Measure I

Sonoma County Child Care & Children's Health Ordinance

Community Advisory Council

August 27, 2026

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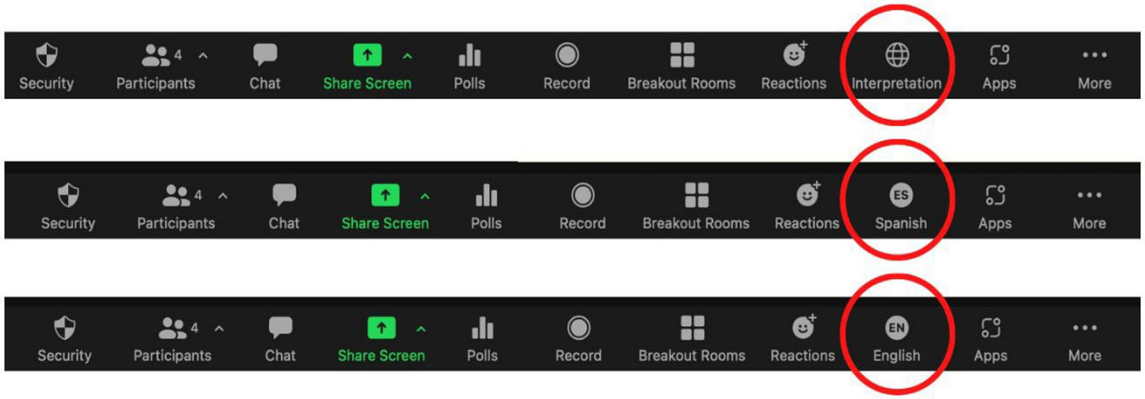
1. Click on the "Interpretation" icon
2. Select your preferred language

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



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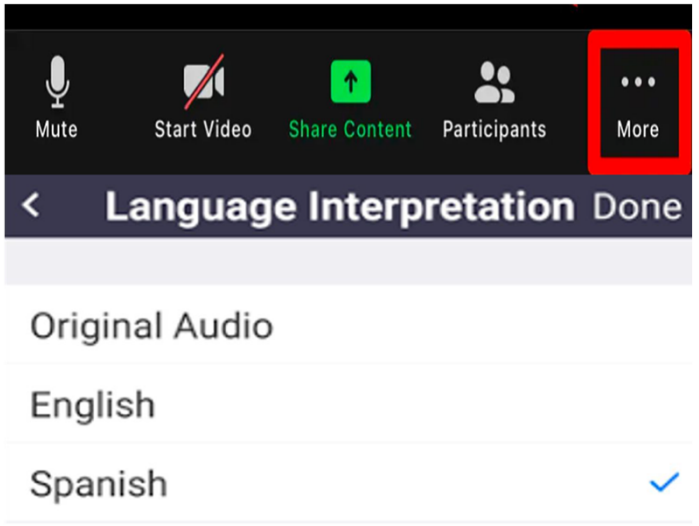


Agenda Review
&
Minutes Approval

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
- Appointed Council members and First 5 staff and consultants are discouraged from responding or discussing topics with the public (can potentially constitute a Brown Act violation)
- Time limits can (and typically will) be imposed per comment and/or for total time allotted

- Los comentarios públicos son declaraciones breves destinadas a informar al CAC y a First 5 sobre el tema o punto de acción.
- Los comentarios del público en reuniones públicas no incluyen preguntas y no están destinados a ser un diálogo.
- Se desalienta a los miembros designados del Consejo, al personal de First 5 y a los asesores de responder o discutir temas con el público (ya que podría constituir una violación de la Ley Brown).
- Se pueden imponer límites de tiempo por comentario y/o para el tiempo total asignado (y típicamente se impondrán).

First 5 Sonoma County
Staff Report

Introducing Our Next CEO: September Jarrett

Starts October 15, 2026

September Jarrett, MPP

Chief Executive Officer, First 5 Sonoma County

- Appointed by the First 5 Sonoma County Commission
- 20+ years leading early childhood systems change across public, philanthropic, and nonprofit sectors
- Most recently Program Officer at the Heising-Simons Foundation and Action Fund, managing $12M+ in annual early childhood grantmaking
- Former Executive Director, San Francisco Office of Early Care & Education (2016-2018)
- Former Commissioner & Secretary, San Francisco First 5 Commission (2006-2009)
- MS, Urban Policy Analysis & Management, The New School; BA, Urban Studies, San Francisco State University

Staff Report: Family Scholarship Model

June 2026 Staff Recommendations	Status in Draft Model
Recommendation #1: Fund the technology and maintenance of a Countywide Central Eligibility Waitlist	Carried forward and includes planning process as well as what to do in the meantime.
Recommendation #2: Implement an infant/toddler-focused ECE scholarship program; ended at 3rd birthday	Now extends to late August after 3rd birthday to match typical enrollment periods for preK programs.
Recommendation #3: Use a Family Child Care-specific Cohort Model	Carried forward. Includes more on "the why" and that this decision will be evaluated to see if changes are needed.
Recommendation #4: Current subsidy children already served by the participating FCC would have rate "topped off" to match scholarship rate.	Eliminates the "top off" and provides rate for part-time attendance.

Family Scholarship Model Public Input Plan

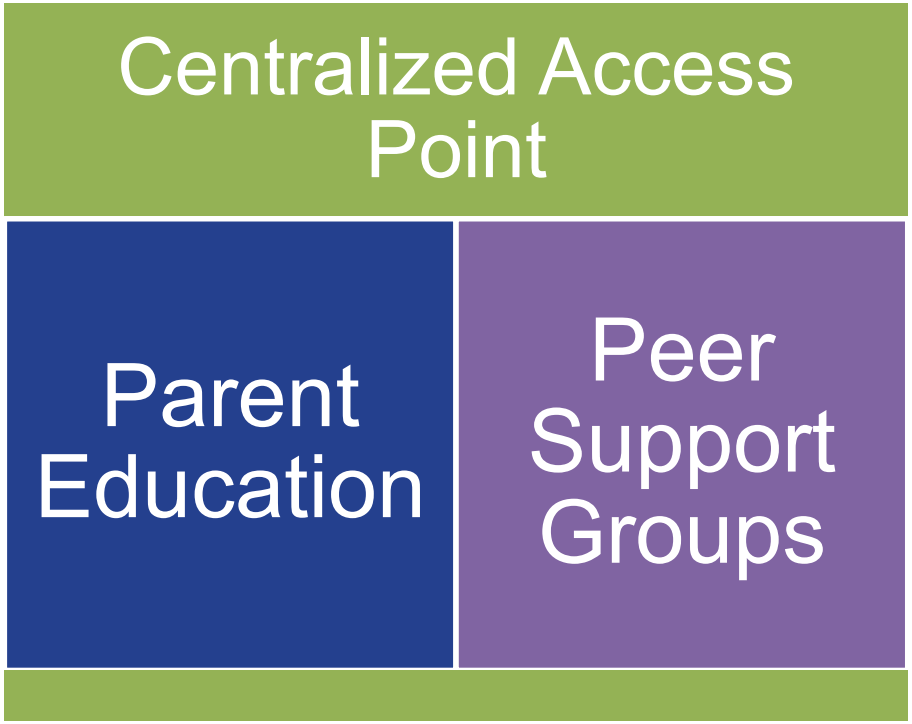
Audience	Documents	Feedback Opportunities
Families	Executive Summary & Draft Model	**Virtual Sessions:** • English: September 23, 2026, 6:00-7:30 pm • Spanish: September 24, 2026, 6:00-7:30 pm Link to Registration Form; In session Survey
ECE Providers	Executive Summary & Draft Model	**Virtual Sessions:** • English: September 16, 2026, 6:00-7:30 pm • Spanish: September 17, 2026, 6:00-7:30 pm Link to Registration Form; In session Survey
F5SC Commission, CAC, ECE Stakeholders and Other Community Members	Executive Summaries & Draft Model	Survey available from September 1-30

Presentation and Discussion: Early Relational Health

Strategy Update

EXPAND ACCESS POINTS & MODALITIES FOR EARLY INTERVENTION

- Procurement May-July
- Funding 10 partners
- Focus on bilingual supports and geographic diversity
- Cohort will be meeting via Collaborative



Strategy Update

EXPAND ACCESS POINTS & MODALITIES FOR EARLY INTERVENTION

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SVCHC

MARIN CIL

CORAZÓN HEALDSBURG

West County Health Centers
Caring for our Communities
a californiahealth center

On The Move

cpi

PETALUMA CITY SCHOOLS

River to Coast Children's Services
Resources, Referrals, and Support / Recursos, Referencias, y Apoyo

COMMON GROUND SOCIETY
HELLO. BELONGING.™

eli
early learning institute

Strategy Update

MOBILE PERINATAL & PEDIATRIC CLINICS

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- Participatory Grantmaking with 4 Clinics
- Focus on increasing access to perinatal and pediatric care
- Collaborating on ASQ Dashboard

West County Health Centers
Caring for our Communities

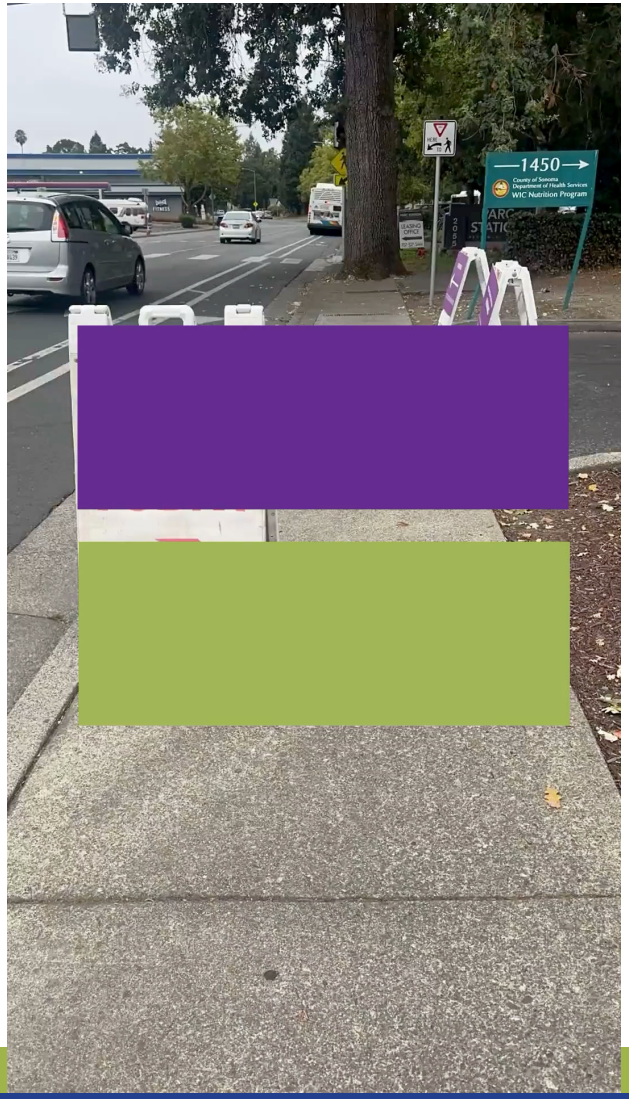
SONOMA COUNTY INDIAN HEALTH PROJECT

Santa Rosa COMMUNITY HEALTH
All of us. For all of you.

Petaluma HealthCenter

Strategy Update

INFANT FEEDING SUPPORT



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Strategy Update

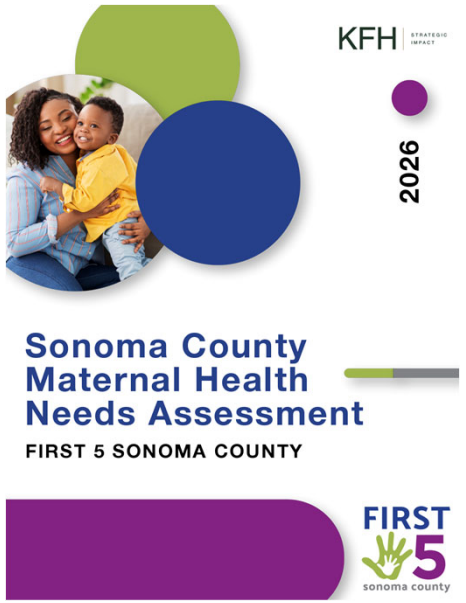
COMMUNITY EARLY RELATIONAL HEALTH HUB

- Selected Lead Agencies
- Hosted Meet & Greet
- Intent to Negotiate – Collaborative Applications Underway

Strategy Update

PERINATAL MENTAL HEALTH & DOULA SUPPORTS

- Published Sonoma County Maternal Health Needs Assessment
- Hosting Visioning Session on Perinatal Mental Health 9/2
- Partnered with MCAH on Doula Research, looking to cross-county collaboration with F5 Marin and Marin MCAH



Strategy Update

STRENGTHEN NETWORKS BETWEEN HEALTH & SOCIAL SERVICE

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The Early Relational Health Consortium
is made up of **33** Agencies and has met **5** times to:

1. Identify priority areas
2. Brainstorm and prioritize strategies that build upon the great network of resources that already exist
3. Establish measures of success
4. Set community practices and explore ways to advance the work together

All of these discussions have informed a Working Roadmap that will help guide our collective efforts over the next three years.

Sonoma County Early Relational Health Consortium
3-Year Roadmap

About This Roadmap

This working roadmap is the result of a seven-month collaborative planning process (November 2025 - June 2026) with the Sonoma County Early Relational Health (ERH) Consortium. Consortium members mapped challenges and opportunities along the caregiver-child journey from pregnancy through age 3, identified high-priority focus areas, and developed strategies for collective action.

Our Shared Vision

From birth to age 3, every young child and their family has a welcoming, nurturing, and responsive network of support that meets them where they are and promotes positive early relational health.

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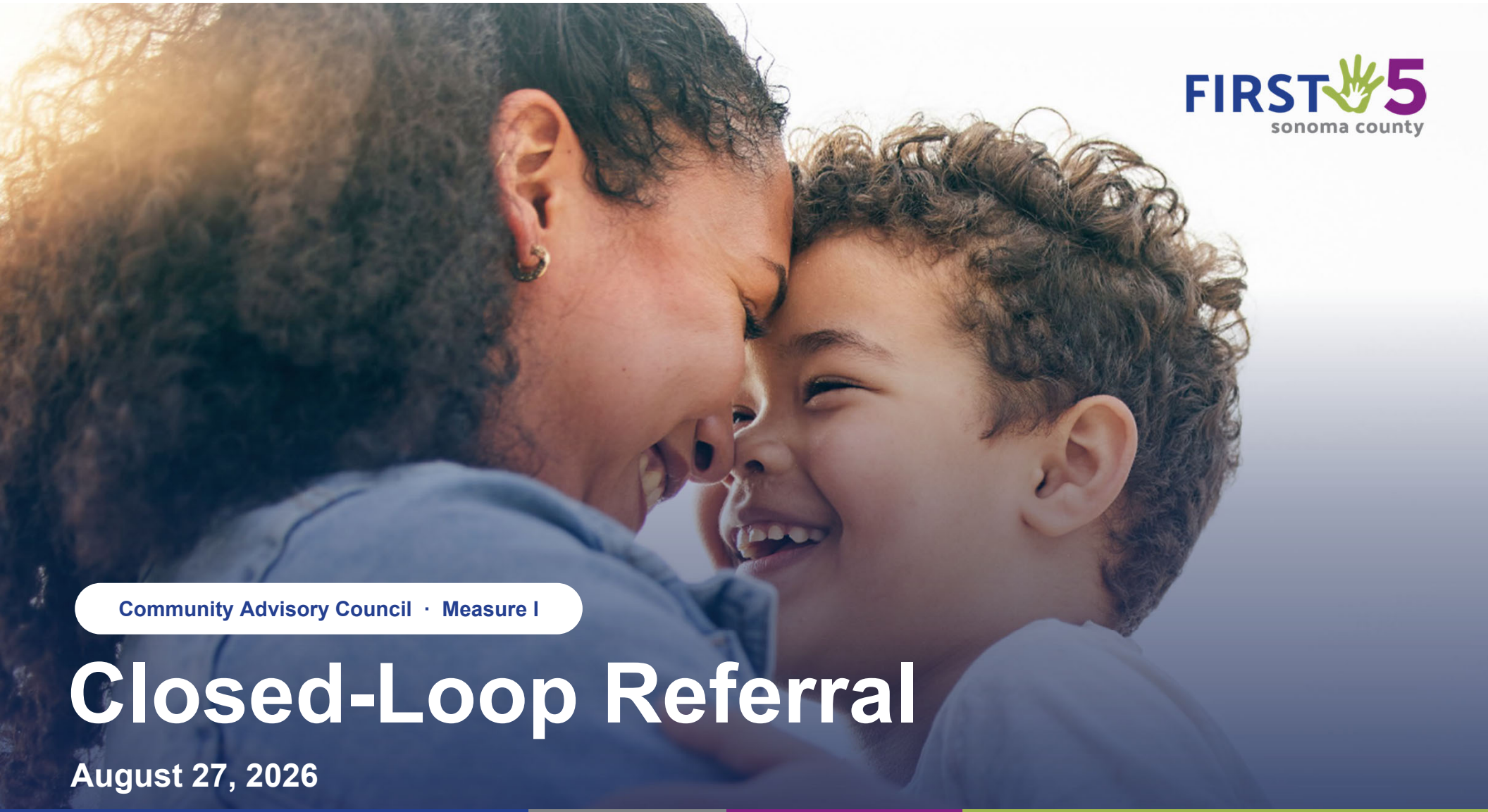
MEASURE I OUR KIDS OUR FUTURE

Priority 1: Basic Needs Birthing people, children from birth to age 3, and their caregivers have easy access to basic need services and supports that enable them to have positive daily interactions.	1.Improved access to basic needs for birthing people and parents/caregivers of young children 0-3. 2.Reduced stress for birthing people and caregivers of young children struggling to meet their basic needs. 3.Increased positive daily interactions between caregivers and their children who are struggling to have their basic needs met.	1.Strengthen infrastructure for more coordinated basic needs referrals and access. 2.Design and implement basic need supports with families at the center. 3.Advocate for policy change and sustainable funding around basic needs for families.	•Referral map and matrix •Partner training /capacity building •Coordinate distribution pathways •Co-design with families •Policy recommendations
Priority 2: Community ERH Hubs There are trusted access points across the county, such as community early relational health hubs, where birthing people and families of young children can easily find supports that promote positive early relational health.	1.Families know where to go to access what they need and are easily connected to timely and appropriate support. 2.Improved service navigation and warm handoff referrals. 3.Families and children feel connected to a supportive and responsive community of care. 4.There is a greater selection of service options accessible. 5.Services are provided to families in a culturally responsive way. 6.There is a formalized bridge between health care and social service systems to effectively address social drivers of health. 7.Families feel safe, held, and a sense of belonging.	1.Identify opportunities for integrating and coordinating Hubs across the county. 2.Identify diverse collaborative funding sources to support the expansion and sustainability of services to better meet the needs of working families. 3.Integrate CHW/promotora-led support into all early relational health efforts. 4.Co-create the design and inform the ongoing implementation of hubs with marginalized families, ensuring that hubs are family-centered and welcoming, and promote joy, wellness, and healing.	•Community groups that speak indigenous languages for service access •Build CHW capacity in service navigation, screening, and mental health support •Develop parental advisory board and gather family feedback
Priority 3: Perinatal Mental Health Birthing people and families receive perinatal mental health support that promotes positive interaction and bonding with their young children.	1.Families feel they have increased tools and resources to navigate stress, anxiety, and depression. 2.Families feel more connected to their child. 3.Families feel better equipped to manage challenging behaviors and difficult parenting moments. 4.There is a sufficient bilingual and bicultural workforce to provide perinatal mental health support and meet the need. 5.Birthing people are being screened for and connected to perinatal mental health services from pregnancy through one year postpartum.	1.Expand the range of available, culturally responsive perinatal mental health supports 2.Strengthen referral pathways for perinatal mental health conditions and standardize the practice of warm referrals. 3.Grow the bicultural and bilingual perinatal health workforce. 4.Raise awareness amongst families of available perinatal health resources. 5.Raise awareness amongst policymakers of the importance of ERH and advocate to impact state and national policy. 6.Establish common screening tools and recommend practices for screening during the perinatal period.	•Increase parent/peer support groups •Bring parent education and informal parent groups to rural areas •Integrate early relational health coaching into programming •Train doulas •New parent information

Discussion: Closed Loop Referral System



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Community Advisory Council · Measure I

Closed-Loop Referral

August 27, 2026

PURPOSE

Today's conversation and scope

This is an information-sharing discussion. No direction is requested today, but perspectives are appreciated.

- **SHARED UNDERSTANDING —** establish what "closed-loop referral" means before discussing any solution.
- **CONTEXT —** recall the Health Recommendations during strategic planning (August 2025) and what Measure I asks of this body.
- **COMMUNITY WORK —** share updates on current efforts and gather the Council's questions and perspectives.

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STARTING POINT

What we mean by “closed-loop referral”

Two-way communication between service providers, so that a referral does not end when it is made. The loop closes only when the family is served and the result comes back to whoever made the referral.

01

Referral made

A family resource center refers a family to a prenatal health provider.

02

Family served

The prenatal provider receives the referral and serves the family.

03

Outcome recorded

The provider records what happened — the family was seen, or the referral did not connect.

04

Loop closed

The family resource center is told the result, so no one is left wondering.

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THE BUILDING BLOCKS

What it takes to close the loop

Tracking

Referrals are tracked, so nothing is lost between the hand-off and the outcome.

Communication

The provider who made the referral hears back what happened to the family.

People or technology

Closing the loop can happen through people — calls and relationships — or through a shared data system.

Trust & governance

Clear rules for consent, privacy, and data-sharing keep families safe and in control.

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MEASURE I

Measure I names this as a priority

GOALS FOR EXPENDITURES FROM THE PROCEEDS OF THE TAX

1. To strengthen collaboration and partnership among Sonoma County's public agencies, community-based organizations, and the private sector around shared positive outcomes for children and their families.

2. To improve program accessibility and administrative efficiency for parents and providers, including, where appropriate, through the use of technology.

A DUTY OF THE COMMUNITY ADVISORY COUNCIL (SECTION 12-62 E.3)

"Recommendations to the Administering Agency about initiatives to evaluate and improve access to programs, particularly through the use of technology to streamline referral, navigation and linkage and better integration of services."

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WHERE THE COUNCIL LANDED IN AUGUST 2025

A commitment to revisit, and work already funded

August 2025 funding recommendation

"At this time, a recommendation for a continued investment in the technology of a closed-loop referral system has not been included in the proposed allocations… Once service capacity is strengthened and strategies are in place to allay the fear amongst families regarding data sharing, First 5 Sonoma County is committed to revisiting funding for an early intervention closed-loop referral data solution."

What First 5 funds today

Current funding supports warm, human-centered closed-loop referral processes through:

- **Place-based resource hubs & FRCs** (Thriving Families)
- **Place-based child and maternal health hubs** (Strategy 1a)
- **A centralized perinatal referral hub** (Strategy 2b)
- **Cross-sector provider collaboratives** (Strategy 3d)
- **Expanded Access to Early Identification & Intervention** (Strategy 3b)

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FOUNDATIONS

Early childhood is one part of a countywide need

- First 5 Sonoma County serves families from the prenatal period through age five. Referral and linkage systems serve every age.
- A closed-loop system that lasts must be countywide, and supported by different funders and sectors.
- First 5 is a committed partner of the early-childhood piece — not the sole funder, and not the driver of the countywide solution.

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CURRENT COMMUNITY WORK

Who is doing the work, and where it is happening

Where First 5 has convened partners

- **Early Relational Health Consortium** — defining community care hubs and a coordinated continuum of care
- **Early Identification & Intervention visioning** — where a local warmline for early-intervention referrals has been discussed.
- **Family Resource Network Participatory Grantmaking**

Partners convening, not specific to 0-5

- **Aliados Health**
- **211 Sonoma, operated by United Way Wine Country**
- **Health Equity Rising**
- **Ceres Community Project**
- **Interface Children & Families Services**
- **Santa Rosa Community Health**

- More than one technology platform operates in the county. Choosing technology is part of the countywide conversation, not a First 5 decision.
- A countywide framework — the Sonoma County Equity & Care Collaborative — is also under discussion among partners.

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OVER TO THE COUNCIL

Questions for discussion

1. Where do you see families falling through the cracks today — where is the loop not being closed for young children?

2. What role does the Council see for First 5 as one of several funders in a countywide solution?

3. What conditions would need to be in place for the Council to consider the technology worth investing in?

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IN SUMMARY

What happens after today

- This was an initial conversation to share information and understand the Council members' perspectives.
- First 5 Sonoma County remains committed to a strong closed-loop referral system as a long-term strategy.
- The countywide conversation continues at the community tables, with many partners and funders.
- The Council's input today will inform how First 5 partners in that work.

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Parent Engagement & Compensation Practices: Partner Survey Findings

Parent Compensation in Sonoma County

Current Practices and Opportunities

Measure I CAC Meeting
August 27, 2026

Agenda

- Motivation
- Methods and Respondents
- Findings
- Preliminary Recommendations

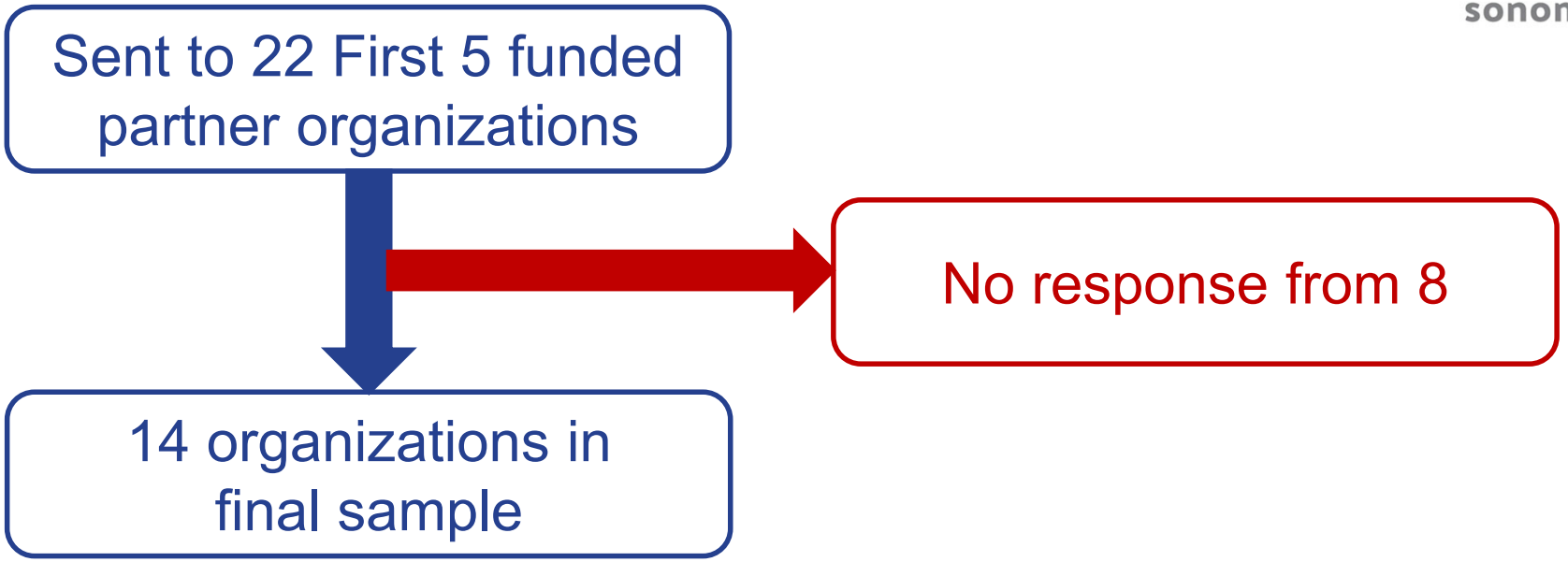
Motivation

- No established guidance or consensus on parent/caregiver compensation across Sonoma County
- Understand how funded partners currently compensate and support parent participation
- Inform future discussions on countywide best practices
- Ensure First 5 Sonoma County is applying best practices

Methods

- Survey sent April 21, 2026 and open for one month
- Topics included
  - Types of activities for which parents and caregivers are compensated
  - Common compensation methods and amounts
  - Factors organizations consider when determining compensation
  - Additional supports used to make participation accessible
  - Challenges organizations experience

Respondents



Respondents

ADS1

- Community health, maternal health, and behavioral health direct service providers
- Early childhood education and family support organizations
- Family Resource Centers
- Organizations serving Latino, Indigenous, immigrant, and other historically underserved communities

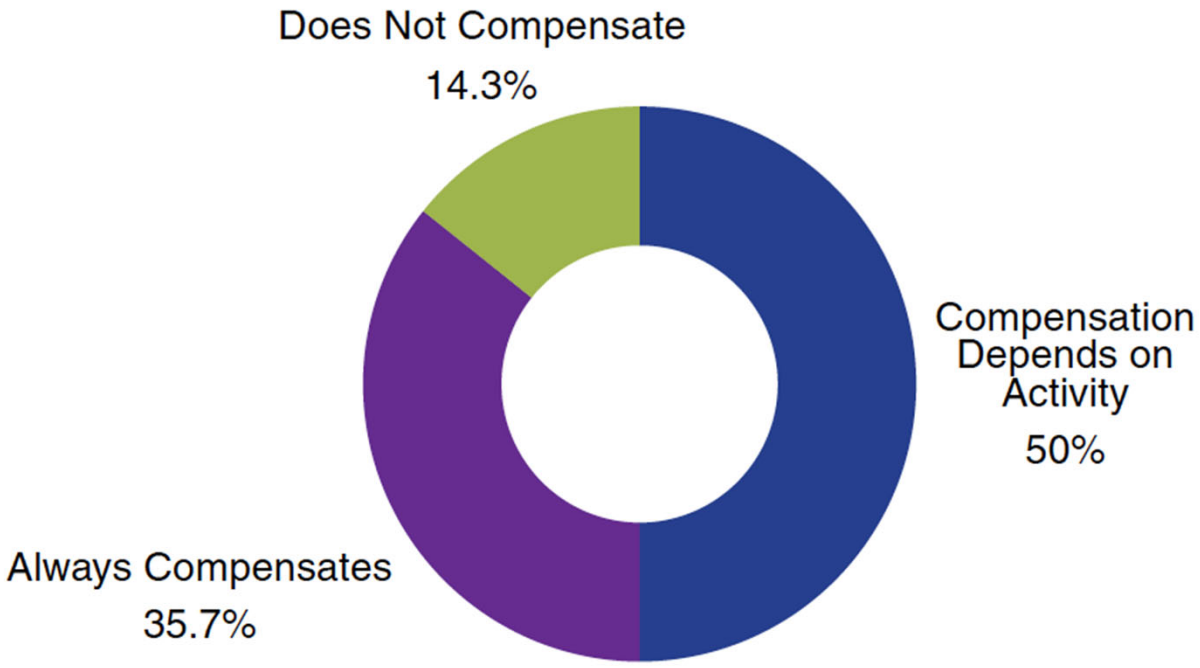
Slide 41

ADS1 Add a bullet about range of annual budgets/size of orgs since this is a major factor in the capacity of an org to be able to stipend parents
Angie Dillon-Shore, 2026-07-31T13:10:51.843

MC1 0 We didn't collect that info, so I'll have to do some digging first, but will add once I have it
Monica De La Cruz, 2026-08-04T21:57:53.861

Findings

Do you compensate parents?



Findings

What do organizations compensate parents for?*

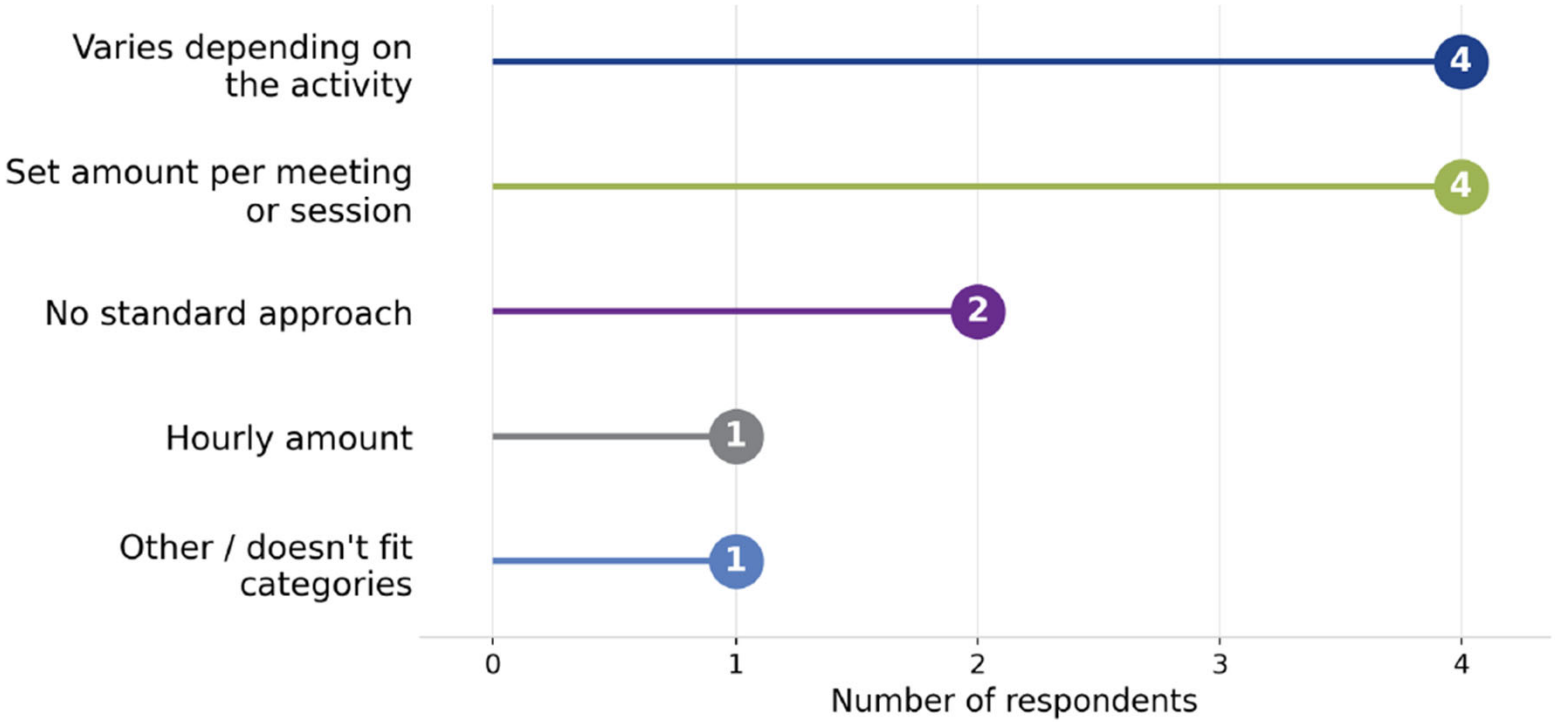
Focus groups or interviews	Workshops or co-design sessions	Surveys	Advisory boards or committees	Event participation*
8 organizations	6 organizations	4 organizations	3 organizations	2 organizations

*such as panels or speaking engagements

*Check all that apply

Findings

How do organizations determine compensation?*



*Check all that apply

Findings

What forms of compensation are used?

Form	Count
Gift cards	11
Non-monetary supports (meals, childcare, transportation)	8
Flat stipends	6
Other	1

*Check all that apply

Findings

Compensation Amounts

- The median reported compensation was **$50 per activity (**range: **$20–$1,200**)
- Most organizations compensated participants between **$25 and $100**, typically on a per-meeting or per-session basis

Findings

Factors influencing compensation amounts

- Available funding/grant requirements
- Time commitment, type/intensity of activity asked of parents
- Organizational policies

Findings

Other accessibility support provided

Meals

Flexible Scheduling

Translation/
Interpretation

Transportation

Childcare

Virtual Participation

Findings

Challenges organizations identified

- Funding limitations (most common)
- Grant restrictions/lack of unrestricted funds
- California employment laws
- 1099 issuance after certain payment thresholds
- Paperwork/documentation
- Participants without social security numbers

Findings

What organizations said would help

- More unrestricted funding
- Funding dedicated to parent compensation
- Standardized compensation guidance
- Legal guidance around employment law
- Implementation tools (help with documentation and payment processing)

Preliminary Recommendations

Encourage flexible and sustainable funding

Provide legal and administrative info

Include compensation and accessibility costs during planning

Combine compensation with accessibility supports

Preliminary Recommendations

ADS1

Engage parents and caregivers in developing future guidance

Create opportunities for shared learning

Continue documenting the local landscape

Slide 52

ADS1 are these First 5's recommendations or from the survey respondents? we should be cautious about committing to develop countywide guidance - I might frame it as "Explore the implications of a First 5 policy for all funded partners"
Angie Dillon-Shore, 2026-07-31T13:20:51.537

MC1 0 These were recommendations that Kristel and I discussed during our meeting informed by the results; the respondents did not provide any recommendations in the survey. I removed the countywide text and added your suggestion.
Monica De La Cruz, 2026-07-31T15:54:01.092

Questions?

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Next Community Advisory Council Meeting:

October 22, 2026

3:00-5:00 pm

LOCATION:

120 Stony Point Rd., Suite 155, Santa Rosa