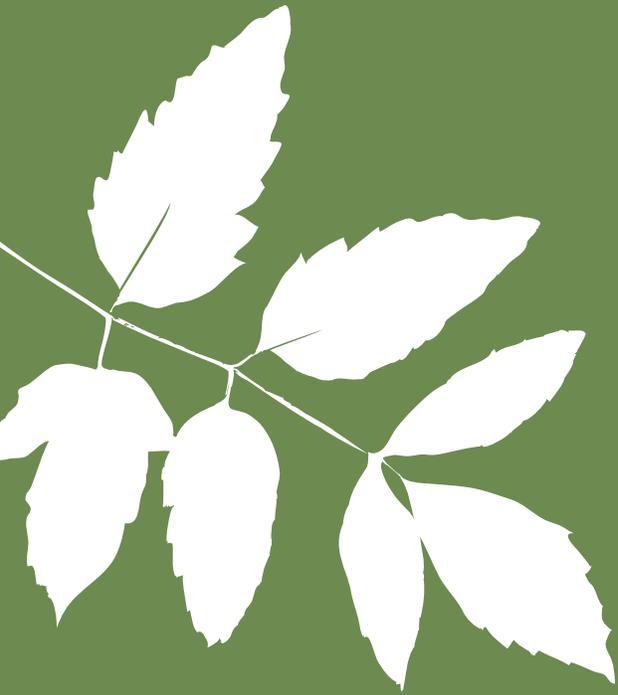




FIRST 5 CALIFORNIA
 2007-2008
ANNUAL REPORT

CALIFORNIA CHILDREN AND FAMILIES COMMISSION









MESSAGE FROM THE EXECUTIVE DIRECTOR

On behalf of First 5 California, I am pleased to present our Fiscal Year 2007-2008 Annual Report. This comprehensive summary provides state and county fiscal data and information on the programs First 5 California supports in its mission to serve the state's youngest children and their families.

It has been a decade since California voters passed Proposition 10, establishing an unprecedented commitment to support the health and well-being of the state's children in their earliest years – from before they are born until the time they enter kindergarten. This made First 5 California the first state organization with the ground-breaking mission of creating and supporting effective programs that offer every child a chance to thrive from the start.

Ten years later, in partnership with the 58 county commissions, we continue to develop innovative programs and services for young children and their families through a comprehensive system of support. From the Power of Preschool demonstration project and *Kit for New Parents*, to our health insurance enrollment programs and oral health initiatives, First 5 California strives to serve the families of California through the promotion of meaningful, lasting programs impacting the lives of our youngest children.

Although we have a decade of outstanding work behind us, our work has just begun. First 5 California is poised to reach new heights as we develop and implement wide-reaching and effective approaches to help close the achievement gap and prepare all young children to enter school ready to learn. We value our collaboration with the county commissions and our many other partners in working to ensure that California's children are healthier and better prepared to succeed in life. This Annual Report highlights and describes the results of these collaborations showing the positive impact on California children ages 0 to 5.



Kris Perry, Executive Director
First 5 California



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FIRST 5 CALIFORNIA OVERVIEW



HISTORY

Proposition 10, also known as the California Children and Families Act of 1998 (the Act) led to the creation of the First 5 California Children and Families Commission (First 5 California). The key purposes of First 5 California are promoting, supporting, and improving the early development of children from prenatal to five years of age. The Act specifies that these purposes shall be accomplished through the establishment, institution, and coordination of appropriate standards, resources, and integrated and comprehensive programs emphasizing community awareness, education, nurturing, child care, social services, health care, and research.

The Act also authorizes county commissions and sets forth the requirement that each county commission develop a local strategic plan. The Act empowers First 5 California to prepare guidelines to assist county commissions in the formation and execution of their strategic plans.

The Governor, Speaker of the Assembly and Senate Rules Committee appoint the seven voting Commission members, with the Governor appointing the Chairperson and two other members, and the Speaker and Senate Rules each appointing two members. Exhibit 1 shows the First 5 California Commission members active in Fiscal Year 2007-2008 (FY 07/08).

The Commission hires the First 5 California Executive Director. The current Executive Director is Kris Perry, who has served in this capacity since July 2005.

EXHIBIT 1: First 5 California Commission Members FY 07/08

Commission Member	Appointing Power
Hector Ramirez, Chair	Governor
David Kears, Vice Chair	Governor
Maria Minon, M.D.	Governor
Donald Attore	Speaker of the Assembly
Molly Munger	Speaker of the Assembly
Carla Dartis	Senate Rules Committee
Eleni Tsakopoulos-Kounalakis	Senate Rules Committee
Ex Officio Members	
S. Kimberly Belshé	Secretary of the California Health and Human Services Agency
David Long	California Secretary of Education

FIRST 5 COUNTY COMMISSIONS

Each county commission consists of members appointed by the county board of supervisors. The county commissions include one member from the county's board of supervisors and two members from among county health officers and

local government health-related service agencies.¹ The county board of supervisors appoints the remaining members from either the previously mentioned (non-board) organizations or from other county organizations that have valuable early childhood development experience.

VISION, MISSION AND GOALS

In 2007, First 5 California adopted a new strategic plan. First 5 California's mission, by 2012, is to be recognized as California's unequivocal voice for children ages 0 to 5 to ensure greater equity in their readiness for school. This mission supports the vision that all children in California enter school ready to achieve their greatest potential.

In support of its mission and vision, First 5 California set five strategic goals:

- **Goal 1: Focus on Policy Development**
Implement a comprehensive policy agenda that elevates the needs of children 0 to 5.
- **Goal 2: Invest in Program Development**
Establish and maintain a distinctive set of sustainable health and education programs for children 0 to 5.
- **Goal 3: Broaden Public Awareness**
Build recognition and generate support for the needs of children 0 to 5.
- **Goal 4: Enhance Research and Evaluation**
Assess the value of programs for children 0 to 5.
- **Goal 5: Strengthen Organizational Operations and Systems**
Provide quality and cost-effective services to our partners.

FUNDING

Revenue to fund First 5 California and First 5 county commission activities comes from the Proposition 10 excise tax levied on cigarettes and other tobacco products. The State Board of Equalization collects

¹ Pursuant to California Health and Safety Code section 130140, members shall also include persons responsible for county functions such as: children's services, public health services, behavioral health services, social services, and tobacco and other health substance abuse prevention and treatment services.

tobacco tax revenue and deposits it into the California Children and Families Trust Fund. Pursuant to the formula set forth in Proposition 10, 20 percent of these funds are allocated and appropriated to First 5 California, and 80 percent to the 58 county commissions. In FY 07/08, First 5 California received \$110 million.

In accordance with Proposition 10, the State Commission funds are allocated and appropriated to the following accounts:

- Six percent into the Mass Media Communications Account
- Five percent into the Education Account
- Three percent into the Child Care Account
- Three percent into the Research and Development Account
- Two percent into the Unallocated Account
- One percent into the Administration Account

Each county commission receives a portion of the total funds available to all county commissions. A county share is equal to the ratio of births recorded in the county (for the most recent reporting period) in relation to the entire number of births recorded in California (for the same period).

The county commission funds support the activities of the 58 First 5 county commissions. These commissions, in turn, fund local family functioning, child development, child health, and systems of care programs and services.

"First 5 California's mission, by

2012, is to be recognized as

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equity in their readiness for school."



AUDIT FINDINGS

First 5 California contracted with the California Department of Finance (DOF), Office of State Audits and Evaluations, to perform the FY 07/08 audit of First 5 California financial records. In November 2008, DOF submitted its final Audit Report on the Children and Families Trust Fund and related funds. The audit report reflects no negative findings.

OVERVIEW OF THIS REPORT

Chapter 2, *First 5 California Services*, specifies how First 5 California used its FY 07/08 allocation to support First 5 California administration, public education and outreach, and research and evaluation.

Chapter 3, *First 5 California Programs*, provides information about the following First 5 California programs: School Readiness, Power of Preschool, the Special Needs Project, Comprehensive Approaches to Raising Educational Standards, Health Access, *A Place of Our Own* and *Los Niños en Su Casa*, the Migrant and Seasonal Farm Workers Project: Migrant Education Even Start, the *Kit for New Parents*, First Smiles, Low Income Investment Fund Constructing Connections, and the California Smokers' Helpline.

Chapter 4, *First 5 County Commission Program Focus Areas*, provides data on the services provided by county commissions, mapped to four focus areas: family functioning; child development; child health; and systems of care.

FISCAL YEAR 2007-2008 HIGHLIGHTS

First 5 California's programs are designed to fully leverage funding, skills, and systems to improve family functioning, development and education, and health for children ages 0 to 5 most in need. First 5 California's Health Access and preschool programs demonstrate First 5's ability to create a system that is greater than the sum of its parts.

California Health Interview Survey data show that since 2001, the availability of private insurance for



children ages 0 to 5 has declined. Surprisingly, the rate of uninsured children did not increase during that same time period. This is due, in part, to First 5's Health Access program. This program provides placement services and Healthy Kids insurance to children ages 0 to 5 who are at 300 percent of the federal poverty level and below, regardless of immigration status.

Health Access provides system support by funding local Children's Health Initiatives (CHIs). The CHIs are skilled at building trust in marginalized communities and act as a resource to families, linking them to insurance and appropriate care. First 5 California, First 5 county commissions, philanthropic organizations, and local agencies provide funding to support this important work.

Through the Health Access program, First 5 California leverages First 5 county commission funds by requiring four dollars for every First 5 California dollar expended. Together, these funds support the majority of Healthy Kids enrollees ages 0 to 5 and allow communities to leverage other dollars to support children ages 6 to 18. In 2007, First 5 collectively provided insurance to nearly 16,000 children ages 0 to 5, freeing up local and philanthropic funds to insure an additional 67,000 children ages 6 to 18.

Access to insurance through the Healthy Kids program not only reduces the need for emergency care, it also saves money. A University of Southern California evaluation of Healthy Kids enrollees in nine CHIs found that preventable hospitalization rates decreased by approximately 25 percent, generating upwards of \$7.35 million in annual savings.

First 5's child development and education programs, such as the Power of Preschool demonstration project, also yield impressive results. Pre- and post-program data show the number of children performing at the highest level as effective learners increased by 681 percent in FY 07/08. This is but one example of how First 5 has helped improve school readiness for children 0 to 5 through its child development and education programs.

"FY 07/08 has been a successful year for First 5 California and the county commission partners, with services reaching California's neediest populations, helping prepare all children to enter kindergarten ready to learn and succeed."

First 5 investments have expanded access to high-quality preschool education for the 1.7 million California children ages 0 to 5 who need care while their parents work. First 5 early education programs leverage funds from existing public programs, including Head Start, State Preschool,

General Child Care, and Title I, to serve approximately 8 percent of the 490,000 children ages 3 and 4 who currently attend California preschools. These programs use the existing infrastructure, leveraging and enhancing the skilled workforce to provide high-quality learning environments to those children most in need.

The First 5 community is successful at targeting services to improve the lives of children most at-risk of experiencing a school readiness gap. A 2007 Rand Corporation study found that Latinos, African Americans, and English language learners are more likely to experience school achievement gaps. These are precisely the children who receive the greatest number of First 5-funded services. In FY 07/08, for children ages 0 to 5:

- 67 percent of First 5 services supported Latino children. In comparison, 50 percent of all California children ages 0 to 5 were Latino.
- 4 percent of First 5 services supported African American children. In comparison, 5 percent of all California children ages 0 to 5 were African American.
- 56 percent of First 5 services supported English language learners. In comparison, 51 percent of all California children ages 0 to 5 were English language learners.

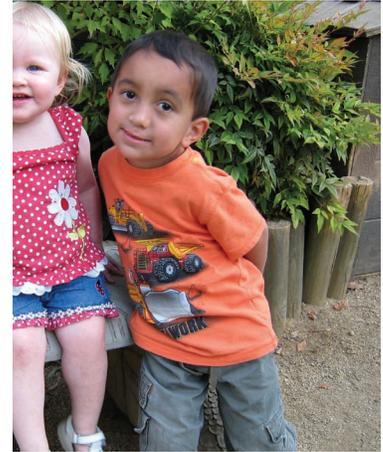
Through the hard work and collaborative efforts of the First 5 community and its funding partners, our programs provide effective and much-needed services to children ages 0 to 5 and their families. These programs help ensure that children in California start school ready to learn and achieve their greatest potential.





2

FIRST 5 CALIFORNIA SERVICES



Pursuant to the California Children and Families Act of 1998, First 5 California uses its funding allocation to support administration, public education and outreach, research and evaluation, and statewide programs. This chapter provides an overview of the remaining services. Chapter 3 contains an overview of First 5 California-funded programs.

ADMINISTRATION

The Administrative Services Division and the Contracts, Procurement and Information Technology Division provide staff resources to strengthen First 5 California's operations and systems through oversight and coordination of:

- 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 Administrative Services Division and Contracts, Procurement and Information Technology Division administer these programs consistent with all applicable state and federal laws, rules, and regulations.

PUBLIC EDUCATION AND OUTREACH

In accordance with the California Children and Families Act of 1998, First 5 California devotes six percent of its revenue from Proposition 10 funds to public education and outreach campaigns to reach California parents, caregivers, and the community at-large with messages related to early childhood development, child care, health services, the prevention of tobacco, alcohol and drug use by pregnant women, and the harmful effects of secondhand smoke.

Throughout FY 07/08, First 5 California continued to raise awareness of early childhood development issues that impact a child's ability to reach his or her greatest potential. During this period, First 5 California gathered more than 46.6 million earned media impressions of its programs and resources for young children and their families.

Highlights for FY 07/08: First 5 California partnered with Westfield, one of the world's largest mall operators, to raise awareness of the growing

"Throughout FY 07/08, First 5 California continued to raise awareness of early childhood development issues that impact a child's ability to reach his or her greatest potential."

childhood obesity epidemic through the First 5 Fitness and Nutrition (F.A.N.) Club. As part of the partnership, valued at nearly \$1 million, Westfield malls displayed signs and distributed brochures on health and nutrition. An October 29, 2007, press event kicked-off the partnership by unveiling a six-foot tower depicting the staggering amount of sugar preschoolers consume each year. The event produced more than 7.1 million media impressions encompassing general market, African American, Asian Pacific Islander American (APIA), and Spanish-language news coverage, including a front page story in *La Opinión*, California's number one Spanish-language newspaper.

In December 2007, First 5 California launched its partnership with Chef LaLa, a nutritionist and popular Latino television personality, at a Los Angeles supermarket media event. In the spirit of the television game show "Supermarket Sweep," families raced through the supermarket filling their baskets with healthy food items designated by the host, Chef LaLa. The event launched the 2008 release of First 5 California's free, bilingual healthy recipe booklet with Chef LaLa through coverage in several top-tier Spanish-language outlets, reaching more than 22,000 television viewers and generating more than 55,000 media impressions.

In April 2008, families visiting First 5 California's traveling Hands-on Health exhibit received a

coupon and free toothbrush courtesy of Dr. Fresh, an international dental product manufacturer. Through this partnership with Dr. Fresh, First 5 California distributed nearly 6,000 toothbrushes to young children to help raise awareness about oral health. Overall, the exhibit reached about 52,300 Californians and generated nearly 3.4 million earned media impressions during this fiscal year.

In the spring of 2008, First 5 California secured a partnership with Sacramento's top-rated NBC affiliate *KCRA-3* on *My 58*, resulting in a monthly morning segment called "First 5's Top 5." In each segment, First 5 California Executive Director Kris Perry delivered healthy-living tips, helping to raise awareness of important First 5 California messages and resources in a key media market.

First 5 California also moved forward with a first-of-its-kind statewide campaign addressing the childhood obesity problem in the APIA community. With the support of APIA expert physicians and nutritionists from across the state, First 5 California conducted regional media roundtables for APIA reporters as well as symposiums for health-focused community-based organizations. The campaign also included a partnership with *LA-18*, the largest Chinese-language television station in Los Angeles, which resulted in a week-long series about childhood obesity on the station's top lifestyle show and evening news. Overall, the campaign generated more than 10.3 million earned media impressions.

First 5 California continued its partnership with the California Association of Minister's Wives and Minister's Widows to educate African American parents and caregivers on issues surrounding school readiness through the Leading Ladies for School Readiness pilot program. The program assisted 180 Leading Ladies representing nearly 100 churches in five counties in organizing outreach activities to help young children prepare to enter school ready to succeed.

First 5 California's longstanding partnership with *Univision* continued to be a strong avenue for reaching California's large Latino population with important messages on healthy eating and school



"First 5 California also moved forward with a first-of-its-kind statewide campaign addressing the childhood obesity problem in the APIA community."



readiness, among other issues. Of particular note, in November 2007 *Univision San Francisco's* public affairs show, *Encuentro en la Bahía*, dedicated its entire 30-minute program to First 5 California and the Bay Area county commissions. Overall, the *Univision* partnership enabled First 5 California to reach nearly half a million television viewers during this fiscal year.

RESEARCH AND EVALUATION

The California Children and Families Act directs First 5 California to conduct:

[I]ndependent research, including the evaluation of any relevant programs, to identify the best standards and practices for optimal early childhood development, and establishing and monitoring demonstration projects.

In the past year, First 5 California published *Comprehensive Approaches to Raising Educational Standards (CARES) Statewide Retention Study, Utilization in Children's Health Initiatives in California: Results From 2006*, the *First 5 California 2006-2007 Annual Report*, and *Trends in the Health of Young Children in California*. In addition, First 5 California developed *HealthSNAPSHOTs*, a Web-based tool that allows users to access county specific health survey data.

The *CARES Statewide Retention Study* provides survey results for 978 CARES participants. The study assesses the impact of the CARES program on participant retention, satisfaction, and perceived benefits. In addition, it compares the experience of participants before and after program changes. Survey outcome data show that:

- New participants are more satisfied with CARES, attribute more benefits and career advancements to CARES, and are more likely to continue participation in the program.



- Overall, Latino participants express the greatest level of satisfaction and attribute the greatest program benefits and career advancement to CARES.
- While this survey confirms previous studies indicating those most likely to remain in the field have lower levels of educational attainment, it also tells us that CARES supports those most in need of additional education.

The *Utilization in Children's Health Initiatives in California: Results from 2006* provides a performance summary for county Healthy Kids programs that receive First 5 California Health Access program funds. The study analyzes Health Effectiveness Data and Information Set (HEDIS) performance measures related to important dimensions of care and service. The study aggregates child immunization, child well visit, well adolescent visit, access to primary care physician, and dental visit data into one composite score representing overall performance. All participating counties showed improvement in their composite score from 2005 to 2006.

The *First 5 California FY 06/07 Annual Report* provided an overview of:

- First 5 California's history and operations
- County commission activities
- Program outcomes

The *Trends in the Health of Young Children in California* research brief uses data from the California Health Interview Survey (CHIS) to highlight trends related to health outcomes, access to services, early learning opportunities, and insurance status between 2001 and 2005. Among the findings:

- Fewer overweight children: The prevalence of overweight children ages 0 to 5 dropped in California from 14 percent in 2001 to 12 percent in 2005.
- Health insurance coverage rates held constant: The proportion of children ages 0 to 5 in California who lacked health insurance for all or part of the previous year (one in 10 children) remained unchanged between 2001 and 2005.
- Low-income children are more likely to have gaps in coverage: Among those with gaps in health insurance coverage, more than two-thirds were from low-income families.
- Racial disparities: White and Asian children have the fewest gaps in health coverage while Latino children consistently have the most.
- Increased use of public programs: Between 2001 and 2005, the percent of children ages 0 to 5 covered by private health insurance decreased three percentage points, while public coverage increased nearly five percentage points.
- Greater dependency on public clinics and hospitals: In the same period, the percent of

"Fewer overweight children:

The prevalence of overweight

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children attending a private doctor's office as their usual source of care decreased almost nine percentage points, while those attending a public clinic or hospital as their usual source of care increased nearly nine percentage points.

- Good news in dental care: Between 2001 and 2005, yearly dental visits increased 55 percent to 63 percent among one-year olds with teeth and children ages two to five.
- More kids in preschool: 300,000 more children received preschool education in 2005 than in 2003. But three out of five children age three and four were still not enrolled in preschool in 2005, and enrollment is lowest among low-income children.

HealthSNAPSHOTs – Young Children's Health in California (www.healthsnapshots.org) is an online tool that provides easy-to-access children's health measures, including positive parenting activities, health conditions, nutrition, and delay of health care, by county or geographic region in California. Users can download and compare data for California's 58 counties.

In addition to the formal reports and Web-based tool cited above, First 5 California completed evaluations of the following programs: School Readiness, Power of Preschool, and Health Access. Chapter 3 contains the evaluation results for these programs.



3

FIRST 5 CALIFORNIA PROGRAMS



SCHOOL READINESS

The School Readiness (SR) Program strives to improve the ability of families, schools, and communities to prepare children to enter school ready to learn. While counties design their programs to fit their specific needs, they must provide services in each of the following four focus areas:

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

SR programs target children ages 0 to 5 and their families in schools with an Academic Performance Index (API) score in the lowest three deciles statewide. These schools include children who speak diverse languages and are from varying cultures. In FY 07/08, First 5 California funded 185 SR programs across 57 counties (see Appendix A).

SR programs provided services to 292,774 individual California residents in FY 07/08. Children received 177,904 services: 47,264 child health services; 73,421 child development services; and 57,219 family functioning services. While children and adults from all ethnic groups received services, for those reporting an ethnicity, Latinos were the largest recipient group (see Exhibit 2).

EXHIBIT 2: School Readiness—Ethnicity of Children Served by School Readiness Programs for FY 07/08

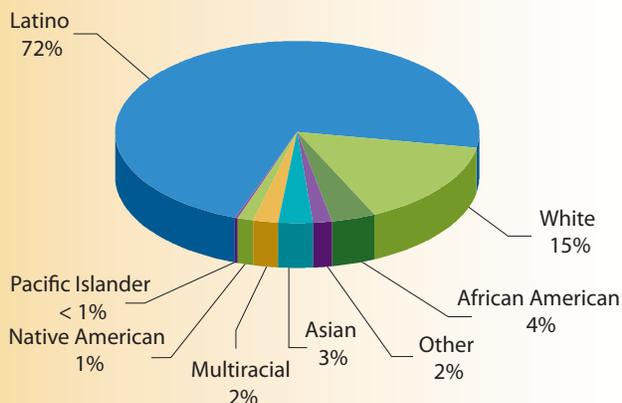


Exhibit 3 shows that for those reporting a primary language, SR services were provided to children who spoke Spanish 56 percent of the time, English 39 percent of the time, and a variety of Asian languages slightly more than two percent of the time.

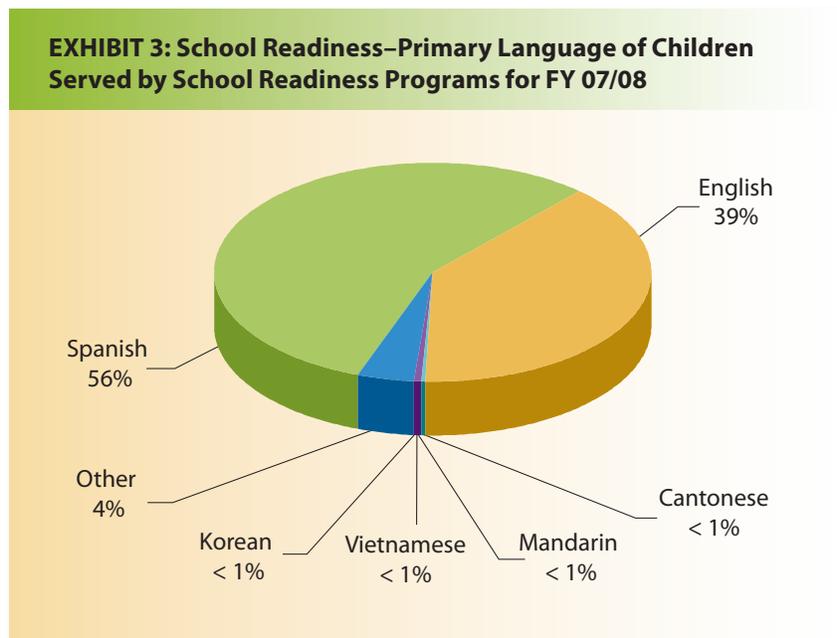
County commissions must contribute at least one dollar for every dollar they receive from First 5 California toward SR programs. In FY 07/08, First 5 California disbursed approximately \$47 million to the 57 participating county commissions.

Schools and educational institutions, community-based agencies, government agencies, private institutions, and First 5 county commissions all provided services to children and adults in order to improve school readiness. Elementary schools provided the largest number of SR services to children ages 0 to 5.

The First 5 California SR program allows county commissions to design programs to meet the unique needs of their communities. Each county commission evaluates its programs to determine whether they are making an impact on the population the county serves. For purposes of illustration, Butte County's Children and Families Commission and First 5 San Diego County's SR evaluation results are presented below.

Butte County uses School Readiness funds to support its Raising a Reader (RAR) program designed to improve child literacy. RAR allows children to bring home developmentally-appropriate, multicultural children's books each week. RAR also trains parents to engage their children in storytelling with picture books and encourages parents to read aloud to their children. Parents participating in RAR most frequently reported reading to their children from 1 to 15 minutes per day before program participation and from 16 to 30 minutes per day after program participation. Sixty percent of RAR families reported increased reading activities with their children. In addition, the same percentage reported that their children increased the amount of time they spent independently looking at books. These measures indicate improved child literacy.

San Diego County used a variety of complementary School Readiness approaches including classroom- and center-based programs to help children prepare for school. The classroom-based programs used the revised Desired Results Developmental Profile (DRDP-R), an observational tool, to assess program impact on 2,573 participants. DRDP-R data for 49 percent of participants showed that 49 percent had increased scores in all four developmental domains: effective learning; personal and social competence; physical and motor competence; and safety and health. Children in a full-time program experienced higher results in all four DRDP-R domains than those attending the program part-time, with the largest difference found in physical and motor competence.



The percentages in this chart may not add to 100 due to rounding.

Center-based programs used the Ages and Stages Questionnaire (ASQ), completed by parents or SR staff, to assess program impact. ASQ data from 163 of the 181 participants showed that 56 percent demonstrated age-appropriate developmental progress in all five developmental areas. Parents and guardians participating in a focus group reported that the ASQ results provided guidance for learning activities in the home.

POWER OF PRESCHOOL

Power of Preschool (PoP) provides free, voluntary, high-quality, part-day preschool to assist children in becoming effective learners who are personally, socially, and physically competent so that they are ready to transition into kindergarten. PoP demonstration projects provide the blueprint for making high-quality preschool more accessible to all children and their families.

With a focus on developing preschool in underserved and high-priority communities, the PoP program seeks to make quality preschool available to three- and four-year old children in participating counties, including children with special needs and English-language learners. First 5 California funds

nine demonstration projects in nine counties (see Appendix A). In FY 07/08, PoP demonstration projects served 14,329 children: 54 percent Latino and 33 percent English-language learners. Since its inception in FY 05/06, PoP has served 21,617 participants.

First 5 California reimburses counties based on teacher qualifications and the number of children served. This program is unique in that it is the only state-funded program that reimburses based on teacher qualifications. In FY 07/08, First 5 California expended \$3.6 million to fund the PoP program. Counties may combine First 5 California funding with other state, federal, county, or private funding.

PoP provides children with:

- Health and developmental screenings, assessments and follow-ups
- School readiness curricula
- Nutritious meals and snacks
- Transition support for those entering preschool or kindergarten
- Family partnerships and support services

In June 2008, the RAND Corporation released a comprehensive statewide study of early care and education in California.¹ The study reviewed PoP demonstration projects in San Francisco and San Mateo counties finding that “attention to quality can pay off.” The RAND study found that these two counties demonstrate “that improvements are possible when quality is emphasized, the technical support needed to get to the highest quality level is supplied, and a financial reward (through higher reimbursement rates) for achieving higher quality is available.”

Data from all PoP sites in FY 07/08 indicate that:

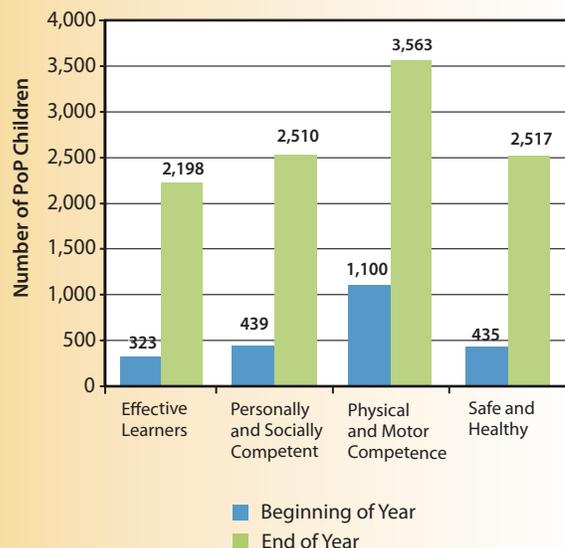
- Preschools are high quality: classroom environmental assessments rate an average of 5.5 out of a possible score of seven

- Teachers are well qualified: 46 percent are Master Teachers with Bachelor’s or higher degrees in early childhood education

PoP requires participating counties to use the Desired Results Developmental Profile-Revised (DRDP-R), a comprehensive assessment tool, to evaluate enrollees’ progress. Children progress through five DRDP-R developmental levels, from lowest (Not Yet at First Level) to highest (Integrating). In FY 07/08, participating PoP counties submitted DRDP-R data for 39 percent of all PoP enrollees (5,600 of 14,329). As depicted in Exhibit 4, pre- and post-program data show the number of children at the Integrating level increased by:

- 681 percent for Effective Learners
- 572 percent for Personally and Socially Competent
- 324 percent for Physical and Motor Competence
- 578 percent for Safe and Healthy

EXHIBIT 4: Power of Preschool—Integrating Level Change in FY 07/08



¹ *Prepared to Learn: The Nature and Quality of Early Care and Education of Preschool-Age Children in California*, RAND Corporation, June 2008.

SPECIAL NEEDS PROJECT

The Special Needs Project (SNP) seeks to identify children with disabilities and other special needs at an early age and provide those identified with the appropriate support so they can be successful when entering kindergarten. SNP sites use and disseminate best practices for serving these children and their families to ensure these young children are included in appropriate child care and community settings.

SNP targets children and families from First 5 SR program sites in 10 counties (see Appendix A). SR sites are in communities with schools scoring in the lowest three API deciles statewide. Because children in this at-risk population often receive screenings later than other children, the SNP seeks to identify children with special needs in these communities as early as possible. In FY 07/08, the SNP demonstration sites screened about 3,500 children: approximately 43 percent of the children screened were under age three; 81 percent were Latino; and 77 percent spoke Spanish at home.²

County commissions must contribute at least one dollar for every First 5 California dollar they receive for the SNP. First 5 California expended \$2.4 million to support the SNP in FY 07/08. SNP funding supports an array of services including screening children to identify those with special needs or at-risk of developing special

² Based on data reported by 9 out of 10 participating counties.



needs, referral of children with special needs or risk factors for services as appropriate, and coordination of services.

The SNP sites work with partner agencies to create and implement a comprehensive screening, assessment, and referral system. Examples of partner agencies include early care and education agencies, community-based organizations, public health departments, regional centers, early intervention agencies and providers, school district and county offices of education, special education departments, and medical providers.

The SNP sites use a comprehensive protocol consisting of a health screening and three validated screening instruments:

- Ages and Stages Questionnaire (ASQ)
- ASQ: Social-Emotional
- Parenting Stress Index – Short Form

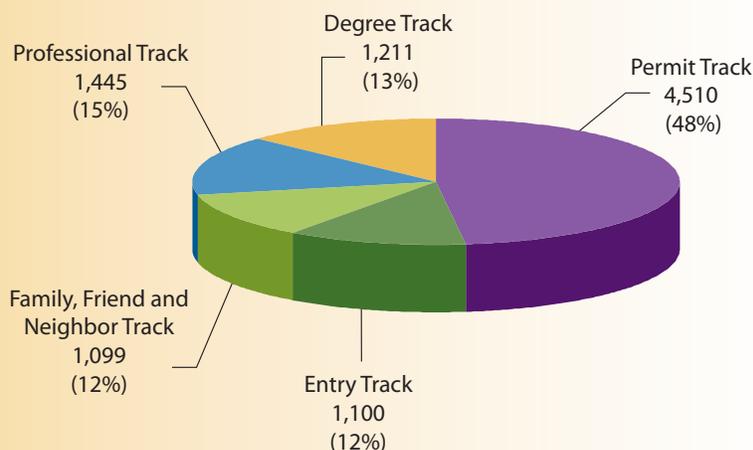
Child Study Teams at each site interpret and analyze the children's and families' scores on the screening tools to determine if they have developmental delays or risk factors for developmental delays.

COMPREHENSIVE APPROACHES TO RAISING EDUCATIONAL STANDARDS

Comprehensive Approaches to Raising Educational Standards (CARES) encourages education and stability in the Early Care and Education (ECE) workforce through incentives and supports to increase the education level of family child care providers and center-based teaching staff and directors.

The program targets ECE staff including home-based, licensed and license-exempt Family Child Care (FCC) providers, FCC assistants, and center-based staff in public and private child care programs in participating counties. CARES gives priority to participants from SR communities, as well as areas with a low supply of licensed child care providers or facilities.

EXHIBIT 5: Comprehensive Approaches to Raising Educational Standards—Distribution of Caregivers by Training Track for FY 07/08



In FY 07/08, 44 counties participated in the CARES program providing services to 9,365 caregivers seeking to further their child development education (see Appendix A). Program participants improved their education by Degree Tracks, with the largest number of these individuals being in the Permit Track (4,510). County commissions contributed two or four dollars for every First 5 California dollar they received for the CARES program. First 5 California expended \$6.6 million to support CARES in FY 07/08.

First 5 California’s 2008 *CARES Statewide Retention Study* surveyed current and former participants to assess the impact of the CARES

First 5 California targets these populations because research demonstrates that a high percentage of children under age five are in non-parental care while parents are at work. Research further suggests that teachers with specialized training in child development or those with Bachelor’s degrees provide young children with the best preparation to succeed.

Local programs provide training and support to caregivers along a continuum of care, which includes the following five tracks: Family, Friend and Neighbor (FFN); Entry; Permit; Degree; and Professional. Participants can advance in tracks based on licensing, level of education, and previous CARES progress. Exhibit 5 illustrates the distribution of CARES participants by track in FY 07/08. A key component of the CARES program is the provision of stipends and incentives to CARES participants to pursue education and training along this continuum.

program on retention, participant satisfaction, perceived benefits, and future participation in CARES and the child care field. Survey outcome data show new participants are more satisfied with CARES, attributed more benefits and career advancements to CARES, and are more likely to continue participation in the program than other respondents. Overall, Latino participants expressed the greatest level of satisfaction and attributed the greatest program benefits and career advancements to CARES. Most respondents indicated that they would “Probably” or “Definitely” stay in the child care field in the next five to 10 years. While this survey confirms previous studies indicating those most likely to remain in the field have lower levels of educational attainment, it also tells us that CARES supports those most in need of additional education.

HEALTH ACCESS

The objective of Health Access is to ensure that all children in participating counties are insured and have access to quality medical, dental, and vision care services. First 5 California provides funds to assist with the insurance premiums for Healthy Kids, an expanded health insurance program administered by county coalitions known as Children's Health Initiatives (CHIs).

Health Access targets children who are ineligible for Medi-Cal or Healthy Families, and who have a family income at or below 300 percent of the federal poverty level, regardless of immigration status.

In FY 07/08, 23 counties participated in Healthy Kids providing an estimated 15,670 children ages 0 to 5 with health insurance (see Appendix A). County commissions must contribute at least four dollars for every First 5 California dollar they receive for the Health Access project. First 5 California provided \$3 million to support Health Access in FY 07/08.



"With an estimated average hospital cost of \$7,000 per child, the study estimates total savings at \$7.35 million per year."

A December 2007 research study examined preventable hospitalization rates pre- and post-insurance for nine CHIs. This study found that the presence of insurance contributed to a reduction of 1,050 preventable hospitalizations per year, over six years. With an estimated average hospital cost of \$7,000 per child, the study estimates total savings at \$7.35 million per year.

A PLACE OF OUR OWN AND LOS NIÑOS EN SU CASA

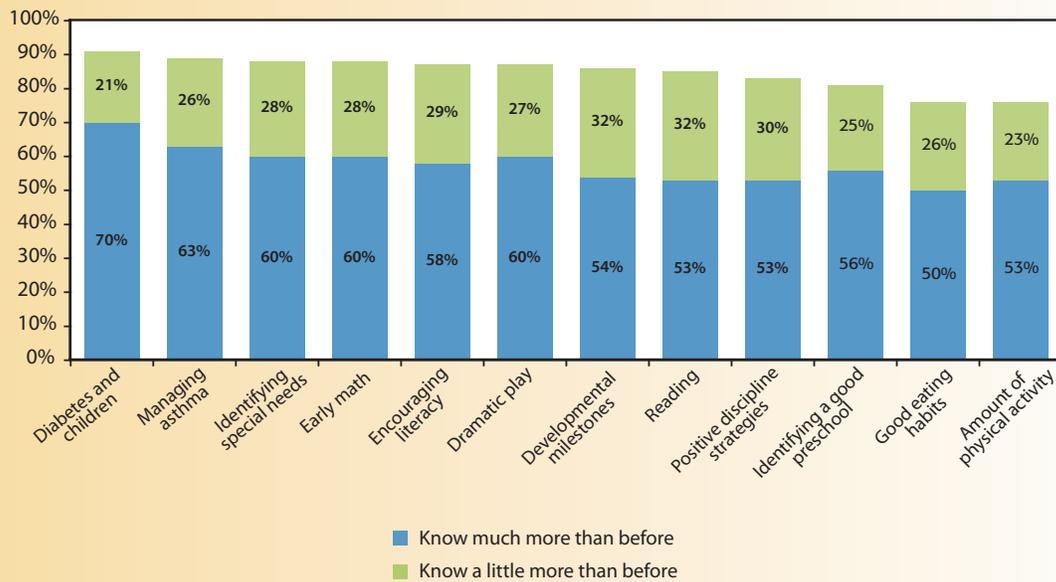
First 5 California sponsors two daily public broadcasting educational television shows: *A Place of Our Own* and *Los Niños en Su Casa*. These shows impart curriculum-based early learning teaching strategies and child development information to parents and home-based providers. These programs improve child care providers' knowledge and practice so that they can provide more nurturing and stimulating environments for the children in their care.

KCET, Los Angeles' local PBS station, developed the programs using a culturally and regionally diverse team of advisors with expertise in early childhood development including early literacy, special needs, pediatrics, learning, and play. Advisors also provided Spanish language, media diversity, and adult literacy expertise. Their recommendations reflect best practices for educating home-based caregivers. KCET used focus groups and input from First 5 California staff to refine production ideas and content.

Each week, the series reaches an average of 469,000 diverse households (667,000 viewers) statewide. The viewers of *A Place of Our Own* include: 67 percent Latinos; 10 percent African Americans; 63 percent with a high school degree or less; and 64 percent with household incomes less than \$40,000. In comparison, viewers of *Los Niños en Su Casa* include: 83 percent Latinos; 7 percent African Americans; 52 percent with a high school degree or less; and 54 percent with household incomes less than \$40,000.

In addition to the daily educational television shows, First 5 California supports comprehensive Web sites in English and Spanish, print and DVD materials, and multilingual educational workshops to support the series. In FY 07/08, we reached 1,339 child care providers and nearly 6,000 children through community outreach workshops. First 5 California provided \$2 million to support *A Place of Our Own* and *Los Niños en Su Casa* in FY 07/08.

EXHIBIT 6: Percent of Providers Who “Know More” After Viewing *A Place of Our Own* or *Los Niños en Su Casa*, by Topic Area



An assessment conducted during the first three years of production found viewers reported increased knowledge in each of the topic areas tested, positive changes in their approaches to discipline and food purchases, and increased sensitivity to the needs of the children in their care. Child care providers and parents also reported that the series provided valuable information and that they would recommend the series to others.

MIGRANT AND SEASONAL FARM WORKERS PROJECT: MIGRANT EDUCATION EVEN START

The Migrant Education Even Start (MEES) program strives to ensure that migrant students are ready to meet California’s challenging educational standards upon entering kindergarten. MEES provides parenting skills and early childhood education services through both home- and center-based programs.

MEES targets migrant farm worker families with children ages 0 to 7. Due to these families’ migrant work and lifestyles, their children might otherwise go without preschool services and their parents might not receive parent education services.

In FY 07/08, MEES programs operated within migrant communities in 44 counties³ and reached 5,323 children and 5,379 parents at 174 sites. First 5 California expended \$1.8 million to support MEES in FY 07/08.

³ Migrant Education Even Start operates in the following counties: Alameda, Butte, Colusa, Contra Costa, Del Norte, Fresno, Glenn, Imperial, Kern, Kings, Lake, Los Angeles, Madera, Marin, Mendocino, Merced, Modoc, Monterey, Napa, Orange, Placer, Riverside, Sacramento, San Benito, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Tulare, Ventura, Yolo, and Yuba.

A 2007 MEES evaluation used *The Brigance Developmental Screens* to assess participants' school readiness. The Brigance tool assesses early childhood general knowledge and comprehension, speech and language skills, gross motor skills, fine motor skills, and number knowledge. 2007 evaluation findings showed:

- Pre- to post-program developmental screening scores increased from 61 to 82 percent.
- Pre- to post-program at-risk developmental screening scores decreased from 74 to 44 percent.
- Participants scored higher in average score and lower in the "at-risk" category than their same-age comparison counterparts.

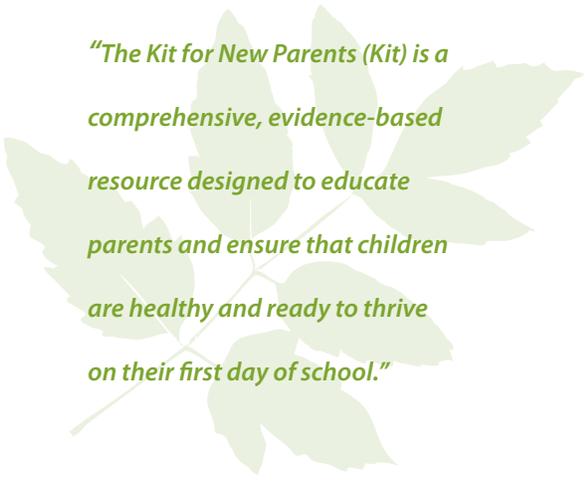
KIT FOR NEW PARENTS

The *Kit for New Parents (Kit)* provides expecting parents, parents with children ages 0 to 5, and their caregivers with a resource to improve their parenting skills and enhance their understanding of children's needs. The *Kit* is a comprehensive, evidence-based resource designed to educate parents and ensure that children are healthy and ready to thrive on their first day of school. Currently, the *Kit for New Parents* is available in English and Spanish.

First 5 California distributes the *Kit* to each county based on its number of annual births. First 5 county commissions coordinate the distribution of the *Kit*. In FY 07/08, First 5 California distributed 434,678 *Kits* to the public and the 58 county commissions for distribution at the local level: 63 percent in English and 37 percent in Spanish. English-speaking individuals may also request a *Kit* from First 5 California by calling 1-800-KIDS-025 and Spanish speakers may call 1-800-50-NINOS. In FY 07/08, these 800 numbers dispersed 7,308 *Kits*: 75 percent in English and 25 percent in Spanish.

First 5 California expended \$9.3 million to support the *Kit* in FY 07/08. First 5 California covers the cost of each basic *Kit*, which includes:

- A celebrity-hosted DVD covering topics such as oral health, nutrition, child care, and safety and discipline; VHS tapes are also available upon request
- *A Parent's Guide* filled with tips and up-to-date information on local resources and services
- *What to Do When Your Child Gets Sick*, an easy-to-read book that answers many questions parents have regarding their child's health and common illnesses
- *Puppy and Friends (Baby's First Book)*, an interactive reading experience for parents and children to enjoy together
- *Obesity Prevention* guides
- *Healthy Families* leaflet, Poison Control magnet, *Healthy Teeth Begin at Birth* brochure, and *Paid Family Leave* brochure
- *Smoke-Free Cars* flyer notifying drivers of a newly enacted state law prohibiting smoking in all vehicles when a child under age 18 is present, a collaboration between First 5 California and the California Department of Public Health



"The Kit for New Parents (Kit) is a comprehensive, evidence-based resource designed to educate parents and ensure that children are healthy and ready to thrive on their first day of school."

The most recent *Kit* evaluation found that the majority of parents and caregivers who received the *Kit* indicated it changed their thinking or behavior in critical areas including:

- Child safety practices (76 percent)
- Ideas on how to help their baby learn (72 percent)
- Tips for feeding their baby solid food (71 percent)
- Breastfeeding tips (58 percent)

Additionally, the evaluation showed that mothers using the *Kit* demonstrated improved parenting skills and a greater understanding of their child's needs.

FIRST SMILES

First Smiles consists of two components: training for dental and medical professionals, and consumer education. The objective of these efforts is to improve the prevention, detection, and treatment of dental disease in low-income children, including children with disabilities and other special needs.

First Smiles provides training and education materials to medical and dental providers, as well as to child development professionals. In addition, First Smiles disseminates oral health educational materials through community-based organizations that have significant interaction with parents.

The California Dental Association Foundation and Dental Health Foundation provide in-person one-hour, two-hour, and full-day training sessions throughout California. Providers host on-site trainings at offices, during meetings, and at conferences. Providers can also participate in a home-study correspondence course or access online training through the First Smiles Web site at www.first5oralhealth.org.

Between February 2004 and February 2008, 15,230 California dental and other healthcare



providers attended a First Smiles training session. Participants were more racially diverse than the population of medical and dental providers statewide. Approximately 40 percent of these medical providers and 22 percent of dental providers had offered services in SR areas. First 5 California expended approximately \$1.1 million to support First Smiles in FY 07/08.

The final evaluation of First Smiles showed that of the more than 15,000 dental and health professionals who received training, the average participant “agreed” or “mostly agreed” that they learned new information or skills including:

- The practice of medical providers referring patients to dentists and including oral health in assessments
- General dentists' skills in conducting exams to accommodate children with special needs and very young children
- Communication with parents to provide education and guidance about their child's oral health



LOW INCOME INVESTMENT FUND CONSTRUCTING CONNECTIONS

The Low Income Investment Fund (LIIF) Constructing Connections is one of four Affordable Buildings for Children's Development Initiative (ABCD) strategies designed to promote and support the development of quality child care facilities and spaces. Constructing Connections develops centralized community-based systems, resources, and expertise to increase the number of child care facilities throughout California. In FY 07/08, First 5 California provided \$1.1 million to support Constructing Connections.

Constructing Connections coordinates and delivers technical assistance, training, knowledge, and funding to support child care facilities development through 10 demonstration lead agencies in 11 counties.⁴ The lead agencies provide child care operators with in-depth coaching, training, and tools to overcome local policy and knowledge barriers in facilities development and construction. First 5 California funds

Constructing Connections' development activities, bringing together child care providers, community planners and developers, financial institutions and small business leaders, child advocates, educators, and other local stakeholders to plan and support development of child care spaces.

According to the program's January 2008 evaluation report, ABCD has leveraged more than \$86 million in resources in the creation or renovation of child care facilities and spaces. During FY 07/08, Constructing Connections assisted in creating 3,365 new child care spaces. Since its inception in August 2004, Constructing Connections has supported a total of 7,865 new child care spaces with an additional 8,130 child care spaces under development. When the spaces under development are complete, ABCD will have met its overall goal of 15,000 spaces by 2010.

Toward its larger goal of systems change in child care facilities development, the January 2008 evaluation reported Constructing Connections' sites have greatly expanded community support and stakeholder involvement in the complex processes of developing child care facilities.

"Since its inception in August 2004, Constructing Connections has supported a total of 7,865 new child care spaces with an additional 8,130 child care spaces under development."

⁴ Constructing Connections operates in the following counties: Amador, Calaveras, Kern, Los Angeles, Merced, Orange, Riverside, Sacramento, Santa Barbara, Solano, and Ventura.

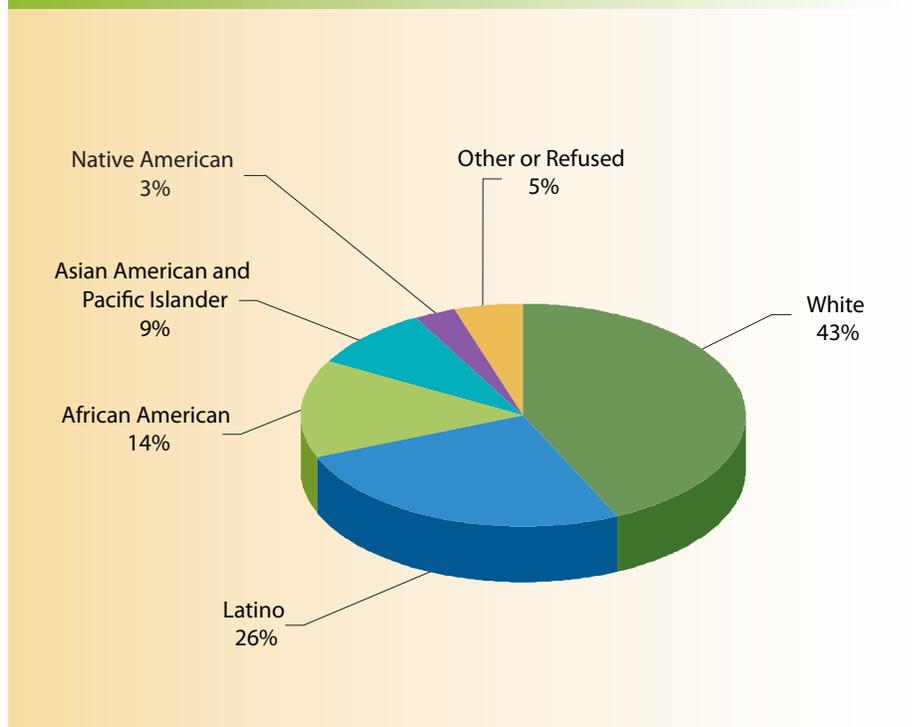
CALIFORNIA SMOKERS' HELPLINE

The California Smokers' Helpline helps individuals and families quit smoking by providing one-on-one telephone counseling, self help materials, and referrals to local resources through a toll-free helpline, 1-800-NO-BUTTS. Helpline counselors follow scientifically validated protocols proven to double callers' odds of successfully quitting. Caring staff who are fully trained to provide effective tobacco cessation support deliver these protocols. All services are available in English, Spanish, Mandarin, Cantonese, Korean, and Vietnamese.

Tobacco use among pregnant women is the leading preventable cause of infant mortality and secondhand smoke can lead to lifelong health problems for children. Quitting smoking while pregnant or while raising young children can be very challenging. In FY 07/08, First 5 California disbursed nearly \$1 million to the Helpline for development of specialized counseling protocols and materials to give pregnant women, parents, and caregivers of young children the support they need to successfully quit.

In FY 07/08, a total of 31,410 people called the Helpline for assistance, including 20 percent who were either pregnant or caring for a child age 0 to 5. Fifty-six percent of "First 5 callers" had Medi-Cal coverage and 22 percent had no insurance at all, indicating the low socioeconomic status of the

EXHIBIT 7: California Smokers' Helpline—Ethnicity of Callers in FY 07/08



people being served. In addition, 14 percent called the Helpline's Spanish-language line and 6 percent called one of four Asian-language lines, supporting the continued need for multilingual, multicultural services to help California's families quit smoking. As shown in Exhibit 7, over half of Helpline callers in FY 07/08 were of ethnic minority backgrounds.

The Helpline is a collaborative effort with the California Department of Public Health and is operated by the University of California, San Diego. First 5 California provided \$1 million to support the Helpline in FY 07/08.

For more information about First 5 California go to www.first5california.com.



4

FIRST 5 COUNTY COMMISSION PROGRAM FOCUS AREAS



In 2005, the First 5 California State Commission adopted guidelines requiring counties to report data related to four areas: family functioning, child development, child health, and systems of care (see Appendix B). This chapter includes data summarizing how First 5 county commissions spent their local and First 5 California funds in relation to these four focus areas.

0 to 5 and 426,366 services to parents, guardians, primary caregivers, relatives, and providers.

Exhibit 8 displays the number of services provided to children ages 0 to 5 in each family functioning service category and Exhibit 9 reflects the same information for parents, guardians, primary caregivers, relatives, and providers.

FAMILY FUNCTIONING

First 5 county commissions fund the following services to help improve family functioning:

- Adult education and literacy for parents
- *Kit for New Parents* distribution
- Family literacy
- General parenting education programs
- Behavioral, substance abuse, and other mental health services
- Community resource and referral services
- Provision of basic family needs (food, clothing and housing)
- Targeted intensive parent support services
- Other family functioning support services

In FY 07/08, First 5 provided 169,398 services to improve family functioning to children ages

EXHIBIT 8: Family Functioning—Number of Services Provided to Children Ages 0 to 5 by Service Category for FY 07/08

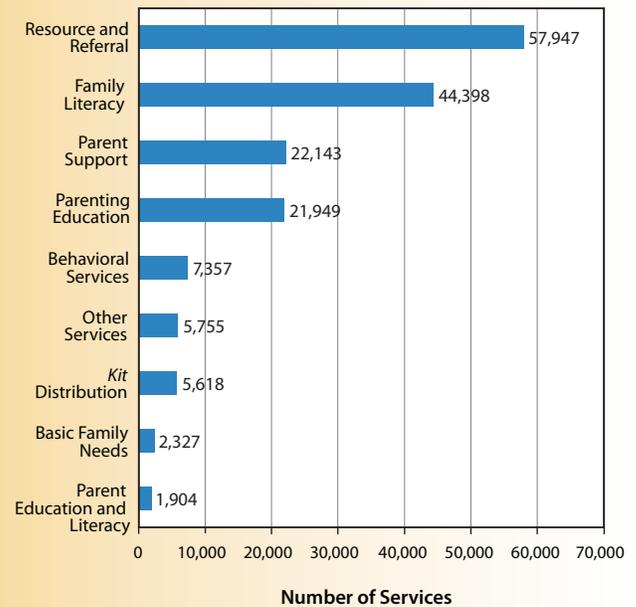
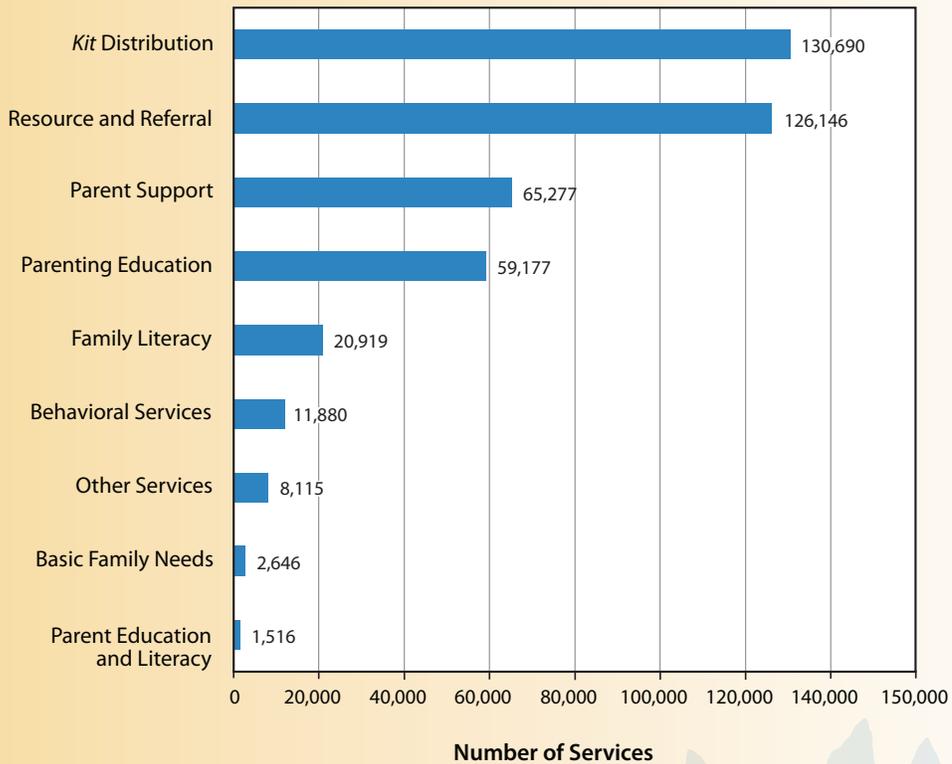


EXHIBIT 9: Family Functioning—Number of Services Provided to Parents, Guardians, Primary Caregivers, Relatives, and Providers by Service Category for FY 07/08



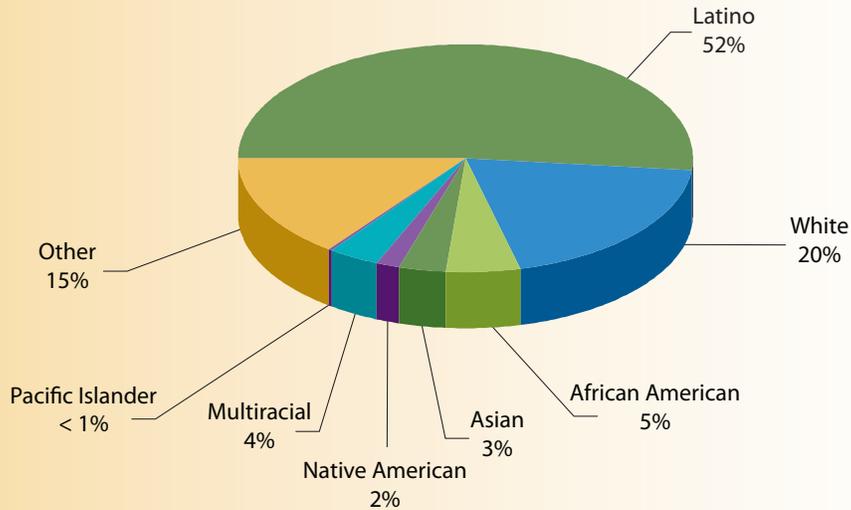
While children and adults from all ethnic groups received services, for those reporting an ethnicity, Latinos were the largest recipient group (see Exhibit 10). For children reporting a primary language, services were provided to Spanish speakers 41 percent of the time and English speakers 55 percent of the time.

In FY 07/08, county commissions expended \$80 million to improve family functioning. Exhibit 11 shows the distribution of expenditures by service category. Schools and educational institutions, 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 12 displays expenditures by provider type for each service category. Community-based agencies received 59 percent of all family functioning expenditures in FY 07/08.

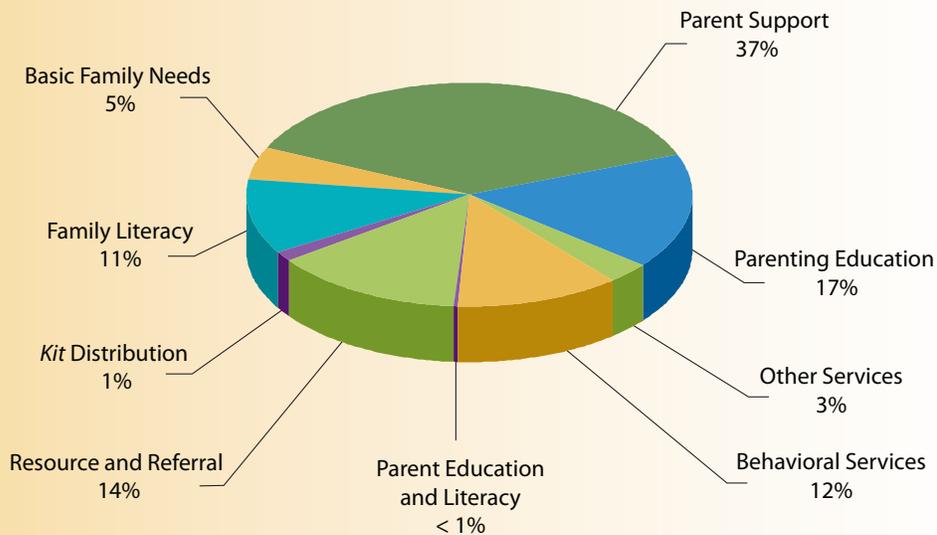
First 5 county commissions provide a wide array of programs designed to meet the unique needs of their communities. Each county commission evaluates its programs to determine whether they are making an impact on the population the county serves. For purposes of illustration, Imperial County’s Children and Families

EXHIBIT 10: Family Functioning—Services Provided to Children by Ethnicity for FY 07/08



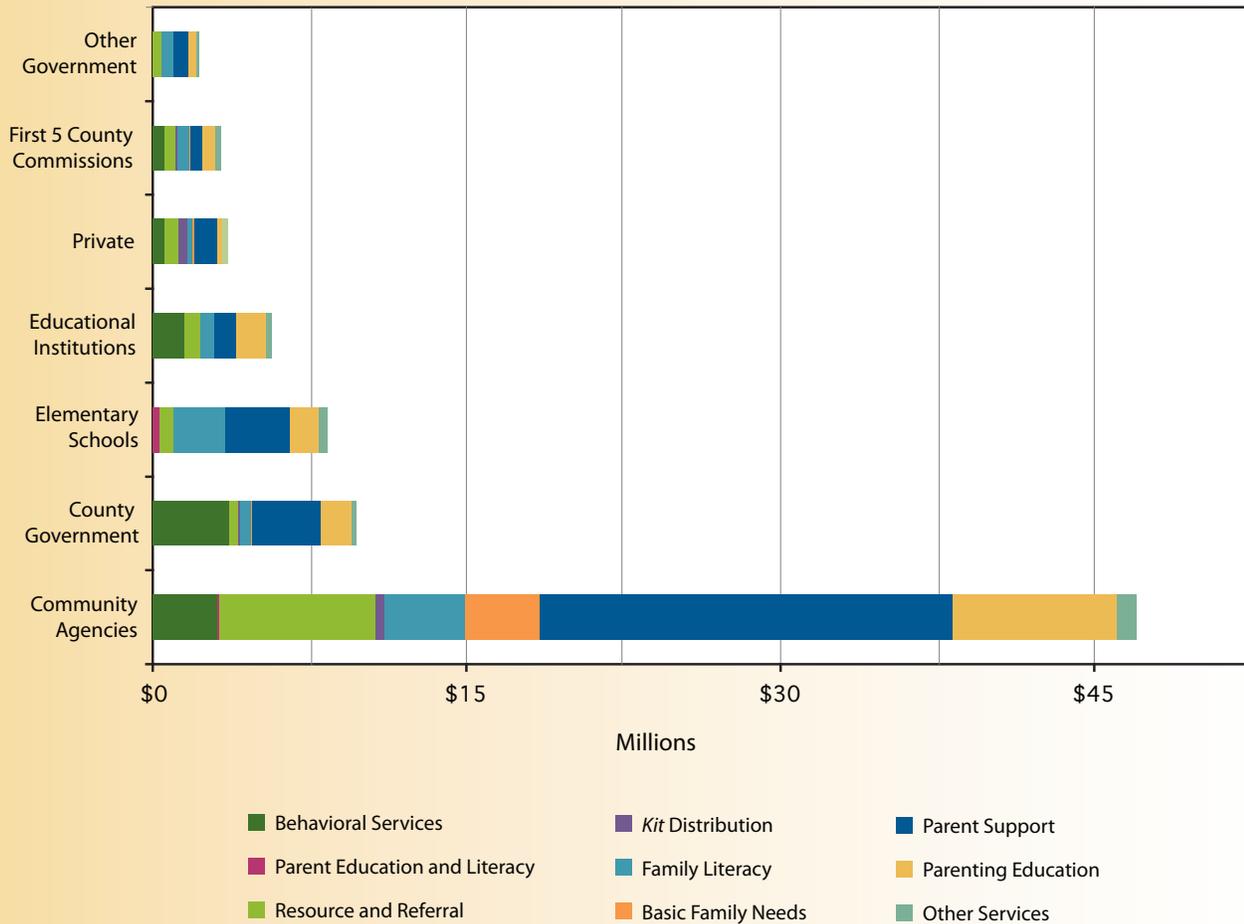
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EXHIBIT 11: Family Functioning—Distribution of Expenditures by Service for FY 07/08



The percentages in this chart may not add to 100 due to rounding.

EXHIBIT 12: Family Functioning—Expenditures by Provider and Service Category for FY 07/08



Commission and First 5 Santa Clara County’s family functioning evaluation results are presented below.

Imperial County’s Children and Families Commission promotes child safety through parent education. In FY 07/08, the Child Abuse Prevention Council worked to include 287 parents with children ages 0 to 5 in Systematic Training for Effective Parenting classes which are part of its Little Steps/Giant Steps Project. The eight to 12 week classes are focused on educating parenting teens, single parent households, parents with newborns, women with

young children identified as living in shelters, and blended families. As a result of participation in the Little Steps/Giant Steps Project, 81 percent of parents with young children revealed that they are using more strategies learned through parenting classes and generally have a better understanding of parenting principles.

In order to improve family functioning, First 5 Santa Clara County’s home visiting program addresses parents’ concerns about their children’s developmental competencies. Home visitation evaluation tools include family case studies, family intake and

follow-up interviews, and pre- and post-surveys of parenting skills. Interview data collected at the commencement of First 5 home visitation services from 150 participants demonstrated that a large proportion of parents had concerns about their children's developmental competencies. Intake and follow-up interviews showed that parental concerns decreased after visitation. The proportion of parents concerned about their children's:

- speech decreased by 13 percent
- behavior decreased by 11 percent
- abilities in comparison to other children decreased by 13 percent
- emotional well-being decreased by 14 percent

In addition, pre- and post-surveys showed improvements in parenting skills, with the proportion of parents engaged in positive parenting practices increasing by:

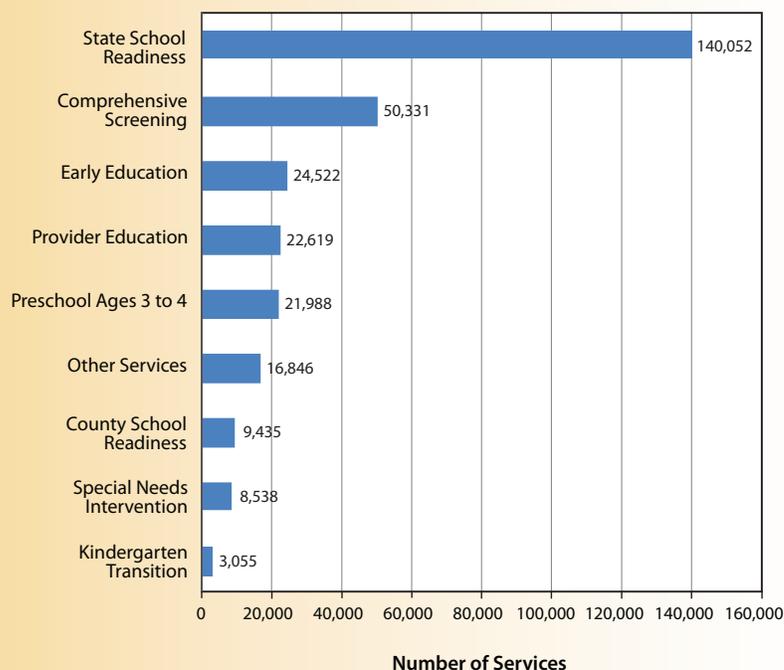
- 11 percent for those who regularly read to their children
- 14 percent for those who tell stories and sing songs

In addition, the number of children ages three through five attending preschool increased from 54 percent to 70 percent.

CHILD DEVELOPMENT

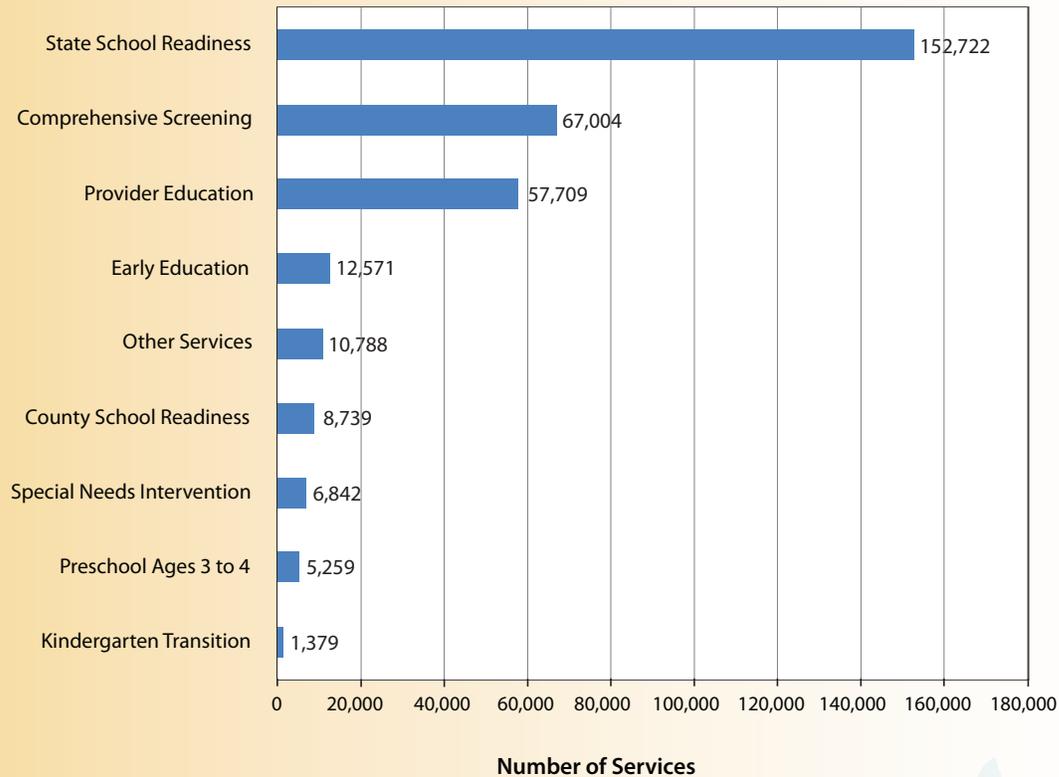
First 5 county commissions fund the following services to help improve child development:

EXHIBIT 13: Child Development—Number of Services Provided to Children Ages 0 to 5 by Service Category for FY 07/08



- Preschool for three- and four-year olds
- State School Readiness programs and local match
- Local school readiness
- Early education programs for children (other than School Readiness and preschool for three-and four-year olds)
- Kindergarten transition services
- Comprehensive special needs screening and assessments
- Targeted intensive intervention for children identified with special needs
- Early education provider programs
- Other child development services

EXHIBIT 14: Child Development—Number of Services Provided to Parents, Guardians, Primary Caregivers, Relatives, and Providers by Service Category for FY 07/08



In FY 07/08, First 5 delivered 297,386 child development services to children ages 0 to 5 and 323,013 services to parents, guardians, primary caregivers, relatives, and providers. Exhibit 13 shows the number of services provided to children ages 0 to 5 in each child development service category and Exhibit 14 reflects the same information for parents, guardians, primary caregivers, relatives, and providers.

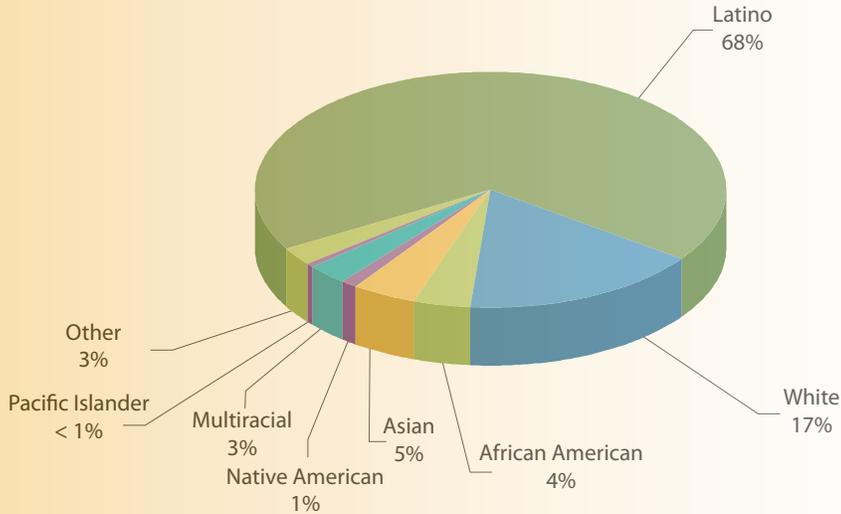
While children and adults from all ethnic groups received these services, for those reporting an

ethnicity, services were delivered to Latinos most often (see Exhibit 15). For those children reporting a primary language, 55 percent of services were delivered to those speaking Spanish and 40 percent to those speaking English.

In FY 07/08, county commissions expended \$251 million to improve child development. Exhibit 16 shows the distribution of expenditures by service category. Schools and educational institutions, community-based agencies, government agencies, private institutions, and First 5 county commissions

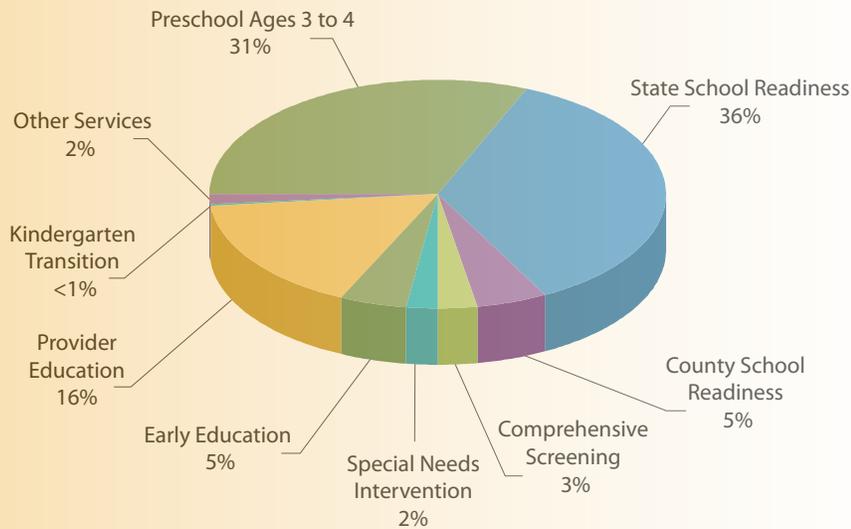


EXHIBIT 15: Child Development—Services Provided to Children by Ethnicity for FY 07/08



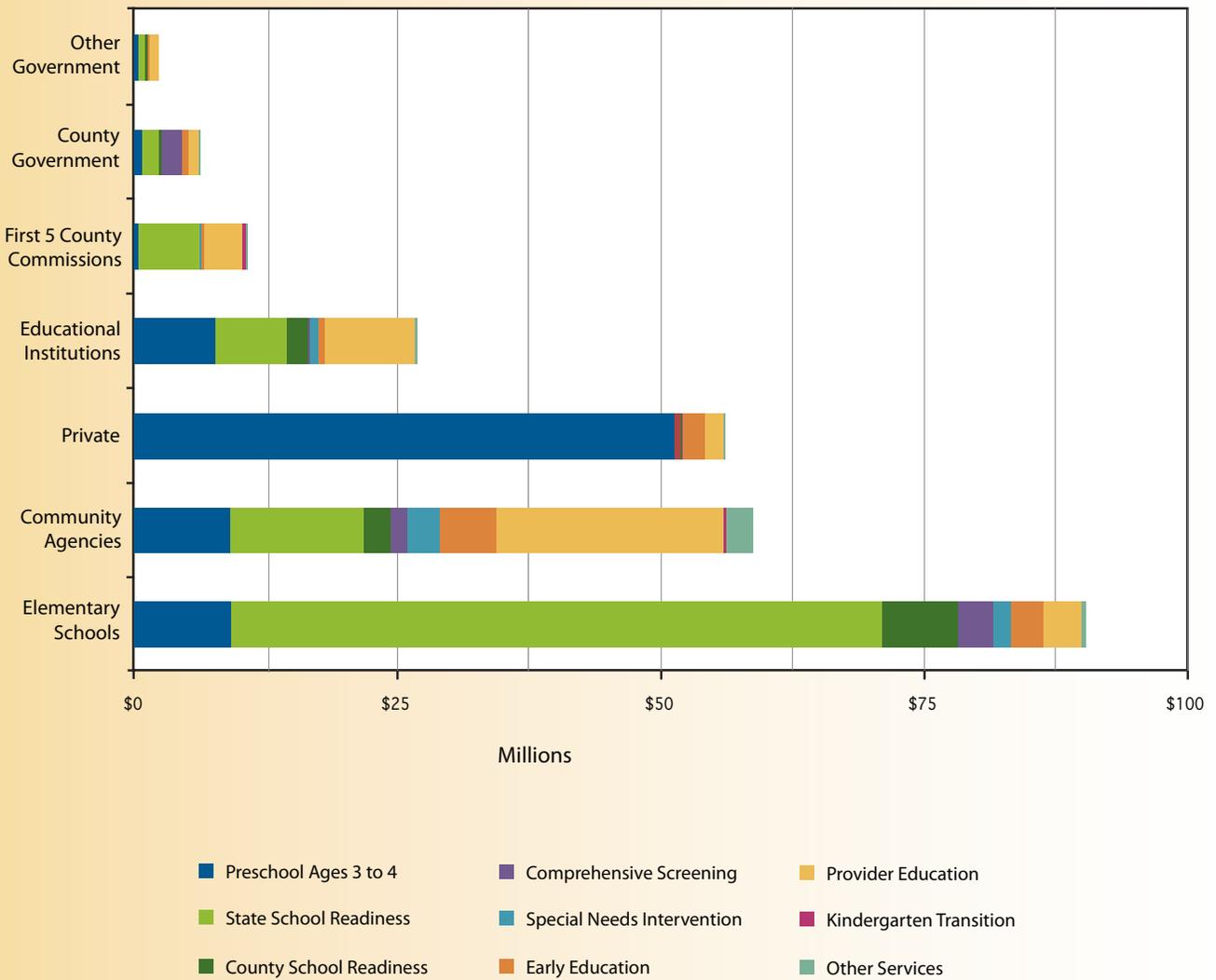
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EXHIBIT 16: Child Development—Distribution of Expenditures by Service Category for FY 07/08



The percentages in this chart may not add to 100 due to rounding.

EXHIBIT 17: Child Development—Expenditures by Provider and Service Category for FY 07/08





provided services to children and adults in order to improve child development. Exhibit 17 shows provider expenditures by service category. In FY 07/08, elementary schools received 36 percent of all expenditures to improve child development.

First 5 county commissions provide a wide array of programs designed to meet the unique needs of each county. Each county commission evaluates its programs to determine whether they are making an impact on the population the county serves. By way of illustration, First 5 Madera County's and First 5 Santa Barbara County's child development evaluation results are highlighted below.

First 5 Madera County funds the Alpha 1 Preschool program targeting services to at-risk children who demonstrate speech delays, behavior issues, or have other special needs. In FY 07/08, the program used the Desired Results Developmental Profile-Revised (DRDP-R) tool to assess participant school readiness. The DRDP-R assesses four school readiness domains at five developmental levels: not yet a first level; exploring; developing; building; and integrating. Pre- and post-program DRDP-R assessments showed that the number of participants at the building and integrating levels

improved by 30 percentage points, from 47 percent to 77 percent.

Research shows that increased vocabulary is linked to improved school readiness. First 5 Santa Barbara County used the Peabody Picture Vocabulary Test (PPVT) to assess vocabulary skills of children enrolled in its preschool program. The PPVT measures expressive and receptive vocabulary acquisition using age equivalent scores. In the 7.5 months between PPVT assessments, children's vocabulary grew by approximately 12.24 months or 1.54 months for every month the child aged.

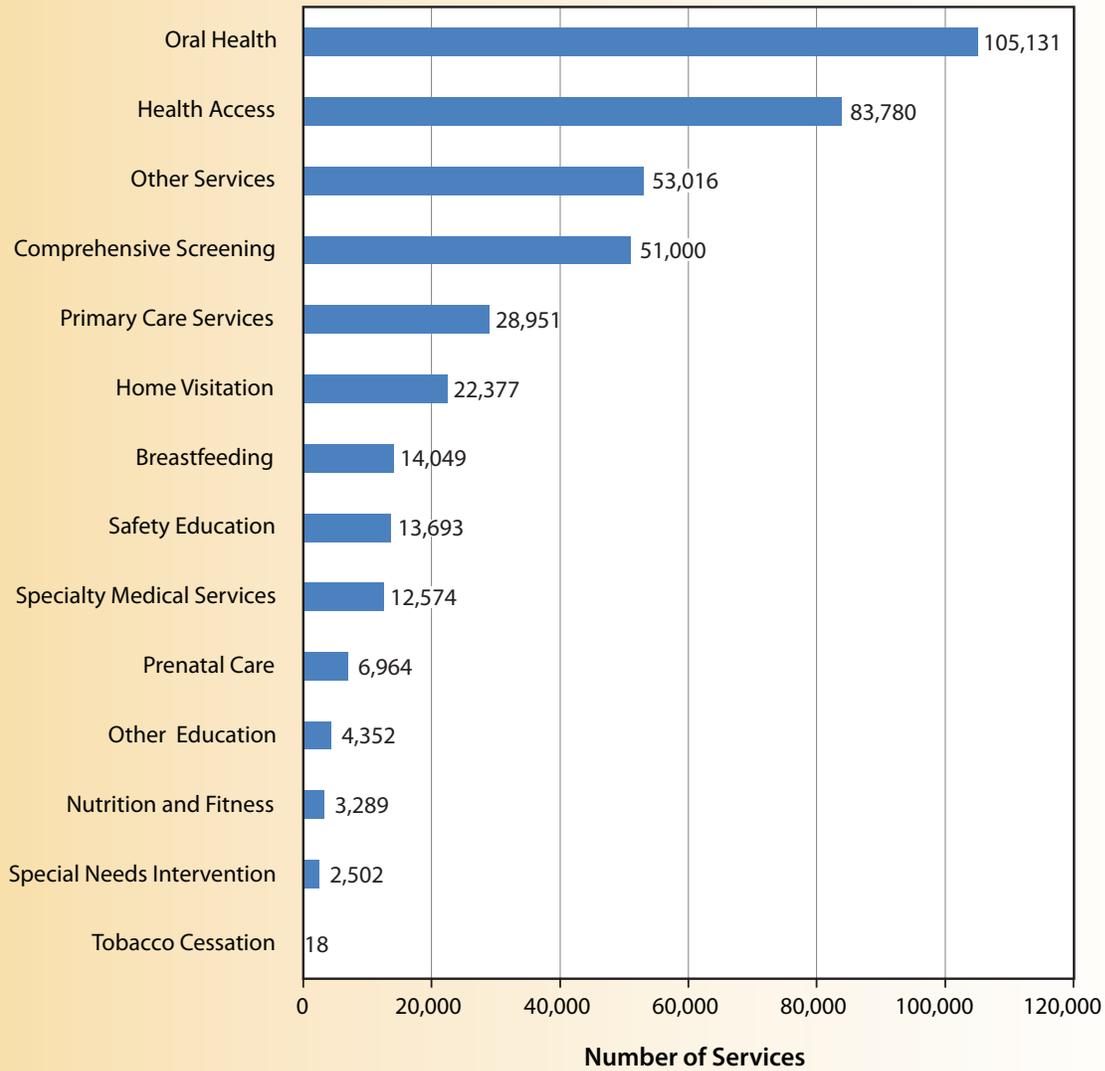
CHILD HEALTH

First 5 county commissions fund the following services to help improve children's health:

- Breastfeeding assistance
- Nutrition and fitness
- Other health education
- Health access
- Home visitations for newborns
- Safety education, and intentional and unintentional injury prevention
- Oral health
- Prenatal care
- Primary care services
- Comprehensive special needs screening and assessments
- Targeted intensive intervention for children identified with special needs
- Specialty medical services
- Tobacco cessation education and treatment
- Other health services

In FY 07/08, First 5 provided 401,696 services designed to improve child health to children

EXHIBIT 18: Child Health—Number of Services Provided to Children Ages 0 to 5 by Service Category for FY 07/08



ages 0 to 5 and 360,013 services to parents, guardians, primary caregivers, relatives, and providers. Exhibit 18 shows the number of services provided to children ages 0 to 5 for each child health service category and Exhibit 19 reflects the same information for parents, guardians, primary caregivers, relatives, and providers.

While children and adults from all ethnic groups received services, for those reporting an ethnicity, services were most commonly provided to Latinos (see Exhibit 20). For children who reported a primary language, services were delivered to those speaking Spanish 51 percent of the time and English 44 percent of the time.

EXHIBIT 19: Child Health—Number of Services Provided to Parents, Guardians, Primary Caregivers, Relatives, and Providers by Service Category for FY 07/08

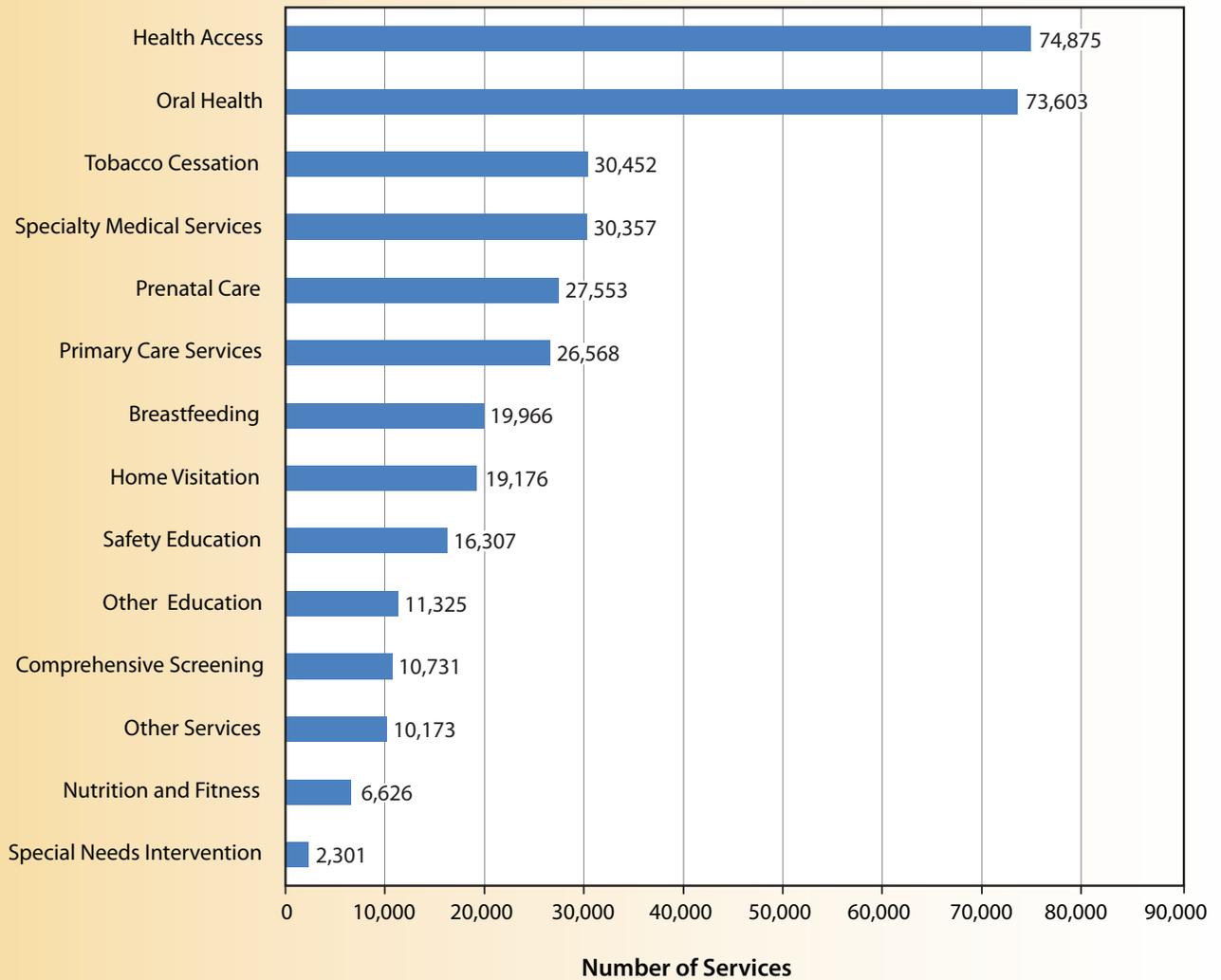
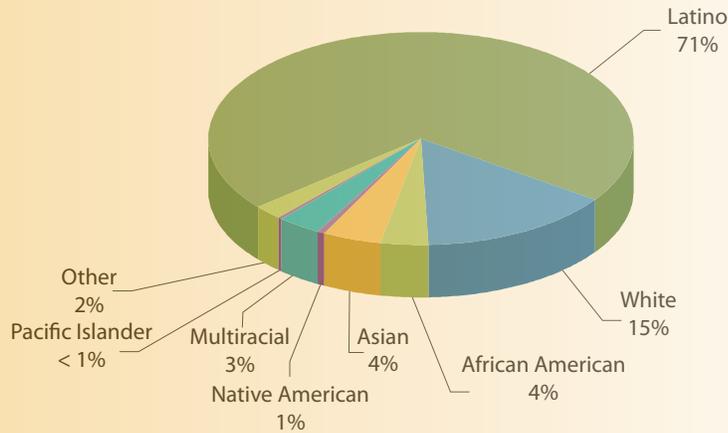
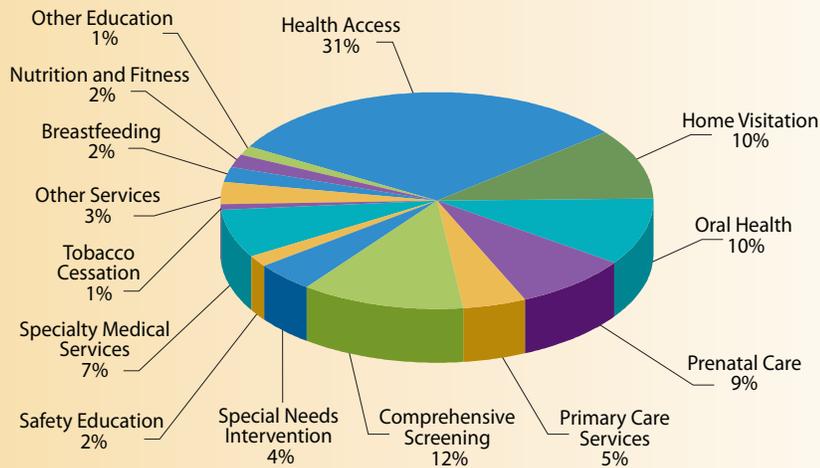


EXHIBIT 20: Child Health—Services Provided to Children by Ethnicity for FY 07/08



The percentages in this chart may not add to 100 due to rounding.

EXHIBIT 21: Child Health—Distribution of Expenditures by Service Category for FY 07/08



The percentages in this chart may not add to 100 due to rounding.

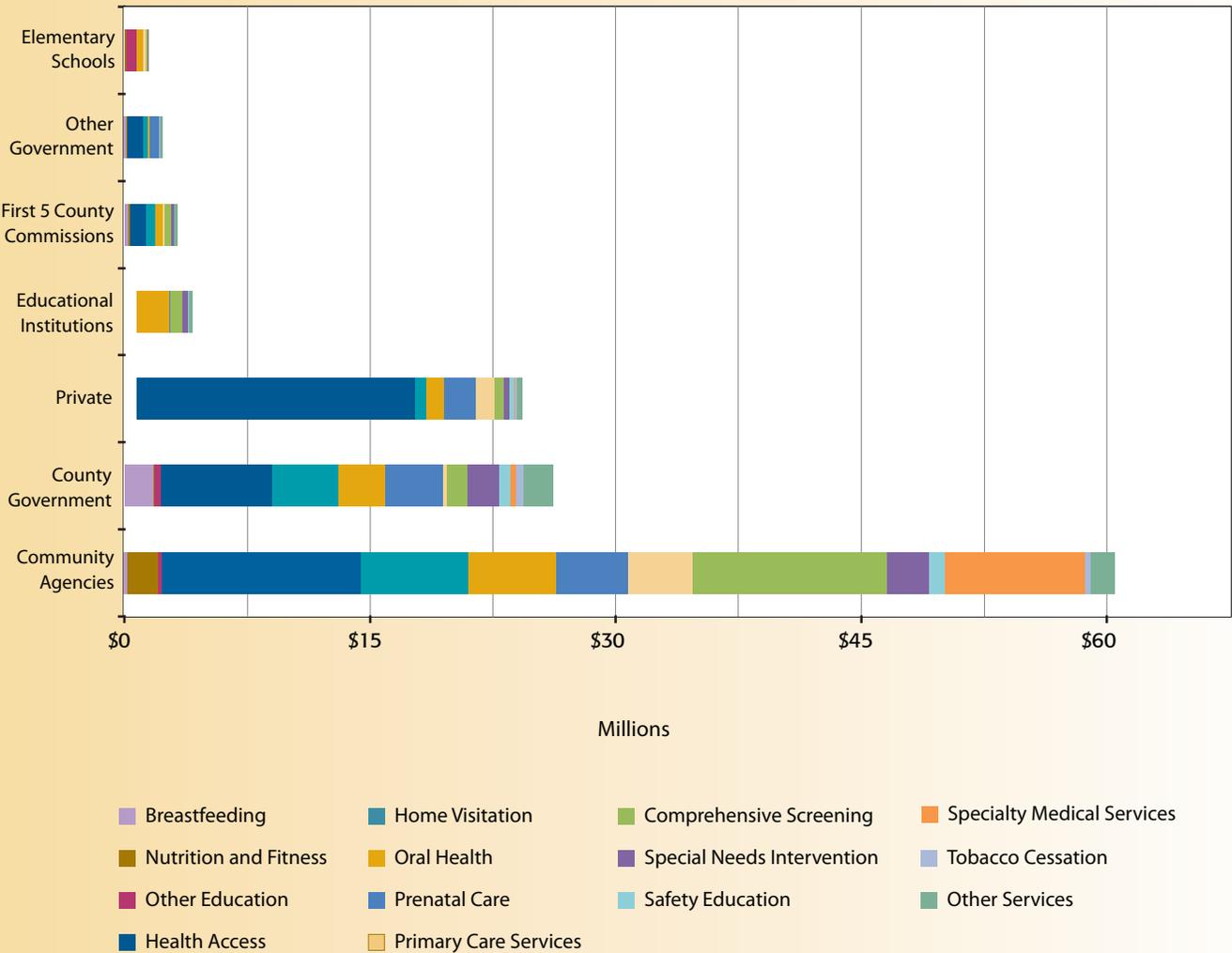
In FY 07/08, county commissions expended \$122 million to improve child health. Exhibit 21 shows the distribution of expenditures by service category. Schools and educational institutions, community-based agencies, government agencies, private institutions, and First 5 county commissions provided services to children and adults in

order to improve child development. Exhibit 22 shows provider expenditures by service category. Community-based agencies accounted for 50 percent of all expenditures to improve child health in FY 07/08.

First 5 county commissions provide a wide array of programs designed to meet the unique needs



EXHIBIT 22: Child Health—Expenditures by Provider and Service Category for FY 07/08



of each county. Each county commission evaluates its programs to determine whether they are making an impact on the population the county serves. For purposes of illustration, Kern County’s Children and Families Commission and the Children and Families Commission of Orange County’s child health evaluation results are presented below.

Kern County Children and Families Commission’s Children’s Dental Health Network (KCCDHN) provides free mobile dental services to children at their school by providing an oral screening and education, plaque level assessment, and fluoride and sealant application to preschool and kindergarten children. Since inception, KCCDHN has provided services to

more than 207 school sites in 18 communities throughout Kern County to children age 0 to 5. During FY 07/08, 5,657 children received oral health education in their classrooms.

Kern County used a plaque index (PI) to assess the change in the level of plaque between the initial visit and a follow-up visit for 138 randomly selected children. The plaque index is a percentage based on the number of tooth surfaces present and the number of tooth surfaces with plaque. This index ranges from zero to 100 percent, with 100 indicating a high level of plaque. The mean PI score at intake was 67 percent, dropping to 32 percent at follow-up. This represents a significant reduction in the children's plaque index.

The Children and Families Commission of Orange County funds Project Connections Family Resource Centers (FRC). The FRCs provide access to health care and insurance, health education, in-home support services, parenting classes, and a range of other services for pregnant women and families with children up to age five.

Orange County uses a Service Outcomes Questionnaire (SOQ) to assess the impact of its FRC services. As a result of the FRCs' guidance, the proportion of children ages 0 to 5:

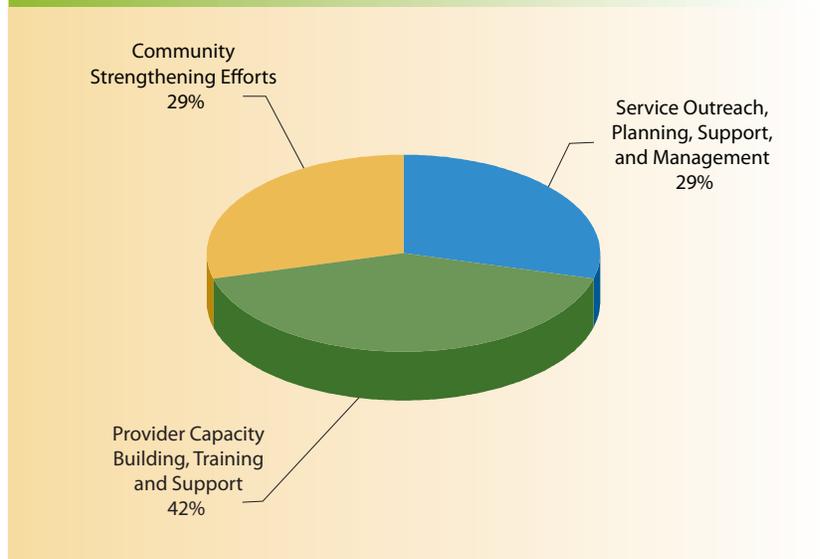
- Publicly insured increased by 25 percent
- With a medical home increased by 47 percent
- With all recommended immunizations increased by 27 percent

SYSTEMS OF CARE

First 5 county commissions fund the following services to help improve systems of care:

- Provider capacity building (training and support)

EXHIBIT 23: Systems of Care—Expenditures by Service Category for FY 07/08



- Community strengthening efforts (awareness and education events)
- Service outreach (planning, support, and management)

Systems of care improvements are designed to impact family functioning, child development, and health. Therefore, First 5 county commissions do not report systems of care service data. In FY 07/08, county commissions expended \$71 million to improve systems of care. Exhibit 23 displays how county commissions dispersed funds by service category.

Schools and educational institutions, community-based agencies, government agencies, private institutions, and First 5 county commissions provided services to children and adults in order to improve systems of care.

First 5 county commissions provide a wide array of programs designed to meet the unique needs of their communities. Each county commission evaluates its programs to determine whether it is making an impact on the population the county serves. For purposes of illustration, First 5 Monterey County's

and First 5 Siskiyou County's Children and Families Commission systems of care evaluation results are highlighted below.

In an effort to improve its systems of care, First 5 Monterey County hired a consultant to facilitate all its funding partners through a process to enhance sustainability. All funded partners participated in an organizational assessment to identify areas of greatest need in the pursuit of long-term sustainability. In addition, each funding partner created a sustainability plan. Results from a funded partner survey show that 90 percent of partners are somewhat or very likely to implement a sustainability plan as a result of First 5's assistance. In contrast, only 80 percent would have implemented a sustainability plan without First 5 assistance. The organizational assessment and ongoing capacity building support helped First 5's funded partners improve operations with:

- 76 percent reporting increased capacity to develop and implement evaluation plans, create and identify data collection instruments, collect and analyze data, and report findings
- 86 percent acquired the knowledge to do at least two of the following: adequately staff activities; successfully assess organizational structure; enhance management; and support the structure to carry out activities

Ninety percent of funded programs reported being moderately or very satisfied with the sustainability effort and 62 percent said the efforts had a good deal of impact or a lot of impact on their program.

First 5 Siskiyou County aims to improve service outreach through its Community and Family Resource Centers (CRCs). The highest priority for First 5 Siskiyou is to ensure that children and families throughout the county have access to services and support in order to nurture healthy children. First 5 Siskiyou County reduces family



"The collective work of First 5 California and the First 5 county commissions provides a wide array of services to children ages 0 to 5 most in need. First 5 California and county commission evaluation results show that these services improve family functioning, child development, child health, and systems of care."

isolation and associated risk factors in rural communities by meeting community specific needs. Efforts include supporting and strengthening its countywide infrastructure, a network of nine CRCs, and investing in planning and systems development.

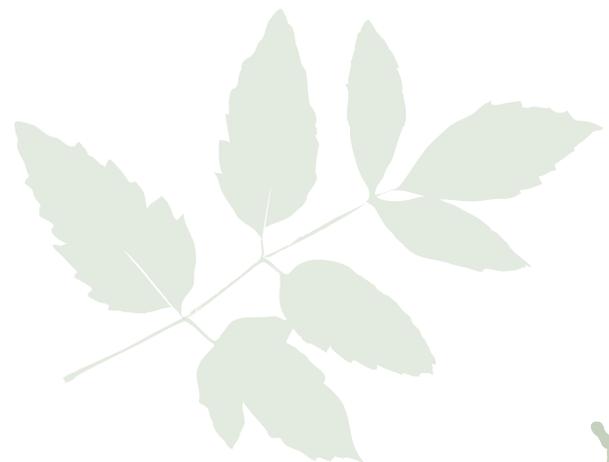
In FY 07/08, First 5 Siskiyou invested in a planning grant to establish a new CRC in the Butte Valley area. In an eight-month period, the community reestablished a non-profit entity and secured a central site for the CRC. According to the CRC's mid-year and year-end reports, community volunteer participation increased by 35 percent. In addition, the CRC measured a nearly 40 percent increase in partnerships and collaborations with service providers and agencies, and a nearly 75 percent increase in funding.

The collective work of First 5 California and the First 5 county commissions provides a wide array of services to children ages 0 to 5 most in need. First 5 California and county commission evaluation results show that these services improve family functioning, child development, child health, and systems of care. In future years we will build upon the solid foundation our current programs provide to ensure we achieve our mission to be recognized as California's unequivocal voice for all children ages 0 to 5 to ensure greater equity in their readiness for school.



APPENDIX A: FIRST 5 CALIFORNIA MATCHING GRANT PROGRAMS

School Readiness Programs (All counties have one School Readiness program unless otherwise indicated.)		Power of Preschool (PoP) Demonstration Projects	Comprehensive Approaches to Raising Educational Standards (CARES) Counties		Health Access Demonstration Projects	Special Needs (SN) Demonstration Projects
Alameda	San Benito	Los Angeles	Alameda	Santa Clara	Alameda	El Dorado
Amador	San Bernardino (12)	Merced	Amador	Santa Cruz	Colusa	Los Angeles
Alpine	San Diego (8)	San Diego	Butte	Shasta	El Dorado	Mendocino
Butte	San Francisco	San Francisco	Calaveras	Sierra	Fresno	Merced
Calaveras	San Joaquin (7)	San Joaquin	Contra Costa	Siskiyou	Kern	Monterey
Colusa	San Luis Obispo	San Mateo	El Dorado	Solano	Los Angeles	Orange
Contra Costa (3)	San Mateo	Santa Clara	Glenn	Sonoma	Merced	Riverside
Del Norte	Santa Barbara (5)	Ventura	Humboldt	Stanislaus	Napa	San Diego
El Dorado	Santa Clara	Yolo	Kings	Ventura	Riverside	San Francisco
Fresno (11)	Santa Cruz		Lake	Tehama	Sacramento	Sonoma
Glenn	Shasta		Lassen	Trinity	San Bernardino	
Humboldt	Sierra		Madera	Tuolumne	San Francisco	
Imperial	Siskiyou		Marin	Yolo	San Joaquin	
Inyo	Solano (4)		Mendocino	Yuba	San Luis Obispo	
Kern (11)	Sonoma		Merced		San Mateo	
Kings (4)	Stanislaus (7)		Modoc		Santa Barbara	
Lake	Sutter		Mono		Santa Clara	
Lassen	Tehama		Monterey		Santa Cruz	
Los Angeles (42)	Trinity		Napa		Solano	
Madera	Tulare		Nevada		Sonoma	
Marin	Tuolumne		Placer		Tulare	
Mariposa	Ventura (4)		Plumas		Yolo	
Mendocino	Yolo (2)		Riverside		Yuba	
Merced (8)	Yuba		Sacramento			
Modoc			San Benito			
Mono			San Diego			
Monterey (3)			San Francisco			
Napa			San Joaquin			
Nevada			San Mateo			
Orange (13)			Santa Barbara			
Plumas						
Riverside (6)						
Sacramento (7)						





APPENDIX B: FIRST 5 CALIFORNIA FOCUS 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:

- **Behavioral, Substance Abuse and Other Mental Health Services**
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.
- **Adult Education and Literacy for Parents**
Education, training, ESL classes, literacy, and/or a General Equivalence Diploma (GED).
- **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.
- **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).
- **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).
- **Provision of Basic Family Needs (e.g., Food, Clothing, Housing)**
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.
- **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.
- **General Parenting Education Programs**
Short-term, non-intensive instruction on general positive parenting topics.

RESULT 2: IMPROVED CHILD DEVELOPMENT

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

SERVICES:

- **Preschool for 3 and 4 year-olds**
Preschool for three and four 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.
- **State School Readiness Programs and Local Match**
State and local match-funded services under the State Commission's School Readiness Initiative, designed to improve children's readiness for school.
- **Local School Readiness (Mirror Programs)**
County commission-based School Readiness programs funded solely by county commission dollars that are "mirror" programs to the State School Readiness Program.
- **Comprehensive Developmental Screening and Assessment**
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.
- **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."
- **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.
- **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.
- **Kindergarten Transition Services**
Classes, home visits, camps, tours, 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.

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:

- **Breastfeeding Assistance**
Education related to the benefits of breastfeeding, including classes to women, families, employers, and the community, as well as breastfeeding support services to women.
- **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.
- **Other Health Education**
Information and services about health other than nutrition, fitness and obesity prevention.
- **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.
- **Home Visitation for Newborns and Their Families**
Home visitation services to promote and monitor development of children ages 0 to 2.
- **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.
- **Prenatal Care**
Education, treatment, and counseling to promote healthy pregnancies and deliveries.
- **Primary Care Services (e.g., Immunizations, Well Child Checkups)**
Medical care services to children 0 to 5 including preventive, diagnostic, and therapeutic care by a licensed healthcare professional.
- **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.
- **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."

■ **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.

■ **Specialty Medical Services**

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.

■ **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.

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 Focus Areas.

SERVICES:

- **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, and program support and oversight activities.
- **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.
- **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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