FIRST 5 CALIFORNIA℠

Annual Report

Fiscal Year 2005-06

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We would also like to acknowledge and thank all 58 County Commissions and their staff for their cooperation and efforts in the statewide evaluation. They are to be commended for their commitment to the children and families in their communities.

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Introduction

In California, too many young children are exposed to an array of risk factors that compromise healthy physical, emotional, and cognitive development. Research tells us that the course of this early development has profound long-term effects on children's ability to be ready and able to learn successfully (their school readiness) and to achieve their greatest potential in life.

Data show that many California children are in situations that may create barriers to achieving their greatest potential. According to 2003 U.S. Census data, more than 20% of California's children ages 0-5 live in poverty, 23% live in single-parent homes, and 18% are born to mothers with less than a 12th-grade education. Additionally, 1.2 million children lack health insurance. Forty percent of our children are born into homes where English is not the primary language, and 68% are from diverse, nonwhite ethnic backgrounds. Also, severe disparities in school achievement and inequities in support services and resources exist among our children from diverse populations, children living in poverty, and children whose primary language is not English.

Because of the high stakes for children, First 5 California Children and Families Commission and each of the 58 First 5 County Commissions are committed to increasing the school readiness of all children in California by addressing their complex developmental and learning needs through the continuation of existing initiatives, through the implementation of new initiatives, and through long-term commitments to continue to support California's youngest citizens.

The centerpiece of First 5 California's work is the $413-million School Readiness Program. The School Readiness Program, conducted in partnership with the County Commissions, is a comprehensive system of services for young children and their families that target communities around California's high-priority schools (those ranked in the lowest 30% of schools on the Academic Performance Index). The initiative recognizes that a child's educational success depends on good physical and mental health, social skills, safety and comfort with trusted adults and other children, and skill in using language to express thoughts and feelings, as well as on cognitive development.

The First 5 California State and County Commissions, through partnering with families, early care and health providers, and other early learning advocates, have undertaken an ambitious agenda. In addition to the School Readiness Program, the First 5 Commissions are providing outreach and education programs for new parents, professional development and retention strategies for early childhood educators (First 5 California Family, Friend, and Neighbor Child Caregiver Support Project; Comprehensive Approaches to Raising Educational Standards [CARES]), statewide media campaigns, measures to promote universal access to preschool (Power of Preschool), support for children with disabilities and other special needs (Special Needs Project, Migrant and Seasonal Farm Workers Project), and health initiatives (Health Access for All Children [Birth to 5] Initiative, Early Childhood Oral Health Initiative). Taken as a whole, these projects and initiatives create a comprehensive continuum of school readiness support for young children and their families, beginning before birth and continuing until school entry.

This annual report provides a comprehensive overview, at the state and county levels, of First 5 California's continuing and new initiatives. The report provides an update on First 5 California's progress toward achieving its established goals and desired results, with the overall vision that all of California's young children enter school physically and emotionally healthy, learning, and ready to achieve their greatest potential.

Chapter 1 describes the history and organization of First 5 California and First 5 California's vision, guiding principles, and strategic plan goals. Chapter 1 also summarizes the First 5 California State Commission's program investments, activities, and accomplishments.

Chapter 2 presents First 5 California's 2005-06 financial summary and state audit information.

Chapter 3 presents data on outcome indicators to track First 5 California's progress toward achieving its desired results of (1) improved child development, (2) improved child health, and (3) improved family functioning. The fourth desired result area, improved systems of care, is addressed in Chapter 7. Within each result area, population-based and participant-level (baseline and intake vs. follow-up) outcome data are presented.

Chapter 4 summarizes the wide range of programs and strategies that First 5 County Commissions have funded to improve young children's health, development, and readiness for school. The chapter describes the children and families First 5 programs serve, in terms of ethnicity, age, primary language, and presence of disabilities and other special needs. The chapter also describes the specific activities programs have implemented to improve family functioning, child development, child health, and quality of care, and the number of people who benefited from these activities. Descriptions of some programs also are provided.

Chapter 5 describes the children, schools, and programs participating in the School Readiness Program. The chapter also describes programs that have been implemented to improve school readiness and their success at improving children's readiness to succeed in school.

Chapter 6 summarizes findings from the evaluation of the First 5 California Special Needs Project in 10 demonstration sites across the state. This summary includes the characteristics of children who received comprehensive developmental screenings and the outcomes of those screenings (including referrals and services received). The chapter also highlights accomplishments and lessons learned about providing universal screening for early identification of disabilities and other special needs (including mental health needs), diagnoses and referrals, inclusive early education, and family support services.

Chapter 7 describes how County Commissions are promoting changes in systems of care and provides numerous examples of how systems change is occurring across the state.

Chapter 8 summarizes the revenues and expenditures of County Commissions. Included is a summary of the types and amounts of revenues that were available to County Commissions and the major types and amounts of expenditures they made in the 2005-06 fiscal year. The chapter also describes how County Commissions are planning to sustain their investments in programs and larger system-wide efforts.

Chapter 9 includes a County Commission profile for each of the 58 counties in the state. Each profile summarizes demographic and fiscal data and describes activities and accomplishments of First 5 funded programs, as well as efforts to promote equitable access and outcomes. The profiles also include descriptions of key or innovative programs. Some profiles have actual accounts of families who benefited significantly from First 5 programs and services.

1 State Commission

HISTORY

Proposition 10, The California Children and Families First Act of 1998 (the Act), created the California Children and Families Commission, also known as First 5 California. The Commission is the leadership agency and statewide coordinator of the Act. In this leadership role, the First 5 California Commission has had the opportunity to make a significant impact on the lives of California's young children by developing a long-term public policy framework around school readiness, setting strategic goals, and integrating early childhood services into existing education, health, and social service systems.

As the lead agency, the Commission administers 20% of revenues from the Proposition 10 tobacco tax, which support its leadership responsibilities but also support additional activities that include technical assistance to County Commissions, research and evaluation, public media campaigns, infrastructure development, and statewide initiatives.

The Act requires that the Commission form advisory committees to provide expertise and support. In 2000, the Commission established an Advisory Committee on Diversity to help ensure that all programs meet the needs of California's ethnically, linguistically, and culturally diverse population, including children with disabilities and other special needs. In addition, in 2005 a Statewide Research and Evaluation Workgroup was established, consisting of County Commission regional representatives, First 5 Association of California representatives, and First 5 California Children and Families Commission staff. This workgroup provides input and support to the Statewide Research and Evaluation Framework.

Eighty percent of funds go directly to the County Commissions. While the Act emphasizes local decision-making, it also requires the State Commission to adopt guidelines and "define the results to be achieved" as a basis for defining, gathering, and analyzing data that can be used in assessing the overall impact and movement toward achieving First 5 California's goals. Consistent with the overarching framework of school readiness goals, guidelines for implementation of Proposition 10, and the "results to be achieved" identified by First 5 California, and with maximum flexibility in tailoring funding and programs to local needs, each County Commission has developed a strategic plan that guides its actions.

The Act also requires that each First 5 County Children and Families Commission submit a fiscal audit and an annual report to First 5 California by October 1 of each year. It further requires First 5 California to perform an annual audit and submit an annual report, and a review and summary of the County Commission audits and annual reports, to the Governor and the Legislature by January 31 of each year. The audits and annual reports discussed within this First 5 California annual report represent activities for the preceding state fiscal year (July 1, 2005, through June 30, 2006).

FIRST 5 CALIFORNIA COMMISSION

The First 5 California Commission consists of six voting members, who are appointed by the Governor, by the Speaker of the Assembly, and by the Senate Rules Committee. In addition, the California Secretary of Education and the Secretary of the California Health and Human Services Agency serve as *ex officio* members of the Commission.

Kris Perry is the First 5 California Executive Director. Currently, the Commission employs approximately 35 permanent and full-time staff members.

COUNTY COMMISSIONERS

Each county Board of Supervisors appoints a five- to nine-member County Commission, to include a member of the Board of Supervisors and two members from among the County Health Officer and those who manage county functions (e.g., behavioral health services, social services, or tobacco prevention and treatment services). The remaining members can be drawn from county functions or organizations that work in the early childhood development arena (e.g., child care resource and referral agencies, community-based organizations, school districts, and medical, pediatric, or obstetric associations).

FUNDING

Funds from the Proposition 10 tobacco tax are deposited in the California Children and Families Trust Fund. During fiscal year 2005-06, approximately $596 million was collected from the tax.

The Act requires that the Commission provide for the reimbursement of losses in Proposition 99 tobacco tax revenues to the Proposition 99 Tobacco Health Education and Research Programs and the Proposition 99 Breast Cancer Fund, if the losses are directly attributable to reduced tobacco product consumption caused by the surcharges imposed by Proposition 10. Comprehensive tobacco consumption models developed by the State Board of Equalization determine the projected consumption levels that would have been seen in the absence of the surtax created by Proposition 10 and those that are actually being seen with Proposition 10 in place. The Board of Equalization uses these two sets of data to determine the loss in tax revenues for Proposition 99 programs.

EXHIBIT 1-1

State Commission Members (As of June 30, 2006)

Commission Member	Appointing Power
Hector Ramirez, Chair	Governor
Eliseo Medina	Governor
David Kears	Governor
Alice Walker Duff, Ph.D.	Speaker of the California Assembly
Donald Attore	Speaker of the California Assembly
Louis Vismara, M.D.	California Senate Rules Committee
Alan Bersin (Scott Himelstein)	*Ex Officio*-California Secretary of Education (Designee)
S. Kimberly Belshé (Joseph Munso)	*Ex Officio*-Secretary of the California Health and Human Services Agency (Designee)

After the proper transfer of funds to the Proposition 99 accounts and to the Board of Equalization for administrative expenses, the remainder of the California Children and Families Trust Fund is allocated as follows:

- 80% to the 58 County Children and Families Commissions for the provision of early childhood development programs and anti-tobacco education. Each county receives funding based on the proportion of live births in the county, as measured by the residence of the mother, compared with the statewide figure.
- 20% to the First 5 California Children and Families Commission in the following categories:
  - 6% for mass media communications
  - 5% for education of parents, caregivers, and professionals
  - 3% for education, training materials, and guidelines for child care providers
  - 3% for research and development
  - 1% for administrative services
  - 2% for any other First 5 California activities, except the payment of administrative expense.

VISION, CORE VALUES, AND GUIDING PRINCIPLES

First 5 California Vision Statement

"Through the implementation of innovative, sustainable programs and the advancement of the understanding of the importance of early care and learning among all Californians, all young children in the State of California will reach age five physically and emotionally healthy, learning and ready to achieve their greatest potential in school."

First 5 California Core Values Statement

"Demonstrate, in our daily activities, that we are committed to serving all the youngest children of California, inclusive of those from diverse backgrounds and abilities, by providing accessible, family-friendly, culturally competent, quality childhood services and programs designed to help them achieve School Readiness."

Summary of First 5 California Guiding Principles

To guide its work, First 5 California developed the following Guiding Principles. These principles are intended to be overarching statements that guide all Commission activities and responsibilities.

I. Support families as children's primary caregivers and first teachers.

II. Ensure that families from all of California's culturally, linguistically, and geographically diverse populations, including those with disabilities and other special needs, can connect to a system of services that is easy to access, use and understand.

III. Promote policy enhancements and system changes that will support the healthy development and school readiness of all California children.

IV. Incorporate the highest quality standards for programs; utilize research to support promising and best practices.

V. Focus on results, using results-based assessments and evaluations of local and state programs and strategies.

VI. Promote collaboration and partnerships, particularly with the County Commissions, across all family support systems to enhance families' ability to access those systems from any one point for all needed services.

First 5 California School Readiness Goals and Results to Be Achieved

The State Commission has established the following five goals to achieve school readiness for each of California's children. Each of these goals is being pursued under the Guiding Principles and Principles on Equity with a commitment to ensuring that each program implemented is designed to be inclusive of all of California's culturally, linguistically, and geographically diverse populations, including those with disabilities and other special needs.

- *Goal 1: Early Childhood Learning and Education.* Increase the quality of and access to early learning and education for young children aged 0-5.
- *Goal 2: Early Childhood Health.* Promote the prevention, early identification of and intervention in health and developmental issues.
- *Goal 3: Parent and Community Education.* Promote the importance of quality early care and education for young children by providing information and tools to parents, caregivers, schools and communities.
- *Goal 4: Tobacco Cessation.* Contribute to the decrease in the use of tobacco products and other harmful substances by pregnant women, parents and caregivers of young children.
- *Goal 5: Organizational Effectiveness.* Ensure programs and resources are utilized and managed in the most effective manner and in accordance with state laws and regulations.

To establish a strong and clear agenda of accountability and learning, the State Commission authored and adopted (on March 16, 2000) a document, *Results to be Achieved*, that has provided a framework for developing the State and County Commission strategic plans and evaluation efforts. The document provides examples of short- and long-term results and indicators for the following four result areas to achieve school readiness for each of California's children:

- Improved Child Development: Children Learning and Ready for School
- Improved Child Health: Healthy Children
- Improved Family Functioning: Strong Families
- Improved Systems of Care: Integrated, High-Quality, Consumer-Oriented, Culturally Appropriate, and Easily Accessible Programs and Services

PRINCIPLES ON EQUITY

Recognizing significant gaps and disparities in the provision of services for children and their families and in educational, health, and other outcomes, First 5 California adopted a resolution in 1999, demonstrating its commitment and leadership in taking proactive steps to ensure that California children and their families from diverse populations, including children with disabilities and other special needs, are an integral part of the planning and implementation of Proposition 10. In 2000, First 5 California established the Advisory Committee on Diversity to serve as its policy advisors on issues related to diversity and equity. This Advisory Committee developed the Principles on Equity to be used as a guideline to ensure that the programs and services established and supported by Proposition 10 funds are both culturally and linguistically competent and inclusive in serving children with disabilities and other special needs. The Principles on Equity address four important areas: (1) Inclusive Governance and Participation, (2) Access to Services, (3) Legislative and Regulatory Mandates, and (4) Results-based Accountability. The Advisory Committee approved the Principles on Equity on June 29, 2001, and the Commission formally adopted the Principles on October 18, 2001, as a component of the Guidelines for the County Commissions and for First 5 California activities, decisions, and program designs. (See Appendix A.)

FIRST 5 CALIFORNIA STRATEGIC PLAN AND GOALS

The First 5 California Strategic Plan for fiscal years 2003-04 through 2006-07 is designed to guide First 5 California toward the achievement of the goal of school readiness for all of California's children. In the plan, and within the school readiness framework, the Commission has identified three strategic goals that focus on the key components of school readiness and an additional goal that targets the impact of tobacco on California's children. These four programmatic goals, listed above, provide the structure for current and future initiatives that are moving First 5 California closer to realizing its vision that "all young children in the State of California will reach age five physically and emotionally healthy, learning and ready to achieve their greatest potential in school."

Using these goal areas, First 5 California has strategically invested funds to help ensure that children are ready to enter school healthy, ready to learn, and able to reach their full potential. First 5 California programs and projects addressing each of these goals are discussed in the following sections.

In furthering the First 5 goals, the State Commission, in partnership with County Commissions, launched implementation of the Power of Preschool Demonstration Projects. The First 5 California Commission also has continued partnerships with the County Commissions on several initiatives, implemented in prior years, which support its school readiness goals: School Readiness Program; Special Needs Project; Kit for New Parents; Comprehensive Approaches to Raising Educational Standards; Family, Friend, and Neighbor Child Caregiver Support Project; Affordable Buildings for Children's Development project; Health Access for All Children (Birth to 5 years of age) Initiative; Early Childhood Oral Health Initiative; Child Care Health Linkages Project; Migrant and Seasonal Farm Workers Project; Safe from the Start Project; and the statewide evaluation.

Additionally, First 5 California continues its commitment to efforts that diminish and eliminate the damaging effects of tobacco products on California's young children. Through targeted outreach strategies, parental education, prenatal education, and the funding of cessation helplines, First 5 California promotes the concept that a tobacco-free environment plays a vital role in ensuring the healthy development of California's children.

The First 5 California Commission also provides revenue support to counties, such as technical assistance, augmenting allocations, matching funds, fiscal analysis and forecasting, and research and evaluation activities that support program development and program improvement and identify best practices.

GOAL 1: EARLY CHILDHOOD LEARNING AND EDUCATION INITIATIVES AND PROJECTS

During 2005-06, First 5 California implemented or continued several projects that target early childhood learning and education. These include the School Readiness Program; Special Needs Project; Migrant and Seasonal Farm Workers Project; Family, Friend, and Neighbor Child Caregiver Support Project; Comprehensive Approaches to Raising Educational Standards (CARES); Child Development Permit and Training and Technical Assistance Project; Power of Preschool (PoP) Demonstration Projects; and Affordable Buildings for Children's Development (ABCD) project. These projects are described below.

School Readiness Program

The School Readiness (SR) Program is the centerpiece of First 5 California's work with children ages 0-5 and their families. The purpose of the SR Program is to improve the ability of families, schools, and communities to prepare children to enter school ready to succeed. Since its inception, the SR program has funded a total of 206 applications, with all 58 counties participating. The locally funded programs, tailored to serve the needs of a particular community, operate in neighborhoods served by schools primarily in the lowest 30% (scores of 1 to 3) on the Academic Performance Index (API). Statewide, the schools/communities targeted by the SR Program serve children and families with striking characteristics:

- 77% are Latino.
- 58% are English learners (predominantly Spanish-speaking).
- 67% reside in low-income households.

The $413-million SR Program approved in 2001 has provided a variety of direct services and supports for California's youngest children and their families, including early education programs with kindergarten transition activities, parenting education, health insurance enrollment and access to ongoing health care, oral health screening and treatment, family literacy programs, and nutrition education and assessments. It is the First 5 State Commission's signature program and the primary means of achieving its overarching goal of school readiness. The

Commission's allocation of $206.5 million over a 4-year period required collaboration and a 1:1 cash match from the County Commissions and/or their local partners. This financial commitment helps to ensure that school readiness becomes an integral part of California's education, health care, and family support systems.

In October 2005, the Commission reaffirmed its commitment to school readiness by approving an additional 4-year funding commitment of $51.7 million per year to continue its support of the SR Program for a second cycle (Cycle 2). This commitment is designed to sustain current funding levels for school readiness efforts, coupled with the Commission's continued interest in and support of rigorous evaluation, which now will include a longitudinal study of the impact of the SR Program on participating children and families statewide. County Commissions request these additional funds through a reapplication process, which provides the State and County Commissions with an opportunity to assess funded programs and local school readiness activities and to make appropriate improvements to support continued and increased effectiveness.

The Five Essential and Coordinated Elements of School Readiness

A primary function of the SR Program is to coordinate the effective delivery of high-quality direct services and support for California's youngest children. Accordingly, local SR Programs are restructuring and improving the delivery of high-quality early care and education, health, and social services; promoting parental education/involvement and support; and improving schools' readiness for children through family-friendly programs in school-based or school-linked settings. First 5 California and the SR Programs have adopted the National Education Goals Panel (NEGP) definition of school readiness:

- Children's readiness for school
- Schools' readiness for children
- Family and community supports and services that contribute to children's readiness for school success.

The three parts of the NEGP definition are the framework for the five Essential and Coordinated Elements required for every SR Program. These elements support the reciprocal nature of readiness in children, families, schools, and communities:

1. Early care and education (ECE) with kindergarten transition strategies, including improved access to high-quality ECE for children, and improved implementation of effective practices through parent education and involvement and training of all types of ECE providers.
2. Parenting and family support services, including services to improve literacy and parenting skills, home visitation, employment development, and family court services.
3. Health and social services, such as health plan enrollment (including insurance retention and utilization), provision of and/or referral to basic health care (e.g., prenatal care, services for children with disabilities and other special needs, oral health, and nutrition), comprehensive screening and assessment, mental health counseling (including screening, assessment, referral, and treatment), health education and promotion, and others.
4. Schools' readiness for children, including kindergarten transition strategies, articulation of ECE and kindergarten standards and curriculum, outreach to parents, kindergarten transition programs, cross-training for ECE providers and elementary teachers, and coordination of support services and assessments.
5. Program infrastructure, administration, and evaluation, including coordination across the five elements, staff training, transportation, and evaluation for program improvement.

EXHIBIT 1-2

Mapping of SR Essential and Coordinated Elements to the First 5 Result Areas

SR Five Essential and Coordinated Elements	Four Result Areas in the New Statewide Evaluation Framework
1. Early Care and Education	1. Result Area: Improved Child Development
2. Parenting/Family Support Services	2. Result Area: Improved Family Functioning
3. Health and Social Services	3. Result Area: Improved Child Health
4. Schools' Readiness for Children	4. Result Area: Improved Systems of Care
5. Infrastructure, Administration, and Evaluation	4. Result Area: Improved Systems of Care

Each SR Program must continue to address each of the Essential and Coordinated Elements of School Readiness in the program's design. Furthermore, the five Essential and Coordinated Elements have been aligned to the four result areas in the new statewide evaluation framework and the reporting requirements for the 2006-07 Annual Report (see Exhibit 1-2).

Cycle 2 SR Programs build on Cycle 1 SR Programs' successes and require County Commissions to continue to design programs that incorporate the following SR Program guiding policies:

1. Continued emphasis on First 5 and school readiness fundamentals
2. Maintenance of effort in existing SR school communities
3. Implementation of evidence-based practices
4. Full participation in the statewide evaluation
5. Collaboration among local and state First 5 programs and projects
6. Compliance with the First 5 financial management guide
7. Use of county coordination funds within permitted parameters
8. Implementation of the Small County Augmentation Project
9. Submission of timely and accurate annual SR program and fiscal reports
10. Full compliance with State Commission fiscal, program, and evaluation policies

Through the SR Programs, California's communities link early care and education settings to neighborhood school sites, as well as provide services at or near schools or through outreach or mobile delivery strategies. The SR Programs act as local school readiness service sites or systems, as well as teaching centers for other communities and test sites for evaluation and research purposes. Preliminary results from the Cycle 1 SR Program evaluation show that SR Programs are targeting the very children who are most in need of services and supports. With SR Programs now firmly in place in every county in the state, First 5 California has built a solid foundation for helping children achieve school readiness to their greatest potential.

Special Needs Project

The First 5 California Special Needs Project (SNP), approved in 2003 for $20 million over 5 years, supports children with disabilities and other special needs and early childhood mental health. The goal of the SNP is to strengthen the School Readiness Program and other First 5 programs by demonstrating and disseminating effective practices for programs and systems serving young children with disabilities and other special needs. The project emphasis areas include universal access to screening for early identification, diagnoses, and referrals; improved access to and utilization of services and supports; inclusion of young children with disabilities and other special needs in typical child care and other community settings; and evaluation to identify effective practices and to improve programs.

Implementation of the SNP in 10 demonstration sites began with extensive training, coordination, and support to develop a system of comprehensive developmental screening in each service area. The sites are in the following counties: El Dorado, Los Angeles, Mendocino, Merced, Monterey, Orange, Riverside, San Diego, San Francisco, and Sonoma. Funding for the project includes an award up to $1 million for 4 years for each demonstration site, with a required 1:1 match from local funds. Funding for the sites ends in November 2008.

Supported by the Coordination and Training contractor, California Institute on Human Services (CIHS), located at Sonoma State University (SSU), and the Program Evaluation contractor, SRI International, the 10 SNP demonstration sites have implemented the SNP Screening and Service Protocol; established systems for screening and referrals; begun to develop enhancements to their services

for children and families, including inclusive opportunities; and participated in required evaluation activities.

The statewide evaluation team at SRI International worked closely with State Commission staff and CIHS to plan and coordinate the Special Needs Project evaluation. SRI, in conjunction with its partner CS&O, created the SNP module in the Proposition 10 Evaluation Data System (PEDS). This module is designed to collect data on developmental and health screenings, referrals to assessments and services, assessment results, and services received. The module supports service delivery as well as evaluation. SRI staff trained key demonstration site staff in data collection, data entry, data confidentiality procedures, and use of data for local planning and program improvement.

Positive outcomes identified in the first-year evaluation findings include the following:

- All 10 demonstration sites conducted comprehensive developmental screenings using a carefully selected protocol of four tools for screening health, developmental, and social-emotional needs.
- 2,553 children were screened from July 1, 2005, through June 30, 2006.
- 82% were Latino and 67% were Spanish-speaking.
- 69% were 3 years old or younger.
- 59% had no concerns or risk factors.
- 22% had no developmental concerns but risk factors were present.
- 19% had developmental concerns.
- 31% of the screenings took place in the family home, 22% in early intervention classrooms or centers, 17% in preschools, 17% in family resource centers, and 14% in other locations.
- The majority of screenings (58%) were conducted by paraprofessionals; 19% of screenings were conducted by early intervention specialists and 11% by early childhood teachers.

The project's many accomplishments since its implementation include the following: a large number of SNP team members and community partners have been trained in the use of the screening and service protocol; a variety of models for screening and service systems are in place; sites are effectively using Child Study Teams to make appropriate referrals and provide interventions; systems at the sites include an array of community programs and resources; and children are beginning to receive integrated services and inclusive preschool placements.

A variety of strategies have been used to meet and exceed project goals to enhance the system of support for children with disabilities and other special needs. Highlights include ongoing and close training and technical assistance by CIHS-SSU and SRI International staff, including large-group and individualized training and coordination opportunities; facilitation of Design, Leadership, and Community Action Planning Team meetings at each site; multiple opportunities for teams and experts to connect, including network and coordinator meetings, virtual conferences, conference calls, and newsletters; coordination opportunities and planning with other First 5 projects, including School Readiness, PoP, and CARES; and the design and use of multiple ongoing monitoring and self-evaluation tools and data reports to guide accountability, future planning, and direction at each site.

Year 1 evaluation findings identified several successful implementation strategies on which SNP and other School Readiness programs continue to build. Successful strategies included developing clear goals and monitoring systems at each site for the developmental screening and referral system; using data reports and other monitoring tools effectively to guide outreach and services for underserved client groups; developing clear policies and procedures for parent/family involvement; enhancing screening and service systems by expanding community partnerships; developing and following detailed site implementation plans, project performance indicators, and training and technical assistance plans; and sharing findings and building support through training, coordination, and dissemination.

Migrant and Seasonal Farm Workers Project

The First 5 California Migrant and Seasonal Farm Workers Project continues to reach and serve many migrant children and their families who otherwise might go unserved. This project focuses on improving preschool and parental educational opportunities for California's migrant population. The project was approved by the First 5 California Commission in June 2003 for $10 million over 4 years, and began in October 2003. The project consists of two program components: the MEES (Migrant Education Even Start) and LUPE (La Union del Pueblo Entero) programs. Both programs already had established relationships and expertise in working with migrant and seasonal farm workers.

In its fourth year, the MEES component of this project exceeded its goals for increasing the availability of early childhood education and parent education services for migrant farm worker children, parents, and caregivers. It established 99 new program sites that were fully funded and 32 sites that were partially funded by First 5 California in

23 regions with large migrant populations throughout the state. The MEES program also provided services to 7,224 migrant and seasonal farm worker children and parents.

This year, the LUPE component of the project also expanded and further strengthened its outreach activities. LUPE delivered its Nuestros Hijos Primero (NHP) program with the help of parents who had participated in the program in the past. These parents delivered the program's curriculum to approximately 600 farm worker parents in eight counties in the Central Coast and Central Valley. In addition, the curriculum was revised to reflect evaluation findings and input from former students.

LUPE continued to use door-to-door outreach as a successful method to promote basic parenting concepts to families in hard-to-reach labor camps and rural indigenous communities. LUPE organizers continued to work with local organizations to assess the extent of need for these outreach programs.

In November 2005, LUPE organized its first all-day symposium for farm worker parents delivered entirely in Spanish. The program was supported by First 5 California and Hartnell College.

First 5 California Family, Friend, and Neighbor (FFN) Child Caregiver Support Project

The goal of the Family, Friend, and Neighbor (FFN) Child Caregiver Support Project is to improve the quality of care for young children in California by providing supports, resources, and information to FFN caregivers and to enhance professional development in early care. Family, Friend, and Neighbor caregivers are those who provide child care, with or without state subsidies, without being required to be licensed or to meet any specified qualifications. At its January 2002 meeting, the State Commission approved $10 million over 4 years for the FFN Child Caregiver Support Project.

Educational television program. In focus groups designed to obtain information on this population, one of the main items FFN caregivers expressed an interest in was an educational television program for child caregivers on PBS. At its March 2004 meeting, the State Commission approved a $4-million, 1-year funding request to PBS station KCET in Los Angeles for the development and production of a new PBS program through KCEd, "A Place of Our Own"/"Los Niños en Su Casa," that consists of broadcasts, websites, and outreach/training throughout California. In 2005, the State Commission approved another $4-million, 1-year funding request to KCET for production of a second season of "A Place of Our Own"/ "Los Niños en Su Casa."

The daily program airs statewide and is produced in both English and Spanish. In the second season, 130 additional programs were produced (65 in each language), for a total of 270 programs over the last 2 years. The programs are talk shows designed to target parents, grandparents, friends, babysitters—anyone who frequently takes care of young children. They provide early-learning teaching strategies and child development information for home-based child caregivers, with a focus on the FFN population. The series offers viewers advice and tips on topics such as building language and literacy skills, behavior, special needs, and nutrition. In the second season, KCET responded to feedback from its Circle of Advisors and the State Commissioners, and developed 17 additional programs focused on children's health and 12 episodes focused on children with disabilities and other special needs, including children with autism and developmental delays.

Over the past year, KCET and First 5 California have been recognized by several awards for these two programs, as well as their related websites and trainings. The most prestigious of these is the George Foster Peabody Award, presented annually by the University of Georgia. The Peabody Award is the oldest and most distinguished award in television and radio and must be selected by a unanimous vote of the judging panel. This year, the panel received more than 1,000 entries and granted 32 awards. In addition, both series have been nominated for Los Angeles area Emmys; the series won in the category of "Best Informational/ Public Affairs Series" in 2005 and was just nominated for a 2006 award. "Los Niños en Su Casa" is the first Spanish-language series to win in the public affairs category. In addition, the series and their websites won Parents' Choice Recommended Awards, as well as a nomination for the Imagen Awards, which recognize achievements in the Latino community.

During fiscal year 2005-06, "A Place of Our Own"/"Los Niños en Su Casa" reached just over 5.6 million viewers and 3 million households statewide. This is growth of 50% over the same period in the first season (2004-05). The demographics of the viewing audiences of both shows are summarized in Exhibit 1-3.

During Season 2, KCET also developed four additional workshops for child care providers: Storytelling, Preventing Childhood Obesity, Working with Children with Special Needs, and Using Media with Children. In collaboration with PBS stations and community partners, 300 workshop sessions were implemented statewide from September 2005 to September 2006.

EXHIBIT 1-3

Viewer Demographics, by Program

Viewer Demographics	A Place of Our Own	Los Niños en Su Casa
Household incomes of less than $40,000	49%	64%
Education levels of a high school degree or less	35%	56%
Latino viewers	44%	77%
African-American viewers	15%	13%

More than 2,193 providers and parents participated in these workshops, affecting approximately 8,500 children who were in their care. More than 92% of the workshop participants said they were very likely to use what they had learned at home.

Evaluation data collected on workshop participants suggest that the workshops reached the intended audience:

- 30% of the participants identified themselves as child caregivers (babysitter, nanny, family member receiving pay, family member not paid, or student).
- 14% of the participants identified themselves as home child care providers.
- 56% of the participants identified themselves as parents.
- 25% of the participants who attended the English language workshops identified themselves as African-American.
- 47% of the participants identified themselves as Latino/Hispanic.
- 77% of the participants reported that their total annual household income was under $35,000.

In addition to the training workshops, KCET also piloted two other ways to engage parents and providers in this second season. The websites (www.aplaceofourown.org and www.losninosensucasa.org) both offered moderated message boards this year for parents and providers to discuss child care issues and share thoughts, and new "Active Learning" sections, which include all the materials from the workshops in downloadable form, as well as a child care provider workbook that allows parents and providers to self-assess skills. KCET also entered into a collaboration with Long Beach City College to offer an online course in Family Child Care.

First 5 California's funding for program year 2005-06 included a review process to determine whether the project is reaching the target audience and obtaining desired outcomes. At least 80% of studied viewers reported increased knowledge in building literacy skills, preventing and caring for diabetes, and identifying children with special needs. Viewing the series also led to greater parent and provider awareness that there is always more to learn about good child care practices.

Other FFN activities. First 5 California also is continuing to support FFN caregivers through several other initiatives (School Readiness Program; Comprehensive Approaches to Raising Educational Standards, or CARES, with its new FFN Track; and Kit for New Parents Language Adaptation).

Comprehensive Approaches to Raising Educational Standards (CARES)

This initiative aims to improve the quality of early learning programs by increasing professional development and educational levels of participating teachers and providers and reducing high staff turnover in the early education and child care field. Nationally, more than half of children under the age of 5 are in nonparental care while their parents work. Research has found that teachers with bachelor's degrees and specialized training in child development provide young children with the best preparation to succeed in kindergarten. Although money has been invested in early childhood staff training programs, these rarely lead to pay raises or offer sufficient incentives for providers to stay in the field. Sites that pay better wages experience double the retention rates of other sites. Frequent staff turnover impedes the formation of nurturing relationships and their benefits to children. Strategies are needed for both increasing education and professional development and reducing turnover.

In an effort to address the statewide need for a qualified and stable early learning workforce, First 5 California Children and Families Commission conducted a 5-year matching-funds pilot program that began in 2000 and continued through June 30, 2005. During the 5 years of this project, 47 County Commissions joined the effort, with the matching funds supporting local programs addressing professional development and retention of family child care providers and center-based teaching staff and directors through incentives and supports. The pilot phase of the project was successful, with approximately $155.2 million total investment in the project from July 2000 to June 2005 ($33.3 million First 5 California funds and the rest matching funds on a 4:1 basis for large counties and 2:1 for small counties).

The project supports a diverse workforce by reaching out to a variety of early learning professionals. More than 56,502 stipends or benefits were issued during the first 5 years of the program. Many of these teachers and providers served infants/toddlers, children with disabilities and other special needs, and children whose primary language was not English.

Based on evaluation findings from the pilot phase, continuation of the project was approved by the State Commission with an additional investment of up to $30 million for July 2005 through January 2009, with several program modifications for Round Four. The latest round of funding provides for matching funds to First 5 County Commissions for local CARES programs that meet First 5 criteria, continuation of funding to the Child Development Training Consortium for support and training on permits and CARES, and funding for database support and program evaluation. Several program modifications based on program evaluation findings, County Commission annual reports, and recent State Commission priorities (e.g., Family, Friend, and Neighbor Support Project and Power of Preschool) also were approved. The significant program changes include the following:

- Place an increased emphasis on professional development and education while still requiring retention.
- Delineate five professional development tracks to encourage programs to provide training and supports to caregivers along the entire continuum of care: (1) Family, Friend, and Neighbor (FFN); (2) Entry Level; (3) Permit; (4) Degree; and (5) Professional.

First 5 now has CARES programs in 44 counties and has invested $31.7 million ($6.9 million First 5 California funds and $24.8 million in local matching funds) in the early learning workforce in fiscal year 2005-06. All 44 participating counties will have FFN, Entry Level, and Permit early care and education professional development tracks; 34 County Commissions will have a Degree professional development track; and 27 County Commissions will have a Professional development track as part of their CARES programs. The project also will provide technical assistance and training on early care workforce issues to CARES grantees, including Professional Growth Advisors who recruit and advise early care and education providers on their professional development.

As a result of their participation in the CARES program during 2005-06, 281 providers obtained an A.A. degree, 287 obtained a B.A. degree, and 54 obtained a graduate degree.

In January 2005, First 5 California contracted with Lodestar Management/Research to conduct a statewide evaluation of CARES for fiscal years 2003-04 and 2004-05 to determine the effectiveness of county-based CARES programs. Key findings from the evaluation are shown in Exhibit 1-4.

These evaluation findings demonstrate that CARES county programs were successful at recruiting and serving the intended target population with incentives to help increase access to education and professional development training for California's early care and education workforce.

EXHIBIT 1-4

Key Findings of CARES Statewide Evaluation

Program Participants

- 14,163 early care and education providers participated in CARES programs across 39 counties between July 2003 and June 2005 (10,834 participants in 2003-04 and 10,204 participants in 2004-05).
- 98% of participants are female.
- On average, participants have been working in the child care field for 11 years.
- Those who are newer to the field tend to have less formal education than more experienced staff.

Work Environments and Children Served

- Approximately 80% of CARES participants work in a center-based child care setting, and approximately 20% work in family-based child care settings.
- One-third of participants work with a child with a disability or other special need.
- Half of the CARES participants reported working with children who speak only Spanish.

Child Development Permit, Wages and Stipends

- One-third of participants reported having a Child Development Permit when they entered the CARES program.
- The average wage of participants in the CARES program is $13.00 per hour.
- The total number of stipends awarded in 2004-05 was 12,989.
- In 2004-05, the average total stipend was $1,619.12, with stipends ranging between $50.00 and $6,000.00.

Early Care and Education Training and Professional Development

- On average, participants entered the program with 9 Early Childhood Education (ECE) units.
- 6,640 participants completed at least one ECE course while in the program.
- 64% of coursework completed by participants was in the area of Early Childhood Education.
- On average, participants completed 42 hours of professional development.

CARES Child Development Permit and Training and Technical Assistance Project

Approved by the First 5 California Commission originally in February 2002 and again in 2005 for an additional 3 years, this project supports (1) the professional development of early care and education staff by paying the permit application and fingerprint processing fees required to obtain a Child Development Permit for first-time, renewal, and upgrade applications; and (2) training and technical assistance to support the stability and professional development of individuals affiliated with California's early learning workforce, in particular the CARES program administrators and their partners.

The number of people applying for Child Development Permits in California annually increased from 4,065 to 7,583 (an 87% increase) from the year prior to the project (1999-2000) to 2005-06.

Of the 3,457 permits processed using First 5 funds in 2005-06:

- 1,389 (40%) were for CARES participants.
- 24% were from providers serving communities with high-priority schools (those with API scores of 1 to 3), with an additional 20% from providers serving communities with schools with API scores of 4 to 5.
- The applicants were ethnically diverse: African-American (8%), Latino (36%), and white (35%).
- 42% of applicants stated that they worked with children with disabilities and other special needs.
- The majority of applicants were teachers (34%) and assistants/aides (28%).
- Of all the applicants, 277 (8%) were licensed family child care providers.
- Of the total permits, 68% were new applications, 24% upgrades, and 7% renewals.

Many training and technical assistance activities to support this project occurred during the 2005-06 fiscal year. These activities ranged from managing a telephone hotline and website for CARES administrators and community partners to organizing the annual CARES conference. During this fiscal year, 116 telephone hotline calls were received. Assistance offered included answering questions about CARES requirements, navigational support for the technical assistance website and for entering data into the CARES database, a registry of online courses, sharing of best practices from other programs, and referrals to other sources of information.

The CARES technical assistance website had 26,556 visitors from July 2005 to June 2006. The pages most often visited were individual county data pages, the calendar of events page, and the resource page. Several tools, such as search boxes and contact lists, were added to the website during fiscal year 2005-06 to better facilitate finding information and networking.

The web discussion list hosted 248 participants in fiscal year 2005-06 (including CARES administrators, First 5 County Commissioners, college instructors, and other partners). Some of the 36 topics discussed included outreach and services for Family, Friend, and Neighbor (FFN) providers; how to implement degree tracks; how to receive ECERS trainings and use ratings; Continuing Education Units (CEUs) and their compatibility with CARES requirements; CARES and infant/toddler supports; proposed modifications to the CARES database; wording of special-needs questions on CARES applications; acceptable majors for BA degrees that meet CARES requirements; and Degree Track requirements.

Five regional meetings were convened in 2005-06. One was held in Southern California (17 participants), two in the Central Valley (25 participants and 17 participants), one in the Northwest area (20 participants), and one in the Sacramento/Northeast area (22 participants). Additionally, there were four conference calls regarding developing a CARES Advisor Track (52 participants), combining AB 212 and CARES as a seamless program (45 participants), Head Start and CARES collaborations (51 participants), and orientation for new CARES administrators (11 new administrators).

Finally, the annual statewide CARES Conference was held in March 2006 with 182 participants in attendance. Workshop topics included innovative collaborations to support FFN caregivers; creating access to higher education at all educational levels; building successful community coalitions, including business leaders, for early childhood programs; and the CARES database and evaluation: How to get the most out of your data.

Power of Preschool

Scientific research consistently shows that children who attend high-quality preschools do better in reading and math throughout their school years, are less likely to need special or remedial education or be held back, are more likely to graduate from high school and attend college, and have less involvement in crime and fewer teen pregnancies. Yet fewer than half of California's children come to kindergarten with preschool experience.

On the basis of this research, in July 2003 the First 5 California Children and Families Commission allocated $100 million over the next 5 to 7 years to fund First 5 Power of Preschool (PoP) Demonstration Projects. The First 5 California Commission's allocation to PoP requires collaboration and a significant fiscal contribution from County Commissions and/or their local partners. This financial commitment will help to ensure that making high-quality preschool more accessible to children and families becomes integrated into local systems change efforts.

The PoP Demonstration Projects are part of a larger First 5 California Commission PoP Initiative that includes media and policy efforts, as well as Planning Projects and Technical Assistance Projects for First 5 County Commissions. The purpose of the PoP Demonstration Projects is to provide a clearly understood, well-researched policy blueprint for school readiness that will be supported through the foundation provided by the First 5 School Readiness Program, the Special Needs Project, the Comprehensive Approaches to Raising Educational Standards program, and the Health Access for All Children Initiative. The PoP allocation provides $90 million to the County Commission PoP Demonstration Projects for funding new and improved preschool spaces in school districts, cities, and countywide systems. The remaining $10 million is being used to support quality improvements for the PoP Demonstration Projects, such as providing incentives for workforce development, administration and monitoring, training and technical assistance, and evaluation.

Purposes of the First 5 PoP Demonstration Projects. The First 5 PoP Demonstration Projects will further implement the school readiness vision of First 5 California, that California's children will be healthier and better prepared to reach their greatest potential in school and in life, by:

1. Demonstrating the impact of voluntary preschool for all 4-year-olds (or 3- and 4-year-olds) in a limited number of counties, cities, and school districts representing California's linguistic, cultural, and geographic diversity.
2. Providing a "learning lab" for coordinated strategies building on the existing early care and education systems, cost and financing models, and partners to implement high-quality preschool programs in diverse settings.
3. Reducing disparities in outcomes by effectively addressing the linguistic and cultural diversity of California's children and their families and providing programs inclusive of children with disabilities and other special needs.
4. Inspiring public will to expand preschool for all California children and fully implement the California Master Plan for Education preschool recommendations.

The foundation for the PoP Demonstration Projects has been established by the school readiness recommendations of California's Master Plan for Education (2002) and by the Universal Preschool Task Force Report (1998). The First 5 PoP Demonstration Project criteria will provide a common framework for quality standards and financial and policy commitments.

Accomplishments and collaborative efforts. First 5 California is working collaboratively with the First 5 County Commissions; First 5 Association; David and Lucile Packard Foundation and its grantees, such as Preschool California; the California County Superintendents Educational Services Association; legislators and staff; and stakeholders' groups to develop policy implementation guidelines for beginning PoP Demonstration Projects. The accomplishments of this development process are:

1. First 5 State and County Commission actions:
   - First 5 California has allocated more than $68 million over 5 years to nine Power of Preschool (PoP) Demonstration Projects.
   - PoP Demonstration Projects have been funded in nine counties as of March 2006: Los Angeles, Merced, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, Ventura, and Yolo Counties.
   - Local County Commission contributions to PoP are approximately $404 million.
   - The projected total number of children to be served through year 5 is 85,000.
   - PoP Network meetings brought together representatives from each demonstration project (December 2005, February 2006, April 2006, June 2006).
   - Approval of 11 PoP Planning Projects, $50,000 per PoP Planning Project (July 2004).
   - Approval of technical assistance for PoP Planning Projects (July 2004) and for support of broad PoP planning efforts in interested First 5 County Commissions (January 2005).
   - Meetings with California Department of Education's Child Development Division and with Packard Foundation staff, Preschool California, and other grantees.

- The PoP Collaborative (consisting of First 5 California, the First 5 Association, County Commission representatives, and the Packard Foundation with Preschool California and other grantees) provided a forum for discussing areas of complementary efforts in program development, research, and stakeholder information sharing.

2. PoP Demonstration Project sites' accomplishments:
   - 1,700 children were served in four counties (San Joaquin, San Mateo, San Francisco, and Los Angeles) between November 1, 2005, and June 30, 2006.
   - In the three counties reporting this subset of information, 63% of children were English learners and 7% were children with special needs.
   - Preschool settings. Participating children received preschool experiences in the following types of child care settings:
     - 80% of the children received care in improved spaces, enhanced publicly subsidized preschool spaces, including Head Start, State Preschool, general child care, and some family child care homes.
     - 20% of the children received care in newly funded spaces, which are spaces that do not receive federal or other state subsidies, specifically: 18% in public and private centers and 2% in family child care homes.
   - Teacher qualifications. The PoP Demonstration Projects base their per child reimbursement amount on three levels of teacher qualification, an important indicator of preschool quality. Of the approximately 1,700 children served in fiscal year 2005-06:
     - 39% (660 children) were taught by Advancing Level Teachers (the master teacher must have 60 units of college-level work or an AA with 24 units of college-level work in early childhood education [ECE], including 16 general education units; and the assistant teacher must have 12 units of college-level work in ECE and 18 general education units).
     - 35% (605 children) were taught by Quality Level teachers (the master teacher must have a BA plus 24 ECE units, or ECE or Multiple Subject teaching credential, or be a Child Development Permit Matrix Program Director; and the assistant teacher must have an AA degree or equivalent coursework in a BA program with appropriate ECE credits).
     - 26% of the children (440 children) were taught by Entry Level teachers (the master teacher must have 24 units of college-level work in ECE, including core ECE courses and 16 general education units; and the assistant teacher must have 6 units of college-level work in ECE).

The ABCD Project

In October 2003, First 5 California approved $3 million to be used over 3 years for the Affordable Buildings for Children's Development (ABCD) project. The ABCD project proposes several strategies to increase the number and quality of child care facilities in California, including development of a financing system for the construction and upgrade of preschool and child care facilities. The First 5 California funding specifically supports Constructing Connections, an ABCD strategy to increase the expertise of child care center operators and intermediaries in facilities development and to foster collaboration between the early childhood education and economic development sectors. Six communities were selected in 2004 to plan and construct facilities by gathering a coalition of community stakeholders to develop processes and build local capacity to finance and construct child care centers. Four additional communities were selected in 2005, and a learning community has been established to provide them with training and access to technical assistance resources of the ABCD project. The goal of the ABCD project is to produce 15,000 new licensed child care spaces over the next 5 years.

GOAL 2: EARLY CHILDHOOD HEALTH INITIATIVES AND PROJECTS

First 5 California has addressed the goal of early health through three efforts: the Child Care Health Linkages Project, Early Childhood Oral Health Initiative, and Health Access for All Children. These projects and initiatives are described below.

Child Care Health Linkages Project

An important aspect of school readiness is to link the services of health agencies with child care programs to improve the health and safety of child care environments and identify children at risk for behavioral and physical health problems before they enter kindergarten. Between September 2001 and June 2006, First 5 California committed approximately $10 million to the Child Care Health Linkages Project, whose goal is to link child care and health professionals to improve the health and safety of children ages 0-5 attending out-of-home child care facilities, including child care centers, family child care homes, and informal child care settings.

The Child Care Health Linkages Project (also known as the California Childcare Health Program) provides child care health consultation services and an educational curriculum for child care and health professionals, and supports county-level health consultation programs. More than 80 Child Care Health Consultants (primarily nurses) and 100 Child Care Health Advocates (early childhood educators) were trained during the first 3 years of the project. During fiscal year 2005-06, the Child Care Health Linkages Project extended its training programs to the staff and partners of the more than 200 local First 5 school readiness programs. In conjunction with the Regional Technical Assistance Coordinators, seven trainings were conducted in five regions, reaching nearly 150 child care and health professionals affiliated with the school readiness programs. The comprehensive health and safety training curriculum for the Child Care Health Consultants and Advocates is available at no cost on the project website (www.ucsfchildcarehealth.org). The curriculum is available in both English and Spanish.

As another means to sustain the project, the project staff were successful in having the Child Care Health Advocate curriculum incorporated into an early childhood education course at two community colleges (Santa Rosa Junior College and Pasadena City College).

The Child Care Health Linkages Project produced and disseminated the *Asthma Handbook for Early Care and Education Providers* and other support materials in collaboration with the California Emergency Medical Services Authority and California Department of Health Services. The project distributed 2,500 copies of the asthma packets to First 5 programs, child development providers, Head Start programs, State Preschools, and other agencies. The *Asthma Handbook* was recently translated into Spanish (*Manual de información sobre el asma*) with the assistance of the California Department of Health Services. Both versions of the *Asthma Handbook* are available on the project website.

In addition, the project developed an oral health curriculum for health and early childhood providers working with young children. This six-module curriculum is also available on the project website.

Early Childhood Oral Health Initiative

In November 2002, First 5 California approved $10 million to support the Early Childhood Oral Health Initiative. The goal of the initiative is to significantly reduce the incidence of dental decay in young children through age 5. The Early Childhood Oral Health Initiative (also known as First Smiles) is composed of two major projects:

- The Oral Health Education and Training Project, funded for $7 million over 4 years, is being conducted through a joint effort between the California Dental Association Foundation and the Dental Health Foundation. The Education and Training Project started offering a series of training programs in December 2004. More than 2,000 medical and dental professionals have been trained. The training courses were offered throughout the state in conjunction with professional associations (e.g., dental and medical societies), hospitals, clinics, health departments, and other entities, and through an online course on the project's website (www.first5oralhealth.org). The training curriculum for early child care and education providers and nutritionists/nutrition aides was completed, and these trainings began in spring 2005. The project's consumer brochure, "Healthy teeth begin at birth," continues to be a popular item. The brochure is available in 10 languages and is being widely distributed to First 5 County Commissions and their partners. The brochure is also available online at the project's website and is so popular that it receives more than 12,000 hits per month.
- The Insurance-based Oral Health Demonstration Project, funded at $3 million over 3 years, is conducted through a partnership between First 5 California and the California Managed Risk Medical Insurance Board (MRMIB). First 5 California funds for the Insurance-based Oral Health Demonstration Project have been leveraged and matched (2:1) with federal funds; as a result, the total project budget is $9 million. Working through two dental plans and two county-operated health plans, the Insurance-based Oral Health Demonstration Project awarded funds to 21 operational sites through June 2006. Since their inception, the projects have provided more than 117,000 services to approximately 25,000 young children (67% Latino, 20% white, 3% Asian/Pacific Islander, 2% African-American, 1% American Indian, 7% other). Latino children had significantly more carious lesions at their first visit than non-Latino children at age 3 and older, but not at earlier ages. Almost 3% of the visits were made by children with special needs, 29% of whom had at least one carious lesion.

  The majority of the children served were 3 to 5 years old (51%), but younger children also have been seen; 30% of the children served were ages 0-2 and 19% were age 3. The average age of children seen by projects decreased from 3.68 at the start of the project to 3.21, reflecting a significant change in program practices. Projects employing outreach workers saw children at significantly younger ages and provided a greater

percentage of prevention services than did those who did not employ outreach workers. This fact is important because those children seen by the projects before age 4 were found to have significantly fewer cavities at ages 4 and 5 than those seen by the projects for the first time at those ages.

Of the more than 44,000 visits provided, 84% were conducted by dental providers, 6% by medical providers, and 10% by others (such as promotoras/home visitors). Specific services included screening (31%), prevention (22%), restoration (3%), case management (21%), and education (22%).

These demonstration projects use several innovative strategies, such as the following:

- University of the Pacific's project is training case managers at eight Early Start Regional Centers to integrate oral health into their intake and assessment procedures.
- Open Door Project in Humboldt and Del Norte Counties has trained registered nurses to perform dental screenings and oral health evaluations.
- Children's Oral Health Program in Monterey County has incorporated oral health risk assessments, saliva testing on high-risk mothers, and the use of xylitol products to reduce transmission of bacteria from mother to child.
- Hill Country Project in Shasta County and the Northeastern Rural Health Clinic in Lassen County have their medical providers applying fluoride varnish as part of CHDP examinations. In the Hill Country Project, an Alternative Practice Hygienist provides direct services at Head Start programs.
- The Sister Ann Community Dental Clinic in Napa County is providing preventive oral health visits for pregnant women and their infants.
- The Family Health Centers of San Diego is another project that is extensively using medical personnel. Children meet with a primary care physician and a nutritionist and then are referred to a dental provider and a case manager.

Health Access for All Children (Birth to 5 years of age) Initiative

The First 5 California Commission approved the Health Access for All Children (Birth to 5 years of age) Initiative in October 2003, with a funding level of $46.5 million. The initiative will specifically support:

- Health insurance premiums
- Outreach and health insurance enrollment and retention activities
- Quality enhancement and evaluation activities.

Ninety percent of the investment supports 4-year allocations to the County Commissions to assist with paying for the health insurance premiums to cover the state's approximately 48,000 children birth to age 5 who are ineligible for Medi-Cal and Healthy Families and who have family incomes below 300% of the federal poverty level. The county allocation will require a $4 local cash match to $1 state funding to subsidize premiums for an insurance program that offers a comprehensive benefit package (medical, dental, and vision) that mirrors the Healthy Families program.

The Health Access for All Children Request for Funding (RFF) was released in April 2004 with a 2-year window for qualifying County Commissions to apply for the health insurance premium matching funds. Upon completion of the fifth and final application cycle (May 2006), a total of 23 County Commissions had applied for state matching funds. Collectively these 23 counties account for approximately 70% of the targeted population.

To further assist the smaller and more rural counties, First 5 California funded the Managed Risk Medical Insurance Board to explore the development of a Healthy Families Buy-in option. While still under development, the tentative date for the implementation of the Healthy Families Buy-in program is set for July 2007.

GOAL 3: PARENT AND COMMUNITY EDUCATION INITIATIVES AND PROJECTS

First 5 California has supported parent and community education through the Kit for New Parents, Safe from the Start, and public education campaigns. These projects to promote parent and community education are described below.

Kit for New Parents

In May 2001, First 5 California approved the investment of more than $23 million over 2 years for the implementation of the Kit for New Parents. After preliminary findings from an evaluation by UC Berkeley demonstrated a clear impact on parents' attitudes and behaviors, the Commission approved an additional investment of $20 million to continue the production and distribution of the Kit over the next 3 years. UC Berkeley's final evaluation report indicated that participating parents appreciated and used the Kit and made numerous lasting, positive attitudinal and behavioral changes based on the information provided in the Kit. The

findings were particularly positive for Spanish-speaking parents, who received the Kit in Spanish.

First 5 California, in partnership with County Commissions, has distributed almost 2 million Kits to date. First 5 California funds the production of the Kit, and First 5 County Commissions distribute the Kit through local partners. The Kits are also distributed through First 5 California's 800 number. Kits are currently available in English and Spanish.

The Kit for New Parents is a comprehensive resource for new and expectant parents. The videos and printed materials in the Kit translate recent scientific findings about the importance of the early years in every child's life into practical guidelines for parents' daily interaction with their babies and young children.

The Kit contains six celebrity-hosted videos that provide a wealth of information on raising healthy, self-confident, happy children who are learning and ready to reach their greatest potential. The videos feature the following topics:

- **The First years.** Provides information on the importance of bonding, communication, health, nutrition, and child care.
- **Early literacy.** Describes a variety of ways parents can help their young children develop the skills necessary to learn to read and write.
- **Quality child care.** Explains the role of high-quality child care in children's healthy development and points out what to look for when choosing a child care provider.
- **Safety.** Offers tips on making children's environments safe—for example, ways to prevent accidental injuries—and provides information on automobile car seat safety.
- **Your healthy baby.** Includes information on prenatal care, breastfeeding, visiting the pediatrician, and meeting children's nutrition and exercise needs.
- **Discipline.** Provides a framework for setting limits and explains why a firm but gentle approach is best.

In January 2005, the Commission approved changes to the Kit that include use of a new box design and size, compilation of the eight brochures into a booklet, use of an "ages and stages of development" format, and moving to DVD technology. In July 2005, the Commission approved further changes to the Kit that include changing the baby board book and adding an Activities brochure, a Poison Control brochure and magnet, a health book titled *What To Do When Your Child Gets Sick*, and four video oral health segments and the brochure "Healthy teeth begin at birth." Kits with the approved changes will be available in 2007.

Kit for New Parents Language Adaptation

First 5 California is funding the adaptation of the Kit for New Parents into Mandarin, Cantonese, Vietnamese, and Korean. The Kit materials are being adapted before translation, including new videos depicting Asian homes and families. Experts and focus groups of parents have advised on the project, and the Kit materials are being adapted to reflect their input. The new Asian Kits also will include the changes authorized by the Commission in January and July 2005. The Asian Kits will be available in 2007.

Safe from the Start: Reducing Children's Exposure to Violence

Scientific research has uncovered the physiological impact of violence on the developing human brain and the long-term consequences of this exposure. Children exposed to violence and maltreatment suffer increased depression, anxiety, post-traumatic stress, anger, and alcohol and drug abuse, as well as lower academic achievement. In conjunction with the California Attorney General's Office, First 5 California has funded Safe from the Start (SFTS) since August 2001 to assist communities in reducing children's exposure to violence, as victims of child maltreatment or as witnesses of domestic abuse. SFTS's primary "interventions" in supporting local efforts are training and technical assistance, public awareness, development and dissemination of resource materials, and increased access to online information on reducing children's exposure to violence. During its first 3 years, the project offered the following supports:

1. More than 2,000 participants representing policymakers, education, law enforcement, health, social services, and the faith community attended 10 regional forums.
2. A law enforcement briefing video was distributed to all state law enforcement agencies, including probation departments and district attorneys' offices.
3. *Promising Strategies and Programs Resource Guide* was published and distributed to more than 5,000 people working in fields including education, law enforcement, and health and social services, as well as the faith community and victim/witness centers.
4. The "Window of Opportunity" video was produced to focus on the effects of exposure to violence on a child's developing brain and to illustrate how community members and professionals can get involved to make a positive difference in a child's life.
5. Through county contacts, volunteer programs were established in 56 counties.

6. Training and technical assistance were provided in all 58 counties.
7. A website has been established (www.safefromthestart.org).

In spring 2004, the contract was renewed and extended for 3 years (through June 2007), and the budget was augmented with an additional $1.3 million. During fiscal year 2005-06, the Safe from the Start project:

1. Provided support to 10 new collaborative groups.
2. Conducted training for another nine local county-level human services advisory groups.
3. Provided six training sessions to School Readiness staff and their partners.
4. Conducted 12 local Safe from the Start trainings.
5. Developed a new multisession train-the-trainer program featuring Dr. Bruce Perry, which was attended by 35 trainees from throughout the state, who will offer local presentations and trainings and serve as local resources to their communities.
6. Circulated a monthly e-newsletter to more than 900 professionals statewide, including School Readiness staff and partners.
7. Conducted an evaluation of all project components.

Public Education Campaigns: Early Childhood Development, Preschool, and Health

First 5 California's overall communications goal is to provide information to the families, caregivers, and educators of children ages 5 and under to help them make better use of First 5 programs and resources at every level. In fiscal year 2005-06, First 5 California continued its public education and outreach campaign, addressing the priorities of school readiness and early childhood development by highlighting the health, education, and early development needs of California's youngest residents.

First 5 California conducted two major advertising campaigns:

- **Early Childhood Development and Power of Preschool.** Communicating with parents and caregivers about the importance of interaction with their children during the first 5 years and the lifelong educational benefits of preschool is an important First 5 California priority, and these were the subjects of an advertising effort that included television, radio, and print ads in 12 languages, compared with 11 the previous fiscal year. The ads ran in every media market in California's 58 counties. The television campaign reached 99% of the target audience (people ages 35 and older). An estimated 11,279,020 people saw the ads an average of 45 times over a 3-month period. First 5 California also produced radio spots for every major audience in the state, including the Latino, Asian/Pacific Islander, and African-American markets. The campaign reached approximately 60% of the target audience. An estimated 6,835,800 people saw the ads an average of 12 times. First 5 California also implemented a print campaign by placing newspaper ads in publications throughout California, with a special emphasis on rural areas and publications serving California's diverse ethnic communities. An estimated 6,835,800 people saw the ads an average of 12 times.
- **Pediatric Obesity.** First 5 California, in partnership with the Department of Health Services, produced television ads on pediatric obesity for both the general and Latino markets. Obesity is an increasingly prevalent health problem for young children in California, but many parents lack awareness about the importance of a healthy diet for children under 5. First 5 California contractors conducted extensive research on pediatric obesity to help develop an appropriate and effective message to deliver to the public. They used focus groups to test the agency's messages and approaches to delivering them. The contractors developed television childhood obesity ads that ran in media markets in every county in the state. The television campaign reached 92% of the target audience, people ages 18-34. An estimated 7,319,000 people saw the ads an average of 24 times over a 12-week period.

First 5 California also conducted media outreach to publicize its initiatives and funding priorities, including:

- Through work with the County Commissions, an average of 48 media clips were generated per month, resulting in more than 28 million media impressions in both large and small markets in California. In total, more than 450 media stories were secured in English, Spanish, and Asian languages.
- First 5 California partnered with Univision Spanish-language television network to air 22 news segments in key California markets to educate parents and caregivers about early childhood development issues, including special needs and disabilities, health, obesity prevention, school readiness, and child care. The segments reached more than 920,400 viewers with an estimated advertising value of $39,000.

- First 5 California conducted program-specific public education and outreach campaigns:
  - **Special Needs Project.** First 5 California held a press conference in Chula Vista announcing its $20-million Special Needs Project. Media coverage generated through general-market, Spanish-language, and Asian/Pacific Islander media outlets covering the event reached more than 166,000 television viewers and secured more than 3.4 million print impressions.
  - **Power of Preschool.** First 5 California announced the findings of its Kindergarten Entry Profiles study and the allocation of $30 million to expand the Power of Preschool program. The announcement resulted in more than 3.4 million print impressions and reached more than 1.2 million television viewers in seven media markets, including the general market and the Spanish-language market.
  - **Preschool for All in San Francisco.** First 5 California held a media event announcing the enrollment plans for nearly 1,000 4-year-olds to attend free, high-quality preschools throughout four San Francisco County neighborhoods. The event reached more than 400,000 television viewers and secured more than 1.9 million print impressions.
  - **Paid Family Leave.** First 5 California held a joint news conference in Oakland with the Paid Family Leave Coalition to release new data regarding the Paid Family Leave Law. Spanish-language and Asian/Pacific Islander media coverage resulted in more than 2.4 million print impressions.
  - **Oral Health Needs Assessment.** First 5 California partnered with the Dental Health Foundation and held a press conference announcing the results of an Oral Health Needs Assessment Survey and highlighting First 5 California's $10-million investment in children's oral health programs. The news reached more than 4 million readers and 480,000 television viewers in general-market, Spanish-language and Asian/Pacific Islander media.
  - **Mobile Outreach Campaign.** First 5 California launched its new "Hands-On Health" traveling health exhibit in June 2006 to tour across California. The van visits family-friendly destinations, including county fairs, zoos, and amusement parks, to offer education and practical tips about health issues, including childhood obesity, oral health, immunizations, tobacco exposure, special needs and disabilities, and prenatal care, and to create awareness and enthusiasm about First 5 programs. The van's staff uses interactive games and other fun activities to provide parents and caregivers with the tools to help modify their family's behavior and improve their children's health.

GOAL 4: TOBACCO CESSATION INITIATIVES AND PROJECTS

First 5 California has promoted tobacco cessation through the California Smokers' Helpline. This effort is described below.

California Smokers' Helpline

Funding for the Smokers' Helpline began in January 2001 for a 3-year period at the level of $3 million. In partnership with UC San Diego, this project is intended to further the Commission's long-range goal of improving child health by reducing one of the greatest threats to children's welfare: parental smoking. The California Smokers' Helpline serves callers who need help to quit smoking. The project was augmented with an additional $3.1 million in fiscal year 2004-05 to continue for 3 more years (through June 2008).

The Helpline's contract with First 5 California augments its base of funding to build capacity for providing services to hundreds more smokers each month than it would otherwise be able to serve (approximately 775 per month, on average) and to enhance the services to callers who are pregnant or who are parents or caregivers of young children (ages 0-5). Many parent calls are in response to the periodic First 5 California media campaigns promoting tobacco cessation and Helpline services. The counseling services of the California Smokers' Helpline are offered at no cost and are available in six languages.

In fiscal year 2005-06, the Helpline served more than 40,000 callers who smoked, including approximately 800 pregnant women and 7,500 parents and caregivers of children ages 0-5. Collectively, these two groups comprised approximately 20% of all the calls received.

Smokers with ethnic backgrounds who traditionally are underserved by tobacco cessation programs were very well represented among callers. The majority of callers were nonwhite: 31% Hispanic/Latino, 14% African-American, 4% Asian/Pacific Islander, and 5% other, including Native American. Spanish speakers accounted for 19% of all calls received.

With support from First 5 California, two special counseling protocols have been developed for pregnant smokers and smoking parents of young children. An evaluation of the former protocol indicated that 55% of pregnant callers who received telephone counseling with this protocol made a serious attempt to quit smoking. It is encouraging to note that at the end of the pregnancy, 21% of these callers had quit for 30 days or more, compared with 15% for the control group who did not receive this telephone counseling protocol. In other words, telephone counseling increased the quit rate for pregnant smokers by roughly a third, relative to self-help materials. These data provide strong evidence that the Helpline is having a positive impact on reducing tobacco exposure of children ages 0-5.

RESEARCH AND EVALUATION ACTIVITIES

Geographic Information System (GIS): The First 5 Internet Mapping System

Effectively targeting First 5 funds to those in need with the intent of reducing disparities across ethnicity and geography presents a challenge, since California has no unified data system to assess local community needs across categorical funding streams. First 5 California met this challenge by creating a multidimensional Geographic Information System (GIS), focusing holistically on the needs of pregnant women and young children. First 5 California has placed this GIS on the Internet (available at www.ccfc.ca.gov) for easy access by local County Commissions; health, education, and social service departments; and program providers.

Created through data-sharing partnerships with a wide variety of government and private organizations, the First 5 California GIS can enable government agencies and local providers alike to use deeper analytic techniques in understanding how their local conditions relate to the well-being of young children in their communities. Unifying divergent data and simplifying complex scientific analysis, the GIS can allow nontechnical users to easily understand the multifaceted environments of local communities.

The First 5 California GIS can be used dynamically to create statewide views or detailed local-level maps across a wide variety of risk factors, resources, and community characteristics. By locating resources from obstetricians and hospitals to pediatricians and preschools, the First 5 California GIS provides the ability to see how these resources interact with community risk factors and community characteristics. Completely customizable, yet easy to use, the map features can be turned on and off to create different views of any area of California. These maps then can be inserted into presentations or printed as part of a report. Further, the underlying data layers can be freely and directly downloaded for incorporation into local community information systems.

Debuting in 2002, the First 5 California GIS was greatly enhanced in 2003, 2004, and 2006. With the addition of new data layers, GIS users can now interactively create maps with the following community-level information:

Community resources

- First 5 County Commission offices
- Women, Infants, and Children (WIC) sites
- Early Start family resource centers
- Other family resource centers

School resources

- State preschool and child care centers
- Elementary schools
- Healthy Start elementary schools
- School Readiness Program funded elementary schools
- Cal-SAFE sites

Medical resources

- Obstetricians' offices
- Gynecologists' offices
- Pediatricians' offices
- General or family physicians' offices
- Hospitals
- Indian Health Service clinics
- Primary and specialty care clinics

Community risk factors

- Inadequate prenatal care hot spots
- Teenage birth hot spots
- School Readiness Program high-priority elementary schools

Community characteristics

- Number of children ages 0-5
- Demographics of women giving birth

Transportation

- Freeways and major streets
- Airports
- Bus terminals
- Train stations

Government boundaries/sites

- Cities
- County boundaries
- School district boundaries
- American Indian areas
- State Assembly districts
- State Senate districts
- U.S. Congressional districts

Research Agenda Studies

The State Commission approved the recommendations from the Research Agenda Subcommittee for three research studies in the areas of preschool and children with special needs.

Building on the current research that demonstrates the positive effects of "quality" preschool, supporting a universal voluntary preschool system is an important step toward reaching First 5 California's vision that all children enter kindergarten physically, socially, and emotionally healthy, learning, and ready to achieve their greatest potential. The priority research studies conducted or under way include the following:

Study 1. First 5 California funded the inclusion of the state of California in the National Institute for Early Education Research (NIEER) research project. NIEER is conducting a nationwide study of the impact of State Preschool programs, using an innovative and scientifically rigorous methodology. The study will examine these two main research questions:

1. Does attendance in California's state-funded preschool system benefit children as they enter kindergarten, compared with children who did not attend?
2. Are there differences in children's skill development due to program factors?

These data can be used to evaluate the effects of California's programs and to compare California results with the overall PoP demonstration project findings. Final findings should be available in late 2007.

Study 2. A statewide workforce study was conducted by the Center for the Study of Child Care Employment at UC Berkeley and the California Child Care Resource and Referral Network. The study found that low salaries, high turnover, and an aging workforce of early care and education providers threaten the future availability and quality of child care services in California. As California's population of young children ages 0-5 increases by a projected 14.7% this decade, the study found that one-quarter of center teachers with BA degrees or higher are age 50 or older and approaching retirement. It also revealed low salaries and an ECE teacher turnover rate twice that of California public school K-12 teachers. The report, the first of its kind to comprehensively look at the characteristics of California's ECE workforce, provides an important benchmark for measuring the future availability and quality of child care in the state. For a full copy of the report, please visit www.First5California.com.

Additionally, significant gaps and disparities continue to exist in the provision of services for young children with disabilities and other special needs. First 5 California is committed to promoting school readiness by identifying strategies that improve practices in early identification and intervention for children with disabilities, behavioral/mental health concerns, and other special needs. A basic premise of First 5 California is that there is a need for and benefit of providing services and supports to very young children as early as possible to realize their full potential during the first 5 years of life and beyond. Therefore, the following priority research study is being conducted.

Study 3. The RAND Corporation was contracted to complete a study looking at differences between children who were identified with special needs prior to or after kindergarten entry and how differences between children varied by disability type, student characteristics, and geographic location. The final report will be released in early 2007.

Statewide Data Collection and Evaluation of First 5 California Funded Programs

First 5 California is required by the California Children and Families First Act of 1998 to evaluate the impact of the First 5 California Children and Families Funds, including the manner in which funds were expended, the progress toward and achievement of goals and objectives, and the measurement of specific outcomes through the appropriate indicators. In April 2002, the State Commission awarded a contract for $23 million, over 3 years, to conduct the Statewide Data Collection and Evaluation of First 5 California Funded Programs and the School Readiness

Program to SRI International. First 5 California extended the evaluation contract for an additional 2 years and awarded SRI $12 million to conduct the statewide evaluation through February 28, 2007.

The goal of the statewide evaluation of First 5 California is to support policies and programs that make sure that California's children get the best start in life by:

- Supporting the continuous improvement of local and state activities related to children from birth to age 5 and their families.
- Supporting accountability to the public and the State Legislature.
- Producing reliable, high-quality information about:
  - Results for children and families (at the participant and community levels), disaggregated by key demographics (e.g., ethnicity, primary language) and for children with disabilities and other special needs.
  - Implementation of First 5 strategic plans and activities, disaggregated by key demographics.
  - Improvements in local systems of care.
  - Community context.
  - Promising practices.

The statewide evaluation is examining First 5 funded programs overall and the added value of School Readiness Program funded programs.

The statewide evaluation collected several types of data:

- County Commission annual report narratives and fiscal data.
- Individual outcome and service data on intensively served clients.
- Aggregated service information on less intensively served participants.
- Population-based data.
- Kindergarten Entry Profiles: parent interviews and teacher surveys.
- Systems change surveys: participant and funded program surveys; kindergarten teacher, school principal, and district superintendent surveys.
- Special studies: Evaluation of the Special Needs Project, High-Quality Preschool study, and case studies of promising early literacy programs and early implementation of the School Readiness Program.

To support data collection efforts, the statewide evaluation team developed the web-based Proposition 10 Evaluation Data System (PEDS). During 2005-06, 38 of 58 County Commissions used PEDS to collect and report statewide evaluation data. The team also provided individual and group-focused technical assistance on statewide evaluation activities to all County Commissions.

A summary of the statewide evaluation findings is presented in this Annual Report to the Legislature. In addition, the team makes findings available through its website, technical reports, policy briefs, fact sheets, conference presentations, journal articles, and other publications.

In the 2005-06 fiscal year, the statewide evaluation team accomplished many tasks:

- Updated the evaluation website to facilitate sharing of data collection tools and findings (www.first5eval.org).
- Revised County Commission annual report forms.
- Conducted trainings on completing the annual report forms and using statewide evaluation data for local evaluation and planning.
- Collected population-based data from numerous public data systems for the annual report.
- Prepared the 2004-05 Annual Report to the Legislature.
- Shared 2004-05 annual report, population-based, and Kindergarten Entry Profiles data tables and data sets with County Commissions.
- Began collection of 2006 Kindergarten Entry Profiles (family interviews and teacher-completed developmental profiles) in 124 School Readiness Program schools in 58 counties.
- Provided technical assistance to individual County Commissions, including conducting trainings, making presentations, developing data collection plans, customizing data collection tools, and assisting with some data collection efforts.
- Added several new reports and functions to PEDS.
- Implemented the Special Needs Project (SNP) evaluation design and further developed the separate SNP module in PEDS.
- Produced policy briefs and fact sheets from the 2004-05 annual report.
- Presented findings from the Special Needs Project evaluation at the First 5 State Conference; presented Kindergarten Entry Profiles (KEP) results at the 8th Head Start National Research Conference and the

Annual Conference of the American Educational Research Association; presented an overview of First 5 California evaluation findings at the Annual Meeting of the American Public Health Association and the Texas Association for the Education of Young Children Advocacy and Leadership Conference; and presented KEP findings for Los Angeles to First 5 LA programs at the Southern California School Readiness Program regional meeting.

- Prepared a book chapter and a journal submission and had an article published by the Harvard Family Research Project as part of its Family Involvement Network of Educators e-publication.
- Prepared press releases and articles for professional journals based on First 5 evaluation data.

2 State Commission Operations

FINANCIAL SUMMARY

- This chapter presents a summary of the State Commission's expenditures and revenues for fiscal year 2005-06.
- It has been a policy of the State Commission, County Commissions, and the First 5 Association of California to seek funding partners where possible because the long-term viability of First 5 California will depend on such partnerships. With this fact in mind, the State Commission has embarked on programs that leverage local funds through partnerships in programs that include Comprehensive Approaches to Raising Educational Standards (CARES), the School Readiness Program, and the Special Needs Project.

Fiscal Year 2005-06 State Commission Audit

At the close of fiscal year 2005-06, the State Commission contracted with the California Department of Finance (DOF), Office of State Audits and Evaluations, to perform a fiscal audit of the State Commission for that period. In October 2006, DOF submitted its final Audit Report on the Children and Families Trust Fund and Related Funds. The DOF opinion reflects no material exceptions.

EXHIBIT 2-1

Fiscal Year 2005-06 State Commission Audit

Beginning Fund Balance, as of July 1, 2005	$219,751,527
Tax Revenue	$117,358,383
Interest Income	$13,117,085
Total Resources	$350,226,995
Expenditures	$(69,294,899)
Year-end Fund Balance, as of June 30, 2006	$280,932,096

SUMMARY OF EXPENDITURES AND LEVERAGING OF FUNDS

- In fiscal year 2005-06, First 5 California spent $41.3 million in support of Early Childhood Learning and Education, funding the School Readiness Program; the Power of Preschool Demonstration Projects; the Special Needs Project; Comprehensive Approaches to Raising Educational Standards (CARES); the Migrant and Seasonal Farm Workers Project; the Family, Friend, and Neighbor Project; and Affordable Buildings for Children's Development.
- Early Childhood Health expenditures, toward Health Access for All, the Child Care Health Linkages Project, the Oral Health Initiative, Healthy Families, and Infant Mental Health, accounted for $7.1 million.
- Expenditures related to Parent and Community Education amounted to $33.3 million, funding First 5 California's Public Education Campaign, the Kit for New Parents, and Safe from the Start.
- First 5 California spent $13.3 million on its Tobacco Cessation goal, funding the Public Education Campaign and the Smokers' Helpline.
- Toward the goal of Organizational Effectiveness, First 5 California expended $17 million for the statewide evaluation, a statewide conference, the Geographic Information System (GIS), the Equity Principles Project, the Small County Augmentation Project, administration expenses, and several research studies.

EXHIBIT 2-2

State First 5 Expenditures by Goal - State Funds Only (in Millions of Dollars) for Fiscal Year 2005-06

Investments:	
Early Childhood Learning and Education	41.3
Early Childhood Health	7.1
Parent and Community Education	33.3
Tobacco Cessation	13.3
Organizational Effectiveness	17.0
Total	**112.0***

* Total differs from expenditures cited in Exhibit 2-1. This total reflects the actual dollars expended in fiscal year 2005-06 and also includes payments made in fiscal year 2005-06 for services provided in prior fiscal years.

EXHIBIT 2-3

Distribution of State Funds Only, by Goal

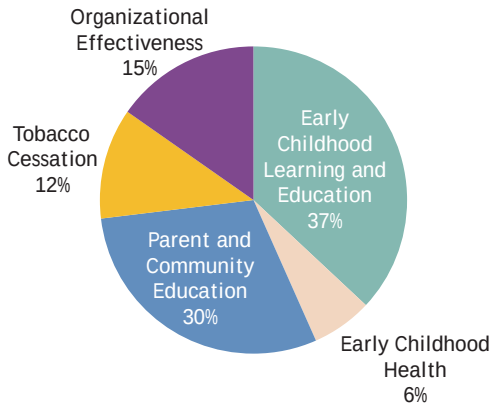


EXHIBIT 2-4

Intended Leveraged Funds for Fiscal Year 2005-06

Power of Preschool (PoP)	$4,500,000
School Readiness	$31,700,000
CARES	$300,000
Health Access	$11,700,000
Special Needs	$170,000
Affordable Buildings for Children's Development	$1,100,000
Kit for New Parents (Medi-Cal Reimbursement)	$1,300,000
Total	**$50,770,000**

3 First 5 Participant Outcome Data

Improving the lives of California's young children and their families is the ultimate goal of First 5 California. To support more effective funding decisions, program planning, and policies, First 5 California has developed an outcome-based accountability system (also called results-based accountability) that tracks progress in the four priority result areas:

- Improved child development
- Improved child health
- Improved family functioning
- Improved systems of care.[1]

First 5 California has documented positive changes in the health, development, education, and well-being of First 5 program participants who are intensively served (Exhibit 3-1). First 5 California also has documented the extent to which it is serving children and families who are most in need of the programs and supports known to help children be successful when they enter school (Exhibit 3-2).

OUTCOME-BASED ACCOUNTABILITY SYSTEM FOR FIRST 5 CALIFORNIA PROGRAMS

First 5 California has identified and is tracking a set of outcome indicators[2] that are associated with the four result areas. Priority outcomes identified in each result area include the outcomes that County Commissions rated as being most important and a few additional outcomes recommended by the State Commission related to tobacco cessation and later school success. The statewide evaluation contractor identified one or more indicators to track each outcome (Appendix B). Even though the statewide evaluation is tracking similar indicators across all counties, County Commissions vary on which outcomes they have

EXHIBIT 3-1

2005-06 Outcome Data

Outcome data show positive effects on children's health, development, early education, and family well-being after 6 to 12 months of intensive First 5 services, including School Readiness programs.

- More children had health insurance.
- More children had a regular medical home.
- More children had routine medical and dental care.
- More children regularly attended preschool.
- More families regularly read and told stories to their children.
- More doctors provided developmental assessments of young children.
- More mothers acquired their high school diploma or GED.
- Fewer children were exposed to secondhand smoke in their homes.

These beneficial effects on the health and early growth experiences of children are the very factors known from research to lead to children's greater success in school and in life.

EXHIBIT 3-2

Key Findings

Data for fiscal year 2005-06 demonstrate that First 5 programs are intensively serving the children most at risk of not being ready for school, including:

- Latino children (78% of children served)
- Children of families who primarily speak a language other than English (71%)
- Children living in low-income households (65%)
- Children whose mothers do not have a high school diploma or GED (53%)
- Children identified as having disabilities or other special needs (11%).

These children are also at greater risk because, at program entry, they have fewer experiences or supports known to promote school readiness than their state and national peers, such as:

- Being of normal weight at birth
- Having been breastfed
- Having health insurance
- Having regular medical and dental care.

[1] This result area is discussed in Chapter 7.

[2] An indicator is a measure, for which data are available, that moves with a condition that we are interested in monitoring, such as well-being of children and their families.

chosen as local priorities for improvement (Appendix C). For a more detailed description of the outcome-based accountability system being used to evaluate First 5 efforts, please refer to the Dictionary of Statewide Evaluation Indicators (2004), available at http://www.first5eval.org.

By tracking outcomes at the program and participant levels, First 5 California will have the information it needs to form policies, make funding decisions, refine programs, and increase public awareness and support for investing in the well-being of young children.

How First 5 California Is Tracking the Indicators

First 5 California is tracking indicators for numerous outcomes in the four result areas, using data from four sources:

1. Public databases with statewide data on California's population of children ages 0-5.
2. Intake and follow-up interviews with intensively served program participants.
3. Developmental profiles (based on family interviews and teacher assessments) of children entering kindergarten in a sample of elementary schools participating in the School Readiness Program.
4. Surveys of directors of funded programs, school and district personnel, and program participants.

Most First 5 programs began collecting outcome data on intensively served participants during fiscal year 2003-04 and reported intake (baseline) data on currently active participants.[3] In addition, some programs reported data for both intake and follow-up (6 and 12 months after intake), providing pre- and post-participation outcome information on priority indicators. The remainder of this chapter presents information on each priority outcome organized by (1) intake data (collected at program entry) for participants intensively served in fiscal year 2005-06, compared with statewide trends depicting the demographics of California's children ages 0-5, and (2) outcome data (collected at 6-month and 12-month follow-ups and compared with data collected at intake) for First 5 participants on several priority indicators addressed by First 5 California programs.[4]

Key Findings

As demonstrated in Exhibits 3-1 and 3-2, 2005-06 outcome data provide solid evidence that participation in First 5 programs is associated with significant positive outcomes for children's health, development, early education, and well-being.[5] These beneficial effects on the health and early growth experiences of children are the very factors known from research to lead to children's greater success in school and in life. Data on participants enrolling in intensive First 5 services, including school readiness programs, in fiscal year 2005-06 clearly show that First 5 programs and activities targeted the highest-need and most at-risk children and families in California, providing services to participants who are most likely to benefit from them. Continued tracking of trends among entering kindergarten students also will help inform whether First 5 programs are having their intended effect across the larger population and over time.

California's Young Children and First 5 Program Participants: Overview

To set the context for understanding the data on key indicators being tracked, it is important to understand the demographic characteristics of California's young children. According to the California Department of Health Services, there were more than a half million (548,700) births in California in 2005. As exhibit 3-3 shows, there were more births to the Latino population (52%) than any other segment of the population.

According to 2005 data from the California Department of Finance, there were 3,119,684 children under the age of 6 living in California. As seen in Exhibit 3-4, half of the young children in California (50%) were identified as Latino, almost one-third (30%) were white, 9% were Asian/Pacific Islander, 6% were African-American, 1% were Native American, and 4% were other ethnicities.

Children served intensively by First 5 programs reflect the state's diversity. However, as Exhibit 3-5 shows, First 5 programs focus their services on Latino children (78%). Also, most of the children who received intensive services came from households speaking Spanish (65%) or another language other than English (6%).

[3] Participant data were provided by programs in 46 of the 58 counties. The findings from the participant data, including ethnic differences, therefore cannot be generalized to all First 5 participants. Data on First 5 program participants are not reported separately for Alaska Native/Native American populations because of insufficient sample sizes. Totals presented for First 5 participants include participants of unknown ethnicity. Appendix D shows the numbers of children with data on key attributes and indicators.

[4] Graphs depict First 5 intake data only for the subsamples for which statewide data are also available. Outcome data are depicted only when there are sufficient sample sizes (at least 25 participants) to represent a population.

[5] Tests of statistical significance (McNemar's exact test of equality of pre- and posttest positive outcome proportions) were conducted on all outcome measures. Improvement is documented consistently in almost all areas and at statistically significant levels in many cases (denoted by * when $p < .05$). The number of participants with matching intake and follow-up responses (not including those with "unknown/declined" responses) are indicated in each graph, so that readers can examine group sizes and trends from each indicator. Sometimes the number of participants reporting data is extremely small ($n < 25$). In those cases, tests of significance were not conducted, and these data are not shown in the graphs.

EXHIBIT 3-3

Ethnicity of Children Born in California in 2005

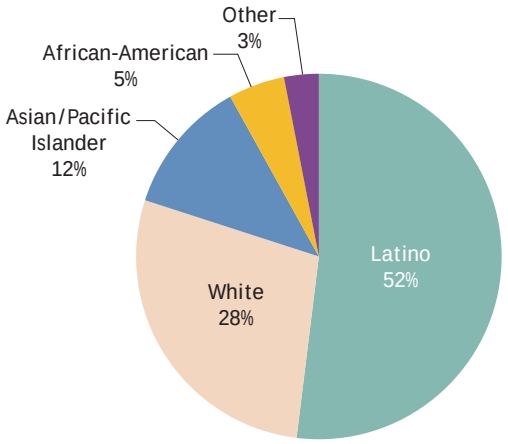
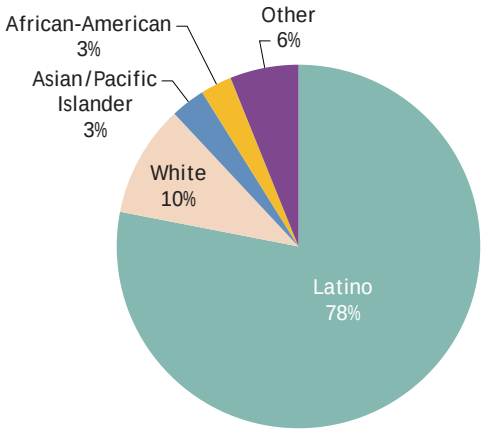


EXHIBIT 3-5

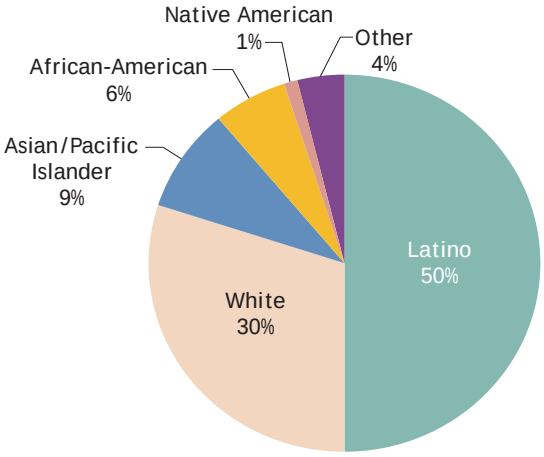
Ethnicity of California Children under 6 Years of Age, First 5 Program Participants, Fiscal Year 2005-06



Source: California Department of Health Services.

EXHIBIT 3-4

Ethnicity of California Children under 6 Years of Age (Statewide)



Source: California Department of Finance, 2005.

RESULT AREA: IMPROVED CHILD DEVELOPMENT

Overview

The benefits of early childhood programs for young children and their families have been widely documented by researchers. Children's experiences and development in the preschool years are the foundation for the skills and behaviors that lead to later success in school and in life. For example, high-quality preschool programs for children from low-income families show positive effects in promoting school readiness. Similarly, young children with disabilities and other special needs that go unidentified and untreated are likely to have problems developing the skills that provide a foundation for future school and life success. With early intervention through participation in a coordinated, comprehensive system of services and supports, young children with disabilities and other special needs may achieve developmental gains that have long-term effects on their future success in school.

First 5 California and County Commissions are funding numerous programs aimed at improving children's development and gathering data to assess their effectiveness, including data as to what extent

- children participate in early childhood education programs and
- children receive early screening/intervention for disabilities and other special needs.

First 5 is achieving positive child development outcomes.

After 6 to 12 months of intensive First 5 services, more children regularly attended preschool, more children received developmental assessments, and more children who have disabilities and other special needs were identified early (Exhibits 3-6 and 3-7). This section describes the specific child development outcomes being achieved for First 5 participants and young children in California. The impact of these outcomes on children's lives is tremendous. The local stories highlighted illustrate the importance of providing children with high-quality early learning experiences, identifying children with disabilities and special needs early, and providing them with appropriate interventions and services for helping children reach their full potential.

EXHIBIT 3-6

Improved Child Development Outcomes for First 5 Participants at 6-Month Follow-up

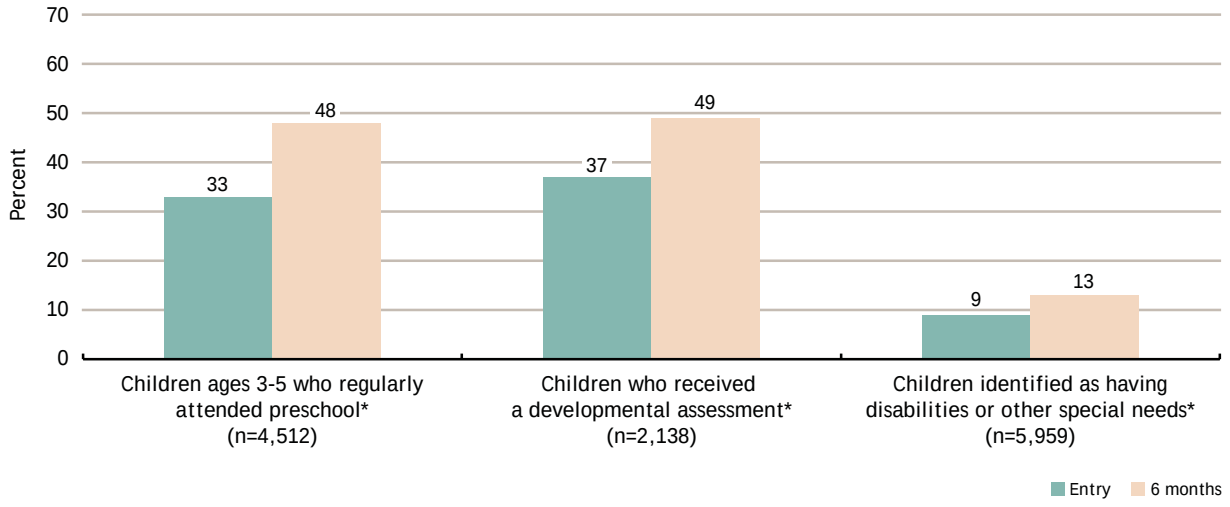
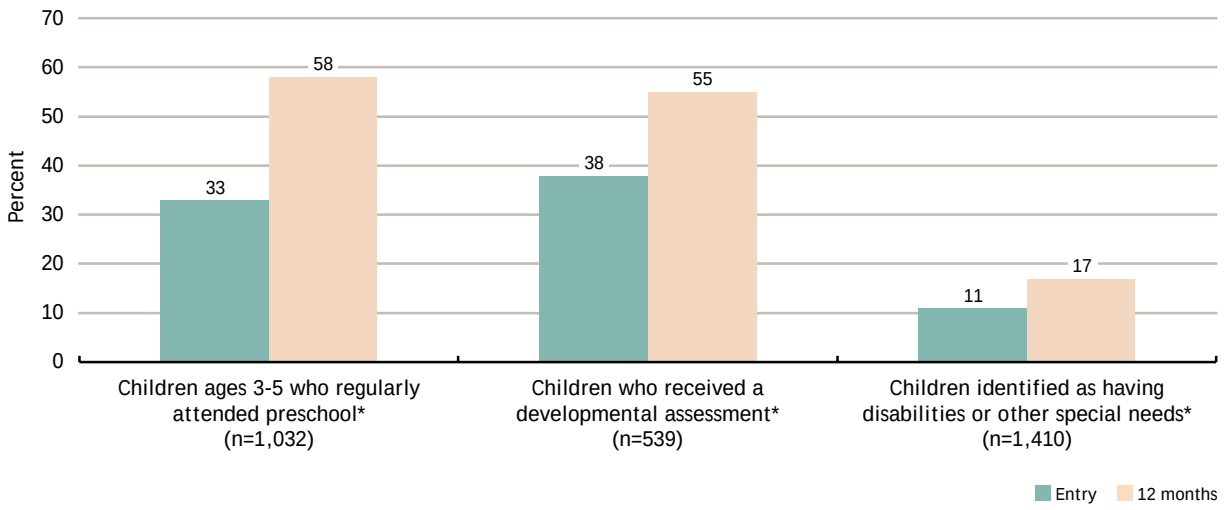


EXHIBIT 3-7

Improved Child Development Outcomes for First 5 Participants at 12-Month Follow-up



Local Highlight on Preschool Participation

A 5-year-old girl recently arrived in San Benito County from Oaxaca, Mexico. Her primary language is Triqui, an indigenous dialect. She and her family do not speak English or Spanish. She was referred to the Jump Start Preschool program by a public health nurse serving the family. Through the Jump Start Preschool, she participated in classroom activities centered on language development, math concepts, and fine and gross motor skill development. Her parents also received books to read at home through the Raising A Reader book lending program and attended a presentation for Oaxacan families on how to tell stories with pictures. After participating in this program, the little girl increased her English language skills. For example, she knows her numbers, letters, colors, and songs and can follow instructions in English. The services she received through Jump Start have better prepared her to enter kindergarten. Next year, her younger brother will be entering the preschool program. Over the last few years, increased numbers of Oaxacan families with no or little English language proficiency have moved to San Benito County. The Jump Start Preschool gives these Oaxacan children new and critical language, social, and academic skills so they can enter school better adjusted and prepared to learn.

Local Highlight on Early Identification and Services for Children with Special Needs

Three-year-old Alan faced challenges participating in some activities at the Cajon Valley School Readiness Program in San Diego County. He was screened with the Ages & Stages Questionnaire (ASQ), and the results indicated delays in his fine motor skills. Using the ASQ results obtained from teaching staff, Alan's parents learned about their child's developmental milestones and about activities to do at home to help him catch up. Alan also was referred to a partner agency to receive hearing and vision screenings. Although Alan's family has health insurance, this screening found significant vision impairments that had gone undetected. Because of the vigilance of the Cajon Valley School Readiness Program and his parents, Alan now has glasses and has started to fully participate in his early education classroom.

RESULT AREA: IMPROVED CHILD DEVELOPMENT

Outcome: Children participate in early childhood education programs.

Increasing children's participation in early education programs is rated as one of the most important priorities for almost all County Commissions. Progress on this outcome is being tracked by the following indicators: (1) the percentage of children who regularly attended a nursery school, preschool, pre-kindergarten, or Head Start program by kindergarten entry, and (2) the percentage of children with special needs who participate in early childhood care and education programs.

Importance of the Indicators

- Early childhood education has long-term positive effects on children's later school readiness.
- Several studies document the positive effects of special early interventions for infants, toddlers, and preschoolers with disabilities or at risk for disabilities.

Intake Data for Intensively Served First 5 Program Participants

Intake data indicate that:

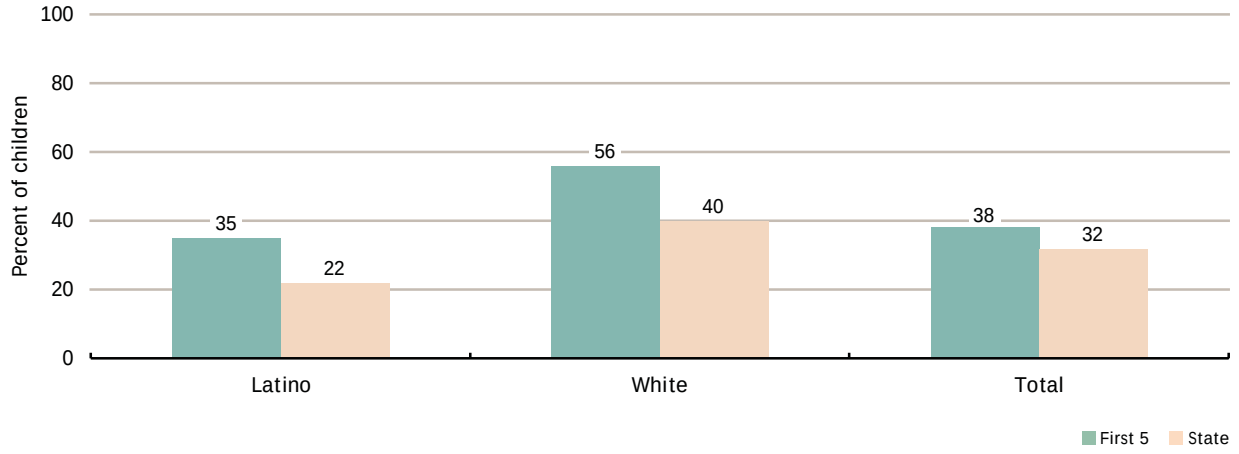
- Slightly more children enrolling in First 5 programs had regularly attended preschool, compared with the statewide average; however, proportions are low for both groups (38% and 32%, respectively).

Of the 9,922 parents of children ages 3-5 who provided data about participation in preschool or other early education programs at entry into a First 5 program, 38% reported that their children had regularly attended a nursery school, preschool, pre-kindergarten, Head Start program, or child care center (Exhibit 3-8). This is slightly higher than the 2003 statewide average, which shows that 32% of children ages 3-5 in California participated in early childhood education programs. Among First 5 enrollees, white and African-American children were most likely to attend the formal early education programs (56% and 57%, respectively). Latino and Asian/Pacific Islander children had lower rates of participation (35% and 30%, respectively). Of the 888 parents with children over the age of 2 diagnosed with disabilities or other special needs, 56% reported that their children regularly attended a nursery school, preschool, pre-kindergarten, Head Start program, or child care center.

Research has shown that high-quality child care can enhance the cognitive, emotional, and social development of children, particularly children with disabilities and other special needs. First 5 programs can help to increase access to high-quality early care and education by continuing to train more providers, especially providers who work with children with disabilities and other special needs, and by keeping more qualified providers in the field through support and incentives.

EXHIBIT 3-8

Children Ages 3-5 Who Regularly Attended Early Childhood Education Programs, First 5 Program Participants in Fiscal Year 2005-06 and Statewide in 2003, by Ethnicity



Source: Statewide data from 2003 California Health Interview Survey (CHIS).

Outcome Data for Intensively Served First 5 Program Participants

Outcome data indicate that:

- Rates of regular preschool attendance increased from 33% at intake to 48% after 6 months of intensive First 5 services.
- Rates of regular preschool attendance increased from 33% at intake to 58% after 12 months of intensive First 5 services.

After 6 months of intensive First 5 services, more children ages 3-5 regularly attended a nursery school, preschool, pre-kindergarten, Head Start program, or child care center (Exhibit 3-9). Among the 4,512 respondents with both intake and 6-month follow-up data, the proportion of children who ever attended preschool increased from 33% at intake to 48% at 6-month follow-up. All ethnic groups demonstrated increased preschool attendance. Among the 1,032 respondents with both intake and 12-month follow-up data, rates of regular preschool attendance increased from 33% at intake to 58% (Exhibit 3-10).

EXHIBIT 3-9

Children Ages 3-5 Who Regularly Attended Early Childhood Education Programs, at Intake and 6-Month Follow-up, First 5 Program Participants, by Ethnicity

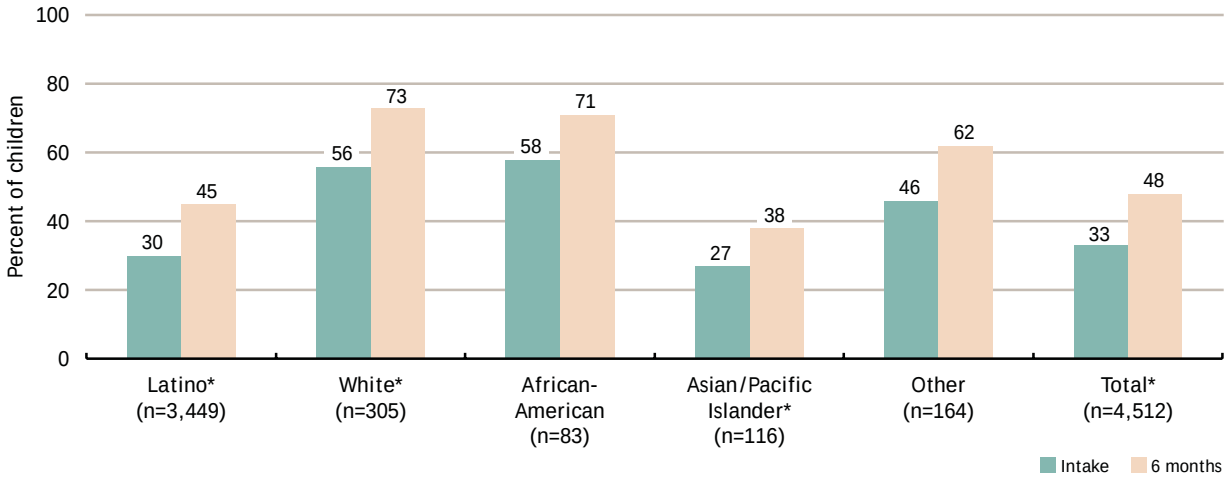
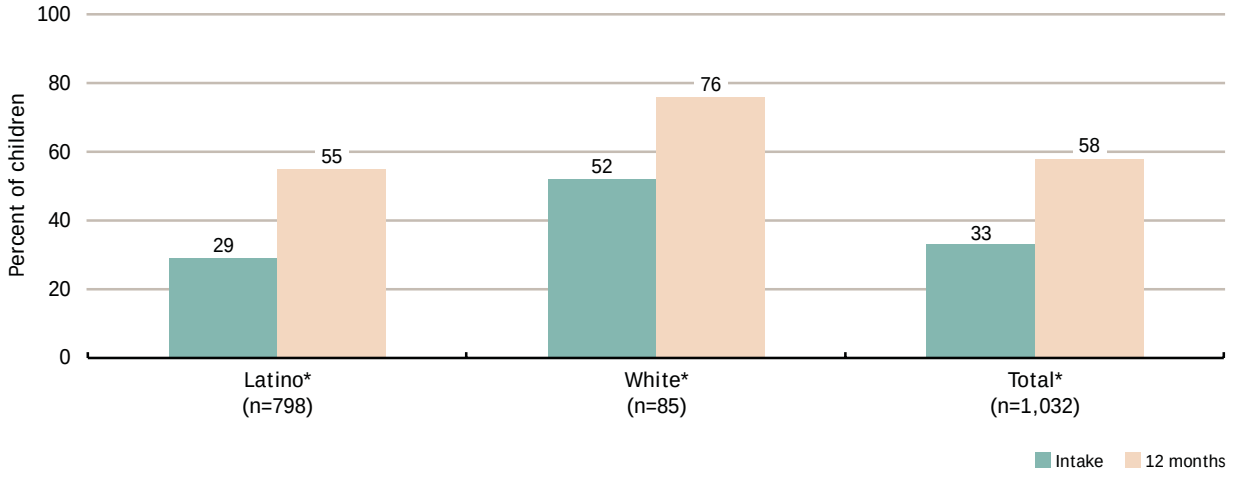


EXHIBIT 3-10

Children Ages 3-5 Who Regularly Attended Early Childhood Education Programs, at Intake and 12-Month Follow-up, First 5 Program Participants, by Ethnicity



RESULT AREA: IMPROVED CHILD DEVELOPMENT

Outcome: Children receive early screening/ intervention for developmental delays, disabilities, and other special needs.

Increasing the percentage of children who are screened early for developmental delays, disabilities, and other special needs and who receive early interventions for identified needs are priority outcomes for nearly three-fourths of the County Commissions. Progress on these outcomes is being tracked by using the following indicators: (1) percentage of children under age 3 who receive a developmental screening from their primary health care provider, (2) percentage of children identified as having disabilities or other special needs (including developmental delay) by the time of kindergarten entry, and (3) percentage of children enrolled in special education.

Importance of the Indicators

- Early identification of and intervention for children with disabilities and other special needs are important for enhancing development.
- Early intervention has important long-term effects—for example, participants in early intervention programs are more committed to schooling, have higher rates of high school graduation, and score higher on reading, mathematics, and language tests than nonparticipants.

Intake Data for Intensively Served First 5 Program Participants

Intake data indicate that:

- Far more children enrolling in First 5 programs had been identified as having disabilities or other special needs (11%), compared with the statewide percentage of children ages 3-5 enrolled in special education (2%).

Of 6,762 parents providing enrollment data, 33% reported that their children had received a developmental assessment from their primary care provider prior to program entry.

Of the 15,483 parents who responded to questions about whether their children had ever been diagnosed with a developmental delay or other types of disabilities and special needs, 11% reported that their children had been identified as having a disability or other special need prior to program entry. This identification rate is much higher than the 2005 statewide proportion of children ages 3-5 enrolled in special education (2%) and shows great differences among ethnic groups (Exhibit 3-11). Much higher percentages of white and African-American children entering First 5 programs had been identified as having disabilities or other special needs (24% and 19%, respectively), compared with Asian/Pacific Islander and Latino children (8% and 9%, respectively), whose identification rates are still much higher than the state average for special education enrollment.

First 5 programs promote early identification and referrals of children with disabilities and other special needs through child care, health, and family service programs. Earlier identification and referral to special services lead to better outcomes for children with disabilities and other special needs.

Outcome Data for Intensively Served First 5 Program Participants

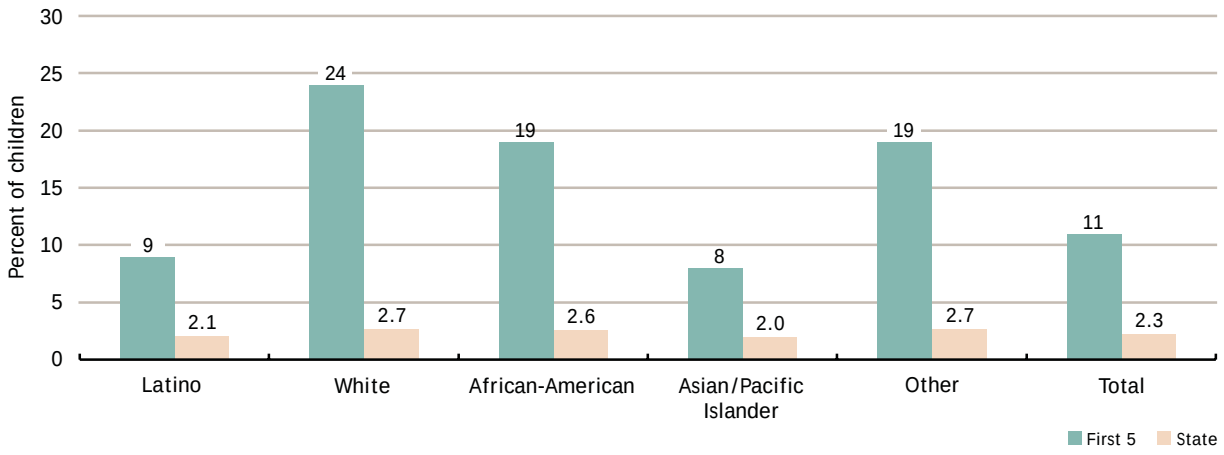
Outcome data indicate that:

- The rate of developmental screenings increased from 37% at intake to 49% at 6-month follow-up, resulting in an increase in the identification rate of children with disabilities and other special needs from 9% at intake to 13% at follow-up. By identifying more children through early screenings, First 5 can deliver early and effective intervention services.

After 6 months of intensive First 5 services, more parents reported that their children had received a developmental assessment from their primary care provider. Among the 2,138 respondents with both intake and 6-month follow-up data, the rate of assessments increased from 37% at intake to 49% at follow-up. As a result, among the 5,959 parents who responded to questions about whether their children had ever been diagnosed with disabilities or other special needs, the identification rate increased from 9% at intake to 13% at follow-up (Exhibit 3-12). Higher rates of identification were reported in the white and African-American populations, with increases of 5 percentage points after receipt of First 5 services.

EXHIBIT 3-11

First 5 Program Participants Identified as Having Disabilities or Other Special Needs in Fiscal Year 2005-06, and California Children Ages 3-5 Enrolled in Special Education in 2005, by Ethnicity

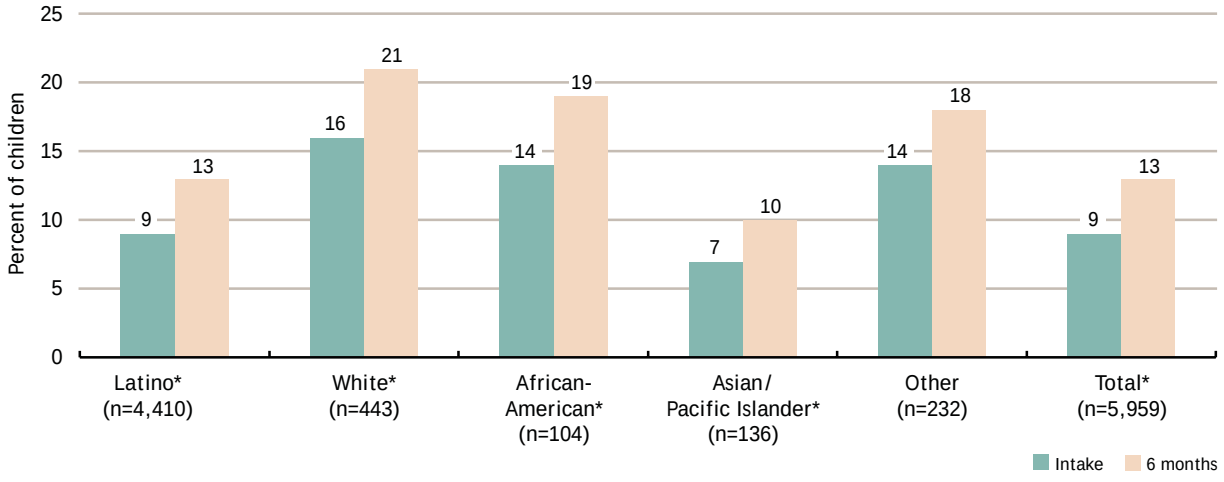


Source: Statewide data from California Department of Education, Special Education Division, DataQuest; and California Department of Finance, Demographic Research Unit.

Note: First 5 data refer to identification rates, and statewide data refer to special education enrollment rates.

EXHIBIT 3-12

Children Identified as Having Disabilities or Other Special Needs, at Intake and 6-Month Follow-up, First 5 Program Participants, by Ethnicity



RESULT AREA: IMPROVED CHILD HEALTH

Overview

Improved child health is one of First 5 California's four result areas and a major funding priority for both the State and County Commissions. Similarly, health and physical development is one of the five domains of school readiness used by the National Education Goals Panel to describe children who are "ready to learn." However, research indicates that children from low-income families and from racial and ethnic minority cultures are more likely to be in poor health, less likely to have health insurance, and less likely to receive adequate health care services than their more affluent peers. A recent economic analysis[6] directly links health and educational disparities in young children, suggesting that health disparities may be responsible for as much as a quarter of the racial gap in school readiness.

First 5 California and County Commissions are funding numerous programs aimed at improving children's health and gathering data to assess their effectiveness, including data as to what extent

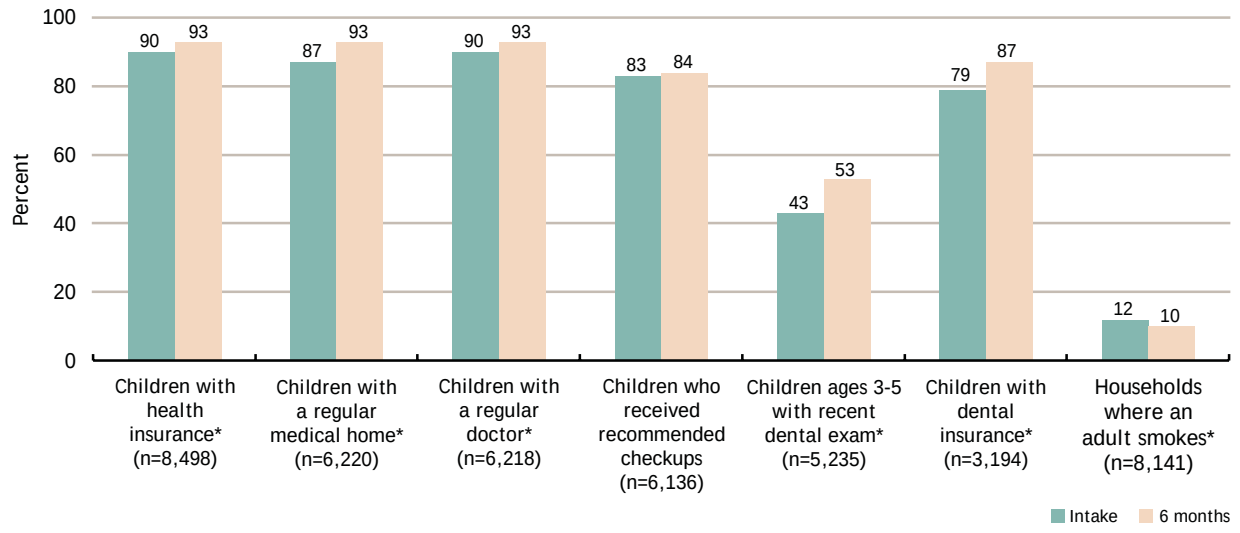
- children are born healthy,
- children receive preventive and ongoing health care,
- children are healthy and well nourished,
- children have good oral health, and
- children are free of smoking-related illnesses.

First 5 is achieving positive child health outcomes.

After 6 to 12 months of intensive First 5 services, more children had health and dental insurance, received routine medical and dental care, and had a regular medical home and provider (Exhibits 3-13 and 3-14). This section describes the specific child health outcomes being achieved for First 5 participants and young children in California. The local stories highlighted illustrate the importance of identifying children without access to health care services, including oral health care, and helping families access those services so that children can be "ready for school."

EXHIBIT 3-13

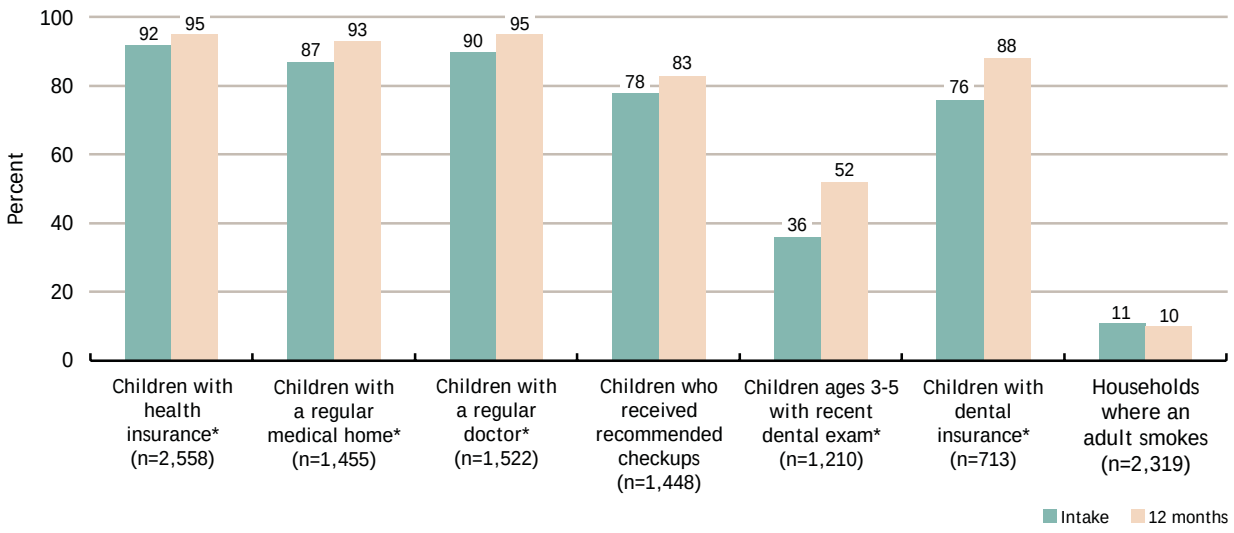
Improved Child Health Outcomes for First 5 Participants at 6-Month Follow-up



[6] Currie, J. (2005). Health disparities and gaps in school readiness. *The Future of Children*, 15(1), 117-138.

EXHIBIT 3-14

Improved Child Health Outcomes for First 5 Participants at 12-Month Follow-up



Local Highlight on Health Care Access

Charlie is a 7-month-old girl living in Orange County. She is a healthy-looking Hispanic infant, whose primary household language is English. Her mother, Rhonda, applied for Medi-Cal when Charlie was born but found out she was not eligible. Then, at Charlie's 2-week well-child visit, her physician told the mother that the baby had a heart murmur and she needed to see a cardiologist. Although she inquired about doing so, Rhonda could not afford the fee. Also, she was not able to get any of the immunizations Charlie needed because she did not have insurance. Charlie's mother heard about the Immunization Health Fair in Westminster and seized the opportunity to have her baby immunized. A Gateway Child Health and Disability Prevention exam was done during the Health Fair, and the heart murmur was evaluated by a nurse practitioner and the pediatrician. Happily, the rest of her physical exam and development were normal for her age. Charlie received her first set of shots, and Rhonda was informed about the Healthy Families insurance program and was assisted in the application process. Charlie was referred to a cardiologist, whom she saw several weeks later. She had the appropriate evaluation and will be seen for follow-up every 4 months.

Local Highlight on Oral Health

The Kern County Children's Dental Health Network (KCCDHN) program provided school site dental services to more than 100 preschool children in fiscal year 2005-06. For 90% of these children, this was their first exposure to the oral health environment. For non-English-speaking Stella, this was an opportunity she knew she must not pass up because her 5-year-old daughter, Gabrielle, had never been to the dentist. Stella found out that Gabrielle had five caries. Although Stella had just delivered Gabrielle's new little brother, she made plans to get her to the dentist. She first called the KCCDHN office and spoke to a bilingual advocate, Jessica. She confided in Jessica that she had some obstacles to overcome in order to get Gabrielle to the dentist: she had no transportation, very limited English reading and speaking skills, and no one to take care of her newborn while Gabrielle was at the dentist. She was resourceful, however. She asked Jessica for information related to the public bus system. She called and got the bus route and instructions. She contacted a friend to watch her newborn. Stella and Gabrielle met Jessica at the dental office and filled out necessary consent and medical history forms. Stella then accompanied her daughter to the dental chair, where she learned about the importance of brushing Gabrielle's teeth and limiting her consumption of sugary foods and drinks. Stella left the office with a sense of gratification and a successful dental experience.

RESULT AREA: IMPROVED CHILD HEALTH

Outcome: Children are born healthy.

Increasing the percentage of healthy births is a priority for more than half of County Commissions. Progress on this outcome is being tracked by using two indicators: (1) percentage of children born at low birth weight[7] and (2) percentage of women receiving late[8] or no prenatal care.

Importance of the Indicators

- Low birth weight is the key determinant of neonatal death and a risk factor for a variety of health and developmental problems.
- Low birth weight is associated with early problems in school and the need for special education services.
- Mothers who receive late or no prenatal care are more likely to have babies with health problems.

Intake Data for Intensively Served First 5 Program Participants

Intake data indicate that:

- More children enrolling in First 5 programs were born at low birth weight (8%), compared with children across the state (7%).
- More mothers enrolling their children in First 5 programs reported receiving late or no prenatal care (6%) than the 2004 statewide proportion (3%).

Of the 16,539 mothers reporting at program entry on the birth weight of their children, 8% reported that their babies were of low birth weight (Exhibit 3-15). These data show generally higher percentages of low-birth-weight babies being enrolled in First 5 California programs, compared with the proportion of low-birth-weight babies across the state (7%), especially for Latino, white, and Asian/Pacific Islander populations.

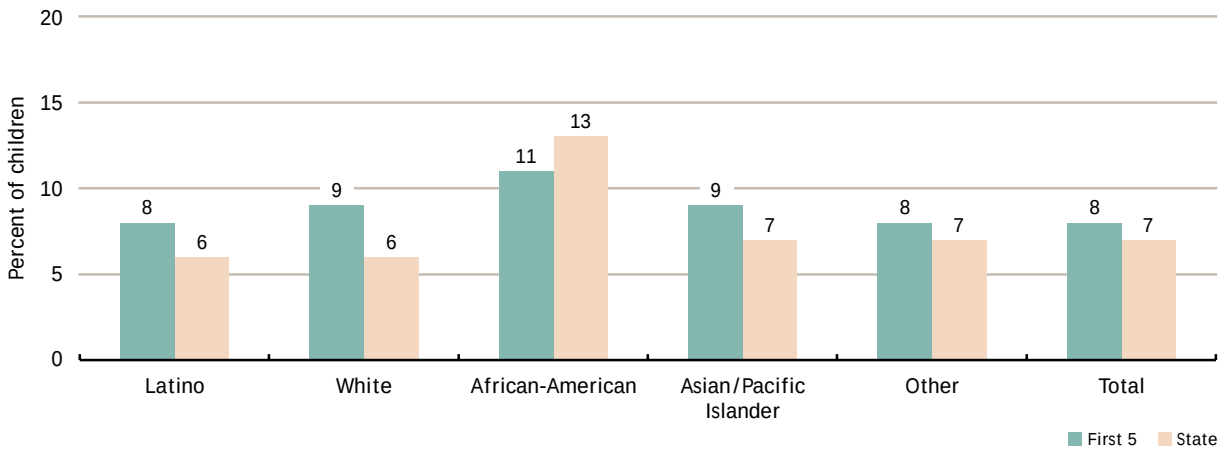
Similarly, the proportion of women who reported receiving late or no prenatal care was about 6% (of 7,250 women reporting; Exhibit 3-16), much higher than the 2004 statewide average of 3%. These data show higher percentages of African-American, Asian/Pacific Islander, white, and Latina First 5 enrollees who received late or no prenatal care, compared with the typical rate across the state. First 5 programs can positively affect these outcomes by continuing to offer and promote prenatal care and services to populations most at risk of not receiving these services. Appropriate prenatal care can address inadequate nutrition, smoking, anemia, and diabetes, all of which can affect healthy pregnancy outcomes.

[7] Defined as weighing less than 2,500 grams (or 5 pounds, 8 ounces) at birth after a full-term pregnancy.

[8] Defined as receiving prenatal care only in the third trimester of pregnancy.

EXHIBIT 3-15

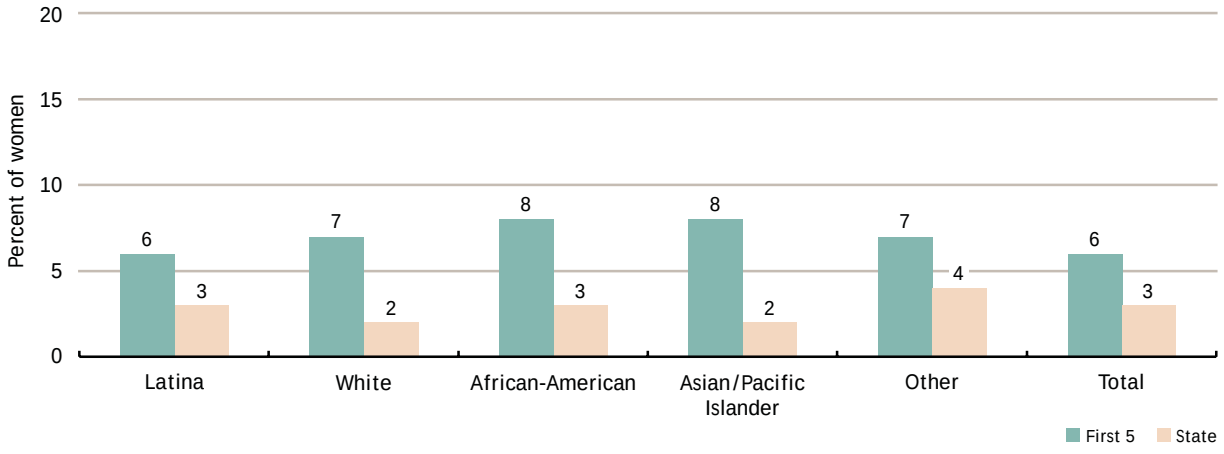
Children Born at Low Birth Weight (<2,500 g), First 5 Program Participants in Fiscal Year 2005-06 and Statewide in 2004, by Ethnicity



Source: Statewide data from California Department of Health Services.

EXHIBIT 3-16

Women Receiving Late or No Prenatal Care, First 5 Program Participants in Fiscal Year 2005-06 and Statewide in 2004, by Ethnicity



Source: Statewide data from California Department of Health Services.

RESULT AREA: IMPROVED CHILD HEALTH

Outcome: Children receive preventive and ongoing regular health care.

Ensuring that more children receive preventive and ongoing regular health care is a high priority for more than four-fifths of County Commissions. Progress on this priority outcome is being tracked by three indicators: (1) percentage of children who receive the recommended number of well-baby and well-child checkups by age 2, (2) percentage of children with a regular medical home, and (3) percentage of children who have health insurance.

Importance of the Indicators

- Well-baby and well-child visits have been shown to promote child health by reducing the incidence of illnesses and general health problems.
- Having a regular provider of medical care promotes children's receipt of appropriate preventive care.
- Health insurance facilitates access to health care.

Intake Data for Intensively Served First 5 Program Participants

Intake data indicate that:

- Among enrolling First 5 participants, children younger than 3 were far less likely to have received recommended well-child checkups than children ages 3-5 (63% vs. 96%).
- Fewer children enrolling in First 5 programs had a regular medical home (86%), compared with the 2003 statewide average (96%).
- Fewer children enrolling in First 5 programs had health insurance (90%), compared with the 2003 statewide average (96%).

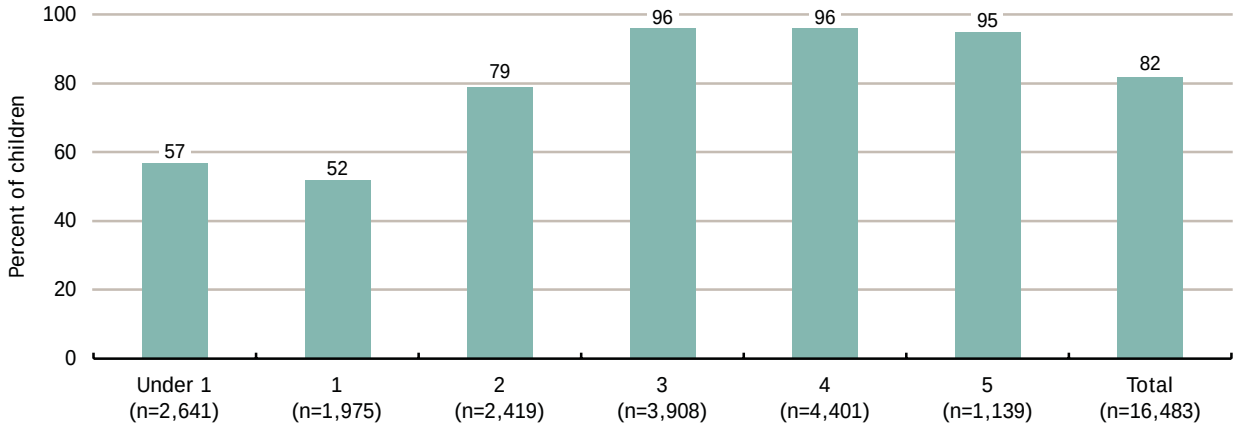
From intake data of 16,483 participants who were asked at enrollment about their children's well-baby and well-child checkups, 82% indicated that their children had received their recommended checkups in the past year. Among those First 5 enrollees, children younger than 3 were far less likely to have received the recommended checkups, compared with children ages 3-5 (63% vs. 96%), probably because of the multiple recommended visits per year for children under 36 months, compared with a single annual visit for older children (Exhibit 3-17).

Of 17,084 parents enrolling their children in First 5 programs, 86% reported that their children had a regular medical home, compared with 96% statewide (Exhibit 3-18). The data for Latino First 5 enrollees showed the lowest rate of any ethnic group (85%), well below the overall statewide rate for regular medical homes (96%). In addition, of 17,271 parent respondents, 90% reported that their children had a regular doctor for well-child care. Rates vary across the ethnic groups, from a low of 87% among the African-American First 5 enrollees to a high of 94% among the white First 5 participants.

Of 19,671 parent respondents, 90% reported that their children had some type of health insurance at program entry (Exhibit 3-19). This percentage is lower than the

EXHIBIT 3-17

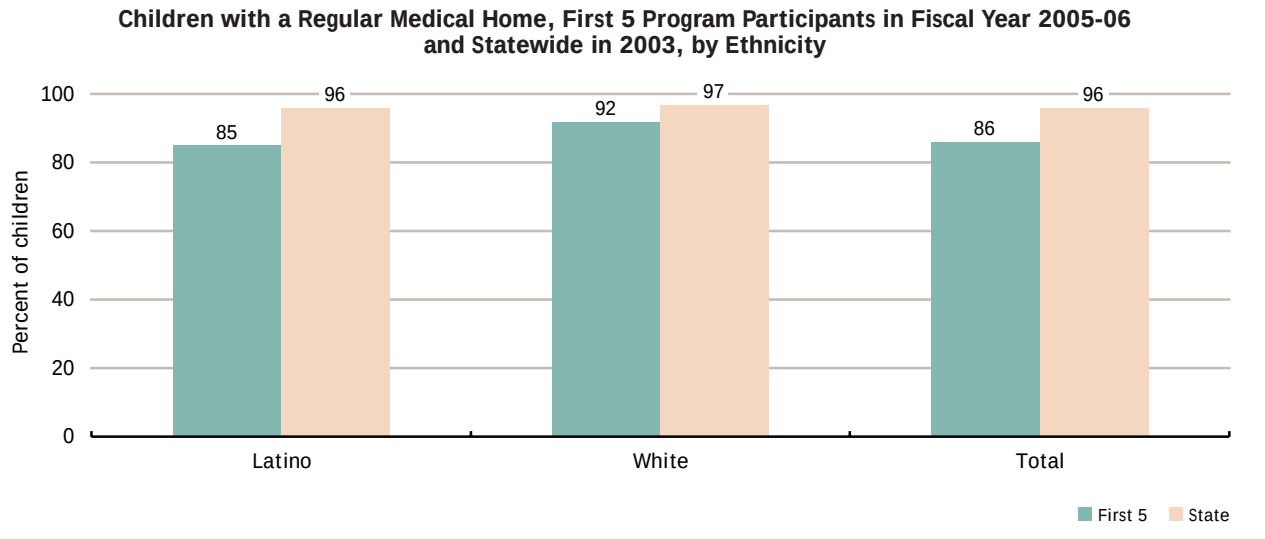
Children with Recommended Well-Baby and Well-Child Checkups, First 5 Program Participants in Fiscal Year 2005-06, by Age



state average of 96%, particularly for Latino children, who fell below all other First 5 ethnic groups at 89%. A subset of respondents (8,873 parents) also indicated the type of primary health insurance covering their children. More than half (57%) were covered by full-scope Medi-Cal, 15% by employer-purchased insurance, and 10% by Healthy Families.

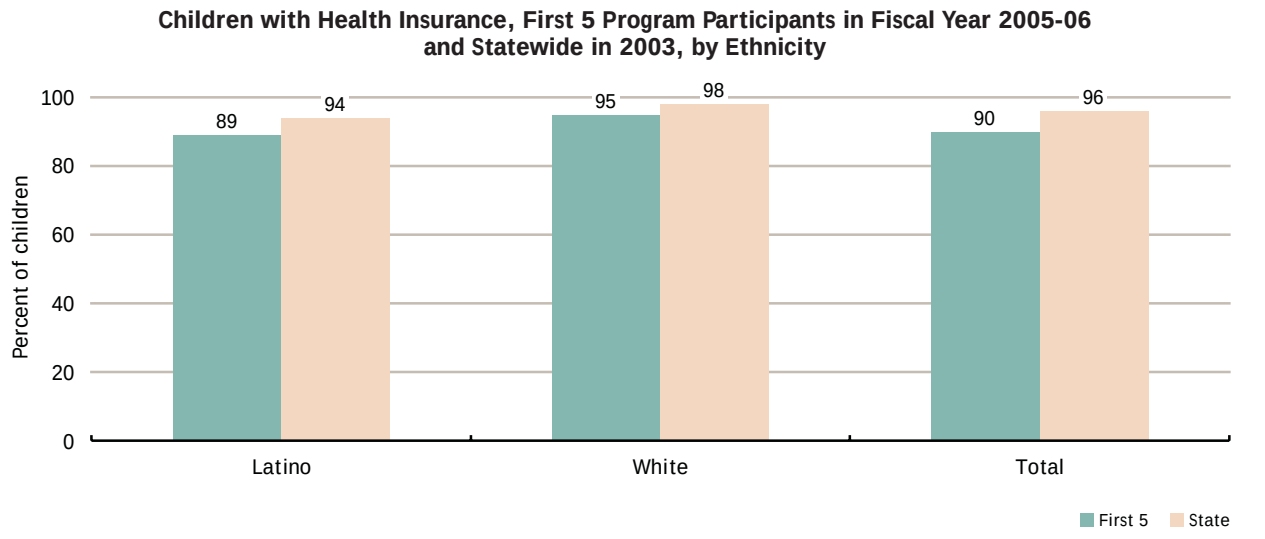
First 5 programs identify and target children who do not have health insurance or receive adequate preventive health care. This effort includes continuing to offer programs that provide health insurance to children not eligible for other health insurance programs, linking eligible children to existing health insurance programs, and connecting all children to regular health care providers.

EXHIBIT 3-18



Source: Statewide data from 2003 California Health Interview Survey (CHIS).

EXHIBIT 3-19



Source: Statewide data from 2003 California Health Interview Survey (CHIS).

Outcome Data for Intensively Served First 5 Program Participants

Outcome data indicate that after 6 months of intensive First 5 services:

- The proportion of children with a regular medical home increased from 87% at intake to 93% at follow-up.
- The proportion of children with a regular doctor increased from 90% at intake to 93% at follow-up.
- The proportion of children with health insurance increased from 90% at intake to 93% at follow-up.

After 6 months of intensive First 5 services, the proportion of parents who reported that their children had a regular medical home increased from 87% to 93% (Exhibit 3-20). Of the 6,220 respondents with both intake and 6-month follow-up data, significantly more parents reported that their children had a place, other than an emergency room, where they could regularly go for health care. Similarly, significantly more parents reported that they had a regular doctor to take their children to for well-child care. After 6 months in First 5, the rate increased from 90% at intake to 93% at follow-up, based on reports from 6,218 parents. These improvements continued to be seen in 12-month follow-up data. The percentage of children with a regular medical home increased from 87% to 93%, based on 1,455 parent responses; the percentage of children with a regular doctor increased from 90% to 95%, based on 1,522 parent responses.

Additionally, after receipt of First 5 services, more parents reported that their children had health insurance. Among the 8,498 respondents with both intake and 6-month follow-up data, rates of health insurance coverage increased from 90% to 93%, with rates rising to 92% or higher across all ethnic groups in just 6 months (Exhibits 3-20 and 3-21). Among the 2,558 respondents with both intake and 12-month follow-up data, rates of health insurance coverage increased from 92% to 95% in 12 months.

Finally, the rate of children receiving all the recommended well-child checkups for their age did not significantly increase after 6 months of intensive services (83% at intake and 84% at 6-month follow-up for the 6,136 children), but it did significantly increase for children who received 12 months of services. For the 1,448 children who had both intake and 12-month follow-up data, the percentage of children receiving all of their recommended well-child checkups increased from 78% to 83%.

EXHIBIT 3-20

Children with a Regular Medical Home, a Regular Doctor, and Health Insurance, at Intake and 6-Month Follow-up, First 5 Program Participants

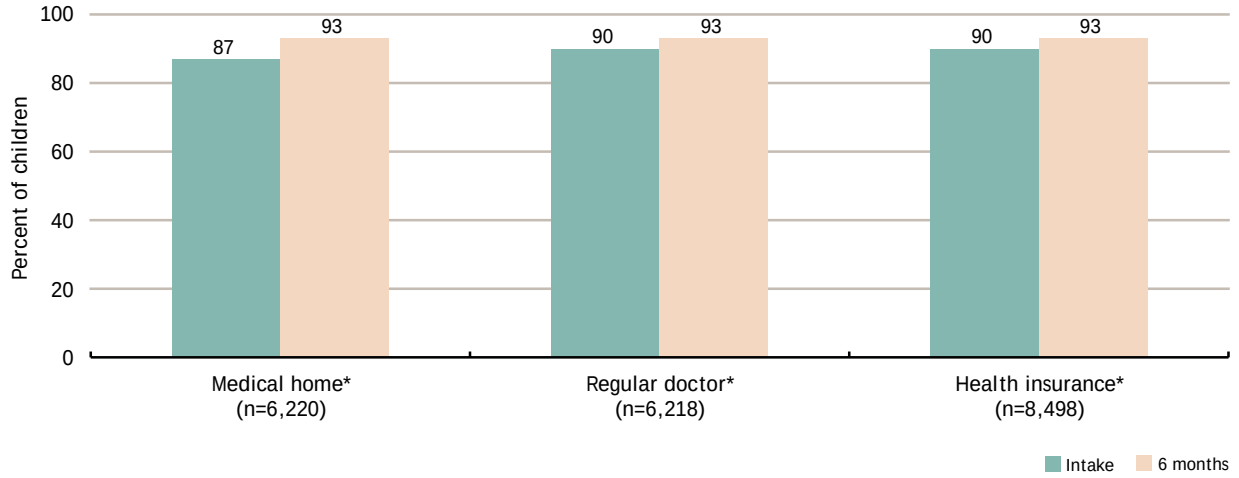
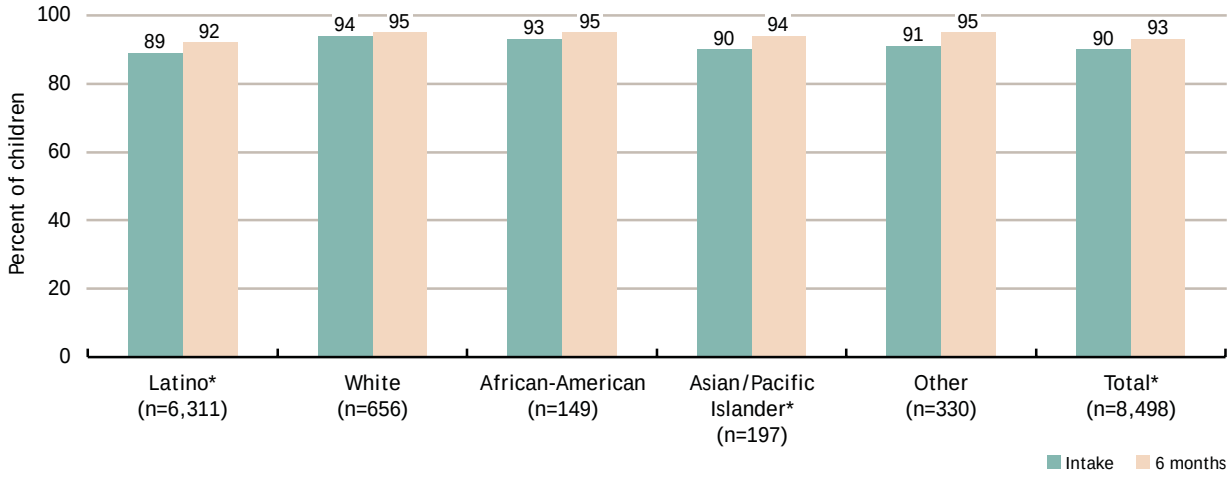


EXHIBIT 3-21

Children with Health Insurance at Intake and 6-Month Follow-up, First 5 Program Participants, by Ethnicity



RESULT AREA: IMPROVED CHILD HEALTH

Outcome: Children are healthy and well nourished.

Increasing the numbers of children in good health and of mothers who breastfeed their infants, along with improving the later nutritional health of children, are priorities for more than two-thirds of County Commissions. Progress on this outcome is being tracked by the following indicator: percentage of women who are breastfeeding at time of hospital discharge and those who continue breastfeeding for at least 6 months.

Importance of the Indicator

- Extensive research documents the benefits of breastfeeding for infants and their mothers, including health, nutritional, immunologic, developmental, and psychological benefits.
- Breastfeeding is an important contributor to overall infant health and development because it prevents diseases such as ear infections, provides essential nutrients, and promotes maternal-infant bonding.

Intake Data for Intensively Served First 5 Program Participants

Intake data indicate that:

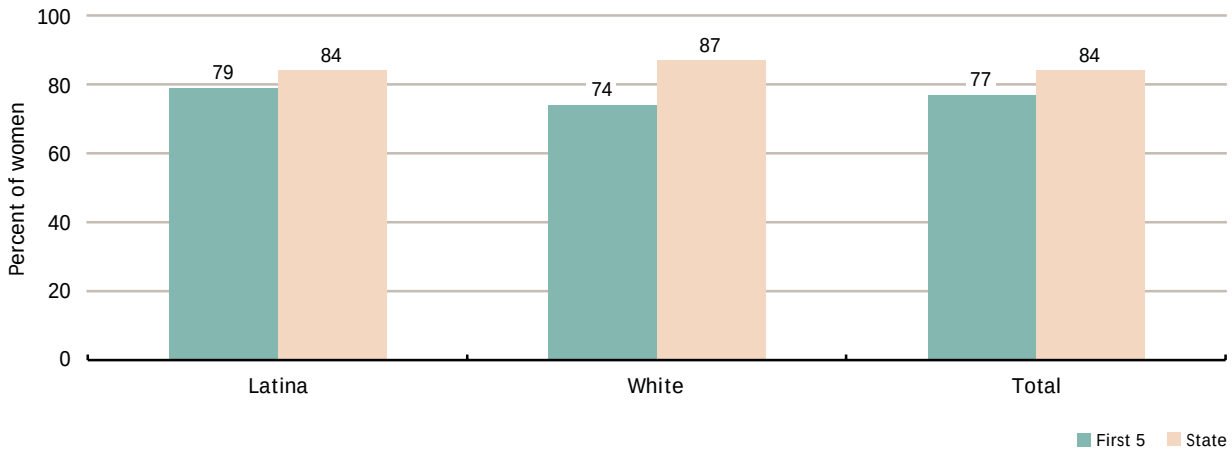
- Mothers enrolling their children in First 5 programs were less likely to have breastfed their babies (77%), compared with the statewide average (84%).
- Breastfeeding practices were quite variable among First 5 ethnic and linguistic populations, with African-American enrollees reporting the lowest rate (52%) and Latina enrollees reporting the highest rate (79%).

At entry into a First 5 program, of the 7,509 mothers who were asked about breastfeeding, more than three-quarters (77%) reported that they had ever breastfed their babies. Overall, First 5 enrollees were less likely to have breastfed their babies, compared with the 2002-04 state average, which indicated 84% of mothers breastfeeding at discharge (Exhibit 3-22). Breastfeeding practices among First 5 participants were quite variable, with African-American enrollees reporting the lowest rate (52%) and Latina enrollees reporting the highest rate (79%), compared with white (74%) or Asian/Pacific Islander participants (57%). Spanish-speaking enrollees reported the highest rate (82%), compared with English speakers (69%) or participants speaking other languages (62%) (Exhibit 3-23). Of the 4,146 mothers no longer breastfeeding, 44% breastfed for less than 6 months, including 22% who breastfed for less than 6 weeks.

Research indicates that breastfeeding is associated with various health benefits to both infants and their mothers (e.g., reduction in the incidence and severity of diseases in infants; decreased risk of several medical conditions in mothers). First 5 programs can increase the prevalence and duration of breastfeeding by continuing to offer prenatal care and parent education, especially to populations who most infrequently breastfeed their infants.

EXHIBIT 3-22

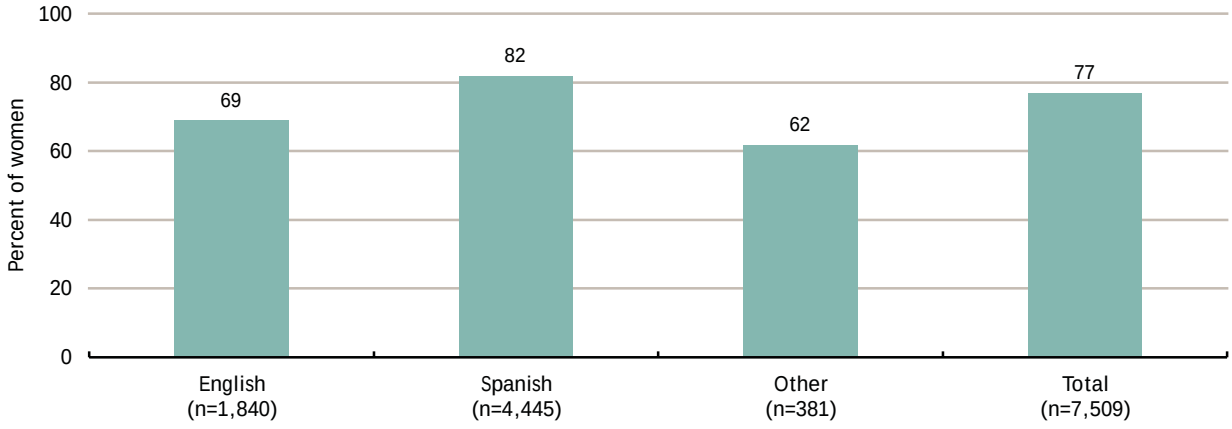
Women Who Ever Breastfed, First 5 Program Participants in Fiscal Year 2005-06 and Statewide in 2002-04, by Ethnicity



Source: California Department of Health Services, Center for Health Statistics, Office of Health Information and Research, Data Tables, Table 24: Breast-feeding Initiation during Early Postpartum Ranked by Three-Year Average Breastfeeding Initiation Percentage, California Counties, 2002-04.

EXHIBIT 3-23

Women Who Ever Breastfed, First 5 Program Participants in Fiscal Year 2005-06, by Language



RESULT AREA: IMPROVED CHILD HEALTH

Outcome: Children have good oral health.

Increasing the numbers of children who have dental exams and of families who have dental insurance are priorities for more than three-quarters of County Commissions. Progress on this outcome is being tracked by using two indicators: (1) percentage of children receiving annual dental exams and (2) percentage of children who have dental insurance.

Importance of the Indicators

- Annual dental exams provide preventive care and facilitate early diagnosis and treatment of oral problems.
- Dental problems interfere with learning and school attendance.
- The availability of dental insurance is related to both the use of dental services and oral health.

Intake Data for Intensively Served First 5 Program Participants

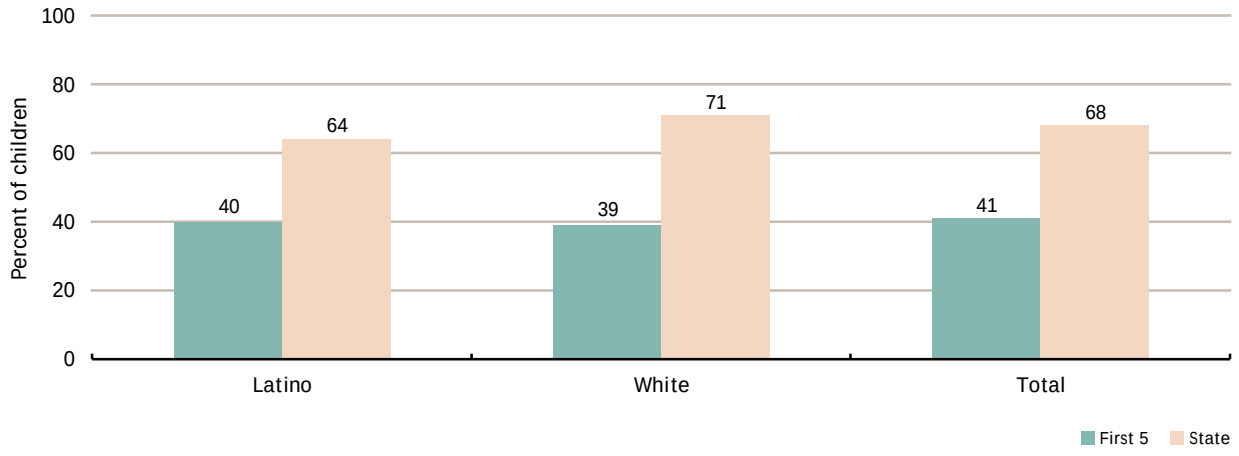
Intake data indicate that:

- Children ages 3-5 enrolling in First 5 programs were much less likely to have received dental care within the past year (41%), compared with children across the state (68%).
- Fewer parents reported that their children had dental insurance at entry into First 5 programs (75%) than the statewide average (81%).

On the basis of the enrollment data from 14,661 parents who were asked about their children's dental exams, only 41% of children ages 3-5 had received a dental exam within the past year, and 51% had never received dental care. First 5 enrollees, therefore, were much less likely than children statewide (68%) to have received recent dental care before program entry (Exhibit 3-24).

EXHIBIT 3-24

Children Ages 3-5 Receiving Annual Dental Exams, First 5 Program Participants in Fiscal Year 2005-06 and Statewide in 2003, by Ethnicity



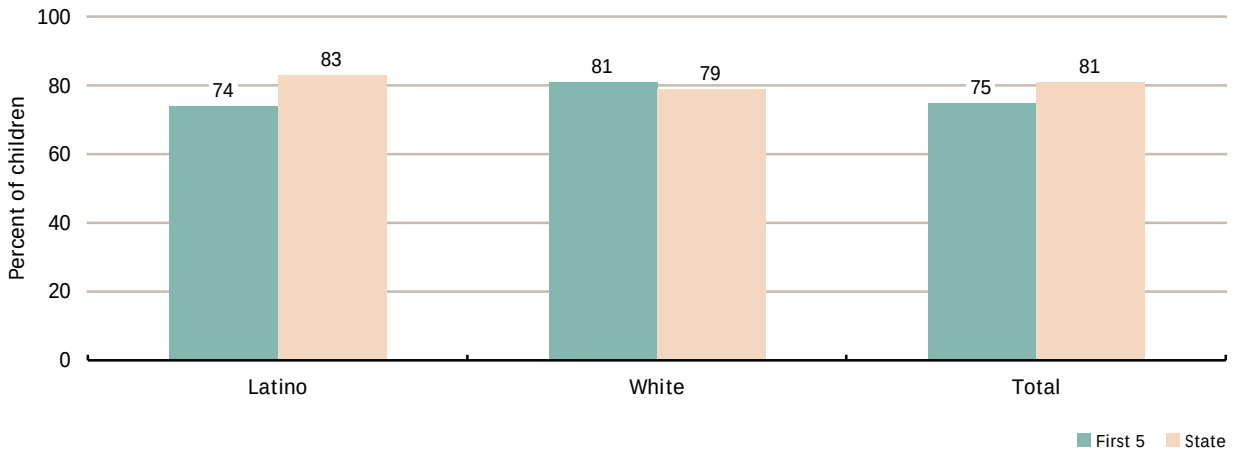
Source: Statewide data from 2003 California Health Interview Survey (CHIS).

Of the 8,971 families with both intake and 6-month follow-up data, 75% of the parents reported that their children had some type of dental insurance at program entry. This rate of insurance is lower than the statewide average of 81% of children ages 0-5 (Exhibit 3-25). When examined by age group, First 5 enrollment data show that fewer younger children, particularly children 2 years old and younger (67%), than children ages 3-5 (75%) tended to have dental insurance.

First 5 programs identify and target children who do not have dental insurance or receive adequate preventive dental care. This effort includes continuing to offer programs that provide dental insurance to children and connecting all children to regular dental care providers.

EXHIBIT 3-25

Children Ages 0-5 with Dental Insurance, First 5 Program Participants in Fiscal Year 2005-06 and Statewide in 2003, by Ethnicity



Source: Statewide data from 2003 California Health Interview Survey (CHIS).

Outcome Data for Intensively Served First 5 Program Participants

Outcome data indicate that after 6 months of intensive First 5 services:

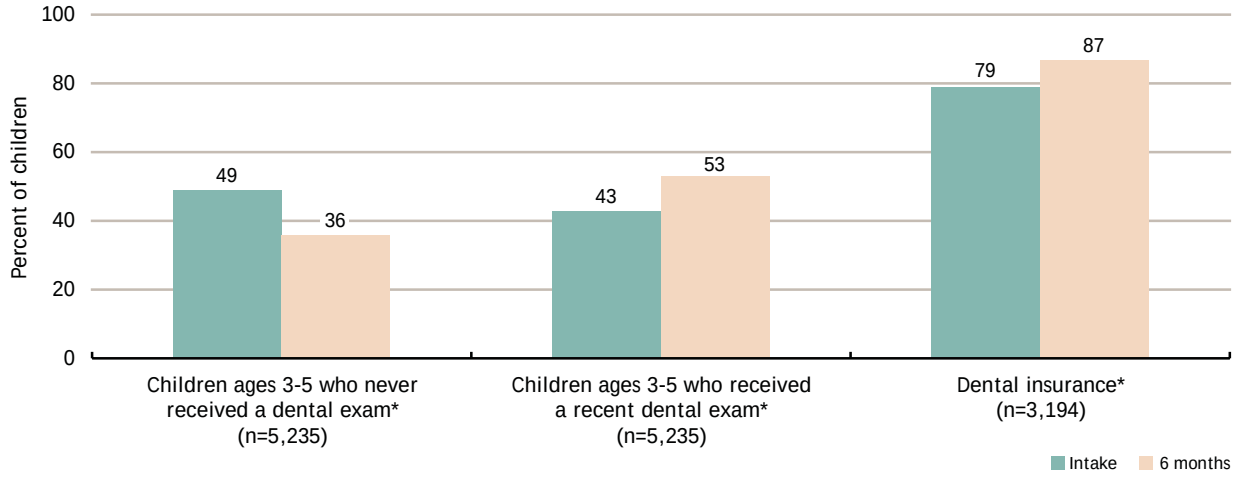
- The proportion of children who had received a recent dental exam increased from 43% at intake to 53% at follow-up, and far fewer parents reported that their children had never seen a dentist.
- The proportion of children with dental insurance increased from 79% at intake to 87% at follow-up.

Of the 5,235 parents with both intake and 6-month follow-up data, 53% reported at follow-up that their children had received a dental exam in the past year, a significant increase from their intake rate of 43% (Exhibit 3-26). After 6 months of intensive First 5 services, the proportion of parents reporting that their children had never received a dental exam dropped from 49% at intake to 36% at follow-up. This positive trend was even stronger for the 1,210 participants who had 12 months of intensive First 5 services and responded to this question, with rates of children receiving an annual dental exam increasing from 36% to 52% and the proportion of parents reporting that their children had never received a dental exam dropping from 57% at intake to 35%.

Of the 3,194 parents with both intake and follow-up responses to questions about dental insurance, more parents reported at the 6-month follow-up that their children had acquired dental insurance in the past 6 months. Rates of dental insurance coverage increased significantly, from 79% at intake to 87% at follow-up (Exhibit 3-26). Rates of having dental insurance increased even more for participants who received 12 months of First 5 services; they increased from 76% to 88%, based on the responses of 713 parents.

EXHIBIT 3-26

Children with Recent Dental Exams and Dental Insurance, at Intake and 6-Month Follow-up, First 5 Program Participants



RESULT AREA: IMPROVED CHILD HEALTH

Outcome: Children are free of smoking-related illnesses.

Protecting children from living in households with adult smokers and from being in environments with smokers are priorities for about half of County Commissions, especially those in the large-population counties. Progress on this outcome is being tracked by using two indicators: (1) percentage of children who live in households with smokers and (2) percentage of mothers who smoked during pregnancy.

Importance of the Indicators

- Inhalation of secondhand smoke is linked to health problems. For example, inhalation of secondhand smoke increases children's risk of developing pneumonia and bronchitis and also puts children at increased risk of asthma attacks and ear infections.
- Smoking during pregnancy is linked to increased risks of mortality and morbidity in infants and spontaneous abortion, stillbirth, neonatal death, and sudden infant death.

Intake Data for Intensively Served First 5 Program Participants

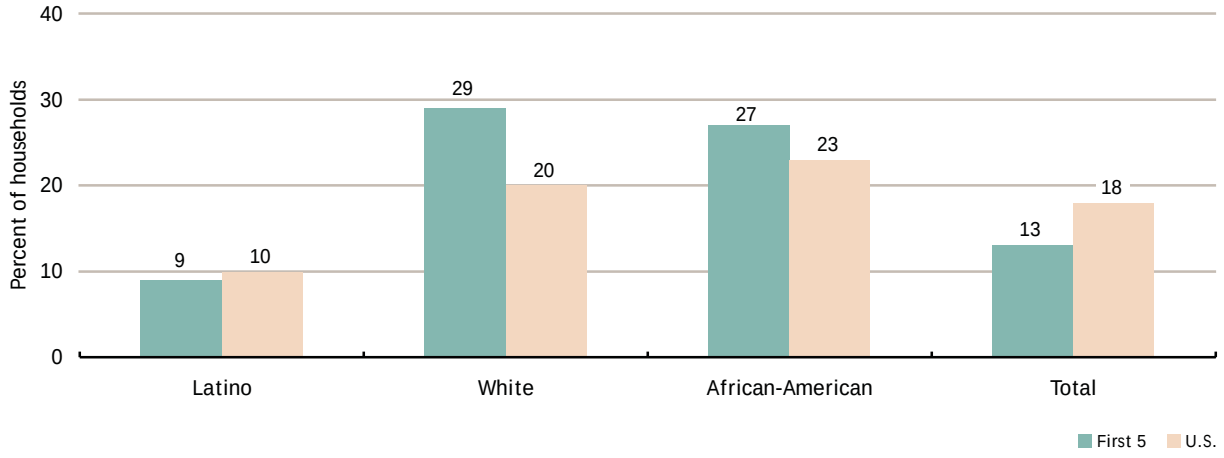
Intake data indicate that:

- Slightly fewer children enrolling in First 5 programs were exposed to secondhand smoke in their homes (13%), compared with the national average (18%); but far more white First 5 enrollees lived in households where at least one adult smoked (29%), compared with the proportion of white households nationally (20%).
- Rates of smoking during pregnancy were quite variable among First 5 ethnic populations, with only 3% of the Latina but 21% of white enrollees reporting that they smoked during pregnancy.

Of 20,436 parents enrolling in First 5 programs, 13% reported that their children lived in households where at least one adult smoked (Exhibit 3-27). This proportion is smaller than the national average of 18%, but there were large differences among the First 5 ethnic groups. The Latino households showed rates comparable to national findings (9%, compared with 10%), but First 5 enrollees residing in white and African-American households were far more likely to be exposed to secondhand smoke (29% and 27%, respectively), compared with the proportions of households nationally (20% and 23%, respectively).

EXHIBIT 3-27

Households Where an Adult Smoked, First 5 Program Participants in Fiscal Year 2005-06 and Nationwide in 2004, by Ethnicity



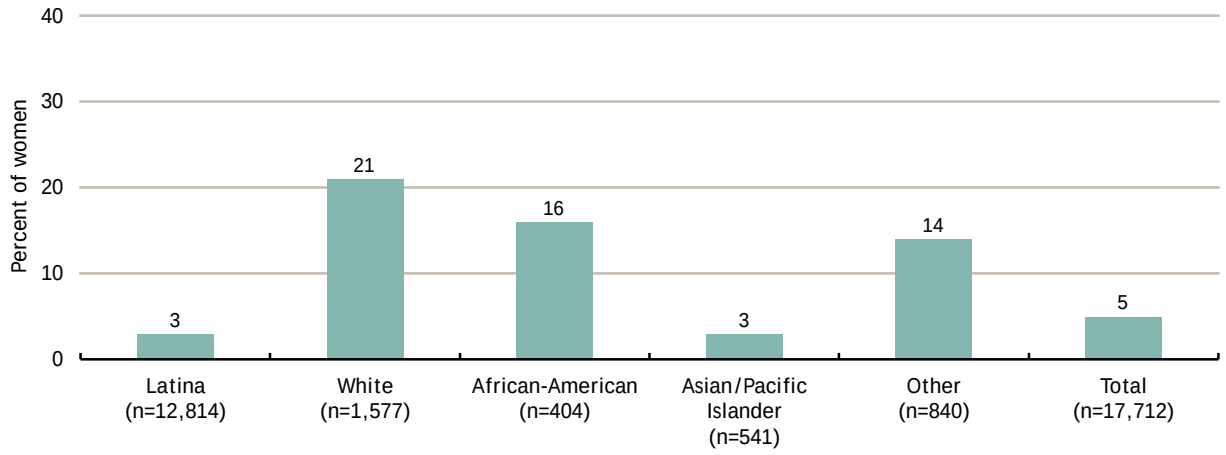
Source: National data from National Household Survey on Drug Use: Tobacco Statistics, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

Among 17,712 mothers enrolling in First 5 programs, 5% reported that they had smoked tobacco at some point during their pregnancy (Exhibit 3-28). Again, there were large differences among ethnic groups, from a low of 3% of Latina and Asian/Pacific Islander enrollees to a high of 21% of white enrollees reporting that they smoked during pregnancy.

Because smoking has direct and serious health implications for developing fetuses, growing children, and adult smokers, First 5 programs offer and promote prenatal care services, parent education, and smoking cessation programs to decrease health risks and increase children's optimal development.

EXHIBIT 3-28

Women Who Smoked during Pregnancy, First 5 Program Participants in Fiscal Year 2005-06, by Ethnicity



Outcome Data for Intensively Served First 5 Program Participants

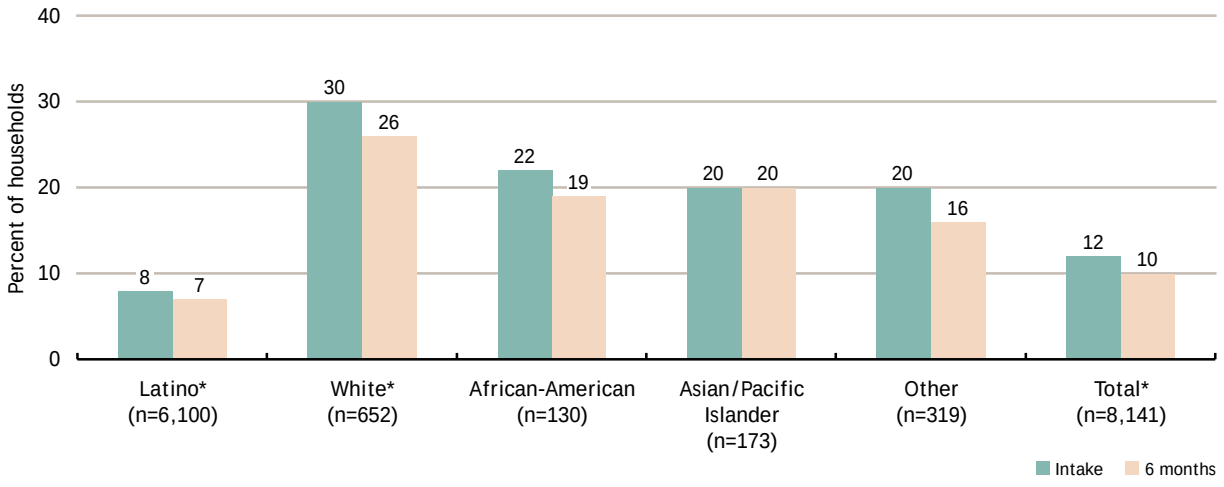
Outcome data indicate that:

- The proportion of children exposed to secondhand smoke decreased from 12% at entry to First 5 programs to 10% after 6 months of intensive services.

Of the 8,141 respondents with both intake and 6-month follow-up data, the proportion of parents reporting that their children lived in households where at least one adult smoked decreased. Rates of smoking decreased from 12% of the households at intake to 10% of the households after 6 months of intensive First 5 services (Exhibit 3-29). Of the 2,319 respondents with both intake and 12-month follow-up data, rates of smoking in households also showed similar decreases (from 11% to 10%).

EXHIBIT 3-29

Households Where an Adult Smoked, at Intake and 6-Month Follow-up, First 5 Program Participants, by Ethnicity



RESULT AREA: IMPROVED FAMILY FUNCTIONING

Overview

Child development research has consistently found that a stimulating and responsive home environment promotes children's optimal early development and subsequent school performance. The quality of early cognitive and language stimulation in the home, such as shared book reading, and the social and emotional quality of early parent-child relationships are associated with children's early school learning. Studies of young children show that having parents who provide a responsive, nurturing, and stimulating home environment, regardless of family income, enhances cognitive development, as well as the social and behavioral maturity needed for school success.

Equally critical are a number of social-environmental risk factors that are associated with a greater likelihood of less than optimal development and with early school difficulties. These include family poverty, single-parent family status, low maternal education levels, significant marital discord, family history of mental health problems, substance abuse, legal problems, and lack of social support. The more risk factors that are present, the greater the likelihood that a child will experience behavioral, psychological, cognitive, and academic difficulties. Therefore, promoting positive family functioning is critical to increasing children's readiness for school and continued success in life.

First 5 California and County Commissions are funding numerous programs aimed at improving family functioning and home environments, and are gathering data to assess their effectiveness, including data on the extent to which

- children live in home environments supportive of optimal cognitive development;
- families are self-sufficient; and
- fewer teens have babies, and more parenting teens delay subsequent pregnancies.

First 5 is achieving positive family functioning outcomes.

After 6 to 12 months of intensive First 5 services, more families regularly engaged in literacy activities with their children, more mothers acquired their high school diploma or GED, and fewer families experienced frequent mobility and food insecurity (Exhibits 3-30 and 3-31).

This section describes the family functioning outcomes for First 5 participants and families with young children in California. These outcomes have a great impact on children's lives. The local stories highlighted illustrate the importance of helping families to be their children's first and best teachers and to provide the nurturing and stimulating home environments their children need to reach their full potential.

EXHIBIT 3-30

Improved Family Functioning Outcomes for First 5 Participants at 6-Month Follow-up

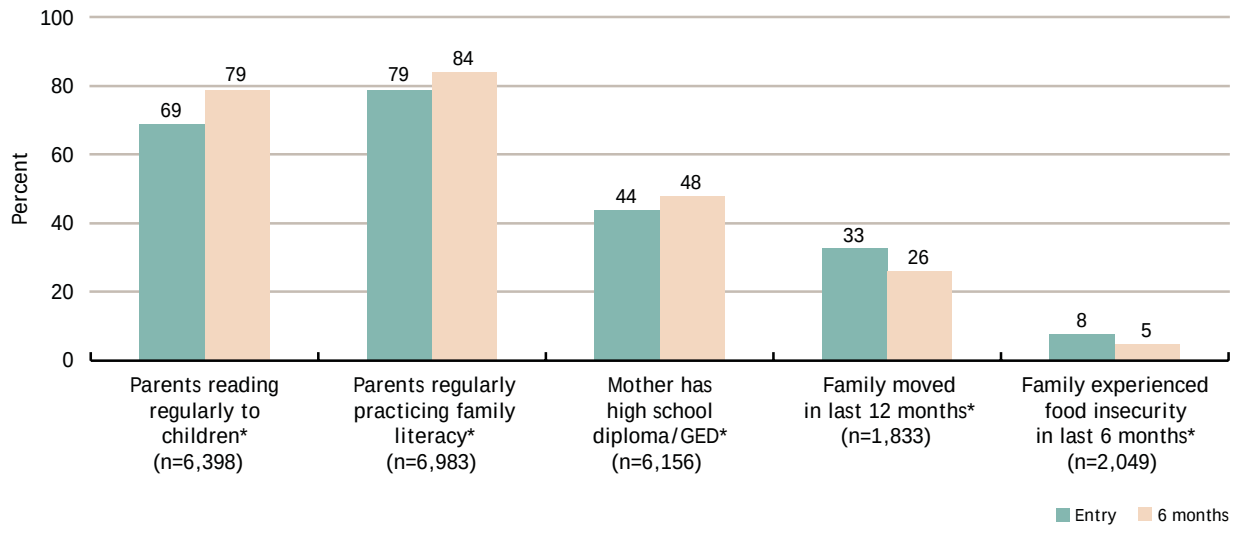
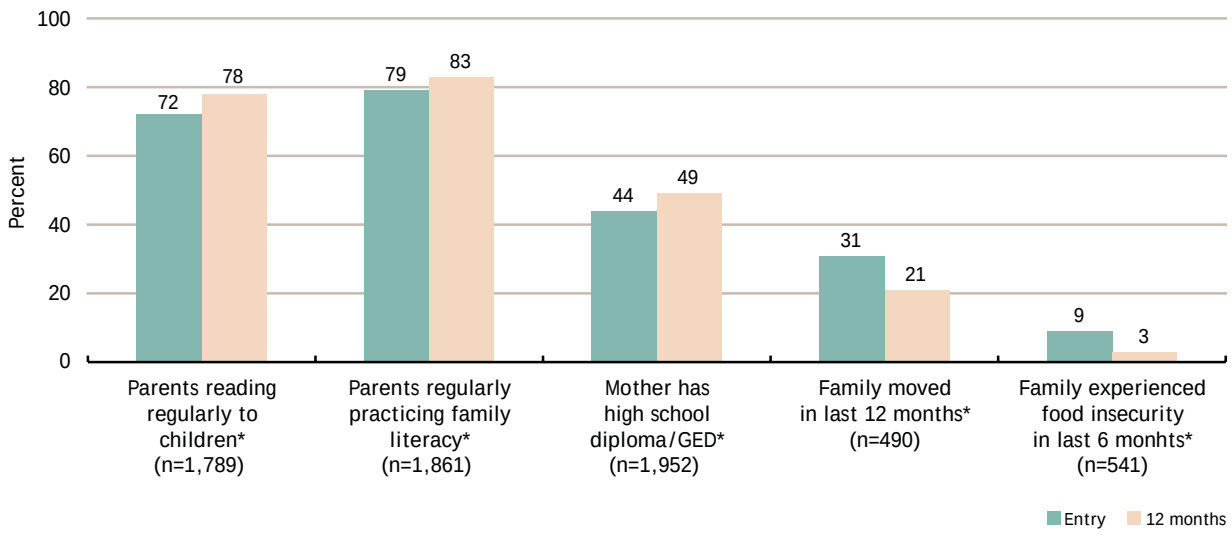


EXHIBIT 3-31

Improved Family Functioning Outcomes for First 5 Participants at 12-Month Follow-up



Local Highlight on Family Support

A 22-year-old single mother of a 2-year-old child began attending a First 5 Humboldt playgroup after being encouraged to attend by the playgroup facilitator at the family resource center. This young mother, "Sally," has a chronic illness and is a survivor of childhood abuse. Her young son, "Sam," initially had many problems getting along with other children, including hitting and fighting. The playgroup facilitator helped Sally in dealing with Sam's poor socialization skills and assisted her in finding a counselor to deal with her physical illness and emotional issues that interfered with her parenting abilities. The facilitator also helped Sally find affordable housing and encouraged her to continue her education. After some months, Sally has gained self-confidence, is back in school finishing her GED, and has better control over her chronic illness. Her parenting skills have improved, both as a result of her counseling sessions and through the support of the playgroup facilitator and the other parents at the playgroup. Sam's behavior has improved dramatically, and he is now getting along with other children in the playgroup. According to the social worker at the family resource center, "This young mom is now better equipped to provide her son with what he needs to be a healthy, happy child with a loving mom. She has made tremendous progress and has changed the course of her life and her son's life in a very positive direction."

Local Highlight on Family Support

Maria is a monolingual Spanish-speaking mother of two—a 3-year-old daughter and a 6-year-old. Through her participation in the Wheatland School District Even Start Program in Yuba County, Maria has learned to be her daughter's first teacher. Maria learned how to support her daughter's English language development and reading skills, regardless of her own English language skills, and to support her daughter's motor, social-emotional, and language development through age-appropriate games. Maria now reads to her daughter, engaging her by asking questions about the pictures and stories and asking her to identify letters and letter sounds.

RESULT AREA: IMPROVED FAMILY FUNCTIONING

Outcome: Children live in home environments supportive of optimal cognitive development.

Increasing the frequency with which parents read to their children and other parental practices supportive of their children's cognitive development is a priority outcome for more than three-quarters of County Commissions. Progress on this outcome is being tracked by using the following indicator: percentage of families who report early literacy practices such as reading or telling stories regularly to their children ages 3-5.

Importance of the Indicator

- Reading to children builds language and literacy skills essential for success in school.
- Oral storytelling, central to many cultures, serves many of the same functions and has similar literacy development results as reading to children.

Intake Data for Intensively Served First 5 Program Participants

Intake data indicate that:

- At First 5 program entry, fewer parents reported reading regularly to their children (67%), compared with the statewide average (82%).
- Rates of other family literacy practices were quite variable among First 5 enrollees, with higher rates of storytelling and singing songs reported among the First 5 white population.

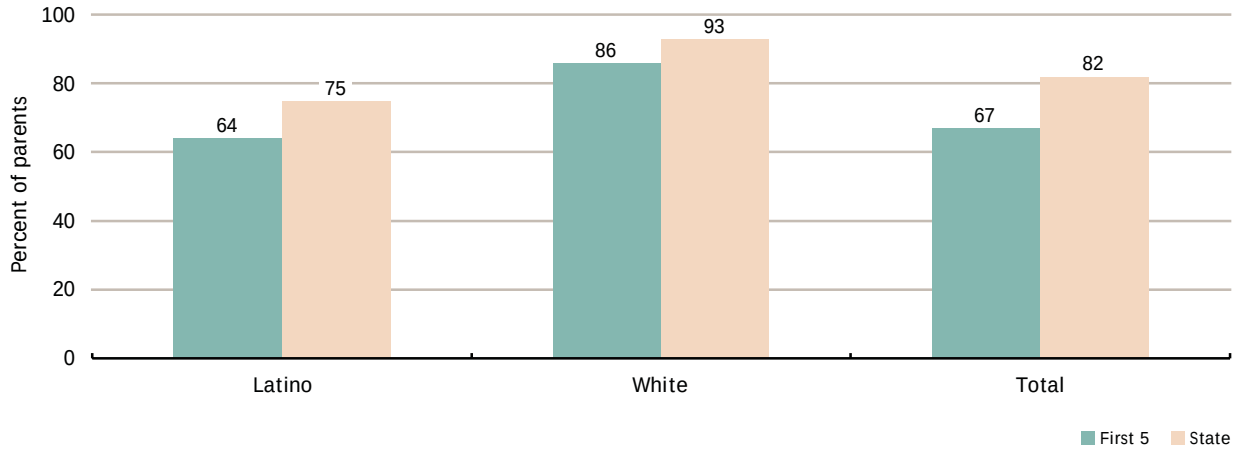
Of 13,211 parents enrolling their children in First 5 programs, two-thirds (67%) reported reading regularly to their children (at least three times a week), compared with the 2001 state average (82%) (Exhibit 3-32). In particular, fewer Latino First 5 enrollees read regularly to their children (64%), compared with proportions of Latino households statewide (75%).

Of the 13,393 parents responding to questions about the frequency with which they told stories to their children, 50% reported doing so regularly (at least three times a week) before program entry. Again, there were differences among ethnic groups, from a low of 46% of the Latino enrollees to a high of 71% of white enrollees reporting regular storytelling at home. Among 13,366 parents, 66% indicated that they sang songs regularly to their children, with a low of 64% reported in the Latino population and a high of 82% in the white population.

First 5 promotes literacy and offers literacy and parent education programs that target families who may be less likely to read or tell stories to their children, such as parents who have limited access to books, especially in their primary language, and parents of younger children who may not know the benefits of these literacy activities for very young children.

EXHIBIT 3-32

Parents Reading Regularly to Children Ages 3-5, First 5 Program Participants in Fiscal Year 2005-06 and Statewide in 2003, by Ethnicity



Source: Statewide data from 2003 California Health Interview Survey (CHIS).

Outcome Data for Intensively Served First 5 Program Participants

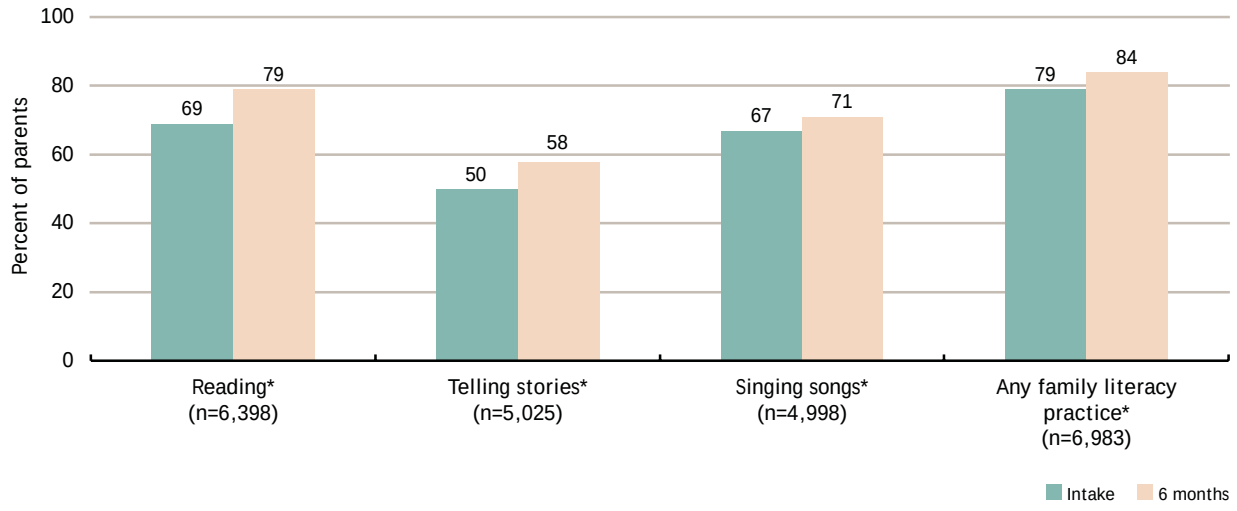
Outcome data indicate that:

- The proportion of parents who reported regularly engaging in any family literacy practices increased from 79% at intake to 84% after 6 months of intensive First 5 services. Rates of reading increased from 69% at intake to 79% at follow-up; rates of telling stories increased from 50% to 58%; rates of singing songs increased from 67% to 71%. The Latino and Asian/Pacific Islander populations showed the largest gains.
- The proportion of parents who reported regularly engaging in any family literacy practices increased from 79% at intake to 83% after 12 months of intensive First 5 services. Rates of reading increased from 72% at intake to 78% at follow-up; rates of telling stories increased from 54% to 59%.

Among the 6,983 respondents with both intake and 6-month follow-up data, the proportion of parents who reported engaging in any family literacy practices regularly (at least three times a week) increased significantly, from 79% at intake to 84% at follow-up. Rates of reading increased from 69% of the families at intake to 79% of the families after 6 months of intensive First 5 services (with 6,398 parents reporting), meeting the statewide average. Similarly, rates of storytelling increased from 50% to 58% (with 5,025 parents reporting), and rates of singing songs increased from 67% to 71% (with 4,998 parents reporting) (Exhibit 3-33). The Latino and Asian/Pacific Islander populations showed the largest gains, with rates of any family literacy activities, reading, singing, and telling stories increasing significantly after 6 months of intensive First 5 services.

EXHIBIT 3-33

Parents Regularly Practicing Family Literacy, at Intake and 6-Month Follow-up, First 5 Program Participants

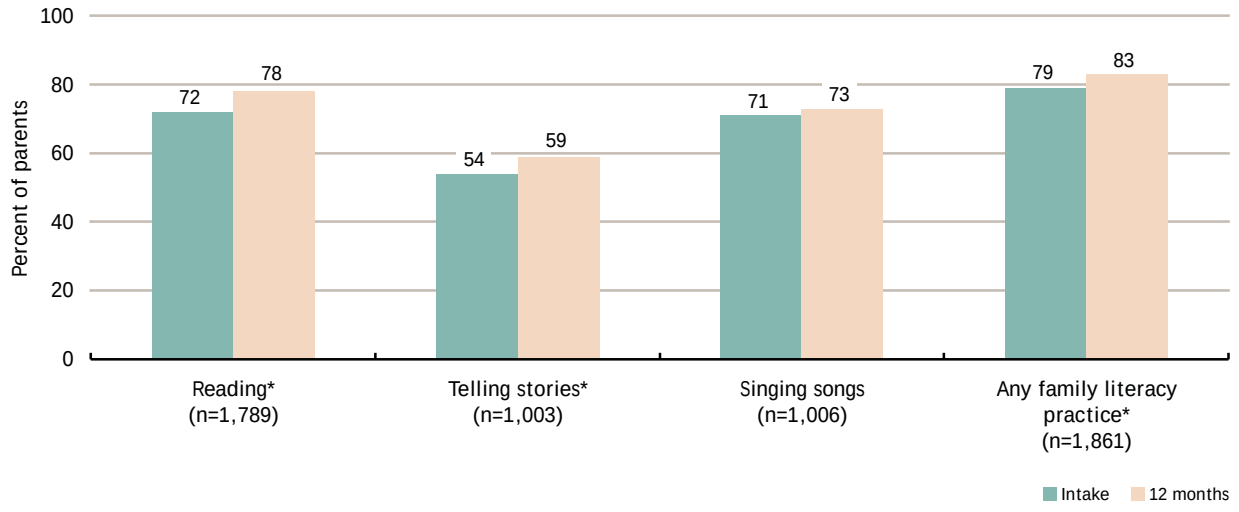


Among the 1,861 respondents with both intake and 12-month follow-up data, the proportion of parents who reported regularly engaging in any family literacy practices increased significantly, from 79% at intake to 83% at follow-up. From reports of 1,789 families, rates of reading and oral storytelling also increased, from 72% and 54% of the families at intake to 78% and 59%, respectively, after 12 months of intensive First 5 services (Exhibit 3-34).

Again, the Latino population showed the largest gains, with rates of any family literacy activities, reading, and telling stories increasing significantly after 12 months of intensive First 5 services.

EXHIBIT 3-34

Parents Regularly Practicing Family Literacy, at Intake and 12-Month Follow-up, First 5 Program Participants



RESULT AREA: IMPROVED FAMILY FUNCTIONING

Outcome: Families are self-sufficient.

Increasing the percentage of families who are economically self-sufficient, thereby reducing the number of children living in poverty, is a high priority for more than two-fifths of County Commissions. Progress on this outcome is being tracked by using the following indicators: (1) percentage of children living in poverty, (2) percentage of mothers who completed high school or its equivalent, and (3) percentage of children who moved more than once in a year.

Importance of the Indicators

- Poverty and its associated conditions can have significant effects on children's development and well-being, particularly in early childhood.
- Children with more highly educated parents are more likely to have access to greater amounts of resources.
- Parental educational attainment is strongly associated with children's increased school readiness and educational achievement.
- Higher levels of parent education also are strongly associated with improved health and health-related behaviors for both parent and child.

Intake Data for Intensively Served First 5 Program Participants

Intake data indicate that:

- A majority of families (65%) enrolling in First 5 programs lived in poverty, greatly exceeding statewide levels (19%).
- 47% of all mothers enrolling in First 5 programs reported that they had a high school diploma or GED.
- High school completion rates were variable among First 5 ethnic populations, with Latina respondents reporting the lowest rate (39%) and white and Asian/Pacific Islander respondents reporting the highest rates (83% and 82%, respectively).
- A third (33%) of families reported having moved one or more times within the last 12 months.

Almost two-thirds (65%) of the 9,254 First 5 enrollees who were asked about their annual income lived below the poverty threshold (Exhibit 3-35), and 88% had annual incomes below 185% of poverty level and thus were eligible for several public assistance programs. These proportions are dramatically and significantly higher than statewide data, which indicate that approximately 19% of families with children ages 0-5 in California live in poverty and 42% of families have incomes under 185% of poverty level. The African-American and Latino populations enrolling in First 5 had higher rates of poverty (66% and 70%, respectively) than white and Asian/Pacific Islander families (34% and 38%, respectively); however, the poverty rates in the white and Asian/Pacific Islander populations still greatly exceeded statewide levels (8% and 11%, respectively).

Among 12,985 mothers enrolling in First 5, 47% reported at program entry that they had a high school diploma or GED (Exhibit 3-36). Again, there were large differences among ethnic groups, from a low of 39% of the Latina respondents to a high of 83% of white and 82% of Asian/Pacific Islander respondents reporting the completion of high school.

Among the 7,444 families enrolling in First 5 who were asked how many times they had moved in the last 12 months, 33% responded they had moved one or more times. Mobility can be stressful for families, especially children, and lead to families' being unaware of where to access important services.

Poverty and its associated conditions can have significant effects on children's development and well-being, particularly in early childhood. First 5 programs target children living in poverty and support their families in accessing basic services, food, adult education and training, and other resources that will promote their optimal health, development, self-sufficiency, and success.

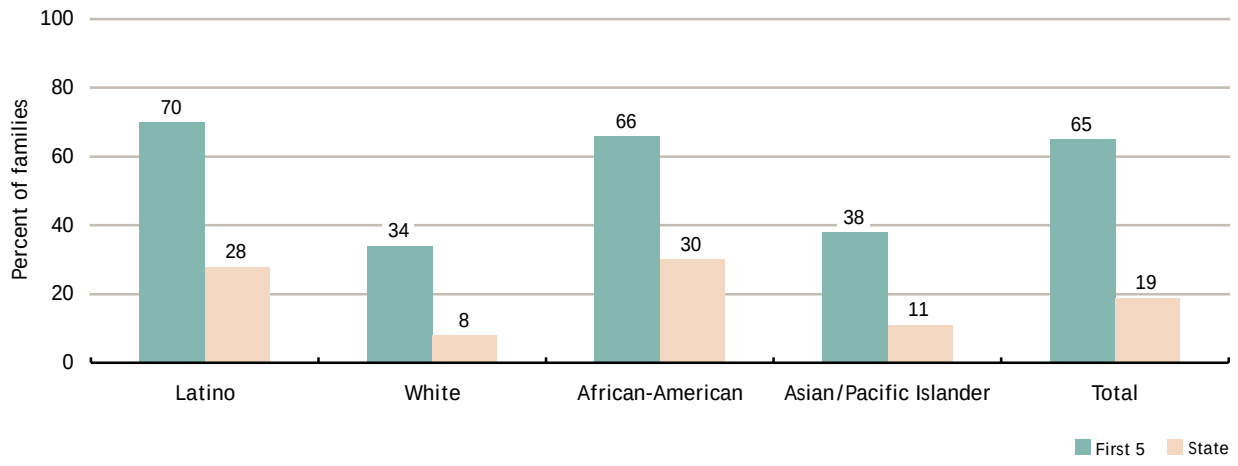
Outcome Data for Intensively Served First 5 Program Participants

Outcome data indicate that:

- The proportion of families living in poverty decreased from 69% at intake to 68% after 12 months of First 5 services.
- Rates of high school completion increased significantly, from 44% of the mothers at intake to 48% after 6 months of intensive First 5 services and from 44% at intake to 49% after 12 months of services.
- Rates of families frequently moving decreased from 33% to 26% after 6 months of intensive First 5 services.

EXHIBIT 3-35

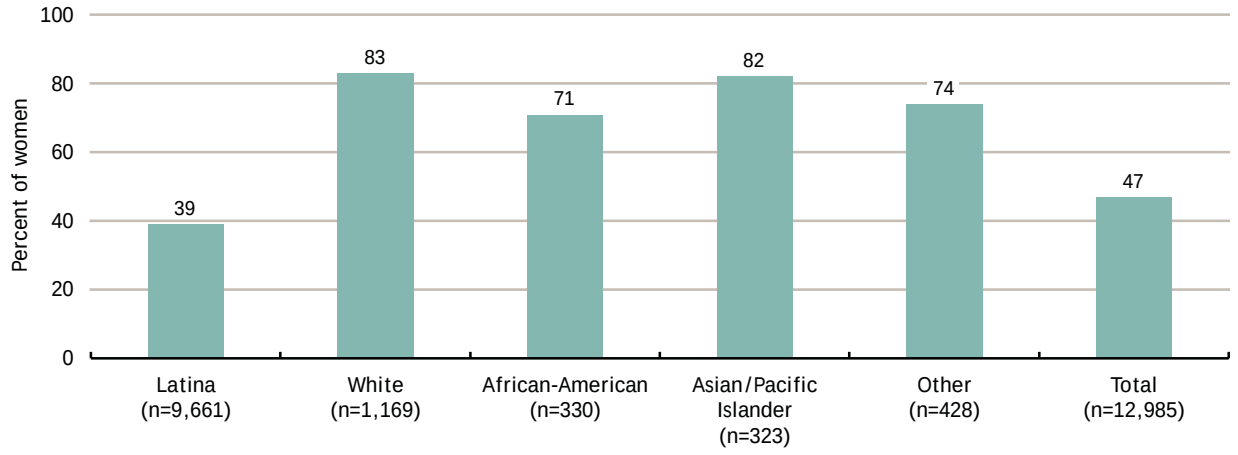
Families with Children Ages 0-5 Living in Poverty, First 5 Program Participants in Fiscal Year 2005-06 and Statewide in 2004, by Ethnicity



Source: Statewide data from U.S. Census Bureau, American Community Survey, 2004.

EXHIBIT 3-36

Women with High School Diploma or GED, First 5 Program Participants in Fiscal Year 2005-06, by Ethnicity

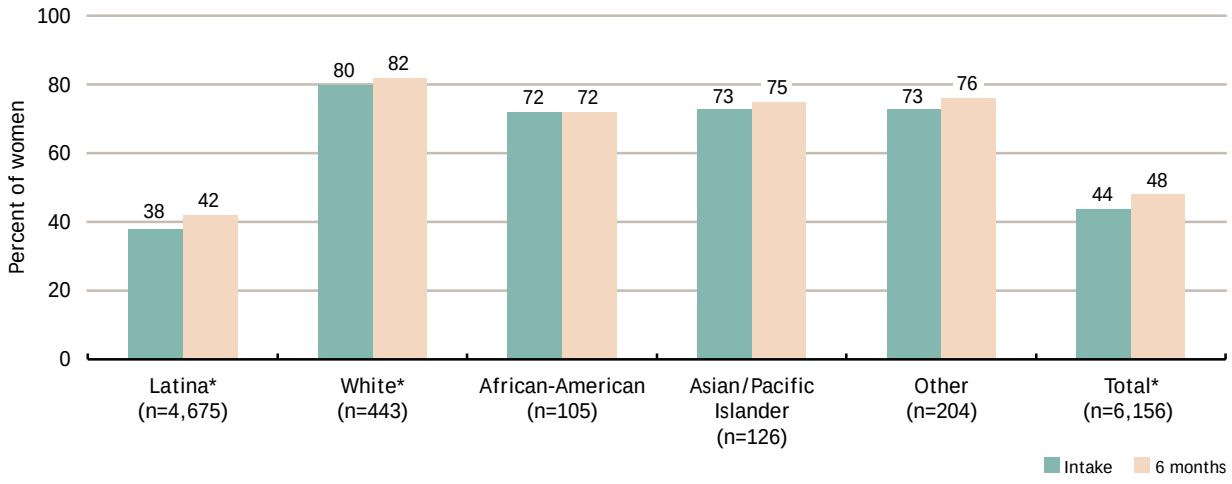


Among the 3,973 respondents with both intake and 6-month follow-up data, poverty levels were relatively consistent. At both intake and 6-month follow-up, 68% of the families reported living below the poverty threshold. Among the 1,079 respondents with both intake and 12-month follow-up data, similar rates of poverty are seen after 12 months of intensive services, with only a slight decrease from 69% of the families at intake to 68% at follow-up being below the poverty threshold.

Among the 6,156 respondents with both intake and 6-month follow-up data, more mothers reported at follow-up that they had a high school diploma or GED. Rates of high school completion increased from 44% of the mothers at intake to 48% of the mothers after 6 months of intensive First 5 services (Exhibit 3-37).

EXHIBIT 3-37

Women with High School Diploma or GED, at Intake and 6-Month Follow-up, First 5 Program Participants, by Ethnicity



Similarly, among the 1,952 respondents with both intake and 12-month follow-up data, the proportion of mothers who completed their high school education increased from 44% at intake to 49% after 12 months of intensive First 5 services (Exhibit 3-38).

Finally, among the 1,833 families with both intake and 6-month follow-up data and the 490 families with both intake and 12-month follow-up data who were asked how many times they had moved in the last 12 months, fewer families reported they had moved. Mobility rates decreased from 33% to 26% after receiving 6 months of services and from 31% to 21% after 12 months of services (Exhibit 3-39).

EXHIBIT 3-38

Women with High School Diploma or GED, at Intake and 12-Month Follow-up, First 5 Program Participants, by Ethnicity

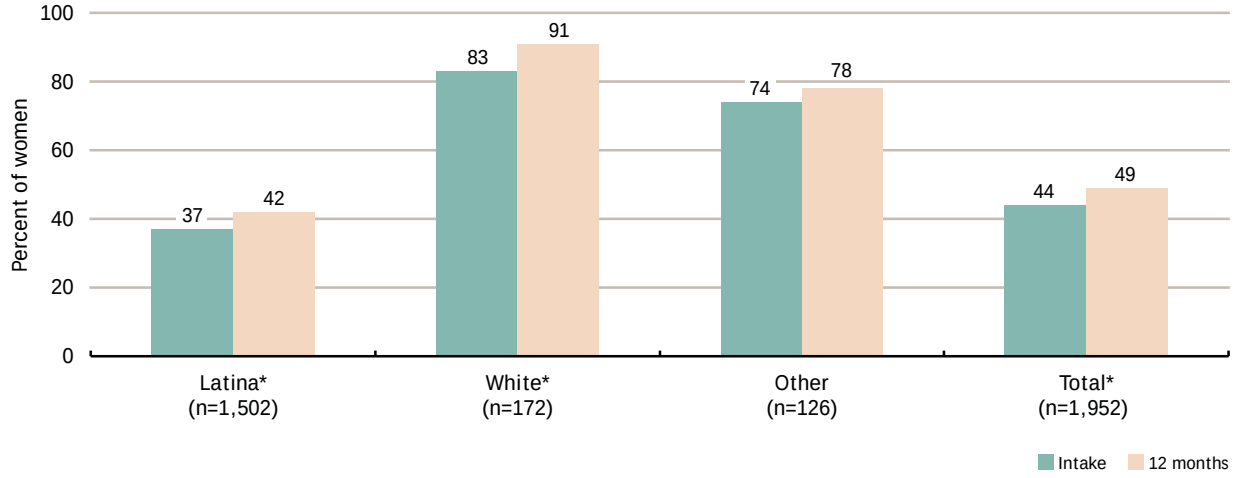
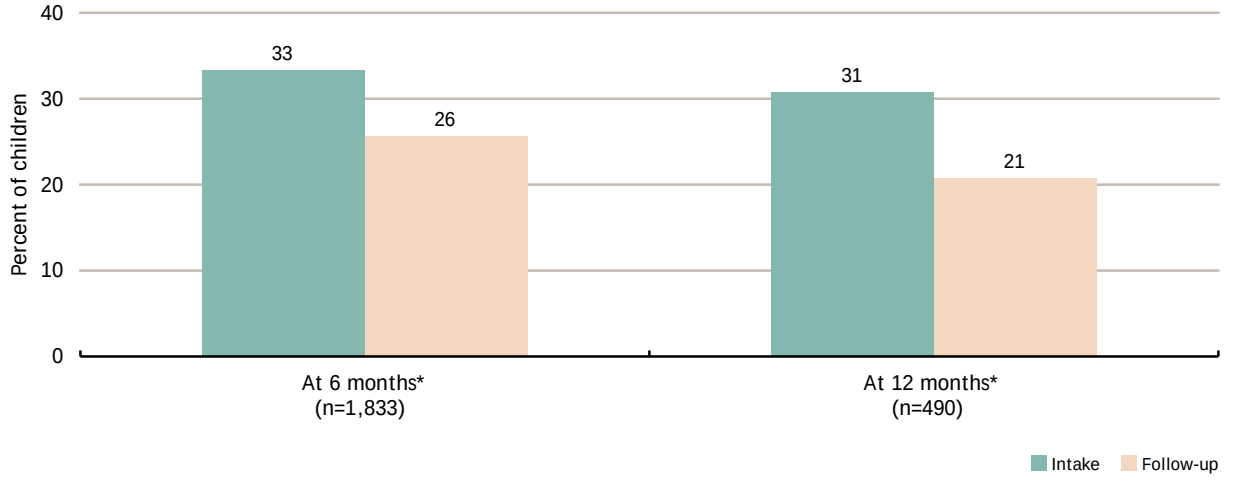


EXHIBIT 3-39

Children Whose Families Moved in the Last 12 Months, at Intake and 6- and 12-Month Follow-up, First 5 Program Participants in Fiscal Year 2005-06



RESULT AREA: IMPROVED FAMILY FUNCTIONING

Outcomes: Fewer teens have babies, and more parenting teens delay subsequent pregnancies.

Nearly a third of County Commissions have decreasing the number of teen pregnancies as a priority outcome. Progress on this outcome is being tracked by using the following indicator: number and rate of births to teenage mothers.

Importance of the Indicator

- Births to young teenagers pose several health risks to both mothers and their children.
- Research has shown that children of teenage mothers have lower levels of cognitive and academic achievement and higher levels of behavioral problems.
- Teen motherhood is often accompanied by poverty and hardships for both mother and child.

Intake Data for Intensively Served First 5 Program Participants

Intake data indicate that:

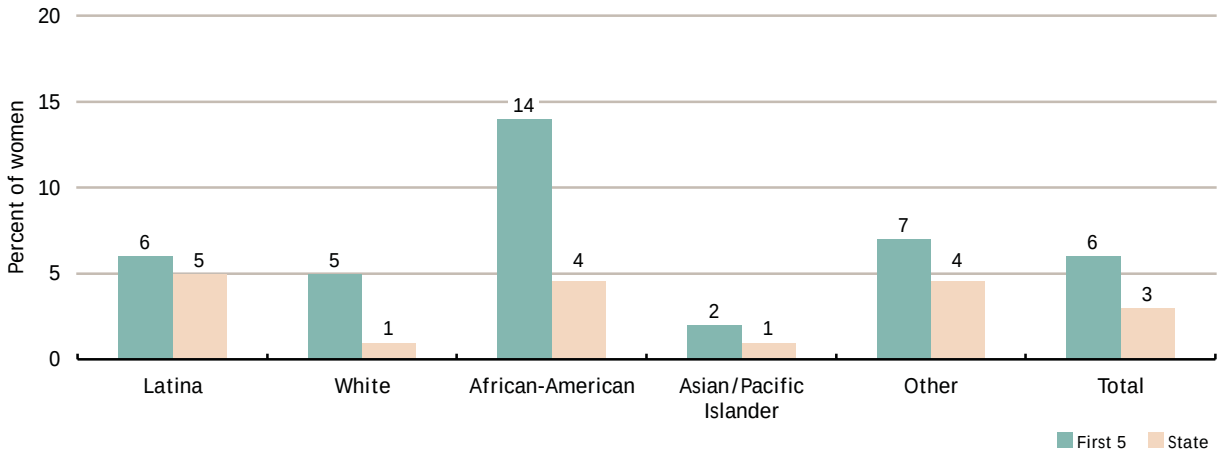
- A higher proportion (6%) of mothers enrolling in First 5 programs reported that they were teenagers at the time of their children's births, compared with the statewide proportion (3%).
- Rates of teen pregnancies were quite variable among First 5 ethnic populations, with the highest rate (14%) reported among the African-American First 5 enrollees.

Among 13,570 mothers enrolling in First 5 programs, 6% reported that they were teenagers (ages 13-17) at the time of their children's births (Exhibit 3-40). This proportion is higher than the statewide average (3%). Again, there were large differences among ethnic groups, from a low of 2% of Asian/Pacific Islander enrollees to a high of 14% of African-American enrollees reporting births in their teenage years.

Births to young teenagers pose several health and socioeconomic risks to both mothers and their children. As a result, a number of County Commissions have prioritized this outcome and offered family planning services to help teens delay subsequent pregnancies. These programs continue to be important, especially for several communities where teen birth rates remain high.

EXHIBIT 3-40

Women Ages 13-17 at Time of Children's Births, First 5 Program Participants in Fiscal Year 2005-06 and Statewide in 2004, by Ethnicity



Source: Statewide data from California Department of Health Services.

CONCLUSION

In summary, the intake data presented in this chapter on participants intensively served during fiscal year 2005-06 clearly show that First 5 programs and activities continue to target the highest-need and most at-risk children and families in California. The majority of First 5 participants are Latino, speak primarily a language other than English, and live in low-income households with low levels of maternal education. In addition, First 5 serves higher proportions of children identified as having a disability or other special needs, children who were of low birth weight, and children who do not have regular medical homes or health insurance than the proportions of these children in the overall population in California.

Outcome data demonstrate positive effects on children's health, development, early education, and family well-being after just 6 to 12 months of intensive First 5 services. First 5 program participants report that more children have health insurance, a regular medical home, and routine medical and dental care. In addition, more families engage in early literacy practices, such as reading and telling stories regularly to their children, and more children regularly attend preschool.

Finally, more mothers have acquired their high school diploma or GED, fewer families experience frequent moving, and fewer adults smoke in households with children, with significant positive impacts on the health and well-being of the families participating in intensive First 5 programs. These beneficial effects on the health and early growth experiences of children are the very factors known from research to lead to children's greater success in school and in life.

The statute that supports First 5 California presents a historic opportunity to demonstrate to the public and others that making strategic investments in the infrastructure and services that support the development of California's youngest citizens can have great benefits. In addition, it offers a unique opportunity to learn what types of investments seem to add the most value (that is, are associated with the greatest improvement in well-being) for specific communities and groups. Also, it offers an opportunity to improve existing strategies and programs through documenting their performance and results and using that information to refine practices and policies. Finally, it offers an opportunity to set an agenda for promoting child and family well-being by publicly monitoring the status of key indicators and community supports for children and families.

Therefore, the statewide evaluation of First 5 California funded programs is committed to monitoring outcome indicators over time to continue to inform learning and accountability. Together, these data will help First 5 California and County Commissions to make informed future program development and funding decisions, to maintain accountability, to improve strategies and programs for the benefit of California's young children and families, and to ensure that First 5 funds are invested wisely.

4 County Commission Activities and Participants

To promote family support, early care and education, and child health, and to improve systems of care for young children and their families, First 5 County Commissions have funded and partnered with a range of agencies to conduct 2,038 programs designed to improve the lives of young children and their families throughout the state. This chapter describes the important activities that were funded through First 5 during 2005-06 and the children and families who were served by these activities. Below is a brief summary of the findings, followed by a more in-depth description of program participants and activities.

OVERVIEW OF PROGRAM ACTIVITIES

First 5 California dollars have enabled the County Commissions to invest in young children during the most critical period (birth to age 5) of their cognitive, social, and physical development.

- First 5 programs and services have reached many of California's young children and their families (close to 34 million people).
  - About 4 million of these people received direct services.
  - Nearly 30 million were reached through community outreach activities.
- First 5 programs have been successful at reaching out to culturally and linguistically diverse populations, families with children with disabilities and other special needs, and children most at risk of not having access to the services and supports needed for their optimal early development and school readiness.
  - The children most commonly served by First 5 programs were diverse: 65% Latino, 19% white, 6% African-American, 4% Asian/Pacific Islander, and 6% those belonging to other racial or ethnic groups.
  - More than half (56%) of the children served by First 5 programs spoke a primary language other than English; 52% of the children spoke Spanish, and 4% spoke another language.
  - Approximately 6% of all children served by these programs were identified as having a disability or another special need.
- First 5 programs have provided services that support young children from birth until they enter kindergarten, with efforts increasing in the preschool years.
- First 5 has promoted a comprehensive set of services by funding multiple types of agencies and programs that each offered a range of services, and more than half of the programs linked families to services at other agencies through referrals.
- First 5 County Commissions have funded programs that provide services that target all four priority result areas of First 5 California: improved child development, improved child health, improved family functioning, and improved systems of care for young children and their families.
- In 2005-06, First 5 County Commissions funded 2,038 programs:
  - The majority of programs (69%) and funding (61%) were focused on providing direct services to children and families, such as parenting education, early education classes, developmental screenings and assessments to ensure early identification and services for children's disabilities and other special needs, enrollment in health insurance, and preventive health care services, including dental care.
  - About a third of programs conducted public outreach activities aimed at large groups of children, parents, and related community members, involving community events, dissemination of written materials, media campaigns, and organizing of community networks to increase awareness of community resources to promote school readiness and children's health.
  - More than a third of programs conducted trainings and other activities to further develop the skills and resources of service providers and teachers so that they can provide higher-quality early care and education, as well as other services, to children and their families.

- Twelve percent of programs received funds to improve or expand facilities and to purchase equipment and materials for programs such as preschools.

- Mini-grants, small grants that usually were less than $5,000, were disbursed to 980 agencies and groups to support or conduct activities similar to the strategies used by funded programs.
- In some cases, County Commissions funded special programs to coordinate or augment their other programs' efforts through evaluations, civic engagement efforts, and interagency collaboration and planning.

STRATEGIES FOR IMPROVING CHILDREN'S OUTCOMES

First 5 County Commissions have funded a wide range of programs and strategies to improve young children's health, development, and readiness for school. Most First 5 funded programs have used one or more of the following five strategies:

- **Direct services.** Family support, child health, and child development services delivered to individuals or groups of children ages 0-5, their parents, and other family members by a service provider or volunteer through case management, home visits, classes, support groups, mobile services, in-person consultations, public community events, phone consultations, and mailings.
- **Community strengthening efforts.** Public outreach activities aimed at large groups of children, parents, and related community members involving community events, dissemination of written materials, media campaigns, and organizing of community networks.
- **Provider capacity building/support.** Activities, such as training, distribution of materials, incentives, and meetings, that develop the skills and resources of service providers (including teachers) so that they can provide higher-quality services to young children and their families.
- **Infrastructure investments.** Facilities and capital improvements and the purchase of equipment and materials that cost more than $5,000 to make services more accessible, more integrated, and higher in quality.
- **Systems change support activities.** Efforts to support improvement in the systems caring for young children and their families in addition to those described in the other four strategies. These include conducting evaluations and research, coordinating efforts to engage community members in County Commission decision-making, supporting the development of good policies for young children, supporting program sustainability efforts, developing and monitoring service quality standards, developing programs for specific ethnic and linguistic groups, facilitating interagency coordination, and developing universal health care and preschool programs.

All of these strategies aim to improve outcomes for children by filling gaps in service systems, making services more culturally appropriate, increasing the focus on prevention, and improving the quality of care.

County Commissions reported funding 2,038 programs with First 5 funds and were able to report on the specific strategies being used by 2,007 (98%) of those programs. Exhibit 4-1 shows the percentage and number of programs using each of the five strategies. Many programs (57%) were funded to implement more than one strategy. This was more common among County Commissions of medium- and large-population counties (62% and 54%, respectively, of their programs were funded to implement multiple strategies) than among small-population counties (51%). Exhibit 4-2 shows the percentage of programs that used each strategy, by county population size (Appendix E lists counties by population size category).

Mini-Grants. In addition to funding programs through contracts with external agencies, First 5 County Commissions disbursed mini-grants (small grants, with an average size of $3,380) to many agencies and groups to support or conduct activities similar to the strategies used by funded programs. During the 2005-06 fiscal year, County Commissions disbursed mini-grants to 980 agencies or groups.

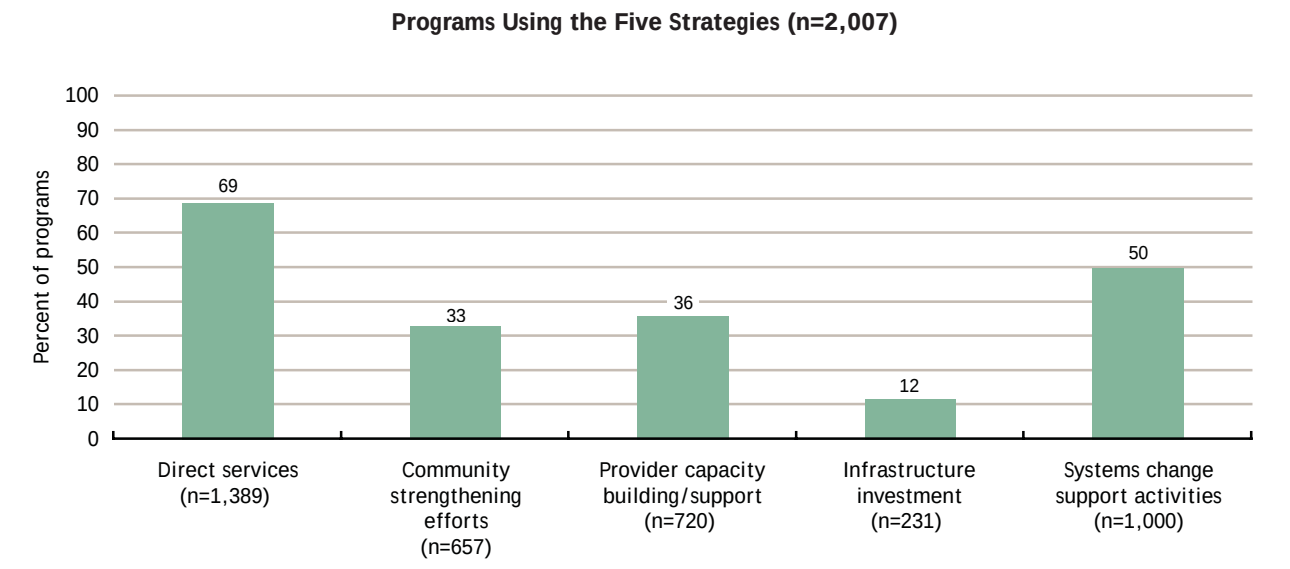
PROGRAM PARTICIPANTS

As shown in Exhibit 4-1, funded programs used primarily strategies that focused on providing direct services to children and families, and a third of programs' strategies included strengthening their local communities. These direct services and community strengthening efforts accounted for 76% (1,535) of the programs funded by First 5 County Commissions.

- Statewide, 2,174,241 children, 1,713,657 parents, and 152,933 other family members (a total of 4,040,831 program participants) were directly served by First 5 programs that submitted counts of participants.[1] An additional 630,590 children were indirectly served through services provided to their parents or other family members. These numbers represent 97% of funded

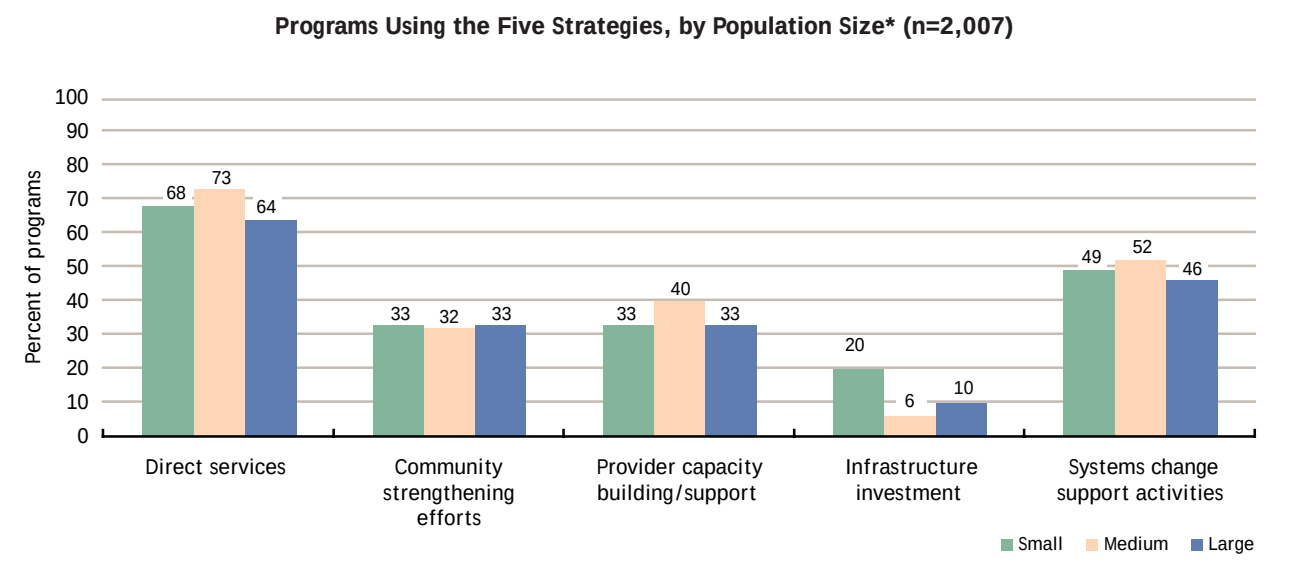
[1] These are not unduplicated counts. An individual may have been served by more than one program and, in some cases, more than once by the same program.

EXHIBIT 4-1



Note: Percentages total more than 100 because some programs used more than one strategy.

EXHIBIT 4-2



* Appendix E lists counties by population size category.

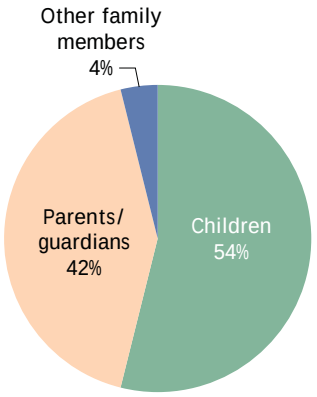
programs that directly served children and families, so the actual number of people served is higher.

- Many more parents and children (29,771,674) received information through media campaigns, dissemination of materials (e.g., brochures, resource directories), community events, and other public outreach efforts.

Focus on both children and parents. Children made up a slightly larger proportion of program participants than parents did (Exhibit 4-3). Thus, many services also were provided to parents, together with children or separately. Directing many of the services to parents makes sense, given that many child outcomes are determined by their home environments and access to resources through their parents.

EXHIBIT 4-3

Distribution of Types of Program Participants Directly Served (n=4,040,831)



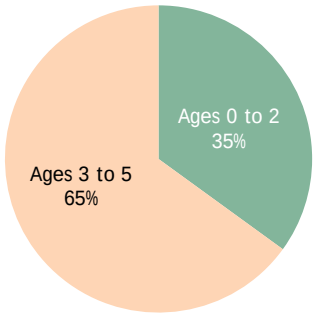
Age of children being served. First 5 programs are providing services for children throughout their first years of life, including the infant and toddler years as well as the preschool years. First 5 programs are focusing more on preschool-age children than on younger children and infants (Exhibit 4-4). Thus, First 5 programs are creating a set of services that support young children from birth until they enter kindergarten, with efforts increasing in the preschool years.

Ethnicities of children being served. First 5 funded programs also are serving children and families who represent the diversity of the state's population. Many First 5 programs focus on children most at risk of not having access to the services and supports needed for optimal early development. The ethnic distribution of children directly served by First 5 programs is shown in Exhibit 4-5: Latino (65%), white (19%), African-American (6%), Asian/Pacific Islander (4%), and those reporting belonging to other racial or ethnic groups (6%).

Languages of children being served. First 5 programs are serving many children and families whose primary language is other than English. More than half (56%) of the children served by First 5 had a primary language other than English, and most of them spoke Spanish (Exhibit 4-6). Funded programs also reported providing information and services in several languages through community events, mailings, and distribution of materials. Almost 51% of those activities were provided to families who spoke languages other than English, with 41% of the activities being provided in Spanish.

EXHIBIT 4-4

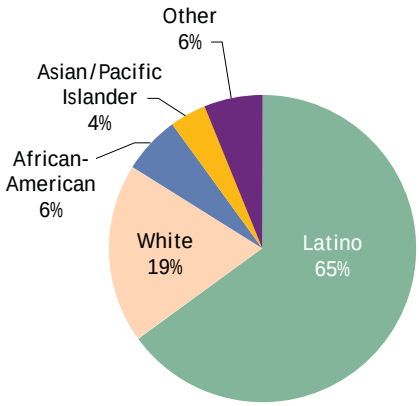
Age Distribution of Children Directly Served (n=1,773,703)



Note: Information on children's age was not available for 400,538 children.

EXHIBIT 4-5

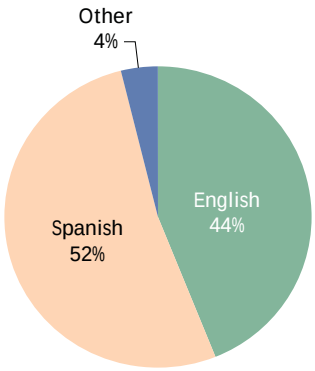
Ethnic Distribution of Children Directly Served (n=1,758,521)



Note: Information on ethnicity was not available for 415,720 children.

EXHIBIT 4-6

Primary Languages of Children Directly Served (n=1,628,549)



Note: Information on children's primary language was not available for 545,692 children.

Children with disabilities and other special needs. Approximately 6% of all children directly served by First 5 programs (121,057 children) were identified as having a disability or other special need. Children with disabilities and other special needs include children who (1) are protected by the Americans with Disabilities Act (ADA), (2) are at risk of a developmental disability as defined by the Early Intervention Services Act, or (3) do not have a specific diagnosis but whose behavior, development, and/or health affect their family's ability to find and maintain services (e.g., child care). This definition includes developmental delays, serious emotional disturbances, learning disabilities, speech impairments, deafness or other hearing impairments, blindness or other visual impairments, orthopedic impairments, and other health impairments lasting 6 months or more.

SERVICES FOR CHILDREN AND FAMILIES

More than two-thirds (1,389) of all First 5 funded programs provided direct services to children and families. Most of these programs reported the types of services they provided and the numbers of participants they served (98% and 97%, respectively). These programs delivered services to improve outcomes for children and families in all four priority result areas of First 5 California: improved child development, improved child health, improved family functioning, and improved systems of care. Exhibit 4-7 lists the 12 types of services most commonly received by program participants.

Organizations providing services. First 5 funded services were delivered to young children and their families by several types of agencies and groups throughout the community. Exhibit 4-8 lists the most frequently funded types of organizations and the services they most often delivered. Almost all the organizations funded by First 5 reported providing parenting education and providing information on and referrals to other community resources and services, thus linking families to additional services.

By funding multiple types of organizations that each offered a range of services and that helped families link to services at other agencies through referrals, First 5 created a comprehensive set of services.

Service delivery methods. Most services were delivered to children and families in a variety of ways, but some services tended to be delivered in specific ways. For example, family and adult literacy programs and early education and recreational activities for children tended to be delivered through classes, whereas service coordination and transportation services and vouchers were delivered through case management. Health screenings, well-baby or well-child checkups, acute medical

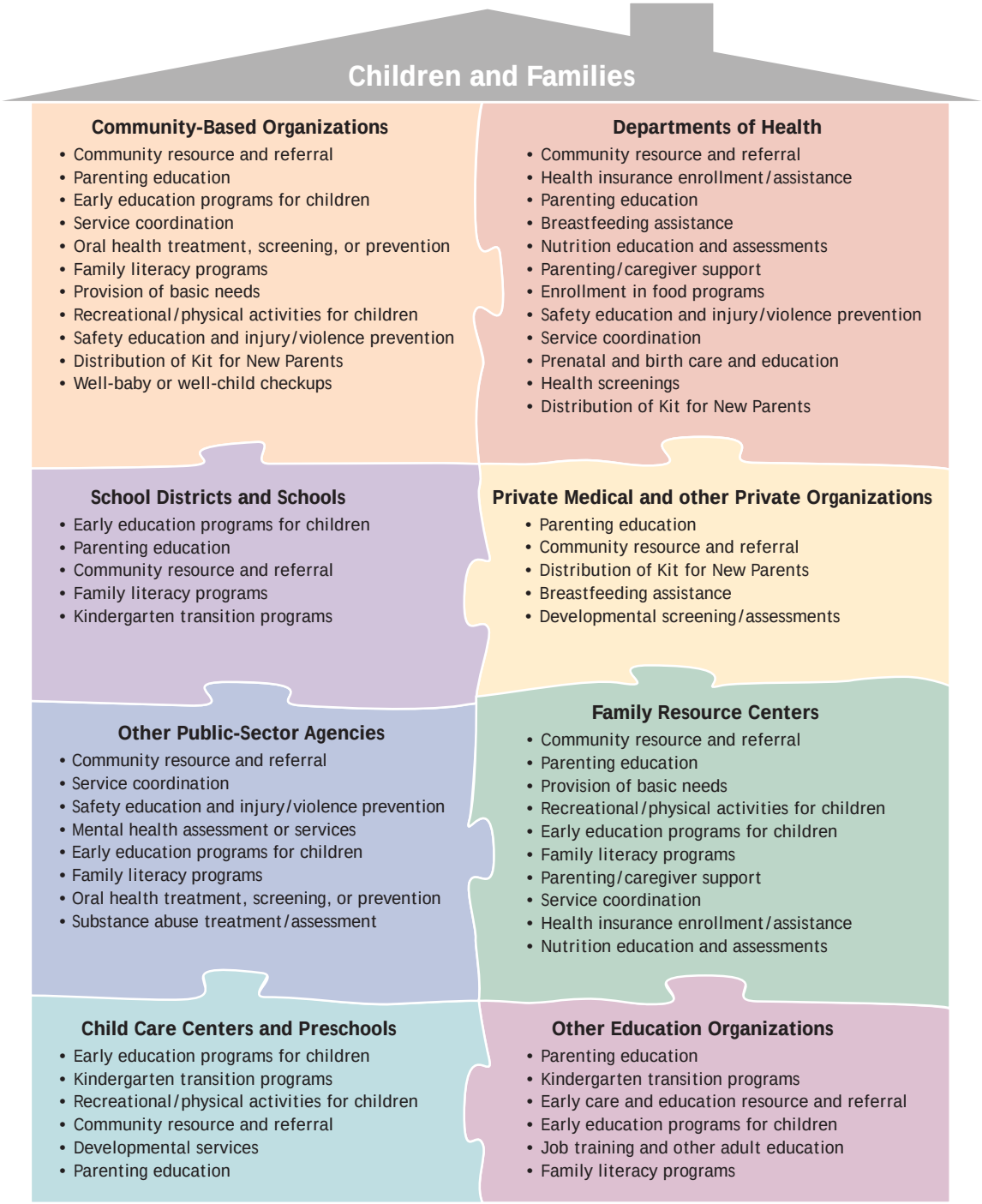
EXHIBIT 4-7

Services Receives Most Often by First 5 Program Participants, by Result Area

Improved Child Development	Improved Child Health	Improved Family Functioning	Improved Systems of Care
■ Early education programs for children ■ Recreational/physical activities for children ■ Developmental screenings and assessments	■ Health insurance enrollment and assistance ■ Nutrition education and assessments ■ Oral health treatment, screening, and prevention ■ Safety education and injury/violence prevention	■ Parenting education ■ Family literacy programs ■ Parenting/caregiver support	■ Community resource and referral ■ Service coordination

EXHIBIT 4-8

First 5 Funded Programs Support Families through Multiple Agencies



care, and oral health treatments, screenings, and preventive services were delivered primarily through in-person consultations. Many of these services were made more accessible and family friendly via home visits. Many programs used large-scale public outreach strategies, such as media campaigns, community events, and mailings, to make information about community resources and ways parents could support their children's physical, social, and cognitive development available to all or most parents in their communities. The numbers of participants who were served through these various methods are shown in Exhibit 4-9.

Services received by various ethnic groups. Children and families across all ethnic groups were receiving a wide range of services (Exhibit 4-10) in a variety of ways (Exhibit 4-11). The types of services and the ways in which they were delivered were similar across most ethnic groups. However, there were some differences. For example, African-American participants more often received certain services, compared with other ethnic groups (e.g., community resource and referral, and family literacy). Compared with other ethnic groups, Latino participants were more likely to receive health insurance enrollment assistance, and white participants were more likely to participate in recreational activities for children.

As shown in Exhibit 4-11, the frequency with which each service method was used was also fairly similar across ethnic groups. For example, the three most common methods of service delivery across ethnicities were in-person consultations, classes, and case management. However, the percentages of participants receiving each of these service delivery methods varied somewhat. For example, classes were the most common service delivery method experienced among white participants, and in-person consultations were most common among African-American, Asian/Pacific Islander, and Latino participants. Mobile services appeared to be more common for African-American participants than for white, Latino, and Asian/Pacific Islander participants, whereas home visits were more common among Asian, white, and Latino participants than for African-American participants.

Services for children with disabilities and other special needs. The pattern of services provided to children with disabilities and other special needs and their families shows that these children were receiving certain services more often and a wider range of services than children in the general population (Exhibit 4-12). For example, nearly one-fourth or more of children with special needs, compared with one-eighth or fewer of other children served

EXHIBIT 4-9

Number of Participants Served by Direct Services and Community Strengthening Efforts

Method of Delivery	Total Number of Participants
Direct services	
In-person consultation or service	1,297,102
Class/workshop	1,087,209
Case management	444,784
Home visit	325,096
Mobile service	184,748
Mailing/distribution of materials	157,953
Phone consultation	152,991
Community event (services delivered to individuals)	124,747
Support group	83,128
Other direct service delivery method	182,251
Unknown	822
Direct services subtotal	4,040,831
Community strengthening efforts	
Media campaigns (radio, television, newspapers, magazines)	16,762,866
Information dissemination (brochures, newsletters, directories)	5,897,902
Organizing community associations/networks	5,107,506
Community events, celebrations, or fairs (to groups of people)	1,256,025
Public speaking	37,203
Other community strengthening efforts	710,172
Community strengthening efforts subtotal	29,771,674
Total	**33,812,505**

Note: These are not unduplicated counts. An individual may have been served by more than one program and, in some cases, more than once by the same program.

EXHIBIT 4-10

Percentage of Participants in Each Ethnic Group Who Received Each Service

Service	American-African (n=162,372)	Asian/Pacific Islander (n=162,176)	Latino (n=2,013,299)	White (n=610,803)	Other* (171,971)
Early education programs for children	14	21	26	31	28
Recreational/physical activities for children	10	11	11	19	20
Developmental screenings and assessments	13	15	12	13	14
Health insurance enrollment and assistance	11	13	15	6	14
Nutrition education and assessments	14	11	12	15	16
Oral health treatments, screenings, and prevention	6	6	7	5	6
Safety education and injury/violence prevention	12	13	12	12	17
Parenting education	21	26	21	23	28
Family literacy programs	18	14	14	14	17
Parenting/caregiver support	17	15	11	16	15
Community resource and referral	39	31	29	30	29
Service coordination	16	13	15	19	19

***** Other includes Native American, multiracial, and other ethnic groups.

Note: Percentages do not sum to 100 because participants may have received multiple types of services.

EXHIBIT 4-11

Percentage of Participants Served by Each Delivery Method, by Ethnicity

Service	American-African (n=162,372)	Asian/Pacific Islander (n=162,176)	Latino (n=2,013,299)	White (n=610,803)	Other* (171,971)
In-person consultation or service	27	31	29	25	27
Class/workshop	18	26	29	32	28
Case management	14	7	13	14	17
Home visit	5	12	9	9	10
Mobile service	16	2	6	4	1
Mailing/distribution of materials	3	8	2	3	3
Phone consultation	3	2	2	3	2
Community event (services delivered to individuals)	2	3	3	4	3
Support group	1	2	2	2	2
Other direct services	11	7	4	3	7

***** Other includes Native American, multiracial, and other ethnic groups.

Note: Percentages do not sum to 100 because participants may have received multiple types of services.

EXHIBIT 4-12

Services Received Most Often by Children with Disabilities and Other Special Needs, Compared with Other Children Served by First 5 Programs

Service	Children with Special Needs		Other Children Served by First 5	
	Number	Percent	Number	Percent
Early education programs for children alone or together with parents	54,534	45	592,910	29
Developmental services	41,507	34	195,676	10
Developmental screenings/assessments	34,577	29	249,124	12
Mental health assessments or services	27,876	23	102,914	5
Community resource and referral	27,946	23	485,983	24
Service coordination	26,870	22	200,763	10

Note: Children with disabilities and other special needs includes children who (1) are protected by the Americans with Disabilities Act (ADA), (2) are at risk of a developmental disability as defined by the Early Intervention Services Act, or (3) do not have the specific diagnosis but whose behavior, development, and/or health affect their family's ability to find and maintain services (e.g., child care).

by First 5 programs, received mental health assessments or services, or developmental services, screenings, and assessments. Service access and coordination are high priorities and common elements of programs serving families of children with special needs because these families interact with a wide variety of systems and services. Therefore, First 5 programs are focusing on the areas in which these families most need assistance.

SERVICES FOR CHILDREN AND FAMILIES, BY RESULT AREA

As mentioned earlier, First 5 programs are addressing all four priority result areas (improved child development, child health, family functioning, and systems of care). The types of direct services provided and participants served to address each result area are described below. The counts of programs and participants presented below reflect 1,351 (97%) of the 1,389 programs that provided direct services. Therefore, the actual numbers of programs offering the services described below and participants receiving them are somewhat higher than the numbers reported.

Improved Child Development: Early Care and Education

To ensure that children have access to and participate in high-quality early care and education programs, First 5 programs link families to existing programs and conduct new or expanded programs. Many of these programs are part of local School Readiness Program activities. Programs include:

- **Early education programs.** One of the most common services delivered by First 5 programs was early childhood activities and programs that foster social, emotional, and intellectual growth and prepare children for further formal learning. A total of 583 programs (43% of all direct-service programs) provided early education programs to 647,444 children and 268,774 parents. Mini-grants were received by 269 additional organizations (27% of all mini-grants) to provide early educational activities to children.
- **Kindergarten transition programs.** More than one-fifth of programs (311) provided activities (50% of which were classes) to 118,722 children about to enter kindergarten and 202,932 parents of children entering kindergarten. Many of these programs included classes for children who had had no or limited participation in preschool programs and for parents on how to help their children become ready to succeed in school.

  In addition, large numbers of parents and related community members (16,339,541) were provided with information about ways to help children become ready to succeed in school by 337 programs through their media campaigns, dissemination of materials, and community events. Finally, 59 organizations received mini-grants to provide kindergarten transition activities in addition to the other activities described above.
- **Early care and education referrals and resources.** Nearly one-sixth of programs (208) provided information on and referrals to early child care and education programs to 216,003 people, and 77 programs provided subsidies or vouchers for child care and preschool to 53,337 people. Referrals, information, subsidies, and vouchers for early education were provided primarily through classes (38% and 48%, respectively). Many referrals to early child care and education were also provided through home visits (20%), case management (17%), and in-person consultations (17%). A mini-grant to provide early care and education referrals was received by one organization, and mini-grants to provide subsidies or vouchers for these services were received by 35 organizations.
- **Recreational classes and activities for children.** Recreational activities, including games and sports, were provided by 359 programs to 275,960 children and 144,195 parents. Mini-grants funded an additional 316 organizations to provide recreational opportunities for young children.

First 5 Mariposa's new Building Blocks Preschool provides high-quality early education experiences. Following 2 years of planning, a second Building Blocks Preschool opened in 2006. With space available for 15 children ages 3-4 at each site, the program has no fees or financial eligibility requirements for enrollment. The preschool offers a variety of literacy, art, music, math, and science activities. Children's skills are reinforced through "take-home packs" that provide additional activities in vocabulary, math concepts, and writing. The program strongly encourages parent involvement, which includes volunteering in the classroom and participating in fund-raising activities. Classes for parents have addressed C.P.R., discipline, nutrition, and childhood behavior. Staff members, all certified through the Parents as Teachers home visiting program, conduct home visits with all of their students' families to further strengthen school and family connections.

Improved Child Development: Identification of and Services for Children with Disabilities and Other Special Needs

To increase the number of children receiving early screenings and interventions for developmental delays, disabilities, and other special needs, First 5 programs provided:

- **Developmental screenings, assessments, and services.** In 56 counties, 436 programs screened 283,701 children for disabilities and other special needs and worked with 131,766 parents to do screenings and provide referrals for additional assessments and intervention programs. The majority of these services were in-person consultations (37%), part of case management (26%), home visits (18%), and classes (16%). In addition, 237,183 children and 92,284 parents received services to address the needs of children with developmental issues directly from First 5 programs.

  Information on the importance of early identification of disabilities and other special needs and on resources for assessments and services was disseminated by 177 programs to 11,022,104 parents and related community members through media campaigns, dissemination of materials, community events, and other community outreach efforts.

  To further support efforts to identify and refer children with disabilities and other special needs for follow-up assessments and provide them with services, an additional 22 organizations received mini-grants.

Improved Child Health: Infant Health

To ensure that children are born healthy and, once born, receive the best start in life for optimal health, First 5 programs provided:

- **Prenatal care and birth education.** More than one-sixth of First 5 funded programs (255 programs) delivering direct services provided prenatal care and birth education and services directly to 174,857 expectant parents. This service was most commonly delivered through in-person consultations (36%), case management (18%), home visits (18%), and classes (16%).

  In addition, 116 funded programs promoted prenatal care and birth education and awareness of services through media campaigns, community events, and public outreach materials, reaching a total audience of 3,838,177 people. Finally, 85 organizations also received mini-grants to provide prenatal care and birth education to expectant parents.

- **Breastfeeding assistance.** More than 1 in 10 programs (148 programs) provided breastfeeding assistance to 159,743 new mothers. Much of this assistance was provided through in-person consultations (32%), home visits (20%), and case management (17%).

  In addition, 107 funded programs promoted breastfeeding through media campaigns, community events, and public outreach materials, reaching a total audience of 3,710,629 people. County Commissions also funded an additional 58 organizations through mini-grants to provide breastfeeding assistance.

First 5 Amador School Readiness Program supports early identification and screening of young children. First 5 Amador partnered with Amador County Unified School District's Department of Special Education to provide developmental screenings and assessments during kindergarten enrollment activities at elementary schools in the county. An additional screening event was offered at the district's office for families who were unable to attend the earlier sessions. Twenty-two professionals from the district's special education department screened 98 children (37% of the county's entering kindergartners), using the Developmental Indicators for the Assessment of Learning, Third Edition (DIAL-3) assessment tool. Children requiring follow-up services were referred to the Family Literacy Program, Head Start, Healthy Families insurance, Child Protective Services, or speech and language services.

The Yolo County Food Bank's "Moveable Market" program increases families' access to fresh, locally grown fruits and vegetables. Many families who reside in the rural areas of Yolo County do not have access to vehicles and are unable to make regular trips to the grocery store. The Moveable Market visits 15 different rural sites each month to reduce food insecurity and increase families' access to fresh foods. The Moveable Market also distributes a monthly newsletter and provides healthy nutrition and food preparation information to families during visits. Currently, the Moveable Market serves 250 families, including 300 children ages 0-5.

- **Nutrition education and assessments.** More than a quarter of programs (351 programs) provided nutrition education and assessments to 453,857 program participants: 217,941 children, 206,200 parents, and 29,716 other family members. Most of these services were delivered through case management (31%), classes (20%), home visits (17%), and in-person consultations (17%). In addition, 11,596,983 children and parents received information and services about nutrition through community events and other outreach activities conducted by 195 programs. Finally, mini-grants were awarded to 90 organizations to provide nutrition assessments and education.

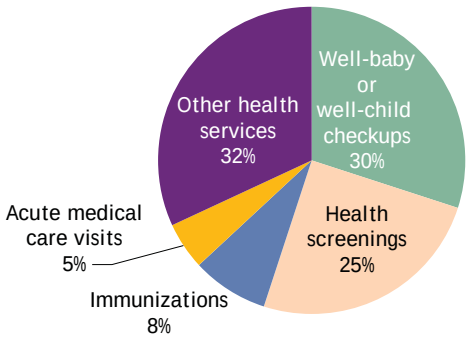
Improved Child Health: Health Care

To make sure children are healthy and receiving the appropriate preventive health and dental care early in life, First 5 programs provided:

- **Health insurance enrollment assistance.** More than one-fourth of First 5 programs (363) helped 475,417 program participants enroll in low-cost and public health insurance programs for children ages 0-5. This service was most often delivered through case management (36%), in-person consultations (24%), and home visits (12%).
- **Health care.** Forty percent of First 5 funded programs (543) provided 675,692 health care services to 533,585 children. These services included 200,791 well-baby or well-child checkups, 168,475 health screenings (including vision and hearing), 55,212 immunizations, 34,869 acute medical care visits, and 216,345 other health services (Exhibit 4-13). Most of these services were delivered through in-person consultations, classes, case management, and home visits (Exhibit 4-14). An additional 16,936,356 children and parents received information and services that promote health care for children through media campaigns, community events, and distribution of public outreach materials conducted by 230 programs. Health care services also were provided by 50 organizations that received mini-grants to conduct health screenings and by 124 organizations that received mini-grants to provide other health care services.

EXHIBIT 4-13

Distribution of Health Care Services Delivered to Children

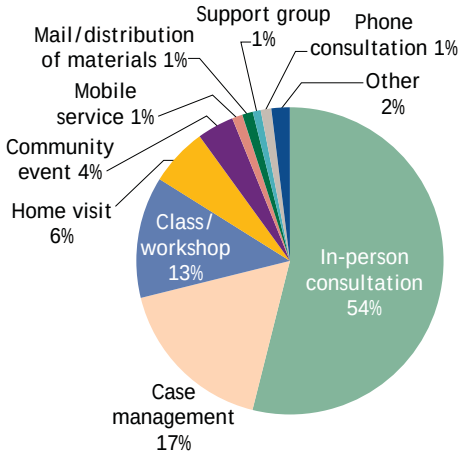


Modoc County's Obesity Prevention Project (OPP) improves child health by encouraging healthy lifestyle practices. OPP aims to reduce childhood obesity by encouraging family-centered physical activities and eating behaviors, such as walking to school and eating dinner together. Public health nurses, health specialists, dieticians, and health managers provide services in family homes and at preschools that teach children and families how to make healthy eating choices and about the benefits of exercise. Child care providers also receive training, and local restaurant owners attend OPP meetings and provide input on how restaurants can better provide healthy options. OPP documentation has shown that about 80% to 85% of Modoc County's children (ages 0-5 years and beyond) have received information on nutrition and physical activity through this program.

The TOOTH (Teaching Oral Optimism Throughout Humboldt) community oral health education program addresses oral health crisis in Humboldt County. TOOTH, a project of the California Conservation Corps and First 5 Service Corps that is partially funded by First 5 Humboldt, provides two full-time AmeriCorps health educators who go to subsidized preschool classrooms throughout Humboldt County to provide an in-class brushing program, parent/teacher support, and classroom presentations on oral health and nutrition. Topics include toothbrush introduction, brushing effectively, healthy snacks, germs and hygiene, tooth safety, toothbrush hygiene, and losing teeth. The program meets the needs of Humboldt County well because it is provided in preschool classrooms in all geographic areas of the county. The evaluation findings for 2005-06 showed statistically significant improvement in pre-K children's knowledge of oral health topics. Children's tooth-brushing improved over time; they brushed their teeth longer and better, reducing plaque levels after participation in the program.

EXHIBIT 4-14

Methods Used to Deliver Health Care Services to Children



- **Oral health preventive services, screening, and treatment.** Nearly one-fifth of First 5 programs (264) provided oral health treatment, screenings, checkups, and education on preventing oral health problems. These programs served 437,773 participants. Many of these services were provided through in-person consultations (56%), classes (16%), and case management (11%). Additional oral health services were provided by 31 organizations that received mini-grants for that purpose.

Improved Child Health: Healthy Environments

To ensure that children are safe and live in healthy environments, including homes free from exposure to tobacco smoke, First 5 funded programs provided:

- **Safety education and injury/violence prevention services.** Education and services to prevent injuries and violence were provided by more than one-fourth of programs (382) to 432,260 program participants. These services usually were provided through case management (38%), classes (25%), and home visits (19%).

  In addition, 11,894,329 parents and related family members received information about injury prevention through media campaigns, community events, dissemination of materials, and other outreach efforts conducted by 204 programs. One hundred fifty-five organizations also received mini-grants to provide injury and violence prevention education and services.

- **Car seat distribution.** More than 1 in 10 programs (145) distributed and correctly installed car seats to prevent injuries and deaths of young children in automobile accidents. These programs served 121,648 people, primarily through case management (31%), home visits (26%), and classes (12%). This service also was provided by 18 organizations that received mini-grants to support this activity.

- **Tobacco cessation education and treatment.** To reduce children's exposure to secondhand smoke, 134 programs provided tobacco cessation education and treatment to 87,612 parents and 7,763 other family members. Programs offered these services primarily through case management (38%), home visits (24%),

First 5 San Luis Obispo's Lions Club preschool vision program diagnoses and treats visual disorders in young children. Early detection and treatment help ensure that children can see well, and can sometimes prevent problems that could lead to irreversible conditions. The Lions Preschool Vision Screening program screens more than 3,000 children annually in preschool and child care settings. The program has helped detect and treat vision problems earlier in children's lives, resulting in a steady decline in first-grade vision referrals. For example, first-grade vision referrals at one school have dropped to 3.5%, a dramatic decrease from the 22% seen in 1999-2000.

Del Norte Children's Health Initiative Coalition (CHIC) increases access to health insurance and services. In 2005-06, the CHIC developed a new program to provide insurance gap coverage. California Kids (CalKids) insurance will be offered to those families ineligible for Medi-Cal or Healthy Families. As a result, many previously uninsured children in Del Norte County will have insurance coverage and be linked to primary care physicians and medical and dental homes. In addition, the Commission allocated funds to pay the CalKids premiums for children ages 0-5. A bilingual AmeriCorps member has been trained as a Healthy Families Certified Application Assistant (CAA), and will work with families to help them understand insurance options and enroll their children in Healthy Families or California Kids insurance programs.

in-person consultations (15%), and classes (11%). Ninety-six programs shared information about the importance of not smoking when pregnant or near children and information on how to stop smoking, reaching an additional 3,623,881 people through media campaigns, community events, dissemination of materials, and other community outreach efforts. Finally, six organizations received mini-grants to provide tobacco cessation services and education.

Improved Family Functioning: Parent Education and Family Support

To help parents provide the emotional and educational supports needed for their children's optimal development, First 5 programs provided several types of parent education and support programs, including:

- **Parenting education.** Three in five direct-service programs (802 programs) provided parenting education to 487,542 parents, affecting 296,278 children ages 0-5. Not surprisingly, the largest proportion of parenting education (34%) was delivered through classes and workshops. However, significant proportions also were delivered through case management (22%), in-person consultations (17%), and home visits (11%).

  Positive parenting practices also were promoted with 15,731,978 parents and children through media campaigns, community events, dissemination of materials, and other outreach efforts run by 296 programs. Finally, 224 additional organizations and groups provided parenting education services with support from mini-grants.

- **Parenting/caregiver support.** More than one-third of all direct-service programs (471 programs) provided general and specific types of support to 262,527 parents, affecting 162,819 children ages 0-5. The largest proportions of programs providing parent support services did so through case management (24%); parenting support also was provided through home visits (23%), classes (20%), and in-person consultations (15%). Mini-grants funded 110 additional organizations to provide support to parents and other caregivers.

  Peer parent support networks also were organized and advertised to 8,339,333 parents and related community members by 145 programs.

- **Family literacy programs.** Nearly 3 in 10 organizations (392) conducted programs to increase the amount of reading parents do with their children. These programs served 311,522 children, 220,164 parents, and 17,126 other family members. The largest proportion of the family literacy activities were conducted through classes (30%), but many also were delivered through in-person consultations (18%) and home visits (11%).

  In addition to these programs, another 355 organizations (37% of all mini-grants awarded) received mini-grants to promote improved family literacy practices.

- **Mental health services.** Counseling and behavioral and mental health assessments were provided by about a quarter of programs (317 programs) to 304,393 children and their family members. These services were most often provided through case management (39%), in-person consultations (29%), and home visits (11%). In addition to these programs, another 55 organizations received mini-grants to provide mental health assessments or services.

  A smaller number of programs (77) provided substance abuse treatment, counseling, and referrals to 95,285 people living in families with young children. Most of the services related to substance abuse were delivered through intensive service delivery methods, such as case management (63%) and home visits (15%). These efforts were supported by another 30 organizations that received mini-grants to provide substance abuse screening and treatment services.

The First Parents Program offers universal home visitation to all first-time parents in Madera County. The First Parents Program, in partnership with the Madera County Public Health Department and Maternal Child Health Programs, uses a comprehensive approach to address concerns that new parents are not adequately informed or do not have sufficient skills regarding a variety of issues. These include low child (and adult) literacy, as well as a lack of knowledge about appropriate parent-child interaction, perinatal substance use, reading infant cues, understanding infant states and behavior, safety, breastfeeding, child and adult health, and the need simply to play with a child.

Public health professionals and paraprofessionals provide bilingual and culturally sensitive intensive home visits and follow-up phone calls during pregnancy and for a year after delivery. During the home visit, children receive developmental assessments to identify any concerns early and to make referrals to services when appropriate. In addition, First Parents uses the Growing Great Kids curriculum, a comprehensive, interactive, research-based curriculum that focuses on building parent-child relationships and systematically educates and supports parents in providing their children with a healthy and nurturing environment. Through this program, families receive services and supports that enable family self-sufficiency.

San Joaquin's El Concilio Parents as Teachers program helps Spanish-speaking families be their child's first and best teachers. Home visits focus on age-appropriate activities that promote early literacy skills, with families averaging three monthly home visits. The national, research-based Parents as Teachers (PAT) curriculum is adapted to meet the cultural, linguistic, and educational needs of families. Bilingual parent educators model ways for families to interact and read with their children, regardless of their own literacy levels. The PAT program supports the intellectual, language, social, and physical development of the child, while strengthening the parent-child relationship. Child health is addressed through health screenings and a 9-week health and nutrition education program. Child development is addressed through modeling of age-appropriate literacy and developmental activities and referrals to additional services as necessary, and monitored through the regular administration of the Ages & Stages Questionnaire developmental screening tool. Parent education, parent workshops, and parent capacity-building services are also provided.

San Luis Obispo's Literatura para la Familia reaches Hispanic children with important family literacy activities. An offshoot of Raising A Reader, Literatura para la Familia targets the monolingual and limited-English-proficient families in the Georgia Brown school readiness area. Offering a range of services such as book bag exchanges, group reading sessions, translation services, home visits, field trips, and socialization opportunities, Literatura para la Familia fosters healthy brain development, parent-child bonding, and early literacy skills that are critical for later school success. In 2005-06, 54 parents and 65 children were served. Parents became much more aware of the importance of reading to their children, which resulted in an increase in the number of times they read to their children each week.

- **Distribution of Kit for New Parents.** First 5 California's Kit for New Parents was distributed by about one-fifth of programs (281 programs) to 425,992 program participants through case management (35%), in-person consultations (27%), home visits (14%), and classes and workshops (12%). In addition, 32 other organizations distributed the Kits to new parents with support from mini-grants.
- **Other family support and education services.** Many programs (594) provided 493,194 children and 415,885 parents with other family support services, such as translation services, legal support and services, and advocacy for families with other agencies; and 155 organizations received mini-grants to provide other family support and education services.

Improved Family Functioning: Family Self-Sufficiency

To strengthen parents' ability to provide their children with food, clothing, shelter, and other basic needs, First 5 programs provided:

- **Assistance with basic needs.** More than one-fifth of programs (297) provided 431,130 family members with meals, groceries, or store certificates for food; clothing; access to emergency funding or household goods (e.g., major appliances); and help in finding temporary or affordable housing. More than one in six of the programs (235) helped 257,145 people in families with young children to enroll in food assistance programs, such as Temporary Assistance for Needy Families (TANF); Women, Infants, and Children (WIC); or Food Stamps. Both the provision of basic needs and enrollment in food programs were conducted primarily through case management (44% and 38%, respectively). Mini-grants also enabled 51 organizations to help families obtain food, clothing, emergency funding, and housing.
- **Adult education programs.** About one in eight programs (179) provided activities to promote adult literacy skills and learning of English as a second language to 144,299 parents and other family members of young children. More than 1 in 10 programs (150) provided classes to help 81,300 parents find employment or better-paying jobs or to become U.S. citizens. Both types of adult education services often were delivered through classes (56% and 45%, respectively), and assistance with employment and citizenship often was provided through case management (30%). In addition, 23 organizations received mini-grants to support adult literacy activities.
- **Family planning services.** Nine percent of programs (118 programs) provided 32,713 young parents (often teenage parents) with services to help them postpone future pregnancies until they are older and more self-sufficient. The majority of these services were delivered through case management (38%), home visits (31%), and classes (22%).

Improved Systems of Care: Coordination and Facilitation of Services across Other Result Areas

To ensure that children and families access the services they need and that services being provided across multiple agencies are coordinated, First 5 funded programs provided:

- **Community resource information and referrals to health and social services.** More than half of all direct-service programs (739 programs) provided 1,112,895 parents and children with information about and referrals to health and social service programs in their communities. Information about resources and referrals was most often provided through case management (28%), in-person consultations (22%), home visits (12%), and mobile services (11%).

  To increase awareness of community resources, 764 programs conducted media campaigns, disseminated materials, and held community events. Through these community outreach efforts, 23,916,793 parents and related community members received information about community resources.

  County Commissions also awarded mini-grants to 148 organizations to begin or expand the sharing of community resource information and referrals with their program participants.

- **Service coordination.** Three in 10 programs (415) provided service coordination for 532,840 participants, of whom about 43% were children. Service coordination usually was provided in conjunction with case management (50%), in-person consultations (16%), home visits (13%), and classes (11%). In addition, 18 organizations received mini-grants to establish or expand their service coordination efforts.

- **Transportation services or vouchers.** Nearly one-fifth of First 5 programs (263) provided transportation services to 405,403 people, 56% of whom were children ages 0-5. More than two-fifths of the recipients of these services (42%) received them as part of more comprehensive case management services. An additional 31 organizations received mini-grants to provide transportation services.

PROVIDER CAPACITY-BUILDING AND SUPPORT ACTIVITIES

First 5 funded programs also focused on supporting providers to increase accessibility and quality of services. Of the 720 programs working on provider capacity building and support, 91% (653) reported information about the number and types of providers they served and the types of activities they delivered to providers.

Providers Served

Programs funded by First 5 served 564,099 providers.[2] Exhibit 4-15 shows the types of providers who participated in these programs. Early care and education (ECE) providers, particularly center-based providers, were the most frequently targeted recipients of provider capacity-building and support activities; 281,780 of these professionals were served.

EXHIBIT 4-15

Types and Numbers of Providers Served

Provider Type	Number Served	Percent Served
Family-based ECE	96,030	17
Center-based ECE	185,750	33
Kindergarten teachers	6,559	1
Health care	66,421	12
Family support	62,842	11
Other	60,977	11
Unknown	85,586	15
Total providers served	564,165	100

Note: These are not unduplicated counts. Individual providers may have received a support more than once.

Training Activities for Provider Capacity Building

More than half (51%) of the providers received capacity-building activities involving group or individual training, which covered a number of topics. Trainings targeted largely providers caring for and educating children in home-based (family-based) and center-based child care and preschool facilities (57%) and family support providers (14%) such as case managers, family advocates, eligibility workers, and psychologists. Training also was provided to health care professionals (10% of the providers trained). Exhibit 4-16 shows the types of trainings offered and the number of reported participants receiving each type of training, among the 653 funded programs that provided this information.

[2] This is not an unduplicated count. Providers may be counted more than once if they received multiple services.

Serving families and children with disabilities and other special needs. Many programs (177) trained providers to identify and serve children with disabilities and early mental health needs; 74,048 providers (26% of providers trained) received this type of training. Most participants in these trainings were ECE providers (49%) and family support providers (19%).

Cultural diversity. Training on cultural diversity was provided by 88 programs to a total of 22,346 providers (8% of providers trained). Most of these participants were ECE providers (44%) and family support providers (40%).

Licensing and accreditation. Eighty-three programs offered training and consulting to 19,771 providers to help them obtain and maintain state-regulated licenses and accreditation for operating child care and preschool facilities. Most of these participants were ECE providers (79%), particularly family-based providers.

Practices or information to support school readiness. Almost half of the programs (294) provided training to 85,565 providers on practices and information to support school readiness. Most of the participants in these trainings were ECE providers (74%), particularly those working in center-based programs.

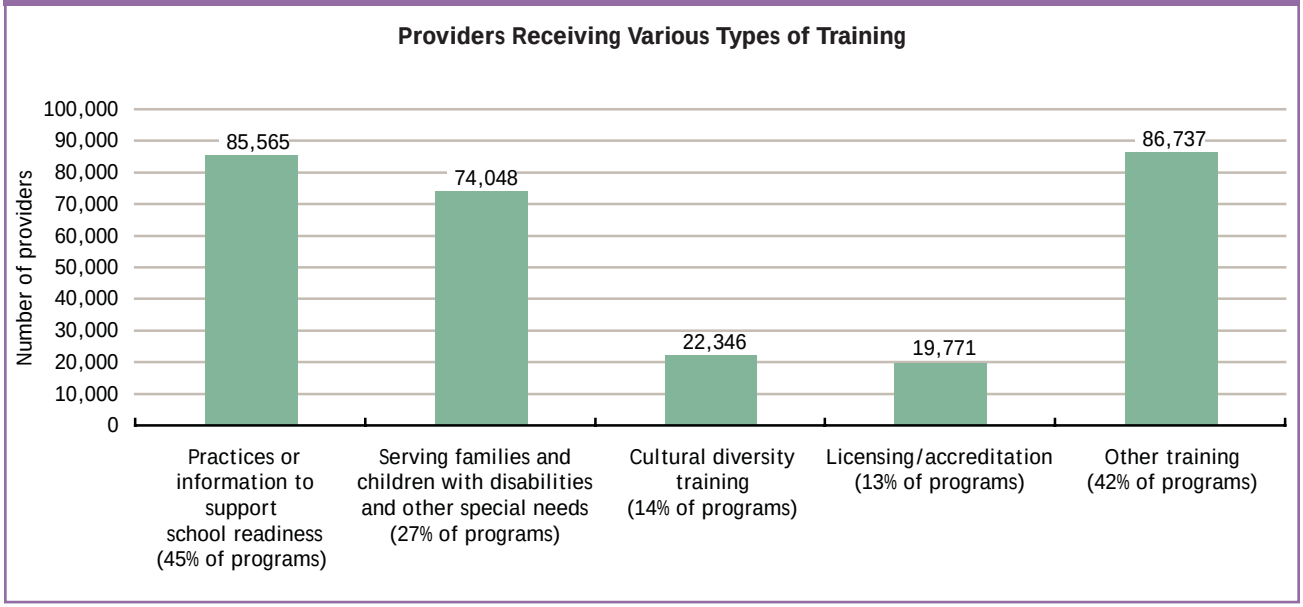
Other training topics. More than two-fifths of programs (270) provided trainings on other topics related to children's well-being to more than 86,000 providers. These trainings focused on several topics, including asthma education, nutrition, health and safety, maternal depression, health insurance advocacy, infant care, and career planning and support for ECE providers.

Other Types of Provider Capacity-Building Activities

In addition to training providers, First 5 funding offered several other types of support. Exhibit 4-17 shows the numbers of providers who received various kinds of support other than training.

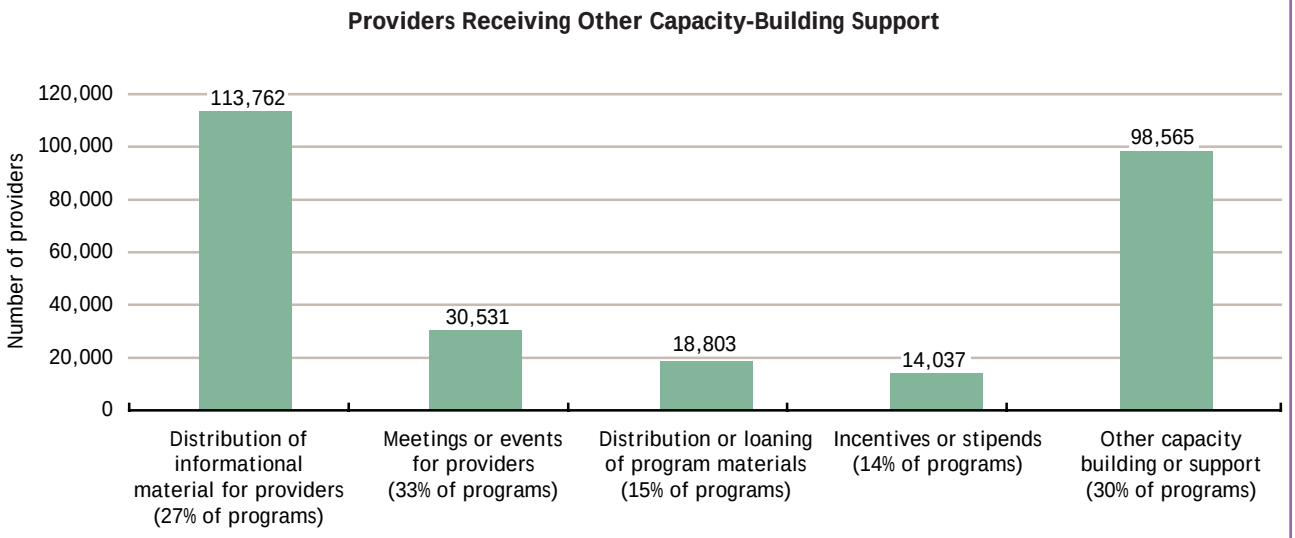
Distribution of informational materials. Informational materials were distributed by 173 programs to 113,762 providers. For example, providers received information about community resources (resource directories), bilingual activity books to use and share with families, posters on asthma and healthful nutrition, child development brochures, and kindergarten enrollment packets. Center- and family-based ECE providers were the most likely providers to receive these materials (46% of the providers).

EXHIBIT 4-16



Note: These are not unduplicated counts. Individual providers may have received training on more than one topic or more than once on the same topic.

EXHIBIT 4-17



Note: These are not unduplicated counts. Individual providers may have received more than one type of support or received the same type of support more than once.

Incentives or stipends. First 5 funding enabled 90 programs focusing on provider capacity building to distribute stipends to 14,037 providers for continuing their education or receiving specialized training. Most of these providers were early childhood education providers (56% center-based and 23% family-based). The average stipend amount was $1,376. These stipends were used primarily to improve child care quality and retain high-quality providers.

Distribution or loaning of program materials. Fifteen percent of programs (97) distributed or loaned program materials to 18,803 providers to use directly with children and families. For example, providers received books, backpacks, art supplies, activity packets, puzzles, and games to share with families. This type of assistance was offered most frequently to center-based and family-based ECE providers (30%), more than 5,000 of whom received program materials. Many of these efforts also reached health care providers (3,761 of them).

Meetings or events for providers. Meetings or other events designed for providers to discuss common issues and develop professional networks were held by 216 programs. These events were attended by 30,531 participants, 28% of whom were center-based ECE providers, 16% family-based ECE providers, 11% health care providers, and 8% family support providers.

Provider capacity-building mini-grants. Some funded programs supported the training of local providers through mini-grants. Statewide, 101 mini-grants were awarded for professional development of service providers; 39% of these grants went to community-based organizations, and child care center providers and preschool teachers received 31% of the mini-grants.

INFRASTRUCTURE INVESTMENTS

Other First 5 programs (231, or 12% of all funded programs that reported on the strategies they used) focused on increasing accessibility and quality by investing in buildings, equipment, and materials (infrastructure investments). One hundred ninety-three programs (84%) reported on the types of investments that were made. Those programs were most commonly operated by nonprofit community organizations (31%), K-12 educational organizations (schools and districts) (29%), and child care centers and preschools (14%). These organizations used their funding to purchase equipment or materials to enhance service quality or for facilities and capital improvements.

Purchasing equipment or materials to enhance service quality. Most infrastructure investments were used by agencies and organizations to purchase equipment and materials to enhance service quality. One hundred fifty-six programs (81% of the programs that reported the type of infrastructure investments that were made)

First 5 Glenn promotes children's optimal development by supporting providers and encouraging specialized training. In 2005-06, First 5 Glenn's Comprehensive Approaches to Raising Educational Standards (CARES) program provided stipends totaling $25,800 to 28 early care and education (ECE) professionals for their continued work in ECE and advancing their professional training. This included 18 stipends for longevity, 10 for bilingual care, 3 for offering care during nontraditional hours, and 6 for serving children with disabilities and other special needs. Professionals who work for the same provider for 5 years receive retention incentives, and various education incentives address the workforce shortages in the county. Four tracks help providers to attain licensing, permits, and associate's, bachelor's, or master's degrees. There is a strong emphasis on serving Family, Friend, and Neighbor providers, who care for a majority of children in the county, as well as encouraging family-based providers to get licensed. In addition to giving stipends, the program provides referrals to professional development opportunities. Many child care professionals participate in the annual CARES Celebration, co-sponsored by the CAL-NET program, First 5 Glenn, the Office of Education, and the Local Child Care Planning Council.

received funds to purchase equipment and materials costing more than $5,000. Most of these investments were made in nonprofit organizations, K-12 schools and districts, and child care centers and preschools. Exhibit 4-18 shows the types of purchases made with these investments and the percentages of programs making them.

More than half of the programs making infrastructure investments used them to purchase books and other educational materials to improve service quality. Thirty percent of the programs (58 programs) used the funds to purchase computers and office equipment. Approximately one out of four programs used funds to purchase play equipment, and furniture. Vans were purchased or leased by three programs.

Facilities and capital improvements. First 5 funds also were used to improve the facilities of 95 programs (49% of the programs reporting the type of infrastructure investments that were made). Exhibit 4-19 shows the types of improvements made and their frequencies. Most of these investments went to nonprofit community organizations, K-12 schools and districts, and child care centers and preschools.

The most frequent type of facility improvement was to improve the safety or age appropriateness of facilities, undertaken by 38 programs. Thirty-five programs received funds to build new facilities. In addition, 32 funded programs received resources to expand current facilities. Most of these investments were made in nonprofit community organizations and school and district programs.

Other infrastructure investments. Eighteen programs reported using infrastructure funds for something other than purchasing materials or equipment or making facility improvements. One-third of these programs were K-12 schools and districts.

Infrastructure investments through mini-grants. Infrastructure investments also were made through 699 mini-grants, nearly 75% of the total mini-grants awarded. Mini-grants to purchase equipment or materials to enhance service quality were disbursed primarily to child care centers and preschools (71%) and nonprofit community organizations (12%).

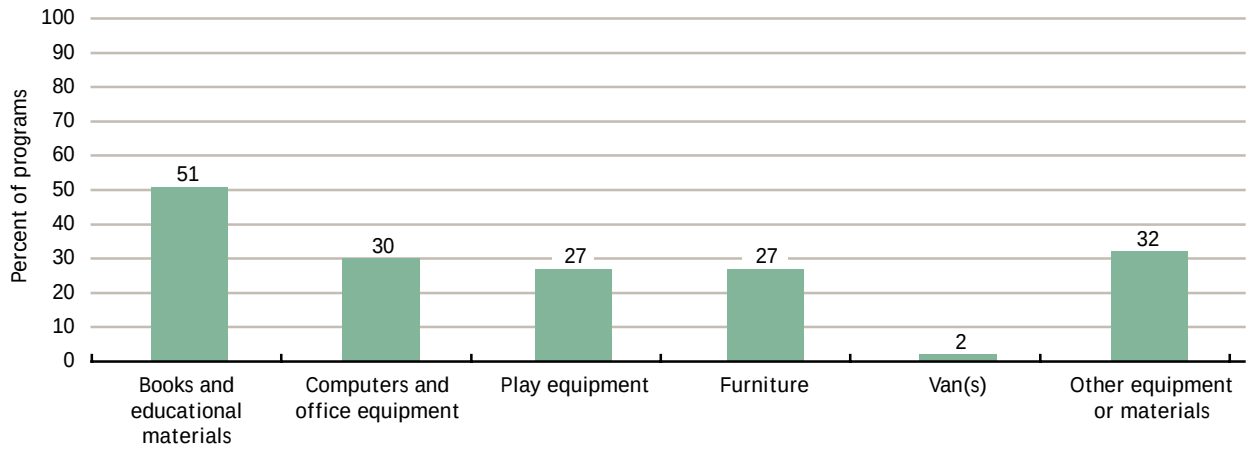
SYSTEMS CHANGE SUPPORT ACTIVITIES

Most of the activities described above—provided through direct services, community strengthening efforts, provider capacity building and support, and infrastructure investments—were part of larger efforts to improve systems of care for young children and their families. These activities were efforts to fill service gaps, make services more accessible and family friendly, reach out more effectively to diverse and often underserved communities, and improve the quality and effectiveness of services. In some cases, County Commissions funded special programs to coordinate or augment their other programs' efforts through evaluations, civic engagement efforts, and interagency collaboration and planning.

Of the 1,000 programs funded to do systems change activities, 194 (19%) were funded to focus solely on systems change. On the basis of reports by 936 programs (94%), the most common systems change activities funded were interagency collaboration, results-based accountability activities, and working competently with diverse populations. Exhibit 4-20 lists the frequencies with which these efforts were funded, as well as other, less commonly funded systems change support activities, including 35 County Commissions' efforts to promote universal preschool and 32 County Commissions' efforts to promote universal health care or augmentation of health insurance.

EXHIBIT 4-18

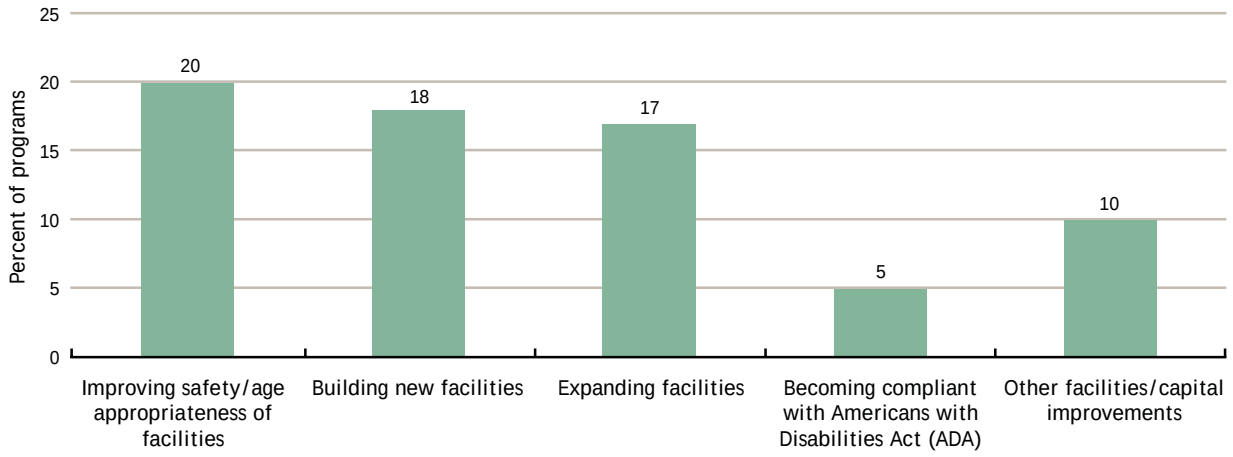
Programs Purchasing Equipment or Materials to Enhance Service Quality



Note: Data are based on 193 programs with infrastructure investments. Percentages total more than 100 because programs can use infrastructure investments for more than one type of purchase or facility improvement.

EXHIBIT 4-19

Facilities and Capital Improvement Activities of Funded Programs



Note: Data are based on 193 programs with infrastructure investments.

EXHIBIT 4-20

Programs Funded to Work on Systems Change Activities

	Number of County Commissions (n=56)	Number of Programs (n=936)	Percent of Programs
Results-based accountability	**53**	**625**	**67**
Conducting research or evaluation	52	480	51
Conducting community asset mapping/needs assessment	44	200	21
Training funded programs to conduct evaluations and use data	45	162	17
Other results-based accountability	34	131	14
Civic engagement	**47**	**340**	**36**
Community planning efforts involving residents	44	219	23
Supporting involvement of residents on boards, commissions, program implementation	40	162	17
Other civic engagement	35	143	15
Advocating for policies that support children and families	**49**	**296**	**32**
Meeting with/educating policy-makers	45	222	24
Preparing documents to support policy changes	39	166	18
Other advocating for policy changes/legislation	36	120	13
Raising or leveraging of funds for sustainability	**48**	**385**	**41**
Writing proposals to request additional funds	43	244	26
Preparing/implementing sustainability plans	41	231	25
Other raising or leveraging of funds	43	196	21
Service quality improvement efforts	**51**	**500**	**53**
Developing or monitoring service quality standards	47	341	36
Developing new training materials for service providers	46	275	29
Other service quality improvement	38	242	26
Working competently with diverse populations	**52**	**598**	**64**
Developing or adapting materials for diverse populations	51	475	51
Outreach to underrepresented providers	46	311	33
Other working competently with diverse populations	43	267	29
Interagency collaboration	**54**	**634**	**68**
Organizing/facilitating administrative-level meetings/sharing info	53	466	50
Organizing/facilitating interagency meetings/coordinating cases	49	364	39
Establishing or maintaining centralized registries and databases	42	236	25
Developing systems to blend funding streams	40	179	19
Other interagency collaboration	48	324	35
Accessibility of services	**49**	**382**	**41**
Universal preschool/expansion of early child care and education slots	35	130	14
Universal health care or augmentation of health insurance	32	89	10
Other efforts to increase accessibility	42	260	28
Other	**36**	**191**	**20**

In addition, many organizations received mini-grants to promote improvements in the systems that care for young children and their families. Across the state, County Commissions disbursed:

- 180 mini-grants for outreach activities for working with diverse populations.
- 169 mini-grants for civic engagement activities.
- 111 mini-grants for activities to make services more accessible.
- 91 mini-grants for interagency collaboration activities.
- 90 mini-grants for service quality improvement activities.

The ways in which the many and varied activities of the strategies used by First 5 funded programs worked together to improve systems of care for young children and families are discussed in Chapter 7.

CONCLUSION

In summary, First 5 California funding has enabled County Commissions to invest in young children during the most critical period (birth to age 5) of their cognitive, social, and physical development. First 5 programs have reached many of California's young children. In fiscal year 2005-06, close to 34 million young children, parents, and other family members received services or information through First 5 programs; about 4 million of these people received direct services, and nearly 30 million were reached through community outreach activities. First 5 programs are successfully reaching out to culturally and linguistically diverse populations of children and families and serving the very children who are most in need of services and supports to promote their optimal development and school readiness.

County Commissions are in a unique position to focus on the full range of needs of young children and their families because of the flexibility they have in making their funding decisions. Often the systems that serve young children are limited to providing only a subset of services (e.g., educational, health, family support, mental health, or special-needs services). However, the flexibility of funding and the mission of First 5 California enable County Commissions to focus on multiple areas of child development and address children's needs more holistically. Through these strategies, First 5 is creating an integrated and comprehensive system to promote, support, and optimize early childhood development.

Within the broad range of services and activities that County Commissions fund programs to provide, they have concentrated their efforts most frequently on:

- Conducting early education programs for children, alone or with parents.
- Providing recreational and physical activities to children.
- Conducting developmental screenings and assessments to identify children with disabilities and other special needs early.
- Increasing health care access through health insurance enrollment and providing preventive health services.
- Providing oral health preventive services, screening, and treatment.
- Providing nutrition assessment and education.
- Educating parents about child safety and injury prevention.
- Providing parenting education (including distributing the Kit for New Parents).
- Involving parents and children in activities that promote literacy.
- Supporting parents and other caregivers in creating healthy and positive environments for children's development.
- Connecting families with existing community health and social resources.
- Coordinating multiple services that families receive.

Many of the services were provided to parents, together with their children or separately, encouraging and helping parents as their children's first teachers. Significant investments also have been made in activities to further develop the skills and resources of service providers and teachers so that they can provide higher-quality child care and education, as well as other services, to children and their families, and to improve the facilities and materials of the programs they operate.

By providing such a range of services and coordinating those activities across agencies, First 5 is making the systems that serve young children more comprehensive and coordinated and, therefore, more likely to improve child development, child health, and family functioning in California, as the Proposition 10 legislation intended.

5 School Readiness Program Activities

First 5 California and each of the 58 County Commissions are committed to increasing school readiness for all children in California. This chapter provides information about the First 5 School Readiness (SR) Program (previously called the School Readiness Initiative) and the children and families the program serves. Included is information about the children's health, their progress in mastering developmental competencies needed for school success, their families, and the school systems that serve them. Information about the children and schools involved in the SR Program will facilitate strategic planning in local communities and help to identify current and future results achieved by the SR Program efforts.

BACKGROUND

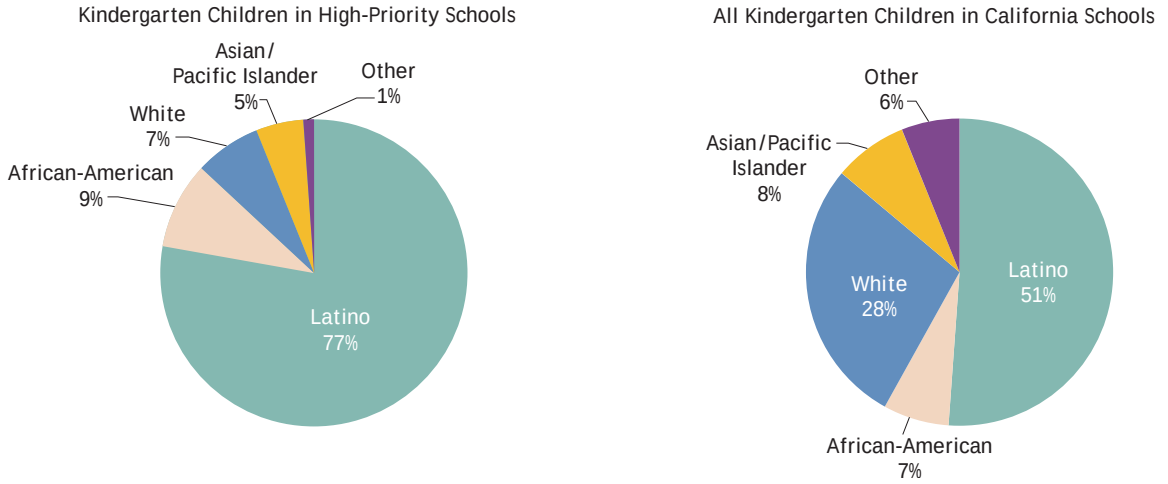
In July 2001, the First 5 California State Commission approved an allocation of $200 million for a 4-year School Readiness Program in 45 counties across California. An additional $6.5 million allocation in May 2002 expanded the SR Program to all 58 California counties. The program is a State and County Commission partnership that includes county-level matching funds, which brought the total funding to $413 million. In October 2005, the Commission reaffirmed its commitment to school readiness by approving an additional 4-year funding commitment of $51.7 million per year. The SR Program aims to improve the ability of families, schools, and communities to prepare children to enter school ready to succeed.

The SR program targets young children and their families in California, focusing on those served primarily by high-priority schools—those schools with scores on the Academic Performance Index (API) among the lowest 30% in California (API scores of 1 to 3). Statewide data representative of all kindergarten children in California's high-priority schools, based on the sample from the 2004 Kindergarten Entry Profiles (KEP) data (Exhibit 5-1), indicate that children attending schools being served by the SR Program are commonly:

- Latino (77% vs. 51% among all California kindergartners, and compared with 19% nationally).
- English learners (58% have a primary language other than English, predominantly Spanish, compared with 11% nationally).

EXHIBIT 5-1

Race/Ethnicity of Kindergarten Children in High-Priority Schools, Compared with All California Elementary Schools, 2004



- Living in low-income households (67% with annual household incomes of less than $30,000, compared with 31% nationally), and more than half (56%) of the families receiving some form of public assistance (compared with 8% nationally receiving welfare payments).
- Living in households with large family size (55% have five or more household members, compared with 42% of families with kindergartners nationally).

The SR Program is designed to take a comprehensive approach to supporting children's success in school by having a positive impact on children, their families, their communities, and the systems of care designed to serve them. The five Essential and Coordinated Elements of the First 5 SR Program, shown in Exhibit 5-2, call for meeting child and family needs for a combination of early care and education, parenting support and education, and health and social services. These elements encompass this wide array of services because the First 5 SR Program has adopted the National Education Goals Panel's broad and comprehensive definition of school readiness (see Chapter 1). This definition recognizes that children's school readiness includes a holistic approach that promotes cognitive and language development, social competence, emotional well-being, enthusiasm for learning, and health and physical well-being. It also supports the notion that parents are their children's first teachers and that programs should support them in this role.

Because the schools participating in the SR Program serve communities with high ethnic diversity and high levels of poverty, the program has a major goal of closing the achievement gap by addressing inequities in access to appropriate services and programs for California's neediest young children and their families. Based on findings of previous research in the field of early childhood development, it is expected that the SR Program will lead to long-term positive benefits for the children in participating schools. These expected benefits include:

- Improvements in reading and academic achievement
- Lower rates of grade retention
- Lower rates of special education placement
- Lower rates of behavior and discipline problems
- Higher rates of high school graduation.

EXHIBIT 5-2

Five Essential and Coordinated Elements of the First 5 School Readiness Program

1. Early care and education services with kindergarten transition strategies
2. Parenting and family support services
3. Health and social services
4. Schools' readiness for children
5. Program infrastructure, administration, and evaluation

SR PROGRAM FUNDED PROGRAMS AND ACTIVITIES

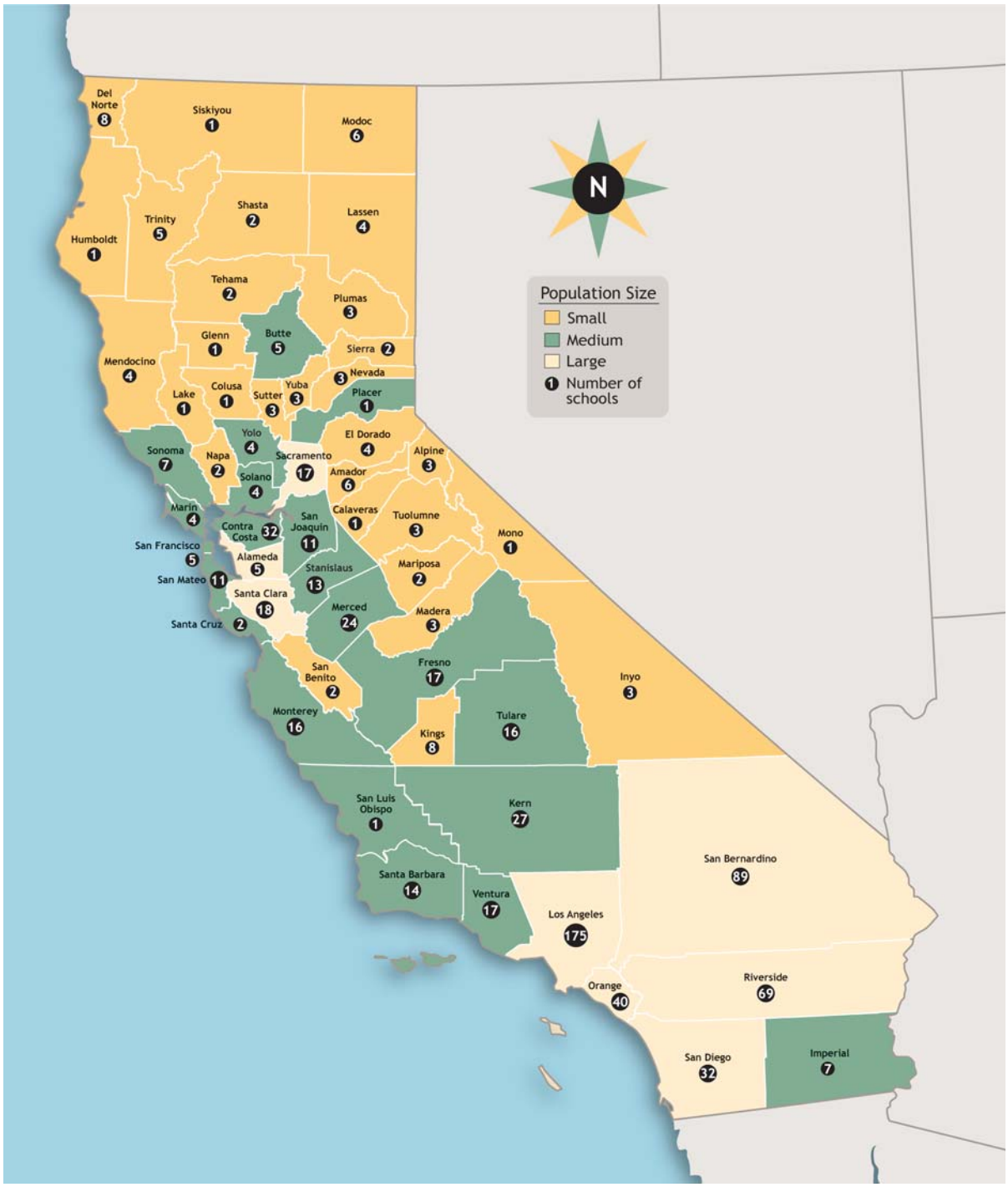
In fiscal year 2005-06, all 58 County Commissions continued to receive funding to support local SR Program activities. The application process included strategic planning that met a number of critical requirements:

- County Commissions, as part of the funding process, had submitted information about their local collaborative partners and a description of their comprehensive plans to support school readiness.
- Plans were designed to address the unique needs of children, families, and communities in the attendance area of each high-priority school.
- Applications required a local match.
- Funds can be used to restructure, coordinate, and evaluate the delivery of high-quality early care and education, health and social services, and parental support and education/involvement, and to improve schools' readiness for children.
- Programs and services are to be provided in family-friendly environments in school-based or school-linked settings.
- Funds are to be used to develop new services or increase access to existing services.

Since its inception, the SR Program has funded 206 applications, which include 778 schools. Exhibit 5-3 shows the numbers of schools included in SR Program applications, by county, as of June 30, 2006.

EXHIBIT 5-3

Number of Schools in SR Program Applications, by County

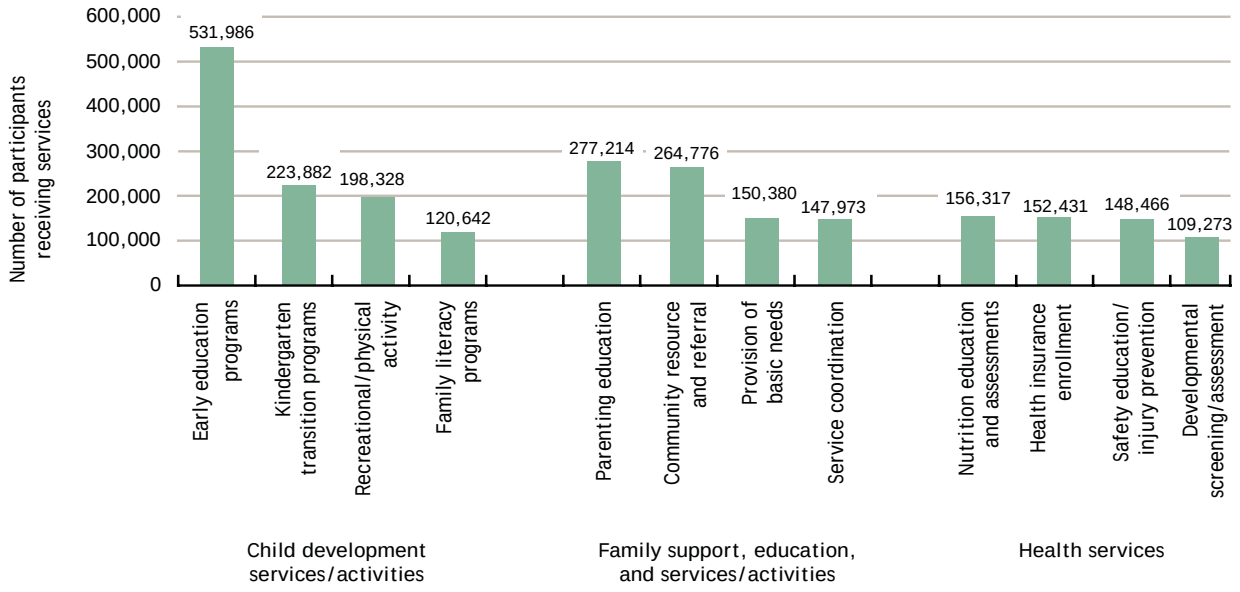


The most common recipients of SR Program funds were schools and educational organizations (49%), including school districts, elementary schools, and local county offices of education. Strategies being used were reported for 441 programs[1] (22% of all First 5 funded programs):

- The majority of programs (85%) provided **direct services** to 1,082,319 children and their family members.[2] Common services included early education programs, parenting education and support services, kindergarten transition programs, recreational and physical activities for children, and health insurance enrollment programs (Exhibit 5-4).[3]
- Somewhat fewer than half of the programs (44%) conducted **public outreach** to 1,803,319 parents and family members by disseminating information through brochures, newsletters, resource directories, and media spots (radio, television, and newspapers) and holding community events, celebrations, or fairs.[4]
- Almost half of the programs (47%) conducted activities with 55,889 individuals to **improve the training, knowledge, skills, and capacity of service and program providers**. Topics included promoting school readiness, serving children with disabilities and other special needs, enhancing cultural competence and

EXHIBIT 5-4

Most Common Direct Services Provided by SR Programs



[1] Percentages total more than 100 because some programs used more than one strategy.

[2] Counts of recipients of direct services and public outreach activities are not unduplicated. An individual may have been served by more than one program and, in some cases, more than once by the same program.

[3] Information on specific activities was received from 364 to 376 programs funded to do direct services.

[4] Information on specific activities was received from 172 to 193 programs funded to do public outreach.

meeting the needs of culturally diverse children, and assisting with preparedness for licensing or accreditation (Exhibit 5-5).[5] In addition to training providers, First 5 SR funding offered several other types of support, including distribution of informational materials (e.g., resource directories, posters and brochures on child development and health, and kindergarten enrollment packets), distribution or loaning of program materials to providers to use directly with children and families (e.g., books, puzzles, games), meetings or other events designed for providers to discuss common issues and develop a professional network, and stipends to providers for continuing their education or receiving specialized training (Exhibit 5-6).

- A number of programs (19%) used SR Program funds for **infrastructure investments**, ranging from improving and expanding facilities to purchasing play equipment, furniture, office equipment, and books or educational materials that improve the quality of services. Of the 54 programs making infrastructure investments who reported on types of investments,[6] 24 conducted some type of facilities/capital improvement, and 49 invested in some equipment or materials to enhance service quality (Exhibit 5-7).

EXHIBIT 5-5

Providers Participating in Trainings Provided by SR Programs, by Topic

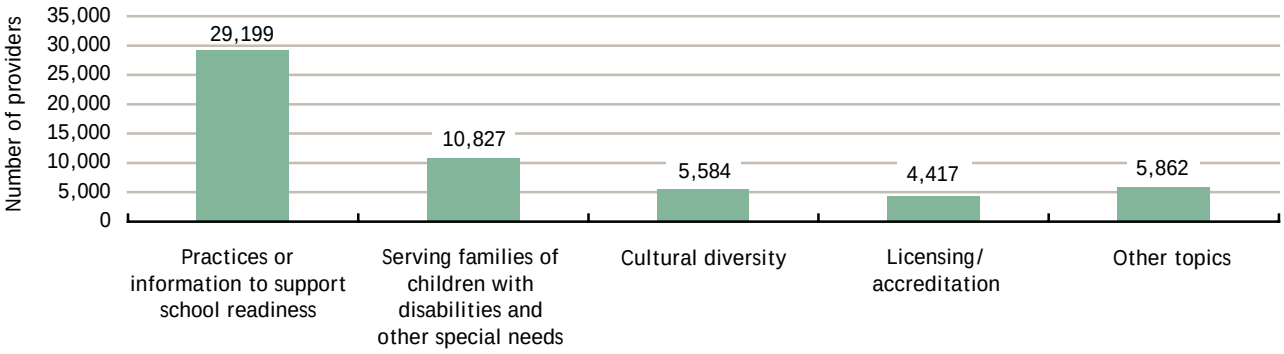
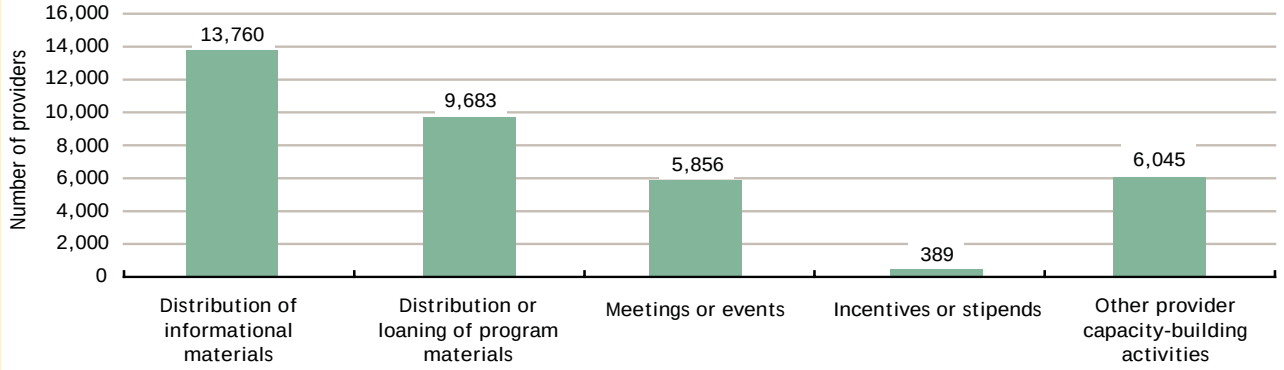


EXHIBIT 5-6

Providers Participating in Capacity-Building/Support Activities (Other Than Trainings) Provided by SR Programs



[5] Information on number of providers served was received from 177 of the 208 programs funded to conduct provider capacity-building activities.

[6] Activity data on investments were not received from 29 of the programs using funds for infrastructure investments.

- More than half (52%) of the SR programs also engaged in **systems change activities**. On the basis of reports by the 228 SR programs that used funds for systems change activities, the most common activities funded were interagency collaboration, working competently with diverse populations, results-based accountability efforts, and service quality improvements (Exhibit 5-8). These efforts most often included developing and/or adapting program materials for diverse populations, interagency collaboration to organize administrative-level meetings to share information and to organize interagency meetings of service providers to coordinate cases, conducting research or evaluation, and developing or monitoring service quality standards (e.g., using early care and education environmental rating scales to assess program quality and identify areas for improvement) (Exhibit 5-9).

County Commissions used their SR Program funds to support strategies different from those being funded with other First 5 funds. For instance, SR Program funds were spent more on direct services (75% vs. 57% of other funds) but less on provider capacity building (7% vs. 16%), infrastructure investments (3% vs. 6%), and systems change activities (9% vs. 13%).

There also were numerous differences in the specific direct-service activities the SR Program funds were spent on.[7] For example, compared with programs not receiving SR Program funds,[8] programs funded by the SR Program more often included:

- Kindergarten transition programs (52% vs. 12%)
- Early education programs (70% vs. 33%)
- Family literacy programs (49% vs. 21%)
- Developmental screenings and assessments (51% vs. 25%)
- Recreational/physical activities for children alone or with parents (41% vs. 21%).

EXHIBIT 5-7

Infrastructure Investments Made with SR Program Funding

Type of Investment	Number of Programs Making Investments (n=54)
Facility Improvements*	**24**
Improving safety/age appropriateness of facilities	12
Building new facilities	8
Expanding facilities	7
Other facilities/capital improvements	5
Becoming compliant with Americans with Disabilities Act	2
Equipment and Materials	**49**
Purchasing books and educational materials	44
Purchasing computers and office equipment	18
Purchasing other equipment or materials to enhance quality	16
Purchasing play equipment	15
Purchasing furniture	14
Purchasing or leasing vans	14

*Only local SR funding may be used for facility improvements.

[7] SR Program funds were used more than other First 5 funds to fund programs in 32 of the 36 types of activities specified.

[8] In this chapter, for all group comparisons cited as different, the differences were tested and were statistically significant at $p < .05$, and most were significant at the $p < .001$ level.

EXHIBIT 5-8

Systems Change Support Investments Made with SR Funding

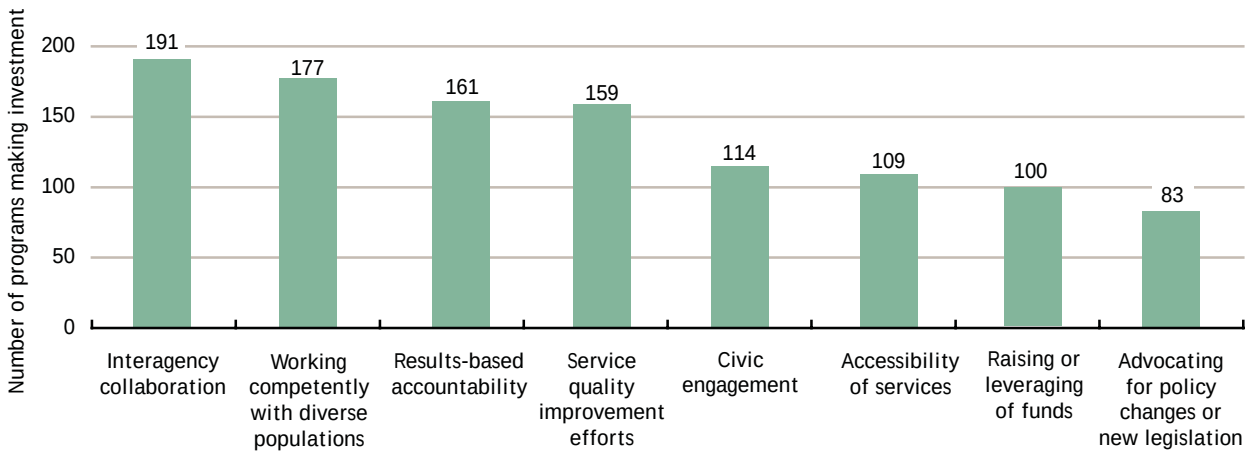
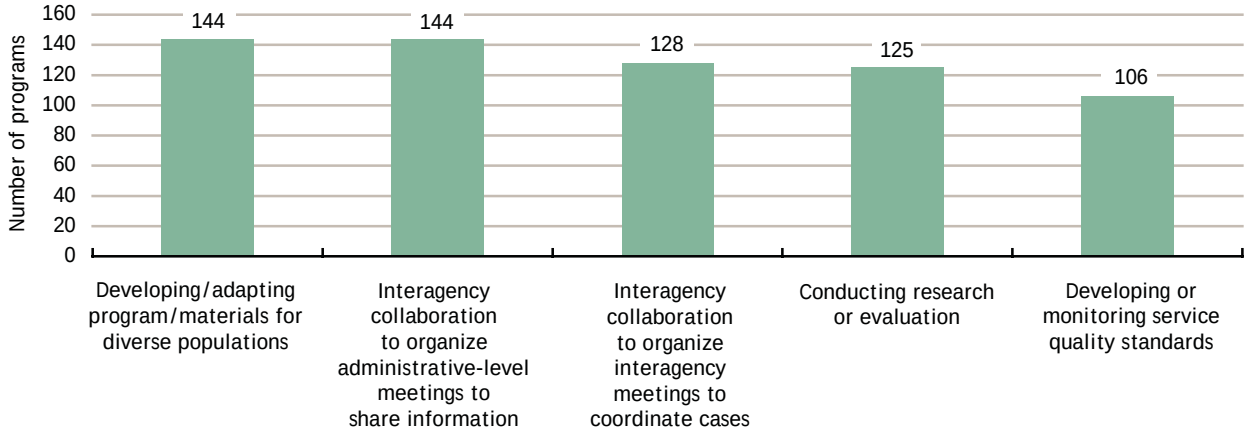


EXHIBIT 5-9

Most Common Systems Change Support Activities Conducted with SR Funding



6 Special Needs Project Activities and Outcomes

First 5 California and the County Commissions are working to meet the needs of all of California's young children. This chapter describes the accomplishments and promising practices of a unique collaborative effort between First 5 California and County Commissions to demonstrate and disseminate effective practices for serving children with disabilities and other special needs (including mental health needs). The First 5 California Special Needs Project (SNP) is being implemented in First 5 School Readiness Program sites in 10 counties across the state: El Dorado, Mendocino, Merced, Monterey, Los Angeles, Orange, San Diego, San Francisco, Riverside, and Sonoma. These demonstration sites are working closely with First 5 California, their local County Commissions, a Coordination and Technical Assistance contractor, and a Program Evaluation contractor to strengthen systems, to develop and enhance high-quality programs, and to improve project outcomes.

THE FIRST 5 CALIFORNIA SPECIAL NEEDS PROJECT

In March 2003, First 5 California approved a total of $20 million over 5 years to fund the SNP. The SNP was designed to address two focus areas identified by the State Commission: (1) children with disabilities and other special needs and (2) children's mental health. The goal of the project is "to strengthen the First 5 School Readiness Program and other First 5 California programs, including Power of Preschool and Health Access for All, serving all children by demonstrating and disseminating effective practices for programs and systems serving young children with disabilities and other special needs." The SNP has four emphasis areas (Exhibit 6-1).

EXHIBIT 6-1

The Four SNP Emphasis Areas

1. Universal access to screening for early identification/diagnosis and referrals for physical and developmental issues (including social/emotional/behavioral).
2. Improved access to and utilization of services and supports through coordination and reallocation of existing resources and building of new resources.
3. Inclusion of young children with disabilities and other special needs in appropriate typical early care and education and other community programs, with provision of supports necessary to help the child succeed in that environment.
4. Evaluation to identify effective service delivery and training practices.

The emphasis areas are being implemented through the operations of four SNP components:

1. Ten local demonstration sites at selected First 5 School Readiness Program sites.
2. A Statewide Project Coordination and Training contractor, California Institute on Human Services at Sonoma State University (CIHS).
3. A Program Evaluation contractor (SRI International).
4. Infant-Preschool Family Mental Health Initiative (IPFMHI) coordination and evaluation staff.

The names of the 10 participating First 5 County Commissions, their First 5 School Readiness Program sites, and their SNP programs are shown in Exhibit 6-2.

EXHIBIT 6-2

The 10 First 5 Special Needs Project Demonstration Sites

County	Special Needs Project Local Name	Associated First 5 School Readiness Program Sites
El Dorado	The Early Childhood Intervention Program (ECIP)	Bijou, Pioneer, and Camino elementary schools
Los Angeles	Project TLC (Teaching and Learning for all Children)	School Readiness on the Westside
Mendocino	USA WEAVE & WISH	Round Valley and Brookside elementary schools
Merced	Families and Children Embracing Success (FACES)	Merced City School District
Monterey	Avancé Project	Alisal Community Healthy Start Family Resource Center (FRC)
Orange	Learning, Early Intervention, And Parent Support (LEAPS)	HOPE School Readiness Program
Riverside	Special Needs Assistance Project (SNAP)	Lake Elsinore Unified School District's Children and Family Services program
San Diego	Kids on TRACK	Chula Vista Elementary School District
San Francisco	San Francisco Ages and Stages	Cesar Chavez and Starr King elementary schools
Sonoma	Watch Me Grow	Community Action Plan (CAP)

The following sections describe major findings organized by systems-level outcomes and child-level outcomes.

SYSTEMS-LEVEL OUTCOMES

A major goal of the SNP is to improve systems of care and to better meet the needs of children with special needs, including social/emotional/behavioral issues. Because the SNP is a demonstration project, another key goal is to identify promising service delivery and training practices through a comprehensive evaluation. To create improved systems for screening, making referrals, and providing prevention services and inclusive early care and education for children with disabilities and other special needs, the SNP demonstration sites built on local programs and resources and created new partnerships.

Universal Access to Screening

Establishing an effective, universal, comprehensive, and coordinated screening and assessment system is one of the major goals of the SNP, leading to early identification/diagnosis and referrals for physical and developmental issues (including social/emotional/behavioral issues). From the start of the project, significant progress has been made toward developing such a system.

At the system level:

- CIHS and IPFMHI developed the SNP Screening and Service Protocol.
- The demonstration sites incorporated the protocol into their varied program models and began the development of a universal screening system, including
  - formalizing relationships with partners,
  - hiring and training screeners,
  - creating Child Study Teams,
  - developing and implementing outreach strategies, and
  - conducting screenings.

Developing the SNP Screening and Service Protocol

The SNP Screening and Service Protocol is composed of four screening tools (Exhibit 6-3).

Developing a Comprehensive and Coordinated System of Screening and Assessment

The demonstration sites worked with partner agencies to create and implement the screening and assessment system. Some of the screening partners involved included

- early care and education agencies,
- community-based organizations,
- public health departments,
- regional centers,
- early intervention agencies and providers,

EXHIBIT 6-3

Screening Instruments Used in the SNP Screening and Service Protocol

Screenings cover four different development and health areas: general development, social-emotional development, family relationships, and child health. The four screening instruments are:

- The Ages & Stages Questionnaire (ASQ). This screening instrument covers five developmental domains: problem solving, communication, personal-social, gross motor, and fine motor.
- The Ages & Stages Questionnaire: Social-Emotional (ASQ:SE). This screening instrument addresses children's social-emotional development and behavior.
- The Parenting Stress Index-Short Form (PSI-SF). This instrument includes questions about child behavior, parent-child interaction, and parent stress.
- Health Survey/Health Screening. These instruments are 11-item screening tools addressing medical care and general and specific child health issues. The Health Survey is a questionnaire designed to be completed by parents. The Health Screening is designed to be completed as part of a health screening conducted by a health professional.

- school district and county office of education special education departments, and
- medical providers.

All demonstration sites identified potential screeners to participate in training in the proper administration and scoring of each of the tools in the SNP Screening and Service Protocol. In addition, each demonstration site, with guidance from CIHS, created a Child Study Team (CST) to interpret the screening results and refer children and families to needed services. The CST made the determination of the outcome of the screening according to the categories of the SNP Screening and Service Protocol (Exhibit 6-4).

Developing Strategies for Conducting Screenings

Each demonstration site generated an outreach plan to identify children in their service area to screen. Through these outreach strategies, screening sessions were scheduled with families. They were conducted in a variety of locations and by different types of individuals.

Sites conducted a total of 2,650 screenings in the following locations:

- The largest number of screenings were conducted in families' homes (32%).
- About one-fourth of children (24%) were screened in preschool (17%) or child care (7%) programs.
- About one-fifth of children (21%) were screened in program offices.
- About one in six children (17%) were screened in family resource centers.
- Relatively few children were screened in hospitals or clinics (2%) or in other community settings (4%).

Sites had individuals with different types of professional training and backgrounds conducting the screenings.

- Nearly three-fifths of screenings (59%) were conducted by paraprofessionals (e.g., parent educators, home visitors).
- About one-third of all screenings (32%) were conducted by early childhood teachers (12%) and screening specialists (20%).
- The remaining screenings were conducted by nurses (4%) and others (5%).

Developing Strategies for Reviewing Screening Results

After the screenings are completed, they are reviewed by the Child Study Team, and one of three outcomes delineated in the SNP Screening and Service Protocol is decided on, based on the results of the screening and the discussion of the child and family situation. There is no requirement that the scores on the screening instruments automatically result in the assignment of specific categories, however. One purpose of the review by the Child Study Team is to include the clinical expertise and the experience and developmental knowledge of the Child Study Team members in determining the outcome of the screening.

Every demonstration site developed a process for the review of each child's screening results. Observations of Child Study Team meetings at each of the sites by the SNP evaluation team have found that the discussions are often rich and multidisciplinary, and make use of both screening findings and outside information in the disposition of each case and the referrals that are made.

EXHIBIT 6-4

The Three SNP Screening and Service Protocol Outcomes

Outcome Category	Definition	Screening Scores
No developmental concerns, no risk factors present	The screen indicates typical development and no risk factors.	All scores are within normal limits, and no other concerns are noted.
No developmental concerns, risk factors present	The screen indicates typical development, but the presence of risk factors (social-emotional, family stress, or health) suggests follow-up and possible services and heightened monitoring of development.	All ASQ scores are within normal limits, but ASQ:SE and/or PSI-SF scores are outside the normal limits, or there are parental concerns requiring follow-up on any instrument.
Developmental concerns—follow-up needed	The screen indicates the need for follow-up in development with or without ongoing risk factors, leading to an assessment, services, and heightened monitoring.	One or more ASQ scores are outside the normal limits; ASQ:SE and PSI-SF scores may be outside the normal limits. There may be or may not be parental concerns requiring follow-up on any instrument.

Improved Access to Services and Supports

SNP sites developed comprehensive, coordinated, family-friendly systems that included an array of accessible, integrated, specialized and general community programs and resources. This process involved both coordination and reallocation of existing resources and building of new resources.

Developing an Array of Programs and Resources

Demonstration sites worked with partner agencies to refine and elaborate their plans for service delivery. Because the SNP was planned as a project embedded in ongoing First 5 School Readiness (SR) programs, preexisting First 5 SR services provided key elements of the network of services developed and formalized by demonstration sites. Exhibit 6-5 shows the array of new and expanded services implemented across the sites.

Institutionalizing Referral Procedures

Each demonstration site developed procedures and materials for making referrals between partner agencies and outside agencies, including the following:

- Creating forms for recording parent consent to share information between partner agencies.
- Compiling lists of referral agencies and contact information.
- Establishing specific SNP contact people within partner agencies.

EXHIBIT 6-5

First 5 Special Needs Project Services across Demonstration Sites

- Home visiting programs
- Parent-child interaction classes
- Inclusive preschool (with special education and related services)
- Behavior interventionists to support classrooms and families
- Inclusion support staff
- Mental health services
- Parent education courses
- Case management/Navegantes
- Social-emotional development curricula and approaches

- Conducting training events to familiarize partners with services offered by each agency.
- Creating forms for recording referrals made and following up with families and agencies.

Care Coordination

Once screening began, site staff recognized the necessity of actively supporting parents through the process of following up on referrals and accessing assessments and services. The project adopted the term “care coordination” to describe this process. Some sites altered staff positions and responsibilities to enhance care coordination functions as the first year progressed.

Inclusion of Young Children with Disabilities and Other Special Needs in Early Care and Education

One specific goal of the SNP with regard to services is to develop and enhance existing services and programs so that young children with disabilities and other special needs and their families have access to these services and programs and are supported in their full participation. The SNP sites engaged in a number of activities and worked with their partner agencies to develop or expand inclusive programs and to provide culturally and linguistically appropriate support services to children, families, and teachers in inclusive settings.

- Sites worked with representatives from regional centers, school district special education divisions or departments, county offices of education, and county mental health departments.
- Some of these agencies had inclusive programs to which eligible children could be referred. Others worked with demonstration sites to develop new inclusive program sites in the service area.

Sites also worked with partner agencies to plan and deliver services to children in preschool and child care settings in the community. These services included speech and language therapy, mental health and behavioral consultation, and nursing services. Some demonstration sites planned and delivered inclusive programs such as parent-child interaction classes and playgroups. Some demonstration sites also worked with community partners to involve children with disabilities and their families in other community settings and events.

Evaluation to Identify Effective Practices

Another major goal of the SNP is to conduct evaluation to identify effective service delivery and training practices that better meet the needs of children with special needs, including social/emotional/behavioral issues. Over the course of the first year of implementation, the sites, CIHS, and the evaluation contractor worked together to collect, enter, report, and analyze data related to the intended outcomes.

Program-Level Promising Practices

Data from site visits identified a number of promising practices from SNP achievements and the strategies used to accomplish them.

Promising Practice 1: Reassignment of staff as an initial hiring practice at project start-up. The reassignment of staff to new positions in the SNP allowed some demonstration sites to avoid some of the delays in project start-up that were experienced by other sites that had to work with lengthy school district hiring processes or that did not have large numbers of qualified applicants. For example, to speed the start-up of the SNP in Merced County, FACES hired two individuals who had previously worked as evaluators for the county's SR program as the interim SNP Program Manager and Designated Evaluation Staff (DES), and in Los Angeles County, Project TLC reassigned a member of the lead agency staff to the Screening Specialist position. The lesson learned is that, in starting a new project, it may be beneficial to shift staff from existing programs to new programs that have short start-up timelines and require immediate development.

Promising Practice 2: Development of single programs that meet multiple program goals. One reason that the Tu y Yo program for LEAPS in Orange County and Wee Play for Watch Me Grow in Sonoma appear to be very successful programs is that they fulfill multiple SNP intended outcomes. They are (1) accessible, (2) inclusive, (3) available for children within the entire target range of the SNP, (4) enabling families to better support their children's development, (5) a form of outreach for screening referrals, (6) programs for children who are identified with developmental concerns on the screening tools but who would not qualify for mandated services, and (7) a channel for referrals to other programs and services. The lesson learned is that program funds, time, and energy may be used most efficiently and with the greatest success by developing single programs that can achieve multiple goals simultaneously.

Promising Practice 3: Replication, relocation, and expansion of established program models. When planning the SNP, several counties decided to replicate, relocate, or expand existing models that had proven successful in their local communities. The replication of an established model of preschool inclusion, for instance, made it possible for LEAPS in Orange County to provide inclusive services early in the project. A strength of Kids on TRACK in San Diego County was the program's early affiliation with San Ysidro's Healthy Steps mobile van program. FACES in Merced County and Ages and Stages in San Francisco County both expanded established models for reviewing screening results and identifying services for young children with disabilities and other special needs (both coincidentally called the Round Table) and were able to implement effective SNP Child Study Teams without an extended process of interagency negotiation or trial and error. The lesson learned is that County Commissions and funded programs should seek out successful programs and plan their expansion and replication in connection with new projects and funding sources.

Promising Practice 4: Creation of a staff that reflects the linguistic and cultural makeup of the community to be served. The majority of sites engaged in staff recruitment and hiring processes that resulted in the selection of individuals who shared the linguistic and cultural background of the local community. These individuals also tended to be well qualified for the positions—they had education, training, and work experience in educational or social service fields. For example, SNAP in Riverside County hired five Social Service Coordinators and one Social Service Assistant to conduct SNP screenings. Each Social Service Coordinator is bilingual in English and Spanish, and most have bicultural backgrounds and experience working in human service settings. The Watch Me Grow program in Sonoma County capitalized on the experience and training of staff who not only were bilingual but were already familiar with some of the SNP screening instruments and had experience working with children with disabilities and other special needs. In interviews, numerous parents stated that they felt comfortable with and well supported by the SNP staff with whom they worked. Several sites reported that their programs were becoming increasingly popular because of positive recommendations by families to other families. The lesson learned is that the goal of providing linguistically and culturally competent services can be achieved through specific recruitment and hiring strategies and that this goal has the intended effects when put into practice: families experience these programs as more accessible and responsive.

CHILD-LEVEL OUTCOMES

This section describes the impact on children of having access to screening, improved systems of referral to services and assessments, and increased access to prevention services and inclusive services for young children with disabilities and other special needs

Universal Access to Screening

Effective comprehensive early and periodic screenings were conducted with thousands of children ages 0-5 and their families in their primary languages.

Number of Children Screened

From July 1, 2005, through June 30, 2006, the 10 demonstration sites screened a total of 2,553 children. Ninety-seven children (4%) were screened a second time, for a total of 2,650 screenings conducted.[1]

The number of screenings conducted each month by the 10 sites increased over the course of the year. The sites conducted 930 screenings over the first half of the year (July through December) and 1,623 in the second half of the year (January through June).

- Almost half of all the screenings conducted by the project were conducted in the last 4 months of the year.
- Over the year, demonstration sites became more effective in their outreach efforts and became more efficient by streamlining the screening sessions and the review process.

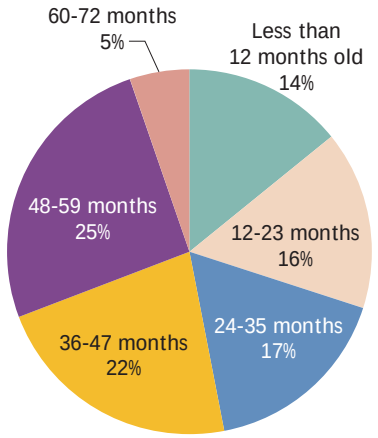
Characteristics of the Children and Families Screened

In the first year of the SNP project, the children screened:

- Were of all ages from birth to 5 years, with nearly half (47%) under age 3, 22% age 3, 25% age 4, and 5% age 5 (Exhibit 6-6).
- Were primarily Latino (82%, 2,051 children), with a little over 9% of the children being white and the remaining 9% of the children being other ethnicities (4% were multiracial, 2% were African-American, 2% were Alaska Native/American Indian, and 1% were Asian) (Exhibit 6-7).
- Spoke only or mostly Spanish in the home (77%), with another 22% who spoke English and 1% who spoke other languages in the home.

EXHIBIT 6-6

Age of Children Who Received SNP Screenings



[1] The SNP Screening and Service Protocol stipulates that children 2 years of age and under be screened at 6-month rather than 1-year intervals.

EXHIBIT 6-7

Ethnicity of Children Who Received SNP Screenings

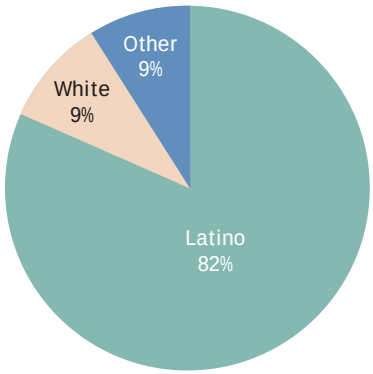
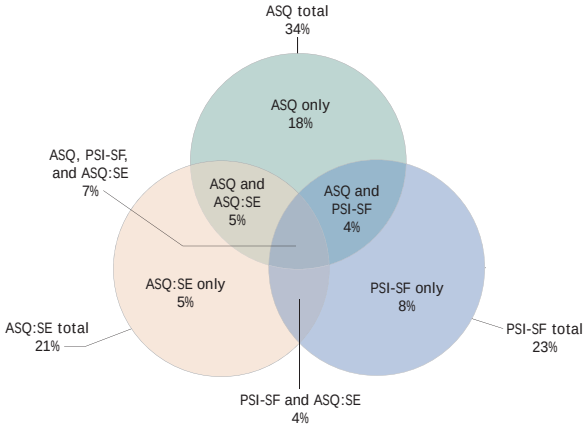


EXHIBIT 6-8

Children Scoring Outside the Normal Limits on Each Developmental Screening Instrument in the SNP Screening and Service Protocol



Children with Risks or Concerns Identified with the Developmental Screening Instruments

This section begins by presenting findings about the percentages of children whose scores fell outside the normal limits for the different instruments. These findings will include only the 2,088 children and families who were screened with all three of the developmental screenings instruments, so that the results for the different instruments can be compared. Then the outcomes of the screenings as determined by the Child Study Teams will be presented, including the data for all of the 2,650 children screened.

Each of the three developmental screening instruments identified children with potential risks or concerns, as indicated by scores outside the normal limits for the instrument. Half of the children screened with all three developmental screening instruments (51%) had scores outside the normal limits on one or more of the instruments.

The percentage of children screened with all three developmental screening instruments who were outside the normal limits for each instrument (represented as complete circles in Exhibit 6-8) was as follows:

- 34% of children had scores outside the normal limits in at least one developmental domain of the ASQ, indicating delays.
- 23% of children and families were at or outside the normal limits for the PSI-SF, indicating elevated levels of parenting stress.
- 21% of children were at or outside the normal limits for the ASQ:SE, indicating the presence of social-emotional delays or difficulties.

Of the children screened with all three developmental screening instruments, about a third (31%) scored outside the normal limits on only one of the three screening instruments (represented by the non-overlapping area of each circle in Exhibit 6-8):

- About one-fifth (18%) of children were outside the normal limits only on the ASQ.
- About 8% of children were outside the normal limits only on the PSI-SF.
- About 5% of children were outside the normal limits only on the ASQ:SE.

Some children (20%) had scores outside the normal limits on two or all three instruments (represented by the overlapping areas of each circle in Exhibit 6-8):

- 4% of children had scores outside the normal limits on both the ASQ and PSI-SF.
- 4% of children had scores outside the normal limits on both the PSI-SF and the ASQ:SE.
- 5% of children had scores outside the normal limits on both the ASQ and ASQ:SE.
- 7% of children had scores outside the normal limits on all three instruments.

These results indicate that nearly 17% of children screened were identified on the basis of the ASQ:SE and the PSI-SF results (by both tools or by one or the other tool) and would not have been identified by the ASQ alone. Thus, screening using the ASQ alone would have missed a third of the total number of children who were identified by the developmental screening.

The areas on the ASQ with the most children showing delays were communication (18%), problem solving (14%), and fine motor skills (12%).

Outcomes of the Screenings

The scores for each child and family on the developmental and health screening tools were interpreted and analyzed by the Child Study Team in each site. The Child Study Team determined the outcome of the screening in terms of the three possible outcomes delineated in the SNP Screening and Service protocol. The outcomes for children and families across the sites were as follows (Exhibit 6-9):

- About three-fifths of the children (59%) were doing well and found to have no developmental concerns or risk factors.
- About one-fifth of the children (22%) were found to have no developmental concerns, but risk factors were present, leading to further review and possibly referrals for services.
- About one-fifth of the children (19%) were found to have developmental concerns requiring additional follow-up and referral for further assessment.

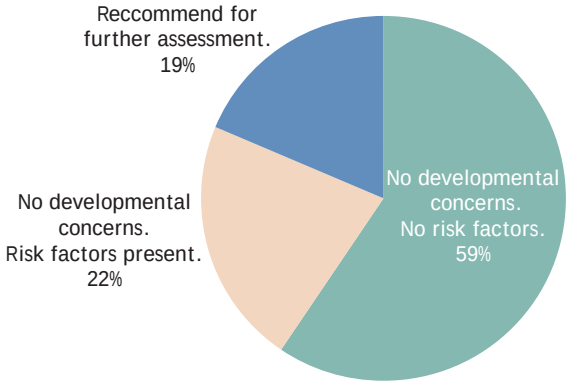
The outcomes of the screenings did not differ for children of different ages, ethnicities, or home languages. However, 48% of boys were found to have developmental concerns or risk factors, whereas only 32% of girls were identified with developmental concerns or risk factors.

The health of the 2,202 children who received a health screening was significantly worse than the health of children of similar ages nationally (Exhibit 6-10):

- 33% of the children were in excellent health, 30% in very good health, and 28% in good health. In a national sample of children ages 0-4, 58% were in excellent health.
- 6% of the children were rated as being in fair or poor health, compared with 2% in a national sample of children.
- 8% of the children had a serious health concern requiring follow-up.

EXHIBIT 6-9

Outcomes for Children Who Received SNP Screenings



With regard to health care:

- 87% had a regular health care home.
- 94% had visited a health care provider in the previous year.
- 42% had been to a dentist within the past year.

On the basis of the screenings, half of children and families were referred for further assessments and services. Findings for referrals and services are presented in the following section.

Improved Access to Assessment and Services

In the first full year of providing SNP services, the 10 sites provided services for 1,733 participants (1,097 children and 636 parents). Demonstration site staff entered and reported information about referrals and services into the Proposition 10 Evaluation Data System (PEDS).

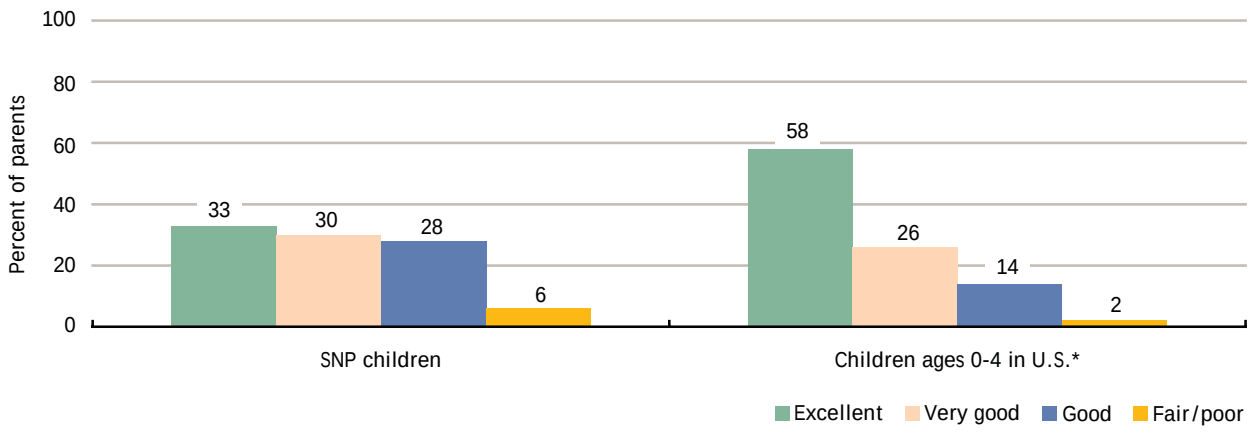
Referrals for Assessment and Services

Of the 2,553 children screened, 1,267 (50%) were referred for further assessment or services. Of the 2,553 children screened:

- 11% (288) were referred for further assessment.
- 44% (1,125) were referred for services.

EXHIBIT 6-10

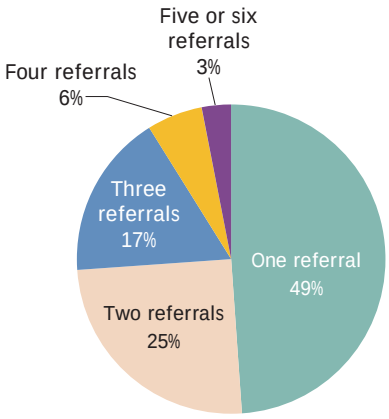
SNP Parent Ratings of Their Children's Health and Parent Ratings in a National Sample of Children



*** Source:** National data from National Center for Health Statistics (2006).

EXHIBIT 6-11

Number of Referrals Children Received



Of the 1,267 children referred for assessment and services (Exhibit 6-11):

- 49% received one referral.
- 25% received two referrals.
- 17% received three referrals.
- 6% received four referrals.
- 3% received five or six referrals.

Children were referred to both First 5-funded programs and other, non-First 5-funded programs.

- 64% were referred to local First 5 programs.
- 24% were referred to First 5 SR programs.
- 56% were referred to programs funded by external sources (non-First 5 programs).

Referrals were widely distributed across the array of services put together by each demonstration site. Of the 1,267 children who were referred for assessment or services:

- 51% were referred to school districts for services (e.g., Head Start or state pre-kindergarten programs) and/or further assessment.
- 29% were referred to community-based organizations.
- 18% were referred to private medical, dental, or mental health organizations.
- 15% were referred to other First 5 commission-run programs.
- 15% were referred to State Preschool programs.
- 8% were referred to regional centers.
- 7% were referred to local departments of mental health.
- 6% were referred to county offices of education.

- 5% were referred to departments of health or public health.
- 5% were referred to family resource centers.
- 15% were referred to the remaining agencies: community colleges, other nonprofit agencies, other education agencies, elementary schools, other county service agencies, and departments of social services.

Services Provided to Children and Families

The SNP demonstration sites provided services to 1,733 participants in the project's first year. Of these participants, 1,097 were children (Exhibit 6-12) and 636 were parents (Exhibit 6-13).

For the 1,097 children who were served, SNP demonstration sites:

- Provided a total of 48,311 service contacts—an average of 44 service contacts for each child.
- Served 379 children in classes (35% of children served) and 224 in home visits (20% of children served).
- Served infants and toddlers—46% of the children served were ages 0-2—as well as children ages 3-5.
- Provided case management services for 258 children (24% of children served).
- Delivered in-person or phone consultation to teachers and care providers of 339 children (31% of children served).

For the 636 parents who were served, SNP demonstration sites:

- Provided a total of 5,146 service contacts—an average of 8 service contacts for each parent.
- Distributed parenting information (such as the Kit for New Parents) to 351 parents (55% of parents served).
- Provided parent education through classes to 185 parents (29% of parents served) and through home visits to 70 parents (11% of parents served).
- Provided case management services for 171 parents (27% of parents served).
- Delivered in-person or phone consultation to 169 parents (26% of parents served).

Moreover, the SNP demonstration sites delivered these services to families as well as children.

- The 1,733 participants were members of 973 families.
- In 62% of the families served, both children and parents received services through the SNP.

Many families received comprehensive services in three First 5 result areas (improved child development, improved child health, and improved family functioning).

- Almost half of the children and families (48%) received services in at least two of the result areas.
- 14% of children and families received services in all three result areas.

Inclusion of Young Children with Disabilities and Other Special Needs in Early Care and Education

Inclusive SNP programs and services for the 110 children with identified disabilities and other special needs had the following characteristics:

- Included mental health services (41% of those children), early education programs (17% of those children), and developmental services (16% of those children).
- Were intensive—mental health services involved 1,996 service contacts (an average of 44 service contacts per child), and early education programs involved 1,926 service contacts (an average of 101 service contacts per child).
- Provided services and supports for parents—35% of the parents received case management, 26% received parenting education, and 31% received parent and family support services.
- Served children with a variety of disabilities:
  - The majority of children (63%) had speech impairments.
  - Other disabilities identified in 5% to 10% of children included autism, visual impairment, orthopedic impairment, other health impairment, and specific learning disability, as well as being at risk for developmental delay.
  - Disabilities identified in fewer than 5% of children included hearing impairment, traumatic brain injury, deafness, and mental retardation.

EXHIBIT 6-12

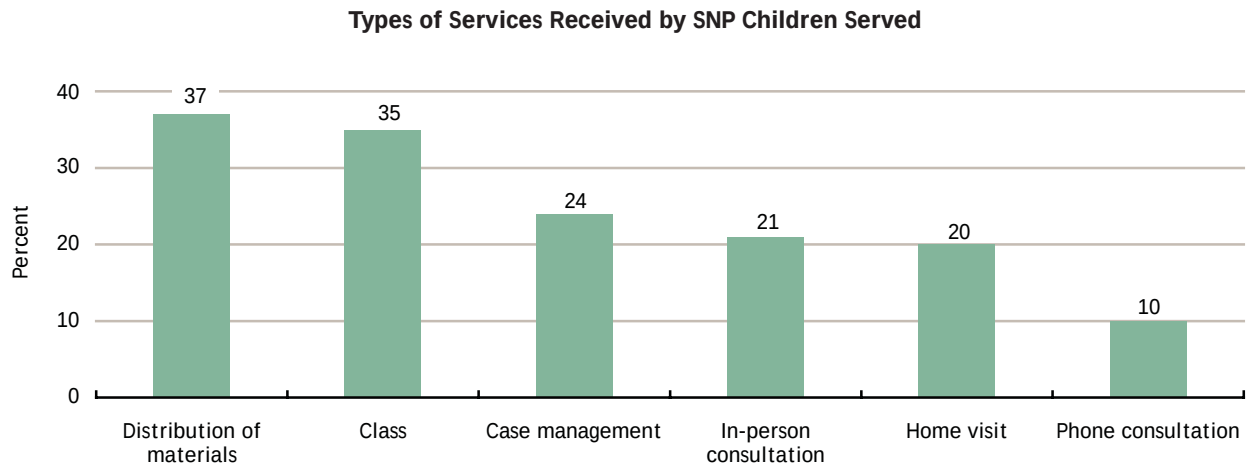
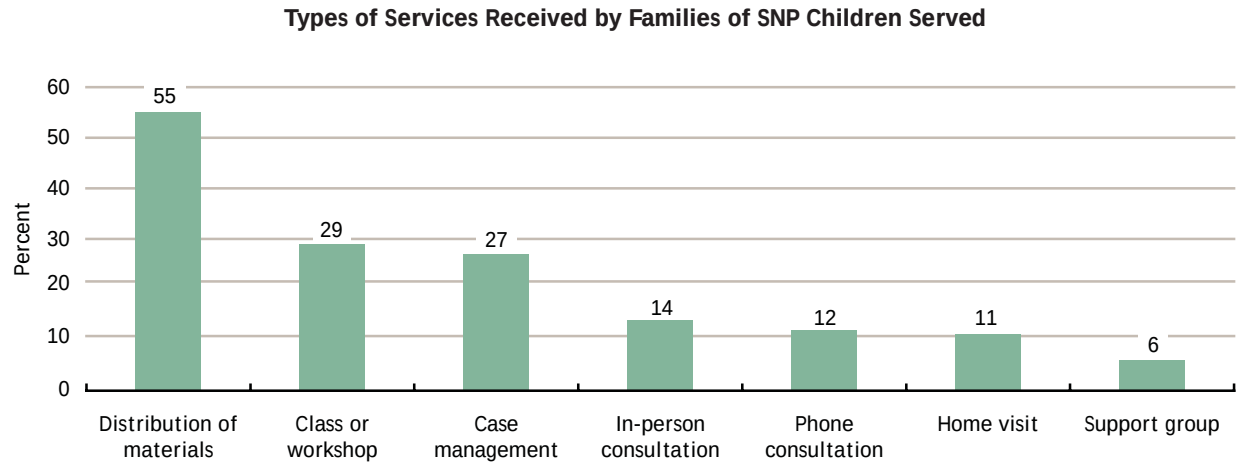


EXHIBIT 6-13



CONCLUSION

The First 5 California Special Needs Project completed its first full year of implementation in fiscal year 2005-06. This chapter described some of the project's many accomplishments, including conducting comprehensive developmental and health screenings for 2,553 children and providing services to 1,097 children and 636 parents.

The SNP has strengthened First 5 SR programs by identifying and providing more intensive services to the children in those programs who are at the greatest risk for school failure. The experience of the SNP in planning and implementing a program of universal screening, referral, and service provision also has identified effective practices for other First 5 programs.

In the second year of the project, demonstration sites will be working to refine their screening and service delivery models, implement research-based practices, increase parental participation in project governance, increase the number of children and families screened, institutionalize data collection and reporting practices, broaden the number of inclusive placement options available, implement workforce development plans, and enhance care coordination practices.

In addition to providing valuable direct services to children, families, and communities, the SNP has created a network of individuals with possibly unmatched experience and knowledge in developing and implementing a large-scale, integrated program of universal screening, referral, assessment, and services.

7 Systems of Care

INTRODUCTION

First 5 County Commissions go beyond simply funding services for children and families. They work with programs to bridge funding streams, reach out to the numerous and diverse populations of California, and integrate domains of care (e.g., health, child care, special-needs identification and services, family preservation and support, school readiness). This approach has created exciting opportunities to forge new and existing service elements into a comprehensive and coordinated system infrastructure that supports the optimal development of California's youngest residents.

This chapter examines how First 5 County Commissions are improving systems of care for young children and families. In particular, it presents how and to what extent County Commissions are working to make services more accessible, high quality, culturally competent, integrated, results based, reflective of community needs, and sustainable. These findings are based on County Commissions' descriptions of local activities submitted in their annual reports.

The Importance of Systems Change

It is widely acknowledged that systems of early care for young children and families need to be improved. All too frequently, families know what kinds of services they want, but they encounter a variety of problems:

- They may find it difficult to locate appropriate services.
- They may not know whether they are eligible to receive the services.
- They may be asked to fill out paperwork and eligibility forms multiple times.
- They may be unhappy with the quality of the services they are able to locate.
- They may discover that the providers and the services offered do not take into account their cultural values about child rearing.
- Service providers may not speak their primary languages, and materials may not be available in those languages.
- Services may not be available at times or locations that fit conveniently into families' busy daily schedules.
- Services may not address the needs of the whole family.
- Children and families may receive services after problems have gotten out of hand, when receiving services earlier would have been more cost-effective and helpful.

These problems seem to be particularly common for low-income families with limited resources, those with diverse cultures and languages, and those with young children with disabilities and other special needs.

The First 5 County Commissions are focusing on improving systems of care because doing so translates into increased cost-effectiveness and more opportunities to have a positive impact on the lives of California's young children and their families. In this era of increased accountability about public spending, systems change activities can help ensure that limited human and fiscal resources are reaching as many people as possible, as effectively as possible, in coordinated and cost-effective ways.

Transforming systems of care is not simple, because there are many obstacles to change, including the need for shared resources, staff time for collaborative activities, joint professional training, and a shared vision of how to provide services. Despite these challenges, First 5 County Commissions are committed to the goal of transforming systems of care, because the benefits to children and families and the potential cost savings are so great.

Results of Systems Change Efforts

Over the past 7 years, County Commissions have been improving systems of care through a variety of strategies. Although County Commissions have served primarily as funders, they also have operated as matchmakers and brokers among programs, as visionaries, as advocates for creative ideas of their grantees, as advisors when programs are implemented, as technical assistance providers and trainers, and as monitoring agents to ensure accountability.

In these many roles, County Commissions have tried to facilitate and support service systems that are more accessible, integrated, coordinated, comprehensive, prevention focused, culturally appropriate, inclusive, and sustainable.

The results of the 2005-06 statewide evaluation, based on First 5 County Commission reports, suggest that:

- County Commissions are increasing service accessibility by expanding available services, making it easier to access services, and raising families' awareness of the services that are available to them.
- County Commissions are improving the quality of services, making them more comprehensive, integrated, and family focused. Service quality also is improving through a focus on training for service providers.
- First 5 service providers and materials reflect the diverse populations they serve. Services are available in families' primary languages, and materials have been adapted to families' literacy levels.
- County Commissions use their funding requirements and ability to convene providers to promote service integration.
- County Commissions and their funded programs are actively engaged in evaluations that inform program refinement and future investments.
- County Commissions have actively engaged community members to help them design their strategic plans and programs so they are responsive to community needs.
- The majority of County Commissions are actively advocating for policy change and legislation, as well as helping their funded programs to develop broader funding sources and partnerships that will promote sustainability of the programs.

FIRST 5 COUNTY COMMISSIONS ARE CHANGING SYSTEMS

This section of the chapter describes the areas of focus and program approaches taken by County Commissions, as well as the types of programs and services that have been funded most commonly as part of systems change efforts.

Areas of Focus

County Commissions are in a unique position to focus on the entire service system for young children and their families because of the flexibility they have in their funding decisions. Health and education initiatives often are funded in ways that limit focus to a given issue (e.g., child health, family functioning, mental health, or education). However, the flexibility of funding and the mission of First 5 California enable County Commissions to focus on multiple areas of child development and to address children's needs more holistically.

Even though County Commissions' systems change efforts cut across multiple domains of care, as in previous years, they have continued to concentrate their efforts most frequently on improving the following:

- Early care and education
- Early identification of and services for children with disabilities and other special needs
- Early childhood mental health
- Health care
- Family literacy
- Parent education
- Family support and preservation

In all these efforts, County Commissions are trying to support approaches that serve and attend to the needs of the whole child and family, delivered in ways that are responsive to families' desires to care for and support their young children's health, development, and well-being.

Program Approaches to Systems Change

County Commissions are changing systems of care by planning and funding specific types of programs or approaches to services that respond to their unique local needs. The most widely funded approaches are:

- Home visiting programs
- Case management
- Family resource centers
- Provider training and support
- Consultation to providers
- Mobile services (dental services, health screenings, library services)
- Large efforts to create universal access to care.

Attributes of Systems of Care Being Targeted

County Commissions are targeting their efforts to improve services for children and families primarily on eight attributes of systems of care (Exhibit 7-1). Each attribute is associated with specific indicators that can be used to track achievements. The specific indicators being tracked to evaluate movement on each of these attributes are listed in Appendix B.

EXHIBIT 7-1

Attributes of Systems of Care Being Targeted

1. **Accessibility of services** refers to ways in which programs and agencies providing health, education, social, and other services operate to make sure that all eligible children and families can fully access those services with ease.
2. **Service quality** refers to providing health, mental health, social, child care, early child development, and family services and supports in ways that are more comprehensive, responsive, and effective than in the past.
3. **Cultural competence** refers to services, supports, or other assistance conducted or provided in a manner that is responsive to the beliefs, interpersonal styles, attitudes, languages, and behaviors of individuals from diverse backgrounds.
4. **Service integration** refers to ways that health, education, social, and other service programs systematically link and coordinate services to provide a seamless system of care for children and families.
5. **Results-based accountability** refers to identifying results to be achieved, linking strategies to achieve them, and tracking progress toward these results over time. Intended results include change to service delivery systems, as well as improved child and family outcomes.
6. **Civic engagement** refers to activities and strategies that promote more meaningful involvement of program participants and other community residents (e.g., parents, caregivers, service providers, community representatives) in decision-making and community planning processes.
7. **Sustainability** refers to activities and strategies that promote the long-term continuation (i.e., for 5 or more years) of programs for children from birth to age 5 and their families.
8. **Advocacy for policy change and new legislation** refers to activities and strategies directed to policy-makers and the public that promote the long-term continuation of programs by increasing the awareness of and support for programs for children from birth to age 5 and their families.

As illustrated in Exhibit 7-2, most County Commissions reported that they have funded programs to work in each of the eight systems of care areas, with the largest number of County Commissions reporting funding programs and activities in the areas of service integration and results-based accountability, followed closely by cultural competence and service quality. Large numbers (more than 80%) of County Commissions also reported funding programs and activities in the remaining four areas.

In addition, as shown in Exhibit 7-3, the largest numbers of programs and activities were funded in the areas of service integration and results-based accountability.

EXHIBIT 7-2

Systems Change Areas Receiving County Commission Funding

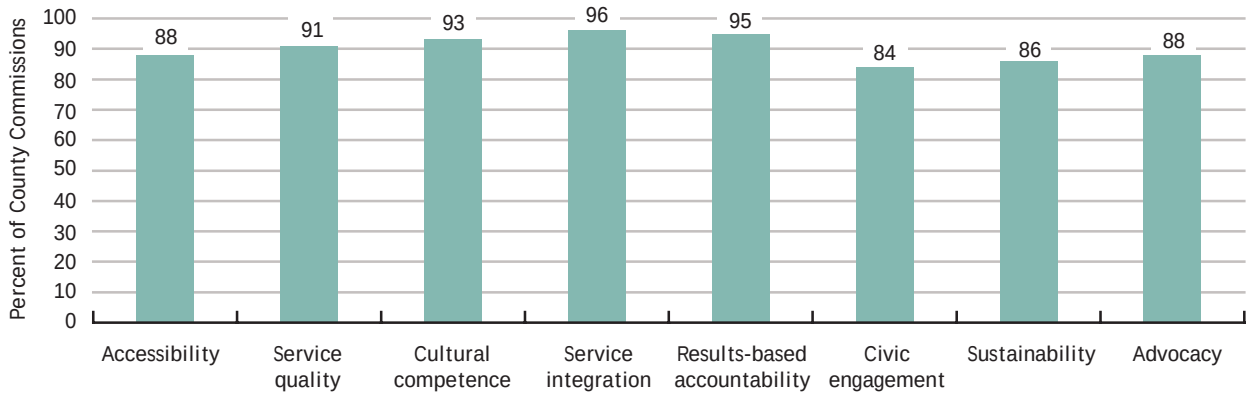
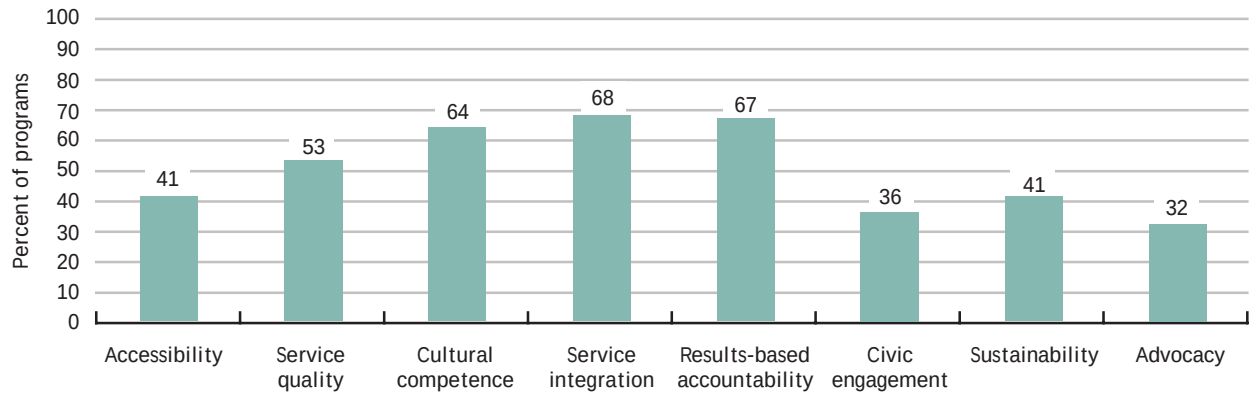


EXHIBIT 7-3

Programs Funded to Target Systems Change Areas



Information on how programs are targeting these attributes as part of their efforts to change systems of care, including examples from County Commissions' annual reports, is provided below.

Accessibility. As shown in Exhibit 7-2, 88% of the County Commissions reported that they had funded programs and activities intended to increase the accessibility of services. Forty-one percent of the programs funded to do systems change activities were funded to increase accessibility of services (see Exhibit 7-3). County Commissions reported that they were increasing the accessibility of services through three main strategies: (1) increasing the number and quality of services available (e.g., funding programs, activities, and partnerships that expanded and improved the number of provider networks and program offerings), (2) increasing the visibility of available services and programs (e.g., child and family enrollment in and awareness of programs and services), and (3) helping children and families access new and existing services (e.g., bringing services to families or taking families to needed services). First 5 California has created statewide initiatives and funding opportunities, such as the School Readiness Program, Health Access for All Children, Power of Preschool, and Special Needs Demonstration Projects, and these have helped shape many County Commissions' efforts to improve local access to services.

County Commissions reported that their programs were working to increase the accessibility of services by increasing system capacity—both by increasing the number of providers and by providing the facilities, equipment, and materials needed to deliver services—in physical, oral, and mental health services, as well as child care and preschool programs, often through collaboration and system-building efforts. Examples include the following:

- **First 5 Lassen Children and Family Commission's** Children's Oral Health Project expands children's access to dental care. This program operates through the collaborative efforts of the Lassen Oral Health Task force, Banner Lassen Medical Center, Northeastern Rural Health, Head Start, a core group of dedicated volunteers, and services of registered dental hygienists in alternative practice and a local dentist. Providing treatments in nontraditional settings, including Head Start or family resource centers, has expanded access. In addition, the program educates parents about childhood dental hygiene; trains practitioners, case workers, and foster parents to recognize oral health issues; and makes referrals to local dentists as necessary.
- A partnership between **First 5 Humboldt**, Humboldt State University, and Humboldt County Department of Health and Human Services developed a Master of Social Work (MSW) degree program. The goal of this program is to develop a future workforce of MSW professionals qualified to serve children ages 0-5 and their families. First 5 Humboldt provided partial start-up funds for this program, which will lead to an increased number of trained social work professionals in schools, communities, and agencies.
- **First 5 Trinity County** funds the Improving Neonatal Pediatric Emergency Care Program to provide specialized pediatric equipment and techniques to promote positive health outcomes. First 5 funding provided life-saving pediatric specialty equipment previously lacking

in the emergency room of Mountain Community Medical Services Trinity Hospital, a nonprofit, rural hospital. The hospital now has Broselow Kits, which have child-size endotrachial tubes and provide IV access and airway management protection, as well as the ability to monitor blood pressure, oxygen saturation, and heart rate in one unit. The hospital also now has specialized monitoring equipment for newborns, infants, and children, and a Quick-Temp thermometer. As a result of having this specialized equipment, hospital staff can use child-specific life and limb saving techniques during emergency situations.

- **First 5 El Dorado** is increasing the number of preschool and child care slots available in the county by partnering with a private center-based preschool to use 48 State Preschool spaces in pockets of underserved areas in the county. With approval from the California Department of Education, spaces throughout the county were distributed to private child care centers.

In addition to increasing the number of service providers and the availability of services, County Commissions also reported the importance of increasing the visibility of available services. County Commissions therefore reported funding programs to increase the awareness of children, families, and communities about both the existing and new services in their communities. For example:

- **Sutter County Children and Families Commission**, in partnership with the Yuba City Unified School District and Peachtree Clinic, Inc., funds the Sutter County Smiles Mobile Dental Clinic to provide services at school sites to children with no dental care. Before visits by the dental clinics, the program's bilingual parent liaison visits the school sites to educate parents about the availability of dental services and assist families with applying for insurance and with completing health and consent forms.
- **First 5 Merced County** has made it a major funding goal to ensure that more children ages 0-5 have access to health care services, targeting specifically linguistically and geographically isolated families in the county. Funding has focused on ensuring not only that medical services are available but that parents are aware of the availability of medical care. Funded activities include a variety of home visiting programs, which are critical for educating parents about the availability of services and making the appropriate referrals.
- The **First 5 Butte County Children and Families Commission** funds efforts to increase public awareness of available programs and services by developing HelpCentral.org, a searchable Internet database of county resources. The database contains more than 500 agencies that operate nearly 800 service programs, such as parent education, emergency food and shelter, recreation, support groups, drug and alcohol treatment, hospice, and child care. Users search HelpCentral.org for specific services and receive detailed program descriptions, telephone numbers, addresses, hours of operation, fee schedules, and links to directions and public transportation assistance.

County Commissions also reported that programs were improving access by increasing outreach to and enrollment of eligible children and families in new and existing services, such as through health insurance enrollment and efforts to identify children with disabilities and other special needs. Some examples of outreach and enrollment activities include:

- Through its Healthy Kids Initiative, **First 5 LA** is working to expand eligibility for existing health insurance programs by covering all children ages 0-5 living at or below 300% of the federal poverty level in Los Angeles County. Currently, outreach efforts are under way to ensure that children are enrolled in Healthy Kids, Medi-Cal, Healthy Families, and other plans for which they may be eligible. To streamline enrollment efforts, First 5 LA also is funding use of One-e-App, a web-based universal enrollment system designed to screen and enroll applicants in multiple publicly funded health programs through a single point of entry, in Los Angeles County.
- **FIRST 5 Mendocino** has hired a countywide coordinator to expand and coordinate outreach and enrollment efforts into Healthy Kids Mendocino and other free and low-cost health insurance programs. The Commission also developed a simplified, integrated, and comprehensive outreach and enrollment system that tracks enrollment and reenrollment. This enrollment system includes reaching out to families through current points of service, such as schools, clinics, hospitals, and other agencies.
- **First 5 San Mateo County's** Special Needs Project is designed to address, identify, and provide appropriate, comprehensive interventions to young children with disabilities and other special needs. The Special Needs Project is piloting the use of universal screenings in one community and will use lessons learned to inform a countywide universal screening strategy. Through the Special Needs Project, all children identified as at risk for or as having special needs will be provided with individualized services and parent support designed to optimize their development.

- **First 5 Riverside's** Special Needs Project Demonstration Site in Lake Elsinore Unified School District not only aims to improve services and outcomes for served children but to streamline data entry and documentation requirements. To this end, staff modified existing processes and developed new forms for tracking client information. The program has found that the new tracking procedures—which record all services received, prompt staff about outstanding referrals that require follow-up, and provide a timeline for when new services should be initiated—have enabled higher-quality case management and require less data entry time.

Linguistic, geographic, and transportation challenges reduce access to services for many families. To address these barriers, County Commissions bring services to families through use of bilingual service providers, translation services, home visiting programs, mobile services, family resource centers (FRCs) located in isolated communities, and transportation assistance. County Commissions also recognize that many families have multiple needs, so access to services has been increased by providing multiple services at a single location.

- To address family isolation and local needs, **First 5 Siskiyou Children and Families Commission** supports a network of nine community and family resource centers. The "Network of Nine" FRCs provide coordinated services to families in 20 communities, including resource information and referrals, early literacy, playgroups, child development, life skills and advocacy, Healthy Families insurance enrollment, and parenting classes. This funding, blended from multiple county agencies and the Siskiyou County Child Abuse Prevention Council, has increased capacity and services by 40% in isolated communities.
- **First 5 Inyo County** school readiness programs provide services within the communities in the locations and at times most accessible to the community and in families' primary languages. For example, school readiness programs are offered at local schools and through home visits by staff bilingual in English and Spanish.
- **First 5 Sierra** provides literacy services to five extremely small and isolated communities with a total of approximately 14-18 children ages 0-5. Because transportation for these children to services is difficult, the mobile services make a real difference, often providing the children with their first and only books.
- **First 5 Madera County's** Family Resource Center Initiative strategically locates FRCs throughout the county to facilitate the expansion, coordination, and integration of key services and supports that promote optimal childhood development. Each FRC houses a variety of trusted community-based programs, services, and supports (e.g., prenatal education, child care services), thus simplifying the linkages of families to services by co-locating a wide variety of programming and supports at one easily accessible location.
- The **First 5 Colusa County Children and Families Commission** increases families' access to services by funding a collection of mobile programs. A mobile dental van delivers pediatric dentistry to isolated communities. The Out-of-County Medical Transport program provides free transportation services to pregnant women and families with young children who need specialized services located outside of Colusa County. Finally, ImagiBus, a mobile literacy program, distributes books and early literacy materials to child care facilities, community events, and fairs in remote areas of the county.
- **First 5 Merced County's** Going Places collaborative enables low-income families to access crucial specialty care, which is located primarily outside the county. The program provides transportation to health care appointments, case management, cultural brokering, medical translation services, and financial assistance for sick children and their families. It targets linguistically and geographically isolated families.

Finally, County Commissions increase access to educational programs and information about community resources through use of local media, such as radio, television, and newspapers.

- Through Childhood Matters, Inc. (CMI), **FIRST 5 Santa Clara County** funded two radio parent education talk shows, Childhood Matters and Nuestros Niños. Both shows have become a steady presence in the lives of thousands of families in Santa Clara County. The radio programs provide low-cost parent education to a broad audience, who otherwise may not be able to learn about the information. Topics include child abuse, discipline, asthma, effects of the media on children, raising a self-reliant child, and early concerns about disabilities. Based on a telephone survey conducted by the radio station, CMI is successfully communicating ideas and practices of benefit to all families.
- **First 5 Merced** is working to bring services to linguistically and geographically isolated families in Merced County. These efforts include offering biweekly broadcasts of First 5 programming on local television stations.

- To reach families not typically reached by services, **First 5 Mono County** places articles and columns in both Spanish and English language newspapers to promote parent education and awareness of community resources.

Service quality. More than 9 out of 10 County Commissions (91%) reported funding programs to work on improving the quality of services delivered (see Exhibit 7-2). According to County Commissions, 53% of the programs funded to do systems change activities were funded to increase service quality (see Exhibit 7-3). These systems change efforts related to service quality are central to the work of First 5 California and the County Commissions because increasing access to services is unlikely to improve outcomes for children and families if those services are not of high quality. County Commissions' efforts to improve service quality have been focused on providing comprehensive and preventive services, using family-focused approaches, and providing training and support to providers.

Many programs are improving service quality by focusing on comprehensive services. For example, programs often offer an array of services and focus on the "whole" participant rather than on isolated issues. One major strategy in improving service quality has been the establishment of family resource centers. One aspect of these comprehensive programs has been education and prevention services. This is a key aspect in improving service quality because education and prevention ultimately result in better outcomes and reduce the need for more intensive interventions at a later stage. Some examples of how programs improved service quality include the following:

- Many counties funded family resource centers as a way to streamline and improve the connection of families to a comprehensive set of services. For example, **First 5 San Bernardino** funded a network of 17 FRCs to provide comprehensive case management, direct services, and referral and linkages for families with young children.
- The **Stanislaus County Children and Families Commission** funded a comprehensive set of education and prevention programs to promote child safety: (1) Families in Partnership provided assessments, comprehensive case plans, and referrals for families with children at high risk for abuse and neglect. (2) The SAFE Court program assisted families to establish safe homes and develop appropriate parenting skills so they could reunify with children previously placed out of the home. (3) The On the Safe Side Program increased bicycle/pedestrian safety knowledge and awareness by conducting robotic car demonstrations, distributing child helmets, and offering numerous bicycle and community safety presentation.
- **First 5 Yuba Commission's** school readiness programs collaborate to provide a range of family support and child development services. School readiness programs meet families' comprehensive needs through a range of services, including parent education, adult literacy classes, home visiting, physical activity programs, case management services, immunizations, and coordination and referrals with family resource centers.

Home visiting and case management services can improve child and family outcomes through creating individualized goals and service plans and facilitating connections to needed services. Some examples of these family-focused services include the following:

- **First 5 Contra Costa Children and Families Commission** funded wraparound services to assist young children struggling with serious mental health problems. Wraparound services provide a team of professional and informal members to identify a family's strengths and connect them to services and support networks. The wraparound services have reduced the numbers of cases opened and children removed from their homes and placed into foster care by the county's child welfare agency.
- Through joint case management, **First 5 Tehama** has continued to extend the reach of First 5 funding and added depth and richness to services to high-risk families in isolated rural settings. Three projects (two school readiness projects and a Family Start early intervention project) each offer case management and home visiting services. Project staff members meet monthly to review work with individual families and assure that they receive services tailored to meet their needs. Using a common referral and consent form, staff from the three programs share information, concerns, and insights on a regular basis on individual families and needed services.
- **First 5 Glenn County's** In-Home Visiting Program provides parenting education and connections to needed services. This program uses Parent-Child Interaction Therapy (PCIT), a hands-on interactive approach that teaches parents to deal with behavior and anger issues in young children. Parents receive coaching by a trained therapist, and a home visitor charts progress and reinforces skills. A public health nurse works with families who have specific health needs, and there are specialized services for families involved with Child Protective Services. The program also offers parenting workshops in two family resource centers.

- **First 5 Tulare County** supports families by providing case management services for medically vulnerable infants (e.g., preterm, low birth weight) through the Medically Vulnerable Infant Program. Identified infants are assigned a nurse, who conducts home visits for 24 months. Activities include screening and assessments for infants and their families and resource and referral services. The program also participates in interagency meetings to discuss how best to serve high-risk infants and their families. Staff have noted reductions in Child Welfare Services involvement, increases in parental compliance with immunization schedules, and increases in parent reports of knowledge of child development and use of positive parenting strategies.

Early care providers need support and tools to promote children's health and development and to ensure high-quality environments for children. Training and support for child care providers encourage continued education and professional development, facilitate licensing and accreditation, improve facilities, and enhance the quality of program facilities and content. Some examples of the role of training and technical assistance include the following:

- **First 5 El Dorado** funded a number of programs designed to enhance the quality of early care and education. The Early Care and Education Planning Council's CARES Program provided professional development stipends and support for early care and education professionals. Providers also took advantage of training through the El Dorado County Office of Education to increase their ability to assess and serve children with disabilities and other special needs. Finally, two preschools increased the availability of high-quality child care by participating in the National Association for the Education of Young Children accreditation process.
- **First 5 Sonoma County Children and Families Commission** provided funding to the Community Child Care Council and the Early Learning Institute to provide technical assistance to child care workers and program support throughout the county. Technical assistance included support for implementing program quality assessments, developing Quality Improvement Plans, applying for incentives and monetary assistance for implementing facility and program improvements, conducting observations and modeling child care techniques, and identifying and providing services to children with disabilities and other special needs. First 5 Sonoma County also funded projects to support the development of new—and the improvement of existing—child care facilities. Finally, the Commission also awarded mini-grants to family and center-based child care programs to improve their programming and child care environments.
- Programs funded by **First 5 Modoc** provide improved training opportunities for education programs throughout the county. In addition to receiving technical assistance, training, and stipends for continuing education from the CARES program, early care and education providers have access to a lending library. Because of a lack of community colleges and universities in the county, providers are encouraged to enroll in online courses or to attend other local educational opportunities, such as the Annual Early Educators Conference. First 5 Modoc CARES also implemented the Educator Support Program (ESP), through which providers with extensive experience support and mentor their less experienced peers.
- **First 5 Calaveras** participates in and supports the California Preschool Instructional Network (CPIN) to provide instruction, training, and professional development for early care and education professionals. Training topics include early language and literacy, mathematics, the Desired Results assessment system, school readiness and transition into kindergarten, children with disabilities, and English language learners. CPIN addresses program quality and best practices in preschool instruction, with a focus on early literacy. Trainings are offered during evenings and weekends, making it convenient for local staff to attend. Providers who have participated in CPIN training report they are able to immediately and consistently implement best practices in the classroom.
- **First 5 Ventura** uses the Quality Improvement Program (QIP) to provide training and technical assistance to family child care providers, center administrators, and affiliated staff. Through the QIP, child care providers learn to implement the Early Childhood Environment Rating Scale, the Infant/Toddler Environment Rating Scale, or the Family Day Care Rating Scale to assess the quality of their programs. In addition, the QIP facilitated the development of program improvement plans, provided resources for environmental modifications, and completed follow-up ratings of programs. The QIP also offered provider capacity-building activities, such as organizing meetings, facilitating mentor and support groups, and conducting workshops.
- **First 5 Butte County** provides education for staff and health professionals from community agencies on identifying substance abuse in pregnant and/or parenting women. The Clean Start, Healthy Beginnings program developed a 15-minute video featuring nurses and medical providers discussing the importance of talking with patients about substance abuse. The video also includes several community members in recovery

sharing their personal experiences and discussing the importance of intervention.

- **First 5 San Mateo County** funds the Best Beginnings Inpatient Breastfeeding Support program to help maternity ward and nursing staff at Lucile Packard Children's Hospital become more competent at helping new moms learn to breastfeed. In this research-based program, nurses attend a series of six educational workshops by an internationally recognized lactation management trainer. In addition to nurse education, this program provides daily breastfeeding classes to new moms, breastfeeding resources in English and Spanish, and bilingual lactation consultants.

Cultural competence. One of the challenges in promoting the development of systems of care is the need for programs and services to be provided for many diverse populations, each of which has unique linguistic, cultural, and other needs. More than 9 out of 10 County Commissions (93%) reported that they funded programs and activities intended to improve the incorporation of cultural competence into the framework of their operations (see Exhibit 7-2). Of the programs funded to do systems change activities, 64% were funded to improve the ability of programs to serve diverse populations (see Exhibit 7-3). The majority of the County Commissions have sought to accomplish this task through the inclusion of standards for cultural competence in their strategic plans and contracts. In addition, almost all County Commissions reported that their programs were adapting materials and services for specific populations, maintaining staff who are culturally and linguistically reflective of participants and their communities, and providing training and technical assistance to service providers to promote the inclusion of diverse groups. In addition, County Commissions prioritized the inclusion of families with children with disabilities and other special needs.

Two-thirds (67%) of the County Commissions have officially incorporated the State Commission's Principles on Equity in their strategic plans and use these guidelines to ensure that programs and services established and supported are culturally competent. Many of the commissions that have not formally adopted the Principles on Equity are using them as informal guidelines or are following other ethical standards. For example:

- **First 5 Calaveras** uses the Principles on Equity as a tool for guiding expected practice in local service, and includes the Principles in RFPs and funding announcements. Grant applicants are required to identify strategies for addressing the local needs of culturally diverse, non-English-speaking families and children, as well as addressing the needs of children with disabilities and other special needs and their families, using the Principles as a guide. Funded agreements include the provision that the grantee will meet the intents of the Principles.
- **First 5 Alameda County Every Child Counts** requires all grantees and contractors to comply with the National Standards for Culturally and Linguistically Appropriate Services. The County Commission's Cultural Access Services (CAS) program supports individual grantees and contractors to develop agency plans focusing on cultural competence. Through CAS, funded programs and agencies have access to interpreters speaking 22 languages, a simultaneous-translation machine for community meetings, translation services for print material, and educational workshops on cultural competence.

Programs reported adapting materials and services to be able to work competently with diverse populations. These efforts included translating materials into languages other than English, adapting literacy levels of written materials, and making changes to reflect participants' ethnicity/diversity. For example:

- **First 5 Colusa County** requires all funded programs to provide Spanish translation services, in both written and oral form. Most funded programs, as well as Commission-run programs, have successfully used the Whisper System during community events in which a speaker is present. The majority of correspondence that is released from the Commission is in both English and Spanish. In addition, the countywide Transition Backpack program provides a backpack to all children with items in English and Spanish to allow parents to work with their children in the language most comfortable to them.
- To address the needs of a community of Washoe Native American children who do not receive any early education, **First 5 Alpine County Children and Families Commission** funded the Preschool Program at the Alpine Learning Center. To cater to the diverse community, which consists of Hispanic, African-American, white, and Washoe Tribe children, the program recruits the help of family and community volunteers to translate and make activities culturally relevant, as well as to expose the children to different cultures and ethnicities.
- **First 5 Lake County** funds a parent education program, Nurturing Parenting, which teaches that children can be raised successfully in a nonviolent environment. To support Native American mothers in breaking the cycle of abuse, the Commission funds a similar program that better reflects their cultural values.

Many County Commissions and funded programs encourage and/or require the use of bilingual/bicultural staff to reflect the participants served and provide outreach, in-home, and community-based services. Many programs also have begun devising new ways to use community members for outreach and providing services. For example:

- Through Regalo de Amor, **First 5 Santa Cruz County** provides funding for breastfeeding support, consultation, and lactation centers for Spanish-speaking women in the county. Regalo de Amor offers the only bilingual International Board Certified Lactation Consultant in the county, as well as bilingual and bicultural staff who provide one-on-one consultation and follow-up assistance to breastfeeding mothers. Translators are brought in when needed to assist with translation of other languages, particularly from the Oaxacan region of Mexico. Findings from the program show it to be enormously successful, with the number of women exclusively breastfeeding having doubled each year since the opening of Regalo de Amor.
- The Robla School Readiness Program funded by **First 5 Sacramento** brings culturally and linguistically diverse families together to promote their children's educational success. Programs at "A Family Place" include toddler-parent support groups and parent workshops in English, Hmong, and Spanish. Other services include screenings and referrals for speech and language, weekly visits from a nurse, and family trips to kindergarten classrooms where families meet teachers and receive backpacks filled with supplies.
- In addition to having bilingual staff to provide direct services, **First 5 Mono County** conducted extensive community-based outreach, making door-to-door visits and helping monolingual Spanish-speaking parents with kindergarten registration.
- **First 5 Plumas** has a Roundhouse Council (a school readiness early education/Indian education center) providing education and other services to Maidu and other American Indian families. The Roundhouse Council employs American Indian home visiting staff members who are lifelong residents of the area. Extended families also enjoy cultural outings, in which a local elder often leads the way into the forest to find traditional healing plants or basket weaving materials, providing a cultural mentor for young families and a reconnection with traditional Maidu family values and practices.

In addition to adapting programs and services to address issues of cultural and language diversity, many programs also are adapting services and supporting providers to be more inclusive of and work more effectively with children with disabilities and other special needs. For example:

- **First 5 Riverside** uses the VIP TOTS program to provide a developmentally appropriate child development program that addresses social/emotional goals as well as preliteracy, language and speech development, cognitive, and motor development goals. The child care program is integrated with the early intervention program so that children with special needs attend the same classes as typical children enrolled for child care. Funds are used for a full-time school nurse, a part-time behavior specialist, and a part-time psychologist. Additional associate teachers were also hired to enhance the staff-to-child ratio and allow integration with typical peers within the classroom. In addition, with training of preschool teachers to implement necessary adaptations, special-needs children were able to maintain their placement in the classroom.
- **First 5 San Diego's** Kids on TRACK Special Needs Project was designed to augment and enhance the current School Readiness Program and address two special-needs areas: (1) children with disabilities and other special needs and (2) mental health. Merging these two areas maximized early identification of conditions that are often overlooked or difficult to diagnose. Having previously completed the planning phase, implementation began this year with the implementation of the Special Needs Project Screening and Service Protocol. Collaborations were also established and training was provided to collaborative agencies on the administration of a set of developmental and health screening instruments.
- **First 5 San Francisco** funds a wide range of supports to child care providers and families through the Child Care Mental Health Consultation Program. By providing funding for part of the San Francisco Department of Public Health managed project, experienced mental health staff are assigned to child care sites and become a resource to the teachers, directors, and families. The consultants do classroom observation, consult with individual or groups of teachers, and provide direct services to individual or groups of children and families.
- The School Readiness Behavioral Health Program and the ICES Raising Healthy Families program funded by **First 5 Tuolumne County** are working together to provide comprehensive support for families with young children who are failing in early childhood education settings. Children referred to this program with social-emotional developmental delays are unable to interact with other children, follow directions, identify feelings, or establish a relationship with the teacher. The School Readiness Program provides a comprehensive child development assessment; enrollment in First 5 Friendship

School, where children receive an intensive preacademic and social skills curriculum and behavioral health services in a highly structured small-group setting; and reintegration into early childhood education settings. The Raising Healthy Families program provides in-home education and support services to assist families in learning and practicing new parenting techniques. The staff from the two programs meet together with the family, a holistic approach that has led to significant positive results. Children are transitioning back into educational settings, parents are learning new parenting techniques, and teachers are learning new strategies to help stabilize children in the classroom. Together, these programs have dramatically reduced the number of children who are failing in a preschool or kindergarten setting because of behavioral problems.

Many County Commissions and funded programs provide training and technical assistance to service providers to promote provision of services that are welcoming and appropriate for clients of all backgrounds, beliefs, languages, or special needs. For example:

- **First 5 Santa Barbara** funds the First S.T.E.P. program at UC Santa Barbara's Koegel Autism Center. This research-based program provides developmental assessments, training, consultation, and other support to parents and professionals. The program works with physicians and early childhood education providers, helping to increase their skills in early identification and family support. ECE providers are also provided with training as to how to work with children with autism spectrum disorders.
- In addition to requiring all agencies to comply with the National Standards for Culturally and Linguistically Appropriate Services, **First 5 Alameda County Every Child Counts** provided ongoing technical assistance to contractors and grantees to comply with the standards. Cultural Access Services also offered trainings to bilingual providers on the legal, ethical, and technical issues of interpretation. Training Connections included panels with speakers who addressed most training topics from different cultural perspectives.
- **First 5 Nevada County**, with support from First 5 California technical assistance funds, provided cultural competency trainings to increase cross-cultural understandings and improve communication between social services agencies, law enforcement, Latino community members, and Spanish-speaking home visitors.

Service integration. Almost all the County Commissions (96%) funded systems change efforts related to integrating collaborative systems (see Exhibit 7-2). Of the programs funded to do systems change activities, 68% were funded to increase the integration of services (see Exhibit 7-3). Service integration refers to ways that health, education, social, and other service programs systematically link and coordinate services to provide a seamless system of care for children and families. In addition to improving the quality of services, service integration increases the accessibility of services for children and families and reduces the duplication and gaps that exist in services across agencies.

County Commissions' efforts at service integration include encouraging and supporting collaborative planning. For example:

- The ECE/Teacher Workgroup was developed by **First 5 Plumas** to promote communication and collaboration between the early childhood development and education community and early elementary school teachers. The workgroup consisted of kindergarten teachers, a district administrator, ECE teachers, First 5 Commissioners, Head Start staff, the Local Child Care Planning Council coordinator, and staff from Feather River College. Achievements to date include an outcomes-based Plumas County Kindergarten Transition plan, a system to share confidential child and family information, a list of school entry skills to be used districtwide, and coordination of early childhood educator and elementary teacher training.
- **FIRST 5 Santa Clara County** funded the Regional Partnership Initiative. This initiative was designed so that each regional partnership develops and implements a community-driven, comprehensive plan for systemic change to ensure the well-being of children prenatal through age 5 and their families. FIRST 5 Santa Clara brought together community members, service providers, and civic leaders to examine existing services and family supports and to develop local plans to strengthen and improve those services and supports.
- In response to concerns regarding funding decisions, grant processes and requirements, and lack of systems integration, **First 5 Sierra** hosted stakeholders in a day-long meeting to gather input, identify system issues, and determine appropriate strategies to best improve system integration and collaboration. The result was creation of a Systems Integration Workgroup, which set the stage for a year-long planning effort aimed at increasing collaboration, reduced duplication of services, increased blending and leveraging of funds, and improved services.

County Commissions also are providing tools and processes to facilitate communication and collaboration across agencies involved in large initiatives and countywide projects. For example:

- **First 5 Kern** formed the Kern Outreach and Enrollment Committee (OEC). The OEC serves as an advisory body—advising and assisting in planning, designing, fund-raising, outreach, and education so that all children in Kern County are covered by health insurance and have access to health care services. The OEC includes more than 70 members representing 38 organizations and agencies. The OEC has helped to develop an interagency contact list to facilitate communication between agencies. The member agencies have collectively worked together to streamline processes within and between agencies.
- **Imperial County Children and Families First Commission's** Healthy Babies: Healthy Communities project conducted activities designed to establish community health care standards of practice and enhance services available for women receiving prenatal care. These activities included the development of the Imperial County Perinatal Forum. This workgroup of health care professionals focused on interagency communication and the development of local health care standards, provided training opportunities to registered nurses, and disseminated community health standards.
- **First 5 Marin** has convened a number of planning groups to foster collaboration among service providers and consumers, and to encourage innovative thinking and approaches to working together. For example, First 5 Marin helped launch and continues to support the Coordinating Council, a group of representatives from all the service providers working with children ages 0-18 in Marin County. This new group now meets regularly to share challenges and collaborate on solutions for improving the system of care for all children.

Finally, County Commissions are helping to create integrated systems of care. For example:

- A number of County Commissions have developed a common enrollment form, referral form, and/or a centralized registry to improve service coordination and delivery. Through the Children's Health Initiative (CHI), **First 5 Napa County** is working to create a web-based, automated enrollment system to enable families to go to one community-based location for health insurance enrollment and other family support programs. The **Children and Families Commission of Orange County** has launched an immunization registry, which can be accessed by all health care providers in all settings and by those who need access to immunization records. **First 5 Monterey County's** School Readiness Collaborative developed a common referral form to promote information sharing among partners.
- **First 5 Santa Cruz County** also is supporting service integration through the Integrated Children's Services Program (SCC ICSP), which was launched when 17 county and nonprofit agencies signed a memorandum of understanding. Training sessions on confidentiality requirements and protocols for obtaining a single release form were conducted. Participation in the SCC ICSP enables member agencies to act as a multidisciplinary team to plan and provide services together for children and their families. Service integration also is being supported through the Santa Cruz County Services Unifying Network (SCC SUN), an integrated database that supports data sharing, case management, and reporting for participating agencies.

The focus on service integration has increased communication, collaboration, and coordination among agencies. For example, many County Commissions have facilitated connections and collaboration through joint training of providers across agencies. In addition, County Commissions have promoted the programs they fund to coordinate care with other agencies by regularly sharing information about children and families who may need services from multiple agencies. This type of service integration has resulted in increases in providers' and families' awareness of other community resources and more coordinated care.

Results-based accountability. Results-based accountability refers to identifying results to be achieved, linking strategies to achieve them, and tracking progress toward these results over time. Nearly all the County Commissions (95%) reported funding programs and activities intended to improve results-based accountability as one of their strategies for achieving systems change (see Exhibit 7-2). Of the programs funded to do systems change activities, 67% were focused on accountability for results (see Exhibit 7-3). Many County Commissions are using assessment tools to conduct needs assessments and inform planning processes. Other County Commissions have included program-specific outcome measures in their contracts. Every County Commission reports using some type of indicators to track progress toward expected outcomes. Using these measures, County Commissions are able to assess the effectiveness of initiatives and funding decisions. Many County Commissions are beginning to apply this information by redirecting or refining their efforts at systems change.

County Commissions' results-based accountability efforts include using community needs assessments for planning or refining funding strategies. Over time, many

commissions also have conducted more nuanced research and evaluation studies. They have used the resulting data for program improvement at the provider or County Commission level or to leverage funds from other agencies. For example:

- The **First 5 Lake County** Power of Preschool (PoP) Planning Project gathered supply and demand data to inform the Lake County PoP Plan. The plan includes a reasonable projection of the 3- and 4-year-old populations for the next 10 years to estimate demand. Supply encompasses two factors, facilities and professional teaching capacity. Both demand and supply projections are disaggregated down to the six elementary school districts in the county.
- The **Sutter County Children and Families Commission** conducted an extensive review of needs assessments and service data for children ages 0-5 and their families in Sutter County to inform the development of its strategic plan. To gain additional information about the needs and strengths of the families, the Commission developed a survey in English and Spanish for distribution to the School Readiness communities and at community outreach events. The Commission's Advisory Group developed a community resource matrix that identified existing programs and services available to all children in Sutter County. Using this information, the Commission conducted a study session to develop a set of funding priorities and directed Commission staff to refine the strategies for promoting oral health, increasing access to health care, and serving children with special needs and behavior issues.
- The San Juan Ridge Project was a capacity-building project of **First 5 Nevada County**. The goal of this project was to make sure all parents and caregivers have access to multidisciplinary parenting education and parent support resources. With community support, First 5 conducted a geographic assessment of community-based resources for families with young children, along with an analysis of Proposition 10 investments by geographic area. The Commission used the data from this assessment to identify areas of high need and to create a plan for better serving those areas.
- **First 5 Kings County Commission** has taken the lead role in assessing the need and the capacity of local providers to deliver a comprehensive approach to health care access for all Kings County children. The Commission led a community collaborative that examined the various factors of provider capacity to serve additional insured children, the possibility of a seamless approach to supportive health services and education, and the willingness of the community to support such endeavors.

Most County Commissions encourage their grantees to collect data to inform program improvement and planning. For example:

- Through support from **First 5 Placer**, the WarmLine Family Resource Center provides support, information, education, and referrals to children and families who have or are at risk for disabilities and other special needs. The FRC uses two methods of data collection to measure parent satisfaction and to inform planning for future trainings. Surveys are distributed at group trainings, with follow-up satisfaction surveys mailed out or e-mailed to parents after trainings. The program also gathers feedback from the staff working with the parents. Through the use of pre- and posttraining surveys, the Center has learned that it is having a positive impact on families it serves. These types of data are collected and used by the program to determine what trainings are needed, what is working well, what is not working, and where to make changes.
- **First 5 Merced County** funded Social Entrepreneurs Inc. to help five family resource centers conduct an organizational assessment that involved site visits, interviews, and surveys. Social Entrepreneurs helped the FRCs to examine attributes of each of their organizations in human resources, finance, management, governance, service provision, and physical plant. If weaknesses were identified, a plan was developed to make needed improvements. The goal was to use this assessment process to improve programs by improving the capacity of the organizations themselves (building internal communication skills, setting up databases, creating policies and procedures).

Most County Commissions reported implementing some type of outcome evaluation. For example:

- **First 5 San Mateo County** field-tested its Pre-3 programs in three sites to determine whether they reduce antisocial behavior and improve parent-child interactions among new mothers and their children. The evaluation demonstrated significant positive outcomes for families receiving its home visiting services, including increases in parent functioning and attachment with their children over time. Pre and post assessment with the Beck Depression and Anxiety Inventories showed that women participating in Pre-3's mental health groups showed significant reductions in mental health symptoms. Finally, a survey measuring the impact of Pre-3's parenting class showed significant positive changes in confidence and satisfaction with parenting.

- **First 5 San Benito** funds the Gecko Preschool to meet the needs of children unable to attend other preschools. The program consists of three components: a center-based preschool, a home-based preschool, and a 3-week intensive program for children who need an extra boost to ease into kindergarten, do not have any preschool experience, or need help with English. All children in the three programs are tested at entry with the Brigance preschool screening assessment to identify children's needs and to help with lesson planning. The Brigance is also given to the children at the beginning and end of the program to measure their overall developmental growth. Parents of both the center- and home-based programs are given pre and post surveys that track the types of academic activities done with the children, and staff log the hours parents spend on these activities.
- **First 5 San Joaquin's** Kindergarten Readiness Assessment (KRA) is a study that is similar to First 5 California's Kindergarten Entry Profiles Study. The KRA uses the Modified Desired Results Developmental Profile (MDRDP) and a complementary parent survey to develop a snapshot of entering kindergartners across developmental domains and demographic characteristics. In the KRA study, the developmental proficiencies and experiences of kindergartners in schools with First 5 programs are compared with those of kindergartners who do not have First 5 programs serving their schools.
- **FIRST 5 Santa Clara County** conducted a retrospective case-control study to examine administrative data maintained by the Santa Clara County court system to see whether the Care Management system in the Family Courts is making a difference for families with children ages 0-5. Court case files were obtained for a group of families receiving Care Management and were compared with those of families with children under age 5 who went through the court system before the programs were in place. Among other findings, this study demonstrated that First 5 funding to the Family Courts is having a positive impact on the way families with young children are dealt with in the Santa Clara County court system.
- To assess the effectiveness of its Raising A Reader program, **First 5 Shasta's** local evaluator conducted pre and post surveys of parents to obtain information about the impact of the program on family reading behaviors and analyzed the results of the Desired Results Developmental Profile (DRDP), which is administered at the beginning and end of the school year. These results were then compared with those from children in non-Raising A Reader classrooms. Findings included that parents reported reading or sharing books more frequently with their children, having more books at their homes, and having a regular time to read with their children. Also, DRDP scores related to emergent literacy were higher at Raising A Reader sites than at non-Raising A Reader sites.

Civic engagement. Civic engagement refers to activities and strategies that promote more meaningful involvement of program participants and other community residents (e.g., parents, caregivers, service providers, community representatives) in decision-making and community planning about improving conditions for children and families. More than 8 out of 10 County Commissions (84%) reported funding programs and activities related to civic engagement as one strategy for achieving systems change (see Exhibit 7-2). Of the programs funded to do systems change activities, 36% were funded to increase civic engagement (see Exhibit 7-3).

Many County Commissions have sought to include community members in needs assessment and strategic planning. First 5 Commissions have continued to seek input from community members as they have refined and adapted their goals to the needs of their particular communities. For example:

- **First 5 Nevada County** has a Governance Team to provide oversight in program infrastructure, administration, and evaluation. This oversight is conducted by active teams that include parents, teachers, child care providers, and community members meeting regularly. These teams review evaluation information and needs assessments, make plans, and oversee the quality of services. The teams track process measures and substantive outcomes to identify successful approaches to school readiness activities and infrastructure development.
- **First 5 Ventura County's** 11 Neighborhoods for Learning (NfL) represent geographic communities and service delivery and organizing platforms created and funded by the local School Readiness Program. Each NfL has an inclusive governance structure that is made up of diverse members of the community and that engages families in decision-making regarding community needs and local service delivery.
- Every school participating in **First 5 Contra Costa's** School Readiness Program has formed a school transition team consisting of the principal, kindergarten teachers, parents, and local early care providers. Transition teams have developed plans for how to reach out to families before school entry. Transition activities have resulted in increased parent voice and participation.

In addition to including community members in the administrative and planning process, many commissions actively encourage parents and other community members to participate in implementing programs and conducting outreach at the community and neighborhood levels. For example:

- **First 5 San Francisco**, through Parent ACTION, gave 37 small grants to parent groups to plan and implement activities for other parents. The program teaches and empowers parents as they create, develop, and manage projects that promote community building, parent support and education, leadership development, and activities and events for families.
- **First 5 Placer** served the Spanish-speaking community by implementing a dental program that trains people from the community to conduct outreach, deliver dental health messages, and connect families with treatment services. By identifying and using skilled people who match local culture and language instead of relying on outside "experts," the Commission is honoring local culture and building community capacity, as well as funding direct services. As a result, the program is more fully "owned" by the community.
- **First 5 Santa Barbara** funds Frente Indígena Oaxaqueño Binacional (FIOB) to reach a significant population of indigenous Mexican migrants from Oaxaca. The agency trained three women who were fluent in Spanish and Mixteco as promotoras. Throughout the year, the promotoras provided targeted outreach on health education and school readiness in coordination with other First 5 programs. The promotoras also held a large health fair in conjunction with local community clinics.
- **First 5 San Diego** partnered with the Department of Aging and Independence to recruit and train senior mentors to volunteer in early care settings. Senior mentors help early care teachers to manage their classrooms and activities, including working with individual children, making home visits, conducting developmental assessments, mentoring parents, and facilitating trainings with other partners.
- **First 5 Monterey's** Neighborhood Grants Program provides grants to grassroots groups of residents to improve the well-being, safety, and overall quality of life for children ages 0-5. Each group sends a representative to attend a 1-day workshop on fund-raising, volunteer management, and communication. Through this program, parents are taking initiative and trying to resolve issues that are affecting the lives of their children.

Sustainability. Sustainability is critical for long-term impacts. Almost 9 out of 10 County Commissions (86%) reported they had funded programs and activities related to raising and leveraging of funds for sustainability (see Exhibit 7-2). A smaller proportion of programs (41%) were funded with the specific goal of raising or leveraging funds (see Exhibit 7-3). Sustainability efforts also focused on putting in place the structures and processes necessary for programs and services to be sustained over the long term.

Critical to sustainability is the identification of long-term and multiple funding sources. County Commissions and funded programs have been successful in winning grants and in using First 5 funds to leverage additional funds. In addition, blended funding enables County Commissions to provide a wider range of services. Another approach to sustainability includes funding large-scale, multiorganization (and sometimes multicounty) initiatives rather than individual programs. This approach focuses funds on key issues (e.g., insurance coverage, dental care) and engages multiple key players simultaneously. For example:

- **First 5 Santa Barbara** has been quite successful in leveraging resources to expand various programs. For example, the Isla Vista School Readiness Program works in coordination with a successful adult literacy program that is run by UC Santa Barbara with funds from Verizon. Because of successful grant writing and community giving campaign, the home visiting programs were able to serve twice as many children as outlined in the original school readiness proposal.
- **First 5 Plumas** Commission staff leveraged $150,000 of their local funds with $100,000 from First 5 Sierra and a $576,000 grant from The California Endowment for a 3-year Children's Oral Health Program (Healthy Smiles). First 5 Plumas staff were instrumental in organizing the local Dental Coalition and writing the successful proposal. The program will provide comprehensive oral health services for children in Plumas and Sierra Counties.
- The **County Commissions of Colusa, El Dorado, Yuba, and Sacramento Counties** have developed a regional children's health initiative over the past 4 years. The initiative provides health insurance coverage to children ages 0-5 who are ineligible for publicly funded insurance options.
- The **Butte County Children and Families Commission** supported the development of a comprehensive, computerized immunization registry. The immunization registry project was successful in leveraging additional funds to expand the existing registry in Butte County and to expand it into 14 additional

Northern California counties. Because of the success of this project, Butte County Public Health received funding from the California Department of Health Services to lead the development of and house a 15-county regional registry and to bring private and public health care providers throughout the region onto the registry. The annual state funding will enable Butte County to sustain the registry database beyond the Butte County Commission funding.

- **First 5 Amador** has linked with other funders, such as the Amador Community Foundation, to develop new funding streams thorough grants or other giving opportunities. For example, by partnering with the Amador Community Foundation, new partners and/or small grantees of First 5 Amador have been able to use the 501(c)(3) status of the Foundation, therefore benefiting from their administrative support as well as application assistance for other grants. This strategy has proven to be extremely beneficial for addressing insurance challenges and lack of administrative expertise and/or staff, and assisting in identifying other potential grant resources for First 5 Amador's partners.

A number of counties addressed issues of sustainability directly with the programs by providing training and technical assistance on issues related to sustainability. For example:

- The **First 5 Commissions of Alpine, Mono, and Inyo Counties** hosted the Capacity Building Leading to Sustainability Workshop. More than 30 people attended the workshop, which covered key elements, fiscal and others, that lead to sustainability of programs and initiatives for children and families. The workshop showed participants how to learn about and incorporate best practices to enhance the sustainability of programs and services.
- The **Children and Families Commission of Orange County** funded the CONNECT Partnership for Nonprofit Solutions to provide technical assistance and oversight to capacity-building grantees so that funded organizations have access to innovative resources and the support necessary to reach their full potential. This assistance includes training and guidance in designing a comprehensive business plan. CONNECT provides each funded agency an evaluation, which yields a customized capacity-building plan that includes training, consultation, and coaching. A Business Plan Boot Camp includes in-depth instructions for creating a nonprofit business plan, as well as monthly support to ensure that the work flow is continuous.

Advocacy. About 9 out of 10 County Commissions (88%) reported they had funded programs and activities related to advocating for policy change and new legislation. A smaller proportion of programs (32%) were funded to do systems change activities related to advocating for policy changes or new legislation. Although many of these efforts were focused at the state level—e.g., supporting efforts to encourage the passage of a Preschool for All ballot initiative—others were focused more narrowly at specific county-level issues. For example:

- The **First 5 Marin Children and Families Commission** worked to ensure that public policies supported children through its Public Policy and Education Initiative. The initiative includes a broad range of policy-level and community-based efforts aimed at the broad dissemination of key policy and educational messages critical to the healthy development of children ages 0-5 via the Commission's website, e-mail messaging, print and electronic media, legislative and policy advocacy, public forums, and parent education. As part of the planning process for this initiative, a complete legislative program was outlined, with monthly reports to the Commission on legislation and ballot initiatives related to health care, preschool, social services, and other issues related to the work of the Commission. Over the past year, the Commission tracked 37 bills in the State Legislature, reviewed amendments, and adopted positions—all of which were then communicated to key stakeholders. Other public advocacy efforts included conducting a public forum and publishing an opinion editorial supporting the statewide Preschool for All ballot initiative.
- **First 5 LA**, in addition to expanding and enhancing high-quality preschool programs through its $28-million Power of Preschool Demonstration Project, is influencing policy and promoting public support to make preschool available to all children in Los Angeles County. To accomplish this goal, First 5 LA has developed a comprehensive media strategy to inform families about the benefits of preschool and the availability of preschool in the Power of Preschool communities.
- **First 5 Mono County** has worked to influence policy-making at the town government level regarding establishing supportive child care policies in the Town General Plan and suggested appropriate language for inclusion into the plan to increase the availability and quality of child care in Mono County.
- **First 5 Shasta's** Education and Outreach Program completed a public awareness campaign, Little Investments/Big Returns, to increase the community's and key leaders' understanding of early childhood development and its importance to a thriving community.

CONCLUSION

As described at the beginning of the chapter, many County Commissions and funded programs have made notable achievements in all areas of systems change work. The statewide evaluation has found that County Commissions are overwhelmingly working to make services more accessible, high quality, culturally competent, integrated, results based, reflective of community needs, and sustainable. The overall message is that funding and other supports from First 5 have enabled programs not only to continue providing programs but also to significantly improve on the valuable services in their communities.

First 5 is unique in that it looks holistically at children and the families and the environments in which they grow, which involves working across standard systems of care or funding streams (e.g., health, early childhood education, family support). First 5 County Commissions are increasing the number of children ages 0-5 and their families who receive more comprehensive, higher-quality, and more coordinated care. First 5 has created momentum and support for these types of changes that extend across agencies, communities, and counties. The goal of the First 5 California State and County Commissions now is to ensure that these changes continue to take hold across California's communities and are sustained beyond First 5 leadership and funding.

8 County Commissions' Revenues and Expenditures

First 5 County Commissions have supported California's young children and their families by funding a wide variety of services and strategies. This chapter presents County Commissions' revenues and expenditures and shows the amounts and types of investments County Commissions made in fiscal year 2005-06, as reported in their annual reports submitted to the State Commission. County and state revenue and expenditure reporting may differ, based on county accounting and accrual practices.

COUNTY COMMISSIONS' REVENUES

In fiscal year 2005-06 (July 1, 2005, to June 30, 2006), revenues received by the 58 County Commissions totaled $592,728,722. This amount includes funds from First 5 California and other sources.

First 5 California Funds

First 5 California disbursed $514,681,145 to the 58 County Commissions. As shown in Exhibit 8-1, this amount included various categories of funding and accounted for 87% of County Commissions' total revenues.

- **Monthly disbursements to County Commissions** were based on each county's number of births in the previous calendar year. The total of monthly disbursements for the fiscal year ranged from $12,151 for Alpine County to $131,950,458 for Los Angeles County.
- **Minimum base allocations** were disbursed to County Commissions in eight counties with low numbers of births. These funds ensured that all County Commissions received a minimum annual amount of $200,000. The disbursements for minimum base allocations ranged from $34,494 for Inyo County to $187,849 for Alpine County.
- **Augmentation funds** were received by 30 small counties to support their administrative/operating and travel costs ($2,750,938).
- **Other First 5 funds**, such as Surplus Monetary Investment Funds (SMIF, $2,427,055) were received by all County Commissions, and Retention Incentives for Early Care and Education Providers funds ($2,662,780) were received by 17 County Commissions. Eighteen counties received $4,531,884 in additional First 5 funds for other projects, such as the Special Needs Project, Power of Preschool, and Health Access for All Children.
- **School Readiness (SR) Program funds** included two types of funding: SR program funds and SR implementation funds. Program funds were disbursed to 56 County Commissions and implementation funds to 17 County Commissions.

Non-First 5 Funds

Exhibit 8-1 also shows that County Commissions received $78,047,577 from sources other than First 5 California. This amount, which included grants, donations, and interest earnings, accounted for 13% of the County Commissions' total revenues.

- **Grants and donations** were received by 48% of County Commissions. Twenty-one County Commissions received grants totaling $4,836,635, and seven County Commissions received a total of $624,127 in the form of donations.
- **Interest** from County Commissions' savings and investment accounts ($63,581,347) makes up the majority of non-First 5 funds received by County Commissions.
- **Other non-First 5 funds** that County Commissions reported receiving that did not fit into any of the above categories totaled $9,005,468.

COUNTY COMMISSIONS' EXPENDITURES

As discussed in Chapters 4 through 7, County Commissions made investments using First 5 California funds in a wide variety of programs and services for young children and their families.

Exhibit 8-2 shows the types and amounts of expenditures reported by County Commissions in fiscal year 2005-06.

EXHIBIT 8-1

Sources and Amounts of County Commissions' Revenues

Source	Amount	Percentage of Total Revenues
First 5 California funds		
Monthly disbursements	$468,897,022	79
$200,000 Baseline funds	$834,517	<1
Augmentation funds: Administrative and Travel	$2,750,938	<1
Retention Incentives for Early Care and Education Providers	$2,662,780	<1
Surplus Monetary Investment Funds (SMIF)	$2,427,055	<1
Funds for other projects	$4,531,884	<1
School Readiness (SR) Program funds		
Program funds	$31,711,949	5
Implementation funds	$865,000	<1
Total First 5 California funds	**$514,681,145**	**87**
Non-First 5 California Funds		
Grants	$4,836,635	<1
Donations	$624,127	<1
Interest earned	$63,581,347	11
Other non-First 5 funds	$9,005,468	1
Total non-First 5 funds	**$78,047,577**	**13**
Total revenues	**$592,728,722**	**100**

EXHIBIT 8-2

County Commissions' Expenditures of First 5 Funds

Type of Expenditure	Expenditure Amount	Percentage of Total Expenditures
First 5 (except SR Program) funds disbursed to programs*	$396,543,037	79
SR Program funds disbursed to programs*	$61,055,535	12
Administrative expenses	$44,815,874	9
Total 2005-06 funds expended	**$502,414,446**	**100**

***** Includes programs funded by mini-grants, discussed below.

- Most of the funds ($396,543,037) expended were First 5 dollars from monthly disbursements, base allocations, child care provider retention incentive funds, augmentation funds, and SMIF.
- School Readiness Program funding ($61,055,535) accounted for 12% of County Commissions' investments in programs.
- County Commissions kept administrative costs low relative to their other expenses. These costs comprised 9% of all expenses and included County Commission staff salaries and costs of operating a County Commission, such as rent, communications, copying, and utilities.

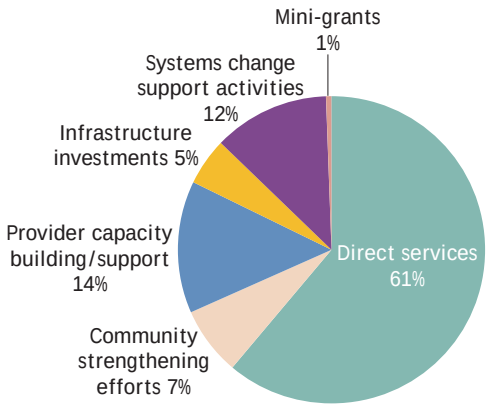
Expenditures by Strategy

First 5 funded programs spent a total of $429,577,624 on a wide variety of services and activities. The percentages of First 5 funds spent by funded programs on five strategies and on mini-grants are shown in Exhibit 8-3.

- **Direct services** to children ages 0-5 and their families accounted for 61% ($261,446,311) of all funded program expenditures. These activities included family support, health, and child development services delivered to individuals or groups of children ages 0-5, their parents, and other family members by a service provider or volunteer through case management, home visits, classes, support groups, mobile services, in-person consultations, phone consultations, public community events, and mailings.

EXHIBIT 8-3

Distribution of Funded Programs' Expenditures, by Strategy and Mini-Grants



- **Community strengthening efforts** accounted for 7% ($31,636,155) of all expenditures made by funded programs. These programs conducted public outreach activities aimed at large groups of children, parents, and related community members, including community events, dissemination of written materials, media campaigns, and organizing of community networks.
- **Provider capacity building/support** strategies accounted for 14% ($59,232,287) of all expenditures made by funded programs. These services offered activities such as training, distribution of materials, incentives, and meetings that develop the skills and resources of service providers (including teachers) so that they can provide higher-quality services to children and their families.
- **Infrastructure investments** to improve the infrastructure of programs that serve young children and their families accounted for 5% ($22,442,612) of all expenditures by funded programs. These are facilities and capital improvements and the purchase of equipment and materials that cost more than $5,000 to make services more accessible, more integrated, and higher in quality.
- **Systems change support activities** are discussed in detail in Chapter 7. They support improvement in the systems caring for young children and their families in ways other than those described above and accounted for 12% ($51,991,833) of expenditures by funded programs. These activities supported systems change by conducting evaluations and research, coordinating efforts to engage community members in County Commission decision-making, supporting the development of good policies for young children, supporting program sustainability efforts, developing and monitoring service quality standards, developing programs for specific ethnic and linguistic groups, facilitating interagency coordination, and developing universal health care and preschool programs.
- **Mini-grants** (small grants, typically less than $5,000) to support or conduct activities similar to the preceding strategies used by funded programs accounted for less than 1% ($2,828,426) of expenditures made by programs.

Expenditures by Funding Source

Exhibit 8-4 shows the amounts of First 5 funding, School Readiness Program funding, and non-SR Program funding spent on each of the strategies and on mini-grants, and Exhibit 8-5 shows the percentages of each of these types of funds spent on the five strategies. SR Program funds were used differently from other First 5 funds. For instance, though both SR Program funds and other First 5 funds were spent primarily on programs that serve children and families directly, SR Program funds were used more often to fund those services (75% of SR funds and 57% of other funds). SR Program funds also were somewhat less likely than non-SR Program funds to be used for building provider capacity (7% vs. 16%), infrastructure investments (3% vs. 16%), and systems change support activities (9% vs. 13%).

Even though funds distributed to SR programs and to other First 5 programs went to similar strategies, there were some differences in the types of direct service activities they tended to fund. Programs funded by the SR Program more often included kindergarten transition (52% vs. 12%), early education programs (70% vs. 33%), family literacy services (49% vs. 21%), developmental screenings and assessments (51% vs. 25%), and recreational classes and activities for children (41% vs. 21%) than programs not receiving SR Program funds.

Expenditures by Population Size

County Commissions, regardless of their population size category, had similar spending patterns across the five strategies and mini-grants. Exhibits 8-6 and 8-7 show, by population size category, the funds expended on each of the five strategy areas and on mini-grants. All County Commissions spent more money on direct-service programs than on any other strategy.

Counties are designated as small, medium, or large, based on the monthly disbursements that are allotted to each County Commission (monthly disbursements are based on the number of births in a county in the previous calendar year). Small counties receive less than $2 million in monthly disbursements in a given fiscal year. Medium counties range from $2 million to $15 million in their total monthly disbursements, and large counties are those receiving more than $15 million in total monthly disbursements.

EXHIBIT 8-4

Amount of First 5 Funding Spent on Each Strategy and on Mini-Grants, by Funding Source

Strategy	First 5 Funds (not including SR funds)	SR Program Funds	Total First 5 Funding
Direct services	$185,928,653	$75,517,658	$261,446,311
Community strengthening efforts	$25,200,105	$6,436,050	$31,636,155
Provider capacity building/support	$52,311,557	$6,920,730	$59,232,287
Infrastructure investments	$19,857,464	$2,585,148	$22,442,612
Systems change support activities	$43,057,781	$8,934,052	$51,991,833
Mini-grants	$2,752,340	$76,086	$2,828,426
Total	**$329,107,900**	**$100,469,724**	**$429,577,624***

* The total reported here is the total amount spent by programs and therefore does not correspond to the amount reported in Exhibit 8-2, which reports on funds disbursed by County Commissions.

EXHIBIT 8-5

Percentage of First 5 Funding Spent on Each Strategy, by Funding Source

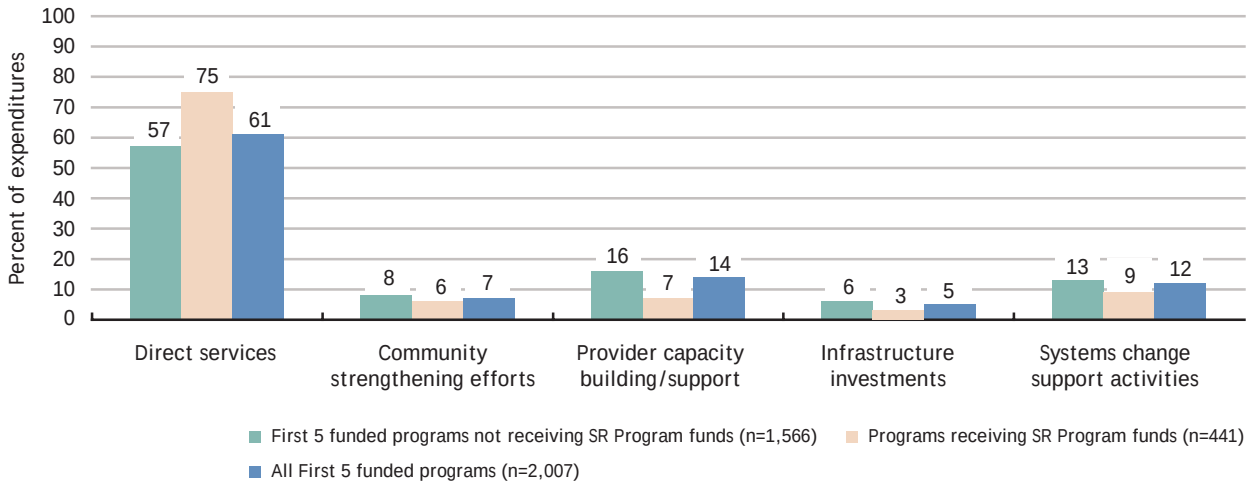


EXHIBIT 8-6

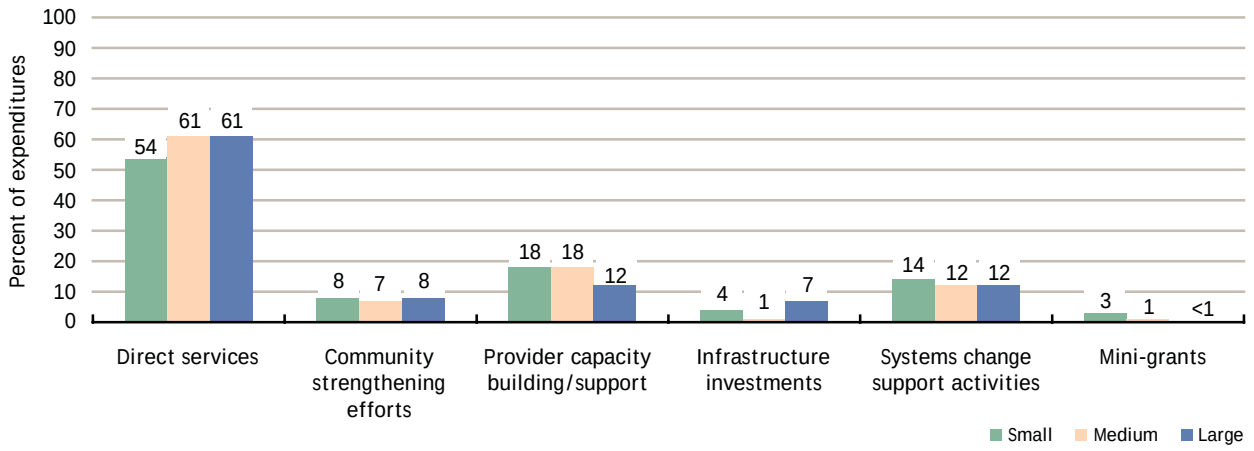
Amount of First 5 Funding Spent on Each Strategy and on Mini-Grants, by Population Size Category

Strategy	Population Size Category			Total Funding
	Small	Medium	Large	
Direct services	$11,794,853	$82,104,767	$167,546,691	$261,446,311
Community strengthening efforts	$1,675,372	$9,341,675	$20,619,108	$31,636,155
Provider capacity building/ support	$3,838,022	$23,747,755	$31,646,510	$59,232,287
Infrastructure investments	$842,483	$1,721,253	$19,878,876	$22,442,612
Systems change support activities	$3,074,632	$16,288,861	$32,628,340	$51,991,833
Mini-grants	$561,258	$1,712,546	$554,622	$2,828,426
Total	**$21,786,620**	**$134,916,857**	**$272,874,147**	**$429,577,624***

***** The total reported here is the total amount spent by programs and therefore does not correspond to the amount reported in Exhibit 8-2, which reports on funds disbursed by County Commissions.

EXHIBIT 8-7

Percentage of Total Funding Spent on Each Strategy and on Mini-Grants, by Population Size Category



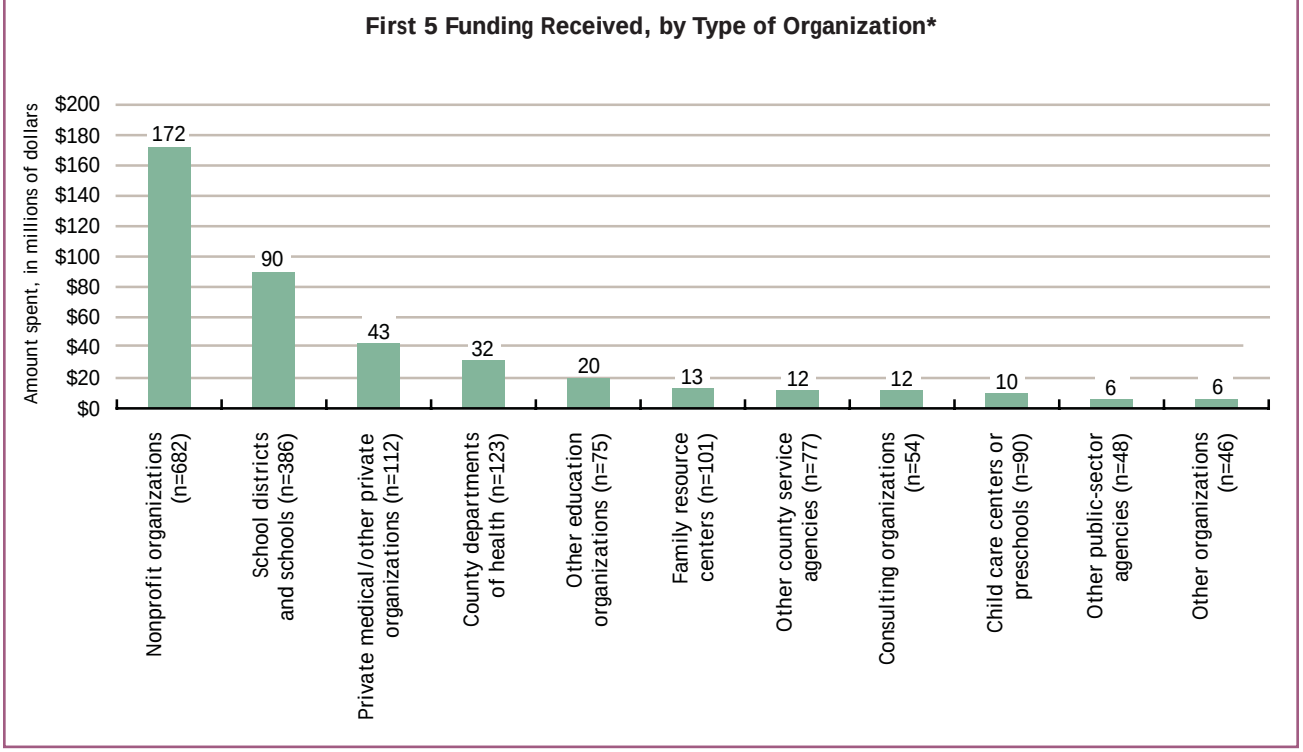
As Exhibit 8-7 shows, there are differences between counties of different population sizes. (See Appendix E for a list of County Commissions by population size.) Commissions of small-population counties spent a slightly lower percentage of their funds on direct-service programs than did commissions of medium- and large-population counties, but they spent slightly higher percentages of their funds on systems change support activities and mini-grants.

Expenditures by Type of Organization Funded

County Commissions disbursed First 5 and other funding to a wide range of agencies and organizations in their counties. The variety of agencies and services they funded aimed to create a comprehensive system of care for young children and their families. Exhibit 8-8 shows the types and numbers of organizations supported and the amounts of funding that they received.

- **Nonprofit organizations.** The most frequently funded agencies were community-based nonprofit organizations, which received $95,912,990 to operate 551 programs, and other nonprofit organizations, which received $76,146,373 to operate 131 programs.
- **School districts and schools.** Local school districts received $71,129,573 to operate 248 programs, county offices of education received $15,138,043 to operate 99 programs, and schools received $3,480,565 to operate 39 programs. In total, County Commissions invested $89,748,181 in these organizations.
- **Private medical and other private organizations.** Private medical, dental, and mental health organizations received $38,983,591 to operate 82 programs. Nonmedical private and other nonspecified private organizations received $3,683,613 to operate 30 programs.
- **County departments of health.** Departments of health received $32,196,748 to operate 123 programs.
- **Other education organizations.** Junior colleges received $3,890,080 to operate 22 programs, universities and 4-year colleges received $6,865,983 to operate 25 programs, and other educational organizations received $9,524,053 to operate 28 programs.
- **Family resource centers.** County Commissions spent a total of $12,604,356 on 101 family resource center programs.
- **Other county service agencies.** Departments of social services received $1,948,185 to operate 17 programs, and departments of mental health received $4,078,123 to operate 21 programs. An additional 39 other county service agencies received $6,457,120 to operate programs.

EXHIBIT 8-8



* Does not include organizations that were funded by mini-grants.

- **Consulting organizations.** County Commissions funded 23 evaluation and research organizations ($7,912,750), 17 programs to conduct technical assistance ($1,433,803), and 14 other nonspecified consulting organizations ($2,788,578).
- **Child care centers and preschools.** County Commissions funded 11 Head Start programs ($716,948), 8 state preschools ($674,930), 37 private preschools ($2,090,672), 11 family-based child care homes ($1,088,615), and 23 other child care centers or preschools ($5,093,084). In total, County Commissions spent $9,664,249 on programs operated by child care providers and preschools.
- **Other public-sector agencies.** County Commissions spent $1,003,050 on 12 justice system programs, $1,098,247 on 11 library programs, and $3,589,080 on 25 other city or county government agency-run programs.
- **Other organizations.** Forty-six organizations that are not part of any of the above categories also received funding ($6,429,091).

Leveraged Program Funds

One-hundred forty-six funded programs (7% of total funded programs) reported having used non-First 5 funds together with First 5 funds to pay for program activities. The additional funding that was leveraged totaled $35,041,269, which provided an additional 8% of funding for programs' activities.

- The additional leveraged funding supported each of the five strategies: direct services to children and their families (57% of the total leveraged funding), systems change support (19%), infrastructure investments (11%), provider capacity building/support (8%), and community strengthening efforts (5%).
- Most of the leveraged funds (52%) went to three types of agencies: community-based nonprofit organizations ($9,450,594), departments of health ($5,657,060), and schools and school districts ($3,051,400).

SERVICES PROVIDED BY ORGANIZATIONS

Services funded by First 5 were delivered to young children and their families by several types of agencies and groups throughout the community. Exhibit 8-9 lists the most frequently funded types of organizations and the services they most often delivered. Almost all the organizations funded by First 5 reported providing information on and referrals to other community resources and services, and parenting education. Also, family literacy programs, service coordination, and distribution of Kits for New Parents were common across various types of agencies. Early education programs were offered at various types of agencies, including community-based organizations, schools and districts, colleges and other education organizations, and family resource centers.

Other types of services were associated more with certain types of agencies. For example:

- Transportation services or vouchers were delivered primarily by county agencies, such as departments of social services and mental health.
- Breastfeeding assistance was offered primarily by departments of health and private medical organizations.
- Health screenings were conducted primarily through departments of health.
- Job training and other adult education services were offered primarily by colleges and other education organizations.
- Recreational/physical activities for children were conducted primarily by community-based and nonprofit organizations, as well as family resource centers.

Thus, First 5 created a comprehensive set of services by funding multiple types of organizations that each offered a range of services and that helped families link to services at other agencies through referrals.

TYPES OF ORGANIZATIONS AND ACTIVITIES FUNDED BY MINI-GRANTS

Thirty-two County Commissions disbursed some of their funding through mini-grants (grants typically less than $5,000) for local programs and services. Statewide, 980 individual grants were disbursed to local agencies and individuals. Funding distributed by mini-grants totaled $2,828,426, and the average mini-grant amount was $3,380. As shown in Exhibits 8-4 and 8-6, funding for mini-grants accounted for small percentages of County Commissions' total funding spent on programs, regardless of population size.

Typically, County Commissions distributed mini-grants in batches, such that grants were given to several agencies or groups that used the funding for the same kinds of activities or to improve similar outcomes (e.g., improve child care quality). Mini-grant funding went to a variety of activities, with the highest percentages of mini-grants supporting

- purchases of equipment or materials to enhance service quality (73%),
- family literacy programs (37%),
- recreational/physical activities for children (33%), and
- early education programs for children (28%).

EXHIBIT 8-9

Activities and Services Most Commonly Provided, by Organization Type

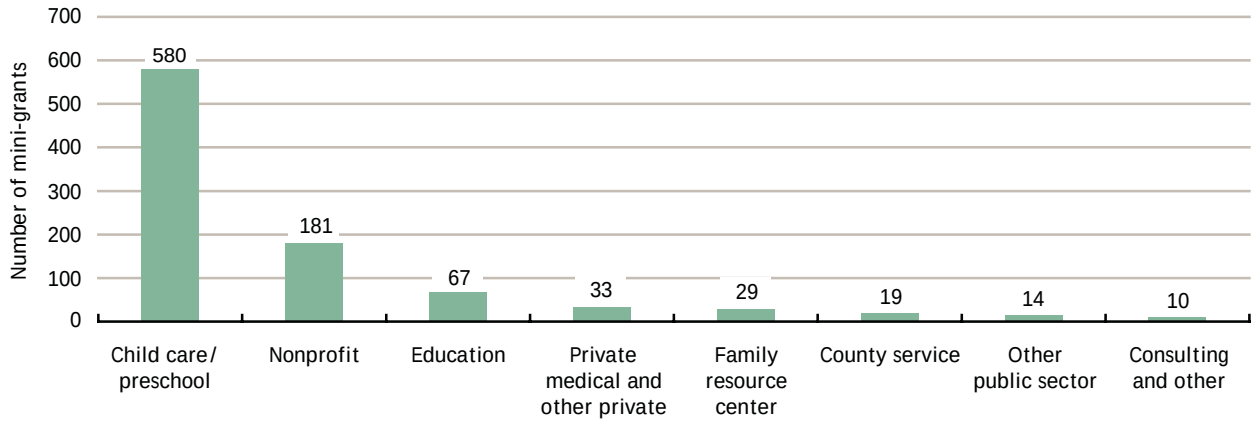
Organization Type	Type of Activity (Percent of participants who received services)
Nonprofit organizations **Funding:** $172,059,363 **Number of organizations:** 682	Community resource and referral (30%) Parenting education (24%) Early education programs for children (21%) Service coordination (20%) Oral health treatment, screening, or prevention (20%) Family literacy programs (18%) Provision of basic needs (17%) Recreational/physical activities for children (17%) Safety education and injury/violence prevention (16%) Distribution of Kit for New Parents (16%) Well-baby or well-child checkups (16%)
School districts and schools **Funding:** $89,748,181 **Number of organizations:** 386	Early education programs for children (39%) Parenting education (18%) Community resource and referral (17%) Family literacy programs (11%) Kindergarten transition programs (10%)
Private medical and other private organizations **Funding:** $42,667,204 **Number of organizations:** 112	Parenting education (14%) Community resource and referral (13%) Distribution of Kit for New Parents (13%) Breastfeeding assistance (12%) Developmental screening/assessments (12%)
County departments of health **Funding:** $32,196,748 **Number of organizations:** 123	Community resource and referral (43%) Health insurance enrollment/assistance (42%) Parenting education (39%) Breastfeeding assistance (35%) Nutrition education and assessments (35%) Parenting/caregiver support (34%) Enrollment in food programs (25%) Safety education and injury/violence prevention (24%) Service coordination (23%) Prenatal and birth care and education (21%) Health screenings (21%) Distribution of Kit for New Parents (19%)
Other education organizations **Funding:** $20,280,116 **Number of organizations:** 75	Parenting education (39%) Kindergarten transition programs (34%) ECE/child care resource and referral (28%) Early education programs for children (21%) Job training and other adult education (19%) Family literacy programs (19%)
Family resource centers **Funding:** $12,604,356 **Number of organizations:** 101	Community resource and referral (37%) Parenting education (33%) Provision of basic needs (24%) Recreational/physical activities for children (24%) Early education programs for children (23%) Family literacy programs (21%) Parenting/caregiver support (20%) Service coordination (19%) Health insurance enrollment/assistance (16%) Nutrition education and assessments (15%)

Mini-grants also went to a variety of agencies (Exhibit 8-10):

- **Child care center and preschool programs.** These programs received the majority of mini-grants (580, or 60% of all mini-grants awarded). Family-based child care centers received 389 of these mini-grants, or 40% of all mini-grants awarded. Other preschools and child care centers, including Head Start, received 191 mini-grants, or 20% of all mini-grants.
- **Nonprofit organizations.** Nonprofit organizations received 181 mini-grants, or 19% of all mini-grants. Most of these (124) went to community-based organizations, representing 13% of all mini-grants awarded. Other types of nonprofit organizations received 57 mini-grants.
- **Education organizations.** Education organizations received 7% of mini-grants, or 67 awards. Elementary and middle schools received 29 of these mini-grants; a high school received 1 mini-grant. Other education organizations receiving mini-grants included school districts (19 mini-grants), county offices of education (8), and 2-year community colleges and 4-year colleges or universities (8). Other education organizations received 2 mini-grants.
- **Private medical organizations and other private organizations.** County Commissions gave 9 mini-grants to private medical organizations and 24 mini-grants to unspecified private organizations.
- **Family resource centers.** County Commissions awarded 29 mini-grants to family resource centers.
- **County service agencies.** County Commissions awarded 19 mini-grants to county service agencies, 13 of which went to departments of health. Unspecified county service agencies received 3 mini-grants, departments of social services received 2 mini-grants, and a department of mental health received 1 mini-grant.
- **Other public-sector agencies.** County Commissions awarded 14 mini-grants to other types of public-sector organizations, including city government programs (4 mini-grants), libraries (3), and a justice system/police department (1). Unspecified government programs received 6 mini-grants.
- **Consulting organizations and other organizations.** County Commissions gave 1 mini-grant to an unspecified consulting organization and 9 mini-grants to organizations that are not part of any of the above categories.

EXHIBIT 8-10

Types of Organizations Receiving Mini-Grants



PLANNING FOR THE FUTURE

As fewer people smoke, the revenues from the tobacco tax are expected to decrease. In 1999, the first year the tax was collected, the state collected $700 million. During fiscal year 2005-06, approximately $596 million was collected from the tax. County Commissions have responded to this decrease in funding by setting aside funds to ensure the continuation of their work on behalf of the state's children and families. County Commissions have formally approved contracts and documented plans, budgets, and financial forecasts to commit funds for these set-asides. Therefore, these funds are unavailable for uses other than the purposes for which they were designated.

In 2005-06, County Commissions had set aside $1,756,064,495 for commitments to programs, projects, and activities to be conducted in the future. Exhibit 8-11 shows the types and amounts of commitments that were made by County Commissions to ensure ongoing support of local programs. Most County Commissions continued to make commitments to specific programs through encumbrances and obligations, both of which are to be paid in a subsequent fiscal year. Often, these investments were made for programs that already were receiving First 5 funding and meeting important local needs. For example, County Commissions disbursed 1 year of funding for 3-year programs and encumbered the remaining 2 years of funding by setting aside that money in special savings accounts. In fiscal year 2005-06, 63% of County Commissions' total committed funds (including carryover funds from prior years) were encumbrances and obligations to specific programs.

Some County Commissions received special grants that came from sources other than basic state tobacco tax allocations and contained restrictions imposed by the funding sources. For some of these grants, such as School Readiness Program grants, County Commissions were required to match the funds received. The portion of these funds not yet authorized by a County Commission for release through encumbrances or obligations remains reserved in a special account, which in fiscal year 2005-06 accounted for 9% of County Commissions' total committed funds (including carryover funds from prior years), as shown in Exhibit 8-11.

EXHIBIT 8-11

Types and Amounts of County Commissions' Committed Funds

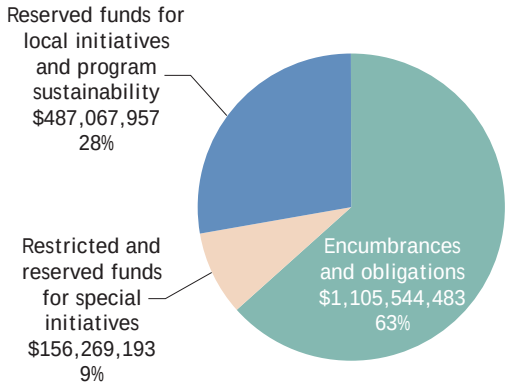


Exhibit 8-11 shows that County Commissions had set aside 28% of their total committed funds for local initiatives and long-term program sustainability. These funds, along with encumbrances, obligations, and restricted and reserved funds, make up the total amount of committed funds County Commissions reserved for future years to enable their work on behalf of the state's children and families to continue.

Finally, County Commissions also had $223,335,092 in uncommitted funds available to fund future local programs and initiatives.

CONCLUSION

In summary, First 5 California funding has enabled County Commissions to invest in young children during the most critical period (birth to age 5) of their cognitive, social, and physical development. These investments have reached many of California's young children. Close to 34 million young children, parents, and other family members received services or information through First 5 programs in fiscal year 2005-06; about 4 million of these people received direct services, and nearly 30 million were reached through community outreach activities. The majority of funding for programs (61%) has been used to provide direct services to children and families, such as preschool classes, preventive health services, and parenting education. Many of the services were provided to parents, together with their children or separately, encouraging and helping parents as their children's first teachers. Significant investments (14%) also have been made in activities to further develop the skills and resources of service providers and teachers so that they can provide higher-quality child care and education, as well as other services, to children and their families.

California is an extremely diverse state, with families who have different income levels, come from different ethnic and cultural backgrounds, and speak different languages. First 5 County Commissions have funded programs that help these families to care for their children and promote their optimal development.

Programs have been successful at reaching out to culturally and linguistically diverse populations and to families with children with disabilities and other special needs.

- The children served by First 5 programs were diverse: 65% Latino, 19% white, 6% African-American, and 4% Asian/Pacific Islander. Six percent of children served were identified by their parents as belonging to other racial or ethnic groups.
- More than half (56%) of the children served by First 5 programs spoke a primary language other than English; 52% of the children spoke Spanish, and 4% spoke another language.
- Approximately 6% of all children served by these programs were identified as having a disability or another special need.

First 5 California and County Commissions are funding many of the major organizations that make up the system of care serving young children and are encouraging them to coordinate and collaborate with each other. The organizations funded most frequently were nonprofit community agencies, school districts and schools, private medical organizations, departments of health, other education organizations, and family resource centers. Almost all organizations funded by First 5 reported providing information on and making referrals to other community resources and services and providing parenting education to their program participants. Other types of services were associated more with certain types of agencies.

These investments have funded 2,038 programs to promote family support, early care and education, and child health. Many of the activities—provided through direct services, community strengthening efforts, provider capacity building and support, and infrastructure investments—were part of larger efforts to improve systems of care for young children and their families. These activities were efforts to fill service gaps, make services more accessible and family friendly, reach out more effectively to diverse and often underserved communities, and improve the quality and effectiveness of services. Some County Commissions funded special programs to coordinate or augment other programs' efforts through evaluations, civic engagement efforts, and interagency collaboration and planning.

Thus, First 5 is supporting a comprehensive set of services by funding multiple types of organizations that offer a range of services and that help families link to services at other agencies through referrals. Many First 5 programs focus on children most at risk of not having access to the services and supports needed for their optimal early development.

All of these efforts and investments are helping communities to better support families, families to better support their children's optimal development, and children to be more successful when they begin school and in later life.

9 County Commission Individual Summaries

This chapter presents a summary profile of the goals, activities, and accomplishments of each County Commission. SRI International prepared and the County Commissions approved 43 of the 58 profiles; the remainder were prepared by the individual County Commissions. Each profile gives an overview of the priorities of the County Commission during fiscal year 2005-06, primary activities and programs, efforts to promote equitable access and outcomes, and highlights of funded programs. Some profiles include local stories about children and families whose lives were affected by First 5 programs. Each profile also contains fiscal information, including revenues, expenditures, and beginning and year-end fund balances, as well as data on the population and ethnicity of children ages 0-5 in the county.

Most of the information in the profiles came from narratives that the County Commissions submitted to SRI International as part of their annual report forms. The exceptions are the data on the number and ethnicity of children ages 0-5, which came from the State of California Department of Finance, and the data on the number of births, which came from the State of California Department of Health Services.

County Commissions submitted fiscal information in a form that may differ from that used for some local audits. Also, for some County Commissions, to conform to statewide reporting requirements, adjustments were made to last year's year-end fund balance so that the annual report correctly represented their balance at the end of 2005-06. The adjustments also included committed funds that were cancelled during the fiscal year, as reported by the County Commissions. A footnote appears under the fiscal information for County Commissions with such adjustments.

Additional information about the individual County Commissions is posted on the First 5 California website (www.ccfc.ca.gov), including links to County Commission websites.

Alameda County

Commission Priorities

Alameda County is characterized by a richness of diversity and culture, marked disparities in health outcomes, and a high cost of living. In 2005, there were 20,844 births to Alameda County residents at county hospitals. Latinas (73.8 per 1,000) and African-Americans (63.8 per 1,000) have the highest teen birth rate in Alameda County (37.7 per 1,000). Nearly half of the births in 2000 were to mothers born outside the United States. The county receives a high volume of domestic violence calls, and more than 21,000 children are reported to the Child Abuse Hotline each year.

Early care and education providers earn low wages and experience high turnover in an environment with limited professional, educational, and income growth opportunities. Sixty-seven elementary schools are low-performing, including 42 in Oakland and 16 in Hayward. The 2005 kindergarten cohort included speakers of 32 languages other than English. The county's provider community does not reflect the cultural and linguistic diversity of the families. A total of 2,175 children ages 3-5 are enrolled in special education, with the largest concern being speech and language impairment.

The priorities of First 5 Alameda County Every Child Counts (ECC) include providing prevention, early intervention, treatment, and support for families identified as at risk; improving the quality of child care; preparing children and families for school; and sustaining positive impact on families by changing systems and enhancing community capacity.

Primary Activities and Programs

ECC provides community-based prevention activities, early intervention services, and intensive support for families at risk. Programs include postpartum home visiting and intensive family support for families at risk of entering the child welfare system.

- The ECC Specialty Provider Team (SPT) provided support for mental health, child development, and lactation. Numerous ECC programs provided child development screening, early identification, and parent support for

POPULATION	
Total births (2005)	20,902
0 to 5 population (2005)	122,278

ETHNICITY OF CHILDREN 0-5	
African-American	13.0%
Asian/Pacific Islander	23.8
Latino	31.9
Native American	0.5
White	24.8
Other	6.0

FISCAL	
Total Net Assets, July 1, 2005	**$52,872,747**
Committed Funds	51,965,329
Uncommitted Funds	907,418
Total Revenues	**$25,252,925**
First 5 Monthly Disbursements	18,704,657
Other First 5 Funding (Including SMIF)	2,517,637
Non-First 5 Funding	3,138,163
Interest	892,468
Expenses	**$(23,317,496)**
Total Net Assets, June 30, 2006	**$54,808,176**
Committed Funds	53,867,488
Uncommitted Funds	940,688

children at risk of developmental delays. An average of two postpartum home visits were provided to 1,987 newborns and their families in fiscal year 2005-06. At the last home visit, 98% of these children had an identified primary pediatric provider and 96% had health insurance. More intensive follow-up was provided to 118 families, who received up to 10 home visits. Hospital Outreach Coordinators completed 1,709 newborn referral forms to maintain enrollment in Medi-Cal for up to 1 year and referred 611 moms to the ECC SPT for maternal depression, child development, substance use, lactation support, and early childhood mental health issues.

- Special Start programs served 663 medically fragile and socially at-risk infants discharged from the neonatal intensive care unit. At the first home visit, 60% of the mothers were breastfeeding, and of those, 46% continued to breastfeed for more than 6 months. Almost all (97%) of Special Start 1-year-olds were screened at least once for developmental issues. Every child had an identified primary pediatric provider, and 96% had the appropriate number of well-child visits at the last home visit.
- Teen programs provided support services for 755 parenting teens and their infants. 52% of teens have remained in school or have graduated while receiving services. 51% of teen mothers were breastfeeding; of those, 46% breastfed for at least 6 months.
- Another Road to Safety (ARS) provided up to 1 year of home-based prevention and early intervention services to 135 children and pregnant women who had a call placed to the Child Abuse Hotline. 71% of ARS clients received developmental screenings, and 27% were found to have at least one area of concern. At their last home visit, 98% of ARS clients had health insurance, and 97% were up-to-date on immunizations.
- The ECC SPT provided consultation, direct services, and training on maternal depression, perinatal grief, administration of the Ages & Stages Questionnaire, and child development topics for family support providers. SPT mental health specialists linked providers and families with new Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) certified agencies for home-based mental health services.
- Healthy Steps Child Development Specialists (CDSs) provided developmental screening, parenting support, and referrals to community resources for 314 children at three pediatric sites. 61% of 231 children screened for developmental issues scored “of concern” in at least one developmental domain. 26% of all referrals made by the CDSs were for further developmental assessments at the Regional Center, and 35% of referrals were for individualized education programs.

Support, consultation, and training for providers enhance the quality of child care. ECC, working together with community colleges and local Resource and Referral Agencies (R&Rs), enhanced the quality of child care through comprehensive programs, including teacher training and stipends, relationship-based technical assistance for child care programs, facility grants, on-site mentoring, and child care mental health consultation and other inclusion efforts.

- The Child Development Corps awarded 1,505 stipends to child care providers and sponsored 10 trainings in English, Spanish, and Chinese on using the Early Childhood Environment Rating Scale. Corps members returning from participation in previous years increased from 59% in 2001 to 90% in 2005.
- The Quality Improvement Initiative (QII) provided relationship-based training and technical assistance to improve the quality of licensed centers and family child care programs. QII consultants performed environmental assessments of 30 classrooms, developed Quality Improvement Plans, and guided the implementation of improvements. 31 sites received capital grants for quality or facility improvements. 76 new child care slots were created, and 759 slots were enhanced or preserved.
- ECC contracted with three R&Rs and four community colleges to provide career guidance for Corps applicants and to make changes in college curricula. 1,242 students were counseled by professional development coordinators at community colleges; 851 education plans were developed, and 161 providers were trained on completing the Child Development Permit. Career Advocates at R&Rs responded to 1,790 provider requests and trained 56 professional growth advisors.
- Twenty-two experienced child care teachers provided mentoring for 56 providers on classroom environment, classroom management, curriculum development, and assessments. Mentors provided 32 workshops for 524 teachers.

ECC's school readiness programs include literacy promotion, Summer Pre-K Bridge programs, community grants funding for art and music programs, and family community activities. ECC facilitated kindergarten registration by distributing 4,000 school registration requirement flyers in eight languages.

- 187 children without prior child care or preschool experience attended summer camps at 12 sites. Parents attended school readiness workshops. Teachers referred 15 children for developmental screening; all children who scored "of concern" obtained special education services from school districts.
- ECC enhanced literacy strategies through distribution of books by Family Support Services (FSS) providers, convening a literacy network and expanding Reach Out and Read to five additional pediatric sites.

Systems change efforts promote the development of a multiagency system and new Early Childhood Education courses in community colleges, as well as planning for new Early Care and Education B.A./M.A. programs. ECC trainings continued to communicate current best and promising practices to providers and helped organizations look at their work through a new lens.

- ECC collaborated with the local children's hospital and county and community agencies to train 51 clinicians in early childhood mental health, expand the availability of EPSDT providers and coordinate their work with children ages 0-5, support policy development, and integrate maternal depression screening into appropriate programs.
- ECC supported the development of a B.A. minor in Early Childhood Studies at UC Berkeley and Cal State University East Bay, a B.A. in Child Development at Mills College, and an interdisciplinary master's program in Early Care and Education at UC Berkeley.
- Training Connections offered trainings to support delivery of high-quality services and best practices. 1,168 providers attended specialty topic seminars, which focused on child development and emphasized practical and culturally relevant perspectives. 292 providers attended an early childhood mental health series.
- FSS also began to transition two intensive family support ARS programs to Alameda County Social Services Agency for sustainability, using the Title IV-E state waiver.

ECC promotes a systems change focus on "Child Find" (early identification of children at risk for developmental delays). Promoting the development, behavioral health, and school readiness of young children is a cornerstone of ECC's strategic plan.

- Early identification of young children with developmental concerns requires a systemwide strategy of collaboration with multiple providers. ECC began enhancing a system of screening, assessment, referral, and treatment by emphasizing the importance of early identification through training and consultation, using standardized screening tools, and developing referral pathways for children who scored "of concern."
- Training and consultation efforts included holding quarterly trainings for more than 50 pediatric providers on child development and social-emotional issues and focusing all specialty topic trainings on child development. Three pediatric practices with the state Medi-Cal Managed Care Division piloted standardized concerns. Several community grants were awarded to provide treatment services for children with developmental concerns and to support parents in navigating the complex treatment system.

Promoting Equitable Access and Outcomes

All ECC contracts require agencies to comply with the National Standards for Culturally and Linguistically Appropriate Services. ECC provided ongoing technical assistance to contractors and grantees to comply with the standards.

Cultural Access Services (CAS) provided interpreters for 709 families speaking 18 languages for home visiting programs and also offered two trainings to 32 bilingual providers on the legal, ethical, and technical issues of interpretation. Training Connections included panels with

speakers who addressed most training topics from different cultural perspectives. Two community colleges successfully developed Early Care and Education programs for English learner students.

Community grantees met the needs of historically underserved populations by providing bilingual labor coaching at Asian Health Services, domestic violence services at the Korean Community Center, support for Black Adoption, and services for homeless families and children with special needs. All grantees served a total of 2,040 children with special needs and referred their families to necessary community resources for further assessment or treatment. ECC supported R&R inclusion specialists to help 194 families and 197 providers access special-needs resources. Grants totaling $1 million improved the quality of child care programs serving 116 children with special needs, 800 low-income families, and 481 children with home languages other than English.

Program Highlights

Asthma Start reduces hospitalizations and emergency room (ER) visits, and promotes families' self-management of asthma episodes. Alameda County children ages 0-5 have the second highest rate of asthma hospitalizations in California, at 668 per 100,000. The Healthy People 2010 objective for that age group is 250 per 100,000. Asthma Start, a program coordinated between Children's Hospital & Research Center Oakland (CHRCO) and Alameda County Public Health Department, addresses this issue through hospital-, clinic-, and home-based services.

Through this program, 173 children hospitalized for asthma at CHRCO received inpatient asthma services and one-on-one counseling using interactive video games and CDs. Education topics included asthma triggers and reduction strategies, asthma medication use, and using community resources. Individualized asthma care plans addressed asthma self-management, medical home referrals, and smoking cessation programs for parents. Follow-up phone calls assessed families' compliance. As a result, hospital-based pediatricians consistently wrote orders for patient education prior to discharge. Of children seen in the hospital, 88% were not rehospitalized in the 3 months following discharge; 67% did not have an ER visit.

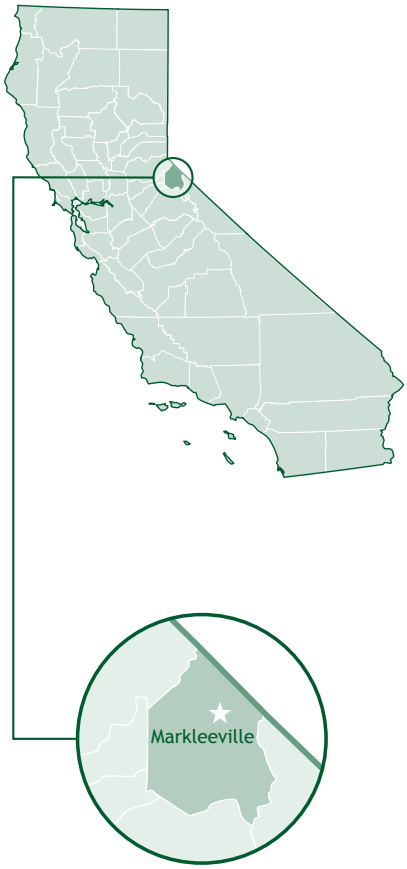
CHRCO also has an Asthma Start clinic for families referred from community providers. In 2005-06, 106 families received clinic services and a 6-month follow-up phone call.

The home visit program served 207 children, who received up to three home visits. Services included an initial asthma and environmental assessment. Asthma assessments focused on health insurance status, medical home, immunizations, and enrollment in preschool for children ages 3-5. Referrals were made to community resources based on needs. Environmental assessments identified asthma triggers and provided education on asthma prevention and proper use of medication. Families received supplies to reduce triggers. Prior to enrollment, 41% of the children in the home visit program had had a hospitalization within 6 months, and 54% had had an ER visit. Six months after the visits, only 7% of the same children had been hospitalized and 22% had had an emergency room visit for asthma.

Local Story

Marcia, a single parent with two children, was referred to the ARS program from the Social Services Child Abuse Hotline. Six previous referrals on her children had been made for physical, emotional, or sexual abuse. Marcia was exposed to domestic violence and abuse as a child and lived with a disabled aunt after her parents kicked her out of their home. She wanted more for her children and agreed to participate in ARS. When the ARS Family Advocate visited the home, she was concerned about Angela, a 3-year-old, who looked sad and watched a lot of television. She referred the family to the Lawrence Hall of Science parent-child classes. Angela had problems relating to the other children appropriately and was very difficult to understand. Angela scored "of concern" in gross motor and communication skills on the ASQ. The ECC Child Development Specialist made a home visit, gave Marcia suggestions to support Angela's speech development, and made referrals to Head Start and community-based developmental playgroups. Marcia has agreed to attend therapy sessions at La Familia Counseling Service. With the ECC-coordinated support of the Family Advocate and the Child Development Specialist, Marcia was able to connect with services and keep her family together.

Alpine County



Alpine County

Commission Priorities

Alpine County lies along the crest of the central Sierra Nevada Mountains, south of Lake Tahoe and north of Yosemite. With the smallest full-time resident population of all California counties and a lack of major employers, Alpine County has a limited economic base to support service providers and other businesses. The county has no grocery stores, shopping centers, or banks; media and communication services are limited; and there are no resident full-time physicians or dentists. To obtain basic services, residents must travel significant distances over narrow, winding mountain roads.

First 5 Alpine has determined that young children and families need (1) more high-quality early care and education services for children ages 0-5, with a particular need for full-day care for infants and services for children with disabilities and other special needs; (2) a larger, stable, professionally trained early childhood workforce; and (3) more accessible medical and dental care. In order to address these needs, First 5 Alpine adopted three funding priorities in its 2005-2007 Strategic Plan: (1) school readiness, (2) health, and (3) child care and family support.

Primary Activities and Programs

The Early Learning Center enhances school readiness through access to preschool and support for families. Providing high-quality preschool services for 3- to 4-year-olds is a priority for First 5 Alpine. Both the infant and preschool programs of the Early Learning Center are at full enrollment, and more resources are now available to serve children with disabilities and other special needs. The Early Learning Center provides "preschool for all" funding for those who attend regardless of socioeconomic factors. Transportation is provided for those in need attending the preschool program. Monthly educational parent meetings also facilitate communication between families and staff. After participation, parents reported engaging more often in home literacy activities, such as reading to their children and singing songs. Approximately 22 children participated in the preschool program, with measurable improvements in cognitive, social-emotional, language, and physical development observed by classroom teachers.

POPULATION	
Total births (2005)	15
0 to 5 population (2005)	62

ETHNICITY OF CHILDREN 0-5	
African-American	0.0%
Asian/Pacific Islander	0.0
Latino	1.6
Native American	33.9
White	61.3
Other	3.2

FISCAL	
Total Net Assets, July 1, 2005	**$315,332**
Committed Funds	315,332
Uncommitted Funds*	0
Total Revenues	**$428,588**
First 5 Monthly Disbursements	12,151
Other First 5 Funding (Including SMIF)	406,699
Non-First 5 Funding	0
Interest	9,738
Expenses	**$(338,649)**
Total Net Assets, June 30, 2006	**$405,271**
Committed Funds	405,270
Uncommitted Funds	1

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

Coordinated efforts improve access to health care and to services for children with disabilities and other special needs. Alpine County offers health programs through its Department of Health and Human Services. When the Child Welfare Services agency determines that an at-risk child who is age 0-5 requires emergency medical care, First 5 Alpine can provide financial assistance. A public health nurse in the Early Learning Center conducts developmental, medical, and dental health assessments of children, resulting in a 50% increase in the number of children who receive comprehensive screenings. First 5 Alpine facilitated the implementation of a collaborative community system to identify children at risk, assess needs, and coordinate the delivery of developmental, emotional, and physical health care services to eligible children with disabilities and other special needs. The school readiness coordinator works with families to coordinate assessments, home visits, and direct services. Five children were identified and provided with speech and language services in a preschool setting, and a kindergarten teacher noted that children who attended the Early Learning Center were more likely to have speech difficulties identified early, to have received intervention, and to have arrived at kindergarten with better verbal skills.

First 5 Alpine enhances access to high-quality child care and family support services. First 5 Alpine provided start-up funding for the Early Learning Center in 2003, increasing access to high-quality child care programs and providing ongoing child development assessment for children in Alpine County. It is the primary child care facility in the county, providing services to almost 50 children under age six in the Markleeville/Woodfords region. First 5 also provided support for the development of a child care facility in the Bear Valley region, which previously had no child care services for children ages 0-5. Previously only available seasonably, the Bear Valley program is now open year round. The two facilities are centrally located to serve their respective regions. However, sustainability of the county's preschool/child care centers is an issue, with costs exceeding revenue.

Promoting Equitable Access and Outcomes

Alpine County has approximately 1,200 full-time residents living in five geographically isolated communities. Twenty percent of the population and 45% of school children are Native American, belonging to the Southern Band of the Washoe Tribe. Because there is little economic incentive for health and human service providers to locate in Alpine County, the general population is underserved. Families living in Bear Valley and Kirkwood are

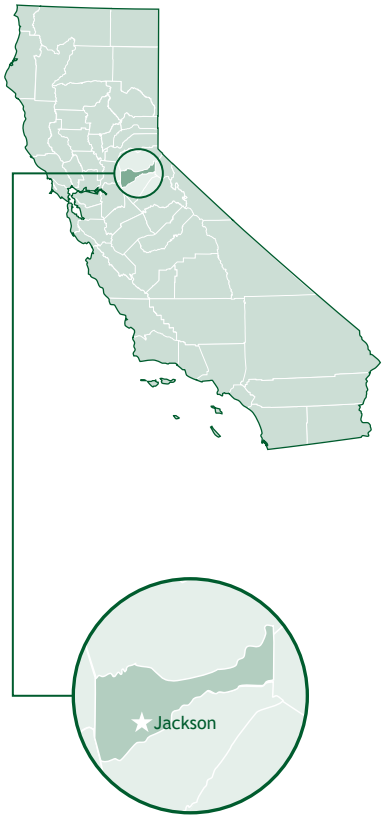
particularly isolated by severe winter weather. The Early Learning Center improves access by providing a one-stop facility where children can receive coordinated services across multiple disciplines, including services for children with disabilities and other special needs, and families can attend community events and use the early learning lending library. In addition, through outreach and communication with First 5 Alpine, tribal members are more involved in communicating how best to address the needs of Native American children and families.

Program Highlights

Early Learning Center supports young children while meeting the needs of parents. Where there previously were no services for infants, the Infant Program now supports the development of children 8 weeks to 2 years, helping prepare them for preschool and kindergarten. A variety of activities support sensory, motor, and cognitive development; and help toddlers gain self-help skills. Transition activities assist children as they enter preschool. Professional development services and scholarships enhance staff's ability to provide high-quality early learning experiences. The program offers parenting courses and connects them to community resources. The program conducts developmental assessments of children regularly so their developmental progress is monitored over time.

The Bear Valley Drop In program supports families and enhances children's school readiness. Bear Valley Drop In is a nonprofit school readiness program, serving children ages 0-5 and meeting the needs of working families desiring high-quality child care. Approximately 24 children ages 0-5 participated in a year-round program with developmentally appropriate activities to promote healthy social-emotional, cognitive, physical, and language development. Parents reported increases in children's expressive and receptive language, and positive social interactions after participating in the program. During fiscal year 2005-06, four children successfully transitioned to kindergarten after attending Bear Valley Drop In.

Amador County



Amador County

Commission Priorities

Located in the foothills of the Sierra Nevada Mountains, Amador is the smallest rural county by area in California. Although the population of the county is predominantly white, the Latino population has increased significantly in recent years. Children ages 0-5 make up nearly 5% of the county's population. Amador County lacks some of the infrastructure necessary to support families with young children, and residents often seek employment and services, particularly health care, in neighboring counties.

In 2004, First 5 Amador and its partners assessed community needs and developed a strategic plan with the following goals and focus areas: (1) Child Care: increase, improve, and enhance affordability and quality of child care for families with children ages 0-5; (2) Family Safety: work to eliminate family violence and its impact on families with children ages 0-5; (3) Health: increase access to medical and dental services for families with children ages 0-5; (4) School Readiness: prepare children to enter school with skills for success in life. To meet these goals, the County Commission funds a variety of strategies, including home visiting, parent education, family resource centers, mobile services, domestic violence prevention, and community-building approaches.

Primary Activities and Programs

Professional development of early care providers promotes high-quality child care. First 5 Amador partnered with the Amador Child Care Council, HRC Child Care Resources, and other stakeholders to establish the Amador CARES program. CARES provides stipends to support the training and retention of family and center-based child care providers. During fiscal year 2005-06, 27 early care and education providers received CARES stipends, averaging $1,600 per provider. The program also trained 53 preschool teachers on working positively with children with difficult behaviors and on working with parents to better support their children at home. The CARES program provided an additional 32 trainings on special topics to 107 providers.

POPULATION	
Total births (2005)	288
0 to 5 population (2005)	1,636

ETHNICITY OF CHILDREN 0-5	
African-American	0.1%
Asian/Pacific Islander	2.1
Latino	16.4
Native American	3.4
White	72.6
Other	5.4

FISCAL	
Total Net Assets, July 1, 2005	**$862,163**
Committed Funds	811,338
Uncommitted Funds*	50,826
Total Revenues	**$508,547**
First 5 Monthly Disbursements	259,234
Other First 5 Funding (Including SMIF)	191,002
Non-First 5 Funding	38,738
Interest	19,573
Expenses	**$(587,990)**
Total Net Assets, June 30, 2006	**$782,720**
Committed Funds	624,053
Uncommitted Funds	158,667

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

First 5 Amador keeps families safe from abuse and neglect. First 5 Amador partnered with the Victim Witness Program to contract with local attorneys to provide legal assistance to victims of family violence. Families received vouchers to cover the cost of legal services provided by participating attorneys. During fiscal year 2005-06, 25 children ages 0-5 and their siblings received legal services, including restraining and immediate child custody orders.

Programs support families' health, nutrition, and physical activity. The Baby Welcome Wagon Program conducted home visits with 121 families. Paraprofessional home visitors, supervised by an Amador County public health nurse, provide families with the Kit for New Parents, informational videos, and insurance enrollment assistance. Home visitors also connect families with needed health and social services. Amador County's family resource centers provide a wide range of services to families with young children, including nutrition and fitness classes, tobacco cessation programs, toddler playgroups, and Healthy Families insurance enrollment assistance. In 2005-06, more than 900 parents and caregivers received these services, and Amador County family resource centers had more than 1,000 visits from children ages 0-5.

First 5 Amador's programs are preparing children for kindergarten. Children without prior preschool experience participated in a First 5 School Readiness Initiative kindergarten transition program and parent education programs. The kindergarten transition program includes a parent education night at each elementary school in the county, a kindergarten readiness assessment conducted during school enrollments, the 4-week Bridge Program, and a family night. First 5 Amador also is participating in the formation of the newly licensed Amador Cooperative Preschool by covering the cost of rent and by providing scholarships for families who are unable to pay for tuition.

Promoting Equitable Access and Outcomes

Underserved populations in Amador County include Latino and low-income families and those who are geographically isolated in areas with minimal services. First 5 Amador is implementing innovative approaches to reach families in their communities, including family resource centers, home visiting programs, mobile services, and partnerships with neighboring counties. For example, First 5 Amador partners with the Amador-Tuolumne Community Action Agency's Family Literacy Program to provide comprehensive family support services in previously underserved areas on the county's border. The Mobile Outreach weekly playgroup, a school readiness program, serves parents, caregivers, and children ages 18-36 months in five areas

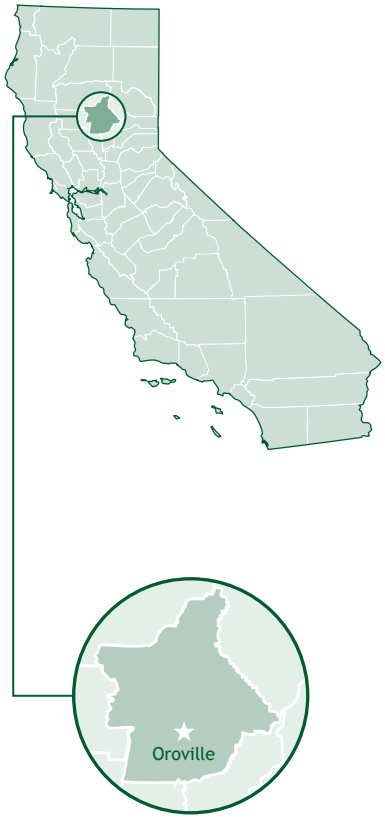
of the county. In addition to informal playgroups, this program offers education about oral health, family literacy, health insurance enrollment, nutrition education, and immunizations. Given the rural nature of the communities the Mobile Outreach program serves, playgroups provide a comfortable and safe meeting place for parents while allowing their children to gain developmental and social skills and participate in early education activities. During fiscal year 2005-06, 150 children participated regularly in the program.

Program Highlights

First 5 Amador School Readiness Program supports early identification and screening of young children. First 5 Amador partnered with Amador County Unified School District's Department of Special Education to provide developmental screenings and assessments during kindergarten enrollment activities at elementary schools in the county. An additional screening event was offered at the district's office for families who were unable to attend the earlier sessions. Twenty-two professionals from the district's special education department screened 98 children (37% of the county's entering kindergartners), using the Developmental Indicators for the Assessment of Learning, Third Edition (DIAL-3) assessment tool. Children requiring follow-up services were referred to the Family Literacy Program, Head Start, Healthy Families insurance, Child Protective Services, or speech and language services.

Kindergarten Bridge Program introduces children and families to their schools and develops children's readiness for school entry. The Kindergarten Bridge Program, as part of the county's School Readiness Initiative activities, served 61 children and their families at four elementary school sites in summer 2006. Priority enrollment was given to students without preschool experience, children with disabilities and other special needs, and those recommended by early care and education providers. First 5 Amador hired kindergarten teachers and aides through the Amador County Unified School District and Head Start. The curriculum included activities aimed at developing children's social skills; letter, shape, and color recognition; fine motor skills; and basic math skills.

Butte County



Butte County

Commission Priorities

Butte County, "Land of Natural Beauty and Wealth" in the northeastern Sacramento Valley, has four incorporated cities, including Chico. However, 51% of the population reside in unincorporated land. The multiethnic, multilingual population of just over 214,000 face many challenges, including social and geographic isolation; low rates of breastfeeding initiation; and high rates of childhood obesity, infant mortality, child abuse, and asthma. These are coupled with inadequate access to medical and dental insurance and to infant mental health services. Twenty-eight percent of children ages 0-5 live in poverty, and the rate of children in foster and kinship care is high. Substance abuse is a growing problem, with 233 reports of drug endangered children. Butte County ranks third statewide in the number of children detained from methamphetamine laboratories.

The Butte County Children and Families Commission's strategic plan prioritized the following goals for funding: (1) children are born healthy and remain healthy and well nourished; (2) early care and education providers are competent, qualified, and remain in the profession; (3) children are ready to enter school and progress successfully; and (4) families are nurturing and supportive of their children's social and emotional health.

Primary Activities and Programs

Clean Start, Healthy Beginnings supports healthy pregnancies. Clean Start, Healthy Beginnings (CSHB) aims to identify, treat, and provide continued support for pregnant or parenting mothers with or at risk for substance abuse problems. Since its inception, CSHB has provided medical and psychosocial case management to 523 new mothers in a day treatment and aftercare program, provided developmental screenings to 201 children and referred 144 of them for additional assessments or services, and connected 134 families who were using emergency rooms as their source of health care with regular medical homes. The CSHB program also trains hospital staff and community agency health professionals to identify substance abuse in pregnant or parenting women and refer them for appropriate services. The program developed a video, "Just Ask," to inspire health care professionals to reach out with compassion and resources

POPULATION	
Total births (2005)	2,451
0 to 5 population (2005)	13,377

ETHNICITY OF CHILDREN 0-5	
African-American	2.5%
Asian/Pacific Islander	6.4
Latino	23.6
Native American	3.6
White	58.1
Other	5.9

FISCAL	
Total Net Assets, July 1, 2005	**$6,745,540**
Committed Funds	6,511,167
Uncommitted Funds*	234,372
Total Revenues	**$2,923,155**
First 5 Monthly Disbursements	2,065,193
Other First 5 Funding (Including SMIF)	226,900
Non-First 5 Funding	345,434
Interest	285,628
Expenses	**$(2,821,855)**
Total Net Assets, June 30, 2006	**$6,846,840**
Committed Funds	6,680,331
Uncommitted Funds	166,508

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

to patients they suspect of drug or alcohol abuse. The video is so successful that CSHB sells it to help sustain the program. Finally, all 30 pregnant mothers who received comprehensive case management over the past 2 years delivered babies free of alcohol and drugs.

Communities Accessing Responsive Services (CARS) decreases recurrence rate for child maltreatment. When families have been referred to Children's Services but do not need the level of intervention required to open a case or initiate court action, CARS provides integrated, preventive case management services emphasizing basic needs. Using strengths-based strategies, a Family Support Worker assists in family skill building and advocacy. Family intake interviews indicated that the most pressing needs were shelter, rent, and school problems, and that half were unaware of relevant community services. Follow-up interviews showed families moving toward stability, with the largest changes in family relations, youth education, shelter, transportation, adult education, and income. The repeat referral rate to Children's Services for children whose parents participated in CARS was 3.8%, compared with 8.4% for those who were referred to CARS but did not participate.

Butte County school readiness programs support children, families, and providers. These collaborative programs involve 5 schools, more than 40 community and public agencies, and several community members. In 2005-06, the programs supported parents through multilingual parent education and resource materials at 11 community sites and more than 20 parent/family meetings at the 5 school sites. To support children's successful transition to kindergarten, an Annual Kindergarten/Preschool Round-Up provided 420 children with backpacks filled with school supplies, activity books, and school preparation information for parents; and three Kinder Camp programs were conducted. Early care and education (ECE) providers received more than 100 site visits and other training from a Support Services Team of specialists in health, language and communication, social-emotional development, and behavioral health. The first annual School Readiness Summit brought training and networking opportunities to providers within School Readiness communities. In addition, the Comprehensive Approach to Raising Educational Standards (CARES) program provided 333 stipends, totaling $421,500, to ECE providers who increased their education and training.

Promoting Equitable Access and Outcomes

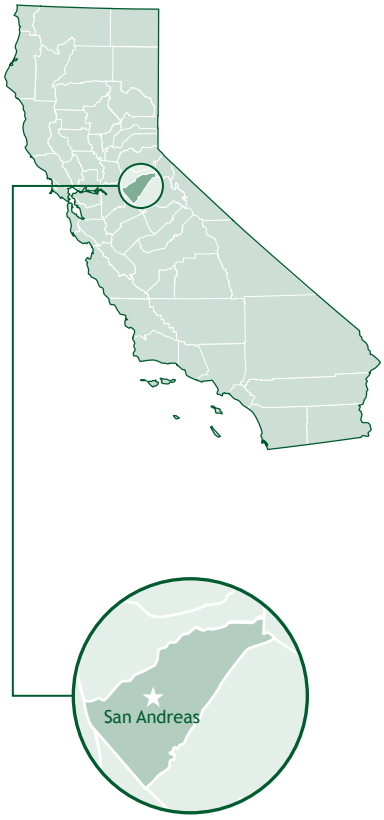
The historically underserved groups in Butte County include the Latino and Hmong communities, geographically isolated families, and fathers. First 5 Butte funds grantees that are sensitive and responsive to culturally and linguistically diverse needs. The dental and nutrition/fitness program grantees work to engage and serve Hmong and Latino families, including translation of materials into parents' native languages. A parent support program successfully implemented a mentor program for fathers. These strategies have increased access to and quality of services for these populations.

Program Highlights

Teaching Recovery and Care for Kids (TRACK) enhances child outcomes through parent education and support. Offered to pregnant or parenting women, TRACK is a 90-day residential drug and alcohol treatment program of Skyway House. Women may bring up to two children ages 0-5 to live with them during their stay. Activities include group and individual counseling, referral to well-baby programs, and Life Skills classes designed to support successful transitions. Once a resident completes the program, she is eligible for housing in a semistructured transitional home. During the first 2 years of the program, 100% of the 10 women who were pregnant upon entering the program gave birth to babies free of alcohol and drugs.

Children's Dental Project improves oral health of children without access to dental care. The Children's Dental Project (CDP) sets the stage for a lifetime of dental health by reaching children early with oral health education, dental services, and service coordination. Educational materials are available in English, Spanish, and Hmong. In November 2005, CDP held a conference to address problems in pediatric dentistry and promote the skills needed to work on children. Fifty-four dental professionals attended, and CDP recruited 7 dentists for its rotational system. In fiscal year 2005-06, 146 children were screened at 7 preschools. More than 90% of the children received dental services and case management; 74 children received services at the clinic, 12 were treated by dentists on the rotational system, and 24 received surgery.

Calaveras County



Calaveras County

Commission Priorities

Socioeconomic needs represent one of the greatest areas of concern in Calaveras County. Many families are "working poor" and need services such as child care, family support, and health care but are unable to pay for them. Geographic isolation, long commutes, lack of local services, and lack of awareness about available services make it difficult for families to promote the health and well-being of young children. A growing population base further complicates access to limited services.

To address these needs, First 5 Calaveras focuses funding on (1) strong families, (2) children learning and ready for school, (3) healthy children, and (4) service integration and collaboration.

Primary Activities and Programs

First 5 Calaveras implements a new countywide effort of coordinated School Readiness (SR) activities in 2005-06. On the basis of evaluation findings from the first two years of SR funding, activities were targeted to the specific needs of three sites. SR services to families included home visits, distribution of the Kit for New Parents, mobile outreach to child care providers, mental health support, library-based storytelling hours, and monthly play-groups. Early literacy resources were accessed by 260 parents of 229 children. Eighteen families (50% of whom spoke Spanish as their primary language) received home visits. In addition, the newly hired SR coordinator introduced the Raising A Reader (RAR) program, which was implemented in Head Start-State Preschools, through Early Head Start home visiting, and in kindergarten bridge activities and a new adult ESL-Spanish-speaking playgroup. All participating families reported an increase in frequency or length of time reading to their children as a result of RAR. SR programs also collaborated with Calaveras County's CARES program to promote the professional development of early care and education providers.

POPULATION	
Total births (2005)	371
0 to 5 population (2005)	2,133

ETHNICITY OF CHILDREN 0-5	
African-American	3.7%
Asian/Pacific Islander	0.5
Latino	14.3
Native American	2.1
White	75.7
Other	3.8

FISCAL	
Total Net Assets, July 1, 2005	**$953,808**
Committed Funds	785,531
Uncommitted Funds	168,277
Total Revenues	**$550,686**
First 5 Monthly Disbursements	280,041
Other First 5 Funding (Including SMIF)	238,534
Non-First 5 Funding	621
Interest	31,490
Expenses	**$(712,068)**
Total Net Assets, June 30, 2006	**$792,426**
Committed Funds	792,426
Uncommitted Funds	0

Children's health is improved through dental, nutrition, and car seat safety programs. The Calaveras Children's Dental Project (CCDP) is a response to unmet oral health needs of young children and limited access to pediatric dentistry in the county. CCDP's registered dental hygienists provide on-site screenings, treatment (including cleanings and fluoride varnishes), and education to children enrolled in Head Start-State Preschools, home visiting programs, and private preschool programs. In 2005-06, 346 children ages 0-6 received these services, with 20% of recipients being under age 3; 89% of children enrolled in Head Start-State Preschools received fluoride varnishes. Second, in response to the serious health threat of childhood obesity among rural children, the Vouchers and Visits program provides weekly home-based one-on-one parent education and nutritional counseling. Families of children ages birth to 5 also receive Mother, Infant and Child Harvest (MICH) vouchers for fresh produce during home visits and at playgroups. The program distributed 5,903 vouchers to families, 85% of which were redeemed. First 5 Calaveras SR partners have also received training to incorporate nutrition information into their activities. Third, the Calaveras Child Safety Seat Program provided car seat education and installation to 108 families of young children and distribution of no-cost car seats to 80% of these families in 2005-06.

Promoting Equitable Access and Outcomes

Poverty and geographic isolation present significant challenges to serving families and children in Calaveras County. County residents tend to identify closely with their own communities. Centralized, countywide activities or systems historically have not achieved a high level of participation, making it difficult to develop a single economic hub or "central core" of services to meet residents' needs. Home visits to families and mobile supports for early care and education providers bring important services to each community. In addition, First 5 Calaveras requires applicants to develop plans for addressing the needs of local Spanish-speaking and culturally diverse groups. In 2005-06, Latino families have increased access to services through a new Latino playgroup and distribution of the Kit for New Parents in Spanish. First 5 Calaveras also co-hosted regional technical assistance trainings to address the needs of the growing diversity in its communities.

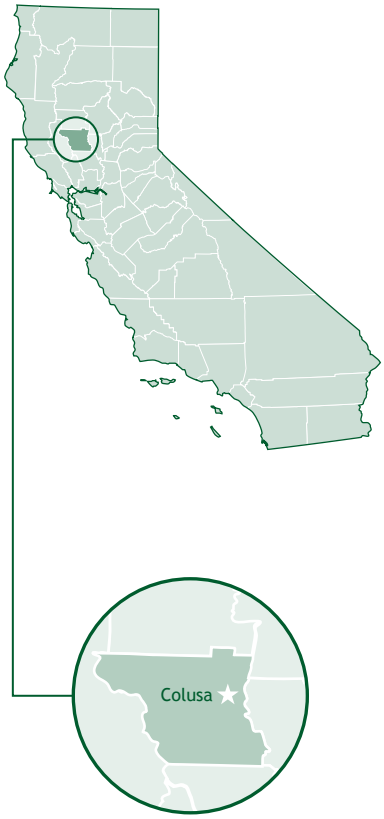
Program Highlights

Calaveras Behavior Intervention (CBI) works with educators and families who have concerns for children displaying behaviors that may impede learning. Using the Boys Town model of behavior support and intervention, CBI, a component of the School

Readiness Initiative, tries to reduce the number of behavioral problems that may get in the way of a child's ability to learn successfully by meeting his or her social-emotional needs. Workshops and an educational handbook address parent and provider concerns and provide knowledge of early development and young children's behavior. Workshops are held in the evenings and Saturdays to accommodate working parents and caregivers, and are provided at locations across the county that house existing Head Start licensed facilities. All participating parents surveyed noted a decrease in children's tantrums and an increase in their own confidence to develop routines and a higher level of predictability in their child's life. Parents also reported increased confidence in their parenting skills after attending the workshop series. Child care providers also reported an increased ability to provide routines and predictability to children in their care. Of children receiving individual consultation, 100% have been retained in child care throughout the program year.

All of Us Together (AOUT) prepares early childhood and kindergarten educators to serve children with disabilities and other special needs in inclusive settings and to support transition to kindergarten. AOUT builds community capacity to improve services for children and families, and provides opportunities to strengthen existing relationships and develop new relationships among community-level service providers. The AOUT team addresses systems integration and collaboration to ensure that local services are seamless, family-centered, and appropriate to inclusion and transition support. Professional capacity to serve children with special needs has increased with the establishment of collaborative approaches to family-centered services and early childhood kindergarten transitions. Development, distribution, and training of early care and education professionals to use the All Children Are Special curriculum also have improved provider capacity to serve young children with disabilities and other special needs.

Colusa County



Colusa County

Commission Priorities

Agriculture is the main industry of Colusa County, and 95% of children whose families work in agriculture live in poverty. At least 20% of the population speak little or no English, and there is a low level of educational attainment among adults. Limited public transportation makes it difficult for families in rural unincorporated areas to access services, which tend to be centralized in the city of Colusa. All of these challenges make it difficult for families to support the optimal health and development of young children.

The First 5 Colusa County Children and Families Commission continues to address the major needs of children and families by prioritizing funding in the following areas: school readiness, parent and provider education on early childhood oral and mental health, transportation, access to health care and insurance, and high-quality child care.

Primary Activities and Programs

Family Action Center brings a range of services to families through a School Readiness family resource center. The Arbuckle Family Action Center (FAC) reaches out to families with young children, provides key services, and connects families to additional resources in the county. FAC programs focus on social-emotional support for children ages 0-5 and their parents, parenting education, basic needs, adult education, health insurance enrollment, community empowerment, and caregiver support. The FAC also holds community events, such as the third annual Community Health and Safety Fair, attended by more than 700 children and adults. During the summer months, the FAC holds a "Kids Academy" with physical, art, and other activities for children and caregivers. The FAC also has organized groups of parents in some of its isolated communities to work on local projects. FAC staff also conduct home visits to child care providers to connect them with FAC resources and activities. The success of the FAC is evident through the popularity of the programs, many with waiting lists. The success of its first FAC enabled First 5 Colusa to open a second FAC, the Williams Family Action Center.

POPULATION	
Total births (2005)	381
0 to 5 population (2005)	1,937

ETHNICITY OF CHILDREN 0-5	
African-American	0.1%
Asian/Pacific Islander	1.1
Latino	65.4
Native American	2.6
White	28.4
Other	2.4

FISCAL	
Total Net Assets, July 1, 2005	**$1,164,507**
Committed Funds	1,130,218
Uncommitted Funds*	34,289
Total Revenues	**$569,370**
First 5 Monthly Disbursements	286,111
Other First 5 Funding (Including SMIF)	213,401
Non-First 5 Funding	28,856
Interest	41,002
Expenses	**$(564,815)**
Total Net Assets, June 30, 2006	**$1,169,062**
Committed Funds	1,148,546
Uncommitted Funds	20,516

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

Mobile Colusa County Smiles program brings needed oral health services to young children. Starting in April 2005, the Colusa County Smiles oral health project began providing free full-service pediatric dentistry to children ages 0-5 who otherwise were not likely to receive dental care. Services are provided through a mobile dental van staffed by a pediatric dentist and a bilingual dental assistant. Service locations include preschools and child care centers, Family Action Centers, and migrant children's centers. During 2005-06, Colusa County Smiles served 135 children ages 0-5; 72% received cleanings and fluoride treatments, and 28% received more extensive treatments. Families receiving dental services also were offered assistance in connecting to programs for other health care needs.

First 5 Colusa collaborates with other counties to bring health care to all children. The counties of Colusa, El Dorado, Sacramento, Yuba, and Yolo have met regularly since 2002 to create a regional program for covering all children with health insurance, called Healthy Kids Healthy Future (HKHF). HKHF established a Governing Board and has contracted with Health Net, Delta Dental, and Vision Service Plan to provide insurance products for the program. Colusa Healthy Kids, the county's local Children's Health Initiative coalition within HKHF, is in the process of finalizing the outreach, enrollment, utilization, and retention design for Colusa County. This program will facilitate access to a medical home and preventive services for children across Colusa County, and enrollment of children in the program is expected to begin in late 2006.

Promoting Equitable Access and Outcomes

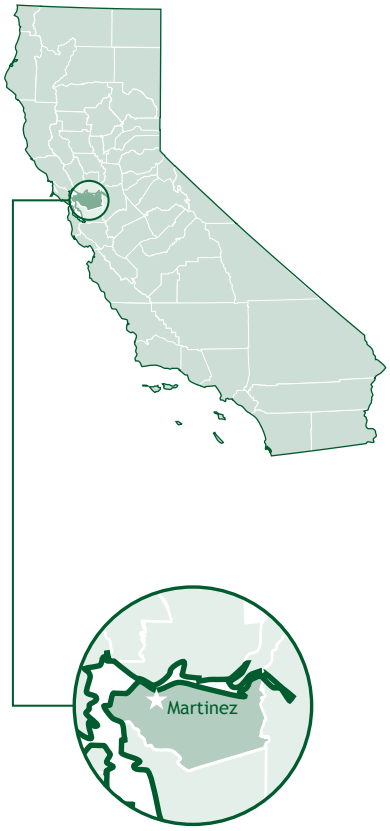
Historically underserved families in Colusa County are those living outside the city of Colusa who are geographically isolated because of the limited public transportation system, and monolingual Spanish-speaking families. To combat transportation barriers, the County Commission funded a mobile dental van and the Out-of-County Medical Transit program, which provides transportation for pregnant women and children ages 0-5 who need specialized services located outside of Colusa County. County Commission programs work to provide services that are linguistically and culturally appropriate. Bilingual staff and translated materials are used in the FAC and other programs to help facilitate access to services for Spanish-speaking families. Kinder Camp and transition programs support the needs of children and families in both English and Spanish.

Program Highlights

ImagiBus promotes early literacy and connects families with needed resources. A mobile literacy project funded by First 5 Colusa, the Colusa County Free Library, and California State Library Literacy Services, the ImagiBus strives to improve child development and family functioning by increasing family literacy. The colorful bus, decorated with pictures drawn by local children, makes 35 stops per month to child care centers, family child care providers, libraries, schools, fairs, and other community events. Children are invited to enjoy story time and other activities and to leave with a new book. The ImagiBus gives out more than a thousand books per month in both English and Spanish. The project helps to develop an appreciation of books and reading at an early age, increases home libraries, and facilitates positive parent-child interaction at home through reading. The ImagiBus also functions as a mobile referral and information center, providing parents with information on Medi-Cal, Healthy Families, the dental van, speech therapy, and other community resources.

Kinder Camps provide transitional support to children and parents as part of the School Readiness Initiative. Approximately 180 children attended Kinder Camp in 2005-06, representing more than half of incoming kindergartners at the five participating schools. Children attend camp in kindergarten classrooms four consecutive mornings, getting to know each other, their teacher, and the daily routines of school. Parents attend a half-day session where they meet the teachers and learn about kindergarten expectations and ways to support their children's learning. All participants receive Kindergarten Transition Backpacks with books, school supplies, and engaging learning materials. After participating in Kinder Camp, 83% of parents believed that the school was "ready" for their children; and 90% were "satisfied" or "very satisfied" with the program. Teachers reported increases in participating children's comfort level and social skills.

Contra Costa County



Contra Costa County

Commission Priorities

Contra Costa County, with more than 1 million residents, is the ninth most populous county in California. The county's 750 square miles comprise varied suburban, industrial, agricultural, and port areas.

Although the median family income in Contra Costa County was more than $73,039 in 2000, 11% of the county's young children live in poverty, and some communities are among the poorest in the state. Children living in these communities face substantial challenges in achieving healthy development and school success and are more likely to experience poor health; isolation by culture, language, and available services; and lack of community safety.

Most young children in Contra Costa County have health insurance, with nearly 20% enrolled in publicly funded health insurance programs. However, the high cost of living puts permanent housing or high-quality child care out of reach for many of the county's families.

The First 5 Contra Costa Children and Families Commission identified the following strategic result areas to ensure that young children reach their greatest potential in school and life:

- Improved child health: Children are healthy.
- Improved child development: Children are learning and ready for school.
- Improved family functioning: Safe, nurturing families and communities.
- Improved systems for families: Collaborative systems to sustain integrated, accessible, and culturally appropriate services.

Primary Activities and Programs

Home visits support at-risk families. First 5 Contra Costa funds in-home education and support programs for expectant parents and children birth to 3 in which trained professionals visit families to provide information about medical insurance, child development, child safety, immunizations, and much more. Services are primarily for families living in targeted at-risk communities. In 2005-06, home visitors served 1,263 families, averaging eight visits per family. More than 9,000 visits were provided. Surveyed families (1) felt more connected

POPULATION	
Total births (2005)	13,143
0 to 5 population (2005)	80,346

ETHNICITY OF CHILDREN 0-5	
African-American	9.8%
Asian/Pacific Islander	10.8
Latino	31.8
Native American	0.5
White	41.5
Other	5.5

FISCAL	
Total Net Assets, July 1, 2005	**$46,705,955**
Committed Funds	38,289,645
Uncommitted Funds	8,416,310
Total Revenues	**$14,658,810**
First 5 Monthly Disbursements	11,453,073
Other First 5 Funding (Including SMIF)	1,170,257
Non-First 5 Funding	7,923
Interest	2,027,557
Expenses	**$(8,569,162)**
Total Net Assets, June 30, 2006	**$52,795,603**
Committed Funds	52,795,603
Uncommitted Funds	0

to their children since receiving home visits (96%), (2) said that their home visitors helped them learn how to get what their families need (91%), and (3) said they feel more comfortable as parents overall since receiving home visits (96%).

First 5 Contra Costa programs improve child care quality. First 5 Contra Costa's new Professional Development Program (PDP) is making it easier than ever before for local early care providers to advance their education and provide higher-quality care for Contra Costa's youngest learners. The program provides scholarships for college classes; financial stipends; free classes, tutoring, and academic advising; and new 4-year degrees.

First 5 Contra Costa awarded 108 scholarships to providers working toward earning their associate degree in child development at community colleges. Nearly 30% of providers received more than one scholarship, and community college instructors reported that classes were full. Also, 136 providers received financial stipends in 2005-06 for advancing their education and training. Contra Costa's three community colleges offered provider-only classes and tutoring to help providers, particularly family child care and Spanish-speaking providers, move closer toward obtaining a bachelor's degree. Each college hired a new academic advisor to work specifically with child care professionals returning to school. Providers received 3,660 hours of tutoring in 2005-06. In fall 2006, California State University, East Bay, with funding from First 5 Contra Costa, will launch two 4-year degrees for early care professionals—the first 4-year degrees in early childhood development to be offered by a public university in Contra Costa County.

Summer pre-kindergarten programs prepare children for school. More than 260 Contra Costa County children started kindergarten more prepared in fall 2006 because of their participation in summer pre-kindergarten programs held at 11 elementary schools. Programs, which ranged from 4 to 6 weeks, were provided to children without preschool experience living in communities with low-performing elementary schools. The programs provided children with an opportunity to meet their future teachers and take tours to familiarize themselves with their new schools. Children identified as needing more assistance were referred to school readiness outreach workers, who visited families at home and provided additional support before school started. The majority of children who attended summer pre-kindergarten programs showed improvements in measures of their social and emotional development, approaches to learning, communication and language use, and fine and gross motor skills.

Family child care provider Jacqueline Jackson is furthering her education, with the help of First 5 Contra Costa, so she can provide higher-quality child care.

Intensive services improve outcomes for children with serious mental health problems. Until 2 years ago, wraparound mental health services were available only for school-age children and adolescents in Contra Costa County. Wraparound services provide a team of professional and informal members to identify a family's strengths and connect them to services and support networks. With funding from First 5 Contra Costa, these services are now available to assist young children struggling with serious mental health problems. Last year, 48 children received wraparound services. These children had experienced severe abuse or neglect or exhibited symptoms of attachment disorder, post-traumatic stress disorder, aggression, or emotional withdrawal. Forty percent of new clients exhibited behaviors that may not allow them to remain in their current housing or school setting. The vast majority (90%) of parents were motivated to improve their parenting skills. In many cases, the county's child welfare agency did not open a reported case or remove a child to foster care specifically because of staff's belief in the effectiveness of wraparound services.

Counseling, case management improve teens' coping, parenting skills. Teen parents attending high school in Richmond are learning to cope with stress and are becoming more confident in their parenting skills thanks to a program funded by First 5 Contra Costa. The program, coordinated by West County's High School Teen Parent Collaboration, provides teen parents with case management; group, couples, and individual counseling; and parenting education. Among the mothers served last year were a 15-year-old with twins, a 14-year-old with special needs, and four young mothers who lost their partners to gang violence within a 3-month period. Of the 84 young women served last year, nearly half completed their high school requirements. Twenty-two of these young women will go on to community college or attend a trade program.

Promoting Equitable Access and Outcomes

Contra Costa County is home to a wealth of ethnic, cultural, linguistic, economic, and geographic diversity. First 5 Contra Costa is inclusive and responsive to the diverse communities in the county and seeks to ensure that children from diverse backgrounds and with diverse abilities have access to high-quality and culturally competent services.

To address the needs and improve outcomes for the county's most vulnerable children, First 5 Contra Costa has invested significant resources to create a continuum of services for families living in targeted at-risk communities. Implementation of programs in these communities involves a linking and layering of several programs, such as home visiting, First 5 Centers, and the School Readiness Program. A recent survey of parents served by these programs revealed that nearly half had participated in at least three First 5-funded services. Nearly half of the families served last year had Medi-Cal health insurance, and 41% earned $25,000 or less annually.

First 5 Contra Costa engages all diverse groups, particularly those who traditionally have been underserved, in defining their needs and finding solutions. Parents actively participated on First 5 Center advisory boards, school readiness transition teams, and volunteer regional groups. Approximately one-third of all participants were monolingual Spanish speakers. First 5 Contra Costa also developed an Equity Action Plan to ensure that First 5 Contra Costa continues to be responsive to the diverse communities of the county.

First 5 Contra Costa also uses culturally and linguistically appropriate outreach strategies, including reaching out to parents of children with disabilities and other special needs and parents who themselves may have disabilities. More than half of the families served by First 5 Contra Costa programs last year spoke only Spanish in the home. In 2005-06, 80 children with disabilities and other special needs received intensive one-on-one support in licensed child care settings, a support group continued to serve parents with disabilities, and more than 300 parents received support navigating the disability service system. First 5 Contra Costa also has made possible new community college classes for Spanish-speaking child care providers to help them advance their education and provide higher-quality care.

Program Highlights

Parent leaders promote school readiness. Last year, 10 "Parent Ambassadors" actively volunteered to distribute First 5 Contra Costa's bilingual early learning kit, Tigo, which encourages parents to talk, play, and read with

Parent Ambassador Lupe Balderas recruits parents to receive First 5 Contra Costa's Tigo early learning kit because Tigo has made such a big difference in preparing her own children for school.

their young children. Tigo is designed for children 18 months to 5 years who are not enrolled in preschool and who live in communities with low-performing elementary schools. The primarily Spanish-speaking parents were so impressed with Tigo and the impact it had on their families that they immediately volunteered to recruit eligible families to receive it. Recruitment occurs virtually anywhere the parents go—at the park, the grocery store, and elementary schools, and in waiting rooms. Since the program began, the Parent Ambassadors have been responsible for recruiting nearly 70% of the families who receive Tigo in Pittsburg.

Program increases support, reduces isolation for parents of children with disabilities and other special needs. In 2005-06, the Contra Costa ARC/CARE Parent Network provided intensive, individualized support to more than 300 parents of children with disabilities and other special needs. Services included training workshops to assist parents in increasing their knowledge and skills and an active Mentor Parent Program, which links veteran parents to those with newly diagnosed young children. Additionally, a newly trained group of Spanish-speaking mentor parents enabled CARE to increase outreach and services to previously underserved Latino families. In 2005-06, 25 families served had more than one child with a disability. According to CARE, this is an unprecedented increase, and its effect on the disability service system has not been recognized or studied. One parent with two autistic sons under age 5 found herself completely isolated 1 year after her first son was diagnosed. After joining a Spanish-speaking CARE support group and meeting with a mentor parent, this mother has taken on an advocacy role for children with disabilities and other special needs within the local school district. Most parents surveyed indicated that they were better able to adapt to their children's special needs and more confident about their ability to get their children what they needed because of the services provided by CARE.

Child care providers learn to care for children with disabilities and other special needs. The Contra Costa Child Care Council's inclusion program helps to make typical child care more accessible for children with disabilities and other special needs. Last year, inclusion facilitators provided one-on-one support to help 80 children with disabilities and other special needs thrive in their child care settings by offering providers useful tips, technical assistance, and special adaptive equipment. Facilitators provided more than 1,250 hours of direct classroom assistance and observation. In one case, a preschool did not know how to care for a 3-year-old recently diagnosed with type 1 diabetes. An inclusion facilitator arranged for a nurse from the Diabetes Foundation to train the preschool staff to perform blood glucose monitoring, provide Glucagon injections, keep diabetes logs, and maintain rapport with the family. Because of the training, this little girl was able to remain in her preschool setting.

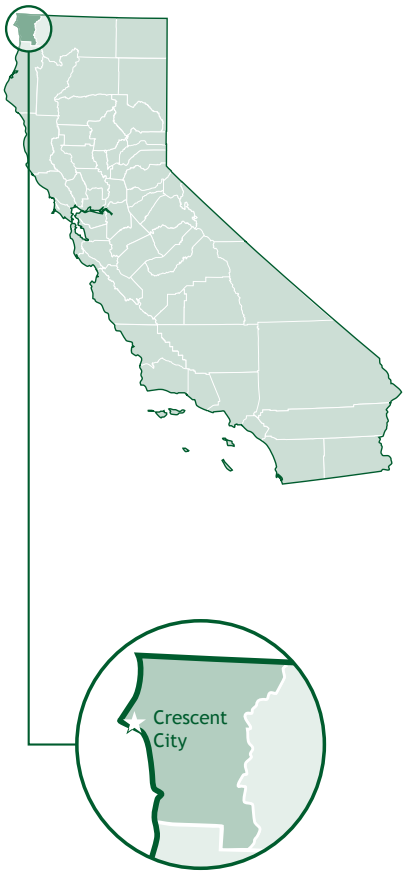
School districts are embracing school readiness and early education. After 3 years of implementing school readiness programs, participating districts and schools are making significant efforts to reach out to children before the first day of school. For example, every participating school has formed a school transition team made up of the principal, parents, teachers, and early care providers to develop transition plans outlining how to reach out to families before school entry. Transition activities have resulted in increased parent voice and participation, districts moving toward a preschool through 12th grade focus, and increased collaboration between kindergarten teachers and on-site preschool teachers. Through programs such as summer pre-kindergarten classes, kindergarten orientations, and enhanced kindergarten registration activities, parents and children are learning more about what to expect in school, and children are having an easier transition to kindergarten.

Local Story

Kara, a young mother participating in the Welcome Home Baby home visiting program, admitted to her home visitor that she had been addicted to methamphetamines and had lost her job, housing, and car because of drug use. She quit using drugs shortly into her pregnancy but had severe cravings and had a fear of relapse for many months.

The home visitor helped Kara get Medi-Cal health insurance. Kara then began seeing a counselor and joined a substance abuse support group. The home visitor worked with Kara to bond with her baby, discussing normal child development and practicing activities to stimulate the baby's emerging skills. She even helped Kara sign up for a library card so she could start reading to her baby. The home visitor referred Kara to her local First 5 Center, where she began attending every event and class held. Located in at-risk communities, First 5 Centers provide parent education and early learning opportunities to help parents care for and nurture their children. Kara said that attending these events helped her to focus on her baby and make connections with other parents. She recently enrolled in a job training program and will soon graduate. Now that her son is almost 2 years old, Kara plans to sign up for First 5 Contra Costa-sponsored school readiness workshops.

Del Norte County



Commission Priorities

Four major funding priorities are outlined in First 5 Del Norte's 2003-06 Strategic Plan: (1) parent education and support services, (2) early childhood care and development (including provider capacity building), (3) access to and utilization of health and wellness services, and (4) integration of services for children and families.

In 2005-06, the County Commission addressed these priorities by providing training and staff support to long-term projects that promote early literacy, family support, school readiness, access to health insurance and care, and educational opportunities for child care providers and preschool staff. The Commission also continued its support for the county's family resource center (FRC).

Primary Activities and Programs

Crescent City Family Resource Center offers parenting education and family support. First 5 Del Norte expanded programs at the FRC, which remains a hub for children's activities, community meetings, and family gatherings. The Commission also funded the expansion of the FRC resource and referral program and developed partnerships with College of the Redwoods and the Redwood Coast Regional Center to create a Parent and Family Information and Resource Library, as well as to provide information and support to parents of children with disabilities and other special needs through its Early Start Connections program. A VISTA outreach worker was recruited to coordinate FRC efforts to increase awareness of community members about services and availability of resource areas, conference rooms, and child development rooms. Surveys of FRC clients indicate that 92% would recommend the program to others, and 51% of parents commented that their children's social skills had improved after participating in FRC classes.

Del Norte Children's Health Initiative Coalition (CHIC) increases access to health insurance and services. In 2005-06, the CHIC developed a new program to provide insurance gap coverage. California Kids (CalKids) insurance will be offered to those families ineligible for Medi-Cal or Healthy Families. As a result, many previously uninsured children in Del Norte County

POPULATION	
Total births (2005)	327
0 to 5 population (2005)	1,703

ETHNICITY OF CHILDREN 0-5	
African-American	0.1%
Asian/Pacific Islander	3.2
Latino	20.3
Native American	9.4
White	56.4
Other	10.6

FISCAL	
Total Net Assets, July 1, 2005	**$365,944**
Committed Funds	263,624
Uncommitted Funds*	102,320
Total Revenues	**$889,926**
First 5 Monthly Disbursements	259,234
Other First 5 Funding (Including SMIF)	232,830
Non-First 5 Funding	393,328
Interest	4,534
Expenses	**$(1,096,211)**
Total Net Assets, June 30, 2006	**$159,659**
Committed Funds	83,272
Uncommitted Funds	76,387

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

will have insurance coverage and be linked to primary care physicians and medical and dental homes. In addition, the Commission allocated funds to pay the CalKids premiums for children ages 0-5. A bilingual AmeriCorps member has been trained as a Healthy Families Certified Application Assistant (CAA), and will work with families to help them understand insurance options and enroll their children in Healthy Families or California Kids insurance programs.

School readiness programs work to integrate education and health services to better prepare children for school. Del Norte's School Readiness Program promotes children's school readiness through a broad range of activities: parent education and empowerment, health assessments and health care, integration of programs serving young children and their families, and development and dissemination of a child health and development portfolio. A First 5 Service Corps School Readiness Advocate provides parents with information about their children's individual health and developmental milestones and helps parents enroll their children in health and early education services. The School Readiness Program, in partnership with Open Door Community Health Center, provides vision, hearing, and dental screenings and educational health materials to children ages 2-5 across the county (400 children received screenings in 2005-06).

Promoting Equitable Access and Outcomes

With only two major roads in and out of Del Norte County, geographic and social isolation are the biggest barriers to service delivery. Underserved populations include Native American, Hmong, and Spanish-speaking families. Foster and teen parents and families with children with special needs are also in need of expanded services. The Del Norte Family Resource Center benefits isolated families by offering a safe, welcoming place for families to meet and socialize. The School Readiness Program offers health screenings via a mobile van, reaching children in isolated communities. First 5 Del Norte partners with United Indian Health Services, the Growing Together program at Sutter Coast Hospital and Dr. John Tynes, OB-GYN, to provide Kits for New Parents. To meet the needs of Spanish-speaking parents, First 5 Del Norte makes it a priority to publish all materials, brochures, and School Readiness Parent Portfolios in both English and Spanish. The Early Start Connections program has enhanced outreach, services, and supports for families with children with disabilities and other special needs.

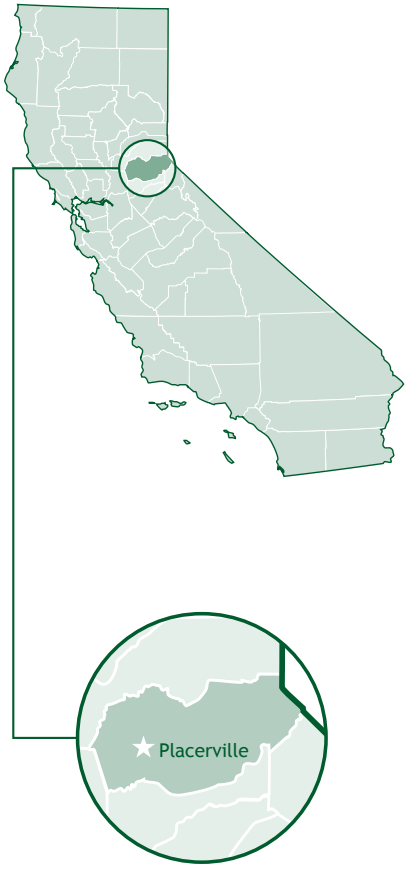
Program Highlights

Family Resource Center finds a permanent home. During fiscal year 2005-06, the Commission made major progress toward ensuring the sustainability of the FRC. In January 2006, the Commission was awarded a $300,000 grant from The California Endowment to support the FRC. Of the total, $180,000 will be used to complete the purchase of the Pacific Market building, $50,000 will be dedicated to project management, and $70,000 will be used for fund-raising and service integration efforts that enhance the growth and sustainability of the new FRC. In May 2006, the Board of Supervisors approved a $1.2-million loan from the County of Del Norte to complete the purchase of the property, located at 494 Pacific Avenue, and to renovate the building.

Del Norte County Library is expanded to include a children's section. The Commission funded the remodeling of the children's section in the County Public Library in Crescent City. The children's books previously were in an area that was not child friendly, inviting, or easily accessible for young readers. The Commission also purchased books, age-appropriate furniture, stuffed-animal book characters, puppets, and a preschool computer. The expansion and new materials create surroundings that excite parents and children and encourage them to read together.

Early Start Connections program supports families with children with disabilities or at risk of developmental delays. Early Start Connections addresses the needs of families with children from birth to age 3 who have special needs by providing them with information specific to their children's disabilities, support from other families who have been or are in similar situations, and assistance in navigating the system of care. The program is implemented by a Parent Support Coordinator who is a First 5 Service Corps School Readiness Advocate and a parent of a child with a disability. Redwood Coast Regional Center staff provide assessments and therapy. Co-location at the Del Norte FRC allows families to participate in activities that provide social/emotional contacts for their children, such as children's playgroups.

El Dorado County



El Dorado County

Commission Priorities

The First 5 El Dorado 2003-06 strategic plan identified the following major issues facing children and families in El Dorado County: poor access to services for geographically isolated families; a need for expanded mental health, parenting education, and parenting skills services; lack of affordable child care; and lack of primary and preventive health care.

In 2005-06, First 5 El Dorado funded programs to address these issues and to promote the following three priority result areas: children will live in strong families, children will be learning and ready for school, and children will be healthy.

Primary Activities and Programs

First 5 El Dorado programs help create strong family environments for all children. The South Lake Tahoe Family Resource Center's Pañalera Project provided home visitation, support groups, assistance obtaining food and clothing, and mental health services to families with children from birth through age 5. The El Dorado County Public Health Department partnered with First 5 El Dorado's Special Needs Project to create a multidisciplinary approach to support families of children with disabilities and other special needs. The partnership provided health, developmental, and mental health screenings to families through home visits, and provided referrals and services based on the results of the screening and other identified needs of the family.

Provider education and systems change efforts enhance the quality of early care and education. The Early Care and Education Planning Council's CARES Program provided professional development stipends and support for 82 early care and education professionals. Providers increased their ability to assess and integrate children with disabilities and other special needs through the El Dorado County Office of Education (EDCOE) Supported Education and Activities for Learners (SEALs) program. School Readiness Initiative programs in Bijou, Pioneer, and Camino elementary schools improved the connection between the early care and education system and the local elementary schools.

POPULATION	
Total births (2005)	1,930
0 to 5 population (2005)	10,693

ETHNICITY OF CHILDREN 0-5	
African-American	0.8%
Asian/Pacific Islander	2.8
Latino	19.8
Native American	1.3
White	70.4
Other	4.8

FISCAL	
Total Net Assets, July 1, 2005	**$4,008,078**
Committed Funds	3,906,647
Uncommitted Funds	101,431
Total Revenues	**$2,116,189**
First 5 Monthly Disbursements	1,518,117
Other First 5 Funding (Including SMIF)	178,347
Non-First 5 Funding	319,994
Interest	99,731
Expenses	**$(1,718,112)**
Total Net Assets, June 30, 2006	**$4,406,155**
Committed Funds	4,371,293
Uncommitted Funds	34,862

The Parent Participation Preschool and Tahoe Parents Nursery School increased the availability of high-quality child care by participating in the National Association for the Education of Young Children (NAEYC) accreditation process.

First 5 El Dorado programs help ensure that all children are healthy. El Dorado County Public Health's ACCEL initiative uses community health workers to enroll children and their families in low- or no-cost health insurance programs and to help them identify, retain, and use a regular medical home. These community health advocates are bilingual and effectively serve the county's Latino population. The ACCEL initiative also is working to provide insurance or services for children who do not qualify for existing insurance programs, such as Healthy Families or Medi-Cal. Community health advocates assisted families with approximately 150 applications for health insurance coverage for children ages 0-5. The initiative also has increased retention rates among children and families enrolled in public insurance programs, increasing the percentage of children with a regular medical home.

Promoting Equitable Access and Outcomes

The Latino population and families of children with disabilities and other special needs have been historically underserved groups in the county. Spanish-speaking families in South Lake Tahoe and western El Dorado County have a limited number of community and public agencies with the resources necessary to serve them. Families with children with disabilities and other special needs have lacked convenient access to services needed to help their children become ready for school. First 5 El Dorado supported many programs during fiscal year 2005-06 that promote equitable access throughout the county. The South Lake Tahoe Family Resource Center's Pañalera Project and El Dorado County Public Health's Safe and Healthy Homes program have helped the Latino population in South Lake Tahoe access needed community services. The School Readiness Program, the SEALs program, the Special Needs Project, and the ACCEL initiative provide services to children and families in the geographically isolated areas of Camino and South County, including families of children with disabilities and other special needs.

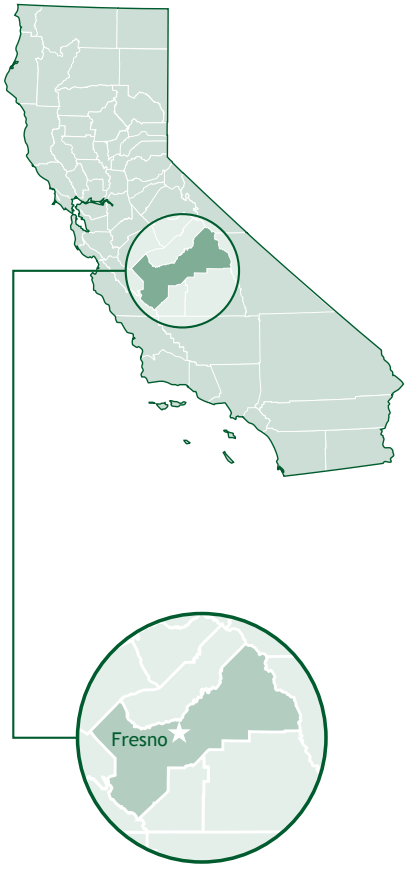
Program Highlights

The Pañalera Project connects families to community resources. Housed in the South Lake Tahoe Family Resource Center (FRC), this project aims to increase the physical and mental well-being of families by educating them, advocating for them, and helping them create strong families. Using a combination of home visiting and FRC services, the program served 78 children ages 0-3

and 95 parents and guardians during fiscal year 2005-06. The Pañalera Project offers two support groups: a Parenting Support Group, which addresses family dynamics and parental roles and helps families enhance their communication, and a Mother's Support Group, which helps mothers with issues such as discipline, self-esteem, and ways to access community resources. Pre- and postservice family assessment measurements on participants in the support groups demonstrate improvements in areas such as communication, social support, discipline, and problem solving. The Pañalera Project also makes referrals to other agencies for food assistance, social services, and mental health programs. The program uses bilingual and bicultural staff to serve the Latino population in the Bijou Community School area.

Supported Education and Activities for Learners increases access to high-quality child care for children with disabilities and other special needs. The primary goal of SEALs is to identify at-risk children and provide programmatic, behavioral, and curricular support as early as possible. The SEALs program seeks to improve school readiness among children with disabilities and other special needs by increasing early care and education professionals' knowledge, understanding, and comfort levels in working with them in an inclusive child care setting. SEALs staff work closely with providers to enhance the skills needed to serve children effectively in an integrated environment. During fiscal year 2005-06, the SEALs program trained more than 150 early care and education providers at 51 sites in topics such as early intervention and services for children with disabilities and other special needs. Other services included a lending library, provision of child development literature and information, parent articles, and a resource binder for all sites the SEALs program serves.

Fresno County



Fresno County

Commission Priorities

First 5 Fresno has identified several major issues facing young children and their families, including a lack of high-quality infant and child care, an inadequate supply of parent/caregiver support services, a lack of accessible and affordable health services, and a lack of screening and assessment programs, and early intervention for children with disabilities and other special needs.

To address these needs, the County Commission adopted 10 priority outcomes and allocates funds according to priority outcome areas. The 10 priorities are: (1) improving the quality of infant-toddler care; (2) supporting parents to optimally nurture their children; (3) expanding access to developmentally appropriate enrichment services; (4) increasing access to health care; (5) increasing use of medical homes; (6) supporting children with special needs through primary care settings; (7) raising parents' knowledge of their children's health needs; (8) early screening/identification and (9) comprehensive assessments for children with special needs; and (10) supporting families with children with disabilities and other special needs.

Primary Activities and Programs

First 5 Fresno's School Readiness Initiative expands center-based care for infants, toddlers, and preschool-age children. To increase the availability of high-quality early care and education programs, increase parents'/caregivers' abilities to nurture their children's optimal development, and increase children's school readiness at kindergarten entry, school readiness programs provided a range of supports for children and their caregivers. Programs include an infant-toddler center, three preschool programs, a home visiting program for families with children ages 0-5, summer kindergarten camps at all 11 School Readiness sites, and coordinated health and social services. During 2005-06, the programs served 2,964 children and 2,666 parents/caregivers.

Health Access for All Children Initiative increases children's access to medical homes (consistent providers) and health insurance coverage. Programs implemented a seamless application and enrollment process for children's public and other low-cost health insurance plans, developed outreach

POPULATION	
Total births (2005)	15,936
0 to 5 population (2005)	84,890

ETHNICITY OF CHILDREN 0-5	
African-American	5.5%
Asian/Pacific Islander	7.3
Latino	64.1
Native American	0.9
White	19.5
Other	2.6

FISCAL	
Total Net Assets, July 1, 2005	**$42,502,780**
Committed Funds	42,435,064
Uncommitted Funds	67,716
Total Revenues	**$15,816,518**
First 5 Monthly Disbursements	13,352,667
Other First 5 Funding (Including SMIF)	909,287
Non-First 5 Funding	3,478
Interest	1,551,086
Expenses	**$(15,829,772)**
Total Net Assets, June 30, 2006	**$42,489,526**
Committed Funds	38,910,334
Uncommitted Funds	3,579,192

efforts, educated families on using preventive and primary health care services to ensure that each child has a medical home, and developed a comprehensive health insurance product, Fresno Healthy Kids, for children birth to age 19 who are not eligible for existing public health insurance plans. As a result, Fresno County has experienced a notable increase in the percentage of children ages 0-5 in low-income households who have health insurance. Certified Application Assistants and a bilingual Healthy Kids Member Handbook help families navigate the health care system and establish regular medical homes for their children. In 2005-06, the Initiative served 570 children ages 0-5 and 59 parents/guardians.

Promoting Equitable Access and Outcomes

Underserved communities in Fresno County include underemployed families; the working poor; rural residents; single-parent households; families of migrant workers; recent immigrants; monolingual, non-English-speaking families; and children with mental health needs and disabilities and other special needs. First 5 Fresno meets the needs of these communities by increasing the supply of accessible and culturally appropriate services at program centers and through home visits. These services are provided by programs with experience serving low-income communities, communities of color, and rural and isolated communities. Grants to ethnic-specific organizations have provided unprecedented access to underserved groups, with 20,900 services provided to Hispanic/Latino children, and an additional 22,613 services provided to Hispanic/Latino parents and caregivers of children ages 0-5.

Program Highlights

Firebaugh School Readiness Program prepares children from migrant families for kindergarten and enables families to provide optimal and nurturing environments. Staffed by bilingual and bicultural child development specialists and teachers, the program focuses on meeting the needs of children in migrant families, primarily through home visiting. Families also participate in parent workshops, annual family events, and

comprehensive case management and referral services. Children have the opportunity to attend kindergarten camps before entering school. In 2005-06, the program served 108 children ages 0-5 and 129 parents and caregivers, many Spanish-speaking, through 902 home visits.

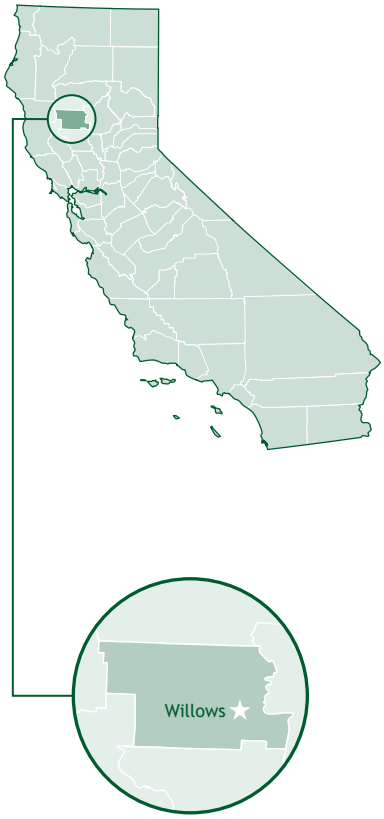
The Fresno Interdenominational Refugee Ministries (FIRM) program provides a high-quality preschool experience to newly arrived immigrant children. Focusing primarily on children from Southeast Asian communities, this preschool program allows children to explore through various developmentally appropriate activities (e.g., toys, puzzles, blocks, books, and art activities). Thirty-seven children ages 2.5-5 attended the full-day, year-round program, which employs bilingual and bicultural staff. Families received support and resources to offer more learning opportunities at home. Outcomes included observable changes in children's bilingual abilities, emergent literacy, and self-confidence. Parents' confidence in their parenting skills and in their ability to support their own children's educational success increased.

Assessment Center for Children (ACC) provides a "one-stop shop," meeting the needs of children with possible developmental delays. By offering a multidisciplinary approach, this program has increased access to early intervention services and emotional support for families. The ACC provides assessments in infant mental health, occupational therapy, speech and language therapy, behavior, and developmental-behavioral pediatrics. It also provides transportation for children in remote areas and attempts to communicate with families in the language of their choice. In 2005-06, more than 250 children and families were served.

Local Story

A married couple, migrant workers from Mexico, brought their 10-month-old infant to the local pediatrician for a well-baby visit. The mother had lost a child previously to sudden infant death syndrome (SIDS). At the appointment, a team from the Healthy Steps program determined that the mother was experiencing severe depression related to the loss of her child. The Healthy Steps worker facilitated an honest discussion about the mother's psychosocial well-being that might not have surfaced during a routine medical visit. Consequently, the team was able to advocate for mental health services and counseling, including referring the mother to a support group that works with families who have experienced the death of a child. In this way, the Healthy Steps program promoted better mental health for the mother and a more supportive home environment for her infant.

Glenn County



Glenn County

Commission Priorities

Glenn County, located about halfway between Sacramento and Redding, is a primarily agricultural community bordered by mountains on the west and the Sacramento River on the east. It ranks 51st out of 58 counties in the percentage of third graders who read at or above the national average. Residents suffer from high rates of poverty and unemployment, and few options exist for families who need child care and access to other services. Major issues identified in the 2000 Strategic Plan include the need for greater access to health care, oral health care, infant and child care, preschool facilities, parenting education, child care professional development, and transportation. Although some of these indicators have been addressed since the inception of the strategic plan, the Commission feels there are still many layers to the infrastructure to build on to ensure self-sufficiency and sustainability. The following priorities were used for 2005-06: children enter kindergarten "ready for school," children live in home environments supportive of optimal cognitive development, and parents provide nurturing and positive emotional support to their children.

Primary Activities and Programs

School Readiness Program collaborates with community agencies to provide comprehensive services and conduct its first annual "Preschool Roundup." In collaboration with Migrant Education, Del Norte Clinics, Glenn County Health Department, and Child and Family Services, the School Readiness (SR) Program conducted its first preschool preparedness evaluation. This included a review of immunization records and language and motor development screenings for 25 children participating in the Preschool Roundup. Other collaborative services included dental screenings for 40 children ages 3-5 in Hamilton City and community health forums on topics including lead poisoning, immunizations, hygiene, safety, and tobacco cessation. In May 2006, the Child Care Resource and Referral office opened a satellite office at the county library in Hamilton City. Materials are available for weekly checkout, and bilingual staff members ensure effective communication. The County Commission also developed a transition task force to assess children's readiness for school and schools' readiness for children. In collaboration with the Glenn County Office of

POPULATION	
Total births (2005)	431
0 to 5 population (2005)	2,478

ETHNICITY OF CHILDREN 0-5	
African-American	0.3%
Asian/Pacific Islander	3.3
Latino	42.5
Native American	0.8
White	49.9
Other	3.1

FISCAL	
Total Net Assets, July 1, 2005	**$634,785**
Committed Funds	608,163
Uncommitted Funds	26,622
Total Revenues	**$555,454**
First 5 Monthly Disbursements	373,677
Other First 5 Funding (Including SMIF)	160,309
Non-First 5 Funding	3,495
Interest	17,973
Expenses	**$(621,618)**
Total Net Assets, June 30, 2006	**$568,621**
Committed Funds	279,423
Uncommitted Funds	289,198

Education McKinney-Vento Project and Child and Family Services, 450 four-year-old children received kindergarten readiness kits in 2005-06.

First 5 Glenn promotes children's optimal development by supporting providers and encouraging specialized training. In 2005-06, First 5 Glenn's Comprehensive Approaches to Raising Educational Standards (CARES) program provided stipends totaling $25,800 to 28 early care and education (ECE) professionals for their continued work in ECE and advancing their professional training. This included 18 stipends for longevity, 10 for bilingual care, 3 for offering care during nontraditional hours, and 6 for serving children with disabilities and other special needs. Professionals who work for the same provider for 5 years receive retention incentives, and various education incentives address the workforce shortages in the county. Four tracks help providers to attain licensing, permits, and associate's, bachelor's, or master's degrees. There is a strong emphasis on serving Family, Friend, and Neighbor providers, who care for a majority of children in the county, as well as encouraging family-based providers to get licensed. In addition to giving stipends, the program provides referrals to professional development opportunities. Many child care professionals participate in the annual CARES Celebration, co-sponsored by the CAL-NET program, First 5 Glenn, the Office of Education, and the Local Child Care Planning Council.

Promoting Equitable Access and Outcomes

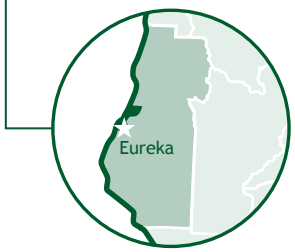
All First 5 funded programs have mechanisms in place to ensure that Latino families, nearly 30% of the county population, are served effectively. Many orientations are conducted in both English and Spanish. Written materials are available in both languages, including applications for the CARES program, in which 40% of participants are Latino. CARES stipends are offered to early childhood education professionals who provide care in the native language of children being served. The School Readiness Program is located in Hamilton City, where 16% of school children are English learners. The Glenn Adult Literacy Program provides child care with First 5 funding to parents enrolled in ESL and other adult education courses. The Human Resource Agency's In-Home Visiting Program is responsive to the different communication styles of children, families, and communities.

Program Highlights

First 5 In-Home Visiting Program provides parenting education through Parent-Child Interaction Therapy (PCIT). PCIT is a hands-on interactive approach that teaches parents to deal with behavior and anger issues in young children. Parents receive coaching by a trained therapist, and a home visitor charts progress and reinforces skills. A public health nurse works with families who have specific health needs, and there are specialized services for families having involvement with Child Protective Services. The program also offers parenting workshops in two family resource centers. About 40% of participants are Latino families, many of whom speak only Spanish. Therefore, the curriculum is offered in Spanish and English. In 2005-06, 38 families participated, many of whom moved from being classified as "in crisis" to "stable" on an assessment tool from the Annie E. Casey Foundation. Participating parents also became leaders and mentors to other parents at the family resource centers.

The School Readiness Program promotes literacy for Latino children and their families through adoption of a research-based curriculum and partnerships with community organizations. The School Readiness Program, housed in Hamilton City, adopted the Doors to Discovery literacy curriculum in 2005-06. The program provides training for preschools using the curriculum, affecting 70 children ages 3-4. The program also is developing a transition plan to improve communication between kindergarten teachers and teachers of Early Head Start and preschool programs. Doors to Discovery has a strong literacy focus and promotes phonological awareness and vocabulary development, which are essential skills for this primarily Spanish-speaking population. The SR program also places strong emphasis on family literacy, offering classes for parents to increase their English language and Spanish literacy skills. Local organizations, schools, and the family resource center offer additional programs and supports for participants, including adult education classes. Early results indicate that participating children are showing significant growth in the area of language and literacy on the Desired Results Developmental Profile.

Humboldt County



Humboldt County

Commission Priorities

The rugged terrain and vast land areas of Humboldt County lead to geographic isolation for many families. This isolation is especially difficult for low-income families, who lack transportation and resources to obtain many of the services they need for their children. There are also cultural and linguistic barriers in meeting the needs of Latino and American Indian families. The assessment conducted in the development of First 5 Humboldt's first strategic plan, whose results were reaffirmed by conversations with parents during the 2005 strategic plan revision, showed that the primary needs of young children and families are (1) lack of access to activities and services that support parents/caregivers in raising their children, due to geographic isolation and lack of transportation; (2) shortage of affordable and high-quality child care; (3) lack of access to services and supports that address family and community difficulties, such as alcohol, tobacco, and other drug use, child abuse, and family violence; and (4) shortage of prevention activities and services.

To address these needs, the strategic plan of First 5 Humboldt focuses funding in four areas: (1) Parent and Family Support Programs, (2) Early Childhood Care and Education, (3) Health and Well-Being, and (4) Mini-grants.

Primary Activities and Programs

Parent and Family Support programs aim to improve family functioning and increase neighborhood and community connection. Parent and Family Support (PFS) programs address the need for access to activities and services that support parents/caregivers in raising their children. First 5 Humboldt is funding several PFS strategies. Five family resource centers (FRCs) in different geographic communities use varied approaches, including playgroups for parents and children; providing services, support, and referrals to families with very young children on-site; and holding special events at the FRC or off-site that target young children and their families. School transition programs ease a child's transition from home or preschool to kindergarten. First 5 Humboldt has been supporting a summer transition program in one community for several years, and in the past 2 years community transition teams in five other

POPULATION	
Total births (2005)	1,598
0 to 5 population (2005)	8,735

ETHNICITY OF CHILDREN 0-5	
African-American	1.2%
Asian/Pacific Islander	1.8
Latino	14.8
Native American	9.1
White	64.1
Other	9.0

FISCAL	
Total Net Assets, July 1, 2005	**$6,185,754**
Committed Funds	5,978,681
Uncommitted Funds	207,073
Total Revenues	**$1,615,947**
First 5 Monthly Disbursements	1,251,947
Other First 5 Funding (Including SMIF)	132,004
Non-First 5 Funding	74,945
Interest	157,051
Expenses	**$(1,226,718)**
Total Net Assets, June 30, 2006	**$6,574,983**
Committed Funds	6,154,275
Uncommitted Funds	420,708

communities have been working on building relationships among parents, early childhood educators, and kindergarten teachers. Playgroups in several locations that are not FRC facilitated have been supported over the last few years.

Early childhood care and education programs address lack of affordable and high-quality child care. The Retention Incentive Program was redesigned during 2005-06. Its goal is to increase the quality of child care through increasing the number of early education/child care providers who raise their educational level and stay in the child care field. Program advisors were trained, and three one-unit courses taught by the career consultant were provided to more than 50 people. Spanish-speaking participants were supported with simultaneous translation of their advisor meetings. The number of early educators who took approved college coursework increased from 72 in 2004-05 to 87 in 2005-06. The goal of the Work-Life Alliance is that the child care system meet the needs of children, families, and businesses in Humboldt County. It is a collaboration among First 5 Humboldt, business, government, education, financial institutions, community organizations, child care providers, and other nontraditional stakeholders. The Alliance undertook two projects in 2005-06. A web-based resource, www.familywork.org, was created to provide useful information to employers and the child care community, to show how business and child care can work together to build child care capacity. In addition, businesses that support families were recognized as "Family Friendly Workplaces." This recognition will be an annual event to promote awareness of how employers can help to balance the needs of business and family life.

Programs promote health and well-being by addressing a variety of health issues. To help remedy the lack of access to services and supports that address family and community difficulties, and the shortage of prevention activities, First 5 Humboldt supports projects that fit its broad definition of health, which encompasses a child's physical, emotional, social, and relational health and recognizes that health is a community matter, not limited to how an individual is doing. The Family Substance Abuse Community Response Initiative (FSACRI), which began in fall 2002, led to the development and implementation of the initiative Better Together in Eureka (BTE), which provides small grants to neighborhoods to create activities and programs that increase a sense of community and belonging. This strategy was adopted because of the complexity and difficulty of addressing substance abuse, and an understanding that an appropriate focus would be on the protective factors that help reduce the harmful effects of substance abuse on families. During 2005-06, BTE funded two small grants to communities, one focusing on community cleanup and one supporting the Dia de los Niños (Day of the Children)

celebration. Another project, focused on oral health and partially supported by First 5 Humboldt, was the California Conservation Corps/AmeriCorps TOOTH (Teaching Oral Optimism Throughout Humboldt) program, a community oral health education program. Two full-time AmeriCorps health educators provided an in-class preschool brushing program, parent/teacher support, and classroom presentations on oral health. The desired outcomes are to increase pre-kindergarten children's knowledge of oral health and increase their ability to adequately brush their teeth, thus reducing the degree of dental plaque and improving oral health. Evaluation results show that these outcomes are being achieved.

Mini-grants support grassroots groups in community building. Mini-grants can address any of the primary needs identified in the strategic plan, including parent and family support, early childhood care and education, or health and well-being. During 2005-06, mini-grant projects included enhancing a playground at a substance abuse treatment facility for women, generating Spanish

and bilingual written materials dealing with domestic violence, supporting the annual Hmong New Year celebration, supporting community events and a playgroup in a remote rural community, developing a playground and garden for very young children in community-owned housing, making quilts for families (with children 0 to 5) of servicemen and servicewomen, monthly arts and crafts events for young children and their parents, and constructing a playhouse for very young children in a park.

Promoting Equitable Access and Outcomes

Ethnic communities and geographically isolated families historically have been underserved in Humboldt County. To address this situation, First 5 Humboldt supports projects that serve ethnic populations and that provide services throughout the county. The Hoopa School Readiness Program's support for the American Indian population living on the Hoopa Valley Indian Reservation, funding for prenatal and parenting classes in Spanish and production and distribution of Spanish and bilingual materials about domestic violence for the Latino population, and a mini-grant to support the Hmong New Year celebration all contributed toward supporting traditionally underserved ethnic communities. Many projects support geographically isolated families. The five FRCs are in five geographic areas, and one of these FRCs supports playgroups in six geographic areas; two mini-grants reached the small, isolated community of Orleans; community transition teams are in five geographic communities; a partnership with the Humboldt County Library extends the focus into seven communities; the TOOTH program has trained outreach workers in preschools in 20 communities; and the Domestic Violence Prevention training project has held workshops in virtually all geographic areas of the county. All of these projects have provided greater access to services and supports by being located nearer to the community residents who need them, by taking the services out to residents on a "circuit" basis, by providing the services in the native languages of the potential users of the services, or by funding projects that are culturally appropriate and implemented by members of the cultural group.

Program Highlights

The TOOTH community oral health education program addresses oral health crisis in Humboldt County. TOOTH (Teaching Oral Optimism Throughout Humboldt), a project of the California Conservation Corps and First 5 Service Corps that is partially funded by First 5 Humboldt, provides two full-time AmeriCorps health educators who go to subsidized preschool classrooms throughout Humboldt County to provide an in-class brushing program, parent/teacher support, and classroom presentations on oral health and nutrition. Topics include toothbrush introduction, brushing effectively, healthy snacks, germs and hygiene, tooth safety, toothbrush hygiene, and losing teeth. The program meets the needs of Humboldt County well because it is provided in preschool classrooms in all geographic areas of the county. The evaluation findings for 2005-06 showed that there continued to be statistically significant improvement in pre-K children's knowledge of oral health topics. On four of five questions on the survey of oral health knowledge, the average score increased by more than 10 percentage points between the pre- and posttests. Of 44 sites served, 40 reported higher scores on the posttest. Children's tooth-brushing dexterity showed improvement over time, and they also brushed their teeth longer during the second assessment: 61.2% brushed their teeth for 10 to 30 seconds during the second assessment, compared with only 38.2% who brushed for 10 to 30 seconds during the first assessment. Additionally, only 24.5% of children brushed their tongues during the first assessment, while 44.5% brushed their tongues during the second assessment. Each finding demonstrates a pattern of children developing healthy brushing habits

and/or improving on existing habits. Increased dexterity, brushing method, and time spent on brushing appear to have affected the degree of plaque on children's teeth. Using the Quigley Hein Plaque Index, data indicated a statistically significant improvement in plaque levels after participation in the program.

Family resource centers support families in raising children. Parent and Family Support programs address the need, expressed by parents and caregivers during the strategic planning process, for access to activities and services that support them in raising their children. FRCs, playgroups, school transition programs, and community events are all strategies for meeting this need. The five FRCs supported by First 5 Humboldt use different approaches to implementing their programs. A written survey conducted in fall/winter 2005-06 showed that 96.8% of participants felt that the services they received at the FRCs were helpful (the other 3.2% said it was their first visit); 100% would recommend the FRC to a friend; and 92.1% said the service was easy to get to or provided in their home. Services included parenting classes or advice, information about available services, literacy support, help with enrolling in health insurance and other public programs, and support with basic needs such as food and clothing. Surveys conducted in fall/winter 2005-06 with parents involved in playgroups, when compared with the survey conducted in April 2005, showed slight positive increases in the mean for all responses. Overall, parents found playgroups rewarding for themselves and for their children. Parents strongly agreed that "the playgroup is a place where parents support each other," "the playgroup is a place where my child learns new things," and "the playgroup is a place where my child learns to get along with other children."

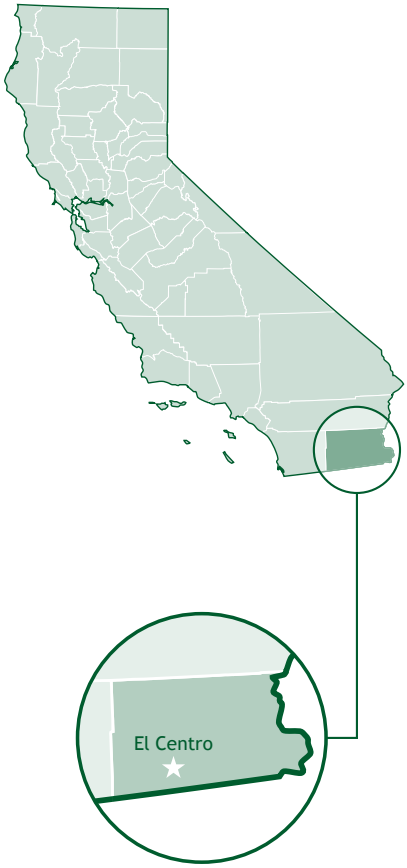
The Humboldt County Library Partnership Project offers services to traditionally underserved populations. A partnership between First 5 Humboldt and the library has supported programs and services for hard-to-reach populations (living in poverty, Latino, Native American, and Hmong) and isolated rural residents residing in diverse communities throughout Humboldt County. It meets this need through taking materials and services out to the branch libraries, child care centers, and other places where young children gather. In its second year, the project has resulted in distribution of Leap Into Literacy kits to 20 sites, distribution of 131 theme bags and 7,000 books, increased Share a Story and Spanish Share a Story events, expansion of the "Kindergarten Here I Come" program to three new communities, parenting workshops, and other literacy activities. The partnership established 10 outcomes for the project that it will track beginning next year to assess project progress.

Local Story

A 22-year-old single mother of a 2-year-old child began attending a First 5 Humboldt playgroup after being encouraged to attend by the playgroup facilitator at the family resource center. This young mother, "Sally," has a chronic illness and is a survivor of childhood abuse. Her young son, "Sam," initially had many problems getting along with other children, including hitting and fighting. The playgroup facilitator helped Sally in dealing with Sam's poor socialization skills and assisted her in finding a counselor to deal with her physical illness and her emotional issues that interfered with her parenting abilities. The facilitator also helped Sally find affordable housing and encouraged her to continue her education.

After some months, Sally has gained self-confidence, is back in school finishing her GED, and has better control over her chronic illness. Her parenting skills have improved, both as a result of her counseling sessions and through the support of the playgroup facilitator and the other parents at the playgroup. Sam's behavior has improved dramatically, and he is now getting along with other children in the playgroup. According to the social worker at the family resource center, "This young mom is now better equipped to provide her son with what he needs to be a healthy, happy child with a loving mom. She has made tremendous progress and has changed the course of her life and her son's life in a very positive direction."

Imperial County



Imperial County

Commission Priorities

Imperial County Children and Families First Commission has identified significant challenges facing families with children ages 0-5. High rates of poverty and unemployment characterize the county's population, with median per capita income among the lowest in the nation. Basic needs such as access to prenatal and postnatal care, health care, health insurance, and high-quality early education programs often are not met. Child obesity is prevalent, school outcomes are poor, and ultimate educational attainment levels are low.

To address these needs at the systems level, the County Commission has focused on (1) improving access to health care and insurance, (2) promoting interagency collaboration, and (3) developing culturally appropriate materials and services for children ages 0-5 and their families. Program-level funding priorities include programs designed to increase access to or participation in (1) parenting and caregiver support services; (2) early literacy and child development programs; and (3) physical, mental, and social-emotional health services.

Primary Activities and Programs

Programs provide parenting and prenatal care services, promoting improved health outcomes and child development. During fiscal year 2005-06, 156 parents participated in parent education classes and 119 participated in parent support groups provided by Project FUERTE. The Early Intervention Project provided family support groups, prenatal care, and case management services to meet the needs of at-risk families from the El Centro Elementary School District, helping them promote optimal child health and development. Support groups and prenatal classes were offered to 71 parents, and case management services were provided to 83 families. A total of 323 parents participated in parenting education classes related to the promotion of healthy and safe home environments, provided by the Identifying Home Violence/Healing Families project. The Betty Jo McNeece Receiving Home project provided parenting classes based on the Systematic Training for Effective Parenting curriculum to 25 parenting teens. Nearly 7,000 community residents received the March of Dimes Healthy Babies: Healthy Communities

POPULATION	
Total births (2005)	3,058
0 to 5 population (2005)	15,472

ETHNICITY OF CHILDREN 0-5	
African-American	2.4%
Asian/Pacific Islander	1.9
Latino	85.4
Native American	1.7
White	7.9
Other	0.7

FISCAL	
Total Net Assets, July 1, 2005	**$5,376,847**
Committed Funds	2,330,141
Uncommitted Funds*	3,046,706
Total Revenues	**$2,877,007**
First 5 Monthly Disbursements	2,521,235
Other First 5 Funding (Including SMIF)	224,409
Non-First 5 Funding	0
Interest	131,363
Expenses	**$(1,904,375)**
Total Net Assets, June 30, 2006	**$6,349,480**
Committed Funds	6,296,456
Uncommitted Funds	53,024

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

outreach information promoting healthy pregnancies and prenatal care. A total of 415 expectant mothers participated in the March of Dimes *Comenzando bien* prenatal classes.

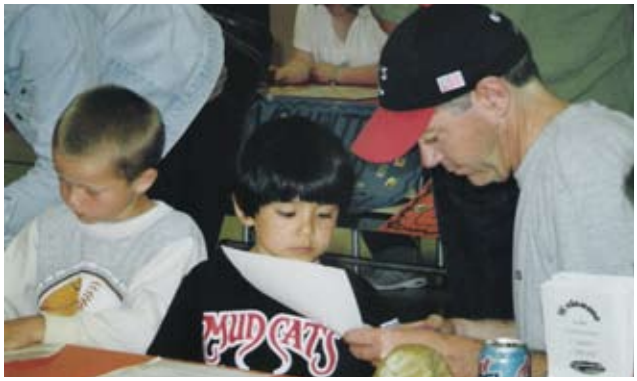
Multiple programs promote children's development and school readiness. The Safe, Healthy, Educational, and Nurturing Environment (SHEANE) project, funded through the Court Appointed Special Advocates (CASA), increased the number of volunteers working with children ages 0-5 to promote their development and school readiness. During fiscal year 2005-06, 20 new volunteers joined the program and a total of 111 children were served. Project Nenes provided the Home Instruction for Parents of Preschool Youngsters (HIPPY) program to stay-at-home parents with preschool-age children, providing school readiness activities for children and families. Seventy-two families enrolled in the project, and 69 completed the full 30-week program. The Home Visitation and Education Project provided educational sessions related to school readiness for 82 parents. The County Commission's School Readiness (SR) Program also funded activities to promote children's ability to succeed in school. For example, 178 children participated in the Summer Kindergarten Transition Program, and 100 parents participated in the 9-week Parent Institute for Quality Education program.

Promoting Equitable Access and Outcomes

Communities in Imperial County that historically have been underserved include low-income families, non-English-speaking families, and those who are geographically isolated. Family resource centers (FRCs) address barriers to access by providing a variety of services in one convenient location. Access to services also has been increased by having multiple programs bring services directly to families through home visits at child care centers and libraries. To meet the linguistic needs of families, all funded programs provide materials in English and Spanish. In addition, the County Commission funds provider capacity trainings to promote cultural competency and thus improve the overall quality and accessibility of services. Several projects work to target specific underserved populations in the county, such as the El Proyecto Familia Campesina for migrant farmworkers; the SHEANE and Betty Jo McNeece Receiving Home projects for children who are wards of the court system; and the Family Treehouse for stay-at-home parents, low-income families, and license-exempt providers.

Program Highlights

LAMBS project provides more than 18,000 books to children ages 0-5. The Literacy and Mobile Book Services (LAMBS) project works with children, families, and providers to enhance early literacy experiences. Children and parents are involved in story time and read-aloud activities

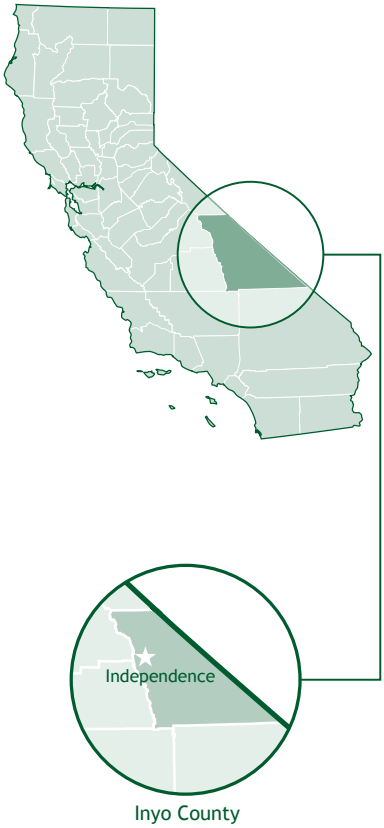


on a monthly basis. LAMBS story times are offered in English and Spanish. Children also participate in preliteracy arts and crafts activities. Read-aloud sessions are modeled for child care providers, helping them to incorporate consistent literacy practices within the child care setting. Through 694 site visits, 1,822 children received literacy services and 18,393 books were distributed. The project has increased children's participation in literacy activities and facilitated the development of child/family home libraries.

Fire and Burn Prevention Project provides fire safety techniques and education to children, parents, and caregivers. The Fire and Burn Prevention Project disseminated more than 23,000 pieces of fire safety literature at events involving young children and their families. The project targets primarily children ages 3-5 and their child care providers, providing culturally appropriate fire and burn prevention presentations in both English and Spanish. The presentations include an interactive puppet show, showing children the dangers of hot liquids and playing with matches, and teaching them to use the stop-drop-and-roll technique to avoid burns. Children's literature and parent information on fire safety are provided to children and families participating in these activities. Child care providers are instructed on fire safety and go through a hands-on exercise on the proper use of a fire extinguisher. During fiscal year 2005-06, 1,905 children attended presentations and 295 child care providers participated in trainings.

The Imperial County Child Asthma Project 0-5 improves children's health. The Imperial County Child Asthma Project 0-5 provides care management, consultation, home visiting, and education and support to families and early care and education providers working with children with asthma. During fiscal year 2005-06, the project provided 195 home visits and 153 in-person consultations focusing on the effective management of childhood asthma and trained a total of 214 early care and education and 220 health care professionals in asthma awareness and treatment.

Inyo County



Commission Priorities

The needs and concerns of Inyo County residents include limited access to health insurance, medical care, and dental services; low levels of early prenatal care; limited access to high-quality child care; and low levels of early literacy support. In response, First 5 Inyo County adopted five strategic result areas as top priorities: (1) children ages 0-5 receive timely and adequate oral health services to prevent, detect, and treat dental caries; (2) children ages 0-5 have access to high-quality early care and education; (3) parents and caregivers have the knowledge and skills needed to support the early literacy and other developmental needs of children ages 0-5; (4) children ages 0-5 are safe from abuse and neglect from their parents and caregivers; and (5) children ages 0-5 have access to high-quality health education and preventive health services. First 5 Inyo County's funding strategies are designed to support activities that address these priority areas.

Primary Activities and Programs

Oral Health Initiative creates an accessible system of services for children. As a partnership between First 5 Inyo County, the UCLA School of Dentistry, and local providers, the Oral Health Initiative (OHI) supports the development of a community-based oral health education and treatment system. The OHI creates a comprehensive and accessible system of care by linking Inyo Mono Advocates for Community Action (IMACA) home visiting services, school-based dental health fairs, dental case management, and a dental sealant program. Since the start of the initiative, more than 1,000 children received oral health education services, and nearly 1,000 children received dental screenings. More than 300 children received sealants, and 300 children received support from the dental case manager in obtaining dental services, including appointment scheduling, transportation services, and insurance enrollment assistance.

School Readiness (SR) Initiative provides high-quality early education services and supports. Serving the communities of Big Pine, Lone Pine, and Olancha/Cartago, the SR Initiative supports family, school, and community efforts to enhance children's readiness for school success. For a second year,

POPULATION	
Total births (2005)	205
0 to 5 population (2005)	1,094

ETHNICITY OF CHILDREN 0-5	
African-American	0.0%
Asian/Pacific Islander	1.4
Latino	27.5
Native American	9.7
White	50.9
Other	10.5

FISCAL	
Total Net Assets, July 1, 2005	**$640,180**
Committed Funds	718,946
Uncommitted Funds*	(78,766)
Total Revenues	**$502,403**
First 5 Monthly Disbursements	171,666
Other First 5 Funding (Including SMIF)	197,403
Non-First 5 Funding	116,370
Interest	16,964
Expenses	**$(823,604)**
Total Net Assets, June 30, 2006	**$318,979**
Committed Funds	126,698
Uncommitted Funds	192,281

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

30 children in Big Pine and Lone Pine participated in the Summer Bridge Program, a 6-week program designed to bridge the gap between preschool and kindergarten and to build children's early literacy and social skills. The First 5 Inyo County SR Initiative also granted $20,000 to the Inyo County Library to build an early childhood collection and begin children's reading programs. Kids in Common also started in 2005-06, bringing together representatives from community and public agencies to increase collaboration and awareness of early literacy and child development services in the county.

Support for professional development enhances access to high-quality child care. The First 5 Inyo County Provider Development Program provides cash stipends to licensed early care and education workers who complete professional training and education. The goal of this incentive program is to stabilize the child care workforce and improve the quality of care delivered to all children ages 0-5.

Promoting Equitable Access and Outcomes

First 5 Inyo County uses several strategies to reach traditionally underserved populations, including Spanish-speaking families, families without access to health care and insurance, and geographically isolated families. Bilingual and bicultural staff provide in-home and community-based services for Spanish-speaking families, helping to address linguistic, cultural, and geographic barriers. Program materials are written in Spanish, and outreach to the Latino community occurs through community partnerships. Health care needs are assessed by home visitors, and most programs have certified staff to provide assistance with enrollment in the Healthy Families insurance program. Geographic barriers are addressed through home visiting, mobile programs, and the provision of transportation services for those who live in the most remote areas of the county.

Program Highlights

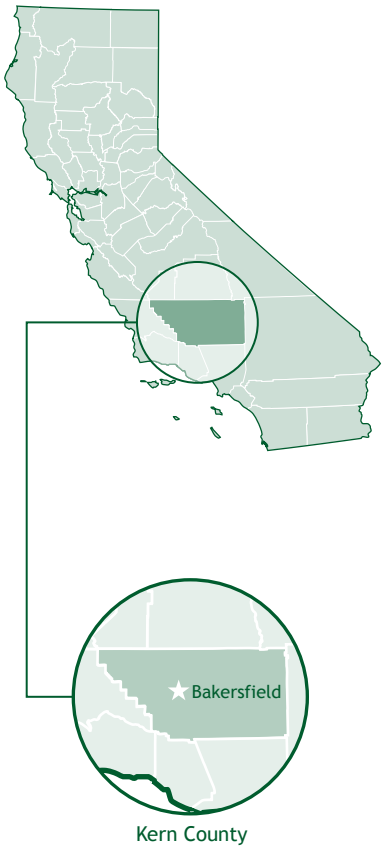
Home visiting program enhances child development and school achievement through parent education. The IMACA REACH Community Partners Home Visiting Program provided a total of 973 home visits to families with children ages 0-5 during fiscal year 2005-06. This multidisciplinary program includes components of early care and education, parenting and family support, and health and social services. The program uses the Parents as Teachers and Raising A Reader curricula, empowering parents to give their children a solid foundation for success

in school and in life. REACH home visitors are trained paraprofessionals who live in the communities they serve; many of them are bilingual in English and Spanish. Parents receive personal visits and resource and referral information, and are invited to participate in parent group meetings. A total of 60 parents received the Kit for New Parents. During fiscal year 2005-06, 137 children received dental screenings, 105 children received hearing screenings, 79 children received developmental screenings, and 24 children received vision screenings through the REACH program.

The First 5 Inyo County Pre-K Enrichment Program prepares children to succeed in school. The Pre-K Enrichment Program is staffed by a preschool teacher and an instructional aide trained in Guided Language Acquisition Design (GLAD), an early education model focusing on basic kindergarten skills, including color and shape recognition, counting, and early literacy skills. Although this program is designed for children ages 4-5 with no previous preschool experience, all entering kindergarten children are eligible to participate. Parents are invited to participate along with their children.

Foundation Feasibility Core Group considers developing an Eastern Sierra Community Foundation to support long-term program sustainability in the region. First 5 Inyo County brought together representatives from First 5, Health and Human Services, the Board of Supervisors, and other interested public and private organizations to discuss the possibility of developing a community foundation focusing on health and wellness for children and families. First 5 Inyo County also hired a consultant, who conducted interviews and surveys with key stakeholders, discovering that agencies and organizations are wary of merging financial resources. The group continues to strategize for the future and currently plans to continue to work toward development of an independent (endowed) funding stream to fill these needs.

Kern County



Commission Priorities

Many residents of Kern County face challenges that include limited transportation, geographic isolation, language barriers, poverty, unemployment, seasonal employment, and poor health. Many young children and their families also lack access to (1) health and dental insurance and services, (2) high-quality child care, and (3) preschool and family services that support children's school readiness.

In response, First 5 Kern prioritizes funding on the Children's Health Initiative, the School Readiness Initiative, and a third evolving initiative focusing on family support services. Other funding priorities include improving the quality of child care and availability of infant and nontraditional-hour child care.

Primary Activities and Programs

The Children's Health Initiative expands health insurance coverage and utilization of health care services for young children. The Children's Health Initiative aims to ensure that all children ages 0-5 in Kern County have access to comprehensive health insurance and established medical, dental, and mental health homes. This effort includes (1) increasing outreach, enrollment, retention, and utilization of existing health insurance plans and (2) developing the Healthy Kids Kern County (HKKC) program for children who are not eligible for the other health insurance programs. During 2005-06, Clinica Sierra Vista and the Kern County Department of Public Health Services KATCH (Kern Access to Children's Health) programs provided application assistance to approximately 9,700 children and 2,500 pregnant women. As a result, 5,700 children and 1,000 women were enrolled or reenrolled in existing programs, such as Medi-Cal, Healthy Families, Access for Infants and Mothers (AIM), and Kaiser Child Health Plan, or in the new HKKC program. In 2005-06, more than 600 children ages 0-5 were enrolled in HKKC. Data from Health Net of California show that 529 out of 648 children enrolled in HKKC had initiated health care services. Primary care physicians provided 263 immunizations, 285 screenings, and 88 physical exams, and dental providers provided another 803 services.

POPULATION	
Total births (2005)	14,022
0 to 5 population (2005)	72,832

ETHNICITY OF CHILDREN 0-5	
African-American	5.2%
Asian/Pacific Islander	3.1
Latino	60.1
Native American	0.9
White	27.8
Other	2.9

FISCAL	
Total Net Assets, July 1, 2005	**$21,556,129**
Committed Funds	12,882,949
Uncommitted Funds*	8,673,180
Total Revenues	**$13,073,559**
First 5 Monthly Disbursements	11,173,895
Other First 5 Funding (Including SMIF)	818,474
Non-First 5 Funding	329,493
Interest	751,697
Expenses	**$(12,009,050)**
Total Net Assets, June 30, 2006	**$22,620,637**
Committed Funds	20,487,859
Uncommitted Funds	2,132,778

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

Family resource centers (FRCs) implement School Readiness Initiative activities and create linkages among school districts, community collaboratives, and community-based organizations. First 5 Kern provides SR activities at 12 FRCs located throughout the county. Activities focus on early care and education, parenting and support services, health and social services, and building school/community capacity. Outcomes show that the readiness skills of children participating in a summer "bridge" program and other early learning activities have improved, that children participating in kindergarten transition and orientation activities are transitioning more easily, that families receiving case management services are becoming more stable, and that parents participating in parenting classes are more aware of developmental milestones and kindergarten expectations. During 2005-06, approximately 860 clients were served intensively through these activities.

New facilities and funding increase availability of child care and access to preschool for parents working nontraditional hours. With funding from First 5 Kern, a new preschool facility was completed, creating 112 new infant and nontraditional-hour child care spaces in Bakersfield. Other funds were allocated to support 16 additional child care slots for children of migrant farmworkers in the outlying area of Delano.

Promoting Equitable Access and Outcomes

Kern County's large geographic area presents difficulties related to isolation and access to medical and child care services. Language is another barrier, particularly for seasonal, Spanish-speaking farmworkers. To increase access to services, First 5 Kern funds FRCs that provide services in convenient locations for families, including home-based services. The Commission also funds mobile dental and immunization clinics that provide services across various communities.

Program Highlights

Home visiting program brings family support and intensive case management services to families. The Nurse Family Partnership program focuses on first-time, high-risk, low-income mothers who are enrolled during pregnancy and participate until their children are 2 years old. The goals are to (1) increase breastfeeding during the first 3 months of life, (2) decrease the incidence of preterm and low-birth-weight infants, (3) increase immunization rates, (4) increase the interval between births, (5) decrease smoking, and (6) increase high school completion and employment rates of parents. Staffed by bilingual public health nurses, the program provides one-on-one education on parenting, nutrition, health, immunizations, smoking cessation, community resources, budgeting, and job training. Of the 33 mothers served in 2005-06, 95% initiated breastfeeding, and 27% of participants breastfed their children for 12 months. Half of participants who smoked prior to pregnancy stopped smoking during pregnancy, and the remaining 50% reduced the number of cigarettes smoked per day by at least half. Of clients who entered the program without a high school diploma or GED, 40% had achieved their diploma or GED by the end of participation.

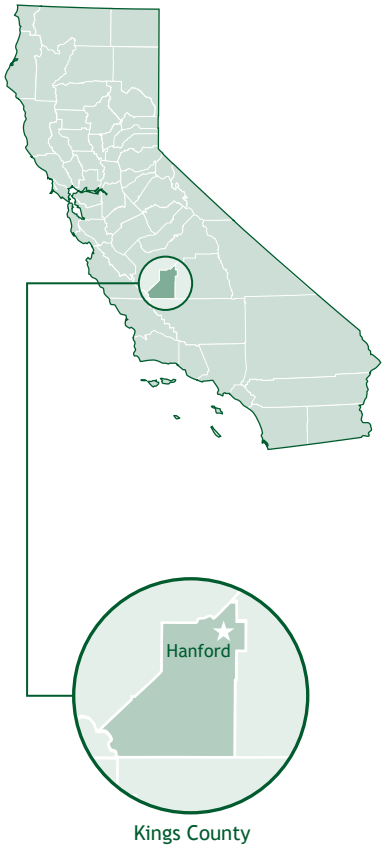
Kern County Children's Dental Health Network improves the oral health of young children. This program provides comprehensive dental services to children at local schools, using the services of second-year dental students. More than 8,000 children were screened for decay, more than 7,000 children received a professional cleaning and fluoride, more than 4,000 children received sealants, and more than 3,000 children received treatment for decay. Additionally, the program provided oral health and hygiene education to parents.

Local Story

A family consisting of a recently married 24-year-old mother of four young children ranging in age from infancy to 5 years struggled with low literacy, substance abuse, and domestic violence. The Bakersfield School Readiness Partnership provided home visits that developed school readiness skills in all the children, and two children were referred to a psychologist to address significant behavioral and emotional problems. Staff assisted the mother in obtaining a restraining order against the husband to end the domestic violence, in completing her education, and in finding employment. Staff noticed a remarkable change in the mother's appearance and attitude and her involvement in her children's school. Her children are all doing well in school, and the transformation has astonished their teachers.

This profile was prepared by SRI International.

Kings County



Commission Priorities

Kings County is situated in a rural region in the San Joaquin Valley of Central California. With 20% of the population living below the poverty level, many residents rely on a mixture of low-paying seasonal agricultural jobs, unemployment insurance, and public assistance to make ends meet. The primary challenges facing children and families in Kings County are geographic isolation, poverty, and inadequate access to bilingual and culturally competent services.

To address the need for comprehensive services throughout the county, the First 5 Kings County Children and Families Commission prioritized funding through five initiatives: (1) Family Resource Center (FRC) Initiative, (2) School Readiness (SR) Initiative, (3) Child Health Initiative, (4) Comprehensive Approaches to Raising Educational Standards (CARES) Initiative, and (5) Special Projects Initiative.

Primary Activities and Programs

Family Resource Center Initiative improves the system of care for children and families. FRCs have been an effective way to address many concerns faced by Kings County families, such as lack of services in the community, transportation to services, culturally competent services, and lack of awareness of available resources. In 2005-06, two new family resource centers opened, making all eight of the planned FRCs now fully operational. These centers bring together a wide range of formal and informal services and activities that help educate parents, enhance skill development, and promote healthy families. As community gathering places, FRCs create opportunities for caring adults to nurture and support children and families. As a result, FRCs have increased families' connections to community services, especially health care, through referrals and on-site services. The FRCs have been steadily improving access to services for families, improving service integration, and streamlining services.

School readiness programs bring comprehensive developmental services and family support to children in isolated communities. First 5 Kings County's School Readiness Initiative provided family support, developmental

POPULATION	
Total births (2005)	2,554
0 to 5 population (2005)	13,645

ETHNICITY OF CHILDREN 0-5	
African-American	5.1%
Asian/Pacific Islander	2.5
Latino	57.1
Native American	1.3
White	30.6
Other	3.4

FISCAL	
Total Net Assets, July 1, 2005	**$4,431,611**
Committed Funds	(630,175)
Uncommitted Funds*	5,061,786
Total Revenues	**$2,516,431**
First 5 Monthly Disbursements	2,050,455
Other First 5 Funding (Including SMIF)	122,718
Non-First 5 Funding	119,256
Interest	224,002
Expenses	**$(2,764,752)**
Total Net Assets, June 30, 2006	**$4,183,290**
Committed Funds	272,053
Uncommitted Funds	3,911,237

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

screenings, and access to high-quality preschool experiences in four school districts. Most of the SR programs use a similar set of strategies to engage young children and their parents, including home visiting, parent and child early learning activities, and Pre-Kindergarten Academies. These programs focus on identifying more children with disabilities and other special needs and on increasing the numbers of children with up-to-date health and education records, children whose basic needs are being met, families with improved family literacy practices, and children entering kindergarten at readiness level.

Children's Health Initiative moves toward health care coverage for all children. Since 2005, First 5 Kings County has taken the lead in assessing the need and the capacity of local providers to deliver a comprehensive approach to health care access for all Kings County children. With a $50,000 planning grant from the California HealthCare Foundation, the Commission led a community collaborative that examined the needs of the community, the capacity of providers to serve additional insured children, the possibility of a seamless approach to supportive health services and education, and the willingness of the community to support such endeavors. Having successfully completed all objectives tied to the planning grant, the Commission received an additional $150,000 from the Foundation to support the infrastructure needs of implementing the project.

Promoting Equitable Access and Outcomes

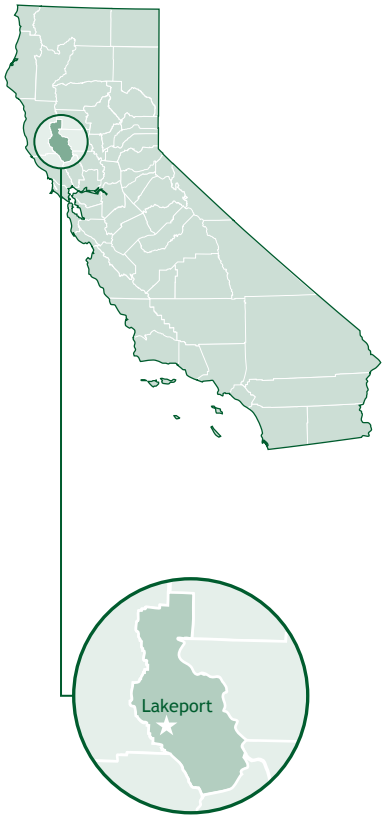
Existing health and human services in Kings County have struggled to meet the needs of the rapidly growing, culturally diverse, low-income communities in the region. The rural nature of the county requires families to travel long distances to access services, and linguistic barriers are common, with nearly half of children ages 0-5 living in Spanish-speaking homes. The supply of culturally and linguistically appropriate services is inadequate to meet the needs of these children and families. The FRC Initiative works to reduce barriers to access by delivering services in rural and outlying areas of the county and engaging Spanish-speaking, community-based staff to better serve a growing, diverse population. Establishing FRCs in each community brings services that have been adapted to local needs directly to children and families.

Program Highlights

The Hanford Family Resource Center creates a safe, accessible environment that encourages and empowers families. The staff of the Hanford FRC are committed to creating an integrated service delivery system that includes case management and referral, English as a Second Language (ESL) classes, and early childhood education. The FRC's Emergency Food Program often is the initial draw for clients, many of whom are employed seasonally in agricultural labor; another draw is the clothes closet, which provides clothing for infants and toddlers. When families need greater food assistance, they are referred to the local agency responsible for USDA commodities distribution and can receive a larger amount of commodities. When clients use the FRC for this emergency assistance, the FRC staff have the opportunity to introduce them to other services. The most popular programs have been the concurrent ESL and early childhood education programs. Parents can take ESL and other classes while their children participate in school readiness activities in a separate room. Several community collaborative partners offer services to FRC clients, sharing space on designated days so that clients receive services in a familiar and comfortable environment.

Corcoran's School Readiness Program delivers early education preparation to children. The Corcoran Unified School District operates a 4-week Summer Pre-K Academy to give incoming kindergarten children a jump start. Structured activities orient new kindergartners to the idea of leaving their family, coming to school, and following a set schedule. In groups of 12 to 15, students become familiar with classroom protocols, such as sitting still, listening, and following directions in the classrooms of their eventual teachers. The academic curriculum includes colors, shapes, and numbers to support students who have had little or no exposure to these basic, yet important concepts. Monday through Thursday, teachers focus on the logistic and academic fundamentals of school; Friday is geared toward socialization activities. Staff hope that students will forge friendships with peers and staff and be reassured that school is a safe and fun place to be.

Lake County



Lake County

Commission Priorities

A rural area with a small population, Lake County has limited infrastructure and few resources to support the needs of its young children and families. Most residents live in small towns, facing geographic isolation and transportation barriers. A high percentage of families with young children live in poverty, and many cannot afford telephones, intensifying their isolation. These issues are linked with low educational attainment, lack of health care, family instability, and generational drug and alcohol abuse.

To address these needs, First 5 Lake County funds programs to promote healthy child development so children are prepared to enter school ready to learn and have a foundation for a positive life trajectory. In 2006, a needs assessment survey administered by the County Commission confirmed the four goal areas of its strategic plan: (1) parenting practices and family relationships, (2) availability of high-quality child care, (3) access to health care, and (4) nonfragmented service delivery. The Commission continues to pursue school readiness as the focal point for program funding, and other funding priorities include: (1) health care, (2) children with disabilities and other special needs, (3) parent education, (4) early childhood educators' training, (5) development of child care services, (6) development of an integrated service delivery system, and (7) mini-grants.

Primary Activities and Programs

Comprehensive parent education and support programs promote strong families and target underserved populations. In 2005-06, the Lake County Office of Education began operating a parent education program called Nurturing Parents, which is available to all parents and teaches that children can be raised successfully in a nonviolent environment. In addition, the Drug Abuse Alternatives Center Perinatal Treatment Enhancement program employed a licensed family therapist to help drug-addicted women with positive parenting techniques and to work individually with mothers and children on child behavior issues. Twenty-nine families with children ages 0-5 participated, with 12 mothers graduating from the 18-month program. All of the graduates have shown a 50% or greater increase in measures of parenting skills. A similar program specifically supports Native American mothers in breaking the cycle

POPULATION	
Total births (2005)	728
0 to 5 population (2005)	3,881

ETHNICITY OF CHILDREN 0-5	
African-American	3.1%
Asian/Pacific Islander	0.6
Latino	22.6
Native American	5.5
White	61.6
Other	6.6

FISCAL	
Total Net Assets, July 1, 2005	**$1,298,800**
Committed Funds	1,236,125
Uncommitted Funds*	62,675
Total Revenues	**$1,004,032**
First 5 Monthly Disbursements	593,028
Other First 5 Funding (Including SMIF)	305,952
Non-First 5 Funding	69,441
Interest	35,611
Expenses	**$(1,072,702)**
Total Net Assets, June 30, 2006	**$1,230,130**
Committed Funds	1,014,161
Uncommitted Funds	215,969

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

of abuse. In 2005-06, this program responded to participants' requests for child care during parent activities and also moved to a larger, safer location; parents have also requested parenting classes, which will be provided via coordination with the Nurturing Parents program.

Programs help parents and caregivers support children with disabilities and other special needs. In collaboration with the Early Childhood Educators' Initiative, Easter Seals of Northern California (ESNC) helped home care providers develop strategies to care for children with disabilities and other special needs. While supporting 23 providers during the year, the ESNC staff also helped parents develop and implement educational plans for their children. Together, these efforts help ensure that families and caregivers have developmentally appropriate expectations for children in their care and the resources to promote their healthy development. Child care health consultants also worked with the Lake County Health Leadership Network to raise awareness of the need for universal developmental screenings in the medical and caregiver communities. State Preschool staff were trained to conduct developmental screenings, thereby increasing the early identification of children who need further assessment.

Promoting Equitable Access and Outcomes

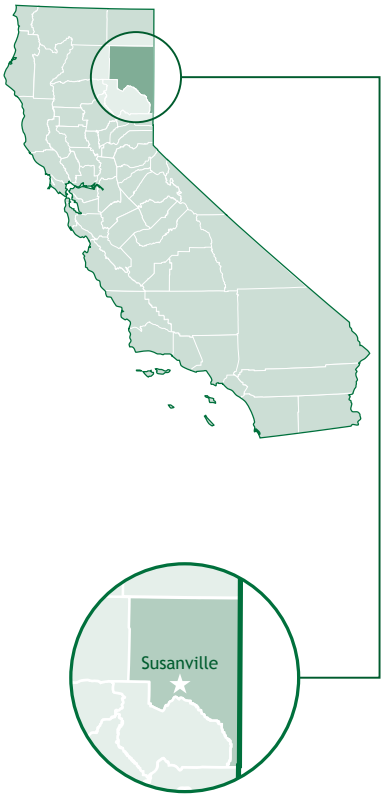
Native Americans and migrant workers from Mexico are the two primary underserved communities in Lake County. Low wages and cultural and linguistic barriers limit access to services. To help meet the needs of the Native American community, the County Commission awarded the Robinson Rancheria a second $5,000 mini-grant for educational materials for its 18-student child care center. This center will establish care standards that exceed state licensing requirements. A home-based educator successfully connected with parents on one of the four local rancherias, and the County Commission continues to coordinate with the Tribal Health Administration. To meet the needs of migrant workers, a Spanish-speaking insurance counselor assists families with enrollment in the Healthy Families insurance program, and a Spanish language Kit for New Parents is distributed to families by perinatal units in two hospitals, Easter Seals, and Healthy Start units participating in the School Readiness Initiative.

Program Highlights

School Readiness (SR) Initiative engages children and families through school- and home-based programs. At seven state preschool sites located at elementary schools, teachers work with 340 children on communication, emerging literacy skills, and health and safety, using curricula developed with input from K-3 educators. Family Fun Nights emphasize nutrition, develop fine motor and social skills, and increase children's familiarity with vocabulary, singing songs, and rhymes. Across sites, 262 parents (100%) participated in parent-teacher conferences, and many participated in other events, activities, and support groups. In 2005-06, children at the Burns Valley SR site showed measurable improvements in vocabulary, number concepts, letter concepts, and preliteracy skills. In addition, in the Konocti Unified School District, in-home educators helped parents of 50 children become effective primary teachers, using the Parents as Teachers curriculum. The School Readiness Expansion Project and Burns Valley School Readiness Project provided 825 home visits for 67 families; 100% of parents reported being very satisfied with the home-based program.

Oral Health Initiative creates a comprehensive and accessible system of services for children. This initiative offers mobile and clinic-based dental services for young children, and it collaborates with the SR Initiative to provide an oral hygiene curriculum in both center- and home-based SR sites. The program also serves parents by promoting child rearing activities that are conducive to developing strong teeth and by assisting parents in enrolling in health insurance programs. In 2005-06, a partnership of Public Health, Healthy Start, and AmeriCorps service workers provided fillings to 98 children and sealants to 248 children, provided transportation to dental appointments for 24 children, instructed 223 children ages 3-4 in oral hygiene practices, and helped 13 families to apply for and receive dental insurance. The number of families in the county identified without dental insurance continues to decline, as does the number of children requiring serious dental treatments.

Lassen County



Commission Priorities

Located in northeastern California, Lassen County abounds with scenic beauty and natural resources and is home to almost 35,000 residents. First 5 Lassen County Children and Families Commission has identified four primary areas of need for families with young children living in the county: (1) improve the overall health of children prenatal to age 5 with a focus on family resource centers, oral health, and a home visiting program; (2) empower individuals and organizations to make positive differences in their own communities; (3) educate parents about early childhood development and the availability of services and programs for young children and families; and (4) facilitate public and private partnerships to integrate and augment child care and early childhood developmental services. To address these needs, the major projects funded in fiscal year 2005-06 were the Children's Oral Health Project, family resource centers and home visiting program, the CARES program, and a mini-grants program.

Primary Activities and Programs

Children's Oral Health Project expands children's access to dental care and supports dental, medical, and child care providers and families in meeting children's needs. The program operates through the collaborative efforts of the Lassen Oral Health Task Force, Banner Lassen Medical Center, Northeastern Rural Health, Head Start, a core group of dedicated volunteers, and the continued services of a registered dental hygienist in alternative practice (RDHAP) and a local dentist. Designed for children ages 6 months to 5 years and their families, the project offers education, prevention, and treatment. The program provides preschool oral health and dental screenings to identify early childhood caries, prompting parent education and treatment referrals. Fluoride varnish treatments, case management, hospital dentistry, and follow-up services are provided as needed. The training of medical practitioners and Child Protective Services case workers, as well as foster parents, to recognize oral health issues early has helped increase access to care for young children.

POPULATION	
Total births (2005)	289
0 to 5 population (2005)	1,775

ETHNICITY OF CHILDREN 0-5	
African-American	0.9%
Asian/Pacific Islander	1.2
Latino	12.5
Native American	3.7
White	76.1
Other	5.7

FISCAL	
Total Net Assets, July 1, 2005	**$773,538**
Committed Funds	761,005
Uncommitted Funds	12,533
Total Revenues	**$505,320**
First 5 Monthly Disbursements	260,098
Other First 5 Funding (Including SMIF)	214,341
Non-First 5 Funding	6,863
Interest	24,018
Expenses	**$(650,121)**
Total Net Assets, June 30, 2006	**$628,737**
Committed Funds	1,007,221
Uncommitted Funds	(378,484)

During fiscal year 2005-06, 1,046 children participated in fluoride varnish clinics and 46 children received hospital dentistry services. The program dentist and the RDHAP increase access to dental care by providing treatment in non-traditional settings, such as Head Start or FRCs. Hospital staff, a mentor parent, and a Far Northern Regional Center vendor can provide translation services, as needed.

Family resource centers provide integrated services for children and families. As part of its School Readiness (SR) Initiative, First 5 Lassen established three coordinated family resource centers (FRCs), bringing services to previously underserved areas of the county. Through this network, a variety of services were provided to families and young children. Child-focused services include oral health care, school readiness kindergarten camp, and home visiting. Other services include parent education, a book and toy lending library, child development activities, playgroups, Internet access, Moms' clubs, information and referral services, and peer support groups.

Home visiting program brings services to children and families. Designed for families with children ages 0-5, the program offers home visits with an activity-based curriculum, Growing Great Kids. The program also links families with parent support groups, playgroups, parenting classes, case management, and other services. The program has bilingual home visitors, as well as Spanish materials. The primary goals of the home visiting program are to increase parents' understanding of child development, increase parental self-confidence, help prepare children for kindergarten, and reduce the incidence of child abuse.

Promoting Equitable Access and Outcomes

Historically underserved populations in Lassen County are those who are geographically isolated and who face transportation and linguistic barriers. First 5 Lassen has developed FRCs in most of the isolated areas, providing residents with local access to services and resources for the first time. Lassen WORKS continued to provide a van and driver, as well as coordination of transportation for citizens of the Big Valley area. This van transports residents in Lassen County's most isolated areas to service locations in Susanville. The home visiting program brings services to families in their homes. Bilingual services are provided through the FRCs and home visiting, bridging linguistic barriers. The fiscal sustainability of FRCs has presented enormous challenges. The FRCs are changing significantly in their structures in an ongoing effort to address needs for sustained funding, as well as to respond to the needs of their communities and to work more efficiently.

Program Highlights

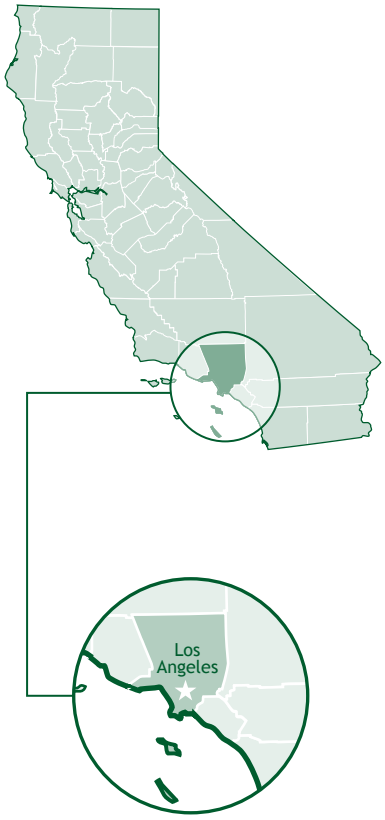
Lassen CARES program promotes high-quality child care by providing support for qualified staff to continue their education. The program rewards professionals who have demonstrated a commitment to the child care and education field by continuing professional development. During 2005-06, the program paid stipends totaling $56,863 to 43 child care providers. In addition, 1 child care provider obtained an A.A. degree during the year; 22 had A.A. degrees, and 2 had B.A. degrees.

Toy Lending Library for Infants and Toddlers provides toys and materials to promote young children's positive growth and development. As part of the School Readiness Initiative and in collaboration with Lassen Child and Family Resources, this program provides families with short informational sessions highlighting specific developmental milestones relevant for their children's age. The toys available for lending complement six basic areas of infant learning: object permanence, spatial apprehension, cause and effect, tool use, comprehension, and imitation.

Pre-Preschool Playgroup provides a consistent time and location for children and families to play together. Another component of the SR Initiative, the playgroup for young children meets at the FRC. Center staff members develop and implement activities that are developmentally appropriate, thematically based, and exemplary of positive growth and development. Activities focus on cognitive, physical, social-emotional, and language development. Activities also are designed to strengthen parent-child interactions through shared experiences.

Mini-grant program engages the community by providing funding opportunities for local solutions meeting local needs. Helping to meet the challenge of engaging the community, First 5 Lassen has funded various mini-grants throughout Lassen County to improve the quality of child care, early literacy, parenting education, and playgrounds.

Los Angeles County



Los Angeles County

Commission Priorities

Los Angeles County is one of the nation's largest counties (4,084 square miles), has the largest population (10,245,572 estimated as of January 2006) of any county in the nation, and is exceeded in population by only eight states. Approximately 28% of California's residents live in Los Angeles County. There are 88 cities within the county, each with its own city council. All of the cities, in varying degrees, contract with the county to provide municipal services. More than 65% of the county is unincorporated. For the 1 million people living in those areas, the LA County Board of Supervisors and county departments control and provide municipal services.

There are many obstacles to reaching out to the thousands of underserved children and their families in this county. There are almost more languages spoken in LA County than there are cities. Each language represents a community of immigrants, often isolated and generally in need. LA County has the largest concentration of Filipino, Cambodian, Armenian, Salvadoran, and Native American populations in the country, illustrating the considerable diversity within the county. In addition to language and cultural barriers, there are economic issues that have put many Los Angeles children and families in untenable conditions. From 1990 to 2000, the poverty rate in LA County increased more than 46%.

First 5 LA is dedicated to investing in early childhood development. The Commission believes that the first 5 years of life set the foundation for the future of our children. It is through this investment that the First 5 LA Commission will affect the future of our children, and all of Los Angeles County.

The Next Five Strategic Plan (fiscal years 2004-05 through 2008-09) emphasizes activities that foster child wellness by creating access to high-quality health resources; ensuring healthy physical, social, emotional, and cognitive development; and promoting safety from injury and maltreatment. As indicated in the strategic plan, the three priority goal areas are early learning, health, and safe children and families.

POPULATION	
Total births (2005)	150,377
0 to 5 population (2005)	905,730

ETHNICITY OF CHILDREN 0-5	
African-American	8.1%
Asian/Pacific Islander	8.0
Latino	61.4
Native American	0.2
White	19.7
Other	2.7

FISCAL	
Total Net Assets, July 1, 2005	**$745,436,861**
Committed Funds	745,436,861
Uncommitted Funds*	0
Total Revenues	**$180,581,099**
First 5 Monthly Disbursements	131,950,458
Other First 5 Funding (Including SMIF)	17,516,452
Non-First 5 Funding	314,658
Interest	30,799,531
Expenses	**$(127,385,815)**
Total Net Assets, June 30, 2006	**$798,632,145**
Committed Funds	778,949,162
Uncommitted Funds	19,682,983

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

Primary Activities and Programs

School readiness activities and programs promote early learning. First 5 LA funded grants to promote school readiness by creating centers and programs that provide a wide range of services to help children get ready for school and facilitate family and community support for these efforts. These 42 programs are receiving more than $134 million in funding, which includes $67 million from First 5 LA and $67 million from First 5 California. Overarching strategies for the School Readiness Initiative include the following: (1) Early Care and Education, (2) Parenting and Family Support, (3) Health and Social Services, (4) School Capacity, and (5) Program Infrastructure and Administration. During fiscal year 2005-06, a total of 22,226 children ages 0-5 were served, and 24,316 families of children ages 0-5 were served.

Preschool activities and programs will be available to all children. First 5 LA has committed $600 million over 5 years to Los Angeles Unified Preschool (LAUP). Thanks to this significant investment, LAUP is creating new, high-quality preschool programs in areas that need them most and providing new resources to improve the quality of existing programs. LAUP currently supports 2,642 enhanced program spaces in preschool centers and 1,216 new spaces, as well as 224 enhanced spaces and 224 new spaces in family child care homes. To date, LAUP has created or has under development nearly 10,232 high-quality preschool spaces. In March 2006, First 5 LA, in partnership with LAUP, approved the Power of Preschool Demonstration Project (PoP) for $28 million over 5 years. Through the implementation of PoP, LAUP will create and/or enhance at least 35,294 free preschool spaces for 4-year-olds in 13 identified cities within Los Angeles County over the 5-year period. PoP aims to (1) improve children's readiness for school through the provision of increased access to high-quality preschool programs for 4-year-olds and (2) contribute to the statewide effort to influence policy and sustain preschool by promoting public will to expand and support preschool for all children in Los Angeles County.

Health access for children will improve children's health. Healthy Kids is designed to expand eligibility for existing health insurance programs by covering all children ages 0-5 living at or below 300% of the federal poverty level (FPL) in Los Angeles County. As of June 30, 2006, 7,515 children ages 0-5 were enrolled in the Healthy Kids program. This represents approximately 54% of the eligible but uninsured children ages 0-5 in Los Angeles County (according to the 2003 California Health Interview Survey). Of the 7,515 enrollees, 6,456 were in families with incomes up to 133% of the FPL; 217 were in families with incomes from 134% to 150% of the FPL; and 842 were in families with incomes from 151% to 300% of the FPL. Of the 7,515 enrollees, 6,389 (85%) were in Spanish-speaking households, 10 in English-speaking households, 282 in Korean-speaking households, 4 in Chinese-speaking households, and 4 in Tagalog-speaking households.

Countywide initiative promotes healthier births and babies. Healthy Births is a unique initiative for First 5 LA in both scale and scope. It is one of the largest efforts currently under way in the United States to address preventable low-birth-weight and preterm births by linking services for women. Ultimately, all of the more than 150,000 women who give birth in Los Angeles County annually will benefit from the seamless delivery of services. Under this initiative, the LA Best Babies Network (formerly Center for Healthy Births) was established to provide the infrastructure, programs, advocacy, and support to enhance the capacity of community stakeholders working with Network staff and faculty to achieve healthy pregnancies and births. The Healthy Births Learning Collaboratives (HBLCs) are a component of the Network. They provide free, community-directed meetings that promote knowledge sharing, capacity building, collaborative planning, and action among the network of stakeholders interested in improving pregnancy and birth outcomes in LA County. First 5 LA has allocated $28 million over 3 years toward this effort.

Prevention initiative keeps children and families safe from abuse and neglect. In an effort to address the safety concerns of children and families, First 5 LA approved a framework for the start of a 5-year initiative titled Partnerships for Families (PFF) in August 2003. This approval followed a $50-million allocation approved by the Commission for a secondary prevention strategy that (1) coordinates and fills gaps in community-level services for families and pregnant women at risk for child maltreatment, (2) develops and/or strengthens natural helping

networks at the neighborhood level, and (3) coordinates and promotes collaboration among and between community and county systems.

To ensure that more prevention resources and support will be available to families, eight lead agencies, each representing a Service Planning Area (SPA), were selected in October 2005 to implement the PFF program model. From February 1, 2006, through June 30, 2006, lead agencies and their collaborative partners participated in a program planning period that included direct interaction with the regional administrators and liaisons from the Department of Children and Family Services in order to set up a referral system, develop standard outcomes across the county, and share best practices.

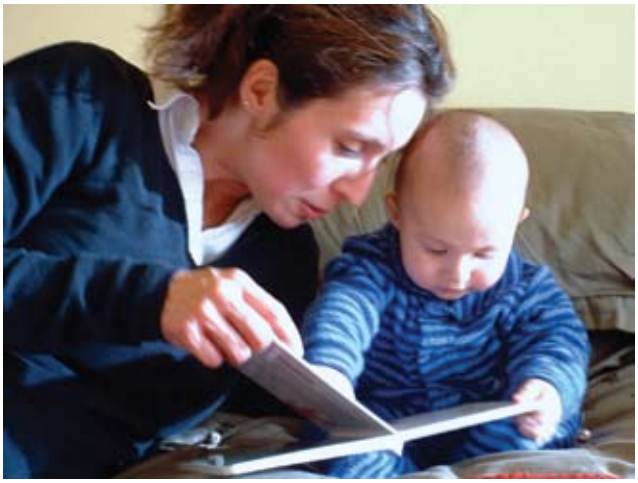
Promoting Equitable Access and Outcomes

To address issues in underserved communities and achieve equitable access and outcomes, First 5 LA used a number of different programs and strategies during 2005-06.

- Through the Healthy Kids Outreach Partnership, outreach efforts are under way to ensure that children are enrolled in Healthy Kids, Medi-Cal, Healthy Families, and other plans for which they may be eligible. As of June 30, 2006, 7,515 children ages 0-5 were enrolled in Healthy Kids. In addition to Healthy Kids enrollments, a total of 23,895 Medi-Cal and Healthy Families applications for children ages 0-5 have been completed.
- First 5 LA Connect directly supports families and children prenatal through age 5, providing information to parent callers to address concerns about their children's needs, providing resources, and assisting parents to enroll their children in low-income health insurance plans. During 2005-06, call advisors provided information and referral services to callers in English, Spanish, and 140 other languages through tele-interpreting services; services were also provided to the hearing impaired. Callers are also warm-transferred (staff remain on the line with the caller) for urgent or emergency assistance, as necessary. On average, 4,000 callers per month received services processed through First 5 LA Connect this fiscal year, and 1,281 applications for health insurance were taken. The top five primary requests were (1) health supportive services; (2) information and referral services; (3) day care; (4) income maintenance, such as SSI, TANF, Disability, etc.; and (5) health screenings.
- As of June 2006, First 5 LA had distributed 60,506 Kits for New Parents to 2,305 organizations. In addition, more than 1,546 direct service providers attended one or more of 74 in-depth training sessions designed to enhance the use of the Kit information by recipients. During 6 community outreach events, the Kit was directly introduced to and requested by 462 families. In addition, the Kit was represented at 53 exhibits, presentations, and community-based meetings throughout the county.
- In addition to the Kit for New Parents (which is currently being developed in other languages), tip sheets were designed specifically to expand access to information by providing parenting facts and information to the communities speaking Farsi, Armenian, Chinese, Korean, Laotian, Vietnamese, Khmer, and Russian. A total of 20,433 tip sheets have been distributed to parents throughout Los Angeles County, with the following breakdown by language: 2,922 in Armenian, 1,839 in Khmer, 4,916 in Chinese, 1,553 in Farsi, 4,131 in Korean, 990 in Laotian, 1,024 in Russian, and 2,808 in Vietnamese.

Program Highlights

The Outdoor Classroom Project provides children with valuable outdoor play. Child Educational Center's Outdoor Classroom Project is solidly based on research regarding the stages of child and brain development, as well as research about lifestyle choices that affect children's social-emotional and physical health. The project's long-term goal is to increase the number of children ages 0-5 who benefit from outdoor play by exposing children to sophisticated playground activity. Thus, it is designed to affect children's social-emotional development, health, and future school success. The project also aims to educate child care providers and parents about the value of the outdoor environment and ultimately improve the systems of care for children throughout Los Angeles County. In its third year, the Outdoor Classroom Project provided two



conferences for 386 educators representing 135 centers. The project also hosted year-long, monthly on-site consulting and technical assistance on implementing an Outdoor Classroom at 29 new child care sites. In 2005-06, 93% of conference attendees responding to a follow-up telephone survey reported that they had made changes in their outdoor physical environments, many starting with small changes the Monday after they attended the conference; 62% reported making changes in their outdoor programs, and 74% reported that children were spending more time outside. The telephone survey response rate was 68%.

The Oakwood School Readiness Center helps parents, schools, and communities prepare children for school. Children's Bureau expanded the Oakwood Family Resource Center (FRC) in March 2003 by adding the School Readiness Program and creating the Oakwood School Readiness Center. The FRC model delivers comprehensive school readiness services to children ages 0-5 and their families. These services were designed to meet parents' desires to become more knowledgeable about child development, overall school readiness, and healthy lifestyles, and about ways to advocate for their children in the school system. The program's purpose is to improve the ability of families, schools, and the community to prepare children ages 0-5 to enter school ready to succeed. The Oakwood School Readiness Center directly targets low-income, monolingual Spanish-speaking families by providing an array of direct services to parents and their children. The program addresses the needs of parents by offering all materials and instruction in Spanish and English. The number of children in the community who receive screenings for developmental delays and health screenings before they reach kindergarten has dramatically increased. In 2 years, program case managers screened 394 children for developmental delays, and 204 children received health screenings.

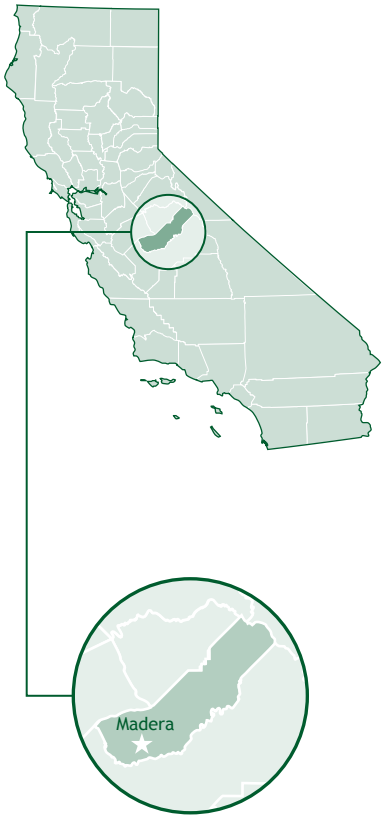
Local Story

Antonia was worried that her daughter, Nancy, age 5, was spending too much time watching television. But the Pacoima mother of two was challenged to create other ways to teach and entertain her children.

Antonia got great ideas at the Art2Go program of the Children's Museum of Los Angeles. Co-sponsored by LA Unified School District's Broadus Ready for School Resource Center, a First 5 LA grantee, the program, which started in 2004, has introduced nearly 400 parents and preschoolers from the predominantly Hispanic community to the joys of art through family participation.

In two 90-minute sessions, the program sets out to help parents understand how art activities can open doors to literacy, numeracy, and other early learning skills that lead to school readiness. "I had no idea how much fun we could have with household items such as paper bags, old greeting cards, marbles, paint, and paper," Antonia said. "Now I don't throw anything away—instead, I try to think of how I can make them into a puppet, toy, or other project." According to Barbara Baldwin, site director, Art2Go emphasizes parent-child interaction in activities that make learning fun. "By integrating arts into play and activities that develop creative thinking, communications, pre-literacy, cultural literacy, and self-esteem, parents are able to truly become their children's first teachers." The resource center also offers a variety of caregiver education resources and bilingual parenting classes.

Madera County



Madera County

Commission Priorities

Although Madera County spans roughly 2,150 square miles of assorted flatlands and mountainous terrain, it is often described as a relatively small rural county with a deeply rooted agricultural economic base. As one of the fastest-growing counties in California, Madera County is home to an ever-growing number of migrant laborers who are attracted to the central valley by agricultural employment opportunities. The typically low-paying and seasonal employment characteristics of the agricultural industry, coupled with high unemployment rates, contribute to the most significant challenge facing many children and families in Madera County: poverty. Combined with other community and family stresses, poverty often manifests through substance abuse, child abuse and general neglect, poor access to health care, isolation, and language barriers, among other problems, and creates insurmountable barriers for some children and families in Madera County.

Findings of First 5 Madera's initial needs assessment highlighted challenges that are also common in many other counties throughout the state, including high rates of poverty, unemployment, uninsured children, teen pregnancy, low educational attainment, and geographic/cultural isolation. More recent assessments also have uncovered a lack of access to high-quality infant/toddler care, preschool programs, and comprehensive treatment programs as additional challenges for young children. The overarching challenges, most often noted by service providers and parents alike, are lack of knowledge about available services, disconnects in the service system, and geographic isolation.

To address these needs, the strategic plan of First 5 Madera focuses funding on three programmatic strategies: (1) Family Resource Center Initiative, (2) Funding Initiatives, and (3) Capacity Building.

Primary Activities and Programs

Family Resource Center (FRC) Initiative facilitates systemwide coordination and expansion to link the community more seamlessly to services. By design, the Madera FRCs are owned and operated by First 5 Madera and strategically located throughout the county to facilitate the

POPULATION	
Total births (2005)	2,349
0 to 5 population (2005)	13,782

ETHNICITY OF CHILDREN 0-5	
African-American	2.3%
Asian/Pacific Islander	0.9
Latino	68.4
Native American	0.9
White	25.7
Other	1.8

FISCAL	
Total Net Assets, July 1, 2005	**$5,841,921**
Committed Funds	5,841,921
Uncommitted Funds*	0
Total Revenues	**$2,364,260**
First 5 Monthly Disbursements	1,986,296
Other First 5 Funding (Including SMIF)	155,357
Non-First 5 Funding	116,025
Interest	106,582
Expenses	**$(2,050,919)**
Total Net Assets, June 30, 2006	**$6,155,262**
Committed Funds	6,155,262
Uncommitted Funds	0

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

expansion, coordination, and integration of key services and supports that promote optimal childhood development. Each FRC strategically houses a variety of services and supports, including the State Preschool Program, Migrant Alternative Childcare Program, Madera County School Readiness Program, Healthy Beginnings Program, Nutrition and Fitness Program, Health and Wellness Program, and County Commission staff. The FRC Initiative simplifies the linkages of families to services by co-locating a wide variety of programming and supports at one easily accessible location. The FRCs are multidimensional in approach, promoting the idea of serving the whole child through coordinated services that are easily identifiable, accessible, and seamlessly linked to supports highly frequented by families.

Funding Initiatives facilitate the delivery of direct services to children and families that promote children's health, family involvement, and child development. All funded projects are either co-located with or linked to the FRC Initiative.

- To ensure that children are healthy, the County Commission funded two programs. The First Parents Program uses a universal home visitation strategy, based on the Hawaiian Healthy Start model, that has public health professionals and paraprofessionals provide a series of home visits and follow-up telephone calls to new and expectant parents in Madera County. The goal of the program is to reduce factors negatively influencing the Commission's goal for children to be born healthy and live healthy lifestyles. The second program, ChIRP (Childhood Immunization Registry Partnership), is part of the California Statewide Immunization Information System. The system is designed to enter children into the registry through their primary physicians to prevent unnecessary immunizations.

- To optimize family involvement, the County Commission funded three programs. The Healthy Beginnings Multidisciplinary Team is composed of representatives from Public Health, Behavioral Health, Early Education, Alcohol and Other Drug Services, Child Welfare Services, and CalWORKs, who convene weekly to facilitate joint, multidisciplinary case planning and management. The team also has become a vehicle for significant systemic improvements toward better service coordination and integration for young children. Family involvement also is promoted through the Extra Special Parents Program. This program provides services and supports to families of young children with disabilities and other special needs, including case management, crisis intervention, and ongoing supports. The program also provides advocacy and support to increase the capacity of the early care and education providers who work with these children. The Assessment Center for Children – Exceptional Parents Unlimited operates as a subset of the Healthy Beginnings Multidisciplinary Team to offer specialized pediatric developmental and behavioral services to children.
- To enhance parenting interventions in Madera County, the Parent Education Initiative offers a continuum of parenting programs to serve the diverse needs of families. The Nurturing Parenting Program promotes family involvement through a prevention-focused strategy. The program targets parents of young children who are interested in gaining general parenting information. The Incredible Years Program is an early intervention strategy targeting parents/children/families who are identified as high-risk but who may or may not be at the point of formal entry into the child welfare system. The Love and Logic Program is a treatment-focused strategy, targeting parents and caregivers of children displaying behavioral health symptoms, including attachment and bonding concerns. 0 to 5 in 30 Minutes! is a magazine-style television program that takes parenting information and education directly into the homes of Madera County families. It is 30 minutes long and addresses a wide variety of parenting issues, including school readiness, health, nutrition, and child rearing.
- To increase the number of children participating in preschool, First 5 Madera funded the Preschool Access Initiative. This initiative is available to existing preschool programs to enhance their quality by increasing capacity and improving school readiness outcomes. The Preschool Access Initiative is designed to increase children's average scores on the Desired Results Developmental Profile in kindergarten and to increase the programs' average Early Childhood Environment Rating Scale (ECERS) scores.

- To improve access to high-quality programs that promote child development, First 5 Madera partners with First 5 California on the School Readiness (SR) Initiative. The SR Initiative targets children of the lowest-performing schools in Madera County to promote kindergarten success. Strategies include Welcome Wagon home visits to new mothers, Backpack Literacy Projects, annual summer KinderCamps, kindergarten transitional activities, and networking and articulation strategies among home/center-based child care providers, preschool teachers, and kindergarten teachers.
- A second partnership with First 5 California, Madera CARES Initiative, also increases access to high-quality child development programs. This initiative offers monetary rewards and other supports to early care and education providers who are currently working in an early care and education setting and earning college credits to make progress on the California Child Development Matrix.

Promoting Equitable Access and Outcomes

Madera County's population is becoming increasingly diverse. In recent years, Hispanics and other minority racial/ethnic groups—African-Americans, Asians, and American Indians—have grown faster than the population as a whole. These groups increased from 40% of the county's population in 1990 to almost 54% in 2000 and roughly 70% in 2006. The ever-growing Hispanic population remains the largest underserved racial/ethnic group in Madera County. In more recent times, an indigenous people from southern Mexico and Central America have joined Mexican immigrants in their pursuit of better economic opportunities through California's agricultural employment. These Oaxacan immigrants are monolingual Mixtec speakers and are often isolated and shunned by other Mexican immigrants. Immigrant tracking sources found that more than two-thirds of California's Oaxacan immigrants settle in Madera County, and more than 25% are young children. Further, Madera County also has pockets of American Indians, who are often isolated in the foothill and mountain areas.

Also, when considering underserved populations in Madera County, the dynamics of complex geography should not be overlooked. Madera County is a predominantly rural county divided almost equally into valley floor, foothills, and mountain areas. The valley portion has some of the highest-producing agricultural land in the United States, and the foothills are mostly devoted to cattle ranching, while the mountain area is the gateway to Yosemite National Park and the Sierra Nevada National Forest. The most densely populated areas, specifically Madera and Chowchilla, run northwesterly covering the western-most third of the county, in which the hubs to most social services and supports are clustered in a small area. The remaining two-thirds of the county is sparsely populated, with small pockets of people throughout, all of whom are isolated from public services by distance and limited transportation.

First 5 Madera County uses the following strategies to increase outreach to traditionally underserved communities:

- Funded programs must ensure that staff are reflective of the community served. To that end, all First 5 Madera County funded programs employ personnel who are racially, culturally, and linguistically reflective of Madera County's diversity.
- The FRC Initiative has partnered to co-locate trusted community-based programs at the Madera FRC to offer a bridge between underserved communities and the greater service system. Partnerships include co-location and collaboration with the Migrant Childcare Alternative Payment Program, which serves primarily farm laborers, and the Binational Center for the Development of Oaxacan Indigenous Communities, which offers one-on-one and group prenatal education to pregnant Oaxacan women.
- By design, the FRC Initiative will develop a network of FRCs throughout the county to address geographic isolation. Though each center will mirror overall family

support principles, each will be uniquely developed, based on the stated needs and desires of the surrounding communities.

These strategies have positively affected access to services among historically underserved populations. Traditionally underserved populations frequent the FRC to receive services from co-located community-based organizations. As their trust grows, they have been noted to begin participation in other FRC family activities and even to pursue additional services that otherwise would have been refused.

Program Highlights

The First Parents Program offers universal home visitation to all first-time parents in Madera County. The First Parents Program, in partnership with the Madera County Public Health Department and Maternal Child Health Programs, uses a comprehensive approach to address concerns that new parents are not adequately informed or do not have sufficient skills regarding a variety of issues. These include low child (and adult) literacy, as well as a lack of knowledge about appropriate parent-child interaction, perinatal substance use, reading infant cues, understanding infant states and behavior, safety, breastfeeding, child and adult health, and the need simply to play with a child.

Public health professionals and paraprofessionals provide bilingual and culturally sensitive intensive home visits and follow-up phone calls during pregnancy and for a year after delivery. During the home visit, children receive developmental assessments to identify any concerns early and to make referrals to services when appropriate. In addition, First Parents uses the Growing Great Kids curriculum, a comprehensive, interactive, research-based curriculum that focuses on building parent-child relationships and systematically educates and supports parents in providing their children with a healthy and nurturing environment. Through this program, families receive services and supports that enable family self-sufficiency.

First Parents is reaching the families who are most in need of the services and support. In 2005-06, 78 families were served, of whom more than 85% had Medi-Cal and more than 70% spoke only Spanish. The program will be serving the entire county beginning October 2006 and is expected to reach many more new parents.

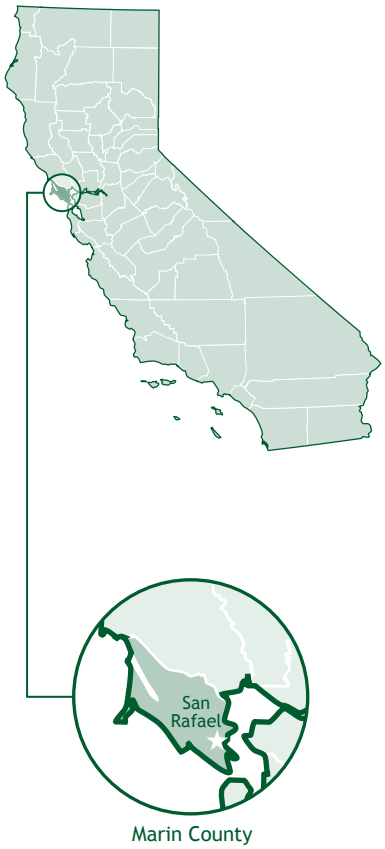
The School Readiness Program increases preschool children's school readiness and literacy skills and promotes collaboration among providers. In partnership with the Madera County Office of Education, the School Readiness (SR) Program provides cost-effective, bilingual English and Spanish kindergarten transition and early literacy programs for children ages 3-5, parenting education, and home visits to their families. The program also promotes early learning through collaboration among preschool and kindergarten teachers.

The KinderCamp Club aims to increase children's school readiness skills through exploration of age-appropriate materials, adult support, language development, and decision-making opportunities. During the 3-week camp, children learn language and literacy skills, symbolic representation, taking initiative, social relationships, classification, seriation, and number concepts. While children are in class, parents attend a parenting and family leadership class. In addition, participants receive home visits for health and social service referrals. In 2005-06, the kindergarten transition program was offered at three schools, and a total of 41 children and their families participated.

The Backpack Literacy Club increases children's language experiences through interactive writing, home- and school-linked journals, and dialogic reading. Parents attend workshops on early literacy and receive weekly early literacy materials (children and family journals and children's books) for use in the home. Also, families receive home visits to enhance the skills they learned in the workshops and to receive health and social service referrals, if needed. Moreover, the program provides school-linked literacy experiences that build on the literacy activities parents and children engage in at home. Furthermore, the school-linked literacy experience is strengthened by training preschool and kindergarten teachers through the Teacher Collaborative Network program. In this program, teachers receive professional development and attend collaborative meetings to support a shared curriculum. In 2005-06, 240 children and their families and 27 preschool and kindergarten teachers were served.

The SR Program emphasizes results-based outcomes: increase school readiness as measured by a pre and post general screening tool for literacy and social skills, increase emergent literacy skills as assessed by the pre and post measure of the language and literacy measures of the Desired Results Developmental Profile, increase levels of smooth kindergarten transition as measured by a pre- and postprogram parent survey, and increase levels of parenting skills as measured by a parent survey. In 2005-06, KinderCamp Club participants at the three participating schools showed increases in school readiness skills by 46%, 41%, and 38%, respectively. Measures for emergent literacy skills also increased at the three schools, by 45%, 35%, and 27%, respectively. Furthermore, two of the participating schools saw an increase of more than 50% in levels of smooth kindergarten transition, as reported by parents.

Marin County



Commission Priorities

Marin County, located at the north end of the Golden Gate Bridge, is both rural and residential. A small but significant number of families live in areas that are fairly isolated from traditional city and county services.

The vast majority of residents are white and wealthy, with the highest per capita incomes in the state. The poverty rate of 6.6% is well below regional, state, and national levels. This positive outlook fails to recognize the extremely high cost of living in Marin County (where the median home price is nearly $1 million) and the disproportionate poverty among people of color (51% of Hispanics live below 300% of the federal poverty level).

Out of approximately 53,000 children in Marin County, as many as 5,000 may be living without health insurance, and more than 1,500 are underinsured (covered by a noncomprehensive health plan). Most children are eligible for some insurance, making effective outreach a high priority. Historically, once enrolled, many children have not remained insured, making retention services an additional priority.

Many children in Marin County are well prepared to enter school, with good emotional, social, and cognitive skills. This overall picture is misleading, however, and tends to ignore those who score low on countywide achievement tests—particularly low-income and limited-English- and non-English-speaking children.

First 5 Marin Children and Families Commission has identified four major issues facing young children and their families in Marin County: the lack of comprehensive health insurance, the need for oral health services (including insurance, dental care providers, and oral health education), insufficient affordable high-quality early care and education, and poor nutrition and obesity. The Commission, through its strategic plan, has identified three priority outcomes: children have optimal health and well-being, children are ready for school, and public policies support children. Programs supported by First 5 Marin are designed to achieve these priority outcomes.

POPULATION	
Total births (2005)	2,785
0 to 5 population (2005)	16,336

ETHNICITY OF CHILDREN 0-5	
African-American	1.6%
Asian/Pacific Islander	3.6
Latino	19.9
Native American	0.2
White	70.1
Other	4.7

FISCAL	
Total Net Assets, July 1, 2005	**$7,901,944**
Committed Funds	9,166,593
Uncommitted Funds	(1,264,649)
Total Revenues	**$2,899,620**
First 5 Monthly Disbursements	2,453,610
Other First 5 Funding (Including SMIF)	148,858
Non-First 5 Funding	0
Interest	297,152
Expenses	**$(3,106,207)**
Total Net Assets, June 30, 2006	**$7,695,356**
Committed Funds	7,695,356
Uncommitted Funds	0

Eat your veggies! Students are gardeners and customers at the North Bay Children Center's Garden of Eatin'—developed with a grant from First 5 Marin.

Primary Activities and Programs

First 5 Marin is working to secure health care coverage for all children in Marin County. The Commission is allocating $500,000 per year for 5 years to help provide comprehensive health care coverage for all children in the county with family incomes up to 300% of the federal poverty level. The Commission supports the Children's Health Initiative (CHI), which is working to develop a Healthy Kids program for the county, while currently providing CalKids insurance to children who are not eligible for federal programs. In addition, CHI outreach workers, managed by First 5 Marin, have provided application and renewal assistance to more than 1,400 children, conducted more than 50 outreach activities to more than 3,000 people, and distributed nearly 50,000 outreach materials.

First 5 Marin is improving pediatric dental health in Marin County. The Children's Oral Health Project provided dental screenings and teeth cleaning to 424 youngsters at 13 low-income preschools, pre-kindergarten programs, and day care centers, and provided another 231 services to children at a health fair, Head Start, and Even Start—for a total of 655 children served. The project also conducted nine oral health education events, serving 150 providers. The Oral Health Project also served nearly 900 parents through oral health education, screening events, and follow-up treatment. In addition, the project distributed more than 9,000 brochures and educational materials, including books, posters, and flyers.

First 5 Marin has improved school readiness in five communities across Marin County. First 5 Marin supports community-based school readiness programs and activities in five communities: Marin City/Sausalito, Novato, the Nicasio/San Geronimo Valley, Shoreline/West Marin, and the Canal neighborhood of San Rafael (part of the statewide School Readiness Initiative). Together, the five school readiness programs served 1,428 children and 1,790 parents throughout Marin County. In addition, the Summer Bridge program, under way in each of the five communities, provided a 5-week pre-kindergarten course to 267 children without preschool experience, and a total of 200 parents attended at least one parent-child Friday activity.

First 5 Marin supports Comprehensive Approaches to Raising Educational Standards (CARES). The Commission continued to provide funding incentives to approximately 150 early care and education (ECE) providers for continuing their education and professional development and for their commitment to remain in the ECE field. The Commission also successfully applied for matching funds to continue with the new CARES program.

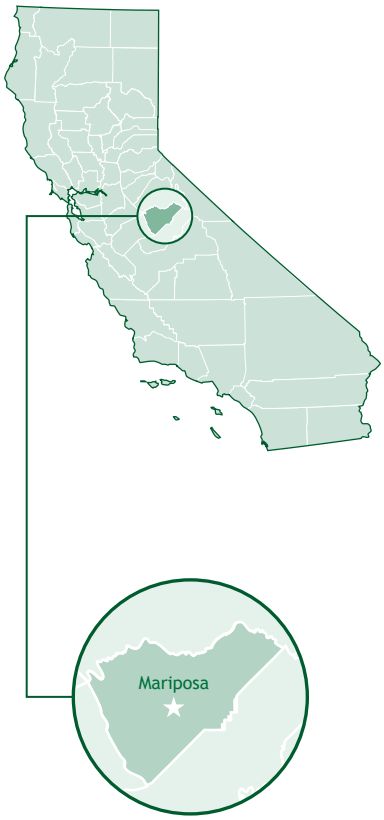
Promoting Equitable Access and Outcomes

Historically, the underserved populations in Marin County are monolingual Spanish-speaking families; children with disabilities and other special needs without access to health care, including mental health and dental services; geographically isolated families; and residents of Marin City, with the largest low-income African-American population in the county. To better serve these populations, First 5 Marin places an emphasis on cultural and linguistic competency in outreach materials, programs, and services. Most providers are bilingual, and outreach materials are bilingual. Many staff members live in the communities they serve; they are multilingual and multicultural and are truly invested in the work they do. The Commission connects to isolated communities by bringing services to local neighborhoods and by using mobile programs for health and dental services, as well as for library and preschool programs.

Program Highlights

The Early Childhood Special Needs/Mental Health Initiative identifies and treats special needs and mental health issues early. By focusing on babies and young children, this project hopes to resolve special needs and mental health issues early enough to promote preschool learning and kindergarten readiness and to enable placement in a standard classroom, rather than in special education. The initiative has three components: (1) a countywide referral network, which provides families with information, support, and training about advocating for their child; (2) developmental screenings and assessments for children ages 3 months to 6 years, which can result in referrals for mandated services or short-term intervention; and (3) a community roundtable of service providers, who collaborate on serving children with special needs and mental health issues, supporting their families, and identifying agencies that can best serve each child.

Mariposa County



Mariposa County

Commission Priorities

Mariposa County is a scenic, rural, and sparsely populated area. Geographic isolation and poverty are the two main issues that adversely affect families' access to services in the county. Given the large distances and winding roads between communities, a major issue is the lack of adequate transportation. After assessing community needs and existing resources, the First 5 Commission of Mariposa County adopted the following five goals as its top priorities:

- Create an integrated system of care that maximizes existing resources and minimizes duplication of services.
- Improve transportation and other means for families to access services.
- Improve families' access to high-quality, affordable child care and resources that enable children ages 0-5 to develop optimally and begin kindergarten at readiness level.
- Improve the overall physical and mental health of young children.
- Improve families' access to and participation in education, information, and services that help them create safe, nurturing environments for children.

To achieve these goals, the County Commission works to increase access to services through home visiting, school readiness, and family resource center programs. First 5 Mariposa County funded 11 programs in 2005-06.

Primary Activities and Programs

School readiness and child care programs are accessible for families and provide high-quality early learning experiences. In 2005-06, First 5 Mariposa County improved access to high-quality early childhood education throughout the county by funding six preschools: Greeley Hill and Lake Don Pedro Preschools (School Readiness Building Blocks First 5 State and County Preschool Program); Mariposa Preschool Cooperative; Acorn Cooperative Preschool; Catheys Valley Preschool; and El Portal Preschool. First 5 School Readiness funds facilitated the licensure and operation of two preschools on the north side of the county, where some of the county's neediest families reside; these programs offer a home visiting program, which emphasizes health and school readiness skills. At the Mariposa Preschool Cooperative, First 5 funding

POPULATION	
Total births (2005)	122
0 to 5 population (2005)	845

ETHNICITY OF CHILDREN 0-5	
African-American	0.1%
Asian/Pacific Islander	0.2
Latino	12.4
Native American	3.3
White	78.6
Other	5.3

FISCAL	
Total Net Assets, July 1, 2005	**$467,301**
Committed Funds	372,554
Uncommitted Funds*	94,747
Total Revenues	**$561,207**
First 5 Monthly Disbursements	117,045
Other First 5 Funding (Including SMIF)	433,101
Non-First 5 Funding	1,062
Interest	9,999
Expenses	**$(678,930)**
Total Net Assets, June 30, 2006	**$349,579**
Committed Funds	180,588
Uncommitted Funds	168,991

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

supported a second teacher position, allowing an additional 15 children to participate. In addition, all the preschools provide high-quality enrichment activities, including Kindermusik, a science program, and a rural media arts program. The quality of the preschool programs was also supported by a training and retention grant that provided stipends and reimbursement of college fees to preschool and child care teachers who pursued professional development opportunities.

First 5 Mariposa County improves access to prenatal care and other health services countywide. First 5 Mariposa County provided funds for a nurse at the Health Department to work with expectant parents and their families. Also, through the Smart Start health grant, a nurse makes home visits to pregnant women and their families in remote parts of the county, providing resources and medical assistance. Young children's health is addressed through health screenings offered through the School Readiness Program and a dental van, which provides oral health education and free checkups to students in school readiness preschool programs. The County Commission also funds Manna House, which provides formula, diapers, juice, and baby food for children under age 5 whose families need this assistance. A parent advocate at the family resource center offers families transportation to their children's medical appointments and supports families facing crises and those with children with disabilities and other special needs.

Promoting Equitable Access and Outcomes

Mariposa County is largely a white community with very little ethnic diversity. The geographic isolation and economic adversity throughout the county create the most pressing needs. Many parents and children, particularly on the north side of the county, face poverty and the need for multiple services, including access to preschool and health resources. To improve access to a range of services in several geographically remote areas of the county, First 5 Mariposa County has funded the opening and expansion of preschools that also offer enrichment, family support, and health services. The Commission also has funded a nurse to make home visits to pregnant mothers and their families in remote parts of the county to provide them with resources, suggestions, and medical assistance.

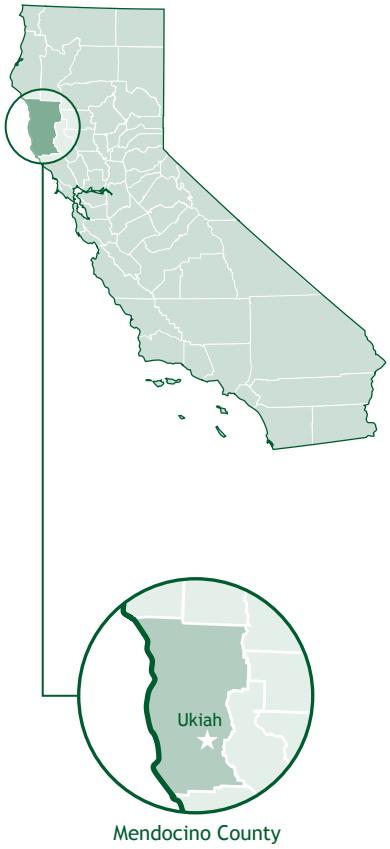
Program Highlights

A new Building Blocks Preschool provides high-quality early education experiences. Following 2 years of planning, a second Building Blocks Preschool opened in 2006. Available to 15 children ages 3-4, the program has no fees or financial eligibility requirements for enrollment. The preschool offers a variety of literacy, art, music, math, and science activities. Children's skills are reinforced through "take-home packs" that provide additional activities in vocabulary, math concepts, and writing. The program strongly encourages parent involvement, which includes volunteering in the classroom and participating in fund-raising activities. Classes for parents have addressed C.P.R., discipline, nutrition, and childhood behavior. Staff members, all certified through the Parents as Teachers home visiting program, conduct home visits with all of their students' families to further strengthen school and family connections.

Mariposa County Unified School District Science Center provides hands-on math and science experiences for preschool children. First 5 Mariposa County funded materials and activities for children in Head Start and other preschools and child care centers to attend sessions at the science center. Thirty children attended regularly, with 108 activities offered during 2005-06. Children participate in classroom lessons, designed around a theme for the day, and then have opportunities for hands-on play to reinforce the concepts being taught.

"Every Kid Needs a Designated Buddy" raises awareness and prevents drowning among young children. Developed by the Child Death Review Team, including the Mariposa County Department of Human Services, the Sheriff's Office, and the Merced-Mariposa Chapter of the American Red Cross, this program aims to eliminate drowning in Mariposa County. The emphasis is on families' and caregivers' understanding of the need for supervision of children that includes a direct line of sight when children are involved in recreational activities such as playing or hiking near swimming pools, lakes, mountains, and other recreational areas. Presentations by Designated Buddy have attracted more than 300 parents, professionals, educators, service club members, and county agency workers. More than 5,000 brochures have been distributed to Women, Infants, and Children (WIC) clinics, county agencies, counseling and medical offices, schools and preschools, businesses, and child care providers. Since the program was initiated in March 2004, there have been no drowning deaths of children under age 5 in the county.

Mendocino County



Commission Priorities

Mendocino County attracts tourists from around the world to its spectacular coastline, towering redwoods, and designer wineries. Beneath the scenic beauty, however, is a different reality. Mendocino County is rural, with 69% of the population living in unincorporated areas. Unemployment routinely tops state averages, and more than 28% of the county's children ages 0-5 live below the federal poverty level. The high unemployment rate negatively affects children's nutrition, psychological well-being, social relationships, and opportunities for recreation. Geographic remoteness, limited transportation services, an uncoordinated service infrastructure, and insufficient bilingual personnel and services all make it difficult for families to access needed resources for their children. Children in low-income households face significant challenges in access to adequate health insurance, affordable health care, and affordable high-quality child care, which together create significant barriers to school readiness.

To address these needs, FIRST 5 Mendocino's strategic plan focuses on (1) parent support services, (2) child care and early development, (3) children's health and wellness, (4) school readiness, and (5) policy and advocacy for children and family issues.

Primary Activities and Programs

Early Mental Health Initiative begins to implement comprehensive early childhood mental health service system. In 2004, FIRST 5 Mendocino began working with local partners to plan for a comprehensive, countywide system of mental health screening, assessment, and treatment for children ages 0-5, funded in large part by Medi-Cal EPSDT funds. The plan includes research-based treatment practices, monitoring, and evaluation, as well as a campaign to reduce stigma, encourage participation, and reach out to underserved communities. Fiscal year 2005-06 focused on implementation of system infrastructure and programs. Partners signed a memorandum of agreement; HIPAA-compliant multiagency releases were developed; and a web page listing community resources was established. Trainings were held for 25 mental health clinicians on age-appropriate assessments of young children and two proven treatment practices: Parent-Child Interaction Therapy and Positive Parenting Program.

POPULATION	
Total births (2005)	1,121
0 to 5 population (2005)	6,649

ETHNICITY OF CHILDREN 0-5	
African-American	1.1%
Asian/Pacific Islander	1.0
Latino	37.0
Native American	5.7
White	50.4
Other	4.9

FISCAL	
Total Net Assets, July 1, 2005	**$3,335,128**
Committed Funds	3,198,933
Uncommitted Funds	136,195
Total Revenues	**$1,521,646**
First 5 Monthly Disbursements	955,435
Other First 5 Funding (Including SMIF)	151,535
Non-First 5 Funding	306,615
Interest	108,061
Expenses	**$(1,846,863)**
Total Net Assets, June 30, 2006	**$3,009,911**
Committed Funds	2,876,852
Uncommitted Funds	133,059

Twenty physicians, nurses, and paraprofessionals received training to provide interventions for children with mild to moderate issues; and nearly 60 agency staff and child care providers learned to screen children using a simple parent questionnaire.

School Readiness Initiative outreach activities and professional development for child care providers promote high-quality early care and education. School Readiness Initiative activities in 2005-06 resulted in increased numbers of contacts with parents of young children and providers, including home visits, workshops, and written information, as well as numerous community events to promote school readiness. FIRST 5 Mendocino also completed its sixth year in the CARES program, which distributed stipends to more than 120 providers to promote professional development. Specific support strategies were used to assure that all child care providers had access to education and training hours required to receive a stipend, regardless of their location or whether they were family based or center based.

Healthy Kids Mendocino makes access to health insurance possible for all children. FIRST 5 Mendocino and its partners launched Healthy Kids Mendocino in May 2006. After 3 years of planning with the County of Mendocino and a network of health clinics, universal health insurance became available for all children ages 0-19. In 2003, FIRST 5 Mendocino allocated $500,000 to universal children's health insurance, and that money is now being used to help pay the Healthy Kids Mendocino insurance premiums of children ages 0-5. During 2005-06, the program hired a countywide coordinator to expand and coordinate outreach and enrollment efforts; implemented a mechanism for tracking enrollment and reenrollment; and developed a simplified, integrated, and comprehensive outreach and enrollment system. The program is accessible to families through schools, clinics, hospitals, and other agencies. It offers simple enrollment procedures and provides needed assistance to families in accessing insurance benefits.

Promoting Equitable Access and Outcomes

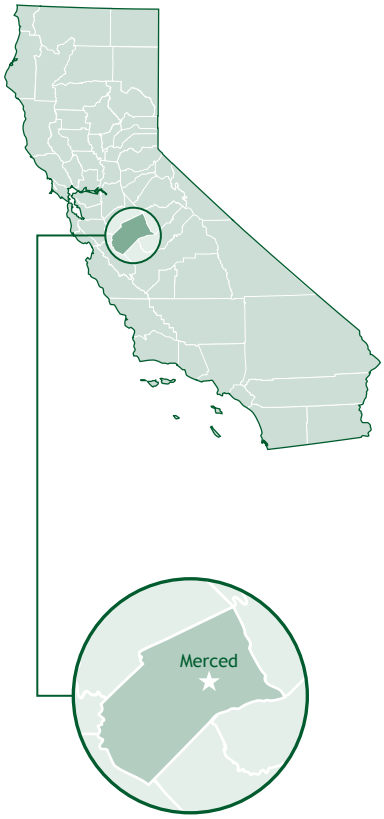
There are 14 local tribes and 10 federally recognized Native American tribes in Mendocino County, as well as a large Latino community. These ethnic groups tend to be underserved, as are children with disabilities and other special needs and families living in rural and isolated areas. FIRST 5 Mendocino uses a funding allocation formula that guarantees each region access to funding, and the County Commission often requires funded programs to hire bilingual and bicultural staff. FIRST 5 Mendocino is better able to address the needs of diverse communities because of the leadership of a Latina Commissioner and a Native American Commissioner. Together, these strategies have increased the accessibility and quality of services for families and children from diverse backgrounds.

Program Highlights

School of Performing Arts and Cultural Education (SPACE) enhances teachers' and parents' ability to engage children. SPACE provided dance/movement classes at the South Ukiah and Nokomis Head Start sites during 2005-06, providing 65 children a weekly structured time to joyfully experience movement, music, cooperative play, and physical fitness while improving social skills. Head Start providers attended each of the classes and received lesson plans provided by the master teacher. Many families took the opportunity to observe their children participating in SPACE, providing parents with ideas for ways to support their children's physical and social development at home. All staff reported learning new techniques on ways to manage a successful circle time and feeling more comfortable leading the children in the songs, dances, puppetry, yoga, and acting out of plays. Site supervisors observed staff singing new songs and offering more movement at circle time than in the past.

Loving Support Breastfeeding Project (LSBP) facilitates collaborative efforts to support breastfeeding. LSBP facilitated the building of a "system of care" of breastfeeding resources for the Ukiah Valley. From the beginning, the LSBP team enlisted the active involvement of Public Health's Maternal, Child, Adolescent Health programs and WIC programs, Ukiah Valley Medical Center's Lactation Consultant, and La Leche League leaders to develop a centralized system for all community breastfeeding resources. When a mother calls one breastfeeding resource for help, she will either receive what she needs or be referred directly to other resources to meet her needs. Multiple coordinated outreach efforts to families, health care providers, child care providers, and the general community have generated support for breastfeeding and increased the ability of mothers to access needed resources quickly.

Merced County



Commission Priorities

Merced County is one of the fastest-growing counties in California, and it has the highest percentage of children of any county. Its residents are widely dispersed across rural and urban areas, but services remain concentrated in the city of Merced. A majority of the population speak Spanish, and in 2000, more than one in five residents were living in poverty.

With population growth outstripping the capacity of service providers to respond, the need for affordable, high-quality child care and early education opportunities is acute. First 5 Merced County Children and Families Commission has identified 23 funding priorities, all of which fit into one or more of three strategic funding areas: (1) improve health care access, (2) reach out to linguistically and geographically isolated families, and (3) promote school readiness through preschool programs such as Power of Preschool (PoP) and the School Readiness (SR) Initiative.

Primary Activities and Programs

First 5 Merced County collaborates with local agencies to increase children's access to comprehensive health care services. To enable more children ages 0-5 in Merced County to have access to the types of health care services they need, First 5 Merced County funds activities to ensure that medical services are available to children, that parents are aware of available medical care, and that children can get to needed care. Home visiting programs for Spanish-speaking mothers of newborns (Puentes) and medically fragile mothers and newborns (First Steps) promote breastfeeding, infant care strategies, and the need for establishing a well-baby care schedule, and provide case management when needed. Baby Steps to Baby Breaths conducts asthma workshops that provide education, training, and supportive materials to parents and providers. The Precious Teeth home visiting program provided dental education and checkups to 119 children and made educational presentations to 24 community organizations and 5 parent groups. Four programs were funded to provide transportation for children to medical services, including one program for recently arrived Hmong families, which includes translation assistance.

POPULATION	
Total births (2005)	4,470
0 to 5 population (2005)	24,553

ETHNICITY OF CHILDREN 0-5	
African-American	2.5%
Asian/Pacific Islander	5.0
Latino	63.5
Native American	0.3
White	25.2
Other	3.4

FISCAL	
Total Net Assets, July 1, 2005	**$11,194,668**
Committed Funds	6,624,692
Uncommitted Funds*	4,569,976
Total Revenues	**$4,501,018**
First 5 Monthly Disbursements	3,709,027
Other First 5 Funding (Including SMIF)	415,741
Non-First 5 Funding	125,000
Interest	251,250
Expenses	**$(2,936,353)**
Total Net Assets, June 30, 2006	**$12,759,333**
Committed Funds	10,982,290
Uncommitted Funds	1,777,043

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

The School Readiness Initiative builds a comprehensive countywide support system in nine school districts. SR programs aim to increase the number of children who are ready to enter kindergarten and to increase families' ability to prepare their children for school by providing children and families with early care and education programs, parenting and family support programs, and health and social services, and providing schools with capacity-building activities to prepare them to be more ready for entering kindergarten students. In 2005-06, more children were served through the opening of new preschools at two elementary schools and a child development center. Preschool quality was improved through use of an environmental rating scale and training for preschool staff in new curricula and teaching strategies. Parent education was provided through workshops and home visits using evidence-based curricula, and families were referred to needed social services. Parents also participated in kindergarten orientation meetings, at which children were assessed. Children identified as needing additional support were referred to a pre-kindergarten summer school. Nearly all of the SR programs provided dental, hearing, and vision screenings and well-child checkups. Several programs, such as T.O.T.S. (Teach Others to Speak), referred children to speech therapy, physical therapy, and various preschool and health care programs, promoting early identification and treatment of children with disabilities and other special needs. Other SR programs provided home-based developmental assessments of preschool children. English learners were served by numerous multilingual staff.

Promoting Equitable Access and Outcomes

Children living in poverty, especially those being raised by single parents, and those living in linguistically, culturally, and geographically isolated families and communities lack access to needed services. There is no children's hospital in Merced County and very little pediatric specialty care or professional early childhood education. Many people do not own cars, and the available public transportation is inadequate. Furthermore, many residents are unaware of the services that do exist.

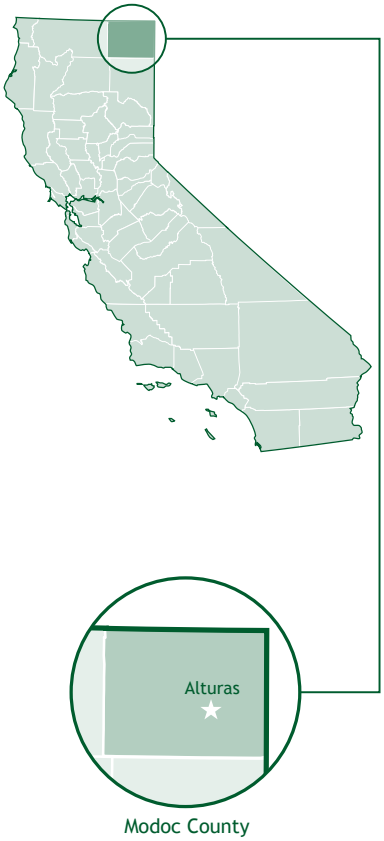
First 5 Merced County funded several projects to reduce barriers to accessing services. They include bringing information and programs into homes through home visits, co-locating new social service programs at sites that are more accessible to communities, providing transportation to and from services, and hiring more multilingual staff. As a result, there are more children receiving health care and developmental screenings, more children enrolled in preschools, and greater coordination among service providers for children and families in the county.

Program Highlights

Reach Out and Read (ROAR) program improves children's early literacy. ROAR promotes reading among families of children ages 6 months to 5 years who are clients of the Golden Valley Health Centers (GVHC) in Merced. The program uses pediatric visits to build literacy promotion into existing relationships between families and their medical providers. ROAR provides books and services in Spanish and English. Along with books, parents are given information about community literacy resources, such as adult literacy classes, English as a Second Language classes, high school continuation classes, and library locations. In the waiting room, volunteer readers read to children and model reading techniques to parents. As a result of the program, more families reported reading regularly to their children.

Families And Children Embracing Success (FACES) Special Needs Project links preschool children and their families to specialized services. The Merced City School District works with partner agencies to serve children with disabilities and other special needs. FACES focuses on increasing access to services, identifying and responding to disabilities and other special needs, demonstrating cultural and linguistic sensitivity, reducing fragmentation of available services, and delivering prereferral interventions. There are approximately 1,200 students in the service area, of whom 68% are Hispanic. In 2005-06, FACES provided developmental screenings for 243 children and families, ensured that children were referred to additional services as necessary, created an inclusive playgroup for children with and without disabilities and other special needs, and established a Mental Health Consortium. A FACES Roundtable helps families locate services for their 3- to 5-year-old children and provides transition services for 3-year-olds who no longer qualify for Early Start programs. A Preschool Student Assessment Team meets monthly with parents, children, child advocates, and preschool providers to determine appropriate services and provide case management.

Modoc County



Commission Priorities

Modoc County, a geographically remote and rural area covering 4,256 square miles in northeastern California, shares borders with the states of Nevada and Oregon and is designated a "frontier county" by the California legislature. Accessibility of services is hampered by the fact that 69% of the population live in the unincorporated areas of the county. Transportation is hindered by harsh weather and road closures during winter travel.

In 2005, First 5 Modoc developed a 5-year strategic plan with the following goals and focus areas: (1) Improved Health and Wellness Options, (2) Improved Behavioral Health Services, (3) Improved Training Opportunities, (4) Improved Early Childhood Educational Opportunities, and (5) Improved Community Well-being.

Primary Activities and Programs

First 5 Modoc improves families' access to a variety of health and wellness services. The Oral Health Project aims to increase the number of children ages 0-5 who receive preventive oral health care education, dental screenings, and treatment, as well as to improve the oral health of pregnant women. Funds are made available to help pay for dental services needed by uninsured or underinsured children. The Childhood Obesity Prevention Project provides education related to healthy nutrition and physical activities, and encourages mothers to extend the length of time they breastfeed. In addition, the Modoc County Public Health Department offers transportation assistance to pregnant women requiring services no longer offered within Modoc County, because of the closure of a medical center.

Provider and parent education programs promote improved training opportunities. During 2005-06, the County Commission funded parenting education programs and provider education programs throughout the county. T.E.A.C.H., Inc., provided 32 preschool parenting education classes to 57 parents. Professional early care and education providers are supported by the CARES program and by the Modoc Child Care Council Montessori Infant/Toddler Diploma Program, which pays for the training of two providers who will become mentors to other child care providers.

POPULATION	
Total births (2005)	81
0 to 5 population (2005)	483

ETHNICITY OF CHILDREN 0-5	
African-American	0.0%
Asian/Pacific Islander	0.2
Latino	12.0
Native American	8.9
White	70.0
Other	8.9

FISCAL	
Total Net Assets, July 1, 2005	**$800,924**
Committed Funds	523,192
Uncommitted Funds*	277,732
Total Revenues	**$509,237**
First 5 Monthly Disbursements	77,162
Other First 5 Funding (Including SMIF)	412,907
Non-First 5 Funding	0
Interest	19,168
Expenses	**$(424,815)**
Total Net Assets, June 30, 2006	**$885,346**
Committed Funds	961,757
Uncommitted Funds	(76,411)

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

First 5 Modoc offers early childhood educational opportunities in previously underserved areas of the county. The Community Planning & Advisory Council, Inc., (ComPAC) provided evidence-based home visiting services, such as lactation consulting and resource and referral support, to families with young children. The Modoc County Office of Education's South Fork Playgroups Program provided early education experiences for young children in areas of the county that traditionally have lacked preschool opportunities. Playgroups include developmentally and age-appropriate activities and provide children with opportunities to develop socialization and learning skills in safe and supervised environments.

Promoting Equitable Access and Outcomes

Geographically isolated families are the hardest to serve in the county, and home visiting program models offer the best strategies to provide needed services to those families. Therefore, First 5 Modoc funded the Lassen 0 to 5 Home Visiting Collaborative to serve families who live in a remote and historically underserved area of Modoc County. An AmeriCorps home visitor provides the Growing Great Kids curriculum, certified lactation consulting, resource information, and referrals to county services. American Indians are another group that has been traditionally underserved, especially in terms of early care and education services. In response, the CARES program collaborates with a local program that received an Even Start grant to provide additional services to the Native American population, including a child care center for children from birth to age 7.

Program Highlights

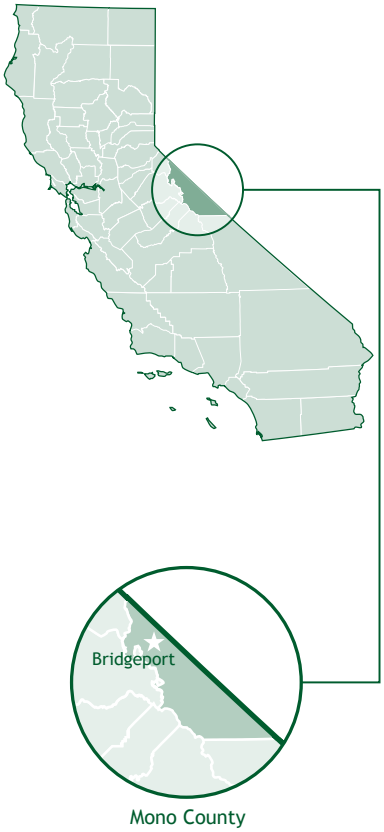
CARES program expands professional development opportunities for early care and education providers. During fiscal year 2005-06, 92 early education providers received technical assistance, training, and stipends for continuing education from the CARES program, and 9 applicants filed new permits. Staff members are available to help individuals fill out forms and pay for background check fees through the help of the Child Development Training Consortium, a special grant from First 5 California. Participants also have access to a lending library, and child care is available for families of providers who are taking classes. Because of a lack of community colleges and universities in the county, providers are encouraged to enroll in online courses or to attend other local educational opportunities, such as the annual Early Educators Conference. In 2005-06, 75 early educators attended conference meetings covering topics including child development, role modeling, and behavior modification. CARES also implemented the Educator Support Program (ESP), through which providers with extensive experience support and mentor their less experienced peers.

School Readiness (SR) Initiative promotes child development and prepares children for entry to kindergarten. School readiness services are offered, at no cost, to families just above the subsidized qualifying standards, who often lack the financial resources to pay the full cost of services. These programs use the Early Head Start model to serve families with children ages 0-3 and provide weekly home visits and twice-monthly playgroups. Families with children ages 3-5 receive an enhanced version of the model in which they attend preschool and receive monthly home visits. Family members and their children participate in presentations on health issues, safety, nutrition, and mental health and community resources. During fiscal year 2005-06, the SR Initiative provided preschool opportunities to 36 children.

Modoc County's Obesity Prevention Project (OPP) improves child health by encouraging healthy lifestyle practices. OPP aims to reduce childhood obesity by encouraging family-centered physical activities and eating behaviors, such as walking to school and eating dinner together. Public health nurses, health specialists, dieticians, and health managers provide services in family homes and at preschools that teach children and families how to make healthy eating choices and about the benefits of exercise. Child care providers also receive training, and local restaurant owners attend OPP meetings and provide input on how restaurants can better provide healthy options. OPP documentation has shown that about 80% to 85% of Modoc County's children (ages 0-5 years and beyond) have received information on nutrition and physical activity through this program.

This profile was prepared by SRI International.

Mono County



Commission Priorities

Geographic isolation and limited transportation create challenges accessing services for many families in Mono County. More parent education and support, group early learning activities, and high-quality child care are needed. A growing Latino population also faces language and cultural barriers.

First 5 Mono County uses an integrated approach to address multiple needs of families and strengthen the service delivery system. The top funding priority in 2005-06 was to enhance the current network of assessment and support services for families with children ages 0-5. The County Commission funded programs in the following areas: (1) universal public health home visiting for families of newborns and young children; (2) accessible high-quality child care; (3) capacity building of local programs to evaluate the quality and impact of their services; and (4) high-quality school readiness programming focusing on service integration, coordination, and outreach.

Primary Activities and Programs

Home Visiting Program helps children be born and stay healthy. All parents-to-be, new parents, and parents of young children are offered comprehensive home visits to promote healthy births, use of prenatal care and other health care services, parent-child bonding, parent knowledge of early development and community resources, and health and developmental assessments. Staffed by nurses, bilingual community health workers, and a safety coordinator, the program provides car seats, breast pump loans, the Kit for New Parents, and information about support services. In 2005-06, 129 families and 28 pregnant women participated. All 265 participating children had health insurance, regular medical providers, immunizations, and health and developmental assessments. Nearly all participating mothers initiated and continued breastfeeding.

Early childhood professional development programs enhance the quality of child care and reduce provider attrition. The Comprehensive Approaches to Raising Educational Standards (CARES) program completed its fifth year of efforts to retain child care providers and improve their skills. Twenty-two child care providers (44% Spanish speakers) received more than $38,300 in stipends, bonuses, and scholarships for staying in their jobs and participating

POPULATION	
Total births (2005)	153
0 to 5 population (2005)	910

ETHNICITY OF CHILDREN 0-5	
African-American	0.1%
Asian/Pacific Islander	1.8
Latino	37.6
Native American	0.0
White	56.3
Other	4.3

FISCAL	
Total Net Assets, July 1, 2005	**$687,022**
Committed Funds	687,714
Uncommitted Funds	(692)
Total Revenues	**$496,093**
First 5 Monthly Disbursements	120,512
Other First 5 Funding (Including SMIF)	346,075
Non-First 5 Funding	0
Interest	29,506
Expenses	**$(527,256)**
Total Net Assets, June 30, 2006	**$655,859**
Committed Funds	655,859
Uncommitted Funds	0

in professional development classes and other activities. Eight family providers obtained California Commission on Teacher Credentialing permits. CARES participants served 186 children, including 23 with disabilities and other special needs.

School readiness programs help families promote early learning. Mono County's School Readiness (SR) Initiative program focuses on educating parents on how they can best prepare their children for school. Through the Mono County Free Library, the Raising A Reader (RAR) program supports families to read regularly with their children by distributing books, hosting story hours, and providing family literacy materials in English and Spanish. In 2005-06, RAR provided its services to 130 children in libraries, a playgroup, preschools, family child care homes, and Head Start programs. The SR program also provided several kindergarten transition activities, such as a summer transition program for 104 children; a kindergarten roundup for 150 parents, including distribution of a Kindergarten Survival Kit with supplies that help parents and students get ready for school; and pre-kindergarten assessments for 86 children. Parent support groups provided education about child development, parenting, and school readiness, including a peer support network.

Promoting Equitable Access and Outcomes

Latino families and those living in geographically isolated communities are two groups that have been historically underserved in Mono County. Through the school readiness planning process, a third group was identified consisting of families who do not qualify for free child care or preschool services and who cannot afford private programs. To support the Latino community, programs have bilingual and bicultural staff and Spanish language materials. In-home services and transportation assistance help reach families living in remote areas. To support families who do not qualify for free early education programs, the SR Program offers free activities and a regular column in the *Mammoth Times* that publicizes school readiness resources. These strategies have resulted in increased use of services, particularly among Latino families.

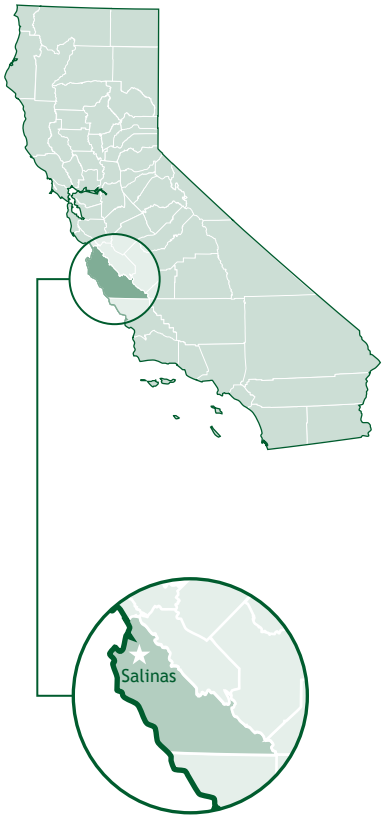
Program Highlights

Family Child Care Trainer Program improves the quality and stability of early education. This program promotes professional development for family home child care providers through in-home training activities and delivery of activity kits. Bilingual staff conducted home visits with 16 family child care providers in 2005-06. The program also began recruiting Family, Friend, and Neighbor providers, enrolling five. Environmental assessment and one-on-one training helped providers strengthen their programs. Most participating providers demonstrated improvements in quality of care, as measured by space and furnishings, basic care, language and reasoning, learning activities, social development, and adult needs. These providers cared for 134 children, including 8 children with disabilities and other special needs.

County Commission-run efforts address outreach, early learning opportunities, and access to services. In addition to contracting SR programs to local agencies, the Commission directly implemented activities to improve the county's capacity to serve children and families. Outreach activities included hosting meetings with preschool and kindergarten staff and with key stakeholders to strategize on outreach opportunities, distributing public service announcements, expanding and distributing a directory of local resources, and hosting a regional meeting for SR coordinators. To increase early learning opportunities, the SR coordinator developed a dance and movement class, featuring story time, movement activities, and socialization. First 5 Mono County also sponsored trainings, such as a class for parents of young children to facilitate school readiness; and the Commission partnered with Inyo Mono Advocates for Community Action to host a workshop for parents, child care providers, and teachers to develop children's school readiness skills. Finally, all events were promoted in English and Spanish and offered simultaneous interpretation from English to Spanish with headsets.

A Mono County preschooler on the first day of Summer Bridge Program.

Monterey County



Monterey County

Commission Priorities

Monterey County has two mountain ranges, which separate the county. Between the ranges, the nourishing Salinas Valley produces 90% of packaged salads and precut fresh vegetables in the country and has the state's highest agricultural payroll. The scenic views around the county draw many tourists and form the basis of another primary economic industry in the county. The paradox of all this natural beauty is that it generates many low-paying jobs, reinforcing income and educational disparities of the county's residents. Services and the majority of the more than 400,000 county residents are congregated within the coastal peninsula and in the county seat of Salinas. People of many languages and cultural backgrounds live here, the two predominant populations being of Mexican-American descent and European-American descent. Latinos and Anglos make up nearly 90% of the population. Compared with the percentage of Latinos in the county overall (50%), Latinos comprise 70% of the children ages 0-5. The cost of living in Monterey County outpaces that in much of the rest of the state and the nation, compounding the difficulty that working families face in obtaining high-quality and affordable child care. As a result of constrained finances and other factors, many Monterey County households are challenged to provide an enriched early learning environment for their young children. To address these needs, First 5 Monterey County (F5MC) emphasized funding in three areas in its strategic plan: health care access, parenting education, and systems change. In fiscal year 2005-06, First 5 Monterey County's services reached up to 5,951 children, 6,534 parents/caregivers, and 1,690 providers.

Primary Activities and Programs

Children have greater access to health care screening and treatment. Nearly 1,300 children received health screenings. Pajaro Valley Unified School District nurses screened those attending kindergarten early-registration events, providing referrals and follow-up services. The Visiting Nurse Association (VNA) School Readiness (SR) Program screened children at two child development centers, and the Children's Oral Health Program, also an SR partner, provided screening through mobile and center-based services. Home visitation/case management services reached 1,070 children and 647 parents through

POPULATION	
Total births (2005)	7,501
0 to 5 population (2005)	41,165

ETHNICITY OF CHILDREN 0-5	
African-American	2.0%
Asian/Pacific Islander	3.7
Latino	70.9
Native American	0.3
White	20.0
Other	3.1

FISCAL	
Total Net Assets, July 1, 2005	**$17,995,207**
Committed Funds	17,451,930
Uncommitted Funds	543,277
Total Revenues	**$7,768,852**
First 5 Monthly Disbursements	6,435,742
Other First 5 Funding (Including SMIF)	550,267
Non-First 5 Funding	70,739
Interest	712,104
Expenses	**$(6,566,306)**
Total Net Assets, June 30, 2006	**$19,197,753**
Committed Funds	14,691,742
Uncommitted Funds	4,506,011

school readiness programs, Monterey County public health nurses, and the VNA Mom/Baby Program. These programs provided health assessments of children and child development education for parents; in addition, 67 families with children with suspected or diagnosed asthma received education and support from Breathe California.

Families are practicing positive parenting skills. SR services focused on improving parents' knowledge and use of positive parenting practices and served 1,700 parents and 2,000 children. Some families received intensive parenting support through the Parents as Teachers programs at the Salinas Adult School or the Cabrillo Family Resource Center and counseling from Monterey County Behavioral Health therapists. The Monterey County Probation Department's Child Advocacy Program conducted home visits for court-referred parents, modeling positive parenting behaviors. Parents also found support through the parenting classes offered by Dads in Action, a program for fathers, and the Women's Crisis Center, a program emphasizing positive discipline. Other parents participated in family literacy activities offered by the Salinas Public Library and the King City Family Resource Center. In addition to SR services, F5MC also funded the enrollment of 117 children at two preschools, Bayview Preschool/Highland Elementary and Children's Creative Learning Center.

Families benefit through improved service systems. F5MC invested in systems change efforts to improve service coordination and integration, and increase access to services. The SR Program coordinates services through referrals among 15 agencies in three zip codes in order to better prepare children for school. F5MC funded an early intervention services initiative to improve the service systems for children and caregivers within the foster care system and for children with prenatal exposure to drugs and/or alcohol. CHERISH (Children's Emergency Intake Shelter), for children removed from their homes, provided 112 children a resting place and physical and mental health assessments before placement into foster care. The Monterey County Screening Team for Assessment, Referral, and Treatment (MCSTART) program is a four-agency collaborative providing assessment, early intervention, and treatment of children with prenatal exposure to alcohol and/or drugs. More than 495 children, 589 parents, and 165 service providers participated in MCSTART services.

Promoting Equitable Access and Outcomes

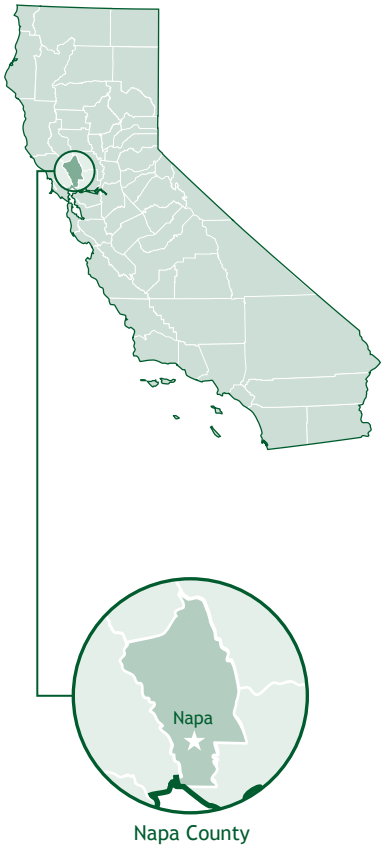
Through the Bridging the Gap initiative, F5MC addressed the health access needs of the county's geographically isolated southern region, which has a large population of families of indigenous Mexican origins. F5MC invested in two programs with services to identify and train representatives of the indigenous communities to conduct outreach and health education to parents and caregivers. The programs also worked with other service providers to inform them about the needs of these communities. Two live, call-in radio programs on health-related topics are funded to reach both indigenous communities and Spanish-speaking farmworker communities.

Program Highlights

The Women's Crisis Center's PEACCE program increases parents' understanding about domestic violence, child abuse prevention, and the importance of a positive early learning home environment. Additional services available include advocacy, peer counseling, and therapy for individuals who have identified violence in their present or past, and who need support to help avoid the cycle of violence with their children. Therapy also is offered to children who witness domestic violence, are victims of abuse, or demonstrate challenging behavior. More than 900 parents and 1,200 children were served and received a child car seat for their participation.

A partnership with the Community Foundation for Monterey County (CFMC) empowers neighborhood-based groups to improve the well-being, safety, and overall quality of life in their neighborhoods. CFMC provided small grants and technical assistance to funded groups to support projects, which vary from learning how to become better parents to buying a safe and durable play structure. Members of each group participated in CFMC workshops addressing fund-raising, volunteer management, and communication.

Napa County



Commission Priorities

A rural county 1 hour from San Francisco, Napa County has 131,736 residents. Roughly 60% of the population live in the city of Napa, with the rest in smaller cities and rural surroundings. Napa County has become increasingly racially and ethnically diverse, with Latinos now comprising about 27% of the population and Asians/Pacific Islanders, African-Americans, and American Indians together representing another 6%. Community issues include infant mental health, uninsured families, and early care and education workforce development.

During 2005-06, funding strategies addressed the goals delineated in the 2003 Community Plan: (1) increase quality and access to early learning and education; (2) promote prevention, early identification, and intervention for health and developmental issues; and (3) provide information and resources to parents, families, and communities that strengthen and support families and ensure children the best possible start in life. In spring 2006, First 5 Napa began revising its Community Plan for the next 5 years.

Primary Activities and Programs

Community-based programs increase diversity and education of the early childhood workforce. The Community Resources for Children (CRC) Home Visiting Project brings training to family child care providers, who receive home visits from a trainer and technical assistance by phone. Training topics include child development, positive discipline, and school readiness. Providers also receive materials from CRC's Toy Lending Library, a school readiness program. The Training and Job Development for Early Childhood Careers Project helps recruit a diverse early childhood workforce by providing early childhood college courses and job skills workshops and by offering support, incentives, and resources to encourage further education and careers in early childhood education. During 2005-06, 46 early care and education providers participated, with 70% of participants speaking Spanish as their primary language. The Toy Library and Resource Center provides school readiness materials, training, and activities for early care and education providers and families.

POPULATION	
Total births (2005)	1,658
0 to 5 population (2005)	9,569

ETHNICITY OF CHILDREN 0-5	
African-American	2.1%
Asian/Pacific Islander	3.1
Latino	46.1
Native American	1.0
White	44.2
Other	3.4

FISCAL	
Total Net Assets, July 1, 2005	**$1,815,878**
Committed Funds	1,815,878
Uncommitted Funds	0
Total Revenues	**$1,710,087**
First 5 Monthly Disbursements	1,453,091
Other First 5 Funding (Including SMIF)	206,970
Non-First 5 Funding	0
Interest	50,026
Expenses	**$(1,888,908)**
Total Net Assets, June 30, 2006	**$1,637,057**
Committed Funds	1,445,601
Uncommitted Funds	191,456

Finally, the Napa CARES project completed its sixth year of supporting providers and continued its relationships with members of the CARES Collaborative.

First 5 Napa programs provide targeted health and developmental services, while moving toward health care access for all children. The Sweet Success Program improves gestational-diabetes outcomes through education and case management prior to conception and during pregnancy and postpartum. In 2005-06, the 36 babies born to women enrolled in the program had healthy birth weights. In 2005-06, the Therapeutic Child Care Center served 120 parents and 60 children with high bio-psycho-social risk. Staff included specialists in child development, special education, child care, psychology, psychiatry, public health nursing, and social work. Untied Shoelaces, a school readiness program, provided health and developmental assessments to 411 children in preschool and summer transition programs. Finally, the Children's Health Initiative Napa County (CHI) is working to assure that all children have access to health insurance and a medical home, and receive regular health and dental care, through its outreach and enrollment of eligible children into Medi-Cal and Healthy Families, and into Healthy Kids if children are not eligible to receive other public health insurance.

Family support programs bring education and tools for self-sufficiency to families. St. Helena Family Resource Center (FRC) opened in September 2005. It offers a three-part parent education series and houses four providers serving children ages 0-5 and their families. The center serves English-speaking (34%) and Spanish-speaking (66%) families. The Family Economic Success (FES) program is provided by family and neighborhood resource centers throughout the county to help families become economically self-sufficient. It provides financial education, income tax assistance, and help with family financial goal setting. During its second year, FES reached 150 parents through Money Smart classes and 217 through Volunteer Income Tax Assistance clinics, and set up Individual Development Accounts for 17 parents. Parents who attended the Money Smart series reported increased knowledge about saving money and creating a budget.

Promoting Equitable Access and Outcomes

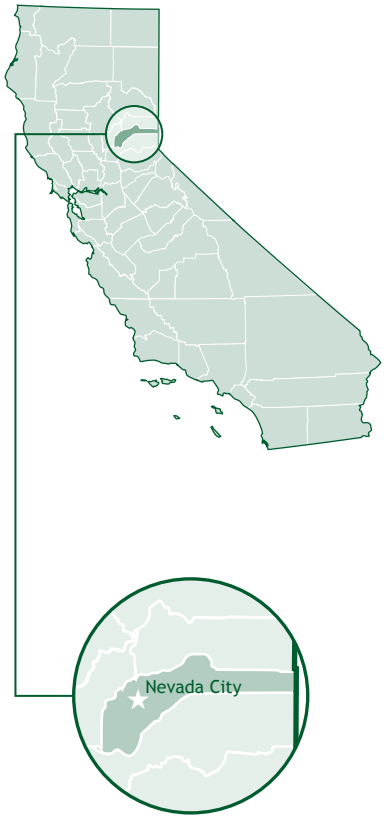
Traditionally underserved populations in Napa County include Spanish-speaking families and those who are geographically isolated. Historically, most services for children and families have been provided in the city of Napa, the county's largest community. The growing network of family resource centers is the main approach to bringing services closer to families. First 5 Napa continues to fund programs that help monolingual and bilingual Latino families access services. First 5 Napa is working to leverage the connections among many human service and education providers, partnering with other agencies to address the needs of diverse communities. Training and technical assistance programs on diversity and equitable access are being developed in collaboration with other community partners.

Program Highlights

Healthcare Liaison program supports families, connecting children with disabilities and other special needs to needed services. Operated by the Parent-Child Advocacy Network (ParentsCAN), this program serves children ages 0-5 who have, or are at increased risk of developing, physical and/or developmental disabilities. ParentsCAN provides emotional support, peer counseling, resource information, individual consultations, advocacy, parent education, and support groups. In parent surveys, 93% reported that the emotional support was very helpful, 85% found the information useful in obtaining services, and 80% noted a more collaborative relationship with their children's primary health care providers.

Parents as Educators program provides parents with information and skills to support their role as their children's first teachers and promote their children's school readiness. This Calistoga Family Center (CFC) program supports families of children ages 0-5 by addressing isolation, limited access to health and other services, and English learners' preparation for kindergarten. The Center offers, in English and Spanish, parenting education, preschool activities, kindergarten orientations, school readiness kits, and health and social service referrals and case management. During 2005-06, the CFC's home-based parenting groups began to use parent hosts' social networks to identify participants for in-home classes that focus on play, health, safety, and child development. Surveys demonstrate increased parental understanding of child development, more reasonable expectations, and improved knowledge about how to prepare children for school.

Nevada County



Nevada County

Commission Priorities

Stretching from the Sierra Nevada foothills to the Nevada state line, Nevada County encompasses 978 square miles and has a population of approximately 98,000. The Sierra Nevada Mountains divide the county into distinct Western County and Eastern County regions. Many families with young children are adversely affected by low wages and the high cost of housing, and Latino families who are geographically isolated often have particular difficulty accessing services. During fiscal year 2005-06, the First 5 Nevada County Commission identified and focused special funding to address three major issues: (1) parenting education and family support services, (2) culturally and linguistically appropriate services, and (3) social-emotional and mental health services for young children and their families.

Primary Activities and Programs

A coordinated system of parent education and support provides opportunities for families to connect and learn. A number of competitive grants and special project investments by First 5 Nevada County created a coordinated system of parent education and support including family resource centers, home visiting programs, and outreach to parents in community venues (child care centers, WIC program, and low-income apartment complexes). The Truckee Family Resource Center and the Sierra Nevada Children's Services Family Resource Center in Grass Valley provide comprehensive bilingual services to families in distinct geographic areas. During fiscal year 2005-06, a newly planned family resource center in North San Juan received a First 5 Nevada planning grant. The County Commission also funded three home visiting programs: Empiezo Maravilloso (Great Beginnings) for newborns, Foothills Healthy Babies Program for newborns, and Sierra Nevada Children's Services Promotoras Outreach Program for families with young children. This coordinated system of parent education and support resulted in increased parent-child attachment, improved family functioning, increased participation by Latino children in early childhood enrichment activities, and increased referrals to community resources.

POPULATION	
Total births (2005)	819
0 to 5 population (2005)	5,223

ETHNICITY OF CHILDREN 0-5	
African-American	0.1%
Asian/Pacific Islander	1.5
Latino	10.2
Native American	1.2
White	83.4
Other	3.6

FISCAL	
Total Net Assets, July 1, 2005	**$1,858,686**
Committed Funds	1,425,751
Uncommitted Funds*	432,935
Total Revenues	**$995,046**
First 5 Monthly Disbursements	711,806
Other First 5 Funding (Including SMIF)	216,808
Non-First 5 Funding	15,521
Interest	50,911
Expenses	**$(1,057,020)**
Total Net Assets, June 30, 2006	**$1,796,712**
Committed Funds	1,646,338
Uncommitted Funds	150,374

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

Trainings improve home visitors' ability to provide culturally and linguistically appropriate services. With support from First 5 California, First 5 Nevada County provided 6 hours of cultural competency training to the El Colaborando, a consortium of Spanish-speaking home visitors. A total of 70 parents attended training that was focused on cross-cultural understanding and improved communication among families, service providers, and law enforcement agencies.

Nevada County responds to the growing need for mental health services and education. To augment the supply of mental health services for children and families in Nevada County, First 5 Nevada County provides funding to supplement county programs. For example, the County Commission funded mental health workers to attend an Infant Mental Health and Parent-Child Interaction Therapy training to learn about a culturally and linguistically appropriate parent therapy model. The County Commission also supports the Nevada County Behavioral Health Department to provide evening counseling sessions, evening parent "psychoeducational" groups, and mental health services at local homeless shelters. These mental health services improve parents' ability to manage their children's behavior and their own parenting stress.

Promoting Equitable Access and Outcomes

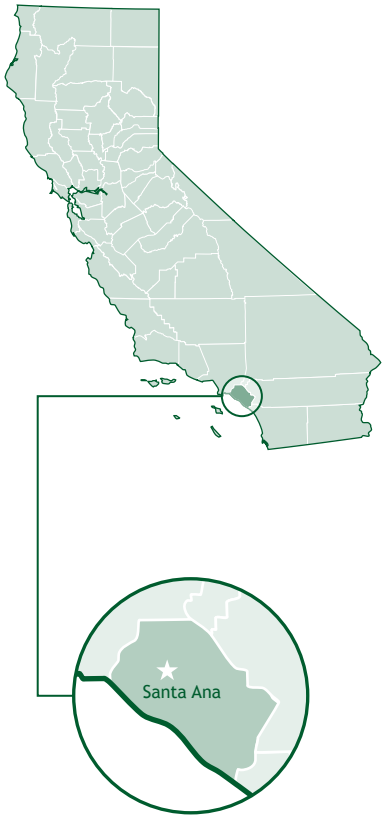
Historically, the Latino community and children with disabilities and other special needs have been underserved in Nevada County. Although only 6.4% of the total population are Latino, 10% of children ages 0-5 are Latino, and the majority live in monolingual Spanish-speaking families. First 5 Nevada County is committed to increasing the ability of agencies to provide culturally and linguistically appropriate services. In 2005-06, the County Commission (1) continued to supplement public- and private-sector mental health programs by funding Spanish counseling services, (2) funded the Promotora Outreach Program to link Latino families to community services, and (3) supported the Truckee Parent Partnership, which offers bicultural and bilingual services, including enrichment and literacy programs, nutrition education and support, and resource and referral services, to Latino families. First 5 Nevada County also is supporting efforts to serve children with disabilities and other special needs. The Nevada County Superintendent of Schools continued the Community Autism Support Team, which provides training and support to families and child care providers.

Program Highlights

School readiness programs support children, families, and schools. Comprehensive school readiness (SR) programs provide services in five areas: early care and education, parenting and family support services, health and social services, schools' capacity to prepare children for school success, and infrastructure evaluation. Two SR sites, Truckee Elementary School and Grass Valley School District, serve the eastern and western regions of the county, respectively. Examples of SR programs include Club Amiguitos in Truckee, which provides cross-cultural enrichment activities for preschoolers and parents, and the Promotora Latino Family Home Visiting program, which connects new immigrant parents to community enrichment activities, school programs, English as a Second Language classes, and literacy activities. Family Fun Nights support literacy awareness for parents, and a library lending program provides rotating "Bags O' Books" for parent checkout. School Readiness Kits are given to all entering kindergartners at registration, providing materials to help children gain critical skills. In 2005-06, the Truckee SR program made 3,267 service contacts and the Grass Valley program made 7,472 service contacts with children and their families. Through community strengthening efforts, 755 adults received school readiness information at events in Truckee and 2,497 adults at events in Grass Valley.

Empiezo Maravilloso ensures that new babies start life with a "great beginning." Empiezo Maravilloso (Great Beginnings) provides a multidisciplinary home visitation program for new babies in Truckee. The team promotes collaboration and communication between service providers, coordinates early intervention services, and supports healthy child development and positive parenting practices. Program strategies include phone calls to families of all newborns to offer home visiting services, referrals to community resources, family connections, developmental assessments, and care coordination. The program successfully developed trusting relationships between home visitors and parents, which allowed for collaborative parenting support and resulted in observable changes in parenting behaviors and increases in children's social-emotional, motor, and early language skills.

Orange County



Orange County

Commission Priorities

Orange County has the second-highest population of any county in California and also is the second most densely populated. In comparison with the county as a whole, the preschool population (ages 0-5) represents a disproportionate number of children in low-income families and families with limited English proficiency. Orange County children age 5 and under are more likely to be Hispanic/Latino than Caucasian, and there is a sizable and growing Asian and multiracial population. Housing in Orange County is prohibitively expensive, which leads to overcrowding and negative effects on family health. Issues of concern for young children in Orange County include poverty, homelessness, access to health care, adequate immunizations, and increasing numbers of low-birth-weight children, children with asthma, and children who are overweight and unfit.

The County Commission has identified strategic priorities including the following:

1. Healthy Children: Ensure the overall physical, social, emotional, and intellectual health of children during the prenatal period through age 5.
2. Strong Families: Support and strengthen families in ways that promote good parenting for the optimal development of young children.
3. Ready to Learn: Provide early care and education opportunities for young children to maximize their potential to succeed in school.
4. Capacity Building: Fund effective programs, leverage resources, coordinate services, and measure outcomes in order to increase capacity for new or expanded services to young children.

POPULATION	
Total births (2005)	44,065
0 to 5 population (2005)	261,456

ETHNICITY OF CHILDREN 0-5	
African-American	1.2%
Asian/Pacific Islander	12.4
Latino	47.7
Native American	0.4
White	34.9
Other	3.4

FISCAL	
Total Net Assets, July 1, 2005	**$139,097,748**
Committed Funds	139,097,748
Uncommitted Funds	0
Total Revenues	**$47,822,744**
First 5 Monthly Disbursements	39,332,323
Other First 5 Funding (Including SMIF)	469,561
Non-First 5 Funding	1,514,770
Interest	6,506,090
Expenses	**$(43,307,037)**
Total Net Assets, June 30, 2006	**$143,613,455**
Committed Funds	143,613,455
Uncommitted Funds	0

Primary Activities and Programs

Healthy Children efforts provide screenings, assistance with health insurance enrollment, health education, and treatment through the School Nurse Program and community clinic programs. School nurses identify and treat children's health and developmental needs early so that children are ready to learn when they enter school. In fiscal year 2005-06, 30 nurses in the School Nurse Program provided 6,003 children with comprehensive screenings, including developmental, vision, dental, and health. Additionally, 1,965 children received assistance or referral for health insurance enrollment. Health education classes were provided to children ages 0-5 (356 classes), parents (450 classes), and service providers (447 trainings). In addition, community clinics help Orange County's most vulnerable residents to access health care. To reach more children, five clinics were added through the Community Clinic Expansion Program, serving approximately 1,518 families and children. The Commission also funded the Coalition of Orange County Community Clinics (17 organizations and 39 clinic sites) to implement centralized pediatric support. The Coalition instituted services by a pediatrician and a care coordinator, who rotate among three clinics that previously lacked a pediatrician.

Strong Families efforts support homeless families and improve birth outcomes for substance-exposed newborns. The County Commission funded the expansion of two homeless shelters (New Vista Shelter and Hope Family Housing) so that homeless families can stay together as they work their way back into mainstream society. A school nurse was hired to work specifically with motel families, and the Commission worked with Head Start, Anaheim City and Magnolia school districts, and Sierra Health Clinic to open a preschool and family health clinic targeted to motel families. Recent studies found that prenatal and perinatal staff and resources are insufficient for Orange County's current substance abuse caseloads. The Commission's funding of the Perinatal Substance Abuse Service Initiative Assessment and Coordination Team (ACT) allows public health nurses to conduct case management and to provide medical supplies, trainings, and transportation for clients to access health care. In 2005-06, there were 115 referrals to ACT. Ninety-nine clients were linked with a prenatal care provider, and 85 were enrolled in Medi-Cal.

Ready to Learn efforts support early literacy and children's school readiness. The Commission's Early Literacy Network (ELN) coordinates three early literacy programs: (1) HABLA, an intensive home visitation literacy program; (2) Reach Out and Read, a national program promoting literacy as a standard part of pediatric primary care; and (3) Family Literacy Programs, community-based programs that promote family literacy activities. In fiscal year 2005-06, ELN distributed 5,905 books at early literacy programs. Additionally, 32,197 children were read to at Reach Out and Read sites, and ELN participated in 58 community events. School readiness coordinators at every elementary school district work with parents, early education programs, and community agencies to better connect them to school district services; provide parent and provider education; and work with preschool programs to align curriculum and connect with needed community services. First 5 California provides additional funding in 13 elementary school districts with low-performing schools, which is matched with funds from the Orange County Commission and local school districts. School readiness programs resulted in 253 trainings for early childhood education staff; enrollment of 4,779 children in new or enhanced preschool classes; provision of 682,893 early childhood education class hours to children ages 0-5; enrollment of 441 children with disabilities and other special needs in school readiness programs; screening of 4,300 children for developmental milestones; and 2,143 referrals to community-based agencies.

A rising star is dressed to succeed at KidWorks preschool in Santa Ana.

Capacity-building efforts promote measuring outcomes, leveraging resources, sharing best practices, and coordinating work efforts. These practices help to fund effective programs and prioritize those areas where there is an ongoing or new need. In 2005-06, the Commission funded the CONNECT Partnership for Nonprofit Solutions to provide technical assistance and oversight to capacity-building grantees, so that funded organizations have access to innovative resources and the support necessary to reach their full potential. CONNECT provided more than 1,100 hours of professional training for 178 Commission grantees. The Commission also leverages resources through the AmeriCorps/VISTA project, in which AmeriCorps and VISTA volunteers are placed with agencies that serve young children and their families. AmeriCorps members providing literacy services served 5,288 families within their homes and engaged more than 18,000 children in the Reach Out and Read program in pediatric waiting rooms throughout the county.

Promoting Equitable Access and Outcomes

The strategic plan is designed to serve Orange County's children from the prenatal stage to age 5, including those most at risk from socioeconomic factors. Commission-funded programs reach the children of families facing the most serious risk from health, socioeconomic, and developmental perspectives, including those for whom English is not their primary language, those whose mothers have less than a high school education, and those living in poverty.

The Commission uses multiple strategies, including assessing every newborn while still at the hospital and linking families in need with a health care home and support programs; using family resource centers to provide access to health care, medical insurance, parenting classes, and family counseling; funding local school readiness coordinators and school nurses for school- district-tailored programs, including best practices for early care, parent training, and collaboration between educational systems; using multiple languages and culturally appropriate staff to provide direct outreach and home visitation services; and taking services and information to the community, instead of requiring families to seek out services.

Program Highlights

Immunization registry ensures that health care providers have accurate, up-to-date immunization documentation. The Commission brought together the experts and key service providers necessary to launch an immunization registry in Orange County. The registry helps children directly and indirectly by supporting vaccination coverage and providing immunization histories for health care providers. This service is important since a significant segment of Orange County's population is very mobile because of the high cost of housing and transmigration with Mexico. Because families may change health homes frequently, there is a high potential for under- or over-immunization. The registry is a powerful tool to address this issue in that it helps the county's providers track immunizations better over the long term. Through the launch, clinics received equipment, such as dedicated laptop computers and printers, and access to the web-based registry, along with training and reimbursement for staff time for entering registry information. The registry was successfully implemented at eight private and five public clinics. In just 1 year, 72,000 records have been entered into the registry. The launch coordinated with the 2-1-1 calling system to ensure that callers were asked whether they had a medical home and to link them with resources if needed.

El Puente Community Development Corporation/ KidWorks establishes a licensed preschool for low-income children. El Puente Community Development Corporation (CDC) has operated in the impoverished Townsend Street and Myrtle Street neighborhoods of central Santa Ana for 10 years, offering a variety of services, including a school readiness program. This community is characterized by high levels of neglect, abuse, drugs, gang violence, poverty, student dropout rates, overcrowding, and teen pregnancy. Without a dedicated center, they were forced to operate out of an apartment. In 2005-06, El Puente CDC/KidWorks implemented a capacity-building project that had been awarded by the Commission to research requirements and regulations for opening and operating a licensed preschool program. After a significant year of planning, preparation, and training, the new preschool will open in September 2006. The preschool will provide a comprehensive interdisciplinary program to 48 low-income children.

Learning and growing is fun at KidWorks preschool in Santa Ana.

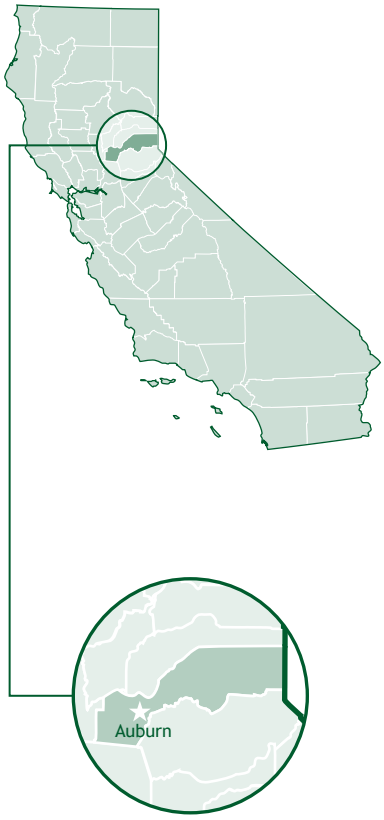
LEAPS program promotes early intervention for health and developmental needs, with universal screening and hands-on assistance in an impoverished community. The primary goal of LEAPS (Learning, Early Intervention, And Parent Support) is to identify, at the earliest possible stage, children ages 0-5 who have health and developmental needs and to provide early intervention strategies that will lead to their optimal development. LEAPS serves children and families residing in a Costa Mesa community that is primarily Latino, with only Spanish spoken at home. The community is characterized by a low median family income and a high average family size. In July 2004, this ZIP code produced the fifth-highest number of child abuse reports for this age group in Orange County (out of 84 ZIP codes), with the majority of reports involving child neglect. LEAPS offers universal access to developmental screening, hands-on assistance to families of children with developmental concerns while further assessments and referrals are completed, Parent and Me classes, and ongoing support and care management for children and families needing special education services. In 2005-06, LEAPS screened 512 children, with 72 children referred to additional services. Throughout the year, 280 children participated in the Parent and Me classes, with an average of 102 children and their parents coming to classes each month.

Grant to Down Syndrome Association of Orange County enables significant increase in information dissemination, referrals, and formation of support groups to families of children with Down syndrome and their providers. The Down Syndrome Association of Orange County (DSAOC) provides informational and emotional support for families with children diagnosed with Down syndrome. For 22 years, DSAOC was an all-volunteer organization with no office and no employees, dramatically limiting its ability to conduct outreach. A grant from the Commission allowed DSAOC to hire paid staff, move into an office, and expand its services. This year, DSAOC contacted and provided orientation guides to 109 new parents and distributed information on Down syndrome to 72 health care professionals. By providing resources, referrals, and support groups, the program decreases the social isolation that parents experience when they have a child with Down syndrome. Further, the program raises parents' expectations of their children's abilities, including the children's ability to learn and to participate fully in peer groups.

Local Story

John and Mary were successful, well-educated professionals in their 30s who had just given birth to a son, Brian, with Down syndrome. Brian needed heart surgery, had jaundice, and remained in the neonatal intensive care unit following his birth. John was angry, blamed Mary, and wanted to put Brian up for adoption. Mary was inconsolable, but she knew she could not give up her child, even if it cost her marriage. A hospital social worker contacted the Down Syndrome Association of Orange County for help. Initially, John and Mary did not want to see anyone, so DSAOC delivered a welcome basket to the social worker, containing gifts and the book *Babies with Down Syndrome: A New Parents' Guide*. DSAOC matched them with another couple who were themselves professional and had experienced difficulty accepting the birth of their child with Down syndrome. The mentor parents were able to answer questions about their child, their life, and their feelings. The mentors were also able to ensure that the new parents had all the information they needed, such as the timeline to receive important services and the times when the support groups meet at the Down Syndrome Association. A couple of months later, the new parents attended the summer picnic and met other parents and children. Brian is now 6 years old and enrolled in a fully inclusive kindergarten classroom, reading, adding, and on his way to a successful life of learning and growing.

Placer County



Placer County

Commission Priorities

In 2005-06, First 5 Placer continued to address community needs by providing services to support the following goals: (1) improved family functioning, including traditional services and enrichment activities; (2) improved child development, including a healthy pregnancy and parents' attention to their children's developmental experiences; (3) all children are healthy, including physical and mental health for children and families; (4) comprehensive child and family partnerships, and policies and practices that better serve children and families; and (5) supportive and nurturing environments, including safe, healthy, nurturing, and appropriate environments for families. In 2005-06, the County Commission funded 33 programs.

Primary Activities and Programs

First 5 programs promote children's development and readiness for school. Making Connections, a School Readiness Initiative program, operates in the Kings Beach Elementary School. It promotes children's school readiness through language and literacy development and also focuses on providing resources and support to families. The program has been tailored to meet the needs of the families in the Kings Beach community, including low maternal education levels, high teen pregnancy rates, second-language issues, and social and cultural isolation. Kindergarten teachers reported a noticeable improvement in the school readiness of children who regularly attended an after-school program, Kinderclub, that promotes language and literacy development and social and emotional growth. Through collaborative efforts, other activities and resources offered included family advocacy, adult education, early childhood enrichment opportunities, the Reach Out and Read program, and efforts to strengthen preschool and kindergarten connections for children, parents, and staff.

The Compensation and Retention Initiative (CRI) increases the education and professional growth level of licensed early childhood educators, promoting high-quality early learning environments for young children. Also known as the CARES program, this initiative addresses the need to retain licensed early childhood educators and increase their education level and professional growth, with the goal of ensuring healthy and

POPULATION	
Total births (2005)	3,823
0 to 5 population (2005)	21,454

ETHNICITY OF CHILDREN 0-5	
African-American	1.5%
Asian/Pacific Islander	4.0
Latino	15.7
Native American	0.9
White	72.9
Other	5.1

FISCAL	
Total Net Assets, July 1, 2005	**$7,595,841**
Committed Funds	0
Uncommitted Funds	7,595,841
Total Revenues	**$3,598,642**
First 5 Monthly Disbursements	3,155,010
Other First 5 Funding (Including SMIF)	139,230
Non-First 5 Funding	0
Interest	304,402
Expenses	**$(2,725,663)**
Total Net Assets, June 30, 2006	**$8,468,820**
Committed Funds	0
Uncommitted Funds	8,468,820

developmentally appropriate early education environments for all children. The program's primary outcomes are to (1) stabilize the early childhood educator workforce, (2) increase the education level of staff, and (3) assist the staff in obtaining Child Development Permits. CRI is a collaborative effort, with many agencies participating in training and education. To meet the needs of the diverse population of providers, a Spanish-speaking/bilingual resource specialist assists with translation of written materials and oral translation. The program also offers a Spanish-speaking/bilingual support group and an annual child development conference hosted by a collaborative group of agencies. In 2005-06, 125 participants received stipends for completing the program requirements. Thirteen participants applied for or obtained Child Development Permits.

Promoting Equitable Access and Outcomes

Historically, the Spanish-speaking population of Placer County has been underserved. By identifying and training skilled people who live in the community and speak Spanish, instead of relying on outside experts, the Commission honors the local culture and builds community capacity. For example, First 5 Placer trains Spanish-speaking child care providers. The Tahoe Truckee Dental Program has trained Spanish speakers from the community to conduct outreach, deliver dental health information, and connect Spanish-speaking families with community resources. As a result, the Latino community has greater access to pediatric dental services. The KidZone, another community-owned and -operated program, offers a recognized place for families with young children to interact and ensures that translation services and Spanish-speaking staff are available when families need services or information.

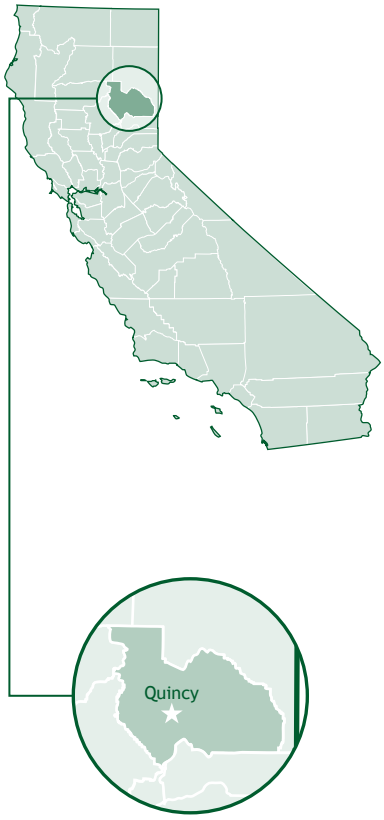
Program Highlights

The Kings Beach Kinderclub promotes school readiness skills in children who are English learners. Tailored to meet the needs of Spanish-speaking families, this collaboration between Kings Beach Elementary School and the Boys and Girls Clubs of North Lake Tahoe provides literacy and early education services for children and families. Immediately following their school day, children attend Kinderclub, a safe, structured, and enriched environment that supports their language and literacy development. Spanish is the primary language of many of the families, and program staff have found that it is not enough to simply translate materials. Program staff members work with community members to shape the programs and design activities with their cultural values in mind. Parents receive the tools, resources, and opportunities they need to support their children's development and to help them succeed in school. Early literacy events and family literacy activities bring children and parents together.

Family Law Facilitator's Office program helps families resolve legal problems quickly and easily. The Family Law Facilitator's Office provides parents with information and support in family-related legal matters, such as child support, domestic violence, child custody orders, guardianships, and divorce. Assistance includes developing legal action plans, completing required legal forms, explaining procedures for appearing in court, and providing referrals to attorneys and other services. A new telephone help line and website provide easy access to information, without requiring parents to take time away from their jobs. The program also offers information through videos and in-person consultations. In addition to having professional staff, the program established partnerships with law schools and paralegal colleges, enabling students to work in the clinic at low or no cost.

The WarmLine Family Resource Center (FRC) supports children and families who have or are at risk for disabilities and other special needs. Staffed by parents of children with disabilities and other special needs, this program supports a "parent-to-parent" network, in which parents of children diagnosed with disabilities and other special needs provide assistance and support to parents of newly diagnosed children. The FRC helps parents understand how to access services and empowers them to know their rights and responsibilities. The program also offers in-person and telephone consultations, playgroups, and group trainings. Parent surveys show that, as a result of these services, parents have increased knowledge of how to navigate the systems serving their children.

Plumas County



Plumas County

Commission Priorities

Plumas County's population has almost doubled since the 1970s. Although the county is ethnically less diverse than the state as a whole, the Latino population is growing, and the county is home to the indigenous Maidu people. More than one-third of children live in poverty, and families experience high seasonal unemployment rates. In response to identified needs, First 5 Plumas established funding priorities for (1) an integrated School Readiness Program, (2) a comprehensive Oral Health Program, (3) early intervention screenings and services for children with disabilities and other special needs, and (4) access to educational opportunities for parents/caregivers and providers through integrated and consistent training programs.

Primary Activities and Programs

School Readiness home visiting programs reduce geographic and transportation barriers and increase access to health and early literacy services. School Readiness funded programs served more than 553 children and 568 parents during fiscal year 2005-06, with the New Born House Calls program (NBHC) initiating home visits with expectant parents and those with children ages 0-3. Family advocates conduct home visits for families with children ages 3-5, using the Raising A Reader and Parents as Teachers curricula. An early intervention specialist and a Healthy Touch infant massage therapist provide parenting education, infant massage, and early literacy services using Raising A Reader countywide. The School Readiness Program provided four Kindergarten Roundups and kindergarten transition activities, in which 136 children received health and developmental screenings, resulting in 63 children being referred for vision, hearing, or dental services.

Funding is leveraged to create a new Oral Health Program to address the needs of children. First 5 Plumas was instrumental in organizing the local Dental Coalition and writing a successful proposal to The California Endowment (TCE). Funding from First 5 Plumas, First 5 Sierra, and TCE will support comprehensive oral health services for children in Plumas and Sierra Counties. The program is being implemented through the Plumas County Public Health Agency (PCPHA) and will serve children ages 1-12. The PCPHA hired a director

POPULATION	
Total births (2005)	176
0 to 5 population (2005)	1,102

ETHNICITY OF CHILDREN 0-5	
African-American	3.4%
Asian/Pacific Islander	1.0
Latino	10.1
Native American	2.0
White	79.6
Other	3.9

FISCAL	
Total Net Assets, July 1, 2005	**$512,839**
Committed Funds	0
Uncommitted Funds*	512,839
Total Revenues	**$459,435**
First 5 Monthly Disbursements	156,060
Other First 5 Funding (Including SMIF)	288,535
Non-First 5 Funding	0
Interest	14,840
Expenses	**$(561,541)**
Total Net Assets, June 30, 2006	**$410,733**
Committed Funds	410,733
Uncommitted Funds	0

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

in March 2005 and began recruiting other staff. In addition to providing treatment services and coordinated case management, the program will focus on prevention. In 2005-06, 187 children received fluoride varnishes.

CARES program promotes professional development, increasing access to high-quality child care. The Comprehensive Approaches to Raising Educational Standards (CARES) program disbursed stipends to 28 providers who completed educational activities to meet program requirements. Feather River College Early Childhood Education Program, the Local Planning Council, and the local Child Care Resource and Referral Agency provided training, planning, and service integration. In a survey of providers receiving stipends, 100% of 23 respondents plan to continue in the child care field, and 92% plan to apply to the program next year and would recommend it to someone else. First 5 Plumas has committed $105,000 over the next 3½ years to continue CARES.

Promoting Equitable Access and Outcomes

Latino and Native American families, families of children with disabilities and other special needs, and those who are geographically isolated have traditionally been underserved in Plumas County. To meet the needs of these populations, School Readiness home visiting and other services prioritized support to American Indian and high-risk families in Indian Valley, Latino families in Portola, and all families with children who have or are at risk for developmental delays. To address language barriers, the New Born House Calls program hired a bilingual outreach health worker, and the Plumas Unified School District School Readiness Program hired a bilingual family advocate. A translator provided Spanish language translation for brochures, newsletters, Kindergarten Roundup flyers, and radio ads. The Roundhouse Council Indian Education Center staff collaborated with NBHC to provide outreach to the indigenous Maidu tribe, a small and largely hidden population clustered in Indian Valley. The coordinated approach resulted in increased early literacy opportunities and health education for these traditionally underserved and hard-to-reach populations.

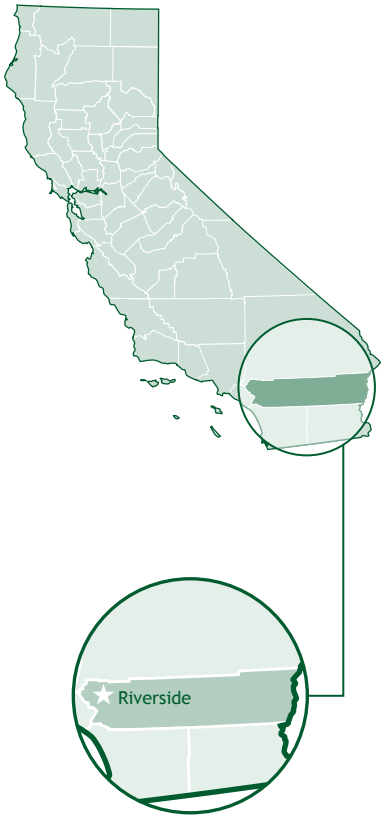
Program Highlights

Roundhouse Council Indian Education Center's early literacy activities support child development and family functioning. Building on 25 years of working to improve the quality of life for Native American families, the Roundhouse Council is now working more closely with children ages 0-5 and their parents. In Plumas County, Native American children historically have been overrepresented in special education classrooms, and many have not experienced an enriched early learning environment.

With School Readiness funding, the Roundhouse Council began providing early childhood and parent education activities via the Raising A Reader program, center-based weekly activities, and in-home visits. The Roundhouse Council family advocate completed the Parents as Teachers certified parent educator training. The family advocate works closely with Public Health Agency prevention and education programs and is trained to help families with car seat distribution and installation. In 2005-06, these school readiness activities served 22 children ages 0-5 and provided family support and parent education activities for 28 parents.

New Born House Calls partners with programs for early identification of special needs. A program of Plumas County Public Health Agency, NBHC was created to enhance maternal, adolescent, and child health outcomes through an adaptation of the research-based Olds model of nurse home visiting. With School Readiness funds, the program expanded by hiring a registered nurse and a health outreach worker and partnering with a community-based bilingual family advocate and an American Indian family advocate. Partnering with specialists from Early Intervention Services, Healthy Touch, and other programs, NBHC ensures that families of children with disabilities and other special needs are linked to intervention and supportive services as early as possible. In 2005-06, the program distributed 81 Early Learning Kits for children ages 1-3 to families in Indian Valley and Portola, the two priority School Readiness zones. NBHC produced and published a quarterly First 5 Plumas School Readiness and community networking newsletter, which is also translated into Spanish, with a total circulation of 2,000; and the Kit for New Parents was distributed to 208 families.

Riverside County



Riverside County

Commission Priorities

Riverside County is the second largest county geographically and the fifth largest county in population in California. The county has been one of the fastest growing in the nation, fueled by affordable housing and resulting in working parents commuting increasing amounts of time to workplaces. Because the population is distributed throughout the vast regions of the entire county, there are major implications for methods of service delivery to children and families. Compared with the county's general population, ethnic and minority groups account for a larger percentage of children ages 0-5; Riverside County children in this age range are significantly more likely than children in the general U.S. population to be Hispanic/Latino. The primary languages for the Riverside County Children and Families Commission (First 5 Riverside) clients are English (45%) and Spanish (38%), with 12% reportedly speaking English and Spanish equally. Growth of the Hispanic/Latino community will continue to outpace the growth of all other ethnic groups in the coming years; population projections predict that by 2030, nearly three-fourths will be Hispanic/Latino. State data sources indicate that the median income in Riverside County is $45,135, and 14% of its residents are living in poverty. First 5 Riverside (F5R) also found that its core client mothers were less likely than mothers in the county, on average, to have finished high school. Riverside's dramatic growth has occurred on top of an already inadequate infrastructure of services for 0- to 5-year-old children and their families. F5R is dedicated to better meeting the needs of the county's increasingly diverse population, with sensitivity to issues of cultural diversity, special needs and economically disadvantaged populations. In this context, the Commission's revised strategic plan focuses on expanding and improving child care, parenting education services, and health care services. The Commission has great respect for and commitment to the social, cultural, and ethnic diversity of county families and communities in service planning, delivery, and continuity of care.

Primary Activities and Programs

First 5 Riverside provides families with high-quality, low-cost child care and ancillary services while promoting the professional development of providers. In fiscal year 2005-06, F5R provided funding to enhance child

POPULATION	
Total births (2005)	31,509
0 to 5 population (2005)	168,760

ETHNICITY OF CHILDREN 0-5	
African-American	6.4%
Asian/Pacific Islander	3.1
Latino	58.7
Native American	0.6
White	27.8
Other	3.3

FISCAL	
Total Net Assets, July 1, 2005	**$54,273,307**
Committed Funds	1,697,613
Uncommitted Funds*	52,575,694
Total Revenues	**$29,039,575**
First 5 Monthly Disbursements	24,300,276
Other First 5 Funding (Including SMIF)	2,771,983
Non-First 5 Funding	201,373
Interest	1,765,943
Expenses	**$(30,696,192)**
Total Net Assets, June 30, 2006	**$52,616,689**
Committed Funds	41,757,456
Uncommitted Funds	10,859,233

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

care/preschool slots, provide services and training assistance, and improve staff ratios. Specific services and activities funded included subsidized child care spaces for 1,077 children from low- to moderate-income families; extended, nontraditional hours and after-school enrichment programs for 310 children; child care services for mothers in treatment programs and homeless parents living in transitional housing (94 children); child care services and early intervention for 210 children with disabilities and other special needs; subsidized child care, respite care, and advocacy for grandparents raising grandchildren (155 children); and Preschool for All (PFA) classes benefiting 102 children.

F5R funding supported program improvement and enhanced services for 229 children through transportation, assistance with maintaining low staff-to-child ratios, and inclusion support for children with disabilities and other special needs. F5R funded a team of special education teachers, therapists, and child development teachers, enabling 217 children with disabilities and other special needs to attend the same classes as other children. English and Spanish distance learning courses in Pre-Kindergarten Learning and Development were completed by 105 center-based early care and education (ECE) teachers. The CARES program provided stipends to 443 providers; 100 ECE providers completed the Early Childhood Environment Rating Scales training.

Parent education and family literacy programs are delivered to families countywide. Seven agencies provided Parents as Teachers (PAT) home-based programs in various communities. Children received developmental screenings with the Ages & Stages Questionnaire (ASQ). Six of the programs provided bilingual parent education and parenting materials. The seven agencies funded to provide PAT home visits served a total of 356 families, with 94 families achieving their respective goals. Two funded programs provided the PAT program to a total of 211 teen parents at Cal-SAFE sites. One agency provided targeted developmental stimulation through "Pre-School in a Box," a program administered to children in foster/kinship care and their caregivers. Consistent developmental progress, as measured by an increase over their baseline ASQ scores, was made by 66 foster children and 58 caregivers.

The Latino Family Literacy Program provided nine books, home activities, and materials to make a family literacy album that highlights monthly workshop and home activities. The family literacy program served 122 children and 109 parents in English and Spanish through classroom and/or home-based sessions. Eighty-two parents demonstrated that they were using at least three strategies/skills that assisted their children with basic skills and demonstrated an understanding of their role as their children's most important teachers. The Corona Public Library and 20 Head Start and State Preschool programs worked together to serve 300 children and 333 parents with bimonthly On the Road to Reading story times and free book incentives for families who visited the library. Riverside County Library Systems' Project Read with Me served 1,803 children with weekly rotations of four books and story times. English/Spanish story times were offered at both libraries, with 2,473 children and 2,523 parents participating. Book giveaways were part of several literacy programs. Parent outcomes included parents reading to their children more often and more parents visiting the library, obtaining library cards, and using various library services.

Project Read With Me, a lending library and educational program of the Riverside County Library System, helps parents prepare their children to enter school ready to read. Participant Adriana Contreras reads "Dinosaur Roar!" to her son Lorenzo.

First 5 Riverside builds healthy communities by increasing access to affordable, comprehensive, and preventive mental and physical health services. Activities included health insurance enrollment assistance, health education, newborn services, and social-emotional health services. F5R participated in the Healthy Kids Initiative and leveraged F5R, county, state, and private foundation funds to provide comprehensive medical insurance to 2,001 children ineligible for Medi-Cal or Healthy Families. Three hundred fifty families visiting CHDP clinics received health insurance enrollment assistance, with 175 receiving their health cards and maintaining their coverage for a minimum of 6 months. A Commission-run AmeriCorps program provided health insurance enrollment information assisting 1,471 children and 2,800 parents at the Perris and Mecca Family Resource Centers.

F5R also funded programs to provide health education, including asthma prevention, smoking cessation, nutrition, home safety, and information for parents with children who are blind or visually impaired. These programs provided strategies to address needs of children who are blind/visually impaired to 24 parents and 100 child care providers; asthma education, in order to reduce asthma triggers in the home and the number of asthma-related emergency department visits, to 131 parents; car seat education and distribution to 401 parents; and home safety training to 141 parents. Improved nutritional health behaviors, with increased daily consumption of fruits and vegetables, increased physical activity, and decreased television watching, were observed among 208 children. There also was a reduction in the number of parents who smoke. Of 301 parents served, 26 have remained smoke-free for 3 months and 1 for 30 days, and 140 parents of newborns and young children reported that all family members have stopped smoking around their children.

F5R funded agencies to provide well-baby checkups for 145 children and developmental screenings and related resources for 265 children; mother-child attachment and breastfeeding programs for 9,338 mothers and infants, resulting in 3 of 11 county hospitals reporting that 80% of 7,480 mothers breastfed their infants during their hospital stay; 248 home visits to mothers of newborns and developmental screenings to newborns; childbirth classes for 463 parents; a seven-session Systematic Training for Effective Parenting (STEP) program for 26 parents, who reported increased understanding of ways to positively parent their children; and, training, advocacy, and support to health care providers and hospitals to create "baby-friendly" county hospitals.

Mental/social/emotional health services focused on early identification of and intervention for social-emotional development issues for 57 children and 24 parents; Devereux Early Childhood Assessment screenings conducted with 4,207 families, with 92 children and 65 parents achieving program goals; and education and support for 172 parents to promote 156 children's behavioral and social-emotional development, with 66 children and 20 parents successfully reaching program goals.

The Inclusion Support program provided parenting education and support to 70 parents of children with disabilities and other special needs attending the Mt. San Jacinto Child Development Center. Parents received one-on-one consultations to help them learn how to reinforce center services by using new activities and ways of interacting with their children at home.

Promoting Equitable Access and Outcomes

The Commission formally adopted core guiding principles to improve equitable access to funding. F5R funded programs to support the growing population of Latino/Hispanic families by providing materials in Spanish, adapting their programming to meet the needs of specific ethnic and cultural groups, recruiting and hiring culturally diverse staff, training staff in areas of cultural awareness and competency, adapting written materials for varying levels of literacy, providing interpreting services, and scheduling meetings and class times to accommodate diverse participants.

To make services more accessible to families, 17 of the funded agencies (23%) provided program services in homes, including parental education involving topics such as blindness support, asthma triggers, and smoking cessation, as well as PAT services and in-home assessments/screenings for children.

To support early identification and services for children with disabilities and other special needs, the Lake Elsinore Special Needs Demonstration Project (SNP) provided universal access to comprehensive special-needs screenings for 505 children ages 0-5. All screenings, assessments, and services were designed to be family centered and culturally and linguistically appropriate. Twenty-seven percent (136 children) screened positive for disabilities or other special needs and were linked to needed services and supports as part of the program's case management process.

Program Highlights

Hemet Unified School District (HUSD) School Readiness program provides comprehensive services to families. The HUSD School Readiness (SR) program operates a family resource center in the rural regions of Hemet, providing easily accessible, comprehensive programs that address the emotional, social, physical, and cognitive needs of the district's children and their families. Center services support oral health, developmental screenings, helping children with challenging behaviors, and effective communication with children and parents with limited English skills. Additional programs offered by the center include early childhood provider trainings; parent workshops; Teddy Bear Community Health Fair, including vision, dental, and hearing screenings; kindergarten transition; and Positivity, Responsibility, Influence, Consequences, Encouragement (P.R.I.C.E.) parenting classes.

Center-based programs are modeled after Head Start and State Preschool and use the Early Childhood Environment Rating Scale-Revised Edition (ECERS-R) to

First 5 Riverside contributed $500,000 toward construction of a new child development center in Nuevo that makes preschool available to all 4-year-olds in the Nuview Union School District. Preschooler Marissa Vargas paints outdoors during the ribbon-cutting celebration.

measure program quality and inform program improvements. Children are assessed with the Desired Results Developmental Profile (DRDP), which establishes baselines and post-scores for individualization and progress tracking purposes. The PAT home visiting program assisted parents in 48 families with their ability to be their children's first teachers by increasing the parents' knowledge of early childhood development and improving parenting practices. The program enabled early detection of developmental delays and health issues with the implementation of the ASQ, helping to increase children's school readiness and promote school success.

Forty-eight preschool children also were served through center-based classes. The 8-week On the Road to Learning course, geared toward children without preschool experience, served 60 parents and 60 children. Ten early childhood education workshops with professional growth hours were offered on DRDP, ECERS-R, and child development. The center also offered 13 parent workshops based on the needs of its parents.

The Nuview Union School District Parents as Teachers program promotes early literacy. The PAT home visiting program was delivered to 175 children, 123 parents, and 120 teen parents in the rural communities of Nuevo, Lakeview, and Juniper Flats. The district's PAT staff have knowledge of child development and are certified by the PAT National Center. At least half of the PAT staff are bilingual in English and Spanish. The PAT program consists of four components: monthly home visits, monthly parent group meetings, developmental and health screenings (including a resources network), and a teen program.

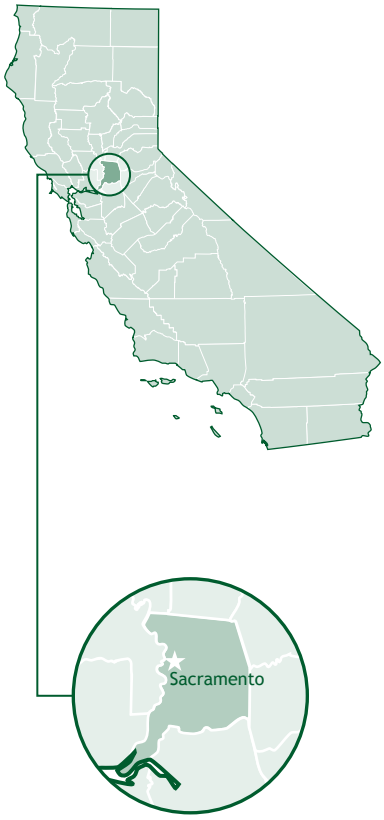
The Cal-SAFE Program served 46 teen parents at Perris Lake Continuation High School. Parent educators discussed various topics, including discipline, nutrition, temperament, stages of development, and age-appropriate activities, and the teen parents received the PAT curriculum. Fifty-seven of the 175 children served demonstrated at least 75% of the age-appropriate milestones being tracked. Forty-nine of the 123 parents served demonstrated the use of at least three new strategies to support their children's learning after completing at least five home visits and one group meeting.

First 5 Riverside provides funding for Women, Infants, and Children (WIC) expansion. Funding from F5R augmented WIC services to serve an additional 3,000 participants across four county sites: Mecca, Palm Desert, Perris, and Arlanza (Riverside). State WIC allocations to Riverside County were not sufficient to provide services to all eligible residents. Studies indicate a $3-$4 health care return on each dollar of F5R investment.

For children and families using its services, WIC tracked the number of healthy births, the number of families who attended WIC classes and received food vouchers, and the number of children served who were considered "high risk." F5R directly sampled 616 core participants with 2,384 being reported in aggregate. Of the core sample, 185 of the 298 prenatal mothers served achieved a healthy pregnancy outcome (normal birth weight) and enrolled their newborns in WIC (the other 113 prenatal mothers had not delivered by June 30, 2006). Fifty parents of children ages 0-5, out of 74 parents sampled, participated in at least three category-specific nutrition education classes and had access to nutritious food packets. Monthly nutritious food packages were distributed to 138 of the 143 targeted children ages 0-5. Eighty-five of the 101 participants considered at risk at program enrollment improved their nutritional risk score after participating in the program.

Perris Elementary School District enriches parents and children. The district created a program for parents and their 2-year-old children to strengthen the bond between parent and child by addressing their physical, emotional, cognitive, and social needs. One group that gets a noticeable benefit from the Parent & Child Enrichment Program is grandparents raising grandchildren. Grandparents sometimes have difficulty adjusting to their role as surrogate parents. Many grandparents follow up the early intervention program with State Preschool services that the district provides.

Sacramento County



Sacramento County

Commission Priorities

The rapidly growing and increasingly diverse population of Sacramento County presents challenges to meeting the needs of young children and their families. The Latino population is experiencing the largest growth, and an estimated 25% to 28% of entering kindergartners are English learners. As the county grows, costs rise, making it difficult for many families to access affordable housing, health care services, and child care.

Based on the 2003 revision of First 5 Sacramento's strategic plan, funding strategies during 2005-06 targeted the following priorities: (1) increase access to fluoridated community drinking water for all children; (2) increase school readiness among children ages 0-5, including children with disabilities and other special needs; (3) increase the quality, accessibility, and affordability of child care; (4) increase the number of mothers who are breastfeeding at hospital discharge and for at least 1 year; (5) increase social capital to promote parental attachment and to reduce parental social isolation; (6) decrease the number of injuries and deaths during the prenatal period and in children ages 0-5 by reducing substance abuse among parents and caregivers; and (7) increase the number of children receiving comprehensive health care via a medical home.

Primary Activities and Programs

First 5 Sacramento supports efforts to fluoridate community drinking water, improving oral health for thousands of children. Fluoridation of drinking water is a proven practice that reduces the prevalence of dental caries, yet many young children lack this resource. First 5 Sacramento provides funding to cover the costs of equipment and 1 year of operating expenses to any water district wishing to fluoridate the community drinking water until the allocation is exhausted. For 2004-07, $5 million was allocated to fluoridate water in four districts, increasing the countywide fluoride coverage to 44% of the population. The first phase of the project brought fluoridated drinking water to more than 4,000 children ages 0-5, and it is anticipated that the remaining projects will be completed by June 2007.

POPULATION	
Total births (2005)	21,184
0 to 5 population (2005)	119,4515

ETHNICITY OF CHILDREN 0-5	
African-American	12.1%
Asian/Pacific Islander	12.6
Latino	29.3
Native American	1.5
White	37.9
Other	6.6

FISCAL	
Total Net Assets, July 1, 2005	**$82,439,637**
Committed Funds	53,438,033
Uncommitted Funds*	29,001,604
Total Revenues	**$22,188,999**
First 5 Monthly Disbursements	17,707,607
Other First 5 Funding (Including SMIF)	1,011,290
Non-First 5 Funding	61,136
Interest	3,408,966
Expenses	**$(11,593,775)**
Total Net Assets, June 30, 2006	**$93,034,861**
Committed Funds	42,997,453
Uncommitted Funds	50,037,408

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

School readiness programs support children with disabilities and other special needs and increase access to preschool. First 5 Sacramento continues to partner with seven districts around school readiness services, including preschool, health and social services, parent support, and transition activities. The new Elk Grove Unified School District Special Needs Project identifies and serves preschool children having behavioral issues. Teachers and families work with psychologists and social workers to prepare children for kindergarten. Of the 32 children identified during 2005-06, 27 successfully transitioned into regular kindergarten classrooms. Development of two pilot programs is under way: the Preschool Bridging Model pilot program will extend preschool services to children in existing child care settings in Elk Grove School District, and the Oak Park/St. HOPE Demonstration Preschool program will create a fully inclusive preschool program for children with neurodevelopmental disabilities.

Child Action, Inc., improves child care quality and increases provider comfort serving children with disabilities and other special needs. Child Action, Inc., incorporates the Sacramento CARES stipend program and the Quality Child Care Collaborative (QCCC). During 2005-06, 287 stipends were awarded to providers who completed professional development activities, maintained 1 year of stable employment, and assessed their program using the Early Childhood Environment Rating Scale. Through QCCC's provision of information, resources, and consultations, at least 750 child care providers participated in trainings, and more than 650 technical assistance contacts were made. A survey of providers receiving QCCC consultation showed 81% feeling either "comfortable" or "very comfortable" caring for a child with special needs, compared with 31% before participating.

Promoting Equitable Access and Outcomes

Communities in Sacramento County that historically have been underserved include families and children who are English learners, low-income families of children with disabilities and other special needs, and children and families who are recent immigrants. The School Readiness Initiative has an emphasis on children with disabilities and other special needs and is developing two new preschools designed to support these children. Despite many barriers that are part of the system of services, funded programs have seen some success in improving access for families.

Program Highlights

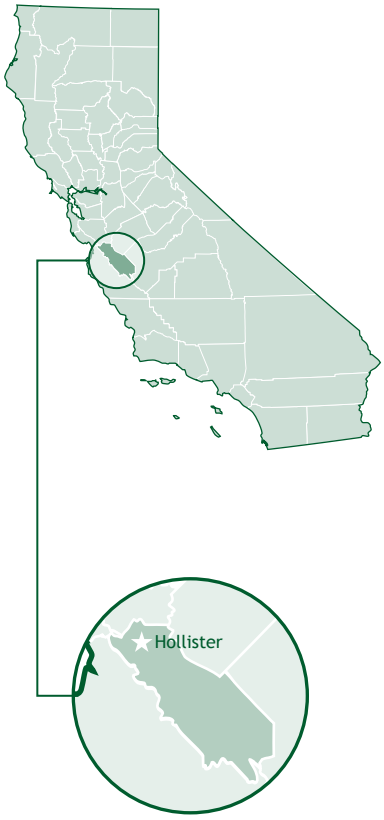
The Robla School Readiness Program brings culturally and linguistically diverse families together to promote their children's educational success. "A Family Place" gives parents and children a comfortable

space to play and read books. Services include toddler-parent support groups and parent workshops in English, Hmong, and Spanish. Health services include screenings and referrals for speech and language, weekly visits from a nurse, and semiannual health screenings and immunizations. Families take a field trip to kindergarten classrooms, where they meet teachers and receive backpacks filled with supplies. Kindergarten teachers note that participating children seem to transition better.

Sacramento Crisis Nurseries (SCN) provide high-quality care for young children when their families cannot. This free, 24-hour child care is available to all children ages 0-5 whose families face a crisis, such as substance abuse or domestic violence. Children may stay for up to 30 days while parents receive respite. Families can be confident that their children are safe and supervised by certified child care providers, who also can provide medical services. SCN provides a case manager to assess the family's immediate and ongoing needs. By offering respite and case management, SCN reduces the risk of child neglect and abuse; in 2005-06, it exceeded its goal of keeping 97% of client families out of Child Protective Services.

KinderWorld preschool program prepares children with special needs for kindergarten. Children who attend KinderWorld often come to the program with an unidentified behavior problem, which may have led to dismissal from previous preschools. KinderWorld staff include preschool teachers and specialists with degrees in education and behavior modification who help identify special needs and then adapt the curriculum to meet the child's needs. The staff work with parents to document behavior issues and assist them in creating an individualized education program (IEP), helping parents understand and apply for appropriate special services. KinderWorld's dismissal rate is only 1%. Children completing the program can receive continuing support by joining KinderWorld's after-school program.

San Benito County



San Benito County

Commission Priorities

Low levels of parental education and lack of access to needed services represent challenges to efforts to improve the health and well-being of young children in San Benito County. Childhood obesity is a major health issue, and there is a severe lack of licensed foster homes. Access to high-quality child care is insufficient, with licensed child care slots available for children ages 0-5 equaling only 21% of the estimated need. In addition, 10% of the children living in this culturally diverse county live in poverty.

First 5 San Benito's strategic plan takes into account these needs, focusing on the following funding priorities: (1) parenting education and family support services, to increase knowledge and skills; (2) early care and education, to increase access to high-quality services; (3) health and wellness, to increase access to prevention and comprehensive care; and (4) access to services, to increase support for families and strengthen the capacity of a comprehensive service delivery system.

Primary Activities and Programs

Parenting education and home visiting programs improve family functioning. First 5 San Benito funded a variety of parent education programs to support safe, healthy, and nurturing environments for children. The Great Beginnings program supported families and children through classes, home visiting, and connections to resources. A family advocate from the Healthy & Ready Project made home visits to parents of preschool children, providing information on child development, health, and parenting. The program also provides referrals to health and social services, connects children to the immunization registry, and transports children and families to medical and dental appointments, food programs, and parenting classes. Families served by Healthy & Ready and by Great Beginnings experienced improved outcomes in the areas of Family Relations, Community Relations, and Child Education & Development, based on the Family Development Matrix. Gecko Preschool and Tres Pinos Rural Mobile Preschool also provided parent education and support services. Parent surveys found consistent gains in parental knowledge and attitude after receiving services.

POPULATION	
Total births (2005)	892
0 to 5 population (2005)	5,542

ETHNICITY OF CHILDREN 0-5	
African-American	0.6%
Asian/Pacific Islander	2.2
Latino	62.3
Native American	0.2
White	32.7
Other	2.0

FISCAL	
Total Net Assets, July 1, 2005	**$1,506,182**
Committed Funds	1,506,182
Uncommitted Funds	0
Total Revenues	**$1,025,830**
First 5 Monthly Disbursements	753,424
Other First 5 Funding (Including SMIF)	209,755
Non-First 5 Funding	2,493
Interest	60,158
Expenses	**$(976,595)**
Total Net Assets, June 30, 2006	**$1,555,417**
Committed Funds	1,555,417
Uncommitted Funds	0

Early childhood programs engage children in school readiness activities. First 5 San Benito funded programs to provide opportunities for children to receive high-quality child care and development resources within their communities. The Gecko Preschool offered a combination of home-based and center-based preschool instruction, parent education, and literacy activities for families. The Tres Pinos Mobile Preschool provided parent education, home-based preschool for children, and referral services for families living in isolated southern parts of the county. Additional School Readiness (SR) Initiative funds provided 5-week summer school programs to 115 entering kindergartners to better prepare them for beginning school in the fall. Children attending the early learning programs were given the Brigance Assessment before and after the preschool or summer school services. Nearly 100% of students increased their scores. Preschool students gained an average of 18.9 points, and summer school students gained an average of 19.9 (out of 100 possible) points.

First 5 programs provide health education and services for children and families. The Children's Dental Health program provided 142 oral health screenings to children ages 0-5, and 89% of children receiving case management services for dental treatment showed a reduction in dental disease. Healthy Pathways provided training to providers at nine preschool sites, resulting in measurable improvement in the sites' implementation of nutrition and physical activity curricula. A family survey indicated that the curriculum was carried into home life, with increases in families reporting their children getting 30 minutes of exercise or more each day and eating five or more servings of fruits and vegetables. The Children's Mental Health program began providing services in March 2006, serving seven families with Parent-Child Interaction Therapy (PCIT). Five of the families demonstrated gains in the relationship enhancement component of the program even after just a few months of service.

Promoting Equitable Access and Outcomes

The underserved populations in San Benito County include low-income, migrant, and agricultural workers; Spanish-speaking families; those living in geographically isolated communities; and those without health insurance. Home visiting programs have reached these families effectively, and 55% of First 5 funded programs include this approach. Home visitors have flexible availability to meet the needs of working parents. To meet the needs of the Latino population, every First 5 funded program in San Benito County provides bilingual instruction and literature. Needs assessment meetings are held in English and Spanish to allow input from all members of the community under discussion.

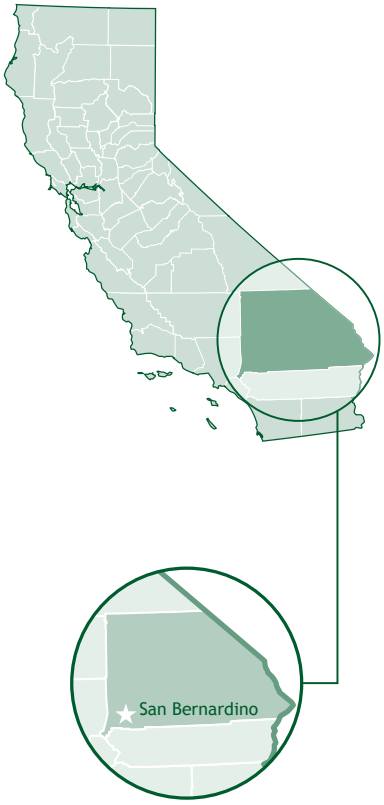
Program Highlights

Jump Start Preschool activities help increase children's school readiness skills. Up to 40% of San Benito County families do not send their children to preschool because of cost, eligibility requirements, or limited availability of preschool services. To address this need, Jump Start Preschool promotes school readiness by providing early education to children who are the most academically and socially at risk in the county. Children with no or minimal prior preschool experience and those who may need additional kindergarten preparation are identified for enrollment through a Kindergarten Roundup. Preschool activities include circle time, outdoor time, snacks, arts and crafts, and music activities that develop children's communication, physical, learning, cognitive, and social-emotional skills. Jump Start offered five preschool classes, with 112 children registered for the summer 2005 sessions. The program has helped introduce parents to the school system, better prepare children for kindergarten, and expose children to a bilingual curriculum.

Healthy Pathways works to lower the obesity rate among San Benito children. San Benito County has one of the highest childhood obesity rates in California. Healthy Pathways targets young children by educating parents and providers about healthy eating and exercise habits through workshops, providing mentoring and technical assistance to facilitate the adoption of these practices in the home or classroom. Parents are taught how to read food labels and make healthier choices for their families. Providers learn how to model good nutrition choices for students and are given creative ideas for introducing more physical activity into the classroom. Parents reported they were trying new foods with their children and including more physical activity into their family routines.

This profile was prepared by SRI International.

San Bernardino County



San Bernardino County

Commission Priorities

San Bernardino is the largest and the fourth most populous county in California, with more than 1.9 million residents. More than half of the children ages 0-5 are Latino. Much of the population lives in small rural communities surrounded by mountains or desert and isolated from the populated regions with more accessible and abundant services. First 5 San Bernardino identified a need for more prenatal care services, services for children with disabilities and other special needs, specialized medical care services, and high-quality and affordable early care and education programs.

First 5 San Bernardino's strategic plan identifies the following desired result areas: (1) children are safe and healthy; (2) children are learning and ready to enter and succeed in school; (3) families are safe, healthy, nurturing, and self-sustaining; (4) systems are responsive to the needs of children, families, and community; and (5) communities are engaged and empowered to address the needs of their children and families. The fifth result area was added during fiscal year 2005-06 in response to information from First 5 partners, program participants, community leaders, and program specialists during the County Commission's strategic plan review process.

In fiscal year 2005-06, the County Commission's major investments included community and family resource centers, parenting education programs, school readiness programs, and activities that promote health care access, school readiness, and strong families. The County Commission also invested in a series of community meetings designed to raise community awareness and increase community participation in First 5 San Bernardino's funding decisions.

Primary Activities and Programs

First 5 San Bernardino improves children's health by increasing access to comprehensive health care services. During 2005-06, First 5 San Bernardino funded four programs under the Health Care Access (HCA) strategy. These programs provided a variety of resources, including health insurance enrollment, prenatal care services, vision and dental screenings, substance abuse and injury and violence prevention programs, and mental health services.

POPULATION	
Total births (2005)	33,075
0 to 5 population (2005)	172,235

ETHNICITY OF CHILDREN 0-5	
African-American	9.8%
Asian/Pacific Islander	4.8
Latino	60.6
Native American	0.4
White	20.9
Other	3.5

FISCAL	
Total Net Assets, July 1, 2005	**$80,703,267**
Committed Funds	54,733,591
Uncommitted Funds	25,969,676
Total Revenues	**$29,172,060**
First 5 Monthly Disbursements	26,724,407
Other First 5 Funding (Including SMIF)	138,328
Non-First 5 Funding	6,423
Interest	2,302,902
Expenses	**$(22,193,066)**
Total Net Assets, June 30, 2006	**$87,682,261**
Committed Funds	45,559,798
Uncommitted Funds	42,122,463

Specifically, the Perinatal Service Network provides breastfeeding and early mother/infant hospital support. The Arrowhead Regional Medical Center Dental Program provides dental education, screening, and treatment for young children. The Inland Empire Health Plan offers comprehensive health insurance coverage for children of financially challenged families. Kids Come First provides routine preventive care for young children. Together, the four programs served more than 40,000 children and families during fiscal year 2005-06. During 2005-06, the First 5 Dental Program provided oral health education, screenings, and treatment services to nearly 7,000 children in San Bernardino County.

School Readiness (SR) Initiative improves children's physical, social, emotional, and cognitive development. SR partners serve children and families through early education services, connection to health services, and parent education and support. A number of SR partners provide early education and preschool programs for young children that include developmental assessments and intervention services. Programs also connect families to services such as health, dental, and vision screenings, as well as follow-up treatment. The Chino SR site, for example, employs a nurse who provides health screenings and immunizations. The Ontario-Montclair SR site provides health insurance enrollment support. Parents are served directly by the school readiness programs through classes and workshops, which aim to increase parents' knowledge of developmental milestones and encourage them to spend more time with their children engaged in readiness activities, particularly reading. The San Bernardino Unified School District, for instance, requires parents to keep logs of time spent reading and turn in homework packets regularly to demonstrate progress. Parents are further served by transition-to-kindergarten activities that include visits to kindergarten classrooms and organizing contacts between parents and kindergarten teachers. During 2005-06, more than 5,500 participants were served through SR Initiative programs. Participating parents reported an increase in using developmentally appropriate activities to support the school readiness of their children and an improved ability to access and coordinate needed services.

Parenting education programs promote children's early learning and development. During 2005-06, the County Commission funded 28 agencies to implement parent education programs, serving more than 29,000 children and families. Programs used research- and evidence-based curricula, including Parents as Teachers (PAT), Home Instruction for Parents of Preschool Youngsters (HIPPY), and the Community Parent Education (COPE) curriculum. Preliminary data show that there were increases in parent-child bonding and attachment and in the numbers of parents spending time reading, singing, or telling stories to their children. Findings also suggest that participating parents increased their understanding of developmental milestones and positive disciplinary practices.

Resource centers improve child health and development and strengthen families. First 5 San Bernardino funded a network of 17 agencies to provide comprehensive case management, direct services, and referral and linkages for families with young children. Families with immediate needs are either connected to appropriate services or provided with basic goods such as food and clothing. Families with more intensive needs are connected to services as part of long-term case management and intervention plans. During 2005-06, more than 66,000 people were served by resource center agencies. Parents who participated in resource center programs reported an improved ability to access and coordinate needed services for their children and families, as well as being better able to meet basic needs.

Promoting Equitable Access and Outcomes

Traditionally underserved populations in San Bernardino County include families who are geographically isolated, those with children with disabilities and other special needs, and Spanish-speaking immigrant residents. First 5 San Bernardino attempts to meet the needs of geographically isolated families through a network of community and family resource centers that increase families' access to a comprehensive range of services in their geographic regions and by bringing mobile services directly to families. The Health Care Access strategy responds to a variety of barriers, including transportation, lack of health insurance, and an inadequate supply of health care providers. The Child and Family Assessment strategy identifies children at risk for developmental delays and other special needs and links them to early intervention services. Surveys conducted in spring 2006 suggest that more than 80% of First 5 San Bernardino funded partners tailor services to meet the needs of diverse populations, including translating materials into multiple languages, making cultural modifications to standardized curricula, providing cultural competency training for staff, and employing bilingual and bicultural staff. Approximately 77% of participating agencies reported that their programs have been adapted to meet the needs of children with disabilities and other special needs.

Program Highlights

The Kids Come First Community Clinic provides comprehensive health services for families with young children. The Kids Come First Community Clinic serves primarily underserved, low-income, transient, and minority families in the western region of the county. The clinic strives to become the regular medical home for families that previously used emergency care services or did not seek any medical attention for their children. Clinic services include health insurance enrollment, immunizations, well-child checkups, developmental screenings and assessment, case management, referral and intervention services for children with disabilities and other special needs, and, through the Reach Out and Read clinic program, the provision of developmentally and linguistically appropriate books for parents and children to read together. Parent education classes are also offered, covering topics such as good nutrition, child development, and health. A bilingual team of pediatricians, nurse practitioners, medical assistants, and patient advocates provide services. Participating parents reported that this health care resource had resulted in their children's improved attendance at school/preschool and in the parents' improved attendance and productivity at work.

San Bernardino City Unified School District's Preschool Experience Program prepares children for entry to kindergarten. The Preschool Experience Program (PEP) is offered to 4-year-old children of families who do not meet the state income requirements for subsidized State Preschool and child development programs and who often lack the financial resources to pay the full cost of early education services. The program uses existing school sites when regular State Preschools are not in session, which allows students enrolled in PEP to spend 20 consecutive days in the program three times each year. In addition to early education and school readiness activities for children, PEP provides child development, health, and social services, as well as parent education activities. The program aims to prepare these students for kindergarten, as defined by completion of health screenings, scores on the Modified Desired Results Developmental Profile, and visiting a kindergarten class. The program also supports preschool and kindergarten teachers in helping children transition to kindergarten through toddler-to-preschool and preschool-to-kindergarten transition workshops. During 2005-06, approximately 500 students participated in PEP services at 18 elementary schools.

The Bridges for Families Resource Center improves child health and development and family functioning. Housed at the St. Mary Medical Center in Apple Valley, the Bridges for Families Resource Center provides comprehensive medical and psychosocial services for children ages 0-3 and their families. Bridges is modeled after the state-funded Comprehensive Perinatal Services Program (CPSP), which completes family assessments during pregnancy, provides necessary interventions, and provides services for the 3 years after the child's birth. Typically, although clients of the Bridges program had received services during pregnancy through CPSP, they had been unable to sustain their positive lifestyle changes because there were no other services available until they became eligible for Head Start (when the child is 3). The program serves families living in the High Desert region, a geographically isolated area of the county with minimal transportation and medical services. Program services include referral and linkage, case management, basic needs assistance (e.g., housing, food), immunizations, developmental assessments, and parent education classes. All parents are screened with the Bridges for Families screening tool and provided appropriate services based on screening and assessment results.

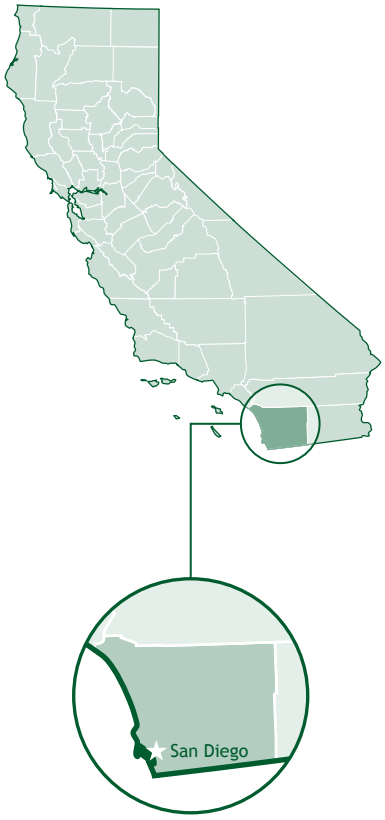
The Screening, Assessment, Referral and Treatment (SART) initiative provides a comprehensive service system for children exposed to substance abuse. SART provides a continuum of treatment and prevention services for young children exposed to substance abuse and their families. Coordinated by the Children's Network, the SART initiative is a partnership of public, private, nonprofit, and university child and family support providers across the county. Partners use a standardized screening and assessment process that improves the effectiveness of the referral and treatment services provided to children and families.

Local Stories

First 5 Dental Program. Gloria was concerned about her son Francisco, age 5, who was having trouble sleeping and was not eating well because of dental pain. Although Gloria and her family were unemployed and did not have dental insurance, she took her son to a local dentist, who examined Francisco and prescribed medication to alleviate his pain and infection. The dentist told Gloria that her son's teeth were severely decayed and that he would require extensive treatments and potentially surgery. Given the severity of Francisco's decay and the family's lack of ability to pay for treatment, the dentist enrolled the boy in the First 5 Dental Program at the Arrowhead Regional Medical Center. The First 5 Dental Program treated Francisco within a week of the referral at a subsidized cost. His treatment included crowns on the majority of his teeth and the removal of two teeth that were infected beyond repair. Since his treatment, Francisco and his family have implemented additional healthy dental behaviors. According to this mother, "He loves cookies and chocolate, but we don't have that at home anymore. The doctor said no more sweets and no more juice. I now give him vegetables. And when he does eat sweets, we brush his teeth right after."

Child Development Program for teen parents. Yasmin was 16 years old when she became pregnant with her son, Edgar. Her family was upset, her father refused to speak to her, and her friends were unsupportive. According to Yasmin, "I didn't really know what I was going to do when I got pregnant. I didn't even know if I was going to be able to graduate or go back to school because I didn't know what I would do with my son." Through an outreach program at San Gorgonio High School, Yasmin enrolled in the Child Development Program for teen parents. The program provides comprehensive supports to teen parents, improving their parenting skills and encouraging them to continue their education. Like other participants in the program, Yasmin attends high school classes while her son participates in full-time day care activities provided on-site at the Child Development Center (CDC). As part of the program, Yasmin attends teen parenting classes at San Bernardino Valley College. In addition, she works part-time, after school, at the CDC. During her work at the CDC, Yasmin interacts with Edgar and other enrolled children, practices her child development and parenting skills, and earns money and valuable job skills. Yasmin will graduate from high school in spring 2007 and plans to attend community college in the fall.

San Diego County



San Diego County

Commission Priorities

The situations children and families face in San Diego County are as wide-ranging as the landscape they inhabit: 4,261 square smiles stretching from the ocean to the desert to Mexico; as varied as the jobs they hold, ranging from biotechnology to tourism to defense; and as diverse as the 86 languages they speak. With the ninth-highest cost of living in the nation, too many children ages 0-5 live in poverty, have no access to health or dental care, lack early care and education, and need broad changes in their community so that they can enter school ready to learn.

To address these and other issues, First 5 San Diego identified the following four funding priorities in the First 5 San Diego 2004-09 strategic plan: children's health, children's learning and social-emotional health, parent and family development and resources, and systems improvement and community change. The overall goal in the county is that "Every child in San Diego County will enter school ready to learn." To achieve this goal, First 5 San Diego pursued a range of strategies and services, including medical, dental, vision, and hearing services; health insurance enrollment; early literacy programs; parent education; intergenerational strategies; obesity prevention; school readiness; technical assistance to providers; and universal preschool.

Primary Activities and Programs

Programs identify and address critical health issues for young children. Several local initiatives are directed at promoting children's health, including Healthcare Access and Oral Health. The Healthcare Access Initiative (HCA), funded independently by First 5 San Diego, funds six programs to increase health insurance enrollment and retention and appropriate utilization of health services. During fiscal year 2005-06, Healthcare Access programs reached more than 144,000 families; 11,541 children and 4,185 pregnant women were enrolled successfully in health insurance programs. Results showed that families assisted through HCA had better outcomes than county comparison data. They were more likely to have identified medical providers (98.2%) and to take their children for well-child visits (97.9%) and to the dentist (62.1%), and were less likely to use the emergency room (12%).

POPULATION	
Total births (2005)	45,897
0 to 5 population (2005)	238,511

ETHNICITY OF CHILDREN 0-5	
African-American	5.7%
Asian/Pacific Islander	8.6
Latino	41.7
Native American	0.5
White	38.0
Other	5.6

FISCAL	
Total Net Assets, July 1, 2005	**$174,665,133**
Committed Funds	157,499,420
Uncommitted Funds	17,165,713
Total Revenues	**$41,142,967**
First 5 Monthly Disbursements	39,334,059
Other First 5 Funding (Including SMIF)	1,808,908
Non-First 5 Funding	0
Interest	0
Expenses	**$(37,588,267)**
Total Net Assets, June 30, 2006	**$178,219,832**
Committed Funds	163,782,460
Uncommitted Funds	14,437,372

The Oral Health Initiative was designed to address gaps in pediatric dental services and to provide dental examinations and treatment for children ages 0-5 and pregnant women. The initiative formed a network of 14 clinics and 3 community partners to provide services and promote oral health among young children. During fiscal year 2005-06, Oral Health Initiative dental partners screened 24,560 children ages 5 and under, and provided routine treatments to nearly 9,000. More than 13,000 parents and caregivers were educated on proper oral hygiene. Care coordination was provided to 4,285 children to ensure that they received needed services after referrals.

In fiscal year 2005-06, First 5 California and First 5 San Diego jointly funded Kids on TRACK, which is part of the First 5 California Special Needs Demonstration Project. The goal of the project is early identification of children with disabilities and other special needs. Kids on TRACK offered mobile screening services, established collaborative partners, trained participating agencies, provided developmental screenings to 225 children, and made needed referrals.

Health and Developmental Services Initiative builds a service network to support children's health and social, emotional, and cognitive development. In May 2006, First 5 San Diego allocated $51.6 million over 5 years for the Health and Developmental Services Initiative (HDS). This initiative creates six regional networks to link services that support early identification and treatment of disabilities and other special needs, and to educate parents to better support their young children's optimal health and development. Each regional network provides newborn medical home visits for first-time parents; ongoing home visits for at-risk families; screenings, assessments, and treatment services for hearing, vision, developmental, behavioral, and speech and language impairments; health and behavioral consultation services; tobacco cessation programs; care coordination; parent support; and referral services. In its initial months, HDS provided hundreds of developmental, behavioral, and language screenings and assessments and 1,970 newborn home visits.

A wide range of programs support parents in promoting children's optimal development and school readiness. During fiscal year 2005-06, 50 schools with low Academic Performance Index scores located within eight school districts participated in the First 5 San Diego School Readiness (SR) Program. The goal of the program is to ensure that all children enter school ready to learn. SR programs vary by district and location, and include preschool programs, learning centers, and home visiting. Screenings and services or referrals are provided to address developmental, speech, and behavioral issues. To support parents as their children's first teachers, SR sites offer parent education classes, family literacy services, parent involvement activities, Parents as Teachers (PAT) home visits, parent-child playgroups, and kindergarten transition camps. About half of children participating in SR programs spoke Spanish as their primary language.

During fiscal year 2005-06, the First 5 San Diego SR Program served 18,020 children ages 0-5 and their families and provided 3,274 developmental screenings and assessments. The program also delivered trainings and support to nearly 3,000 early care and education providers and referred 6,139 families to support services. Children assessed in classroom settings made significant progress in the areas of communication (97.5%), gross motor skills (86.7%), fine motor skills (97.7%), problem solving (97.7%), and personal social skills (92.2%).

Other Commission-funded activities include the distribution of more than 26,000 Kits for New Parents; First 5 for Kids, a media project provided to thousands of families countywide with information on early childhood issues and community resources; 2-1-1 San Diego, a comprehensive social service information and referral network that First 5 San Diego played a critical role in establishing; and capital projects funded to build medical and dental clinics, preschools, and playgrounds, and to purchase specialized equipment for existing facilities. In addition, the Intergenerational Initiative used the volunteer contributions of Senior Mentors to build capacity within organizations serving young children.

First 5 San Diego supports countywide systems change improvements in early education. During fiscal year 2005-06, First 5 San Diego developed and adopted a Master Plan for Preschool for All (PFA). The Master Plan for PFA incorporated significant community and agency input, involving more than 100 planning participants. In addition, the Commission voted to commit up to $30 million to fund a PFA demonstration project. First 5

San Diego also supports the CARES program, which provides stipends to support the training and retention of family and center-based child care providers. Since the project began in 2002, 2,570 local early care and education providers have received CARES stipends. More than 90% of CARES survey respondents stated that participating in CARES increased the quality of their child care programs and motivated them to continue their education.

Promoting Equitable Access and Outcomes

San Diego's diverse population requires that services be provided in culturally and linguistically appropriate ways. Twenty-one percent of San Diego County's population are foreign born, with 56% of these being from Latin America and 31% from Asia. Latino families, in particular, are traditionally underserved and often experience barriers to health services. There also are significant refugee populations from the former Soviet Union, the Horn of Africa, Afghanistan, and Iraq. New immigrants, especially refugees, often need assistance in locating and receiving services. Further, San Diego County is home to almost 12,000 active-duty military families, who experience stress due to deployment, low pay, and lack of local family support. More than one-third (37%) of school-age children speak a language other than English at home.

First 5 San Diego embraces the county's diversity and is committed to the success of all children. To this end, First 5 San Diego supports many programs that address the needs of specific populations. For example, the Commission has established networks of clinics providing health and oral health screenings and services. Parent education programs are tailored to meet the needs of immigrant and refugee parents from East Africa and Southeast Asia. Recognizing the high cost of living in San Diego County, First 5 funding has allowed programs to extend eligibility to working families whose incomes prevent them from qualifying for many government programs but who cannot afford to pay for special services for their children. First 5 San Diego also uses community workers, such as promotoras and health insurance enrollment specialists, to reach out to traditionally underserved populations in their neighborhoods and homes.

First 5 San Diego also has worked to make services more accessible to families with children with disabilities and other special needs. For example, providers participating in the Oral Health Initiative received training on adapting services to better meet the needs of children with disabilities and other special needs. Also, 95% of grantees responding to a funded program survey stated that they adapted their services to meet the needs of this population. First 5 San Diego also is one of 10 First 5 Special Needs Demonstration Project sites in the state.

Program Highlights

The Oral Health Initiative fills some of the cracks in pediatric dental care.

"Jesus had another appointment at the dental clinic last week. The pediatric dental specialist filled some of his teeth. These were not the same teeth that were crowned a few months ago. Nor were they the teeth that had root canals a few months before the crowns."

Approximately one-quarter of California kindergartners need early or urgent dental care to address tooth decay. Decay is even more prevalent among children who are of Latino origin and/or of modest income. Providers report that decay is rampant among their young patients because of poor habits (e.g., putting babies to bed with a bottle), inadequate brushing, failure to see a dentist, and the belief that baby teeth are not important since children lose them.

First 5 San Diego has been funding dental services for many years, focusing on screenings, services, and parent education. What has changed with the Oral Health Initiative (launched in 2005) is an increased emphasis on care coordination, which in fiscal year 2005-06 helped 4,285 children like Jesus who needed extensive dental work that required multiple appointments and procedures that are difficult for young children to tolerate. This coordination helps families to understand the long-term effects of neglecting oral health and to navigate the care network from screenings to specialty treatments.

LISTOS: The School Readiness Program at Oceanside School District.

"Black, White, Spanish, Asian...all different kids from different countries...moms, dads, and the nanny. Everyone is there."

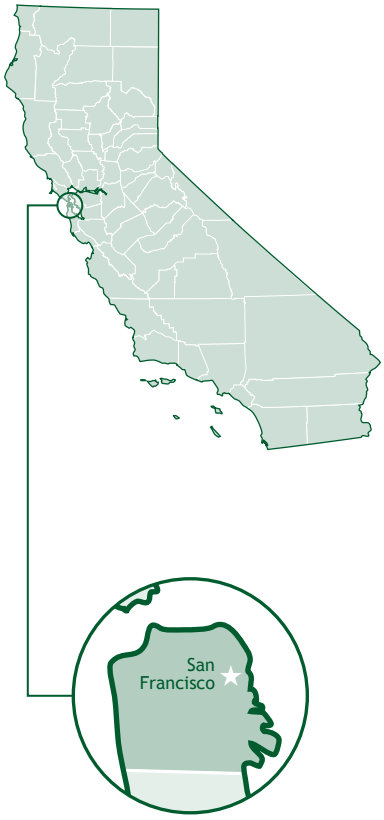
Families of all backgrounds frequent the drop-in early learning center at LISTOS. Located in a cottage just blocks from the Pacific Ocean, LISTOS is a magnet for children ages 3 and younger and their parents. The living room is lined with books and art projects, and an aquarium fills the fireplace. Nearly every item is labeled in English and Spanish. Bilingual directions at each activity station direct parents on how to engage children. Families who live in cramped apartments and trailers come almost every day the center is open. Here, their children have room to run and explore without worrying about the noise or neighborhood safety. LISTOS connects families with services that are key to serving the needs of the whole child. Community partners bring in support services, including health and oral health screenings, Mommy and Me classes, prenatal education, insurance enrollment, and case management.

Local Stories

North County Health Services: Healthcare Access. Maritza is a single parent with six children under the age of 11. She and her children were previously covered by her husband's medical insurance, but since he left them, she has had a difficult time maintaining their coverage. Maritza is unfamiliar with the American medical system and has limited English proficiency. First 5 teamed Maritza with a Certified Application Assistant (CAA) from North County Health Services (NCHS) to help her enroll her children in Medi-Cal. The CAA worked closely with Maritza to explain the Medi-Cal insurance and helped her navigate the medical system. The CAA has connected Maritza and her children to a number of health and social services. In one instance, the CAA helped Maritza when she discovered that her six children's Medi-Cal coverage had been terminated because she had not returned a form that she was unable to read.

Cajon Valley School Readiness Program. Three-year-old Alan faced challenges participating in some activities at the Cajon Valley SR Program. He was screened with the Ages & Stages Questionnaire (ASQ), and the results indicated delays in his fine motor skills. Using the ASQ results obtained from teaching staff, Alan's parents learned about their child's developmental milestones and about activities to do at home to help him catch up. Alan also was referred to a partner agency to receive hearing and vision screenings. Although Alan's family has health insurance, this screening found significant vision impairments that had gone undetected. Because of the vigilance of the Cajon Valley SR Program and his parents, Alan now has glasses and has started to participate fully in his early education classroom.

San Francisco County



San Francisco County

Commission Priorities

San Francisco remains a city and county with great disparities: neighborhoods where families are affluent to neighborhoods where a majority of families have not felt the economic benefits of living in a prosperous city and struggle to raise their children. The population is highly diverse, with large numbers of Asian/Pacific Islander and Latino residents, compared with declining African-American and white populations.

Immigration is a critical factor in planning family services, particularly in the Mission and Chinatown neighborhoods, which are points of entry for Latino and Asian newcomers. Almost 37% of the population are foreign born, and almost half of the county's households speak a language other than English at home. Further, San Francisco is the most densely populated county in California, with more than 16,000 persons per square mile. This density contributes to a lack of inexpensive housing and to the increased incidence of homeless families.

First 5 San Francisco (SF) has committed to creating accessible sources of information and resources for families to support their children's development, enhancing children's health, and supporting children's acquisition of the tools and resources needed for school success. The City and County of San Francisco has committed general funds to offer all 4-year-olds a high-quality preschool experience through a Preschool for All program. Starting in four neighborhoods in September 2005, the program will be citywide in 2009.

Primary Activities and Programs

Family support programs support families' efforts in raising their children, addressing their needs, and building supportive communities. Family support grants target neighborhoods with the largest numbers of children and communities with high need (e.g., new immigrant and kincare families). The neighborhoods have high numbers of linguistically isolated families and communities experiencing stresses associated with poverty. Twelve funded agencies provide outreach to identify families who can benefit from parent education, information and referral, community building, support groups, case management, and mental health supports.

POPULATION	
Total births (2005)	8,403
0 to 5 population (2005)	49,197

ETHNICITY OF CHILDREN 0-5	
African-American	5.4%
Asian/Pacific Islander	22.6
Latino	17.5
Native American	0.1
White	48.5
Other	5.8

FISCAL	
Total Net Assets, July 1, 2005	**$28,081,889**
Committed Funds	18,720,390
Uncommitted Funds*	9,361,499
Total Revenues	**$13,183,631**
First 5 Monthly Disbursements	7,507,353
Other First 5 Funding (Including SMIF)	1,234,725
Non-First 5 Funding	3,336,833
Interest	1,104,720
Expenses	**$(13,408,097)**
Total Net Assets, June 30, 2006	**$27,857,423**
Committed Funds	18,545,687
Uncommitted Funds	9,311,736

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

Health Access for All Children (Healthy Kids) expands health insurance coverage. First 5 SF subsidizes premiums for children ages 0-5 enrolled into San Francisco Health Plan's (SFHP) Healthy Kids and Young Adults program. This program provides high-quality, comprehensive health coverage for children ages 0-24, regardless of immigration status, when the family income is less than 300% of the federal poverty level. Health services include medical, dental, and vision care. Currently, 99.2% of San Francisco children under age 18 are insured, with more than 30% covered by SFHP. In June 2006, the program provided health insurance for 709 children ages 0-5.

Homeless services programs prevent eviction and homelessness. The Department of Human Services Move-In Costs grant program provided 195 families with move-in or eviction prevention grants, thereby helping families transition into or preserve permanent and stable housing.

Parent ACTION supports family activities that promote children's development. The Parent ACTION program makes mini-grants to parent groups to fund activities planned and implemented by parents. One goal of Parent ACTION is to provide opportunities for families to spend high-quality time together participating in activities that promote their children's development. The program teaches and empowers parents as they create, develop, and manage projects. In 2005-06, 37 parent groups planned and implemented projects with funding up to $5,000.

Promoting Equitable Access and Outcomes

Core principles of First 5 SF's strategic plan are to ensure that funding is culturally and linguistically appropriate and reflective of San Francisco's diversity and to reach out to families and children across all sectors of the community. Traditionally underserved populations include racial and ethnic minorities, homeless families, children with disabilities and other special needs, and families without health insurance. First 5 SF has funded programs and activities that serve individuals and families from a variety of ethnic/racial backgrounds. Common improvements identified by grantees include providing services in multiple languages, sponsoring culturally and linguistically specific caregiver training, and supporting community-focused activities. First 5 SF also has funded programs that address the needs of homeless families, programs supporting children with special needs, and programs that provide outreach services to ensure provision of health education and health care services to uninsured children and families.

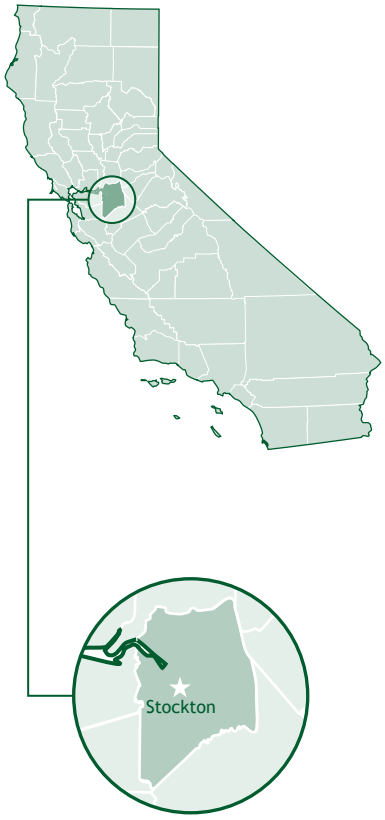
Program Highlights

South of Market Child Care, Inc. (SOMACC) helps families and children prepare for school. Clients of this School Readiness Initiative program include new immigrants, limited English speakers, and residents of homeless shelters and single room occupancy hotels. Many clients are unfamiliar with the requirements and expectations of the school system and with practices to enhance child development and school readiness. The SOMACC program supports children ages 0-5 through parent workshops, community events, school support activities, and linkages to other resources. Children enrolling in kindergarten at the partner school site can participate in a 2-week half-day Kindergarten Transition Camp to ease their transition to school. Parent surveys indicated that SOMACC led to greater parent involvement in and awareness of activities that support children's school readiness.

The Child Care Mental Health Consultation Program provides a wide range of supports to child care providers and families. First 5 SF funds $300,000 of this $2.1-million San Francisco Department of Public Health managed project. Experienced mental health staff are assigned to child care sites and become a resource to the teachers, directors, and families. Staff do classroom observation, consult with individual or groups of teachers, and may provide direct services to individual or groups of children and families. Activities are customized to the needs of individual classrooms, teachers, children, and families.

The High Risk Infant Interagency Council (HRIIC) works to ensure that all San Francisco children with special health care needs receive timely and coordinated services. HRIIC is an interagency, parent-professional collaborative that supported 73 families to access recommended providers. With funding from the First 5 California Special Needs Project and First 5 SF's Preschool for All program, HRIIC performed developmental screenings of 630 infants and young children in 2005-06. HRIIC staff also provided parent training on early intervention and school district special education programs, and served as a critical bridge between regional center, school district, and county health service providers in planning activities to increase service accessibility.

San Joaquin County



San Joaquin County

Commission Priorities

San Joaquin County has a diverse and growing population of approximately 54,000 children ages 0-5, 26% of whom live in poverty. In 2004-05, First 5 San Joaquin conducted an extensive assessment of the needs of young children and families. Eight priority areas emerged and were incorporated into a strategic plan: access to child care, quality of child care, literacy, access to prenatal care, chronic childhood disease, substance abuse, access to a medical home, and child abuse/domestic violence. Because the School Readiness model encompasses all eight priority areas, it was selected as the primary funding strategy for First 5 San Joaquin. Additional strategies focus on countywide health and early education systems change initiatives.

Primary Activities and Programs

School readiness programs integrate services and systems to improve outcomes for young children. Seven School Readiness (SR) Initiative programs provide home visitation services, kindergarten transition activities, developmental and health screenings, and literacy services. During fiscal year 2005-06, the programs served approximately 1,900 children and parents, with six Early Comprehensive Learning Programs providing similar services to approximately 1,375 children and parents. The Manteca and Lincoln Power of Preschool programs provided free voluntary preschool for all 4-year-old children within the two districts. The Child Care Professional Growth Project gave stipends to 424 family child care, center-based, and Head Start providers who worked to improve the quality of care. Overall, children in SR Initiative schools showed measurable improvements when compared with children in other schools, based on a Kindergarten Readiness Assessment that provides a snapshot of children's developmental capacities.

Health and social services initiatives increase access to health insurance and a medical home, while focusing on prevention. The Healthy Kids project provided application, enrollment, and insurance utilization education and support for Healthy Kids insurance, Medi-Cal, and Healthy Families to more than 6,500 children and families. As a result, 97% of children receiving First 5

POPULATION	
Total births (2005)	11,495
0 to 5 population (2005)	60,768

ETHNICITY OF CHILDREN 0-5	
African-American	7.7%
Asian/Pacific Islander	10.5
Latino	47.3
Native American	0.9
White	28.8
Other	4.8

FISCAL	
Total Net Assets, July 1, 2005	**$33,232,754**
Committed Funds	19,857,587
Uncommitted Funds*	13,375,167
Total Revenues	**$11,318,945**
First 5 Monthly Disbursements	9,064,487
Other First 5 Funding (Including SMIF)	908,458
Non-First 5 Funding	0
Interest	1,346,000
Expenses	**$(18,581,317)**
Total Net Assets, June 30, 2006	**$25,970,382**
Committed Funds	24,460,171
Uncommitted Funds	1,510,211

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

services now have health insurance. Healthy Smiles San Joaquin provides oral health screenings, parent education, staff development workshops, referrals, case management, and dental treatment to pregnant women and young children, serving 977 children during 2005-06. At 6-month follow-up, more children had dental insurance (93% vs. 64% at intake) and far fewer children had unmet dental needs (20% vs. 47%). The Breastfeeding Education Support and Training program provided a Lactation Counselor Certification program, a Breast Pump Loan Program, 24-hour phone consultation services, and a Breastfeeding Help Center, serving 2,500 parents and children and training nearly 350 health and child care professionals.

Home visiting programs strengthen families at risk for child abuse or domestic violence. Home visiting services are provided by many First 5 San Joaquin programs. Home visitors present developmentally appropriate information, resources, and support through two research-based curricula: Parents as Teachers and Parent-Child Home Program. Visits include hands-on activities for children and parents, identification of children's developmental needs, referrals to appropriate resources, and modeling of supportive parent-child interactions. Parents in all 350 families served reported that children participating for more than 1 year exhibited positive changes; these included improved social skills, increased self-confidence/self-esteem, increased use of language and vocabulary, more developed written communication skills, and improved motor skills.

Promoting Equitable Access and Outcomes

Historically underserved populations in San Joaquin County include children with disabilities and other special needs, migrant populations, the Southeast Asian community, and families with low literacy rates. To identify children's developmental needs and support early referrals, appropriate funded programs are required to track their efforts in providing developmental screenings and referrals and in promoting early intervention. Migrant populations are served by a school readiness program coordinated through the Migrant Education Program of the San Joaquin County Office of Education, which provided parenting support, home visiting, preschool, literacy services, and developmental and health screenings to more than 140 children and parents in 2005-06. Seven First 5 programs specifically address the linguistic and cultural needs of Southeast Asian populations, and cultural competency milestones are required of all First 5 programs and partners. Multiple First 5 programs promote literacy, including Raising A Reader, Reach Out and Read, Training Wheels, and Reads Week.

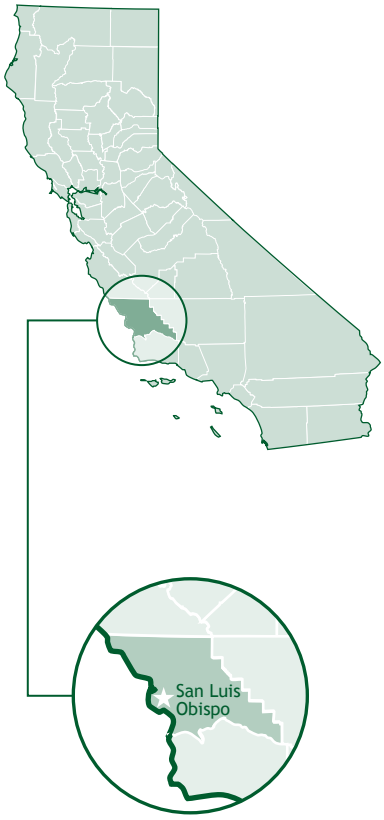
Program Highlights

El Concilio Parents as Teachers program helps Spanish-speaking families be their child's first and best teachers. Home visits focus on age-appropriate activities that promote early literacy skills, with families averaging three monthly home visits. The national, research-based Parents as Teachers (PAT) curriculum is adapted to meet the cultural, linguistic, and educational needs of families. Bilingual parent educators model ways for families to interact and read with their children, regardless of their own literacy levels. The PAT program supports the intellectual, language, social, and physical development of the child, while strengthening the parent-child relationship. Child health is addressed through health screenings and a 9-week health and nutrition education program. Child development is addressed through modeling of age-appropriate literacy and developmental activities and referrals to additional services as necessary, and monitored through the regular administration of the Ages & Stages Questionnaire developmental screening tool. Parent education, parent workshops, and parent capacity-building services are also provided. In 2005-06, 132 children and families received 1,700 home visits.

Early Care and Intervention Services (ECIS) program identifies behavioral and mental health issues, providing needed interventions to support kindergarten readiness. Serving children in 18 State Preschool programs, ECIS provides assessments for children referred by parents and teachers concerned about their behavior and/or social, emotional, or mental health. If a disability or other special need is identified, children may receive support, including speech or language therapy, individualized education programs, and behavioral modification services. Intern staff work one-on-one with students, consult with early care providers on environmental changes and lesson plans, and provide families with in-home support. Children can receive enhanced mental health therapy through the Valley Community Counseling program. Case management plans are developed for each child referred to the program, and children's progress is followed. During 2005-06, 54 families were served, 35 children were referred to the Office of Special Education, and 19 children received services from interns.

This profile was prepared by SRI International.

San Luis Obispo County



San Luis Obispo County

Commission Priorities

Lack of health insurance, high rates of perinatal substance abuse, low levels of school readiness, and lack of parent education and support represent challenges for the children and families served by First 5 San Luis Obispo. The County Commission's strategic plan takes into account these needs and focuses on three areas: children's health, child care and early education, and parent education and support. The County Commission prioritized funding across the following areas: (1) capacity building for Children's Health Initiative programs, (2) perinatal substance abuse programs, and (3) School Readiness Initiative programs.

Primary Activities and Programs

Children's Health Initiative makes strides to ensure that all children of San Luis Obispo County are insured. The Children's Health Initiative (CHI) works to ensure that eligible children enroll in, use, and retain health insurance through Medi-Cal, Healthy Families, or Healthy Kids. Using a network of health, education, and social service partners, CHI coordinates outreach and streamlines enrollment and retention processes. The Healthy Kids insurance option began in September 2005, and by the end of fiscal year 2005-06, CHI reached an enrollment goal originally projected to be met in 2008.

Perinatal Substance Abuse Initiative coordinates local resources and approves funding for a new assessment center. Prior to First 5, public health clinics, Drug and Alcohol Services, and individual providers were using an array of approaches to screen for perinatal substance abuse. The initiative provides outreach to service providers to communicate the need for coordinated perinatal substance abuse interventions. A new, coordinated screening approach has been implemented by 89% of physicians in the county. The Department of Public Health also offered ongoing training for participating providers. Of the 3,031 women screened since the initiative's inception, 39% had used alcohol, tobacco, or other drugs in the month before they knew they were pregnant, and 64% of women who reported drinking alcohol in early pregnancy continued to drink after confirming their pregnancy. With these findings confirming the need for continued efforts, the County Commission approved $500,000 to develop a Children's Assessment Center, slated to open in fall of 2006.

POPULATION	
Total births (2005)	2,664
0 to 5 population (2005)	13,661

ETHNICITY OF CHILDREN 0-5	
African-American	0.6%
Asian/Pacific Islander	2.5
Latino	34.0
Native American	0.5
White	58.2
Other	4.2

FISCAL	
Total Net Assets, July 1, 2005	**$6,271,030**
Committed Funds	5,279,062
Uncommitted Funds*	991,968
Total Revenues	**$2,601,646**
First 5 Monthly Disbursements	2,271,540
Other First 5 Funding (Including SMIF)	76,280
Non-First 5 Funding	26,741
Interest	227,085
Expenses	**$(2,135,714)**
Total Net Assets, June 30, 2006	**$6,736,962**
Committed Funds	3,672,985
Uncommitted Funds	3,063,977

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

School readiness programs increase quality of early care and education services. The School Readiness Center (SRC) at Oceano Elementary School limited the number of child care slots available to 15 in the morning class and 11 in the afternoon class. Staff-to-child ratios were improved from 1:8 to 1:6 for toddlers and established at 1:3 for infants. Moreover, educational requirements for teachers were raised to a minimum of a bachelor's degree in early childhood education (ECE) or a related field, and assistant teachers are now required to have an associate's degree in ECE or child development. Two elementary schools also conducted kindergarten transition programs, with 75% of entering kindergartners participating, an increase of 10 percentage points from 2004-05.

Promoting Equitable Access and Outcomes

San Luis Obispo's traditionally underserved populations are those who are geographically isolated and the Latino population, who have experienced language and cultural barriers. To address these needs, the County Commission requires programs to prioritize services to school readiness (SR) areas. Focusing service delivery on SR communities has improved access for residents in outlying areas. Communities in the northern part of the county now have greater access to new and coordinated services, including breastfeeding support, vision screening, family literacy, smoking cessation, postpartum depression screening and intervention, kindergarten transition programs, and home visiting services. In the south, families also have improved access to services such as breastfeeding support, expanded child care, home visiting, preschool services, smoking cessation, and kindergarten programs.

Program Highlights

The Lions Club preschool vision program diagnoses and treats visual disorders in young children. Early detection and treatment help ensure that children can see well, and can sometimes prevent problems that could lead to irreversible conditions. The Lions Preschool Vision Screening program screens more than 3,000 children annually in preschool and child care settings. The program has helped detect and treat vision problems earlier in children's lives, resulting in a steady decline in first-grade vision referrals. For example, first-grade vision referrals at one school have dropped to 3.5%, a dramatic decrease from the 22% seen in 1999-2000.

Literatura para la Familia reaches Hispanic children with important family literacy activities. An offshoot of Raising A Reader, Literatura para la Familia targets the monolingual and limited-English-proficient families in the Georgia Brown school readiness area. Offering a range of services such as book bag exchanges, group reading sessions, translation services, home visits, field trips, and socialization opportunities, Literatura para la Familia fosters healthy brain development, parent-child bonding, and early literacy skills that are critical for later school success. In 2005-06, 54 parents and 65 children were served. Parents became much more aware of the importance of reading to their children, which resulted in an increase in the number of times they read to their children each week.

Local Story

Parents Helping Parents (PHP), a family resource center focusing on children with disabilities and other special needs, served a mother of a 4-year-old boy with seizures, sensory problems, and a volatile temperament. PHP staff first provided informational brochures, a library tour, encouragement to check out materials or call PHP anytime, and a follow-up telephone call. When her son failed to qualify for services from the Tri-County Regional Center, the mother feared that he would not be able to handle the mainstream school environment successfully and returned to PHP. There she received three referrals to other professionals skilled at assessing and treating children with sensory issues. A PHP resource specialist discussed at length effective parenting strategies and resources the mother could use at the local school. This emotional support and accurate information fostered self-confidence in the mother and provided reassurance that she is not parenting a challenging child alone.

This profile was prepared by SRI International.

San Mateo County

San Mateo County

Commission Priorities

Located in the Bay Area's Silicon Valley, San Mateo County is an economically, ethnically, and geographically diverse county. Despite having one of the highest median incomes in the state, the county's urban centers contain densely populated low-income neighborhoods, and its coastal communities have large numbers of low-income working families. Exorbitant housing and child care costs mean that families making as much as three to four times the federal poverty level still struggle to make ends meet.

According to the 2005 San Mateo County School Readiness Assessment, only 53% of children enter school fully prepared; yet there is an overwhelming shortage of affordable, high-quality early care and education programs. In the 2004 San Mateo County Preschool Supply and Demand Study, 95% of parents stated they would be likely to enroll their child in preschool; yet existing capacity can support preschool for only 58% of 3- and 4-year-olds. Similarly, 2006 Child Care Coordinating Council data indicate that the supply of subsidized early childhood center-based programs meets only 36% of the need among low-income preschoolers and only 2.8% of the need among infants and toddlers. While some health improvements have occurred, substantial issues remain that affect school readiness. The 2006 Family Survey showed that 20.5% of mothers felt they needed help with sadness or depression, but only half of them received services. In addition, only 43% of children ages 0-5 with Healthy Kids insurance are receiving primary care and preventive health services.

To address these and additional needs, First 5 San Mateo County (F5SMC) employs a three-tiered funding strategy that includes strategic initiatives, competitively awarded grants, and special projects. The bulk of F5SMC money is directed toward five strategic initiatives that aim to improve policy and service delivery for children ages 0-5: (1) Preschool for All San Mateo County, (2) Children's Health Initiative, (3) Early Brain Development Initiative, (4) SmartKids facilities enhancement initiative, and (5) the Children Safe In Their Own Homes Initiative. Competitively awarded grant funding currently supports approximately 30 innovative and vital projects across the focus areas of early care and

POPULATION	
Total births (2005)	9,938
0 to 5 population (2005)	59,035

ETHNICITY OF CHILDREN 0-5	
African-American	1.9%
Asian/Pacific Islander	20.2
Latino	30.3
Native American	0.3
White	41.8
Other	5.6

FISCAL	
Total Net Assets, July 1, 2005	**$38,224,517**
Committed Funds	38,224,517
Uncommitted Funds	0
Total Revenues	**$11,040,737**
First 5 Monthly Disbursements	8,825,192
Other First 5 Funding (Including SMIF)	965,545
Non-First 5 Funding	1,250,000
Interest	0
Expenses	**$(10,824,547)**
Total Net Assets, June 30, 2006	**$38,440,707**
Committed Funds	38,440,707
Uncommitted Funds	0

education, family support, and health and well-being. Finally, special project funding allows F5SMC to partner with statewide efforts to advance local objectives.

Primary Activities and Programs

First 5 San Mateo County's School Readiness Initiative improves the ability of families, schools, and communities to prepare children for school. Serving families in communities surrounding the lowest-performing schools, the SR Initiative's primary goals are to support parents as their children's first teachers and to foster program integration. Home visitation is provided to core clients of the initiative, with twice-monthly visits individualized for each child's development, based on the Parents as Teachers curriculum. Raising A Reader Book Bags bring developmentally and age-appropriate books to each visit; referrals are made to appropriate community services; efforts are made to connect children with opportunities for center-based early childhood education programs; and one-on-one modeling of supportive parent-child interactions is provided. Children are formally screened for developmental delays every 6 months and are referred as indicated for further services. Community events include a summer transitional Kickoff to Kindergarten program and parent summits addressing kindergarten transition. During 2005-06, 244 families received home visits. Observed improvements in parent-child interactions included an increase in the percentage of parents who told their children the name of an object, action, or person during a home visit; an increase in the percentage who used available materials to teach children colors, sizes, numbers, letters, and shapes; and an increase in the percentage who used age-appropriate books, including library books on loan. Child health outcomes also improved. There was an increase in the percentage of children with health insurance (from 88% to 97%), an increase in the percentage of children with a regular child health care provider (from 88% to 97%), and an increase in the percentage of children who had seen a dentist in the past year (from 20% to 47%).

Preschool for All (PFA) Initiative continues to grow, providing high-quality voluntary preschool for 777 children. Launched in March 2005 as part of the statewide Power of Preschool Initiative, PFA is modeling the implementation of high-quality, voluntary, universal preschool in San Mateo County through programs for 4-year-old children in the Redwood City and Ravenswood City School Districts. Programs are delivered primarily through (1) development of new classrooms fully funded by PFA and (2) enhancement of existing programs to upgrade the quality of their services, including those in child care centers, Head Start, State Preschool, and family child care homes. During 2005-06, 616 children were served in 140 new and 452 upgraded spaces, 40% in the context of full-day care. Approximately 9% of children in PFA classrooms had diagnosed disabilities or other special needs, and the majority of children served were Spanish-speaking (84%), low-income (80%), and without previous preschool experience (78%). The first year of evaluation examined successes and challenges, and made recommendations to enhance the system as the initiative expands. Participating child care providers reported that PFA has promoted systemic changes in quality across program components, ensured equity across classrooms supported by different funding streams, and helped to formalize program activities.

SaMCARES improves the quality of early care and education through professional development. During 2005-06, 438 child care providers were enrolled in the sixth round of the SaMCARES program; 13% were family child care providers. Through the Career Counseling Program of the Child Care Coordinating Council in San Mateo, participants receive one-on-one career and professional development support. Workshop sessions inform participants about other supports, including mentor teachers, professional growth advising, and the Child Development Corps. Six family child care providers interested in becoming accredited were selected to participate in a quality improvement support project. A year-end survey was developed and distributed to approximately 30 program directors to assess the impact of SaMCARES. To date SaMCARES has demonstrated the following positive outcomes among participants: (1) significant progress on their educational goals, with more enrolling at higher tier levels; (2) an increase in B.A. degrees received (from 24.1% to 29.8%); (3) workforce stability, with 20% staying in the same job for at least 4 years; (4) an increase in the number of Child Development Permits obtained (from 19% to 61%); and (5) an increase in Latino participation (from 6% to 16%).

Children's Health Initiative (CHI) enrolls uninsured children in health plans, increasing access to preventive care. With the goal of providing health insurance coverage to at least 14,600 uninsured children in the county, CHI works to increase the number of children enrolled in Healthy Families, Medi-Cal, and Healthy Kids, a new plan for children in families living between 250% and 400% of the federal poverty level or who are otherwise ineligible for the other programs. By the end of 2005-06, 868 children ages 0-5 were enrolled in Healthy Kids. Enrollment locations throughout the county, including six based in schools, were open every day, and efforts to increase retention showed early evidence of positive results. An online system that processes applications for all three plans also was implemented. The CHI has produced increased rates of insurance coverage, increased access to a medical home, and increased use of appropriate health care services. Almost 90% of children ages 0-5 have a regular source of medical care, and 62% of enrollees ages 4-5 have a usual source of dental care. The use of preventive medical care, as well as dental and vision care, all increased from the first to the second year of enrollment in Healthy Kids. At the same time, hospitalizations decreased, and emergency room use was lower than state averages. Parents report positive outcomes, with 67.3% very confident that they could get care for their child when needed, 71.2% very satisfied with the care their child received, and 79.1% reporting few or no financial difficulties getting care.

Promoting Equitable Access and Outcomes

Historically, the most underserved population in San Mateo County is the Latino community, particularly recent immigrant families. Low-income and working poor families, families who are geographically isolated, family care providers and informal caregivers, and children with disabilities and other special needs are also underserved populations. The majority of F5SMC's countywide strategic initiatives target the county's highest-risk populations. For example, most Healthy Kids enrollees come from families whose income is below 150% of the federal poverty level, and 92% of enrollees are immigrants. Preschool for All, likewise, targets school districts with high percentages of immigrants and low-income families; 80% of children served in PFA classrooms in 2005-06 lived in families with incomes lower than $40,000 per year.

The geographically isolated coastal community is served by the First 5 San Mateo County Service Corps through four members in three coastside programs. Two of these members have a special emphasis on health outreach and health insurance enrollment in partnership with F5SMC's Children's Health Initiative, which has significantly increased the number of coastside children enrolled in

health insurance programs. F5SMC supports efforts to serve isolated child care providers, including a number of quality improvement programs that target family child care providers. In an effort to identify and provide appropriate, comprehensive interventions to more young children with disabilities and other special needs, F5SMC's Special Needs Project will pilot universal screening in one community and will use lessons learned to inform a countywide strategy.

Program Highlights

Kickoff to Kindergarten (KTK) program prepares young children for success in school. Funded by First 5 San Mateo County and administered by the Peninsula Partnership for Children, Youth and Families, KTK is a 4- to 6-week, summer transitional program for 4- to 5-year-olds who have not had a previous licensed preschool experience or who are English language learners. The program provides high-quality kindergarten readiness activities that support the educational, social, emotional, and physical skills of young children living in nine high-need communities throughout the county. KTK also uses the Raising A Reader Book Bags and Peninsula Partnership Kinder Kits, two strategies that employ colorful take-home book bags containing high-quality, bilingual books, instructive videos, and educational materials to encourage parents to play an active role in their children's learning and development. In 2006, partners and staff developed the Kickoff to Kindergarten Program Instruction Guidelines addressing three core components of the KTK program: (1) duration and structure, (2) content, and (3) planning, implementation, and administration. These guidelines provide a standardized set of operating procedures designed to ensure high-quality classroom instruction during implementation of the program. In 2005, a longitudinal study determined that (1) KTK graduates had scores comparable to or higher than those of non-KTK graduates at the time they entered kindergarten; (2) KTK graduates made measurable gains in their skills during the course of the kindergarten year; and (3) KTK graduates improved their kindergarten readiness

skills to a greater degree over the course of the year than did non-KTK graduates. On July 1, 2006, the Kickoff to Kindergarten program became part of the School Readiness Initiative Learning Together Program, making it an integral part of kindergarten transition work throughout San Mateo County.

Best Beginnings Inpatient Breastfeeding Support enhances breastfeeding rates. Housed at Lucile Packard Children's Hospital, this program helps educate maternity ward and nursing staff to increase their skills in supporting breastfeeding by new moms. Nurses attend six educational workshops by internationally recognized lactation management trainer Molly Pessl, and receive 28.2 continuing education credits upon completion. At hospital admission, each new mother receives a diaper bag "welcome bag," which includes a Breastfeeding Guide DVD and companion information, a breastfeeding booklet, and an evaluation survey card for mothers to rate breastfeeding materials and classes. Daily breastfeeding classes are offered to all new moms in the maternity ward, with additional support available for Spanish-speaking mothers. The first-year evaluation of the project demonstrated positive outcomes in all goal areas. Nurses reported statistically significant increases in their skills and knowledge about breastfeeding. A majority of mothers returning evaluation postcards rated all the breastfeeding support services as excellent, with 69% rating bedside support as excellent. In a telephone follow-up survey one month after discharge, 86% of mothers reported receiving "excellent" or "good" breastfeeding support while in the hospital; 89% were exclusively or partially breastfeeding; and 40% of mothers who had planned to partially breastfeed before the birth of their child were in fact exclusively breastfeeding.

Local Story

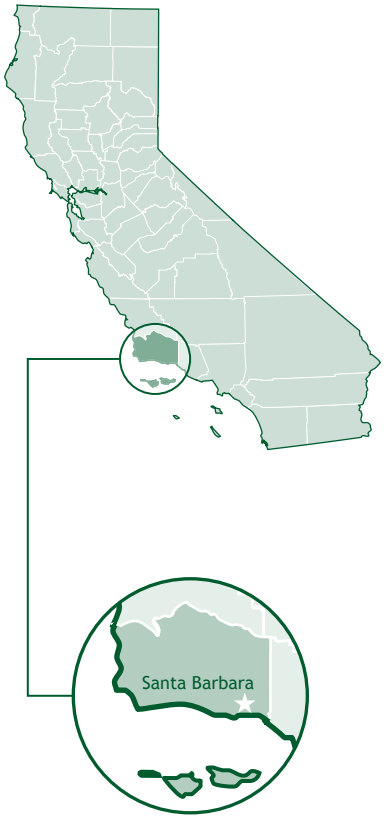
Originally from Tonga, Sione and Annette and their children found themselves homeless. They were referred to Shelter Network in March 2006 by a San Mateo County agency. After a short stay in a county motel program for homeless families, they arrived at Haven Family House in Menlo Park. Annette says her family was able to "find peace" when they settled at Haven Family House, immediately feeling supported by the staff.

None of the children had participated in preschool, and the parents initially were reluctant to enroll their two youngest children in the Haven Child Development Center, a First 5-funded child care program provided in collaboration with Family Service Agency of San Mateo County. With gentle reassurances from the Director, the children started preschool in April. According to Annette, the children were immediately excited about attending, and got dressed and ready each morning to "go to school" just like their older brothers and sisters. In August, when their son graduated from the Child Development Center, Sione's church band played beautifully at the graduation ceremony. A Child Development Center teacher, Marchie, commented that by the end of his stay, their son had become "very sure of himself," with an "I can do it" spirit. Annette reported that her son simply "walked in, said goodbye, and went off to play with the other children" on his first day of kindergarten.

Annette, Sione, and their children successfully transitioned out of Haven House after 4 months, but their youngest child continues to attend the Child Development Center. Her parents give back to the Haven community by serving on the welcoming committee, by serving as peer counselors for other Pacific Islander residents who come to Haven, and by caring for the flowers on Haven's grounds. Shelter Network's partnership with First 5 San Mateo County has helped many families access critical services for their children while obtaining work and transitioning their families into permanent housing.

This profile was prepared by SRI International.

Santa Barbara County



Santa Barbara County

Commission Priorities

Santa Barbara is a large county, diverse in its geography and its people. The county is home to 31,546 children ages 0-5, 54.8% of whom are of Hispanic/Latino descent. They live in the urban communities of Santa Barbara, Lompoc, and Santa Maria, and in the more rural central and northern communities. Many, including those living in the communities of Cuyama, Guadalupe, Los Alamos, and Sisquoc, are isolated because of geography, culture, and access to transportation and services. Additionally, some families living in the county's larger cities, including the growing Oaxacan population, are isolated by culture and language barriers that make accessing services difficult. Although Santa Barbara County is seen as relatively affluent, many families with young children struggle to make ends meet. Seventeen percent of children in the county live in poverty, rising above 30% in some of the poorest regions. More than 16% of children lack health insurance, and nearly 23% lack dental insurance. More than 36% of the parents of infants born in the county have fewer than 12 years of education. All of these issues create challenges to promoting the health and school readiness of children in the county.

First 5 Santa Barbara County Children and Families Commission prioritizes funding to support programs and initiatives that address priority strategies, to be responsive to emerging community needs, and to leverage public and private resources to achieve desired results for children and families. The County Commission distributed the majority of its funding in fiscal year 2005-06 through six initiatives: (1) Newborn Home Visiting, (2) Early Care and Education, (3) Early Childhood Mental Health & Other Special Needs, (4) Early Childhood Oral Health, (5) Family Support, and (6) School Readiness. The County Commission also supported universal preschool and the Children's Health Initiative, and made 1-year grants available for emerging community needs. In addition, First 5 Santa Barbara County has worked to build the capacity of all initiatives by providing training and technical assistance on sustainability, evaluation, and communication.

POPULATION	
Total births (2005)	6,192
0 to 5 population (2005)	33,320

ETHNICITY OF CHILDREN 0-5	
African-American	1.2%
Asian/Pacific Islander	2.7
Latino	58.9
Native American	0.6
White	32.3
Other	4.3

FISCAL	
Total Net Assets, July 1, 2005	**$9,278,172**
Committed Funds	7,886,245
Uncommitted Funds	1,391,927
Total Revenues	**$6,131,346**
First 5 Monthly Disbursements	5,028,599
Other First 5 Funding (Including SMIF)	463,883
Non-First 5 Funding	380,890
Interest	257,974
Expenses	**$(5,636,121)**
Total Net Assets, June 30, 2006	**$9,773,397**
Committed Funds	8,912,213
Uncommitted Funds	861,184

Funded initiatives focus on achieving the following desired results: (1) healthy children from birth to kindergarten, (2) children learning and becoming ready for school, (3) strong families, and (4) accessible community-based services and support for children and their families.

Primary Activities and Programs

Healthy Kids Santa Barbara Coalition works to ensure that children have access to high-quality health insurance. More than 16% of children in Santa Barbara County are estimated to be without health coverage, one of the highest percentages of uninsured children in the state. The Healthy Kids Santa Barbara Coalition seeks to extend coverage to children by maximizing enrollment in existing publicly supported programs and creating new health care coverage through the Healthy Kids Santa Barbara program. Member outreach and enrollment are accomplished primarily through a network of family resource centers, building on the Family Support and Early Oral Health Initiatives' system for health screening and referral and case management by family advocates. Since November 2005, 1,200 children have been enrolled in health insurance programs. Of these children, 46% were eligible for Healthy Families, 40% were eligible for Healthy Kids, and 14% were eligible for Medi-Cal. First 5 Santa Barbara County provided Healthy Kids premiums for 585 children ages 0-5 enrolled in the program. The effort has not only identified numerous children who previously were uninsured, but also increased the number receiving important preventive and treatment services.

Early Care and Education Initiative increases professional development opportunities; reaches Family, Friend, and Neighbor caregivers; and enhances the quality of early care and education services. The STAR (Stipends for Training and Retention) project is in its fifth round of implementation, blending state and local First 5 dollars with other funds to provide a comprehensive professional development system for all early care and education providers in the county. The project provides the rating scale training required for participation in STAR in both English and Spanish, either in collaboration with the community college or as a First 5-sponsored community event. The STAR project is integrated with and supported by the Children's Resource and Referral Program's Child Care Initiative Project and the Local Child Care Planning Council. The STAR project conducted nine sessions to prepare new and returning applicants for upcoming STAR changes. In fiscal year 2005-06, 260 STAR applicants attended sessions to advise them on developing individual professional development plans for 2006; 27 participants received their A.A. or B.A. degrees; 281 family child care and center-based providers continued their professional growth and received stipends; and 26 newly identified Family, Friend, and Neighbor providers participated in trainings.

Comprehensive school readiness programs improve child health, child development, and family support. Fourteen school communities within five geographic areas operate school readiness programs, which include early learning and kindergarten transition programs, parenting education programs, family support services, health screenings and treatment, and a communication bridge between early care settings and elementary schools. In 2005-06, almost 2,000 individuals were served, including 503 children ages 0-5, 1,159 parents (90% Latino), and 220 preschool/elementary education providers. Family members received child development home visits (1,758 visits), and 588 parents attended multiple parent education classes. Providers received training to smooth kindergarten transition and align curriculum between preschool and kindergarten programs (687 hours). The 198 families participating in intensive First 5 school readiness services showed improved child health, child development, and family support outcomes. Participants' insurance coverage, use of primary and preventive health care services, and use of dental care increased, while reports of emergency room visits decreased. Parents participating in the School Readiness Initiative were more likely to report that they

were "always" or "usually" able to access basic necessities and resources for their families (increasing from 41% to 64%). Across the county, parents participating in school readiness programs increased home literacy practices, which promote children's school readiness; more parents reported regularly (three or more times per week) reading and showing picture books to their children (61% to 74%), singing songs (55% to 62%), and telling stories (40% to 57%). School readiness programs also increased children's enrollment in insurance covering oral health care (77% to 84%) and the number of children who had an oral health exam and treatment within the last year (40% to 64%).

Promoting Equitable Access and Outcomes

First 5 Santa Barbara County staff and commissioners gave priority to services for geographically and socially isolated communities. These communities have been identified through community input and analysis of countywide data and through three strategic planning processes. Some of those identified include the communities of Cuyama and Carpinteria; the indigenous Mexican migrants of Oaxacan origin, primarily in the Santa Maria Valley; and children with disabilities and other special needs. A major strategy to address the needs of the Oaxacan population was the funding of Frente Indigena Oaxaqueño Binacional (FIOB). FIOB identified three women who were fluent in Spanish and Mixteco and who wanted to be trained as promotoras. Throughout the year, the promotoras provided targeted outreach on health education and school readiness in coordination with other First 5 programs. The promotoras held a health fair with local community clinics and held four classes for up to 25 parents. During the first year, the project served 235 children ages 0-5 and reached 458 parents. In addition, 30 providers/professionals received cultural training to enhance their service to isolated populations. Community agency awareness and opportunities for coordination and training have increased significantly. The County Commission is also working with local First 5 Commissions in Monterey and Fresno to develop a "learning community" to share their experiences in working with indigenous immigrant populations.

Program Highlights

First S.T.E.P. helps identify and support children with autism spectrum disorders and their families. First S.T.E.P. (Screening, Training, Education Project) builds on the skills and internationally recognized expertise of the University of California at Santa Barbara Koegel Autism Center. The program focuses on increasing awareness of early behavioral characteristics of autism spectrum disorders (ASD) and the importance of early intervention and services, using these strategies: (1) early identification, (2) outreach and training of physicians and other professionals, and (3) family support and training. Free, widely publicized screenings are held throughout the county, with community outreach and education through Spanish and English media. The Center provides developmental assessments of referred children, as well as training, consultation, and support to parents and professionals throughout the community. Prior to First 5 funding, the Center was recognized as a leader in ASD research but was not seen as a local community resource. Through First S.T.E.P., the Center has worked throughout the county with diverse populations, including parents, early childhood education providers, physicians, and the general community. Screening is provided in coordination with other First 5 initiatives, reaching populations less likely to identify early developmental concerns. Consistent staffing with bilingual, bicultural individuals has facilitated effective work with diverse communities. The proportion of children identified by First S.T.E.P. as having ASD who were referred by pediatricians increased from 36% in 2003-04 to 58% in 2005-06. The majority (73%) of families whose children were identified with behavioral or developmental concerns attended a parent education workshop, and all families received support via phone calls and in-person consultation.

Santa Maria School Readiness Program increases access to preschool experiences that promote children's health and development. Preschool capacity in Santa Maria is only 36%, with prohibitively long waiting lists and a lack of space in existing facilities. The School Readiness Program gives families the experience of having their children in a center-based program during the evening in Twilight Preschool. The program is operated at seven sites so that families throughout the School Readiness catchment area can walk to the program with their children. During the 8-week program, parents participate in a parent education class that matches their children's

lessons. Children also attend a 3-week summer transition camp providing classroom instruction and health screenings. Children with identified concerns receive follow-up care by case managers to ensure that their health needs are addressed. In fiscal year 2005-06, the program served 319 children from birth to age 5, three-quarters of whom were ages 3-5. While the majority of participants were low-income, Spanish-speaking families, 17 Mixteco children were also served. A pre- and postprogram parent survey showed increases in the frequency of home literacy practices (reading, storytelling, and singing songs) that promote children's school readiness. Parents also reported increased access to books and other reading materials.

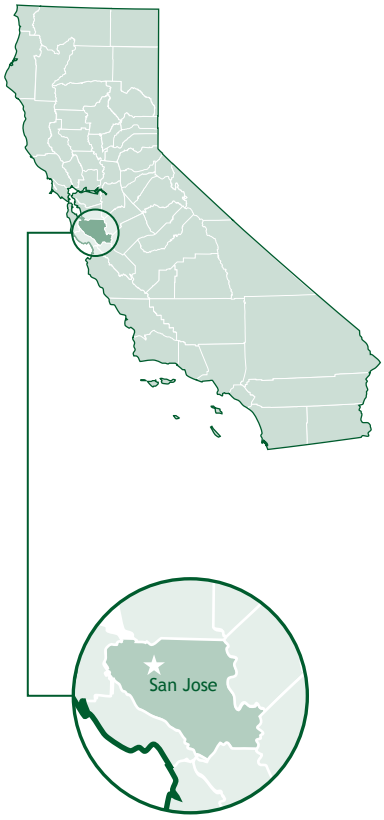
The Spruce Up for Kids Day program improves the quality of family child care programs and increases community support. Funds are used for short-term improvement projects that focus on improvement in one or more of the following areas: health and safety (indoor and outdoor), gross motor, fine motor, music/movement, dramatic play, art, language and literacy, math and science, and social/emotional development. Applicants are required to secure a community match of support through volunteer hours and donations from local businesses. A program assessment tool is used for pre and post assessments conducted by the provider and an independent rater. In this way, the project seeks to engage parents, businesses, and others to support family child care programs through volunteer hours or donations, and the broader community through an outreach media campaign. Six hundred volunteers gave more than 3,000 hours and a total of $88,028 toward the quality improvement projects. The quality of all 65 providers who participated in this program measurably increased. It is estimated that more than 650 children will be positively affected by these quality improvements.

Local Story

A Latino, Spanish-speaking family living on a ranch in a remote location in the Cuyama Valley, where transportation and sanitary facilities were not available, had three children, ages 2, 6, and 8 years. The children were removed from the home by Santa Barbara County Child Welfare Services (CWS) and placed in a temporary custodial home because of the substandard living conditions of the family trailer, including unsafe electrical and plumbing conditions. The landlord refused to make the necessary improvements to the trailer. The children's parents contacted the First 5-funded Catholic Charities program's Client Resources Coordinator to help them obtain emergency shelter and regain custody of their children. Resources were made available to temporarily lodge the family at a hotel. After a safe and permanent rental home was found and secured, CWS returned the children to their parents. Case management services worked with the family to develop a plan of action to support basic needs, such as food and clothing. The family is now living in a stable environment with access to home visits by the Migrant Education Liaison. The children will be monitored to ensure a smooth transition and educational progress; the parents will be encouraged to enroll in adult education classes for English language and parenting skills. A Community Resource Center is providing counseling services. Because of this program, this family is living together in affordable housing; food, clothing, and educational opportunities for the children and their parents have been addressed; and medical and dental needs are currently being coordinated. All these measures will help these children be healthy and ready for school in the context of a supported family.

This profile was prepared by SRI International.

Santa Clara County



Santa Clara County

Commission Priorities

Santa Clara County, the largest county in the San Francisco Bay Area, has many diverse communities: 34% of residents are foreign-born, 45% speak a language other than English at home, and over 100 languages and dialects are represented. According to the 2004 American Community Survey conducted by the U.S. Census, nearly 8% of county residents are children ages 0-5. With the closures and/or downsizing of many technology companies, the county's unemployment rate increased from 2.0% in 2000 to 8.2% in 2003. During this same time period, the cost of living increased 22%. Nine percent of children live in households with incomes below the federal poverty level, and many more families are impacted by the exceptionally high cost of housing.

FIRST 5 Santa Clara County strives to build and sustain an integrated, seamless continuum of care, ensuring that all programs address diverse needs and involve communities in the design and implementation of their strategies. During fiscal year 2005-06, FIRST 5 Santa Clara County continued its activities based on its 2000 Strategic Plan, which identified five goals to guide its funding and program decisions: (1) family support, (2) health access, (3) early care and education, (4) neighborhood/regional support, and (5) systems integration and change. FIRST 5 investments were organized within 11 initiatives and programs framed by 2 funding strategies: Community Engagement and Education (countywide) and High Risk (targeted impact). Most initiatives and programs addressed more than one of the five goal areas. In addition, FIRST 5 funded four research/planning efforts in Santa Clara County, including Power of Preschool.

Primary Activities and Programs

Family Court Services Initiative (FCSI) enhances families' ability to support the needs of their children. Partnering with the Santa Clara County Superior Court's Family Court, Resources for Families and Communities (RFC), and the Center for Healthy Development (CHD), FIRST 5 Santa Clara County's FCSI is a network of programs, services, and activities for families in the court system. Care managers are placed at the court to provide services to families with needs identified by the court and/or the family. Financial assistance is available up to $750 per family, with more than $100,000 given to 184 parents

POPULATION	
Total births (2005)	26,553
0 to 5 population (2005)	155,736

ETHNICITY OF CHILDREN 0-5	
African-American	2.0%
Asian/Pacific Islander	27.4
Latino	33.4
Native American	0.2
White	32.6
Other	4.5

FISCAL	
Total Net Assets, July 1, 2005	**$96,593,023**
Committed Funds	65,947,653
Uncommitted Funds	30,645,370
Total Revenues	**$28,100,582**
First 5 Monthly Disbursements	23,406,400
Other First 5 Funding (Including SMIF)	1,963,053
Non-First 5 Funding	563,939
Interest	2,167,190
Expenses	**$(35,094,901)**
Total Net Assets, June 30, 2006	**$89,598,704**
Committed Funds	79,399,660
Uncommitted Funds	10,199,044

in fiscal year 2005-06. Approximately 1,670 families and more than 1,100 children prenatal through age 5 were served by programs in FCSI, with 61 parents receiving Co/Parallel Parenting or individual counseling services. Multiple parenting classes were held through CHD, including four 12-week series of "Safe Families" classes, with 164 families attending; nine 8-week series of "Parents in Conflict" classes, with 122 families attending; and three 6-week series of "Kids Connection" classes, with 46 parents and 17 children attending. In each of these classes, at least 80% of parents demonstrated an increase in knowledge.

Children's Health Initiative (CHI) reaches out to diverse populations, moving toward the goal of health insurance for all children. Through the Santa Clara Family Health Plan, CHI continues to expand its outreach and enrollment in federal, state, and local health insurance programs such as Medi-Cal, Healthy Families, and Healthy Kids. Funding from FIRST 5 Santa Clara County helps finance the cost of Healthy Kids insurance for children prenatal through age 5. CHI has made great strides in advertising health insurance programs to families through media campaigns and bilingual Certified Application Assistants, who assist children and families in completing application forms in their own communities. In fiscal year 2005-06, the Children's Health Initiative enrolled 2,327 children prenatal through age 5, of whom 1,189 were enrolled for the first time. Among the 2,327 children enrolled, 75% were Latino, 20% were Asian and Pacific Islander, and the majority had household incomes below 150% of the federal poverty level. Children enrolled in Santa Clara's Healthy Kids program have access to appropriate health services and demonstrate healthy behaviors according to recent data from the California Health Plan Employer Data and Information Set (HEDIS).

FIRST 5 Early Screening and Assessment Initiative programs work together to increase detection and intervention for developmental delays. The Center for Learning and Achievement (CLA) provides comprehensive screening and assessment services to Santa Clara County families regardless of income. The CLA team at Santa Clara Valley Medical Center's Pediatrics Department includes pediatric specialists with extensive expertise in early childhood development, including speech and language deficits, autism, and attention deficit hyperactivity disorders. During fiscal year 2005-06, CLA served 283 children with developmental assessments, including 183 infants from the Neonatal Intensive Care Unit. Via Rehabilitation Services provides developmental, physical, and cognitive screenings and assessments to children ages 2-5 at child care and community centers, making follow-up referrals to CLA as needed. In fiscal year 2005-06, Via conducted 1,936 developmental screenings and referred 19 children to CLA. Via served 1,459 parents through screenings, eight workshops, and referrals to Healthy Kids insurance application assistants. The Valley Medical Center Foundation's Reach Out and Read (ROR) assessment program provides early screening and preliminary assessment of developmental delays, behavioral concerns, and learning differences at pediatric well-child checkups, while providing developmentally appropriate children's books for children to take home. During fiscal year 2005-06, the ROR assessment program operated in six community clinics, reaching 23,700 children ages 0-5 and referring 111 children to CLA for further developmental screening and assessment services.

Regional Partnership Initiative supports planning and early childhood systems integration across Santa Clara County. FIRST 5 Santa Clara County is committed to working toward the vision that "neighborhoods and communities are a place where children are safe, neighborhoods are connected, and all cultures are respected." This initiative supports regional partnership efforts to develop and implement a community-driven comprehensive systems change plan to ensure the well-being of children prenatal through age 5 and their families. In 2001, FIRST 5 Santa Clara County brought together community members, service providers, and civic leaders in six regions to examine systems of early learning and family support and to identify and address gaps in services and underutilization of existing services. Each region was eligible to apply for up to $600,000 in funds per year for 3 years to support planning and implementation of regional plans. Funded partnership programs include services for parents of children with disabilities and other special needs, such as parent workshops, integrated playgroups and child care, the provision of books and other early literacy services to family-based child care providers in targeted neighborhoods,

transportation services for families needing resources outside their neighborhoods, and mobile health services. In all, the regional partnerships directly served 19,620 parents and caregivers and 20,573 children, which is twice the number of children served in fiscal year 2004-05.

Promoting Equitable Access and Outcomes

Many communities in Santa Clara County have traditionally been underserved, including monolingual Spanish-speaking families, the Vietnamese community, children with disabilities and other special needs and their families, substance-exposed families, fathers, foster parents, homeless families, families with an incarcerated caregiver, and fragile families (e.g., those with custody/visitation disputes). Research sponsored by the FIRST 5 Santa Clara County Commission used seven key community indicators to identify and map neighborhoods where children experience multiple risk factors that negatively affect their ability to be healthy and ready for school. Successful strategies to improve services to these populations have included increases in cultural and linguistic competency, more flexible hours, and bringing services directly to families.

Various strategies implemented at the initiative and program levels are used to reach different groups: the Early Learning Initiative provides low-performing school districts with funding and techniques for preparing children in the surrounding neighborhoods for school; the Family Court Services Initiative helps families coping with issues such as divorce, separation, and child custody/visitation disputes; the Home-Based Visitation Program provides parenting support to low-income families with children, birth through age 2, including incarcerated and teen parents; the Regional Partnerships Initiative uses community-driven planning to identify needs for families within each neighborhood community; and the Early Screening and Assessment Initiative provides high-quality screening, assessments, and referrals for children with disabilities and other special needs. The Nuestros Niños radio program provides low-cost parent education on a regular basis to Spanish-speaking households via three all-Spanish radio stations. Community events covering topics such as school readiness, safety education and violence prevention, nutrition, preventive health care, positive parenting practices, and health insurance enrollment are conducted in strategic and targeted regions throughout the county. Through these efforts, FIRST 5 Santa Clara County funds have allowed many programs to make systems and service delivery changes that have enhanced the continuum of services available to previously underserved families. New client populations and more children have been served in more ethnically and culturally responsive ways.

Program Highlights

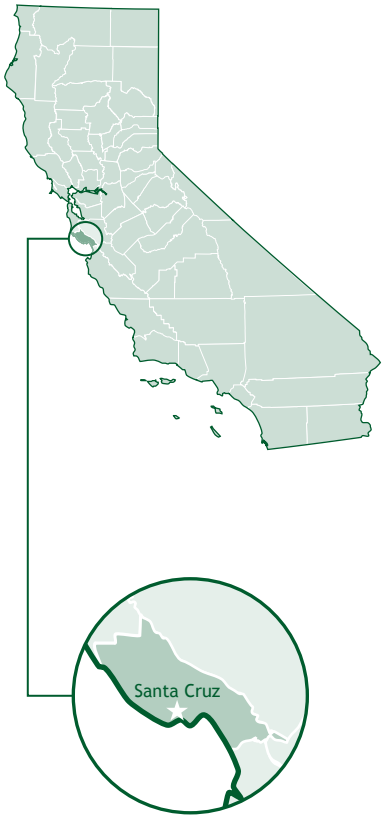
Early Learning Initiative Care Managers support families and connect them with services to enhance school readiness. The Early Learning Initiative (ELI) engages schools, families, and communities to support the healthy development and early learning experiences of children birth through age 5 in four school districts. Care Managers, who are located on-site at identified elementary schools, assist traditionally underserved families in coordinating and securing needed resources and services, such as intensive in-home visitation; assessment for physical, cognitive, and emotional development; mental health screening, consultation, and counseling; parenting classes and workshops; dental health services; and health insurance enrollment. Care Managers can also discern gaps in needed services, as well as over- or underutilization of existing services. In fiscal year 2005-06, more than 10,295 children prenatal through 5 and 3,574 families, reflective of the diversity of Santa Clara County, were served by ELI. To monitor families' progress, Care Managers use an OCERSPlus Family Survey at intake, 6 months, and 1 year after beginning services. They also use the Monterey Life Skills Progression (LSP) to observe families at intake and at 6-month intervals to assess the quality of the relationship and care between the caregiver and child. Families participating had increased immunization rates, health insurance coverage, and access to a medical home. Parents reported reading more often to their children and had increased knowledge and skills to support child development. Caregivers had significant improvements in their ability to be more nurturing toward young children and used more positive and appropriate discipline practices. After 1 year of participation, 41% of caregivers showed improvements in their self-esteem, particularly toward being a parent.

The Prenatal and Toddler Home-Based Visitation Program improves child health and parenting skills. Establishing trusting relationships between families and home visitors, the Home-Based Visitation Program serves a socially and economically diverse population of parents and children prenatal through age 2. FIRST 5 Santa Clara County invests in six home visiting programs serving families with the greatest need, such as low-income populations, adolescent parents, first-time mothers, pregnant women, and women with a history of substance use or incarceration. A seventh program, Parents Helping Parents, provides support services and resources to parents and families referred from these programs. Home-Based Visitation provides a variety of interventions and support depending on the particular needs and circumstances of the mother. Activities may include information on prenatal and infant care, parenting support, child abuse and neglect prevention, developmental interaction with infants or toddlers, family planning assistance, development of problem-solving skills and life skills, educational and work opportunities, and linkage with community services. During fiscal year 2005-06, 500 children prenatal through age 5 and 650 families were served. Approximately 70% of the families served were Latino, and 45% were Spanish-speaking. The majority had low levels of education and lived in low-income households. Families were monitored using the same survey and observation process described for the ELI (above). Children had increased rates of complete immunizations and of health insurance coverage. After 6 months, the percentage of parents who reported reading to their children increased from 48% to 69%. After 1 year, 58% of parents demonstrated significant improvements in nurturing behaviors, and 59% demonstrated more positive and appropriate discipline behaviors toward their children.

Santa Clara County CARES program increases access to high-quality early learning experiences through training, education, recruitment, and financial incentives for early childhood professionals. The Comprehensive Approaches to Raising Educational Standards (CARES) program, in collaboration with four partnering agencies throughout Santa Clara County, offers educational stipends to early educators based on educational attainment, longevity in the field, and professional growth activities. Courses and workshops are offered in collaboration with local community colleges and universities, and CARES works to create systems change to support early childhood education. Activities include extensive outreach throughout the county, with specific support to providers in underserved communities, expanding professional development services, streamlining existing educational systems, and advocating for policy change. During fiscal year 2005-06, a diverse population of 1,415 early educators was served. Of the 1,415 who were served, 1,253 early educators received CARES stipends. Of the population who received a CARES stipend, 16% were new caregivers, and 6% were family-based providers. CARES teachers were more likely than those who had not received CARES stipends to use developmental screenings, have more classroom resources, and take part in kindergarten preparation activities.

Healthy Kids program increases children's insurance coverage and improves access to preventive health care. In an assessment of children's health insurance coverage in Santa Clara County, between 14,000 and 21,000 children were not eligible for government-funded programs because their family incomes were too high or because of their immigration status. The Healthy Kids program was created to insure children, under age 19, whose families earn up to 300% of the federal poverty level and are ineligible for Medi-Cal and Healthy Families. It is funded entirely through local and foundation money. In 2006, 2,327 children prenatal through age 5 were enrolled in Healthy Kids. Children insured by Healthy Kids are more likely than children not enrolled in the program to have a medical home, dental visits, and usual sources of dental and vision care. They are less likely to have unmet health care needs.

Santa Cruz County



Santa Cruz County

Commission Priorities

The major challenges facing children and families in Santa Cruz County identified in the County Commission's strategic plan include (1) a lack of health, mental health, dental, and vision insurance for many children; (2) a high incidence of child abuse and neglect, often associated with substance abuse; (3) the lack of a coordinated system of supports and services for families of children with disabilities and other special needs; and (4) an inadequate supply of high-quality, affordable child care and literacy opportunities.

First 5 Santa Cruz County continues to address and fund priority areas identified in the current strategic plan: Healthy Children, Strong Families, and Children Learning and Ready for School. In the area of Healthy Children, the most significant funding priority during fiscal year 2005-06 was the allocation of $900,000 to the first-year implementation of the Healthy Kids health insurance program. In the area of Strong Families, the primary funding priority was comprehensive family resource centers (FRCs) that serve as hubs for delivery and coordination of community services, including domestic violence and substance abuse education and prevention services and other family strengthening programs. In the area of Children Learning and Ready for School, the funding priority was both early literacy development and workforce development. This included programs that increase family child care providers' literacy-teaching skills, parent literacy, and child literacy/preliteracy skills, as well as the CARES educational incentive program to increase and maintain a highly qualified child care workforce.

An overarching goal of First 5 Santa Cruz is the creation of a seamless, family-friendly service delivery system for families of young children through coordination of programs at FRCs and county health and human service agencies. The County Commission also is supporting service integration through the Santa Cruz County Services Unifying Network (SCC SUN), an integrated database that supports data sharing, case management, and reporting for participating agencies.

POPULATION	
Total births (2005)	3,385
0 to 5 population (2005)	19,518

ETHNICITY OF CHILDREN 0-5	
African-American	0.2%
Asian/Pacific Islander	2.4
Latino	50.0
Native American	0.5
White	43.6
Other	3.3

FISCAL	
Total Net Assets, July 1, 2005	**$6,964,355**
Committed Funds	3,241,623
Uncommitted Funds	3,722,732
Total Revenues	**$3,640,904**
First 5 Monthly Disbursements	2,993,752
Other First 5 Funding (Including SMIF)	376,962
Non-First 5 Funding	0
Interest	270,190
Expenses	**$(4,264,626)**
Total Net Assets, June 30, 2006	**$6,340,633**
Committed Funds	2,856,238
Uncommitted Funds	3,484,395

Primary Activities and Programs

Healthy Kids enables health care access for all children. During fiscal year 2005-06, the First 5 Santa Cruz Healthy Kids universal health insurance program provided comprehensive health, dental, mental health, and vision coverage to 1,049 children ages 0-5. The program aims to insure all children ages 0-18 through outreach and enrollment into Medi-Cal, Healthy Families, and the Healthy Kids health plan. First 5 Santa Cruz has played an integral role in the development and implementation of Healthy Kids of Santa Cruz County and has made a 10-year commitment of up to $900,000 per year to support enrollment for all children ages 0-5. So far, 81% of children ages 0-5 who were assisted with an application for health insurance were successfully enrolled for the first time, and 90% were assisted in renewing their previous public health insurance applications. Of those renewing, 96% had used health care services offered through their public health insurance providers.

Programs support families in providing nurturing and positive home environments. First 5 Santa Cruz provides specialized services and supports to families who are exposed to domestic violence or are at risk for child abuse and neglect. The Alcohol and Drug Program of the Santa Cruz County Health Services Agency provided substance abuse assessment, case management, and counseling services to 47 parents of 52 children who had been removed from the home by Child Welfare Services. Nearly half of parents successfully completed treatment. The Walnut Avenue Women's Center provided support services to 52 battered women and 70 children. Mothers participated in an eight-session parenting class designed for families living with domestic violence. Women receiving services also were assisted with creating a safety plan that outlines safety concerns and strategies to address them. The Parents' Center program provides comprehensive mental health services to families of young children. Licensed professionals provide individual, family, and group counseling; specialized classes; and home visits. Of the 243 parents and 144 children served by the Parents' Center during fiscal year 2005-06, 96% increased their family stability, as measured by the Family Development Matrix.

First 5 Santa Cruz programs increase children's early literacy and learning skills. In 2005-06, the Beach Flats Community Center (BFCC), a neighborhood-based school readiness program, provided 30 children ages 3-5 with activities to develop their literacy, fine motor, cognitive, and social-emotional skills. The Live Oak School District (LOSD) Child Development Program provided curriculum-based preschool activities to 231 children. Of the children who were assessed with pre- and post-tests, 25% of BFCC's children and 59% of LOSD's children showed a 25% improvement in their school readiness skills, as measured by the Desired Results Developmental Profile. Head Start uses a Literacy Coordinator to support language and literacy development in Head Start preschool classrooms. Of the 524 children who were assessed, 76% increased their language and literacy scores. Steps to Success School Readiness Initiative held its summer pre-K academy during July-August 2005, serving 107 children with little or no preschool experience. The Steps to Success *Preschool Language and Literacy Foundations* coaching programs increased the early literacy knowledge of 144 child care professionals, all of whom reported having increased knowledge of how to support young children's early literacy.

CARES program supports early care and education providers in providing high-quality care to young children. The Santa Cruz County Comprehensive Approaches to Raising Educational Standards (CARES) program is a partnership between First 5 Santa Cruz and the Santa Cruz Local Child Care Planning Council. CARES works to increase the skills of child care providers by delivering educational incentives to informal and licensed family child care providers and center-based providers. During fiscal year 2005-06, 95% of the 307 participating providers reported that they provide higher-quality child care as a result of participating in CARES. Nearly all (97%) of the Family, Friend, and Neighbor (FFN) Health and Safety participants successfully completed their program, which includes 15 hours of first aid and preventive health trainings, implementation of health and safety materials, and a home inspection visit.

First 5 Santa Cruz improves services for children with disabilities and other special needs. The Special Parents Information Network provided direct services and educational workshops for 61 parents of children with disabilities

and other special needs. Workshops included presentations on the development and use of individualized education programs, the importance of parent advocacy, and information on specific disabilities. About three-quarters of parents receiving services reported that they had accessed a new service or social support for their children since the intervention. The Network also presented workshops to 62 early child care providers on caring for children with disabilities and other special needs. Three-fourths of parents and providers reported that they had increased their knowledge of children with special needs.

First 5 Santa Cruz promotes service integration. First 5 Santa Cruz is committed to integrating services provided by family resource centers, other community-based organizations serving children and families, and selected programs or divisions of the county's health services and human resources agencies. The Integrated Children's Services Program (ICSP) was formally launched in 2005-06, with 17 agencies signing the memorandum of understanding. Participation in the ICSP enables member agencies to act as a multidisciplinary team in planning and providing services for children and families. Additionally, monthly brown-bag lunch sessions for providers were held on topics such as counseling resources, immigration, mental health issues, domestic violence, and meeting facilitation. A total of 208 participants from county agencies and nonprofit organizations attended the 14 brown-bag events in fiscal year 2005-06.

Promoting Equitable Access and Outcomes

Although it is a small county, Santa Cruz is extremely diverse, with very distinct geographic neighborhoods. Historically, the Latino population has been economically less well off than other county residents; families of Latino origin make up 25% of the population, but they comprise about 36% of those living at or below the federal poverty level. Other underserved communities in the county include migrant workers, teen parents, families of children with disabilities and other special needs, and those living in isolated areas of the San Lorenzo Valley. Several strategies have been used to reach underserved populations and to promote greater access to and quality of services. First 5 Santa Cruz uses family resource centers to target outreach in five distinct areas of the county: (1) Greater Santa Cruz (including Beach Flats and Lower Ocean), (2) Live Oak/Mid County, (3) South County, (4) San Lorenzo Valley, and (5) Davenport/North Coast. In addition, the FRCs do extensive outreach within their designated regions to reach underserved community members and families and to encourage their use of the resources and trainings available at the FRCs. First 5 Santa Cruz County also funds organizations specifically targeting underserved populations, including migrant farmworkers, teen parents, and families of children with disabilities and other special needs.

Program Highlights

Regalo de Amor addresses the Healthy Children funding priority by providing breastfeeding education and support to mothers. Historically, there has been a gap in breastfeeding support, consultation, and lactation centers for Spanish-speaking women in the south region of Santa Cruz County. Regalo de Amor offers the only bilingual International Board Certified Lactation Consultant (IBCLC) in Santa Cruz County, as well as bilingual and bicultural staff who provide one-on-one consultation and follow-up assistance to breastfeeding mothers. Other services include free loan of breast pumps, free breastfeeding aids, access to breastfeeding materials, referrals to medical care or other social service programs, and free baby weight checks. The program served 985 mothers and infants in the lactation center, exceeding the program objective by 135 breastfeeding dyads. The Women, Infants, and Children (WIC) database indicates that 73% of mothers who visited Regalo de Amor in 2005-06 were still breastfeeding at 3 months, and 49% were still breastfeeding 6 months after the visit.

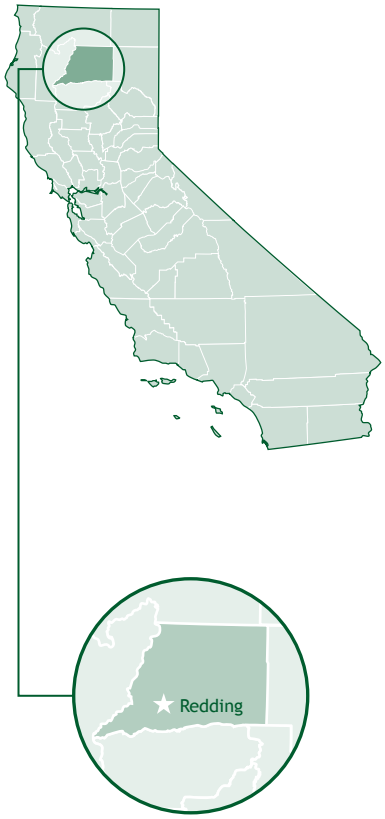
Families in Transition of Santa Cruz County provides rental assistance and promotes stability for families at risk of homelessness. The Families in Transition (FIT) program is designed for families with children who are homeless or at risk of becoming homeless. These families are often also facing other barriers, such as extreme poverty, teen parenting, or drug abuse, which may place them at risk of an unstable home environment. Each family works with a case manager to develop a family plan and review social service, mental health, or domestic violence issues. Case managers also help with employment, budgeting, ways to increase the family income, and planning ahead for future housing stability. FIT also offers one-time rental assistance payments to prevent eviction or to obtain housing, housing scholarships while a parent is completing a job training program, transitional housing, and home visiting services to link families with young children to local family resource centers. Many of the clients who receive FIT services make significant changes in their housing status. Of the 79 clients who participated in the program in 2005-06, 100% maintained housing up to a year after they initially entered the program. Participating in the program also improved clients' job skills and employment status.

The Live Oak School District's Child Development Program (LOSD-CDP) works with families and providers to support children's early learning. First 5 Santa Cruz's funding for this comprehensive preschool program focuses on parent and provider activities that affect children by building strong linkages between their early education and kindergarten readiness requirements. The program addresses the social, emotional, health, and safety needs of underserved families living in the Live Oak area of the county, many of whom are economically

disadvantaged and English learners. The program supports children's development through consistent family involvement and a variety of social gatherings. Resources for families include classroom open houses, volunteer opportunities in the classroom and on field trips, semiannual meetings with preschool teachers, and kindergarten transition meetings with families, principals, and kindergarten staff. Monthly family workshops are also held, and parents can participate in a 6-week positive-parenting workshop. As a result of the workshops, parents feel less isolated in supporting their children's developmental and academic needs. Early care and education providers are offered a rich variety of staff development opportunities, articulation between preschool and kindergarten teachers, stipends for trainings or workshops, and release time to enable comprehensive planning, assessment, and parent interaction. Each classroom is staffed with one bilingual-bicultural preschool teacher; family meetings, workshops, and print materials are available in English and Spanish. Parents and kindergarten faculty have noted that participating children are significantly more prepared for the social and academic challenges of kindergarten.

Freedom School's Éxitos Program helps children transition smoothly into kindergarten. Funded by First 5 Santa Cruz County's Steps to Success School Readiness Initiative, Éxitos (Successes) is designed to support children's cognitive, academic, and social-emotional development by providing parent educational workshops, articulation, and parent assessments, as well as preschool activities for children and a Kindergarten Round-up registration day. Additionally, kindergarten staff and early childhood staff from on-site child care centers collaborate to strengthen developmental continuity, exchange best practices, discuss program nuts and bolts, and share knowledge and build skills. Surveys of parents indicate that the program helped to prepare children for kindergarten, provided parents with early literacy techniques to help their children, offered ways to help their children get along with others, and offered ways to support their children's completing homework once in kindergarten. The program has also positively affected interactions and collaboration between early care and education providers and elementary school staff. As a result, early care providers and kindergarten school staff have begun to align curricula and share knowledge about best practices.

Shasta County



Shasta County

Commission Priorities

Families in Shasta County are faced with several issues that result in children not being adequately prepared for kindergarten, including high rates of child abuse, neglect, and exposure to family violence; inadequate access to mental health services; high rates of childhood obesity; inadequate access to high-quality early care and education; high incidence of early oral caries; short duration of breastfeeding; and limited early identification of children with disabilities and other special needs. First 5 Shasta's funding priorities were focused on four strategic outcomes: (1) Improved Family Functioning, (2) Improved Child Development, (3) Improved Child Health, and (4) Increased Community Valuing of Early Childhood Development and Child Learning.

Primary Activities and Programs

Programs promote strong families by providing comprehensive services. The Parent Partners Program, offered by the Child Abuse Prevention Coordinating Council, provided mentoring, support, and case management to 187 at-risk families with children ages 0-3. Parent Partners assisted families to meet needs related to housing, transportation, food, clothing, medical care, and counseling needs. The Children, Too! Program supported families staying at the women's shelter by providing parenting and nutrition education, community referrals, playgroups, child assessments, and health screenings. Additionally, clinical therapeutic services were provided by Healthy Pathways for Infants to 199 parents/guardians and 170 children ages 0-3. Based on the results of nationally standardized instruments, this program continues to demonstrate positive outcomes related to improved parent-child attachment and decreased maternal depression.

School readiness and early learning activities serve children and families. In 2005-06, First 5 Shasta's School Readiness (SR) Program expanded from two to six sites. With the support of family advocates, 567 children and their families received case management and home visiting services, including the following: referrals, assistance with insurance enrollment, developmental screenings, hearing and vision screenings, and kindergarten transition guidance. Community partners provided more than 130 classes and workshops.

POPULATION	
Total births (2005)	2,123
0 to 5 population (2005)	12,438

ETHNICITY OF CHILDREN 0-5	
African-American	1.5%
Asian/Pacific Islander	2.7
Latino	12.2
Native American	5.9
White	72.3
Other	5.5

FISCAL	
Total Net Assets, July 1, 2005	**$4,093,566**
Committed Funds	4,093,566
Uncommitted Funds*	0
Total Revenues	**$2,153,258**
First 5 Monthly Disbursements	1,786,021
Other First 5 Funding (Including SMIF)	228,724
Non-First 5 Funding	0
Interest	138,513
Expenses	**$(2,625,287)**
Total Net Assets, June 30, 2006	**$3,621,537**
Committed Funds	3,305,640
Uncommitted Funds	315,897

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

To improve the quality of early care in Shasta County, the CARES Initiative helped 128 early care providers to further their academic and professional development, supported 13 facilities in becoming accredited, and provided resources to 167 license-exempt/Family, Friend, and Neighbor providers. Furthermore, the Early Childhood Literacy Project promoted literacy for 200 children at nine early care facilities and offered interactive story time activities at the library and for English learners ages 2-5 whose parents participated in English as a Second Language (ESL) classes.

Programs promote good nutrition, breastfeeding, and oral health. The Healthy Beginnings program promotes good nutrition and physical activity in preschool children. The Healthy Beginnings curriculum, developed by the project, was implemented in 37 early care sites, and 256 guardians and caretakers received training on obesity prevention topics. Implementation of the curriculum resulted in higher-quality preschool menus and increased amounts of daily structured physical activities. The Breastfeeding Resource Center continued to provide one-on-one consultation phone assistance, group support, and childbirth education classes. The center received 3,438 visits and 2,742 phone calls over the year. First 5 Shasta also funded oral health services provided for young children and pregnant women by three community health centers. Services included screenings, fluoride applications, oral surgeries, and parent and provider education.

Countywide efforts ensure that high value is placed on children's well-being. First 5 Shasta's Education and Outreach Program aims to increase the community's understanding of early childhood development. In 2005-06, the County Commission completed its Little Investments/Big Returns awareness campaign, aimed at increasing key valuing of young children as the measure of a thriving community. The county's fourth Week of the Young Child also was coordinated; it included 34 events offered by 25 local sponsors in support of families of young children and their service providers.

Promoting Equitable Access and Outcomes

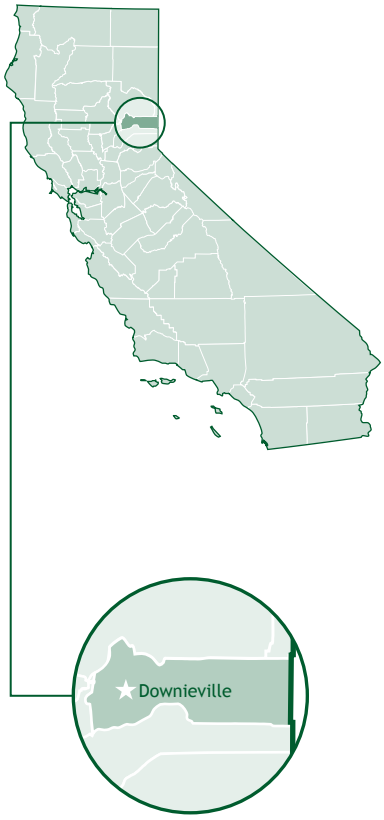
Geographically isolated families, non-English-speaking families, and children with special needs have traditionally been underserved in Shasta County. In 2005-06, First 5 Shasta funded Bright Futures, a parent support/school readiness program, to reach families in four isolated communities. Services are provided in Spanish, and bilingual literacy activities are offered. Furthermore, materials distributed by several First 5 Shasta programs are offered in Spanish. The SR program, Healthy Pathways, and a neonatal intensive care unit provide screening and early intervention services for children with special needs. First 5 Shasta also supported teacher training in "S'cool Moves," a program that develops complex perceptual-motor skills in children with motor delays.

Program Highlights

Raising A Reader increases in-home reading and literacy skills of young children. The McConnell Foundation partnered with First 5 Shasta to offer this international program, which provides take-home book bags, more than 200 acclaimed early childhood titles, parent education videos, and support to enhance emergent literacy. Many program materials address multicultural and bilingual themes. In the first of four program years, the program was incorporated into 60 early care/community sites and reached 1,219 children, ages 18 months to 5 years, and their families. Data from the Desired Results Developmental Profile indicate higher scores for Raising A Reader children, compared with the scores for children not in the program. Parent surveys indicate increases in parent-child reading and in the number of books in families' homes.

Bright Futures promotes children's healthy development by serving hard-to-reach families in eastern Shasta County. This program seeks to improve the ability of parents to nurture their children and of community organizations to support families living in underserved, isolated communities in the Intermountain region of the county. It uses the assets of several partner agencies, each of which hosts a family advocate to support parents and their young children. The program promotes physical activity, good nutrition, literacy, and socialization through individual assessments, parent-led playgroups, and story time activities. In 2005-06, the program also provided health screenings to 239 children. As a result of their participation, 69% of participating families reported providing daily physical activity for their children, and 60% of families were referred to at least one local service.

Sierra County



Sierra County

Commission Priorities

Sierra County is a forested, rural county in the Sierra Nevadas of northeastern California. Its geography includes elevations from 2,800 feet to 8,589 mountain peaks. The east side is in the high desert country of Sierra Valley and the west in the rugged Sierra Buttes and the canyons of the Yuba and Downie Rivers. Most of the county's population of 3,555 (2000 Census) reside in Loyalton and Downieville, which are about an hour's drive apart. Several tiny communities are widely dispersed throughout the county. Special populations include a stable Hispanic community (about 18% of the total population) and a significant geographically isolated population.

Needs identified by Sierra County Children and Families Commission (First 5 Sierra) include: (1) access to medical and mental health services, (2) access to oral health care, (3) access to high-quality child care, (4) services for children with disabilities and other special needs, (5) parenting classes/education, and (6) educational and recreational opportunities for children.

First 5 Sierra responded to these needs with the following investments:

- To increase access to physical, mental, and oral health services, First 5 Sierra funded the School Readiness STARS Family Services Coordination project, the Sierra County Mental Health Department's Behavioral Health Support program, and the Healthy Smiles Oral Health Project.
- To increase access to high-quality child care and educational opportunities, First 5 Sierra funded preschool programs, a School Readiness preschool subsidy program, and the Child Care Providers Compensation and Retention Project (CARES project).
- To provide information and resources for parent education, First 5 Sierra funded the distribution of the Kit for New Parents and production and distribution of the STARS Gazette newsletter.
- To expand and improve services for children with special needs, First 5 Sierra funded the STARS Family Services Coordination project; a Behavioral Health Support program; training of child care providers in identifying, referring, and caring for children with special needs; and collaborative planning for developing an inclusive classroom.

POPULATION	
Total births (2005)	35
0 to 5 population (2005)	157

ETHNICITY OF CHILDREN 0-5	
African-American	0.0%
Asian/Pacific Islander	0.0
Latino	5.7
Native American	0.0
White	92.4
Other	1.9

FISCAL	
Total Net Assets, July 1, 2005	**$416,773**
Committed Funds	416,773
Uncommitted Funds	0
Total Revenues	**$467,131**
First 5 Monthly Disbursements	26,011
Other First 5 Funding (Including SMIF)	407,745
Non-First 5 Funding	19,986
Interest	13,390
Expenses	**$(480,856)**
Total Net Assets, June 30, 2006	**$403,048**
Committed Funds	403,048
Uncommitted Funds	0

- To make local service systems more integrated, First 5 Sierra funded facilitation of and participation in the new Systems Integration Workgroup.

Primary Activities and Programs

Systems Integration Workgroup and Community Academy are planning and implementing improved systems of care. First 5 Sierra's strategic plan supports development of an integrated system of services. It became apparent in June 2005 that several First 5 partners were concerned about the School Readiness Program. The Commission hosted stakeholders to gather input, identify issues, and determine strategies, resulting in a Systems Integration Workgroup. The workgroup began planning for greater collaboration, less duplication of services, increased blending and leveraging of funds, shared responsibility for outcomes, and improved and increased services. A closely related outcome was the Community Academy, a series of trainings addressing many aspects of service delivery. Two trainings held in 2005-06 addressed effective team building and the wellness approach to delivering mental health services. Additional trainings are planned.

Promoting Equitable Access and Outcomes

First 5 Sierra, partners, and funded programs use a combination of strategies to reach the county's geographically isolated, remote residents. A public health nurse distributes the Kit for New Parents. The literacy program conducts a monthly mobile story hour, book giveaway, and checkout services in remote areas.

Bilingual literacy services are now provided in the geographic area in which the majority of the Hispanic population reside. The literacy program provides family literacy, confidential translation, and preschool and school transition assistance. The CARES project counselor meets with Hispanic child care providers and coordinates services for early care and education courses.

Program Highlights

Healthy Smiles Program improves children's oral health. First 5 Sierra, First 5 Plumas, and The California Endowment joined forces to fund the Healthy Smiles Program, administered by Plumas County Public Health Agency. It provides prevention services (screenings, varnishes, and sealants), referrals, case management, interventions, and limited treatment for children ages 0-12 in Sierra and Plumas Counties. Objectives include annually screening 1,225 children, providing fluoride varnish to 250 children, and increasing parental understanding of good oral health. In its first year, parent educational presentations were made at three child care sites, and 24 children ages 0-5 received screenings and prevention services in Sierra County.

Elizabeth Lizarde, a "graduate" of the Sierra County Family Literacy program, enjoys a book with 4-year-old participant Bernardo Martinez.

First 5 Sierra Preschool Subsidy Program enables children to attend preschool. Several children were identified whose parents could not fund the entire cost of preschool, yet they were not eligible for state child care subsidies. First 5 Sierra worked with Sierra Nevada Children's Services (SNCS) to develop a preschool subsidy program to augment the state child care subsidy program. It provided partial payment of preschool costs for children whose parents were eligible at an income level above state subsidy levels. Parents paid one-third of the cost. SNCS used the same process for determining eligibility and billing that it uses to process state subsidies to eliminate duplication of application and services. With an investment of $13,302, 19 children (13% of all children ages 0-5) were able to attend half-day preschool.

Local Stories

First 5 Sierra provided $32,000 to the Sierra County Family Literacy Program, which serves primarily Hispanic families. During one class, instructor Tammy Muldoon gave a young Hispanic father a book to share with his infant daughter. He was puzzled, saying the baby was too young for books. Before Tammy could say a word, a former Family Literacy participant now in the adult class stepped in and explained that sharing books with the baby would help her development and help her do better in school when she got older. The second student had internalized all the information about early literacy that she had learned in the Family Literacy Program, and she was now eagerly sharing her knowledge with others.

In another Family Literacy success story, a fourth-grader who had been in the program years earlier offered to read to a preschooler. Before long, Tammy arranged for the girl and other Family Literacy "graduates" to help pre-kindergartners improve their English.

Siskiyou County

Siskiyou County

Commission Priorities

Siskiyou is a frontier county with a population of 44,600 spread over 6,400 square miles. The largest community is Yreka, with a population of 7,400. Several smaller but distinct communities are located on the I-5 corridor; others are isolated (100 or more miles from most services). Nearly one-third of children ages 0-5 live at or below the federal poverty level. Child abuse and neglect rates in Siskiyou County are double those for the state. A needs assessment conducted by First 5 Siskiyou identified needs in the following areas: child care, play spaces and programs for young children, parenting support, early intervention, transportation to services, health care in specific communities, and integrated services. To address these local needs and family isolation, First 5 Siskiyou funds a network of nine community and family resource centers that coordinate with other First 5 Siskiyou funded programs that provide services in the areas of early childhood mental health, home visitation, school readiness, dental health, Healthy Families insurance outreach, and child care quality improvement.

Primary Activities and Programs

Family resource centers (FRCs) increase capacity and services in isolated communities. During 2005-06, the "Network of Nine" FRCs provided coordinated services to 1,495 children ages 0-5 and 1,744 parents and guardians living in 20 communities. Services offered include resource and referral, early literacy, playgroups, child development, life skills and advocacy, Healthy Families insurance enrollment, and parenting classes. First 5 Siskiyou support is blended with funding from the Siskiyou County Child Abuse Prevention Council and multiple county agencies. During 2005-06, five FRCs successfully completed year-long sustainability projects, and all FRCs established business plans.

Early Mental Health Program helps identify and treat preschool behavior problems through provider and family supports. This program provides a spectrum of services, including training, education, and support to child care providers; classroom observation and family support for children in preschool and child care centers; access to an expert child play therapist to support providers dealing with children with challenging behaviors; home visitation to new

POPULATION	
Total births (2005)	470
0 to 5 population (2005)	2,456

ETHNICITY OF CHILDREN 0-5	
African-American	0.7%
Asian/Pacific Islander	0.9
Latino	15.1
Native American	3.8
White	73.6
Other	5.8

FISCAL	
Total Net Assets, July 1, 2005	**$909,216**
Committed Funds	648,188
Uncommitted Funds*	261,028
Total Revenues	**$612,129**
First 5 Monthly Disbursements	427,432
Other First 5 Funding (Including SMIF)	160,369
Non-First 5 Funding	4,171
Interest	20,157
Expenses	**$(767,648)**
Total Net Assets, June 30, 2006	**$753,697**
Committed Funds	758,707
Uncommitted Funds	(5,010)

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

moms; and emergency therapy. Trainings were attended by 47 early care and education providers from 20 agencies and programs, and all participants rated the trainings as being helpful or very helpful. Fourteen families referred from preschools and child care centers participated in parent-child interactive therapy sessions; 6 infants were referred to developmental services; and 15 families received emergency therapy. The New Mom Public Health Home Visitation Program reached 41 families, enhancing their access to a medical home.

School Readiness Initiative expands countywide with systems planning and direct services to families. In 2005-06, First 5 Siskiyou contracted with Siskiyou County Office of Education to coordinate program services and expand the initiative to include the communities of Scott Valley, Happy Camp, Yreka, the HUB Communities (Shasta Valley), Dunsmuir, and Mt. Shasta. Community planning activities progressed, including a meeting attended by Yreka kindergarten teachers, preschool teachers, and community members to identify key strategies to improve Evergreen Elementary School's readiness for children. FRCs received stipends for needs assessments and to purchase books and supplies. Direct services to families included the distribution of more than 3,600 children's books, the purchase of laptops to support in-home parenting education services and Healthy Families enrollment, the Mailbox Buddies literacy project, kindergarten transition activities, and transportation vouchers. In Butte Valley, 24 four-year-old children received 350 hours of literacy instruction, and 8 two-year-old children attended 700 hours of quality play time with parent participation. Professional development opportunities included training on the Early Language and Literacy Classroom Observation and training for Montessori staff on literacy, English learners, and mental health.

Promoting Equitable Access and Outcomes

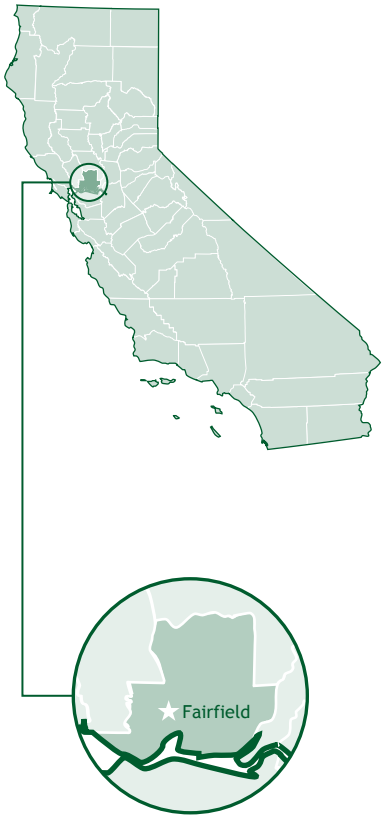
Underserved populations in Siskiyou County include Native American, Latino, and geographically isolated families. Native American residents comprise 3.8% of the county's total population, but they make up 7.8% of school enrollment. Karuk tribal members are native to the county's Klamath River area, where locals estimate they comprise nearly 50% of the population in Happy Camp. About 7.6% of the county's population is Latino, concentrated primarily in the Butte Valley agricultural area. First 5 Siskiyou's main strategy to address the needs of these populations more effectively is to bring coordinated services to families through community or family resource centers in nine "regions"; each region's center customizes its services to meet the needs of the families it serves through its geographic and cultural connections.

Program Highlights

Choices for Children/Yreka Family Resource Center engages and supports families with young children. Core services of this FRC include parenting education, a parenting lending library, child safety/car seats and helmets, life skills, resource and referral, drop-in availability, and peer-to-peer support groups (after completion of a class). Community-driven programs include the toddler playgroup, started by local Latino moms. Support from a local bank enabled the FRC to expand program activities, including Thursday Dinner in the Park, day care for children, and formal classes through adult education. These programs have been well received, with more than 3,000 services being delivered in the last 4 months of the 2005-06 fiscal year. Ford Family Foundation support will allow the program also to provide 306 weeks of parent education and trainings in four communities in the coming year.

Scott Valley Family Resource Center focuses on socialization needs for children and families in this "frontier" community. Prior to 2004, this program operated as a "virtual" family resource center, conducting activities at various locations. Families can now come to an established center to access resource and referral information accompanied by coordination of services with local, county, and state agencies. The FRC provides many programs for children ages 0-5 and their families, including weekly playgroup activities, Early Head Start, monthly story time and book giveaways, distribution of the Kit for New Parents, Healthy Families online application assistance, infant massage classes, the Mailbox Buddies program for children ages 2-5, family fun nights, parent education classes, free car seats and installation assistance, free helmets and bicycle safety education, and child abuse prevention training. More than 50 parents attended the FRC's first annual parenting conference.

Solano County



Solano County

Commission Priorities

The most pressing family needs identified in Solano County include improved access to prenatal care to reduce cultural/socioeconomic disparities in birth outcomes; early mental health screenings, assessments and treatment; health care enrollment and utilization; high-quality, affordable child care; services to promote children's early development and readiness for school; and neighborhood-based parent support and education, including home visiting.

First 5 Solano's overarching goal is to promote improvements in systems serving children prenatal to age 5. The County Commission's 2004 Strategic Plan describes three priority funding areas: (1) health and well-being, (2) early childhood learning and development, and (3) family support and education.

Primary Activities and Programs

First 5 Solano health programs increase access to prenatal care and health insurance. The Prenatal Services Initiative/Prenatal Care Collaborative coordinates services, increases public awareness, partners with health care providers, identifies barriers to care, and promotes positive birth outcomes. Programs offer case management, mentoring, education, family support, family planning, and help accessing health care and social services. During 2005-06, the rate of preterm birth for teens in the program (7.4%) was lower than state and national rates, as well as the Healthy People 2010 objective of 7.6%; more than 90% of teen and African-American mothers entered prenatal care in the first or second trimester; 90% of babies born to clients had a medical home; and 431 pregnant women were screened for alcohol, tobacco, and other drug use. The Solano Kids Insurance Program submitted health insurance applications for 939 children ages 0-5, contributing to achieving a rate of less than 3% uninsured children in the county.

School Readiness (SR) Initiative programs increase access to early learning experiences for young children. The Fairfield Unified School District (USD) SR program served 726 parents through 112 parent education classes, piloted a Pre-Kindergarten Academy for 24 children, and distributed 164 literacy packets to parents. The Loma Vista/Vallejo City USD served monolingual Spanish-speaking parents by linking them to parent education

POPULATION	
Total births (2005)	5,737
0 to 5 population (2005)	35,087

ETHNICITY OF CHILDREN 0-5	
African-American	15.2%
Asian/Pacific Islander	11.4
Latino	31.9
Native American	0.8
White	32.0
Other	8.7

FISCAL	
Total Net Assets, July 1, 2005	**$21,071,567**
Committed Funds	8,680,108
Uncommitted Funds*	12,391,459
Total Revenues	**$6,061,230**
First 5 Monthly Disbursements	5,044,207
Other First 5 Funding (Including SMIF)	247,111
Non-First 5 Funding	90,984
Interest	678,928
Expenses	**$(5,270,533)**
Total Net Assets, June 30, 2006	**$21,862,264**
Committed Funds	6,367,757
Uncommitted Funds	15,494,507

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

programs and other resources provided in Spanish. The Vacaville USD program served approximately 400 families through bilingual story hours, distribution of the Kit for New Parents, community resource and referral, and dental exams for children. The Dixon USD program conducted a summer Pre-Kindergarten Academy for 40 entering kindergartners, held a health and literacy fair attended by more than 100 families, and provided dental exams for 34 children ages 0-5.

Child care programs expand system capacity and improve quality. ABCD Constructing Connections created a streamlined process for the financing, construction, and development of child care facilities, increasing the availability of early care in Solano County, and provided technical assistance to more than 30 providers interested in expanding their services. First 5 Solano CARES distributed stipends to more than 180 providers. The county's rate of child care workforce turnover is about half the turnover rate of the workforce as a whole.

Integrated Family Support Initiative (IFSI) provides an umbrella of comprehensive support for children and families. The IFSI coordinated integrated services for at-risk populations through eight family resource centers (FRCs), the HEATHER House homeless shelter, Child Protective Services (CPS) home visitors, the Solano Parenting Partnership, and a public health nurse. The FRCs offered families information, referrals, and home visits. Sixty-two families at the Benicia FRC reported acquiring sufficient knowledge to improve family functioning, and 665 families at the Dixon FRC increased their knowledge of and access to community resources. Child Haven provided home visits and parenting education to nine geographically and linguistically isolated families, while HEATHER House provided basic needs and school readiness information to families of young children. Nearly half of the homeless families served remained in permanent housing for at least 90 days. The public health nurse and CPS social worker helped 200 children access health and other needed services, and 95% of the children were able to remain with their families.

Promoting Equitable Access and Outcomes

Underserved populations in Solano County include monolingual Spanish speakers, African-American families, teen parents, and geographically isolated families living in rural areas of the county. The School Readiness Initiative partners with FRCs in underserved areas, providing parent education and support in Spanish and English. The Prenatal Initiative expanded culturally competent prenatal care. About 87% of women served by the Solano Health and Social Services Black Infant Health Program carried their babies to full term, and more than three-quarters of women in the California Hispanic Commission's Latino Family Services attended at least 75% of their scheduled appointments. The Role of Men program was launched to educate African-American fathers, serving 42 men. The Integrated Family Support Initiative programs served 30 isolated families, increasing their knowledge and parenting skills.

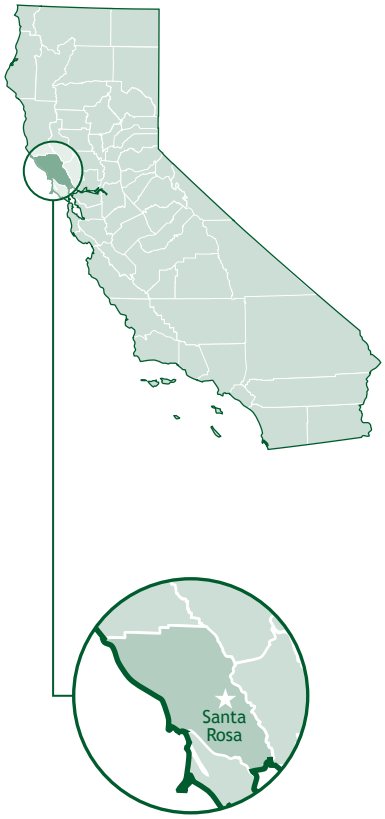
Program Highlights

Healthy Kids Solano provides health insurance options for uninsured children. Between 4,000 and 5,000 uninsured children live in Solano County. Healthy Kids is modeled after the state's Healthy Families program, designed to provide comprehensive health, dental, and vision insurance for children. Healthy Kids members also have access to a variety of health education opportunities, preventive health care services, and assistance navigating the health care system. Because a majority of families are monolingual Spanish speakers, all health access specialists are bilingual, and most are bicultural. There are currently 1,000 children enrolled in the Healthy Kids Solano program, and all now have a medical and dental home. In 33 schools across the county, at least 96% of children and their younger siblings have health insurance.

BabyFirst Solano targets historically underserved populations to increase access to prenatal care. Focusing on pregnant and parenting teens, African-American women, and women with substance abuse problems, the BabyFirst Solano partnership provides a range of services to promote positive birth outcomes. Collaboration among the partner agencies has improved service referrals and decreased duplication of referrals and services. The program provides participating women and their families with comprehensive case management services, including home visiting, workshops, and referral information. Nearly three-quarters of pregnant mothers receiving BabyFirst services entered prenatal care in the first trimester. Additionally, more than 93% of African-American infants were carried to full term and/or weighed more than 5.5 pounds. Almost all infants born to teenage mothers were connected to health insurance and a medical provider.

This profile was prepared by SRI International.

Sonoma County



Sonoma County

Commission Priorities

Sonoma County, located 50 miles north of San Francisco, is an expensive county in which to raise a family. The overall cost of living is far above the state average, and the cost of child care is among the highest in the state. One in four children live in a family making significantly less than the state median family income, and there is a sizable gap between this figure and the estimated income these families require to meet basic needs. Geographic challenges also exist in meeting the needs of all children and families: although two-thirds of the population live in one of the county's nine incorporated cities, residents are dispersed across wide regions.

Cultural and linguistic barriers also present challenges in meeting the needs of children and families, particularly for the Latino community, the fastest-growing segment of the population. Hispanic children are disproportionately represented among those with a number of socioeconomic and health risk factors and in terms of low educational outcomes.

In this context, the Sonoma County Children and Families Commission strategic plan has identified several key areas of need in the county. These include the need for engagement of the entire community in the healthy development of children; children to have access to health care; families to have access to high-quality, affordable child care; parents to have a greater understanding of the developmental and health needs of children and the demands of pregnancy and parenting in order to create safe and nurturing environments for their children; families to have access to the resources that enable children to develop optimally and begin kindergarten at readiness level; and investments to make a positive and significant impact in the community.

To address these needs, First 5 Sonoma County focused funding in the following areas during fiscal year 2005-06:

- Home visiting services for parents of all first-born newborns.
- Parenting education and family literacy.
- Case management for homeless families and those at high risk of child abuse/neglect.

POPULATION	
Total births (2005)	5,613
0 to 5 population (2005)	33,472

ETHNICITY OF CHILDREN 0-5	
African-American	1.3%
Asian/Pacific Islander	3.6
Latino	35.5
Native American	1.0
White	32.0
Other	8.7

FISCAL	
Total Net Assets, July 1, 2005	**$24,650,060**
Committed Funds	24,650,060
Uncommitted Funds	0
Total Revenues	**$6,187,248**
First 5 Monthly Disbursements	5,065,883
Other First 5 Funding (Including SMIF)	197,596
Non-First 5 Funding	12,191
Interest	911,578
Expenses	**$(3,792,127)**
Total Net Assets, June 30, 2006	**$27,045,182**
Committed Funds	27,045,182
Uncommitted Funds	0

- School Readiness Initiative.
- Universal screening and assessment for disabilities and other special needs in the school readiness area.
- Expanded access to affordable child care, improvement of child care facilities, and support services for child care providers.
- Professional development incentives for child care providers.
- Direct consultation to child care providers on behavioral and temperament.
- Provision of health insurance for uninsured children not eligible for existing insurance coverage programs.

Primary Activities and Programs

Case management programs promote safe parenting practices and economic self-sufficiency among homeless families and those at risk of child abuse and neglect. First 5 Sonoma County funded the Sonoma County Human Services Department to implement the Differential Response case management program for families at high risk of child abuse. The Differential Response program provides case management services to parents and caregivers who have been referred by the Human Services Department Family, Youth and Children's Services Division. These families come to the attention of the department because of allegations of child abuse or neglect, but their situations do not rise to the level of risk to warrant an in-person investigation by Child Protective Services. After conducting a safety and needs assessment with families, case managers develop a strengths-based service plan that links each family to appropriate community-based services. The Committee on the Shelterless (COTS) received funding to provide case management services to homeless families with infants and toddlers. These include offering parenting education and support services, assessments to determine families' needs for additional services, and referrals to appropriate community resources.

School Readiness (SR) Initiative continues to prepare children and families for kindergarten. The SR Initiative serves children and families in the attendance neighborhoods of seven underperforming schools in three school districts. The SR Initiative consists of three main components: family advocates; a Kindergarten Transition Program; and health, dental, and vision screenings and services. Family advocates conduct home visits to provide families with educational activities that parents can do with their children; information on nutrition, health, and community services; access to developmental screenings; preschool enrollment assistance; and book bags and school supplies for entering kindergartners. In 2005-06, family advocates enrolled more than 125 parents of children with no preschool experience in the 20-day Kindergarten Transition Program to foster school readiness. An evaluation of the Kindergarten Transition Program found that participants experienced positive improvements in both academic and social skills. In addition, four SR program sites implemented a four-session workshop for parents on literacy, health and nutrition, discipline and behavior, and school preparation. All SR program participants received health, dental, and vision screenings, which helped to identify needs early and resulted in early intervention.

First 5 Sonoma County programs expand access to high-quality early care and education. During fiscal year 2005-06, First 5 Sonoma County funded a wide range of efforts to improve the availability of high-quality early care and education (ECE) programs. These included technical assistance from the Community Child Care Council and the Early Learning Institute to ECE providers throughout the seven regions of the county as part of the Regional Child Care Initiative (RCCI). Technical assistance included support for implementing program quality assessments, developing Quality Improvement Plans, applying for incentives and monetary assistance for implementing facility and program improvements, conducting observations and modeling child care techniques, and identifying and providing services to children with disabilities and other special needs. First 5 Sonoma County also funded projects to support the development of new—and the improvement of existing—child care facilities and to help 675 low-income parents access existing programs. Finally, the Commission also awarded mini-grants, averaging more than $2,200 each, to 61 family and center-based child care programs to improve their programming and child care environments.

Children's Health Initiative (CHI) provides health insurance for children not eligible for existing plans. First 5 Sonoma County has dedicated $550,000 a year over 5 years to fund outreach, enrollment, utilization and retention, and health premium costs to reduce the number of uninsured children in the county. In 2005-06, the County Commission received matching funds for its CHI activities from First 5 California under the Health Access for All Program. The CHI was designed to use existing public and private insurance options available to low-income children, including Healthy Kids coverage for children ages 0-5 who are not eligible for Medi-Cal or Healthy Families. Beginning in January 2006, children were enrolled through a single portal into a continuum of options based on eligibility (i.e., age, family income, immigration status). CHI staff helped link families with the most appropriate source of coverage. Funding resulted in the establishment of a Children's Health Initiative Fund within the Community Foundation Sonoma County and helped to leverage other funding commitments. In 2005-06, CHI enrolled 230 children ages 0-5 in health insurance programs.

Promoting Equitable Access and Outcomes

Historically underserved communities in the county include monolingual Latinos and their families, and families with children who have disabilities and other special needs, including children with behavioral and mental health needs. To address cultural and linguistic issues, First 5 Sonoma County has established cultural competence of providers as a priority consideration in the review of funding applications. All funded programs are encouraged to use bilingual, bicultural staff where appropriate. For example, home visits offered by the Families First home visiting program are provided by staff who can speak the language and serve the geographic area of the new parents. The Commission also is working to identify and disseminate best practices for serving English learners in child care and other school readiness programs. To promote earlier identification and services for children with disabilities and other special needs, the Watch Me Grow program successfully screened more than 350 children in its first year and has brought together a wide range of community partners to conduct community outreach, provide screening and assessments, and provide appropriate inclusion and other services for children and families identified as needing those supports. To help ECE providers work effectively with children with behavioral and temperament in their care, the Commission funds the Behavioral Consultation Project to provide no-cost consultation.

Program Highlights

The Families First home visiting program (FFHV) supports new parents. First 5 Sonoma County provides support to all new parents via a universal home visiting program. FFHV, operated by the Sonoma County Department of Health Services Public Health Division, aims to promote parent-child interactions that support optimal development, increase parent knowledge of community resources, decrease parental isolation, increase knowledge of health and safety issues, and create links to early intervention services as needed. FFHV coordinates a three-part series of home visits provided by 11 partner agencies to parents of all first-born newborns in the county. The first home visit happens during the first 6 weeks after the birth of the child, another occurs at approximately 6 months, and the third occurs before the child's first birthday. While in the home, a caring service provider offers encouragement and support, answers questions, provides information on child development and available services, and helps families understand how to access services they may want or need. Families also receive gift bags, which include useful small items for new parents, such as safety plugs, T-shirts, and children's books. During fiscal year 2005-06, FFHV received 1,758 referrals of families from hospitals and birthing centers, representing 81.3% of all births in the county. FFHV service providers conducted 3,499 home visits, serving 2,254 families. Eighty-five percent of families receiving a first visit also received a second, and 83% of those receiving a second visit opted to receive a third.

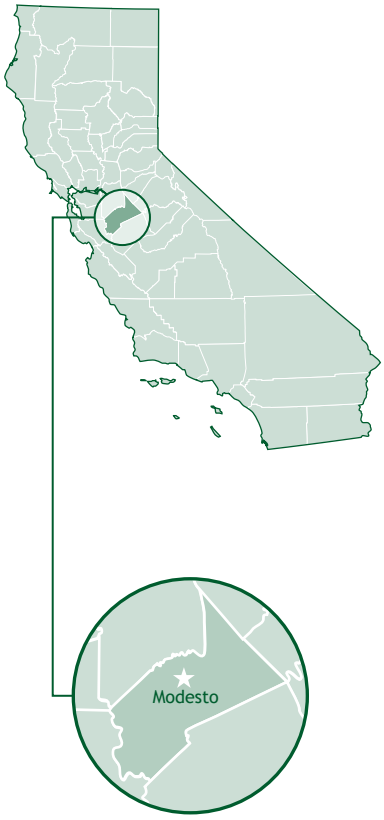
The Behavioral Consultation Project builds the capacity of child care providers to serve children with behavioral and temperament. Behavioral issues that ultimately affect a child's social and academic development generally become apparent during the preschool years and often reflect family stresses or developmental delays. Child care professionals, having close and early contact with families, are frequently the first to become aware of these emerging issues. Children demonstrating emotional or behavioral problems commonly are shuttled from one child care provider to another, compounding the problem. Providers need support in managing challenging child behaviors and in meeting families' mental health needs effectively. California Parenting Institute's Behavioral Consultation Project provides on-site consultation in both English and Spanish to child care providers dealing with the behavioral and temperamental issues of children in their care. A support team consisting of an early childhood specialist and a mental health clinician observes the child in the child care setting, meets with providers and parents, and recommends interaction strategies and/or program or environment modifications to help alleviate problem behaviors. Providers receive help identifying specific behaviors and strategies for working most effectively with children and their parents. Mental health professionals also offer real-time coaching support by observing the provider's interactions with the child and giving directions to the provider through an earpiece. In fiscal year 2005-06, support teams provided case consultations at 700 site visits to more than 100 family and center-based child care providers, representing more than 20% of all child care

providers in the county. Participating child care providers increased their knowledge and use of specific strategies and program and environment modifications, improving their ability to serve children with challenging behaviors and mental health issues. Observations revealed positive changes in teacher-child interactions, and the majority of teachers were observed implementing new strategies in dealing with the challenges presented.

Sonoma County CARES supports the professional development of early care and education providers. First 5 Sonoma County provided funding to the Child Care Planning Council of Sonoma County to implement the Comprehensive Approaches to Raising Educational Standards (CARES) program, providing professional development incentives and support for child care providers. Sonoma CARES employed a CARES Advisor to meet with each applicant to establish a professional development plan. The Advisor provided individualized professional development advice and coaching support to all program participants. An innovative component of Sonoma CARES was the development of a program at Santa Rosa Junior College's Child Development Department to provide additional individualized support for Spanish-speaking students who had completed requirements for a Child Development Associate Teacher Permit. The goal was to support these students in earning a Child Development Teacher Permit and ultimately an Associate of Arts degree in child development. Through CARES, more than 150 family and center-based child care providers received stipends, averaging almost $700 each, to attain early childhood education units and advance on the professional development ECE matrix.

A Star Is Born promotes parenting skills and early literacy. First 5 Sonoma County funded the California Parenting Institute to implement A Star Is Born parenting education classes and the Loving Books Together family literacy project. More than 600 parents and caregivers participated in parenting classes during 2005-06, 33% of whom had Spanish as their primary language. The Loving Books Together project reached more than 100 families with its off-site literacy components: Reach Out and Read (at community clinics and hospitals), Raising A Reader (at Head Start sites), and Literacy Fiestas. An evaluation survey of program participants found that more than 90% of parents/caregivers reported increased knowledge of their children's developmental stages and more than 90% reported learning at least one new parenting skill that they would use at home as a result of their participation in the program.

Stanislaus County



Stanislaus County

Commission Priorities

The Stanislaus County Children and Families Commission identified six major issues facing children and families in the county: child care and child development, transportation, economic development, after-school activities and recreation programs, housing and infrastructure, and health and health care. The County Commission addresses these needs by focusing on (1) school readiness, (2) health, (3) safety, (4) high-quality child care, and (5) emotionally supportive environments for children. By aligning funding strategies with these priorities, the County Commission works to improve systems of care for children and families. The County Commission also developed five guiding principles to help achieve these priorities: (1) measurable and accountable results, (2) cultural proficiency, (3) focus on prevention, (4) integration of service delivery, and (5) communitywide access.

Primary Activities and Programs

Children receive needed services through school readiness programs. Together with 5 districts and 13 schools, Stanislaus school readiness programs provide a comprehensive set of services to improve children's ability to succeed in school. Services include early education programs and intervention services; vision, dental, health, and behavioral screenings; parent education programs; kindergarten transition activities; resource and referral services; parent-child interaction programs; kindergarten enrichment activities; and book lending libraries. The County Commission also funds the Traveling Tales program, which improves children's early literacy by training child care providers as storytellers and distributing "story kits" at local libraries.

First 5 programs promote children's safety. The Children's Crisis Center focuses on prevention and treatment of child abuse, serving 285 children during fiscal year 2005-06. To keep children out of the foster care system, Families in Partnership provided assessments, comprehensive case plans, and referrals for 686 families with children at high risk for abuse and neglect. The SAFE Court program assisted 13 families, including 29 children ages 0-5, to establish safe homes and to develop appropriate parenting skills so they could reunify with children previously placed out of the home. The On the Safe Side Program increased bicycle/pedestrian safety knowledge and awareness by conducting

POPULATION	
Total births (2005)	8,445
0 to 5 population (2005)	46,870

ETHNICITY OF CHILDREN 0-5	
African-American	2.7%
Asian/Pacific Islander	4.1
Latino	50.5
Native American	0.8
White	37.8
Other	4.1

FISCAL	
Total Net Assets, July 1, 2005	**$23,422,315**
Committed Funds	19,207,426
Uncommitted Funds*	4,214,889
Total Revenues	**$8,529,642**
First 5 Monthly Disbursements	6,955,074
Other First 5 Funding (Including SMIF)	392,283
Non-First 5 Funding	339,413
Interest	842,872
Expenses	**$(10,095,584)**
Total Net Assets, June 30, 2006	**$21,856,373**
Committed Funds	18,979,611
Uncommitted Funds	2,876,762

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

138 robotic car demonstrations for more than 6,000 children, distributing 1,343 child helmets, and offering numerous bicycle and community safety presentations. The Keep Baby Safe program conducted 63 car seat safety trainings with providers serving children ages 0-5 and distributed 491 car seats to low-income families.

First 5 programs increase access to health care services for children and expectant mothers. During fiscal year 2005-06, the Healthy Cubs program provided primary medical visits to 6,475 expectant mothers and uninsured children ages 0-5. The program also assisted more than 1,500 children to enroll in more comprehensive health coverage programs, including Medi-Cal and Healthy Families. The Stanislaus County Office of Education's Healthy Start Support program provides technical assistance to 10 Healthy Start sites in the county. Sites receive training, budgeting assistance, and monetary support. During fiscal year 2005-06, Stanislaus County was one of six California counties to participate in Healthy Start's Rural Access Demonstration Project. As part of this project, a mobile dental van provided services to 1,460 children. The MOMobile (Medical Outreach Mobile) program provided basic health care services, including physical exams, immunizations, health education, and follow-up services, to 1,152 children ages 0-5 at four school-based sites. The County Commission also funded the Breastfeeding Promotion Coalition, Regional Immunization Data Exchange, and Infant Mortality Study projects to promote the health of young children in the county.

First 5 programs help parents provide emotionally supportive environments for children. The Specialized Early Childcare Consultation Program provides clinic, home, and community based therapeutic interventions to improve parent-child relationships and children's social-emotional functioning. During fiscal year 2005-06, the program provided parent education and support, child care consultation, counseling, home visiting, and care management services to nearly 1,500 families. Laura's House, a parent-child interaction program for children ages 0-5 whose mothers are in recovery from drug and alcohol addictions, served 38 women and 47 children through residential services and 19 children during weekend and afternoon visits. The County Commission also funded five family resource centers to provide comprehensive services to help parents create safe and supportive environments for their children.

Promoting Equitable Access and Outcomes

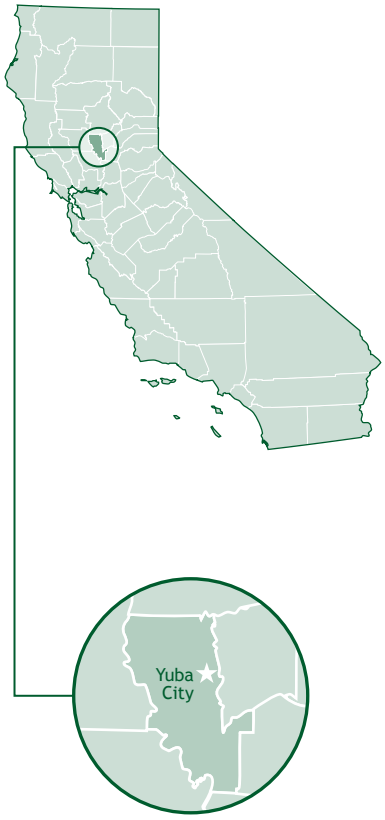
Parents struggling with substance abuse, mental illness, poverty, homelessness, and family violence are the most vulnerable populations in Stanislaus County. Transportation difficulties and insufficient access to health care and other services affect many county residents, particularly non-English-speaking Latino families. To serve these populations, the County Commission focuses funding on programs serving high-need areas, areas with high safety risk, and geographically isolated areas, as well as Latino communities and fathers. Access to services has improved through outreach efforts, interagency collaboration, the provision of transportation assistance, early intervention services, mobile health clinics, family resource centers, and the use of culturally and linguistically appropriate staff.

Program Highlights

Project GROW prepares children to enter school ready to learn and succeed. Project GROW serves families with young children who live in the Wakefield and Osborn Elementary School attendance areas, and is implemented by the Turlock Unified School District. Project GROW provides a 6-week, half-day preschool program for children ages 3-4 and their parents. Preschool teachers conduct weekly home visits to help families apply early learning and school readiness skills learned in the classroom at home. The project also operates a lending library, including activity backpacks with age-appropriate reading materials and activities. Finally, Project GROW sponsors Daddy and Me events, in which fathers and their children engage in interactive early education and development activities, strengthening fathers' abilities to support their children's development and be positive role models.

The Healthy Birth Outcomes program improves birth and child health outcomes. The Stanislaus County Health Services Agency's Healthy Birth Outcomes (HBO) program supports expectant mothers who are experiencing any one or a combination of emotional distress, domestic violence, substance abuse, medical problems, or mental health issues. Case management, support groups, home visiting, and resource and referral services are offered to expectant mothers during pregnancy and up to 1 year following childbirth. During fiscal year 2005-06, the HBO program conducted 1,605 home visits, 293 support group sessions, and 6 community educational sessions to improve birth and child outcomes.

Sutter County



Sutter County

Commission Priorities

The Sutter County Children and Families Commission (SCCFC) conducted an extensive review of needs assessments and service data for children ages 0-5 and their families, surveyed stakeholders in School Readiness communities, and developed a community resource matrix of existing county services. Using this information, SCCFC developed a strategic plan to address four focus areas: (1) Parent Education and Support Services, (2) Early Childhood Care and Development, (3) Healthy Children, and (4) Integrated Services for Families and Children.

Primary Activities and Programs

SCCFC promotes children's school readiness by providing early educational experiences and family support. In fiscal year 2005-06, the Smart Start pre-kindergarten program taught school readiness skills to 181 children with limited or no preschool experience at seven schools. Parent liaisons link families with needed health and dental services so that children will begin kindergarten healthy and ready to learn. Each Smart Start site has Spanish- and Punjabi-speaking staff. Nearly two-thirds (63%) of Smart Start children's parents attended parent workshops. Assessments for Smart Start participants before and after preschool revealed statistically significant improvement in all areas that were tested. The School Readiness (SR) Program provides school readiness and family support services at Family Centers in three elementary schools. The SR Program directly served 709 children and 629 parents and offered developmentally appropriate learning activities to strengthen children's early literacy skills, parent-child activities, pre-kindergarten services and resources, referrals to community services, lending libraries, and parent education. SR coordinators distributed 792 kindergarten and pre-kindergarten backpacks and provided 218 referrals and assistance to 122 families.

Comprehensive health care initiatives increase access to medical, dental, and behavioral services. The Initiative on Child Health provided 2,330 free immunizations to 633 children; 41% had no insurance at the time of service, and 11% of parents reported that the immunizations would not have been possible without the free program. The Bright Futures Program provided health

POPULATION	
Total births (2005)	1,484
0 to 5 population (2005)	7,556

ETHNICITY OF CHILDREN 0-5	
African-American	2.1%
Asian/Pacific Islander	14.4
Latino	37.4
Native American	1.7
White	40.8
Other	3.7

FISCAL	
Total Net Assets, July 1, 2005	**$5,011,064**
Committed Funds	3,001,754
Uncommitted Funds*	2,009,310
Total Revenues	**$1,529,611**
First 5 Monthly Disbursements	1,172,182
Other First 5 Funding (Including SMIF)	170,524
Non-First 5 Funding	7,224
Interest	179,681
Expenses	**$(1,088,101)**
Total Net Assets, June 30, 2006	**$5,452,575**
Committed Funds	4,675,042
Uncommitted Funds	777,533

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

and developmental screenings and facilitated referrals. Sutter County Smiles mobile dental clinic provided dental screenings, cleanings, restorative treatments, and dental health education services to 700 children, and 61% of their parents stated that their children would not have received dental care this year without the dental van. The Child Development Initiative (CDI) funds a child development behavioral specialist, who provides screening and intervention for children with behavior problems. In fiscal year 2005-06, 91 children received CDI services, and 93% completed at least a portion of their treatment plan goals, with demonstrated improvements in behavior. The CDI provided 12 parent workshops, attended by 310 parents; 75% of attendees stated that the workshops were "very helpful."

Family SOUP Special Needs Project supports children with disabilities and other special needs and their families. Family SOUP provides case management, individual and family counseling, facilitated referrals, parent education and training, and parent liaison and support services to families of children with disabilities and other special needs. The program provided case management services to 68 families and additional services to another 44 families; 86% of families given referrals accessed services. Services and materials are available in Spanish and Punjabi. Positive impacts of Family SOUP include increased parental participation in individualized planning meetings, increased knowledge of service availability and eligibility requirements, and increased functional skills of the children. The services also improve child health through increased access to medical services. Parents reported greater understanding of their children's needs, more confidence, and less stress.

Promoting Equitable Access and Outcomes

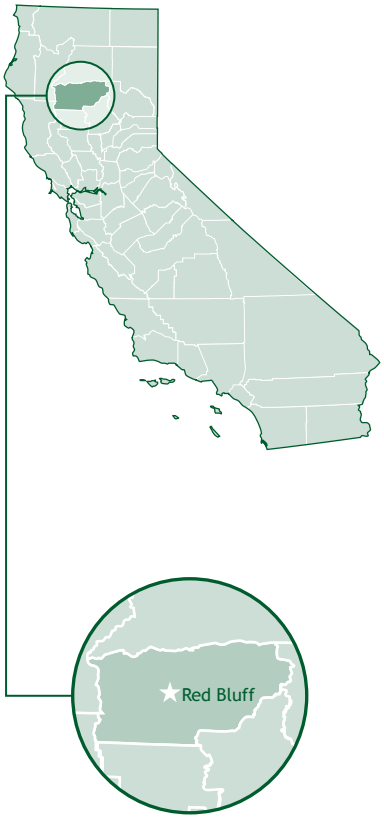
Communities in Sutter County that historically have been underserved are geographically isolated families, migrant farmworkers, and the "working poor." SCCFC overcomes some of these barriers by conducting the Bright Futures Program quarterly in isolated areas. Families receive services through community events such as Health Fairs; Community Day at the Mall; Public Health Week; Women, Infants, and Children (WIC) meetings; and Family Literacy events at the schools. Information is disseminated at a variety of public locations, and materials are provided in families' primary languages, including Spanish and Punjabi. These strategies are increasing participation of previously underserved populations. Currently, SCCFC is working with an independent evaluator to determine the extent to which children and families are accessing multiple First 5 services.

Program Highlights

Bright Futures Program provides health and developmental screenings and referrals. Bright Futures provides children and families access to free health and developmental screenings, preventive health services, referrals to community agencies, and parenting education, information, and support. The goals are to (1) screen children to identify developmental delays, disabilities, or medical problems, and (2) connect children and their families with appropriate early intervention and education services. During fiscal year 2005-06, Bright Futures screened 400 children and made 360 referrals for 249 children; 73% of these referrals resulted in the receipt of additional services by the children and families. Parents rated the screening service as helpful, with 96% reporting that they learned something new about their children. For its innovation and service, Bright Futures won an Acts of Caring Award from the National Association of Counties in April 2005.

Sutter County Smiles Mobile Dental Clinic increases access to oral health care. This mobile dental clinic is a unique collaboration between SCCFC (which purchased the dental van), a local school district (which provides a bilingual parent liaison, administrative support, and a driver), and a nonprofit clinic (which employs the dentist and dental hygienist). The program provides dental screenings and restorative care for children at school sites, expands access to preventive oral health and treatment services for young children, and assists families in applying for health insurance. Teachers report that children improve performance in class and on tests after receiving needed dental work. The provision of on-site services also results in reducing school absences, eliminating transportation barriers, and reducing parents' time away from their jobs. Sutter County Smiles won a National Association of Counties 2006 Counties Care for Kids Award and a California State Association of Counties 2006 Challenge Award.

Tehama County



Tehama County

Commission Priorities

Because of the rural nature and vast geography of Tehama County, children and families face significant service barriers and socioeconomic challenges. Factors that affect the well-being of the community include lack of health insurance and specialized medical providers, inadequate transportation, and a lack of child care providers and facilities, especially for children with disabilities and other special needs. Poverty and unemployment are problems, especially for seasonal migrant workers, as well as language and cultural barriers.

In 2005-06, the Tehama County Children and Families Commission (First 5 Tehama) targeted the School Readiness Initiative and Comprehensive Approaches to Raising Educational Standards (CARES) as funding priorities. First 5 Tehama also targeted the following strategies: (1) improved family functioning: strong families; (2) improved child development: children learning and ready for school; (3) improved child health: healthy children; and (4) improved integrated services: systems of care.

Primary Activities and Programs

School Readiness Program increases children's access to health services and family support. Housed at the First Steps Family Resource Center, the Gerber/Los Molinos School Readiness (SR) Program provides home- and school-based services, transportation, outreach to families, and programs or links to services that are of direct benefit to the community. The program offers kindergarten transition programs; health insurance application assistance; comprehensive family support services, such as the Parents as Teachers home visiting program; weekly school-based early childhood education activities such as Mommy, Daddy and Me; and assistance with accessing vaccinations, well-baby checkups, and mental health assessments. The program also works with schools to increase their capacity to prepare children and families for school success. Seventy-six children and 59 parents were served in 2005-06. The SR Coordinator also participated in four community collaborations to increase continuity of care between multiple agencies in the county.

POPULATION	
Total births (2005)	872
0 to 5 population (2005)	4,221

ETHNICITY OF CHILDREN 0-5	
African-American	0.5%
Asian/Pacific Islander	0.4
Latino	30.7
Native American	1.2
White	63.3
Other	3.8

FISCAL	
Total Net Assets, July 1, 2005	**$2,568,273**
Committed Funds	1,959,050
Uncommitted Funds*	609,223
Total Revenues	**$939,290**
First 5 Monthly Disbursements	657,186
Other First 5 Funding (Including SMIF)	205,145
Non-First 5 Funding	0
Interest	76,959
Expenses	**$(1,088,293)**
Total Net Assets, June 30, 2006	**$2,419,270**
Committed Funds	2,147,552
Uncommitted Funds	271,718

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

CARES program increases professional growth training and pursuit of licensing and permits among early care and education providers. In 2005-06, the program awarded $24,971 in stipends for continued professional development to 34 providers, including 8 Head Start staff; 15 family child care providers; 4 Family, Friend, and Neighbor (FFN) caregivers; and 6 providers specializing in disabilities and other special needs. In addition to stipends, the program offered technical assistance, career counseling, application assistance for Child Development Permits and licensure, traditional and online Early Childhood Education (ECE) classes, and Spanish translation. Child Care Referral and Education (CCRE) offered training opportunities through the California Child Care Initiative Project (CCIP). UC Davis trainings, offered through CCIP, Shasta College, and CAL-NET, granted ECE units to CARES participants.

Family, Friend, and Neighbor Caregiver Outreach Program promotes high-quality child care environments for young children. This program provides outreach, training, and support for FFN child caregivers, including Spanish speakers. Activities include workshops and training on child development, an incentive program to promote attendance at educational and health and safety trainings, assistance with obtaining licenses, and linkages to community resources. In 2005-06, the program served 88 providers. Four FFN caregivers applied for and received child care provider licenses. Participants reported increased knowledge about child development, developmentally appropriate activities, and ways to promote school readiness.

Bicultural support for pregnant women is now available. Approximately 220 women participated in childbirth preparation classes funded by First 5 Tehama. Prior to this program, there were no perinatal education classes in Spanish and only one childbirth class in English. The program also provides postpartum services, including baby basics, breastfeeding support, and referrals.

Promoting Equitable Access and Outcomes

Spanish speakers and geographically isolated families are historically underserved populations in Tehama County. First 5 Tehama's strategic plan mandates that each project funded includes four principles: (1) serve ethnically, culturally, and linguistically diverse children and families and children with disabilities and other special needs and their families; (2) address the needs of geographically and socially isolated communities; (3) target traditionally underserved/high-need populations; and (4) streamline access and remove barriers to promote access. Programs have addressed these principles by hiring and training bilingual/bicultural staff, establishing contracts with Home Help for Hispanic Mothers for School Readiness participants, holding ESL classes at neighborhood sites, providing translation services and written materials in both English and Spanish, offering programs in rural areas or providing transportation, and offering home-based services.

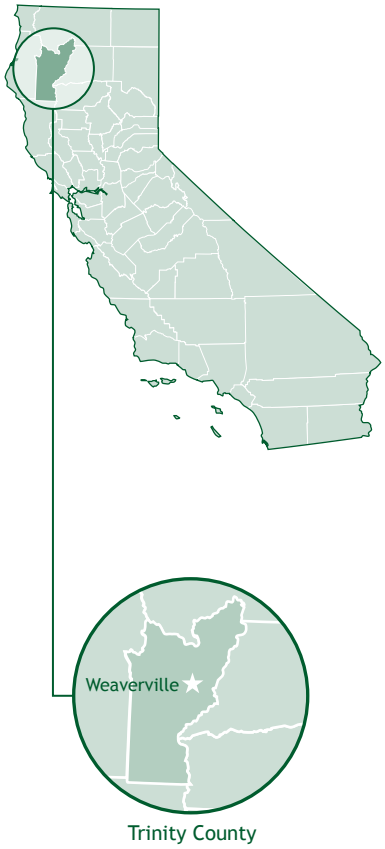
Program Highlights

Genesis Project improves family functioning through holistic services and parent and child therapy. New Directions to Hope, a local nonprofit organization, implemented the Genesis Project, which offers specialized therapeutic services to parents of children ages 0-5. The project has three components: (1) in-home therapeutic support services, (2) office- and school-based therapeutic and educational services, and (3) community outreach and education of professionals. In 2005-06, 50 children and 42 parents received comprehensive services. Nearly one-fourth of these clients were Latino and worked with a bilingual therapist. Outcomes included improved mental health of parents, increased access to community resources, and increased training of mental health professionals. In a survey, 73% of parents strongly agreed that they learned new skills and received useful suggestions and referrals.

Family Start increases children's access to health services and family support. This bilingual English/Spanish home visiting program serves pregnant women and families with children ages 0-5. The program ensures that children are current with recommended immunizations and well-child checkups, connects families with regular medical homes, provides parenting and early childhood education, conducts developmental screenings, and makes referrals to community programs. In 2005-06, 45 children and 37 parents received home visits and 27 fathers participated in the DADS Program, a 16-week program for substance abuse treatment, parenting education, and parent support. At the 6-month follow-up, 95% of children in Family Start programs were up-to-date with well-child care and had health insurance, and 90% had regular sources of medical care and dental insurance.

This profile was prepared by SRI International.

Trinity County



Trinity County

Commission Priorities

Located in the far northern region of California, Trinity is classified as a "frontier county." For the residents who live here, the mountainous terrain and harsh weather conditions often cause barriers to needed services. Trinity also is one of the poorest counties in California when ranked by household income. Poverty, geographic isolation, and limited services make it difficult for families to promote the health and well-being of young children.

To meet the needs of children and families, First 5 Trinity revised its strategic plan in September 2005. The County Commission outlined four major goals: (1) every birth is a healthy birth, (2) every child is a healthy child, (3) every child will be ready to learn, and (4) the County Commission will promote a system that is consumer oriented and easily accessible. Funding strategies revolve around these four goals, and the County Commission requires all grantees to focus on at least one goal of the strategic plan. During fiscal year 2005-06, the County Commission awarded 13 competitive grants, funded 7 School Readiness Program preschool sites, and participated in the CARES program.

Primary Activities and Programs

Welcome Baby Home Visiting Program supports early childhood health and positive parenting. The Home Visiting Program, offered to all families with newborns, strengthens families by increasing access to parent support and education. By promoting positive parenting skills, home visitors lay the foundation for children to grow up healthy and ready for school. During fiscal year 2005-06, the Home Visiting Program served 46 children and provided 199 home visits. The program also involves children and families in conflict resolution activities offered at local preschools.

The Children's Garden program enhances child health through interactive experiences and nutrition information. This program sponsors garden activities in local communities. The program aims to strengthen families by providing young children and their families with interactive experiences, health and nutrition information, and fresh fruits and vegetables. Children and families participate in hands-on gardening experiences that are coordinated

POPULATION	
Total births (2005)	120
0 to 5 population (2005)	673

ETHNICITY OF CHILDREN 0-5	
African-American	0.0%
Asian/Pacific Islander	0.0
Latino	9.5
Native American	3.7
White	75.9
Other	10.8

FISCAL	
Total Net Assets, July 1, 2005	**$287,739**
Committed Funds	263,948
Uncommitted Funds	23,791
Total Revenues	**$429,657**
First 5 Monthly Disbursements	91,036
Other First 5 Funding (Including SMIF)	326,958
Non-First 5 Funding	1,894
Interest	9,769
Expenses	**$(472,978)**
Total Net Assets, June 30, 2006	**$244,418**
Committed Funds	244,581
Uncommitted Funds	(163)

with opportunities for structured learning. After participating in the program, many families started their own gardens. During 2005-06, 97 children and their families participated in the program.

Hayfork Pool provides a very successful water safety program for children ages 4 months to pre-kindergarten. The mission of the program is to provide water safety education for Hayfork and its surrounding areas. Because of the area's lakes, rivers, and streams, it is very important for children in Trinity County to learn water safety. The program served 72 children, with a total of 578 service contacts. In addition, 44 parents participated with their children in the water safety program. By the end of the program, the children were able to increase their swimming skills and their knowledge of what to do in an emergency, and to decrease their anxiety and fear of water.

Promoting Equitable Access and Outcomes

Geographically isolated families historically have been the most underserved in Trinity County. The County Commission encourages grantees to reach these families by requiring organizations to collaborate on outreach efforts. One underserved group is Native American families, who make up 4% of the county's total population and up to 20% of the enrollment in rural schools. To better serve this population, First 5 Trinity located one of its School Readiness Program preschools on Native American land.

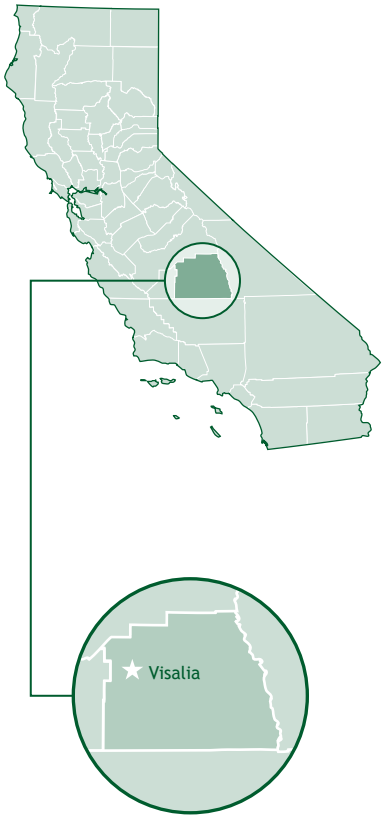
Program Highlights

Improving Neonatal Pediatric Emergency Care Program provides specialized pediatric equipment and techniques to promote positive health outcomes. This program is based in the emergency room of Mountain Community Medical Services Trinity Hospital, a nonprofit, rural hospital. First 5 funding provided lifesaving pediatric specialty equipment that the hospital's neonatal care program previously lacked. These purchases included Broselow Kits, which have five child-size endotrachial tubes and provide IV access and airway management protection, as well as the ability to monitor blood pressure, oxygen saturation, and heart rate in one unit. The hospital also now has specialized monitoring equipment for newborns, infants, and children, and a Quick-Temp thermometer. As a result of having this specialized equipment, hospital staff can use child-specific life and limb saving techniques during emergency situations.

Trinity County School Readiness Program. Trinity County's School Readiness (SR) Program provides school readiness activities for children and access to needed resources for families. In 2005-06, the program added a seventh SR site. Each site offers three 12-week sessions that meet two to three times a week. SR programs include a curriculum and developmentally appropriate activities that prepare children for kindergarten, as well as health screenings and daily nutritious meals. The Kindergarten Backpack project supplies children with books, paper, crayons, pencils, and other items to encourage practicing pre-literacy activities at home. Resources for families include health and safety education, infant CPR/First Aid training, communication with local schools, kindergarten orientations, and family literacy events. Monthly parent book clubs create opportunities for families to connect, alleviating some of the geographic isolation they experience. The SR Program reaches historically underserved families in several ways. One site serves the community surrounding the Burnt Ranch Indian Hall; others provide books in English and Spanish. For families living in some geographically remote locations, transportation is provided.

Continued Teaching of the 6 Pillars...Character Really Does Count! Program teaches good character to preschoolers. This program, housed in the Weaverville Parent Nursery School, provides early childhood education for children ages 3-5 in the Weaverville area of Trinity County. The program is based on the model CHARACTER COUNTS!, which was developed by the Josephson Institute of Ethics. Daily activities introduce and reinforce school readiness and social skills. During activities, teachers emphasize the 6 Pillars of Character (trustworthiness, respect, responsibility, fairness, caring, and citizenship) and provide opportunities for children to practice using these traits. The program also encourages families' participation through written materials for parents and children to share at home, opportunities for parents to volunteer in the classroom, and monthly workshops and parent meetings.

Tulare County



Tulare County

Commission Priorities

More than 25% of Tulare County's population live in poverty, and approximately 35% of children live in low-income families. Although many families participate in public insurance programs, such as Medi-Cal and Healthy Families, many families in the county still lack health insurance and access to specialty health care. These unmet needs lead to poor health outcomes and higher overall health care costs. Tulare County's children are significantly less likely than children statewide to have received prenatal care or to be in very good or excellent health. Accordingly, in 2005-06, the major issue for First 5 Tulare County was children's health. The County Commission also focused funding on programs that prepare children for school, strengthen families, and improve systems of care.

Primary Activities and Programs

Health Access for All Children launches Healthy Kids and increases the number of children who are enrolled in health insurance plans. In March 2006, the Children's Health Initiative launched the Healthy Kids program, providing health insurance to nearly 200 children ages 0-5 who had no previous coverage and were not eligible for other public health insurance programs. An additional 196 children ages 0-5 were enrolled into Medi-Cal and Healthy Families insurance programs. By providing assistance at numerous community sites, these programs increased the number of children ages 0-5 having health insurance coverage by 20%. In addition, 31 Certified Application Assistants worked to increase the use of health care services by educating parents on appropriate use of emergency rooms, after-hours medical clinics, and nurse advice lines.

School readiness programs promote families' involvement in children's early education and create links to coordinated services. Sixteen school readiness (SR) programs served 3,137 clients during 2005-06, offering a variety of prenatal, infant-toddler, and parent education programs. The Sunnyside SR program employed a nurse to conduct home visits to assess the strengths and health needs of approximately 180 families. Outcomes of SR programs included increased numbers of children entering kindergarten each year who were ready to succeed in school, as reported by their teachers; increased numbers of children who entered school with health insurance and fully immunized; continued

POPULATION	
Total births (2005)	8,168
0 to 5 population (2005)	44,069

ETHNICITY OF CHILDREN 0-5	
African-American	1.5%
Asian/Pacific Islander	2.0
Latino	72.4
Native American	0.9
White	21.7
Other	1.6

FISCAL	
Total Net Assets, July 1, 2005	**$18,564,736**
Committed Funds	8,927,218
Uncommitted Funds*	9,637,518
Total Revenues	**$7,942,382**
First 5 Monthly Disbursements	6,590,934
Other First 5 Funding (Including SMIF)	471,460
Non-First 5 Funding	325,298
Interest	554,690
Expenses	**$(9,675,808)**
Total Net Assets, June 30, 2006	**$16,831,310**
Committed Funds	7,178,693
Uncommitted Funds	9,652,617

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

increasing enrollment of children into Head Start, State Preschool, and other school readiness programs; and increased numbers of children receiving health and developmental screenings, resulting in increased early identification of and service referrals for children with disabilities and other special needs. Also, an increased number of families participated in the Important Binders Program, which helps parents and school personnel maintain important documents (e.g., birth certificates, immunization records) in one central location. Parents also assumed more leadership roles on school site advisory committees, boards, and other organizations.

Promoting Equitable Access and Outcomes

Tulare County is physically large with some sparsely populated areas. Many residents experience difficulties accessing services because of remoteness and lack of sufficient transportation. Many Spanish speakers also experience language barriers. First 5 Tulare County has responded by providing services that are spread across the geography of the county, and all programs have bilingual, bicultural staff. More than 60% of clients served directly by First 5 programs were monolingual Spanish speakers.

Program Highlights

The Medically Vulnerable Infant Program supports families and ensures positive health outcomes for infants. This program provides case management services to medically vulnerable infants (e.g., preterm, low birth weight). It aims to increase positive parenting, reduce parenting stress, increase the percentage of infants who achieve appropriate milestones, and reduce Child Welfare Services involvement. Identified infants are assigned a nurse, who conducts home visits for 24 months. Activities include screening and assessments for infants and their families and resource and referral services. The program also participates in interagency meetings to discuss how best to serve high-risk infants and their families. In 2005-06, the program served approximately 150 families. The program coordinator and staff found that families had less Child Welfare Services involvement and parents were more compliant with their infants' immunization schedules. Staff also noted a reduction in inappropriate emergency room use. In entry and exit surveys, parents reported increases in knowledge of child development and increased use of positive parenting strategies.

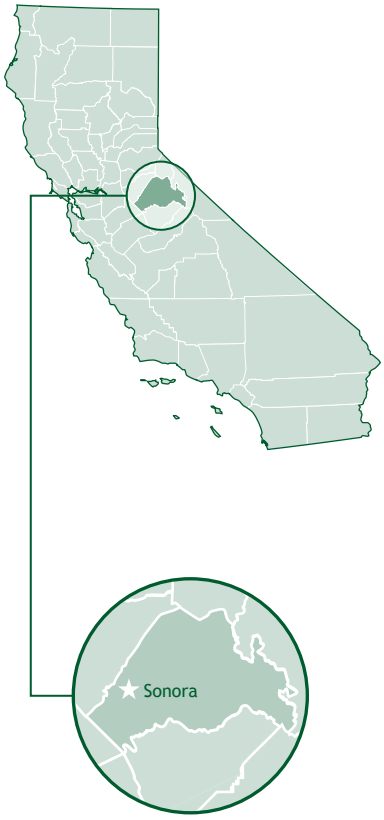
The Reactive Attachment Disorder (RAD) Program of Synchrony of Visalia identifies mental health problems early, supporting children and caregivers and promoting stability. The attachment between a baby and his or her primary caretaker is the basis for trust in all relationships and can be disrupted by factors such as foster care placements, substance abuse, and mental illness in a parent. On average, children in the program have had 8 to 10 placements in the first years of life. This program aims to promote positive attachment relationships by evaluating children for the quality of attachment and other mental health issues, and by providing treatment, support, and referrals for children and caregivers. The program offers a support group for parents/caregivers of children with RAD. It also educates professionals working with young children to identify attachment issues. More than 90% of the children participating in the program's assessment and treatment plan have maintained their original placements.

Local Story

Two-year-old Ely's mother was diagnosed with paranoid schizophrenia. Ely was not walking, produced little to no language, was fearful and startled easily, and could not soothe or entertain himself. Because his mother refused treatment, Child Protective Services removed him from her care. A CASA (Court Appointed Special Advocate) volunteer began visiting Ely in his foster home and developing concurrent planning (including both a reunification plan and a long-term placement plan if reunification does not occur). The CASA volunteer advocated for early intervention services and transported Ely to the Bright Start Parent/Infant Program. Over time, the CASA volunteer noted a drastic improvement in Ely's ability to play, communicate, laugh, and soothe himself. Ely was placed in an adoptive home that offered stability. Because the CASA volunteer was attentive to his needs and was a consistent advocate through three foster placements, Ely now is at age level in most cognitive and social-emotional domains and has the skills needed to successfully attend preschool.

This profile was prepared by SRI International.

Tuolumne County



Tuolumne County

Commission Priorities

Families who live in Tuolumne County's foothill and mountain communities in the Sierra Nevada mountain range are often located at some distance from community services. Many working families with young children are unable to afford medical and dental care or to find affordable, high-quality child care where they live or work. There are a significant number of young children whose caregivers struggle with basic-needs provision, domestic violence, substance abuse, and/or mental health disorders.

First 5 Tuolumne has focused on responding to these community issues in a consistent, sustainable fashion. A community survey done in the fall of 2003 demonstrated that there is strong community support for the programs that First 5 Tuolumne is funding. The Commission is able to build on the strengths of a network of organizations that work together to serve families. Priorities for funding are for programs that address substance abuse, behavioral health, parenting education and home safety, access to high-quality child care, and access to medical and dental services.

Primary Activities and Programs

County Commission expands access to behavioral health services for families. First 5 funds are used to leverage federal dollars to expand services for young children with mental health diagnoses. In addition, therapy services are provided for families with traumatized young children who are not eligible for services elsewhere. The children served have shown reduced symptoms following therapy. A third approach to behavioral health is offered by the local School Readiness Program, which provides intensive intervention to children who have been expelled (or are at risk of expulsion) from educational or care settings but who are not eligible for special education services. This program has had a high level of success in stabilizing children in a classroom setting.

Family support programs work together cooperatively to provide support in the areas of parenting, family literacy, nutrition, and family self-sufficiency. Parents increased their family literacy activities, learned about child development, practiced parenting skills, earned GEDs, and prepared healthy meals with their young children. Families at high risk of child abuse

POPULATION	
Total births (2005)	446
0 to 5 population (2005)	2,707

ETHNICITY OF CHILDREN 0-5	
African-American	1.3%
Asian/Pacific Islander	0.9
Latino	12.7
Native American	1.9
White	77.4
Other	5.8

FISCAL	
Total Net Assets, July 1, 2005	**$1,534,643**
Committed Funds	1,534,643
Uncommitted Funds	0
Total Revenues	**$645,292**
First 5 Monthly Disbursements	405,755
Other First 5 Funding (Including SMIF)	189,009
Non-First 5 Funding	0
Interest	50,528
Expenses	**$(712,958)**
Total Net Assets, June 30, 2006	**$1,466,977**
Committed Funds	1,466,977
Uncommitted Funds	0

or neglect were served intensively, with comprehensive services provided over a long period of time. These families demonstrated increasing family stability in multiple domains.

Child care providers and early childhood educators gain skills and support. The Tuolumne County CARES program has provided educational stipends, outreach, and assistance to licensed and license-exempt child care providers. In addition, kindergarten teachers, early childhood education staff, and family child care providers received on-site consultation and participated in group training events on working with children with challenging behaviors. Teachers and early childhood education providers report that they have incorporated the skills and knowledge they have learned into improving their services for young children and their families.

Children's oral health is improved through a community approach to education, prevention, and treatment. First 5 Tuolumne funds a comprehensive approach to oral health: educating parents, screening for cavities, teaching young children how to brush, supplying fluoride treatments to targeted high-risk groups, and providing funds for urgent dental treatment, when needed.

Promoting Equitable Access and Outcomes

The Commission reaches underserved groups by requiring large grantees to address access issues. Grantees have responded by providing transportation services, home visiting programs, mobile services, outreach efforts, and services tailored to specific populations. First 5 Tuolumne grantees have provided a Spanish language parenting education class, translation services for children and parents, and English as a Second Language classes combined with parenting education.

Program Highlights

The School Readiness Behavioral Health Program and the ICES Raising Healthy Families program work together to provide comprehensive support for families with young children who are failing in early childhood education settings. Children referred into this joint program have social-emotional developmental delays that can create chaos in early education settings, displaying behaviors such as biting, kicking, hitting, raging, and swearing. They are unable to initiate play or play successfully with other children, nor do they have the ability to identify feelings, follow directions, transition between activities, or accept direction or redirection. They have been unable to form a positive, trusting relationship with a teacher. In the past, many of these children enrolled in kindergarten at age 6 with no history of socialization or early childhood education, leading to multiple negative experiences during their first year of school. The School Readiness Program provides a comprehensive child development assessment; enrollment in First 5 Friendship School, where children receive an intensive preacademic and social skills curriculum and behavioral health services in a highly structured small-group setting; and reintegration into early childhood education settings. The Raising Healthy Families component provides in-home education and support services to assist families in learning realistic expectations for their child and practicing new parenting techniques. The staff from the two programs meet together with the family to share successful strategies and to discuss new approaches. This holistic approach has led to significant positive results for both children and their caregivers. Children are successfully transitioning back into education settings with minimal support and are demonstrating growth in social and emotional development. Parents are learning new parenting techniques and are stabilizing their home environments. Teachers are learning new strategies to help stabilize children in the classroom. Together, these programs have dramatically reduced the number of children who are failing in a preschool or kindergarten setting because of behavioral problems.

Smile Keepers and Dental Connections promote oral health through education, prevention, and treatment. The Smile Keepers program provides parent education at childbirth classes and at other community sites that serve parents of young children. For expectant parents, a follow-up postcard is sent at 6 months to remind them about the importance of good hygiene for themselves and their babies. Participating parents report learning new information that will change their habits and beliefs. Smile Keepers also provides a mobile oral screening service and prevention education at preschools throughout the county. Students at Head Start sites also receive fluoride varnish treatments. The screening program, which serves more than 300 children a year, has found the percentage of children with decay decreasing over a 3-year period. The Dental Connections program (operated by the Health Department and funded by The California Endowment) provides parents and children with linkages to dentists and with transportation to dental treatment. This program accesses the First 5 Tuolumne Dental Help Fund for treatment dollars as the payer of last resort for children with urgent treatment needs.

Family Learning Centers provide coordinated services to families who need assistance in moving toward self-sufficiency. Center activities include classes for parents in GED preparation, job (and life) skills, English as a Second Language, and parenting. Community providers offer health care and education and mental health services on-site. Centers enroll eligible children in Head Start preschool and provide high-quality child care on-site for younger children. The program provides daily transportation to and from program sites, recovery groups, preschool, and other community agency or service sites. Gains were measured in positive parenting behaviors, family literacy, and age-appropriate development. First 5 Tuolumne is one of many funding partners for this program.

Local Stories

Language development promoted at the Family Learning Center. A participant of the A-TCAA Family Learning Center (FLC) is a single mother raising a 3-year-old child on her own. She began attending the Family Learning Center when the child was 10 months old and participated in the numerous activities offered there: adult education, parenting, family literacy, and early education programs, and health education and access programs. Her child has had numerous cleft palate surgeries, and the mother had been told that her child might need speech therapy as he got older because of language development delays associated with the corrective surgeries. She had been told to read to her child, but the importance of doing so had never been explained. She did read to her son but stated that it was only when she started attending the family literacy program that she realized the importance of reading and how children benefit from being read to. She told FLC staff: “Now I understand that when I read to my son, talking about the pictures, describing what is happening, asking him questions, making sound effects, are all important things to do.” In parenting class, she learned that saying the words, for example, “Would you like your cup?” when he pointed to it, were important to his language development and helped him build vocabulary. “My son’s doctors are amazed at his language development!” she reported with pride. She also noted that she thinks her son’s participation with the FLC, coupled with her time in parenting class, have made a huge difference in how quickly he is overcoming the speech delays inherent in his condition and its treatments. “I am very thankful for the Family Learning Center.”

Family goals met through Raising Healthy Families home visiting and the Friendship School. This family consists of three children under age 5, a mom in her mid-20s, and a substance-abusing father who was temporarily required to leave the home while he went through a recovery program and anger management classes. Raising Healthy Families (RHF) received a referral to do in-home parenting from Child Welfare Services because the mom

seemed unable to manage her three young children, and the oldest boy, age 4, exhibited some very disturbing behaviors and barely talked.

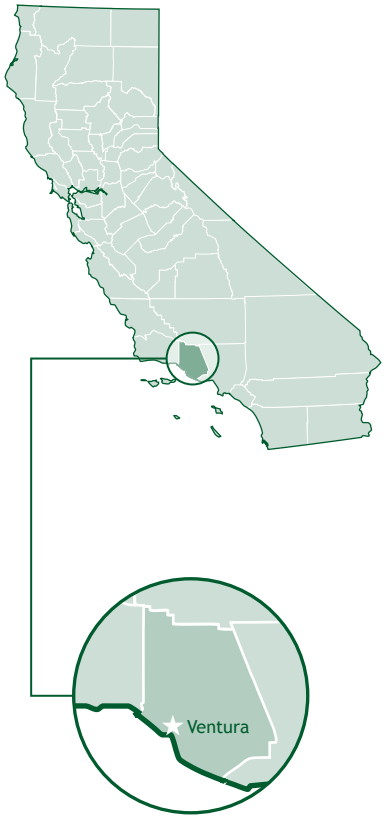
Upon visiting the home, it was clear that the mom had her hands full. The 7-month-old baby girl was in a baby sling on the floor in front of the TV; the toddler, a 2-year-old boy, was running all over the apartment, jumping on furniture and making lots of noises; and the oldest boy was in his bedroom "tearing it apart" because he had been put in there for a "time out." The mother was not sure about having someone come into her home at first but was very interested in some kind of help with the kids. The home visitor made an immediate referral for the 4-year-old to a Child Find screening, after hearing his behavior described (very aggressive, not very verbal, and constantly in motion). He had been asked to leave his preschool and had no opportunity for learning or socialization. The mother agreed to weekly home visits after she understood what kind of support she could receive and admitted she didn't know how to parent very well.

The 4-year-old was assessed as having language development delays and social-emotional delays, and was enrolled in the First 5 Friendship School. Home visitation by RHF began around the same time that he started the Friendship classes. He quickly became one of the more challenging children in the class. He would suddenly explode in a rage, throw things, and hit other people. Several times, the classroom had to be cleared for the safety of others, and his mother was called to come and get him.

RHF and the First 5 Friendship school staff were in continual communication about how best to support this family. The Friendship School staff assisted the mother in getting a medical evaluation for the 4-year-old. The RHF home visitor helped the mom understand the icon and behavior management system and adapt it for the home, with the help of the Friendship School staff. Once the 4-year-old was enrolled in the Friendship School, the mother was able to focus more attention on her other two children, with goals to bond better with the baby and to play more with the toddler. She became more receptive to parenting information and was especially responsive to the information on brain development and the effects of early childhood violence on a child's brain. She was able to identify some changes that could be made in the home to reduce exposure to aggressive behavior. Over the next few months, the father completed his classes and returned to the home. At first, he was very resistant to in-home parenting and the icon system that had been set up to replicate the Friendship School model. He believed the children should be sent to time out for long periods as a punishment for hitting and throwing things. Fortunately, by this time, the mother had become convinced that the 4-year-old was doing much better, and she was able to encourage the father to support the changes in their parenting.

As a result of these coordinated services, the 4-year-old has been able to transition back to his preschool and is stabilized there with some ongoing support. His mother reports that his experience at the Friendship School has helped him learn to get along better, listen, and follow rules at home, as well. He is scheduled to begin counseling at the Mental Health Department and also will be starting to work with a speech therapist. The father is becoming more responsive to support services and leaves work early every other week to participate in the in-home parenting with RHF. Referral to the Interagency Resource Council has resulted in linkages to a broader array of community resources. The parents are considering couples counseling. Public Health is making home visits to check on the baby, who is right on track developmentally. The toddler behaves appropriately when he gets positive attention, though he is very active and energetic. Home visits will continue with this family to help enforce the new skills they have learned.

Ventura County



Ventura County

Commission Priorities

A significant number of families in Ventura County live in poverty, and an increasing number of children enter kindergarten without the basic social, emotional, and cognitive skills needed for success. Fewer than 50% of children attend preschool, and one-third of children entering kindergarten are monolingual Spanish speaking. Parents of young children consistently affirm the need for high-quality preschool and child care programs, parent education, and access to health care services. To address these needs, First 5 Ventura County's funding focuses on three core initiatives: School Readiness (Neighborhoods for Learning) Initiative, Health Initiative, and Family Strengthening Initiative. Other initiatives focus on results-based accountability and quality assurance, community outreach and education, CARES, and Preschool for All. Another key priority of the Commission is to create an integrated system of services within the strategies funded by First 5 Ventura County.

Primary Activities and Programs

Neighborhoods for Learning (NfL) program increases the availability of school readiness services. First 5 Ventura County's 11 NfLs are geographic communities as well as service delivery and organizing platforms; 4 of the NfLs participate in the State School Readiness (SR) Initiative. In fiscal year 2005-06, NfLs created 853 high-quality preschool spaces. More than 1,300 children attended pre-kindergarten summer programs to ease the transition to kindergarten. NfLs also serve families through 18 affiliated family resource centers that provide parent education, literacy training, and links to health and social services. In 2005-06, participating children's mastery of all developmental domains in the Desired Results Developmental Profile increased by 20%. Parents who participated in literacy programs reported increases in practices such as singing, telling stories, and reading to their children.

The Health Initiative improves access to comprehensive health care services for at-risk children and families. The Oral Health Education program provided early identification and treatment to 889 children ages 0-5 and 377 expectant/new mothers. Through Every Family Counts, public health nurses provided intensive case management activities for at-risk families in 1,564 home visits. HOPE (Health Outreach Program and Evaluation), a program

POPULATION	
Total births (2005)	12,160
0 to 5 population (2005)	64,814

ETHNICITY OF CHILDREN 0-5	
African-American	1.2%
Asian/Pacific Islander	6.7
Latino	53.8
Native American	1.1
White	33.6
Other	3.6

FISCAL	
Total Net Assets, July 1, 2005	**$38,889,503**
Committed Funds	38,889,504
Uncommitted Funds	0
Total Revenues	**$12,444,804**
First 5 Monthly Disbursements	10,410,938
Other First 5 Funding (Including SMIF)	408,039
Non-First 5 Funding	312,711
Interest	1,313,116
Expenses	**$(12,973,634)**
Total Net Assets, June 30, 2006	**$38,360,673**
Committed Funds	38,360,673
Uncommitted Funds	0

with the Ventura County Department of Public Health, increased health insurance enrollment and retention of children in Medi-Cal and Healthy Families insurance programs (nearly 1,200 new enrollments in Healthy Families, Medi-Cal, and Kaiser). The Department of Public Health coordinated the distribution of the Kit for New Parents through NfL family resource centers, doctors' offices, and other pre- and perinatal service providers. The Health Initiative also provided outreach and support to children ages 0-5 who are at risk (e.g., victims of abuse), including 3,000 hours of mental health treatment and 892 hours of early intervention services.

The Family Strengthening Initiative empowers parents to provide nurturing environments for their children. The Empowering Parents program provided 197 comprehensive parenting classes, helping 1,372 parents to achieve competency and excellence in their parenting skills. The Rainbow Connection Expansion program offered support services to parents of children with disabilities and other special needs via professionals and parent mentors. The program awarded 217 subsidies for up to 40 hours of respite child care to 129 families of children with autism or other special needs. The Human Services Agency also provided respite care and subsidized child care for foster parents or families. Preschool to You, a mobile early education program, visited 12 sites weekly, serving more than 200 parents and children.

Promoting Equitable Access and Outcomes

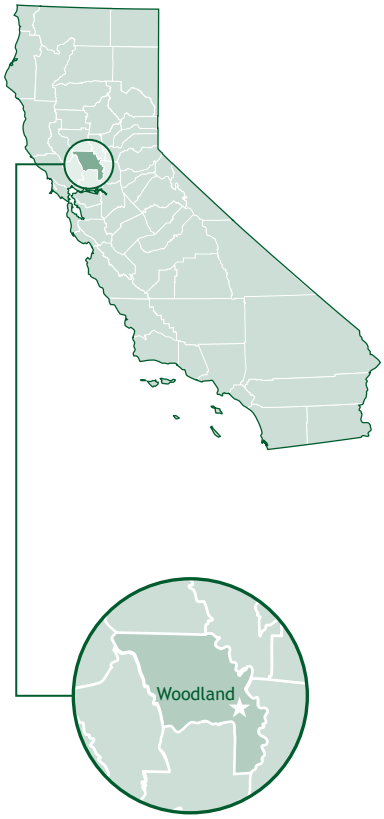
Historically underserved communities in Ventura County include children living in poverty, ethnic minority communities, and migrant/agricultural workers, many of whom are monolingual Spanish and Mixteco speakers. First 5 Ventura County funded programs to increase representation of underserved populations in their communities and ensure that services are linguistically accessible and culturally sensitive. Providing services in communities has reduced transportation barriers, increased awareness of services, and established a strong connection between families and programs. In addition, the NfLs engage families in decisionmaking through inclusive governance structures made up of diverse members of the community.

Program Highlights

Oxnard Neighborhood for Learning delivers high-quality child development, child health, and family support services. The Oxnard NfL, an SR program, operates five family resource centers, referred to as "Hubs," which deliver services such as a parent-child literacy course, home visiting, and parent-child interactive play therapy. The Hubs provide referrals and information, case management and service coordination, parenting education classes, nutrition education, oral health services, and health insurance application assistance to approximately 2,000 families. The NfL operates two preschools at the Hubs, serving 90 children, and provided slots for 70 children at other child development facilities. One preschool became accredited by the National Association for the Education of Young Children, and another provides specialized services for children with disabilities and other special needs. A 4-week Summer Preschool–Kindergarten Transition program served more than 500 children who were entering kindergarten without prior preschool experience.

Child Care Health Linkages (CCHL) aims to improve child health and safety and promotes high-quality early learning environments. Operated by the Ventura County Public Health Department, this countywide program served staff at child care centers and family child care homes, providing consultation, outreach, training, and resources on health and safety. Program staff include a public health nurse, a health education specialist, and a bilingual health education assistant. Outreach is provided to underserved populations, and the program actively seeks the participation of family child care providers. CCHL improves the quality of care by providing (1) child care health advocate trainings, which are 12- to 16-hour health and safety courses for licensed family child care providers, center-based child care staff, and other providers; (2) on-site consultation and technical assistance to providers to assist them in identifying children needing immunizations, updating policies and procedures, and referring families to health care coverage programs, local NfLs, and other services; (3) workshops on a variety of health and safety topics, including prevention of communicable diseases, child abuse, disaster/emergency preparedness, medication management, lead poisoning prevention, and child passenger safety; and (4) a quarterly newsletter that distributes health and safety information to providers. More than 75% of the child care providers who were trained reported they implemented a variety of health and safety practices at their sites, including reviewing and tracking immunizations, conducting morning health checks, and health/safety activities with children.

Yolo County



Yolo County

Commission Priorities

Located in California's central valley region, Yolo County is near the major transportation hub of Sacramento, yet agriculture remains the county's primary industry. A community-level needs assessment revealed two priority areas for children ages 0-5: (1) affordable child care and early education services and (2) access to high-quality health care services, including insurance, low-cost medical services, mental health services, and dental care. In addition, school readiness and community engagement services continued to be county priorities.

To address these needs, First 5 Yolo focuses on the following funding strategies: (1) the Access to Child Care and Early Education initiative, (2) the Access to Quality Health Care initiative, (3) the School Readiness Program, and (4) the Community Engagement Project.

Primary Activities and Programs

Access to Child Care and Early Education initiative improves access to and quality of child care in Yolo County. In fiscal year 2005-06, First 5 Yolo funded two programs to improve the quality of and access to early childhood care and education. The Quality Enhancement Program provided environmental assessments, consultation on the selection of appropriate early education materials, and training on various topics for child care providers at 12 child care centers and 31 family child care homes. This program also helped to create an additional 180 licensed child care spaces in rural areas. A second program, Universal Early Learning, increased early education opportunities in rural Capay Valley by providing Mommy and Me; Toddler Too; Pre-Kinder Ready; and Mom, Dad, and Me classes. Nearly 11,000 child care hours were provided through the Parent Leadership Association. In addition, the local CARES program increased the skills and knowledge of 122 early care and education providers through stipends for continued education.

Children's Health Initiative focuses on access to high-quality and affordable health care. In March 2005, as part of the Access to Quality Health Care initiative, First 5 Yolo launched a local Children's Health Initiative. In partnership with the Yolo County Children's Alliance, First 5 Yolo funds and

POPULATION	
Total births (2005)	2,453
0 to 5 population (2005)	14,476

ETHNICITY OF CHILDREN 0-5	
African-American	2.0%
Asian/Pacific Islander	7.6
Latino	46.4
Native American	0.7
White	39.5
Other	3.8

FISCAL	
Total Net Assets, July 1, 2005	**$4,999,910**
Committed Funds	4,999,910
Uncommitted Funds	0
Total Revenues	**$2,721,463**
First 5 Monthly Disbursements	2,110,278
Other First 5 Funding (Including SMIF)	359,757
Non-First 5 Funding	61,742
Interest	189,686
Expenses	**$(2,432,053)**
Total Net Assets, June 30, 2006	**$5,289,320**
Committed Funds	5,289,319
Uncommitted Funds	0

processes applications for Healthy Kids, a program providing comprehensive health insurance for children whose family income is up to 300% of the federal poverty level. In 2005-06, 284 children ages 0-5 were enrolled in health insurance programs and 81 children ages 0-5 were enrolled in Healthy Kids. In addition, First 5 Yolo allocated funds for quality improvement activities in pediatric health care, including the development of new programs in the areas of oral health, mental health, and childhood obesity. Finally, First 5 Yolo dedicated funds to improve health insurance outreach, enrollment, utilization, and retention services throughout the county.

School readiness programs bring comprehensive services to children and families. With the support of multiple partners, a variety of services were provided to the communities surrounding three Washington Unified School District schools and one Woodland Joint Unified School District school. These services included parent education, literacy, home-based education, and kindergarten transition activities. More than 400 caregivers attended 23 parenting workshops on topics ranging from family nutrition to early education. More than 60 parent-child pairs attended two new literacy programs: Family Stories and Home Literacy Parties. Four-week kindergarten transition programs were provided to 85 children with little or no previous preschool experience. The Parents as Teachers (PAT) home visiting curriculum was provided to more than 45 families during 170 home visits. In addition, First 5 Yolo received one of nine First 5 California Power of Preschool demonstration grants in October 2005.

Promoting Equitable Access and Outcomes

The linguistically and ethnically diverse communities of Yolo County's unincorporated cities have traditionally been among the most underserved populations. These communities include Hmong, Russian, Afghan, and other Middle Eastern ethnicities, as well as Spanish-speaking families. Community engagement has been the primary strategy to reach these populations. A full-time civic engagement coordinator partners with local community-based organizations, attending local collaborative meetings, highlighting County Commission programs, and encouraging referrals. Holding meetings in rural areas of the county effectively engages community members in activities to meet the needs of children ages 0-5, resulting in the development of child care playgroups, parent leadership trainings, and violence prevention programs. Community Action Teams have formed around particular areas of need. In fiscal year 2005-06, specific priority areas targeted were domestic violence and child abuse prevention, as well as health and safety issues. Previously addressed topics included child care and preschool services, access to medical services, and caring for children with disabilities and other special needs.

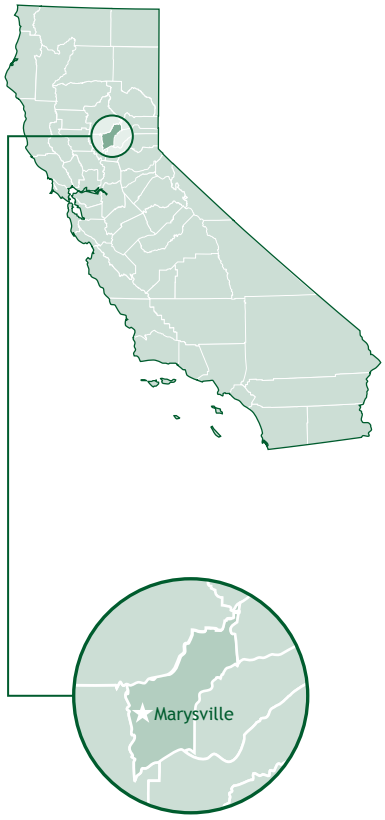
Program Highlights

The Yolo County Food Bank's "Moveable Market" program increases families' access to fresh, locally grown fruits and vegetables. Many families who reside in the rural areas of Yolo County do not have access to vehicles and are unable to make regular trips to the grocery store. The Moveable Market visits 15 different rural sites each month to reduce food insecurity and increase families' access to fresh foods. The Moveable Market also distributes a monthly newsletter and provides healthy nutrition and food preparation information to families during visits. Currently, the Moveable Market serves 250 families, including 300 children ages 0-5.

The RISE Universal Early Learning Program provides child development education. The RISE program provides no-cost child development opportunities for working families in rural and agricultural areas. Children with little or no previous preschool experience, regardless of family income, are eligible to participate in RISE. RISE offers four early education and learning programs. Mommy and Me meetings for new mothers with children up to age 1 focus on topics such as nutrition, relaxation, and appropriate stimulation for infants. Toddlers Too classes encourage parent participation, provide age-appropriate activities, and promote the development of fine and gross motor skills. The Pre-Kinder Ready Group meets 3 days weekly for children ages 3-5 and focuses on kindergarten readiness activities, including motor skills development, knowledge of letters and numbers, and aid in social development. On Friday evenings, the Mom, Dad, and Me program engages the whole family in child development and early learning activities.

This profile was prepared by SRI International.

Yuba County



Yuba County

Commission Priorities

Despite recent growth and new construction, Yuba County continues to struggle with high unemployment, and approximately 17% of families live below the poverty line. A community survey determined that families with young children in Yuba County encounter challenges in accessing affordable high-quality child care and preschools; family support services, such as parenting and literacy classes; substance abuse treatment; breastfeeding support services; affordable health insurance and health care; and early intervention services for children with disabilities and other special needs.

In response, the First 5 Yuba Commission's strategic plan focuses on the following funding priorities: (1) early care and education, (2) community-based activities for families and children, (3) access to health care, (4) outreach and preventive services, (5) early intervention services, and (6) provision of a seamless network of school, clinic, and community-based services.

Primary Activities and Programs

CARES improves access to early care and education. During 2005-06, 30 early care and education providers received incentives to support professional development training and college course work leading to associate's or bachelor's degrees in child development or early childhood education (ECE) or the acquisition of Child Development Permits. Participants completed an average of 7.3 ECE units, and nine participants obtained their first Child Development Permits. The 30 CARES participants provided care for 429 children.

Community-based school readiness programs collaborate to provide a range of family support and child development services. School readiness programs meet families' comprehensive needs through a range of services, including parent education, adult literacy classes, home visiting, physical activity programs, case management services, immunizations, and coordination and referrals with family resource centers. During 2005-06, school readiness efforts provided nearly 6,500 services to approximately 75 preschool- and kindergarten-age children. The Migrant Education Kinder Camp provided preschool experiences to 20 children ages 3-4. The Yuba County Library's Book Buggy brought early literacy and school readiness programs to nearly 200 children

POPULATION	
Total births (2005)	1,258
0 to 5 population (2005)	6,730

ETHNICITY OF CHILDREN 0-5	
African-American	2.8%
Asian/Pacific Islander	9.7
Latino	23.6
Native American	1.5
White	56.3
Other	6.0

FISCAL	
Total Net Assets, July 1, 2005	**$2,965,420**
Committed Funds	1,575,596
Uncommitted Funds*	1,389,825
Total Revenues	**$1,324,510**
First 5 Monthly Disbursements	1,036,933
Other First 5 Funding (Including SMIF)	178,333
Non-First 5 Funding	0
Interest	109,244
Expenses	**$(721,869)**
Total Net Assets, June 30, 2006	**$3,568,061**
Committed Funds	2,319,711
Uncommitted Funds	1,248,350

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

ages 0-5 and their parents and distributed 580 books. The Book Buggy donated an additional 550 books to the County Library's children's collection.

Healthy Kids Healthy Future joins neighboring counties in a regional initiative to increase access to insurance. First 5 Yuba has worked with the County Commissions of Colusa, El Dorado, and Sacramento Counties since 2002-03 to develop a regional children's health initiative that provides health insurance coverage to children ages 0-5 who are ineligible for publicly funded insurance options. In 2005-06, First 5 Yuba staff were trained in health insurance enrollment criteria and processes and began enrolling children in low-cost health insurance programs (e.g., Healthy Kids, Medi-Cal, Healthy Families).

First 5 Yuba programs provide prevention services to families with young children. The Shots for Tots program recruited nine health care sites to participate in a regional immunization registry database. During 2005-06, Shots for Tots outreach and provider education resulted in approximately 3,700 children ages 0-5 being entered into the immunization registry database. Once entered into the database, children receive automatic notification when immunizations are due. The Yuba County Office of Education's family resource center for children with disabilities and other special needs distributed telephone cards and 400 gas cards to families to enable timely access to prevention, treatment, and specialty medical services.

Promoting Equitable Access and Outcomes

The historically underserved groups in Yuba County include the Hmong population, Spanish speakers, families living in isolated rural areas, those who cannot afford transportation to available services, and families of children with disabilities and other special needs. First 5 Yuba has used four main strategies to serve these populations: expansion of services in general, increased outreach to underserved groups, strategic use of one-time investment awards, and hiring of bilingual staff. Family resource centers have provided greater access to services to families living in isolated areas of the county and to Hmong- and Spanish-speaking families. Home visits and group support services provided by the Yuba County Office of Education's family resource center have increased access to health care and other services among families with children with disabilities and other special needs.

Program Highlights

GraceSource, Inc., reduces the prevalence of child abuse in Yuba County. GraceSource, Inc., provides case management, home visiting, in-house parenting classes, co-dependency classes, and a variety of community projects and activities to help parents respond positively to stress and develop healthy parent-child relationships. The program also provides health screenings for children under the age of 5. A multidisciplinary team, including home visitors, nurses, family therapists, and substance abuse counselors, helps parents create nurturing home environments for their children. By providing these services and referrals to community resources, families better handle problems that may arise, decreasing the chance of child abuse within the household. The rate of child abuse referrals to Child Welfare Services in the county has decreased as participation in the GraceSource program has grown.

Lactation Station increases the number of women who breastfeed exclusively for 6 months after their children's birth. Lactation Station increases the awareness of pregnant women and new mothers of the benefits of breastfeeding and supports mothers learning to breastfeed. Program strategies include hospital and home visits provided by a lactation consultant, distribution of print materials, public awareness radio campaigns, and individualized support to women who have difficulties breastfeeding. Lactation Station also makes presentations to doctors and other health providers to increase their encouraging new mothers to breastfeed.

Local Story

Maria is a monolingual Spanish-speaking mother of two—a 3-year-old and a 6-year-old. Through her participation in the Wheatland School District Even Start Program, Maria has learned to be her daughter's first teacher. Maria learned how to support her daughter's English language development and reading skills, regardless of her own English language skills, and to support her daughter's motor, social-emotional, and language development through age-appropriate games. Maria now reads to her daughter, engaging her by asking questions about the pictures and stories and asking her to identify letters.

Appendices

A. Principles on Equity
B. Matrix of Statewide Evaluation Indicators
C. Priority Outcomes of County Commissions
D. Number of Children with Data, by County Commission and Indicator
E. County Population Size Designations and Methods of Data Submission

ADVISORY COMMITTEE ON DIVERSITY
CALIFORNIA CHILDREN & FAMILIES COMMISSION
(Approved by the State Commission on October 18, 2001)

Recognizing significant gaps and disparities in the provision of services for children and their families and as observed in educational, health and other outcomes, the State Commissioners adopted a resolution in November, 1999, demonstrating its commitment and leadership towards taking proactive steps to ensure that California children and their families from diverse populations, including children with disabilities and other special needs, are an integral part of the planning and implementation of Proposition 10. By the following summer (July 2000), the State Commissioners had established the Advisory Committee on Diversity to serve as their policy advisors on issues related to diversity and equity. For Prop 10, diversity has been defined to be inclusive of children prenatally to five years of age, regardless of immigration status, who:

- Are from different ethnic, linguistic, cultural, socio-economic, religious, geographical and/or other historically or currently under-served communities; or
- Have disabilities and other special needs.

The Advisory Committee on Diversity is responsible for advising the State Commission in fulfilling its mission to adopt policies and practices that equitably provide California's children (prenatal to 5) from diverse backgrounds and abilities with accessible, family-friendly, culturally competent, quality early childhood services and programs designed to help them reach their full potential and prepare them for positive educational and life experiences. To achieve this vision, it is critical that parents and other caregivers of children from diverse backgrounds and with diverse abilities have meaningful roles in the planning, delivery and evaluation of Prop 10 initiatives. When historically marginalized groups have a voice in shaping the systems that affect the lives of their children, we can expect cutting-edge and powerful changes. The Advisory Committee on Diversity is confident that only through this increased level of involvement and system improvements will equity be achieved.

The Advisory Committee on Diversity determined at its second meeting (November 2000) that its work must begin with the development of Equity Principles, which were originally referred to as Diversity Principles. The State Commission is the primary audience for these Equity Principles; the principles will be used to guide their policy work and funding decisions. Additionally, the Equity Principles are intended for use by the CCFC staff and contractors. Although the Principles are not mandates, they can serve as guidelines to ensure that the programs and services established and supported by Prop 10 funds are both culturally and linguistically competent and inclusive in serving children with disabilities and other special needs.

The Committee also developed these Equity Principles with the local audience in mind and in response to the County Commissions' requests for support in this area. The Advisory Committee on Diversity feels strongly that the Equity Principles will be beneficial to the children and families served through local programs funded by the County Commissioners.

The Advisory Committee on Diversity firmly believes that through assuring improved programs and access for children and their families from diverse backgrounds and with diverse abilities, the services for all children in California will be better served. We offer these Principles to assist the State Commission in fulfilling its commitment to all children and hope that others throughout California will also adopt them. There are four major components to the Diversity Principles:

1. Inclusive Governance and Participation
2. Access to Services
3. Legislative and Regulatory Mandates
4. Results-based Accountability

The Advisory Committee approved the Equity Principles on June 29, 2001. It is anticipated that the Committee will periodically review and update the Principles.

Inclusive Governance and Participation

Prop 10 recognizes that children develop within the context of their families and communities, and as such, it is essential that Prop 10 programs secure and obtain meaningful participation and input of the families and other caregivers of children from diverse backgrounds and with diverse abilities throughout all program development and implementation phases. Prop 10 programs should:

- Use culturally- and linguistically-appropriate outreach strategies, as well as approaches effective in reaching parents of children with disabilities and other special needs and parents who themselves may have disabilities;
- Assure that all diverse groups, particularly those who have been traditionally underrepresented and underserved, are actively engaged and involved so that they can have an equal voice in defining their needs and finding solutions;
- Use community organizations, both formal and informal networks, and other communication vehicles that have been effective in reaching out to and serving diverse groups;
- Promote and support the development of emerging parent and community leaders; and
- Assure that families representing diverse groups participate equitably in the planning, delivery and evaluation of initiatives, which includes the grant criteria process, advisory groups and other committees.

Access to Services

To assure that children from diverse backgrounds and with diverse abilities have access to high quality and culturally competent early care and education/development opportunities as a critical means for achieving equity, Prop 10 funded programs should:

- Set measurable goals and objectives for increasing access and achieving equity;
- Use culturally and linguistically relevant methods of communication and community outreach, which include engaging respected community persons to promote messages;
- Assure that programs provide access to information, resources and support regarding their child's development, including strengths and needs for all families;
- Conduct assessments that include assets, challenges, and gaps in communities and systems, as well as analyze disaggregated community demographic data (ethnicity, disabilities, language, age, socio-economic status, literacy levels, underinsured/uninsured rates, etc.). Use these assessment and data to establish priority desired results and to design program that will remove disparities and attain desired results;
- Provide information and support through culturally and linguistically responsive service providers and service providers who are knowledgeable about children with disabilities and other special needs and their families;
- Promote collaboration across disciplines, service delivery systems and communities. This includes implementation of a coordinated service delivery approach to young children, especially children with disabilities and other special needs and their families who are often served by a variety of agencies, programs, and service providers;
- Develop print, audio-visual, and electronic materials that are culturally and linguistically relevant for all communities served, are written at appropriate literacy levels, and are available for specialized populations (e.g., Braille, closed captioning);
- Schedule services in accordance with family needs and situations (work schedules, time of the year, language, transportation, etc.);
- Support programs that are individualized to address the cultural and linguistic diversity, as well as the range of ability levels and behavioral and learning styles that are representative of California's children and families;
- Ensure availability of adapted and specialized services and supports as needed to assure full participation for all children and their families. Individualization of services and supports for all families are critical to actively support a child's learning experiences in natural environments to the maximum extent appropriate;
- Demonstrate awareness of, and referrals to, services, resources and other supports available for children with disabilities and other special needs and their families;

- Demonstrate a commitment to promote a workforce that has skills, knowledge of, and reflective of the children and families being served, and a workforce that is knowledgeable about and supportive of children with disabilities and other special needs and their families;
- Demonstrate that staff who work with or on behalf of children and their families display a positive attitude about working with children with disabilities and special needs as well as children from culturally and linguistically diverse backgrounds; and
- Promote policies to assure training and technical assistance necessary to improve knowledge, attitudes and skills of all involved with the Commission and build their capacity to work within culturally and linguistically diverse communities, and serve as well as to work more effectively in serving the range of abilities, behavioral and learning styles that are representative of California's children.

Legislative and Regulatory Mandates

Agencies must adhere to all legislative, regulatory and accreditation mandates pertinent to the provision of services to children from diverse backgrounds and with diverse abilities. Prop 10 programs should:

- Embrace the spirit of the law;
- Demonstrate leadership in assuring that all staff receive training, are knowledgeable about pertinent legislative and legal mandates and have the skills and resources necessary to implement required modifications or enhancements to services or facilities;
- Inform parents of their rights and responsibilities as well as those of their children;
- Offer its services to all children and their families regardless of immigration status (California Children and Families Commission Resolution –June 24, 1999); and
- Be held accountable for their compliance with key laws and other related mandates, for example:
  - Title VI of the Civil Rights Act of 1964: requires linguistic access via qualified interpreters and translated materials at no cost to the individual;
  - Americans with Disabilities Act 1990 (ADA): prohibits discrimination on the basis of disability and promotes equal access, building modifications, hiring practices for persons with disabilities;
  - Language Access Laws i.e., Dymally-Alatorre Bilingual Services Act (CA); imposes direct obligations state/local governmental agencies to provide appropriate translation services for languages spoken by 5% or more of population served;
  - Individuals with Disabilities Education Act (IDEA) establishes special education and coordinated, family centered service delivery systems for children with disabilities from birth through age 5 through several programs e.g., California's Early Start Program, California Department of Education's Preschool Special Education Program; and
  - Executive Order 13166: issued on August 11, 2000 to provide meaningful access to Limited English Proficient (LEP) individuals to federally assisted and federally conducted programs and activities.

Results-based Accountability

Prop 10 programs will have well defined and meaningful outcomes that benefit children from diverse backgrounds and with diverse abilities and thus should:

- Commit to attaining their stated program outcomes realizing that their results are crucial to ongoing sustainability and advocacy;
- Allocate sufficient resources to support accountability and evaluation activities;
- Use program planners, evaluators and other experts who are knowledgeable about children's differing abilities, and who are culturally competent in regards to the population(s) served in developing effective assessment and evaluation tools and methods;

- Conduct assessments that include assets, challenges, and gaps in communities and systems, as well as analyze community demographics (ethnicity, disabilities, language, age, socio-economic status, etc.);
- Assess regularly its inclusive governance process and provide updates on the extent of the family involvement and engagement throughout all phases of program development (planning, implementation and evaluation);
- Use culturally and linguistically appropriate questions, instruments and other research methods to collect relevant data from the populations and communities served;
- Include questions on disabilities and other related issues in surveys and other evaluation and research tools/instruments;
- Collect and report disaggregated data (e.g., ethnicity, disabilities, language, age, socioeconomic status, etc.) describing children and families served and the achievement of access, equity and desired child/family results;
- Recognize that accountability and results are crucial to ongoing advocacy and sustainability; and
- Disseminate best practices and promising practices for the benefit of all children and their service providers throughout California.

Matrix of Statewide Evaluation Indicators

Child and Family Indicators, by Data Source

Indicators by Number and Outcome		Data Source: Core Participants	Data Source: Population-Based Data	Data Source: School Readiness Program Evaluation
IMPROVED CHILD HEALTH				
1	**Children are born healthy**			
1A	Infant survival rate		X	
1B + 1C	Number and percentage of births at low birth weight. Number and percentage of births at very low birth weight	X	X	X
1D	Number and percentage of live births in which mothers received late or no prenatal care	X	X	
2	**Children receive preventive and ongoing regular health care**			
2A	Number and percentage of children who receive the recommended vaccines for their age	X	X	
2B	Number and percentage of children who receive the recommended number of well-baby and child checkups by age 2	X		
2C	Number and percentage of children with a regular medical home	X	X	X
2D	Number and percentage of children who have health insurance	X	X	X
3	**Children are in healthy and safe environments**			
3A	Number and rate of nonfatal injuries to children ages 0 to 5 requiring medical advice or treatment		X	
4	**Children are healthy and well nourished**			
4A	Number and percentage of children whose parents rate them as in very good or excellent health		X	X
4B	Number and percentage of women who are breastfeeding at time of hospital discharge/6-weeks or more/6 months or more/12 months	X	X	
4C	Number and percentage of children 2 to 5 years of age who are in the expected range of weight for their height and age	X	X	
5	**Children have good oral health**			
5A	Number and percentage of children ages 3 or older who receive annual dental exams	X	X	X
5B	Number and percentage of children ages 0 to 5 years who have dental insurance	X	X	
6	**Children are free of smoking-related illnesses**			
6A	Number and percentage of children who live in households where no adults smoke	X		X
6B	Number and percentage of women who did not smoke during pregnancy	X		

Indicators by Number and Outcome		Data Source: Core Participants	Data Source: Population-Based Data	Data Source: School Readiness Program Evaluation
IMPROVED CHILD DEVELOPMENT				
7	**Children have access to high-quality early care and education**			
7A	Number of licensed center child care spaces per 100 children		X	
7B	Number of licensed family child care slots per 100 children		X	
7C	Number of Head Start slots per 100 low-income children		X	
7D	Number and percentage of licensed center child care spaces for children with special needs		X	
8	**Children participate in early childhood education programs**			
8A	Number and percentage of children ages 3 to 5 who regularly attended a nursery school, pre-kindergarten, or Head Start program by the time of kindergarten entry	X	X	X
8B	Percentage of children with special needs who participate in early childhood care and education programs	X		
9	**Children receive early screening and intervention for developmental delays and other special needs.**			
9A	Number and percentage of children under age 3 who receive a developmental screening from their primary care provider	X		X
9B	Number and percentage of children identified as having special needs by the time of kindergarten entry	X	X	X
9C	Number and percentage of children identified with disabilities who receive developmental services by the time of kindergarten entry	X		X
9D	Number and percentage of early childhood care and education providers who receive training and/or technical support for caring for children with special needs			
10	**Children enter kindergarten "ready for school"**			
10A	Number and percentage of children entering kindergarten ready for school as determined by assessments completed by teachers and parents that indicate the child is ready in the areas of cognitive, social, emotional, language, approaches to learning, and health/physical development			X
10B	Number and percentage of children who participate in school-linked transitional practices	X		X
10C	Number and percentage of students retained a second year in kindergarten			X
10D	State standardized test scores for reading and math in second grade			X

Indicators by Number and Outcome		Data Source: Core Participants	Data Source: Population-Based Data	Data Source: School Readiness Program Evaluation
IMPROVED FAMILY FUNCTIONING				
11	**Children live in home environments supportive of optimal cognitive development**			
11A	Number and percentage of families who report reading or telling stories regularly to their children, 3 to 5 years of age	X	X	X
11B	Number and percentage of parents of entering kindergarteners who report receiving various parent education and support services since their child's third birthday			X
12	**Children are safe from intentional injuries in their homes and communities**			
12A	Number and percentage of children with substantiated or confirmed (open) cases of child abuse		X	
12B	Number and percentage of child maltreatment in which there is a recurrence within a 6-month period		X	
13	**Fewer teenagers give birth, and more teenage parents delay subsequent pregnancies**			
13A	Number and rate of births to young teenage mothers	X	X	X
14	**Families are self-sufficient**			
14A	Number and percentage of children living in poverty	X	X	X
14B	Number and percentage of kindergarten children participating in free/reduced-price breakfast and lunch programs			X
14C	Number and percentage of parents reporting food security (i.e., no hunger, as opposed to moderate or severe hunger)	X		X
14D	Number and percentage of children who move more than once in a year	X		X
14E	Number and percentage of mothers who completed high school or its equivalent	X		X
14F	Percentage of mothers who are unmarried			X
15	**Parents provide nurturing and positive emotional support to their children**			
15A	Number and percentage of mothers screened for depression	X		
16	**Children achieve permanency**			
16A	Number and percentage of children 0 to 5 years of age who have lived in foster care within the past year		X	
16B	Number and percentage of children 0 to 5 years of age in foster care who are placed in a permanent home		X	

Systems Change Indicators

Indicators by Number		Data Source: County Commission	Funded Program	Participants	School Readiness Personnel
17	**Increased accessibility of services/activities**		X		
	Increased number of service locations	X	X		
	Provision of co-located services (i.e., multiple agencies providing services at a shared location)	X	X		X
	Provision of services in conveniently located places (e.g., schools)	X	X	X	X
	Provision of home-based services	X	X		X
	Provision of transportation to services	X	X		
	Expansion of service hours or provision of flexible scheduling	X	X		
	Increased outreach and public awareness of services	X	X	X	
	Provision of services for special-needs population(s)	X	X		X
	Provision of services for underserved population(s)	X	X		X
18	**Improved service delivery**		X		
	Provision of training and technical assistance to program staff to improve the quality of services	X	X		X
	Increased family focus of services (i.e., addressing the needs of multiple family members)	X	X	X	X
	Increased attention to preventive services/activities	X	X		X
19	**Increased cultural competence**		X		X
	Cultural diversity training for providers	X	X		X
	The provision of training and technical assistance to improve knowledge, attitudes, and skills of service providers to increase their capacity to work with children with disabilities and other special needs	X	X		X
	Service providers who are culturally and linguistically reflective of the community	X	X		X
	The provision of print, audiovisual, and electronic materials that are culturally and linguistically appropriate for communities being served and written at appropriate literacy levels	X	X	X	X

Indicators by Number		Data Source: County Commission	Funded Program	Participants	School Readiness Personnel
	The availability of adapted and specialized services and supports for children with special needs and their families	X	X		X
	Data collected and reported by ethnicity, language, age, gender, geographic areas, special needs populations, or other significant subgroups	X			
20	**Increased service integration**		X		X
	Providing comprehensive services (a combination of health, educational, social, or emotional support services)	X	X	X	X
	Undertaking joint planning and decision-making among multiple agencies	X	X		X
	Seeking joint funding and/or pooling resources with other agencies	X	X		X
	Using a centralized registry or database across agencies to share information on program participants	X	X		X
	Advocating for policy change in collaboration with other agencies	X			
21	**Increased accountability for results**				X
	Using a shared accountability system across agencies (e.g., using common measures to assess results and examining findings jointly)	X			
	Using data to inform program refinement and future program planning	X	X		X
22	**Increased civic engagement of program participants**				X
	Increasing public input (e.g., surveys, community hearings, advisory boards)	X	X		
23	**Increased sustainability of First 5 funded programs**	X	X		
	Percentage of programs with a fund-raising plan for the current year and for at least 1 year into the future		X		
	Percentage of First 5 funds, versus funds from other sources supporting services		X		
	Percentage of programs that leverage First 5 funds	X	X		
	Percentage of programs able to reduce duplication and save money through collaboration		X		

Indicators by Number		Data Source			
		County Commission	Funded Program	Participants	School Readiness Personnel
24	**Improvements in school readiness system**				
	The number and percentage of elementary schools with formal linkages to preschools, Head Start and Early Head Start programs, child care centers, home visiting programs, and community resources	X	X		X
	The number and percentage of preschools with formal linkages to public and private elementary schools, child care centers, home-visiting programs, and community resources		X		

Priority Outcomes of County Commissions

	All	Small Population	Medium Population	Large Population
Children enter kindergarten “ready for school”	94.83%	93.10%	95.24%	100.00%
Children participate in early childhood education programs	93.10%	93.10%	90.48%	100.00%
Children have access to high-quality early care and education	81.03%	72.41%	90.48%	87.50%
Children receive preventive and ongoing regular health care	84.48%	68.97%	100.00%	100.00%
Children have good oral health	79.31%	79.21%	76.19%	87.50%
Children live in home environments supportive of optimal cognitive development	77.59%	72.41%	85.71%	75.00%
Children are healthy and well nourished	67.24%	55.17%	76.19%	87.50%
Children receive early screening/intervention for developmental delays, disabilities, and other special needs	74.14%	62.07%	80.95%	100.00%
Parents provide nurturing and positive emotional support to their children	70.69%	65.52%	71.43%	87.50%
Children are born healthy	55.17%	34.48%	71.43%	87.50%
Children are in healthy and safe environments	51.72%	41.38%	57.14%	75.00%
Children are free of smoking-related illnesses	48.28%	27.59%	61.90%	87.50%
Children are safe from intentional injuries in their homes and communities	51.72%	41.38%	57.14%	75.00%
Families are self-sufficient	43.10%	37.93%	47.62%	50.00%
Fewer teens have babies, and more parenting teens delay subsequent pregnancies	29.31%	17.24%	42.86%	37.50%
Children achieve permanency	22.41%	6.90%	38.10%	37.50%

Number of Children with Data, by County Commission and Indicator

Number of Children with Data at Intake, by County Commission and Indicator

County	Participants	Ethnicity of Participants	Primary Language of Participants	Low Birth Weight	Prenatal Care	Mother's Age at Birth of Child	Breastfeeding	Smoked during Pregnancy	Health Insurance	Type of Health Insurance
Alpine	71	70	71	67	35	0	36	64	69	0
Amador	24	24	24	24	0	0	0	21	24	0
Butte	125	125	125	122	79	119	81	122	123	0
Contra Costa	1,426	1,418	0	0	0	1,062	0	0	1,303	1,263
El Dorado	103	103	103	103	99	0	99	103	103	0
Fresno	1,532	1,237	1,517	1,317	661	1,200	672	1,424	1,527	1,223
Glenn	54	54	54	53	32	15	31	54	53	14
Imperial	909	903	906	891	499	270	518	886	889	262
Inyo	87	86	84	59	51	0	52	17	60	0
Kern	671	661	16	118	50	0	210	0	0	0
Kings	95	92	66	91	52	91	58	84	94	61
Lake	141	97	124	118	57	28	32	102	102	0
Lassen	65	65	65	63	54	60	56	62	63	0
Los Angeles	3,878	3,654	3,584	3,595	1,490	2,340	1,477	3,319	3,797	2,016
Marin	41	41	41	38	24	0	24	38	40	0
Mariposa	23	21	22	21	0	19	3	19	20	3
Mendocino	59	55	58	55	18	0	18	54	58	53
Merced	48	46	47	27	4	7	6	29	47	29
Modoc	67	66	67	64	11	61	12	64	66	0
Mono	185	162	182	139	126	71	125	105	0	0
Monterey	948	943	944	891	316	805	345	886	944	785
Orange	2,373	2,289	1,088	2,073	464	2,175	415	2,296	2,291	2,018
Plumas	24	24	24	24	21	24	21	24	24	6
Riverside	2,991	2,872	2,968	2,790	1,227	2,715	1,256	2,766	2,858	290
Sacramento	551	0	47	0	0	0	4	135	40	32
San Bernardino	150	146	25	90	0	87	7	92	93	0
San Diego	611	611	610	577	78	0	83	564	608	35
San Francisco	28	25	26	28	7	0	6	26	28	13
San Joaquin	310	310	310	303	190	0	206	302	303	0
San Mateo	205	192	205	201	118	183	123	201	199	0

Note: Intake data (available for 45 County Commissions) were included in analyses if either of the following is true:

- The intake was conducted in fiscal year 2005-06.
- The intake was conducted before fiscal year 2005-06, and follow-up was conducted in fiscal year 2005-06 or any family member received a service in fiscal year 2005-06.

Number of Children with Data at Intake, by County Commission and Indicator

County	Participants	Ethnicity of Participants	Primary Language of Participants	Low Birth Weight	Prenatal Care	Mother's Age at Birth of Child	Breastfeeding	Smoked during Pregnancy	Health Insurance	Type of Health Insurance
Santa Barbara	113	113	113	105	27	100	29	101	108	0
Santa Clara	687	0	686	629	296	0	303	666	667	628
Santa Cruz	47	47	47	44	1	0	1	40	47	0
Shasta	22	21	22	22	21	0	21	21	22	0
Siskiyou	10	10	10	8	1	0	1	9	10	8
Solano	46	46	46	44	15	0	16	45	46	31
Sonoma	360	358	360	344	51	0	55	353	358	64
Stanislaus	18	18	18	18	6	17	6	17	18	16
Sutter	252	252	250	244	4	0	4	242	250	0
Tehama	163	163	163	159	81	0	84	151	162	0
Tulare	2,123	2,120	1,401	852	928	2,087	950	2,080	2,078	0
Tuolumne	18	18	18	15	0	0	0	16	18	0
Ventura	55	54	55	50	23	0	25	49	0	0
Yolo	47	47	47	47	22	17	26	46	45	23
Yuba	17	17	17	16	11	17	12	17	16	0
Total	**21,773**	**19,676**	**16,656**	**16,539**	**7,250**	**13,570**	**7,509**	**17,712**	**19,671**	**8,873**

Number of Children with Data, by County Commission and Indicator

Number of Children with Data at Intake, by County Commission and Indicator

County	Regular Medical Home	Regular Doctor	Recommended Well-Baby and -Child Checkups	Developmental Assessment	Disabilities or Other Special Needs	Dental Insurance	Dental Exams	Attended ECE Program	ECE Program Was Head Start
Alpine	69	68	67	0	68	0	63	26	15
Amador	24	24	22	0	24	18	21	0	0
Butte	122	121	115	106	97	0	82	42	34
Contra Costa	0	0	0	0	324	0	0	0	0
El Dorado	103	103	103	0	103	98	85	4	2
Fresno	1,145	1,318	1,131	0	1,122	1,153	923	612	249
Glenn	52	53	50	48	47	48	33	21	12
Imperial	891	884	876	262	859	256	729	332	181
Inyo	57	54	37	0	11	0	0	0	0
Kern	127	128	662	0	664	0	617	0	0
Kings	64	71	60	73	77	78	78	12	8
Lake	114	116	78	54	104	46	84	61	25
Lassen	59	62	63	0	57	59	51	7	3
Los Angeles	3,645	3,718	3,539	2,543	3,450	2,768	3,274	1,801	547
Marin	40	41	41	0	41	0	39	9	3
Mariposa	20	19	19	13	18	18	19	17	10
Mendocino	59	59	57	53	56	0	53	38	31
Merced	47	45	45	40	45	26	43	28	15
Modoc	67	66	67	0	65	61	63	51	38
Mono	106	0	49	0	0	0	34	4	0
Monterey	934	928	912	30	926	861	785	533	295
Orange	2,220	2,221	1,490	149	1,475	0	1,437	1,848	551
Plumas	24	23	22	0	24	23	16	3	2
Riverside	2,817	2,807	2,747	2,628	1,620	2,549	2,301	1,364	540
Sacramento	39	120	117	0	115	0	148	1	1
San Bernardino	92	90	83	0	87	11	74	79	13
San Diego	607	602	585	553	599	0	579	496	227
San Francisco	27	28	27	28	26	0	26	20	11
San Joaquin	302	302	283	0	301	0	258	82	6
San Mateo	203	203	199	0	204	0	193	67	22

Number of Children with Data at Intake, by County Commission and Indicator

County	Regular Medical Home	Regular Doctor	Recommended Well-Baby and -Child Checkups	Developmental Assessment	Disabilities or Other Special Needs	Dental Insurance	Dental Exams	Attended ECE Program	ECE Program Was Head Start
Santa Barbara	108	109	109	0	101	109	98	56	18
Santa Clara	676	676	654	0	667	0	554	345	168
Santa Cruz	47	46	45	0	47	0	46	41	31
Shasta	22	22	15	0	18	0	18	0	0
Siskiyou	10	10	10	8	10	9	10	8	8
Solano	42	44	44	27	42	31	32	28	18
Sonoma	358	352	347	71	353	346	354	296	29
Stanislaus	18	18	18	0	18	18	16	12	8
Sutter	250	247	240	0	244	176	219	229	84
Tehama	161	161	154	0	154	153	132	68	36
Tulare	1,181	1,178	1,172	0	1,161	0	961	1,225	163
Tuolumne	18	16	16	14	6	0	17	18	17
Ventura	55	55	52	0	0	0	40	26	14
Yolo	45	46	45	46	36	42	41	7	4
Yuba	17	17	16	16	17	14	15	5	4
Total	**17,084**	**17,271**	**16,483**	**6,762**	**15,483**	**8,971**	**14,661**	**9,922**	**3,443**

Number of Children with Data, by County Commission and Indicator

Number of Children with Data at Intake, by County Commission and Indicator

County	Regularly Sing to Child	Regularly Read to Child	Regularly Tell Stories to Child	Exposure to Smoke	Moved in Last 12 Months	Mother Had Diploma/GED	Living in Poverty
Alpine	56	56	57	69	0	0	0
Amador	22	23	22	24	0	0	0
Butte	72	69	69	122	0	0	0
Contra Costa	0	0	0	1,332	0	0	0
El Dorado	33	33	33	103	0	99	0
Fresno	931	1,216	927	1,330	927	181	166
Glenn	32	32	33	54	50	37	33
Imperial	675	681	669	897	320	255	702
Inyo	0	0	0	0	0	0	22
Kern	112	0	111	536	0	0	0
Kings	72	69	68	83	81	79	32
Lake	79	80	70	105	56	60	0
Lassen	26	26	23	64	59	58	43
Los Angeles	3,116	3,117	3,116	3,657	2,497	2,808	1,845
Marin	35	35	34	40	0	0	0
Mariposa	18	18	18	17	19	19	15
Mendocino	53	53	52	58	0	57	39
Merced	43	45	44	48	27	47	37
Modoc	56	56	55	64	62	63	1
Mono	7	6	5	172	119	117	75
Monterey	769	772	763	933	0	852	784
Orange	1,442	225	1,449	2,258	0	2,179	1,709
Plumas	15	15	15	24	0	23	17
Riverside	2,120	2,188	2,177	2,824	2,861	2,768	1,256
Sacramento	117	117	118	498	21	0	0
San Bernardino	76	69	77	92	0	0	29
San Diego	578	584	582	609	0	46	43
San Francisco	25	26	26	28	0	23	3
San Joaquin	217	218	216	307	0	0	0
San Mateo	156	158	159	201	187	201	0

Number of Children with Data at Intake, by County Commission and Indicator

County	Regularly Sing to Child	Regularly Read to Child	Regularly Tell Stories to Child	Exposure to Smoke	Moved in Last 12 Months	Mother Had Diploma/GED	Living in Poverty
Santa Barbara	95	93	93	111	107	110	91
Santa Clara	522	524	523	664	0	656	575
Santa Cruz	47	47	47	47	0	0	0
Shasta	10	10	10	22	0	0	0
Siskiyou	10	10	10	10	0	10	10
Solano	29	31	31	44	0	14	0
Sonoma	344	347	345	356	0	76	6
Stanislaus	16	16	16	18	18	18	15
Sutter	237	239	237	249	0	0	0
Tehama	117	118	112	155	0	0	0
Tulare	903	1,707	895	2,077	0	2,068	1,675
Tuolumne	18	17	16	18	0	18	0
Ventura	16	15	21	55	0	0	0
Yolo	38	39	38	44	16	26	16
Yuba	11	11	11	17	17	17	15
Total	**13,366**	**13,211**	**13,393**	**20,436**	**7,444**	**12,985**	**9,254**

Number of Children with Data, by County Commission and Indicator

Number of Children with Data at 6-Month Follow-up, by County Commission and Indicator

County	Participants	Ethnicity of Participants	Primary Language of Participants	Health Insurance	Type of Health Insurance	Regular Medical Home	Regular Doctor	Recommended Well-Baby and -Child Checkups	Developmental Assessment	Disabilities or Other Special Needs
Alpine	50	49	50	47	0	48	48	44	0	47
Butte	113	112	113	111	0	109	110	103	101	79
El Dorado	79	79	79	79	0	79	79	79	0	79
Fresno	1,657	1,338	1,651	1,634	590	477	480	452	0	470
Glenn	43	43	43	41	0	39	39	32	31	31
Imperial	376	376	376	369	26	359	358	347	25	352
Kern	315	309	31	0	0	50	50	308	0	310
Lake	46	28	37	38	0	38	38	37	0	36
Lassen	41	41	41	40	0	39	40	38	0	29
Los Angeles	1,368	1,239	1,235	1,254	536	1,211	1,243	1,196	848	1,133
Marin	43	43	43	41	0	42	42	41	0	43
Mariposa	2	2	2	2	0	2	1	1	1	1
Mendocino	15	15	15	15	13	15	15	14	12	14
Modoc	41	40	41	41	0	41	39	41	0	39
Mono	14	14	14	0	0	13	0	10	0	0
Monterey	578	578	578	576	404	560	559	538	1	565
Orange	714	676	656	678	585	605	605	468	47	550
Plumas	19	19	19	19	3	19	19	18	0	19
Riverside	851	822	848	813	163	802	790	769	770	533
Sacramento	38	0	32	2	1	2	0	1	0	1
San Diego	266	266	266	264	0	260	258	243	229	260
San Francisco	5	5	5	5	3	5	5	5	5	4
San Joaquin	32	32	32	31	0	28	29	26	0	31
San Mateo	133	127	133	129	0	133	130	126	0	132

Note: Follow-up data beginning in fiscal year 2002-03 were included in analyses if there was an intake. In addition, analyses for each item required a nonmissing response at intake and follow-up. Data were available for 35 County Commissions.

Number of Children with Data at 6-Month Follow-up, by County Commission and Indicator

County	Participants	Ethnicity of Participants	Primary Language of Participants	Health Insurance	Type of Health Insurance	Regular Medical Home	Regular Doctor	Recommended Well-Baby and -Child Checkups	Developmental Assessment	Disabilities or Other Special Needs
Santa Barbara	205	205	204	195	0	197	196	197	0	169
Santa Clara	333	0	333	332	314	327	326	308	0	329
Shasta	12	11	12	12	0	12	12	8	0	7
Siskiyou	7	7	7	7	5	7	7	6	6	7
Sonoma	212	212	212	210	7	212	209	200	10	212
Sutter	31	31	31	29	0	29	31	30	0	31
Tehama	105	105	105	105	0	104	104	101	0	99
Trinity	21	20	21	21	0	21	21	20	0	4
Tulare	1,380	1,378	920	1,301	0	277	278	273	0	295
Yolo	25	25	25	24	10	24	24	24	24	19
Yuba	34	34	34	33	0	34	33	32	28	29
Total	**9,204**	**8,281**	**8,244**	**8,498**	**2,660**	**6,220**	**6,218**	**6,136**	**2,138**	**5,959**

Number of Children with Data, by County Commission and Indicator

Number of Children with Data at 6-Month Follow-up, by County Commission and Indicator

County	Dental Insurance	Dental Exams	Attended ECE Program	ECE Program Was Head Start	Regularly Sing to Child	Regularly Read to Child	Regularly Tell Stories to Child	Exposure to Smoke	Moved in Last 12 Months	Mother Had Diploma/GED	Living in Poverty
Alpine	0	40	21	12	38	38	39	48	0	0	0
Butte	0	60	29	22	58	53	54	111	0	0	0
El Dorado	51	66	4	2	25	25	25	79	0	77	0
Fresno	532	365	557	96	395	1,304	390	1,156	3	945	586
Glenn	37	25	16	11	22	24	25	43	37	19	25
Imperial	22	282	158	90	273	270	266	373	41	16	250
Kern	0	263	0	0	46	0	46	190	0	0	0
Lake	0	33	35	13	34	38	36	38	0	0	0
Lassen	19	28	8	3	20	20	18	39	20	34	5
Los Angeles	787	1,029	700	128	1,066	1,075	1,074	1,214	599	954	481
Marin	0	40	13	6	37	37	36	42	0	0	0
Mariposa	1	2	1	0	1	1	1	1	1	1	0
Mendocino	0	12	10	9	13	12	11	14	0	15	7
Modoc	33	38	34	26	36	36	35	39	36	38	0
Mono	0	3	0	0	1	1	0	0	12	13	8
Monterey	455	430	299	160	433	436	426	544	0	494	367
Orange	0	450	539	147	451	104	459	669	0	669	468
Plumas	17	14	3	2	12	12	12	19	0	18	9
Riverside	691	604	409	162	600	635	635	791	759	790	209
Sacramento	0	2	1	1	1	0	1	2	0	0	0
San Diego	0	243	215	98	248	253	250	264	0	0	0
San Francisco	0	4	3	1	4	4	4	4	0	4	0
San Joaquin	0	30	18	3	26	25	24	32	0	0	0
San Mateo	0	122	47	16	106	109	109	130	113	131	0
Santa Barbara	189	173	130	26	185	187	186	197	185	195	170
Santa Clara	0	269	183	83	268	268	265	322	0	320	289
Shasta	0	5	0	0	4	3	3	12	0	0	0
Siskiyou	6	7	6	6	7	7	7	7	0	7	7
Sonoma	189	210	202	33	207	207	206	210	0	11	0
Sutter	21	24	31	9	29	30	30	31	0	0	0
Tehama	94	79	32	18	70	75	70	102	0	0	0
Trinity	0	16	10	5	19	19	19	21	0	0	0
Tulare	0	224	788	33	221	1,047	220	1,342	0	1,356	1,070
Yolo	22	19	3	2	21	22	22	23	0	15	
Yuba	28	24	7	7	21	21	21	32	27	34	22
Total	**3,194**	**5,235**	**4,512**	**1,230**	**4,998**	**6,398**	**5,025**	**8,141**	**1,833**	**6,156**	**3,973**

Number of Children with Data at 12-Month Follow-up, by County Commission and Indicator

County	Participants	Ethnicity of Participants	Primary Language of Participants	Health Insurance	Type of Health Insurance	Regular Medical Home	Regular Doctor	Recommended Well-Baby and -Child Checkups	Developmental Assessment	Disabilities or Other Special Needs
Alpine	44	43	44	42	0	42	42	41	0	41
Butte	46	46	46	46	0	44	45	42	37	23
El Dorado	7	7	7	7	0	7	7	7	0	7
Fresno	657	569	651	649	152	61	140	60	0	62
Glenn	4	4	4	4	0	4	4	3	3	4
Imperial	120	120	120	118	0	117	112	113	1	108
Kern	174	173	1	0	0	4	4	167	0	174
Lake	1	1	1	1	0	0	1	1	0	1
Lassen	22	22	22	19	0	20	21	22	0	17
Los Angeles	357	326	324	342	122	334	335	337	184	328
Marin	9	9	9	8	0	9	9	8	0	9
Mariposa	1	1	1	1	0	1	1	1	1	1
Modoc	19	18	19	19	0	19	19	19	0	19
Mono	9	8	9	0	0	7	0	5	0	0
Monterey	119	119	119	118	76	114	113	106	0	117
Orange	217	204	212	205	165	169	170	54	13	137
Plumas	15	15	15	15	0	15	14	13	0	15
Riverside	303	292	300	286	51	281	280	256	260	148
Sacramento	1	0	1	0	0	0	0	0	0	0
San Diego	34	34	34	33	0	34	32	28	22	34
San Joaquin	3	3	3	3	0	3	3	3	0	3
San Mateo	14	13	14	14	0	14	14	13	0	14
Santa Barbara	25	25	25	25	0	25	25	25	0	18
Santa Clara	63	0	63	63	62	62	62	57	0	63
Shasta	4	4	4	4	0	4	4	3	0	2
Solano	2	2	2	1	0	2	1	2	0	1
Sonoma	1	1	1	1	0	1	1	1	0	1
Tehama	21	21	21	21	0	21	21	20	0	21
Tulare	519	519	387	493	0	20	21	20	0	28
Yolo	12	12	12	12	5	12	12	12	12	8
Yuba	9	9	9	8	0	9	9	9	6	6
Total	**2,832**	**2,620**	**2,480**	**2,558**	**633**	**1,455**	**1,522**	**1,448**	**539**	**1,410**

Note: Follow-up data beginning in fiscal year 2002-03 were included in analyses if there was an intake. In addition, analyses for each item required a nonmissing response at intake and follow-up. Data were available for 31 County Commissions.

Number of Children with Data, by County Commission and Indicator

Number of Children with Data at 12-Month Follow-up, by County Commission and Indicator

County	Dental Insurance	Dental Exams	Attended ECE Program	ECE Program Was Head Start	Regularly Sing to Child	Regularly Read to Child	Regularly Tell Stories to Child	Exposure to Smoke	Moved in Last 12 Months	Mother Had Diploma/GED	Living in Poverty
Alpine	0	39	15	8	35	35	36	43	0	0	0
Butte	0	33	12	9	29	27	29	45	0	0	0
El Dorado	4	4	1	0	3	3	3	7	0	6	0
Fresno	117	47	124	21	50	498	46	374	0	474	192
Glenn	2	1	0	0	0	0	0	4	3	3	1
Imperial	0	91	34	17	79	80	80	120	3	2	82
Kern	0	149	0	0	4	0	3	83	0	0	0
Lake	0	1	0	0	1	1	1	1	0	0	0
Lassen	15	16	4	1	13	13	10	21	18	18	4
Los Angeles	193	301	172	35	298	301	295	337	156	235	116
Marin	0	8	1	1	7	7	7	8	0	0	0
Mariposa	1	1	1	1	1	1	1	1	1	1	1
Modoc	16	18	13	9	17	17	17	18	18	18	0
Mono	0	3	0	0	0	0	0	0	4	7	0
Monterey	75	68	36	25	61	64	63	104	0	84	42
Orange	0	49	171	49	51	26	50	196	0	198	111
Plumas	14	12	2	2	11	11	11	15	0	15	8
Riverside	217	198	124	50	184	186	191	266	249	265	53
Sacramento	0	0	0	0	0	0	0	0	0	0	0
San Diego	0	31	27	13	32	33	33	34	0	0	0
San Joaquin	0	3	1	0	2	2	2	3	0	0	0
San Mateo	0	14	4	1	10	10	10	14	12	13	0
Santa Barbara	21	17	13	4	24	24	24	25	20	22	23
Santa Clara	0	55	28	14	46	46	45	62	0	62	53
Shasta	0	1	0	0	3	2	3	3	0	0	0
Solano	1	1	1	0	1	1	1	2	0	1	0
Sonoma	1	1	1	0	1	1	1	1	0	0	0
Tehama	20	14	3	0	15	15	14	20	0	0	0
Tulare	0	16	240	2	10	366	8	492	0	510	390
Yolo	10	10	3	1	10	11	11	11	0	10	0
Yuba	6	8	1	1	8	8	8	9	6	8	3
Total	**713**	**1,210**	**1,032**	**264**	**1,006**	**1,789**	**1,003**	**2,319**	**490**	**1,952**	**1,079**

County Population Size Designations and Methods of Data Submission

County	Aggregate Data Method			Core Data Method	
	Scannable Forms	PEDS	Other Export	PEDS	Other Export
Small-Population Counties (n=29)					
Alpine		X		X	
Amador	X			X	
Calaveras		X		X	
Colusa		X		Not submitted	
Del Norte		X		Not submitted	
El Dorado		X		X	
Glenn		X		X	
Humboldt			X	Not submitted	
Inyo	X				X
Kings			X		X
Lake		X			X
Lassen		X		X	
Madera	X			Not submitted	
Mariposa			X		X
Mendocino		X		X	
Modoc		X		X	
Mono	X				X
Napa		X		Not submitted	
Nevada		X		Not submitted	
Plumas		X		X	
San Benito		X		X	
Shasta		X		X	
Sierra		X		Not submitted	
Siskiyou		X		X	
Sutter	X	X		X	
Tehama		X		X	
Trinity		X		Not submitted	
Tuolumne		X		X	
Yuba		X		X	
Total	**5**	**22**	**3**	**17**	**5**
Medium-Population Counties (n=21)					
Butte		X		X	
Contra Costa	X				X
Fresno			X		X

Note: County population size categories are based on the amount of First 5 funding allocated to each County Commission, which is proportional to the number of births in the county in 1 year.

County	Aggregate Data Method			Core Data Method	
	Scannable Forms	PEDS	Other Export	PEDS	Other Export
Imperial		X		X	
Kern			X		X
Marin	X	X		X	
Merced		X	X	X	X
Monterey	X	X		X	
Placer		X		Not submitted	
San Francisco		X		X	
San Joaquin	X			X	
San Luis Obispo		X		Not submitted	
San Mateo	X	X			X
Santa Barbara	X		X		X
Santa Cruz	X				X
Solano			X		X
Sonoma		X		X	
Stanislaus		X		X	
Tulare	X				X
Ventura	X		X		X
Yolo			X		X
Total	**9**	**11**	**7**	**9**	**11**
Large-Population Counties (n=8)					
Alameda	X			Not submitted	
Los Angeles	X	X	X	X	X
Orange	X	X	X	X	X
Riverside		X	X	X	X
Sacramento			X		X
San Bernardino			X		X
San Diego	X	X		X	
Santa Clara	X				X
Total	**5**	**4**	**5**	**4**	**6**
All Counties (n=58)					
Total	**19**	**37**	**15**	**30**	**22**

Note: County population size categories are based on the amount of First 5 funding allocated to each County Commission, which is proportional to the number of births in the county in 1 year.