



**CRADLE TO CAREER**  
FRESNO COUNTY



PRECONCEPTION TO AGE 5  
**BLUEPRINT**  
FOR FUNDING AND ADVOCACY

5 AND 10 YEAR GOALS AND STRATEGIES  
AUGUST 2019

# ACKNOWLEDGEMENTS

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## Foundational Reports:

Central Valley Health Policy Institute

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Fresno Cradle to Career Partnership

The Children's Movement of Fresno

Fresno County Early Childhood Table

Help Me Grow Steering Committee

Fresno County Health Improvement Partnership

Fresno County Preterm Birth Initiative

The 319 diverse parents from rural and urban areas who participated in the community engagement process.

The 345 stakeholders and providers who participated in the community engagement process.

# TABLE OF CONTENTS

<b>Introduction</b> .....	<b>2</b>
<b>Process and Timeline</b> .....	<b>6</b>
<b>Guiding Principles</b> .....	<b>7</b>
<b>Key Factors</b> .....	<b>8</b>

**“Smart investments start by addressing a major root cause of inequality – disadvantaged early childhoods.”**

James Heckman,  
Nobel Laureate in Economics,  
Center for the Economics for  
Human Development,  
University of Chicago, 2015

## PRIORITY AREAS

**BUILDING A STRONG ECONOMY** 9 - 12  
Key Driver: Economic Inequities

**GROWING RESILIENT FAMILIES** 14 - 16  
Key Driver: Adverse Conditions

**CREATING TOMORROW'S WORKFORCE** 17 - 21  
Key Driver: Early Childhood Care and Education

**ENSURING WELL-BEING** 23 - 26  
Key Driver: Health and Mental Wellness

**CULTIVATING SUCCESS** 27 - 28  
Key Driver: Parenting Supports

**ALIGNING RESOURCES** 29 - 31  
Key Driver: Leadership and Systems Coordination

## Every parent wants their child to succeed.

A child's healthy development in the early years is dependent upon many factors including their interactions with adults, living conditions, learning opportunities, access to healthcare, and, beginning in the womb, experiences of stress or trauma. Consequently, the economic and social conditions of a parent significantly impact their ability to care for their child. **Using a dual-generation approach, where the needs of parents and children are supported in tandem**, is the most effective way to ensure the success of children and families.<sup>1</sup>

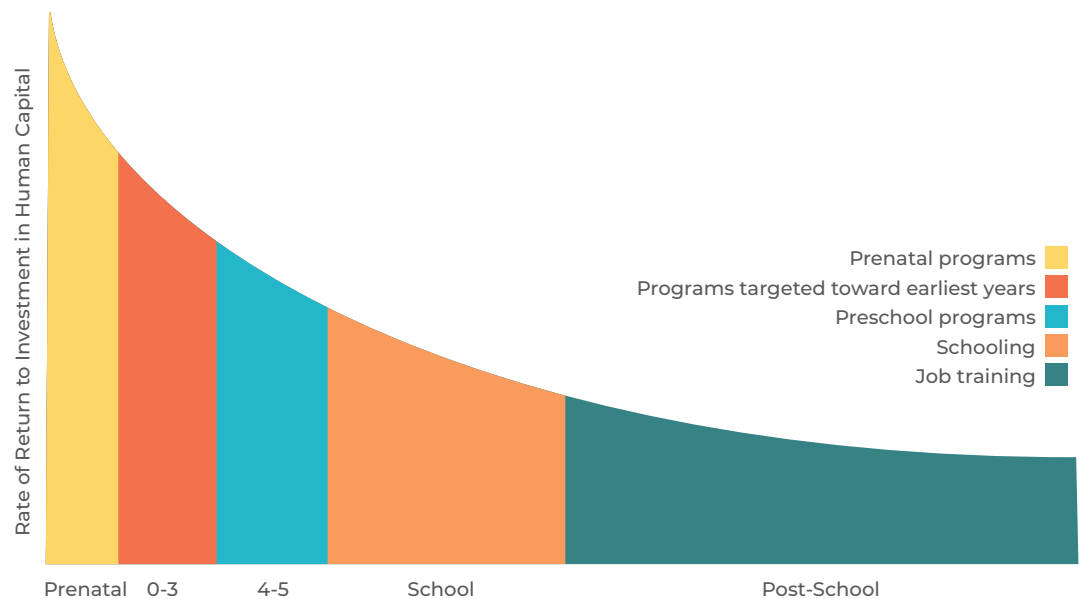
Research on the complexity of the developing brain has shown that a **mother's health and life experiences** impact a child as much as **five years prior to conception**.<sup>2</sup> Moreover, preterm birth and/or low birthweight can cause serious physical and mental disabilities that have enormous human and financial costs for families. The systems that **support mothers and fathers before the child is conceived through age two** are crucial to early brain development and the health of our community.

Because the **systems that impact children and families are interrelated** – education, physical and mental health, food security, housing, justice, safety, economic stability – we need collective solutions. **The goals and strategies that make up this Blueprint are intended to be cross-sector and cross-cutting**. A strategy listed in one priority area may well impact two or three other priorities. All are designed to roll-up to our ultimate goal – **a future that every family and every child in our community can believe in and achieve**.

## The potential of our children is our most valuable resource.

**The wellbeing of our children** is directly connected to Fresno County's long-term success. The return on investment for disadvantaged children in high-quality programs, beginning during pregnancy and continuing up to age 5, is 13%.<sup>3</sup> As the future leaders and workforce for the region, our children deserve every opportunity to succeed. Investing in our youngest children and giving them a strong start is **the surest path to a positive life trajectory**.

High-quality birth-to-five programs for disadvantaged children can deliver a 13% return on investment.

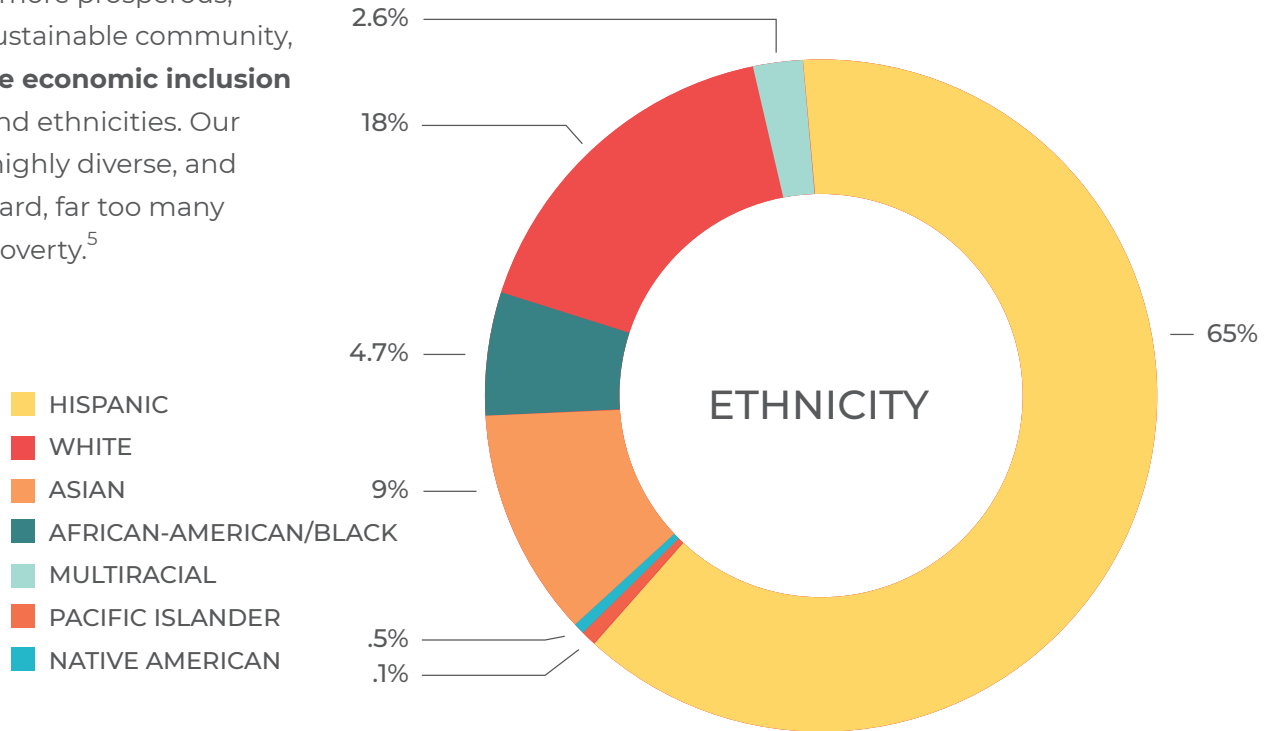


Source: James Heckman, Nobel Laureate in Economics

## Equity will make Fresno County stronger.

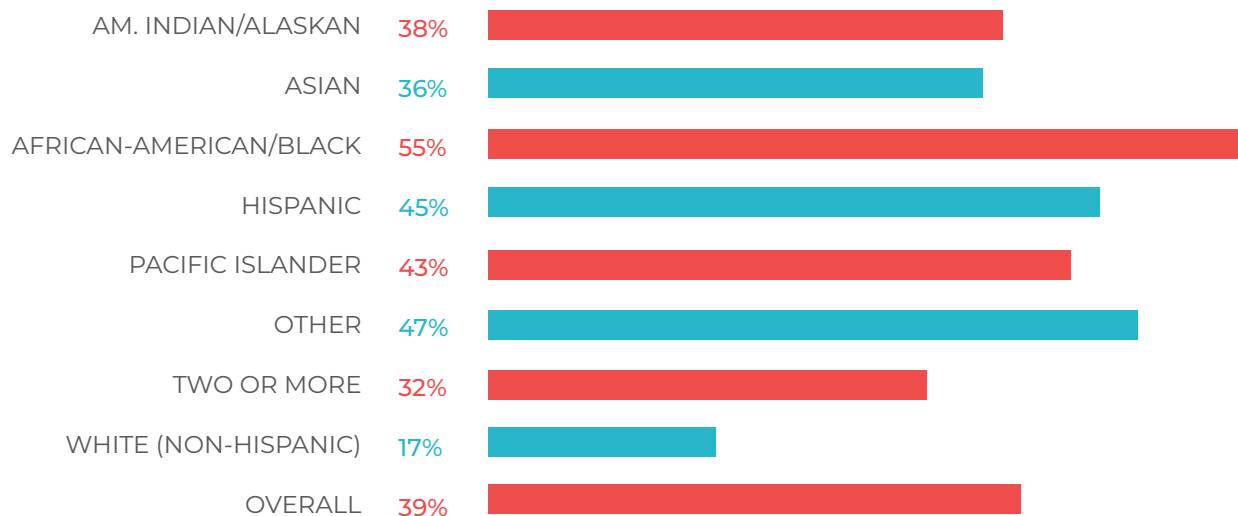
Our children are highly diverse, urban and rural, and primarily of color.<sup>4</sup>

To become a more prosperous, vibrant and sustainable community, **we must have economic inclusion** for all races and ethnicities. Our children are highly diverse, and across the board, far too many are living in poverty.<sup>5</sup>



**We must dig deeper and confront with courage and grace the root causes of the inequities that are hindering individual achievement and collective success.** Ensuring that all members of our community have the opportunity to fully participate in economic mobility is imperative if we are to grow our economy.

### CHILDREN LIVING BELOW POVERTY LEVEL BY RACE/ETHNICITY



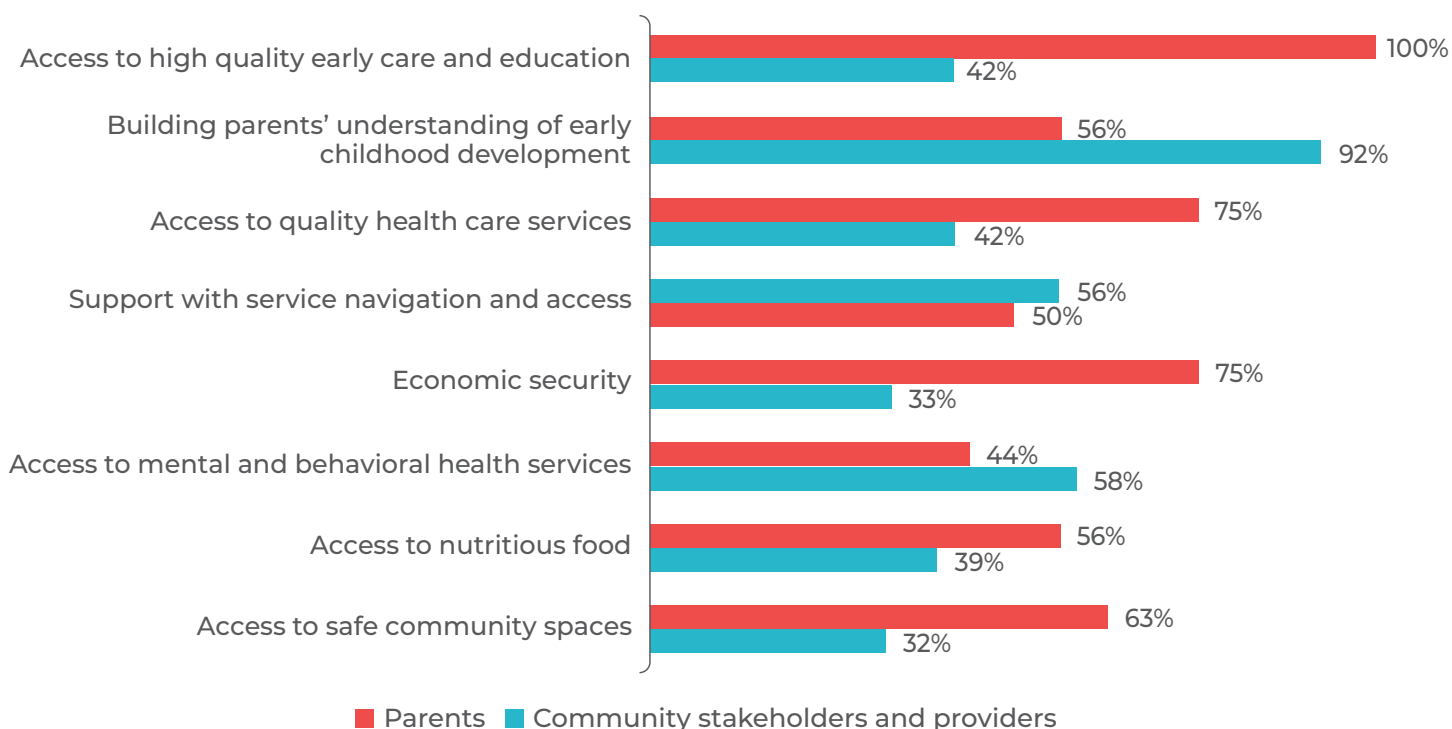
**Confronting and eliminating racial and ethnic inequities is a primary focus of this Blueprint.**

## Authentic community engagement will lead to equitable solutions.

**Engaging the community and really listening** is an active component in addressing inequity, as is openness and the willingness to examine one's own beliefs and assumptions. This especially means **listening to and actively including parents in decisions** that will impact them..

**319 parents in rural and urban areas** (69% Latino, 8% African-American/Black, 7% Asian, 2% Native American, and 15% white) – **were asked about their most pressing issues.** The same questions were asked of 345 service providers.<sup>6</sup>

### TOP 8 MOST PRESSING NEEDS IDENTIFIED BY PARENTS AND PROVIDERS

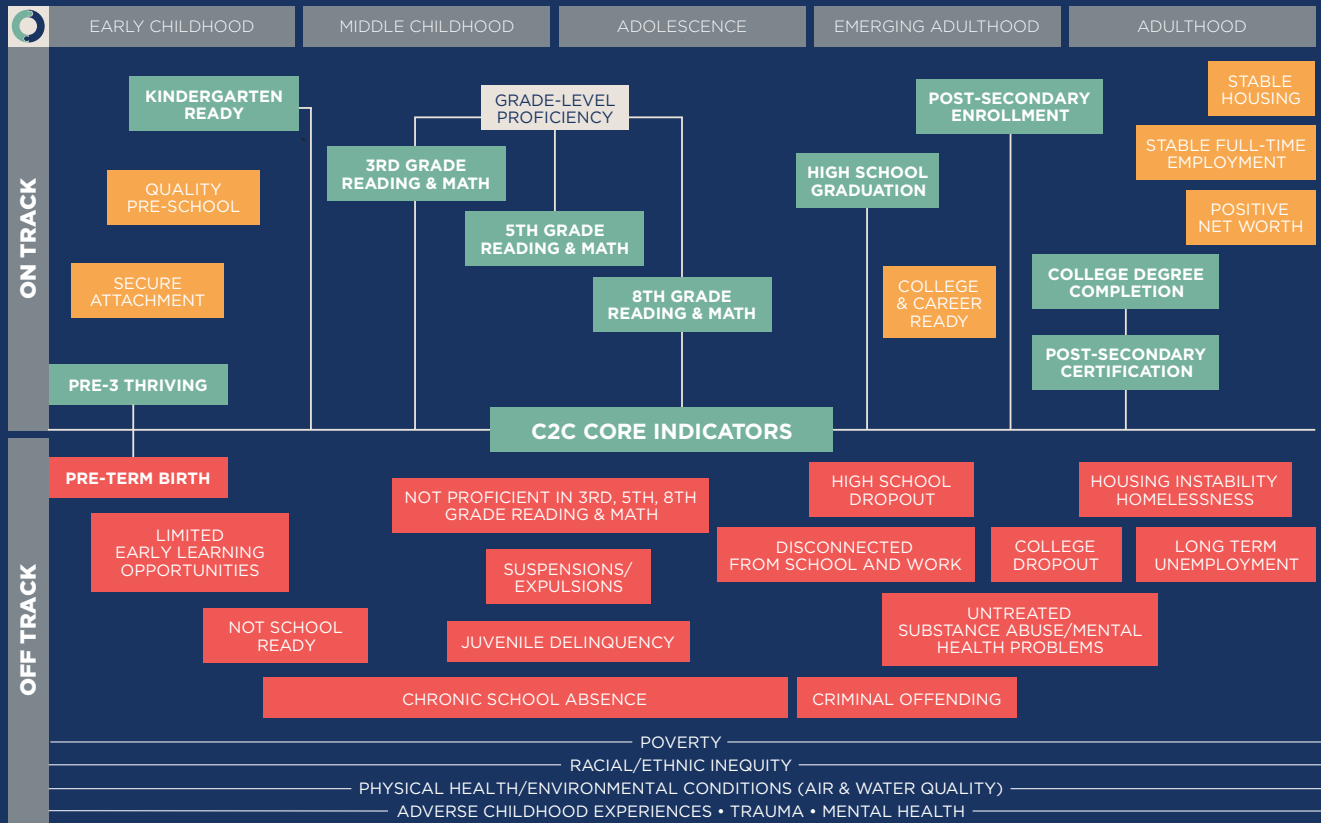


*Source: Preconception to Age 5 Blueprint for Funding and Advocacy Findings from Phase III – Community Engagement, Harder & Co. Community Research and First 5 Fresno County, March 2019*

#### What we learned:

- Parents in many cases have different priorities than providers.
- Parents have trouble accessing high quality childcare and education opportunities for their young children that is affordable and during hours they need.
- Families face economic insecurities and hardship in their daily lives.
- Families struggle to find safe community spaces and parks, as well as affordable healthy food options.
- Families experience difficulty navigating systems of support and finding services they need.
- Parents lack supports to build their knowledge of early childhood development.
- Families face many barriers in accessing physical and behavioral health services.

# FRESNO COUNTY COMMUNITY AGENDA



IMPROVING THE LIVES OF CHILDREN CRADLE TO CAREER BY MEASURING WHAT MATTERS AND ALIGNING OUR EFFORTS VIA A LIFE COURSE FRAMEWORK

## The power of a positive life trajectory.

The Preconception to Age 5 Blueprint addresses early childhood **as part of the Fresno Cradle to Career (FresnoC2C) framework and Community Agenda**. Using a life course lens, it is clear that what happens in **the first five years can set or change the trajectory of a child's life**. Age appropriate social and emotional learning and access to comprehensive healthcare are strong predictors of later school success and lie at the heart of successful cognitive learning. When a child receives all of the needed education and support to be ready to enter kindergarten they are far more likely to be reading on grade level in third grade, far more likely to do well in middle and high school and far more likely to enroll and complete a post-secondary certificate or degree. **It is impossible to overstate the power of an on-track life course trajectory**. This framework also illuminates the dual-generation aspect of our work. Interventions, programs and services that support parents, directly affect the lives and educational outcomes of their children.

**Supporting the early years can change the trajectory of a lifetime – and a society.**

## Planning Process

The Preconception to Age 5 Blueprint for Funding and Advocacy reflects a collaborative process over an 18-month period from January 2018 through August 2019 that continues with tactical development in the next year. The multi-phase process was led by a cross-sector Steering Committee that included representatives from Fresno County Superintendent of Schools, First 5 Fresno County, Fresno Economic Opportunities Commission, Central Valley Community Foundation, and Fresno Cradle to Career.

### Phase One – April - September 2018

Funding Stream foundational report produced by Central Valley Health Policy Institute

### Phase Two – April - September 2018

Key Driver and Gap Analysis foundational report produced by La Piana Consulting

### Phase Three – October 2018 - January 2019

Community Engagement:

319 rural and urban parents

345 community stakeholders and providers of service

This process also informed the First 5 Fresno County Strategic Plan

### Phase Four – May - August 2019

Goals and strategy ideas are presented to joint FresnoC2C Partnership Table and The Children's Movement for input

Strategy groups meet for prioritization and initial planning sessions

## Where We Are Now

- The Preconception-5 Blueprint informs the First 5 Years portfolio in the Developing the Region's Inclusive and Vibrant Economy (DRIVE) investment plan by providing the data, research, and 5 and 10-year goals and strategies needed to make the case for investment. Most importantly, the Blueprint development process created a cross-sector structure of networks ready to focus on tactics, targets and implementation.

## What's Next

- Priority Area Action Teams further refine strategies, tactics, and targets and begin implementation work
- C2C Partnership and Leadership Council members identify champions for priorities identified in the Pre-5 Blueprint and the DRIVE First 5 Years portfolio.



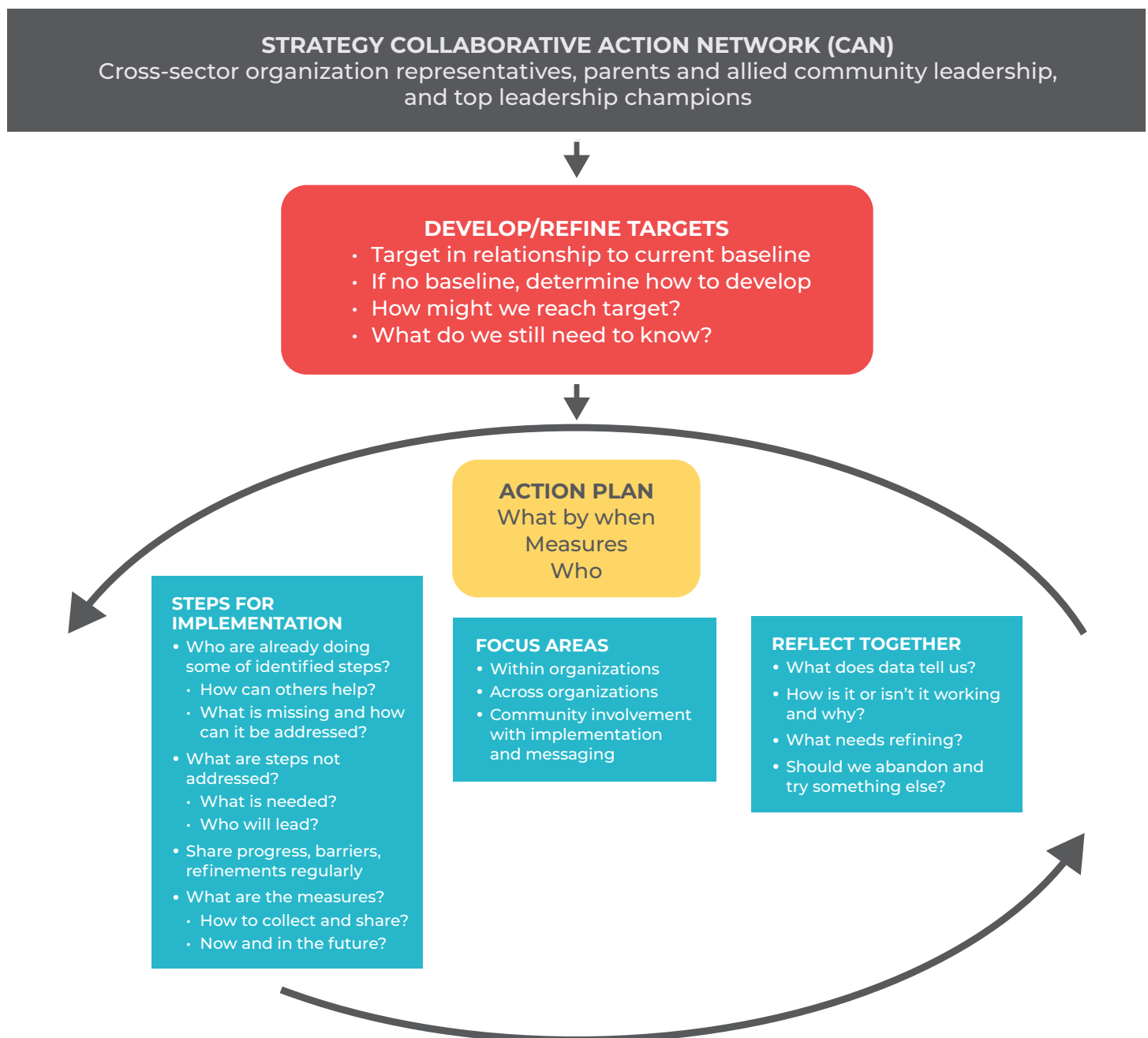
## Guiding Principles for this Blueprint

- We have a shared community vision.
- We keep equity at the center and focus on eliminating locally defined disparities.
- We engage the community, including parent voices.
- We come together on a cross-sector basis to use data and action in a disciplined manner to collectively move outcomes.
- We develop a culture of continuous improvement.
- We use data informed, evidence-based decision-making.
- We leverage existing assets and develop or redirect resources toward data-based practices on an ongoing basis.
- All programs provide a safe, high quality, equitable and inclusive environment.
- Strategies and programs will provide seamless transitions from infancy to early grades.
- A dual-generation approach enhances long term outcomes for children.
- An effective plan includes the “whole child” within the context of their family and community.
- We identify policy changes for removing barriers in the early childhood sector that inhibit improvements to community level outcomes.



## This is the Beginning.

**There are 10 years of hard work ahead.** In the following pages, the six key drivers that affect preconception to age three and kindergarten readiness outcomes are addressed as priority areas. Within each are multiple strategies (a total of 55) which clearly cannot be tackled all at once. In the coming months, using **Collaborative Action Networks (CANs)**, we will continue with **specific targets, tactics, action plan implementation, milestones, and progress measures for an initial set of 4-7 strategies.** This additional level of specificity will be added to the Blueprint next year. Learning from these efforts will inform the additional strategy implementation. **The process is iterative, adaptive, and uses continuous improvement.** These next steps in our collaborative work will embed the strategies into the fabric of the community to effect lasting change and sustainability. **Our strategies include addressing policies, funding, and direct work with families and children.**



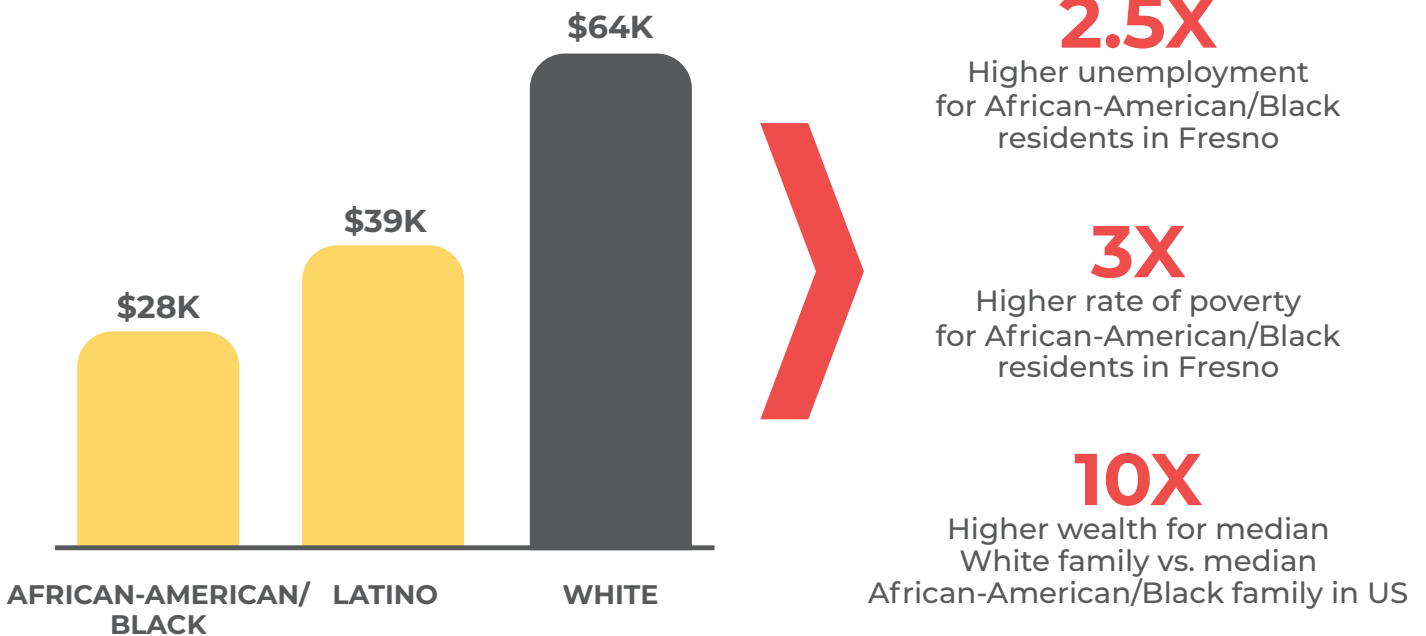
## PRIORITY AREA: Building a Strong Economy

### Key Driver: Economic Inequities

A parent's income level while their children are ages 0-5 is important for later school outcomes. In 2015, the median wage for workers of color was \$9/hour less than their white counterparts in the Fresno metro area.<sup>7</sup> This wage disparity places children of color at greater risk for poor academic performance.

### Inequality is hindering economic growth.

Median household income, 2017<sup>8</sup>



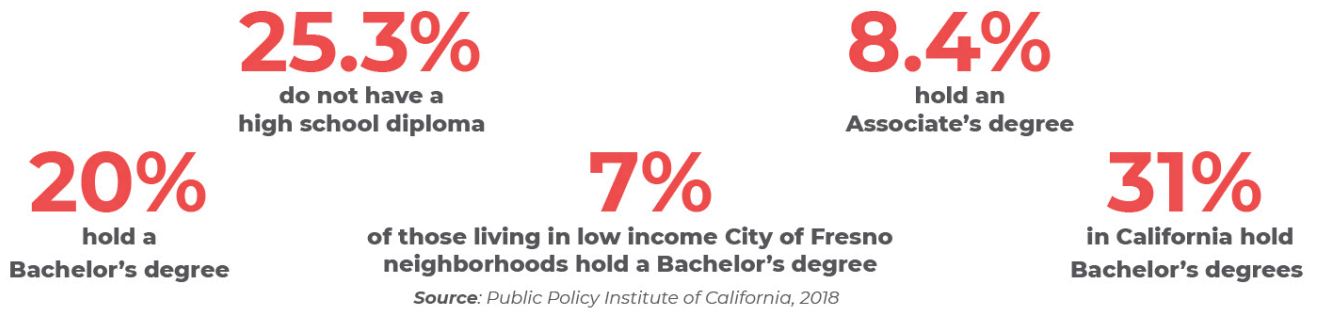
### Racial and economic inclusion are good for families, good for communities and good for the economy.

In 2017 across Fresno County, 30.9 % of all families with children under age five had income levels in the previous 12 months that were below the federal poverty level.<sup>9</sup>

Language access can impact the income-earning potential for immigrant parents (exacerbating economic disparities) as well as their ability to access services.<sup>10</sup>

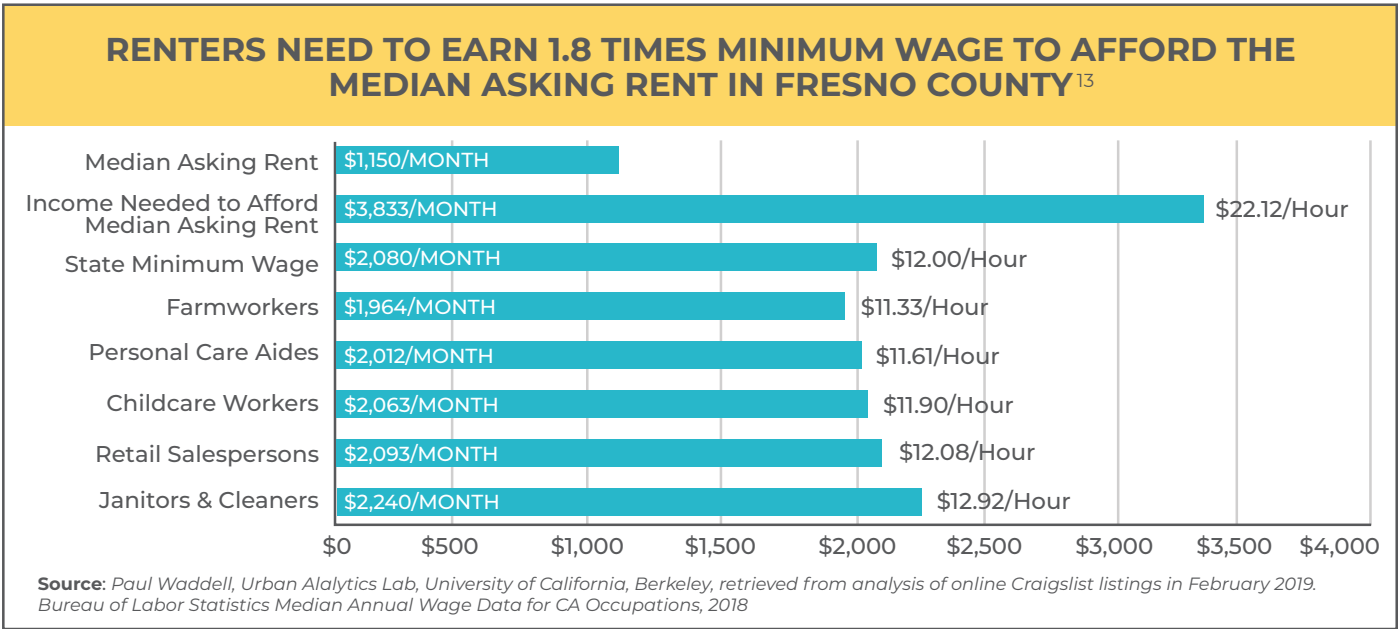
**Education is the most effective ladder for children to reach their full potential.**

**Educational Attainment, Adults 25+ In Fresno County <sup>11</sup>**

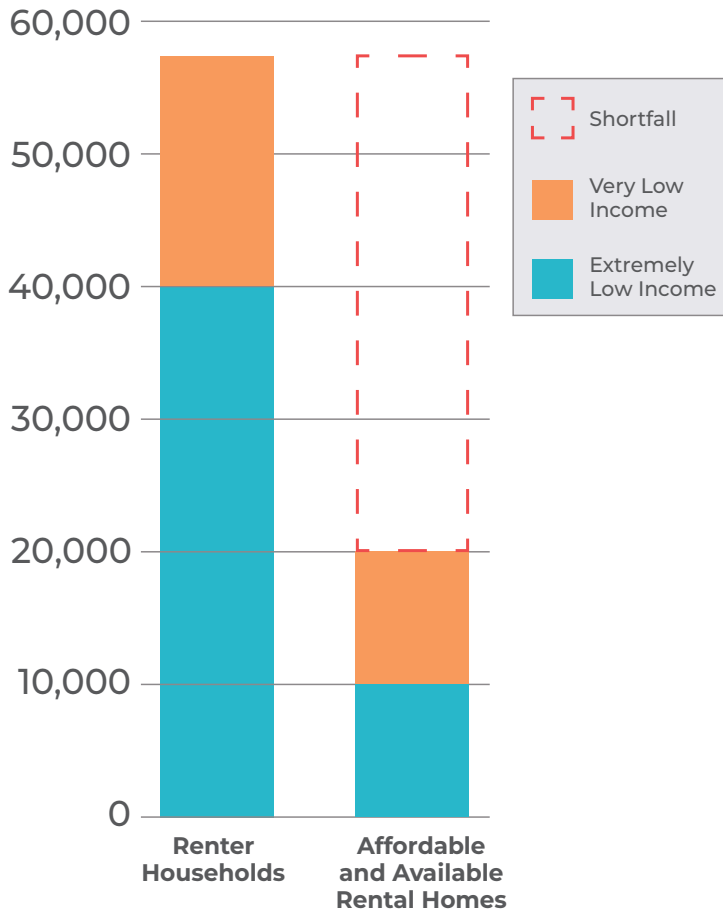


**Affordable housing allows people to reach their economic and educational goals.**

African-Americans/Blacks had the highest housing burden (percent of monthly income spent on housing) for renters in 2015 at 69.67% vs. whites at 53%. Latinos were at 59.1%, and Asians were close to whites at 53.2%.<sup>12</sup>



## FRESNO COUNTY NEEDS 35,380 MORE AFFORDABLE RENTAL HOMES<sup>14</sup>



Source: NLIHC analysis of 2017 PUMS data

Interventions making it possible for low-income families to move to higher-income neighborhoods, even an improvement by one poverty level (such as deep poverty to low poverty), can have a positive impact on the children's economic status and reduce the persistence of intergenerational poverty.<sup>15</sup>

**ONLY 5.2%**

of those who apply for housing vouchers to assist with rent receive them

**ONLY 58%**

of those were able to find housing (2017)

16

Rapid re-housing efforts for homeless families that include case management appear to be more cost-effective and occur more quickly than traditional transitional housing efforts, for those eligible or who choose to apply.<sup>17</sup>



**10 YEAR GOALS: Expand quality programs and support policies that increase educational attainment, job training, and affordable housing for adults, especially those of color and in disadvantaged areas, so that the percentage of families with children under age five living in poverty decreases and disparity gaps are reduced.**

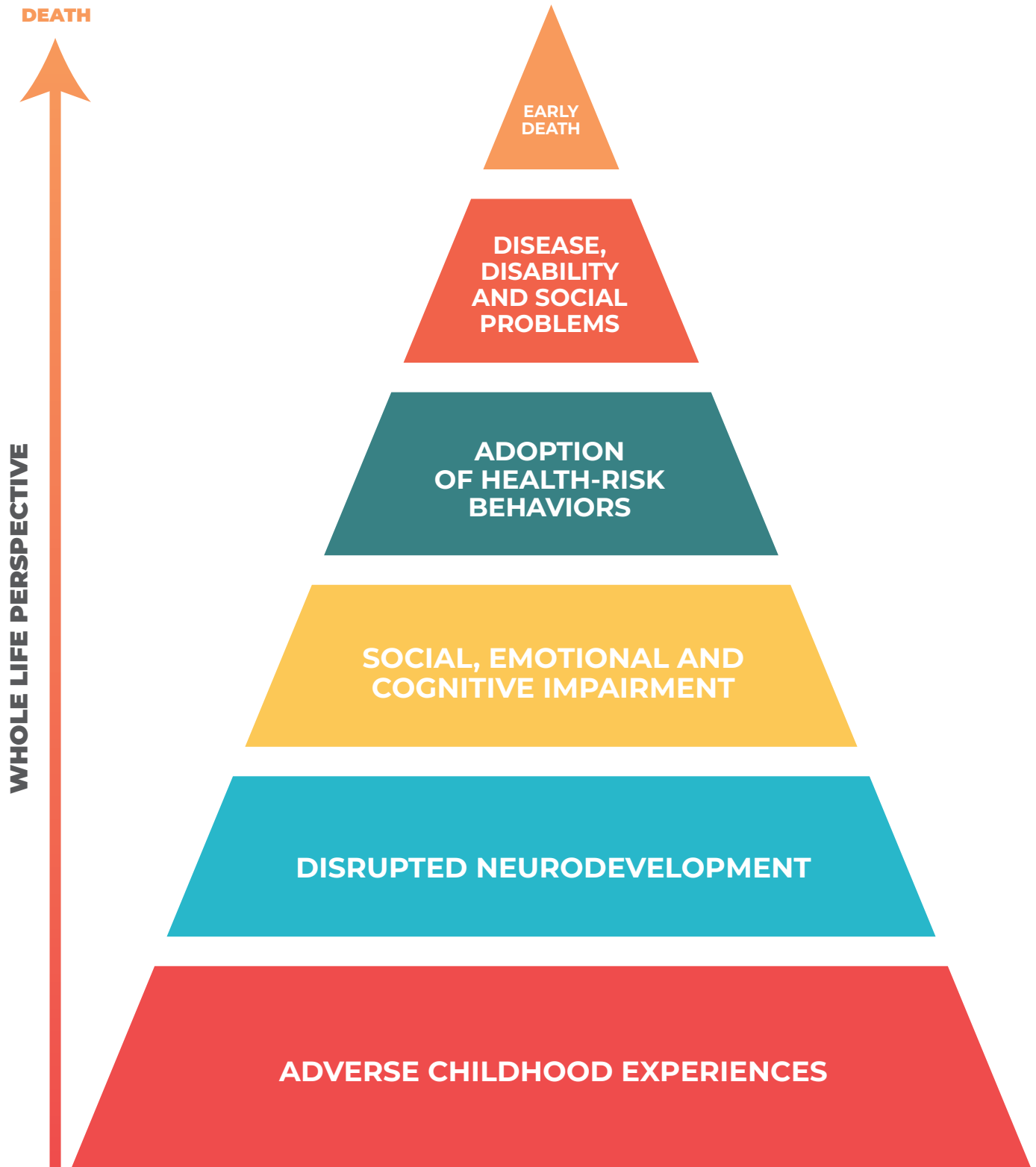
### **Strategies to 2024**

(strategies selected as initial priorities are in bold)

- **Support strategies for creating permanent affordable housing throughout Fresno County so that at least 2,000 housing units are added in the next five years.**
- **Promote and expand training that is responsive to 21st-century careers including vocational education, soft skills, life skills, and financial literacy.**
- **Promote and support educational achievement for adults without a high school diploma, including literacy support and GED attainment.**
- **Expand high-quality English as a Second Language programs for adults as part of Workforce Training.**
- **Support policies and programs to promote prosperity that includes health and mental health support, good jobs, systems coordination, and neighborhood improvement.**
- Support policies to keep families intact during emergency and transitional housing and increase rapid rehousing use for homeless families.
- Promote and support community college technical certificate, Associate's degree achievement or transfers to four-year Bachelor degree programs.
- Support the Continuum of Care and the strategies identified in the Fresno Street 2 Home Framework for Action to stop the inflow into homelessness, addressing those in crisis, and creating exits to permanent supportive housing.



Photo by Craig Blankenhorn



**CONCEPTION** **Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan**

*Source: Center for Youth Wellness, Whitepaper: An Unhealthy Dose of Stress – The Impact of Adverse Childhood Experiences and Toxic Stress on Childhood Health and Development. (2013)*



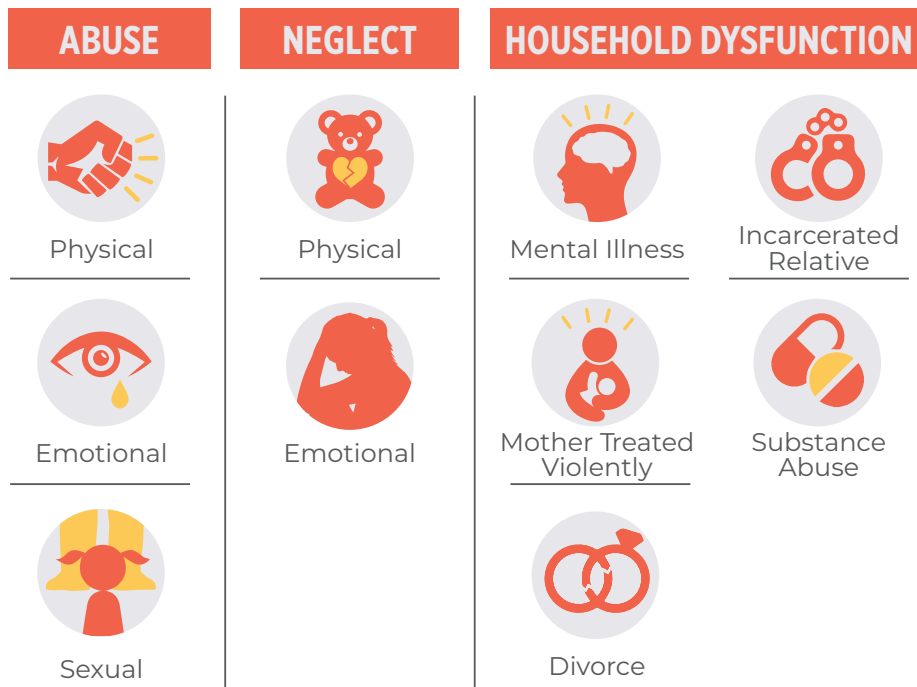
# PRIORITY AREA: Growing Resilient Families

## Key Driver: Adverse Conditions

Homelessness, mental illness, experiences of racism<sup>18</sup>, trauma, and substance use seriously impact an adult's ability to care for their children.<sup>19</sup>

An adult's number of adverse childhood experiences (ACE) can also affect the number sustained for their children. An adult with four or more ACEs is 12.2 times more likely to commit suicide, 10.3 times more likely to use injection drugs, and 7.4 times to be an alcoholic.<sup>20</sup>

### THE THREE TYPES OF ACEs INCLUDE



Child abuse and neglect have an array of physical, psychological, behavioral and societal consequences (many of which are interrelated), which can damage a child's growing brain and result in cognitive delays or emotional difficulties.<sup>21</sup>

Domestic violence, whether experienced or witnessed, can have a significant impact on a child's development.<sup>22</sup>

*Types of Adverse Childhood Experiences, graphic courtesy of the Robert Wood Johnson Foundation*

**Source:** Center for Youth Wellness, *Whitepaper: An Unhealthy Dose of Stress – The Impact of Adverse Childhood Experiences and Toxic Stress on Childhood Health and Development.* (2013)

Child abandonment, parental incarceration, migration and immigration can have significant negative impacts on a child's development. Children from refugee and immigrant communities have heightened risks, often due to being isolated in rural areas with fewer support services.<sup>23</sup>

African-American/Black children are disproportionately affected at double the rate of parental incarceration as white children, poor children are three times as likely to have an incarcerated parent as a middle-income child, and rural children are disproportionately affected as compared to children living in metropolitan areas.<sup>24</sup>

**10 YEAR GOALS: Develop, expand and support assessment and quality prevention programs and services to mitigate adverse experiences involving children and their communities. This work will be done across all sectors with geographic and community intentionality for those areas with high community adversity and racial/ethnic disparities. To address the needs and simultaneously address an aging workforce, an expansion of the health and behavioral health workforce will occur to accommodate increased referrals from screenings. A focus will occur on reducing racial and ethnic disparity in the workforce.**

## **Strategies to 2024**

(strategies selected as initial priorities are in bold)

- **Support policy development on required administration of screenings for ACES, maternal depression, and child developmental screenings for medical and other providers that includes compensation.**
- **Engage medical providers to implement maternal and child Adverse Childhood Experience (ACE), maternal depression, and child developmental screenings.**
- **Strengthen and expand neighborhood resource centers to promote early identification of basic needs, parent engagement and peer support, prevention of child abuse and neglect, and referrals to needed services, regardless of insurance, citizenship, or eligibility requirements.**
- Increase training on trauma-informed practices that promote resiliency and cultural competency for front line staff who interact with children and families in cross-sector organizations and systems, such as health, education, social services, justice related, and community-based organizations.
- Develop methods and systems to improve coordination of services to avoid re-traumatizing families as they move across sectors or are referred to new services.
- Include robust trauma-informed curriculum into university teaching credential curriculum.

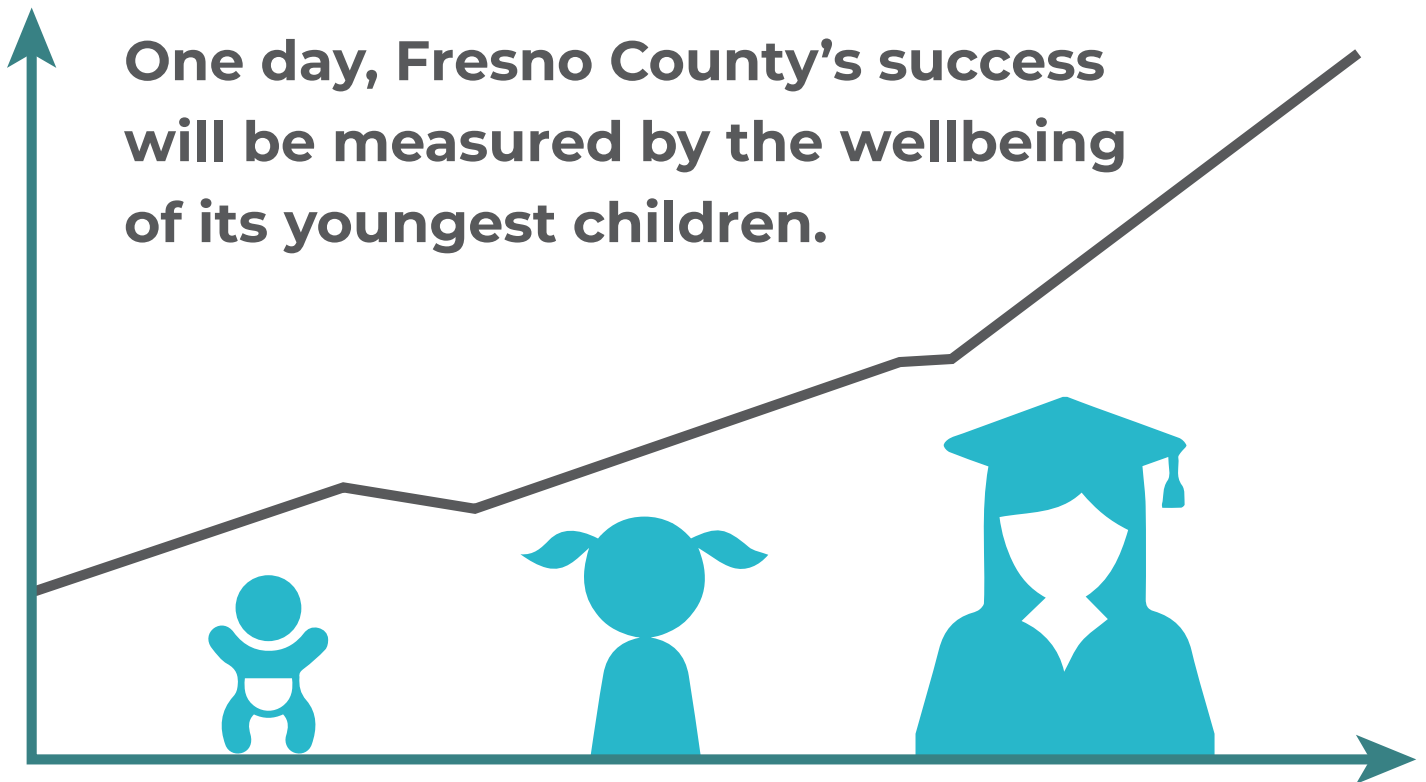
## PRIORITY AREA: Creating Tomorrow's Workforce

Key Driver: Early Childhood Care and Education

The quality of childcare affects children's development, including the acquisition of cognitive and language skills.

Children who participate in high-quality preschool programs are **40 percent** less likely to drop out of school and **50 percent** less likely to be placed in special education.<sup>25</sup>

Academic and social skills acquired by age eight provide the foundation for lifelong learning.



In Fresno County, there is a significant shortage of childcare centers and licensed homes that meet the schedules of working families, especially those with infants and toddlers.<sup>26</sup>

State Pre-K, Head Start, Early Head Start, model early childhood programs (Perry Preschool and Chicago Child-Parent Centers)<sup>27</sup> and nurse Home Visiting all have positive impact across various areas of child development.<sup>28</sup>

**Closing the gap in available childcare and preschool will help more children get a good start in life.**

In 2016, 46% of children ages 3-5 were not enrolled in Fresno County preschools, down from a high in 2007 of 50%. The California average was 38.7%.<sup>29</sup>

In 2005, there were 1,033 licensed childcare homes. In 2019, there are 573.

In 2005, there were 292 licensed childcare centers. In 2019, there are 302.

There was a net loss of 480 childcare homes from 2005 to today.

The total childcare/preschool capacity today is 17,117 as compared to 25,000 in 2005.

In 2017-18 there were 16,327 spaces filled or a 95.4% occupancy rate.<sup>30</sup>

The gap in available childcare is due to multiple factors; examples include limited access to quality Early Childhood Education (ECE) staff and limited multi-year funding.

**EARLY CHILDHOOD EDUCATION COMPENSATION FRESNO COUNTY**

	<b>EMPLOYMENT NUMBER MAY 2018*</b>	<b>2005 HOURLY RATE**</b>	<b>INFLATION ADJUSTED RATE TO 2018*</b>	<b>ACTUAL 2018 HOURLY MEAN RATE*</b>
<b>CHILDCARE WORKERS</b>	1,390	\$9.11	\$11.84	\$12.68 (range \$10.77 – \$15.43 at 10th to 90th percentile)
<b>PRESCHOOL TEACHERS</b>	1,220	\$12.89	\$16.75	\$16.74 (range \$11.23 – \$23.54 at 10th to 90th percentile)

\*Source: Bureau of Labor Statistics

\*\* Source: Economic Impact of the Early Care and Education Industry in Fresno County, 2007, pg. 47

On average, nationally, childcare for an infant costs 61% more than for a preschooler, yet childcare subsidies are only 27% higher for infants than preschoolers. California has one of the lower gaps between subsidy reimbursement rate and cost – about \$31 a month gap.<sup>31</sup>

The amount of federal funding received for all types of Head Start in Fresno County increased from \$33.1 million in 2005 to \$37.7 million in 2016-17. When adjusted for inflation, it is actually \$8 million less in buying power.<sup>32</sup>

In Fresno County, 2.4% of children eligible for Early Head Start (age 0-2) are enrolled as compared to 8% in CA.<sup>33</sup>

**In 2021, when California’s minimum wage hits \$15/hour, nearly all working families will be ineligible for Head Start.**<sup>34</sup>

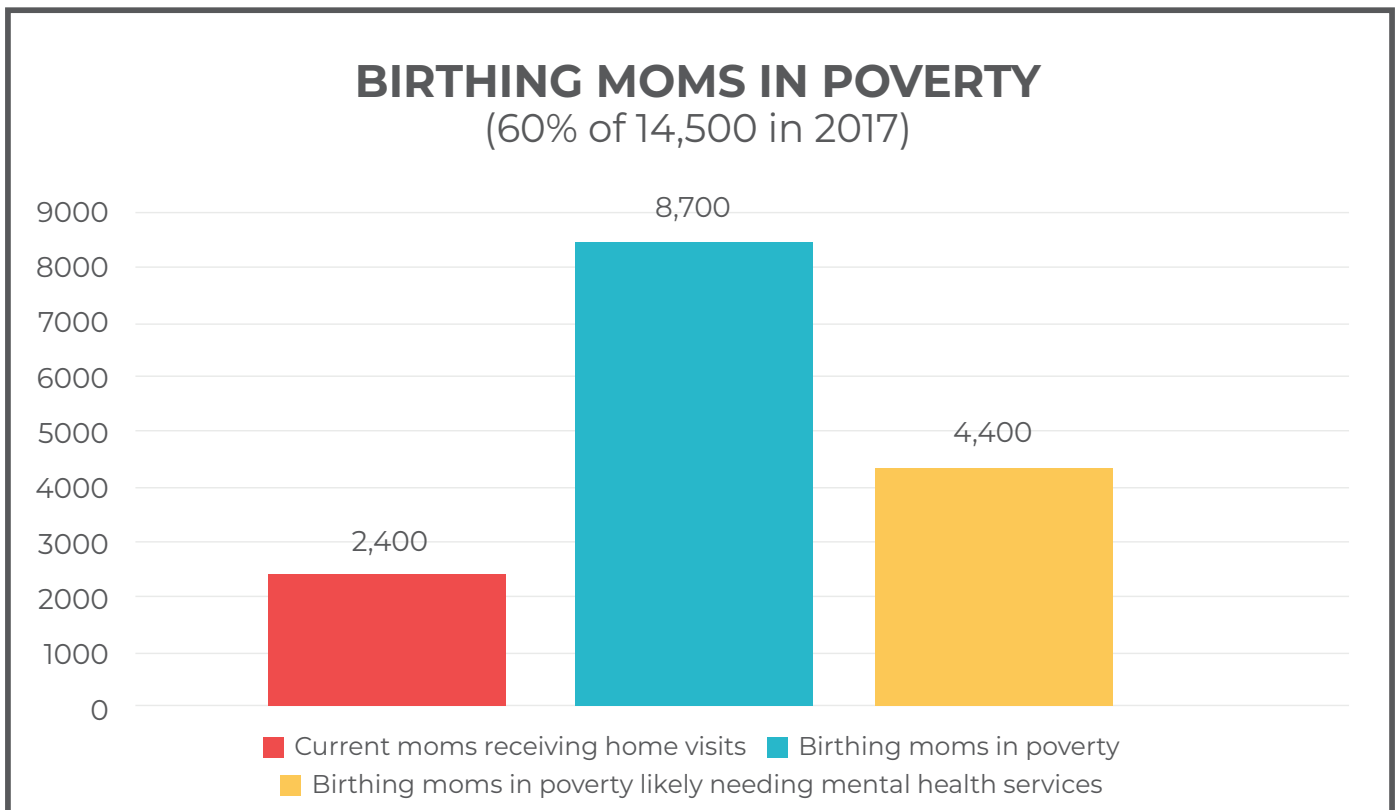
Dual-language learners who are proficient in English by the end of kindergarten do better academically over time.<sup>35</sup>

There are 19.7 % English Language Learners in school (2018-19) from K-12, which is comparable to the California average. For entering Fresno County Kindergartners, 27.9% are English Language Learners.<sup>36</sup>

Promoting dual-language programs enhances brain development for the skills needed to flourish in the 21st century.<sup>37</sup>

Across the economic spectrum, there is a cultural mistrust of utilizing someone other than a family member for childcare (per the 2018 surveys and focus groups conducted by Harder + Company).<sup>38</sup>

The table below shows birthing moms living in poverty and of those, the potential number of mothers who have maternal depression or other mental health issues that could be addressed with home visitation and the actual number of mothers receiving home visitation in 2017-18 in Fresno County.



A documented total of 2,405 families are currently served by 19 Home Visiting programs annually. The services provided differ; some programs concentrate on health while others focus on special needs or literacy.<sup>39</sup>

**10 YEAR GOALS: Develop, expand and support affordable, high-quality childcare and early learning opportunities, especially in areas of poverty across Fresno County. To reduce racial and ethnic disparities, a priority must be placed on models that are culturally responsive and designed to increase the use of licensed childcare homes and centers by African-American/Black, Latino and Hmong families. Increase the number of slots available for children 0-5, with those designated as high-risk given the highest priority.**

**Train the early learning workforce on methods to better serve dual-language learners and avoid de-emphasizing the importance of their home language. Particular attention should be given to improving workforce compensation, cultural responsiveness, training and education of the workforce in infant and toddler care, and working with those with special needs in early childhood.**

## **Strategies to 2024**

(strategies selected as initial priorities are in bold)

- **Support policy development on required administration of screenings for ACEs, maternal depression, and child developmental screenings for medical and other providers that includes compensation.**
- **Expand existing capacity and services of Home Visiting programs by 2,500 families served by 2024 (double the baseline) for low-income parents and areas of need based on risk stratification.**
- **Starting in early pregnancy, develop and implement a screening system for Home Visiting (or other models) based on a risk stratification model that is comfortable for different cultures.**
- **Support policies and develop resources to increase the compensation of the early childhood workforce.**

- **Support policies to establish a childcare home and center tier-based reimbursement methodology based on quality level ratings.**
- **Implement a county-wide kindergarten entry assessment tool.**
- **Increase opportunities for family and informal caregivers (across all income levels) to learn child development milestones and strategies for quality caregiver/child interaction.**
- **Expand affordable workforce training (at all levels of service) in infant and toddler development, mental health, trauma-informed, cultural competency, and special needs care for current and incoming practitioners to increase quality in culturally sustaining settings.**
- **Support policies that provide funds for training and technical assistance to build the capacity of ECE program staff to serve dual-language learners in ECE programs.**
- **Include early childhood development basics in liberal studies curriculum, teacher training and health and human services training in post-secondary institutions.**
- Expand Quality Counts QRIS (Quality Rating and Improvement System) participation at existing early care and education sites.
- Develop communication strategies that address the needed increase in affordable, high-quality childcare and early learning sites with appropriate hours for working and student parents, especially for infants and toddlers, and all children in rural areas.





Photo by Craig Blankenhorn



## PRIORITY AREA: Ensuring Well-Being

Key Driver: Health and Mental Wellness

Good health is essential for our children to be successful, for our workforce to be productive, and for the future prosperity of our region.

In Fresno  
County

**24.8%**

of children were food  
insecure in 2017<sup>40</sup>

**50%**

rate of maternal stress and mental  
health disorders of mothers living in  
poverty, which can affect bonding<sup>44-A</sup>

Preterm  
Birth Rates

**9.2%**

Fresno County in 2017

**8.7%**

California in 2017

African-American/Black babies are born preterm at nearly twice the rate of White babies. Preterm births are the leading cause of poor health, disabilities, and death for infants.<sup>41</sup>



## **A hungry child cannot achieve academic success.**

Food insecurity is unfavorably associated with both social-emotional and cognitive outcomes for young children.<sup>42</sup>

Violence, trauma, maternal mental health, substance use, prenatal care, and environmental factors such as air quality and pesticide exposure all impact a child's development.<sup>43</sup>

## **Stigma and racism are preventing access to care.**

Annually, there are potentially more than 4,300 new mothers in poverty who may benefit from mental health support who are not receiving it. 1 in 5 of all new mothers and half of the mothers living in poverty may suffer from maternal depression, according to research. Based on local poverty demographics, mothers of color are disproportionately not receiving support.<sup>44</sup>

Parents also noted racial and language discrimination in provider offices, particularly toward Spanish speakers if the office was primarily English speaking.<sup>45</sup>

African-American/Black women of all income levels are particularly discounted in their health care experiences, based on current studies.<sup>46</sup>

## **An emphasis on increasing cultural diversity in the workforce is crucial.**

The number of Medical Assistant jobs is expected to increase by 29% (24,800 jobs) between 2016 and 2026 in California.<sup>47</sup> According to an informal local survey, most current position descriptions for applicants at entry level require speaking a second language which means that many African-American/Black applicants are not considered for positions. This requirement exacerbates the feeling of being discounted as both a potential employee or patient.

The San Joaquin Valley has the lowest provider to population rates in the state in almost every category. This shortage includes psychiatrists, psychologists, licensed clinicians, and related behavioral health workers, as well as primary care and specialist physicians.<sup>48</sup>

Latinos and African-American/Blacks are under-represented in most medical and behavioral health areas.

Forecasts suggest the San Joaquin Valley will face a shortage of between 6,191 and 9,944 nurses by 2030.<sup>49</sup>



**10 YEAR GOALS: Increase support for access to nutritious, affordable food and decrease family food insecurity. Implement prevention and intervention strategies to reduce untreated maternal depression, violence, trauma and related issues impacting families and their children. Develop and implement a county-wide screening tool for adversity and social issues and use it to make linkages to appropriate assessments and supports. Increase the health and mental health workforce, particularly closing provider disparities for the African-American/Black, Latino and Southeast Asian populations. Address perceptions/experiences of racism and discrimination at health provider sites.**

## **Strategies to 2024**

(strategies selected as initial priorities are in bold)

- **Support policy development and leverage existing resources to increase access to affordable nutritious food so that child food insecurity decreases.**
- **Develop strategies to implement or increase the use and tracking of Adverse Childhood Experience (ACE) screenings, maternal/paternal depression screenings and family social needs referrals at primary care, obstetrician and pediatrician sites.**
- **Expand group pregnancy models for pre and postnatal care.**
- **Increase local workforce development training, education, and job opportunities for mental health and health care professions that includes all races/ethnicities.**
- **For those who are isolated, increase transportation access to needed health services.**
- **Increase mental health support and access for all new mothers, prenatal through age two.**
- **Continue to develop family emotion management support or training for prevention of domestic violence, mental health issues, and substance use disorders.**
- Increase the use of child developmental screenings, referrals, availability of referred services and tracking of referrals in the early years.

- Support policies to expand sex education parameters currently defined by state to include health literacy/self-advocacy training for students and implement in middle school, high school and college. Include the importance of preconception to age two experiences.
- Educate related sector staff to increase basic knowledge of interacting with young children on health, child development, and mental health.
- Train health provider offices to encourage the hiring of staff who are representative of the community being served to provide culturally and linguistically appropriate services.
- Continue to expand services to foster care and homeless young children.
- Address local policies and staff education at sites so that a child is not denied services because of behavior and better identify when a referral for special needs is more appropriate.



## PRIORITY AREA: Cultivating Success

### Key Driver: Parenting Supports

**All parents want the best for their children, but not all parents have the same resources to help their children grow up healthy.**

Parents' education and income levels can create or limit opportunities to model healthy behaviors and provide their children with nurturing and stimulating environments.<sup>50</sup>

Limited opportunities, adverse experiences, and the impacts of racism accumulate over time (even within DNA) and can be transmitted across generations as children grow up and become parents themselves.<sup>51</sup> This reality requires even more focused and targeted attention to change trajectories.

Parenting influences childhood outcomes and good programs can improve parenting skills.<sup>52</sup>

**Home Visitation is one of the most promising interventions to help strengthen families**, both in the very early years and to “help close the gap in school readiness and child well-being associated with poverty.”<sup>53</sup>

**Local parents surveyed also identified the need for more safe community spaces and parks**, citing not only their child's needs but also the opportunity for more parent/caregiver interaction to break their isolation.<sup>54</sup>

Fresno  
Parkscore  
60th  
out of 60  
large US  
cities



**10 YEAR GOALS: Develop, implement or scale informal caregiver and family member education on childhood development and parenting skills at existing community sites. Increase the number of family play areas and parks throughout the County, including rehabilitation of existing sites, particularly in low-income communities or documented areas of inadequate neighborhood green space. Play areas and parks should be user-friendly and available year-round to increase socialization for both parents and children. Expand supplemental early learning opportunities through libraries, parks, recreation and other social interaction sites that are culturally engaging.**

## **Strategies to 2024**

(strategies selected as initial priorities are in bold)

- **Improve and maintain existing safe community spaces and parks in all areas of the County and include safe and accessible play structures.**
- **Expand informal caregiver (parent, family member, childcare personnel/neighbor) education to rural communities and neighborhood/family resource centers.**
- **Develop and expand the number of early childhood parent peer educators and parent support groups at neighborhood resource centers and/or school sites throughout the County.**
  - Support play and learn groups at libraries, parks, community centers, mobile service delivery, “pop-up” libraries, and other social interaction sites.
- **Help parents with their psychological support needs.**
- **Increase access to books and literacy engagement programming for children and families that includes the use of technology.**
- **Further develop transportation support.**
- **Increase father engagement and support.**

## PRIORITY AREA: Aligning Resources

### Key Driver: Leadership and Systems Coordination

One of the greatest risks to the underperformance of existing supports designed to improve early childhood outcomes is a lack of leadership and coordination. Fragmentation is a critical challenge.<sup>55</sup>

Low-income children are most at-risk for school failure, in part, because the funding streams and governance that oversee these programs are themselves fragmented.<sup>56</sup>

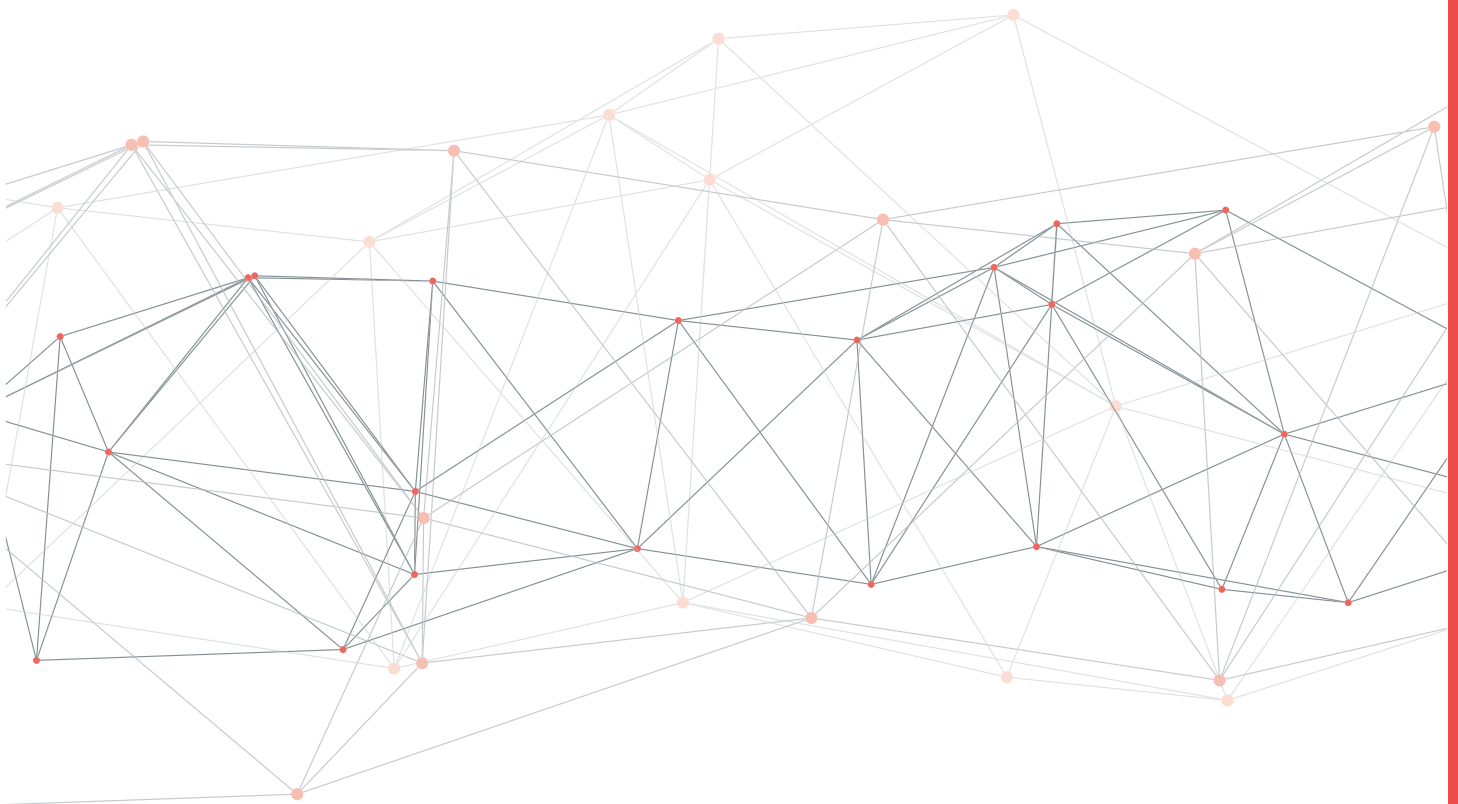
Education policy-makers and parents are beginning to understand the importance of coordination between education, social services, and health programs that serve children 0-5 and the K-12 education system.

Good partnerships offer opportunities for timely and appropriate referrals between agencies so that families can access a wider range of supports.<sup>57</sup>

Providing regular feedback to the initial referrer about the progress of a family and information on specific interventions enables effective channels of communication and enhances buy-in from key partners.<sup>58</sup>

The availability of financial resources, together with the promise of engaged leadership and community involvement, can contribute to lasting impacts rooted in systemic change.<sup>59</sup>

Model programs for parent training in leadership may also bring an important dimension for creating systems change.<sup>60</sup>



**10 YEAR GOALS: Increase the number of cross-sector referrals and multi-directional referral data communications that are tracked for easy access. Develop an integrated cross-sector data system for longitudinal tracking. Work with policy-makers at all levels of government to better establish common eligibility rules for public programs. Promote inclusion and reduce racial/ethnic disparities by increasing the number of African-American/Black, Latino and Hmong parent/community leaders participating in decision-making efforts and holding top leadership roles across community agencies and organizations.**

## **Strategies to 2024**

(strategies selected as initial priorities are in bold)

- **Increase service navigation and case coordination for parents across and within systems.**
- **Implement a cross-sector referral system for schools, CBOs, and agencies by the end of 2021.**
- **Implement a county-wide multi-platform collaborative information system for parent and provider access regarding services available.**
- **Implement a longitudinal cross-sector integrated system by the end of 2022.**
- **Develop leadership to better mirror demographics and serve as role models.**
- Support federal, state, and local policy and advocacy on the integration of eligibility rules.
- Include and train parent leaders representative of various races and ethnicities in Fresno County to participate in decision-making roles.
- Streamline existing leadership tables to avoid duplication.



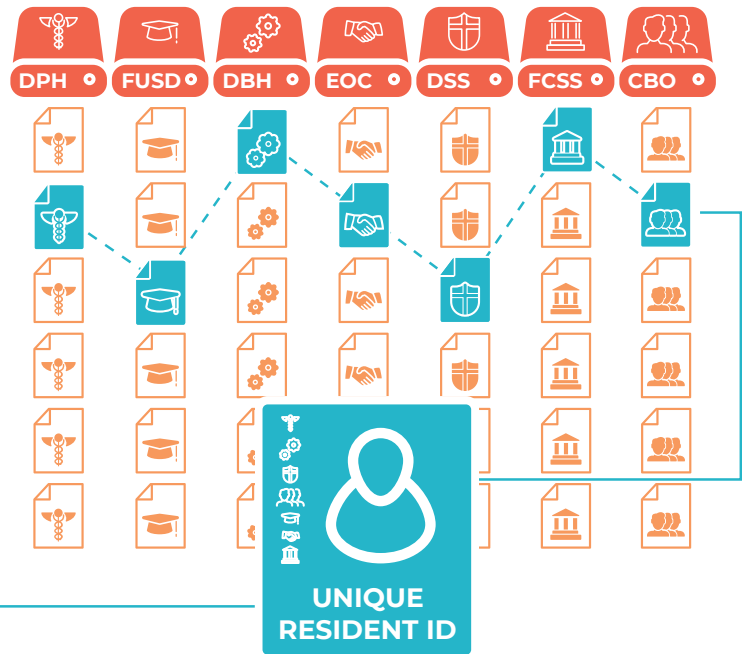
# C2C MASTER DATA INFRASTRUCTURE

## 1. UNIQUE RESIDENT IDs

created using matching strategies applied to individual level data held by participating organizations. Phase one solution would allow participants to generate or retrieve unique IDs that could then be associated to agency databases.

**No data use agreements are required to participate in this project.**

*Proof of Concept is underway.*



*Matching of individual records is required by the longitudinal data system.*



## 2. LONGITUDINAL DATA PLATFORM

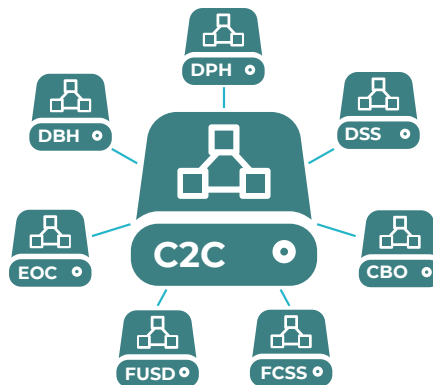
requires sharing of personally identifiable data between agencies to improve whole person coordination of services. **Data sharing agreements specific to the investigation/research being done are required to participate in this work.**

*Data Collaborative Project is underway and will be expanded to support College Pipeline Plan.*

## 3. REFERRAL SYSTEM(s)

Facilitating the adoption of effective referral systems will improve coordination, follow through, feedback, and ongoing support. **Participation in the Unique Identifier Project is not required but may be advantageous.**

*Discovery meetings between all major providers of resource (director) information have begun.*



*Caveat: A single referral system for all agencies is likely unrealistic but is something we can work toward.*

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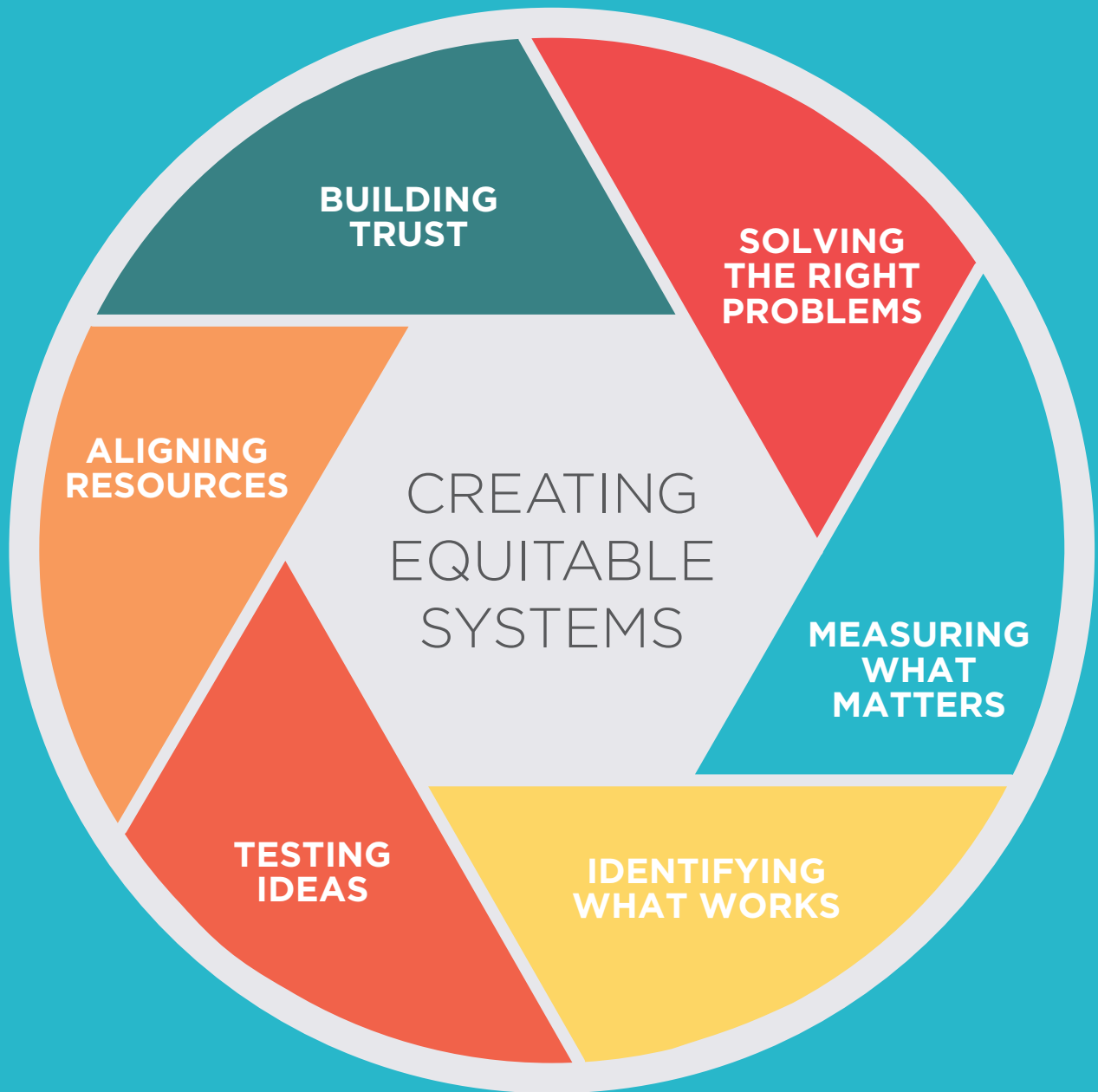
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# CREATING THE ENABLING CONDITIONS FOR IMPROVEMENT

## WHAT C2C SUPPORTS





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