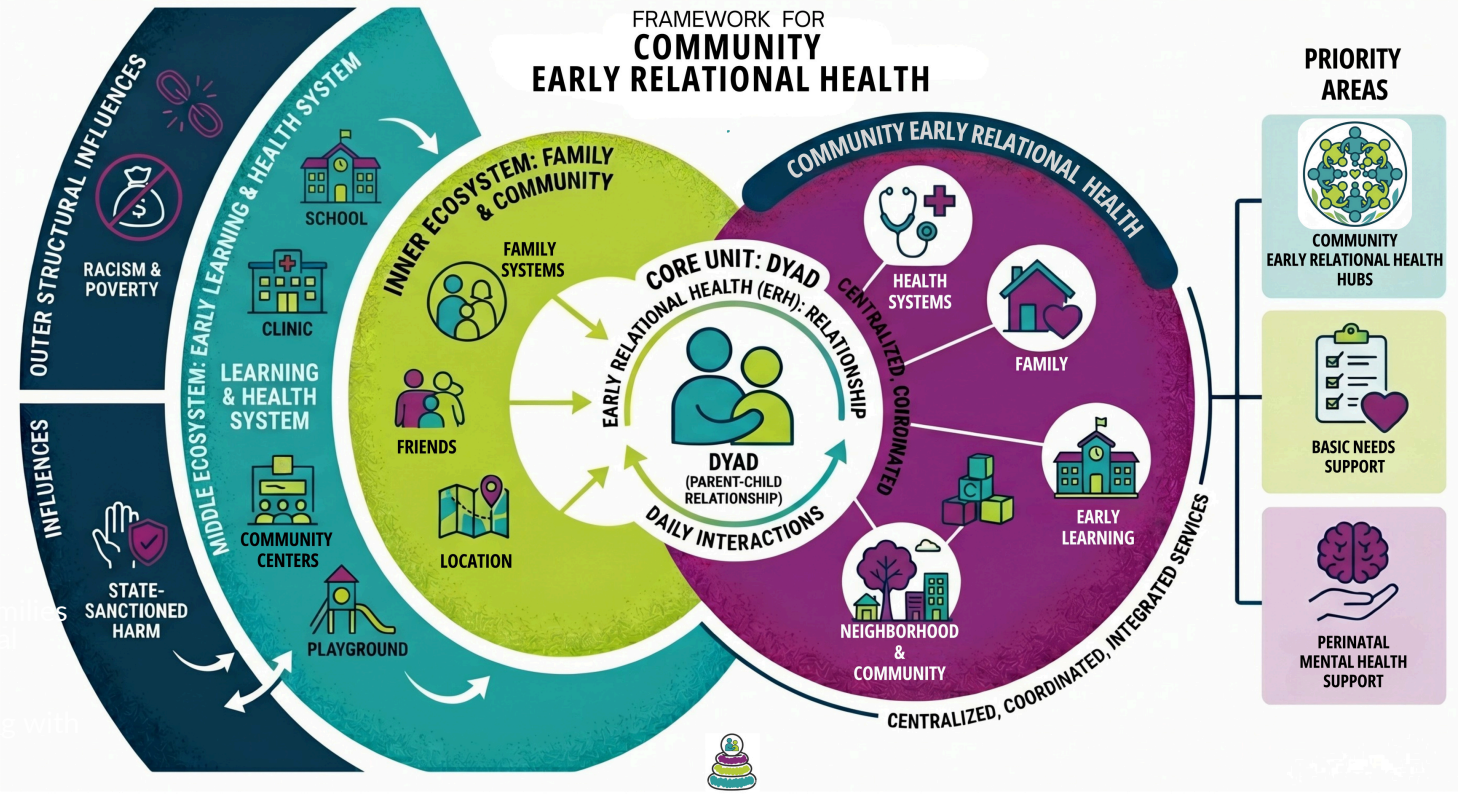
Sonoma County Early Relational Health Consortium
3-Year Roadmap

About This Roadmap

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

Our Shared Vision

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



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