

Commission Actions 7/17/09:

⇒ Adopted Strategic Plan Goals and Objectives FY 2010-15

Meeting Minutes

Sonoma County Children and Families Commission

July 17, 2009

Santa Rosa, CA

The Sonoma County Children and Families Commission met this date in regular session with the following members present: Commissioners Jo Weber, Jane Escobedo, Rita Scardaci, Joel Gordon, Dr. Katherine Foster, Tamah Hulett, Supervisor Efren Carrillo, and Oscar Chavez.

- I. Chair Weber called the meeting to order at 8:15 AM.
- II. Public Comment on Non-Agendized Items
There was no public comment.
- III. Strategic Planning FY 2010/11 – 2014/15
 - Introduction and Review of Process to Date
Jennie Tasheff briefly reviewed the Commission’s history of strategic planning, local funding, and evaluation. She noted that in addition to being part of the larger First 5 community of funders, we are aligned with a growing national movement recognizing the importance of investing in the early years. The work of Nobel economist James Heckman shows that economic returns on dollars invested in the early years are higher than traditional economic development strategies. For FY 10/11-14/15, the Commission adopted strategic planning principles and selection criteria to maximize the return on the Commission’s investments in the community in light of diminishing resources.

The current strategic planning process began in March 2009 using the *Pathway to Children Ready for School and Succeeding at Third Grade* in order to build on the work of experts. The Strategic Planning Committee was comprised of Commissioners Weber, Escobedo and Chavez and Professional Community Advisory Committee (PCAC) representatives Michele Rogers, Melanie Dodson, and Elisabeth Chicoine. The committee set about creating First 5 Sonoma County’s Pathway to School Readiness, selecting both systems and program goals and objectives.

Commissioner Scardaci arrived at this time.

The committee selected programs profiled in the *Pathways* document and First 5 Sonoma County staff and evaluators researched them to determine whether they were evidence-based practices according to the three levels of “evidence-based practices” used by the California Institute of Mental Health. Those levels are evidence-based, promising practice, and emerging practice. The Commission’s committees, including PCAC, Child Care, Communications, and Evaluation, were asked for input, and input from parents and

other community members was incorporated into the process. The Commission was updated and asked for input at its April, May and June 2009 meetings.

Ms. Tasheff reminded Commissioners that they had been asked to state their hopes and fears for the strategic planning process at the April 2009 Commission meeting, and asked what their thoughts were at this stage. Commissioner Escobedo said she feared fragmentation rather than impact. Commissioner Chavez underscored the responsibility and opportunity the commission has to root change in the community. He encouraged Commissioners to be bold and hopeful. Commissioner Weber added that the priorities of the Obama administration are cause for optimism and leveraging of federal dollars. Commissioner Scardaci said she had a lingering fear that the Commission would try to do too much with too little. Commissioner Gordon stated focus for selecting programs should be systemic change. Commission Foster said the Commission should have a role in building consensus with legislators on how children should be supported statewide. She asked staff to capture ideas brought up during discussion.

- Data Report

Edwin Ferran reported that the Evaluation Committee, along with Learning for Action (LFA) evaluators, looked at the most recent available data on selected school readiness, health, parent support, and early care and education indicators originally identified, compiled for and reviewed by the Commission during its strategic planning conducted in November 2004. There were no clear trends, positive or negative. What the data showed, however, are the striking disparities, particularly in school readiness outcomes, for children who are Latino, African-American, or Native American, economically disadvantaged, or English learners. Consequently, the recommendation of the Evaluation Committee is for the Commission to focus programs on the “confluence” of these populations to achieve the greatest return on investment. Ms. Tasheff pointed out that this disparity could be readily seen in the data showing third grade English Language Arts and Math proficiency disaggregated by ethnicity, economic circumstance, and English proficiency. Commissioner Gordon remarked that the percentages of all sub-groups were still low.

- Overview of Our Pathway to School Readiness

Jennie Tasheff reviewed the latest iteration of the diagram of Sonoma County’s Pathway to School Readiness, pointing out the goals:

- Goal 1: Ensure the Health & Healthy Development of Children
- Goal 2: Ensure Families are Supported & Nurturing
- Goal 3: Ensure High Quality Early Care & Education
- Goal 4: Increase Integration of Systems & Effect Policy Change to Fill Gaps & Better Serve children & Families
- Goal 5: Engage the entire Community to Support Achievement of First 5 Sonoma County

She explained that goals and objectives overlap. For example, a child’s behavior is likely to connect to a parent’s lack of parenting skill or parental substance abuse. There was

discussion of the limitations of trying to capture a complex system of goals and objectives in a single diagram.

- Review and Adopt Goals and Objectives
Ms. Tasheff reviewed the complete list of goals and objectives.

Overarching Goal: School Readiness (a proxy measure for optimal child development)

Goal 1: Ensure the Health and Healthy Development of Children

Objective 1A: Increase availability of high quality, accessible health care for children

Objective 1B: Provide for early detection of, and intervention for, developmental concerns

Goal 2: Ensure Families Are Supported and Nurturing

Objective 2A: Provide supports for parents to strengthen parenting capacity

Objective 2B: Provide supports for parents to strengthen literacy skills

Goal 3: Ensure Early Care and Education (ECE) Is High Quality

Objective 3A: Increase the availability of high quality early care and education

Objective 3B: Link ECE to health, mental health, substance abuse, and developmental services

Goal 4: Integrate Systems and Effect Positive Policy Change

Health Systems:

Objective 4A: Collaborate to address iron deficiency anemia

Objective 4B: Collaborate to address children's oral health needs

Family Support Systems:

Objective 4C: Collaborate to provide support for families with substance abuse, mental health and domestic violence issues to prevent child abuse and neglect

Early Care and Education Systems

Objective 4D: Collaborate with the early care and education and K-3 systems to:

- Support parents as partners in education and connect families to resources
- Foster alignment and articulation between early care and education and K-3
- Identify and institutionalize successful school readiness strategies and programs

Objective 4E: Foster alignment of systems of academic advancement and professional growth to create a BA in child development in Sonoma County

Goal 5: Engage Entire Community to Support Achievement of First 5 Sonoma County Goals

Objective 5A: Inform/educate parents and the community about:

- The needs of children 0-5 and their parents and caregivers
- Activities to support the optimal development of children 0-5
- First 5 Sonoma County and the services/programs provided by its grantees and community partners

Objective 5B: Engage in social marketing to increase behavior that supports optimal child development

Objective 5C: Advocate for programs and policies that support children and families
Objective 5D: Provide financial incentives for the community to implement projects in support of First 5 Sonoma County goals

At Commissioner Scardaci's request, Ms. Tasheff explained staff areas of responsibility:

- Carol Caldwell-Ewart: communications and early childhood mental health
- Shelley Caviness: school readiness and program coordination
- Edwin Ferran: program planning, evaluation and data
- Jennie Tasheff: policy

Commissioner Gordon expressed concern at the number of objectives. Commissioner Weber responded that not each objective is a program—many are collaborations. Ms. Tasheff said that Goals 4 and 5 are, in part, intended to make transparent the work of First 5 staff and to make sure the Commission supports those efforts.

Commissioner Weber invited public comment on each goal. Gerry La Londe-Berg of Child Protective Services asked the Commissioners in Goal 1 to make a commitment to Healthy Families as First 5 California has done. Commissioner Carrillo stated his concern that families need skills to be financially stable. First 5 Sonoma County needs to make a connection to the business community. Commissioner Foster added that drug abuse and incarceration affect children and must be considered within family support. Commissioner Escobedo said the goals and objectives must be thought of like DNA, each piece unique but also interlocking.

The Strategic Plan for FY 10/11 to 14/15 Goals and Objectives were adopted.
(Gordon/Scardaci, 8 yes, 0 absent)

- Review Program Strategies for Goals 1-3

Jennie Tasheff reviewed each of the 10 recommended program strategies showing program model, outcomes, level of evidence, cost, benefit or costs avoided, and local context for implementing the program.

Goal 1, Objective 1A, Strategy 1A1: Healthy Kids Sonoma County provides comprehensive health insurance through outreach to families to enroll children in any product for which they are eligible, including a safety net product. It also includes KIDS Net immediate health care. Its evidence-based outcomes are improved access to medical care and improved well-being of both children and families. Premiums are \$1,395 per child plus a fair share of the program cost. Current annual expenditure is approximately \$450,615. Costs avoided are reduced use of the emergency room--where costs are three to four times higher than office visits--and 25 percent fewer hospitalizations. Healthy Kids Sonoma County is a strong, local collaborative focused on improving quality and insuring children 0-18. Kaiser enrolls many children 0-5 whose premiums would otherwise be paid by First 5, as well as children 6-18.

Discussion ensued concerning whether choice of insurance could be limited, and access to needed services.

Goal 1, Objective 1B, Strategy 1B1: Early detection (screening) and intervention for developmental concerns. Validated tools are used to screen for developmental and social-emotional concerns followed by facilitated referrals to early intervention programs. Screening is an emerging practice recommended by the American Association of Pediatrics and Centers for Disease Control. Screening results in 50% increase in detection of children's disabilities. One-third of children receiving early intervention before age 3 do not require additional intervention once they enter school. Initial costs to establish sustainable systems and expand Early Periodic Screening, Detection, and Treatment (EPSDT) are estimated at \$100,000 per year. Benefits are reduction in permanent disabilities and associated social costs. The Commission's funding would be leveraged through the joint Request for Proposals with Mental Health Service Act funding.

Ms. Tasheff explained that screening would take place at the child's medical home, which would be able to access Medi-Cal reimbursement funding. Staff of other agencies working with parents, like Child Protective Services (CPS), foster care, and Drug Abuse Alternatives Center (DAAC), could also be trained. Our Watch Me Grow Special Needs Pilot Project showed that children who are identified early can get back on track. If delays persist at age 3, they can be referred to the K-12 school system for services.

Goal 2, Objective 2A, Strategy 2A1: The Nurse-Family Partnership (NFP) employs public health nurses to make home visits to first-time low-income mothers for 2-1/2 years (pregnancy through 2nd birthday.) NFP's evidence-based outcomes are increased school readiness, IQ, language development and mental health and decreased child abuse and neglect and reduced arrests of children and mothers. NFP is implemented in units of 100 families with a cost of \$6500 per family per year after leveraging Federal Financial Participation dollars. According to a Rand study, return on investment is \$5.70 per dollar invested and the cost of program is recovered by the time child is age 4. NFP has demonstrated success with Mexican American families. The program is supported by an Obama initiative and the county's Upstream Project focused on reducing criminal justice costs.

Discussion ensued among Commissioners and members of the public about the benefits of the current Families First home visiting program compared to NFP, and the need to plan for transition.

Goal 2, Objective 2A, Strategy 2A2: Triple P-Positive Parenting Program provides multi-level parenting support. The evidence-based outcomes are improved parenting skills/decreased stress; improved parent anger management; decreased child behavior problems; decreased maltreatment; and reduced entry into foster care. Cost to implement county-wide is \$550,650 and \$356,915 annually to sustain. Cost for serving selected low performing school attendance areas is \$156,300 to implement and \$85,100 to sustain. Triple P saves costs to human services programs, special education, welfare, and criminal justice. A collaborative Triple P effort and local training are underway. The MHSA

Prevention and Early Intervention joint RFP funding will defray some of the Commission's cost. The Upstream Project has also selected Triple P as a program of particular interest and promise.

Commissioner Weber added that the Upstream Project is interested in Triple P because of the evidence it reduces risk of children's first-time involvement with the criminal justice system. Grace Harris of California Parenting Institute, which is using Triple P, said families referred by Child Protective Services are improving and have not been referred again, unless drug-involved, and she sees potential for community impact from Triple P. Commissioner Chavez asked how fidelity will be guaranteed and if First 5 Sonoma County will manage that aspect. Jennie Tasheff explained California Institute for Mental Health's "dashboard" tool for monitoring implementation and fidelity.

Goal 2, Objective 2B, Strategy 2B1: Avancé Child and Family Development is a nine-month program of weekly child development workshops reinforced by home visits for Spanish speaking, low-education level parents of children 0-3. Evidence-based outcomes are higher levels of kindergarten readiness; increased maternal involvement in child's education; improved maternal education; and decreased reliance on public benefits. Each class of 15 parents costs \$30,000. To serve the parents of the 130 children currently in Pasitos, Avancé would cost \$260,000. Benefits are reduced remedial education and public assistance costs. Avancé has spread from Texas to New Mexico to California. A San Jose office now supports California programs.

Commissioner Escobedo said she had successfully used Avancé modules in the Santa Rosa Even Start program.

Goal 2, Objective 2B, Strategy 2B2: Reach Out and Read trains medical providers to promote literacy and to give books to children at well-child visits from 6 months to 5 years. During the visit, developmental milestones are assessed based on child's interaction with books and parents are advised to read aloud and talk about books at home. Evidence-based outcomes are higher levels of kindergarten readiness; increased reading aloud to children and more children's books in home; higher scores on vocabulary tests at age two, equal to a 6-month developmental gain. Cost is \$40 per child over five years. The program would cost \$240,000 per year to implement county-wide minus \$80,000 because Kaiser is already serving 10,000 children. Benefits are the increased likelihood of proficient reading at third grade and Heckman's estimate of 16-17% benefit/savings per dollar per year.

Commissioner Foster added that the content and concepts within the books adds to the program's value. Additional discussion included the benefits of other approaches to child and family literacy, literacy programs which have been funded by First 5 in the past, and reasons why they were discontinued.

Goal 3, Objective 3A, Strategy 3A1: Preschool Scholarships would be provided for low-income 3-and 4-year old children, whose parents were working or attending school, to attend an accredited center or family child care program. Evidence-based outcomes are

increased school readiness and performance on achievement tests in early grades; reduced special education costs; and higher rates of high school completion. Cost is \$44-\$49.50 per child per day less a minimal parent co-pay plus administrative costs. Benefit is estimated at \$2.62 for every dollar expended. Scholarships will also provide an incentive for providers to seek accreditation. Mini-grants could reimburse accreditation costs. A scholarship program could also attract support from the private sector.

Commissioner Gordon expressed concerns about the proposed strategy mixing the issues of access and high quality. He also said the State is developing a quality rating system and a parent awareness campaign. Discussion included whether scholarships could create systemic change, that getting a child to preschool predicts success, and that scholarships also provide parents economic power in the preschool market. Melanie Dodson of Community Child Care Council said accreditation takes one year and a scholarship and mini-grant program would provide encouragement to providers to become accredited.

Goal 3, Objective 3A, Strategy 3A2: Focused CARES revises the current model of providing incentives for professional development to concentrate on ECE providers on track to achieve a BA, or AA and who are within 70% of that goal. Research shows quality of care is improved when providers have attained a BA. Outcomes of the current CARES program are increased wages, increased retention in the ECE field, increased planning for career advancement, and increased professional development. The cost of the revised program is estimated to be approximately \$250,000 annually. Costs of recruitment and training and costs of poor quality care are avoided. The strong local program, which has increasing participation by Spanish speaking providers, could be re-focused.

Commissioner Gordon said CARES has been moving toward supporting general education courses, but funding is now in excess of \$450,000. The proposed program would serve fewer students and would not support entry level students, which would particularly hurt the Latino community. The average SRJC student takes seven years to complete an AA. SRJC is already cutting support programs like tutoring, ESL, college skills and financial aid. Jennie Tasheff said the Commission has typically funded CARES at \$300,000 and leveraged a First 5 California 4:1 matching grant which is no longer certain. The current year funding is the result of carry-over and the addition of one-time Commission dollars in FY 08-09.

Commissioner Escobedo added that having a BA is the evidence-base of quality. Melanie Dodson of 4Cs said members of the Child Care Committee have concerns about the proposed change.

Goal 3, Objective 3A, Strategy 3A3: Focused TALLK (Teachers Acquiring Language Learner Knowledge) coaches preschool teachers to support language acquisition by English learners. It includes a full day orientation, one-hour monthly trainings, and 30 minute bi-weekly coaching sessions. Outcomes of the current promising practice are increased teacher confidence in working with English learners. Further evaluation is needed to quantify any impact on children. The cost is \$6400 per teacher annually and the

program serves 25 teachers annually for a total cost of \$160,000. Each teacher serves ten preschool students. Savings come from reduced costs of educational remediation and life long costs of not completing high school. TALLK has a strong, skilled coach, Patricia Rendon. First 5 will now have access to local Kindergarten assessment data for evaluating the program's effect on children.

Commissioner Chavez said that all preschool teachers would benefit from these strategies. Commissioner Escobedo said TALLK goes deep enough to impact educators' skills in the future.

Goal 3, Objective 3B, Strategy 3B1: Enhanced Behavioral Consultation Project (BCP). The current BCP provides consultation to ECE providers to manage difficult behaviors and prevent expulsion from preschool. Consultants help with developmental and social-emotional issues, child care environment issues, and parent-provider dynamics. The proposed program addition is to build the capacity of providers to identify parental substance abuse issues and link parents with services. Outcomes of the current promising practice are decrease in problem behaviors so children are retained in care, increased provider skill in managing difficult behaviors, and increased provider and family knowledge of normal child development and emotional needs. Cost is approximately \$1425 per case, not including an additional 150 simple, web-based consultations. The proposal is to fund at \$350,000 annually, which is \$50,000 more than current BCP. Savings are in costs of expulsions and subsequent school failure, substance abuse, violence, and delinquency in adolescence. The strong local program can be enhanced and further evaluated. The early care community acknowledges the need for the substance abuse element.

Commissioner Foster said she liked the potential for integrating BCP, which identifies high-need families, and Triple P. Commissioner Escobedo suggested there be a link to the K-3 system. Grace Harris questioned the need for additional funding for BCP in light of Triple P. Diana Klein said BCP would be needed until teachers were trained in the new elements.

Chair Weber announced that there was insufficient time for Agenda Item IV Allocation Planning FY 10/11 – 14/15 at today's meeting. The item will be moved to the Commission's Wednesday, July 22, 2009 meeting agenda. The remainder of today's meeting will be used to reviews strategies for Goals 4-5.

- Systems and Community Objectives, Goals 4, 5

Jennie Tasheff explained that Goal 4 focuses on system change in three areas with specific objectives in each:

- Health Systems
 - Iron deficiency anemia
 - Children's oral health
- Family Support Systems
 - At-risk for child abuse and neglect
- Early Care and Education Systems

- ECE & K-3 coordination
- ECE academic advancement

In each area there were opportunities to collaborate to increase integration of systems and effect policy change to fill gaps and better serve families in children.

Goal 4, Objective 4A: Collaborate to address iron-deficiency anemia. There is a high-need with more than 22% of one and two-year olds from low-income families with iron-deficiency anemia, which has the potential to prevent normal growth and development and affects learning and school performance. The WIC program's new nutritional guidelines address iron-deficiency and the message will be carried by home visiting programs like Teen Parent Connections. It is the staff's recommendation to invest staff time to document efforts and monitor results.

Goal 4, Objective 4B: Collaborate to address children's oral health needs because dentists are not serving low-income children 1-5 resulting in a high level of untreated dental decay. The Commission had developed a partnership with Dental Health Foundation to pilot dental services at WIC sites. It is the staff's recommendation to invest staff time and to prioritize oral health as an area for investing one-time dollars and to expand the WIC pilot.

Commissioner Foster commended the choice of WIC sites because providers see parent and child together, providing opportunity for education and treatment at eight sites throughout the county.

Goal 4, Objective 4C, Strategy 4C1: Partner with Alcohol and Other Drug Services (AODS) to support a Perinatal Placement Specialist (PPS) because obstetric care providers are now screening their clients for substance abuse due to the link to PPS. The Perinatal Placement Specialist provides a critical link between the system of obstetric care and the system of AOD treatment by providing on-call assessment and connecting women with an individually inappropriate treatment program. It is the staff's recommendation that the Commission continue to fund the perinatal placement specialist at \$100,000 annually.

Goal 4, Objective 4C, Strategy 4C2: Partner with Mental Health Services Act-Prevention and Early Intervention (MHSA-PEI) to screen new mothers for perinatal mood disorder. It is the staff's recommendation to invest staff time and to continue to co-fund MHSA PEI 0-5 efforts in this area at an estimated cost of \$50,000 annually.

Goal 4, Objective 4C, Strategy 4C3: Partner with CPS and other agencies to reduce child abuse. The MHSA-PEI plan includes opportunities to train agency staff working with at-risk parents in Triple P to strengthen clients' parenting skills and reduce child abuse and neglect. It is the staff's recommendation to invest staff time and continue to co-fund MHSA PEI 0-5 efforts in this area, at an estimated cost of \$150,000 annually. Ms. Tasheff added that Mental Health and First 5 Sonoma County share in the administration

of the MHSA funds and that Carol Caldwell-Ewart will be coordinating the training plan and monitoring the fidelity of evidence-based practices.

Goal 4, Objective 4D: Collaborate with early care and education and K-12 systems to:

- Support parents as partners in education, connect to resources
- Foster alignment/articulation between ECE and K-12
- Identify and institutionalize successful school readiness strategies and programs.

Recommendations for closing the achievement gap stress aligning educational systems from pre-k through college. Local schools have begun to adopt First 5 Sonoma County's school readiness strategies as their own. Parents are requesting Pasitos programs and schools are implementing KTP/Jumpstart programs. It is the staff's recommendation to invest staff time and to fund incentives for K-3 schools at \$50,000 annually.

Goal 4, Objective 4E, Strategy 4E1: Convene SRJC and SSU for a system of academic offerings for ECE providers. A BA is an important indicator of a provider's ability to deliver high quality early education. Sonoma County doesn't have a local BA program. SRJC has an AA in Child Development and SSU has a Master's degree in Child Development. It is the staff's recommendation to invest staff time and to work with local educational institutions, to coordinate and document efforts, and to monitor results.

Commissioner Gordon said 80 California community colleges have signed on to an effort to align the core 24 unit child development classes and to have them accepted by the California State University system. Commissioner Scardaci said nursing programs succeeded in a similar effort resulting in more nurses graduating. Commissioner Escobedo said the teacher credentialing program replaced the child development BA at SSU.

Jennie Tasheff explained that Goal 5 focuses on Community Engagement with five objectives:

- Inform and educate parents/community
- Engage in social marketing to increase behavior that supports optimal child development
- Advocate for programs and policies that support children and families
- Provide financial incentives for the community to implement projects in support of First 5 Sonoma County goals.

Staff recommends funding of \$350,000 annually for Goal 5 strategies.

Goal 5, Objective 5A, Strategy 5A1 & 2: Inform and educate parents and the community. Parents and the community must share an understanding of optimal child development and value and support parents and caregivers. Strategies will be to distribute Parent Kits and Parent Guides and to collaborate with United Way on 211. Staff recommends the investment of staff time to accomplish these activities.

Grace Harris of CPI commented that many Parent Kits are now distributed through Families First home visitors.

Goal 5, Objective 5B, Strategy 5B1 & 2: Social marketing to support optimal child development. Social marketing can motivate parents and the community to engage in behaviors that are more supportive of optimal child development. Strategies will be to conduct social marketing campaigns and to collaborate with United Way and local partners in the Partnership for Children.

Staff recommends the investment of staff time to accomplish the activities proposed in Goals 5A1-5B2 and funding of \$150,000 annually.

Jennie Tasheff explained that social marketing uses successful commercial marketing methods used to sell products in order to create behavior change. Triple P's marketing campaign will be to create awareness of the Triple P program. Commissioner Gordon suggested a public awareness campaign for First 5 Sonoma County. Commissioner Chavez said any message needs to resonate with the listener, for example economic benefit for business community. Commissioner Scardaci asked that various communication strategies embedded in the Commission's Communication Plan and programs be captured in a way that would allow the Commissioners to track both investment and outcome.

Goal 5, Objective 5C, Strategy 5C1 & 2: Advocate for programs and policies that support children and families. As a recognized voice for children 0-5 and their families, First 5 has the responsibility to advocate for the enactment and continuation of programs and policies that support children and families. Strategies will be to collaborate with First 5s in the Bay Area and statewide to advance the Bay Area Policy Agenda and to collaborate with local agencies to advocate for policy changes to better serve and support children and families. Staff recommends the investment of staff time to participate in collaborative efforts and document achievements.

Edwin Ferran suggested economic security of families could be an area for advocacy and collaboration.

Goal 5, Objective 5D, Strategy 5D1 & 2: Provide financial incentives for the community to support First 5 goals. Making modest sums available through the mini and matching grant programs provides an active avenue for engaging community partners in grass-roots efforts to achieve common goals. Strategies will be to continue mini-grant program and to continue matching grant program. Staff recommends the investment of staff time to administer the programs and funding of \$200,000 annually.

Commissioner Weber asked for the history of mini and matching grant funding. Jennie Tasheff said the mini and matching grant fund started at \$275,000 per year and during the 2004 strategic planning process was reduced to \$225,000 annually.

IV. Allocation Planning FY 2010/11—2014/15

As a preview to the allocation planning to be done at the July 22nd meeting, Ms. Tasheff presented an allocation scenario created by staff to show the target population for each program along with program implementation costs by fiscal year as well as the five-year total. She explained that Commissioners can use this scenario as a starting point to determine allocations. Cost-benefit information for each program is included in the Commissioner Briefing Book. Allocations need to be decided based on the unit cost of each program. For example, Nurse Family Partnership is implemented in a unit of 100 families at a cost of \$650,000. A recommended method of allocation would be to target high-intensity programs in high-need school attendance areas. Staff has provided information about high-need school attendance areas where the confluence of disparities is present. It is also recommended that program implementation be staged sequentially.

In response to a question about the definition of “confluence of disparities,” Ms. Tasheff explained there are striking disparities in school readiness outcomes for children who are Latino, African-American, or Native American, who are economically disadvantaged, and/or English learners. The recommendation is to focus programs on the “confluence” of these populations to achieve the greatest return on investment. The school attendance areas recommended for program implementation feature this confluence.

Commissioner Foster thanked staff for their organization of the material. Commissioners and members of the public discussed the advantages and disadvantages of the recommended school attendance areas, as well as how to programs could best be staged.

Commissioner Foster asked that Commissioners be told which currently funded programs are continuing. Ms. Tasheff answered that all currently funded contracts are expiring, some in 2010 and some in 2011. It is not the practice of First 5 to continue a program indefinitely. Commissioner Chavez suggested reserving some funding for unanticipated circumstances that could occur over the five year period.

Commissioner Weber asked that the fiscal model be provided for the Commissioners at the July 22, 2009 meeting.

Allocation Planning FY 10/11 – 14/15 will be placed on the July 22, 2009 meeting agenda.

V. Adjournment

The meeting was adjourned at 1:00 PM.