COMMUNITY NEEDS ASSESSMENT

Prepared for:
First 5 Sonoma County

Prepared by:
Equity First Consulting

FIRST 5 sonoma county

EQUITY FIRST CONSULTING LLC
Diversity | Equity | Belonging

IN LAK'ECH

Tú eres mi otro yo.

You are my other me.

Si te hago daño a ti,

If I do harm to you,

Me hago daño a mi mismo.

I do harm to myself.

Si te amo y respeto,

If I love and respect you,

Me amo y respeto yo.

I love and respect myself.

—Luis Valdez

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PART I: Executive Summary

First 5 Sonoma County is moving into a Strategic planning process at a unique moment, when, on the one hand, a new and robust funding stream from voter-approved Measure I begins to come in, and, on the other, when publicly-funded systems of support for families who are struggling are being dismantled.

First 5 Sonoma has committed to ensuring that the funds under their stewardship are pushed towards community-driven priorities. Step one of operationalizing this commitment was to commission this Needs Assessment, to lovingly gather the priorities, knowledge, wisdom, and feedback and recommendations of the community members who are most impacted by First 5's funding decisions, to inform the 2026-2031 Strategic Plan, including Measure I funding priorities.

KEY RECOMMENDATIONS

Opportunities for Alignment with an Ecosystem of Healing

- ***Continue to shift toward serving children in the context of the entire family.***
- ***Lean into transformative partnerships with community and culturally responsive providers.***

> *Transformative partnerships are founded on reciprocity, authenticity, and trust; and include co-designing the nature of the relationship and the distribution of power and resources.*

- *Resource providers through financial, professional development, and/or peer support.*
- *Develop an ecosystem-wide map of available resources and support, how they are connected, and how to navigate them.*
- *Work with partners to drive strategies that create sanctuary around families during these times of escalating systemic danger and harm.*

Mission

- *Create values-aligned processes to support equitable outcomes.*
- *Ensure that funding priorities create and/or enhance concentric circles of care for families and community to maximize effectiveness.*
- *Ensure that funding priorities promote multi-pronged outreach and engagement approaches to bolster the reach and effectiveness of services.*

Foundational Principles

- *Support families financially and with culturally responsive mental health supports, including and beyond therapy.*
- *Sustainably resource organizations and providers that are built by the community being served. Support them in ways that resonate for them.*
- *Fund multiple partners applying varied strategies and create multiple pathways to entry for families.*

Funding Priorities

- *Wraparound Support for Families: Fund cash for families, healthy food delivery, subsidies for health care, screening and interventions, legal/immigration support, transportation access, etc.*
- *Resource Navigation: Fund closed-loop referrals/warm handoffs and multiple pathways both for folks connected to preschool/clinics/Family Resource Centers and folks who are not.*
- *Mental Health Services: Fund access to free, local, culturally responsive mental health services that circumvent stigma and mitigate harm.*
- *Affordable, Accessible, and Reliable Childcare: Increase seats, increase grant/voucher amounts, and create capacity for backup care including a childcare substitute teacher system and stipends to pay a family member for childcare.*

- *Parent Education: Add culturally responsive parent ed, provide families with one-on-one relationships pre-birth through school.*
- *Perinatal Support: Fund perinatal mental health, more regular and earlier access to culturally responsive doulas, parent ed.*
- *Cultural Responsiveness: 1. Sustainably resource orgs and folks doing this, follow their lead, meet their needs. 2. Build capacity for non-culturally responsive providers.*
- *Support for Children with Disabilities: Create culturally responsive access points, fund advocates, clarify and broadcast resource options.*
- *Institutional Support for Providers: Add sustainable structural support (financial and educational), more availability from coaches, ways to work with nontraditional providers.*

Alignment with the Agenda for Action (AFA)

- *People served by First 5 Sonoma County are aligned with the AFA in prioritizing mental health, safety from harm, and resource navigation.*
- *First 5 Sonoma County can respond to this by funding initiatives that are responsive to the nuanced barriers and priorities of families with children ages 0-5.*

Opportunities for Internal Alignment

- *Look at cultural responsiveness internally and externally, including hiring (and recommendations for Commission appointment) folks who are bilingual/bicultural and have lived experience not yet well accounted for by First 5 Sonoma County. First 5 is moving towards this, and internally is 50% Latine bilingual/bicultural throughout the organizational hierarchy.*
- *Deepen relationships with Grantees, the Advisory Board, and Commission, and support collaboration and ongoing engagement.*
- *Develop relationships with and provide equitable grant funding opportunities to grass-roots organizations who are already doing culturally responsive work in communities not yet being sufficiently served.*
- *Do more and better outreach to community members about what is available.*
- *Work with values-aligned, healing-informed, culturally responsive organizations.*
- *Support all commissioners and staff to do community engagement, so that they are deeply attuned to community needs.*

KEY FINDINGS

Finding 1: Emotional and Systemic Safety

- *Systems of harm create physical, emotional, relational, and intergenerational trauma.*
- *History of harmful service provision keeps needed support out of people's hands.*
- *The systemic isolation imposed upon families with young children exacerbates the mental health emergency they are facing.*
- *The care available to birthing people post-partum is nowhere near meeting the acute need.*

Finding 2: Financial Stability

- *Interlocking systems deny economic security to many who have and/or work with young children.*
- *Financial roadblocks within the childcare sector are cyclical and vicious.*
- *Ecosystemic support would include funding and relational, focused capacity building.*

Finding 3: Responsive Care

- *Lack of widespread support for children with disabilities leaves most families to fend for themselves.*
- *Lack of linguistic and culturally responsive care prevents many families from accessing services and trusting institutions.*
- *Lack of adequate economically-responsive support creates barriers to services for low wage households.*

Finding 4: Resource Navigation

- *Systemic fragmentation often prevents safe and timely care and can create more trauma and isolation for parents/guardians, especially single mothers.*
- *Lack of closed-loop referral system disempowers providers and prevents families from having their basic needs met.*
- *Systems that rely on transactional service provision create harm for providers and families.*

NEEDS ASSESSMENT PROCESS

The recommendations and findings above were the outcomes of an intentional design phase. First 5 worked with Equity First Consulting to codesign an engagement process after conducting a preliminary document review of past engagement efforts, current and past funding initiatives, programmatic assessments, funding requirements, and guiding documents.

Eleven focus groups and five interviews were conducted, covering families with young children and expecting parents, health care providers, early childhood education providers, Family Resource Center staff, and First 5 leadership, with a focus on the people within these groups who are most impacted by and have the most wisdom to impart to First 5 about the ways in which child and family-serving systems are currently harmful and/or healing. The Focus Group selection and the questions asked were designed to paint a holistic picture of the multi-sector ecosystem surrounding young children - specifically for children whose families are underresourced and whose needs are not being met by current systems - in order to support First 5 in making funding decisions that move this ecosystem from harm towards healing.

The wisdom gathered was synthesized by the research team, put back before community and First 5 for validation and/or refinement, and integrated into this report, complete with recommendations for the Strategic Planning Team.

Key Questions Asked:

Focus group participants were asked questions from the following buckets:

- ***Needs and priorities: What people need to feel safe, whole, supported, and affirmed; in what ways people are or are not having their needs met; and where people believe investment is needed.***
- ***First 5's role in advancing community priorities: Specifically, looking at the findings from the Agenda for Action and understanding how families with children 0-5 (and the providers who serve them) would want First 5 to participate.***
- ***First 5's mission, vision, foundational principles, and funding priorities: What First 5 should shift/add/subtract/prioritize to ensure that they are indeed serving all Sonoma County children age 0-5 and their families.***

PART II: Introduction

"The mission of First 5 Sonoma County is to maximize the healthy development of all Sonoma County children from the prenatal stage through age five through support, education and advocacy." Additionally, in its Working Framework to Advance Diversity, Equity, Belonging and Anti-Racism (DEBAR Framework), adopted in 2022, First 5 committed to centering and resourcing the priorities and leadership of the people and families who are most impacted by systemic inequities, so that they can lead the creation of impactful solutions to these inequities (see Impact Areas II and IV).

As First 5 moves towards the end of its 2021-26 Strategic Plan and enters a new strategic planning phase, the organization has committed to conducting focused community engagement in order to ensure that its strategic plan aligns with its DEBAR Framework, and therefore, most importantly, with the priorities of the community members who are most impacted by systemic harm.

Equity First Consulting was contracted in this phase of the effort to support First 5 in planning and implementing a community engagement strategy to inform its strategic planning process and funding priorities over the next five years. To this end, Equity First (1) conducted a landscape analysis and document review, (2) developed recommendations for (and co-designed with the client) the engagement process, including whom to talk to, how to engage, and what topics to cover, (3) implemented the engagement strategy, (4) analyzed and synthesized the data gathered from the documents and engagement, and (5) developed findings and recommendations to inform the strategic planning process and funding priorities moving forward.

ECOSYSTEMIC VIEW: FROM HARM TO HEALING

Across the board, Sonoma County families with children ages 0-5 face barriers specific to the stage of life their families are experiencing. Specific barriers include, but are not limited to: lack of access to affordable, culturally responsive, locally accessible perinatal healthcare and to childcare with hours that accommodate families' work schedules. While barriers to care exist for a wide swath of people, whether or not families have meaningful access to such care is connected to their geographic location, their socioeconomic status, their race/ethnicity/culture, etc. Additionally, for many people, these barriers are accompanied by other barriers that are not specific to childbearing or rearing, such as access to safe and affordable transportation and housing, food security, high quality and culturally responsive education, safety from harm, etc.

These overlapping layers of context, which make this already challenging period much harder for some families and some communities than for others, can be described as an ecosystem of harm: a world where interlocking systems (1) make it significantly harder for providers to provide care in the most healing and responsive ways, and (2) prevent many families from having their needs met.

The path from this place towards an ecosystem that centers healing, where families are supported holistically, no matter where they live, where they come from, or who they are, will not therefore be created by programs and services delivered in isolation. This path must be paved with ecosystemic work that rejects siloing and addresses/replaces the interlocking web of barriers and harm with interlocking systems of loving, culturally responsive, and meaningfully accessible support.

ECOSYSTEM OF HARM

ECOSYSTEM OF HEALING

Community and Culturally Responsive Work

First 5 Sonoma County's priority to do community-driven strategic planning rests on the knowledge that these overlapping systems of harm disproportionately impact some communities and community members more than others, that the people best positioned to decide how to address inequities are the people who are most impacted by these harmful systems, and that resourcing self- and community-determination requires an understanding that harm mitigation must be responsive to the culture and the context of the people being harmed.

Cultural responsiveness rests on the idea that people from different cultures have different values, priorities, ways of knowing and communicating; that these differences are neither better nor worse than other cultures; and that while we can be in loving and trusting relationship across cultural differences, we cannot become experts in other people's cultures, as our experience is colored by our own lens. Being culturally responsive, then, means, listening, trusting people to be experts on themselves, and pivoting to meet the need in ways that feel affirming and dignified to and are led by the community being served.

Community responsiveness adds that cultural ways are overlaid with so many other factors, including the specific community members living and working together in this specific place and time, and the unique culture that gets created when these communities interact. Our communities are not made up of monolithic groups of people, and when communities interact, new truths and ways are created. Being responsive to community means building deep and meaningful relationships with the actual people who make up our community, looking at the world through an intersectional lens, trusting people to be experts on themselves, engaging in co-design with community members, and funding community priorities.

Doing culturally and community responsive work is both specific to the context of the community itself and achieved with concrete action categories that are universal. These action categories include:

- ***Systematizing ongoing engagement with community members that includes multiple touchpoints throughout the process, from design through implementation and evaluation (all through the lens of community definitions of success and always with reciprocity and dignity at the core). This can look like community based leader tables, representative advisory boards, and representative commissions.***

- ***Co-designing via these engagement touchpoints. This can look like designing structures for community wisdom and priorities to drive decision making backed by the resources and knowledge of the institution and its staff.***

- ***Continuing to allocate significant funding to compensate community members for contributing their time. Expanding current investment in stipends for time spent engaging, strengthening feedback loops through transparent communication and idea implementation, and resourcing community members to do the implementation work.***

- ***Placing the burden on the institution to address harm without seizing control of the vision or priorities, which systemically removes dignity and the right to self- and community-determination.***

- ***Leveraging institutional power to resource organizations that are run by the people most impacted by inequities, as these organizations are often severely underresourced. This can look like fully funding a local, underresourced CBO to run a program that they design based on their relationships with their community.***

- ***Fully resourcing the people doing front-facing, culturally responsive work, by ensuring that they have what they need to do so sustainably while keeping themselves and their families safe, secure, and cared for. This can look like direct employment with benefits rather than stipends or gig work.***

PART III: Recommendations

One of the factors that differentiates community-responsive engagement from more typical engagement processes is that community members are trusted to design solutions centered around their values and priorities, rather than to simply name the ways in which they have experienced harm or rubber stamp predetermined planning decisions. The recommendations described in this Part are a synthesis of the recommendations made throughout the engagement process. The research and engagement teams brought this synthesis back to community members to ensure that their wisdom was accurately captured and to refine and shift when necessary. These recommendations, then, are a reflection of what community members need and want in order to shift their experiences from harmful towards healing.

OPPORTUNITIES FOR ALIGNMENT WITH AN ECOSYSTEM OF HEALING

Promoting the wellbeing of children ages 0-5 does not happen in a vacuum. As the findings reveal (See Part 4), and as mentioned throughout, families with young children live in an ecosystemic web of systems that are not working well to support them. The more layers of harm that people are subjected to, such as economic disinvestment and insecurity, racism, isolation, intergenerational and individual trauma, the less likely they are to trust services offered or to be adequately served by service organizations. In this particular moment in history, the systemic harm and danger that many families are experiencing is elevated.

First 5 must lean into this ecosystemic view if it wants to fulfill its mission and make meaningful impacts through its funding priorities.

Serving children ages 0-5 means serving their caregivers, their extended families, and the providers who work with them. Serving children means ensuring their (and their community's and providers') financial security, and designing services that are responsive to their needs and to their family's priorities, values, and cultural ways.

Funding priorities, then, must be looked at as a puzzle, not as a list of one-offs. When going into the Strategic Planning Process, look for the ways to iron out and bridge the gaps. When organizations are doing amazing work in their community but they are underfunded, bolster their resources. If they are struggling to get the word out, fund outreach and engagement. Fund multilingual/multicultural resource navigators to connect the most isolated folks to these services. Work with partners who are already embedded. Offer them the resources they are asking for, without taking over or dictating their work. Get ideas from other places, but remember that programming must be contextualized here, and that the people best positioned to do this are the people who have lived experience in the community being served.

And, finally, this moment in history must be a part of the equation, as the systemic harm and danger that many families are experiencing is elevated, for example as ICE raids ramp up around the country, targeting people who have not committed violent crimes. For many people, leaving their homes, going to work and school, is fraught with danger. When so many available services are linked with County government and other public institutions, First 5 has an opportunity to partner with institutions to make their spaces safe, by, for example, having a protocol for when ICE agents enter without a narrowly defined warrant, and by being crystal clear with community members about how they will keep folks safe AND the ways in which they are unable to do so.

MISSION

First 5 is not in a position to completely revamp their mission, as they were created and are largely funded with a particular purpose. As such, the engagement team asked participants what they would like First 5 to consider in order to fulfill their mission.

Create values-aligned processes to support equitable outcomes

- *Elevate community voice through a lens of intersectionality.*
- *Ensure policy and practice are values aligned and sustainable.*
- *Foster trust-based, reciprocal relationships with partners, and push resources towards partners who are trusted by communities who are not yet being served adequately.*

Create and/or enhance concentric circles of care for families and community to maximize effectiveness

- *Focus on mothers first as a crucial catalyst for family stability, and layer that with whole-family care and provider and community care.*
- *Without housing, secure access to food, legal support, support for children with disabilities and for families facing overlapping systems of harm, the mission is impossible to execute.*

Create a multi-pronged outreach and engagement approach to bolster the reach and effectiveness of services

- *People who need First 5's services the most often don't know they exist. These are also the people whose insight can move First 5 towards improving these services so that they meet the need.*
- *Lean into where many families are, such as medical clinics and early childhood settings, and accompany this with strategies to reach the most systemically isolated families, who will not get their information at these places.*
- *Continue to engage with families and practitioners whom you connect with, on their terms, to support their priorities and values.*

FOUNDATIONAL PRINCIPLES

All of the foundational principles resonated with participants across the board. These were the three most mentioned, in order from most mentioned to least:

Foundational Principles that resonated the most	*Considerations based on lived experience*	*Recommendations for implementation*
Parents and caregivers are a child's first and most important teachers and their voices are essential to design & planning.	Participants across the board pointed out that since parents and caregivers are the most important support for children, they need to be able to heal their own wounds, and to be able to spend quality time with their children (whether that's in conjunction with work outside the home or not) while still being able to stably house or feed them.	First 5 can support children by focusing on supporting caregivers financially, funding access to mental health supports for parents, including trauma therapy but also healing circles and support groups, and resourcing groups that are already doing this work in culturally responsive ways to continue to do so and broaden their reach.
Culturally responsive approaches & linguistic access is critical to addressing structural gaps in opportunity due to racial and economic inequities.	Participants talked about the harm that children and families are subjected to when they encounter non-culturally responsive services. And practitioners talked about the systemic lack of sustainability built into their work, including lack of benefits and thriving wages, and insufficient time with or access to mentors and coaches.	First 5 can sustainably resource groups that are doing culturally responsive work, both within and outside of other systems. Doing this sustainably includes ensuring that providers have steady and sufficient pay and benefits. First 5 can also position themselves to lead from behind by providing funding and resources that make the work sustainable, while also following the lead of the local, community-embedded people who have been doing this work for a long time, and have the wisdom and the trust of community, but need the resource support.
The first two years, including the prenatal phase, provide the greatest opportunity to maximize the critical and long-lasting impact on a child's developing brain.	Participants focused again here on the parents as the primary shepherds of this time period. They said that parents do not have sufficient support as they navigate breastfeeding, bonding with and feeding their babies healthy food (and also accessing that food), learning how to talk to them as their brains develop, limiting screen time, etc. They also shared that they often experienced harm in service provision during this time, especially across cultural boundaries with intrinsic power dynamics.	First 5 can lean into sustainably funding initiatives that do this in culturally responsive ways by identifying and developing relationships with partners who are of the community and doing this work, and then funding them to do parent support. Funding multiple partners in this field, and also providing multiple pathways to entry to services is crucial. For some folks, home visits are key. But others mentioned they didn't feel comfortable being visited, especially among communities who have experienced so much threat and harm at the hands of systems, including the threat of child removal.

FUNDING PRIORITIES

Some participants knew more than other participants about what First 5 does. They were offered a list of First 5's current funding priorities in addition to what they already knew, and were asked to dream about the kinds of programs that would be supportive of young children and their families. Here's what they said:

Category	*Assets*	*Opportunities*
Wraparound Support for Families	Taking care of children requires taking care of the family as a whole in a broad way so that they feel stable and secure. The universal income pilot was a tremendous stabilizer for the participants who had access to it. Health care providers and FRC staff agreed that these programs are necessary. Ending the program was harmful. Additionally, programs such as Bridges Pregnancy Clinic are really supportive, financially and with counseling until the child is two.	Families and providers stressed the need for cash assistance for families, including additional funding for parents who want but can't afford to stay home with their young children, and for folks who want to go back to school in order to get a better paying job. In addition to bringing back financial support for families, food was a major focus. New parents asked for fresh food delivery, stipends for farmers' markets, and investments in community gardens, as the lines at food banks, especially with kids in the summer, made them not usable. People need access to affordable childcare, subsidized/free health care for young children, including for screenings and early intervention. Free activities for kids, such as access to community pools, regional parks, and museums, cultural activities, and sports programs, also rose to the top as priorities. Legal/immigration services and transportation access (such as support for mothers getting drivers licenses) are also places for investment.
Resource Navigation	Folks who had access to resource navigation, which is mostly happening through Family Resource Centers, and through Pasitos, but is also happening for some folks through their preschool provider or medical clinic, were connected to significantly more services than folks who were not. Continuing to build relationships with and fund partners who are trusted by the communities that they serve is crucial for folks to gain meaningful access to the supports mentioned in the other recommendations. One preschool noted that they were on the same campus as an Adult School, so that folks could do their GED and take English classes while their children are in preschool. When food banks come to preschools, families have better access.	This is an area that requires a multi-pronged approach. Because families are in different places, reaching them is complicated. The more systemically isolated a family is, the more they need support, but the less access they have. Fund outreach initiatives, including brochures but also people who can get the word out in places such as • Health/immunization clinics • Preschools • Mothers groups • Churches • Food banks • Community Centers/FRCs

Category	Assets	Opportunities
Resource Navigation (cont'd...)		• Community Colleges/Adult Schools • Promotoras/CHWs While many mentioned an up-to-date resource bank as something that providers would like to have, many providers mentioned that they are not allocated enough time to do resource navigation. Warm hand-offs are something to work towards. Fund a central resource navigation space (such as the the Resource Connection Network that Sonoma Connect | Sonoma Unidos and Health Action Together are working to build) so that the health and childcare providers don't have to do all of the resource navigation themselves, but can refer to one place that can then shepherd families through.
Mental Health Services	Families who are receiving mental health support, for example from La Plaza or from Bridges Pregnancy Clinic, which were both named, say that this support is needed, but most people are not having their needs met. In light of Prop 10 and Measure I's focus on mental health, this will be an important place to invest more.	Participants need access to free, local, culturally responsive mental health (beyond behavioral) services, parent groups, parent coaches, whole family and couples therapy, therapists for children and for men of color, trauma therapy, funds for self-care, pairing new parents with a few free therapy sessions, perinatal mental health screenings and services that do not lead to child separation, making sure that these supports are located where people are already accessing services. They noted that family mental health supports can and should go beyond treatment to include nontraditional practices, such as healing circles and free exercise/zumba/yoga classes with childcare. One of the places for growth is in the sheer number of practitioners, especially folks who are bilingual/bicultural. First 5 can leverage its institutional relationships with hospitals and clinics to support them in increasing their workforce via recruitment and workforce development strategies.
Affordable, Accessible, and Reliable Childcare	The parents who have access to affordable, accessible, and reliable childcare feel supported by it, and many are connected to resources through their providers.	Many families are asking for more seats overall in childcare programs, and for reliable backup care, so that they don't have to miss work because their provider is closed. Providers too are asking for backup care support and/or for the hours of other services to be extended, so that they can take care of their own families' needs without passing the burden onto their clients.

Category	Assets	Opportunities
Affordable, Accessible, and Reliable Childcare		A glaring gap for childcare centers is the lack of a sustainable, collective substitute teacher system. Partnering with Community Childcare Licensing to create such a system that still works within the regulations would be a huge support to ECE centers. Providers are asking for larger subsidies that cover the true cost of childcare provision, allow them to keep child-adult ratios low and retain teachers, and pay teachers fair wages. Indigenous families identified that there is a gap in the childcare financing system that can be closed by First 5 by creating or funding a program that allows families to pay family members to provide childcare.
Parent Education	Participants shared that they wanted continued investment in Triple P and other parent education classes, classes (coupled by resources, such as books, etc.) that support parents in supporting their child's intellectual and emotional development, Avance and Pasitos, parent leadership programs, home visits, and lactation support.	Some refinements and additions to current programs would better support parents with young children, especially families of color. Expanding Triple P and parenting classes to support the whole family, and also looking at programs like Triple P through a culturally responsive lens. Folks named that harm has been created when there is a culture clash and power dynamic between the coach and the families, and that the strategies in Triple P are not universally relevant across culture. Funding caregiving and child development programs designed by communities for themselves would bring this work to the next level. One version of this that was mentioned would be to wrap up programs like the Black Doulas with parent ed. If folks are connected to someone who can support them through the stages of child development, when that person is culturally responsive, and when the relationship has already been developed, success and affirmation will come. Parents of children with disabilities and parents of color would also like support around advocating for their children, especially in school.
Perinatal Support	Lactation consultants and doulas were deeply needed and appreciated by folks who had access, which were not many. Home visits were viewed more complicatedly, with some people finding them extremely important, and some families and providers sharing that they can feel very invasive, especially for families of color and/or underresourced families when the visitor is of	Funding perinatal mental health is vital to children age 0-5 in Sonoma County thriving. Specifically during the perinatal stage, people who are having babies need access to doulas, midwives, and people who stay in relationship with them and their families throughout the process.

Category	Assets	Opportunities
Perinatal Support (cont'd...)	a different cultural or racial background, due to the fear of having their children removed. The major recommendation here is funding a variety of culturally responsive home visit options and providing other pathways for support for families who don't want home visits, such as looping these services in where people are getting other services.	Sustainably funding multiple culturally responsive models, so that providers can have and maintain a caseload without putting their own family's financial stability at risk, supporting these providers fully, and providing additional funding and support to getting the word out to families is a high priority. Outreach will be key and will need to be multipronged. Yes, get the information into the hands of providers, but also into community spaces, such as churches and FRCs. Get them connected to parents-to-be early so that they can help with advocacy before and during birth.
Cultural Responsiveness	Family Resource Center staff said that they are receiving money from First 5 for programs that they feel are affirming, such as ALAS parent-child education program, Cafecito y Corazon, Abriendo Puertas. They wished the CARES program would come back to support Pasitos teachers. And they very much appreciate flexible grant funding that can be responsive to emerging needs. First 5's Leadership is looking to invest more in Community Health Workers and Promotoras.	A two-pronged approach to funding this work is needed. Part 1 is to identify and work with people and organizations that are built by and for the communities they serve, and who may be underresourced because of this. These folks are already doing the work, and doing it with the wisdom and knowledge of their traditional and intergenerational expertise. What they lack is funding. For example, fund Black practitioners to support Black parents in parenting in ways that are affirming and culturally responsive. There is no universal way to give perinatal support, so there is no single organization that should be funded. First 5 has already identified the communities that are experiencing the most harm at the hands of systems. These are the communities who are also most harmed when programming is not culturally responsive. And these are the people whose communities experience systemic disinvestment. Push resources into the organizations created by these communities. When these organizations ask for capacity building, make sure that you are funding their priorities and values. Part 2 is to support more traditional and better resourced institutions to do work in a more culturally responsive way. This is a harder task, but it's important because these institutions are resourced, and people are experiencing harm here. Funding initiatives that train teachers, County workers, and healthcare providers, for example, in culturally responsive strategies, will allow them to better support the people who walk through their doors.

Category	Assets	Opportunities
Support for Children with Disabilities	Providers said that they have received helpful support from the North Bay Regional Center and Early Learning Institute. Parents who are receiving services for their children named that the NBRC, Matrix, SELPA, and ELI, in addition to support received through a preschool or their child's IEP at school were supportive. But most people said that they were not receiving such support. And families and providers alike noted that there is a widespread lack of knowledge among providers and families with young children about how to detect the early flags that would point to the need for intervention.	Many people said that money needs to be put towards early detection and intervention, specifically for families and communities who have been harmed by the medical system. Funding culturally responsive, bilingual/ bicultural home visitors and ensuring that they are trained in culturally and linguistically relevant developmental milestones was an almost universally identified need. Much like in the above recommendation, this cannot be a one-size fits all solution. People with children in preschool find lots of resources there, but the more isolated a family is, the less likely they are to learn about the supports they need. Partnering with the Regional Center, training providers and community health workers in developmental milestones, and looking beyond doctors for this will be crucial. Families also asked for childcare providers to receive more support in identifying special needs. First 5 can continue to and expand funding of this capacity building and of partnerships between disability-serving organizations and childcare and healthcare providers. Funding culturally responsive child and family advocates is also an important move here, as folks need support navigating school settings before students have an IEP and after as well. Providers say they need a better understanding about where to send kids who need support. A centralized and updated resource bank with multiple pathways along with resource navigation and interpretation will help. So will embedding these services where people already are.
Institutional Support for Providers	Families, leadership, and providers alike all called out training and funding (including minigrants) for facilities, professional development, and general support as beneficial. Black Doulas said that they feel very supported by their mentors and by each other, and that more one-on-one time with established practitioners would support them even more. Center providers agreed that while their Quality Counts coaches were supportive, they were not nearly available	Culturally responsive providers are asking for structural support, and it's important that this support is financially robust and based on the priorities of the providers themselves, rather than having First 5 come in and tell them how to do their jobs. If providers have to get second jobs (Black Doulas) and/or are experiencing food insecurity (home childcare providers), they are not being sufficiently served, nor can they serve their clients well. Living wages and benefits are necessary.

Category	Assets	Opportunities
Institutional Support for Providers ***(cont'd...)***	enough. When this happens, they turn to each other for support, which is helpful. When First 5 provided funding for site visits, it was supportive of the work. Flexible, responsive, low-barrier grantmaking was named by many as being the most supportive.	In addition to financial stability, people who receive funding from First 5 would like more support in the form of responsive check-ins. They are the conduits between First 5 and families with young children, and they can elevate these needs up and support First 5 in directing funding appropriately. Center directors shared that they need money to provide professional development opportunities and to pay teachers to come to them. They also need more money for families to be able to pay for childcare (whether that goes to families as vouchers or to childcare facilities as subsidies). As mentioned earlier, First 5 can also partner with Community Childcare Licensing to create a sustainable, collective, substitute teacher system. Doulas and in-home childcare providers are asking for support in business development, training in supporting children with disabilities, and career pathways. Family Resource Centers need investment in capacity building for their public-facing workforce around resource navigation.

ALIGNMENT WITH THE AGENDA FOR ACTION

As noted in the findings (See Part 4), the recommendations for funding priorities, mental health, safety from harm, and resource navigation were named as high priorities for families with young children, much as they were for the folks who created the Agenda for Action.

Highlighted throughout this report are the nuanced barriers and priorities within these categories that are specific to the people served by First 5.

Funding initiatives that are responsive to these needs, showing up in collaborative spaces and working with other implementers to avoid duplicating efforts, funding community led initiatives, etc. will naturally align First 5 with the AFA implementation.

In addition to this general recommendation, First 5 has the opportunity to support families' resource navigation needs by investing in the Resource Connection Network (RCN) that Sonoma Connect | Sonoma Unidos and Health Action Together are working to build. First 5 can work with current grantees (including childcare providers and healthcare providers) and fund additional grantees to engage with the RCN. This will increase the number of access points into the closed-loop referral system (as well as the number of services that are accessible) for families with children ages 0-5.

INTERNAL ASSETS AND RECOMMENDATIONS FOR GROWTH

Internal staff members and First 5 commissioners who were interviewed were also asked about what they would like to dedicate focus to in this next Strategic Planning Cycle that may be less visible to the public.

Assets

Participants shared that the First 5 team is grounded in values, strategic, passionate, and collaborative; that the organization has done a lot of work to support employee and commissioner empowerment and allow for flexible, family-friendly scheduling; that they offer competitive and equitable salaries; and that they are upfront with potential hires about what is required to do the job well so that people are set up for success.

Recommendations for Growth

Moving forward, staff and commissioners want to focus on the following:

- ***Building capacity for cultural responsiveness internally, including hiring (and appointing to the Commission) folks who are bilingual/bicultural (from a variety of cultures), who are members of the communities most impacted by systemic harm, and with lived experience that is not yet represented on the team. Right now, First 5 is sometimes successful with cultural responsiveness and sometimes less so.***
- ***Deepening relationships with Grantees, the Advisory Board, and Commission, making sure communication is clear and transparent, and supporting collaboration and ongoing engagement.***
- ***Developing relationships with grass-roots organizations who are already doing culturally responsive work in communities not yet being sufficiently served, both as an equity issue but also to create meaningful access.***
- ***Providing these grass-roots organizations with equitable grant funding opportunties.***
- ***Funding resource navigation.***
- ***Doing more and better outreach to community members about about programs and funding opportunities that are available.***
- ***Funding without requiring onerous deliverables.***
- ***Working with values-aligned, healing-informed, culturally responsive organizations.***
- ***Supporting all commissioners to do community engagement, so that they are deeply attuned to community needs.***

PART IV: Findings

The recommendations identified in Part 3 were the outcome of a community responsive engagement process that centered the knowledge and wisdom of people who are most harmed by systemic inequities. The findings tell the story of where the recommendations emerge from, the experiences that people are having, and the ways in which these experiences are aligned (or not) with their priorities for their families.

Community responsive engagement transcends the standard model of engagement associated with nonprofit funding and service provision, which is based on a set of assumed and imposed priorities, primary being that the kind of support being offered is the kind of support that is desired and that gratitude and service uptake are the only logical responses to the offering of services. This construct ignores the fact that communities may have varying priorities, and varied experiences with what it means to resource these priorities. It's not simply about barrier removal. It's about trusting people to know what they care about, what they need, and what they prioritize, and funding these priorities.

For this reason, Equity First begins every engagement session by simply asking what rises to the top for folks when they think about their values and their priorities for their families. Here's what was shared:

- ***Emotional Wellbeing:*** *Participants care about their family's, their children's, their own, and their community's emotional wellbeing. Parents want their kids to feel confident in who they are, and to be able to advocate for themselves. Caregivers want to have what they need emotionally (and physically) so that they can be present and foster secure relationships with their children. And providers want to make sure that their staff are connected and happy.*

- ***Connection:*** *People want to be and to feel connected to family, to community, to resources, information, support, and to each other.*

- ***Stability and Sustainability:*** *Across the board we heard that people prioritize secure housing, stable access to healthy food, affordable and available childcare, healthcare, and transportation, and fair wages that enable work-life balance.*

- ***Long-Term Goals:*** The people we spoke with shared their dreams for the future, for careers they'd like to build, for education they'd like to receive, for homes they'd like to buy, for sustainable family ecosystems they'd like to create. They also shared how much they want this for their children, for their kids to be able to dream, to set goals, and to reach them.

But this is not the reality of many participants' experiences right now. The following are the major themes that came up for folks in the context of these priorities.

FINDING 1: Emotional and Systemic Safety

Systems of harm create physical, emotional, relational, and intergenerational trauma

Families across the spectrum shared that they experience a distinct lack of emotional and physical safety in their lives. Many families and providers are drowning financially due to systemic harm, and are living in fear of being unable to meet their family's basic needs. (See finding two for more on this.) This has a huge impact on people's mental health, their physical safety, and their trust in institutions that claim to be supportive.

The current built, interpersonal, systemic, and political environments feel and are unsafe for many families, especially for families of color and for families living in neighborhoods that have been systemically divested from. Parents shared that they need places to exercise and play with their families, but that they do not feel safe walking with their children on the street. Schools, due to reports of violence and also the experiences of families within their walls, do not feel like safe havens for their kids. The threat of immigration officials looms large for some families.

Families' experiences with perinatal healthcare have also been fraught with violence. Parents shared stories of being ignored, dehumanized, and uninformed during the childbirth experience. The overarching theme was that the medical establishment did things TO them and stripped them of their agency. People felt bullied or forced into c-sections or having an epidural so that they would be more "manageable" for the doctors, their placentas were discarded against their will, and their priorities around breastfeeding while in the hospital were ignored.

History of harmful service provision keeps needed support out of people's hands

These harmful experiences in childbirth are layered upon a history of violence, threats, broken trust, and lack of relationships that severely limits people's access to support for themselves and their children. This is true across the board, and especially so for people of color.

Focus group participants spoke of their own experiences (and their community's past and present experiences) with agents of the state who claim to be protectors, of the threat or implementation of child removal, and of the threat or active violence on themselves and their children in medical settings. Families with this interpersonal and/or intergenerational trauma do not feel safe sharing what is going on with their families with practitioners of any kind, especially across differences in culture and lived experience. While many practitioners and families described home visits as critical to perinatal and child health and wellbeing, families with experiences such as these are often unwilling to welcome a provider into their home, especially across cultural and power boundaries.

> *"I think classes are good, but also you know, even things like hotlines. You know what I mean, where they can call at any time, because you never know there could be a struggle at 2 o'clock in the morning, and knowing that there's someone you can call, and you can say, Hey, I'm freaking out. I'm having a hard time. I'm feeling frustrated. And know that you have a place of no judgment where you can contact a call, and then also give you solutions, because sometimes, just talking it out isn't enough. You need solutions. And I know that I am pretty sure [another participant] mentioned things about like there's like herbal remedies and things like that where people can feel like: Oh, I'm not just, you know, doctors aren't just trying to drug me, because it's a scary thing, you know, it's a scary field. It can be, but if we can help them, so that it doesn't have to be. I think it would definitely shift the dynamic."*

This means that access to mental or behavioral health services, preventative and maintenance healthcare (including regular check-ups and vaccine uptake) for themselves and their children, are simply not accessible. The Catch-22 is that they are then punished for this lack of access. If they do pursue mental health care, for example, they fear they will be "marked for life." (Multiple families shared that they had been told that their or their child's mental health information would be kept confidential, and then it had followed them or their children beyond the practitioner's office.) But if they don't, they may be deemed unfit as parents due to their struggles. And, while they do want support and solutions, many people who have been harmed by the medical system are wary of drugs as part of the solution, because it makes them feel as if they are being managed and harmed (to make them easier to handle) rather than supported. Along these lines, if they don't vaccinate their children, due to generations of being experimented upon by the medical establishment, they and their children are deemed a danger and are excluded from the childcare system. If their child is diagnosed with developmental delays, their parenting and cultural ways will be held responsible. If they don't seek support, they miss out on needed services and are treated as neglectful and/or ignorant.

These experiences were especially acute for communities of color. Black, Indigenous, and AAPI parents called this out, and practitioners serving these community members echoed this. These communities stressed that taking care of their own brings more safety and support. The problem is that these communities are not systemically resourced to do so.

The systemic isolation imposed upon families with young children exacerbates the mental health emergency they are facing

Families, childcare providers, and healthcare providers all shared that the families they serve are in a mental health crisis and that families are systemically isolated from the care that they need.

Families and healthcare providers pointed out that resourcing mothers' emotional wellbeing is paramount to the overall wellbeing of the family, but that their needs are not being met. Additionally, many children are in need of trauma therapy, men may require a nuanced approach in accessing therapy due to gendered norms and stigmas, and the shift of resources from mental to behavioral health has marginalized parents with trauma histories.

Providers and families said that the barriers to mental health care include a lack of a comprehensive referral and navigation system, the 15-minute limit on the amount of time most primary care doctors are allotted with their patients (which impacts their ability to screen and refer), extensive waitlists even for acute need, timing of and distance to appointments, lack of trusting relationships within the healthcare system, and a dearth of culturally responsive providers.

The care available to people post-partum is nowhere near meeting the acute need

Parents, healthcare providers, and childcare providers shared that the post-partum period is a time of particular need for many people, and that this need is not being met. Parents are begging for support because they want to be able to be there for their kids.

> *"You've had two major surgeries in your abdomen where they cut seven layers of skin, and they send you home to try to figure it out and get back to life."*

Many participants emphasized that during this period of time, the interconnection between body and heart is deep, and a multimodal approach is needed. Participants across the board identified the need for chiropractic and physical support, lactation and breastfeeding support, emotional support around body, life, and work changes, and housing and financial support, and especially so for people experiencing post-partum depression. And this need is not being filled. Waitlists, they explained, are not okay in this situation.

The systemic gaps between what is needed and what is made available include the lack of the following: warm handoffs and resource navigation, care in trusted spaces where families already are, culturally responsive care, and immediate care (no waitlists).

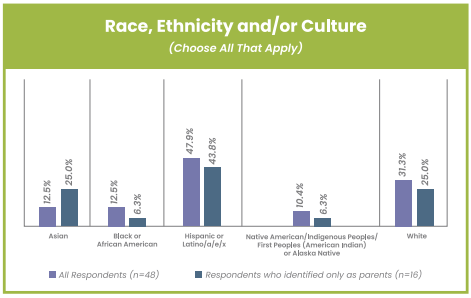
FINDING 2: Financial Stability

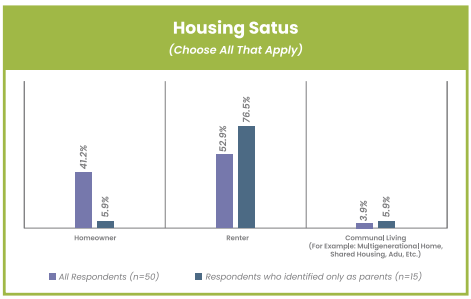
Interlocking systems deny economic security to many who have and/or work with young children

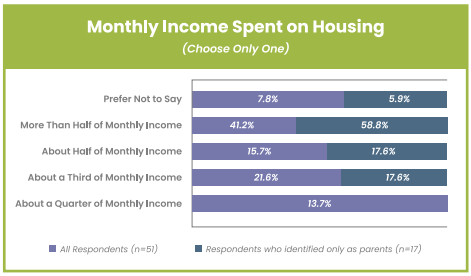
Families explained that they can't afford their life, including housing, food, childcare, and gas, but they make "too much" by federal poverty line cutoffs to qualify for many assistance programs.

Wage loss during maternity leave hits finances even harder, and after a baby is born, the insufficiently available and reliable childcare, along with its extreme cost (not to mention the baby and parents' need and desire to bond) can keep parents from returning for work or keeping a job, which then extends the wage loss.

DEMOGRAPHIC SURVEY RESULTS







> *"When I had my baby, I wasn't able to go to those food banks, and there was like, no services that were willing to deliver anything like that. And I did try going to one that line was very long. And, I mean, with my infant and the heat, I couldn't do that."*

Supports that are available are barrier laden for the general population, and even more so for families with young children. Food banks, for example, provide much needed assistance, but the lines are long. One mom has her parents go for her. SNAP benefits, one parent explained, includes incentives for fruits and vegetables, but there are no participating markets in the area.

Foster parents receive assistance from the California Department of Social Services to feed, clothe, and meet the needs of children in their care. But when family members take in a child while a struggling parent gets help, which for many families feels like a safer option, they receive no such assistance.

Childcare providers, too, are trapped in this system. Some providers (childcare and healthcare) who are critical to a healing system of care for young children and their families described needing to take on additional jobs and/or secure multiple additional revenue streams in order to do their jobs, support their clients, and keep their families stable. These providers shared that while they are grateful for professional development tools and any other support they receive, it is simply not enough to overcome the systemic barriers they face. They explained too that the families they serve are struggling, and so passing financial burden on to them is not possible.

> *"I know that for a lot of us, because of the way that the economy is right now, it's just very expensive to do kind of anything at this point. So it like being able to maybe even like finding ways to find grants or things like that, or being able to still be able to provide for the community. But then, finding ways to make sure that my family is not suffering because I want to give so much of myself, because that whole concept of you can't pour from an empty cup."*

Childcare providers explained that they need resources themselves, in order to provide the best care, and that these resource needs are layered. They described spending their own money on food for children, because the The Child and Adult Care Food Program (CACFP) does not provide enough reimbursement, and they, much like parents of young children, don't have time to go to food banks with all of the hours that they spend caring for children out of their homes. But they also explained that the cost of running their home, such as rent, but also increased utilities and dry goods (such as water and toilet paper for children who are potty training), on top of insurance and taxes, are simply too much. Families can't afford to pay more, and vouchers are not high enough to cover the cost. (First 5 does not provide childcare vouchers.) They also added that for many providers who rent a home, grants that cover facilities improvements don't work, because they don't have the freedom to add onto their rental home and improve the quality and quantity of space.

Childcare Center Directors explained that in addition to the direct harm caused when childcare providers and teachers are underpaid, this lack of pay also leads to provider shortages, which is exacerbated further by Sonoma County's next door neighbor. They reported losing good preschool teachers to Marin County programs over salary differences.

Financial roadblocks within the childcare sector are cyclical and vicious

The relationships between childcare providers and the families they serve have the potential to be (and often are, even in the face of systemic disinvestment) trusting and mutually supportive. But the financial obstacles within this ecosystem prevent everyone from thriving.

Many families described not being able to afford childcare, find a spot in a 4Cs preschool, or find a seat for their child with the right hours, and this makes it impossible to improve the family's financial situation by going back to school in order to get a better job, which would allow their families to thrive and allow them to pay more for childcare. Meanwhile, childcare providers described having empty seats because people can't afford them, even as they themselves and their staff are scraping to get by on what they do bring in.

Center directors stressed that low child-teacher ratios are key to retaining teachers and families and providing the best care, but that this conflicts directly with the economic predicament of the sector as a whole. In-home childcare providers stressed that the copay required of families receiving vouchers is an additional burden that they face.

Families and providers agreed that families need grants (and the families receiving them need larger ones) to enroll in child care programs and allow the families and providers to thrive.

Ecosystemic support would include funding and relational, focused capacity building

> *"Anytime you can fund the people who are actually caring for our children is always a good thing."*

In addition to cash, providers across the board (and their clients) expressed the need for capacity building that is responsive to their asks, rather than to the needs or values of an outside entity. Childcare providers noted that parents and teachers alike have little time and insufficient resources. Capacity building opportunities must feel relevant and beneficial, and the burdens of attending must be mitigated. Examples of focused asks include:

- ***Doulas are seeking direct support in the form of check-ins and resource offerings from First 5, as well as technical assistance around business finances and liability insurance.***
- ***Childcare providers are seeking professional development that is responsive to culture, developmental milestones, and ability so that they can support families as they navigate the early years. Additionally, center directors would like to offer financial incentives for their staff to engage in professional development opportunities as well as for parents to come to parent education events. Families, and in particular families of color, cosigned on this ask, noting that they need to be able to send their children to places where the staff knows how to work with kids with disabilities.***
- ***Families also noted that healthcare providers who see young children need capacity building around developmental milestones so that they can support in early detection and intervention for children who need it.***
- ***Families and providers are both seeking financial education.***
- ***Family Resource Centers are seeking capacity building support for public-facing workers so that they know what services exist and how to navigate folks to them.***
- ***Doulas and other providers emphasized that parent education must be (and is often not) culturally responsive and that it be made available for the extended family as well.***
- ***Additionally, there are opportunities to fund grass-roots initiatives. Childcare providers, including center directors, feel very supported by each other, and when funding is available to facilitate site visits, it's meaningful to them. Providers also described learning from families in their care about their backgrounds, languages, and cultural practices. Doulas agreed that peer and mentorship support are critical, that facilitating and resourcing one-on-one mentorship time with established doulas would be welcome, and that making sure that meetings include childcare would make them more accessible.***

FINDING 3: Responsive Care

The concept of responsive care addresses the reality that there is no one-size-fits-all model of any kind of care, including parenting, childcare, and healthcare. Families and communities differ in their priorities, their experiences, and their needs. A healthy ecosystem surrounding children and families requires a variety of services that are responsive to these differences, accompanied by navigation to ensure that folks get to the right spot for them. Rather than requiring families to abandon their own values and priorities in order to receive services, such an ecosystem resources responsive providers so that everyone has their needs met.

Three specific types of responsive care rose to the top during this engagement process. Families need, and largely don't have access to, care that is responsive to the needs of children with disabilities, care that is responsive to families' culture and language, and care that is responsive to their economic reality.

Lack of widespread support for children with disabilities leaves most families to fend for themselves

> *"The hard part is that in our society unless they are already connected with, like the Regional Center with a case manager, or if they are in schools like with IEP [Individualized Education Programs]... the parents have a really hard time in terms of getting things like ABA [Applied Behavioral Analysis], and things started by themselves...[if] you have a diagnosis of autism it does require you to be very active, proactive, I guess you could say, because there are these long wait lists."*

Participants, including parents, childcare providers, and healthcare providers, spoke about the extensive barriers to responsive care experienced by the families of children with disabilities. While the families who are receiving services largely felt supported by them, many families talked about being denied access, not knowing where to look for services, and/or about having to wait way too long for support, when early intervention is so critical. The families who are receiving services had to work incredibly hard to access them, and/or they got lucky. In other words, there isn't meaningful, widespread access. Autism was the most frequently mentioned disability, followed by speech and language pathologies, as well as learning disabilities. Trauma was also mentioned as a disabling force in the lives of both parents and children.

Families and providers asserted that there is a vast and unmet need for:

- ***More support for families affected by disabilities: Early detection of autism and developmental disabilities; trained providers and teachers; sign language/ASL in more classrooms and childcare facilities; mental/behavioral health specialists; resources (financial & informational); fewer waitlists***

- ***More support for providers, including childcare and general healthcare practitioners, in screening for disability, particularly for children being raised in bilingual households and across cultural differences in child rearing. This can and should include***

bidirectional capacity building with providers who are members of and have trusting relationships with the community being served.

- ***More widespread access to existing resources like North Bay Regional Center (NBRC), Matrix, Special Education Local Plan Area (SELPA), and Early Learning Institute (ELI).***

Without these, many families are left to fend for themselves and suffer the repercussions of going it alone.

Language and cultural differences interweave with this broader lack of access to deny services to people who speak languages other than English and/or who have cultural ways that don't align with the practitioner or the system they are entering. Interpretation is insufficient, and disabilities are not well assessed in bilingual children in a timely manner by monolingual English-speaking doctors, teachers, childcare providers, etc. Families reported that some services are not available to them if they have undocumented family members. Families of color mentioned as well that they may be reticent to bring up potential developmental delays for fear of being blamed and labeled an unfit parent. Racist discourse around the need to teach poor parents and parents of color how to talk to and read to their children affirms this fear.

> *"[My son's] autism wasn't detected until we went to Pasitos. [There is a need for] doing all the required tests or more specific ones because my son is already 3 years old, and it wasn't until he was 2, 2.5 years old that the teacher began to detect those.*

Childcare providers, healthcare providers, and families all said that there was a need for training and education for everyone in the ecosystem. Parents are seeking information on how best to support their children. Providers need to be able to screen children appropriately for disabilities. It's important to stress here that the fact that so many children slip through the cracks is both related to a lack of sufficient knowledge AND about structures, such as the amount of time that each patient is allocated within the current health care system. Fifteen minutes is hardly enough time to do reliable screening, and waitlists, costs, and referral processes make accessing specialists difficult. Getting a medical diagnosis and a school diagnosis are also different processes with different access points, and the results of these screening are not always mutually accepted. Childcare providers are also seeking support for their teachers to learn to work well with children who do have diagnosed disabilities and are in their care. They named that they are seeing many kids who are on the Autism spectrum and they want to ensure that they are serving them appropriately.

Lack of widespread support for children with disabilities leaves most families to fend for themselves

Participants, including parents and providers, resoundingly reported that there is not enough culturally and linguistically responsive care. Healthcare providers named a need for more hands on deck generally, and specifically when it comes to bilingual/bicultural providers, and even more specifically, in the mental healthcare category. Families talked about the harm they experience when the systems they enter do not understand or respect their cultural ways. For example, Indigenous families spoke about the bullying their children have experienced in schools around their long hair, and that the lack of knowledge on behalf of the providers prevented them from sufficiently supporting the child. As mentioned in the previous subsection, a lack of cultural responsiveness can also result in developmental delays being inappropriately missed (or over diagnosed). Some childcare providers shared that they try to bring in the home cultures of the children and families in their care, but that this is done without financial support and often with the labor of the families themselves. They named that having funds to buy multicultural materials would be incredibly helpful in this effort.

The harm that is created by a primarily monolingual system cannot be overstated: Non-English speakers are excluded from resources and services by default. There are not enough written materials in Spanish – and significantly fewer in other languages in Sonoma County – nor enough programs and services offered in multiple languages, and there are not enough bilingual/bicultural providers in institutions that support these communities. While non-English speaking community members spoke to some of the barriers created by this (i.e., generally, lack of access to information, help, services), some providers spoke to how they're working from the inside out in hopes to transform this by hiring people from communities being served.

> *"There was just this constant struggle to have enough bilingual [and] bicultural nurses to serve the community. 30% of our clients prefer Spanish over English, or are not English speaking, and then it's probably like 60% come from a bilingual, Spanish-speaking culture.*
>
> *Hiring the staff that matched the clients started to shift the dynamic; people kept transferring onto the team from other places because they were excited about that. So now we have 4 of the 6 are native Spanish speakers, bicultural folks to serve the community. We have a new nurse who's been here for 3 weeks, and not only is she Native, but she also has worked at Indian Health previously and recently served as a tribal leader, so we just feel like so blessed that we found the unicorn nurse for this job. And she is going to be, you know, building relationships in Indian Health, so that because what we found was, even if we got referrals from Indian health, no one would answer the phone like, there just isn't trust between the Native population and County Health right? Like, for all the reasons."*

Lack of adequate economically-responsive support creates barriers to services for low wage households

As mentioned in Finding 2, families and providers both agreed that families need a direct infusion of financial support. Families and providers alike also spoke to the need for services and support to be socioeconomically responsive.

> *"I want to make a comment about what I am living through as a parent and provider. As a parent and as a provider, sometimes I feel trapped. I had already started my childcare when I became pregnant with my child who is 19 months now. We are right now going through the process because she may be on the spectrum, having her assessed because of speech delay. I know that there will be therapies and services like that. Right now I feel between a rock and a hard place because I know of all the services that she will has to receive and my duty is as a mother and also I have a duty as a childcare provider. I am on both sides, I want to keep helping families without putting my family to the side."*

Current gaps include the location and open hours of services. Childcare, healthcare, food provision, and most services are open from the morning through the afternoon. And, in this sprawling County, most are not within walking distance for many folks.

The upshot is that for families where the wage earners are paid hourly, a daycare closure or a sick child (in the widespread absence of backup care) means less money and less job security. If the parents work the same hours as standard service provision hours, then leaving work to bring a child to therapy or wait in line at a foodbank is untenable. For families who do not have access to reliable transportation (or who may have one car that is away from the home with a working family member all day), they simply can't access services. We heard from a parent who shared that they have put their car in neutral and coasted down the hill towards work because they were running on empty and couldn't afford to fill the tank. For families who work the night shift, most childcare is not available. For providers who run a day care out of their home, their open hours align with most services, so they cannot access them for themselves or their families. For childcare providers who rent the home they use as their day-care facility, facilities grants are of no use to them.

> *"I know that Sonoma County has done some experimentation around looking at cash assistance, and like when a family is not able to go to therapy, not able to access [healthcare] resources...because they're working so many jobs. They can't shift their kids' school to a place where their kid would get better therapy resources and support because they can't actually manage the transportation and navigating around their multiple jobs to get their kid to the school that would work better for them."*

The economic system that has moved employment towards gig work, poverty wages, and at-will employment are the largest culprits here. Simultaneously, because this system will not change over night, the need for services that meet the moment are key, as is the need for institutions to do their part to shift their corner of the system, by making sure that the people that they fund are able to live financially stable lives.

FINDING 4: Resource Navigation

Systemic fragmentation often prevents safe and timely care and can create more trauma and isolation for parents/guardians, especially single mothers.

All the resources one could dream up — financial support, affirming services, sources of responsive care, and guiding information — are only of use to people who can readily find the sources and gain access easily. Fragmentation and lack of effective communication across and within institutions and sectors denies available resources to the people who need them. This is one of the issues experienced and repeatedly expressed by Sonoma County community members, both the givers and receivers of these resources.

Where there is a scarcity of resources, more are needed, but where there is an obscured, disconnected abundance of resources, help with resource navigation is needed. Simply put, people need to know exactly where and how to get what they need, and they need to be hearing about it everywhere.

> *"Right now, my top priority is making sure that people understand that we're here," a provider from the Black Doulas program said. "I think if they don't know that we exist, then it doesn't matter how many skills or things that we could do to help, so finding ways to be able to network and present what I do to the community."*

Black doulas explained that two of the biggest hurdles to their effective service provision are that they are not being connected to the mainstream medical community in a way that translates to referrals, and that they don't know where to begin networking for the benefit of mothers who may be ideal clients. This was affirmed by parents, many of whom, when asked about doula services, explained that they did not know that such a resource existed.

Healthcare providers, childcare providers, and Family Resource Center staff all voiced that they'd like to be able to support families in getting wraparound services, but that the system is not built to support them in such navigation. Doctors stressed that the 15 minute time allotment that they are given with patients is insufficient to identify all needs and initiate multiple referrals, and that there is no time built into the system for follow through. Childcare providers, who find themselves in a default position to do resource navigation because of their proximity and trusting relationships with families, shared that they want to be able to help, but they too are strapped for time, and the support they can point people towards is limited by what they know exists, which is significantly less than what's available. Additionally, they are not positioned to make medical referrals, another way in which the siloing of systems is denying resources to people. Family Resource Centers echoed that the lack of up-to-date knowledge on what's available and accessible is a gap in their ability to do resource navigation at the level they would like.

Mothers, especially single mothers, spoke to the isolation of new motherhood—even more so when postpartum depression, preexisting trauma, and language barriers are in the mix—all of which are aggravated by lack of communal care or knowledge of how to get quick help, warm handoffs, and consistent support.

Lack of closed-loop referral system disempowers providers and prevents families from having their basic needs met

A lack of closed-loop processes is one of the harmful ways that insufficient resource navigation and institutional fragmentation shows up for people trying to get the help they need. Families and providers shared that there is no widely used system for ongoing, cross-institutional communication or collaboration to ensure that people receive services to which they are referred. Referral pathways sometimes lead to dead ends and/or prohibitive waitlists (i.e., services not obtained), warm handoffs are not a given, and there is no system to provide confirmation that people are receiving what they asked for.

Most participants who reported gratitude for the available resources from which they benefitted were those who were documented, English-speaking, and often had put considerable effort into seeking them out. Sometimes, linking up with one service provides access to others. Often, a closed door means the end of the road. The onerous requirements coupled with few navigators made it impossible for many to get needed services.

> *"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, right? And then we say, 'Well, why do I go asking for resources if they tell me they want this. They already want the death certificate, and I'm still alive.' They're asking me for the Virgin's pearls. I'd better stay home, so I like it to be faster and less bureaucratic, right? That's my opinion."*

For all, there was consensus on the need for better public communications about resources, as well as the need for multiple inroads. Providers wished for more institutional cross-pollination, with bidirectional referrals being readily available in multiple languages, but at the very least Spanish and English. Families wished to hear about available resources much more regularly. The key to making this a part of a systemic shift is that any inroad used by a family should lead into the closed-loop system. Examples of this include doula services information being distributed by doctors and nurses; disability resources available in both classrooms and hospitals; more and centralized public-facing communications about sources of food support; mental health education events where people can connect further to related resources; and all of these sources referring to each other.

Transactional service provision systems create harm for providers and families

All of these resource issues, if earnestly addressed, could contribute to a social climate characterized by trusting relationships between community members and community workers. Currently, much of the support received by the community members who have had some success getting what they need is still often transactional and limited.

For example, a doctor mentioned that there is now more bilingual therapy available through Petaluma Health Center, but it is only offered for a limited amount of sessions covered by insurance. A service provider spoke to the difficulty of getting families into the dentist, and the conflict between unrealistic appointment times and parenting and/or work responsibilities. The short time frames of various appointments and the systemic lack of time allotments to follow up with patients after referrals are made all contribute to people on both sides of the relationship feeling unsupported and disconnected from each other.

One reflection session participant shared that they learned within the session itself that doctors are allotted 15 minutes per patient, that they often felt overlooked and rushed, but hadn't realized that it was a systemic issue rather than a lack of care. In other words, so many practitioners care deeply about supporting their patients/clients/etc. The system is built to turn that care into transactions.

> *On a high level, a commissioner addressed the atmosphere of relational disconnection in Sonoma County, saying, "In order to really, truly be in relationship, we have to be asking communities what does it take to actually be in relationship with them? And I do think that if we were to harness that and love on that, we might be able to get somewhere different than what we're currently at. I just want us to be even more curious, more intentional about our approach, and sometimes just the bare recognition of: We gotta slow down. Take a pause and really assess, how is it that we're doing something, especially when it comes to community relationship."*

This mirrors the transactional nature of many engagement efforts, in which entities reap data from the communities they serve without implementing proposed changes that would move the needle systemically. Reflection session participants stressed that the key to the findings and recommendations here was that they were based in systems thinking, and that the key to transcending the transactional nature of many community engagement efforts would be to put the recommendations into effect.

There is a strong collective craving for a closer-knit community built on trusting relationships across people, groups, and organizations that offer responsive services and healing care. But the systems have to start to shift in order to bring this desire to pass.

PART V: A Healing Approach

The findings and recommendations emerged from a process that is based in relationship building, affirmation of dignity, trust and reciprocity, and repair and healing, rather than extraction. The process rests on (1) the fundamental human right to self- and community-determination, (2) the inherent value of human life and culture, and (3) a definition of expertise that is both expansive (in that it extends well beyond professional or educational accreditation) and boundaried (in that it acknowledges that we cannot become experts in someone else's experience).

A MODEL FOR COMMUNITY RESPONSIVE ORGANIZATIONAL STRUCTURE AND CULTURAL HEALTH

Equity First's healing-driven approach to this work begins with a community responsive model of organizational structure and cultural health which supports institutions in withstanding the considerable headwinds they will face as they shift their paradigm towards culturally and community responsive work. This model begins with alignment around and accountability to equity-centered values, investing in people (including staff members, contractors/grantees, and the community being served), and cultivating a culture that fosters connection, belonging, and healing. This model supports organizations like First 5 Sonoma County in operationalizing their DEBAR framework with the dignity of communities intact.

FRAMEWORK FOR COMMUNITY ENGAGEMENT: FROM EXTRACTION TO RECIPROCITY

Doing culturally and community responsive work requires shifting relationships with community members from the traditional model of extractive (at worst) and tokenizing (at best) forms of engagement. These harmful models involve practices such as:

- *Doing outreach/marketing only and calling it engagement*
- *Reaching out to community once a program is fully baked and/or taking feedback without making shifts based on it*
- *One-way engagement (reaching out only when the organization needs something and ignoring community when community approaches the organization)*
- *Failing to focus on relationship building first and throughout*
- *Invoking urgency when it suits the institution's need*
- *Invoking urgency to silence people who demand dignity-affirming engagement practices and trust-building or who question the organization's process, practices, or sudden urgency after decades of harm*
- *Using engagement to secure funding without pushing that funding towards communities engaged (i.e., paying staff or creating programs that don't shift outcomes for community members)*
- *Lack of transparency around the process beyond the individual engagement opportunity itself*
- *Blaming community when they don't show up to engagement opportunities or trust the institution to implement changes*
- *Failing to move the needle on outcomes*
- *Failing to secure sustainable funding for equitable processes and ongoing work*

The Spectrum of Community Engagement to Ownership, developed by Rosa González of Facilitating Power, is at the heart of the way that Equity First operationalizes a healing framework in engagement processes with communities served, and specifically, with the community members whose wisdom is the key to shifting systems from harm towards healing.

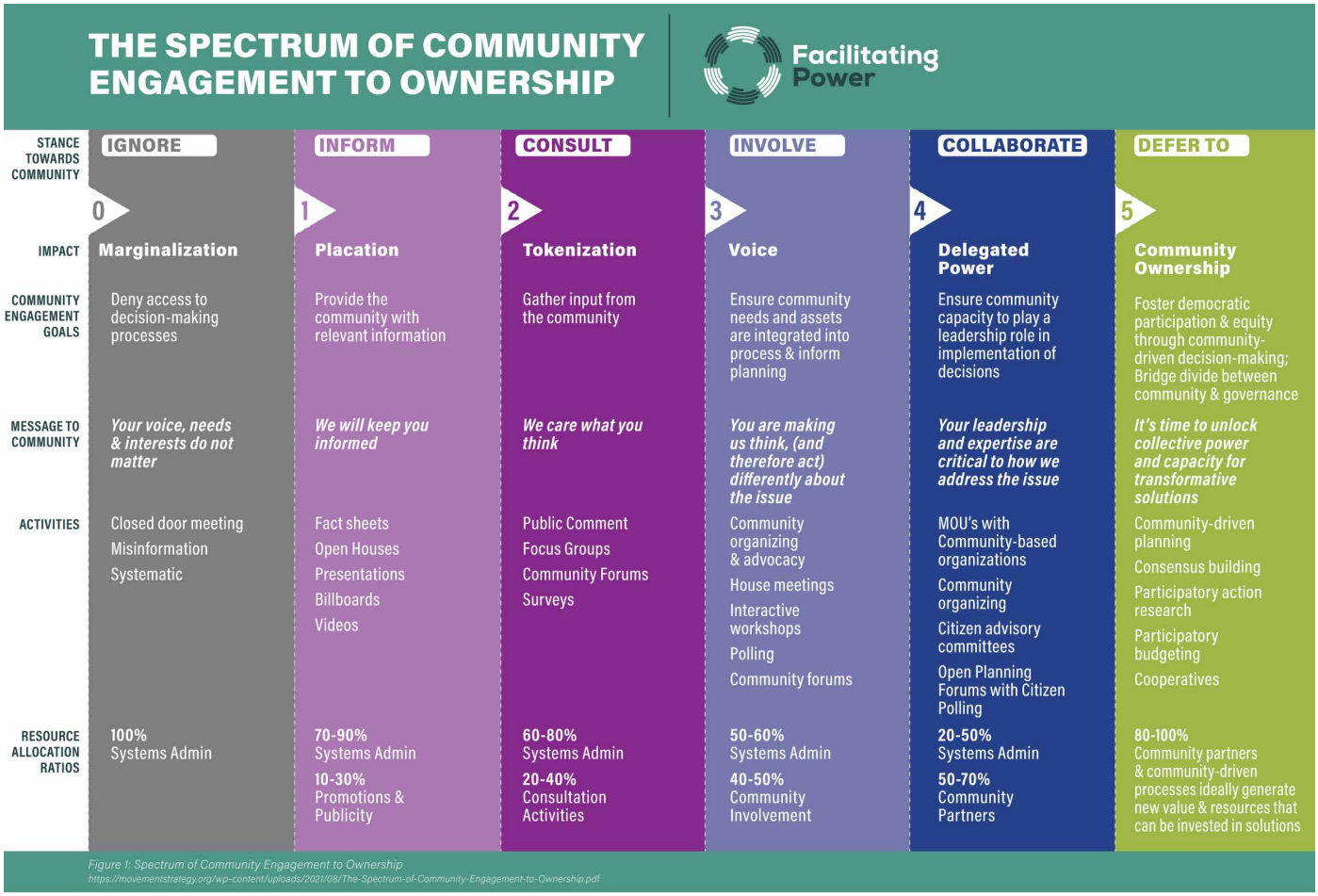


Figure 1: Spectrum of Community Engagement to Ownership
https://movementstrategy.org/wp-content/uploads/2021/08/The-Spectrum-of-Community-Engagement-to-Ownership.pdf

ENGAGEMENT LANDSCAPE

The process for engagement in service of community-driven strategic planning rested on these frameworks and were also done within the context of years of local data gathering. Over the last decade, numerous studies have focused on inequities in Sonoma County, including who is most impacted by them and the outcomes they produce.

Most recently, the Agenda for Action (AFA) and the Portrait of Sonoma 2021 Update (Portrait) have reported that locally (as is in line with regional, statewide, and national data), people of color and people who are low income suffer disproportionately from systems of harm. They also report (again, in line with trends elsewhere) that neighborhoods that are home to majority people of color and people who are low income are disproportionately likely to suffer from overlapping forms of disinvestment that perpetuate harm. The Portrait used the Human Development Index (HDI) to identify four census tracts within Sonoma County where people experience disproportionate and compounded individual, family, and community level harm. The AFA built on this data to gather and amplify the wisdom of the people

who live in these census tracts, including their prioritized demands for equitable (re)investment.

DEBAR-centered engagement focuses on speaking with and being responsive to the people served by an organization who are also the most likely to be impacted negatively by a harmful system. First 5 Sonoma County is a core funder for programs and systems that serve families with children ages 0-5. This is a large and diverse group of people in Sonoma County. Applying the DEBAR lens to this broader group was key to identifying who, specifically, needed to be engaged as part of the strategic planning process, so that First 5 Sonoma could ensure that as they build new systems and funding priorities, they do so in ways that meet the needs of all people in Sonoma County, and that they systematically account for and mitigate past and current harms that impact some communities more than others. This is aligned with the Targeted Universalism approach, developed by Dr. john powell, and cited by First 5 as a guiding concept. Targeted Universalism involves naming a common goal, such as the one cited in First 5 Sonoma County's mission, and acknowledging that different people and communities may need different supports and approaches so that the goal (or outcome) can be meaningfully available to them.

First 5 Sonoma's engagement strategy, then, involved engaging families and providers who are (and/or who serve) people with children age 0-5 who are low income, people of color, and who reside and/or work in areas that experience disinvestment.

FIRST FIVE SONOMA COUNTY: A SNAPSHOT THROUGH YEAR END 2024

In addition to the external data sets and engagement efforts mentioned above, First 5 had done previous engagement that would inform this process. During the document review stage, Equity First identified (and ground-truthed with First 5) the following assets and opportunities based on this prior engagement, which were used as a jumping off point for this engagement process.

Assets

- *First 5 has recently done a significant amount of internal engagement relating to the shifts that First 5 has taken towards aligning internal culture and practices with DEBAR.*
- *Many surveys have been conducted with community members online in English and in Spanish.*
- *Formal and informal external focus groups, surveys, and interviews have been conducted over the past five years, including for the purpose of informing the last strategic plan, 2024 Home Visiting Report, and 2023 DEBAR Case Study.*
- *A Holistic Racial Equity Assessment has led to changes in internal policy and practice, including changes to recruitment, retention, and compensation that have led to staff and leadership diversification, and staff-focused healing circles that staff describe as transformative. It has also led to shifts in funding criteria and an expansion of the services provided to Spanish-speaking childcare providers.*
- *External community engagement in the last few years has informed funding decisions and program design to move towards cultural responsiveness, such as the funding of the Black Doulas program and Acorns to Oak Trees, a home visiting program specifically designed for Native communities and implemented by Native providers.*

Opportunities for Growth

- *External engagement has been less robust/consistent (with an overreliance on surveys) than internal engagement.*
- *Not all data has been disseminated clearly in reports: For example, the Strategic Plan refers to focus groups, but doesn't include the data; the DEBAR Case Study includes quotes but doesn't make clear whether the positive sentiments shared had negative counterparts, nor does it explain how many people were engaged.*
- *Data was not disaggregated by demographics in the documents provided: For example, survey and interview results in the Home Visit Report were not disaggregated, which makes it hard to understand who is experiencing programming and funding decisions in what way.*

Gap Analysis

As with any assessment of current engagement efforts and subsequent planning, the most effective strategy involves meeting an organization where it is on (1) The Spectrum of Community Engagement to Ownership and (2) Community-Responsive Organizational Structural and Cultural Health, and supporting them in stretching even further towards:

- ***Co-design***
- ***Designing to the Margins***
- ***Institutional alignment around DEBAR***

In the case of First 5 Sonoma County, this meant creating a plan to support them in:

- ***Continuing to expand from internally-focused engagement to include robust, consistent, community and culturally responsive, impactful, externally-focused engagement***
- ***Shifting from frequent surveys and periodic focus groups towards co-designing priorities with communities most impacted by their decisions***
- ***Institutionalizing the process of community and culturally responsive engagement so that it is built in at every step of all processes, including program design but also implementation, evaluation, and accountability. (This could lead to incorporating community and cultural responsiveness and engagement into First 5's foundational principles as part of the alignment process during strategic planning, for example.)***
- ***Collecting and disaggregating data by demographics***
- ***Considering the AFA findings to refine engagement methods, questions, and prioritized communities.***

Part VI: Methodology

The engagement plan and subsequent report were designed within the frameworks, strategies, and the context described above. The specific engagement activities were as follows:

PHASE 1: ENGAGEMENT PLAN DEVELOPMENT

There were two steps to the development of the engagement plan: Document review, and co-design.

STEP 1.1: Document review

First 5 submitted 26 documents for review. These documents included:

Funding documents

- ***Proposition 10 Statutes: Includes Amendments to the California Children and Families Act***
- ***Measure I: Sonoma County Child Care and Children's Health Initiative***

Current guiding documents

- *First 5 Sonoma County Strategic Plan 2021-25*
- *Working Framework to Advance Diversity, Equity, Belonging and Anti-Racism (DEBAR Framework)*
- *First 5 Sonoma County Commission by-laws*
- *Descriptions of current projects*
- *2024 Funding allocation revisions*
- *Anti-Racist Results-Based Accountability Performance Measures*

Self-assessment Packets filled out by Grantees

Studies conducted by/with/or for First 5

- *Sonoma County Road to Early Childhood Achievement and Development of Youth (READY) Annual Report (2023-24 READY Annual Report)*
- *Impact of COVID-19 Shelter-in-Place Order on Parents & Parenting: Summary of Survey Results, May 2020*
- *Parent Support and COVID-19: Summary of Survey Results, October 2020*
- *Becoming an Anti-Racist Organization: First 5 Sonoma County's Ongoing Journey (DEBAR Case Study)*
- *Sonoma County Home Visit System Coordination Local Action Planning (Home Visit Report)*
- *Sonoma County Early Childhood Landscape Scan*

Equity First reviewed these documents through the lens of Organizational Health and the Continuum of Community Engagement to determine who had already been engaged, what information had been collected, what changes had been implemented as a result, and the remaining gaps and opportunities in all of the above. Recommendations were then brought to the client as to how to proceed.

STEP 1.2: Co-design with client

First 5 and Equity First met multiple times to iterate on the recommendations for community engagement. The plan, as delineated below in phase two, was the result of these co-design meetings.

PHASE 2: ENGAGEMENT PLAN IMPLEMENTATION

STEP 2.1: Engagement activities

Focus Groups and Interviews

During the co-design process, Equity First and First 5 determined that there would be 11 focus groups, organized by positionality, centering the people who are best positioned to gain from First 5 services if they are implemented in culturally and community responsive ways and are meaningfully accessible. This strategy created numerous advantages. First, while the overall inquiry and the categories of questions remained the same across focus groups, specific questions were adapted to be responsive to the experiences of community members. In other words, the questions asked of healthcare providers who provide services to families anticipating childbirth were connected but not identical to the questions asked of the families expecting newborns. This grouping strategy also afforded people who did not know each other personally, as was the case in many focus groups, a proactive sense of safety and camaraderie, which promoted vulnerability and honesty. Preschool providers and preschool parents for example, who share many of the same goals, but also a very different perspective on sensitive subjects, were not in the same group, so that folks could share their experiences and perspectives freely.

The decision was made to conduct the following focus groups:

1. ***Black Doula service providers***
2. ***Monolingual Spanish-speaking in-home daycare/preschool providers, who are licensed for either large or small home childcares, and who came from all over the County.***
3. ***AAPI families with children under 6***
4. ***Indigenous/Native families with children under 6***
5. ***People who are pregnant and/or have children younger than 24 months (English)***
6. ***People who are pregnant and/or have children younger than 24 months (Spanish)***
7. ***Families with children ages 3-5 (English)***
8. ***Families with children ages 3-5 (Spanish)***
9. ***Healthcare providers for children ages 0-2 (including doulas, lactation specialists, mental health, and family practitioners working in clinics, CBOs, and larger health care systems).***
10. ***Childcare Center directors, running both private and public centers, most of which are subsidized***
11. ***Family Resource Center direct service providers from all regions of the County.***

Additionally, the decision was made to conduct focused interviews with people who do not have a cohort within their First 5 role, in order to understand more deeply their experiences and visions for the future. These interviews were held with:

1. ***Two First 5 commissioners, including the Commissioner representing parents with young children.***
2. ***First 5 Sonoma County Director***
3. ***First 5 Sonoma County Deputy Director***
4. ***The Founder and the Coordinator of the Acorns to Oak Trees organization***

Question Categories

- ***Needs and priorities:*** *What people need to feel safe, whole, supported and affirmed in culturally responsive ways; in what ways people are or are not having their needs met - with formal (institutional) and/or informal (interpersonal) supports; and where people believe investment is needed.*
- ***First 5's role in advancing community priorities:*** *Specifically, looking at the findings from the Agenda for Action and understanding how families with children 0-5 (and the providers who serve them) would want First 5 to participate.*
- ***First 5's mission, vision, foundational principles, and funding priorities:*** *What should First 5 shift/add/subtract/prioritize in order to account for participants' needs, priorities, wisdom, and experience, and ensure that they are indeed serving all Sonoma County children age 0-5 and their families.*

Demographic Survey

All focus group and interview participants were also invited to fill out a demographic survey, which included additional focused questions about people's experiences (such as financial burden re: housing and raising children) and their priorities (such as which supports would be most helpful). This survey was meant to support disaggregation of data. The results were woven into the findings and recommendations. A total of 51 participants responded to the survey.

STEP 2.2: Analysis, synthesis, and preliminary findings

After the focus groups and interviews were complete, transcripts were cleaned and then analyzed by the research team along with the demographic survey data. The team reviewed transcripts independently, coding them and identifying preliminary themes, and then came together to identify and flesh out the themes that rose to the top as well as the recommendations that community members made to address the gaps in service that they

experience. Themes were then grouped into the four major findings identified in Part 4.

Simultaneously, recommendations were grouped in a way that will best support First 5's strategic planning process: An ecosystemic view, mission, foundational principles, funding priorities, alignment with the Agenda for Action, and internal capacity.

STEP 2.3: Reflection, and integration into final recommendations

Reflection is a crucial piece of the engagement process. It is relational and transparent, ensuring that data is not simply extracted and then distorted and/or hoarded for the benefit of the data collectors and client at the expense of community. Reflection adds to the validity of the data by ensuring that the research team "heard folks accurately," and also adds to the data's richness, in that it gives people additional time to reflect and participate either for the first time or again.

During this process, initial findings and recommendations were put before First 5 and focus group invitees in order to ground truth and refine the findings and recommendations. Everyone who had been invited to participate in a focus group or interview (regardless of whether they were originally able to participate) was invited to join one of four reflection sessions. One each in English and Spanish were held one evening, and one of each were held the next day, to accommodate different schedules. A power point presentation, with high level findings and recommendations, was shown to participants, who gave feedback on what resonated, what was missing, and what they would like to see shift.

In all, 23 people came to these reflection sessions, 12 to the English language sessions, and 11 to the Spanish language sessions.

Data from the reflection sessions were then integrated into the next draft of the Needs Assessment. Finally, the document was put before the client for review, and upon taking and integrating feedback, a final draft was submitted.

PART VII: Conclusion

First 5 has taken an important step in commissioning this Needs Assessment ahead of its Strategic Planning process. The data lovingly gathered here is both aligned with what the broader community has said in the most recent local engagement processes, while adding the nuanced layers of priorities and needs that are specific to families who are expecting and/or raising young children and the providers who work with them.

When Equity First conducted reflection sessions to present the initial findings and recommendations to focus group participants, two major themes were echoed across these sessions.

1. ***YES! Overwhelmingly, participants said that their wisdom had been accurately captured and reflected back to them. They felt heard and seen by the findings and the recommendations.***

2. ***WHAT'S NEXT? Folks were anxious to know when the work will begin to implement some of these recommendations, specifically the recommendations around financial assistance for families and resource navigation. Folks asked to be kept informed, and for this engagement process to be the beginning of ongoing relationships based in reciprocity, transparency, efficacy, and trust.***

With the influx of funding coming from the 2024 passage of Measure I, First 5 has the opportunity to do what limited resources have prevented in the past: infuse meaningful funding into community priorities to start to turn this list of recommendations into a set of accomplishments, by providing stable support to families and the culturally responsive providers who serve them, and by supporting and strengthening the ecosystem that surrounds them so that it can shift from harm towards healing.