



2015-16 : **FIRST 5 CALIFORNIA ANNUAL REPORT**



**Investing in a Quality System
for California's Children**

Our Mission

Convene, partner in, support, and help lead the movement to create and implement a comprehensive, integrated, and coordinated system for California's children prenatal through 5 and their families. Promote, support, and optimize early childhood development.



Investing in a Quality System for California's Children

2015–16 | First 5 California Annual Report

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Investing in a Quality System for California's Children

MESSAGE FROM THE EXECUTIVE DIRECTOR

As highlighted in our Strategic Plan, the continued vision of the California Children and Families Commission (First 5 California) is for all children to receive the best possible start in life and thrive. Our mission is to “convene, partner in, support, and help lead the movement to create and implement a comprehensive, integrated, and coordinated system for California’s children prenatal through 5 and their families.” These vision and mission statements form the foundation for everything we do.

As the title of this year’s Annual Report suggests, the past year has been centered around investments to further the development of a system of quality for the education and health of the State’s youngest children and their families. Significant advancements in this ambitious effort could not have happened without our continued partnerships with the 58 First 5 county commissions and the common commitments we share.

As highlighted throughout this report, the accomplishments of the past year, at both the state and local levels, are considerable. They include:

- The initial implementation of First 5 IMPACT (Improve and Maximize Programs so All Children Thrive)—a systemic approach to promoting quality care and education for California’s youngest children
- The integration of First 5 IMPACT with the California Quality Rating and Improvement System (CA-QRIS) in partnership with the California Department of Education
- The successful conclusion of two of First 5 California signature programs— Comprehensive Approaches to Raising Educational Standards (CARES) Plus, providing professional development for hundreds of early educators; and the Child Signature Program (CSP), serving thousands of children statewide in quality early learning programs; both CARES Plus and CSP helped form the foundation for First 5 IMPACT
- The launch of the third year of the *Talk. Read. Sing.*® public education and outreach campaign to inform parents and the public about the importance of early brain development through positive verbal engagement with young children; it continues to reach millions of Californians through television and radio ads, social media, and the First 5 California Parent Website
- The planning and development for First 5 California’s second Child Health, Education, and Care Summit (the Summit was held in November 2016)

We look forward to our ongoing partnerships with the First 5 county commissions and other stakeholder groups as we move ahead with renewed optimism and commitment to invest in quality programs, resources, and support in early learning and health for our youngest children and their families.



CAMILLE MABEN

EXECUTIVE DIRECTOR, FIRST 5 CALIFORNIA

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Ensuring California’s Children Receive the Best Possible Start in Life and Thrive

PROPOSITION 10 AND THE LEGACY OF FIRST 5 CALIFORNIA

In 1998, California voters passed Proposition 10—the California Children and Families Act (the Act)—and declared the importance of investing in a better future for California’s youngest children. For nearly two decades, the California Children and Families Commission (First 5 California) has established standards of quality child care and invested in the development of programs and services emphasizing improvement in early education, child care, social services, health care, research, and community awareness.

STRATEGIC PLAN

First 5 California’s Strategic Plan serves as an important compass for the Commission’s deliberations on how best to plan future work, investments, and partnerships. The Strategic Plan establishes a vision, mission, and values for the agency, along with strategic priority areas and goals for how First 5 California will act as a leader in its field. The vision of First 5 California is for all of the state’s children to receive the best possible start in life and thrive. The agency seeks to realize this vision by working on behalf of California’s children prenatal through 5 and their families to create a comprehensive, integrated, culturally competent, and coordinated system that

optimizes early childhood development. First 5 California’s mission is to serve as a convener and partner that both supports and leads the movement to create and implement this system.

The agency’s work is driven by its values, including, but not limited to, its commitment to collaboration, civic engagement, accountability, and sustainability. The agency’s efforts are focused within the Plan on four strategic priority areas: creating child- and family-centered systems; providing leadership across networks and from a systems-approach; developing organizational capacity through strong internal systems and team members; and engaging the general public, and state and federal government to build public will and investment around its vision and mission.

The current Strategic Plan will guide and focus First 5 California’s endeavors over five years from 2014 to 2019. For more information about the Strategic Plan, please go to http://www.cafc.ca.gov/about/pdf/commission/resources/F5CA_Strategic_Plan.pdf.

BUILDING PUBLIC WILL AND INVESTMENT

First 5 California’s Children’s State Policy Agenda guides the agency’s efforts to advocate before the state Legislature for a comprehensive, integrated, culturally competent, and coordinated system to support California’s youngest children. The Commission’s 2016 Policy Agenda¹ reflects First

5 California's commitment in its Strategic Plan to participate and lead in the area of civic engagement, and the recognition of the Commission's responsibility to the people of California to ensure the wise and effective use of public funds.

In its Strategic Plan, First 5 California commits to engage and lead in building public will and investment to support the optimal wellbeing and development of children prenatal through age 5, their families, and communities. The Strategic Plan also recognizes that in order to advocate and influence policy change, First 5 California must engage in partnerships with First 5 county commissions, stakeholders, and other allies from local to federal levels in order to be successful in institutionalizing efforts to advance child-centered policies and increase these crucial investments.

First 5 California seeks to serve as a convener and partner in state policy conversations, working with First 5 county commissions, state agencies, stakeholders, and other advocates to convene, align, collaborate on,

support, and strengthen statewide advocacy efforts to realize shared goals. First 5 California continued to expand its policy and advocacy engagement in 2016, guided by its Policy Agenda which focused on the following four areas the Commission identified as its top state policy priorities, including targeted goals within each priority area to achieve a seamless statewide system of integrated and comprehensive programs for children and families:

Child Health

- Ensure coordination across the health care system to promote access for every pregnant mother and child ages 0 to 5 with affordable and comprehensive health insurance coverage.
- Improve parents' and young children's knowledge about and access to healthy foods and physical activity, including support for state and/or local taxes on sweetened beverages and/or unhealthy foods.
- Support and promote universal developmental screenings, assessment, referral, and treatment.

Early Learning

- Expand access to quality early care and education programs for children ages 0 to 3.
- Support implementation of high-quality universal preschool access for all low-income four-year-old children, and high-quality transitional kindergarten and kindergarten statewide.
- Support a high-quality early learning workforce through strengthened qualifications, compensation, stability, diversity, and robust professional development systems.
- Promote statewide access to and participation in successful Quality Rating and Improvement Systems (QRIS).

Strong and Engaged Families and Communities

- Support evidence-based parent education and engagement, including new parent engagement on child brain development and *Talk. Read. Sing.*®



- Support sustainability of Family Resource Centers and other community hubs for integrated services for children and families.
- Increase supports for breastfeeding, family leave, and baby-friendly policies in all settings.
- Expand voluntary home visiting programs.

First 5 Revenue

- Promote inclusion of supports and services for children ages 0 to 5 and their families in existing and new revenue policy discussions.
- Promote regulation of tobacco-related products, including electronic cigarettes, and sustainability of licensing and enforcement programs.

First 5 California continued to garner awareness of the importance of First 5-funded programs and significant state-level support for its Policy Agenda goals from policymakers, advocacy partners, and other stakeholders during the 2016–17 state legislative and budget session. By expanding the reach of First 5 California’s policy education efforts, deepening its advocacy partnerships, and continuing its commitment to shared priorities with its partners and leaders in the Legislature, significant gains were made in each priority area.

First 5 California forged new partnerships within the health care field during the Legislature’s 2016 Extraordinary Session on Health Care, which resulted in a number of tobacco prevention and control measures that significantly impact children’s health and First 5-funded programs. These included defining electronic cigarettes as tobacco products, raising the minimum legal age to buy tobacco products from age 18 to 21, and ensuring tobacco cessation services are covered benefits under Medi-Cal.

These efforts culminated in historic wins for First 5 funds through ABX2 11 and AB 2770 (Nazarian), which set a precedent to halt excessive draws on First 5 revenues, mandating the Board of Equalization’s tobacco licensing and enforcement program be self-sustaining, and prohibiting the draw on Proposition



10 funds. These new laws are anticipated to result in millions more dollars annually for First 5 programs.

Additionally, while not part of FY 2015–16, Proposition 56 was approved by voters in the 2016 General Election. It will increase the state’s tax on tobacco products and defined “other tobacco products” to include e-cigarettes for purposes of Proposition 10. The new law benefits Proposition 10 special funds by ensuring critical backfill for revenue losses that result from the increased tax, and by taxing electronic cigarettes which, according to the Legislative Analyst’s Office, could generate revenue in the “low to mid tens of millions of dollars for Proposition 10 purposes” for the 2017–18 Fiscal Year.

In 2016, California also made great strides to better support young children and working families through the passage of AB 908 (Gomez), which created a historic expansion of California’s landmark Paid Family Leave Program. First 5 California advocated strongly for the new law which increases workers’ access to the program, especially for the state’s lowest and moderate income workers, reducing the barriers working parents face to spending the key first months of life bonding with their babies.

2016 provided historic multi-year budget and policy advancements on behalf of the state’s youngest children and families, which was achieved through shared advocacy efforts between First 5 California

and its early childhood education and care partners and leaders in the Legislature.² The final Budget Act included a comprehensive early learning investment package with advances in the three areas First 5 California and its partners supported: access, affordability, and quality improvement.³ The full, four-year early learning budget package contained \$527 million in increases in per-child funding rates for all child care programs beginning in January 1, 2017, and 8,877 new full-day California State Preschool Program slots, all to be phased in over four years. The multi-year commitment helps address the state's minimum wage increases along with the Great Recession's impacts on all early learning programs' per pupil funding rates—a significant achievement that may clear the way for First 5 California to pursue other shared budget priorities such as eligibility, access, and quality improvements in the upcoming years.

First 5 California is committed to build on its 2016 advocacy achievements by continuing to strengthen its partnerships with stakeholders and its efforts to build policymakers' knowledge base, will, and investment in shared priorities. Capitalizing on the momentum and commitment to early childhood education and care in the Legislature, First 5 California staff and partners pledge to work with the Legislative Women's Caucus and the Assembly Speaker's Blue Ribbon Commission on a road map for building a stronger, more comprehensive, high-quality early learning system for all California's children, and on how to best invest scarce resources in this crucial foundation for lifelong success. In doing so, the agency will continue to build on this year's multi-year successes and continue working toward the underlying Strategic Plan goal to ensure all children prenatal through age 5 have the resources, foundation, and systems of support they need to thrive.

ACCOUNTABILITY: FUNDING AND AUDIT RESULTS

Under the Act, the State Board of Equalization collects an excise tax levied on all tobacco products and deposits the revenue into the California Children and Families Trust Fund, allocating 20 percent to First 5 California and 80 percent to county commissions. In FY 2015-16, First 5 California received \$85.5 million and county commissions received \$341.9 million.

The amount of funding allocated annually to each county commission is based on the annual number

of births in the county relative to the total number in the state. Each county must prepare an annual independent audit subject to guidelines prepared by the State Controller's Office. The counties invest their dollars in locally designed programs, as well as in First 5 California's statewide programs as match funding. First 5 county commissions use their funds to support local programs in four result areas:

- Improved Family Functioning
- Improved Child Development
- Improved Child Health
- Improved Systems of Care

First 5 California's Administrative Services Office, Evaluation Office, Executive Office, Program Management Division, Communications Office, Fiscal Services Office, Contracts and Procurement Office, and Information Technology Office provide staff support for the following functions, operations, and systems:

- Fiscal management of the California Children and Families Trust Fund
- Tax revenue disbursements to county commissions
- Audits and annual fiscal reports
- Local agreement and program disbursement management
- Public education and outreach
- Evaluation of First 5 California programs
- Procurement and contract management
- Workforce recruitment and development
- Information technology
- Business services

The administration of these and other programs is consistent with all applicable State and Federal laws, rules, and regulations. The State Controller's Office conducts an annual review of the 58 county commissions' independent audits. In October 2016, the Controller published its review of the counties' audits for FY 2014-15, summarizing several findings contained in the local audits, but did not deem any of them significant enough to withhold funding. The audit can be viewed on First 5 California's website at http://www.cfcf.ca.gov/commission/commission_annual_report.html.



Serving California's Young Children, Parents, and Teachers

FOUR KEY RESULT AREAS

First 5 California tracks progress in four key result areas to support evidence-based funding decisions, program planning, and policies:

1. Improved Family Functioning
2. Improved Child Development
3. Improved Child Health
4. Improved Systems of Care

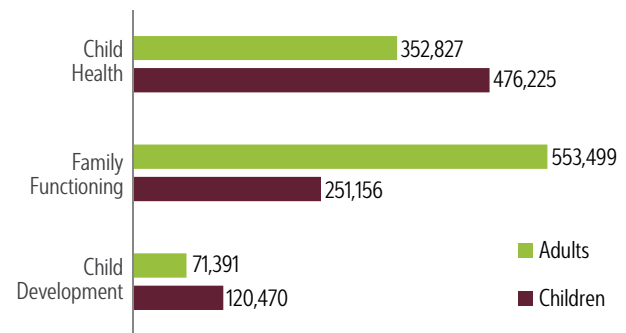
These result areas comprise a framework for reporting and assessing early childhood outcome data. Appendix A and B include descriptions of the result areas and services for First 5 California and 58 county commissions. This data reporting framework provides a statewide overview of the number, type, and costs of services provided to children and adults for a particular fiscal year.

Stakeholders can use this information as one source to determine impact and resource allocation from First 5 statewide. Exhibit 1 contains the total numbers of services provided to children ages 0 to 5 and adults in FY 2015–16 for Improved Family Functioning, Improved Child Development, and Improved Child Health.

The distribution of total expenditures, \$445,506,960 for children ages 0 to 5 and adults receiving services in 2015–16, is presented by result area in Exhibit 2.

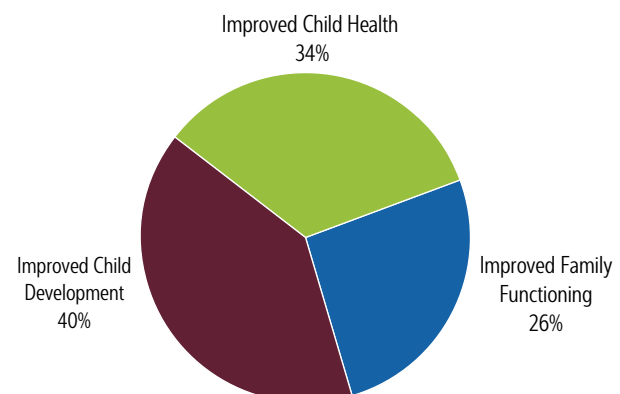
The result area, Improved Systems of Care (\$57,018,490), differs from the others; it consists of programs and initiatives that support program providers in the other three result areas.

Exhibit 1: Total Number of Services Provided to Children Ages 0 to 5 and Adults in FY 2015–16 Across Result Areas



*Totals for Adults include both Adult and Provider counts

Exhibit 2: Total Expenditures for Children Ages 0 to 5 and Adults in FY 2015–16 by Result Area



Source: County Revenue and Expenditure Summary, November 2016





First 5 County Commission Program Result Areas

First 5 county commissions are required to report to First 5 California their annual expenditure and service data on their programs. In collaboration with the First 5 Association, First 5 California developed and adopted guidelines to standardize data collection. Counties report program service data under the four result areas. These data have been aggregated to the State level. Data reported are from programs that are funded by both local and State First 5 funds (Appendix A).

IMPROVED FAMILY FUNCTIONING

Family Functioning services provide parents, families, and communities with timely, relevant, and culturally appropriate information, services, and support. Services include:

- Increasing parent education and literacy
- Providing referrals to community resources
- Supplying basic needs, such as food and clothing

In FY 2015–16, First 5 county commissions provided 251,156 services to improve family functioning to children ages 0 to 5, and 553,499 services to parents, guardians, primary caregivers, relatives, and providers. Exhibit 3 displays the numbers of services provided.

While children and adults from all ethnic groups received services, for those reporting an ethnicity, Latinos were the largest recipient group (60 percent). For children reporting a primary language, services were provided to English speakers 63 percent of the time and to Spanish speakers 34 percent of the time.

In FY 2015–16, county commissions invested \$116 million to improve Family Functioning. Exhibit 4 shows the distribution of expenditures by service category. First 5 California provided support to schools and educational institutions, nonprofit community-based agencies, government agencies, and private institutions. First 5 county commissions provided services to children and adults in order to improve Family Functioning.

IMPROVED CHILD DEVELOPMENT

Child Development services are designed to increase access and quality of early education and learning. These services include free high-quality preschool, special needs assessment and intervention, and school readiness programs.

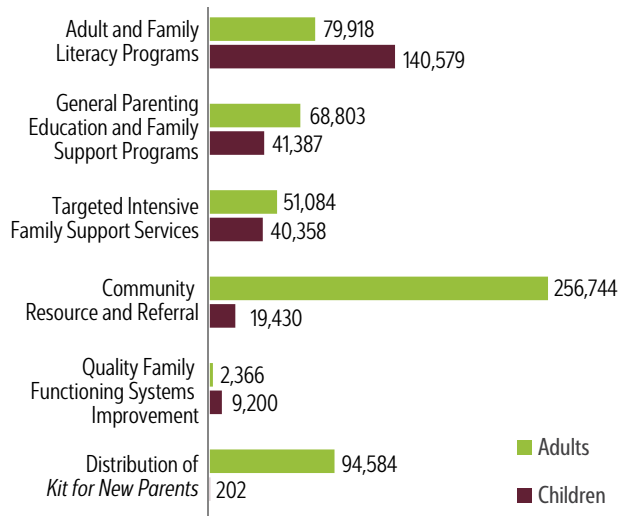
In FY 2015–16, First 5 county commissions delivered 120,470 child development services to children ages 0 to 5 and 71,391 services to parents, guardians, primary caregivers, relatives, and providers. Exhibit 5 displays the numbers of services provided.

While children and adults from all ethnic groups received services, for those reporting an ethnicity, Latinos were the largest recipient group of services (59 percent). For children reporting a primary language, services were provided to Spanish speakers 43 percent of the time and English speakers 50 percent of the time.

In FY 2015–16, county commissions expended \$179 million to improve Child Development. Exhibit 6 shows the distribution of expenditures by service category.

Exhibit 3:

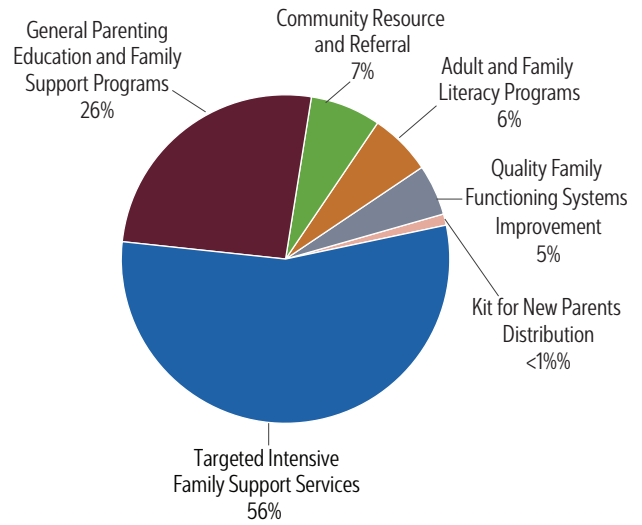
Family Functioning—Total Number of Services Provided to Children Ages 0 to 5 and Adults in FY 2015–16 by Service



*Totals for Adults include both Adult and Provider counts

Exhibit 4:

Family Functioning—Distribution of Expenditures for Children Ages 0 to 5 and Adults in FY 2015–16 by Service

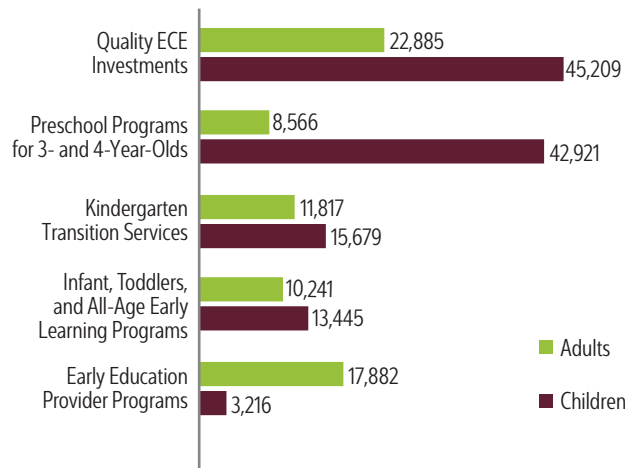


Note: Does not add up to 100% due to rounding

Source: County Revenue and Expenditure Summary, November 2016

Exhibit 5:

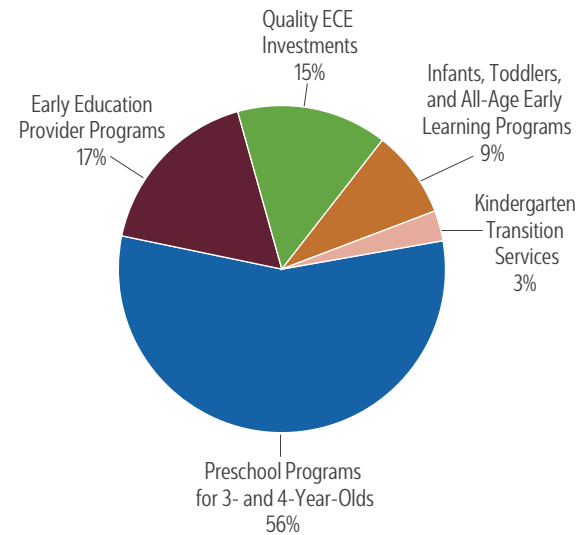
Child Development—Total Number of Services Provided to Children Ages 0 to 5 and Adults in FY 2015–16 by Service



*Totals for Adults include both Adult and Provider counts

Exhibit 6:

Child Development—Distribution of Expenditures for Children Ages 0 to 5 and Adults in FY 2015–16 by Service



Note: Does not add up to 100% due to rounding

Source: County Revenue and Expenditure Summary, November 2016

IMPROVED CHILD HEALTH

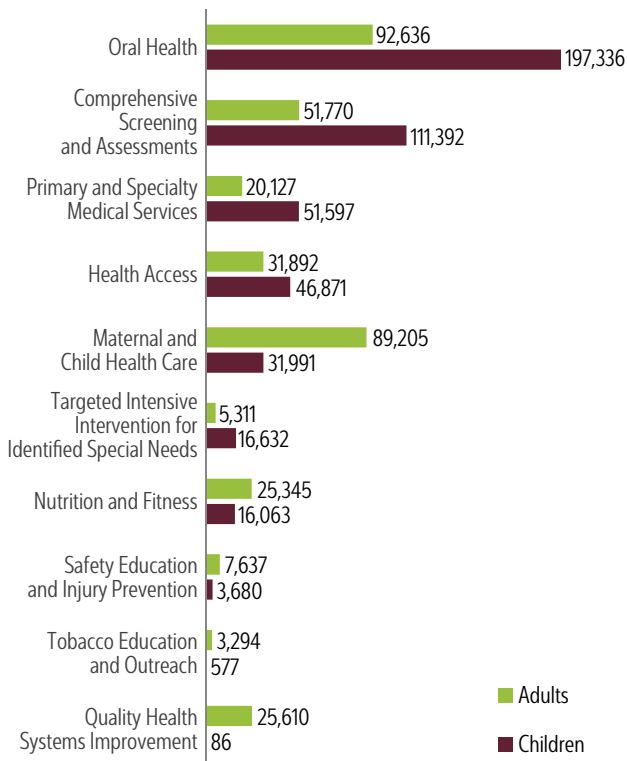
First 5 county commissions fund a variety of Child Health services that promote health through identification, treatment, and elimination of risks that threaten health and cause developmental delays and disabilities. First 5 Child Health services are far-ranging and include prenatal care, oral health, nutrition and fitness, tobacco cessation support, and intervention for children with special needs.

In FY 2015–16, First 5 county commissions provided 476,225 services designed to improve Child Health to children ages 0 to 5, and 352,827 services to parents, guardians, primary caregivers, relatives, and providers. Exhibit 7 displays the numbers of services provided.

While children and adults from all ethnic groups received services, for those reporting an ethnicity, Latinos were the largest recipient group of services (65 percent). For children reporting a primary language, services were provided to English speakers 55 percent of the time and Spanish speakers 41 percent of the time.

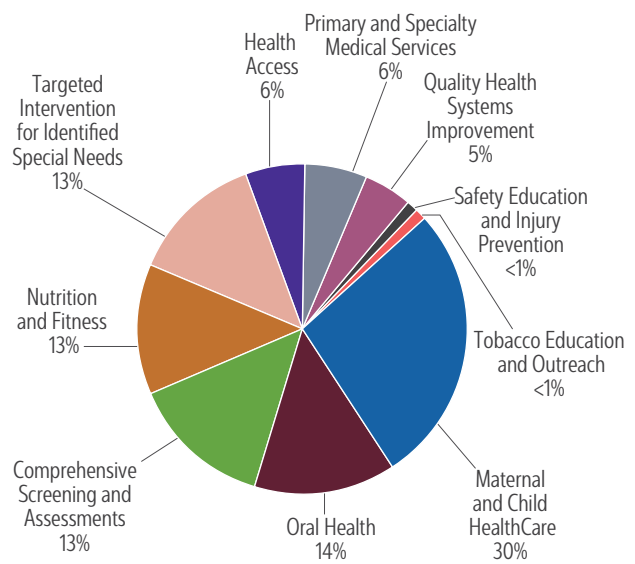
In FY 2015–16, county commissions expended \$151 million to improve Child Health. Exhibit 8 shows the distribution of expenditures by service category.

Exhibit 7: Child Health—Total Number of Services Provided to Children Ages 0 to 5 and Adults in FY 2015–16 by Service



*Totals for Adults include both Adult and Provider counts

Exhibit 8: Child Health—Distribution of Expenditures for Children Ages 0 to 5 and Adults in FY 2015–16 by Service

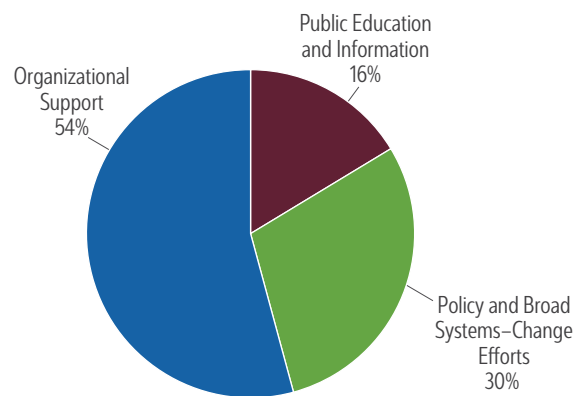


Note: Does not add to 100% due to rounding

IMPROVED SYSTEMS OF CARE

Systems of Care addresses system-wide structural supports as county commissions effectively work toward achievement in the result areas of Family Functioning, Child Health, and Child Development. For example, interagency collaboration allows coordinated wrap-around efforts from multiple organizations providing targeted services. Since this result area is at a systems level, counties do not report numbers of children and adults served. Expenditure data indicate that for FY 2015–16, county commissions expended \$57 million to improve Systems of Care (Exhibit 9). In FY 2015–16, 16 percent of expenditures went toward Public Education and Information; 30 percent toward Policy and Broad Systems-Change Efforts; and 54 percent toward organizational support.

Exhibit 9: Systems of Care—Distribution of Expenditures in FY 2015–16 by Service





Child Development Focus

FIRST 5 IMPACT

First 5 California is investing \$190 million in First 5 IMPACT (Improve and Maximize Programs so All Children Thrive) for fiscal years 2015–16 to 2019–20 to support a network of local quality rating and improvement systems (QRIS) statewide. QRIS is a research-based strategy to improve the quality of early learning settings across the entire continuum—from alternative settings and family, friend, and neighbor care, to family child care homes, centers, and preschools.

First 5 IMPACT builds on a successful network of local QRIS efforts, forges partnerships with all 58 counties, builds on existing First 5 California programs, and aligns with and leverages federal, state, and local investments and direction. Striving toward high-quality, evidence-based standards will ensure more early learning settings can support California’s children to gain the skills, knowledge, and dispositions necessary to be successful in school and life.

Over the five-year term, First 5 IMPACT funds will support four key areas:

1. \$122 million for county Lead Agencies to support local QRIS implementation
2. \$18 million for First 5 county commissions to support regional coordination of resources and data systems
3. \$28 million for state infrastructure, and training and technical assistance related to continuous quality improvement statewide

4. \$22 million for evaluation and research projects (e.g., child outcome research) and to support expansion of local QRIS databases

Additionally, First 5 IMPACT is built upon the following core principles:

- Effective teaching is critical: Children with warm, supportive early educators in stimulating environments are more resilient and engaged learners.
- Strong and engaged families: When families are included as active participants and partners in their child’s development, it empowers them as their child’s first teacher and positively impacts child development.
- California’s early learning and care system respects the diversity of family care needs, as does First 5 IMPACT: Children thrive in early care settings that work best for them. Quality is not one size fits all—it looks different across the spectrum of setting types. First 5 IMPACT recognizes those differences and supports all provider types.
- All types of programs and providers must be high quality for children to be successful. Early learning centers; family child care; family, friend, and neighbor care; family resource centers; Boys and Girls Clubs; libraries; and home visiting programs all are participating in First 5 IMPACT.



FIRST 5 CALIFORNIA DUAL LANGUAGE LEARNER (DLL) PILOT

First 5 California's investment in the Dual Language Learner (DLL) Pilot will examine culturally and linguistically responsive and effective teaching practices and strategies for the development of DLL children ages 0 to 5 in early learning settings. This effort is aimed to better support DLLs across California and to recommend scalable, implementable, and effective models and practices. First 5 California's DLL Pilot will increase early educators', families', and the general public's awareness about the benefits of bilingualism and home language through the participation Pilot sites, the *Talk. Read. Sing.*® campaign, and parent website. It also will share assessments of effective DLL practices and provide content for early childhood education preparation programs.

During the DLL Pilot development, First 5 California convened early childhood professionals and met with advocates, national experts, funders, and other stakeholders from the field for input on the pilot design. Based on survey data and feedback from the DLL Pilot Input Group and others, it was determined the primary goal of the pilot is to build the capacity

of early educators, caregivers, and administrators to effectively serve DLL children through intentional and focused professional development. The DLL Pilot's priorities include professional development encompassing family engagement strategies, best practices and teaching strategies, assessment of effective DLL practices, and positive messaging about the benefits of bilingualism. The DLL Pilot will engage and work in partnership with the First 5 Association, county commissions, and other stakeholders to engage in a collective effort to support DLLs and early educators.

In June 2016, First 5 California was invited to participate in a White House Policy Brief launch event focused on the early learning and development of America's DLLs. At the event, First 5 California celebrated the assets DLL children and their families bring to communities, heard from national experts about new research highlighting the cognitive and economic benefits of bilingualism, and shared policy recommendations, tools, and new efforts that promote the learning and development of young DLLs.

The anticipated investment for the First 5 California DLL Pilot is approximately \$20 million over five years (FY 2016–17 through 2020–21), while requiring local investments to leverage state funds.

QUALITY IMPROVEMENT FOCUS

One of the overarching purposes of First 5 California is to invest in supporting the quality and improvement of early learning programs. National research indicates high-quality early learning programs have a significant, positive impact on early childhood outcomes in cognitive, language, and social development for all children and especially for children with high needs.^{4,5} Decades of program evaluation results show investments in high-quality early learning produce significantly greater rates of return. Effective early childhood programs generate benefits to society that far exceed program costs. Yet nationally, many licensed facilities fail to meet or minimally meet the most basic guidelines for quality. Approximately 50 percent of California's disadvantaged and at-risk 3- and 4-year-old children do not attend preschool, and even fewer attend high-quality preschools.⁶ High-quality early learning programs go beyond the basics to provide opportunities for evidence-based learning activities, along with the development of nurturing and

supportive relationships with qualified teachers and caregivers.

Scientific studies conclude high-quality early learning programs improve school readiness and lead to better academic achievement in elementary school.⁷ Cost-benefit and return on investment analyses demonstrate investments in high-quality early learning programs generate substantial social and economic payoffs by reducing persistent social costs, such as crime and teen births.⁸

CHILD SIGNATURE PROGRAM

In 2011, First 5 California launched the development of its Child Signature Program (CSP) as a consolidation of the State Commission's prior investments in early learning programs (i.e., Power of Preschool [PoP] program). The purpose of this strategic program investment has been to increase the quality of early learning and development programs across the state.

CSP has worked to invest in high-quality early learning elements designed to enhance the quality of care and education for young children. A growing body of research confirms the importance of quality early learning experiences to effectively prepare young children for school and for life.

The design of CSP integrates proven elements of other First 5 California-funded programs, selected core components of Educare (see page 20 for description of Educare), and aligns with the California Department of Education Infant/Toddler and Preschool Learning Foundations and Frameworks. CSP was launched in three phases via three Requests for Application to First 5 county commissions and was funded from July 1, 2012, through June 30, 2015.

Thirty-seven counties participated in the program, with 10 counties participating at a deeper level, requiring them to implement three research-based Program Elements:

- Instructional Strategies and Teacher-Child Interactions
- Social-Emotional Development
- Parent Involvement and Support

For FY 2015–16, the State Commission authorized \$13.6 million for a CSP extension to enable the ten counties who were working more deeply to transition toward the new statewide quality improvement effort,

First 5 IMPACT (Improve and Maximize Programs so All Children Thrive) (see page 17 for a description of First 5 IMPACT). The transition required moving from a direct-services approach to a systems-level approach building on state and local investments in a quality improvement system/quality rating and improvement system (QRIS).

During FY 2015–16, the 10 continuing CSP counties served a total of 1,773 early learning sites and 80,491 children. CSP Extension funds directly supported 372 (21 percent) of these sites serving 19,354 children, including special needs children (3 percent), infants and toddlers (7 percent), and dual language learners (50 percent).

Example Program

CHILD SIGNATURE PROGRAM EXAMPLE— SAN JOAQUIN COUNTY

In the final year of CSP, First 5 San Joaquin (F5SJ) focused primarily on supportive layers that embody quality. Funds were used to support F5SJ-funded preschool sites, Race to the Top–Early Learning Challenge (RTT-ELC) center-based sites, and RTT-ELC family child care homes with improvements to support quality and movement on the Quality Continuum Framework—Rating Matrix. This was a shift from



past years when CSP funds were focused on direct preschool services and evaluation. With RTT-ELC ending and First 5 IMPACT commencing, F5SJ worked to create a seamless system of service for providers who will participate in either QRIS Block Grant or First 5 IMPACT, despite the difference in agency oversight and funding stream.

With the CSP Extension-funded efforts, F5SJ was able to shift First 5 California CSP funds from supporting preschool services to focus on quality improvement, rating, and system work in preparation for the transition from CSP and RTT-ELC to First 5 IMPACT. F5SJ is enthusiastic about being able to continue QRIS efforts under First 5 IMPACT and with lessons learned over the past years, F5SJ will continue to support quality efforts under First 5 IMPACT and focus on building upon the QRIS at both the state and local levels.

EARLY EDUCATION EFFECTIVENESS EXCHANGE

As part of its training and technical assistance (T&TA) to counties, First 5 California continued its partnership with WestEd in supporting the Early Education Effectiveness Exchange (E4) contract, originally executed July 1, 2013.

Under the contract (October 31, 2015–June 30, 2016), WestEd completed and translated all Professional Development to Go (PD2GO) training modules into Spanish. English and Spanish versions were posted to the E4 website (<https://www.cffc.ca.gov/programs/pd2go/index.html>). The E4 website was successfully transitioned from WestEd to First 5 California as provided for in the E4 contract.

As part of the E4 work, WestEd provided T&TA related to the transition of counties from the Child Signature Program to First 5 IMPACT (Improve and Maximize Programs so All Children Thrive), including facilitating webinars and phone calls. A series of in-person regional planning meetings were facilitated to help counties prepare their First 5 IMPACT applications.

Targeted technical assistance related to the development of the First 5 IMPACT Regional Coordination and Training and Technical Assistance Hubs application was provided to two of the state's ten regional Hubs.

EDUCARE

The Educare Quality Early Learning Model provides the comprehensive early learning services beginning at birth that early brain science shows are necessary to narrow the achievement gap for at-risk children so



they have the foundation they need to thrive in school and beyond. Research on early brain development demonstrates poverty and toxic stress can negatively impact a child's cognitive development and ability to learn.⁹ California children from low-income families typically enter kindergarten 12 to 14 months behind the national average in pre-reading and language skills.¹⁰ A study conducted by the Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill indicates low-income children (including children who are dual language learners) who enroll in Educare as infants or toddlers enter kindergarten with the same skills as their middle-income peers.¹¹ The Educare model also focuses on intensive family engagement to foster strong parent-child relationships, family well-being, and ongoing learning and development for both parents and children.

In 2010, the First 5 California State Commission voted to become one of several public funders in bringing the public-private Educare Quality Early Learning Model to California. The Commission has now dedicated \$6 million to support the launch, operation, and evaluation of the first California Educare centers in Santa Clara and Los Angeles counties.

Through funding from First 5 California and other national, state, and local public and private partners, Educare California at Silicon Valley (ECSV) opened its doors and began serving Santa Clara County-area children and families in the 2015–16 school year. The center is co-located with Santee Elementary School, and operates in partnership with First 5 Santa Clara, the Santa Clara County Office of Education Early/Head Start and State Preschool programs, and the East Side Union High School Child Development Program.

First 5 California's investment in ECSV specifically supports the inaugural year costs of high-quality elements in the classroom in order to meet the Educare Core Features program requirements that have been proven to increase the quality of early learning programs through improved teacher-child interactions. Funds also help pay for the program evaluation to ensure successful implementation of the national Educare Implementation Study.

In addition to serving 168 children in comprehensive, high-quality infant, toddler, and preschool programs during its inaugural school year,



the center serves the larger community by supporting local families through its family resource center, and is creating a regional hub for professional development and research through its Professional Development Institute.¹²

Educare of Los Angeles at Long Beach, a public-private partnership supported by a multitude of business, non-profit, and education leaders, is currently in the planning, fundraising, and construction phase of its stand-alone facility located on the Barton Elementary School campus in the Long Beach Unified School District. The official opening of the center and enrollment of children and families is anticipated for the 2017–18 school year.^{13,14}

LOCAL DEVELOPMENTAL SCREENINGS AND SERVICES

Across California, developmental disparities exist among children ages 0 to 5. Such an early readiness gap threatens later learning, development, and health. The California Children and Families Act was intended to create programs that support disadvantaged children in California and help them overcome the socioeconomic barriers that limit their opportunities for success. Since the beginning, First 5 California and county commissions have actively promoted screenings and assessments to help identify critical issues for children with special needs. When identified and addressed early, these issues are less likely to hinder children's chances for success in school and beyond. First 5 county commissions continue to make developmental screening a priority in their investments across the state.

Throughout FY 2015–16, First 5 California supported expansion in California of the national *Help Me Grow* (HMG) effort that works to ensure children have access and are connected to developmental and behavioral services through a system of early identification and care coordination. Through those efforts, HMG has been replicated in 13 California counties with 14 additional counties engaging in a planning process to become an HMG affiliate. At the local level, this work included providing training and technical assistance at an individual and group level to inform, survey, and interview counties about the HMG model. It also included assessing the status of the required infrastructure to meet the requirements of HMG and implement the model to fidelity. First 5 California also was instrumental in the support of local data collection efforts and assessment of opportunities to improve local data.

RACE TO THE TOP—EARLY LEARNING CHALLENGE

The Federal Race to the Top—Early Learning Challenge (RTT-ELC) has the ambitious goal of supporting the development and expansion of successful quality improvement efforts focused on improved outcomes for children with high needs by implementing local quality rating and improvement systems (QRIS). California's RTT-ELC grant implements a unique approach that builds upon its local and

statewide successes to create sustainable capacity at the local level and addresses the geographic and cultural diversity of California. Approximately 77 percent of the grant funding is being spent at the local level via 17 original consortia and 14 mentee counties, to support the development and expansion of successful local QRIS efforts focused on improved outcomes for children with high needs. The grant was awarded in January 2012, with state-level funding through December 31, 2016. Funding for local consortia ended June 30, 2016.

As the RTT-ELC grantee lead agency, staff from the California Department of Education's (CDE) Early Education and Support Division, along with staff from First 5 California, continue to serve as the RTT-ELC State Implementation Team and provide consortia and workgroup meeting planning and facilitation, technical assistance (TA) and support, and fiscal and programmatic oversight. Both locally and at the state level, progress continued on the governance structures with representatives from the Governor's Administration (Department of Finance, California Department of Social Services, and State Board of Education), as well as consortia members, continuing to demonstrate strong commitment and collaboration during this fourth year of implementation.

A portion of California's RTT-ELC grant funds are dedicated to support cross-consortia inter-rater reliability. In California's application, the high-quality plan called for a combination of local and state oversight to best maximize expertise and resources of the local QRIS rating and monitoring process. It includes a mechanism for guaranteeing local inter-rater reliability through a contract with First 5 California. The scope of work includes project management and oversight for an RTT-ELC Anchor System; development, implementation, and analysis of an Anchor System; and the planning and provision of training to RTT-ELC participating state agencies. This past year, through the work of this contract, First 5 California completed an Assessor Manual and significantly increased state capacity for Anchors and Assessors through numerous regional and county-level trainings. Throughout the state, 90 individuals were certified on the Environment Rating Scale tools, 220 were certified as trainers on the Classroom Assessment Scoring System® (CLASS®), and nearly 200 achieved the required reliability to become certified observers.

Expansion of QRIS in California took root in 2015 with the RTT-ELC grant serving as a foundation that resulted in the expansion of QRIS throughout the state. In 2015, the RTT-ELC QRIS efforts transitioned to a state-wide effort as a result of the release of the California State Preschool Program (CSPP) QRIS Block Grant and First 5 IMPACT (Improve and Maximize Programs so All Children Thrive). During 2015, all 58 counties began participating in either one or both funding opportunities, indicating program quality improvement and early learning systems building are major priorities at the state and local levels in preparing young children for lifelong success. Local consortia report QRIS is now seen as the effective umbrella to connect all quality improvement efforts within the counties.

In 2015, every RTT-ELC consortium reported fully implementing their QRIS, achieving both participation

goals and timely completion of site ratings. In fact, consortia reported sites continued to have high interest in participating in QRIS and many consortia exceeded their enrollment targets while others have wait lists. In 2012, California was serving 475 sites and by 2015 it had increased 590 percent to 3,278 sites. The number of children served also has increased greatly. In 2012, there were 1,565 children attending participating QRIS sites, and by 2015, that number increased to 124,734.

The CDE contracted with the American Institutes for Research (AIR) for an evaluation of the QRIS. The researchers are working with a sample of consortia to study how successfully the QRIS measures early learning program quality, possible alternative rating approaches, and how QRIS ratings are linked to child learning and development outcomes. Additionally, this evaluation will inform policymakers on a link



between quality improvement strategies and changes in program or workforce quality, and describe RTT-ELC implementation processes.

Early results are promising. Implementation of the RTT-ELC QRIS was in an early stage at the time the study began, but significant progress has been made over the course of the system's development from 2012 to 2015. Consortia exceeded their goals for enrolling sites during the RTT-ELC QRIS grant term. They made significant progress in conducting ratings and supporting quality improvement in participating sites. California successfully targeted publicly funded programs serving children with high needs for the earliest implementation of the QRIS. The study provides some evidence of the validity of California's QRIS ratings¹⁵, though it is too early in the system's implementation to draw many conclusions. California QRIS ratings are positively related to the quality of classroom interactions in early childhood programs, at least for the limited sample of sites with full ratings. Specifically, higher rated programs were observed to have higher scores on independent measures of the types of teacher-child interactions that are most supportive of children's developmental outcomes.

In addition, a supplemental study was conducted to glean more information.¹⁶ All documents pertaining to the RTT-ELC Evaluation are posted publicly on the CDE website at <http://www.cde.ca.gov/sp/cd/rt/rttelc.asp>.

In March 2016, as preparation for the end of the RTT-ELC grant, California transitioned as a state to the California Quality Rating and Improvement System, or CA-QRIS. Because of the RTT-ELC grant, agencies at both the state and local levels across California deepened their work together in a truly collaborative way like never before. As a result, increased investments in quality improvement were made via the (CSPP) QRIS Block Grant, First 5 IMPACT, and the Infant/Toddler (I/T) QRIS Block Grant. The CA-QRIS Consortium includes a variety of agencies, including local First 5 commissions and county offices of education, all receiving funding from First 5 IMPACT, the CSPP QRIS Block Grant, and/or the I/T QRIS Block Grant. The Consortium meets regularly to collaborate on systems development and quality improvement efforts in California.





Parent Support Focus

FIRST 5 EXPRESS

Since 2006, First 5 California’s mobile outreach tour has traveled to every corner of the state, reaching out to families and caregivers of children ages 0 to 5 in all 58 counties. This interactive exhibit features “Edutainers” who educate parents and caregivers and entertain children, teaching families about a wide variety of topics, including nutrition, physical activity, oral health, literacy, and most recently, early brain development. In FY 2015–16, the exhibit traveled to more than 130 schools, libraries, resource centers, community festivals, county fairs, and other family oriented events, making appearances in even the smallest rural communities and directly engaging with more than 66,460 people who walked away with helpful First 5 resources. FY 2015–16 marked the first year of the rebranded First 5 Express and a deeper focus on the importance of talking, reading, and singing to promote early brain development. Over 105,600 newly designed resources were distributed, including a branded hand puppet to give parents and caregivers a tool to spark conversation with their young children, bilingual storybooks to help make reading a regular routine in the home, and age-appropriate musical instruments like maracas and kazoos to bring out the joy of song. Together with the already established *Kit for New Parents*, “Fast, Fresh, and Fun Food from First 5” cookbooks, and brain development information, families were provided with hands-on experiences and take-home resources to reinforce healthy behaviors they experienced.

KIT FOR NEW PARENTS

First 5 California’s award-winning *Kit for New Parents* is the flagship of its Parent Signature Program. The *Kit* targets hard-to-reach and low-income populations, providing information and tips for first-time parents, grandparents, and caregivers.

Since 2001, First 5 California has distributed the *Kit* free-of-charge to local hospitals, physicians, and community groups to reach new parents. The *Kits* are available in English, Spanish, Cantonese, Korean, Mandarin, and Vietnamese, and include a health handbook, an early brain development brochure and tip card, and other important information on literacy and learning, child safety, developmental milestones, finding quality child care, and more. First 5 county commissions are encouraged to add local references and resources to the *Kit* to help inform parents about services in their own communities.

To date, 5 million *Kits* have been distributed throughout California since 2001, with 250,000 distributed this fiscal year alone.

PARENT WEBSITE AND SOCIAL MEDIA

Through its website (www.first5california.com) and social media channels, First 5 California continues to actively support parents and caregivers by offering engaging content on early childhood development—everything from tips for promoting language development to healthy snack ideas. Over the past two years, First 5 California has placed special emphasis on the importance of talking, reading, and

singing to children through its statewide “*Talk. Read. Sing. It changes everything®*” campaign. The website continues to serve as the primary destination for parents to access information about the campaign, reinforced with additional support via multiple social media channels, including Facebook, YouTube, Instagram, and Pinterest.

Website

While the website has historically served as the main portal for health, education, literacy, smoking cessation, and other important topics, it has expanded to include more information about early brain development, including activities, downloadable resources, and videos to help support children and families. The site also was recently redesigned to create an even easier, more user-friendly experience for mobile visitors, which now represent the site’s most significant source of traffic. During FY 2015–16, **first5california.com** received more than 563,000 visits with more than 1.1 million page views.

Social Media

The website also links to multiple social media channels, including Facebook and YouTube, plus Instagram and Pinterest, two new platforms for First 5 California, which were recently added to further reach and interact with a wider range of social media users. Across most platforms, followers receive regular posts that highlight simple, actionable tips and ideas surrounding early brain development and beyond—everything from reading tips to words of encouragement. As of June 30, 2016, First 5 California’s Facebook page has over 200,000 page likes, Instagram has nearly 3,600 followers, and Pinterest is growing with almost 100 followers. In addition to the everyday posts and engagement, First 5 California also identified and forged relationships with several key influencers in the social media space. Together, these efforts have provided First 5 California with its greatest ever on-line presence and it will continue to grow.

TOBACCO CESSATION

Through First 5 California’s investment in the California Smokers’ Helpline, parents and caregivers receive information and tools to help them quit both smoking and the use of other tobacco products—especially around children or while pregnant. Parental



smoking and secondhand smoke exposure have been linked to a range of serious ailments in babies and young children, including asthma, ear infections, pneumonia, bronchitis, and Sudden Infant Death Syndrome (SIDS). In FY 2015–16, to reduce these health problems and help smokers quit, First 5 California approved a \$5.6 million investment from FY 2016–17 through FY 2019–20 to support the California Smokers’ Helpline for tobacco cessation services for parents and caregivers of young children, as well as for training childcare providers, preschool teachers, pediatric healthcare providers, and parents. The toll-free Helpline (1-800-NO-BUTTS) provides one-on-one telephone counseling, self-help materials, and referrals to local resources. Helpline counselors follow protocols that have been scientifically proven to double the rate of successful long-term smoking cessation. Counselors and callers work together to develop a plan to quit, and continue interaction during the quitting process to increase the likelihood of long-term success. These services are provided in English, Spanish, Chinese (Mandarin and Cantonese), Korean, and Vietnamese.

Helpline callers also can receive free nicotine patches, sent directly to their homes. The Helpline has been so successful in assisting callers that staff often receive testimonials from those who have quit. Recently, the Helpline received a call from a parent who initially contacted the Helpline to tell them, “I started smoking at a very early age because my friends thought it was cool. When I became pregnant with my second child, I made a decision to not go through another pregnancy smoking. During one of my prenatal visits, I told my doctor that I wanted to quit smoking and was referred to 1-800-NO-BUTTS to get free counseling over the phone. I must say, I was pretty headstrong and thought I could do it on my own, but decided to try it out. I’m so glad I did. It will be seven years this September since I quit and my little girls have never seen me smoke. I’m so proud. I look younger, feel better and have no qualms about saying thank you to the one program that helped center me during a very stressful time and helped me to accomplish such a huge goal!” (Carol LaRosh, San Diego, CA)

In FY 2015–16, First 5 California’s investment provided Helpline services for a total of 4413 participants, including 262 pregnant smokers and 4,252 tobacco-using parents or caregivers of children ages 0 to 5 (note: 101 were both pregnant and had a child 0 to 5). Exhibits 10 and 11 display the education and race/ethnicity of Helpline callers. The online tobacco training modules, “Kids and Smoke Don’t Mix” and “Los Niños y el Humo no se Mezclan,” continued to be used by First 5 California Signature Program participants. The preschool modules give childcare providers, preschool teachers, and other classroom staff the knowledge and skills they need to encourage smoking parents and caregivers to quit. In FY 2015–16, a total of 2,022 individuals from 42 counties completed the online training. Also this year, the Clinical Effort Against Secondhand Smoke Exposure (CEASE) California project continued training pediatric care providers to screen patients for secondhand smoke exposure and help their smoking parents quit. In FY 2015–16, pediatric care providers at 57 clinic sites across the state were trained to identify and intervene with smoking parents, including prescribing quitting aids and referrals to the Helpline.

Exhibit 10: California Smokers’ Helpline— Education Level of Callers in FY 2015-16

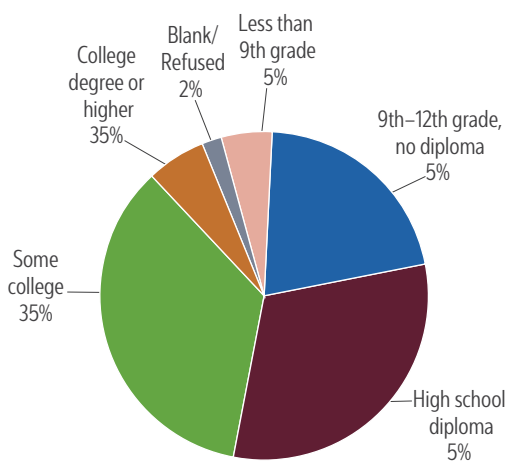
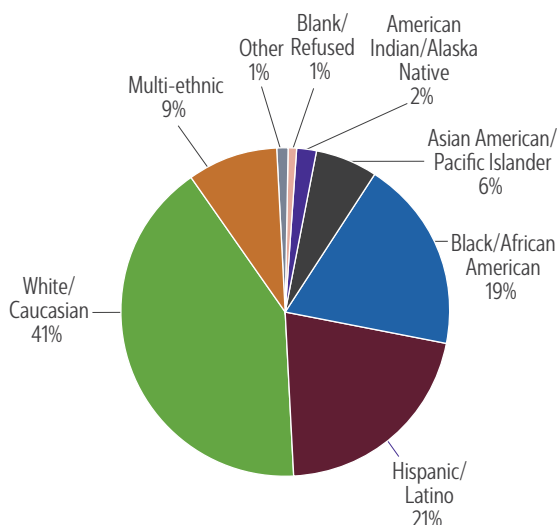


Exhibit 11: California Smokers’ Helpline— Race/Ethnicity of Callers in FY 2015-16







Teacher Effectiveness Focus

Quality teacher-child interactions are powerful contributors to children’s learning and success. Children are supported and developed through meaningful teacher-child interactions with educators who have the knowledge and skills to identify and support the needs of specific groups of children, including dual language learners. Research shows early childhood educators with higher educational levels and specialized training have greater quality interactions with children and result in positive effects on learning.^{17,18} Unfortunately, one study indicates only 13 percent of California’s low-income children are in high-quality early learning programs that support advanced thinking skills and language development.¹⁹ Teacher quality is so critical that a growing number of state and federal programs have mandated that early childhood educators attain more professional development and training in the field.

COMPREHENSIVE APPROACHES TO RAISING EDUCATIONAL STANDARDS (CARES) PLUS

The Comprehensive Approaches to Raising Educational Standards (CARES) Plus program was a First 5 California Teacher Signature Program. Launched in 2010 and sunsetted June 30, 2016, it was designed to increase the quality of early learning programs for children ages 0 to 5 by supporting the professional development of the early learning workforce. CARES Plus was an enhancement of F5CA’s original CARES program (2000–08) that gained national recognition

from Head Start, Zero to Three, and the Center for Law and Social Policy during its tenure.

CARES Plus offered quality professional development opportunities in both English and Spanish for early childhood educators. Some support services also were provided in additional languages. These opportunities included access to online best practice learning sessions, a video library of exemplary teacher-child interactions, one-on-one coaching, and at least two sessions with a professional growth advisor. The goals of CARES Plus were to:

- Improve the effectiveness of the early learning workforce
- Positively impact the learning and developmental outcomes of young children
- Increase retention of the early learning workforce
- Offer support services and stipends to encourage professional development

Through CARES Plus, First 5 California incorporated the use of the Classroom Assessment Scoring System® (CLASS®) tools. The following validated professional development tools and training, developed by the University of Virginia, were available to CARES Plus participants:

- The CLASS Observation Tool: An assessment that focuses on the effectiveness of classroom interactions among teachers and children, using a common language and lens to evaluate the quality and improvement of those interactions

- Introduction to the CLASS Tool: An online, two-hour interactive course to gain an understanding of the CLASS framework
- Looking at CLASSrooms: A self-paced directed study using exemplar videos to focus on identifying and analyzing effective teacher-child interactions
- MyTeachingPartner™ (MTP™): An evidence-based professional development tool focused on improving classroom interactions through intensive one-on-one coaching, classroom observation, and reflective analysis of teaching practice

CARES Plus participants were required to complete a one-hour online tobacco training module titled “Kids and Smoke Don’t Mix: A Tobacco Training for Child Care Providers and Preschool Teachers.” In addition to the professional development tools and activities listed above, participants were able to choose one or more of four professional development pathways:

- Evidenced-based training (Component A)
- Higher education courses (Component B)
- Serve as a CARES Plus advisor (Component C)
- MyTeachingPartner (Component D)

CARES Plus—Partnering with Institutions of Higher Education

CARES Plus also strengthened the use of the CLASS lens within higher education coursework. In 2015, F5CA worked with the University of Washington (UW) and the National Center for Quality Teaching and Learning (NCQTL) to pilot two courses in California community colleges and four-year institutions: *Becoming a Teacher Leader—Professionalism and Cultural Competence*, and *Effective Environments and Interactions*. These two practice-based courses use a cycle of learning, practice, self- and peer-reflection, and feedback to help educators become deliberate, purposeful, and thoughtful in their decisions and actions. The pilot courses also embedded the language of CLASS, understanding the importance of quality teacher-child interactions, and recognizing quality interactions into both courses. The 40 participating faculty from 18 institutions of higher education received Pre-K CLASS Observer training from F5CA

staff, each course’s complete curriculum, and ongoing support from UW and NCQTL during the 2015–16 year of implementation.

A video camera loan program was implemented to support early learning students at participating colleges and universities to facilitate their capacity to complete video assignments and to give and receive self- and peer-reflective feedback for real interactions with children.

Faculty felt courses were “outstanding,” “beautiful and easy to use,” and worked well with other frameworks used by their institutions. Each implemented the courses in slightly different ways, modifying them to effectively meet the needs of their students or embedding the content into an existing course, such as the community college Practicum course. Faculty appreciated the courses’ emphasis on self- and peer-reflection and found it valuable to see their students implementing what they learned immediately in their own classrooms with children. Faculty report continuing the use of the curricula informally beyond the California pilot or formally through participation in the National EarlyEdU pilot.

CARES Plus Evaluation Results

During 2015–16, 4,579 teachers completed CARES Plus training or coaching. Evaluation of the CARES Plus program shows the program is highly valued by teachers who participate in different program components, and that training and coaching are associated with improved quality of teacher-child interactions. Among participants surveyed during 2015–16, 85 percent found the training to be very useful for their professional development, 80 percent felt the training very much helped them become better teachers, 95 percent thought the program would help them continue in the early care and education field during the next five years, and 92 percent believed their CARES Plus experience would have a very positive effect on children in their care. To assess the quality of teacher-child interaction for CARES Plus participants, reliable raters coded classroom observations using the CLASS® instrument. Evidence-based professional growth training was associated with improvements in CLASS domain scores of Emotional Support and Classroom Organization. Participation in one-on-one coaching (MTP) was associated with improvements

in all three CLASS domains (Emotional Support, Classroom Organization, and Instructional Support).

CARES Plus County Example—San Bernardino

In FY 2015–16, the San Bernardino County (SBC) CARES Plus program had 392 early educators successfully complete the program requirements and receive a stipend. This was a dramatic increase over the prior year of 14 successful participants. Of the 392 participants 98 completed Component D MTP. The success of this increase in participation was reportedly due to SBC’s creation of video clips, featuring prior year participants motivating and challenging their peers to take advantage of the MTP one-on-one coaching opportunity.

Of those that participated in SBC MTP, nearly all reported a positive experience.

A participating family child care provider stated, “I didn’t want to do this because my English is not good. But I am so glad I did it because my coach was very helpful.”

A California State Preschool Program teacher stated, “I didn’t think I was going to learn anything new because I have been doing this for 27 years. Boy, was I wrong...so wrong. I’m embarrassed to tell you all that I didn’t know, I didn’t know.”

A staff member at a private center reported, “My Coach was wonderful! She supported and guided me to challenge myself outside of my comfort zone, which allowed me to see and acknowledge myself as an entirely different teacher from the beginning of our relationship.”

San Bernardino’s implementation of Component B provided stipends for early educators to continue their higher education coursework. In addition to stipend awards for the successful completion of six semester units, SBC provided additional funds to those who chose to take nine or more semester units. In all, the component B stipends provided \$2500 to \$3000 to support continued progress toward degree completion among early educators.

In addition to the supports provided by stipends for continuing education toward degree attainment and MTP coaching, CARES Plus professional development advisors facilitated group discussions on how to help participants integrate CLASS into practice.

SBC reported CARES Plus had an “impact on so many levels and with so many dedicated teachers (to include teacher assistants). Our agency was overwhelmed with gratitude and thankfulness from participants indicating they finally feel validated and acknowledged for their dedication and commitment through this stipend award program. The teacher-child relationship is the heart of any classroom and has been brought to the forefront of recognition because of CLASS. The teacher-coach relationship is an imperative positive support system that is customized to individual teachers, which honors and validates strengths through professional growth, allowing teachers as individuals to continue as lifelong learners.





First 5 County Commission Highlights

Alameda County

Through its investments, the goal of First 5 Alameda is to provide a network of early childhood services, professional development, and community support to prepare children ages 0 to 5 for success in school and life so children are ready for kindergarten and third grade success, and are free from abuse and neglect.

During the past fiscal year, one of the most significant accomplishments of First 5 Alameda was the full implementation of the regional Quality Rating and Improvement System (QRIS), funded by First 5 and California Department of Education Race to the Top—Early Learning Challenge grant. Through First 5 Alameda's strategic partnerships and quality ratings of 129 sites, it had an impact on 6,703 children, most of whom are from low-income households. It included support at community colleges to trainings on the Center for Social Emotional Foundations for Early Learning and Desired Results Developmental Profile and site-based coaching, mental health consultation, business and fiscal consultation, and consultation to implement universal screening. The preliminary results on the limited number of sites that have completed multiple ratings over time suggest more than 30 percent of sites improved by at least one tier. Fifty percent of family child care site participants and 50 percent of all site types with an initial rating of two stars have improved by at least one

tier at the time of the second rating. First 5 Alameda collaborated with partners by blending resources from AB 212, CARES Plus, Preschool QRIS Block Grant, Infant/Toddler Block Grant, First 5 IMPACT, First 5 Alameda investments, and local philanthropy. Additionally, professional development offerings deemed eligible by AB 212 and CARES Plus were mapped to the QRIS Pathways. As a result of intentional collaborations, systematic ratings, and alignment of early childhood systems, \$1,470,063 in California State Preschool Programs Block Grant dollars were disbursed to 35 Alameda County state preschool programs.

Another highlight that took place during FY 2015–16 was the Healthy Child Development Initiative, Help Me Grow (HMG). It piloted the sharing of developmental checklists based on the “Learn the Signs. Act Early.” campaign from the Center for Disease Control at Women, Infants, and Children program recertification visits, and connected HMG families for more support. Referrals at the pilot site increased referrals to HMG by 236 percent.

Alpine County

The goal of First 5 Alpine County is to implement comprehensive, integrated, and accessible programs to work toward the vision of First 5 Alpine County: “All of Alpine's children will thrive from birth and are provided a foundation for life-long success.”

During FY 2015-16, one of the most significant accomplishments of First 5 Alpine was the continued implementation of its center-based child development programs. First 5 Alpine partnered with the Alpine County Office of Education to help ensure school readiness. The Early Learning Center (ELC), under the auspices of the County Office of Education, is the largest grantee and service provider for First 5 Alpine. The ELC preschool program serves as the framework for meeting the strategic goals of the First 5 Alpine Commission. Following the standards set by the National Association for the Education of Young Children, highly qualified teachers implement developmentally appropriate activities throughout the day. The teachers in the preschool program complete ongoing developmental assessments while working with local kindergarten teachers to help provide successful kindergarten transitions. With the barriers that exist in Alpine County, accessibility is a challenge for its community members. Last year, local partners helped provide all children access to oral health and well-child examinations, immunization checks, developmental screenings, and the delivery of First 5 California's Kit for New Parents.

In Bear Valley, First 5 Alpine funded a license-exempt, drop-in child development program for children ages 0 to 5. This ski resort/summer home village holds many challenges for the full-time residents who try to serve

the varying population. This program has successfully served seasonal and year-round residents with a focus on all areas of early social-emotional and cognitive development. The program is staffed with professionals who emphasize cultural diversity throughout their curriculum. First 5 Alpine and the Bear Valley Parents Group continue to collaborate on sustainability of the program.

Other highlights during FY 2015-16 included:

- Participation and implementation of the First 5 California CARES Plus and First 5 IMPACT with the collaboration of First 5 Inyo and Mono Counties
- High-quality parent education courses for families with young children
- Community outreach activities, health fairs, and playgroups

Amador County

First 5 Amador County dedicates its resources to improving the lives of children prenatal through age five to help them reach their greatest potential. By strategically investing in strong systems, First 5 Amador continues to serve as a catalyst for change and progress by initiating conversations and developing forums to identify and address needs and opportunities, discuss and develop strategies, and implement programs and sustainable systems to support children and families.

First 5 Amador continues to take the lead in bringing local partners together in an effort to encourage effective collaboration resulting in enhanced services, thereby building the capacity of the community to promote and support protective factors and strengthen assets for young children.

First 5 Amador spearheaded the launch of a two-county Perinatal Wellness Coalition to address Perinatal Mood and Anxiety Disorders. This collaborative continues to work diligently in establishing a network of care, from universal screenings to mental health services. Medical professionals in Amador County are presenting this system of care at a regional level in an effort to embed the protocol in the

medical record system, thereby ensuring all pregnant women in their network of care benefit from this approach.

In an effort to support family engagement in education, help community members of all ages enhance literacy skills, and improve access to reading materials, First 5 Amador brought a group of volunteers and partners together to launch “Read Across Amador.” Their successes include the expansion of the Little Free Library Program, comprising 17 locations throughout the county, many in isolated, unincorporated areas where satellite branch hours are limited. Book bags containing age-appropriate children’s books were developed for social workers to use while serving children through Amador’s child protective services. Additional literacy opportunities made available include the Imagination Library, which provides a book mailed to children’s homes on a monthly basis from birth until their fifth birthdays. First 5 Amador is currently reaching 60 percent of the age-eligible children in the county. Through a statewide webinar, staff shared the success of this program with others interested in launching it in their counties.

First 5 Amador’s grantees and in-house programs, which include the “Baby Welcome Wagon” universal home visiting program for newborns, toddler playgroups in four locations, monthly “Dad and Me” events, behavioral specialists, “Bridge to Kindergarten” parent education, a three-week summer program conducted at each elementary school, and two Family Resource Centers (FRCs), continue to provide valuable services to children and their caregivers throughout the county, meeting families where they live.

Amador’s two FRCs are located in unincorporated, isolated areas of the county. They provide opportunities for families, including emergency food distribution, substance abuse support services, toddler playgroups, mental health counseling and education, and resource and referral. Comprehensive case management data showed 48 percent of participants met their goals, which included topics such as education, employment, health, and parenting. Another 33 percent of participants made

significant progress toward attaining their stated goals.

Amador’s Toddler Playgroups continue to provide an opportunity for families and child care providers to build relationships for children and families. While the four playgroups have common practices, each exhibits its own character consistent with the culture of the community. Amador County’s special education staff utilized playgroups to observe children in natural settings and encouraged families already receiving services to participate on a regular basis.

Butte County

Working closely with its community partners, First 5 Butte County dedicates its resources to improving the lives of young children and their families by strategically investing in three initiatives that focus on health, family strengthening, and systems strengthening.

During FY 2015–16, First 5 Butte County focused on forging strong relationships with local pediatricians as it sought to launch a countywide Reach Out and Read (ROR) project. Through its Health Committee, First 5 Butte commissioners met with pediatricians, inviting them to share their concerns in an effort to determine how First 5 might invest more effectively in meeting the health needs of young children. These meetings enabled First 5 Butte to forge new relationships in the pediatric community while helping to deepen the awareness and knowledge of commissioners regarding pediatric concerns.

Commissioners shared information with each physician about the national ROR model, highlighting that First 5 Butte would commit to investing in each site for a total of three years, providing the fiscal resources to purchase books. One pediatrician accepted the offer and soon became a champion for the project, was featured in a local news article about ROR, and agreed to be a guest speaker at the Butte County Pediatric Grand Rounds. Her enthusiasm about the project led to additional pediatricians signing on to become certified ROR sites. At this time, Butte County has two children’s clinics and one pediatric office identified as ROR

sites, for a total of 24 medical providers and office staff involved in distributing books to young patients.

Another program deserving to be highlighted is the Paradise Ridge Strengthening Families Program (PRSFP), which serves the rural and often isolated Ridge community in Butte County. The program aims to increase families' awareness and experience of the Strengthening Families™ Framework and the Five Protective Factors through a family resource center model of service delivery. The overarching goal of the program is for parents to be actively involved in their children's growth and development, have knowledge of positive parenting techniques, and for children to be well-prepared for kindergarten. All Ridge families with children ages 0 to 5 can access a variety of services, including long-term case management, classes and activities, and concrete supports such as assistance with utilities, rent, and other basic needs. In FY 2015–16, there were 1,560 instances of direct service contact via a variety of classes. Through these classes and activities, parents and children have created friendships and social support systems, and have been instrumental in helping to promote program services. The program employs "Parent Partners" as a strategy to remain connected to the pulse of Ridge families. The PRSFP facilitates quarterly network meetings, a

collaborative of Ridge service providers, parents, and stakeholders. The strength and influence of this collaborative is evident in its ability to collectively address unmet needs for families, such as a lack of subsidized meal opportunities for low-income children during the summer months. As a result of the partnerships formed through this effort, the school district was able to reinstate the Summer Food Program at a variety of locations throughout the Ridge.

Calaveras County

First 5 Calaveras County continues to facilitate successful partnerships and fund strategies that strengthen families and support them in raising healthy young children.

During FY 2015–16, one of the most significant accomplishments was the School Readiness Expansion—Raising A Reader Home Visiting Program, which expanded access to quality early childhood education for 38 children with transportation, financial, or other barriers preventing them from enrolling in local preschools.

Parents were taught child development domains and their role as their child's primary teacher, using the Ages and Stages Questionnaire (ASQ) and other developmental assessments as baseline information. Children showed developmental

gains as measured by Desired Results Developmental Profile and Life Skills assessments. Anecdotes noted gains by parents in the realm of parent-child communication and developmentally appropriate interactions and expectations. Parents increased their literacy activities with their children by reading regularly, going to the library, and adding interactive elements to their reading.

Other highlights included:

- The "Children's Dental Project" provided screenings, cleanings, fluoride treatments, and oral health education to over 300 children in local Head Starts, State Preschools, and Private Preschools in 10 geographically isolated communities. A Dental Van delivered services to children in rural areas, and 64 parents in the Women, Infants, and Children program received dental health education.
- The Kids Farmers Market provided nutrition education, hands-on cooking experiences, healthy recipes, and gave children the opportunity to choose their own vegetables and fruits. In addition, a 20-pound bag of fresh produce was sent home with each of the 299 preschoolers throughout the rural county.
- The Prevention Education Program taught personal safety and prevention skills to 180 preschoolers by means of stories, puppets, songs, and movement activities focusing on a variety of topics, including stranger danger, expression of feelings, and household, car, and gun safety.
- Collaboration with Behavioral Health and Mental Health Services Act provided 78 parent and professional trainings for over 360 adults on a variety of topics, including nutrition and growing healthy foods, autism, building mindfulness practice, creating trauma-informed care, and nurturing family relationships. Intensive work was done at one rural elementary school as the entire faculty was engaged in implementing the Mindful Schools



curriculum and philosophy throughout the school year. As a result, disciplinary referrals were decreased six-fold. Parent Cafes debuted in three communities, and classes in Spanish and classes for incarcerated fathers continued to be successful.

- Utilizing Child Abuse Prevention Intervention and Treatment Program funds, First 5 Calaveras partnered with Prevent Child Abuse Calaveras to provide 19 early childhood development screenings (ASQ-3 and ASQ-SE [Social Emotional]) to children ages 0 to 5 with a substantiated child abuse case. Foster parents, grandparents, and guardians were provided with child development information, Kits for New Parents, learning activities, and family strengthening resources.

Colusa County

Through its investments, the mission of First 5 Colusa Children and Families Commission is to enhance the lives of all children, prenatal to age five, and their families through a countywide, comprehensive, integrated system of early childhood development.

During FY 2015–16, First 5 Colusa invested nearly \$450,000 in programs and services, benefiting a total of 2,083 children birth to age five and 4,429 parents, family members, and providers. One of the most significant accomplishments of First 5 Colusa was the expansion of the Raising A Reader (RAR) program. RAR is a nationally recognized literacy program that promotes early language and literacy development as well as parent and child bonding. The ten-week program, offered in fall and spring, provided families with an introduction to the local Library, weekly story times that included fun and interactive activities to promote child development, RAR weekly book bag rotation, and development of a home library for enrolled families.

In collaboration with the Colusa County Library, as well as additional funding from the Colusa County Department of Health and Human Services, First 5 Colusa was able to expand the RAR program to five

different library branches throughout the county. In addition, RAR staff members were trained on the Ages and Stages Questionnaire (ASQ) and ASQ-Social Emotional screening tool, and implemented ASQ screenings as part of the RAR program. As a result, three children were referred for additional screening through Alta Regional/Special Education, two of which received additional services through the development of an Individualized Family Service Plan/Individualized Education Plan.

Other First 5 Colusa investments and initiatives included:

- CARES Plus
- Child Passenger Safety Program (classes, certified check-up stations, low-cost car seats)
- Growing Start (evidence-based parent/child playgroups)
- First 5 Service Corps/AmeriCorps (child development screenings and assessments)
- Health Access Services (Covered California and MediCal outreach, education, and enrollment)
- CalFresh Application and Enrollment Assistance
- Family Resource Centers in Arbuckle and Williams, and satellite services in Grimes, Maxwell, and Dunnigan
- Kindergarten Transition Programs (Kinder Camp and Backpack Program)
- Nutrition Services/Programs (Kids Farmers Market, Food Voucher Program), food distributions, Colusa County Grown Food Council, and nutrition classes, Rethink Your Drink Campaign)
- Family Strengthening Services (parenting classes, countywide trainings and workshops)
- Breastfeeding Initiative (Certified Lactation Counselors on site, warm-line funding, TriCounties Breastfeeding Alliance, The BIG Latch On)

Contra Costa County

First 5 Contra Costa helps young children grow up healthy, nurtured, and ready for school and life.

Results from First 5 Contra Costa's child care rating system show that

quality is improving. Ninety-five child care programs serving 3,500 children participate in the system. Sites are rated every two years and receive intensive coaching, training, financial incentives, and support to maintain or improve ratings. Fifty-five sites were re-rated in 2016, and ratings increased for nearly half. Almost every program met quality standards and most earned the two highest ratings. The system's coaching model is one reason ratings increased, particularly for family child care programs. First 5 Contra Costa produced a campaign to promote the rating system and help parents understand why quality child care matters. Learn more at www.qualitychildcarematters.org.

Other highlights from FY 2015–16 included:

- First 5 Contra Costa led the effort to implement Help Me Grow by training all 211 operators on resources to support children's development, expanding developmental screening practices at 13 pediatric offices, providing 29 playgroups for 189 children with delayed development, and providing developmental screening for 1,955 children and referring 22 percent of them for diagnostic assessment for delays or disabilities.
- Parent advocates trained by First 5 Contra Costa assessed conditions at 75 parks and presented their findings and recommendations to city councils. As a result, cities across Contra Costa made allocations totaling \$2 million to renovate some of the county's most unsafe and neglected parks.
- Nearly 400 expecting and new parents received home visiting services. Parents surveyed said their parenting knowledge and skills improved because of their participation.

Del Norte County

First 5 Del Norte (F5DN) works to promote and enhance the health, development, and wellness of children ages 0 to 5 and their families. FY 2015–16 was a time of transition with a new nonprofit taking over day-to-day

management of the existing family resource center as of July 1, 2016, and a new Executive Director in November.

F5DN helped lead a months-long, community-wide effort to better understand local challenges around early literacy. Twenty-seven families and 11 educators were interviewed about their experiences with education and literacy. The insights from the interviews became the starting point for extensive community conversation and work. The results have been presented to groups and boards throughout the county to build support for a lofty goal: All Del Norte third graders read at grade level by 2023. An early win has been new support for Little Free Libraries throughout the county.

F5DN also:

- Held its first Pre-K University, providing 30 children with a week-long preschool experience prior to starting kindergarten
- Broke ground on an expansion of its children's garden with a United States Department of Agriculture grant
- Gave away hundreds of books at community events and on the Wonder Bus
- Convened its local First 5 IMPACT/Quality Review Improvement System consortium
- Provided a site for free meals during summer and winter school breaks
- Gave mini-grants that funded backpacks for children ages 0 to 5 entering foster homes and high-quality books for Family Child Care Homes; family outreach by the Hmong Community Center; and books at the local community health center through Reach Out and Read and at the Crescent City Women, Infants, and Children office

El Dorado County

First 5 El Dorado County supports parents as a child's first teacher, investing in early literacy, high-quality child care, caregiving, developmental screens, health, and strong communities. As a result of Commission investments in FY 2015–16:

- Libraries reached a considerable portion of the county's young children. Ready to Read @ Your Library provided early literacy services to 2,276 children ages 0 to 5, nearly 24 percent of the total estimated population.
- High 5 for Quality (H5Q) effectively engaged participants to increase the quality of early care and education programs across the county. Over half (55 percent) of licensed early care and education programs participate in a quality rating and improvement system.
- Many families of newborns received effective support through a home visit. After the service, most (93 percent) program participants reported having access to community resources for their family and child if they needed them.
- Most families (93 percent) reported knowing normal behavior for their child's age level and using positive ways to guide and teach them (95 percent). In addition, half of all families surveyed reported their children received a developmental screening within the past year.
- Nearly all children surveyed accessed well-child checks. Almost all families surveyed reported that their children received well-child exams within the past 12 months.
- Community Strengthening Groups convened key organizations toward shared goals for children, families, and communities. The majority of community partners (72 percent) reported increases in their knowledge of early childhood services available for expectant parents and families with children ages 0 to 5.
- The Lighthouse for Children (LFC) facility opened services for children and families. The LFC is a community space where young children and their families are supported and prioritized so they can reach their full potential. It is home to a high-quality Child Development Center (CDC) and a Community Learning Center where children from all socioeconomic backgrounds and abilities can learn alongside each other, while families access a variety of prevention, intervention, and treatment services. To increase access to high-quality child care, the F5FC Commission approved a tuition scholarship for families of children who do not qualify for state subsidized child care and are unable to afford the full tuition amount at this CDC. The Commission's tuition scholarship is a step to promote local policy changes so high-quality child care will no longer be a privilege but a right for every child.
- \$10.6 million was awarded to community partners. Through this public procurement, the F5FC Commission partnered with 14 different agencies to improve the quality of care in early childhood education settings, promote and monitor developmental needs through the Help Me Grow system, and expand the availability of parent education and family literacy programs in urban and rural Fresno County over the next two years.
- Univision media partnership was launched to reach Spanish-speaking families. The F5FC Commission began a year-long partnership with local Univision affiliate titled *Esta En Ti* (It's Up to You) composed of monthly public service announcements using local community leaders discussing a variety of topics such as developmental screening, the role of grandparents, and high-quality child care to help families and caregivers make sound decisions about the health and development of young children. The partnership

Fresno County

In order to sustain lasting improvements in the lives of the county's youngest residents, First 5 Fresno County (F5FC) partners with community organizations, private and public agencies, and families to promote the importance of the first five years, expand services, and mobilize support for young children and their families. Highlights for FY 2015–16 include:

explored topics in detail through radio and television interviews to provide families with tips, resources, and contact information to help connect them with services.

- Funds were allocated to help decrease African American infant mortality. In 2015, F5FC commissioned a needs assessment to understand the root causes of the high rate of African American infant mortality in Fresno County as compared to the state and the nation. The study revealed the relationship between persistent discrimination; unequal opportunities; and declining material, social, and relational resources as predictive factors for poor birth outcomes. F5FC committed \$300,000 to launch implementation of the recommendations in the needs assessment report and the investment is leveraging other resources and aligning with collective impact initiatives underway in Fresno County to deepen its intended outcome.

Glenn County

The goals of First 5 Glenn County are to improve: 1) Family Functioning: Strong Families; 2) Child Development: Children Learning and Ready for School; 3) Child Health: Healthy Children; and 4) Improve System Functioning.

During this past fiscal year, one of the most significant accomplishments of First 5 Glenn County was increasing parents' skills and reducing numbers at post testing for those who scored in the "high-risk" category. This was done through the "Nurturing Parenting Curriculum" facilitated by the "Little Learners" program. Almost all parents who initially identified with high-risk behaviors experienced increased skills and knowledge as a result of program participation, and moved out of the high-risk category at the follow-up assessment. With a funding investment of \$180,000, this program/initiative provides an environment that is more sensitive and better educated about the early mental health needs of its children. Over 9,000 parents attended 424 events.

Other highlights during FY 2015–16 included:

- A total of 32 infant/toddler and 373 transitional kindergarten/ kindergarten children received developmental assessments.
- 168 children ages 0 to 5 had their oral health needs addressed (2,000 toothbrushes).
- Four AmeriCorps members supported children with 5,673 direct service hours.
- 75 Nurturing Parenting classes for 494 parents/358 children were conducted.
- Two new Summer Kinder Camps were created with 11 teachers serving 110 children.
- Professional trainings were funded for 304 teachers and educators.
- 79 children in four schools were provided with hydration centers/ Klean Kanteens.

Humboldt County

First 5 Humboldt's vision is that all Humboldt County children thrive in healthy, supportive, nurturing families and neighborhoods, enter school ready to learn, and become active participants of their communities. Along with Mendocino County, Humboldt County has the highest percentage of residents with four or more Adverse Childhood Experiences (ACES). This level of ACES puts the county at significant risk for negative physical and mental health outcomes. First 5 Humboldt's Parent and Family Support programs seek to promote resilience by supporting 17 playgroups in communities throughout the 3,600 square miles of this rural county, reaching many families in remote areas. During FY 2015–16, there were at least 10,571 parent/caregiver playgroup visits, 9,010 playgroup visits by children ages 0 to 2, and 9,968 playgroup visits by children ages 3 to 5 at 913 playgroup events.

Since 2012, the Humboldt County Office of Education's (HCOE) Kindergarten Screening Tool has been used to assess kindergarteners' readiness for school. From 2012 to 2016, the average score for those children who attended playgroup was higher than for those children who did not. HCOE reported that for children who attended



preschool, the average score was 75 percent (compared to 77 percent for playgroup attendees) and for children who attended both preschool and playgroup, the total score rose to 80 percent. This trend has held true since 2012.

First 5 Humboldt funds two specialists who work with playgroups through a partnership with HCOE. These specialists are certified in Infant-Family and Early Childhood Mental Health and provide support to playgroup families through parent education, informal screening, one-on-one support for mental health-related concerns, infant massage classes, and referrals to early intervention services. These specialists coordinate Humboldt County's 0 to 8 Mental Health Collaborative. The collaborative was established to further develop the local workforce through transdisciplinary training on trauma-informed and developmentally appropriate practice, as well as the reflective practice model. In 2015, the Collaborative offered 65 trainings with more than 2,486 participants from the disciplines of child welfare, early childhood education, social work, school psychology, family counseling, and juvenile justice, to name a few. The systems change brings together professionals from different disciplines to focus on how to best serve young children and their families.

Imperial County

First 5 Imperial County allocated approximately \$2.2 million for FY 2015–16 to fund projects committed to increasing the healthy development of children ages 0 to 5, supporting

parents/guardians and/or building capacity for providers. Investments used to support these projects addressed strategic objectives by offering services that focused on health, family support, and early care and education. For instance, investments used to support families with young children included case management for at-risk families, family resource fairs at low-performing school sites that included up to 30 distinct programs, and advocacy for children under the custody of the juvenile court system. Investments in health ranged from support to ensure expectant mothers receive prenatal education and programs designed to increase breastfeeding rates, to intensive child asthma case management services, and nutrition and fitness activities that address childhood overweight/obesity. Investments in early care and education included an intensive 30-week preschool home instruction program, child literacy activities at over 40 preschool centers with a book give-away program during each visit, subsidizing preschool slots for children that have a mild disability or are “at-risk” of developing a disability but do not qualify for special education services, and the implementation of continuous quality improvement in preschool centers and family childcare homes.

Imperial Valley Child Asthma Project (IV CAP) is an outstanding program awarded by the First 5 Imperial County Commission. As a result, during FY 2015–16, IV CAP worked to ensure that children diagnosed with asthma symptoms have access to quality care and case management services, in addition to establishing partnerships and advocating for change throughout the county. The Commission has funded IV CAP for as many as 12 years, and awarded \$157,337 for this fiscal year. Through efforts and services offered by this partnership, 82 percent of parents worked to take measures to reduce/eliminate environmental triggers, and as many as 90 percent indicated an increased compliance in the use of asthma controller medication, and only 2.2 percent of children were subject to a second hospitalization. Perhaps one of the most significant accomplishments

is based on the attention the IV CAP has raised with respect to asthma and environmental health. As a result of these efforts, a number of local health, human services, and environmental groups, along with the local water board, have identified asthma as a number one concern. The Local Health Authority, through the support of the Community Health Improvement Partnership, is currently working on increasing funding for local asthma support services modeled after IV CAP.

Other noteworthy accomplishments achieved in FY 2015–16 included:

- Offering multiple, mobile child literacy activities to over 3,200 children with each child receiving three to five books for their home library
- Funding for 12 slots for children with disabilities or who are at risk of developing a disability that does not qualify for special education services
- Promoting nutrition and fitness through education, cooking classes, and active gardening at 15 preschool centers for 323 children
- Involving 75 children in the Home Instruction for Parents of Preschool Youngsters 30-week home instruction program, where significant gains were achieved in a number of school readiness activities
- Advocacy and referral services for 67 new cases of children under the custody of the Juvenile Court System
- As many as 43 percent of mothers receiving lactation education at one local hospital were exclusively breastfeeding their child at discharge

Inyo County

In FY 2015–16, Small Population County Funding Augmentation dollars empowered First 5 Inyo County to improve early health and family strengthening programs through the use of gold standard models, producing more outcomes statewide.

One of the greatest local benefits of this evidence-based investment was that quality data from programs like Triple P (Positive Parenting Program)

and Ages and Stages Questionnaire (ASQ) motivated Inyo partners to improve systems to better meet family needs. ASQ-SE (Social Emotional) scores prompted Health and Human Services to connect more families to Parent Child Interaction Therapy, Early Wellness Recovery Action Plan, and other behavioral health supports. Wild Iris, a local nonprofit for families recovering from domestic violence, opened its art therapy classes to young children for further support. Inyo County’s Superintendent of Schools Special Education Plan expanded its definition of services to better meet a variety of needs beyond speech delay.

Families also have been affected by these changes. Ninety-three percent of parents in Triple P learned new strategies to manage behaviors, and 66 percent used tools to plan and organize family routines. Eighty-two percent of parents in the anger management module said they learned to plan for trigger situations with coping statements and to use thought-switching activities. Parents in developmental play parent coaching program averaged growth of 8.4 points on the Parenting Interactions with Children Checklist of Observations Linked to Outcomes scale, a tool that monitors parent affection, responsiveness, encouragement, and teaching skills in observed play with a child.

One of every three First 5 Inyo families is involved in child welfare, criminal justice, or addictions recovery services, and one of every five clients belongs to Temporary Cash Assistance for Needy Families or Cal Works. Three-quarters of families report annual incomes under \$20,000. Experiencing a growing sense of capability among diverse parents from county jail inmates, survivors of domestic violence, and isolated parents struggling with basic needs has made First 5 Inyo grateful to offer such quality tools to families, and humbled by the hard work families put into using them.

Kern County

While birth rates have been declining in California nearly every year for the last 20 years, Kern is predicted to

increase its child population from a little over 250,000 in 2015 to 278,144 by 2020. To meet the local needs, First 5 Kern County increased its number of programs from 39 in the last year to 41 this year.

FY 2015–16 also was the beginning of a new five-year funding cycle. As California’s third largest county by land area, Kern County requires early childhood services in mountain, valley, and desert communities. Because the fund allocation from Proposition 10 is based on the proportion of live births by county, no additional consideration was given to the extra cost of service delivery in hard-to-reach communities. As a result, First 5 Kern has been frugal to ensure its service coverage across a land area equal to the size of New Jersey.

Due to the decline of state revenue from tobacco consumption, nearly all programs consolidated their services. As a result, three programs—Nurse Family Partnership (NFP), Guardianship Caregiver Project (GCP), and Ready to Start (R2S)—were highlighted for their exemplary services in Child Health, Family Functioning, and Child Development, respectively. In particular, NFP’s intensive support for low-income, first-time mothers has resulted in full-term pregnancies for almost 72 percent of newborns. Meanwhile, all clients of GCP confirmed in a survey that “The children in the household are not subjected to abuse and/or neglect.” R2S used First 5 Kern funding to sustain its effective summer bridge program in additional school districts. Altogether, services were guided by First 5 Kern’s vision to ensure children thrive in supportive, safe, loving homes and neighborhoods toward well-prepared kindergarten transition.

Kings County

During this past fiscal year, one of the most significant accomplishments was the First 5 Kings County Family Resource Centers (FRCs). With a funding investment of \$721,868, the FRCs provide early childhood education, home visitation, developmental screening, parent education, and referral services. During FY 2015–2016, 1,177 children ages 0 to 5 and 1,058 parents, siblings, and caregivers visited an FRC.

The total number of services delivered by the five funded FRCs was 26,850.

Other highlights included:

- The Linkages 2 Learning project distributed 1,472 school readiness backpacks to incoming kindergarteners.
- The Kings County CARES About Quality project provided support, ranking, technical assistance, and materials to 15 Preschool and Childcare Sites.
- The local CARES project provided training and professional growth advising to 148 professionals working in the early childhood education field.
- The United Cerebral Palsy Special Needs project provided 230 developmental assessments and 276 interventions to children ages 0 to 5.
- The United Cerebral Palsy Parent & Me project served 227 children ages 0 to 5 and 198 parents through weekly center-based early childhood activities.
- The Kettleman City FRC provided 275 home visitation services.

Lake County

Through its investments, First 5 Lake County works to achieve the long-term goal from its 2014-2019 Strategic Plan “to inspire and promote healthy, safe, happy, and family-centered experiences for children ages 0 to 5 through partnerships with local families and service providers.” One of the most significant accomplishments was the continued implementation of the Children’s Oral Health Project. Through coordination of First 5 Lake County, Lake County Office of Education (LCOE), and Lake County Public Health, over 800 preschool and kindergarten children received a dental screening at their school site; 42 percent of the children screened were cavity-free, which is an improvement from 40 percent in FY 2014–2015. In addition, 340 preschool children received nutrition and oral health lessons. The Children’s Oral Health Project provides a platform for LCOE Healthy Start to work directly with community clinics in providing dental care at critical stages to children of greatest need. Children are identified

and referred to ensure their dental needs are met early, preventing long-term negative impacts on their health and ability to thrive in school. Two dental clinics in the county have set block appointments two mornings a week to treat children identified and transported by Healthy Start.

Other highlights during FY 2015–2016 included:

- *Lake County Hero Project* (<http://www.lakecountyheroproject.com/>) worked to showcase the resilience and strengths of over 550 families and inspire the heroes in children’s everyday lives through social media, community outreach, and monthly interactive parenting challenges.
- LCOE Imagination Library provided resources for building family literacy through monthly distribution of over 1,030 books. Easter Seals operated two Early Learning Centers, Lakeport and Clearlake, assisting over 290 parents with 320 children to complete Ages and Stages Questionnaires and use the information to improve their parenting skills and support their children’s growth and development.

Lassen County

The goal of First 5 Lassen County is to fund programs aimed at ensuring all children enter school healthy and ready to learn. First 5 Lassen has two primary areas of focus, oral health and home visiting, both serving high-risk populations. Two programs, the Pathways to Child and Family Excellence program (Pathways) and Children’s Oral Health Program (COHP), also known as Smiles for Life, have been important investments of the county commission.

During FY 2015–16, one of the most significant accomplishments of First 5 Lassen County was its home visiting program implemented by Pathways to Child & Family Excellence, Inc. With a funding investment of \$265,000, this program/initiative provides home visiting services to high-risk families. The program is designed to improve family functioning, child development, health, and systems of care. Primary services

include weekly parent education and child development lessons using the Parents as Teachers (PAT) curriculum. Screenings and assessments are completed on children and parents to determine an individualized approach to addressing child, parent, and family needs. Each child is screened for developmental progress using the Ages and Stages Questionnaire (ASQ) & ASQ-SE (Social Emotional); simple PAT health screenings are used for hearing and vision. The Life Skills Progression Tool (LSP) is used with each family to determine the strengths of the family and the areas that need attention. Based on the LSP and weekly communication with the family, the home visitor is able to make targeted referrals. The Home Visiting Program served 111 children ages 0 to 5 and 105 parents or caregivers. Another 47 children (siblings 6 years or older) participated in the program, increasing the total number of children served during the year to 158; the number of service units was 2,574.

First 5 Lassen's COHP, implemented in the community by Smiles for Life, serves Lassen County via different service delivery strategies, including education, direct prevention, consultation services, assessment, health services, community health events, and resource and referral activities. Nearly 600 children received an oral health screening, and 255 children ages 0 to 5 received direct oral health services. Hospital-based oral health services for children, a local First 5-funded program started in 2003 and now sustained by Banner Lassen Hospital, continued to provide oral surgery services to children.

Los Angeles County

First 5 Los Angeles (First 5 LA) has successfully implemented the first year of its FY 2015–20 Strategic Plan. Ambitious in scope, the plan is taking the organization in a new direction by placing greater emphasis on efforts that contribute to sustainable public financing, public policy, and systems-level change through partnership and collaboration with others aligned to its mission. The goal is to maximize First 5 LA's impact on the greatest number of children prenatal to age 5.

In addition to shifting emphasis, First 5 LA has refined its organizational focus by committing to the following four interlinked outcome areas to help children enter kindergarten ready to succeed in school and life:

- **Families:** First 5 LA will increase the Family Protective Factors by working with parents and caregivers so they have the skills, knowledge, and access to resources they need to support their child's development.
- **Communities:** First 5 LA will support a community's ability to foster safe, healthy, engaged neighborhoods that help children and their families thrive.
- **Early Care and Education (ECE) Systems:** First 5 LA will increase access to high-quality early care and education, and increase access to affordable, quality child care and preschool.
- **Health-Related Systems:** First 5 LA will improve the capacity of physical health, mental health, and substance abuse services and systems to meet the needs of children prenatal to age 5 and their families; and improve how health-related systems coordinate and deliver care.

First 5 LA has made great strides during the last fiscal year in these areas, and continues to draw connections between them to ensure that resources are leveraged and coordinated.

Successes include:

- Developing a strategic partnership with the Center for the Study of Social Policy to launch Project Developmental Understanding and Legal Collaboration for Everyone (Project DULCE). Project DULCE enhances "well baby" checkups to support a child's early development. Through the partnership, three clinics in LA County have started serving families through Project DULCE: The Children's Clinic, Northeast Valley Health Corporation, and St. John's Well Child and Family Center.
- Launching a statewide, coordinated ECE Coalition composed of several nonprofit

groups and First 5s throughout California. The coalition, whose advocacy efforts were focused on rates, access, and quality, worked with Sacramento lawmakers to increase early childhood funding by more than \$500 million by FY 2019-20 under the FY 16-17 state budget agreement approved by the Legislature and Governor Brown last June. The additional funding will create almost 9,000 new full-day slots to the California State Preschool Program over four years, and increase reimbursement rates for providers to help address the state's new minimum wage and to help providers cover the cost of care.

- Contributing to the launch of Help Me Grow LA through a partnership with the American Academy of Pediatrics Chapter 2, LA Care Health Plan, the LA County Department of Public Health, and an additional 33 agencies committing to help bridge the gap in providing developmental screening services for young children.
- Convening leadership from public and private organizations across LA County to begin a movement around transforming LA into a trauma-informed county, where systems address trauma using a multi-pronged, multi-agency public health approach.

As First 5 LA looks to the future, work will continue to be done in partnership with the county, community organizations, and leaders that are all working to improve the health and development of LA County's young children.

Madera County

First 5 Madera County aims to ensure all children in the county are healthy, grow up in a strong family environment, and are continuously learning. It is the goal of the local county commission to fund meaningful and sustainable programs that will have a lasting positive impact in the community.

The First Parents Program (FPP) is a voluntary strength-based case management program that provides

comprehensive home visitation for first-time parents. FPP is both a proactive and reactive program. It works toward preventing problems a first-time parent may encounter, but also provides early identification and subsequent intervention methods, thereby speeding up the recovery process. The FPP served 203 infants. Of those, 82 graduated from the program at 12 months. Over 70 percent of the infants who graduated at 12 months were breastfed during their first 12 months of life. At the time of graduation, more than half of the infants were still partially or exclusively breastfeeding. FPP's 12-month breastfeeding rate is 59.8 percent. Of the 203 infants served, 31 were born in the FPP and none were premature. The FPP nurses perform various developmental assessments, including Denver II, Ages and Stages Questionnaires-Social Emotional (ASQ-SE), Ages and Stages Questionnaires (ASQ), Keys to Interactive Parenting Skills, and Life Skill Progression; and provide mothers with critical information to ensure the health and safety of their children. FPP provides comprehensive services that work toward strengthening families and promoting the health of the youngest children. The combination of these efforts work toward preparing these children for a positive school experience.

Other highlights:

- The implementation of a newly funded program, Developmental Assessments, was charged with mapping out local resources in response to ASQ-3 and ASQ-SE screening and referral outcomes.
- Family Resource Center (FRC) staff received ASQ-3 and ASQ-SE training and began performing screenings on children attending pre-kindergarten University classes. All activities and classes administered at the FRCs are designed to align with ASQ developmental measures. Through this training, the FRC manager is now a certified ASQ-SE and ASQ-3 trainer, thus supporting sustainability of critical early screening knowledge despite any future exodus of staff.

Marin County

Highlights from FY 2015–16 included:

Marin Communications Forums—First 5 Marin has been offering free monthly workshops for its colleagues and community partners for the past three years.

Originally focused only on media and communications, the forums have expanded to include “First 5 issues” (e.g., oral health, nutrition, mental health services) and to address issues of broader community concern.

Two recent topics that attracted significant attendance focused on homeless children and families, and hunger and food insecurity. Both sessions prompted attendees to request further discussion and to ask about ways to take action on the issues. First 5 Marin not only is convening its community partners, but is inspiring a collective response to public policy concerns.

Policy Breakfast—First 5 Marin welcomed more than 300 attendees to its May 13 policy breakfast on “Race, Ethnicity, and Inequity in Marin.” A group of community leaders helped plan the event, which was delivered “talk-show style” with a panel of speakers that included three ethnically-diverse teenagers, a county supervisor, and a representative from the African American community. The panel also included a consultant from the Government Alliance on Race and Equity.

The discussion centered on institutional race and equity issues—with reflections on inequities in government agencies, policies, and schools. Audience members also lined up to share their observations. There was an overwhelmingly positive response to this event; people appreciated having a forum for the discussion and are eager to keep talking as Marin County continues to work on equity.

Mariposa County

One of First 5 Mariposa County's most significant accomplishments was the School Readiness Program, funded for \$154,712. The School Readiness Program serves three preschools (Catheys Valley, Greeley Hill, and

Lake Don Pedro) located throughout Mariposa County. The three preschools provide an outstanding play-based program that prepares children for kindergarten. The facilities, curriculum, and activities are creative, educational, and focus on developmentally appropriate activities. This year there was a focus on the Quality Rating Improvement System (QRIS) with coaching, training, and evaluation. All three preschools received a high rating of 5. The schools were involved in Race to the Top—Early Learning Challenge with Merced County Office of Education, a partnership since 2012.

Another highly successful program was the Children's Dental Health Program funded for \$30,000. This program provided dental education, dental services for children with severe dental problems, and dental screenings. Three local dentists provided reduced dental cost services for children ages 2 to 5 years.

In addition, the CARES Plus program, funded for \$10,000 from First 5 Mariposa and \$20,000 from First 5 California, provided stipends for child care providers and preschool teachers. Many of the participants completed the CORE training and 21 units in ECE. The CARES Plus program made it possible for several teachers to enroll in college coursework, helping them to work toward a degree in ECE. This program ended on June 30, 2016. Mariposa had 37 trainings with childcare providers and preschool teachers.

An instructional aide was hired to work in the Mariposa Elementary School Transitional Kindergarten classroom. The program was funded for \$16,882. The instructional aide worked with the reading program/assessments, and provided extra assistance to children who were having difficulty. Having the aide in the classroom also provided time for the teacher to work with the children on an individual basis. The class had 25 transitional kindergarten students who ranged in age from 4 to 6 years. Having an aide made it possible for the students to work on enrichment projects and technology.

A training program at the Yosemite Child Care Center was funded for \$5,000 for a trainer from UC Davis and

\$2,500 in materials. The trainer provided ongoing coaching, classes for parents and staff, and student interaction for teacher observation.

Mendocino County

First 5 Mendocino County was in a transitional period for most of FY 2015–16. The Fiscal Manager left the organization in July 2015, and the founding Executive Director left in May 2016. Despite these setbacks, the organization persevered and continues to grow in the community.

Raise & Shine, an in-house program dedicated to the strategic goal of Improving Parenting, saw significant increases in Positive Parenting Program (Triple P) groups held throughout the county. Pre- and post-surveys are conducted with every parent as a self-evaluation tool. Success data are collected for each group, with the majority of parents achieving improved parenting skills. In addition to increased interest from parents, Mendocino County Health and Human Services Agency (HHSA) worked collaboratively with Raise & Shine staff to revamp its mandated parenting classes to Triple P groups, bringing uniformity to the community. This interest from HHSA has generated nearly \$300,000 in additional grant money for FY 2016–17.

The literacy program, Imagination Library, saw an increase from serving 2,971 as of June 30, 2015, to 4,222 as of June 30, 2016, a 20 percent increase

over the previous fiscal year. Through the combined efforts of Imagination Library staff within First 5 Mendocino, WIC, local rotaries, and school districts, First 5 Mendocino was able to provide 70 percent of the county's eligible population with one free age-appropriate book per month.

First 5 Mendocino anticipates continuing its progress with these two successful programs through grantees and other local agencies to bring awareness to the youngest members of the community.

Merced County

Through its investments, the goal of First 5 Merced County is to:

- Improve parents' (especially new parents') nurturing and engaging relationships with their children.
- Improve the quality of care provided in out-of-home settings, including center-based care, family child care, and non-licensed environments.
- Improve the system for early screening, referral, assessment, and services for children with developmental, health, social, emotional, behavioral, and other special needs.
- Improve community-level awareness and acknowledgement of the critical need to prioritize and support structured action for change benefitting our youngest children ages 0 to 5.

- Advocate for improvement and preservation of systems serving children at the local and state levels.

During FY 2015–16, First 5 Merced continued quality discussions and progress toward the QRIS among Early Education professionals in the transition year. In addition to the contracts related to the Child Signature Program transition, other significant work included infusing Ages and Stages Questionnaire (ASQ) into virtually every other contract. One Federally Qualified Health Center created a pilot program to train medical practitioners to administer ASQs and is in the process of dedicating a clinic for patients to complete screens on a regular basis, providing incentive bags for milestones at each age group. The contractor's goal is to partner with the college and create an internship program for practical experience administering ASQs. This is an example of systems-level work, which is a goal of Merced's First 5 Commission.

Other highlights from FY 2015–16 included:

- Provided support for local Parent Leadership Training Institute event for over 450 parents.
- Funded University of California Merced's (UCM) virtual resource center for families of children diagnosed with disabilities <http://www.help4mychild.org/>
- Increased overall reach through Facebook.
- 13th Annual Children's Summit with 327 participants, featuring Raising of America's "Wounded Places" and presentations from a local collaborative on trauma-informed Care.
- Engaged 180 early educators in "Ooey Goey Lady's" science training.
- Ramp-up year for First 5 IMPACT.
- Assisted with the first Sweet Potato festival in rural Merced County.
- Along with UCM, formed a Collective Impact group to address early literacy.
- Formed a cross-community coalition addressing Early Developmental Screening.



Modoc County

The goal of First 5 Modoc County is to ensure every child in the county is in an environment conducive to optimal development, and to ensure parents and families have the first option to be primary caregivers and teachers for their children ages 0 to 5.

One of the most significant accomplishments of First 5 Modoc was its dedication to improved child development. With a funding investment of \$102,695, it was able to fund two separate programs, providing a high-quality preschool experience for 25 children throughout Modoc County. The success of these programs is due partly to a strong collaborative relationship with the Modoc County Office of Education and the Surprise Valley Joint Unified School District. Funding supports either the full cost or a share in cost to attend preschool. Families were provided additional support through a family support worker. Monthly parent meetings were held and information was shared on health, safety, nutrition, parenting skills, and preschool learning foundations. Weekly child observation and results of Desired Result Developmental Profile assessments also were shared with parents, who responded in their survey that the programs were excellent.

Other highlights included:

- The Tulelake/Newell Family Resource Center provided services and activities that helped build families' strength and capacity by providing quality services and support. Services included parenting classes, resource and referral, case management, community strengthening and support, and playgroups.
- The Healthy Beginnings program is a collaborative project between Public Health and Behavioral Health that provided families with access to case management and education on positive parenting, nutrition, and other health-related topics by a home visiting nurse. Mental health and alcohol and drug services also were provided to families that were not able to afford these services otherwise.

- The Nurturing Parenting program provided two 12-week Nurturing Parenting Classes. Parents are provided with strategies that help develop and maintain healthy relationships with their children.
- The Child Care Initiative program supported the recruitment, training, and assistance for new and current licensed family child care providers through monthly trainings. Trainings included incentives for individual development as well as educational items for children.

Mono County

First 5 Mono County's goal is to enhance the network of support services for families with children ages 0 to 5. Toward this end, the First 5 Mono Commission invests in school readiness, family behavioral health, oral health, child safety, and quality child care.

In FY 2015–16, First 5 Mono sustained existing levels of service in all investment areas by funding and/or providing the following programs: 1) Peapod Playgroups provided children and parents an opportunity to socialize with peers and supported child development; 2) home visiting, using the Parents as Teachers curriculum, served 86 percent of families with newborns; and 3) professional development support to child care providers was offered through the CARES program, funded mostly by First 5 California. Other activities included countywide health and safety fairs, topical fluoride varnish application in early learning settings, free books through First Book, Raising a Reader, Kindergarten Round Up, Summer Bridge, and school readiness assessments. Helmets and car seats were given through Safe Kids California Mono partners.

First 5 Mono began implementation of First 5 IMPACT (Improve and Maximize Programs so All Children Thrive), and supported childcare provider administration of the Ages and Stages Questionnaire. A partnership with Eastern Sierra Unified School District allowed First 5 Mono to successfully apply for a Community Development Block Grant through Mono County to

open and operate new childcare centers in two rural communities, Bridgeport and Benton, without any licensed care. This activity is especially significant as the county has seen a steep decline in the availability of childcare over the last seven years, and these are the first newly licensed centers in the county in over 10 years. First 5 Mono also applied for California State Preschool funds to overlay services for the sites through the Mono County Office of Education, which received the funding award.

Monterey County

First 5 Monterey County (F5MC) invested \$8.2 million in FY 2015–16, providing services to over 30,000 young children, parents, and providers. Most were served by Parent Development programs (65 percent), and others were served by Early Care and Education (15 percent) and Child Health (19 percent) programs. To support sustained high-quality services, F5MC also invests in workforce capacity building and actively participates in countywide collaborative systems-change efforts. In June 2016, the commission approved its new Strategic Plan Framework. Many voices helped shape this plan, including parents, service providers, policy makers, and community leaders. The community developed a vision of a comprehensive, cohesive, and navigable integrated system that will build and support Strong Families who have access to Quality Early Care and Education options that meet a variety of needs to improve child well-being. They also identified an important role for F5MC to engage parents, caregivers, and community leaders in a way that influences policy at all levels.

F5MC catalyzed a consortium of partners to create one Quality Rating Improvement System (QRIS) for Monterey County—Quality Matters. The First 5 IMPACT (Improve and Maximize Programs so All Children Thrive) grant played a key role in establishing the rating system. Consortium members are now actively developing and implementing policies, procedures, and applications for the start-up of Quality Matters are being managed at the Monterey County Office of Education.

Two cross-sector Collective Impact initiatives, Bright Beginnings, developed by the Monterey County Children's Council, and Bright Futures, a cradle-to-career network, are being implemented in collaboration with F5MC. These initiatives include government, non-government, for-profit and nonprofit organizations, businesses, and community members in efforts to improve early childhood development outcomes through effective coordination, capacity building, empowerment, and strategic action.

Last year marked the fifth time F5MC conducted the Kindergarten Readiness Assessment (KRA) in Monterey County. The study serves as a tool for supporting partners and initiatives throughout the county. It is the largest examination of young children in the county and the only representative sample, collecting data from nearly 35 percent of all incoming kindergarteners. Overall, 21 percent of children entered kindergarten having achieved comprehensive mastery (i.e., mastery in self- and social development, self-regulation, language and literacy, and mathematical development as assessed with the Desired Results Developmental Profile School Readiness tool), which is similar to the rate in 2012 (20 percent). Children were most likely to master the self-regulation domain (29 percent, an improvement from 25 percent in 2012) and least likely to master the mathematics domain. Teachers ranked self-regulation and self- and social Development as the most important domains for children to master by kindergarten entry. Each school district received a customized report with the findings from students, families, and teachers to help refine their work.

Napa County

Through its investments, the goal of First 5 Napa County is to support a comprehensive system of services that ensures children ages 0 to 5 will enter school healthy and ready to learn.

During FY 2015–16, First 5 Napa made a \$57,000 investment in the Community Health Initiative (CHI) Children's Health Insurance System of Napa Valley. With this investment, CHI provides case management to

enroll hard to reach families in health insurance, keep them enrolled, and provide vital education and support to families on how to fully use insurance benefits and the health care system. Children have increased access to affordable health insurance and health products:

- 92 children ages 0 to 5 years acquired health insurance and were newly enrolled.
- 1,658 children were screened for health insurance need. To find hard-to-reach families, CHI staff attended 90 events and visited 42 community agencies throughout Napa County.
- Approximately 83 children ages 0 to 5 years and their families maintained health insurance enrollment.

Children have increased access to affordable health insurance and health products.

- After enrollment, almost all families report they have a medical home at two months (95 percent) and one year (98 percent), or a place they usually take their child when they are sick or need advice about their health, other than the emergency room.
- Families reported accessing health services when needed. Of the 399 parents who reported their children needed care by a provider, just 1 percent were unable to access appropriate services; 98 percent of children visited a doctor when needed; all children visited an optometrist when needed; and all children visited a specialist when needed.

Nevada County

First 5 Nevada County fosters and supports programs that promote health, wellness, and child development for children ages 0 to 5 and their parents through four initiatives: early learning, family strengthening, communication and outreach, and capacity building and systems change.

Highlights from funded programs include:

- 124 early childhood educators and parents attended a local child development conference.

- Of 158 children and their caregivers enrolled in evidence-based, intensive home visiting services, 97 percent of the children received developmental screenings, and 100 percent of the children identified as needing follow-up received needed services.
- 283 children and 177 parents who were not otherwise eligible for services received behavioral health care.
- 92 percent of clients in an in-home therapy program for postpartum depression showed a reduction in their postpartum depression scores after services.
- 1,883 parents and children ages 0 to 5 received services at four family resource centers.
- Education, expertise, and advocacy were provided to the community with two legislative visits; two board of supervisors presentations; six Kindergarten Parent Night presentations; representation on the Public Health Community Health Improvement Plan, the Adult and Family Services Commission, and the Child Abuse Prevention Council; two articles in *The Union*; three stories on KNCO; and four articles in the *Sierra Sun*.
- 139 family service providers participated in collaborative meetings in eastern Nevada County, and 277 attended collaborative meetings in western Nevada County.
- The Nevada County Board of Supervisors endorsed a Children's Bill of Rights for Nevada County, which was created with the leadership of First 5 Nevada.

Orange County

The Children and Families Commission of Orange County provides leadership, funding, and support for programs to achieve the vision that all children are healthy and ready to learn. This year, progress continued on the operational imperative to sustain Commission-funded initiatives that measurably contribute to children's healthy development and school readiness.



One achievement this year to increase sustainability was the authorization of an intergovernmental transfer (IGT) transaction with CalOptima, Orange County's health insurance provider for low-income families. The partnership with CalOptima leveraged funding to support the Bridges Maternal Child Health Network, Help Me Grow, and Children's Mental Health program. The IGT transaction will bring in \$8.9 million over the next four years, reducing the demand on the Commission's program funding. The programs will continue to achieve important outcomes to improve rates for prenatal care and healthy birth outcomes, and early identification and intervention for young children with behavioral and developmental concerns.

This year, technical assistance grants were awarded to the Commission from the Institute for Child Success and the NonProfit Finance Fund to explore the feasibility of implementing Pay for Success financial models for the Neighborhood Resource Network and Bridges Network programs, respectively. The innovative funding approach ties payment for service delivery to the achievement of measurable outcomes. The Neighborhood Resource Network design engages and retains eligible families into voluntary, evidence-based family strengthening services, and reduces substantiated abuse or maltreatment of children who are at-risk in their first five years of life. The Bridges design measures the impact of network

services on at-risk children and pregnant women and their health outcomes.

Placer County

First 5 Placer County has three long-term goals: 1) Children are nurtured, healthy, safe, learning, and developmentally reaching their potential; 2) Families are strong and connected; and 3) Communities are caring and responsive. To help achieve these goals, the commission adopted the Strengthening Families Protective Factors Framework. Part of the commission's role in implementing this framework is to help support and build the capacity of its funded partners.

In FY 2015–16, First 5 Placer funded 25 major programs that served approximately 1,500 children, parents, providers, and other family members. Funded programs focus on child health and development, parent support, and connecting families to community resources. Each program has a logic model that aligns with the commission's strategic plan, as well as an individual evaluation plan outlining the programs' evaluation requirements. At the end of the fiscal year, each program participates in a group learning conversation that aims to facilitate peer-to-peer learning and strengthen service coordination and collaboration.

Findings from a funded partner survey conducted in FY 2015–16 show that First 5 Placer programs have processes in place to ensure services are accessible to young children and families. Program staff have racial/ethnic backgrounds that reflect the target population, services are culturally and linguistically appropriate, and other services for young children and families are co-located in facilities of the funded programs.

Plumas County

First 5 Plumas County's primary strategy in realizing its vision and fulfilling its mission is through the support of home visiting services. Currently, the commission funds four direct service grants that provide home visiting services to families (including foster parents) who have children ages 0 to 5. All programs utilize the Strengthening Families™ Protective

Factors framework to support and measure success. During FY 2015–2016, First 5 Plumas investments in home visiting resulted in the following accomplishments:

Families are engaged in home visiting services.

- A total of 102 families were provided with home visiting services, 31 of which received integrated care. A total of 762 home visits were conducted, in which 1,555 services were provided. Thirty-three children were screened using the Ages and Stages Questionnaire.

Families are stronger as a result of home visiting services.

All the home visiting programs identify outcomes achievement related to each of the five Strengthening Families™ Protective Factors. In each of the protective factors, there was an increase in parental perception of skills, supports, and knowledge after having received home visiting services.

- 90 percent of parents agreed the program has helped them improve their parenting skills.
- 85 percent of parents agreed the program has helped them reduce the stress in their life.
- Families accessing services report a high level of satisfaction. The overwhelming majority of parents who completed the questions related to client satisfaction at the end of the Protective Factors survey were very satisfied with the home visiting program.
- 95 percent of parents agreed their overall satisfaction with services was very good.
- 90 percent of parents agreed their ideas and opinions are welcomed and included in the program.

Riverside County

First 5 Riverside County (F5R) is invested in a range of Early Learning and Health services with the goal of preparing children for success in school and life. F5R investments include promotion of parent/caregiver education to assist everyday early learning practices; increased access to quality child care/preschool special needs child care services; and early care

and education workforce development, improved quality healthcare services for asthma, breastfeeding support home visitation services, health access, nutrition and physical activity, oral health, behavioral health, and UC Riverside Pediatric Residency Program.

One of the most significant accomplishments of F5R was the collaboration work of its nutrition and physical activity program. Riverside University Health System—Public Health, Nutrition Services, and Health Promotion Branch uses the Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) with local and state partnerships with the Riverside County Child Care Consortium, UC Riverside, Riverside County Office of Education, and Child and Adult Care Food Program.

With a funding investment of \$2,625,412 for four years, this program provides a research-based intervention with significant focus on developing policies and practices that promote optimal nutrition for children ages 0 to 5 in an early learning setting. Over 1,400 early learning staff received training, while 119 early learning sites have benefitted from this program, completing a certification process that qualifies the program to be NAP SACC designated over the period of the initiative. For FY 2015–16, the investment amount was \$797,503, with 485 providers trained and 39 sites qualifying as NAP SACC designated. This is achieved through extensive training, assessments, action planning, and consultation. The valuable contributions of training and consulting from this consortium decrease the risk of childhood obesity and improve school readiness with improvements in nutrition and physical activity within the policies and practices.

Other highlights included:

- 938 children accessed quality child care services
- Almost 1,907 children were screened for asthma-related symptoms; 141 environmental assessments were completed in child care facilities.
- Breastfeeding support services were delivered to over 11,912 mothers through the Helpline and Home Visitation Services

- 110 children enrolled in health insurance
- More than 5,993 children received mental health screenings, with almost half of these children receiving counselling and therapy services

Sacramento County

First 5 Sacramento served approximately 60,379 children, parents, and providers through the work of 30 contractors.

FY 2015–16 highlights include:

Effective Parenting: The Birth & Beyond (B&B) Program provided parent education, crisis intervention, and home visitation services through nine Family Resource Centers. The program served over 5,000 children and parents. A study of these families found that those who had 25 to 34 hours of B&B home visitation services were 133 percent less likely to have future substantiated allegations of child abuse than those who had not received B&B services.

Adult and Family Literacy: Nine school districts provided school readiness services to children and their parents. One component of these services is family literacy activities. While there is some variation in literacy activity by district, activities included Latino Family Literacy, weekly lending book bags, and parent/child workshops. Data collected using the Family Information Form between July 2015–April 2016 showed that among the 1,330 children whose parents participated in a family literacy activity and for whom intake and follow-up data were available, there was an increase in the percentage of children who were read to at home at least five days per week. Among these children, 56 percent were read to at home at least five days per week at intake, while 68 percent were read to at home at least five days per week after participating in the family literacy activities. This is a 12 percent increase in children who were read to at least five times per week.

Reduction of African American Child Deaths: The county commission continues to support programs focused on the reduction of Perinatal Condition Deaths, Infant Sleep Related Deaths, and Child Abuse and Neglect Homicides in the African American

community. Through a cultural broker program, 450 pregnant women received at least one service including, but not limited to, home visitation, education, transportation to prenatal appointments, and/or referrals to ensure they delivered healthy babies. Of those, 220 women had pregnancy outcomes and 83 percent delivered a full-term, healthy weight infant. A total of 618 African American women received education on how to safely put their infant to sleep through the Safe Sleep Education Campaign. If needed, they also received a free pack-and-play (crib). In addition, a multimedia educational campaign, “If My Mom Only Knew,” generated over 50 million impressions delivered through digital, radio, transit, and convenience store posters.

Comprehensive Screenings and Assessments: Project Screening, Outreach, and Referral Services served 286 families in the form of support, resources, and developmental screenings for children. This included 958 home visits, 425 ASQ and ASQ-SE developmental screenings, 112 hearing and vision screenings, 387 referrals, and 129 family services. Twenty-nine percent of the children who received a developmental referral qualified for services, and 24 percent were in the process of being assessed. Among the 22 children referred for mental health needs, 59 percent had accessed or were in the process of accessing services.

San Benito County

Over the course of FY 2015–16, First 5 San Benito County provided services and supports that addressed the five protective factors, conditions that contribute to child and family health and well-being. Through a range of interventions, including home visiting, parent workshops and classes, and literacy and playgroup programs, First 5 San Benito enhanced participants’ access to Concrete Support, Family Functioning and Resiliency, Social Support, Knowledge of Parenting and Child Development, and Nurturing and Attachment. Below are highlights from programs that contributed to these factors.

- **Concrete Support:** By program exit, all parents in the Parents as

Teachers (PAT) evidence-based home visiting program knew where to go to obtain a job or if they had trouble making ends meet.

- **Family Functioning and Resiliency:** Parents in the Family Wellness Court parenting classes were significantly more likely at program exit than at entry to believe they were able to handle changes as a family without becoming stressed or upset.
- **Social Support:** By program exit, every PAT participant said they know people who will listen when they need to talk about their problems or when they are lonely.
- **Knowledge of Parenting and Child Development:** Parents in the First 5 San Benito Literacy Workshop demonstrated improved knowledge of child development. For example, at the end of the workshop, 100 percent of parents correctly identified experiences that help a baby's brain develop, compared to only 47 percent who did so prior to the workshop.
- **Nurturing and Attachment:** Participants in the First 5 San Benito workshop on attachment correctly answered a significantly greater number of questions about attachment (e.g., the benefits of secure attachment and how to respond to a baby's cues) at the end of the workshop (5.88 out of 6) compared to the beginning (2.71 out of 6).

San Bernardino County

First 5 San Bernardino aims to promote, support, and enhance the health and early development of children prenatal through age five and their families and communities. This is accomplished through investments in the areas of health, family support, and early education, as well as support for systems improvement and capacity-building efforts in San Bernardino County.

FY 2015–16 yielded many notable accomplishments and positive outcomes for the county's youngest residents and their families. One of the most significant investments was having 1,165 participants in a family

support/child abuse prevention initiative consisting of a parent education component combined with structured case management. Data from this initiative demonstrated that a significant number of parents decreased attitudinal factors associated with an increased risk of child abuse in the home, and they increased stability in their relationships, finances, community navigation, employment, and education.

Other highlights included:

- The continued building of a Quality Rating and Improvement System for San Bernardino County early education providers, that had been set to launch in Fall 2016
- The Launch of "Reach Out and Read," a literacy promotion initiative in partnership with the American Academy of Pediatrics—California Chapter 2
- A quality, full-day preschool experience for 751 children
- The launch of the Babies for Optimal Nutrition and Ultimate Support (BONUS) lactation support initiative—a 24/7 warmline to assist breastfeeding mothers, along with education and support for health care providers on breastfeeding practices
- Asthma screening, stabilization, and education provided to 536 children and their caregivers
- Oral Health Screenings for 4,610 children, education for their families around optimal oral health practices, and assistance with the establishment of a dental home
- Successful literacy, water safety, and oral health campaigns
- Developmental screenings provided to 3,308 children countywide

San Diego County

First 5 San Diego is committed to building the community's capacity to promote health and learning in the first five years of life. First 5 San Diego proudly supported Sharp Mary Birch Hospital for Women and Newborns through its journey to become a Baby-Friendly designated birthing facility. The Baby-Friendly Hospital Initiative, a global program sponsored by the World Health Organization and

the United Nations Children's Fund, recognizes hospitals and birthing centers that provide breastfeeding mothers with an exceptional level of support, information, confidence, and skills needed to successfully breastfeed. Sharp Mary Birch received this designation in partnership with First 5 San Diego, providing the grant funds needed to fulfill the staff training hours required for the designation. Sharp Mary Birch is among only 312 hospitals to receive this award nationwide.

First 5 San Diego invests in public awareness campaigns with the goal of educating parents on the importance of the first five years of life. In FY 2015–16 First 5 San Diego was the recipient of the 2016 Effective Advertising on Radio Award, an honor bestowed on businesses that have effectively used the radio medium to convey their message to listeners. The San Diego Radio Broadcasters Association recognized First 5 San Diego's "30,000 Words a Day" public service announcement that encourages parents to engage in meaningful conversations with their children to expose them to rich and varied language that support vocabulary and cognitive development.

San Francisco County

The vision of First 5 San Francisco is to ensure that all children, birth to five, will be safe, healthy, and thrive in supportive, nurturing, and loving families and communities. This vision is supported through funding to over 200 community programs focused on early childhood education quality and access, family support, and child health.

First 5 San Francisco's most notable achievement in FY 2015–16 was completion of a countywide school readiness study in fall 2015 with a sample of 893 kindergarteners. The study found that 92 percent had attended a preschool or transitional kindergarten program prior to kindergarten entry, a 28 percent increase since the 2007 study. First 5 San Francisco also is pleased to have been designated as the Region IV Fiscal Lead Agency for the First 5 IMPACT grant.

Below are additional program highlights:

- San Francisco's QRIS initiative continues to expand its reach among city-funded early care and education centers and family child care homes, with a total of 176 externally rated sites. The average rating across sites is 3.5 on a 5-tier scale.
- Over 12,500 parents/caregivers and children were served by San Francisco's Family Resource Center initiative; 1,041 participated in a curriculum-based parenting class series. Results of pre/post class assessments showed parenting skill improvements for 80 percent of parents above the risk threshold at the start of the class.
- San Francisco's early identification and intervention Help Me Grow initiative provided information, referral, and/or care coordination to 1,036 parents with concerns about their child's development; outreach, training, and informational support reached approximately 700 professionals. More than 7,000 health and developmental screenings were conducted through the combined efforts of public health nurses, early childhood mental health consultants, and trained community providers.

San Joaquin County

First 5 San Joaquin (F5SJ) has a strong focus on early literacy based on a compelling need. In adults 25 years or older in San Joaquin County, 10 percent did not complete high school, and only 27 percent of third graders in the county are reading at or above proficiency.

In response to this need, F5SJ funds direct services and partners with community-based organizations to support a number of early literacy efforts. Strategies include funding family engagement literacy programs in the home and classroom, providing trainings for educators, marketing early literacy messages, and supporting a community-wide commitment to improving children's literacy.

Findings from the most recent evaluation include:

1. Early literacy programs are reaching high-need populations

in San Joaquin County (70 percent are on public insurance).

2. Parent engagement in early literacy activities increased significantly after program participation (11 percent more families had 10 or more books in the home; 19 percent more parents read to their children most days or every day).
3. Children who primarily speak a language other than English made significant gains after participating in a family literacy program (an 18 percent increase in non-English speaking children who had 10 or more books in the home).

F5SJ also provides high-quality preschool programs to children who are at the greatest risk of not succeeding in school (e.g., children who have a special need, are Dual Language Learners, and/or live in a household where a parent is employed as a seasonal migrant worker).

Findings from the most recent evaluation include:

1. During this reporting period, 907 children received preschool services fully funded by F5SJ; additional services included developmental, health, vision, dental and hearing screenings; family literacy; parent education and case management.
2. F5SJ preschool classrooms met or exceeded quality score requirements (receiving average scores of 5.44 on the Early Childhood Environment Rating Scale).
3. Children made large developmental gains after participating in a F5SJ preschool program. There were large increases in the percentage of children who were "Building" or "Integrating" (from Desired Results Developmental Profile) from fall to spring across all developmental domains. The largest increases were seen in Health (+61 percent) and Cognition (+55 percent).

Other highlights include:

- F5SJ completed its fourth year of Race to the Top, exceeding goals by serving a total of 201 providers.

- F5SJ partnered with University of the Pacific for the Talk.Read.Sing. Draw.Play. campaign, bringing these key messages to families/agencies throughout the county.
- F5SJ Help Me Grow program provided over 500 children and families on CalWORKs with developmental screenings and referrals.

San Luis Obispo County

First 5 San Luis Obispo (SLO) County's mission is to invest in and advocate for quality programs supporting children and families prenatal to age 5 so that every child is healthy and ready to learn. A strategic plan developed in FY 2015–16 and informed by the SLO County Children's Bill of Rights will chart the agency's work in four Priority Areas: Perinatal Readiness, Child Health and Development, Early Learning, and Family Strengthening. First 5 SLO County joined a nationwide effort this year to share and discuss the powerful film series *Raising of America*, which focuses on the importance of investment in early childhood, and partnered with county libraries to co-host screenings and community discussions. Over 200 people around the county attended a screening.

First 5 SLO County also launched a local *Talk.Read.Sing.*® campaign in alignment with First 5 California's campaign. The project combined a mix of components including movie and radio ads, billboards, bus ads, social media and web posts, and a baseball park season sponsorship. Community engagement strategies included: 1) inviting families and businesses to show their support with "We are a *Talk.Read.Sing.*® Family/Community Partner!" decals, and 2) mounting "Let's Talk About..." signage at baby changing stations across the county.

FY 2015–16 marked another year of First 5 investment in positive outcomes for SLO County's young children and families who took part in programs ranging from WIC lactation clinics, to school readiness partnerships, to preschool-based oral health screenings. Vision Screening is among First 5 SLO County's most cost-effective projects,

and is a prime example of commitment to “upstream” prevention. For about \$6 per child, all children ages 2 to 5 are screened by a physician at least once in a three-year period. This simple practice of *early* vision screening yields big payoffs. Unchecked vision problems can be mistaken for other disabilities, and leave children at a disadvantage when they reach school age.

San Mateo County

During FY 2015–16, First 5 San Mateo County (F5SMC) maintained its multi-faceted investments in programs supporting all aspects of a child’s early years, including Early Learning; Child Health & Development; Family Engagement; and Policy, Advocacy, and Communications. Supported by \$6.2 million in community investments, its funded partners provided over 10,000 services to children, parents, and providers, and distributed 4,163 *Kits for New Parents*.

F5SMC has engaged diverse stakeholders to build policy consensus and political will in a number of arenas critical to the health and well-being of young children. Examples include:

- Partnering with the Human Services Agency, County Office of Education, and Silicon Valley Community Foundation to support a comprehensive look the role that a shortage of facilities plays in the county’s child care gap. In addition to an Early Learning Facilities Needs Assessment, F5SMC has funded an Early Learning Facilities Task Force to explore policy approaches, identify existing properties that may be able to house early learning facilities, propose funding mechanisms to support facilities, and build relationships across sectors that facilitate a common understanding and sense of purpose around this issue. Members of the task force include representatives from city and county governments, faith-based organizations, the non-profit and child care sectors, and large local employers. Members already have begun producing op-ed pieces and engaging with city councils, planning commissions,

and developers who have active projects in the approvals process.

- Staffing and managing a Countywide Oral Health Coalition and Strategic Planning process that engaged oral health providers, medical practitioners, health educators, philanthropists, child and adult health advocates, and county health officials and policy makers. The involvement of F5SMC staff in this process ensured that the oral health needs of pregnant women and children ages 0 to 5 were addressed. As a result, there is expanded awareness of the oral health issues confronting young children, along with a consensus around ways to address these problems, such as co-location of dental services at sites where these populations receive other health and educational services and funding staff to manage and implement the resulting programs.

Other highlights included:

- A Communications Planning Process involving key informant interviews, parent focus groups, a parent media consumption profile, a Grantee Roundtable, an online stakeholder survey, analysis of F5SMC’s social media activity and online presence, and a review of media coverage, policy, competitive/ally organizations, and county demographics. As it moves forward with communications efforts that support its strategic plan, F5SMC will continue to cultivate roles beyond that of a funder, such as “connector,” “policy advocate,” and “educator.” These themes align with the strategic plan. Another key piece of the communications plan will be to develop the platforms, processes, and policies that allow F5SMC to generate consistent communications about the impact of its activities, position the agency as a thought leader, and leverage partnership as a key communications channel to amplify its message.

Santa Barbara County

First 5 Santa Barbara County (First 5 SB) devotes its funding and organizational capacity in the following two primary areas: Family Support and Early Care and Education. This past fiscal year within Early Care and Education, First 5 SB achieved several noteworthy results in improving the quality of child care settings for children:

- In FY 2015–16, 128 sites participated in the Santa Barbara County Quality Rating and Improvement System (QRIS), consisting of 94 childcare centers and 34 family childcare homes. Baseline and post-assessment information was available for 82 of the participating centers and 27 of the participating family childcare homes. For both centers and family childcare homes, there was a statistically significant improvement in the overall quality of the programs over time, $t(81) = -24.60, p < .001$ and $t(26) = -14.32, p < .001$, respectively. In addition, programs moved up tiers of quality. At baseline, only 5 percent of centers and 0 percent of family childcare (FCC) homes were rated at Tier 4 or Tier 5, but by post-assessment, this percentage had increased to 93 percent for centers and 63 percent for FCC homes.

Within Family Strengthening, the following was achieved:

- Family Support (FS) partners monitored the growth of case managed families across several important family functioning domains using the evidence-informed Family Development Matrix (FDM). Parents who had at least two assessments on the FDM ($n = 211$) showed statistically significant improvements for most FDM indicators, with the largest gains seen in the areas of budgeting, childcare, clothing, knowledge of community resources, emotional well-being/sense of life value, health services, nutrition, parenting skills, and support system.
- The FS programs made a total of 2,937 referrals for children and families for additional support and



services. The majority of referrals (83 percent) addressed the area of Concrete Support, which covers referrals concerning basic needs, childcare, education, job training, financial assistance, or health and wellness. At follow-up, the vast majority of the referrals made were successful (67 percent) or services were still in progress (21 percent).

Santa Clara County

Early education programs operate within social systems that are interconnected and collectively impact families, educators, administrators, and ultimately, the healthy development of children. When supporting early education programs to effectively prepare young children for school and life, a comprehensive systems approach is used to measure and rate quality within an integrated Quality Rating and Improvement System (QRIS) based on a quality rating and improvement framework.

The QRIS framework is foundational to a comprehensive and integrated early learning system. First 5 Santa Clara's (F5SC) Early Learning Initiative integrates the QRIS Framework to support programs on a pathway of continuous quality improvement creating positive outcomes for children and support for their families.

Santa Clara County QRIS includes 254 QRIS sites (132 center-based and 122 family child care home providers), 423 classrooms that serve 930 educators and 7,100 children. With First 5 IMPACT funding, Santa Clara County has been able to expand professional development opportunities intentionally

designed to support building the capacity of Family Child Care Homes (FCCH) providers using the SEEDS of Early Literacy for Childcare Providers (SEEDS) Curriculum as an entryway into QRIS.

SEEDS is a relationship-based professional development program. It is a nationally recognized, interactive, skills-focused curriculum based on current research in early childhood education, child development, emergent literacy, and effective teaching. Through the First 5 IMPACT investment, Santa Clara County now has an opportunity to expand and enhance the work achieved with SEEDS of Early Literacy that has been in place since 2012.

Using the SEEDS curriculum, F5SC engaged all 13 Family Resource Centers (FRCs) to use community workers to recruit, engage, train, and coach 93 licensed FCCH providers. The model takes a community-centered approach by building quality improvement supports and networks for family child care providers within the F5SC-funded FRCs across the county. Additionally, implementing a quality improvement model, such as SEEDS, creates a pathway to quality for the diversity of providers in the community including targeted outreach and support for family child care providers who may not otherwise be ready to be rated. The ten-month program includes the following components:

- Group trainings for FCCH providers and coaches on the SEEDS for Childcare
- Provider's curriculum
- High-dosage individual relationship based coaching sessions; biweekly one-on-one, on-site coaching
- Family Engagement: FRC's will engage FCCHs and families in FRC community resources, training, and support
- Developmental Screening using the Ages and Stages Questionnaire (ASQ-3/ASQ-SE), vision, hearing and oral health screenings
- Targeted professional development opportunities supported by coaching to introduce the QRIS Continuous Quality Improvement Pathways, and support FCCH

providers' understanding and access to quality improvement opportunities beyond SEEDS through training in Desired Results Developmental Profile (2015), Classroom Assessment Scoring System (CLASS), and Environmental Rating Scale

- Evaluation framework utilizing validated assessment tools

Another strategy F5SC is using to introduce the FCCH providers to QRIS Continuous Quality Improvement Pathways is myTeachstone. In the Fall of 2015, F5SC was selected by First 5 California to pilot myTeachstone. F5SC hired a full-time coordinator to implement and provide technical assistance (site visits, phone calls, and regular meetings) to approximately 110 FCCH providers and assistant teachers in the use of myTeachstone. The coordinator facilitated an overview of CLASS using myTeachstone in Spanish and distributed CLASS Dimension Guides. The coordinator also sends FCCH providers weekly 15-minute course recommendations based on the domains and dimensions of CLASS. myTeachstone enhances the work of SEEDS through the integration of myTeachstone videos in monthly SEEDS workshops, and video recommendations are made for FCCH providers and SEEDS coaches based on SEEDS workshop topics. To enhance family engagement within FCCHs, F5SC is launching Raising A Reader (RAR) as the county's RAR "Super Affiliate." F5SC will pair 32 QRIS FCCH providers who have been through or are currently enrolled in SEEDS with RAR as mutually complimentary interventions that boost shared reading practices and improve children's early literacy skills.

Santa Cruz County

Highlights for FY 2015–16 included the following:

Triple P 5-Year Report—In May 2016, First 5 Santa Cruz County released a five-year report on the implementation of the Positive Parenting Program (Triple P) in the county. Triple P is a comprehensive, evidence-based support system for parents and caregivers designed to strengthen families by promoting

positive relationships, teach parents simple strategies for preventing and handling parenting challenges, and increase access to parenting information and support. The report highlighted five key findings: 1) Triple P is an effective and universal public health parenting intervention; 2) Triple P's simple, practical parenting strategies are changing families' lives for the better; 3) Triple P is responsive to the needs of diverse families; 4) brief "light touch" Triple P services are effective; 5) and Triple P has staying power, long after services have ended. Dr. Matt Sanders, a professor of clinical psychology at the University of Queensland in Australia joined First 5 Santa Cruz County for the release of the report and said, "What's being done in Santa Cruz County is the best. It's a leading example for the rest of the world where Triple P is being implemented."

Vision Screening Program—First 5 Santa Cruz County launched a new Vision Screening Program in FY 2015–16, modeled after the highly successful VisionFirst program in neighboring Santa Clara County. The program provides children as young as six months old with a simple and efficient vision screen using the Spot Vision Camera that quickly detects common vision problems. Parents of children found to have possible vision issues were assisted in getting a full vision exam for their child with a local optometrist. Of the 619 children screened, 106 (17 percent) had possible vision problems identified; 57 of those children have received a full vision exam to date, and of those children, 47 now have eye glasses.

Shasta County

First 5 Shasta's investment in early childhood is guided by its strategic framework and five selected Pathway Goals, which include: Healthy, Well-timed Births; Health and Development on Track; and Supported Families; High-Quality Childcare and Early Education; and Continuity in Early Childhood Experiences. During FY 2015–16, highlights of First 5 Shasta's activities included:

- Expansion of Bridges to Success, which provides support to parents

and care providers of children at risk of expulsion from preschool or child care settings due to behavior. In FY 2015–16, 155 children, along with their care providers and families, received interventions including classroom behavior support, Positive Parenting Program (Triple P), and other evidence-based mental health services.

- Assessment of over 1,300 Shasta County kindergarteners with the Kindergarten Readiness Snapshot—an app that provides teachers with an easy-to-use assessment tool in the domains of literacy and numeracy skills, as well as social-emotional and physical development.
- Expansion of Tri-County Community Network's Bright Futures Program, which provides Triple P Parenting, English-as-a-second-language instruction, parent-child activities, and support to families in the intermountain region of Shasta County, adding Niño Brillante—a weekly parent-child school readiness program serving Spanish-speaking families.
- Funding the Baby Love Parent Partner program, which provides expectant mothers with case management, linkage to community resources, and transportation to support basic needs and access to prenatal appointments, in order to ensure a healthy pregnancy and well-timed birth.
- Funding a variety of community education activities, including water safety education provided by the Shasta Family YMCA to 14 preschool sites, reaching nearly 300 children.
- Coordination of 42 parent-child events and community activities for children ages 0 to 5 during the annual Week of the Young Child. A total of 2,398 children attended the events.
- Distribution of over 16,000 children's books through a wide range of community partners and at a variety of community events.

Sierra County

When First 5 California's CARES Plus program ended, First 5 Sierra offered a continuation of the program on its own. It developed the Provider Network and focused on the professional development of its childcare providers. Sierra County is a rural county with no easily accessible college or university, so an important aspect of the program involved offering professional growth opportunities locally. Dr. Kristina de Korsak, a Professor in Early Childhood Education at Sonoma State University and part-time Sierra County resident, was engaged to offer quarterly trainings for providers. Training themes were based upon the latest research and information on best practices in early childhood education. Providers learned the latest on language development and literacy, brain development, and bilingualism and followed each training with a discussion and planning session for ways to bring these ideas into practice in their everyday work. In addition, Dr. de Korsak facilitated a workshop on the process of online learning, including the benefits and drawbacks, for providers to be better informed about the possibilities for continued education through distance and online learning programs.

In FY 2015–16, Dr. de Korsak was awarded a year-long fellowship at a prestigious early childhood research institute, the Simms/Mann Institute in Los Angeles. She collaborated with First 5 Sierra and the Provider Network to implement a research project for her fellowship that involved information gathering from children in First 5 Sierra-sponsored preschool programs. She collaborated with providers, parents, and caregivers to record children's verbal interactions during preschool activities and at home in order to study patterns of language development. The findings of the study were immediately useful enough that one of the preschool centers adopted a number of changes in its daily activities to better encourage language development. The Provider Network program is in the budget for FY 2016–17 and First 5 Sierra is pleased with the outcome of this investment. It now is now working to coordinate the Provider Network program and

integrate its professional growth series with opportunities funded through First 5 IMPACT.

Siskiyou County

First 5 Siskiyou works with organizations and communities to maximize resources and impacts to achieve the goal of healthy child development and strong families. Commitment toward innovation and systems building continues to be a critical cornerstone of its success. Building connections with communities, early childhood programs, county agencies, service clubs, healthcare providers, parents, education programs, and services promote the well-being of infants, toddlers, and preschoolers so young children and families can thrive. The following are highlights of its investments:

- Family Resource Centers, located in frontier communities throughout Siskiyou County, offer essential services and support to families with children birth to age 5 and beyond. The centers provide over 12,600 hours of drop-in services, such as resource and referral, application assistance, access to county job opportunities, 495 playgroups, over 254 sessions of evidence-based parenting classes and workshops, nutrition education, literacy promotion and education, tobacco use prevention and its impact on children, safe and nurturing space for drop-in play, parent support groups, and family and community fun events/celebrations. The centers are a place where parents and others can receive services but also can give back to the community through volunteer services.
- Siskiyou Reads! Family Literacy Initiative: The 8th Annual Read Across Siskiyou event, with special guest readers, including Siskiyou County district attorney, board of supervisors, mayors, city managers, deputy county council, and more, was the outset of the Family Literacy initiative. The number of books in children's home libraries increased as a result of the distribution of over 24,000

books. Furthermore, parents survey results demonstrated increases in daily reading.

- Parenting Education: Through partnerships with the FRCs and other key organizations, 254 sessions of evidence-based parenting education classes and workshops were offered. Significant improvements were made in parenting practices and child behaviors.
- Early Childhood Oral Health: 549 children benefited from education, resources, and screenings. Case management services and financial support were offered for children in need of treatment.
- Siskiyou Professional Development Partnership: 8 no-cost professional development trainings were provided by experts in the field, including Ellen Galinsky, Nurturing Parenting training for trainers, etc.
- Systems Change Efforts: The partnership with First 5 IMPACT and the Small Population County Funding Augmentation have provided the gateway to leveraging additional funding and resources for long-term sustainability of early childhood systems. From First 5 Siskiyou base funding, 126 percent of additional funds were leveraged thanks to First 5 California, Ford Family Foundation, and other partners.

Solano County

During the past fiscal year, First 5 Solano completed an 18-month strategic planning process and adopted four new cornerstone plans: 2016 Strategic Plan Update, 2016 Long-Term Financial Plan Update, 2016–2018 Program Investment Plan, and a Systems Change Action Plan. While these plans maintain continuity with earlier plans, the commission recognizes its unsustainable position of using reserve funding to meet its funding gap. This has led to the decision for a one-third decrease in program investment for the upcoming year. In addition, the county commission has adopted a priority area of Systems Change, the goal of which is to strengthen, expand, integrate, and

sustain the early childhood system in Solano County.

Other highlights that took place during FY 2015–16:

- Provided over 9,500 children, families, and providers with services.
- Partnered with the Solano County Library to create a Stay and Play early learning center at the Cordelia Library.
- Participated as a partner in Give Local Solano, raising nearly \$50,000 for local non-profit agencies.
- Partnered with Solano County Board of Supervisors to release a study on foundation giving in the Bay Area, which revealed that Solano County receives \$3 per capita in foundation funding, seven times less than its nearest neighbor.
- Launched Solano's Quality Rating and Improvement System (QRIS) and enrolled the first 32 early care and education sites through First 5 IMPACT and the QRIS Block Grant.
- Solano County Family Resource Centers provided 888 children and families basic needs, information and referrals, and case management.
- As part of the Family Strengthening Partnership, 167 children received screening from a child welfare social worker. Ninety-nine percent of children receiving Child Welfare Services remained safely in the home or with the family unit.
- Solano Kids Insurance Program secured health insurance for 562 children ages 0 to 5, providing their families with access to preventive medical services for their children.

Sonoma County

First 5 Sonoma County facilitated significant systems improvements in two of its strategic plan goal areas: Goal 1: Ensure Children's Health and Healthy Development, and Goal 3: Ensure that Early Care and Education is High Quality.

Building a strong early identification and referral system for developmental concerns is core to First 5 Sonoma County's promotion of children's health and healthy development. To ensure

children are screened and referred at the earliest possible opportunity, First 5 Sonoma County facilitates the integration of screening and referral in multiple family-centered settings (e.g., playgroups, child care, Triple P, etc.). In FY 2015–16, First 5 Sonoma funded a developmental screening initiative in which three pilot Federally Qualified Health Centers were trained in screening and referral and began implementing the ASQ-3 during well-child visits. Additionally, multiple community experts and stakeholders were convened to develop a streamlined referral process for medical providers to appropriate early intervention services. To respond to these shifts in the system of early identification, First 5 Sonoma also funded a full-time navigator within the Watch Me Grow program to address the increased community need for rescreening and referral support.

The introduction of a local Quality Rating and Improvement System (QRIS), Quality Counts, has greatly integrated and strengthened the supports available for quality early care and education in Sonoma County. First 5 Sonoma serves as the lead for the Quality Counts consortium, oversees coaching and assessment activities, and completes site ratings. Eighty early care and education sites were enrolled in Quality Counts and began receiving coaching services. Twenty-five state preschools and eight family child care providers were rated and awarded incentives based on tier rating. First 5 Sonoma also began serving as the lead county for the Region 1 QRIS First 5 IMPACT Hub, and in this role has facilitated quarterly meetings, identified cross-regional training needs, promoted resource sharing, and led a QRIS database selection process.

In addition to focusing on the quality of early care, First 5 Sonoma has continued to promote increased access to quality early education for families. Its commission has invested over \$600,000 in preschool facilities creating 428 new preschool seats in the community that will leverage over \$4.1 million in state drawdowns annually.

In recognition of declining First 5 revenues, First 5 Sonoma also has participated in a community-

led Children’s Initiative to identify a sustainable funding source to support access to early care and education and other critical services for children prenatal to age 5. In FY 2015-16, First 5 Sonoma engaged in surveying to understand community support for children’s issues, and it will use this survey information to inform public communication and education activities in FY 2016-17.

Stanislaus County

Through its investments in family support, child safety, health, and early learning, the goal of First 5 Stanislaus County (Stanislaus County Children and Families Commission) is to promote the development and well-being of children ages 0 to 5.

One of the most significant accomplishments of First 5 Stanislaus was the operation of the family resource centers/differential response program. With a funding investment of \$2,059,357 from First 5 Stanislaus and the Stanislaus Community Services Agency, this program provided intensive family support and child protection services to families when a child maltreatment report was filed. Since the start of the program in 2005, the rate of recurrence of additional maltreatment reports, within six months of the first report, has remained below the rates existing prior to the program’s initiation. In two quarters and for the first time ever, the rate of recurrence of additional maltreatment reports within six months of the first report has been below the national goal of 5.4 percent.

Other highlights included:

- Parents of 11,782 children received family support services through countywide Family Resource Centers or other programs.
- Parents of 2,415 children received more intensive services focused on improving child abuse risk factors.
- 408 children experienced improvements in their family environment after being enrolled in respite childcare.
- 1,451 families increased the time spent reading at home with their children after receiving literacy services.

- Families of 7,228 children have increased knowledge and utilization of community resources.
- Proposition 10-funded programs brought in more than \$7 million from other funding sources during FY 2015–16, increasing the level of services for children ages 0 to 5 and their families. Of that \$7 million, nearly \$5 million came from funding sources outside of Stanislaus County.

Sutter County

An honor bestowed upon the Sutter County Children and Families Commission this past year was receiving the Yuba-Sutter Chamber of Commerce’s “2015 Business Award for Service.” The award was given in recognition of the collaborative efforts of the Sutter County Children and Families Commission throughout the community and for the innovative approaches utilized to implement its 2015–2020 strategic plan.

In 2015, Sutter County Children and Families Commission developed and implemented a new strategic plan. The 2015–20 strategic plan provides a method to help navigate the community investments each step of the way. As a result of an 18-month community research assessment utilized to develop the strategic plan, Sutter County Children and Families Commission gained a deeper understanding of what it will take to thrive and go forward to ensure the youngest community members take their place as Sutter County’s next generation of workers, parents, community members, and leaders.

While the strategic plan points the commission’s work and growth for the next five years, it is shaped by the vision, mission, guiding principles, and goals that have driven the commission for more than 15 years. The commission funds a wide array of programs and services throughout Sutter County to execute the programs and services most necessary to accomplish the vision of the commission. A long-standing and essential program that the commission continues to provide throughout Sutter County is Bright Futures. Bright Futures is a no-cost monthly Health

and Developmental Screening program where together with many professional partners, including but not limited to, Cambridge Junior College, Yuba College Nursing Program, Sutter County WIC, Peachtree Health, Public Health and Ampla Health, children are assessed and screened to ensure they are reaching developmental milestones, and are referred to local specialists if further assistance is needed. Screenings provided to any child ages 0 to 5 in Sutter County include fine and gross motor skills, oral health, height and weight, speech and language, vision, hearing, learning and cognitive skills, and behavioral assessments. ASQ's also are employed at Bright Futures, which is just one of many programs coordinated in Sutter County by the commission and its partners to support families to ensure that each child age 0 to 5 enters school healthy and ready to learn.

Tehama County

First 5 Tehama program investments focus resources on ensuring children birth through age 5 are healthy, thriving, and enter school ready to learn. Four funded programs work toward this goal: 1) the School Readiness Program is a multi-faceted array of supports including "Parents as Teachers" home visits, playgroups, KinderCamp, developmental screenings, and "READY! for Kindergarten" classes, implemented in school districts around the county; 2) the Mobile Dental Clinic provides oral health care to pregnant women and children targeting communities served by the School Readiness Program; 3) the Corning Family Resource Center serves low income, primarily Spanish-speaking families in Corning; and 4) CARES Plus is a professional development program providing early educators in Tehama County the opportunity to grow professionally and continue their formal education.

One of the most significant accomplishments of First 5 Tehama was its School Readiness Program. With an investment of \$319,259.00, this program:

- Conducted over 2,508 home visits and 230 case management services, screened 480 children for kindergarten readiness or

developmental milestones, and identified 174 three- and four-year-old children in need of early care and education and referred them to programs.

- Conducted 194 playgroups, 75 KinderCamp sessions, and six "READY! for Kindergarten" classes for parents.
- Continued to help meet the needs of parents and children in the county by providing essential information regarding available support services and referrals to partner agencies.
- Children served in its School Readiness Program are more likely to have access to health care and oral health care and more likely to participate in formal early childhood education programs than children in school districts not served by the program.

First 5 Tehama continued the School Readiness Program expansion efforts due to its strong partnerships and the use of Tehama County Department of Education Local Control and Accountability Plan funding, First 5 California Small Population County Funding Augmentation, and leveraged AmeriCorps funding by utilizing AmeriCorps members as home visitors.

First 5 Tehama also directs the Early Intervention Partnership, the prevention committee of the Blue Ribbon Commission on Children that provided a venue for developing integrated support services to promote the best outcomes for children and families. Partner agencies shared best practices, collaborated through organizational systems, and shared efforts that maximize positive outcomes. The efforts include implementing the Strengthening Families Framework as a major component of its action plan.

Trinity County

Trinity County encompasses 3,208 square miles of rural terrain in California's Northwest Territory with a population of 13,448. Children ages 0 to 5 number 745, and 25 percent of those children live in poverty. During FY 2015 – 16, Trinity First 5 Commission developed a new five-year strategic plan that identified oral health, access to

healthy food, and school readiness as its top three priorities.

Trinity County lacks any dental services for children ages 0 to 5, which, with the additional travel time for dental care, becomes prohibitive for most Trinity County families. Highlights include for the first time investing in dental van services to come to Trinity County to serve its children, so that services can be provided to them without leaving the county. This initial investment allowed 103 children to receive dental services and referrals when needed. The success of this initial investment led the commission to double its investment for FY 2016–17.

In addition, it continued to invest and provide services to its long-time grantees through the Welcome Baby project; provided nutrition education through its two children's gardens projects in Weaverville and Hayfork; and invested in seven school readiness projects located in six different communities.

Further, to address one of its top three priorities to access healthy food, First 5 Trinity invested and partnered with multiple agencies to re-start the summer meals program in the county, which had been absent for many years.

First 5 Trinity continues to focus on building the capacity within its small community to address the needs of children and families to help them further succeed in school and beyond.

Tulare County

For the fiscal year ending June 30, 2016, First 5 Tulare County invested over \$5.5 million in programs enhancing and supporting the health, families, and school readiness of the youngest residents. During FY 2015–16, 2,616 children were birthed to three funded program sites that promote breastfeeding. Of those births, 67 percent (n=1,764) continued to breastfeed at discharge. Two of the sites were in the process of baby-friendly designation, which demonstrates a commitment to improve infant feeding policies, training, and practices. It creates an environment that is supportive of best practices in maternal care and of optimal infant feeding.

Other notable achievements included:

- The five Family Resource Centers (FRCs) have become an integral part of the community. The FRCs provide services to five remote areas in Tulare County and provided case management to 807 families. They provided 3,613 home visits; 535 children were linked to oral health services, and 656 children were linked to a medical care provider.
- School Readiness opportunities were provided to 412 children. Teachers benefitted from 474 hours of professional development opportunities.
- Twenty-five thousand children and 15,686 caregivers benefitted from Proposition 10 funding.

Tuolumne County

Tuolumne County invested \$451,191 in FY 2015–16 in grants and programs to support direct services for children, parents, and teachers. Five focus areas were supported: (1) Parent Education and Support for parents at risk of child abuse and neglect; (2) Social-emotional Consultation to preschool teachers and direct help for children struggling in preschool settings; (3) Children's Oral Health through education, screening, and fluoride treatments; (4) Family Learning and Literacy to promote family stability and early learning; and (5) Public Health Nurse outreach. In addition, First 5 Tuolumne partnered with First 5 California in CARES Plus and First 5 IMPACT, supporting early childhood educators with professional development.

Outcomes measured in FY 2015–16 included:

- Parents at high risk for child neglect and abuse improved their parenting skills and knowledge.
- Teachers learned how to support children's social-emotional development in their preschool classrooms and how to better communicate with parents.
- Fewer young children had cavities or dental disease.
- More children received developmental screenings, and their parents learned about

appropriate developmental expectations.

- Children with behavioral issues were supported to succeed in their preschool settings.

Linkages between community programs, services, and systems continued to contribute to a more comprehensive approach to serving families.

Ventura County

First 5 Ventura County (F5VC) developed an implementation approach for its new strategic plan that was adopted in June 2015. Implementation of this new five year plan began July 1, 2016. The plan builds on the significant accomplishments realized for young children and their families and addresses declining resources in future years. Recognizing the need to be even more strategic in its investment and leveraging partnerships, F5VC will shift toward capacity-building efforts that promote parent engagement, build best practices and quality standards, engage partners in cross-system governance, and increase the alignment of resources for improved outcomes for young children.

Several accomplishments were realized this year in the development and implementation of countywide systems initiatives in strengthening families, promoting early literacy, and prenatal care. Through these partnership-based collaboratives with county agencies, schools, and community organizations, common frameworks for addressing the needs of young children and their families were advanced. F5VC championed the Take 5 and Read To Kids campaign to raise awareness about the importance of early childhood literacy. Working with local media partners and community leaders, countywide celebrity readers encouraged parents and caregivers to talk, read, and sing with young children. An ongoing convening of partners promoting high-quality, accessible prenatal care has resulted in the development of a web-based tool, providing easy access to information and local resources on the pre- and post-natal period.

F5VC's continued participation in the national Early Childhood–LINC (Learning & Innovation Network for Communities) network of nine communities from across the United States advanced local understanding and work in the areas of trauma-informed care, parent engagement, building blocks of early childhood communities, and shared measures for reporting outcomes. With funding received from the EC-LINC initiative, F5VC is leading the effort to develop best practices and evaluation frameworks for playgroups serving children ages 0 to 3 with the goal of demonstrating the effectiveness of this intervention in the continuum of services.

As a result of the innovative and quality early learning programming at the local level, F5VC received additional state and federal resources which were blended with local funding to significantly expand countywide Quality Rating and Improvement System (QRIS) and workforce development efforts for the past five years. In FY 2015–16, F5VC successfully completed these long-term federal and state grants and began the transition to First 5 California's new First 5 IMPACT. Of the 122 early education programs participating in Ventura County's QRIS, 81 percent rated at the highest levels of quality.

Over the past 16 years, F5VC has made a significant countywide investment in its place-based Neighborhoods for Learning (NfL) initiative and championed access to quality preschool. Through 11 NfL initiatives, 25 family resource centers are available throughout the county, bringing together early learning, health, and family support resources to families in their neighborhoods.

First 5 Yolo

The investments and work of First 5 Yolo support the mission to assist the community to raise children who are healthy and ready to learn. The three-year strategic plan, launched in FY 2015–16, focuses Proposition 10 funds on both supporting and sustaining results-oriented programs and services supporting child health and development, family functioning, and

improved systems. Funded program highlights include:

- The full launch of Help Me Grow Yolo, including a call center staffed by infant/child development professionals, resource navigation assistance, and media roll out.
- Early childhood education programs, including Play School Experience targeted for families in need, partnership with First 5 IMPACT and quality preschool efforts, preschool enhancement of the arts for high-risk children, an early intervention preschool pilot, and countywide family literacy efforts.
- Parent education and family support programs, including emergency overnight care at the Yolo Crisis Nursery, evidence-based AVANCE pilot in rural areas, and the initiation of Family Hui parent empowerment groups.
- Successful movement of the nationally accredited Healthy Families America Home Visiting Program, Step-by-Step/Paso-a-Paso, in partnership with Yolo County Health and Human Services Agency, to a sustainable and more robust model with blended funding streams.
- Recognized system improvement in foster care in Yolo County through the highly effective Parent Education, Recruitment, and Retention Program.

FY 2015–16 also was a year of significant work toward advancement to the next phase of action and tactical planning for First 5 Yolo. Personnel and operational cost savings were implemented to address the decrease in state funding and the conclusion of other grants. The Commission's budget reflects expenditures in alignment with current year revenues.

First 5 Yolo, in partnership with the County of Yolo Health and Human Services Agency, streamlined reporting and evaluation activities to a Friedman Results-Based Accountability format. Together with each funded program, First 5 Yolo developed specific, meaningful performance measures reflective of a defined program purpose, with the goal of using data to both

understand and continuously improve First 5 IMPACT. First 5 Yolo also began Funded Partners Roundtable meetings to encourage system-wide review as well as individual program evaluation.

In the interest of sustaining effective programs and services, First 5 Yolo also directed time and attention to the development of a new approach to convening community leaders and other funding agencies. FY 2015–16 planning for the First 5 Yolo Champions for Children Development Advisory, a group of private and public funders interested in collaborative work in support of young children and families, has set the foundation for the inaugural meeting and launch of this initiative in FY 2016–17.

Yuba County

Through its local investments, the goal of First 5 Yuba County is to ensure resident service and resource providers are supported in their effort to engage and serve families with young children. During the past fiscal year, one of the most significant accomplishments of First 5 Yuba was the adoption of the Early Developmental Screening and Intervention Initiative (EDSI) modeled after First 5 LA's efforts. This initiative set the path for the commission and Yuba County Public Health to work together with local service providers to establish a county-based system to identify children with delays as early as possible and to connect them with the appropriate and effective services and interventions.

Local data indicated the primary problem in the county is not lack of services, but knowledge about services. First 5 Yuba, together with its community partners—Yuba County Health and Human Services, Office of Education, the Family Resource Center Network, Behavioral Health, Childcare Planning Council, Family Soup, and Dr. Chuk Ndulue—worked to locally implement the Help Me Grow system for effective, universal, early surveillance and screening for all children. As a result, Yuba County is now recognized as a Help Me Grow National Affiliate.

The connections to existing programs and services for families and providers are easily accessible

through a toll-free telephone number available to all Yuba County families seeking care. All calls are answered by a specially-trained public health nurse ready to assist callers with information, a referral, or specialized care coordination. Additionally, county pediatric offices and First 5 service providers also are connecting families and increasing the number of screenings conducted in Yuba County.

Other highlights during this past fiscal year include the following:

- Worked with Yuba County Office of Education and Sutter-Yuba Behavioral Health to ensure the accessibility of parenting support classes focused on the age of the child and teen parents.
- Filled the service gap of affordable quality early education in the Olivehurst/Plumas-Lake community by investing in a co-op preschool in partnership with Fusion Kids Inc., a nonprofit community-supported organization.
- Revitalized First 5 Yuba's partnership with Marysville Joint Unified School District and Peach Tree Healthcare to ensure the longevity of the mobile dental clinic. The mobile clinic served 386 under the age of five, and reached an additional 1,290 children who otherwise would not have received oral health services.
- Worked with Marysville Joint Unified School District to increase the opportunity of additional on-site early education services through school readiness activities designed for infants/toddlers.
- Collaborated with local leaders to provide young children in Olivehurst a safe and healthy recreational opportunity.
- Funded an additional \$50,000 in various community-driven projects focused on expanding services and resources available to young children through the First 5 Yuba Mini-Grant program.

Appendix A: Number of Services and Expenditures by Result Area and Service Type, 2015–16

Result Area and Service Type	Children 0 to 5 Services	Parent Services	Provider Services	Total Adult and Provider Services	Total Number of Services	Percent of Services in Result Area	Total Expenditures for Services	Percent of Services in Result Area	Percent of Total Expenditures
Improved Family Functioning *									
Community Resource and Referral	19,430	256,570	174	256,744	276,174	34%	\$7,845,995	7%	
Distribution of <i>Kit for New Parents</i>	202	94,536	48	94,584	94,786	12%	\$341,148	<1%	
Adult and Family Literacy Programs	140,579	77,411	2,507	79,918	220,497	27%	\$6,799,064	6%	
Targeted Intensive Family Support Services	40,358	49,652	1,432	51,084	91,442	11%	\$64,831,212	56%	
General Parenting Education and Family Support Programs	41,387	67,640	1,163	68,803	110,190	14%	\$30,564,274	26%	
Quality Family Functioning Systems Improvement	9,200	471	1,895	2,366	11,566	1%	\$5,133,581	5%	
Subtotal	251,156	546,280	7,219	553,499	804,655	100%	\$115,515,274	100%	26%
Improved Child Development *									
Preschool Programs for 3- and 4-Year-Olds	42,921	7,020	1,546	8,566	51,487	27%	\$100,309,196	56%	
Infants, Toddlers, and All-Age Early Learning Programs	13,445	10,113	128	10,241	23,686	12%	\$15,646,123	9%	
Early Education Provider Programs	3,216	1,060	16,822	17,882	21,098	11%	\$31,423,210	17%	
Kindergarten Transition Services	15,679	11,187	630	11,817	27,496	14%	\$5,297,675	3%	
Quality ECE Investments	45,209	13,484	9,401	22,885	68,094	35%	\$26,470,517	15%	
Subtotal	120,470	42,864	28,527	71,391	191,861	100%	\$179,146,721	100%	40%
Improved Child Health *									
Nutrition and Fitness	16,063	21,942	3,403	25,345	41,408	5%	\$19,486,299	13%	
Health Access	46,871	31,488	404	31,892	78,763	10%	\$9,244,048	6%	
Maternal and Child Health Care	31,991	88,718	487	89,205	121,196	15%	\$44,661,849	30%	
Oral Health	197,336	89,247	3,389	92,636	289,972	35%	\$20,439,016	14%	
Primary and Specialty Medical Services	51,597	16,750	3,377	20,127	71,724	9%	\$8,496,932	6%	
Comprehensive Screening and Assessments	111,392	49,208	2,562	51,770	163,162	20%	\$20,389,267	13%	
Targeted Intensive Intervention for Identified Special Needs	16,632	3,900	1,411	5,311	21,943	3%	\$19,177,060	13%	
Safety Education and Injury Prevention	3,680	6,469	1,168	7,637	11,317	1%	\$1,066,242	<1%	
Tobacco Education and Outreach	577	3,294	-	3,294	3,871	0%	\$424,154	<1%	
Quality Health Systems Improvement	86	19,938	5,672	25,610	25,696	3%	\$7,460,098	5%	
Subtotal	476,225	330,954	21,873	352,827	829,052	100%	\$150,844,965	100%	34%
Total	847,851	920,098	57,619	977,717	1,825,568		\$445,506,960		100%
Improved Systems of Care **									
Policy and Broad Systems-Change Efforts	-	-	-	-	-		\$16,798,243	30%	
Organizational Support	-	-	-	-	-		\$30,908,879	54%	
Public Education and Information	-	-	-	-	-		\$9,311,368	16%	
Total	-	-	-	-	-		\$57,018,490	100%	
Grand Total	847,851	920,098	57,619	977,717	1,825,568		\$502,525,450		

* Counts may include individuals in more than one Result Area or Service Type.

** Improved Systems of Care does not list counts of individuals served because it supports services in the other Result Areas.

Note: Services and expenditures are for 58 county commissions reporting in November 2016. Expenditures for some counties were reported pending final audits.

Appendix B: First 5 California Result Areas and Services

Result 1: Improved Family Functioning

Providing parents, families, and communities with relevant, timely and culturally appropriate information, education, services and support.

Services

a. Community Resource and Referral

Programs providing referrals or service information about various community resources, such as medical facilities, counseling programs, family resource centers, and other supports for families with young children. This includes 2-1-1 services or other general helplines and services that are designed as a broad strategy for linking families with community services.

b. Distribution of Kit for New Parents

Programs providing and/or augmenting the First 5 California Kit for New Parents to new and expectant parents.

c. Adult and Family Literacy Programs

Programs designed to increase the amount of reading that parents do with their children, as well as educate parents about the benefits of reading or looking at books together (e.g., Even Start, Reach Out and Read, Raising a Reader). Family literacy may include adult education programs that provide English as a Second Language and literacy classes, and/or a General Equivalence Diploma.

d. Targeted Intensive Family Support Services

Programs providing intensive and/or clinical services by a paraprofessional and/or professional, as well as one-to-one services in family support settings. Programs are generally evidence-based, and are designed to support at-risk expectant parents and families with young children to increase knowledge and skills related to parenting and improved family functioning (e.g., home visiting, counseling, family therapy, parent-child interaction approaches, and long-term classes or groups). This category also includes comprehensive and/or intensive services to homeless populations.

e. General Parenting Education and Family Support Programs

Programs providing short-term, non-intensive instruction on general parenting topics, and/or support for basic family needs and related case management (e.g., meals, groceries, clothing, emergency funding or household goods acquisition

assistance, and temporary or permanent housing acquisition assistance). Fatherhood programs are also included here. In general, these programs are designed to provide less intense and shorter term (“lighter touch”) support services and classes for families by non-clinical staff (e.g., Family Resource Centers).

f. Quality Family Functioning Systems Improvement

Family functioning system efforts are designed to support the implementation and integration of services primarily in Result Area 1. This may include use of the Family Strengthening approach, Protective Factors planning or implementation, service outreach, planning and management, inter-agency collaboration, support services to diverse populations, database management and development, technical assistance, and provider capacity building. Provider loan forgiveness programs for which child or provider counts are not measured are included in this category.

Result 2: Improved Child Development

Increasing the quality of and access to early learning and education for young children.

Services

a. Preschool Programs for 3- and 4- Year-Olds

Programs providing preschool services, preschool spaces, and comprehensive preschool initiatives primarily targeting three and four year-olds. Child Signature Programs (CSP) 1 and 3 are included in this category, as well as county programs which mirror the quality and intensity of the CSP.

b. Infants, Toddlers, and All-Age Early Learning Programs

Programmatic investments in early learning programs for infants and toddlers, as well as all-age programs. Examples of all-age programs that may be included here are child related early literacy and Science, Technology, Engineering, and Math (STEM) programs; programs for homeless children; migrant programs; and similar investments.

c. Early Education Provider Programs

Programs providing training and educational services, supports, and funding to improve the quality of care. This includes Comprehensive Approaches to Raising Education Standards (CARES) Plus and workforce development programs.

d. Kindergarten Transition Services

Programs of all types (e.g., classes, home visits, summer bridge programs) that are designed to support the kindergarten transition for children and families.

e. Quality Early Childhood Education Investments

Improvement efforts designed to support the implementation and integration of services primarily in Result Area 2. This may include Race to the Top—Early Learning Challenge and other Quality Rating and Improvement System investments. This category includes early literacy and STEM systems-building projects. This also could include interagency collaboration, facility grants and supply grants to providers, support services to diverse populations, and database management and development. CSP 2 is reported in this category.

Result 3: Improved Child Health

Promoting optimal health through identification, treatment, and elimination of the risks that threaten children’s health and lead to development delays and disabilities in young children.

Services

a. Nutrition and Fitness

Programs providing strategies to promote children’s healthy development through nutrition and fitness, including programs to teach the facts about healthy weight, basic principles of healthy eating, safe food handling and preparation, and tools to help organizations incorporate physical activity and nutrition. Recognized strategies include “Let’s Move” Campaign, MyPyramid for Preschoolers, and sugar-sweetened beverage initiatives.

b. Health Access

Programs designed to increase access to health/dental/vision insurance coverage and connection to services, such as health insurance enrollment and retention assistance, programs that ensure use of a health home, and investments in local “Children’s Health Initiative” partnerships. Providers may be participating in Medi-Cal Administrative Activities to generate reimbursements.

c. Maternal and Child Health Care

Programs designed to improve the health and well-being of women to achieve healthy pregnancies and improve their child’s life course. Voluntary strategies may include prenatal care/education to promote healthy

pregnancies, breastfeeding assistance to ensure that the experience is positive, screening for maternal depression, and home visiting to promote and monitor the development of children from prenatal to two years of age. Providers may be participating in Medi-Cal Administrative Activities to generate reimbursements.

d. Oral Health

Programs providing an array of services that can include dental screening, assessment, cleaning and preventive care, treatment, fluoride varnish, and parent education on the importance of oral health care. This may include provider training and care coordination of services.

e. Primary and Specialty Medical Services

Programs designed to expand and enhance primary and specialty care in the community to ensure the capacity to serve children. Services include preventive, diagnostic, therapeutic, and specialty medical care provided by licensed health-care professionals/organizations. Services may include immunizations, well child check-ups, care coordination, asthma services, vision services, services for autism/attention-deficit hyperactivity disorder, other neurodevelopmental disorders, and other specialty care.

f. Comprehensive Screening and Assessments

Programs providing screening, assessment, and diagnostic services, including developmental, behavioral, mental health, physical health, body mass index, and vision. Screening may be performed in a medical, education, or community setting. These services determine the nature and extent of a problem and recommend a course of treatment and care. This may include strategies to connect children to services which promote health development, such as *Help Me Grow*.

g. Targeted Intensive Intervention for Identified Special Needs

Programs providing early intervention or intensive services to children with disabilities and other special needs, or at-risk for special needs. May include strategies targeting language and communication skills, social and emotional development, developmental delays, and related parent education. Mental Health Consultations in ECE settings are included in this category. "Special Needs" refers to those children who are between birth and five years of age and meet the definition of "Special Needs."

h. Safety Education and Injury Prevention

Programs disseminating information about child passenger and car safety; safe sleep; fire, water, home (childproofing) safety; and the dangers of shaking babies. Includes education on when and how to dial 9-1-1, domestic violence prevention, and intentional injury prevention. Referrals to community resources that specifically focus on these issues also may be included in this category.

i. Tobacco Education and Outreach

Education on tobacco-related issues and abstinence support for people using tobacco products. Includes providing information on reducing young children's exposure to tobacco smoke.

j. Quality Health Systems Improvement

Efforts designed to support the implementation and integration of services primarily in Result Area 3. This may include service outreach, planning and management (general planning and coordination activities, interagency collaboration, support services to diverse populations, database management and development, technical assistance and support, contracts administration, and oversight activities), and provider capacity building (provider training and support, contractor workshops, educational events, and large community conferences). Provider loan forgiveness programs for which child or provider counts are not measured are included here. Includes Baby Friendly Hospital investments, projects for cross-sector data integration, and designing a community-endorsed developmental screening framework.

Result 4: Improved Systems of Care

Implementing integrated, comprehensive, inclusive, and culturally and linguistically appropriate services to achieve improvements in one of more of the other Result Areas.

Services

a. Policy and Broad Systems—Change Efforts

Investments in broad systems-change efforts, including inter-agency collaboration, work with local and statewide stakeholders, policy development, and related efforts. This category includes county investment and work with The Children's Movement and/or on grassroots advocacy efforts.

b. Organizational Support

Training and support provided to organizations that does not apply to one of the three programmatic Result Areas, but instead has a more general impact. Other examples of organizational support include business planning, grant writing workshops, sustainability workshops, and assistance in planning and promoting large community conferences or forums. Database management and other cross-agency systems evaluation support, and general First 5 program staff time are included in this category.

c. Public Education and Information

Investments in community awareness and educational events on a specific early childhood topic that does not apply to one of the three programmatic Result Areas, or promoting broad awareness of the importance of early childhood development.

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Our Vision

California's children receive the best possible start in life and thrive.



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