Annual Report

Fiscal Year 2004-05

California Children & Families Commission

FIRST5 CALIFORNIA

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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.

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 during the 2004-05 fiscal year, 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 Initiative. The School Readiness Initiative, 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 Initiative, the First 5 Commissions are providing outreach and education programs for new parents, new 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 (Preschool for All), 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 the children enter school.

This annual report provides a comprehensive overview, at the state and county levels, of First 5 California's continuing initiatives and of new initiatives approved during the 2004-05 fiscal year. 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 in school.

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 2004-05 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 health, (2) improved child development, and (3) improved family functioning. The fourth desired result area, improved systems of care, is addressed in Chapter 6. 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 Initiative. Findings are presented on the extent to which children were ready for school and schools were ready for children in the fall of 2004, providing the first statewide picture of entering kindergarten students in high-priority schools.

Chapter 6 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 7 summarizes findings from two special studies conducted to identify and describe best practices being used by early childhood education programs receiving First 5 funding. One study focused on 12 high-quality preschool programs; the other study focused on 10 programs using promising strategies to promote early literacy.

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 2004-05 fiscal year. The chapter also describes how County Commissions are planning to sustain their investments in programs and larger systemwide 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. The Commission has 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 a Statewide Evaluation Oversight Committee (SEOC) provided support and input into the statewide evaluation design and activities from May 2002 through April 2004.

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, 2004, through June 30, 2005).

First 5 California Commission

The First 5 California Commission consists of six voting members; two are appointed by the Governor, two by the Speaker of the Assembly, and two 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 38 permanent and full-time staff members.

Exhibit 1-1
State Commission Members (2004-05)

Commission Member	Appointing Power
Rob Reiner, Chair	Governor
Eliseo Medina	Governor
Sandra Gutierrez	Speaker of the Assembly
Alice Walker Duff, Ph.D.	Speaker of the Assembly
Louis Vismara, M.D.	Senate Rules Committee
Elizabeth Rice Grossman	Senate Rules Committee
Richard Riordan	*Ex Officio*-California Secretary of Education
S. Kimberly Belshé	*Ex Officio*-Secretary of the California Health and Human Services Agency

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 2004-05, approximately $600 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.

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 & 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 2005-06 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 & 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 initiatives 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 Health Access for All Children (Birth to 5 years of age) Initiative and the Special Needs Project. 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: the School Readiness Initiative; Retention Incentives for Early Care and Education Providers; Kit for New Parents; Family, Friend, and Neighbor Child Caregiver Support Project; Early Childhood Oral Health Initiative; Migrant and Seasonal Farm Workers 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 2004-05, First 5 California implemented or continued several projects that target early childhood learning and education. These include the School Readiness Initiative; Special Needs Project; Migrant and Seasonal Farm Workers Project; Family, Friend, and Neighbor Child Caregiver Support Project; Matching Funds for Retention Incentives for Early Care and Education Providers; Child Development Permit Project; Preschool for All; and ABCD project. These projects are described below.

School Readiness Initiative

The purpose of the School Readiness (SR) Initiative is to improve the ability of families, schools, and communities to prepare children to enter school ready to succeed. This is being accomplished through matching funds to First 5 County Commissions that fund locally tailored School Readiness Programs in communities 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 School Readiness Initiative 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 School Readiness Initiative, approved in 2001 and expanded to all 58 counties in 2002, is the State Commission's signature program and the primary means of achieving its overarching goal of school readiness. The School Readiness Initiative is progressing through the joint efforts of First 5 California and the County Commissions. The First 5 California Commission's allocation of $206.5 million over a 4-year period requires collaboration and a 1:1 cash match from the County Commissions and/or their local partners. This financial commitment will

help to ensure that school readiness becomes an integral part of California's education, health care, and family support systems. All 58 County Commissions receive SR program funds, supporting 206 School Readiness Programs that provide services to the children and families living in the attendance areas of 785 high-priority schools.

In October 2005, the State Commission reaffirmed its commitment to school readiness by providing a 4-year financial commitment of $51.7 million per year to continue its support of the School Readiness Initiative. This commitment is designed to sustain current county 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 School Readiness Initiative on participating children and families statewide. The Commission's reaffirmed commitment to school readiness will be implemented through a reapplication process, which will provide 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 in the second phase of the School Readiness Initiative.

The Five Essential and Coordinated Elements of School Readiness

The local School Readiness Programs are restructuring and coordinating 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 School Readiness Initiative 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 School Readiness 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 outlines the principles and processes that surround the services and support provided through the five Essential and Coordinated Elements of the School Readiness Initiative. The flexibility of this framework encourages communities to select the best strategies for local implementation. All the components are present in some form within each School Readiness Program, but each community will approach them somewhat differently to meet its locally assessed needs through building on, improving, and expanding existing services, local resources, and community expertise and infrastructure to improve outcomes for young children and their families.

Exhibit 1-2
Principles, Elements, and Processes of the First 5 California SR Initiative

Principles	Essential and Coordinated Elements	Processes
• Voluntary family participation • Family focus and decisionmaking • Community investment and design • Inclusive and culturally competent • Collaboration • Builds on family and community assets • Coordinates existing services and infrastructure	• Five elements: 1. Early care and education services with kindergarten transition services 2. Parenting/family support services 3. Health and social services 4. Schools' capacity to prepare children and families for school success 5. Program infrastructure, administration, and evaluation • Plus other services determined by local communities	• School-based or -linked • Plan with connected assessment, prioritized goals, strategies, partners, and evaluation • Comprehensive training for staff and volunteers • Results-based accountability and strong evaluation component • Systems integration and redesign • Standards- and research-based, plus "promising practices" • Program-, district-, and county-level coordination and technical assistance

Each county's School Readiness Program is building on existing infrastructure and services and responding to local needs, using strategies based on research and promising practices adapted to California's cultural and linguistic populations. Through the School Readiness 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 School Readiness 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.

Special Needs Project

The First 5 California Special Needs Project (SNP), approved in March 2003 for $20 million over 5 years, addresses two areas: children with disabilities and other special needs, and early childhood mental health. The intent of merging these two areas is to maximize early identification of conditions that are often overlooked or difficult to diagnose, improve connections to services for children with existing disabilities, and provide services to children in need of support. Children who have behavioral/mental health needs but have no current diagnosis making them eligible for an existing categorical program are a particular focus.

Ten demonstration sites, each linked to a School Readiness site, were selected in December 2004. The sites are in the following counties: El Dorado, Los Angeles, Mendocino, Merced, Monterey, Orange, Riverside, San Diego, San Francisco, and Sonoma. Site teams have the responsibility of testing a combination of evidence-based and promising practices and systems to better support a diverse population of children with disabilities and other special needs.

All demonstration sites are expected to:

1. Create an interagency, interdisciplinary, coordinated, communitywide system that provides universal access to and improved use of periodic screening/ assessment, using tools and processes that are culturally, linguistically, and developmentally appropriate.
2. Improve access to and use of services and supports through a family-focused/ family-friendly, interdisciplinary, coordinated, communitywide system.
3. Include children with disabilities and other special needs in appropriate typical preschools, child care and development programs, and other

community settings with provision of supports necessary to help the children succeed in these environments.

4. Participate in program evaluation to identify effective practices, resources, and other tools for improving programs and achieving project outcomes.

Through a competitive bid process, the contract for the Coordination and Training component of the SNP was awarded to the California Institute on Human Services (CIHS), located at Sonoma State University. Coordination and support have involved evaluating and recommending a screening protocol, establishing site work plans to meet expected project outcomes, developing and implementing a training curriculum, and coordinating and supporting statewide training and leadership activities to disseminate promising practices from the demonstration sites. To conduct these complex activities, CIHS assigned a Project Development Specialist to work with each site.

Between January and July 2005, CIHS Project Development Specialists worked with the demonstration sites to form three teams to plan and conduct the project at each site. The Design Team is a core group of planners for each site. These teams had an average of seven members and met a total of 48 times across the different sites to plan local activities. Leadership Teams include key decision-makers from the local County Commission, the demonstration site, and major organizations and agencies that serve children with disabilities and other special needs. Leadership Teams met to review and approve the planning activities of the Design Teams. Community Action Planning Teams are composed of community members who will participate in or be affected by the local project. The 10 demonstration sites held a total of 32 meetings with more than 270 Community Action Planning Team members. These meetings produced a community action plan to guide the vision, strategic direction, and implementation actions of each local project.

To coordinate the project at the statewide level, CIHS created the Demonstration Site Network. This network consists of the Leadership Teams of the sites, CIHS, State Commission staff, and the statewide evaluation team. An orientation to the project for the demonstration site staff from all 10 sites was held in January 2005. The first semiannual Demonstration Site Network meeting was held in March 2005. This meeting was well attended, with significant numbers of representatives from each demonstration site. Monthly conference calls with site directors and coordinators are another key strategy for coordinating the efforts of the 10 demonstration sites.

To meet the goals of the first SNP emphasis area, CIHS developed a screening protocol for projectwide use and assisted sites in implementing the protocol by coordinating a series of regional and local trainings in the use of the screening instruments and the overall protocol. These trainings included 13 separate events, with approximately 150 staff being trained in the proper use of the screening tools. The trainings involved “train the trainer” segments to build local capacity and sustainability for conducting high-quality developmental and health screenings. The demonstration sites were preparing to start screening children in July 2005.

The statewide evaluation team at SRI International worked closely with State Commission staff and CIHS to plan and coordinate the Special Needs Project. Between January and June 2005, SRI International established the foundation for the project evaluation. The SRI SNP evaluation team (including liaisons for each site, an evaluation data system specialist, the statewide evaluation coach liaison, and the School Readiness Initiative evaluation director) worked closely with each site to implement the evaluation design that it had formulated, coordinate with the statewide and local evaluations, and integrate SNP activities with local School Readiness Initiative activities and programs. 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 each of the four SNP emphasis areas. SRI staff trained 16 key demonstration site staff in data entry for the evaluation system. SRI also worked collaboratively with CIHS to train approximately 100 staff in the SNP and statewide evaluation data collection tools at the local screening training events. SRI also conducted nine local trainings in data confidentiality procedures and requirements for 81 members of demonstration site teams.

An important resource for the SNP is the Infant-Preschool Family Mental Health Initiative (IPFMHI), conducted by the California Department of Mental Health in partnership with WestEd and the California Institute for Mental Health. Staff from this project have been providing technical assistance to the SNP participants regarding the screening protocol, training plan, treatment

models, and consultative activities. Eight local IPFMHI projects have concluded their provision of direct services. The project deliverables, including a *Screening and Evaluation Compendium*, *Financing Strategies Manual, Triage and Referral Findings,* and *Lessons Learned from the IPFMH Project*, are complete and are being disseminated to each of the 10 SNP demonstration sites, along with individualized consultation and support to enhance the systems of support for children with behavioral and mental health needs and their families.

Migrant and Seasonal Farm Workers Project

The 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. It 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.

The MEES component of this project increases the availability of early childhood education and parent education services for migrant farm worker children, parents, and caregivers. The First 5 California Commission committed $7.4 million over the 4-year life of the project to 22 MEES regions to accomplish the following:

- Augment existing child care services during nontraditional hours to reflect the working hours of parents who are farm laborers.
- Increase capacity of programs to serve participants from farm labor communities not served previously.
- Enhance the quality of early childhood education and parent education services that focus on early literacy acquisition and child development.
- Provide transportation services in isolated rural areas to increase access to early childhood education programs.

The LUPE component of this project, which will receive $2.2 million over the same 4-year period, uses extensive existing community-based networks to provide the following:

- Enhanced community outreach in eight counties to increase participation in newly expanded MEES programs.
- Informal parent education services within migrant farm worker communities.

In its third year, the MEES component of this project exceeded its goals. It established 114 new program sites that were partially or fully funded by First 5. The MEES program also provided services to nearly 13,000 additional children and families within California's migrant community. These programs and services would not have been available without this program.

The LUPE component of the project also expanded its outreach activities to additional counties in the demonstration project. As part of this expansion, LUPE staff organized parent committees, trainers, and leaders in each community; distributed more than 1,000 parenting kits; and established a parent education curriculum that can be used at workshops and with individual parents.

An outcome evaluation is under way that examines the project's impacts on children, parents, and caregivers.

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, originally called the Informal 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, Web sites, and outreach/training throughout California.

The daily program airs statewide and is produced in both English (120 episodes) and Spanish (120 episodes). 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.

During fiscal year 2004-05, "A Place of Our Own"/"Los Niños en Su Casa" reached 3.7 million viewers and 2.017 million households statewide. KCET developed three different workshops for child care providers: *Language and Literacy*, *Conflict Resolution*, and *Play & Creativity*. In collaboration with PBS stations and community partners, 199 workshops were implemented from January to June 2005. More than 1,750 providers participated in outreach workshops held statewide by KCET, partner stations, and other partner agencies. These caregivers reach approximately 8,500 children.

- 42% of the participants identified themselves as child caregivers (babysitter, nanny, family member receiving pay, family member not paid, or student).
- 40% of the participants identified themselves as home child care providers.
- 10% of the participants identified themselves as parents.
- 17% of the participants who attended the language and literacy workshops identified themselves as African-American.
- 52% identified themselves as Latino/Hispanic.
- 30% of the participants reported that their total annual household income was under $15,000.
- 37% reported annual incomes between $15,000 and $35,000 and 14% between $35,000 and $50,000.
- More than 92% of the workshop participants said they were very likely to use what they had learned once they got home.

Both series were nominated for Los Angeles area Emmys; "Los Niños en Su Casa" won in the category of "Best Informational/Public Affairs Series." It is the first Spanish-language series to win in the public affairs category. The series also were nominated for an Imagen award.

Other FFN activities. First 5 California also is continuing to support FFN caregivers through several other initiatives (School Readiness Initiative; Comprehensive Approaches to Raising Educational Standards, or CARES, with its new FFN Track; and Kit for New Parents Language Adaptation). In July 2005, the State Commission approved using the remaining $4 million in funding set aside for the FFN project to fund KCET for a second year of production of the two series and outreach/training.

Comprehensive Approaches to Raising Educational Standards (CARES)

Through a $155.3-million funding partnership that began in 2000 and that continued through June 30, 2005, First 5 California invested almost $33.3 million over 4 years in matching funds to 47 participating County Commissions, and County Commissions invested $106.5 million to support local programs addressing retention of family child care providers and center-based teaching staff and directors by providing incentives for qualified staff to stay in the field and improve their education and professional development. In January 2005, the State Commission approved up to $30 million to continue the CARES project through January 31, 2009.

This initiative aims to improve the quality of early learning programs by reducing high staff turnover in the field and increasing professional development and educational levels of participating teachers. In recognition of workforce stability as a major factor in the bonding between caregivers and young children, and thus in the quality of child care, the CARES initiative rewards professionals who have demonstrated a commitment by continued dedication to the field and by continued educational and professional development. The project supports a diverse workforce by reaching out to a variety of early care and education professionals. More than 46,000 stipends or benefits were issued during the first 4 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.

In fiscal year 2004-05, CARES provided stipends to more than 11,000 early care and education providers who participated in courses that advanced their professional skills. Of CARES participants, 80% were center-based staff and 20% were family-based child care and education providers. As a result of their participation in the CARES program during 2004-05, 352 providers obtained an A.A. degree, 491 obtained a B.A. degree, and 92 obtained a graduate degree.

To determine the effectiveness of its investment in county-based child care retention incentive (CRI) programs based on the CARES model, First 5 California contracted in 2001 with Policy Analysis for California Education (PACE) for a 3-year evaluation effort. The following is a review of the PACE findings as detailed in its fall 2004 report.

The 10 counties selected by PACE for in-depth study were Alameda, Butte, Fresno, Napa, Riverside, San Luis Obispo, San Mateo, Siskiyou, Stanislaus, and Ventura. The in-depth study consisted of telephone surveys with project participants, a qualitative implementation study, and program cost analyses. As background information, the PACE report also incorporated administrative data available from all 41 counties that participated in First 5's Matching Funds program in 2001-03. In addition, PACE was able to draw comparisons between CRI program participants and nonparticipants in one county (San Mateo). Key findings from the evaluation include:

- **County efforts served a large and diverse population of early care and education practitioners.**
  - 5,060 center-based staff and 736 family child care providers participated in CRI programs.
  - 47% of participants were white, 26% were Latino, 14% were African-American, and 7% were Asian/Pacific Islander.
  - 34% of participants reported speaking a language other than English with the children in their care, with Spanish being the most prevalent other language spoken.
- **Approximately 68% of first-time participants returned to the program for a second year.** Program retention rates were higher in programs with less-demanding eligibility requirements.
- **Programs aimed actively and successfully to increase the participation of family child care providers in the second and third years of the program.** Along with extensive outreach, a decisive factor appeared to be the lowering of initial eligibility requirements.
- **CRI programs were effective in sparking a renewed interest in professional development among ECE practitioners.** After adjusting for a variety of personal and work characteristics, PACE found that CRI participants in San Mateo County accumulated an average of 5.7 more ECE units than nonparticipant staff in that county. Further, program participants were three-and-a-half times as likely to obtain a new Child Development Permit and twice as likely either to obtain a new permit or to move up to a higher level on the Permit Matrix.
- **CRI programs increased retention in the ECE field and at ECE sites.** The vast majority of program participants remained in the ECE field. Fully 96% of participants still worked in the field 12 months after joining the program, and 93% remained after 18 months. Participants also stated that CRI programs were crucial in providing encouragement and boosting professional morale. CRI program participants were more than twice as likely as nonparticipants to remain in their ECE centers.
- **CRI programs have identified barriers in local training and education systems and established collaborative efforts to address them.** Nearly two-thirds of participants reported facing barriers to training, with family child care providers consistently reporting more barriers than center-based staff. Most common among these barriers were inconvenience of training times, lack of time off work, and the cost of courses. In response, CRI programs have worked with local community colleges to increase the number of ECE courses offered that are aligned with the Child Development Permit Matrix, are in Spanish, and are scheduled at times more convenient for working students.

- **CRI programs helped to streamline and improve the quality of the professional development system for California's ECE staff.** Requiring participants to obtain a Child Development Permit and requiring participation in professional growth advising ensured that all coursework met the criteria of the California Commission on Teacher Credentialing (CCTC) and reduced the amount of time and money spent on internal transcript review.

Forty-six County Commissions submitted applications to participate in the next round of CARES funding. This round of funding will provide 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 Preschool for All) also were approved. The significant program changes include the following:

1. Place an increased emphasis on professional development and education while still requiring retention.
2. 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.

All 46 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 the Professional Growth Advisors who recruit and advise early care and education providers on their professional development.

CARES Child Development Permit Project

Approved by the First 5 California Commission originally in February 2002 and again in 2005 for an additional 3 years, this project supports 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. Priority is given to individuals participating in the retention incentive programs supported by the First 5 California Commission and providers in School Readiness Initiative funded areas.

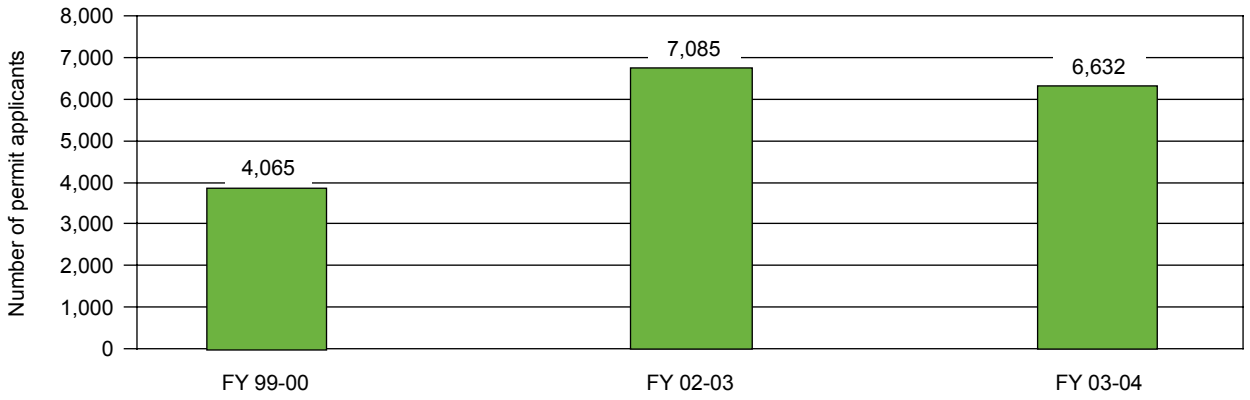
The number of people applying for Child Development Permits increased dramatically during the project years (2002-03 and 2003-04), compared with 1999-2000 (Exhibit 1-3). Of the 2,971 permits that were processed using First 5 funds in 2003-04:

- 1,415 (48%) were for CARES/CRI participants.
- 27% were from providers serving communities with high-priority schools (those with API scores of 1 to 3), with an additional 16% from providers serving communities with schools with API scores of 4 to 5.
- The applicants were diverse: African-American (10%), Latino (31%), and white (37%).
- 45% of applicants stated that they worked with children with disabilities and other special needs.
- The majority of applicants were teachers (38%) and assistants/aides (17%).
- Of all the applicants, 263 (9%) were licensed family child care providers.
- Of the total permits, 1,885 (63%) were new applications, 837 (28%) upgrades, and 249 (8%) renewals.

Preschool for All

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.

Exhibit 1-3
Child Development Permit Applicants, by Fiscal Year



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 Preschool for All (PFA) Demonstration Projects. The purpose of the PFA 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 Initiative, the Special Needs Project, the Comprehensive Approaches to Raising Educational Standards program, and the Health Access for All Children Initiative. The PFA allocation will be used to contribute $90 million to the County Commission PFA Demonstration Projects for funding new and improved preschool spaces in school districts, cities, and countywide systems. The time frame is to fund approximately six PFA Demonstration Projects by November 2005. The remaining $10 million will be used to support quality improvements for the PFA Demonstration Projects, such as providing incentives for workforce development, administration and monitoring, training and technical assistance, and evaluation.

Purposes of First 5 PFA Demonstration Projects. The First 5 PFA 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 PFA recommendation.

The foundation for the PFA 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 PFA Demonstration Project criteria will provide a common framework for quality standards and financial and policy commitments, and ultimately will become part of California's public education system.

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; legislators and staff; and stakeholders' groups to develop criteria for beginning PFA Demonstration Projects. The accomplishments of this development process are:

1. First 5 State and County Commission actions:
   - Approval of the PFA Initiative at the July 2003 State Commission meeting.
   - Significant County Commission support for PFA: Los Angeles ($600 million), San Francisco (Prop. H, $54 million), Santa Clara ($50 million), San Mateo ($14 million), Alpine (countywide PFA).
   - Approval of 10 PFA Planning Projects, $50,000 per PFA Planning Project (July 2004).
   - Approval of technical assistance for PFA Planning Projects (July 2004) and for support of broad PFA planning efforts in approximately 20 additional 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.
   - Release of the PFA Request for Applications (June 2005) with First 5 PFA Demonstration Project funding to be announced in October 2005.
2. PFA Collaborative. The PFA Collaborative includes First 5 California, the First 5 Association, County Commission representatives, and the Packard Foundation with Preschool California and other grantees. The PFA Collaborative provides a forum for discussing areas of complementary efforts in program development, research, and stakeholder information sharing.

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 will specifically support 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 four efforts: the Child Care Health Linkages Project, Childhood Asthma Initiative, 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 2005, First 5 California committed approximately $9 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 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 2004-05, the Child Care Health Linkages Project began to extend

its training programs to the staff and partners of the more than 200 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. This targeted effort will be continued through fiscal year 2005-06.

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 also coordinated the development of 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 will distribute 2,500 copies of the asthma packets to First 5 programs, child development providers, Head Start programs, State Preschools, and other agencies.

Childhood Asthma Initiative

The Childhood Asthma Initiative (CAI), conducted in partnership with the Department of Health Services, was funded by First 5 California for $6 million in 2001. Originally funded for 2 years, the project was extended to continue providing services through June 2005 with an additional $6.8 million. The major components of the initiative are:

- **Local assistance.** There are two types of local assistance projects: Community Asthma Interventions (8 projects) and Asthma Treatment Services (3 projects). Thousands of children have been served through these two project components since 2001. On the basis of the rich and successful experiences and lessons learned from local projects, the project staff composed a manual, *Asthma Program Manual: A Comprehensive Guide to Planning a Program for Prevention and Treatment of Asthma in Children under Five*, which covers clinical management and case coordination, community connections, sustainability, funding resources and billing for asthma care and education, and other resources.
- **Provider education.** The Child Health and Disability Prevention (CHDP) Program issued Asthma Health Assessment Guidelines for infants and young children to more than 5,000 CHDP providers that serve more than 1.4 million children to age 5 from low-income families. During each of the 11 periodic health examinations for children from birth to 5 years of age, CHDP providers now will assess young children for asthma risk or, if diagnosed with asthma, for appropriate asthma management planning and needed specialty referral. As a follow-up to the initial introduction of the Assessment Guidelines, 28 local CHDP programs provided additional trainings to 1,900 clinicians on the diagnosis, treatment, and management of pediatric asthma. In partnership with the American Academy of Pediatrics, the California Department of Health Services (DHS) also produced a series of five Web-based video education programs on childhood asthma for health care providers. The video and materials are based on the National Asthma Education and Prevention Program (NAEPP) Asthma Guidelines. The program provides continuing education credits and is available free of charge at www.betterasthmacare.org or as a CD-ROM. The program enrolled more than 330 participants in the first year.
- **Consumer education.** In addition to the education and anticipatory guidance provided in conjunction with a well-child exam, the local CHDP programs also provided outreach and education to more than 23,400 children, parents, and families. These services included parent education sessions and translating asthma materials into other languages (e.g., Laotian). The Los Angeles Asthma Coalition developed the Asthma Fresh Air Campaign, an asthma awareness campaign targeted to parents and caregivers of children with asthma. The campaign's ads were installed on more than 700 buses on three major routes through East Los Angeles, South Los Angeles, and Downtown.

- **Early Childhood Provider education.** The CAI developed and piloted the *Asthma Education for Childcare and Preschool Staff* curriculum. The training, complete with a DVD and handbook, was pilot-tested with more than 600 child care providers throughout the state. The materials are available on the DHS-supported Web site www.betterasthmacare.org.
- **Evaluation.** Local and statewide evaluations of interventions are being conducted to assess impacts of communitywide policies, asthma management, use of written asthma management plans and appropriate asthma treatment, assessment of asthma severity, access to health care coverage for young children with asthma, and child/family quality of life.

Follow-up interviews with program clients indicate that both the Community Asthma Interventions and the clinically based Asthma Treatment Services programs resulted in substantial improvements in major outcome variables. Among the health and quality-of-life improvements resulting from the Childhood Asthma Initiative are:

- Daytime and nighttime asthma symptoms improved during the intervention period.
- The proportion of children taking their asthma medications correctly increased.
- Emergency room visits and hospitalizations dropped.
- The proportion of clients with a doctor-written asthma management plan increased.
- The proportion of children exposed to tobacco smoke decreased.
- Loss of sleep due to asthma decreased.
- Parents missed fewer days of work or school.
- Absenteeism from school and child care due to asthma decreased.

These factors also are expected to have positive impacts on the school readiness of the children in the CAI.

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 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 its series of training programs in December 2004. By June 2005, more than 2,000 medical and dental professionals had been trained. The training courses are 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 Web site (www.first5oralhealth.org). The training curriculum for early child care providers (e.g., Head Start) and nutritionists/nutrition aides also has been completed, and these trainings began in spring 2005.

  The project developed and field tested a consumer brochure, "Healthy teeth begin at birth." 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 Web site.

- 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 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 services to more than

12,000 young children (67% Latino, 17% white, 3% Asian/Pacific Islander, 2% African-American, 2% American Indian, 9% other). The vast majority of the children served are 3 to 5 years old (86%), but younger children also have been seen (2% infants, less than 1 year old, and 12% toddlers, 1 to 2 years old).

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.

Both oral health projects began in early 2004, and each is being independently evaluated.

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. During the first year of operation (fiscal year 2004-05), 10 County Commissions applied for state matching funds: Alameda, Kern, Los Angeles, Riverside, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Clara, and Santa Cruz. Collectively these 10 counties account for approximately 50% of the birth to age 5 population and available state matching funds. Two application cycles remain (November 1, 2005, and May 1, 2006).

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 500,000 Kits each year. 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 early spring 2006.

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 spring 2006.

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, posttraumatic 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 on-line 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 policy-makers, 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 Web site 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 2004-05, the Safe from the Start project:

1. Provided support to 10 new collaborative groups.
2. Conducted training for another eight local county-level human services advisory groups.
3. Provided nine training sessions to School Readiness staff and their partners in all six First 5 regions.
4. Completed the development of a training curriculum certified by the California Commission on Peace Officer Standards and Training (POST) and targeted to police officers, covering the basics of neuroscience and how to effectively interview children at home where domestic violence has occurred or is suspected. Two 16-hour POST-certified trainings were conducted for 125 officers.
5. Circulated a monthly E-Newsletter to more than 900 professionals statewide, including School Readiness staff and partners.

Public Education Campaigns: Early Childhood Development and Preschool

Early childhood development public education and media campaign. Through fiscal year 2004-05, First 5 California continued its vigorous public education campaign to raise awareness of the importance of early childhood development and its impact on a child's success in school and in life. This effort began in January 2001 and has since continued to highlight the health, education, and early development needs of California's youngest residents.

- Through this public education campaign and other ongoing projects, Californians from all walks of life saw or heard key messages about the importance of early childhood development.
- First 5 California public education and outreach materials are produced in 11 languages and placed in every media market in the state.
- Through statewide news announcements, regional media coverage, Spanish-language, Asian-language, and African-American media and community outreach, First 5 California's public education campaign garnered more than 71.6 million media and audience impressions and continued to raise public awareness about the importance of the early years. By reaching Californians through print, television, and radio coverage, the campaign is a vital tool in building recognition and support for First 5 California's programs and services for families with children ages 0-5. Following are examples of the public education campaign's key accomplishments during fiscal year 2004-05.

- Conducted media outreach to parents and caregivers to publicize First 5 California's preschool and other initiatives, including:
  - **Preschool for All.** A satellite media tour with State Commission Chair Rob Reiner and former Executive Director Jane Henderson resulted in 22 interviews about the importance of preschool and findings from the High/Scope Perry Preschool study, for a total audience of more than 25 million.
  - **Preschool for All San Mateo County.** A media event announcing the launch of the Preschool for All program in San Mateo County reached more than 2.9 million television viewers in nine media markets nationwide and secured more than 670,000 print impressions.
  - **Preschool benefits.** English- and Spanish-language radio news releases on benefits of preschool aired on 165 radio stations and reached an audience of 1.75 million listeners.
  - **Paid family leave.** First 5 California announced that more than 137,000 workers took advantage of California's paid family leave law during its first year. A media campaign helped to reach more than 10 million Californians.
- Through work with the County Commissions, an average of 35 media clips were generated per month, resulting in nearly 27 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.
- Partnered with the Spanish-language television network *Univision*, which aired 20 "Nuestros Niños Primeros" (Our Children First) news segments in Los Angeles, San Francisco, Sacramento, and Santa Barbara to educate parents and caregivers about early childhood development issues, including oral health, preschool, school readiness, and paid family leave. The segments reached approximately 1.5 million viewers with an estimated advertising value of $54,224.
- Granted $14 million to 159 community-based organizations, which reached nearly 2.5 million Californians with critical early childhood development messages in more than 35 languages. As part of this effort, more than 15 million pieces of informational materials were distributed.

Preschool media campaign. In fiscal year 2004-05, First 5 California developed radio ads about early childhood development for general-market, urban, and Spanish-language audiences. These radio spots were placed in every media market in the state, reaching approximately 60% of the target audience, who heard the ad an average of five times. The total amount spent on early childhood development ads was approximately $1 million. In 2004-05, First 5 California also developed ads for its preschool campaign in 12 languages, which were placed in every media market in the state, reaching all 58 counties through a mix of TV, radio, and print formats. Overall, preschool general-market TV reached an estimated 99% of the target audience, who saw and/or heard the ad an average of 30 times, and the reach for the Spanish-language audience was similar. The total amount spent on preschool advertising was approximately $11.2 million.

Goal 4: Tobacco Cessation Initiatives and Projects

First 5 California has promoted tobacco cessation through the California Smokers' Helpline and a public education campaign. These two efforts are 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 through 1-800-KIDS-025. The counseling services of the California Smokers' Helpline are offered at no cost and are available in six languages.

The Helpline annually serves about 40,000 callers, of whom approximately 1,300 are pregnant smokers and 8,000 to 10,000 are parents or caregivers of children ages 0-5.

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 callers.

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.

Public Education Campaign: Anti-tobacco

In fiscal year 2004-05, ads developed for the anti-tobacco campaign were produced in six languages and placed in every media market in the state, reaching all 58 counties through a mix of TV and radio formats. Overall, anti-tobacco general-market TV reached an estimated 95% of the target audience, who saw the ad an average of 10.5 times. Reach for the Spanish-language audience was similar. The total amount spent on anti-tobacco advertising was approximately $3.08 million.

The anti-tobacco public education campaign also included coverage of First 5 California's partnership with Women, Infants, and Children (WIC) and the March of Dimes to promote public awareness of links between smoking and premature births. This coverage resulted in nearly 1 million media impressions.

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 and 2004. Improvements to its look and feel now allow the user to copy or print the maps and to download most of the data layers for analysis. 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 Initiative funded elementary schools

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 Initiative 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

In January 2004, the State Commission approved the recommendations from the Research Agenda Subcommittee for three research studies in the areas of Preschool for All and Children with Special Needs.

Building on the current research that demonstrates the positive effects of "quality" preschool, supporting a Preschool for All 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:

1. Two special studies were conducted to identify and describe best practices being used by First 5 School Readiness programs. Both studies used a case study approach. One study focused on 12 high-quality preschools; the other study focused on 10 programs using promising strategies to promote early literacy. A description of these studies and their findings is provided in Chapter 7. To share the findings of these studies, SRI International produced a full study report and four topic briefs for each study (available at www.first5eval.org).
2. A statewide workforce study is being conducted by the Center for the Study of Child Care Employment at UC Berkeley. This study is identifying the number and characteristics of the current early education workforce, including demographics, education, and training (e.g., teachers with training in working with children with special needs). Data collection has been completed, and preliminary results are expected in January 2006 and the final report in spring 2006.

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:

3. A study to identify the characteristics and demographics of children who are identified with special needs after entering the K-12 system, compared with those children identified before entering the K-12 system. A contract was awarded to the RAND Corporation to complete this study, with a final report expected in summer 2006.

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 Initiative to SRI International. In March 2005, First 5 California extended the evaluation contract for an additional year and awarded SRI an additional $5 million to conduct the statewide evaluation through February 28, 2006. A new 3-year evaluation contract will be issued in 2006.

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 Initiative funded programs.

The statewide evaluation is collecting 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 Initiative.

To support data collection efforts, the statewide evaluation team has developed the Web-based Proposition 10 Evaluation Data System (PEDS). During 2004-05, 32 of 58 County Commissions used PEDS to collect and report statewide evaluation data. The team also has 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 Web site, technical reports, policy briefs, conference presentations, journal articles, and other publications.

In the 2004-05 fiscal year, the statewide evaluation team accomplished many tasks:

- Updated the evaluation Web site to facilitate sharing of data collection tools and findings (www.first5eval.org).
- Revised County Commission annual report forms.
- Surveyed a sample of program participants and funded programs to assess improvements in systems of care.
- Collected Kindergarten Entry Profiles (family interviews and teacher-completed developmental profiles) in 133 School Readiness Initiative schools in 58 counties and prepared statewide and school-level reports.
- Surveyed superintendents, principals, and kindergarten teachers to assess improvements in schools and other service systems working with young children.
- Conducted and reported on case studies of School Readiness Initiative implementation in 10 sites.
- Conducted and reported on case studies of 10 School Readiness sites with promising early literacy programs.
- Conducted and reported on case studies of 12 high-quality preschool programs.
- Collected population-based data from numerous public data systems for the annual report.
- Prepared the 2003-04 Annual Report to the Legislature.
- Shared annual report, population-based, and Kindergarten Entry Profiles data tables and data sets with County Commissions.
- Conducted regional workshops on completing the annual report forms and using statewide evaluation data for local evaluation and planning.
- 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.
- Prepared the Special Needs Project (SNP) evaluation design (including development of a separate SNP module in PEDS) and began implementing the Special Needs Project evaluation.
- Produced policy briefs and fact sheets from the 2003-04 annual report and policy briefs from the high-quality preschool and early literacy case studies that highlight evaluation findings.
- Presented findings from the Kindergarten Entry Profiles (KEP) and the high-quality preschool and early literacy case studies at the First 5 State Conference; presented KEP findings for Los Angeles to First 5 LA programs and at the Southern California School Readiness Initiative regional meeting.
- Prepared press releases and articles for professional journals based on First 5 evaluation data.

2. State Commission Operations

Financial Summary

- The State Commission, in partnership with the First 5 Association of California, has developed a model to project First 5 revenues in the future.
- This chapter presents the State Commission's financial forecast, which includes First 5 State expenditures and revenues, for fiscal years 2005-06 to 2010-11.
- It has been a policy of the State Commission, County Commissions, and the First 5 Association 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 Initiative,* and the *Special Needs Project*. We anticipate that, once fully implemented, more than $300 million of local funds will be leveraged through these efforts. In addition, we receive approximately $2 million per year in federal Medicaid funds to support the Kit for New Parents. We will continue to seek new funding partners and leverage existing funds as we implement new projects and programs in the future.

FY 2004-05 State Commission Audit

At the close of fiscal year 2004-05, 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 2005, DOF submitted its final Audit Report on the Children and Families Trust Fund and Related Funds. The DOF opinion reflects no material exceptions.

FY 2004-05 State Commission Fiscal Summary

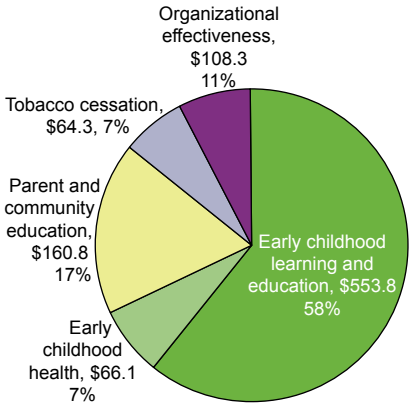
Beginning Fund Balance as of July 1, 2004	$161,495,425
Tax Revenue	$119,037,834
Interest Income	$7,026,192
Total Resources	$287,559,451
Expenditures	$(67,847,495)
Year-end Fund Balance as of June 30, 2005	$219,711,956

Financial Forecast

State First 5 Expenditures by Goal – State Funds Only (in Millions of Dollars)

	Fiscal Year					
	05-06	06-07	07-08	08-09	09-10	10-11
Investments:						
• Early Childhood Learning and Education	99.1	95.6	92.9	89.8	88.2	88.2
• Early Childhood Health	14.2	13.5	9.7	9.9	8.9	8.9
• Parent and Community Education	33.0	29.0	25.5	24.5	24.5	24.3
• Tobacco Cessation	10.8	11.6	10.4	10.5	10.5	10.5
• Organizational Effectiveness	19.5	19.8	17.2	17.3	17.2	17.3
Total	**176.6**	**169.5**	**156.6**	**152.1**	**149.3**	**149.2**

State Funds Only, by Goal, 2005-06 through 2010-11 (in millions of dollars)

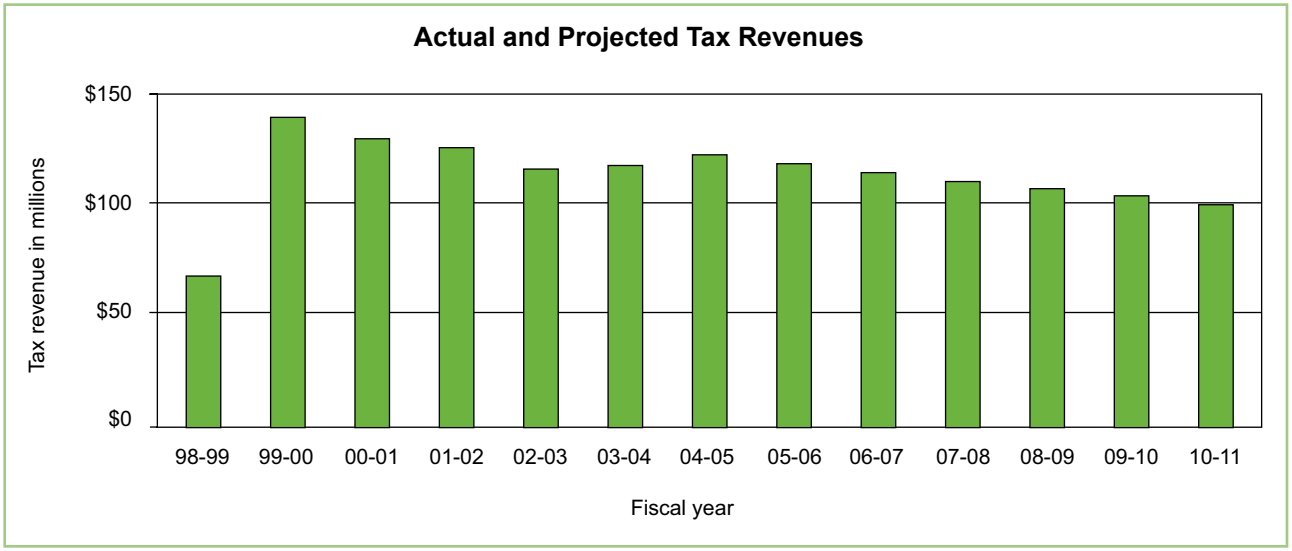


Leveraged Funds 2005-06 through 2010-11

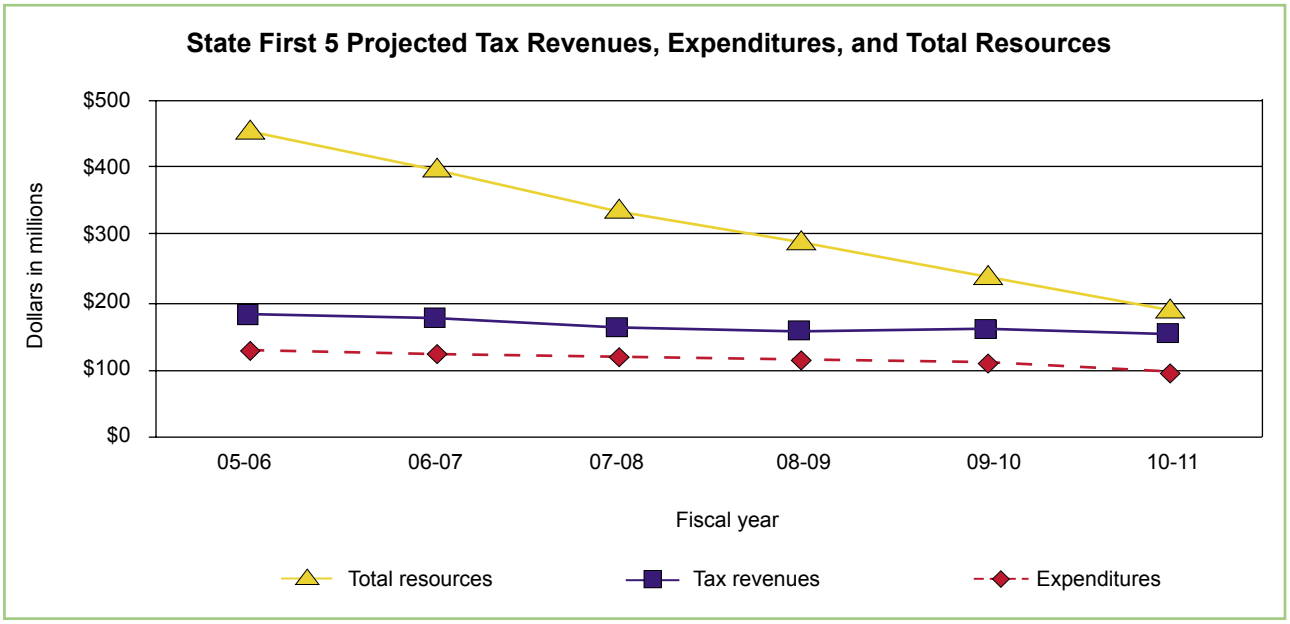
School Readiness	$379.3 million
CARES	$173.5 million
Special Needs/Mental Health Demonstration Projects	$8.0 million
Power of Preschool	$199.0 million
Health Access	$170.0 million
Kit for New Parents (Federal)	$8.0 million
Managed Risk Medical Insurance Board (Federal)	$9.0 million

Total Leveraged Expenditures 2005-06 through 2010-11

Proposed First 5 State Expenditures	$953.3 million
Proposed Leveraged Funding (County First 5 and Federal Funds)	$946.8 million
Total First 5 and Leveraged Funds	**$1,900.1 million**



Note: According to the Board of Equalization (BOE), the increase in revenue for fiscal year 2004-05 results from increased BOE enforcement activities.



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, the First 5 California Children and Families Commission (State Commission) 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, as well as children entering kindergarten in schools participating in the First 5 School Readiness Initiative (Exhibit 3-1). First 5 California has also documented the extent to which it is serving children and families who are most in need of the programs and supports to help children be successful when they enter school (Exhibit 3-2).

Exhibit 3-1
2004-05 Outcome Data

Preliminary 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 Initiative 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, resulting in more children being identified as having disabilities or other special needs.
- 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 2004-05 demonstrate that First 5 programs are intensively serving the children most at risk of not being ready for school, including:

- Latino children (79% of children served)
- Children of families who primarily speak a language other than English (67%)
- Children living in low-income households (68%)
- Children identified as having disabilities or other special needs (13%).

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 6.

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 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), which is available at the Web site of the statewide evaluation (http://www.first5eval.org).

By tracking outcomes at the program and participant levels, First 5 California will have the information it needs to inform 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 Initiative.
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 the 2003-04 fiscal year and reported intake (baseline) data on currently active participants.[3] In addition, some programs reported both intake and follow-up (6-month or 12-month) data, providing preliminary 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 the 2004-05 fiscal year, compared with statewide trends depicting the demographics of California's children ages 0-5, and (2) preliminary outcome data 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, preliminary 2004-05 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

[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.

[3] Participant data were provided by programs in 38 of the 58 counties. The findings from the participant data, including ethnic differences, therefore cannot be generalized to all First 5 participants across the state but provide a preliminary snapshot of First 5 participants. Data on First 5 program participants are not reported separately for Alaska Native/ Native American populations because of insufficient sample sizes. 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.

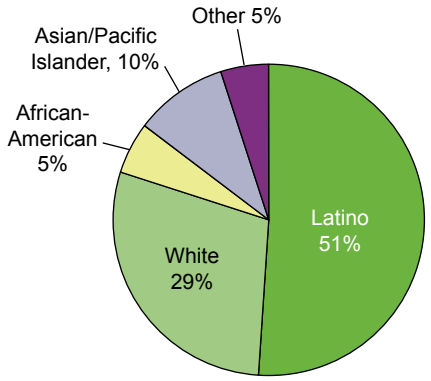
[5] Tests of statistical significance (Fischer's exact test of equality of pre- and posttest positive outcome proportions) were conducted on all outcome measures. Improvement is documented consistently in almost all areas and at statistically significant levels in many cases (denoted by * when $p < .05$). 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.

to children's greater success in school and in life. Data on participants enrolling in intensive First 5 services, including School Readiness Initiative programs, in the 2004-05 fiscal year 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 effects 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 by First 5, it is important to understand the demographic characteristics of California's young children. In 2004, there were more than a half million (536,742) births in California, according to the California Department of Health Services. Boys constituted 51% of those births, and, as Exhibit 3-3 shows, there were more births to the Latino population (51% of all births) than any other segment of the population.

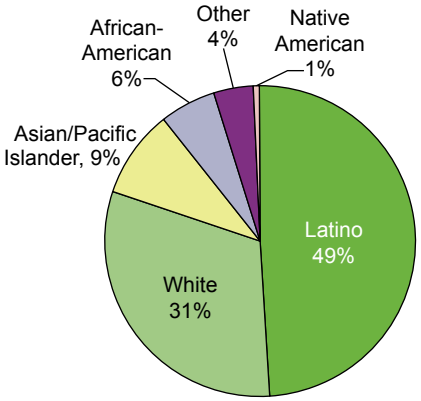
Exhibit 3-3
Ethnicity of Children Born in California in 2004



Source: California Department of Health Services.

According to 2004 data from the California Department of Finance, there were 3,067,622 children under the age of 6 living in California. Of these, 51% were boys and 49% were girls. As seen in Exhibit 3-4, nearly half of the young children in California (49%) were identified as Latino, one-third (31%) were white, 9% were Asian/Pacific Islander, 6% were African-American, fewer than 1% were Native American, and 4% were other ethnicities.

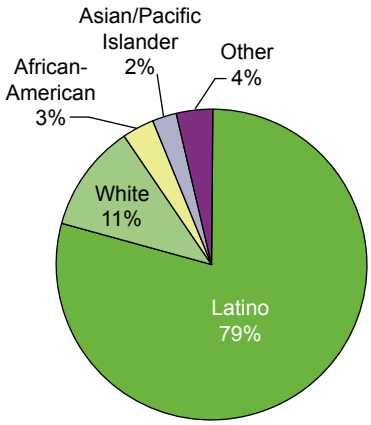
Exhibit 3-4
Ethnicity of California Children under 6 Years of Age, Statewide



Source: California Department of Finance, 2004.

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 (79%) and those children whose primary language is Spanish (61%).

Exhibit 3-5
Ethnicity of California Children under 6 Years of Age, First 5 Program Participants, Fiscal Year 2004-05



Result Area: Improved Child Development

Outcome: Children participate in early childhood education programs.

Increasing children's access to high-quality early care and education is rated as one of the most important priorities for more than four-fifths of County Commissions. Progress on this outcome is being tracked by the following indicators: (1) the number and percentage of children who regularly attended a nursery school, preschool, pre-kindergarten, or Head Start program by the time of 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.

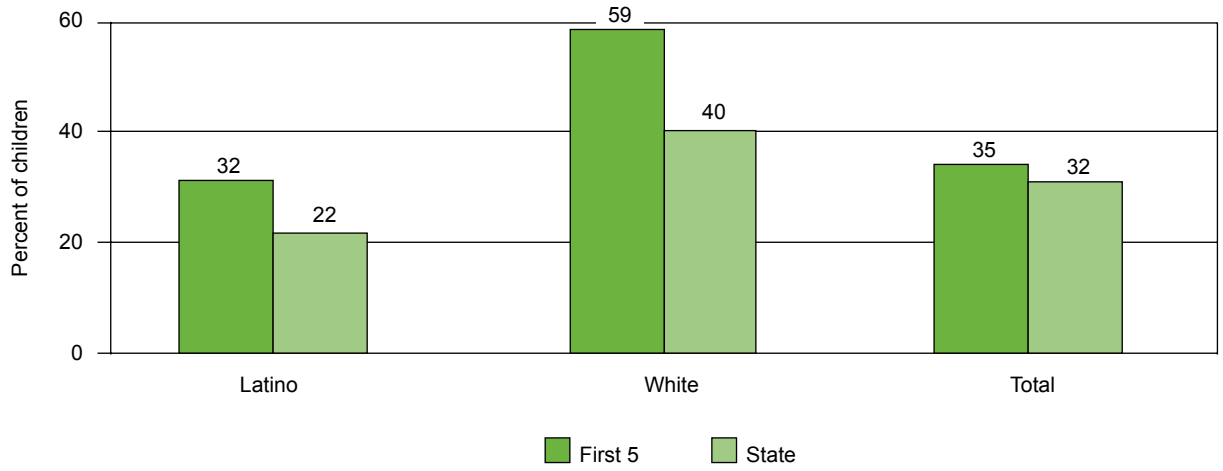
Intake Data for Intensively Served First 5 Program Participants

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 (35% and 32%, respectively).

Of the 8,285 parents of children ages 3-5 who were asked about participation in preschool or other early education programs at entry into a First 5 program, 35% reported that their children had regularly attended a nursery school, preschool, pre-kindergarten, Head Start program, or child care center (Exhibit 3-6). 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 (59% and 51%, respectively). Latino and Asian/Pacific Islander children had lower rates of participation (32% and 25%, respectively). Of the 626 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.

Exhibit 3-6
Children Ages 3 to 5 Who Regularly Attended Early Childhood Education Programs, First 5 Program Participants in Fiscal Year 2004-05 and Statewide in 2003, by Ethnicity



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

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.

Preliminary Outcome Data for Intensively Served First 5 Program Participants

Outcome data indicate that:

- Rates of regular preschool attendance increased from 35% at intake to 45% after 6 months of intensive First 5 services.
- Rates of regular preschool attendance increased from 34% at intake to 53% after 12 months of intensive First 5 services.

After 6 months of intensive First 5 services, more families reported that their children ages 3-5 regularly attended a nursery school, preschool, pre-kindergarten, Head Start program, or child care center (Exhibit 3-7). Among the 2,520 respondents with both intake and 6-month follow-up data, the proportion of children who ever attended preschool increased from 35% at intake to 45% at 6-month follow-up. Although all ethnic groups demonstrated increased preschool attendance, the Asian/Pacific Islander populations still showed rates slightly below the statewide averages. Among the 548 respondents with both intake and 12-month follow-up data, rates of regular preschool attendance increased from 34% at intake to 53% after one year, exceeding the statewide average (Exhibit 3-8).

Exhibit 3-7
Children Ages 3 to 5 Who Regularly Attended Early Childhood Education Programs, at Intake and 6-Month Follow-up, First 5 Program Participants, by Ethnicity

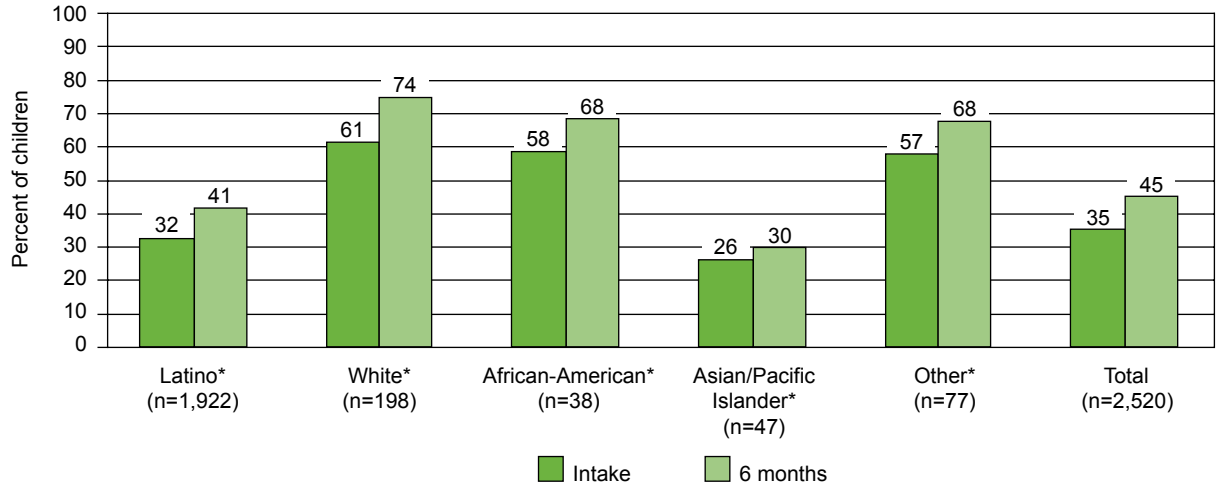
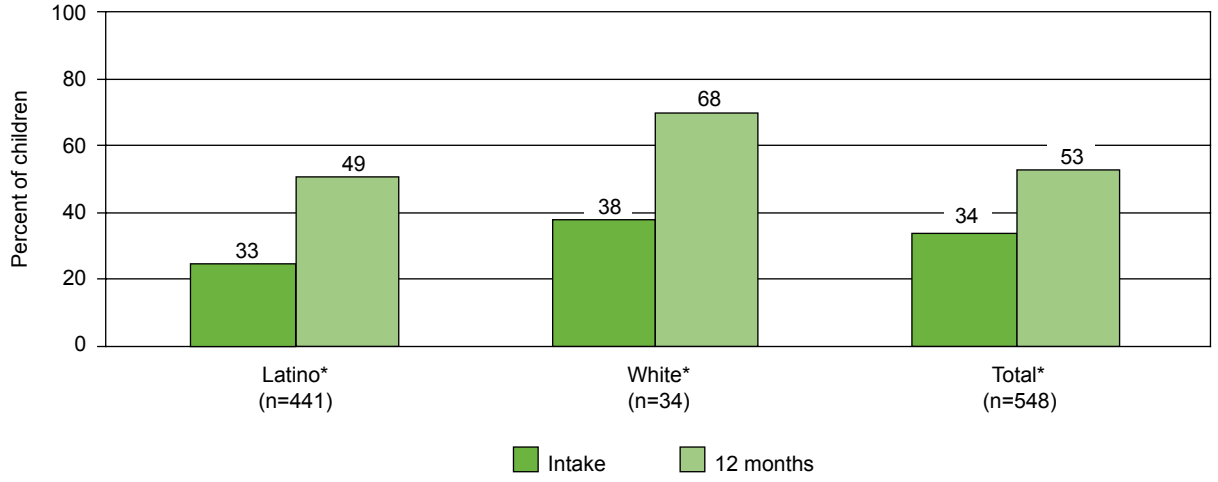


Exhibit 3-8
Children Ages 3 to 5 Who Regularly Attended Early Childhood Education Programs, at Intake and 12-Month Follow-up, First 5 Program Participants, by Ethnicity



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 three-fourths of the County Commissions. Progress on these outcomes is being tracked by using the following indicators: (1) number and percentage of children under age 3 who receive a developmental screening from their primary health care provider, (2) number and 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 is 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 (13%), compared with the statewide percentage of children ages 3-5 enrolled in special education (2%).

Of 3,697 parents providing enrollment data, 43% reported that their children had received a developmental assessment from their primary care provider prior to program entry. When examined by age group, First 5 enrollment data show that children ages 0-3 were less likely to receive a developmental assessment than children ages 3-5 were (37% vs. 47%).

Of the 9,344 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, 13% of the children had been identified as having a disability or special need prior to program entry. This identification rate is much higher than the 2004 statewide proportion of children ages 3-5 enrolled in special education (2%) and shows great differences among ethnic groups (Exhibit 3-9). Much higher percentages of white and African-American children entering First 5 programs had been identified as having disabilities or special needs (21% each), compared with Asian/Pacific Islander and Latino children (13% and 12%, respectively), whose identification rates are still much higher than the state average for special education enrollment.

First 5 programs should continue to 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 leads to better outcomes for children with disabilities and other special needs.

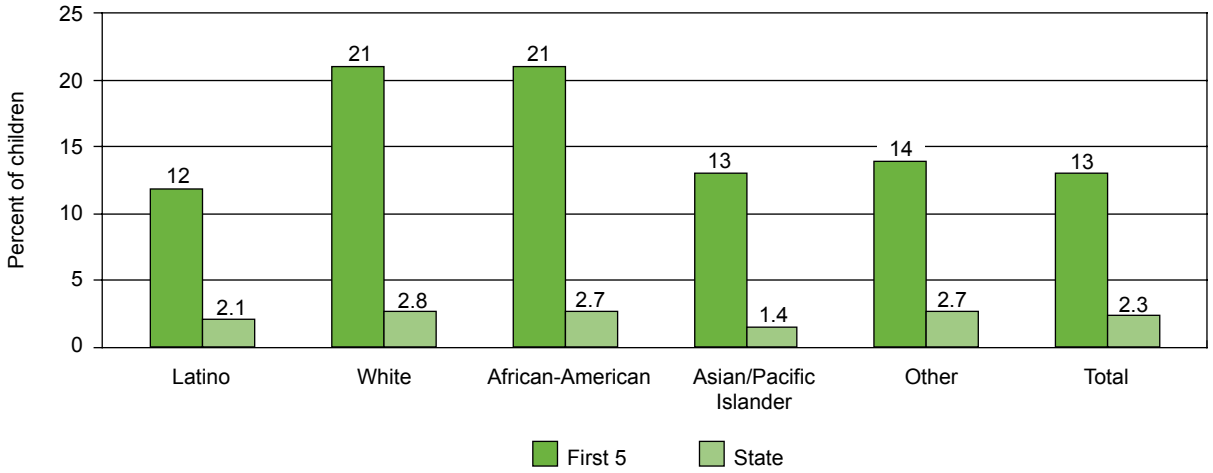
Preliminary Outcome Data for Intensively Served First 5 Program Participants

Outcome data indicate that:

- The rate of developmental screenings increased from 43% at intake to 54% at 6-month follow-up, resulting in an increase in the identification rate of children with disabilities and other special needs from 10% at intake to 15% 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 690 respondents with both intake and 6-month follow-up data, the rate of assessments increased from 43% at intake to 54% at follow-up. As a result, among the 2,416 parents who responded to questions about whether their children had ever been diagnosed with disabilities or other special needs, the identification rate increased from 10% at intake to 15% at follow-up (Exhibit 3-10). Much higher rates of identification were reported in the Latino and white populations, especially, with 5 and 7 percentage point increases, respectively, after receipt of First 5 services.

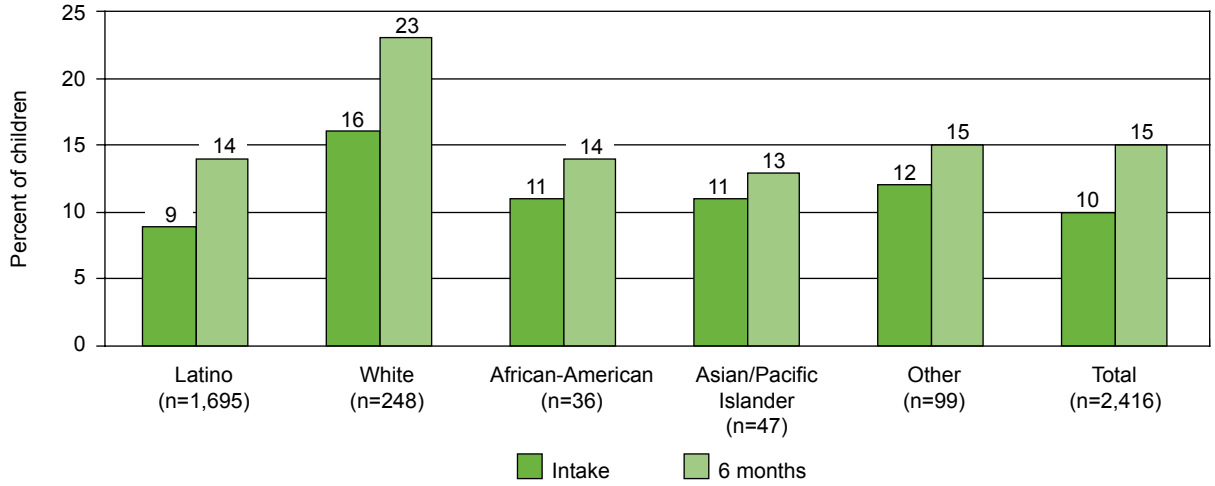
Exhibit 3-9
First 5 Program Participants Identified as Having Disabilities or Other Special Needs in Fiscal Year 2004-05, and California Children Ages 3-5 Enrolled in Special Education in 2004, by Ethnicity



Sources: 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 3-10
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

Outcome: Children are born healthy.

Increasing the percentage of healthy births is a priority for nearly three-fourths of County Commissions, including those in all the large-population counties. Progress on this outcome is being tracked by using two indicators: (1) percentage of children born at low birth weight[6] and (2) percentage of women receiving late[7] 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 2003 statewide proportion (3%).

Of the 16,515 mothers reporting at program entry on the birth weight of their children, about 8% reported that their babies were of low birth weight (Exhibit 3-11). 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.

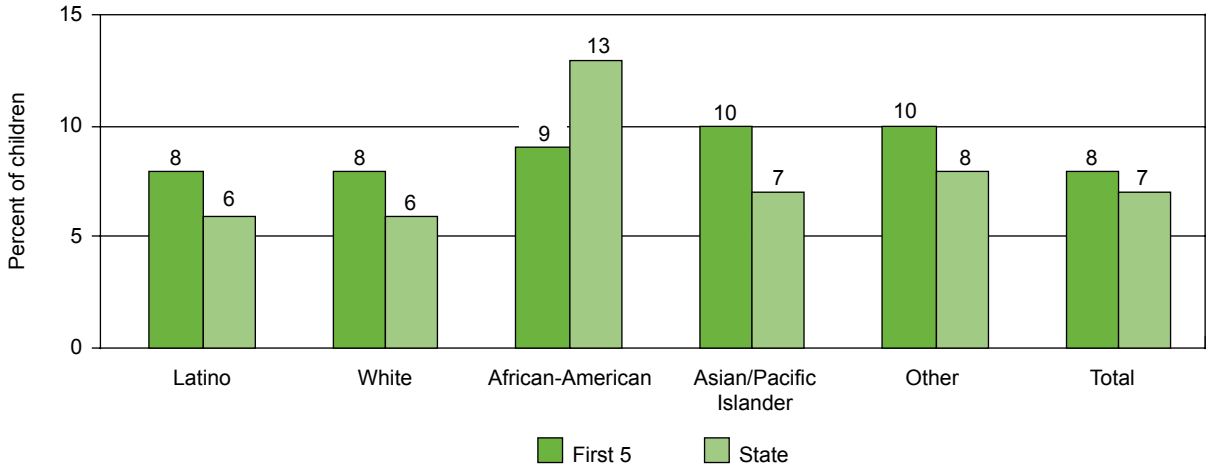
Similarly, the proportion of women who reported receiving late or no prenatal care was about 6% (of 6,316 women reporting; Exhibit 3-12), much higher than the 2003 statewide average of 3%. These data show higher percentages of white, Latina, Asian/Pacific Islander, and African-American First 5 enrollees 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 education and services to populations most at risk of not receiving these services, such as certain ethnic and income groups. Appropriate prenatal care can address inadequate nutrition, smoking, anemia, and diabetes, all of which can affect healthy pregnancy outcomes.

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

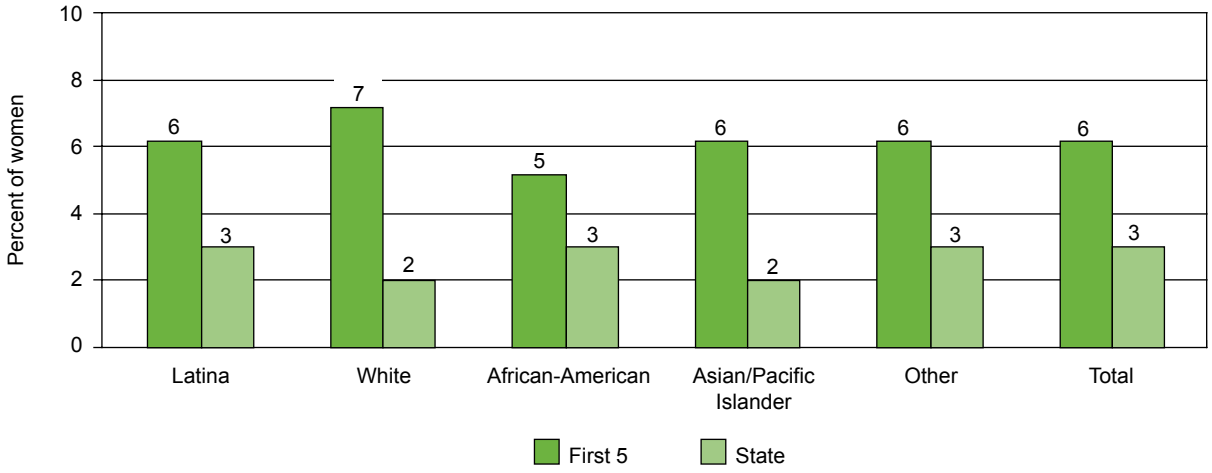
[7] Defined as receiving prenatal care only in the third trimester of pregnancy.

Exhibit 3-11
Children Born at Low Birth Weight (<2,500 g), First 5 Program Participants in Fiscal Year 2004-05 and Statewide in 2003, by Ethnicity



Source: Statewide data from Department of Health Services Birth Public Use File.

Exhibit 3-12
Women Receiving Late or No Prenatal Care, First 5 Program Participants in Fiscal Year 2004-05 and Statewide in 2003, by Ethnicity



Source: Statewide data from Department of Health Services Birth Public Use File.

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 four-fifths of County Commissions, including those in all of the large-population counties. Progress on this priority outcome is being tracked by three indicators: (1) number and percentage of children who receive the recommended number of well-baby and well-child checkups by age 2, (2) number and percentage of children with a regular medical home, and (3) number and 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 care when needed and receipt of 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 2 were far less likely to have received recommended well-child checkups than children ages 2-5 (58% vs. 93%).
- Fewer children enrolling in First 5 programs had a regular medical home (86%), compared with the 2003 statewide average (96%). Latino First 5 enrollees showed particularly lower proportions with medical homes (84%), compared with the Latino population statewide (96%).
- Fewer children enrolling in First 5 programs had health insurance (88%), compared with the 2003 statewide average (96%). Latino First 5 enrollees again showed particularly low rates of insurance coverage (86%), compared with the statewide rate of coverage for Latino children (94%).

From intake data of 10,249 participants who were asked at enrollment about their children's well-baby and well-child checkups, 83% indicated that their children had received their recommended checkups in the past year. Among those First 5 enrollees, children younger than 2 were far less likely to have received the recommended checkups, compared with children ages 2-5 (58% vs. 93%) (Exhibit 3-13).

Of 13,152 parents enrolling their children in First 5 programs, 86% reported that the children had a regular medical home, compared with 96% statewide (Exhibit 3-14). The data for Latino First 5 enrollees showed the lowest rate of any ethnic group (84%), well below the overall statewide rate for regular medical homes (96%). In addition, of 11,557 parent respondents, 88% reported that their children had a regular doctor for well-child care. Rates vary across the ethnic groups, from a low of 86% among the Latino First 5 enrollees to a high of 93% among the white First 5 participants.

Of 16,483 parent respondents, 88% reported that their children had some type of health insurance at program entry (Exhibit 3-15). This percentage is lower than the state average of 96%, particularly for Latino children, who fell below all other First 5 ethnic groups at 86%. When examined by age group, First 5 enrollment data show that fewer older children, particularly children 5 years old, tended to have health insurance than infants (less than 1 year old) (82% vs. 92%). A subset of respondents (6,208 parents) also indicated the type of primary health insurance covering their children. Almost half (41%) reportedly were covered by full-scope Medi-Cal, 13% by employer-purchased insurance, and 9% by Healthy Families.

First 5 programs need to continue to 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.

Preliminary 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 89% at intake to 93% at follow-up.
- The proportion of children with a regular doctor increased from 88% at intake to 91% at follow-up.
- The proportion of children with health insurance increased from 91% at intake to 94% 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 89% to 93% (Exhibit 3-16). Of the 2,728 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 (Exhibit 3-16). After 6 months in First 5, the rate increased from 88% at intake to 91% at follow-up, based on reports from 2,590 parents.

Additionally, after receipt of First 5 services, more parents reported that their children had health insurance. Among the 4,825 respondents with both intake and 6-month follow-up data, rates of health insurance coverage increased from 91% to 94%, with rates rising above 90% across all ethnic groups in just 6 months (Exhibits 3-16 and 3-17). Among the 1,423 respondents with both intake and 12-month follow-up data, rates of health insurance coverage increased from 93% to 97% in 12 months. These results were statistically significant in the Latino population, where the proportion of children with insurance coverage rose above the statewide average (from 92% at intake to 96% at 12-month follow-up).

Exhibit 3-13
Children with Recommended Well-Baby and Well-Child Checkups, First 5 Program Participants in Fiscal Year 2004-05, by Age

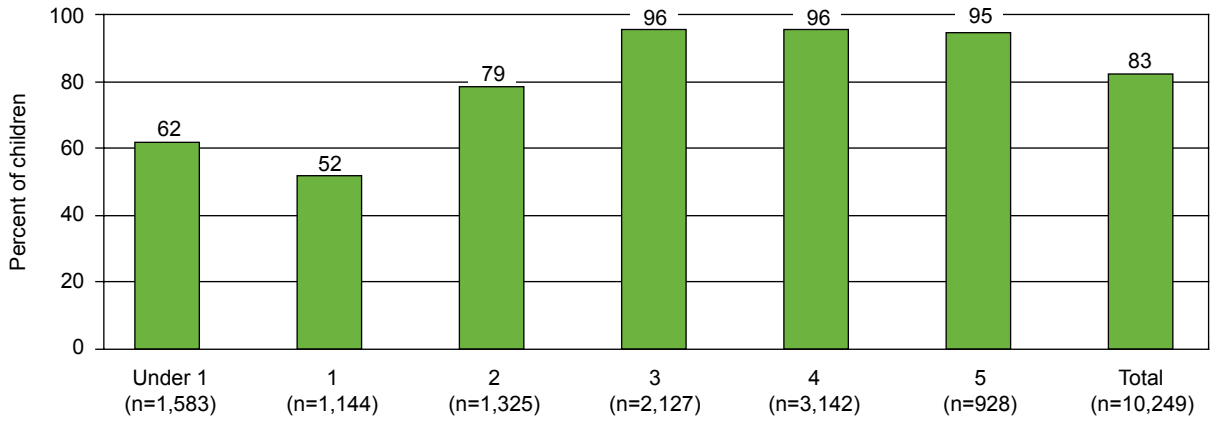
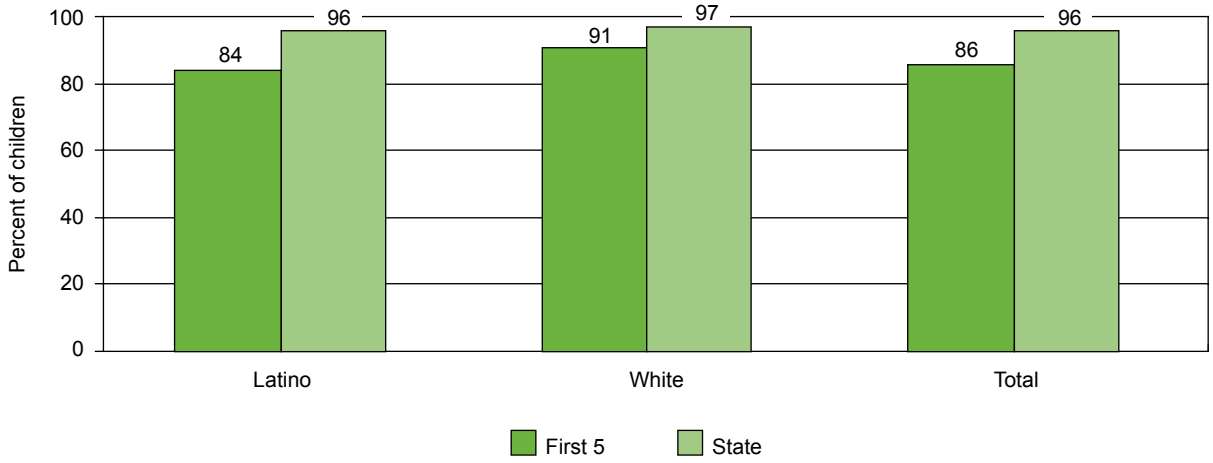
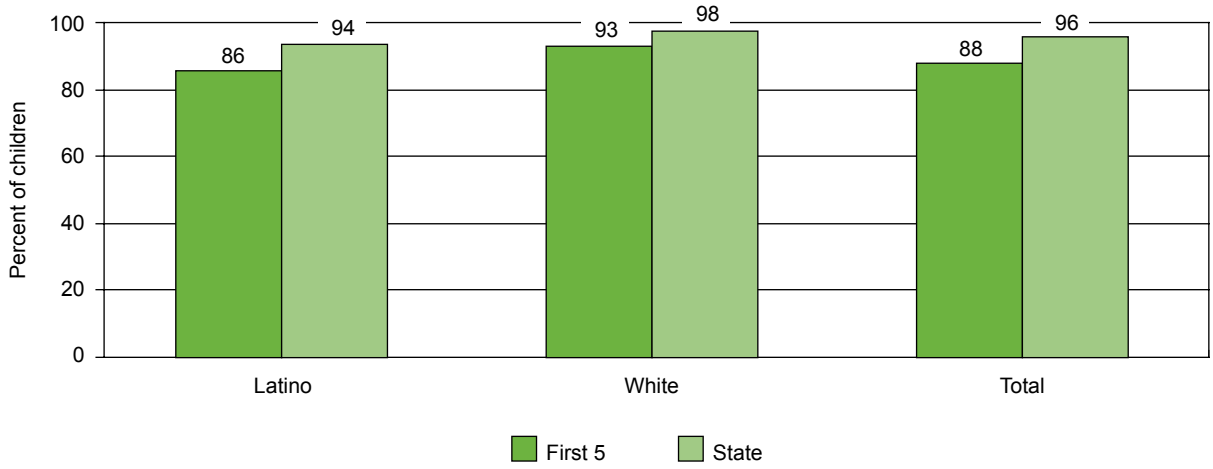


Exhibit 3-14
Children with a Regular Medical Home, First 5 Program Participants in Fiscal Year 2004-05 and Statewide in 2003, by Ethnicity



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

Exhibit 3-15
Children with Health Insurance, First 5 Program Participants in Fiscal Year 2004-05 and Statewide in 2003, by Ethnicity



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

Exhibit 3-16
Children with a Regular Medical Home, a Regular Doctor, and Health Insurance, at Intake and 6-Month Follow-up, First 5 Program Participants

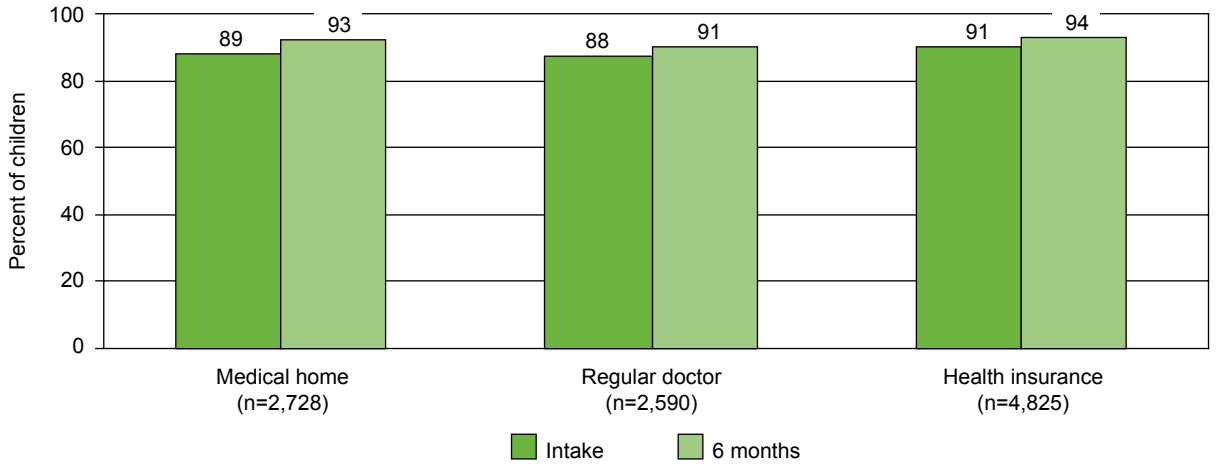
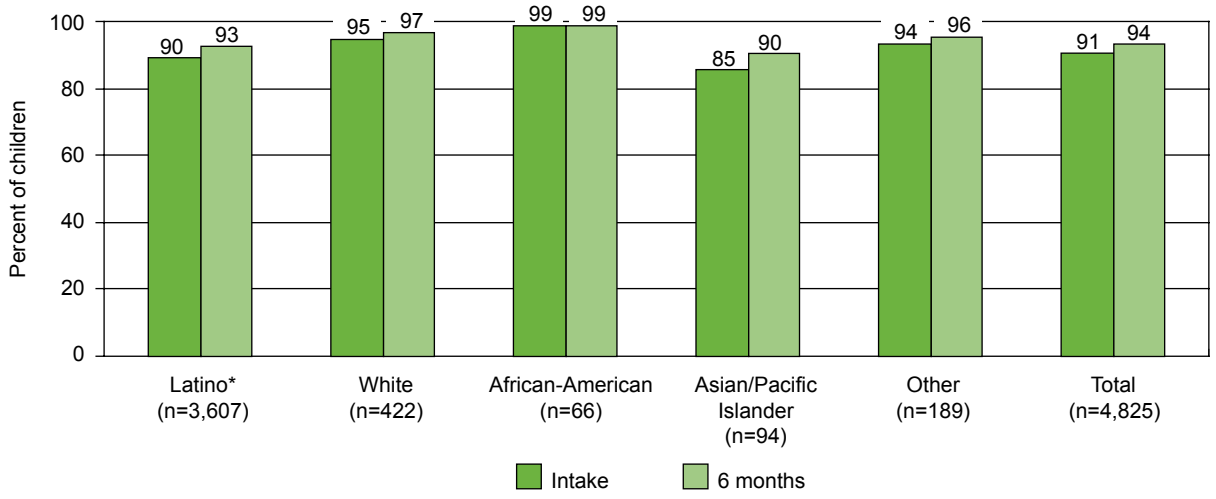


Exhibit 3-17
Children with Health Insurance, at Intake and 6-Month Follow-up, First 5 Program Participants, by Ethnicity



Result Area: Improved Child Health

Outcome: Children are healthy and well nourished.

Increasing the numbers of children in good health and mothers who breastfeed their infants, along with improving the later nutritional health of children, are priorities for three-fourths of County Commissions. Progress on this outcome is being tracked by the number and percentage of women who are breastfeeding at time of hospital discharge.

Importance of the Indicator

- Extensive research documents the health benefits of breastfeeding for infants and their mothers.

Intake Data for Intensively Served First 5 Program Participants

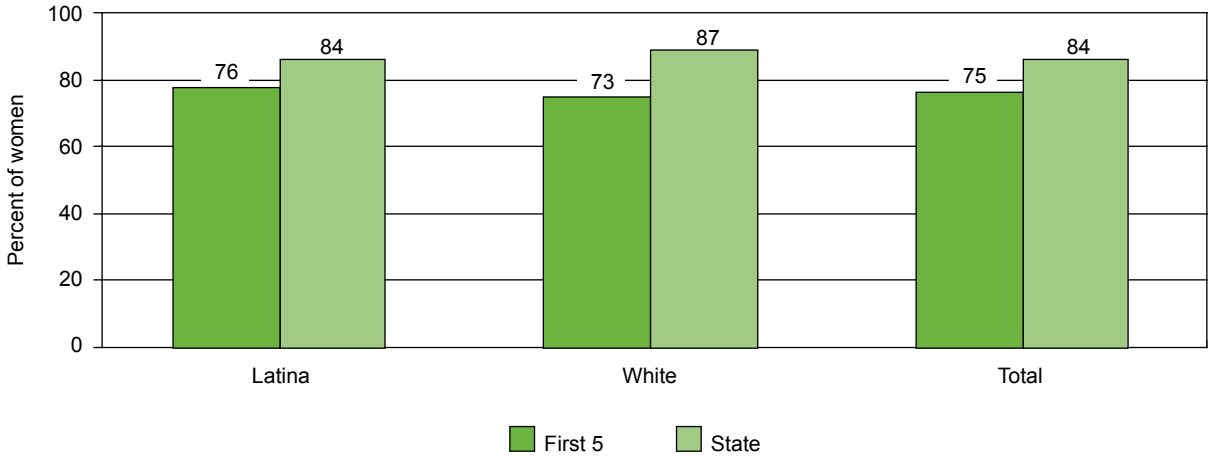
Intake data indicate that:

- Mothers enrolling their children in First 5 programs were less likely to have breastfed their babies (75%), compared with the statewide average (84%).
- Breastfeeding practices were quite variable among First 5 ethnic and linguistic populations, with Asian/Pacific Islander enrollees reporting the lowest rate (52%) and Spanish-speaking enrollees reporting the highest rate (80%).

At entry into a First 5 program, of the 6,011 mothers who were asked about breastfeeding, three-quarters (75%) reported that they had ever breastfed their babies. Overall, First 5 enrollees were less likely to have breastfed their babies, compared with the 2002 state average, which indicated 84% of mothers breastfeeding at discharge (Exhibit 3-18). However, breastfeeding practices were quite variable, with Asian/Pacific Islander enrollees reporting the lowest rate (52%) among all ethnic groups. Spanish-speaking enrollees reported the highest rate (80%), compared with English speakers (66%) or participants speaking other languages (64%) (Exhibit 3-19).

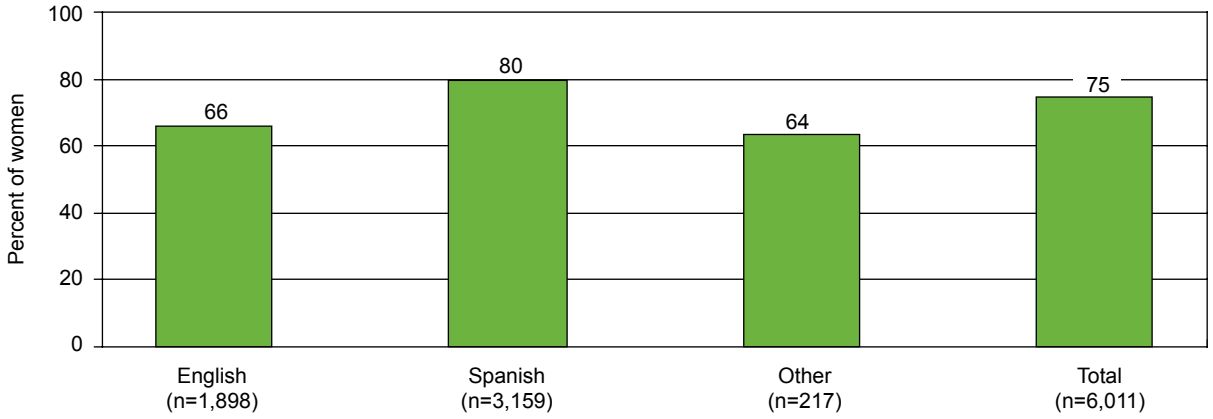
Research indicates that breastfeeding is associated with various health benefits to both infants and their mothers (e.g., reduction in the incidence and severity of diseases in infants; decreased risk of several medical conditions in mothers). First 5 programs can increase the prevalence and duration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

Exhibit 3-18
Women Who Ever Breastfed, First 5 Program Participants in Fiscal Year 2004-05 and Statewide in 2002, by Ethnicity



Source: Statewide data from Department of Health Services Birth Public Use File.

Exhibit 3-19
Women Who Ever Breastfed, First 5 Program Participants in Fiscal Year 2004-05, by Language



Result Area: Improved Child Health

Outcome: Children have good oral health.

Increasing the number of children who have dental exams and families that have dental insurance are priorities for four-fifths of County Commissions. Progress on this outcome is being tracked by using two indicators: (1) number of children receiving annual dental exams and (2) number 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 (43%), compared with children across the state (68%).
- Fewer parents reported that their children had dental insurance at entry into First 5 programs (72%) than the statewide average (81%).

On the basis of the enrollment data from 9,360 parents who were asked about their children's dental exams, only 43% of children ages 3-5 had received a dental exam within the past year, and 48% had *never* received dental care. First 5 enrollees, therefore, were much less likely than children statewide (68%) to have received recent dental care prior to program entry (Exhibit 3-20).

Of a subset of respondents (5,237 parents), 72% 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 3-21). When examined by age group, First 5 enrollment data show that fewer younger children, particularly children 2 years old and younger (67%), tended to have dental insurance than children ages 3-5 (75%).

First 5 programs need to continue to 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.

Preliminary Outcome Data for Intensively Served First 5 Program Participants

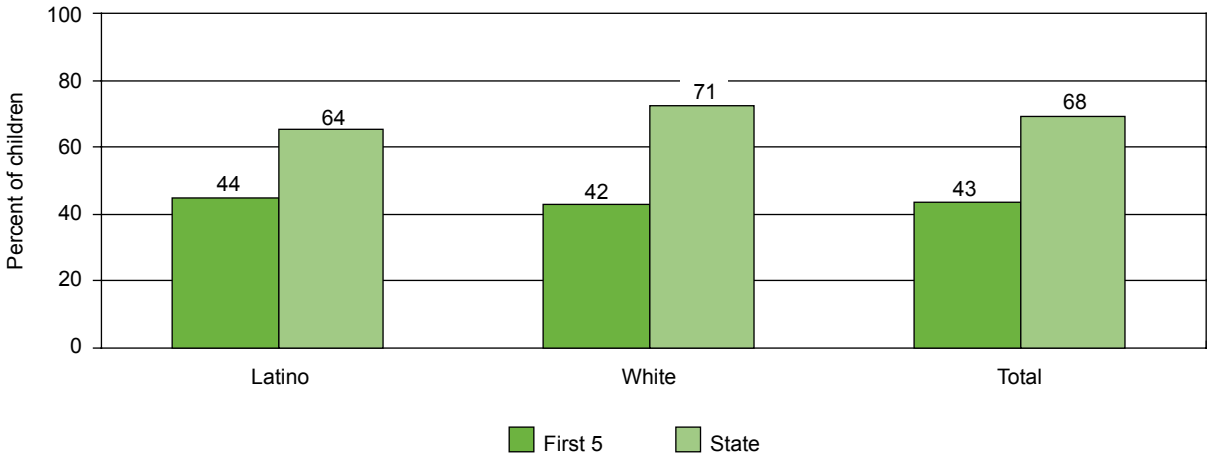
Outcome data indicate that after 6 months of intensive First 5 services:

- The proportion of children who had received a recent dental exam increased from 43% at intake to 55% 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 77% at intake to 85% at follow-up.

Of the 2,245 parents with both intake and 6-month follow-up data, 55% 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 3-22). After 6 months of intensive First 5 services, the proportion of parents reporting that their children had *never* received a dental exam dropped from 48% at intake to 35% at follow-up.

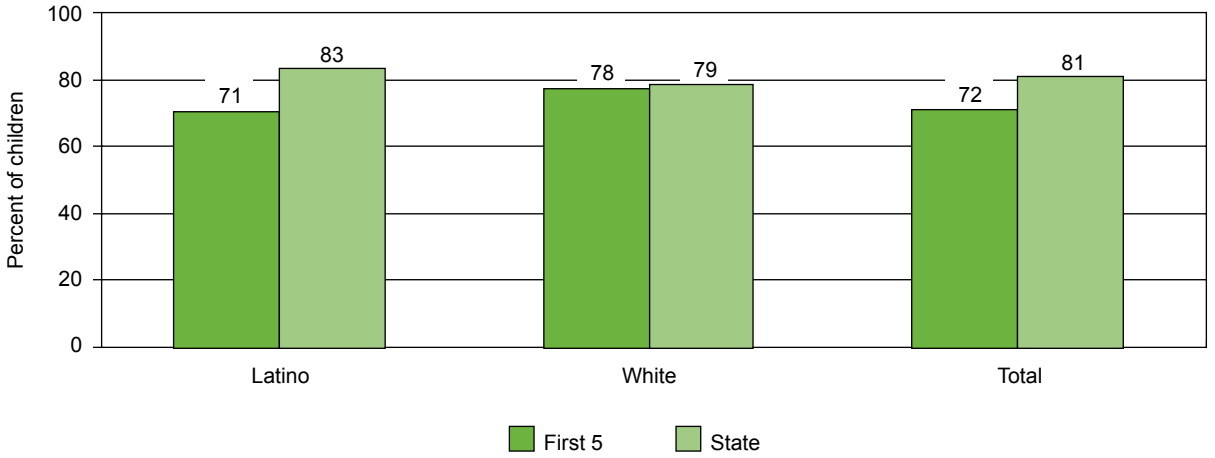
Of the 978 parents with both intake and follow-up responses to questions about dental insurance, more parents reported at follow-up that their children had acquired dental insurance in the past 6 months. Rates of dental insurance coverage increased significantly, from 77% at intake to 85% at follow-up (Exhibit 3-22).

Exhibit 3-20
Children Ages 3 or Older Receiving Annual Dental Exams, First 5 Program Participants in Fiscal Year 2004-05 and Statewide in 2003, by Ethnicity



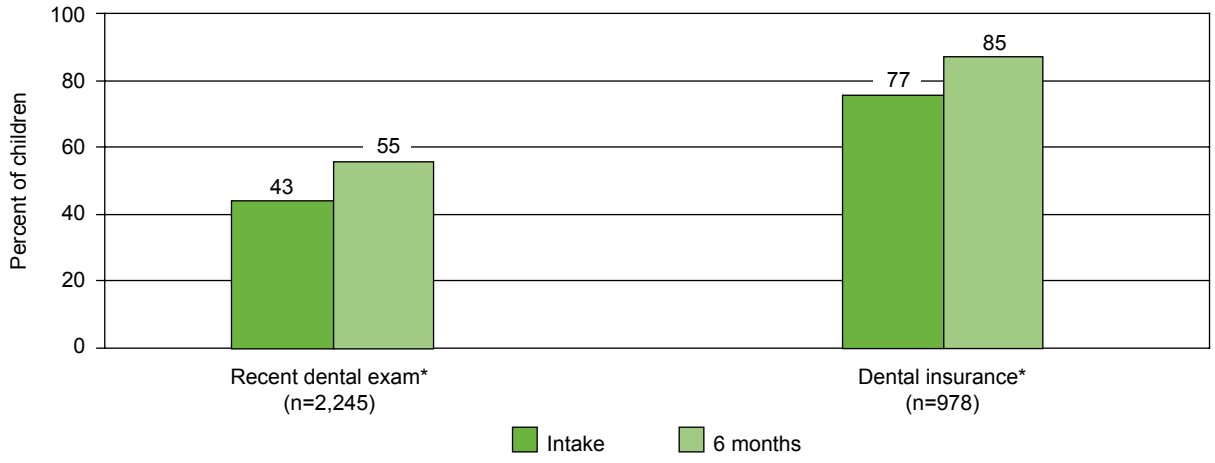
Source: Statewide data from 2003 California Health Interview Survey (CHIS).

Exhibit 3-21
Children Ages 0-5 with Dental Insurance, First 5 Program Participants in Fiscal Year 2004-05 and Statewide in 2003, by Ethnicity



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

Exhibit 3-22
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 (14%), compared with the national average (18%); but far more white First 5 enrollees lived in households where at least one adult smoked (36%), 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 28% of white enrollees reporting that they smoked during pregnancy.

Of 15,480 parents enrolling in First 5 programs, 14% reported that their children lived in households where at least one adult smoked (Exhibit 3-23). This proportion is smaller than the national average of 18%, but there were large differences among the First 5 ethnic groups. The Latino and African-American households showed rates comparable to national findings (about 10% and 23%, respectively), but First 5 enrollees residing in white households were far more likely to be exposed to secondhand smoke (36%), compared with the proportion of white households nationally (20%).

Among 14,990 mothers enrolling in First 5 programs, 6% reported that they had smoked tobacco at some point during their pregnancy (Exhibit 3-24). Again, there were large differences among ethnic groups, from a low of 3% of Latina and Asian/Pacific Islander enrollees to a high of 28% 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 need to continue to offer and promote prenatal care services, parent education, and smoking cessation programs to decrease health risks and increase children's optimal development.

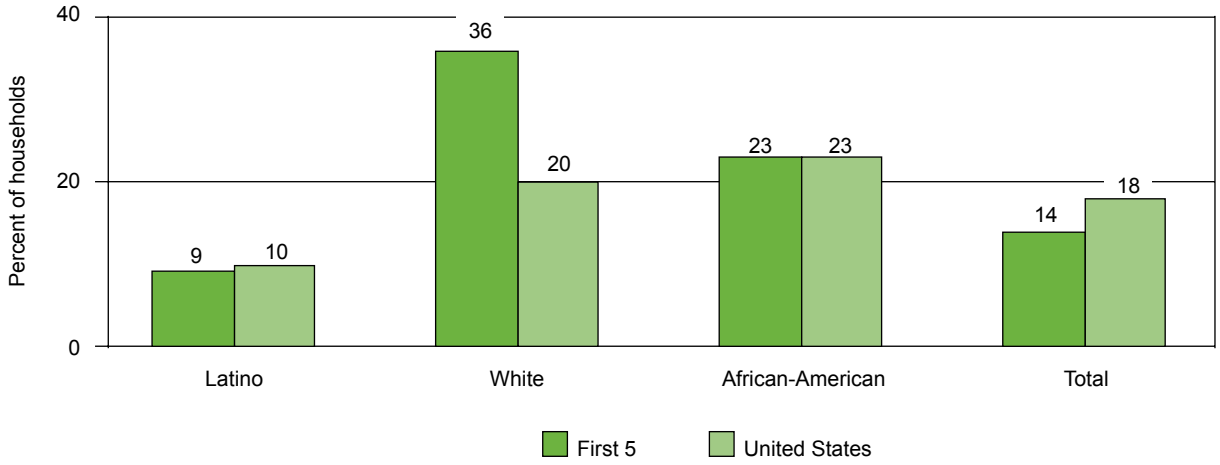
Preliminary Outcome Data for Intensively Served First 5 Program Participants

Outcome data indicate that:

- The proportion of children exposed to secondhand smoke decreased from 12% at entry to First 5 programs to less than 11% after 6 months of intensive services.
- The proportion of white children living in households where at least one adult smoked decreased from 32% at intake to 22% after 12 months of First 5 services.

Of the 4,511 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 less than 11% of the households after 6 months of intensive First 5 services (Exhibit 3-25). Reduced rates of smoking were reported in the Latino population, who already demonstrated rates less than the national average. Other ethnic groups, namely white, African-American, and Asian/Pacific Islander, showed smoking rates that continued to be above the national average. Of the 1,283 respondents with both intake and 12-month follow-up data, rates of smoking in households also showed decreases, though these were not significant, except in white households. Parents reported at intake that 8% of their households included a smoker, but only 7% included a smoker at follow-up. In white households, 91 parents reported that smoking rates decreased from 32% to 22% in their first 12 months of First 5 services.

Exhibit 3-23
Households Where an Adult Smoked, First 5 Program Participants in Fiscal Year 2004-05 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.

Exhibit 3-24
Women Who Smoked during Pregnancy, First 5 Program Participants in Fiscal Year 2004-05, by Ethnicity

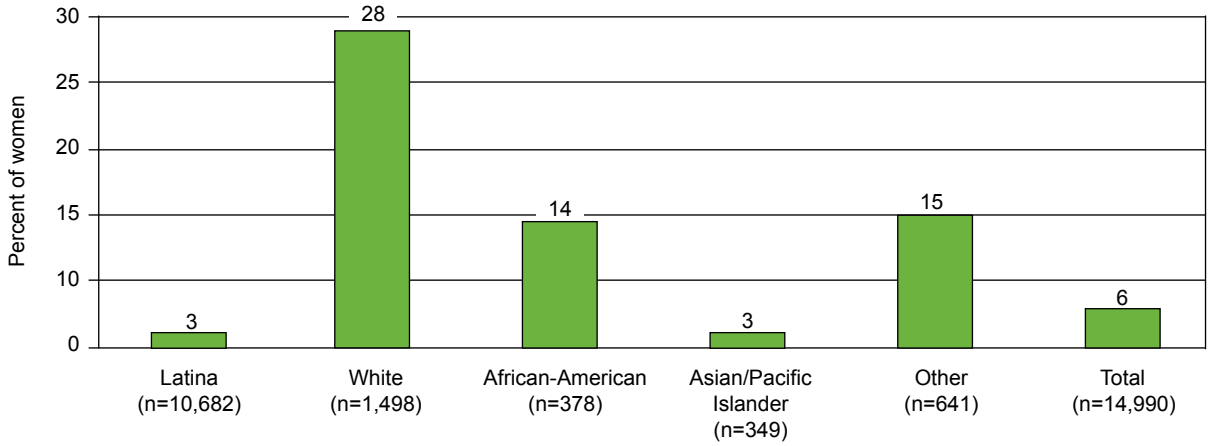
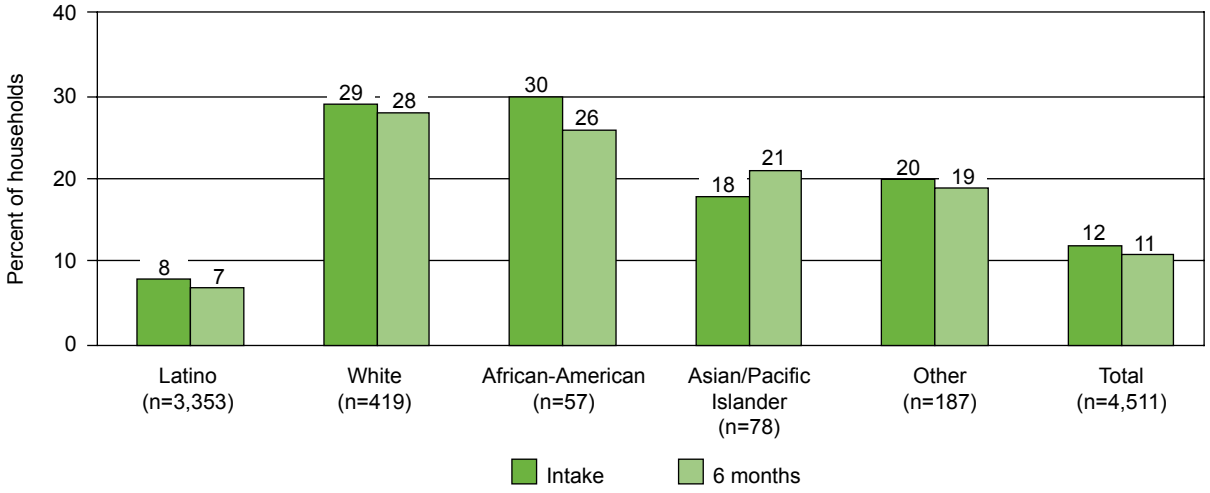


Exhibit 3-25
Households Where an Adult Smoked, at Intake and 6-Month Follow-up, First 5 Program Participants, by Ethnicity



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 four-fifths of County Commissions. Progress on this outcome is being tracked by using the following indicator: number and percentage of families who report early literacy practices such as reading or telling stories regularly to their children ages 3 to 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 (74%), 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 11,267 parents enrolling their children in First 5 programs, about three-quarters (74%) reported reading regularly to their children (at least three times a week), compared with the 2001 state average (82%) (Exhibit 3-26). In particular, fewer white First 5 enrollees read regularly to their children (87%), compared with proportions of white households statewide (93%).

Of the 8,566 parents responding to questions about the frequency with which they told stories to their children, 56% reported doing so regularly (at least three times a week) prior to program entry. Again, there were differences among ethnic groups, from a low of 51% of the Latino enrollees to a high of 71% of white enrollees reporting regular storytelling at home. Among 9,257 parents, 71% indicated that they sang songs regularly to their children, with a low of 65% reported in the Asian/Pacific Islander population and a high of 81% in the white population.

First 5 should continue to promote and offer 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.

Preliminary Outcome Data for Intensively Served First 5 Program Participants

Outcome data indicate that:

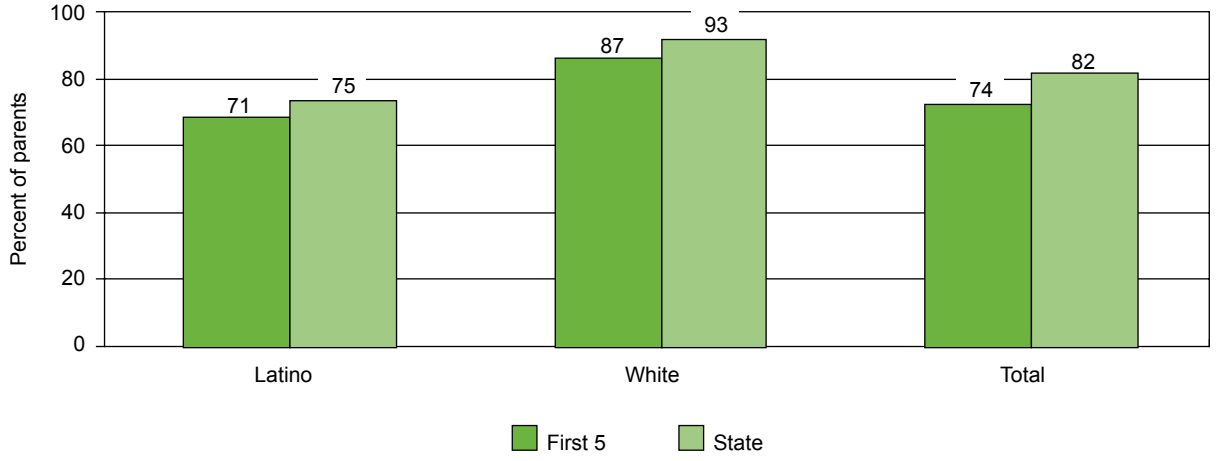
- The proportion of parents who reported regularly engaging in family literacy practices increased from 80% at intake to 86% after 6 months of intensive First 5 services. Rates of reading increased from 74% at intake to 82% at follow-up; rates of telling stories increased from 55% to 63%; rates of singing songs increased from 72% to 75%. The Latino population showed the largest gains.
- The proportion of parents who reported regularly engaging in family literacy practices increased from 77% at intake to 83% after 12 months of intensive First 5 services. Rates of reading increased from 74% at intake to 81% at follow-up, and again, the Latino population showed the largest gains.

Among the 3,956 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 80% at intake to 86% at follow-up. Rates of reading increased from 74% of the families at intake to 82% of the families after 6 months of intensive First 5 services (with 3,538 parents reporting), meeting the statewide average. Similarly, rates of storytelling increased from 55% to 63% (with 2,148 parents reporting), and rates of singing songs increased from 72% to 75% (with 2,201 parents reporting) (Exhibit 3-27). The Latino population 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.

Among the 1,060 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 77% at intake to 83% at follow-up. From reports of 991 families, rates of reading also increased, from 74% of the families at intake to 81% after 12 months of intensive First 5 services (Exhibit 3-28). Again, the Latino population showed the largest gains, with rates of any family literacy activities, reading, and singing increasing significantly after 12 months of intensive First 5 services.

Exhibit 3-26
Parents Reading Regularly to Children, First 5 Program Participants in Fiscal Year 2004-05 and Statewide in 2001, by Ethnicity



Source: Statewide data from 2001 California Health Interview Survey (CHIS).

Exhibit 3-27
Parents Regularly Practicing Family Literacy, at Intake and 6-Month Follow-up, First 5 Program Participants

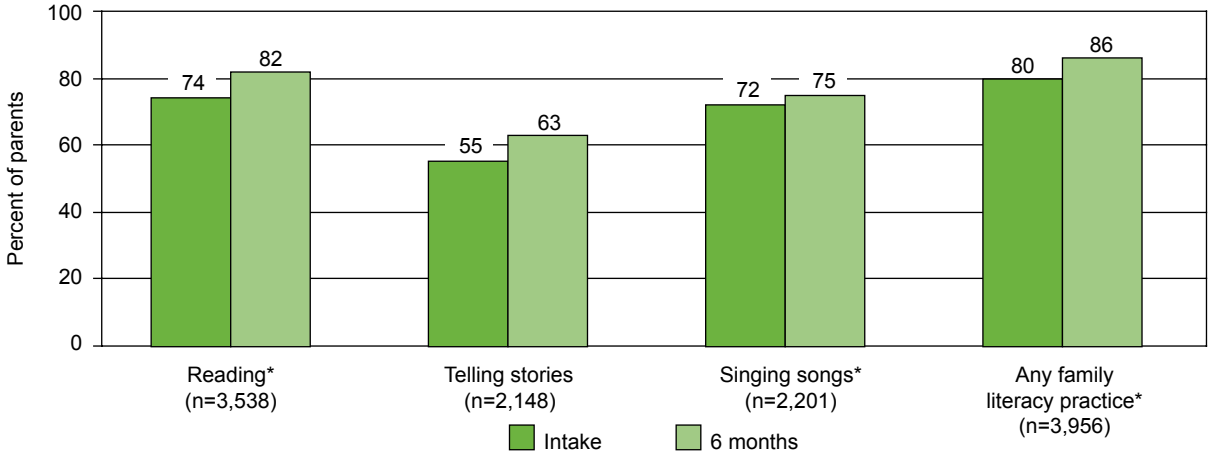
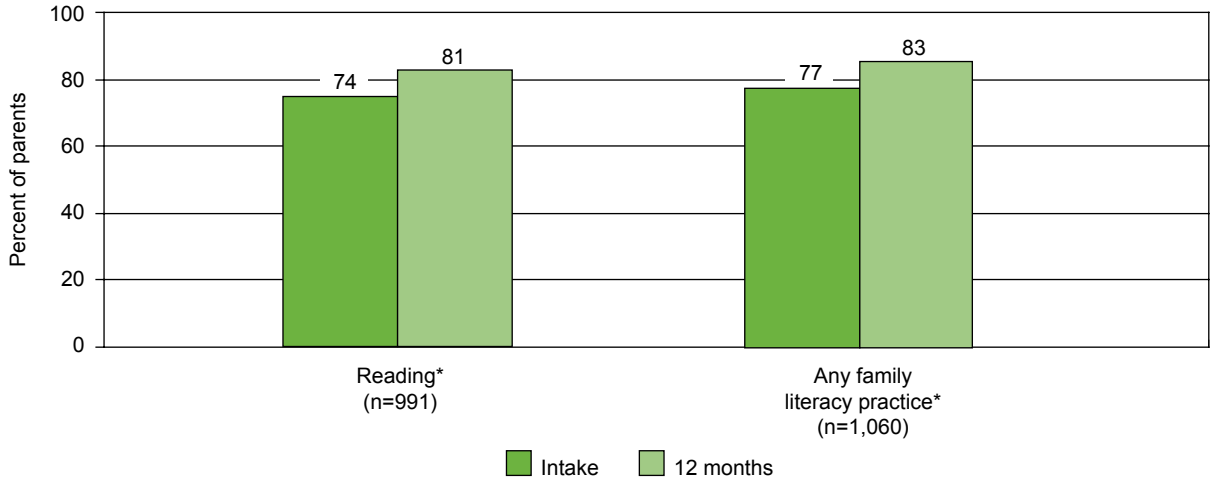


Exhibit 3-28
Parents Regularly Practicing Family Literacy, at Intake and 12-Month Follow-up, First 5 Program Participants



Result Area: Improved Family Functioning

Outcome: Families are self-sufficient.

Decreasing the percentage of children living in poverty is a high priority for nearly half of County Commissions. Progress on this outcome is being tracked by using the following indicators: (1) number and percentage of children living in poverty and (2) number and percentage of mothers who completed high school or its equivalent.

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 a greater amount of resources.
- Parental educational attainment is strongly associated with children's increased school readiness and educational achievement.
- Higher levels of parent education are also 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 (68%) enrolling in First 5 programs lived in poverty, greatly exceeding statewide levels (19%).
- 44% 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 (38%) and white respondents reporting the highest rate (80%).

More than two-thirds (68%) of the 9,861 First 5 enrollees who were asked about their annual income lived below the 2003 poverty threshold (Exhibit 3-29), and almost all (91%) 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 2004 statewide data, which indicate that approximately 19% of families with children ages 0-5 in California live in poverty and 42% of families live under 185% of poverty level. The African-American and Latino populations enrolling in First 5 had higher rates of poverty (74% and 71%, respectively) than white and Asian/Pacific Islander families (48% and 46%, respectively); however, the poverty rates in the white and Asian/Pacific Islander populations still greatly exceeded statewide levels (8% and 11%, respectively).

Among 11,909 mothers enrolling in First 5, 44% reported at program entry that they had a high school diploma or GED (Exhibit 3-30). Again, there were large differences among ethnic groups, from a low of 38% of the Latina respondents to a high of 80% of white respondents reporting the completion of high school.

Poverty and its associated conditions can have significant effects on children's development and well-being, particularly in early childhood. First 5 programs should continue to 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.

Preliminary Outcome Data for Intensively Served First 5 Program Participants

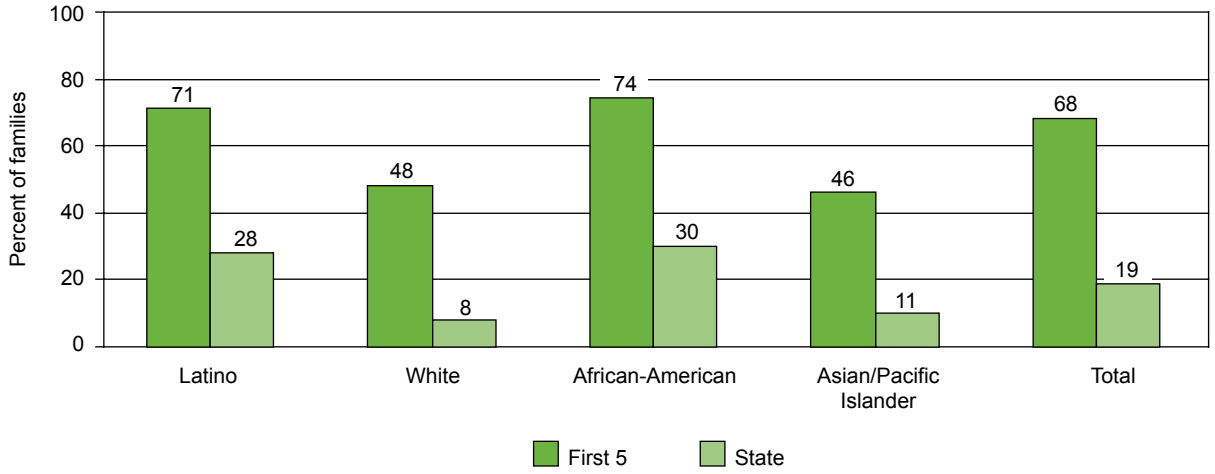
Outcome data indicate that:

- The proportion of families living in poverty decreased from 73% at intake to 70% after 12 months of First 5 services.
- Rates of high school completion increased significantly, from 41% of the mothers at intake to 45% after 6 months of intensive First 5 services and from 40% at intake to 44% after 12 months of services.

Among the 2,453 respondents with both intake and 6-month follow-up data, poverty levels showed relative consistency, with only a slight decrease after 6 months of First 5 services. At intake, 71% of the families reported living below the poverty threshold; at 6-month follow-up, 70% reported living in poverty. Among the 773 respondents with both intake and 12-month follow-up data, however, significantly fewer families reported living in poverty across all ethnic groups. Rates of poverty decreased from 73% of the families at intake to 70% at follow-up (Exhibit 3-31).

In addition, among the 3,835 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 41% of the mothers at intake to 45% of the mothers after 6 months of intensive First 5 services (Exhibit 3-32). Similarly, among the 1,401 respondents with both intake and 12-month follow-up data, the proportion of mothers who completed their high school education increased from 40% at intake to 44% after 12 months of intensive First 5 services (Exhibit 3-33). There continued to be large differences among ethnic groups, from a low of 39% of the Latina respondents to a high of 87% of white respondents reporting completion of high school, but all ethnic populations demonstrated improved outcomes.

Exhibit 3-29
Families with Children Ages 0-5 Living in Poverty, First 5 Program Participants in Fiscal Year 2004-05 and Statewide in 2004, by Ethnicity



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

Exhibit 3-30
Women with High School Diploma or GED, First 5 Program Participants in Fiscal Year 2004-05, by Ethnicity

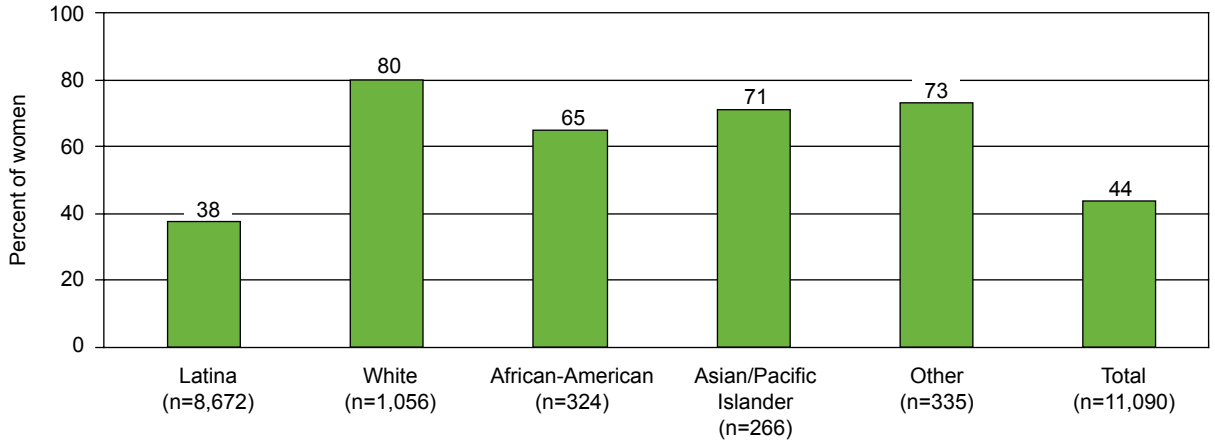


Exhibit 3-31
Families with Children Ages 0-5 Living in Poverty, at Intake and 12-Month Follow-up, First 5 Program Participants, by Ethnicity

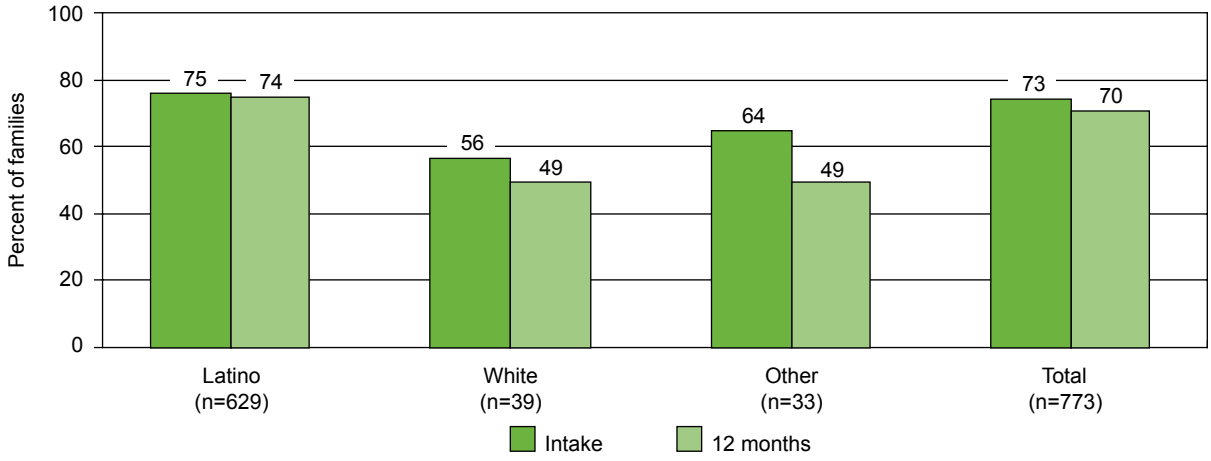


Exhibit 3-32
Women with High School Diploma or GED, at Intake and 6-Month Follow-up, First 5 Program Participants, by Ethnicity

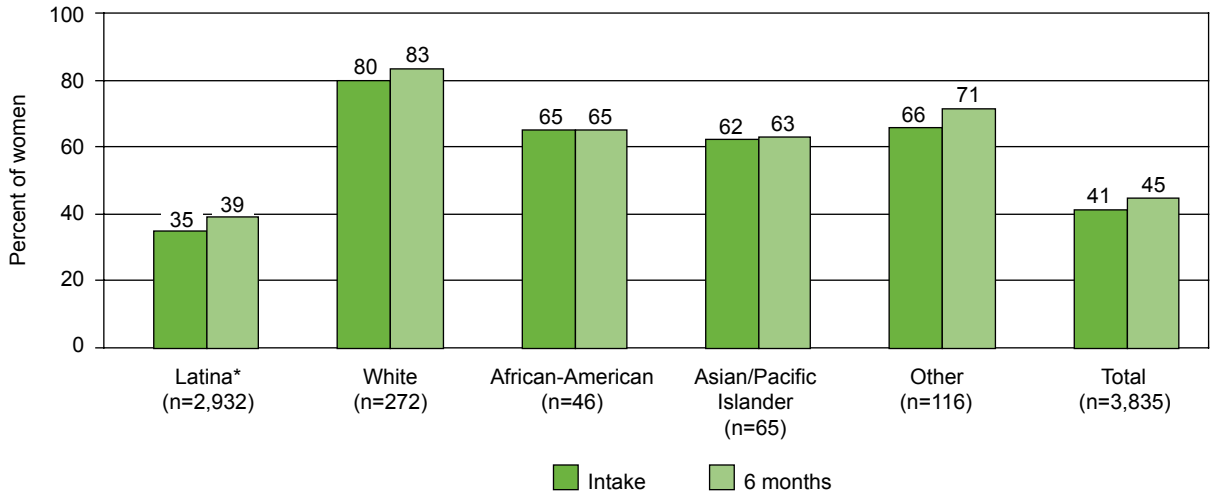
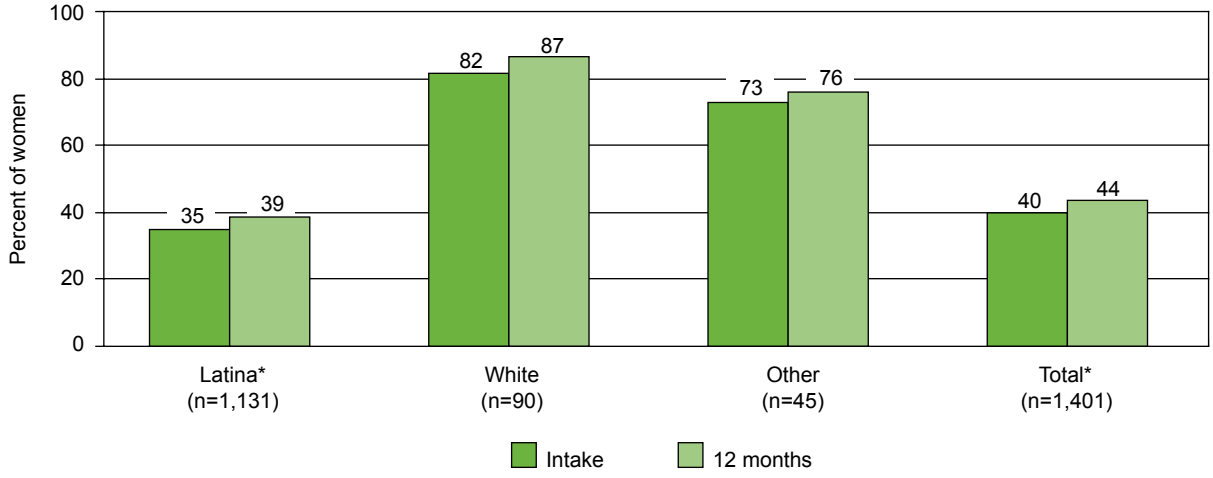


Exhibit 3-33
Women with High School Diploma or GED, at Intake and 12-Month Follow-up, First 5 Program Participants, by Ethnicity



Result Area: Improved Family Functioning

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

About one-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.

Intake Data for Intensively Served First 5 Program Participants

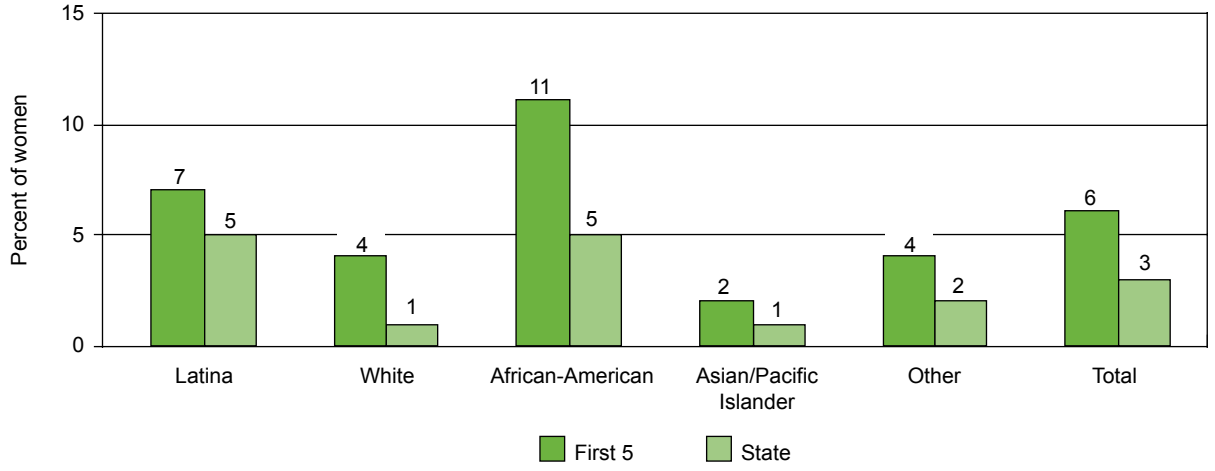
Intake data indicate that:

- A higher proportion (6%) of mothers enrolling in a First 5 program 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 (11%) reported among the African-American First 5 enrollees.

Among 9,693 mothers enrolling in First 5 programs, 6% reported that they were teenagers (ages 13-17) at the time of their children's births (Exhibit 3-34). This proportion is higher than the statewide average (3%). Again, there were large differences among ethnic groups, from a low of 2% of the Asian/Pacific Islander enrollees to a high of 11% of African-American enrollees reporting births in their teenage years.

Births to young teenagers pose several health 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 3-34
Women Ages 13-17 at Time of Children's Births, First 5 Program Participants in Fiscal Year 2004-05 and Statewide in 2003, by Ethnicity



Source: Statewide data from Department of Health Services Birth Public Use File.

Conclusion

In summary, the intake data presented in this chapter on participants intensively served during the 2004-05 fiscal year 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. 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.

Furthermore, preliminary 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, 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 legislation 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 inform 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, 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 2,061 programs designed to improve the lives of young children and their families throughout the state. This chapter describes the important activities that have been funded through First 5 during 2004-05 and the children and families who have been 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 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 20 million people).
  - About 3.5 million of these people received direct services.
  - More than 16 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, 21% white, 5% Asian/Pacific Islander, 4% African-American, and 5% 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; 51% of the children spoke Spanish, and 5% spoke another language.
  - Approximately 5% 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 2004-05, First 5 County Commissions funded 2,061 programs:
  - The majority of programs (69%) and funding (57%) 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 914 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:

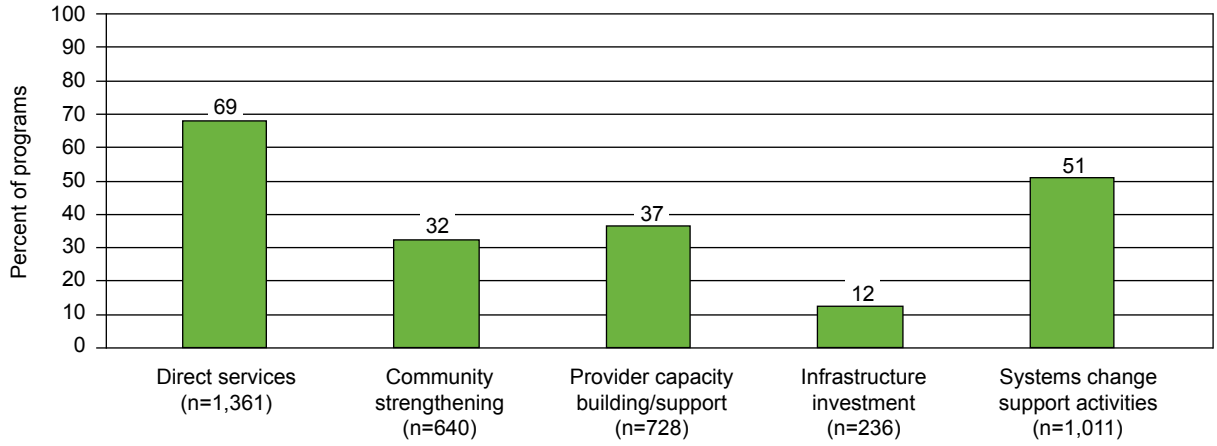
- **Direct services.** Family support, child health, and child development services delivered to individuals or groups of children ages 0-5, their parents, and other family members by a service provider or volunteer through case management, home visits, classes, support groups, mobile services, in-person 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 2,061 programs with First 5 funds and were able to report on the specific strategies being used by 1,979 (96%) of those programs. Exhibit 4-1 shows the percentage and number of programs using each of the five strategies. Many programs (56%) were funded to implement more than one strategy. This was more common among County Commissions of large- and medium-population counties (61% and 58%, respectively, of their programs were funded to implement multiple strategies) than among small-population counties (46%). Exhibit 4-2 shows the percentage of programs that used each strategy, by county population size (Appendix E lists counties by population size category).

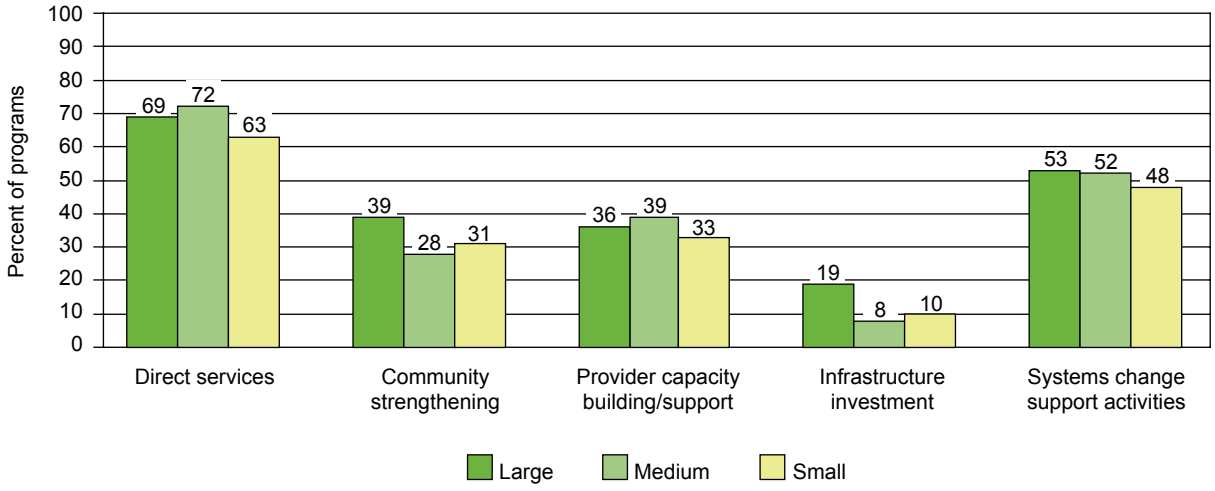
Mini-Grants. The programs described above were funded through contracts with external agencies or were run by County Commission staff members. In addition to funding these programs, First 5 County Commissions disbursed mini-grants (small grants, with an average size of $3,338) to many agencies and groups to support or conduct activities similar to the strategies used by funded programs. During the 2004-05 fiscal year, County Commissions disbursed mini-grants to 914 agencies or groups.

Exhibit 4-1
Programs Using the Five Strategies (n=1,979)



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

Exhibit 4-2
Programs Using the Five Strategies, by Population Size (n=1,979)



Program Participants

As shown in Exhibit 4-1, funded programs used primarily strategies that focused on providing direct services to children and families and strengthening their local communities. These direct services and community strengthening efforts accounted for 76% (1,496) of the programs funded by First 5 County Commissions.

- Statewide, 1,758,815 children, 1,619,879 parents, and 136,484 other family members (a total of 3,515,178 program participants) were directly served by First 5 programs that submitted counts of participants.[1] An additional 595,089 children were indirectly served through services provided to their parents or other family members. These numbers represent 95% of funded programs that directly served children and families, so the actual number of people served is higher.
- Many more parents and children (16,307,535) received information through media campaigns, dissemination of materials (e.g., brochures, resource directories), community events, and other public outreach efforts.

Exhibit 4-3
Distribution of Types of Program Participants Directly Served (n=3,515,178)

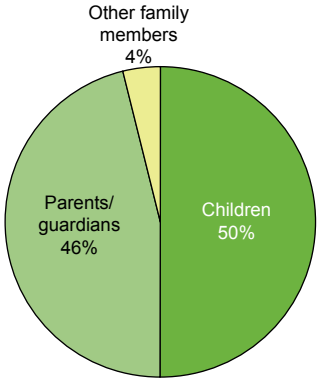
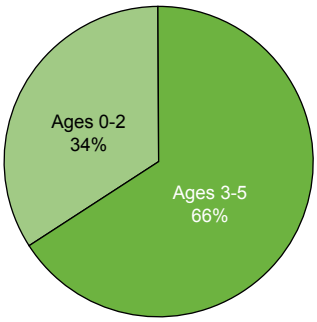


Exhibit 4-4
Age Distribution of Children Directly Served (n=1,395,862)



Note: Information on children's age was not available for 362,953 children.

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.

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 (21%), Asian/ Pacific Islander (5%), African-American (4%), multiracial (3%), and those reporting belonging to other racial or ethnic groups (2%).

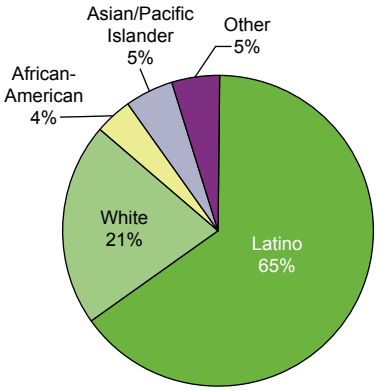
Languages of children being served. First 5 programs are serving many children and families whose primary language is other than English. More than half (56%) of the children served by First 5 had a primary language other than English, and most of them spoke Spanish (Exhibit 4-6). Funded programs also reported

[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.

providing information and services in several languages through community events, mailings, and distribution of materials. Almost 40% of those activities were provided to families who spoke languages other than English, with 33% of the activities being provided in Spanish.

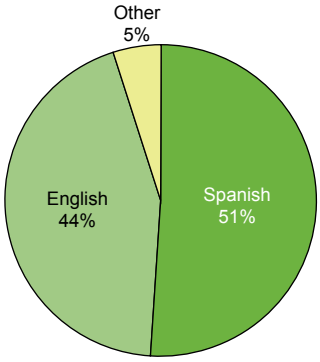
Children with disabilities and other special needs. Approximately 5% of all children directly served by First 5 programs (98,951 children) were identified as having a disability or other special need.

Exhibit 4-5
Ethnic Distribution of Children Directly Served
(n=1,314,099)



Note: Information on children's ethnicity was not available for 444,716 children.

Exhibit 4-6
Languages of Children Directly Served
(n=1,229,019)



Note: Information on children's primary language was not available for 529,796 children.

Services for Children and Families

Two-thirds (1,361) 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 95%, respectively). These programs reported delivering 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. The 12 types of services most commonly received by program participants are listed in Exhibit 4-7.

Exhibit 4-7
Services Received Most Often by First 5 Program Participants, by Result Area
(Number of Participants Served)

Improved Family Functioning	Improved Child Development	Improved Child Health	Improved Systems of Care
• Community resource and referral (1,298,407) • Parenting education (962,082) • Parenting/caregiver support (673,378) • Distribution of Kit for New Parents (482,645)	• Early education programs for children (889,295) • Family literacy programs (502,889) • Developmental screenings and assessments (476,556) • Kindergarten transition programs (451,067)	• Health insurance enrollment and assistance (481,280) • Safety education and injury/violence prevention (480,521) • Nutrition education and assessments (455,157)	• Service coordination (641,621)

Note: Number for each service reflects total number of children, parents, and other family members served.

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, and acute medical care were delivered primarily through in-person consultations. Many of these services were made more accessible and family friendly via home visits and mobile services. 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., parenting/caregiver support, nutrition education and assessments, safety education and injury/violence prevention, service coordination, and transportation services or vouchers).

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 classes, case management, and in-person consultations. 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 and Latino participants, and in-person consultations were most common among African-American and Asian/Pacific Islander participants. Mobile services and case management appeared to be more common for African-American participants than for white, Latino, and Asian/Pacific Islander 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 are receiving certain services more often and a wider range of services than children in the general population (Exhibit 4-12). For example, nearly one-third or more of children with disabilities and other special needs, compared with one-sixth or fewer of children overall, received mental health assessments or services and developmental screenings. Their families also were more likely to receive community resource information and referrals, service coordination, parenting/caregiver support, and parenting education than those of children overall. Given the large number of systems and services that children with disabilities and other special needs interact with, the emphasis on service access and coordination is not surprising.

Exhibit 4-8
First 5 Funded Programs Support Families through Multiple Agencies

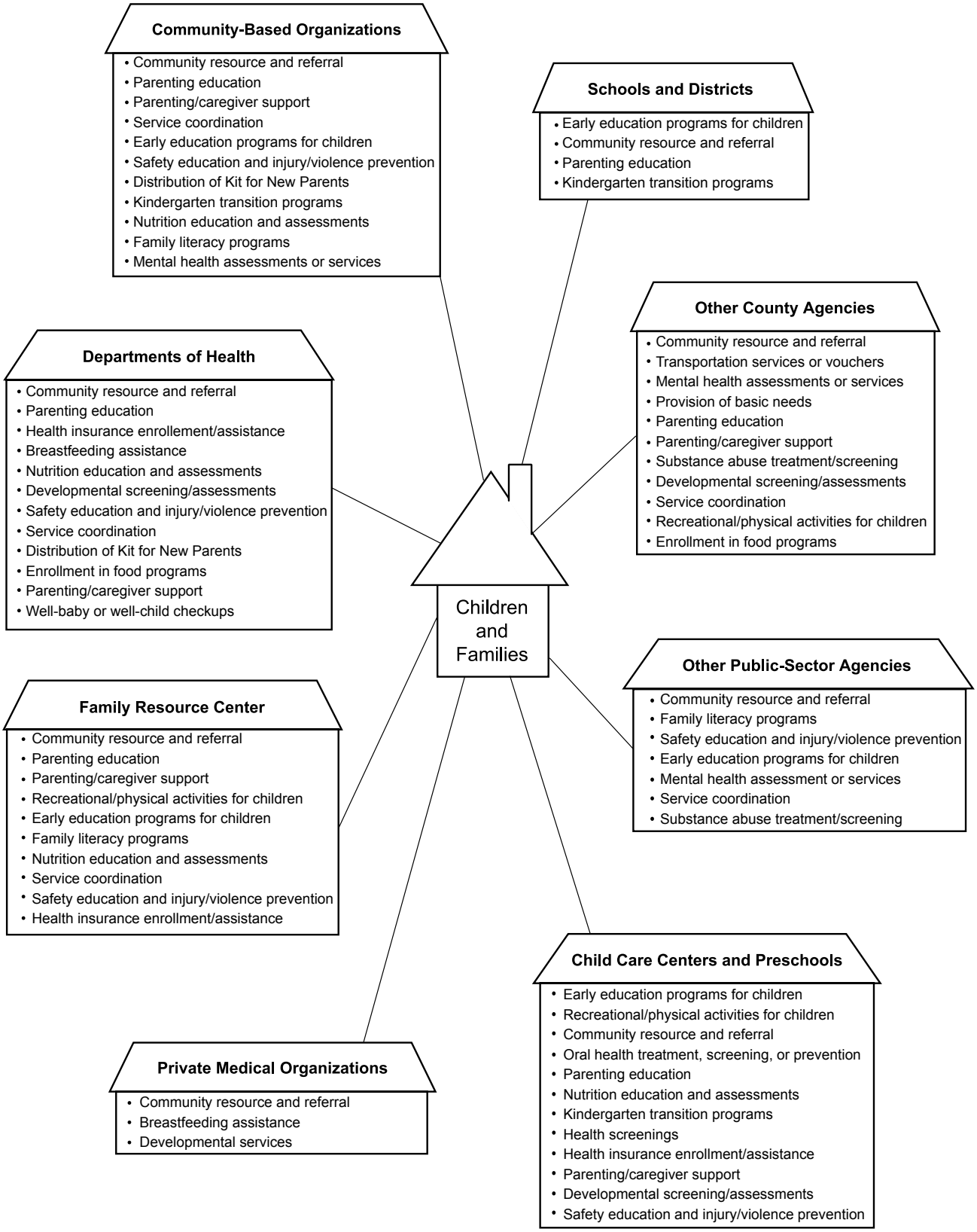


Exhibit 4-9
Number of Participants Served by Direct Services and Community Strengthening Efforts

Method of Delivery	Total Number of Participants
Direct services	
Class/workshop	1,023,352
In-person consultation or service	996,547
Case management	478,565
Home visit	280,365
Mailing/distribution of materials	200,976
Phone consultation	138,187
Mobile service	106,123
Community event (services delivered to individuals)	97,355
Support group	51,530
Other direct-service delivery method	140,817
Unknown	1,361
Direct services subtotal	*3,515,178*
Community strengthening efforts	
Media campaigns (radio, television, newspapers, magazines)	8,552,322
Information dissemination (brochures, newsletters, directories)	2,996,444
Organizing community associations/networks	2,986,847
Community events, celebrations, or fairs (to groups of people)	1,446,406
Public speaking	38,901
Other community strengthening efforts	286,615
Unknown	5,945
Community strengthening efforts subtotal	*16,307,535*
Total	**19,822,713**

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	African-American (n=106,919)	Asian/Pacific Islander (n=148,795)	Latino (n=1,638,888)	White (n=524,454)	Other* (n=115,757)
Community resource and referral	44	48	38	34	37
Parenting education	34	32	29	29	31
Parenting/caregiver support	27	22	20	21	22
Distribution of Kit for New Parents	23	22	14	12	15
Early education programs for children	26	28	25	31	24
Developmental screenings and assessments	21	20	13	18	18
Family literacy programs	13	21	13	14	14
Health insurance enrollment and assistance	18	14	15	9	11
Nutrition education and assessments	22	17	12	14	14
Safety education and injury/violence prevention	23	18	11	18	15
Service coordination	29	23	21	19	21
Transportation services or vouchers	19	14	10	13	12

*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	African-American (n=106,919)	Asian/Pacific Islander (n=148,795)	Latino (n=1,638,888)	White (n=524,454)	Other* (n=115,757)
Class/workshop	20	27	31	33	24
In-person consultation or service	32	33	31	26	31
Case management	20	12	17	15	19
Home visit	5	7	7	7	7
Mailing/distribution of materials	2	6	2	4	3
Mobile service	5	2	2	2	2
Phone consultation	2	2	2	5	2
Community event (services delivered to individuals)	5	2	2	3	5
Support group	2	2	1	2	2
Other direct services	7	6	4	3	5

*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 Special Needs, Compared with Children and Their Families Overall

Activity	Children with Special Needs		Children Overall	
	Number	Percent	Number	Percent
Community resource and referral (to health and social services)	44,722	45	492,444	28
Developmental screenings/assessments	41,844	42	269,115	15
Early education programs for children	38,649	39	598,899	34
Parenting education	35,600	36	390,524	22
Parenting/caregiver support	32,950	33	292,146	17
Other family support, education, and services	32,079	32	414,192	24
Service coordination	31,994	32	292,203	17
Mental health assessments or services	31,598	32	177,483	10
Developmental services	25,466	26	170,417	10
Safety education and injury/violence prevention	23,707	24	218,548	12

Services for Children and Families, by Result Area

As mentioned earlier, First 5 programs are addressing all four priority result areas (improved family functioning, child development, child health, 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 1,291 (95%) of the 1,361 programs that provided direct services. Therefore, the actual numbers of programs offering the services described below and participants receiving them are somewhat higher.

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:

- **Community resource and referral (to health and social services).** More than half of all direct-service programs (740 programs) provided parents and children with information about and referrals to health and social service programs in their communities. These programs served 1,298,407 people. Information about resources and referrals were most often provided through in-person consultations (31%), case management sessions (30%), classes (12%), and home visits (11%).

  To increase awareness of community resources, 386 programs conducted media campaigns, disseminated materials, and held community events. Through these community outreach efforts, 12,891,139 parents and related community members received information about community resources.

  County Commissions also awarded mini-grants to 47 organizations to begin or expand the sharing of community resource and referral information with their program participants.

- **Parenting education.** More than half of direct-service programs (713 programs) provided parenting education to 528,105 parents, affecting 390,524 children ages 0-5. Not surprisingly, the largest proportion of parenting education (38%) was delivered through classes and workshops. However, significant proportions also were delivered through case management sessions (25%), in-person consultations (15%), and home visits (9%).

  Positive parenting practices also were promoted with 8,639,444 parents and children through media campaigns, community events, dissemination of materials, and other outreach efforts run by 269 programs. Finally, 127 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 (449 programs) provided general and specific types of support to 346,045 parents, affecting 292,146 children ages 0-5. The largest proportions of programs providing parent support services did so through case management (34%); parenting support also was provided through classes (20%), in-person consultations (15%), and home visits (14%). Mini-grants funded 64 additional organizations to provide support to parents and other caregivers.

  Peer parent support networks also were organized and advertised to 3,877,490 parents and related community members by 139 programs.

- **Distribution of Kit for New Parents.** First 5 California's Kit for New Parents was distributed by about a quarter of programs (312 programs) to 482,645 program participants through case management sessions (27%), in-person consultations (22%), classes and workshops (22%), and home visits (14%). In addition, 16 other organizations distributed the Kits to new parents with support from mini-grants.

- **Mental health services.** Counseling and behavioral and mental health assessments were provided by about a quarter of programs (301 programs) to 366,230 children and their family members. These services were most often provided through

case management (30%), in-person consultations (25%), home visits (15%), and classes (14%). In addition to these programs, another 62 organizations received mini-grants to provide mental health assessments or services.

A smaller number of programs (113) provided substance abuse treatment, counseling, and referrals to 184,374 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 (44%) and home visits (27%). These efforts were supported by another 12 organizations that received mini-grants to provide substance abuse screening and treatment services.

- **Other family support and education services.** Many programs (595) provided 414,192 children and 493,689 parents with other family support services, such as translation services, legal support and services, and advocacy for families with other agencies, and 118 organizations received mini-grants to provide other family support and education services.

Parenting education programs promote children's early learning and development in San Bernardino County. During 2004-05, the County Commission funded 20 agencies to implement parent education programs, serving more than 5,000 parents and 3,000 children. 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 findings suggest that participating parents improved their ability to support their children's learning and social-emotional health, and enhanced their own well-being.

Crescent City Family Resource Center offers parenting education and family support. First 5 Del Norte committed long-term funding to build, enhance, and sustain the county's only family resource center (FRC). The County Commission successfully established a 501(c)(3) nonprofit organization as the FRC's fiscal/governance umbrella and, in partnership with the Wild Rivers Community Foundation, established trust funds to support new center construction and to ensure the center's longevity. The FRC expanded programs for children and developed a partnership with College of the Redwoods and the Redwood Coast Regional Center to create a Parent Information and Resource Library for parents, caregivers, teachers, and community members. A variety of materials are available, including resources about child health, safety, early brain development, special needs, high-quality early care, and positive discipline. More than half of the parents of participants reported that their children's social skills and school preparedness improved, and 100% reported that their needs as parents were met by the FRC programs.

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 (282) provided 326,319 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 (236) helped 282,028 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 provision of basic needs and enrollment in food programs were conducted primarily through case management (45% and 41%, respectively). Mini-grants also enabled six organizations to help families obtain food, clothing, emergency funding, and housing.
- **Adult education programs.** One out of eight programs (163) provided activities

to promote adult literacy skills and learning of English as a second language to 100,705 parents and other family members of young children. One out of 10 programs (139) provided classes to help 55,519 parents find employment or better-paying jobs or to become U.S. citizens. Both types of adult education services often were delivered through classes (68% and 23%, respectively), and assistance with employment and citizenship often was provided through case management (30%). In addition, eight organizations received mini-grants to support adult literacy activities.

- **Family planning services.** Nine percent of programs (112 programs) provided 48,994 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 home visits (45%) and case management sessions (38%).

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 Initiative activities. Programs include:

- **Early education programs.** The third most common service 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 548 programs (41% of all direct-service programs) provided early education programs to 598,899 children and 259,633 parents. Mini-grants were received by 205 additional organizations (22% of all mini-grants) to provide early educational activities to children.
- **Family literacy programs.** One out of four organizations (319) conducted programs to increase the amount of reading parents do with their children. These programs served 261,320 children, 214,490 parents, and 27,079 other family members. The largest proportion of the family literacy activities were conducted through classes (39%), but many also were delivered through in-person consultations (19%) and mailings (14%).

Integrated Family Support Initiative (IFSI) in Solano County provides an umbrella of comprehensive support for children and families. The IFSI, a public-private, multidisciplinary collaborative of more than 30 agencies, served 2,000 families an average of five times each in underserved areas of the county. These comprehensive family support services increased access to community resources, strengthened parent-child relationships, assessed developmental progress of infants and children, linked parents to child care and school readiness resources, and connected families with health screenings. The Children's Network provided training, technical support, and coordination services to eight family resource centers serving 1,904 families and 2,518 children ages 0-5. Child Haven provided 412 families and 618 children with home visits, case management, developmental and mental health screenings, therapeutic and educational mental health groups, individual therapy sessions, and other activities and support. The Vacaville Police Department's Child Abuse Response Team provided parenting programs for 93 families and their children to reduce the risk of child abuse and neglect; 93% of participants increased their knowledge of healthy child-rearing practices.

In addition to these programs, another 385 organizations (42% of all mini-grants awarded) received mini-grants to promote improved family literacy practices.

- **Kindergarten transition programs.** More than one-fifth of programs (292) provided activities (50% of which were classes) to 254,511 children about to enter kindergarten and 184,281 parents of children entering kindergarten. Many of these programs included classes for children who have 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 (11,215,240) 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, 91 organizations received mini-grants to provide kindergarten transition activities in addition to the other activities described above.

- **Early care and education referrals and resources.** One-sixth of programs (213) provided information on and referrals to early child care and education programs to 287,496 people, and 83 programs provided subsidies or vouchers for child care and preschool to 57,925 people. Referrals and information and subsidies and vouchers for early education were provided primarily through classes (24% and 59%, respectively). Many referrals to early child care and education were also provided through case management sessions (26%), home visits (19%), and in-person consultations (16%). 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 15 organizations.

- **Recreational classes and activities for children.** Recreational activities, including games and sports, were provided by 360 programs to 219,431 children and 170,348 parents. Mini-grants funded an additional 178 organizations to provide recreational opportunities for young children.

Riverside County Library's Read with Me program promotes early literacy. Read with Me is a countywide early literacy program designed to help break the cycle of low literacy within families and prepare young children to enter school ready to read. The project uses the research-based Raising A Reader program, which has been proven to increase the frequency that parents read to their children, tell stories, and take their children to the library. Children received four books per week over the 9-month program. These books were age appropriate and included classic children's titles, bilingual titles, and culturally diverse reading materials. The project operates within 93 classrooms at 33 centers located throughout the county.

School readiness programs in Mono County help families promote early learning. The Raising A Reader program distributed book bags to families in the community to encourage them to read more often with their young children. Mammoth Elementary School provided a summer transition program to 45 children, community-to-school meetings between parents and the school principal (Second Cup of Coffee) with 24 parents, and pre-kindergarten assessments to 44 children. The School Readiness Parent Support Groups, led by the Sierra Family Resource Center, provided education about child development, parenting, and school readiness and a peer support network to Spanish-speaking parents of preschool-age children. After participating in these groups, parents reported increases in their confidence and knowledge and stronger ties to the community. In addition to these programs, County Commission school readiness efforts implemented outreach and communication about school readiness, provided early learning opportunities for parents/caregivers, improved access to transportation, and increased access to high-quality translation and interpretation services.

Art and museum programs provide creative early education experiences for children in Santa Clara County. The Arts Enrichment Initiative reached 1,592 children through promotion of cultural enrichment and education, including sponsorship of community arts events; research, development, and distribution of appropriate art education materials; and in-service training in art education for parents, early care providers, and young artists. The Arts Council initiated efforts to support art curricula in preschools, training teachers and artists on age-appropriate approaches to teaching art. The Children's Discovery Museum provided interactive play and discovery opportunities supporting the emotional, social, physical, and cognitive development of children ages 0-5. Children enjoyed the opportunities to touch, look, listen, build, create, and pretend provided by the Wonder Cabinet, a 3,000-square-foot exhibit that includes a Woodland Puppet Forest, Giant Dragon, Sand Science Laboratory, Crawl-Through Tunnel, and child-sized Duck-in Kaleidoscope.

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 and assessments.** In 53 counties, 391 programs screened 269,115 children for developmental delays and other disabilities and worked with 193,998 parents to do screenings and provide referrals for additional assessments and intervention programs. The majority of these services were in-person consultations (30%), part of case management (27%), classes (26%), and home visits (11%). In addition, 170,417 children and 121,951 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 159 programs to 6,623,116 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 24 organizations received mini-grants.

Family resource center programs in Mariposa County empower families of children with disabilities and other special needs. The Early Start program, staffed by a parent support worker who is herself the parent of a child with special needs, empowers families with knowledge and confidence to advocate for necessary services. The parent support worker assists families with home and hospital visits, facilitates referrals to services, and offers information and resources specific to the family's issues and the child's disability. She helps families transition from Early Start to the special education system as the child grows, and she is well versed on individualized family service plans and individualized education programs, helping families through the planning process. The parent support worker also provides transportation as needed for doctors' appointments and health fairs.

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 (234 programs) delivering direct services provided prenatal care and birth education and services directly to 151,621 expectant parents. This service was most commonly delivered through case management (25%), in-person consultations (24%), home visits (15%), and classes (13%).

  In addition, 117 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 6,777,183 people. Finally, 26 organizations also received mini-grants to provide prenatal care and birth education to expectant parents.

- **Breastfeeding assistance.** Twelve percent of programs (163 programs) provided breastfeeding assistance to 187,140 new mothers. Much of this assistance was provided through in-person consultations (29%), home visits (22%), and case management sessions (18%).

  In addition, 92 funded programs promoted breastfeeding through media campaigns, community events, and public outreach materials, reaching a total audience of 4,934,277 people. County Commissions also funded an additional 47 organizations through mini-grants to provide breastfeeding assistance.

In Alameda County, home-based family support services and screening result in prevention, early identification, treatment, and support for families. Hospital Outreach Coordinators (HOCs) offered postpartum home visits to families of newborns at three hospitals serving large Medi-Cal populations. HOCs completed 1,353 newborn health insurance referral forms and referred mothers to the Specialty Provider Team for maternal depression, early childhood mental health, and lactation support. 2,306 families with newborns received an average of two home visits from public health nurses. 98% of these children had primary pediatric providers and 85% had health insurance at the last home visit.

The School Nurse Expansion Program in Orange County identifies and treats children's health and developmental needs early so that children are ready to learn when they enter school. Focusing on improved child health, child development, family functioning, and systems of care, the program reaches children and families in a variety of ways. The program directly serves children ages 0-5 by conducting health and developmental screenings, referrals and follow-ups, and health insurance enrollment. By providing health classes for families (e.g., dental hygiene, nutrition classes) that are age appropriate and that link families to community services, the program helps improve access to health information and care. The program improves the systems of care by linking the family to the school and other community services long before it is time to start registering for school.

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.** A quarter of First 5 programs (328) helped 481,280 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 sessions (31%), in-person consultations (24%), and home visits (13%).
- **Health care.** Almost half of First 5 funded programs (609) provided 867,103 health care services to 478,610 children. These services included 218,289 nutrition assessments and educational sessions, 151,725 health screenings (including vision and hearing), 117,738 well-baby or well-child checkups, 82,254 immunizations, 51,453 acute medical care visits, and 245,644 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). Health care services also were provided through numerous organizations receiving mini-grants. Mini-grants were awarded to 57 organizations to provide nutrition assessments and education and 13 organizations to conduct health screenings.
- **Oral health treatment, screening, or prevention.** About one-fifth of First 5 programs (251) provided oral health treatment, screenings, checkups, and education on preventing oral health problems. These programs served 294,537 participants. Many of these services were provided through classes (31%), in-person consultations (28%), and case management sessions (19%). Additional oral health services were provided by 10 organizations that received mini-grants for that purpose.

  An additional 7,972,151 children and parents received information and services that promote health care for children (including oral health) through media campaigns, community events, and distribution of public outreach materials conducted by 231 programs; and 7,811,948 children and parents received information and services about nutrition through similar activities conducted by 184 programs. Additional health services were provided to children through 10 organizations that received mini-grants to provide them.

Exhibit 4-13
Distribution of Health Care Services Delivered to Children

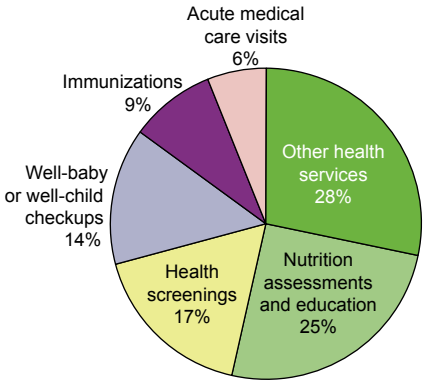
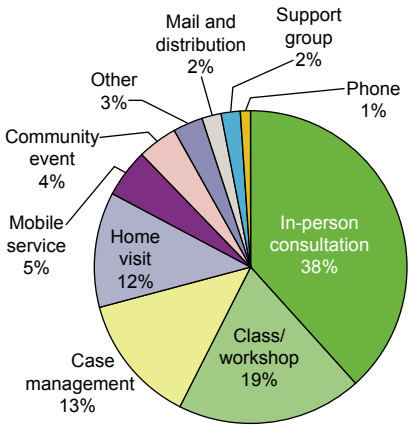


Exhibit 4-14
Methods Used to Deliver Health Care Services to Children



First 5 Sacramento supports water district efforts to fluoridate community drinking water, improving oral health for children. Fluoridation of drinking water is a proven practice that reduces the prevalence of dental caries (decay), yet many young children in Sacramento County were without this resource. First 5 Sacramento invested in capital projects to fluoridate community drinking water in three water districts. This investment will bring fluoridated drinking water to more than 7,600 children ages 0-5, building on a prior County Commission effort that brought fluoridated water to 4,000 young children and their families.

In San Diego County, Welcome Baby Teeth (WBT) improves access to oral health services. This program provides trainings for primary care providers to conduct oral health screenings, parent education, and dental referral as part of well-child checkups, beginning at age 1. Providers are also linked to dentists in their communities who will treat children ages 0-5, so providers can help parents find a dental home for their children. Additionally, WBT provides care coordination for children with urgent dental needs to help families access treatment. This is a critical health care need in the San Diego area, where more than two-fifths of children ages 1-5 have never been to a dentist.

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 (359) to 480,521 program participants. These services usually were provided through classes (32%), case management sessions (18%), and home visits (18%).

  In addition, 4,381,066 parents and related family members received information about injury prevention through media campaigns, community events, dissemination of materials, and other outreach efforts conducted by 97 programs. Fifty-eight organizations also received mini-grants to provide injury and violence prevention education and services.

- **Car seat distribution.** One in 10 programs (133) distributed and correctly installed car seats to prevent injuries and deaths of young children in automobile accidents. These programs served 100,320 people, primarily through case management sessions (21%), public community events (19%), in-person consultations (19%), and classes (18%). This service also was provided by 46 organizations that received mini-grants to support this activity.

- **Tobacco cessation education and treatment.** To reduce children's exposure to secondhand smoke, 143 programs provided tobacco cessation education and treatment to 84,249 parents and 16,832 other family members. Programs offered these services primarily through case management sessions (31%), classes (19%), and in-person consultations (15%). Ninety-eight programs shared information about the importance of not smoking when pregnant or near children and information on how to stop smoking, reaching an additional 3,252,137 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 Systems of Care: Coordination and Facilitation of Services across Other Result Areas

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

- **Service coordination.** A third of programs (431) provided service coordination for 641,621 participants, of whom about 46% were children. Service coordination usually was provided in conjunction with case management (55%), home visits (13%), and classes (10%). In addition, 33 organizations received mini-grants to establish or expand their service coordination efforts.
- **Transportation services or vouchers.** Nearly one-fifth of First 5 programs (250) provided transportation services to 343,273 people, 46% of which were for children ages 0-5. More than two-fifths of these services (44%) were part of more comprehensive case management services. An additional 51 organizations received mini-grants to provide transportation services.

Sutter County Parent Network (SCPN) supports children with disabilities and other special needs and their families. SCPN provides referrals, transportation, case management, information, and training to families with children with disabilities and other special needs. The program provided case management services to 61 families and additional services to another 31 families. Parenting classes are offered on topics, such as communication and social skills, designed to improve child development. Family functioning is addressed through therapy and intensive case management. The project has both Spanish- and Punjabi-speaking staff, and written materials are in families' primary languages. Positive impacts of the SCPN 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 a greater understanding of their children's needs, more confidence, and less stress.

Provider Capacity-Building and Support Activities

First 5 funded programs also focused on supporting providers to increase accessibility and quality of services. Of the 728 programs working on provider capacity building and support, 88% (641) 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 433,010 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; 253,501 of these professionals were served.

Training Activities for Provider Capacity Building

More than half (54%) of the provider capacity-building activities involved 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 (63%) and family support providers (10%) such as case managers, family advocates, eligibility workers, and psychologists. Training also was provided to health care professionals (9% of the providers trained). Exhibit 4-16 shows the types of trainings offered and the number of known participants receiving each type of training, among the 641 funded programs that provided this information.

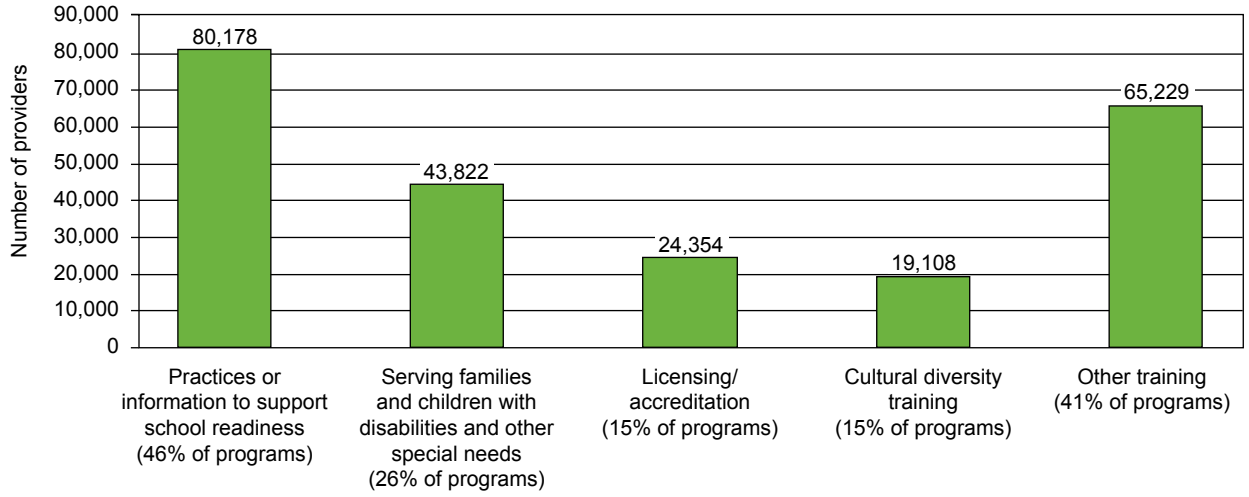
[2] This is not an unduplicated count. Providers may be counted more than once if they received multiple services.

Exhibit 4-15
Types and Numbers of Providers Served

Provider Type	Number Served	Percent Served
Family-based ECE	83,826	19
Center-based ECE	169,675	39
Kindergarten teachers	5,536	1
Health care	41,587	10
Family support	40,666	9
Other	45,788	11
Unknown	45,932	11
Total providers served	433,010	100

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

Exhibit 4-16
Providers Receiving Various Types of Training



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.

Serving families and children with disabilities and other special needs. Many programs (165) trained providers to identify and serve children with disabilities and early mental health needs; 43,822 providers (19% of providers trained) received this type of training. Most participants in these trainings were ECE providers (62%) and family support providers (15%).

Cultural diversity. Training on cultural diversity was provided by 94 programs to a total of 19,108 providers (8% of providers trained). Most of these participants were ECE providers (65%) and family support providers (13%).

Licensing and accreditation. Ninety-five programs offered training and consulting to 24,354 providers to help them obtain and maintain state-regulated licenses and accreditation for operating child care and preschool facilities.

Practices or information to support school readiness. About half of the programs (293) provided training to 80,178 providers on practices and information to support school readiness. Most of the participants in these trainings were ECE providers (66%), particularly those working in center-based programs.

Other training topics. About 40% of programs (261) provided trainings on other topics related to children's well-being to more than 65,000 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.

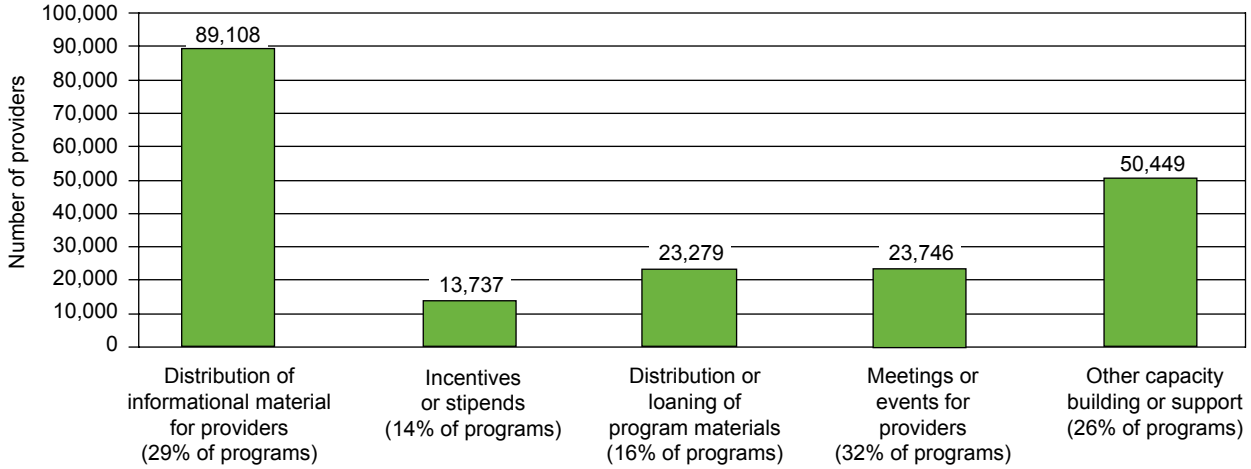
Other Types of Provider Capacity-Building Activities

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.

Distribution of informational materials. Informational materials were distributed by 184 programs to 89,108 providers, and more providers were served through this approach than any other. 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 (65% of the providers).

Incentives or stipends. First 5 funding enabled 87 programs focusing on provider capacity building to distribute stipends to 13,737 providers for continuing their education or receiving specialized training. Most of these providers were early childhood education providers (65% center-based and 26% family-based). The average stipend amount was $1,362. These stipends were used primarily to improve child care quality and retain high-quality providers.

Exhibit 4-17
Providers Receiving Other Capacity-Building Support



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.

Child care providers and early childhood educators gain skills and support. The Tuolumne County CARES program has provided educational stipends, outreach, and assistance to more than 90% of child care center staff and 42% of licensed family child care providers. In addition, kindergarten teachers, early childhood education (ECE) 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 ECE providers report that they have incorporated the skills and knowledge they have learned into improving their services for young children and their families.

Support for professional development enhances access to high-quality child care for children in Inyo County. Now in its third year, the First 5 Inyo CARES program continues to provide annual cash stipends to licensed early care and education workers who complete professional training and education. During fiscal year 2004-05, 28 providers received stipends, and the program met the state-mandated goals for recruiting license-exempt providers and targeting low-performing school communities.

Distribution or loaning of program materials. One-sixth of programs (104) distributed or loaned program materials to 23,279 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 (42%), more than 9,000 of whom received program materials. Many of these efforts also reached health care providers (4,842 of them).

Meetings or events for providers. Meetings or other events designed for providers to discuss common issues and develop a professional network were held by 202 programs. These events were attended by 23,746 participants, 25% of whom were center-based ECE providers, 13% family-based ECE providers, 12% family support providers, and 12% health care providers.

Provider capacity-building mini-grants. Some funded programs supported the training of local providers through mini-grants. Statewide, 47 mini-grants were awarded for professional development of service providers; 55% of these grants went to family-based child care providers and preschool teachers. Community-based organizations received 15% of these grants, and a wide variety of other types of organizations and agencies received provider capacity mini-grants as well.

Infrastructure Investments

Other First 5 programs (236, 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). Two hundred six programs (87%) reported on the types of investments that were made. Those programs were most commonly operated by nonprofit community organizations (34%), K-12 educational organizations (schools and districts) (27%), and child care centers and preschools (9%). 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-nine programs (77% of the programs that reported the type of infrastructure investment that was made) 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.

Nearly 40% of the programs making infrastructure investments used them to purchase books and other educational materials to improve service quality. Thirty percent of the programs (61 programs) used the funds to invest in play equipment. Approximately one-fifth of programs used funds to purchase computers, office equipment, and furniture. Vans were purchased by eight programs.

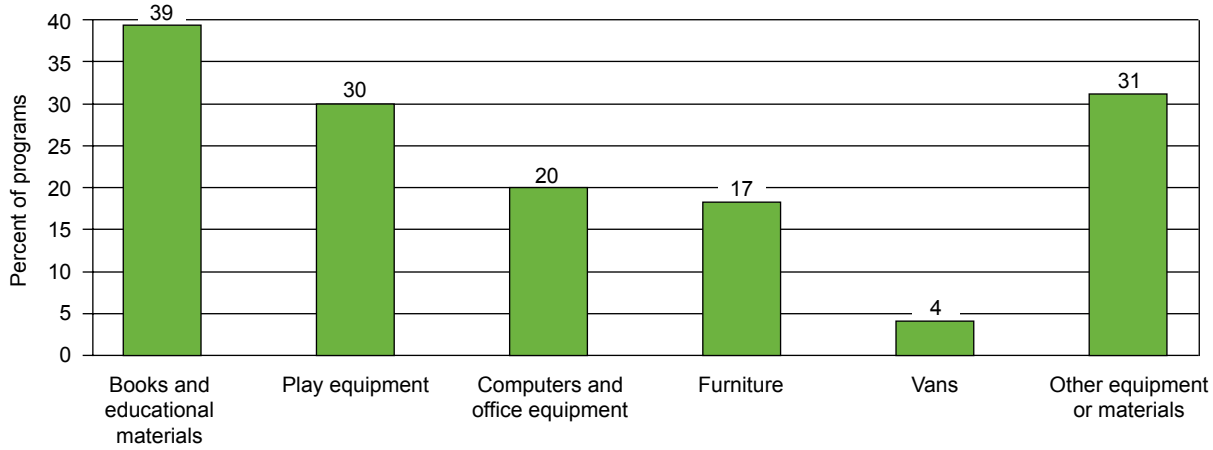
Facilities and capital improvements. First 5 funds also were used to improve the facilities of 96 programs (47% of the programs reporting the type of infrastructure investment that was made). Exhibit 4-19 shows the types of improvements made and their frequencies. Most of these investments went to nonprofit community organizations, school and district programs, and child care centers and preschools.

The most frequent type of facility improvement was to expand current facilities, undertaken by 45 programs. Thirty-six programs received funds to build new facilities. In addition, 25 funded programs received resources to improve the safety or age appropriateness of facilities. Other funds, involving 39 programs, went primarily to nonprofit community organizations and school and district programs.

Other infrastructure investments. Fourteen programs (7% of the programs receiving infrastructure investments) reported using them for something other than purchasing materials or equipment or making facility improvements. About half of these programs were nonprofit community organizations.

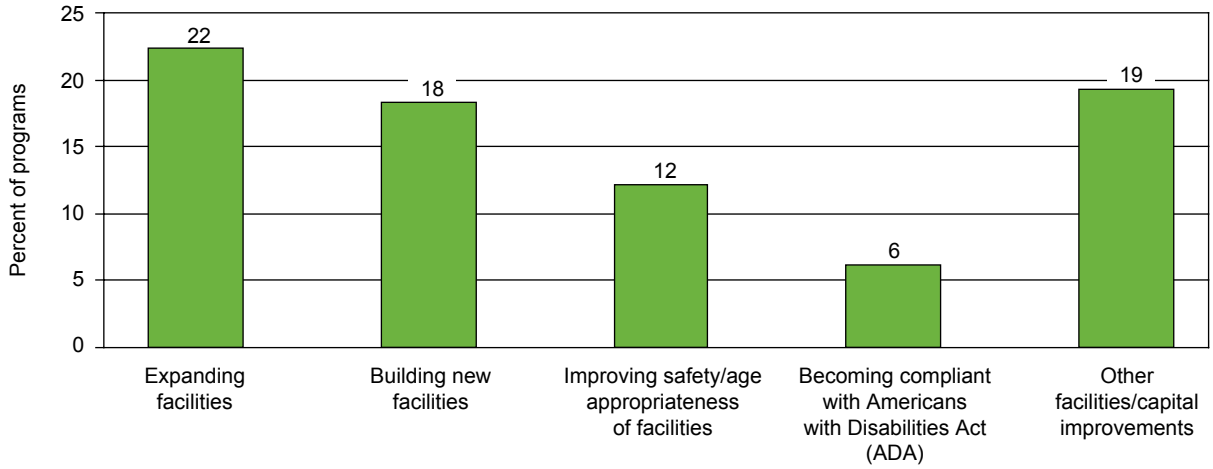
Infrastructure investments through mini-grants. Infrastructure investments also were made through 598 mini-grants, about two-thirds (65%) of the total mini-grants awarded. Mini-grants to purchase equipment or materials to enhance service quality were disbursed primarily to child care centers and preschools (73%) and nonprofit community organizations (11%).

Exhibit 4-18
Programs Purchasing Equipment or Materials to Enhance Service Quality



Note: Data are based on 206 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 206 programs with infrastructure investments.

Infrastructure investment improves access to early education in San Benito County. The underserved populations in San Benito County include low-income, migrant, and agricultural workers, Spanish-speaking families, and those living in geographically isolated communities. Home visiting programs have reached these families effectively, and 40% of First 5 funded programs include this approach. The Rural Mobile Preschool program brings a teacher twice weekly to children in isolated areas, and participating children showed improvement in all domains of child development. A van purchased by the County Commission for the Aromas San Juan School District enabled a family advocate to provide services to families who were otherwise without access. To meet the needs of the Latino population, every First 5 funded program provides bilingual instruction and literature. Overall in San Benito County, 86% of the 31,695 service contacts were delivered to Latino children ages 0-5, 71% of whom speak Spanish as their primary language.

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 1,011 programs funded to do systems change activities, 221 (22%) were funded to focus solely on systems change. On the basis of reports by 961 (95%) of those programs, the most common systems change activities funded were interagency collaboration, developing program materials for and doing outreach to diverse populations, conducting research or evaluation, and developing materials and processes to monitor service quality standards. Exhibit 4-20 lists the frequencies with which these efforts were funded, as well as other, less commonly funded systems change support activities, including 37 County Commissions' efforts to promote universal preschool and 26 County Commissions' efforts to promote universal health care or augmentation of health insurance.

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:

- 115 mini-grants for civic engagement activities (13% of all mini-grants).
- 98 mini-grants for outreach activities for working with diverse populations.
- 39 mini-grants for service quality improvement activities.
- 25 mini-grants for activities to make services more accessible.
- 15 mini-grants for research and evaluation activities.
- 3 mini-grants for interagency collaboration 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 6.

Exhibit 4-20
Programs Funded to Work on Systems Change Activities

	Number of County Commissions (n=56)	Number of Programs (n=961)	Percent of Programs
Results-based accountability	**52**	**579**	**60**
Conducting research or evaluation	51	423	44
Training funded programs to conduct evaluations and use data	45	164	17
Conducting community asset mapping/needs assessment	39	180	19
Other results-based accountability	40	142	15
Civic engagement	**50**	**327**	**34**
Community planning efforts involving residents	45	204	21
Supporting involvement of residents on boards, commissions, program implementation	39	177	18
Other civic engagement	37	118	12
Advocating for policies that support children and families	**47**	**231**	**24**
Meeting with/educating policy-makers	45	171	18
Preparing documents to support policy changes	32	103	11
Other advocating for policy changes/legislation	34	106	11
Raising or leveraging of funds	**48**	**399**	**42**
Writing proposals to request additional funds	43	272	28
Preparing/implementing sustainability plans	41	241	25
Other raising or leveraging of funds	46	216	23
Service quality improvement efforts	**49**	**467**	**49**
Developing or monitoring service quality standards	46	308	32
Developing new training materials for service providers	42	252	26
Other service quality improvement	41	224	23
Working competently with diverse populations	**49**	**520**	**54**
Developing or adapting materials for diverse populations	47	419	44
Outreach to underrepresented providers	44	267	28
Other working competently with diverse populations	47	255	27
Interagency collaboration	**54**	**662**	**69**
Organizing/facilitating administrative-level meetings/sharing info	51	458	48
Organizing/facilitating interagency meetings/coordinating cases	47	346	36
Establishing or maintaining centralized registries and databases	38	213	22
Developing systems to blend funding streams	37	171	18
Other interagency collaboration	52	314	33
Accessibility of services	**50**	**401**	**42**
Universal preschool/expansion of early child care and education slots	37	146	15
Universal health care or augmentation of health insurance	26	110	11
Other efforts to increase accessibility	46	269	28
Other	**36**	**175**	**18**

Note: Data were not available for Inyo and Mariposa Counties.

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 2004-05, close to 20 million young children, parents, and other family members received services or information through First 5 programs; about 3.5 million of these people received direct services, and more than 16 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.

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

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

Many of the services were provided to parents, together with their children or separately, trying to encourage and help 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 health, child development, and family functioning in California as the Proposition 10 legislation intended.

5. School Readiness Initiative Activities and Outcomes

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) Initiative and the children and families the initiative 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 Initiative will facilitate strategic planning in local communities and help to identify current and future results achieved by the SR Initiative efforts.

The School Readiness Initiative

Background

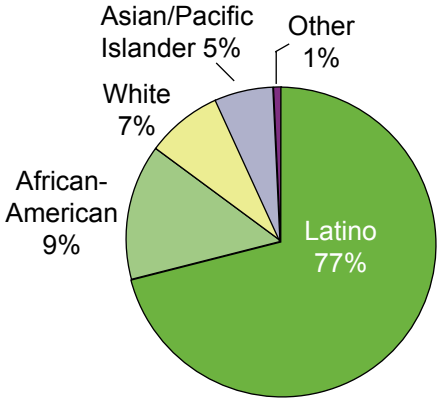
In July 2001, the First 5 California State Commission approved an allocation of $200 million for a 4-year School Readiness Initiative in 45 counties across California. An additional $6.5 million allocation in May 2002 expanded the SR Initiative to all 58 California counties.[1] The initiative is a State and County Commission partnership that includes county-level matching funds, which bring the total funding to $413 million. The SR Initiative aims to improve the ability of families, schools, and communities to prepare children to enter school ready to succeed. All counties in California submitted SR Initiative applications by March 1, 2004, and are now participating in the initiative.

The SR Initiative 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 Kindergarten Entry Profiles (KEP) data presented in this chapter (Exhibit 5-1), indicate that children attending schools being served by the SR Initiative are commonly:

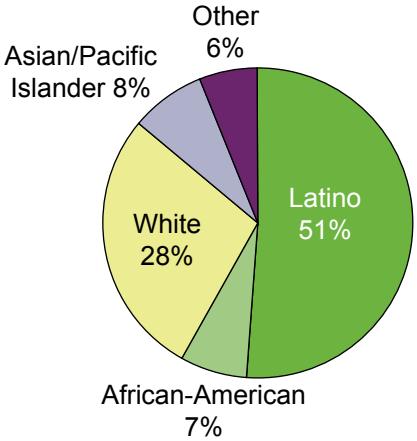
- Latino (77% vs. 51% among all California kindergartners, and compared with 19% nationally).
- English learners (58% have a primary language other than English, predominantly Spanish, compared with 11% nationally).
- Living in low-income households (67% with annual household incomes of less than $30,000, compared with 31% nationally), and about half (56%) of the families are 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).

Exhibit 5-1
Race/Ethnicity of Kindergarten Children in High-Priority Schools, Compared with All California Elementary Schools

Kindergarten Children in High-Priority Schools



All Kindergarten Children in California Schools



[1] For information and regular updates, see School Readiness on the First 5 California Web site (http://www.ccfc.ca.gov).

The SR Initiative 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 Initiative, 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 Initiative has adopted the National Education Goals Panel's broad and comprehensive definition of school readiness. 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 child's first teachers and services and that programs should support them in this role.

Because the schools participating in the initiative serve communities with high ethnic diversity and high levels of poverty, the SR Initiative 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. Over time, it is expected that the SR Initiative will lead to long-term improvements in the academic and life achievements of the children in participating schools. These long-term results 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.

SR Initiative Funded Programs and Activities

In fiscal year 2004-05, all 58 County Commissions continued to receive funding to support local SR Initiative activities. Each application 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 Initiative has funded 206 applications, which include 785 schools. Exhibit 5-3 shows the number of schools included in SR Initiative applications, by county, as of June 30, 2005. The most common recipients of SR Initiative funds were schools and educational organizations (49%), including school districts, elementary schools, and local county offices of education. Strategies being used were reported for 422 programs[2]:

Exhibit 5-2
Five Essential and Coordinated Elements of the First 5 School Readiness Initiative

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

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

Exhibit 5-3
Number of Schools in SR Initiative Applications, by County

- The majority of SR Initiative programs (83%) provided **direct services** to 1,049,896[3] children and their family members. Common services included early education programs, parenting education and support services, kindergarten transition programs, family literacy programs, and health insurance enrollment programs (Exhibit 5-4).[4]
- Somewhat fewer than half of the programs (43%) conducted **public outreach** to 982,552 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.[5]
- Almost half of programs (46%) conducted activities with 43,758 individuals to **improve the training, knowledge, and 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 meeting the needs of culturally diverse children, and assisting with preparedness for licensing or accreditation (Exhibit 5-5).[6]
- A number of programs (15%) used SR Initiative 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 46[7] programs making infrastructure investments who reported on types of investments, 20 conducted some type of facilities/capital improvement (Exhibit 5-6a), and 38 invested in some equipment or materials to enhance service quality (Exhibit 5-6b).

County Commissions used their SR Initiative funds to support strategies different from those being funded with other First 5 funds. For instance, SR initiative funds were spent more on direct services (72% vs. 53% of funds), but less on provider capacity building (8% vs. 15%), infrastructure investments (6% vs. 13%), and systems change activities (7% vs. 13%).

There also were numerous differences in the specific direct-service activities the SR initiative funds were spent on.[8] For example, compared with programs not receiving SR Initiative funds,[9] programs funded by the SR Initiative more often included:

- Adult literacy (23% vs. 9%)
- Job training/citizenship/other adult education (17% vs. 8%)
- Immunizations (18% vs. 9%)
- Oral health treatment, screening, or prevention (30% vs. 16%)
- Recreational/physical activities for children alone or with parents (43% vs. 23%)
- Family literacy (42% vs. 19%)
- Early education programs (63% vs. 35%)
- Early care and education/child care resource and referral (27% vs. 13%)
- Kindergarten transition programs (50% vs. 13%).

[3] 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.

[4] Information on specific activities was received from 339 of 351 programs funded to do direct services.

[5] Information on specific activities was received from 162 of 182 programs funded to do public outreach.

[6] Information on number of providers served was received from 168 of the 193 programs funded to conduct provider capacity-building activities.

[7] Activity data on investments were not received from 17 of the programs using activity funds for infrastructure investments.

[8] SR Initiative funds were used more than other First 5 funds to fund programs in 27 of the 36 types of activities specified.

[9] 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 5-4
Most Common Direct Services Provided by SR Initiative Programs

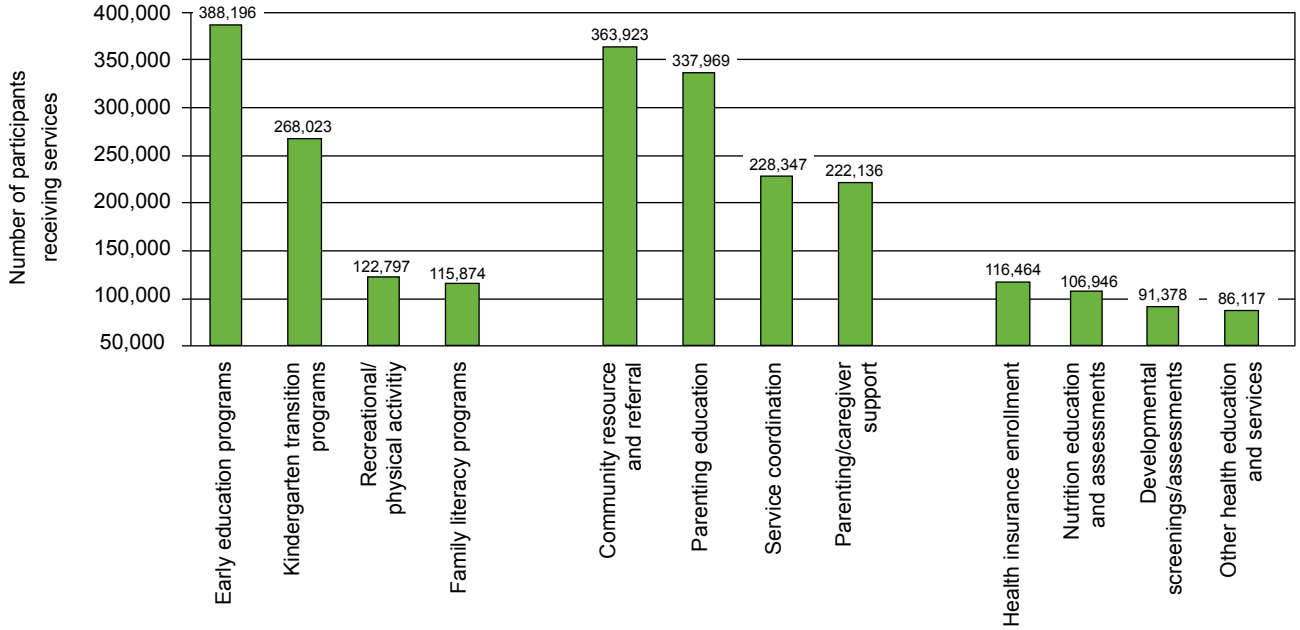


Exhibit 5-5
Providers Participating in Capacity-Building/Support Activities Provided by SR Initiative Programs

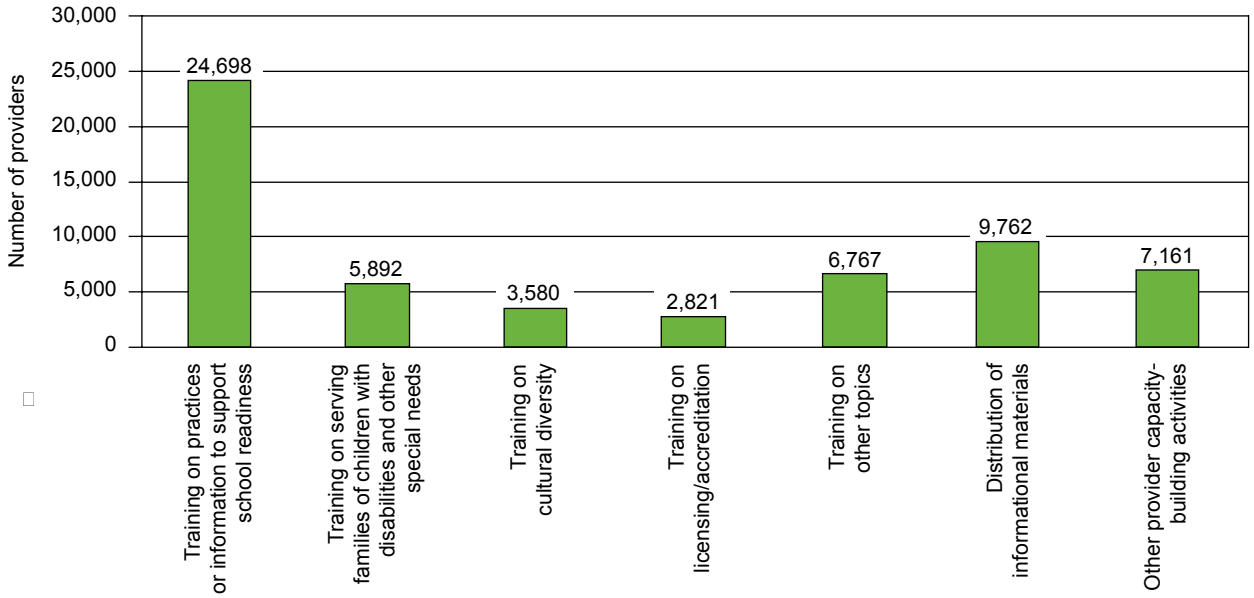


Exhibit 5-6a
Infrastructure Investments Made with SR Initiative Funding (Facility Improvements)

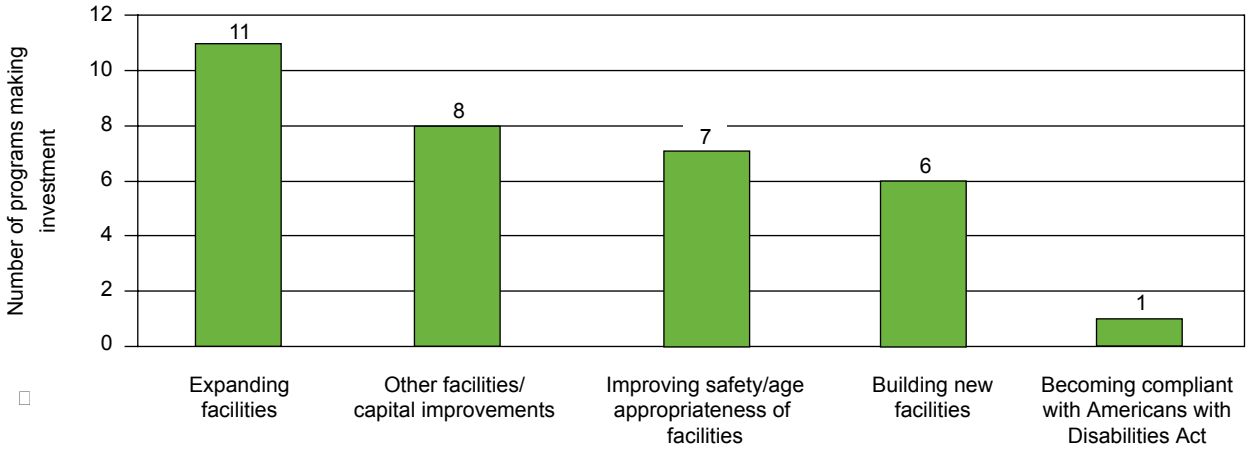
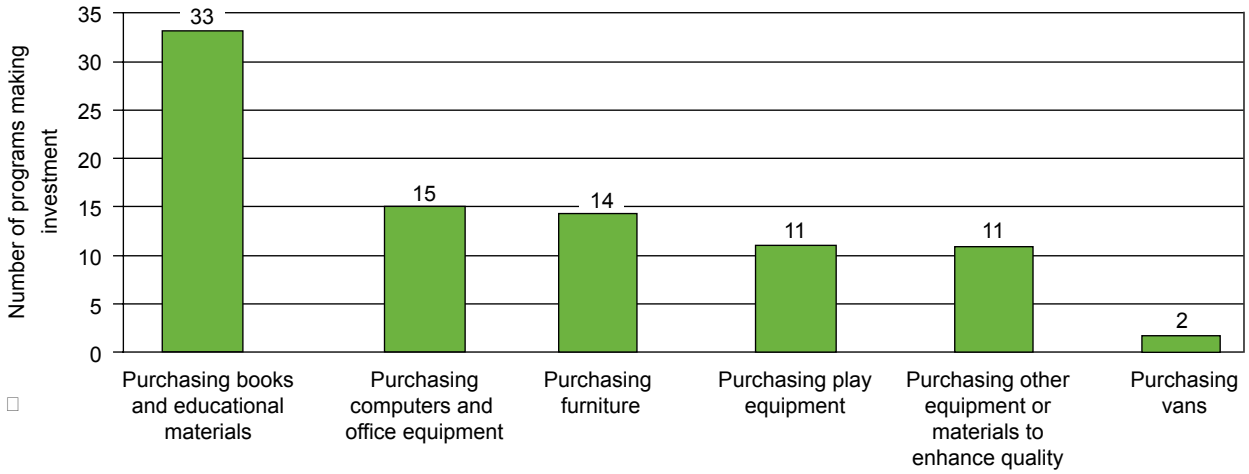


Exhibit 5-6b
Infrastructure Investments Made with SR Initiative Funding (Equipment and Materials)



Ready Children, Ready Schools: Children and Schools Participating in the First 5 SR Initiative

The remainder of this chapter describes data on children and schools collected during fiscal year 2004-05. Data collection focused on areas that the National Education Goals Panel identified as critical for children's school readiness: children's health and developmental competencies at kindergarten entry, family and home environments, community supports and services, and school factors that contribute to early academic success. The information described in this section provides a snapshot of children as they enter kindergarten in elementary schools with low API scores and also provides a description of the elementary schools themselves.

These data and findings are based on three sources: (1) family interviews with parents of kindergartners, (2) teacher-completed profiles of kindergarten children's developmental competencies at entry into kindergarten, and (3) school surveys completed by superintendents, principals, and kindergarten teachers. (For more information on data collection methods, see Appendix F.)

Data and findings are described in two subsections:

- Key Findings—a summary of the main findings for "ready children" and "ready schools" and their implications.
- Supporting Data—detailed data and discussion of each key finding.

1. Key Findings

The First 5 SR Initiative evaluation has been organized to collect information about children and schools using the school readiness framework of the National Education Goals Panel (NEGP), "ready children" and "ready schools." The SR Initiative evaluation collected data on the NEGP's five identified domains of children's school readiness:

- Cognition and general knowledge
- Communicative skills
- Emotional well-being and social competence
- Approaches to learning
- Health and physical well-being.

The NEGP also identified practices and strategies of "ready schools" that are needed to support children's development before they enter school and to promote smooth transitions to schools, and data were collected about some of these practices by surveying school personnel.

1A. Ready Children

The developmental skills that children bring with them at school entry, as well as their early home and community experiences, have a profound influence on how they perform in the classroom and on their academic success. This section provides an overview of findings about the readiness of children at California's high-priority schools as they enter kindergarten. Detailed data about the findings are presented in section 2A.

Key finding #1. Relatively few children had full or almost full mastery of skills known to be important for school success and for successful transition to kindergarten.

Key finding #2. Children's health has important consequences for their development of the skills needed for school success.

Key finding #3. Parents had concerns about their children's development, and these parental concerns were well-founded.

Key finding #4. There may be many children with developmental delays, disabilities, and other special needs that have gone undetected.

Key finding #5. Children whose families regularly engaged in literacy activities (reading, singing, or storytelling three or more times a week) had significantly better mastery of developmental competencies at kindergarten entry.

Key finding #6. Children who participated regularly in early childhood education programs before attending kindergarten had significantly better mastery of key developmental competencies.

Key finding #7. Parenting education and support services promoted activities that led to increased school readiness.

Implications of findings about "ready children." These findings indicate that the First 5 SR Initiative is targeting the very children who are most in need of early childhood services and

family supports that enhance and strengthen the skills that improve school readiness and school success. More specifically, the findings indicate that:

- Ensuring that young children's health needs are met is essential for their school readiness.
- Ensuring that programs and services that promote children's early literacy, including early childhood education programs and parenting education and support programs, are available before kindergarten entry will increase children's school readiness.
- Conducting early developmental screening, including asking parents about their concerns about their children's development, is critical for identifying those children who may have disabilities, developmental delays, or other special needs and for ensuring that they get needed services as early as possible.

1B. Ready Schools

Schools and districts vary widely in their readiness to serve children with diverse needs and background experiences. "Ready schools," as defined by the National Education Goals Panel,[10] engage in activities to promote children's learning before they enter school, provide supports for children's transition to kindergarten, communicate effectively with children's parents and caregivers about each child, and enhance the capacity of teachers and administrators to effectively serve students from diverse cultural backgrounds and with varied needs, skills, and abilities. This section provides an overview of findings about California's schools, identified as high-priority on the basis of API scores, to implement "ready schools" practices and effectively serve children in their communities. Detailed data about the findings are presented in section 2B.

Key finding #1. As a result of First 5 SR Initiative funding, schools offered new or expanded on-site pre-kindergarten services and programs.

Key finding #2. As a result of First 5 SR Initiative funding, elementary schools were better able to create linkages with early care and education programs.

Key finding #3. Schools have been supporting the school readiness and learning of English learners.

Key finding #4. Schools have been working to serve children with disabilities and other special needs, but increased efforts are needed.

Key finding #5. Schools implemented activities to help children transition smoothly to kindergarten, and most parents were satisfied with these efforts.

Key finding #6. Superintendents and principals have been providing school readiness leadership by their active participation in SR Initiative planning and governance activities.

Key finding #7. Communities are providing early childhood and family support services and programs that will help children develop school readiness skills at entry into kindergarten.

Key finding #8. Although the difference is not statistically significant, there were indications that schools that had more fully implemented the National Education Goals Panel's "ready schools" practices had more children with better school readiness skills at kindergarten entry than those schools that had not.

Implications of findings about "ready schools." These findings suggest that, according to school personnel and parents, California's high-priority schools have already adopted many of the "ready schools" practices recommended by the NEGP. However, there are still ways for schools to expand and refine efforts in the future. More specifically, the findings indicate that:

- Continued First 5 investment in resource-poor communities is critical to the promotion of children's school readiness.
- Continuing effective leadership and participation by school personnel and the early care community are critical for these efforts to promote children's school readiness and encourage "ready schools" practices.
- More efforts are needed to support the transitions of students with disabilities and other special needs and to enhance teachers' preparation to meet the unique needs of these children in their classrooms.

[10] Shore, R. (1998). *Ready schools*. Washington, DC: The National Education Goals Panel. Available at http://govinfo.library.unt.edu/negp/Reports/readysch.pdf.

- Building schools' capacity to adopt "ready schools" practices will have positive consequences for children's school readiness.

2. Supporting Data

For each of the key findings above, a summary and detailed data are presented in the next two sections. Appendix F contains a description of the data collection methods. The data about "ready children" are weighted to be representative of all kindergarten children in all of California's high-priority schools (API scores of 3 or less, approximately 1,400 schools).

2A. Ready Children

Key finding #1. Relatively few children had full or almost full mastery of skills known to be important for school success and for successful transition to kindergarten. School is a demanding environment for young children. To learn effectively in school settings, children must have a variety of skills and knowledge, including literacy skills and skills to interact positively with peers and adults, control one's own behaviors, communicate effectively, and solve problems.

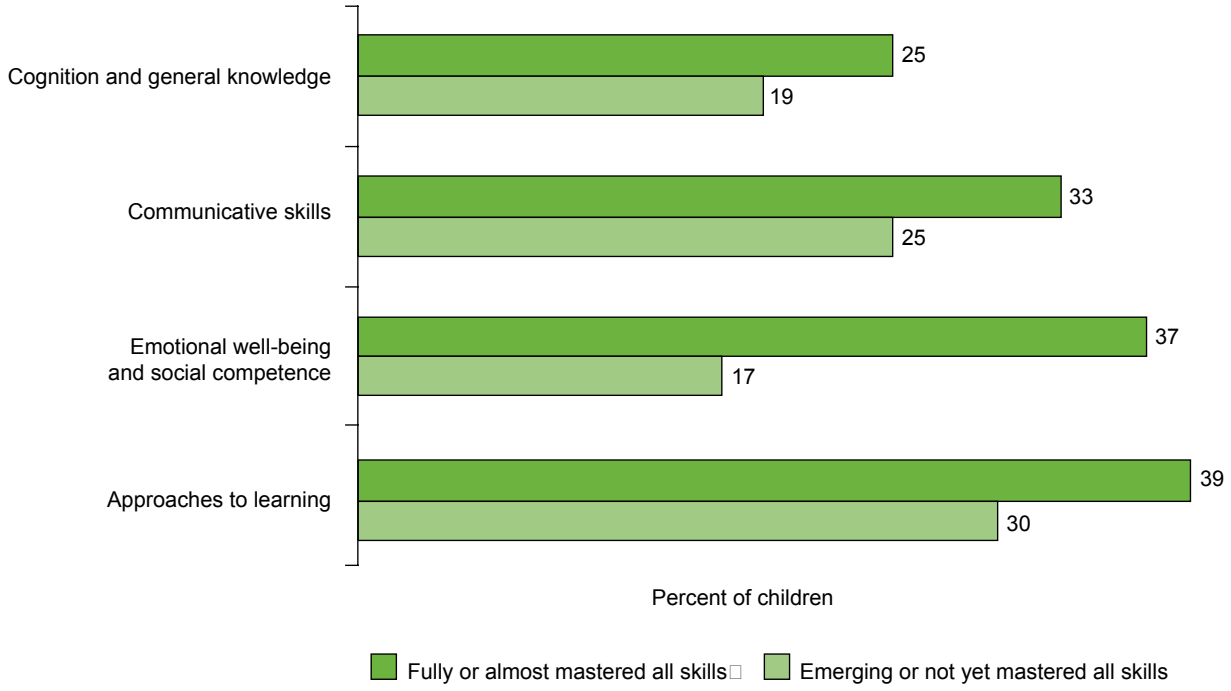
Many children had low levels of mastery of these basic competencies. For each of the four NEGP skill domains, one-fourth to about two-fifths of children had fully or almost fully mastered[11] all the skills in that domain (Exhibit 5-7).

- Cognition and general knowledge: 25%
- Communicative skills: 33%
- Emotional well-being and social competence: 37%
- Approaches to learning: 39%

Only 18% of children had fully or almost fully mastered the skills across all four domains. Mastery of skills was lower for:

- Younger children than for older children.
- Latino children than for white children.
- Spanish-speaking children than for English-speaking children
- Children living in lower-income households.
- Children with identified disabilities.

Exhibit 5-7
Overall Level of Children's Developmental Mastery at Kindergarten Entry



[11] Ratings were made by kindergarten teachers using the Modified Desired Results Developmental Profile (MDRDP), as part of the Kindergarten Entry Profiles data collection, described in Appendix F.

Furthermore, children with lower levels of mastery of developmental skills were more likely to have difficulty with the transition to kindergarten, according to ratings made by both their parents and their kindergarten teachers.

Cognition and general knowledge. In kindergarten, teachers build on children's awareness of print and interest in reading and understanding words as the foundation for later literacy.

- At entry into kindergarten, from one-third to more than one-half of children had not yet displayed these basic literacy skills or the skills were just emerging (Exhibit 5-8).
- About half (46%) were unable or just beginning to recognize print in their environment.
- Just over half (51%) of the children could not engage or were just beginning to be able to engage in a discussion about books by telling about a sequence of events in a story.

Exhibit 5-8
Mastery of Cognition and General Knowledge Skills

MDRDP Item	Percent of Children	
	Almost or Fully Mastered	Emerging or Not Yet Mastered
Understands that letters make up words (e.g., knows some of the letters in his or her name)	60	40
Recognizes print in the environment (e.g., recognizes signs around the room as labels for "Puzzles," "Toys," or "Books")	54	46
Makes three or more letter-sound correspondences (e.g., knows the letter "b" makes the "buhh" sound)	53	47
Pretends to read books	64	36
Engages in discussion about books (e.g., predicts events in a story, retells main events from a story in order)	49	51
Draws a picture related to a story and talks about his or her drawing	56	44
Uses pretend writing during play activities (e.g., scribbles lines and shapes)	54	46
Writes three or more letters or numbers	69	31
Uses pictures and letters to express thoughts and ideas	56	44
Orders objects from smallest to largest (e.g., orders various circle sizes, nests cups, lines up from shortest to tallest)	56	44
Understands that numbers represent quantity (e.g., can get three apples out of the box, asks for two more crackers, can put out one napkin for each child)	61	39
Understands numbers and simple operations, and uses math manipulatives, games, toys, coins in daily activities (e.g., adding, subtracting)	40	60

Communicative skills. School environments require children to follow simple instructions and share information with other students and teachers. Through activities like show and tell or engaging in pretend play with peers, children take the perspectives of others and describe details about objects, ideas, or events. Understanding logical sequencing of stories and talking about the details related to a single theme are key for later reading comprehension and writing skills.

- At kindergarten entry, one-third to one-half of children at California's high-priority schools had not mastered these key communicative skills, which teachers need to build on to promote learning in the classroom (Exhibit 5-9).
- More than half of the children were unable or just starting to engage in conversations to develop an idea (51%) or tell about their own experiences in a logical sequence (52%). Both of these are precursor skills for being able to read successfully later.

Exhibit 5-9
Mastery of Communicative Skills

MDRDP Item	Percent of Children	
	Almost or Fully Mastered	Emerging or Not Yet Mastered
Follows two-step requests that are sequential, but not necessarily related (e.g., "Please pick up the ball and then get your coat")	67	33
Understands increasing number of specialized words (e.g., different types of dinosaurs, various ingredients in recipe)	48	52
Understands complex, multi-step requests (e.g., "Put your jacket away, get any materials you need to finish what you started yesterday, and let me know if you need any help")	51	49
Engages in conversations that develop a thought or idea (e.g., tells about a past event, asks how something works)	49	51
Participates in songs, rhymes, games, and stories that play with sounds of language (e.g., claps out sounds or rhythms of language; creates own rhyming words through songs, finger plays, chants)	57	43
Tells about own experiences in a logical sequence (e.g., "After I get picked up, it's usually dinner time. Then, I play, brush my teeth, and go to bed")	48	52

Social competence and emotional well-being. Children learn much from interacting with their peers and functioning well in group settings. Many kindergarten children in California's high-priority schools start school without the social competencies needed to be successful in the classroom setting (Exhibit 5-10). Without these skills, student behavior can interfere with instruction and learning and then may result in delays in skill development.

- One-third (33%) of children entering kindergarten were unable or just beginning to be able to follow rules when participating in routine activities.
- Two-fifths (40%) were unable or just beginning to be able to exhibit impulse control and self-regulating behaviors.
- Even with adult guidance, nearly half (47%) of the children could not successfully negotiate when they had conflicts with peers or were just beginning to develop these skills.

Exhibit 5-10
Mastery of Emotional Well-being and Social Competence Skills

MDRDP Item	Percent of Children	
	Almost or Fully Mastered	Emerging or Not Yet Mastered
Seeks adult help when appropriate (e.g., asks adult for assistance to open bottle of paint)	66	34
Seeks adult help after trying to resolve conflict or problem on his or her own (e.g., "Miss Lu, I asked Frederica not to play with the ball around our sand castle but she won't stop")	55	45
Negotiates with peers to resolve social conflicts with adult guidance (e.g., agrees to alternatives like sharing or taking turns)	53	47
Expresses empathy or caring for others (e.g., consoles or comforts a friend who is crying)	58	42
Participates in cooperative group efforts (e.g., group project or game, dramatic play, taking turns; organized play and games with specified or invented rules)	63	37
Exhibits impulse control and self-regulation (e.g., uses appropriate words or sign language to show anger when a toy is taken by another child, waits for turn on playground equipment, shows some patience)	60	40
Follows rules when participating in routine activities (e.g., handles toys with care, joins group for snack or circle time, tolerates transitions)	67	33
Comforts self and controls the expression of emotion with adult guidance (e.g., can express anger or sadness without tantrums, fights, or physical conflicts)	66	34
Understands and follows rules in different settings (e.g., transitions between classroom, after-school program, and playground; lowers voice when enters library)	66	34

Approaches to learning. Learning in kindergarten classrooms requires children to be persistent when attempting a new task. When faced with a new object or situation, children also need to use their senses to explore and learn more about its features and characteristics. These approaches to learning are essential foundations for children to be able to learn successfully in kindergarten and early elementary school. Many of the children in California's high-priority schools have not mastered these approaches to learning at kindergarten entry (Exhibit 5-11).

- More than half (54%) of children showed limited exploration of objects and natural phenomena.
- Approximately two-fifths (41%) were limited in their willingness to take risks in learning new skills.
- Two-fifths (40%) displayed limited persistence in working on a task.

Child factors and developmental mastery. Higher levels of mastery of these developmental skills were found for some groups of children compared with other groups, including:

- Children who started kindergarten after they were at least 5.5 years old, compared with those who started kindergarten before 5.5 years.
- Children who were white, compared with Latino children.
- Children who had English, rather than Spanish, as their primary language.
- Children who were more typically developing, compared with children who had identified disabilities or other special needs.

Age, ethnicity, and children's primary language predicted levels of developmental mastery, regardless of whether children with identified disabilities or other special needs were included or excluded from the analyses.

Family background factors and developmental mastery. Families play an important role in supporting children's early development and their successful transition to school. Through their actions on behalf of and interactions with children, families have profound influence on:

- The breadth and type of children's experiences.
- Children's language and communication skills.
- The ways in which children seek out information, handle their emotions, and try to solve problems.
- Children's understanding of the concepts they will later read about.
- Children's connections to resources in the community that address health or developmental concerns or that encourage learning.

Exhibit 5-11
Mastery of Approaches to Learning Skills

MDRDP Item	Percent of Children	
	Almost or Fully Mastered	Emerging or Not Yet Mastered
Observes and examines natural phenomena through senses (e.g., notices different types of bugs, asks why it rains)	46	54
Shows willingness to take risks in learning new skills (e.g., climbs jungle gym, tries to play a new musical instrument, tries out a new game)	59	41
Stays with or repeats a task (e.g., finishes a puzzle, asks that block structure be left to work on after snack, makes a really long Play-Dough snake out of many pieces)	60	40

In creating a home environment for children, parents draw on their knowledge and beliefs, past experiences, and individual and social resources. Considerable research indicates that these characteristics vary in important ways depending on parents' backgrounds and life experiences. Differences in parental characteristics thus may have a considerable impact on children's development and school readiness. Levels of developmental mastery were significantly higher among children:

- With mothers who had completed more years of education.
- Who lived in households with higher incomes.

Living in households with parents who have more educational and financial resources promotes greater mastery of key developmental skills. These findings suggest that:

- Broad-based efforts that help parents to access remedial or secondary education and increase their financial resources may positively influence children's achievement of key developmental skills needed for school success.
- Likewise, communitywide factors that can reduce poverty in these households are likely to have positive consequences for statewide school readiness.

Children's transition to kindergarten and children's developmental mastery. Making a successful transition to school increases the chances that children will succeed academically and socially. When children enter school settings, they experience numerous changes, including:

- Greater interaction with peers in a group setting.
- Longer periods of structured learning situations.
- Less one-on-one guidance and attention from adults.
- More routines and rules that:
  - Usually are explained verbally and in English.
  - May be different from rules at home.
  - May be more demanding than routines and rules at home.
  - Usually require children to regulate their own behavior by delaying satisfying their own needs for the good of the group.

For many children, a key component of success in the new school environment involves receiving extra support during the transitional period before and during kindergarten. The goals of providing this extra support are (a) to help children and families learn what to expect in the school environment and (b) to allow teachers to identify ways to support each individual child most effectively.

Among children entering kindergarten in California's high-priority schools, most have easy transitions, but some children do not (Exhibit 5-12).

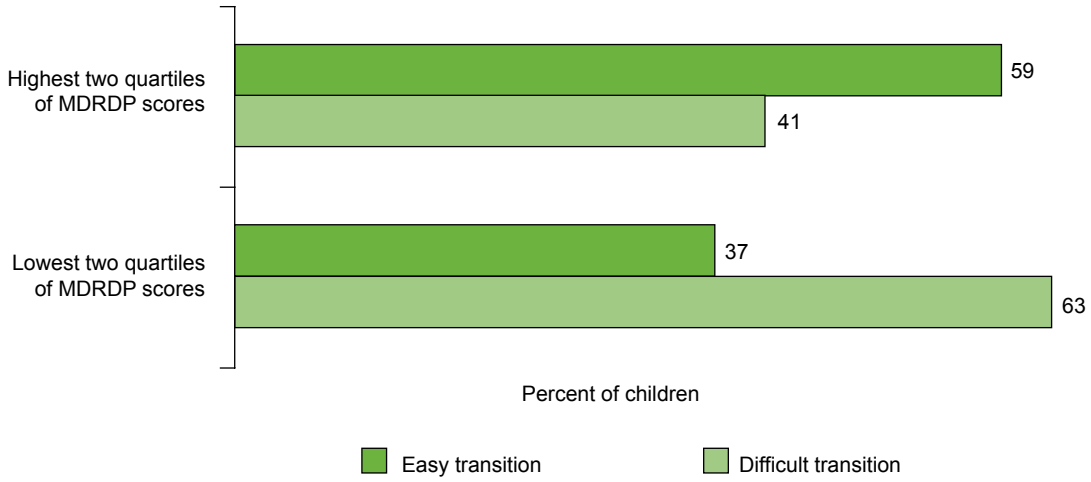
- Most parents described the transition to kindergarten as very or somewhat easy for their children (76%). However, almost one-fourth (24%) described this transition as somewhat or very hard for their children.
- According to teachers, more children were having trouble, with about one-third (32%) having a somewhat or very difficult entry into kindergarten.
- With one-fourth to one-third of the children having difficulties transitioning to kindergarten, it is clear that the SR Initiative still has significant challenges to address.

Many of the factors related to higher levels of children's developmental competencies are associated with smoother transitions to kindergarten. This relationship makes sense because those challenges that interfere with mastering developmental skills can set the stage for challenges in learning in the classroom. Furthermore, difficulty adjusting to the classroom environment can have long-term consequences for educational success.

Not surprisingly, children who had higher levels of developmental mastery had easier transitions to kindergarten than did those with lower levels of mastery (Exhibit 5-13).

Exhibit 5-12
Ease of Children's Transition to Kindergarten, Reported by Parents and Kindergarten Teachers

Exhibit 5-13
Children's Developmental Mastery and Ease of Transition to Kindergarten, According to Parents



Key finding #2. Children's health has important consequences for their development of the skills needed for school success. The children attending schools participating in the SR Initiative were in poorer health than their peers across the nation. Health was an important predictor of children's developmental skills at kindergarten entry, based on both teacher assessments and parent reports. Additionally, children in poorer health had more difficulty making a successful transition to kindergarten, and their parents had more concerns about their school readiness skills at kindergarten entry. This finding suggests the need to support programs designed to promote children's health during the early childhood years. It also points out that efforts by First 5 to improve young children's health are critical initiatives that improve children's school readiness as well.

Having good health promotes young children's learning and engagement with their world. As such, health and physical well-being was identified as an essential component of children's school readiness by the National Education Goals Panel and is one of the five Essential and Coordinated Elements of the First SR Initiative.

- Children in good health attend school more consistently and can benefit more from their learning experiences both inside and outside of the classroom.
- Having health insurance and a regular place to receive medical care are important resources for promoting children's health.

- Having a regular place for medical care allows children to have continuity in their care.
- Lack of health insurance may prevent access to needed medical care.

California's high-priority schools are teaching kindergarten children who are in poorer health than kindergartners in classrooms all over the nation. Nearly 1 in 14 (7%) of these children were rated as in fair or poor health, compared with 4% in nationally representative data (Exhibit 5-14).

In addition:

- 88% of children had health insurance, compared with 90% nationally (Exhibit 5-15).
- 76% of children had a regular place or doctor for medical care, compared with 95% nationally (Exhibit 5-15).
- 84% of children had received dental care in the past 2 years, compared with 90% nationally (Exhibit 5-15).
- 15% of children lived in home environments where someone smoked.

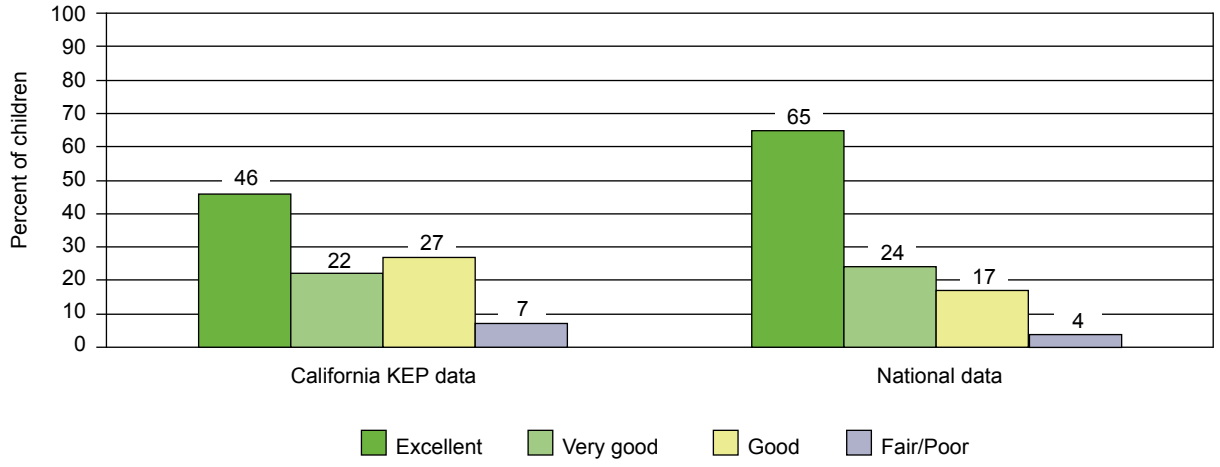
Children who were in better health had significantly higher levels of mastery of key developmental competencies at kindergarten entry (Exhibit 5-16).

Children's overall health status was strongly related to parents' concerns about their children's school readiness skills (Exhibit 5-17).

- Parents with children in poor health were much more likely to have concerns about their children's school readiness skills:
  - About one-fourth of parents of children with excellent or very good health had concerns about their school readiness skills.
  - In contrast, about 40% of parents of children with fair or poor health had concerns about their school readiness skills.

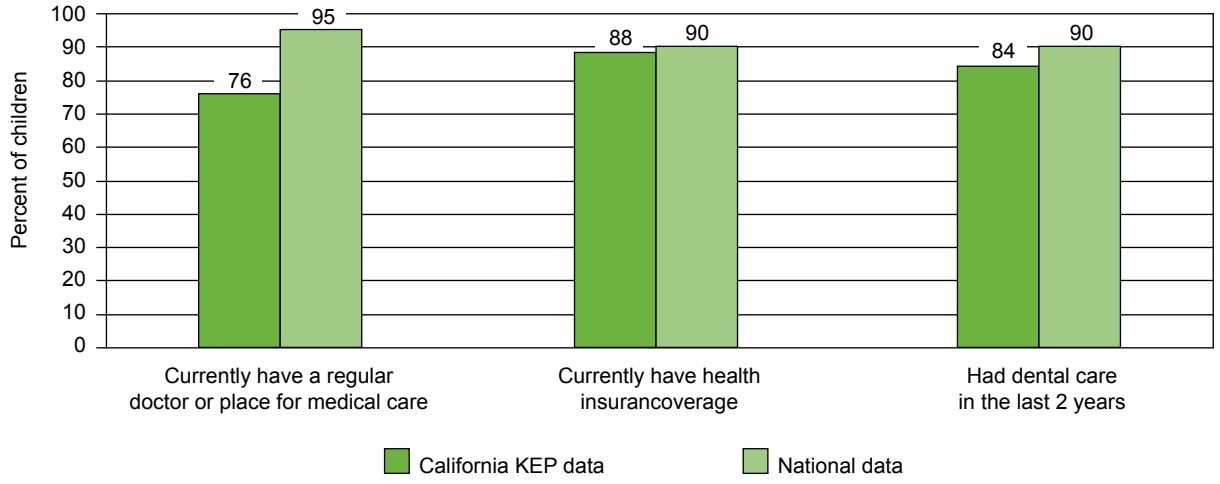
Finally, children's overall health status was related to their transition to kindergarten. More of the children who were in fair or poor health had difficult transitions to kindergarten (36%) than did those in excellent or very good health (19%) (Exhibit 5-18).

Exhibit 5-14
Children's Overall Health Status at the Beginning of Kindergarten



Note: National data are from the National Household Education Survey (2003).

Exhibit 5-15
Children with Regular Health Care Providers, Health Insurance, and Dental Care



Note: National data are from the Early Childhood Longitudinal Study–Kindergarten Cohort (ECLS-K) (see http://nces.ed.gov/ecls/).

Exhibit 5-16
Children's Overall Health Status and Developmental Competencies (MDRDP Scores)

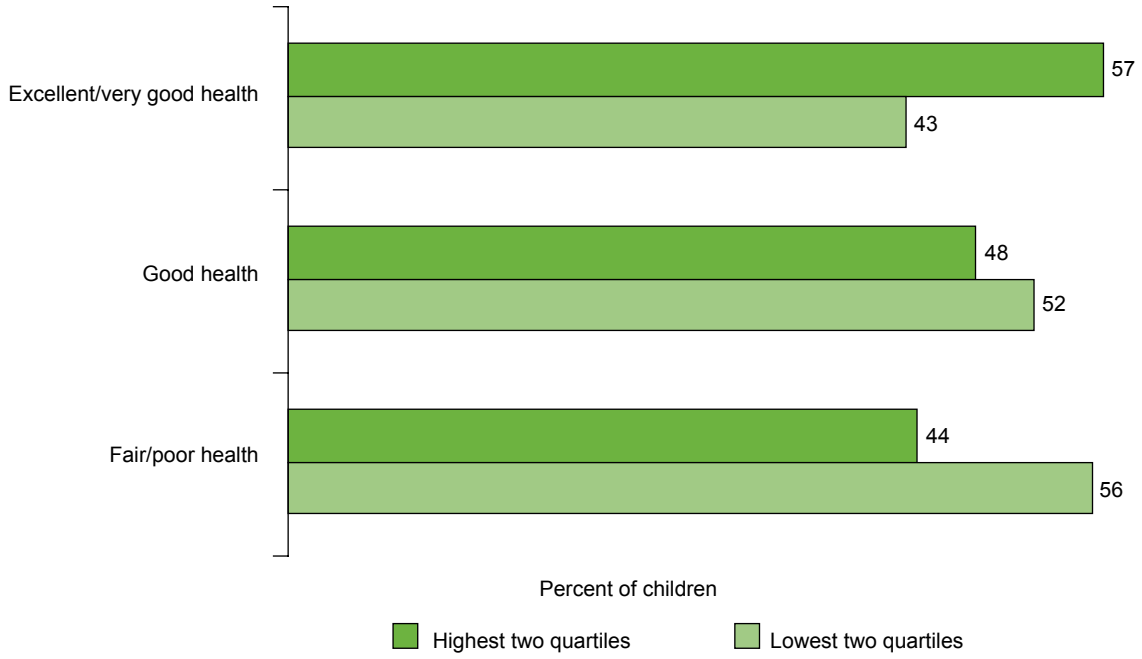


Exhibit 5-17
Parents' Concerns Related to Their Children's School Readiness Skills, by Children's Overall Health Status

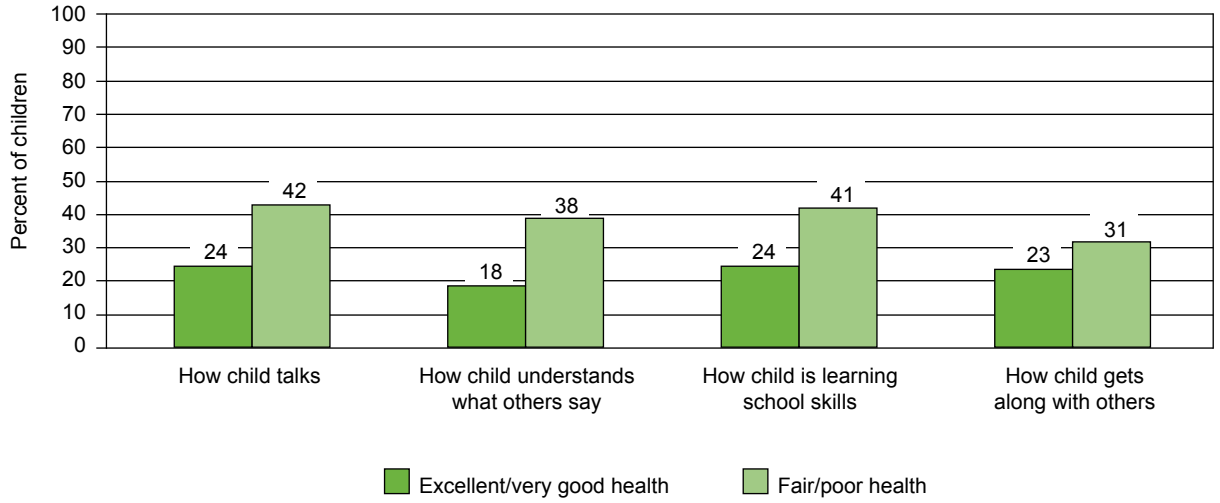
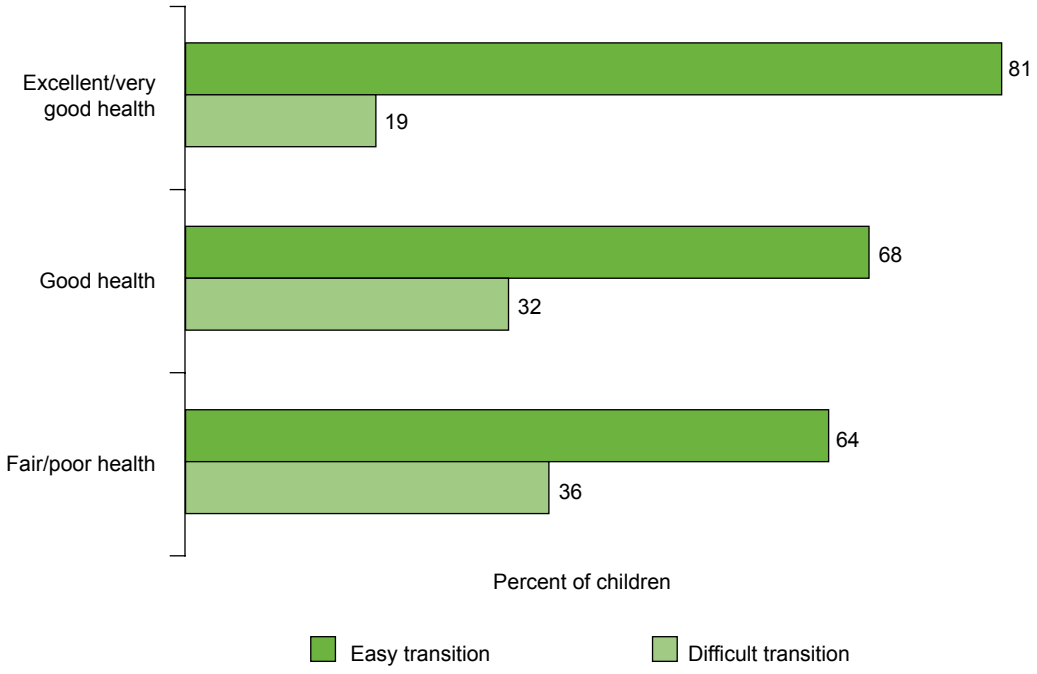


Exhibit 5-18
Children's Overall Health Status and Ease of Transition to Kindergarten



SR Initiative efforts promote children's health

Health screening and assessments are part of **First 5 Monterey's** strategy to improve children's access to comprehensive health care. The School Readiness (SR) Initiative addresses the physical health needs of children through home visitation; Monterey County public health nurses provide children's health assessments, and the Visiting Nurse Association (VNA) Mom/Baby Program provides newborn health services. Additionally, the VNA conducts health screenings at two child development centers within First 5 Monterey's SR catchment area. Likewise, Pajaro Valley Unified School District nurses screen children attending kindergarten early-registration events, providing referrals and follow-up services. Families with children with suspected or diagnosed asthma receive education and support from the American Lung Association in the home and/or at child care sites. The Children's Oral Health Program, also an SR partner, offers countywide mobile screening services and office-based treatment services. Finally, the Monterey County Screening Team for Assessment, Referral, and Treatment (MCSTART) provides assessment, early intervention, and treatment of children with prenatal exposure to alcohol and/or drugs. More than 3,800 participants received health-related services, including more than 2,100 children, more than 1,300 parents, and about 300 service providers.

Stanislaus County's School Readiness (SR) programs support parents, providers, and children to enhance outcomes for children. With 13 schools participating, the Stanislaus School Readiness programs provide family-centered information and support to help families access key health and social services for sustaining child and adult health and emotional well-being. Parents and caregivers of children ages 0-5 attend workshops and classes on parenting skills, health, nutrition, child development, and school readiness.

Key finding #3. Many parents had concerns about their children's development, and these parental concerns were well-founded. Almost two-thirds (62%) of the parents reported having one or more concerns about their children's developmental competencies at kindergarten entry (based on 11 items shown in Exhibits 5-19 to 5-22).[12]

- Approximately one-quarter (27%) had one or more concerns about their child's physical well-being and motor development (Exhibit 5-19).
- 31% had one or more concerns about their child's cognition and general knowledge (Exhibit 5-20).
- 35% had one or more concerns about their child's communicative skills (Exhibit 5-21).
- 42% had one or more concerns about their child's emotional well-being and social competence (Exhibit 5-22).

These concerns appear to be well-founded—that is, children whose parents expressed concerns about their developmental competencies had significantly lower mastery of key developmental skills.

Parents are in a unique position to view their children's behavior and skills across a wide range of settings and with many different people. Many parents had concerns about their children's physical well-being and motor development (Exhibit 5-19).

- 17% of parents had concerns about their children's vision.
- 14% of parents had concerns about their children's hearing.
- 12% of parents had concerns about their children's use of hands and fingers.
- 10% of parents had concerns about their children's use of arms and legs.

[12] The items about parents' concerns are from the Parents' Evaluation of Developmental Status (PEDS), developed by Frances Glascoe and colleagues, and were used with permission from the author. Additional information about PEDS can be found at http://www.pedstest.com. See also: Glascoe, F. P. (1997). *Parents' Evaluations of Developmental Status: A method for detecting and addressing developmental and behavioral problems in children*. Nashville, TN: Ellsworth & Vandermeer Press, LLC.

Exhibit 5-19
Parents' Concerns about Their Children's Physical Well-being and Motor Development

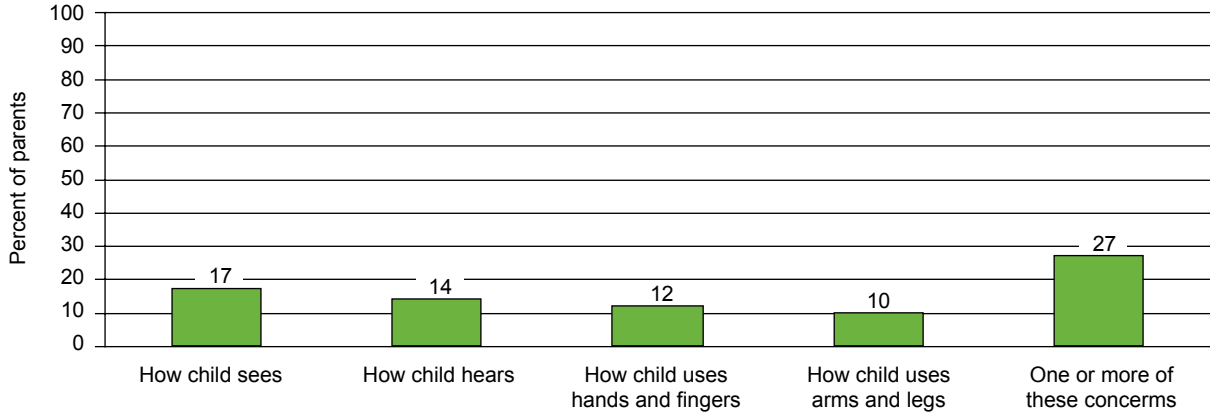


Exhibit 5-20
Parents' Concerns about Their Children's Cognition and General Knowledge Abilities

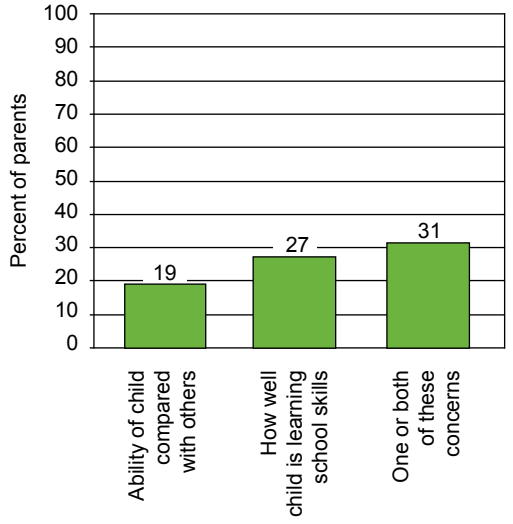


Exhibit 5-21
Parents' Concerns about Their Children's Communicative Skills

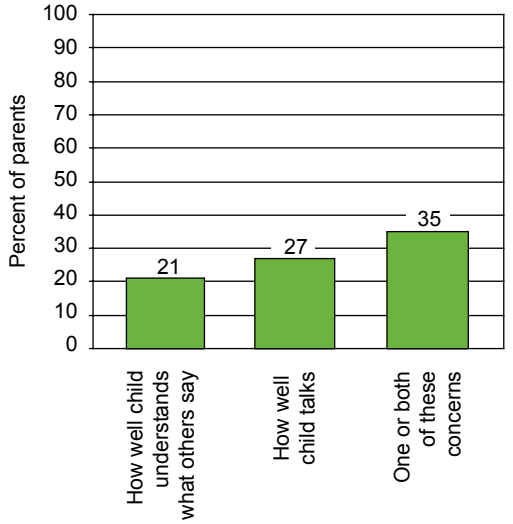
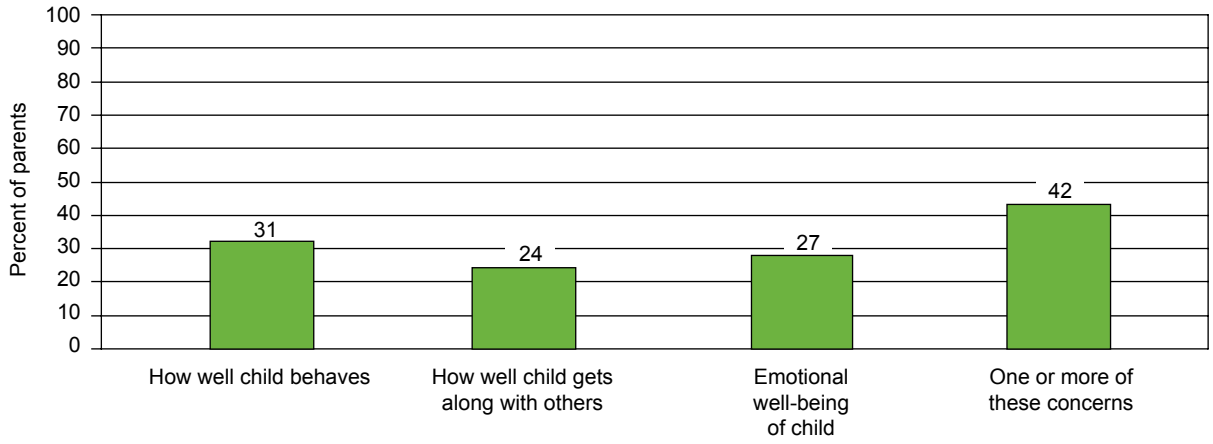


Exhibit 5-22
Parents' Concerns about Their Children's Emotional Well-being and Social Competence



- Approximately one-quarter (27%) of parents had concerns about one or more of these abilities, suggesting that concerns about physical well-being and motor development are fairly common among families served by high-priority schools.

Parents also had concerns about their children's cognition and general knowledge and their abilities to communicate with others. These are abilities that are critical for children's ability to interact with their peers and to learn in school (Exhibits 5-20 and 5-21). In the cognition and general knowledge domain:

- 19% of parents had concerns about their children's ability to do what other children their age could do.
- 27% of parents had concerns about how well their children were learning school skills.
- Nearly one-third (31%) of parents had concerns about one or both of these basic skills.

In the area of communicative skills:

- 21% of parents had concerns about how well their children understood what others said.
- 27% of parents had concerns about how well their children talked.
- More than one-third (35%) of parents had concerns about one or both of these basic skills.

Many parents also had concerns about their children's emotional well-being and social competence as they entered kindergarten. These skills are important for children's success in the classroom and for beginning and maintaining positive peer and adult relationships (Exhibit 5-22).

- 31% of parents had concerns about how well their children behaved.
- 24% of parents had concerns about how well their children got along with others.
- 27% of parents had concerns about their children's emotional well-being.
- 42% of parents had concerns about one or more of these developmental abilities.

Overall, the parents who had concerns about their children's development had legitimate concerns. For instance, at kindergarten entry, children whose parents had any concerns about their children's development (62%), compared with parents who did not have any concern about their children's development (38%), were more likely to have:

- Diagnosed delays and disabilities that made them eligible for special education services (6% vs. 2%).
- Lower levels of developmental mastery (average scores of 79 vs. 85).
- More difficult transitions to kindergarten (28% vs. 17%).

Even after excluding children receiving special education services at the beginning of kindergarten from the analysis, the lower levels

SR Initiative program helps with early detection of developmental delays, disabilities, and other special needs

In **Plumas County**, School Readiness funds are used to develop a partnership for early identification of special needs. A program of Plumas County Public Health Agency, New Born House Calls (NBHC), was created to enhance maternal, adolescent, and child health outcomes through an adaptation of the research-based Olds model of nurse home visitation. 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 2004-05, 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 119 families.

of mastery were still found and transitions were more difficult for children whose parents had any concerns about their development, compared with children whose parents did not have such concerns.

Key finding #4. There may be many children with developmental delays, disabilities, and other special needs that have gone undetected. Although every child should receive basic developmental screenings at regular intervals throughout early childhood, almost a third of the children (30%) with parents who were concerned about their development had not yet received a developmental screening at kindergarten entry. In addition, children whose parents expressed concerns about their development were no more likely to receive developmental screenings than children whose parents were not concerned. Greater attention to early developmental screening is needed, given the fact that these parental concerns seem to be well-founded—that is, children whose parents were concerned about their development were rated as having less mastery of the developmental competencies as they entered kindergarten.

It is widely recognized that early detection of developmental delays and problems is critical for promoting optimal outcomes for children. Early identification of delays enables families to get needed early intervention services for young children. Professionals and parents then can work together to facilitate each child's development in ways that are individualized to the child's needs and that may prevent further delays.

- By the beginning of kindergarten in high-priority schools, 3% of the children had been diagnosed with a developmental delay and were eligible for special education services.
- Before entering kindergarten, 6% of the children had received special services or participated in a program for children with disabilities or other special needs.

Given the potential benefits of involvement in early intervention services, all young children should receive basic developmental screenings at regular intervals and more complete developmental evaluation if the screenings raise concerns.

These data clearly indicate that additional outreach efforts are needed to assure that young children receive needed developmental screening and interventions before school entry.

Key finding #5. Children whose families regularly engaged in literacy activities (reading, singing, or storytelling three or more times a week) had significantly better mastery of developmental competencies at kindergarten entry. Regular involvement with singing, reading, or storytelling activities was related to better overall developmental mastery. These benefits especially were linked to greater mastery in the areas of communication and cognition/problem-solving skills, which have a key influence on later literacy. Beneficial relationships were found, regardless of the families' primary language or education level.

The amount and variety of language that children are exposed to in early childhood are important to their subsequent verbal abilities and literacy skills. Families promote school readiness skills by introducing reading, storytelling, and singing into simple routines and play activities throughout the day. Engaging children in these activities introduces them to new words, exposes them to the concepts of beginning-middle-end sequences in narratives, focuses on rhyming sounds, highlights similarities and differences in word sounds, and encourages children to listen, think, and talk.

Many parents reported engaging in literacy-promoting activities with their children (Exhibit 5-23).

- About three-fourths (77%) included at least one of the three activities in children's daily experiences.
- About two-thirds (63%) included reading to their children daily.

These findings are particularly promising because, compared with children who did not regularly experience literacy activities, children who did experience them:

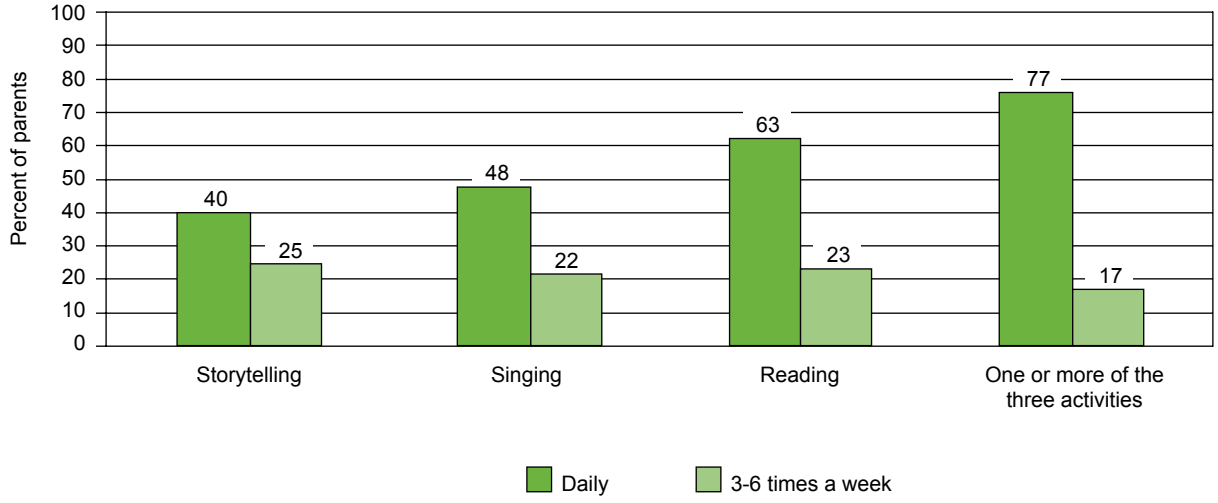
- Had higher overall levels of developmental mastery (average scores of 82 vs. 74).
- Had higher levels of mastery of communicative skills needed for school success.
- Had higher levels of mastery of cognitive and problem-solving skills needed for school success.
- Had easier transitions to kindergarten (77% vs. 66%).

Regularly engaging in singing, storytelling, and reading with children was more common in some families than others:

- Compared with families who rarely engaged in literacy-promoting activities, families who regularly engaged in them were more likely to have mothers with higher educational attainment and to have English as their primary language.
- However, even after controlling for the advantages associated with greater maternal education and English-language use, regular involvement in literacy-promoting activities still was predictive of higher levels of children's developmental mastery.

Key finding #6. Children who participated regularly in early childhood education programs before attending kindergarten had significantly better mastery of key developmental competencies. Attending early childhood education (ECE) programs had significant benefits for children's school readiness. These benefits for children were apparent no matter their ethnicity, language, or income.

Exhibit 5-23
Regular Involvement of Families in Literacy-Promoting Activities with Their Children



Communities also may support school readiness by promoting the accessibility of high-quality early childhood education programs to children. Although many children received ECE, many did not:

- 60% of children attended an early childhood education program (Head Start, state pre-kindergarten program, or center-based child care), compared with 67% of kindergarten children nationally.
- Head Start was the most common type of program, with about one-third (35%) of children participating (Exhibit 5-24).

The availability of early childhood education programs is especially important for children served by California's high-priority schools. Compared with children who did not attend an early education program, children who went to a preschool program:

- Had higher overall levels of mastery of key developmental skills needed for school success (average scores of 84 vs. 79).
- Were more likely to rank among those children with higher levels of mastery (Exhibit 5-25).
- Had easier transitions to kindergarten (80% had easy transitions, compared with 70% of children who did not attend preschool programs).

Exhibit 5-24
Participation in Early Childhood Care and Education Programs by Children Ages 3-5

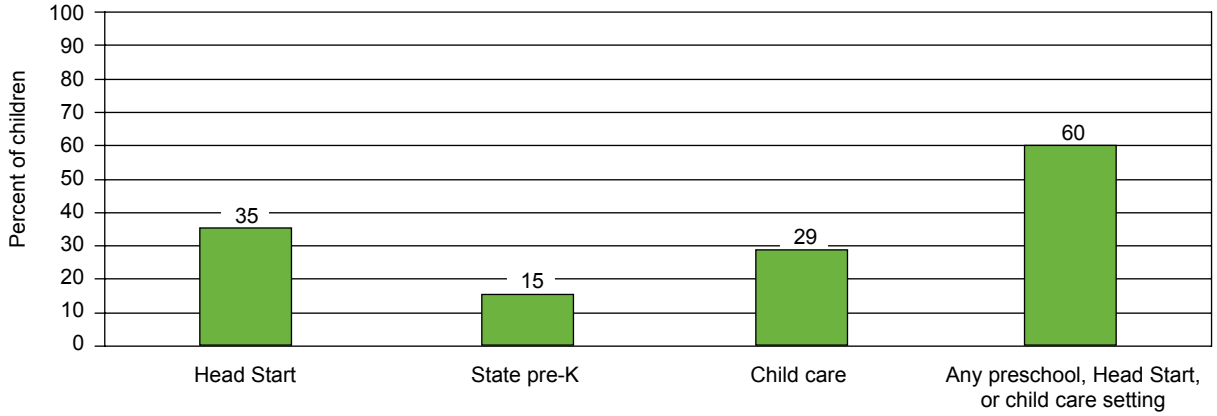
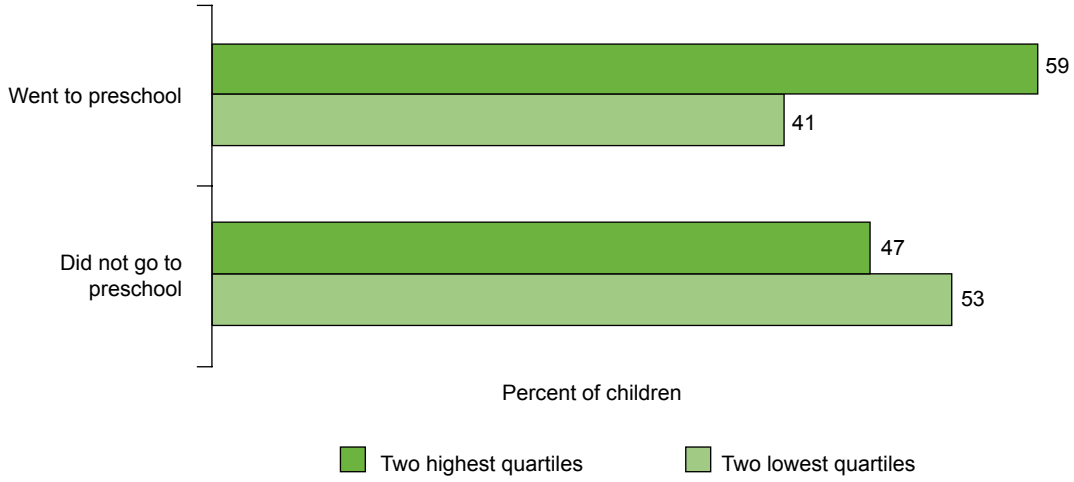


Exhibit 5-25
Children's Developmental Skills (MDRDP Scores), by Preschool Attendance



Note: Children's developmental skills refer to total MDRDP scores.

What parents of kindergartners say about preschool and school readiness

"The preschool did a lot to get her ready to enter kindergarten. The preschool created a comfortable environment in which children could learn and get to know each other."

"His 2 years of preschool…was very beneficial in giving him an edge in kindergarten. Before he started kindergarten, he was already familiar with colors, the alphabet, and had strong reading skills."

"Head Start helped the most with colors, shapes and numbers, and the interaction with the other kids."

"The pre-school did a lot to prepare her for kindergarten. She learned the alphabet, colors, and how to write her name. She also learned how to socialize with new people she wasn't familiar with."

"I feel that the preschool gave her a lot of self-confidence. The school enabled her to meet new people, learning how to be polite and behave in a school environment."

SR Initiative efforts provide high-quality early education programs

In **Alpine County**, two programs focus on providing high-quality early education.

- First 5 Alpine supports two licensed high-quality programs at the Early Learning Center: the infant program serving children ages 8 weeks to 2 years and the preschool program serving children ages 2-5. Both programs incorporate all five "Essential and Coordinated Elements" for school readiness. A part-time school readiness coordinator directs the day-to-day activities. Staff are supported with professional development services and scholarships, which enhance the provision of high-quality early learning experiences for young children.
- The Little Scholars Program works to ensure that all Alpine County children ages 3-5 have access to high-quality early childhood learning experiences. Initiated in late fiscal year 2003–04 for children ages 4-5, the program expanded in fiscal year 2004-05 to provide preschool services for children ages 3-5. The program is available to all children residing in Alpine County who are not eligible for any other subsidy, such as Head Start, State Preschool, or Choices for Children. The Little Scholars Program is administered by the school readiness coordinator and is housed with First 5 Alpine. Parents of eligible children may apply for a scholarship to reimburse tuition costs. Without this program, many preschool-age children would not be able to participate in a program because of financial constraints.

Trinity County's School Readiness (SR) Program, coordinated by the County Office of Education, provides school readiness and family support services at five preschool sites. All preschools offer three 12-week sessions for children ages 0-5. During fiscal year 2004-05, the SR Program directly served 93 children and families. Preschools, guided by the Creative Curriculum, offer developmentally appropriate learning activities and strengthen children's early literacy skills. A Kindergarten Backpack program complements center-based learning, supplying children with books, paper, crayons, and pencils to encourage early learning and literacy development at home. Family literacy, focusing on improved child development and family functioning, is emphasized at all preschool sites. Preschools also offer health and safety education classes and monthly book clubs for parents. All preschool sites are linked to local elementary schools, further increasing child and family access to educational resources. School-based resources include kindergarten orientations, book loan programs, health screenings, and access to school nurses, psychologists, and speech therapists.

Children living with mothers with higher education levels were more likely to have attended a preschool program, a finding that is consistent nationally. However, the significant benefits of attending a preschool program for children's mastery of developmental skills were still evident after controlling for the effects of maternal education and household income factors. These findings support the goals of the First 5 Preschool for All Initiative.

Key finding #7. Parenting education and support services promoted activities that led to increased school readiness. In particular, receiving parenting services increased the likelihood that the child received a developmental screening and participated in an early childhood education program. This was true even though the mothers who received these services tended to be younger when the child was born and to have lower incomes. This finding shows that parenting services are effective and that the First 5 parenting services are reaching many of the families most in need of them.

One important way that many communities try to support children is by offering families opportunities for parenting support services. Through home visits, support groups, and parenting classes, families have opportunities to consider their own behaviors and examine alternative approaches to guiding their children's development.

Families reported receiving various types of parenting support services (Exhibit 5-26).

- More than one-third of the families (36%) had received some parenting support services since their children were 3 years old.
- The most common type of service was parenting classes, received by more than one-fourth of families (28%).

Compared with those who did not receive parenting support services, families who did were more likely to:

- Have children who had attended an early childhood education program (67% vs. 56%).
- Have children who had received a developmental screening (76% vs. 69%).

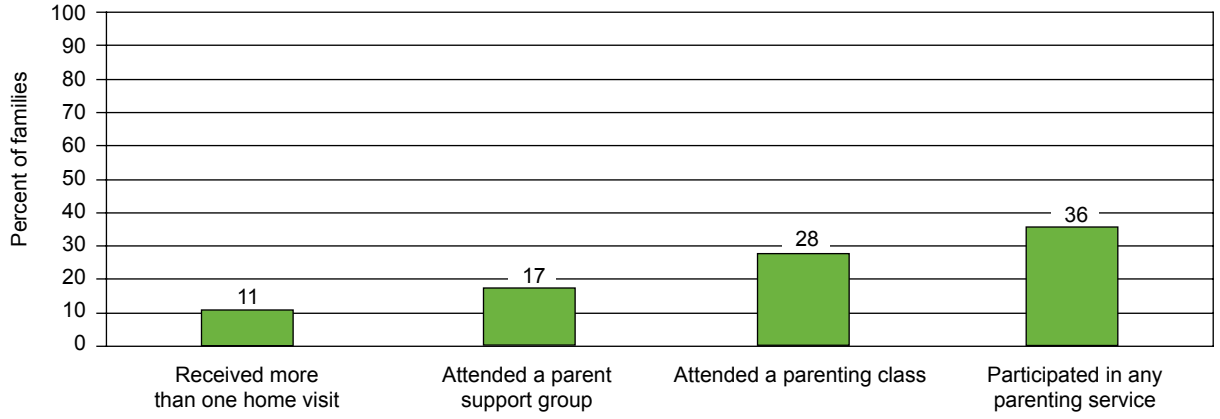
These benefits are especially striking because, compared with mothers who did not receive parenting support services, those who did tended to:

- Have fewer years of completed education.
- Have lower incomes.

These findings show that parenting support services are:

- Helping parents know how to support and promote their children's early learning.
- Reaching out to many families with children who are likely to experience higher levels of risk and fewer advantages and therefore are in need of these kinds of early school readiness supports.

Exhibit 5-26
Types of Parenting Support Services Received by Families before Children Began Kindergarten



SR Initiative efforts are supporting parents in their efforts to help their children be prepared for school

In **Los Angeles County**, Olga is a single parent of two children, ages 2 and 3, who reside in El Sereno. Olga was enrolled at East Los Angeles College studying to obtain her Associate's degree in Child Development. Olga works part-time in an early education center with children ages 3-5. She participates in the First 5 LA School Readiness Initiative program in El Sereno and is enrolled in the Parents as Teachers (PAT) program. PAT consists of 1-hour monthly home visits by SR Initiative outreach staff and group meetings. During the monthly visits, Olga learns a variety of techniques and activities about how to help her children develop age appropriately. The program also refers families to other services, as requested. During a visit, Olga requested a referral to parenting and anger management classes, which she is now attending. Olga has dedicated her life to the well-being of her children's development. By striving for success and participating in programs and services available to her and her family, she is seeing her dreams being fulfilled.

The First 5 SR initiative clearly is reaching out to many of the young children and their families across California who are most in need of its programs and services to support children's school readiness. Continuing and expanded efforts to promote young children's health and development, including increased developmental screening before they enter school, are needed. It is important to promote communitywide efforts that inform parents about ways to support their young children's health and development and their children's successful transition to kindergarten. However, these efforts also require that schools be ready to meet each child's needs. The next section describes activities that California schools with low API scores are engaged in and how these activities are related to student transitions.

2B. Ready Schools

This section provides information about First 5 SR Initiative schools' activities and services to help children make successful transitions to kindergarten. Data are based on surveys completed by superintendents, principals, and kindergarten teachers in 2004.

One of the five Essential and Coordinated Elements of the SR Initiative (see Exhibit 5-2) is to increase schools' capacity to prepare children and families for school success, or to be "ready schools." To support the creation of "ready schools," the First 5 SR Initiative promotes practices and strategies recommended by the National Education Goals Panel (NEGP). Data related to 6 of the 10 NEGP keys to "ready schools" were collected in fall 2004 (Exhibit 5-27). Overall, the data indicate that schools having these key characteristics had higher proportions of children who made a successful transition to kindergarten, compared with other schools.

Key finding #1. As a result of First 5 SR Initiative funding, schools offered new or expanded on-site pre-kindergarten services and programs. Many important pre-kindergarten and family support services and programs were readily available on school sites and in the local communities. Services included on-site preschools, kindergarten transition programs, and services for younger siblings of students attending the elementary school.

Schools' on-site pre-kindergarten services and programs. Many important pre-kindergarten and family support services and programs were available on school sites and in the local communities (Exhibit 5-28). Services included on-site State Preschools (72%), Head Start (43%), and kindergarten readiness programs (48%). Other commonly available services for families included language and literacy programs (46%) and parenting programs (81%). Schools also were active in making referrals to community services and resources before kindergarten entry.

Outreach to younger siblings. In addition, about half of the schools had expanded or created new activities that focus on the younger siblings of children attending their school. In particular, many schools were asking parents about younger siblings (54%), conducting developmental assessments of young children (42%), and referring families to additional services in the community (65%).

Exhibit 5-27
Ten Keys to Ready Schools Identified by the National Education Goals Panel

1. Ready schools smooth the transition between home and school.*
2. Ready schools strive for continuity between early care and education programs and elementary schools.*
3. Ready schools help children learn and make sense of their complex and exciting world.
4. Ready schools are committed to the success of every child.*
5. Ready schools are committed to the success of every teacher and every adult who interacts with children during the school day.*
6. Ready schools introduce and expand approaches that have been shown to raise achievement.
7. Ready schools are learning organizations that alter practices and programs if they do not benefit children.
8. Ready schools serve children in communities.*
9. Ready schools take responsibility for results.
10. Ready schools have strong leadership.*

*Elements for which data were collected.

Exhibit 5-28
Prevalence of Early Childhood and Pre-K Family Support Services Provided at Elementary Schools, Reported by Principals

For Children before Kindergarten		For Families of Students	
Type of Program	**Percent of Schools**	**Type of Program**	**Percent of Schools**
State pre-kindergarten	72	Literacy programs – on-site	46
Transition or kindergarten readiness	48	English as a Second Language classes	71
Head Start	43	Resources for children with special needs	70
Part B preschool	24	Healthy Start or family resource center	36
Title I schoolwide program	94	Parent education classes	81
Home visiting for children ages 3-5	40		
Part C infant/toddler	12		
Other infant/toddler program	34		
Family resource center/Healthy Start	52		
Summer transition program	40		

What parents of kindergartners say about how schools helped their children get ready for kindergarten

"The school had a kindergarten preparedness over the summer that was helpful. It helped her get used to the routine, her classmates, and what to expect through the school year."

"The bridging program was wonderful. It allows children to experience what kindergarten will be like. They get a preview of the classes, the subjects they will be learning, and they meet their future classmates."

"He went to preschool in the same school, so he saw the new kindergarten class early because he was already there."

"The school seems to be in touch with us on a daily basis about what's going on. We like that."

Key finding #2. As a result of First 5 SR Initiative funding, elementary schools were better able to create linkages with early care and education programs. Schools can foster children's school readiness by facilitating connections with early childhood programs. Many of the entering kindergartners had prior experience with early childhood education programs—60% had attended preschools or center-based child care, and 29% had been in home-based child care. Early care providers can provide teachers with important information about the children, and teachers can provide early care providers with important information about school readiness activities and skills.

Many of the teachers in the SR Initiative schools communicated regularly with early childhood educators before children's kindergarten entry and made many pre-kindergarten and transition services available for children and families (Exhibit 5-29). Most of the principals (86%) reported that kindergarten teachers and preschool teachers met to plan for children's transition to kindergarten. More than half of these activities, which are known to support better transitions to kindergarten, were new or expanded as a result of funding by the First 5 SR Initiative. Two-thirds of principals (67%) reported having formal relationships with pre-kindergarten programs; 47% said that these were new or expanded services due to First 5 SR Initiative funding.

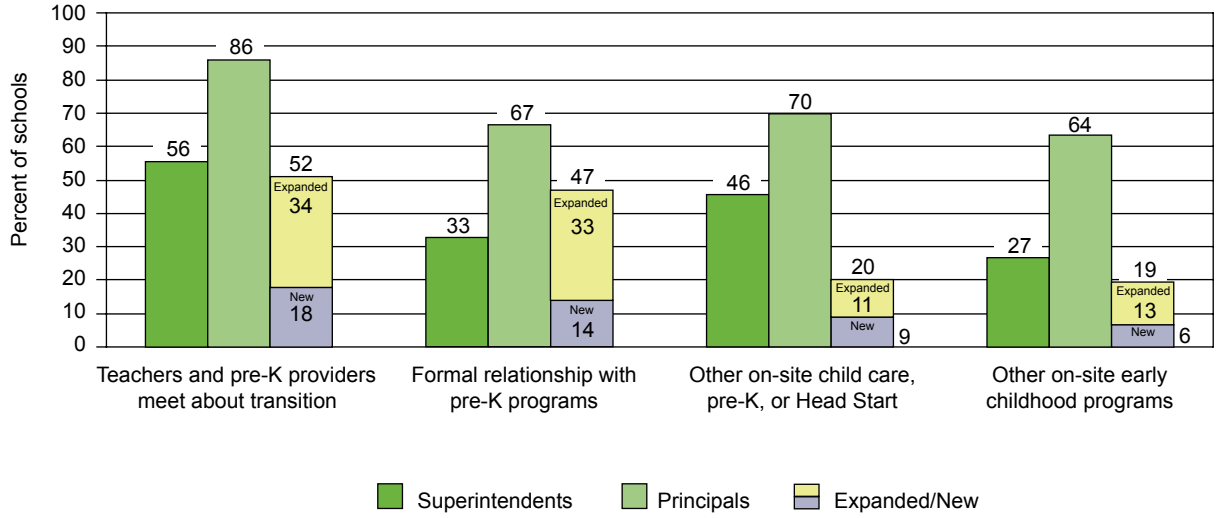
Key finding #3. Schools have been supporting the school readiness and learning of English learners. Nearly all teachers (98%) were teaching in classrooms with large numbers of English learners, predominantly Spanish speakers (Exhibit 5-30). One-fourth of teachers (25%) had three or more languages other than English represented in their classrooms.

To accommodate the situation of the classrooms where Spanish was the primary language for one or more children, 81% of the teachers either spoke Spanish or had another adult available who spoke Spanish (Exhibit 5-31). Almost all teachers were experienced in teaching English learners and felt comfortable teaching English learners. A majority of teachers (83%) said they felt well or very well prepared to meet the needs of English learners, 95% had one or more years experience working with English learners, and 80% had received training to work with English learners in the last year.

Schools invested significant resources in reducing language and communication barriers with parents and families. According to principals:

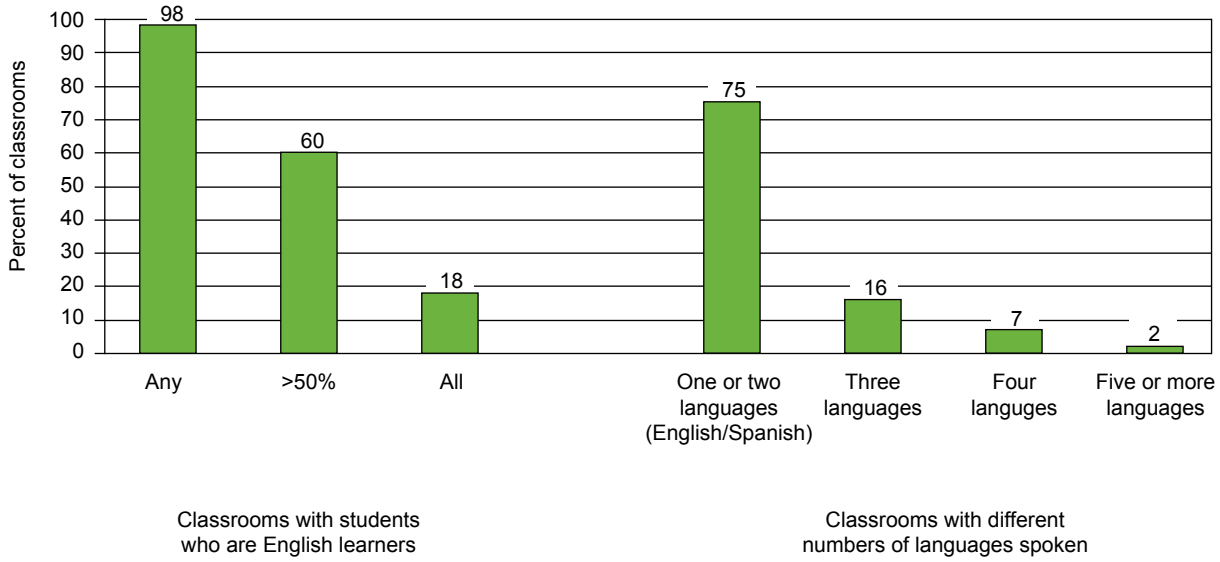
- Most of the SR Initiative schools translated written materials into languages other than English (90%) or employed translators on-site (95%).
- Almost all schools employed staff members who spoke parents' primary languages (96%).

Exhibit 5-29
Connections with Preschool Programs, Reported by Superintendents and Principals



Note: Superintendents reported activities in all or most of the schools in their districts participating in the SR Initiative; principals reported activities in their schools; Expanded/New is principals' report of whether activities were expanded or new connections due to First 5 Initiative funding.

Exhibit 5-30
Prevalence of English Learners in Kindergarten Classrooms, Reported by Teachers

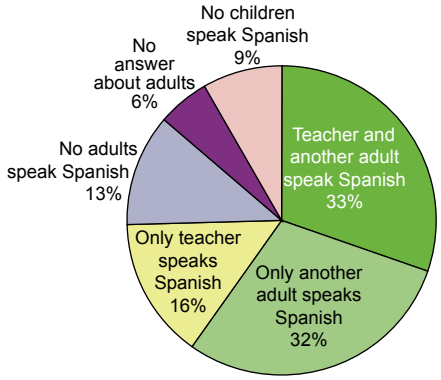


SR Initiative efforts target outreach to culturally and linguistically diverse families

First 5 Santa Cruz has funded a program called Answers Benefiting Children (ABC) to provide comprehensive home visiting and case management services to Latino families with young children. Located at La Manzana Community Resource Center, ABC provides needed services to immigrant families who may not qualify for public assistance. To meet the complex needs of families, ABC uses a multidisciplinary approach, with families participating in the program for up to 18 months. Staffed by six bilingual/bicultural home visitors, a public health nurse, a social worker, a counselor, a domestic violence specialist, a program manager, a team leader, and two clerical support staff, the program provides a variety of services to families. Services include home visits; case management; counseling; parenting education classes; parent support groups; early education enrollment assistance; nutrition education; child abuse prevention services; developmental screenings and assessments; referrals to Head Start services, such as speech therapy; and referrals to public health services, domestic violence support, and child development specialists. The ABC program has positively affected children and families, as measured by the Adult-Adolescent Parenting Inventory. Participating families have attained stable housing, been linked to medical homes, and received support to meet their education and employment goals. All ABC program materials and services are available in English and Spanish.

First 5 San Mateo's Early Childhood Language Development Institute (ECLDI) prepares young English-learning children for school. The goal of the project is to better prepare young English-learning children to be eager and ready to learn and to be successful in school and in life. ECLDI helps parents, child care providers, and early childhood educators support bilingual early language development among English learners. Training topics include how young children learn their first and second languages, the benefits of maintaining the home language while children are learning English, the critical importance of valuing the home culture to support the child's sense of identity and self-esteem, the long-term effects of a positive partnership between home and school, and the benefits of parents' becoming involved in their children's education. Anecdotal reports from parents and providers show an appreciation for the program and an improved ability to support the language learning of young children.

Exhibit 5-31
Spanish-Speaking Adults in Kindergarten Classrooms, Reported by Teachers



- Many schools had kindergarten teachers who spoke children's primary languages (86%).
- Far fewer schools reported adapting materials sent home to parents to an appropriate literacy level (62%).
- More than two-fifths of the principals (43%) said that their schools had staff training on cultural diversity relevant to the community.
- Most schools (90%) had parents from diverse backgrounds involved on school councils or PTA boards.
- Most (89%) of the schools with summer transition programs targeted children who are English learners.

Key finding #4. Schools have been working to serve children with disabilities and other special needs, but increased efforts are needed. Although only 3% of kindergartners in surveyed schools were eligible for special education services, 44% of classrooms had at least one child with identified disabilities or other special needs. Despite the increasing inclusion of children with disabilities and other special needs in regular education classrooms:

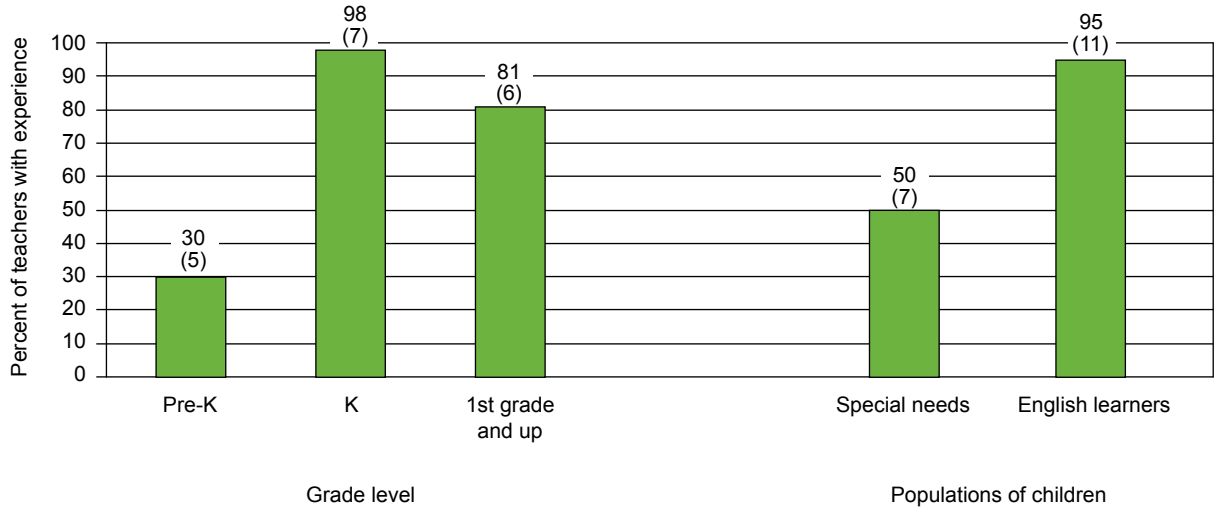
- Half of teachers (50%) had one or more years prior experience with children with disabilities and other special needs (Exhibit 5-32).
- More than one-third (36%) said that they felt well or very well prepared to teach these children in their classrooms.
- Only 34% had received training in the past year.
- About half (54%) of the schools with summer transition programs targeted children with disabilities.
- Many schools (69%), however, included parents of children with disabilities and other special needs on school councils or PTA boards.

Key finding #5. Schools implemented activities to help children transition smoothly to kindergarten, and most parents were satisfied with these efforts. Almost all the schools engaged in activities to ease the transition between home and child care settings to school classrooms. They reached out to parents and provided extra support for children who historically have had a more difficult time transitioning to schools, and the vast majority of parents were happy with how their children's schools supported their transition to kindergarten. Fewer schools reported assisting children who entered school late or who had not previously attended preschool.

Reaching out to parents. Schools can work closely with parents to narrow the gap between home experiences and the culture of the school. Getting to know parents includes welcoming the new kindergartner and family. The schools in the SR Initiative are working to ease the transition for children in a number of ways.

Teachers generally communicate with parents before kindergarten entry and are reaching out to diverse populations (Exhibit 5-33).

Exhibit 5-32
Kindergarten Teachers' Experience Working with Different Groups of Children, Reported by Teachers

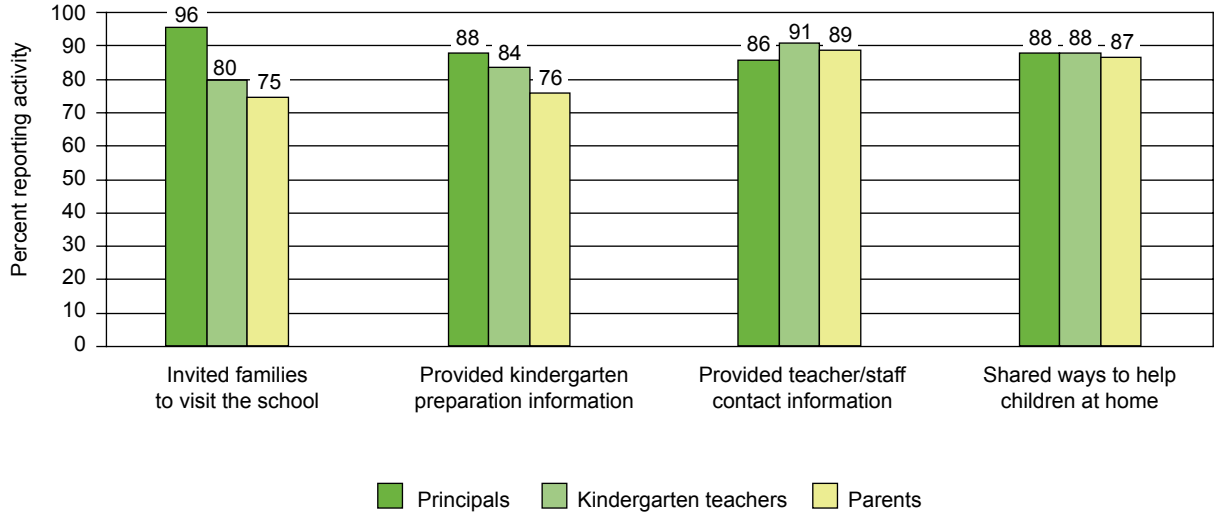


Note: Numbers in parentheses represent the mean number of years of work experience.

SR Initiative provides kindergarten transition programs

In **San Luis Obispo County**, Pre-K Summer Camp helps children and families become familiar with their new kindergarten teachers and environment. Intended for all children entering kindergarten at two school readiness site elementary schools, the 2-week camp experience is structured to ease children's transition to kindergarten. The camps provide teachers an opportunity to build rapport with the children while assessing children's abilities before the school year begins. Parents are included, receiving a warm welcome from the district superintendent, the principal, and teaching staff. Parents receive valuable information on accessing school systems, as well as on home activities they can do with their children to promote their school readiness. Parents reported increased knowledge and confidence after participating in the camp, with 95% to 98% of parents reporting that the experience was very beneficial to their families.

Exhibit 5-33
Ways That Schools Connected with Families before Kindergarten Entry, Reported by Principals, Kindergarten Teachers, and Parents

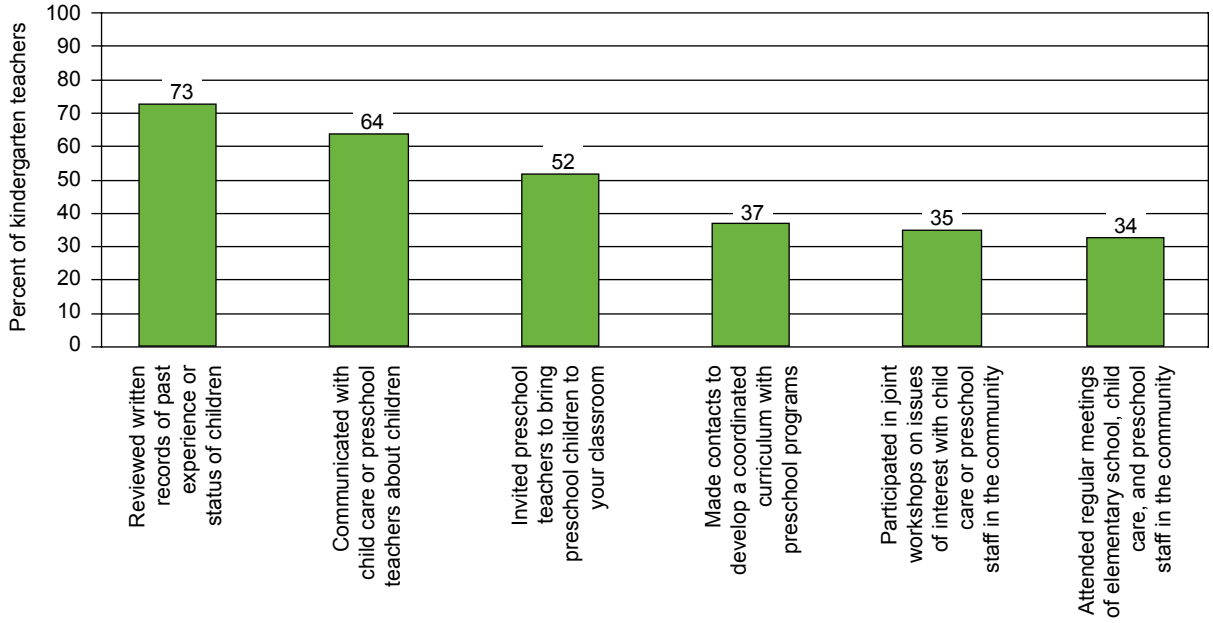


- Three-fourths of parents (75%) said that they had been invited to visit the school before their children's entry into kindergarten and had been given kindergarten preparation information (76%).
- Most parents reported receiving school contact information (89%) or ideas about how to support their children's learning at home (87%).
- Almost all parents (93%) were satisfied with the kindergarten transition efforts schools made, with only 7% saying that their children needed more assistance than the school provided.

Coordinating with early education providers. Other activities by which kindergarten teachers connect with children's preschool teachers were happening in many schools but were less common than activities involving parents (Exhibit 5-34):

- Almost three-quarters (73%) of teachers reviewed records of children's past experiences.
- About two-thirds (64%) communicated with children's preschool teachers, and about half invited preschool teachers to bring children to visit the kindergarten classroom (52%).
- About one-third of teachers (35%) had attended joint workshops on early childhood issues with preschool teachers.

Exhibit 5-34
Ways That Kindergarten Teachers Connected with Early Care and Education Staff before Children's Kindergarten Entry



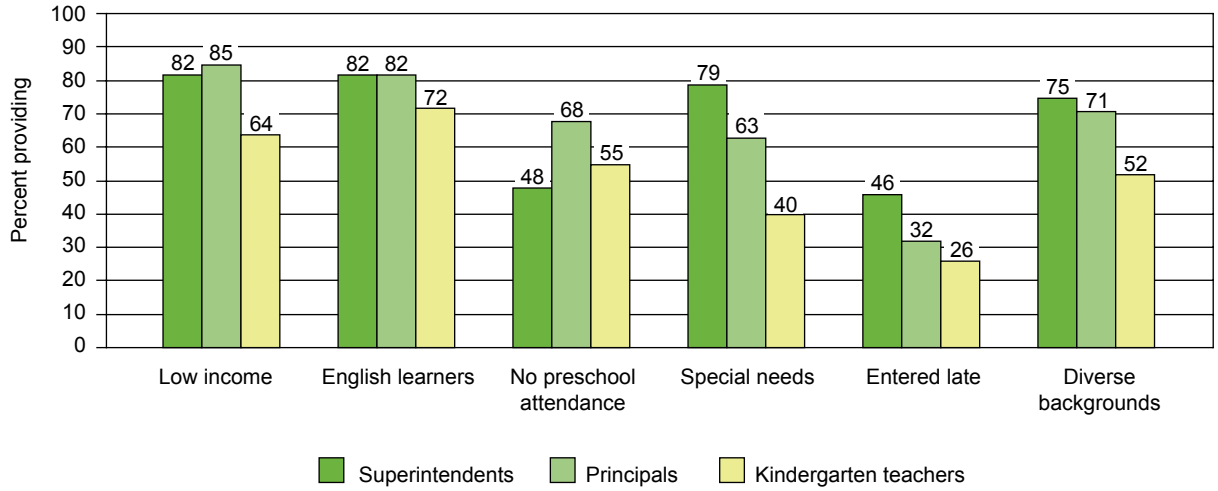
Additional support for children at risk of having difficult transitions. Because some children and families face unique challenges in transitioning to school, many schools reported making special efforts to ease the transition of particular children and families (Exhibit 5-35). Most schools reported providing additional assistance to low-income families, English learners, and families with diverse backgrounds. However, far fewer schools reported assisting children who entered school late or families of children who had not previously attended preschool. And whereas many superintendents and principals reported activities to ease the transition of families of children with disabilities and other special needs, far fewer teachers reported these activities occurring in the classrooms.

Key finding #6. Superintendents and principals have been providing school readiness leadership by their active participation in SR Initiative planning and governance activities. Schools are able to implement or sustain activities for helping children make the transition to kindergarten in part through the leadership and support of their leaders. The superintendents, principals, and kindergarten teachers from the SR Initiative schools reported that they were involved in and providing leadership to school readiness efforts, with differing levels of participation related to their roles. The SR Initiative schools also reported a high degree of support for school readiness activities from schools, families, and community members.

More than three-fourths of superintendents (77%) had been actively involved in First 5 SR Initiative planning and governance activities, averaging 6.6 hours (Exhibit 5-36). Superintendents (79%) also reported that their principals were actively involved in providing leadership in the area of school readiness. Teachers reported that they were far less likely to be involved with the broad planning and systems work of the SR Initiative (13%); nearly two-fifths (38%) reported that they were involved with establishing school readiness activities in their own schools.

According to superintendents, there also is strong support for First 5 SR Initiative activities from key stakeholders in their communities, particularly from elementary school principals and parents of preschoolers (Exhibit 5-37), and to a lesser degree from early care and education providers, kindergarten teachers, and parents of kindergartners.

Exhibit 5-35
Provision of Additional Support to Ease Transition to Kindergarten for Special Populations

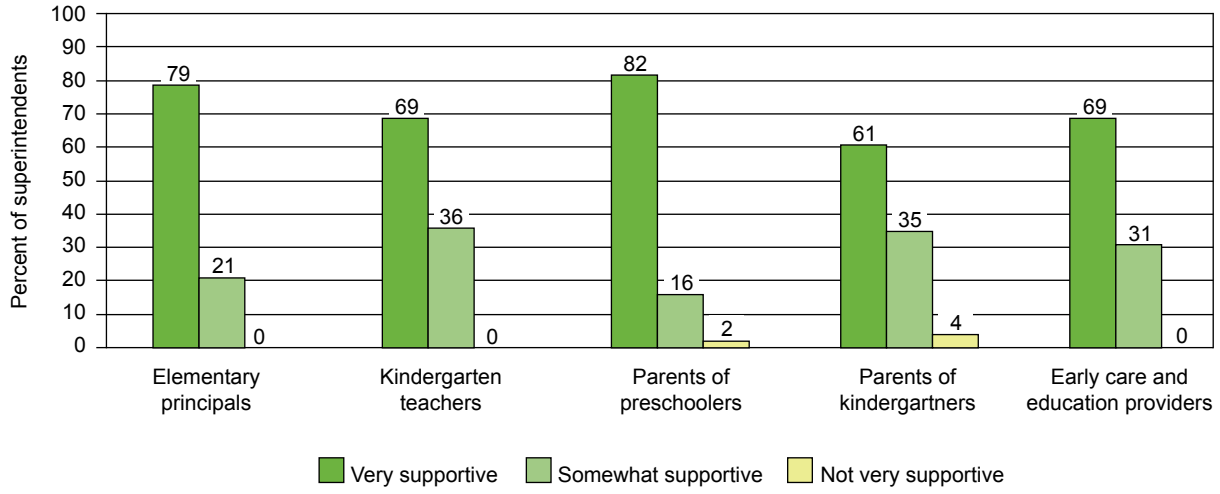


Note: Superintendents reported activities in all or most of the schools in their districts participating in the SR Initiative, principals reported activities in their schools, and kindergarten teachers reported their own activities.

Exhibit 5-36
Percentage of Superintendents, Principals, and Kindergarten Teachers Who Reported Being Very or Somewhat Involved in the School Readiness Initiative

Area of Involvement	Superintendents	Principals	Teachers
Planning or preparing SR application	77	34	13
Working with County Commission	57	40	19
Discussing issues with County Commission	58	--	--
Designing programs and activities	70	--	--
Working with community organizations	75	64	26
Training staff about school readiness	61	--	--
Establishing activities in the school	--	82	38

Exhibit 5-37
Support for First 5 School Readiness Initiative Efforts, Reported by Superintendents



Key Finding #7. Communities are providing early childhood and family support services and programs that will help children develop school readiness skills at entry into kindergarten. Principals reported that their communities varied in the provision and availability of 14 key community services for young children and their families (Exhibits 5-38 and 5-39). More than one-quarter of schools (29%) were resource rich, reporting that 10 or more of the services were readily available in their communities, while a quarter (24%) were resource poor, reporting 3 or fewer of the services. First 5 funded some, but not all, of the key resources in communities.

Key finding #8. Although the difference is not statistically significant, there were indications that schools that had more fully implemented the National Education Goals Panel's "ready schools" practices had more children with better school readiness skills at kindergarten entry than those schools that had not. Using the data reported by school personnel, summary variables were constructed to see whether those schools that implemented the practices of "ready schools" had more children with better outcomes. These variables include the following:

- Connecting with families
- Connecting with early child care providers
- Meeting the needs of individual children
- Transition support from the school/district
- Principal involved in the School Readiness Initiative
- Availability of community resources
- Availability of on-site pre-kindergarten services/programs

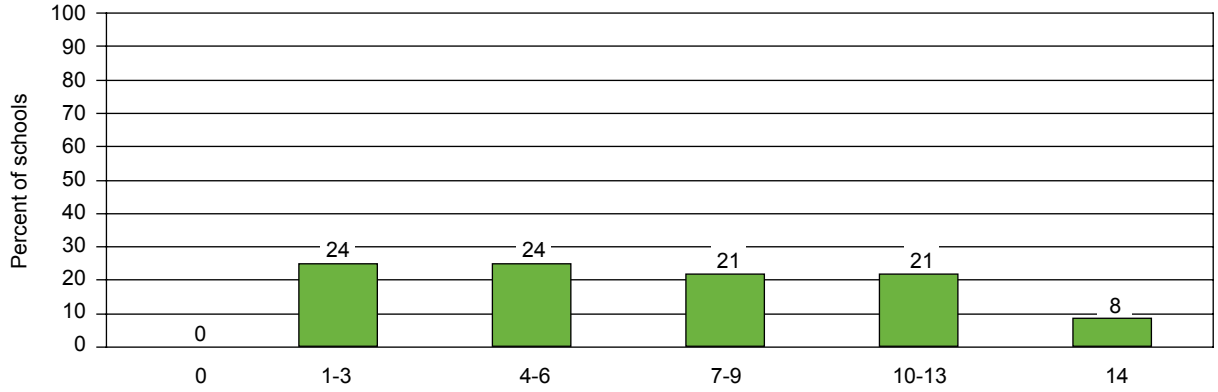
In schools that implement "ready schools" practices, principals and teachers communicate with parents before kindergarten entry, and pre-kindergarten and transition services are more readily available. In addition, "ready schools" make special efforts to meet the needs of their diverse populations, provide key services on school sites, and refer families to additional community resources. Activities are carried out by strong and effective leadership at the school and district levels and with support from the early care community.

Schools that were implementing more of the "ready schools" practices had slightly higher percentages of children with better school readiness skills at kindergarten entry than did schools that were not (Exhibit 5-40), but the difference is not statistically significant (56% and 50%, respectively).

Exhibit 5-38
Services Readily Available in the Community, Reported by Principals

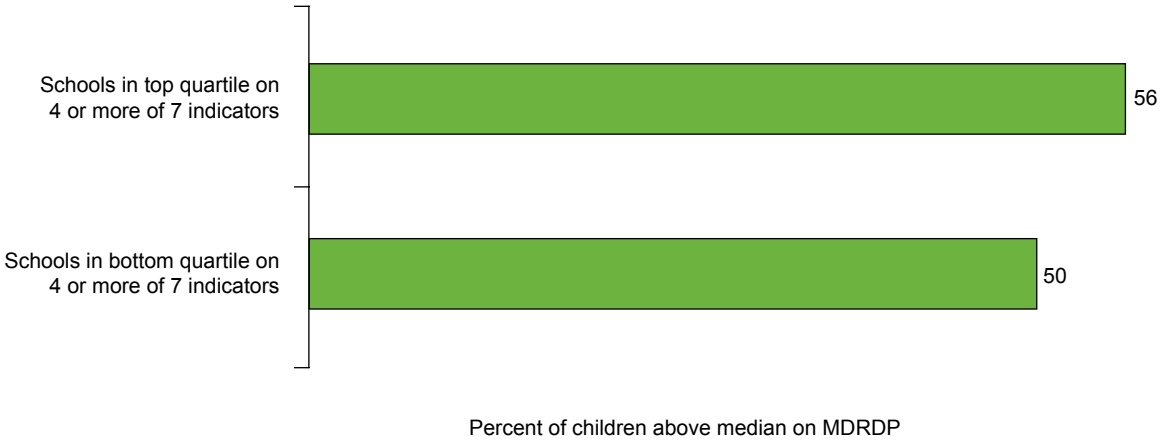
Type of Service	Percent of Schools with Resources Readily Available
Preschool, Head Start, Early Head Start	71
Health services for children (e.g., immunizations, well-baby care)	67
Parent education classes	60
Specialized services for children with disabilities/special needs	56
Developmental assessments for children	52
Mental health services for children	52
Spaces for child recreation, such as parks, playgrounds	50
Family resource centers	49
Emergency services	47
Family literacy centers or programs	47
Dental care for children	47
Prenatal care	40
Child care	36
Substance abuse treatment for parents	30

Exhibit 5-39
Number of Early Childhood and Parenting Support Resources Readily Available In Communities Surrounding High-Priority Schools, Reported by Principals



Note: Number based on 14 resources shown in Exhibit 5-38.

Exhibit 5-40
Ready Schools Characteristics and Children's Developmental Skills at Kindergarten Entry



Note: Schools were classified as being in the top or bottom quartile on each of seven "ready schools" variables: connecting with families, connecting with early child care providers, meeting the needs of individual children, transition support from the school/district, principal involved in the School Readiness Initiative, availability of community resources, and availability of on-site pre-kindergarten services/programs. A summary variable was created indicating schools that were in the top or bottom quartile on four or more of the seven indicators. Percentages represent children above the median on MDRDP. The difference is not statistically significant.

Conclusion and Next Steps

The data in this chapter provide information for tracking current and future efforts and outcomes in the First 5 SR Initiative. The data inform practices that are designed to help all young children in California begin kindergarten physically and emotionally healthy, eager to learn, and with the early literacy skills to allow them to be successful in school and in life.

The First 5 SR Initiative funding is being used to provide needed services and programs for the young children and their families in the communities surrounding California's high-priority schools, and it is encouraging collaboration across the communities, the schools, early care and education providers, and families. The data support the comprehensive approach to supporting children's school readiness adopted by the First 5 SR Initiative, based on the five Essential and Coordinated Elements (see Exhibit 5-2) and the National Education Goals Panel's broad definition of school readiness. For instance, to promote children's school readiness, it is essential to promote young children's health because children in better health have better school readiness skills. It is also essential to support a broad range of early childhood and family support resources, including early childhood education programs and parenting education and support programs. Finally, more efforts need to be made to screen and identify children with developmental delays, disabilities, and other special needs and provide early intervention services as soon as possible.

The findings indicate that the First 5 School Readiness Initiative is targeting the very children who are most in need of early childhood services and family supports that enhance and strengthen the skills that improve school readiness and school success. Many of the children in California's high-priority schools unfortunately begin school lacking a variety of skills and knowledge needed to learn effectively in school settings, including literacy skills and skills to interact positively with peers and adults, control one's own behaviors, communicate effectively, and solve problems.

The findings also show that California's high-priority schools already have adopted many of the National Education Goals Panel's "ready schools" recommended practices and that building schools' capacity to adopt "ready schools" practices and strategies may have positive consequences for children's school readiness. However, there are still ways for schools to expand and refine efforts in the future. More specifically, the findings indicate that continued First 5 investment in resource-poor communities is critical to the promotion of children's school readiness. Additionally, continuing effective leadership and participation

by school personnel and the early care community are critical for these efforts to promote children's school readiness and encourage "ready schools" practices. Finally, some data also suggest that more efforts are needed to support the transitions of students with disabilities and other special needs and to enhance teachers' preparation to meet the unique needs of these children in their classrooms.

To maximize the initiative's effectiveness, the programs and activities supported by the First 5 SR Initiative should continue to work in local communities in conjunction with other statewide First 5 initiatives, such as Health Access for All Children, Preschool for All, and the Special Needs Project.

6. Systems of Care

Introduction

First 5 California goes beyond simply funding services for children and families. It works 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, and school readiness). This approach has created exciting opportunities to forge new and existing service elements into a comprehensive and coordinated infrastructure system that supports the optimal development of California's youngest residents.

This chapter examines how First 5 County Commissions are trying to improve 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.[1]

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 often may not know whether they are eligible to receive the services.
- They may be asked to fill out paperwork and eligibility forms over and over.
- 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.
- 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 scarce 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 6 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.

[1] Information was received from 58 County Commissions, but Inyo and Del Norte submitted data too late to be included in this analysis.

Earlier results from the 2002-03 statewide evaluation[2] indicated that:

- Making services more accessible to families and more integrated and coordinated were the primary foci of most County Commissions.
- County Commissions most frequently were trying to improve child care, school readiness, and health care systems.
- County Commissions were deliberate in their systems change efforts by providing targeted funding, technical assistance, and community organizing that reflect community needs.
- Large statewide initiatives funded by First 5 California and other funders created unique opportunities for County Commissions to focus on and expand their systems change efforts by increasing fiscal resources and promoting shared practices.

As described in the 2003-04 annual report,[3] based on County Commission annual reports as well as funded program and participant surveys, County Commissions' efforts to improve systems of care were having an impact on funded programs, participants, and communities. Results from the 2003-04 report included the following:

- Programs and participants reported increased accessibility, improved service quality, high availability of culturally appropriate providers and materials, and improved service integration.
- County Commissions and funded programs are actively engaged in evaluating their programs, designing strategic plans to meet community needs, advocating for policy change and new legislation, and developing broader sources of funding and partnerships to build the future sustainability of the programs.

The results of the 2004-05 statewide evaluation, based on County Commission annual reports, suggest that:

- First 5 services are becoming increasingly accessible. This trend reflects a great deal of work by funded programs on making services more visible and community members more aware of the services that are available to them.
- First 5 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.
- First 5 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,

[2] See the 2002-03 annual report for more information.

[3] See the 2003-04 annual report for more information.

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
- Family literacy
- Parent education
- Health care
- Early identification of and services for children with disabilities and other special needs
- 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

Many 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
- Family resource centers
- Provider training and support
- Consultation to providers
- Mobile services (dental, 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 6-1). 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.

As illustrated in Exhibit 6-2, 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. Large numbers (more than 80%) of County Commissions also reported funding programs and activities in the remaining six areas. In addition, as shown in Exhibit 6-3, the largest numbers of programs and activities were funded in the areas of service integration and results-based accountability.

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 6-2, 89% of the County Commissions reported that they had funded programs and activities intended to increase the accessibility of services. Forty-two percent of the programs funded to do systems change activities were funded to increase accessibility of services (see Exhibit 6-3). County Commissions reported that they were trying to increase accessibility of services by funding programs and activities that expanded the number of provider networks and program offerings, increased children's and families' enrollment in and awareness of programs and services, and improved the ability of families to access new and existing services. First 5 California has created statewide initiatives and funding opportunities such as the School Readiness Initiative, Health Access for All Children, Preschool for All, and Special Needs Demonstration Projects, and these have helped shape many County Commissions' efforts to improve local access to services.

Exhibit 6-1
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, as well as increasing the awareness of and support for programs for children from birth to age 5 and their families.

Exhibit 6-2
Systems Change Areas Receiving Funding, as Reported by County Commissions

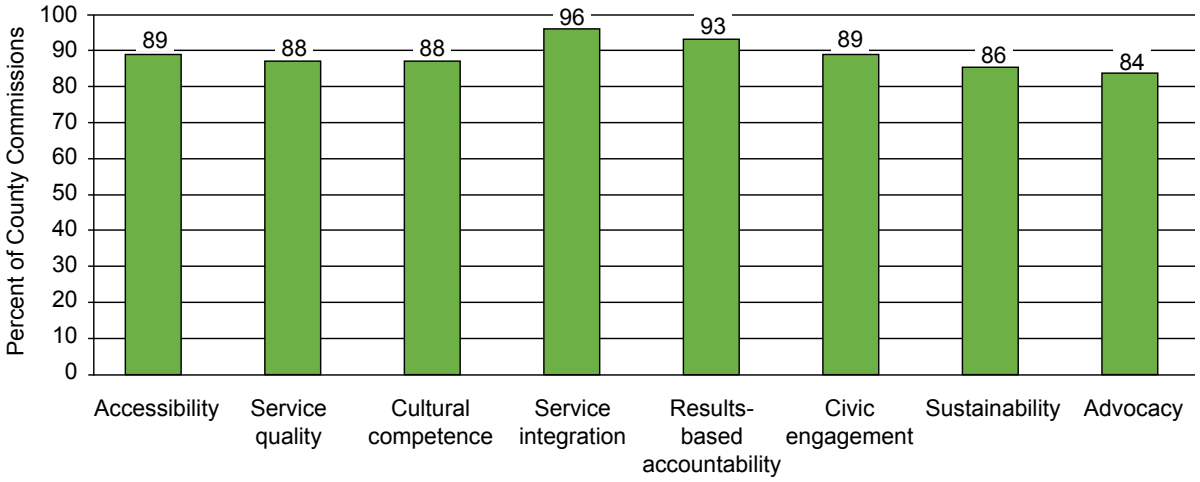
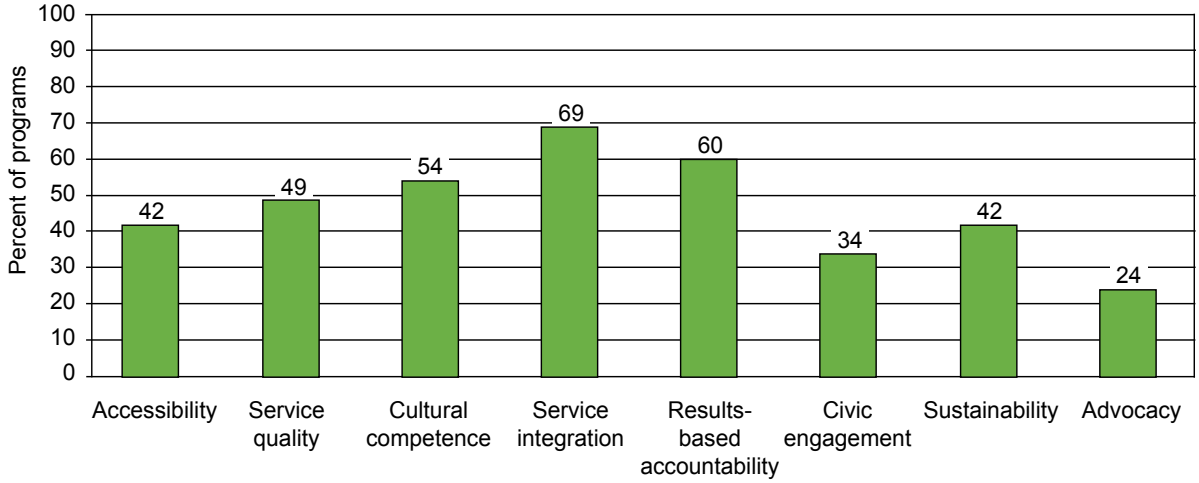


Exhibit 6-3
Programs Funded to Target Systems Change Areas, as Reported by County Commissions



Note: A total of 961 programs provided data on their systems change activities.

County Commissions reported that their programs were working to increase the accessibility of services by increasing system capacity in physical, oral, and mental health services; child care and preschool programs; and parenting education and support, often through collaboration and system-building efforts. Examples include the following:

- **First 5 Modoc's** Oral Health Project provides education, screenings, and treatment services that improve children's oral health. The purpose of the Oral Health Project is to increase the number of children ages 0-5 who receive preventive oral health care education and treatment when needed. Active since February 2005, the project provides oral health education, dental screenings, and dental treatment. Funds are made available to help pay for services needed by uninsured or underinsured children. Free dental screenings were provided in dental offices, clinics, and at the County Children's Fair; and referrals to additional services were made. Dental informational brochures and public service announcements were developed and released. Dental providers and community partners participated in roundtable discussions to develop a countywide comprehensive dental plan for young children.
- **First 5 Riverside's** Preschool for All Initiative increased the availability and accessibility of high-quality child care through multiple approaches. Families received subsidies to offset child care costs. Child care facilities received funding for facility enhancement and staff professional development through the CARES program and through a grant to the Riverside County Office of Education for its Capacity Building project. Several programs focused on increasing the capacity of child care staff to provide developmentally appropriate learning opportunities.
- **First 5 Sierra** funds purchases of specialized pediatric medical equipment for a rural health clinic. First 5 Sierra funded the purchase of a hemoglobinometer to help in the diagnosis of anemia; the device also is used during child wellness checks and during Women, Infants, and Children (WIC) client checkups. The County Commission also supported the purchase of a pediatric resuscitation kit specially designed for the emergency care of young children. The resuscitator is a basic life support device that has the capacity to adapt to the different sizes needed for infants and toddlers, and has been used when a child patient stops breathing. This funding provided previously unavailable tools that help

promote children's health, diagnose health problems, and address child emergencies, which otherwise could result in adverse outcomes.

- The **Children and Families Commission of Orange County** funds the community-based Developmental Screening Program to increase families' access to screenings and health evaluations for their young children. Developmental assessments are offered at community sites throughout the county, with particular emphasis on previously underserved areas. Early screening identifies children's needs and links children to appropriate services.

County Commissions also reported how they funded programs to increase the awareness of children, families, and providers about existing and new services in their communities. For example:

- The **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.
- **First 5 San Joaquin** supports the Stockton Unified Early Comprehensive Learning Program (ECLP), helping families create home environments that support children's optimal development and preparation for kindergarten. The ECLP is managed by a social worker, who oversees service delivery and links families to community and school-based resources. Bilingual parent educators conduct weekly home visits and carry out activities that complement the preschool curriculum. In addition, developmental and behavioral assessments are conducted.
- **First 5 Mendocino's** parent advocates disseminate school readiness information to early care and education providers and parents throughout the county. Parent advocates also increase awareness by providing inserts for local papers and articles about school readiness topics for child care agency newsletters. School readiness information and resources are also broadcast via radio announcements.

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:

- Recognizing that health insurance is a necessary step to ensure access to a medical, dental, and mental health home for all children, **First 5 Kern** launched a program that focuses on outreach, enrollment, retention, and utilization. Grants were awarded to Clinica Sierra Vista, Inc., and the Kern County Department of Public Health to provide outreach and insurance enrollment services to families with young children. Certified Application Assisters visit family service providers countywide, assisting eligible families to complete health insurance applications.
- **First 5 Monterey** promoted collaboration among county agencies and organizations to implement a system to identify and support children exposed to alcohol and drugs during their mother's pregnancy. The Monterey County Screening Team for Assessment, Referral, and Treatment (MCSTART) includes four agencies collaborating to provide better outreach, enrollment, and prenatal, neonatal, and postpartum care to women and their children. Activities include training obstetric staff on substance abuse screening, referral of pregnant women to recovery services, public health nurse support of prenatal women, and training to help therapists improve parenting skills.

- **First 5 Napa's** Children's Health Initiative brings together multiple public and private agencies to increase enrollment in available health insurance programs among low-income families with young children. The initiative works to achieve health insurance coverage and the provision of medical homes for all young children through outreach and enrollment activities.
- To identify and enroll children with disabilities and other special needs in appropriate services as early as possible, **First 5 San Diego's** Developmental Screening and Enhancement Program (DSEP) provides foster families with early identification, screening, and evaluation services, as well as referrals to early intervention services. DSEP's trained professional staff conduct the evaluations in the foster parents' home to assess a child's language, social-emotional, behavioral, fine motor, and gross motor capabilities. DSEP provides foster parents with the tools and support to advocate for needed special services and classroom accommodations for some of the most vulnerable children in the area, including children born prematurely to mothers addicted to drugs, victims of parental neglect, and young witnesses to domestic violence.

In addition to having services available and being aware of services, families need to be able to access the care and services they need. Because geographic and transportation challenges reduce access to services for many families, County Commissions bring services to families through home visiting programs, mobile services, and transportation assistance. County Commissions also recognize that many families have multiple needs, so access is increased by providing multiple services at a single 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.
- The **First 5 Kings County Children and Families Commission's** network of family resource centers (FRCs) increase access to services in six rural and outlying communities. Multiple partnerships and alliances bring providers into each FRC, creating "hubs" of services to meet the needs of children and families. 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.
- **First 5 Merced's** Going Places collaborative enables low-income families to access critical specialty care, which is located primarily outside the county. The program provides transportation, case management, cultural brokering, translation, and financial assistance for sick children and their families.
- **First 5 Yuba's** School Readiness Program hired Hmong- and Spanish-speaking workers to provide outreach and home visiting programs for families with young children. Services include conducting parent education and home visits, coordinating with family resource centers, and increasing access to health care and to high-quality child care.

Service quality. Almost 9 out of 10 County Commissions (88%) reported funding programs to work on the quality of services delivered (see Exhibit 6-2). According to County Commissions, 49% of the programs funded to do systems change activities were funded to increase service quality (see Exhibit 6-3). These systems change efforts related to service quality are central to the work of First 5 California 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 early identification, prevention, and comprehensive services. For example, programs often offer an array of services and focus on the "whole" participant rather than on isolated issues. Programs also offer education and prevention services. This is a key aspect in improving service quality because education and prevention strategies ultimately will 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:

- **First 5 LA's** Partnerships for Families Initiative aims to build a comprehensive support system for families with children at risk for abuse and neglect by coordinating existing agencies and developing new community-level strategies. First 5 LA partnered with the Los Angeles County Department of Children and Family Services (DCFS) to develop a countywide system of prevention and early intervention services to ensure that all children live in physically and emotionally safe environments. The First 5 LA-DCFS partnership encourages resource and information sharing and increases the quality of prevention and early intervention services for families.
- **First 5 San Bernardino** funds a network of 15 agencies to provide comprehensive case management, direct services, and referral and linkages for families with young children. Families are connected to services either to eliminate an immediate need or as part of long-term case management goals. Family and community resource centers provide a wide range of critical services to families, including help finding subsidized housing; Medi-Cal and health insurance enrollment assistance; child care information and referral; counseling, anger management, and recovery services; parent education classes; family counseling; basic necessities, such as food, clothing, and diapers; transportation assistance; and connections to other local resources. During 2004-05, more than 12,000 people were served by resource center agencies.
- **First 5 Merced's** Family Service Education Program provides comprehensive services for families of students attending the Merced College Child Development Center. The program provides early care and education programs for young children, as well as screening and intervention services to identify health, social, emotional, developmental, or cognitive delays. Hearing, dental, vision, and speech/language assessments also are provided. Parents are invited to participate in educational workshops and receive resource information and referral services.
- The **First 5 Santa Barbara County Children and Families Commission** funds eight partner agencies to implement the Early Mental Health and Other Special Needs Initiative. This initiative provides an integrated, countywide system of care to ensure that all high-risk children have access to early identification, comprehensive assessment, and therapeutic services. Data show an increase in the number of children being identified as at risk for serious mental health problems, as well as earlier identification of those children.
- The **Imperial County Children and Families Commission's** Child Asthma Project works to improve the health status of children through asthma prevention, education, and case management services. The project works with doctors to ensure the adoption of standards of care for children with asthma and works with families and early care providers to ensure that they know how to manage asthma symptoms and identify and control environmental asthma triggers. Health care workers conduct home visits and consultations with early care providers. Health care workers also conduct site reviews at local hospitals and clinics to ensure that medical providers are implementing national recommended standards of care for the treatment of asthma.

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 family-focused services include the following:

- The **First 5 Contra Costa Children and Families Commission's** Home Visiting Strategy aims to build a countywide home visiting infrastructure for families most in need. Supervisors from partner agencies meet regularly, setting policy decisions for service implementation and determining training priorities. A Consultation and Response Team of mental health, nursing, child development, and social work professionals provides advice to home visitors. This strategy results in the delivery of high-quality services tailored to families' unique circumstances.
- The **First 5 Marin Children and Families Commission's** Safety Net Project is a multiagency collaborative dedicated to strengthening and supporting families in crisis so children can continue to live at home. Family preservation and support services include in-home support, parent education, respite care, mental health counseling, therapeutic monitoring, and advocacy. In contrast to the delays in intervention services often encountered in the dependency system, Safety Net services are integrated and efficient.
- **First 5 Mendocino** funds the Family Connections Project to provide strength-based case management services to families. The project encourages collaboration and information sharing among staff from several agencies, reducing duplication and accelerating identification of service needs.
- **First 5 Riverside's** Perinatal Services Network (PSN) works to improve hospital and pediatrician practices regarding the birth experience and infant-mother attachment. Working with eight Riverside County hospitals, PSN trains hospital administrators, nursing staff, and mothers on best practices for birth care, including breastfeeding, early attachment, and newborn care.

Providing early care providers with the support and tools they need to promote children's health and development is necessary to ensure high-quality environments for children. Training and support for child care providers encourage education, 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:

- **The Yolo County Children and Families Commission** funds programs to improve child care quality. Through the Quality Enhancement Program, child care specialists provide information and resources to assist child care center and family home providers to select appropriate early education materials and to develop educational content for their programs. Child care specialists also work with providers to conduct environmental assessments.
- The **Sonoma County Children and Families Commission's** Consultation Project provides on-site consultation and coaching to child care providers working with children with behavioral and emotional issues. The project is modeled after the Parent-Child Interaction Therapy model and focuses on improving teacher-child interactions and, subsequently, the child's behavior. The Consultation Project aims to improve child development, including social and emotional development, and to improve systems of care by increasing access to high-quality care for children with challenging behaviors. Consultation services are designed to (a) increase the capacity of early childhood education and child care providers to work with children with emotional and behavioral issues, (b) improve children's behaviors, and (c) increase the likelihood that children remain in high-quality early education and care settings.
- The **First 5 Alameda County Every Child Counts** Early Care and Education Quality Improvement Initiative (QII) provides a comprehensive model of training, technical assistance, and funds for center- and family-based facility improvements. Assessors performed environmental ratings of 29 child

care sites and assisted providers in developing and implementing long-range quality improvement plans. The initiative also provided stipends for training and materials to more than 1,500 providers. First 5 Alameda County Every Child Counts also has contracted with local community colleges to develop and offer early childhood education courses and encouraged systematic changes in the community college curriculum to better support the professional development of the county's early care providers.

Cultural competence. One of the challenges in promoting the development of systems of care is that County Commissions and funded programs work with many diverse populations, each of which has unique linguistic, cultural, and other needs. Almost 9 out of 10 County Commissions (88%) reported that they funded programs and activities intended to improve the incorporation of cultural competence into the framework of their operations (see Exhibit 6-2). Of the programs funded to do systems change activities, 54% were funded to improve the ability of programs to serve diverse populations (see Exhibit 6-3). Programs have accomplished this task through the inclusion of cultural competence standards in their strategic plans and contracts. Additional activities reported by County Commissions include adapting materials and services for specific populations, maintaining staff who are culturally and linguistically reflective of participants served, promoting the inclusion of families with children with disabilities and other special needs, and providing training and technical assistance to service providers to promote the inclusion of diverse groups.

More than two-thirds (70%) 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 by First 5 California are culturally competent. For example:

- **First 5 Alameda County Every Child Counts** requires all grantees and contractors to comply with 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.
- The **Imperial County Children and Families Commission** incorporates the State Commission's Principles on Equity into its contracts and mandates each funded program to comply with a set of four critical equity principles. Funded programs are required to (1) address the needs of culturally and linguistically diverse children and families, as well as those of families with children with disabilities or other special needs; (2) provide services to geographically isolated communities; (3) serve traditionally underserved populations; and (4) streamline access and remove barriers to existing services.

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:

- The **Imperial County Children and Families Commission** offers the LAMBS (Literacy and Mobile Book Services) program to address the lack of age-appropriate and culturally competent child literacy activities available to children. The program provides books to children in English and Spanish, employs bilingual staff who are reflective of the communities served, and conducts storytimes in Spanish.
- **First 5 Fresno** funds ethnically based community organizations to provide culturally competent services to ethnic groups in the county, including Hmong (Stone Soup), Cambodian (Khmer Society of Fresno), Slavic (FIRM), and Oaxacan/Mexican indigenous groups (Centro Binacional).

- **First 5 Madera's** School Readiness Program translates all early education provider training materials into Spanish for use among monolingual Spanish-speaking family care providers.
- In **Humboldt County**, the County Commission awarded mini-grants to develop parenting and lactation classes specifically for Latino and Hmong women. A goal of the program is that participating women will transfer information learned to other members of their communities.

Many County Commissions and funded programs encourage the use of bilingual/bicultural staff to reflect the participants served and provide outreach, in-home, and community-based services. For example:

- **The First 5 Siskiyou Children and Families Commission's** funding of the Even Start program promotes early literacy among the Latino community. The commission funded bilingual tutors to support Even Start early literacy programs in the Butte and Scott Valley areas, remote agricultural/ranching communities with the largest numbers of Latino families in Siskiyou County. The early literacy program served 71 children ages 0-5, 44 families, and 3 children with disabilities or other special needs. Services for the mostly Spanish-speaking families included translation, parenting skills, attaining adult education goals, and referral to school and community agencies. All eligible families were offered services, and 87% accepted them.
- **First 5 Placer** trained Spanish-speaking community residents to conduct outreach activities to increase families' awareness of available pediatric dental health programs. This effort has resulted in increased access to pediatric dental services in the Latino community and increased awareness about preventive dental health. Using skilled community residents who match the culture and language of the populations to be served is consistent with First 5 Placer's commitment to honor local culture and build community capacity.
- The **First 5 Marin Children and Families Commission** is committed to serving Spanish-speaking families and strongly encourages programs to use bilingual and bicultural staff. For example, the Perinatal Social Work Project, Asthma Education Project, Mental Health Project, and FLAGship Project all require staff to be bilingual. The County Commission also sponsors media outreach on a local Spanish-language radio show, Nuestros Niños.

Examples of programs adapting services to be more inclusive of children with disabilities and other special needs include the following:

- The **First 5 Contra Costa Children and Families Commission** funds inclusion facilitators to work with children with disabilities and other special needs and their providers and in early child care settings. Inclusion facilitators observe child care settings and work with providers to develop strategies and long-term care plans supporting the ongoing inclusion of children with disabilities and other special needs.
- The **First 5 Plumas Children and Families Commission's** Early Intervention and Healthy Touch programs seek to identify and serve children with disabilities and other special needs prior to their third birthday so that services can be obtained to ensure the children's inclusion in regular preschool and kindergarten classrooms. The Early Intervention program provides parental support and education to increase the stability and resiliency of families raising children with, or at risk of, disabilities and other special needs. In addition, a specialist works with parents to develop a plan to transition children from home-based to preschool programs. The Healthy Touch program works with home visitors and preschool staff to improve the quality of services for children with disabilities and other special needs.

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.

- **First 5 Tehama** funds St. Elizabeth Community Hospital to train members of the Latino community to provide culturally appropriate education for prenatal women and supporting family and friends. The program also trains community members to serve as childbirth and lactation educators.
- The Healthy Steps program of **First 5 Fresno** works with the University Medical Center pediatric residency program to teach pediatric residents about the specific customs and sensitivities of the Mexican and Central American cultures that they will be serving.
- **First 5 Madera** partnered with the Madera County Local Child Care and Development Planning Council to offer a Preschool Summit that offered early care providers and parents information about early literacy skill-building models and effective strategies for working with children from various ethnic/cultural backgrounds. Summit presenters also discussed methods to modify existing activities or programs to meet the unique needs of Madera County's children.

Service integration. Almost all the County Commissions (96%) funded systems change efforts related to integrating collaborative systems (see Exhibit 6-2). Of the programs funded to do systems change activities, 69% were funded to increase the integration of services (see Exhibit 6-3). 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 service, service integration increases the accessibility of services to 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:

- **First 5 Amador** has a School Readiness Collaborative that includes kindergarten teachers, elementary school principals, Head Start educators, special education teachers, private child care providers, and a representative from the Child Care Resource and Referral Agency. The collaborative meets twice a year, with task forces meeting more frequently for special projects.
- The **First 5 Children and Families Commission of San Luis Obispo** organized a series of "roundtables" to assess gaps in service delivery and duplication of services and to discuss how to promote interagency collaboration. These discussions led to an increased awareness of services and funding opportunities by providers. The group plans to continue to meet and to include other agencies that share similar goals and serve similar populations.

County Commissions also are providing tools to facilitate communication and collaborations. For example:

- The Bridges for Newborns Network funded by the **Children and Families Commission of Orange County** links 11 hospitals, 8 family resource centers, 3 nonprofit home visitation programs, and the Orange County Health Care Agency into a seamless system. Newborns and their families are assessed and referred to appropriate, often home-based, family support services. Agreements have been established between hospitals and home visitation providers that allow for participating agencies to share basic client information while maintaining client confidentiality.
- To improve home visiting services in the county, the **First 5 Contra Costa Children and Families Commission** has partnered with Contra Costa Health Services, Prenatal Care Guidance Program, Contra Costa County Community Services Department, Early Head Start, and other community agencies. The resulting Home Visiting Steering Committee and Home Visiting Operations Committee meet regularly to set policies, coordinate implementation of services, and ensure that policy decisions are translated into service delivery changes. During fiscal year 2004-05, representatives from the participating agencies identified a database system that will streamline the process for obtaining funds, improve the referral process, and provide a simplified

tool to conduct program evaluation. These system changes have resulted in a decrease in service duplication and an increase in referrals across programs.

- **First 5 Madera** developed a Healthy Beginnings Multidisciplinary Team that convenes weekly to facilitate case planning and management. During 2004-05, the team managed more than 100 cases and served 360 children ages 0-5. Increases in the number of collaborations, number of cross-training opportunities, and fiscal collaboration were observed.

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

- As part of **FIRST 5 Santa Clara's** Early Learning Initiative, care managers in school districts in the county assist families in coordinating and securing resources and services, such as intensive home visiting and mental health screenings. In addition to helping families navigate the service delivery system, care managers are able to discern gaps in needed services, as well as over- or underutilization of existing services. As a result, families are able to access an array of services in a flexible, integrated, and comprehensive manner.
- **First 5 Tulare's** Early Childhood Success Program, a collaborative that combines staff from the Tulare County Office of Education and community mental health clinics, aims to improve the early identification of children with mental health needs. Cross-agency training increases awareness of, and respect for, each group's philosophy and treatment approach. As a result of these discussions, children are identified at an earlier age, and children are more likely to receive individualized education program (IEP) services through the Department of Education before they reach kindergarten.
- The Going Places Program supported by **First 5 Merced** uses the strengths of three partners (VIA Adventures, Inc., Healthy House, and the Merced County Health Department) to provide reliable and safe transportation to health care appointments with the assistance of linguistic and cultural translators. The program has significantly improved the systems of care in Merced County by creating and sustaining a collaborative of three partners to address the needs of children and families who are geographically isolated and/or who require assistance in accessing and interpreting the health care system.
- Many County Commissions have tried to increase enrollment in health insurance plans by coordinating the agencies that enroll children. **First 5 LA** collaborates with the Los Angeles County Department of Health Services and the L.A. Care Health Plan to create a seamless system to determine eligibility and help enroll children and their families. The Children's Health Initiative of **First 5 Napa** is creating a single access portal that will coordinate outreach, enrollment, utilization, and recruitment for children from low-income families. By partnering with their respective County Departments of Health, **First 5 Kern** and **First 5 El Dorado** also have used service integration techniques to provide unduplicated health insurance enrollment services. In total, 40% of the County Commissions are pursuing health access for all children in their communities.

One outcome of this focus on service integration has been an increase in collaboration and coordination between agencies. Many counties have focused on building provider capacity by facilitating interagency training. Programs work together with other agencies to share information about children and families, both within and across programs. Some agencies have created centralized registries that improve service coordination and delivery. Other outcomes include increases in the numbers of referrals made and received and an increase in providers' and families' awareness of other community resources. Collaboration increases awareness among providers, which in turn leads to more referrals and more families receiving timely and efficient services.

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 (93%) reported funding programs and activities intended to improve results-based accountability as one of their strategies for achieving systems change (see Exhibit 6-2). Of the programs funded to do systems change activities, 60% were focused on accountability for results (see Exhibit 6-3). Many County Commissions have included program-specific outcome measures in their contracts and use specific indicators to track progress toward expected outcomes. By monitoring program-level outcomes and tracking communitywide outcomes over time, County Commissions are able to assess the effectiveness of initiatives and funding decisions.

County Commissions' efforts to promote results-based accountability have included the development of evaluation plans and tools to support evaluation.

- **First 5 Kern** School Readiness Initiative programs use the Ages & Stages Questionnaire (ASQ) to measure children's developmental outcomes and the Social Condition Matrix to measure family functioning and stability before and after receiving services. Additionally, the County Commission conducted a qualitative evaluation to (1) assess schools' and communities' capacity to support school readiness, (2) determine the impact the initiative has had on schools and communities, and (3) identify opportunities for growth and sustainability. Results of the qualitative evaluation will be used to make decisions about program development.
- **First 5 Nevada** developed and conducted a Parent Information Needs Survey to assess how parent education and support services needed to change to adequately address the needs of parents in Nevada County. From the survey responses, the commission developed a guidebook for effective parent education, *Recipes for Success: A Cookbook of Ideas for Engaging Parents in Nevada County*.
- The **First 5 Glenn** Kollaborative for the Innovative Delivery of Early Childhood Services (KIDS) measures the effect of services on improving parental well-being, reducing the number of substantiated child abuse reports, and increasing collaboration among providers. The program developed the "Outcome Tracking Form," which tracks the numbers of screenings, assessments, and treatment plans completed on children referred for care. The KIDS program uses the Devereux Early Childhood Assessment (DECA) tool to measure child outcomes and the Parenting Stress Index to measure parental well-being.
- To improve the system of care for children ages 0-5 and their families in San Joaquin County, **First 5 San Joaquin** required 20 contractors to use an Intensity of Integration Continuum to document and monitor the systems change activities they conducted over a 1-year period. Activities ranged from informal systems change activities, such as cooperation (accept/make client referrals) and coordination (joint planning and staff meetings), to more formal systems change activities, such as collaboration (written memorandums of understanding and interagency agreements) and service integration (centralized services). To document the effects of implementing the Intensity of Integration Continuum, a survey was distributed to each contractor. Over time, there was a 71% increase in the number of systems change activities performed, including the number of coordination (46% increase), collaboration (36% increase), and service integration activities (100% increase).
- The **First 5 Tulare** Early Literacy Program trains parents and caregivers in six basic early literacy skills and then measures changes in attitudes toward school, reading, and the educational process on the part of the parent/caregiver and the child. The program plans to conduct 6- and 12-month follow-up surveys with the parents and caregivers who participated in the training in fall of 2004 to determine (1) the appropriateness of the initial training, (2) the effectiveness of the initial training, and (3) the need for additional training or materials. The program plans to evaluate whether the parents/caregivers who report using the training demonstrate greater literacy skills at 12 months.

County Commissions have been working to build the capacity of providers to evaluate their own services.

- In 2004, **First 5 Mendocino** trained teachers at four schools in conducting a developmental profile on each child entering kindergarten. Profile data were available for approximately 68% of the eligible children. These assessment results are used by the Mendocino County Office of Education (MCOE) to plan for the year's educational activities.
- The **Children and Families Commission of Orange County** uses the Performance Outcomes Measurement System (POMS) to collect, analyze, and report data related to commission programs and grantees. Some of these activities have included evaluating the effectiveness of the School Nurse Expansion Program, linking program-level data to school district data for evaluation purposes, completing a report on best practices in early care and education, and examining health access in the county.
- The **First 5 Santa Barbara County Children and Families Commission** collaborated with the University of California at Santa Barbara to develop evaluation plans and tools for monitoring program results. Using the computerized Grant Evaluation and Management System (GEMS), agencies were able to monitor the results of their programs; the process culminated in a "Results Fair," where each initiative was able to report outcomes to the County Commission, Advisory Board, and other funding agencies and partners.

Many County Commissions use and rely on community needs assessment for planning or refining funding strategies. Over time, many commissions have conducted more nuanced research and evaluation and used the data for program improvement at the provider or County Commission level or to leverage funds from other agencies.

- To develop a better understanding of the services available to children with special health care needs, **FIRST 5 Santa Clara** collaborated with the Santa Clara County Office of Education and a private public-health consultant to develop and conduct a survey of providers and stakeholders with knowledge of screening and assessment services for children with disabilities and other special needs. Survey findings and recommendations were reviewed and incorporated into the Preschool for All grant application, the Preschool for All master plan, and local First 5 funding decisions.
- As part of its efforts to increase health insurance coverage for children, **First 5 Mendocino** conducted a needs assessment of the outreach, enrollment, retention, and utilization of existing health insurance plans. As a result of the assessment, the County Commission implemented many useful recommendations, including hiring a countywide coordinator to expand and coordinate outreach and enrollment efforts, implementing a mechanism for tracking enrollment and reenrollment, and developing a system that effectively recruits families who are eligible for existing health insurance plans.
- The Mother, Infant and Child Harvest (MICH) Project, supported by **First 5 Calaveras,** aims to achieve long-term healthy eating habits in children ages 0-5 whose families are enrolled in WIC. Using quarterly parent-report surveys of nutrition and physical activity and monitoring the number of fresh fruit and vegetable vouchers redeemed at local markets, MICH staff track changes in eating habits in the children and families the program serves. Families report an increase in access to and consumption of fresh fruits and vegetables. The program's documented success has earned it both state and national recognition.

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. Almost 9 out of 10 County Commissions (89%) reported funding programs and activities related to civic engagement as

one strategy for achieving systems change (see Exhibit 6-2). Of the programs funded to do systems change activities, 34% were funded to increase civic engagement (see Exhibit 6-3).

Many County Commissions have sought to include community members in needs assessment and strategic planning as First 5 funding priorities continue to expand and evolve.

- The **First 5 Marin Children and Families Commission Canal School Readiness (SR) Initiative** actively engaged community members in its planning efforts and continues to include an oversight committee, *Grupo Comunitario,* composed of parents, community leaders, and staff, now that it is fully operational. This community-based approach is considered the heart of school readiness efforts in Marin County and has helped to drive the successful expansion of SR activities into four additional communities. Through town meetings, focus groups, relationship building, and the formation of an Advisory Board, parents and other community members have contributed ways to increase community support of school readiness in children. "It has become clear that programs with true community collaboration and 'buy-in' are not only the most effective but also the most sustainable."
- In January 2004, **First 5 Nevada** met with community members to plan fiscal year 2004-05 activities. The commission sought feedback from parents and family members of children ages 0-5 on ways to improve early child care and education in the county. Well-attended grassroots family dinners provided one important source of information. In an effort by the County Commission to be inclusive in its planning efforts, these informal conversations were reviewed and considered as part of the strategic planning process.
- **First 5 Ventura** has expanded its countywide Parent Advisory Committee to ensure that it represents the ethnic, linguistic, and economic diversity of the county's families. The Parent Advisory Committee has met regularly for 4 years. Parents are actively involved in establishing areas of need, reviewing applications, strategic planning, and developing programs.

In addition to including community members in the administrative and planning process, many commissions actively encourage parents to participate in decision-making at the community and neighborhood levels.

- The **Yolo County Children and Families Commission's Community Engagement Program (CEP)** provides opportunities for hard-to-reach populations to participate in decisions about their community. Through Community Action Teams (CATs), in which community members share views and work on common goals, community members have built parks, developed resource guides, and organized parent education. As a result, community members have more confidence in their ability to effect change, work with local leaders, and participate in culturally diverse groups on a regular basis.
- In 2004, **First 5 Sacramento** initiated its Community Building Initiative and awarded 34 mini-grants to support formal and informal parent groups. Anecdotal evidence suggests that families who participate in these community-building activities feel a stronger sense of connection to their communities as a result of their participation. Increasing community involvement may reduce the isolation of parents, who then can invest in their children's care and education.

County Commissions have provided workshops and other opportunities to educate parents and other community members on how to be a voice for children in their communities.

- The Parent ACTION Grant Program funded by **First 5 San Francisco** helps to empower parents to design and implement parent-run programs in their own communities. By connecting parents from different groups and providing the tools (e.g., Leadership Development Workshops), the program builds capacity within communities and families. The Parent ACTION grantees have restructured the program so that it

better meets their needs. The program now includes a program of mentorship between prior and new grantees and a handbook for planning purposes.

- To serve all children throughout Santa Clara County more effectively, **FIRST 5 Santa Clara** funded the Regional Partnerships Initiative. The intent of this initiative is to support local communities throughout the county in the development and implementation of community-driven plans for enhancing systems of early learning and support for children and families. Strengthening families and neighborhoods offers a potential solution to social isolation, economic disinvestments, and fragmented systems.

Sustainability. Sustainability is critical for long-term impacts. Almost seven out of eight County Commissions (86%) reported they had funded programs and activities related to raising and leveraging of funds (see Exhibit 6-2). A relatively small number of programs (42%) were funded with the goal of raising or leveraging funds (see Exhibit 6-3).

County Commissions use a variety of strategies to enhance the sustainability of their funded programs and initiatives. One strategy is to incorporate sustainability in funding applications and RFPs.

- Recognizing the importance of providing leadership in the area of sustainability and evaluation planning, the **First 5 Santa Barbara County Children and Families Commission** worked with its funded partners to create a "road map" for each of six initiatives (28 funded agencies) that will enable them to sustain and measure results over time, regardless of whether or not First 5 funding continues to be available to the initiatives. Each initiative will create a detailed 1-year implementation plan that will show how each member will contribute to progress toward the goals and strategies of the long-term sustainability plan. Although developing a sustainability plan was a significant time commitment and intense process, the funded partners and many unfunded community partners communicated that they appreciated the recognition and investment the commission made in helping them realize that results for each initiative were attainable over the long haul.
- **First 5 Lake County** addresses issues of collaborative partnership, long-term sustainability, service integration, infrastructure, and capacity building in its RFP process. For instance, applicants must demonstrate that they are interlinking services by written agreements among collaborative partners. This requirement also contributes to less fragmented service delivery, which is a systems-level goal addressed in the commission's strategic plan. The commission has been very successful at providing a venue for service providers to formalize collaborative working agreements.

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.

- In June 2005, **First 5 San Benito**, in collaboration with Go Kids, Inc. (the county resource and referral agency), submitted an RFP for the Even Start Family Literacy grant. The main goal was to incorporate the First 5 preschool into the grant and provide adult education through ESL, GED, vocational, or community college courses; parent education through the Parents as Teachers (PAT) program; and parent-child interactive activities to promote learning at home. First 5 San Benito was awarded the grant and will begin implementing the four components of the program in the 2005-06 fiscal year.
- The Port Hueneme/South Oxnard Neighborhoods for Learning (NfL), funded by **First 5 Ventura**, operates two preschools with morning and afternoon sessions. Ongoing operation of these sessions is provided through Head Start, State Preschool, and First 5 funds. A third preschool, also funded through State Preschool funds, is scheduled to open in October 2005, with First 5 Ventura

providing funds for initial start-up and equipment for the classroom. Using and blending a number of different funding streams has enabled the NfL to maximize and expand preschool opportunities. All of these classrooms have capacity for special-needs children.

- In November 2004, **First 5 Kern** was awarded a grant totaling $650,000 from The California Endowment (TCE) to cover premiums for children enrolled in the Healthy Kids Kern County Program. A condition of approval for receiving the TCE grant funds was to raise matching funds of $350,000. The Kern Outreach Enrollment Committee successfully met this match while developing a long-term finance plan that would help to identify and secure sources of funding for additional years.

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.

- 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 efficiency of having both projects administered by the same agency allowed the agency to save local First 5 dollars for rollover into a fourth year of funding. In addition, the annual state funding will enable Butte County to sustain the registry database beyond the Butte County Commission funding.
- **First 5 Tulare** identified collaboration and funding of multiple programs in the School Readiness Initiative as resulting in the school districts' recognition of the value of the School Readiness Program and their desire to enhance the existing program by contributing district dollars to add new components. Specifically, two districts have added pre-K academies at their own expense after hearing about the success in other districts.

Interagency collaboration and using the resources of family and community members to deliver program services has resulted in the expansion and sustainability of programs in smaller communities.

- **First 5 Yuba County** funds a unique approach that blends a parent-staffed, community-based program with a professionally staffed, site-based program. The Camptonville Community Partnership (CCP) developed 1-2-3 Grow to address the lack of programs, support, and enrichment activities for children ages 0-5 in this small, remote foothill community. Lacking a licensed preschool, child care center, or state-funded preschool program, and with many low-income families, this community was without early care and education services. Pooling First 5 funds with community resources, the community developed this unique program, which blends a parent participation program with an organized, staffed, site-based program. During fiscal year 2004-05, the program offered child care at 281 community events. Weekly kindergarten transition activities were offered at a local elementary school for children ages 0-5. Parents were provided with access to computers, books on parenting and health, and counseling services to provide family support and child development guidance.
- **First 5 Lassen** is funding school readiness programs based in family resource centers, creating a one-stop-shop service delivery model in very remote and isolated areas of Lassen County that struggle with access to care and resources. This service delivery model allows for the sharing and leveraging of financial resources for school readiness program sustainability. First 5 Lassen, the Lassen County Board of Supervisors, the Community Planning

and Advisory Council, Lassen County Public Health, Lassen County Behavior and Human Services Administrative Agency, Lassen County Mental Health, Lassen County Office of Education Child and Family Resources Program, Northeastern Rural Health Clinics, Mountain Valley Health Centers, Lassen Community College Child Development Program, Head Start, Lassen Works and Social Services, Child Welfare Redesign, and a fiscal sustainability consultant are all participants in this model.

Advocacy. About five out of six County Commissions (84%) reported they had funded programs and activities related to advocating for policy change and new legislation. A relatively small number of programs (24%) were funded to do systems change activities related to advocating for policy changes or new legislation.

- The **First 5 Contra Costa Children and Families Commission** funds advocacy activities focusing on equity issues, countywide preschool-for-all planning, violence prevention, and safety and economic security for low-income families. For example, 75 early care and education professionals and K-12 representatives are actively working on the Preschool for All Strategic Plan.
- The **First 5 Marin Children and Families Commission** outlined a Public Education and Advocacy Initiative to support and advance public policies that promote the optimal social-emotional development and school readiness of all children, support the development of high-quality early education and child-ready school environments to promote success in life, and promote the optimal health, safety, and well-being of all children. With the addition of a communications manager to the staff, the commission has begun to work on plans for public education and advocacy. Meanwhile, two opinion editorials were published in the *Marin Independent Journal* regarding universal health insurance and the importance of immunizations.
- Recognizing a lack of local lobbying on behalf of young children, **First 5 Mendocino** develops and funds local policy initiatives that support brain development and early learning and that support access to health care for young children and their families.
- **First 5 Riverside** also has promoted systems change by advocating for policy changes with new legislation. Through its efforts in working with the State School Facilities fund, additional language was added to the joint-use funding legislation for facilities to qualify school readiness programs for funding as part of the child care eligibility criteria. This legislation culminated in the first joint-use funding for facilities/construction efforts in the state to assist with the building of a school readiness center.
- Through the efforts of **First 5 Ventura**, Project Work/LIFE has promoted family-friendly work environments and educated businesses about the importance of offering work/life benefits, such as flexible work schedules, pretax plans, and child care resources and subsidies, to employees.

Summary, Conclusions, and Next Steps

As described at the beginning of the chapter, many of the 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 to improve significantly on the valuable services needed in their communities.

First 5 is unique in that it takes a holistic look at children and the families and 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 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.

7. Special Research Studies

Currently in California and across the United States, there is a heightened policy interest in the provision of high-quality early education and preschool programs. This growing interest is based on the acknowledgment of how important the early years are for brain development and early learning, with research studies showing that a high-quality preschool experience can improve children's school readiness. To promote school readiness for all children in California, First 5 is investing substantial funds in increasing the access and quality of preschool and early literacy programs, including funds from the First 5 School Readiness (SR) Initiative, the Preschool for All Demonstration Projects, and local County Commissions.

This chapter includes findings from two special research studies conducted during fiscal year 2004-05 to inform First 5's efforts to promote high-quality preschool programs and identify promising approaches to promote children's early literacy skills. In both studies, in-depth qualitative case studies were conducted with a sample of First 5 funded programs to learn more about how First 5 is promoting high-quality services and how programs are serving children and families, and to identify promising practices that can be shared with County Commissions and program administrators across the state to improve their early education activities or programs. Information gathered from these case studies can support policy-makers and programs in making sure that First 5's investments are maximized.

The special studies and key findings are described below in two sections.[1]

The first section describes the First 5 Special Study of High-Quality Preschools and highlights attributes of 12 high-quality early education programs included in the study.

Key findings from the High-Quality Preschools Study demonstrate that the selected preschool programs receiving First 5 funds demonstrate several critical attributes of high-quality preschools. These programs were observed to:

- Employ highly qualified staff.
- Support ongoing professional development.
- Maintain low child-to-adult ratios.
- Be inclusive of children with disabilities and other special needs.
- Accommodate children who are English learners.
- Use developmentally appropriate curricula.
- Involve families.
- Provide parent-focused services.
- Make appropriate referrals to other programs and services.
- Provide on-site developmental, behavioral, and health assessments.
- Link the preschool program with the K-12 school system.

The second section describes the Promising Programs and Practices: A Focus on Early Literacy special study and highlights strategies used by 10 SR Initiative programs to promote children's early literacy skills. The programs tended to use the following promising practices:

- Use multiple service approaches.
- Amplify the impact of child-focused services by providing complementary parent-focused services.
- Communicate early literacy messages in multiple settings.
- Use curricula and offer activities linked to explicit literacy goals.
- Have literacy-rich classroom environments.
- Use evaluation data for multiple purposes.
- Employ bilingual staff.
- Provide intensive professional development opportunities.
- Promote participation of parents in the programs.
- Partner with early education teaching programs to find high-quality teaching staff.

[1] Full reports and references for both studies are available at www.first5eval.org.

Special Study of High-Quality Preschools

Purpose

Research has consistently shown that children who attend a high-quality preschool program are more successful, both academically and socially, in kindergarten and beyond. Furthermore, although a high-quality preschool program experience helps all children, it may be particularly beneficial for young children from low-income families. Given these benefits, First 5 California has invested substantial funds in increasing the quality of and access to early learning and education services for young children ages 0-5, and particularly for those children in communities with high-priority schools (i.e., those with low academic achievement scores).

The purpose of the Special Study of High-Quality Preschools was to provide program staff and administrators with rich descriptions of program activities conducted by a sample of 12 exemplary preschool programs. This information may be useful in program evaluation, continuous improvement activities, and future grant proposals and funding searches. It is also expected that identifying the attributes and resources, as well as the challenges, associated with the provision of high-quality early education programs will be helpful for informing First 5 California's Preschool for All planning and technical assistance efforts. The information also is useful for County Commissions and program administrators interested in implementing high-quality preschool programs.

Site Selection

Twelve preschool programs were selected as case study sites after a careful screening process to identify programs that were of high quality. Sites were nominated for participation in the study by several methods:

- Nominations by County Commissions.
- Review of Kindergarten Entry Profiles (KEP) data.
- Review of programs highlighted in First 5 California's *Preschool for All: Step by Step—A Planning Guide and Toolkit*.

Each nominated site met one or more of the following criteria for selection:

- Accredited by or applying for accreditation by the National Association for the Education of Young Children (NAEYC). NAEYC accreditation criteria include interactions among teachers and children, curriculum, relationships among teachers and families, staff qualifications and professional development, administration, staffing, physical environment, health and safety, nutrition and food services, and evaluation.
- Funded as a Head Start program.
- Holds a state Title V contract.
- Received a self-rated score of 5 or higher on the Early Childhood Environment Rating Scale, Revised Edition (ECERS-R). Many programs use this instrument to evaluate the quality of their services.
- Has a goal of hiring teachers with at least a bachelor's degree.
- Encourages parent participation explicitly.
- Uses a defined curriculum for early childhood development.
- Serves high-risk children.

Following this initial screening, 16 preschool programs were selected for follow-up screening by the evaluation team, using the ECERS-R, a well-validated measure of preschool program quality, to verify that programs were of high quality. On the basis of these assessments, 12 programs were selected for participation in in-depth case studies. These sites all received a score of 5 or higher on six of the seven ECERS-R subscales, an indicator of quality ranging from "Good" to "Excellent." Half of the selected preschool sites (6 of 12) received a score of 5 or higher on all seven ECERS-R subscales.

Although this was not a criterion for final site selection, the programs selected provide variation in geography (northern, central, and southern California) and population density (rural, suburban, and urban). The following sites were selected for this study:

- Adams State Preschool (San Joaquin County)
- Boys and Girls Clubs of Garden Grove (Orange County)

- Fort Jones Elementary State Preschool (Siskiyou County)
- Greenfield Head Start (Marin County)
- Hands Together—A Center for Children (Orange County)
- Marina West Child Development Center (Ventura County)
- McKibben State Preschool (Los Angeles County)
- Merced College Child Development Center (Merced County)
- Redwood City School District Child Development Center at Roosevelt (San Mateo County)
- Redwood Preschool (Mendocino County)
- South Bay Union School District's VIP Village (San Diego County)
- Westside Children's Center (Los Angeles County)

Data Collection

Four primary approaches were used to collect data for this report: (1) telephone and in-person interviews before, during, and after site visits; (2) focus groups during site visits; (3) program observations during site visits; and (4) surveys of program directors and teachers. Site visit teams, consisting of two individuals, visited each preschool program for 2 days during December 2004 - February 2005.

Key Findings

Detailed descriptions and program examples of each of the key findings listed at the beginning of this chapter are provided below.

1. High-quality preschools employ skilled teaching staff with knowledge of child development and learning activities. To ensure that a preschool program provides high-quality services, it is imperative to employ staff who are knowledgeable about children's learning styles and early education approaches, relate well to children and parents, speak the languages of the community they serve, and are adequately compensated for their services. Research shows that children who were taught by teachers with higher levels of education and training, particularly training in child development and early childhood education, tend to have better developmental and early literacy outcomes than those taught by teachers with less education and training. To maintain high-quality staff, many First 5 preschool sites employ well-educated, bilingual, and bicultural teachers and are committed to providing a safe, creative, and productive staff environment to reduce burnout and turnover.

- Of the 30 teachers who teach at **VIP Village in San Diego County**, 7 have some college education, 15 hold associate's degrees, and 8 have bachelor's degrees or higher. VIP teachers have an average of 14 years experience in early childhood education and have spent an average of 11 years working at VIP Village.
- The **Westside Children's Center in Los Angeles County** employs a teaching staff with cultural backgrounds relevant to the families they serve. Thus, the teachers are able to communicate with and relate to children and families both academically and personally. In addition, the program blends three curricula and allows substantial teacher creativity in implementing activities.

2. High-quality preschools support staff in obtaining professional development. Professional development is an important element of high-quality preschool programs because it supports staff in remaining current in their knowledge about early childhood education and ways to promote children's learning. High-quality preschools included in this special study offered staff training and support on a continual basis, via in-house training programs, outside workshops, and conferences. Programs also provided incentives for staff participation, including paid time off, reimbursed travel and tuition costs, and flexible work schedules. Professional development training topics covered a wide range of issues, including child development, behavioral interventions, conflict resolution, family involvement, and strategies for working with children with disabilities and other special needs. Teachers at high-quality preschools also had access to early childhood education resources, such as books, magazines, videos, and technology.

- At **Adams State Preschool in San Joaquin County**, teachers participate in monthly learning and professional development opportunities provided by the local public school district. Teachers also are encouraged to participate in trainings outside the district, and the program

allots $200 per year and paid time off for each teacher to attend such trainings (plus additional funds for major conferences).

- The **Marina West Child Development Center in Ventura County** has an in-house training program available from Continuing Development, Inc. This agency employs a staff development specialist to provide training to preschool programs in Ventura County. Thirty-one learning modules have been developed on a range of topics, including child development, early literacy, child behavior, and strategies for working with children with disabilities and other special needs.

3. High-quality preschools maintain low child-to-adult ratios. The child-to-adult ratio is the number of children in the preschool classroom compared with the number of adults assigned for their support. There is a consensus among early childhood professionals and researchers that lower child-to-adult ratios support better quality in early childhood programs. Research indicates that in small classes with low child-to-adult ratios, children are more likely to interact and be emotionally secure with teachers, receive individualized attention, be socially competent with their peers, and use more extensive and complex language. High-quality First 5 preschool programs use a number of different strategies to increase the number of adults per child in classrooms, including employing additional teaching staff, using parent volunteers in classrooms, creating smaller classes, and providing substitute teachers when regular staff are absent.

- To help ensure low child-to-adult ratios, **McKibben State Preschool in Los Angeles County** requests parents to volunteer 6 hours a month in their children's classrooms. English- and Spanish-speaking parents regularly volunteer and assist staff with regular classroom activities and special events, such as cooking family foods.
- **Marina West Child Development Center in Ventura County** maintains a child-to-adult ratio of 7 to 1 because two parents consistently volunteer in each of two class sessions. Parents also assist on field trips and sharing in cultural traditions.

4. Children with disabilities and other special needs have access to resources and individualized services at high-quality preschools. High-quality preschools provide special services, adapt materials and the environment, and include additional staff to support and be inclusive of children with disabilities and other special needs.

- **Greenfield Head Start in Marin County** is able to offer on-site special education teachers and therapists because it is a co-enrolled site with the County Office of Education (COE). Children with disabilities and other special needs who otherwise would attend the county special-needs preschool instead attend preschool at Greenfield, and the COE sends special education teachers and therapists to them there. Children may be taken out of class, either individually or in groups, to receive special attention and instruction, or individualized programming takes place in the classroom. In the latter case, the therapist or special education teacher co-teaches with the regular classroom teacher for a portion of the day. Teachers fully integrate children with disabilities and other special needs into all classroom activities.
- About 7% of the children currently attending **Redwood City School District Child Development Center at Roosevelt in San Mateo County** have disabilities and other special needs, and all of these children have speech/language impairments. The preschool meets the needs of these children by having additional support from trained professionals, such as a speech therapist who evaluates and treats the children. If children need services, they are taken out of class to receive special services once or twice a week. Otherwise, children with disabilities and other special needs are fully integrated into classroom activities. The program also has a mental health consultant, who is available to advise teachers as needed. All preschool classrooms are accessible to children and adults with disabilities. There also is a special education preschool on the same elementary school campus that serves children with more severe disabilities.

5. High-quality preschools accommodate children who speak English as a second language. High-quality preschools provide special support to be inclusive of English learners.

- **The Boys and Girls Clubs of Garden Grove in Orange County** is a preschool that employs several teachers who are bilingual in Spanish and Vietnamese. Staff work with English-learner children on an individual basis in their primary language, but primarily English is spoken in the classrooms. During the site visit, a teacher worked closely with a child with limited English skills in his primary language to help in the child's adjustment. At the completion of circle time, the teacher gave children the option of three choices of activities. She then walked the child who spoke Vietnamese to each activity center and asked him if he would like to do that activity first, asking the question first in Vietnamese and then repeating it in English. Although the child had been there only a month, he already knew the routines of the classroom and was learning English day by day. The program also provides reading materials in a child's primary language.
- **The Merced College Child Development Center in Merced County** serves primarily white and Latino children, with a small population of other ethnicities (15% African-American and Hmong). For children who are English learners, the director reported that communicating with children on an individual basis in English and their primary language is a priority. Since many of the staff are bilingual, instruction is delivered primarily in English, with translation to Spanish as needed. In addition to bilingual teachers (English and Spanish), the program uses parents and Merced College lab students who are fluent in Hmong. Staff strive to ensure basic communication with all English-learner children by using key phrases, as well as nonverbal hand gestures and visuals.

6. High-quality preschools use developmentally appropriate curricula designed to promote learning and support high-quality activities, training, and assessment. High-quality preschools are often structured around a planned curriculum that has specific goals to promote children's learning and development in the cognitive, language, physical, and social-emotional domains. Having a well-defined curriculum assists teachers in identifying important concepts and skills necessary for fostering a child's learning and development. A curriculum also guides teachers in their planning of everyday activities and structuring the physical environment and materials, and helps teachers to be more purposeful about deciding on activities that maximize a child's learning experiences. Exhibit 7-1 lists some of the curricula and learning approaches used by case study schools.

- **Hands Together in Orange County** uses a curriculum modeled after the High/Scope curriculum, which emphasizes hands-on learning using various formats of instruction (large-group, small-group, teacher-directed, and child-directed activities). Every child is able to experience learning at his or her own pace. Assessment is also a critical component of the program, and data from developmental profiles and classroom observations are used to plan curriculum and individual activities.
- Rather than using a single commercially available curriculum, the **Westside Children's Center in Los Angeles County** incorporates aspects of several formal curricula, such as the High/Scope curriculum, Creative Curriculum, and Reggio Emilia, into each classroom's daily activity plan. Staff set goals for each child and base their lesson plans on individual needs. Through observation, teachers gauge children's interest in and understanding of various topics as a basis for planning and developing activities. The teachers subsequently plan activities related to the children's interests. These types of child-initiated themes may last for a day or for several weeks, depending on the extent of the children's interest. Teachers have flexibility in developing lesson plans and activities, within the framework of the program's philosophy and curricular approach.

Exhibit 7-1
Curricula and Learning Approaches Used by High-Quality Preschool Case Study Sites

- Desired Results for Children and Families
  http://www.sonoma.edu/cihs/desiredresults/training
- California Department of Education Prekindergarten Learning and Development Guidelines
  http://www.cde.ca.gov/sp/cd/re/prekguide.asp
- NPSS (National Pediatric Support Services), Inc.
  http://www.creativeprek.com
- Creative PreK: Preschool Daily Lesson Plans
  http://www.npssinc.com
- High/Scope Curriculum
  http://www.highscope.org
- Creative Curriculum
  http://www.teachingstrategies.com
- The Letter People
  http://www.abramsandcompany.com/letterpeople_index.cfm
- Scholastic Early Childhood Program
  http://teacher.scholastic.com/products/fundingconnection/productalignment/prevention.htm
- The Reggio Emilia Approach to Early Childhood Education
  http://ceep.crc.uiuc.edu/poptopics/reggio.html

7. High-quality preschools involve families to promote parenting skills, learning at school and home, and connections to community services. High-quality preschools help parents see themselves as their children's first teachers; engage parents in classroom activities; provide parents with ideas and materials to use at home to promote their children's early literacy and school readiness, particularly the benefits of reading to children; and connect families to available community resources.

High-quality preschools form partnerships with parents, consulting with parents to design activities to better meet children's needs and encourage parent involvement in school leadership, program planning, and governance through parent associations, councils, and advisory groups. To involve parents meaningfully, preschool programs provide a welcoming environment, offer flexible schedules to meet families' needs, offer multiple different types of opportunities to participate, and communicate regularly with parents. Many high-quality preschools have open-door policies and use both formal and informal methods of communication with parents. Promising communication methods include formal meetings to discuss children's learning, progress, and developmental assessment results and informal strategies such as sending notes home, disseminating program newsletters, and sharing weekly lesson plans. To best support their children's early learning at home, parents need to know how their children are doing in preschool. Exhibit 7-2 shows some of the early literacy skills developed by reading to young children.

- Parents whose children attend the **Fort Jones Elementary State Preschool in Siskiyou County** are involved in the program in a number of ways, including working in the classroom, participating on the Parent Advisory Committee, and attending parent education and other special events (e.g., family nights, field trips). The program also encourages parents to continue the learning experience at home by providing children with books to take home. Upon enrollment, staff meet with the parents to discuss the family's background, needs, and concerns, and to share information about the types of available resources. Parents are referred to organizations that provide a range of supports, from medical/dental providers to counseling services.
- **Greenfield Head Start in Marin County** keeps parents informed about the program and about their children's progress

through two home visits and two parent-teacher conferences per year. These meetings are used as opportunities to educate parents on how they can support their children's learning at home. For example, Greenfield is participating in the Raising A Reader program, which includes take-home reading book bags for parents and children.

8. High-quality programs recognize that children's early school success can be amplified by providing parent-focused services. Many preschools offer parent education classes to increase parents' knowledge of child development and school readiness skills and to support families in establishing home environments that support children's learning. Parent education topics include effective parenting skills, parent-child communication, at-home learning activities, behavior management, health care, nutrition, and safety. Programs also host English as a Second Language (ESL) and adult literacy classes to promote parents' literacy, English language proficiency, and educational attainment. Many of the First 5 preschool programs also support informal parent group meetings that allow parents to share experiences and learn from one another. Exhibit 7-3 describes some common adult and family literacy programs.

- **Redwood Preschool in Mendocino County** offers parent workshops two to three times per year, including an early literacy workshop, which teaches parents early literacy activities they can do with their children at home.

Exhibit 7-2
Early Literacy Skills Developed by Reading to Young Children

- Increased awareness of the function of print
- Increased vocabulary and grammar acquisition
- Recognizing sequence of stories and narratives
- Increased awareness of social conventions of speech
- Enhanced ability to follow verbal instructions
- Increased interest in books (print motivation)

Exhibit 7-3
Most Common Adult and Family Literacy Programs

Even Start. The federal Even Start program operates at more than 800 sites nationally. It seeks to help break the cycle of poverty and illiteracy by improving the educational opportunities of the nation's low-income families by integrating early childhood education, adult literacy or adult basic education, and parenting education into a unified family literacy program. Even Start has four mandated components:

- Adult education (including English as a Second Language)
- Early childhood education
- Parent and child education time
- Parenting support.

Community-Based English Tutoring (CBET). The CBET program was established by passage of Proposition 227 in 1998. The law calls for the allocation of additional funding for the purpose of free or subsidized programs of adult English language instruction to parents or other members of the community who pledge to provide personal English language tutoring to California school children with limited English proficiency. CBET dollars can be used for supportive services to enable parents to attend classes. These include transportation and babysitting.

English as a Second Language (ESL). Usually offered through local adult schools, ESL programs teach English and skills related to communicating in English (e.g., how to write a note to a child's teacher). Many of the ESL classes are one component of the CBET program.

- **VIP Village in San Diego County** offers parent education classes based on a needs assessment filled out by parents/guardians during their orientation, and adds "hot topics" if they come up during the year. VIP Village tries to offer at least one parent/family workshop per month. The preschool's Por La Vida program conducts parenting classes that cover topics such as child development, language development, and positive discipline. Por La Vida classes are voluntary, but so many parents want to attend that class enrollment must be capped. Classes are offered at different times/days, so that the majority of parents can attend, and are always offered in both English and Spanish. Each topic is offered four times, once in the morning and once in the afternoon on two consecutive days. Some parent activities are offered in the evening (e.g., Transition to Kindergarten meetings and Family Reading Nights).

9. High-quality preschool programs support the whole family by making appropriate referrals. High-quality programs recognize that the health and wellness of the entire family affects children's success in school and life and therefore connect families to community services to maintain and enhance their children's learning and development (e.g., referrals for developmental and health screenings, psychological concerns, recreational and social support programs). In addition, many offer on-site services for families, such as nurses, dental services, health insurance enrollment, and parent resource centers.

- In an effort to serve the whole family, a number of preschool programs employ family advocates who provide families with information and make referrals to other programs and services. For example, the **Redwood City Child Development Center in San Mateo County** employs a Spanish-speaking family advocate from VISTA (Volunteers in Service to America), who coordinates parent education workshops and the Parent Advisory Committee and links families with needed community services.
- The **Marina West Child Development Center in Ventura County** shares its space with a parent resource center, where parents can receive services as needed. The center provides families with comprehensive services, including parent education; intervention services (e.g., for homeless or battered families); counseling; hearing, speech, and vision referrals; clothing assistance; and legal referrals.

10. High-quality preschools provide on-site developmental, behavioral, and health assessments. Model preschool programs conduct preventive health screenings and assessments to identify signs of developmental delay or physical/behavioral problems that may negatively influence a child's learning and development and that may be remediated by early intervention and other preventive services. High-quality preschools also provide access to specialists who can observe children in preschool settings, recommend further assessments, identify disabilities or other special needs, and link families to relevant community services.

- The **Stockton Unified School District in San Joaquin County** recently implemented a districtwide program of supportive services funded by First 5. The program, called Early Care and Intervention Services, provides preschools with social services assistants, behavioral interns from the local college, and more intensive interventions as needed (e.g., in-class and in-home behavioral interventions, play therapy, and family counseling) to resolve identified behavioral and developmental concerns.
- **Hands Together in Orange County** provides hearing, dental, and vision screening for enrolled children. The program also provides referrals and in-house services, such as parent education, support in finding shelter, or aid in job searches, and links children and families to available community resources.

11. High-quality preschools link with the public school system to articulate learning expectations and to increase access to resources and facilities. Administrators of high-quality First 5 preschool programs often collaborate with local elementary schools to better align preschool curricula and the K-3 learning standards. Administrators also provide information and training to increase preschool teachers' familiarity with the public school system's expectations for children's

success in kindergarten. High-quality programs offer activities to ease children's and parents' transition from preschool to kindergarten by familiarizing families with the elementary school campuses and faculty. High-quality preschools also link with public schools to share facilities and resources (e.g., playgrounds, auditoriums, gardens, libraries, and custodial staff) and cut costs.

- At **Adams State Preschool in San Joaquin County**, the elementary school principal serves as the preschool site supervisor (at no cost to the State Preschool program). The principal considers the preschool part of the elementary school and maintains ongoing discussion with the lead preschool teacher. Adams preschoolers have access to the elementary school library and are periodically included in the kindergarten activities (e.g., assemblies).
- In **San Diego County, VIP Village's** connection to the South Bay Union School District has provided it with a spacious campus (to serve more than 660 children), attractive classrooms, and exceptional outdoor facilities. The partnership provides bus transportation services for preschool children. Most importantly, the partnership has improved the articulation of kindergarten learning expectations and the sharing of information between preschool and kindergarten teachers. The preschool also benefits from the services of health and developmental specialists hired by the district.

Promising Programs and Practices: A Focus on Early Literacy

Purpose

The development of early literacy skills among children from birth to age 5 is an important focus of the First 5 School Readiness (SR) Initiative. Abundant research shows that reading is one of the most important skills that children must develop in order to be successful in school. Research also shows that children's early literacy skills, including oral language and vocabulary skills, predict their first-grade reading skills, which in turn predict their reading ability in fourth grade and their later school outcomes. Because the ability to read is such a sentinel indicator of children's likelihood to succeed in school, it is critical that the early precursor skills that develop before age of 5 be well supported.

The purpose of the Promising Programs and Practices: A Focus on Early Literacy special study was to highlight the approaches being used in a sample of 10 SR Initiative programs to promote and support young children's early literacy skills. This information should be helpful to other County Commission or program administrators operating similar programs. In addition, the case study findings also draw attention to conditions that facilitate and hinder the effectiveness of program activities.

Site Selection

Ten First 5 School Readiness Initiative programs were selected as case study sites after a careful screening process that took place in summer and fall 2004. Sites were selected after review of several sources of information:

- Nominations by County Commissions, including brief descriptions (followed by phone calls with statewide evaluation staff) to ensure that nominated program sites had some promising approaches to support early literacy and met the criteria described below.
- Review of original SR Initiative applications.
- Feedback from individuals knowledgeable about the SR Initiative and SR program sites.

Selected sites also were required to meet the following criteria:

- Include multiple approaches to support early literacy development.
- Use one or more evidence-based curricula or service delivery models.
- Collect evaluation data.
- Serve a large number of children and families.
- Have provided services for at least 1 year.

In addition, preference was given to programs that emphasized one or more of the following:

- Serve a large number of children who are English learners.
- Serve previously underserved or hard-to-reach populations (e.g., children in migrant families).
- Use best practices to include children with disabilities and other special needs.

- Have existing data or early findings documenting positive outcomes for children and families.

Finally, sites also were selected to provide variation in geography (northern, central, and southern California), population density (rural, suburban, and urban), and service strategies (e.g., home-based and center-based programs, particular curricula or models, strategies for outreach and engagement). The following sites were selected for this study:

- Chico Unified School District (Butte County)
- Elk Grove Unified School District (Sacramento County)
- Hueneme Elementary School District (Ventura County)
- Lawndale Unified School District (Los Angeles County)
- Los Angeles Unified School District—Vaughn Next Century Learning Center (Los Angeles County)
- Manteca School District—French Camp (San Joaquin County)
- Mt. Diablo Unified School District (Contra Costa County)
- Merced City School District (Merced County)
- Redding Elementary School District (Shasta County)
- Santa Ana Unified School District (Orange County)

Data Collection

Four primary approaches were used to collect data for this report: (1) document review; (2) telephone and in-person interviews before, during, and after site visits; (3) focus groups during site visits; and (4) program observations during site visits.

Site visit teams, consisting of two or three individuals, visited each SR program for 2 days. Site visits were conducted over a 2-month period (October - December 2004). Most interviews took place during the site visits, but some follow-up interviews were conducted over the telephone with individuals who were unavailable during site visits or to obtain missing information.

Key Findings

Detailed descriptions and examples of each of the key findings listed at the beginning of this chapter are provided below.

1. To address the diverse needs and preferences of California's families, programs should use multiple service approaches to promote early literacy. Case study sites used a variety of strategies to reach families and promote children's literacy skills. These included strategies that focus directly on children (e.g., preschool classes) and that support parents to promote early literacy skills at home or to promote their own literacy skills (e.g., book distribution and parent education programs that encourage parents to read to their children; adult and family literacy services). Sites also offered services in a variety of ways, including center-based programs, home visits, and mobile services.

- **San Joaquin County's** program offers multiple services to families, including home visits using the Parents as Teachers (PAT) model, Head Start or cooperative preschool programs, parenting classes, and the Raising A Reader book lending program. All services are co-located in a parent resource and library room. Parents can check out Raising A Reader book bags to take home when they attend parent meetings or work in their child's preschool program.
- The Port Hueneme/South Oxnard Neighborhoods for Learning (NfL) in **Ventura County** promotes early literacy by working with its local school district, Head Start preschool programs, Even Start program and preschool, Community-Based English Tutoring (CBET) program, Department of Parks and Recreation, and public library. This collaboration, led by the Hueneme School District, has produced a broad range of literacy supports, including comprehensive preschool programs, a collaboration with the mobile Preschool to You program, a summer pre-kindergarten program, parent education through classes and home visits, and community storytimes.

2. Providing parent-focused services amplifies the impact of child-focused services. When combined, some program services may produce benefits that are greater than if the individual services were offered on their own. The impact of child-focused services such as preschool or book distribution programs can be amplified by providing complementary parent-focused activities such as home visits, parent education classes, and involvement in preschool classrooms. Many sites embrace programs such as Even Start and cooperative preschools, in which staff work directly with children, with parents, and with both together. Programs also support a two-generation approach toward literacy by including adult and family literacy programs such as CBET, English as a Second Language (ESL), and Even Start. These services are based on the assumption that promoting parents' literacy, English language proficiency, and educational attainment will encourage their young children's early literacy and English language skills.

- In **Contra Costa County**, the adult literacy services take place on the preschool program site, and parents who are learning English read to and converse with their children as they attend the preschool program. The goal is to coordinate adult and child literacy services so that parents can make connections between their own and their child's learning and education. In their ESL classes, parents focus on English language development that they need to support their children's learning (e.g., with practical issues such as writing absence notes, calling in when the child is sick, and asking questions at parent-teacher conferences).
- In **Shasta County**, the Remedy Family Center offers parenting classes that link literacy with parent education. The course encourages parents to read with their children and to use the content of the stories in the books as ways to instill life lessons and learn parenting skills. Significant incentives are offered to keep parents engaged. Parents receive free children's books at each weekly 1-hour class, and they also receive a free computer at the end of the 13-week course. On-site child care is provided for participants while they attend parent education classes.

3. Early literacy messages to parents are strengthened when communicated in multiple settings. Effective family literacy programs send powerful and consistent messages via multiple messengers and in multiple settings; for example, programs emphasize "Read to your children" across preschool programs, parent classes, home visits, pediatric offices, and the media. Simultaneously, activities used in adult literacy classes to help parents learn to read should be activities that parents can use with their children at home. In book distribution programs, too, the books that children hear in group time in their preschool class can be the same books that are sent home for parents and children to read together. This synergy creates dynamic learning opportunities and overlapping goals that can make the literacy efforts more efficient and effective for all members of the family. Exhibit 7-4 presents typical comments from parents about the effects of book distribution programs.

Exhibit 7-4
Parents' Comments about the Effects of Book Distribution Programs

"I had to read books to them this morning before they would leave me alone!" (Butte County)

"I learned how to pick books that were right for his age, and I read to him every night. He likes books and reading. I learned how to use ABC books and books about colors and shapes to help my 3-year-old learn." (Ventura County)

"My child expects me to read to him every night. I'm not able to go to bed without reading at least two books!" (San Joaquin County)

- In **Orange County**, Reach Out and Read enlists pediatricians to urge parents to read to their children. At well-child visits, pediatricians "prescribe" reading and give children a book. Volunteers model reading in the pediatricians' waiting rooms.
- In conjunction with their home visiting and preschool programs, the programs in **Orange** and **San Joaquin Counties** sponsor literacy parties. A family hosts this event, invites 5 to 10 other families with young children, and provides refreshments. A home visitor or teacher leads a session with materials and tips about how to read to young children. The event includes modeling and practice of book reading, and families receive books and other materials to take home.

4. Strong early literacy preschool and home visit programs are guided by curricula and offer activities linked to explicit literacy goals. An intentional focus on promoting early literacy skills can be enhanced with the use of curricula. The National Association for the Education of Young Children recommends that curricula and teaching strategies address the whole child (cognitive, emotional, language, physical, and social skills) and be appropriate for the child's development, language, and culture. Curricula should cultivate school-related skills, focus on language development, and provide frequent opportunities for conversations with adults and children. They also should offer coherent, frequent instruction and support parent involvement. Exemplary programs with well-implemented curricula focus on building children's literacy skills through activities that promote print awareness, phonological knowledge, and language development. A key characteristic of high-quality programs is that they have an explicit focus on activities that are linked to clear goals to promote early literacy.

- The preschool program of Elk Grove School District in **Sacramento County** uses the Open Court curriculum, which features a variety of prereading activities that increase children's letter recognition, phonemic awareness, and word knowledge. The program also uses the Letter People curriculum, a research-based, comprehensive program that focuses on oral language and literacy development and includes a Teacher Resource Book containing English-learner links for activities for students whose first language is not English.
- In **Butte County**, McREL's Scaffolding Early Literacy model uses three strategies to support school readiness efforts: (1) an early literacy curriculum and instructional approach that focuses on the specific literacy prerequisites identified by research as having the greatest impact on reading and writing (e.g., oral language, phonemic awareness, and knowledge of letters) and on other foundational skills, such as self-regulation, that affect literacy learning and learning in other areas; (2) the Early Literacy Advisor, a diagnostic prescriptive system that allows teachers to assess children in a way that allows them to tailor their instruction; and (3) a program of professional development that links these concepts with teaching and provides opportunities for teachers to practice the new approaches and receive ample feedback.

5. Literacy-rich classroom environments promote early literacy development. In addition to the curriculum, classrooms and programs that promote early literacy are filled with activities and prompts that encourage meaningful conversation and recognition of print. Sites use multiple strategies to promote children's oral language, text awareness and early writing skills, and interest in books. Strategies are intentional in creating adult-child interactions that enhance children's vocabulary, their conversational skills, and their general knowledge, thinking, and prereading skills. Examples observed include having group storytime activities, singing and playing rhyming games, asking questions, and using speech and communication specialists (see Exhibit 7-5).

- The State Preschool and Head Start programs that are part of the Vaughn program in **Los Angeles County** use multiple strategies to create literacy-rich classrooms. Books, letters, and words are everywhere in the classrooms, with conversations and storytelling common throughout the day. The use of the Creative Curriculum provides many developmentally appropriate, hands-on learning opportunities. Reading and writing centers with a rich assortment of materials fill each

Exhibit 7-5
Activities and Strategies to Promote Early Literacy and Create a Literacy-Rich Preschool Environment

Oral language skills

- Many and varied opportunities for oral language during play and group periods:
  - Have conversations during play with puppets.
  - Ask children questions, particularly "wh- questions" (who, what, why, where, when) about what they are doing right now or about things they know about.
  - Take dictation from children.
  - Ask open-ended questions.
  - Sing to children and play rhyming games.
  - Have group storytime activities.

Text awareness, interest in books, and early writing skills

- Print-rich environment (letters and labels on everything in the classroom)
- Books and book-reading opportunities
- Materials throughout the classroom for writing (e.g., clipboards with paper)

classroom. Letter activities are on display for children to review and discuss. Several computer-based software programs engage children in games that encourage alphabetic knowledge, letter identification, and vocabulary development.

6. Strong early literacy preschool programs use evaluation data for multiple purposes. To help ensure the use of the best approaches, the State and County Commissions should invest in rigorous evaluation to explore the effects of early literacy curricula, book-lending and reading programs, adult literacy programs, and literacy coaching models. The most exemplary early literacy programs use data to tailor instruction for individual children, to manage and improve their programs, to provide accountability for funders and taxpayers, and to lay the groundwork for advocacy.

- The Elk Grove Unified School District program in **Sacramento County** conducts local evaluation studies that document children's outcomes during preschool and also link preschool data to standardized test scores at first, third, and fifth grades. Existing data have shown that children who attended preschool programs had higher levels of achievement in reading and language portions of the California Achievement Test in first and third grades.
- Evaluation is a central part of the Santa Ana Unified School District's program in **Orange County**. On several different measures of early literacy and school readiness skills, children in the preschool programs showed significant gains, based on tests at the beginning and end of the year. The gains were particularly positive for children who were English learners, who showed marked increases in English proficiency. In addition, teachers regularly use the data to plan the experiences they will provide for the children.

7. When promoting English learners' early literacy development, it is important to support primary language acquisition and use bilingual staff as English is introduced. An essential element central to the success of English learners in developing English literacy skills is to ensure that they are taught by teachers who have been well prepared. Early literacy programs should provide their staff professional development opportunities in teaching English as a second language, fostering literacy development in the primary languages spoken by students, and offering parent education and home visiting that model literacy activities for use at home.

- In **Butte County**, teachers are learning the Specially Designed Academic Instruction in English (SDAIE) approach to

provide more effective lessons to English learners in their classrooms. Classroom items are labeled in English, Hmong, and Spanish.

- **Contra Costa County's** family literacy and cooperative preschools offer parents ESL classes when children attend preschool. They also provide translation services and "morning chats" in Spanish for parents to help them feel comfortable in the school settings.

8. Exemplary early literacy programs provide intensive professional development that is reinforced over time and presented in multiple settings. Teachers in early childhood programs are able to provide higher-quality programs in literacy and language development when they have cutting-edge knowledge about early literacy development and instructional approaches to support early literacy. Professional development is a critical ingredient in staff preparation, and programs should provide opportunities and incentives for teachers to attend continuing education workshops, courses, and events. Professional development opportunities can take many forms, from one-time workshops to college coursework linked with follow-up visits by literacy coaches. To complement the training sessions, many effective professional development programs include visits from literacy coaches that observe the classroom, offer immediate feedback, and inform teachers about promising models. Literacy coaches are more experienced or expert teachers or peers trained specifically to visit schools and help teachers develop their literacy teaching skills. Literacy coaches work closely with teachers in the classroom to model and help teachers practice their interactions with children, providing ongoing mentoring, training, and advice.

- In **Merced County**, a federal Early Reading First grant provides literacy coaches at four district preschools to help teachers use a new curriculum and concentrate on children's literacy skill development.
- In **San Joaquin County**, an early literacy expert offers early literacy training to parents, home visitors, and teachers about once a month throughout the school year.

9. Programs need to include multiple strategies and have a strong commitment to full and active participation of parents in their programs. All the sites have a strong commitment to full and active participation of parents in their programs. Program staff not only provide parents with services for their children and themselves but also see parents as partners and encourage their full and active involvement in the programs and in their children's learning. Sites have many strategies for supporting parents' active participation and engagement in the programs and services, and parents participate in different ways and roles (see Exhibit 7-6). Some sites also involve parents actively in program governance through their participation on parent advisory councils and hire parents as staff.

- In **San Joaquin County's** parent cooperative preschools, parents literally become their child's teacher when they work in the classroom. Through their participation, they learn strategies for promoting child development that they can apply at home. Training sessions offered to teaching staff are also open to parents in the parent cooperatives, PAT home visitors, kindergarten teachers from the community, Head Start teachers, and other parents.
- In the Head Start program in **Contra Costa County**, parents attend parent groups, led by parent members. Attendees learn how to run a meeting and to take and report minutes. Some group members have been tapped to become representatives to larger parent advisory councils that have greater input about program governance and advocacy.

10. Finding qualified early education staff who can support young children's early literacy development is critical. Many sites acknowledge that finding qualified staff is a significant challenge that they experience—a challenge that has grown as programs seek better-trained staff (e.g., bilingual staff with bachelor's degrees). To maintain an ongoing supply of well-informed, skilled staff, programs often recruit teachers from child care and Head Start programs and local universities and recruit volunteers from AmeriCorps and parents for classroom support. Programs also

Exhibit 7-6
Parent Participation Strategies Used by Promising Practices Case Study Sites

Recruiting parents and keeping them engaged in services

Using bilingual/multilingual staff and services

- Translating materials
- Hiring bilingual staff
- Holding bilingual classes and services
- Using multiple languages to engage parents and children
- Offering dual-language kindergarten transition activities

Co-locating services in convenient neighborhood locations

- Operating a family resource center on or near a school site
- Co-locating a preschool on a housing development site

Providing incentives for participation in services and programs

- Providing child care
- Providing food during service activities or parent classes
- Offering prizes or substantial incentives (e.g., computers) for parent involvement

Hiring and maintaining family support staff

- Using outreach workers
- Staffing school campuses with family advocates

Empowering parents to see themselves as the child's first teacher

Encouraging parent participation in literacy activities

- Requiring parents to staff classroom activities (e.g., cooperative preschool)
- Holding parent education sessions and meetings as part of home visiting programs or preschool programs
- Reviewing child assessment data with parents
- Educating the entire community abut early literacy through the media (e.g., radio and television spots, brochures)

Supporting parent participation in program implementation and governance

Promoting parent leadership through volunteer opportunities

- Encouraging parents to volunteer in preschool classrooms and to support other program activities (e.g., celebrations)
- Hiring parents as preschool aides, teacher assistants, and home visitors
- Participating on parent councils or parent advisory groups
- Involving parents in setting agendas for parent meetings

recognize the importance of and need to nurture effective leaders with a vision and energy that engage staff and families, promote commitment, and help keep the focus on early literacy and school readiness goals. To encourage participation in training opportunities and ongoing learning, programs should offer teachers pay and stipends, whenever possible, to support training.

- All sites take advantage of the statewide Comprehensive Approaches to Raising Educational Standards (CARES) program and the stipends and supports it provides to early childhood caregivers seeking additional professional development. These incentives are linked with training and college coursework and commitments to remain working in the child care field.

Conclusion

This chapter highlights the attributes of high-quality early education and preschool programs and SR Initiative program practices that promote early literacy among young children in California. The findings can inform early education practices and literacy instruction that are designed to help all young children in California begin kindergarten with the skills they need to be successful. The information can also be used by policy-makers, administrators, and practitioners to guide strategic planning, funding priorities, and implementation decisions.

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 2004-05.

County Commissions' Revenues

In fiscal year 2004-05 (July 1, 2004, to June 30, 2005), revenues received by the 58 County Commissions totaled $580,437,739. This amount includes funds from First 5 California and other sources.

First 5 California Funds

First 5 California disbursed $528,069,194 to the 58 County Commissions. As shown in Exhibit 8-1, this amount included various categories of funding.

- **Monthly disbursements to County Commissions** were based on each county's number of births in a year. The total of disbursements for the fiscal year ranged from $9,873 for Alpine County to $135,573,649 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.

Exhibit 8-1
Sources and Amounts of County Commissions' Revenues

Source	Amount	Percentage of Total Revenues
First 5 California funds		
Monthly disbursements	$474,651,747	82
$200,000 Baseline funds	$868,988	<1
Augmentation funds: Administrative and Travel	$2,265,013	<1
Retention Incentives for Early Care and Education Providers	$6,368,560	1
Surplus Monetary Investment Funds (SMIF)	$9,855,592	2
Funds for other projects	$5,354,058	1
School Readiness (SR) Initiative funds		
Program funds	$26,805,236	5
Implementation funds	$1,900,000	<1
Total First 5 California funds	**$528,069,194**	**91**
Non-First 5 California funds		
Grants	$6,386,979	1
Donations	$189,030	<1
Interest earned	$40,521,127	7
Other non-First 5 funds	$5,271,409	1
Total non-First 5 funds	**$52,368,545**	**9**
Total revenues	**$580,437,739**	**100**

- **Augmentation funds** were received by 24 small counties to support their administrative/operating and travel costs ($2,265,013).
- **Other First 5 funds**, such as Surplus Monetary Investment Funds (SMIF) ($9,855,592), were received by all County Commissions, and Retention Incentives for Early Care and Education Providers funds ($6,368,560) were received by 45 County Commissions. Twenty-one counties received $5,354,058 in additional First 5 funds for other projects, such as the Special Needs Project, Preschool for All, and Health Access for All Children.
- **School Readiness (SR) Initiative funds** included two types of funding: SR Initiative program funds and SR Initiative implementation funds. Program funds were received by 57 County Commissions and implementation funds by 34 County Commissions.

Non-First 5 Funds

Exhibit 8-1 also shows that County Commissions received $52,368,545 from sources other than First 5 California. This amount, which included grants, donations, and interest earnings, accounted for 9% of the County Commissions' total revenues.

- **Grants and donations** were received by 55% of County Commissions. Twenty-seven County Commissions received grants totaling $6,386,979, and five County Commissions received $189,030 in the form of donations.
- **Interest** from County Commissions' savings and investment accounts ($40,521,127) 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 $5,271,409.

As shown in Exhibit 8-1, the majority (82%) of County Commissions' revenues came from monthly disbursements from First 5 California. The School Readiness Initiative and non-First 5 funds contributed slightly less than 14% to County Commissions' overall revenues.

County Commissions' Expenditures

As discussed in Chapters 4, 5, and 6, 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 2004-05.

- Most of the funds ($378,068,142) expended were First 5 dollars from monthly disbursements, base allocations, child care retention incentive funds, augmentation funds, and SMIF.
- School Readiness Initiative funding ($55,555,145) accounted for 12% of County Commissions' investments in programs.
- County Commissions kept administrative costs low relative to their other expenses. These costs comprised 9%

Exhibit 8-2
County Commissions' Expenditures of First 5 Funds

Type of Expenditure	Expenditure Amount	Percentage of Total Expenditures
First 5 (except SR Initiative) funds disbursed to programs*	$378,068,142	79
SR Initiative funds disbursed to programs*	$55,555,145	12
Administrative expenses	$42,204,023	9
Total 2004-05 funds expended	**$475,827,310**	**100**

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

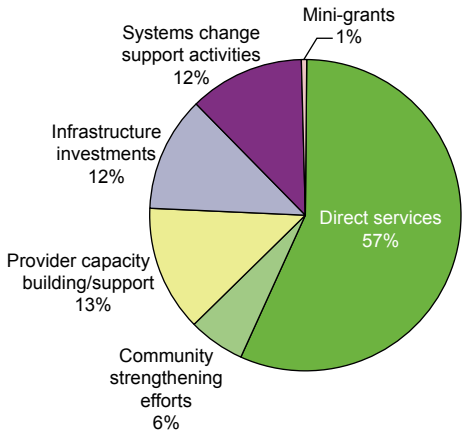
of all expenses and included County Commission staff salaries and costs of operating a County Commission, such as rent, communications, copying, and utilities.

Expenditures by Strategy

As discussed in Chapter 4, County Commissions provided funding to support 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 57% ($267,278,855) of all expenditures made by funded programs. 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.
- **Community strengthening efforts** accounted for 6% ($28,597,383) 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 13% ($61,175,382) 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 11% ($53,566,523) 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** to support improvement in the systems caring for young children and their families in ways other than those described above accounted for 12% ($53,829,236) 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 1% ($2,970,617) of expenditures made by programs.

Exhibit 8-3
Distribution of Funded Programs' Expenditures, by Strategy and Mini-Grants



Expenditures by Funding Source

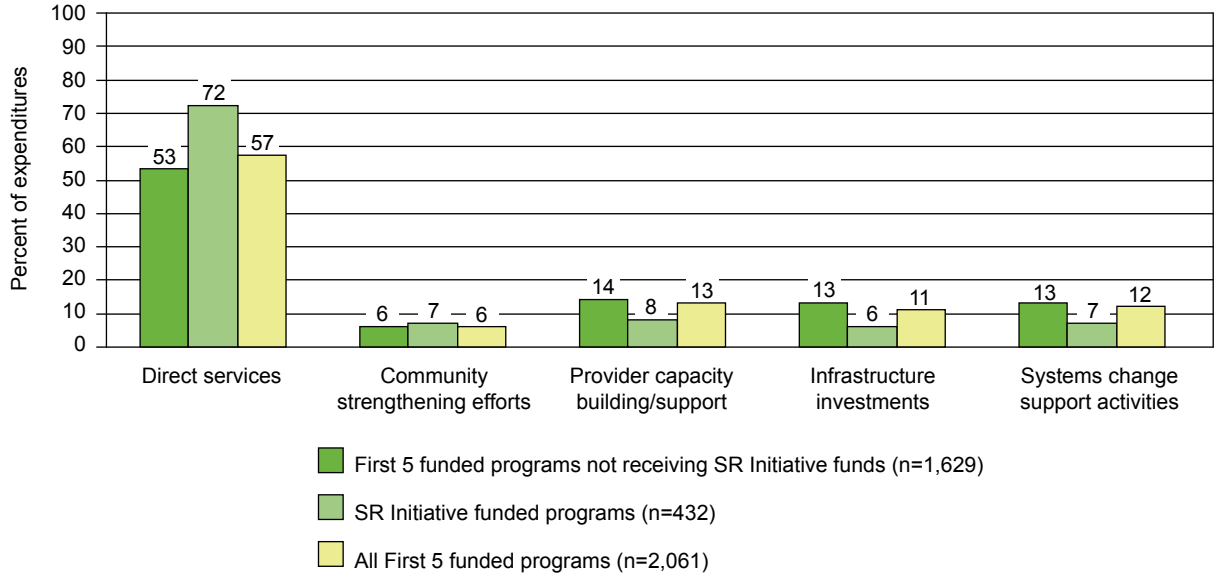
Exhibit 8-4 shows the amounts of First 5 funding, School Readiness (SR) Initiative funding, and non-SR Initiative funding spent on each of the strategies and on mini-grants, and Exhibit 8-5 shows the percentages of each of these types of funds spent on the five strategies. SR Initiative funds were used differently from other First 5 funds. For instance, though both SR Initiative funds and other First 5 funds were spent primarily on programs that serve children and families directly, SR Initiative funds were used more often to fund those services (72% and 53% of funds, respectively). In addition, SR Initiative funds were somewhat less likely than non-SR Initiative funds to be used for building provider capacity (8% vs. 14%), infrastructure investments (6% vs. 13%), and systems change support activities (7% vs. 13%).

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 Initiative Funds	Total First 5 Funding
Direct services	$196,667,083	$70,611,772	$267,278,855
Community strengthening efforts	$21,787,907	$6,809,476	$28,597,383
Provider capacity building/support	$53,318,981	$7,856,401	$61,175,382
Infrastructure investments	$48,057,504	$5,509,019	$53,566,523
Systems change support activities	$46,802,959	$7,026,277	$53,829,236
Mini-grants	$2,489,921	$480,696	$2,970,617
Total	**$369,124,355**	**$98,293,641**	**$467,417,996***

*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



Even though funds distributed to SR Initiative 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 Initiative more often included kindergarten transition (50% vs. 13%), early education programs (63% vs. 35%), family literacy services (42% vs. 19%), and recreational classes and activities for children (43% vs. 23%) than programs not receiving SR Initiative funds.

Expenditures by Population Size

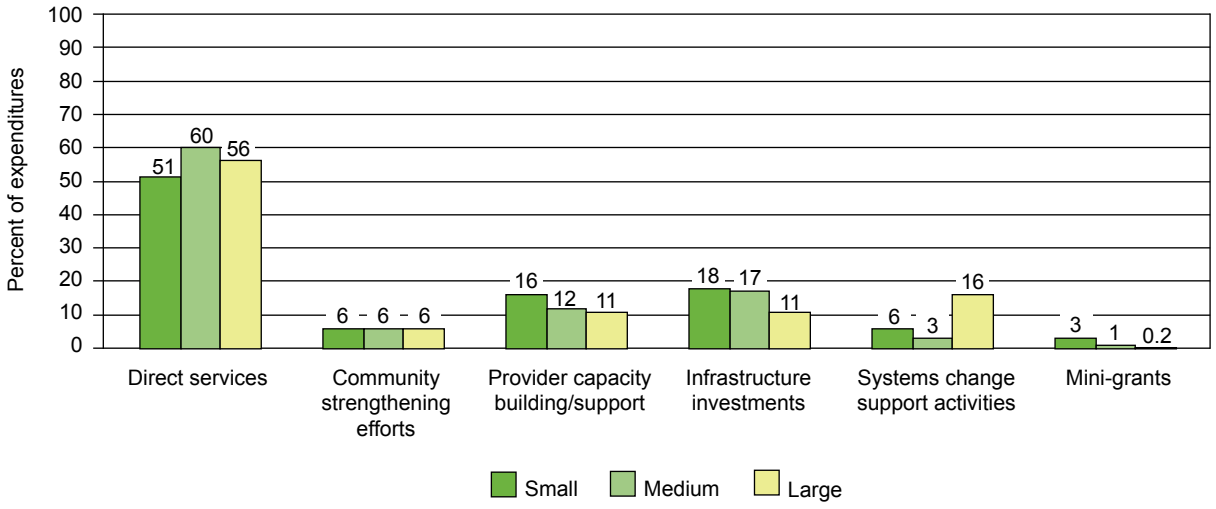
County Commissions, regardless of their population size category, had similar spending patterns across the five strategies and mini-grants. Exhibits 8-6 and 8-7 show, by population size category, the funds expended on each of the five strategy areas and on mini-grants. All County Commissions spent more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

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	$11,686,470	$86,687,783	$168,904,602	$267,278,855
Community strengthening efforts	$1,323,812	$9,356,709	$17,916,862	$28,597,383
Provider capacity building/support	$4,234,435	$24,035,274	$32,905,673	$61,175,382
Infrastructure investments	$1,466,983	$4,193,012	$47,906,528	$53,566,523
Systems change support activities	$3,641,574	$18,019,444	$32,168,218	$53,829,236
Mini-grants	$602,396	$1,893,701	$474,520	$2,970,617
Total	**$22,955,670**	**$144,185,923**	**$300,276,403**	**$467,417,996***

*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. 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 higher percentages of their funds on provider capacity-building/support efforts and infrastructure investments. Also, commissions of large-population counties were the most likely to fund systems change support.

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.

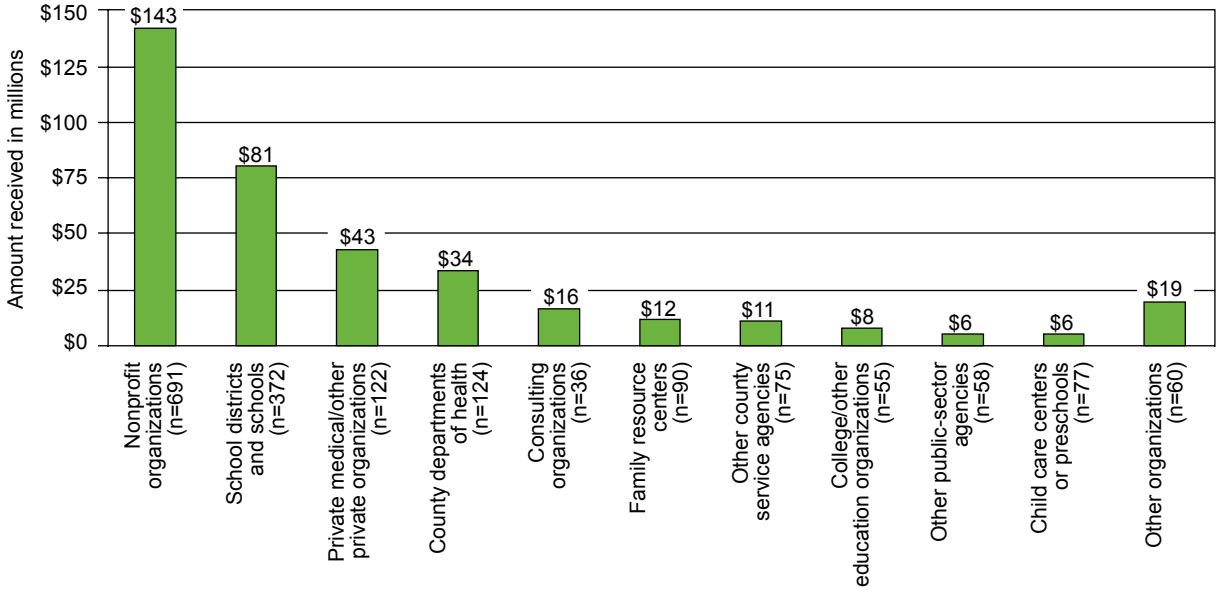
- **Nonprofit organizations.** The most frequently funded agencies were community-based nonprofit organizations, which received $110,463,172 to operate 570 programs, and other nonprofit organizations, which received $32,910,377 to operate 121 programs.
- **School districts and schools.** Local school districts received $54,226,140 to operate 229 programs, county offices of education received $17,589,019 to operate 90 programs, and schools received $9,237,050 to operate 53 programs. In total, County Commissions invested $81,052,209 in these organizations.
- **Private medical and other private organizations.** Private medical, dental, and mental health organizations received $36,148,112 to operate 87 programs. Nonmedical private and other nonspecified private organizations received $6,692,730 to operate 35 programs.
- **County departments of health.** Departments of health received $34,152,396 to operate 124 programs.
- **Consulting organizations.** County Commissions funded 19 evaluation and research organizations ($6,519,347), 9 programs to conduct technical assistance ($1,265,861), and 8 other nonspecified consulting organizations ($7,999,596).
- **Family resource centers.** County Commissions spent a total of $11,883,752 on 90 family resource center programs.
- **Other county service agencies.** Departments of social services received $1,708,051 to operate 13 programs, and departments of mental health received $3,983,906 to operate 18 programs. An additional 44 other county service agencies received $4,844,990 to operate programs.
- **College and other education organizations.** Junior colleges received $4,257,438 to operate 21 programs, universities and 4-year colleges received $2,987,487 to operate 19 programs, and other educational organizations received $1,157,981 to operate 15 programs.
- **Other public-sector agencies.** County Commissions spent $1,453,151 on 14 justice system programs, $1,400,838 on 14 library programs, and $2,770,183 on 30 other city or county government agency-run programs.
- **Child care centers and preschools.** County Commissions funded 15 Head Start programs ($726,578), 10 state preschools ($1,220,832), 18 private preschools ($1,115,402), 7 family-based child care homes ($203,071), and 27 other child care centers or preschools ($2,260,712). In total, County Commissions spent $5,526,595 on programs operated by child care providers and preschools.
- **Other organizations.** Sixty organizations that are not part of any of the above categories also received funding ($19,377,802).

Leveraged Program Funds

Three-hundred sixteen funded programs (15% 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 $38,546,854, 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 (70% of the total

Exhibit 8-8
First 5 Funding Received, by Type of Organization



leveraged funding), infrastructure investments (11%), provider capacity building/support (10%), systems change support (6%), and community strengthening efforts (3%).

- Most of the leveraged funds (73%) came from three types of agencies: community-based nonprofit organizations ($11,227,421); departments of health ($9,301,664); and schools and school districts ($7,630,843).

Services Provided by Organizations

First 5 funded services 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, service coordination, parenting/caregiver support, and safety education and injury/violence prevention were common across various types of agencies. In addition to child care centers and preschools, early education programs were offered at various types of agencies, including community-based organizations, schools and districts, family resource centers, and other public-sector organizations, such as libraries and recreation departments.

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.
- Kits for New Parents usually were distributed by community-based organizations and departments of health.
- Substance abuse treatment and screenings were conducted primarily by county agencies and other public-sector organizations, such as justice and police departments.
- Recreational/physical activities for children were conducted primarily by family resource centers, child care centers and preschools, and county agencies such as departments of social services.

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.

Exhibit 8-9

Activities and Services Most Commonly Provided, by Organization Type

Organization Type	Type of Activity (Percent of participants who received services)
Community-based or other nonprofit organizations **Funding:** $143,373,549 **Number of organizations:** 691	Community resource and referral (50%) Parenting education (35%) Parenting/caregiver support (33%) Service coordination (28%) Early education programs for children (24%) Safety education and injury/violence prevention (19%) Distribution of Kit for New Parents (19%) Kindergarten transition programs (18%) Nutrition education and assessments (16%) Family literacy programs (16%) Mental health assessments or services (15%)
Schools and school districts **Funding:** $81,052,209 **Number of organizations:** 372	Early education programs for children (40%) Community resource and referral (27%) Parenting education (24%) Kindergarten transition programs (14%)
Private medical and other private organizations **Funding:** $42,840,842 **Number of organizations:** 122	Community resource and referral (22%) Breastfeeding assistance (14%) Developmental services (13%)
Departments of health **Funding:** $34,152,396 **Number of organizations:** 124	Community resource and referral (37%) Parenting education (35%) Health insurance enrollment/assistance (33%) Breastfeeding assistance (29%) Nutrition education and assessments (28%) Developmental screening/assessments (28%) Safety education and injury/violence prevention (24%)
Family resource centers **Funding:** $11,883,752 **Number of organizations:** 90	Community resource and referral (38%) Parenting education (38%) Parenting/caregiver support (29%) Recreational/physical activities for children (28%) Early education programs for children (28%) Family literacy programs (22%) Nutrition education and assessments (19%) Service coordination (17%) Safety education and injury/violence prevention (16%) Health insurance enrollment/assistance (16%)
Other county agencies **Funding:** $10,536,947 **Number of organizations:** 75	Community resource and referral (45%) Transportation services or vouchers (38%) Mental health assessments or services (36%) Provision of basic needs (32%) Parenting education (26%) Parenting/caregiver support (23%) Substance abuse treatment/screening (21%) Developmental screening/assessments (21%) Service coordination (19%) Recreational/physical activities for children (19%) Enrollment in food program (15%)

Types of Organizations and Activities Funded by Mini-Grants

Thirty-three County Commissions disbursed some of their funding through mini-grants (grants typically less than $5,000) for local programs and services. Statewide, 914 individual grants were disbursed to local agencies and individuals. Funding distributed by mini-grants totaled $2,970,617, and the average mini-grant amount was $3,338. As shown in Exhibits 8-4 and 8-6, funding for mini-grants accounted for a small percentage of County Commissions' total funding spent on programs, regardless of population size.

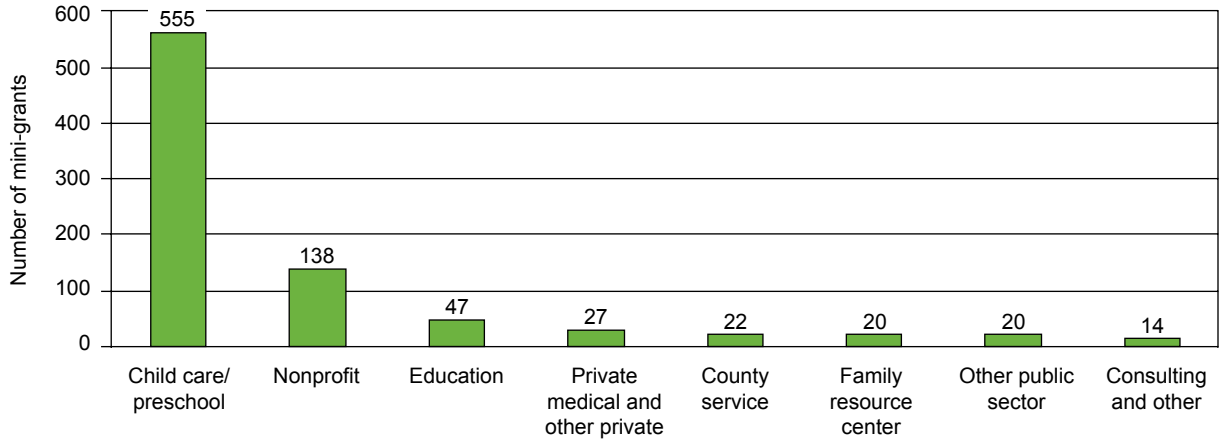
Typically, County Commissions distributed mini-grants in batches, such that grants were given to several agencies or groups that used the funding for the same kinds of activities or to improve similar outcomes (e.g., improve child care quality). Mini-grant funding went to a variety of activities, with the highest percentages of mini-grants supporting:

- Purchases of equipment or materials to enhance service quality (67%)
- Family literacy programs (43%)
- Early education programs for children (23%)
- Recreational/physical activities for children (20%)

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 (555, or 62% of all mini-grants awarded). Family-based child care centers received 382 of these mini-grants, or 42% of all mini-grants awarded. Other preschools and child care centers, including Head Start, received 173 mini-grants, or 19% of all mini-grants.
- **Nonprofit organizations.** Nonprofit organizations received 138 mini-grants, or 15% of all mini-grants. Most of these (89) went to community-based organizations, representing 10% of all mini-grants awarded. Other types of nonprofit organizations received 49 mini-grants.
- **Education organizations.** Education organizations received 5% of mini-grants, or 47 awards. School districts received 16 of these mini-grants. Other education organizations receiving mini-grants included elementary or middle schools (13 mini-grants), county offices of education (10), and 2-year community colleges and 4-year colleges or universities (8).
- **Private medical organizations and other private organizations.** County Commissions gave 12 mini-grants to private medical organizations and 15 mini-grants to unspecified private organizations.

Exhibit 8-10
Types of Organizations Receiving Mini-Grants



Note: Information on type of organization was available for 843 mini-grants.

- **County service agencies.** County Commissions awarded 22 mini-grants to county service agencies, 8 of which went to departments of health. Unspecified county service agencies received 7 mini-grants, departments of social services received 5 mini-grants, and departments of mental health received 2 mini-grants.
- **Family resource centers.** County Commissions awarded 20 mini-grants to family resource centers.
- **Other public-sector agencies.** County Commissions awarded 20 mini-grants to other types of public-sector organizations, including city government programs (11 mini-grants), justice systems/police departments (4), and libraries (1). Unspecified government programs received 4 mini-grants.
- **Consulting organizations and other organizations.** County Commissions gave 1 mini-grant to unspecified consulting organizations and 13 mini-grants to organizations that are not part of any of the above categories.

Planning for the Future

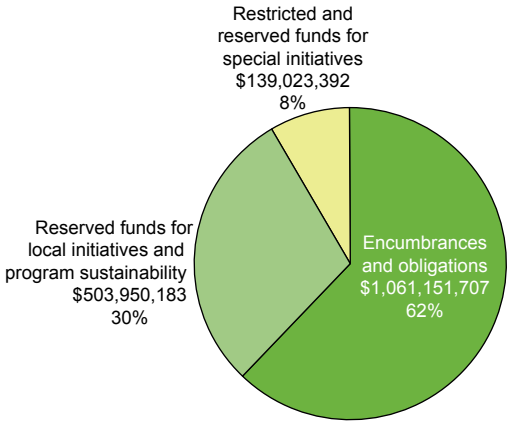
As fewer people smoke, the revenues from the tobacco tax decrease. In 1999, the first year the tax was collected, the state collected $700 million. During fiscal year 2004-05, approximately $600 million was collected from the tax. County Commissions have responded to this decrease in funding by setting aside funds to ensure the continuation of their work on behalf of the state's children and families. These set-asides have been made through a variety of committed funds for programs, projects, and activities to be conducted in the future according to a contract, documented plan, budget, or financial forecast formally approved by the County Commissions. Therefore, these funds are unavailable for uses other than the purposes for which they were designated.

Exhibit 8-11 shows the types and amounts of investments 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 2004-05, 62% 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 that contained restrictions imposed by the funding source. For some of these grants, such as School Readiness Initiative 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 2004-05 accounted for 8% of County Commissions' total committed funds (including carryover funds from prior years), as shown in Exhibit 8-11.

Finally, Exhibit 8-11 shows that County Commissions had set aside 30% 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.

Exhibit 8-11
Types and Amounts of County Commissions' Committed Funds



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 20 million young children, parents, and other family members received services or information through First 5 programs in fiscal year 2004-05; about 3.5 million of these people received direct services, and more than 16 million were reached through community outreach activities. The majority of funding for programs (57%) 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, trying to encourage and help parents as their children's first teachers. Significant investments (13%) 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 most commonly served by First 5 programs were diverse: 65% Latino, 21% white, and 5% Asian/Pacific Islander. Other children being served were African-American (4%) and those reporting themselves as belonging to other racial or ethnic groups (5%).
- More than half (56%) of the children served by First 5 programs spoke a primary language other than English; 51% of the children spoke Spanish, and 5% spoke another language.
- Approximately 5% 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 main 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; consulting organizations; family resource centers; child care centers or preschools; and other county service agencies such as social services and mental health. Almost all the 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 2,061 programs to promote family support, early care and education, and child health. Many of the activities—provided though 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 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 44 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 2004-05, 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 submitted by County Commissions 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.

The fiscal information was submitted by County Commissions 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 2004-05. 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 individual County Commissions is posted on the First 5 California Web site (www.ccfc.ca.gov), including links to County Commission Web sites.

Population

Total births (2004)	20,919
0 to 5 population (2004)	121,340

Ethnicity of Children 0-5

African-American	13.2%
Asian/Pacific Islander	22.7
Latino	31.0
Native American	0.4
White	26.2
Other	6.5

Fiscal

Total Net Assets, July 1, 2004	**$46,940,066**
Committed Funds	44,826,415
Uncommitted Funds	2,113,651
Total Revenues	**$27,337,020**
First 5 Monthly Disbursements	19,553,054
Other First 5 Funding (Including SMIF)	2,312,128
Non-First 5 Funding	4,663,578
Interest	808,260
Expenses	**$(21,404,339)**
Total Net Assets, June 30, 2005	**$52,872,747**
Committed Funds	51,965,329
Uncommitted Funds	907,418

Commission Priorities

Alameda County is characterized by a richness of diversity and culture, as well as marked disparities in health outcomes and a high cost of living. There are 104,810 (2004 census) children under the age of 5; 72% are children of color. In 2004, 50% of births were to mothers born outside the United States and 7.2% to teens. Latinas and African-Americans had the highest teen birth rates in Alameda County. Approximately 12% of children under 5 live below the poverty level, with over 25,000 eligible for, but not receiving, subsidized child care. Access to high-quality child care is affected by availability and is beyond the reach of many families living under the pressure of the high cost of living. Equally affected are early care educators, who earn low wages and experience high turnover in an environment with limited professional, educational, and income growth opportunities. Sixty-seven elementary schools, most of which are in Oakland and Hayward, have low Academic Performance Index (API) scores. 12.4% of African-American newborns are born with low birth weight, compared with 6.8% countywide (2000-2001). Over 21,000 calls are made to the child abuse hotline each year. 2,175 children ages 0-5 are enrolled in special education, with the largest concern being speech and language impairment.

First 5 Alameda County Every Child Counts (ECC) funding priorities include providing prevention, early identification, treatment, and support for families identified as at risk; improving quality of child care; preparing children and families for school; and sustaining positive impact on families by changing systems.

Primary Activities and Programs

Home-based family support services and screening result in prevention, early identification, treatment, and support for families. Hospital Outreach Coordinators (HOCs) offered postpartum home visits to families of newborns at three hospitals serving large Medi-Cal populations. HOCs completed 1,353 newborn health insurance referral forms and referred mothers to the Specialty Provider Team for maternal depression, early childhood mental health, and lactation support. 2,306 families with newborns received an average of two home visits from public health nurses. 98% of these children had primary pediatric providers and 85% had health insurance at the last home visit.

Over 9,200 English and Spanish language Kits for New Parents were distributed by prenatal providers, public health nurses, child care providers, and other community partners.

Special Start served 616 medically fragile and socially at-risk infants discharged from the Neonatal Intensive Care Unit. 58% of the mothers were breastfeeding at the first home visit, 33% of whom continued to breastfeed for more than 6 months. 97% of Special Start 1-year-olds had at least one developmental screen. Every child (100%) had a primary pediatric provider and 98% had the appropriate number of well-child visits at the last home visit.

Two teen programs provided services for 763 pregnant or parenting teens and their infants. 52% of these teens have remained in school or have graduated. 51% of teen mothers breastfed, of whom 46% breastfed for at least 6 months.

Another Road to Safety (ARS) provided up to 1 year of services to 155 children and pregnant women who had a call placed to the child abuse hotline. 94% of ARS clients had health insurance and 96% were up-to-date on immunizations at the last home visit. 87% of ARS children had a developmental screen, and 18% were found to be of concern.

The Specialty Provider Team (SPT) includes Early Childhood Mental Health, Child Development, and Lactation Specialists. 623 referrals were made to the SPT, almost 40% of which were for maternal depression. The SPT provided 250 consultations, 93 trainings to providers, and over 700 home visits.

The Healthy Steps program, staffed by bilingual Child Development Specialists (CDS), provided parenting support, referrals to community resources, and developmental screenings for 230 children at two pediatric offices. 74% of the 155 children screened were scored “of concern” in at least one domain. 25% of all referrals made by the CDS were to the Regional Center and 20% to school districts for individualized education programs.

Teacher training and center improvements enhance the quality of child care. The Quality Improvement Initiative (QII) provided training, technical assistance, and capital funds for improvements in licensed centers and family child care programs. Skilled assessors completed an Environment Rating Scale (ERS), developed Quality Improvement Plans, and provided technical assistance to 29 classrooms. Eight sites received capital grants to make improvements. Thirteen sites were in targeted school readiness neighborhoods. QII is currently participating in a national research project conducted by the University of North Carolina and UCLA.

The Child Development Corps awarded 1,557 stipends to child care providers. Corps outreach materials were developed in English, Spanish, Chinese, and Vietnamese. The Corps sponsored 20 trainings in English, Spanish, and Chinese on how to use the ERS. Returning Corps members increased from 59% in 2001 to 89% in 2004.

Community colleges supported the educational needs of Corps applicants and made systemic curriculum changes. Professional Development Coordinators counseled 1,340 students, 565 education plans were developed, and 12 trainings were held on how to apply for a California Child Care Permit. Colleges offered a training on early childhood mental health. Resource and referral (R&R) Career Advocates provided professional growth trainings and counseling in multiple languages, including the translation of 39 foreign transcripts. Another child care R&R agency conducted trainings on special-needs inclusion for 62 family child care providers, center staff, and exempt providers.

Twenty-three mentors provided one-on-one mentoring through the Enhanced Mentor Program to 39 providers on classroom environment and management, curriculum development, and assessments. Mentors also provided 24 workshops in English and Chinese to over 367 early care and education (ECE) teachers.

School readiness programs in targeted neighborhoods prepare children and families for school. All ECC programs contribute to the school readiness of children served.

A flyer with kindergarten registration requirements, including contact information and registration dates, for every school district was developed in English, Spanish, Vietnamese, Chinese, and Farsi. 2,000 copies were distributed by community agencies and schools.

The second year of the School Readiness Partnership Grant brought together three agencies to participate in intensive training on best practices. Parenting classes were held for 136 parents; families received 364 home visits; and 78 children had a developmental screen, of which 49% were scored “of concern.” Other services included a Saturday morning music program, a Spanish parent-child reading program, assessing children for health insurance status, immunizations, pediatric home, and dental exams.

ECC expanded literacy efforts, including the distribution of 1,120 books in six languages to families receiving family support services, distribution of books to two Healthy Steps sites, and distribution of books at community events.

ECC sustains positive impact through systems change. ECC, in collaboration with county and community agencies, is building an Early Childhood Mental Health system. Strategies included training 56 clinicians in early childhood mental health, expanding and coordinating Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) providers, supporting policy development, and integrating maternal depression into appropriate programs.

Management of child care facility grants was transitioned to the Low Income Investment Fund to build sustainability.

Enhancements made to ECChange, a Web-based cross-agency data system, included the ability to accurately identify all agencies serving a family and provide ad hoc reports for supervisors to review caseloads, use of interpretation services, case manager activities, and productivity data.

Cultural Access Services (CAS) developed ECC contract language and provided technical assistance for contractors and grantees to comply with the National Standards for Culturally and Linguistically Appropriate Health Care Services.

Promoting Equitable Access and Outcomes

Alameda County is extremely diverse, with a large immigrant population. 37% of the population speak a language other than English at home, and 27% are foreign born. Nearly half of the births in 2000 were to mothers born outside the United States. Less than 5% of child care providers speak languages spoken by children in the county. Many children with special needs require specialized services (and in multiple languages) that are not always available or accessible.

CAS provides interpretation for service providers and translation of ECC and other materials. Interpretation was provided for over 1,400 home visits in 22 different languages, and over 25 documents were translated. School Registration Information Sheets were translated into five languages to facilitate kindergarten enrollment for immigrant families.

CAS trained bilingual providers on the legal, ethical, and technical issues of interpretation. To inform the understanding of isolated populations, CAS conducted four focus groups for monolingual families and providers in Cantonese, Farsi/Dari, Vietnamese, and Korean and a focus group with African-American providers. Focus groups contributed to developing a community grants funding priority of services for non-English-speaking, hard-to-reach families. Community grant recipients included agencies that provided bilingual labor coaching for Asian women, support for homeless families, parenting education classes, and counseling for deaf parents and families whose children have special needs. Mental Health Partnership grantees provided consultation to child care sites, where at least 142 children had special needs.

Training Connections includes a panel of diverse speakers who address cultural perspectives of training topics. As a result of attending Training Connections, providers had increased sensitivity and knowledge of culturally appropriate services for families in their programs. One attendee commented, “I really appreciated the opportunity to learn about the panelists’ real-life experiences. It makes multiethnic issues much more tangible and understandable.”

ECC’s Early Care and Education division worked with colleges and R&Rs to incorporate diversity in educational opportunities. Chabot College’s child development program provided bilingual instruction for 218 Spanish-speaking students and graduated over 1,057 students since initial funding. Community colleges and R&R agencies conducted trainings on inclusion for child care providers.

Children who participate in family support, Healthy Steps, or Summer Pre-K camps or who attend QII child care sites are screened and referred for further developmental assessments or special-needs services. QII worked with 11 child care programs serving 31 children with special needs.

Program Highlights

Partners in Collaboration (PIC) enhanced classroom management and child behavior through cross-disciplinary experiences of teacher mentors and mental health consultants. Staff identified and trained three pairs of mentor teachers (MTs) and mental health consultants (MHCs). The project included cross-discipline training, 3 hours of weekly fieldwork in a classroom, and monthly meetings with ECC staff. Classroom teachers performed a Devereux Early Childhood Assessment (DECA), and MTs assessed classrooms with the Early Childhood Environment Rating Scale (ECERS). During this innovative 10-month pilot, participants received stipends, and funds for substitutes were available.

An outside evaluation and case study documented that PIC was considered a success by MTs, MHCs, classroom teachers, and ECC staff. It demonstrated changes in ability to learn from each other's discipline, increased sensitivity to family issues, and focusing on classroom strategies to address children's behavior. PIC was identified as a promising program based on its post DECA scores showing fewer children with behavioral concerns and more children with strengths (initiative, increased self-control, and improved social attachments). Post ECERS scores showed improvement in overall quality, with two classrooms showing significant improvements in social interaction and observations of language and reasoning with specific children. Classroom teachers also reported changes in their ability to manage children's behavior.

Every Director Counts (EDC) developed program management and leadership skills of center directors through long-term training and mentoring support. With support from the California Early Childhood Mentor Program, the intensive 18-month project worked with a diverse team of Director Mentors and 25 directors. EDC included two 3-day residential retreats, training, 40 hours of individual Director Mentor support, free materials, and a $1,000 grant for implementing a Program Enhancement Plan (PEP).

An external evaluation demonstrated that directors' confidence increased; they learned to delegate more often and were more thoughtful about their decisions. In a postproject survey, all of the directors said they felt better equipped to implement a change. A participant commented, "The PEP was a challenge, but it was worth it and incredibly rewarding. Parents, administration, staff, and children all benefited from the project." Interviews with directors found that monthly training sessions and mentor support were very or extremely helpful, and 81% reported that EDC had "a great deal" of impact on them. Other benefits included increased parent-child interaction and easier transitions for children.

In its fourth year, **Summer Pre-K Camps** for 4-year-olds who had not been in child care or preschool were expanded to eight sites in the targeted school readiness neighborhoods: Oakland, Hayward, and San Lorenzo. 147 children from diverse ethnic groups and with special needs attended. Camps provided a 6-week enriched program with strong parent involvement and linkages to health, dental, and mental health supports. Each site was assessed for quality with ECERS. Teachers reported improving their classrooms by adding a cozy quiet corner, purchasing culturally appropriate books and materials, and displaying children's art at their eye level. 100% of children exiting the program were up-to-date on immunizations. The program was a positive experience for both families and teachers. A teacher commented that "Family involvement made a noticeable difference as compared to an academic-year program. Parents have a better understanding of the expectations for kindergarten and have ideas to support their child's development in the home."

Training Connections (TC) hosts a variety of training opportunities for the provider community to promote best practices, encourage cross-discipline discussions, foster networking, and impact the way agencies provide services. Prior to TC, very few accessible, relevant, and no-cost training opportunities existed. Sixteen trainings were attended by over 1,335 providers representing a broad range of disciplines. TC partnered with the Childhood Matters radio show to coordinate companion topics. One attendee commented, "I will take all of this back to my work, now having an even greater empathy, compassion, and appreciation of this complex population that we serve."

This profile was prepared by First 5 Alameda County Every Child Counts (ECC).

Population

Total births (2004)	8
0 to 5 population (2004)	70

Ethnicity of Children 0-5

African-American	1.4%
Asian/Pacific Islander	0.0
Latino	5.7
Native American	30.0
White	58.6
Other	4.3

Fiscal

Total Net Assets, July 1, 2004	**$169,277**
Committed Funds	128,979
Uncommitted Funds*	40,298
Total Revenues	**$466,381**
First 5 Monthly Disbursements	9,873
Other First 5 Funding (Including SMIF)	452,197
Non-First 5 Funding	0
Interest	4,311
Expenses	**$(320,327)**
Total Net Assets, June 30, 2005	**$315,331**
Committed Funds	315,332
Uncommitted Funds	(1)

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

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. As a result, 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 are in need of (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.

The County Commission's primary goal is to implement a results-based accountability framework that will improve programs and build capacity in the county. First 5 Alpine's objectives for fiscal year 2004-05 were to (1) enhance the initial investment in the Early Learning Center for infant and preschool early education programs, and (2) expand preschool school readiness services to families in Bear Valley. At the system level, First 5 Alpine has (1) met with residents to gather information about their needs and priorities, (2) worked with local child care providers, and (3) increased public awareness of the County Commission's service priorities.

Primary Activities and Programs

Early Learning Center expands to provide comprehensive services to children and families. Both the infant and preschool programs of the Early Learning Center are at capacity, and more resources have been added for children with disabilities and other special needs. The School Readiness component provides resources to assess the medical and dental needs of children attending the center. A collaboration with the Alpine County Transit System provides supervised transportation for preschool children. Monthly meetings are held to help educate parents about child development issues and open the lines of communication between families and Early Learning Center staff.

First 5 Alpine allocates funding for a year-round child care and development program in Bear Valley. The Bear Valley parent group formed a 501(c)(3) organization to establish local school readiness programs. First 5 Alpine allocated funding to expand a special summer/fall activity program for children ages 0-5, established as a pilot program by the parent group, so it can operate year-round. When this program is up and running, it will be the first full-time infant, toddler, and preschool child care and development program in Bear Valley. Previously, the only services in the area were seasonal child care for families visiting during the winter months. Approximately 24 children ages 0-5 will now participate in a year-round program with developmentally appropriate activities.

Coordinated effort improves system of care for children with disabilities and other special needs. First 5 Alpine facilitated the implementation of a 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. First 5 partnered with community members, elementary school teachers, staff of the Early Learning Center and Choices for Children, the County Health and Human Services Department, the Family Support Council, the Local Child Care Planning Council, and Alta Regional Center. The Child Find process identifies children in need, and the school readiness coordinator works with families to coordinate health assessments, home visits, and direct services.

Promoting Equitable Access and Outcomes

Alpine County has approximately 1,200 full-time residents living in four geographically isolated communities. Twenty percent of the population and 47% 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 of Alpine County can receive coordinated services across multiple disciplines, including services for children with special needs. The County Commission provides space in the Early Learning Center for a public health nurse to conduct developmental and health assessments of children, and for parent education classes, resources for parents about child health and development, community events, and a lending library to support early learning. In addition, through outreach and communication with First 5, Tribal members are more involved in communicating how best to address the needs of Native American children and families.

Program Highlights

Early Learning Center infant and preschool programs focus on school readiness. First 5 Alpine supports two licensed high-quality programs at the Early Learning Center: the infant program serving children ages 8 weeks to 2 years and the preschool program serving children ages 2-5. Both programs incorporate all five “essential and coordinated elements” for school readiness. A part-time school readiness coordinator directs the day-to-day activities. Staff are supported with professional development services and scholarships, which enhance the provision of high-quality early learning experiences for young children.

The Little Scholars Program expands to make preschool available for all. The Little Scholars Program works to ensure that all Alpine County children ages 3-5 have access to high-quality early childhood learning experiences. Initiated in late fiscal year 2003–04 for children ages 4-5, the program expanded in fiscal year 2004-05 to provide preschool services for children ages 3-5. The program is available to all children residing in Alpine County who are not eligible for any other subsidy, such as Head Start, State Preschool, or Choices for Children. The Little Scholars Program is administered by the school readiness coordinator and is housed with First 5 Alpine. Parents of eligible children may apply for a scholarship to reimburse tuition costs. Without this program, many preschool-age children would not be able to participate in a program because of financial constraints.

This profile was prepared by SRI International from information provided by the County Commission.

Commission Priorities

Located in the foothills of the Sierra Nevada Mountains, Amador is the smallest rural county by area in California. Although the county is predominantly Caucasian, the Latino population has increased significantly in recent years. Many families seek employment and services, particularly health care, in neighboring counties.

In 2004, First 5 Amador and its partners assessed community needs and developed a 3-year strategic plan with the following goals and focus areas: (1) Child Care: increase, improve, and enhance the availability, 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: enhance health opportunities for families with children ages 0-5; and (4) School Readiness: prepare children to enter school with skills for success in life. To ensure that strategies are consumer oriented and easily accessible, the County Commission also adopted overarching principles for program development and sustainability, including use of family resource centers in the unincorporated areas of the county, promotion of father/male involvement, and community-building approaches.

Population

Total births (2004)	262
0 to 5 population (2004)	1,648

Ethnicity of Children 0-5

African-American	0.2%
Asian/Pacific Islander	1.7
Latino	16.3
Native American	3.2
White	73.0
Other	5.4

Fiscal

Total Net Assets, July 1, 2004	**$901,549**
Committed Funds	694,442
Uncommitted Funds*	207,107
Total Revenues	**$537,320**
First 5 Monthly Disbursements	233,180
Other First 5 Funding (Including SMIF)	265,647
Non-First 5 Funding	21,704
Interest	16,789
Expenses	**$(572,448)**
Total Net Assets, June 30, 2005	**$866,421**
Committed Funds	817,124
Uncommitted Funds	49,298

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

Primary Activities and Programs

First 5 Amador supports community agencies to reduce family violence. First 5 Amador increased awareness of family violence by supporting activities of the Child Welfare System Redesign Team, the Child Abuse Prevention Council, and the Domestic Violence Council. Activities included the annual Child Abuse Prevention Month and a forum to identify strategies to deal with family violence. This forum was used as a platform to define focus areas between staff of various agencies, such as judges, police officers, health care workers, mental health counselors, public health workers, and representatives from the District Attorney's office. An 8-week Cooperative Parenting Class, designed to reduce children's exposure to violence and high-conflict situations, served 20 adults, 6 children ages 0-5, and 14 other children. Additionally, First 5 Amador contracted with three attorneys to provide legal assistance to victims of family violence. This year, 15 children ages 0-5 and their siblings received legal services. Finally, First 5 Amador provided in-kind office space to the Child Abuse Prevention Council.

Programs support health, nutrition, and physical activity, helping families achieve healthier lifestyles. The Baby Welcome Wagon Program conducted home visits with 95 families, connecting them with needed health and social services. First 5 Amador partnered with the Department of Health Services and the California Nutrition Network to provide cooking classes and ongoing parenting education through the distribution of Nutrition Network materials. This partnership effectively promoted nutrition education and physical activity at state-funded preschools; family resource centers; the Family Literacy Program for English learners; and Women, Infants, and Children (WIC) programs. First 5 Amador promoted healthy eating by incorporating more fruits and vegetables in cooking classes and snacks funded with First 5 dollars, and many children's music and reading programs are now promoting nutritious eating and regular exercise.

Kindergarten Bridge programs expand to offer services countywide. Starting with 17 students in a high-priority area in 2003, the Bridge program has grown to serve 52 children and their families in four classrooms at three school sites in summer 2005. 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. Amador County Unified School District, Head Start, and State Preschool provided instructors and aides for the program. Four students were referred to special education for assessments, based on teacher observations. A new parent education "Bridge Party Dinner" was held, providing School Readiness Stations for parents, including tobacco reduction, music, literacy, health, nutrition, and speech/language. Postprogram surveys indicated that the program familiarized parents with the structure of the classroom and school routines while teaching them new skills to promote school readiness at home.

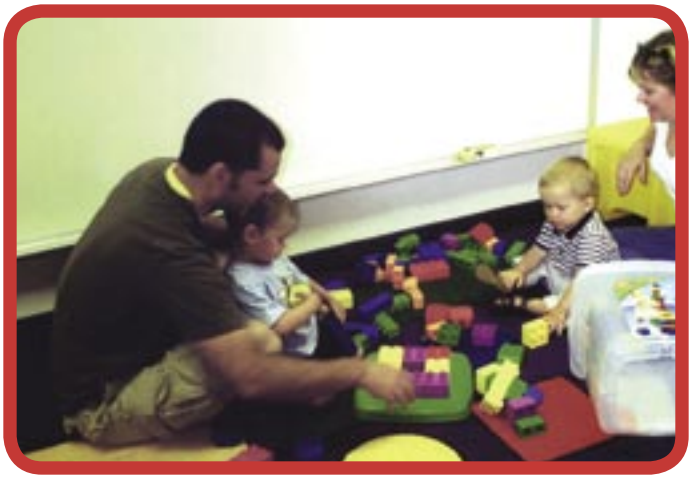
Promoting Equitable Access and Outcomes

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 and learning centers; a Mobile Toddler Outreach Program; Baby Welcome Wagon home visits by bilingual staff; early childhood development newsletters for parents; monthly school readiness envelopes; local radio, television, and cinema ads; and an information dissemination program for organizations providing services for children ages 0-5. To date, First 5 Amador has been able to deliver services to half of the children ages 0-5 in the county. First 5 Amador continues to explore and experiment with multiple delivery systems and to evaluate the efficacy of each.

Program Highlights

School Readiness Mobile Outreach Program expands countywide to reach parents and informal caregivers. This weekly playgroup reaches family, friend, and neighbor caregivers and at-home parents. Child Care Resources provides staff with early childhood development expertise, equipment, and materials to each playgroup. Piloted in the high-priority area of Ione, the informal, nonclassroom settings and the drop-in nature of the program proved to be an effective way to share information and encourage parents and caregivers to explore issues and concerns openly. Weekly themes address particular interests of the participants, and resources and toys can be checked out. The program was expanded to five locations across the county, some with regular participation by 20 young children and their caregivers. The program has referred participants to Healthy Families, speech/language specialists, immunization clinics, kindergarten readiness programs, parent organizations, and local early education events. Parents reported learning positive interaction and discipline strategies from watching the staff of the program address situations during the playgroups.

Successful CARES program establishes local professional development opportunities for child care providers in Amador County. The CARES program partnered with the Amador Child Care Council, HRC Child Care Resources, and other stakeholders to provide stipends to support the training and retention of child care providers. Even though providers had to travel outside the county, 41 child care providers, of whom 35 were returning, participated. This enthusiastic participation led to the creation of an early childhood education class in Amador County. The CARES program also trained 57 preschool teachers on how to link preschool activities to kindergarten standards as part of the School Readiness Program.



This profile was prepared by SRI International from information provided by the County Commission.

Population

Total births (2004)	2,354
0 to 5 population (2004)	13,242

Ethnicity of Children 0-5

African-American	2.1%
Asian/Pacific Islander	5.8
Latino	22.3
Native American	3.3
White	60.4
Other	6.1

Fiscal

Total Net Assets, July 1, 2004	**$7,371,293**
Committed Funds	7,098,960
Uncommitted Funds*	272,333
Total Revenues	**$2,756,408**
First 5 Monthly Disbursements	2,034,048
Other First 5 Funding (Including SMIF)	449,944
Non-First 5 Funding	(25,770)
Interest	298,186
Expenses	**$(3,408,851)**
Total Net Assets, June 30, 2005	**$6,718,850**
Committed Funds	6,563,015
Uncommitted Funds	155,834

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

Commission Priorities

Butte County, "Land of Natural Beauty and Wealth," is located in the northeastern Sacramento Valley and has a population of just over 210,000. It is a largely rural county with four incorporated cities, including the city of Chico, home to a California State University. Fifty-one percent of the population, however, reside in unincorporated land.

The population is as diverse as the landscape, as Butte County has a multiethnic, multilingual population that includes Hispanic, Cambodian, and Hmong residents. While the county has an abundance of natural wealth, the most recent census information indicates that Butte County ranks 11 out of California's 58 counties in terms of children living in poverty.

Based on experience and ongoing community input, the Butte County Children and Families Commission (BCCFC) identified four major goals to focus on in the county:

(1) Children are born healthy and remain healthy and well-nourished.

(2) Families are nurturing and supportive of their children's social and emotional needs.

(3) Early care and education providers are competent, qualified, and remain in the field.

(4) Children are ready to enter school and progress successfully.

Primary Activities and Programs

Children are born healthy and remain healthy and well-nourished. Teaching Recovery and Care for Kids (TRACK) is a 90-day residential drug and alcohol treatment program that allows children to live with their mothers while in treatment. TRACK program components include drug and alcohol treatment and case management; group and individual counseling; interactive parenting classes; infant and toddler preschool activities; life skills classes; referrals for medical case management, sexually transmitted disease (STD) education, breastfeeding education and support, smoking cessation programs, and infant and family nutrition classes; and 9 months of posttreatment case management. In its first year of First 5 funding, all of the infants born to mothers in treatment at TRACK were born free of alcohol and drugs. The Children's Dental Project provides free dental screening, dental treatment, and dental referral services for children birth through age 5. As a result of the program, many Butte County children who would go untreated have received dental services, families are receiving oral health education, a partnership has formed with an anesthesia group at Enloe Hospital, and a foundation for future collaborations has been developed.

Families are nurturing and supportive of their children's social and emotional needs. CARS (Communities Accessing Responsive Services) provides integrated, preventive case management services with the goal of reducing the recurrence of child maltreatment in families with young children. CARS staff provide case management for families with an emphasis on addressing basic needs (e.g., food, clothing,

shelter), as well as needs such as parent education, vocational resources, and child care resources. In its first year of funding, this collaborative partnership between Youth for Change, Northern Valley Catholic Social Services, Catalyst, and Children's Services developed a comprehensive network of resources and opportunities in some of Butte County's most remote communities. Strong Starts 0-5 unites 11 existing Butte County service agencies to provide mental health services for all young children and their families with difficulties in attachment or other mental health issues. This includes children who are at risk for out-of-home placement, preschool expulsion, parent/child attachment dysfunction, and emotional developmental delays. CASA of Butte County recruits, screens, trains, and supervises community volunteers who are assigned to children who have been removed from their homes because of abuse or neglect. Of the 54 children served by CASA volunteers, no child was placed back into the child protective system due to a new incidence of abuse or neglect.

Early care and education providers are competent, qualified, and remain in the field. The goal of Project REWARD is to encourage experienced and educated child care providers to stay in the field, stay at their present place of employment, and continue their own professional development. Core services include career counseling and assistance obtaining a Child Development Permit; a professional growth resource list that includes information about trainings, workshops, conferences, and online programs; education financial assistance resources; and an updated list of job opportunities. During fiscal year 2004-05, Project REWARD paid out $560,500 in stipends, with participants logging 26,080 professional growth hours. OPT for Fit Kids was originally funded to develop and implement the LEAP (Lifelong Eating and Activity Patterns) curriculum for preschoolers, provide direct counseling services to families, and provide workshops and trainings for professionals and community members. In its fourth year, the primary focus of the program was to adapt the LEAP curriculum for preschoolers into a LEAP curriculum for home-based child care providers.

Children are ready to enter school and progress successfully. The Butte County Library Literacy Service's primary goal is to provide literacy and library-based services to preschool children and their families and to distribute books to children ages 0-5 and their families through a combination of in-house and mobile services. In the past 2 years, the mobile unit made 4,768 contacts with children and their families. As a result of these efforts, access to literacy/library services for children and parents increased dramatically. Esplanade House is a transitional shelter program that received $100,000 to fund the first year of a child development center. BCCFC monies enabled Esplanade House to provide age-appropriate curricula and child assessments for the early care and preschool programs offered on-site. The child care program provides high-quality care in a structured environment for children so that parents who are in recovery can work toward stabilizing their lives and prepare for school, jobs, and eventual self-sufficiency. Project PACE (Parent and Child Education) works with parents to ensure that their children are ready to enter school. Using the Parents as Teachers program, staff members provide parent training that focuses on child development and literacy topics.

Systems change is promoting interagency collaboration through technology. For years, a number of printed directories have been used by government and nonprofit agencies to refer people to needed services. Often, those directories contained out-of-date information. Updating multiple directories resulted in agency staff time being wasted on duplicate tasks. In addition, few directories were available to the general public, resulting in the frustration of multiple calls to agencies to find the right help. To solve these problems, the BCCFC funded HelpCentral.org, Butte County's information and referral project. This searchable database was created to allow anyone with Internet access to find services quickly at www.helpcentral.org. Currently, the database contains over 500 agencies that run nearly

In the Rosedale Kindergarten classroom, children do a journaling activity during Kinder Camp.

800 programs that provide services to the people of Butte County (e.g., emergency food, parenting classes, recreational programs, support groups, drug treatment, tax assistance, in-home help, after-school programs, and subsidized child care).

Promoting Equitable Access and Outcomes

In response to its adoption of the Principles on Equity, the Butte County Commission funds grantees that are sensitive to the culturally and linguistically diverse communities. Specifically, the dental, nutrition, and literacy program grantees, as well as the School Readiness program, have all made efforts to engage and provide services to the Hmong and Hispanic populations. In addition, a BCCFC-funded parent support program has successfully implemented a mentor program specifically for fathers.

Program Highlights

Young parents learning parenting skills and receiving needed support. The Northern Valley Catholic Social Service's Young Parent Support Services Program's objectives are to improve stress and anger management skills of young parents of children ages 0-5; to increase self-sufficiency skills of young parents of children ages 0-5; to increase young parents' understanding and knowledge of appropriate play activities and how they relate to attachment, bonding, and brain development of children ages 0-5; to increase young parents' knowledge and skills regarding child development and age-appropriate discipline of children ages 0-5; and to increase young parents' understanding of the potential impact of their behaviors on their children. The Young Parent Support Services Program provides in-home parenting support, a Young Fathers Group, and individual counseling. Any parent or expectant parent in Butte County who is 25 years of age or younger with a child 0-5 years old can participate in the program. The parents participating in the program represent a population that is diverse ethnically, linguistically, and socioeconomically. There is also a broad diversity of family circumstances and dynamics within the client base.

Social and emotional skills development focused on children and the providers who care for them. The goal of the Get Ready! program is to implement social and emotional curriculum in licensed child care centers throughout Butte County. Program staff provide direct services to children, using the Second Step curriculum, and also train child care providers in the Incredible Years and Woven Word curricula. Second Step is a research-based curriculum that focuses on empathy training, impulse control, and problem solving. During the first year of the program, 486 children received the Second Step curriculum, and all were screened for behavioral problems with the Temperament and Atypical Behavior Scale (TABS). Forty-eight percent of the children screened were identified with behavioral concerns. The Incredible Years curriculum complements Second Step with 30 hours of training for child care providers focused on classroom behavior management. An additional component of Get Ready! is a 4-hour training for child care providers on Woven Word, a literacy-based social/emotional curriculum that promotes dialogue between the child care providers and the children in their care. This training gives child care providers additional strategies to address behavioral issues.

School readiness activities focused around supporting children, parents, providers, and school staff. During fiscal year 2004-05, the Building Bridges for Children School Readiness program was in its second year of a 4-year contract to provide support and services to children ages 0-5 and their families. The program supports five elementary schools: Berry Creek, Chapman, Oakdale Heights, Poplar Avenue, and Rosedale. In addition, the program partners with 11 early care and education programs, including Head Start, State Preschool, and other licensed child care programs, as well as working with four family child care providers. The program addresses all five of the School Readiness Essential and Coordinated Elements through a wide range of services and

Lauren and Tanner reading a feeling book.

support. To address children's health and development needs, Building Bridges uses speech and language and behavioral health specialists to conduct monthly visits to partnering early care and education programs. To provide family and parenting support, it distributes resource information to parents. Related to early care and education, Building Bridges provides professional development to early care and education providers in the Second Step curriculum, which is one of the kindergarten curricula used within the county's elementary schools. Schools' readiness activities include kindergarten registration and Kindergarten Round-Up events at each of the program's five partner elementary schools. To develop infrastructure, the program organized a school readiness summit, which 75 administrators, teachers, school staff, and community partners attended.

Local Stories

At a recent health screening at the **Clean Start, Healthy Beginnings (CSHB)** program, 4-year-old twin girls were found to have behavioral concerns, including anger, hitting, and inappropriate language, and medical problems, including anemia, eczema, and consistent congestion. The CSHB team collaborated with a registered nurse and a nurse practitioner to address the behavioral and medical problems. The team determined that the girls had allergies, and the allergies and eczema were successfully treated. In addition, the mother received education and instruction on how to build a diet containing iron-rich foods, and the girls' anemia improved over time. The registered nurse provided one-on-one counseling at the home and in an office setting. The nurse worked with the children to better understand their behavior and with the mother to understand how her substance addiction had affected the children. Ultimately, the children improved medically and psychosocially, and the mother graduated from the substance abuse program.

When a nurse working with the **Immunization Network of Northern California** retrieved a child's record from the registry during Kindergarten Round-Up, she found that the child still needed some vaccines for school entry. She printed the record for the parent and was pleased to note that the recommendations for vaccines due clearly appeared on the record. This was a time-saver for the school nurse, and, perhaps more importantly, it enabled the parent to have accurate information to take to the child's doctor.

Visiting Infants and Parents (VIP) Program began working with an immigrant mother of two young children during her third pregnancy. The family reside in Gridley and speak only Spanish. During case management activities, it came to light that the mother was suffering from severe dental disease that was interfering with her work and ability to care for her children. Her gum infection was so severe that her teeth would move from the air that she exhaled as she spoke. Her gums bled constantly, she was in chronic pain, and she was unable to eat. The symptoms escalated to the point of having severe headaches requiring Emergency Department attention and were compounded by postpartum depression (after delivering twins prematurely) requiring medication. There were multiple barriers that made it very difficult for this woman to get treatment. The VIP case manager, public health assistant, and program manager all worked to acquire local services for the client and to determine whether this was an emergency and could be paid for by Medi-Cal. Many efforts also went into raising money for the client to assist with the $2,000 purchase of dentures. Her VIP public health nurse was able to work with a local dentist to provide for the extraction of all her teeth. Some of this work was covered by donations from the local Catholic church. These donations were the result of the client's own advocacy, something she would not have done without the encouragement of her case manager. The client was able to obtain dentures on a payment plan and is now back to work, with her smile. Her twins are healthy and meeting developmental milestones despite being born prematurely.

This profile was prepared by Butte County Children and Families Commission.

Population

Total births (2004)	322
0 to 5 population (2004)	2,103

Ethnicity of Children 0-5

African-American	3.1%
Asian/Pacific Islander	0.6
Latino	13.9
Native American	2.1
White	76.2
Other	4.0

Fiscal

Total Net Assets, July 1, 2004	**$970,809**
Committed Funds	732,756
Uncommitted Funds*	238,053
Total Revenues	**$624,063**
First 5 Monthly Disbursements	303,134
Other First 5 Funding (Including SMIF)	268,798
Non-First 5 Funding	26,663
Interest	25,468
Expenses	**$(641,064)**
Total Net Assets, June 30, 2005	**$953,808**
Committed Funds	785,531
Uncommitted Funds	168,277

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

Commission Priorities

Socioeconomic needs represent one of the greatest areas of concern in Calaveras County. Many families are "working poor" who 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 all make it difficult for families to promote the health and well-being of young children. A growing population base is further complicating 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

School Readiness Program expands center-based services for families and children. The school readiness center at Jenny Lind Elementary School provided a base for families to gather and access school readiness activities such as age-appropriate play dates, book-buddies reading, "Off to a Good Start" kindergarten readiness training and activities, parent-focused Hot Topic education sessions, and Lunchbox Learning kits. Parent education and outreach programs included the Universal Home Visiting Program, Family Literacy Outreach, a Lending Library, the New Connections parent support group, and mobile outreach to community child care providers. Together, these programs ensure a consistent, responsive range of supports for families of young children. Case management services facilitated a personalized and responsive approach for families. The School Readiness Program made 2,981 service contacts with parents and children during fiscal year 2004-05. Positive outcomes were documented, with parents and child care providers reporting increased knowledge and skills related to child development. The Kindergarten Bridge Program successfully introduced families and children to a kindergarten experience, with both teachers and parents reporting improved transitions to kindergarten. After extensive evaluation of the program, the First 5 Calaveras Commission is engaged in an expansion to provide improved School Readiness coordination to the key communities of Valley Springs, West Point, and Angels Camp.

CARES improves collaboration and enhances child care quality. First 5 Calaveras partnered with the child care community to improve retention and to upgrade the skills of child care providers through education- and experience-related stipends. Collaborative relationships with local community colleges allow CARES to offer child care providers the training they need to move through the permit process. Calaveras CARES provides a coordinated system of training and mentoring through a series of educational opportunities addressing the priority needs of early childhood professionals. Direct outreach to child care providers throughout the community establishes relationships for mentoring and provides an introduction to the CARES program. Activities and events through CARES are coordinated with the Early Childhood Education/Kindergarten partnership to ensure that transition issues are addressed. During fiscal

year 2004-05, CARES reached 109 providers, 25% of them from family-based homes, and awarded a total of 43 provider stipends.

Promoting Equitable Access and Outcomes

Poverty and geographic isolation present significant challenges to serving the population of Calaveras County. County residents tend to identify closely with their own communities, and 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. Therefore, a fundamental strategy of First 5 Calaveras is the provision of large and small (mini-grant) funding opportunities that facilitate service integration, strengthen families, and support children throughout the community. A countywide assessment and planning process has focused on the unique needs of isolated communities and identified strategies for reaching underserved populations. The resulting *Our Children, Our Community* 10-year Master Plan for Children is used by First 5 Calaveras as a guide for grantees developing funding proposals and as a reference point for County Commission decision-making. Recognizing the significant challenges faced by families of children with disabilities and other special needs, First 5 Calaveras participated in the development and distribution of "All Children Are Special: How to Know When a Child Needs Help—A Manual for Parents and Child Care Providers."

Program Highlights

Universal Home Visiting Program helps parents support their children's development. The Universal Home Visiting Program (UHV) strives to increase children's readiness for school, increase the number of parents accessing available services, decrease parental isolation, and identify developmental disabilities. Focused on children ages 1-5, UHV works to increase parents' abilities to support children during their pre-kindergarten years. Education, support, and developmental screenings are provided by home visitors, who can help families access needed services. The program also provides an annual Baby Fair with information and resources, support groups, and educational materials. The monthly Parent's Day in the Park brings parents together and helps address both geographic and emotional isolation. In fiscal year 2004-05, the program made regular visits to 19 families.

Calaveras Children's Dental Project (CCDP) focuses on prevention and early treatment. CCDP provides dental screenings, treatment, and health education services to young children in Calaveras County. CCDP provides direct preventive dental services on-site to children ages 0-5, including exams, professional cleanings, and fluoride treatment. The program focuses intensively on Medi-Cal eligible children, providing services otherwise not available because of the limited number of dentists in the county and transportation and income barriers. The program also provides basic oral health and nutrition education to parents and caregivers, including private child care providers, and preschool and Head Start staff. During fiscal year 2004-05, CCDP provided dental screening to 262 children, a slight increase from the previous year.

Mother, Infant and Child Harvest (MICH) Project promotes healthy eating habits. A partnership with Women, Infants, and Children (WIC) and local markets, MICH provides vouchers for fresh fruits and vegetables to low-income families with young children, helping them to meet minimum daily nutritional requirements. By providing nutritional options to families, the program aims to reduce the incidence of childhood obesity and promote healthful choices. In addition, classes and individual counseling help parents improve their understanding of children's nutritional needs and learn how to choose and prepare fresh produce. Participating families report increased nutritional knowledge, expansion of the selection of fresh fruits and vegetables they provide their children, and increased requests for fruit and vegetable snacks by their children.

This profile was prepared by SRI International from information provided by the County Commission.

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 funding (1) activities that promote school readiness, (2) parent education on young children's oral health, (3) activities that promote access to health care services, and (4) transportation to services and mobile services.

Population

Total births (2004)	345
0 to 5 population (2004)	1,903

Ethnicity of Children 0-5

African-American	0.1%
Asian/Pacific Islander	1.1
Latino	64.6
Native American	2.4
White	29.4
Other	2.4

Fiscal

Total Net Assets, July 1, 2004	**$1,106,569**
Committed Funds	985,383
Uncommitted Funds	121,186
Total Revenues	**$506,786**
First 5 Monthly Disbursements	275,331
Other First 5 Funding (Including SMIF)	202,992
Non-First 5 Funding	175
Interest	28,288
Expenses	**$(456,209)**
Total Net Assets, June 30, 2005	**$1,157,145**
Committed Funds	1,130,218
Uncommitted Funds	26,927

Primary Activities and Programs

Family Action Center is a key part of the School Readiness Initiative. The Family Action Center (FAC) reaches out to all children in the community, providing a one-stop family resource center. Programs focus on social-emotional support for children ages 0-5 and their parents, basic needs, adult education, community empowerment, and caregiver support. The number of children served has increased from an average of 30 per day in fiscal year 2003-04 to 80 children per day in 2004-05. There is steadily increasing involvement of fathers, with many attending GED classes and working as volunteers at the FAC. More than 900 children and adults attended the second annual Community Health and Safety Fair. The demand for FAC services is increasing rapidly, with waiting lists for many activities. There are ongoing efforts to recruit additional instructors and create more space to meet community demand for FAC programs.

Parents learn the importance of oral health through Colusa County Smiles program. Starting in March 2005, the Colusa County Smiles oral health project began providing free full-service pediatric dentistry for children ages 0-5 in a mobile dental van. Parent education on the proper care of children's teeth is also a key part of the program. During the first visit to the community of Arbuckle, the dentist examined 38 children, and more than half were found in need of full restoration services. Parents were unaware that significant tooth decay could occur at such a young age or that early dental visits are recommended. By providing parenting education in early oral health, the project hopes to improve parents' knowledge, to motivate them to provide better oral care, to prevent tooth decay, and ultimately to reduce the need for restoration services in the future.

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 plan for covering all children with health insurance, called Healthy Kids, Healthy Futures Inc. (HKHF). HKHF established a Governing Board and released requests for proposals for medical, dental, and vision insurance companies.

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. The anticipated date to begin enrolling children in the program is March 1, 2006. This program will facilitate access to a medical home and preventive services for children across Colusa County.

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.

Program Highlights

The Kids Academy builds children's school readiness with early education activities. Located in Arbuckle at the FAC, the Kids Academy is helping prepare children for school by providing them with the same opportunities and resources usually found in larger cities. The program brings together preschool children who are cared for at home or at licensed family child care providers in Arbuckle. Twice a week for 1 ½ hours each day, children and their caregivers can come to the FAC and participate in structured activities designed to prepare children for kindergarten. The Kids Academy is particularly helpful for those who do not meet the requirements for the State Preschool or Head Start. Because the nearest private preschool is in Colusa, more than 20 miles away, many children do not otherwise have access to preschool activities. The Kids Academy began fiscal year 2004-05 serving 6 children and ended it working with 14 children, recently "graduating" the first group of children to kindergarten.

ImagiBus promotes early literacy and connects families with needed resources. The ImagiBus is a mobile literacy project funded by First 5 Colusa, the Colusa County Free Library, and the California State Library Literacy Services. The primary goal of the ImagiBus is to improve child development and family functioning by increasing family literacy. The colorful bus, decorated with pictures drawn by local children, makes 35 stops a month to child care centers, family child care providers, libraries, schools, fairs, and other community events throughout the county. Children are invited to enjoy storytime 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.

This profile was prepared by SRI International from information provided by the County Commission.

Commission Priorities

Although the median family income in Contra Costa County in 2000 was $73,000, portions of the county are among the poorest in the state. First 5 Contra Costa has identified these high-need neighborhoods based on factors such as poverty, school success, and child health and welfare, as well as isolation by culture, language, distance from services, or lack of community safety.

To address these needs and improve outcomes for Contra Costa County's most vulnerable children, First 5 Contra Costa invested significant resources in programs serving families who live in at-risk communities. Implementation of programs in these communities involves a linking and layering of several of its funded programs, such as home visiting services, parenting support, and enrichment programs located at five First 5 Centers, child care quality improvement activities, and school readiness programs.

Population

Total births (2004)	13,279
0 to 5 population (2004)	79,498

Ethnicity of Children 0-5

African-American	9.9%
Asian/Pacific Islander	10.4
Latino	30.7
Native American	0.5
White	42.5
Other	6.1

The remainder of the programs that First 5 Contra Costa funds target children living anywhere in the county, including the at-risk neighborhoods. Some of these programs are only for special populations, such as teen parents, substance-abusing mothers, or children with special needs. Countywide programs include mental health services, parent education and support, substance abuse services, tobacco education, small grants that promote family-friendly communities and family literacy, and training for service and child care providers.

In 2004-05, First 5 Contra Costa continued to help children reach their greatest potential in school and life by investing in programs and services that help children grow up healthy, ready to learn, and supported in safe, nurturing families and communities.

Fiscal

Total Net Assets, July 1, 2004	**$44,911,912**
Committed Funds	44,911,912
Uncommitted Funds	0
Total Revenues	**$13,141,498**
First 5 Monthly Disbursements	11,941,517
Other First 5 Funding (Including SMIF)	144,219
Non-First 5 Funding	3,604
Interest	1,052,158
Expenses	**$(11,347,455)**
Total Net Assets, June 30, 2005	**$46,705,955**
Committed Funds	38,289,645
Uncommitted Funds	8,416,310

Primary Activities and Programs

Home visiting services are improving child health. First 5 Contra Costa funds in-home education and support programs for expectant parents and for children from birth to age 3, primarily for families living in targeted at-risk communities. Last year, home visitors served 1,334 families, averaging seven visits per family. As a result, virtually every child was up-to-date on immunizations and well-child visits and had health insurance. All clients (100%) reported being satisfied with their home visits.

A pilot home visiting program was initiated to help incarcerated teenage and adult women deliver healthy babies. It is believed that these women may account for a significant portion of those who do not receive prenatal care or who receive it late, not until their third trimester.

First 5 Contra Costa's programs are preparing children for kindergarten. More than 650 children without prior preschool experience participated in a summer pre-kindergarten, a parent cooperative preschool, or a family literacy preschool program. Kindergarten teachers reported a significant difference in school readiness between children who had no preschool experience before kindergarten entry and children with just some preschool experience. This included children who had attended First 5 Contra Costa-sponsored preschool programs.

First 5 Contra Costa's Tigo Early Learning Kit helps parents be their child's first teacher.

Furthermore, approximately 3,000 children and their parents living in at-risk communities participated in activities to help children prepare for kindergarten, such as early-learning fairs, parent-child workshops, family literacy programs, and community field trips.

Support helps teen parents and parents of children with special needs. More than 400 families, including 168 teen parents, participated in parent education classes and support groups. Teen parents showed an increase in their knowledge of effective parenting techniques, including a better understanding of how parents influence their children's brain development.

Fifty-eight parents of special-needs children were matched with parent mentors who helped them to connect with additional resources. In one case, a parent of a child with a rare chromosomal disorder—only 150 children have this diagnosis in the entire state—was matched with another Contra Costa family whose child had a similar diagnosis. Staff reported that this connection was invaluable in helping the parents access services for their child and in providing them with emotional support.

Children with mental health problems and special needs receive help early. The Child Care Solutions program identifies and refers children with mental health, social, emotional, and developmental problems enrolled in licensed child care and creates continuity of care by providing training and support for child care providers.

Last year, mental health specialists served 242 children at 86 different sites, developed effective solutions for problems with parents and providers, and referred children in need to early intervention services to help improve their long-term development. Over 50% of the children were able to remain in their child care setting, while a quarter were referred to a school district for additional evaluation and assessment. Of providers surveyed, 85% reported that they would know what to do if another child in their care exhibited similar behavior.

Substance-abusing mothers recover with their children. The Rosemary Corbin House (RMCH), a residential substance abuse recovery program for pregnant and parenting mothers identified as being at risk of losing their children because of substance abuse, served 20 women last year. RMCH reunited mothers and children in a healthy setting, providing treatment, counseling, and parenting support for the mothers and mental health treatment for the children. On-site mental health and child development professionals assess the children's development and help mothers parent and bond with their children during a 6-month residential period and a 12-month aftercare period.

Mothers showed distinct improvement at discharge on the addiction severity index and on assessment of their bonding behaviors. Children showed developmental improvements, including resolution of delays that were evident at admission. The majority of mothers were discharged with their children placed with them at home.

Promoting Equitable Access and Outcomes

Since its inception, First 5 Contra Costa has operated under the philosophy that programs can and should be delivered at the local community level in a manner that honors the culture of the community and builds on existing community strengths. In 2004-05, First 5 Contra Costa provided multiple opportunities for community members to take action and make important changes in their communities, such as:

- Convening large sectors of the community for planning processes.
- Coordinating volunteer community groups to develop and implement events, trainings, and other leadership activities in local communities.

- Establishing Community Governing Boards to guide the work of its First 5 Centers.
- Funding small Community Grants for community groups to improve playgrounds, conduct safety fairs, and provide free enrichment activities for young children.
- Neighborhood-based outreach efforts and school readiness transition teams that include parents to determine how best to meet the needs of children and families residing in school readiness neighborhoods.

In addition, First 5 Contra Costa initiated a process to develop a local Equity Action Plan last year, which will help it to be even more responsive to Contra Costa's diverse communities. This plan is intended to ensure that children from diverse backgrounds and with diverse abilities have access to high-quality and culturally competent services. The plan also will help First 5 Contra Costa to ensure that all diverse groups, particularly those who have been traditionally underserved, are actively engaged and involved in defining their needs and finding appropriate solutions.

Program Highlights

Tigo Early Learning Kit promotes parents as their children's first teacher. In 2004-05, First 5 Contra Costa began pilot-testing Tigo, its new early learning kit for parents and children ages 2½ to 5 years living in targeted school readiness communities. Tigo is based on the concept that everyday life is full of school readiness experiences. It provides high-quality children's books, learning materials, and fun and engaging activities that help parents bond with their children and that promote a range of school readiness skills. All contents are bilingual, in English and Spanish. Tigo is primarily for children who are not enrolled in center-based child care or preschool prior to kindergarten. Approximately 850 children under age 5 have received a Tigo kit. The majority of families receiving Tigo spoke Spanish, and 62% of the children had not attended preschool or licensed child care. Most Tigo recipients continued to use items in Tigo 6 months after receiving the kit. Furthermore, parents reported that Tigo increased the amount of time they spent engaging in pre-literacy and school readiness activities with their children, and most parents felt that Tigo helped them prepare their children for kindergarten.

New mental health services improve outcomes for children and families. In 2004-05, four collaborating mental health agencies provided screening and mental health treatment for 140 children who had experienced uncontrollable behavior or severe problems caused by abuse, neglect, or trauma. Of these, 46 children and families received "wraparound" services, a new planning process that organizes a family's formal and informal resources into a team to identify the family's needs and provide assistance. Therapists reported improvement for most of the children, with the greatest improvement among wraparound participants. Therapists also reported improved parent-child relationships based on parents' responsiveness to their children, ability to meet their children's basic and emotional needs, and the quality of parenting. Of the 96 children treated, all but one maintained placement in the home.

Early Learning Demonstration Project improves child care quality. Contra Costa parents looking for high-quality child care will soon have an easier time identifying a high-quality program, thanks to the Contra Costa Child Care Council's Early Learning Demonstration Project (ELDP), which helps child care sites become nationally accredited programs. Fewer than 25 licensed child care programs out of 1,780 in Contra Costa are accredited.

Participating ELDP sites receive yearly awards as high as $25,000 for child care centers and $5,000 for family child care homes to develop and implement an improvement plan. Most ELDP child care programs are located in identified school readiness neighborhoods.

Sites receive one-on-one mentoring and site visits from an early learning facilitator, intensive training on effective teaching practices, funds for facilities improvements, high-quality early learning materials, and assessments on creating optimal early learning environments.

In 2004-05, 28 sites, including 9 centers and 19 family child care homes with a total enrollment of 650 children, participated in this program. Five completed their implementation plans, and three became nationally accredited.

Consultation and Response Team strengthens home visiting services. The Home Visiting Consultation and Response Team (CRT) is made up of a public health nurse, a social worker, an early childhood mental

health professional, and a child development specialist. Using a multidisciplinary approach, the CRT offers local home visitors support, expertise, and referrals when they are working with high-risk families with multiple problems.

In 2004-05, the CRT served 53 home visitors, supervisors, and managers, responded to 125 referred cases, and provided 326 consultations. Home visitors who used the CRT had greater confidence in their training, support, and knowledge of appropriate referrals within the community, felt more supported, and collaborated more often with other home visiting programs.

Award-winning video encourages parents to "Have Fun and Be Active." Contra Costa Health Services' Women, Infants, and Children (WIC) program and First Baptist Head Start received a $5,000 Family-Friendly Community Grant to produce a video that encourages families to engage in a healthy, active lifestyle. The video, called "Have Fun and Be Active," depicts parents, grandparents, and young children having fun being physically active inside and outside the house. The video, produced in English and Spanish, was created to address the high rate of childhood obesity affecting young children statewide.

The video was distributed to 10,000 low-income families at WIC classes, Head Start, and licensed child care centers. Eighty-four percent of surveyed WIC clients who received the video indicated that it motivated them to be more physically active with their children. In May 2005, "Have Fun and Be Active" was named a finalist for a Telly Award, the premier award honoring outstanding local, regional, and cable TV commercials and programs.

Local Story

Special-needs inclusion benefits everyone. Five-year-old Christian attends Caryn Henry's family child care, along with six other children. When Christian was a baby, a viral infection affected the way his muscles developed. As a result, he is in a wheelchair, wears a body brace for support, and has a tracheotomy tube to help him breathe. He was the first child Caryn enrolled when she opened her child care home 1 year ago.

Christian is thriving in Caryn Henry's family child care with help from the Special Needs Inclusion Program.

"At first, I really thought I was in over my head," said Caryn. "But, now I think of him just like any other child here. He enjoys puzzles, listening to stories, and playing with the other children. He is just a normal, happy little boy."

Caryn worked with the Contra Costa Child Care Council's Inclusion Program, which helps to make typical child care more accessible for children with special needs. In this program, inclusion facilitators provide one-on-one support and offer providers useful tips, technical assistance, or special adaptive equipment to help children with special needs thrive in child care. Facilitators work with children up to three times each week for several months.

"It's so helpful to have the Inclusion Program as a resource," said Caryn. "The program has really helped to address my fears and answer my questions." In addition, the program has provided a special cot for Christian to use for naps and an adaptive chair so he can join the other children on the floor for circle time.

In 2004-05, inclusion facilitators worked with 76 children with special needs in child care settings, providing over 1,300 hours of direct classroom assistance and observation. Parents and providers both reported universal satisfaction with the service. Most providers surveyed anticipated that they would be able to care for additional children with disabilities because of the training and technical assistance provided.

"It is such a blessing for Christian to be here because everyone benefits from inclusion: the provider, the child, and the other children in care," said Caryn. "I hope he comes here for a really long time."

This profile was prepared by First 5 Contra Costa Children and Families Commission.

Population

Total births (2004)	285
0 to 5 population (2004)	1,711

Ethnicity of Children 0-5

African-American	0.3%
Asian/Pacific Islander	3.2
Latino	20.6
Native American	9.2
White	55.6
Other	11.2

Fiscal

Total Net Assets, July 1, 2004	**$530,492**
Committed Funds	553,457
Uncommitted Funds	(22,965)
Total Revenues	**$557,349**
First 5 Monthly Disbursements	258,292
Other First 5 Funding (Including SMIF)	191,233
Non-First 5 Funding	99,967
Interest	7,857
Expenses	**$(720,634)**
Total Net Assets, June 30, 2005	**$367,207**
Committed Funds	313,356
Uncommitted Funds	53,851

Commission Priorities

Four major funding priorities are outlined in the 2003-06 First 5 Del Norte Strategic Plan: (1) parent education and support services, (2) early childhood care and development (including provider capacity building), (3) access to health and wellness services, and (4) integration of services for children and families.

To address these priorities effectively during fiscal year 2004-05, the County Commission provided grants, training, and staff support to long-term projects that promote family support, early literacy, school readiness, high-quality child care and preschool programs, and access to health insurance and care. First 5 Del Norte focused new funding on key partnership efforts, encouraging public and private agencies to jointly undertake projects that address community needs. The commission also embarked on regional efforts with First 5 Humboldt, providing match funding (along with the County Department of Health and Social Services) to support efforts to launch a new graduate degree program in social work at Humboldt State University, and cosponsoring an educational workshop featuring Dr. Bruce Perry, internationally recognized authority on child trauma and early brain development.

Primary Activities and Programs

Crescent City Family Resource Center offers parenting education and family support. First 5 Del Norte committed long-term funding to build, enhance, and sustain the county's only family resource center (FRC). The County Commission successfully established a 501(c)(3) nonprofit organization as the FRC's fiscal/governance umbrella and, in partnership with the Wild Rivers Community Foundation, established trust funds to support new center construction and to ensure the center's longevity. The FRC expanded programs for children and developed a partnership with College of the Redwoods and the Redwood Coast Regional Center to create a Parent Information and Resource Library for parents, caregivers, teachers, and community members. A variety of materials are available, including resources about child health, safety, early brain development, special needs, high-quality early care, and positive discipline. More than half of the parents of participants reported that their children's social skills and school preparedness improved, and 100% reported that their needs as parents were met by the FRC programs.

Del Norte CARES increases the availability of high-quality early care and education. Instructors from WestEd and the University of California at Davis provide trainings in English and Spanish on topics such as health and safety, working with children with disabilities and other special needs, working with infants and toddlers, and professionalism and marketing skills. Providers are required to attend monthly Child Development Network meetings to encourage networking and local advocacy efforts. Professional growth advisors also are available to help providers access resources to support their professional development goals. In its fourth year, the CARES program has served more than half of the child care providers in the county.

Coalition for Better Health launches the Children's Health Initiative. First 5 Del Norte played a key role in encouraging public and private agencies to jointly undertake a yearlong planning effort to launch a comprehensive Children's Health Initiative (CHI). The CHI brings together various stakeholders to pool resources and provide health insurance to all children ages 0-18 in the county. The Del Norte County Unified School District and the Department of Health and Social Services implemented an express-lane enrollment process to increase enrollment of all eligible children in Medi-Cal and Healthy Families insurance. The CHI will offer a new insurance product, California Kids, to all children ages 2-18. Universal provision of health insurance will pave the way for all children in Del Norte County to receive care from a primary care physician and to have access to medical and dental homes.

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. The Crescent City Family Resource Center reaches 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 and the Growing Together program at Sutter Coast Hospital to provide Kits for New Parents. To meet the needs of Spanish-speaking parents, the County Commission makes it a priority to publish all materials, brochures, and the School Readiness Parent Portfolios in both English and Spanish.

Program Highlights

Parent Portfolios personalize resources for families, helping parents enhance children's school readiness. This program offers parents of children ages 0-5 customized portfolios, with information on their children's health, well-being, and development, and various other available family resources. School readiness (SR) advocates administer parent questionnaires to assess child and family needs in areas such as child health, dental health, achievement of developmental milestones, safety, early literacy, family support, and readiness for school. Individualized resources and referrals are provided on the basis of identified needs, and parents are given a place to call with questions and concerns. In addition, the family resource center (FRC) provides an informational clearinghouse, and parents can access both school readiness and FRC programs. SR advocates routinely collect and review follow-up data with families to assess their progress in meeting families' needs.

Health Screenings for 2-5 Year Olds Program brings countywide services to children and families. Supported by a partnership between the School Readiness Program and the community heath center, this program sponsors a mobile van to travel countywide to Head Start programs, state and private preschools, home day care programs, and community events to provide child health screenings and information to teachers and parents. The program coordinator and a registered nurse document health assessment findings, refer children to health or dental health services as needed, and provide parents with resources and information. After the screenings, the children receive a "goody bag" with a toothbrush, floss, and a toy; parents receive their child's health and oral health screening reports and a personalized letter that summarizes the findings and offers assistance with making any necessary health appointments. The rapidly growing and well-received program delivered health screenings to more than 350 children in a 4-month period, and additional bookings are scheduled months in advance across the county.

This profile was prepared by SRI International from information provided by the County Commission.

Population

Total births (2004)	1,897
0 to 5 population (2004)	10,567

Ethnicity of Children 0-5

African-American	0.8%
Asian/Pacific Islander	2.7
Latino	19.0
Native American	1.3
White	71.3
Other	4.9

Fiscal

Total Net Assets, July 1, 2004	**$2,986,415**
Committed Funds	2,719,903
Uncommitted Funds	266,512
Total Revenues	**$3,088,744**
First 5 Monthly Disbursements	1,582,936
Other First 5 Funding (Including SMIF)	506,701
Non-First 5 Funding	906,916
Interest	92,191
Expenses	**$(2,067,081)**
Total Net Assets, June 30, 2005	**$4,008,078**
Committed Funds	3,906,647
Uncommitted Funds	101,431

Commission Priorities

The First 5 El Dorado 2003-06 strategic plan identified the following major issues facing children and families in El Dorado County: lack of affordable child care, lack of primary and preventive health care, poor access to services for geographically isolated families, and a need for expanded mental health, parenting education, and parenting skills services.

In 2004-05, First 5 El Dorado funded programs to address these issues and to promote the following three priority result areas: children will be healthy, children will live in strong families, and children will be learning and ready for school.

Primary Activities and Programs

First 5 El Dorado programs help ensure that all children are healthy. El Dorado County Public Health's ACCELL 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. The ACCEL Initiative is also working to provide insurance or services for those children who do not qualify for existing insurance programs. For example, the El Dorado Community Health Center used First 5 funds to provide 181 medical visits to 77 children who do not qualify for Healthy Families or Medi-Cal, and the Tooth Mobile provided oral health services for children in South Lake Tahoe and the Western Slope.

Programs support families and caregivers to create healthier environments for children. The South Lake Tahoe Family Resource Center's Pañaleras program provided home visitation, support groups, assistance obtaining food and clothing, and provision of mental health services to families with children from birth through age 5. The El Dorado County Office of Education (EDCOE) houses two programs that aim to create stronger families. The Supported Education and Activities for Learners (SEALs) program worked with providers at 27 child care centers and family child care homes to enhance their skills in serving at-risk children and to help them work with parents on creating healthy home environments for their children. SEALs also helped these providers work with and support parents of children with disabilities and other special needs. EDCOE's Cal-SAFE charter school program provided parent education and child care for pregnant and parenting teens. Another program, Theragym, at the Early Childhood Counseling Center provided mental health treatment to strengthen caregiver and child bonding.

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 74 early care and education professionals. CARES helped providers take courses in child development and early care and education that will qualify them for a Child Development Permit from the California Commission on Teacher Credentialing. Providers increased their ability to assess and integrate children with disabilities and other special needs through the

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. The Parent Participation Preschool increased the availability of high-quality child care in El Dorado County by participating in the National Association for the Education of Young Children (NAEYC) accreditation process.

Promoting Equitable Access and Outcomes

The Latino population and families of children with disabilities and other special needs have been historically underserved groups in El Dorado County. Spanish-speaking families in both South Lake Tahoe and western El Dorado County have a limited number of community and public agencies with the resources necessary to serve them effectively. Families with children with disabilities and other special needs have lacked convenient access to the services they need to help their children become ready for school. First 5 El Dorado supported many programs during fiscal year 2004-05 that promote equitable access throughout the county. The South Lake Tahoe Family Resource Center's Pañaleras 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 and the SEALs program are now providing 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 Pañaleras Project connects families to community resources. Housed in the South Lake Tahoe Family Resource Center (FRC), the 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 family resource center services, the program served 96 children under age 6 and approximately 153 parents or guardians during fiscal year 2004-05. The Pañaleras 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 of the support groups demonstrate improvements in areas such as communication, social support, discipline, and problem solving among participating families. The Pañaleras Project also makes referrals to other agencies for food assistance, social services, car seat safety, and mental health and domestic violence programs.

Supported Education and Activities for Learners (SEALs) 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 2004-05, the SEALs program trained 291 early care and education providers in topics such as early intervention and services for children with disabilities and other special needs. More than 80% of providers surveyed reported that their confidence in working with children with disabilities and other special needs increased as a result of SEALs services.

This profile was prepared by SRI International from information provided by the County Commission.

Population

Total births (2004)	15,896
0 to 5 population (2004)	82,121

Ethnicity of Children 0-5

African-American	5.7%
Asian/Pacific Islander	7.5
Latino	62.5
Native American	0.9
White	20.6
Other	2.8

Fiscal

Total Net Assets, July 1, 2004	**$43,566,007**
Committed Funds*	43,566,007
Uncommitted Funds*	0
Total Revenues	**$16,956,787**
First 5 Monthly Disbursements	13,242,841
Other First 5 Funding (Including SMIF)	2,029,182
Non-First 5 Funding	0
Interest	1,684,764
Expenses	**$(18,020,014)**
Total Net Assets, June 30, 2005	**$42,502,780**
Committed Funds	42,435,064
Uncommitted Funds	67,716

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

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; a lack of early intervention, screening, and assessment programs; and a shortage of services 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; increasing (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 program improves the quality of early care and education programs. The Comprehensive Staff Retention Program provides professional development services to child care providers in licensed center- and home-based settings. Services include career and professional growth advising, textbook and tuition reimbursement, a textbook loan library, workshops, conference scholarships, and coursework opportunities. During fiscal year 2004-05, stipends were provided to 317 early care and education providers. Child development coursework opportunities were provided on-site at three locations, with 105 participants completing a total of 315 child development units. An additional 250 participants completed a one-unit child development course. Thirty-six Spanish-speaking family child care providers completed a 13-unit program to meet the requirements for an Associate Teacher level Child Development Permit through the California Commission on Teacher Credentialing.

School Readiness (SR) Initiative programs provide developmentally appropriate enrichment activities for children, family support, and service coordination and referrals. SR Initiative programs are designed to improve children's readiness for kindergarten; increase parent involvement; increase parents'/caregivers' abilities to nurture their children's development; and increase opportunities for children to receive responsive, developmentally appropriate experiences. During fiscal year 2004-05, eleven sites provided comprehensive services, including preschool/infant-toddler programs, home visitation, and kindergarten transition camps, while also linking families to health and other support services as needed through coordinated case management and referral systems.

Fresno County Children's Health Initiative moves toward health care access for all children. Local organizations have coalesced to develop a comprehensive effort to provide health coverage to all children ages 0-5 (and 6-18 with non-First 5 funds) through existing public coverage programs and the creation of

a Healthy Kids program for children at or below 300% of the poverty level and ineligible for other programs. Efforts to date include assessment of uninsured children; development and selection of a local expansion option; development of an outreach, enrollment, retention, and utilization plan; identification of an administrative structure for implementing the local Children's Health Initiative (CHI); selection and funding of a program administrator; selection of a network of outreach entities; development of health, dental, and vision plans; and successful leveraging of funding to move the project forward. Once operational in 2005-06, the CHI will increase the number of insured children, reduce financial barriers to care, and increase health care access.

First 5 Fresno's Assessment Center for Children (ACC) promotes early identification and screening and supports families with children with disabilities and other special needs. Newly operational, the ACC uses a family-based approach, co-locating services that families may need when their children experience developmental, learning, social, behavior, or emotional difficulties. The ACC strives to ease barriers to service access. It provides children and families with the early intervention, screening, and caregiver support needed to maintain functional families and retain children in early care and education placements. The center provides comprehensive assessments and works with parents and other service providers to develop care plans. By the end of fiscal year 2004-05, the ACC had received 95 referrals and completed 124 care plans.

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, disabilities, or 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 projects that have 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 21,500 service contacts made with Hispanic/Latino and Asian children and an additional 21,265 service contacts with Hispanic/Latino and Asian parents/caregivers of children ages 0-5.

Program Highlights

The Healthy Steps program provides screenings, referrals, and support for children, while simultaneously training pediatric residents. Children and families receive developmental and behavioral screenings, home visits, enhanced well-child care, access to a telephone information hotline, child development and family health checkups, informational materials, access to parent support groups, and linkages to community resources from a highly trained and bilingual team. A bilingual, developmentally trained Healthy Steps specialist partners with a licensed clinical social worker to increase the level and quality of developmental and behavioral services provided to young children. Concurrently, the specialist, social worker, and UCSF-Fresno faculty train residents providing medical services in co-managing care so that they can apply the model in their future practice.

Del Rey school readiness programs provide high-quality child care and family support services. Using the Program for Infant/Toddler Caregivers curriculum, the program provides a high-quality, research-based child care experience for children ages 0-3 with working parents or parents who attend school. Fifteen children participate in the Del Rey child care program, and other families remain on the waiting list. Del Rey also operates a home visitation program based on the Parents as Teachers model for children ages 0-5. Home visitors model parent-child interactions, provide developmental screenings, and link families to community resources and support groups. The program also provides parenting workshops, which are open to the community at large.

This profile was prepared by SRI International from information provided by the County Commission.

Population

Total births (2004)	398
0 to 5 population (2004)	2,431

Ethnicity of Children 0-5

African-American	0.3%
Asian/Pacific Islander	3.5
Latino	43.2
Native American	1.0
White	49.1
Other	3.0

Fiscal

Total Net Assets, July 1, 2004	**$856,382**
Committed Funds*	923,511
Uncommitted Funds*	(67,129)
Total Revenues	**$575,762**
First 5 Monthly Disbursements	365,914
Other First 5 Funding (Including SMIF)	185,908
Non-First 5 Funding	11,534
Interest	12,406
Expenses	**$(797,359)**
Total Net Assets, June 30, 2005	**$634,785**
Committed Funds	608,163
Uncommitted Funds	26,622

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

Commission Priorities

Glenn County, located about halfway between Sacramento and Redding, is primarily an 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, and residents suffer from a high rate of poverty. Few or no options exist for families who need child care and access to other services. School readiness remains one of the top priorities of First 5 Glenn County, encompassing the areas of health, education, and economic stability. Other local priorities include oral health, literacy, child care professional development, parenting education, and mental health.

While continuing to focus primarily on First 5 Glenn's strategic plan, fiscal year 2004-05 brought the final year of funding to three major grants: CARES, the Glenn County Probation Department's Renaissance Program, and the Home Visitation Program. As the County Commission moves into a new strategic phase, the following goal areas will determine future funding decisions: children enter kindergarten ready for school, children have home environments supportive of optimal cognitive development, and parents provide nurturing and positive emotional support.

Primary Activities and Programs

Comprehensive school readiness programs help prepare children for school. First 5 Glenn works with multiple partners to assure that children are physically, emotionally, and socially healthy, learning, and ready for school. In a new collaborative effort with Migrant Education, 60 children ages 3-5 enrolled in a 6-week preschool program. This effort resulted in an increase in children's color recognition, gross motor skills, and the ability to follow verbal directions. The collaboration between the Glenn County Office of Education and Child and Family Services brought 450 Kindergarten Readiness Kits to all 4-year-olds in Glenn County. A partnership with Del Norte Clinics, Inc., led to complete dental screenings for approximately 100 children. In addition to these multiple collaborative efforts, an average of 35 parents/guardians attended the school readiness program–sponsored English learner classes. Children's learning groups were held simultaneously, providing high-quality experiences for children while allowing parents to participate.

The CARES program supports continuing education for early childhood professionals. Glenn County continues to be proactive in its efforts to create and maintain a qualified early childhood workforce by motivating professionals to work toward an AA or BA degree. The Comprehensive Approaches to Raising Educational Standards (CARES) program has a tiered professional development system, in which each tier requires providers to complete Early Childhood Education (ECE) units to advance. The program served 24 new ECE providers in fiscal year 2004-05 and improved the retention rate for existing providers. In addition, First 5 Glenn recognized the need for more culturally and linguistically appropriate child care and for infant/toddler slots. To create incentives to meet these needs, providers who taught children in a language other than English, cared for multiple infants/toddlers, and had three units in Infant/Toddler Care Giving education received an additional stipend.

Promoting Equitable Access and Outcomes

Latino and migrant families historically have been underserved in Glenn County. To increase accessibility of services for these populations, the school readiness (SR) program is centrally located in the heart of the Latino community. The collaboration between the Human Resource Agency, Migrant Education, Hamilton City Unified, Glenn County Office of Education–Child and Family Services, and First 5 Glenn provides community members with access to a family resource center with a staff reflective of the community it serves. A "one-stop shop" for families in Hamilton City, the SR program provides multiple needed services to families in their own neighborhood. Parents feel at ease dropping their children off at school and bringing younger children into an environment that they helped to create. Parents/guardians, grandparents, and community members access services in the family resource center knowing that the staff are reflective of their culture and language.

Program Highlights

KIDS program supports children and caregivers by addressing behavioral concerns early. The Kollaborative for the Innovative Delivery of Early Childhood Services in Glenn County (KIDS) program provides services to families with children ages 0-5 who are experiencing behavioral challenges. The KIDS program provides counseling, behavior coaching, and consultation to preschool teachers and family care providers. An early behavioral health specialist helps child care providers identify at-risk children in their care and supports their efforts to address mental health needs and behavior problems in the care setting. Families with children ages 0-5 can receive couples counseling to avoid domestic violence, parenting education to handle children's tantrums and other difficult behaviors, and short-term counseling to handle small crises before they escalate into larger ones. Consultation with providers and families helps maintain a consistent approach and hands-on support. This program has reduced problem behaviors in child care settings, increased access to child care by enabling providers to care for children who previously might have been removed from care, decreased parental stress, and contributed to a reduction in the number of substantiated child abuse reports.

Home visitation program brings support and services to families with children ages 0-5. The In-Home Visiting Program focuses on low-income families, families with limited English proficiency, families with children at risk for abuse or neglect, and families of children with disabilities and other special needs. The program's main goals are to help (1) parents/guardians raise healthy and well-adjusted children, (2) children start school ready to learn, (3) children enter school with the best possible physical and mental health, and (4) children live and play in safe environments. With staff fluent in Spanish, Laotian, and Hmong, the program provides written materials in these languages, as well as English; group activities for parents and child caregivers; health and dental vouchers for children; respite care services; and resource and referral information. During fiscal year 2004-05, 5,620 direct service contacts were made with families and their children, 48% through classes and workshops and 38% through support group sessions. More specifically, 605 children ages 0-5 received direct services, and 311 home visits were conducted by a health nurse and home visiting staff, serving a total of 92 parents/caregivers.

This profile was prepared by SRI International from information provided by the County Commission.

Commission Priorities

The primary issues facing children and families in Humboldt County are the rural isolation of many residents; poverty, unemployment, and underemployment; family and community difficulties and stress, often manifested through alcohol, tobacco, and other drug use, child abuse, and family violence; lack of transportation and the distances, in a highly rural county, of residents from available services; shortage of mental health and dental services for young children; shortage of affordable and high-quality child care; cultural issues and racial/ethnic tension; sustaining programs that work; and a shortage of prevention services for young children and families. To begin to address these issues, First 5 Humboldt's priorities for funding have been family resource centers, high-quality child care, mini-grants, and health and wellness programs.

Population

Total births (2004)	1,509
0 to 5 population (2004)	8,764

Ethnicity of Children 0-5

African-American	1.1%
Asian/Pacific Islander	1.8
Latino	14.7
Native American	8.6
White	64.8
Other	9.0

Fiscal

Total Net Assets, July 1, 2004	**$5,788,882**
Committed Funds	5,607,934
Uncommitted Funds	180,948
Total Revenues	**$1,787,175**
First 5 Monthly Disbursements	1,273,522
Other First 5 Funding (Including SMIF)	257,793
Non-First 5 Funding	83,750
Interest	172,110
Expenses	**$(1,390,303)**
Total Net Assets, June 30, 2005	**$6,185,754**
Committed Funds	5,978,681
Uncommitted Funds	207,073

Primary Activities and Programs

Family resource centers (FRCs) receive funding in six communities to implement activities and services for children from birth to age 5 and their families. The FRC initiative is a long-term First 5 Humboldt commitment and is focused on providing support to communities to do strengths-based work. There are varied approaches to implementing an FRC among the six communities, including the support of playgroups for parents and children; providing services, support, and referrals to families with very young children on-site at the FRC; and holding special events, at the FRC or off-site, that target young children and their families. The expected outcomes are improved family functioning and increased neighborhood and community connection. Apart from direct funding, FRCs are also provided with training support, and monthly coordinator meetings provide the opportunity for sharing information and resources.

High-quality child care supported. First 5 Humboldt has continued to support the Retention Incentive Program (RIP). The number of participants in RIP has stayed relatively stable over the years, with a significant number of returning applicants attending college-level classes. RIP's focus for the next 3 years has been reframed to emphasize the successful completion of college coursework, in the areas of both general education and early childhood development, in order to lead participants to either an associate's or bachelor's degree. High-quality child care was also supported, through seven mini-grants to family child care programs serving children from birth through age 5, to increase the number and quality of materials and improve the safety of outdoor play spaces in these programs. Finally, the work of the partnership that oversaw the publication of *The Economic Impact of the Child Care Industry in Humboldt County* was formalized through a resolution. The partnership is convening the Work-Life Alliance, an active collaborative of business, government, education, financial institutions, community organizations, child care, and other nontraditional stakeholders.

Mini-grants support a variety of programs. Programs were approved for up to $2,500 for a variety of projects to (1) improve the quality of family child care programs, (2) provide support for lactation education

training for Spanish- and Hmong-speaking community members, (3) promote adoption as an option for pregnant teens, (4) provide prenatal and parenting classes in Spanish, and (5) purchase pediatric dental equipment for a hospital-based dentistry program. Mini-grant guidelines were changed in January 2005 to focus on providing support to projects and activities developed and implemented by grassroots groups. Several applications from grassroots groups were received and approved during the last 6 months of the year, and work on them will begin in the next fiscal year.

Stronger community connections promote children's health and wellness. First 5 Humboldt's broad definition of health encompasses a child's physical, emotional, social, relational, and economic health and recognizes that health is a community matter, not limited to how an individual is doing. A child's healthy development depends on the health of her/his community as well as her/his individual health status or that of her/his family. With this broad definition, all of First 5 Humboldt's projects and initiatives affect health and wellness. One such program is the Family Substance Abuse Community Response Initiative (FSACRI). A needs assessment, conducted at the beginning of the FSACRI process, identified creating activities and programs for families and youth that increase a sense of community and belonging as the highest priority for addressing substance abuse. The complexity and difficulty of preventing substance use and abuse led the FSACRI planning group to focus on the protective factors that help reduce the harmful effects of substance abuse on families. The result was the launching of an initiative, "Better Together in Eureka," which will provide small grants to neighborhoods to create activities and programs that increase a sense of community and belonging. A second project begun by FSACRI was "Best Beginning for Moms and Babies," which educates prenatal care providers in how to assess pregnant women for substance abuse and provides education and information/referral services for pregnant women using alcohol and/or other drugs and smoking cessation services to pregnant women.

Promoting Equitable Access and Outcomes

Underserved communities in Humboldt County include ethnic communities, geographically isolated families, and families with children with special needs. American Indian families have been here since the beginning, while Latino/Hispanic and Southeast Asian families are more recent immigrants to the county. Many families are geographically isolated because of the county's rural nature. Currently, half of the children in Humboldt County live outside of the metropolitan Humboldt Bay area, distant from most public services and recreational supports. Families with children with special needs have often been underserved because of their rural isolation—they are not involved in groups and/or programs that might lead to identification of special needs, and even when needs are identified, they may not have the resources (transportation and money) to allow them to access the services available only in the Humboldt Bay area.

First 5 Humboldt funding has been used to reach most of these groups through the commission's funding priorities. First, the Hoopa School Readiness Program targets the American Indian population living on the Hoopa Valley Indian Reservation. Second, a mini-grant for prenatal and parenting classes in Spanish was funded. Third, a lactation education mini-grant provided training for four Spanish-speaking women and one Hmong woman, so that these community members could take information on the benefits of breastfeeding back to their communities. Fourth, family resource centers and playgroups are supported in eight different geographic areas, all but one of which is outside of the Humboldt Bay area. Fifth, a partnership with the Humboldt County Library extends the library's reach into geographically isolated communities. Sixth, the California Conservation Corps Dental Health Outreach Project conducts oral health activities with children ages 0-5 throughout Humboldt County. Finally, a domestic violence 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, either by being located near community residents, by taking the service out to residents on a "circuit" basis, by providing the service in the native language of the program participant, or by being implemented by members of the same cultural group as the program participant.

Program Highlights

The Dental Health Outreach Project (DHOP) addresses the oral health crisis in Humboldt County. The DHOP, a project of the California Conservation Corps with partial funding from First 5 Humboldt, provides two full-time AmeriCorps health educators who go to 50 subsidized preschool classrooms throughout Humboldt County to provide classroom presentations on oral health and nutrition and other services. Presentation topics include toothbrush introduction, brushing effectively, healthy snacks, germs and hygiene, tooth safety, toothbrush hygiene, and losing teeth. Additional activities this past year included providing support to a sealant clinic, promoting community awareness through outreach events, and supplying families with educational materials and resources. The program meets the needs of Humboldt County well because it is provided in preschool classrooms in all geographic areas of the county. Since the start of the project, over 4,600 children have been served. The evaluation findings released in February 2005 showed that there was a statistically significant improvement in pre-K children's knowledge of oral health topics among participants at 14 of the schools ($p < .05$). Children's dexterity at brushing their teeth also showed improvement over time. Sixty-two percent of children had poor to fair dexterity prior to program participation; this proportion dropped to 49% after participation in the lessons. In addition, fewer children used an inconsistent brushing method after participation (16.7% prior vs. 5.1% after; $p < .10$). Lastly, children were brushing longer. Prior to participation, only 35% brushed longer than 30 seconds; after participation, 53% brushed longer than 30 seconds. Increased dexterity, improved brushing methods, and increased time spent on brushing appear to have affected the degree of plaque on children's teeth. Using the *Turesky Plaque Index*, data indicated a statistically significant reduction in plaque levels after participation in the program ($p < .01$). After brushing under the supervision of an oral health educator, participating children showed a decreased level of plaque from 17.7 pretest to 10.5 after participation in the lessons. Teachers and outreach workers have also seen a notable difference in the children's teeth-brushing abilities and practices.

Playgroups help decrease rural isolation by providing support to parents and children near their homes. First 5 Humboldt has been supporting playgroups for young children and their parents over the past several years throughout Humboldt County. Many of these playgroups have been a part of the Family Resource Center (FRC) initiative. Playgroups are, or have been, supported in eight different geographic locations and are planned to begin in two additional communities in the next fiscal year. Playgroups are an important piece of local school readiness activities because they help connect parents with each other, help parents learn ways to increase their children's school readiness, and provide opportunities for children to learn skills that will increase their readiness to enter school happy and eager to learn. They address the need for high-quality child development supports in communities experiencing a shortage of high-quality, affordable child care because they can give children the opportunity to engage with each other socially and learn to get along—important skills for being ready to enter school. Playgroups can also help reduce parent isolation and stress, giving parents opportunities to socialize with each other and share tips and advice on child rearing. Parents and children also learn skills from the playgroup facilitator, such as ways to speak and play with children, activities to do that increase a child's readiness for school, and new approaches to parenting.

Playgroups are an excellent way to meet some of the needs of Humboldt County's most isolated and rural parents and guardians. They are relatively inexpensive to operate. They

can be established in neighborhoods and communities where they are needed or desired. They provide some measure of support and skills in geographic areas that lack formal child development services or for parents who do not want to place their child in a formal child development setting. They draw on the energy and interest of parents and caregivers and give them opportunities to make connections with each other. Playgroups contribute to the long-term outcome of supportive social and cognitive environments for children and to the short-term outcome of increased access to services and supports that strengthen families, reduce social isolation, and prevent abuse.

A survey of parents participating in playgroups in five of the six FRCs, conducted in spring 2005, showed strong agreement that playgroups have contributed to parents' knowledge about parenting, increased the amount of emotional support parents received, and increased the opportunity children had to make new friends, learn to get along with others, learn new things, and have fun. Sixty-two percent of parents responded that interacting with other parents was the most enjoyable aspect of the playgroup to them, and 75% said that being able to play with other children was the most enjoyable part of the playgroup for their child.

Community Transition Teams address the need for school readiness and transition activities in Humboldt County communities. Under the guidelines of the First 5 California School Readiness Initiative, only one of Humboldt County's 82 schools was eligible for Initiative funding. First 5 Humboldt convened a group of kindergarten teachers, early childhood educators, and other community resources for young children to strategize how to address school readiness in the other 81 schools. After an extensive planning process, this group developed a proposal to support community partnerships through the development of Community Transition Teams (CTTs) in school communities. All school districts throughout the county were invited to participate, and five school/preschool partnerships applied for and were awarded CTT funding in the past year. CTTs address the need for (1) school readiness activities in all school districts and communities; (2) more education for kindergarten teachers, early childhood educators, and parents about school readiness; and (3) opportunities for kindergarten teachers, early childhood educators, and parents to meet, share information, and work together on common projects. Each CTT consists of one or more kindergarten teachers, early childhood educators, and parents of children from birth through age 5. Activities vary among the CTTs and include transition activities for parents and children at the school site and within the community, Saturday Play Days, and the implementation of the *Handwriting Without Tears* (HWT) curriculum. The CTT initiative was implemented for the first time in spring 2005; therefore, it is too early to have any outcomes to report. The anticipated outcomes are that partnership connections will be developed and ongoing relationships will be built that, over time, can facilitate the process of children's transitioning into kindergarten and increase the number of children entering school ready to learn.

This profile was prepared by First 5 Humboldt.

Population

Total births (2004)	2,861
0 to 5 population (2004)	14,686

Ethnicity of Children 0-5

African-American	2.4%
Asian/Pacific Islander	1.8
Latino	84.8
Native American	1.7
White	8.5
Other	0.8

Fiscal

Total Net Assets, July 1, 2004	**$4,697,138**
Committed Funds*	484,778
Uncommitted Funds*	4,212,360
Total Revenues	**$2,696,918**
First 5 Monthly Disbursements	2,387,405
Other First 5 Funding (Including SMIF)	213,947
Non-First 5 Funding	0
Interest	95,566
Expenses	**$(1,896,938)**
Total Net Assets, June 30, 2005	**$5,497,117**
Committed Funds	2,575,594
Uncommitted Funds	2,921,523

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

Commission Priorities

Imperial County Children and Families First Commission has identified significant challenges facing families with children ages 0-5. Extremely 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, and good nutrition often are not met. 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 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) prenatal care; (2) breastfeeding; (3) safe, healthy, and nurturing environments for children; (4) high-quality child care programs; (5) preschool and kindergarten enrollment; (6) comprehensive, culturally appropriate parenting education activities; and (7) immunizations. Funding strategies also target programs designed to reduce the fetal death rate, incidence of fetal alcohol syndrome, and use of alcohol, tobacco, and drugs by expectant mothers.

Primary Activities and Programs

Programs provide prenatal care services, promoting improved child development. 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 28 families. Case management activities included home visitations to support families, to address basic needs, and to facilitate referrals to needed health, behavioral health, and human services. Prenatal care activities also were provided through the Home Visitation and Education Project, in which 25 of 26 enrolled mothers received prenatal care. This program includes participation in the March of Dimes Comenzando bien prenatal care curriculum. Case management services provided home visitations, office consultations, goal identification, and family monitoring plans. Referrals were provided for needed services, including social/human services, prenatal health care, insurance acquisition, tobacco education, oral health care, housing assistance, and information on early childhood education and development.

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. Activities include case management, a mentor program, enhanced CASA trainings for volunteers, and school readiness and educational activity support to caregivers. 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-one families enrolled in the project, and 50 completed the full 30-week program. Project FUERTE also provided school readiness activities to children at home, providing 32 school readiness backpack activities to families.

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. To meet the linguistic needs of families, all funded programs provide materials in English and Spanish. Family resource centers (FRCs) address barriers to access by providing a variety of services in one convenient location. Family Treehouse is developing an FRC specifically for families with children ages 0-5. Access to services also has been increased by having multiple programs bring services directly to families through home visits. Also, health-promoting programs are brought to children at their child care centers. Several projects work to target specific underserved populations in the county, such as (1) El Proyecto Familia Campesina for migrant farmworkers; (2) the SHEANE and Betty Jo McNeece Receiving Home projects for children who are wards of the court system; (3) Neighborhood House of Calexico, the March of Dimes, the Betty Jo McNeece Receiving Home, and the Fact Center for expectant and parenting teens; and (4) the Family Treehouse for stay-at-home parents, low-income families, and license-exempt providers.

Program Highlights

LAMBS project provides more than 17,000 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 are involved in storytime and read-aloud activities on a monthly basis. LAMBS storytimes are offered in English and Spanish. Children also participate in preliteracy arts and crafts activities during LAMBS visits. Read-aloud sessions are modeled for child care providers, helping them to incorporate consistent literacy practices within the child care setting. The LAMBS project encourages parental participation in these activities and encourages parents to increase reading activities at home. Through 723 site visitations, 1,811 children received literacy services and 17,223 books were distributed. The project has increased children's participation in literacy activities and facilitated the development of child/family home libraries. Parents report that they now read more frequently to their children, and child care providers report incorporating LAMBS activities in their centers.

Fire and Burn Prevention Project provides fire safety techniques and education to children, parents, and caregivers. Over the past 5 years, Imperial County had a high percentage of young children who suffered burn injuries, mostly due to scalding from hot liquids. Developed to prevent fires and burns, the program disseminated more than 50,000 pieces of fire safety literature at events involving children ages 0-5 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. A total of 2,436 children have attended the fire safety and burn prevention presentations, and 635 child care providers have participated in these trainings and now provide safer environments for these children.

This profile was prepared by SRI International from information provided by the County Commission.

Population

Total births (2004)	214
0 to 5 population (2004)	1,085

Ethnicity of Children 0-5

African-American	0.0%
Asian/Pacific Islander	1.3
Latino	28.5
Native American	9.7
White	50.9
Other	9.7

Fiscal

Total Net Assets, July 1, 2004	**$670,940**
Committed Funds	484,687
Uncommitted Funds	186,253
Total Revenues	**$536,261**
First 5 Monthly Disbursements	2,387,405
Other First 5 Funding (Including SMIF)	254,386
Non-First 5 Funding	116,370
Interest	10,351
Expenses	**$(573,421)**
Total Net Assets, June 30, 2005	**$633,780**
Committed Funds	712,546
Uncommitted Funds	(78,766)

Commission Priorities

The needs and concerns of Inyo County residents include low levels of early prenatal care; limited access to health insurance, medical care, and dental services; limited access to high-quality child care, and low levels of early literacy support. Additionally, Inyo County has a higher-than-average level of reported child abuse cases; and, although it is a small rural county, it has high community standards for treatment of children and accompanying levels of public participation, so that children are brought to the system's attention before they experience extreme forms of abuse. In response, First 5 Inyo County adopted four 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 are safe from abuse and neglect from their parents and caregivers; (3) parents and caregivers have the knowledge and skills needed to support the early literacy and other developmental needs of children ages 0-5; and (4) children ages 0-5 have access to high-quality early care and education. First 5 Inyo'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, the UCLA School of Dentistry, and local providers, the Oral Health Initiative (OHI) supports community-based oral health education, prevention, screening, and treatment. The OHI creates a more accessible system of care by linking with Inyo Mono Advocates for Community Action (IMACA) home visitation, school-based dental health fairs, dental case management, and a dental sealant program. During fiscal year 2004-05, a dental case manager began providing services. Ten paraprofessionals were trained in oral health follow-up, including staff from IMACA, Inyo County Office of Education (ICOE), and First 5 Inyo. Dr. Nancy Reifel, of the UCLA School of Dentistry, presented a 1-day oral health training to the Inyo-Mono Medical Society and trained physicians in the provision of topical fluoride varnish. The Department of Health and Human Services became the local governmental agency designee for Medi-Cal administrative activity claims, contributing sustainable funding for the dental case manager, support staff, and services provided by ICOE.

School Readiness (SR) Initiative activities empower parents to prepare children for school success. 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. The IMACA home visiting program continues to serve families directly; Big Pine and Lone Pine schools held parent orientation meetings for preschool classes; and new Kindergarten Roundup programs were successfully implemented at two elementary schools. Half-day summer enrichment programs were held for 35 students, with all parents reporting improvement in their children's academic skills, and 79% of participating students demonstrating fine motor skills and eye-hand coordination necessary for writing. In Lone Pine, parents met the kindergarten

teacher, the principal/superintendent, and the school readiness coordinator, and received information and materials for parent-child activities that can support school readiness. Semimonthly parent-child programs in Big Pine and Olancha provided recreational activities and educational information to 190 parents and 350 children.

Support for professional development enhances access to high-quality child care. Now in its third year, the First 5 Inyo CARES program continues to provide annual 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. During fiscal year 2004-05, 28 providers received stipends, and the program met the state-mandated goals for recruiting license-exempt providers and targeting low-performing school communities.

Promoting Equitable Access and Outcomes

First 5 Inyo uses several strategies to reach traditionally underserved populations, including Spanish-speaking families, families without access to health care and insurance, and geographically isolated families. The IMACA REACH (Resources, Education, Advocacy, Community, Health) staff provides services to the Latino population through home visits, English as a Second Language classes, health insurance enrollment assistance, and referral to community-based services. 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

Oral Health Initiative provides comprehensive oral health services for children. The initiative supports a community-based oral program, including preventive and treatment services, for children ages 0-12 and their families, with The California Endowment supporting services for children over 5. During fiscal year 2004-05, 350 children received dental screenings and oral health education at dental fairs throughout Inyo County. The IMACA home visiting team provides ongoing oral health education to families with children ages 0-5. During the first quarter of 2005 alone, staff provided 237 home visits including oral health education and dental screenings. School-based dental screenings were provided to 297 children within three school districts, and 141 children in the county received dental sealants. Sealant programs provided an important means of decay prevention, since Inyo County does not have fluoridated water. Oral health case management services were provided to 142 children who were screened and had treatment needs, and the dental case manager successfully secured dental homes for 28 children.

Home visiting program enhances child development and school achievement through parent education. The IMACA REACH Community Partners Home Visiting Program served more than 75 children and 120 parents/guardians during fiscal year 2004-05. 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 school and life success. Parents in the program receive personal visits and the Kit for New Parents, and children receive periodic developmental and health screenings. Parents in the program showed a 33% increase in time spent sharing stories with their children, and Spanish-speaking families increased their use of public library services by 56%.

This profile was prepared by SRI International from information provided by the County Commission.

Commission Priorities

Many residents of Kern County face challenges that include limited transportation, geographic isolation, language barriers, poverty, unemployment, seasonal employment, and poor health. In addition, many young children and their families lack access to (1) health and dental insurance and services, (2) high-quality child care, and (3) preschool and family support 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 planning for the implementation of Preschool for All.

Population

Total births (2004)	13,455
0 to 5 population (2004)	70,848

Ethnicity of Children 0-5

African-American	5.3%
Asian/Pacific Islander	3.1
Latino	58.9
Native American	0.8
White	28.9
Other	3.0

Fiscal

Total Net Assets, July 1, 2004	**$19,006,341**
Committed Funds	12,606,802
Uncommitted Funds*	6,399,539
Total Revenues	**$13,381,386**
First 5 Monthly Disbursements	10,951,398
Other First 5 Funding (Including SMIF)	1,044,575
Non-First 5 Funding	929,638
Interest	455,775
Expenses	**$(10,831,598)**
Total Net Assets, June 30, 2005	**$21,556,129**
Committed Funds	19,834,660
Uncommitted Funds	1,721,469

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

Primary Activities and Programs

The Children's Health Initiative increases access to comprehensive health insurance for children from birth to age 5. Recognizing that insurance is a necessary step to ensure access to a medical, dental, and mental health home for all children, $550,000 was approved to launch the first tier of the program, which focuses on outreach, enrollment, retention, and utilization. Grants were awarded to Clinica Sierra Vista, Inc., and the Kern County Department of Public Health to increase the number of Certified Application Assisters, and to Friends of Mercy Foundation to develop and staff a countywide outreach and enrollment committee to assist families in obtaining insurance. The second tier of the program also was launched by making Health Net of California, Inc., the health plan administrator for the Healthy Kids Kern County program (HKKC) for fiscal years 2005-07 and the Kern County Department of Human Services the "Enrolling Agency" for HKKC. All children are screened, for eligibility for the Medi-Cal and Healthy Families programs before being deemed eligible for HKKC. To date, more than 7,000 children and pregnant women have been screened, and more than 5,000 successfully obtained Medi-Cal, Healthy Families, HKKC, or Kaiser Cares for Kids coverage. From the start of HKKC enrollment in late March 2005 through June 30, 2005, 151 children from birth to age 5 were enrolled.

Family resource centers implement School Readiness (SR) Initiative activities. Creating linkages among school districts, community collaboratives, and community-based organizations, the SR Initiative activities are focused on early care and education, parenting and support services, health and social services, and building school/community capacity. First 5 Kern implements the school readiness activities through 10 family resource centers throughout the county. Preliminary outcomes indicate that the school readiness skills of children participating in summer "bridge" 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 functional, and that parents participating in parenting classes are more aware of child development milestones and kindergarten expectations. According to First 5 Kern's local evaluator's analysis, families that also receive intensive case management services have shown considerable improvement, as measured by the Social Condition Matrix. In fiscal year 2004-05, an estimated 841 children were served intensively through SR Initiative services.

New facilities and funding increase availability of high-quality child care and access to preschool programs. To support high-quality child care and increase the availability of infant and nontraditional-hour care, two new child care facilities were funded in Delano and Bakersfield, creating 130 new infant and nontraditional-hour child care spaces. Mini-grants for licensed child care providers were also offered throughout Kern County to improve the environment of existing child care settings. Preschool for All (PFA) planning and implementation moved forward through the work of a PFA consultant and a part-time PFA coordinator.

Promoting Equitable Access and Outcomes

Availability of services is limited in the rural areas of the county. Language also is a barrier for seasonal, mostly monolingual Spanish-speaking farmworkers. To increase access to services, First 5 Kern funds 12 family resource centers (FRCs) that provide services in locations convenient to families. Services include translation assistance for Spanish speakers, insurance application enrollment and assistance, dental screening and treatment, immunizations, home visitation by public health nurses, and case management. Funding of a new child care center in Delano also provides extended-day services for 96 children of migrant workers. The center is open year-round from 4:30 a.m. to 6:00 p.m., with most children attending for 8 to 10 hours each day.

Program Highlights

The Child Health and Disability Prevention Program (CHDP) Dental Component and the Kern County Children's Dental Health Network (KCCDHN) are two programs that bring needed preventive and restorative dental care to families. Children in Kern County are at greater risk of tooth decay than their peers statewide because of an unfluoridated water supply and a lack of pediatric dental providers. Dental caries are the number one preventable and treatable public health problem facing children in the United States. Throughout the county, these two programs provide access to dental services, including screening, treatment, and oral health education. The CHDP program has provided more than 3,300 initial dental appointments and 570 follow-up appointments in a 5-year period, while the KCCDHN has provided services to 2,732 children since July 2001. According to California State University Bakersfield Applied Research Center, both programs have shown a significant improvement in the dental health and education of children ages 0-5 and their families in Kern County.

Richardson Special Needs Collaborative brings needed services to children with special needs in Kern County. This program, based at the Richardson Child Development Center in Bakersfield, provides case management and social-skills groups to improve the behavioral skills for preschool-age children with special needs. The program collaborates with the Henrietta Weill Memorial Child Guidance Clinic, a nonprofit mental health center for children and families, to provide services to children. Each year, the Richardson Center serves more than 100 families, including 45 preschool-age children in social-skills groups and 60 families who obtain access to educational, health, dental, and basic-needs resources and services. According to First 5 Kern's local evaluator's analysis, in all areas of concern, such as classroom behavior, home environment, academic performance, and health and safety, the children served by the Richardson Center have shown statistically significant improvement.

This profile was prepared by SRI International from information provided by the County Commission and edited by First 5 Kern.

Population

Total births (2004)	2,549
0 to 5 population (2004)	13,315

Ethnicity of Children 0-5

African-American	4.7%
Asian/Pacific Islander	2.4
Latino	57.0
Native American	1.3
White	31.0
Other	3.5

Fiscal

Total Net Assets, July 1, 2004	**$6,666,946**
Committed Funds*	1,871,726
Uncommitted Funds*	4,795,220
Total Revenues	**$2,463,686**
First 5 Monthly Disbursements	2,072,613
Other First 5 Funding (Including SMIF)	202,793
Non-First 5 Funding	50,868
Interest	137,412
Expenses	**$(2,416,576)**
Total Net Assets, June 30, 2005	**$6,714,056**
Committed Funds	1,652,270
Uncommitted Funds	5,061,786

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

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 the funding and creation of family resource centers (FRCs). The FRCs serve as hubs of services for communities, coordinating with local agencies to provide integrated service delivery. Additional County Commission funding priorities include the School Readiness Initiative, the Children's Health Initiative, Child Care Quality Enhancement through Accreditation, and the Special Projects Initiative.

Primary Activities and Programs

Family Resource Center (FRC) Initiative improves the system of care for children and families. With the opening of four new family resource centers, six of the eight planned FRCs are 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 the number of community referrals and facilitated connections between families and providers, especially around health care. Furthermore, FRCs build collaboration between organizations and agencies, such as the partnership between the Stratford FRC and West Hills College to offer parenting classes in Spanish. By increasing service accessibility, both through better use of existing resources and through the creation of new services, FRC programs provided 3,705 services to 2,939 parents/caregivers and served 3,512 children ages 0-5 in fiscal year 2004-05.

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 screenings, and access to high-quality preschool experiences in four school districts. Hanford Elementary School District trained staff in psychosocial development and health, screened 100% of entering preschool and kindergarten students, developed individual Student Family Plans for 30 high-priority children, and connected children and families to needed community services. Corcoran Bret Harte Elementary School established a Kindergarten Transition Team trained in early literacy, hosted four 6-week Pre-K Academy classes for children without preschool experience, and trained parents on promoting school readiness skills. Similarly, Armona Elementary School District established Kindergarten Transition Teams, provided two 3-week Pre-K Academy classes for children without preschool experience, and provided early literacy and home visitation services to families. Reef Sunset School District

provided early literacy programs and connected families with needed social services. During fiscal year 2004-05, 426 parents/caregivers received 1,607 services, and 987 children ages 0-5 received 2,362 services.

Children's Health Initiative moves toward health care coverage for all children. In fiscal year 2004-05, First 5 Kings County applied for and received a planning grant through the California Health Care Foundation to explore the feasibility of implementing a Health Care Coverage for All Kids program. Activities to date include formation of a local steering committee; promotion of community "buy-in" for the initiative; assessments of uninsured children; development of local expansion options and plans for outreach, enrollment, retention, and utilization; and identification of possible funding partners. The County Commission will be applying for an implementation grant to support efforts to build an administrative structure for the local Children's Health Initiative; to select a program administrator; to identify a network of outreach entities and health, dental, and vision plans; and to secure funding for 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 young children 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 and delivery of services in rural and outlying areas of the county and engages Spanish-speaking, community-based staff to better serve a growing, diverse population. Establishing FRCs in each community brings services adapted to meet local needs directly to children and families.

Program Highlights

Parent and Me Program models engaging learning activities for children with disabilities and other special needs. Initially a pilot project of United Cerebral Palsy of Central California (UCP) for children ages 0-3 in the community of Corcoran, the Parent and Me program emphasizes (1) training local child care providers how to identify children with disabilities and other special needs and use appropriate practices, (2) assistance and support to parents, and (3) recruitment of staff from the communities they will be serving. In the past year, UCP expanded the program to include children ages 0-5 and opened two additional sites in Hanford and the Home Garden Community. Serving 8 to 12 families at a time, the program pairs a parent/caregiver and child with an early childhood education specialist. In weekly 90-minute sessions, the specialists model how to engage children at their developmental level to increase their social skills, problem-solving skills, and language abilities.

Stratford Family Resource Center reduces barriers to rural family services. Operated by the Central Union School District, the Stratford Family Resource Center opened in summer 2004 to serve one of the most ethnically diverse and underserved regions in Kings County. In its first year of operation, the FRC has worked to reduce language, cultural, and economic barriers that limit access to resources. The FRC has provided families with transportation services, bilingual parenting classes, emergency food and clothing resources, children's dental services via the Healthy Smiles dental van, and health care access through connections to the Healthy Families program.

This profile was prepared by SRI International from information provided by the County Commission.

Commission Priorities

A rural area with a small population, Lake County has little 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, and family instability.

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. The County Commission's strategic plan addresses (1) parenting practices and family relationships; (2) availability of high-quality child care, including care for children with disabilities and other special needs; (3) access to health care; and (4) integrated service delivery.

Population

Total births (2004)	686
0 to 5 population (2004)	3,793

Ethnicity of Children 0-5

African-American	2.8%
Asian/Pacific Islander	0.6
Latino	22.5
Native American	5.0
White	62.5
Other	6.5

Fiscal

Total Net Assets, July 1, 2004	**$1,434,739**
Committed Funds	1,026,896
Uncommitted Funds*	407,843
Total Revenues	**$864,088**
First 5 Monthly Disbursements	570,394
Other First 5 Funding (Including SMIF)	271,623
Non-First 5 Funding	3,500
Interest	18,571
Expenses	**$(1,000,027)**
Total Net Assets, June 30, 2005	**$1,298,800**
Committed Funds	1,250,462
Uncommitted Funds	48,338

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

Primary Activities and Programs

School Readiness Initiative engages children and families through school- and home-based programs. At seven state preschool sites located on elementary school campuses, teachers work with children on communication, emerging literacy skills, and health and safety, using curricula developed with input from K-3 educators. Family Fun Nights are held at sites to emphasize nutrition, develop fine motor and social skills, and increase children's familiarity with vocabulary, singing songs, and rhymes. Families were engaged across sites, with 204 (79%) participating in scheduled parent-teacher conferences and 219 (85%) participating in other events, activities, and support groups held throughout the year. Children at the Burns Valley site showed measurable improvement in vocabulary, number concepts, letter concepts, and preliteracy skills. In Konocti Unified School District, in-home educators helped parents of 80 children become effective primary teachers, using the Parents as Teachers curriculum. The School Readiness Expansion Project and Burns Valley School Readiness Project provided 520 home visits for 78 families; out of 48 parent surveys returned, 100% of parents were very satisfied with the home-based program.

Programs help parents and caregivers support children with disabilities and other special needs. Child care health consultants worked with 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 identification of children needing further assessment. 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 26 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.

New strategies evolve to enhance access to health insurance and health care. In fiscal year 2004-05, the County Commission began developing a new approach to identify and assist families in need of health insurance, and about 1,300 parents were assessed for health insurance needs. Discussions continued about how to reach children ineligible for the Healthy Families program. Two strategies are under consideration to provide care for these children: (1) use of a consortium of rural health clinics to provide a primary level of care at minimal cost, and (2) a multicounty insurance plan that would provide coverage for comprehensive, chronic, and episodic care. Funding proposals have been submitted but not yet approved to help implement these efforts to increase children's access to needed health care services.

Promoting Equitable Access and Outcomes

Native Americans and migrant workers from Mexico are the two primary underserved communities in Lake County. Low wages, coupled with 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 $5,000 mini-grant for educational materials for its newly established 18-student child care center. This center will establish care standards that exceed state licensing requirements and will participate in the school readiness curriculum. 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 identifies and assists families with enrollment in the Healthy Families insurance program, and Spanish language Kits for New Parents are distributed via Easter Seals and Healthy Start.

Program Highlights

Drug Abuse Alternatives Center Perinatal Treatment Enhancement program helps mothers become drug-free. This program works with drug-addicted women who have demonstrated a commitment to change. Child care is provided throughout the 18-month program, enabling mothers of young children to participate. A licensed family therapist introduces positive parenting techniques and works individually with mothers and children on child behavior issues. The therapist observes parent-child interactions and provides individualized therapy. The program helps mothers build a support network, encouraging participation in peer support groups and the use of family support services through faith-based or community agencies. Thirty-eight families with children ages 0-5 participated in fiscal year 2004-05, with 11 mothers graduating from the program during the year. Mothers reported a newfound confidence in parenting, and the therapist observed improvements in their children's behavior.

Collaborative efforts improve children's oral health through education, screening, and treatment. The Oral Health Initiative (OHI) recognizes that unmet oral health needs negatively affect children's ability to learn and thus is an integral part of the School Readiness Initiative. Through the OHI, public health nurses screen children ages 3-5 at school readiness sites. Children needing restorative care are treated via a "tooth mobile" or at one of two clinics accepting Medi-Cal and Healthy Families reimbursement. Case management plans are developed and implemented for children with particularly complex needs, sometimes requiring transportation to the nearest pediatric dental surgery unit 2½ hours away. To meet the needs of Latino families, the OHI includes materials in Spanish and uses bilingual early childhood educators. In fiscal year 2004-05, the program provided more than 1,700 children with dental exams and 255 with needed dental treatments.

This profile was prepared by SRI International from information provided by the County Commission.

Commission Priorities

First 5 Lassen has identified four goals to support the county's families with young children: (1) improve overall health of children prenatal to 5 years 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 by the County Commission in fiscal year 2004-05 were the Oral Health Project, the Family Resource Center and Home Visiting programs, the CARES project, and a mini-grant program.

Population

Total births (2004)	301
0 to 5 population (2004)	1,762

Ethnicity of Children 0-5

African-American	0.9%
Asian/Pacific Islander	1.2
Latino	13.6
Native American	3.8
White	75.0
Other	5.4

Fiscal

Total Net Assets, July 1, 2004	**$832,640**
Committed Funds	805,266
Uncommitted Funds	27,374
Total Revenues	**$606,816**
First 5 Monthly Disbursements	269,951
Other First 5 Funding (Including SMIF)	243,595
Non-First 5 Funding	74,091
Interest	19,179
Expenses	**$(665,918)**
Total Net Assets, June 30, 2005	**$773,538**
Committed Funds	761,005
Uncommitted Funds	12,533

Primary Activities and Programs

Children's Oral Health Project brings programs together to improve children's oral health. Designed for children ages 6 months to 5 years and their families, the project provides education, prevention, and treatment, including oral health and dental screenings to identify early childhood caries, in nontraditional settings such as preschools, Head Start centers, and family resource centers. Fluoride varnish treatments, case management, and follow-up services are provided as needed. The most significant additions to the project include the services of a registered dental hygienist in alternative practice (RDHAP) and a pediatric dentist, who travels monthly to Lassen County. The program trains local medical practitioners and child care providers to recognize oral health issues. During fiscal year 2004-05, 923 children enrolled in preschool and day care settings participated in fluoride varnish clinics, and 50 children received hospital dentistry services. The program educates parents about childhood oral hygiene and nutrition and makes referrals to local dentists and hospital dentistry when necessary. Translation services have been provided by hospital staff, by a mentor parent, or by a Far Northern Regional Center vendor. Thus, the Children's Oral Health Project has expanded access to oral health care for children throughout the county with the support of the Lassen Oral Health Task Force, Banner Lassen Medical Center, Northeastern Rural Health, Head Start, the services of an RDHAP, and a core of dedicated volunteers.

Family resource centers provide integrated services and programs for young children and their families. As part of its School Readiness 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 are provided to families and young children. Child-focused services include oral health care, a school readiness kindergarten camp, and a home visiting program. 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 educates parents about early childhood development and empowers them to make a difference. Designed for families with children from birth through age 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 materials in Spanish. 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. To address these needs, First 5 Lassen developed FRCs in most of the isolated areas, providing residents with local access to services and resources for the first time. The Big Valley FRC has access to a van and driver to transport residents in isolated areas to service locations. The Home Visiting program brings services to families in their homes. Bilingual services are provided through the FRCs and home visits, bridging linguistic barriers.

Program Highlights

Lassen CARES program promotes high-quality child care. Modeled after CARES, the program provides support for qualified staff to continue their education, rewarding professionals who have demonstrated a commitment to the child care and education field and to continued professional development. During fiscal year 2004-05, the program paid a total of $43,250 in stipends to 50 child care providers participating in the program. Successes included two child care providers obtaining their AA degrees and a Spanish-speaking informal care provider becoming licensed and opening a family child care home business serving primarily Spanish-speaking families.

Mini-grant program engages community by providing funding opportunities for local solutions for local needs. To engage communities in meeting some of their own needs, the County Commission has funded various mini-grants throughout Lassen County in the areas of improving the quality of child care, early literacy, parenting education, and playgrounds.

Toy lending library promotes positive growth and development in infants and toddlers. As part of the School Readiness Initiative and in collaboration with Lassen Child and Family Resources, this program provides families with a short informational session highlighting specific developmental milestones relevant for their child's age. A variety of toys and materials are available for lending that promote the 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 School Readiness Initiative is a playgroup for young children that meets at the FRC each week. Center staff members develop and implement activities that are developmentally appropriate, thematically based, and exemplary of activities that promote positive cognitive development, physical development, social-emotional development, and language development. Activities also are designed to strengthen parent-child interactions through shared experiences.

This profile was prepared by First 5 Lassen.

Commission Priorities

Los Angeles County is one of the nation's largest counties with 4,084 square miles, an area some 800 square miles larger than the combined area of the states of Delaware and Rhode Island. Los Angeles County includes the islands of San Clemente and Santa Catalina. Its coastline is 81 miles long. It has the largest population (10,226,506 as of January 2005) of any county in the nation and is exceeded 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 is their "city council," and county departments provide the municipal services.

Population

Total births (2004)	151,504
0 to 5 population (2004)	900,668

Ethnicity of Children 0-5

African-American	8.2%
Asian/Pacific Islander	8.1
Latino	61.2
Native American	0.2
White	19.5
Other	2.8

By sheer size alone, providing services to all the communities in need would present formidable challenges. There are almost as many languages spoken in LA County as there are cities. Each language represents a community of immigrants, often isolated and usually 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 dire straits. From 1990 to 2000, the poverty rate in LA County increased more than 46%.

First 5 LA, like its "colleagues" across the state, is dedicated to investing in early childhood development. It is committed to the proposition that the first 5 years of life set the foundation for the future of children. It is through this investment that it hopes to affect the future of its county's children, their families, its communities, and all of Los Angeles County.

The Next Five Strategic Plan emphasizes activities that foster children's well-being 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.

Fiscal

Total Net Assets, July 1, 2004	**$697,040,334**
Committed Funds*	449,440,258
Uncommitted Funds	247,600,076
Total Revenues	**$159,728,839**
First 5 Monthly Disbursements	135,573,649
Other First 5 Funding (Including SMIF)	10,996,075
Non-First 5 Funding	434
Interest	13,158,681
Expenses	**$(112,951,575)**
Total Net Assets, June 30, 2005	**$743,817,598**
Committed Funds	743,817,598
Uncommitted Funds	0

* 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) Schools' Readiness for Children/School Capacity, and (5) Program Infrastructure, Administration, and Evaluation. During fiscal year 2004-05, a total of 22,226 children ages 0-5 were served, and a total of 24,316 families of children ages 0-5 were served.

Preschool activities and programs will be available to all children. In February 2004, First 5 LA approved its Los Angeles Universal Preschool (LAUP) 10-Year Master Plan, which outlines in detail how the organization will implement the initiative initially approved in August 2002 with an allocation of $100 million. The consultant firm Karen Hill-Scott & Company was contracted in January 2003 to lead the master planning for Los Angeles County.

Within the last 18 months, LAUP has simultaneously launched the programs recommended during the Master Planning Process and begun developing the organizational infrastructure to sustain their growth. To date, approximately 100 contracts for 120 preschool classroom sessions have been executed by LAUP and provider agencies.

Health Access for Children will improve children's health. First 5 LA has committed $100 million over 5 years to implement the Healthy Kids Initiative, approved in July 2002. 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. The goals for Healthy Kids are: (1) to achieve health insurance coverage for all children ages 0-5 living at or below 300% of FPL, (2) to optimize children's health and development by increasing access to coordinated and quality health care, and (3) to support the health care safety net by increasing the pool of insured children.

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. As of June 30, 2005, 7,898 children ages 0-5 have been enrolled into Healthy Kids. As of June 30, 2005, an additional 14,015 Medi-Cal and Healthy Families applications for children ages 0-5 have also been completed.

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 nearly 160,000 women who give birth in Los Angeles County annually will benefit from the seamless delivery of services. Under this initiative, the Center for Healthy Births was established, dedicated to providing the infrastructure, programs, advocacy, and support to enhance the capacity of community stakeholders working with Center staff and faculty to achieve healthy pregnancies and healthy births. The Healthy Births Learning Collaboratives (HBLCs) are a component of the Center. 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 $15 million for 3 years toward this effort.

Prevention initiative keeps children and families safe from abuse and neglect. First 5 LA has invested $50 million in the prevention of child maltreatment through an initiative called Partnership for Families (PFF). PFF is a community-based secondary prevention initiative designed to help fill gaps in the current child welfare system by developing and providing voluntary prevention services to pregnant women and families (with children younger than age 5) who are at high risk for child maltreatment. First 5 LA will provide funding to community-based agencies that are designed to help both families and communities build resilience and the capacity to manage stressors before they escalate. The PFF program model addresses its goals through direct prevention services, capacity building, and performance monitoring and accountability.

Promoting Equitable Access and Outcomes

Asians and Pacific Islanders are the fastest-growing racial/ethnic group in Los Angeles County. As this population continues to grow, government and community services will need to adjust to their changing needs. Additionally, First 5 LA has identified the African-American community, low-income/indigent residents, and other

various ethnic, geographic, and linguistically isolated communities as underserved in Los Angeles County. While Hispanics/Latinos comprise the largest segment of population in the county (44%), immigration and economic issues force a large percentage to live in or near poverty levels. Hispanic/Latino children comprise the largest percentage of our target population (prenatal through age 5).

To address the issues in these underserved communities, during 2004-05, First 5 LA implemented a number of different programs and strategies.

- The Healthy Kids Outreach Partnership, administered by the Los Angeles County Department of Health Services, is designed to increase access to care for all children through a comprehensive outreach strategy to enroll, facilitate access to care, and retain families in Healthy Kids and other health insurance programs, such as Medi-Cal and Healthy Families. As of June 30, 2005, 7,898 children ages 0-5 have been enrolled into Healthy Kids. As of June 30, 2005, an additional 14,015 Medi-Cal and Healthy Families applications for children ages 0-5 have also been completed. Outreach strategies and activities are culturally and linguistically specific to the diverse communities of Los Angeles County. Outreach activities take place in a variety of locations, including early learning centers; Head Start affiliates; medical providers; Women, Infants, and Children (WIC) Centers; and faith-based organizations.
- In order to reach out and communicate with underserved communities, First 5 LA created First 5 LA Connect. This is a central resource and referral helpline and Web site service targeted to expectant parents, parents, and caregivers of young children in Los Angeles County. Trained specialists and experts assess and help with callers' needs ranging from health to parenting to education. Help is provided by in-house staff in English and Spanish; assistance is also available in almost any other language, including Mandarin, Cantonese, Korean, Vietnamese, and Armenian, through AT&T Language Services. First 5 LA has contracted with 211, formerly known as Infoline, a countywide resource and referral service staffed 24 hours a day, 7 days a week.
- First 5 LA has also made significant use of the State Commission's Kit for New Parents. The Kit is a new model for universal parenting education that serves parents and providers of the half-million children born each year in California. The Kit contains six educational videos, a Parents Guide with links to telephone and Internet resources, eight brochures, and a baby book, and addresses prenatal care, early childhood development, nutrition, health, safety, and child care. Currently produced in English and Spanish—and shortly in Chinese, Vietnamese, and Korean—the Kit is distributed to California's new parents and their providers through home visits, prenatal care, parenting classes, child care, WIC, hospitals, a toll-free telephone number, and other programs. First 5 LA contracts with Child Development Media to train Kit distributors and to use the Kit as a tool for outreach to underserved communities. As of June 2005, 120,519 Kits have been distributed to 2,082 organizations. In addition, more than 1,953 direct service providers attended in-depth training sessions designed to enhance the use of the Kit information by recipients.
- For those communities that the Kit cannot reach, First 5 LA produced Kit for New Parents Tip Sheets. The Tip Sheets were specifically designed to expand access to Kit information by providing parenting facts and information to the Farsi, Armenian, Chinese, Korean, Laotian, Vietnamese, Khmer, and Russian speaking communities. A total of 19,126 Tip Sheets have been distributed to parents throughout Los Angeles County, with the following breakdown by language: 2,442 in Armenian, 2,153 in Khmer, 4,737 in Chinese, 1,424 in Farsi, 4,018 in Korean, 984 in Laotian, 1,005 in Russian, and 2,363 in Vietnamese.

Program Highlights

Circles of Care connects American Indian children with culturally competent mental health services. The need for counselors in Los Angeles County is overwhelming. While it is nearly impossible for Native Americans seeking counseling services to find culturally competent counseling, finding a Native American counselor is an even greater challenge. In April of 2003, The Circles of Care program received a grant as part of the Neighborhood Data Use Collaborative. The Circles of Care goals were to develop a study of existing services for Native Americans in Los Angeles County, determine the culturally appropriate and relevant indicators of school readiness for Native American children, and develop a system of care. The overall goal of the project is to identify, assess, develop, and strengthen culturally and linguistically appropriate mental health services for Native American children and families in Los Angeles County.

International Institute Los Angeles helps LA's newest families access important services for their children. In 1914, the International Institute Los Angeles (IILA) was founded to help immigrant families arriving in the United States adjust and succeed in their adopted homeland. The IILA serves people right in the neighborhoods where they live. The IILA offers a wide variety of services designed to give members of the community the helping hand up they need to achieve their dreams. With a diverse and expansive range of programs that are accessible from 24 sites, and employees who speak 19 different languages, the IILA offers services to over 20,000 clients annually.

Programs and services that facilitate school readiness are one of the top priorities at the IILA. The IILA ensures that children in preschools, day care centers, and family day care homes receive nutritious and varied meals for optimal health and school readiness by providing hot meal delivery to IILA and other child care programs in the community. The IILA also provides nutritional monitoring and technical assistance to family day care providers and reimbursements to family day care providers for in-home meals and snacks. The IILA also provides high-quality child care to prepare children for success, including preschools, day care centers, family day care homes, parent workshops, and social services and medical referrals.

Local Story

Olga is a single parent of two children, ages 2 and 3, who reside in the community of El Sereno. Olga was enrolled at East Los Angeles College studying to obtain her Associate's degree in Child Development. Olga works part-time in an early education center with children ages 3-5. Olga participates in the First 5 LA School Readiness Initiative program in El Sereno and is enrolled in the Parents as Teachers (PAT) program. PAT consists of 1-hour monthly home visits by SR Initiative outreach staff and group meetings. During the monthly visits, Olga learns a variety of techniques and activities about how to help her children develop age appropriately. The program also refers families to other services, as requested. During a visit, Olga requested a referral to parenting and anger management classes, which she is now attending. Olga has dedicated her life to the well-being of her children's development. By striving for success and participating in programs and services available to her and her family, she is seeing her dreams being fulfilled.

This profile was prepared by First 5 LA.

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 low educational attainment of the migrant workers, contribute to the most significant challenge facing many children and families in Madera County: poverty. Poverty, combined with other community and family stresses, often manifests through substance abuse, child abuse and general neglect, poor access to health care, isolation, language barriers, and other problems, and creates insurmountable barriers for some children and families in Madera County.

Population

Total births (2004)	2,346
0 to 5 population (2004)	13,198

Ethnicity of Children 0-5

African-American	2.4%
Asian/Pacific Islander	0.9
Latino	67.7
Native American	0.8
White	26.1
Other	2.0

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, low educational attainment, and geographic/cultural isolation. More recent assessments have also 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 areas: (1) Family Resource Center Initiative, (2) Funding Initiatives, and (3) Capacity Building.

Fiscal

Total Net Assets, July 1, 2004	**$5,397,487**
Committed Funds*	5,397,487
Uncommitted Funds	0
Total Revenues	**$2,519,195**
First 5 Monthly Disbursements	1,925,530
Other First 5 Funding (Including SMIF)	351,053
Non-First 5 Funding	104,316
Interest	138,296
Expenses	**$(2,251,671)**
Total Net Assets, June 30, 2005	**$5,665,012**
Committed Funds	5,665,012
Uncommitted Funds	0

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

Primary Activities and Programs

Family Resource Center (FRC) Initiative facilitates systemwide coordination and seamlessly links the community to services. By design, the FRCs are owned and operated by First 5 Madera and strategically located throughout the county to facilitate the expansion, coordination, and integration of key services and supports that promote optimal childhood development. The FRC Initiative is being strategically crafted to address the most fundamental findings of the County Commission's initial strategic plan: families' lack of knowledge about available services, disconnects in the service system, and geographic isolation. The FRCs are multidimensional in approach, serving the whole child through coordinated services that are easily identifiable, accessible, and seamlessly linked to supports highly frequented by families. During 2004-05, the FRC Initiative directly served 5,280 children and adults through resource and referral services, family-centered activities, special events, and other activities. In an effort to strengthen the service system for young children, 11 programs co-located at the Madera FRC (including four First 5 California sponsored initiatives: School Readiness, Madera CARES, Health Benefits Outreach and Enrollment, and the early stages of the county's Preschool for All Initiative) to streamline access to services. The FRC Initiative is so dynamic in its approach that it is becoming the crux

of the service wheel for young children in the county and is at the root of all of the County Commission's efforts to affect locally established goals and desired outcomes.

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 the First Parents Program. It 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.
- To optimize family involvement, the County Commission funded the Healthy Beginnings Multidisciplinary Team. The 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 case planning and management. The team has also become a vehicle for significant systemic improvements toward better service coordination and integration for young children.
- Family involvement is also promoted through the Extra Special Parents Program. This program provides services and supports to families of young children with 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.
- 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 home visitation, 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 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. The growing Hispanic population remains the most 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 opportunities. These Oaxacan immigrants are monolingual Mixtec speakers and are often isolated and shunned by other Mexican immigrants. Immigrant tracking sources found that over two-thirds of California's Oaxacan immigrants settle in Madera County and over 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 most densely populated areas, specifically Madera and Chowchilla, run northwesterly covering the western 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, partly because of distance and limited transportation.

First 5 Madera uses the following strategies to increase outreach to traditionally underserved communities:

- Funded programs must ensure that staff members are reflective of the community they serve. To that end, all First 5 Madera 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 in order to offer a bridge between underserved communities and the greater service system. Partnerships include the 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.
- First 5 Madera funded a pilot fixed-route, countywide public transportation system to help address the geographic isolation that challenges access to services. The county has since absorbed full funding of that system.

The aforementioned strategies have positively affected access to services among historically underserved populations as follows:

- According to the 2003-04 Participant Survey, program participants stated that programs funded by First 5 Madera significantly increased their access to services, were culturally competent, and were family focused.
- Traditionally underserved populations frequent the Madera 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 pursue additional services that otherwise would have been refused.

Program Highlights

The Family Resource Center (FRC) Initiative is creating a network of FRCs strategically located throughout the county. The Madera FRC was built in 2003 and houses a variety of services and supports, including the State Preschool Program, Migrant Alternative Childcare Program, Madera CARES Program, Comenzando bien, Madera County School Readiness Program, Healthy Beginnings Program, Nutrition and Fitness Program, Health and Wellness Program, Mentoring Children of Prisoners, and the 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 FRC acts as a broker of services for families with young children and

as a convener and catalyst in the community to coordinate efforts and resources to create solutions to locally identified needs that are going unmet. Since the Madera FRC is within a 2-mile radius of all designated school readiness sites, the FRC Initiative can address the third essential element of the School Readiness Initiative—Health and Social Services—for children in the catchment areas.

By design, the FRC Initiative has been crafted to expand the infrastructure to serve young children and their families in Madera County. To that end, the FRC Initiative most appropriately fits under the County Commission's Result Area IV: Improved Service System. The result is positive impacts on the other three result areas: Improved Child Health, Family Involvement, and Child Development. The initiative supports children prenatal through 5 years old and their families. By connecting families to services and supports to address identified needs and engaging families in family-centered activities that promote optimal child development, the FRC Initiative bolsters family functioning and self-sufficiency, which positively affect the day-to-day life experiences of children.

2004-05 was the first full year of operation for the FRC Initiative. It served 1,200 children, families, and service providers, on average, per quarter; roughly 500 people attended special events (i.e., family-centered activities, trainings, workshops, etc.) per quarter; and the FRC collaborated with 16 other agencies. The FRC has grown as a trusted place for services and supports for families in the community and is becoming a neutral location for all agencies and programs to contribute to, and gain from, through coordination and collaboration.

The First Parents Program offers universal home visitation to all first-time parents in Madera County. Birthed from the County Commission's year-long assessment of factors influencing optimal child health at birth and during infancy in Madera County, First Parents is designed to address concerns that new parents are not adequately informed or do not have sufficient skills regarding a variety of issues. These include a lack of knowledge about appropriate parent-child interaction, perinatal substance use, reading infant cues, understanding infant states and behavior, breastfeeding, child (and adult) literacy, and simply playing with a child. Similar to the Hawaiian home visitation program (Healthy Start), public health professionals and paraprofessionals provide intensive home visits and follow-up phone calls during pregnancy and for a year after delivery.

First Parents is a revolutionary program for Madera County because it is a comprehensive approach that cuts through the broadest cross-sections of the County Commission's four result areas. Moreover, this model has been proven to affect the following result areas:

- **Child Health.** Universal home visitation models, such as First Parents, have been proven to increase adequate prenatal care, thereby reducing premature births, low birth weights, and infant mortality. They also are effective at increasing access to health care through benefits enrollment and stabilizing health care through connecting families to primary care physicians.
- **Family Involvement.** First Parents and other similar home visitation models build the knowledge base of the family. In turn, the family becomes more confident and receives services and supports that enable family self-sufficiency.
- **Child Development.** First Parents enhances parents'/families' ability to identify and respond to infant cues. The families' ability to offer age-appropriate parent-child interaction that promotes security, attachment, and bonding is the basis for optimal infant development. Public health professionals also implement regular developmental assessments to identify any concerns early and to make referrals to services when appropriate.

This profile was prepared by First 5 Madera.

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. This positive outlook fails to recognize the extremely high cost of living in Marin County and the disproportionate poverty among people of color (51% of Hispanics live below 300% of the federal poverty level). Almost 10% of children in Marin County, as many as 5,000, are living without health insurance, and more than 1,000 are underinsured. Most of these children are eligible for insurance, and many other children, once insured, have not remained insured, making outreach and retention services a priority.

Many children in Marin County are well prepared to enter school, with good emotional, social, and cognitive skills. This overall picture tends to ignore those who score low on countywide achievement tests—particularly low-income, limited-English- and non-English-speaking children.

The 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, insufficient affordable high-quality early care and education, and poor nutrition and obesity. The commission's strategic plan focuses on three priority outcomes that are central to the programs it funds: children have optimal health and well-being, children are ready for school, and public policies support children.

Population

Total births (2004)	2,792
0 to 5 population (2004)	16,409

Ethnicity of Children 0-5

African-American	1.6%
Asian/Pacific Islander	3.6
Latino	19.9
Native American	0.1
White	69.4
Other	5.2

Fiscal

Total Net Assets, July 1, 2004	**$7,940,831**
Committed Funds	6,878,359
Uncommitted Funds	1,062,472
Total Revenues	**$3,319,940**
First 5 Monthly Disbursements	2,486,059
Other First 5 Funding (Including SMIF)	671,247
Non-First 5 Funding	0
Interest	162,634
Expenses	**$(3,358,827)**
Total Net Assets, June 30, 2005	**$7,901,944**
Committed Funds	9,166,593
Uncommitted Funds	(1,264,649)

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/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), working to develop a Healthy Kids program for the county. CHI outreach workers, managed by First 5 Marin, have provided application and renewal assistance to more than 1,250 children and distributed 10,000 pieces of outreach materials. Out of the estimated 1,400 children ineligible for federal programs and without any insurance, approximately 1,200 were enrolled by the end of the fiscal year.

First 5 Marin has improved school readiness in the Canal neighborhood of San Rafael. The entering kindergarten classes at San Pedro Elementary School in the Canal participated in a Kindergarten Entry Profile (KEP) evaluation in 2003 and 2004. The evaluation shows many noteworthy signs of improvement, indicating that school readiness activities are producing positive changes for children entering kindergarten. Students entering kindergarten in 2004 were rated as "fully or almost mastering" more items in the developmental profile than students entering in 2003. Also, families participated in more family literacy activities in 2004, received more parenting services, and participated in more kindergarten transition activities than did those in 2003.

First 5 Marin is improving pediatric dental health in Marin County. The Children's Oral Health Project provided dental screenings and teeth cleanings to 420 youngsters at 17 low-income preschools; an additional 20 infants and toddlers were screened at a child care center and Head Start facility. The project helped establish "midday brushing" programs for more than 150 children at day care centers. In partnership with the UCSF Dental School, dental treatment was provided to 82 pre- and postpartum mothers.

First 5 Marin is expanding school readiness to four more communities in Marin County. In addition to the Canal neighborhood, four more communities were able to plan for school readiness by engaging in community building and collaboration with town meetings, focus groups, local events, relationship building, and the formation of Advisory Boards. Many parents, school personnel, health and social service providers, and other community leaders have been engaged in the planning process. Local school readiness programs are based on each community's strengths and needs and are culturally sensitive and linguistically competent. Most communities are ready to begin full implementation of their local school readiness programs.

First 5 Marin supports Comprehensive Approaches to Raising Educational Standards (CARES). The commission completed the fifth year of its CARES commitment, funding incentives for continuing education for approximately 1,000 early care and education teachers.

Promoting Equitable Access and Outcomes

Historically, the underserved populations in Marin County are monolingual Spanish-speaking families; families with children who have special needs; children 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

***Projecto Familia Joven* serves young children by reaching out to and supporting teen parents and expectant teen parents.** Because the needs of parents and children are interdependent, children are supported when their parents' needs for health care, child care, parenting skills, and family functioning are met. *Projecto Familia Joven* makes a difference by getting service providers to work together on solving basic life challenges for young parents, to help them care for their infants and children and to help them function successfully as families.

Special Needs Project is developing a countywide referral network to improve services for children with special needs. This network will expand professional development and training to child care professionals and centers for early identification of special needs in children ages 0-5; expand the availability and accessibility of developmental assessments and specialty care; link existing services to children, families, and child care centers that would benefit from them; and expand the opportunity for children with diagnosed disabilities to attend programs and services within child care centers.

This profile was prepared by First 5 Marin Children and Families Commission.

Population

Total births (2004)	150
0 to 5 population (2004)	836

Ethnicity of Children 0-5

African-American	0.1%
Asian/Pacific Islander	0.4
Latino	12.0
Native American	3.0
White	79.1
Other	5.5

Fiscal

Total Net Assets, July 1, 2004	**$1,019,243**
Committed Funds*	405,000
Uncommitted Funds*	614,243
Total Revenues	**$297,638**
First 5 Monthly Disbursements	116,591
Other First 5 Funding (Including SMIF)	180,360
Non-First 5 Funding	0
Interest	687
Expenses	**$(826,670)**
Total Net Assets, June 30, 2005	**$490,211**
Committed Funds	335,200
Uncommitted Funds	155,011

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

Commission Priorities

Geographic isolation and poverty are two main issues that adversely affect access to services in rural and sparsely populated Mariposa County. Many families in remote areas do not have telephones or reliable transportation, making it difficult for them to reach services, which are often far away. The First 5 Mariposa County Commission has defined the following priority needs of children and families: (1) health care access, (2) transportation services, (3) high-quality child care and preschool opportunities, and (4) enrichment and school readiness opportunities for children ages 0-5. To address known barriers and meet defined needs, the County Commission works to increase access to services through home visiting, school readiness, and family resource center programs.

Primary Activities and Programs

First 5 Mariposa increases health access and prenatal care countywide. The County Commission, recognizing the need for early intervention and ongoing care for expectant mothers, provided funds for the Health Nurse Program to assist families countywide with health care for newborns. Funds support a health nurse, who assists pregnant women and new mothers in meeting the needs of their babies. The emphasis is on forming a bond between the nurse and mother that will benefit the family and provide ongoing support and communication. Because there is a need for health services in some of the remote, geographically isolated areas of northern Mariposa County, the program includes regular home visits to low-income families to provide needed services and basic care.

School readiness programs support children and families at home, in preschool, and in community settings. The Parents as Teachers (PAT) home visitation program now reaches countywide, with high-priority-area families receiving a total of 96 home visits focused on supporting parents in becoming their children's first teachers. Early learning opportunities have expanded through two new preschools; both are at capacity, and the first classes graduated in June 2005. Literacy has been a countywide focus for the School Readiness Initiative. New Lit Lending Kits, which teach parents about research-based language development and how to support preliteracy skills, have been loaned to more than 100 families. Safe At Home events brought children and families into the community for health screenings and literacy services. Sixty-five registering kindergartners received a total of 156 screenings for health and developmental concerns; and 12 children were referred for follow-up vision, dental, and hearing services.

Family resource center programs empower families of children with disabilities and other special needs. The Early Start program, staffed by a parent support worker who is herself the parent of a child with special needs, empowers families with knowledge and confidence to advocate for necessary services. The parent support worker assists families with home and hospital visits, facilitates referrals to services, and offers information and resources specific to the family's issues and the child's disability. She helps families transition from Early Start to the special education system as the child grows, and she is well versed on individualized family service plans and individualized education programs,

helping families through the planning process. The parent support worker also provides transportation as needed for doctors' appointments and health fairs.

Promoting Equitable Access and Outcomes

Children with disabilities and other special needs, low-income families, and families residing in the northern remote stretches of the county are historically underserved. A parent support worker assists families who have children with disabilities and other special needs, providing transportation to distant hospitals and helping families create a supportive environment for their children. A health nurse makes home visits to pregnant women and provides services and health care to newborn babies and their families throughout the county. The school readiness program provides preschool opportunities for children residing in geographically isolated areas. First 5 Mariposa helped assure that basic needs were met by supporting Manna House efforts to provide food, formula, and diapers to more than 100 children during fiscal year 2004-05. A combination of home-based and community-based services with associated transportation helps to bring services to families who otherwise are without access.

Program Highlights

The Kids Film and Book Club teaches media literacy through educational movies and literacy activities. Sponsored by the Rural Media Arts and Education Project and recognizing the impact of the media on daily family life, this program is designed for children, parents, and caregivers. Age-appropriate films relating to folk and fairy tales from around the world and children's literature are screened in a theater setting. Films are shown weekly and are followed by a media literacy exercise and book giveaway. Admission is free, and show times are synchronized with other preschool activities, such as the library's storytime and various local playgroups. The program will teach media literacy to at least 480 parents and caregivers, screen 40 films for at least 800 children, and give away at least 800 books based on these films. To date, the project has served 393 children ages 0-5. Parents and children report enjoying the movies and presentations, as well as the opportunity to read the new books at home.

"Every Kid Needs a Designated Buddy" raises awareness and prevents drowning among young children. Drowning is the number one cause of death for children under age 5 in California. As a collaborative of 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 decrease drownings in Mariposa County. This public awareness program has provided the community with 75 posters at water recreation sites, campgrounds, and bulletin boards; 150 toddler T-shirts with water safety messages; 250 Designated Buddy stickers distributed to children; presentations to a total of 300 parents, professionals, educators, service club members, and county agency workers; 300 brochures disseminated through the Central Valley American Red Cross chapters; and 5,000 brochures 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 Mariposa County.

This profile was prepared by SRI International from information provided by the County Commission.

Population

Total births (2004)	1,125
0 to 5 population (2004)	6,515

Ethnicity of Children 0-5

African-American	1.1%
Asian/Pacific Islander	0.9
Latino	36.1
Native American	5.4
White	51.3
Other	5.1

Fiscal

Total Net Assets, July 1, 2004	**$2,876,624**
Committed Funds	2,299,983
Uncommitted Funds	576,641
Total Revenues	**$1,780,267**
First 5 Monthly Disbursements	966,801
Other First 5 Funding (Including SMIF)	705,512
Non-First 5 Funding	53,325
Interest	54,629
Expenses	**$(1,321,763)**
Total Net Assets, June 30, 2005	**$3,335,128**
Committed Funds	3,198,933
Uncommitted Funds	136,195

Commission Priorities

Mendocino County attracts tourists from around the world to its spectacular coastline, towering redwoods, and designer wineries and brewpubs, but many of its residents experience considerable economic, health, and social challenges. Mendocino County is rural, and 69% of the population live in unincorporated areas of the county. Unemployment routinely tops state averages, and more than 28% of the county's children under the age of 5 live below the federal poverty level. In 2000, Mendocino County had a higher rate of child abuse than all but one of the state's 58 counties and nearly three times the rate for the state overall. The foster care rate is higher than in all but two other counties, and Mendocino County ranks lower than all other counties in the rate of entry into first-trimester prenatal care.

The high unemployment rate negatively affects children's nutrition, psychological well-being, social relationships, and opportunities for recreation. A lack of transportation and geographic remoteness for those in isolated communities, an uncoordinated service infrastructure, insufficient numbers of bilingual personnel and services, and lack of access to other specialty staff (for example, speech therapists) all contribute to the difficulties families face in accessing needed services for their children. The major needs of children and families in Mendocino County include access to (1) affordable health care, (2) health insurance coverage, (3) high-quality child care, and (4) kindergarten readiness services. First 5 Mendocino has responded to these needs by funding programs that address the following five areas: parent education and support services, child care and early development, health and wellness, school readiness, and policy and advocacy.

Primary Activities and Programs

Multiple bilingual parent education and support services are offered to families. First 5 Mendocino funded several parent support programs, including Safe Passage, which conducts parenting classes and support groups in Spanish and English using curriculum called the Nurturing Program. Kids Ready for Kindergarten provides family support groups and home visitation for English and Spanish speakers. North Coast Family Enhancement Services offers Parenting Apart, a program that provides bilingual court-mandated programs, making it possible for Spanish-speaking families to participate in these programs for the first time.

Professional development for child care providers promotes high-quality care for children. The Mendocino County Office of Education's Child Care and Early Child Development Training Project conducted 34 workshops to enhance provider skills. A total of 267 caregivers from family- and center-based facilities participated. The Early Childhood Education Collaborative offered training and incentives to child care providers. The program also contracted with a behavioral specialist to provide technical assistance to caregivers working with children with behavioral issues. Behavior Support Services provided supplementary case management, home visit, and consultation services to more than 1,700 children. The Action Network assisted providers with child care licensing and provided tuition scholarships to 28 children to attend licensed child care centers. The Network has strengthened the existing child care centers by filling vacancies and providing funding to keep the centers viable.

First 5 Mendocino programs promote health and wellness of children and families. First 5 Mendocino partnered with the Department of Public Health and the Department of Social Services to establish universal health care access for all children. The Children's Health Initiative hired a countywide coordinator and conducted a local needs assessment to maximize enrollment and retention in existing insurance programs. The plan is to offer CaliforniaKids health insurance starting in 2006 for those children not eligible for current public programs. Simultaneously, many funded programs are providing direct health assessments and services to children and families. Consolidated Tribal Health's Red Road to Health project provides immunizations, well-child exams, and infant dental care. The project also trained staff at the Native American Head Start program to conduct developmental screenings with 30 children. In addition, a new program, the Early Mental Health Initiative, was created to establish a comprehensive, countywide mental health screening, assessment, and treatment system for children ages 0-5. The Women, Infants, and Children (WIC) breastfeeding program trained 10 new breastfeeding peer counselors, provided direct support for new moms, and held three breastfeeding support groups per month, two in English and one in Spanish. Kids Ready for Kindergarten's home visitation program refers parents to needed health services, and the Action Network provides speech therapy services for children.

Promoting Equitable Access and Outcomes

There are 10 federally recognized Native American tribes in Mendocino County and a large Latino community, primarily Mexican-American. These ethnic groups tend to be underserved, as are children with disabilities and other special needs and families living in rural and isolated areas. The County Commission has partnered with several programs to reach underserved populations: Consolidated Tribal Health Project (the Native American community), Nuestra Casa (the Latino population), and other grantees are located within the underserved areas of the county. First 5 Mendocino also uses a funding allocation formula that guarantees each region access to funding, and the 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, who inform the commission's decision-making.

Program Highlights

Parent advocates promote school readiness among parents and early care providers. The School Readiness Program, coordinated by the Mendocino County Office of Education, promotes positive interactions between early care providers, kindergarten teachers, state preschool staff, and parents. Seven parent advocates conduct outreach to all parents whose children will attend kindergarten at four schools in three elementary districts. Parent advocates work with licensed family child care providers and preschool staff to provide school readiness information and to build linkages among existing agencies, early care providers, and schools. Advocates also work with the Child Care Health Linkages program to promote child health and safety. Parent advocates assist with a number of services, including on-site health and developmental screenings, immunizations, and assistance establishing a medical home. The goals of the program include increasing parents' knowledge and children's school readiness skills; increasing access to consistent medical care; and improved communication between parents, early care providers, and schools.

Laytonville's Interconnected Kids' Network (LINK) provides integrated support services for young children and their families. LINK addresses the need for parent education and support services in the northern part of Mendocino County, offering weekly playgroups and a variety of activities designed to increase parents' education, children's motor skills development, and children's positive brain development. Quarterly parent workshops are offered on topics such as nutrition, child discipline, child sleep habits, and first aid. LINK also offers after-preschool care, Imaginative Play summer camp, and a toy lending library.

This profile was prepared by SRI International from information provided by the County Commission.

Population

Total births (2004)	4,296
0 to 5 population (2004)	23,754

Ethnicity of Children 0-5

African-American	2.6%
Asian/Pacific Islander	5.3
Latino	62.8
Native American	0.3
White	25.6
Other	3.3

Fiscal

Total Net Assets, July 1, 2004	**$10,291,304**
Committed Funds	9,577,173
Uncommitted Funds	714,131
Total Revenues	**$4,678,674**
First 5 Monthly Disbursements	3,614,293
Other First 5 Funding (Including SMIF)	823,695
Non-First 5 Funding	0
Interest	240,687
Expenses	**$(3,775,310)**
Total Net Assets, June 30, 2005	**$11,194,668**
Committed Funds	6,985,560
Uncommitted Funds	4,209,108

Commission Priorities

First 5 Merced County identified a lack of several important supports that young children and their families need for children to grow up healthy and ready to succeed in school. These include a lack of accessible prenatal and pediatric specialty care, early oral health services, child nutrition services and education, high-quality infant/toddler care, and high-quality preschool programs. The County Commission also identified a lack of professional development services for early education providers and a lack of financial and technical assistance resources for programs to meet the growing needs of the county's population.

First 5 Merced County adopted the School Readiness (SR) Initiative as a collaborative structure to guide improvements in needed services for young children. The SR Initiative emphasizes integrated and school-based health and social services for children and families, extending the County Commission's interest in prevention, early intervention, and promotion of healthy development for all children. In addition, First 5 Merced County adopted a revised strategic plan that places a high priority on leveraging resources, eliminating administrative duplication, and improving the responsiveness of existing child and family systems.

Primary Activities and Programs

School Readiness Initiative includes 24 schools, building a comprehensive countywide support system. Through intensive planning and program development, First 5 Merced County partnered with the County Office of Education and 24 of 29 eligible schools to develop a network of SR Initiative sites and supports. During fiscal year 2004-05, these sites provided early education, family support, and health services involving 8,754 service contacts with children ages 0-5 and 2,240 service contacts with parents and other family members. In addition to helping children get ready for school, significant resources are committed to helping schools become ready for children. For example, all sites provide staff development workshops, curriculum support, evaluation assistance, and support for inclusion of children with disabilities and other special needs. Cross-program articulation also is facilitated and encouraged.

First 5 Merced County collaborates with local agencies to increase children's access to health care. First 5 Merced County is working with the federally funded Healthy Communities Access Program (HCAP) to do Medi-Cal outreach and enrollment that includes case management and establishes a regular medical home. The County Commission also is working with HCAP and the local Health Access Coalition to plan and develop a countywide Children's Health Initiative. A consultant was selected, and formal planning began in November 2004. First 5 Merced County anticipates submitting a Health Access for All Children application to First 5 California.

Preschool for All planning efforts move forward with support of five school readiness sites. First 5 Merced County completed a Preschool for All feasibility study in December 2004. Data on county preschool

supply and demand were examined, and implementation costs were estimated. Using this information, an action plan was developed for phasing in voluntary universal preschool throughout the county. This process resulted in the submission of a Preschool for All Demonstration Site application including five First 5 Merced County SR Initiative sites. A significant outcome of the process was the commitment of all participating school districts to provide Title I discretionary funding to support the implementation of Preschool for All within their respective districts.

Compensation/Retention Incentive (CRI) program improves access to high-quality child care through professional development. CRI provides financial assistance to Merced County's early care and education providers to support their continuing professional development. Through CRI planning and implementation efforts, the local community college began providing Early Care and Education credit to participants who register and complete homework assignments after attending workshops provided by First 5 Merced County and other local organizations. The CRI program has inspired more family child care providers to take college courses. During fiscal year 2004-05, 41 providers received educational stipends that promoted their professional development.

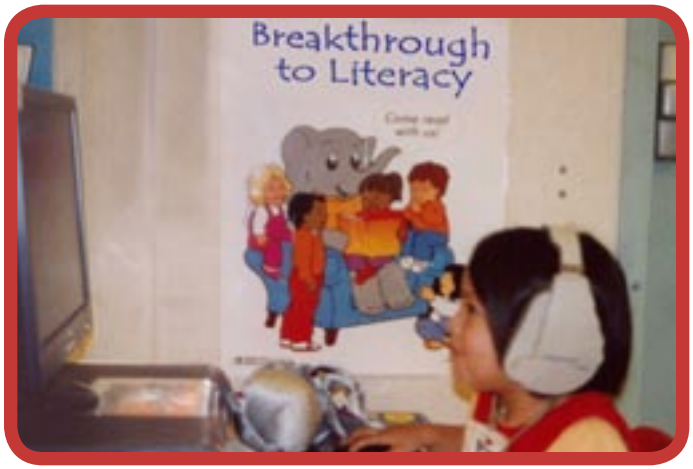
Promoting Equitable Access and Outcomes

Access barriers for families in Merced County include geographic isolation, poverty, language, culture, and transportation. These challenges are further exacerbated by the fragmentation of systems and supports for young children and their families and the inadequate supply of prenatal, dental, and pediatric specialty care in the county. To overcome these barriers, the County Commission emphasizes direct and home-based services, such as home visiting and case management programs, while providing supplemental funding to programs for transportation, interpretation, cultural brokering, and print translation services.

Program Highlights

The Community School Readiness Center (CSRC) provides comprehensive school readiness services for children and families. The CSRC strives to provide children ages 3-5 with a positive early learning experience through a half-day preschool environment that accommodates children's linguistic, cultural, and other individual needs. The program also strives to empower parents to participate in their children's education. Parents are invited to volunteer in the classroom and to participate in parent education workshops on topics including early literacy, positive discipline, child development, health and dental care, and accessing county services. The program provides resource and referral information to families and offers periodic health screenings. CSRC also offers home visitation services, providing families with early learning materials and modeling parent-child activities to facilitate learning at home. Parent involvement has increased by more than 50%, including both at-home and classroom participation. The early literacy components of the program have resulted in children's entry into kindergarten at a first-grade reading level or higher.

Early health and developmental screenings enhance early childhood education. The Family Service Education program provides early screenings to identify health, social, emotional, developmental, and/or cognitive delays to children attending the Merced College Child Development Center. A contracted speech pathologist, a child psychologist, and a special education specialist are available for further testing, assessment, and recommendations. Follow-ups of children identified through screenings are conducted to verify receipt of needed intervention services. The program also provides parenting education and support services and resource and referral information. During fiscal year 2004-05, 90% of children attending the center received health and developmental screenings. Of the children screened, 24 were referred for dental care, 14 for speech and language services, 58 for pediatric audiology services, 13 for comprehensive vision exams, and 15 for mental health services.



This profile was prepared by SRI International from information provided by the County Commission.

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.

Supporting young children's school readiness continues to be a top priority for the County Commission. Within this focus area, funding priorities for fiscal year 2004-05 were (1) early childhood development, (2) child health and wellness, and (3) parent education, support, training, and advocacy.

Population

Total births (2004)	85
0 to 5 population (2004)	497

Ethnicity of Children 0-5

African-American	0.0%
Asian/Pacific Islander	0.6
Latino	16.5
Native American	7.6
White	67.2
Other	8.0

Fiscal

Total Net Assets, July 1, 2004	**$751,131**
Committed Funds*	491,789
Uncommitted Funds*	259,342
Total Revenues	**$476,050**
First 5 Monthly Disbursements	60,091
Other First 5 Funding (Including SMIF)	403,422
Non-First 5 Funding	0
Interest	12,537
Expenses	**$(316,691)**
Total Net Assets, June 30, 2005	**$910,490**
Committed Funds	706,777
Uncommitted Funds	203,713

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

Primary Activities and Programs

School Readiness (SR) Initiative promotes child development through a combination of center-based and home activities. 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. Agencies, including T.E.A.C.H., Inc., Modoc County Office of Education, and Early Head Start, along with support and direction from an advisory committee, collaborate on providing First 5 Modoc SR Initiative services. Initiative programs use the Early Head Start model to serve families and children ages 0-3. This program provides weekly home visits and twice-monthly playgroups. Children ages 3-5 participate in an enhanced version of the model, in which they attend preschool and receive monthly home visits. Families participate in presentations on health issues, safety, nutrition, mental health, and community resources. During fiscal year 2004-05, the SR Initiative expanded preschool opportunities to 11 more children ages 3-5 by providing subsidies to offset preschool costs.

Professional development programs improve the quality and stability of early education in the county. The CARES program supports providers in family child care homes, child care centers, preschools, and infant centers. During fiscal year 2004-05, 84 early education providers received technical assistance, training, and stipends from the CARES program. Providers also receive individualized support from a professional growth advisor for advancement onto or up the Child Development Permit Matrix. As a result, one new private center has been started, and two more are in the planning stages. Modoc CARES has filed new permits on behalf of eight applicants, and another four upgrade applications have been filed. Two exempt providers have moved to licensed status in the Alturas area, and one new provider has been licensed in the Cedarville area. CARES has received strong community support and provider buy-in, which is especially remarkable because the program serves a highly independent set of providers who live in rural and isolated parts of the county.

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

The Oral Health Project provides education, screenings, and treatment services that improve children's oral health. The purpose of the Oral Health Project is to increase the number of children ages 0-5 who receive preventive oral health care education and treatment when needed. Active since February 2005, the project provides oral health education, dental screenings, and dental treatment. Funds are made available to help pay for services needed by uninsured or underinsured children. Free dental screenings were provided in dental offices, in clinics, and at the County Children's Fair; and referrals to additional services were made. Dental informational brochures and public service announcements were developed and released. Dental providers and community partners participated in roundtable discussions to develop a countywide comprehensive dental plan for young children.

First 5 Modoc advocates for educational success for children with disabilities and other special needs. Working with Modoc County's Office of Education Special Education Local Plan Area (SELPA), this collaborative project trained early education providers and community members on the advocacy process and educational laws pertaining to young children. The project emphasizes the importance of educational advocates for children with disabilities and other special needs and trains participants to be effective members of individualized education program (IEP) teams.

Families Matter improves relationships between families and service providers. The annual Parent/ Professional Partnership Campout is a structured event with scheduled educational and support activities that promote interaction and relationship building between families and the county agency staff who serve them. It is a unique and collaborative environment intended to decrease barriers between families and professional staff. First 5 Modoc funds the Modoc County Child Abuse Prevention Council to provide supervision and developmentally appropriate activities to children ages 0-5 during the campout so parents can participate in activities with county agency staff.

The Tule Tots Child Development Cooperative Center will provide comprehensive early care and education services. Tule Tots is a planned licensed parent cooperative child care facility that will serve 26 infants, toddlers, and preschoolers and will be supported with collaborative funding from First 5 Modoc and First 5 Siskiyou. This center will reach the underserved families in the Tulelake/ Newell area. A collaborative effort involving the Tulelake/Newell Family Resource Center, Modoc Early Head Start, Parenting with Purpose, and the Tulelake Community Partnership has been working on development of the center.

This profile was prepared by SRI International from information provided by the County Commission.

Population

Total births (2004)	170
0 to 5 population (2004)	901

Ethnicity of Children 0-5

African-American	0.1%
Asian/Pacific Islander	1.8
Latino	38.6
Native American	0.2
White	54.7
Other	4.6

Fiscal

Total Net Assets, July 1, 2004	**$745,939**
Committed Funds*	722,078
Uncommitted Funds*	23,861
Total Revenues	**$464,507**
First 5 Monthly Disbursements	123,765
Other First 5 Funding (Including SMIF)	322,628
Non-First 5 Funding	786
Interest	17,328
Expenses	**$(523,424)**
Total Net Assets, June 30, 2005	**$687,022**
Committed Funds	687,714
Uncommitted Funds	(692)

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

Commission Priorities

Major barriers to accessing services for families in Mono County include lack of awareness; language barriers; limited transportation, hours, and locations; and cost. Geographic barriers result in social isolation for many Mono County families. A maternal and child health needs assessment conducted by the Mono County Health Department identified the following needs among children and families: (1) a need for more parenting education and support services, (2) a need for greater awareness of and access to existing services, and (3) a need for more culturally and linguistically appropriate services to meet the needs of growing Latino and Native American populations.

To address these needs, First 5 Mono County's top funding priority is to enhance the current network of assessment and support services for families with children ages 0-5 in the county. The County Commission funded the following program 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

First 5 Home Visiting Program helps children be born and stay healthy. As the major funding priority of First 5 Mono during fiscal year 2004-05, this program supported families through 873 home visits, reaching 280 children ages 0-5 and their families. Referrals to the program are increasing, particularly among pregnant women, allowing services to start earlier. Families of 92 newborns inquired, were contacted, or were referred about participation in the program, and 85 were enrolled. The program was successful in facilitating age-appropriate immunizations and screenings (100%), promoting continued breastfeeding (99% of mothers breastfed for at least 3 months, and most for 12 months), and encouraging appropriate car seat use among participants. Children in the program had access to health insurance (96%) and a regular medical provider (99%). All parents in the program reported improved understanding of normal child development.

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 fourth full year of efforts to keep child care providers in the field and improve their skills. Twenty-one child care providers (12 family providers and 9 center-based staff) received stipends, bonuses, and scholarships for staying in their jobs and participating in professional development classes, workshops, conferences, or other training events. The program increased the level of training among all participants and saw a number of providers advance on the Child Development Permit Matrix. Family providers also participated in the IMACA Family Child Care Training Program, earning CARES credits. Eight of these family providers obtained California Commission on Teacher Credentialing permits. Nine of the 10 Latino providers who participated in CARES in 2003-04 stayed in their jobs and participated in the program in 2004-05. Approximately 160 young children were served by child care providers participating in Mono County CARES.

School readiness programs help families promote early learning. The Raising A Reader program distributed book bags to families in the community to encourage them to read more often with their young children. Mammoth Elementary School provided a summer transition program to 45 children, community-to-school meetings between parents and the school principal (Second Cup of Coffee) with 24 parents, and pre-kindergarten assessments to 44 children. The School Readiness Parent Support Groups, led by the Sierra Family Resource Center, provided education about child development, parenting, and school readiness and a peer support network to Spanish-speaking parents of preschool-age children. After participating in these groups, parents reported increases in their confidence and knowledge and stronger ties to the community. In addition to these programs, County Commission school readiness efforts implemented outreach and communication about school readiness, provided early learning opportunities for parents/caregivers, improved access to transportation, and increased access to high-quality translation and interpretation services.

Promoting Equitable Access and Outcomes

Latino families and those living in geographically isolated communities historically have been underserved in Mono County. School readiness planning processes also identified needs among families who do not qualify for free or subsidized child care or preschool services, but who cannot afford private programs. First 5 Mono works to provide the Latino community with culturally relevant and accessible programming through 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 or subsidized early education programs, the school readiness program offers activities and the staff publicizes school readiness concepts and resources through a regular column in the *Mammoth Times*. These strategies have resulted in increased use of existing 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/curriculum kits. The program served 11 of 15 eligible family child care homes with monthly home visits. Of the 11 participating providers, 6 are Spanish speaking and 5 are English speaking. An environmental assessment and one-on-one training were used to help providers further strengthen their programs. The program demonstrated improvements in quality for most providers in all categories: space and furnishings, basic care, language and reasoning, learning activities, social development, and adult needs. The providers participating in this program care for 111 young children.

Raising A Reader improves school readiness through promotion of preliteracy skills. The Raising A Reader program is a research-based program aiming to increase the number of families who read with their young children often and routinely each week. The program distributes materials through library branches, the bookmobile, parent playgroups, child care centers, and family child care homes. In fiscal year 2004-05, more than 100 children participated in the program, and 1,200 book bags were distributed. The program develops a partnership between parents, child care providers, and library staff. Through regular encouragement by child care providers and “cycling” of alluring books given directly to children, the program encourages parents and caregivers to spend high-quality, daily reading time with their children.

This profile was prepared by SRI International from information provided by the County Commission.

Population

Total births (2004)	7,396
0 to 5 population (2004)	39,805

Ethnicity of Children 0-5

African-American	1.8%
Asian/Pacific Islander	3.7
Latino	70.0
Native American	0.3
White	20.8
Other	3.4

Fiscal

Total Net Assets, July 1, 2004	**$15,738,181**
Committed Funds	14,955,271
Uncommitted Funds	782,910
Total Revenues	**$7,689,792**
First 5 Monthly Disbursements	6,384,654
Other First 5 Funding (Including SMIF)	1,069,162
Non-First 5 Funding	(93,418)
Interest	329,394
Expenses	**$(5,432,766)**
Total Net Assets, June 30, 2005	**$17,995,207**
Committed Funds	17,451,930
Uncommitted Funds	543,277

Commission Priorities

Monterey County's economic base is primarily agriculture and tourism, and the population is predominantly Caucasian and Hispanic/Latino. The latter group experiences significant language and cultural barriers, nonresidency status, and limited education. Soaring housing costs compound the difficulty that families have in finding affordable, high-quality child care. Within this context, First 5 Monterey County focused its efforts on improving access to health care, access to high-quality and affordable early care and learning opportunities, and parental understanding of positive parenting practices.

Primary Activities and Programs

First 5 Monterey promotes children's access to comprehensive health care. Health screening and assessments are part of First 5 Monterey's strategy to improve children's access to health care. The School Readiness (SR) Initiative addresses the physical health needs of children through home visitation; Monterey County public health nurses provide children's health assessments, and the Visiting Nurse Association (VNA) Mom/Baby Program provides newborn health services. Additionally, the VNA conducts health screenings at two child development centers within First 5 Monterey's SR catchment area. Likewise, nurses from Pajaro Valley Unified School District screen children attending kindergarten early-registration events, providing referrals and follow-up services. Families with children with suspected or diagnosed asthma receive education and support from the American Lung Association in the home and/or at child care sites. The Children's Oral Health project, also an SR partner, offers countywide mobile screening services and office-based treatment services. Finally, the Monterey County Screening Team for Assessment, Referral, and Treatment (MCSTART) provides assessment, early intervention, and treatment of children with prenatal exposure to alcohol and/or drugs. Over 3,816 participants received health-related services, including over 2,100 children, more than 1,300 parents, and about 300 service providers.

Early care and learning opportunities improve for children. In its commitment to support access to high-quality and affordable early care and learning opportunities, First 5 Monterey helped 95 children enroll at Bayview Preschool or the Children's Creative Learning Center, both serving children living in the SR catchment area. The parents of enrolled children attend evening child development workshops. Additionally, First 5 Monterey assisted 364 child care providers in their efforts to provide high-quality learning environments by providing stipends through the Department of Social and Employment Services CARES (Comprehensive Approaches to Raising Educational Standards) program. Monterey Peninsula College, an SR partner, offered release time for 33 providers to attend child-care-related trainings.

First 5 Monterey County supports the parent as the child's first teacher. First 5 Monterey and its SR partners address the needs of parents to improve their understanding and use of positive parenting practices. Dads in Action and the Salinas Adult School offer parenting classes, with the latter conducting home visits

using the Parents as Teachers (PAT) curriculum. In turn, PAT paraprofessionals receive training and case consultation from Monterey County Behavioral Health Department therapists, who also provide counseling services to families. Reaching families affected by domestic violence, the Monterey County Probation Department's Child Advocacy Program conducts home visits for court-referred parents, and the Women's Crisis Center offers classes and support to mothers. The Salinas Public Library provides creative engagement opportunities for families through its literacy and book distribution programs. Each SR service is linked to schools via three family resource centers. There were 1,667 participants, including 630 parents, 718 children directly or indirectly served, and 319 service providers. Additionally, First 5 Monterey continued funding of the Monterey County Food Bank, which distributed over 13,000 bags of emergency food supplies.

Promoting Equitable Access and Outcomes

Monterey County's geographically isolated southern region has the highest teen pregnancy rates, lowest income and education, and most rapid growth within the Mexican indigenous Oaxacan community. First 5 Monterey convened community-based stakeholder meetings throughout the region to assess the priority needs of South County residents, with improved access to existing health and child care services identified as priorities. With $250,000 earmarked for programs, First 5 Monterey collaborated with other local funders to develop needed services for this region.

Program Highlights

The Child Advocacy Program improves children's developmental environment. The Monterey County Probation Department's Child Advocacy Program (CAP) conducts home visits to families who have a parent on probation for domestic violence, with the objective of supporting an environment conducive to a child's early learning. Service delivery for both children and parents is coordinated by CAP through the First 5 Monterey SR collaborative, providing assessments of and support for the children's health and developmental needs and helping parents improve parenting skills. Trained in child development, CAP staff engage children in literacy activities assessing developmental progress. Further, the staff enforce court orders and, as needed, provide emergency food, diapers, and clothing. Program outcomes are positive; between 2004 and 2005, CAP worked with 120 families, with only a 2% recidivism rate. According to the American Bar Association's Commission on Domestic Violence, the national average rate of recidivism for domestic violence for a 6-month period is 32%.

The MCSTART Collaborative improves pregnancy-related health outcomes for children. The Monterey County Screening Team for Assessment, Referral, and Treatment (MCSTART) includes four agencies collaborating to better intervene with pregnant women using drugs or alcohol and to support the development of children born with prenatal exposure to drugs and alcohol. Door to Hope trains obstetric staff on substance abuse screening; pregnant women may then be referred to Door to Hope for recovery services. Monterey County public health nurses support prenatal women with appropriate prenatal care and education, while the Salinas Adult School Parents as Teachers paraprofessionals and Monterey County Behavioral Health therapists help improve parenting skills. MCSTART's pediatric component provides an array of developmental health services. With an overarching goal of improving children's health, specific desired prenatal outcomes include reducing tox-positive births, low birth weights, and neonatal intensive care admissions; the pediatric outcomes include improving children's developmental skills. Furthermore, it is expected that parents will improve their ability to provide a nurturing and developmentally appropriate home environment for their children. In fiscal year 2004-05, MCSTART intervened on more than 80 pregnancies—one and a half times the number forecast—and served 249 children, nearly 70% more than anticipated.

This profile was prepared by First 5 Monterey.

Commission Priorities

Access to services and supports for all children ages 0-5 and their families continues to be the primary priority of First 5 Napa. The County Commission plans to revise its strategic plan in fiscal year 2005-06, incorporating a variety of recent needs assessments and updated community input. Funding strategies for the past fiscal year continued to support the goals delineated in the previous strategic plan: (1) increase the quality of and access to early learning and education services, with an emphasis on workforce development; (2) increase the prevention of, early identification of, and intervention for health and developmental issues; and (3) increase the amount of information and tools provided to parents, families, and communities on the importance of early learning experiences.

Population

Total births (2004)	1,604
0 to 5 population (2004)	9,471

Ethnicity of Children 0-5

African-American	2.0%
Asian/Pacific Islander	2.9
Latino	45.9
Native American	0.9
White	44.8
Other	3.5

Fiscal

Total Net Assets, July 1, 2004	**$1,565,594**
Committed Funds	1,565,594
Uncommitted Funds	0
Total Revenues	**$1,725,520**
First 5 Monthly Disbursements	1,408,946
Other First 5 Funding (Including SMIF)	280,328
Non-First 5 Funding	3,029
Interest	33,217
Expenses	**$(1,475,236)**
Total Net Assets, June 30, 2005	**$1,815,878**
Committed Funds	1,815,878
Uncommitted Funds	0

Primary Activities and Programs

Professional development programs support high-quality early childhood education. First 5 Napa continued to support early childhood workforce development programs, including the Job Training and Development program at Child Start, Inc. Twenty-five participants completed the introductory classes in Early Childhood Education, and 85% reported that they would enter the field and/or continue their education. Napa CARES completed its fifth and most successful year, training more than 210 providers and awarding 173 stipends. Except for a very few first-time participants, all CARES participants attained Child Development Permits. In addition, a pilot program operating at a private preschool improved teachers' capacity to implement standards-based curricula and distributed eight scholarships to low-income, Spanish-speaking children.

First 5 Napa programs increase countywide access to a variety of health and developmental services. In January 2005, a newly formed collaborative, whose vision is to provide all low-income children with access to affordable health insurance and a medical home, began creation of the Children's Health Initiative Napa County. Meanwhile, the Universal Perinatal Home Visiting Program provides a coordinated countywide approach for home visits and referrals, with a primary goal of early identification and treatment of mental health problems in infants and parents. The Parent-Child Advocacy Network helps families of children with disabilities and other special needs to access health care services and follow-up support, and the Therapeutic Child Care Center (TCCC) provides enhanced health and developmental services for at-risk young children. Preliminary evaluation results show that after 1 year of attendance, TCCC participants make significant gains in developmental readiness. Untied Shoelaces provides a variety of health and developmental services to children attending state-run preschools. To date, more than 800 children have received services and referrals, including oral health education, physical activity, and nutrition. Sister Ann Community Dental Clinic reduced the wait for children's oral health services while developing outreach and case management services, with 899 children receiving treatment and 105 pregnant women receiving in-home preventive oral health care and education.

Family Resource Centers provide education and tools for self-sufficiency to families. First 5 Napa expanded programs in each of its existing family resource centers (FRCs), fostered collaboration in the countywide One Family Network, and facilitated the development of a new center in American Canyon. The Calistoga and Cope FRCs together served 469 families of young children, as the Calistoga FRC expanded its family literacy and school readiness parent education program. Cope's Family Economic Success Program assisted 203 parents with financial education, while expanding to other sites and helping families receive a combined total of $500,000 in tax refunds. The Fatherhood Project, a pilot program of Child Start, Inc., focused on the involvement of fathers in all aspects of their young children's development. After 36 participants received support, training, and leadership skills, the fathers are taking a more active role in the rearing of their children.

Promoting Equitable Access and Outcomes

Traditionally underserved populations in Napa County include Spanish-speaking families and those who are geographically isolated. The growing network of family resource centers is playing an important role in serving these populations. Historically, most services for children and families have been provided in the city of Napa, the county's largest community. First 5 Napa is working to expand services to the north and south to improve access for families living in these communities and to reduce their sense of isolation. First 5 Napa continues to fund programs that help monolingual and bilingual Latino families access services. In an attempt to make explicit the County Commission's expectations on diversity, language was added to requests for funding proposals, asking applicants how they would meet the needs of underserved clients.

Program Highlights

Universal Perinatal Home Visiting Program welcomes every baby. In collaboration with community agencies, the Universal Perinatal Home Visiting Program reaches out to all new parents and their infants, using Touchpoints, a strength-based family support approach to promote early development and healthy parent-child attachment. To meet the needs of the large Latino population in Napa County, many of the home visiting nurses are bilingual and bicultural. The program began visits in February 2005 and is collecting quantitative survey data to measure the effects of the program, including breastfeeding duration, availability of family resources, and levels of depression. Nurses already report that parents appreciate the visits, call to inquire about the date of their next home visit, and are excited to share stories of their children's milestones.

Sweet Success Gestational Diabetes Program improves pregnancy and postpartum outcomes of women with diabetes. Sweet Success ensures that women who have preexisting or gestational diabetes receive appropriate prenatal obstetric care, counseling and education, and postpartum follow-up, regardless of their income or health insurance status. The program is staffed by a bilingual and bicultural registered nurse, who is a certified diabetes instructor. The nurse helps clients manage their blood glucose levels and provides health education; she also partners with a registered dietician and a case manager to coordinate care and provide referrals to community services. All services are available in English and Spanish, and the program's protocol was developed in partnership with the local hospital. The program has been successful in helping women realize the connection between their behavior and medical outcomes for themselves and their infants, enabling mothers to be healthier and increasing the likelihood of positive pregnancy outcomes.

This profile was prepared by SRI International from information provided by the County Commission.

Population

Total births (2004)	818
0 to 5 population (2004)	5,065

Ethnicity of Children 0-5

African-American	0.2%
Asian/Pacific Islander	1.3
Latino	11.2
Native American	1.2
White	82.3
Other	3.9

Fiscal

Total Net Assets, July 1, 2004	**$1,768,079**
Committed Funds	1,678,325
Uncommitted Funds	89,753
Total Revenues	**$1,062,412**
First 5 Monthly Disbursements	738,104
Other First 5 Funding (Including SMIF)	256,167
Non-First 5 Funding	17,230
Interest	50,911
Expenses	**$(977,799)**
Total Net Assets, June 30, 2005	**$1,852,692**
Committed Funds	1,419,757
Uncommitted Funds	432,935

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. The following needs were identified as priorities by the First 5 Nevada County Commission: (1) bicultural services for families, (2) obesity education and prevention, (3) dental services for low-income children, (4) mental health care services for young children, (5) parenting education and family support services, and (6) high-quality child care services supported by professional development opportunities. The County Commission focuses funding to address these needs, spanning the four strategic plan focus areas: (1) parenting education and support services, (2) early care and development, (3) child health and wellness, and (4) accountability and system integration.

Primary Activities and Programs

School readiness (SR) programs support children, families, and schools. Comprehensive school readiness programs provide services in four areas: early care and education, parenting and family support services, health and wellness, and schools' capacity to prepare children and families for school success. Two SR sites, Truckee Elementary School and Grass Valley District, serve the eastern and western regions of the county, respectively. Club Amiguitos in Truckee provides cross-cultural enrichment activities for preschoolers and parents, while the Promotora Latino Family Home Visiting program 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. The Step Up To Kindergarten Summer School program at both sites serves children without preschool experience and those at risk for difficulties with transition to kindergarten. In 2004-05, the Truckee SR program made 5,677 service contacts and the Grass Valley program made 4,363 service contacts with children and their families. Through community strengthening efforts, 1,125 adults received school readiness information at events in Truckee and 1,911 adults at events in Grass Valley.

CARES program improves child care quality. First 5 Nevada has participated in CARES since 2001, rewarding child care professionals who pursue early childhood development training and remain in the field. During fiscal year 2004-05, the program offered cash stipends, professional development planning, and mentoring. Services included child development permit/portfolio preparation workshops, access to a lending library, assistance with the child development permit process, and professional relationship-building activities

among providers. One-on-one application assistance in English and Spanish ensured access for child care providers of all experience and literacy levels. Each participant earned a stipend by completing all elements of a professional development plan. In 2004-05, 80 participants completed the program, representing approximately 22% of Nevada County's child care workforce.

Promoting Equitable Access and Outcomes

Historically, the Latino community and children with disabilities and other special needs have been underserved in Nevada County. In 2003, Latino children comprised about 30% of entering kindergartners in Truckee and about 8% in Grass Valley. Neither private nor public service agencies had previously employed bilingual staff or addressed multicultural issues. In 2004-05, Spanish counseling services became available with First 5 funding to both private and county mental health services. First 5 Nevada works with community agencies to improve systems of care for Latino families by linking them to services such as bicultural enrichment programs, bilingual resources, literacy activities, and nutrition education and support. First 5 Nevada also is supporting efforts to serve children with disabilities and other special needs. Sierra Nevada Memorial Hospital conducted a Pediatric Early Intervention program to identify motor, speech, or cognitive delays and to connect families to services. First 5 Nevada also provided a grant to the Nevada County Superintendent of Schools to develop a Community Autism Support Team, which will provide support to families and child care providers.

Program Highlights

The Growing Healthy Children program improves families' nutrition and activity levels. The County Commission developed this parent-child nutrition and activity research project to prevent obesity. The project uses an activity-based education approach to (1) create knowledge or change attitudes around nutrition, control of overeating, and parent self-efficacy; and (2) change behavior relating to family nutrition, family activities at mealtime, family playtime, television and video viewing, and fast-food consumption. Eight activity-based sessions were conducted, with initial surveys and post-intervention follow-ups measuring knowledge and behavior of families. Parents were highly satisfied with both the program and the written materials (a weekly newsletter) and found the information useful. Participants who attended the activity sessions reported a significant reduction in children's viewing time and increases in the number of meals per week in which families used program strategies. Providing written information alone was enough to increase parent-child active play.

Empiezo Marvilloso ensures that new babies start life with a "great beginning." Empiezo Marvilloso provides a multidisciplinary home visitation program for new babies in Truckee. The multidisciplinary team promotes collaboration and communication between service providers, coordinates early intervention services, and supports healthy child development and positive parenting practices. In 2004-05, Empiezo Marvilloso conducted home visits with 20 infants, served 90 pregnant women through its bilingual health education program, and provided 16 families with in-home therapy services. 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.

This profile was prepared by SRI International from information provided by the County Commission.

Commission Priorities

Orange County is the second most populous county in California (behind Los Angeles), and the second most densely populated (behind San Francisco). In comparison with the county as a whole, Orange County's 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, and there is a sizable and growing Asian and multiracial population. The fact that housing in Orange County is prohibitively expensive leads to overcrowding and potentially negative effects on family health, including children's social, emotional, and cognitive development. Poverty and homelessness in Orange County are also issues. Although most young children in Orange County currently have some access to health care, almost half rely on publicly funded programs with limited resources and access.

The County Commission has identified the following strategic priorities:

1. Healthy Children: To ensure the overall physical, social, emotional, and intellectual health of children during the prenatal period through age 5.
2. Strong Families: To support and strengthen families in ways that promote good parenting for the optimal development of young children.
3. Ready to Learn: To provide early care and education opportunities for young children to maximize their potential to succeed in school.
4. Quality Services: To promote an effective delivery system for child and family services.

Population

Total births (2004)	45,060
0 to 5 population (2004)	259,993

Ethnicity of Children 0-5

African-American	1.2%
Asian/Pacific Islander	12.0
Latino	47.4
Native American	0.4
White	35.4
Other	3.7

Fiscal

Total Net Assets, July 1, 2004	**$145,208,483**
Committed Funds*	145,208,483
Uncommitted Funds	0
Total Revenues	**$46,769,657**
First 5 Monthly Disbursements	40,175,154
Other First 5 Funding (Including SMIF)	921,949
Non-First 5 Funding	2,173,479
Interest	3,499,075
Expenses	**$(52,880,392)**
Total Net Assets, June 30, 2005	**$139,097,748**
Committed Funds	139,097,748
Uncommitted Funds	0

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

Primary Activities and Programs

Healthy Children efforts support newborns and their families; provide health, safety, and nutrition programs; and increase access to medical care. The Bridges for Newborns program links health care providers into a network of family support. Health and safety programs cover a range of services from distributing car seats to supporting injury prevention efforts. Joint efforts among hospitals, schools, and family resource centers improve nutrition, help provide health screenings and dental care, and improve front-line health care for children in the form of increased support for school nurses.

Strong Families efforts enhance school readiness, reduce homelessness, and provide parents with vital education to improve the quality of life for their children. The Readiness on the Road pilot program, in cooperation with the Boys & Girls Club, will expand school readiness programs. Other programs, including Village of Hope, HomeAid Orange County's shelter program, and the Anaheim Motel Strategic Plan survey, all address the needs of homeless children and families. Partnerships with public television and print media have led to a television series and printed articles on health, safety, and developmental topics geared to parents and caregivers.

Ready to Learn efforts promote early literacy skills, overall school readiness, early intervention, health screening, and preschool programming. The Early Literacy Network expands early literacy programs and provides support for early literacy professionals. A Reach Out and Read program puts AmeriCorps members to work reading to children in pediatricians' waiting rooms. There are school readiness programs in each of Orange County's elementary school districts, which improve coordination between family child care providers and school-directed programs. Through a First 5 Special Needs Demonstration Project grant, project LEAPS—Learning, Early Intervention, and Parent Support—provides universal access to developmental screening and support for parents of special-needs children.

Promoting Equitable Access and Outcomes

The strategic plan is designed to serve Orange County children from the prenatal stage to age 5 (over a quarter-million children), including those most at risk from socioeconomic factors. In comparison with the county as a whole, this population represents a disproportionate number of children in low-income families and families with limited English proficiency. 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 County Commission uses multiple strategies, including assessing every newborn while still at the hospital and linking families in need with a health care home and with support programs; using family resource centers to provide access to health care, medical insurance, parenting classes, and family counseling; funding local school readiness coordinators 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; increasing access to oral health through training for early care and education providers, school nurses, and primary care physicians; and taking services and information to the community, instead of requiring families to seek out services.

Program Highlights

The School Nurse Expansion Program identifies and treats children's health and developmental needs early so that children are ready to learn when they enter school. Focusing on improved child health, child development, family functioning, and systems of care, the program reaches children and families in a variety of ways. The program directly serves children ages 0-5 by conducting health and developmental screenings, referrals and follow-ups, and health insurance enrollment. By providing health classes for families (e.g., dental hygiene, nutrition classes) that are age appropriate and that link families to community services, the program helps improve access to health information and care. The program improves the systems of care by linking the family to the school and other community services long before it is time to start registering for school. Nurses report great satisfaction providing services in the community, accessing children early, and working with families to introduce health concepts. Families are happy that they have a health professional in their community. School districts have been very supportive of having the nurses work as part of their educational team, especially in light of the importance of early health care and how it can improve a child's outcome in the long run.

The School Readiness Services and Support Program supports all 0-5 services at the Boys & Girls Clubs of Huntington Valley. Services include after-school kindergarten across three sites, serving approximately 150 children annually; the Learning Preschool, which serves approximately 150 annually; and the Twilight School, which serves approximately 50 preschoolers and 150 parents and siblings annually. The program partners with a family resource center that provides referrals to help families and parents and some direct

services, including a morning ESL (English as a Second Language) class and a basic computer skills class. By focusing on improving child development and family functioning, the program addresses the multiple needs of at-risk children and their families in the community. The Twilight School meets the diverse needs of newly arrived families, which represent about a third of the children in the community. The program provides targeted marketing materials in different languages (primarily Spanish). The school readiness coordinator talks directly to parents and encourages their participation. The Twilight School uses a community-based learning curriculum that focuses on language used in everyday life (e.g., how to talk to doctors, how to talk to children's teachers, how to read labels on medications, how to explain symptoms). The Adult School conducts pre and post measurement of skills of the ESL parent participants. Ten of the 50 parents who participated for a full year said they got a job because of the English they learned, and 50% said they could keep their job or advance in their job because of the skills they were learning at the Twilight School. Letters from parents also provide anecdotal evidence that the Twilight School has had a significant positive impact on parents' ability to maintain employment, converse with their children's teachers and doctors, and access supportive services if necessary.

Community-based developmental screenings provide early identification of and referrals for children's health needs. The Developmental Screening Program provides developmental assessments to children with unidentified health needs so that they can get the optimal resources they need prior to starting school. The developmental assessments include screenings and health evaluations that are performed at 12 community sites throughout Orange County, reaching out to populations that are traditionally underserved. The collaborative program consists of eight early intervention providers who screen children on-site and refer them as necessary. Many of the agencies to which a child may be referred are on-site at the screenings. For example, if a child is under 3 years old, the on-site regional center representative will do the intake. Otherwise it involves a school district referral. In the latter case, the collaborative will provide a letter to the school district or medical provider asking them to perform a full assessment. The collaborative follows up in a month to make sure the family is connected to needed services. The program coordinators recognize that screening accomplishes very little if the family can not access the needed service. The program focuses on meeting the needs of underserved families. The program staff discovered that the Latino population was not following up with mental health referrals and decided to add a home visitation component to the program. The family receives up to three home visits to discuss referral and resources. The program has also targeted the hard-to-reach Vietnamese community by providing a community screening. Another subgroup, the foster care population, has gained a relationship with the county's Social Services Agency to ensure the timely assessment of children in foster care in Orange County. For example, the program has provided screenings to children living at Orangewood Children's Home and helps to ensure that the information from the assessment is included in the medical passport that follows the child through the system. During 2004-05, 495 children were screened (75% or 373 of these screenings resulted in a referral to additional services), and 565 total referrals were made (including multiple referrals for the same child). These referrals included the regional center (105), school district (139), a rescreening (40), mental health (146), physician (50), and other (85, including application assistance for acquiring a medical home). The program gives the opportunity to start school ready to learn to children who otherwise would have started school with cognitive or developmental delays.

The HOPE School Readiness Program provides comprehensive and coordinated services that help children to be ready to succeed when they start school. The Health, Opportunities, Preparation, and Education (HOPE) Program of the Newport-Mesa Unified School District is funded through the statewide School Readiness Initiative's matching funds and serves over 500 children each year. The program helps children in low-performing elementary schools by addressing the barriers to a child's school readiness through comprehensive and coordinated services. The components of the HOPE School Readiness Program

are Preschool Program; Healthy Start, which provides access/referral to pediatric services, screenings, and immunizations; Parent Empowerment, which provides parenting classes and access/referral to social services; Adult Education, which provides Family Literacy, English, General Education Development, and other courses at the preschool sites; Kindergarten Transition, which is a coordinated process that supports child and family; Professional Development, which focuses on research-based, best practices for early childhood education and parent involvement; HOPE School Readiness Resource Centers, which provide resources for district and local early childhood providers and parents; and Public Awareness, which provides information to parents, providers, and the public to foster collaboration and advocate for the investment in young children. The program focuses direct services on improved child development. It provides indirect support in the form of professional development/coaching for the early childhood teachers and in collaboration with teachers in community preschool settings. The program has three results-based outcomes: increase school readiness for kindergarten, successful completion of first grade, and ability to read by the third grade, as measured by mastery of the age-appropriate Desired Results Developmental Profile (DRDP) and grade-level standards. In the 2004-05 school year, 89% of children scored “almost mastered” or “fully mastered” on 90% or more of the 55 measures on the DRDP (social-emotional, language/literacy, cognitive, motor, and healthy habits), indicating strong kindergarten readiness skills.

Local Story

Orange County School Nurse Expansion Project. Carlos was obviously a bright child, but his primary school teachers noticed he was very quiet and shy. No one realized why the four-and-a-half-year-old was so quiet—he could barely hear the teachers and students around him. Fortunately, the elementary school site for his preschool program participates in the County Commission-funded School Nurse Expansion Project. All too often, a child like Carlos with a health or developmental problem will lose precious years struggling in class before a problem is identified and addressed. With this project, health and developmental issues are caught early, when intervention can make the most difference.

During the initial hearing screen, Carlos showed no response in his left ear to any frequencies and had limited hearing in his right ear. A second screening verified this result. Carlos was referred for follow-up with a physician, but the program nurses followed through to be sure Carlos got the support he needed. They met with Carlos’s mother, who took him to a clinic physician, who in turn confirmed the boy’s hearing loss. Carlos was referred to California Children’s Services for further evaluation.

Since Carlos’s mother did not have insurance for her children, she was referred to the Children’s Hospital of Orange County health insurance representative for enrollment. California Children’s Services then sent the boy to a physician for evaluation and to fit him with hearing aids. Carlos was also referred to the school district, where he was evaluated by a speech therapist and subsequently enrolled in a weekly speech therapy program. Carlos’s mother followed through with insurance enrollment and acquired medical coverage for Carlos and his siblings.

After hearing about Carlos’s hearing loss, the teachers began making adjustments to accommodate his loss by placing him close, with his “better” ear toward them. Soon after, Carlos became much more interactive during class, a first step toward being fully engaged in the learning process.

This profile was prepared by Children and Families Commission of Orange County.

Population

Total births (2004)	3,797
0 to 5 population (2004)	20,634

Ethnicity of Children 0-5

African-American	1.4%
Asian/Pacific Islander	3.8
Latino	15.9
Native American	0.8
White	72.9
Other	5.3

Fiscal

Total Net Assets, July 1, 2004	**$7,083,837**
Committed Funds	0
Uncommitted Funds	7,083,837
Total Revenues	**$3,504,433**
First 5 Monthly Disbursements	3,124,615
Other First 5 Funding (Including SMIF)	199,334
Non-First 5 Funding	0
Interest	180,484
Expenses	**$(2,992,429)**
Total Net Assets, June 30, 2005	**$7,595,841**
Committed Funds	0
Uncommitted Funds	7,595,841

Commission Priorities

First 5 Placer continues to address community needs by providing services to support the following desired results: (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) community partnerships, including comprehensive child and family partnerships and policies and practices that better serve children and families; (5) supportive environments, including safe, healthy, nurturing, and appropriate environments for families. The County Commission supported 22 partners to achieve these results.

Primary Activities and Programs

First 5 programs support parents and improve family functioning. The Chana High School Teen Parent Program provides a child development center for teens and adults completing their high school education. Teen parents learn how to nurture their children and enhance their children's development. The Golden Sierra Life Skills Men, Infants, and Children program provides bilingual parenting classes for fathers of children ages 0-5. Participation in this parenting education program improves relationships between fathers and their children. The Superior Court High Conflict Family Court Calendar program works to reduce family conflict and stress among families with custody issues involving children ages 0-5. The First 5 Placer Making Connections program provides family advocacy and adult education to support parents in their role as their child's first teacher.

First 5 programs promote children's development and readiness for school. The Rocklin Unified School District preschool provides an inclusive classroom setting for both typically developing children and children with disabilities and other special needs. Children with special needs are participating in peer activities with other children, making friends, and joining in classroom activities. Kindergarten teachers report a noticeable improvement in the school readiness of children who regularly attended Kinderclub. An increasing number of families are participating in all aspects of the Making Connections programs, and many parents have begun informal playgroups outside the program. Provider stipends distributed through the CARES project increased provider retention, creating more stability for children in early childhood care and education programs.

First 5 programs bring health education and services to children and families. The Breastfeeding Coalition of Placer County is working to improve breastfeeding rates at 6 weeks and 6 months postpartum by providing in-person and phone support for breastfeeding women. Parents and providers are learning about proper child nutrition through the efforts of the University of California at Davis Nutrition Coalition. Children's immunization rates are improving because of the Sutter Auburn Faith–Baby Track Programs. The knowledge of basic safety increased significantly among children who participated in the Safe Kids Coalition–Risk Watch Program. The Multi-Disciplinary Interview Center provides a child-friendly environment to talk with children who are

suspected victims of child abuse. Children's oral health needs are being addressed through the Tahoe Truckee Dental Program's comprehensive prevention education, outreach, and treatment programs.

Promoting Equitable Access and Outcomes

The Spanish-speaking population, particularly in the Lake Tahoe area, and families of children with disabilities and other special needs have historically been underserved in Placer County. To address cultural and linguistic barriers, Spanish-speaking community members are trained to provide dental health outreach and connect families with dental services. By training skilled people who identify with the local culture and language, the County Commission is building community capacity, as well as providing direct services. KidZone and Kings Beach Elementary School programs provide accessible services using translation services, bilingual materials, and bilingual staff. Multiple programs work to meet the needs of children with disabilities and other special needs. The Baby Steps program and the Rocklin Unified School District Inclusive Preschool provide inclusive playgroups for children ages 0-3; Bobbi Brown's Music Program reaches children with autism; and the Placer County Office of Education Special Education Department provides preschool teachers with materials and manipulatives to enhance the learning of children with disabilities and other special needs.

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 in this community, this collaboration between Kings Beach Elementary and the Boys and Girls Club of North Lake Tahoe provides literacy and early education services to parents, children, and families. Parents are provided with the tools, resources, and opportunities they need to support their children's development and to help them succeed in school. Children attend Kinderclub, a safe, structured, and enriched environment that supports their language and literacy development. Early literacy events and family literacy activities bring children and parents together. The program considers family dynamics and the cultural values of families in designing activities to enhance child development.

Music Talk enhances communication skills in children with autism and other language delays. Developed as a creative learning program for children with language delays, Music Talk helps parents and children communicate with each other. Trained music educators conduct music activities in various classrooms, provide parent coaching sessions, and distribute educational materials for providers, parents, and children throughout Placer County. Videotapes and audiotapes of classroom sessions, parent and teacher surveys, and written observations from a speech-language pathologist demonstrate that the program is improving the skills of children with language delays and enhancing communication between children and their parents and caregivers.

Breastfeeding Coalition efforts help mothers surpass the breastfeeding goal for Healthy People 2010. Motivated by research indicating that breastfeeding benefits an infant's physical, emotional, and cognitive health and development, the Breastfeeding Coalition of Placer County works to increase the number of mothers initiating and continuing breastfeeding. Certified lactation consultants and other specially trained staff support mothers from early pregnancy well into the first year of the child's life. Two-thirds (67%) of mothers supported by the Coalition were still breastfeeding at 6 months, exceeding the U.S. Department of Health and Human Services Healthy People 2010 goal by 17%.

This profile was prepared by SRI International from information provided by the County Commission.

Population

Total births (2004)	173
0 to 5 population (2004)	1,082

Ethnicity of Children 0-5

African-American	3.4%
Asian/Pacific Islander	0.8
Latino	10.0
Native American	2.1
White	79.4
Other	4.3

Fiscal

Total Net Assets, July 1, 2004	**$671,893**
Committed Funds*	671,893
Uncommitted Funds	0
Total Revenues	**$473,072**
First 5 Monthly Disbursements	164,123
Other First 5 Funding (Including SMIF)	292,962
Non-First 5 Funding	0
Interest	15,987
Expenses	**$(611,628)**
Total Net Assets, June 30, 2005	**$533,337**
Committed Funds	471,687
Uncommitted Funds	61,650

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

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 visitation programs reduce geographic and transportation barriers and increase access to health and early literacy services. School Readiness funded programs served more than 600 children and 640 parents during fiscal year 2004-05, with the New Born House Calls program 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 134 children received health and developmental screenings, resulting in 55 children being referred for vision, hearing, or dental services.

Funding leveraged to create 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 in March 2005 and began recruiting other staff. In addition to providing treatment services and coordinated case management, the program will focus on prevention, with plans to provide fluoride varnish to 200 children ages 1-5 in 2005-06.

CARES program promotes professional development, increasing access to high-quality child care. The Comprehensive Approaches to Raising Educational Standards (CARES) program disbursed stipends to 40 providers who completed educational activities to meet program requirements, with 8 providers applying for new child development permits. Feather River College Early Childhood Education Program, the Local Planning Council, and the Local Child Care Resource and Referral Agency provided local training, planning, and service integration. In a phone survey, 75% of participating providers agreed that the stipend program made them more aware of training and professional development opportunities, and 79% agreed that the training they received changed the way they provide child care. First 5 Plumas has committed $105,000 over the next three and a half 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 visitation 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 (NBHC) 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 2004-05, these school readiness activities served 33 children ages 0-5 and provided family support and parent education activities for 38 parents.

New Born House Calls (NBHC) 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 visitation. 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 2004-05, 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 119 families.

This profile was prepared by SRI International from information provided by the County Commission.

Population

Total births (2004)	29,545
0 to 5 population (2004)	159,776

Ethnicity of Children 0-5

African-American	6.4%
Asian/Pacific Islander	3.0
Latino	56.9
Native American	0.6
White	29.4
Other	3.6

Fiscal

Total Net Assets, July 1, 2004	**$56,271,033**
Committed Funds	0
Uncommitted Funds*	56,271,033
Total Revenues	**$27,608,842**
First 5 Monthly Disbursements	23,937,743
Other First 5 Funding (Including SMIF)	2,529,707
Non-First 5 Funding	33,709
Interest	1,107,683
Expenses	**$(29,789,983)**
Total Net Assets, June 30, 2005	**$54,089,893**
Committed Funds	48,466,586
Uncommitted Funds	5,623,307

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

Commission Priorities

The rapidly growing and increasingly diverse population of Riverside County presents unique challenges to its ability to meet the needs of young children and families. Riverside continues to be one of the fastest-growing counties in the nation, with much of the growth consisting of families with young children, families with single or dual working parents, and families with significant commute times to work. The growing Latino population compels the expansion of ethnically diverse and culturally appropriate services. Populations living in isolated rural or desert communities have difficulty accessing services, largely because of inadequate transportation systems. First 5 Riverside is working to develop a continuum of care supportive of children's health and early care and education. To address these needs, the County Commission's 2000-05 strategic plan focuses on expanding and improving child care, health care, and parenting education services and on creating a comprehensive information and referral system.

Primary Activities and Programs

First 5 Riverside provides families with high-quality, low-cost child care. Several approaches are used to increase access to high-quality and affordable child care, including subsidizing child care spaces, enhancing service quality to meet the needs of children with special needs, and improving provider capacity. One thousand children benefited from subsidized child care, with parents paying a greatly reduced rate at high-quality centers. Riverside County Office of Education's child care subsidy program provided low-cost child care to 342 children not eligible for other subsidy programs. Other centers provided early intervention services to children with developmental delays in the following areas: speech and language, motor development, cognitive functioning, or personal/social competence. Several programs focused on increasing the capacity of child care staff to provide developmentally appropriate learning opportunities. Through a team approach of teachers and therapists, 244 children with special needs received services at inclusive child care settings. In a distance learning program offered in four regions of the county, 287 center-based teachers completed training in guidelines for Pre-Kindergarten Learning and Development. A grant to the Riverside County Office of Education for its Capacity Building project resulted in 122 family care providers completing 36 hours of training on early literacy, challenging behaviors, and age-appropriate curriculum to receive certificates and resource materials. Through the CARES program, 252 center-based and 13 family-based providers received stipends. Thirty-two providers participated in a week-long intensive "Training of Trainers" program to become reliable evaluators using the Early Childhood Environment Rating Scale (ECERS).

First 5 Riverside builds healthy communities by increasing access to affordable health care. Funding priorities of First 5 Riverside also focus on fostering a healthy community by providing access to affordable, comprehensive mental and physical health care services. The County Commission participates in the Healthy Kids initiative and has leveraged First 5 Riverside, county, and state funds to provide comprehensive

medical insurance. Coverage is included for preventive and primary care and mental health services, as well as pharmacy, vision, and dental coverage to 2,402 children ineligible for the Medi-Cal and Healthy Families programs. The Healthy Children's Connection (HCC) assisted 1,306 parents and 1,285 children in obtaining health insurance and supporting services. HCC's supporting services included information to 26,980 individuals on the importance of early and ongoing prenatal care and timely immunizations for young children through community events, door-to-door outreach, presentations, and information distributions. Free immunizations were administered by a team of public health providers to 852 children. Child Health and Disability Prevention (CHDP) provided payment for physician services, dental services, and prescriptions for 29 children. Furthermore, 112 families visiting CHDP clinics received health insurance enrollment assistance, and 2,492 parents received referrals and consultation on obtaining low-cost insurance. The Riverside County Department of Mental Health partnered with 44 health care providers throughout the county to provide 3,108 social-emotional screenings of children.

Parent education and family literacy programs are delivered to families countywide. Expanding parenting education opportunities and early literacy activities for children and families is another strategic priority of First 5 Riverside. A majority of funding awards were based on promising practices, such as the Parents as Teachers (PAT) program and the Positivity, Reinforcement, Influences, Consequences and Encouragement (P.R.I.C.E.) program. Six agencies delivered the PAT program via home visits by a trained child development specialist certified in the curriculum. Parents received education on the stages of child development and active learning strategies to support their children's optimal development; children received developmental, vision, and hearing screenings and referrals to special education services as needed. The programs served a total of 505 families, many of whom were Spanish-speaking and received bilingual services and parenting materials. Five agencies provided P.R.I.C.E., a classroom-based parenting education program teaching balanced communication, effective limit setting, positive and negative consequences, and the promotion of positive self-esteem in children. The program consists of a series of six classes held weekly for 2 hours. Approximately 120 classes were offered across the county, attended by 277 parents, with 59% attending all six classes in the series. Parent and Me programs provided 186 parents with information on child development, parenting, health, safety, and social services. More than 50% of the participating parents implemented new strategies at home and reported an increase in their enjoyment of and bonding with their children. Furthermore, 60% of the 177 participating children demonstrated increases in their school readiness skills on a standardized developmental profile. Several libraries and school readiness programs focused on early literacy projects designed to increase parents' literacy levels. The programs also increased the use of literacy activities in the home with young children and encouraged parents to establish reading routines at home. The Latino Family Literacy project served a total of 521 children and 460 parents via English or Spanish classroom and home-based sessions; each participating family received nine books. Through a collaboration between the library and 20 Head Start and State Preschool programs, 364 children participated in the On the Road to Reading program, which provided twice-monthly storytimes and free book incentives for families who visited the library. Book giveaways were part of several literacy programs, with a total of 3,398 children's books provided.

Promoting Equitable Access and Outcomes

Historically underserved populations in Riverside County include families who are geographically and culturally isolated, notably Latino families and families of children with special needs. Funded programs adapted their service delivery methods to meet those needs in these isolated communities. The "Developing Our kids Learning Potential through Healthy Interventions Nearing School age" (DOLPHINS) program used a mobile health van to provide educational sessions and health screenings in a region that has a critical shortage of service providers. The Migrant Education Even Start program

provided home visiting services to 192 families living in isolated areas. The Promotoras model helps alleviate cultural and linguistic barriers for Latino families by using parents trained as Promotoras to provide services to other parents from their community.

First 5 Riverside programs used several strategies to address the complex demands of special-needs children. An Interagency Assessment and Training Center (IATC) was funded to provide free, comprehensive, interdisciplinary assessments for 60 young children who have developmental delays, regulatory/behavioral disorders, and/or autism spectrum disorders. The IATC sponsored an ongoing parent education and parent support group and provided trainings to school districts and service providers to increase the early identification of children with special needs.

Program Highlights

Riverside County Library's Read with Me program promotes early literacy. Read with Me is a countywide early literacy program designed to help break the cycle of low literacy within families and prepare young children to enter school ready to read. The project uses the research-based Raising A Reader program, which has been proven to increase the frequency that parents read to their children, tell stories, and take their children to the library. Children received four books per week over the 9-month program. These books were age appropriate and included classic children's titles, bilingual titles, and culturally diverse reading materials. The project operates within 93 classrooms at 33 centers located throughout the county.

Raising A Reader families included limited-English speakers who attend preschool programs in areas that lack economic and educational resources. The diverse needs of participating families were met by bilingual staff, who provided materials at appropriate literacy and language levels. Parent involvement was vital to the program. Parents and children participated in read-aloud sessions modeled by program staff, which provided parents opportunities to see effective reading techniques. The project served 1,548 children in fiscal year 2004-05. By June 2005, parent reports indicated that 1,020 children were demonstrating the desired components of the program, including asking to be read to at least weekly, interacting with books on a weekly basis, and discussing books with their parents. Of the 175 early childhood program staff participating in the program, 135 incorporated portions of the curriculum into their programs, attended trainings provided by the Read with Me staff, and participated in the weekly book exchange.

School Readiness Center brings medical, dental, and school readiness services to families in Coachella Valley. The Coachella Valley Unified School District's (CVUSD) school readiness (SR) program operates an SR Center in the rural farmlands of Coachella Valley. The children in CVUSD are from working, low-income families and often are in need of acute dental and medical care. Historically, parents have been unaware of or unable to access community services because of provider shortages, language and financial barriers, and transportation difficulties. More than 700 predominantly Latino students are served in the district's early childhood education programs, which include Head Start, State Preschool, child care, a teen parent program and Early Head Start. During fiscal year 2004-05, the SR program moved into new center facilities, which consists of a six-chair dental clinic, two medical exam rooms, a medical lab, a vision exam room, a mental health counseling office, and a training/kitchen area. Dental services were provided to 190 children at the clinic, and 35 children received medical services ranging from well-child checkups to treatment for ear infections. Thirty parents attended workshops on nutrition education and dental health.

A variety of resources and referrals also were available for families at one centralized location, increasing parents' ability to access services. SR staff coordinated outreach meetings with licensed vocational nurses and social service parent liaisons to inform families about case management services provided by the program. Fifty children were identified for case management services, and 60% of the children served met the goals outlined in their case plans.

Family child care providers were provided training in kindergarten transition activities as an integral part of the SR program. The training focused on the Riverside County Office of Education and California Department of Education's pre-kindergarten and kindergarten content standards. During monthly trainings, 35 family child care providers received information and instructional strategies that they could implement with the preschoolers in their care to better prepare them for the transition to kindergarten.

Staff from the SR program participated in the Coachella medical volunteers and Flying Doctors health and resource fair. Approximately 1,700 families attended the fair, and the SR facility was used to provide 174 dental services and 143 medical services to children. Other services offered at the event included car seat distribution and asthma education.

Thousand Palms Child Care Center engages children in hands-on learning experiences. Thousand Palms Child Care Center's philosophy is that children learn best through hands-on experiences with teacher-guided, not teacher-directed activities. Learning through play allows for enhanced creativity and imagination that stimulates the children to become independent thinkers and self-confident individuals. Activities for the children included circle time, values time, art, housekeeping, blocks, storytelling, reading, writing, puzzles, science, drama, music, and free play time both indoors and outdoors. Health and nutrition were a main focus of the program. Children were given the opportunity to grow their own vegetables at an on-site garden. The vegetables were then used in many of the freshly prepared meals. Free health screenings were offered, and oral health checks occurred annually. Other services provided to children included developmental, cognitive, and social-emotional assessments. These were ongoing from the time the children enrolled in the center. Sixty-four students (65%) demonstrated mastery of 60% of all three domains in the Desired Results Developmental Profile (DRDP).

The majority of children served come from low- to middle-income families, many with only one parent in the home. Parents were offered financial assistance with child care and received resource and referral guides that provided information on clinics, doctors, social services, and other parenting programs located in the Coachella Valley. The Thousand Palms Child Care Center received First 5 Riverside funding to subsidize 89 child care spaces for infants and preschool children. During fiscal year 2004-05, the center served 99 children and provided parenting education to approximately 100 parents of subsidized children.

Local Story

One family's story of growth illustrates the impact of using a community library program funded by First 5 Riverside. This family, with several young children, consistently participated in the Hemet Public Library's Bilingual Family Storytime. Roberto, a 4-year-old Latino boy, attended the storytime since the program's inception in January 2004 along with his 6-year-old sister and 10-year-old brother. The family's mother speaks mostly Spanish and is semiliterate in her native language. The older brother and sister are rapidly becoming bilingual in English and Spanish. The library staff read stories in both English and Spanish and use books that are culturally appropriate for the participating children. Roberto initially was very shy and unwilling to participate in the program. Through his regular attendance and continued participation in the storytime activities, Roberto blossomed into a boy who interacts with the other participating children. He insisted on checking out books that his older brother and family members could share with him at home. Roberto will enter kindergarten next year familiar with books and with an emerging joy of reading. His parents have learned to use the library as a resource for enhancing their children's learning. During fiscal year 2004-05, the Hemet Library served 94 bilingual children ages 0-5, 86 parents, and 70 older children.

This profile was prepared by SRI International from information provided by the County Commission.

Population

Total births (2004)	20,836
0 to 5 population (2004)	113,949

Ethnicity of Children 0-5

African-American	12.1%
Asian/Pacific Islander	12.3
Latino	28.5
Native American	1.4
White	38.5
Other	7.2

Fiscal

Total Net Assets, July 1, 2004	**$73,937,585**
Committed Funds*	51,203,681
Uncommitted Funds*	22,733,904
Total Revenues	**$20,610,554**
First 5 Monthly Disbursements	17,258,024
Other First 5 Funding (Including SMIF)	1,335,463
Non-First 5 Funding	282,474
Interest	1,734,593
Expenses	**$(11,611,400)**
Total Net Assets, June 30, 2005	**$82,936,738**
Committed Funds	53,935,134
Uncommitted Funds	29,001,604

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

Commission Priorities

The rapidly growing and increasingly diverse population of Sacramento County presents new challenges to meeting the needs of young children and their families. The Latino population has experienced the largest growth, and an estimated 25% to 28% of all 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 fiscal year 2004-05 targeted the following priority areas: (1) increasing access to fluoridated community drinking water for all children; (2) increasing school readiness among children ages 0-5, including children with disabilities and other special needs; (3) increasing the quality, accessibility, and affordability of child care; (4) increasing the number of mothers who are breastfeeding at hospital discharge and for at least 1 year; (5) strengthening healthy, positive relationships in the community to better support parents and their children ages 0-5; (6) decreasing the number of injuries and deaths during the prenatal period and in children ages 0-5 by reducing substance abuse among parents and child care providers; and (7) increasing the number of children who have access to comprehensive health care via a medical home.

Primary Activities and Programs

First 5 Sacramento supports water district efforts to fluoridate community drinking water, improving oral health for children. Fluoridation of drinking water is a proven practice that reduces the prevalence of dental caries (decay), yet many young children in Sacramento County were without this resource. First 5 Sacramento invested in capital projects to fluoridate community drinking water in three water districts. This investment will bring fluoridated drinking water to more than 7,600 children ages 0-5, building on a prior County Commission effort that brought fluoridated water to 4,000 young children and their families.

School readiness (SR) programs in seven school districts work to prepare all children for kindergarten. Sacramento County SR activities include a variety of comprehensive services from pre-kindergarten camps, preschool programs, and kindergarten transition services to home visits, health care access, and developmental screenings. Results demonstrate that in 18 schools that participated in SR baseline data collection in 2004, only 13% of entering kindergartners had fully or almost mastered skills expected of their age and known to be important for school success, justifying the County Commission's major investment in school readiness. However parents reported that more than 90% of children have health insurance and a regular source of health care, and 85% of parents accessed activities, information, and resources about kindergarten. Building on these demonstrated strengths and needs, the School Readiness Leadership Committee developed a Preschool for All (PFA) plan for the Elk Grove Unified School District that will offer voluntary preschool services to at least 3,000 4-year-olds in the district by 2010.

Program efforts increase access to high-quality child care. The Quality Child Care Collaborative supports licensed child care providers by (1) assisting providers in meeting the individual needs of children through community resources, referrals, and site visits, and (2) offering incentives to more than 400 providers engaging in quality improvement activities, such as coursework, training, mentoring, and site improvements through the CARES program. More than 95% of providers reported that their participation in the program improved job satisfaction and enhanced their skills in working with children.

First 5 Sacramento programs support breastfeeding mothers, bringing rates above national goals. The County Commission has invested in a variety of strategies to support the initiation and continuation of breastfeeding, including support groups, stationary hospital-grade breast pump loans, monthly follow-up calls, an early follow-up clinic at the local teaching hospital, and a Doula program for Latina moms. Home visitation programs refer pregnant women and new mothers to lactation consultants, and funding is available to assist hospitals in adopting "baby-friendly" policies. The Community Lactation Assistance Project has increased breastfeeding rates among 8-week-old infants by 25%. Rates of initiation and duration of breastfeeding in Sacramento County are higher than for the state overall and higher than the Healthy People 2010 goals, with more than 85% of women initiating breastfeeding.

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. First 5 Sacramento strategies have resulted in greater access to and quality of services for these populations. The School Readiness Program focuses on identifying children with disabilities and other special needs and has created new preschool spots specifically for this population. The Bach Viet Association programs, the Slavic Home Child Care Development Program, and the Doula Program for Latina Mothers have improved access to services for diverse populations.

Program Highlights

Early literacy and school readiness projects prepare children for success in school. Elk Grove Unified School District implemented a multilayer pre-K program that aims to improve long-term student outcomes. The project provides teaching staff with training in early literacy and transition practices that link preschool and kindergarten, and on-site developmental assessments by a clinical psychologist are available. Children and families are engaged via activities such as family literacy workshops and the use of family advocates to help connect children and families to needed community services. Children who participated in the pre-K activities at Elk Grove Unified School District performed significantly better than children who did not participate—differences that were maintained through elementary school.

Birth & Beyond home visiting program strengthens families' ability to meet the needs of their children. Available to pregnant women and families with newborns in 26 zip code areas, Birth & Beyond provides free services to enhance child development, improve the connection between new parents and their community, and prevent child abuse and neglect. Priority is given to families who are facing multiple challenges. Local evaluation results demonstrate dramatic and sustained reductions in Child Protective Service (CPS) involvement with families, from 29% to 18% of families over the course of service delivery. For adolescent parents who were themselves victims of abuse and/or neglect, the rate of substantiated reports to CPS declined by 78%, demonstrating that the program is effective at "breaking the cycle" of family violence.

This profile was prepared by SRI International from information provided by the County Commission.

Population

Total births (2004)	887
0 to 5 population (2004)	5,551

Ethnicity of Children 0-5

African-American	0.6%
Asian/Pacific Islander	2.0
Latino	61.8
Native American	0.2
White	33.1
Other	2.3

Fiscal

Total Net Assets, July 1, 2004	**$1,540,467**
Committed Funds*	1,217,224
Uncommitted Funds*	323,243
Total Revenues	**$1,054,499**
First 5 Monthly Disbursements	825,099
Other First 5 Funding (Including SMIF)	198,114
Non-First 5 Funding	4,713
Interest	26,573
Expenses	**$(1,088,784)**
Total Net Assets, June 30, 2005	**$1,506,182**
Committed Funds	1,506,182
Uncommitted Funds	0

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

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. The oral health needs of children ages 0-5 are significant, and obesity is a major health issue. Access to high-quality child care is insufficient, with licensed child care slots available for children ages 0-5 equaling only 25% of the estimated need. Seventeen percent 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 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 to families and strengthen the capacity of a comprehensive service delivery system.

Primary Activities and Programs

Parenting education and support programs increase parental skills and confidence. First 5 San Benito funded a variety of parent education programs to support safe, healthy, and nurturing environments for children. A family advocate from the Aromas Healthy & Ready program made 150 home visits to parents of preschool children, providing information on child development, health, and parenting. The program facilitated 149 referrals to health and social services, connected 54 children to the immunization registry, and transported 112 children and families to medical and dental appointments, food programs, and parenting classes. The Great Beginnings program supported families and children through classes, home visiting, and connections to resources. On average, staff provided case management to 50 to 60 families per quarter, with 279 families served during fiscal year 2004-05. The Medical Home Project worked with parents of 128 children with disabilities and other special needs to coordinate needed health services. Surveys show that 85% of parents gained confidence and skills, which helped them meet their families' needs after program participation.

Early childhood programs engage families and 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 Aromas–Mi Escuelita 4-week summer school provided readiness activities and developmental assessments for 25 children. Chamberlain Mental Health Services provided play therapy and counseling to promote social skills for 15 children who demonstrated challenges in the Head Start and First 5 preschool classrooms. The Rural Mobile Preschool provided parenting education, in-home preschool, and referral services for 29 children and 50 adults in the isolated southern part of the county. The Mobile Migrant Preschool provided home-based preschool to 58 children. The First Steps Preschool served 24 academically needy, low-income children. After participating in these activities, parents reported increases in their family literacy activities, such as how often

they sing songs, tell stories, show picture books, and play games with their children. Consequently, children showed improvements in their cognition and general knowledge, communicative skills, and social-emotional competence.

Systems change efforts help eliminate barriers and increase access to services. First 5 San Benito funded programs to improve access and link services to children and families. The Medical Home Project connected families of children with disabilities and other special needs to services to help parents navigate social services and medical systems to obtain health care for their children. The Children's Dental Project brought together a system of service delivery that enabled parents of children with dental disease to access needed supports. Programs such as Great Beginnings, Child Care Health Linkages, Migrant Preschool, Rural Mobile Preschool, Aromas, North County Preschool, and First 5 Preschool all worked to improve systems for children and families, making information and referral services more coordinated and effective. Results demonstrated that of those family members with multiple contacts with referral specialists, 83% reported knowing more resources in the community, and 78.3% used the information to access services.

Promoting Equitable Access and Outcomes

The underserved populations in San Benito County include low-income, migrant, and agricultural workers, Spanish-speaking families, and those living in geographically isolated communities. Home visiting programs have reached these families effectively, and 40% of First 5 funded programs include this approach. The Rural Mobile Preschool program brings a teacher twice weekly to children in isolated areas, and participating children showed improvement in all domains of child development. A van purchased by the County Commission for the Aromas San Juan School district enabled a family advocate to provide services to families who were otherwise without access. To meet the needs of the Latino population, every First 5 funded program provides bilingual instruction and literature. Overall in San Benito County, 86% of the 31,695 service contacts were delivered to Latino children ages 0-5, 71% of whom speak Spanish as their primary language.

Program Highlights

Cross-county collaboration brings oral health education and prevention services to children and families. The Children's Oral Health Program and the Children's Dental Project work across county lines to serve the children of San Benito County. The program addresses the need for oral health and dental disease prevention services. The goal of the program is to improve oral health and increase the number of participating dental providers. Education is provided to both parents and providers to increase their knowledge of children's oral health and to promote preventive care. The project has a three-pronged approach that includes screenings and assessment, case management (treatment funding, insurance application assistance, referrals, linkage to dental homes), and follow-up to ensure that children are receiving the dental services they need.

First 5 Preschool activities help increase children's school readiness skills. Housed in the First 5 Early Learning Center, the First 5 Preschool promotes school readiness by providing early education to the academically and socially most at-risk children in the county. The program uses a bilingual curriculum that works toward full immersion into English. Preschool activities include storytelling, reading, art and music, circle time, and basic math concepts. In addition, parent education and interactive parent-child activities are provided to families. The program has demonstrated an increase in parents' knowledge about child development and measurable increases in school readiness skills among participating children.

This profile was prepared by SRI International from information provided by the County Commission.

Population

Total births (2004)	31,914
0 to 5 population (2004)	168,519

Ethnicity of Children 0-5

African-American	9.9%
Asian/Pacific Islander	4.6
Latino	58.4
Native American	0.4
White	22.9
Other	3.8

Fiscal

Total Net Assets, July 1, 2004	**$66,113,918**
Committed Funds*	22,953,159
Uncommitted Funds	43,160,759
Total Revenues	**$31,686,945**
First 5 Monthly Disbursements	26,632,767
Other First 5 Funding (Including SMIF)	2,843,362
Non-First 5 Funding	29,127
Interest	2,181,689
Expenses	**$(17,097,596)**
Total Net Assets, June 30, 2005	**$80,703,267**
Committed Funds	54,733,591
Uncommitted Funds	25,969,676

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

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 children ages 0-5 are Latino. Substance abuse, child abuse, domestic violence, and geographic isolation are substantial challenges for many families. First 5 San Bernardino identified a need for more parent education and support programs, prenatal care services, services for children with disabilities and other special needs, and high-quality and affordable early 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; and (4) systems are responsive to the needs of children, families, and community. In fiscal year 2004-05, 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.

Primary Activities and Programs

Resource centers improve child health and development and strengthen families. First 5 San Bernardino funded a network of 15 agencies to provide comprehensive case management, direct services, and referral and linkages for families with young children. Families are connected to services either to eliminate an immediate need or as part of long-term case management goals. Family and community resource centers provide a wide range of critical services to families, including help finding subsidized housing; Medi-Cal and health insurance enrollment assistance; child care information and referral; counseling, anger management, and recovery services; parent education classes; family counseling; basic necessities, such as food, clothing, and diapers; transportation assistance; and connections to other local resources. During 2004-05, more than 12,000 people were served by resource center agencies.

Parenting education programs promote children's early learning and development. During 2004-05, the County Commission funded 20 agencies to implement parent education programs, serving more than 5,000 parents and 3,000 children. 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 findings suggest that participating parents improved their ability to support their children's learning and social-emotional health, and enhanced their own well-being.

School Readiness (SR) Initiative improves children's transition to kindergarten by supporting their physical, social, emotional, and cognitive development. SR partners serve children and families through early education services, connection to family services, and parenting education and support. A number of programs provide early education and preschool programs for young children that include developmental assessments and intervention services. Other programs connect families to services including health,

dental, and vision screenings and follow-up treatment. The Chino SR site, for example, employs a nurse who provides health screenings and vaccinations. SR programs also provide parent education classes, home visits, and workshops. During 2004-05, more than 4,500 participants were served through SR Initiative programs.

First 5 San Bernardino improves children's health by increasing access to comprehensive health care services. During 2004-05, First 5 San Bernardino funded four programs under the Health Care Access (HCA) strategy that provided health insurance enrollment and dental screenings to many children. The Perinatal Services 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. Kids Come First provides routine preventive care for young children. The Inland Empire Health Plan offers comprehensive health insurance coverage for children of financially challenged families. Together, the four programs served more than 30,000 children and 15,000 parents during fiscal year 2004-05.

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 community and family resource centers that increase families' access to a comprehensive range of services in their geographic regions and by bringing mobile and home visiting services directly to families. The Health Care Access initiative 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 initiative identifies children at risk for developmental delays or other special needs and links them to early intervention services. Most programs have bilingual and bicultural staff to meet the needs of families who speak Spanish.

Program Highlights

The Gird Readiness and Early Achievement Team (GREAT) improves child health and development and family functioning. This School Readiness Initiative program provides bilingual (Spanish-English) infant-toddler care, preschool, and family support services. Additional services include health care, kindergarten transition programs, a book lending library, computer and Internet access for parents, dental education, school readiness and literacy development services, case management, and fitness and nutrition activities. The program also provides individuals with information and assistance for attaining family child care licenses.

Bridging the Gap for Children program offers a comprehensive approach to promote young children's school readiness. This San Bernardino Valley College (SBVC) School Readiness Initiative program has three parts: the K-Link Preschool Program, the Parent Involvement Series, and the Teen Parent Involvement Series. The preschool program provides free, developmentally appropriate activities that promote cognitive, social, emotional, and physical growth for children during the year before kindergarten entry. Parents of children enrolled in the program participate in one of the parent involvement series and are provided with instruction, materials, and other services to support them as their child's first teacher. Parent resources include the Virtual Pre-K kit—a resource binder with materials and activities on children's health, safety, literacy, learning styles, and temperament—and information about positive discipline techniques. During fiscal year 2004-05, the SBVC SR program served more than 1,000 children, parents, and caregivers.

The Perinatal Services Network (PSN) improves infant health, parent-child attachment, and quality of life for children. Coordinated through the Loma Linda University Children's Hospital, this program works to ensure that mothers, fathers, and babies are provided with the environment and support to form early

attachments. By offering a combination of enhanced services and training of hospital staff, the program aims to enhance early attachment and to achieve exclusive breastfeeding of newborn infants during the first 6 months of life. Nurses assist mothers in creating a strong bond with their babies through early skin-to-skin contact and work with them to support breastfeeding. Mothers also are invited to attend follow-up centers, where they can receive information about baby care and community resources. In addition, PCN promotes system-level improvements by encouraging hospitals and other health care providers to deliver more coordinated services to families with infants and to better integrate best practices in newborn care and attachment into standard procedures.

The County of San Bernardino's Perinatal Screening, Assessment, Referral, and Treatment (SART) program builds a comprehensive service system for children exposed to substance abuse. First 5 San Bernardino funded the County of San Bernardino's Children's Fund to plan and develop a program to minimize the negative impacts of parental substance abuse on children prenatal to age 5. The SART planning process encouraged interagency collaboration and leveraged resources and knowledge from child and family support providers across the county. Collaboration resulted in the establishment of a common screening and assessment process for children exposed to substance abuse and at risk of social, emotional, or developmental delays.

Local Stories

Moms on the Mountain. The Moms on the Mountain project is a Bear Valley Community Healthcare District program that offers case management and referral services through its family resource center and parent education classes. Samantha, a married, stay-at-home mother with two boys under 18 months old, heard about the project from her doctor during her first pregnancy and decided to enroll in a Moms on the Mountain birthing class. When Samantha first joined the class, she lacked a support network and often felt isolated and lonely. After participating in the birthing class, Samantha felt more supported by her community. She also gained valuable knowledge and skills. As she explained:

> [The birthing class] took away my fear of labor, helped me recognize labor when it came, and was a great resource on the stages of labor and coping with pain. They helped me understand how an epidural works, and [the education coordinator] helped me draw up a birthing plan. Afterwards they taught me how to care for the umbilical cord, helped with my son's hand which was swollen, and also with his nutrition, health care, and sleep patterns. They also helped me with how to breastfeed.

When Samantha returned to the Moms on the Mountain parent support group after her son's birth, the education agency confirmed Samantha's fears that her son was severely underweight. At 3 months old, Darren had gained less than a pound since his birth. Moms on the Mountain staff determined that Darren was not getting enough breast milk and helped Samantha begin bottle feeding. Darren soon attained a normal weight.

Currently, Samantha is enrolled in the project's Mommy and Me class, where parents and children play together and parents learn developmentally appropriate activities and communication skills. Samantha appreciates the support that the project provides her. She explained:

> There is no pediatrician in Bear Valley. [The education coordinator] is it for me. She is available 24/7, picks me up, visits me, and helps me with clothing, books, videos, and Web sites. She also taught me what is [developmentally] normal for my child. I'm now a million times more confident as a parent.

Morongo Basin Counseling and Recovery Center. Lucy and her husband suffered from chronic drug and alcohol abuse. This abuse culminated in marital problems, separation, and ultimately a restraining order against the husband. After their children—Emily, age 3, and Ross, age 5—started exhibiting behavioral problems, a counselor at their Head Start program requested to meet with Lucy. The counselor referred Lucy to the Morongo Basic Counseling and Recovery Center.

Lucy entered the case management program and worked closely with her case worker, Luana, to help address her drug and alcohol problem and strengthen her family. According to Luana, "When she came to us, Lucy really lacked parenting skills, especially in the way she talked to her kids. She had communication problems and low self-esteem." The center also worked with Lucy's children, determining that Emily was emotionally delayed and that Ross might have attention deficit hyperactivity disorder.

After participating in one-on-one counseling for her drug and alcohol abuse and in Morongo's Strengthening Families program, Lucy learned to control her addiction and increased her knowledge of parenting and child development. In Lucy's words,

> I've learned to praise my children more instead of just noticing the things they do wrong. Now I say "please" instead of shouting at them. I have a behavior chart with stars and a spin chart with rewards, including a big reward to go see "Dora the Explorer" in San Diego in July. Now I sit down and play with them and spend more time with them.

Lucy also worked with the program's marriage counselor. Lucy feels that without Morongo's help she would still have poor relations with her children and husband and that she would have continued to abuse drugs and alcohol. Currently, Lucy has two jobs, is drug and alcohol free, and attends marriage counseling with her husband.

This profile was prepared by SRI International from information provided by the County Commission.

Population

Total births (2004)	45,758
0 to 5 population (2004)	233,915

Ethnicity of Children 0-5

African-American	5.9%
Asian/Pacific Islander	8.3
Latino	40.1
Native American	0.5
White	39.1
Other	6.1

Fiscal

Total Net Assets, July 1, 2004	**$168,267,206**
Committed Funds	105,373,316
Uncommitted Funds*	62,893,890
Total Revenues	**$46,534,687**
First 5 Monthly Disbursements	39,417,321
Other First 5 Funding (Including SMIF)	3,234,247
Non-First 5 Funding	0
Interest	3,883,119
Expenses	**$(40,136,760)**
Total Net Assets, June 30, 2005	**$174,665,133**
Committed Funds	157,499,420
Uncommitted Funds	17,165,713

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

Commission Priorities

The situations children and families face in San Diego County are as wide-ranging as the landscape they inhabit: 4,261 square miles 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 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. The First 5 Commission of San Diego County has taken information from community conversations, local planning studies, and local data sources to inform our strategic and implementation planning processes.

During 2004-05, First 5 San Diego focused on four issue areas: children's health, children's learning and social-emotional health, parent and family development and resources, and systems improvement and community change. To achieve these goals, First 5 San Diego pursued strategies that (1) identify and address critical health issues that affect school readiness; (2) equip parents and other caregivers with knowledge, skills, and resources to support children's health and social, emotional, and cognitive development; (3) help parents, communities, and systems to support children's readiness for school; (4) link and coordinate community resources for children and families.

Primary Activities and Programs

Programs identify and address critical health issues that affect school readiness. Several local initiatives are directed at this area. One group of programs that are funded to provide health assessments and treatment delivered more than 33,000 vision, hearing, medical/physical, and dental screenings across the county. In another cluster of programs funded to provide developmental assessments and treatment, 64.2% of parents noted improvements in their children's behavior. Across funded programs, parents reported that their children are in better health after being in a First 5 program. Additionally, through First 5 San Diego's Healthcare Access Initiative, 5,500 families received outreach services, resulting in the completion of approximately 840 insurance applications for children ages 0-5 and 563 approved enrollments (the difference is due to delays in receipt of confirmation of insurance acceptance). Another 270 pregnant women have enrolled in Medi-Cal or Healthy Families.

Programs equip parents and other caregivers with knowledge, skills, and resources to support children's health and social, emotional, and cognitive development. In parent education programs with a health focus, the number of parents who reported their child was uninsured dropped from 14.6% to 3%. In parent education programs with a social-emotional or cognitive focus, parents report they are more confident in their abilities to help their child grow and learn (a statistically significant increase from pre to post). Additionally, parents in these programs strengthened their belief that they are a child's first and most important teacher (statistically significant, pre to post) and reported learning new ways to discipline and changing their discipline behaviors as a result. Over 43,000 Kits for New Parents were distributed in San Diego County, and 75% of parents surveyed report using them.

Programs help parents, communities, and systems to support children's readiness for school. Parents who participated in First 5 San Diego-funded parent education programs reported a number of gains. Parents in parent education programs with a social-emotional and cognitive focus significantly increased the time they spent reading with their child each week. More parents who participated in a First 5-funded program read to their child daily than in San Diego County in general. After participation, 80% of responding parents stated that they provide more opportunities for their child to play with other children, try games and activities at home, and change everyday activities into learning opportunities than before the program. After participating in First 5 programs, parents were more likely to report that they read or show pictures, sing songs, or tell stories to their children every day. Communities also showed results: five diverse community groups developed and self-directed community engagement projects to address their neighborhoods' local needs, and the number of parents participating in a community service or volunteer activity increased, suggesting that First 5 increases parents' connection to their community. Finally, through the Intergenerational Initiative, seniors became more involved in supporting early childhood providers and directly serving children. First 5 San Diego also had an impact at the systems level. First 5 San Diego supported provider training, which allows school readiness messages to reach wide audiences. The trainings covered a number of areas, including smoking cessation through Partnership for Smoke-Free Families (over 200 health care providers trained) and preliteracy promotion through the Library STAR program (over 100 librarians trained). Also, First 5 San Diego's support of emerging countywide systems such as Preschool for All increases the momentum to make systems change a reality.

Programs link and coordinate community resources for children and families. First 5 parent education programs with a social-emotional focus connected parents to other family support services. For example, Spanish-speaking parents reported attending English as a Second Language classes as a result of First 5 programs and said that they would not have sought the classes out on their own. On a broader scale, tens of thousands of families were reached through First 5 for Kids, a media program that presents information on early childhood issues and available community resources. When families need to access available community resources, they can turn to 2-1-1 San Diego, a comprehensive social service information and referral network that First 5 San Diego played a critical role in establishing.

Promoting Equitable Access and Outcomes

First 5 San Diego embraces the diversity of San Diego's communities 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, 76.9% of the 46,774 health screenings provided through a network of mobile and stationary clinics were given to Latino/Hispanic children and expectant mothers. In addition, First 5 San Diego has funded culturally based parent education programs 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, First 5 funding has allowed a number of programs to extend eligibility to families that are "stuck in the middle"—working families whose income prevents them from qualifying for many government programs but who cannot afford to pay for special services for their children. First 5 San Diego has also worked to make services more available to families of children with special needs. One indicator that these efforts to embed services tailored to special-needs families are working is that 71.8% of grantees responding to a funded program survey stated that they have adapted their services to meet the needs of children with disabilities and other special needs. Other programs target assisting the families of more than 120,000 active-duty military personnel.

Program Highlights

The Intergenerational Initiative builds service capacity and social capital in local programs. This 3-year project began in early 2004 and uses one of the area's great untapped resources—its senior population. The Senior Mentors bring their

unique life experiences and lessons, as well as their commitment and passion. The seniors benefit as well, since research has shown that engaged seniors have greater life satisfaction, are healthier, and better maintain their acuity. For many of the 4,675 children served in its first 18 months, this initiative provides their only contact with the older generation. In nine different programs, seniors provide school readiness activities by working directly with children and families through venues as diverse as home visits, waiting rooms, and preschool classrooms. The sites range from day care and Head Start centers to homeless and domestic violence shelters. In all, the Senior Mentors contributed 23,165 volunteer hours to these organizations in fiscal year 2004-05.

Data from parent and teacher surveys indicate that the children served by the Intergenerational Initiative showed increased early learning skills, social-emotional skills, and adult-child bonding, as well as a more positive attitude toward learning. Parents reported they had more knowledge of child development and an increased awareness of school readiness and that they had increased their early learning activities in the home with their children as a result of their contact with the seniors. Teachers reported that the presence of Senior Mentors in their classrooms resulted in an enhanced positive learning environment, more opportunities for language and learning activities, and more one-on-one time with new children and children with special needs.

The Developmental Screening and Enhancement Program (DSEP) provides foster families with early identification screening and evaluation services, as well as referrals to early intervention services. DSEP's trained professional staff conducts the evaluations in the foster parents' home to assess a child's language, social-emotional, behavioral, fine motor, and gross motor capabilities. DSEP provides foster parents with the tools and support to advocate for needed special services and classroom accommodations for some of the most vulnerable children in our area, including children born prematurely to mothers addicted to drugs, victims of parental neglect, and young witnesses to domestic violence. Because of these DSEP services, these children have better chances for permanency in the foster homes and an opportunity to build attachments, providing the stability essential for succeeding in school and in life.

Welcome Baby Teeth (WBT) improves access to oral health services. This program provides trainings for primary care providers to conduct oral health screenings, parent education, and dental referral as part of well-child checkups, beginning at age 1. Providers are also linked to dentists in their communities who will treat children ages 0-5, so providers can help parents find a dental home for their children. Additionally, WBT provides care coordination for children with urgent dental needs to help families access treatment. This a critical health care need in the San Diego area, where 42.8% of children ages 1-5 have never been to a dentist. Welcome Baby Teeth has demonstrated some impressive outcomes:

- WBT trained 165 children's primary care providers to screen children's teeth.
- Physicians trained by WBT screened and referred 64,000 children quarterly at Head Start and state-funded preschools; 32% of these children had cavities, and 18% had urgent dental needs.
- WBT coordinated referrals for children with urgent dental needs, including 32 children who received funded treatment through the Anderson Center for Dental Care.
- WBT trained over 80 community agencies on providing oral health services to culturally diverse families and special-needs populations.

This coordinated system of care is an example of the commission's investment in children's oral health and in their overall readiness for school.

First 5 for Kids educates parents about children's development and ways to support it. A partnership between KPBS-FM and Channel 10 News provides parents with information about their children's physical, emotional, and cognitive growth. Media formats used include public service announcements, a Web site, newscasts, radio programs, bus tails, community events, and a variety of print materials. Television interstitials were aired on KPBS, 10News, and the San Diego County Television Network. The results of the media campaigns are listed below:

- Approximately 191,150 households per week were reached through the interstitials.
- Interstitials broadcast on KPBS-FM reached approximately 244,000 radio listeners weekly.
- Over 3.1 million Web hits were recorded during fiscal year 2004-05.
- The Children's 10Mobile, an educational mobile unit, reached over 78,715 people.
- Spanish-language radio messages on KLNV and KLQV reached approximately 350,000 women ages 18-49 regarding the importance of vaccinations.
- A direct-mail piece on infant immunizations was sent to 40,000 African-American households.

A random-digit-dial computerized telephone survey conducted in November 2004 found that 19% of those surveyed had heard of Project Q Kids: Raising Quality Children (now First 5 for Kids). Of those, 67% said that they became more aware of free local health and safety resources. A random-digit-dial survey conducted in March 2005 on the effectiveness of the Immunization Campaign revealed that:

- 58% had seen or heard a message about the importance of infant immunization.
- 87% said the media messaging was somewhat or very informative.
- 39% said the message encouraged them or someone they knew to immunize their child.

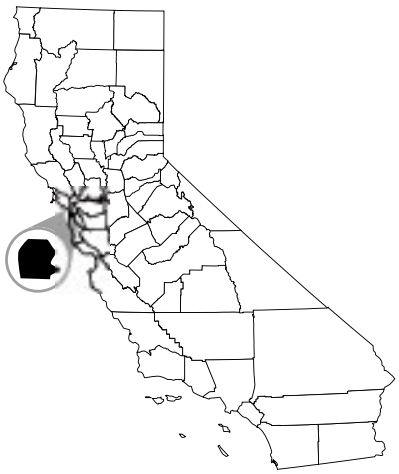
Local Story

Matthew (names are pseudonyms) is considered a "typical" child at the Little Angels Learning Center. Of the children that attend Little Angels, 80% live with their mothers at St. Clare's Home, a residential program for homeless and abused women. Because of the stress these children have experienced in their young lives, many of them suffer from separation anxiety, have difficulties with verbal communication, and lack social, emotional, and/or behavioral skills. By age 2, Matthew had experienced all of these challenges. He bit and hit other children and had frequent tantrums.

When Kathy, the First 5-funded therapist, first met Matthew and his mother, Brea, she observed stress in their relationship. Initially, Brea did not feel that she needed assistance with her parenting skills. However, she was increasingly struggling with feelings of anger and frustration toward her child and approached Kathy for help. She began weekly therapy sessions, learning about developmental stages and how to identify Matthew's needs and set reasonable expectations. She did homework assignments to increase his verbal skills, established evening routines, and read more books with him.

She also recorded instances of when she got angry with Matthew and discussed them with Kathy. Brea has learned more about what to expect from a 2-year-old and what he needs from her. She notices how she has become more patient and closer to her child: "Now I don't spank him. I've found ways to calm myself down and keep my cool…Coming here has actually increased our bond with each other."

This profile was prepared by First 5 San Diego.



Commission Priorities

San Francisco remains a city with great disparities: neighborhoods where families are relatively self-sufficient 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 overall county population is highly diverse, with large numbers of Asian/Pacific Islander and Latino families.

Providing services for new immigrant families is a critical factor for San Francisco County, particularly in the Mission and Chinatown neighborhoods. Almost 37% of the city's population are foreign born, and almost half of the county's households speak a language other than English at home. Further, San Francisco is by far the most densely populated county in California, with over 16,000 persons per square mile. This density contributes to a lack of affordable housing and contributes to the increased incidence of homeless families.

Population

Total births (2004)	8,579
0 to 5 population (2004)	47,005

Ethnicity of Children 0-5

African-American	6.2%
Asian/Pacific Islander	24.5
Latino	19.6
Native American	0.2
White	43.1
Other	6.5

Fiscal

Total Net Assets, July 1, 2004	**$27,475,045**
Committed Funds	21,988,107
Uncommitted Funds	5,486,938
Total Revenues	**$10,356,676**
First 5 Monthly Disbursements	7,498,538
Other First 5 Funding (Including SMIF)	2,271,020
Non-First 5 Funding	1,000
Interest	586,118
Expenses	**$(10,087,091)**
Total Net Assets, June 30, 2005	**$27,744,630**
Committed Funds	18,720,390
Uncommitted Funds	9,024,240

First 5 San Francisco 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 to be successful in school.

Primary Activities and Programs

Family Support Programs support families' efforts in raising their children, addressing their identified needs, and building supportive communities. Family support grants target neighborhoods with the largest numbers of children and communities of experience (e.g., new immigrant families, kincare families, and families of children with special needs). The targeted neighborhoods are characterized by 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.

Homeless Services Programs prevent eviction and homelessness. The Department of Human Services Move-In Costs grant program provided over 200 families with move-in or eviction prevention grants, thereby helping families transition into or preserve permanent and stable housing. Additional programs are available to families once they have transitioned to permanent housing.

Health Access for All Children (Healthy Kids) expands health insurance coverage. First 5 San Francisco subsidizes premiums for children ages 0-5 enrolled into San Francisco Health Plan's (SFHP) Healthy Kids & Young Adult program. Healthy Kids provides high-quality, affordable, comprehensive health coverage for children ages 0-18, regardless of residency status, when the family income is less than 300% of the federal poverty level. Health services available include medical, dental, and vision care. Currently, 99.2% of San Francisco children under age 19 are insured, with over 30% covered by SFHP. In June 2005, 782 San Francisco children ages 0-5 were enrolled in Healthy Kids.

Parent ACTION supports family activities that promote children's development. The Parent ACTION program makes mini-grants directly to parent groups to fund activities planned and implemented by parents themselves. One of the key goals 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 group projects that their families can all enjoy together. In fiscal year 2004-05, 54 parent groups planned and implemented projects with funding up to $5,000.

Promoting Equitable Access and Outcomes

A core principle of First 5 San Francisco's strategic plan is to ensure that funding is culturally and linguistically appropriate and reflective of San Francisco's diversity. Traditionally underserved populations include racial and ethnic minorities, homeless families, children with disabilities and other special needs, and families without health insurance. First 5 San Francisco has stayed true to its intention by funding 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 caregiver training that is culturally and linguistically specific to particular target populations, and supporting community-focused activities. First 5 San Francisco 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. First 5 San Francisco is actively committed to funding programs that reach out to families and children across all sectors of the community.

Program Highlights

Joy Lok Family Support Center serves immigrant Chinese-speaking families with children ages 0-5. Through funding from First 5 San Francisco, Wu Yee Children's Services established the Joy Lok Family Support Center in central Chinatown. The staff are entirely bilingual, and all materials and activities are offered in Chinese. Programs include monthly parent education workshops and community resource presentations, weekly support groups, instructional playgroups for caregivers and children, case management and counseling services, information and referral services, and family field trips. In fiscal year 2004-05, more than 280 families participated in at least one program activity. Parents who were isolated by language and cultural barriers have become more outgoing, resourceful, and confident in raising their families in a new country.

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 helped 50 families access recommended providers. Additionally, HRIIC staff provide parent training on early intervention and school district special education programs. HRIIC staff also serve as a critical bridge between regional center, school district, and county health service providers in planning activities to increase service accessibility.

The Excelsior Family Resource Center supports children's school readiness. Excelsior Family Resource Center (FRC) is one of six School Readiness Initiative-funded agencies. Each agency offers workshops, direct services, Kindergartners in Transition Camp, and a community event for parents to become familiar with their neighborhood elementary school. The workshops and direct services are designed to provide parents of preschoolers with the information necessary to successfully prepare their children for kindergarten. Excelsior FRC served 166 children with activities supporting school readiness.

This profile was prepared by First 5 San Francisco.

Population

Total births (2004)	11,010
0 to 5 population (2004)	59,085

Ethnicity of Children 0-5

African-American	7.5%
Asian/Pacific Islander	10.5
Latino	45.8
Native American	0.8
White	30.4
Other	5.1

Fiscal

Total Net Assets, July 1, 2004	**$35,062,602**
Committed Funds	29,184,975
Uncommitted Funds	5,877,627
Total Revenues	**$10,610,472**
First 5 Monthly Disbursements	9,113,761
Other First 5 Funding (Including SMIF)	747,754
Non-First 5 Funding	(64)
Interest	749,021
Expenses	**$(12,574,998)**
Total Net Assets, June 30, 2005	**$33,098,076**
Committed Funds	20,660,049
Uncommitted Funds	12,438,027

Commission Priorities

San Joaquin County has a diverse population with many low-income families and a substantial number of children living in rural and hard-to-reach areas. The county's major challenges include a fragmented service delivery system, linguistic barriers to service, a shortage of subsidized child care, low parental literacy rates, and poor health (primarily among African-American families).

To address these needs, First 5 San Joaquin engaged in an 8-month planning process and conducted meetings and focus groups with nearly 400 professionals, parents, and community members in four areas of the county. This strategic planning process resulted in the identification of four funding and service provision priorities intended to increase families' access to high-quality services: (1) service integration, (2) organizational capacity building, (3) civic engagement, and (4) school readiness. In addition, the County Commission adopted a "strategy-driven" approach to funding that ensures that all funded services are research based. The new strategic plan was finalized in late spring 2005.

Primary Activities and Programs

School readiness programs provide services and activities that help prepare children for school. First 5 San Joaquin provides funding to seven School Readiness (SR) Initiative programs, each serving the unique needs of its community. All sites provide home visitation, parenting education, preschool services, and transition activities to promote children's preparation for kindergarten. Home visiting programs use the Parents as Teachers (PAT) curriculum, provide resource and referral information, and offer parent participation and education activities. Parent programs include workshops, meetings, and activities that involve parents and their children, including playgroups, recreational activities, and preschool classroom volunteering. Many parent educators are bilingual in Spanish or Hmong and share similar cultural and ethnic backgrounds with the families they serve. Some of the programs offer preschool programs at their sites, while others help children enroll in preschool at their partnering school sites. Summer bridge/kindergarten transition programs introduce families to their schools, develop skills among children, and teach parents ways to support children's transition into kindergarten. Additional SR services include health screenings, developmental screenings, and family literacy programs. Although outcome data collection is in the early stages, anecdotal feedback from kindergarten teachers and administrators indicates that children who participated in these programs have the social, behavioral, and developmental skills that they should have when they enter school.

First 5 San Joaquin facilitates systems integration, improving services for families. To improve the system of care for children ages 0-5 and their families in San Joaquin County, 20 contractors were required to use an Intensity of Integration Continuum to document and monitor the systems change activities they conducted with other First 5 San Joaquin contractors over a 1-year period. Activities ranged from informal

systems change activities, such as cooperation (accept/make client referrals) and coordination (joint planning and staff meetings), to more formal systems change activities, such as collaboration (written memorandums of understanding and interagency agreements) and service integration (centralized services). To document the effects of implementing the Intensity of Integration Continuum, a survey was distributed to each of the contractors who used the Continuum. Over time, there was a 71% increase in the number of systems change activities performed, including the number of coordination (46% increase), collaboration (36% increase), and service integration activities (100% increase). These activities have improved communication and collaboration, increased awareness about the resources available to families and children, and resulted in more referrals connecting families with needed services.

Promoting Equitable Access and Outcomes

Historically underserved groups in San Joaquin County include migrant, rural, and Southeast Asian communities, as well as children with disabilities and other special needs. The County Commission currently funds projects to enhance services for migrant and rural populations, such as two school readiness programs operated by the Migrant Education Program. Also, a literacy van and a health access van extend services into many rural neighborhoods. Four programs specifically serve the Southeast Asian population, focusing on tobacco cessation and harm reduction, as well as child development services. Children with disabilities and other special needs benefit from three programs: one provides mental health services; another provides physical, speech, and occupational therapy; and the third supports parents and providers with inclusion of children with special needs in a variety of child care settings.

Program Highlights

The Helping Us Grow Successfully (HUGS) program promotes healthy child development and school readiness. Preschool services and home visiting are the main components of the Lodi Unified School District HUGS school readiness program. The Parents as Teachers home visiting curriculum is supplemented by parent workshops and family recreation and educational activities. In addition, health screenings, referrals, literacy activities, and developmental assessments are provided. The HUGS program served 268 children and 232 parents in fiscal year 2004-05, with an ongoing 75% retention rate for families in the program. The HUGS program has facilitated and participated in a number of systems change activities, developing relationships with key administrators in the school district and increasing attention given to the district's preschool population.

The Stockton Unified Early Comprehensive Learning Program (ECLP) helps families create home environments that support children's optimal development. Working to increase children's kindergarten preparation, the ECLP began supporting children ages 0-3 and their families through coordinated preschool and home visitation services. Bilingual parent educators conduct weekly home visits and carry out activities that complement the preschool curriculum. In addition, developmental and behavioral assessments are conducted. The ECLP is managed by a social worker, who oversees service delivery and links families with additional community and school-based resources. During fiscal year 2004-05, 44 children and their families were served through home visitation services, with other families on a waiting list. A new preschool for 4-year-olds will open in the coming year, focused on reaching children who are English learners and those with identified special needs.

This profile was prepared by SRI International from information provided by the County Commission.

Population

Total births (2004)	2,694
0 to 5 population (2004)	13,810

Ethnicity of Children 0-5

African-American	0.7%
Asian/Pacific Islander	2.3
Latino	32.8
Native American	0.5
White	59.4
Other	4.4

Fiscal

Total Net Assets, July 1, 2004	**$7,149,608**
Committed Funds	6,932,881
Uncommitted Funds	216,727
Total Revenues	**$2,516,299**
First 5 Monthly Disbursements	2,123,733
Other First 5 Funding (Including SMIF)	239,646
Non-First 5 Funding	17,666
Interest	135,254
Expenses	**$(3,259,765)**
Total Net Assets, June 30, 2005	**$6,406,141**
Committed Funds	5,279,062
Uncommitted Funds	1,127,079

Commission Priorities

Lack of health insurance, high rates of perinatal substance abuse, low levels of school readiness, and high turnover among child care providers 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 funds 10 direct service programs across the following program areas: (1) universal health care, (2) perinatal substance abuse, (3) school readiness, and (4) growth and retention of child care and early childhood education professionals.

Primary Activities and Programs

Children's Health Initiative (CHI) makes strides to ensure that all children of San Luis Obispo County are insured. The CHI works to ensure that eligible children enroll in, use, and retain insurance through Medi-Cal, Healthy Families, or Healthy Kids. The primary goal of the initiative is to design and implement an integrated, "no wrong door" enrollment process for all public health insurance programs for children ages 0-18. In fiscal year 2004-05, the CHI developed a form that provides families with a one-stop eligibility determination for Medi-Cal, Healthy Families, or Healthy Kids. In this first year, the program identified and enrolled 470 previously uninsured children into Medi-Cal and Healthy Families. An additional 250 children who were ineligible for these programs were enrolled into Healthy Kids.

Organizations collaborate to improve screening and treatment of perinatal substance abuse. Prior to First 5, public health clinics, Drug and Alcohol Services, and individual obstetrical providers were using an array of approaches to screen for perinatal substance abuse. The Perinatal Substance Abuse (PSA) Initiative provided outreach to obstetricians and conducted multiple focus groups with service providers to communicate the need for perinatal substance abuse interventions throughout the county. A coordinated screening effort was designed and has been implemented by 86% of physicians in the county. Increased awareness of the extent of local perinatal substance abuse resulted in increased numbers of requests for educational focus groups and presentations from service providers. In the past year, 42% of women screened had used alcohol, tobacco, or other drugs in the month before they knew they were pregnant, and 62% of women who reported drinking alcohol before learning they were pregnant continued to drink after learning they were pregnant. With these results confirming the need for this effort, grant-writing activities began to address sustainability and support of the PSA Initiative.

School readiness programs expand preschool and kindergarten transition programs. A new School Readiness Center opened at Oceano Elementary School, creating two First 5 preschool classes with 44 new filled preschool slots. A child care program for children of parents in the Even Start Adult Literacy program opened in the same center. Local school readiness funding purchased land adjacent to Georgia Brown Elementary School to house a First 5 Preschool building and a School Readiness Family Resource Center. New kindergarten transition programs were conducted at Oceano and Georgia Brown elementary schools, with 65% of entering kindergartners participating.

Promoting Equitable Access and Outcomes

First 5 San Luis Obispo's traditionally underserved populations are those who are geographically isolated and the Latino population, who have often experienced language and cultural barriers. To address these needs, the County Commission requires funded programs to prioritize services to school readiness (SR) areas. Focusing service delivery on SR communities has improved access to outlying areas. Communities such as San Miguel, Shandon, and Paso Robles in the northern part of county now have greater access to new and coordinated services, including breastfeeding support, vision screening, family literacy, smoking cessation, postpartum depression screening and intervention, and kindergarten transition programs. To the south, families in Oceano, Grover Beach, and Arroyo Grande also have improved access to services such as breastfeeding support, expanded child care, home visitations, preschool services, 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 up to 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 dramatic drop in first-grade vision referrals since this program was implemented. In 2004-05, 6.5% of first graders were referred to vision services, a dramatic drop from 1999-2000, when 22.1% of first graders were referred.

Baby's First Breath creates healthier homes by helping parents quit smoking. This program is part of the Tobacco Control Program within the Public Health Department. The goals of Baby's First Breath are to reduce (1) the number of women smoking while pregnant, (2) the number of parents of newborns and young children who smoke, and (3) the number of children exposed to secondhand smoke in the county. The media and targeted educational outreach are used to conduct public education about the hazards of secondhand smoke. The program provides tobacco cessation activities for pregnant mothers and parents of young children. Three months after participating in the Baby's First Breath services, 36% of pregnant women and parents of newborns and 43% of parents of children ages 0-5 had quit smoking.

Pre-K Summer Camp helps children and families become familiar with their new kindergarten teachers and environment. Intended for all children entering kindergarten at two school readiness site elementary schools, the 2-week camp experience is structured to ease children's transition into kindergarten. The camps provide teachers an opportunity to build rapport with the children while assessing children's abilities before the school year begins. Parents are included, receiving a warm welcome from the district superintendent, the principal, and teaching staff. Parents receive valuable information on accessing school systems, as well as on home activities they can do with their children to promote their school readiness. Parents reported increased knowledge and confidence after participating in the camp, with 95% to 98% of parents reporting that the experience was very beneficial to their families.

This profile was prepared by SRI International from information provided by the County Commission.

Population

Total births (2004)	10,089
0 to 5 population (2004)	58,505

Ethnicity of Children 0-5

African-American	2.1%
Asian/Pacific Islander	20.1
Latino	30.8
Native American	0.3
White	40.6
Other	6.2

Fiscal

Total Net Assets, July 1, 2004	**$34,424,465**
Committed Funds	34,424,465
Uncommitted Funds	0
Total Revenues	**$12,855,984**
First 5 Monthly Disbursements	9,050,082
Other First 5 Funding (Including SMIF)	2,701,394
Non-First 5 Funding	100,000
Interest	1,004,508
Expenses	**$(9,055,932)**
Total Net Assets, June 30, 2005	**$38,224,517**
Committed Funds	38,224,517
Uncommitted Funds	0

Commission Priorities

Located in the heart of the Bay Area's Silicon Valley, San Mateo County is economically, ethnically, and geographically diverse. 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.

An overwhelming shortage of high-quality child care programs for young children and the high cost of center-based early care are barriers to children's early care and education. Existing capacity can support preschool for only 58% of the county's 3- and 4-year-olds, leaving a gap of 6,864 spaces (not including spaces in family child care homes).

Although the health of San Mateo County's young children continues to improve in many areas, there remain significant challenges. Local data show that as many as 5,800 children ages 0-5 may suffer from undetected special needs and that children who have identified special needs face barriers to accessing services. The evaluation of the county's Children's Health Initiative also shows low rates of utilization of primary care and preventive health services for children ages 0-5. Finally, the compromised emotional and mental health of a significant number of primary caregivers of children ages 0-5 may diminish their ability to nurture and care for their children properly.

To address these 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 implementing strategic initiatives that aim to radically alter policy and service delivery for children ages 0-5, including (1) the School Readiness Initiative, (2) Preschool for All, (3) the Early Brain Development Initiative, and (4) the Children's Health Initiative. Strategic initiative funds are complemented by competitively awarded grant funding, which currently supports approximately 30 innovative and vital projects across the focus areas of child care and early learning, family support and parent education, and child health and well-being. Finally, special project funding allows F5SMC to partner with statewide efforts to advance local objectives.

Primary Activities and Programs

School Readiness (SR) Initiative provides comprehensive services to children and their families. The School Readiness Initiative serves low-performing schools in the Redwood City, San Mateo/Foster City, and Ravenswood City School Districts. Families can receive a variety of services designed to help prepare their children for kindergarten, including home visiting services; behavioral/mental health consultations in child care settings; kindergarten transition programs for children without preschool experience; school readiness parent/child events; parent support and education groups; and outreach, information, and referral services to connect families with community services. In April 2004, F5SMC approved a new Learning Together Program (LTP) for the School Readiness Initiative. Learning Together builds on existing school readiness services by providing home visitation in four low-income neighborhoods but improves the quality of services through incorporation

of the Parents as Teachers curriculum, parent education workshops, and distribution of Raising A Reader book bags. During the initial implementation of this program, 224 children in 186 families were served, and initial evaluation data were collected and will be available for analysis in fall 2005.

Preschool for All (PFA) Initiative is launched, providing high-quality voluntary preschool for 228 children ages 3 and 4. F5SMC's first PFA classrooms opened in March 2005 at six locations in Redwood City and East Palo Alto, where 228 children benefited from half-day, high-quality, free early education experiences in 80 new and 148 upgraded child care slots. In keeping with the PFA goal of inclusion, more than 10% of children in these classrooms had diagnosed disabilities or other special needs. PFA sites use developmentally appropriate curricula that align with the California Department of Education's Pre-Kindergarten Learning and Development Guidelines. All children receive a developmental screening using the Ages & Stages Questionnaire (ASQ) and the ASQ: Social-Emotional, and are assessed with the Modified Desired Results Developmental Profile. Assessment results provide the basis for individualized learning plans. PFA also supports parents of participating children through family involvement activities, leadership opportunities, early literacy workshops, and kindergarten transition activities.

Early Brain Development (EBD) Initiative prepares to launch a social marketing campaign. In early 2003, the County Commission launched the EBD Initiative to provide at-risk families with support to help them optimize their children's cognitive development. The EBD Initiative funds Prenatal-to-Three, which provides public health home visitation to 1,700 Medi-Cal eligible families with newborns per year (75% of which are Hispanic/Latino). All parents are screened for postpartum depression, with referrals made as needed to intensive case management services, thereby increasing access to much-needed mental health services. Phase II of the Early Brain Development Initiative will involve a social marketing campaign designed to increase knowledge of EBD-promoting practices among the general population. Phase II was launched in 2004-05 with the selection of a social marketing contractor to conduct intensive market research and develop a comprehensive plan for an EBD campaign. The contract will result in recommendations that combine message/strategy development, partnership outreach tactics, word-of-mouth tactics, and media buying options into a comprehensive plan for a countywide campaign.

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 hopes to (1) increase the number of children enrolled in the existing public health insurance programs of Healthy Families and Medi-Cal, and (2) establish a new health insurance resource, called Healthy Kids, for children who are not eligible for other insurance plans. Healthy Kids provides health insurance to children between 250% and 400% of the federal poverty level and to children who are otherwise ineligible for Healthy Families and Medi-Cal, such as undocumented immigrants. By June 2005, total CHI membership of children ages 0-5 was 2,287, more than double the total of the previous year. A CHI participant survey conducted in 2005 showed that 87% of children ages 0-5 have a usual source of medical care and 62% have a usual source of dental care. Two-thirds (67%) of parents were very confident that they could get health care for their child when needed, and 79% reported little or no financial difficulty in obtaining health care. More than half of Healthy Families (62%) and Medi-Cal (57%) enrollees had at least one preventive care visit in the previous 12 months. Enrollees had lower rates of emergency room visits and hospitalizations than statewide averages. Focus groups showed that parents are very pleased with the Healthy Kids program in general, as well as with the availability of application materials and health services in Spanish.

SaMCARES improves the quality of early care and education through professional development services. During fiscal year 2004-05, 516 child care providers were enrolled in the fifth round of the San Mateo Compensation and Retention Ensures Stability (SaMCARES) program. SaMCARES serves a diverse group of providers, with 31% of participants using Spanish with children and 11% being 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. Staff offered technical assistance on the Child Development Permit to approximately 64 participants, and family child care providers interested in becoming accredited were connected with support. To date, SaMCARES has demonstrated that (1) providers are making significant progress on their educational goals, with more participants enrolling at higher tier levels; (2) the number of certified child care staff in the county has increased by 297 providers, or by 47%; and (3) 63% of center directors with three or more staff participating in SaMCARES in fiscal year 2003-04 reported a reduction in staff turnover in a follow-up survey.

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 fathers are also underserved populations. F5SMC's countywide strategic initiatives target the highest-risk populations, including immigrant and low-income families. For example, the majority of Healthy Kids enrollees come from families whose income is below 150% of the federal poverty level, and 92% of enrollees are immigrants. Similarly, the Preschool for All Initiative serves school districts with high percentages of immigrants and low-income families. The geographically isolated coastside community of Pescadero is served through the Southcoast Collaborative, whose Parent Involvement Program brings a parent support and home visiting program to young children and their families in coastside communities. The First 5 San Mateo County Service Corps augments coastside services through the placement of four members in three coastside programs, two of whom have a special emphasis on health outreach and health insurance enrollment in partnership with the Children's Health Initiative. This program has significantly increased the number of coastside children enrolled in health insurance programs. To meet the needs of fathers and father-figure caregivers, F5SMC funded the Fatherhood Collaborative to support fathers and father figures in becoming more involved parents. Finally, F5SMC supports a number of efforts to serve isolated child care providers, including a home visiting program that targets informal relative caregivers and a number of quality improvement programs that target family child care homes. SaMCARES has also continued to serve a large number of family child care providers.

Program Highlights

Early Childhood Language Development Institute (ECLDI) prepares young English-learning children for school. The goal of the project is to better prepare young, English-learning children to be eager and ready to learn and to be successful in school and in life. ECLDI helps parents, child care providers, and early childhood educators support bilingual early language development among English learners. Training topics include how young children learn their first and second languages, the benefits of maintaining the home language while children are learning English, the critical importance of valuing the home culture to support the child's sense of identity and self-esteem, the long-term effects of a positive partnership between home and school, and the benefits of parents' becoming involved in their children's education. Analysis of evaluation data is currently in progress. Anecdotal reports from parents and providers show an appreciation for the program and an improved ability to support the language learning of young children.

New Learning Together Program (LTP) provides school readiness services to 224 children in 186 families. Through a combination of home visits and parent education, LTP promotes positive and nurturing parent-child interaction and healthy child development. Families participating in LTP receive twice-monthly home visits based on the Parents as Teachers (PAT) curriculum, one-on-one parenting guidance and support, age and developmentally appropriate books through the Raising A Reader book bag program, referrals to community resources, and opportunities to attend educational workshops. The Ages & Stages Questionnaire is administered as a developmental screening at three of the four LTP sites. Parent education sessions are provided by qualified parent educators, focusing on school readiness topics such as nutrition and positive discipline. A rigorous pre and post evaluation design was adopted and will assess progress on the following key outcomes: (1) improve parent knowledge and attitudes regarding how a child develops, how to promote school readiness, and how to engage in positive parenting; and (2) improve parent behaviors and practices to support children's development as seen through positive parent-child interactions, through the use of teachable moments, and through the promotion of early literacy skills. By June 2005, 105 baseline assessments and 41 follow-up questionnaires were completed. An initial analysis of pre- and posttest data will be presented to F5SMC in December 2005, allowing staff to assess program successes and challenges.

Local Story

In 2002, Gwen, a family child care provider in the city of San Mateo, approached the Quality Spaces-Learning Places program because she was interested in enhancing her child care program's learning environment. At Gwen's request, Quality Spaces-Learning Places staff assessed her child care program, using the Family Day Care Environmental Rating Scale (FDCERS). During this first evaluation, Gwen's program earned 1 out of a possible 7 points. An action plan was developed to help Gwen address needs identified during the assessment. Quality Spaces-Learning Places matched Gwen with a coach, who worked with her for a minimum of 4 hours a month over the past 3 years to help her improve her child care program. The coach worked with Gwen to discuss how she could best use her limited space to enhance children's learning and development. She was also awarded a stipend to purchase a table, chairs, a bookcase, and storage containers for her inside space, and gross motor equipment for use outside. Most recently, the coach worked with Gwen on methods she can use to develop the social and language skills of the children enrolled in her program through the use of dramatic play activities, manipulatives, art activities, storytime, and outdoor play.

Over the past 3 years, Gwen has radically altered and improved her child care program's learning environment. During the most recent FDCERS assessment, her program received 5.5 out of a possible 7 points, a 4.5-point increase. In addition, Gwen is working with the Quality Spaces-Learning Places coach to achieve National Association for Family Child Care (NAFCC) accreditation, and she began attending community college to further enhance her teaching skills.

Through her participation in the Quality Spaces-Learning Places program, Gwen's family child care environment was enhanced, participating children are learning more and their parents are happier, and Gwen was inspired to take additional early care and education classes.

This profile was prepared by SRI International from information provided by the County Commission.

Population

Total births (2004)	6,209
0 to 5 population (2004)	32,568

Ethnicity of Children 0-5

African-American	1.3%
Asian/Pacific Islander	2.8
Latino	58.1
Native American	0.5
White	33.1
Other	4.2

Commission Priorities

Santa Barbara County is a large and geographically diverse area covering 1,751,680 square miles. The southern end of the county is relatively urban, with a high degree of tourism and a large number of college students, while the central and northern portions of the county are predominantly agricultural. Long distances and a low mountain range limit access to services, the majority of which are located in urban centers at the northern and southern ends of the county. Approximately 50% of the county's population live in the three largest cities of Santa Barbara, Lompoc, and Santa Maria; 10% live in smaller cities; and 40% live in rural and unincorporated areas. Linguistically isolated Latino, Asian, and Pacific Islander families are spread throughout the county.

First 5 Santa Barbara County Children and Families Commission places a strong emphasis on making sure that services are evenly distributed throughout the county and recognizes the need to increase countywide coordination. In its 2002-05 strategic plan, the County Commission identified four desired results for children and families: (1) Children are born and remain physically and mentally healthy. (2) Children are learning and preparing to succeed in school. (3) Children live in safe, supportive, and nurturing environments. (4) Services are comprehensive, integrated, nonduplicative, and culturally responsive. To achieve these results, the County Commission funds several large initiatives that increase the quality and quantity of specific services, including integrating and coordinating service providers to improve the overall system of care. Countywide initiatives include Newborn Home Visiting, Early Oral Health, Early Mental Health and Other Special Needs, Family Support, School Readiness, and Early Care and Education Infrastructure.

Fiscal

Total Net Assets, July 1, 2004	**$7,455,105**
Committed Funds*	7,455,105
Uncommitted Funds*	0
Total Revenues	**$6,540,357**
First 5 Monthly Disbursements	5,110,232
Other First 5 Funding (Including SMIF)	863,817
Non-First 5 Funding	373,162
Interest	193,146
Expenses	**$(4,717,290)**
Total Net Assets, June 30, 2005	**$9,278,172**
Committed Funds	7,886,245
Uncommitted Funds	1,391,927

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

Primary Activities and Programs

Home visits to newborns and their parents improve infant health and development. The Newborn Home Visiting Initiative's Welcome Every Baby (WEB) program is available to all families with infants from birth through 9 months. Based on Dr. Brazelton's Touchpoints model, WEB supports the well-being of infants, parents, and families. Home visits conducted by registered nurses and child development specialists are individualized to address each family's strengths, concerns, and priorities. Postpartum and child development assessments coupled with individualized parent education are provided. Evaluation data show that higher percentages of mothers who participated in WEB breastfeed at 6 months (79%), compared with mothers nationally (33%), statewide (42%), and across the county (50%). The program makes frequent referrals to Tri-County Regional Center for children identified with developmental concerns during home visits. As a result, Santa Barbara County has experienced a rapid increase of infants and toddlers with identified special needs who are served.

Early Oral Health Initiative provides oral health education and dental treatment to children without dental insurance. First 5 Santa Barbara convened local partners to create an integrated system of pediatric dental services to ensure that all children ages 0-5 receive needed dental care. Designed specifically to serve children whose families do not have the resources to cover the cost of treatment, the initiative provides dental education programs, screenings, and treatment in a variety of locations, including early care and education programs, center- and home-based child care settings, and school readiness sites. During fiscal year 2004-05, more than 1,000 young children received dental screenings, with 436 identified and referred for further treatment. The initiative sponsored the care of 116 children who were uninsured or otherwise unable to access care.

Early Mental Health and Other Special Needs Initiative provides early identification, comprehensive assessment, and therapeutic services for young children and their families. The Early Mental Health and Other Special Needs Initiative includes eight partner agencies that work together to provide an integrated system of mental health services for children ages 0-5. During fiscal year 2004-05, partner agencies provided 914 hours of service to children and families and 803 hours of training, outreach, and educational activities to pediatricians and other child health providers in the county. Data show that, compared with 2000, in 2004 the initiative's lead agency identified 42% more young children at risk for serious mental health problems. The average age of children referred for autism decreased from 34 months to 28 months, with the rate of referrals from pediatricians tripling for autism and doubling for other disabilities.

Family Support Initiative builds healthy, safe, and nurturing environments for children. A network of 11 First 5 Santa Barbara funded programs provides school- and community-based support for families with young children. During fiscal year 2004-05, partner agencies provided multiple services, including case management (3,788 hours), family counseling (625 hours), information and referral linkages (851 contacts), parent education (528 classes), and family literacy classes (526 classes). Network partners also supported children's school readiness, providing educational materials and support to more than 1,000 early care and education providers. Preliminary findings show that 76% of parents served by the Family Support Initiative are "always" or "usually" able to access basic necessities and resources for their families. Of parents served by the initiative, 71% reported that the services helped them deal more effectively with their problems.

School readiness programs for children, parents, and providers increase the readiness of children for kindergarten. First 5 Santa Barbara funds 14 school readiness programs distributed across the county. Programs include four key components: (1) early learning and kindergarten transition programs, (2) parenting education and support services, (3) health screenings and treatment referral, and (4) linkages between early care settings and elementary schools. During fiscal year 2004-05, First 5 Santa Barbara school readiness programs served nearly 2,000 people, including parents (1,038), children (663) and early care providers (227). The formalization of articulation agreements between early care settings and elementary schools, which involve the inclusion of early care health and education records in elementary school cumulative files, was a significant accomplishment of the initiative during fiscal year 2004-05. According to the First 5 Teacher Rating Scale, 80% of children who participated in kindergarten transition programs mastered or almost mastered school readiness developmental skills.

Early Care and Education Infrastructure Initiative increases the quality and quantity of early care and education services in Santa Barbara County. During fiscal year 2004-05, initiative partners provided more than 6,000 hours of training and technical assistance to home- and center-based early child care providers. In addition, initiative partners spent more than 800 hours encouraging local governments, community members, and businesses to support early care and education programs. Information on early care and education was offered to more than 1,000 parents. Fifteen early care programs received accreditation assistance, and 32 providers were assisted in obtaining licenses, creating 256 new child care slots. Nearly 400 providers received professional development stipends.

Preschool for All (PFA) Initiative will fund activities to increase access to high-quality early experiences. The Santa Barbara Preschool for All Task Force and representatives from four school districts completed a PFA implementation plan for the county. In July 2005, the County Commission committed $1.25 million over the next 5 years to build the county's capacity for Preschool for All, plan for preschool expansion, and provide continuing professional development opportunities for early care providers.

First 5 Santa Barbara provides sustainability and evaluation planning for funded programs. First 5 Santa Barbara contracted with Social Entrepreneurs, Inc., to lead funded programs though a 15-month process of sustainability planning. At the end of the process, each countywide initiative will have a 1-year implementation plan detailing how each partner will contribute to the long-term sustainability of the initiative and the achievement of the initiative's goals. Funded programs also worked with First 5 Santa Barbara's evaluation contractor to develop program- and initiative-specific evaluation plans that build on the overall evaluation plan for the County Commission. The culmination of the evaluation planning process was the "Results Fair," during which each initiative highlighted the results of its partner programs to the County Commission, the Advisory Board, and other community partners and funding agencies.

Promoting Equitable Access and Outcomes

The most underserved populations in Santa Barbara County are low-income, migrant, and Latino families who are geographically isolated, without transportation services, and living many miles away from needed services. An example is provided by Cuyama, a community of 793 people in the northeastern tip of the county. Cuyama residents must drive for more than an hour, through primarily uninhabited country, to reach any of the county's larger cities and services. The closest pediatrician, pharmacy, OB-GYN, dentist, department store, and major grocery store are more than 60 miles away. Families live primarily on large, private ranches and are often subject to very poor living conditions. Access to drinking water is a problem for many families, with farms often tapping into irrigation systems that contain high levels of pesticides. Transportation in and out of town is a challenge to many families.

First 5 Santa Barbara has worked with its funded agencies, community partners, and county departments to form the Cuyama Collaborative to provide and connect families with services that address their local needs. For example, All Saints-by-the-Sea Episcopal Church provided books and craft materials to local schools and sponsored a summer sports camp for children. First 5 Santa Barbara funded the first Pre-K camp in the Cuyama Valley, working to increase parents' awareness and knowledge of early literacy and thus helping them promote their children's early literacy skills. In December 2004, the collaborative organized the first Cuyama community health fair, offering health education information along with oral, vision, glaucoma, asthma, hearing, and developmental screenings.

Program Highlights

Lompoc Unified School Readiness Program prepares children for school through a combination of home visits, parent education, and early care and education provider support. This readiness program includes three main components: (1) intensive family support and early literacy promotion home visits to families with young children with no prior early care experience, (2) professional development opportunities for early care professionals, and (3) classes and workshops for parents and providers promoting school readiness. A bilingual home visitor teaches parents to promote their children's school readiness, provides early literacy material and activities, presents health and safety information, and links families to community resources. The Lompoc readiness program partners with a local community college to offer a 1-unit school readiness class, with stipends offered to early care providers upon completion. Additional classes and workshops use lessons such as literacy development and conflict resolution taught in "A Place of Our Own," a public television show that provides parents and providers with information and activity ideas to support children's school readiness. Children participating in the readiness program were more likely to have received appropriate well-child checkups (from 57% at pretest to 93% 6 months later) and dental care within the previous 12 months (23% of children prior to the program and 92% after). In addition, 100% of parents read regularly to their children after program participation, up from 85%.

Health Linkages Program promotes healthy and safe early care environments. The Health Linkages Program works to lower illness and injury rates for children participating in early care and education programs by improving the quality and safety of the environment. Health Linkages Advocates provide health and safety consultation and direct services at more than 50 early care settings in the county. The program works with child care staff to assess and improve facilities, identify children with health or other special needs, and develop plans to meet identified needs. For example, advocates help child care staff incorporate health practices, such as hand washing, tooth brushing, and the provision of nutritional snacks, into the daily routine.

During fiscal year 2004-05, the Health Linkages Program distributed more than 1,175 toothbrushes and holders for children, supporting the implementation of dry tooth-brushing practices in 35 State Preschool programs. For many of the preschool students, this was the first time they owned their own toothbrush.

Programa LEER prepares children to succeed in school though family-focused literacy activities. Programa LEER is a library-based, family-focused early literacy program serving mostly Spanish-speaking families. Credentialed teachers lead the program, enabling parents and caregivers to improve their English literacy skills while simultaneously learning how to support children's early literacy and school readiness skill development. An important goal of Programa LEER is to empower parents to be their child's first and best teacher. Participant surveys show that parents participating in the program increase the average number of days per week they read to their child in English (up from 1.5 to 4.5 days per week) and Spanish (up from 4.4 to 6.8 days per week).

Local Story

Manuel, age 5, was referred to the Early Childhood Education and Care Program (ECECP) after demonstrating aggressive behaviors toward other children in his State Preschool classroom. Both the preschool teacher and Manuel's mother were concerned about his behavior. After being referred to the program, Manuel's mother participated in a parenting workshop and received individualized counseling to support the use of new and more effective parenting skills. In addition, the ECECP counselor worked with Manual several times a week in the classroom setting, with the goal of decreasing his aggressive behavior. ECECP staff worked with Manuel and his mother to develop an individualized education program, connect Manuel to needed speech therapy services, enroll him in Reading Quest (a home-based literacy instruction program), and enroll them in a food program. As a result of ECECP's comprehensive services, Manuel is better able to focus on learning when in the classroom and receives more positive social reinforcement from his peers. His mother reports feeling more confident in her ability to parent Manuel effectively and now regularly visits and volunteers in his classroom.

This profile was prepared by SRI International from information provided by the County Commission.

Population

Total births (2004)	26,537
0 to 5 population (2004)	155,384

Ethnicity of Children 0-5

African-American	2.0%
Asian/Pacific Islander	27.2
Latino	33.2
Native American	0.2
White	32.4
Other	4.9

Fiscal

Total Net Assets, July 1, 2004	**$98,660,636**
Committed Funds	98,660,636
Uncommitted Funds	0
Total Revenues	**$30,341,220**
First 5 Monthly Disbursements	24,268,679
Other First 5 Funding (Including SMIF)	3,279,475
Non-First 5 Funding	292,937
Interest	2,500,129
Expenses	**$(32,408,833)**
Total Net Assets, June 30, 2005	**$96,593,023**
Committed Funds	65,947,653
Uncommitted Funds	30,645,370

Commission Priorities

The largest county in the San Francisco Bay Area, Santa Clara County has a diverse population with many needs. Thirty-four percent of residents are foreign born, and 45% speak a language other than English at home, requiring that services be provided in culturally and linguistically appropriate ways. In addition, closures and downsizing of many technology companies greatly increased the county's unemployment rate between 2000 and 2003, while the cost of living increased 22% during the same period. Many families experience extreme financial hardships, and 9% of children live in households with incomes below the federal poverty level, largely because of exceptionally high housing costs.

FIRST 5 Santa Clara County (FIRST 5) strives to build and sustain an integrated, seamless continuum of care, ensuring that all programs are inclusive of diverse needs and involve communities in the design and implementation of their strategies. Consistent with previous years, the County Commission continued to place a high priority on family support, health care access, high-quality early care and education, community and neighborhood support, and systems integration and change.

Primary Activities and Programs

FIRST 5 Santa Clara initiatives expand health care access and early identification of children with special needs. The Children's Health Initiative (CHI) is seeking "seamless coverage" health insurance options for children ages 0-5 in Santa Clara County, expanding outreach and health insurance enrollment assistance and financing annual insurance premiums for children through a partnership with the Santa Clara Family Health Plan. The CHI efforts led to a 58% decrease in the number of children unable to obtain needed medical care in a 6-month period, reduced unmet dental care needs by 57%, and increased the proportion of children with a regular medical home from 49% to 89%.

The Prenatal and Toddler Home-Based Visitation Program Initiative provided visits to 900 parents and 700 children ages 0-5 to promote healthy prenatal behaviors among expectant mothers, promote parent-infant-toddler relationships, and connect family members to needed services. Program impacts included increasing access to and use of preventive medical care by 23% and dental care by 37%. In addition, 56% of the participating parents reported the development of more positive parental behaviors supportive of a child's physical and cognitive development.

Through the Early Screening and Assessment Initiative, Via Rehabilitation Services provided free developmental screenings to 2,227 children across 58 child care sites and made 1,140 recommendations for further evaluation, preschool developmental support, speech assessments, and dental treatment. The Center for Learning and Achievement provided 785 assessments to children ages 0-5 and made 1,800 follow-up contacts.

FIRST 5 funding increases the quality and capacity of family support programs. FIRST 5 funding significantly affected the Family Court Services Initiative programs, which assist families involved in custody and visitation disputes in providing safe, stable, loving, and stimulating homes for children. Funding provided for the co-location of bilingual/bicultural care managers at Family Court to assist families with navigating the system and accessing court-ordered and other necessary support services. Needs beyond those mandated by the courts included mental health services, child care, counseling, medical health coverage, and basic necessities such as food, clothing, and shelter. Family support provided through the Early Learning Initiative enabled families to access an array of support services, such as parenting classes and workshops, intensive in-home visitation, and consultation and counseling, in a flexible and integrated manner. Overall, FIRST 5 funding allowed programs to offer services in new communities, increasing the total number of children served while reaching populations previously without access to services. More than 6,200 children ages 0-5 and 2,700 parents received family support services through the Care Management and home visitation programs.

Art and museum programs provide creative early education experiences. The Arts Enrichment Initiative reached 1,592 children through promotion of cultural enrichment and education, including sponsorship of community arts events; research, development, and distribution of appropriate art education materials; and inservice training in art education for parents, early care providers, and young artists. The Arts Council initiated efforts to support art curricula in preschools, training teachers and artists on age-appropriate approaches to teaching art. The Children's Discovery Museum provided interactive play and discovery opportunities supporting the emotional, social, physical, and cognitive development of children ages 0-5. Children enjoyed the opportunities to touch, look, listen, build, create, and pretend provided by the Wonder Cabinet, a 3,000-square-foot exhibit that includes a Woodland Puppet Forest, Giant Dragon, Sand Science Laboratory, Crawl-Through Tunnel, and child-sized Duck-in Kaleidoscope.

Regional Partnerships Initiative helps local communities develop comprehensive systems of early learning and family support. Beginning in 2001, the County Commission brought together community members, service providers, and civic leaders in six regions throughout the county to examine systems of early learning and family support and to address gaps, cultural competency issues, and underutilization of existing services. Each region was eligible to apply for 3 years of funding to support collective planning and implementation. Currently, the initiative supports 19 programs, providing an array of services and supports to families. These include resource coordinators who link families to local services; education and support to home-based child care providers; respite care and workshops for relative caregivers of children within the child welfare system and children with disabilities and other special needs; a mobile health van; transportation assistance; and universal-access playgroups in an unincorporated area of the county. Program managers reported that the initiative successfully engages and empowers community members and that FIRST 5 funding enables their organizations to reach previously underserved populations, expand services to families of children with special needs, and increase collaboration among providers of services to children and families.

Multiple projects work to integrate systems of care for children and families. Beginning in 2003, FIRST 5 Santa Clara funded a collaborative research effort to develop a comprehensive program model for improving long-term outcomes for children ages 0-5 who are experiencing cumulative risk factors in their lives. The review of community data, mapping of population risk factor concentration, and examination of national and international best practice models revealed a number of key findings, which resulted in adoption of an ecological model to address the negative impacts of cumulative risk factors on healthy child development. Research on current early screening and assessment systems identified lack of coordination, effective communication,

and collaboration between systems as barriers to service quality. Recommendations to address these barriers included improvement of case management and care coordination systems, promotion of high-quality screening and assessment tools, linguistic and cultural competency, parent education, physician and provider training, and development of programs and strategies to address children's emotional and behavioral problems. The Preschool for All Initiative planning process has been integrated with the High Risk Design project, resulting in a multifaceted service delivery plan providing for the development and implementation of a three-part model: home visitation, highest-quality early learning environments, and therapeutic and family support interventions.

Promoting Equitable Access and Outcomes

FIRST 5 Santa Clara is committed to serving families and children prenatal through age 5 throughout the county, and one or more initiatives specifically serve children and families that represent the rich diversity of the county. For example, the Regional Partnerships Initiative supports local determination of community needs, and the Home-Based Visitation Program provides parenting support to diverse families with children ages 0-2, including teen moms and incarcerated parents. Many FIRST 5 Santa Clara programs serve non-English-speaking participants through bilingual/bicultural staff. As a result of FIRST 5 efforts, service providers enhanced the continuum of services offered to families, reached diverse client populations, and increased the availability of services through additional locations and hours of service. FIRST 5 funding increased provider capacity to provide ethnically and culturally responsive services to the community, supported new partnerships, and enhanced service-level collaboration between agencies and educational systems, which together have resulted in improved services for families.

Program Highlights

Healthy Kids program increases accessibility of health care and dental care. The FIRST 5 Children's Health Initiative works to achieve seamless health insurance coverage for all children in Santa Clara County through two central components: expanded outreach and enrollment assistance for Medi-Cal and Healthy Families, and the creation of the Healthy Kids program. Healthy Kids provides medical, vision, dental, and mental health services to every child living below 300% of the federal poverty line—children who are otherwise ineligible for other insurance programs. The CHI Healthy Kids program increased access to health and dental care by 82%, increased the percentage of children receiving preventive health care visits from 25% to 43%, and increased the percentage of children receiving a dental care visit from 22% to 61%.

Care Managers assist families in navigating school district and community services. The Care Management program places trained specialists, known as Care Managers, in targeted neighborhoods within Early Learning Initiative school districts. These Care Managers assist families in coordinating and securing resources and services as needed, such as intensive in-home visitation; assessment of children's physical, cognitive, and emotional development; mental health screening and counseling; parenting classes and workshops; oral health services; and health insurance enrollment. The Care Management program was designed to increase parents' knowledge of and access to services through the assistance of trained advocates, who speak Spanish, English, Vietnamese, and Khmer and reflect the community's ethnicities. Care Managers provide direct support and also are able to discern gaps or underutilization of existing services. As a result, more families in previously underserved areas are able to access an array of services in a flexible, integrated, and comprehensive manner.

Family Court Initiative creates a system of care for families with custody and visitation disputes. Care Managers help families affected by divorce, separation, visitation, and/or child custody disputes to obtain court-ordered services, such as parenting classes, supervised visitation, and counseling. In addition, Care Managers are present during a family's court appearances as their advocates, providing families with immediate information and support for needs identified by the system. As judges begin to understand how Care Managers can positively affect the lives of children and families, they consult more with Care Managers to discuss the potential impact a ruling may have on families' ability to access court-ordered services. In addition to helping families access needed services, the Care Managers alleviate court professionals' concerns about how mandated services will be obtained and completed by clients, helping the system operate more seamlessly and more effectively for the families that come before the court.

CARES expands professional development opportunities for early care and education providers. Acknowledging that many early care and education (ECE) providers in the county are not English speakers, do not hold English as a Second Language (ESL) certificates, and have been trained in other countries, the Santa Clara County CARES program helps providers attend additional college-level classes. CARES works with local community colleges to offer accessible Early Childhood Education classes in other languages, ESL classes linked to child development core classes, and classes scheduled during more convenient times for working providers. For providers with previous college coursework completed outside the United States, CARES helps to transfer college credits by paying the transcript evaluation fee and shepherding the application through the permit process. The CARES program has supported 1,843 child care providers, awarding 1,830 stipends for further professional development.

Local Story

"If they are willing to fight so hard for me and my daughter, then I need to be able to fight just as hard," says 34-year-old Wendy about her year-long experience with the multidisciplinary team of the FIRST 5 funded Santa Clara County Healthy Pregnancy and Early Parenting (HPEP) Program. Wendy is a recovering alcoholic and mother of 9-month-old Joycelyn, who was born in jail while Wendy served time for a drug-related incident.

Wendy learned about the FIRST 5 HPEP Program when she participated in the program's Health Realization class offered at the jail. Facing permanent foster placement of her unborn baby, Wendy expressed that the class provided one of her "greatest opportunities" to overcome her addiction, a critical step needed for her to keep her child, by teaching her how to focus on the present. Adamant that the courts would not put her child in permanent foster care, Wendy committed herself to doing everything she could to keep custody of Joycelyn.

The multidisciplinary team, composed of a public health nurse (PHN) and assistant, a drug/alcohol rehabilitation counselor, a nutritionist, and a mental health therapist, connected with Wendy shortly after she was released from jail to do an intake for Blossom Outpatient, a court-mandated rehabilitation program. The PHN attended court appointments with Wendy and ensured that she kept them. She also visited the foster home to assess Joycelyn and recommended that Wendy seek counseling.

In addition to counseling, the FIRST 5 HPEP Program arranged for Wendy to participate in parenting classes, provided advocacy at her court hearings, and met weekly with her to support the rehabilitation process and lessons learned through the court-mandated outpatient program. Wendy says of the HPEP Program, "I had felt too overwhelmed in the beginning, and felt all alone, and didn't know where to go for certain things. Working with HPEP made it less complicated for me to get things done."

One of the biggest changes that Wendy's case manager, Katy, has seen in Wendy is that she is much less stressed. Wendy attends church regularly and is working on a committee to provide food to those in need. Though she is cautious about making many plans, she expects to return soon to college. "People ask me now that I'm done with the outpatient program, what are my plans? I don't know about the rest of my life; all I know is about today. But I know that Katy and the rest of the HPEP team, they're in my corner…they're like, 'Yeah!'"

This profile was prepared by SRI International from information provided by the County Commission.

Population

Total births (2004)	3,399
0 to 5 population (2004)	19,389

Ethnicity of Children 0-5

African-American	0.3%
Asian/Pacific Islander	2.2
Latino	49.4
Native American	0.5
White	44.0
Other	3.6

Fiscal

Total Net Assets, July 1, 2004	**$7,603,880**
Committed Funds	4,313,524
Uncommitted Funds*	3,290,356
Total Revenues	**$3,673,998**
First 5 Monthly Disbursements	2,990,088
Other First 5 Funding (Including SMIF)	529,956
Non-First 5 Funding	0
Interest	153,955
Expenses	**$(4,313,524)**
Total Net Assets, June 30, 2005	**$6,964,355**
Committed Funds	3,241,623
Uncommitted Funds	3,722,732

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

Commission Priorities

The major challenges facing children and families in Santa Cruz County identified in the County Commission's strategic plan include (1) many children lack health, mental health, dental, and vision insurance; (2) a high incidence of child abuse and neglect, often associated with substance abuse; (3) an inadequate supply of high-quality, affordable child care; and (4) the lack of a coordinated system of supports and services for families of children with disabilities and other special needs.

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 2004-05 was the allocation of $900,000 to help implement the Healthy Kids Universal 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/pre-literacy skills, as well as the CARES educational incentive program to increase/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 development of the Santa Cruz County Services Unifying Network (SCC SUN), an integrated database that will support data sharing, case management, and reporting for participating agencies.

Primary Activities and Programs

Healthy Kids enables health care access for all children. Since its launch in July 2004, the First 5 Santa Cruz Healthy Kids Universal Health Insurance Program has provided comprehensive health, dental, mental health, and vision coverage to 964 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. In November 2004, First 5 Santa Cruz received matching Health Access funds from First 5 California. During the first year of implementation, 82% of children ages 0-5 who were assisted with an application for health insurance were successfully enrolled—48% in Healthy Families, 28% in Medi-Cal, and 25% in Healthy Kids.

Family resource centers offer programs and link families to services that promote children's optimal development. Each family resource center (FRC) serves as a hub for delivery and coordination of community services. Fifteen community partners offer programs at the FRCs that strengthen families by increasing parent knowledge, improving parent support, improving housing stability, improving ability to support children with disabilities and other special needs, and increasing family economic self-sufficiency. Five programs provide home visiting and case management to families with children ages 0-5. Through this work, they help link families to community resources, including parent support groups, early education programs, counseling services, health services, transportation assistance, English as a Second Language classes, translation services, and food and clothing distribution programs. Extensive intake information and ongoing assessments determine the needs of each family to ensure that all appropriate referrals and services are offered. More than 500 children were served through intensive home visiting, and their families demonstrated progress on either the Family Development Matrix or the Adult-Adolescent Parenting Inventory (AAPI). The FRCs also provide information and referrals, parent education, and community events for residents of the neighborhoods they serve.

Programs enable more children to grow up in 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 61 parents of children who have been removed from the home by Child Welfare Services. Nearly two-thirds of parents successfully completed treatment, and 92% of these remained sober 60 days after treatment completion. The Walnut Avenue Women's Center provided support services to 33 mothers and their 44 children. Mothers participated in an eight-session parenting class designed for families living with domestic violence. Mothers also attended support group meetings moderated by a domestic violence advocate, while their children participated in supervised child development activities. 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 349 parents and 330 children served by the Parents' Center during fiscal year 2004-05, 90% increased their family stability, as measured by the Family Development Matrix.

Programs increase children's preliteracy and learning skills. In 2004-05, the Beach Flats Community Center, a neighborhood-based school readiness program, provided 86 children ages 3-5 with activities to develop their literacy, fine motor, cognitive, and social-emotional skills. The Live Oak School District Child Development Program provided curriculum-based preschool activities to 445 children. In both the Beach Flats and Live Oak programs, nearly 80% of participating children improved their school readiness by at least 25%, as measured by the Desired Results Developmental Profile. La Manzana Community Resources Family Learning Center provided literacy classes for Spanish-speaking parents of children ages 0-5. The program teaches parents to read and write in their native language while simultaneously increasing their English literacy skills, and it teaches them ways to support their children's early literacy development at home. During fiscal year 2004-05, the program served 62 parents and 49 children. Steps to Success School Readiness Initiative held the first summer pre-K academy during July–August 2004, serving 24 children with little or no preschool experience. A literacy coach, as part of the Steps to Success program, held parent education workshops and Family Literacy Nights to increase parents' abilities to support their children's school readiness.

CARES program increases skills of early care and education providers. 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. The program broadens participation in professional development experiences by partnering with the public library's Read to Me program, which supports primarily family child care providers in the area of early literacy development. During fiscal year 2004-05, 260 providers received CARES stipends, with 84% reporting an increase in their skills due to participation in the program.

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 133 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. The Network also presented workshops to early child care providers on caring for children with disabilities and other special needs. All of the providers reported a better understanding of the topics, and almost all of them reported feeling more prepared to care for children with special needs after participating in the workshops.

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 Service Integration Project (SIP) is designed to reduce duplication and fragmentation of services; to make services more accessible and comprehensive; and to provide higher-quality, more effective support to families in the county. During fiscal year 2004-05, SIP adopted a Customer Service Plan that specifies expected service standards and procedures. SIP staff conducted joint trainings on the plan with more than 500 managers, supervisors, and front-line staff members of service agencies.

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 or 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 (FRCs) 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, outreach workers are responsible for working within their designated regions to reach out to 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 farm workers, teen parents, and families of children with disabilities and other special needs.

Program Highlights

Early Care and Education Professional Development Series improves the quality of child care. The series is a five-part professional development opportunity for early care providers, including Spanish-speaking providers who work in communities served by schools with low Academic Performance Index scores. This program was jointly developed and implemented by the Steps to Success School Readiness Initiative, Cabrillo College, and the California Reading and Literature Project. Based on principles from *Achieving Your Vision of Professional Development*, the series strives to increase providers' knowledge of early language

development and literacy and to improve their capacity to teach young children effectively. Training topics include oral language development and comprehension, and preschool skills related to phonological awareness, writing, play, and literacy. Participants are given “homework” and are required to apply and practice techniques taught during the series in their classrooms. During fiscal year 2004-05, 92 providers completed the professional development series, and more than 80% of participants increased their knowledge of teaching and developing early literacy skills.

Read to Me program supports early literacy development. The Read to Me program helps family child care providers and parents of children ages 0-5 increase their knowledge about early literacy development, increase their access to literacy materials, and build literacy-rich environments in their homes. The program offers home visits, educational workshops, and distribution of storytelling kits to family child care providers. It also offers community service information and referrals and storytime programs at the local library to both parents and providers. All Read to Me program materials and services are available in English and Spanish. During fiscal year 2004-05, the program provided home visits to 152 licensed family child care providers, who together serve more than 1,000 children per month. Program evaluations show that 82% of program participants increased the quality and quantity of literacy materials available to children in their care, 85% read daily to children, and 81% read signs and labels to children. The program also established a partnership among Santa Cruz County family resource centers and the CARES program to improve coordination among agencies supporting child care providers.

Answers Benefiting Children (ABC) provides comprehensive home visiting and case management services to Latino families with young children. Located at La Manzana Community Resource Center, ABC provides needed services to immigrant families who may not qualify for public assistance. To meet the complex needs of families, ABC uses a multidisciplinary approach, with families participating in the program for up to 18 months. Staffed by six bilingual/bicultural home visitors, a public health nurse, a social worker, a counselor, a domestic violence specialist, a program manager, a team leader, and two clerical support staff, the program provides a variety of services to families. Services include home visits; case management; counseling; parenting education classes; parent support groups; early education enrollment assistance; nutrition education; child abuse prevention services; developmental screenings and assessments; referrals to Head Start services, such as speech therapy; and referrals to public health services, domestic violence support, and child development specialists. The ABC program has positively affected children and families, as measured by the Adult-Adolescent Parenting Inventory. Participating families have attained stable housing, been linked to medical homes, and received support to meet their education and employment goals. All ABC program materials and services are available in English and Spanish.

Santa Cruz County Services Unifying Network (SCC SUN) integrates service delivery to better meet the needs of families. First 5 Santa Cruz, along with 10 social services agencies and public partners, sponsored the development of SCC SUN. SSC SUN is a Web-based electronic database designed to collect, store, update, and allow access to client data by multiple programs for the purpose of enhancing service provision through case management, evaluation, and reporting. The database allows participating agencies to share basic participant information, summaries of services provided, and referrals made within the SCC SUN provider network. Agencies within the provider network sign a Memorandum of Understanding, including a confidentiality agreement to ensure that the privacy of participants is protected.

This profile was prepared by SRI International from information provided by the County Commission.

Commission Priorities

The major issues facing families with young children in Shasta County are inadequate child preparedness for kindergarten; high rates of child abuse, neglect, and exposure to family violence; inadequate access to infant/maternal mental health services; high rates of childhood obesity and anemia; high rates of alcohol, drug, and tobacco use; inadequate access to high-quality, affordable early care and education; high incidence of early oral caries (decay); short duration of breastfeeding; and limited early identification of children with disabilities and other special needs. First 5 Shasta adopted a revised strategic plan in December 2004 focusing on the following goals: (1) children and families are safe, and children are healthy and ready to learn; (2) services and resources are accessible; (3) the community values early childhood development and learning; and (4) policies and funding resources are focused on children ages 0-5.

Population

Total births (2004)	2,046
0 to 5 population (2004)	12,144

Ethnicity of Children 0-5

African-American	1.4%
Asian/Pacific Islander	2.7
Latino	11.8
Native American	5.4
White	72.9
Other	5.9

Fiscal

Total Net Assets, July 1, 2004	**$2,852,649**
Committed Funds	2,852,649
Uncommitted Funds	0
Total Revenues	**$2,286,208**
First 5 Monthly Disbursements	1,760,510
Other First 5 Funding (Including SMIF)	161,723
Non-First 5 Funding	280,070
Interest	83,905
Expenses	**$(2,512,423)**
Total Net Assets, June 30, 2005	**$2,626,434**
Committed Funds	2,626,434
Uncommitted Funds	0

Primary Activities and Programs

School readiness programs focus on family support, developmental services, and community connections. Two family advocates provide services for children and families living within the Cypress School and Juniper Academy attendance areas. In fiscal year 2004-05, 326 children and families received community referrals, assistance with insurance enrollment, developmental screenings, hearing and vision screenings, special-needs advocacy, and information/guidance related to kindergarten transition. To enhance the connection between early childhood and elementary school programs, teachers from the Early Head Start, state preschool, kindergarten, and first grade meet regularly to discuss goals and coordinate curricula. Community partners provided more than 140 classes and workshops on parenting support, violence prevention, behavior management, recreation, nutrition, and literacy. School staff have increased awareness of community resources, families' needs, developmental needs of young children, and the importance of connecting young children and families with schools.

Innovative programs reach out to at-risk families and provide needed access to services. The Parent Partners Program helped 149 at-risk families to increase parental problem-solving skills and to access basic resources, such as food, housing, and transportation. Healthy Pathways for Infants provided therapeutic mental health services, serving 127 parents and 130 young children in 2004-05. Seventy percent of infants and toddlers who were served demonstrated improved functioning as measured on the PIR-GAS assessment of parent-infant relationships. Quality of pre- and postnatal support for expectant mothers increased through programs expanding community-based Doula services in remote and urban areas. The Bright Futures Program brought community-based family support activities to 244 families with 342 children in isolated communities. More than 100 early care providers were trained in the Second Step violence prevention curriculum, and 85 at-risk pre-kindergarten children participated in the Second Step Summer Transition Program. Measured improvements in social competence and adjustment were sustained by children into their first year of school.

First 5 Shasta raises community awareness of early childhood development. In July 2004, First 5 Shasta launched the Little Investments, Big Returns campaign to effect changes in community attitudes, decision-making, and resource allocations for children ages 0-5. Focused on community leaders in the private and public sectors, the campaign displayed 3,200 print and radio placements and transit shelter posters. The new County Commission Web site, www.First5Shasta.org, received 3,200 unique visits during the year. First 5 Shasta continued to lead local Week of the Young Child efforts by facilitating planning and collaboration among representatives of early care and education, health, community-based organizations, libraries, parks, and science education facilities. The County Board of Supervisors; City Councils of Redding, Anderson, and Shasta Lake; and the County Board of Education all issued Week of the Young Child proclamations.

Promoting Equitable Access and Outcomes

Geographically isolated families, non-English-speaking families, and children with disabilities and other special needs have traditionally been underserved in Shasta County. In fiscal year 2004-05, 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 for children whose parents attend English as a Second Language classes. The County Commission sponsored conferences for service providers and parents on multicultural and multilingual issues, and the CARES project hired a bilingual coordinator. Materials are translated into Spanish, including nutritional education and customized materials for the Kits for New Parents, Raising A Reader, and the Women's Refuge projects. Screening and early intervention services for children with disabilities and other special needs are provided by multiple programs, including School Readiness, Second Step, Healthy Pathways, and the Neonatal Intensive Care Unit.

Program Highlights

Healthy Beginnings promotes children's nutrition and physical activity. In partnership with families and child care providers, Healthy Beginnings aims to create preschool and home environments that support good nutrition and physical activity habits. This program addresses the identified health problems of overweight and anemia by providing an 18-session preschool curriculum and classroom support from a community education specialist and registered dietician. In fiscal year 2004-05, 200 providers received training and support, 296 parents attended classes in nutrition and physical activity, and 462 preschool children participated in the program. The Health and Nutrition Services office of the Shasta County Office of Education, responsible for preparing meals and snacks for approximately 400 children in State Preschools and children's centers, has incorporated the dietary recommendations of Healthy Beginnings, increasing use of whole grains, fiber, Vitamin A, Vitamin C, and iron-rich foods. Preschool teachers report a 30% increase in the amount of structured physical activity done every day.

Early Care Initiative improves the quality of early care and education. This countywide effort increases the academic and professional preparation of licensed and license-exempt providers. In fiscal year 2004-05, the project provided stipends to 85 early care and education providers pursuing professional development beyond the minimum requirements of employment, offering higher stipends for training to care for infants, toddlers, and children with special needs. Twenty-six of the providers were working toward an associate's or bachelor's degree in early childhood education. Six early care centers and 16 family child care providers, representing 44 sites and 100 staff serving 770 children, received intense support toward national accreditation. Four hundred license-exempt providers attended orientation sessions, and 98 completed CPR training. In addition, 60 quarterly home visits were conducted to provide materials and information about early childhood development and community resources for pursuing licensure.

This profile was prepared by SRI International from information provided by the County Commission.

Population

Total births (2004)	18
0 to 5 population (2004)	145

Ethnicity of Children 0-5

African-American	0.0%
Asian/Pacific Islander	0.0
Latino	9.0
Native American	0.0
White	88.3
Other	2.8

Fiscal

Total Net Assets, July 1, 2004	**$533,578**
Committed Funds	533,578
Uncommitted Funds	0
Total Revenues	**$476,701**
First 5 Monthly Disbursements	26,905
Other First 5 Funding (Including SMIF)	439,581
Non-First 5 Funding	0
Interest	10,215
Expenses	**$(593,506)**
Total Net Assets, June 30, 2005	**$416,773**
Committed Funds	416,773
Uncommitted Funds	0

Commission Priorities

Sierra County is a sparsely populated, rural county of 3,500 residents on the eastern edge of the Sierra Nevada Mountains. Geographic constraints limit families' access to educational, health, and other community resources. Creating access to needed services as part of an integrated, comprehensive, and collaborative system was the funding priority for fiscal year 2004-05, including access to high-quality child care and education; to physical, mental, and oral health services; to services for children with special needs; and to parent education.

Primary Activities and Programs

Collaborative efforts result in the design of a multi-use center to house services for children and families. First 5 Sierra's most significant project is the development of the Sierra Valley Library and Children and Families Center. Collaborators include Sierra County, Sierra County Office of Education, Sierra–Plumas Joint Unified School District, Toddler Towers Child Care, Feather River College, City of Loyalton, and Plumas County Library. Plans for the facility include a state-of-the-art child development center that combines the special-needs and center preschools into one inclusionary classroom; a child care center; provider and parent training facilities; a public library with collections of children's books, parenting resources, literacy services, and Internet resources; after-school programs; adult education courses; and public meeting space, kitchen facilities, and office space. The project successfully leveraged state grant funds in excess of $1.4 million for construction slated to begin June 2006.

CARES program provides professional development to more than 90% of county child care providers. Now in its fifth year, the Sierra County CARES program increases access to high-quality child care through provider support. The program offers educational stipends, age and developmentally appropriate materials, and assistance and training by Sierra County Mental Health staff. Eight stipends were awarded during fiscal year 2004-05; as a result, family care and center-based providers have increased their education, improved the quality of their programs and facilities, and joined with other providers to form the Sierra County Child Development Corps. The provider education levels have steadily increased, as evidenced in the total number of Early Childhood Education units earned. To date, 27 participants have earned 274 units.

Kids "R" STARS initiates integrated and comprehensive kindergarten transition program as part of the comprehensive school readiness project. This school readiness program is designed for families and their children who will be entering kindergarten. Free, countywide activities begin in the spring and continue through the first day of school. All pre-kindergarten teachers, children, and their parents visit elementary schools in the spring to introduce them to the kindergarten classrooms. Parents are educated about child development, school readiness, and kindergarten expectations. The program increases collaboration between pre-K and kindergarten teachers. During fiscal year 2004-05, 75 parents and children ages 0-5 attended the Children's Health Fair, and 41 children received back-to-school backpacks with activities that promote school

readiness, 42 families completed a needs assessment, and the family services coordinator fielded 39 referrals and connected families to needed services.

Promoting Equitable Access and Outcomes

First 5 Sierra formally adopted the Principles on Equity in 2003, and the County Commission reaches out to traditionally underserved Latino families and residents in isolated areas. Activities include funding bilingual family literacy programs, confidential translation services, preschool and school transition assistance, and tutoring. A public health nurse conducts home visits and one-on-one prenatal education services. The literacy program conducts monthly mobile story hour and book loans in remote communities—areas that previously had no services within 25 miles and no transportation services. Latino families with children ages 0-5 have enrolled in the family literacy programs and used the translation and other support services. For some children, the program provides their first and only books.

Program Highlights

The Plumas Sierra Children's Oral Health Project provides dental treatment in underserved communities. This collaborative project involving First 5 Sierra and First 5 Plumas began this year for children ages 0-12, with First 5 funds supporting services to children ages 0-5. The California Endowment has also provided major funding for the 3-year program. Preventive services include dental screenings, varnishes, and sealants. The program provides treatment locally, if possible, and ensures a more responsive network of providers outside the area. Low-income and Latino families are a focus of the program, with materials available in Spanish and the services of bilingual outreach workers used whenever possible. A public health nurse, dental professionals, and school nurses staff the program. During fiscal year 2004-05, the program provided fluoride varnishes for 250 young children, conducted dental screenings for low-income children, provided case management services, and assisted families with enrollment in Healthy Families and Denti-CAL. Thirty health professionals received oral health trainings and technical assistance with federal billing systems; as a result, the number of dental providers serving low-income children increased.

First 5 Sierra funds purchases of specialized pediatric medical equipment for a rural health clinic. Western Sierra Medical and Dental Clinic is the only medical and dental care facility in western Sierra County. The clinic's mission is to meet the area's health care needs regardless of patients' abilities to pay, and the clinic provides limited medical and dental services for children. First 5 Sierra funded the purchase of a hemoglobinometer to help in the diagnosis of anemia; the device also is used during child wellness checks and during Women, Infants, and Children (WIC) client checkups. The County Commission also supported the purchase of a pediatric resuscitation kit specially designed for the emergency care of young children. The resuscitator is a basic life support device that has the capacity to adapt to the different sizes needed for infants and toddlers, and has been used when a child patient stops breathing. This funding provided previously unavailable tools that help promote children's health, diagnose health problems, and address child emergencies, which otherwise could result in adverse outcomes. "In our rural communities, this could mean the difference between a child's life or death," said the clinic director.

This profile was prepared by SRI International from information provided by the County Commission.

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. Funding priorities include 10 community and family resource centers and school readiness, early literacy, child care, early childhood mental health, and home visitation services.

Population

Total births (2004)	467
0 to 5 population (2004)	2,482

Ethnicity of Children 0-5

African-American	0.9%
Asian/Pacific Islander	1.2
Latino	15.7
Native American	3.7
White	72.6
Other	6.0

Fiscal

Total Net Assets, July 1, 2004	**$1,056,916**
Committed Funds	780,352
Uncommitted Funds	276,564
Total Revenues	**$521,793**
First 5 Monthly Disbursements	368,605
Other First 5 Funding (Including SMIF)	153,188
Non-First 5 Funding	0
Interest	
Expenses	**$(719,021)**
Total Net Assets, June 30, 2005	**$859,688**
Committed Funds	646,911
Uncommitted Funds	212,777

Primary Activities and Programs

Family resource centers (FRCs) reduce geographic isolation of families. Ten First 5-funded community and family resource centers provide services to 20 communities. Each center provides an array of programs to support families of children ages 0-5, which include parenting classes, resource and referral services, early literacy programs, playgroups, child development services, life skills and advocacy training, Healthy Families insurance enrollment, and free car seats with associated safety training. By fiscal year 2004-05, all 10 FRCs had attained 501(c)(3) nonprofit status and coordinated funding with other agencies, such as the Siskiyou County Child Abuse Prevention Council. Staff members from each of the FRCs meet monthly, creating a referral network across FRCs that can meet the needs of families in the county.

School readiness programs provide preschool and family literacy services. Through the Butte Valley Community Team, school readiness activities for the communities of Dorris and Macdoel are coordinated under one roof. Collaborative partners include the Butte Valley Community Resource Center (CRC), Health Clinic, Migrant Education, Even Start, and the Montessori school. Thirty children participated in preschool and family literacy activities during fiscal year 2004-05. The CRC served as a Healthy Families and Medi-Cal enrollment site and housed several family support programs. First 5 Siskiyou recently contracted with the Siskiyou County Office of Education to coordinate the expansion of school readiness activities to other areas in the county, and a countywide school readiness coordinator was hired.

Even Start program promotes early literacy among the Latino community. First 5 Siskiyou funded bilingual tutors to support Even Start early literacy programs in the Butte and Scott Valley areas, remote agricultural/ranching communities with the largest numbers of Latino families in Siskiyou County. The early literacy program served 71 children ages 0-5, 44 families, and 3 children with disabilities or other special needs. Services for the mostly Spanish-speaking families included translation, parenting skills, attaining adult education goals, and referral to school and community agencies. All eligible families were offered services, and 87% accepted them. All families served made progress toward their educational goals.

Promoting Equitable Access and Outcomes

Underserved populations include Native Americans, Latinos, and those who are geographically isolated. The Native American population is officially listed at 3.8% of the county's total, but school enrollment figures indicate a higher figure of 7.8%. 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 are of Latino origin and are concentrated primarily in the Butte Valley agricultural area around Dorris and Tulelake in the county's far northeastern corner. In an effort to serve isolated residents and concentrated areas of cultural diversity more effectively, First 5 Siskiyou established community or family resource centers in 10 "regions" composed of communities tied by geographic and cultural connections. This arrangement allows each FRC to provide solutions unique to the communities it serves.

Program Highlights

Happy Camp Family Resource Center provides comprehensive and culturally responsive services to Native American families. Prior to the opening of the FRC, residents in this frontier community had to travel 72 miles to Yreka for services. The FRC staff is Native American, is culturally responsive, and works effectively with the community. Staff include a part-time director, a family services coordinator, and an AmeriCorps volunteer. Speakers, trainers, and service providers from out of the area include staff from Siskiyou County Behavioral Health, Adult and Child Protective Services, and College of the Siskiyous. The program is designed for all community members but directly serves children from birth to age 5 through Early Head Start and playgroups, parent education classes, resource and referral services, family night activities, and drop-in services. In the first 6 months of 2005, Happy Camp FRC made 462 service contacts with families, which included distributing First 5 Kits for New Parents, holding car seat and bicycle helmet classes, assisting families with Healthy Families insurance enrollment, and providing information about and referrals to community resources and emergency services.

A growing CARES program enhances access to high-quality child care. For the past 2 years, the Comprehensive Approaches to Raising Educational Standards (CARES) program has been administered and staffed by First 5 and an Advisory Group consisting of the Local Planning Council coordinator, the AB 212 administrator, two preschool owners, a Head Start director, and a Program for Infant/Toddler Caregivers consultant. In fiscal year 2004-05, 40 providers received stipends for completing professional growth and Early Childhood Education units, representing a 135% increase over the preceding year. Providers are better able to model developmentally appropriate practices and better equipped to articulate to parents the reasons behind their routines and curricula after participating in the program. CARES targeted family and center-based child care providers who have an opportunity to start a business, enhance an existing business, continue their education, or buy a first home through Jefferson Economic Development Institute, a grant partner. Before the CARES program began, only five Siskiyou County residents held a Children's Center Permit, and no centers were accredited; now, 80 residents hold Children's Center Permits, and 11 centers/family child care homes are accredited.

This profile was prepared by SRI International from information provided by the County Commission.

Population

Total births (2004)	5,688
0 to 5 population (2004)	34,674

Ethnicity of Children 0-5

African-American	14.7%
Asian/Pacific Islander	11.2
Latino	30.8
Native American	0.7
White	33.4
Other	9.2

Fiscal

Total Net Assets, July 1, 2004	**$20,922,739**
Committed Funds	20,077,967
Uncommitted Funds*	844,772
Total Revenues	**$6,513,648**
First 5 Monthly Disbursements	5,247,450
Other First 5 Funding (Including SMIF)	592,101
Non-First 5 Funding	211,672
Interest	462,425
Expenses	**$(6,364,820)**
Total Net Assets, June 30, 2005	**$21,071,567**
Committed Funds	10,297,279
Uncommitted Funds	10,774,288

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

Commission Priorities

The most pressing family needs identified in Solano County include improved access to (1) prenatal care to reduce cultural/socioeconomic disparities in birth outcomes; (2) high-quality, affordable child care; (3) support for parents and families; (4) health care services for children; and (5) services to promote children's early development and readiness for school.

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

Collaborative efforts improve access to prenatal care and health insurance. The Prenatal Care Collaborative is a public-private partnership committed to improving birth outcomes for infants born to teens, Latinas, and African-Americans. The collaborative coordinates services, increases public awareness, partners with health care providers, identifies barriers to care, and promotes positive birth outcomes. The program offers case management, mentoring, education, family support, family planning, and help accessing health care and social services. During fiscal year 2004-05, more than 90% of participants attended a majority of their scheduled prenatal care appointments, 96% of infants born to participants in the teen prenatal care program had a medical home, and 86% of teens and African-American women in the Youth and Family Services Prenatal Program entered prenatal care in the first trimester. To increase access to health insurance, the Solano Kids Insurance Program (SKIP) handled more than 300 health-access-related situations for families of children ages 0-5 requiring intensive case management, provided application assistance for 3,227 children and adults countywide, and achieved 100% health insurance enrollment of students and younger siblings in the four School Readiness sites.

School Readiness (SR) Initiative programs increase access to early learning experiences for young children. The SR Initiative is expanding opportunities for children ages 0-5 in four Solano County neighborhoods that are home to significant numbers of low-income, high-risk, and/or underserved families. The Anna Kyle/Fairfield Unified School District (USD) served more than 150 families and 200 children ages 0-5, partnered with the family resource center and the Community Leadership Council to develop and distribute literacy packets, and subsidized 31 preschool slots. The Loma Vista/Vallejo USD served more than 240 families, providing parent education and support, health and social services, and resources and referrals through the Parent Resource Center, with special attention to the needs of Spanish-speaking families. The Markham/Vacaville USD served more than 200 families and 600 children ages 0-5, provided 134 health screenings, and presented a weekly bilingual story hour. The Silveyville/Dixon USD provided health screenings, immunizations, and referrals for free or low-cost health and social services to more than 150 families and 200 children ages 0-5.

Integrated Family Support Initiative (IFSI) provides an umbrella of comprehensive support for children and families. The IFSI, a public-private, multidisciplinary collaborative of more than 30 agencies, provided 10,242 units of service to nearly 2,000 families in underserved areas of the county. These comprehensive family support services increased access to community resources, strengthened parent-child relationships, assessed developmental progress of infants and children, linked parents to child care and school readiness resources, and connected families with health screenings. The Children's Network provided training, technical support, and coordination services to eight family resource centers serving 1,904 families and 2,518 children ages 0-5. Child Haven provided 412 families and 618 children with home visits, case management, developmental and mental health screenings, therapeutic and educational mental health groups, individual therapy sessions, and other activities and support. The Vacaville Police Department's Child Abuse Response Team provided parenting programs for 93 families and their children to reduce the risk of child abuse and neglect; 93% of participants increased their knowledge of healthy child-rearing practices.

Promoting Equitable Access and Outcomes

Underserved populations in Solano County include monolingual Spanish speakers, African-Americans, families of children with disabilities and other special needs, kinship caregivers, teen parents, and rural families. The Prenatal Care Initiative expanded culturally competent prenatal care. Nearly 90% of women served by the Solano Health and Social Services Black Infant Health Program attended all prenatal care visits, and 86% 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. The School Readiness Initiative partners with family resource centers in underserved areas, providing parent education and support in Spanish and English, health and social services, and resource and referral information. The Parent Network conducted 28 parent support groups for parents of children with disabilities and other special needs, and 84% of participating parents reported increased knowledge about advocating for their children.

Program Highlights

Child Start Inc programs increase access to high-quality child care and comprehensive services so parents can go to work or school. The Head Start Full Day Full Year program works to promote children's social, emotional, and physical development; language, literacy, and math skills; and assimilation into classroom routines. The Mental & Behavioral Health Training Project provides support to Head Start teachers and families to improve children's social and emotional development and access to community resources. These programs provided 45 children in 38 low-income families with full-day, year-round child care and family support. Of the children served by the program, 80% became proficient in all of the eight domain areas of child outcomes.

It's About My Baby program helps Latina teens have healthy pregnancies. The Latino Family Services/ California Hispanic Commission's It's About My Baby program provides early prenatal care, parent education, and ongoing case management to teens. By increasing the number of healthy pregnancies, the program strives to decrease the incidence of low birth weight and infant mortality. During fiscal year 2004-05, three case managers worked with 58 teens. Teens are seen weekly by bilingual and bicultural program staff via group meetings and individual counseling, and through transportation to medical or Women, Infants, and Children (WIC) appointments. Incentives provided for attendance include car seats, strollers, and clothes. Participants are supported for up to 2 months postpartum, and program staff ensure that babies are linked to medical homes and well-baby and immunization appointments are scheduled. Program staff complete postpartum checklists to record babies' weights and lengths, and case logs document services received.

This profile was prepared by SRI International from information provided by the County Commission.

Population

Total births (2004)	5,964
0 to 5 population (2004)	33,268

Ethnicity of Children 0-5

African-American	1.3%
Asian/Pacific Islander	3.5
Latino	35.0
Native American	0.8
White	54.5
Other	4.9

Fiscal

Total Net Assets, July 1, 2004	**$21,992,185**
Committed Funds	21,992,185
Uncommitted Funds	0
Total Revenues	**$6,419,945**
First 5 Monthly Disbursements	5,093,193
Other First 5 Funding (Including SMIF)	793,682
Non-First 5 Funding	8,032
Interest	525,038
Expenses	**$(3,762,070)**
Total Net Assets, June 30, 2005	**$24,650,060**
Committed Funds	24,650,060
Uncommitted Funds	0

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 75% or less of the state median family income, and there is a sizable gap between this figure and the estimated income these families need 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 a number of socioeconomic and health risk factors and in terms of low educational outcomes.

In this context, the First 5 Sonoma County Children and Families Commission Strategic Plan has identified several key areas of need in Sonoma County. These include the need for 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; and families to have access to the resources that enable children to develop optimally and begin kindergarten at readiness level.

To address these needs, First 5 Sonoma focused funding in the following areas during fiscal year 2004-05:

- School readiness.
- Expanded access to affordable child care and improvement of child care facilities, programming, and child care provider professional development.
- Case management for homeless families and those at high risk of child abuse/neglect.
- Program planning and infrastructure development for children's health insurance.
- Home visitation for parents of all firstborn newborns.
- Parenting education and family literacy.
- Direct consultation to child care providers on behavioral and temperamental issues.
- Pre/perinatal substance abuse prevention and early intervention.

Primary Activities and Programs

First 5 Sonoma's School Readiness Initiative expands services to families to improve the ability of children to succeed in kindergarten and beyond. The initiative targeted seven underperforming school attendance neighborhoods served by three school districts. Coordinated by the Community Action Partnership, a local nonprofit organization with strong relationships with the largely Latino immigrant community, the School Readiness Initiative included home visits and workshops for parents whose children have no preschool experience. These children were enrolled in a 4-week transitional summer program that helped better prepare them both socially and academically for the regular school environment. Medical and dental screenings were provided, and families were linked to appropriate services. The initiative also included a quality improvement program for the area's child care providers and a family literacy component. The initiative aimed to achieve increases in kindergarten attendance, reductions in kindergarten retention, increases in families' access to medical care and health insurance, and increases in children's readiness for school.

First 5 Sonoma's Regional Child Care Initiative (RCCI) expands access to affordable child care, improves child care programming and facilities, and supports the professional development of child care providers. First 5 Sonoma partnered with the Community Child Care Council and the Early Learning Institute to provide technical assistance to child care programs throughout the seven regions of the county. Technical assistance included implementing program quality assessments, developing Quality Improvement Plans, providing monetary assistance for implementing facility and program improvements, conducting observations, and modeling effective child care techniques. RCCI also included regional projects to develop new, and improve existing, child care facilities. In a related effort, 55 mini-grants averaging over $2,500 each were offered to a wide range of family and center-based child care programs to improve their programming and child care environments. Desired outcomes and goals for RCCI included expansion in the number of available child care slots, decreased isolation among child care providers, improved quality of child care programs and facilities, and improved skills of child care workers, including the ability to assess and meet the needs of children with special needs.

Case management is provided to homeless families and those at high risk of child abuse and neglect. The Sonoma County Human Services Department implemented the Differential Response case management program for families in situations of alleged neglect or abuse that did not meet the criteria for a formal investigation by Child Protective Services. The Differential Response program provided case management to over 200 parents and caregivers that included a safety and needs assessment, development of a strength-based service plan, and linkages to appropriate community-based services, such as parent education and support, alcohol and drug counseling, etc. The Committee on the Shelterless provided parenting education and support services to homeless families and conducted assessments to determine individual families' needs for additional services. Intended outcomes of these programs included preventing families from engaging in behaviors that would endanger their children, connecting them to needed community services and support networks, and supporting their ability to provide positive parenting for their children even in difficult economic circumstances.

Countywide initiative focuses on providing health care coverage to all uninsured children in the county. First 5 Sonoma partnered with a countywide Children's Health Initiative that included, among others, the Redwood Community Health Coalition, Community Foundation of Sonoma, United Way of Sonoma-Mendocino-Lake, Sonoma County Office of Education, and business leaders to address the lack of adequate health care coverage and care for uninsured children. The effort's Steering Committee on Children's Health Insurance has undertaken initial program planning and infrastructure development activities that are expected to result in the monetary resources and system for providing health care insurance to all uninsured children in the county. A Children's Health Initiative Fund has been established within the Community Foundation of

Sonoma, and First 5 Sonoma has allocated $550,000 a year over 5 years toward health insurance premium costs and expects to leverage these dollars for matching funds from the State Commission as part of its Health Access for All Children initiative.

Promoting Equitable Access and Outcomes

Historically underserved communities within the county include monolingual Latinos and their families, and families with children who have disabilities or other special needs, especially needs for mental health services focusing on behavioral and temperamental issues. To address these issues, First 5 Sonoma has established cultural competence of providers as a priority consideration in the review of funding applications. All funded programs are encouraged to utilize bilingual, bicultural staff where appropriate. For example, home visits offered by the Families First Home Visiting Program are triaged to providers with the capacity to speak the language and serve the geographic area of the new parents. An effort to identify and disseminate best practices for English language learners in child care and other school readiness environments is also ongoing. Children with behavioral and temperamental issues typically present challenges for child care providers, and their parents often find it difficult to place or keep them in child care. The Consultation Project provides no-cost consultation to providers to coach them in coping effectively with the challenging behaviors of children in their care. Through a combination of these short- and long-term strategies, First 5 Sonoma expects that the children, parents, and caregivers in Sonoma County will enjoy ever-increasing access to culturally competent services.

Program Highlights

The Families First Home Visiting Program (FFHV) offers valuable parenting education and support to the parents of all firstborn newborns in the county. FFHV is a three-part series of home visits provided by the Sonoma County Department of Health Services Public Health Division and 11 partner agencies to parents of all firstborn newborns in the county. The first home visit happens during the first 6 weeks after the birth of the child, another occurs between 3 and 6 months, and the third occurs before the child's first birthday. The program consists of a caring service provider going into the home, providing encouragement and support, answering questions, providing information on child development and available services, and helping families understand how to access services they may want or need as new parents. Families are also given gift bags, including small items useful to new parents, such as safety plugs, baby's first toothbrush, and books to read to the child.

Last year, FFHV received 1,758 referrals of families from hospitals and birthing centers, representing 78% of all births in the county. FFHV home visitors conducted 3,530 home visits over the course of the year. By making home-based contact with first-time parents, this program was able to identify areas of need early in a child's life, link families to useful services, and help parents become more confident and knowledgeable in their parenting skills. During the course of the visits, parents increased their knowledge and practice of parent-child interactions that support optimal child development and their knowledge about access to health care and insurance, postpartum care and birth control, child and infant safety, and breastfeeding. In addition, the visits led to early identification of and intervention for health issues or developmental delays. Surveys from parents revealed that 93% reported improved confidence as parents, 96% learned important information about their baby, 80% learned skills/techniques they could use right away, and 78% learned about one or more community resources that could help them.

The Consultation Project builds the capacity of child care providers to serve children with behavioral and temperamental issues. Behavioral issues that ultimately affect a child's later 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 often the first to become aware of emerging issues. However, these providers require support to effectively meet a family's mental health needs and to manage challenging child behaviors. Children demonstrating emotional or behavioral problems are often shuttled from one provider to another, compounding the problem.

CPI/CARE Children's Counseling Center's 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 visits

and observes the child within the child care setting, meets with providers and parents, and recommends interaction strategies and/or program or environment modifications to help alleviate problem behaviors. The child care providers receive troubleshooting on specific interactions with the child and strategies for working most effectively with parents. Real-time coaching support is also offered, where a mental health professional observes the provider's interactions with the child and gives real-time direction through an earpiece. Last year, the support teams provided case consultations during 800 site visits to 138 family- and center-based child care providers representing over 20% of all child care providers in the county. Child care providers served by the project increased their knowledge and use of specific interaction strategies and program and environment modifications to improve their ability to serve children with challenging behavioral and mental health needs. Observations revealed positive changes in teacher-child interactions, and the majority of teachers were observed to implement new strategies in dealing with the challenges presented.

The Drug Free Babies Program is developing a seamless countywide tobacco and alcohol and other drug (AOD) perinatal system of care that identifies women at risk and connects them to tobacco cessation and AOD treatment services. Prenatal tobacco, alcohol, and other drug exposure can lead to lifelong physical and neurological disabilities. Yet many mothers in recovery report that they were unaware of the effects of prenatal exposure. While most health care providers agree that these problems exist, many believe that the patients in their practice do not experience them, and therefore, inquiring about usage is often neglected. Others report that they are hesitant to screen for tobacco, alcohol, or other drug use because of the problems they would face trying to access services for their patients.

The Drug Free Babies Program is a pilot program of the interagency Perinatal Alcohol and Other Drug Action Team that seeks to ensure that every pregnant woman in Sonoma County is screened and has immediate access to tobacco cessation and AOD treatment that will benefit her and her children. The program consists of training prenatal medical providers in the use of a simple interview screening tool. A perinatal placement specialist assesses and places all women identified as at risk who seek help in the appropriate level of tobacco cessation or AOD treatment services. A 12-month evaluation found that prenatal providers were willing to adopt the screening tool as a routine practice when a trained AOD counselor was available for technical assistance and to provide further assessment and placement services. Based on the success of this pilot program, The California Endowment has provided additional funding to broaden the scope of the program and develop a sustainability plan to institutionalize it countywide.

This profile was prepared by Sonoma County Children and Families Commission.

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.

Population

Total births (2004)	8,061
0 to 5 population (2004)	45,420

Ethnicity of Children 0-5

African-American	2.6%
Asian/Pacific Islander	4.1
Latino	49.6
Native American	0.8
White	38.8
Other	4.1

Fiscal

Total Net Assets, July 1, 2004	**$24,160,818**
Committed Funds	20,692,883
Uncommitted Funds*	3,467,935
Total Revenues	**$8,651,882**
First 5 Monthly Disbursements	7,111,099
Other First 5 Funding (Including SMIF)	588,524
Non-First 5 Funding	366,090
Interest	586,169
Expenses	**$(9,546,166)**
Total Net Assets, June 30, 2005	**$23,266,534**
Committed Funds	19,798,599
Uncommitted Funds	3,467,935

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

Primary Activities and Programs

School Readiness (SR) programs support parents, providers, and children to enhance outcomes for children. With 13 schools participating, the Stanislaus School Readiness programs provide family-centered information and support to help families access key health and social services for sustaining child and adult health and emotional well-being. Parents and caregivers of children ages 0-5 attend workshops and classes on parenting skills, health, nutrition, child development, and school readiness. Multiweek Pre-K transition programs offered in the summer at two sites have a positive impact, especially for children without preschool experience. As demonstrated by longitudinal evaluation measurements, children who attend the programs show greater literacy skills and emotional control. The Traveling Tales program improves child literacy by training child care providers as storytellers and distributing "story kits" available at local libraries. Circulation of story kits increased by 64%, and children enjoyed 15,094 storytime experiences. All (100%) of the participating providers reported that they enjoyed conducting storytime, and 54% of children demonstrated an increase in vocabulary after participation in the program.

First 5 programs increase access to health care services for children and expectant mothers. The Healthy Cubs program provides primary medical services to expectant mothers and uninsured children up to age 6. The program also provides application assistance for more comprehensive health coverage programs: Medi-Cal and Healthy Families. Geographic access was expanded during fiscal year 2004-05 by contracting with Golden Valley Health Centers and Oak Valley Hospital District clinics. A total of 4,871 applications were received by the program, and 6,299 office visits were provided to Healthy Cubs beneficiaries in 2004-05. Of 1,882 application assistance phone calls made to Healthy Cubs patients to review the status of Medi-Cal/Healthy Families applications, 931 people were granted full Medi-Cal benefits, and 76 were granted Healthy Families coverage. In addition, 357 people received restricted coverage through Medi-Cal. The MOMobile program provided basic health care services to pregnant women and to children ages 0-5. A total of 1,719 patients received physical exams, immunizations, and follow-up services.

Multiple programs focus on safety for children ages 0-5. The Children's Crisis Center focuses on prevention and treatment of child abuse, serving 99 children during the year. Families in Partnership provides assessments, comprehensive case plans, and referrals for families of children at high risk for abuse and neglect, working to keep a total of 563 families supported and intact. The SAFE Court program assists parents in establishing clean, safe homes and appropriate parenting skills so they can reunify with their children previously placed out of the home. The On the Safe Side Program increases bicycle/pedestrian safety knowledge and awareness of children ages 0-5. The program conducted 81 robotic car demonstrations, distributed 1,115 child helmets, and offered bicycle and community safety presentations.

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 established family resource centers (FRCs) to make health care and other services easily accessible within communities. The FRCs provide child care and shelter services for high-risk children ages 0-5 and their families. The County Commission focuses funding on programs serving areas of high need, high-risk safety areas, geographically isolated areas, and Latino communities. Access to health care in geographically isolated areas has improved through the provision of early intervention services and mobile health clinics.

Program Highlights

The Respite Child Care Program addresses child abuse prevention and intervention. The mission of the program is to provide services to abused, neglected, and at-risk children ages 0-5 in Stanislaus County and its surrounding communities. The immediate goal is to reach high-risk children and intervene before they are harmed. These children may be homeless, malnourished, emotionally abused, physically battered, neglected, sexually abused, or exploited. Services include providing emergency child care and protective shelter to children, parent education, crisis counseling, and family guidance. The program works to address all risk factors within the family and to provide the emotional support necessary to effect positive changes in parenting styles and family interactions. After participating in the program, 80% of parents reported more manageable behaviors in their children, and 72% reported reduction in parental stress levels.

Multidisciplinary team of the Families in Partnership (FIP) program provides wraparound services. FIP assists families at risk of child removal from the home due to abuse, neglect, parental substance abuse, and mental health issues. The main goal of this program is to help families stay safe and intact and to prevent children from entering the foster care system. Professionals from four county departments work together to provide community referrals, health care, parent education, therapy, domestic violence counseling, crisis intervention, and other services. Families in Partnership provided referrals and case plans to 322 families of children at high risk for abuse and neglect in fiscal year 2004-05, and an additional 241 families continued to receive case plan monitoring from the previous year. Seventy-two percent of families successfully completed their case plans, and of those, 100% of the children remained out of foster care, accounting for savings of more than $1 million in county foster care costs.

This profile was prepared by SRI International from information provided by the County Commission.

Commission Priorities

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, surveyed stakeholders in School Readiness communities, and developed a community resource matrix of existing county services. Using this information, the County Commission developed a set of priorities and refined its funding strategies to meet identified needs: (1) children's oral health services, (2) supports and services for children with disabilities and other special needs, (3) services for children with behavioral issues, and (4) access to health care. To address these needs, the County Commission prioritized funding in the following areas: (1) Parent Education and Support Services, (2) Early Childhood Care and Education, (3) Healthy Children and Families, and (4) Integrated Services and Systems for Children and Families.

Population

Total births (2004)	1,342
0 to 5 population (2004)	7,343

Ethnicity of Children 0-5

African-American	2.2%
Asian/Pacific Islander	13.8
Latino	36.8
Native American	1.6
White	41.6
Other	4.1

Fiscal

Total Net Assets, July 1, 2004	**$4,852,871**
Committed Funds	2,311,536
Uncommitted Funds*	2,541,335
Total Revenues	**$1,419,838**
First 5 Monthly Disbursements	1,132,717
Other First 5 Funding (Including SMIF)	151,571
Non-First 5 Funding	0
Interest	135,550
Expenses	**$(1,261,644)**
Total Net Assets, June 30, 2005	**$5,011,064**
Committed Funds	3,995,323
Uncommitted Funds	1,015,741

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

Primary Activities and Programs

Sutter County Parent Network (SCPN) supports children with disabilities and other special needs and their families. SCPN provides referrals, transportation, case management, information, and training to families with children with disabilities and other special needs. The program provided case management services to 61 families and additional services to another 31 families. Parenting classes are offered on topics, such as communication and social skills, designed to improve child development. Family functioning is addressed through therapy and intensive case management. The project has both Spanish- and Punjabi-speaking staff, and written materials are in families' primary languages. Positive impacts of the SCPN 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 a greater understanding of their children's needs, more confidence, and less stress.

School readiness programs prepare children for kindergarten. The CARES program distributed incentives to child care providers to increase their education and become licensed providers. The Smart Start school readiness program conducted a summer pre-kindergarten program to teach basic school readiness skills to 183 children with limited or no preschool experience. Kindergarten transition activities were provided to 54 children and 118 parents at three elementary school sites, and transition backpacks were distributed to 520 children. Parent involvement in home-based transition activities increased, and parents reported that the backpacks made kindergarten entry easier for their children. In addition, children with no preschool experience who participated in Smart Start demonstrated school adjustment levels matching those of children with preschool experience. Furthermore, children in the school readiness program who were rated at severe or moderate risk for behavioral difficulties in kindergarten showed more success than children in comparison sites in decreasing their risk status on a standardized assessment.

Comprehensive health care initiatives increase access to medical, dental, and behavioral services. The Initiative on Child Health provided 1,843 free immunizations to 456 children, 39% of whom had no insurance at the time of service. Twelve percent of the parents reported that immunizations would not have been possible without the free program. A school-based dental program, Sutter County Smiles, provided dental screenings, cleanings, restorative treatments, and dental health education services. Of the 340 children receiving these services, 44% lacked dental insurance, and 35% were provided their first visit to the dentist. The Child Development Initiative (CDI) funds a child behavioral specialist, who provides screening and intervention for children with behavior problems. Of the 103 children who received CDI services in fiscal year 2004-05, 63% completed at least a portion of their treatment plan goals, with demonstrated improvements in children's behavior.

Promoting Equitable Access and Outcomes

Communities in Sutter County that historically have been underserved are geographically isolated families, migrant farmworkers, and the "working poor." The County Commission overcomes some of these barriers by conducting the Bright Futures Assessment Program quarterly in isolated areas. Services are brought to families 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 through 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, the County Commission 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 Assessment Program provides health and developmental screenings and referrals. Administered by the Sutter County Children and Families Commission, this strengths-based program 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 (1) to screen all children in the county in order to identify developmental delays, disabilities, or medical problems, and (2) to connect children and their families with appropriate early intervention and education services. During fiscal year 2004-05, Bright Futures screened 386 children and made 213 referrals for 149 children. Seventy percent of these referrals resulted in the receipt of additional services by the children and families. Parents rated the screening service as helpful, with 98% 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 school-based dental program is a unique collaboration between the County Commission (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 all preschool and kindergarten students, with first priority given to school readiness participants. The program expands access to preventive oral health and treatment services for young children and assists families in the application process for health insurance. Teachers report that children improve their 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.

This profile was prepared by SRI International from information provided by the County Commission.

Population

Total births (2004)	700
0 to 5 population (2004)	4,145

Ethnicity of Children 0-5

African-American	0.7%
Asian/Pacific Islander	0.5
Latino	30.3
Native American	1.1
White	63.2
Other	4.1

Fiscal

Total Net Assets, July 1, 2004	**$2,466,407**
Committed Funds	1,869,096
Uncommitted Funds	597,311
Total Revenues	**$923,910**
First 5 Monthly Disbursements	637,659
Other First 5 Funding (Including SMIF)	222,766
Non-First 5 Funding	0
Interest	63,485
Expenses	**$(822,044)**
Total Net Assets, June 30, 2005	**$2,568,273**
Committed Funds	2,230,486
Uncommitted Funds	337,787

Commission Priorities

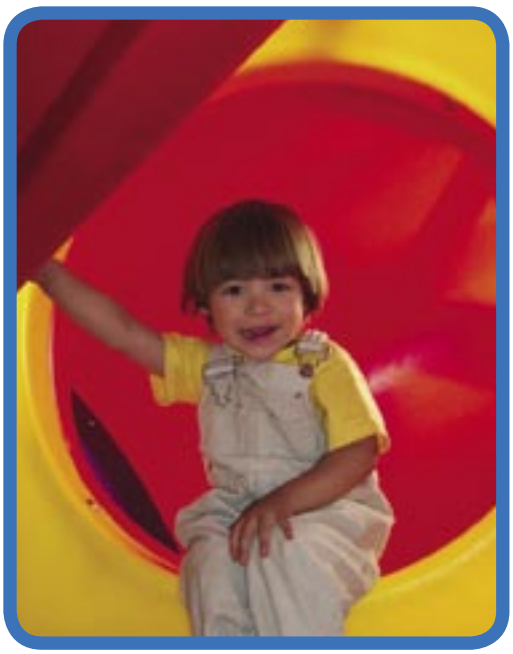
Challenges facing families in Tehama County include poverty; lack of affordable housing; unemployment for seasonal and migrant workers; language and cultural differences; and social and geographic isolation, particularly for recent immigrants. Service gaps include (1) inadequate levels of health insurance, (2) insufficient access to medical and dental specialty care, (3) lack of affordable services, (4) inadequate transportation, (5) lack of child care facilities, and (6) lack of parent support resources.

In response, the County Commission focused funding on the School Readiness and CARES Initiatives, with the following strategic priorities: (1) support positive-parenting classes and home visits; (2) increase parent, provider, employer, and community knowledge about high-quality child care, early childhood development, and healthy and safe home environments; (3) support the development of nontraditional hours of child care, including early morning, evening, night, and weekends; (4) improve access to mental health services by increasing the number of mental health professionals trained in early childhood issues and providing direct services for children from birth to age 5; (5) facilitate early identification of and intervention for children with disabilities and other special needs; (6) improve access to health insurance and care, including immunizations and preventive care; and (7) increase interagency collaboration to promote continuity of care.

Primary Activities and Programs

School readiness programs provide families with access to health, early education, and family support services. Centers in the rural communities of Los Molinos and Gerber provided about 200 children and families with access to health services and school readiness activities. Services included positive-parenting activities, home visits, developmental assessments, assistance obtaining vaccinations and health insurance, mental health services, and counseling. Kindercamp opportunities were provided for children without previous preschool experience. The school readiness coordinator promoted and facilitated continuity of care with multiple county agencies, including the Child Abuse Prevention Council, Family Resource Center Network, Health Partnership of Tehama County, Child and Family Leadership Team, and Mentoring Program. An advisory council composed of community members and families receiving services helps ensure that programs meet family and community needs.

Professional development programs attract center- and home-based providers, enhancing the quality of child care. The Comprehensive Approaches to Raising Educational Standards (CARES) Initiative's Child Care Retention Incentive (CRI) project completed a successful second year with 51 participants, 24 of whom were new. Participants received stipends and support, including career counseling, technical assistance, and assistance with Child Development Permit applications and licensure. Early Childhood Education units were received through UC Davis trainings, Shasta College, and Cal-Net online courses. The CRI program included six Family, Friend, and Neighbor (FFN) caregivers, up from two the previous year. The FFN program provides



outreach, support, and training activities through home visits, workshops, and technical assistance, with about 90 caregivers, 30 parents, and 100 children participating. Activities include trainings on child development topics and incentive programs offering educational materials and health and safety items. Participants reported an increased desire to remain in the field and an increased interest in applying for a Child Development Permit, and one FFN provider became licensed.

Perinatal education programs help mothers provide optimal care to their newborns. St. Elizabeth Community Hospital's Perinatal Education Program has created a successful, growing program staffed by a Latino community member who provides culturally appropriate perinatal education and support. A total of 609 women and 536 supporting family and friends participated in the program during fiscal year 2004-05. Services expanded to directly educate women's support providers and to provide postpartum services, including infant massage classes, basic breastfeeding support, and referral services. Program staff were trained as childbirth and lactation educators; and special classes were designed to serve Latinos, rural teens, and teen mothers in juvenile hall.

Promoting Equitable Access and Outcomes

Spanish speakers, families of children with disabilities and other special needs, teen parents, and geographically isolated families are all underserved populations. First 5 Tehama's strategic plan requires funded projects to appropriately serve ethnically, culturally, and linguistically diverse communities, including families of children with disabilities and other special needs. Strategies to promote equitable access include hiring and training bilingual and bicultural staff in direct services programs and a translator for the outreach home visiting program to license-exempt providers. Other efforts include contracts with Home Help for Hispanic Mothers (including teen mothers) and Even Start, English as a Second Language classes at two school readiness centers, translation services at functions, and flyers and notices in English and Spanish. Outreach to geographically isolated families includes providing transportation, developing local satellite services for parent education programs in rural areas, and providing home- and school-based services.

Program Highlights

Family Start conducts early intervention home visits that promote positive parenting practices and link families to needed services. Through Northern California Child Development, Inc., this project works with pregnant women and families, prioritizing those with children under age 3. Families are referred to the program by Child Welfare Services, St. Elizabeth's perinatal unit, and a program serving teen parents in Corning, and from the Head Start waiting list. During fiscal year 2004-05, the program served 34 children and pregnant women in intensive and comprehensive home visitation, including bilingual visitors. Services included development of a customized family plan addressing parental needs and desires; parenting education; and referrals for needed resources, such as insurance and a medical home. At 6-month follow-up, all participating families had health insurance and a regular source of medical care for their children, and 90% had dental insurance.

The Genesis Project promotes children's school readiness by providing therapy and educational services to children and families. Through a local nonprofit, New Directions to Hope, this project served 77 clients in its first year, focusing outreach in school readiness communities. The Genesis Project offers three primary components: (1) in-home therapeutic support services, (2) office- and school-based therapeutic and educational services, and (3) community outreach and education of professionals. Therapists, either licensed or waivered, provide clients with intensive, comprehensive, and holistic therapeutic services aimed at improving family functioning, child preparedness for school, and child health. Project staff are trained and certified through UC Davis Parent-Child Interaction Therapy program, which includes training on early childhood, child abuse, family violence, and other topics.

This profile was prepared by SRI International from information provided by the County Commission.

Commission Priorities

Located in the far northern region of California, Trinity is classified as a "frontier" county. Although the rugged and scenic terrain encourages tourism, it creates barriers to service access for residents. Infrastructure is limited, with more than 25% of the county having no form of telecommunication. Trinity is also 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 March 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 goals, and the County Commission requires all grantees to focus on at least one goal of the strategic plan. During fiscal year 2004-05, the County Commission awarded 15 competitive grants, funded five School Readiness preschool sites, and reserved allocations for future child care provider mini-grants.

Population

Total births (2004)	110
0 to 5 population (2004)	654

Ethnicity of Children 0-5

African-American	0.0%
Asian/Pacific Islander	0.0
Latino	10.9
Native American	4.3
White	74.3
Other	10.6

Fiscal

Total Net Assets, July 1, 2004	**$289,187**
Committed Funds	222,621
Uncommitted Funds	66,566
Total Revenues	**$474,370**
First 5 Monthly Disbursements	95,067
Other First 5 Funding (Including SMIF)	373,135
Non-First 5 Funding	0
Interest	6,168
Expenses	**$(475,818)**
Total Net Assets, June 30, 2005	**$287,739**
Committed Funds	263,948
Uncommitted Funds	23,791

Primary Activities and Programs

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 the child to grow up healthy and ready for school. During fiscal year 2004-05, the Home Visiting Program served 47 families through 235 home visits. The program also involves children and families in conflict resolution activities offered at a local preschool, with 114 children participating.

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 with opportunities for structured learning. After participating in the program, many families started their own gardens. During fiscal year 2004-05, more than 200 children and their families participated in the program.

First 5 Trinity promotes children's school readiness through preschool, family literacy, and educational services. Trinity County's School Readiness (SR) Program, coordinated by the County Office of Education, provides school readiness and family support services at five preschool sites. All preschools offer three 12-week sessions for children ages 0-5. During fiscal year 2004-05, the SR Program directly served 93 children and families. Preschools, guided by the Creative Curriculum, offer developmentally appropriate learning activities and strengthen children's early literacy skills. A Kindergarten Backpack program complements center-based learning, supplying children with books, paper, crayons, and pencils to encourage

early learning and literacy development at home. Family literacy, focusing on improved child development and family functioning, is emphasized at all preschool sites. Preschools also offer health and safety education classes and monthly book clubs for parents. All preschool sites are linked to local elementary schools, further increasing child and family access to educational resources. School-based resources include kindergarten orientations, book loan programs, health screenings, and access to school nurses, psychologists, and speech therapists.

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. Other underserved groups include Native American families, who make up 4% of the county's total population but 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

Hayfork Pool's Water Safety Program improves child safety, encourages motor development, and strengthens family involvement. Rivers, creeks, lakes, and swimming holes are part of the natural environment of Trinity County, and water safety is a paramount concern. This program, in partnership with the American Red Cross, provides water safety and swim lessons for young children and families at the Hayfork community pool. The program encourages parents to play an active role in the lessons with their children, either in the water with them or observing from the bleachers. In one-on-one interactions with their parents in Mommy/Daddy and Me classes, children learn to follow directions, count, recognize colors, strengthen gross and fine motor movements, interact with peers, and work together in a group. Water safety videos and other educational lessons are provided for parent groups, Head Start classes, and Pre-Head Start meetings. According to the director, the program improves children's swimming skills, decreases children's fear of the water, and increases parents' knowledge about water safety. Countywide there has been a decrease in the number of drownings and water rescues since the program was implemented.

Wee Care Drama program improves children's oral health through interactive learning experiences. This program supports a range of pre-K competencies while offering a fun, interactive environment for children to learn about oral health. Wee Care Drama workshops are offered regularly at 12 preschools countywide, as well as at special events, like the county fair. During workshops, children watch an interactive puppet show, make their own puppets, and then reenact the show. The puppet show teaches children about oral hygiene by demonstrating proper tooth brushing and flossing techniques and explaining the harm caused by eating sweets. The program teaches nutrition and healthy eating habits and provides children with opportunities to practice brushing their own teeth and to ask questions. Children participating in the workshops receive a toothbrush and toothpaste. The program encourages children's preliteracy and math skills, as children listen and act out the puppet shows. During the workshops, children are asked sequencing, prediction, and memory questions, as well as to recognize letters and count. During fiscal year 2004-05, the Wee Care Drama program provided oral health educational information through 15 visits to each of the 12 preschools in Weaverville, Hayfork, and southern Trinity County and through various performances at community events.

This profile was prepared by SRI International from information provided by the County Commission.

Population

Total births (2004)	7,957
0 to 5 population (2004)	42,349

Ethnicity of Children 0-5

African-American	1.5%
Asian/Pacific Islander	2.1
Latino	71.6
Native American	0.8
White	22.3
Other	1.7

Fiscal

Total Net Assets, July 1, 2004	**$19,078,071**
Committed Funds	7,813,534
Uncommitted Funds*	11,264,537
Total Revenues	**$7,955,090**
First 5 Monthly Disbursements	6,653,709
Other First 5 Funding (Including SMIF)	679,041
Non-First 5 Funding	184,480
Interest	437,860
Expenses	**$(9,239,385)**
Total Net Assets, June 30, 2005	**$17,793,776**
Committed Funds	8,312,394
Uncommitted Funds	9,481,382

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

Commission Priorities

Population-based data on child health indicators suggest that poverty and teenage pregnancy are major issues in Tulare County. Lack of access to health care is another major concern, with about 23,660 children uninsured.

In response to this reality, the County Commission has made the Children's Health Initiative its primary focus. The goal of the initiative is to ensure that every child age 0-5 in Tulare County is enrolled in a health insurance plan that provides physical, mental, oral, and vision services. Additionally, the County Commission supports community programs that provide services that support school readiness for children and families.

Primary Activities and Programs

The Children's Health Initiative (CHI) increases access to high-quality health care. The CHI focused on three major areas during fiscal year 2004-05: (1) providing uninsured children with health insurance, (2) training local clinicians to identify and treat the mental health needs of children ages 0-5, and (3) increasing access to specialty physicians and emergency care. Two hundred children ages 0-5 were successfully enrolled in Medi-Cal and Healthy Families insurance plans, with 10 families receiving premium assistance for Healthy Families. Staff were hired to focus on developing Healthy Kids, a new insurance plan for children ineligible for existing plans. Parents of 800 children are already on a list awaiting official enrollment processes planned for early 2006. Thirty-eight clinicians attended nine training sessions on mental health for children ages 0-5. Three hospitals worked to increase children's access to specialty care by developing inpatient hospital programs, increasing emergency room coverage, and recruiting specialists to the area.

School readiness programs prioritize early care and education and leverage local funds. School readiness programs in Tulare County provided services to expectant mothers and toddlers, as well as to families with children ages 3-5. Activities included home visits, summer pre-kindergarten academies, early identification and referral services, health and nutrition programs, case management, baby showers, and child safety instruction. School districts have embraced the philosophy and value of school readiness services, with two districts using local dollars to add pre-kindergarten academies after hearing about the success of academies elsewhere. A new philosophy is starting to build within the school system that children need and should be introduced to the school environment before they enter kindergarten.

Promoting Equitable Access and Outcomes

Historically underserved populations in Tulare County include families living in poverty and those who are geographically isolated. Conditions are particularly challenging for recent immigrant families who do not qualify for state or federal assistance, as well as for families without access to transportation. First 5 Tulare is committed to meeting the needs of underserved families and requires funded programs to provide services to all those in need. The County Commission strives to overcome transportation issues by providing centrally

located services at family resource centers, providing services during nontraditional hours, and conducting home visits. Not only does improving access to services improve the care children and families receive, but traveling to families' homes gives providers opportunities to build trust in the families and communities they serve.

Program Highlights

The Tulare County Public Library's Early Literacy Program empowers parents to be their children's first teachers. The program provides interactive trainings and learning tools in English and Spanish to parents and caregivers on six critical literacy skills: narrative skills, print motivation, print awareness, vocabulary, letter knowledge, and phonological awareness. The program coordinators conduct trainings in rural county library branches, reaching more than 700 parents and caregivers of children ages 0-5 in 47 different sites during 2004-05. This program makes a measurable difference in the number of books in the home, the number of hours a caregiver spends reading to a child, and the number of words in a child's vocabulary, all of which help to ensure a child's future educational success.

The Goshen School Readiness Program focuses on early identification of behavioral problems. This program provides screening, referral, and intervention services to children and families in the Visalia Unified School District. By identifying problem areas in a child's readiness for school and emotional and behavioral skills, the program increases parents' awareness of what the child needs and how to access services. More than 180 children were screened for early learning and behavioral problems in three preschool and four kindergarten classes, and four community-based trainings were held on early signs of learning problems. The program directly served 37 families, with 21 children receiving intensive case management via approximately 200 home visits and 15 referrals for additional health services. Many of the families served are immigrants who have difficulty accessing basic services; they receive counseling, assessments, referrals, and employment assistance, as needed, from a caring, bilingual staff.

Local Story

Three-year-old Jose was diagnosed with global developmental delays, hypertonia, and failure to thrive. In addition to his medical concerns, Jose's behavioral problems were overwhelming, and he was having difficulty with toilet training. Jose's mother was the primary caregiver, and his father worked long hours in construction. The Lindsay Unified School District's First Steps program became involved and referred Jose to the regional center for treatment of his medical issues and a home visiting program that helped Jose and his mother address toilet training. The First Steps program psychologist worked with Jose and his mother to support Jose's development and help manage his challenging behavior issues. At the same time, the program referred the family to the Social Security Administration because his disabilities were likely to qualify him for support.

After a year of family-focused services, the family had moved from a small apartment to a home, Jose was toilet trained, and his behavior had improved greatly. The program continues to provide case management and counseling services, which have identified needs in Jose's older sibling as well. The First Steps program provided assistance at a time when Jose's mother lacked the support and resources to address these complex issues on her own. Both Jose and his siblings are now receiving the services they need to help maximize their chances for success in school.

This profile was prepared by SRI International from information provided by the County Commission.

Population

Total births (2004)	477
0 to 5 population (2004)	2,731

Ethnicity of Children 0-5

African-American	1.1%
Asian/Pacific Islander	0.9
Latino	12.7
Native American	1.9
White	77.8
Other	5.6

Fiscal

Total Net Assets, July 1, 2004	**$1,498,163**
Committed Funds	1,416,159
Uncommitted Funds*	82,004
Total Revenues	**$735,193**
First 5 Monthly Disbursements	396,404
Other First 5 Funding (Including SMIF)	300,877
Non-First 5 Funding	0
Interest	37,912
Expenses	**$(698,713)**
Total Net Assets, June 30, 2005	**$1,534,643**
Committed Funds	1,534,643
Uncommitted Funds	0

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

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

Family support programs work 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 or neglect were served intensively, with comprehensive services over a long period of time. These families demonstrated increasing family stability in multiple domains.

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 reduced their 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.

Child care providers and early childhood educators gain skills and support. The Tuolumne County CARES program has provided educational stipends, outreach, and assistance to over 90% of child care center staff and 42% of licensed family child care providers. In addition, kindergarten teachers, early childhood education (ECE) 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 ECE 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 and 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 has funded the first Spanish language parenting education class in the county.

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. The Behavioral Health Program provides a comprehensive health, mental health, and child development assessment; enrollment in First 5 Friendship School, where children receive intensive 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.

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 over 300 children a year, is discovering a decreasing percentage of children with decay from year to year and from screening to screening. 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 payment of last resort for children with urgent treatment needs.

Family Learning Centers provide coordinated services to families who need assistance moving toward self-sufficiency. Center activities include classes for parents in GED preparation, job (and life) skills, 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.

This profile was prepared by First 5 Tuolumne.

Population

Total births (2004)	11,954
0 to 5 population (2004)	64,520

Ethnicity of Children 0-5

African-American	1.2%
Asian/Pacific Islander	5.7
Latino	53.5
Native American	1.0
White	34.9
Other	3.8

Fiscal

Total Net Assets, July 1, 2004	**$40,278,252**
Committed Funds	40,278,252
Uncommitted Funds	0
Total Revenues	**$12,139,520**
First 5 Monthly Disbursements	10,408,806
Other First 5 Funding (Including SMIF)	607,474
Non-First 5 Funding	197,156
Interest	926,084
Expenses	**$(13,528,269)**
Total Net Assets, June 30, 2005	**$38,889,503**
Committed Funds	38,889,504
Uncommitted Funds	0

Commission Priorities

The County Commission's annual evaluation report affirmed that parents' key needs in Ventura County are (1) access to high-quality preschool and child care programs, (2) parent education, and (3) access to health and social services. The County Commission also recognized a need for culturally competent services, services for families with children ages 0-3 and those with disabilities and other special needs, greater levels of service collaboration, more centralized information resources, increased health insurance enrollment, and additional specialty services for perinatal substance abuse, childhood asthma, obesity, and nutrition.

To address these needs, First 5 Ventura County's funding strategies focus mainly on six initiatives: (1) the Neighborhoods for Learning Initiative for school readiness, (2) the Health Initiative, (3) the Family Strengthening Initiative, (4) the Results-Based Accountability and Quality Assurance Initiative, (5) the Community Outreach and Education Initiative, and (6) Retention Incentives. Incorporated into each of these are strategies for systems change, service integration, community participation, collaborative partnerships, and increasing access to services by building on existing capacity.

Primary Activities and Programs

Neighborhoods for Learning serve as school readiness platforms. Eleven Neighborhoods for Learning (NfL) provide a variety of school readiness services, either directly or through partnerships with community agencies. Four of these NfL programs participate in the School Readiness Initiative. Throughout the county, NfLs are integrating previously isolated social and health services, creating empowerment opportunities for parents, and facilitating fundamental systems change by expanding the vision of local elementary schools to include pre-kindergarten. Adding 775 new preschool spaces and 1,020 intensive pre-kindergarten summer experiences significantly increased the number of children entering kindergarten with preschool experience, and these children subsequently demonstrated higher kindergarten skills than peers without such opportunities. Efforts to increase parent awareness of the importance of early literacy and to promote parent-child activities such as reading resulted in an increase in literacy-promoting behavior by families.

The Health Initiative provides countywide access to comprehensive health care services. The Every Family Counts program conducted home visits and case management, including referrals to health and social services, to 1,348 at-risk families. Project HOPE increased health insurance enrollment and retention, resulting in approximately 250 applications with increased utilization of health care benefits. More than 5,000 hours of ongoing mental health services focusing on early identification and prevention were provided to children ages 0-5 and their families. Oral health education, early identification, and treatment were provided to 1,250 children ages 0-5 and to 880 expectant and new mothers, with more than 11,000 oral health promotion materials distributed to families countywide. The Child Care Health Linkages program provided 600 consultations on health and safety issues to staff of child care centers, family child care homes, and other professionals who

provide care for children ages 0-5. In addition, 40 training sessions were provided to 560 child care providers, with participants demonstrating increased knowledge about child health and safety issues. The Safe Harbor multidisciplinary interview center provided a coordinated and comprehensive response to the needs of 30 child victims of sexual and physical abuse, reducing the need for multiple interviews and thus additional trauma for the children.

Family Strengthening Initiative programs promote nurturing environments for young children. Through investments in efforts to recruit, intensively support, and provide respite care and subsidized child care for foster parents, the number of foster parents increased in Ventura County, particularly within the Latino community. Additionally, the Empowering Parents program provided 309 comprehensive parenting education classes to 1,379 parents, with participants demonstrating improved knowledge, skills, and behaviors supporting positive child development. The Rainbow Connection Expansion project supported parents of children with disabilities and other special needs, with more than 1,500 contacts through parent mentors, support groups, information and referral, workshops on various special-needs topics, visits to neonatal intensive care units, and respite care stipends. The Family Literacy Project involved 68 parents and children in literacy classes and civic engagement activities, and a mobile preschool brought early learning opportunities to 346 children.

Promoting Equitable Access and Outcomes

Historically underserved populations in Ventura County include families living in poverty, those who are geographically isolated, migrant/agricultural workers, monolingual Spanish- and Mixtec-speaking families, and families of children with disabilities and other special needs. The NfLs are community-based collaboratives that ensure that their community's needs are being met and that school readiness strategies reflect the cultural, ethnic, linguistic, socioeconomic, and special needs of the community. Providing services at the community level has reduced transportation barriers, increased awareness of services, and established a stronger connection between families and programs. Each NfL develops outreach strategies to best serve its community and to reach traditionally underserved populations. In addition, each of the 11 NfLs has an inclusive governance structure made up of diverse members of the community and aims to engage families in the decision-making process of the NfL.

Program Highlights

Hueneme/South Oxnard NfL's summer pre-K program helps children without preschool experience succeed in school. This 4-week summer program is designed to model a regular kindergarten class and to familiarize children with the classroom setting and routines. Children receive instructional materials, school supplies, and speech and language screenings and interventions. Parents also learn how to support their children academically through evening workshops. Parents are encouraged to visit the classroom and to support class field trips, such as going to the library. In 2004, 412 children participated in the summer program, and the school tracked their academic development. Results showed that participating children had higher overall kindergarten assessment scores and improved their reading scores more than children without preschool experience.

Kit for New Parents provides parent education to expectant and new parents and connects families to services. The Ventura County Public Health Department manages and coordinates a program that annually distributes 11,000 Kits through 70 partner agencies, including doctors' offices, childbirth classes, health care clinics, and other prenatal service providers. The program also works with the partners to use the Kits in prenatal and parenting education classes. Additionally, a countywide public awareness campaign encourages parents to obtain Kits by contacting one of the 11 NfL programs, thereby connecting families to services and other resources. Many NfL programs are also trained in how to incorporate their Kit in their activities.

This profile was prepared by SRI International from information provided by the County Commission.

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. In fiscal year 2004-05, a community-level needs assessment revealed two priority areas for children ages 0-5: (1) 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 Child Care and Early Education Initiative, (2) the local Children's Health Initiative (3) the School Readiness Program, and (4) the Community Engagement Program.

Population

Total births (2004)	2,404
0 to 5 population (2004)	14,075

Ethnicity of Children 0-5

African-American	2.0%
Asian/Pacific Islander	7.2
Latino	45.0
Native American	0.7
White	40.9
Other	4.2

Fiscal

Total Net Assets, July 1, 2004	**$4,898,825**
Committed Funds*	4,898,825
Uncommitted Funds*	0
Total Revenues	**$2,920,782**
First 5 Monthly Disbursements	2,138,084
Other First 5 Funding (Including SMIF)	433,723
Non-First 5 Funding	238,388
Interest	110,587
Expenses	**$(2,819,697)**
Total Net Assets, June 30, 2005	**$4,999,910**
Committed Funds	4,999,910
Uncommitted Funds	0

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

Primary Activities and Programs

Child Care and Early Education Initiative improves access to high-quality care. In fiscal year 2004-05, First 5 Yolo funded three 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. This program helped to increase access to 194 new licensed spaces in rural areas. A second program, Kids are the Key, focused on building the infrastructure of a small, rural town to open the first child care co-op in rural Knights Landing. The third, Universal Early Learning Center, worked with parents to increase early learning opportunities in rural Capay Valley. As a result, more than 5,680 child care hours were provided through the Parent Leadership Association, and children participating in the Pre-Kinder Readiness group showed measurable gains in academic skills and behaviors.

Children's Health Initiative focuses on access to high-quality health care. An in-depth report completed during fiscal year 2004-05 determined that 7% of children ages 0-18 in Yolo County were uninsured, with two-thirds of these children eligible for enrollment in public health insurance programs. As a result, First 5 Yolo allocated funds for Healthy Kids, a program providing comprehensive health insurance for children whose family income is up to 300% of the federal poverty level. In addition, First 5 Yolo invited community leaders to participate in the formation of the Yolo County Children's Health Initiative, a broader effort to ensure coordinated outreach and enrollment, develop health care improvement recommendations, and raise funds for premiums for children ages 6-18.

School readiness programs bring comprehensive services to children and families. With the support of multiple collaborative partners, various services were provided to the communities surrounding Yolo's qualifying schools, including case management, resources and referrals to families, family literacy, health fairs, and Kinder Camp. Twenty-four different parenting workshops were well attended, with topics ranging from stress and family management to safety and child development. All (100%) of the attendees increased

their knowledge by 25% or more. Storytime was offered in partnership with the Yolo County Library, reaching more than 120 children. The Mobile Family Literacy Program, offered in collaboration with the City of Woodland Library, provided 8-week courses for parents to attend with their children ages 3-5. This program included an arts and crafts component, one new book per week, and a school readiness backpack. Kinder Camp was held at four elementary schools for children with little or no preschool experience, and kindergarten teachers reported a noticeable increase in readiness among children who had attended.

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 a community park, parent trainings on school readiness, and a resource guide in an Afghan language. Community Action Teams have formed around particular areas of need, including child care and preschool services, parent leadership trainings, access to medical services, and caring for children with disabilities and other special needs.

Program Highlights

Yolo County Child Care Collaborative increases access to high-quality early learning programs. A partnership of Yolo County Child Care Services Resource and Referral Agency and six partnering agencies, the collaborative was developed to improve training and retention of child care staff, increase access to care in rural communities, and better serve children with disabilities and other special needs. The collaborative supports licensed and license-exempt providers, with bilingual staff to assist Spanish and Russian speakers. Eighty-one family child care providers, 129 center staff, and 9 license-exempt providers completed Early Care and Education classes—nearly four times the number in the previous year. There was a 0% attrition rate of new child care providers in the first 6 months after licensure, compared with a 52% rate in fiscal year 2001-02. More than 400 child care slots were available for children with disabilities and other special needs, and 94 licensed child care slots were available in rural parts of the county.

Health Insurance Project (HIP) promotes access to and use of health insurance. Yolo Family Resource Center's HIP assists uninsured families in applying for health coverage and supports insured families' efforts to access services effectively throughout Yolo County. Bilingual health insurance specialists, who receive cultural diversity training, provide insurance case management to families and facilitate other needed referrals through the family resource center. During fiscal year 2004-05, HIP supported approximately 600 families. Between February and June 2005, 96 children ages 0-5 were enrolled in health insurance programs, while parents of another 215 children ages 0-5 received enrollment and utilization services. Staff provided ongoing education on utilization and retention of insurance for 50 families per month. Collaborations with local community organizations, county agencies, clinics, and schools increased the number of HIP specialists available to families.

This profile was prepared by SRI International from information provided by the County Commission.

Commission Priorities

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) early intervention services, (5) outreach and preventive services, and (6) provision of a seamless network of school, clinic, and community-based services.

Yuba County's unemployment rate is one of the highest in California, and approximately 20% of families live below the poverty line. Low income levels, substandard housing, and a lack of access to basic health care and other support-service-related resources are challenges for families with young children. The First 5 Yuba Commission is committed to partnering with those programs whose goals are aligned with its strategic plan and who effectively serve families most in need in Yuba County.

Population

Total births (2004)	1,184
0 to 5 population (2004)	6,501

Ethnicity of Children 0-5

African-American	2.7%
Asian/Pacific Islander	9.3
Latino	24.1
Native American	1.4
White	56.0
Other	6.5

Fiscal

Total Net Assets, July 1, 2004	**$1,939,693**
Committed Funds	1,719,781
Uncommitted Funds*	219,912
Total Revenues	**$1,233,886**
First 5 Monthly Disbursements	1,012,540
Other First 5 Funding (Including SMIF)	174,556
Non-First 5 Funding	1,037
Interest	45,752
Expenses	**$(954,020)**
Total Net Assets, June 30, 2005	**$2,219,558**
Committed Funds	1,575,596
Uncommitted Funds	643,963

* Includes budget adjustment due to statewide reporting requirements or to cancellation of committed funds.

Primary Activities and Programs

CARES and Preschool for All efforts improve access to early care and education. In its first year, the CARES program provided 53 trainings to family-based child care providers, distributing 27 stipends to providers caring for 619 children. Providers were supported in their efforts toward Child Development Permits and associate's degrees in child development/early childhood education. First 5 Yuba received a $50,000 grant to assist local Preschool for All (PFA) planning efforts. It is estimated that approximately 63% of the county's 1,040 4-year-olds currently attend a center-based or family child care preschool program. Initial goals for PFA include quality improvement for existing programs, professional development for the early childhood workforce, and the development of a plan for countywide implementation of PFA.

School readiness programs and family resource centers collaborate to provide a range of family support and child development services. School readiness programs address community needs by providing kindergarten transition programs, community-based activities for families and children, parent education, immunizations, and coordination with family resource centers. Services reached 375 preschool- and kindergarten-age children across three school sites. Enhanced specialized speech services were integrated with the school readiness programs, with children routinely being screened for speech and language concerns. The Harmony Health Family Resource Center continued to provide intensive home visiting services to families with children ages 0-5, focusing on identifying newborns needing services. A Spanish-speaking nurse providing lactation consultation has enhanced breastfeeding within the Latino community. The Yuba County Office of Education Family Resource Center provides home visiting and group support services to families of children with disabilities and other special needs.

Health Access for All Children 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 since fiscal year 2002-03 on the feasibility of a regional children's health initiative. First 5 Yuba contributed to

the Sierra Sacramento Valley Medical Society study of uninsured children ages 0-18 in 2004. Yuba County convened a local children's health initiative workgroup and participated in the Regional Steering Committee and Regional Work Group. In July 2005, First 5 Yuba authorized a Letter of Intent to participate in the Sierra Sacramento Valley Regional Children's Health Coverage Initiative, approving a 3-year budget to support recruitment, outreach, and public awareness. The initiative will increase children's access to health care by (1) increasing enrollment of eligible children in Medi-Cal and Healthy Families and (2) creating a new Healthy Kids plan providing affordable insurance for children ineligible for other publicly funded coverage.

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 resources, and families of children with disabilities and other special needs. First 5 Yuba has used three main strategies to serve these populations: expansion of services in general, increased emphasis by all funded providers on outreach to underserved groups, and strategic use of one-time investment awards. The Harmony Health Family Resource Center and the Marysville Joint Unified School District School Readiness Program have improved access for Hmong- and Spanish-speaking families through bilingual outreach and home visiting staff and the use of translated materials. The provision of home visiting and group support services through the Yuba County Office of Education Family Resource Center Program has almost doubled access to services by children ages 0-5 with special needs. In addition, First 5 Yuba invested in a number of efforts to improve community facilities for children and families in the rural and isolated areas of the county.

Program Highlights

Marysville Joint Unified School District (MJUSD) School Readiness Program provides family support and early educational experiences. The MJUSD School Readiness Program serves approximately 375 children and their families at three school sites. Services include conducting parent education and home visits, coordinating with the family resource centers, and increasing access to health care and to high-quality child care. A school nurse and a speech therapist work directly with children on a weekly basis. KinderCamp provides a 4-week summer school readiness program to 180 children without other preschool experience and will expand to six other elementary schools. The majority of participants' parents report improvements in their children's ability to take turns; listen and follow directions; recognize letters, shapes, and colors; and count—all skills that improve a child's chances of future educational success.

1-2-3 Grow program provides enrichment services for children and families in isolated areas. The Camptonville Community Partnership (CCP) developed 1-2-3 Grow to address the lack of programs, support, and enrichment activities for children ages 0-5 in this small, remote foothill community. Lacking a licensed preschool, child care center, or state-funded preschool program, and with many low-income families, this community was without early care and education services. Pooling First 5 funds with community resources, the community developed this unique program, which blends a parent participation program with an organized, staffed, site-based program. During fiscal year 2004-05, the program offered child care at 281 community events. Weekly kindergarten transition activities were offered at a local elementary school for children ages 0-5. Parents were provided with access to computers, books on parenting and health, and counseling services to provide family support and child development guidance. The program has been well received by the community, as exemplified by the dedication shown by family members who successfully raised funds to support its continuation into next year.

This profile was prepared by SRI International from information provided by the County Commission.

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

F. First 5 School Readiness Initiative Data Collection Methods

Principles on Equity

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 ertinent 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 Initiative 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 Initiative 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 Initiative 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”	93.10%	89.66%	100.00%	87.50%
Children participate in early childhood education programs	91.38%	93.10%	90.48%	87.50%
Children have access to high-quality early care and education	89.66%	86.21%	95.24%	87.50%
Children receive preventive and ongoing regular health care	79.31%	68.97%	90.48%	87.50%
Children have good oral health	81.03%	86.21%	80.95%	62.50%
Children live in home environments supportive of optimal cognitive development	84.48%	82.76%	90.48%	75.00%
Children are healthy and well nourished	77.59%	68.97%	85.71%	87.50%
Children receive early screening/intervention for developmental delays, disabilities, and other special needs	82.76%	72.41%	90.48%	100.00%
Parents provide nurturing and positive emotional support to their children	74.14%	58.62%	90.48%	87.50%
Children are born healthy	65.52%	51.72%	76.19%	87.50%
Children are in healthy and safe environments	67.24%	72.41%	47.62%	100.00%
Children are free of smoking-related illnesses	44.83%	31.03%	47.62%	87.50%
Children are safe from intentional injuries in their homes and communities	55.17%	44.83%	61.90%	75.00%
Families are self-sufficient	48.28%	48.28%	52.38%	37.50%
Fewer teens have babies, and more parenting teens delay subsequent pregnancies	34.48%	24.14%	47.62%	37.50%
Children achieve permanency	17.24%	6.90%	28.57%	25.00%

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
Alpine	49	48	49	44	19
Amador	20	20	20	20	0
Butte	356	353	356	350	229
Calaveras	11	11	11	11	4
El Dorado	151	151	151	149	132
Fresno	1,862	1,566	1,787	1,769	758
Glenn	82	82	82	80	47
Imperial	653	652	651	639	332
Kern	2,925	2,806	2,497	1,985	486
Kings	42	42	42	41	22
Lake	171	156	152	100	41
Lassen	81	81	81	74	57
Los Angeles	2,894	2,722	2,817	1,367	555
Marin	31	31	31	28	15
Mariposa	22	22	22	21	1
Modoc	40	39	40	38	9
Mono	83	75	78	60	57
Monterey	666	666	665	620	256
Orange	1,985	1,883	1,255	1,642	321
Plumas	23	23	23	23	19
Riverside	2,091	2,004	2,072	1,876	793
Sacramento	492	419	491	324	25
San Bernardino	210	202	210	181	1
San Diego	467	467	465	429	58
San Joaquin	326	326	317	153	91
San Mateo	113	110	113	109	43
Santa Barbara	150	149	149	139	19
Santa Clara	902	0	7	854	403
Santa Cruz	21	21	21	21	5
Shasta	16	16	16	14	12
Solano	127	121	127	126	62
Sonoma	257	257	257	246	2
Sutter	163	163	163	157	4
Tehama	93	93	93	89	55
Tulare	2,683	2,677	2,281	2,589	1,315
Tuolumne	11	11	11	10	0
Yolo	66	65	59	63	22
Yuba	77	76	76	74	46
Total	20,412	18,606	17,738	16,515	6,316

Note: Intake data (available for 38 County Commissions) were included in analyses if either of the following is true:
- The intake was conducted in fiscal year 2004-05.
- The intake was conducted before fiscal year 2004-05, and follow-up was conducted in fiscal year 2004-05 or any family member received a service in fiscal year 2004-05.

County	Mother's Age at Birth of Child	Breastfeeding	Smoked during Pregnancy	Health Insurance	Type of Health Insurance
Alpine	0	19	42	46	0
Amador	0	0	18	20	0
Butte	339	236	346	352	0
Calaveras	0	4	11	11	0
El Dorado	0	132	149	149	0
Fresno	859	765	1,829	1,849	881
Glenn	0	47	77	80	0
Imperial	2	348	637	643	0
Kern	0	135	0	875	875
Kings	41	23	39	41	3
Lake	12	25	109	108	0
Lassen	72	61	77	78	0
Los Angeles	1,044	567	1,520	1,570	603
Marin	0	16	29	30	0
Mariposa	18	1	19	19	1
Modoc	36	9	37	40	0
Mono	39	58	56	0	0
Monterey	541	266	633	660	566
Orange	1,640	244	1,851	1,894	1,894
Plumas	23	19	23	23	0
Riverside	1,875	793	1,859	1,959	0
Sacramento	0	82	329	471	471
San Bernardino	178	0	182	182	0
San Diego	0	62	411	462	0
San Joaquin	0	93	151	319	0
San Mateo	96	48	110	109	0
Santa Barbara	136	20	136	148	0
Santa Clara	0	405	891	892	892
Santa Cruz	0	5	21	21	0
Shasta	0	13	13	15	0
Solano	0	59	125	127	0
Sonoma	0	2	253	256	0
Sutter	0	4	157	160	0
Tehama	0	53	84	92	0
Tulare	2,642	1,327	2,618	2,630	0
Tuolumne	0	0	10	11	0
Yolo	53	25	64	66	22
Yuba	47	45	74	75	0
Total	9,693	6,011	14,990	16,483	6,208

County	Regular Medical Home	Regular Doctor	Recommended Well-Baby and Well-Child Checkups	Developmental Assessment
Alpine	46	45	45	0
Amador	20	20	19	0
Butte	352	350	331	325
Calaveras	11	10	10	0
El Dorado	149	149	147	0
Fresno	39	1,007	39	0
Glenn	77	78	68	62
Imperial	642	637	624	1
Kern	1,135	265	423	0
Kings	3	18	15	17
Lake	84	106	74	21
Lassen	74	76	76	0
Los Angeles	2,696	1,521	1,509	927
Marin	30	31	31	0
Mariposa	19	19	19	12
Modoc	40	40	39	0
Mono	58	0	32	0
Monterey	648	643	634	0
Orange	1,663	1,663	1,099	0
Plumas	23	22	22	0
Riverside	1,945	1,928	1,834	1,734
Sacramento	473	0	316	0
San Bernardino	175	178	177	91
San Diego	456	457	440	387
San Joaquin	317	320	308	0
San Mateo	112	111	112	0
Santa Barbara	149	149	150	0
Santa Clara	895	894	865	0
Santa Cruz	21	21	21	0
Shasta	15	15	13	0
Solano	124	124	121	0
Sonoma	257	255	250	0
Sutter	160	159	154	0
Tehama	92	91	88	0
Tulare	0	2	0	0
Tuolumne	11	11	11	10
Yolo	65	66	61	64
Yuba	76	76	72	46
Total	13,152	11,557	10,249	3,697

County	Disabilities or Other Special Needs	Dental Insurance	Dental Exams	Attended ECE Program	Regularly Sing to Child
Alpine	45	0	45	21	39
Amador	20	18	18	0	18
Butte	285	0	244	112	205
Calaveras	10	8	11	4	10
El Dorado	149	147	116	16	71
Fresno	39	561	30	404	35
Glenn	67	71	54	29	53
Imperial	626	0	559	265	503
Kern	422	0	386	220	931
Kings	18	17	19	7	15
Lake	77	35	62	44	73
Lassen	59	73	62	17	43
Los Angeles	1,533	1,085	1,435	715	1,374
Marin	31	0	30	11	27
Mariposa	18	18	18	18	18
Modoc	39	35	38	30	35
Mono	1	0	18	2	3
Monterey	648	553	547	355	520
Orange	1,089	0	1,058	1,581	1,070
Plumas	23	23	17	4	16
Riverside	1,016	1,743	1,511	991	1,364
Sacramento	290	0	443	274	320
San Bernardino	173	167	171	167	165
San Diego	451	0	441	370	438
San Joaquin	308	0	280	108	251
San Mateo	113	0	112	55	95
Santa Barbara	134	144	145	93	144
Santa Clara	889	0	775	481	720
Santa Cruz	21	0	21	16	21
Shasta	8	0	8	1	7
Solano	121	0	73	64	75
Sonoma	257	251	255	255	252
Sutter	158	97	154	156	158
Tehama	88	87	73	27	67
Tulare	8	0	7	1,289	0
Tuolumne	3	0	10	11	10
Yolo	50	59	61	43	61
Yuba	57	45	53	29	50
Total	9,344	5,237	9,360	8,285	9,257

County	Regularly Read to Child	Regularly Tell Stories to Child	Exposure to Smoke	Mother Had Diploma/GED	Living in Poverty
Alpine	39	40	46	0	0
Amador	19	18	20	0	0
Butte	201	197	350	0	0
Calaveras	10	9	10	0	0
El Dorado	71	71	149	149	0
Fresno	1,487	34	1,016	961	856
Glenn	53	55	81	49	53
Imperial	506	500	645	2	438
Kern	688	240	855	847	1,484
Kings	15	16	20	18	0
Lake	76	71	113	57	0
Lassen	42	40	79	72	56
Los Angeles	1,396	1,392	1,563	1,154	639
Marin	27	27	30	0	0
Mariposa	18	18	17	19	14
Modoc	35	35	39	38	1
Mono	3	2	70	55	47
Monterey	524	521	653	543	513
Orange	255	1,085	1,867	1,816	1,333
Plumas	16	16	23	23	18
Riverside	1,359	1,371	1,815	1,794	835
Sacramento	0	311	483	0	0
San Bernardino	162	162	172	99	141
San Diego	444	435	459	0	0
San Joaquin	250	247	315	320	279
San Mateo	97	99	111	110	0
Santa Barbara	143	143	150	146	129
Santa Clara	723	722	891	887	718
Santa Cruz	21	21	21	0	0
Shasta	6	6	14	0	0
Solano	75	75	124	0	0
Sonoma	255	254	254	0	0
Sutter	158	156	160	0	0
Tehama	68	66	91	0	0
Tulare	1,904	0	2,626	2,629	2,223
Tuolumne	11	9	11	10	0
Yolo	60	53	61	65	41
Yuba	50	49	76	46	43
Total	11,267	8,566	15,480	11,909	9,861

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
Alpine	46	45	46	42	0
Butte	102	101	102	100	0
El Dorado	27	27	27	25	0
Fresno	1,045	874	1,039	971	86
Glenn	43	43	43	41	0
Imperial	227	227	227	223	0
Kern	191	185	117	25	25
Lake	40	38	36	37	0
Lassen	29	29	29	27	0
Los Angeles	448	445	448	348	66
Marin	22	22	22	22	0
Modoc	29	28	29	29	0
Mono	2	2	2	0	0
Monterey	233	233	233	232	142
Orange	392	355	336	368	368
Plumas	12	12	12	12	0
Riverside	238	223	238	231	0
Sacramento	35	0	35	31	31
San Diego	138	138	138	138	0
San Joaquin	106	106	105	106	0
San Mateo	32	32	32	31	0
Santa Barbara	165	165	164	159	0
Santa Clara	208	0	3	195	195
Shasta	7	7	7	7	0
Sonoma	140	140	140	138	0
Sutter	33	33	33	29	0
Tehama	57	57	57	56	0
Trinity	21	20	21	21	0
Tulare	1,250	1,247	897	1,146	0
Yolo	4	4	4	4	0
Yuba	31	31	31	31	0
Total	5,353	4,869	4,653	4,825	913

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.

County	Regular Medical Home	Regular Doctor	Recommended Well-Baby and Well-Child Checkups	Developmental Assessment
Alpine	43	43	39	0
Butte	99	101	93	91
El Dorado	25	25	25	0
Fresno	0	4	0	0
Glenn	39	39	32	31
Imperial	213	213	202	2
Kern	134	50	126	0
Lake	37	37	35	0
Lassen	27	27	25	0
Los Angeles	345	325	341	216
Marin	21	22	21	0
Modoc	29	29	29	0
Mono	2	0	2	0
Monterey	224	223	215	0
Orange	310	310	254	0
Plumas	12	12	12	0
Riverside	229	224	222	211
Sacramento	30	0	31	0
San Diego	133	133	122	109
San Joaquin	102	104	101	0
San Mateo	32	30	29	0
Santa Barbara	162	161	164	0
Santa Clara	193	192	180	0
Shasta	7	7	5	0
Sonoma	140	138	130	0
Sutter	29	31	30	0
Tehama	55	55	54	0
Trinity	21	21	20	0
Tulare	0	0	0	0
Yolo	4	4	4	4
Yuba	31	30	30	26
Total	2,728	2,590	2,573	690

County	Disabilities or Other Special Needs	Dental Insurance	Dental Exams	Attended ECE Program	Regularly Sing to Child
Alpine	42	0	39	19	36
Butte	68	0	55	24	52
El Dorado	25	9	22	2	8
Fresno	0	50	0	304	0
Glenn	31	37	25	16	22
Imperial	205	0	179	96	164
Kern	128	0	107	58	116
Lake	35	0	32	34	33
Lassen	18	9	19	4	13
Los Angeles	231	134	306	165	301
Marin	22	0	21	9	19
Modoc	29	24	28	25	27
Mono	0	0	1	0	0
Monterey	224	137	156	112	158
Orange	298	0	242	290	243
Plumas	12	11	9	2	8
Riverside	147	194	168	142	169
Sacramento	33	0	30	23	30
San Diego	134	0	122	101	125
San Joaquin	104	0	89	28	76
San Mateo	32	0	30	19	31
Santa Barbara	133	154	143	106	155
Santa Clara	207	0	168	121	164
Shasta	4	0	2	0	3
Sonoma	140	118	139	140	138
Sutter	31	21	24	31	29
Tehama	54	50	46	17	38
Trinity	4	0	16	10	19
Tulare	0	0	0	612	0
Yolo	1	4	3	2	4
Yuba	24	26	24	8	20
Total	2,416	978	2,245	2,520	2,201

County	Regularly Read to Child	Regularly Tell Stories to Child	Exposure to Smoke	Mother Had Diploma/GED	Living in Poverty
Alpine	36	37	43	0	0
Butte	47	48	102	0	0
El Dorado	8	8	25	25	0
Fresno	795	0	682	933	590
Glenn	24	25	43	19	24
Imperial	164	162	225	4	81
Kern	21	46	23	25	44
Lake	37	36	38	0	0
Lassen	13	11	26	24	2
Los Angeles	314	307	337	236	30
Marin	19	19	22	0	0
Modoc	27	27	29	28	0
Mono	0	0	2	2	1
Monterey	159	157	225	169	76
Orange	51	250	364	370	260
Plumas	8	8	12	12	2
Riverside	180	178	217	224	53
Sacramento	0	29	33	0	0
San Diego	129	127	137	0	0
San Joaquin	75	72	103	105	77
San Mateo	32	32	32	32	0
Santa Barbara	156	156	162	158	139
Santa Clara	164	161	194	203	154
Shasta	2	2	7	0	0
Sonoma	138	138	139	0	0
Sutter	30	30	31	0	0
Tehama	41	39	55	0	0
Trinity	19	19	21	0	0
Tulare	825	0	1,149	1,231	897
Yolo	4	4	4	4	1
Yuba	20	20	29	31	22
Total	3,538	2,148	4,511	3,835	2,453

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
Butte	38	38	38	38	0
El Dorado	2	2	2	2	0
Fresno	455	390	449	431	17
Glenn	3	3	3	3	0
Imperial	32	32	32	31	0
Kern	82	81	30	0	0
Lake	1	1	1	1	0
Lassen	14	14	14	11	0
Modoc	12	11	12	12	0
Monterey	46	46	46	45	21
Orange	43	43	40	36	36
Plumas	7	7	7	7	0
Riverside	33	32	32	32	0
Sacramento	13	0	13	12	12
San Diego	7	7	7	7	0
San Joaquin	41	41	41	40	0
Santa Barbara	22	22	22	22	0
Santa Clara	42	0	0	42	42
Shasta	5	5	5	4	0
Sonoma	1	1	1	1	0
Tehama	3	3	3	3	0
Tulare	736	736	504	626	0
Yolo	2	2	2	2	1
Yuba	15	15	15	15	0
Total	1,655	1,532	1,319	1,423	129

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 24 County Commissions.

County	Regular Medical Home	Regular Doctor	Recommended Well-Baby and Well-Child Checkups	Developmental Assessment
Butte	36	37	34	31
El Dorado	2	2	2	0
Fresno	0	52	0	0
Glenn	3	3	2	2
Imperial	29	28	26	1
Kern	52	4	50	0
Lake	0	1	1	0
Lassen	13	13	14	0
Modoc	12	12	12	0
Monterey	45	45	45	0
Orange	7	7	6	0
Plumas	7	7	7	0
Riverside	32	31	29	26
Sacramento	11	0	2	0
San Diego	7	7	6	0
San Joaquin	38	39	37	0
Santa Barbara	22	22	22	0
Santa Clara	42	42	35	0
Shasta	4	4	3	0
Sonoma	1	1	1	0
Tehama	3	3	3	0
Tulare	0	0	0	0
Yolo	2	2	2	2
Yuba	15	15	14	12
Total	383	377	353	74

County	Disabilities or Other Special Needs	Dental Insurance	Dental Exams	Attended ECE Program	Regularly Sing to Child
Butte	19	0	27	10	23
El Dorado	2	1	1	0	0
Fresno	0	9	0	79	0
Glenn	3	1	1	0	0
Imperial	21	0	26	7	16
Kern	53	0	46	24	48
Lake	1	0	1	0	1
Lassen	9	9	10	1	7
Modoc	12	10	12	8	10
Monterey	46	19	28	16	24
Orange	7	0	5	28	6
Plumas	7	6	5	1	6
Riverside	4	28	24	10	19
Sacramento	3	0	9	4	4
San Diego	7	0	4	1	6
San Joaquin	40	0	31	10	31
Santa Barbara	15	18	15	11	22
Santa Clara	42	0	39	27	35
Shasta	2	0	1	0	3
Sonoma	1	1	1	1	1
Tehama	3	3	1	1	1
Tulare	0	0	0	303	0
Yolo	1	2	2	2	2
Yuba	11	12	10	4	11
Total	309	119	299	548	276

County	Regularly Read to Child	Regularly Tell Stories to Child	Exposure to Smoke	Mother Had Diploma/GED	Living in Poverty
Butte	21	23	37	0	0
El Dorado	0	0	2	2	0
Fresno	346	0	292	430	198
Glenn	0	0	3	2	0
Imperial	16	16	32	2	1
Kern	0	3	0	0	5
Lake	1	1	1	0	0
Lassen	7	4	13	11	3
Modoc	10	10	12	11	0
Monterey	26	26	44	23	1
Orange	16	6	40	37	7
Plumas	6	6	7	7	3
Riverside	17	19	28	31	6
Sacramento	0	4	13	0	0
San Diego	6	6	7	0	0
San Joaquin	30	28	41	41	30
Santa Barbara	22	22	22	19	21
Santa Clara	35	34	42	41	28
Shasta	2	3	3	0	0
Sonoma	1	1	1	0	0
Tehama	1	1	3	0	0
Tulare	414	0	624	728	460
Yolo	2	2	2	2	0
Yuba	12	12	14	14	10
Total	991	227	1,283	1,401	773

Appendix E

County Population Size Designations

Small-Population Counties	Medium-Population Counties	Large-Population Counties
Alpine	Butte	Alameda
Amador	Contra Costa	Los Angeles
Calaveras	Fresno	Orange
Colusa	Imperial	Riverside
Del Norte	Kern	Sacramento
El Dorado	Marin	San Bernardino
Glenn	Merced	San Diego
Humboldt	Monterey	Santa Clara
Inyo	Placer	
Kings	San Francisco	
Lake	San Joaquin	
Lassen	San Luis Obispo	
Madera	San Mateo	
Mariposa	Santa Barbara	
Mendocino	Santa Cruz	
Modoc	Solano	
Mono	Sonoma	
Napa	Stanislaus	
Nevada	Tulare	
Plumas	Ventura	
San Benito	Yolo	
Shasta		
Sierra		
Siskiyou		
Sutter		
Tehama		
Trinity		
Tuolumne		
Yuba		

Note: These 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.

First 5 School Readiness Initiative Data Collection Methods

The First 5 School Readiness (SR) Initiative collects data to assess the impact of funded projects on desired child outcomes. Baseline data for the SR Initiative evaluation for fiscal year 2004-05 came from the following sources:

- Ready Children: Kindergarten Entry Profiles (focusing on children's readiness to succeed in school at the time of kindergarten entry and their background family environments).
- Ready Schools: systems change surveys of school personnel (focusing on schools' readiness to support children's success and effectively serve the diverse population of kindergarten children).

Kindergarten Entry Profiles

The Kindergarten Entry Profiles (KEP) included:

- A statewide representative sample of elementary schools with SR Initiative funding: 133 schools in the 58 counties and 10,178 parents or caregivers of children attending those schools (79% consent rate for the entire kindergarten cohort).
- Data that were weighted[1] to represent all kindergarten children at high-priority schools in California (API scores of 3 or less).

Data collection for the KEP included[2]:

- A family phone interview with 6,917 parents or caregivers (68% of those with parental consent).
- A teacher-completed checklist of children's mastery of developmental competencies (the MDRDP, a modified version of the California Desired Results Developmental Profile[3]), completed for 9,085 children (89% of those with parental consent and 70% of the entire kindergarten cohort).

The MDRDP assesses levels of developmental mastery that children have when they enter kindergarten.

- Most of the items are skills that are associated with early literacy and school success and that typically are mastered by children before they enter kindergarten.
- The items are indicators of the child's development prior to school entry and do not necessarily reflect a child's potential to succeed in school.
- The 30-item checklist was completed by each child's teacher about 2 months after the start of kindergarten so that the teacher had familiarity with the child's skills. Teachers who did not speak the child's primary language were assisted to complete the checklist by an individual who did.

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[1] More information about he sampling and weighting of the data is available in "Technical Documents: 2003 Kindergarten Entry Profiles (KEP) Sampling and Weighting Procedures and Standard Errors," which can be obtained by calling 1-877-4-First5 (1-877-434-7785).

[2] Copies of the instruments and the SR Initiative evaluation design report are available on the First 5 evaluation Web site (http://www.first5eval.com).

[3] Information about the Desired Results Developmental Profile is available at the Web site of the California of Education (http://www.cde.ca.gov).

- The items tap skills from four of the five domains identified by the National Education Goals Panel as essential for children's school readiness[4]:
  - Cognition and general knowledge
  - Communicative skills
  - Emotional well-being and social competence
  - Approaches to learning.
- Teachers rated each child on levels of mastery for each skill: fully mastered (4), almost mastered (3), emerging (2), or not yet mastered (1).
- A total MDRDP score ranging from 30 to 120 was computed, with higher numbers representing higher levels of mastery.

Systems Change Surveys

Superintendents, principals, and kindergarten teachers from the 133 schools in the 58 counties participating in the Kindergarten Entry Profiles data collection completed surveys about how schools are promoting practices recommended by the National Education Goals Panel[5] to support children's school readiness.

Data from all the above sources will continue to be obtained at regular intervals in the future to document changes and trends over time in the First 5 School Readiness Initiative.

[4] National Education Goals Panel. (1997). *Special early childhood report 1997*. Washington, DC: U.S. Government Printing Office.

[5] Shore, R. (1998). *Ready schools*. Washington, DC: The National Education Goals Panel. Available at http://govinfo.library.unt.edu/negp/Reports/readysch.pdf.