AGENDA ITEM: 5
DATE OF MEETING: January 23, 2014
ACTION: ___X___
INFORMATION: _____

FISCAL YEAR 2012-13 ANNUAL REPORT

SUMMARY OF REQUEST

This is a request for Commission approval of the First 5 California Fiscal Year (FY) 2012-13 Annual Report.

BACKGROUND

The California Children and Families Act of 1998 (Act) states First 5 California shall:

> Conduct an audit and prepare a written report on the implementation and performance of the state commission functions during the preceding fiscal year, including, at a minimum, the manner in which funds were expended and the progress toward, and the achievement of, program goals and objectives.

The Act also states:

> The written report shall include a listing, by category, of the aggregate expenditures on program areas funded by the state and county commissions pursuant to the purposes of this Act, according to a format prescribed by the state commission.

The First 5 California FY 2012-13 Annual Report is organized as follows:

- Brief history of First 5 California, its structure and audit findings, and partnerships
- Summary of how First 5 California supports children ages 0 to 5, parents, early learning teachers, and local commission programs
- Appendix outlining result areas and services, and the California State Controller's Annual Report

HIGHLIGHTS

First 5 California programs leverage funding, skills, and systems to deliver high-quality services to improve early learning for children ages 0 to 5 most in need. Summarized

below are some of the key programs and resources funded by First 5 California, the most prominent of which are its three "Signature Programs."

Child Signature Program

Built off the Power of Preschool program and First 5 California's current partnership with the Educare quality model, the Child Signature Program (CSP) was designed to increase the quality of early learning and development programs by implementing three research-based Program Elements:

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

During FY 2012-13, CSP 1 was implemented in 1,263 classrooms and served nearly 24,000 children. Two thirds of these classrooms consisted of more than 50 percent dual language learners and children with special needs.

CSP 2, which was launched in 2012, focuses on providing quality improvement support through training and technical assistance to centers and classrooms to bring them up to the quality levels of those classrooms participating in CSP 1. In FY 2012-13, every center and classroom in the 34 CSP 2 counties completed a Readiness Assessment and collected data to determine levels of strength and identify areas of improvement.

CSP 3, launched in spring 2013, is designed to provide two years of Quality Enhancement funding for classrooms in qualifying counties.

Teacher Signature Program

Teacher quality is a key contributor to children's learning and success. First 5 California's CARES Plus program provides early educators with professional education and support designed to help them attain their educational goals. The primary goals of CARES Plus are to:

- Improve the effectiveness of early educators
- Positively impact the learning and developmental outcomes of young children
- Reduce turnover among early educators

Two validated tools are used to measure the outcomes of CARES Plus:

- The Classroom Assessment Scoring System™. The system consists of online, interactive, multimedia, self-paced courses, along with an assessment tool used to observe teacher-child classroom interactions.

- MyTeaching Partner™. This is an evidence-based professional development tool focused on improving classroom interactions through intensive coaching, classroom observation, and analysis of teaching practice.

Parent Signature Program

First 5 California recognizes parents as their children's first teachers. Through the Parent Signature Program, First 5 California provides parents with the information and tools they need to raise healthy children who are ready to grow up healthy and thrive in school.

As part of this effort, First 5 California provides information to parents through a variety of media in six different languages, reflecting the rich diversity of California's population.

Kit for New Parents

The *Kit for New Parents* features a practical guide for the first five years, a health handbook, and other information on literacy, learning, child safety, developmental milestones, and finding quality childcare. In FY 2012-13, First 5 California distributed 332,000 *Kits for New Parents*.

Hands-On Health Express

The Hands-On Health Express is a traveling exhibit van that seeks to educate parents and entertain children with hands-on activities about healthy eating and exercise. In FY 2012-13, the van traveled to more than 120 events in all 58 counties, and engaged with more than 138,965 families who received a wealth of information and left with First 5 resources.

Web and Social Media

Recognizing parents are increasingly using the Internet to access information, First 5 California continues to provide useful resources through its parent website, which has generated more than 1.1 million hits since being redesigned almost two years ago. First 5 California is driving parents to its site through its traditional advertising methods, as well as through its social media efforts. In FY 2012-13, First 5 California's Facebook page generated nearly 735,000 unique visitors per week; this is more than three times the number from the previous year. Its Twitter account had almost 11,000 followers in FY 2012-13. Both audiences receive daily parenting tips on everything from healthy pregnancy to child rearing, healthy eating, and activities that engage bodies and minds.

Smoking Cessation

In FY 2012-13, First 5 California contributed $1 million to the California Smoker's Helpline (1-800-NO-BUTTS) to help parents and caregivers stop smoking. The Helpline provided services for 398 pregnant smokers and 6,039 tobacco-using parents and caregivers. This effort also included reaching out to doctors' offices encouraging them to discuss smoking cessation with their clients.

STAFF RECOMMENDATION

Staff recommends the Commission approve the FY 2012-13 Annual Report and its submission to the Governor, the Legislature, and county commissions, as required by statute.

ATTACHMENT

- Draft First 5 California Fiscal Year 2012-13 Annual Report

FIRST 5 CALIFORNIA℠

2012–13 | First 5 California Annual Report

Growing and Building Partnerships for a Successful Future

WHILE PROMOTING, SUPPORTING, AND IMPROVING THE EARLY DEVELOPMENT OF CHILDREN AGES 0 TO 5, FIRST 5 CALIFORNIA CONTINUES GROWING AND BUILDING PARTNERSHIPS FOR A SUCCESSFUL FUTURE.

Growing and Building Partnerships for a Successful Future

Message from the Executive Director

First 5 California envisions our state as a place where all children are ready to start kindergarten prepared to learn at their maximum potential.

Fifteen years ago, the voters of California made the sound decision to dedicate a new and steady revenue stream to invest in our youngest children. We are fortunate to live in a state that believes that as a matter of public policy we should invest in programs, systems, and other solutions to provide every child a similar opportunity to arrive at school intellectually, socially, and developmentally equipped to learn.

Since the passage of Proposition 10 in 1998, the State and county commissions have built a network of critical services to meet the needs of children ages 0 to 5 and their families—especially those most at risk. That network has mattered more than ever during the economic recession. Not only have the unemployment trends left more families without a wage-earning adult, but the seemingly irreparable state budget deficit has left many traditional safety net services unfunded. As we begin economic recovery, the strength, capacity, and resourcefulness of the First 5 movement has become more relevant than ever in identifying and supporting children and families that might otherwise fall through the cracks.

Today, First 5 California's momentum is fueled by its Child, Parent, and Teacher Signature Programs. Recognizing the inextricable connection between healthy young minds and bodies, the State and local commissions invest heavily in developmental screenings and services, as well as nutrition and early learning and care. Collectively, these efforts are strategically designed to increase family resiliency, especially in our most at-risk communities.

Now that the Signature Programs are in full implementation, the State Commission has just completed the process of refreshing its Strategic Plan based on data designed to tell us what works, and with an honest assessment of the greatest challenges facing our young children today.

First 5 California is honored to be the steward of the resources dedicated under Proposition 10 and is committed to its mission to be a leader and partner in advocating for children ages 0 to 5. We look forward to continuing our partnership with the 58 county commissions as we press for quality early childhood education and family resources—to help ensure the youngest Californians among us thrive.

CAMILLE MABEN
EXECUTIVE DIRECTOR, FIRST 5 CALIFORNIA

FIRST 5 CALIFORNIA℠

Exhibits For Fiscal Year 2012/13

Exhibit 1: First 5 California Commission Members FY 2012/13 6

Exhibit 2: First 5 California Children and Families Commission Funds–Allocation of State Portion 7

Exhibit 3: Total Number of Services Provided to Children Ages 0 to 5 and Adults in FY 2012/13 Across Result Areas 8

Exhibit 4: Total Expenditures for Children Ages 0 to 5 and Adults Receiving Services in FY 2012/13 by Result Area 10

Exhibit 5: Total Expenditures for Children Ages 0 to 5 and Adults Receiving Services in FY 2012/13 by Provider 10

Exhibit 6: California Smokers' Helpline–Education Level of Callers in FY 2012/13 26

Exhibit 7: California Smokers' Helpline–Race/Ethnicity of Callers in FY 2012/13 26

Exhibit 8: Family Functioning–Total Number of Services Provided to Children Ages 0 to 5 and Adults in FY 2012/13 by Service 28

Exhibit 9: Family Functioning–Distribution of Expenditures for Children Ages 0 to 5 and Adults in FY 2012/13 by Service 30

Exhibit 10: Family Functioning–Distribution of Expenditures for Children Ages 0 to 5 and Adults in FY 2012/13 by Provider 30

Exhibit 11: Child Development–Total Number of Services Provided to Children Ages 0 to 5 and Adults in FY 2012/13 by Service 31

Exhibit 12: Child Development–Distribution of Expenditures for Children Ages 0 to 5 and Adults in FY 2012/13 by Service 32

Exhibit 13: Child Development–Distribution of Expenditures for Children Ages 0 to 5 and Adults in FY 2012/13 by Provider 32

Exhibit 14: Child Health–Total Number of Services Provided to Children Ages 0 to 5 and Adults in FY 2012/13 by Service 33

Exhibit 15: Child Health–Distribution of Expenditures for Children Ages 0 to 5 and Adults in FY 2012/13 by Service 34

Exhibit 16: Child Health–Distribution of Expenditures for Children Ages 0 to 5 and Adults in FY 2012/13 by Provider 34

Table of Contents

Getting California's Young Children Ready for School 4
- Leadership: First 5 California 4
- Strategic Plan 5
- Structure: State and County 5
- Partnerships: Working Together 6
- Accountability: Funding and Audit Results 6

Serving California's Young Children, Parents, and Teachers 8
- Four Key Result Areas 8

Child Signature Program 12
- Child Development Focus 12
- Educare 15
- Local Developmental Screenings and Services 16
- Race to the Top—Early Learning Challenge 16

Teacher Signature Program 18
- Child Development Focus 18
- CARES Plus 19

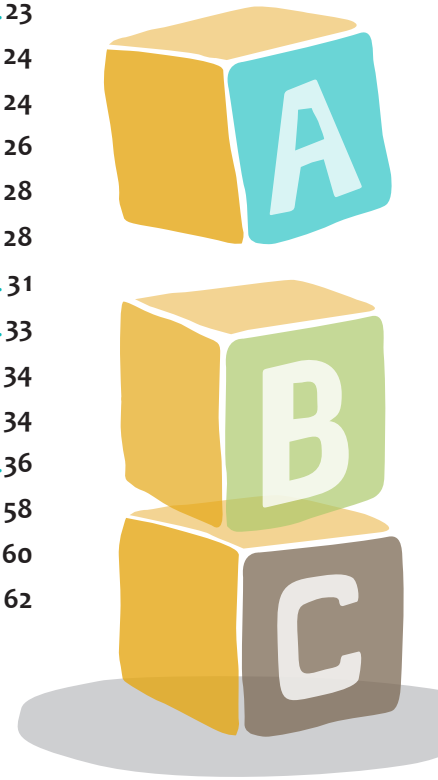
Parent Signature Program 22
- Family Functioning and Child Health Focus 22
- *Kit for New Parents* 23
- Hands-On Health Express 24
- Parent Education Website and Social Media 24
- Tobacco Cessation 26

First 5 County Commission Program Result Areas 28
- Family Functioning 28
- Child Development 31
- Child Health 33
- Systems of Care 34
- Summary 34
- First 5 County Regional Highlights FY 2012/13 36

Appendix A: First 5 California Result Areas and Services 58

References 60

California State Controller's Annual Report on Disk 62



Getting California's Young Children

• Ready for School

Leadership: 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 the past 15 years, the First 5 California Children and Families Commission (First 5 California) has established quality standards and invested in the development of programs and services emphasizing improvement in early education, child care, social services, health care, research, and community awareness. The vision of First 5 California is for all children in our state to enter school healthy and ready to achieve their greatest potential.

FIRST 5 CALIFORNIA HELPS PREPARE CALIFORNIA'S YOUNGEST CHILDREN TO ENTER SCHOOL READY TO LEARN AND THRIVE.

Strategic Plan

At its January 2013 Commission meeting, the State Commission approved the development of a new Strategic Plan for First 5 California. The Strategic Plan will serve as an important compass for the Commission's deliberations to decide how best to plan future work, investments, and partnerships. As a result of the Commission's approval, staff issued a competitive solicitation for a consultant to facilitate the strategic planning process, and executed an agreement with the Glen Price Group (GPG).

The development of the Plan was facilitated by GPG with continuous input from Chair Halvorson and Commissioner Icenhower, First 5 California staff, the First 5 Association, and other stakeholders. The Plan will be available on the First 5 California website in February 2014.

Structure: State and County

The Act established an independent seven-member state-level Commission appointed by the California Legislature and Governor, with the Secretary of the California Health and Human Services Agency serving as an ex-officio member. The Commission appoints the First 5 California Executive Director. The Commission's current Executive Director, Camille Maben, started in December 2012.

The Act also authorized the establishment of 58 First 5 county commissions and required that each develop and update a local strategic plan based on the assessed needs of children and families in the county. The members of each First 5 county commission are appointed by the county board of supervisors. Each

county commission includes two members selected from county health and local health-related service agencies, as well as one member of the appointing county board of supervisors. Members can also be selected from other child development organizations within the county.

First 5 California prepares guidelines to assist the county commissions in the update and execution of their strategic plans. First 5 California also collects and reviews each county commission's annual report, and includes county-level data in this state-level annual report.

Exhibit 1: First 5 California Commission Members FY 2012/13

Commission Members:

George Halvorson, Chair
Appointed by Governor

Jennifer Kent, Chair
Appointed by Governor
Term ended mid-June, 2013

Patrick Duterte, Vice Chair
Appointed by Governor

Magdalena Carrasco
Appointed by Governor

Conway Collis
Appointed by Speaker of the Assembly

Kathryn Icenhower
Appointed by Speaker of the Assembly

Joyce Iseri
Appointed by Senate Rules Committee

Casey McKeever
Appointed by Senate Rules Committee

Ex-Officio Member:

Diana Dooley
Secretary of the California Health and Human Services Agency

Jim Suennen, Designee

Partnerships: Working Together

First 5 California works with First 5 county commissions to further the goals of the Act. Partnerships focus on implementation of Child, Parent, and Teacher Signature Programs; data collection and evaluation for Signature Programs; research design; and continuous policy and program improvement for children and families. First 5 California provides technical assistance to First 5 county commissions in the areas of data collection, outreach, and Signature Program implementation.

In sum, while the Act directs the State and county commissions to achieve common goals and outcomes for children ages 0 to 5, it empowers each individual commission to develop its own strategic plan and programs to accomplish those goals according to the needs of local children and families. At the same time, as this report illustrates, First 5 California and the county commissions work as partners to implement the statewide Signature Programs and identify common policy goals.

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 2012/13, First 5 California received $90.1 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 Signature Programs as match funding.

> “First 5 California and the county commissions work as partners to implement the statewide Signature Programs and push for common policy goals.”

First 5 county commissions use their funds to support local programs in four result areas:

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

First 5 California’s Administrative Services Division, Contracts and Procurement Office, Program Management Division, and the Information Technology Office provide staff support for the following operations and systems:

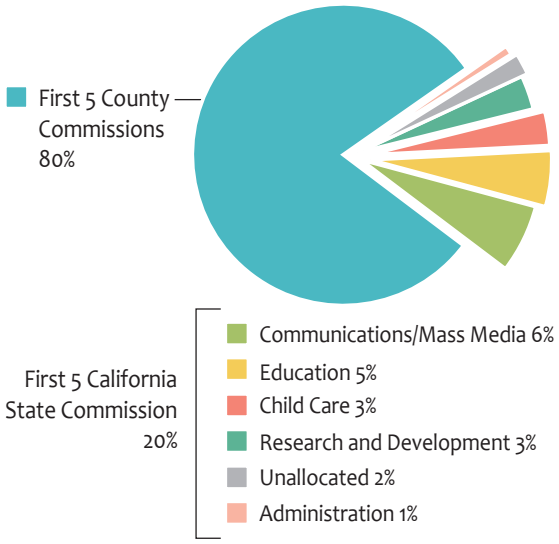
- Fiscal management of the California Children and Families Trust Fund
- Tax revenue disbursements to county commissions
- Local agreement and program disbursement management
- Procurement and contract management
- Workforce recruitment and development
- Information technology
- Audits and annual fiscal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

The administration of these and other programs is consistent with all applicable state and federal laws, rules, and regulations.

The California Department of Finance, Office of State Audits and Evaluations, conducted an audit of the First 5 California financial records for FY 2012/13. Submitted in November 2013, this report on the California Children and Families Trust Fund was free of any negative findings.

The State Controller’s Office conducts an annual review of the 58 county commissions’ independent audits. In November 2013, the Controller published its review of the counties’ audits for FY 2012/13, and that review summarized several findings contained in the local audits, but did not deem any of the findings significant enough to withhold funding. (See the full audit on attached disk.)

Exhibit 2: First 5 California Children and Families Commission Funds—Allocation of State Portion



Source: Health and Safety Code Section 130105

Serving California's

Young Children, Parents, and Teachers

Four Key Result Areas

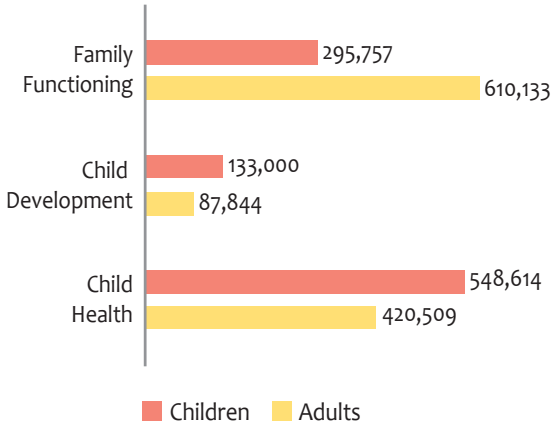
First 5 California tracks progress in four key result areas to support evidence-based funding decisions, program planning, and policies:

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

These result areas comprise a framework for reporting and assessing early childhood outcome data. Appendix A includes a complete description of the result areas and services for First 5 California and the 58 county commissions. This data reporting framework provides a statewide overview of 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 3 contains the total number of services provided to children ages 0 to 5 and adults in FY 2012/13 for the three result areas of Child Development, Child Health, and Family Functioning.

Exhibit 3: Total Number of Services Provided to Children Ages 0 to 5 and Adults in FY 2012/13 Across Result Areas



Source: County Demographic Worksheet, November 2013
*Data reported in the text and all exhibits does not include data from First 5 Butte County and First 5 Trinity County.

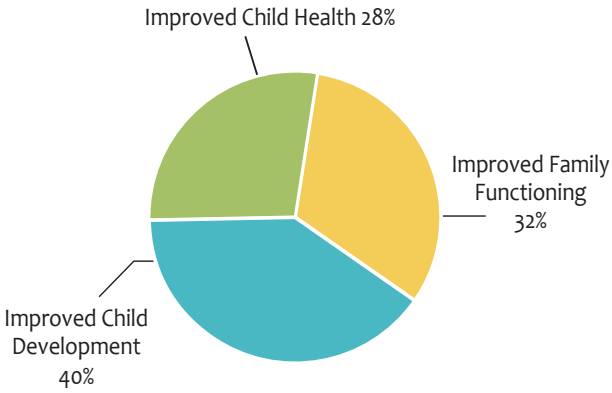
FIRST 5 CALIFORNIA STRIVES TO SERVE THE FAMILIES OF CALIFORNIA THROUGH THE PROMOTION OF MEANINGFUL, LASTING PROGRAMS IMPROVING THE LIVES OF OUR YOUNGEST CHILDREN AGES 0 TO 5.

> First 5 California tracks the progress and effectiveness of Child Development, Child Health, Family Functioning, and Systems of Care result areas to support evidence-based funding decisions, program planning, and policies.

The total expenditures ($460,410,265) for children ages 0 to 5 and adults receiving services in FY 2012/13 by result areas and providers are presented in Exhibits 4 and 5, respectively.

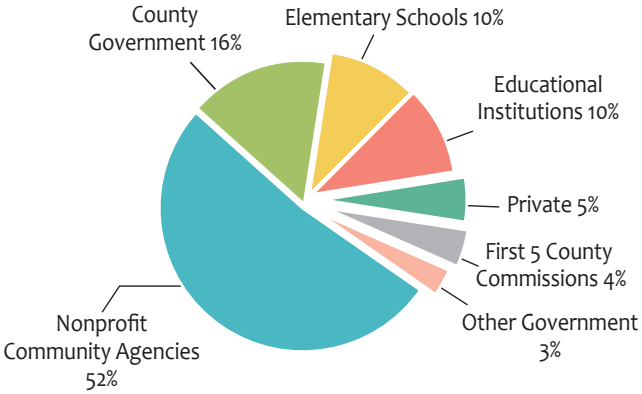
One result area, Systems of Care, differs from the others; it consists of programs and initiatives that support program providers in the other three result areas. In FY 2012/13, 19.7 percent of expenditures went toward community strengthening efforts; 39.6 percent toward service, outreach, planning, support, and management; and 40.7 percent toward provider capacity building, training, and support.

Exhibit 4: Total Expenditures for Children Ages 0 to 5 and Adults Receiving Services in FY 2012/13 by Result Area



Source: County Revenue and Expenditure Summary, November 2013

Exhibit 5: Total Expenditures for Children Ages 0 to 5 and Adults Receiving Services in FY 2012/13 by Provider



Source: County Revenue and Expenditure Summary, November 2013

FIRST 5 CALIFORNIA INVESTMENTS SUPPORT PREVENTION, SCREENING, AND EDUCATIONAL STRATEGIES BEGINNING IN THE PRENATAL PERIOD.

Child Signature Program

Child Development Focus

The cornerstone of First 5 California's purpose is to invest in quality early learning programs. National research indicates high-quality early learning programs have a significant, positive impact on early childhood outcomes for disadvantaged and at-risk children in cognitive, language, and social development.[1] Decades of program evaluations show investments in high-quality early learning produce higher rates of return.

FIRST 5 CALIFORNIA CONTINUES TO RAISE AWARENESS OF EARLY CHILDHOOD DEVELOPMENT ISSUES AND THEIR IMPACT ON CHILDREN'S FUTURE SUCCESS.

Effective early childhood programs generate benefits to society that far exceed program costs. Yet, nationally, many licensed facilities fail to meet or just barely meet the most basic guidelines for quality.

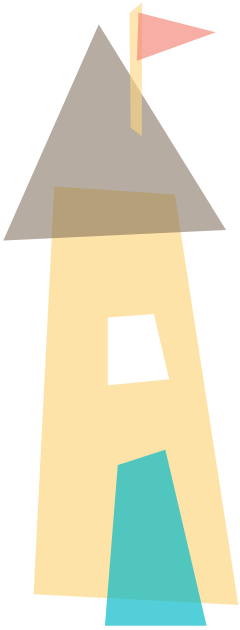
Approximately 50 percent of California's disadvantaged and at-risk 3- and 4-year-old children do not attend preschool, and even fewer attend high-quality preschools.[2] High-quality early learning programs go beyond the basics to provide opportunities for evidence-based learning activities, along with the development of nurturing and supportive relationships with teachers and caregivers.

Scientific studies conclude high-quality early learning programs improve school readiness and lead to better academic achievement in elementary school.[3] 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 unemployment, drug or alcohol abuse, and crime.[4]

Child Signature Program

In October 2011, First 5 California launched the Child Signature Program (CSP) as a consolidation of the State Commission's previous early learning programs. The purpose of this three-year strategic investment is to increase the quality of early learning and development programs across the state.

CSP works to invest in high-quality early learning programs that 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 not only for school, but for life.



The design of CSP integrates proven elements of other First 5 California-funded programs, selected core components of Educare, and continues to align with the California Department of Education Infant/Toddler and Preschool Foundations and Frameworks. CSP was launched in three phases via three Requests for Application to First Five county commissions.

Built off the prior Power of Preschool (PoP)[5] program and First 5 California's current partnership with the Educare quality learning model, CSP was designed to increase the quality of early learning and development programs by implementing three research-based Program Elements:

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

During 2012/13, CSP 1 included 1,263 classrooms serving nearly 23,800 children. Reflecting the program focus and diversity of California, two thirds of these classrooms were comprised of more than 50% dual language learners or children with special needs.

Launched in 2012, CSP 2 focuses on providing quality improvement support through training and technical assistance to centers and classrooms to bring them up to the quality levels of classrooms participating in CSP 1. In 2012/13, every center and classroom in the 34 CSP 2 counties completed a Readiness Assessment and collected data to determine levels of strength and identify areas for improvement.

Launched in spring 2013, CSP 3 is designed to allow CSP 2 counties not currently participating in CSP 1 to apply for two years of Quality Enhancement funding for classrooms that meet Teacher/Provider Qualifications at the First 5 Quality Level and CSP Baseline Criteria. The purpose of CSP 3 is similar to that of CSP 1 in terms of Quality Enhancements for qualifying classrooms.

Child Signature Program 1–An Example

First 5 Merced, one of the original PoP counties, has continued to increase quality in their early learning programs by participating in CSP. During 2012/13, Merced had twelve classrooms participating as Quality Enhanced (QE) classrooms and seventeen classrooms as Maintenance of Effort (MoE) classrooms. Essential Staff in the QE classrooms continued to build relationships and collaborated with classroom staff. The classroom staff received ongoing coaching support from the Early Education Experts (EEEs) and the Family Support Specialists (FSSs) who also enrolled children and families into home visiting and parent education services. Merced also partnered with the Merced College Child Development Center to establish a Family Service Worker Coalition. The Coalition supported the FSS and similar positions throughout the county by providing parent education, case management, and resource referral. First 5 Merced partnered with the Merced County Office of Education, Sierra Vista Child and Family Services, and the Mental Health Department to create and implement a "triage" system of referral for mental health and behavioral concerns in the classrooms. Although only QE classrooms received support from the Essential Staff, many of the benefits provided to the QE classrooms

were shared with the MoE classrooms. Training provided by the EEE was provided to both QE and MoE staff. Children in both QE and MoE classrooms received health, dental, hearing, and visions screenings, which resulted in an increased number of referrals and visits to the health providers.

Child Signature Program 2–An Example

Sonoma County experienced significant accomplishments in its first year of operation of the program. Classrooms quickly reaped the benefits of participation. The Early Learning Systems Specialist (ELSS) reviewed the respective Readiness Assessment data with each of the 33 participating classrooms. Based on the Readiness Assessment results, preliminary Improvement Plans (IPs) were developed and tracked. Revisions to the IPs will be revised as necessary. Sonoma County's monitoring system collected data specific to each classroom for each of the CSP 2 requirements. The ELSS was instrumental in providing on-site and on-line training to classroom staff based on their IP goals and objectives. In addition to trainings, information and resources have been distributed to CSP classrooms in a variety of areas related to the CSP Baseline Criteria. Classrooms and staff received health and nutrition materials and kindergarten readiness information. They also received training on the Ages and Stages Questionnaire, Environment Rating Scales, and Desired Results Developmental Profile, to name a few. The ELSS also found a unique way to build relationships with classroom staff by connecting them to local community businesses that promoted creativity and movement for children. The ELSS facilitated free classroom visits from martial arts and ballet studios, cultural dancers, a puppeteer, and more.

Sonoma County used ELSS coaching strategies, Readiness Assessments, and Quality Improvement Plans to promote quality improvement in other local efforts, as well. Sonoma's Value in Preschool (VIP) program used these tools to develop quality preschool sites and matched them with children who were eligible for local First 5-funded scholarships. Ultimately, these strategies played a major role in First 5 Sonoma's early childhood to K-3 education integration initiative, READY (Road to the Early Achievement and Development of Youth).

> "High-quality preschool programs with qualified early care providers create stimulating learning environments for young children."

Educare

Ongoing research consistently demonstrates poverty and economic stress can threaten a child's cognitive development and ability to learn. California children in low-income families typically enter kindergarten 12 to 14 months behind the national average in pre-reading and language skills[6], and in 2012, 25% of children aged 0 to 5 were living in families with incomes below the federal poverty level.[7] Underscoring the importance of the Educare program, 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 with limited proficiency in English) who enroll in Educare as infants or toddlers enter kindergarten with the same skills as their middle-income peers.[8]

Educare promotes school readiness by implementing programs that reduce the achievement gap for disadvantaged children ages 0 to 5 who are less likely to attend high-quality preschool programs, if they attend preschool at all. The Educare model also strengthens the abilities of parents to support their child's learning when they enter school. Nationally, the Educare Learning Network consists of 20 Educare centers in more than a dozen states resulting from a partnership which includes the Ounce of Prevention Fund, the Buffet Early Childhood Fund, along with other national philanthropic organizations and public-private groups.[9]

Locally, a partnership of community leaders including the Silicon Valley Leadership Group, First 5 Santa Clara, the Santa Clara County Office of Education, the Franklin-McKinley School District, and the Health Trust is currently wrapping up efforts to build a $14 million dollar, 35,000 square foot Educare center. On September 17, 2013, this group of business, education, and non-profit leaders marked the beginning of an effort to raise the last $3 million necessary to build the Educare center at Santee Elementary School in San Jose. When completed, the state-of-the-art facility will provide preschool and child care, services to families, as well as training for educators.[10]

Local Developmental Screenings and Services

Large developmental disparities exist among children ages 0 to 5 across California. Such an early readiness gap threatens later learning, development, and health. The Act was intended to create programs that support disadvantaged children in California and to overcome the socioeconomic barriers that limit children's opportunities for success.

Since 1998, First 5 California and county commissions have actively promoted screenings and assessments that help identify critical issues in 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.

During FY 2012/13, First 5 California contributed $15 million to the California Department of Developmental Services to fund new developmental screening and intervention services for infants and toddlers ages 0 to 2 in the Early Start Program. This funding supported early assessments and intervention services provided by each child's Individualized Family Service Plan (IFSP) team. For example, assistive technology; audiology; family training, counseling and home visits; occupational and physical therapy; speech and language services; and case management. These services are provided through 21 regional centers throughout California, many of which coordinate locally with First 5 county commissions.

Race to the Top—Early Learning Challenge

Based on the robust body of research demonstrating high-quality early learning and development programs can improve young children's health, social, emotional, and cognitive outcomes; enhance school readiness; and help close the wide school readiness gap, the U.S. Departments of Education and Health and Human Services released the Race to the Top—Early Learning Challenge (RTT-ELC) application on August 23, 2011. A total of 37 RTT-ELC grant applications were submitted and California was one of nine winning states. California requested $100 million and was awarded $52.6 million with a grant period from January 1, 2012, to December 31, 2015. The Governor appointed the California Department of Education (CDE) as the lead fiscal agency. As a participating state agency and co-member with CDE of the RTT-ELC State Implementation Team, First 5 California staff provide leadership, technical

assistance, evaluation, and administrative support for the RTT-ELC grant. Other participating state agencies include the California Departments of Developmental Services, Public Health, and Social Services, and the State Board of Education.

The objective of the RTT-ELC program is to improve the quality of early learning programs and close the achievement gap for children with high needs, defined in the Federal application as:

> Children from birth through kindergarten entry who are from low-income families or otherwise in need of special assistance and support, including children who have disabilities or developmental delays; who are English learners; who reside on "Indian lands" as that term is defined by section 8013(6) of the ESEA; who are migrant, homeless, or in foster care; and other children as identified by the State.

To address this school readiness gap, the grant identified high priorities for both strengthening the quality of early learning and development programs and increasing access to them, especially for children with high needs. The RTT-ELC is organized around five key areas of reform:

1. Successful State Systems
2. High-Quality, Accountable Programs
3. Promoting Early Learning Development Outcomes for Children
4. A Great Early Childhood Education Workforce
5. Measuring Outcomes and Progress

California's RTT-ELC grant implements a unique approach that builds upon California's local and statewide successes to create sustainable capacity at the local level to meet the needs of our early learners (from birth to age five) with a focus on those with the highest needs.

Approximately 74 percent of California's RTT-ELC total grant funding is spent at the local level to support a voluntary network of early learning programs. Each county in the network, known as the Regional Leadership Consortia (Consortia), is led by an established organization that is already operating or developing a Quality Rating and Improvement System (QRIS). The Consortia includes 17 members in 16 counties (Alameda, Contra Costa, El Dorado, Fresno, Los Angeles, Merced, Orange, Sacramento, San Diego, San Francisco, San Joaquin, Santa Barbara, Santa Clara, Santa Cruz, Ventura, and Yolo). The number of children under five years of age in these counties is approximately 1.9 million, which represents almost 70 percent of the total children ages birth to five in California.

In addition, California is using a portion of the RTT-ELC grant funds to make several one-time investments in State capacity via nine projects, as well as an evaluation to validate the effectiveness of the Consortia QRISs and the three common tiers across them. The end goal that unites the Consortia and the State's one-time investment activities is to ensure children in California have access to high-quality programs so they thrive in their early learning settings and succeed in kindergarten and beyond.

> "Since 1998, First 5 California and county commissions have actively promoted screenings and assessments that help identify critical issues in children with special needs."

Teacher Signature Program

Child Development Focus

Teacher quality is a powerful contributor to children's learning and success. Children are supported and developed through rich teacher-child interactions with educators who have the knowledge and skills to identify and support the needs of specific groups of children, including English learners. Research shows early childhood educators with higher education levels and specialized training have higher quality interactions with children resulting in positive effects on learning.[11] Teacher quality is so critical that a growing number of states and the federal Head Start program have mandated early childhood educators attain more professional development and training in the field.

CALIFORNIA'S FIRST 5 PRESCHOOL PROGRAMS ARE IMPROVING THE LIVES OF CALIFORNIA'S YOUNG CHILDREN AND PREPARING THEM FOR TOMORROW'S CHALLENGES.

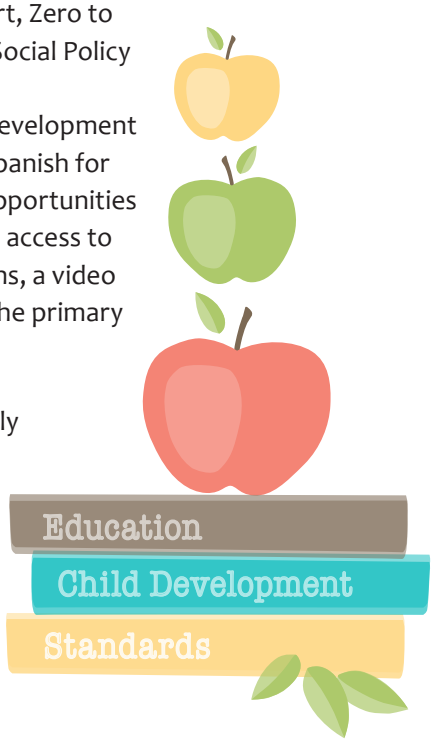
High-quality programs that train and retain qualified early childhood educators create learning environments that stimulate and support a child through formative developmental stages. One study indicates that only 13 percent of California's low-income children are in high-quality early learning programs that teach advanced thinking skills and language development.[12]

CARES Plus

The Comprehensive Approaches to Raising Educational Standards (CARES) Plus program is First 5 California's Teacher Signature Program. Launched in 2010, it is 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 is an enhancement of the original CARES Program (2000–2008) that gained national recognition from Head Start, Zero to Three, and the Center for Law and Social Policy during its tenure.

CARES Plus offers professional development opportunities in both English and Spanish for early childhood educators. These opportunities include community college courses, access to online best practice learning sessions, a video library, and one-on-one coaching. The primary goals of CARES Plus are to:

- Improve the effectiveness of early educators
- Positively impact the learning and developmental outcomes of young children
- Reduce turnover among early educators



Through CARES Plus, First 5 California has incorporated the ***CLASS™ (Classroom Assessment Scoring System).*** The following is a menu of validated professional development tools for early educators developed by the University of Virginia:

- ***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™***—an online, two-hour interactive course to gain an understanding of the CLASS™ framework
- ***Looking at CLASSrooms™***—a self-paced directed study focusing 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 analysis of teaching practice

In addition to the professional development tools listed above, all CARES Plus participants are 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.***

CARES Plus includes a research design that will compare the assessments of teachers who either take professional development courses, participate in higher education courses, or participate in the coaching pilot (MTP). This past year, more than 4,800 teachers in 34 counties participated in CARES Plus, effectively reaching more than 100,000 children. In a survey conducted by First 5 California, 80 percent or more of the teachers who responded reported that the CARES Plus program was very useful for their professional development, would enable them to stay in the field of early childhood education, and that the program would have a positive impact on the children in their care.

In addition to professional development and coaching, program elements included stipends to encourage teacher retention.

CARES Plus–An Example

El Dorado County covers a wide geographic area. As a result, CARES Plus information sessions started early in spring when staff went site to site to recruit participants. The team of Early Childhood Specialists had personal and trusting relationships with providers and they were an incredible asset for recruiting participants, especially in the more remote South Lake Tahoe area where there is high need. The Local Planning Council served as the hub for quality improvement stakeholders and this partnership allowed stakeholders to work together effectively on CARES plus and other quality improvement projects.

El Dorado's CARES Plus program emphasized higher education and degree attainment, and stakeholders partnered with California State University, Sacramento to form a Bachelor of Arts cohort distance learning hybrid program. One cohort met in Placerville and another met remotely in South Lake Tahoe. This one-of-a-kind distance learning program is a notable aspect of the El Dorado CARES Plus program, with 20 current graduates from the first cohort. Other non-traditional avenues for degree attainment through accredited universities were also explored, encouraged, and supported.

El Dorado Advisors used several methods to help participants integrate CLASS into daily practice. CARES Plus Advisors had regular contact with participants, all of the advisors became CLASS certified observers in fall 2012 so they could really speak to behaviors and strategies that they were looking for, and sites held monthly teacher meetings focused on CLASS skills and strategies.

CARES PLUS PROGRAM IS 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.

Parent Signature Program

Family Functioning and Child Health Focus

A parent is a child's first teacher. The more information and support parents have to strengthen their own family's success and resilience, the more likely young children will learn the habits they need to be self-assured and ready to learn when they get to school. First 5 California assists families by offering information, support, guidance, and referrals through its Parent Signature Program.

QUALITY PRESCHOOL AND CHILD CARE, ALONG WITH PARENTING EDUCATION PROGRAMS AND HOME VISITS, SUPPORT A FAMILY'S ABILITY TO ACHIEVE SELF-SUFFICIENCY.

The importance of child health for school readiness and early elementary success is well established. Children's overall health can make a difference in how well they will do in school. A child who is ill, has undiagnosed visual or hearing problems, developmental delays, or neglected dental disease might miss class, struggle in school, and even have learning problems. The alarming rate of childhood obesity is particularly severe in California—the Centers for Disease Control reports that 15 to 20 percent of low-income preschoolers in the state are obese.[13] The accompanying risk of current and chronic disease among at-risk young children further stunts their ability to achieve their maximum potential in school. The Parent Signature Program strives to provide parents with the information, resources, and advice that can help them raise healthier children.

The Parent Signature Program provides information and support to parents in both traditional and new ways, including print media, television and radio, social media, and other messaging in six languages, reflecting the rich diversity of California.

Kit for New Parents

First 5 California's award-winning *Kit for New Parents* is the flagship project 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.

> “First 5 California assists families by offering information, support, guidance, and referrals through its Parent Signature Program.”

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 practical guide for the first five years, a health handbook, and other important information on literacy and learning, child safety, developmental milestones, finding quality child care, and more. County commissions are encouraged to add local references and resources to the *Kit* to help steer parents to services in their own community.

To date, 4.3 million *Kits* have been distributed throughout California since 2001, with 332,000 being distributed this fiscal year alone.

Hands-On Health Express

As part of its comprehensive outreach campaign that seeks to reach families in their homes and where they go, First 5 California takes its show on the road with its Hands-On Health Express—a colorful truck full of engaging activities that schedules appearances in all 58 counties. The Hands-On Health Express features “Edutainers” who seek to educate parents and entertain children in a traveling, interactive exhibit to teach families how to incorporate fresh foods and physical activity into their everyday lives. In FY 2012/13, the truck traveled to more than 120 schools, community festivals, county fairs, and other family-oriented events, making appearances in even the smallest rural communities and directly engaging with more than 138,965 people who leave with First 5 resources.

Parent Education Website and Social Media

Another component of the Parent Signature Program is First 5 California’s Parent Education Website, which features practical advice for parents with a focus on accessible information based on early childhood best practices and research.

According to a recent Public Policy Institute of California study, Californians of all ethnicities have dramatically increased their access to the Internet via a smart phone or cell phone.[14] The Parent Education Website has been designed for clear viewing on these devices, as well as on tablet computers.

Since its launch in 2009, the Parent Education Website (www.first5california.com/parents) has received more than three million visits. Relaunched in April 2012, the site has generated more than 1.1 million hits. The site covers health, education, literacy development, smoking cessation, and more. The content and usefulness of the site is regularly tested with focus groups to ensure the most engaging and useful information for families. Parents can download information, view videos and cooking demonstrations, and even upload pictures of their children into a First 5 gallery. The most recent videos contain information on healthy beverages, nutrition, physical activity, and language development that further drive hundreds of thousands of visitors to the website.

> “FIRST 5 wants kids to grow up healthy and strong, and we know that habits form early. We developed POTTER THE OTTER: A TALE ABOUT WATER to assist parents and childcare providers in talking with young children about making healthier drink choices. Visit www.potterloveswater.com”

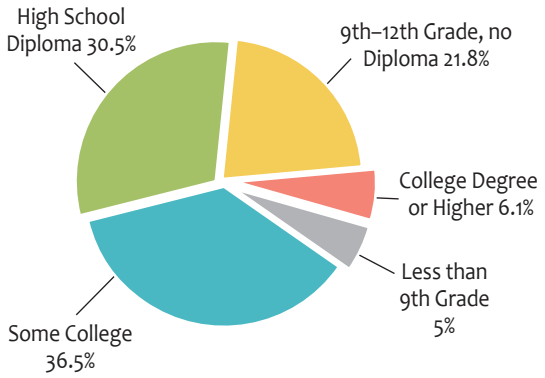
> The First 5 California Facebook page boasts more than 42,000 "likes" and generates nearly 735,000 unique visitors per week.

The First 5 California website also links to its social media tools, including Facebook and Twitter. The First 5 California Facebook page boasts more than 42,000 "likes" and generates nearly 735,000 unique visitors per week. First 5 California's Facebook page engages with more than 50 fans on an everyday basis. Its Twitter account has almost 11,000 followers who receive daily bits of information about early childhood development and wellness that parents, care providers, and teachers can use to improve or inspire their relationship with young children.

Tobacco Cessation

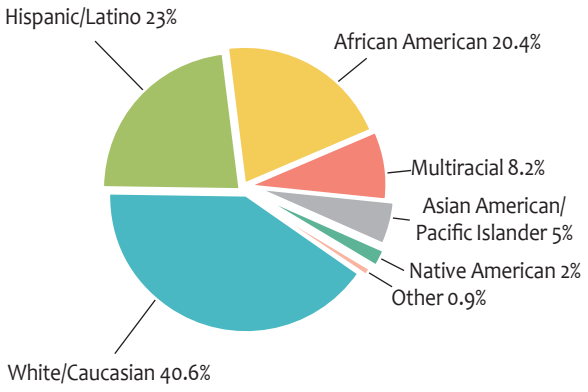
Through First 5 California's investment in the California Smokers' Helpline, parents and caregivers are given information and tools to help them quit smoking and using other tobacco products—especially around children or while pregnant. Parental smoking and secondhand smoke exposure have been linked to a range of ailments in babies and young children, including asthma, ear infections, pneumonia, bronchitis, and Sudden Infant Death Syndrome (SIDS). To reduce the incidence of these health problems, and to help smokers quit, in FY 2012/13, First 5 California supported the California Smokers' Helpline with $1 million for tobacco cessation services for parents and caregivers of young children.

Exhibit 6: California Smokers' Helpline–Education Level of Callers in FY 2012/13



Source: California Smokers' Helpline, October 2013
The percentages in this chart may not add to 100 due to rounding.

Exhibit 7: California Smokers' Helpline–Race/Ethnicity of Callers in FY 2012/13



Source: California Smokers' Helpline, October 2013
The percentages in this chart may not add to 100 due to rounding.

The toll-free Helpline (1-800-NO-BUTTS) provides one-on-one telephone counseling, self-help materials, and referrals to local resources. Its counselors follow protocols that are scientifically proven to double the rate of successful long-term quitting. Counselors and callers work together to develop a plan to quit, and continued interaction during the quitting process increases the likelihood of long term success. Services are provided in English, Spanish, Mandarin, Cantonese, Korean, and Vietnamese.

In FY 2012/13, First 5 California's investment provided Helpline services for 398 pregnant smokers and 6,039 tobacco-using parents or caregivers of children ages 0 to 5 (including 160 who were both pregnant and had a child 0-5). Tobacco users with less education or of ethnic minority background were well represented among Helpline callers. See Exhibits 6 and 7 for breakdowns by education and race/ethnicity, respectively. (Note: Fifty-two of the callers did not provide responses regarding education and race/ethnicity.)

In addition to the Smokers' Helpline, First 5 California provides an information fact sheet to help parents stop using tobacco products. Available on the First 5 California website homepage, "Helping Parents and Caregivers Quit Smoking" provides information on the negative effects of tobacco use as well as information where to get help with tobacco cessation and a link to www.nobutts.org--the website for the California Smokers' Helpline.

Also in 2012/13, the Helpline's online tobacco training modules, "Kids and Smoke Don't Mix" and "Los Niños y el Humo no se Mezclan," were adapted for use by a range of First 5 California Signature Program participants. The modules give child care providers, pre-school teachers, and other classroom staff the knowledge and skills they need to encourage smoking parents and caregivers to quit, refer them to the Helpline for counseling, and protect children from secondhand smoke. For the year, a total of 5,609 individuals from 49 counties completed the training, an increase of 38 percent over the previous year.

"The California Smokers' Helpline offers free counseling and referral services to help you or someone you know quit smoking, for the last time."

First 5 County Commission

• Program Result Areas

First 5 county commissions are required to report annual expenditure and service data on their programs to First 5 California. First 5 California adopted guidelines to standardize data collection. Counties report program service data under four result areas: Family Functioning, Child Development, Child Health, and Systems of Care (see Appendix A). These data are presented below and have been aggregated to the state level. Data reported are from programs that are funded by both local and state First 5 funds.

Family Functioning

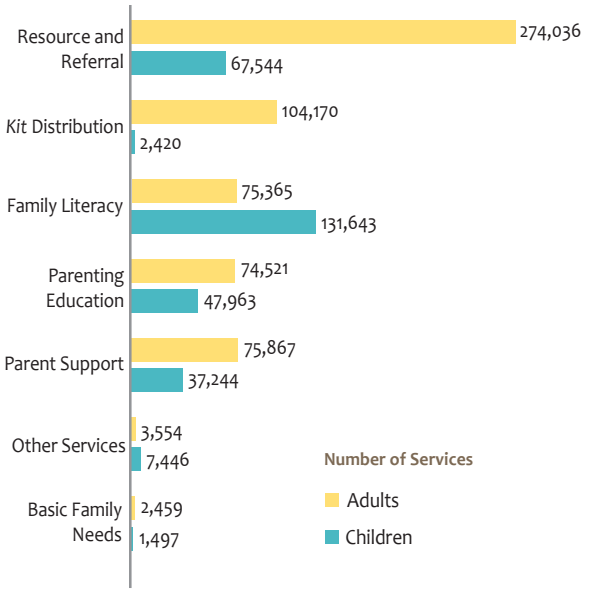
Family Functioning services provide parents, families, and communities with timely, relevant, and culturally appropriate information, services, and support. Services include:

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

In FY 2012/13, First 5 California provided 295,757 services to improve family functioning to children ages 0 to 5 and 610,133 services to parents, guardians, primary caregivers, relatives, and providers.

Exhibit 8 displays the number of services provided to children ages 0 to 5 and parents, guardians, primary caregivers, relatives, and providers.

Exhibit 8: Family Functioning–Total Number of Services Provided to Children Ages 0 to 5 and Adults in FY 2012/13 by Service*



Source: County Demographic Worksheet, November 2013
*There were no Behavioral Services provided to Children or Adults and only 161 Parental Education Services

FIRST 5 CALIFORNIA PROVIDES SERVICES TO IMPROVE FAMILY FUNCTIONING TO CHILDREN AGES 0 TO 5 AND TO PARENTS, GUARDIANS, PRIMARY CAREGIVERS, RELATIVES, AND PROVIDERS.

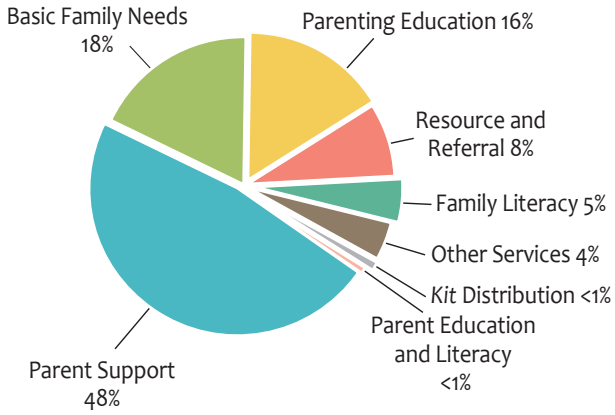
> “Preschool and early care education actively reduces the achievement gap and improves school readiness among disadvantaged and underserved communities.”

While children and adults from all ethnic groups received services, for those reporting an ethnicity, Latinos were the largest recipient group (54 percent). For children reporting a primary language, services were provided to Spanish speakers 51 percent of the time and English speakers 44 percent of the time.

In FY 2012/13, county commissions expended $137 million to improve Family Functioning. Exhibit 9 shows the distribution of expenditures by service category. Schools and educational institutions, nonprofit community-based agencies, government agencies, private institutions, and First 5 county commissions provided services to children and adults in order to improve Family Functioning.

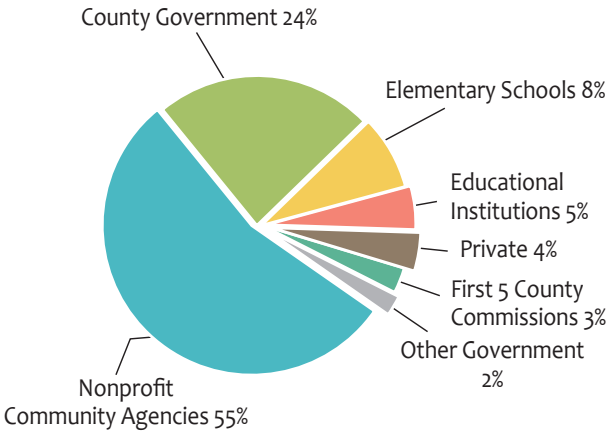
Exhibit 10 displays distribution of expenditures by provider type. Nonprofit community-based agencies received 55 percent of all Family Functioning expenditures in FY 2012/13.

Exhibit 9: Family Functioning–Distribution of Expenditures for Children Ages 0 to 5 and Adults in FY 2012/13 by Service*



Source: County Revenue and Expenditure Summary, November 2013
*There were no expenditures for Behavioral Services, so that category was removed from Exhibit 9.

Exhibit 10: Family Functioning–Distribution of Expenditures for Children Ages 0 to 5 and Adults in FY 2012/13 by Provider



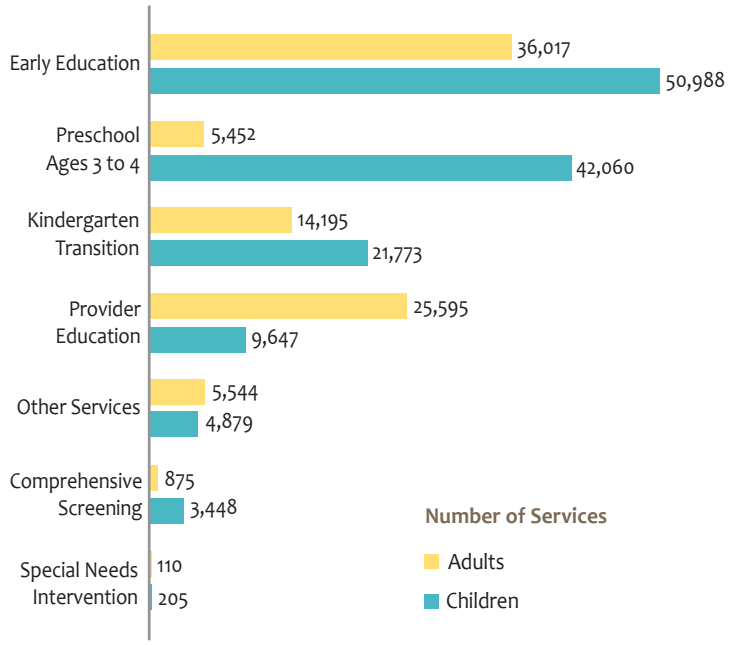
Source: County Revenue and Expenditure Summary, November 2013

Child Development

Child Development services 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 2012/13, First 5 delivered 133,000 child development services to children ages 0 to 5 and 87,844 services to parents, guardians, primary caregivers, relatives, and providers. Exhibit 11 shows the number of services provided to children ages 0 to 5 and adults in each child development service category. While children and adults from all ethnic groups received these services, for those reporting an ethnicity, services were delivered to Latinos most often (87 percent). For those children reporting a primary language, 46 percent of services were delivered to those speaking Spanish and 49 percent to those speaking English.

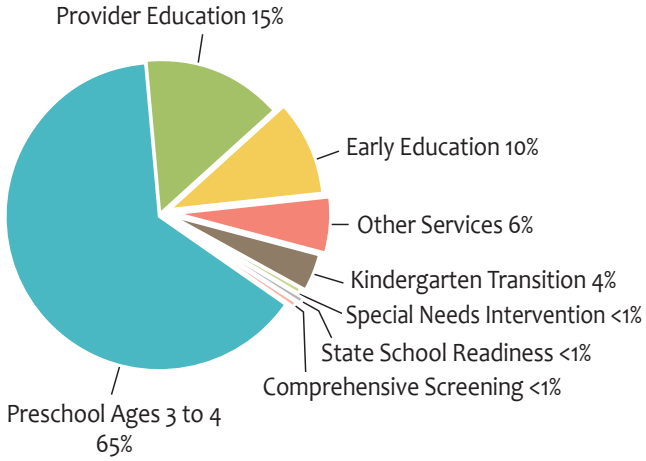
Exhibit 11: Child Development–Total Number of Services Provided to Children Ages 0 to 5 and Adults in FY 2012/13 by Service*



Source: County Demographic Worksheet, November 2013
*There were no County School Readiness services provided to Children or Adults and only 56 State School Readiness services provided to Adults, so those categories were removed from Exhibit 11.

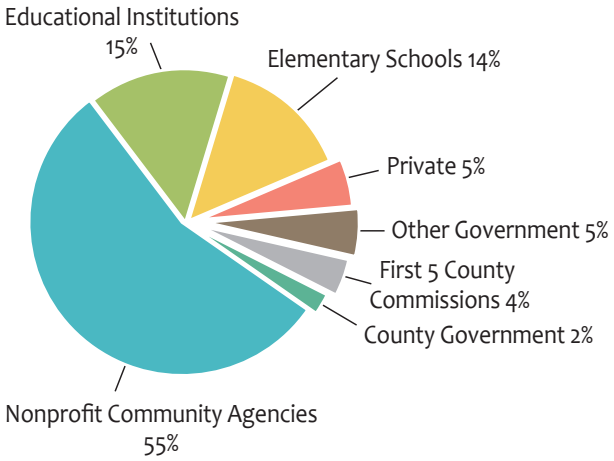
In FY 2012/13, county commissions expended $176 million to improve Child Development. Exhibit 12 shows the distribution of expenditures by service category. Schools and educational institutions, nonprofit community-based agencies, government agencies, private institutions, and First 5 county commissions provided services to children and adults in order to improve Child Development. Exhibit 13 shows distribution of expenditures by provider. In FY 2012/13, elementary schools received 14 percent of all expenditures to improve Child Development.

Exhibit 12: Child Development–Distribution of Expenditures for Children Ages 0 to 5 and Adults in FY 2012/13 by Service*



Source: County Revenue and Expenditure Summary, November 2013
*There were no expenditures for County School Readiness, so that category was removed from Exhibit 12.
The percentages in this chart may not add to 100 due to rounding.

Exhibit 13: Child Development–Distribution of Expenditures for Children Ages 0 to 5 and Adults in FY 2012/13 by Provider

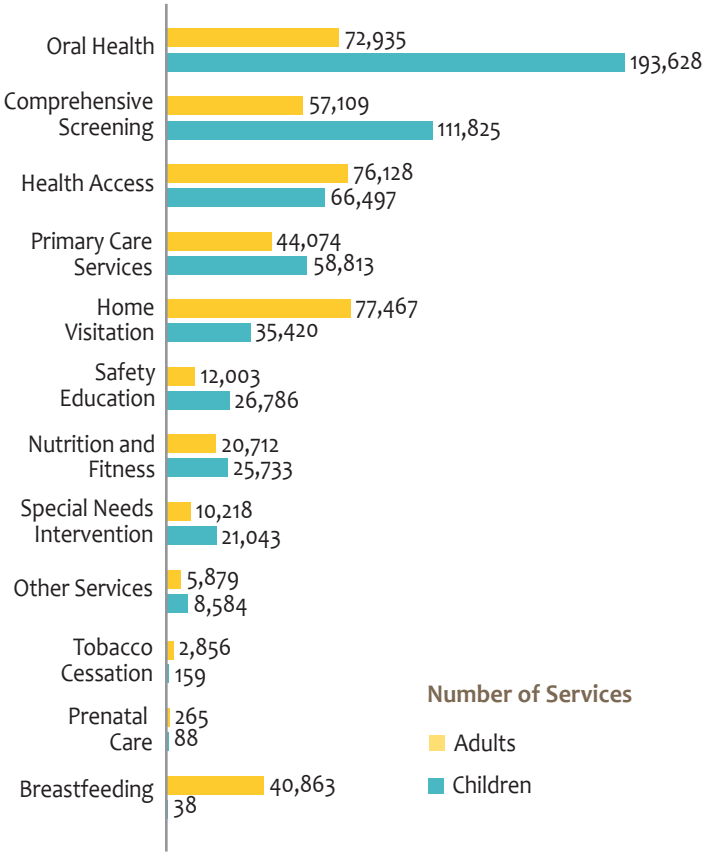


Source: County Revenue and Expenditure Summary, November 2013

Child Health

First 5 county commissions fund 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.

Exhibit 14: Child Health–Total Number of Services Provided to Children Ages 0 to 5 and Adults in FY 2012/13 by Service*



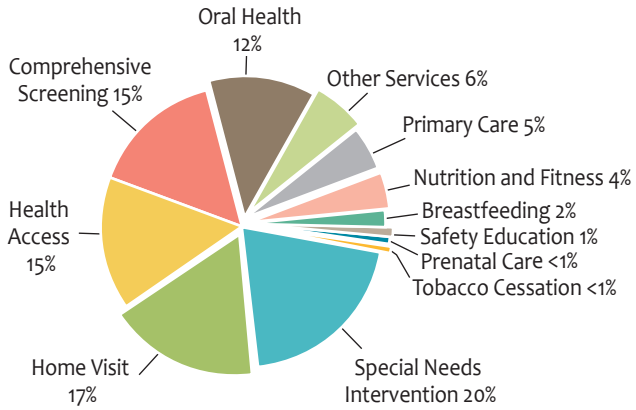
Source: County Demographic Worksheet, November 2013
*There were no Other Education or Specialty Medical Services provided to Children or Adults so those categories were removed from Exhibit 14.

> "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 2012/13, First 5 provided 548,614 services designed to improve Child Health to children ages 0 to 5 and 420,509 services to parents, guardians, primary caregivers, relatives, and providers. Exhibit 14 shows the number of services provided to children ages 0 to 5 and adults for each Child Health service category. While children and adults from all ethnic groups received services, for those reporting an ethnicity, services were most commonly provided to Latinos (70 percent). For children who reported a primary language, services were delivered to those speaking Spanish 45 percent of the time and English 51 percent of the time.

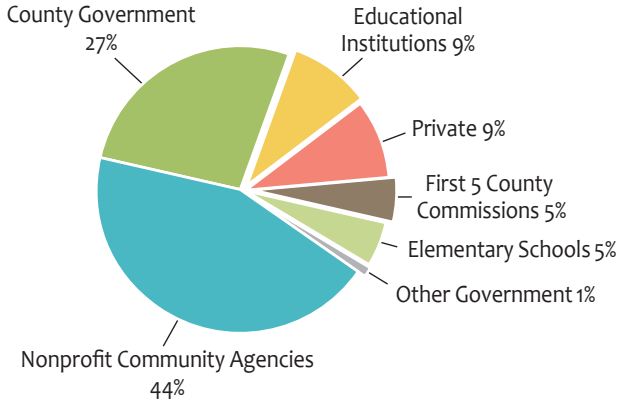
In FY 2012/13, county commissions expended $123 million to improve Child Health. Exhibit 15 shows the distribution of expenditures by service category. Schools and educational institutions, nonprofit community-based agencies, government agencies, private institutions, and First 5 county commissions provided services to children and adults in order to improve Child Health. Exhibit 16 shows distribution of expenditures by provider. Community-based agencies accounted for 44 percent of all expenditures to improve Child Health in FY 2012/13.

Exhibit 15: Child Health–Distribution of Expenditures for Children Ages 0 to 5 and Adults in FY 2012/13 by Service*



Source: County Revenue and Expenditure Summary, November 2013
*There were no expenditures for Specialty Medical Services and only .005 Other Education, so those categories were removed from Exhibit 15.
The percentages in this chart may not add to 100 due to rounding.

Exhibit 16: Child Health–Distribution of Expenditures for Children Ages 0 to 5 and Adults in FY 2012/13 by Provider



Source: County Revenue and Expenditure Summary, November 2013

Systems of Care

Systems of Care addresses system-wide structural supports which allow county commissions to effectively work towards achievement in the other three 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 number of children and adults served. Expenditure data indicates that for FY 2012/13, county commissions expended $83 million to improve Systems of Care.

Summary

First 5 California's comprehensive approach to early childhood education seeks to provide services for children, families, and educators in the home and in the classroom to ensure children enter school ready to learn. Our current Child, Teacher, and Parent Signature Programs were developed based on the most current research on childhood development and on the diverse needs of California families. The State and county commissions provide multiple services to families and their children ages 0 to 5 to ensure the family functions in a way that encourages healthy and lasting development inside the home, school, and in the community. See our *Regional Highlights* section, page 36 which includes highlights from First 5 County Commissions. Programs are continually evaluated for their effectiveness and updated to serve the needs of individual counties. Together, First 5 California and the county commissions seek to provide families most in need with services that prepare children to enter school ready to learn and thrive.

ALONG WITH THE FIRST 5 COUNTY COMMISSIONS AND NUMEROUS OTHER PARTNERS, FIRST 5 CALIFORNIA OFFERS INNOVATIVE PROGRAMS AND SERVICES DESIGNED TO HELP YOUNG CHILDREN THRIVE AND SUCCEED IN SCHOOL AND LIFE.

First 5 County Regional Highlights FY 2012/13

Alameda

First 5 Alameda County served over 10,000 children and their families during FY 2012/13. This is also the last year of the county's 2009-2013 Strategic Plan. First 5 Alameda is proud to have grown the county's capacity to identify developmental concerns in young children, screened and referred primary caregivers for mental health supports and services, and expanded the number of providers who are better prepared to work with families with young children. The community grant strategies have increased the number of parenting supports and parent-child activities available across the county. The postpartum home visiting program has consistently built upon its ability to support the whole family. And the newest initiatives, partially funded by federal SAMHSA dollars, gave Alameda County partners an opportunity to pilot place-based strategies in East Oakland, build infrastructure to nurture family leaders in the community, and develop a deeper family-centric mental health support and treatment system.

First 5 Alameda's Early Care and Education-focused strategies provided coaching, consultation, and higher education stipends to over 200 ECE providers. And its three Resource and Referral agencies offered trainings to over 1,000 providers in the community. Summer Pre-Kindergarten programs continued to help 679 children with little to no preschool experiences to be Kindergarten-ready.

One of its most significant accomplishments is *Help Me Grow*, a partnership between First 5, health care, and early care and education partners to screen more than 4,500 children a year. In FY 2012/13 alone, the *Help Me Grow* telephone line received close to 1,200 referrals. *Help Me Grow* is also creating opportunities for providers serving children to network and enhance their understanding of child development principles and resources for families and children through Connection Cafés, which meet bi-monthly and are hosted in different agencies across the county. This is also the year when *Help Me Grow* launched the first centralized e-directory of childhood and parenting resources in the county. Each listing in the directory includes detailed information on resources for children's development, learning, behavior, and parent support services.

First 5 Alameda also launched in earnest its Policy, Advocacy, and Communications strategy. The County Interagency Policy Council coalesced a convening of major county partners, including First 5, to initiate a project to identify and commit to a common set of county-wide early childhood outcomes. First 5 staff are also engaged in dialogues at the state and federal levels to identify sustainable funding opportunities to continue and enhance programs that exhibit county best practices.

Alpine

First 5 Alpine allocated the majority of its funding in FY 2012/13 to programs that focus on child development. Two grantees, the County Office of Education and the Bear Valley Parents Group, have diverse and comprehensive programs that produce outcomes desired by the First 5 Alpine Commission.

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 National Association for the Education of Young Children standards, 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. The Early Learning Center and its collaborative partners are able to provide a central resource center for families with children ages 0 to 5. Local partners last year helped provide access for all children with oral health and well-child examinations, immunization checks, developmental screenings, and the delivery of *Kits for New Parents*.

The remote town of Bear Valley holds many challenges for the full time residents who try to serve the varying population. The need of a quality child development program was apparent to the community as the 0 to 5 population increased. This program has successfully served seasonal and year-round residents with a focus on all areas of social-emotional and cognitive development of early childhood. 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.

Amador

First 5 Amador uses a multi-faceted and comprehensive approach in designing programs and delivering services. *Strengthening Families' 5 Protective Factors* are integrated into its work and the work of its partners to create a common language and approach for supporting families. Access to services through a systems change was a focus area, with one of the success stories being the establishment of a bus route for an extremely under-served part of the community.

This past year, one-third of families with newborns received a home visit from the *Baby Welcome Wagon*, and Amador's two family resource centers continued to provide critical services in outlying areas of the county. One-third of incoming kindergarten students participated in the *Bridge-to-Kindergarten* program conducted at each school campus. More than 50 percent of the age-eligible children received books at home through the *Imagination Library* literacy program. Through a partnership with Behavioral Health, First 5 Amador provided behavioral specialist services, making it possible for children to remain in their child care/preschool setting.

First 5 Amador continued to be the convener in the county around the subject of young children and families. The Commission continued to lead efforts in oral health services with a coordinated effort through its Oral Health Task Force. Family violence reduction continues to be a focus area with multiple strategies that address safety and community education. First 5 Amador also continued to engage the public by being an active participant in business, education, and community events and activities.

First 5 Amador was instrumental in the establishment of the only parent cooperative preschool in the county. It provides preschool scholarships for income-eligible families. This program allows parents to gain insight into child behavior by observing other children as well as their own. They have an opportunity to share their experiences and expertise and learn from others. Parents develop a strong sense of responsibility and develop positive self-worth, which carries over into the community.

Butte

The *Strengthening Families Initiative* (SF Initiative) is a First 5 Butte County Children and Families Commission (First 5 Butte County) funded effort with investments designed to ensure that all families are well-equipped to help their children reach their optimal development and full potential. Expected long term outcomes include:

- Families access necessary support systems and community services
- Children are raised in safe and supportive homes and communities
- Families have the opportunity to come together and build networks of support

To achieve these outcomes, First 5 Butte County adopted the research-based framework, *Strengthening Families*™ (SF) that promotes five "Protective Factors." These factors align with the Commission's Strategic Plan objectives, and are the foundation of the SF approach. The five factors are: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence. In FY 2012/13, First 5 Butte County funded 11 programs under the SF Initiative. Investments included a variety of home visiting programs, family literacy, transitional kindergarten, and parent cafes. These programs served a total of 674 families with 652 children ages 0 to 5.

To evaluate the impact of the investment Social Entrepreneurs, Inc. collected 245 Protective Factor surveys. Findings indicate:

- The SF Initiative is beginning to change systems to increase the Protective Factors in Butte County.
- The SF Initiative Network partners are increasing Protective Factors within the families that they serve.
- Families continue to access help from the SF Initiative Network partners and other community organizations, and report improved self-help skills.
- The SF Initiative has positively impacted the three levers for change within the Network and the Commission, and impacts on the three levers are taking root countywide. The levers for change are parent partnerships, policy/systems, and professional development.

Calaveras

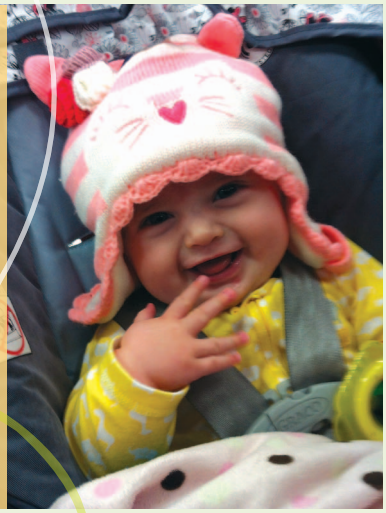
First 5 Calaveras invests primarily in the areas of nutrition, oral health, early literacy, ECE provider training and support, and community outreach. In addition, the Commission administers Mental Health Services Act funds and Child Welfare funds to provide additional services such as county-wide parent education, home visiting for at-risk families, and child abuse prevention activities.

The nutrition program works in partnership with Calaveras County Head Start and State Preschools, as well as the local Food Bank. A Kids' Farmer's Market is held monthly at different locations throughout the county. Children and their parents

choose a variety of fresh produce to include in their home meals. The market is held in conjunction with an age-appropriate nutrition education class for children and their parents, which includes recipe preparation and taste testing. Local vendors engage in supporting this program.

The early literacy program delivers *Raising a Reader* curriculum and other early literacy and child development resources twice a month at home visits. While in the home, home visitors also perform a child developmental screening and offer parents information on depression, including a depression screening, if appropriate.

Oral health preventive services include oral health screening and fluoride varnish at preschools and WIC sites. In addition, the Commission supports restorative treatment and mobile dental van visits at locations throughout the county.



Colusa

According to National Highway Traffic Safety Administration (NHTSA) estimates, as many as 30,500 children under age 5 were injured in motor vehicle collisions during 1997. In that same year, 604 passengers under age 5 were killed—even though nearly 200 of these children were strapped in their safety seats, albeit incorrectly. Three out of four child safety seats are improperly installed (NHTSA, 2012). In an effort to reduce the number of childhood injuries and increase the percentage of proper installations, First 5 Colusa, in collaboration with Colusa County Public Health, and the California Highway Patrol, launched the Child Passenger Safety (CPS) Program in Colusa County on April 3, 2013.

As a result of the program, there are now five additional CPS check/install locations, serving all areas of Colusa County. In addition to check/install locations, additional CPS classes are now available at four different locations, four times per month. Classes include instruction from a certified technician, assistance with seat installations, as well as reduced-cost child safety seats that are available upon completion of the class. Multi-agency drive-through CPS check-up events are also held twice per year.

In the first two months of the program launch, 71 child safety seats for children ages birth to age 6 were checked in the county, with proper installation training and education provided to the parents and/or guardians. Of the 71 seats checked, 42 percent were destroyed and replaced as they were deemed unsafe according to NHTSA standards. Many seats lacked the necessary restraint hardware, were expired, and/or recalled. At the end of the program year, 100 percent of all 71 inspected seats were installed properly and/or replaced according to NHTSA standards by Certified Technicians. For the 2013-14 program year, administrators from First 5 Colusa and Colusa County Public Health plan to propose implementation of a Child Passenger Safety (CPS) Violator Education Program to local law officials.

Contra Costa

In FY 2012/13, First 5 Contra Costa consolidated systems-wide efforts to implement universal developmental screening. The collaborative partnership paid off, and more than 300 service providers from over 40 agencies have been trained. These coordinated efforts led to more than 1,500 low-income children being screened last year. One in five children screened had possible delays in their development, while nearly 40 percent had results indicating a need to monitor the child's developmental progress.

For over a decade, First 5 Contra Costa has invested in developing the Quality Rating Improvement System infrastructure for improving the quality of the county's child care and preschool programs, particularly in low-income communities. Last year alone, these quality improvement efforts reached providers in 70 percent of all licensed child care sites in Contra Costa County.

For the last four years, First 5 Contra Costa has implemented *Preschool Makes a Difference*, a program that provides scholarships for low-income children to attend high-quality preschools rated and approved by First 5 California. Over 280 children received a scholarship in one of 63 participating classrooms last year.

By providing hundreds of free parent education and child enrichment classes, Contra Costa's five First 5 Centers have increased family literacy, improved parent-child interactions, and ensured children are ready for school. Last year, the Centers reached over 1,800 parents.

First 5 Contra Costa implemented pilot playgroups designed to provide early intervention services for children whose developmental delays—while still significant—do not qualify for state-funded services. Specialists lead the playgroups, work with children to improve their development, and provide tips for parents to help them address their child's unique challenges.

El Dorado

The overall goal for First 5 El Dorado Commission investments is for all children to enter school ready to learn. Through the *School Readiness Initiative*, teachers countywide assess incoming students with the Kindergarten Student Entrance Profile (KSEP). First 5 El Dorado's objective is for 85 percent of entering kindergartener's in the fall of 2016 to be ready for school. According to 2012 KSEP results, 76 percent of children were ready for school.

Commission investments support a child's readiness for school. The five Commission Initiatives are integral pieces to the local comprehensive early childhood system.

- The *Children's Health Initiative*: Community health workers connect families with children to medical and dental services, including the El Dorado Children's Dental Van. The Initiative connects families to resources that allow them to have a regular doctor or dentist and attend well child visits.
- *Best Beginnings*: Nurses provide newborn home visits for families delivering at county hospitals. Families with newborn children receive a *Kit for New Parents*, a Child Health Record, community resources, and are offered a follow-up home visit.
- *Together We Grow:* Early childhood specialists offer periodic developmental screenings and everyday parenting support utilizing Ages and Stages Questionnaires. Parents are offered support in addressing the developmental needs of their child. These services are expanded through grant funding (Race to the Top and First 5 CA Commission) ensuring a child's individual needs are met in high quality early care and education programs.
- *Ready to Read @ Your Library*: Early Childhood Librarians promote language and literacy through regular early literacy activities: preschool *Let's Read Together* story times, infant *Mother Goose on the Loose* story times, toddler music and movement story times, Spanish story times, other special story times, workshops, and mentoring for early care and education programs.
- Community Strengthening Activities: In an effort to ensure that families and service providers are informed about the services available in their community, Commission Initiative and early childhood partners meet on a regular basis to communicate, coordinate, and collaborate.

Fresno

FY 2012/13 was a pivotal year for First 5 Fresno County (F5FC). In partnership with community service providers, F5FC served nearly 7,820 children ages 0 to 5, parents, and other primary caregivers. Services prioritized children and families with multiple risk factors.

The centerpiece of the four-year evaluation plan which concluded in FY 2012/13 was a longitudinal parent interview survey conducted with a representative sample of the families that participated in F5FC-funded programs. Findings from the study show parents and families, particularly families living in poverty, engaged in more literacy and home educational activities and took steps toward preparing their children for Kindergarten after participating in F5FC programs. The achievement gap between families with low- and high-socioeconomic statuses appears to be closing as a result of F5FC services.

Also, in FY 2012/13 the Commission remained focused on preventive care and the early identification of special needs critical to the health and development of children from a prenatal stage through age five. Every child served by a F5FC program received a developmental screening designed to identify children at risk for delays. Children identified with a special need received a variety of interventions and an increased level of coordinated care through F5FC funded partners.

Since its establishment, F5FC has sought to provide quality early childhood experiences to Fresno County's most underserved families, helping to level the playing field for families most in need. The 2012/13 parent interview demonstrates that F5FC-funded programs served precisely the families it intended to target while achieving positive outcomes for children.

Glenn

First 5 Glenn invests in four results areas and their respective goals, detailed in its Strategic Plan. These result areas are Improved Family Functioning, Improved Child Development, Improved Child Health and Improved System Functioning. Over the years, First 5 Glenn County participated in two of First 5 California's match programs: School Readiness (SR) in Hamilton City, and the Comprehensive Approaches to Raising Education Standards (CARES) program

countywide. First 5 Glenn also started the *Little Learners* program using proven practices and curriculum designed to strengthen families and ensure children are ready to learn. During the past five years, First 5 Glenn has continued working collaboratively with public and nonprofit agencies in Glenn County and Butte County to leverage and extend resources to reach even more children and families throughout the county.

First 5 Glenn programs have achieved positive outcomes:

They have enhanced parents' skills and reduced numbers at post testing for those who scored in the "high-risk" category through the Nurturing Parenting Curriculum facilitated through the *Little Learners* and *Parenting* programs. Almost all parents identified with high-risk behaviors (based on a standardized assessment tool) at the beginning of services had increased skills and knowledge as a result of program participation, and moved out of the high-risk category by the follow up assessment.

- The *Little Learners* program conducted 68 Deveraux Early Childhood Assessments (DECA) on children at the beginning of the school year. Teachers were coached and parents were supported as a team to support these children at home and in the classroom.

All 26 children who were identified with concerns related to development were referred for additional services and supports. At the follow up assessment, only 8 children were noted as having a concern.

- As a result of the partnership with the Northern Valley Indian Health's Mobile Dental Clinic and First 5 staff's coordination and organization during FY 2012/13, 194 children ages 0 to 5 had their oral health needs addressed in Glenn County.

Humboldt

Beginning with the initial First 5 Humboldt strategic planning process in 1999, parents and providers alike repeatedly expressed the desire for "safe and family-friendly" places in their communities that would enable families to get together for recreation, mutual support and access opportunities for learning and services. First 5 Humboldt responded to this stated need and made *Parent and Family Support* programs a priority for funding, including establishing playgroups throughout the county. Evaluations of the playgroups demonstrate they have had a positive impact for young children and their families throughout the county.

Results of the Participant Surveys conducted annually since 2006 (n=415 for 2012) and for the Playgroup Surveys conducted annually since 2005 (n=215 for 2013) show that parents find playgroups a place where they can learn more about parenting, where they get social support, can access needed help and services, and where their children learn new things, including getting along with other children. Additionally, the 2012 Participant Surveys showed a statistically significant positive correlation between frequency of playgroup attendance and frequency with which a parent read to their child and the frequency with which a parent played music/sang with their child.

During interviews, Kindergarten teachers stated they feel First 5 Humboldt playgroups help prepare children for Kindergarten. In 2012, what these teachers stated was backed by the results of Humboldt County Office of Education's Kindergarten Screening Tool (KST), which was used to screen 89 percent of all incoming kindergarteners. The KST measures children's readiness in four domains: Language/Literacy, Mathematics, Social Emotional, and Self-Portrait. Of the 1,336 students screened, 788 had attended playgroup before starting school. The average countywide score for those that attended playgroup was 77 percent and for those not attending playgroup it was 70 percent.

Imperial

The Imperial County Children and Families First Commission allocated funding to advance the early development of children ages 0 to 5. Investments that worked to support families and helped strengthen the overall functioning included:

- a resource center dedicated to increasing developmental outcomes for 200 children through developmental screening and surveillance services;
- case management for "at-risk" families within the El Centro Elementary School District, where 118 children and 105 parents benefitted from consultations; and
- advocacy by court-appointed volunteers for 243 children under the protective custody of the juvenile court system.

Investments focused on preparing children for school included:

- Kindergarten preparedness for 90 children supported by a 30-week home instruction program;
- a library working with over 50 preschools to provide interactive story times and three to five children's books at no-cost to more than 3,074 children;
- stipends to 49 childcare providers completing 9 college-level units;
- Kindergarten transition services to 71 children in underperforming school district catchment areas; and
- an inclusion preschool program that offered 16 slots for children with special needs.

Investments that focused on healthy development included:

- an asthma project providing case management to over 100 children and their families, and promoting the use of standards of care at hospitals and medical provider offices;
- the expansion an Immunization Registry through support for medical providers with technical assistance on data entry for vaccine records;
- nutrition/ fitness workshops to counteract childhood obesity and malnutrition for as many as 466 children, and an initiative establishing community gardens at preschool sites;
- health fairs at selected schools offering a variety of services from over 36 programs targeting children and families—from immunizations to car/ booster seats installed by certified CHP officers; and
- the establishment of a resource center to support families with children who have hearing loss, leading to an increase in children with cochlear implants and language therapy, in addition to training for parents and caregivers.

For FY 2012/13, a total of 22 projects and special programs were funded by the Commission, which aggregately have served over 15,000 children ages 0 to 5 years, their parents, and/or caregivers residing in Imperial County.

Inyo

This past year, Inyo's services focused on growing family supports to "target parents" of children ages 0 to 5. Target parents are defined by the Inyo First 5 Commission not only as low income, but also as low resource when it comes to social or family connections, resilience, or emotional health supports; and those with scores of 3 or higher on the Adverse Childhood Experience (ACE) Test. Many often are embroiled in local justice or recovery programs, or are trying to establish new, healthy habits in an effort to gain partial custody of their children; others may be isolated to their primary language pool.

The county's Health and Human Services Prevention Department is partnering with First 5 Inyo by offering family supports to parents of children ages 6 to 18 in this same continuum. They have also supported efforts to open limited Family Resource Centers (FRCs) in key areas of the county that are co-sponsored by grant partners in local school districts or American Indian tribes. Part-time FRCs help First 5 Inyo offer some of its most successful parent services, such as *Baby University, Pre-K University*, and monthly *Read & Romps* throughout diverse areas of the county.

Traditionally, the Commission has prioritized funding literacy, nutrition and fitness, and oral health programs every year, but its intensified focus in family strengthening services is reflective of the 5 *Protective Factors Framework*—and First 5 Inyo's efforts to work with the families of children 0 to 5 in the community who are most at risk for becoming part of an active cycle of poverty, addiction, social dependence, or incarceration. The highest rate of service involvement is seen across-the-board with hard-to-reach families if they can be inspired to attend the *Baby University* class before or within a year of their child being born. Participating parents average about nine contacts a year with First 5 Inyo for all of their children's first 5 years, whereas Inyo families who haven't participated in this course average only two yearly contacts with contracted services and events.

Kern

In FY 2012/13, First 5 Kern funded 40 programs for services in Kern County for children ages 0 to 5 and their families: $3.9 million for Improved Family Functioning, $1.9 million for Improved Child Development, and $4.4 million for Improved Child Health. The following are examples of services provided by funded programs in each result area:

- Improved Family Functioning: 767 parents participated in court-mandated classes; 1,792 families participated in case-management services; 3,097 children received case-management substantiated neglect and/or abuse services.
- Improved Child Development: 1,268 children participated in Kindergarten transition programs; 1,297 children participated in center-based activities.
- Improved Child Health: 3,821 families received health application assistance; 4,216 children received immunizations.

Compelling Outcome: West Side Community Resource Center (WSCRC) is an example of the holistic approach to services provided by the majority of First 5 Kern funded programs. WSCRC provides parent education, referrals, home visitation, case management, application assistance to health access, as well as childhood development support services to children and their families. For FY 2012/13, WSCRC demonstrated significant improvements in the following three areas: parent education, school readiness (Summer Bridge), and family stability. Furthermore, WSCRC's dedication to providing services to families as a whole is part of its success in all three areas.

Kings

The Kings County Children and Families Commission envisions that all Kings County families receive access to the tools, knowledge, and quality care necessary to encourage each child to develop to his/her fullest potential those life skills that will allow them to become successful members of the community.

The Commission has established the three Implementation Initiatives as a mechanism to fulfill our focus:

1. *Family Resource Center (FRC) Initiative*: FRC's were established to be a single point of access for multiple services for children 0-5 and their families. They are designed to be community driven and coordinated services should be responsive to the needs of the community they serve.
2. *School Readiness Initiative:* This initiative is designed to develop and sustain a system of collaborative school-based or school-linked services/supports that are based on research and promising practices to improve school readiness for children, families, communities, and schools. These include *United Cerebral Palsy—Parent & Me Programs. Linkages 2 Learning Project, Back-pack 2 Success Project*, and a *Special Needs Project.*
3. *Elevating Earlycare & Education (E3) Initiative:* The E3 Initiative provides a comprehensive approach to increasing child care quality at family day care centers, Head Start, State and Private preschool programs. Projects include *Early Learning Quality Enhancement Project* and CARES program.

Lake

First 5 Lake funded essential programs and services this past year in areas of child development, family functioning, and child health. The goals in the First 5 Lake Strategic Plan provide support for healthy child development so that children, including those from diverse, under-served populations and with special needs, are prepared physically, emotionally, and academically to enter school ready to learn. All of the services offered through the Commission-funded projects in FY 2012/13 supported this goal. A total of 4,374 children ages 0 to 5, parents, other family members, and service providers (unduplicated) were served through the major funded programs and mini-grants. Overall, an estimated 47 percent of the children ages 0 to 5 countywide were provided with direct services during this past fiscal year. First 5 Lake funded programs to:

- Teach health education and conflict resolution skills to preschoolers through its AmeriCorps members.
- Improve children's oral health through screenings, education, and support to access treatment services.
- Increase the early identification of children with special needs and caregivers' knowledge of children's development through outreach, training, and consultation.
- Increase Native American parents' skills and children's school readiness through access to a cooperative parent-child development center.
- Provide mothers experiencing post-partum depression with home visits and support group activities through trained Saathi volunteers.
- Increase parents' competency by participating in best practice *Nurturing Parenting* workshops that are promoted and utilized countywide.

Lassen

First 5 Lassen has two primary areas of focus—oral health and home visiting—both of which serve high-risk populations. The Lassen First 5 *Children's Oral Health Program* (COHP)—implemented in the community by Smiles For Life, Inc.—serves Lassen County via a variety of service delivery strategies including direct prevention, consultation services, assessment, health services, community health events, and resource and referral activities. During FY 2012/13, the program provided 448 children ages 0 to 5 with direct oral health services. This equates to 26 percent of the 0 to 5 population of Lassen County. Hospital-based oral health services for children, a local First 5-funded program initiated in 2003 and now sustained by Banner Lassen Hospital, continued to provide oral surgery services to children.

The First 5 Lassen home visiting program—implemented by Pathways to Child & Family Excellence, Inc.—provides home visiting services to high-risk families. The program is designed to improve family functioning, child development, health, and systems of care. The primary services provided include weekly parent education and child development lessons using the *Parents as Teachers* (PAT) curriculum. Screenings and assessments are completed on both 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). Simple PAT health screenings are used for hearing and vision. The Life Skills Progression (LSP) tool is used with each family to determine the strengths of the family and areas that need attention. Based on the LSP and weekly communication with the family, the home visitor is able to make targeted referrals. A total of 2,388 home visits were provided, meaning that all children ages 0 to 5 received an average of 18 home visits.

Los Angeles

FY 2012/13 marked the mid-point of First 5 Los Angeles' (First 5 LA's) implementation of its current Strategic Plan. Under the guidance of new senior leadership, First 5 LA undertook two related inquiries designed to better understand progress and learning associated with First 5 LA's current work and opportunities to most effectively contribute to better outcomes for young children. The first effort, *Listening, Learning and Leading*, or L3, has involved the gathering and analysis of data and stakeholder input to inform three streams of inquiry:

- Reviewing the agency's work to-date and assesses First 5 LA's progress toward its program goals.
- Examining internal processes and procedures to determine First 5 LA's capacity to achieve its strategic goals and maximize impact.
- Exploring the external context within which First 5 LA does its work and the implication for First 5 LA's goals and Los Angeles County's young children and families.

The product of the L3 efforts is a series of reports that summarize key findings and identify critical issues associated with Strategic Plan implementation and opportunities to clarify the agency's strategic direction and accelerate impact. First 5 LA is using the learning from L3 to inform both near-term efforts to sharpen the agency's strategic focus and planning efforts that will commence in 2014.

The second inquiry has focused specifically on the implementation of First 5 LA's place-based effort, *Best Start*. Informed by experience to-date, engagement of *Best Start* community partnerships, and place-based experts, the *Best Start* inquiry led to the development of a new framework, the *Building Stronger Families Framework*, which was endorsed by the First 5 LA Commission in June 2013. The new framework will guide First 5 LA's ongoing place-based work to support parents and parent-supporting communities to improve children's long term outcomes.

More broadly, the Commission approved investments of over $182 million in programmatic funds in over 50 different programs in June 2012 to advance First 5 LA's broad goals of health, safety, and school readiness. Over 285,000 people were served by First 5 LA-supported programs during the year, including nearly 100,000 children five and under. Of particular note, a first-of-its-kind study on homelessness in young children in Los Angeles County was released by First 5 LA in 2012, which revealed that, on any given night, at least 3,000 children, ages 5 years and younger, are homeless in the county. This prompted a new $25 million investment by the Commission to provide permanent supportive housing for homeless mothers and families previously involved in, or transitioning out of, the county's child welfare system, and for families with children from prenatal to 5 who are at risk of homelessness.

Other key investments during 2012/13 included $28.7 million to expand the promising One Step Ahead pilot early learning program, and $10 million to establish partnerships with three university schools of dentistry to implement the new *Children's Dental Care Program*.

Madera

Upon inception, First 5 Madera County committed to the development of a network of Family Resource Centers (FRCs) to create easily accessible locations to support families with children ages 0 to 5. First 5 Madera County has utilized its FRC's to institutionalize First 5 philosophies. First 5 Madera County FRCs are multi-dimensional in approach, promoting the idea of serving the whole child through coordinated services that are easily identifiable, accessible, and seamlessly linked to funded programs, health clinics, preschools, and other locations highly frequented by parents. In short, the FRCs provide a friendly environment, co-location opportunities to facilitate "one-stop shopping" and service brokering (for referrals) as appropriate.

In October 2003, First 5 acquired land in the City of Madera. This space was specifically selected as it is centrally located and within a 2 mile radius of over 50 percent of the Madera County 0 to 5 population. Since 2003, First 5 Madera County has added two additional FRC's; there is a First 5 presence in our county's three main geographic locations.

During FY 2006/07, First 5 Madera County acquired land in the City of Chowchilla for the development of the second FRC. The Chowchilla FRC currently houses a satellite office of the Public Health Department, which primarily serves WIC program clients as well as provides immunizations once a month. Also onsite is a satellite office for the Workforce Investment Corporation to aid families in job skills toward career development. Many of the services and activities offered to families mirror those of the Madera FRC.

In November 2012, First 5 Madera County was presented with the opportunity to co-locate with Darin M. Camarena Health Centers in Eastern Madera County. In establishing this center, First 5 Madera County has fulfilled the goal set out by the First 5 Madera County Commission to create Family Resource Centers throughout Madera County. Additionally, due to the isolated location, First 5 will deploy programs in the outlying communities in Eastern Madera County by partnering with preschools, churches, libraries, and community centers.

Marin

As part of its third 5-year Strategic Plan (2012-17), First 5 Marin is refocusing on outreach and advocacy; policy development; and community and organizational capacity building. First 5 Marin continues to support programs critical to the infrastructure for school readiness and children's health (e.g., *Summer Bridge*, playgroups, health insurance and access, and early childhood mental health).

During FY 2012/13, First 5 Marin launched a small grants program aimed at supporting capacity-building and advocacy efforts, particularly for grassroots community organizations. First 5 Marin invested $125,000 in seven strategic projects that will benefit young children and their families.

First 5 Marin also launched the first of several initiatives resulting from its "Early Childhood Obesity Prevention Plan." *Healthy Kids from Day 1*, a training and education program, is working to promote fitness and nutrition in the early care and education environment.

Through membership in *MarinKids* (a local advocacy movement similar to The Children's Movement of California), First 5 Marin is raising public awareness achievement gaps and inequities in opportunity for many children in Marin County. Additionally, First 5 Marin launched the "Marin Communications Forum" to teach and share best practices in media, outreach, and advocacy among its community partners. This forum is training key organizations in media and social media, government relations, community organizing, and advocacy on behalf of children and families.

Finally, First 5 Marin had an article about "funding for change" published in the *Foundation Review*; the follow-up implementation guide was reviewed by *Foundation Review*. **(http://www.first5marin.org/pdfs/evaluation/Dimensions%20of%20Change.pdf)**

Mariposa

This year, First 5 Mariposa funded the *Smart Start Program* and *Children's Dental Health Program*. In addition, it has focused on the School Readiness Program that was part of the grant with First 5 California for eight years and is now exclusively funded with First 5 Mariposa funds. Also this year, First 5 Mariposa funded three preschools and *Safe at Home* fairs. These programs have served many children and provided needed services where resources and transportation are huge issues for this rural, mountainous county:

- *Children's Dental Health Program:* This program provides dental education, screenings, referrals, and financial assistance for dental services. Three local dentists donate their time to assist with children who have serious dental concerns.
- *Smart Start Program:* The most compelling service is to provide prenatal care, especially during the first trimester. The program provides home visits on a regular basis, referrals as needed to doctors, and support services (i.e., WIC and Medi-Cal). The nurses encourage good nutrition, the absence of smoking and drugs, and regular doctor visits.
- *School Readiness:* (Catheys Valley, Greeley Hill, and Lake Don Pedro Preschools)
- The primary service provided is the availability of preschool to children throughout Mariposa County. With the need for transportation and services in the mountainous regions of Mariposa, access to quality preschool is needed and appreciated. The children entering kindergarten are socially, academically, behaviorally and emotionally ready for school.

Mendocino

In 2012/13, First 5 Mendocino spearheaded creation of a Mendocino County website called *Healthy Mendocino*. The website presents a wide range of indicators of community and family well-being in an easy-to-use format. The project was a collaboration with the Healthy Communities Institute in Berkeley. The Institute regularly updates the website with current information.

First 5 Mendocino worked with a Steering Committee of eight members including the United Way, Alliance for Community Health (comprised of eight community health centers in Mendocino County), Mendocino County AIDS and Viral Hepatitis Network, North Coast Opportunities, Inc., Cancer Research Center, and the Mendocino County Health and Human.

Merced

This past fiscal year has been one of transition for First 5 Merced County. It was the third and final year of its Strategic Plan. With this framework, First 5 Merced County pursued efforts across five Desired Outcomes, interacting and collaborating with preschool and child care providers, health professionals, families, business leaders, and the community. Highlights include the following:

- Community Engagement: Over 300 providers, business leaders, public officials, and community members attended the 10th Annual Merced County Children's Summit, where the Honorable Delaine Eastin motivated and revitalized attendees in their work with children and youth.
- Business Engagement: The *Caring Kids Program*, in partnership with the Merced County Children's Movement, provided information and education on early social-emotional development to employees of the Hilmar Cheese Company.
- Professional Development: First 5 Merced County partnered with Salida Unified School District to offer two days of Conscious Discipline training to early child care professionals in the Central Valley.

This year also was a time for new beginnings, including implementation of a new Strategic Plan and Child Signature Programs 1 and 2. In partnership with a number of local agencies, Merced County is pursuing a variety of new programmatic directions and reaching out to establish new relationships within and beyond the community.

Modoc

Modoc County, a geographically remote and rural area covering 4,256 square miles in northeastern California, is designated a "Frontier County" by the California legislature. Accessibility of services is hampered by the fact that 69 percent of the population live in the unincorporated areas of the county. Transportation is hindered by harsh weather and road closures during winter travel.

"Improved Child Development" continues to be a top priority for the County Commission. Through seven different programs in locations across Modoc County, over 41 children, 25 parents, and 21 providers received services. Much-needed services included increased access to high quality learning environments, preschool, summer Transitional

Kindergarten, transportation assistance, and supporting the recruitment, retention, training, and assistance for new and current child care providers. First 5 Modoc finds that funding several small projects works best in its rural community, successfully reaching out to many families hampered by remote distances to services.

Evaluation of programs, staff training, and monitoring the developmental progress of children are important factors to ensuring a high quality learning environment for local children. The Desired Results Developmental Profile (DRDP) is completed on all preschool children. Assessments showed that 100 percent achieved progress on their DRDP goals. First 5 Modoc believes parents are the first and foremost teachers of their children. Its programs are successful because they include the entire family in the system. Parents attended 80 percent of their parent meetings and responded they were very satisfied with the quality of the preschool their child attended.

Mono

Serving families with young children in Mono County became increasingly a county-wide effort in FY 2012/13. First 5 Mono's home visiting (commission-funded) and playgroup services (Proposition 63-funded) reached more families in rural portions of the county. While participation numbers are not large, neither is the county's population. First 5 Mono's efforts to reach rural communities included conducting outreach at existing community events, such as open houses, back-to-school nights, and community picnics. Another component of First 5 Mono's success in these hard-to-reach communities was assigning single-service providers and home visitors to specific geographic areas. Home visitors were able to develop a relationship with the community they serve, thereby building trust and word-of-mouth information sharing between community members. While home visits provide a platform for family-specific education and referrals, playgroups offer social opportunities for parents who often feel alone and isolated living in rural communities and caring for small children.

Through childcare quality improvement (CARES Plus and the Child Signature Program), First 5 Mono supported child care providers in offering high-quality care to Mono County children. Participation rates are high, and especially noteworthy is the participation of all the Spanish-speaking childcare providers in the county. The CARES Plus coordinator worked hard at offering training in Spanish, and it paid off.

On the health and safety front, First 5 Mono held *Birth-to-5 Health and Safety Fairs* in all the rural parts of the county, providing access to services for hard-to-reach populations. The fairs included car seat checks, oral health checks, and information from the Sheriff's Office, Mono County Health Department on immunizations, and free bike helmets and books from First 5 Mono. At the fairs, in preschools, and through home child care providers, First 5 Mono provided fluoride varnish—especially important in a county that does not have fluoridated water.

Monterey

In FY 2012/13, First 5 Monterey County (F5MC) supported more than 40,000 young children, parents, and providers. F5MC supports families living in the geographic areas of the county identified as most in need through socio-economic indicators. Of F5MC parents in FY 2012/13, 64 percent have less than a high school education, compared to 31 percent of Monterey County adults over the age of 25.

By comparing 2012 Monterey County Kindergarten Readiness Assessment (KRA) participants who received F5MC-funded services to their peers who did not, a greater proportion of children who participated in F5MC services achieved optimal mastery of Kindergarten readiness skills across

all four developmental domains: self and social development, self-regulation, language and literacy, and mathematics. The local 2012 KRA found that daily reading had the strongest effect on kindergarten readiness of all parent-child activities. F5MC parents are more likely (60 percent) than their peers (46 percent) to read to their children each day. In fact, F5MC parents read to their children more frequently than parents countywide (52 percent), regardless of parents' income or education level.

Early Childhood is growing in importance in the county. In September 2012, the Monterey County Children's Council launched the *Early Childhood Development Initiative* (ECDI). One of the catalysts for this Initiative was the F5MC sponsored visit by Nobel Laureate, James Heckman. ECDI will develop and support implementation of a countywide strategic vision, road map, and action plan to help children from the prenatal stage through age 5 reach their full potential. A *Collective Impact* framework is being used to bring together multiple sectors of the community to develop and implement the plan, ensure collective ownership, build consensus, and engender sustainable outcomes. ECDI has already received financial support from the Packard Foundation, Community Foundation for Monterey County, and the Monterey County Board of Supervisors.

Napa

During the past year, the goals, focus areas, and strategies outlined in the First 5 Napa County 2011-16 Community Plan were used to guide funding decisions and monitor program progress. This was the first year that First 5 Napa County's newly developed Focus Areas, which were created as a strategic funding approach under the First 5 California goals, were fully implemented. Programs funded this year impacted children ages 0 to 5 and their families throughout Napa County. Among those programs, CARES Plus is continuing to be a success and well-received by the community.

First 5 Napa County worked with AB 212 to ensure early childhood providers in Napa County received a seamless program. This last year, 63 participants, both continuing (34) and new (29), completed applications to participate in CARES Plus. Through the Degree Attainment Track, 40 providers serving 886 children ages 0 to 5 years old completed all requirements of the CARES Plus program. In the past year, two participants graduated with degrees; one participant earned her BS in Early Childhood Education; and another earned her AS degree in Child and Family Studies. Since the program began, First 5 Napa County has supported 83 providers to pursue degree advancement, and 3 participants have earned degrees.

Participants provided survey information, and a select group participated in a focus group. These combined evaluation efforts provided data on the impact and outcome of CARES Plus in participants' professional development and early care settings. Participants overwhelmingly reported developing knowledge and skills and applying these to their work in early childhood settings. Providers reported they "explain things to children in a greater variety of ways" and have a better idea of how to "create a positive classroom climate." They also report that "new ideas" and "best practices" were included in curriculum development in their settings.

Nevada

Nevada County is a rural, mountainous region of California where parents of young children report that isolation, transportation, and connecting to needed services are among their biggest challenges. Because of this, the First 5 Nevada County Commission invested almost a third of its program dollars in four regional family resource centers (FRCs) in FY 2012/13.

The FRCs, each housed on or next to an elementary school campus, provide a centralized access point for an array of services tailored to their region. Each FRC provides connections to other parents, support for basic needs (including health insurance enrollment), parenting education, access to the Internet (important in a rural area where Internet access is still underdeveloped), and co-location of additional services, such as behavioral health services, as well as a system for warm hand-offs to other service providers. Braided funding, including CalWorks, CAPIT, CBCAP, MHSA, fundraising, and private and federal grants allow the FRCs to serve all families, not just those with children ages 0 to 5.

The expansive growth in numbers served speaks to both the need for the FRCs and the quality of their services. The past year saw an increase of 18 percent over the prior year in the number of newborns through five-year-olds directly served by the four FRCs, and an increase of 27 percent over the prior year in the number of parents of newborns through five-year-olds served. The vast majority of those served were from households earning less than $40,000 annually; 16 percent of persons served spoke Spanish as their first language (in a county where less than 9 percent of the population is Hispanic/Latino).

Orange

In order to better understand trends among young children and emerging issues, the Commission developed a Policy Brief, "Supporting Children's Health in Orange County," to document the current state of health systems serving children related to health access, utilization of services, prevention services, and special populations. The Policy Brief confirms the need for continued investments in health access programs in order to ensure that services are utilized. Key Commission investments to promote health access in FY 2012/13 included three catalytic one-time investments intended to ensure the long-term viability of programs by increasing organizations' capacity:

- *Autism Early Developmental Program:* In order to address the growing need for specialty medical services (including autism, ADHD, and other neurodevelopmental concerns), the Commission provided a one-time challenge grant to CHOC Children's and the UC Irvine Medical Center of up to $7 million to be matched by other funders to develop the Center for Autism and Neurodevelopmental Disorders of Southern.
- Oral Health: This year, the *Healthy Smiles for Kids of Orange County* and the *Pediatric Dental Care Collaborative* began implementation of a one-time $20 million funding commitment

awarded by the Commission to secure urgent, preventive, and operative dental care services at current levels for 10 years, but also expanding service by adding a second mobile dental clinic, funding an additional pediatric dentist, expanding professional training and support, and increasing parent education and public awareness of dental health for young children.

- Vision Services: The Commission approved $1.5 million over three years to support the development of a comprehensive pediatric vision program, a partnership between the Commission, the Gavin Herbert Eye Institute at UC Irvine, and CHOC Children's, to address the concerns that children from birth to five can experience learning delays as a result of untreated vision impairment. The new investment is expected to be an incentive for other funders to match the Commission's investment and may include the purchase of a mobile vision van as well as implementation of new screening technologies.

Placer

This past fiscal year, First 5 Placer funded 28 major programs to provide essential information, resources, and services for children ages prenatal through five and their parents, other family members, and service providers. First 5 Placer's broad, long-range goals to be achieved county-wide, and as outlined in its 2011-16 Strategic Plan, are:

- Families are strong and connected.
- Children are nurtured, healthy, safe, learning, and developmentally reaching their potential.
- Communities are caring and responsive.

The First 5 Placer Strategic Plan is based on utilizing family and community-strengthening frameworks of protective factors. Protective factors are conditions that, when present, increase the health and well-being of children, parents, families, and communities. Focusing on protective factors helps develop circumstances that promote positive child, family, and community outcomes. A total of 15,060 children age prenatal to 5, parents, other family members and service providers (unduplicated) were directly served through First 5 Placer-funded programs in FY 2012/13. Countless other children were served indirectly through their parents and other caregivers learning about child safety, health and development, and positive nurturing ways to care for children; increasing resilience; connecting to community resources; and building individual, family, and community connections. Overall, an estimated 19 percent of the children ages 0 to 5 and 18 percent of their parents countywide were provided with direct services during this past fiscal year.

Through First 5 Placer's funded programs:

- Children participated in early childhood education and enrichment programs, including children with special needs participating in inclusive programs and activities.
- Children received developmental and/or health screenings as a proactive strategy for early identification of their need for developmental services.
- Parents and children participated in social, outreach, enrichment, and support activities to increase their network of supportive individual and family connections.
- Parents increased their knowledge of parenting and child development through classes, support groups, home visits, and individual counseling.
- Parents participated through their child's early childhood education program or in literacy programs to support their child's learning and development and received concrete support through information, resources, and referrals. This included services for mental health, domestic violence, substance abuse treatment, job training and placement services, homeless support, transportation, health and dental care, father engagement, legal assistance, financial assistance, basic needs, and more.
- Parents received counseling, worked on setting family goals, and developed concrete life skills to improve their resiliency, coping, and problem-solving skills.
- Service providers built connections to networks and teams, participated in training and incentive programs, received support around early childhood development and care, and learned about the effects of trauma on children and their families.

In addition, family and community-strengthening messages were utilized in community outreach and education activities; service networks and systems were developed, utilized, and strengthened; and families and stakeholders were offered opportunities to invest in strengthening their community through engagement and volunteerism.

Plumas

In the First 5 Plumas 2011-16 Strategic Plan, the Commission re-focused its resources on creating a new *Home Visitation Program*. Four funded programs were selected to implement ongoing, intensive Home Visitation: *Family First* operated by the Plumas County Public Health Agency; the *Early Intervention Project* operated by the Plumas Unified School District; *Roundhouse Council* serving the Native American communities in Indian Valley; and an Early Childhood Development Specialist.

The goals of the *Home Visiting Program* are to identify and serve families in need of ongoing support to promote greater family functioning, improved child health, and improved child development. Desired outcomes include greater access to health and dental care, improved parenting skills, improved family literacy, father involvement, and creating home environments that are supportive of optimal child development. The four programs are designed to meet the same shared outcomes, gather information on standardized instruments to measure changes in family functioning and health access, and utilize a single integrated database to record clients and services.

Riverside

First 5 Riverside's current Strategic Plan (2011-16) emphasizes a range of Early Care and Education and Health services to help ensure children's success in school and throughout their lives. During the course of 2011-13, 11 requests for proposals were issued, resulting in the award of 39 multi-year funding contracts to 26 agencies while supplementing several existing programs that continued from prior years. The Strategic Plan goals include access to quality childcare/preschool services, early care and education workforce development, and parent/caregiver education to help promote early learning in everyday practices. The Commission launched a $24.5 million *Access & Quality Initiative*, which provides scholarships to increase access to care, allows for additional funds to improve quality, and utilizes a standardized Quality Rating and Improvement System. In addition, the Commission awarded funds through new *Families in Crisis, Early Care and Education Special Needs*, and *Early Education Home Visitation* initiatives. The workforce development program, CARES Plus, was also fully implemented.

The Riverside County Plan also focuses on increasing access to and appropriate utilization of health services, as well as the promotion of optimal health through a combination of parent and caregiver education. Initiatives addressing asthma, breastfeeding, health access, nutrition and physical activity, oral health, special needs child care, and targeted home visitations for high-risk families were rolled out. In addition, the Commission's *Mental Health Initiative* for social-emotional development support was extended through fiscal year 2015-16. Funding also was awarded to UC Riverside's new School of Medicine to address the county's critical shortage of pediatricians through a prevention-based pediatric residency and loan-to-scholarship programs over the next four years. In total, the Commission has allocated about $47 million for health services and $34 million for early care and education services through 2016.

Sacramento

First 5 Sacramento served 68,840 parents, children, and providers through the work of 22 contractors providing preventive and safety net services that include:

- Child Signature Program/School Readiness: This program targets 34 classrooms in eight school districts, including one infant-toddler classroom.
- Regional Communications Campaign: The First 5 Sacramento Region created an English and Spanish School Readiness publication titled *Your Child's First Teacher: YOU.*
- Medi-Cal Dental Advisory Committee (MCDAC): This committee provides oversight and guidance to improve Sacramento County's Managed Care System of Medi-Cal funded dental services.
- Oral Health: This program provides 63 percent of local children with access to fluoridated water, and it funded the operations of five children's dental centers.
- Effective Parenting: This program provided families with car seats for getting their children to dental and medical appointments.
- Quality Child Care: A total of 1,711 child care providers received technical assistance services, improving the quality of child care for thousands of children.

San Benito

Highlights from First 5 San Benito-funded programs and resources in health and education:

- Families Have Support: Since becoming involved with First 5 San Benito, families experienced fewer challenges in key areas (e.g., continuing their education, having enough money to pay bills, getting/keeping a stable job, having enough food, finding housing and child care), with the exception of the area of medical care where challenges increased, according to pre and post family surveys. For example, families had fewer challenges with continuing their education (from 65 percent in the pre survey to 52 percent in the post survey).
- Increased parental efficacy (knowledge, confidence, parent-child interaction): Parents were asked about family activities they did with their child each week, such as singing songs, household chores, playing games, exercising, and eating family meals. In the pre-survey, parents reported doing these activities an average of 4.50 times a week, increasing to 4.85 times a week in the post-survey—a statistically significant increase. Parents in the "Mindful Discipline" workshop made strong improvements in their knowledge of effective discipline. For example, 13 percent of parents in the pre-survey thought that redirecting a child's attention was an effective form of discipline, increasing to 54 percent in the post-survey. Half of parents in the pre-survey thought that explaining consequences was an effective form of discipline, increasing to 71 percent in the post-survey.
- Children on track with health care: After 7 months in the program, 89 percent of children had a hearing screening, 83 percent had a vision screening, 68 percent had a development progress screening, and 89 percent of children had a medical home.
- Early Childhood Literacy: From the *Raising a Reader* survey with nearly 400 families, parents reported looking at books with their child 4.68 times during the previous week in fall 2012, increasing to 5.09 times in Spring 2013—a statistically significant increase. More than half of parents (57 percent) reported having a routine for looking at books with their child in fall 2012, increasing to 80 percent in spring 2013.

San Bernardino

First 5 San Bernardino is proud of its first year investing in the *Healthy Cities* initiative for FY 2012/13. *Healthy Cities* is a statewide initiative with participation from more than 75 cities and communities. Locally, efforts have been supported by the

County of San Bernardino's Department of Public Health since 2006 through a one-time grant designed to create healthy environments and promote healthy lifestyles. First 5 San Bernardino released a request for proposals in 2011 to fund up to $400,000 to cities or community representatives in support of obtaining or maintaining their healthy community status. Five contracts were awarded to communities at various stages in the process of healthy community designation. The proposed work was driven at the policy, community engagement, and direct service levels. Examples of the areas of focus and specific activities include:

Healthy Food Access:

- Community garden/Fruit park designation
- Establishment and support of local Farmer's Markets
- 50/50 healthy choices in vending machines
- Retail food environment index study
- Advertisement of healthy choices on menus in city restaurants on city mobile app

Obesity:

- Mobile exercise program
- Center-based exercise and nutrition classes
- "Striders" walking club

Breastfeeding:

- Designation of breastfeeding rooms at all city offices

Safety:

- Work with school districts on designating safe routes to school
- Community tool to report safety concerns through city mobile app
- Joint use agreements between school districts and city parks where green space is limited

Community engagement:

- Community needs assessment through survey or residents and GIS mapping
- Community organizing around park development and opening
- Establishment of community coalitions to create healthy communities

Through these investments, it is the goal of First 5 San Bernardino to create an environment where children ages 0 to 5 and their families can be healthy, safe, and thrive. The first-year outcomes were so impressive that a second year was added to the existing programs and an opportunity for new applicants was developed, resulting in three additional contracts for a total of eight in FY 2013/14.

San Diego

During FY 2012/13, First 5 San Diego invested $48.6 million in direct services and served more than 88,000 children, parents, caregivers, and providers. In addition, with the backing of the Commission's funding, First 5 San Diego partners leveraged an additional $9.7 million with public and private entities. In all, First 5 San Diego was able to serve 1 in 4 children between the ages of 0 through 5 in the county.

First 5 San Diego conducted the fifth phase of its Good Start campaign during the fall and spring. The campaign focused on healthy development milestones and healthy eating habits. Messages promoted healthy development check-ups and adopting healthy eating habits, including *5210 Every Day!* (5 or more servings of fruits & vegetables, 2 hours or less recreational screen time, 1 hour or more of physical activity, 0 sugary drinks, more water and low fat milk) from the *San Diego County Childhood Obesity Initiative*.

In addition to supporting and improving the work of existing initiatives, First 5 San Diego embarked on two new and exciting endeavors during FY 2012/13. It successfully completed the first year of the *Quality Preschool Initiative* (QPI), which provided more than 11,000 young children with quality preschool and professional development for nearly 2,500 early childhood education teachers. First 5 San Diego is also one of 16 counties participating in the statewide Race to the Top—Early Learning Challenge (RTT-ELC); participating QPI sites throughout the county were evaluated and given quality ratings using the seven common elements of California's RTT-ELC Quality Continuum Hybrid Matrix. First 5 San Diego also prepared for the launch of *First 5 First Steps*, its new Targeted Home Visiting initiative that will provide intensive home visitation services to pregnant and parenting teens, low-income, military, and immigrant and refugee families across the county starting in FY 2013/14.

San Francisco

Preschool for All (PFA) and the *San Francisco Family Resource Center Initiative* (FRCI), both jointly funded by the City of San Francisco and Proposition 10, are the primary service delivery platforms for First 5 San Francisco investments. PFA provides funds to 137 of San Francisco's early care and education sites, and is among the largest, most ambitious city-funded universal preschool programs in the country. The initiative has contributed to one of the highest rates of preschool attendance in the nation. It places strong emphasis on program quality, investing millions of dollars to expand and improve facilities, enhance curriculum, and provide training and coaching to teachers. Since 2004, PFA has ensured that 14,526 of the city's four-year-olds have access to high-quality preschool, with another 3,225 attending in 2012/13. Recent evaluation findings indicate these children have significantly better early literacy, early math, and self-regulation skills as a result of their PFA experience.

The FRCI funds a network of 25 centers with expertise to serve specific neighborhoods and target populations citywide. Half the centers have staff trained who deliver specialized child welfare services, including supervised visitation and differential response. The initiative has become a locally recognized model for successful service delivery to high-need communities and vulnerable populations. Annually, over 8,000 parents and 3,000 children benefit from the FRCI's comprehensive system of supports—including parent/child activities and family events, parent education workshops and classes, and information and referral. According to evaluation surveys, participating parents show improved parenting skills, increased resiliency, and increased knowledge of available community resources.

Health and mental health consultation and other early intervention services are integrated within PFA and the FRCI. As a result of this early intervention emphasis, nearly 9,000 health and developmental screenings were conducted in 2012/13; in total 52,106 screenings have been performed since 2007 to help connect children to needed services prior to kindergarten entry.

San Joaquin

First 5 San Joaquin funds a variety of programs and services for children ages 0 to 5, including health and developmental screenings, quality preschool, early literacy programs, family support services, and nutrition education.

With a funding investment of $4.8 million, the *Preschool Initiative* improves access to preschool by providing new and free preschool services to address existing educational achievement gaps in targeted school attendance areas. The *Health Access Initiative*, with a total funding investment of approximately $1.5 million, provides University of California Cooperative Extension health curriculum-based home visiting services, and other parent education activities, to promote healthy eating and physical activity. With an investment of $942,000, the *School Readiness Rural Services Initiative* programs engage parents as their child's first and best teacher and better connect families in isolated rural areas with their community.

First 5 San Joaquin also funds five Family Resource Centers, a *Breastfeeding Initiative*, and services that target professional development, organization development, and systems change in San Joaquin County.

San Luis Obispo

In 2012/13, First 5 San Luis Obispo County continued meeting the needs of the 0 to 5 community through services delivered under each of its five initiatives: 1) Health; 2) Oral Health; 3) Perinatal Substance Abuse Prevention; 4) Special Needs; and 5) School Readiness. Two important and timely programs were added to the *Health Initiative* in 2013: *Health Navigators* (HNs) and *Health Access Trainers* (HATs). The three HNs are working within family resource centers to help children and families connect with health care and permanent health coverage. The two HATs deliver health care and health coverage professional development trainings to increase the skills and knowledge of family advocates, health educators, HNs, and ECE providers countywide. With the arrival of the Affordable Care Act, the HNs and HATs have quickly become valuable assets for families and providers struggling to understand the changing healthcare landscape.

A significant accomplishment in 2013 was the unveiling of *The Children's Bill of Rights* (CBOR) for San Luis Obispo County. A campaign three years in the making, the San Luis Obispo County CBOR is a collaborative effort by a number of community partners to conduct research, gather valuable input, and craft a set of guidelines designed to demonstrate that the county's youth is the highest priority. The First 5 San Luis Obispo Commission approved the CBOR in January, which incorporates the very words of young people who participated in the process, and are the heart of this objective. The twelve Rights were unveiled to the public at the first annual Children's Summit on April 19, 2013. The Rights can be found at **http://www.first5slo.org/childrens-bill-of-rights/the-rights/.**

San Mateo

During FY 2012/13, First 5 San Mateo County maintained its multi-faceted investments in programs supporting all aspects of a child's early years, including Early Learning, Child Health and Development, Family Support and Engagement, and Communication and Systems Change. With the overturn of AB 99 and the elimination of the State's threat to Commission funds, the Commission voted early in the fiscal year to increase its annual investment level in community efforts. Several grantees had funding added to existing grants, allowing them to expand their reach and service offerings. The agency also awarded four new grants to programs proposing innovative ways to support children and families. These programs are designed to: boost local capacity to enroll pregnant women and families with children ages 0 to 5 in CalFresh; incorporate asthma assessment and management practices into home visiting programs and child care settings; provide on-site developmental screenings and care coordination in public health clinics; and support a free parent participation child development program offering intensive parent education, parent-child play groups, infant/toddler care, and preschool services to low income families.

More than three-quarters of San Mateo County's children ages 0 to 5 in live in households where all parents are in the labor force, making access to high-quality child care and preschool a critical issue. First 5 San Mateo County has consistently prioritized this issue, and is an active participant in *The Big Lift*, a countywide initiative to improve third-grade academic achievement in part through providing access to two years of high quality preschool for all children in the county. This initiative has taken off over the past fiscal year, with extensive cross-sector involvement of local government, foundations, community based organizations, and the business community.

Santa Barbara

In FY 2012/13, the First 5 Santa Barbara Commission continued funding county-wide services under the areas of Family Strengthening (FS), Newborn Home Visitation (NHV), and the Early Care and Education (ECE). ECE funds were leveraged with funding from First 5 California and the California Department of Education for early care and education workforce development, and from Orfalea Foundation for program quality improvement. First 5 Santa Barbara County continued its partnership with THRIVE Santa Barbara County—a partnership of five local foundations—and through this, assisted in funding community collaboratives in the communities of Santa Maria, Guadalupe, Isla Vista, and Carpinteria.

One significant accomplishment First 5 Santa Barbara County acknowledged this year was the significant increase in pediatrician's screening children for developmental concerns and billing Medi-Cal for these services. In March 2011, First 5 partnered with Santa Barbara County's Public Health CHDP program with the goal that all children in Santa Barbara County would be screened using a standardized tool for developmental/social emotional disorders prior to entry to Kindergarten. Several key stakeholders were brought together to share thoughts and practices around screening in Santa Barbara County. Key stakeholders included: Santa Barbara County Public Health Maternal, Child & Adolescent Health, Santa Barbara County Education Office (SBCEO), Tri Counties Regional Center, American Academy of Pediatrics (AAP), Santa Barbara County Women Infant Children (WIC), Santa Barbara Alcohol Drug & Mental Health Services (ADMHS), as well as pediatricians. At the start of this effort, a total of 62 children were being screened throughout the county; recent data indicate that over 1800 children are now being screened, and this data reflects only half a year. In addition to the data representing the number of children screened, the effort has also resulted in over 300 staff from various community-based organizations (CBOs), practices, clinics across the county of Santa Barbara have been trained in the use of the Ages & Stages Questionnaire-3 (ASQ-3) and Ages & Stages Questionnaire-Social Emotional (ASQ:SE). In addition, 30 doctors and primary care provider staff have been trained in the use of the Parents' Evaluation of Developmental Status (PEDS).

Santa Clara

Highlights from First 5 Santa Clara-funded programs and resources in health and education include:

Universal Developmental Screening— In the 2013 State of the County address, Board President Ken Yeager asked the Santa Clara County Valley Medical Center to work with First 5 Santa Clara and the Mental Health Department to implement developmental screenings for all children in the county at well baby checks at their pediatric clinics in a phased approach. This expansion effort builds on the existing developmental screening efforts of First 5 Santa Clara and partners. During FY 2012/13, the partnership developed two workgroups at the system and clinical levels. The *systems* workgroup focused on relevant policy enactment, integrating developmental screening information with the County's Electronic Health Record (EHR) system, and dissemination of information about developmental screening to county staff and the public. The *clinical* workgroup concentrated on identification of a standardized screening tool, identification of staff to provide/support screenings, and interventions needed to support referrals and availability through existing systems. These planning efforts resulted in a four-phased implementation that began in 2012:

- *Phase I, Screening Pilot (2012/13)*— Implement pilot of paper and electronic screening in three Valley Medical Centers (VMC) and three Gardner Family Health Network Community Pediatric Clinics (Gardner) using an integrated staffing model. Begin beta testing iPad ASQ app w/ audio and video enhancements.

- *Phase II, Expansion to all VMC and Gardner Community Clinics (2013-2014)*—Based on pilot results, expand implementation of integrated staffing model to all VMC and Gardner Community pediatric clinics.
- *Phase III, Expand to all Community Pediatric Clinics (2014)*—Engage partner pediatric clinics and health plans in implementation and planning efforts; development of timeline for the implementation of universal developmental screening with a standardized tool.
- *Phase IV (TBD)*—Expansion efforts to implement universal developmental screening with a standardized tool with all pediatric providers in Santa Clara County.

***Baby Gateway Project* (BGP)—**In 2012, First 5 Santa Clara, in partnership with Healthier Kids Foundation, launched Santa Clara County's BGP with the goals of: a) increased access to health coverage and a medical home for newborns; b) reduction in emergency room use for children under the age of one; and c) support for Medi-Cal parents in creating a safe, healthy, and loving home in which to raise their children. BGP was piloted at O'Connor Hospital in San Jose and Saint Louise Regional Hospital in Gilroy. Within the first six months, 738 Medi-Cal mothers and 739 newborns were served, and Medi-Cal enrollment of newborns took only 5 days as opposed to 90 days prior to the program. The Program is now operating at the Santa Clara County Valley Medical Center.

***Focus First Vision Screening*—** In 2012, First 5 Santa Clara launched a pilot program to screen the vision of 518 children ages 6 months to 5 years in collaboration with Santa Clara Family Health Foundation and Impact Alabama. Over 13 percent of the children with vision screening results categorized as "significant" or "possibly significant" were referred to an eye doctor and received a pre-screening for developmental concerns. First 5 Santa Clara is working with Santa Clara Family Health Foundation to increase vision screens to 6,000 children in FY 2013/14.

Santa Cruz

First 5 Santa Cruz County continues to improve outcomes for children and families in the Commission's three priority areas: Healthy Children, Children Learning and Ready for School, and Strong Families. Highlights of accomplishments in FY 2012/13 include:

Children are connected to medical care, beginning at birth:

- First 5 Santa Cruz County's Baby Gateway program reached 73 percent of all mothers who gave birth at a hospital. Mothers received assistance with enrolling in public health insurance, a First 5 California *Kit for New Parents*, and a *Triple P Positive Parenting Pocket Guide*.
- The majority of children ages 2 to 6 enrolled in the Healthy Kids insurance plan had a medical home (97 percent), and 85 percent of children ages 3 to 6 received a well-child check-up.

Children received high levels of support for language and literacy development:

- First 5 Santa Cruz County's SEEDS of Early Literacy program strengthened classroom environments and practices and influenced children's skills on research-based predictors of early reading. Of the classrooms taught by teachers with advanced SEEDS training and coaching (SEEDS Plus), the percentage that was rated as having High-Quality Support for language and literacy increased from 67 percent to 100 percent, as measured by the Early Language and Literacy Classroom Observation Pre-K Tool.
- Early childhood educators from licensed family child care settings received SEEDS training and coaching. The percentage of those settings rated as having High-Quality Support for language and literacy increased from 50 percent to 92 percent.
- First 5 Santa Cruz County established the Santa Cruz Reading Corps (SCRC), placing 12 AmeriCorps volunteers in 23 state preschool and transitional kindergarten classrooms taught by SEEDS teachers in two school districts. Reading Corps members—called Preschool Literacy Tutors—collaborated with teaching staff to enhance daily literacy opportunities. They provided support to classrooms' routines by implementing specific strategies that follow the SEEDS of Early Literacy curriculum, with a focus on children who needed extra support with their language and literacy development.

Parents are increasing their use of positive parenting practices, resulting in stronger relationships with their young children:

- First 5 Santa Cruz County expanded its *Triple P—Positive Parenting Program* social marketing campaign. Campaign materials such as the *Triple P Positive Parenting Pocket Guide*, Facebook page, PSAs, and e-newsletter have made *Triple P* recognizable and more accessible to families of diverse socioeconomic backgrounds and normalized the need for parenting support.
- Parents who entered the *Triple P* program with the highest level of parenting concerns and challenges reported the greatest improvements in their parenting practices, children's behaviors, and levels of stress and anxiety.

Shasta

FY 2012/13 proved highly productive for First 5 Shasta, featuring the publication of a brand new Strategic Plan, roll-out of a new schedule of cyclical funding opportunities, and development of a county-wide Kindergarten readiness assessment. These efforts occurred while making and managing grant awards; participating in collaboratives; prompting systems change; and coordinating local parent and provider education programs, events, and training

experiences. It was a year in which First 5 Shasta celebrated successes and also challenged its community to join in building a pathway to success for young children.

First 5 Shasta's Strategic Plan emphasizes five Pathway Goals that will guide its investments and define its work through 2018. Selected from the framework *Pathway to Children Ready for School and Succeeding at Third Grade* (Harvard University/Pathways Mapping Initiative), these goals are ideally suited to meet the evolving needs of local children. Potential local partners are encouraged to help meet the Pathway Goals through a new Funding Opportunities Schedule, which alerts the community to a defined structure of grants, large and small, that are available throughout the year. A variety of funding categories and a consistent schedule allow potential applicants time to plan and leverage other funding and resources as they prepare to request First 5 Shasta support. The *Kindergarten Readiness Snapshot* is being implemented for the first time by Kindergarten teachers in Shasta County. It is an assessment of incoming student skills intended to help address the needs of individual children and inform about improvements that might be made in early education and at the elementary school level.

First 5 Shasta has been making an impact on the lives of young children and their families since its program investments began in 2001. It is forging a pathway to success for young children, each investment strengthening a pathway that becomes solid and easy to navigate. To date, investments total over $20 million in programs, services, and activities that contribute to healthy children, ready for school.

Sierra

First 5 Sierra piloted a new program during 2012/13 called *Music Together*—a nationally recognized music training program for children that requires parent involvement, provides excellent take home materials, and involves students in motion, singing, memorization, and musical basics like rhythm, harmony, melody, and dance. The program is research-based and has excellent evidence supporting outcomes consistent with First 5 Sierra's Strategic Plan.

The intent of the program is to create family interactions around a sophisticated and effective instructional program in basic music. An ancillary but significant impact of the program is to immerse a qualified family counselor in an ongoing activity involving 3- to 5-year-old children, their parents, and the staff of the county's largest childcare center. Sierra County Health and Human Services provided a licensed marriage and family counselor with background working with preschoolers; and a certificate of instruction was provided by *Music Together* to conduct weekly music activities at Sierra Kids, a childcare/preschool center. First 5 Sierra provided public relations and curriculum materials.
It was fortuitous that a member of Sierra County's Mental Health counseling team had background in *Music Together* and that a partnership could be forged that would support a great music program and place a counselor interactively with families potentially in need of special education services and behavioral intervention. The program was well-received and created momentum to double the number of families served next year.

Siskiyou

First 5 Siskiyou Children and Families Commission believes parents are their children's first and most important teachers, and that investment in a strong parenting education system is a critical strategy for ensuring all children are ready to learn. First 5 Siskiyou invests over 70 percent of its resources in Improved Family Functioning efforts, including the *Siskiyou Parenting HUB Initiative*.

The *Siskiyou Parenting Education HUB Initiative* is a county-wide partnership between First 5 Siskiyou County, Community Services Council (Siskiyou County's Child Abuse Prevention Council) with funds from Ford Family Foundation, College of the Siskiyous Foster/Kinship program, and the nine Family/Community Resource Centers throughout the county. Partners work together to provide locally accessible, evidence-based parenting education classes and family support programs in a culturally inclusive and supportive environment. Additionally, over 13 organizations (e.g., tribal programs, Early Head Start, Head Start, Human Services), provide resources and in-kind services to build a stronger more coordinated parenting education systems, enhance parenting skills and support, and provide capacity-building trainings from national experts for those who work with families.

Through a stronger, more coordinated parenting education system, the *Siskiyou Parenting HUB Initiative* provided 133 weeks of evidence-based parenting education classes (98 parents and 76 children attended the trainings, and 1,571 contacts were made). The retrospective T-test design revealed significant improvement in skills across all items (e.g., knowledge of normal behaviors of children, finding positive ways to guide and discipline children, and knowledge of fun activities to help children learn). On the Parenting Skills Ladder, parents rated changes in their child's behavior before and after participation in the classes and other activities. The retrospective T-test design revealed significant improvement in child skills across all items. In addition to the

parenting series, 378 parents and 369 children attended 37 workshops. Topics included "School Readiness—More than ABCs and 123s," "Raising Emotionally Healthy Children," and "Making Homemade Fun and Education Games and Toys." Ninety-seven percent of the parents reported the workshops were somewhat or very helpful. Ninety-five percent reported they would use the information from the workshops. Five free county-wide trainings on topics such as "Understanding of Child Development and the Role of the Community for Positive Outcomes for Children," "Impact of Violence on the Developing Brain," and "Framework for Understanding Poverty" were offered by national experts in the field. A total of 397 contacts were made through these trainings, with an average of 79 individuals attending each training. Ninety-nine percent of participants indicated the trainings were helpful and that they would use the information with children and families.

Solano

First 5 Solano continues to achieve and document significant and positive program-related outcomes for children ages 0 to 5, their families, and providers of services through its collaborative grant-making approach. On a parallel track, the Commission has increased its investments in sustainability and system change activities in the current funding cycle. For example, First 5 Solano continues to leverage double its grant budget, using First 5 funds to generate additional state, local, and foundation revenues. In addition, *First 5 Futures*, in its third year of implementation, has brought in over $2 million to the Solano community to launch and/or sustain school-based health, dental, and other vital services.

First 5's "meta-collaborative" structure supports all First 5 grantees in working together integrate services across First 5's collaborative priority areas of health/wellbeing, child development/early learning, and family support/parent education. Moreover, the current funding cycle is focused on assisting First 5 grantees to expand their adoption of evidence-based practices and tools. As a result:

- The *BabyFirst Solano* prenatal initiative has transitioned to the Healthy Families America evidence-based practice for home visiting for high-risk moms-to-be.
- A local provider has utilized First 5 support to lead the county in their application as the Solano *Help Me Grow* affiliate.
- The *Pre-K Business Champions* initiative generated almost $15,000 in business and private donations of $200 each, matched by First 5 Solano, to fund summer pre-Kindergarten programs for children with no prior preschool experience.

Sonoma

In March 2013, the First 5 Sonoma County Commission approved $5,134,764 in one-time Strategic/Capital Investment funding to significantly improve Sonoma County's ability to achieve the Commission's priority outcomes in the areas of healthy development, parent support, and high quality early care and education for children ages 0 to 5 and their families. The grantees were selected through a rigorous and collaborative planning and application process that included broad-based community input. The six funded projects reach nearly every region of the county and provide vital services.

Together, two of these community investment grants will increase by over 50 percent the county's capacity for oral health services to children under six who are uninsured or underinsured. The Commission also expanded its *Value in Preschool* (VIP) program, which not only provides market-rate scholarships to eligible low-income children to attend high-quality preschools, but also motivates quality improvement in preschools hoping to participate in the program. Another project addresses the four gaps in the system for quality improvement in early childhood education that were identified through a collaborative process undertaken by the early childhood provider community. First 5 Sonoma County grants also will help two family resource centers expand their capacity to provide parent education and support in underserved areas of the county. Two additional capital projects totaling $600,000, approved in 2012/13, will make health and nutrition services more accessible to families who need them and increase counseling, support, and educational services to children ages 0 to 5 and their families.

Stanislaus

In FY 2012/13, the Stanislaus County Children and Families Commission served over 10,000 children in 4 areas of emphasis:

- Targeted, intensive family support services (family resource centers, 2-1-1)
- Improved health (health care, dental care, maternal child health care, injury prevention)
- Improved child development (Kindergarten transition)
- Improved systems of care (capacity building)

After eight years of working together and combining funding, the Stanislaus Commission and the Community Services Agency solicited three-year proposals for a $6 million countywide system of family resource centers in order to provide a "one stop shop" for family support services (counseling services, developmental screenings for children, family literacy services, health insurance enrollment assistance, etc.). In 2012/13, the centers have served the families of more than 3,166 children ages 0 to 5, of which the families of 1,759 children were assessed to identify risk factors and services needed to make each family self-sufficient.

The First 5 Stanislaus Commission partners with the County's Health Services Agency to provide temporary health insurance coverage (*Healthy Cubs Program*) for pregnant women and children ages 0 through 5 with the goal of converting them to Medi-Cal or other public health coverage. In FY 2012/13, 554 children and pregnant women received direct health services, and 401 were converted to

other coverages. The program recovered $82,181 from Medi-Cal or other sources when *Healthy Cubs* participants were later determined to be eligible for Medi-Cal or other programs.

In partnership with three school districts, the Commission funded a four-week Kindergarten transition program to prepare at-risk students for entry into a formal school setting. In 2012/13, 141 students received specialized instruction in preparation for Kindergarten.

Also during 2012/13, the Commission built community capacity in ten school districts by providing technical assistance to Healthy Starts sites in the areas of budgeting, health services, outreach, sustainability, and operational issues.

Sutter

Sutter County Children and Families Commission coordinates *Bright Futures* program, which provides no cost health and development screenings for children ages 0 to 5 residing in Sutter County. The National Survey of Children's Health indicates that over 40 percent of parents of children 4 months to 5 years have reported concerns about their child's physical, behavioral, or social development. *Bright Futures* makes available a local opportunity for parents to have their parenting and child development questions answered in a fun and relaxed environment; and if there is a need for additional services, *Bright Futures* staff will provide help accessing the recommended service or referral.

During FY 2012/13, monthly screenings were held in a variety of locations throughout Sutter County, including the rural community of Sutter, and 302 unduplicated Sutter County children ages 0 to 5 were screened. *Bright Futures* screening stations include:

1) Positive Discipline;
2) Learning and Cognitive Skills;
3) Fine and Gross Motor Skills;
4) Oral Health;
5) Hearing;
6) Vision;
7) Speech and Language; and
8) Height and Weight

These screening stations serve as an effective and efficient way to identify developmental concerns and start treatment when it does the most good—during the crucial early years when a child's brain and body are developing so rapidly. Research shows that from birth to age 5, a child's brain develops at a rapid pace and those early experiences, whether positive or negative, can have a significant impact on a child's current and future development. Of the 43 percent of children who were identified as potentially at-risk for developmental delay at one or more of the Bright Futures screening stations, the families were given a referral for services to address those concerns. *Bright Futures* staff then follows up by telephone to connect the child and the family to appropriate supportive services as a means to improve integration of services for children in Sutter County.

In addition to the screening stations, parents are offered a variety of information that helps to increase parenting confidence and competence around their child's developmental milestones. These services include insurance assistance and resources on occupant safety, home safety, *Little Farmer's Market*, literacy, and nutrition.

In 2005, *Bright Futures* was the winner of the National Association of Counties Acts of Care Award. Since this time, *Bright Futures* continues to grow and strengthen as a means to better serve the county's youngest children and their families. Newest additions to the *Bright Futures* program include the Ages & Stages Questionnaire (ASQ-3), a Parent-Completed Child Monitoring System, body mass index measurements, and *Help Me Grow* components (Sutter County is a Learning Community). Parent survey information reveals that an overwhelming 49 percent of parents would have only been able to receive "some" or "none" of the screenings and services provided at *Bright Futures*. This demonstrates the importance of *Bright Futures* in Sutter County as a means to detect early developmental concerns of children 0 to 5 years of age, and assist with services that ensure they are healthy and ready to learn.

Tehama

In 2010, faced with declining revenues and a steep economic downturn, First 5 Tehama County set as its top funding priority promoting getting children ready for school. The *School Readiness Project*, funded by First 5 Tehama and operated by the Tehama County Department of Education, targets three low-income school districts (Corning, Gerber, and Los Molinos) with a multi-faceted program. The *Project* includes home visitation by paraprofessional home visitors, case management, parenting classes, playgroups, developmental screenings, finding children who are not enrolled in preschool and referring their parents to early care and education programs, and targeted Kindergarten transition activities. Kindergarten transition activities include proactive support to

parents during Kindergarten Roundup to ensure the children have the necessary physical exam, oral health exam, health insurance and immunizations, *READY! for Kindergarten* (a parent education program for Kindergarten readiness), and a five- and six-week *KinderCamp* that helps ease the transition for children who have not had formal early learning experiences.

The *School Readiness Project* has achieved positive outcomes:

- In Corning, 94 percent of entering Kindergarten students in fall 2013 had prior early learning experience compared to 59 percent of entering kindergarten students in fall 2008.
- Ninety-seven percent of families served intensively by the *Project* read to their children at least 3 times a week compared to 79 percent of families at entry to the program six months earlier.
- One hundred percent of entering Kindergarten students in Gerber and Los Molinos in fall 2013 had an oral health exam prior to entry, compared to 69 percent in fall 2007.

Trinity

First 5 Trinity County continues to struggle with an uncertain future, as funds continue to decline without an annual funding baseline. This uncertainty makes it difficult to plan for the future and provide long-term funding to programs.

The loss of School Readiness Funding left a huge hole in Early Education Programs throughout the county's rugged, isolated, rural communities. The Commission has committed to continue to provide these services to seven sites county-wide in collaboration with the Trinity County Office of Education. Annual Funding for these services decreased from $225,000 to $62,500 this year.

The Commission had to make difficult decisions regarding funding this year and it was not able to fund programs that have been historically funded to continue to provide Early Education Programs. The Commission will continue to focus on Health and Nutrition. The *Children's Garden Project* (Hayfork and Weaverville) has been very successful. Approximately 884 children pass through the garden seasonally, learning about gardening, physical activity, and nutrition.

Tulare

In FY 2012/13, First 5 Tulare County invested nearly $4.4 million in programs to enhance the health and school readiness of the county's youngest residents. The First 5 Tulare County Commission has a long-standing commitment to children's health, and its program investments reflect this. When its grants are combined, the county's three acute care hospitals receive the largest share of Proposition 10 funds. Two of the hospitals are pursuing "Baby Friendly" designations, and both made meaningful gains in their rate of in-hospital exclusive breastfeeding. The third hospital combines First 5 funds with its own to provide around-the-clock pediatric hospitalists. These specialists had over 11,000 patient encounters with 1,760 young children during the year.

First 5 Tulare County supports six Family Resource Centers that provided basic and emergency services to nearly 8,000 families. Over 2,000 families benefited from home visits. *School Readiness* programs are another area of focus. First 5 Tulare County partnered with seven school districts, Save the Children, and one private provider to offer an array of school readiness activities that included 794 children attending pre-school.

In addition to direct services to children and their families, Proposition 10 dollars supported professional development for funded program staff. Collectively, they attended over 5,600 hours of training. By year's end, over 19,000 children and nearly 12,000 caregivers benefitted in some way from Proposition 10 funding and the many people dedicated to ensuring Tulare County's youngest children have the opportunity to succeed.

Tuolumne

First 5 Tuolumne makes multi-year investments in five focus areas:

1) Oral Health
2) Nurse Home Visiting
3) Family Learning and Literacy
4) Parent Education and Support
5) Social-Emotional Consultation

Outcomes measured include:

- Improved parenting skills and knowledge
- Parents read more to their children
- Children improve early literacy skills
- Teachers teach social-emotional competencies
- Fewer young children have cavities or dental disease
- More children receive developmental screening

The biggest focus in Tuolumne County is on intensive services for parents at risk of child abuse or neglect.

Ventura

Together with parents, school districts, community leaders, and social and healthcare agencies, First 5 Ventura County strengthens futures for children, families, and communities through its network of essential services. At the heart of that network are 11 First 5 *Neighborhoods for Learning* (NfLs) located in communities across Ventura County. This nationally recognized place-based model provides high quality, locally based resources to help parents raise children who are healthy, nurtured, and prepared to meet their full potential. Each First 5 NfL is governed by its community and decides how best to serve the area's health, early learning, and family support needs. NfL resources may include

preschools or preschool scholarships, family resource centers, and early learning activities for children ages 0 to 3.

Through partnerships with the Ventura County Health Care Agency and other local organizations, First 5 Ventura County provides community-based access to health services, dental treatment, developmental check-ups, behavioral health counseling, and parent education. Parents access these resources through their local *Neighborhood for Learning*, reducing barriers and increasing access to essential services.

First 5 Ventura County is committed to expanding community partnerships so that working together, it can continue to make sound, lasting investments in children. Through key leadership roles in countywide obesity, oral health, developmental screening, preschool quality improvement, and basic needs collaboratives, public agencies, non-profits, and business work together to support children, families, and communities—leveraging an additional 14 percent of funds last year.

Yolo

FY 2012/13 was an incredible growth year for First 5 Yolo County. The Commission amended its strategic plan to expand services through a place-based Family Resource Center model. A comprehensive Community Needs Assessment (CNA) was conducted in early 2012 in response to the restoration of AB99 funds—approximately $2.5 million was returned to First 5 Yolo in March 2012. The CNA indicated a need to provide stronger family support services including:

Resource and Referral—helping families access services for which they are eligible

Financial Literacy—helping families maximize and manage their financial resources

Early Childhood Education—providing parents with interactive parent/child workshops to increase skills and confidence in their ability to be their child's first teacher

Parent Education—providing parents with education on a variety of parenting skills and nutrition education

Quality Food—increasing access to fresh produce in communities throughout the county

Developmental Screenings—providing developmental/mental health assessments to children ages 0 to 5 and ensuring referral and access to appropriate levels of treatment

Based on the identified needs, the Commission developed the **Expanded Family Resource Center Model** as a strategy to impact children throughout the county. Eight Family Resource Centers (FRCs) were created or bolstered to ensure the above services are provided. A total of $800,000 was allocated in FY 2012/13 to the Expanded FRC Initiative. Specific accomplishments of the Initiative include:

- 2,381 families were connected to the services they need and for which they are eligible
- 41 families participated in trainings that increased their skills to manage their finances and to maximize their income through EITC
- 414 parents received the knowledge, skills, and opportunities to engage in activities to support their child's social, emotional, physical, and cognitive development
- 437 families received fresh fruits and vegetables every week through free produce distribution at the FRCs
- 122 children were screened for developmental issues and are accessing appropriate levels of treatment

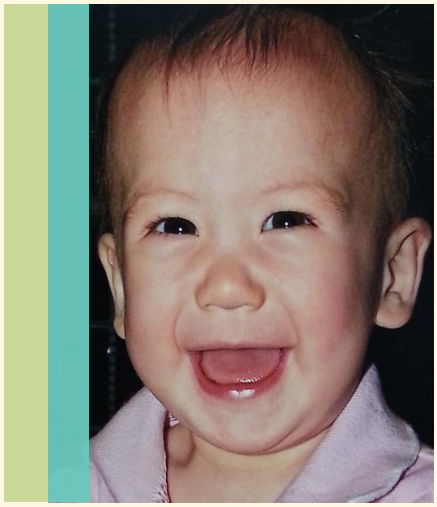
In addition to the EFRC services, many activities continued through the Commission's other programs and initiatives, including: oral health prevention and treatment for young children and pregnant women; early learning/child development programs for children in West Sacramento and rural Yolo County; foster parent recruitment and retention efforts; home visiting using the Healthy Families American model; and health insurance outreach, enrollment, retention, and utilization.

Yuba

In the last year, First 5 Yuba County made significant investments to improve the lives of young children and families in communities with high levels of poverty by supporting services designed to provide parent/child enrichment activities, home-visitations, case management, and literary services. It has also made significant investments to increase the physical activity options available to young children county-wide through the improvement of a local playground, swimming program, and recreational scholarships for low-income families.

A majority of First 5 Yuba's funding went to continuing existing projects, which have been proven, through evaluation findings, to be making a difference for the children and families served. In addition, the Commission continued to improve its efforts to build partnerships with local community entities by supporting AmeriCorps volunteers, the CARES Plus program, and other activities that require a collaborative effort in the delivery of services. Notably, its accomplishments took place during a year the Commission experienced a dramatic change in its membership and a newly hired part-time executive director. Operationally, First 5 Yuba is now well positioned with a dedicated full-time executive director and a new cross-functional Commission, providing a fresh approach for improving the systems of care for children in the county ages 0 to 5.

Appendix A: 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. Behavioral, Substance Abuse, and Other Mental Health Services (merged into Result 1g)
Behavioral and mental health services, substance abuse services, treatment, and counseling and/or therapy for children or adult family members, including play, parent-child interaction approaches, child-abuse counseling and family therapy.

b. Adult Education and Literacy for Parents (merged into Result 1e)
Education, training, ESL classes, literacy and/or a General Equivalence Diploma (GED).

c. Community Resource and Referral
Programs that provide referrals or service information about various community resources, such as medical facilities, counseling programs, family resource centers and other supports for families; for instance, 211 services or community resource reporting.

d. Distribution of *Kit* for New Parents
Programs that provide and/or augment the First 5 California Kit for New Parents to new and expectant parents (e.g., a hospital visitation program to new mothers), as well as caregivers of children 0 to 5.

e. Family Literacy Programs
Programs designed to increase the amount of reading that parents do with their children. Programs may include educating parents about the benefits of reading or looking through books (e.g., Even Start, Reach Out and Read, Raising a Reader).

f. Provision of Basic Family Needs (e.g.,Food, Clothing, Housing) (merged into Result 1h)
Meals, groceries or clothing provided through programs such as food pantries and store certificates, emergency funding or household goods acquisition assistance, temporary or permanent housing acquisition assistance, and related case management.

g. Targeted Intensive Parent Support Services
Intensive and issue specific support services to families at risk including home visitation, long-term classes or groups, or other intensive support for parents or expectant parents to increase knowledge and skills related to parenting and improved family functioning.

h. General Parenting Education Programs
Short-term, non-intensive instruction on general positive parenting topics.

i. Other Family Functioning Support Services

Result 2: Improved Child Development

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

Services

a. Preschool for 3- and 4-year-olds
Preschool for 3- and 4-year-olds distinct from a comprehensive school readiness program. Includes funding pre-existing spaces or spaces in programs with the intensity and quality similar to Power of Preschool criteria.

b. State School Readiness Programs and Local Match (eliminated)
State and local match-funded services under the State Commission's School Readiness Initiative, designed to improve children's readiness for school.

c. Local School Readiness (Mirror Programs) (eliminated)
County commission-based School Readiness programs funded solely by county commission dollars that are "mirror" programs to the State School Readiness Program.

d. Comprehensive Developmental Screening and Assessment (merged into Result 3i)
Screening and diagnostic services including behavioral, mental health, developmental and physical health. This includes screening programs that measure cognitive/intellectual functioning, language and communication skills, social and emotional development, and perceptual/motor functioning to identify children who show developmental delays. These services determine the nature and extent of a problem and recommend a course of treatment and care.

e. Targeted Intensive Intervention for Children Identified with Special Needs (merged into Result 3j)
Programs that identify children with special needs and provide intensive and specific services to those children. Children with disabilities and other special needs refers to those children who are between birth and 5 years of age and meet the definition of "special needs."

f. Early Education Programs for Children (other than School Readiness and Preschool for 3- and 4-year olds)
Quality intensive educational activities and experiences for children intended to foster social, emotional and intellectual growth, and prepare them for further formal learning.

g. Early Education Provider Programs
Training and educational services, supports and funding to improve the quality of care or facilities. This includes Comprehensive Approaches to Raising Educational Standards, facility grants, and supply grants to providers.

*Revised reporting instructions for result and service categories were developed by the First 5 Association and recommended for use by First 5 California for the FY 2012/13 reporting period. Please note that service categories identified as "merged" are now captured in other categories identified as "eliminated" are no longer applicable due to their program-specific nature in prior years.

h. Kindergarten Transition Services
Classes, home visits, or other activities designed to help children be more comfortable and accustomed to the learning environment, expectations, activities and school personnel when they enter kindergarten. This category also includes individual child learning plans and school-wide transition plans.

i. Other Child Development Services

Result 3: Improved Child Health

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

Services

a. Breastfeeding Assistance (merged into Result 3e)
Education related to the benefits of breastfeeding, including classes to women, families, employers and the community, as well as breastfeeding support services to women.

b. Nutrition and Fitness
Information and services about nutrition, fitness, and obesity prevention for the 0 to 5 population; this includes programs to teach the basic principles of healthy eating, food handling and preparation, and the prevention of illness.

c. Other Health Education (eliminated)
Information and services about health other than nutrition, fitness and obesity prevention.

d. Health Access
Health insurance, premium support and enrollment assistance programs that ensure use of health services, strategies to retain health insurance and insurance premium payments or subsidies.

e. Home Visitation for Newborns and Their Families
Home visitation services to promote and monitor development of children ages 0 to 2.

f. Oral Health
Dental screenings, checkups, cleanings, preventive and acute treatments, and education on preventive care. May include training for providers as well as for children and families.

g. Prenatal Care (merged into Result 3e)
Education, treatment and counseling to promote healthy pregnancies and deliveries.

h. Primary Care Services (e.g., Immunizations, Well Child Checkups)
Medical care services to children ages 0 to 5 including preventive, diagnostic and therapeutic care by a licensed healthcare professional.

i. Comprehensive Screening and Assessment
Screening and diagnostic services including behavioral, mental health, developmental and physical health. Includes screening programs that measure cognitive/intellectual functioning, language and communication skills, social and emotional development, and perceptual/motor functioning to identify children who show developmental delays. These services determine the nature and extent of a problem, and recommend a course of treatment and care.

j. Targeted Intensive Intervention for Children Identified with Special Needs
Programs that identify children with special needs and provide intensive and specific services to those children. Children with disabilities and other special needs refers to those children who are between birth and 5 years of age and meet the definition of "special needs."

k. Safety Education and Intentional and Unintentional Injury Prevention
Programs that disseminate information about child passenger and car safety, fire safety, water safety, home safety (childproofing) and the dangers of shaking babies. Includes education on when and how to dial 911, domestic violence prevention and intentional injury prevention. Referrals to community resources that focus on these issues may also be included.

l. Specialty Medical Services (merged into Result 3h)
Emergency and critical care services for children ages 0 to 5 who require specialty care or have an illness or injury that requires immediate, short-term intervention or other specialty care services including care for chronic childhood illnesses. This category also includes follow-up on medical conditions or concerns identified from health/developmental screenings, such as autism, vision or asthma.

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

n. Other Health Services

Result 4: Improved Systems of Care

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

Services

a. Service Outreach, Planning, Support, and Management
General planning and coordination activities, program monitoring, technical assistance and support, support for interagency collaboration, support for services to diverse populations, contract administration, program database management, program support and oversight activities.

b. Provider Capacity Building, Training, and Support
Provider training and support to improve their capacity to participate and deliver services to families with young children. Includes business planning, grant writing workshops, sustainability workshops and large community conferences or forums.

c. Community Strengthening Efforts
Community awareness and educational events on a specific early childhood topic or promoting broad awareness of the importance of early childhood development.

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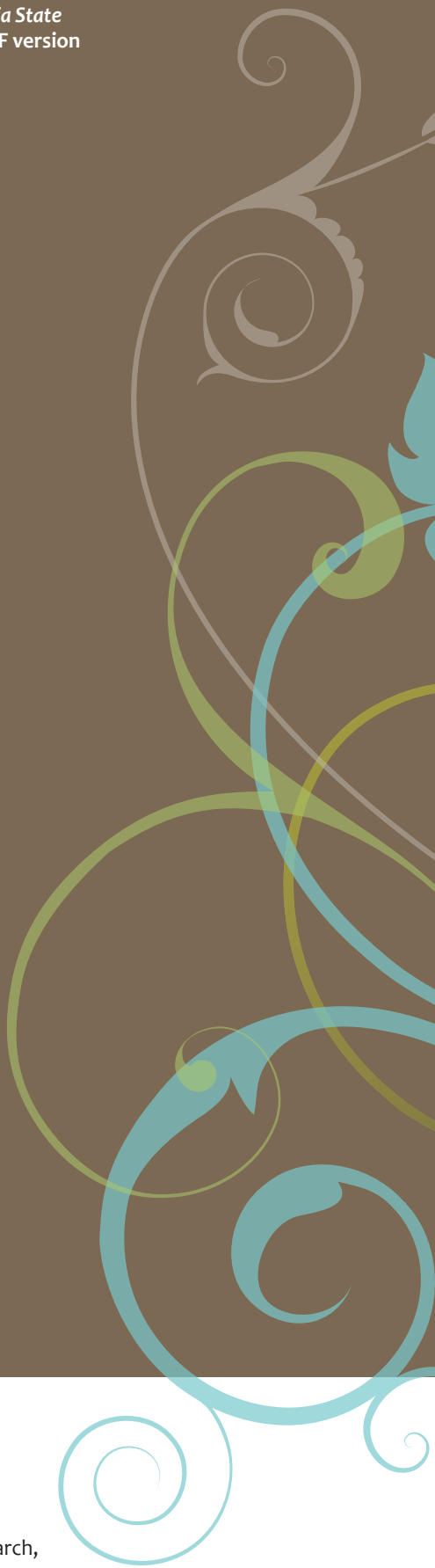
The enclosed disk contains a full PDF version of this Annual Report and the *California State Controller's Annual Report to the First 5 California Commission.* In addition, view a PDF version of the *First 5 California 2012-2013 Annual Report at www.ccfc.ca.gov.*



ISR
INSTITUTE FOR SOCIAL RESEARCH

This annual report was prepared in conjunction with the Institute for Social Research, California State University, Sacramento.

Our Vision

ALL CHILDREN IN CALIFORNIA ENTER SCHOOL READY TO ACHIEVE THEIR GREATEST POTENTIAL.

— First 5 California Vision Statement

FIRST 5 CALIFORNIA℠

30% post-consumer waste

First 5 California
California Children & Families Commission
2389 Gateway Oaks Drive, Suite 260
Sacramento, California 95833
P: (916)263-1050 F: (916)263-1360
www.ccfc.ca.gov

ANNUAL REPORT TO THE FIRST 5 CALIFORNIA COMMISSION

RESULTS OF AUDIT OVERSIGHT OF LOCAL COMMISSIONS

For the Period of July 1, 2011, through June 30, 2012

JOHN CHIANG
California State Controller

October 2013

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JOHN CHIANG
California State Controller

October 25, 2013

Camille Maben, Executive Director
First 5 California
2389 Gateway Oaks Drive, Suite 260
Sacramento, CA 95833

Re: Annual Report to First 5 California Commission Results of Audit Oversight of Local Commissions

Dear Ms. Maben:

I am pleased to submit our annual report to the First 5 California Commission. Our report summarizes the results of our review of the independent audits of the local First 5 county commissions (local commissions) for fiscal year (FY) 2011-12. This report also summarizes the results of our review of the audit findings identified in the independent auditor's reports to the local commissions.

This is the sixth report submitted in accordance with Senate Bill 35 (Chapter 243, Statutes of 2005), which mandated an expanded audit of every county commission funded by the California Children and Families Program Act of 1998. Each commission was required to adopt a range of policies, including contracting and procurement, administrative expenditure limits, conflict of interest, staff compensation, and long-range financial planning. Each local commission is required to have an annual independent audit that is reviewed by the State Controller's Office.

Our review focused on the local commissions' compliance with program requirements (as reported by their independent auditors) specified in the Health and Safety Code. We also verified the independent auditors' compliance with audit standards and the expanded audit guidelines when performing the local commission audits. As required by statute, our annual report summarizes the results of our review and assesses the audit reports issued by the independent auditors. In addition, the audit findings and audit finding follow-up section of our report presents information related to the findings from each local commission's independent audit report. Lastly, our report contains comparative statistics from the results of our desk reviews of the independent audits for FY 2011-12, FY 2010-11, and FY 2009-10, where applicable.

300 Capitol Mall, Suite 1850, Sacramento, CA 95814 ♦ P.O. Box 942850, Sacramento, CA 94250 ♦ (916) 445-2636 ♦ Fax: (916) 322-4404
777 S. Figueroa Street, Suite 4800, Los Angeles, CA 90017 ♦ (213) 833-6010 ♦ Fax: (213) 833-6011
www.sco.ca.gov

I hope our report will be useful to you in assessing the local commissions' activities and compiling your annual report to the Legislature. Please direct any comments regarding the content of the report to Lisa Hughes, Chief, Community Related Audits Bureau, by phone at (916) 322-8489, or by email at lhughes@sco.ca.gov.

Sincerely,

Original signed by

GEORGE LOLAS
Chief Operating Officer

Enclosure

cc: Jennifer Clark, Chief, Administrative Services Division, First 5 California Commission
George Halvorson, Commission Chair, First 5 California Commission
Kathryn Icenhower, Ph.D., Commissioner, First 5 California Commission
Conway Collis, Commissioner, First 5 California Commission
Magdalena Carrasco, Commissioner, First 5 California Commission
Muntu Davis, Commissioner, First 5 California Commission
Casey McKeever, Commissioner, First 5 California Commission
Joyce Iseri, Commissioner, First 5 California Commission
Diana Dooley, Ex Officio Member, First 5 California Commission
Jim Suennen, Designee, First 5 California Commission

Contents

Executive Summary 1

Introduction
Overview 2
Background 3

Results of Oversight Activities
Audit Report Submissions 4
Audit Review and Certification Process 5
Audit Report Deficiencies 5
Findings Reported by the Independent Auditors 8
SCO Follow-up of Reported Audit Findings 11
Compliance with Requirement for Public Discussion of Reported Audit Findings 12

Appendices
Appendix A-1: Summary of Independent Audit Report Deficiencies (FY 2011-12) 14
Appendix A-2: Summary of Independent Audit Report Deficiencies (Comparative) 16

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Executive Summary

The California Children and Families Act (Act) was created in 1998 by the passage of Proposition 10. The Act was amended in 2005, giving the State Controller's Office (SCO) oversight responsibility for audits of the local First 5 county commissions (local commissions). The objective of the amendment was to provide the state commission with independently verified fiscal and state compliance information obtained from audits performed in accordance with applicable standards and requirements.

The State Controller's oversight responsibility includes providing audit guidelines, reviewing local commissions' annual audit reports for compliance with applicable audit standards and guidelines, and following up on findings contained in the audit reports to ensure compliance with policies and practices specified in the Health and Safety Code. As needed, the SCO approves and makes substantive changes to the audit guide after consultation with an audit guide committee composed of representatives from the First 5 state commission and local commissions.

This is the sixth report submitted in accordance with the expanded audit statutes chaptered into law in 2005; therefore, this report includes comparative results. In summary, our report contains the following key observations we made during our review of the local commissions' independent audit reports:

- Of the 58 independent audit reports, 41 (71%) independent auditors complied with audit guide requirements and/or audit standards, an increase compared with prior reporting periods. In fiscal year (FY) 2010-11, only 64% of the independent audit reports submitted complied with all standards and/or requirements, while in FY 2009-10, only 40% were in compliance.

- Of the 58 counties, 53 (91%) submitted the required audit reports by the November 1 deadline. In comparison, 83% of the audits in FY 2010-11 and 69% of the audits in FY 2009-10 were submitted by the deadline.

In addition to the observations we made during our review of the reports, the independent auditors identified a total of 15 audit findings at 14 local commissions categorized as either "internal control" (11) or "state compliance" (4). In comparison, 14 of the FY 2010-11 audit reports contained 19 audit findings (14 internal control and 5 state compliance). In FY 2009-10, 11 of the audit reports contained 14 audit findings (13 internal control and 1 state compliance).

For FY 2011-12 the SCO did not recommend withholding funding allocations for any commission for failure to correct (or provide a viable plan to correct) audit findings.

Introduction

Overview

The State Controller's Office (SCO), Division of Audits, is responsible for performing the oversight activities for the independent audits of local commissions administering the First 5 program authorized by the California Children and Families Act. Oversight activities consist of:

- Developing an audit guide based on the Health and Safety Code, audit standards generally accepted in the United States, and government auditing standards;
- Verifying (via desk reviews/analysis) that the independent audit reports contracted for by the local commissions comply with auditing standards and the audit guide; and
- Verifying local commission compliance with policies and practices (specified in Health and Safety Code) by reviewing and following up on audit findings reported in the independent audits.

Health and Safety Code section 130151 (added by Chapter 243, Statutes of 2005) requires that the SCO issue guidelines for annual expanded audits[1] that require independent auditors to review local commission compliance with policies and practices related to:

- Contracting and Procurement
- Administrative Costs
- Conflict of Interest
- County Ordinance
- Long-Range Financial Plans
- Financial Condition of Commission
- Program Evaluation
- Salaries and Benefit Policies

In addition, Health and Safety Code section 130151 also requires that the SCO:

- Determine, within six months of the state or county commission's response pursuant to subdivision 130151(d), whether the county commission has successfully implemented corrective action in response to the findings contained in its audit report;
- Recommend that the state commission withhold the funding allocation for local commissions unable to provide the SCO with a viable plan to correct identified audit findings; and
- Submit to the First 5 Commission, by November 1 of each year, a report summarizing the results of the reviews of the local commissions' audits for the preceding reporting cycle.

[1] *Standards and Procedures for Audits of Local Entities Administering the California Children and Families Act (First 5).*

Background

First 5 Program

The California Children and Families Act of 1998 (Act) authorized the First 5 program. The Act requires that the First 5 program be funded by surtaxes imposed on the sale and distribution of cigarettes and tobacco products. The Act further requires that the funds be deposited into the California Children and Families Trust Fund, for the implementation of comprehensive early childhood and smoking-prevention programs.

SCO Oversight

The SCO's oversight and reporting requirements (Health and Safety Code section 130151) were added by Senate Bill (SB) 35 (Chapter 243, Statutes of 2005). Prior to SB 35, existing law already included a fiscal/audit reporting component; therefore, the addition of SCO oversight was considered to be an expansion of those requirements. Consequently, the local commissions refer to the SCO audit guidelines as "expanded" audit guidelines.

The SCO, along with a committee—composed of representatives from the First 5 California Commission, local commissions, the Government Finance Officers Association, county auditor-controllers, and independent auditors—developed the initial audit guide based on statutory requirements enumerated in Health and Safety Code section 130151(b). The guide is updated as needed by a committee composed of representatives from the SCO, the First 5 state commission, and the local commissions. Health and Safety Code section 130151(b) states that the scope of the independent audits will address the local commissions' policies and practices related to:

- Contracting and Procurement
- Administrative Costs
- Conflict of Interest
- County Ordinance
- Long-Range Financial Plans
- Financial Condition of Commission
- Program Evaluation
- Salaries and Benefit Policies

Independent Audit Report Requirements

The Health and Safety Code requires the auditors for the local commissions, or the local commissions themselves[2], to submit an independent audit report to both the SCO and the First 5 California Commission each year by November 1. The fiscal year ended June 30, 2012, was the sixth year that the 58 local commissions were subject to the SCO's expanded audit guidelines; the resulting audit reports were due by November 1, 2012.

---

[2] Submission deadline is based on two statutory codes, one requiring the submission and one specifying the deadline. Specifically:

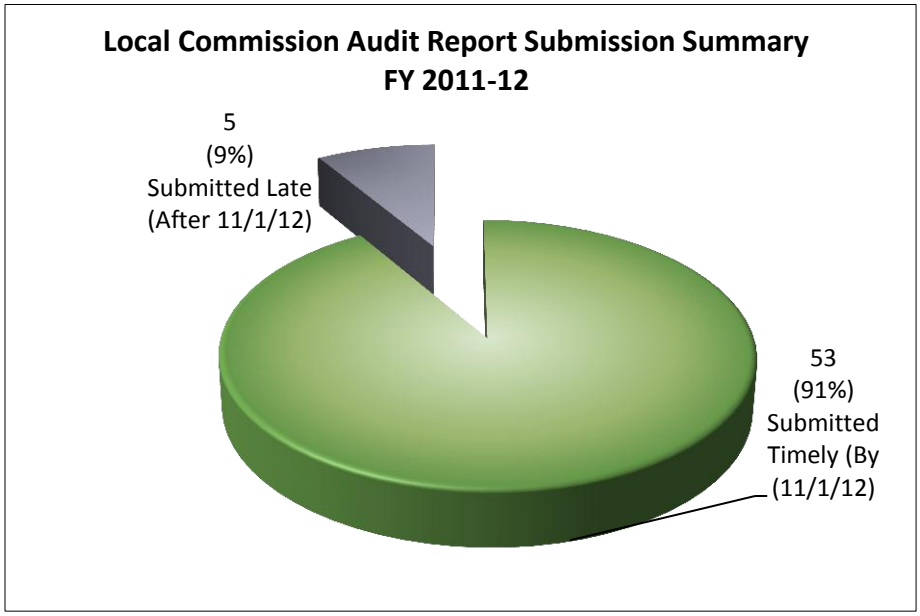
- Health and Safety Code section 130151(c) requires that "the auditor for the state commission or the county commission shall submit each audit report, upon completion, simultaneously to both the Controller and to the state commission or applicable county commission."
- Health and Safety Code section 130150(a) requires that ". . . on or before November 1 of each year, each county commission shall submit its audit and report to the state commission. . . ."

Results of Oversight Activities

Audit Report Submissions

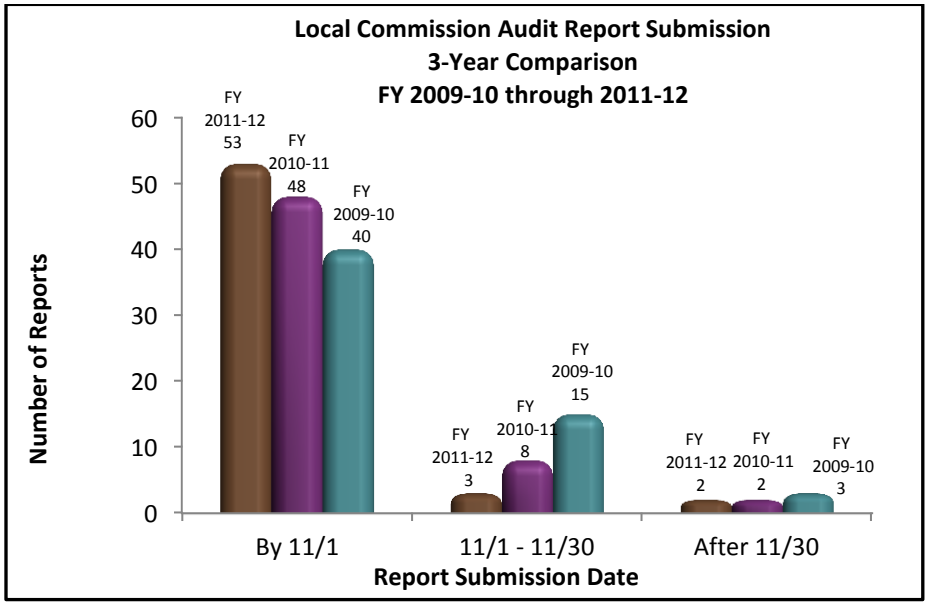
Audit reports for the preceding fiscal year must be filed with the SCO by November 1 of the current fiscal year. As noted in Figure 1, for FY 2011-12, 53 of 58 (91%) local commission audit reports were submitted by the required deadline. Another 3 (6%) were submitted within 30 days of the deadline, while the remaining two audit reports (3%) were submitted more than 30 days late. The two local commissions that submitted their reports more than 30 days late, indicated they were unable to prepare the financial statements in a timely manner.

Figure 1



Compared with the FY 2010-11 audit review cycle, in 2011-12 there was an increase in audit reports submitted on time. There was no change in the number of reports submitted more than 30 days late in FY 2011-12 compared with the FY 2010-11 audit review cycle. See Figure 2 for comparative data on report submissions.

Figure 2



Audit Review and Certification Process

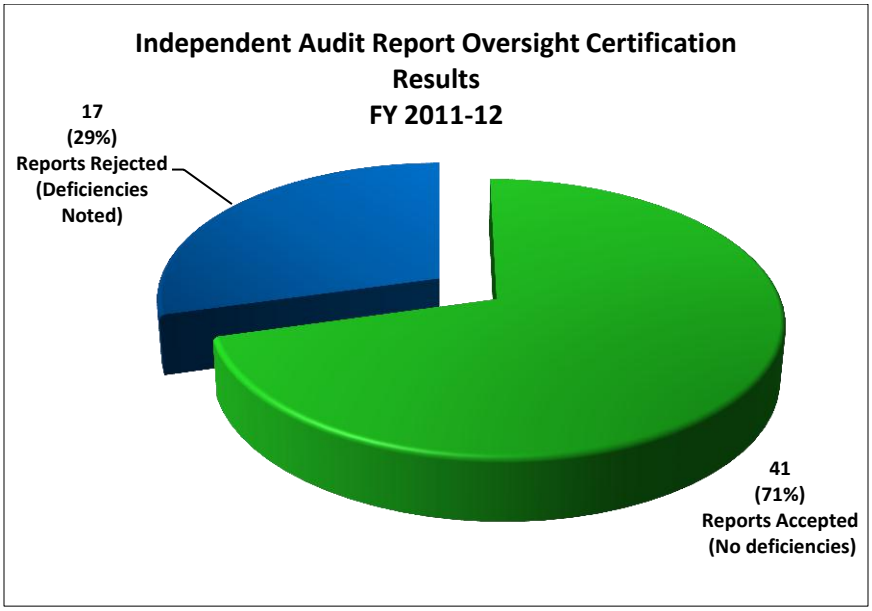
In accordance with Health and Safety Code section 130151, the SCO reviews and certifies (certification cycle) the annual independent audit reports issued by the auditors for each local commission for compliance with applicable auditing standards and audit guidelines set out in the *Standards and Procedures for Audits of Local Entities Administering the California Children and Families Act – First 5* (First 5 Audit Guide).

To facilitate the consistent review and certification of each audit, the SCO created a comprehensive desk review checklist that details and categorizes the program requirements specified in the First 5 Audit Guide. The desk review checklist also includes the required components of an audit based on both auditing standards generally accepted in the United States and government auditing standards. Any instances of non-compliance we found in the preparation of the independent auditors' reports (Audit Report Deficiencies) are summarized in this report.

Audit Report Deficiencies

This section describes deficiencies found in the independent auditors' reports. A deficiency is an instance of an independent auditor's non-compliance with auditing standards and/or the expanded audit guidelines (First 5 Audit Guide) issued by the SCO. Independent auditors (not local commissions) are responsible for addressing deficiencies in their reports of the local commissions. Based on our desk reviews of the FY 2011-12 county commission audits, we found that 17 of the 58 independent audits (Figure 3) contained a total of 32 deficiencies. The SCO notified the independent auditor and local commission in writing that the audit report required correction(s). The written rejection letters identified the deficiency/deficiencies noted and the criteria used to determine non-compliance.

Figure 3

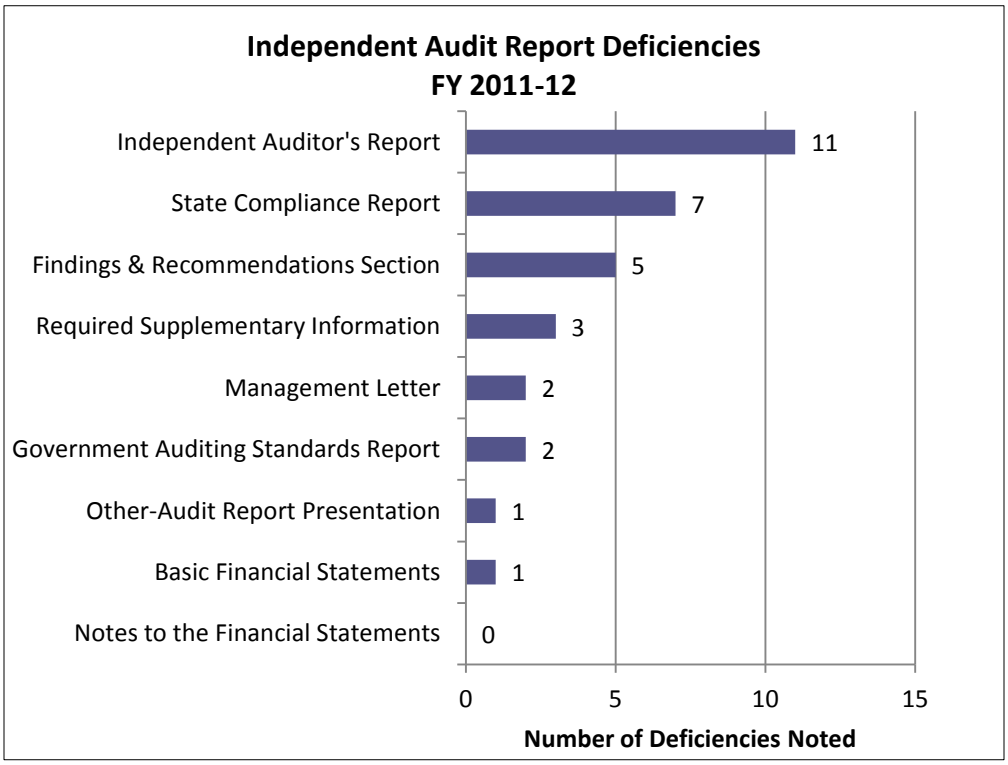


Notable Audit Report Deficiencies

As detailed in Figure 4, during this review and certification cycle the SCO identified 32 deficiencies in the 17 rejected reports. The audit report deficiencies were related to basic financial statements, state compliance reports, the findings and recommendations section of the audit, and the audit report presentation. The most notable issues were:

- The Independent Auditor's Reports were not prepared in accordance with Statements on Auditing Standards (SAS) No. 119 and No. 120;
- The State Compliance Report referenced an incorrect applicable compliance requirement or referenced the incorrect title of the SCO First 5 Audit Guide;
- Findings and recommendations were missing the required element(s) of an audit finding and/or did not include the schedule of prior year audit findings;
- The Required Supplementary Information (RSI) of the budgetary comparison data for the general fund and any major special revenue funds did not total correctly;
- Audit reports referenced management letters that were not submitted to the SCO with the annual audit report; and
- The Government Auditing Standards Report included erroneous dates and/or contradicting statements that result in ambiguity in the independent auditor's opinion.

Figure 4



See Appendix A-1 for detailed category breakdown.

Comparison of Audit Report Deficiencies by Fiscal Year

Fewer audits (32) had deficiencies in FY 2011-12 than in the prior year (FY 2010-11), when 39 deficiencies were identified. For FY 2009-10, 114 deficiencies were identified. Of the 114 total audit deficiencies noted during FY 2009-10, a significant amount (76) of the deficiencies were related to the 25 local commission independent auditor reports that contained state compliance reports that were not prepared in accordance with SAS No. 117. SAS No. 117 provided new compliance reporting requirements effective for fiscal periods ending on or after June 30, 2010.

During this review cycle, the SCO identified no recurring deficiencies. For FY 2010-11, the independent audit reports did not contain recurring audit report deficiencies. For FY 2009-10, we noted three of the independent audit reports had one or more deficiencies previously identified for FY 2008-09.

Figure 5 provides a breakdown by category of audit deficiencies for the current and previous reporting periods. Appendix A-2 provides additional detail for each category for the three audit years.

Figure 5
Independent Audit Report Deficiencies - Comparison by Fiscal Year

	Number of Occurrences		
Category	**2011-12**	**2010-11**	**2009-10**
Independent Auditor's Report	11	1	0
Basic Financial Statements	1	2	2
Notes to the Financial Statements	0	1	2
Required Supplementary Information	3	1	0
Government Auditing Standards Report	2	15	19
Management Letter	2	2	2
State Compliance Report	7	10	76
Findings and Recommendations Section	5	7	9
Other – Audit Report Presentation	1	0	4
Total	**32**	**39**	**114**

Findings Reported by the Independent Auditors

This section describes the audit findings reported by the local commissions' independent auditors. The independent auditors for 14 of the 58 local commissions (Figure 6A) reported a total of 15 audit findings (Figure 6B) categorized as either "internal control" or "state compliance."

Figure 6A

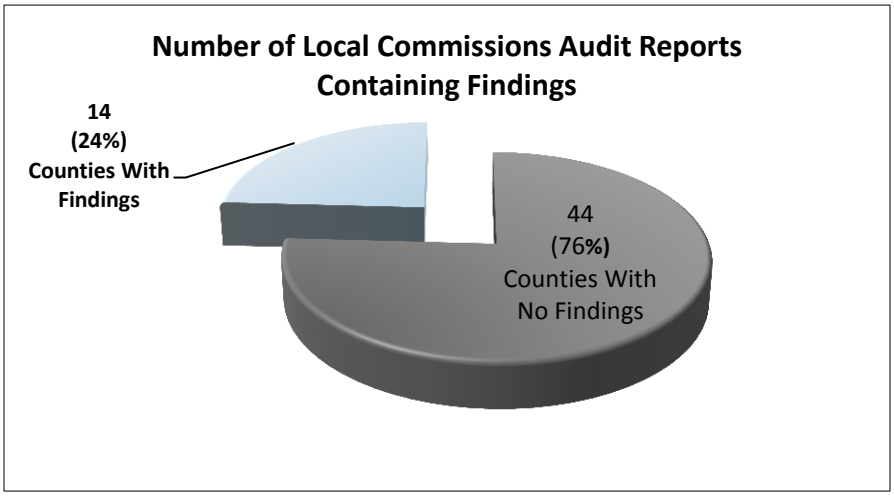
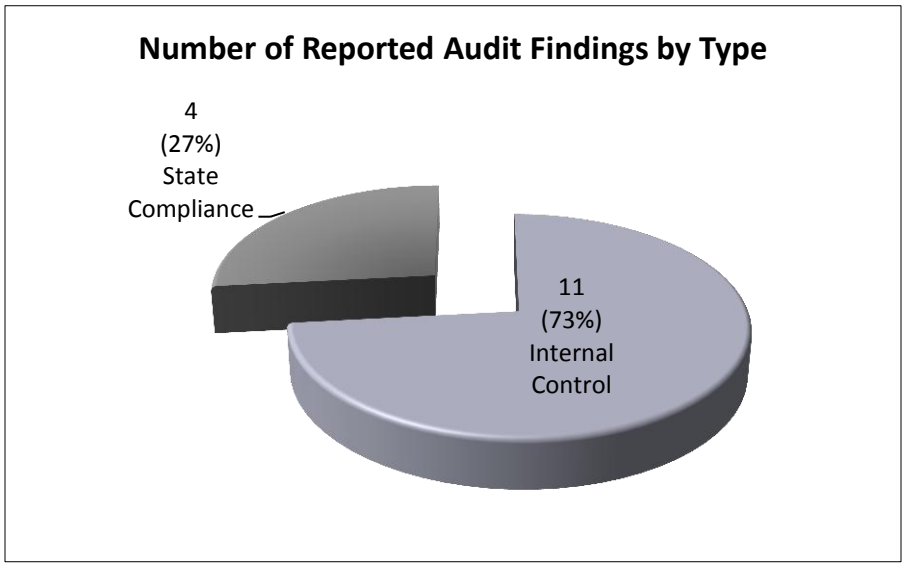


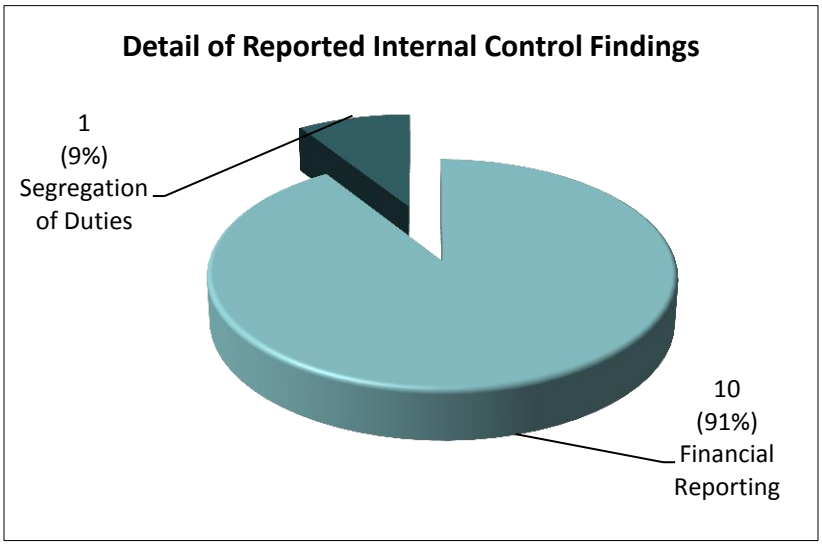
Figure 6B



Breakdown of Reported Internal Control Findings

Two functional areas are represented in the 11 internal control findings reported for FY 2011-12, as summarized in Figure 7.

Figure 7



The majority of the internal control findings (10 of the 11) are in the financial reporting category. Eight of the 10 financial reporting findings included in the audit reports relate to a recurring situation that is not readily corrected in one reporting cycle. Specifically, these findings address the local commissions' reliance on their independent auditors to draft financial statements and/or the accompanying notes to the financial statements.

Statement on Auditing Standards 1, Section AU 110.03, states that the financial statements and the accompanying notes are the responsibility of management. Therefore, when the independent auditor must prepare (or significantly assist in preparing) these documents, it must be reported as an internal control finding under auditing standards applicable to FY 2011-12. However, all eight local commissions indicated they do not have the resources and/or do not find it feasible to hire staff to prepare the financial statements and/or accompanying notes. Based on our audit finding follow-up, our review of corrective action plans included in commission meeting minutes, and the local commissions' responses to audit findings, we noted that:

- Five of the eight local commissions indicated it is cost prohibitive to hire staff or retain a public accountant to prepare the financial statements but are working with their county's auditor-controller to assist in preparing the financial statements and/or accompanying notes; and

- Three of the eight local commissions have determined that it is not cost-effective to engage someone to prepare the financial statements and accompanying notes, and they plan to continue relying on their independent auditor to prepare the annual financial statements.

Our review of local commissions' board minutes indicated that all eight local commissions kept their governing commissions apprised of their attempts to take corrective action or implement mitigating procedures. This issue is not easily remedied due to a number of factors, including limited resources/options on the part of smaller or remotely located local commissions. As a result, all eight findings determined to have carried forward from FY 2010-11 (repeat findings) were related to local commissions relying on their auditors to prepare the financial statements and accompanying notes.

In comparison, the 14 internal control findings that were reported for FY 2010-11 were in four functional areas. The FY 2009-10 audits contained a total of 13 internal control findings, in two functional areas. Taking into account the issue previously discussed, the local commissions appear to be correcting audit findings within a reasonable time.

Breakdown of Reported State Compliance Findings

For FY 2011-12 there were four state compliance findings in four functional areas. In comparison, five state compliance findings were reported in 2010-11 and one state compliance finding was reported in FY 2009-10. Fiscal year comparison by year is summarized in Figure 8:

Figure 8

Comparative Detail of Audit Findings–State Compliance

	2011-12	2010-11	2009-10
Strategic Plan	1	0	0
Report Submission	1	1	0
Program Evaluation	1	1	0
Procurement and Contracting	0	0	0
Policies and Procedures	0	2	0
Conflict of Interest	1	0	1
County Ordinances	0	0	0
Administrative Costs	0	1	0
	4	5	1

SCO Follow-up of Reported Audit Findings

In addition to performing our desk review of the local commission audits, the SCO is required to follow up on findings reported in the local commission audits. Specifically, Health and Safety Code section 130151(e) requires:

> Within six months of the state or county commission's response pursuant to subdivision (d), the Controller shall determine whether a county commission has successfully corrected its practices in response to the findings contained in the audit report. The Controller may, after that determination, recommend to the state commission to withhold the allocation of money that the county commission would otherwise receive from the California Children and Families Trust Fund until the Controller determines that the county commission has a viable plan and the ability to correct the practices identified in the audit.

The commissions, in accordance with Health and Safety Code section 130151(d) and *Government Auditing Standards* paragraph 5.32, are required to submit a response to findings in their audit reports. Audit finding follow-up is accomplished in three ways.

1. Review of evidence that the local commission has adopted a corrective action plan and/or resolved any findings. Evidence reviewed includes commission minutes, signed commission meeting agenda item documentation, and commission-approved audit finding responses.

2. Review of the subsequent fiscal year financial and compliance audit. Audit standards require that the independent auditor or auditor-controller determine the status of previously reported audit findings.

3. On-site visits or telephone conference by SCO staff with local commissions with audit findings.

For the FY 2011-12 audit review cycle, the SCO performed follow-up via telephone conference with 5 of the 14 local commissions whose independent audit reports contained findings. Our follow-up resulted in a review of 36% of the total reported findings for all 14 local commissions. All five local commissions provided corrective action plans and other documentation to substantiate resolution of their FY 2011-12 audit findings. The SCO conducted a telephone conference to follow-up on the finding that was previously reported in FY 2010-11. Based on our follow-up, the FY 2010-11 finding will be corrected by FY 2012-13.

Based on our desk reviews of commission meeting minutes and telephone conference follow-up of audit findings, the SCO did not recommend withholding funding allocations for any commission for failure to correct or provide a viable plan to correct audit findings.

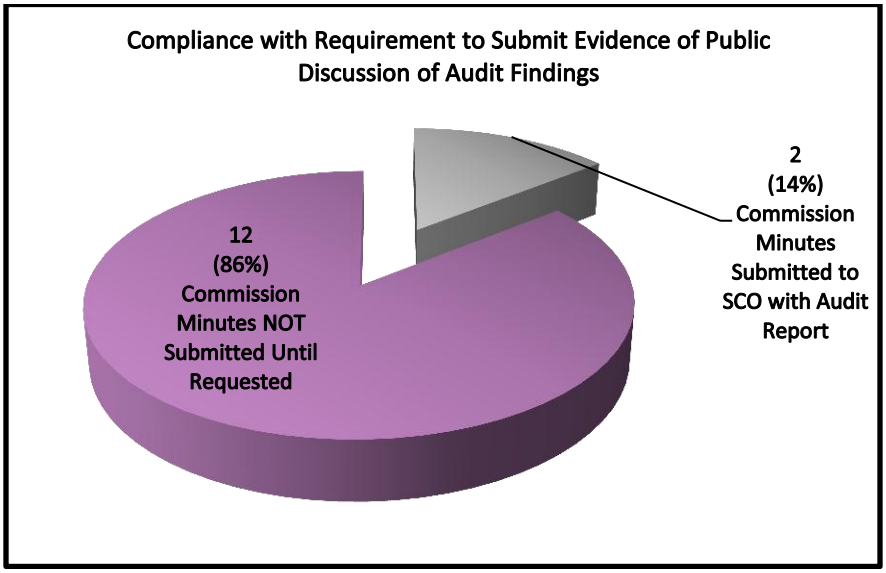
Compliance with Requirement for Public Discussion of Reported Audit Findings

The local commissions are required to discuss their audit findings in a public hearing. Specifically, Health and Safety Code section 130151(d) states, in part, that:

> . . . each respective county commission shall schedule a public hearing within two months of receipt of the audit to discuss findings within the report and any response to the findings. Within two weeks of the public hearing, the state or county commission shall submit to the Controller a response to the audit findings.

In September 2009, the SCO issued an advisory requesting that the local commissions submit evidence (e.g., commission minutes, signed commission meeting agenda item documentation) of public discussion of audit findings and any related corrective action plans with their independent audit reports. However for the last five review cycles, a significant number of local commissions have not submitted the required documentation until requested to do so by the SCO. For FY 2011-12, only 2 (14%) of the 14 local commissions whose independent audits contained findings submitted public discussion-related documentation to the SCO with their audit reports (Figure 9). Upon request, the remaining 12 local commissions submitted similar documentation. Based on the SCO's review of the documentation submitted, all 14 local commissions with audit findings held public hearings discussing the findings and related corrective action plans.

Figure 9



Our review of the public discussion-related documentation submitted by the local commissions indicated that 12 local commissions with audit findings held public hearings discussing the findings and related corrective action plans. The documentation initially submitted by one local commission with audit findings did not contain detail sufficient to determine compliance with the public hearing requirement. The remaining local commission with audit findings contained an incorrect fiscal year reference. At the request of the SCO, the two local commissions presented their findings at a subsequent public hearing and submitted the required documentation. We conclude that all 14 local commissions with audit findings complied with the requirement to discuss their audit findings and related corrective action plans in a public hearing.

Appendix A-1
Summary of Independent Audit Report Deficiencies
Fiscal Year 2011-12

Description of Audit Report Deficiency		Number of Occurrences
Independent Auditor's Report		
The Independent Auditor's Report did not contain the word *independent* in the title of the auditor's report.	1	
The Independent Auditor's Report did not include all of the elements regarding the required supplementary information.	5	
The Independent Auditor's Report contained an inaccurate or inconsistent reference to a separate audit report.	1	
The Independent Auditor's Report did not include all of the required elements regarding the supplementary information.	2	
The Independent Auditor's Report did not include a statement that in the Auditor's opinion the supplementary information was fairly stated, in all material respects, in relation to the financial statements as a whole.	2	
		11
Basic Financial Statements		
The *Governmental Statement of Revenues, Expenditures, and Changes in Fund Balance*, did not total correctly.	1	
		1
Required Supplementary Information (RSI)		
The RSI of the budgetary comparison data for the general fund and any major special revenue funds did not total correctly.	3	
		3
The Report on Internal Control Over Financial Reporting and Compliance and Other Matters (GAS Report)		
The GAS Report included erroneous dates that result in ambiguity in the independent auditor's report.	1	
The GAS Report included contradicting statements that result in ambiguity in the independent auditor's report.	1	
		2
Management Letter		
The audit report referred to a separate management letter that was not submitted to the SCO.	2	
		2

Appendix A-1 (continued)

Description of Audit Report Deficiency	Number of Occurrences	
Auditor's Report State Compliance (State Compliance Report)		
The state compliance report did not contain the word *independent* in the title of the auditor's report.	1	
The state compliance report referenced the incorrect applicable compliance requirement or reference.	3	
The state compliance report referenced the incorrect title of the SCO First 5 Audit Guide.	3	
		7
Findings and Recommendations		
The reported audit findings did not include all elements required by *Government Auditing Standards* (criteria, effect, cause, recommendation).	4	
The audit report did not include a Schedule of Prior Audit Findings.	1	
Other		5
The auditor's reports contained inaccurate or inconsistent date reference to the Independent Auditor's Report.	1	1
Total		32

Appendix A-2
Summary of Independent Audit Report Deficiencies
Three-Year Comparison

Description of Audit Report Deficiency	Number of Occurrences		
	2009-10	2010-11	2011-12
Independent Auditor's Report			
The Independent Auditor's Report did not include the word *independent* in the title of the auditor's report as required.	0	0	1
The Independent Auditor's Report did not include all of the elements regarding the required supplementary information.	0	0	5
The Independent Auditor's Report contained an inaccurate or inconsistent reference to a separate report.	0	0	1
The Independent Auditor's Report did not contain a statement that the purpose of the separately issued Government Auditing Standards. Report is to describe the scope of the testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance.	0	1	0
The Independent Auditor's Report did not include all of the required elements regarding the supplementary information.	0	0	2
The Independent Auditor's Report did not include a statement that in the auditor's opinion the supplementary information was fairly stated, in all material respects, in relation to the financial statements as a whole.	0	0	2
Basic Financial Statements			
The *Balance Sheet-Governmental Funds* in the basic financial statements did not total correctly.	1	2	0
The *Governmental Statement of Revenues, Expenditures, and Changes in Fund Balance* did not total correctly.	0	0	1
The *Statement of Activities* in the basic financial statements did not total correctly.	1	0	0
Reconciliation of the Governmental Funds Balance Sheet to the Statement of Net Assets amounts shown did not match amounts referenced in the notes to the financial statements.	1	0	0
Notes to the Financial Statements			
The notes to the financial statements did not include adequate disclosure of long-term debt; it did not include a schedule of changes or a statement of debt service requirements to maturity.	1	1	0
The notes to the financial statements did not include adequate disclosure of all material items necessary for a fair presentation of the financial statements.	1	0	0
Required Supplementary Information (RSI)			
The RSI of the budgetary comparison data for the general fund and any major special revenue funds did not total correctly.	0	1	3

Appendix A-2 (continued)

Description of Audit Report Deficiency	Number of Occurrences		
	2009-10	2010-11	2011-12
Government Auditing Standards (GAS) Report			
Report on Internal Control over Financial Reporting and Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards (GAS Report) included in the audit report was not properly titled and/or was not in the correct format.	0	1	0
The GAS Report was not prepared in accordance with the American Institute of Certified Public Accountants (AICPA) Statement on Auditing Standards (SAS) No. 115.	3	0	0
The GAS Report did not include the correct and/or complete definition of a deficiency in internal control or a material weakness.	7	0	0
The GAS Report did not include the correct statement for the auditor's consideration of internal control over financial reporting when material weaknesses were noted.	1	0	0
The GAS Report did not include a statement that deficiencies identified were considered significant deficiencies, and/or the description of the significant deficiencies (including management views/response and corrective action).	2	0	0
The GAS Report did not include the definition of a significant deficiency when significant deficiencies were identified and/or included the definition when no significant deficiencies were identified in the audit report.	3	0	0
The GAS Report included erroneous dates that resulted in ambiguity in the independent auditor's opinion.	0	1	1
The GAS Report did not include the statement that no material weaknesses were identified when no significant deficiencies were noted in the audit report.	1	0	0
The GAS Report did not include the statement that no material weaknesses were identified when significant deficiencies were noted in the audit report.	1	0	0
The GAS Report included an incomplete and/or incorrect statement that the auditor's consideration of the internal control over financial reporting was not designed to identify all deficiencies in internal control over financial reporting that might be deficiencies, significant deficiencies, or material weakness.	0	1	0
The GAS Report did not include the correct and/or complete definition of a deficiency in internal control or a material weakness.	0	1	0
The GAS Report did not include the correct statement of the auditor's consideration of internal control over financial reporting, when material weaknesses are noted.	0	5	0
The GAS Report included contradicting statements that result in ambiguity in the independent auditor's report.	1	0	1
The GAS Report did not include the statement that "providing an opinion on compliance with those provisions was not an objective of the audit and that, accordingly, the auditor does not express such an opinion."	0	6	0

Appendix A-2 (continued)

Description of Audit Report Deficiency	Number of Occurrences		
	2009-10	2010-11	2011-12
Management Letter			
The audit report referred to a separate management letter that was not submitted to the SCO.	2	2	2
Auditor's Report State Compliance (State Compliance Report)			
The state compliance report was not in the format required by the SCO First 5 Audit Guide.	0	1	0
The state compliance report did not include the statement that compliance with the requirements of laws, regulations, contracts, and grants applicable to the California Children and Families Act (Act) is responsibility of local commission's management.	3	0	0
The state compliance report did not include the statement that the compliance audit includes examining, on a test basis, evidence about the local commission's compliance with those requirements and performing such other procedures as the auditor considered necessary in the circumstances.	14	0	0
The state compliance report did not include the statement that the compliance audit does not provide a legal determination of the local commission's compliance with compliance audit requirements.	7	0	0
The state compliance report did not include the word *independent* in the title of the report.	1	0	1
The state compliance report referenced the incorrect applicable compliance requirement or reference.	21	4	3
The state compliance report did not include the statement that the auditor's responsibility is to express an opinion on the local commission's compliance with the applicable compliance requirements based on the compliance audit.	15	1	0
The state compliance report referenced the incorrect title of the SCO First 5 Audit Guide.	0	4	3
The state compliance report did not include an opinion on whether the local commission complied, in all material respects, with the applicable compliance requirements.	11	0	0
The state compliance report was not in the format required by the SCO First 5 Audit Guide.	4	0	0
Findings and Recommendations Section			
Audit Findings did not include all elements required by government auditing standards.	5	6	4
Schedule of Prior Audit Findings was not included in the audit report.	2	1	1
Audit report did not indicate that the current-year finding was also an audit finding in a prior year.	1	0	0
Other Audit Report Presentation Issues			
Auditor's reports contained inaccurate or inconsistent date reference to the Independent Auditor's Report.	0	0	1

Appendix A-2 (continued)

Description of Audit Report Deficiency	Number of Occurrences		
	2009-10	2010-11	2011-12
The auditor's opinions within the audit report were not signed and/or dated as required by auditing standards.	3	0	0
Audit report presentation was not consistent with government accounting standards (GASB 334) or audit standards.	1	0	0
Total	**114[a]**	**39**	**32**

a. The number of report deficiencies is attributed to 25 independent auditors' state compliance reports that did not comply with SAS No. 117. Specifically, the 25 reports contained a total of 72 instances of noncompliance with SAS. No 117.

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