FUNDS:		TOTAL REQUESTED:
Development Costs		
1. General Costs/Fees		
1.1	Architect/Consultant Fees	\$32,000
1.2	General Contractor Fees	Included
1.3	Inspection Fees	\$35,000
1.4	Permit Fees	\$75,000
1.5	Land Development	\$45,000
1.6	Other- 10% Contingency	\$52,578
Sub-Total:		\$239,578
2. Permanent Structure		
2.1	Building	\$400,000
2.2	Design Fee	\$40,000
2.3	Working Cap	\$60,000
Sub-Total:		\$500,000
3. Outdoor Site Improvements		
3.1	Demolition and Clearing	\$24,634
3.2	Grading/Drainage/Sewer/Water	\$29,698
3.3	Benches, Café Tables, Water Feature/Water Play, Play Equipment/Structure, Play Surfacing	\$94,500
3.4	Hardscape (asphalt paving, concrete curb, concrete paving, repair play area, concrete gutter, decomposed granite, aluminum edging)	\$68,600
3.5	Landscaping (soil prep/fine grading, weed abatement, 90-day maintenance period, root barrier, shrubs, trees, turf sod, wood mulch, crushed rock)	\$36,473
3.6	Automatic Irrigation System	\$17,561
3.7	Lighting/Electrical (parking lot lights, bollard lights, shelter lights, conduit, conductor, misc. items, electrical to modular)	\$55,750
3.8	Miscellaneous- Curb Paint, striping, concrete ramp	\$3,560
3.9	Shade Structure	\$35,000
		\$365,776
Total: Development Costs		\$1,105,354

6. **22-20:** Approve Third Amendment with Family Service Association (FSA) from November 1, 2020 - June 30, 2023 for Quality Early Learning Infrastructure Projects (**CONTRACT NO. CF21110**) [**\$638,500 - PROP 10 FUNDS**]

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AGENDA ITEM: 22-20
DATE OF MEETING: May 11, 2022
ACTION:
INFORMATION:

**APPROVE THIRD AMENDMENT WITH
FAMILY SERVICE ASSOCIATION (CONTRACT NO. CF21110)
FROM NOVEMBER 1, 2020 – JUNE 30, 2023
FOR QUALITY EARLY LEARNING INFRASTRUCTURE PROJECT
[\$638,500 – PROP 10 FUNDS]**

SUMMARY OF REQUEST

Approve amendment No. 3 (Contract No. CF21110) with Family Service Association for an amount not to exceed \$638,500, effective November 1, 2020 – June 30, 2023. Approval of this amendment increases the project budget by \$274,500 from \$364,000 to \$638,000 and extends the project period for an additional 12 months from June 30, 2022, to June 30, 2023, to complete infrastructure improvements.

BACKGROUND

Family Service Association experienced project delays due to the pandemic's effect on supply chain issues which has resulted in a \$274,500 increase in cost for the project. If approved, the extension allows any unspent funds to rollover into the next fiscal year (FY22/23) and provides additional time for the contractor to complete the project.

Previous Commission Action:

October 28, 2020 (Action Item 20-36): Authorized Executive Director to exercise Option 1 to fully fund nine (9) additional proposals for an additional \$3,800,000 to agencies awarded funding for infrastructure development.

December 19, 2019 (Action Item 19-29): Approval of investment of \$1.5M to develop an RFP to support the development of quality early learning infrastructure projects for infant and toddler programs. The RFP solicited proposals from private nonprofit and for-profit center-based providers who participated in Quality Start Riverside County (QSRC).

RECOMMENDED ACTION

That the Commission:

1. Approve third amendment to Contract No. CF21110 with Family Service Association for an amount not to exceed \$638,500, effective November 1, 2020 – June 30, 2023, for Quality Early Learning Infrastructure Project in substantially the same form as the draft Contract No. CF21110 attached hereto and authorize the Executive Director to sign the contract on behalf of the Commission, subject to County Counsel approval as to form; and
2. Authorize the Executive Director, based on the availability of fiscal funding and as approved by County Counsel, to sign amendments that exercise the options of the Contract No. CF21110, on behalf of the Commission including modifications of the statement of work that stay within the intent of said agreements without requiring further action from the Commission.

BUDGET IMPACT

Adequate appropriation exists in the FY 21/22 budget (938001-25800-92950-527980). The remaining funding has been included in the FY 22/23 proposed annual budget.

STRATEGIC PLAN RELEVANCE

Goal 1: Quality Early Learning

POTENTIAL CONFLICTS OF INTEREST

None known.

ATTACHMENT

1. Amendment No. 3 – Contract No. CF21110 Family Service Association FY20-23. Location: 8172 Magnolia Avenue, Riverside, CA 92504 (District 2)

RIVERSIDE COUNTY CHILDREN AND FAMILIES COMMISSION
FUNDING AGREEMENT
THIRD AMENDMENT

RECIPIENT: **Family Service Association**

RCCFC Award: **CF21110 QEL**

Address: **21250 Box Springs Road, Moreno Valley, CA 92557**
Site Location: 8172 Magnolia Avenue, Riverside CA 92504
(District 2)

WHEREAS, the Riverside County Children and Families Commission, also known as “First 5 Riverside” (“Commission”) and **Family Service Association** (“Recipient”) entered into a Funding Agreement, RCCFC Award No. CF21110 QEL (the “Agreement”) for the provision of services for infrastructure development.

Now, therefore, the parties agree to amend the Agreement as follows:

- A. All references to the “term” of the Agreement, as identified in Section 1.1(K), is hereby amended to be effective:

November 1, 2020 – June 30, 2023

- B. All references to the maximum reimbursable amount, as identified in Section 1.1(H) as “Total Contribution,” shall be amended from **\$364,000** to **\$638,500**.
- C. Exhibit B-2. Budget is added as outlined in Attachment B-2 and is attached hereto. Exhibit B-1 is deleted in its entirety.
- D. All changes to this Agreement referenced herein shall supersede the comparable sections within the Agreement. All other terms and conditions of the Agreement shall remain in full force and effect.

[Signature page to follow.]

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

Family Service Association

**Riverside County Children and Families
Commission:**

By: _____
Cheryl-Marie Hansberger
Chief Executive Officer

By: _____
Tammi Graham
Executive Director

Date: _____

Date: _____

ATTEST:

By: _____
Lynn M. Stephens
Commission Coordinator

Date: _____

APPROVED AS TO FORM:

By: _____
Ronak Patel
Deputy County Counsel

Date: _____

EXHIBIT B-2: BUDGET

November 1, 2020 – June 30, 2023

USE OF FUNDS		
Construction/Rehabilitation		
1	Demolition and site prep	\$47,455.62
2	Fumigation and Tenting	\$11,863.91
3	Fencing	\$23,727.81
4	Ceiling	\$23,727.81
5	Flooring	\$47,455.62
6	HVAC	\$23,727.81
7	Doors and Windows	\$35,591.72
8	Entry Lobby	\$11,863.91
9	Electrical	\$23,727.81
10	Plumbing	\$83,047.34
11	Painting	\$23,727.81
12	Data and Phone lines	\$3,559.17
13	Security system/cameras	\$2,372.78
14	Fire Sprinkler	\$11,863.91
15	Signage	\$3,559.16
16	Appliances	\$23,727.81
Sub-Total:		\$401,000.00
Professional Services		
17	Architecture & Engineering	\$20,000.00
18	Electrical Engineering	\$4,800.00
19	Mechanical Engineering	\$3,720.00
20	Plumbing Engineering	\$4,560.00
21	Building Permit & Local Fees (CUP Amendment)	\$15,000.00
22	Professional Fees (Legal, Accounting, Consultant)	\$10,000.00
23	Project Management	\$20,000.00
24	Portable Restroom Rental	\$6,000.00
Sub-Total:		\$84,080.00
Outdoor/Indoor Classroom		
25	Playground	\$47,320.00
26	Furniture/Fixtures/Equipment	\$46,000.00
Sub-Total:		\$93,320.00
Additional Supplemental Costs (*Only Used if Needed)		
27	Asbestos Removal*	\$20,000.00
28	Contingency (10%)*	\$40,100.00
Sub-Total:		\$60,100.00
Grand Total:		\$638,500.00

7. **22-21:** Approve First Amendment with Early Quality Systems, LLC DBA HUBBE, Inc. for Workforce Web-Based Data System Portal from September 27, 2021 - June 30, 2023 (**CONTRACT NO. CF22138**) [**\$149,054 - PROP 10 FUNDS**]

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AGENDA ITEM: 22-21
DATE OF MEETING: May 11, 2022
ACTION:
INFORMATION:

**APPROVE FIRST AMENDMENT WITH
EARLY QUALITY SYSTEMS, LLC
DBA HUBBE, INC. (Contract No. CF22138) FOR
WORKFORCE WEB-BASED DATA SYSTEM PORTAL
FROM SEPTEMBER 27, 2021 – JUNE 30, 2023
[\$149,054 – PROP 10 FUNDS]**

SUMMARY OF REQUEST

Approve first amendment (Contract No. 22138) with Early Quality Systems, LLC DBA Hubbe, Inc. for an amount not to exceed \$149,054, effective September 27, 2021 – June 30, 2023. Approval of this first amendment increases the project budget by \$73,154 from \$75,900 to \$149,054 and extends the project period for an additional 12 months from June 30, 2022, to June 30, 2023, to support and enhance functionality to First 5's existing Hubbe database (iPinwheel) for Early Care and Education Workforce data collection and management in customized modules.

BACKGROUND

First 5 Riverside County continues to support the early care and education workforce through the administration of wage enhancement payments. Approval of this request will allow the continued use of the Hubbe database, which interfaces with County systems. The Hubbe database automates administration of the orderly disbursement of the allocated American Rescue Plan Act funds to the ECE workforce and collects vital data to inform the County and Commission on current and future investments.

September 27, 2021 (Action Item 21-38): Authorized contract with Early Quality Systems, LLC (EQS) DBA Hubbe, Inc. to add functionality to First 5's existing Hubbe database (iPinwheel) for Early Care and Education Workforce data collection and management in customized modules.

RECOMMENDED ACTION

That the Commission:

1. Approve first amendment to Contract No. CF22138 with Early Quality Systems, LLC DBA Hubbe, Inc. for an amount not to exceed \$149,054, effective September 27, 2021 – June 30, 2023, with the option to extend for an additional one (1) year period, in substantially the same form as the draft Contract No. CF22138 attached hereto and authorize the Executive Director to sign the contract on behalf of the Commission, subject to County Counsel approval as to form.
2. Authorize the Executive Director, based on the availability of fiscal funding and as approved by County Counsel to sign amendments that exercise the options of the Contract No. CF22138, on behalf of the Commission including modifications of the statement of work that stay within the intent of said contract without requiring further action from the Commission.

BUDGET IMPACT

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

STRATEGIC PLAN RELEVANCE

Goal: 1 Quality Early Learning

POTENTIAL CONFLICTS OF INTEREST

None known.

ATTACHMENTS

1. Amendment No. 1 – Contract No. CF22138 EQS HUBBE FY21-23

RIVERSIDE COUNTY CHILDREN AND FAMILIES COMMISSION
CONTRACT
INVESTMENT OF FUNDS
FIRST AMENDMENT

CONTRACTOR: **Early Quality Systems LLC, DBA Hubbe Inc.**

RCCFC Award: **CF22138**

Address: **11956 Bernardo Plaza Drive, Suite 406, San Diego, CA 92128**

WHEREAS, the Riverside County Children and Families Commission, also known as “First 5 Riverside” (“Commission”) and **Early Quality Systems LLC, DBA Hubbe Inc.** (“Contractor”) entered into a Contract for Professional Services, RCCFC Award no. **CF22138** (the “Contract”) for the provision of services.

Now, therefore, the parties agree to amend the Contract as follows:

- A. The first page of the Contract shall be amended to reflect the maximum reimbursable amounts, funding periods, as listed below:

Revised Contract Term: 09/27/2021 – 06/30/2023

Maximum Reimbursable Amount: \$149,054.00

- B. Attachment A-1. Scope of Service is added as outlined in Attachment A-1 and is attached hereto. Attachment A is deleted in its entirety.

- C. Attachment B of the Contract shall be amended to reflect the maximum reimbursable amounts, funding periods, as listed below:

Revised Contract Term: 09/27/2021 – 06/30/2023

Maximum Reimbursable Amount: \$149,054.00

- D. All changes to this Contract referenced herein shall supersede the comparable sections within the Contract. All other terms and conditions of the Contract shall remain in full force and effect.

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

Early Quality Systems LLC, DBA Hubbe
Inc.:

Riverside County Children and Families Commission:

By:

Claire Crandall
Director of Operations

By:

Tammi Graham
Executive Director

Date:

Date:

Attest:

By:

Lynn M. Stephens
Commission Coordinator

Date:

APPROVED AS TO FORM:

Ronak Patel,
Deputy County Counsel

Date:

EXHIBIT A-1

**SCOPE OF SERVICE
 Contract No. CF22138**

CONTRACTOR shall, under the direction of the Executive Director of the Riverside County Children and Families Commission, or designee, provide services in accordance with, but not limited to, the specifications and Scope of Service attached hereto and incorporated herein by reference.

Deliverable	Description	Timeline	Cost Schedule
1. Hosting of an ECE Workforce Initiative Web-Based Data System	<p>Early Quality Systems, LLC will host a secure and fully managed iteration of Hubbe for the purposes of the ECE Workforce Retention and Recruitment Initiative for Riverside County at:</p> <p>https://riversideeceworkforcerecovery.ecehubbe.org/.</p>	Annual Data System License and Hosting Fee	\$52,000.00
2. Web Services Nightly Data Synchronization	EQS will maintain a web service for synchronizing data between the Riverside County Controller’s fiscal data system and the Riverside County ECE Workforce Initiative Data System on a nightly basis.	Annual Maintenance Fee	\$1,800.00
3. Customized Software Development	<ul style="list-style-type: none"> EQS staff will develop customized charts and reports, based on Riverside County requirements, to ensure a robust and thorough initiative reporting functionality. EQS staff will remain involved throughout the duration of the program to collect system requirements as needed. System requirements will be documented and developed by EQS engineers as needed to ensure the program is implemented and managed in a manner that ensures successful implementation and adequate documentation. EQS will make any necessary customized changes to the Hubbe-PeopleSoft automated DAT file transfer protocols necessary to update the data sharing processes with any changes to the program for 2022-23. EQS engineers will also provide technical assistance in making back-end corrections to data as needed to ensure DAT file data quality. 	As Needed	\$9,677.00 <i>(10 days of software development by 2 EQS engineers)</i>
4. Training and Technical Assistance	<ul style="list-style-type: none"> Early Quality Systems will train all Riverside County ECE Workforce Initiative staff, differentiated by role, on all aspects of the system necessary to effectively implement the program. Training schedule to be provided by Riverside County to ensure the dates and times are coordinated to meet the needs of the program team. 	As Needed	No Additional Charge

5. Materials and Resources	<ul style="list-style-type: none"> • Agency Application video tutorial and downloadable PDF instructions in English and Spanish (for FCCH Providers) • Stipend Management System downloadable PDF Instructions • Downloadable PDF Instructions for adding new agencies/sites/sessions manually into the data system when bypassing the application portal and web services for Riverside QCC data. 	As Needed	No Additional Charge
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- A) Timeline for Deliverables: See the Timeline column in the table above
- B) Annual Budget Maximums: FY21/22 - \$75,900; FY22-23 - \$73,154
- C) Cost Schedule: The maximum reimbursable amount for fees shall not exceed \$149,054.00 for the period of 9/27/22 – 6/30/2023. The price listed in the Cost Schedule column in the table above are valid through FY23/24, ending June 30, 2024.

8. **22-22:** Approve First Amendment with Rady Children's Hospital - San Diego for HealthySteps Expansion from July 1, 2021 - June 30, 2023 - **(CONTRACT NO. CF22100) [\$1,554,500 - PROP 10 FUNDS]**

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AGENDA ITEM: 22-22
DATE OF MEETING: May 11, 2022
ACTION:
INFORMATION:

**APPROVE FIRST AMENDMENT WITH
RADY CHILDREN'S HOSPITAL-SAN DIEGO (CONTRACT NO. CF22100)
FOR HEALTHYSTEPS EXPANSION
FROM JULY 1, 2021 – JUNE 30, 2023
[\$1,554,500 – PROP 10 FUNDS]**

SUMMARY OF REQUEST

Approve contract amendment No. 1 (Contract No. CF22100) with Rady Children's Hospital-San Diego (Rady) from July 1, 2021, through June 30, 2023. This request expands HealthySteps services to Hemet. This amendment increases the contract maximum an additional \$454,500 from \$1,100,000 for a total amount not to exceed \$1,554,500.

BACKGROUND

The geographic area of Hemet, with one of the lowest Healthy Place Index score in the County, is a high needs community that would benefit greatly from a HealthySteps site due to its high number of residents, including children under the age of 5, living below the Federal Poverty Level.

HEALTHYSTEPS MODEL

HealthySteps, a program of ZERO TO THREE (the National Center for Infant, Toddlers and Families) is an evidence-based, team-based pediatric primary care program that promotes the health, well-being and school readiness of babies and toddlers, with an emphasis on families living in low-income communities.

HealthySteps demonstrates positive outcomes for children, their families, and the physicians and practices that serve them. Children who participate in HealthySteps are more likely to attend well-child visits on time and to receive timely vaccines and screenings. Parent participants are more likely to receive information on community resources and services; provide infants with age-appropriate nutrition; adhere to child

safety guidelines; use positive parenting strategies; and engage in early literacy-enhancing practices with their children. HealthySteps parents also report higher levels of satisfaction with their pediatric care than non-participating parents. In addition, HealthySteps has enhanced the experiences of providers, with physicians reporting that the model fosters a team-based approach to care and enhances their ability to meet the needs of children and families. Essentially, HealthySteps drives population health because it strategically and inexpensively tailors care, focusing resources on improving the experience and behaviors of parents, providers' care, and broadens services that positively impacts children and families.

January 27, 2021, Action Item No. 21-02: Commission approved extended contracts with existing agencies in alignment with Riverside County Children and Families Commission strategic plan through 2023.

September 12, 2018, Action Item No. 18-30: Commission approved contracts with three agencies to pilot HealthySteps Services through June 30, 2021.

RECOMMENDED ACTION

That the Commission:

1. Approve Amendment No. 1 to Contract No. CF22100 with Rady Children's Hospital-San Diego for an amount not to exceed \$1,554,500.00, effective July 1, 2021 – June 30, 2023, and authorize the Executive Director to sign the Amendment on behalf of the Commission, subject to County Counsel approval as to form.
2. Authorize the Executive Director, based on the availability of fiscal funding and as approved by County Counsel to sign amendments that exercise the options of the Contract No. CF22100, on behalf of the Commission including modifications of the statement of work that stay within the intent of said contract without requiring further action from the Commission.

BUDGET IMPACT

Adequate appropriation exists in the FY 22/23 proposed annual budget (938001-25800-92945-527980).

STRATEGIC PLAN RELEVANCE

Goal 2: Comprehensive Health and Development (92945)

POTENTIAL CONFLICTS OF INTEREST

None known

ATTACHMENTS

1. Amendment 1 CF22100 CHD Rady Children's Hospital HS

RIVERSIDE COUNTY CHILDREN AND FAMILIES COMMISSION
CONTRACT
INVESTMENT OF FUNDS
FIRST AMENDMENT

CONTRACTOR: **Rady Children's Hospital – San Diego**

RCCFC Award: **CF22100 CHD**

Address: **3020 Children Way MC 5134, San Diego, CA 92123**

WHEREAS, the Riverside County Children and Families Commission, also known as "First 5 Riverside County" ("Commission") and **Rady Children's Hospital – San Diego** ("Contractor") entered into an Investment of Funds Contract, RCCFC Award no. **22100 CHD** (the "Contract") for the provision of services.

Now, therefore, the parties agree to amend the Contract as follows:

- A. The first page of the Contract shall be amended to reflect the maximum reimbursable amount, as listed below:

Maximum Reimbursable Amount: \$1,554,500.00

- B. Attachment A-1. Scope of Work is added as outlined in Attachment A-1 and is attached hereto. Attachment A is deleted in its entirety.
- C. Attachment B-1. Budget is added as outlined in Attachment B-1 and is attached hereto. Attachment B is deleted in its entirety.
- D. Attachment C of the Contract shall be amended to reflect the maximum reimbursable amount, as listed below:

Maximum Reimbursable Amount: \$1,554,500.00

- E. All changes to this Contract referenced herein shall supersede the comparable sections within the Contract. All other terms and conditions of the Contract shall remain in full force and effect.

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

Rady Children's Hospital – San Diego:

Riverside County Children and Families Commission:

By:

Nicholas Holmes, M.D.
Senior Vice President and COO

By:

Tammi Graham
Executive Director

Date:

Date:

Attest:

By:

Lynn M. Stephens
Commission Coordinator

Date:

APPROVED AS TO FORM:

Ronak Patel,
Deputy County Counsel

Date:

ATTACHMENT A-1: SCOPE OF WORK

CONTRACTOR: Rady Children’s Hospital – San Diego
PROGRAM: HealthySteps
GEOGRAPHICAL REGION: Zone 2 – Murrieta, Temecula & Hemet
CONTRACT #: 22100 CHD
PROJECT/BUDGET CYCLE: July 1, 2021 – June 30, 2023

STRATEGIC GOAL AREA: Comprehensive Health and Development (Goal 2)

PROGRAM OVERVIEW

Rady Children’s Hospital – San Diego (Rady) will implement the HealthySteps (HS) program. HealthySteps was designed to enhance the ability of pediatric practices to serve families with young children. Children served include low-income individuals who are not entitled to benefits under Title XVIII of the Social Security Act or eligible for assistance under the State plan of Title XIX of the Social Security Act. It is an evidence-based, interdisciplinary pediatric primary care program that ensures babies and toddlers receive nurturing parenting and have healthy development. Services are divided into three (3) tiers that include, Universal Services (Tier 1), Short Term Supports (Tier 2), and Comprehensive Services (Tier 3).

Tier 1 services are provided to all participating children. These services include child developmental, social-emotional and behavioral screenings, family needs screenings, and access to a child development support line. Children and families with screenings producing mild concerns will receive Tier 2 services.

Tier 2 services include all Tier 1 services and add child development and behavioral consults, care coordination/case management and systems navigation, positive parenting guidance and information, and access to early learning resources.

Families most at risk receive Tier 3 services, which include all Tier 1 and Tier 2 services, and ongoing, preventative team-based well-child visits conducted at the practice or at the family’s home.

Major aspects of HealthySteps include:

- Enhanced well-child care: Well child office appointments, conducted jointly or sequentially by a pediatrician, family physician, or nurse practitioner, and a HealthySteps Specialist (HSS), are designed to answer parents’ questions about child

development; to identify and respond to “teachable moments;” and to encourage early reading activities as part of the Reach Out and Read Program.

- Child development telephone information line: The HSS at each site staff a telephone line to answer parents’ questions about day-to-day worries and developmental concerns.
- Child development and family health check-ups: Check-ups with developmental assessments are conducted to detect signs of developmental or behavioral problems and to identify family health risks.
- Written materials for parents that emphasize prevention and health promotion: Parents receive materials prior to and during office visits that address medical, developmental, and practical topics. Parents also receive a Child Health and Development Record that chronicles immunizations, physical growth, developmental milestones, and parental concerns through age 18.
- Linkages to community resources: The HSS at each site compiles a book listing community resources. At some sites, the HSS have developed a bulletin board in the practice that displays a variety of information pertinent to child development and community resources.

Healthy Steps Specialist

The key feature of the Healthy Steps program is the HSS. Healthy Steps Specialists are professionals with training in early childhood development, nursing, or social work. The HSS offers screening and support for common and complex concerns that physicians often lack time to address, including feeding, behavior, sleep, attachment, depression, social determinants of health, and adapting to life with a baby or young child. They are trained to provide families with parenting guidance, support between visits, referrals, and care coordination, all specific to their needs.

HealthySteps positively affects both children and their families. National evaluations of families receiving Tier 2 and Tier 3 services show long-term outcomes (3+ years) of:

- Improved perceptual, motor, and physical development
- Enhanced social-emotional well-being
- Improved cognitive skills
- Enhanced language and communication skills
- Improved approached to learning

CROSS SYSTEMS INTEGRATION - OPPORTUNITIES

To drive cross-system integration and improve collaborative supports that result in community benefits, partners with shared outcomes play a key role in participating in First 5 Riverside County endorsed initiatives noted below. Benefits may include: 1) care and support for the right person, in the right place, and at the right time; 2) enhanced access to programs and support; 3) improved life chances; and 4) prevention and early intervention.

Help Me Grow – Inland Empire (HMG-IE) is a regional system approach, between Riverside and San Bernardino Counties, that promotes cross-sector collaboration to build an efficient early childhood network that promotes healthy development of children. Children benefit from a centralized access point that assists families to connect with specialized professionals in community-based settings, following early detection through screenings for cognitive, physical, or behavioral issues. Help Me Grow National Center has identified value in layering community resources and aligning services that address the needs for children. As HMG – IE evolves, **Rady** is identified as a critical partner in this system approach and will participate in regional stakeholder convenings and collaborate on resource linkages for families.

Strengthening Families (SF)TM is a research-informed approach to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect. It is based on engaging families, programs, and communities in building five protective factors that reduce stress in families and helps to prevent child abuse and neglect. The HealthySteps Family Needs Questionnaire takes this approach. At the same time partners must follow First 5 Riverside County protocols for use of the SF approach.

Reach Out and Read (ROR) is an evidence-based strategy to promote book sharing and language development as part of the enhanced well-child visit. The first five years of life offer a critical window for learning, with rapid brain development that does not occur at any other time. Many children, especially from low-income families, are not read to from birth. The Reach Out and Read program (ROR) helps to foster early literacy practices with parents of HealthySteps by starting in infancy about the importance of parents reading aloud. At every well-child visit, from 6 months to 5 years, each child receives a new, developmentally appropriate book to take home. Parents are taught new ways to stimulate children's literacy development and encouraged to read to their children more. Children who grow up without sufficient exposure to language arrive at school without basic literacy skills and often struggle with reading in early grades. Research shows that children who start school on track are more likely to reach their full educational, social, and life potential.

Language Environment Analysis (LENA) is technology that measures the early language environment of children ages 0-5. The technology offered by LENA consists of a compact digital recorder in a vest that a child can wear comfortably, software that turns the recording into data and a cloud-based system for managing the data. Feedback from LENA helps parents and caregivers

increase the quantity and quality of interactive talk. The *LENA Start* Program aligns and enhances quality improvement practices by encouraging family engagement.

LENA Start builds school readiness and strengthen families with children 0-3 years of age with parent-group classes through community programs. *LENA Start* is an evidence-based community program designed to engage families and help them learn how to increase conversation with their children during the first few years of life. *LENA Start* implementation will continue to occur with trained community partner agencies.

Quality Start Riverside County (QSRC) is an innovative approach for early learning programs to begin identifying and implementing principles of quality early learning experiences for children. The goal of this approach is to help children 0 through 5 years of age and their families thrive, by increasing the number of high-quality early learning settings. As this initiative continues to evolve, ***Rady*** will collaborate with First 5 Riverside County to develop potential partnerships and opportunities established by the Riverside County Quality Rating Improvement System Consortia in which QSRC can begin to be embedded in program delivery throughout Riverside County.

First 5 Riverside County Home Visiting programs (F5RC) are evidence-based models supporting parents and parents-to-be with strategies to provide a nurturing and safe environment where children are healthy, safe, and secure. Home visiting focuses on strengthening and supporting families by building relationships, teaching problem-solving skills, encouraging positive parent-child relationships, supporting early child growth and development, and specialized training for children with special needs. As a two-generation approach, home visiting has the potential to improve outcomes across a range of domains, such as child health, school readiness, parent economic self-sufficiency, and parenting practices. When appropriate, funded partners will provide families with referrals to First 5 Riverside County Home Visiting programs.

First 5 Riverside County Family Resource Centers and Community Hubs FRCs are a key delivery network of services and conduits for strengthening families via family-centered, community-based and culturally sensitive services that include cross-system collaboration as a means to prevent child abuse and neglect. More specifically, FRCs play a critical role in the community serving as a trusted partner strengthening children and families, connecting families to an array of supportive systems of care and preventing child abuse and neglect. With a systems approach, ***Rady*** and funded partners will build relationships with Family Resource Centers and community hubs in Riverside County to support and link families to a variety of resources, services, activities and referrals such as HMG-IE and local clinics, or wherever children are seen by other health professionals. When appropriate, the HealthySteps Specialist may also participate in community outreach events and provide families information and services on site at Family Resource Centers and community hubs to meet families where they live, provide engagement, and promote the HealthySteps Program.

Major Objectives	Major Functions, Tasks, and Activities	Performance Measures and/or Deliverables	Targets
<p><u>Enhanced Well Child Care, Referrals, and Linkages</u></p>	<p>Rady will employ 9.0 (FTE) HealthySteps Specialists (HSS) to provide Enhanced Well Child Care that will work in tandem with Physician Champion to provide:</p> <ul style="list-style-type: none"> • Tailored guidance and referrals, • On-demand support between visits, and • Care coordination and home visits when needed. <p>Rady in collaboration with Zero to Three and First 5 Riverside County will expand the HealthySteps program into the Rady Hemet clinic.</p> <p>All children and caregivers receive Tier 1 services:</p> <ul style="list-style-type: none"> • Child developmental, social-emotional & behavioral screening • Screening for family needs (maternal depression, other risk factors, social determinants of health) • Child Development support line (phone, text, email, online) <p>Tier 2 services for mild concerns include the addition of the following short-term supports:</p> <ul style="list-style-type: none"> • Child development & behavior consults • Care coordination/case management & systems navigation • Positive parenting guidance & information <p>Tier 3 services for the most at-risk families include the addition of the following comprehensive services:</p> <ul style="list-style-type: none"> • Ongoing, preventative team-based well-child visits at the clinic or via home visitation. 	<p>Rady will engage the eight (8) core components of the evidence-based HealthySteps model:</p> <ol style="list-style-type: none"> 1. Child development, social-emotional & behavioral screening 2. Screening for family needs (i.e., maternal depression, other risk factors, social determinants of health) 3. Child development support line with responses within a maximum of 3 days (e.g., phone, text, email, online portal) 4. Child developmental & behavioral consults 5. Care coordination & systems navigation 6. Positive parenting guidance & information 7. Early learning resources 8. On-going preventative team-based well-child visits 	<p>For FYs 2021/2022 through 2022/2023 Rady will submit aggregate client data for each of the targets below. Data will be submitted monthly/quarterly by the 20th of the month. This due date may be modified by First 5 Riverside County for any given month.</p> <ol style="list-style-type: none"> 1. Rady HealthySteps program will document the number of children age 0-3 in the practice. (Report monthly) 2. Rady HealthySteps program will document the number of children age 0-3 with at least one completed developmental screen. (Report quarterly) 203 3. Rady HealthySteps program will document the number of children age 0-3 with at least one completed social-emotional/behavioral screen. (Report quarterly) 4. Rady HealthySteps program will document the number of children age 0-3 with at least one completed autism screen. (Report quarterly) 5. Rady HealthySteps program will document the number of children age 0-3 whose mothers had at least one completed maternal depression screen. (Report quarterly)

Major Objectives	Major Functions, Tasks, and Activities	Performance Measures and/or Deliverables	Targets
			<p>6. Rady HealthySteps program will document the number of children age 0-3 with at least one family member screened for each of the following key needs listed (Food insecurity, housing stability or homelessness, utility needs, transportation needs, interpersonal safety, substance misuse, tobacco use). (Report quarterly)</p> <p>7. Rady HealthySteps program will document the number of children age 0-3 who received Tier 2 services. (Report monthly)</p> <p>8. Rady HealthySteps program will 204 serve (FY 2021-2022, 1,000)(FY 2022-2023, 1,800) children age 0-3 using the HealthySteps approach with Tier 3 services, on an annual basis. (Report monthly)</p> <p>9. Rady HealthySteps program will document the number of mothers with children age 0-3 receiving Tier 3 services. (Report monthly)</p> <p>10. Rady HealthySteps program will document the number of children age 0-3 receiving Tier 3 services who received at least one ongoing, preventative team-based Well Child Visit. (Report quarterly)</p> <p>11. Rady HealthySteps program will document the number of children</p>

Major Objectives	Major Functions, Tasks, and Activities	Performance Measures and/or Deliverables	Targets
			<p>age 0-3 receiving Tier 3 services whose primary caregiver received a referral for each of the following services: (Early Intervention services (Part C), Early Care and education (e.g. childcare, Early Head Start, preschool, etc.), Child mental health (including parent/child didactic treatment). (Report quarterly)</p> <p>12. Rady HealthySteps program will document the number of mothers with children age 0-3 receiving Tier 3 services who received a referral for maternal depression services. (Report quarterly)</p> <p>13. Rady HealthySteps program will document the number of children age 0-3 receiving Tier 3 services with a primary caregiver who received a referral (internal or external) to any other services not captured in any other target. (home visiting, lactation, food-related, financial assistance, housing assistance, transportation assistance, intimate partner violence, substance use/addiction counseling/treatment, smoking cessation counseling/treatment, adult health care, family planning, adult education, job training or employment, other). (Report quarterly)</p>

Major Objectives	Major Functions, Tasks, and Activities	Performance Measures and/or Deliverables	Targets
<p><u>Screenings and Assessments</u></p>	<p>Children and caregivers will receive screenings and assessments based upon the following age schedule: 1-month 2-months 4-months 6-months 9-months 12-months 15-months 18-months 24-months 30-months 36-months</p> <p>Recommendations are based on Bright Futures/American Academy of Pediatrics (AAP) Periodicity Schedule (April 2017).</p> <p>See Table 1 for additional information.</p>	<p>Rady will perform screening and assessments of the following types:</p> <ul style="list-style-type: none"> • Maternal Depression – Edinburgh Postnatal Depression Scale (EPDS) or Patient Health Questionnaire (PHQ)-2/9 • Family Needs – HealthySteps Family Needs Questionnaire or similar tool • Developmental Screening – Ages and Stages Questionnaire, Third Edition (ASQ-3) or Parents’ Evaluation of Developmental Status – Developmental Milestones (PEDS-DM) • Social-Emotional/Behavioral Screening – Ages and Stages Questionnaire: Social-Emotional, Second Edition (ASQ-SE2) or Baby Pediatric Symptom Checklist (BPSC) • Autism Screening – Modified Checklist for Autism in Toddlers, Revised with Follow-up (M-CHAT-R/F) or Parent’s Observations of Social Interactions (POSI) 	<p>206</p>

Major Objectives	Major Functions, Tasks, and Activities	Performance Measures and/or Deliverables	Targets
		<p>See screening/assessment schedule, Table 1. Recommendation are based on Bright Futures/AAP Periodicity Schedule (April 2017).</p> <p>Annual reporting data submitted to Zero to Three will be shared with First 5 Riverside County within 30 days of submission.</p>	
<p><u>Long-term Sustainability/ Public Awareness/Policy Change</u></p> <p>Agency will develop a long-term sustainability plan outlining how the program will be maintained after First 5 Riverside County funding ends.</p> <p>Agency will initiate policy changes which enable stakeholder buy-in and cultural shifts at the community, family and parent/caregiver levels.</p>	<ul style="list-style-type: none"> • Maintain partnerships to leverage funding from other sources and continue the program beyond the funding cycle. • Promote HealthySteps at Community Forums, Joint Operational Meetings and channel through the Family Resource Centers. • Policies will be reviewed and shall be inclusive of the HealthySteps program; develop referral procedures for providers and families to access the service. • As HealthySteps evolves, Rady is identified as a critical partner in this systems approach and will participate in stakeholder convenings. 	<p>Improve family functioning and improve lives of children and families in Riverside County.</p>	<p>Report long-term sustainability, public awareness, and policy change activities in the Performance Narrative quarterly reports.</p>

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TABLE 1: SCREENING AND ASSESSMENT SCHEDULE

	MATERNAL DEPRESSION	FAMILY NEEDS*	SOCIAL-EMOTIONAL/BEHAVIORAL SCREENING	DEVELOPMENTAL SCREENING**	AUTISM SCREENING
1-Month	X	X			
2-Month	X				
4-Month	X				
6-Month	X		X		
9-Month		X		X	
12-Month			X		
15-Month		X			
18-Month				X	X
24-Month		X	X		X
30-Month				X	
36-Month		X	X	X	

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* HealthySteps Family Needs Questionnaire


** Developmental Surveillance for 36-month screening



ATTACHMENT B-1
 PROGRAM BUDGET
 FISCAL YEAR: 2021-2022

ORGANIZATION:	Rady Children's Hospital San Diego	FINANCE OFFICER:	Nancy Phillips/Dan Hamann	CONTRACT #:	22100 CDH
PROGRAM TITLE:	HealthySteps	PROGRAM DIRECTOR:	Camellia Mortezaazadeh	ANNUAL BUDGET:	\$ 574,242
				PROJECT BUDGET:	\$ 1,554,500
LINE	Budget Category				
I.	SALARIES & BENEFITS				
	Expense		% of Allocation:		COST
1	Salary				362,387
2	Benefits				94,221
	TOTAL SALARIES & BENEFITS:				456,608
II.	OPERATIONAL EXPENSES				
	Expense:		% of Allocation:		COST
1	External Rent		2%		13,297
2	Utilities		0%		-
3	Telecommunication		1%		4,198
4	Mileage		0%		700
5	Supplies		0%		1,698
6	Building and Maintenance Repairs		0%		-
7	Equipment		0%		514
8	Meetings		0%		-
9	Outside Training		1%		2,933
10	Purchased Services		1%		5,568
11	Facilitation Funds		0%		-
	TOTAL OPERATIONAL EXPENSES				28,908
VI.	SUBCONTRACTORS				
	Expense:		% of Allocation:		COST
1	Huron		2%		13,825
2			0%		-
3			0%		-
VIII.	INDIRECT COST RATE				
	Expense:		% of Allocation:		COST
1	Acceptable rate as determined by Commission @ 15% of total program costs		13%		74,901
	SUBTOTAL EXPENSES:		20%		117,634
			TOTAL BUDGET:		574,242

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		ATTACHMENT B-1 PROGRAM BUDGET FISCAL YEAR: <u>2022-2023</u>			
ORGANIZATION: Rady Children's Hospital San Diego		FINANCE OFFICER: Nancy Phillips/Dan Hamann		CONTRACT #: 22100 CDH	
PROGRAM TITLE: HealthySteps		PROGRAM DIRECTOR: Camellia Mortezaazadeh		ANNUAL BUDGET: \$ 574,242	
				PROJECT BUDGET: \$ 1,554,500	
LINE	Budget Category				
I. SALARIES & BENEFITS					
Expense				% of Allocation:	COST
1	Salary				362,387
2	Benefits				94,221
TOTAL SALARIES & BENEFITS:					456,608
II. OPERATIONAL EXPENSES					
Expense:				% of Allocation:	COST
1	External Rent			2%	13,297
2	Utilities			0%	-
3	Telecommunication			1%	4,198
4	Mileage			0%	700
5	Supplies			0%	1,698
6	Building and Maintenance Repairs			0%	-
7	Equipment			0%	514
8	Meetings			0%	-
9	Outside Training			1%	2,933
10	Purchased Services			1%	5,568
11	Facilitation Funds			0%	-
TOTAL OPERATIONAL EXPENSES					28,908
VI. SUBCONTRACTORS					
Expense:				% of Allocation:	COST
1	Huron			2%	13,825
2				0%	-
3				0%	-
VIII. INDIRECT COST RATE					
Expense:				% of Allocation:	COST
1	Acceptable rate as determined by Commission @ 15% of total program costs			13%	74,901
SUBTOTAL EXPENSES:				20%	117,634
				TOTAL BUDGET:	574,242

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ATTACHMENT B-1
 PROGRAM BUDGET
 FISCAL YEAR: 2022-2023

HEMET EXPANSION PORTION

ORGANIZATION:	Rady Children's Hospital San Diego	FINANCE OFFICER:	Nancy Phillips/Dan Hamann	CONTRACT #:	22100 CDH
PROGRAM TITLE:	HealthySteps	PROGRAM DIRECTOR:	Camellia Mortezaadeh	ANNUAL BUDGET:	\$ 406,016
				PROJECT BUDGET:	\$ 1,554,500
LINE	Budget Category				
I. SALARIES & BENEFITS					
	Expense			% of Allocation:	COST
1	Salary				310,021
2	Benefits				86,806
	TOTAL SALARIES & BENEFITS:				396,827
II. OPERATIONAL EXPENSES					
	Expense:			% of Allocation:	COST
1	External Rent			1%	5,700
2	Utilities			0%	-
3	Telecommunication			1%	3,600
4	Mileage			0%	1,404
5	Supplies			2%	10,000
6	Building and Maintenance Repairs			0%	-
7	Equipment			4%	14,673
8	Meetings			0%	-
9	Outside Training			2%	6,400
10	Purchased Services			2%	8,068
11	Faciliation Funds			0%	-
	TOTAL OPERATIONAL EXPENSES				49,845
VI. SUBCONTRACTORS					
	Expense:			% of Allocation:	COST
1	Huron			2%	8,750
2	ZTT Certification Fee			4%	15,000
3	External EPIC Report Writer			1%	4,375
VIII. INDIRECT COST RATE					
	Expense:			% of Allocation:	COST
1	Acceptable rate as determined by Commission @ 15% of total program costs			18%	71,220
	OFFSETS - MH Treatment Offset \$120,000, Donation from RCHSD Transforming MH Initiative \$20,000			-34%	(140,000)
	SUBTOTAL EXPENSES:			2%	9,190
				TOTAL BUDGET:	406,016

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9. **22-23:** Approve First Amendment with Persimmonny International, Inc. from July 1, 2020 - June 30, 2023 (**CONTRACT NO. CF20114 PSC**) [**\$289,359 - PROP 10 FUNDS**]

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AGENDA ITEM: 22-23
DATE OF MEETING: May 11, 2022
ACTION:
INFORMATION:

**APPROVE FIRST AMENDMENT WITH
PERSIMMONY INTERNATIONAL, INC. (CONTRACT NO. CF20114 PSC)
FROM JULY 1, 2020 – JUNE 30, 2023
[\$289,359 – PROP 10 FUNDS]**

SUMMARY OF REQUEST

Approve amendment No. 1 (Contract No. CF20114 PSC) with Persimmony International, Inc. for an amount not to exceed \$289,359, effective July 1, 2020 – June 20, 2023. Approval of this amendment increases the budget by \$99,000 from \$190,359 to \$289,359 and extends the project period an additional 12 months from June 30, 2022, to June 30, 2023, to maintain the Persimmony data management system.

BACKGROUND

Commission staff have surveyed the landscape around database systems utilized by other First 5 Commissions. In the interim of selecting a platform to support the growing needs of the department and the corresponding implementation process, there is a necessity to continue utilizing the Persimmony database in parallel to avoid any potential gaps in operational processes, including collection of data and processing of monthly expenditures. The request is in alignment with Commission approval (Action Item 20-20) for additional one year option.

May 13, 2020 (Action Item 20-20): Authorized Executive Director to execute contract #CF20114 PSC for a total amount of not to exceed \$190,359. This contract was for the term of two (2) years with one (1) year extension option.

RECOMMENDED ACTION

That the Commission:

1. Approve the first amendment of Contract No. CF20114 PSC for one additional year for an amount not to exceed \$289,359 for the extended term in essentially the same form as the draft First amendment attached hereto and authorize the

Executive Director to sign the contract on behalf of the Commission, subject to County Counsel approval as to form.

2. Authorize the Executive Director, based on the availability of fiscal funding and as approved by County Counsel to sign amendments that exercise the options of the Contract No. CF20114 PSC, on behalf of the Commission including modifications of the statement of work that stay within the intent of said contract without requiring further action from the Commission.

BUDGET IMPACT

Adequate appropriation exists in the FY 22/23 proposed annual budget (938001-25800-92955-525440).

STRATEGIC PLAN RELEVANCE

Priority Area 4: Countywide

POTENTIAL CONFLICTS OF INTEREST

None known

ATTACHMENTS

1. Amendment 1 Contract No. CF20114 Persimmony Inc.

RIVERSIDE COUNTY CHILDREN AND FAMILIES COMMISSION
CONTRACT
PROFESSIONAL SERVICE AGREEMENT
FIRST AMENDMENT

CONTRACTOR: **Persimmony International, Inc.**

RCCFC Award: **CF20114**

Address: **33 Endless Vista, Aliso Viejo, CA 92656**

WHEREAS, the Riverside County Children and Families Commission, also known as "First 5 Riverside" ("Commission") and Persimmony International, Inc. ("Contractor") entered into that certain Professional Service Agreement (Contract ID #CF20114 PSC) (the "Contract") for the provision of services.

Now, therefore, the parties agree to amend the Contract as follows:

1. Amend Section 2. Time for Performance, to read "This Agreement is effective July 1, 2020, to June 30, 2023, or at such other time as is mutually agreed upon in writing by RCCFC and CONTRACTOR as provided herein.
2. Amend Section 3. Compensation, to read: "The total amount of compensation to be paid to CONTRACTOR for the services to be provided pursuant to this Contract (including any costs incurred by CONTRACTOR) shall not exceed TWO HUNDRED EIGHTY-NINE THOUSAND, THREE HUNDRED FIFTY-NINE, (\$289,359) dollars for the initial two-year period and one (1) year renewal period as outlined in Exhibit B-1 and C-1."
3. Rescind Exhibit A in its entirety and replace it with Exhibit A-1 attached hereto.
4. Rescind Exhibit B in its entirety and replace it with Exhibit B-1 attached hereto.
5. Rescind Exhibit C in its entirety and replace it with Exhibit C-1 attached hereto.
6. This Agreement may be executed in any number of counterparts, each of which will be an original, but all of which together will constitute one instrument. Each party of this Agreement agrees to the use of electronic signatures, such as digital signatures that meet the requirements of the California Uniform Electronic Transactions Act ("CUETA") Cal. Civ. Code §§ 1633.1 to 1633.17), for executing this Agreement. The parties further agree that the electronic signatures of the parties included in this Agreement are intended to authenticate this writing and to have the same force and effect as manual signatures. Electronic signature means an electronic sound, symbol, or process attached to or logically associated with an electronic record and executed or adopted by a person with the intent to sign the electronic record pursuant to the CUETA as amended from time to time. The CUETA authorizes use of an electronic signature for transactions and contracts among parties in California, including a government agency. Digital signature means an electronic identifier, created by computer, intended by the party using it to have the same force and effect as the use of a manual signature, and shall be reasonably relied upon by the parties. For purposes of this section, a digital signature is a type of "electronic signature" as defined in subdivision (i) of Section 1633.2 of the Civil Code.

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

PERSIMMONY INTERNATIONAL, INC.

RIVERSIDE COUNTY CHILDREN AND FAMILIES
COMMISSION

By: _____
Michael Kogus, President and CTO

By: _____
Tammi Graham, Executive Director

Date: _____

Date: _____

ATTEST:

By: _____
Lynn M. Stephens, Commission Coordinator

Date: _____

APPROVED AS TO FORM:

By: _____
Ronak Patel, Deputy County Counsel

Date: _____

EXHIBIT A-1
SCOPE OF SERVICE
PERSIMMONY INTERNATIONAL, INC.

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

CONTRACTOR SERVICE RESPONSIBILITIES

1. CONTRACTOR shall provide and perform the specific tasks of (A) providing a limited and non-exclusive license to use Contractor's Software, (B) hosting of the server necessary to run Software, (C) training, software support, and online training videos, and (D) unlimited customization of reports, assessments, and field values resulting from the use of Software and services identified in the Contract and Exhibit A – Scope of Service for FY2020-2023.
2. CONTRACTOR shall cooperate with any consultant, technical advisor, or committee as designated by the Commission to support the evaluation system development and implementation process.

SOFTWARE HOSTING, MAINTENANCE & SUPPORT

CONTRACTOR shall, under the terms and conditions of this ancillary Agreement ("Software Agreement") to the main Contract for Professional Services to provide Information Technology Services to RCCFC with (A) a limited and non-exclusive license to use CONTRACTOR's Software, and (B) hosting of the CONTRACTOR's Software on their server for RCCFC's use, as set forth below:

1. HOSTING

- 1.1. CONTRACTOR agrees to host Software on its server for the term of the Agreement. CONTRACTOR shall provide RCCFC a dedicated server/database. The server/database will be maintained at a secure location of CONTRACTOR's choice within the continental United States of America. CONTRACTOR reserves the right, if necessary, to subcontract with a reputable operator of an established server farm to provide such services so long as the CONTRACTOR remains primarily liable under the terms and conditions of the CONTRACT and this Software Agreement and CONTRACTOR obtains RCCFC's prior written approval of the subcontract and subcontractor before implementing the subcontract.
- 1.2. In accordance with Section 2 (Accessibility and Uptime) of this Software Agreement below, CONTRACTOR agrees to provide RCCFC with 24 hour, seven (7) days per week, 365 days per year access to the Software on its server/database. CONTRACTOR and RCCFC acknowledge that the dedicated server/database access may be unavailable in the event of routine maintenance, unexpected hardware failure, malicious attacks such as denial of service attacks, or other unforeseeable events which restrict outside access to the server/database.
- 1.3. Software accessibility is granted only to authorized users pursuant to this Software Agreement. The recommended Software user configuration is Windows XP or higher, screen resolution of 1024x768, and Internet access.

- 1.4. CONTRACTOR shall administer a server for RCCFC, and all RCCFC programs who will use the CONTRACTOR's Software (collectively referred to as "Users"), that can run the Software and database as specified in Section 6 (Software and Database Customization). CONTRACTOR's server for this purpose must be able to transmit all communications, and receive, store and transmit all data as described for RCCFC purposes at maximal upload and download speeds which shall not be less than 768 kilobytes per second or 6 megabits per second. Users must be able to communicate with the server/database through a normal Internet connection via state-of-the-art web browser, as defined in Section 6.
- 1.5. Any and all RCCFC information stored on the server/database is the confidential proprietary information of RCCFC and must be treated as such by CONTRACTOR. Subsequent to expiration or termination of the Contract, CONTRACTOR shall provide RCCFC with a complete export of the entire database as described in Exhibit C, paragraph 9 of this Software Agreement.

2. ACCESSIBILITY AND UPTIME

- 2.1. CONTRACTOR must use its best efforts to make the server/database continuously available to users 24 hours per day, seven (7) days per week, 365 days per year.
- 2.2. CONTRACTOR guarantees that the server/database will be available 99.9% of the time in any given month (no more than 43 minutes downtime per month), excluding time necessary for scheduled maintenance and software modifications.
- 2.3. For scheduled maintenance and software modifications, in which case, CONTRACTOR will provide a minimum of three (3) business days prior notice to RCCFC. Scheduled maintenance and software modifications must be conducted outside of normal operating hours, defined as 8am to 5pm Monday to Friday, except for public holidays.
- 2.4. CONTRACTOR will notify RCCFC immediately if the server/database downtime is expected to be more than one (1) hour during the business day.
- 2.5. In any case in which service is interrupted or the server/database is not available on-line, CONTRACTOR is obligated to take all reasonable measures to have service restored as soon as possible.
 - 2.5.1. Server/database uptime implies all the operations of the server/database software are working and users are able to transmit and receive data as required for Software functionality mentioned in this Agreement.
 - 2.5.2. Server/database downtime exists when any of the operations of the server/database software are not working, and users are unable to transmit and receive data as required for Software functionality mentioned in this Agreement. Server/database downtime is measured from the time RCCFC submits a problem report (via email or telephone call to an authorized CONTRACTOR representative) to the time the server/database is once again able to transmit and receive data as required for Software functionality as defined in this Agreement.

3. SYSTEM PROBLEMS & RESPONSE TIMES

- 3.1. CONTRACTOR shall, under the terms and conditions of this Agreement, provide support in and troubleshoot system problems in accordance with the following specifications:

- 3.1.1. The authorized users can access free technical support via phone or via e-mail during Contractor's regular business hours of 8:00 AM to 5:00 PM Pacific, Monday through Friday, excluding national holidays. CONTRACTOR will dedicate at a minimum of one (1) full time equivalent (FTE) as a resource for the users of CONTRACTOR's services.
- 3.1.2. Online support requests made by a RCCFC representative ("Requestor") received through e-mail or online form submissions will be responded to via three modes of communication: (1) telephone; (2) e-mail; or (3) remote desktop technology, depending on the nature of support request and discretion of CONTRACTOR for which support method it deems reasonable. Requestor will be solely responsible for all telephone, Internet and other communication charges that Requestor incurs from any support related activities.
- 3.1.3. During normal business hours, CONTRACTOR will respond within one (1) hour to any support or troubleshooting request pertaining to the server/Software.
- 3.1.4. If the time to resolve exceeds four (4) hours of the initial request, RCCFC will immediately be notified and provided an estimated time for resolution.
- 3.1.5. In case the time to resolve is not acceptable to RCCFC, and downtime is more than one (1) business day, and Contractor has not met the guaranteed uptime for the given month, a penalty of \$500 per business day may be levied on CONTRACTOR by RCCFC.

4. BACKUP & SECURITY

- 4.1. CONTRACTOR must perform a backup of all information on the server/database at least once every 24 hours and must maintain the backup media in a secure location away from the location of the server.
- 4.2. CONTRACTOR agrees to store and process RCCFC data only in the continental United States.
- 4.3. CONTRACTOR shall use all reasonable efforts to protect the RCCFC data from loss or damage. CONTRACTOR shall report, in writing, to RCCFC any use or disclosure of RCCFC data not authorized by this Agreement, including any reasonable belief that an unauthorized individual has accessed RCCFC data. CONTRACTOR shall make a report to RCCFC immediately upon discovery of the unauthorized disclosure, but in no event more than two (2) business days after CONTRACTOR reasonably believes there has been such unauthorized disclosure. CONTRACTOR's report shall, at a minimum, identify: (i) the nature of the unauthorized use or disclosure; (ii) the RCCFC data use or disclosed; (iii) who made the unauthorized use or received the unauthorized disclosure; (iv) what CONTRACTOR has done or shall do to mitigate any deleterious effect of the unauthorized use or disclosure; and (v) what corrective action CONTRACTOR has taken or shall take to prevent future similar unauthorized use or disclosure. CONTRACTOR shall provide such other information, including a written report, as reasonably requested by the RCCFC.
- 4.4. RCCFC retains the right to access and use CONTRACTOR services to access and retrieve RCCFC content stored on CONTRACTOR's system at its sole discretion and at any time.

- 4.5. With every invoice submitted to RCCFC as per the terms of this Agreement and as specified in Exhibit B- Budget, CONTRACTOR will provide a "Backup Status Report", in a format agreed to between the parties, as verification that the system backups are being performed.

5. SOFTWARE MAINTENANCE SERVICES

- 5.1. Through software maintenance and management services, CONTRACTOR agrees to make, apply or install changes to the Software in order to correct any and all defects and deficiencies found by either CONTRACTOR or RCCFC during Software usage, inspection or installation. CONTRACTOR agrees to make these corrections to the Software to improve its performance, to optimize server/database, and to improve the Software's usability and applicability. Software maintenance and management service may include tasks such as, but not limited to: intermediate version releases and upgrades via automatic updates; user support for issues identified as software defects; and, documentation updates. Software maintenance and management services shall extend to the Software and any Data Base Customizations for the term of this Agreement.

SOFTWARE & DATABASE CUSTOMIZATION

6. SOFTWARE MODULES

- 6.1. Persimmony, herein referred to as "Software" or "Program", is a software suite designed to collect participant demographic data, services data, client and family descriptors, authorization information, and outcomes and barriers to achieving outcomes survey data that consists of the following modules and features:
 - 6.1.1. First 5 (Administrators) Module - Set up an unlimited number of programs (agencies) to manage contracts, contacts and performance measures. Generate point-and-click reports with advanced filtering on data fields within the module.
 - 6.1.2. First 5 Client (User) Module - Users collect client and family demographic data, services data, assessment data and contract milestone data. Generate point-and-click reports with advanced filtering on data fields within the module.
 - 6.1.3. Fiscal Module – Users prepare and submit invoices utilizing electronic signature. Tracks invoice approvals and communications about submitted invoices. Stores supporting documentation for invoices. Tracks and reports disbursed funds and matching funds by program and across programs.
 - 6.1.4. Referral Module – Make secure electronic client referrals and share client demographics, assessments and services with another program or export for sending by email or fax.
 - 6.1.5. Contract Monitoring Module – Electronically collect, track, and report on monitoring processes and site reviews.
 - 6.1.6. State Upload Module – Generate and upload First 5 California Annual Report Forms.
 - 6.1.7. GIS Reporting – Create GIS maps and reports that display agency site and client locations.
 - 6.1.8. Unlimited number of assessments/surveys to assist authorized Software users collect data on the clients they serve.

6.1.9. Unlimited number of customized reports that pull data from any of the modules listed above (reports, charts, graphs, and/or GIS).

7. DATA BASE CUSTOMIZATION – NO COST

7.1. CONTRACTOR shall during the term of this Agreement provide reasonable customization, as defined in paragraph 7.1.1, at no additional fee to all existing database functionality in order to meet the needs of RCCFC; including customization of the modules and features within the Software as described herein in Section 6 of this Exhibit A.

7.1.1. Reasonable customization includes modifications to any/all of the data fields currently within the database.

7.1.2. If a request is made to make custom changes to fields not currently in the database and would require an undue amount of time and effort not anticipated at the time of entering into this Agreement, then both parties shall agree upon the scope of those changes and CONTRACTOR shall provide an estimate of time and fees to complete the custom change(s).

8. FEE-BASED DATA BASE CUSTOMIZATION

8.1. Custom fee-based data base changes to be determined.

8.2. All fee-based data base customizations shall be completed in accordance with Exhibit B-Budget.

TRAINING & SUPPORT

Contractor shall, under the terms and conditions of this Agreement provide RCCFC with train-the-trainer training, software support, and online training videos, data exports, and unlimited customization of Software reports, assessments and field values as described herein Exhibit D.

9. TRAINING

9.1. Just-In-Time Video Training: Contractor will provide all authorized RCCFC users access to video training 24-hours a day, seven days a week which provides training “just in time” for any of the data entry screens in the system. The SHOW ME videos provide step-by-step demonstrations on how to enter data, run reports and setup new fields; the pace is determined by the user who can stop, repeat or get back to any portion of the video training at any time.

9.2. Train-The-Trainer: Contractor will provide product training for RCCFC representative(s)/key personnel throughout the term of this Agreement. RCCFC shall be trained to use Contractor’s “Shadow Tools” to share the user’s screen and virtually apply hands-on technical assistance, if needed, to safely and securely manage the user’s computer and applications.

9.3. End-User Training: Upon request, CONTRACTOR will provide end-user trainings using software tools (desktop software sharing and GoTo Meeting) to complete introductory trainings for end-users. CONTRACTOR will also work with RCCFC staff to plan and implement trainings for RCCFC staff and end users on additional modules (e.g. referral module, fiscal module) and ad-hoc or specialized trainings, as needed.

10. SUPPORT

- 10.1. RCCFC representatives shall have unlimited access to CONTRACTOR's technical support via phone, online or e-mail from 8:00 AM to 5:00 PM Pacific Monday through Friday, excluding national holidays for any questions about the system, including but not limited to adding new surveys, questionnaires, assessment, reports, and any other customization of the existing fields within the system.
- 10.2. Authorized users shall have unlimited access to CONTRACTOR's technical support via phone, online or e-mail from 8:00 AM to 5:00 PM Pacific Monday through Friday, excluding national holidays. CONTRACTOR will dedicate at a minimum of one (1) full time equivalent (FTE) as a resource for authorized users who access CONTRACTOR's services.

11. DATA EXPORTS

- 11.1. CONTRACTOR shall during the term of this Agreement provide data exports (in .txt or .xls formats) that can be generated by authorized users at any time of all RCCFC data within the database at no additional fee.
- 11.2. Data export requests by authorized RCCFC representatives can be requested throughout the term of this Agreement provided that these requests are made with reasonable notice and time for CONTRACTOR to export the data.

CONFIDENTIALITY AND PROPRIETARY INFORMATION

RCCFC acknowledges that, in the course of meeting its obligations under this Agreement, it will obtain information relating to CONTRACTOR's products and services that is of a confidential and/or proprietary nature ("Contractor Proprietary Information"). Such Contractor Proprietary Information includes, without limitation, trade secrets, know-how, inventions, techniques, algorithms, programs, documentation and data, (except for RCCFC data), including the Program. "Program" means CONTRACTOR's software programs, centrally hosted and managed by CONTRACTOR, and described in the exhibits hereto, including all modifications, versions, improvements, updates, error corrections, bug fixes, or other enhancements with respect to the functionality or performance of the Program and services, and all related documentation (printed or electronic). RCCFC acknowledges that Contractor Proprietary Information (including the Program) is the intellectual property of and is owned by CONTRACTOR. RCCFC acknowledges that the structure, organization and code of the Program and valued trade secrets and confidential information of CONTRACTOR. RCCFC agrees that any and all patent rights, trademarks, copyrights, trade secrets, or other intellectual property or proprietary rights related to the Program, including any modifications, customizations, enhancements, or derivative works arising out of this Agreement, are exclusively owned by CONTRACTOR. This Agreement does not grant RCCFC any intellectual property rights or title of ownership in Contractor Proprietary Information (including the Program) and all rights not expressly granted are reserved by CONTRACTOR. CONTRACTOR may place copyright and/or proprietary notices, including hypertext links, within the Program. RCCFC may not alter or remove these notices without CONTRACTOR's written permission. Notwithstanding the foregoing, all RCCFC data is the intellectual property of and owned by RCCFC and/or persons under RCCFC's control and shall be held in confidence and deemed RCCFC proprietary information. CONTRACTOR and RCCFC will at all times, both during the term of this Agreement and for a period of at least five (5) years after its termination, keep in confidence and trust the other party's proprietary information which is confidential in nature, and will not use such proprietary information other than as permitted under the terms of this Agreement, nor will one party disclose any of such other party's proprietary information without the written

consent of that party and pursuant to a standard proprietary information agreement. Notwithstanding anything in this section to the contrary, however, each party's proprietary information is not considered confidential in nature to the extent that it includes: (a) information that is in the public domain prior to the disclosure or becomes part of the public domain through no wrongful act of the party receiving the confidential information, (b) information that was in the lawful possession of the receiving party prior to the disclosure without a confidentiality obligation, (c) information that was independently developed by the receiving party outside the scope of this Agreement, or (d) information that was disclosed to the receiving party by a third party who was in lawful possession of the information without a confidentiality obligation.

Information exchanged or received by RCCFC pursuant to this Contract may be subject to public disclosure in accordance with the provisions of the California Public Records Act (PRA). RCCFC agrees to provide notice to CONTRACTOR if CONTRACTOR's Confidential Information is being requested under the PRA to allow the CONTRACTOR opportunity to seek protection in a court of competent jurisdiction.

LICENSE GRANT AND RESTRICTIONS

1. **License Grant.** CONTRACTOR hereby grants to RCCFC a nonexclusive, non-transferable, limited license to use the Program during the term of this Agreement solely to the extent required for RCCFC and/or named persons authorized by RCCFC ("Authorized Users") to access and use the hosted Program and service, including in operation with other software, hardware, systems, networks and services, for RCCFC's internal business purposes.
2. **License Restrictions.** RCCFC shall not: (a) rent, lease, lend, sell, sublicense, assign, distribute, publish, transfer or otherwise make the Program available to any third party, except as expressly permitted by this Agreement; (b) use or authorize the use of the Program in any manner or for any purpose that is unlawful under applicable law; or (c) reverse engineer, decompile, disassemble or otherwise attempt to discover the source code of the Program. RCCFC shall be solely responsible for collecting, inputting and updating data. RCCFC represents and warrants that data, and its use thereof, does not and will not include anything that (a) infringes the copyright, patent, trade secret, trademark or any other intellectual property right of any third party; (b) contains anything that is obscene, defamatory, harassing, offensive, malicious or which constitutes child pornography; or (c) otherwise violates any other right of any third party.
3. **Program Access.** CONTRACTOR shall provide RCCFC with security access to assign system passwords to all authorized users. RCCFC shall be solely responsible for: (a) all user password setup and deletion of all authorized account(s); (b) maintaining the security and confidentiality of all passwords assigned and software security settings. RCCFC may not share its passwords or security settings with unauthorized third parties or attempt to access the Program without providing a password assigned to it.
4. **Disclaimer.** EXCEPT FOR THE EXPRESS OBLIGATIONS OR WARRANTIES SET FORTH IN THIS AGREEMENT, CONTRACTOR EXPRESSLY DISCLAIMS ALL OTHER WARRANTIES, WHETHER EXPRESS, IMPLIED, STATUTORY OR OTHERWISE, WITH RESPECT TO THE SERVICES OR PROGRAM PROVIDED TO RCCFC UNDER THIS AGREEMENT, INCLUDING WITHOUT LIMITATION ALL IMPLIED WARRANTIES OF MERCHANTABILITY, QUALITY, FITNESS FOR A PARTICULAR PURPOSE, NON-INFRINGEMENT AND WARRANTIES ARISING FROM A COURSE OF DEALING, USAGE OR TRADE PRACTICE.

5. **Limitation of Liability.** CONTRACTOR SHALL NOT BE LIABLE FOR ANY INDIRECT, INCIDENTAL, SPECIAL, CONSEQUENTIAL OR PUNITIVE DAMAGES, REGARDLESS OF WHETHER SUCH PARTY HAS BEEN INFORMED OF THE LIKELIHOOD OF SUCH DAMAGES. CONTRACTOR SHALL HAVE NO OBLIGATION OR LIABILITY WHATSOEVER FOR ANY BREACH OF SECURITY OR PRIVACY RELATING TO THE SERVICES, PROGRAM OR DATA THAT (A) IS NOT WITHIN THE SOLE CONTROL OR RESPONSIBILITY OF CONTRACTOR, OR (B) ARISES FROM ANY RECONFIGURATION, MODIFICATION, MISUSE OR ABUSE OF THE PROGRAM OR SERVICE BY RCCFC OR ITS AGENTS.

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**EXHIBIT B-1
 BUDGET**

Annual Recurring Cost				
Description	2020/2021	2021/2022	2022/2023	Contract-Total
First5 database (site license)	\$ 95,621.00	\$ 99,446.00	\$ 99,000.00	\$ 294,067.00
Best Partner Discount	\$ (1,379.00)	\$ (3,329.00)	\$ -	\$ (4,708.00)
System Maintenance	\$ 94,242.00	\$ 96,117.00	\$ 99,000.00	\$ 289,359.00
SaaS operations	Included	Included	Included	Included
User Licenses	Included	Included	Included	Included
Database Support and Help Desk	Included	Included	Included	Included
Technical Assistance and Support				
Dedicated Data Coaching and Assistance	Included	Included	Included	Included
Persimmony User Groups membership including all approved database enhancements for the Standard First5 Persimmony product	Included	Included	Included	Included
Annual Server Hosting and Licensing	Included	Included	Included	Included
Unlimited Assessments and Services	Included	Included	Included	Included
Performance Measurement module	Included	Included	Included	Included
Fiscal module	Included	Included	Included	Included
Contract Monitoring module	Included	Included	Included	Included
Insurance module	Included	Included	Included	Included
Alerts	Included	Included	Included	Included
Standard Reports	Included	Included	Included	Included
Report Customizations to reflect local titles, terminology etc.	Included	Included	Included	Included
Annual State reporting support	Included	Included	Included	Included
Evaluator Support	Included	Included	Included	Included
On-Demand Training Videos	Included	Included	Included	Included
Total Annual Recurring Cost	\$ 94,242.00	\$ 96,117.00	\$ 99,000.00	\$ 289,359.00

One-time Cost				
Description	2020/2021	2021/2022	2022/2023	Contract-Total
One-time cost	\$ -	\$ -	\$ -	\$ -
Total One-time cost	\$ -	\$ -	\$ -	\$ -

Total of All Costs				
Description	2020/2021	2021/2022	2022/2023	Contract-Total
Annual Recurring Costs	\$ 94,242.00	\$ 96,117.00	\$ 99,000.00	\$ 289,359.00
One-time Costs	\$ -	\$ -	\$ -	\$ -
Additional Services*	\$ -	\$ -	\$ -	\$ -
Grand-total Costs	\$ 94,242.00	\$ 96,117.00	\$ 99,000.00	\$ 289,359.00

* Commission may request additional services* from Contractor throughout the term of this agreement. Contractor and Commission shall agree on the scope of work for additional services, and Contractor shall obtain Commission's prior approval in writing before beginning additional services. Pre-negotiated rate for data migration and -integration consulting is \$195/hr.

EXHIBIT C-1 PAYMENT PROVISIONS

A. FISCAL

CONTRACTOR shall be compensated for services rendered pursuant to this Contract and maximum amount over the life of this Contract shall not exceed **TWO HUNDRED EIGHTY-NINE THOUSAND THREE HUNDRED FIFTY-NINE DOLLARS** (\$289,359) as awarded by the COMMISSION, provided pursuant to Proposition 10.

CONTRACT PERIOD: **JULY 1, 2020 – JUNE 30, 2023**

1. Method, Time, and Schedule Conditions of Payment

- a. COMMISSION shall reimburse CONTRACTOR no more than quarterly, in arrears, upon submission by CONTRACTOR of an acceptable invoice for actual expenses incurred under the terms of this Contract. Payment shall be due to CONTRACTOR within thirty (30) days of the COMMISSION's receipt of invoice.
- b. Fees will be paid for the provision of services as outlined in the Scope of Service (Exhibit A) and as outlined in the payment schedule below. Total cost shall not exceed **TWO HUNDRED EIGHTY-NINE THOUSAND THREE HUNDRED FIFTY-NINE DOLLARS** (\$289,359).
- c. Payment shall be made in accordance with satisfactory completion of services rendered and upon receipt of an acceptable invoice. The invoice shall contain CONTRACTOR:
 - 1) Name
 - 2) Physical and Mailing Address
 - 3) Assigned Invoice Number
 - 4) Assigned Contract Number
 - 5) Date of Billing
- d. CONTRACTOR shall submit invoices via mail to:

Riverside County Children and Families Commission
Accounts Payable
585 Technology Court
Riverside, CA 92507

or via e-mail to: RCCFC-accountspayable@RIVCO.ORG
- e. Payment Schedule
The costs are to be paid after completion of deliverables as described in Exhibit A and per the schedule below:
 - July 1 – September 30 (Quarter 1)
 - October 1 – December 31(Quarter 2)
 - January 1 – March 31(Quarter 3)
 - April 1 – June 30 (Quarter 4)

Expected timing and deliverables, with associated costs, are subject to change based on RCCFC's priority and preferences.

10. **22-24:** Approve Second Amendment with Riverside University Health System Medical Center for Maternal Fetal Medicine (MFM) Capacity Building Initiative from July 1, 2020-June 30, 2024 (**CONTRACT NO. CF21100**) **[INCREASE \$200,000 - FRC MATCH FOR TOTAL \$6,580,000 - PROP 10 FUNDS]**

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AGENDA ITEM: 22-24
DATE OF MEETING: May 11, 2022
ACTION:
INFORMATION:

**APPROVE SECOND AMENDMENT WITH
RIVERSIDE UNIVERSITY HEALTH SYSTEM MEDICAL CENTER
(CONTRACT NO. CF21100) FOR
MATERNAL FETAL MEDICINE CAPACITY BUILDING INITIATIVE
FROM JULY 1, 2020 – JUNE 30, 2024
[INCREASE \$200,000 – FRC MATCH FOR TOTAL \$6,580,000 – PROP 10 FUNDS]**

SUMMARY OF REQUEST

Approve contract Amendment No. 2 (Contract No. CF21100) with Riverside University Health System Medical Center (RUHS - MC) effective July 1, 2020, through June 30, 2024, for the maternal fetal medicine (MFM) capacity building initiative. This amendment adds an additional \$100,000.00 for each of the two remaining fiscal years (FY22/23 and 23/24), to fund a Family Resource Network Specialist position for expansion of the family resource center network from previously committed Prop 10 funds. In total, this amendment increases the contract maximum by an additional \$200,000 from \$6,380,000 to a total amount not to exceed \$6,580,000.

BACKGROUND

The Family Resource Network Specialist will expand the resources, services, and supports families may access by linking high-risk pregnant women and families to clinic-based and community-based supports including the Family Resource Centers. This strategy will provide an opportunity to build relationships with families and act as an ambassador to both social connections, programs, and the safety net, as needed and ensure continuity of care once discharged from the MFM clinic. This high-level community-facing position helps identify resources for parents, caregivers, and others to strengthen connections that are responsive to each family's needs.

This position will be located at an existing clinic in District 5 participating in the maternal fetal medicine initiative. These funds will be part of the annual match funding which have already been approved by the Commission for the Family Resource Centers Network Expansion (Action Item 21-20).

Integrated Service Delivery

This approach allows for a systematic and coordinated person-centered service delivery model that strengthens capacity for families, prioritizing prevention and early intervention. In addition, this enhances services and leverages commission investments to further create a robust and integrated system of care through strategic partnerships and community resources.

RECOMMENDED ACTION

That the Commission:

1. Approve Amendment No. 2 to Contract No. CF21100 with Riverside University Health System Medical Center for an amount not to exceed \$6,580,000, effective July 1, 2020 – June 30, 2024, and authorize the Executive Director to sign the Amendment on behalf of the Commission, subject to County Counsel approval as to form.
2. Authorize the Executive Director, based on the availability of fiscal funding and as approved by County Counsel to sign amendments that exercise the options of the Contract No. CF21100, on behalf of the Commission including modifications of the statement of work that stay within the intent of said contract without requiring further action from the Commission.

BUDGET IMPACT

Adequate appropriation exists in FY 22/23 proposed annual budget (938001-25800-92975-527980). Additional funding will be included in the subsequent fiscal year proposed budget process.

STRATEGIC PLAN RELEVANCE

Goal 2: Comprehensive Health and Development (92945)
Goal 3: Resilient Families – Family Resource Centers (92975)

POTENTIAL CONFLICTS OF INTEREST

None known

ATTACHMENTS

1. CF21100 CHD RUHS-MC MFM Amendment 2

RIVERSIDE COUNTY CHILDREN AND FAMILIES COMMISSION
CONTRACT
INVESTMENT OF FUNDS
SECOND AMENDMENT

CONTRACTOR: **Riverside University Health System Medical Center**

RCCFC Award: **CF21100 CHD**

Address: **26600 Cactus Avenue, Moreno Valley, CA 92555**

WHEREAS, the Riverside County Children and Families Commission, also known as “First 5 Riverside” (“Commission”) and **Riverside University Health System Medical Center** (“Contractor”) entered into an Investment of Funds Contract, RCCFC Award no. **CF21100 CHD** (the “Contract”) for the provision of services.

Now, therefore, the parties agree to amend the Contract as follows:

- A. The first page of the Contract shall be amended to reflect the maximum reimbursable amount, as listed below:

Original Maximum Reimbursable Amount:	\$6,380,000.00
Additional Funds (FRC Match)	\$200,000.00
Maximum Reimbursable Amount:	\$6,580,000.00

- B. Attachment A-2. Scope of Work is added as outlined in Attachment A-2 and is attached hereto. Attachment A-1 is deleted in its entirety.
- C. Attachment B-2. Budget is added as outlined in Attachment B-2 and is attached hereto. Attachment B-1 is deleted in its entirety.
- D. Attachment C-1 of the Contract shall be amended to reflect the maximum reimbursable amount, as listed below:

Maximum Reimbursable Amount: \$6,580,000.00

- E. Attachment E. HIPAA Business Associate Agreement is added as outlined in Attachment E and is attached hereto.
- F. All changes to the Contract referenced herein shall supersede the comparable sections within the Contract. All other terms and conditions of the Contract shall remain in full force and effect.

[Signature page to follow.]

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

Riverside University Health System Medical Center

Riverside County Children and Families Commission:

By:

Jennifer Cruikshank
Chief Executive Officer

By:

Tammi Graham
Executive Director

Date:

Date:

Attest:

By:

Lynn M. Stephens
Commission Coordinator

Date:

APPROVED AS TO FORM FOR RCCFC:

Ronak Patel
Deputy County Counsel

Date:

ATTACHMENT A-2: SCOPE OF WORK

Agency:	Riverside University Health System – Medical Center		
Project:	Maternal Fetal Medicine Capacity Building Initiative – Improving Patient Access and Intervention for High Risk Pregnancy		
Geographical Region:	Countywide		
Strategic Goal Area:	Comprehensive Health and Development (Goal 2)		
Contract #:	21100 CHD		
Contract Term:	Year 1:	July 1, 2020 through June 30, 2021	
	Year 2:	July 1, 2021 through June 30, 2022	
	Year 3:	July 1, 2022 through June 30, 2023	
	Year 4:	July 1, 2023 through June 30, 2024	

Background:

Riverside County women and their babies' in-utero are severely underserved when it comes to high-risk pregnancy care. A lack of Maternal Fetal Medicine (MFM) Providers, geography that makes it difficult to access the one hospital-based MFM Provider available, and no centralized information service are all significant systemic issues that must be addressed to improve health outcomes. Riverside County was identified nationally as one of the most difficult places to recruit specialty providers.

There is substantial research showing that pregnancy is a critical time in determining future health outcomes for a child. Predisposition to heart disease, diabetes, and a host of other lifelong chronic illnesses can be traced to health factors while babies are in-utero. The fetal brain triples in size during the last trimester of pregnancy and 90 percent of the brain develops by age 6. A Maternal Fetal Medicine Provider is specialty trained for an additional 3-years post residency in high-risk pregnancy and the factors that contribute to this period of development. In Riverside County, where 49.9 percent of mothers are covered by Medi-Cal, another 25.4 percent are uninsured, and 13.1 out of every 1,000 pregnant women are hospitalized for substance use, the urgency to address this lack of MFM Providers and access is essential.

Riverside University Health System:

For more than 125 years Riverside University Health System (RUHS) has served as the public safety-net healthcare provider for Riverside County. RUHS is inclusive of Riverside County's Medical Center, Community Health Centers, Public Health and Behavioral Health Agencies. The county that RUHS serves is growing rapidly and now has more than 2.2 million residents and almost 30,000 live births per year. The population growth has exposed the county's severe lack of high-risk pre-natal care; Riverside County has the lowest ratio of specialty physician to population in the state of California. To compound the problem, approximately 100 MFM Providers graduate from the 3-year post-residency program nationally every year. This graduation rate barely keeps pace with the number of retiring MFM Providers. RUHS is home to the only full-time hospital-based MFM Provider in the county.

RUHS is uniquely positioned to lead the way in developing a systematic approach that will improve the health of high-risk pregnant mothers and their unborn children by utilizing 12 Community Health Centers that are strategically placed throughout Riverside County as well as a Medical Center located in Moreno Valley. Additionally, leadership at RUHS is committed to increasing MFM provider capacity and improving patient access. This commitment is demonstrated by the medical system's investment in Women's Health programs.

Since 2017, RUHS has demonstrated that implementing systematic process improvements can optimize resources and create cultural change that improves the health of mothers and their children. In the last year, patient visits increased 43% and births increased from 90 per month to 140 per month, while utilizing the same resources. A program for opioid addicted pregnant patients was initiated, and ultrasound evaluations for pregnant mothers increased from approximately 40 a month to 250 a month.

This growth signifies that with more resources RUHS's Women's Health can enact significant systematic change to support high-risk mothers and their children. RUHS has developed a specific and actionable vision that will impact service throughout the entire county.

Alignment with First5 Goals:

The scope of this contract is aligned with the First 5 Riverside strategic plan. Goal Area 2, Comprehensive Health and Development, specifically highlights building provider capacity, which is accomplished by adding a MFM Provider and the appropriate support team. Telehealth, a capacity and access building endeavor is also identified in the strategic plan.

RUHS will build a coordinated network to streamline services and early interventions for women and children in all of Riverside County. RUHS will work to build a financially sustainable program that will not require continued outside investment to maintain.

Project Scope:

First 5 Riverside's (F5R) investment of funds contract with the Riverside University Health System, is to support building new specialty provider capacity in Riverside County. This program will have the following objectives:

1. Recruit a new MFM Provider
2. Optimize the MFM Provider practice
3. Establish a research endowment, focused on pregnancy and 0-5 age projects
4. Equip Six Community Health Clinics with telehealth capabilities
5. Interconnect hospitals, providers, existing perinatal services
6. Develop a perinatal call center and transport system
7. Establish a universal assessment for healthy pregnancies

Objective 1: Increase Provider Capacity by Recruiting a new Maternal Fetal Medicine Provider

RUHS will recruit a MFM Provider by offering two main benefits that an ideal candidate seeks: the ability to work in a novel practice that includes research and innovative medical approaches, and a competitive salary that attracts top medical practitioners nationwide. RUHS is confident that a nationally recognized MFM Provider can be recruited to RUHS with the intent of staying for the remainder of his or her career.

Part 1: Offer a competitive MFM Provider salary

RUHS Medical Center will offer a competitive salary for a new MFM provider by supplementing the existing budget for this position with First 5 Riverside dollars as specified in Attachment B-1: Program Budget. The new MFM Provider will build a practice, so the salary will be sustained in the future without further need for outside funding.

Part 2: Establish a research endowment, focused on pregnancy and 0-5 age projects

As part of the MFM Provider recruitment incentive, RUHS Foundation, a 501c3 supporting RUHS Medical Center, will establish a research endowment for future projects and investigations into novel programs related to women's health and pediatrics. RUHS will consult with F5R program staff on the nature of the women's health and pediatrics related research to be conducted. RUHS will commit to building and sustaining this endowment through additional grants and major donors. RUHS will share project results with F5R and other interested stakeholder agencies.

Such research topics will include, but are not limited to, the development of novel programs to care for pregnant women and children aged 0-5 with diabetes, hypertension, substance abuse disorder, and health disparities, and trialing new methods of care delivery, and integration and linking of existing programs within the region. Research and development of a perinatal/neonatal call center and a county-wide maternal transport system will be high priority. RUHS will operationalize these research findings, particularly for the maternal transport system, and will invest in these programs in the future.

The services of RUHS Foundation to manage and oversee the grant and endowment are also covered by RUHS Medical Center.

Additional Research Topic - Covid-19 Epidemic and Pregnancy Implications:

Research that may be considered as part of this initiative may include COVID-19 impact on mother-to-baby transfer. A preliminary approach may include the following, which will require further consideration:

Background - The previous two corona virus epidemics (SARS and MERS) had increased risk for adverse pregnancy outcomes. However, acquiring SARS-CoV-2 infection does not appear to worsen the clinical course compared to non-pregnant individuals. Likewise, there does not seem to be any vertical transmission to the neonate in utero and it has not been recovered in breast milk from infected individual. That being said, early reports from New York City have shown that a few asymptomatic individuals who were later found to be SARS-CoV-2 positive became suddenly and severely ill, requiring mechanical ventilation during or shortly after undergoing a cesarean delivery. In addition, recent reports have indicated that young and otherwise healthy individuals have experienced severe thrombotic episodes.

It is unknown why some pregnant individuals had such a drastic course and why some individuals became thrombotic. As pregnancy is considered a coagulopathic state, it is unclear what the effects of pregnancy are on pregnant individual with Covid-19. Furthermore, as wide spread testing for SARS-CoV-2 is still not available, the actual prevalence of SARS-CoV-2 infected individuals is unknown.

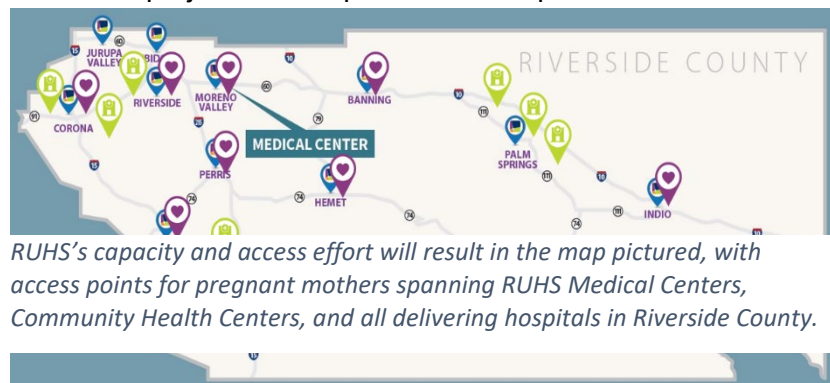
RUHS will perform sampling of pregnant patients coming to the RUHS CHC and Women's Health clinic for exposure to SARS-CoV-2 during their prenatal visits and upon admission for delivery. In addition, a survey will be conducted to identify demographic information, comorbid conditions, and exposure history. When possible, similar information will be obtained from the patients partners. Biological samples will include nasal swabs, maternal blood, amniotic fluid (when feasible), placenta, cord blood and breast milk. Nasal swabs will be obtained from the babies. When feasible, blood and nasal samples will be obtained from the father of the baby or partner of the patient.

The objective of the study is to provide a geographic distribution of cases involving pregnancy, transmission characteristics, clinical course, physiological and immune response by the mother and transmissibility and immune response in the baby.

Part 3: Optimize MFM Provider practice - Care Manager, Project Manager and Ultrasound Technician

The incoming MFM Provider will be interested in ensuring that he or she is practicing medicine in an efficient and resourceful way. Critical to increasing provider capacity is bringing on the support needed to do the work. RUHS Medical Center will hire a Project Manager responsible for the oversight and implementation of all projects developed under this plan. In addition, to

care for the highest risk patients, a registered nurse to care manage this population will be hired as a Care Manager. An Ultrasound Technician dedicated to doing the scans will be hired to optimize the MFM Provider's practice. The practice will be built to a point of self-sufficiency.



The costs of employment, including benefits for the Ultrasound Technician and Project Manager, will be covered by RUHS and the positions will be retained post-grant period.

Objective 2: Increasing Access through Telehealth Capacity Expansion Around Riverside County

By investing in telehealth, pregnant women and their providers anywhere in the county will have better access to RUHS's two MFM Providers. Patients, in locations spanning the county, will have access to high-risk pregnancy care not otherwise available. By utilizing telehealth the

challenges of transport, time, funds, and access are greatly eased. Telehealth equipment is used already successfully for several programs at RUHS.

Part 1: Equip Six Community Health Clinics with telehealth equipment, an ultrasound, and revamped Information Systems (IS) infrastructure.

Two locations per year for 3 years

RUHS has identified six of twelve Community Health Centers strategically positioned to implement telehealth capabilities. The telehealth equipment will include a warranty and training and will already be RUHS-tested and approved.

Sites will be chosen based on the current volume of gynecological and obstetric care and because the locations provide geographically optimized access points (they are easy to get to).

The space needed at the six clinics, as well as the staffing and maintenance required for the operation of the telehealth program, will be financially supported by RUHS.

Objective 3: Interconnect hospitals, providers, existing perinatal services through Riverside County

Part 1: Link existing county resources

RUHS will make efforts to link existing County resources. Of high priority is optimizing programs such as Black Infant Health, Nurse Family Partnership, Adolescent Family Life, Loving Support, WIC, Public Health Nursing, SU Cares and more by developing centralized partnerships. The RUHS Care Coordinator will be responsible for linking patients with services.

Part 2: Liaison with hospital and clinics

RUHS will visit and discuss RUHS's high-risk pregnancy offerings with hospitals and clinics throughout the region, most urgently MFM Provider access and telehealth, and sharing guidelines of care including referral guidelines.

Part 3: Developing a call center

RUHS will establish a perinatal call center. A call center will provide easy and timely access for perinatal consults and referrals for outside providers and hospitals. This effort is connected to the research endowment for planning and implementation. The center will be designed for real time access for urgent medical questions, referrals and hospital transfers. Email access will also be available for non-urgent questions, concerns or referrals. Establishing the call center will be the precursor to the future maternal-fetal transport system for Riverside County.

Part 4: Establish a universal assessment for healthy pregnancies

RUHS will identify and establish a universal assessment and referral processes inclusive of county- and community-based supports to address social determinants of health impacting pregnancies and the overall well-being of young children and their families.

Opportunities for Cross System Integration:

To drive cross-system integration and improve collaborative supports that result in community benefits, partners with shared outcomes play a key role in participating in First 5 Riverside endorsed initiatives noted below. Benefits may include: 1) care and support for the right person, in the right place, and at the right time; 2) enhanced access to programs and support; 3) improved life chances; and 4) prevention and early intervention. As these initiatives expand and impact service areas there will be an opportunity to intentionally connect families to more comprehensive systems of care.

Home Visiting Programs, including but not limited to, Nurse-Family Partnership[®] are evidence-based, community health programs with over 40 years of evidence showing significant improvements in the health and lives of first-time moms and their children living in poverty. They provide evidence-based parent support services to address family needs. RUHS will link maternal patients with these programs.

Help Me Grow – Inland Empire (HMG-IE) is a regional system approach, between Riverside and San Bernardino Counties, which promotes cross-sector collaboration to build an efficient early childhood network that promotes healthy development of children. Children benefit from a centralized access point that assists families to connect with specialized professionals in community-based settings, following early detection through screenings for cognitive, physical, or behavioral issues. Help Me Grow National Center has identified value in layering community resources and aligning services that address the needs for children. As HMG – IE evolves, RUHS is identified as a critical partner in this system approach and will participate in regional stakeholder convenings.

Strengthening Families (SF)[™] is a research-informed approach to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect. It is based on engaging families, programs, and communities in building five protective factors that reduce stress in families and helps to prevent child abuse and neglect. At the same time partners must follow First 5 Riverside protocols for use of the SF approach.

Quality Start Riverside County (QSRC) is an innovative approach for early learning programs to begin identifying and implementing some of the principles of quality early learning experiences for children. The goal of this approach is to help children 0 through 5 years of age and their families thrive, by increasing the number of high-quality early learning settings. As this initiative continues to evolve, RUHS will collaborate with First 5 Riverside to develop potential partnerships and opportunities established by the Riverside County QRIS Consortia in which QSRC can begin to be embedded in program delivery throughout Riverside County.

HealthySteps is an evidence-based, team-based pediatric primary care program designed to promote nurturing parenting and healthy development for babies and toddlers. RUHS will link mothers served by the Maternal Fetal Medicine program to the HealthySteps program at RUHS beginning with the newborn Well Child Visit.

Family Resource Centers. Through the Family Resource Center (FRC) Network Expansion, First 5 Riverside seeks to connect with families in the spaces that are optimal for them, including families' own homes and spaces in the community that are convenient and create opportunity for parents/caregivers to strengthen connections to each other and their communities. The MFM initiative is highly valued by participating families, offering a partner in the parenting endeavor in the most significant setting to the child's development. These efforts would include a Family Resource Network Specialist, a community-facing position to support this expansion effort by RUHS. This position will be hired in Year 3 (July 1, 2022 – June 30, 2023) and RUHS will work with F5RC to establish performance targets during this period. The Family Resource Network Specialist will have access to and utilize the F5RC Apricot 360 data system subject to the terms and conditions of the HIPAA Business Associate Agreement (Attachment E). This Scope of Work will be amended in Year 4 to include additional targets related to this position's performance. A job description follows this Scope of Work.

These systems of care provide a greater network of support for mothers in Riverside County. Ideally, through an integrated service system, families can access a variety of supports to address complex needs.

Targets: Aggregate

Year 1: July 1, 2020 – June 30, 2021

Objective 1 – Increase Provider Capacity

1. By June 30, 2021, RUHS will recruit a new Maternal Fetal Medicine provider, who will establish his or her practice within RUHS.
2. By June 30, 2021, RUHS will document the number of women served by the Maternal Fetal Medicine practice.
3. By June 30, 2021, RUHS Foundation, a 501c3 supporting RUHS Medical Center, will establish a research endowment for future projects and investigations into novel programs related to women's health and pediatrics.
4. By June 30, 2021, RUHS will consult with F5R program staff on the nature of the women's health or perinatal related research to be conducted.
5. By June 30, 2021, RUHS will complete a progress report(s) on the research project(s) identified in target 3 above.
6. By June 30, 2021, RUHS will hire a RN Care Manager, Project Manager and Ultrasound Technician to support the MFM provider's practice.

Objective 2 – Increase Access through Telehealth

7. By June 30, 2021, RUHS will equip two (2) Community Health Clinics with Telehealth equipment, ultrasound and revamped Information Systems infrastructure.
8. By June 30, 2021, RUHS will document the number of woman and children served via telehealth sessions conducted from the Community Health Clinics.

Objective 3 – Interconnect Existing Services

9. By June 30, 2021, RUHS will document the number of mothers linked to F5R funded home visiting programs.
10. By June 30, 2021, RUHS will document the number of mothers linked to a F5R funded HealthySteps program.
11. By June 30, 2021, RUHS will document the number of mothers or children aged 0-5 linked to services other than home visiting and HealthySteps.
12. By June 30, 2021, RUHS will document the number of hospitals and clinics educated on MFM and telehealth services.
13. By June 30, 2021, RUHS will establish a universal assessment and referral process inclusive of county- and community-based supports to address social determinants of health impacting pregnancies and the overall well-being of young children and their families.
14. By June 30, 2021 RUHS will document the number of assessments for social determinants of health conducted across participating clinics.
15. By June 30, 2021 RUHS will document the number of referrals made for social determinants of health concerns.

Year 2: July 1, 2021 – June 30, 2022

Objective 1 – Increase Provider Capacity

16. By June 30, 2022, RUHS will document the number of women served by the Maternal Fetal Medicine practice.
17. By June 30, 2022, RUHS will consult with F5R program staff on the nature of the women's health or pediatrics related research to be conducted.
18. By June 30, 2022, RUHS will complete a progress report(s) on the research project(s) identified in target 3 above.

Objective 2 – Increase Access through Telehealth

19. By June 30, 2022, RUHS will equip two (2) Community Health Clinics with Telehealth equipment, ultrasound and revamped Information Systems infrastructure.
20. By June 30, 2022, RUHS will document the number of woman and children served via telehealth sessions conducted from the Community Health Clinics.

Objective 3 – Interconnect Existing Services

21. By June 30, 2022, RUHS will document the number of mothers linked to F5R funded home visiting programs.
22. By June 30, 2022, RUHS will document the number of mothers linked to a F5R funded HealthySteps program.
23. By June 30, 2022, RUHS will document the number of mothers or children aged 0-5 linked to services other than home visiting and HealthySteps.

24. By June 30, 2022, RUHS will document the number of hospitals and clinics educated on MFM and telehealth services.
25. By June 30, 2022, RUHS will establish a perinatal call center.
26. By June 30, 2022, RUHS will establish a maternal transport system.
27. By June 30, 2022, RUHS will establish a universal assessment and referral process inclusive of county- and community-based supports to address social determinants of health impacting pregnancies and the overall well-being of young children and their families.
28. By June 30, 2022, RUHS will document the number of assessments for social determinants of health conducted across participating clinics.
29. By June 30, 2022, RUHS will document the number of referrals made for social determinants of health concerns.

Year 3: July 1, 2022 – June 30, 2023

Objective 1 – Increase Provider Capacity

30. By June 30, 2023, RUHS will document the number of women served by the Maternal Fetal Medicine practice.
31. By June 30, 2023, RUHS will consult with F5R program staff on the nature of the women's health or pediatrics related research to be conducted.
32. By June 30, 2023, RUHS will complete a progress report(s) on the research project(s) identified in target 3 above.

Objective 2 – Increase Access through Telehealth

33. By June 30, 2023, RUHS will equip two (2) Community Health Clinics with Telehealth equipment, ultrasound and revamped Information Systems infrastructure.
34. By June 30, 2023, RUHS will document the number of woman and children served via telehealth sessions conducted from the Community Health Clinics.

Objective 3 – Interconnect Existing Services

35. By June 30, 2023, RUHS will document the number of mothers linked to F5R funded home visiting programs.
36. By June 30, 2023, RUHS will document the number of mothers linked to a F5R funded HealthySteps program.
37. By June 30, 2023, RUHS will document the number of mothers or children aged 0-5 linked to services other than home visiting and HealthySteps.
38. By June 30, 2023, RUHS will document the number of hospitals and clinics educated on MFM and telehealth services.
39. By June 30, 2023, RUHS will document the number of consults conducted through the perinatal call center.
40. By June 30, 2023, RUHS will document the number of mothers and children aged 0-5 who have been served by the maternal transport system.

41. By June 30, 2023, RUHS will establish a universal assessment and referral process inclusive of county- and community-based supports to address social determinants of health impacting pregnancies and the overall well-being of young children and their families.
42. By June 30, 2023, RUHS will document the number of assessments for social determinants of health conducted across participating clinics.
43. By June 30, 2023, RUHS will document the number of referrals made for social determinants of health concerns.
44. By June 30, 2023, RUHS will onboard a Family Resource Network Specialist, work with F5RC to train this position and work with F5RC to establish performance measures and targets.

Year 4: July 1, 2023 – June 30, 2024

Objective 1 – Increase Provider Capacity

45. By June 30, 2024, RUHS will document the number of women served by the Maternal Fetal Medicine practice.
46. By June 30, 2024, RUHS will consult with F5R program staff on the nature of the women's health or pediatrics related research to be conducted.
47. By June 30, 2024, RUHS will complete a final report(s) on the research project(s) identified in target 3 above.

Objective 2 – Increase Access through Telehealth

48. By June 30, 2024, RUHS will document the number of woman and children served via telehealth sessions conducted from the Community Health Clinics.

Objective 3 – Interconnect Existing Services

49. By June 30, 2024, RUHS will document the number of mothers linked to F5R funded home visiting programs.
50. By June 30, 2024, RUHS will document the number of mothers linked to a F5R funded HealthySteps program.
51. By June 30, 2024, RUHS will document the number of mothers or children aged 0-5 linked to services other than home visiting and HealthySteps.
52. By June 30, 2024, RUHS will document the number of hospitals and clinics educated on MFM and telehealth services.
53. By June 30, 2024, RUHS will document the number of consults conducted through the perinatal call center.
54. By June 30, 2024, RUHS will document the number of mothers and children aged 0-5 who have been served by the maternal transport system.
55. By June 30, 2023, RUHS will establish a universal assessment and referral process inclusive of county- and community-based supports to address social determinants of health impacting pregnancies and the overall well-being of young children and their families.

56. By June 30, 2023, RUHS will document the number of assessments for social determinants of health conducted across participating clinics.
57. By June 30, 2023, RUHS will document the number of referrals made for social determinants of health concerns.

Long-term Sustainability/Public Awareness/Policy Change

It is critical that the plan proposed herein is fully sustainable after the grant period ends; RUHS will develop a long-term sustainability plan outlining how the program will be maintained after First 5 Riverside funding ends. RUHS will have a fully built practice for both the MFM Provider and the telehealth offering, and a seeded research endowment with continued support from RUHS Foundation.

- Agency will initiate policy changes which enable stakeholder buy-in and cultural shifts at the community, family and parent/caregiver levels.
- Maintain partnerships to leverage funding from other sources and continue the program beyond the funding cycle.
- Promote the Maternal Fetal Medicine program at Community Forums, Joint Operational Meetings and channel through the Family Resource Centers.
- Policies will be reviewed and shall be inclusive of the Maternal Fetal Medicine program; develop referral procedures for providers and families to access the service.
- Report long-term sustainability, public awareness, and policy change activities in the Performance Narrative quarterly reports.

Job Description - Family Resource Network Specialist

(Alternative Title: Family Engagement, Liaison, Social Worker II, Network Specialist)

Summary:

The Family Resource Network Specialist is a high-level community-facing position identifying resources for parents, caregivers, and others to strengthen connections that are responsive to each family's needs.

In this role, the Family Resource Network Specialist works with RUHS staff and family resource center teams to facilitate conversations and engage in partnership building among agencies with the focus on improving the access to needed services and other supports of local families.

The Family Resource Network Specialist role also includes attending community meetings, leading and participating in networking building activities focused on establishing collaborative partnerships throughout Riverside County for the purposes of improving outcomes for children and families.

This position requires the application of knowledge and skills to educate and network with people of diverse backgrounds and cultures. The position reports to a supervisory level position, who will review work for professional competence and alignment with established procedures and contracted deliverables.

The Family Resource Network Specialist is expected to maintain clear data and information and is responsible for preparing administrative and program outcome reports as it relates to meeting program goals and objectives and to engage in strategic thinking to improve and expand services for families and communities. Data and information should be focused dually on families who currently access the Family Resource Center (FRC) and families who have not accessed the FRC, but could benefit from doing so, through proactive outreach and engagement.

Capacity meeting milestones: training, understanding the community needs, demonstrated knowledge of 5 Protective Factors and building the structures to support the 5PF.

Partnership Building and Relationship Management

1. Demonstrate knowledge of available community resources including in home support programs and other supportive services.
2. Conduct community outreach, presentations, and workshops.
 - a. Develop a list of community events and health fairs, and arrange, organize, and work closely with agency staff to ensure participation in community activities.
 - b. Provide training to improve understanding of community needs.
 - c. Encourages and motivates members of the communities to become involved and develop skills needed to improve their quality of life and related neighborhood issues.
3. Identify, develop, coordinate, and maintain partnerships with community groups and local coalitions within Riverside County.
 - a. Works collaboratively with First 5 Riverside Family Resource Center Staff and other Family Resource Network Specialists to expand capacity and community services.

- i. Actively link and build ways to partner with health programs, public schools, head start programs, or other childhood educational settings.
- b. Working collaboratively with First 5 Riverside Family Resource Center Staff to develop strategies and interventions to remove barriers that prevent families from accessing services.
 - i. Contributes to the assessment & understanding of community needs
 - ii. Design strategies that specifically target working with organizations who serve culturally diverse communities.
- c. Actively participates in cross-team coordination meetings

Communications and Marketing

4. Develops, coordinates, implements, and maintains a long-range public education and awareness plan
5. Performs public speaking activities
 - a. represents agency at public hearings and community functions
 - b. coordinates and/or participates in special community events and public recognition programs as it relates to each program and open house activities.

Case Management Support

6. Participate in case reviews/disposition, case consultation, with RUHS and other related staff as appropriate
7. Informing RUHS staff of available services for families and potentially assisting staff with the referral of the family to the appropriate agency for continued care


Administrative Duties


8. Assist in the data management of the agreed upon program deliverables related to identifying resources and referrals for families.
 - a. Assist with program start-up activities and subsequent (on-going) statistical, recording and reporting activities.
9. Suggest, organize, and order give-away items and educational materials; and maintain an inventory of these supplies.
10. Supports in the preparation of program deliverables and budgets of related programs; reviews program progress and outcomes on an on-going basis to ensure conformance with established deliverables.
11. Contributes to the evaluation of related program activities to ensure program/contract compliance of goals and objectives. Implements corrective measures as required.
12. Tracks new funding and program initiatives related to young children and families and composes related correspondence, reports, and directives for use by the Director and designated staff members for internal planning and external communication/advocacy efforts.


Other duties as determined necessary.

ATTACHMENT B-2: BUDGET

LINE	Budget Category	# of PROGRAM Hours/Week	RUHS Annual Contribution	F5 Annual Contribution	Total Annual Salary on PROGRAM
PROGRAM BUDGET					
FISCAL YEAR: 2020-2021					
ORGANIZATION: RUHS Medical Center/Foundation		FINANCE OFFICER: Nicole Orr		CONTRACT #: 21100 CHD	
PROGRAM TITLE: Maternal Fetal Medicine Capacity Building		PROGRAM DIRECTOR: Jonelle Morris		ANNUAL BUDGET: \$ 2,425,400.00	
				F5 Contribution: \$ 1,695,000.00	
I. SALARIES & BENEFITS					
	Name:	C	F		H
	Title:				
1	Bryan Oshiro	10	\$ 78,000		\$ 78,000
2	Ronald Johnson	10	\$ 78,000		\$ 78,000
3	Jonelle Morris	2	\$ 18,200		\$ 18,200
4	Nicole Orr	5	\$ 18,200		\$ 18,200
5	Ultrasound Technician	Full Time		\$ 100,000	\$ 100,000
6	Care Manager	Full Time		\$ 100,000	\$ 100,000
7	Program Manager	Full Time	\$ 30,000	\$ 100,000	\$ 130,000
8	MFM Provider	Full Time	\$ 450,000	\$ 200,000	\$ 650,000
9	Care (Patient Services) Coordinator	10	\$ 13,000		\$ 13,000
10	Admin Support	10	\$ 13,000.00		\$ 13,000
TOTAL SALARIES & BENEFITS:			\$ 698,400	\$ 500,000	\$ 1,198,400
II. OPERATIONAL EXPENSES					
	Expense:	% of F5 Allocation:	RUHS Annual Contribution	F5 Annual Contribution	Total PROGRAM
1	Advertising/Outreach Marketing	0%	\$ 10,000		\$ 10,000
2	Professional Services (legal, endowment management)	100%	\$ -	\$ 45,000	\$ 45,000
3	Materials, Brochures, etc.	0%	\$ 5,000		\$ 5,000
4			\$ -		
5			\$ -		
6			\$ -		
7			\$ -		
III. EQUIPMENT					
1	Equipment: 2 Ultrasound, 2 Telehealth Systems, 2 Upgrade IS Systems	100%		\$ 400,000	\$ 400,000
2	Equipment Lease		\$ -		
IV. TRAVEL					
1	Mileage		\$ -		
2	Training/Conferences for Program Staff		\$ -		
V. OTHER COSTS					
1	Scholarships		\$ -		
2	Other Operational Items: Research Endowment	100%		\$ 750,000	\$ 750,000
VI. SUBCONTRACTORS					
	Expense:	% of Allocation:	COST		
1			\$ -		
2			\$ -		
3			\$ -		
VII. INDIRECT COSTS					
	Expense:	% of Allocation:	COST		
1	Insurance		\$ -		
2	Maintenance and Repairs - IS maintenance for upgrades		\$ -		
3	Rent/Lease - 100 Sq. Ft. transfer for 2 clinics per year	0%	\$ 17,000		\$ 17,000
4	Utilities		\$ -		
5			\$ -		
6			\$ -		
7			\$ -		
VIII. INDIRECT COST RATE					
	Expense:	% of Allocation:	COST		
1			\$ -		
SUBTOTAL EXPENSES:			\$ 32,000	\$ 1,195,000	\$ 1,227,000
TOTAL BUDGET:				\$ 1,695,000	\$ 2,425,400

		PROGRAM BUDGET FISCAL YEAR: 2021-2022			
ORGANIZATION: RUHS Medical Center/Foundation		FINANCE OFFICER: Nicole Orr		CONTRACT #: 21100 CHD	
PROGRAM TITLE: Maternal Fetal Medicine Capacity Building		PROGRAM DIRECTOR: Jonelle Morris		ANNUAL BUDGET: \$ 2,435,400.00	
				F5 Contribution: \$ 1,695,000.00	
LINE	Budget Category	# of PROGRAM Hours/Week	RUHS Annual Contribution	F5 Annual Contribution	Total Annual Salary on PROGRAM
I. SALARIES & BENEFITS					
	Name:	Title:	C	F	H
1	Bryan Oshiro	Maternal Fetal Medicine	10	\$ 78,000	\$ 78,000
2	Ronald Johnson	Chair, OB and Gyn	10	\$ 78,000	\$ 78,000
3	Jonelle Morris	Exec. Director Ambulatory	2	\$ 18,200	\$ 18,200
4	Nicole Orr	Foundation Exec. Director	5	\$ 18,200	\$ 18,200
5		Ultrasound Technician	Full Time		\$ 100,000
6		Care Manager	Full Time		\$ 100,000
7		Program Manager	Full Time	\$ 30,000	\$ 130,000
8		MFM Provider	Full Time	\$ 450,000	\$ 650,000
9		Care (Patient Services) Coordinator	10	\$ 13,000	\$ 13,000
10		Admin Support	10	13,000.00	\$ 13,000
TOTAL SALARIES & BENEFITS:				\$ 698,400	\$ 500,000
II. OPERATIONAL EXPENSES					
	Expense:	% of F5 Allocation:	RUHS Annual Contribution	F5 Annual Contribution	Total PROGRAM
1	Advertising/Outreach Marketing	0%	\$ 10,000		\$ 10,000
2	Professional Services (legal, endowment management)	100%	\$ -	\$ 45,000	\$ 45,000
3	Materials, Brochures, etc.	0%	\$ 5,000		\$ 5,000
4			\$ -		
5			\$ -		
6			\$ -		
7			\$ -		
III. EQUIPMENT					
1	Equipment: 2 Ultrasound, 2 Telehealth Systems, 2 Upgrade IS Systems	100%		\$ 400,000	\$ 400,000
2	Equipment Lease		\$ -		
IV. TRAVEL					
1	Mileage		\$ -		
2	Training/Conferences for Program Staff		\$ -		
V. OTHER COSTS					
1	Scholarships		\$ -		
2	Other Operational Items: Research Endowment	100%		\$ 750,000	\$ 750,000
VI. SUBCONTRACTORS					
	Expense:	% of Allocation:	COST		
1			\$ -		
2			\$ -		
3			\$ -		
VII. INDIRECT COSTS					
	Expense:	% of Allocation:	COST		
1	Insurance		\$ -		
2	Maintenance and Repairs - IS maintenance for upgrades (2 locations)	0%	\$ 10,000		
3	Rent/Lease - 100 Sq. Ft. transfer for 2 clinics per year	0%	\$ 17,000		\$ 17,000
4	Utilities		\$ -		
5			\$ -		
6			\$ -		
7			\$ -		
VIII. INDIRECT COST RATE					
	Expense:	% of Allocation:	COST		
1					\$ -
SUBTOTAL EXPENSES:			\$ 42,000	\$ 1,195,000	\$ 1,237,000
TOTAL BUDGET:				\$ 1,695,000	\$ 2,435,400

		PROGRAM BUDGET FISCAL YEAR: 2022-2023			
ORGANIZATION: RUHS Medical Center/Foundation		FINANCE OFFICER: Nicol		CONTRACT #: 21100 CHD	
PROGRAM TITLE: Maternal Fetal Medicine Capacity Build		PROGRAM DIRECTOR: Jonelle Morris		ANNUAL BUDGET: \$ 2,545,400.00	
				F5 Contribution: \$ 1,795,000.00	
LINE	Budget Category	# of PROGRAM Hours/Week	RUHS Annual Contributio	F5 Annual Contributi on	Total Annual Salary on PROGRAM
I. SALARIES & BENEFITS					
	Name: Title:	C	F		H
1	Bryan Oshiro Maternal Fetal Medicine	10	\$ 78,000		\$ 78,000
2	Ronald Johnson Chair, OB and Gyn	10	\$ 78,000		\$ 78,000
3	Jonelle Morris Exec. Director Ambulatory	2	\$ 18,200		\$ 18,200
4	Nicole Orr Foundation Exec. Director	5	\$ 18,200		\$ 18,200
5	Ultrasound Technician	Full Time		\$ 100,000	\$ 100,000
6	Care Manager	Full Time		\$ 100,000	\$ 100,000
7	Program Manager	Full Time	\$ 30,000	\$ 100,000	\$ 130,000
8	MFM Provider	Full Time	\$ 450,000	\$ 200,000	\$ 650,000
9	Care (Patient Services) Coordinator	10	\$ 13,000		\$ 13,000
10	Admin Support	10	13,000.00		\$ 13,000
11	FRC Community Expansion	Various		100,000.00	\$ 100,000
TOTAL SALARIES & BENEFITS:			\$ 698,400	\$ 600,000	\$ 1,298,400
II. OPERATIONAL EXPENSES					
	Expense:	% of F5 Allocation:	RUHS Annual	F5 Annual Contributi	Total PROGRAM
1	Advertising/Outreach Marketing	0%	\$ 10,000		\$ 10,000
2	Professional Services (legal, endowment management)	100%	\$ -	\$ 45,000	\$ 45,000
3	Materials, Brochures, etc.	0%	\$ 5,000		\$ 5,000
4			\$ -		
5			\$ -		
6			\$ -		
7			\$ -		
III. EQUIPMENT					
1	Equipment: 2 Ultrasound, 2 Telehealth Systems, 2 Upgrade	100%		\$ 400,000	\$ 400,000
2	Equipment Lease		\$ -		
IV. TRAVEL					
1	Mileage		\$ -		
2	Training/Conferences for Program Staff		\$ -		
V. OTHER COSTS					
1	Scholarships		\$ -		
2	Other Operational Items: Research Endowment	100%		\$ 750,000	\$ 750,000
VI. SUBCONTRACTORS					
	Expense:	% of Allocatic	COST		
1			\$ -		
2			\$ -		
3			\$ -		
VII. INDIRECT COSTS					
	Expense:	% of Allocatic	COST		
1	Insurance		\$ -		
2	Maintenance and Repairs - IS maintenance for upgrades (4 clinics)	0%	\$ 20,000		
3	Rent/Lease - 100 Sq. Ft. transfer for 2 clinics per year	0%	\$ 17,000		\$ 17,000
4	Utilities		\$ -		
5			\$ -		
6			\$ -		
7			\$ -		
VII. INDIRECT COST RATE					
	Expense:	% of Allocatic	COST		
1					\$ -
SUBTOTAL EXPENSES:			\$ 52,000	\$ 1,195,000	\$ 1,247,000
TOTAL BUDGET:				\$ 1,795,000	\$ 2,545,400

		PROGRAM BUDGET FISCAL YEAR: 2023-2024			
ORGANIZATION: RUHS Medical Center/Foundation		FINANCE OFFICER: Nicol		CONTRACT #: 21100 CHD	
PROGRAM TITLE: Maternal Fetal Medicine Capacity Build		PROGRAM DIRECTOR: Jonelle Morris		ANNUAL BUDGET: \$ 2,155,400.00	
				F5 Contribution: \$ 1,395,000.00	
LINE	Budget Category	# of PROGRAM Hours/Week	RUHS Annual Contribution	F5 Annual Contribution	Total Annual Salary on Budget
I. SALARIES & BENEFITS					
	Name:	Title:	C	F	H
1	Bryan Oshiro	Maternal Fetal Medicine	10	\$ 78,000	\$ 78,000
2	Ronald Johnson	Chair, OB and Gyn	10	\$ 78,000	\$ 78,000
3	Jonelle Morris	Exec. Director Ambulatory	2	\$ 18,200	\$ 18,200
4	Nicole Orr	Foundation Exec. Director	5	\$ 18,200	\$ 18,200
5		Ultrasound Technician	Full Time		\$ 100,000
6		Care Manager	Full Time		\$ 100,000
7		Program Manager	Full Time	\$ 30,000	\$ 100,000
8		MFM Provider	Full Time	\$ 450,000	\$ 200,000
9		Care (Patient Services) Coordinator	10	\$ 13,000	\$ 13,000
10		Admin Support	10	13,000.00	\$ 13,000
11		FPC Community Expansion	Various		100,000.00
TOTAL SALARIES & BENEFITS:				\$ 698,400	\$ 1,298,400
II. OPERATIONAL EXPENSES					
	Expense:	% of F5 Allocation:	RUHS Annual	F5 Annual Contribution	Total PROGRAM
1	Advertising/Outreach Marketing	0%	\$ 10,000		\$ 10,000
2	Professional Services (legal, endowment management)	100%	\$ -	\$ 45,000	\$ 45,000
3	Materials, Brochures, etc.	0%	\$ 5,000		\$ 5,000
4			\$ -		
5			\$ -		
6			\$ -		
7			\$ -		
III. EQUIPMENT					
1	Equipment: 2 Ultrasound, 2 Telehealth Systems, 2 Upgrade IS Systems				\$ -
2	Equipment Lease		\$ -		
IV. TRAVEL					
1	Mileage		\$ -		
2	Training/Conferences for Program Staff		\$ -		
V. OTHER COSTS					
1	Scholarships		\$ -		
2	Other Operational Items: Research Endowment	100%		\$ 750,000	\$ 750,000
VI. SUBCONTRACTORS					
	Expense:	% of Allocatic	COST		
1			\$ -		
2			\$ -		
3			\$ -		
VII. INDIRECT COSTS					
	Expense:	% of Allocatic	COST		
1	Insurance		\$ -		
2	Maintenance and Repairs - IS maintenance for upgrades (6 locations)	0%	\$ 30,000		
3	Rent/Lease - 100 Sq. Ft. transfer for 2 clinics per year	0%	\$ 17,000		\$ 17,000
4	Utilities		\$ -		
5			\$ -		
6			\$ -		
7			\$ -		
VIII. INDIRECT COST RATE					
	Expense:	% of Allocatic	COST		
1					\$ -
SUBTOTAL EXPENSES:			\$ 62,000	\$ 795,000	\$ 857,000
TOTAL BUDGET:				\$ 1,395,000	\$ 2,155,400

ATTACHMENT E
HIPAA BUSINESS ASSOCIATE
AGREEMENT

This HIPAA Business Associate Agreement (the "Addendum") supplements and is made part of (the CF 21100 "Contract") between the RCCFC and Riverside University Health System Medical Center ("CONTRACTOR") and shall be effective as of the date the Contract is approved by both Parties (the "Effective Date").

RECITALS

WHEREAS, the RCCFC and CONTRACTOR entered into the Contract pursuant to which the CONTRACTOR provides services to the RCCFC, and in conjunction with the provision of such services certain protected health information ("PHI") and/or certain electronic protected health information ("ePHI") may be created by or made available to CONTRACTOR for the purposes of carrying out its obligations under the Contract; and,

WHEREAS, the provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), Public Law 104-191 enacted August 21, 1996, and the Health Information Technology for Economic and Clinical Health Act ("HITECH") of the American Recovery and Reinvestment Act of 2009, Public Law 111- 005 enacted February 17, 2009, and the laws and regulations promulgated subsequent thereto, as may be amended from time to time, are applicable to the protection of any use or disclosure of PHI and/or ePHI pursuant to the Contract; and,

WHEREAS, the RCCFC is a covered entity, as defined in the Privacy Rule; and,

WHEREAS, to the extent the RCCFC discloses PHI and/or ePHI to CONTRACTOR or CONTRACTOR creates, receives, maintains, transmits, or has access to PHI and/or ePHI of the RCCFC, CONTRACTOR is a business associate, as defined in the Privacy Rule; and,

WHEREAS, pursuant to 42 USC §17931 and §17934, certain provisions of the Security Rule and Privacy Rule apply to a business associate of a covered entity in the same manner that they apply to the covered entity, the additional security and privacy requirements of HITECH are applicable to business associates and must be incorporated into the business associate agreement, and a business associate is liable for civil and criminal penalties for failure to comply with these security and/or privacy provisions; and,

WHEREAS, the parties mutually agree that any use or disclosure of PHI and/or ePHI must be in compliance with the Privacy Rule, Security Rule, HIPAA, HITECH and any other applicable law; and,

WHEREAS, the parties intend to enter into this Addendum to address the requirements and obligations set forth in the Privacy Rule, Security Rule, HITECH and HIPAA as they apply to Contractor as a business associate of County, including the establishment of permitted and required uses and disclosures of PHI and/or ePHI created or received by Contractor during the course of performing functions, services and activities on behalf of County, and appropriate limitations and conditions on such uses and disclosures.

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, the parties agree as follows:

1. **Definitions.** Terms used, but not otherwise defined, in this Addendum shall have the same meaning as those terms in HITECH, HIPAA, Security Rule and/or Privacy Rule, as may be amended from time to time.
 - A. "Breach" when used in connection with PHI means the acquisition, access, use or disclosure of PHI in a manner not permitted under subpart E of the Privacy Rule which compromises the security or privacy of the PHI, and shall have the meaning given such term in 45 CFR

§164.402.

- (1) Except as provided below in Paragraph (2) of this definition, acquisition, access, use, or disclosure of PHI in a manner not permitted by subpart E of the Privacy Rule is presumed to be a breach unless CONTRACTOR demonstrates that there is a low probability that the PHI has been compromised based on a risk assessment of at least the following four factors: The nature and extent of the PHI involved, including the types of identifiers and the likelihood of re-identification.
 - (a) The unauthorized person who used the PHI or to whom the disclosure was made;
 - (b) Whether the PHI was actually acquired or viewed; and,
 - (c) The extent to which the risk to the PHI has been mitigated.
- (2) Breach excludes:
 - (a) Any unintentional acquisition, access or use of PHI by a workforce member or person acting under the authority of a covered entity or business associate, if such acquisition, access or use was made in good faith and within the scope of authority and does not result in further use or disclosure in a manner not permitted under subpart E of the Privacy Rule.
 - (b) Any inadvertent disclosure by a person who is authorized to access PHI at a covered entity or business associate to another person authorized to access PHI at the same covered entity, business associate, or organized health care arrangement in which the RCCFC participates, and the information received as a result of such disclosure is not further used or disclosed in a manner not permitted by subpart E of the Privacy Rule.
 - (c) A disclosure of PHI where a covered entity or business associate has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain such information.
- B. "Business associate" has the meaning given such term in 45 CFR §164.501, including but not limited to a subcontractor that creates, receives, maintains, transmits or accesses PHI on behalf of the business associate.
- C. "Data aggregation" has the meaning given such term in 45 CFR §164.501.
- D. "Designated record set" as defined in 45 CFR §164.501 means a group of records maintained by or for a covered entity that may include: the medical records and billing records about individuals maintained by or for a covered health care provider; the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or, used, in whole or in part, by or for the covered entity to make decisions about individuals.
- E. "Electronic protected health information" ("ePHI") as defined in 45 CFR §160.103 means protected health information transmitted by or maintained in electronic media.
- F. "Electronic health record" means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff, and shall have the meaning given such term in 42 USC §17921(5).
- G. "Health care operations" has the meaning given such term in 45 CFR §164.501.
- H. "Individual" as defined in 45 CFR §160.103 means the person who is the subject of

protected health information.

- I. "Person" as defined in 45 CFR §160.103 means a natural person, trust or estate, partnership, corporation, professional association or corporation, or other entity, public or private.
- J. "Privacy Rule" means the HIPAA regulations codified at 45 CFR Parts 160 and 164, Subparts A 17 and E.
- K. "Protected health information" ("PHI") has the meaning given such term in 45 CFR §160.103, which includes ePHI. "Required by law" has the meaning given such term in 45 CFR §164.103.
- L. "Secretary" means the Secretary of the U.S. Department of Health and Human Services 22 ("HHS").
- M. "Security incident" as defined in 45 CFR §164.304 means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system.
- N. "Security Rule" means the HIPAA Regulations codified at 45 CFR Parts 160 and 164, Subparts 27 A and C.
- O. "Subcontractor" as defined in 45 CFR §160.103 means a person to whom a business associate delegates a function, activity, or service, other than in the capacity of a member of the workforce of such business associate.
- P. "Unsecured protected health information" and "unsecured PHI" as defined in 45 CFR §164.402 means PHI not rendered unusable, unreadable, or indecipherable to unauthorized persons through use of a technology or methodology specified by the Secretary in the guidance issued 34 under 42 USC §17932(h)(2).

2. Scope of Use and Disclosure by CONTRACTOR of the RCCFC's PHI and/or ePHI.

- A. Except as otherwise provided in this Addendum, CONTRACTOR may use, disclose, or access PHI and/or ePHI as necessary to perform any and all obligations of CONTRACTOR under the Contract or to perform functions, activities or services for, or on behalf of, the RCCFC as specified in this Addendum, if such use or disclosure does not violate HIPAA, HITECH, the Privacy Rule and/or Security Rule.
- B. Unless otherwise limited herein, in addition to any other uses and/or disclosures permitted or authorized by this Addendum or required by law, in accordance with 45 CFR §164.504(e)(2), CONTRACTOR may:
 - (1) Use PHI and/or ePHI if necessary for CONTRACTOR'S proper management and administration and to carry out its legal responsibilities; and,
 - (2) Disclose PHI and/or ePHI for the purpose of CONTRACTOR'S proper management and administration or to carry out its legal responsibilities, only if:
 - (a) The disclosure is required by law; or,
 - (b) CONTRACTOR obtains reasonable assurances, in writing, from the person to whom CONTRACTOR will disclose such PHI and/or ePHI that the person will:
 - (i) Hold such PHI and/or ePHI in confidence and use or further disclose it only

for the purpose for which CONTRACTOR disclosed it to the person, or as required by law; and,

(ii) Notify CONTRACTOR of any instances of which it becomes aware in which the confidentiality of the information has been breached; and,

- (3) Use PHI to provide data aggregation services relating to the health care operations of the RCCFC pursuant to the Contract or as requested by the RCCFC; and,
 - (4) De-identify all PHI and/or ePHI of the RCCFC received by CONTRACTOR under this Addendum provided that the de-identification conforms to the requirements of the Privacy Rule and/or 24 Security Rule and does not preclude timely payment and/or claims processing and receipt.
- C. Notwithstanding the foregoing, in any instance where applicable state and/or federal laws and/or regulations are more stringent in their requirements than the provisions of HIPAA, including, but not limited to, prohibiting disclosure of mental health and/or substance abuse records, the applicable state and/or federal laws and/or regulations shall control the disclosure of records.

3. Prohibited Uses and Disclosures.

- A. CONTRACTOR may neither use, disclose, nor access PHI and/or ePHI in a manner not authorized by the Contract or this Addendum without patient authorization or de-identification of the PHI and/or ePHI and as authorized in writing from the RCCFC.
- B. CONTRACTOR may neither use, disclose, nor access PHI and/or ePHI it receives from the RCCFC or from another business associate of the RCCFC, except as permitted or required by this Addendum, or as required by law.
- C. CONTRACTOR agrees not to make any disclosure of PHI and/or ePHI that the RCCFC would be prohibited from making.
- D. CONTRACTOR shall not use or disclose PHI for any purpose prohibited by the Privacy Rule, Security Rule, HIPAA and/or HITECH, including, but not limited to 42 USC §17935 and §17936. Contractor agrees:
 - (1) Not to use or disclose PHI for fundraising, unless pursuant to the Contract and only if permitted by and in compliance with the requirements of 45 CFR §164.514(f) or 45 CFR §164.508;
 - (2) Not to use or disclose PHI for marketing, as defined in 45 CFR §164.501, unless pursuant to the Contract and only if permitted by and in compliance with the requirements of 45 CFR §164.508(a)(3);
 - (3) Not to disclose PHI, except as otherwise required by law, to a health plan for purposes of carrying out payment or health care operations, if the individual has requested this restriction pursuant to 42 USC §17935(a) and 45 CFR §164.522, and has paid out of pocket in full for the health care item or service to which the PHI solely relates; and,
 - (4) Not to receive, directly or indirectly, remuneration in exchange for PHI, or engage in any act that would constitute a sale of PHI, as defined in 45 CFR §164.502(a)(5)(ii), unless permitted by the Contract and in compliance with the requirements of a valid authorization under 45 CFR §164.508(a)(4). This prohibition shall not apply to payment by the RCCFC to CONTRACTOR for services provided pursuant to the Contract.

4. Obligations of the RCCFC.

- A. The RCCFC agrees to make its best efforts to notify CONTRACTOR promptly in writing of any restrictions on the use or disclosure of PHI and/or ePHI agreed to by the RCCFC that may affect CONTRACTOR'S ability to perform its obligations under the Contract, or this Addendum.
- B. The RCCFC agrees to make its best efforts to promptly notify CONTRACTOR in writing of any changes in, or revocation of, permission by any individual to use or disclose PHI and/or ePHI, if such changes or revocation may affect CONTRACTOR'S ability to perform its obligations under the Contract, or this Addendum.
- C. The RCCFC agrees to make its best efforts to promptly notify CONTRACTOR in writing of any known limitation(s) in its notice of privacy practices to the extent that such limitation may affect CONTRACTOR'S use or disclosure of PHI and/or ePHI.
- D. The RCCFC agrees not to request CONTRACTOR to use or disclose PHI and/or ePHI in any manner that would not be permissible under HITECH, HIPAA, the Privacy Rule, and/or Security Rule.
- E. The RCCFC agrees to obtain any authorizations necessary for the use or disclosure of PHI and/or ePHI, so that CONTRACTOR can perform its obligations under this Addendum and/or Contract.

5. Obligations of CONTRACTOR. In connection with the use or disclosure of PHI and/or ePHI, CONTRACTOR agrees to:

- A. Use or disclose PHI only if such use or disclosure complies with each applicable requirement of 45 CFR §164.504(e). CONTRACTOR shall also comply with the additional privacy requirements that are applicable to covered entities in HITECH, as may be amended from time to time.
- B. Not use or further disclose PHI and/or ePHI other than as permitted or required by this Addendum or as required by law. CONTRACTOR shall promptly notify the RCCFC if CONTRACTOR is required by law to disclose PHI and/or ePHI.
- C. Use appropriate safeguards and comply, where applicable, with the Security Rule with respect to ePHI, to prevent use or disclosure of PHI and/or ePHI other than as provided for by this Addendum.
- D. Mitigate, to the extent practicable, any harmful effect that is known to CONTRACTOR of a use or disclosure of PHI and/or ePHI by CONTRACTOR in violation of this Addendum.
- E. Report to the RCCFC any use or disclosure of PHI and/or ePHI not provided for by this Addendum or otherwise in violation of HITECH, HIPAA, the Privacy Rule, and/or Security Rule of which CONTRACTOR becomes aware, including breaches of unsecured PHI as required by 45 CFR §164.410.
- F. In accordance with 45 CFR §164.502(e)(1)(ii), require that any subcontractors that create, receive, maintain, transmit or access PHI on behalf of the CONTRACTOR agree through contract to the same restrictions and conditions that apply to CONTRACTOR with respect to such PHI and/or ePHI, including the restrictions and conditions pursuant to this Addendum.
- G. Make available to the RCCFC, the Secretary, in the time and manner designated by the RCCFC or Secretary, CONTRACTOR'S internal practices, books and records relating to the use, disclosure and privacy protection of PHI received from the RCCFC, or created or received by CONTRACTOR on behalf of the RCCFC, for purposes of determining,

investigating or auditing CONTRACTOR'S and/or the RCCFC's compliance with the Privacy Rule.

- H. Request, use or disclose only the minimum amount of PHI necessary to accomplish the intended purpose of the request, use or disclosure in accordance with 42 USC §17935(b) and 45 CFR §164.502(b)(1).
 - I. Comply with requirements of satisfactory assurances under 45 CFR §164.512 relating to notice or qualified protective order in response to a third party's subpoena, discovery request, or other lawful process for the disclosure of PHI, which CONTRACTOR shall promptly notify the RCCFC upon CONTRACTOR'S receipt of such request from a third party.
 - J. Not require an individual to provide patient authorization for use or disclosure of PHI as a condition for treatment, payment, enrollment in any health plan (including the health plan administered by the County of Riverside), or eligibility of benefits, unless otherwise excepted under 45 CFR §164.508(b)(4) and authorized in writing by the RCCFC.
 - K. Use appropriate administrative, technical and physical safeguards to prevent inappropriate use, disclosure, or access of PHI and/or ePHI.
 - L. Obtain and maintain knowledge of applicable laws and regulations related to HIPAA and HITECH, as may be amended from time to time.
 - M. Comply with the requirements of the Privacy Rule that apply to the RCCFC to the extent CONTRACTOR is to carry out the RCCFC's obligations under the Privacy Rule.
 - N. Take reasonable steps to cure or end any pattern of activity or practice of its subcontractor of which CONTRACTOR becomes aware that constitute a material breach or violation of the subcontractor's obligations under the business associate contract with CONTRACTOR, and if such steps are unsuccessful, CONTRACTOR agrees to terminate its contract with the subcontractor if feasible.
6. **Access to PHI, Amendment and Disclosure Accounting.** CONTRACTOR agrees to:
- A. **Access to PHI, including ePHI.** Provide access to PHI, including ePHI if maintained electronically, in a designated record set to the RCCFC or an individual as directed by the RCCFC, within five (5) days of request from the RCCFC, to satisfy the requirements of 45 CFR §164.524.
 - B. **Amendment of PHI.** Make PHI available for amendment and incorporate amendments to PHI in a designated record set the RCCFC directs or agrees to at the request of an individual, within fifteen (15) days of receiving a written request from the RCCFC, in accordance with 45 CFR §164.526.
 - C. **Accounting of disclosures of PHI and electronic health record.** Assist the RCCFC to fulfill its obligations to provide accounting of disclosures of PHI under 45 CFR §164.528 and, where applicable, electronic health records under 42 USC §17935(c) if CONTRACTOR uses or maintains electronic health records. CONTRACTOR shall:
 - (1) Document such disclosures of PHI and/or electronic health records, and information related to such disclosures, as would be required for the RCCFC to respond to a request by an individual for an accounting of disclosures of PHI and/or electronic health record in accordance with 45 CFR §164.528.

- (2) Within fifteen (15) days of receiving a written request from the RCCFC, provide to the RCCFC or any individual as directed by the RCCFC information collected in accordance with this section to permit the RCCFC to respond to a request by an individual for an accounting of disclosures of PHI and/or electronic health record.
 - (3) Make available for the RCCFC information required by this Section 6.C for six (6) years preceding the individual's request for accounting of disclosures of PHI, and for three (3) years preceding the individual's request for accounting of disclosures of electronic health record.
7. **Security of ePHI.** In the event the RCCFC discloses ePHI to CONTRACTOR or CONTRACTOR needs to create, receive, maintain, transmit or have access to the RCCFC ePHI, in accordance with 42 USC §17931 and 45 CFR §164.314(a)(2)(i), and §164.306, Contractor shall:
 - A. Comply with the applicable requirements of the Security Rule, and implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of ePHI that CONTRACTOR creates, receives, maintains, or transmits on behalf of the RCCFC in accordance with 45 CFR §164.308, §164.310, and §164.312;
 - B. Comply with each of the requirements of 45 CFR §164.316 relating to the implementation of policies, procedures and documentation requirements with respect to ePHI;
 - C. Protect against any reasonably anticipated threats or hazards to the security or integrity of ePHI;
 - D. Protect against any reasonably anticipated uses or disclosures of ePHI that are not permitted or required under the Privacy Rule;
 - E. Ensure compliance with the Security Rule by CONTRACTOR'S workforce;
 - F. In accordance with 45 CFR §164.308(b)(2), require that any subcontractors that create, receive, maintain, transmit, or access ePHI on behalf of CONTRACTOR agree through contract to the same restrictions and requirements contained in this Addendum and comply with the applicable requirements of the Security Rule;
 - G. Report to the RCCFC any security incident of which CONTRACTOR becomes aware, including breaches of unsecured PHI as required by 45 CFR §164.410; and,
 - H. Comply with any additional security requirements that are applicable to covered entities in Title 42 (Public Health and Welfare) of the United States Code, as may be amended from time to time, including but not limited to HITECH.
8. **Breach of Unsecured PHI.** In the case of breach of unsecured PHI, CONTRACTOR shall comply with the applicable provisions of 42 USC §17932 and 45 CFR Part 164, Subpart D, including but not limited to 45 CFR §164.410.
 - A. **Discovery and notification.** Following the discovery of a breach of unsecured PHI, CONTRACTOR shall notify the RCCFC in writing of such breach without unreasonable delay and in no case later than 60 calendar days after discovery of a breach, except as provided in 45 CFR §164.412.
 - (1) **Breaches treated as discovered.** A breach is treated as discovered by CONTRACTOR as of the first day on which such breach is known to CONTRACTOR or, by exercising reasonable diligence, would have been known to CONTRACTOR, which includes any person, other than the person committing the breach, who is an

employee, officer, or other agent of CONTRACTOR (determined in accordance with the federal common law of agency).

- (2) **Content of notification.** The written notification to the RCCFC relating to breach of unsecured PHI shall include, to the extent possible, the following information if known (or can be reasonably obtained) by CONTRACTOR:
- (a) The identification of each individual whose unsecured PHI has been, or is reasonably believed by CONTRACTOR to have been accessed, acquired, used or disclosed during the breach;
 - (b) A brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known;
 - (c) A description of the types of unsecured PHI involved in the breach, such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved;
 - (d) Any steps individuals should take to protect themselves from potential harm resulting from the breach;
 - (e) A brief description of what CONTRACTOR is doing to investigate the breach, to mitigate harm to individuals, and to protect against any further breaches; and,
 - (f) Contact procedures for individuals to ask questions or learn additional information, which shall include a toll-free telephone number, an e-mail address, web site, or postal address.
- B. **Cooperation.** With respect to any breach of unsecured PHI reported by CONTRACTOR, CONTRACTOR shall cooperate with the RCCFC and shall provide the RCCFC with any information requested by the RCCFC to enable the RCCFC to fulfill in a timely manner its own reporting and notification obligations, including but not limited to providing notice to individuals, prominent media outlets and the Secretary in accordance with 42 USC §17932 and 45 CFR §164.404, §164.406 and §164.408.
- C. **Breach log.** To the extent breach of unsecured PHI involves less than 500 individuals, CONTRACTOR shall maintain a log or other documentation of such breaches and provide such log or other documentation on an annual basis to the RCCFC not later than fifteen (15) days after the end of each calendar year for submission to the Secretary.
- D. **Delay of notification authorized by law enforcement.** If CONTRACTOR delays notification of breach of unsecured PHI pursuant to a law enforcement official's statement that required notification, notice or posting would impede a criminal investigation or cause damage to national security, CONTRACTOR shall maintain documentation sufficient to demonstrate its compliance with the requirements of 45 CFR §164.412.
- E. **Payment of costs.** With respect to any breach of unsecured PHI caused solely by the CONTRACTOR'S failure to comply with one or more of its obligations under this Addendum and/or the provisions of HITECH, HIPAA, the Privacy Rule or the Security Rule, CONTRACTOR agrees to pay any and all costs associated with providing all legally required notifications to individuals, media outlets, and the Secretary. This provision shall not be construed to limit or diminish CONTRACTOR'S obligations to indemnify, defend and hold harmless the RCCFC under Section 9 of this Addendum.
- F. **Documentation.** Pursuant to 45 CFR §164.414(b), in the event CONTRACTOR'S use or disclosure of PHI and/or ePHI violates the Privacy Rule, CONTRACTOR shall maintain documentation sufficient to demonstrate that all notifications were made by CONTRACTOR

as required by 45 CFR Part 164, Subpart D, or that such use or disclosure did not constitute a breach, including CONTRACTOR'S completed risk assessment and investigation documentation.

G. Additional State Reporting Requirements. The parties agree that this Section 8.G applies only if and/or when the RCCFC, in its capacity as a licensed clinic, health facility, home health agency, or hospice, is required to report unlawful or unauthorized access, use, or disclosure of medical information under the more stringent requirements of California Health & Safety Code §1280.15. For purposes of this Section 8.G, "unauthorized" has the meaning given such term in California Health & Safety Code §1280.15(j)(2).

- (1) CONTRACTOR agrees to assist the RCCFC to fulfill its reporting obligations to affected patients and to the California Department of Public Health ("CDPH") in a timely manner under the California Health & Safety Code §1280.15.
- (2) CONTRACTOR agrees to report to the RCCFC any unlawful or unauthorized access, use, or disclosure of patient's medical information without unreasonable delay and no later than two (2) business days after CONTRACTOR detects such incident. CONTRACTOR further agrees such report shall be made in writing, and shall include substantially the same types of information listed above in Section 8.A.2 (Content of Notification) as applicable to the unlawful or unauthorized access, use, or disclosure as defined above in this section, understanding and acknowledging that the term "breach" as used in Section 8.A.2 does not apply to California Health & Safety Code §1280.15.

9. Hold Harmless/Indemnification.

- A. CONTRACTOR agrees to indemnify and hold harmless the RCCFC, the County of Riverside, all Agencies, Districts, Special Districts and Departments of the County, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives from any liability whatsoever, based or asserted upon any services of CONTRACTOR, its officers, employees, subcontractors, agents or representatives arising out of or in any way relating to this Addendum, including but not limited to property damage, bodily injury, death, or any other element of any kind or nature whatsoever arising from the performance of CONTRACTOR, its officers, agents, employees, subcontractors, agents or representatives from this Addendum. CONTRACTOR shall defend, at its sole expense, all costs and fees, including but not limited to attorney fees, cost of investigation, defense and settlements or awards, of the RCCFC, the County of Riverside, all Agencies, Districts, Special Districts and Departments of the County, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents or representatives in any claim or action based upon such alleged acts or omissions.
- B. With respect to any action or claim subject to indemnification herein by CONTRACTOR, CONTRACTOR shall, at their sole cost, have the right to use counsel of their choice, subject to the approval of the RCCFC and the County of Riverside, which shall not be unreasonably withheld, and shall have the right to adjust, settle, or compromise any such action or claim without the prior consent of the RCCFC and the County of Riverside; provided, however, that any such adjustment, settlement or compromise in no manner whatsoever limits or circumscribes CONTRACTOR'S indemnification to the RCCFC and the County of Riverside as set forth herein. CONTRACTOR'S obligation to defend, indemnify and hold harmless the RCCFC and the County of Riverside shall be subject to the RCCFC and the County of Riverside having given CONTRACTOR written notice within a reasonable period of time of the claim or of the commencement of the related action, as the case may be, and information and reasonable assistance, at CONTRACTOR'S expense, for the defense or settlement thereof. CONTRACTOR'S obligation hereunder shall be satisfied when CONTRACTOR has

provided to the RCCFC and the County of Riverside the appropriate form of dismissal relieving the RCCFC and the County of Riverside from any liability for the action or claim involved.

- C. The specified insurance limits required in the Contract of this Addendum shall in no way limit or circumscribe CONTRACTOR'S obligations to indemnify and hold harmless the RCCFC and the County of Riverside herein from third party claims arising from issues of this Addendum.
 - D. In the event there is conflict between this clause and California Civil Code §2782, this clause shall be interpreted to comply with Civil Code §2782. Such interpretation shall not relieve the Contractor from indemnifying County to the fullest extent allowed by law.
 - E. In the event there is a conflict between this indemnification clause and an indemnification clause contained in the Contract of this Addendum, this indemnification shall only apply to the subject issues included within this Addendum.
10. **Term.** This Addendum shall commence upon the Effective Date and shall terminate when all PHI and/or ePHI provided by the RCCFC or the County of Riverside to CONTRACTOR, or created or received by CONTRACTOR on behalf of the RCCFC and the County of Riverside, is destroyed or returned to RCCFC and the County of Riverside, or, if it is infeasible to return or destroy PHI and/ePHI, protections are extended to such information, in accordance with section 11.B of this Addendum.

11. Termination.

A. **Termination for Breach of Contract.** A breach of any provision of this Addendum by either party shall constitute a material breach of the Contract and will provide grounds for terminating this Addendum and the Contract with or without an opportunity to cure the breach, notwithstanding any provision in the Contract to the contrary. Either party, upon written notice to the other party describing the breach, may take any of the following actions:

- (1) Terminate the Contract and this Addendum, effective immediately, if the other party breaches a material provision of this Addendum.
- (2) Provide the other party with an opportunity to cure the alleged material breach and in the event the other party fails to cure the breach to the satisfaction of the non-breaching party in a timely manner, the non-breaching party has the right to immediately terminate the Contract and this Addendum.
- (3) If termination of the Contract is not feasible, the breaching party, upon the request of the non-breaching party, shall implement, at its own expense, a plan to cure the breach and report regularly on its compliance with such plan to the non-breaching party.

B. Effect of Termination.

- (1) Upon termination of this Addendum, for any reason, CONTRACTOR shall return or, if agreed to in writing by the RCCFC, destroy all PHI and/or ePHI received from the RCCFC, or created or received by the CONTRACTOR on behalf of the RCCFC, and, in the event of destruction, CONTRACTOR shall certify such destruction, in writing, to the RCCFC. This provision shall apply to all PHI and/or ePHI which are in the possession of subcontractors or agents of CONTRACTOR. CONTRACTOR shall retain no copies of PHI and/or ePHI, except as provided below in paragraph (2) of this section.
- (2) In the event that CONTRACTOR determines that returning or destroying the PHI and/or ePHI is not feasible, CONTRACTOR shall provide written notification to the RCCFC of

the conditions that make such return or destruction not feasible. Upon determination by CONTRACTOR that return or destruction of PHI and/or ePHI is not feasible, CONTRACTOR shall extend the protections of this Addendum to such PHI and/or ePHI and limit further uses and disclosures of such PHI and/or ePHI to those purposes which make the return or destruction not feasible, for so long as the CONTRACTOR maintains such PHI and/or ePHI.

12. General Provisions.

- A. **Retention Period.** Whenever CONTRACTOR is required to document or maintain documentation pursuant to the terms of this Addendum, CONTRACTOR shall retain such documentation for 6 years from the date of its creation or as otherwise prescribed by law, whichever is later.
- B. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time as is necessary for the RCCFC to comply with HITECH, the Privacy Rule, Security Rule, and HIPAA generally.
- C. **Survival.** The obligations of CONTRACTOR under Sections 3, 5, 6, 7, 8, 9, 11.B and 12.A of this Addendum shall survive the termination or expiration of this Addendum.
- D. **Regulatory and Statutory References.** A reference in this Addendum to a section in HITECH, HIPAA, the Privacy Rule and/or Security Rule means the section(s) as in effect or as amended.
- E. **Conflicts.** The provisions of this Addendum shall prevail over any provisions in the Contract that conflict or appear inconsistent with any provision in this Addendum.
- F. **Interpretation of Addendum.**
 - (1) This Addendum shall be construed to be part of the Contract as one document. The purpose is to supplement the Contract to include the requirements of the Privacy Rule, Security Rule, HIPAA and HITECH.
 - (2) Any ambiguity between this Addendum and the Contract shall be resolved to permit the RCCFC to comply with the Privacy Rule, Security Rule, HIPAA and HITECH generally.
- G. **Notices to the RCCFC and County of Riverside.** All notifications required to be given by CONTRACTOR to the RCCFC and County of Riverside pursuant to the terms of this Addendum shall be made in writing and delivered to the RCCFC and County of Riverside both by fax and to all the addresses listed below by either registered or certified mail return receipt requested or guaranteed overnight mail with tracing capability, or at such other address as the RCCFC and County of Riverside may hereafter designate. All notices to the RCCFC and County of Riverside provided by CONTRACTOR pursuant to this Section shall be deemed given or made when received by the RCCFC and County of Riverside.

County HIPAA Privacy Officer:	HIPAA Privacy Manager
County HIPAA Privacy Officer Address:	P.O. Box 1569 Riverside, CA 92502
County HIPAA Privacy Officer Fax Number:	(951) 955-HIPAA or (951) 955-4472

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

1. **22-25:** Approve 2022 Champion for Children Nominee Solange Signoret as Recommended by the Advisory Committee - Annette Webb, Advisory Committee Vice Chair, Jill Kowalski, Administrative Services Officer and Sean Pravica, Public Information Specialist

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AGENDA ITEM: 22-25
DATE OF MEETING: MAY 11, 2022
ACTION:
INFORMATION:

**APPROVE 2022 CHAMPION FOR CHILDREN NOMINEE SOLANGE SIGNORET
AS RECOMMENDED BY THE ADVISORY COMMITTEE**

SUMMARY OF REQUEST

Approve nominee Solange Signoret as the 2022 First 5 Riverside County Champion for Children award recipient, as recommended by the First 5 Riverside County Advisory Committee.

BACKGROUND

First 5 Riverside County's (F5RC) Champion for Children Award was created to honor and bring awareness to people and organizations whose leadership and advocacy embody the vision of F5RC, where all children in Riverside County are healthy and thrive in supportive, nurturing, and loving environments and enter school ready to learn and embrace lifelong learning.

Upon approval by the Commission, Ms. Solange will be recognized at a subsequent Commission meeting as this year's recipient of the First 5 Riverside County Champion for Children Award. Ms. Signoret is a Youth Ambassador Boo2Bullying, a non-profit based out of Palm Springs dedicated to educating school staff and parents about accepting diversity and giving young people the tools to connect with and positively impact those around them.

Selection Process

A call for nominations was released in September 2021 and promoted countywide with news releases, posts on social media and local public access channels, along with email messages to First 5 funded agencies, stakeholders, and supporters.

A total of three (3) nominations were submitted by February 18, 2022. The First 5 Riverside County Advisory Committee members reviewed and selected one nominee to forward to the Commission for approval. The Advisory Committee unanimously approved the selection of Ms. Signoret at its meeting on March 9, 2022.

RECOMMENDED ACTION

That the Commission:

1. Approve Solange Signoret as the 2022 recipient of the First 5 Riverside County Champion for Children Award, as recommended by the Advisory Committee.
2. Authorize the sponsorship award of \$1,000 to be given in Ms. Signoret's name to support a community event of her choosing.

BUDGET IMPACT

Adequate appropriation exists in the FY 21/22 budget (938001-25800-92955-527780).

STRATEGIC PLAN RELEVANCE

Countywide Impact

POTENTIAL CONFLICTS OF INTEREST

NA

ATTACHMENT

1. Nominee Profile

**First 5 Riverside County
Champion for Children Award
2022 Recipient**

Nominee Profile: Solange Signoret

Ms. Signoret is a Youth Ambassador Boo2Bullying, a non-profit based out of Palm Springs dedicated to educating school staff and parents about accepting diversity and giving young people the tools to connect with and positively impact those around them. Now 16, she has held the position since she was 11 years old and has travelled nationally and spoken to thousands of people about social justice issues and tolerance, including members of Congress in Washington D.C. She has also spoken at more than 35 school assembly programs to 25,000 students from kindergarten through twelfth grade, including in Riverside County. During the pandemic, she continued to speak to students using Zoom to facilitate their meetings.

Boo2Bullying Founder, Dimitri Halkidis, shared, “Solange’s sensitivity and insight into the root causes of bullying and discrimination is remarkable. She recognizes the links between bullying and poverty, family dysfunction, domestic violence, alcohol and drug abuse, and LGBTQ and mental health issues.”

Recently, Ms. Signoret celebrated her sixteenth birthday by conducting a fundraising appeal on Facebook that raised \$1,600 in support of Boo2Bullying’s C.A.P.E. (Courage-Appreciation-Personal Health-Education) NATION program for elementary school students in grades K-3. She also participated in the campaign’s video and assembly program and spoke to nearly 2,000 elementary school students in Desert Hot Springs, La Quinta, Indio, and Palm Desert.

Ms. Signoret’s continued advocacy has led to her inclusion in Boo2Bullying videos and social media messaging relating to cyberbullying and youth empowerment. For kindergartners, her core message is centered around positivity and encouraging every young child to be happy with who they are and to be kind and compassionate to other children.

In addition to her work with Boo2Bullying, Ms. Signoret has an impact on young children in Riverside County serving as a summer camp counselor in the City of Palm Springs for the past four years, often caring for 4 and 5 year-old campers. She is also a Black Belt Karate instructor who focuses on teaching children ages 4-5.

2. **22-26:** Approve and Adopt Fiscal Year 2022/2023 Annual Budget of First 5
Riverside County Children & Families Commission - Paul Robles, Fiscal
Manager

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AGENDA ITEM: 22-26

DATE OF MEETING: May 11, 2022

ACTION:

INFORMATION:

ADOPT FISCAL YEAR 2022/2023 ANNUAL BUDGET OF FIRST 5 RIVERSIDE COUNTY CHILDREN & FAMILIES COMMISSION

SUMMARY OF REQUEST

Adopt the Fiscal Year (FY) 2022/2023 annual budget inclusive of Fund 25800 and Fund 25820. Budget reflects an estimate of \$36,511,625 in revenues, which includes \$8,797,425 of American Rescue Plan Act (ARPA) funds. Contract expenditures total \$27,419,513 (ARPA funds \$5,202,575) and operating expenditures total \$14,597,372 (ARPA funds \$3,594,850). Proposed fund balance draw is \$6,305,260 to augment revenue in support of proposed expenditures.

BACKGROUND

In accordance with the California Children and Families Act of 1998, the Children and Families Commission for Riverside County, also known as First 5 Riverside County, is required to adopt a budget on an annual basis in support of its adopted strategic plan.

BUDGET SUMMARY

Revenue – Fund 25800 (\$27,714,200): Reflects a net increase of \$406,741 from the prior fiscal year as noted below:

- *Proposition 10 & Proposition 56* – an increase of \$728,866.
- *State of California* – a net decrease of \$569,050 primarily based upon a decrease of \$733,523 due to the sunseting of the DLL program in December 2021 and an increase of \$254,473 in IMPACT revenue.
- *Program Revenue* – a net decrease of \$530,931 from RCOE reimbursement for coach salaries and benefits and prior year one-time CFRA funding.
- *Reimbursement for Salaries* – a decrease of approximately \$1 million due to a reduction of CalWORKs funding.
- *Interest Revenue* – a decrease of \$250,000.

Salaries and Benefits – Fund 25800 (\$7,755,700): Reflects a net increase of approximately \$1.6 million as compared to the revised FY21/22 budget, which included a \$1.6 million decrease of salaries and benefits. Full time equivalents remain at 66 positions. Reclassification of positions were approved in FY 21/22 to meet department and community needs.

Operating Expenditures – Fund 25800 (\$3,246,822): A net decrease of \$684,718 from prior fiscal year primarily due to one-time grant expenses for CFRA and DLL program no longer allocated for FY22/23.

Contracts – Fund 25800 (\$22,216,938): Reflects a net increase of approximately \$5.4 million from prior fiscal year due to reductions in contract budgets, changes in scope, and expiration of contracts. Approximately, \$4.6M (21%) of contract allocation is supported by reimbursement of external funding.

- Partner Agency contracts allocated in the following strategic plan goal areas:

Strategic Goal Areas	Contract Allocation	
Quality Early Learning	\$	5,324,843
Comprehensive Health & Development	\$	7,138,321
Resilient Families	\$	8,630,531
Countywide (Admin/Eval)	\$	1,123,243
	Total	\$ 22,216,938

Capital Expenditures – Fund 25800 (\$800,000): No change from prior fiscal year budget. Funding supports building improvement expansion of undeveloped space at 585 Technology Court.

AMERICAN RESCUE PLAN ACT (ARPA) FUND - 25820

As approved and accepted in October 2021 (21-40), the department has oversight of \$15M of ARPA funds (25820) to stabilize and expand availability of Early Care & Education (ECE) to support the return of working families to the workforce. Strategies include wage enhancement for the ECE workforce, recruitment of ECE businesses to provide subsidized care for children, and child care infrastructure. As noted in Attachment 2, the ARPA fund (25820) budget has been adjusted to reflect prior year spending. Revenues for FY23 are budgeted at \$8,797,425 and expenditures at \$5,202,575 for contracts and \$3,594,850 for wage enhancement for the ECE workforce.

RECOMMENDED ACTION

That the Commission:

1. Adopt the FY 2022/23 budget (Funds 25800 and 25820) as proposed.
2. Authorize the Executive Director or Designee to:

- a. Expend funds for the line items specified by a specific vendor under the Operational Expense section of this budget (excluding Operational Contracts). Requisitions or purchases at or above the \$50,000 authority limit associated with these items are referenced below. Computer equipment will be purchased from either vendor depending upon availability but will not exceed the total amount.

Vendor - Description	Total
First 5 Association - Membership Dues & Policy Fund	\$ 50,000
Total Plan - Office Reconfigurations	\$ 100,000
Golden State Technology and/or Saitech - Computers & related equipment	\$ 150,000
SupplyBank.org - Diaper Kits	\$ 100,000
Lakeshore Equipment Company-Learning materials	\$ 50,000
CM School Supply- Learning materials	\$ 50,000
Discount School Supply- Learning materials	\$ 50,000

- b. Execute documents and coordinate appropriate actions to expend funds in accordance with established Commission policy and as set forth in the attached budget.

BUDGET IMPACT

Not applicable

POTENTIAL CONFLICTS OF INTEREST

None known

ATTACHMENTS

1. Summary – FY 2022/2023 Annual Budget (25800)
2. Summary – FY 2022/2023 ARPA Budget (25820)

Riverside County Children & Families Commission

FY 2022-2023

First 5 Riverside County Budget Summary

938001-25800 (CFARC)

Description	ACCOUNT	REVISED FY 21/22 BUDGET	FY 22/23 BUDGET
REVENUE	7xxxxx		
Interest-Invested Funds	740020	350,000	100,000
CA - Tobacco Prop 10	754000	14,427,376	16,551,140
CA - Prop 56 Tobacco Act 2016	754020	4,894,898	3,500,000
F5CA (IMPACT, DLL, HV)	755870	2,385,493	1,816,443
Fed-Federal Revenue (DTI)	767280		-
Other Misc Revenue	781360		-
Program Revenue	781480	530,931	-
Reimbursement for Salaries - DPSS Funding	777540	4,718,761	5,746,617
Contrib Fr Other County Funds	781540	-	-
TOTAL REVENUE		\$ 27,307,459	\$ 27,714,200
APPROP 1 - Salaries and Benefits	51xxxx	6,132,998	7,755,700
APPROP 2 - Services and Supplies	52xxxx	3,931,540	3,246,822
SUBTOTAL		\$ 10,064,538	\$ 11,002,522
APPROP 2 - Contracts and MOUs		16,755,076	22,216,938
TOTAL CONTRACTS AND MOUs		\$ 16,755,076	\$ 22,216,938
APPROP 4 - Capital Assets	542060	800,000	800,000
TOTAL APPROP CAPITAL ASSETS		\$ 800,000	\$ 800,000
TOTAL APPROPRIATIONS		\$ 27,619,614	\$ 34,019,460
TOTAL REVENUES		\$ 27,307,459	\$ 27,714,200
VARIANCE		\$ (312,155)	\$ (6,305,260)

Riverside County Children & Families Commission
FY 2022-2023

First 5 Riverside County Budget Summary

938001-25820 (ARPA Fund)

Description	ACCOUNT	REVISED FY21/22 BUDGET	FY 22/23 BUDGET
REVENUE	7xxxxx		
Fed-American Rescue Plan Act	763520	9,797,425	8,797,425
TOTAL REVENUE		\$ 9,797,425	\$ 8,797,425
Special Program Expense	527780	9,594,850	3,594,850
Contracts	527980	\$ 202,575	5,202,575
TOTAL EXPENDITURES		\$ 9,797,425	\$ 8,797,425
TOTAL APPROPRIATIONS		\$ 9,797,425	\$ 8,797,425
TOTAL REVENUES		\$ 9,797,425	\$ 8,797,425
VARIANCE		\$ -	\$ -

H.Future Agenda Items:

1. Champion for Children Award Presentation to Recipient
2. Family Resource Center Updates
3. 211 Presentation
4. Health Management Associates Presentation
- I. **Adjournment:** Adjournment to the next Regular Meeting of the Riverside County Children and Families Commission to be held on July 13, 2022 beginning at 2:00 p.m. at:
Riverside County Children and Families Commission Office
585 Technology Court - Conference Room A
Riverside, CA 92507

Meeting Minutes Recorded by Lynn M. Stephens, Commission Coordinator.