

**FIRST 5 CALIFORNIA
CHILDREN AND FAMILIES COMMISSION**

April 29, 2009

**Holiday Inn Capitol Plaza
300 J Street
John Q Ballroom, 16th Floor
Sacramento, CA 95814**

MINUTES

Agenda Item 1 – Call to Order and Chair’s Welcome

Vice Chair David Kears called the meeting to order.

Commissioners Present: David Kears, Vice Chair
Carla Dartis
Maria Minon, M.D.
Molly Munger
Don Attore

Commissioners Absent: Eleni Tsakopoulos-Kounalakis

Ex Officio Member Absent: Dr. Glen Thomas
Joe Munso

Vice Chair Kears welcomed commission members and commented on the unprecedented fiscal challenges and uncertain financial picture for First 5 California. He stated that regardless of what happens in the May 19 special election or the June budget revise, the future is one of more reductions, more cuts and the loss of resources. Further, he stated that it was important to remember that Proposition 10 was never solely about the money, rather about bringing forward the importance of the early years and the difference it can make in the life of a child and the future of the state.

Vice Chair Kears stated that there is no victory coming out for any party in regards to the May election. Even if Proposition 10 prevails in the election, it will lose in other areas that affect the population we care about the most.

DISCUSSION: Commissioner Munger emphasized that First 5 will continue to be a very important voice for young children. The value of First 5 will only increase as young children are going to need to be represented in this competitive, continuing battle for resources.

Commissioner Attore said there will be hard work in the next few weeks and First 5 will need to be the voice to ensure that kids are not forgotten. He reminded the commissioners that tough times don't last, but tough people do.

Commissioner Dartis expressed that although these are somber times, she believes in miracles based on First 5's individual and collective leadership that

includes resources, relations, and partnerships. Children who are relying on First 5's voice, courage, and leadership will prevail.

PUBLIC COMMENT: John Sims, Executive Director of First 5 Stanislaus, commented that local commissions face the same issues in a microcosm. He stated that his commission has come to see Proposition 1D as an opportunity to revise its strategic plan and talk to its contractors, which has led to better collaboration, understanding, and trust. Mr. Sims felt that opportunity has been missed between local commissions and the state commission. He stated that the lack of communication has left local commissions unable to know how to plan.

Agenda Item 2 – First 5 Association of California Report

Sherry Novick, Executive Director of the First 5 Association, provided statewide highlights of county commission efforts in the following areas:

Child Health

More than 75,000 children have health coverage because of the Healthy Kids program. First 5 is the single most stable and largest in aggregate source of funding for this program. About a quarter of the children covered in this program are under age 6. Those are children who, because they have health insurance, have higher immunization rates, more regular care, fewer sick days and fewer unnecessary hospitalizations. The program not only is paying insurance premiums, it is also getting other kids covered through ongoing outreach, enrollment, and retention activities for whatever insurance program they are qualified for.

Most grantees in most counties, regardless of the services being provided, are required to make sure kids have access to insurance for which they are eligible.

Many communities lack providers, especially in pediatric specialties. Commissions have invested in building and funding clinics, provider recruitment, mobile vans, and transportation to give families access to providers.

One particularly challenging pediatric specialty is oral health. In many counties First 5 provides the only pediatric dental care available to low-income children.

Last year, 105,000 kids received First 5-funded dental treatments from check-ups and fluoride varnishes to extensive treatment under sedation. Three large counties are relying on First 5 funds to capitalize major fluoridation projects.

Commissions are increasingly focused on efforts to expand developmental screening. Last year approximately 125,000 young children were screened for developmental delays and were referred and treated as needed.

Child Development

More than 11,500 children are now in high-quality preschool spaces funded solely with First 5 funds, and 10,800 more are in preschool spaces that have been improved and enhanced with First 5 funding.

In many communities First 5 commissions are the primary funding source for facilities development and renovation, provider training, and program improvement.

Commissions have filled gaps in the system and reduced the barriers for children with special needs, assisting providers to develop appropriate accommodations, funding behavioral consultation for providers and families, and working with providers, children and parents to identify developmental issues and obtain needed treatment.

Systems Change

County First 5 commissions have provided more than \$20 million to create 2-1-1 systems throughout the state to link families efficiently to services, reducing pressure on emergency personnel and facilitating better use of county resources.

Commissions also invest in human capital infrastructure strategies that bring people and programs together throughout a county to make services work better for families.

Strengthening and Supporting Families

First 5 commissions are often the only stable source of funding for services to at-risk families before they fall into the child welfare or foster care system. County commissions fund a wide range of child abuse prevention programs, such as home visiting, respite services, behavioral, substance abuse, and mental health services, and targeted intensive parent support services.

Some programs are designed to break through the isolation suffered by families, particularly those with histories of domestic violence, parental depression, or mental illness. Unfortunately, some of these are the programs that critics of First 5 find easiest to attack. County commissions are learning they need to do a better job explaining their programs, the evidence base for them, and the positive outcomes they are achieving.

As the economy has worsened, commissions have remained committed to increase First 5 funding to shelters for homeless families, health care for families who have lost employment, and help for families to find the assistance they need.

Ms. Novick thanked the state commission for its leadership and noted that local commissions will continue to work at the county level to maximize their impact for children and families.

PUBLIC COMMENT: None.

Agenda Item 3 – Presentations

First 5 and Power of Preschool (PoP) Partnership

Jean Holbrook, First 5 San Mateo Commissioner and County Superintendent of Education, gave a presentation on the PoP program in San Mateo County.

- The PoP project began in 2004 to expand access, improve quality, and increase professional development.
- With support from the Packard Foundation, First 5 San Mateo launched an extensive community-based universal preschool planning process that resulted in an “invitation to negotiate.” In 2004-05, the San Mateo County Office of Education was selected by 40 community partners to serve as the lead agency.
- San Mateo County was an early partner in the PoP program and made a commitment to a 10-year initiative for preschool.

- The first preschools were opened in 2005 and served 228 children. Those numbers continued to increase and currently to date, 3,368 children have been served, 140 new spaces have been created, and hundreds of existing spaces have been enhanced.
- The total investments for preschool in San Mateo County from 2005 to 2009 are almost \$14 million. First 5 San Mateo invested more than \$10 million in funding. Other sources of funding included \$100,000 from the Packard Foundation, \$306,000 from a federal earmark obtained by a congressional representative, \$1.7 million from the county Department of Human Services, and \$1.2 million from First 5 California.
- The estimated cost for a high-quality preschool in San Mateo County is \$5,300 per classroom. The direct classroom reimbursements are 54% of the budget. Approximately 24% went to quality supports, and 15% went to administration and direct technical assistance to classrooms.
- PoP prioritizes 10% of services for children with special needs. At least 7% of the children who are being served were diagnosed with special needs.
- Quality support services include developmental screening and assessment, early childhood mental health consultation, ECERS assessments, family literacy, facilities improvement, and parent education through the Early Childhood Language Development Institute.
- 90% of PoP teachers have an associate's degree or above. Workforce development has included working closely with a local community college and providing counseling and "bridge" classes to help candidates move successfully from AA degrees to 4-year colleges and attainment of a BA.
- According to a recent study of quality released by Rand, PoP classrooms in San Mateo County outperformed classrooms statewide on all measures of qualities assessed and exceeded national programs as well.
- Challenges have included teacher turnover; failure to pass Prop 82, which undermined the long-term financing of the program; the inability to expand into private centers and family day care homes; the difficulty in linking the preschool experience to the K-12 system; and the difficulty in measuring long-term outcomes.
- Fiscal constraints have led First 5 San Mateo to transition to a new initiative, the Early Childhood Quality Improvement Program. The PoP program will end as of July 1, 2009, and the focus will move to providing the support services used in PoP to providers on a countywide scale.

DISCUSSION: Commissioner Dartis asked how the initiative will mitigate the possible loss of scores in terms of quality when it expands countywide. Commissioner Holbrook said they identified the supports that are the most critical and have the greatest impact and will use commission reserves to fund the new program for the next five years.

PUBLIC COMMENT: None

First 5 and Children's Health Initiative (CHI) Partnership

Kim Roberts, First 5 Santa Clara Commissioner and CEO of the Santa Clara Valley Health and Hospital System, described the origins of the Children's Health Initiative and its impact over the last nine years.

- In 2000, a group of key partners representing the county, the faith community, local labor organizations, and children’s advocates came together to address the fact that 71,000 children in the county had no insurance.
- With a grant from the Packard Foundation, the Children’s Health Initiative, also known as “Healthy Kids,” was developed and served as a “wrap around,” filling the gaps where the Healthy Families Program and Medi-Cal did not meet the local need.
- The Children’s Health Initiative was designed with the primary goal of ensuring that 100% of children who are below 300% of the federal poverty level are covered by some sort of health insurance program.
- Primary funders include the County Board of Supervisors, through tobacco and settlement funds; First 5 Santa Clara; the Santa Clara Family Health Plan; the City of San Jose; the Packard Foundation, California Health Care Foundation, the California Endowment. Over time, these funders leveraged \$24.1 million from First 5, including money for insurance premiums and outreach, enrollment, and retention efforts.
- In the first two years of operation 25% more children were enrolled in Healthy Families and Medi-Cal and 15,000 children were newly covered by Healthy Kids.
- Healthy Kids nearly doubled from 50% to 89% the proportion of children who now have regular access to health care. Access to dental care has doubled and 158,000 children have been helped to apply for insurance. The number of uninsured children has dropped from 71,000 to 18,000.
- Healthy Kids has also slashed by more than one-half the number of missed school days, which shows that the number of days missed at school drops when children are healthy.

Amy Carta, Co-Chair of the California Children’s Health Initiative and Assistant Director of the Santa Clara Valley Health and Hospital System, commented on the statewide impact of the Children’s Health Initiatives.

- 29 counties throughout the State of California now have CHIs. 150,000 children, cumulatively, have received health insurance since their inception. Currently 78,000 children have Healthy Kids insurance. CHIs enrolled 90,000 children in Healthy Families and Medi-Cal in 2008 alone.
- The annual cost of insurance is \$1,000 per child. First 5 is the single largest funder of the Children’s Health Initiatives, providing about 43% of the funding and providing \$40 million this year.
- All the CHIs use First 5 funds for premiums, and 23 rely on First 5 funds for outreach, enrollment, and retention. It’s not just about getting children enrolled into the Healthy Kids program, but also getting them enrolled in the Healthy Families and Medi-Cal programs.
- 65% of the funding is allocated to Healthy Kids premiums, 17% for outreach and enrollment and 18% for program management.
- If Proposition 1D passes in the May election:
 - 15,000 children would lose their health care coverage
 - It would destabilize the Children’s Health Initiatives and its ability to continue funding children’s health care coverage
 - Tens of thousands of children would become uninsured or lose coverage in the Healthy Families or Medi-Cal programs as it is tied to outreach and enrollment, which accounted for 90,000 children being enrolled in those programs last year

DISCUSSION: Commissioner Minon asked if specialty care is still a problem, even when children have insurance and if emergency room visits have decreased. Commissioner Roberts said this is not a problem in Santa Clara because the local health system includes specialty care. They are unique in this regard because the strong county system pre-existed the CHI. ER visits have dropped, partially because the system includes pediatric urgent care capacity. However, ER visits have increased 30% overall recently, especially for adults, concurrent with the downturn in the economy.

Commissioner Kears asked if there was a pattern to the population who haven't enrolled and if they differed from those whom CHI has reached. Commissioner Roberts stated the program has been quite good at reaching families, but there is a waiting list that is currently keeping many out of the program.

PUBLIC COMMENT: None.

Brain Development and Efforts to Implement Research-Based Programs

Peter Mangione, Co-Director of WestEd Center for Child and Family Studies, presented information on brain research and programmatic approaches based on that research. Dr. Mangione noted that he has worked with First 5 California and numerous county commissions and has seen first hand the impact that First 5 has had on programs that serve young children.

- The original research in the early 1990s led to a mushrooming of research and interest on early brain development, which was the basis of Proposition 10. The more recent focus on preschool has been important, but now the discussion has moved in the direction of a birth to 5 perspective, what happens to children before they enter preschool and how that links to the preschool experience and beyond.
- There is a lot of brain development that takes place from birth to age 5. Seeing and hearing peaks at 2-3 months of age. The receptive language area and speech production peaks at around 9 months of age. Although synapse development peaks at certain times during a child's early months and years, brain development continues. What takes place during that time in regards to language development and early communication capacity is significant and in order to have a positive impact, we need to start early.
- The synaptic formation of higher cognitive functions peaks at 2 years of age. A birth to 5 perspective means not providing the same experience throughout the early years, but rather, linking early experience to later experience. Programmatically, we need to be sensitive to what's happening at each age period, and how we best support and build on past experiences. Later experiences build on early experiences. Everything we do early is essential and has a positive impact on young children in regards to child development and child health.
- Early on, lower level circuits develop; higher level circuits mature later. By having expectations of skills earlier than the brain is ready, we can actually impede development.
- Because children spend so much time in care settings, what happens there has tremendous impact and presents opportunities to provide children with positive relationships and connect them to other services.
- School readiness has to include social competence and emotional well being; it cannot be limited to literacy and numeracy. California recognized this in the

development of the Department of Education's early learning foundations. The initial focus was on early literacy and math, but many reacted strongly, saying the foundations cannot focus on literacy and math without social emotional development and English language development.

- A child's ability to develop strong relationships with a teacher has an impact on that child's adjustment to school and achievement and is a key indicator of later success. At a young age, the greatest impact is on social emotional factors and the cognitive development of personality traits such as attentiveness, curiosity, exploration, perseverance, openness to new experience, confidence, ability to communicate and follow directions, and self regulation. These are learned in relationships throughout the early years.
- As early investments are made, it is important to ensure the inclusion of sustained attentiveness to the social and emotional development and well-being of the child, including relationships that mediate the social and emotional development and emotional well-being. We need to help caregivers and teachers be able to give children empathetic attention to support children's social emotional development.
- As *Neurons to Neighborhoods* pointed out, "The growth of self-regulation is a cornerstone of early childhood development that cuts across all domains of behavior."
- The Infant Toddler Learning and Development Foundations developed by CDE for children 0 to 3 are a description of early learning and development for children who have appropriate support and their basic needs are met and they have attentive caregivers. The quality of the relationship between the provider and the child is the most important factor. It is important that people understand the importance of early development and that empathetic responses of attention are given at each age in a way that is meaningful to the child and helps the child keep developing to the next level of development.

DISCUSSION: Commissioner Munger asked to what extent the word "curriculum" can be used to describe what we do with children before age 3. Dr. Mangione said this is a requirement in Early Head Start, but the curriculum has to be a process, not goals, in order to provide children empathetic attention. We have to be responsive, observe, document, and act on observations to connect with the interest of the child. The teacher has to engage with the child at all times, build on the child's interest, but also bring more to it. This is important throughout the 0 to 5 period, but it looks different with older kids who can participate in more structured activities.

Commissioner Dartis asked if later experience can undo the benefits of early experience. Dr. Mangione said children with secure attachments early can lose them as a result of later conflict. What we do early is essential but not sufficient for continued well-being. It is important to continue to build upon early experience.

Dr. Mangione said children in good ECE environments are often confused when they move to kindergarten settings because they suddenly lose the support and attentive relationships they had in preschool. This points to the need to include preschool teachers in conversations about kindergarten transition so that kindergarten teachers can hear what an incoming child needs.

PUBLIC COMMENT: None.

Federal Funding for Early Learning and Health Care

Lois Salisbury, Director of the Children, Families, and Communities Program at the David and Lucile Packard Foundation, reviewed new federal funds related to early care and learning.

Early Learning

Federal Stimulus funds, including the Child Care and Development Block Grant, Head Start and Early Head Start funding, and Individuals with Disabilities Education Act funds will bring \$220 million of additional funds in California on an annual basis for the next couple of years.

Race to the Top education funding that focuses on K-12 but includes an underpinning of early education will come through competitive grants, with California's fair share approximately \$500 million.

Future legislation will increase investments at the federal level to \$10 billion a year to fund early education. California's share of the early education fund will be 13% or \$1.3 billion. 80,000 low income children still lack preschool opportunities in California; these funds are more than enough to meet those needs.

The federal early learning framework focuses on children 0 to 8 years of age, rather than children 0 to 5, so it would behoove California to think in those terms as well. The Obama administration education plan includes 4 components:

- High standards
- Improved teacher quality and a sensitivity to the distribution of teachers
- Longitudinal data systems, beginning in pre-K that links individual child outcomes with teacher performance
- Gains in low performing areas and schools

California has strengths and weaknesses in relation to these components:

- The early learning foundations are an excellent base for standards and will connect well to K-3 standards
- Data system legislation has been enacted, including a Pre-K identifier, and implementation is contingent only on funding, which could be addressed by the new federal funds
- Teacher quality is a bigger challenge because the higher education system for early childhood education is disconnected and lacks clear competencies
- Teacher distribution is related to other equity issues, such as facilities

Recommendations regarding new federal early learning funds:

- The current work on the Quality Rating and Improvement System, funded by First 5 California, can be an engine for change but the 2-year timeframe is too slow and California will need to pilot the system and accelerate the pace
- The work on teacher quality should focus on a Pre-K-3 teaching credential in order to facilitate alignment between Pre-K and higher grades
- Early Head Start, which is a priority of the Obama administration, should be integrated into the larger system
- Nurse home visiting is also a priority of the administration, and California should link it to the early childhood education system

All of these pieces can be wrapped together through the Quality Rating and Improvement System. The system can be the measure that tells us that how well these things are working at the community level as we see where our adequacies and inadequacies fall on this high degree of connectivity and focus on healthy child development.

Health

Regarding new federal funds related to expanded health coverage, the federal focus is primarily on the Children's Health Insurance Program Reauthorization Act.

California has the largest children's health insurance program through Healthy Families, which covers approximately one million children statewide. There are still 700,000 children without health insurance.

The Healthy Families expansion would reach more children and help cover the 180,000 children who are eligible for current programs. This would require new state funding to draw down the 2:1 federal match.

Ms. Salisbury recommended that First 5 California serve the role of tracking the federal funds and maintaining the vision and map that will direct their use. California should negotiate a waiver with the federal government that will allow the state to obtain the new funds without categorical constraints and be held accountable based on outcomes.

DISCUSSION: Commissioner Dartis asked what is involved in developing the QRIS. Meera Mani of the Packard Foundation said that it was a dance between standards, best practices and where current systems are in terms of their practice. She explained that 18 states are already in full implementation and 36 others are in planning, so we are not starting from scratch. The rating system includes the classroom environment, teacher competencies, group size and adult-child ratio, parent involvement, and administrative and program capacity as sustainability is key.

Commissioner Munger asked what First 5 staff and others learned when they traveled to New Jersey to view that preschool system. Ms. Mani said that in New Jersey, it was a system developed under court mandate and came together in just four years. Teachers were given support to attain higher credentials, retention in the workforce remained at 80%, and the diversity of teachers was maintained as well. The fact that the training resulted in salary parity with kindergarten teachers provided a powerful incentive.

PUBLIC COMMENT: None.

State and Federal Program Coordination and Opportunities to Leverage Funds

Kris Perry, Executive Director, stated that even during these difficult economic times that the State finds itself in, First 5 continues to strive to be creative in looking for ways to leverage new dollars and how to make the dollars that we have already invested continue to produce the very best outcomes and results as possible.

Ms. Perry reminded the commission that one year ago a group of First 5 staff, commissioners, and selected guests visited the Midwest to view the EduCare model.

Since then the Water Cooler meetings and conference have linked the 0 to 5 early care and education (ECE) world with the K-12 education system.

Ms. Perry agreed on the importance of the QRIS and its potential to help the whole State to develop a system of quality and said that it will build upon the CARES program and the experience of other states.

EduCare in California will be one means of further illustrating quality and partnership.

First 5 California has sponsored technical assistance to potential Head Start and Early Head Start applicants for new federal funds. Ms. Perry thanked First 5 staff for organizing webinars, group trainings, and one-on-one assistance. Her goal is to ensure that California draws down its full share of the new federal Head Start funds.

Ms. Perry visited an ECE site in Santa Clara and saw how the director maintained high quality by braiding and blending funding streams. This is where we are today, with the center director doing this instead of teaching or teaching other teachers how to teach.

Ms. Perry said she is excited about current First 5 programs, but also about partnering to take advantage of new opportunities.

PUBLIC COMMENT: None.

Agenda Item 4 – Consent Calendar

The Commission considered approval of the consent agenda items:

- January 28, 2009, Commission Meeting Minutes
- Ratification of the following agreements: CCFC 6976 A2, 7084 A1, 7086 A1, 7111 A1, 7112 A1, 7117 A1, 7132, 7133, 7137, 7139, 7140, 7142

MOTION/ACTION: Commission Dartis moved that the Commission approve the consent calendar. The motion was seconded by Commissioner Minon.

PUBLIC COMMENT: None.

VOTE: The motion was approved by a unanimous vote of the members present.

Agenda Item 5 – Adjournment

Commissioner Munger moved for adjournment of the commission meeting. The motion was seconded by Commissioner Dartis and was approved by a unanimous vote of the members present. The next scheduled Commission Meeting is July 15, 2009, in Sacramento.