

Meeting of June 3, 2014 - 5:30-7:30 PM
601 Texas Street, Conference Room B, Fairfield, CA

CALL TO ORDER / SALUTE TO THE FLAG

- I. Public Comment** **Information**
This is the opportunity for members of the public to address the Commission on matters not listed on the Agenda that are otherwise within the subject matter jurisdiction of the Commission. Please submit a Speaker Card and limit your comments to 3 minutes.
- II. Consent Calendar** (5 min) **Action**
A. Approve the Commission Meeting Agenda for June 3, 2014
B. Approve Minutes of the April 1, 2014 Commission Meeting
- III. Presentations** (15 min) **Action**
A. Consider approval of Resolution #2014-02, honoring Dixon Family Services for 30 years of dedicated service to the Dixon community
Commissioner Dan Ayala
B. Consider approval of Resolution #2014-03, proclaiming June 2014 as “Child Safety Month”
Ciara Gonsalves, Policy and Fund Development Manager
- IV. Award of Funding - Request for Proposals #2014-04: Early Childhood Mental Health Services** (20 min) **Action**
A. Consider approval of awards of funding of up to \$3,003,568 for the period September 1, 2014 – June 30, 2017 to the Partners for Early Access for Kids (PEAK) joint agency partners (Children’s Nurturing Project, Aldea Children’s and Family Services, Child Haven, EMQ FamiliesFirst, Solano Family and Children’s Services, and Youth and Family Services) in the amounts listed in the staff report, subject to the recommendations of the Review Panel as outlined in the staff report.
(Source of funding: 2012-2017 Program Investment Plan)
Chris Shipman, Health Program Manager and Mary Roy, Mental Health Services Act Manager, H&SS
- V. Committee Reports** (60 min) **Action**
A. Systems and Policy Committee (Commissioner Crutison)
1. Consider recommending approval of a timeline and process for planning for FY2015/16 and beyond
Dr. Lori Allio, Hatchuel Tabernik Associates Consultant
2. Consider deployment of up to \$30,000 to Children’s Network of Solano County for the period July 1, 2014 - June 30, 2015 as a grant to support the activities of Funding the Next Generation Solano *(Source of Funding: FY2014/15 First 5 Futures funds)* and direct the Executive Director/designee to serve as a member of Funding the Next Generation Solano
Ciara Gonsalves, Policy and Fund Development Manager and Christina Arrostuto, Executive Director
B. Program and Community Engagement Committee (Commissioner Betz)
1. Receive the First 5 Solano FY2012/13 Video Annual Report
Cherelyn Ellington Hunt, Early Learning and Community Engagement Manager
2. Accept the 3rd Quarter FY2013/14 Performance Report
Chris Shipman, Health Program Manager
- VI. Executive Director’s Report** (5 min) **Information**
Christina Arrostuto, Executive Director

Meeting of June 3, 2014 - 5:30-7:30 PM
601 Texas Street, Conference Room B, Fairfield, CA

VII. Commissioner Remarks (5 min)

Information

VIII. Future Agenda Items, Meeting Time/Date/Location (5 min)

The next Commission meeting will be held on August 12, 2014 [NOTE: Second Thursday] at 5:30 PM at 601 Texas Street, Fairfield. Future agenda items include: Community Partner Presentation on tobacco products; Committee Reports

ADJOURN

Vision: *All Solano County children are loved, healthy, confident, eager to learn, nurtured by their families, caregivers and communities.* **Mission:** *First 5 Solano Children and Families Commission creates and fosters programs and partnerships with community entities to promote, support and improve the lives of young children, their families and their communities.*

The First 5 Solano Children and Families Commission does not discriminate against persons with disabilities. If you require a disability-related modification or accommodation in order to participate in the meeting, please call (707) 784.1332 at least 24 hours in advance of the meeting to make arrangements. Non-confidential materials related to an item on this Agenda submitted to the Commission are available for public inspection at the First 5 Solano business office, 601 Texas Street, Suite 210, Fairfield, CA during normal business hours.

First 5 Solano Children and Families Commission

**Minutes of Meeting – Tuesday, April 1, 2014, 5:30 PM
601 Texas Street, Conference Room B, Fairfield, CA**

Attendance

Commissioners: Aaron Crutison, Erin Hannigan, Dan Ayala, Liz Niedziela, Stephan Betz, Marisela Barbosa, Dana Dean

Staff/Public: Commission staff and 4 presenters/members of the public were present.

Call to Order

Vice Chair Crutison called the meeting to order at 5:32 PM.

I. Public Comment

No public comment.

II. Consent Calendar

A. Approve the Commission Meeting Agenda for April 1, 2014

Moved: Commissioner Dean; Seconded: Commissioner Ayala

Vote: 7-0-0

Yea: Commissioners Crutison, Hannigan, Ayala, Niedziela, Betz, Barbosa, and Dean

Nay: None

Abstain: None

B. Approve Minutes of the March 4, 2014 Commission Meeting

Moved: Commissioner Hannigan; Seconded: Commissioner Barbosa

Vote: 7-0-0

Yea: Commissioners Crutison, Hannigan, Ayala, Niedziela, Betz, Barbosa, and Dean

Nay: None

Abstain: None

III. April Children's Month

A. Consider approval of Resolution #2014-01, recognizing April 2014 as "Children's Month" in Solano County

Cherelyn Ellington Hunt, Childcare and Community Engagement Manager, presented the Resolution to the Commission. Commissioner Crutison read the Resolution aloud and presented the document to Alan Kerzin, Executive Director of Children's Network.

Moved: Commissioner Dean; Seconded: Commissioner Barbosa

Vote: 7-0-0

Yea: Commissioners Crutison, Hannigan, Ayala, Niedziela, Betz, Barbosa, and Dean

Nay: None

Abstain: None

IV. Community Partner Presentation

- A. Receive an overview of the Food and Nutrition Network of Solano County (FANNS)

Chris Shipman, Health and Well-Being Manager, introduced Denise Kirnig, Health Services Manager (Sr) with Health & Social Services and member of FANNS. Ms. Kirnig provided a presentation covering the initiation, members, accomplishments, partnerships, and goals of FANNS.

Discussion: Commissioner Dean asked whether local Offices of Education and all school districts have been approached regarding FANNS' goals, and suggested these venues as possible outreach targets. Commissioner Betz suggested finding ways to increase enrollment in programs such as CalFresh and WIC. Commissioner Niedziela commented on the issue of the fluoride content of Solano County's tap water, which was discussed. Commissioner Hannigan noted that KQED will be broadcasting a documentary in the near future on food stamp programs, which may be of interest to the First 5 Commission, staff, and grantees.

V. Awards of Funding – Request for Applications #2014-03: First 5 Solano Pre-Kindergarten Academies – Vallejo

- A. Consider approval of award of funding of up to \$20,000 to Vallejo City Unified School District for 2014 Pre-Kindergarten Academy services (2 sessions)**

Discussion: Ms. Ellington Hunt reported that First 5 Solano received one application in response to this solicitation, from Vallejo City Unified School District. As there was only one application, staff did not convene a full review panel but completed a staff review to ensure the application met the requirements and brought it forward with a staff recommendation to approve funding. Staff and Commissioners discussed outreach efforts, and Commissioner Barbosa suggested in the future contacting groups such as Stepping Stones. Commissioner Niedziela thanked First 5 Staff for their effort to find applicants.

Moved: Commissioner Betz; Seconded: Commissioner Barbosa

Vote: 7-0-0

Yea: Commissioners Crutison, Hannigan, Ayala, Niedziela, Betz, Barbosa, and Dean

Nay: None

Abstain: None

- B. Receive an update on the 2014 Pre-K Business Champions Campaign

Ciara Gonsalves, Policy and Fund Development Manager, provided an update on the goals and current achievements of the 2014 Pre-K Business Champions Campaign, as outlined in her slide presentation. She publicly honored Kaiser Permanente, NorthBay Medical Center, and Bryan-Braker Funeral Home for their contributions, and asked for any help that the Commissioners might be able to offer.

Discussion: Commissioner Barbosa mentioned that there are many fundraisers competing for business support this time of year, and suggested trying another time of year in the future. She also noted that businesses are more likely to commit to donating in a public setting where making a verbal pledge will bring them positive attention. Commissioner Dean suggested having businesses compete to "out-pledge" each other, and also pointed out the benefits of publicly recognizing even small businesses for their contributions. Commissioner Hannigan suggested allowing for smaller/various pledge amounts so that businesses/individuals are not turned away by the pressure of donating at least \$200.

Commissioner Ayala offered to present the Pre-K Business Champions Campaign at a Dixon mixer event.

VI. Committee Reports

A. Systems and Policy Committee

There were no action items.

B. Program and Community Engagement Committee

- 1. Consider approval of awards of funding of up to \$152,714 for the period July 1, 2014 – August 31, 2014 to current Partners for Early Access for Kids (PEAK) grantee agencies, as outlined in the staff report, to continue Early Childhood Mental Health Services**

Discussion: Commissioner Dean expressed concerns with this item, including how it might affect our funding cycles, and asked whether it was permissible to allocate outside the current funding cycle. Ms. Arrostuto responded the Commission has the authority to do so. Commissioner Dean also commented that this action could set a precedent for other grantees to request funding outside the cycle. Ms. Arrostuto commented that staff brought this recommendation forward because of the unusual circumstance of having a large amount of matching funding available, and that this type of opportunity was a rare occurrence, but that the Commission had the option not to act on this item.

Moved: Commissioner Hannigan; Seconded: Commissioner Ayala

Vote: 7-0-0

Yea: Commissioners Crutison, Hannigan, Ayala, Niedziela, Betz, Barbosa, and Dean

Nay: None

Abstain: None

- 2. Consider authorizing First 5 Staff to negotiate a Memorandum of Understanding (MOU) with Health and Social Services (H&SS) for Mental Health Services Act Prevention and Early Intervention (MHSA/PEI) leveraged funds for FY2014/15, FY2015/16, and FY2016/17**

Discussion: See above

Moved: Commissioner Hannigan; Seconded: Commissioner Barbosa

Vote: 6-1-0

Yea: Commissioners Crutison, Hannigan, Ayala, Niedziela, Betz, and Barbosa

Nay: Commissioner Dean

Abstain: None

- 3. Consider approval of Request for Proposals #2014-04 for Early Childhood Mental/Developmental Health Services for FY2014/15, FY2015/16, and FY2016/17**

Discussion: See above

Moved: Commissioner Hannigan; Seconded: Commissioner Barbosa

Vote: 6-1-0

Yea: Commissioners Crutison, Hannigan, Ayala, Niedziela, Betz, and Barbosa
Nay: Commissioner Dean
Abstain: None

4. Consider approval of an increase and partial extension of the 2012-2015 Program Investment Plan for Early Childhood Mental Health Services

Commissioner Dean requested that items VI. B. 4 a., b., and c. be voted on separately.

a. Accept increased MHSA/PEI funds of \$144,000 (from \$456,000 to \$600,000) for FY2014/15

Moved: Commissioner Hannigan; Seconded: Commissioner Barbosa

Vote: 7-0-0

Yea: Commissioners Crutison, Hannigan, Ayala, Niedziela, Betz, Barbosa, and Dean

Nay: None

Abstain: None

b. Accept MHSA/PEI funds of up to \$1,200,000 (from \$600,000 annually for FY2015/16 and FY2016/17)

Moved: Commissioner Hannigan; Seconded: Commissioner Barbosa

Vote: 6-1-0

Yea: Commissioners Crutison, Hannigan, Ayala, Niedziela, Betz, and Barbosa

Nay: Commissioner Dean

Abstain: None

c. Allocate First 5 funds of up to \$1,532,564 (\$766,282 annually for FY2015/16 and FY2016/17)

Moved: Commissioner Hannigan; Seconded: Commissioner Ayala

Vote: 6-1-0

Yea: Commissioners Crutison, Hannigan, Ayala, Niedziela, Betz, and Barbosa

Nay: Commissioner Dean

Abstain: None

VII. Public Hearing: First 5 CA FY2012/13 Annual Report

Ms. Ellington Hunt presented the First 5 CA FY2012/13 Annual Report. She noted that staff have been informally notified that while the graphs in the report are up to date, some of the data in the text may not reflect FY2012/13 numbers. If this proves to be the case, she will provide updated numbers to the Commission.

A. Consider acceptance of the First 5 California Children and Families Commission's FY2012/13 Annual Report, pursuant to Health and Safety Code Section 130150

Moved: Commissioner Hannigan; Seconded: Commissioner Barbosa

Vote: 7-0-0

Yea: Commissioners Crutison, Hannigan, Ayala, Niedziela, Betz, Barbosa, and Dean

Nay: None

Abstain: None

VIII. Executive Director's Report

There was no official Executive Director's Report due to a medical emergency. Ms. Arrostituto commended First 5 Solano staff for pulling the Commission meeting together in her absence. She also praised Commissioner Barbosa for her speech at the "First 5 is 15" Anniversary Celebration in Sacramento.

IX. Commissioner Remarks

Commissioner Dean praised the recent Children and Families Policy Forum, and suggested that partners specifically reach out to the County Board of Education and local school boards, requesting that they attend future Policy Forums.

Commissioner Barbosa reported on her speech in Sacramento. She also shared that she attended the Policy Forum and was able to receive an update on some foster children with whom she had worked in the past.

Commissioner Betz mentioned the potential advantages of attending Local Control Funding Formula public hearings in every school district in order to promote the importance of early childhood education.

Commissioner Hannigan also praised Commissioner Barbosa as a great representative for First 5 in Sacramento. She thanked Mr. Kerzin for coordinating a successful Policy Forum.

Commissioner Crutison announced that he will be speaking in Seattle next week in relation to President Obama's 'My Brother's Keeper' initiative to support and empower men and boys of color.

X. Future Agenda Items, Meeting Time/Date/Location

Future agenda items include: Community Partner Presentation; Committee Reports.

The next Commission meeting will be held on June 3, 2014 at 5:30 PM at 601 Texas Street, Fairfield.

Meeting adjourned: 7:23 PM

Approved: _____

Resolution No. 2014-02

RESOLUTION OF THE FIRST 5 SOLANO CHILDREN AND FAMILIES COMMISSION HONORING DIXON FAMILY SERVICES FOR 30 YEARS OF DEDICATED SERVICE TO DIXON AREA RESIDENTS

WHEREAS, First 5 Solano Children and Families Commission exists to foster and sustain effective programs and partnerships with the community to promote, support and improve the lives of young children, their families and their communities; and

WHEREAS, First 5 Solano has found a dedicated and effective partner in Dixon Family Services (DFS), a non-profit social services organization founded in 1984 that has grown and adapted to the needs of the Dixon community for 30 years; and

WHEREAS, DFS was established in 1984 by a group of parents interested in providing support to parents and their children around social skills, school behavior and possible family issues with a mission *“to improve the quality of life for all individuals and families in our diverse community;”* and

WHEREAS, DFS launched the “Just for Kids” program pairing thousands of at-risk elementary school students down through the years with “Special Friend” volunteers to increase students’ success in school and in family life; and

WHEREAS, the DFS mission also states *“our intervention and support services are strengthened by cooperation with schools, churches, businesses and the community,”* leading to many successful collaborations over the past three decades; and

WHEREAS, the DFS collaborative spirit extends to the County as a whole, leading DFS to join the countywide Family Resource Center (FRC) Network in 1995 and enabling DFS to facilitate provision of services such as Women, Infants and Children (WIC), CalWORKs, Cal-Fresh, Section 8 and other vital social services to the Dixon community ; and

WHEREAS, DFS has been a mainstay of early childhood services in the Dixon area, including the First 5-funded Integrated Family Support Initiative (now the Family Strengthening Program) for over a decade, bringing basic needs, case management, early mental/developmental health, homevisiting support and more to Dixon’s youngest and most vulnerable children;

NOW, THEREFORE, BE IT RESOLVED, that the First 5 Solano Children and Families Commission hereby honors DFS Executive Director Cookie Powell and the DFS Board for their leadership, as well as the DFS staff and all its community volunteers, for 30 years of dedicated and effective services to Dixon-area residents. The Commission further encourages all residents to work to support DFS and exemplary community organizations such as DFS to foster the healthy growth and development of all children and youth in Solano County.

Dated this 3rd day of June, 2014



JAY SPECK
Chair, First 5 Solano Children and Families Commission

ATTEST:

MEGAN RICHARDS
Deputy Director



CHILDREN ARE OUR BOTTOM LINE

Resolution No. 2014-03

RESOLUTION OF THE FIRST 5 SOLANO CHILDREN AND FAMILIES COMMISSION PROCLAIMING JUNE 2014 AS “CHILD SAFETY MONTH”

WHEREAS, First 5 Solano Children and Families Commission exists to foster and sustain effective programs and partnerships with the community to promote, support and improve the lives of young children, their families and their communities; and

WHEREAS, the health and safety and security of young children are critical components of the First 5 Solano strategic plan; and

WHEREAS, accidental poisonings, drownings, pedestrian and motor-vehicle injuries are the leading causes of unintentional injuries and deaths to children ages 1 to 5; and

WHEREAS, a reported 11,088 Solano County children suffered burns, falls, motor-vehicle and pedestrian injuries, cuts, poisonings, and suffocation between 2008 and 2012; and

WHEREAS, 500,000 parents and caregivers called U.S. poison control centers in 2013 because a child accidentally ingested or was given the wrong dose of medicine, leading to 67,000 children requiring emergency room treatment for medicine poisoning (one child every eight minutes); and

WHEREAS, 51% of the reports of poisonings of children aged 5 and under made to the California Poison Control Center in the past year involved “e-cigarette”-type products; and

WHEREAS, many unintentional child injuries, hospitalizations, and deaths can be reduced or avoided by increased safety measures (such as properly installed car seats, bicycle helmets, smoke detectors and life vests) and increased awareness of safety practices by children, youth, parents and caregivers, educators, child care providers, motorists and all community residents; and

WHEREAS, visibility of poison prevention, drowning prevention, and general unintentional injury safety information and early intervention techniques are crucial to assist parents and caregivers as children are quick to expose themselves to risk without warning; and

WHEREAS, all residents should take care to keep medicine and other harmful substances up and away from children, administer medically-approved dosages, use gates and alarms around pools, and above all provide constant, undistracted adult supervision.

NOW, THEREFORE, BE IT RESOLVED, that the First 5 Solano Children and Families Commission that the First 5 Solano Children and Families Commission hereby recognizes the month of June 2014 as “Child Safety Month,” urging all Solano residents to support the safety and security of young children and youth in Solano County.

Dated this 3rd day of June 2014



JAY SPECK
Chair, First 5 Solano Children and Families Commission

ATTEST:

MEGAN RICHARDS
Deputy Director



CHILDREN ARE OUR BOTTOM LINE

DATE: May 27, 2014
TO: First 5 Solano Children and Families Commission
FROM: Chris Shipman, Health Programs Manager
SUBJ: Request for Proposals #2014-04 Mental Health Services Act and Early Childhood Developmental Health Recommendations of Awards of Funding

Motion:

Consider approval of awards of funding of up to \$3,003,568 for the period September 1, 2014 – June 30, 2017 to the Partners for Early Access for Kids (PEAK) joint agency partners (Children’s Nurturing Project, Aldea Children’s and Family Services, Child Haven, EMQ FamiliesFirst, Solano Family and Children’s Services, and Youth and Family Services) in the amounts listed below, subject to the recommendations of the Review Panel as outlined in the staff report.

AGENCY	FY2014/15	FY2015/16	FY2016/17	TOTAL
Children’s Nurturing Project (Lead Agency)	391,069	469,000	469,000	1,329,069
Aldea Children’s and Family Services	58,333	70,000	70,000	198,333
Child Haven, Inc.	65,000	78,000	78,000	221,000
EMQ FamiliesFirst	285,883	343,000	343,000	971,833
Solano Family and Children’s Services	45,833	55,000	55,000	155,833
Youth and Family Services	37,500	45,000	45,000	127,500
Total:	883,568	1,060,000	1,060,000	3,003,568
First 5 Solano (approximately 43%)	383,435	460,000	460,000	1,303,435
H&SS MHSA/PEI (approximately 57%)	500,132	600,000	600,000	1,700,132

Note: The Review Panel recommended that up to the total amount available be awarded to the PEAK Proposal; however, the Review Panel also recommended that the individual agency requested funding amounts outlined in the chart be modified as necessary during contract negotiations in response to the Review Panel recommendations which could result in changes to the scopes of work for some of the agencies. This will be resolved during the contract negotiation process and any changes will be reported back to the Commission.

Background:

In April 2014, the First 5 Solano Children and Families Commission identified Early Childhood Developmental Health as a priority for funding over the upcoming three-year period and secured leveraged funding from Health & Social Services Mental Health Services Act Prevention and Early Intervention Services for up to \$600,000 per year for a total of \$1,800,000 from July 1, 2014 –June 30, 2017. In addition, the Commission modified its Program Investment Plan to provide \$460,000 of First 5 Solano dollars annually through 2017 toward this effort.

Commissioners subsequently approved Request for Proposals #2014-04 which was released in April 2014. A mandatory Applicant Conference was held on April 22, 2014 and Proposals were due May 20, 2014. Two Proposals were initially received. However, upon staff review for conformity with the RFP requirements for a complete application, one Proposal was found to not meet the minimum requirements. The remaining Proposal was forwarded to a Review Panel for scoring and recommendations for funding.

Similarly to past First 5 Solano solicitations, the Review Panel consisted of a person outside Solano County with expertise in the area of services being reviewed, a representative from H&SS MHSA/PEI, a First 5 Solano Commissioner, and a First 5 Solano staff member. The Review Panel read and scored the Proposal then met to review their findings, as well as determine a final score and recommendation for funding. In addition, the Review Panel provided recommendations for staff to use with Applicant Agencies in developing finalized Budgets and Logic Model Scopes of Work/Evaluation Plans for the final contracts.

Lastly, the Solano County Auditor-Controller's Office staff is completing a review of submitted financial documents required with each Proposal, to ensure that First 5 staff and the Commission are fully advised as to the fiscal capability of organizations applying for First 5 Solano funding.

Review Panel Recommendations/Summary:

The Overview/Narrative and Logic Model/Scope of Work for the joint Proposal as well as the Logic Model/Scope of Work and Budgets for each individual Applicant agency are attached (Attachment A). Please note that the Logic Model/Scopes of Work Plans and Budgets represent the starting point for contract negotiations and the finished products will be developed by working closely with the PEAK collaborative over the next few months.

As part of the recommendations for awards of funding up to the amounts listed above, below is a summary of recommendations made by the Review Panel to be addressed during contract negotiations:

1. Ensure all treatment components of the MHSA/PEI plan are addressed through the PEAK partners (i.e. mood or sensory dysregulation, parental depression and attachment disorders). Note that this might require reduction of individual awards for some partners and increased awards for others.
2. Further discuss and potentially reduce travel and training costs for some partner agencies, including when such training will be provided by H&SS Mental Health.
3. More clearly outline the partnership with Help Me Grow and ensure there are no duplicative costs.
4. Successfully delineate levels of evidence-based parenting programs and treatment options available to children and families who have complex needs and the validated measures of successful implementation and client outcomes.

Next Steps:

Once the Commission approves the award of funding, the next steps include, but are not limited to:

- Site visits
- Contract negotiations, including finalization of budgets, scopes of work and evaluation plans
- Submission of all required documentation, such as proof of insurance
- Approval of County Counsel
- Approval of Contracts by the Board of Supervisors.

These activities will take place over the next two months with the anticipated approval of contracts by the Board of Supervisors on July 22, 2014.

Note: All awardees will be notified that the award of funds by the Commission does not constitute approval to move forward with their Proposals and that contracts for services must be successfully negotiated and fully executed before work can begin. Furthermore, no funds (including start-up funds) may be expended prior to the execution of contracts approved by County Counsel and the Solano County Board of Supervisors.

Staff wish to recognize and commend for their efforts all the agencies that participated in the process and submitted Proposals for funding. In addition, the Review Panel/Interview Panel members are to be commended for their diligent work on this solicitation.

Attachment A: PEAK Logic Model/Scope of Work and Budgets for Joint Application and Partner Agencies

FORM C – JOINT APPLICATION

Joint Program Name: Partnership for Early Access for Kids (PEAK)

Joint Program Description:

The Partnership for Early Access for Kids (PEAK) proposed program is a natural evolution of an existing collaborative of seven community service providers, which will provide home-based, community-based, and center-based prevention and early intervention services to children ages 0-5 and their families, along with mental health treatment where appropriate, and referral and linkage for children and parents to other programs or services based on familial need.

The proposed program targets families living in low-income and high risk neighborhoods; including Spanish or Tagalog-speaking parents, children in the child welfare system and those in families struggling with parental mental illness, domestic violence, substance abuse, parental depression, adverse early childhood experiences and toxic stress. Mental health treatment for this proposed program will focus on the parent/child dyad and will address evidenced-based practices child and/or parental trauma, depression, lack of attachment and mood or sensory dysregulation. Priority will be given to the youngest children aged birth to 36 months, who more frequently are isolated and their issues often go unidentified until they reach preschool age.

The collaborative approach proposed through PEAK combines multiple evidence based and evidence informed best practices in order to target the most appropriate service for the individual child and family's clinical needs. Each partner agency brings its' unique set of strengths and service models that together form an integrated menu of service options for high risk families. (see attached overall scope of work summary for details and agency specific scopes of work for evidence based service models)

Overall services proposed in the joint agency scope of work include 6 strategies that traverse the prevention to early intervention/treatment continuum for high risk infants and young children and their parents/caregivers:

Prevention:

1. Parent/Caregiver and Provider Education, Training, and Consultation for over 300 parents/caregivers and providers annually: Children's Nurturing Project (CNP), EMQ FamiliesFirst (EMQFF) and Solano Family and Children's Services
2. Screening and Assessment for 792 children: Aldea, CNP, Child Haven, EMQFF

Early Intervention/Treatment for 400 children and/or parents/caregivers:

1. Short term Treatment: Aldea, CNP, Child Haven, EMQFF
2. Case Management and referral: all partners, and Child Start, Inc. as subcontractor
3. Interdisciplinary Team Evaluation: CNP, Aldea, and subcontractors
4. Parent Coaching: Child Haven, EMQFF, Youth and Family Services

Linkages : All partners, with coordination by CNP and Help Me Grow Solano

Early Childhood Collaborative: Coordinated by CNP with participation by funded agencies, as well as any early childhood mental health providers in Solano County that wish to participate.

All partners who provide early childhood mental health screening, assessment, and treatment services under this PEAK proposal are current EPSDT providers, and most are also providers with Beacon Health (for eligible members with mild to moderate mental health concerns). In this way we can leverage and maximize capacity.

Joint Application Budget Sheet				
Agency Name	Year 1 FY2015/16	Year 2 FY2016/17	Year 3 FY2017/18	Total Amount
Children's Nurturing Project	\$391,069.00	\$469,000.00	\$469,000.00	\$1,329,069.00
EMQ Families First	\$285,833.00	\$343,000.00	\$343,000.00	\$971,833.00
Child Haven	\$65,000.00	\$78,000.00	\$78,000.00	\$221,000.00
Aldea Children & Family Services	\$58,333.00	\$70,000.00	\$70,000.00	\$198,333.00
Solano Family & Children's Services	\$45,833.00	\$55,000.00	\$55,000.00	\$155,833.00
Youth and Family Services, Inc.	\$37,500.00	\$45,000.00	\$45,000.00	\$127,500.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
Total All Agencies*	\$883,568.00	\$1,060,000.00	\$1,060,000.00	\$3,003,568.00

*Please note that this amount should equal the amount listed in the Grand Total section for each FY on Line Item Budget Form B.

Please select year reflected in Scope of Work by using the drop down box to the right.

APPLICANT NAME:	Summary SOW for all agencies		
PROGRAM NAME:	Partnership for Early Access for Kids		
GOAL: What are 1-2 primary goals of your program? #	to prevent mental illness from becoming severe and disabling and improve timely access for underserved populationis by linking them to treatment and other resources	Links to Strategic Plan Result #:	R3; R4; R9; R10; R11; R12

What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing	What services, events and other actions make up the program?	# Served		Service Unit Type/ Length of time	OUTCOME
		# Served	Service Unit Type/ Length of time	Outcome	
Activity 1 (this activity must link to the budget): Prevention - Parent, provider and caregiver education, training and consultation	1. (EMQ & SFCS) - Provide at least 20 workshops for a minimum of 134 parents, on topics such as: increasing parents knowledge of typical & atypical development, parents ability to recognize "red flags", improving the parent-child relationship and improving the mental health of their children	20 workshops 134 parents total	workshop minimum 1.5 hours in length	85% of parents/caregivers will demonstrate increased knowledge of workshop topic, as demonstrated by pre/post survey	
	2. (EMQ, SFCS & CNP) - provide at least 28 workshops for a minimum of 143 providers - topics such as: typical and atypical development, "red flags" in young children, use of basic screening tools such as ASQ3 and ASQ-SE, & improving the mental health of children and parents	28 workshops 143 providers total	workshop minimum 1.5 hours in length	85% of providers will demonstrate increased knowledge of workshop topic, as demonstrated by pre/post survey	
	3.				

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p><i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i></p>	<p><i>What services, events and other actions make up the program?</i></p>	<p><i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program.</i> <i>Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i></p>		<p><i>Outcome: The percentage and number of people for whom the program will affect a desired change.</i> The required percentage must be met regardless of total number served.</p>
<p>Activity 2 <i>(this activity must link to the budget):</i> Prevention - Screening and Assessment</p>	<p>1. (CNP, EMQ, Child Haven, Aldea) - Screen 390 high-risk children utilizing screenings such as ASQ3, ASQ-SE, MCHAT, 4P's Plus</p>	<p># Served 390 children</p>	<p>Service Unit Type/ Length of time Screening minimum of 2 hours</p>	<p>Outcome 70% of children screened will be referred for further assessment</p>
	<p>2. (CNP, EMQ, Child Haven, Aldea) - Provide assessment of 269 children screened that indicate further in-depth assessment is appropriate; assessment tools utilized include AAPI, Edinburgh Depression Scale, Mullen, DP-3, CANS, BITSEA, CBCL. 0-5 trauma screener</p>	<p># Served 269 children</p>	<p>Service Unit Type/ Length of time Assessments minimum of 4 hours each</p>	<p>Outcome 90% of children assessed will be identified as needing additional services</p>
	<p>3. (CNP, EMQ, SFCS, YFS, Child Haven, Aldea, CS) - Provide referrals to families to link them to appropriate services based upon familial need</p>	<p># Served 214 families referred to additional services</p>	<p>Service Unit Type/ Length of time Referral issued</p>	<p>Outcome 100% of children assessed as needing additional services will be referred to appropriate services 60% of families receiving referrals will report following up on the referral</p>

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p><i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i></p>	<p><i>What services, events and other actions make up the program?</i></p>	<p><i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program.</i> <i>Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i></p>		<p><i>Outcome: The percentage and number of people for whom the program will affect a desired change.</i> The required percentage must be met regardless of total number served.</p>
	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
<p>Activity 3 <i>(this activity must link to the budget):</i> Early Intervention Treatment Services: Short term time-limited treatment</p>	<p>1. (EMQ, CNP, Child Haven, Aldea) - Provide short-term time-limited treatment for children and their families which address child and/or parental trauma, depression, lack of attachment, mood or sensory dysregulation, and address parent/child relationship issues (for children not eligible for Medi-Cal)</p>	<p>176 children</p>	<p>Average 1-hour sessions delivered weekly</p>	<p>At least 75% of children completing short-term treatment sessions will demonstrate an increase in functionality in at least 1 treatment goal as demonstrated by improved scores in pre/post assessments and/or documented progress in 1 or more treatment goals</p>
	<p>2.</p>			
	<p>3.</p>			

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p><i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i></p>	<p><i>What services, events and other actions make up the program?</i></p>	<p><i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program.</i> <i>Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i></p>		<p><i>Outcome: The percentage and number of people for whom the program will affect a desired change.</i> The required percentage must be met regardless of total number served.</p>
<p>Activity 4 <i>(this activity must link to the budget):</i> Early Intervention Treatment Services: Case Management</p>	<p>Tasks Within Activity</p> <p>1. (CNP, EMQ, Child Haven, Aldea) - Provide case management services to evaluate options for families for a minimum of 190 individuals</p>	<p># Served</p> <p>190 individuals</p>	<p>Service Unit Type/ Length of time</p> <p>Minimum 2 case management sessions per family</p>	<p>Outcome</p> <p>Families will increase understanding of services available to support parent and/or child needs and make informed choices regarding service options</p>
	<p>2.</p>			
	<p>3.</p>			

Activity	TASKS	SERVICE COUNTS		OUTCOME
<i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i>	<i>What services, events and other actions make up the program?</i>	<i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i>		<i>Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</i>
Activity 5 <i>(this activity must link to the budget):</i> Early Intervention Treatment Services: Inter-Disciplinary team evaluation	1. (CNP, Aldea) Convene at least 10 inter-disciplinary team meetings monthly for evaluation of children with more challenging issues (IDT team includes mental health clinician, physical therapist, occupational therapist, speech therapist, pediatric psychologist or psychiatrist)	8 children 8 parents/caregivers	4 hour IDT sessions	100% of IDT parents/caregivers will increase understanding of the importance of social emotional and developmental health, parent-infant attachment, bonding, and agree to be linked to additional services needed for their child Consolidated inter-disciplinary evaluation report with recommendations for needed follow up services for optimal child health and development
	2.			
	3.			

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</p>	<p>What services, events and other actions make up the program?</p>	<p># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).</p>		<p>Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</p>
	<p>Tasks Within Activity</p>	<p># Served</p>	<p>Service Unit Type/ Length of time</p>	<p>Outcome</p>
<p>Activity 6 (this activity must link to the budget): Early Intervention Treatment Services: Parent Coaching</p>	<p>1. (EMQ) Provide Parent Coaching for a minimum of 24 parents/caregivers utilizing The Incredible Years (EMQ) Provide Parent Coaching for a minimum of 8 parents/caregivers utilizing Parent-Child Interaction Therapy (PCIT)</p>	<p>24 parents/caregivers 8 parents/caregivers 8 children</p>	<p>A minimum of a 13-week Sessions, 4 hours each 10+ one hour sessions.</p>	<p>85% of parents/caregivers increase knowledge of positive parenting strategies as demonstrated by pre/post surveys 85% of parents/caregivers increase knowledge of positive parenting strategies as demonstrated by pre/post surveys</p>
	<p>2. (YFS) Provide Parent Coaching for a minimum of 8 parents/caregivers utilizing the Nurturing Parenting Program (YFS) Provide Parent Coaching for a minimum of 10 incarcerated parents/caregivers (or formerly incarcerated) utilizing the Nurturing Parenting Program</p>	<p>8 parents/caregivers 5 children 1 groups 9 weeks each 20 parents/caregivers 10 children 2 groups 9 weeks each</p>	<p>A minimum of a 9-week Sessions A minimum of a 9-week Sessions groups and or individual sessions</p>	<p>80% of parents/caregivers increase knowledge of positive parenting strategies as demonstrated by AAPI 85% of children get ASQ-SE screening. 80% of parents/caregivers increase knowledge of positive parenting strategies as demonstrated by AAPI 85% of children get ASQ-SE screening.</p>
	<p>3. (Child Haven) Provide Parent Coaching for a minimum of 2 children and 2 parent/caregivers utilizing Parent-Child Interaction Therapy (PCIT) (Child Haven) Provide 1 Parent Coaching workshops for a minimum of 3 children and 4 parent/caregivers utilizing the Circle of Security-Parenting sessions.</p>	<p>2 children 2 parents/caregivers 3 children 4 parents/caregivers</p>	<p>A minimum of 2 - 15 week sessions A minimum of 1 8-week sessions</p>	<p>80% of parents/caregivers increase knowledge of positive parenting strategies as demonstrated utilizing PCIT measurement tools. 80% of parents/caregivers increase knowledge of positive parenting strategies as demonstrated by COS-P measurement tools.</p>

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</p>	<p>What services, events and other actions make up the program?</p>	<p># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).</p>		<p>Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</p>
	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
<p>Activity 7 (this activity must link to the budget): Linkages</p>	<p>1. Implement Help Me Grow Solano (HMG) system of care</p> <p>Implement centralized portal of access/call center/web portal</p> <p>Maintain and add new partners to HMG Solano MOU for all partners to share client information for the purposes of coordination of care</p>	<p>Number of referrals/calls/inquiries</p> <p>Year 1: 1200 Year 2: 2400 Year 3: 4800</p>	<p>Referral 30 minutes</p>	<p>10% of families will be provided a referral to another program</p> <p>70% families will be linked to appropriate service(s) upon first contact</p>
	<p>2. HMG Family Navigator (Family Support Specialist) will ensure family's understanding of services, assist family as needed and ensure successful access and linkage</p>	<p>Year 1: 240 Year 2: 480 Year 3: 960</p>	<p>Family Navigation/2 hrs</p>	<p>20% of families with complex issues will be paired with a Family Navigator and linked to multiple appropriate service(s)</p> <p>At least 80% of families helped by the Family Navigator will increase understanding of the importance of social emotional and developmental health, parent-infant attachment, bonding, and agree to be linked to additional services</p>
	<p>3. Receive and track all Help Me Grow Solano partner agency referrals to assure appropriate linkage and referral activities provided</p>	<p>224 Number of referrals sent on to HMG by partners for HMG followup</p>	<p>15 minute followup</p>	

Activity	TASKS	SERVICE COUNTS		OUTCOME
<i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i>	<i>What services, events and other actions make up the program?</i>	<i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i>		<i>Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</i>
	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
Activity 8 <i>(this activity must link to the budget):</i> Early Childhood Collaborative	1. (CNP) Plan, develop and coordinate a minimum of 10 meetings with Solano Early Childhood mental health providers per annum for system integration and linkages coordination to more intensive services	9 meetings 7 ECMH agency participants	2 hour meetings	Plan, develop and coordinate a minimum of 10 meetings per annum for system interaction
	2. (CNP) Triage and assign PEAK agency referrals for mental/developmental health screenings	7 partners	Annually	95% of referrals will be assigned to a provider within 2 business days
	3. (CNP) Represent PEAK at HMG, SCMH and other mental health collaboratives as appropriate	Min 4 per year	4-8 hour meetings	Improved coordination between mental health providers

Please select year reflected in Scope
of Work by using the drop down box
to the right.

Year 2

Annual Scope of Work/Logic Model

APPLICANT NAME:	Summary SOW for all agencies		
PROGRAM NAME:	Partnership for Early Access for Kids		
GOAL: What are 1-2 primary goals of your program? #	to prevent mental illness from becoming severe and disabling and improve timely access for underserved populationis by linking them to treatment and other resources		Links to Strategic Plan Result #: R3; R4; R9; R10; R11; R12

What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing	What services, events and other actions make up the program?	# Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).		OUTCOME
		# Served	Service Unit Type/ Length of time	Outcome
Activity 1 <i>(this activity must link to the budget):</i> Prevention - Parent, provider and caregiver education, training and consultation	1. (EMQ & SFCS) - Provide at least 24 workshops for a minimum of 161 parents, on topics such as: increasing parents knowledge of typical & atypical development, parents ability to recognize "red flags", improving the parent-child relationship and improving the mental health of their children	24 workshops 161 parents total	workshop minimum 1.5 hours in length	85% of parents/caregivers will demonstrate increased knowledge of workshop topic, as demonstrated by pre/post survey
	2. (EMQ, SFCS & CNP) - provide at least 34 workshops for a minimum of 172 providers - topics such as: typical and atypical development, "red flags" in young children, use of basic screening tools such as ASQ3 and ASQ-SE, & improving the mental health of children and parents	34 workshops 172 providers total	workshop minimum 1.5 hours in length	85% of providers will demonstrate increased knowledge of workshop topic, as demonstrated by pre/post survey
	3.			

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p><i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i></p>	<p><i>What services, events and other actions make up the program?</i></p>	<p><i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program.</i> <i>Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i></p>		<p><i>Outcome: The percentage and number of people for whom the program will effect a desired change.</i> The required percentage must be met regardless of total number served.</p>
<p>Activity 2 <i>(this activity must link to the budget):</i> Prevention - Screening and Assessment</p>	<p>Tasks Within Activity</p> <p>1. (CNP, EMQ, Child Haven, Aldea) - Screen 467 high-risk children utilizing screenings such as ASQ3, ASQ-SE, MCHAT, 4P's Plus</p>	<p># Served</p> <p>467 children</p>	<p>Service Unit Type/ Length of time</p> <p>Screening minimum of 2 hours</p>	<p>Outcome</p> <p>70% of children screened will be referred for further assessment</p>
	<p>2. (CNP, EMQ, Child Haven, Aldea) - Provide assessment of 325 children screened that indicate further in-depth assessment is appropriate; assessment tools utilized include AAPI, Edinburgh Depression Scale, Mullen, DP-3, CANS, BITSEA, CBCL 0-5 trauma screener</p>	<p>325 children</p>	<p>Assessments minimum of 4 hours each</p>	<p>90% of children assessed will be identified as needing additional services</p>
	<p>3. (CNP, EMQ, SFCS, YFS, Child Haven, Aldea, CS) - Provide referrals to families to link them to appropriate services based upon familial need</p>	<p>271 families referred to additional services</p>	<p>Referral issued</p>	<p>100% of children assessed as needing additional services will be referred to appropriate services</p> <p>60% of families receiving referrals will report following up on the referral</p>

Activity	TASKS	SERVICE COUNTS		OUTCOME
<i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i>	<i>What services, events and other actions make up the program?</i>	<i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i>		<i>Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</i>
Activity 3 <i>(this activity must link to the budget):</i> Early Intervention Treatment Services: Short term time-limited treatment	1. (EMQ, CNP, Child Haven, Aldea) - Provide short-term time-limited treatment for children and their families which address child and/or parental trauma, depression, lack of attachment, mood or sensory dysregulation, and address parent/child relationship issues (for children not eligible for Medi-Cal)	# Served 212 children	Service Unit Type/ Length of time Average 1-hour sessions delivered weekly	At least 75% of children completing short-term treatment sessions will demonstrate an increase in functionality in at least 1 treatment goal as demonstrated by improved scores in pre/post assessments and/or documented progress in 1 or more treatment goals
	2.			
	3.			

Activity	TASKS	SERVICE COUNTS		OUTCOME
What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing	What services, events and other actions make up the program?	# Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).		Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.
	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
Activity 4 (this activity must link to the budget): Early Intervention Treatment Services: Case Management	1. (CNP, EMQ, Child Haven, Aldea) - Provide case management services to evaluate options for families for a minimum of 228 individuals	228 individuals	Minimum 2 case management sessions per family	Families will increase understanding of services available to support parent and/or child needs and make informed choices regarding service options
	2.			
	3.			

Activity	TASKS	SERVICE COUNTS		OUTCOME
<i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i>	<i>What services, events and other actions make up the program?</i>	<i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i>		<i>Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</i>
Activity 5 <i>(this activity must link to the budget):</i> Early Intervention Treatment Services: Inter-Disciplinary team evaluation	Tasks Within Activity 1. (CNP, Aldea) Convene at least 10 inter-disciplinary team meetings monthly for evaluation of children with more challenging issues (IDT team includes mental health clinician, physical therapist, occupational therapist, speech therapist, pediatric psychologist or psychiatrist)	# Served 10 children 10 parents/caregivers	Service Unit Type/ Length of time 4 hour IDT sessions	Outcome 100% of IDT parents/caregivers will increase understanding of the importance of social emotional and developmental health, parent-infant attachment, bonding, and agree to be linked to additional services needed for their child Consolidated inter-disciplinary evaluation report with recommendations for needed follow up services for optimal child health and development
	2.			
	3.			

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</p>	<p>What services, events and other actions make up the program?</p>	<p><u># Served:</u> The counts of services provided (to unduplicated clients) and people served over the course of the program. <u>Service Unit Type/Length of Time:</u> The level of services rendered (how often and how long).</p>		<p><u>Outcome:</u> The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</p>
	<p>Tasks Within Activity</p>	<p># Served</p>	<p>Service Unit Type/ Length of time</p>	<p>Outcome</p>
<p>Activity 6 (this activity must link to the budget): Early Intervention Treatment Services: Parent Coaching</p>	<p>1. (EMQ) Provide Parent Coaching for a minimum of 29 parents/caregivers utilizing The Incredible Years (EMQ) Provide Parent Coaching for a minimum of 10 parents/caregivers utilizing Parent-Child Interaction Therapy (PCIT)</p>	<p>29 parents/caregivers 10 parents/caregivers 10 children</p>	<p>A minimum of a 13-week Sessions, 4 hours each 10+ one hour sessions.</p>	<p>85% of parents/caregivers increase knowledge of positive parenting strategies as demonstrated by pre/post surveys 85% of parents/caregivers increase knowledge of positive parenting strategies as demonstrated by pre/post surveys</p>
	<p>2. (YFS) Provide Parent Coaching for a minimum of 8 parents/caregivers utilizing the Nurturing Parenting Program (YFS) Provide Parent Coaching for a minimum of 10 incarcerated parents/caregivers (or formerly incarcerated) utilizing the Nurturing Parenting Program</p>	<p>8 parents/caregivers 5 children 1 groups 9 weeks each 20 parents/caregivers 10 children 2 groups 9 weeks each</p>	<p>A minimum of a 9-week Sessions A minimum of a 9-week Sessions groups and or individual sessions</p>	<p>80% of parents/caregivers increase knowledge of positive parenting strategies as demonstrated by AAPI 85% of children get ASQ-SE screening. 80% of parents/caregivers increase knowledge of positive parenting strategies as demonstrated by AAPI 85% of children get ASQ-SE screening.</p>
	<p>3. (Child Haven) Provide Parent Coaching for a minimum of 2 children and 2 parent/caregivers utilizing Parent-Child Interaction Therapy (PCIT) (Child Haven) Provide 1 Parent Coaching workshops for a minimum of 3 children and 4 parent/caregivers utilizing the Circle of Security-Parenting sessions.</p>	<p>3 children 3 parents/caregivers 5 children 7 parents/caregivers</p>	<p>A minimum of 3 - 15 week sessions A minimum of 2 8-week sessions</p>	<p>80% of parents/caregivers increase knowledge of positive parenting strategies as demonstrated utilizing PCIT measurement tools. 80% of parents/caregivers increase knowledge of positive parenting strategies as demonstrated by COS-P measurement tools.</p>

Annual Scope of Work/Logic Model

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</p>	<p>What services, events and other actions make up the program?</p>	<p># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).</p>		<p>Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</p>
<p>Activity 7 (this activity must link to the budget): Linkages</p>	<p>Tasks Within Activity</p> <p>1. Implement Help Me Grow Solano (HMG) system of care</p> <p>Implement centralized portal of access/call center/web portal</p> <p>Maintain and add new partners to HMG Solano MOU for all partners to share client information for the purposes of coordination of care</p> <p>2. HMG Family Navigator (Family Support Specialist) will ensure family's understanding of services, assist family as needed and ensure successful access and linkage</p> <p>3. Receive and track all Help Me Grow Solano partner agency referrals to assure appropriate linkage and referral activities provided</p>	<p># Served</p> <p>Number of referrals/calls/inquiries</p> <p>Year 1: 1200 Year 2: 2400 Year 3: 4800</p> <p>Year 1: 240 Year 2: 480 Year 3: 960</p> <p>224 Number of referrals sent on to HMG by partners for HMG followup</p>	<p>Service Unit Type/ Length of time</p> <p>Referral 30 minutes</p> <p>Family Navigation/2 hrs</p> <p>15 minute followup</p>	<p>Outcome</p> <p>10% of families will be provided a referral to another program</p> <p>70% families will be linked to appropriate service(s) upon first contact</p> <p>20% of families with complex issues will be paired with a Family Navigator and linked to multiple appropriate service(s)</p> <p>At least 80% of families helped by the Family Navigator will increase understanding of the importance of social emotional and developmental health, parent-infant attachment, bonding, and agree to be linked to additional services</p>

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p><i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i></p>	<p><i>What services, events and other actions make up the program?</i></p>	<p><i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program.</i> <i>Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i></p>		<p><i>Outcome: The percentage and number of people for whom the program will affect a desired change.</i> The required percentage must be met regardless of total number served.</p>
<p>Activity 8 <i>(this activity must link to the budget):</i> Early Childhood Collaborative</p>	<p>Tasks Within Activity</p> <p>1. (CNP) Plan, develop and coordinate a minimum of 10 meetings with Solano Early Childhood mental health providers per annum for system integration and linkages coordination to more intensive services</p>	<p># Served</p> <p>10 meetings 7 ECMH agency participants</p>	<p>Service Unit Type/ Length of time</p> <p>2 hour meetings</p>	<p>Outcome</p> <p>Plan, develop and coordinate a minimum of 10 meetings per annum for system interaction</p>
	<p>2. (CNP) Triage and assign PEAK agency referrals for mental/developmental health screenings</p>	<p>7 partners</p>	<p>Annually</p>	<p>95% of referrals will be assigned to a provider within 2 business days</p>
	<p>3. (CNP) Represent PEAK at HMG, SCMH and other mental health collaboratives as appropriate</p>	<p>Min 4 per year</p>	<p>4-8 hour meetings</p>	<p>Improved coordination between mental health providers</p>

Please select year reflected in Scope of Work by using the drop down box to the right.

Year 3

Annual Scope of Work/Logic Model

APPLICANT NAME:	Summary SOW for all agencies		
PROGRAM NAME:	Partnership for Early Access for Kids		
GOAL: What are 1-2 primary goals of your program? #	to prevent mental illness from becoming severe and disabling and improve timely access for underserved populationis by linking them to treatment and other resources		Links to Strategic Plan Result #: R3; R4; R9; R10; R11; R12

What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing	What services, events and other actions make up the program?	# Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. <u>Service Unit Type/Length of Time:</u> The level of services rendered (how often and how long).		OUTCOME
		Outcome	# Served	Service Unit Type/ Length of time
Activity 1 (this activity must link to the budget): Prevention - Parent, provider and caregiver education, training and consultation	1. (EMQ & SFCS) - Provide at least 24 workshops for a minimum of 161 parents, on topics such as: increasing parents knowledge of typical & atypical development, parents ability to recognize "red flags", improving the parent-child relationship and improving the mental health of their children	24 workshops 161 parents total	workshop minimum 1.5 hours in length	85% of parents/caregivers will demonstrate increased knowledge of workshop topic, as demonstrated by pre/post survey
	2. (EMQ, SFCS & CNP) - provide at least 34 workshops for a minimum of 172 providers - topics such as: typical and atypical development, "red flags" in young children, use of basic screening tools such as ASQ3 and ASQ-SE, & improving the mental health of children and parents	34 workshops 172 providers total	workshop minimum 1.5 hours in length	85% of providers will demonstrate increased knowledge of workshop topic, as demonstrated by pre/post survey
	3.			

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</p>	<p>What services, events and other actions make up the program?</p>	<p># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).</p>		<p>Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</p>
<p>Activity 2 (this activity must link to the budget): Prevention - Screening and Assessment</p>	<p>1. (CNP, EMQ, Child Haven, Aldea) - Screen 467 high-risk children utilizing screenings such as ASQ3, ASQ-SE, MCHAT, 4P's Plus</p>	<p># Served 467 children</p>	<p>Service Unit Type/ Length of time Screening minimum of 2 hours</p>	<p>Outcome 70% of children screened will be referred for further assessment</p>
	<p>2. (CNP, EMQ, Child Haven, Aldea) - Provide assessment of 325 children screened that indicate further in-depth assessment is appropriate; assessment tools utilized include AAPI, Edinburgh Depression Scale, Mullen, DP-3, CANS, BITSEA, CBCL. 0-5 trauma screener</p>	<p># Served 325 children</p>	<p>Service Unit Type/ Length of time Assessments minimum of 4 hours each</p>	<p>Outcome 90% of children assessed will be identified as needing additional services</p>
	<p>3. (CNP, EMQ, SFCS, YFS, Child Haven, Aldea, CS) - Provide referrals to families to link them to appropriate services based upon familial need</p>	<p># Served 271 families referred to additional services</p>	<p>Service Unit Type/ Length of time Referral issued</p>	<p>Outcome 100% of children assessed as needing additional services will be referred to appropriate services 60% of families receiving referrals will report following up on the referral</p>

Activity	TASKS	SERVICE COUNTS		OUTCOME
<i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i>	<i>What services, events and other actions make up the program?</i>	<i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i>		<i>Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</i>
Activity 3 <i>(this activity must link to the budget):</i> Early Intervention Treatment Services: Short term time-limited treatment	1. (EMQ, CNP, Child Haven, Aldea) - Provide short-term time-limited treatment for children and their families which address child and/or parental trauma, depression, lack of attachment, mood or sensory dysregulation, and address parent/child relationship issues (for children not eligible for Medi-Cal)	# Served 212 children	Service Unit Type/ Length of time Average 1-hour sessions delivered weekly	At least 75% of children completing short-term treatment sessions will demonstrate an increase in functionality in at least 1 treatment goal as demonstrated by improved scores in pre/post assessments and/or documented progress in 1 or more treatment goals
	2.			
	3.			

Activity	TASKS	SERVICE COUNTS		OUTCOME
<i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i>	<i>What services, events and other actions make up the program?</i>	<i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i>		<i>Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</i>
	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
Activity 4 <i>(this activity must link to the budget):</i> Early Intervention Treatment Services: Case Management	1. (CNP, EMQ, Child Haven, Aldea) - Provide case management services to evaluate options for families for a minimum of 228 individuals	228 individuals	Minimum 2 case management sessions per family	Families will increase understanding of services available to support parent and/or child needs and make informed choices regarding service options
	2.			
	3.			

Activity	TASKS	SERVICE COUNTS		OUTCOME
What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing	What services, events and other actions make up the program?	# Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).		Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.
	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
Activity 5 (this activity must link to the budget): Early Intervention Treatment Services: Inter-Disciplinary team evaluation	1. (CNP, Aldea) Convene at least 10 inter-disciplinary team meetings monthly for evaluation of children with more challenging issues (IDT team includes mental health clinician, physical therapist, occupational therapist, speech therapist, pediatric psychologist or psychiatrist)	10 children 10 parents/caregivers	4 hour IDT sessions	100% of IDT parents/caregivers will increase understanding of the importance of social emotional and developmental health, parent-infant attachment, bonding, and agree to be linked to additional services needed for their child Consolidated inter-disciplinary evaluation report with recommendations for needed follow up services for optimal child health and development
	2.			
	3.			

Activity	TASKS	SERVICE COUNTS		OUTCOME
What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing	What services, events and other actions make up the program?	# Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).		Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.
	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
Activity 6 (this activity must link to the budget): Early Intervention Treatment Services: Parent Coaching	1. (EMQ) Provide Parent Coaching for a minimum of 29 parents/caregivers utilizing The Incredible Years (EMQ) Provide Parent Coaching for a minimum of 10 parents/caregivers utilizing Parent-Child Interaction Therapy (PCIT)	29 parents/caregivers 10 parents/caregivers 10 children	A minimum of a 13-week Sessions, 4 hours each 10+ one hour sessions.	85% of parents/caregivers increase knowledge of positive parenting strategies as demonstrated by pre/post surveys 85% of parents/caregivers increase knowledge of positive parenting strategies as demonstrated by pre/post surveys
	2. (YFS) Provide Parent Coaching for a minimum of 8 parents/caregivers utilizing the Nurturing Parenting Program (YFS) Provide Parent Coaching for a minimum of 10 incarcerated parents/caregivers (or formerly incarcerated) utilizing the Nurturing Parenting Program	8 parents/caregivers 5 children 1 groups 9 weeks each 20 parents/caregivers 10 children 2 groups 9 weeks each	A minimum of a 9-week Sessions A minimum of a 9-week Sessions groups and or individual sessions	80% of parents/caregivers increase knowledge of positive parenting strategies as demonstrated by AAPI 85% of children get ASQ-SE screening. 80% of parents/caregivers increase knowledge of positive parenting strategies as demonstrated by AAPI 85% of children get ASQ-SE screening.
	3. (Child Haven) Provide Parent Coaching for a minimum of 2 children and 2 parent/caregivers utilizing Parent-Child Interaction Therapy (PCIT) (Child Haven) Provide 1 Parent Coaching workshops for a minimum of 3 children and 4 parent/caregivers utilizing the Circle of Security-Parenting sessions.	3 children 3 parents/caregivers 5 children 7 parents/caregivers	A minimum of 3 - 15 week sessions A minimum of 2 8-week sessions	80% of parents/caregivers increase knowledge of positive parenting strategies as demonstrated utilizing PCIT measurement tools. 80% of parents/caregivers increase knowledge of positive parenting strategies as demonstrated by COS-P measurement tools.

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</p>	<p>What services, events and other actions make up the program?</p>	<p># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).</p>		<p>Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</p>
	<p>Tasks Within Activity</p>	<p># Served</p>	<p>Service Unit Type/ Length of time</p>	<p>Outcome</p>
<p>Activity 7 (this activity must link to the budget): Linkages</p>	<p>1. Implement Help Me Grow Solano (HMG) system of care Implement centralized portal of access/call center/web portal Maintain and add new partners to HMG Solano MOU for all partners to share client information for the purposes of coordination of care</p>	<p>Number of referrals/calls/inquiries Year 1: 1200 Year 2: 2400 Year 3: 4800</p>	<p>Referral 30 minutes</p>	<p>10% of families will be provided a referral to another program 70% families will be linked to appropriate service(s) upon first contact</p>
	<p>2. HMG Family Navigator (Family Support Specialist) will ensure family's understanding of services, assist family as needed and ensure successful access and linkage</p>	<p>Year 1: 240 Year 2: 480 Year 3: 960</p>	<p>Family Navigation/2 hrs</p>	<p>20% of families with complex issues will be paired with a Family Navigator and linked to multiple appropriate service(s) At least 80% of families helped by the Family Navigator will increase understanding of the importance of social emotional and developmental health, parent-infant attachment, bonding, and agree to be linked to additional services</p>
	<p>3. Receive and track all Help Me Grow Solano partner agency referrals to assure appropriate linkage and referral activities provided</p>	<p>224 Number of referrals sent on to HMG by partners for HMG followup</p>	<p>15 minute followup</p>	

Activity	TASKS	SERVICE COUNTS		OUTCOME
<i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i>	<i>What services, events and other actions make up the program?</i>	<i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i>		<i>Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</i>
	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
Activity 8 <i>(this activity must link to the budget):</i> Early Childhood Collaborative	1. (CNP) Plan, develop and coordinate a minimum of 10 meetings with Solano Early Childhood mental health providers per annum for system integration and linkages coordination to more intensive services	10 meetings 7 ECMH agency participants	2 hour meetings	Plan, develop and coordinate a minimum of 10 meetings per annum for system interaction
	2. (CNP) Triage and assign PEAK agency referrals for mental/developmental health screenings	7 partners	Annually	95% of referrals will be assigned to a provider within 2 business days
	3. (CNP) Represent PEAK at HMG, SCMH and other mental health collaboratives as appropriate	Min 4 per year	4-8 hour meetings	Improved coordination between mental health providers

FUNDING APPLICATION FORM			
	COUNTY OF SOLANO FIRST 5 SOLANO CHILDREN AND FAMILIES COMMISSION	ISSUE DATE	April 11, 2014
		RFP NUMBER	2014-04
Phone Number: (707) 784-1332 E-mail Address: Cshipman@solanocounty.com Address: First 5 Solano 601 Texas Street, Suite 210 Fairfield, CA 94533		Return your Application in a sealed envelope, clearly marked: Application for First 5 Solano MHSA-PEI Services Applications must be received no later than the date and time indicated. <u>Applications will not be accepted after 5:00 p.m. on:</u> <div style="text-align: center; margin-top: 10px;">May 20, 2014</div>	
Program Name: Partnership for Early Access for Kids (PEAK)			
Program Purpose: The purpose of the PEAK program is to prevent mental illness from becoming severe and disabling and improve timely access for underserved populations by linking them to treatment and other resources			
Applicant Name/Organization: Children's Nurturing Project			
Applicant Contact Name & Phone Number: Deborah Davis, 707-422-0464			
Applicant Address/City/State/Zip: 490 Chadbourne Road, Suite A, Fairfield, CA 94534			
Form of Business: <input type="checkbox"/> For-profit <input checked="" type="checkbox"/> Non-profit <input type="checkbox"/> Government Agency <input type="checkbox"/> Other:			
Geographic Area Served (check all that apply): <input checked="" type="checkbox"/> Benicia <input checked="" type="checkbox"/> Dixon <input checked="" type="checkbox"/> Fairfield <input checked="" type="checkbox"/> Rio Vista <input checked="" type="checkbox"/> Suisun <input checked="" type="checkbox"/> Vacaville <input checked="" type="checkbox"/> Vallejo <input checked="" type="checkbox"/> Countywide			
Type of Application: <input type="checkbox"/> Single Agency <input checked="" type="checkbox"/> Joint Agency – (Complete FORM C)			
Amount of First 5 Funding Requested for This Application:		If Joint Application, Amount of First 5 Funding Requested for Joint Application:	
Year 1:	\$391,069	Year 1:	\$883,568
Year 2:	\$469,000	Year 2:	\$1,060,000
Year 3:	\$469,000	Year 3:	\$1,060,000
Total:	\$1,329,069	Total:	\$3,003,568

Please select year reflected in Scope of Work by using the drop down box to the right.

Year: 1

Annual Scope of Work/Logic Model

APPLICANT NAME:	Children's Nurturing Project		
PROGRAM NAME:	Partnership for Early Access for Kids		
GOAL: What are 1-2 primary goals of your program? #	to prevent mental illness from becoming severe and disabling and improve timely access for underserved populations by linking them to treatment and other resources		Links to Strategic Plan Result #: R3; R4; R9; R10; R11; R12

What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing	What services, events and other actions make up the program?	# Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).		OUTCOME
		Tasks Within Activity	# Served	Service Unit Type/ Length of time
Activity 1 (this activity must link to the budget): Prevention - Parent, provider and caregiver education, training and consultation	1. provide at least 8 workshops for a minimum of 50 providers on topics such as: typical and atypical development, "red flags" in young children, use of basic screening tools such as ASQ3 and ASQ-SE, & improving the mental health of children and parents	8 workshops 50 providers total	workshop minimum 1.5 hours in length	85% of providers will demonstrate increased knowledge of workshop topic, as demonstrated by pre/post survey
	2.			
	3.			

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</p>	<p>What services, events and other actions make up the program?</p>	<p># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).</p>		<p>Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</p>
<p>Activity 2 (this activity must link to the budget): Prevention - Screening and Assessment</p>	<p>Tasks Within Activity</p>	<p># Served</p>	<p>Service Unit Type/ Length of time</p>	<p>Outcome</p>
<p>1. Screen 166 high-risk children utilizing screenings such as ASQ3, ASQ-SE, MCHAT, 4P's Plus</p>	<p>166 children screened</p>	<p>Screening minimum of 2 hours</p>	<p>70% of children screened will be referred for further assessment</p>	
<p>2. Provide assessment of 116 children screened that indicate further in-depth assessment is appropriate; assessment tools utilized include AAPI, Edinburgh Depression Scale, Mullen, DP-3, CANS, BITSEA, CBCL. 0-5 trauma screener</p>	<p>116 children assessed</p>	<p>Assessments minimum of 4 hours each</p>	<p>90% of children assessed will be identified as needing additional services</p>	
<p>3. Provide referrals to families to link them to appropriate services based upon familial need</p>	<p>105 families referred to additional services</p>	<p>Referral issued during/ post screening and/or assessment</p>	<p>100% of children assessed as needing additional services will be referred to appropriate services 60% of families receiving referrals will report following up on the referral</p>	

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p><i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i></p>	<p><i>What services, events and other actions make up the program?</i></p>	<p><i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program.</i> <i>Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i></p>		<p><i>Outcome: The percentage and number of people for whom the program will affect a desired change.</i> The required percentage must be met regardless of total number served.</p>
	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
<p>Activity 3 <i>(this activity must link to the budget):</i></p> <p>Early Intervention Treatment Services: Short term time-limited treatment</p>	<p>1. Provide short-term time-limited treatment for children and their families which address child and/or parental trauma, depression, lack of attachment, mood or sensory dysregulation, and address parent/child relationship issues (for children not eligible for Medi-Cal)</p>	<p>64 children and/or parents/caregivers</p>	<p>Average 1-hour sessions delivered weekly</p>	<p>At least 75% of children completing short-term treatment sessions will demonstrate an increase in functionality in at least 1 treatment goal as demonstrated by improved scores in pre/post assessments and/or documented progress in 1 or more treatment goals</p>
	<p>2.</p>			
	<p>3.</p>			

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p><i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i></p>	<p><i>What services, events and other actions make up the program?</i></p>	<p><i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program.</i> <i>Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i></p>		<p><i>Outcome: The percentage and number of people for whom the program will affect a desired change.</i> The required percentage must be met regardless of total number served.</p>
<p>Activity 4 <i>(this activity must link to the budget):</i> Early Intervention Treatment Services: Case Management</p>	<p>1. Provide case management services to evaluate options for families for a minimum of 105 individuals</p>	<p># Served 105 individuals</p>	<p>Service Unit Type/ Length of time Minimum 2 case management sessions per family</p>	<p>Outcome Families will increase understanding of services available to support parent and/or child needs and make informed choices regarding service options</p>
	<p>2.</p>			
	<p>3.</p>			

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p><i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i></p>	<p><i>What services, events and other actions make up the program?</i></p>	<p><i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program.</i> <i>Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i></p>		<p><i>Outcome: The percentage and number of people for whom the program will affect a desired change.</i> The required percentage must be met regardless of total number served.</p>
<p>Activity 5 <i>(this activity must link to the budget):</i> Early Intervention Treatment Services: Inter-Disciplinary team evaluation</p>	<p>Tasks Within Activity</p> <p>1. Convene at least 8 inter-disciplinary team meetings monthly for evaluation of children with more challenging issues (IDT team includes mental health clinician, physical therapist, occupational therapist, speech therapist, pediatric psychologist or psychiatrist)</p>	<p># Served</p> <p>9 children 9 parents/caregivers</p>	<p>Service Unit Type/ Length of time</p> <p>4 hour IDT sessions</p>	<p>100% of IDT parents/caregivers will increase understanding of the importance of social emotional and developmental health, parent-infant attachment, bonding, and agree to be linked to additional services needed for their child</p> <p>Consolidated inter-disciplinary evaluation report with recommendations for needed follow up services for optimal child health and development</p>
	<p>2.</p>			
	<p>3.</p>			

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</p>	<p>What services, events and other actions make up the program?</p>	<p># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).</p>		<p>Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</p>
<p>Activity 6 (this activity must link to the budget): Linkages</p>	<p>Tasks Within Activity</p>	<p># Served</p>	<p>Service Unit Type/ Length of time</p>	<p>Outcome</p>
<p>1. Implement Help Me Grow Solano (HMG) system of care</p> <p>Implement centralized portal of access/call center/web portal</p> <p>Maintain and add new partners to HMG Solano MOU for all partners to share client information for the purposes of coordination of care</p>	<p>Number of referrals/calls/inquiries</p> <p>Year 1: 1200 Year 2: 2400 Year 3: 4800</p>	<p>Referral 30 minutes</p>	<p>10% of families will be provided a referral to another program</p> <p>70% families will be linked to appropriate service(s) upon first contact</p>	
<p>2. HMG Family Navigator (Family Support Specialist) will ensure family's understanding of services, assist family as needed and ensure successful access and linkage</p>	<p>Year 1: 240 Year 2: 480 Year 3: 960</p>	<p>Family Navigation/2 hrs</p>	<p>20% of families with complex issues will be paired with a Family Navigator and linked to multiple appropriate service(s)</p> <p>At least 80% of families helped by the Family Navigator will increase understanding of the importance of social emotional and developmental health, parent-infant attachment, bonding, and agree to be linked to additional services</p>	
<p>3. Receive and track all Help Me Grow Solano partner agency referrals to assure appropriate linkage and referral activities provided</p>	<p>224 Number of referrals sent on to HMG by partners for HMG followup</p>	<p>15 minute followup</p>		

Activity	TASKS	SERVICE COUNTS		OUTCOME
<i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i>	<i>What services, events and other actions make up the program?</i>	<i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i>		<i>Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</i>
	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
Activity 7 <i>(this activity must link to the budget):</i> Early Childhood Collaborative	1. Plan, develop and coordinate a minimum of 8 meetings with Solano Early Childhood mental health providers per annum for system integration and linkages coordination to more intensive services	8 meetings 7 ECMH agency participants	2 hour meetings	Plan, develop and coordinate a minimum of 8 meetings per annum for system interaction
	2. Triage and assign PEAK agency referrals for mental/developmental health screenings	7 partners	Annually	95% of referrals will be assigned to a provider within 2 business days
	3. Represent PEAK at HMG, SCMH and other mental health collaboratives as appropriate	Min 4 per year	4-8 hour meetings	Improved coordination between mental health providers

Please select year reflected in Scope of Work by using the drop down box to the right.

Year: **2** Form A

Annual Scope of Work/Logic Model

APPLICANT NAME:	Children's Nurturing Project		
PROGRAM NAME:	Partnership for Early Access for Kids		
GOAL: What are 1-2 primary goals of your program? #	to prevent mental illness from becoming severe and disabling and improve timely access for underserved populations by linking them to treatment and other resources		Links to Strategic Plan Result #: R3: R4; R9; R10; R11; R12

What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing	What services, events and other actions make up the program?	OUTCOME	
		# Served	Service Unit Type/ Length of time
		<p>Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</p>	
Activity 1 (this activity must link to the budget): Prevention - Parent, provider and caregiver education, training and consultation	<p>1. provide at least 10 workshops for a minimum of 60 providers on topics such as: typical and atypical development, "red flags" in young children, use of basic screening tools such as ASQ3 and ASQ-SE, & improving the mental health of children and parents</p> <p>2.</p> <p>3.</p>	<p>10 workshops 60 providers total</p>	<p>workshop minimum 1.5 hours in length</p>
			85% of providers will demonstrate increased knowledge of workshop topic, as demonstrated by pre/post survey

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</p>	<p>What services, events and other actions make up the program?</p>	<p># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).</p>		<p>Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</p>
<p>Activity 2 (this activity must link to the budget): Prevention - Screening and Assessment</p>	<p>Tasks Within Activity</p> <p>1. Screen 200 high-risk children utilizing screenings such as ASQ3, ASQ-SE, MCHAT, 4P's Plus</p>	<p># Served</p> <p>200 children screened</p>	<p>Service Unit Type/ Length of time</p> <p>Screening minimum of 2 hours</p>	<p>Outcome</p> <p>70% of children screened will be referred for further assessment</p>
	<p>2. Provide assessment of 140 children screened that indicate further in-depth assessment is appropriate; assessment tools utilized include AAPI, Edinburgh Depression Scale, Mullen, DP-3, CANS, BITSEA, CBCL. 0-5 trauma screener</p>	<p>140 children assessed</p>	<p>Assessments minimum of 4 hours each</p>	<p>90% of children assessed will be identified as needing additional services</p>
	<p>3. Provide referrals to families to link them to appropriate services based upon familial need</p>	<p>126 families referred to additional services</p>	<p>Referral issued during/ post screening and/or assessment</p>	<p>100% of children assessed as needing additional services will be referred to appropriate services 60% of families receiving referrals will report following up on the referral</p>

Activity	TASKS	SERVICE COUNTS		OUTCOME
<i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i>	<i>What services, events and other actions make up the program?</i>	<i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i>		<i>Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</i>
Activity 3 <i>(this activity must link to the budget):</i> Early Intervention Treatment Services: Short term time-limited treatment	1. Provide short-term time-limited treatment for children and their families which address child and/or parental trauma, depression, lack of attachment, mood or sensory dysregulation, and address parent/child relationship issues (for children not eligible for Medi-Cal)	77 children and/or parents/caregivers	Average 1-hour sessions delivered weekly	At least 75% of children completing short-term treatment sessions will demonstrate an increase in functionality in at least 1 treatment goal as demonstrated by improved scores in pre/post assessments and/or documented progress in 1 or more treatment goals
	2.			
	3.			

Activity	TASKS	SERVICE COUNTS		OUTCOME
What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing	What services, events and other actions make up the program?	# Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).		Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.
	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
Activity 4 (this activity must link to the budget): Early Intervention Treatment Services: Case Management	1. Provide case management services to evaluate options for families for a minimum of 126 individuals	126 individuals	Minimum 2 case management sessions per family	Families will increase understanding of services available to support parent and/or child needs and make informed choices regarding service options
	2.			
	3.			

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p><i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i></p>	<p><i>What services, events and other actions make up the program?</i></p>	<p><i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program.</i> <i>Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i></p>		<p><i>Outcome: The percentage and number of people for whom the program will affect a desired change.</i> The required percentage must be met regardless of total number served.</p>
<p>Activity 5 <i>(this activity must link to the budget):</i> Early Intervention Treatment Services: Inter-Disciplinary team evaluation</p>	<p>1. Convene at least 10 inter-disciplinary team meetings monthly for evaluation of children with more challenging issues (IDT team includes mental health clinician, physical therapist, occupational therapist, speech therapist, pediatric psychologist or psychiatrist)</p>	<p>10 children 10 parents/caregivers</p>	<p>4 hour IDT sessions</p>	<p>100% of IDT parents/caregivers will increase understanding of the importance of social emotional and developmental health, parent-infant attachment, bonding, and agree to be linked to additional services needed for their child</p> <p>Consolidated inter-disciplinary evaluation report with recommendations for needed follow up services for optimal child health and development</p>
	<p>2.</p>			
	<p>3.</p>			

Activity	TASKS	SERVICE COUNTS		OUTCOME
<i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i>	<i>What services, events and other actions make up the program?</i>	<i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i>		<i>Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</i>
Activity 6 <i>(this activity must link to the budget):</i> Linkages	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
	1. Implement Help Me Grow Solano (HMG) system of care Implement centralized portal of access/call center/web portal Maintain and add new partners to HMG Solano MOU for all partners to share client information for the purposes of coordination of care	Number of referrals/calls/inquiries Year 1: 1200 Year 2: 2400 Year 3: 4800	Referral 30 minutes	10% of families will be provided a referral to another program 70% families will be linked to appropriate service(s) upon first contact
	2. HMG Family Navigator (Family Support Specialist) will ensure family's understanding of services, assist family as needed and ensure successful access and linkage	Year 1: 240 Year 2: 480 Year 3: 960	Family Navigation/2 hrs	20% of families with complex issues will be paired with a Family Navigator and linked to multiple appropriate service(s) At least 80% of families helped by the Family Navigator will increase understanding of the importance of social emotional and developmental health, parent-infant attachment, bonding, and agree to be linked to additional services
	3. Receive and track all Help Me Grow Solano partner agency referrals to assure appropriate linkage and referral activities provided	224 Number of referrals sent on to HMG by partners for HMG followup	15 minute followup	

Activity	TASKS	SERVICE COUNTS		OUTCOME
<i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i>	<i>What services, events and other actions make up the program?</i>	<i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i>		<i>Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</i>
	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
Activity 7 <i>(this activity must link to the budget):</i> Early Childhood Collaborative	1. Plan, develop and coordinate a minimum of 10 meetings with Solano Early Childhood mental health providers per annum for system integration and linkages coordination to more intensive services	10 meetings 7 ECMH agency participants	2 hour meetings	Plan, develop and coordinate a minimum of 10 meetings per annum for system interaction
	2. Triage and assign PEAK agency referrals for mental/developmental health screenings	7 partners	Annually	95% of referrals will be assigned to a provider within 2 business days
	3. Represent PEAK at HMG, SCMH and other mental health collaboratives as appropriate	Min 4 per year	4-8 hour meetings	Improved coordination between mental health providers

Please select year reflected in Scope of Work by using the drop down box to the right.

APPLICANT NAME:	Children's Nurturing Project		
PROGRAM NAME:	Partnership for Early Access for Kids		
GOAL: What are 1-2 primary goals of your program? #	to prevent mental illness from becoming severe and disabling and improve timely access for underserved populations by linking them to treatment and other resources	Links to Strategic Plan Result #:	R3; R4; R9; R10; R11; R12

What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing	What services, events and other actions make up the program?	# Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).		OUTCOME
		Tasks Within Activity	# Served	Service Unit Type/ Length of time
Activity 1 (this activity must link to the budget): Prevention - Parent, provider and caregiver education, training and consultation	1. provide at least 10 workshops for a minimum of 60 providers on topics such as: typical and atypical development, "red flags" in young children, use of basic screening tools such as ASQ3 and ASQ-SE, & improving the mental health of children and parents	10 workshops 60 providers total	workshop minimum 1.5 hours in length	85% of providers will demonstrate increased knowledge of workshop topic, as demonstrated by pre/post survey
	2.			
	3.			

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p><i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i></p>	<p><i>What services, events and other actions make up the program?</i></p>	<p><i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i></p>		<p><i>Outcome: The percentage and number of people for whom the program will affect a desired change.</i> The required percentage must be met regardless of total number served.</p>
<p>Activity 2 <i>(this activity must link to the budget):</i> Prevention - Screening and Assessment</p>	<p>1. Screen 200 high-risk children utilizing screenings such as ASQ3, ASQ-SE, MCHAT, 4P's Plus</p>	<p># Served 200 children screened</p>	<p>Service Unit Type/ Length of time Screening minimum of 2 hours</p>	<p>Outcome 70% of children screened will be referred for further assessment</p>
	<p>2. Provide assessment of 140 children screened that indicate further in-depth assessment is appropriate; assessment tools utilized include AAPI, Edinburgh Depression Scale, Mullen, DP-3, CANS, BITSEA, CBCL 0-5 trauma screener</p>	<p># Served 140 children assessed</p>	<p>Service Unit Type/ Length of time Assessments minimum of 4 hours each</p>	<p>Outcome 90% of children assessed will be identified as needing additional services</p>
	<p>3. Provide referrals to families to link them to appropriate services based upon familial need</p>	<p># Served 126 families referred to additional services</p>	<p>Service Unit Type/ Length of time Referral issued during/ post screening and/or assessment</p>	<p>Outcome 100% of children assessed as needing additional services will be referred to appropriate services 60% of families receiving referrals will report following up on the referral</p>

Activity	TASKS	SERVICE COUNTS		OUTCOME
<i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i>	<i>What services, events and other actions make up the program?</i>	<i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i>		<i>Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</i>
Activity 3 <i>(this activity must link to the budget):</i> Early Intervention Treatment Services: Short term time-limited treatment	1. Provide short-term time-limited treatment for children and their families which address child and/or parental trauma, depression, lack of attachment, mood or sensory dysregulation, and address parent/child relationship issues (for children not eligible for Medi-Cal)	77 children and/or parents/caregivers	Average 1-hour sessions delivered weekly	At least 75% of children completing short-term treatment sessions will demonstrate an increase in functionality in at least 1 treatment goal as demonstrated by improved scores in pre/post assessments and/or documented progress in 1 or more treatment goals
	2.			
	3.			

Activity	TASKS	SERVICE COUNTS		OUTCOME
What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing	What services, events and other actions make up the program?	# Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).		Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.
	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
Activity 4 (this activity must link to the budget): Early Intervention Treatment Services: Case Management	1. Provide case management services to evaluate options for families for a minimum of 126 individuals	126 individuals	Minimum 2 case management sessions per family	Families will increase understanding of services available to support parent and/or child needs and make informed choices regarding service options
	2.			
	3.			

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p><i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i></p>	<p><i>What services, events and other actions make up the program?</i></p>	<p><i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i></p>		<p><i>Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</i></p>
<p>Activity 5 <i>(this activity must link to the budget):</i> Early Intervention Treatment Services: Inter-Disciplinary team evaluation</p>	<p>Tasks Within Activity</p> <p>1. Convene at least 10 inter-disciplinary team meetings monthly for evaluation of children with more challenging issues (IDT team includes mental health clinician, physical therapist, occupational therapist, speech therapist, pediatric psychologist or psychiatrist)</p>	<p># Served</p> <p>10 children 10 parents/caregivers</p>	<p>Service Unit Type/ Length of time</p> <p>4 hour IDT sessions</p>	<p>Outcome</p> <p>100% of IDT parents/caregivers will increase understanding of the importance of social emotional and developmental health, parent-infant attachment, bonding, and agree to be linked to additional services needed for their child</p> <p>Consolidated inter-disciplinary evaluation report with recommendations for needed follow up services for optimal child health and development</p>
	<p>2.</p>			
	<p>3.</p>			

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p><i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i></p>	<p><i>What services, events and other actions make up the program?</i></p>	<p><i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program.</i> <i>Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i></p>		<p><i>Outcome: The percentage and number of people for whom the program will affect a desired change.</i> The required percentage must be met regardless of total number served.</p>
<p>Activity 6 <i>(this activity must link to the budget):</i> Linkages</p>	<p>Tasks Within Activity</p>	<p># Served</p>	<p>Service Unit Type/ Length of time</p>	<p>Outcome</p>
<p>1. Implement Help Me Grow Solano (HMG) system of care</p> <p>Implement centralized portal of access/call center/web portal</p> <p>Maintain and add new partners to HMG Solano MOU for all partners to share client information for the purposes of coordination of care</p>	<p>Number of referrals/calls/inquiries</p> <p>Year 1: 1200 Year 2: 2400 Year 3: 4800</p>	<p>Referral 30 minutes</p>	<p>10% of families will be provided a referral to another program</p> <p>70% families will be linked to appropriate service(s) upon first contact</p>	
<p>2. HMG Family Navigator (Family Support Specialist) will ensure family's understanding of services, assist family as needed and ensure successful access and linkage</p>	<p>Year 1: 240 Year 2: 480 Year 3: 960</p>	<p>Family Navigation/2 hrs</p>	<p>20% of families with complex issues will be paired with a Family Navigator and linked to multiple appropriate service(s)</p> <p>At least 80% of families helped by the Family Navigator will increase understanding of the importance of social emotional and developmental health, parent-infant attachment, bonding, and agree to be linked to additional services</p>	
<p>3. Receive and track all Help Me Grow Solano partner agency referrals to assure appropriate linkage and referral activities provided</p>	<p>224 Number of referrals sent on to HMG by partners for HMG followup</p>	<p>15 minute followup</p>		

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</p>	<p>What services, events and other actions make up the program?</p>	<p><i># Served:</i> The counts of services provided (to unduplicated clients) and people served over the course of the program. <i>Service Unit Type/Length of Time:</i> The level of services rendered (how often and how long).</p>		<p><i>Outcome:</i> The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</p>
<p>Activity 7 (this activity must link to the budget): Early Childhood Collaborative</p>	<p>Tasks Within Activity</p> <p>1. Plan, develop and coordinate a minimum of 10 meetings with Solano Early Childhood mental health providers per annum for system integration and linkages coordination to more intensive services</p>	<p># Served</p> <p>10 meetings 7 ECMH agency participants</p>	<p>Service Unit Type/ Length of time</p> <p>2 hour meetings</p>	<p>Outcome</p> <p>Plan, develop and coordinate a minimum of 10 meetings per annum for system interaction</p>
	<p>2. Triage and assign PEAK agency referrals for mental/developmental health screenings</p>	<p>7 partners</p>	<p>Annually</p>	<p>95% of referrals will be assigned to a provider within 2 business days</p>
	<p>3. Represent PEAK at HMG, SCMH and other mental health collaboratives as appropriate</p>	<p>Min 4 per year</p>	<p>4-8 hour meetings</p>	<p>Improved coordination between mental health providers</p>

FORM B - LINE ITEM BUDGET FORM

FY: 2014/15-Year 1

RFP #: MHSA-PEI

APPLICANT NAME: Children's Nurturing Project

Please note that 3 separate annual budget pages must be submitted unless the annual budget amounts are the same for the entire funding cycle. Please choose the appropriate label from the box to the left.

Line Item	FTE	Activities Linked to in Scope of Work	First 5 Solano	Other Sources	Total
Personnel					
Executive Director	0.15	All	\$13,794.00	\$12,036.00	\$25,830.00
Program Manager	0.75	All	\$48,833.00	\$42,607.00	\$91,440.00
Family Support Specialist	2.6	All	\$91,000.00	\$79,397.00	\$170,397.00
Clinician	1.0	All	\$38,242.00	\$33,365.00	\$71,607.00
Administrative Assistant	0.9	All	\$27,375.00	\$23,884.00	\$51,259.00
Benefits			\$57,171.00	\$49,881.00	\$107,052.00
Subtotal Personnel			\$285,855.00	\$249,406.00	\$535,261.00
Operating Expenses					
Rent & Utilities		All	\$12,087.00	\$10,545.00	\$22,632.00
Office Supplies/Materials		All	\$4,000.00	\$3,490.00	\$7,490.00
Postage/Mailing/Copying		All	\$5,000.00	\$4,362.00	\$9,362.00
Telephone/Communications		All	\$2,400.00	\$2,094.00	\$4,494.00
Travel		All	\$7,000.00	\$6,107.00	\$13,107.00
Training/Conferences		All	\$2,500.00	\$2,181.00	\$4,681.00
					\$0.00
Subtotal Operating Expenses			\$32,987.00	\$28,779.00	\$61,766.00
Subcontractors					
SELPA		IDT	\$3,333.00	\$0.00	\$3,333.00
Child Start		Linkages	\$8,568.00	\$7,271.00	\$15,839.00
Subtotal Subcontractors			\$24,401.00	\$7,271.00	\$31,672.00
Indirect Costs (Indirect costs must be less than 15% of total of Personnel and Operating Expenses)					
Indirect Costs		Subtotal Indirect	\$47,826.00	\$41,728.00	\$89,554.00
Grand Total Expenses			\$391,069.00	\$327,184.00	\$718,253.00

FORM B - LINE ITEM BUDGET FORM

FY: 2014/15-Year 1

RFP #: MHSA-PEI

APPLICANT NAME: Children's Nurturing Project

Please note that 3 separate annual budget pages must be submitted unless the annual budget amounts are the same for the entire funding cycle. Please choose the appropriate label from the box to the left.

Line Item	FTE	Activities Linked to in Scope of Work	First 5 Solano	Other Sources	Total
Personnel					
Community Relations Officer	0.10	Linkages	\$5,791.00	\$5,052.00	\$10,843.00
Data & Outcomes Coordinator	0.10	All	\$3,649.00	\$3,184.00	\$6,833.00
					\$0.00
					\$0.00
					\$0.00
Benefits					\$0.00
Subtotal Personnel			\$285,855.00	\$249,406.00	\$535,261.00
Operating Expenses					
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
Subtotal Operating Expenses			\$32,987.00	\$28,779.00	\$61,766.00
Subcontractors					
Ped Occup/Physical/Speech Ther		IDT	\$12,500.00	\$0.00	\$12,500.00
					\$0.00
Subtotal Subcontractors			\$24,401.00	\$7,271.00	\$31,672.00
Indirect Costs (Indirect costs must be less than 15% of total of Personnel and Operating Expenses)					
Indirect Costs			\$47,826.00	\$41,728.00	\$89,554.00
Subtotal Indirect			\$47,826.00	\$41,728.00	\$89,554.00
Grand Total Expenses			\$391,069.00	\$327,184.00	\$718,253.00

FORM B - LINE ITEM BUDGET FORM

FY: 2015/16-Year 2

RFP #: MHSA-PEI

APPLICANT NAME: Children's Nurturing Project

Please note that 3 separate annual budget pages must be submitted unless the annual budget amounts are the same for the entire funding cycle. Please choose the appropriate label from the box to the left.

Line item	FTE	Activities Linked to in Scope of Work	First 5 Solano	Other Sources	Total
Personnel					
Executive Director	0.15	All	\$16,552.00	\$18,052.00	\$34,604.00
Program Manager	0.75	All	\$58,600.00	\$63,910.00	\$122,510.00
Family Support Specialist	2.6	All	\$109,200.00	\$119,095.00	\$228,295.00
Clinician	1.0	All	\$45,890.00	\$50,048.00	\$95,938.00
Administrative Assistant	0.9	All	\$32,850.00	\$35,827.00	\$68,677.00
Benefits			\$68,605.00	\$74,821.00	\$143,426.00
Subtotal Personnel			\$343,025.00	\$374,108.00	\$717,133.00
Operating Expenses					
Rent & Utilities		All	\$14,504.00	\$15,818.00	\$30,322.00
Office Supplies/Materials		All	\$4,800.00	\$5,235.00	\$10,035.00
Postage/Mailing/Copying		All	\$6,000.00	\$6,544.00	\$12,544.00
Telephone/Communications		All	\$2,880.00	\$3,141.00	\$6,021.00
Travel		All	\$8,400.00	\$9,161.00	\$17,561.00
Training/Conferences		All	\$3,000.00	\$3,272.00	\$6,272.00
					\$0.00
Subtotal Operating Expenses			\$39,584.00	\$43,171.00	\$82,755.00
Subcontractors					
SELPA		IDT	\$4,000.00	\$0.00	\$4,000.00
Child Start		Linkages	\$10,000.00	\$10,906.00	\$20,906.00
Subtotal Subcontractors			\$29,000.00	\$10,906.00	\$39,906.00
Indirect Costs (Indirect costs must be less than 15% of total of Personnel and Operating Expenses)					
Indirect Costs		Subtotal Indirect	\$57,391.00	\$62,592.00	\$119,983.00
Grand Total Expenses			\$469,000.00	\$490,777.00	\$959,777.00

FORM B - LINE ITEM BUDGET FORM

FY: 2015/16-Year 2

RFP #: MHSA-PEI

APPLICANT NAME: Children's Nurturing Project

Please note that 3 separate annual budget pages must be submitted unless the annual budget amounts are the same for the entire funding cycle. Please choose the appropriate label from the box to the left.

Line Item	FTE	Activities Linked to in Scope of Work	First 5 Solano	Other Sources	Total
Personnel					
Community Relations Officer	0.10	Linkages	\$6,949.00	\$7,579.00	\$14,528.00
Data & Outcomes Coordinator	0.10	All	\$4,379.00	\$4,776.00	\$9,155.00
					\$0.00
					\$0.00
					\$0.00
Benefits					\$0.00
Subtotal Personnel			\$343,025.00	\$374,108.00	\$717,133.00
Operating Expenses					
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
Subtotal Operating Expenses			\$39,584.00	\$43,171.00	\$82,755.00
Subcontractors					
Ped Occup/Physical/Speech Ther		IDT	\$15,000.00	\$0.00	\$15,000.00
					\$0.00
Subtotal Subcontractors			\$29,000.00	\$10,906.00	\$39,906.00
Indirect Costs (Indirect costs must be less than 15% of total of Personnel and Operating Expenses)					
Indirect Costs			\$57,391.00	\$62,592.00	\$119,983.00
Subtotal Indirect			\$57,391.00	\$62,592.00	\$119,983.00
Grand Total Expenses			\$469,000.00	\$490,777.00	\$959,777.00

FORM B - LINE ITEM BUDGET FORM

FY: 2016/17-Year 3

RFP #: MHSA-PEI

APPLICANT NAME: Children's Nurturing Project

Please note that 3 separate annual budget pages must be submitted unless the annual budget amounts are the same for the entire funding cycle. Please choose the appropriate label from this box to the left.

Line Item	FTE	Activities Linked to in Scope of Work	First 5 Solano	Other Sources	Total
Personnel					
Executive Director	0.15	All	\$16,552.00	\$24,069.00	\$40,621.00
Program Manager	0.75	All	\$58,600.00	\$85,213.00	\$143,813.00
Family Support Specialist	2.6	All	\$109,200.00	\$158,793.00	\$267,993.00
Clinician	1.0	All	\$45,890.00	\$66,731.00	\$112,621.00
Administrative Assistant	0.9	All	\$32,850.00	\$47,769.00	\$80,619.00
Benefits			\$68,605.00	\$99,762.00	\$168,367.00
Subtotal Personnel			\$343,025.00	\$498,810.00	\$841,835.00
Operating Expenses					
Rent & Utilities		All	\$14,504.00	\$21,091.00	\$35,595.00
Office Supplies/Materials		All	\$4,800.00	\$6,980.00	\$11,780.00
Postage/Mailing/Copying		All	\$6,000.00	\$8,725.00	\$14,725.00
Telephone/Communications		All	\$2,880.00	\$4,188.00	\$7,068.00
Travel		All	\$8,400.00	\$12,215.00	\$20,615.00
Training/Conferences		All	\$3,000.00	\$4,362.00	\$7,362.00
					\$0.00
Subtotal Operating Expenses			\$39,584.00	\$57,561.00	\$97,145.00
Subcontractors					
SELPA		IDT	\$4,000.00	\$0.00	\$4,000.00
Child Start		Linkages	\$10,000.00	\$14,541.00	\$24,541.00
Subtotal Subcontractors			\$29,000.00	\$14,541.00	\$43,541.00
Indirect Costs (Indirect costs must be less than 15% of total of Personnel and Operating Expenses)					
Indirect Costs		Subtotal Indirect	\$57,391.00	\$83,456.00	\$140,847.00
Grand Total Expenses			\$469,000.00	\$654,368.00	\$1,123,368.00

FORM B - LINE ITEM BUDGET FORM

FY: 2016/17-Year 3

RFP #: MHSA-PEI

APPLICANT NAME: Children's Nurturing Project

Please note that 3 separate annual budget pages must be submitted unless the annual budget amounts are the same for the entire funding cycle. Please choose the appropriate label from the box to the left.

Line Item	FTE	Activities Linked to in Scope of Work	First 5 Solano	Other Sources	Total
Personnel					
Community Relations Officer	0.10	Linkages	\$6,949.00	\$10,105.00	\$17,054.00
Data & Outcomes Coordinator	0.10	All	\$4,379.00	\$6,368.00	\$10,747.00
					\$0.00
					\$0.00
					\$0.00
Benefits					\$0.00
Subtotal Personnel			\$343,025.00	\$498,810.00	\$841,835.00
Operating Expenses					
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
Subtotal Operating Expenses			\$39,584.00	\$57,561.00	\$97,145.00
Subcontractors					
Ped Occup/Physical/Speech Ther		IDT	\$15,000.00	\$0.00	\$15,000.00
					\$0.00
Subtotal Subcontractors			\$29,000.00	\$14,541.00	\$43,541.00
Indirect Costs (Indirect costs must be less than 15% of total of Personnel and Operating Expenses)					
Indirect Costs			\$57,391.00	\$83,456.00	\$140,847.00
Subtotal Indirect			\$57,391.00	\$83,456.00	\$140,847.00
Grand Total Expenses			\$469,000.00	\$654,368.00	\$1,123,368.00

FUNDING APPLICATION FORM			
	COUNTY OF SOLANO FIRST 5 SOLANO CHILDREN AND FAMILIES COMMISSION	ISSUE DATE	April 11, 2014
		RFP NUMBER	2014-04
Phone Number: (707) 784-1332 E-mail Address: Cshipman@solanocounty.com Address: First 5 Solano 601 Texas Street, Suite 210 Fairfield, CA 94533		Return your Application in a sealed envelope, clearly marked: Application for First 5 Solano MHSA PEI Services Applications must be received no later than the date and time indicated. <u>Applications will not be accepted after 5:00 p.m. on:</u> <div style="text-align: center; margin-top: 10px;">May 20, 2014</div>	
Program Name: Partnership for Early Access for Kids (PEAK)			
Program Purpose: To prevent mental illness from becoming severe and disabling and improve timely access for underserved populations by linking them to treatment and other resources.			
Applicant Name/Organization: EMQ FamiliesFirst			
Applicant Contact Name & Phone Number: Gordon Richardson 916.388.6301			
Applicant Address/City/State/Zip: 2420 Martin Road, Ste. 200, Fairfield, CA 94534			
Form of Business: <input type="checkbox"/> For-profit <input checked="" type="checkbox"/> Non-profit <input type="checkbox"/> Government Agency <input type="checkbox"/> Other:			
Geographic Area Served (check all that apply): <input type="checkbox"/> Benicia <input type="checkbox"/> Dixon <input type="checkbox"/> Fairfield <input type="checkbox"/> Rio Vista <input type="checkbox"/> Suisun <input type="checkbox"/> Vacaville <input type="checkbox"/> Vallejo <input checked="" type="checkbox"/> Countywide			
Type of Application: <input type="checkbox"/> Single Agency <input checked="" type="checkbox"/> Joint Agency – (Complete FORM C)			
Amount of First 5 Funding Requested for This Application:		If Joint Application, Amount of First 5 Funding Requested for Joint Application:	
Year 1:	\$285,833	Year 1:	\$883,568
Year 2:	\$343,000	Year 2:	\$1,060,000
Year 3:	\$343,000	Year 3:	\$1,060,000
Total:	\$971,833	Total:	\$3,003,568

Please select year reflected in Scope of Work by using the drop down box to the right.

APPLICANT NAME:	EMQ Families First		
PROGRAM NAME:	Partnership for Early Access for Kids		
GOAL: What are 1-2 primary goals of your program? #	to prevent mental illness from becoming severe and disabling and improve timely access for underserved populationis by linking them to treatment and other resources	Links to Strategic Plan Result #:	R3: R4; R9; R10; R11; R12

What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing	What services, events and other actions make up the program?	OUTCOME		
		# Served	Service Unit Type/ Length of time	Outcome
Activity 1 (this activity must link to the budget): Prevention - Parent, provider and caregiver education, training and consultation	1. Provide at least 10 workshops for a minimum of 4 parents per workshop, on topics such as: increasing parents knowledge of typical & atypical development, parents ability to recognize "red flags", improving the parent-child relationship and improving the mental health of their children	10 workshops 94 parent/cargivers	workshop minimum 5 hours in length	85% of parents/caregivers will demonstrate increased knowledge of workshop topic, as demonstrated by pre/post survey
	2. Provide at most 10 workshops for a minimum of 4 providers on topics such as: typical and atypical development, "red flags" in young children, use of basic screening tools such as ASQ3 and ASQ-SE, & improving the mental health of children	10 workshops 33 providers total	workshop minimum 5 hours in length	
	3.			

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p><i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i></p>	<p><i>What services, events and other actions make up the program?</i></p>	<p><i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program.</i> <i>Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i></p>		<p><i>Outcome: The percentage and number of people for whom the program will affect a desired change.</i> The required percentage must be met regardless of total number served.</p>
<p>Activity 2 <i>(this activity must link to the budget):</i> Prevention - Screening and Assessment</p>	<p>Tasks Within Activity</p>	<p># Served</p>	<p>Service Unit Type/ Length of time</p>	<p>Outcome</p>
	<p>1. Screen 188 high-risk children utilizing screenings such as ASQ3, ASQ-SE, MCHAT, 4P's Plus</p>	<p>188 children</p>	<p>Screening minimum of 2 hours</p>	<p>70% of children screened will be referred for further assessment</p>
	<p>2. Provide assessment of 131 children screened that indicate further in-depth assessment is appropriate; assessment tools utilized include AAPI, Edinburgh Depression Scale, Mullen, DP-3, CANS, BITSEA, CBCL. 0-5 trauma screener</p>	<p>131 children</p>	<p>Assessments minimum of 4 hours each</p>	<p>90% of children assessed will be identified as needing additional services</p>
	<p>3. See Linkage Activity for referral information</p>			

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p><i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i></p>	<p><i>What services, events and other actions make up the program?</i></p>	<p><u># Served:</u> The counts of services provided (to unduplicated clients) and people served over the course of the program. <u>Service Unit Type/Length of Time:</u> The level of services rendered (how often and how long).</p>		<p><u>Outcome:</u> The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</p>
	<p>Tasks Within Activity</p>	<p># Served</p>	<p>Service Unit Type/ Length of time</p>	<p>Outcome</p>
<p>Activity 3 <i>(this activity must link to the budget):</i> Early Intervention Treatment Services: Short term time-limited treatment</p>	<p>1. Provide short-term time-limited treatment for children and their families which address child and/or parental trauma, depression, lack of attachment, mood or sensory dysregulation, and address parent/child relationship issues (for children not eligible for Medi-Cal)</p>	<p>70 children</p>	<p>1-hour sessions delivered weekly</p>	<p>At least 75% of children completing short-term treatment sessions will demonstrate an increase in functionality in at least 1 treatment goal as demonstrated by improved scores in pre/post assessments and/or documented progress in 1 or more treatment goals</p>
	<p>2. Provide Parent Coaching for a minimum of 8 parents/caregivers utilizing Parent-Child Interaction Therapy (PCIT)</p>	<p>8 parents/caregivers 8 children</p>	<p>10+ one hour sessions.</p>	<p>100% of children assessed as needing additional services will be referred to appropriate services 85% of parents/caregivers increase knowledge of positive parenting strategies as demonstrated by pre/post surveys</p>
	<p>3.</p>			

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p><i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i></p>	<p><i>What services, events and other actions make up the program?</i></p>	<p><i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program.</i> <i>Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i></p>		<p><i>Outcome: The percentage and number of people for whom the program will affect a desired change.</i> The required percentage must be met regardless of total number served.</p>
	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
<p>Activity 4 <i>(this activity must link to the budget):</i> Early Intervention Treatment Services: Case Management</p>	<p>1. Provide up to 2 case management activities to evaluate options for families for up to 33 individuals.</p>	<p>25 children 8 parents/guardians</p>	<p>Minimum 2 case management sessions per family at 1/2 hour.</p>	<p>100% of children receive case management activities.</p>
	<p>2.</p>			
	<p>3.</p>			

Annual Scope of Work/Logic Model

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p><i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i></p>	<p><i>What services, events and other actions make up the program?</i></p>	<p><i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program.</i> <i>Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i></p>		<p><i>Outcome: The percentage and number of people for whom the program will affect a desired change.</i> The required percentage must be met regardless of total number served.</p>
<p>Activity 5 <i>(this activity must link to the budget):</i> Early Intervention Treatment Services: Parent Coaching</p>	<p>Tasks Within Activity</p>	<p># Served</p>	<p>Service Unit Type/ Length of time</p>	<p>Outcome</p>
	<p>1. Provide Parent Coaching for a minimum of 24 parents/caregivers utilizing The Incredible Years</p>	<p>24 parents/caregivers 38 workshops</p>	<p>A minimum of a 13-week Sessions, 4 hours each</p>	<p>85% of parents/caregivers increase knowledge of positive parenting strategies as demonstrated by pre/post surveys</p>
	<p>2.</p>			
	<p>3.</p>			

Activity	TASKS	SERVICE COUNTS		OUTCOME
What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing	What services, events and other actions make up the program?	# Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).		Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.
	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
Activity 6 (this activity must link to the budget): Linkages	1. Provide 150 referrals to families to link them to appropriate services based upon familial need	33 families referred to additional services	Referral issued	60% of families receiving referrals will report following up on the referral
	2.			
	3.			

Please select year reflected in Scope of Work by using the drop down box to the right.

APPLICANT NAME:	EMQ Families First		
PROGRAM NAME:	Partnership for Early Access for Kids		
GOAL: What are 1-2 primary goals of your program? #	to prevent mental illness from becoming severe and disabling and improve timely access for underserved populationis by linking them to treatment and other resources	Links to Strategic Plan Result #:	R3: R4; R9; R10; R11; R12

What broad category (ex: parent ed., cose mgmt., home visiting, etc.) are you performing	What services, events and other actions make up the program?	OUTCOME		
		# Served	Service Unit Type/ Length of time	Outcome
Activity 1 (this activity must link to the budget): Prevention - Parent, provider and caregiver education, training and consultation	1. Provide at least 12 workshops for a minimum of 4 parents per workshop, on topics such as: increasing parents knowledge of typical & atypical development, parents ability to recognize "red flags", improving the parent-child relationship and improving the mental health of their children	12 workshops 113 parent/cargivers	workshop minimum 5 hours in length	85% of parents/caregivers will demonstrate increased knowledge of workshop topic, as demonstrated by pre/post survey
	2. Provide at most 12 workshops for a minimum of 4 providers on topics such as: typical and atypical development, "red flags" in young children, use of basic screening tools such as ASQ3 and ASQ-SE, & improving the mental health of children	12 workshops 40 providers total	workshop minimum 5 hours in length	85% of providers will demonstrate increased knowledge of workshop topic, as demonstrated by pre/post survey
	3.			

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</p>	<p>What services, events and other actions make up the program?</p>	<p><u># Served:</u> The counts of services provided (to unduplicated clients) and people served over the course of the program. <u>Service Unit Type/Length of Time:</u> The level of services rendered (how often and how long).</p>		<p><u>Outcome:</u> The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</p>
	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
<p>Activity 2 (this activity must link to the budget): Prevention - Screening and Assessment</p>	<p>1. Screen 225 high-risk children utilizing screenings such as ASQ3, ASQ-SE, MCHAT, 4P's Plus</p>	<p>225 children</p>	<p>Screening minimum of 2 hours</p>	<p>70% of children screened will be referred for further assessment</p>
	<p>2. Provide assessment of 157 children screened that indicate further in-depth assessment is appropriate; assessment tools utilized include AAPI, Edinburgh Depression Scale, Mullen, DP-3, CANS, BITSEA, CBCL. 0-5 trauma screener</p>	<p>157 children</p>	<p>Assessments minimum of 4 hours each</p>	<p>90% of children assessed will be identified as needing additional services</p>
	<p>3. See Linkage Activity for referral information</p>			

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p><i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i></p>	<p><i>What services, events and other actions make up the program?</i></p>	<p><i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program.</i> <i>Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i></p>		<p><i>Outcome: The percentage and number of people for whom the program will affect a desired change.</i> The required percentage must be met regardless of total number served.</p>
<p>Activity 3 <i>(this activity must link to the budget):</i> Early Intervention Treatment Services: Short term time-limited treatment</p>	<p>Tasks Within Activity</p>	<p># Served</p>	<p>Service Unit Type/ Length of time</p>	<p>Outcome</p>
	<p>1. Provide short-term time-limited treatment for children and their families which address child and/or parental trauma, depression, lack of attachment, mood or sensory dysregulation, and address parent/child relationship issues (for children not eligible for Medi-Cal)</p>	<p>83 children</p>	<p>1-hour sessions delivered weekly</p>	<p>At least 75% of children completing short-term treatment sessions will demonstrate an increase in functionality in at least 1 treatment goal as demonstrated by improved scores in pre/post assessments and/or documented progress in 1 or more treatment goals</p>
	<p>2. Provide Parent Coaching for a minimum of 10 parents/caregivers utilizing Parent-Child Interaction Therapy (PCIT)</p>	<p>10 parents/caregivers 10 children</p>	<p>10+ one hour sessions.</p>	<p>100% of children assessed as needing additional services will be referred to appropriate services 85% of parents/caregivers increase knowledge of positive parenting strategies as demonstrated by pre/post surveys</p>
	<p>3.</p>			

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</p>	<p>What services, events and other actions make up the program?</p>	<p><u># Served:</u> The counts of services provided (to unduplicated clients) and people served over the course of the program. <u>Service Unit Type/Length of Time:</u> The level of services rendered (how often and how long).</p>		<p><u>Outcome:</u> The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</p>
	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
<p>Activity 4 (this activity must link to the budget): Early Intervention Treatment Services: Case Management</p>	<p>1. Provide up to 2 case management activities to evaluate options for families for up to 40 individuals.</p>	<p>30 children 10 parents/guardians</p>	<p>Minimum 2 case management sessions per family at 1/2 hour.</p>	<p>100% of children receive case management activities.</p>
	<p>2.</p>			
	<p>3.</p>			

Activity	TASKS	SERVICE COUNTS		OUTCOME
What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing	What services, events and other actions make up the program?	# Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).		Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.
	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
Activity 5 (this activity must link to the budget): Early Intervention Treatment Services: Parent Coaching	1. Provide Parent Coaching for a minimum of 29 parents/caregivers utilizing The Incredible Years	29 parents/caregivers 45 workshops	A minimum of a 13-week Sessions, 4 hours each	85% of parents/caregivers increase knowledge of positive parenting strategies as demonstrated by pre/post surveys
	2.			
	3.			

Activity	TASKS	SERVICE COUNTS		OUTCOME
What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing	What services, events and other actions make up the program?	# Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).		Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.
	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
Activity 6 (this activity must link to the budget): Linkages	1. Provide 180 referrals to families to link them to appropriate services based upon familial need	40 families referred to additional services	Referral issued	60% of families receiving referrals will report following up on the referral
	2.			
	3.			

Please select year reflected in Scope of Work by using the drop down box to the right.

Year 3

Annual Scope of Work/Logic Model

APPLICANT NAME:	EMQ Families First		
PROGRAM NAME:	Partnership for Early Access for Kids		
GOAL: What are 1-2 primary goals of your program? #	to prevent mental illness from becoming severe and disabling and improve timely access for underserved populationis by linking them to treatment and other resources		Links to Strategic Plan Result #: R3; R4; R9; R10; R11; R12

What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing	What services, events and other actions make up the program?	OUTCOME		
		# Served	Service Unit Type/ Length of time	Outcome
Activity 1 <i>(this activity must link to the budget):</i> Prevention - Parent, provider and caregiver education, training and consultation	1. Provide at least 12 workshops for a minimum of 4 parents per workshop, on topics such as: increasing parents knowledge of typical & atypical development, parents ability to recognize "red flags", improving the parent-child relationship and improving the mental health of their children	12 workshops 113 parent/cargivers	workshop minimum 5 hours in length	85% of parents/caregivers will demonstrate increased knowledge of workshop topic, as demonstrated by pre/post survey
	2. Provide at most 12 workshops for a minimum of 4 providers on topics such as: typical and atypical development, "red flags" in young children, use of basic screening tools such as ASQ3 and ASQ-SE, & improving the mental health of children	12 workshops 40 providers total	workshop minimum 5 hours in length	85% of providers will demonstrate increased knowledge of workshop topic, as demonstrated by pre/post survey
	3.			

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p><i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i></p>	<p><i>What services, events and other actions make up the program?</i></p>	<p><i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program.</i> <i>Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i></p>		<p><i>Outcome: The percentage and number of people for whom the program will affect a desired change.</i> The required percentage must be met regardless of total number served.</p>
<p>Activity 2 <i>(this activity must link to the budget):</i> Prevention - Screening and Assessment</p>	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
	<p>1. Screen 225 high-risk children utilizing screenings such as ASQ3, ASQ-SE, MCHAT, 4P's Plus</p>	<p>225 children</p>	<p>Screening minimum of 2 hours</p>	<p>70% of children screened will be referred for further assessment</p>
	<p>2. Provide assessment of 157 children screened that indicate further in-depth assessment is appropriate; assessment tools utilized include AAPI, Edinburgh Depression Scale, Mullen, DP-3, CANS, BITSEA, CBCL. 0-5 trauma screener</p>	<p>157 children</p>	<p>Assessments minimum of 4 hours each</p>	<p>90% of children assessed will be identified as needing additional services</p>
<p>3. See Linkage Activity for referral information</p>				

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p><i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i></p>	<p><i>What services, events and other actions make up the program?</i></p>	<p><u># Served:</u> The counts of services provided (to unduplicated clients) and people served over the course of the program. <u>Service Unit Type/Length of Time:</u> The level of services rendered (how often and how long).</p>		<p><u>Outcome:</u> The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</p>
	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
<p>Activity 3 <i>(this activity must link to the budget):</i> Early Intervention Treatment Services: Short term time-limited treatment</p>	<p>1. Provide short-term time-limited treatment for children and their families which address child and/or parental trauma, depression, lack of attachment, mood or sensory dysregulation, and address parent/child relationship issues (for children not eligible for Medi-Cal)</p>	<p>83 children</p>	<p>1-hour sessions delivered weekly</p>	<p>At least 75% of children completing short-term treatment sessions will demonstrate an increase in functionality in at least 1 treatment goal as demonstrated by improved scores in pre/post assessments and/or documented progress in 1 or more treatment goals</p>
	<p>2. Provide Parent Coaching for a minimum of 10 parents/caregivers utilizing Parent-Child Interaction Therapy (PCIT)</p>	<p>10 parents/caregivers 10 children</p>	<p>10+ one hour sessions.</p>	<p>100% of children assessed as needing additional services will be referred to appropriate services 85% of parents/caregivers increase knowledge of positive parenting strategies as demonstrated by pre/post surveys</p>
	<p>3.</p>			

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</p>	<p>What services, events and other actions make up the program?</p>	<p><u># Served:</u> The counts of services provided (to unduplicated clients) and people served over the course of the program. <u>Service Unit Type/Length of Time:</u> The level of services rendered (how often and how long).</p>		<p><u>Outcome:</u> The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</p>
	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
<p>Activity 4 (this activity must link to the budget): Early Intervention Treatment Services: Case Management</p>	<p>1. Provide up to 2 case management activities to evaluate options for families for up to 40 individuals.</p>	<p>30 children 10 parents/guardians</p>	<p>Minimum 2 case management sessions per family at 1/2 hour.</p>	<p>100% of children receive case management activities.</p>
	<p>2.</p>			
	<p>3.</p>			

Activity	TASKS	SERVICE COUNTS		OUTCOME
<i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i>	<i>What services, events and other actions make up the program?</i>	<i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i>		<i>Outcome: The percentage and number of people for whom the program will affect a desired change.</i> The required percentage must be met regardless of total number served.
	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
Activity 5 <i>(this activity must link to the budget):</i> Early Intervention Treatment Services: Parent Coaching	1. Provide Parent Coaching for a minimum of 29 parents/caregivers utilizing The Incredible Years	29 parents/caregivers 45 workshops	A minimum of a 13-week Sessions, 4 hours each	85% of parents/caregivers increase knowledge of positive parenting strategies as demonstrated by pre/post surveys
	2.			
	3.			

Annual Scope of Work/Logic Model

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</p>	<p>What services, events and other actions make up the program?</p>	<p><u># Served:</u> The counts of services provided (to unduplicated clients) and people served over the course of the program. <u>Service Unit Type/Length of Time:</u> The level of services rendered (how often and how long).</p>		<p><u>Outcome:</u> The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</p>
	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
<p>Activity 6 (this activity must link to the budget): Linkages</p>	<p>1. Provide 180 referrals to families to link them to appropriate services based upon familial need</p>	<p>40 families referred to additional services</p>	<p>Referral issued</p>	<p>60% of families receiving referrals will report following up on the referral</p>
	<p>2.</p>			
	<p>3.</p>			

FORM B - LINE ITEM BUDGET FORM

FY: 2014/15-Year 1

RFP #: MHSA-PEI

APPLICANT NAME: FamiliesFirst, Inc. (dba:EMQ FamiliesFirst)

Please note that 3 separate annual budget pages must be submitted unless the annual budget amounts are the same for the entire funding cycle. Please choose the appropriate label from the box to the left.

Line Item	FTE	Activities Linked to in Scope of Work	First 5 Solano	Other Sources	Total
Personnel					
Behavior Specialist II	0.42	PRW, PAW, SCREEN, COACH, LINKAGE, CM	\$14,958.00	\$28,346.73	\$43,304.73
Clinician I	1.67	PRW, PAW, SCREEN, ASSESS, TREAT, COACH, LINKAGE, CM	\$71,325.00	\$135,164.20	\$206,489.20
Family Partner I	0.42	PRW, PAW, SCREEN, COACH, LINKAGE, CM	\$15,573.00	\$29,511.40	\$45,084.40
Clinical Program Manager	0.33	Supervises Staff and provides service as needed	\$20,967.00	\$39,732.80	\$60,699.80
Admin Asst II/Reg Supp Staff	0.30		\$12,637.00	\$23,947.44	\$36,584.44
Benefits			\$47,266.00	\$89,572.06	\$136,838.06
Subtotal Personnel			\$182,726.00	\$346,274.63	\$529,000.63
Operating Expenses					
Rent & Utilities			\$18,676.00	\$35,392.69	\$54,068.69
Other		Program Supplies/Materials	\$2,053.00	\$3,889.94	\$5,942.94
Postage/Mailing/Copying			\$383.00	\$725.03	\$1,108.03
Telephone/Communications			\$5,935.00	\$11,247.20	\$17,182.20
Travel/Training/Conferences			\$22,467.00	\$42,575.97	\$65,042.97
Other		Repairs & Maintenance	\$5,576.00	\$10,567.05	\$16,143.05
Other		Depreciation	\$5,145.00	\$9,750.29	\$14,895.29
Subtotal Operating Expenses			\$60,235.00	\$114,148.17	\$174,383.17
Subcontractors					
					\$0.00
					\$0.00
Subtotal Subcontractors			\$0.00	\$0.00	\$0.00
Indirect Costs (Indirect costs must be less than 15% of total of Personnel and Operating Expenses)					
Indirect Costs		Subtotal Indirect	\$42,872.00	\$81,243.91	\$124,115.91
Grand Total Expenses			\$285,833.00	\$541,666.70	\$827,499.70

FORM B - LINE ITEM BUDGET FORM

FY: 2015/16-Year 2

RFP #: MHSA-PEI

APPLICANT NAME: FamiliesFirst, Inc. (dba:EMQ FamiliesFirst)

Please note that 3 separate annual budget pages must be submitted unless the annual budget amounts are the same for the entire funding cycle. Please choose the appropriate label from the box to the left.

Line Item	FTE	Activities Linked to in Scope of Work	First 5 Solano	Other Sources	Total
Personnel					
Behavior Specialist II	0.50	PRW, PAW, SCREEN, COACH, LINKAGE, CM	\$17,950.00	\$34,016.08	\$51,966.08
Clinician I	2.00	PRW, PAW, SCREEN, ASSESS, TREAT, COACH, LINKAGE, CM	\$85,590.00	\$162,197.00	\$247,787.00
Family Partner I	0.50	PRW, PAW, SCREEN, COACH, LINKAGE, CM	\$18,688.00	\$35,413.68	\$54,101.68
Clinical Program Manager	0.40	Supervises Staff and provides service as needed	\$25,160.00	\$47,679.36	\$72,839.36
Admin Asst II/Reg Supp Staff	0.38		\$15,165.00	\$28,736.93	\$43,901.93
Benefits			\$56,720.00	\$107,486.50	\$164,206.50
Subtotal Personnel			\$219,273.00	\$415,529.55	\$634,802.55
Operating Expenses					
Rent & Utilities			\$22,412.00	\$42,471.22	\$64,883.22
Other		Program Supplies/Materials	\$2,463.00	\$4,667.91	\$7,130.91
Postage/Mailing/Copying			\$459.00	\$870.00	\$1,329.00
Telephone/Communications			\$7,122.00	\$13,496.64	\$20,618.64
Travel/Training/Conferences			\$26,960.00	\$51,091.17	\$78,051.17
Other		Repairs & Maintenance	\$6,691.00	\$12,680.46	\$19,371.46
Other		Depreciation	\$6,174.00	\$11,700.35	\$17,874.35
Subtotal Operating Expenses			\$72,281.00	\$136,977.75	\$209,258.75
Subcontractors					
					\$0.00
					\$0.00
Subtotal Subcontractors			\$0.00	\$0.00	\$0.00
Indirect Costs (Indirect costs must be less than 15% of total of Personnel and Operating Expenses)					
Indirect Costs		Subtotal Indirect	\$51,446.00	\$97,492.69	\$148,938.69
Grand Total Expenses			\$343,000.00	\$650,000.00	\$993,000.00

FORM B - LINE ITEM BUDGET FORM

FY: 2016/17-Year 3

RFP #: MHSA-PEI

APPLICANT NAME: FamiliesFirst, Inc. (dba:EMQ FamiliesFirst)

Please note that 3 separate annual budget pages must be submitted unless the annual budget amounts are the same for the entire funding cycle. Please choose the appropriate label from the box to the left.

Line Item	FTE	Activities Linked to in Scope of Work	First 5 Solano	Other Sources	Total
Personnel					
Behavior Specialist II	0.50	PRW, PAW, SCREEN, COACH, LINKAGE, CM	\$17,950.00	\$34,016.08	\$51,966.08
Clinician I	2.00	PRW, PAW, SCREEN, ASSESS, TREAT, COACH, LINKAGE, CM	\$85,590.00	\$162,197.00	\$247,787.00
Family Partner I	0.50	PRW, PAW, SCREEN, COACH, LINKAGE, CM	\$18,688.00	\$35,413.68	\$54,101.68
Clinical Program Manager	0.40	Supervises Staff and provides service as needed	\$25,160.00	\$47,679.36	\$72,839.36
Admin Asst II/Reg Supp Staff	0.38		\$15,165.00	\$28,736.93	\$43,901.93
Benefits			\$56,720.00	\$107,486.50	\$164,206.50
Subtotal Personnel			\$219,273.00	\$415,529.55	\$634,802.55
Operating Expenses					
Rent & Utilities			\$22,412.00	\$42,471.22	\$64,883.22
Other		Program Supplies/Materials	\$2,463.00	\$4,667.91	\$7,130.91
Postage/Mailing/Copying			\$459.00	\$870.00	\$1,329.00
Telephone/Communications			\$7,122.00	\$13,496.64	\$20,618.64
Travel/Training/Conferences			\$26,960.00	\$51,091.17	\$78,051.17
Other		Repairs & Maintenance	\$6,691.00	\$12,680.46	\$19,371.46
Other		Depreciation	\$6,174.00	\$11,700.35	\$17,874.35
Subtotal Operating Expenses			\$72,281.00	\$136,977.75	\$209,258.75
Subcontractors					
					\$0.00
					\$0.00
Subtotal Subcontractors			\$0.00	\$0.00	\$0.00
Indirect Costs (Indirect costs must be less than 15% of total of Personnel and Operating Expenses)					
Indirect Costs			\$51,446.00	\$97,492.69	\$148,938.69
Subtotal Indirect			\$51,446.00	\$97,492.69	\$148,938.69
Grand Total Expenses			\$343,000.00	\$650,000.00	\$993,000.00

FUNDING APPLICATION FORM			
	COUNTY OF SOLANO FIRST 5 SOLANO CHILDREN AND FAMILIES COMMISSION	ISSUE DATE	April 11, 2014
		RFP NUMBER	2014-04
Phone Number: (707) 784-1332 E-mail Address: Cshipman@solanocounty.com Address: First 5 Solano 601 Texas Street, Suite 210 Fairfield, CA 94533		Return your Application in a sealed envelope, clearly marked: Application for First 5 Solano MHSA-PEI Services Applications must be received no later than the date and time indicated. <u>Applications will not be accepted after 5:00 p.m. on:</u> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">May 20, 2014</div>	
Program Name: Partnership for Early Access for Kids (PEAK)			
Program Purpose: PEAK collaborative targets "high-risk" families with children 0-5 and provides screening, assessment, short-term mental health treatment, parent coaching, case management and linkage to combat child and/or parental trauma, depression, lack of attachment and dysregulation.			
Applicant Name/Organization: Child Haven, Inc.			
Applicant Contact Name & Phone Number: Jane Johnson, Executive Director 707-759-2711			
Applicant Address/City/State/Zip: 801 Empire St., Fairfield, CA 94533			
Form of Business: <input type="checkbox"/> For-profit <input checked="" type="checkbox"/> Non-profit <input type="checkbox"/> Government Agency <input type="checkbox"/> Other:			
Geographic Area Served (check all that apply): <input type="checkbox"/> Benicia <input type="checkbox"/> Dixon <input type="checkbox"/> Fairfield <input type="checkbox"/> Rio Vista <input type="checkbox"/> Suisun <input type="checkbox"/> Vacaville <input type="checkbox"/> Vallejo <input checked="" type="checkbox"/> Countywide			
Type of Application: <input type="checkbox"/> Single Agency <input checked="" type="checkbox"/> Joint Agency – (Complete FORM C)			
Amount of First 5 Funding Requested for This Application:		If Joint Application, Amount of First 5 Funding Requested for Joint Application:	
Year 1:	\$65,000	Year 1:	\$883,568
Year 2:	\$78,000	Year 2:	\$1,060,000
Year 3:	\$78,000	Year 3:	\$1,060,000
Total:	\$221,000	Total:	\$3,003,568

Please select year reflected in Scope of Work by using the drop down box to the right.

APPLICANT NAME:	Child Haven, Inc	
PROGRAM NAME:	Partnership for Early Access for Kids (PEAK)	
GOAL: What are 1-2 primary goals of your program? #	To prevent mental illness from becoming severe and disabling and improve timely access for underserved populations by linking them to treatment and other resources	Links to Strategic Plan Result #: R3: R4: R9: R10: R11:R12

What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing	What services, events and other actions make up the program?			OUTCOME
		# Served	Service Unit Type/ Length of time	Outcome
Activity 1 (this activity must link to the budget): Prevention: Screening and Assessment	1. Screen 18 high-risk children utilizing screenings such as ASQ3, ASQ-SE, MCHAT, 4P's Plus	18 children	Screening minimum of 2 hour	Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served. 70% of children screened will be referred for further assessment
	2. Provide 12 assessments of children screened that indicate further in-depth assessment is appropriate; assessment tools utilized include AAPI, Edinburgh Depression Scale, Mullen, DP-3, CANS, BITSEA, CBCL 0-5 trauma screener	12 children	Assessment minimum of 4 hours each	90% of children assessed will be identified as needing additional services
	3. See Linkage Activity for referral information			See Linkage Activity for referral information

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p><i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i></p>	<p><i>What services, events and other actions make up the program?</i></p>	<p><i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program.</i> <i>Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i></p>		<p><i>Outcome: The percentage and number of people for whom the program will affect a desired change.</i> The required percentage must be met regardless of total number served.</p>
<p>Activity 2 <i>(this activity must link to the budget):</i> Early Intervention treatment Services: Short-term, time-limited treatment</p>	<p>1. Provide short-term time-limited treatment for children and their families which address child and/or parental trauma, depression, lack of attachment, mood or sensory dysregulation, and address parent/child relationship issues (for children not eligible for Medi-Cal)</p>	<p># Served</p> <p>25 children</p>	<p>Service Unit Type/ Length of time</p> <p>Average 1-hour sessions delivered weekly</p>	<p>Outcome</p> <p>At least 75% of children completing short-term treatment sessions will demonstrate an increase in functionality in at least 1 treatment goal as demonstrated by improved scores in pre/post assessments and/or documented progress in 1 or more treatment goals</p>
	<p>2.</p>			
	<p>3.</p>			

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p><i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i></p>	<p><i>What services, events and other actions make up the program?</i></p>	<p><i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program.</i> <i>Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i></p>		<p><i>Outcome: The percentage and number of people for whom the program will affect a desired change.</i> The required percentage must be met regardless of total number served.</p>
<p>Activity 3 <i>(this activity must link to the budget):</i> Linkage</p>	<p>1. Provide referrals to families to link them to appropriate services based upon familial need</p>	<p># Served</p> <p>37 families referred to additional services</p>	<p>Service Unit Type/ Length of time</p> <p>Referral issued</p>	<p>100% of children assessed as needing additional services will be referred to appropriate services</p> <p>60% of families receiving referrals will report following up on the referral</p>
	<p>2.</p>			
	<p>3.</p>			

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</p>	<p>What services, events and other actions make up the program?</p>	<p># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).</p>		<p>Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</p>
<p>Activity 4 (this activity must link to the budget): Early Intervention Treatment Services: Case Management</p>	<p>1. Provide case management services to evaluate options for families for up to 25 Child/Parent dyads</p>	<p># Served</p> <p>25 Children 25 Parent/guardians</p>	<p>Service Unit Type/ Length of time</p> <p>Minimum 2 case management activities per family</p>	<p>Outcome</p> <p>60% of families receiving case management services will report 1 or more improved condition(s).</p>
	<p>2.</p>			
	<p>3.</p>			

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p><i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i></p>	<p><i>What services, events and other actions make up the program?</i></p>	<p><i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program.</i> <i>Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i></p>		<p><i>Outcome: The percentage and number of people for whom the program will affect a desired change.</i> The required percentage must be met regardless of total number served.</p>
<p>Activity 5 <i>(this activity must link to the budget):</i> Early Intervention Treatment Services: Parent Coaching</p>	<p>Tasks Within Activity</p>	<p># Served</p>	<p>Service Unit Type/ Length of time</p>	<p>Outcome</p>
<p>1. Provide Parent Coaching for a minimum of 2 children and 2 parent/caregivers utilizing Parent-Child Interaction Therapy (PCIT)</p>	<p>2 children 2 parents/caregivers</p>	<p>A minimum of 2 - 15 week sessions</p>	<p>80% of parents/caregivers increase knowledge of positive parenting strategies as demonstrated utilizing PCIT measurement tools.</p>	
<p>2. Provide 1 Parent Coaching workshops for a minimum of 3 children and 4 parent/caregivers utilizing the Circle of Security-Parenting sessions.</p>	<p>3 children 4 parents/caregivers</p>	<p>A minimum of 1 8-week sessions</p>	<p>80% of parents/caregivers increase knowledge of positive parenting strategies as demonstrated by COS-P measurement tools.</p>	
<p>3.</p>				

Please select year reflected in Scope of Work by using the drop down box to the right.

APPLICANT NAME:	Child Haven, Inc		
PROGRAM NAME:	Partnership for Early Access for Kids (PEAK)		
GOAL: What are 1-2 primary goals of your program? #	To prevent mental illness from becoming severe and disabling and improve timely access for underserved populations by linking them to treatment and other resources	Links to Strategic Plan Result #:	R3: R4: R9: R10: R11:R12

				OUTCOME
<i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i>	<i>What services, events and other actions make up the program?</i>	<i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i>		<i>Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</i>
	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
Activity 1 <i>(this activity must link to the budget):</i> Prevention: Screening and Assessment	1. Screen 21 high-risk children utilizing screenings such as ASQ3, ASQ-SE, MCHAT, 4P's Plus	21 children	Screening minimum of 2 hour	70% of children screened will be referred for further assessment
	2. Provide 14 assessments of children screened that indicate further in-depth assessment is appropriate; assessment tools utilized include AAPI, Edinburgh Depression Scale, Mullen, DP-3, CANS, BITSEA, CBCL 0-5 trauma screener	14 children	Assessment minimum of 4 hours each	90% of children assessed will be identified as needing additional services
	3. See Linkage Activity for referral information			See Linkage Activity for referral information

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p><i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i></p>	<p><i>What services, events and other actions make up the program?</i></p>	<p><i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i></p>		<p><i>Outcome: The percentage and number of people for whom the program will affect a desired change.</i> The required percentage must be met regardless of total number served.</p>
<p>Activity 2 <i>(this activity must link to the budget):</i> Early Intervention treatment Services: Short-term, time-limited treatment</p>	<p>Tasks Within Activity</p> <p>1. Provide short-term time-limited treatment for children and their families which address child and/or parental trauma, depression, lack of attachment, mood or sensory dysregulation, and address parent/child relationship issues (for children not eligible for Medi-Cal)</p> <p>2.</p> <p>3.</p>	<p># Served</p> <p>30 children</p>	<p>Service Unit Type/ Length of time</p> <p>Average 1-hour sessions delivered weekly</p>	<p>Outcome</p> <p>At least 75% of children completing short-term treatment sessions will demonstrate an increase in functionality in at least 1 treatment goal as demonstrated by improved scores in pre/post assessments and/or documented progress in 1 or more treatment goals</p>

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</p>	<p>What services, events and other actions make up the program?</p>	<p><u># Served:</u> The counts of services provided (to unduplicated clients) and people served over the course of the program. <u>Service Unit Type/Length of Time:</u> The level of services rendered (how often and how long).</p>		<p><u>Outcome:</u> The percentage and number of people for whom the program will effect a desired change. The required percentage must be met regardless of total number served.</p>
<p>Activity 3 (this activity must link to the budget): Linkage</p>	<p>Tasks Within Activity</p>	<p># Served</p>	<p>Service Unit Type/ Length of time</p>	<p>Outcome</p>
	<p>1. Provide referrals to families to link them to appropriate services based upon familial need</p>	<p>45 families referred to additional services</p>	<p>Referral issued</p>	<p>100% of children assessed as needing additional services will be referred to appropriate services</p> <p>60% of families receiving referrals will report following up on the referral</p>
	<p>2.</p>			
<p>3.</p>				

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p><i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i></p>	<p><i>What services, events and other actions make up the program?</i></p>	<p><i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program.</i> <i>Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i></p>		<p><i>Outcome: The percentage and number of people for whom the program will affect a desired change.</i> The required percentage must be met regardless of total number served.</p>
<p>Activity 4 <i>(this activity must link to the budget):</i> Early Intervention Treatment Services: Case Management</p>	<p>Tasks Within Activity</p> <p>1. Provide case management services to evaluate options for families for up to 30 Child/Parent dyads</p> <p>2.</p> <p>3.</p>	<p># Served</p> <p>30 Children 30 Parent/guardians</p>	<p>Service Unit Type/ Length of time</p> <p>Minimum 2 case management activities per family</p>	<p>Outcome</p> <p>60% of families receiving case management services will report 1 or more improved condition(s).</p>

Activity	TASKS	SERVICE COUNTS		OUTCOME
<i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i>	<i>What services, events and other actions make up the program?</i>	<i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i>		<i>Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</i>
Activity 5 <i>(this activity must link to the budget):</i> Early Intervention Treatment Services: Parent Coaching	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
	1. Provide Parent Coaching for a minimum of 3 children and 3 parent/caregivers utilizing Parent-Child Interaction Therapy (PCIT)	3 children 3 parents/caregivers	A minimum of 3 - 15 week sessions	80% of parents/caregivers increase knowledge of positive parenting strategies as demonstrated utilizing PCIT measurement tools.
	2. Provide 2 Parent Coaching workshops for a minimum of 5 children and 7 parent/caregivers utilizing the Circle of Security-Parenting sessions.	5 children 7 parents/caregivers	A minimum of 2 8-week sessions	80% of parents/caregivers increase knowledge of positive parenting strategies as demonstrated by CCS-P measurement tools.
3.				

Please select year reflected in Scope of Work by using the drop down box to the right.

Year 3

Annual Scope of Work/Logic Model

APPLICANT NAME:	Child Haven, Inc		
PROGRAM NAME:	Partnership for Early Access for Kids (PEAK)		
GOAL: What are 1-2 primary goals of your program? #	To prevent mental illness from becoming severe and disabling and improve timely access for underserved populations by linking them to treatment and other resources	Links to Strategic Plan Result #: R3: R4: R9: R10: R11:R12	

What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing	What services, events and other actions make up the program?	OUTCOME		
		# Served	Service Unit Type/ Length of time	Outcome
Activity 1 <i>(this activity must link to the budget):</i> Prevention: Screening and Assessment	1. Screen 21 high-risk children utilizing screenings such as ASQ3, ASQ-SE, MCHAT, 4P's Plus	21 children	Screening minimum of 2 hour	70% of children screened will be referred for further assessment
	2. Provide 14 assessments of children screened that indicate further in-depth assessment is appropriate; assessment tools utilized include AAPI, Edinburgh Depression Scale, Mullen, DP-3, CANS, BITSEA, CBCL 0-5 trauma screener	14 children	Assessment minimum of 4 hours each	90% of children assessed will be identified as needing additional services
	3. See Linkage Activity for referral information			See Linkage Activity for referral information

Activity	TASKS	SERVICE COUNTS		OUTCOME
<i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i>	<i>What services, events and other actions make up the program?</i>	<i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i>		<i>Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</i>
Activity 2 <i>(this activity must link to the budget):</i> Early Intervention treatment Services: Short-term, time-limited treatment	Tasks Within Activity 1. Provide short-term time-limited treatment for children and their families which address child and/or parental trauma, depression, lack of attachment, mood or sensory dysregulation, and address parent/child relationship issues (for children not eligible for Medi-Cal)	# Served 30 children	Service Unit Type/ Length of time Average 1-hour sessions delivered weekly	Outcome At least 75% of children completing short-term treatment sessions will demonstrate an increase in functionality in at least 1 treatment goal as demonstrated by improved scores in pre/post assessments and/or documented progress in 1 or more treatment goals
	2.			
	3.			

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</p>	<p>What services, events and other actions make up the program?</p>	<p><i># Served:</i> The counts of services provided (to unduplicated clients) and people served over the course of the program. <i>Service Unit Type/Length of Time:</i> The level of services rendered (how often and how long).</p>		<p><i>Outcome:</i> The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</p>
<p>Activity 3 (this activity must link to the budget): Linkage</p>	<p>Tasks Within Activity</p> <p>1. Provide referrals to families to link them to appropriate services based upon familial need</p>	<p># Served</p> <p>45 families referred to additional services</p>	<p>Service Unit Type/ Length of time</p> <p>Referral issued</p>	<p>100% of children assessed as needing additional services will be referred to appropriate services</p> <p>60% of families receiving referrals will report following up on the referral</p>
	<p>2.</p>			
	<p>3.</p>			

Activity	TASKS	SERVICE COUNTS		OUTCOME
What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing	What services, events and other actions make up the program?	# Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).		Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.
	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
Activity 4 (this activity must link to the budget): Early Intervention Treatment Services: Case Management	1. Provide case management services to evaluate options for families for up to 30 Child/Parent dyads	30 Children 30 Parent/guardians	Minimum 2 case management activities per family	60% of families receiving case management services will report 1 or more improved condition(s).
	2.			
	3.			

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p><i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i></p>	<p><i>What services, events and other actions make up the program?</i></p>	<p><i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program.</i> <i>Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i></p>		<p><i>Outcome: The percentage and number of people for whom the program will effect a desired change.</i> The required percentage must be met regardless of total number served.</p>
<p>Activity 5 <i>(this activity must link to the budget):</i> Early Intervention Treatment Services: Parent Coaching</p>	<p>1. Provide Parent Coaching for a minimum of 3 children and 3 parent/caregivers utilizing Parent-Child Interaction Therapy (PCIT)</p>	<p># Served 3 children 3 parents/caregivers</p>	<p>Service Unit Type/ Length of time A minimum of 3 - 15 week sessions</p>	<p>Outcome 80% of parents/caregivers increase knowledge of positive parenting strategies as demonstrated utilizing PCIT measurement tools.</p>
	<p>2. Provide 2 Parent Coaching workshops for a minimum of 5 children and 7 parent/caregivers utilizing the Circle of Security-Parenting sessions.</p>	<p># Served 5 children 7 parents/caregivers</p>	<p>Service Unit Type/ Length of time A minimum of 2 8-week sessions</p>	<p>Outcome 80% of parents/caregivers increase knowledge of positive parenting strategies as demonstrated by COS-P measurement tools.</p>
	<p>3.</p>			

FORM B - LINE ITEM BUDGET FORM

FY: 2014/15-Year 1

RFP #: MHSA-PEI

APPLICANT NAME: Child Haven, Inc

Please note that 3 separate annual budget pages must be submitted unless the annual budget amounts are the same for the entire funding cycle. Please choose the appropriate label from the box to the left.

Line Item	FTE	Activities Linked to in Scope of Work	First 5 Solano	Other Sources	Total
Personnel					
Intake Coordinator	0.1	Referrals/Linkage	\$4,500.00	\$3,400.00	\$7,900.00
Therapist	0.5	Assessments/Treatment/Parent Coaching	\$25,200.00	\$26,500.00	\$51,700.00
Family Support Specialist	0.4	Screenings/Case Management/Linkage	\$11,400.00	\$11,900.00	\$23,300.00
					\$0.00
					\$0.00
Benefits			\$8,300.00	\$8,400.00	\$16,700.00
Subtotal Personnel			\$49,400.00	\$50,200.00	\$99,600.00
Operating Expenses					
Rent & Utilities		All Activities related to Scope of Work	\$1,300.00	\$1,900.00	\$3,200.00
Office Supplies/Materials		All Activities related to Scope of Work	\$1,200.00	\$1,000.00	\$2,200.00
Postage/Mailing/Copying		All Activities related to Scope of Work	\$500.00	\$500.00	\$1,000.00
Telephone/Communications		All Activities related to Scope of Work	\$500.00	\$500.00	\$1,000.00
Travel/Training/Conferences		All Activities related to Scope of Work	\$1,200.00	\$1,900.00	\$3,100.00
Other - Mileage		All Activities related to Scope of Work	\$1,300.00	\$2,000.00	\$3,300.00
Other					\$0.00
Subtotal Operating Expenses			\$6,000.00	\$7,800.00	\$13,800.00
Subcontractors					
					\$0.00
					\$0.00
Subtotal Subcontractors			\$0.00	\$0.00	\$0.00
Indirect Costs (Indirect costs must be less than 15% of total of Personnel and Operating Expenses)					
Indirect Costs		Subtotal Indirect	\$9,600.00	\$8,700.00	\$18,300.00
Grand Total Expenses			\$65,000.00	\$66,700.00	\$131,800.00

FORM B - LINE ITEM BUDGET FORM

FY: 2015/16-Year 2

RFP #: MHSA-PEI

APPLICANT NAME: Child Haven, Inc

Please note that 3 separate annual budget pages must be submitted unless the annual budget amounts are the same for the entire funding cycle. Please choose the appropriate label from the box to the left.

Line Item	FTE	Activities Linked to in Scope of Work	First 5 Solano	Other Sources	Total
Personnel					
Intake Coordinator	0.1	Referrals/Linkage	\$5,400.00	\$3,900.00	\$9,300.00
Therapist	0.5	Assessments/Treatment/Parent Coaching	\$30,200.00	\$30,900.00	\$61,100.00
Family Support Specialist	0.4	Screenings/Case Management/Linkage	\$13,600.00	\$14,900.00	\$28,500.00
					\$0.00
					\$0.00
Benefits			\$9,900.00	\$9,900.00	\$19,800.00
Subtotal Personnel			\$59,100.00	\$59,600.00	\$118,700.00
Operating Expenses					
Rent & Utilities		All Activities related to Scope of Work	\$1,600.00	\$2,300.00	\$3,900.00
Office Supplies/Materials		All Activities related to Scope of Work	\$1,400.00	\$1,200.00	\$2,600.00
Postage/Mailing/Copying		All Activities related to Scope of Work	\$600.00	\$600.00	\$1,200.00
Telephone/Communications		All Activities related to Scope of Work	\$600.00	\$600.00	\$1,200.00
Travel/Training/Conferences		All Activities related to Scope of Work	\$1,400.00	\$1,000.00	\$2,400.00
Other - Mileage		All Activities related to Scope of Work	\$1,600.00	\$2,300.00	\$3,900.00
Other					\$0.00
Subtotal Operating Expenses			\$7,200.00	\$8,000.00	\$15,400.00
Subcontractors					
					\$0.00
					\$0.00
Subtotal Subcontractors			\$0.00	\$0.00	\$0.00
Indirect Costs (Indirect costs must be less than 15% of total of Personnel and Operating Expenses)					
Indirect Costs		Subtotal Indirect	\$11,700.00	\$10,200.00	\$21,900.00
Grand Total Expenses			\$78,000.00	\$77,800.00	\$156,000.00

FORM B - LINE ITEM BUDGET FORM

FY: 2016/17-Year 3

RFP #: MHSA-PEI

APPLICANT NAME: Child Haven, Inc

Please note that 3 separate annual budget pages must be submitted unless the annual budget amounts are the same for the entire funding cycle. Please choose the appropriate label from the box to the left.

Line Item	FTE	Activities Linked to in Scope of Work	First 5 Solano	Other Sources	Total
Personnel					
Intake Coordinator	0.1	Referrals/Linkage	\$5,400.00	\$3,900.00	\$9,300.00
Therapist	0.5	Assessments/Treatment/Parent Coaching	\$30,200.00	\$30,900.00	\$61,100.00
Family Support Specialist	0.4	Screenings/Case Management/Linkage	\$13,600.00	\$14,900.00	\$28,500.00
					\$0.00
					\$0.00
Benefits			\$9,900.00	\$9,900.00	\$19,800.00
Subtotal Personnel			\$59,100.00	\$59,600.00	\$118,700.00
Operating Expenses					
Rent & Utilities		All Activities related to Scope of Work	\$1,600.00	\$2,300.00	\$3,900.00
Office Supplies/Materials		All Activities related to Scope of Work	\$1,200.00	\$1,200.00	\$2,400.00
Postage/Mailing/Copying		All Activities related to Scope of Work	\$600.00	\$600.00	\$1,200.00
Telephone/Communications		All Activities related to Scope of Work	\$600.00	\$600.00	\$1,200.00
Travel/Training/Conferences		All Activities related to Scope of Work	\$1,600.00	\$1,000.00	\$2,600.00
Other - Mileage		All Activities related to Scope of Work	\$1,600.00	\$2,300.00	\$3,900.00
Other					\$0.00
Subtotal Operating Expenses			\$7,200.00	\$8,000.00	\$15,200.00
Subcontractors					
					\$0.00
					\$0.00
Subtotal Subcontractors			\$0.00	\$0.00	\$0.00
Indirect Costs (Indirect costs must be less than 15% of total of Personnel and Operating Expenses)					
Indirect Costs		Subtotal Indirect	\$11,700.00	\$10,200.00	\$21,900.00
Grand Total Expenses			\$78,000.00	\$77,800.00	\$155,800.00

FUNDING APPLICATION FORM			
	<p style="text-align: center;">COUNTY OF SOLANO FIRST 5 SOLANO CHILDREN AND FAMILIES COMMISSION</p>	ISSUE DATE	April 11, 2014
		RFP NUMBER	2014-04
<p>Phone Number: (707) 784-1332</p> <p>E-mail Address: Cshipman@solanocounty.com</p> <p>Address: First 5 Solano 601 Texas Street, Suite 210 Fairfield, CA 94533</p>		<p>Return your Application in a sealed envelope, clearly marked: Application for First 5 Solano MHSA PEI Services</p> <p>Applications must be received no later than the date and time indicated. <u>Applications will not be accepted after 5:00 p.m. on:</u></p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">May 20, 2014</p>	
<p>Program Name: PEAK (Partnership for Early Access for Kids) Solano - Aldea</p>			
<p>Program Purpose: The purpose of the PEAK program is to prevent mental illness from becoming severe and disabling and improve timely access for underserved populations by linking them to treatment and other resources</p>			
<p>Applicant Name/Organization: Aldea Children & Family Services</p>			
<p>Applicant Contact Name & Phone Number: James Diel, LMFT 707-718-3905</p>			
<p>Applicant Address/City/State/Zip: 470 Chadbourne Rd, Fairfield, CA 94534</p>			
<p>Form of Business:</p> <p><input type="checkbox"/> For-profit <input checked="" type="checkbox"/> Non-profit <input type="checkbox"/> Government Agency <input type="checkbox"/> Other:</p>			
<p>Geographic Area Served (check all that apply):</p> <p><input checked="" type="checkbox"/> Benicia <input checked="" type="checkbox"/> Dixon <input checked="" type="checkbox"/> Fairfield <input checked="" type="checkbox"/> Rio Vista <input checked="" type="checkbox"/> Suisun <input checked="" type="checkbox"/> Vacaville <input checked="" type="checkbox"/> Vallejo <input checked="" type="checkbox"/> Countywide</p>			
<p>Type of Application:</p> <p><input checked="" type="checkbox"/> Single Agency <input type="checkbox"/> Joint Agency -- (Complete FORM C)</p>			
<p>Amount of First 5 Funding Requested for This Application:</p>		<p>If Joint Application, Amount of First 5 Funding Requested for Joint Application:</p>	
Year 1:	\$58,333	Year 1:	\$883,568
Year 2:	\$70,000	Year 2:	\$1,060,000
Year 3:	\$70,000	Year 3:	\$1,060,000
Total:	\$198,333	Total:	\$3,003,568

Please select year reflected in Scope of Work by using the drop down box to the right.

APPLICANT NAME:	Aldea		
PROGRAM NAME:	Partnership for Early Access for Kids		
GOAL: What are 1-2 primary goals of your program? #	to prevent mental illness from becoming severe and disabling and improve timely access for underserved populationis by linking them to treatment and other resources	Links to Strategic Plan Result #:	R3: R4; R9; R10; R11; R12

				OUTCOME
<i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i>	<i>What services, events and other actions make up the program?</i>	<i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i>		<i>Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</i>
	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
Activity 1 <i>(this activity must link to the budget):</i> Prevention - Screening and Assessment	1. Screen 17 high-risk children utilizing screenings such as ASQ3, ASQ-SE, MCHAT, 4P's Plus	17 children	Screening minimum of 2 hours	70% of children screened will be referred for further assessment
	2. Provide 10 assessments of children screened that indicate further in-depth assessment is appropriate; assessment tools utilized include AAPI, Edinburgh Depression Scale, Mullen, DP-3, CANS, BITSEA, CBCL 0-5 trauma screener	10 children	Assessments minimum of 4 hours each	90% of children assessed will be identified as needing additional services
	3. See Linkage Activity for referral information			See Linkage Activity for referral information

Activity	TASKS	SERVICE COUNTS		OUTCOME
<i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i>	<i>What services, events and other actions make up the program?</i>	<i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i>		<i>Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</i>
	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
Activity 2 <i>(this activity must link to the budget):</i> Early Intervention Treatment Services: Short term time-limited treatment	1. Provide short-term time-limited treatment for 9 children and their families which address child and/or parental trauma, depression, lack of attachment, mood or sensory dysregulation, and address parent/child relationship issues (for children not eligible for Medi-Cal)	9 children	Average 1-hour sessions delivered weekly	At least 75% of children completing short-term treatment sessions will demonstrate an increase in functionality in at least 1 treatment goal as demonstrated by measurable improvement on a statistically valid and reliable pre/post measure (CANS 0-5).
	2.			
	3.			

Activity	TASKS	SERVICE COUNTS		OUTCOME
<i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i>	<i>What services, events and other actions make up the program?</i>	<i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i>		<i>Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</i>
	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
Activity 3 <i>(this activity must link to the budget):</i> Early Intervention Treatment Services: Case Management	1. Provide case management services to evaluate options for families for up to 9 individuals	9 children 9 parents/guardians or foster parents	Minimum 2 case management sessions per family	80% of clients will be linked to services or have needs met through case management linkage as measured by progress note documentation.
	2.			
	3.			

Activity	TASKS	SERVICE COUNTS		OUTCOME
<i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i>	<i>What services, events and other actions make up the program?</i>	<i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i>		<i>Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</i>
	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
Activity 4 <i>(this activity must link to the budget):</i> Early Intervention Treatment Services: Inter-Disciplinary team evaluation	1. Pediatric psychologist or psychiatrist participating in inter-disciplinary team meetings monthly for evaluation of up to 12 children with more challenging issues (IDT team includes mental health clinician, physical therapist, occupational therapist and speech therapist)	12 children & their parents/caregivers	4 hour IDT sessions	100% of IDT parents/caregivers will increase understanding of the importance of social emotional and developmental health, parent-infant attachment, bonding, and agree to be linked to additional services needed for their child
2.				
3.				

Activity	TASKS	SERVICE COUNTS		OUTCOME
<i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i>	<i>What services, events and other actions make up the program?</i>	<i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i>		<i>Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</i>
Activity 5 <i>(this activity must link to the budget):</i> Linkages	<ol style="list-style-type: none"> 1. Provide referrals to families to link them to appropriate services based upon familial need 2. 3. 	# Served	Service Unit Type/ Length of time	Outcome
		13 families referred to additional services	Referral issued	100% of children assessed as needing additional services will be referred to appropriate services
				60% of families receiving referrals will report following up on the referral

Please select year reflected in Scope of Work by using the drop down box to the right.

Year: 2

Annual Scope of Work/Logic Model

APPLICANT NAME:	Aldea		
PROGRAM NAME:	Partnership for Early Access for Kids		
GOAL: What are 1-2 primary goals of your program? #	to prevent mental illness from becoming severe and disabling and improve timely access for underserved populationis by linking them to treatment and other resources	Links to Strategic Plan Result #:	R3: R4; R9; R10; R11; R12

			OUTCOME	
<i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i>	<i>What services, events and other actions make up the program?</i>	<i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i>		<i>Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</i>
	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
Activity 1 <i>(this activity must link to the budget):</i> Prevention - Screening and Assessment	1. Screen 21 high-risk children utilizing screenings such as ASQ3, ASQ-SE, MCHAT, 4P's Plus	21 children	Screening minimum of 2 hours	70% of children screened will be referred for further assessment
	2. Provide 14 assessments of children screened that indicate further in-depth assessment is appropriate; assessment tools utilized include AAPi, Edinburgh Depression Scale, Mullen, DP-3, CANS, BITSEA, CBCL 0-5 trauma screener	14 children	Assessments minimum of 4 hours each	90% of children assessed will be identified as needing additional services
	3. See Linkage Activity for referral information			See Linkage Activity for referral information

Activity	TASKS	SERVICE COUNTS		OUTCOME
<i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i>	<i>What services, events and other actions make up the program?</i>	<i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i>		<i>Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</i>
	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
Activity 2 <i>(this activity must link to the budget):</i> Early Intervention Treatment Services: Short term time-limited treatment	1. Provide short-term time-limited treatment for 12 children and their families which address child and/or parental trauma, depression, lack of attachment, mood or sensory dysregulation, and address parent/child relationship issues (for children not eligible for Medi-Cal)	12 children	Average 1-hour sessions delivered weekly	At least 75% of children completing short-term treatment sessions will demonstrate an increase in functionality in at least 1 treatment goal as demonstrated by measurable improvement on a statistically valid and reliable pre/post measure (CANS 0-5).
	2.			
	3.			

Activity	TASKS	SERVICE COUNTS		OUTCOME
What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing	What services, events and other actions make up the program?	# Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).		Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.
	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
Activity 3 (this activity must link to the budget): Early Intervention Treatment Services: Case Management	1. Provide case management services to evaluate options for families for up to 12 individuals	12 children 12 parents/guardians or foster parents	Minimum 2 case management sessions per family	80% of clients will be linked to services or have needs met through case management linkage as measured by progress note documentation.
	2.			
	3.			

Activity	TASKS	SERVICE COUNTS		OUTCOME
What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing	What services, events and other actions make up the program?	# Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).		Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.
	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
Activity 4 (this activity must link to the budget): Early Intervention Treatment Services: Inter-Disciplinary team evaluation	1. Pediatric psychologist or psychiatrist participating in inter-disciplinary team meetings monthly for evaluation of up to 12 children with more challenging issues (IDT team includes mental health clinician, physical therapist, occupational therapist and speech therapist)	12 children & their parents/caregivers	4 hour IDT sessions	100% of IDT parents/caregivers will increase understanding of the importance of social emotional and developmental health, parent-infant attachment, bonding, and agree to be linked to additional services needed for their child
	2.			
	3.			

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p><i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i></p>	<p><i>What services, events and other actions make up the program?</i></p>	<p><i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program.</i> <i>Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i></p>		<p><i>Outcome: The percentage and number of people for whom the program will affect a desired change.</i> The required percentage must be met regardless of total number served.</p>
<p>Activity 5 <i>(this activity must link to the budget):</i> Linkages</p>	<p>1. Provide referrals to families to link them to appropriate services based upon familial need</p>	<p># Served</p> <p>15 families referred to additional services</p>	<p>Service Unit Type/ Length of time</p> <p>Referral issued</p>	<p>100% of children assessed as needing additional services will be referred to appropriate services</p> <p>60% of families receiving referrals will report following up on the referral</p>
	<p>2.</p>			
	<p>3.</p>			

Please select year reflected in Scope of Work by using the drop down box to the right.

Year: 3

APPLICANT NAME:	Aldea		
PROGRAM NAME:	Partnership for Early Access for Kids		
GOAL: What are 1-2 primary goals of your program? #	to prevent mental illness from becoming severe and disabling and improve timely access for underserved populationis by linking them to treatment and other resources		Links to Strategic Plan Result #: R3; R4; R9; R10; R11; R12

What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing	What services, events and other actions make up the program?	# Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).		OUTCOME
		Tasks Within Activity	# Served	Service Unit Type/ Length of time
Activity 1 (this activity must link to the budget): Prevention - Screening and Assessment	1. Screen 21 high-risk children utilizing screenings such as ASQ3, ASQ-SE, MCHAT, 4P's Plus	21 children	Screening minimum of 2 hours	70% of children screened will be referred for further assessment
	2. Provide 14 assessments of children screened that indicate further in-depth assessment is appropriate; assessment tools utilized include AAPI, Edinburgh Depression Scale, Mullen, DP-3, CANS, BITSEA, CBCL. 0-5 trauma screener	14 children	Assessments minimum of 4 hours each	90% of children assessed will be identified as needing additional services
	3. See Linkage Activity for referral information			See Linkage Activity for referral information

Activity	TASKS	SERVICE COUNTS		OUTCOME
<i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i>	<i>What services, events and other actions make up the program?</i>	<i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i>		<i>Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</i>
	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
Activity 2 <i>(this activity must link to the budget):</i> Early Intervention Treatment Services: Short term time-limited treatment	1. Provide short-term time-limited treatment for 12 children and their families which address child and/or parental trauma, depression, lack of attachment, mood or sensory dysregulation, and address parent/child relationship issues (for children not eligible for Medi-Cal)	12 children	Average 1-hour sessions delivered weekly	At least 75% of children completing short-term treatment sessions will demonstrate an increase in functionality in at least 1 treatment goal as demonstrated by measurable improvement on a statistically valid and reliable pre/post measure (CANS 0-5).
	2.			
	3.			

Activity	TASKS	SERVICE COUNTS		OUTCOME
<i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i>	<i>What services, events and other actions make up the program?</i>	<i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i>		<i>Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</i>
	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
Activity 3 <i>(this activity must link to the budget):</i> Early Intervention Treatment Services: Case Management	1. Provide case management services to evaluate options for families for up to 12 individuals	12 children 12 parents/guardians or foster parents	Minimum 2 case management sessions per family	80% of clients will be linked to services or have needs met through case management linkage as measured by progress note documentation.
	2.			
	3.			

Activity	TASKS	SERVICE COUNTS		OUTCOME
<i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i>	<i>What services, events and other actions make up the program?</i>	<i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i>		<i>Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</i>
	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
Activity 4 <i>(this activity must link to the budget):</i> Early Intervention Treatment Services: Inter-Disciplinary team evaluation	1. Pediatric psychologist or psychiatrist participating in inter-disciplinary team meetings monthly for evaluation of up to 12 children with more challenging issues (IDT team includes mental health clinician, physical therapist, occupational therapist and speech therapist)	12 children & their parents/caregivers	4 hour IDT sessions	100% of IDT parents/caregivers will increase understanding of the importance of social emotional and developmental health, parent-infant attachment, bonding, and agree to be linked to additional services needed for their child
	2.			
	3.			

Activity	TASKS	SERVICE COUNTS		OUTCOME
What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing	What services, events and other actions make up the program?	# Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).		Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.
	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
Activity 5 (this activity must link to the budget): Linkages	1. Provide referrals to families to link them to appropriate services based upon familial need	16 families referred to additional services	Referral issued	100% of children assessed as needing additional services will be referred to appropriate services 60% of families receiving referrals will report following up on the referral
	2.			
	3.			

FORM B – LINE ITEM BUDGET FORM

FY: 2014/15-Year 1
RFP #: MHSA-PEI
APPLICANT NAME: Aidea

Please note that 3 separate annual budget pages must be submitted unless the annual budget amounts are the same for the entire funding cycle. Please choose the appropriate label from the box to the left.

Line Item	FTE	Activities Linked to in Scope of Work	First 5 Solano	Other Sources	Total
Personnel					
Behavioral Health Director	0.0	All	\$3,375.00	\$3,500.00	\$6,875.00
Program Director	0.1	All	\$1,000.00	\$5,500.00	\$6,500.00
Therapist	0.5	All	\$19,167.00	\$24,400.00	\$43,567.00
Psychiatrist	0.0	IDT	\$1,125.00	\$4,650.00	\$5,775.00
CQI and Program Administration	0.1	All	\$4,283.00	\$8,100.00	\$12,383.00
Benefits			\$7,751.00	\$12,460.00	\$20,211.00
Subtotal Personnel			\$36,701.00	\$58,610.00	\$95,311.00
Operating Expenses					
Rent & Utilities		All	\$3,167.00	\$7,200.00	\$10,367.00
Office Supplies/Materials		All	\$1,458.00	\$860.00	\$2,318.00
Postage/Mailing/Copying		All			\$0.00
Telephone/Communications		All	\$2,917.00	\$5,880.00	\$8,797.00
Travel/Training/Conferences		All	\$7,500.00	\$300.00	\$7,800.00
Other		All	\$1,325.00	\$1,075.00	\$2,400.00
Other					\$0.00
Subtotal Operating Expenses			\$16,367.00	\$15,315.00	\$31,682.00
Subcontractors					
					\$0.00
					\$0.00
Subtotal Subcontractors			\$0.00	\$0.00	\$0.00
Indirect Costs (Indirect costs must be less than 15% of total of Personnel and Operating Expenses)					
Indirect Costs			\$5,265.00	\$8,307.00	\$13,572.00
Subtotal Indirect			\$5,265.00	\$8,307.00	\$13,572.00
Grand Total Expenses			\$58,333.00	\$82,232.00	\$140,565.00

FORM B - LINE ITEM BUDGET FORM

FY: 2015/16-Year 2
RFP #: MHSA-PEI
APPLICANT NAME:

Please note that 3 separate annual budget pages must be submitted unless the annual budget amounts are the same for the entire funding cycle. Please choose the appropriate label from the box to the left.

Line Item	FTE	Activities Linked to in Scope of Work	First 5 Solano	Other Sources	Total
Personnel:					
Behavioral Health Director	0.0		\$4,050.00	\$3,605.00	\$7,655.00
Program Director	0.1		\$5,600.00	\$5,775.00	\$11,375.00
Therapist	0.5		\$23,000.00	\$25,130.00	\$48,130.00
Psychiatrist	0.0		\$1,350.00	\$4,790.00	\$6,140.00
CQI and Program Administration	0.1		\$5,500.00	\$12,830.00	\$18,330.00
Benefits			\$10,468.00	\$14,600.00	\$25,068.00
Subtotal Personnel			\$49,968.00	\$66,730.00	\$116,698.00
Operating Expenses:					
Rent & Utilities			\$3,800.00	\$7,340.00	\$11,140.00
Office Supplies/Materials			\$1,750.00	\$890.00	\$2,640.00
Postage/Mailing/Copying					\$0.00
Telephone/Communications			\$3,500.00	\$6,050.00	\$9,550.00
Travel/Training/Conferences			\$1,800.00	\$300.00	\$2,100.00
Other			\$2,072.00	\$1,075.00	\$3,147.00
Other					\$0.00
Subtotal Operating Expenses			\$12,922.00	\$15,655.00	\$28,577.00
Subcontractors					
					\$0.00
					\$0.00
Subtotal Subcontractors			\$0.00	\$0.00	\$0.00
Indirect Costs (Indirect costs must be less than 15% of total of Personnel and Operating Expenses)					
Indirect Costs		Subtotal Indirect	\$7,110.00	\$9,380.00	\$16,490.00
Grand Total Expenses			\$70,000.00	\$91,765.00	\$152,385.00

FORM B - LINE ITEM BUDGET FORM

FY: 2016/17-Year 3
RFP #: MHS-A-PEI
APPLICANT NAME:

Please note that 3 separate annual budget pages must be submitted unless the annual budget amounts are the same for the entire funding cycle. Please choose the appropriate label from the box to the left.

Line Item	FTE	Activities Linked to in Scope of Work	First 5 Solano	Other Sources	Total
Personnel					
Behavioral Health Director	0.0		\$4,172.00	\$3,710.00	\$7,882.00
Program Director	0.1		\$5,768.00	\$5,950.00	\$11,718.00
Therapist	0.5		\$23,690.00	\$25,885.00	\$49,575.00
Psychiatrist	0.0		\$1,391.00	\$4,900.00	\$6,291.00
CQI and Program Administration	0.1		\$5,665.00	\$13,215.00	\$18,880.00
Benefits			\$10,782.00	\$15,560.00	\$26,342.00
Subtotal Personnel			\$51,468.00	\$69,220.00	\$120,688.00
Operating Expenses					
Rent & Utilities			\$3,924.00	\$7,490.00	\$11,414.00
Office Supplies/Materials			\$1,785.00	\$910.00	\$2,695.00
Postage/Mailing/Copying					\$0.00
Telephone/Communications			\$3,500.00	\$6,150.00	\$9,650.00
Travel/Training/Conferences			\$1,000.00	\$305.00	\$1,305.00
Other			\$1,000.00	\$1,100.00	\$2,100.00
Other					\$0.00
Subtotal Operating Expenses			\$11,209.00	\$15,955.00	\$27,164.00
Subcontractors					
					\$0.00
					\$0.00
Subtotal Subcontractors			\$0.00	\$0.00	\$0.00
Indirect Costs (Indirect costs must be less than 15% of total of Personnel and Operating Expenses)					
Indirect Costs		Subtotal Indirect	\$7,323.00	\$9,670.00	\$16,993.00
Grand Total Expenses			\$70,000.00	\$94,845.00	\$155,175.00

FUNDING APPLICATION FORM			
	COUNTY OF SOLANO FIRST 5 SOLANO CHILDREN AND FAMILIES COMMISSION	ISSUE DATE	April 11, 2014
		RFP NUMBER	2014-04
Phone Number: (707) 784-1332 E-mail Address: Cshipman@solanocounty.com Address: First 5 Solano 601 Texas Street, Suite 210 Fairfield, CA 94533		Return your Application in a sealed envelope, clearly marked: Application for First 5 Solano MHSA/PEI Services Applications must be received no later than the date and time indicated. <u>Applications will not be accepted after 5:00 p.m. on:</u> <div style="text-align: center; padding: 10px;">May 20, 2014</div>	
Program Name: Partnership for Early Access For Kids			
Program Purpose: PEAK is a partnership of multiple community agencies that provide developmental screenings, parent and provider education, counseling, linkages and treatment for children ages birth to 5 years and their families in Solano County.			
Applicant Name/Organization: Solano Family & Children's Services			
Applicant Contact Name & Phone Number: Kathy Lago (707) 864-4620			
Applicant Address/City/State/Zip: 421 Executive Court North, Fairfield CA 94534			
Form of Business: <input type="checkbox"/> For-profit <input checked="" type="checkbox"/> Non-profit <input type="checkbox"/> Government Agency <input type="checkbox"/> Other:			
Geographic Area Served (check all that apply): <input type="checkbox"/> Benicia <input type="checkbox"/> Dixon <input type="checkbox"/> Fairfield <input type="checkbox"/> Rio Vista <input type="checkbox"/> Suisun <input type="checkbox"/> Vacaville <input type="checkbox"/> Vallejo <input checked="" type="checkbox"/> Countywide			
Type of Application: <input type="checkbox"/> Single Agency <input checked="" type="checkbox"/> Joint Agency – (Complete FORM C)			
Amount of First 5 Funding Requested for This Application:		If Joint Application, Amount of First 5 Funding Requested for Joint Application:	
Year 1:	\$45,833	Year 1:	\$883,568
Year 2:	\$55,000	Year 2:	\$1,060,000
Year 3:	\$55,000	Year 3:	\$1,060,000
Total:	\$155,833	Total:	\$3,003,568

Please select year reflected in Scope of Work by using the drop down box to the right.

Year: 2024

APPLICANT NAME:	Solano Family and Children's Services		
PROGRAM NAME:	Partnership for Early Access for Kids		
GOAL: What are 1-2 primary goals of your program? #	to prevent mental illness from becoming severe and disabling and improve timely access for underserved populationis by linking them to treatment and other resources		Links to Strategic Plan Result #: R3; R4; R9; R10; R11; R12

				OUTCOME
<i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i>	<i>What services, events and other actions make up the program?</i>	<i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i>		<i>Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</i>
	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
Activity 1 <i>(this activity must link to the budget):</i> Prevention - Parent, provider and caregiver education, training and consultation	1. Provide at least 12 workshops for a minimum of 48 parents per workshop, on topics such as: increasing parents knowledge of typical & atypical development, parents ability to recognize "red flags", improving the parent-child relationship and improving the mental health of their children	10 workshops 40 parent/cargivers	workshop minimum 1.5 hours in length	85% of parents/caregivers will demonstrate increased knowledge of workshop topic, as demonstrated by pre/post survey
	2. Provide at least 12 workshops for a minimum of 6 providers per workshop on topics such as: typical and atypical development, "red flags" in young children, use of basic screening tools such as ASQ3 and ASQ-SE, & improving the mental health of children	10 workshops 60 providers total	workshop minimum 1.5 hours in length	
	3.			85% of providers will demonstrate increased knowledge of workshop topic, as demonstrated by pre/post survey

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p><i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i></p>	<p><i>What services, events and other actions make up the program?</i></p>	<p><i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program.</i> <i>Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i></p>		<p><i>Outcome: The percentage and number of people for whom the program will affect a desired change.</i> The required percentage must be met regardless of total number served.</p>
<p>Activity 2 <i>(this activity must link to the budget):</i> Linkages</p>	<p>Tasks Within Activity</p> <p>1. Provide 24 referrals to families to link them to appropriate services based upon familial need</p>	<p># Served</p> <p>4 families referred to additional services</p>	<p>Service Unit Type/ Length of time</p> <p>Referral issued</p>	<p>60% of 24 families (14 families) receiving referrals will report following up on the referral</p>
	<p>2.</p>			
	<p>3.</p>			

Please select year reflected in Scope of Work by using the drop down box to the right.

APPLICANT NAME:	Solano Family and Children's Services		
PROGRAM NAME:	Partnership for Early Access for Kids		
GOAL: What are 1-2 primary goals of your program? #	to prevent mental illness from becoming severe and disabling and improve timely access for underserved populationis by linking them to treatment and other resources		Links to Strategic Plan Result #: R3; R4; R9; R10; R11; R12

What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing	What services, events and other actions make up the program?	# Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).		OUTCOME
		Tasks Within Activity	# Served	Service Unit Type/ Length of time
Activity 1 (this activity must link to the budget): Prevention - Parent, provider and caregiver education, training and consultation	1. Provide at least 12 workshops for a minimum of 48 parents per workshop, on topics such as: increasing parents knowledge of typical & atypical development, parents ability to recognize "red flags", improving the parent-child relationship and improving the mental health of their children	12 workshops 48 parent/cargivers	workshop minimum 1.5 hours in length	85% of parents/caregivers will demonstrate increased knowledge of workshop topic, as demonstrated by pre/post survey
	2. Provide at least 12 workshops for a minimum of 6 providers per workshop on topics such as: typical and atypical development, "red flags" in young children, use of basic screening tools such as ASQ3 and ASQ-SE, & improving the mental health of children	12 workshops 72 providers total	workshop minimum 1.5 hours in length	85% of providers will demonstrate increased knowledge of workshop topic, as demonstrated by pre/post survey
	3.			

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p><i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i></p>	<p><i>What services, events and other actions make up the program?</i></p>	<p><i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program.</i> <i>Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i></p>		<p><i>Outcome: The percentage and number of people for whom the program will affect a desired change.</i> The required percentage must be met regardless of total number served.</p>
<p>Activity 2 <i>(this activity must link to the budget):</i> Linkages</p>	<p>Tasks Within Activity</p> <p>1. Provide 24 referrals to families to link them to appropriate services based upon familial need</p>	<p># Served</p> <p>24 families referred to additional services</p>	<p>Service Unit Type/ Length of time</p> <p>Referral issued</p>	<p>60% of 24 families (14 families) receiving referrals will report following up on the referral</p>
	<p>2.</p>			
	<p>3.</p>			

Please select year reflected in Scope of Work by using the drop down box to the right.

Year 3

Annual Scope of Work/Logic Model

APPLICANT NAME:	Solano Family and Children's Services		
PROGRAM NAME:	Partnership for Early Access for Kids		
GOAL: What are 1-2 primary goals of your program? #	to prevent mental illness from becoming severe and disabling and improve timely access for underserved populationis by linking them to treatment and other resources	Links to Strategic Plan Result #: R3; R4; R9; R10; R11; R12	

What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing	What services, events and other actions make up the program?	# Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).		OUTCOME
		Tasks Within Activity	# Served	Service Unit Type/ Length of time
Activity 1 (this activity must link to the budget): Prevention - Parent, provider and caregiver education, training and consultation	1. Provide at least 12 workshops for a minimum of 48 parents per workshop, on topics such as: increasing parents knowledge of typical & atypical development, parents ability to recognize "red flags", improving the parent-child relationship and improving the mental health of their children	12 workshops 48 parent/cargivers	workshop minimum 1.5 hours in length	85% of parents/caregivers will demonstrate increased knowledge of workshop topic, as demonstrated by pre/post survey
	2. Provide at least 12 workshops for a minimum of 6 providers per workshop on topics such as: typical and atypical development, "red flags" in young children, use of basic screening tools such as ASQ3 and ASQ-SE, & improving the mental health of children	12 workshops 72 providers total	workshop minimum 1.5 hours in length	
	3.			85% of providers will demonstrate increased knowledge of workshop topic, as demonstrated by pre/post survey

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p><i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i></p>	<p><i>What services, events and other actions make up the program?</i></p>	<p># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).</p>		<p>Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</p>
	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
<p>Activity 2 <i>(this activity must link to the budget):</i> Linkages</p>	<p>1. Provide 24 referrals to families to link them to appropriate services based upon familial need</p>	<p>24 families referred to additional services</p>	<p>Referral issued</p>	<p>60% of 24 families (14 families) receiving referrals will report following up on the referral</p>
	<p>2.</p>			
	<p>3.</p>			

FORM B - LINE ITEM BUDGET FORM

FY: 2014/15-Year 1

RFP #: MHSA-PEI

APPLICANT NAME: Solano Family and Children's Services

Please note that 3 separate annual budget pages must be submitted unless the annual budget amounts are the same for the entire funding cycle. Please choose the appropriate label from the box to the left.

Line Item	FTE	Activities Linked to in Scope of Work	First 5 Solano	Other Sources	Total
Personnel					
Program Trainer	0.5	Program Training, Reporting, Linkages	\$18,725.00		\$18,725.00
Program Manager .15 FTE	0.2	Program Oversight, Supervision, Linkages	\$12,125.00		\$12,125.00
Prog mgr should be 15%					\$0.00
					\$0.00
					\$0.00
Benefits			\$9,170.00		\$9,170.00
Subtotal Personnel			\$40,020.00	\$0.00	\$40,020.00
Operating Expenses					
Rent & Utilities			\$3,000.00		\$3,000.00
Office Supplies/Materials			\$685.00		\$685.00
Postage/Mailing/Copying			\$200.00		\$200.00
Telephone/Communications			\$300.00		\$300.00
Travel/Training/Conferences			\$330.00		\$330.00
In-Kind room use & child care				\$1,725.00	\$1,725.00
Other					\$0.00
Subtotal Operating Expenses			\$4,515.00	\$1,725.00	\$6,240.00
Subcontractors					
					\$0.00
					\$0.00
Subtotal Subcontractors			\$0.00	\$0.00	\$0.00
Indirect Costs (Indirect costs must be less than 15% of total of Personnel and Operating Expenses)					
Indirect Costs			\$1,298.00	\$1,452.00	\$2,750.00
Subtotal Indirect			\$1,298.00	\$1,452.00	\$2,750.00
Grand Total Expenses			\$45,833.00	\$3,177.00	\$49,010.00

FORM B - LINE ITEM BUDGET FORM

FY: 2015/16-Year 2

RFP #: MHSA-PEI

APPLICANT NAME:

Please note that 3 separate annual budget pages must be submitted unless the annual budget amounts are the same for the entire funding cycle. Please choose the appropriate label from the box to the left.

Line Item	FTE	Activities Linked to in Scope of Work	First 5 Solano	Other Sources	Total
Personnel					
Program Trainer	0.5	Program Training, Reporting, Linkages	\$23,625.00		\$23,625.00
Program Manager	0.2	Program Oversight, Supervision, Linkages	\$15,275.00		\$15,275.00
Prog Mgr should be 15%					\$0.00
					\$0.00
					\$0.00
Benefits			\$11,000.00		\$11,000.00
Subtotal Personnel			\$49,900.00	\$0.00	\$49,900.00
Operating Expenses					
Rent & Utilities			\$3,780.00		\$3,780.00
Office Supplies/Materials			\$200.00	\$200.00	\$400.00
Postage/Mailing/Copying			\$150.00	\$50.00	\$200.00
Telephone/Communications			\$300.00	\$50.00	\$350.00
Travel/Training/Conferences			\$150.00	\$180.00	\$330.00
In-Kind room use & child care				\$2,070.00	\$2,070.00
Other					\$0.00
Subtotal Operating Expenses			\$4,580.00	\$2,550.00	\$7,130.00
Subcontractors					
					\$0.00
					\$0.00
Subtotal Subcontractors			\$0.00	\$0.00	\$0.00
Indirect Costs (Indirect costs must be less than 15% of total of Personnel and Operating Expenses)					
Indirect Costs			\$520.00	\$2,780.00	\$3,300.00
Subtotal Indirect			\$520.00	\$2,780.00	\$3,300.00
Grand Total Expenses			\$55,000.00	\$5,330.00	\$60,330.00

FORM B - LINE ITEM BUDGET FORM

FY: 2016/17-Year 3

RFP #: MHSA-PEI

APPLICANT NAME:

Please note that 3 separate annual budget pages must be submitted unless the annual budget amounts are the same for the entire funding cycle. Please choose the appropriate label from the box to the left.

Line Item	FTE	Activities Linked to in Scope of Work	First 5 Solano	Other Sources	Total
Personnel					
Program Trainer	0.5	Program Training, Reporting, Linkages	\$24,806.00		\$24,806.00
Program Manager	0.2	Program Oversight, Supervision, Linkages	\$16,038.00		\$16,038.00
Prog Mgr should be 15% .15					\$0.00
					\$0.00
					\$0.00
Benefits			\$11,550.00		\$11,550.00
Subtotal Personnel			\$52,394.00	\$0.00	\$52,394.00
Operating Expenses					
Rent & Utilities			\$2,606.00	\$1,364.00	\$3,970.00
Office Supplies/Materials				\$200.00	\$200.00
Postage/Mailing/Copying				\$150.00	\$150.00
Telephone/Communications				\$350.00	\$350.00
Travel/Training/Conferences				\$300.00	\$300.00
In-Kind room use & child care				\$2,070.00	\$2,070.00
Other					\$0.00
Subtotal Operating Expenses			\$2,606.00	\$4,434.00	\$7,040.00
Subcontractors					
					\$0.00
					\$0.00
Subtotal Subcontractors			\$0.00	\$0.00	\$0.00
Indirect Costs (indirect costs must be less than 15% of total of Personnel and Operating Expenses)					
Indirect Costs				\$3,300.00	\$3,300.00
Subtotal Indirect				\$3,300.00	\$3,300.00
Grand Total Expenses			\$55,000.00	\$7,734.00	\$62,734.00

FUNDING APPLICATION FORM			
	COUNTY OF SOLANO FIRST 5 SOLANO CHILDREN AND FAMILIES COMMISSION	ISSUE DATE	April 11, 2014
		RFP NUMBER	2014-04
Phone Number: (707) 784-1332 E-mail Address: Cshipman@solanocounty.com Address: First 5 Solano 601 Texas Street, Suite 210 Fairfield, CA 94533		Return your Application in a sealed envelope, clearly marked: Application for First 5 Solano MHSA-PEI Services Applications must be received no later than the date and time indicated. <u>Applications will not be accepted after 5:00 p.m. on:</u> <div style="text-align: center; margin-top: 10px;">May 20, 2014</div>	
Program Name: Partnership for Early Access for Kids			
Program Purpose: To prevent mental illness from becoming severe and disabling and improve timely access for underserved populations by linking them to treatment and other resources.			
Applicant Name/Organization: Youth and Family Services			
Applicant Contact Name & Phone Number: Kay Bosick (707) 980-1711			
Applicant Address/City/State/Zip: 1017 Tennessee Street, Vallejo, CA 94590			
Form of Business: <input type="checkbox"/> For-profit <input checked="" type="checkbox"/> Non-profit <input type="checkbox"/> Government Agency <input type="checkbox"/> Other:			
Geographic Area Served (check all that apply): <input type="checkbox"/> Benicia <input type="checkbox"/> Dixon <input checked="" type="checkbox"/> Fairfield <input type="checkbox"/> Rio Vista <input type="checkbox"/> Suisun <input type="checkbox"/> Vacaville <input checked="" type="checkbox"/> Vallejo <input type="checkbox"/> Countywide			
Type of Application: <input type="checkbox"/> Single Agency <input checked="" type="checkbox"/> Joint Agency – (Complete FORM C)			
Amount of First 5 Funding Requested for This Application:		If Joint Application, Amount of First 5 Funding Requested for Joint Application:	
Year 1:	\$37,500	Year 1:	\$883,568
Year 2:	\$45,000	Year 2:	\$1,060,000
Year 3:	\$45,000	Year 3:	\$1,060,000
Total:	\$127,500	Total:	\$3,003,568

Please select year reflected in Scope of Work by using the drop down box to the right.

Year: 2018

Annual Scope of Work/Logic Model

APPLICANT NAME:	Youth and Family Services		
PROGRAM NAME:	Partnership for Early Access for Kids		
GOAL: What are 1-2 primary goals of your program? #	to prevent mental illness from becoming severe and disabling and improve timely access for underserved populationis by linking them to treatment and other resources		Links to Strategic Plan Result #: R3: R4; R9; R10; R11; R12

				OUTCOME
<i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i>	<i>What services, events and other actions make up the program?</i>	<i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i>		<i>Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</i>
	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
Activity 1 <i>(this activity must link to the budget):</i> Early Intervention Treatment Services: Parent Coaching	1. (YFS) Provide Parent Coaching for a minimum of 8 parents/caregivers utilizing the Nurturing Parenting Program	8 parents/caregivers 5 children 1 groups 9 weeks each	A minimum of a 9-week Sessions	80% of parents/caregivers increase knowledge of positive parenting strategies as demonstrated by AAPI scores 85% of children served will receive ASQ-SE screening.
	2. (YFS) Provide Parent Coaching for a minimum of 10 incarcerated parents/caregivers (or formerly incarcerated) utilizing the Nurturing Parenting Program	20 parents/caregivers 10 children 2 groups 9 weeks each	A minimum of a 9-week Sessions groups and or individual sessions	80% of parents/caregivers increase knowledge of positive parenting strategies as demonstrated by AAPI Scores 85% of children served will receive ASQ-SE screening.
	3.			

Activity	TASKS	SERVICE COUNTS		OUTCOME
What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing	What services, events and other actions make up the program?	# Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).		Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.
	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
Activity 2 (this activity must link to the budget): Linkages	1. Provide 18 referrals and case management to families to link them to appropriate services based upon familial need	18 families referred to additional services	Referral issued	60% of families receiving referrals will report following up on the referral
	2.			
	3.			

Please select year reflected in Scope of Work by using the drop down box to the right.

Year 2

Annual Scope of Work/Logic Model

APPLICANT NAME:	Youth and Family Services		
PROGRAM NAME:	Partnership for Early Access for Kids		
GOAL: What are 1-2 primary goals of your program? #	to prevent mental illness from becoming severe and disabling and improve timely access for underserved populationis by linking them to treatment and other resources		Links to Strategic Plan Result #: R3; R4; R9; R10; R11; R12

What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing	What services, events and other actions make up the program?	OUTCOME		
		# Served	Service Unit Type/ Length of time	Outcome
Activity 1 (this activity must link to the budget): Early Intervention Treatment Services: Parent Coaching	1. (YFS) Provide Parent Coaching for a minimum of 8 parents/caregivers utilizing the Nurturing Parenting Program	8 parents/caregivers 5 children 1 groups 9 weeks each	A minimum of a 9-week Sessions	80% of parents/caregivers increase knowledge of positive parenting strategies as demonstrated by AAPI scores 85% of children served will receive ASQ-SE screening.
	2. (YFS) Provide Parent Coaching for a minimum of 10 incarcerated parents/caregivers (or formerly incarcerated) utilizing the Nurturing Parenting Program	20 parents/caregivers 10 children 2 groups 9 weeks each	A minimum of a 9-week Sessions groups and or individual sessions	80% of parents/caregivers increase knowledge of positive parenting strategies as demonstrated by AAPI Scores 85% of children served will receive ASQ-SE screening.
	3. (YFS) Provide individual Parent Coaching sessions for a minimum of 7 parents/caregivers utilizing the Nurturing Parenting Program.	7 parents/caregivers 5 children 9 individual sessions	A minimum of a 7 individual 9-week Sessions	80% of parents/caregivers increase knowledge of positive parenting strategies as demonstrated by AAPI scores 85% of children served will receive ASQ-SE screening.

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p><i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</i></p>	<p><i>What services, events and other actions make up the program?</i></p>	<p><i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program.</i> <i>Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i></p>		<p><i>Outcome: The percentage and number of people for whom the program will affect a desired change.</i> The required percentage must be met regardless of total number served.</p>
<p>Activity 2 <i>(this activity must link to the budget):</i> Linkages</p>	<p>Tasks Within Activity</p> <p>1. Provide 20 referrals and case management to families to link them to appropriate services based upon familial need</p>	<p># Served</p> <p>20 families referred to additional services</p>	<p>Service Unit Type/ Length of time</p> <p>Referral issued</p>	<p>Outcome</p> <p>60% of families receiving referrals will report following up on the referral</p>
	<p>2.</p>			
	<p>3.</p>			

APPLICANT NAME:	Youth and Family Services		
PROGRAM NAME:	Partnership for Early Access for Kids		
GOAL: What are 1-2 primary goals of your program? #	to prevent mental illness from becoming severe and disabling and improve timely access for underserved populationis by linking them to treatment and other resources		Links to Strategic Plan Result #: R3; R4; R9; R10; R11; R12

What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing	What services, events and other actions make up the program?	OUTCOME		
		# Served	Service Unit Type/ Length of time	Outcome
Activity 1 (this activity must link to the budget): Early Intervention Treatment Services: Parent Coaching	1. (YFS) Provide Parent Coaching for a minimum of 8 parents/caregivers utilizing the Nurturing Parenting Program	8 parents/caregivers 5 children 1 groups 9 weeks each	A minimum of a 9-week Sessions	80% of parents/caregivers increase knowledge of positive parenting strategies as demonstrated by AAP1 scores 85% of children served will receive ASQ-SE screening.
	2. (YFS) Provide Parent Coaching for a minimum of 10 incarcerated parents/caregivers (or formerly incarcerated) utilizing the Nurturing Parenting Program	20 parents/caregivers 10 children 2 groups 9 weeks each	A minimum of a 9-week Sessions groups and or individual sessions	80% of parents/caregivers increase knowledge of positive parenting strategies as demonstrated by AAP1 Scores 85% of children served will receive ASQ-SE screening.
	3. (YFS) Provide individual Parent Coaching sessions for a minimum of 7 parents/caregivers utilizing the Nurturing Parenting Program.	7 parents/caregivers 5 children 9 individual sessions	A minimum of a 7 individual 9-week Sessions	80% of parents/caregivers increase knowledge of positive parenting strategies as demonstrated by AAP1 scores 85% of children served will receive ASQ-SE screening.

Activity	TASKS	SERVICE COUNTS		OUTCOME
<p>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing</p>	<p>What services, events and other actions make up the program?</p>	<p># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).</p>		<p>Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</p>
	Tasks Within Activity	# Served	Service Unit Type/ Length of time	Outcome
<p>Activity 2 (this activity must link to the budget): Linkages</p>	<p>1. Provide 20 referrals and case management to families to link them to appropriate services based upon familial need</p>	<p>20 families referred to additional services</p>	<p>Referral issued</p>	<p>60% of families receiving referrals will report following up on the referral</p>
	<p>2.</p>			
	<p>3.</p>			

FORM B - LINE ITEM BUDGET FORM

FY: 2014/15-Year 1

RFP #: MHSA-PEI

APPLICANT NAME: Youth and Family Services, Inc.

Please note that 3 separate annual budget pages must be submitted unless the annual budget amounts are the same for the entire funding cycle. Please choose the appropriate label from the box to the left.

Line Item	FTE	Activities Linked to in Scope of Work	First 5 Solano	Other Sources	Total
Personnel					
Parent Coach 1		Parent Coach	\$14,960.00		\$14,960.00
Parent Coach 2		Parent Coach	\$700.00		\$700.00
Parent Coach 3		Parent Coach	\$700.00		\$700.00
Directors		Program Direction	\$2,929.00		\$2,929.00
					\$0.00
Benefits			\$4,822.00		\$4,822.00
		Subtotal Personnel	\$24,111.00	\$0.00	\$24,111.00
Operating Expenses					
Rent & Utilities			\$1,992.00	\$1,350.00	\$3,342.00
Office Supplies/Materials			\$1,250.00		\$1,250.00
Telephone/Communications			\$772.00		\$772.00
Postage/Mailing/Copying			\$688.00		\$688.00
Travel/Training/Conferences			\$2,000.00		\$2,000.00
Other		NPP books, eval materials, group food, etc.	\$2,000.00		\$2,000.00
Other					\$0.00
		Subtotal Operating Expenses	\$8,702.00	\$1,350.00	\$10,052.00
Subcontractors					
					\$0.00
					\$0.00
		Subtotal Subcontractors	\$0.00	\$0.00	\$0.00
Indirect Costs (Indirect costs must be less than 15% of total of Personnel and Operating Expenses)					
Indirect Costs		Subtotal Indirect	\$4,687.00		\$4,687.00
		Grand Total Expenses	\$37,500.00	\$1,350.00	\$38,850.00

FORM B -- LINE ITEM BUDGET FORM

FY: 2015/16-Year 2

RFP #: MHSA-PEI

APPLICANT NAME: Youth and Family Services, Inc.

Please note that 3 separate annual budget pages must be submitted unless the annual budget amounts are the same for the entire funding cycle. Please choose the appropriate label from the box to the left.

Line Item	FTE	Activities Linked to in Scope of Work	First 5 Solano	Other Sources	Total
Personnel					
Parent Coach 1		Parent Coach	\$19,448.00		\$19,448.00
Parent Coach 2		Parent Coach	\$700.00		\$700.00
Parent Coach 3		Parent Coach	\$700.00		\$700.00
Directors		Program Direction	\$3,647.00		\$3,647.00
					\$0.00
Benefits			\$6,124.00		\$6,124.00
Subtotal Personnel			\$30,619.00	\$0.00	\$30,619.00
Operating Expenses					
Rent & Utilities			\$2,390.00	\$1,350.00	\$3,740.00
Office Supplies/Materials			\$1,500.00		\$1,500.00
Telephone/Communications			\$927.00		\$927.00
Postage/Mailing/Copying			\$725.00		\$725.00
Travel/Training/Conferences			\$2,000.00		\$2,000.00
Other		NPP books, eval materials, group food, etc.	\$2,000.00		\$2,000.00
Other					\$0.00
Subtotal Operating Expenses			\$9,542.00	\$1,350.00	\$10,892.00
Subcontractors					
					\$0.00
					\$0.00
Subtotal Subcontractors			\$0.00	\$0.00	\$0.00
Indirect Costs (Indirect costs must be less than 15% of total of Personnel and Operating Expenses)					
Indirect Costs			\$4,839.00		\$4,839.00
Subtotal Indirect			\$4,839.00		\$4,839.00
Grand Total Expenses			\$45,000.00	\$1,350.00	\$46,350.00

FORM B - LINE ITEM BUDGET FORM

FY: 2016/17-Year 3

RFP #: MHSA-PEI

APPLICANT NAME: Youth and Family Services, Inc.

Please note that 3 separate annual budget pages must be submitted unless the annual budget amounts are the same for the entire funding cycle. Please choose the appropriate label from the box to the left.

Line Item	FTE	Activities Linked to in Scope of Work	First 5 Solano	Other Sources	Total
Personnel					
Parent Coach 1		Parent Coach	\$19,448.00		\$19,448.00
Parent Coach 2		Parent Coach	\$700.00		\$700.00
Parent Coach 3		Parent Coach	\$700.00		\$700.00
Directors		Program Direction	\$3,647.00		\$3,647.00
					\$0.00
Benefits			\$6,124.00		\$6,124.00
Subtotal Personnel			\$30,619.00	\$0.00	\$30,619.00
Operating Expenses					
Rent & Utilities			\$2,390.00	\$1,350.00	\$3,740.00
Office Supplies/Materials			\$1,500.00		\$1,500.00
Telephone/Communications			\$927.00		\$927.00
Postage/Mailing/Copying			\$725.00		\$725.00
Travel/Training/Conferences			\$2,000.00		\$2,000.00
Other		NPP books, eval materials, group food, etc.	\$2,000.00		\$2,000.00
Other					\$0.00
Subtotal Operating Expenses			\$9,542.00	\$1,350.00	\$10,892.00
Subcontractors					
					\$0.00
					\$0.00
Subtotal Subcontractors			\$0.00	\$0.00	\$0.00
Indirect Costs (Indirect costs must be less than 15% of total of Personnel and Operating Expenses)					
Indirect Costs			\$4,839.00		\$4,839.00
Subtotal Indirect			\$4,839.00		\$4,839.00
Grand Total Expenses			\$45,000.00	\$1,350.00	\$46,350.00

**First 5 Solano Children and Families Commission
Systems & Policy Committee Meeting**

May 6, 2014, 3:00 PM – 4:30 PM
601 Texas Street, Suite 210, Fairfield, CA

Minutes

I. Introductions, Public Comments, Commissioner Comments

Commissioner Crutison called the meeting to order at 3:06 PM.

Committee Members/Commissioners present: Aaron Crutison, Jay Speck, Marisela Barbosa.

First 5 Staff present: Christina Arrostuto (Executive Director), Cherelyn Ellington Hunt (Community Programs & Early Childhood Education Manager), Ciara Gonsalves (Policy and Fund Development), Amanda Holmes (Office Assistant II).

Members of the public present: Kim Thomas (Children's Network), Denise Winters (Children's Nurturing Project), Alan Kerzin (Children's Network), Dr. Lori Allio (Hatchuel, Tabernik, and Associates).

Public Comments: None

Commissioner Comments: Commissioner Barbosa attended the Centro Latino grand re-opening in Vallejo this week. This non-profit organization provides family resources for Latino immigrant community.

II. Consent Calendar

Motion: Approve the Consent Calendar, including the May 6, 2014 Agenda; March 4, 2014 Minutes; and Commissioner Meeting Attendance status report.

Commissioner Crutison presented the motion; moved by Commissioner Speck; seconded by Commissioner Barbosa.

Approved 3-0-0

Christina Arrostuto reported that staff routinely track Commissioner meeting attendance to ensure compliance with Commission policy, and notify Commissioners if there are any problems.

III. Co-Sponsorship Grant Request

Discussion: Planned Parenthood of Shasta-Diablo applied for funds to support a "graduation" event for one of their programs for young mothers. Ms. Arrostuto noted that unfortunately, this application didn't meet the criteria for the Co-Sponsorship fund, which provides support for events benefitting providers of services, not clients. This application did appear to meet the criteria for a Community Engagement grant, which is handled administratively by the Chair.

Commissioner Barbosa said there is great potential benefit to the community through an event like this, and asked if there is any leeway in the Co-Sponsorship Fund guidelines.

Commissioner Crutison emphasized that we must not violate policy. Denise Winters explained how First 5 Solano has funded this event in the past, and what a positive impact it had on the graduates. Commissioner Speck said that while this is a great event, the cost breaks down to approximately \$365 per graduate, which is high for use of public funds. In addition, funding this event may open the door to continued requests for funding other similar events. Commissioner Crutison recommended that the organization seek private donations and other such aid for this event. Ms. Arrostuto suggested Community Engagement funds, or Quarterly Event Partnership funding.

Motion: Consider approval of a request from Planned Parenthood Shasta Pacific for an allocation of up to \$3,000 for a “Stars on the Rise” Graduation Ceremony and Event.

***Commissioner Crutison recommended that the motion be declined, due to the application not meeting policy guidelines.
Declined 0-3-0***

IV. Staffing and Finance Update

Staffing Update: None

Finance Update: Ms. Arrostuto reported that Deputy Director Megan Richards discovered a mathematical error in the amount approved by the Commission for year three of the Child Signature Program (a First 5 Solano/First 5 CA matching fund program to support child care classroom quality). The Commission originally voted to approve the program for 3 years (FY2012/13, FY2013/14 and FY2014/15) but did not initially identify a funding source for the program beyond year one. A few months after the initial year of funding was approved, the Commission approved funding from the FY2013/14 and FY2014/15 Discretionary Funds for years 2 and 3 of this program.

Ms. Richards discovered the math error for year 3 was incorrect (\$62,500 was approved instead of \$82,500) when preparing the FY2014/15 budget.

The \$20,000 discrepancy for FY2014/15 has been mitigated by the fact that 3 of the original 33 classrooms dropped out of the program, so funding for these 3 classrooms is not needed for years 2 or 3. The net increase to the Discretionary Fund is \$3,500. Commissioner Barbosa asked how this error could have occurred. Ms. Arrostuto said staff will fully investigate, but it appears to be a simple math error that the Commission’s ongoing system of checks and balances uncovered when the time came for the budget for FY2014/15 to be developed.

Motion: Consider a recommendation to adjust the FY2013/14 and FY2014/15 Discretionary Fund balances to account for changes and corrections to the amounts deployed for the Child Signature Program (CSP), for a net increase of \$3,500 deployed for CSP in FY2014/15 (Source of Funding: FY2014/15 Discretionary Fund).

***Commissioner Crutison presented the motion; moved by Commissioner Speck; seconded by Commissioner Barbosa.
Approved 3-0-0***

V. First 5 Futures Update

Ms. Arrostuto outlined the recommendation as described in the staff report. A group of local partners, including First 5 Solano, is working on developing recommendations for local funding for children and family services (“Funding the Next Generation”). One component of this process is conducting local opinion polls to determine which services are most needed in the public’s opinion, and which types of funding sources might best meet these needs.

Children’s Network of Solano County has agreed to act as fiscal agent for this process and has obtained a detailed quote for a series of three polls, which was attached to the staff report and was reviewed by the Committee. Ms. Arrostuto reported that several local partners have contributed smaller amounts and First 5 Solano staff recommend that a portion of First 5 Futures fund development dollars be deployed to support the first poll, along with small amounts to help defray the costs of the Funding the Next Generation effort.

Discussion: Commissioner Crutison asked for clarification as to how feasible this plan is for First 5 Solano. Kim Thomas spoke for Children’s Network as to their capability for this involvement. Child-related topics do well at the polls, and this effort will help develop the plan for getting an item on the ballot. Ms. Arrostuto stated that such an initiative is expected to directly benefit First 5, whose funds are declining.

Commissioner Barbosa asked whether any research is being done on the state level to see if this effort is already being made. Kim Thomas said that the governor does not appear to be taking action in this area, and Children’s Network and the community would like to move on this effort on the local level. Alan Kerzin said the pollster is highly qualified, and the financial benefits could be great. Commissioner Barbosa emphasized the importance of determining the true need before pursuing a plan like this.

Commissioner Speck said it would help to clarify who will be responsible for this potential funding. Commissioner Crutison said we should consider the age bracket, as Children’s Network includes 0-18, and First 5’s mission is for 0-5. Ms. Arrostuto said that we should consider the great potential gain of the poll project, while also recognizing that First 5 would contribute to a large initial effort, but would only be able to act at a much lower level in future polls.

Commissioner Barbosa suggested that the Chambers might be willing to help sponsor a polling project.

Motion: Consider a recommendation to deploy up to \$30,000 to Children’s Network of Solano County for the period July 1, 2014 – June 30, 2015 as a grant to support the activities of Funding the Next Generation Solano (Source of Funding: FY2014/15 First 5 Futures funds) and Direct the Executive Director/designee to serve as a member of Funding the Next Generation Solano.

Commissioner Crutison presented the motion; moved by Commissioner Speck; seconded by Commissioner Barbosa.

Approved 3-0-0

VI. Funding Cycle Planning

Ms. Arrostuto noted that most current contracts for services end in June 2015. Staff have begun working with Dr. Lori Allio (of Hatchuel Tabernik and Associates, which facilitated the Commission's last strategic plan update process) to develop options for the Commission. These options range from: A) a short process to develop a new Program Investment Plan (with no Strategic Plan update); to B) a medium-effort Strategic Plan Update process and PIP; to C) a full-blown Strategic Plan Update and PIP process. Options b and c both require extension of current contracts.

Ms. Arrostuto suggested foregoing a Strategic Plan update, as the current Strategic Framework (Mission, Vision, Values, Priorities, Goals and Results) was developed with extensive research and community input over 18 months, and has only been in effect for 18 months.

Commissioner Speck said that he has worked through an entire Strategic Plan revision, and it is a huge process. He favors Option A or B. Commissioner Crutison said he likes the current Strategic Plan framework, but some parts of it need re-wording, and he favors Option B.

Commissioner Barbosa also expressed interest in updating the current Strategic Plan (Option B or C).

After Committee discussion, Commissioner Speck suggested that the Committee move this item without a formal recommendation to the full Commission to discuss in June, with a final decision to be made in August.

Motion: Consider recommending approval of a timeline and process for planning for FY2015/16 and beyond.

Commissioner Crutison amended this motion to reflect no recommendation, but to move item to the full Commission; moved by Commissioner Speck; seconded by Commissioner Barbosa.

Approved 3-0-0

VII. Policy Update

Ms. Ellington-Hunt explained the potential merging of the Community Engagement and Co-sponsorship Funds, and the current purpose of each fund. All applications would be handled by Program & Community Engagement Committee. She said this merge will make funds more flexible to be available to more groups, while still keeping accountability of funding.

Discussion: The Commissioners discussed staff's proposal to merge the Co-Sponsorship of Training and Conferences Policy/funding with the Community Engagement Fund. The Co-Sponsorship fund supports laggers (up to \$3,000) training and events benefitting professionals and providers of services, which the Community Engagement fund was designed to support small (up to \$300), grassroots neighborhood events benefitting parents and caregivers.

Commissioner Speck recommended tabling the recommendation for future discussion. Ms. Ellington-Hunt is to present more details, fund amounts, reports, etc. for both funds. Commissioner Barbosa requested this information from three years back.

Ms. Arrostuto noted that the Community Engagement fund has never attracted the types of applicants it was established to serve, but has consistently been tapped for larger community events benefitting parents, and that more parents could benefit if the funds available were increased. Commissioner Barbosa questioned whether there has been sufficient outreach to make the community aware of the CE grants. The Committee, after further discussion, asked that this item be brought back for further discussion at a future meeting.

Motion: Consider recommending approval of revisions merging the Community Engagement Fund and Co-sponsorship of Funds and Training Policies.

NO RECOMMENDATION TODAY.

VIII. Future Agenda Items, Meeting Time/Date/Location

Future agenda items include: Commissioner Meeting attendance; First 5 Solano Budget and Staffing update; First 5 Futures update; and Organizational Support Fund policy revision.

The Systems and Policy Committee will meet next on Tuesday, July 8, 2014 at 3:00 PM – 4:30 PM at 601 Texas Street, Suite 210, Fairfield, CA.

Adjourn

Commissioner Crutison adjourned the meeting at 4:59 PM.

Amanda Holmes, Office Assistant II

Approved:

DATE: May 24, 2014

TO: First 5 Solano Commission

FROM: Aaron Crutison, Systems and Policy Committee (SPC) Chair
by Christina Arrostituto, Executive Director

CC: Jay Speck and Marisela Barbosa, SPC Members
Megan Richards, Deputy Director
Cherelyn Ellington Hunt, SPC Staff

SUBJ: **Planning for FY2015/16 and beyond**

Action Item:

Motion: Consider recommending approval of a timeline and process for planning for FY2015/16 and beyond

Background/Discussion

First 5 Solano has been in existence for 15 years. Since its inception, the Commission has acted prudently and intentionally to manage an unexpected reserve fund that has enabled First 5 Solano to greatly enhance its capacity as a philanthropic force. Reserve funds have enabled the Commission to build community provider capacity, launch and evolve direct services from start-up through adoption of evidence-based tools and models, strengthen and expand the local early childhood system, meet critical needs during the Great Recession, and much more. As one of the first commissions to develop and implement a Long Term Financial Plan and intentionally pursue leveraging as a funding strategy, First 5 Solano was at the forefront in further stretching its scarce resources.

When the current funding cycle ends (June 2015), First 5 Solano will have the equivalent of approximately 36 months of current-level funding. If First 5 Solano funds at the current level for the next three years, reserve funds would be reduced by June 2018 to an amount (about \$1 million) that must be permanently conserved to ensure cash flow and the ability to meet annual operating expenses.

Therefore, the Commission is faced with the difficult task of determining whether to continue to fund at the current level until the reserve floor is reached, or to reduce funding significantly, but more gradually over the next few years, to mitigate the loss of First 5 Solano's reach into the community.

Dr. Lori Allio of Hatchuel Tabernik & Associates will be working with First 5 Commissioners, staff and community over the course of the planning process for the next evolution of First 5 Solano. To that end, staff and Dr. Allio drafted 3 potential activity/timeline options, along with a Long Term Financial Plan worksheet, which were presented to the Systems and Policy Committee in May. The Committee discussed recommending a process and timeline to the full Commission at its June meeting.

The Committee, after discussion, decided not to make a recommendation on a specific timeline but to move this item to the full Commission for its discussion in June. The Committee did recommend that the Commission may want to discuss this item in June and make a final decision on a timeline in August.

Since that meeting, the Executive Director participated in a conference in Aspen, CO (“The Funder’s Role in Collective Impact”) that was designed to assist funders in establishing and carrying out successful system change and programmatic endeavors using a “Collective Impact/Action” framework. Many Solano partners are already familiar with the Collective Impact/Action approach through the work of the Solano Safety Net Summits on Poverty network over the past three years. The elements of this framework, listed below, are:

- **Common Agenda** - Collective impact requires all participants to have a shared vision for change, one that includes a common understanding of the problem and a joint approach to solving it through agreed-upon actions.
- **Shared Measurement Systems** - Collecting data and measuring results consistently on a short list of indicators at the community level and across all participating organizations not only ensures that all efforts remain aligned, it also enables the participants to hold each other accountable and learn from each other’s successes and failures.
- **Mutually Reinforcing Activities** - Collective impact initiatives depend on a diverse group of stakeholders working together, not by requiring that all participants do the same thing, but by encouraging each participant to undertake the specific set of activities at which it excels in a way that supports and is coordinated with the actions of others.
- **Continuous Communication** – Collaboration develops trust and recognition of the common motivation among nonprofits, corporations, and government agencies, with decisions made on the basis of objective evidence and the best possible solution to the problem, not to favor the priorities of one organization over another.
- **Backbone Support Organization** - Creating and managing collective impact requires a separate organization and staff with a very specific set of skills to serve as the backbone for the entire initiative. The expectation that collaboration can occur without a supporting infrastructure is one of the most frequent reasons why Collective Impact fails.

A review of these elements establishes many commonalities with the path that First 5 Solano has taken over the past 15 years. Many of the components of a Collective Impact/Action approach are in place in Solano. Intentionally embracing a Collective Impact/Action approach to early childhood could bring the Commission’s future capacity and resources into alignment with those of the community as a whole.

Moving to this approach would take an investment of time that staff estimate is on a par with Option C (i.e., 12-18 months). However, moving to the Collective Impact/Action framework could set in place a long-term collaborative infrastructure that more appropriately reframes and redefines First 5 Solano’s role as a community funder and partner.

Therefore, this option (Attachment B) will be presented along with the more traditional strategic planning approaches listed below (Attachment A).

Option A – Assumes the Commission will choose to conduct a review, rather than an Update, of its 2012 Strategic Plan. In this case, the major tasks would be to update the Long Term Financial Plan and establish a new Program Investment Plan. This option aligns with the current funding cycle in that no extension of current grants would be necessary.

Option B – Allows for a Strategic Plan Update, albeit on a fast track, which would include a review and possible revision of the Commission’s overall vision, mission, values and strategic framework (Priorities, Goals, Results and Key Criteria). This process would include community input and review of community indicators, but not necessarily a full-blown Family Survey and Community Input Report. Community and family input would be gathered through methods such as parent surveys at grantee sites and at the Commission Retreat. The LTFP would be updated and a new Program Investment Plan would be established. This option would require a six-month extension of current grants, with the new funding cycle beginning in January 2016.

Option C – Allows for a more extensive Strategic Plan Update process that would include Option B activities and also a Family Survey and Community Input Report. This option would require a 12-month extension of current grants.

To assist the Committee in developing recommendations, Deputy Director Megan Richards developed a Long Term Financial Plan worksheet (Attachment C) that lays out the Commission's current funding cycle, reserve funds remaining over time and two general scenarios for reducing funding to the permanent sustainable level. (Note that First 5 Futures activities could positively impact the Commission's long-term sustainability, but only funds that are currently secured are included in the worksheet.)

Attachment A: Options A, B and C – planning activities and timelines for 2015 & beyond

Attachment B: Collective Impact/Action Approach Timeline

Attachment C: Long Term Financial Planning worksheet



Option A - 2015 & Beyond – Strategic Plan Review and Program Investment Plan Development (no grant extensions)

Systems and Policy Committee

Review planning process options
(Recommend SP review and PIP only)

May 6, 2014

Review 2012 Strategic Plan Vision, Mission, Values,
Priorities, Goals, & Results (recommendations)

July 8, 2014

Review LTFP/ PIP Scenarios (recommendations)
Review Draft Retreat Agenda/Plan

September 2, 2014

Commission

Confirm Strategic Plan review and PIP process
Approve Planning timeline

June 3, 2014

Approve 2012 Strategic Plan Vision, Mission,
Values, Priorities, Goals, & Results
(incl. any amendments)

August 12, 2014

Review LTFP/PIP Scenarios (option to approve)

October 7, 2014

Prioritize funding (Goal/Result areas);
Develop Program Investment Plan

Annual Retreat

October 25, 2014

Review Draft LTFP/PIP

October 30, 2014

Approve Long Term Financial Plan Update
Approve Program Investment Plan
Direct staff to prepare solicitations for funding

December 2, 2014

Solicitations

January 2015

Awards of funding

April 2015

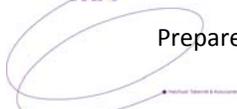
Board of Supervisors approves contracts

June 2015

New funding cycle begins

July 2015

HTA



Prepared By Hatchuel, Tabernik & Associates



Option B - Strategic Planning Process & Timeline (6-month grant extensions)

Systems & Policy Committee

Review Organizational History exercise
Review Vision, Mission, Values
July 8, 2014

(For 10/7) Review Landscape Scan exercise:
(For 10/25) Review/Discuss Community Reports/Status;
Review Strategic Plan Framework;
September 2, 2014

Review LTFP scenarios
October 30, 2014

Review draft LTFP Update
Review Strategic Plan Framework
December 9, 2014

Discuss Program Investment Plan options
February 2015

Review draft Strategic Plan and LTFP Updates and Program Investment Plan
March 2015

Review solicitations for funding
May 2015

Commission

Review & update Organizational History
Confirm/Revise Vision, Mission, Values
August 12, 2014

Scanning the Landscape:
Sector and Context: External Environment
Review 2013/14 program performance data
October 7, 2014

Receive and review community data/reports -
Review and update Strategic Plan Framework
Discuss LTFP and PIP options
October 25, 2014 (Retreat)

Review and select LTFP scenario
December 2, 2014

Approve LTFP Update
Prioritize Strategic Plan Framework
January 13, 2015

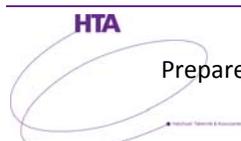
[Approve FY2015/16 Budget]
Allocate funding and approve 6-month grant extensions (through December 2015)
Review and select Program Investment Plan option
March 3, 2015

Approve Strategic Plan Update
Approve 2015- ? Program Investment Plan
Direct staff to prepare solicitations for funding
April 7, 2015

Approve solicitations for funding
June 2, 2015

Solicitations: July 2015
Awards of funding: October 2015

Contracts signed by: December 2015
Services begin: January 2016





Option C - 2015 & Beyond - Strategic Plan Update and Program Investment Plan Development (12-month grant extensions)

Systems & Policy Committee

Review "History" Exercise
Review Vision, Mission, Values

December 9, 2014

Review/Discuss Sector & Context Data

February 2015

Review & Discuss Community Indicators & Data Report, Community Input Report and Family Survey

March 2015

Review Strategic Plan Framework (Priorities, Goals, Results and Key Criteria)

May 2015

Review LTFP scenarios

July 2015

Review and discuss 2015 Retreat format, process and draft Agenda

September 2015

Review draft Strategic Plan and LTFP Updates and Program Investment Plan

November 2015



Commission

Review & update "Organizational History"
Confirm/Revise Vision, Mission, Values

January 13, 2015

Scanning the Landscape:
Sector and Context: External Environment
Allocate funding and approve 12-month grant extensions (through June 30, 2016)

March 3, 2015

Receive and review community reports - 2014 Community Indicators & Data Report, Community Input Report and Family Survey

April 7, 2015

Review and update Strategic Plan Framework (Priorities, Goals, Results and Key Criteria)

June 2, 2015

Review and select LTFP scenario

August 11, 2015

Approve LTFP Update
Review 2015 Retreat Agenda
Review 2014/15 program performance data

October 6, 2015

Strategic Planning Retreat
Prioritize Strategic Plan Framework
Develop Program Investment Plan Update

October 24, 2015

Approve Strategic Plan Update
Approve 2015- ? Program Investment Plan
Direct staff to prepare solicitations for funding

December 1, 2015

HTA

Prepared By Hatchuel, Tabernik & Associates



Stanford SOCIAL INNOVATION REVIEW

Collective Impact By John Kania & Mark Kramer

Stanford Social Innovation Review
Winter 2011

Copyright © 2011 by Leland Stanford Jr. University
All Rights Reserved

Collective Impact

LARGE-SCALE SOCIAL CHANGE REQUIRES BROAD CROSS-SECTOR COORDINATION, YET THE SOCIAL SECTOR REMAINS FOCUSED ON THE ISOLATED INTERVENTION OF INDIVIDUAL ORGANIZATIONS.

BY JOHN KANIA & MARK KRAMER

Illustration by Martin Jarric

The scale and complexity of the U.S. public education system has thwarted attempted reforms for decades. Major funders, such as the Annenberg Foundation, Ford Foundation, and Pew Charitable Trusts have abandoned many of their efforts in frustration after acknowledging their lack of progress. Once the global leader—after World War II the United States had the highest high school graduation rate in the world—the country now ranks 18th among the top 24 industrialized nations, with more than 1 million secondary school students dropping out every year. The heroic efforts of countless teachers, administrators, and nonprofits, together with billions of dollars in charitable contributions, may have led to important improvements in individual schools and classrooms, yet system-wide progress has seemed virtually unobtainable.

Against these daunting odds, a remarkable exception seems to be emerging in Cincinnati. Strive, a nonprofit subsidiary of KnowledgeWorks, has brought together local leaders to tackle the student achievement crisis and improve education throughout greater Cincinnati and northern Kentucky. In the four years since the group was launched, Strive partners have improved student success in dozens of key areas across three large public school districts. Despite the recession and budget cuts, 34 of the 53 success indicators that Strive tracks have shown positive trends, including high school graduation rates, fourth-grade reading and math scores, and the number of preschool children prepared for kindergarten.

Why has Strive made progress when so many other efforts have failed? It is because a core group of community leaders decided to abandon their individual agendas in favor of a collective approach to improving student achievement. More than

300 leaders of local organizations agreed to participate, including the heads of influential private and corporate foundations, city government officials, school district representatives, the presidents of eight universities and community colleges, and the executive directors of hundreds of education-related nonprofit and advocacy groups.

These leaders realized that fixing one point on the educational continuum—such as better after-school programs—wouldn't make much difference unless all parts of the continuum im-

proved at the same time. No single organization, however innovative or powerful, could accomplish this alone. Instead, their ambitious mission became to coordinate improvements at every stage of a young person's life, from "cradle to career."

Strive didn't try to create a new educational program or attempt to convince donors to spend more money. Instead,

through a carefully structured process, Strive focused the entire educational community on a single set of goals, measured in the same way. Participating organizations are grouped into 15 different Student Success Networks (SSNs) by type of activity, such as early childhood education or tutoring. Each SSN has been meeting with coaches and facilitators for two hours every two weeks for the past three years, developing shared performance indicators, discussing their progress, and most important, learning from each other and aligning their efforts to support each other.

Strive, both the organization and the process it helps facilitate, is an example of *collective impact*, the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem. Collaboration is nothing new. The social sector is filled with examples of partnerships, networks, and other types of joint efforts. But collective impact initiatives are distinctly different. Unlike most



collaborations, collective impact initiatives involve a centralized infrastructure, a dedicated staff, and a structured process that leads to a common agenda, shared measurement, continuous communication, and mutually reinforcing activities among all participants. (See “Types of Collaborations” on page 39.)

Although rare, other successful examples of collective impact are addressing social issues that, like education, require many different players to change their behavior in order to solve a complex problem. In 1993, Marjorie Mayfield Jackson helped found the Elizabeth River Project with a mission of cleaning up the Elizabeth River in southeastern Virginia, which for decades had been a dumping ground for industrial waste. They engaged more than 100 stakeholders, including the city governments of Chesapeake, Norfolk, Portsmouth, and Virginia Beach, Va., the Virginia Department of Environmental Quality, the U.S. Environmental Protection Agency (EPA), the U.S. Navy, and dozens of local businesses, schools, community groups, environmental organizations, and universities, in developing an 18-point plan to restore the watershed. Fifteen years later, more than 1,000 acres of watershed land have been conserved or restored, pollution has been reduced by more than 215 million pounds, concentrations of the most severe carcinogen have been cut sixfold, and water quality has significantly improved. Much remains to be done before the river is fully restored, but already 27 species of fish and oysters are thriving in the restored wetlands, and bald eagles have returned to nest on the shores.

Or consider Shape up Somerville, a citywide effort to reduce and prevent childhood obesity in elementary school children in Somerville, Mass. Led by Christina Economos, an associate professor at Tufts University’s Gerald J. and Dorothy R. Friedman School of Nutrition Science and Policy, and funded by the Centers for Disease Control and Prevention, the Robert Wood Johnson Foundation, Blue Cross Blue Shield of Massachusetts, and United Way of Massachusetts Bay and Merrimack Valley, the program engaged government officials, educators, businesses, nonprofits, and citizens in collectively defining wellness and weight gain prevention practices. Schools agreed to offer healthier foods, teach nutrition, and promote physical activity. Local restaurants received a certification if they served low-fat, high nutritional food. The city organized a farmers’ market and provided healthy lifestyle incentives such as reduced-price gym memberships for city employees. Even sidewalks were modified and crosswalks repainted to encourage more children to walk to school. The result was a statistically significant decrease in body mass index among the community’s young children between 2002 and 2005.

Even companies are beginning to explore collective impact to tackle social problems. Mars, a manufacturer of chocolate brands such as M&M’s, Snickers, and Dove, is working with NGOs, local governments, and even direct competitors to improve the lives of more than 500,000 impoverished cocoa farmers in Cote d’Ivoire, where Mars sources a large portion of its cocoa. Research suggests

that better farming practices and improved plant stocks could triple the yield per hectare, dramatically increasing farmer incomes and improving the sustainability of Mars’s supply chain. To accomplish this, Mars must enlist the coordinated efforts of multiple organizations: the Cote d’Ivoire government needs to provide more agricultural extension workers, the World Bank needs to finance new roads, and bilateral donors need to support NGOs in improving health care, nutrition, and education in cocoa growing communities. And Mars must find ways to work with its direct competitors on pre-competitive issues to reach farmers outside its supply chain.

These varied examples all have a common theme: that large-scale social change comes from better cross-sector coordination rather than from the isolated intervention of individual organizations. Evidence of the effectiveness of this approach is still limited, but these examples suggest that substantially greater progress could be made in alleviating many of our most serious and complex social problems if nonprofits, governments, businesses, and the public were brought together around a common agenda to create collective impact. It doesn’t happen often, not because it is impossible, but because it is so rarely attempted. Funders and nonprofits alike overlook the potential for collective impact because they are used to focusing on independent action as the primary vehicle for social change.

ISOLATED IMPACT

Most funders, faced with the task of choosing a few grantees from many applicants, try to ascertain which organizations make the greatest contribution toward solving a social problem. Grantees, in turn, compete to be chosen by emphasizing how their individual activities produce the greatest effect. Each organization is judged on its own potential to achieve impact, independent of the numerous other organizations that may also influence the issue. And when a grantee is asked to evaluate the impact of its work, every attempt is made to isolate that grantee’s individual influence from all other variables.

In short, the nonprofit sector most frequently operates using an approach that we call *isolated impact*. It is an approach oriented toward finding and funding a solution embodied within a single organization, combined with the hope that the most effective organizations will grow or replicate to extend their impact more widely. Funders search for more effective interventions as if there were a cure for failing schools that only needs to be discovered, in the way that medical cures are discovered in laboratories. As a result of this process, nearly 1.4 million nonprofits try to invent independent solutions to major social problems, often working at odds with each other and exponentially increasing the perceived resources required to make meaningful progress. Recent trends have only reinforced this perspective. The growing interest in venture philanthropy and social entrepreneurship, for example, has greatly benefited the social sector by identifying and accelerating the growth of many high-performing nonprofits, yet it has also accentuated an emphasis on scaling up a few select organizations as the key to social progress.

Despite the dominance of this approach, there is scant evidence that isolated initiatives are the best way to solve many social problems in today’s complex and interdependent world. No single organization is responsible for any major social problem, nor can any single

JOHN KANIA is a managing director at FSG, where he oversees the firm’s consulting practice. Before joining FSG, he was a consultant at Mercer Management Consulting and Corporate Decisions Inc. This is Kania’s third article for the *Stanford Social Innovation Review*.

MARK KRAMER is the co-founder and a managing director of FSG. He is also the co-founder and the initial board chair of the Center for Effective Philanthropy, and a senior fellow at Harvard University’s John F. Kennedy School of Government. This is Kramer’s fifth article for the *Stanford Social Innovation Review*.

TYPES OF COLLABORATIONS

Organizations have attempted to solve social problems by collaboration for decades without producing many results. The vast majority of these efforts lack the elements of success that enable collective impact initiatives to achieve a sustained alignment of efforts.

Funder Collaboratives are groups of funders interested in supporting the same issue who pool their resources. Generally, participants do not adopt an overarching evidence-based plan of action or a shared measurement system, nor do they engage in differentiated activities beyond check writing or engage stakeholders from other sectors.

Public-Private Partnerships are partnerships formed between government and private sector organizations to deliver specific services or benefits. They are often targeted narrowly, such as developing a particular drug to fight a single disease, and usually don't engage the full set of stakeholders that affect the issue, such as the potential drug's distribution system.

Multi-Stakeholder Initiatives are voluntary activities by stakeholders from different sectors around a common theme. Typically, these initiatives lack any shared measurement of impact and the supporting infrastructure to forge any true alignment of efforts or accountability for results.

Social Sector Networks are groups of individuals or organizations fluidly connected through purposeful relationships, whether formal or informal. Collaboration is generally ad hoc, and most often the emphasis is placed on information sharing and targeted short-term actions, rather than a sustained and structured initiative.

Collective Impact Initiatives are long-term commitments by a group of important actors from different sectors to a common agenda for solving a specific social problem. Their actions are supported by a shared measurement system, mutually reinforcing activities, and ongoing communication, and are staffed by an independent backbone organization.

organization cure it. In the field of education, even the most highly respected nonprofits—such as the Harlem Children's Zone, Teach for America, and the Knowledge Is Power Program (KIPP)—have taken decades to reach tens of thousands of children, a remarkable achievement that deserves praise, but one that is three orders of magnitude short of the tens of millions of U.S. children that need help.

The problem with relying on the isolated impact of individual organizations is further compounded by the isolation of the nonprofit sector. Social problems arise from the interplay of governmental and commercial activities, not only from the behavior of social sector organizations. As a result, complex problems can be solved only by cross-sector coalitions that engage those outside the nonprofit sector.

We don't want to imply that all social problems require collective impact. In fact, some problems are best solved by individual organizations. In "Leading Boldly," an article we wrote with Ron Heifetz for the winter 2004 issue of the *Stanford Social Innovation Review*, we described the difference between *technical problems* and *adaptive problems*. Some social problems are technical in that the problem is well defined, the answer is known in advance, and one or a few organizations have the ability to implement the solution. Examples include funding college scholarships, building a hospital, or installing inventory controls in a food bank. Adaptive problems, by contrast, are complex, the answer is not known, and even if it were, no single entity has the resources or authority to bring about the necessary change. Reforming public education, restoring wetland environments, and improving community health are all adaptive problems. In these cases, reaching an effective solution requires learning by the stakeholders involved in the problem, who must then change their own behavior in order to create a solution.

vision for change, one that includes a common understanding of the problem and a joint approach to solving it through agreed upon actions. Take a close look at any group of funders and nonprofits that believe they are working on the same social issue, and you quickly find that it is often not the same issue at all. Each organization often has a slightly different definition of the problem and the ultimate goal. These differences are easily ignored when organizations work independently on isolated initiatives, yet these differences splinter the efforts and undermine the impact of the field as a whole. Collective impact requires that these differences be discussed and resolved. Every participant need not agree with every other participant on all dimensions of the problem. In fact, disagreements continue to divide participants in all of our examples of collective impact. All participants must agree, however, on the primary goals for the collective impact initiative as a whole. The Elizabeth River Project, for example, had to find common ground among the different objectives of corporations, governments, community groups, and local citizens in order to establish workable cross-sector initiatives.

Funders can play an important role in getting organizations to act in concert. In the case of Strive, rather than fueling hundreds of strategies and nonprofits, many funders have aligned to support Strive's central goals. The Greater Cincinnati Foundation realigned its education goals to be more compatible with Strive, adopting Strive's annual report card as the foundation's own measures for progress in education. Every time an organization applied to Duke Energy for a grant, Duke asked, "Are you part of the [Strive] network?" And when a new funder, the Carol Ann and Ralph V. Haile Jr./U.S. Bank Foundation, expressed interest in education, they were encouraged by virtually every major education leader in Cincinnati to join Strive if they wanted to have an impact in local education.¹

Shifting from isolated impact to collective impact is not merely a matter of encouraging more collaboration or public-private partnerships. It requires a systemic approach to social impact that focuses on the relationships between organizations and the progress toward shared objectives. And it requires the creation of a new set of nonprofit management organizations that have the skills and resources to assemble and coordinate the specific elements necessary for collective action to succeed.

THE FIVE CONDITIONS OF COLLECTIVE SUCCESS

Our research shows that successful collective impact initiatives typically have five conditions that together produce true alignment and lead to powerful results: a common agenda, shared measurement systems, mutually reinforcing activities, continuous communication, and backbone support organizations.

Common Agenda | Collective impact requires all participants to have a shared

Shared Measurement Systems | Developing a shared measurement system is essential to collective impact. Agreement on a common agenda is illusory without agreement on the ways success will be measured and reported. Collecting data and measuring results consistently on a short list of indicators at the community level and across all participating organizations not only ensures that all efforts remain aligned, it also enables the participants to hold each other accountable and learn from each other's successes and failures.

It may seem impossible to evaluate hundreds of different organizations on the same set of measures. Yet recent advances in Web-based technologies have enabled common systems for reporting performance and measuring outcomes. These systems increase efficiency and reduce cost. They can also improve the quality and credibility of the data collected, increase effectiveness by enabling grantees to learn from each other's performance, and document the progress of the field as a whole.²

All of the preschool programs in Strive, for example, have agreed to measure their results on the same criteria and use only evidence-based decision making. Each type of activity requires a different set of measures, but all organizations engaged in the same type of activity report on the same measures. Looking at results across multiple organizations enables the participants to spot patterns, find solutions, and implement them rapidly. The preschool programs discovered that children regress during the summer break before kindergarten. By launching an innovative "summer bridge" session, a technique more often used in middle school, and implementing it simultaneously in all preschool programs, they increased the average kindergarten readiness scores throughout the region by an average of 10 percent in a single year.³

Mutually Reinforcing Activities | Collective impact initiatives depend on a diverse group of stakeholders working together, not by requiring that all participants do the same thing, but by encouraging each participant to undertake the specific set of activities at which it excels in a way that supports and is coordinated with the actions of others.

The power of collective action comes not from the sheer number of participants or the uniformity of their efforts, but from the coordination of their differentiated activities through a mutually reinforcing plan of action. Each stakeholder's efforts must fit into an overarching plan if their combined efforts are to succeed. The multiple causes of social problems, and the components of their solutions, are interdependent. They cannot be addressed by uncoordinated actions among isolated organizations.

All participants in the Elizabeth River Project, for example, agreed on the 18-point watershed restoration plan, but each is playing a different role based on its particular capabilities. One group of organizations works on creating grassroots support and engagement among citizens, a second provides peer review and recruitment for industrial participants who voluntarily reduce pollution, and a third coordinates and reviews scientific research.

The 15 SSNs in Strive each undertake different types of activities at different stages of the educational continuum. Strive does not prescribe what practices each of the 300 participating organizations should pursue. Each organization and network is free to chart its own course consistent with the common agenda, and informed by the shared measurement of results.

Continuous Communication | Developing trust among nonprofits, corporations, and government agencies is a monumental challenge. Participants need several years of regular meetings to build up enough experience with each other to recognize and appreciate the common motivation behind their different efforts. They need time to see that their own interests will be treated fairly, and that decisions will be made on the basis of objective evidence and the best possible solution to the problem, not to favor the priorities of one organization over another.

Even the process of creating a common vocabulary takes time, and it is an essential prerequisite to developing shared measurement systems. All the collective impact initiatives we have studied held monthly or even biweekly in-person meetings among the organizations' CEO-level leaders. Skipping meetings or sending lower-level delegates was not acceptable. Most of the meetings were supported by external facilitators and followed a structured agenda.

The Strive networks, for example, have been meeting regularly for more than three years. Communication happens between meetings too: Strive uses Web-based tools, such as Google Groups, to keep communication flowing among and within the networks. At first, many of the leaders showed up because they hoped that their participation would bring their organizations additional funding, but they soon learned that was not the meetings' purpose. What they discovered instead were the rewards of learning and solving problems together with others who shared their same deep knowledge and passion about the issue.

Backbone Support Organizations | Creating and managing collective impact requires a separate organization and staff with a very specific set of skills to serve as the backbone for the entire initiative. Coordination takes time, and none of the participating organizations has any to spare. The expectation that collaboration can occur without a supporting infrastructure is one of the most frequent reasons why it fails.

The backbone organization requires a dedicated staff separate from the participating organizations who can plan, manage, and support the initiative through ongoing facilitation, technology and communications support, data collection and reporting, and handling the myriad logistical and administrative details needed for the initiative to function smoothly. Strive has simplified the initial staffing requirements for a backbone organization to three roles: project manager, data manager, and facilitator.

Collective impact also requires a highly structured process that leads to effective decision making. In the case of Strive, staff worked with General Electric (GE) to adapt for the social sector the Six Sigma process that GE uses for its own continuous quality improvement. The Strive Six Sigma process includes training, tools, and resources that each SSN uses to define its common agenda, shared measures, and plan of action, supported by Strive facilitators to guide the process.

In the best of circumstances, these backbone organizations embody the principles of adaptive leadership: the ability to focus people's attention and create a sense of urgency, the skill to apply pressure to stakeholders without overwhelming them, the competence to frame issues in a way that presents opportunities as well as difficulties, and the strength to mediate conflict among stakeholders.

FUNDING COLLECTIVE IMPACT

Creating a successful collective impact initiative requires a significant financial investment: the time participating organizations must dedicate to the work, the development and monitoring of shared measurement systems, and the staff of the backbone organization needed to lead and support the initiative's ongoing work.

As successful as Strive has been, it has struggled to raise money, confronting funders' reluctance to pay for infrastructure and preference for short-term solutions. Collective impact requires instead that funders support a long-term process of social change without identifying any particular solution in advance. They must be willing to let grantees steer the work and have the patience to stay with an initiative for years, recognizing that social change can come from the gradual improvement of an entire system over time, not just from a single breakthrough by an individual organization.

This requires a fundamental change in how funders see their role, from funding organizations to leading a long-term process of social change. It is no longer enough to fund an innovative solution created by a single nonprofit or to build that organization's capacity. Instead, funders must help create and sustain the collective processes, measurement reporting systems, and community leadership that enable cross-sector coalitions to arise and thrive.

This is a shift that we foreshadowed in both "Leading Boldly" and our more recent article, "Catalytic Philanthropy," in the fall 2009 issue of the *Stanford Social Innovation Review*. In the former, we suggested that the most powerful role for funders to play in addressing adaptive problems is to focus attention on the issue and help to create a process that mobilizes the organizations involved to find a solution themselves. In "Catalytic Philanthropy," we wrote: "Mobilizing and coordinating stakeholders is far messier and slower work than funding a compelling grant request from a single organization. Systemic change, however, ultimately depends on a sustained campaign to increase the capacity and coordination of an entire field." We recommended that funders who want to create large-scale change follow four practices: take responsibility for assembling the elements of a solution; create a movement for change; include solutions from outside the nonprofit sector; and use actionable knowledge to influence behavior and improve performance.

These same four principles are embodied in collective impact initiatives. The organizers of Strive abandoned the conventional approach of funding specific programs at education nonprofits and took responsibility for advancing education reform themselves. They built a movement, engaging hundreds of organizations in a drive toward shared goals. They used tools outside the nonprofit sector, adapting GE's Six Sigma planning process for the social sector. And through the community report card and the biweekly meetings of the SSNs they created actionable knowledge that motivated the community and improved performance among the participants.

Funding collective impact initiatives costs money, but it can be a highly leveraged investment. A backbone organization with a modest annual budget can support a collective impact initiative of several hundred organizations, magnifying the impact of millions or even billions of dollars in existing funding. Strive, for example, has a \$1.5 million annual budget but is coordinating the efforts and

increasing the effectiveness of organizations with combined budgets of \$7 billion. The social sector, however, has not yet changed its funding practices to enable the shift to collective impact. Until funders are willing to embrace this new approach and invest sufficient resources in the necessary facilitation, coordination, and measurement that enable organizations to work in concert, the requisite infrastructure will not evolve.

FUTURE SHOCK

What might social change look like if funders, nonprofits, government officials, civic leaders, and business executives embraced collective impact? Recent events at Strive provide an exciting indication of what might be possible.

Strive has begun to codify what it has learned so that other communities can achieve collective impact more rapidly. The organization is working with nine other communities to establish similar cradle to career initiatives.⁴ Importantly, although Strive is broadening its impact to a national level, the organization is not scaling up its own operations by opening branches in other cities. Instead, Strive is promulgating a flexible process for change, offering each community a set of tools for collective impact, drawn from Strive's experience but adaptable to the community's own needs and resources. As a result, the new communities take true ownership of their own collective impact initiatives, but they don't need to start the process from scratch. Activities such as developing a collective educational reform mission and vision or creating specific community-level educational indicators are expedited through the use of Strive materials and assistance from Strive staff. Processes that took Strive several years to develop are being adapted and modified by other communities in significantly less time.

These nine communities plus Cincinnati have formed a community of practice in which representatives from each effort connect regularly to share what they are learning. Because of the number and diversity of the communities, Strive and its partners can quickly determine what processes are universal and which require adaptation to a local context. As learning accumulates, Strive staff will incorporate new findings into an Internet-based knowledge portal that will be available to any community wishing to create a collective impact initiative based on Strive's model.

This exciting evolution of the Strive collective impact initiative is far removed from the isolated impact approach that now dominates the social sector and that inhibits any major effort at comprehensive, large-scale change. If successful, it presages the spread of a new approach that will enable us to solve today's most serious social problems with the resources we already have at our disposal. It would be a shock to the system. But it's a form of shock therapy that's badly needed. ■

Notes

- 1 Interview with Kathy Merchant, CEO of the Greater Cincinnati Foundation, April 10, 2010.
- 2 See Mark Kramer, Marcie Parkhurst, and Lalitha Vaidyanathan, *Breakthroughs in Shared Measurement and Social Impact*, PSG Social Impact Advisors, 2009.
- 3 "Successful Starts," United Way of Greater Cincinnati, second edition, fall 2009.
- 4 Indianapolis, Houston, Richmond, Va., and Hayward, Calif., are the first four communities to implement Strive's process for educational reform. Portland, Ore., Fresno, Calif., Mesa, Ariz., Albuquerque, and Memphis are just beginning their efforts.

First 5 Solano Children and Families Commission
Long Term Financial Planning Worksheet
May 2014

CATEGORY	FY2012-2015 Funding Cycle			FY2015/16 and Beyond					Notes
	Actuals FY2012/13	Projection FY2013/14	Projection FY2014/15	Projection FY2015/16	Projection FY2016/17	Projection FY2017/18	Projection FY2018/19	Projection FY2019/20	
REVENUE									
Tobacco Tax - Prop 10	3,650,050	3,563,082	3,403,223	3,301,126	3,202,093	3,106,030	3,012,849	2,922,463	3% Decrease Annually
Interest	72,673	36,438	24,849	24,849	24,849	24,849	24,849	24,849	0.25% Interest
Matching Funds	641,091	697,313	841,313	736,313	600,000	-	-	-	\$600,000 MHSA through FY16/17; \$136,313 CARES Plus through FY15/16
Other/Unexpended funds to LTFP	106,420	275,574	322,012	339,279	68,008	68,008	-	-	Other Revenue/5% unspent
TOTAL REVENUE	4,470,234	4,572,407	4,591,397	4,401,567	3,894,949	3,198,886	3,037,698	2,947,312	
APPROPRIATIONS									
<i>Program</i>									
Priority 1 - Health and Well Being	2,286,229	2,527,406	2,671,337	1,360,152	1,360,152				Early Childhood Mental Health
Priority 2 - Early Care & Education	642,418	706,658	758,980						
Priority 3 - Family Support & Parent Ed.	1,078,663	1,080,208	1,080,208						
Priority 4 - First 5 Futures	252,182	352,000	352,000						
Evaluation & Data Collection	149,600	170,000	170,000						
Other (Salaries, Supplies, Internal Programs)	672,422	1,015,179	1,097,924						
Total Program	5,081,514	5,851,451	6,130,449	1,360,152	1,360,152	-	-	-	
Total Administrative	429,962	588,788	655,133						
TOTAL APPROPRIATIONS	5,511,476	6,440,239	6,785,582	1,360,152	1,360,152	-	-	-	
Net Increase/Decrease to Fund Balance	(1,041,242)	(1,867,832)	(2,194,185)						
Fund Balance (Ending)	11,795,879	9,928,047	7,733,862						

Scenario 1:	3 Year Funding at current level;	Total Appropriations	6,785,582	6,785,582	6,785,582	3,189,005	2,947,312	FY20/21=2,859,638
	50% decrease FY2018/19	To Allocated on Priorities 1-4	3,672,373	3,672,373	5,032,525	2,391,754	2,210,484	
		Fund Balance	5,539,677	3,345,492	1,151,307	1,000,000	1,000,000	

Scenario 2:	1 Year Funding at current level;	Total Appropriations	6,785,582	4,478,484	4,478,484	4,478,484	4,183,070	FY20/21=2,859,638
	33% decrease FY2016/17; 33% decrease FY20/21	To Allocated on Priorities 1-4	3,672,373	1,998,711	3,358,863	3,358,863	3,137,303	
		Fund Balance	5,539,677	4,956,142	3,676,544	2,235,758	1,000,000	

Assumptions: Estimated 25% of budget on special funds (Discretionary Fund, Co-Sponsorship, ED fund), data collection and evaluation, internal programs (Community Engagement), Administration & First 5 staff, and 75% on funding priorities (based on current levels); \$1,000,000 Permanent Operating Stability Fund as 33% of \$3,000,000 operating budget.



CHILDREN ARE OUR BOTTOM LINE

DATE: May 24, 2014

TO: First 5 Solano Commission

FROM: Aaron Crutison, Systems and Policy Committee (SPC) Chair
by Ciara Gonsalves, Policy & Fund Development Mgr. & Christina Arrostituto, Executive Director

CC: Jay Speck and Marisela Barbosa, SPC Members
Megan Richards, Deputy Director
Cherelyn Ellington Hunt, SPC Staff

SUBJ: Request for funds to support “Funding the Next Generation Solano”

Action Item:

Motion A: Consider a recommendation to deploy up to \$30,000 to Children’s Network of Solano County for the period July 1, 2014 - June 30, 2015 as a grant to support the activities of Funding the Next Generation Solano (Source of Funding: FY2014/15 First 5 Futures funds); and direct the Executive Director/designee to serve as a member of Funding the Next Generation Solano

Background/Discussion

In 2012, First 5 Solano established its “First 5 Futures” program as a Priority Area in its Strategic Plan. First 5 Futures exists to secure sustainable resources for First 5 services, and to expand and strengthen the Solano early childhood system. Among the activities related to this priority area is participation in broader local efforts to secure funding and effect policy change that support children and families in Solano County. A group of local representatives have been meeting as “Funding the Next Generation (FNG) Solano” for several months to plan and carry out activities related to these goals. To that end, a plan has been developed (Attachment A) to conduct a poll of Solano residents to identify which types of children and family services and economic supports they prefer.

The Systems and Policy Committee discussed a recommendation from the Executive Director that First 5 Solano participate actively in this effort by co-funding the poll, providing a portion of the stipend that supports volunteer consultant services for FNG Solano and directing the ED/designee to serve as an FNG member.

The Children’s Network of Solano County is serving as lead agency for Funding the Next Generation Solano, and will be the fiscal agent for funds raised for FNG Solano activities. To date, \$6,000 has been pledged to support the polling effort, including:

Organization	Amount Pledged	Target Amount
Children’s Network of Solano County	500	
United Way of the Bay Area	5,000	
Solano Coalition for Better Health	500	
Total	\$6,000	\$28,450

Staff recommended that up to \$22,450 be deployed to match the funding raised so far for Poll #1. Staff further recommended that in addition to the funds for polling, up to \$5,000 be allocated as a stipend for Kimberly Thomas, who is serving as the volunteer FNG Solano Coordinator. These funds would help defray her costs of service. The remaining \$2,550 would go for administrative expenses associated with managing the grant. Thus, the total funds requested are \$30,000.

The proposed source of funding for this item are from the FY2014/15 First 5 Futures Budget. Currently \$15,000 is budgeted for matching funds for activities that potentially sustain First 5 services, with an additional \$50,000 budgeted for grantwriting services. Staff proposed moving \$25,000 from grantwriting services to matching funds, raising the total in that budget line to \$40,000. After the \$30,000 is deployed, there would be \$10,000 remaining in that line, with \$25,000 remaining for grantwriting services.

Ms. Arrostuto advised the committee that in her view, the benefits of this activity are twofold: the information gleaned from the poll will give First 5 Solano a valid and reliable body of information about the public's views on the need for children's services, which age groups and types of services they value most, and their views on how to fund these services over the long term. In addition, the potential for securing a permanent or long-term funding stream dedicated to young children's services would be a boon to the sustainability of First 5 Solano and/or its community service partners, and foremost, to the young children of Solano County and their families. She recommended using First 5 Futures funds as Funding the Next Generation Solano activities align directly with the mission and purpose of First 5 Futures.

The Committee has moved this recommendation to the full Commission for approval.

Attachment A: Children's Services and Funding – Polling Quote

Attachment B: Proposed Revised FY2014/15 First 5 Futures Budget

*Fairbank,
Maslin,
Maullin,
Metz &
Associates*

FM3

*Public Opinion Research
& Strategy*

TO: Kim Thomas
The Children's Network of Solano County

FROM: Dave Metz and Shakari Byerly
Fairbank, Maslin, Maullin, Metz & Associates (FM3)

DATE: April 11, 2014

RE: Proposal to Conduct Opinion Research on Funding for Children's Services in Solano County

Fairbank, Maslin, Maullin, Metz & Associates (FM3) is pleased to submit this proposal to conduct opinion research to gauge public attitudes toward increased funding for children's services, including the feasibility of a potential ballot measure in 2016.

FM3 has direct experience conducting research on behalf of efforts to increasing funding for children's services, including current research being conducted on behalf of Sonoma County and prior research to support renewal funding for the Oakland Children's Fund. We have also worked extensively for FIRST 5 agencies in a number of California counties (Santa Clara, Fresno and Los Angeles), and our work has been used to support successful universal preschool measures in San Antonio and Arizona. We believe our broad background and experience leaves us well-positioned to conduct research in support of your effort

The balance of this proposal provides a brief overview of our firm's background and experience; our proposed approach to the research; a draft timeline and associated cost estimates.

FIRM BACKGROUND AND RELEVANT EXPERIENCE

Fairbank, Maslin, Maullin, Metz & Associates (FM3) has specialized in public policy-oriented opinion research since the company was first organized in 1981. FM3 offers a full range of opinion research and consulting services, including quantitative research in the form of surveys and qualitative research such as focus groups and advertising testing using Audience Response System (ARS) technology. We plan and execute all phases of the research process from

2425 Colorado Avenue. Suite 180
Santa Monica, CA 90404
Phone: (310) 828-1183
Fax: (310) 453-6562

1999 Harrison Street Suite 1290
Oakland, CA 94612
Phone: (510) 451-9521
Fax: (510) 451-0384

beginning to end. We design the research instrument, specify the sampling or recruitment plan, manage the data gathering process, and analyze and interpret the data.

FM3 prides itself on delivering personal service to its clients, who are assured ongoing contact with the firm's principals and senior personnel. FM3's principals have decades of experience as public opinion analysts and consultants. All key FM3 staff members have advanced degrees in public policy, research methods and/or extensive experience working in state and local government. In addition, FM3's data collection and sampling sub-contractors are closely supervised and pre-qualified by FM3 to render immediate, high-quality service.

FM3 is recognized as an industry leader in conducting opinion research on education and education finance issues, as well as research to inform ballot initiative campaigns and strategic communications planning. In addition, FM3 has direct experience conducting campaign and policy-oriented research among constituencies in Solano County. A summary of the key benefits we would bring to the project are listed below.

- **FM3 is a recognized leader in conducting research on issues related to children, education and social services in California.** FM3 has a broad range of experience working with coalitions and public agencies to assess public attitudes toward children's services, including efforts to increase funding dedicated to programs to support children and youth. Most recently provided research to support the successful **Pre-K for SA** initiative in San Antonio, which expanded access to preschool programs funded by a local sales tax increase. We provided similar research to support the passage of **Arizona's First Things First Initiative**, which was approved in 2006 and dedicated tobacco sales tax funding to early childhood education programs. In California, our research was instrumental to the passage of Prop 10 – which established the **FIRST 5** program.

In 2008, FM3 worked successfully with a coalition of organizations to pass Measure OO, which reauthorized set-aside funding for Oakland Kids First! (the **Oakland Children's Fund**); and we were a part of the original campaign team that helped secure passage of **Oakland's Measure Y** in 2004 which set aside funding for public safety and family and youth support programs. We are currently conducting ballot measure feasibility research for **Sonoma County** that will explore public attitudes toward a potential children's fund measure, among other issues.

In addition, FM3 has performed a range of research studies for public agencies to gauge public perceptions of and satisfaction with children and youth services. This work has included survey and focus group research for **FIRST 5** agencies in Los Angeles, Santa Clara and Fresno. The research conducted on behalf of **FIRST 5 Santa Clara** explored public perceptions of issues related to early childhood development and the willingness of voters to support an increase in local taxes to improve and expand access to early education programs. Our prior work on behalf of **FIRST 5 LA** and **FIRST 5 Fresno** included both survey and focus group research, in multiple languages, to inform each agency's unique outreach and communications goals.

- **FM3 also regularly works with California school districts to explore public attitudes toward increased funding for education services that benefit children.** FM3 has worked extensively with K-12 and community college districts to pass more than \$26 billion worth of education bonds and parcel taxes. Rather than focusing solely on whether or not a measure can pass, these surveys have also been used by district management to evaluate programs and policies such as school uniforms, multi-track schedules, school discipline, school nutrition and food programs, sex education, after-school programs and the most effective means of reducing violence and increasing school security. As a result, FM3 is recognized as the industry leader in California education bonds and finance measures, having served as key strategists in some of the largest and most significant statewide education ballot measures, including 2004's **Proposition 55** (\$12.3 billion school bond) and **Proposition 39**, which reduced the vote threshold required for the approval of local school bonds from two-thirds to 55 percent. FM3 also provided baseline survey research for **Proposition 1D**, the \$10.4 billion school bond measure passed in November 2006.

Bay Area K-12 clients include the **Alum Rock Union Elementary School District, San Francisco Unified School District, Oakland Unified School District, the Alameda County Office of Education, Berkeley Unified School District, Burlingame Unified School District, the Evergreen School District, Franklin-McKinley School District, Hayward Unified School District, Milpitas Unified School Districts, San Jose Unified School District, San Jose Unified School District, the Santa Clara Office of Education, Sonoma Valley Unified School District, Spreckles Unified School District, St. Helena Unified School District, Vallejo Unified School District and West Contra Costa Unified School District.**

- **FM3 also has extensive experience conducting public opinion research among Solano County voters on a range of public policy issues.** Most recently our firm provided survey research services to Vallejo Unified School District to inform its decision making around a potential bond measure. FM3 also conducted ballot measure feasibility research and provided strategic guidance to the **Solano Community College District** in its successful effort to pass a local bond measure in 2012. Our other local clients have included the cities of **Vallejo** and **Fairfield**, and the **Fairfield-Suisun Unified School District**. As a result of our local work, FM3 is well-versed in local issues and the concerns of your voters. This will allow us to work quickly and efficiently to design and conduct research on your behalf.

PROPOSED RESEARCH APPROACH AND METHODOLOGY

Polling provides a strategic blueprint for the campaign, including understanding the political landscape, measuring the salience of your issue, gauging initial levels of support for your proposal and core constituencies, developing a central theme for the campaign, and testing both positive and negative messages. Research is also critical in helping a campaign spend its limited resources as efficiently as possible by finding out which messages are most effective with specific groups of voters. In order to assess the feasibility of a children's services measure, a

comprehensive research program would include 1) a feasibility poll, 2) a baseline survey, and 3) potentially, tracking research. Each phase of the proposed research program is outlined below. This timeline assumes research conducted to inform a potential November 2014 ballot effort, but could easily be extended to a November 2016 timeline.

Phase I: Feasibility Study

This survey is the most important research product in any ballot measure effort. It needs to be an exhaustive instrument that gives us complete information on the current mood of the electorate and their receptivity to the core funding proposal and related concepts in question. These include perceptions of existing funding levels for children’s services; the types of services voters feel should be prioritized; and their willingness to increase local taxes to support additional investments to maintain, improve and potentially expand children’s services. It would help your coalition understand voters’ core level of support for funding children’s services, and what elements of a ballot measure – including funding mechanism, spending plan, and accountability provisions, are most likely to make the measure successful.

Ultimately, the research will tell you whether a ballot measure is feasible, and how large a campaign would be required to pass it if it is feasible. If the findings of the feasibility study show that a measure is winnable, they will provide critical assistance in building a broader coalition and raising money.

For the initial phase of research, we recommend conducting a baseline poll consisting of 500 to 600 interviews of likely general election voters in Solano County. A sample of this size will enable us to segment key groups by demographic and geographic characteristics. The average interview would take approximately 20 minutes to complete.

Phase II: Baseline Survey

If the initial baseline survey demonstrates that a potential children’s services ballot measure is viable – and if subsequent coalition-building efforts yield enough support to make a campaign seem practical – the next stage would be to conduct a true campaign baseline survey, to be undertaken before official action to place the measure on the ballot to test the ultimate policy concept (including draft ballot language); to identify key demographic and geographic targets for the campaign; to refine messages; and measure changes in public perceptions of the issues and the political landscape. This poll would be the primary document that would guide the campaign’s resource allocation and decision-making.

Phase III: Tracking Survey

A tracking polling in the final push of the campaign – conducted a few weeks before the election, while time remains to re-allocate resources if the poll suggests it is necessary -- will help to measure the impact of campaign communications and guide key decisions in the homestretch of the campaign when voters are fully engaged. We envision that such a poll would take the average respondent approximately 10 minutes to complete, and would require a sample of only 400 likely voters.

Proposed Research Timeline

FM3 is ready to begin work on the research immediately, at the coalition’s request. We anticipate completing the first phase of research within a four- to six-week timeframe, depending upon the amount of time needed for stakeholder input into the survey questionnaire. Should a poll demonstrate viability, we would envision completing the baseline survey a few months prior to ballot measure placement, with the tracking survey conducted about a month before the election date. The table below lays out our potential timing

Survey	For June 2016 Election	For November 2016 Election
Feasibility Survey	July 2014	July 2014
Baseline Survey	December 2015	March 2016
Tracking Survey	April 2016	October 2016

A summary of the project milestones for the first phase of the research, the feasibility survey, appears below. We can shorten or lengthen the timetable at the coalition’s request.

Week 1

- Authorization to proceed; kick-off meeting
- Review and finalize scope of work
- Hold project kick-off meeting with key stakeholders who will be providing input into the design of the survey questionnaire
- Finalize survey methodology and sampling plan
- Develop questions for the survey

Week 2

- Circulate initial survey draft for coalition review and comment

Week 3

- Finalize survey draft
- Acquire the survey sample
- Conduct feasibility survey

Week 4

- Produce topline survey results
- Produce survey cross-tabulation reports

Week 5-6

- Prepare reports of findings and recommendations
- Discuss and prepare for any subsequent phases of research

COST ESTIMATES

FM3 is prepared to complete the recommended program of research for a total cost of \$68,250, which would include:

- ✓ A feasibility survey of 600 likely voters (20 minutes in length)
- ✓ A baseline survey of 600 likely voters (15 min in length)
- ✓ A tracking survey of 400 voters likely voters (10 minutes in length)

The table below details the cost associated with surveys at various sample sizes and lengths.

Number of Interviews	10-Minute Survey	15-Minute Survey	20-Minute Survey
400	\$16,500	\$18,500	\$21,750
500	\$18,250	\$21,000	\$25,250
600	\$21,250	\$23,500	\$28,250

All cost estimates are all inclusive and include final sample preparation, drafting of the survey questionnaire, interviewing and data tabulation, cross-tabulation and other statistical analysis. Travel costs will be billed at cost and are not included in the cost estimate, however we do not anticipate that this expense will exceed \$500.

We would welcome the opportunity to work with you on this important project. Please let us know if there is any additional information we can provide by contacting FM3 Partner Dave Metz at (510) 451-9521 or dave@fm3research.com.

First 5 Futures FY2014/15
Estimated Budget: \$352,000

Description	FY2014/15 Amount	Modification	Requested Budget
<i>Staffing</i>			
Executive Director - @ 0.25 FTE	50,547		50,547
Manager - @ 1 FTE	111,853		111,853
Intern - @ \$16/ hr 999 hours & FICA	17,207		17,207
Subtotal	\$179,607		\$179,607
<i>Memberships- Business Groups</i>			
Benicia Chamber of Commerce	336		336
Dixon Chamber of Commerce	200		200
Fairfield-Suisun Chamber of Commerce	295		295
Rio Vista Chamber of Commerce	265		265
Vacaville Chamber of Commerce	250		250
Vallejo Chamber of Commerce	335		335
Filipino-American Chamber of Commerce	150		150
Solano EDC	1,000		1,000
Solano Hispanic Chamber	500		500
Misc - buffer for change in rates	250		250
Subtotal	\$3,581		\$3,581
<i>Memberships- Funder Organizations</i>			
Early Childhood Funders - ECF	1,000		1,000
Grantmakers for Children, Youth and Families - GCYF	1,500		1,500
Grantmakers for Effective Organizations	500		500
Northern California Grantmakers - NCG	1,500		1,500
Subtotal	\$4,500		\$4,500
<i>Event Sponsorship</i>			
Pre-K Business Champs	6,312		6,312
Subtotal	\$6,312		\$6,312
<i>Leveraging Fund</i>			
Pre-K Business Champs	25,000		
Other Matching Funds	15,000	25,000	40,000
Subtotal	\$40,000		\$65,000
<i>Professional Services - Grant Writing/Access</i>			
Grant Writing Services- Commission	50,000	-25,000	25,000
Requests for Grantwriting Svcs- Grantees/Org. Support Fund	50,000		50,000
Grant Databases (Foundation Center Online - \$1,295)	2,000		2,000
Subtotal	\$102,000		\$77,000
<i>Training, Travel & Operations</i>			
Commissioner / Staff - Training & Capacity Building	8,000		8,000
Annual Travel (out-of State, out-of-county, conferences, business)	8,000		8,000
Subtotal	\$16,000		\$16,000
Grand Total	\$352,000		\$352,000

First 5 Solano Children and Families Commission

Program & Community Engagement Committee Meeting
May 22, 2014, 3:00-4:30 PM
601 Texas Street, Suite 210, Fairfield, CA 94533

Minutes

I. Introductions, Commissioner Comment, Public Comment

Commissioner Niedziela called the meeting to order at 3:05 PM.

Committee members present: Commissioner Liz Niedziela, Commissioner Erin Hannigan
First 5 Staff present: Christina Arrostuto (Executive Director), Megan Richards (Deputy Director), Cherelyn Ellington Hunt (Community Programs Manager), Christine Shipman (Health Programs Manager), Venis Jones Boyd (Family Programs Manager), Amanda Holmes (Office Assistant II)

Public attendees: Nancy Calvo, Niccore Tyler and Shari Garger (H&SS/BabyFirst Solano), Aimee Martinez (Children's Nurturing Project), Guadalupe Vital (California Hispanic Commission)

Commissioner Comment: Commissioner Niedziela welcomed Commissioner Hannigan to the P&CE Committee, as this is her first committee meeting.

Public Comment: None

II. Consent Calendar

- A. Approve Agenda of May 22, 2014 Program & Community Engagement Committee Meeting
- B. Approve Minutes of March 6, 2014 Program & Community Engagement Committee Meeting

Moved: Commissioner Hannigan, Seconded: Commissioner Niedziela
Approved: 2-0-0

III. FY2012/13 Video Annual Report

Ms. Ellington Hunt presented the video report which all agreed was a good presentation.

IV. FY2013/14 Interim Performance Measures Report

Ms. Shipman presented the Report, which covers the period July 1, 2013-March 31, 2014. She noted that with one exception, all First 5 grantees are meeting/exceeding contracted performance measures or on track to do so by fourth quarter. BabyFirst Solano is not on track to meet FY2013/14 performance measures for the Healthy Families America portion of their comprehensive prenatal services grant.

Discussion: The Committee members, First 5 staff and BabyFirst Solano representatives went over the staff report in detail. Commissioners Niedziela and Hannigan both asked questions regarding the report and specifically the performance measures. Ms. Arrostuto explained which different target groups are served by Nurse Family Partnership vs. Healthy Families America. Commissioner Niedziela asked how target groups and performance measures are established. Ms. Shipman explained that grantees propose their own performance measures, and the measures are mutually agreed-upon with First 5 before a contract is signed.

Ms. Calvo explained that the program in question (Healthy Families America, an evidence-based pre- and post-natal services homevisiting and support program) was a start-up and the current First 5 performance measures were their best estimates of the performance points that would be required. Ever since their First 5 funding was granted, H&SS and their subcontractor partners have been working to start up the program. Shari Garger, a public health nurse and program manager for Nurse Family Partnership, explained that starting up programs like these has proven very difficult and is taking much time and effort. She feels that this HFA program will be successful. H&SS and their partners had to earn certification for the program and organize much training and infrastructure. Since the beginning of the grant they have had some clients (transitioned from the former BabyFirst model) but it is only in the last few months that they were able to begin enrolling clients at a pace to achieve their full capacity.

Ms. Calvo noted that they expect to be at or near their target enrollment (118 families) by the end of this fiscal year. However there are two main problems with the current performance measures: a) they are based only on births in the program, and this program accepts mothers who have already given birth; and b) due to the longer-than-expected start-up time, families are not far enough along in the continuum of services to achieve the longer-term goals (such as developmental milestones for infants). Ms. Arrostuto noted that the current performance measures are also skewed by the program's requirement that clients who have stopped participating not be dropped from the program, but kept in "creative outreach" for at least 3 months.

Ms. Calvo reported that H&SS staff have also been meeting with their subcontractors to determine whether the data being entered into Persimmony is accurate, and discovered some inaccuracies and training needs. Ms. Arrostuto stated that they are still working with H&SS to get an accurate count of the number of births in the program and whether HFA staff are meeting goals for infant and child outcomes.

Ms. Shipman explained First 5's Compliance in Contracts Policy, and recommended that a compliance plan be established reflecting revisions to the Scope of Work and performance measures for FY2014/15 (year three of the program). Ms. Calvo emphasized that a large amount of work and effort has been done by her staff, and other HFA groups are praising them and asking their advice, which reflects the success of this particular HFA program.

Commissioner Hannigan expressed understanding that it takes time to start up, but the stage of the program is inconsistent with the goals that have been set. That being said, she is comfortable with allowing the program to readjust the performance measures and continue with funding. Commissioner Niedziela emphasized the need for such programs and said as long as there will be some realignment, she believes it would be beneficial for the program to continue. Ms. Calvo said she has asked the state about their measures in order to help with setting measures for this HFA program. Ms. Arrostuto explained that the cost per case break down to about \$17,000-\$20,000.

Ms. Shipman summarized the results of the discussion: We will create revised performance measures for HFA, and provide updates and reports to the Commission as the program progresses as per the Commission's Compliance in Contracts policy.

Motion: Recommend acceptance of a performance report on activities through the Third Quarter of FY13/14 ending March 31, 2014
Moved: Commissioner Hannigan, Seconded: Commissioner Niedziela
Approved: 2-0-0

V. Community Engagement Activities Update

Cherelyn Ellington Hunt provided a brief summary of recent and upcoming community engagement events. The Dixon May Fair was a successful effort. The Talk-Read-Sing Campaign is on-going and includes TV commercials and billboards. The Social Media Policy will be presented to the PCE Committee at the July 24th meeting. Ms. Arrostuto emphasized the need for us to reach the public in their own mode of communication, specifically, mobile phone and Internet. We must also comply with county policy in the use of social media, and consider the cost of staffing the social media function. June Safety Month activities will include Ciara Gonsalves presenting a Resolution to the Board of Supervisors and the Commission regarding poison control and other child safety related measures.

VI. Future Agenda Items, Meeting Date/Time/Location

The Program & Community Engagement Committee is scheduled to meet next on Thursday, July 24, 2014, 3:00 PM, at 601 Texas Street, Suite 210, Fairfield, CA. Ms. Arrostuto requested meeting a half hour earlier, at 2:30 PM. Commissioner Hannigan said she is available to come early. Commissioner Niedziela said she will need to check her schedule before confirming. Future agenda items include: Social Media Plan.

The meeting was adjourned at 4:06 PM.

Amanda Holmes, Office Assistant II

Approved:

DATE: May 24, 2014

TO: **First 5 Solano Commission**

FROM: Liz Niedziela, ad hoc Program and Community Engagement Committee Chair
by Chereilyn Ellington Hunt, Community Engagement Manager

CC: Erin Hannigan and Stephan Betz, PCE Members
Christina Arrostuto, Executive Director
Megan Richards, Deputy Director

Motion: Receive the FY2012/13 Video Annual Report

Summary/Discussion

In previous years, the Commission has been presented with a printed Annual Report to the Community, comprising one-half the space (12 pages) of its 24-page Parent Information Calendar. In lieu of the printed report, a video annual report has been produced for activities conducted during FY2012/13. This change allowed for the publication of an additional 12 months of Parent Information Calendar tips to better-benefit the community.

The goal of the video annual report is to present basic information to the community about First 5 Solano, as well as highlights of the grantee's overall successes and challenges to services. In addition, it provides funding information during for FY2012/13, the first year of the current, 3-year funding cycle. The report also includes general information about First 5 Solano's community partners.

The video report includes interviews with First 5 Grantees, clients of First 5 services, First 5 staff and the Commission Chair. It was produced by staff member Chereilyn Ellington Hunt and shot and edited by Videographer Christie Goshe. Staff, commissioners, grantees, children and families were engaged to tell the First 5 Solano story.

The video is approximately 5 minutes long, and can be used in other forums to promote First 5 programs. In addition, enough video footage was obtained over the two days of shooting that it could be used in the future with additional narration or graphics.

The video annual report will be made available on the First 5 Solano website and to other venues as requested.



CHILDREN ARE OUR BOTTOM LINE

DATE: May 24, 2014

TO: **First 5 Solano Commission**

FROM: Liz Niedziela, ad hoc Program and Community Engagement Committee Chair
by Christine Shipman, Health Programs Manager and Christina Arrostituto, Executive Director

CC: Erin Hannigan and Stephan Betz, PCE Members
Megan Richards, Deputy Director
Cherelyn Ellington Hunt, PCE Staff

SUBJECT: **Interim Performance Measures Report for July 1, 2013 – March 31, 2014**

Motion: Accept the 3rd Quarter FY2013/14 Performance Measures Report

Summary/Discussion

To ensure high-quality services, First 5 Solano tracks grantee service counts monthly and performance measures quarterly, based on agreed-upon Logic Model Scopes of Work that are incorporated into its grantees' Contracts and Memorandums of Understanding. Per the Commission's direction, staff issue an interim Performance Measures Report each year which is reviewed by the Program and Community Engagement Committee. (A Year-End Performance Measures Report is also included with the Annual Report each October.) The interim Performance Measures Report represents a "snapshot in time" of Grantee accomplishment and progress toward achieving expected program results. The purpose of the Interim Performance Measures report is to inform the Committee of Grantees' overall progress, any on-going challenges and, if applicable, needed corrections (typically ranging from Compliance Plans to, in extreme circumstances, recommendations that services be terminated).

The FY2013/14 Interim Performance Measures report was reviewed by the Program and Community Engagement Committee at its May 2014 meeting. Chris Shipman reported at that time that, with one exception, all First 5 grantees are meeting/exceeding contracted performance measures or on track to do so by fourth quarter.

H&SS/BabyFirst Solano is not on track to meet FY2013/14 performance measures for the Healthy Families America portion of their comprehensive prenatal services grant. After discussion by the Committee, it was agreed that a Compliance Action Plan will be developed for these services, which includes revising some of the performance measures to better-reflect the requirements of the program as it becomes fully-operational. Per the Commission's Compliance in Contracts Policy, the Compliance Action Plan will be carefully monitored by staff, and a report will be brought to each Program and Community Engagement Committee meeting until the performance measures are brought into line with expectations.

Attachments:

Attachment A: FY2013/14 Interim Performance Measures Report Summary
Attachment B: Grantee Monitoring Process

**Summary of FY2013/14 Interim Performance Measures
(July 1, 2013 – March 31, 2014)**

Attachment A

Grantee	Performance Measures			
	Total Number	Number Met/ Exceeded		Number Unmet
		Second Quarter	Third Quarter	
Prenatal Services Initiative				
H&SS – BabyFirst Healthy Families America	26	16	14	12¹
Solano Coalition for Better Health - Prenatal	2	2	2	
Early Childhood Developmental Health Initiative				
Solano County H&SS EPSDT	2	2	2	
PEAK - Children's Nurturing Project	9	8	8	1²
PEAK - EMQ Families First	7	6	7	
PEAK - Solano Family & Children's Services	2	2	2	
PEAK - Youth and Family Services	6	6	6	
PEAK - Child Start	5	5	4	1²
Children's Health Initiative				
Solano Coalition for Better Health	4	4	4	
Quality Child Care Initiative				
Children's Network - CARES Plus	13	12	13	
Child Start - Head Start Wraparound Care	5	4	4	1³
Family Support Initiative				
Benicia Police Department	7	7	7	
Dixon Family Services	7	6	7	
Fairfield-Suisun USD	7	7	7	
Fighting Back Partnership	7	6	6	1²
Rio Vista CARE	7	7	6	1²
Vacaville Police Department	7	6	6	1²
H&SS FSP Public Health Nurse/CWS Social Worker	12	12	12	
Children's Network	2	2	2	
Interfaith Council (Homeless Shelter)	9	9	9	
Parent Education Initiative				
Children's Nurturing Project	6	4	4	2²
Fairfield-Suisun USD SPACE	12	12	12	
Total All Grants:	164	145	144	20

¹ Some Performance Measures not met; Compliance Action Plan to be developed

² Performance Measure is being closely monitoring and fully expected to be met

³ Performance Measure cannot be met until services are complete in the Fourth Quarter

Grantee Monitoring Process

Following awards of funding, Program Managers negotiate performance measures with Grantees and incorporate performance measures into their Contracts/MOUs via Logic Model/Scopes of Work (SOW). Performance measures are entered into the Persimmony data collection and reporting system. Grantees report both “aggregate” data – unduplicated service counts such as ethnicity, age, special needs – and “performance” data, which document the outcomes expected. Grantees can document additional information in a “narrative” section to explain significant (positive or negative) variances. First 5 Solano and its grantees also use Persimmony to process Invoices, which are submitted via this web-based data system.

Program Managers monitor the progress of Grantees, suggesting measures or ways to improve if deficient and/or applauding efforts of accomplishment. The Interim Performance Measure Report, along with more intensive evaluation reporting activities, helps ensure that First 5-funded services are high in quality, generate measurable positive outcomes for children and families, help programs improve over time and identify services that could be expanded or replicated.

Item	Description	Interval	Purpose
Aggregate Data	Demographics of new clients, intensity of services (how many times client is served)	Monthly	Collect demographics, service counts and ensure that ongoing services are provided; also, to provide data to First 5 California for its annual report to the Legislature
Quarterly Progress Report	Reports progress towards achieving annual performance goals	Quarterly	Provide interim reports towards achieving service targets and the impact of services and improvements among populations served.
Site Visits	Review of location, financial records, ensure compliance with Commission Policies	Annually	Formally review progress toward meeting SOW and contracted terms and conditions; audit sampling of vendor invoices; opportunity to discuss ongoing challenges and learn about success stories that cannot be readily qualified via data.
Ad-hoc Meetings	Discuss program related issues	As necessary	To address issues as needed during the reporting cycle



CHILDREN ARE OUR BOTTOM LINE

DATE: May 25, 2014
TO: First 5 Solano Commission
From: Christina Arrostituto, Executive Director
SUBJ: **Executive Director's Report for June 2014**

Information Items:

Solano Children and Families Policy Forum – A second convening is being planned for November 5, 2014. Partners are meeting to follow up on policy issues generated at the first meeting, and to seek out and more fully include the participation of parents and community members. This meeting will build on the release of the latest Solano Children's Report Card, scheduled for June 2014. On a parallel track, Solano partners continue to participate in activities related to "Funding the Next Generation Solano."

Letters of Support - In accordance with the First 5 Solano Signature Policy, the Chair signed letters of support for SB 837 and SB 1123 (as per the Board of Supervisors Legislative Platform), and also forwarded a letter of support for a grant application by Children's Nurturing Project for an "Autism Speaks" grant. (Attachment A)

Local and Regional Anti-Poverty/Pro-Prosperity Activities Update – 5 workgroups continue to be active under the leadership of the Solano Safety Net Summits on Poverty Network. Updates can be found at www.solanosns.groupsites.com. The SNS Steering Committee met on May 28 and has applied for a second year of funding from Kaiser Permanente and United Way of the Bay Area. These funds will be used to support Solano SNS work. In addition, the Health & Social Services Department has pledged \$8,000 for a second College Intern for FY2014/15.

In May, I was included as a panel presenter for the United Way Worldwide conference in Washington, DC on the work done in the region to cut Bay Area poverty. In addition, Cynthia Verrett and I attended the "Collective Impact Forum" conference in May, called "The Funder's Role in Collective Impact," in Aspen, CO. At this event, I co-led a dinner discussion on poverty that was attended by 10 fellow funders across the United States (and even one from New Zealand). I was able to bring back a number of valuable resources to support not only SNS activities but the work of First 5 Solano.

First 5 Association/First 5 California Update – Attached (Attachment B) are the April 2014 "Prop 10 Briefings." Both First 5 Association and First 5 California are planning statewide convenings in the next few months. The F5 Association gathering is scheduled for Sept. 29-October 1 and is a staff training conference. The F5 CA event is scheduled for February 2015 and is designed to bring local and state agency partners who serve young children together in a historic first meeting to discuss their mutual interests and requirements for serving young children and families.

Other Activities –

Parent Education: Commissioner Barbosa and I made a second site visit to San Francisco to discuss the "Abriendo Puertas" program, a parent education and engagement program serving Spanish-speaking families. Staff are now working on a side-by-side of the Avance and Abriendo Puertas programs to compare and contrast the features of each program.

Child Care Space: The County Administrator notified me in February that A Child's Place had vacated the renovated space at 275 Beck, Fairfield, and that they want this County space to continue to be used to house child care/development services. After first inquiring with Fairfield-Suisun Unified School District, which is unable to participate due to building code constraints, I have been working with General Services and Child Start, Inc. to determine if it is feasible to house Head Start and Early Head Start programs at this site. It would be a great opportunity to expand services at a nominal cost to First 5 Solano (the contract is estimated at under or about \$30,000 annually). I will bring a more detailed report to the Program and Community Engagement Committee as these plans evolve.

Child Care Data: An ad hoc group met on May 27 to determine what First 5 could do in the way of data and/or system support to help Solano's child care partners better accomplish their goals. This group includes Commissioner Crane.

Attachment A: Letters of Support signed by First 5 Solano

Attachment B: April Prop 10 Briefings

COMMISSIONERS

- Jay Speck
Chair
- Dan Ayala
- Marisela Barbosa
- Stephan Betz
- Elise Crane
- Aaron Crutison
- Dana Dean
- Erin Hannigan
- Liz Niedziela

STAFF

- Christina Arrostuto
Executive Director
- Megan Richards
Deputy Director
- Venis Jones Boyd
Family Support Programs Mgr.
- Cherelyn Ellington
Early Learning & CE Programs Mgr
- Ciara Gonsalves
Policy & Fund Development Mgr
- Chris Shipman
Health Programs Mgr
- Irma Calderon
Office Assistant III
- Amanda Holmes
Office Assistant II
- Joshua Bongawil
First 5 Futures College Intern
- Latoya Long
Anti-Poverty/CE College Intern
- Kara Wilson
CE College Intern

First 5 Solano Children & Families Commission uses Proposition 10 tobacco tax and other funds for prenatal, health, quality child care, school readiness and parent, provider, and family support programs across Solano County. These services help ensure that children thrive and enter school healthy and ready to learn, grow and become productive members of Solano County's workforce and community.



March 5, 2014

The Honorable Darrell Steinberg
Senate President pro Tempore, State of California
State Capitol, Room 205
Sacramento, CA 95814

RE: Support the Kindergarten Readiness Act of 2014 - SB 837 (Steinberg)

Dear Senate President pro Tempore Steinberg:

On behalf of First 5 Solano Children and Families Commission, I am writing to convey our support of the **Kindergarten Readiness Act of 2014 - SB 837 (Steinberg)**.

Currently, less than half of all California's preschool-age children are enrolled in preschool, with significant disparities in enrollment related to poverty and inequity. With one in four of California's youngest children living in poverty, access to free, quality preschool is critical to their readiness for school, which is in turn highly correlated with school success, benefitting all our communities and our economy.

SB 837 would make a high-quality, developmentally appropriate transitional kindergarten (TK) program available to every 4-year-old in California, greatly increasing the opportunity for all of California's children to be successful in school.

In TK, children not only develop core academic knowledge in pre-literacy and early math, they build critical lifetime learning skills such as paying attention, managing emotions and completing tasks. Moreover, parents are engaged early in actively supporting and promoting their child's educational progress and success.

Economists have found that every dollar invested in high-quality early learning programs can save more than \$7 in the form of fewer students being held back, placed in special education or getting involved in crime,¹ and more graduating from high school and college and earning higher salaries in their careers. In both economic and human terms, this is the wisest investment we can make.

And yet, only half of California's low-income preschool-aged children currently benefit from existing State Preschool or federal Head Start programs, and only one-quarter of all children have access to TK.

We can give all children the strong start they need for success by improving and expanding TK to serve all 4-year-olds. Once again, we support SB 837.

Sincerely,



Jay Speck
Chair, First 5 Solano Children and Families Commission

¹ If California invests in SB 837, the savings in the prison system alone are estimated to be \$1.1 billion annually due to the reduction in prison population by 13,000 prisoners.

April 30, 2014

COMMISSIONERS

- Jay Speck
Chair
- Dan Ayala
- Marisela Barbosa
- Stephan Betz
- Elise Crane
- Aaron Crutison
- Dana Dean
- Erin Hannigan
- Liz Niedziela

STAFF

- Christina Arrostuto
Executive Director
- Megan Richards
Deputy Director
- Venis Jones Boyd
Family Support Programs Mgr.
- Cherelyn Ellington
Early Learning & CE Programs Mgr
- Ciara Gonsalves
Policy & Fund Development Mgr
- Chris Shipman
Health Programs Mgr
- Amanda Holmes
Office Assistant II
- Joshua Bongawil
First 5 Futures College Intern
- Latoya Long
Anti-Poverty/CE College Intern
- Kara Wilson
CE College Intern

First 5 Solano Children & Families Commission uses Proposition 10 tobacco tax and other funds for prenatal, health, quality child care, school readiness and parent, provider, and family support programs across Solano County. These services help ensure that children thrive and enter school healthy and ready to learn, grow and become productive members of Solano County's workforce and community.



The Honorable Carol Liu
Senator, State of California
State Capitol, Room 5097
Sacramento, CA 95814

RE: Support for SB 1123 (Liu), as amended April 3, 2014

Dear Senator Liu,

On behalf of the First 5 Solano Children and Families Commission, I am writing in support of **SB 1123, the California Strong Families, Strong Children Act as amended April 3, 2014** which will expand access for low-income infants, toddlers, and their parents to quality early learning and parental support services. It will also expand access to full-day, full-year state preschool.

Our support is consistent with both First 5 Solano's Strategic Plan Priorities (Health & Well-Being, Early Childhood Learning & Development and Family Support & Parent Education) and the Solano County Board of Supervisors 2014 State Legislative Platform (specifically Health and Human Services Section, page 4, number 7, which states: 'Support legislation and Budget action that would protect and enhance funding for subsidized child care services which in turn provides employment and education opportunities for residents of the county, and for child development programs including preschool and Transitional Kindergarten for all children.')

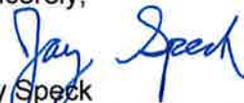
The first three years of life are a period of dynamic and unparalleled brain development in which children acquire the ability to think, speak, learn, and reason. During these first crucial years, children need good health, strong families, and positive early learning experiences to lay the foundation for later school success. Low-income infants and toddlers are at greater risk for a variety of poorer outcomes and vulnerabilities, such as later school failure, learning disabilities, behavior problems, developmental delay, and health impairments.

The most effective way to help infants and toddlers is to promote positive parent-child relationships. SB 1123 will enhance California's child care and development programs with parent education and support services on a par with other evidence-based models such as Early Head Start, voluntary home visitation, and the Positive Parenting Program. This will provide our most vulnerable infants and toddlers with those high-quality programs that will capitalize on the incredible potential of our youngest learners and make a real difference for children, families and our future.

We also urge the establishment of local countywide plans to help oversee SB 1123 implementation. Each California County has a state-designated Child Care Local Planning Council whose members are appointed by local County Offices Education and Boards of Supervisors, and which include representatives of child care providers and professionals, parents, First 5s and other key stakeholders. In our view, these entities would be ideal as local conveners for plan development to ensure transparency, accountability, and oversight.

Thank you for your leadership on this important bill.

Sincerely,



Jay Speck
Chair, First 5 Solano Children and Families Commission

COMMISSIONERS

Jay Speck

Chair

Dan Ayala

Marisela Barbosa

Stephan Betz

Elise Crane

Aaron Crutison

Dana Dean

Erin Hannigan

Liz Niedziela

April 24, 2014

Autism Speaks

1 East 33rd Street 4th Floor
New York, NY 10016

Dear Autism Speaks,

On behalf of First 5 Solano Children and Families Commission, I'm writing to offer our strongest recommendation for Children's Nurturing Project (CNP) in their application for Autism Speaks funding.

STAFF

Christina Arrostuto

Executive Director

Megan Richards

Deputy Director

Venus Jones Boyd

Family Support Programs Mgr.

Cherelyn Ellington

Early Learning & CE Programs Mgr

Ciara Gonsalves

Policy & Fund Development Mgr.

Chris Shipman

Health Programs Mgr.

Amanda Holmes

Office Assistant II

Joshua Bongawil

First 5 Futures College Intern

Latoya Long

Anti-Poverty/CE College Intern

Kara Wilson

CE College Intern

Children's Nurturing Project has been a strong partner with First 5 Solano in our efforts to expand early developmental services and strengthen the early childhood system. In 2004, First 5 chose CNP to lead the creation of a countywide strategic plan for early mental/developmental health services, and then to provide direct services to help implement that plan beginning in 2005. CNP brought together a number of partners in 2007 to establish the Partnership for Early Access for Kids initiative, offering a full range of child, parent/caregiver and provider support to ensure the healthy development and school readiness of some of the most vulnerable Solano children. This initiative was re-funded in 2011 and continues to post impressive results in both the outcomes of children and families served and system development.

Most recently, in 2012, CNP successfully competed for First 5 funds to provide evidence-based parent education programs and to become the Collaboration and Coordination vendor to help all First 5 grantees better align and integrate their services. This has led CNP to act as the lead agency in attaining *Help Me Grow* national affiliation and creating a system of care in Solano that connects at-risk children with the services they need.

First 5 Solano holds its grantees highly accountable, and CNP has been among the leaders in innovative and multi-faceted child and family services. Autism Speaks funding would enable this agency to ensure children with autism are connected to vital services in our community and help all children to reach their full developmental potential.

We know you will have many worthy applicants and difficult choices to make. Please give your strongest consideration to Children's Nurturing Project in your evaluation of applicants for Autism Speaks funding. This organization a vital contributor to Solano children's health and well-being.

Sincerely,



Christina Arrostuto, Executive Director
First 5 Solano Children and Families Commission

First 5 Solano Children & Families Commission uses Proposition 10 tobacco tax and other funds for prenatal, health, quality child care, school readiness and parent, provider, and family support programs across Solano County. These services help ensure that children thrive and enter school healthy and ready to learn, grow and become productive members of Solano County's workforce and community.





Proposition 10 Briefings April 2014

Association Meeting April 23, 2014

Moira Kenney and Association Vice President Kim Medeiros welcomed three new county Executive Directors: Roland Maier (Kern), Terri Lane (Calaveras), and Yvonne Nenadal (Butte).

In addition, it was noted that the meeting will be the last for Mark Friedman, as he will be stepping down as CEO of First 5 Alameda in June, moving to his new role as CEO of the Thomas J. Long Foundation

Talk Read Sing Campaign

Susan True presented an overview of the Bay Area Council's Talk Read Sing campaign. In partnership with Too Small to Fail, they have developed a campaign including PSAs, infant/toddler shirts and onesies, and other items with a playful look and feel designed to spark parents' conversation with their children. The goal of the campaign is to reduce the 30 million word gap through language development and warm and nurturing parenting. Susan noted that in all focus groups conducted for the campaign, parents without fail indicated that education is their top goal for their children.

First 5 Alameda has provided support for the campaign, and First 5 San Mateo will help create a community replication guide. The campaign will launch in Oakland in June, and will run for 90 days. After that, county commissions will have access to the creative so that they can print items and brand them as desired.

Reading Corps

Kate Horst of the Minnesota Reading Corps provided an overview of the history and structure of Reading Corps. Reading Corps tutors support children at risk of third grade reading failure by providing them with daily, research-based interventions in English, ultimately guiding them to become successful readers. The tutors are rigorously trained and serve children from age 3 to 5 at pre-K sites. The model is replicable, curriculum-neutral, and comes with supports. It provides data which informs instruction, including baselines and assessments to measure children's progress.

Reading Corps was birthed in Minnesota and has now expanded to a number of states, and is being replicated in Santa Cruz. Vicki Boriack described how First 5 Santa Cruz launched the Reading Corps model in 2012; the majority of the children served are dual language learners and First 5 has seen encouraging progress for the children in the program. The Association will be providing additional opportunities to learn about the Reading Corps.

The presentation is available here:

<http://first5association.org/wp-content/uploads/2014/04/READ-powerpoint-042314.pdf>

To view a short video about the Minnesota Reading Corps, click here:

<https://www.youtube.com/watch?v=CVXLfe7c9Qs>.

First 5's Role in Anti-Poverty Efforts

Lorne Needle, Chief Community Investment Officer for the United Way of the Bay Area, and Christina Arrostuto, Executive Director of First 5 Solano, provided an overview of the Rise Together collective impact initiative, which focuses on significantly and sustainably reducing poverty. The initiative includes 140 institutions and five First 5s.

The initiative seeks to cut poverty by expanding impactful service strategies such as early childhood education, and advocating for public policies with high impact, such as the EPIC Caucus, launched by Senator DeSaulnier. The initiative has created a Roadmap to Cut Bay Area Poverty, which sets forth three key drivers of economic success: basic needs, education, and jobs; identifies five critical populations; and calls for collective impact via cross-sector institutions that align resources, pass public policies, and change systems. Christina shared her experiences serving on the Rise Together Steering Council, and emphasized that First 5s have the power to fund and broker system change from their unique position within communities.

Association members then engaged in table discussion to review what their commissions are already doing to address poverty, and what they could be doing. Members commented on the following:

- The Earned Income Tax Credit is one of the largest anti-poverty tools in the country, and needs to be integrated whenever possible. Many First 5s engage in these efforts.
- Other counties have targeted efforts to increase enrolment in CalFresh; some use cultural brokers to reach specific populations.
- Consistent messaging is needed regarding poverty and related issues. Lorne noted that the UWBA marketing team is working on this and is happy to share.
- These efforts must be bipartisan, and should be communicated in ways that get the ears of conservative leaders – including language around job creation, and family self-sufficiency.
- Many child care workers experience poverty; this needs to be addressed.
- First 5s are one of the State's major investments in cutting poverty. The State invested in First 5 as an engine.
- Not all regional United Ways are as strong – some regions plan to engage with theirs.
- Poverty looks different in different communities; there are cultural factors as well as race factors at play.
- Members urged colleagues to look at their strategic plan through an anti-poverty lens, and to get their commissions involved and inspired.

The presentation is available here:

<http://first5association.org/wp-content/uploads/2014/04/4-23-14-Rise-Together-First-5-Association.pdf>

The Roadmap to Cut Poverty is available here:

<https://www.uwba.org/files/galleries/13-UWBA-Roadmap.pdf>

Report from the State Commission

Camille Maben provided the following updates to Association members:

- Her visits to county commissions continue, and have been very impactful.
- SB 837 (Steinberg) and SB 1123 (Liu): Camille provided updates on the progress of both bills. She noted that both bills have sparked important conversations about the future of the early learning and, more importantly, the role of First 5s. She sees broad interest in increasing quality and access of early learning.
- On Friday, May 2, First 5 CA, the First 5 Association, and key partners will come together for a conversation to ensure one voice going forward with recommendations for the Governor for the upcoming budget year and beyond.
- First 5 CA will hold a summit in Sacramento February 10-12.

State Commission Meeting April 24, 2014

Commissioners Present:

George Halvorson, Chair
Magdalena Carrasco
Conway Collis
Muntu Davis
Kathryn Icenhower
Joyce Iseri
Casey McKeever
Ex Officio Member: Jim Suennen

Opening Remarks

Chair Halvorson commented that the research on investments in early childhood continues to reinforce the fact that First 5 is engaged in critical work. He also commented on the important work that First 5 Los Angeles and First 5 Alameda are doing with WIC.

Executive Director Report

Camille Maben provided the following updates to the State Commission:

Research and Evaluation:

- Work continues on the new CARES Plus data system.
- Fact sheets on CARES Plus and CSP are now available.
- First 5 CA staff are drafting a report with analysis of CSP 1 data from FY 12-13.
- First 5 CA is working with CHIS to develop questions.

Other Updates:

- Camille has participated in several national meetings, including:
 - BUILD Quality Improvement
 - Help Me Grow National Forum
 - Early Head start Child Care Partnership

Association Report

Moira Kenney reported that the Association participated in a home visiting briefing convened by Senator Liu and Assemblymember Pan at the

Capitol on February 25, which offered an opportunity to highlight the work of First 5 in this important arena.

She also reported that over 20 commissions conducted legislative visits at the Capitol on March 19; both the visits and the 15th anniversary reception which followed were very successful. Moira thanked Commissioners Iseri and McKeever for attending the reception.

Increasingly, county commissions have found legislators to be informed and passionate about the importance of the early childhood years. Legislators are now asking what can be done to sustain the efforts of First 5, and bring our work to scale.

Moira also reported on the conversations with the Department of Health Care Services regarding the Governor's Budget request for Denti-Cal outreach. The Association has been focusing on the following challenges: the supply of dentists accepting Denti-Cal is low (or in some areas, non-existent), the reimbursement is not sufficient to cover the costs of serving children with complex needs, and those providers accepting Denti-Cal often don't provide the services (like sedation) that are necessary to consider the practice actually appropriate for the needs of the population.

Advisory Committee Reports

Committee chairs reported that the committees of the Commission have been meeting regularly, and that later reports will address their work.

FY 2013-14 & 2014-15 Annual Report Guidelines

David Dodds reported that First 5 CA, the First 5 Association, and county commissions worked together to standardize the meaning of expenditure items in the Annual Report Glossary. Commissioner Icenhower asked whether the Annual Report allows clear data regarding leveraged funds. Moira Kenney clarified that the AR 1 is tied to the audit, so there isn't a place to include leveraged fund information. However, the Association will partner with First 5 CA to consider solutions.

The revised guidelines for FY 2013-14 and FY 2014-15 were approved unanimously.

Small Population County Funding Augmentation

Sarah Neville-Morgan reported that First 5 California and the First 5 Association Small County Workgroup collaborated to design a new funding methodology and framework for the 20 smallest population counties. The funding will increase small county Prop 10 dollars by \$12.8 million over three years, which represents a slight increase over the previous augmentation.

Commissioners indicated support for the proposal, but also asked that the Commission staff work on a funding plan to accompany the strategic plan.

The methodology and framework were approved unanimously.

Public Comment:

Ellen Vieira (Plumas) and Molly DesBaillets (Mono) stated that the augmentation is critical to ensure that the smallest commissions in the state can continue to provide services.

Charlene Reed (Tehama) commented that small counties are in complete agreement with the framework.

First 5 CA Mass Media Communications Contract

Kelly Westley reported that due to the impending end of the current mass media communications contract, there is a need to issue an RFP for a new media contract. The statute specifies that six percent of total Proposition 10 funds be devoted to mass media efforts designed to educate Californians about the healthy development and early education of children ages 0 to 5.

Commissioners engaged in discussion around declining tobacco tax revenues, and the need to consider what can be done to ensure adequate resources. Commissioners asked staff to add language to the RFP that requires the contractor to explore outreach mechanisms that would generate revenue. One possible source that was suggested was an additional specialty license plate that could generate funds for First 5 programs.

Commissioners also asked staff to add the discussion of additional revenue to the work of the Ad-Hoc Strategic Plan committee. Camille Maben commented that legislators and other public officials are also potential targets for the public education campaign, in addition to the general public and parents.

The Commission approved the release of an RFP for a new media contract.

2014 First 5 CA Media Campaign

Renee Fraser reported that the statewide Talk Read Sing campaign launched in March with television and radio spots, providing coverage of all 58 counties.

- Over 151 million impressions have been delivered so far.
- Fraser has leveraged over \$1 million worth of free media.
- During the first 6 weeks, nearly 90 million adult 18-49 impressions were generated with the TV and radio campaign.
- The First 5 Parents Website went from 800 hits per day to over 2,400 hits when media spots ran.
- Almost 500,000 people have viewed the commercials on YouTube.
- Facebook content has been seen by over 9.3 million users

In addition, grassroots efforts including “It’s Picnic Day, Potter” and the Hands-On Health Express Van continue.

Renee reported that social marketing and behavioral change campaigns require repetition and messaging over longer periods of time.

The Commission approved an additional \$8.88 million to extend the campaign through additional media buys. The money will come from unused CSP funds.

Transitional Kindergarten Evaluation

Representatives from the Heising-Simons Foundation and the American Institutes for Research presented a number of options for

addressing concerns raised by the Commissioners at the January meeting. Specifically, the evaluation will include Asian Pacific Islander students with sufficient English skills. One assessment tool will be translated into five Asian languages to assess these students.

Commissioner Iseri expressed her appreciation for the report, noting that disaggregated data by race and ethnicity is critical.

The Commission approved funding up to \$170,000 for inclusion of API students and for co-funding in the amount of \$1 million for the remaining two years of the three-year study period.

First 5 County Commission Investments in Early Intervention Systems

Moira presented an overview of First 5 County Commission investments in early intervention. Loren Farrar, Help Me Grow Coordinator for First 5 Alameda, provided details on the HMG model.

The presentation is available here:

<http://first5association.org/wp-content/uploads/2014/04/First-5-CA-Early-Intervention-Presentation-042314.pdf>

To view a video about First 5 Early Intervention Efforts, click here:

<https://www.youtube.com/watch?v=GufJR7EmPms>

Summit Facility Contract

The Commission approved a contract for the 2014 Summit, February 10-12, in Sacramento.

Emergency Medical Services (EMS) Authority Request for Funding to Support the California Poison Control System (CPCS)

The Commission did not approve the funding request.

FIRST 5 PROGRAM UPDATES

First 5 Solano Children and Families Commission

First 5 California New CARES Plus Data System

By Venis Jones Boyd
Child and Family Programs Manager

First 5 California has implemented a new data system for CARES Plus lead agencies and subcontractors. Data quality is important to enable the provision of accurate participant statistics and evaluate the program effectiveness. The new system benefits Lead Agencies, the Child Development Training Consortium (CDTC), coaches for *My Teaching Partner*[™], *CLASS*[™] observers, and First 5 California staff by providing a single integrated system to manage the CARES Plus program.

For a primer on CARES Plus vocabulary, see a quick explanation below:

Lead Agency	First 5 Solano
<i>My Teaching Partner</i> [™]	Component D participants (video observation)
<i>CLASS</i> [™]	Classroom Assessment Scoring System

The new data system provides Lead Agencies the functionality to: 1) maintain participant information, including education, employment history, and CORE training courses; 2) view status of *CLASS* and *MTP* observations; 3) view *MTP* participation status and coaching cycles, and 4) view or maintain camera distribution information. System training webinars were scheduled in March and April to demonstrate the system and answer questions.

The new data system includes a dashboard providing a snapshot of participants' progress. For example, Solano CARES Plus has a 93.2% participation rate with only 6.8% withdrawals. The old Proof system was cumbersome with too many fields to enter and reports that were difficult to use. The same and more information is gathered with the new data system in a faster and more user-friendly manner.

First 5 Solano Intern Participates with the First 5 CA Hands on Health Van in the Dixon May Fair

By Chereilyn Ellington Hunt
Community Engagement and Early Childhood Education Programs Manager

The First 5 California hands on Health Express is a van that travels around community events and locations in California to promote child nutrition and health. The van is staffed by two "edutainers" that are specially trained to interact with kids attending events in an educational and fun way. First 5 Solano was invited to attend the Dixon May Fair in collaboration with the First 5 California Hands on Health Van this year.

INSIDE THIS ISSUE

First 5 CA New CARES Plus Data System	1
First 5 CA Hands on Health Van at Dixon May Fair	1
Health Programs Update	2
First 5 Futures Update	3

The booth consisted of healthy eating brochures, fruit and vegetable education materials (calendars, coloring crowns, stickers, and Yummy Tummy Cookbooks). There were also familiar items such as the Kit for New Parents and the Potter the Otter Books. The edutainers distributed materials in First 5 California bags to attendees and coloring crowns provided some great family bonding and an opportunity for children to learn about fruits and vegetables.

Kara Wilson, our college intern was on hand to distribute local materials including the goals, facts, and initiatives brochure, the 2014-2015 Parent Information Guide and calendar, Solano County Dental Health Brochures, Potter the Otter: A Tale about Water, Daddy's Tool Bag DVD, and First 5 Solano pencils and crayons. The First 5 Solano materials were added into the First 5 California plastic bags and handed out to participants.

Collaborating with the First 5 California edutainers was an excellent learning opportunity for Kara, who was introduced to their unique and beneficial educational materials and outreach efforts. The First 5 bags were highly valued by participants and they were very pleased with the variety of helpful parent information. Having Kara in attendance meant that we were able to provide a local voice to the booth and she was able to answer many questions from Solano County residents and connect them with local resources. The leftover Solano materials were left with the edutainers so they can distribute them at their upcoming events in Solano County.

KUIC Parent Education Messages

A contract with KUIC Radio (95.3 FM) is in place. The first Public Education Messages are currently airing regarding Pre-K Academy Registration and June Safety Month. Future messages include information about Nutrition and Breastfeeding.

First 5 Health Programs Update

By Christine Shipman
Health Programs Manager

Evaluation

There has also been extensive communication with our Evaluator, Applied Survey Research, and Child Welfare Services on obtaining information regarding a cost benefit analysis for Early Childhood Mental Health Services. This includes obtaining updated assessment data for children in the PEAK program and cross referencing it with child involvement in the Child Welfare System to identify if there is decreased contact with the system after obtaining PEAK services. After the mapping process is complete, additional information will follow.

Meetings Attended

On May 20, 2014, several First 5 Staff attended the celebrating the Community Luncheon by Kaiser Permanente and were so encouraged by the awards and the remarks by Dr. Steven Stricker, Physician-in-Chief, Kaiser Permanente Napa-Solano Area. Dr. Stricker's honored the Community Agencies and local area students in the name of Vallejo fallen Officer Jim Capoot. He state that caring is a team effort that could not be accomplished without the support of community partners. Three other important comments by Dr. Stricker included:

1. More families signed up with Kaiser under the Affordable Care Act than any other plan.
2. Kaiser Vallejo will be starting an intern program with seven Family Medicine Interns embedded in schools throughout Solano and Napa Counties. According to Dr. Sticker, these interns will be in the top ranking in their class. For these seven positions, Kaiser received 750 applicants. All interested students who want to be a catalyst and promote change to improve community health were encouraged to apply.
3. Community Agencies were encouraged to contact Dr. Ashley or Dr. Stricker if the agencies are in need of a physician volunteer for their programs.

Kaiser ended the program with emphasizing their three overarching strategies: Equity in health status, collaboration and prevention.

First 5 Futures Update

By Ciara Gonsalves

Policy & Fund Development Manager

I am excited to share with you a brief overview of how First 5 Futures is performing relative to the goals outlined in the First 5 Futures Implementation and Fund Development Plan.

Goal One: Secure Large Foundation and Government Grants and Contracts

GrantStation.com, Inc. offers nonprofit organizations, educational institutions, and government agencies the opportunity to identify potential funding sources for their programs or projects as well as resources to mentor these organizations through the grantseeking process. First 5 Solano began a partnership with Grantstation in 2012, which provides access to: a searchable database of private grantmakers; federal and state agency grants; and a growing database of international grantmakers. First 5 Solano also participates in a program offered by Grantstation where it can extend its membership to a list of grantees and/or community partners to provide them with weekly updates on the latest grant opportunities.

Grantstation's State of Grantseeking Report is released twice a year, fall and spring. The latest publication released spring 2014 reveals that agencies similar to First 5 Solano are considered large based upon their operating budget. The report found that large agencies are primarily funded by private foundations, as well as federal and state government grants, rather than smaller community and corporate funders. The report highlights the average grant size for large agencies is typically between \$100,000 – \$1,000,000+ with an average award of \$450,000. Notable grantseeking criteria considered in awards include grantseeker's mission, physical location/service area, and competitive nature for finite funds. This multi-faceted approach makes grantseeking highly competitive and reinforces the methodology that First 5 Solano utilizes to seek funding opportunities.

Goal Two: Obtain Corporate Grants and Strengthen Corporate and Business Partnerships

To date, the latest on the 2014 Pre-K Business Champions standings:

- 22 business and individual sponsors
- Over 41 children sponsored
- \$8,300 collected
- \$17,500 outstanding in corporate asks



Thursday May 29th marks the fifth consecutive year that First 5 Solano has sponsored a Solano Economic Development Corporation breakfast. 2014 also marks the second-annual Pre-K Business Champions campaign since piloting in 2013.

Goal Three: Pursue Legislative and Policy Changes to Increase Support for the Mission of First 5 Solano

CA May Budget Revise – Per California Budget Project's Analysis May 16th:

Governor Brown this week released the May Revision to his proposed 2014-15 budget. A new CBP report provides an initial analysis of this revised spending plan, showing that -- amid persistently high levels of poverty and long-term unemployment -- the Governor continues to prioritize paying down debt and saving for a rainy day over reinvesting in a variety of critical public services and programs that were battered by years of cuts.

The CBP's analysis examines key changes and new policy proposals in the May Revision and highlights issues that are likely to shape the budget debate over the next month. The CBP will issue additional analysis and commentary regarding the May Revision in the coming days and weeks.

Funding the Next Generation Solano

Children's Network of Solano County is serving as lead agency for Funding the Next Generation (FNG) Solano, and will be the fiscal agent for funds raised for FNG Solano activities.

Relative to the polling piece in FNG is the latest with Margaret Brodtkin who has been hard at work on the statewide effort. Her funding from the Endowment has come through, so the technical and mutual support we've been hoping for is happening. She also makes an effort to share Funding the Next Generation work in her newsletter, with our work in Solano prominently mentioned! Ms. Brodtkin would like to meet with a smaller group in Solano to discuss what kinds of support and technical assistance we will most need from her and the Learning Community she is setting up for us and our sister counties and cities. More to come as FNG develops!