



MEMORANDUM

TO: Early Childhood Action Research Team and the Early Childhood Policy Council

FROM: First 5 Association of California, representing 58 First 5 county commissions, and First 5 California

DATE: March 11, 2020

RE: **First 5's Recommendations for the State Master Plan on Early Learning and Care**

I. Introduction

Science has long proven the importance of the first five years of life, when 90% of brain development occurs. Research shows that supportive, warm relationships with caregivers spur early cognitive, social, and behavioral development for young children and set them up to succeed as adults. Conversely, studies show that prolonged exposure to toxic stress and Adverse Childhood Experiences (ACEs) has a damaging effect on early childhood brain architecture, which has lasting results into adulthood.¹

Grounded in the research of early brain development, First 5 has built innovative systems of care to promote optimal development among children and strengthen families. Informed by our two decades of work in early childhood, the network of 58 First 5 county commissions and First 5 California developed this letter to deliver key recommendations for the Master Plan on Early Learning and Care (Master Plan), designed around the core principles of:

Whole Child/Whole Family: Quality early learning—regardless of setting and age—is only achievable when integrated with children’s health, parental engagement, and supports for the whole family. Further, multi-generational strategies are critical to family stabilization and promoting optimal child development. Put simply, helping families will help children.

Integrated Services: Young children and families can fall through the cracks when programs and services aren’t coordinated. Families need systems that integrate all efforts to promote family stability and optimal child development. This requires coordinating an array of partners and systems to work in continual collaboration, with the end goal of making services more accessible and responsive to families.

Equity: Every child has a right to reach their full potential. However, far too many children are not afforded this opportunity as a result of persistent racial and socio-economic inequities. For First 5, equity means focusing on the families and neighborhoods that have historically experienced disinvestment due to racial and socio-economic marginalization, and removing

¹ Center on the Developing Child. (2007). *The Science of Early Childhood Development* (InBrief). Retrieved from: <https://developingchild.harvard.edu/resources/inbrief-science-of-ecd/>

barriers that have structurally excluded communities from opportunity. To address inequity, policymakers must use disaggregated data to identify needs and better address disparities, and intentionally partner with families and communities.

Prevention: Far too often, public systems wait for families to experience poor outcomes before offering support, a more expensive and less effective approach than promoting positive outcomes early. First 5 knows that supporting children and families from the earliest moments possible leads to improved child health and developmental outcomes, increased school success, and reduced costs to our public systems over time.

Governor Newsom put an unprecedented spotlight on the importance of early childhood development in our state. Through his inaugural budget, California saw expansions of early childhood services across health, education, and family wellbeing, all under the frame of the Governor's "Parents Agenda." The Master Plan will further provide the needed and long-awaited roadmap for achieving comprehensive, quality, and affordable early care and education (ECE) expansions across California.

The success of the Master Plan is contingent on a robust state-local partnership that both elevates the ECE field while promoting local flexibility for communities across California to be responsive to their pressing early childhood needs. As a network of state and local agencies working in every community in California, First 5 is poised and ready to help the Governor implement his early childhood agenda to ensure that it is woven into our state and local fabric and serves the families and communities most in need of support.

For 20 years, First 5 has played a critical role in early childhood systems building. We serve as the backbone among agencies and delivery systems; we ensure leaders prioritize children's wellbeing and focus on prevention; we work with public and private partners to connect siloed systems of care; and we respond quickly to system and policy changes at the local, state, and federal levels to address immediate implementation needs and barriers. These functions are critical in a state as large and complex as California, which has a wide range of funding streams and competing priorities at the state and local levels that often overlook the impact and importance of prevention services. Overall, the work of First 5, as mandated through the voter-approved Proposition 10 of 1998, indicates that each county needs and benefits from having a strong entity dedicated to supporting whole child issues across health, human services, and early learning domains.

This letter details key recommendations for how the state can expand and improve ECE and other integral early childhood systems of care, and explains how First 5s are critical partners to the successful implementation of the Master Plan. Our recommendations for the Master Plan focus on: (1) expanding and supporting quality ECE opportunities for children most in need; (2) integrating systems of care to address family needs; and (3) using data to address disparities in child and community outcomes. As referenced throughout, *Appendix A* highlights selected First 5 approaches to systems integration that promote family strengthening and early childhood development, and *Appendix B* provides additional First 5 policy papers and program evaluations to help further inform the Master Plan process.

II. Expanding & Supporting Quality Early Care & Education

First 5 applauds Governor Newsom’s lifelong Cradle-to-Career approach to closing the opportunity gaps that persist across every community in the state and are measurable well before kindergarten. One recent study found that California’s students in low-income school districts lag behind their national peers when first entering kindergarten, resulting in lower 3rd and 8th grade test scores.²

To address disparities in outcomes, the Governor has rightfully identified the expansion of affordable, quality child care and universal preschool as core components to realize his vision. As the state looks to expand ECE systems, First 5 commends the “Targeted Universalism” approach endorsed by the Assembly Blue Ribbon Commission (BRC), which explicitly focuses attention on historically marginalized groups while working towards universal goals.³

First 5 recommends that this concept of targeted universalism be applied to all critical components of ECE, including access, quality workforce development, and improved wages and reimbursement rates. Below are specific recommendations based on First 5’s work in building quality ECE systems.

Increasing Access to Affordable ECE Opportunities: Two million children in California qualify for subsidized ECE programs, yet nearly 1.8 million children—primarily children of color—lack access to full-day, full-year programs because state policymakers have not prioritized funding for ECE spaces.⁴ The lack of access is particularly acute for infants and toddlers, whose families experience the most difficulty in finding affordable, responsive care.

Last year, Governor Newsom took immediate and bold steps to address the lack of ECE opportunities by dedicating 75 percent of Proposition 64 cannabis prevention funds towards child care access. Despite the importance of this new funding stream, far too many low-income young children still do not have access to ECE opportunities, especially in quality settings, and funding for ECE systems is overwhelmingly reliant on the state’s general fund. Identifying new and additional sources of dedicated revenue, like Proposition 64, must be a critical component of the Master Plan to ensure all children who are eligible for subsidized ECE can in fact access affordable, quality programs.

Providing care for three- and four-year olds is also imperative, especially as California is critically close to achieving long-awaited plans for universal preschool. As the leaders of the Master Plan process consider how to provide universal access to affordable preschool programs, the state must also ensure that these programs are developmentally appropriate, use optimal adult-to-child ratios, and reflect family need. For example, one immediate step the Master Plan can take is to address the reimbursement rate for State Preschool, which as currently structured, financially incentivizes contractors to offer part-day care, which is not reflective of the vast majority of parents’ needs and work schedules.

² Reardon, S.F., Doss, Gagné, J., Gleit, R., Johnson, A., & Sosina, V. (2018). *A Portrait of Educational Outcomes in California*. Getting Down to Facts II. Retrieved from: https://gettingdowntofacts.com/sites/default/files/2018-09/GDTFII_Report_Reardon-Doss.pdf

³ Assembly Blue Ribbon Commission on Early Learning and Education. (2019). *Final Report: April 2019*. (p.11). Retrieved from: <https://speaker.asmdc.org/sites/speaker.asmdc.org/files/pdf/BRC-Final-Report.pdf>

⁴ Schumacher, K. (2019). *Subsidized Child Care Can Help Reduce Barriers for Children of Color, but Few Receive It in California* [Fact sheet]. The California Budget and Policy Center. Retrieved from: <https://calbudgetcenter.org/resources/subsidized-child-care-can-help-reduce-barriers-to-success-for-children-of-color-but-few-receive-it-in-california/>

In 2017, the First 5 Association of California commissioned a report and worked alongside our ECE partners to strategically sequence how best to build out high-quality licensed care for children ages 0-5. This report, available in *Appendix B*, provides a multi-year roadmap that builds upon the strengths of our mixed delivery system, and can help inform the Master Plan process in achieving the goals around expanding early learning and care and providing universal preschool for three- and four-year olds. While many of the policies identified in this report have since been actualized (like providing 12-month eligibility and updating family eligibility), much of this work still remains, especially around access.

Supporting Quality Workforce Development: Access to ECE programs is necessary, but not sufficient, to close the state’s opportunity gaps. Building an ECE system also requires a focus on program quality. A well-trained and supported ECE workforce is critical to improving the quality of services across all settings—family child care homes, centers, schools, and family friend and neighbor (FFN) care. First 5 has led the development, implementation, and evaluation of quality improvement programs for the past two decades in California. Core components of successful quality improvement models include: low adult-to-child ratios; staff training, education, and coaching; safe, healthy, and engaging environments; and the integration of supports that promote the social and emotional development of children.⁵

While quality is applicable to all ECE programs and settings, quality improvement investments need to focus on professionals who serve the lowest-income families and are least likely to receive professional supports. In many communities, this emphasis and attention is on FFN and family child care.

One barrier to reaching ECE professionals across the state’s mixed delivery system is that workforce supports are funded and managed through an array of local, state, and federal funding streams, including First 5. California currently has multiple sets of standards across subsidized ECE programs, and in many cases, these standards are redundant or contradictory. As a result, systems are inefficient and confusing. This places a considerable burden on professionals to meet the multiple sets of standards and makes it difficult for them to communicate with parents about quality.

Program standards and quality funding streams should be coordinated and aligned. Doing so would maximize limited resources, create consistency across programs, and remove a significant burden on professionals. Further, it would build capacity to support more ECE professionals who are serving California’s richly diverse population of young children. Examples of trainings and workforce supports that would benefit under such coordinated systems include but are not limited to:

- Basics of child development beyond health and safety, including best practices for promoting optimal development;
- Implicit bias and cultural competency trainings to address unconscious patterns of behavior that often lead to discrimination;
- Trainings that support dual language learners (DLLs) and reflect the assets that this growing, and now majority, population of young children bring to our ECE settings; and
- Early childhood mental health consultation to promote better understanding of children’s social-emotional development and more effectively address challenging behaviors.

⁵ Wechsler, M., Melnick, H., Maler, A., & Bishop, J. (2019). *The Building Blocks of High-Quality Early Childhood Education Programs*. Learning Policy Institute. Retrieved from: <https://learningpolicyinstitute.org/product/building-blocks-high-quality-early-childhood-education-programs>

Appendix B includes additional reports detailing how the state can streamline quality improvement dollars and restructure reimbursement rates. Also, First 5 California, the California Department of Education, and the California Department of Social Services are convening a tri-agency working group to review and advise on quality standards alignment, and will be developing a white paper with recommendations to help inform this part of the Master Plan.

In addition to promoting coordination and consistency statewide, funding requirements for quality improvement should promote flexibility for local agencies to work together to address local needs. Communities with high ACEs scores, for example, may emphasize the need for robust integrated trauma trainings, while communities with high percentages of DLLs may emphasize capacity building to help ECE providers recognize the unique linguistic and developmental needs of their students. While the state can and should set standards for quality improvement and professional development opportunities, the Master Plan should also recognize the complementary nature of local decision making that is best made in the context of community need and in consultation with communities.

Increasing Wages & Reimbursement Rates: Quality improvement efforts will only be as successful as the wages we pay ECE professionals. With a statewide median income of \$12.29 per hour,⁶ child care workers have been asked to do too much for too little, for far too long. ECE professionals should earn professional wages that adequately reflect the importance of their work for our society as a whole. The BRC said it best:

High-quality early care and education requires a competent, effective, well-compensated, and professionally supported workforce. It must be one that reflects the racial, ethnic, and linguistic diversity and needs of the children and families they serve, across the various roles and settings where children are cared for.⁷

Additionally, the state’s current bifurcated reimbursement rate structure complicates efforts to deliver high-quality ECE programs. The statewide Standard Reimbursement Rate (SRR) does not adequately cover the cost of care in many communities, and neither the SRR nor the Regional Reimbursement Rate (RMR) compensates for quality standards. California needs a single, regionalized reimbursement rate system for ECE programs that reflects the economic diversity of the state, recognizes the cost to meet quality standards, and strengthens the mixed delivery system. A report detailing how California can achieve reimbursement rate reform is available in *Appendix B*.

Recommendations: Building from the BRC’s report, the Master Plan should apply the “targeted universalism” approach to all critical components of ECE. This approach should explicitly focus attention on historically marginalized groups while working towards universal goals.

Increasing Access to Affordable ECE Opportunities:

- The Master Plan should identify new, dedicated funding sources to support access to high-quality early learning programs for all children, especially infants and toddlers where the access crisis is most acute.

⁶ Whitebook, M., McLean, C., Austin, L.J.E., & Edwards, B. (2018). *Early Childhood Workforce Index – 2018*. Center for the Study of Child Care Employment, University of California, Berkeley. Retrieved from: <https://cscce.berkeley.edu/files/2018/06/Early-Childhood-Workforce-Index-2018.pdf>

⁷ Assembly Blue Ribbon Commission on Early Learning and Education. (2019). (p.49)

- Access should be expanded across the ECE mixed delivery system, while ensuring that the programs are developmentally appropriate, use optimal adult-to-child ratios, and reflect family need.

Supporting Quality Workforce Development:

- The Master Plan should prioritize simplifying the multiple ways quality improvement is currently funded to promote greater coordination and stability, and establish a single set of minimum quality improvement guidelines for all subsidized ECE professionals by setting. First 5 recommends using the following principles to help guide this process:
 - (1) Establish and adhere to consistent measures of quality;
 - (2) Create clearly articulated standards;
 - (3) Ensure quality is incentivized and compensated;
 - (4) Ensure a sustainable, scalable, and efficient statewide system of monitoring;
 - (5) Ensure all professionals and ECE programs have access to quality improvement and quality assessment opportunities and infrastructure; and
 - (6) Promote local flexibility to address local needs and implement quality improvement efforts.
- While applicable to all settings, the Master Plan should explicitly ensure quality improvement efforts reach ECE professionals in settings least likely to receive workforce supports—primarily FFN and family child care programs.

Increasing Wages & Reimbursement Rates:

- First 5 recommends a focus on increasing wages for ECE professionals and restructuring the current bifurcated reimbursement systems. For FY 2020-21, these plans should immediately update the RMR to the 2018 survey and provide an equivalent rate increase for the SRR. First 5 also supports the multi-year rate reform efforts proposed in AB 125 (McCarty) and SB 174 (Leyva) to develop a single, regionalized reimbursement rate system. A report, included in *Appendix B*, provides further detail and recommendations around rate reform.
- Efforts to restructure reimbursement rates should be implemented simultaneously with plans to reimburse quality at a higher rate, in conjunction with a robust capacity-building and workforce supports system. Promising practices and funding models from systems that both build and incentivize quality can be found at First 5 Riverside, First 5 San Francisco, and the Placer County Office of Education (in partnership with First 5 Placer). *Appendix B* also provides additional resources on these county models.
- Informed by a whole child/whole family approach, First 5 recommends that the Master Plan increase the State Preschool reimbursement rate to incentivize communities to offer full-day, full-year care. Doing so will help increase access to care that is more reflective of family need and work schedules.

III. Integrating Systems of Care to Address Family Needs

To achieve the Governor’s goals related to early learning and school readiness, the Master Plan must look at the needs of the whole child and whole family. Physical health and comprehensive development, exposure to ACEs and trauma, and family support systems all impact children’s success in school and

life. All these issues are inherently connected, and these connections need to be reflected in our systems of care. Put simply, the Master Plan cannot focus only on California’s ECE system and expect to prepare children for school and life.

Governor Newsom’s Parents Agenda takes a holistic approach to supporting children beyond early learning, and the Master Plan should acknowledge all components of the Governor’s agenda. The programs and initiatives the Governor has supported—including identifying potential developmental delays as early as possible through the timely use of validated developmental screens, increasing awareness of the impact of ACEs among providers who serve young children and their families, increasing investments in evidence-based programs that improve child and family outcomes like home visiting, and protecting a family’s right to support their child’s development through Paid Family Leave—demonstrate the Administration’s understanding of policies that support the whole child/whole family. First 5 shares these same priorities, applauds the expansions across early childhood support systems to date, and strongly recommends the Master Plan address the connections across early childhood health, family supports, and education holistically. California cannot afford to reinforce silos that do not reflect the needs of the state’s youngest residents and their families.

Integrating and Linking Systems between State Agencies: In 2016, over 1.4 million children under the age of five received health coverage through Medi-Cal.⁸ A recent report from the state auditor found, however, that children are not receiving the prevention and early intervention services to which they are entitled, and California ranks 40th among all states in providing preventative health services through Medicaid.⁹ The report also revealed low Medi-Cal utilization rates among children: Rates remained below 50 percent from 2013-2018, and were far lower in many rural counties throughout the state.¹⁰

Ensuring that young children enrolled in Medi-Cal are connected to the services they are entitled to through the Medicaid Early Periodic Screening Diagnostic and Treatment (EPSDT) benefit is a critical step to ensure that children are born healthy, receive the appropriate early interventions like home visiting and services to address developmental delays, and develop optimally. The Master Plan must address the critical role the Medi-Cal system plays in promoting child development including behavioral and physical health. Ensuring that the California Advancing and Innovating Medi-Cal (CalAIM) process incorporates early childhood priorities, and ensuring that the Master Plan incorporates Medi-Cal as a critical system to promote child development, will help reinforce the important role of multiple public systems in advancing the Governor’s vision for early childhood. A joint letter containing key recommendations around how to support young children through the CalAIM initiative can be found in *Appendix B*.

In addition to Medi-Cal, CalWORKs—the state’s Temporary Assistance for Needy Families program—is another publicly funded system that can better connect families to multiple services like child care and home visiting, and coordinate with other systems of care. The Master Plan should highlight how

⁸ Kidsdata.org. (2017). *Medicaid (Medi-Cal) or CHIP Coverage, by Age Group (California & U.S. Only)*. Retrieved from: <https://www.kidsdata.org/topic/2000/means-tested-insurance-age/table#fmt=2507&loc=1,2&tf=88&ch=928,1301,1303,1300,1302&sortColumnId=0&sortType=asc>

⁹ California State Auditor Report 2018-111, *Department of Health Care Services -- Millions of Children in Medi-Cal are not Receiving Preventative Health Care Services*. (April 2019). Retrieved from: <https://www.auditor.ca.gov/pdfs/reports/2018-111.pdf>

¹⁰ *Ibid*

CalWORKs can better promote seamless access to services to families, rather than just focusing on eligibility for a discrete set of benefits.

Demonstrating System Integration at the Local Level Highlights Opportunity for State Coordination: One part of promoting comprehensive development is ensuring children are eligible for services through publicly funded systems like subsidized ECE programs, Medi-Cal, and CalWORKs; another part is ensuring children and families are able to access appropriate and timely support. With many agencies supporting child development, funding streams are complex. The state needs to incentivize coordination among agencies, so families can navigate services more easily.

First 5 has demonstrated an array of innovative approaches that bridge systems of care, promote multi-generational family strengthening programming, and ultimately connect families to appropriate services. Selected examples of such systems that span across multiple counties are available in *Appendix A*. Such examples can inform state agency coordination and integration, and should be built upon and leveraged to actualize the Master Plan on the ground level.

For years, First 5 funding for local systems integration and coordination has been critical to supporting families navigating the multiple public systems that offer early prevention, identification, and intervention services. For example, First 5 commissions have funded and implemented approaches like Help Me Grow, which help children receive timely development screens, refer families to intervention services when needed, and help families navigate California's complex, multi-agency system of early intervention. First 5 has also historically been the largest funder of home visiting services and systems, an evidence-driven way to promote positive child and family outcomes. Just as the Master Plan should address funding gaps for critical ECE programs, a component of the funding should promote system coordination and integration to bolster child development services.

The need for this funding is critical as First 5 resources decline over time. First 5's primary source of revenue is a tax on tobacco products approved by California's voters as part of the Proposition 10 initiative, which created California's network of First 5 agencies. First 5 is pleased that fewer Californians use tobacco products, a critical public health goal. This means, however, that First 5 agencies have significantly fewer resources to invest locally in direct services for children and early childhood systems.

In order to address the comprehensive needs of California's children and their families, the Master Plan must identify funding for services and systems coordination that builds upon the historic investments made by First 5 agencies. *Appendix A* not only highlights system integration efforts, but also showcases the funding and partnerships that are at stake as First 5 funding declines.

Recommendations:

- Include a roadmap in the Master Plan that outlines a coordinated system of care to link the multi-faceted needs of children and families, across health, behavioral health, mental health, housing, child care and education, food access, financial and employment assistance, and child welfare. This is especially critical to the Medi-Cal and CalWORKs systems that frequently serve young children and families and are essential to the promotion of healthy child development.
- This roadmap should also describe the role of local systems, building upon local assets and integrated systems supported by First 5 to help actualize the goals of the Governor's Parents

Agenda and the Master Plan itself. Innovative practices, as described in *Appendix A*, should be leveraged and built upon, especially in light of First 5's declining revenues.

- As the Master Plan identifies funding to expand ECE programs, a component of this funding should promote system coordination and integration to bolster child development services.

IV. Using Data to Address Disparities in Child & Community Outcomes

Historically, child data collection, particularly for children under age five, has not been undertaken in a systematic manner in California. First 5 has long invested in local strategies that aim to collect better data and paint a holistic picture of child outcomes in the context of their community assets and resilience. From First 5's perspective, data are critical tools for identifying disparities that exist within all communities, building cross-sector partnerships to address system deficits, and allocating resources to address the greatest needs. To ensure the equitable expansion of programs across early childhood development services, the Master Plan should incorporate two data approaches supported by First 5: The California Strong Start Index and Kindergarten Readiness Inventories (KRIs).

Using Birth Record Data to Build Assets for Infants and Families: The Strong Start Index is a unique tool that uses information collected at birth from every child in California to assess the assets and resources they have to help promote their resilience. Strong Start Index scores are calculated by adding the number of assets available to each baby—across family background, health, services available, and socioeconomic status—and averaging them at the census tract level. Detailed maps reveal neighborhoods where newborns have more or fewer supportive resources, ensuring that decision makers can guide investments to the communities with greatest need.¹¹

For instance, the California Budget and Policy Center recently used the index to estimate that 151,500 children under age two in California would benefit from home visitation services, compared to the 31,800 children who received federally- or locally-funded home visiting services in 2017-18.¹² *Appendix A* provides additional examples of First 5-funded approaches where the Strong Start Index could be used to direct resources, in order to connect families to care and build assets. We recommend that the Master Plan use the Strong Start Index to help address inequities present at birth, and direct family strengthening and child development services to communities in need.

Measuring Community Readiness for Kindergartners: KRIs have long been an important part of First 5's work to strengthen community resources for children, improve child outcomes, and eliminate the opportunity gap. KRIs provide necessary data to identify measurable disparities within communities to help direct investment and understand the impacts of new programs.

In addition to identifying need, KRI data can serve as effective community-level catalysts to engage cross-sector partners—the business community, city/county leadership, and all agencies that intersect with children—to discuss system alignment and identify gaps in services. In this sense, the data drive conversations around how multiple investments can and should reflect the needs of the whole child/whole family approach at the community level, including but not limited to housing, open space,

¹¹ "California Strong Start Index", Children's Data Network, University of Southern California Suzanne Dwork-Peck School of Social Work.(2019). Retrieved from: <https://strongstartindex.org/>

¹² Hutchful, Esi, "Home Visiting Can Improve Outcomes for Children, But Few Receive Services", California Budget & Policy Center (July 2019). Retrieved from: https://calbudgetcenter.org/wp-content/uploads/2019/07/Fact-Sheet_Home-Visiting-Can-Improve-Outcomes-for-Children-But-Few-Receive-Services_7-25-2019.pdf

transportation, health access, and more. Further, the data serve as critical equity and inclusion tools to ensure that communities focus investments on the areas most in need, and that community voices are involved in the investment decisions.

However, KRI data are not collected across all of California's counties, and the state has no statewide picture of kindergarten readiness. The state and all California counties would benefit from better information about the assets and challenges of new students so that resources at all levels of governance could be better directed to support children and families most in need and furthest from opportunity in communities. A paper detailing the approaches and merits of the First 5-invested KRIs will be released this spring.

Recommendation:

- The Master Plan should use the California Strong Start Index to identify birth inequities across communities, in order to inform programmatic expansions across family strengthening and early childhood development services. *Appendix A* provides additional examples where the Strong Start Index could be used to direct resources to family strengthening approaches that help build family and community assets to strengthen resilience.
- First 5 recommends that the Master Plan include implementing a statewide approach to collecting county-level kindergarten readiness data, based on county experiences. The state's planning and policymaking processes would be improved by the creation of a statewide approach that collects comparable data, and it would help state and local governments address the greatest inequities that exist within communities.

V. Conclusion: Actualizing a California Master Plan Throughout the State

As California embarks on a new early childhood Master Plan, First 5 will leverage our two decades of investments and relationships to ensure the plan is implemented, functional, and responsive to local needs. No single agency or organization can improve child outcomes alone. It requires state, local, and cross-sector partners to focus and integrate systems around early childhood; it requires local flexibility to address local needs and address deficient systems; and it requires communities to respond quickly to federal and state policy changes, in order to tackle implementation challenges and seize opportunities.

As stated in Proposition 10 (1998), the goal of First 5 is to see "implementation of an integrated, comprehensive, and collaborative system of information and services to enhance optimal early childhood development and to ensure that children are ready to enter school."¹³ No other entity is structured or primed to play these critical roles better than First 5.

¹³ California Legislative Information. Health and Safety Code HSC, Section 130100. (1998). Retrieved from: http://leginfo.ca.gov/faces/codes_displayText.xhtml?lawCode=HSC&division=108.&title=&part=&chapter=&article=

Appendix A: Examples of First 5’s Systems Integration Investments for Fiscal Year 2017-18*

Approach	Description	First 5 Involvement & Key Partnerships
Home Visiting	Home visiting is a voluntary, evidence-based intervention that strengthens families and leads to long-term positive health and other outcomes. Certified professionals visit parents regularly during pregnancy and infancy. Home visitors also connect families to a broad range of available supportive resources in the community. Through these visits and referrals, home visiting programs reduce parental stress, improve child health and development, and help parents bond with their child.	<p># of First 5s Funding: 39 counties First 5 Investments (Prop 10): \$69.1 million Additional Funding: \$10 million (including MIECHV, MAA/TCM, EPSDT/Medi-Cal, CalWORKs Family Stabilization, grants, and foundation grants)</p> <p>Common Models: Parents as Teachers, Healthy Families America, Nurse Family Partnership, Nurturing Parenting Program, SafeCare, HIPPY, Early Head Start, Welcome Baby</p>
Help Me Grow (HMG) and Other Evidence-Driven Early Identification and Intervention Systems	A well-organized early identification and intervention (EII) system ensures that children receive periodically-based developmental and behavioral screens and that families, in turn, receive appropriate referrals that result in timely access to services. First 5 investments in Help Me Grow and other evidence-driven EII systems to improve screening and referral rates, system navigation, care coordination, and service delivery. First 5 investments in this area also connect families to a wide range of family- and community-strengthening services such as referrals to home visiting programs, housing assistance, mental health services, health insurance, food assistance, general childhood development information, provider training, and family education.	<p># of First 5s Implementing: 24 counties (has grown to 31 counties in 2020) First 5 Investment (Prop 10): \$23 million Additional Funding: \$17.6 million (including EPSDT/Medi-Cal, MHSA – Prop 63, County General Funds and foundation grants)</p> <p>Common Implementation Partners: American Academy of Pediatrics, Mental Health Services Act/Behavioral Health, Federally Qualified Health Clinics, County Offices of Education, Family Resource Networks/Community-Based Organizations, United Way: 211, Department of Public Health, Libraries</p>
Enhanced Pediatric Supports	Enhanced pediatric support models help ensure infants and toddlers receive enhanced services during their regular pediatric visits, including care coordination and other supports that may be offered on site. Children and families are referred to supports that address social determinants of health and promote the healthy development of children.	<p># of First 5s Funding: 16 counties First 5 Investments (Prop 10): \$10.3 million</p> <p>Common Models/Approaches: Dulce, Healthy Steps, Parent Child Interaction Therapy, Perinatal Wellness Systems, Baby Friendly Hospital and Clinics, Medically Vulnerable Care Coordination, Baby Gateway, Families First Care Coordination, Lactation Promotion</p>

Approach	Description	First 5 Involvement & Key Partnerships
Family Resource Centers (FRCs)	FRCs are located in many of the highest-need communities across the state, and provide a one-stop hub for family support. These integrated FRC models connect families to government assistance programs, encourage positive child development practices, and promote healthy parent/child interaction. As recently defined in state statute, FRCs are entities that provide evidence-based family strengthening programs that can be located in various places within a community. ¹⁴	<p># of First 5s Funding: 26 counties First 5 Investments (Prop 10): \$35 million Additional funding: \$11 million (MAA, foundation grants, school districts, Prop 63, County General Fund)</p> <p>Common Approaches: First 5 Centers, neighborhood centers, CBOs co-located at schools, libraries, clinics, community centers Common Supports: Triple P, Five Protective Factors, Help Me Grow services, parent education, parent empowerment, playgroups, benefits enrollment (CalFresh), emergency and long-term case management</p>
Early Literacy & Family Engagement Programs	A wide body of research has demonstrated that exposure to books and positive parenting practices such as being read to in the first three years of life are critical to robust brain development. There are many programs and organizations hard at work in California to provide books and offer instructional coaching and supports for parent and caregivers to enable early literacy development.	<p># of First 5s Funding: 29 counties First 5 Investments (Prop 10): \$22 million</p> <p>Common Models: Imagination Library, Talk.Read.Sing, Raising a Reader, Reach Out And Read, SEEDS, Abriendo Puertas, New Parent Kit distribution, Book Mobile</p>

**An important note on this appendix: With the goal of service integration, many of these programs are integrated or linked, making it difficult to capture them as discrete investments. For instance, an FRC may help families navigate the early intervention field, which is part of their HMG system. This is a limitation to the chart. However, First 5 would like to stress that these linkages and partnerships make for better systems for families and emphasize a no-wrong-door approach.*

¹⁴ “Family Resource Centers” are codified in the state Welfare and Institute Code through Chapter 476, Statutes of 2019 (Senate Bill 436). Available: http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB436

Appendix B: Select First 5 Policy Papers & Program Evaluations

There is a plethora of research papers, studies, and evaluations around early childhood development. First 5 would like to highlight a few resources that provide additional insights into early childhood system building to help inform the Master Plan process.

1. Viva Strategy + Communications. (2017). *High Quality Early Learning Systems Building; State Approaches and Examples*. Available: <https://app.box.com/file/606258338719>
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3. California Department of Education & First 5 California. (2016). *Transforming the Workforce for Children Birth through Age 8: Implementation Plan for the State of California*. Available: http://twb8-ca.net/files/CA_TW8_Implementation_Plan.pdf
4. First 5 California. (2019). *Principles and Recommendations: AB 212 and California's ECE Workforce System of Support*. Available: http://www.cafc.ca.gov/pdf/about/organization/policy/2019_AB%20212_Worgroup_Summ ary_Principles_and_Reccomendations.pdf
5. First 5 California. (2018). *Developing a Single-Rate System Reimbursement Structure for California*. Available: http://www.cafc.ca.gov/pdf/about/organization/policy/Developing_Single-Rate_Structure.pdf
6. First 5 San Francisco. (2014). *Preschool for All: A Look Back at the First 10 Years of Universal Preschool in San Francisco*. Available: https://www.first5sf.org/wp-content/uploads/2018/09/pfa_look_back.pdf
7. Social Finance. (2019, October 15). *First Five Riverside Final Read Out Discussion*. [PowerPoint Slides]. Box. Available: <https://app.box.com/file/616831202084>
8. American Academy of Pediatricians – California, Breaking Barriers, California Children's Hospital Association, California Children's Trust, Center for the Study of Social Policy, Center for Youth Wellness, Children's Defense Fund—California, Children Now, Children's Specialty Care Coalition, First 5 Association, First 5 Center for Children's Policy, First 5 LA, San Diego State University Social Policy Institute, The Children's Partnership, & United Ways of California. (2019, September 16). *Children's Health Proposals for inclusion in DHCS's CalAIM Proposal* [Advocacy Letter] Available: <https://app.box.com/file/623288779320>
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10. Mission Analytics Group, Inc. (2011). *San Francisco Family Resource Center Initiative, Year 2 Evaluation: FY 10-11 Executive Summary*. Available: <https://app.box.com/file/606268115824>
11. Harder+ Co Community Research. (2018). *Early Identification and Intervention Systems in California, Bright Spots and Lessons Learned*. Available: <https://app.box.com/file/606287251569>
12. Zimskind, L., Hernandez, R., & Boles, S. (2016). *Help Me Grow Three Year Report: 2013 through 2015*. Available: <https://app.box.com/file/606287376452>
13. The School Readiness Assessment Model. (2018). *Kindergarten Readiness and Later Development: A Longitudinal Study in Alameda County, Comprehensive Report*. Available: <http://www.first5alameda.org/Alameda Longitudinal KRA Study Final.pdf>
14. Kindergarten Readiness Inventories. The First 5 Center for Children’s Policy. Expected: Spring 2020.
15. Help Me Grow: Lessons and Leveraging Medi-Cal. The First 5 Center for Children’s Policy. Expected: Spring 2020.
16. Early Learning and Care: Quality Standards Alignment Recommendations. First 5 California, California Department of Education, and California Department of Social Services. Expected: Spring 2020.