



## COMMISSIONERS

Anna Domek – District 1  
Barbara Boehler – District 4  
Dr. Aimee Sisson – County  
of Yolo Health Officer

Sally Brown – District 2  
[Vacant] – District 5  
Lucas Frerichs, Chair – Board  
of Supervisors  
Sheila Allen, Alternate Chair –  
Board of Supervisors

Jenn Rexroad – District 3  
Garth Lewis – YCOE  
Nichole Arnold – Children  
with Special Needs

## COMMISSION MEETING AGENDA

March 11, 2026  
3:00 – 5:00 PM  
International House  
10 College Park, Davis, CA 95616

This meeting will also be held remotely via Zoom:

<https://us02web.zoom.us/j/81149641135?pwd=S24cTyZGf1mtpnQV6TpuL3pgeybPmC.1>

Meeting ID: 811 4964 1135

Passcode: 169692

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  - +1 669 444 9171 US
- +1 253 215 8782 US (Tacoma)

## ADMINISTRATIVE AGENDA

1. Chair Call to Order
2. Chair Roll Call
3. Chair Consider Approval of the Agenda
4. Chair Opportunity for Commissioners to State Conflict and Recusal
5. Public Public Comment

## CONSENT AGENDA

Chief Executive Officer recommends approval of Consent Agenda Items 6-9

General Administrative Function

- 6. Chair Approve First 5 Yolo Commission Meeting Minutes from 01/14/2026
- 7. Chair Receive Sponsorship Fund Allocations Report (International House-Davis- International Parent Community; Yolo County Library- Día de los Niños/Día de los Libros)
- 8. Chair Accept Fiscal Half Year 1 2025-2026 Early Learning Performance Measure Report
- 9. Chair Authorize Contract with Moore, Iacofano & Goltsman (MIG) for Website Hosting, Support, and Enhancements not to exceed \$10,875 for the period April 1, 2026-June 30, 2027

**REGULAR AGENDA**      **Presentation/Discussion/Possible Action**

- 10. Chief Executive Officer Receive UC Davis Welcome Baby Evaluation Presentation and Accept Fiscal Year 2024-2025 Welcome Baby: Road to Resilience Performance Measure Report 20 min
- 11. Chair Elect First 5 Yolo Commission Officers 10 min
- 12. Chief Executive Officer **Public Hearing:** Accept the First 5 California Annual Report for Fiscal Year 2024-2025 5 min
- 13. Deputy Director Accept Quarter 2 Fiscal Year 2025-2026 Revenue and Expenditure Summary Report 5 min
- 14. Chief Executive Officer Chief Executive Officer Report 5 min
- 15. Commissioners Commissioner Reports 5 min

**CLOSED SESSION AGENDA** (Closed session is anticipated to begin at 4:15PM)

- 1. Public Employee Evaluation  
Government Code Section 54957(b)(1)  
Executive Director
- 16. Chair Adjournment

Next meeting scheduled:  
Commission Meeting  
May 13, 2026  
International House  
10 College Park, Davis, CA 95616

I declare under penalty of perjury that the foregoing agenda was posted March 8, 2026, by 5:00 PM at the following places:

- 1) On the bulletin board at the East entrance of the Erwin Meier Administration Center, 625 Court Street, Woodland, California 95695
- 2) At [www.first5yolo.org](http://www.first5yolo.org) the website for First 5 Yolo, 2779 Del Rio Place, Unit A, Davis, CA 95618

Chelsea Tracy  
Executive Assistant, First 5 Yolo

If requested, this agenda can be made available in appropriate alternative formats to persons with a disability, as required by Section 202 of the Americans with Disabilities Act of 1990 and the Federal Rules and Regulations adopted in implementation thereof. Persons seeking an alternative format should contact First 5 Yolo for more information. In addition, a person with a disability who requires a modification or accommodation, including auxiliary aids or services, in order to participate in a public meeting should telephone or otherwise contact the First 5 Yolo as soon as possible and preferably at least 24 hours prior to a meeting. First 5 Yolo may be reached at telephone number 530-669-2475 or at the following address: **First 5 Yolo, 2779 Del Rio. Place, Unit A, Davis, CA 95618.**

**First 5 Yolo Children and Families Commission  
Agenda Item Cover Sheet**

*Attachments* ☒

**Agenda Item- Approve First 5 Yolo Commission Meeting Minutes from  
01/14/2026**

***Background***

Final Minutes from the First 5 Yolo Commission Meeting on 01/14/2026 for approval by First 5 Yolo Commission.

***Chief Executive Officer Overview***

First 5 Yolo Children and Families Commission held a regularly scheduled meeting on January 14, 2026, at International House-Davis, 10 College Park, Davis, CA 95616 from 3:30-5:00 pm.

***Additional Information and Attachments***

Draft Meeting Minutes from the January Commission Meeting are attached to this item as **Attachment A**.

The next regularly scheduled Commission meeting will be held May 13, 2026, at International House-Davis, 10 College Park, Davis 95616 from 3:00-5:00 PM.

***Action Requested***

Approve First 5 Yolo Commission Meeting Minutes from 01/14/2026 as submitted or propose edits.



The First 5 Yolo Children and Families Commission met on the 14<sup>th</sup> day of January, 2026 at International House, 10 College Park, Davis 95616.

**Commissioners in attendance:** Anna Domek, Barbara Boehler, Aimee Sisson, Sally Brown, Lucas Frerichs, Jenn Rexroad, Garth Lewis, Nichole Arnold

**Staff in attendance:** Victoria Zimmerle, Melina Ortigas  
**Absent:** Gina Daleiden due to family medical emergency

**Public in attendance:** Sarah Smernes Edson

### **ADMINISTRATIVE AGENDA**

#### **Item #1: Call to order**

L. Frerichs called meeting to order at 3:10pm

#### **Item # 2: Roll Call**

L. Frerichs took a voice roll call.

**Absent:** M. Roberts

**Late:** N/A

#### **Item #3: Consider approval of the agenda**

#### ***Approve Meeting Agenda***

**Motion:** S. Brown      **Second:** J. Rexroad  
 Motion carried unanimously

#### **Item #4: Opportunity for Commissioners to State Conflict and Recusal**

None.

#### **Item # 5: Public Comment**

No public comment.

#### **Item #6: Meeting Dedication to First 5 Founding Leader, Rob Reiner**

L. Frerichs shared remarks regarding the recent passing of First 5 founding leader Rob Reiner and his wife. He reflected on Rob Reiner's longstanding advocacy for children and families and his leadership during the passage of Proposition 10. Commissioners observed a moment of silence in recognition of his legacy and dedicated the meeting in his honor.



## **CONSENT AGENDA**

Executive Director recommends approval of Consent Agenda Items 7 – 12.

Item #7: Approve First 5 Yolo Commission Meeting Minutes from 10/29/25

Item #8: Approve First 5 Yolo Finance Committee Meeting Minutes from 12/01/25

Item #9: Approve First 5 Yolo Special Commission Meeting Minutes from 12/01/25

Item #10: Accept Health and Safety Fiscal Half Year 2 2024-2025 Program Performance Measure Progress Report

Item #11: Authorize Contract with Yolo Crisis Nursery to Provide Welcome Baby: Road to Resilience In-Clinic Navigation Services for the Period January 15, 2026-June 30, 2027, at a Cost Not to Exceed \$223,000 Across the Initial Term of the Agreement

Item #12: Receive Sponsorship Fund Allocation Report (Yolo County Caregivers Collective Wee Winter Wonderland Series; Empower Yolo Human Trafficking Awareness Month)

### ***Approve consent agenda items 7-12***

**Motion:** J. Rexroad    **Second:** B. Boehler

Motion carried unanimously

## **REGULAR AGENDA**

Item #13: Adopt First 5 Yolo 2026 Policy Priorities

L. Frerichs presented the proposed 2026 Policy Priorities, noting that historically First 5 Yolo's priorities have aligned with First 5 statutory requirements and statewide First 5 Association priorities. He explained that the policy framework continues this alignment with an emphasis on funding sustainability and alignment with broader state initiatives. Commissioners commented on the clarity and accessibility of the format and expressed support for maintaining consistency with prior year priorities.

### ***Adopt First 5 Yolo 2026 Policy Priorities***

**Motion:** G. Lewis    **Second:** A. Sisson

Motion carried unanimously

Item #14: Receive Report on Proposed Ballot Measure for Early Childhood and Childcare Services and Consider Available Options

L. Frerichs provided background on the Community Survey completed by FM3 earlier in the year to assess public perceptions around funding needs for early childhood and childcare as well as the public's attitudes towards a potential revenue measure to support identified needs. Findings from the survey indicated that a Countywide sales tax to support early childhood and



childcare could be successful if placed before voters on a future ballot via voter signatures requiring only 50% plus 1 vote to pass, as results showed 57% in support countywide.

The Commission reviewed draft Ballot Measure language which was developed by First 5 Yolo and Yolo County Office of Education with input from community members, leaders, and stakeholders, aligned with allowable public agency activities and statutory functions as subject matter experts. Leveraging the existing public infrastructure of First 5 Yolo, the Measure Draft lists First 5 Yolo as the administering agency for a proposed countywide sales tax dedicated to children, specifically allocating 70% of revenues to childcare and 30% of revenues to early childhood. L. Frerichs further explained that while the Commission cannot directly place a measure on the ballot, it may request Board of Supervisors action or take no action and allow a voter-led effort to proceed.

L. Frerichs also discussed the statutory limitations on public agency advocacy and emphasized the importance of maintaining a clear separation between educational outreach and campaign activity. He noted that the Commission's role remains focused on providing data, research findings, and community needs assessments to inform decision-making without engaging in electioneering. Commissioners discussed the importance of transparency and coordination with County leadership.

Commissioners discussed the implications of ballot language complexity, coordination with potential city and county revenue measures, sales tax cap considerations, and sequencing of state legislative approvals.

Public comment was received from S. Edson, a community member involved in the citizen committee effort, who described the development of draft ballot language and emphasized the advantages of a voter-led approach requiring a simple majority vote threshold as opposed to the 2/3 majority required if the Commission requests that the Board of Supervisors puts the measure on the ballot.

After discussion, Commissioners expressed support for allowing a community-led process to move forward independently.

***Take No Action on the Proposed Measure***

**Motion:** A. Sisson    **Second:** S. Brown

Motion carried unanimously

**Item #15: Public Hearing: Receive First 5 Yolo Annual Local Evaluation Report for Fiscal Year 2024-25**

M. Ortigas presented highlights from the Annual Local Evaluation Report, including participant demographics, service reach, performance outcomes across major initiatives, and strategic plan alignment. She also noted that the Report is aligned to the Freidman Results-Based



Accountability framework answering the questions of “How much was done?”, “How well was it done?”, and “Is anyone better off?”. Staff highlighted improvements in developmental screening rates, positive home visiting outcomes, strong Help Me Grow service delivery, and continued IMPACT Legacy provider support. Commissioners commented positively on the visual presentation format and the growth in overall participation compared to the prior fiscal year.

Commissioners asked questions about data sharing availability from Kaiser Managed Care Plan. Staff noted that Kaiser represents a small but growing portion of the population served and that while data sharing is not yet in place, discussions are ongoing. F5Y has had success in working with Partnership Health Plan to get tailored data on its members to provide additional insight into Yolo-specific outcomes and staff are working to develop a similar relationship with Kaiser. F5Y has executed its MOU with Kaiser and is in contracting discussions which will further support this effort.

***Public Hearing Open: 4:02pm***

No public comment.

***Public Hearing Close: 3:53pm***

**Item #16: Adopt First 5 Yolo Annual Local Evaluation Report for Fiscal Year 2024-25**

The report and discussion on this item was heard during the previous item, Item 15.

***Adopt First 5 Yolo Annual Local Evaluation Report for Fiscal Year 2024-25***

**Motion:** S. Brown **Second:** N. Arnold

Motion carried unanimously

**Item # 17: Accept Quarter 1 Fiscal Year 2025-26 Revenue and Expenditure Summary Report**

V. Zimmerle reviewed the report noting recommended budget revisions to reflect changes to First 5 Yolo’s MHSa contract from Yolo County and associated programmatic changes as well as changes to the personnel object to reflect increased Extra Help Clinical Supervision which will be grant funded. She shared that the projected closing fund balance as of January 2026 is approximately \$2.5 million, noting that the adopted budget includes a planned draw on Fund Balance to sustain current multi-year program commitments, aligned with the Commission’s Strategic Plan. She explained that because the draw is occurring from the Sustained Initiatives Fund and reserves, the projected fund balance will fluctuate over the course of the year based on expenditures and revenue timing. She confirmed that both the cash flow reserve and catastrophic reserve remain at their target levels.

Commissioners expressed appreciation for the financial update and for the clarity provided in the reporting. They discussed the importance of the runway authorized by the Board of Supervisors to support the transition from MHSa to BHSA funding, allowing time to implement Medi-Cal billing, including CHW and ECM services for the long-term sustainability of Help Me Grow and other programs. Staff noted that First 5 Yolo has successfully launched its ECM program within Help Me Grow, is actively enrolling families, and has successfully submitted its



first claims to Partnership Health Plan. Commissioners acknowledged the successful transition to new billing systems and commended staff for managing complex funding changes while maintaining program stability.

***Accept Quarter 1 Fiscal Year 2025-26 Revenue and Expenditure Summary Report***

**Motion:** G. Lewis **Second:** S. Brown

Motion carried unanimously

Item #18: Chief Executive Officer Report

V. Zimmerle reported in G. Daleiden's absence. She noted the following:

- First 5 Yolo is actively billing for Enhanced Care Management services and is working to scale enrollment. She noted that eligibility determination, particularly for very young children, remains a challenge due to limited clarity in state guidance. She thanked Yolo County HHSA staff for their support and work with First 5 Yolo to better understand HHSA Specialty Mental Health Service eligibility which is supporting First 5 Yolo's ability to enroll children in ECM.
- First 5 Yolo will complete the rollout of CHW billing and expand billing for additional service lines, including long-term home visiting within Welcome Baby: Road to Resilience. She also reported that staff are working on First 5 Yolo's enrollment with DHCS to be able to bill fee-for-service Medi-Cal which will support additional revenue drawdown.
- Efforts are ongoing with Partnership Health Plan to improve referral processes and First 5 Yolo has completed its build of its new Database to function as the Electronic Health Record for Help Me Grow services and will be launching imminently.
- First 5 Yolo's new website is live and additional content edits are forthcoming.

Item #19: Commissioners Report

A. Sission confirmed that the California Department of Public Health and West Coast Health Alliance continue to recommend following the immunization schedule from the American Academy of Pediatrics.

The meeting was adjourned at 4:16pm

Next meeting scheduled:  
 Commission Meeting  
 March 11, 2026  
 International House  
 10 College Park, Davis, CA 95616

**First 5 Yolo Children and Families Commission  
Agenda Item Cover Sheet**

Attachments

**Agenda Item- Receive Sponsorship Fund Allocation Report** (International House-Davis- International Parent Community; Yolo County Library- Día de los Niños/Día de los Libros)

**Background**

The Sponsorship Fund, established in FY17/18, allows First 5 Yolo's continued involvement in community activities, public awareness of the mission of First 5 Yolo, and support of a variety of organizations with a limited cost in dollars and staff/commission time. In Fiscal Year 2024-25, the Commission amended the policy to increase the sponsorship amount from \$250 to \$500 per qualifying amount, not to exceed a total of \$5,000 per year.

Per the Sponsorship Policy adopted by the Commission on May 10, 2017, the Executive Director and staff review, approve, and process requests on a rolling basis throughout the year. All recent, approved allocations are submitted to the Commission on the Consent Calendar at each regularly scheduled Commission meeting.

**Chief Executive Officer Overview**

The total allocation of Sponsorships for the 2025-2026 fiscal year-to-date is as follows:

<b>Fiscal Year 2025-2026</b>			
<b>Event</b>	<b>Agency</b>	<b>Event Date</b>	<b>Allocated Amount</b>
Wee winter Wonderland Series	Yolo County Caregivers	12/7/25	\$250
Human Trafficking Awareness Month	Empower Yolo	1/28/26	\$500
<b>Dia de los Ninos/Dia de los Libros</b>	<b>Yolo County Library</b>	<b>4/8-4/26 2026</b>	<b>\$500</b>
<b>International Parent Community</b>	<b>International House - Davis</b>	<b>Multiple dates</b>	<b>\$500</b>
		<b>Total</b>	<b>\$1750</b>

Sponsorships in **bold/highlighted** are new as of the last Commission meeting.

***Additional Information and Attachments***

Sponsorships in **bold/highlighted** are new as of the last Commission meeting.

Promotional flyers are submitted with the applications when available at the time of application.

Promotional

***Action Requested***

Receive list of allocated sponsorships and ask questions or provide comments.

**First 5 Yolo Children and Families Commission  
Agenda Item Cover Sheet**

*Attachments* ☒

**Agenda Item- Accept Fiscal Half Year 1 2025-2026 Early Learning  
Performance Measure Report**

***Background***

First 5 Yolo funded partners are required to submit demographic data quarterly, and performance measure data twice yearly, in January (Q2) and July (Q4).

First 5 Yolo Staff verifies that funded partners are making satisfactory progress in Q4, and then payments are released. The Commission receives a brief summary report after Q4 reporting and staff review is complete. First 5 Yolo's programs are categorized under Health, Safety, and Early Learning, and reports to the Commission are occasionally delivered across meetings to highlight work in each goal area. Annually, per First 5 procedures, a more formal First 5 Yolo Local Evaluation Report is reviewed and adopted by the Commission and shared with the community.

Regularly, First 5 Yolo provides "touch-up training" on reporting for partners. First 5 Yolo also provides regular collaboration with funded partners on continuous quality improvement, including a focus on using data for program performance and iteration. Funded partners analyze data and reports using Friedman Results Based Accountability (RBA) with three data or performance metric categories: PM 1-"how much", PM 2-"how well," and PM 3-"to what extent is the target population 'better' off" (program outcomes).

***QCC Program Officer Overview***

First 5 Yolo's Early Learning program in FHY1 25-26, QCC/IMPACT Legacy, focused on improving quality early learning for children 0-5 across the County. IMPACT Legacy provides opportunities to engage in quality improvement work to childcare providers of all license types, including license-exempt (FFN) providers and Alternative Site providers. Activities primarily included 1:1 provider support, group coaching through Communities of Practice focused on a variety of topics, and other professional development opportunities with an emphasis on Family Friend and Neighbor (FFN) providers who have been historically underserved.

In addition to IMPACT Legacy offerings, in Fiscal Year 2025-26 F5Y is offering free Pediatric CPR and First Aid classes to childcare providers with funding from County of Yolo to support the sustainability of efforts made through The American Rescue

Plan Act Child Care Recovery Project. First Aid/CPR Certification is a requirement of Community Care Licensing (CCL) for all Licensed childcare sites. While FFN providers are not required to obtain First Aid/CPR certification, it is a requirement prior to receiving a license and improves the safety and quality of care for the children they care for. Outcomes from the First Aid/CPR classes are included in the FHY1 Early Learning Report.

Highlights from Fiscal Half Year 1 Fiscal Year 2025-26 Early Learning Programs include:

- 10 Family, Friend, and Neighbor (FFN) providers actively pursuing licensure
- 65 unique providers participated in direct IMPACT Legacy supports in FHY1
- 100% of all childcare providers (FFN, FCCH, Center-based and Alternative Sites) participating in QCC/IMPACT Legacy Communities of Practice (CoPs) and coaching met at least one goal set in their Quality Improvement Plan.
- 100% of providers participating in a CoP received connection to Help Me Grow to support developmental screening of children in care.
- 3 Pediatric CPR/first aid classes convened across the county, 2 in Spanish and 1 in English
- 49 providers received certification
- 37% of providers who received certification were FFNs
- 90% of providers who received their certification reported that the free First/Aid CPR class offered by F5Y made it “a lot easier” to address at least one of their stated barriers, with the greatest barrier identified as cost.

#### ***Additional Information and Attachments***

Additional summary information of Early Learning outcomes achieved during FHY1 2025-2026 are included as **Attachment A** to this item.

#### ***Action Requested***

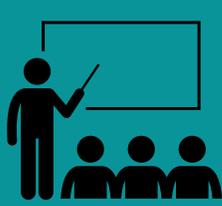
Accept Fiscal Half Year 1 2025-2026 Early Learning Performance Measure Report.

Quality Early Learning supports for **Family/Friend/Neighbor (FFN)**, **Family Child Care Home (FCCH)**, **Center** and **Alternative Site** providers to improve outcomes for children in care. Providers are invited to participate in Communities of Practice (CoPs) and coaching designed to meet their unique needs and delivered by a culturally and linguistically responsive Early Learning Coach. Additionally, providers were invited to attend Free Pediatric and First Aid classes that meet CCL regulations, delivered by certified trainers.

## Fiscal Half Year 1 2025-2026 Outcomes

### Childcare Providers Participating in IMPACT Legacy: **383**

#### Providers Receiving Direct Quality Improvement Support:



6 FCCH



45 FFN



13 Center



1 Alternative

CoPs and Office Hours led by Early Learning Coaches convene virtually and in-person and meet the unique needs of each provider type. Providers have a Network and access to culturally and linguistically responsive information and resources



Providers met at least one QIP goal



Office hours are offered in-person, virtually and via phone weekly



FFNs receive support and technical assistance while pursuing their License



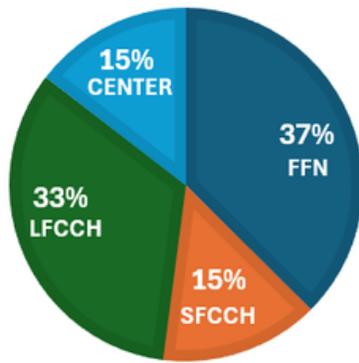
Providers connected to Help Me Grow



#### Topics Covered:

- Pursuing Licensure
- Family Engagement
- Professional Development
- Special Needs/ Inclusion
- Health and Safety
- Immigration

#### First Aid/CPR Classes



Providers that report at least one barrier to enrolling in CPR classes required by Community Care Licensing( greatest barrier reported was cost)



Providers with barriers report classes offered by F5Y made it "A lot easier" to address at least one stated barrier

\*Note: the first CPR/First Aid Class was held June 28, 2025. Results are included in this report.

**First 5 Yolo Children and Families Commission  
Agenda Item Cover Sheet**

*Attachments*

**Agenda Item- Authorize Contract with Moore, Iacofano & Goltsman (MIG) for Website Hosting, Support, and Enhancements not to exceed \$10,875 for the period April 1, 2026-June 30, 2027**

***Background***

In October 2024, First 5 Yolo executed a CalAIM IPP Directed Funding Agreement with Partnership HealthPlan of California. The redesign of First 5 Yolo's webpage was a provision of this agreement. The purpose of the redesign component is to update the First 5 Yolo landing page and site with current services offered, patient rights, and links to Partnership Health patient-facing information and documentation. This update will benefit ECM beneficiaries and ensure users can quickly find clearly stated, available benefits in a straightforward manner. The new content will also help drive enrollment for First 5 Yolo programs and services for Medi-Cal patients and others.

In July 2025, First 5 Yolo contracted with Moore Iacofano Goltsman (MIG) to complete the re-design of the First 5 Yolo website which included updates, maintenance, and enhancement to support the ongoing security, accessibility, and operations of the First 5 Yolo website. The contract with MIG is currently set to term on March 31, 2026.

***Chief Executive Officer Overview***

Prior to the engagement with MIG, Staff held primary responsibility for the ongoing maintenance and security of First 5 Yolo's website. With expanded functionality of the First 5 Yolo website to receive referrals for services, which can include PHI and PII, ongoing support is needed to ensure the regular maintenance, security oversight, and functionality of the website. Additionally, staff also maintained accounts to host First 5 Yolo's website and that contract is set to expire on March 31, 2026.

In late 2025, First 5 Yolo sought quotes from its current Managed IT Service Provider (KAI Partners) and MIG to support the Commission's website services and content updates, on an ongoing basis, as well as provide and maintain hosting for the website. Staff also reviewed pricing from other vendors not familiar with First 5 Yolo's environment. Upon receipt and review of the quotes received, staff recommend contracting with MIG.

MIG's quote was the most inclusive of all First 5 Yolo's needs including hosting, maintenance, security, and available content update support on a time/materials basis. MIG's quote was also the most price-competitive.

Chief Executive Officer recommends approval of the contract with MIG up to \$10,875 through June 30, 2027.

***Additional Information and Attachments***

Given the expanded functionality of the First 5 Yolo website, managed services are required to ensure the security, functionality, and accessibility of the website at all times.

***Action Requested***

Authorize Contract with Moore, Iacofano & Goltsman (MIG) for Website Hosting, Support, and Enhancements not to exceed \$10,875 for the period April 1, 2026-June 30, 2027.

**First 5 Yolo Children and Families Commission  
Agenda Item Cover Sheet**

*Attachments* ☒

**Agenda Item- Receive UC Davis Welcome Baby Evaluation Presentation and Accept Fiscal Year 2024-2025 Welcome Baby: Road to Resilience Performance Measure Report**

***Background***

Funded as a Board of Supervisors Priority American Rescue Plan Act Project, First 5 Yolo's Welcome Baby launched in Yolo County in 2022 as a postpartum nurse home visiting program designed to support families with newborns, promote maternal and infant health, and connect families to needed services during the critical early weeks after birth. The program partnered with hospitals, clinics, and community organizations across Yolo County to reach families early and provide timely support.

Welcome Baby expanded and enhanced First 5 Yolo's CHILD Project: Road to Resilience (R2R) systems initiative, which provided perinatal screening, in-clinic navigation, and longer-term home visiting services. Beginning January 1, 2025, First 5 Yolo fully integrated Welcome Baby and Road to Resilience into a single coordinated model, Welcome Baby: Road to Resilience (WB:R2R). The integrated model brings together perinatal screening, in-clinic navigation, postpartum nurse home visits, behavioral health supports, and longer-term home visiting within one coordinated system. WB:R2R partners with medical systems and community organizations throughout Yolo County and serves as a central access point for perinatal support, with families triaged by a WB:R2R Public Health Nurse to ensure connection to the most appropriate level of care.

First 5 Yolo braids and leverages multiple public and private funding streams to support WB:R2R countywide, including significant funding from California Department of Social Services Office of Child Abuse Prevention (OCAP). This effort is First 5 Yolo's largest systems initiative.

***Chief Executive Officer Overview***

Dr. Leigh Ann Simmons and the team at the UC Davis Health Equity Across the Lifespan (HEAL) Lab partners, with First 5 Yolo, provide evaluation and data support for Welcome Baby. At this meeting, Dr. Jennifer Phipps will present findings

from the 3-year Welcome Baby Evaluation, highlighting program reach, implementation, and outcomes for families served across Yolo County. The strength of these outcomes led to the successful effort to sustain critical components.

Following the evaluation presentation, integrated outcomes from the now fully integrated Welcome Baby: Road to Resilience effort for Fiscal Year 2024-25 will be presented by Dr. Sarah Hartman, First 5 Yolo's Systems Integration and Implementation Officer. These outcomes highlight maternal and infant health indicators, family engagement, and the impact of coordinated perinatal services delivered through the WB:R2R system of care.

***Additional Information and Attachments***

Welcome Baby 3-year Report and presentation are included as **Attachment A** to this item.

Welcome Baby: Road to Resilience FY 24-25 Infographic and presentation are included as **Attachment B** to this item.

***Action Requested***

Receive UC Davis Welcome Baby Evaluation Presentation and Accept Fiscal Year 2024-2025 Welcome Baby: Road to Resilience Performance Measure Report.

*Welcome Baby: Road to Resilience  
Three-Year Evaluation Report*

2022-2025



## FIRST 5 YOLO DEDICATION

First 5 Yolo is dedicated to helping our community raise healthy, safe, and ready-to-learn children. We ensure that our resources are used effectively and that all community voices are incorporated into our work. We dedicate this report to the families we serve, whose strength, resilience, and hopes for their children inspire our mission every day.

## EXECUTIVE SUMMARY

First 5 Yolo's *Welcome Baby* program, a component of *The CHILd Project: Road to Resilience (R2R)*, is a proactive strategy designed to build family resiliency in Yolo County through comprehensive support after the birth of a new baby. All publicly insured and uninsured families are eligible. Enrolled families receive one nurse home visit within the first week of returning home with their infant. During the visit, trained nurse visitors assess family needs, provide breastfeeding support, screen for maternal mental health, and connect families to health care, social welfare programs, and other safety net resources. Follow-up phone calls are conducted as needed and again at three months postpartum, with referrals to longer-term home visiting services for families requiring continued support.

Between March 2022 and March 2025, *Welcome Baby* served 930 families, reaching a high-risk, diverse population.

- 58.9% identified as Hispanic/Latina, compared to 33.4% countywide
- 54.1% preferred a language other than English
- 85.8% were Medi-Cal insured, compared to 29.1% countywide
- 81.5% were first-time parents

The program demonstrated measurable impact on health and social welfare outcomes.

- 95% of participants completed postpartum visits
- 47% maintained exclusive breastfeeding at three months, outperforming state benchmarks
- 14.3% of mothers screened positive for depressive symptoms and 18.8% for anxiety, enabling early intervention
- Families received essential infant supplies and referrals to local resources, improving maternal confidence, reducing stress, and preventing more serious health and social crises

Participants consistently praised the program for its accessibility, compassion, and life-changing support during one of the most vulnerable times in their lives.

## ABOUT THIS REPORT

This three-year report includes data on key outcomes for women and their infants who received *Welcome Baby* services between 2022 and 2025. When an accurate comparison was possible, we have included local context for our program data. Specifically, we have included data on postpartum and well-child visit rates from Partnership HealthPlan of California. This nonprofit community-based healthcare organization contracts with the state to administer Medi-Cal through local care providers. We have also included historical county-level data to show how key maternal and infant health indicators have changed over time in Yolo County.

Authored through a collaboration between First 5 Yolo and the UC Davis Health Equity Across the Lifespan (HEAL) Lab in the Betty Irene Moore School of Nursing, this report was supported in part by the California Collaborative for Pandemic Recovery and Readiness Research (CPR<sup>3</sup>) program through the California Department of Public Health (CDPH) and the National Institute of Nursing Research of the National Institutes of Health. Neither the CDPH nor the NIH/NINR was involved in the design, data collection, data analysis, findings interpretation, or development of this report. The contents are the sole responsibility of the authors and do not necessarily represent the official views of the CDPH, the NIH, UC Davis Health, or the University of California System.

*This report should be cited as:* Gilliland, P. G., Phipps, J. E., Duncan, M., Hartman, S., and Simmons, L. A. (2025). *Welcome Baby: Road to Resilience—Three-Year Evaluation Report (2022–2025)*. First 5 Yolo & Betty Irene Moore School of Nursing, UC Davis.

## WHAT IS HOME VISITING?

Evidence-based home visiting is a critical service that improves infant and child health, parent health and wellbeing, positive parenting relationships, family goal setting, and increased self-sufficiency.<sup>1-3</sup> Families are paired with a trained support person, such as a nurse, community health worker, or educator, to meet families in their homes or at another location of the family's choice.<sup>1-3</sup> In these visits, home visitors provide culturally competent care, caregiver support and coaching, and connection to needed resources and services.<sup>1-3</sup>

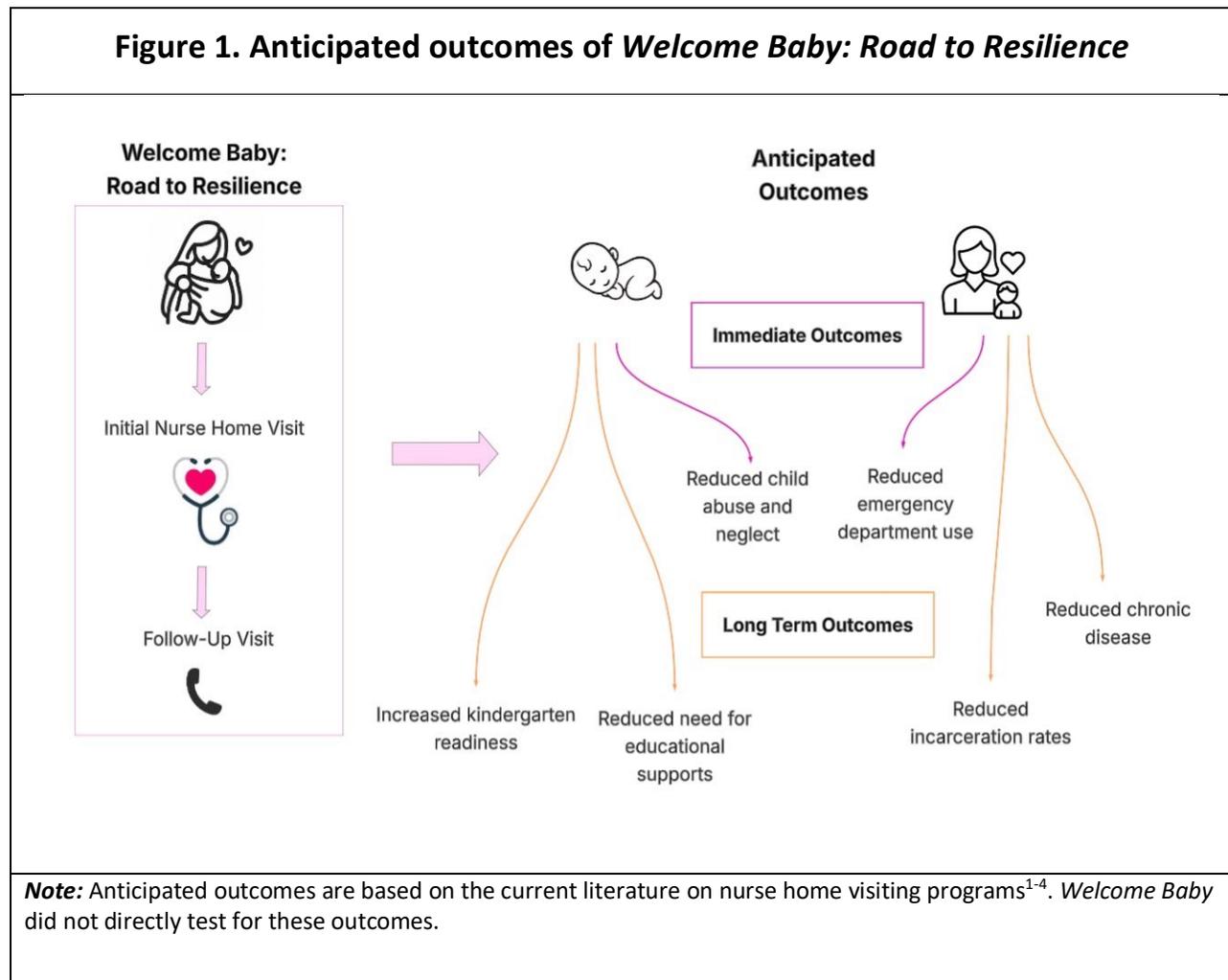
## WHAT IS WELCOME BABY?

*Welcome Baby* is a nurse home visiting program that provides material, social, and educational supports to families across Yolo County. After the initial home visit, families receive telephone follow-up as needed and at three months postpartum. Nurses provide clinical assessments of

both mom and baby, breastfeeding support, appointment scheduling, health literacy education, and referrals to community resources. Higher needs families are transitioned to the more intensive home visiting program, *Road to Resilience*.

## WHY IS HOME VISITING IMPORTANT?

Research consistently demonstrates that home visiting programs can improve a variety of biological, social, and educational outcomes for children and families.<sup>1-3</sup> For example, families receiving home visiting services are more likely to have a designated primary care provider or medical home and to have safer households.<sup>1-3</sup> Children in these families have improved school readiness.<sup>1-2</sup> Additionally, home visiting can reduce perinatal depression and justice system involvement while increasing good nutrition, sensitive and responsive caregiving, and parent and child health (**Figure 1**).<sup>2-5</sup>



## OVERVIEW OF MATERNAL AND INFANT HEALTH IN YOLO COUNTY

Despite ongoing community-based efforts since the COVID-19 pandemic, Yolo County continues to face challenges in achieving maternal and child health equity, especially among those already experiencing barriers to high-quality health care (**Table 1**). CDPH data from 2019-2021 showed that 13.9% of mothers in Yolo County experienced postpartum depressive symptoms. For those insured by Medi-Cal, the rate was 15.5%. Maternal morbidity is also a pressing public health problem. The rate of severe maternal morbidity among Yolo County Medi-Cal recipients was higher than for the state of California. Maternal morbidity is largely preventable through the reduction of social risk factors,<sup>6</sup> which can be mitigated through home visiting services.

**Table 1. Overview of maternal and infant health in Yolo County and California**

	Yolo County	Yolo County Medi-Cal	State of CA
<b>Maternal Health Indicators</b>			
<b>Pregnancy-related mortality ratio per 100,000*</b>	-	-	15.0
<b>Severe maternal morbidity per 10,000**</b>	111.4	113.6	111.6
<b>Postpartum depressive symptoms***</b>	13.9%	15.5%	13.5%
<b>Pre-pregnancy daily folic acid use****</b>	40.0%	32.6%	37.0%
<b>Infant Health Indicators</b>			
<b>Low birthweight*****</b>	6.14%	6.35%	7.51%
<b>Preterm birth*****</b>	8.22%	8.31%	9.16%
<b>Neonatal abstinence syndrome per 1,000</b>	2.8	6.2	2.9
<b>Exclusive breastfeeding at 3 months***</b>	42.5%	49.1%	32.0%

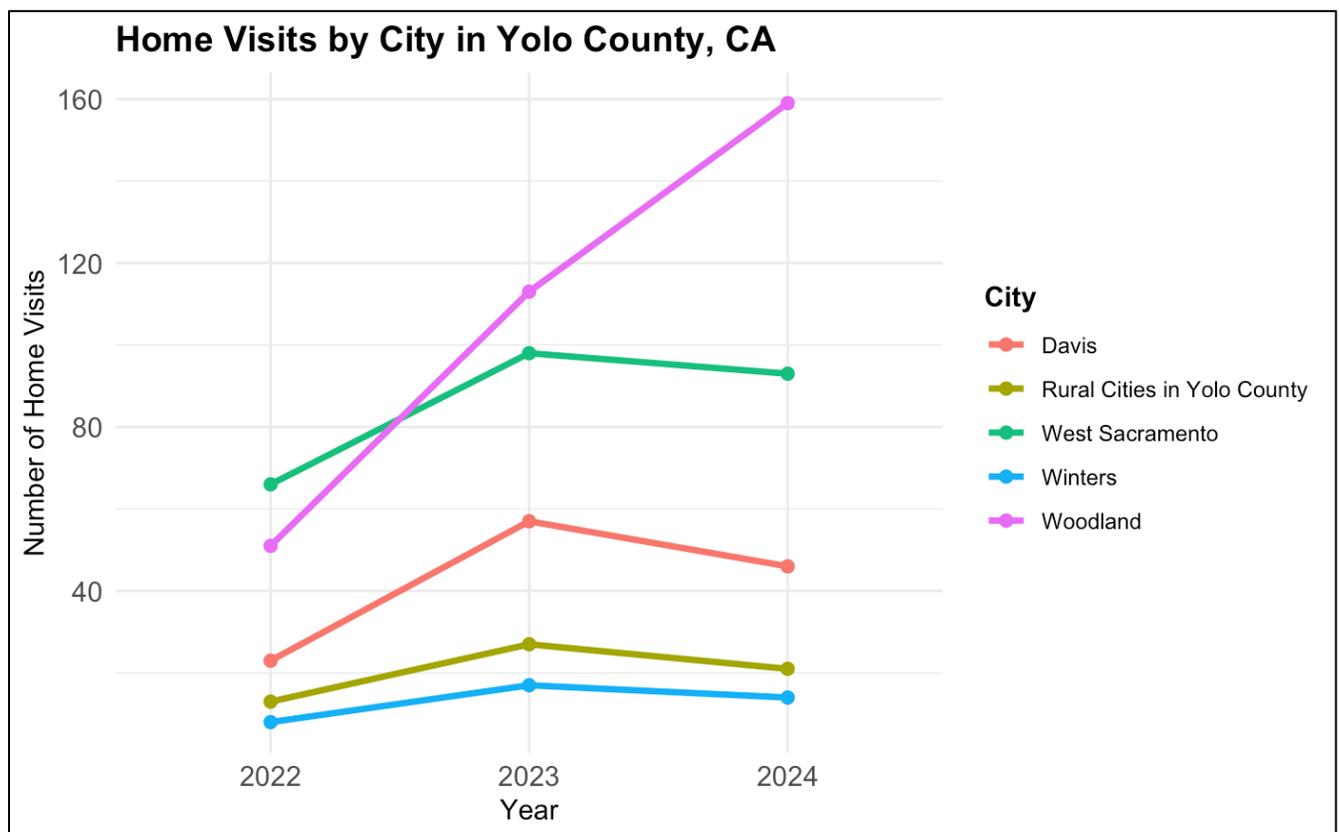
Source: California Department of Public Health Maternal, Child, and Adolescent Health Division Data Dashboards 2022\*, 2008-2023\*\*, 2019-2021\*\*\*, 2013-2019\*\*\*\*, 2021-2023\*\*\*\*\*

## RESULTS FROM WELCOME BABY: 2022-2025

### WELCOME BABY REACHED A HIGH-RISK POPULATION

Between March 2022 and March 2025, *Welcome Baby* program enrollment has included over 10 medical systems with a total of 932 home visits provided across multiple cities in Yolo County (**Figure 2**). A phased-in approach was used to enroll mother-infant pairs. A total of 580 women (62.2%) responded to follow-up survey questions after their initial home visit.

**Figure 2. Home visits conducted between 2022-2024 by city in Yolo County, CA**



### WELCOME BABY SERVED A DIVERSE GROUP OF PARTICIPANTS

Compared to Yolo County at large, *Welcome Baby* served an ethnically, linguistically, and economically diverse set of families (**Table 2**). More than half of the participants (58.9%) enrolled in *Welcome Baby* during the evaluation period identified as Hispanic/Latina, and 54.1% preferred a language other than English. Most of the participants (81.5%) were first-time parents, and 85.8% were Medi-Cal-insured.

**Table 2. Welcome Baby and Yolo County resident demographics**

	2022 (N = 173)	2023 (N = 313)	2024 (N = 334)	2025 (N = 110)	Total (N = 930)	Yolo County 2024
<b>Race/Ethnicity*</b>						
<b>Hispanic/Latina</b>	107 (61.8%)	177 (56.5%)	202 (60.4%)	62 (56.3%)	548 (58.9%)	33.4%
<b>Asian</b>	24 (13.8%)	41 (13.0%)	49 (14.6%)	12 (10.9%)	126 (13.5%)	16.1%
<b>White non-Hispanic</b>	16 (9.24%)	40 (12.7%)	45 (13.4%)	21 (19.0%)	122 (13.1%)	42.9%
<b>Black/African American</b>	4 (2.31%)	12 (3.83%)	16 (4.79%)	4 (3.63%)	36 (3.87%)	3.4%
<b>Unknown</b>	13 (7.51%)	29 (9.26%)	14 (4.19%)	8 (7.27%)	64 (6.88%)	-
<b>Two or More Races</b>	7 (4.04%)	9 (2.87%)	3 (0.89%)	2 (1.81%)	21 (2.25%)	6.2%
<b>Alaska Native/American Native</b>	1 (0.57%)	4 (1.27%)	3 (0.89%)	-	8 (0.86%)	1.8%
<b>Native Hawaiian/Pacific Islander</b>	1 (0.57%)	1 (0.31%)	1 (0.29%)	1 (0.90%)	4 (0.43%)	0.6%
<b>Middle Eastern/North African</b>	-	-	1 (0.29%)	-	1 (0.10%)	-
<b>Language Preference*</b>						
<b>English</b>	84 (48.5%)	158 (50.1%)	189 (56.5%)	73 (66.9%)	504 (54.1%)	64.1%
<b>A language other than English</b>	89 (51.4%)	157 (49.8%)	145 (43.4%)	36 (33.0%)	427 (45.8%)	34.9%

## Welcome Baby Report, 2022-2025 | Yolo County



Family Insurance Status	2022	2023	2024	2025	Total	Yolo County 2024
<b>Medi-Cal** (PHP/FFS/State)</b>	122 (70.5%)	274 (79.4%)	322 (96.6%)	77 (70.6%)	795 (85.8%)	29.1%
<b>Uninsured***</b>	50 (28.9%)	32 (10.2%)	4 (1.20%)	2 (1.83%)	88 (9.50%)	6.9%
<b>Other/Unknown</b>	1 (0.57%)	4 (1.28%)	2 (0.60%)	7 (6.42%)	14 (1.51%)	-
<b>Private</b>	-	1 (0.32%)	5 (1.50%)	23 (21.1%)	29 (3.13%)	-
Parental Status	2022	2023	2024	2025	Total	Yolo County 2024
<b>First-time parent</b>	157 (90.2%)	265 (83.5%)	273 (80.7%)	76 (65.5%)	771 (81.5%)	-
<b>Other children 0-5 years</b>	15 (8.62%)	44 (13.8%)	51 (15.0%)	27 (23.2%)	137 (14.4%)	-
<b>Other children 6-18 years</b>	2 (1.14%)	8 (2.52%)	14 (4.14%)	13 (11.2%)	37 (3.91%)	-

Sources: United States Census Bureau Quick Facts, Yolo County, California, July 1, 2024\*, Department of Healthcare Services Medi-Cal Continuous Coverage Unwinding Dashboard 2023\*\*, United States Census Bureau 2022\*\*\*, HDPulse: An Ecosystem of Minority Health and Health Disparities Resources. National Institute on Minority Health and Health Disparities. Available from <https://hdpulse.nimhd.nih.gov>. Includes ages 18-64, all income levels, 2020.\*\*\*

## POSTPARTUM MENTAL HEALTH STATUS WAS POOR AMONG PARTICIPANTS

Postpartum mental health disorders, including postpartum depression and anxiety, can have significant and wide-ranging effects on families.<sup>7</sup> When a birthing parent is struggling with their mental health, it can interfere with infant bonding and attachment.<sup>7</sup> Partners may also experience emotional distress, increased caregiving burdens, or symptoms of depression themselves, which can strain the relationship and reduce overall family functioning.<sup>8</sup> Additionally, untreated postpartum mental health disorders can increase the risk of child neglect or family conflict, especially in households already facing financial or social stressors.<sup>7-8</sup> Early identification and treatment are vital, not only for the well-being of the parent but also for creating a stable, nurturing environment in which the entire family can thrive.<sup>7-8</sup>

## Welcome Baby Report, 2022-2025 | Yolo County



Welcome Baby mothers are screened for postpartum depression using the Patient Health Questionnaire-9 (PHQ-9) and anxiety using the General Anxiety Disorder-7 (GAD-7). Women with scores denoting clinically significant depressive symptoms (PHQ-9 $\geq$ 10) or clinically significant anxiety symptoms (GAD-7 $\geq$ 10) are provided referrals to behavioral health services. Among those screened between 2022 and 2025, 14.32% of participants reported clinically significant symptoms of depression, and 18.79% participants reported clinically significant symptoms of anxiety (Table 3).

**Table 3. Percentage of participants experiencing clinically significant symptoms of depression or anxiety during the postpartum home visit from 2022-2025**

	2022	2023	2024	2025	Total
<b>PHQ-9 Score</b>					
<b>No depressive symptoms (&lt;5)</b>	147 (89.0%)	271 (86.5%)	277 (83.1%)	91 (85.0%)	786 (85.6%)
<b>Mild depressive symptoms (5-9)</b>	13 (7.87%)	31 (9.90%)	41 (12.3%)	11 (10.2%)	96 (10.4%)
<b>Moderate to severe depressive symptoms (10-20+)</b>	5 (3.03%)	11 (3.51%)	15 (4.50%)	5 (4.67%)	36 (3.92%)
<b>GAD-7 Score</b>					
<b>No anxiety (&lt;5)</b>	137 (85.0%)	258 (82.1%)	267 (80.1%)	80 (75.4%)	742 (81.1%)
<b>Mild anxiety (5-9)</b>	16 (9.93%)	32 (10.1%)	45 (13.5%)	16 (15.0%)	109 (11.9%)
<b>Moderate to Severe anxiety (10-15+)</b>	8 (4.96%)	24 (7.64%)	21 (6.30%)	10 (9.43%)	63 (6.89%)

### MOST FAMILIES WERE REFERRED FOR HEALTH AND SOCIAL WELFARE SERVICES

Connecting low-income families to health and social welfare services is essential for promoting health equity, economic stability, and overall well-being.<sup>9</sup> These services provide access to vital resources such as healthcare, nutrition assistance, housing support, and early childhood programs—many of which help prevent chronic illness, reduce stress, and improve

developmental outcomes for children.<sup>9-10</sup> Without these supports, families may delay or forgo necessary care, face food insecurity, or experience unstable living conditions, all of which can perpetuate cycles of poverty and poor health. Early and sustained connection to services empowers families to meet their basic needs, enhances their capacity to thrive, and can reduce long-term public expenditures by preventing more costly crises.<sup>10</sup> A key component of *Welcome Baby* nurse home visits is screening for needed services and social supports and providing information regarding local referrals (**Table 4**).

**Table 4. Number and types of referrals to health and social welfare services**

	2022	2023	2024	2025
<b>Child Development</b>	184	226	319	26
<b>Food/Basic Needs</b>	64	143	256	66
<b>Legal assistance</b>	5	9	1	-
<b>Mental Health</b>	65	195	129	3
<b>Education and Social Support</b>	61	17	54	13
<b>Medical Care</b>	108	155	63	3
<b>Child Care</b>	30	107	109	10
<b>Other</b>	7	43	28	
<b>Crisis/Emergency/Safety</b>	3	15	74	8

#### WELCOME BABY PROVIDED NEEDED INFANT SUPPLIES

Families who are eligible for *Welcome Baby* services often have limited or no access to critical infant supplies, such as diapers, wipes, and other hygiene or health products. *Welcome Baby* filled this gap (**Table 5**). During the evaluation period, a total of 765 diapers, 759 wipes, 612 infant toys and teethers, 598 infant clothes, and 578 infant toothbrushes were provided. In 2025, First 5 Yolo switched to providing postpartum kits to families which included diapers, wipes, baby thermometer, lactation supplies, baby wrap, sleep sack, and onesie.

**Table 5. Total essential supplies provided**

	2022 (N = 173)	2023 (N = 315)	2024 (N = 334)	2025 (N = 110)	Total (N = 932)
<b>Diapers</b>	130 (75.1%)	292 (92.6%)	311 (93.1%)	32 (29.0%)	765 (82.0%)
<b>Wipes</b>	129 (74.5%)	291 (92.3%)	309 (92.5%)	30 (27.2%)	759 (81.4%)

## Welcome Baby Report, 2022-2025 | Yolo County



<b>Baby Toy/Teether</b>	60 (34.6%)	261 (82.8%)	272 (81.4%)	16 (14.5%)	612 (65.6%)
<b>Baby Sack/Onesie/Baby Clothes</b>	52 (30.0%)	255 (80.9%)	272 (81.4%)	19 (17.2%)	598 (64.1%)
<b>Baby Toothbrush</b>	32 (18.4%)	251 (79.6%)	280 (83.8%)	7 (6.36%)	578 (62.0%)
<b>Baby Basics Book</b>	86 (49.7%)	140 (44.4%)	215 (64.3%)	71 (64.5%)	460 (49.3%)
<b>Gift Card</b>	29 (16.7%)	100 (31.7%)	223 (66.7%)	43 (39.0%)	395 (42.3%)
<b>Other</b>	4 (2.31%)	97 (30.7%)	88 (27.9%)	30 (9.52%)	184 (19.7%)
<b>Baby Carrier/Wrap</b>	2 (1.15%)	15 (4.76%)	84 (25.1%)	2 (1.81%)	103 (11.0%)
<b>Postpartum Kit</b>	-	-	-	71 (64.5%)	71 (7.61%)
<b>Pack n' Play Crib</b>	5 (2.89%)	22 (6.98%)	10 (2.99%)	3 (2.72%)	40 (4.29%)

### BREASTFEEDING RATES EXCEEDED BENCHMARKS

Breastfeeding has been shown to improve both maternal and infant health.<sup>11</sup> During home visits, *Welcome Baby* participants were offered breastfeeding support along with education on newborn development, feeding, safe sleep, newborn cues, and baby wearing during the home visit (**Table 6**). During the three-year evaluation period, on average, most participants (59.1%) reported exclusive breastfeeding at the time of the home visit. Among those who followed up via phone or online survey, on average 46.9% of participants reported exclusive breastfeeding. Additionally, on average, 57.1% reported feeling much more confident in breastfeeding, and 27.3% reported feeling a little more confident after their home visit.

**Table 6. Breastfeeding rates in *Welcome Baby*, Yolo County WIC, and California WIC participants**

	2022	2023	2024	2025	Yolo County WIC 2023	California WIC 2023
<b>Breastfeeding at the time of home visit</b>						
<b>Breastmilk only</b>	112 (66.2%)	187 (59.9%)	191 (57.7%)	57 (52.7%)	-	-
<b>Some breast milk</b>	39 (23.0%)	95 (30.4%)	99 (29.9%)	43 (39.8%)	-	-
<b>No breast milk</b>	18 (10.6%)	30 (9.61%)	41 (12.3%)	8 (7.40%)	-	-
<b>Breastfeeding at 3 months</b>						
<b>Breastmilk only</b>	34 (39.5%)	105 (48.6%)	92 (46.7%)	30 (42.8%)	36.9%*	25.5%*
<b>Some breast milk</b>	28 (32.5%)	66 (30.5%)	61 (30.9%)	16 (22.8%)	-	-
<b>No breast milk</b>	24 (27.9%)	45 (20.8%)	44 (22.3%)	24 (34.2%)	-	-
<b>Breastfeeding confidence after <i>Welcome Baby</i></b>						
<b>Much more confident</b>	37 (43.5%)	154 (73.3%)	113 (60.1%)	33 (51.5%)	-	-
<b>A little more confident</b>	29 (34.1%)	38 (18.0%)	49 (26.0%)	20 (31.2%)	-	-
<b>Confidence stayed the same</b>	19 (22.3%)	18 (8.57%)	26 (13.8%)	11 (17.1%)	-	-

\*Source: WIC WDPH Local Agency Report, infants in foster care excluded

## PARTICIPANTS HAD HIGH RATES OF POSTPARTUM VISIT COMPLETION

Attending the postpartum visit is important for all women, but especially for those who are low-income or have limited resources.<sup>12</sup> This visit provides an essential opportunity to address physical recovery from childbirth, screen for postpartum mood disorders, manage chronic conditions, and discuss family planning, all of which can have long-term impacts on a woman's health and well-being.<sup>12</sup> For families with fewer resources, the postpartum visit may be the only time they can access comprehensive care and connect with community supports.<sup>12</sup> Missing it can mean forgoing early intervention for serious complications, like infections or mental health concerns, which disproportionately affect marginalized populations. *Welcome Baby* successfully increased postpartum visit completion with more than 95% completing a postpartum visit, compared to 39% among Yolo County Medi-Cal-insured women (**Table 7**).

**Table 7. Postpartum visit and well child visit completion among *Welcome Baby* participants and a comparison group from Partnership HealthPlan of CA**

	2022 (N = 89)	2023 (N = 219)	2024 (N = 202)	2025 (N = 70)	Partnership 2022-2024 (N = 1636)
<b>Postpartum Visit Completed</b>	87 (97.7%)	213 (97.2%)	193 (95.5%)	67 (95.7%)	637 (38.9%)
<b>Completed 2–4-week postpartum visit</b>	85 (95.5%)	215 (98.1%)	198 (98.0%)	70 (100%)	857 (52.3%)
<b>Completed 1-month Well Child visit</b>	79 (88.7%)	213 (97.2%)	189 (93.5%)	70 (100%)	377 (23%)

\*Source: Partnership HealthPlan of California, Reflects all births between March 2022 and February 2024.

## STORIES FROM WELCOME BABY

### ***Welcome Baby Connects Teenage Mother to Emergency Services***

*Welcome Baby* saw a teenage mother of two who was suffering from intense postpartum pain. She was seen in the clinic earlier that week, and the provider ordered an urgent ultrasound to rule out a life-threatening blood clot. Despite the critical need for an ultrasound, the participant was not given an imaging appointment until the following week. The participant was in a significant and increasing amount of pain by the time of the home visit. The *Welcome Baby* nurse called radiology to get an earlier appointment but was unsuccessful. The nurse then consulted a clinic midwife by phone, who informed her that the perinatal team was

## Welcome Baby Report, 2022-2025 | Yolo County



unaware of the delay. The participant was immediately sent to the emergency department to rule out the blood clot and receive much needed care. The *Welcome Baby* nurse was present in a time of crisis. If she had not connected the new mother to emergency services, there could have been life-threatening consequences.

### ***Welcome Baby Nurse Provides Reassurance***

A *Welcome Baby* nurse provided reassurance and support by explaining common postpartum symptoms and distinguishing those from concerning postpartum symptoms warranting medical follow-up. The nurse discussed typical newborn development with the mother and reassured her that she was doing a great job. Based on screening results that showed the new mother had clinically significant symptoms of a possible mood disorder and was at high risk for poor outcomes, the nurse connected the patient to behavioral health and long-term home visiting services. By the end of the home visit, the participant was emotional and stated, “Thank you so much for your support. I really needed that.”

### ***Welcome Baby Reduces Posttraumatic Stress***

*Welcome Baby* saw a mother who had experienced a traumatic birth. In tears, she shared with the home visiting nurse how overwhelmed she felt and that she was replaying the birth over and over in her head. The participant explained that she had little support at home with her three other children and could not discuss these feelings with her partner. She was also struggling with breastfeeding and stated that she “felt like a failure.” The nurse referred the participant to behavioral health services and updated the midwife about her experience, so that the midwife could provide personalized care at the next appointment. The nurse provided breastfeeding support during the home visit and referred the participant to follow-up lactation counseling. Two weeks later, the participant was exclusively breastfeeding and reported feeling much better.

## FAMILIES ARE PRAISING WELCOME BABY

*“When you have your first baby, you don’t know what to do, but this person [nurse home visitor] came and showed me how to take care of the baby and taught me what to expect in different situations. It made me feel good to know what the baby is doing is normal.”*

*“All my visits were excellent. You walked me through every single detail of anything I needed or received, and you are a wonderful person. Thanks a lot. I really appreciate everything you have done to help us.”*

## Welcome Baby Report, 2022-2025 | Yolo County



*"Before I barely knew how to hold my baby. You gave me so much information and it helped a lot."*

*"I felt very welcomed. My baby didn't have anywhere to sleep, and she helped me get a crib. It was very helpful. It was a great program."*

*"I like that I learned a lot of things I didn't know or remember from my first baby. It was helpful."*

*"I really love the program, and I want it to keep going for very, very long."*

*"It was very useful to have [the nurse] measure my baby's jaundice and be in connection with the doctor. It helped me a lot and made me feel much more relaxed, especially since I did not have to go anywhere."*

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## FIRST 5 YOLO WELCOME BABY: ROAD TO RESILIENCE

### THREE YEAR EVALUATION

PRESENTATION TO FIRST 5 YOLO PARTNERSHIP NETWORK  
MARCH 11, 2026

Jennifer E. Phipps, PhD  
Project Scientist, Betty Irene Moore School of Nursing, UC Davis  
Health Education Across the Lifespan (HEAL) Lab, UC Davis  
Perinatal Origins of Disparities (POD) Center, UC Davis



2



### Welcome Baby Delivered Breakthrough Results Across 3 Years

- ★ Near universal Postpartum Care
- ★ Higher early infant care
- ★ Breastfeeding success exceeds state benchmarks
- ★ Reaching families Historically Missed by Traditional systems
- ★ Responding to intensifying needs



3

## Welcome Baby Reaches Families Historically Missed by Traditional Systems

*Welcome Baby intentionally reaches families facing the greatest structural barriers*

- 58.9% Hispanic/Latina (vs 33.4% countrywide)
- 54.1% preferred a non-English language (vs 34.9% countrywide)
- 85.8% Medi-Cal insured (vs 29.1% countrywide)
- 81.5% first-time parents, a group at high risk for postpartum challenges



4

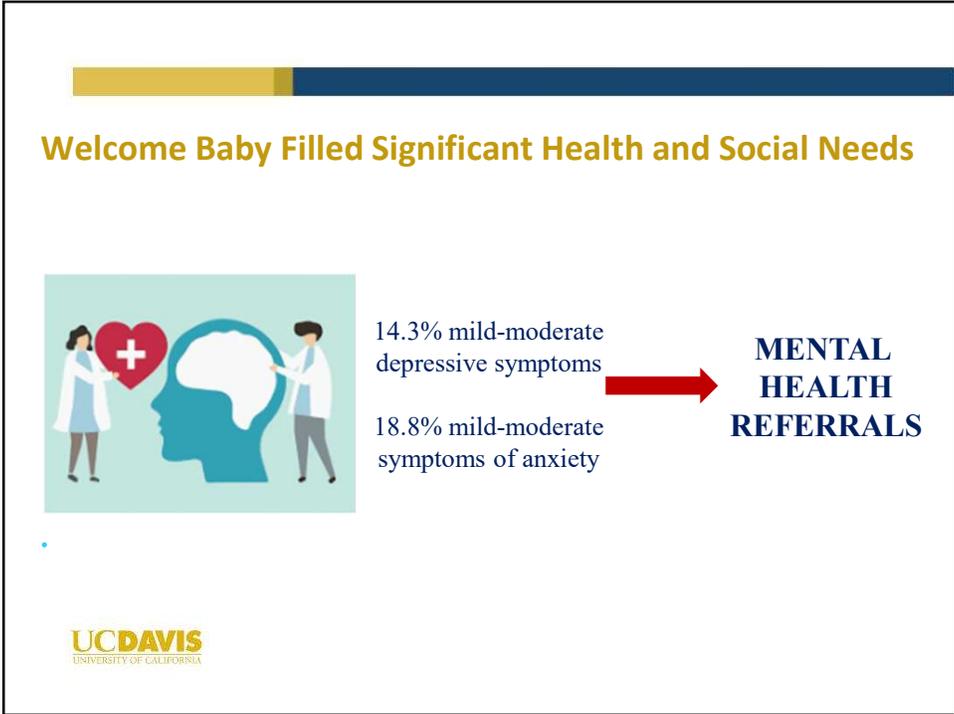
## Welcome Baby Responds to Intensifying Needs

*Demand for support is rising- and Welcome Baby is catching issues early*

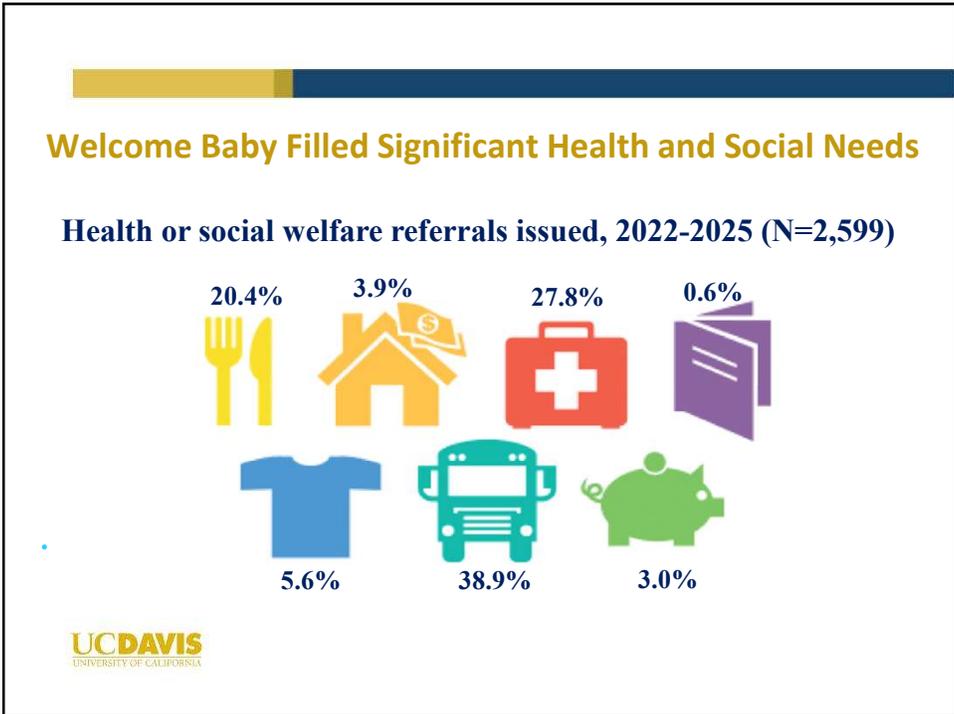
- Crisis/safety referrals increased 20x from 2022->2024 (3->74)
- Food/basic needs referrals quadrupled over 3 years (64->256)
- Mental health referrals remained persistently high (65-195 per year)



5



6



7

## Welcome Baby Filled Significant Health and Social Needs

### Welcome Baby Provided Essential Infant Supplies



- **Diapers (82%). Wipes (81%). Toys/Teethers (66%). Clothes/Onesies (64%). Toothbrushes (62%). Pack-n-Play/Crib (4%). Carriers/Wraps (11%). Postpartum kit (65% of 2025 participants).**



8

## Welcome Baby Improved Postpartum Visit Rates



Postpartum Visit Completion (7-84 days postpartum)

Welcome Baby

Yolo County Medi-Cal\*

**Rate: 2.5x higher**

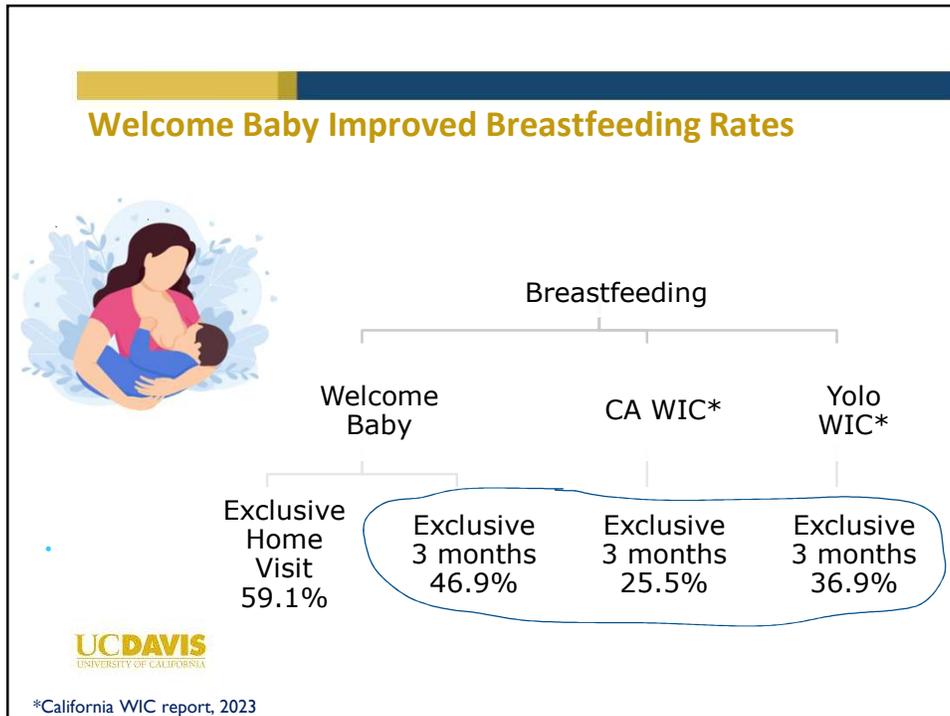
96.6%

38.9%



\*Source: Partnership HealthPlan of California, Healthcare Effectiveness and Data Information Set (HEDIS), NGA Health Plan Accreditation (HRA) Summary of Performance measurement year 2022-measuring year 2022

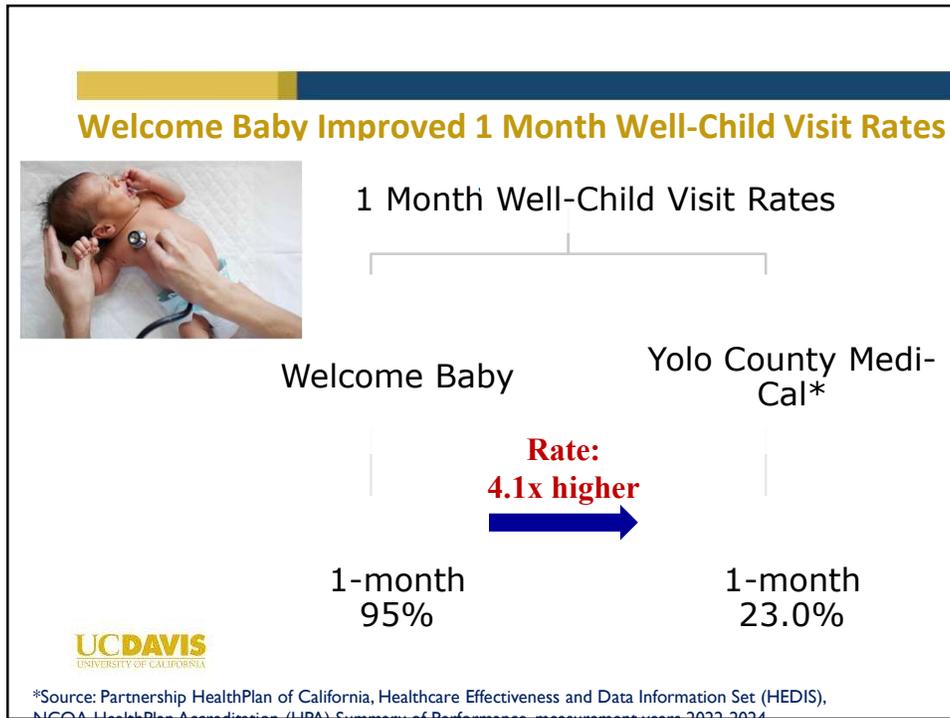
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### Thank you and Questions...

**UCDAVIS**  
UNIVERSITY OF CALIFORNIA

13

WELCOME BABY : ROAD TO RESILIENCE

# WB:R2R Program Summary

July 1, 2024 – June 30, 2025

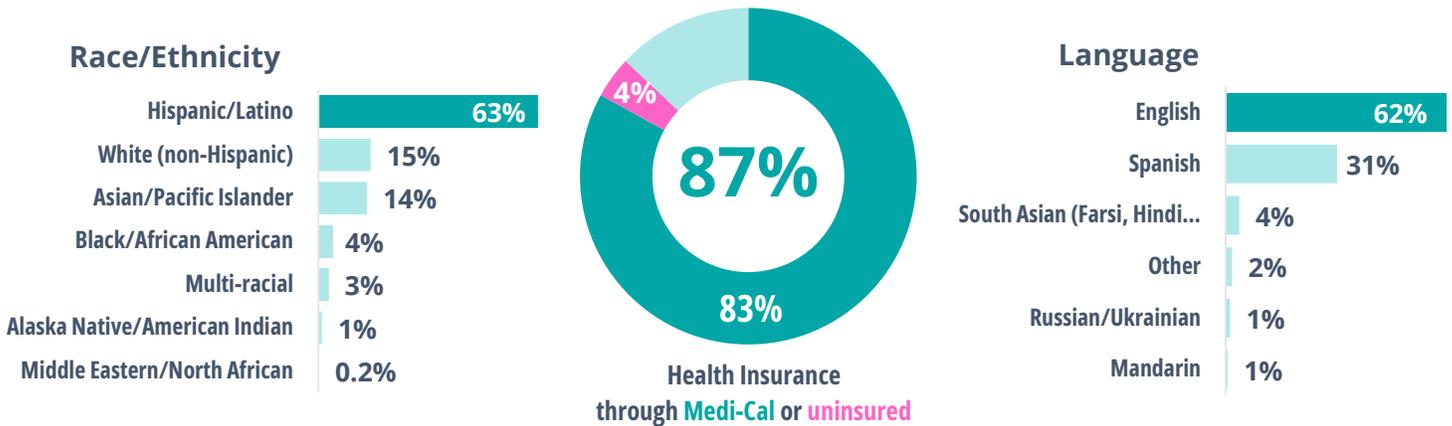


Welcome Baby: Road to Resilience (WB:R2R) provides vital, early services to families living in Yolo County with a child under the age of two. Families receive in-clinic resource navigation, a nurse home visit postpartum and follow-up, and, as needed, longer-term intensive home visiting services during pregnancy and the child's early years. WB:R2R's tailored, early approach enables timely identification and intervention to promote maternal and child health, prevent child maltreatment, and build a foundation for early learning and school readiness.

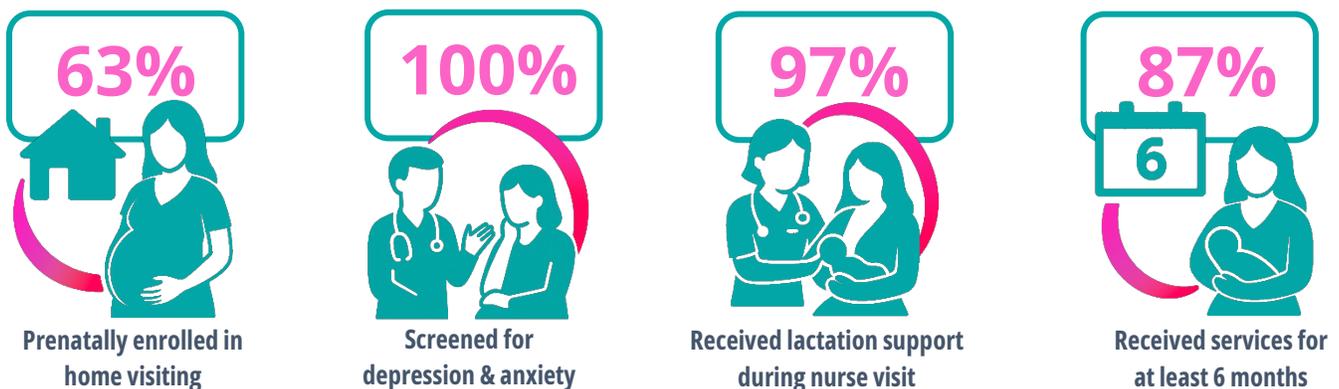
## HOW MUCH DID WE DO?



## WHOM DO WE SERVE?



## HOW WELL DID WE DO IT?



## ARE CHILDREN BETTER OFF?



98%

Avoided the need to enter Child Welfare Services



50%

Exclusively Breastfeeding at 3 months  
Higher than the Yolo County rate of 42%



93%

Up-to-date on well-child visits  
Higher than the local clinic rate of 40% at 6 months



79%

Up-to-date on immunizations  
Higher than the local clinic rate of 58% at 6 months

Preventing child welfare involvement breaks cycles of intergenerational trauma and builds stronger families.

## ARE PARENTS BETTER OFF?



98%

Received medical postpartum visits



96%

Showed improvement in parenting skills



84%

Reduced or did not use alcohol, drugs, and tobacco



91%

Of caregivers with initial depressive symptoms showed improvement after 6 or more months of home visiting.

Postpartum care is key to identifying depression and life-threatening complications.

## HOW DOES WB:R2R TRANSFORM SYSTEMS?

"The program is necessary for any mom, whether it's their first or second baby, because **every baby is so different** and a lot can happen in those first few days. **It is so important to have someone in your home to support you.**"

~ WB:R2R parent

"...I feel like I matter and that **I am genuinely cared for...**"

~ WB:R2R parent

"Thank you for going to this patient's home. You **possibly saved this baby's life.**"

~ Pediatrician, Medical Partner

WB:R2R is leading systems change by transforming how early family support is delivered across Yolo County. Through partnerships with 10 different medical systems, WB:R2R is embedding coordinated care into clinical settings, identifying and addressing systemic barriers, and ensuring families receive needed services to advance birth equity.



**Welcome Baby**  
ROAD TO RESILIENCE





1

## One Coordinated System of Care

- 1 **Prenatal screening**  
Assessment and triage by Welcome Baby: R2R Public Health Nurse
- 2 **In-clinic navigation**  
Brief needs assessment, coordination, and connection to resources
- 3 **Postpartum nurse home visit and follow-up**  
Mother and newborn health check, breastfeeding support, mental health screening, health literacy and education, and connection to resources
- 4 **Long-term home visiting (LTHV)** Healthy Families America (parent coaches) or Behavioral Health (clinicians and clinicians-in-training)

2



## How Much Did We Do?

- **517** perinatal clients screened
- **392** nurse visits completed
- **153** families received long-term home visiting
  - **1,415** total home visits



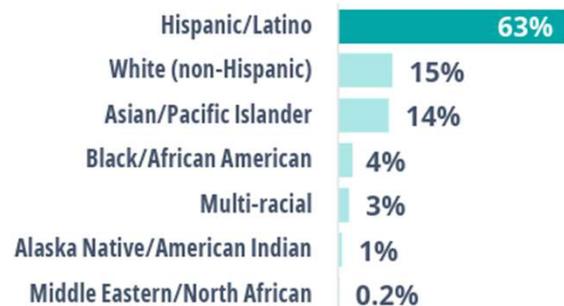
3



## Families Served

- **38%** primarily spoke a language other than English
- **87%** MediCal or uninsured
- **59%** screened as very high risk (79% had  $\geq 1$  major risk factor)

### Race/Ethnicity



4



## Maternal Health and Wellbeing

- **98%** completed their postpartum visit
- **91%** improved depressive symptoms (LTHV)
- **84%** reduced or did not use substances (LTHV)

“It was very helpful for you to come out to see me and get me a sooner appointment with the doctor. I am so grateful you checked my blood pressure and discovered it was high. It helped me to get care.”

~WB:R2R Parent after Nurse visit

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## Infant Health and Early Development

- **97%** of families received lactation support
- **50%** exclusively breastfeeding at 3 months
- **93%** up-to-date on well-child visits
- **79%** up-to-date on immunizations

“You really listened and helped me with my concerns about his weight and him being yellow, and you helped coordinate his appointments. He is getting so big and I am only breastfeeding now. I am so happy.”

~WB:R2R Parent after Nurse visit

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## Family Stability and Prevention

- **87%** engaged for at least 6 months (LTHV)
- **96%** improved parenting skills (LTHV)
- **98%** avoided the need to enter child welfare services (LTHV)

“I felt so heard and understood... It’s because of that support that I felt comfortable asking for help when I started feeling more depressed. Now I am doing regular therapy and I enjoy life again.”

~WB:R2R Parent in LTHV

7



## Building Resiliency

“When I joined the program, I wasn’t sure I would stay because of my work schedule and my children. My home visitors were flexible and understanding of my family’s needs. I made goals to become a better mom, continue my education, increase my work hours, and apply to nursing school. The program made me successful in many aspects of my life and my career. I highly recommend it to all moms because they receive incredible support.”

~Recent Graduate of WB:R2R



8



## An Integrated Prevention System

- Coordinated care embedded across 10 medical partners
- Early identification during pregnancy and postpartum
- In-home, culturally responsive support
- Coordinated maternal and infant health services
- Measurable improvements in health and family stability

9



# Questions and Comments

10

**First 5 Yolo Children and Families Commission  
Agenda Item Cover Sheet**

*Attachments*

**Agenda Item- Elect First 5 Yolo Commission Officers**

***Background***

First 5 Yolo has three executive officers: Chair, Vice Chair, and Treasurer.

Per First 5 Yolo Policies, the Vice Chair and Treasurer are appointed by a vote of the full Commission. The Chair is always a Member of the Yolo County Board of Supervisors appointed by the Yolo County Board of Supervisors.

***Chief Executive Officer Overview***

***Additional Information and Attachments***

Along with the Chair, both the Vice Chair and Treasurer form the Executive Committee. This may require additional meetings and/or phone conferences between regularly scheduled First 5 Yolo Commission meetings.

The Vice Chair occasionally stands in or joins as representative to events or public appearances.

The Treasurer also attends Finance Subcommittee Meetings as well as Executive Committee Meetings.

The full Commission has final approval of all financial documents and budgets.

***Action Requested***

Elect First 5 Yolo Commission Officers.

**First 5 Yolo Children and Families Commission  
Agenda Item Cover Sheet**

*Attachments*

**Agenda Item- Public Hearing: Accept the First 5 California Annual Report for Fiscal Year 2024-2025**

***Background***

Annually, First 5 CA releases an Annual Report to the Legislature. The Children & Families Act requires each county commission to hold a public hearing to review the First 5 CA Annual Report. Comments are to be forwarded to First 5 CA.

***Chief Executive Officer Overview***

By holding a public hearing on the First 5 CA Annual Report FY24-25, First 5 Yolo remains in compliance with the Children and Families Act and thereby can expect to continue to receive monthly disbursements. Any comments provided by the public will be transcribed and sent to First 5 CA.

Consistent with last year, the FY24-25 Report was streamlined to reflect a more reader-friendly PDF document. The report can be found online at the First 5 CA website:

[https://www.cafc.ca.gov/pdf/about/budget\\_perf/annual\\_report\\_pdfs/F5CA\\_AnnualReport\\_2025\\_D6.pdf](https://www.cafc.ca.gov/pdf/about/budget_perf/annual_report_pdfs/F5CA_AnnualReport_2025_D6.pdf)

***Additional Information and Attachments***

The First 5 Network continues to refine the Annual Report to better align the reporting of statewide efforts across all 58 County First 5 commissions.

***Action Requested***

Hold Public Hearing and Accept First 5 California Annual Report for Fiscal Year 2024-2025.

**First 5 Yolo Children and Families Commission  
Agenda Item Cover Sheet**

*Attachments* ☒

**Agenda Item- Accept Quarter 2 Fiscal Year 2025-2026 Revenue and Expenditure Summary Report**

***Background***

Quarterly, the Commission reviews a Revenue and Expenditure Year-to-Date Summary Report tracking actual and projected revenues and expenditures against the current approved budget, and First 5 Yolo staff recommend changes to the budget based on the projections, if necessary.

***Deputy Director Overview***

The Q2 Revenue and Expenditure Summary Report includes all funds received and expended from July 1, 2025-December 31, 2025, as well as expenses incurred and revenues earned in the defined period which were received or expended within the period of availability, though funds may have been received or expended after December 31.

Of note are the following items:

- Staff recommend budget revisions within the Personnel object to reflect a correction in project costs associated with increased hours for First 5 Yolo's Extra Help Clinical Supervision position (required by CalAIM ECM) as well as an increase due to the anticipated hire of an Extra Help Community Outreach Specialist to support Welcome Baby: Road to Resilience. Personnel increase are fully grant-funded.
- The Welcome Baby: Road to Resilience budget has been updated to reflect the shift a portion of unspent funds into Personnel as described above.
- The CalWORKs Home Visiting Program budget for the Commission's Lead Direct Service Provider was reduced as a result of the decreased CWHVP allocation to Yolo County from CA Department of Social Services. Reductions in the program budget are operational in nature to ensure staffing and program capacity are maintained. In February 2026, CDSS released updated County Allocations. First 5 Yolo is actively working with Yolo County HHS leadership to finalized the FY26 budget and this work is expected to be completed by the Q3FY25-26 Report. Services to families will not be disrupted.
- With the close of Quarter 2, staff are beginning to update year-end projections for some operational and professional service expenditures

based on current expenditures. As of this report, Operating expenses for Fiscal Year 2025-26 are projected to be ~22% lower than budgeted at year end. This is related to anticipated lower-than-budgeted costs across communications, training, minor equipment, travel, and accounting charges.

***Additional Information and Attachments***

The Quarter 2 Revenue and Expenditure YTD Summary Report is included as **Attachment A** to this item.

***Action Requested***

Accept Quarter 2 Fiscal Year 2025-2026 Revenue and Expenditure Summary Report.



**Annual Budget**  
**Q2FY25-26 Revenue and Expenditure Summary Report**

Report Period: July 1, 2025- December 31, 2025

Descriptions	Budget	Proposed Revisions	Revised Budget	Actual Through 12/31/25	Total Projected	Favorable (unfav.) Variance	% Variance
<b>SOURCES OF FUNDS</b>							
<b>A. Revenues</b>							
Prop 10- State Tobacco Tax Allocation	966,567		966,567	385,005	966,567	-	0%
Prop 10- First 5 California	252,351	-	252,351	83,186	335,537	83,186	33% <sup>1</sup>
Non-Proposition 10	3,768,311	-	3,768,311	672,306	3,759,939	(8,372)	0%
Interest	20,000		20,000	56,823	70,000	50,000	250% <sup>2</sup>
<b>Total Revenues</b>	<b>5,007,229</b>	<b>-</b>	<b>5,007,229</b>	<b>1,197,320</b>	<b>5,132,043</b>	<b>124,814</b>	<b>2%</b>
<b>EXPENDITURES</b>							
<b>B. Personnel</b>							
Salaries (Regular, Grant-Funded, and EH)	889,178	18,905	908,083	386,425	908,083	-	0%
Benefits	628,733	4,813	633,546	277,054	633,546	-	0%
Unemployment Insurance	429		429	429	429	-	0%
General Liability	17,762		17,762	17,547	17,547	215	1%
Workers Comp Insurance	15,769		15,769	15,769	15,769	-	0%
<b>Total Personnel</b>	<b>1,551,872</b>	<b>23,718</b>	<b>1,575,589</b>	<b>697,224</b>	<b>1,575,374</b>	<b>215</b>	<b>0%</b> <sup>3</sup>
<b>C. Program Funding</b>							
Help Me Grow	858,759	(8,376)	850,383	457,066	850,383	0	0%
Welcome Baby: Road to Resilience	2,231,919	(20,000)	2,211,919	928,310	2,191,919	20,000	1% <sup>4</sup>
CalWORKS Home Visiting Program	420,605	-	420,605	171,501	410,925	9,680	2% <sup>5</sup>
IMPACT Legacy	201,979	-	201,979	78,576	201,979	-	0%
Attachment & Biobehavioral Catch-Up	157,500	-	157,500	68,558	157,500	-	0%
Yolo Crisis Nursery Mobile Client Navigator	40,000		40,000	15,758	40,000	-	0%
Event Sponsorships	5,000		5,000	750	5,000	-	0%
Partner Reporting Platform- Clear Impact	11,220		11,220	4,675	11,220	-	0%
<b>Total Program Funding</b>	<b>3,926,982</b>	<b>(28,376)</b>	<b>3,898,606</b>	<b>1,725,195</b>	<b>3,868,926</b>	<b>29,680</b>	<b>1%</b>
<b>D. Operating Expenses</b>	<b>121,469</b>	<b>-</b>	<b>121,469</b>	<b>34,098</b>	<b>95,129</b>	<b>26,340</b>	<b>22%</b> <sup>6</sup>
<b>E. Professional Services</b>	<b>98,450</b>	<b>-</b>	<b>98,450</b>	<b>44,159</b>	<b>98,630</b>	<b>(181)</b>	<b>0%</b>
<b>F. Contingency Funds (2% Proj P10 Alloc)</b>	<b>19,331</b>		<b>19,331</b>		<b>19,331</b>	<b>-</b>	
<b>G. Less Indirect Received on Contracts</b>	<b>(179,258)</b>	<b>-</b>	<b>(179,258)</b>	<b>(51,435)</b>	<b>(178,378)</b>	<b>(880)</b>	<b>0%</b>
<b>Total Expenses</b>	<b>5,538,847</b>	<b>(4,659)</b>	<b>5,534,188</b>	<b>2,449,241</b>	<b>5,479,013</b>	<b>55,175</b>	<b>1%</b>
<b>Net Income/(Loss)</b>	<b>(531,617)</b>		<b>(526,958)</b>	<b>(1,251,920)</b>	<b>(346,970)</b>	<b>179,988</b>	
<b>Beginning Fund Balance: July 1, 2025</b>	<b>\$ 2,943,762</b>						
<b>Projected Ending Fund Balance: June 30, 2026</b>	<b>\$ 2,596,792</b>						
Unassigned Balance	10,000.00						
Sustained Initiative Funding	1,336,792						
Cashflow Reserve	500,000						
Catastrophic Reserve	750,000						

(see notes on next page)



## Q1 FY26 Revenue and Expenditures Summary Notes

1. At the close of Fiscal Year 2024-25, the Commission had one outstanding receivable that was not received within the period of availability (Q4 payment for IMPACT Legacy) and therefore it is recognized in FY25-26.
2. During budget development, the Commission utilizes conservative estimates for interest earned on its funds invested in the County Treasury Pool as the funds are subject to market volatility and valuation adjustments at year end. Q1-2 interest was higher than anticipated and year-end projects have been updated to better reflect anticipated interest across the Fiscal Year.
3. Proposed budget revisions within Personnel reflect a correction in projected costs associated with increased hours for First 5 Yolo's Extra Help Clinical Supervision position (required by CalAIM ECM) as well as an increase due to the anticipated hire of an Extra Help Community Outreach Specialist. Personnel increases are fully grant funded.
4. Proposed budget revisions for Welcome Baby: Road to Resilience reflect a reduction costs associated with health system partnerships. A portion of the unspent funds have been moved into personnel to for Extra Help Community Outreach Specialist staffing to support the referral pathways from medical system partners to Welcome Baby: Road to Resilience.
5. The CalWORKs Home Visiting Program budget for the Commission's Lead Direct Service Provider was reduced as a result of the decreased CWHVP allocation to Yolo County from CA Department of Social Services. Reductions in the program budget are operational in nature to ensure staffing and program capacity are maintained. In February 2026, CDSS released updated County Allocations. First 5 Yolo is actively working with Yolo County HHS leadership to finalized the FY26 budget and this work is expected to be completed by the Q3FY25-26 Report. Services to families will not be disrupted.
6. Operating expenses for FY 2025-26 are projected to be ~22% lower than budgeted at year end. This is related to anticipated costs being less than budgeted across Communications, Training, minor equipment, travel, and accounting charges.
- 7-11. At June 30, 2026, the Commission's projected closing Fund Balance is 2,596,792. The Commission's fund balance is allocated into 4 established reserves, each serving a different purpose. The Catastrophic Reserve is allocated to cover F5Y expenses for a short period of time should Prop 10 funding become significantly delayed or end, and/or a catastrophic event occur, that disrupts business operations of F5Y. The Cashflow Reserve is intended to smooth operations by ensuring adequate cash flow and stabilize program funding through each strategic plan despite month-to-month and year-to-year Prop 10 revenue fluctuation and/or delays in other funding sources, particularly those from state grants. The target balance for this account is \$500,000. The Cashflow Reserve also protects First 5 Yolo's funded partners who may not be able to withstand delayed reimbursements. The Sustained Initiative Funding Reserve supports the Commission's intended and committed leveraging activities in F5Y's largest multi-year grant-funded programs (e.g., Welcome Baby: Road to Resilience and Help Me Grow). In Fiscal Year 2025-26 the Commission will begin its planned utilization of this reserve, aligned to its Strategic Plan and its project balance at June 30, 2026 is subject to change through the fiscal year based on actual expenditures and revenues received. The Unassigned Balance reflects any portion of Fund Balance that is currently unallocated to a specific purpose.

**First 5 Yolo Children and Families Commission  
Agenda Item Cover Sheet**

*Attachments*

<b>Agenda Item- Chief Executive Officer Report</b>
<b><i>Background</i></b>
The Chief Executive Officer updates the Commission on activities and developments.
<b><i>Chief Executive Officer Overview</i></b>
Updates: <ul style="list-style-type: none"><li>• Notification of Annual Step Increase for F5Y Systems Integration and Implementation Officer Upon Positive Review</li><li>• Notification of Annual Step Increase for F5Y Data Analyst Upon Positive Review</li><li>• Notification of Annual Step Increase for F5Y Program Supervisor Upon Positive Review</li><li>• Notification of Annual Step Increase for F5Y Community Health Specialist Upon Positive Review</li><li>• Update on County BHSA Planning and Help Me Grow</li><li>• First 5 Yolo Featured in Statewide Publications, F5 Association Policy Center and Joint State Guidance on Home Visiting</li><li>•</li></ul>
<b><i>Additional Information and Attachments</i></b>
<b><i>Action Requested</i></b>
Receive Chief Executive Officer's Report.

**First 5 Yolo Children and Families Commission  
Agenda Item Cover Sheet**

*Attachments*

<b>Agenda Item- Commissioner Reports</b>
<b><i>Background</i></b>
Commissioners have the opportunity to provide updates on activities and events relating to their role as First 5 Yolo Commissioner and/or professional capacity in the County.
<b><i>Chief Executive Officer Overview</i></b>
<b><i>Additional Information and Attachments</i></b>
<b><i>Action Requested</i></b>
Receive Commissioner Reports.