FIRST 5 sonoma county

Measure I

Sonoma County Child Care & Children's Health Ordinance

Community Advisory Council

August 28, 2025

Ancestral Land Acknowledgement

Today, the First 5 Sonoma County Commission and the Measure I Advisory Council is humbled to bring us together on the ancestral lands of the Southern Pomo People. We celebrate the active work of their descendants to preserve & nourish their indigenous culture and identity.

We acknowledge the Southern Pomo People as the traditional stewards and custodians of this area and honor with gratitude the land itself, all of its ancestors - past, present and future.

Welcome! ¡Bienvenidos!

Zoom Interpretation/Interpretación de Zoom

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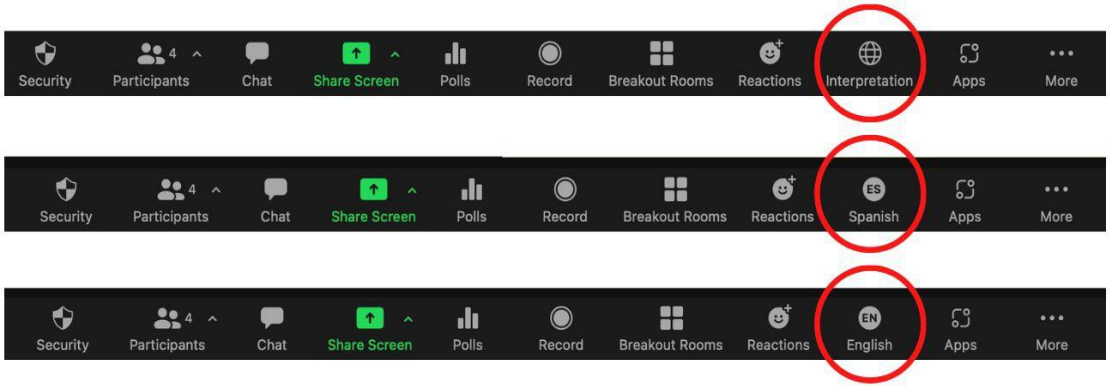
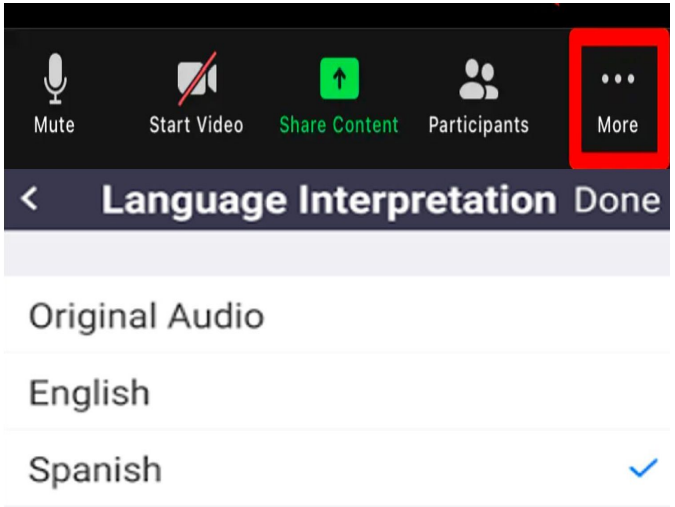
Computer / Computadora

1. Click on the "Interpretation" icon
2. Select your preferred language

1. Haga clic en el icono "Interpretación"
2. Elige su idioma preferido



Phone / Por Telefono



Agenda Review
&
Minutes Approval

Community Agreements

Public comment
on non-agendized items

Comentarios públicos sobre temas no incluidos en la agenda

Guidelines for Public Comment
Directrices para los comentarios públicos

- Public comments are brief statements intended to inform the CAC and First 5 about the topic/Action Item
- Comments from the public at public meetings do not include questions and is not intended to be a dialogue
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Measure I: CAC Meeting Sequence

Apr	May	Jun	Jul	Aug	Oct
Orientation	***Laying the Foundation*** *Landscape & Early Recommendations*	***Equitable Access to Quality ECE*** *Draft Recommendations*	***ECE Workforce Compensation*** *Draft Recommendations*	***Health*** *Draft Recommendations*	***Final Recommendations***

ECE means Early Care and Education and is the term used professionally in the field. Others may refer to this as preschool, child care, etc.

Child and Perinatal Health and Mental Health

Landscape Review

"Even though there is access to providers, the stigma is still there. 'No, I can deal with this.' Instead, you need to cry a little bit and then keep going. We think we're fine. We don't need mental healthcare."

–Spanish Speaking Mother

Healthy Petaluma District and Foundation

"Women's Health Needs Assessment" (2025).

Definitions

Birthing People	A gender-inclusive term used to refer to individuals who are pregnant or giving birth, regardless of their gender identity.
Community Health Worker	Frontline health workers who have an intimate understanding of the communities they serve through shared ethnicity, culture, language or life experiences.
Doula	A trained professional who provides physical, emotional, and informational support to a birthing person throughout pregnancy, labor, and the early postpartum period. They are not doctors or clinicians.
Federally Qualified Health Center	A community-based health care provider that receives funding from the federal government to offer primary care services in underserved areas, regardless of a patient's ability to pay.
Birthing Center	A healthcare facility designed to provide a more home-like environment for labor and delivery, particularly for low-risk pregnancies. It often focuses on childbirth with minimal medical intervention.
Early Intervention	Identifies and addresses developmental delays or disabilities as early as possible.
Perinatal	The period from when you become pregnant up to a year after giving birth.

Statewide Context

Medi-Cal for Undocumented Immigrants

Starting January 2026, there will no longer be any ***new*** enrollments for adults 19 or older who are: 1) undocumented, 2) not pregnant, 3) and, do not have satisfactory immigration status for federal full scope Medi-Cal.

Background:

Since January 2020, full scope Medi-Cal was available to qualifying young adults ages 19-25 regardless of immigration status. Full scope Medi-Cal coverage was then extended to older adults ages 50 and older starting May 2022. Then, in January, full scope Medi-Cal was extended to adults ages 26-49 starting January 2024.

Children (0-18 years old) can get full Medi-Cal coverage, no matter their immigration status.

Source: https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/medi-cal-changes.aspx; https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/Adult-Expansion.aspx

Medi-Cal Reform: Cal-AIM Population Health Management

1. **Enhanced Care Management:** Comprehensive care management to address both clinical and nonclinical complex needs for Populations of Focus (PoF)

   PoF that intersect with early childhood include:

   a. Children/families experiencing homelessness
   b. Children who are high utilizers of hospital/emergency department care
   c. Children with serious behavioral health/mental health and/or substance use disorder needs
   d. Children enrolled in CCS or CCS Whole Child Model with needs beyond their CCS condition
   e. Children in child welfare/foster care
   f. Children with a diagnosed intellectual or developmental disability and also qualify for another population of focus
   g. Pregnant and postpartum individuals who either qualify for another adult or youth population of focus **or** have racial and ethnic outcome disparities as defined by CA Public Health Data (Black, American Indian, Alaska Native, Pacific Islander)

1. **Community Supports:** Services that help address health needs (e.g., housing, asthma remediation, medically supportive food, respite care)

Source: https://www.dhcs.ca.gov/Documents/MCQMD/ECM-Implementation-Timeline-Updated-POFs.pdf; https://www.dhcs.ca.gov/CalAIM/ECM/Pages/Home.aspx

CA Department of Health Care Services (DHCS) Birthing Care Pathway

What?	A comprehensive, policy and care model roadmap for Medi-Cal that integrates physical, behavioral, and social health needs; enhances care coordination; *expands access to providers like doulas, community health workers, and midwives.*
Why?	To reduce maternal morbidity and mortality and eliminate racial and ethnic disparities in maternal health outcomes—especially among Black, American Indian/Alaska Native, and Pacific Islander Medi-Cal members—by transforming how care is delivered from conception through 12 months postpartum.
Who?	All MediCal birthing people, with specific services and supports for DHCS Population of Focus (Black, American Indian/Alaska Native, and Pacific Islander)

Early Intervention System (Birth - 5 years)

Screening:

Done in a variety of settings including clinical and community.

May be free, private pay or covered by insurance

referral

Assessment:

Formal evaluation to see if there is a diagnosable concern

Birth Up to 3: Performed by North Bay Regional Center (NBRC) or other qualified physician/clinician

Ages 3-5: Performed by School District/Special Education Local Plan Area

Treatment:

If Assessment indicates *diagnosable condition* then the services may be covered by insurance (Medi-Cal or private) or offered by the school district.

If there is *no eligible diagnosable condition,* then the family may be referred to other free or private pay services to offer support

Local Landscape

Perinatal and Birth Outcomes

Begin prenatal care in the first trimester, with rates comparable across racial groups*

Despite similar prenatal care rates, birth outcomes vary by race in Sonoma County.

- American Indian & Alaska Native (AIAN) and Black mothers have the highest rates of **pregnancy hypertensive disorder*****
- Asian/PI mothers have the highest **severe maternal morbidity rates** (unexpected and serious complications during L&D)***
- Black mothers' **preterm birth rates** are nearly double that of White mothers***

*Source: 2025 Children Now: California Scorecard of Children's Well-being: Sonoma County.

***Source: 2025 California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division, Severe Maternal Morbidity Dashboard; Preterm Birth Dashboard; Maternal Health Conditions Dashboard

Provider Landscape

Perinatal and Child Health Services in Sonoma County

- **2 managed care plans***
- Multiple **Federally Qualified Health Centers** (FQHCs) and hospitals*
- **1 operational birth centers** (Santa Rosa)*
- **10+ home visiting programs** serve a range of parent populations; however, they lack centralized coordination and referrals
- **Doula care** is available, including a training programs for Black doulas. The utilization rate through managed care is 6.9 per 1,000 birthing members.**

*Source: Partnership Healthplan of California. (2024, April). Annual Partnership County Data Report 2024: Sonoma County. (Please note that the source states there are two birth centers but only 1 is used for birthing.)
**Source: California Department of Health Care Services. (2025, April 11). Doula implementation stakeholder meeting [PDF].

Perinatal Mental Health

Birthing mothers presented with a perinatal mental health condition at delivery, 2020–2022*

- Compared to **8.3%** statewide*
- Increase of nearly **8%** from 2016–2018*
- Much lower than self- reported survey data from mothers, in which **86%** reported perinatal emotional or mental health issues**

*Source: California Department of Public Health's Maternal, Child & Adolescent Health Division data dashboards, from 2020 to 2022
**Source: First 5 Sonoma County. 2024 Perinatal Feeding and Mental Health Survey

Isolation of Birthing People

In 2025, *Healthy Petaluma* identified 3 health priorities for women and teen girls:
1) Mental Health; 2) Access to Care; 3) Social Connection, Community, & Belonging

Findings and recommendations included:

- Offering more groups to support mothers and babies, especially those that can be offered for low or no cost
- Group and peer models
- Greater access to culturally responsive care.

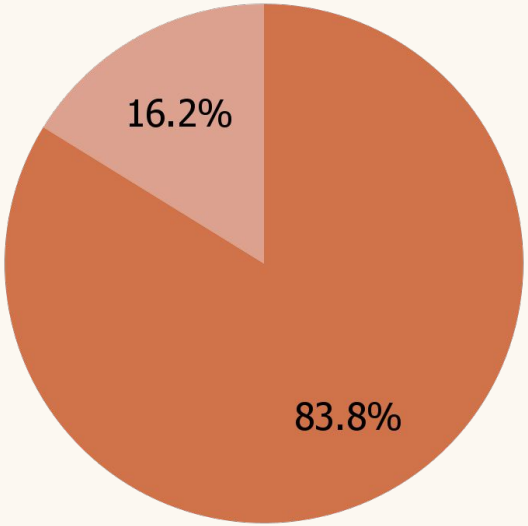
"Mommy and me group. Needs to be bigger so more can participate."
- Nurse midwife

"A lot of mom groups. You do have to pay to join, so that's a barrier. Do a good job building community for the people that can afford to do it."
- Behavioral health provider

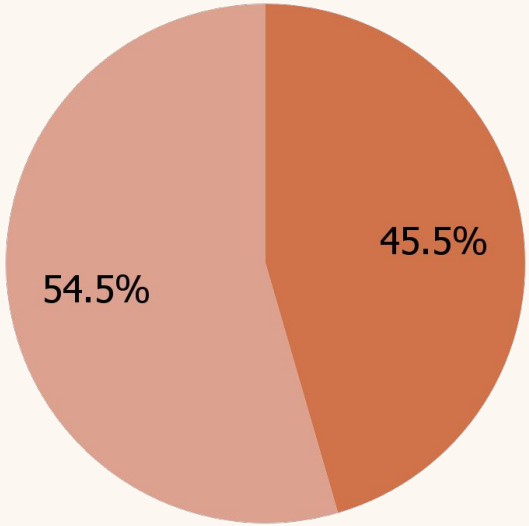
"More support groups for new mothers. There are some but not many."
- Perinatal care coordinator

Healthy Petaluma District and Foundation. *Healthy Petaluma Women's Health Needs Assessment.* (Spring 2025). Findings from 17 interviews, 13 focus groups, and a survey reaching 509 women and teen girls in the Petaluma area.

Breastfeeding Rates*



83.8% of newborns were exclusively breastfed as of hospital discharge, with even more receiving some breastfeeding

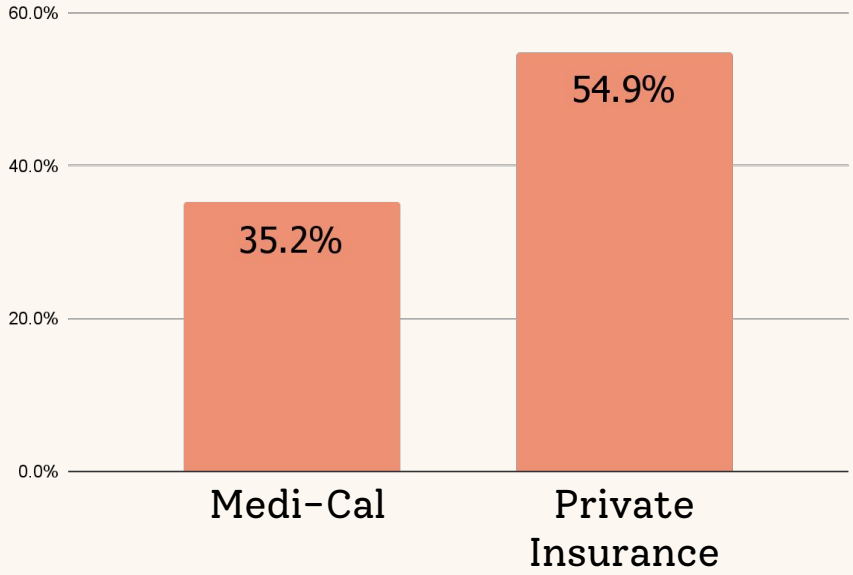


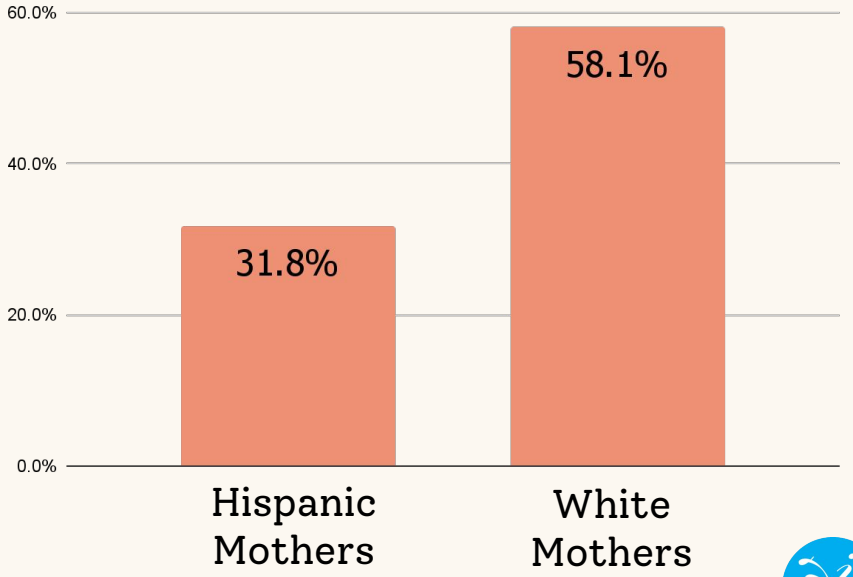
That drops to **45.5%** of infants who are exclusively breastfed at 3 months postpartum

*Source: California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division, Breastfeeding Intention and Duration Dashboard, Last Modified November 2023. go.cdph.ca.gov/Breastfeeding-Intention-and-Duration-Dashboard

Breastfeeding Rates by Demographic*

Rates of exclusive breastfeeding at 3 months postpartum vary greatly by insurance type and race.





*Source: California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division, Breastfeeding Intention and Duration Dashboard, Last Modified November 2023. go.cdph.ca.gov/Breastfeeding-Intention-and-Duration-Dashboard

Listening Sessions & Focus Groups

“Sometimes there are too many requirements and it is very difficult. So for us, it becomes impossible. They say, bring me this, bring me that other stuff too…and you can't handle everything, right? Because then you're not going to ask for help or look for resources, and they put up a lot of obstacles…”

–Focus Group Participant

First 5 Sonoma County Community Needs Assessment Report (2025)

Equity First Consulting

Federally Qualified Health Center (FQHC) Focus Group

FQHC Expressed Concerns for Families with Young Children:

- Provider shortages and lack of options for birthing families
- Social isolation of new parents
- Fear (e.g., immigration)
- Developmental screenings and early intervention/behavioral supports
- Preventative care: nutrition, flu immunizations

FQHC Expressed Needs:

- One-stop shops, drop-in centers, and other trusted place-based services
- More community groups, classes, and programs that provide resources and education while addressing social isolation
- More safe/trusted birthing options for families
- More coordination *between service providers* (communication, awareness of services, networks, coordination of care)
- More Community Health Workers, service navigation, and home-based nursing programs for families

n= 6 (Petaluma Health Center, Santa Rosa Community Health, Sonoma Valley Community Health, Alliance Medical Center, Sonoma County Indian Health Project, West County Health Center

Health Community Listening Session

Across discussions on: 1) Early Screenings & Assessments; 2) Warm Handoffs & Bridges for Referrals; 3) Interventions for Trauma & Complex Illness

Needs:

1. More culturally responsive care and workforce (bilingual, bicultural)
2. Accessibility and timely delivery of services
3. Trusted service/system navigators
4. Trusted place-based hubs for services, screenings in non-clinical settings
5. Community education and peer-to-peer supports in more locations
6. Referral systems and networks between social service organizations and health providers (to support coordination of care, warm handoffs, information sharing, and aggregate data)
7. Home visiting or other universal touch points
8. Behavioral health services specialized for Children 0-5, Fathers, Perinatal Mood and Anxiety Disorders

n= 27

Health Community Listening Session

Across discussions on: 1) Early Screenings & Assessments; 2) Warm Handoffs & Bridges for Referrals; 3) Interventions for Trauma & Complex Illness

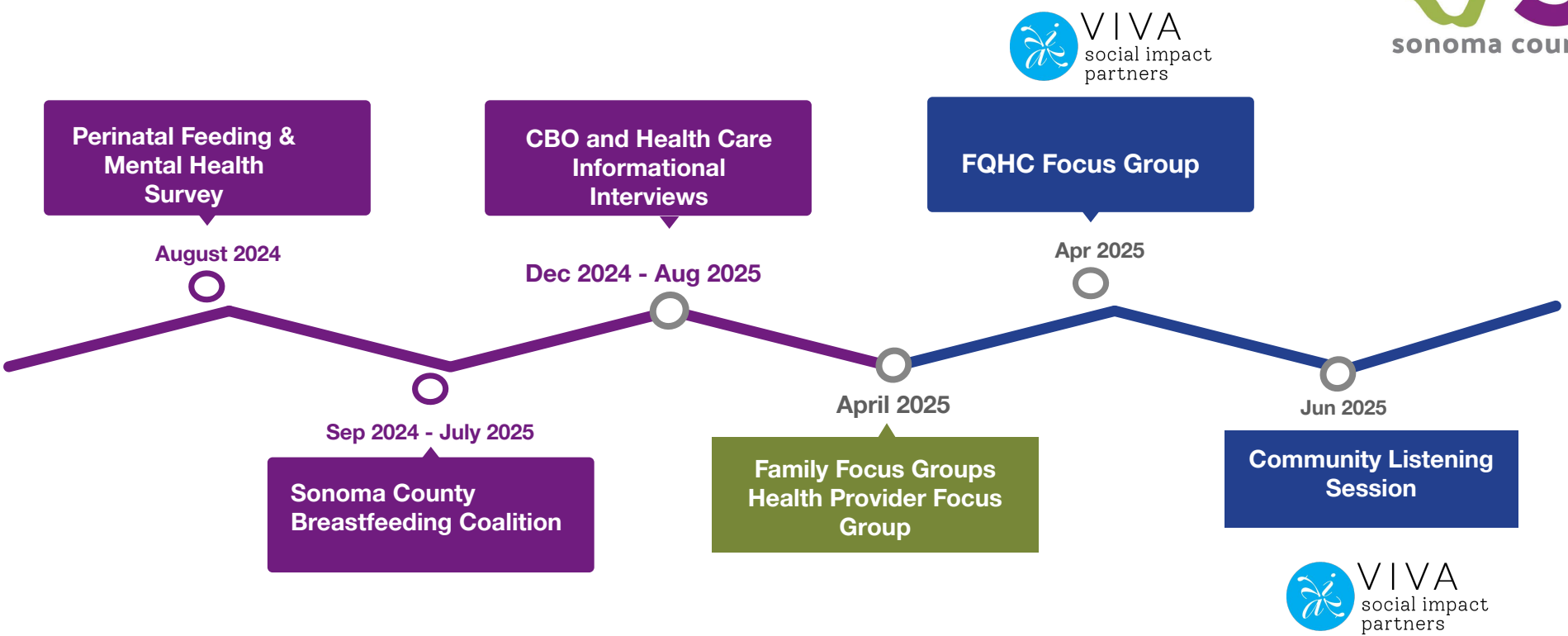
Barriers

1. Fear (e.g., immigration)
2. Trust
3. Funding
4. Provider and family member lack of awareness of existing services offered
5. Workforce shortages and burnout, especially around behavioral health
6. Lack of specialized care for perinatal mental health
7. Appropriate referrals, long-waitlists, and coordination of services
8. Existing Data Referral Platforms (e.g., issues with technology integration, concern sharing of data in a fearful environment, challenges with accessibility and consistency)

n= 27

Health: Community Engagement Timeline, Framework, and Approach

Community Engagement Timeline



Community Engagement Findings:

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Combat Isolation
Connection & Peer Support

Wrap-Around & Place Based Care
One-stop shop, hubs, trusted locations

Culturally Responsive Care
Honor culture, language justice

Continuum of Multiple Modalities
Hold families, parent choice, inclusive, different levels of intensity

Diverse Workforce
Build and support diverse clinical and peer workforce

2026-2031 Health Investments Strategic Framework

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Equity-Driven Investments
Our Approach:

- **Racial equity** is the foundation because that's where the deepest gaps begin
- We apply a **Targeted Universalism** lens - we set a universal goal, and invest most in those furthest from it
- We **prioritize** children in families who are **low-income, experiencing homelessness, or historically underserved**
- **Equity** means building a system that meets providers and families where they are and removes barriers to opportunity
- Our strategies aim to **address systemic barriers**, so families can access high quality care, and providers are supported to offer it

2026-2031 Health Investments Strategic Framework

FIRST 5 sonoma county

Core Framework Methodologies:

- Dyadic Care (family and caregiver focused model of care)
- Clinical & Community Based Supports
- Clinical & Community Based Workforce
- Bridge building between Healthcare and Social Service

Upstream & Designed to the Margins:

- Focus on strong support in the perinatal period
- Focus on and integrate populations of focus into larger strategies
- Prioritize cultural concordant, culturally responsive, linguistically just care and workforce

Proposed Measure I Investments 2026-2031: Health

Children's physical, emotional, and developmental needs are met starting prenatally to promote a healthy start in life.

Expand access to **community-based** pediatric health, mental health, and perinatal mental health

Increase access to **clinical-based** pediatric health, mental health, and perinatal mental health

Expand specialized and community-based **workforce** to better meet the need for pediatric and perinatal health care services

Strengthen Pediatric and Perinatal Health through Meaningful Data, Family Voice, and Community Awareness

Measure I Investment Recommendations

What is an allocation?

- An allocation refers to a **high-level estimate** of how much funding is planned for a particular strategy, goal, or initiative during a specific period.
- Allocations help with long-term planning and transparency by showing how funds may be distributed over time.
- While allocations are based on current priorities and available funds, they may be adjusted over time to respond to changes in needs, capacity, or funding levels.

Please note: The proposed allocations are based on an estimated $30 million in annual revenue, with approximately $12 million (40%) dedicated to Health investments each year, totaling $60 million over five years.

Goal 1. Expand access to community-based pediatric health, mental health, and perinatal mental health, including screening, assessment, referral, and treatment

Strategy	Five-Year Allocation
1a. Cultivate culturally-concordant and place-based child and maternal health hubs	$25,000,000
1b. Expand access points and modalities for early intervention, supporting children with disabilities, developmental concerns, or medically complex needs	$5,500,000
1c. Equip all aspects of a new parent's ecosystem to support infant feeding	$3,000,000
Goal 1 Total	**$33,500,000**

Goal 2. Increase access to clinical pediatric health and perinatal mental health services, including screening, assessment, referral, and treatment

Strategy	Five-Year Allocation
2a. Expand mobile and "pop-up" clinical and holistic health clinics for maternal and pediatric health	$5,000,000
2b. Create a coordinated referral system for Perinatal Mood Disorders between health care and community hubs to provide diverse clinical treatment in the community	$4,750,000
Goal 2 Total	**$9,750,000**

Goal 3. Expand specialized and community-based workforce to better meet the need for pediatric and perinatal health care services.

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Strategy	Five-Year Allocation
3a. Support Career Pathways and Specializations in the Perinatal and Infant and Early Childhood Mental Health Workforce	$4,500,000
3b. Support Career Pathways and Advancement for Diverse Lactation Workforce	$2,000,000
3c. Build the infrastructure for culturally concordant doulas to be trained, mentored, connected, and sustainable	$5,500,000
3d. Support cross-sector collaboratives working to build bridges between healthcare and social services and pursue sustainability options for the social determinants of health	$250,000
Goal 3 Total	**$12,250,000**

Goal 4. Strengthen Pediatric and Perinatal Health through Meaningful Data, Family Voice, and Community Awareness

Strategy	Five-Year Allocation
4a. Data Infrastructure, Evaluation, and Learning	$3,500,000
4b. Outreach and Communications	$1,000,000
Goal 4 Total	**$4,500,000**

Public Member Comment & CAC Discussion

Process

1. CAC Questions for clarification
2. Public Member Comments - 2 minutes maximum per member
    a. These will be charted
3. CAC Questions and Comments
    a. Feedback/Ideas for consideration will be charted
4. CAC Discussion
    a. Focused on what feedback to incorporate into the draft recommendation for a vote
    b. Vote on draft recommendations

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Next Community Advisory Council Meeting:

October 23, 2025

3:00-5:30 pm

LOCATION:

120 Stony Point, Suite 155, Santa Rosa