

**Meeting of April 7, 2015 – 5:00-7:30 PM**  
**601 Texas Street, Conference Room B, Fairfield, CA**

**CALL TO ORDER / SALUTE TO THE FLAG**

- |  |                    |
|--|--------------------|
| <b>I. Public Comment</b>   | <b>Information</b> |
| <i>This is the opportunity for members of the public to address the Commission on matters not listed on the Agenda that are otherwise within the subject matter jurisdiction of the Commission. Please submit a Speaker Card and limit your comments to 3 minutes.</i> |                    |
| <b>II. Consent Calendar</b> (5 min)  | <b>Action</b>      |
| A. Approve the Commission Meeting Agenda for April 7, 2015   |                    |
| B. Approve Minutes of the March 3, 2015 Commission Meeting   |                    |
| <b>III. April Children’s Month</b> (10 min)  | <b>Action</b>      |
| Consider approval of Resolution #2015-01 recognizing April 2015 as “Children’s Month” in Solano County<br><i>Cherelyn Ellington Hunt, Early Learning and Community Engagement Manager</i>  |                    |
| <b>IV. Committee Reports</b> (75 min)  | <b>Discussion</b>  |
| A. Program and Community Engagement Committee (Commissioner Niedziela)   |                    |
| 1. Receive a report on Adverse Childhood Experiences (ACEs)<br><i>Stephan Betz, Deputy Director, Health and Social Services</i>  |                    |
| B. Systems and Policy Committee (Commissioner Barbosa)   |                    |
| 1. Planning for 2016 and Beyond  |                    |
| a. Collective Impact Update  |                    |
| b. Strategic Plan Framework Review<br><i>Michele Harris, Executive Director, Lori Allio, Hatchuel, Tabernik and Associates</i>   |                    |
| <b>V. Contracting Update</b> (20 min)  | <b>Discussion</b>  |
| Receive a follow up report on budget status and contract allocations<br><i>Megan Richards, Deputy Director</i>   |                    |
| <b>VI. First 5 Futures Update</b> (20 min)   | <b>Discussion</b>  |
| Receive a First 5 Futures analysis report<br><i>Ciara Gonsalves, Policy and Fund Development Manager</i>   |                    |
| <b>VII. Public Hearing: First 5 CA FY2013/14 Annual Report</b> (10 min)  | <b>Action</b>      |
| Consider acceptance of the First 5 California Children and Families Commission’s FY2013/14 Annual Report, pursuant to Health and Safety Code Section 130150<br><i>Cherelyn Ellington Hunt, Childcare and Community Engagement Manager</i>                              |                    |
| <b>VIII. Executive Director’s Report</b> (5 min)   | <b>Information</b> |
| <i>Michele Harris, Executive Director</i>  |                    |
| <b>IX. Commissioner Remarks</b> (5 min)  | <b>Information</b> |

**Meeting of April 7, 2015 – 5:00-7:30 PM**  
**601 Texas Street, Conference Room B, Fairfield, CA**

**X. Future Agenda Items, Meeting Time/Date/Location** (5 min)

The next Commission meeting will be held on June 2, 2015 at 5:00 PM at 601 Texas Street, Fairfield. Future agenda items include: Indicators/Gaps/Systems Report; Committee Reports; Strategic Planning

**ADJOURN**

**Vision:** *All Solano County children are loved, healthy, confident, eager to learn, nurtured by their families, caregivers and communities.* **Mission:** *First 5 Solano Children and Families Commission creates and fosters programs and partnerships with community entities to promote, support and improve the lives of young children, their families and their communities.*

*The First 5 Solano Children and Families Commission does not discriminate against persons with disabilities. If you require a disability-related modification or accommodation in order to participate in the meeting, please call (707) 784.1332 at least 24 hours in advance of the meeting to make arrangements. Non-confidential materials related to an item on this Agenda submitted to the Commission are available for public inspection at the First 5 Solano business office, 601 Texas Street, Suite 210, Fairfield, CA during normal business hours.*

**First 5 Solano Children and Families Commission  
Commission Meeting**

March 3, 2015, 5:00 PM – 7:30 PM  
601 Texas Street, Suite 210, Fairfield, CA

**Minutes**

Commissioners present: Aaron Crutison (Chair), Jay Speck, Elise Crane, Erin Hannigan, Dan Ayala, Liz Niedziela, Jerry Huber, Dana Dean (arrived at 5:19pm)

First 5 Solano Staff present: Michele Harris (Executive Director), Megan Richards (Deputy Director), Ciara Gonsalves (Policy and Fund Development), Cherelyn Ellington Hunt (Early Childhood Development), Christine Shipman (Health and Well-Being), Venis Boyd (Family Strengthening), and Christiana Lewis (Office Assistant III)

Members of the public present: Debbi Davis (Children's Nurturing Project & Help Me Grow Solano), Dr. Lori Allio and Lauren Salazar (Hatchuel Tabernik and Associates), Alan Kerzin (Children's Network), and Cheryl Stumbaugh (Fairfield-Suisun Unified School District)

Chair Crutison called the meeting to order at 5:03pm.

**I. Public Comment**

Mr. Kerzin thanked the First 5 Solano staff for helping plan the Children's and Families Policy Forum and presented a set of four infographics which prioritized children's issues. Mr. Kerzin also reported 25 parents are attending the United Way of the Bay Area/First 5 Solano-funded Parent Leadership Training Institute (PLTI). The Children's Network is working on getting additional funding for the program to continue it after June 2015.

**II. Consent Calendar**

A. Approve the Commission Meeting Agenda for March 3, 2015

***Motion: Approve the March 3, 2015 Commission Meeting Agenda***

**Moved by Commissioner Hannigan; Seconded by Commissioner Ayala**

**Approved 8-0-0**

**Yea: Commissioners Crutison, Speck, Crane, Hannigan, Ayala, Niedziela, Huber, and Dean**

**Nay: None**

**Abstain: None**

B. Approve Minutes of the January 13, 2015 Commission Meeting

***Motion: Approve the January 13, 2015 Commission Meeting Minutes***

**Moved by Commissioner Hannigan; Seconded by Commissioner Ayala  
Approved 8-0-0**

**Yea: Commissioners Crutison, Speck, Crane, Hannigan, Ayala, Niedziela,  
Huber, and Dean**

**Nay: None**

**Abstain: None**

### **III. First 5 Solano FY2015/16 Proposed Budget**

Ms. Richards presented the FY2015/16 proposed budget. Ms. Richards provided Commissioners with a copy of the revised budget that was submitted to the County Administrator's Office. Ms. Richards reminded Commissioners that First 5 Solano must follow the Solano County budget process timeline, and any funds that are not captured in the submitted budget cannot be utilized during the fiscal year.

Overall, the FY2015/16 Proposed Budget has projected expenditures of \$6.8 million and projected revenues of \$4.2 million, resulting in the use of \$2.6 million in reserves, leaving a balance of \$5.7 million in the Commission's reserves. The vast majority of projected revenue remains with Prop 10 taxes. In addition, there may be a new matching funding opportunity for early childhood education by First 5 CA for FY2015/16, but details are not available yet. Staff have included the comparable amount from the Child Signature Program of \$105,000 in both revenues and expenditures for potential use for this new First 5 CA match program. The vast majority of projected expenditures are programmatic. Ms. Richards pointed out that there was a revision to the *Expenditure Summary* slide of the presentation, which now includes the funding for the Beck Avenue lease of \$42,240. Ms. Richards also indicated that at the current spending level the Commission would have expended the reserves by FY2017/18.

Commissioners asked how well First 5 Futures was providing a return on investment, how First 5 Solano is approaching new revenue, and if other counties have similar programs. Ms. Richards responded that First 5 Solano staff is currently reviewing the First 5 Futures program to determine if and/or where a modification in strategy is necessary. Most other First 5's are facing similar budget situations and have sought outside funding or other sustainability measures. Ms. Harris answered that we will bring a full First 5 Futures report back to the Commission, including status of the First 5 CA match program when additional information was available.

In addition, Commissioners asked if First 5 Solano grantees are aware of the current funding situation, how First 5 Solano is transitioning current grantees to self-sufficiency, and how is First 5 Solano narrowing funding to those programs identified as having the highest yield. Ms. Harris answered that grantees are aware of the current funding situation, as they have participated for the last 8 years during the Commission's use of its Long-Term Financial Plan. In addition, First 5 Solano is in the process of sharing up-to-date fiscal information with grantees and is planning an Executive Director's Meeting for all the grantees to hold specific discussions about the current funding situation.

Commissioners also inquired as to the proportion of funding First 5 Solano provides for other public agencies versus non-profits and . Ms. Richards agreed to provide the information to the Commission.

Commissioners indicated that the preference is to take action to have a more gradual decrease in projected expenditures. In addition, Commissioners expressed interest in having public partners take on more of the savings. Commissioners makde the recommendation that staff work with grantees to see if there were any savings that could be incurred in the next year to help make a “softer landing” in the long run.

**A. Motion: Consider approval of the First 5 Solano FY2015/16 Proposed Budget**

**Moved by Commissioner Huber; Seconded by Commissioner Crane  
Approved 6-2-0**

**Yea: Commissioners Crutison, Speck, Ayala, Niedziela, Huber, and Dean**

**Nay: Commissioners Crane and Hannigan**

**Abstain: None**

**B. Motion: Consider approval of allocations of funding of up to \$2,936,560 for a one year extension of current grants as listed in the staff report** with direction to staff to work with grantees to see if there were any savings that could be incurred in the next year to help make a “softer landing” in the long run.

**Moved by Commissioner Speck; Seconded by Commissioner Huber  
Approved 8-0-0**

**Yea: Commissioners Crutison, Speck, Crane, Hannigan, Ayala, Niedziela, Huber, and Dean**

**Nay: None**

**Abstain: None**

**IV. Awards of Funding for First 5 Solano Pre- Kindergarten Academies**

Ms. Ellington presented the Pre-Kindergarten Academy awards of funding. There were eight initial applicants requesting a total of \$209,668 in response to RFA #2015-01 for 2015 Pre-Kindergarten Academy Services. The applicants represented all cities in the County except Vallejo. A ninth application was received from Vallejo after the deadline for applications closed, with a proposal to hold 5 pre-k academies. County Counsel agreed it would be appropriate for First 5 Solano to sole-source the Vallejo contract.

Commissioner Speck commented that the distribution of classes does not accurately reflect the intensity of need. Commissioner Dean said that she agrees with Commissioner Speck, but feels that the individual districts are responsible for applying. Ms. Ellington added that of those districts that apply, not all have the capacity to hold as many Pre-Kindergarten Academies as reflected need in the community.

Commissioner Speck stated that he thought the initial motion should reflect more sessions going to Fairfield Suisun and less going to Travis due to the need in the districts and made an amended motion A for 5 sessions to go to Fairfield Suisun and 3 sessions to go to Travis. The motion died for lack of a second.

**A. Motion: Consider approval of awards of funding of up to \$139,836 in response to Request for Applications #2015-01 for 2015 Pre-Kindergarten Academy services as follows:**

1. Up to \$10,000 for 1 Pre-Kindergarten Academy session to Benicia Unified School District
2. Up to \$39,888 for 4 Pre-Kindergarten Academy sessions to Fairfield Suisun Unified School District
3. Up to \$10,000 for 1 Pre-Kindergarten Academy session to River Delta Unified School District
4. Up to \$39,948 for 4 Pre-Kindergarten Academy sessions to Travis Unified School District
5. Up to \$20,000 for 2 Pre-Kindergarten Academy sessions to Vacaville Unified School District
6. Up to \$10,000 for 1 Pre-Kindergarten Academy session to Circle of Friends Child Development Center (Fairfield)
7. Up to \$10,000 for 1 Pre-Kindergarten Academy session to World Changers Academy-Miracle Christian Worship Center (Dixon)

**Moved by Commissioner Hannigan; Seconded by Commissioner Ayala  
Approved**

**Yea: Commissioners Crutison, Crane, Hannigan, Ayala, Niedziela,  
Huber, and Dean**

**Nay: Commissioner Speck**

**Abstain: None**

**B. Motion: Consider approval of a sole source award of funding of up to \$50,000 to Vallejo City Unified School District for 5 Pre-Kindergarten Academy sessions**

**Moved by Commissioner Hannigan; Seconded by Commissioner Ayala  
Approved**

**Yea: Commissioners Crutison, Speck, Crane, Hannigan, Ayala, Niedziela,  
Huber, and Dean**

**Nay: None**

**Abstain: None**

**C. Motion: Consider approval of additional award of funding of up to \$49,860 to Fairfield Suisun Unified School District for 5 additional Pre-Kindergarten Academy sessions**

**Moved by Commissioner Dean; Seconded by Commissioner Speck  
Approved**

**Yea: Commissioners Crutison, Speck, Crane, Hannigan, Ayala, Niedziela,  
Huber, and Dean**

**Nay: None**

**Abstain: None**

## **V. Committee Reports**

### **A. Systems and Policy Committee**

1a. Ms. Allio led the Commissioner in a discussion to review the Strengths, Weaknesses, Opportunities, and Challenges (SWOC) Analysis from the Key Informant interviews to help the Commission to organize information and ideas, provide insight into opportunities and barriers that may be present in the community, and identify strengths available that can be activated to seize opportunities and counteract barriers.

Ms. Allio then asked the Commission to participate by identifying specific Strengths, Weaknesses, Opportunities, and Challenges of the First 5 Solano Commission itself.

### **B. Program and Community Engagement Committee**

There were no items for report from the Program and Community Engagement Committee.

## **VI. Executive Director's Report**

Ms. Harris informed the Commission that First 5 Solano continues to work diligently on applying for grants and other relevant information could be found in her written report.

## **VII. Commissioner Remarks**

None

## **VIII. Future Agenda Items, Meeting Time/Date/Location**

The next Commission meeting will be held on April 7, 2015 at 5:00 PM at 601 Texas Street, Fairfield. Future agenda items include: Committee Reports; Strategic Planning; First 5 CA Annual Report.

## **Adjourn**

Commissioner Crutison adjourned the meeting at 7:56pm.

Christiana Lewis, Office Assistant III

Approved:



CHILDREN ARE OUR BOTTOM LINE

**DATE:** March 26, 2015

**TO:** First 5 Solano Children and Families Commission

**FROM:** Chereilyn Ellington Hunt, Community Engagement Program Manager

**SUBJ:** **2015 April Children's Month**

**Motion:** **Consider approval of Resolution #2015-01, recognizing April 2015 as "Children's Month" in Solano County**

### **Summary/Discussion**

Each year in April, community partners across Solano County join together to promote awareness of children's issues by supporting activities and events that increase knowledge regarding critical children's issues, as well as celebrate and commemorate children.

The First 5 Solano Children and Families Commission is being asked to adopt a Resolution recognizing April 2015 as "Children's Month" in Solano County and to support celebrations and observances for children during the month of April. By these actions, the Commission demonstrates its support for raising awareness of the importance for all County residents to support the health, well-being and development of Solano's children and ensure that children have a safe and nurturing environment to reach their full potential.

In 2015, as in years past, community partners across the County are working together to sponsor a host of public education and community engagement activities to honor children during the month of April including honoring the following events and observances:

Children's Month (Attachment A): In celebration of April 2015 as "Children's Month," and April 12-18 as "Week of the Young Child" with the theme *Celebrating Our Youngest Learners!*, First 5 Solano supports small, grassroots community events and activities to raise awareness regarding young children's issues in cities across the County.

Child Abuse Prevention Month and Blue Ribbon Campaign: The Solano Children's Alliance along with the Family Resource Center Network and other community partners, sponsor the Solano Blue Ribbon Campaign each April to heighten Solano residents' awareness of child abuse and the need to support families to help prevent it.

Children's Light of Hope Day, (April 24), Children's Memorial Flag Day (April 24): Children's Light of Hope Day was established by the National Court Appointed Special Advocates (CASA) Association to recognize and acknowledge the CASA volunteers, foster and adoptive parents who have opened up their hearts and homes to abused and neglected children in our community. Children's Memorial Flag Day marks its twelfth year in 2015 as a remembrance of all the children whose lives were lost over the past year, but particularly those lost by violence.

National Library Week (April 12-18) and El Día de los Niños/El Día de los Libros (April 30): Solano County Library provides library materials, resources, information, entertainment and life-long learning opportunities to enrich the lives of people of all ages in Solano County. Literacy and reading are the main underpinnings of the service goals of Solano County Library, two themes which are also celebrated during National Library Week. El Día de los Niños/El Día de los Libros emphasizes the



importance of literacy for children of all cultural and linguistic backgrounds and celebrates children, families and reading.

Month of the Military Child: In 1986, Defense Secretary Casper Weinberger designated April as the "Month of the Military Child" as a way to honor military children for their sacrifices and courage and to share with the world the important role military children play in the armed forces community. This brings the opportunity for community partnerships between organizations educating the public on the impact of deployment, creating community support networks, delivering educational, recreational and social outreach programs and ensuring that military youth become part of ongoing programs offered in the communities where they live.

Raising of America Premiere Screening: On April 29, 2015, First 5 Solano, in partnership with Solano County Health & Social Services Public Health Division, Help Me Grow Solano, and other community partners, are sponsoring a screening of the landmark documentary "The Raising of America." By the producers of *Unnatural Causes: Are Inequities Making Us Sick*, The Raising of America documentary series explores the science of how our earliest environments literally shape our developing brains. The series links investments we make in young children and families today to how strong, prosperous, and dynamic the United States will be tomorrow.

First 5 Solano supports April Children's Month in a variety of ways, including supporting community events through April Children's Month grants of up to \$300 per event.

Attachment A: April Children's Month Resolution

## *Resolution No. 2015-01*

### **RESOLUTION OF THE FIRST 5 SOLANO CHILDREN AND FAMILIES COMMISSION RECOGNIZING APRIL 2015 AS CHILDREN'S MONTH**

**WHEREAS**, First 5 Solano Children and Families Commission exists to foster and sustain effective programs and partnerships with the community to promote, support and improve the lives of young children, their families and their communities; and

**WHEREAS**, the health, safety, and early development of young children in Solano County are critical components of the First 5 Solano strategic plan; and

**WHEREAS**, community partners including, the Solano County Local Child Care Planning Council, the Solano Children's Alliance, the Children's Network, Solano Family and Children's Services, First 5 Solano, Solano County Health & Social Services, Solano County Office of Family Violence Prevention, Solano County Library, Travis Air Force Base and others have joined together to expand awareness of young children's issues by promoting "April Children's Month" through public education and community events; and

**WHEREAS**, First 5 Solano Children and Families Commission and its community partners, in conjunction with the National Association for the Education of Young Children, are joining localities around the United States in celebrating the 2015 "Week of the Young Child" from April 12-18, with the theme "*Celebrating Our Youngest Learners!*"; and

**WHEREAS**, other special recognitions during the month of April include Child Abuse Prevention Month and the Blue Ribbon Campaign, Children's Light of Hope Day (April 24), Children's Memorial Flag Day (April 24), National Library Week (April 12-18), El Día de los Niños/El Día de los Libros (April 30), and Month of the Military Child; and

**WHEREAS**, on April 29, 2015, First 5 Solano, Solano County Health & Social Services Public Health Division, Help Me Grow Solano, and other community partners, are sponsoring a screening of the landmark documentary "The Raising of America" which explores the science of how our earliest environments literally shape our developing brains, and links investments we make in young children and families today to how strong, prosperous, and dynamic the United States will be tomorrow; and

**WHEREAS**, given all young children need and deserve high-quality early development and learning experiences that will prepare them for life, organizations throughout Solano County are working to improve early learning opportunities, which are crucial to the growth and development of young children, and to building better futures for everyone in Solano County.

**NOW, THEREFORE, BE IT RESOLVED**, that the First 5 Solano Children and Families Commission hereby recognizes April 2015 as "Children's Month" in Solano County and encourages all residents to work to support the healthy growth and development of children and youth in Solano County.

Dated this 7<sup>TH</sup> day of April, 2015



\_\_\_\_\_  
AARON CRUTISON  
Chair, First 5 Solano Children and Families Commission

ATTEST:

\_\_\_\_\_  
CHRISTIANA LEWIS  
Office Assistant III



## CHILDREN ARE OUR BOTTOM LINE

**DATE:** March 31, 2015

**TO:** First 5 Solano Commission

**FROM:** Liz Niedziela, Program & Community Engagement Committee (PCE) Chair  
By Megan Richards, Deputy Director

**SUBJ:** **Receive a Report on Adverse Childhood Experiences (ACEs)**

### Summary/Discussion

Research on Adverse Childhood Experiences (ACEs) shows that traumatic experiences during childhood can lead to toxic stress and contribute to poor health outcomes later in life. Trauma in children can have a major impact on both short and long term development.

Stephan Betz, Deputy Director, Solano County Health & Social Services is presenting a recent data report by the Center for Youth Wellness in California entitled "A Hidden Crisis: Findings on Adverse Childhood Experiences in California" (Attachment A). The report, through four years of data collected by the annual California Behavioral Risk Factor Surveillance, highlights the far-reaching consequences of ACEs on individuals, families, and communities across California.

When presented to PCE Committee, the Committee was interested in how this information could be utilized within early childhood and First 5 Solano funded programs. Mr. Betz will share information on what jurisdictions can do to further prevention and mitigation of ACEs, which includes:

1. Policy: Institutionalize an Adverse Childhood Experiences and Trauma - Informed policy body (see Attorney General Kamala Harris' letter "Oversight and Enforcement of Laws Related to Foster Youth" on the creation of the Bureau of Children's Justice, Attachment C).
2. Public Proclamation: Create ongoing recognition of Adverse Childhood Experiences and Trauma Informed Practices through public proclamations (See City of San Diego's proclamation of a "Trauma Informed Care Day," Attachment D).
3. Public Initiative: Facilitate collaboration of agencies to promote an initiative that builds resilient communities (see Wisconsin's First Lady Fostering Futures Initiative, Attachment E).
4. Agency Initiative: Institutionalize trauma - informed services as a standard throughout an agency (see County of San Diego, Trauma-Informed Systems Policy Statement, Attachment F).
5. Agency Partnerships: Create inter-agency leadership teams to institutionalize trauma-informed services (Vallejo City Unified School District and Solano County Health & Social Services Positive Youth Justice Initiative, Attachment G).
6. Publish Self-Service Tools: Publish information about trauma-informed living and self-screening tools on the net and through agencies (see publications by Kaiser Permanente and the Center for Youth Wellness, Attachment H).

## **Attachments**

Attachment A: A Hidden Crisis: Findings on Adverse Childhood Experiences in California

Attachment B: ACEs Presentation

Attachment C: Letter from Attorney General Kamala Harris

Attachment D: City of San Diego's Trauma Informed Care proclamation

Attachment E: Wisconsin's First Lady Fostering Futures Initiative

Attachment F: County of San Diego, Trauma-Informed Systems Policy Statement

Attachment G: Vallejo City Unified School District and Solano County Health & Social Services  
Positive Youth Justice Initiative

Attachment H: Trauma-Informed Tools by Kaiser Permanente and the Center for Youth  
Wellness



CENTER FOR  
**YOUTH  
WELLNESS**

*health begins with hope*

DATA REPORT

# A HIDDEN CRISIS

Findings on Adverse Childhood Experiences in California





**The Center for Youth Wellness (CYW)** is a health organization embedded with a primary care pediatric home serving children and families in the Bayview Hunters Point neighborhood in San Francisco. We were created to respond to a new medical understanding of how early adversity harms the developing brains and bodies of children. We prevent toxic stress by raising national awareness among those who have the power to make a difference – from parents to pediatricians to policymakers. We screen every young person we see for **Adverse Childhood Experiences (ACEs)**, which we know can lead to toxic stress and poor health outcomes in life. We heal children’s brain and bodies by piloting the best treatment for toxic stress and sharing our findings nationally.

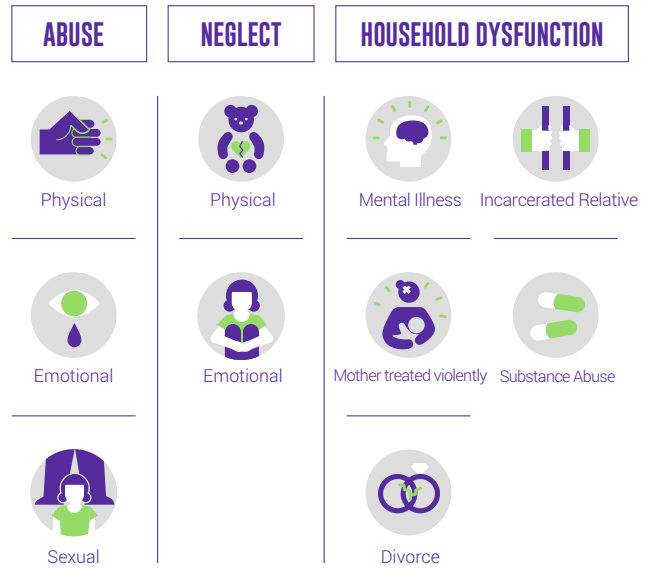
For more information, please visit our website at [www.centerforyouthwellness.org](http://www.centerforyouthwellness.org).

# EXECUTIVE SUMMARY

Adverse Childhood Experiences, or ACEs, are a hidden crisis, impacting the health and wellbeing of children, families and communities across California. Occurring during childhood, the most formative period in a person's life, ACEs are traumatic experiences that have a profound impact on a child's developing brain and body with lasting impacts on a person's health and livelihood throughout her lifetime. There are ten recognized ACEs which fall into three general types: (1) abuse; (2) neglect; and (3) household dysfunction. High numbers of ACEs have long been associated with increased risk for serious health conditions, such as heart disease, diabetes, and cancer.

**A Hidden Crisis** is a first look at the impact of ACEs in California through four years of data collected by the annual California Behavioral Risk Factor Surveillance System. The findings clearly illustrate that ACEs are a public health crisis with far-reaching consequences on the health and wellbeing of Californians.

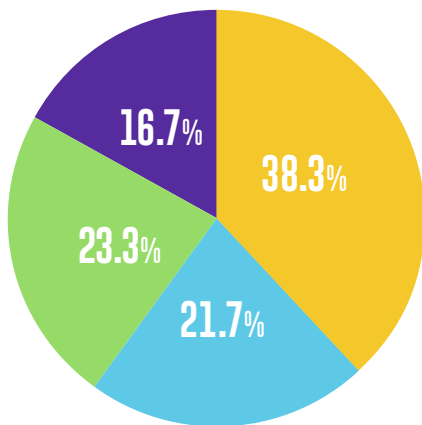
## The three types of ACEs include



Types of Adverse Childhood Experiences  
Image courtesy of the Robert Wood Johnson Foundation

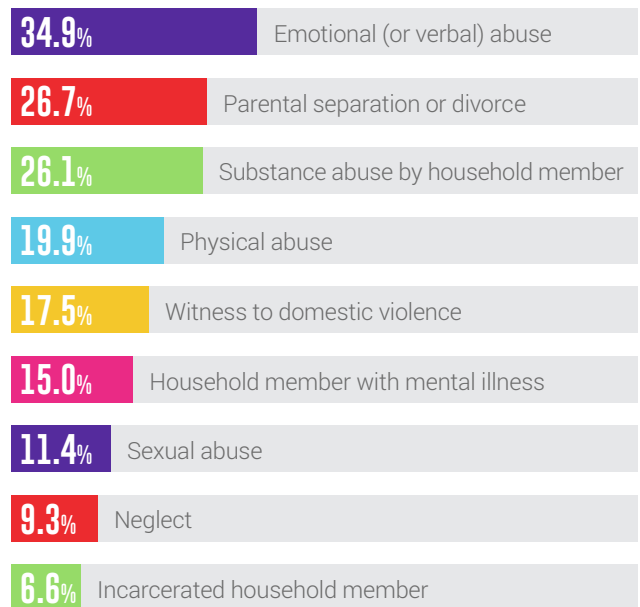
# KEY FINDINGS

In California, **61.7%** of adults have experienced at least one ACE and **one in six**, or 16.7%, have experienced four or more ACEs. The most common ACE among California adults is emotional (or verbal) abuse.



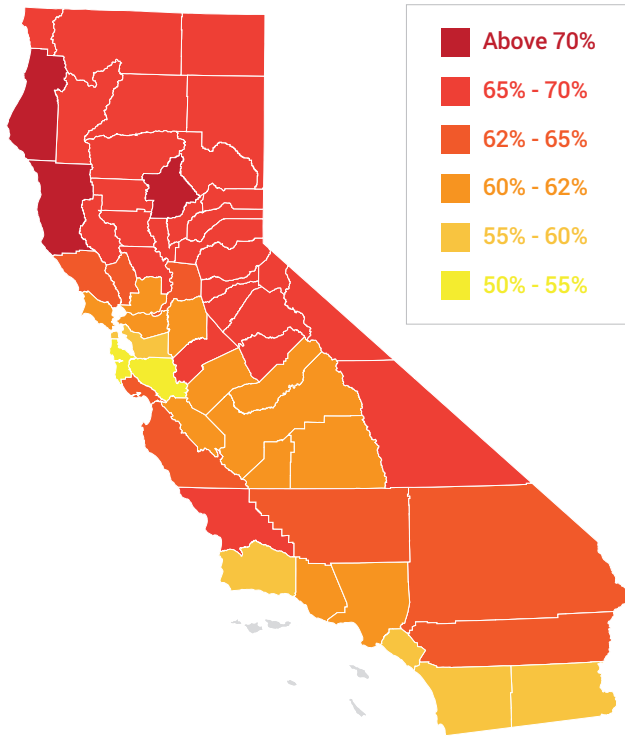
Prevalence of number of ACEs among California adults

## Most common ACEs among California Adults



Most common ACEs among California adults



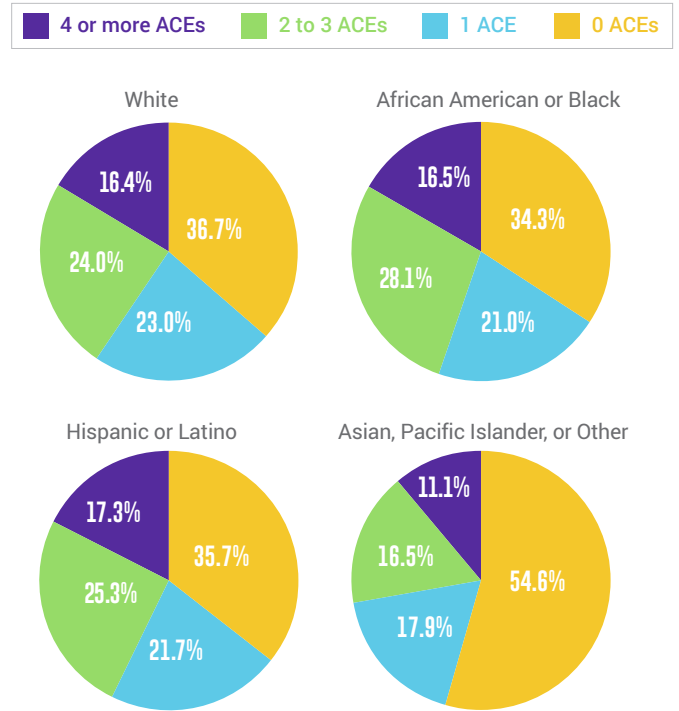


Percent of residents with at least one ACE across California counties

ACEs also affect every community in California. In some counties, **over 75%** of residents have at least one ACE. Even in counties with the lowest prevalence of ACEs, **1 out of every 2** residents, or 50%, has one or more adverse experiences in childhood.

Individuals are similarly impacted by ACEs regardless of race and ethnicity. As the graphs above illustrate, the prevalence of ACEs is relatively consistent across race and ethnic groups in California.

In California, as in previous studies, there is a strong correlation between ACEs and serious health



Prevalence of ACEs within racial/ethnic Groups in California

conditions. Compared to an individual with no ACEs, an individual with four or more ACEs is more likely to experience chronic disease and engage in negative health behavior.

### A PERSON WITH 4 OR MORE ACEs IS:

- 5.13 times as likely to suffer from depression
- 2.42 times as likely to have chronic obstructive pulmonary disease (COPD)
- 2.93 times as likely to smoke
- 3.23 times as likely to binge drink

## RECOMMENDATIONS

While the data appears to paint a grim picture of the health and wellbeing of Californians exposed to ACEs, there is much that can be done to support the health and wellness of children and families across the state. These findings should serve as a call to action across California. The following recommendations illustrate crucial first steps in addressing ACEs in California:

- Collect annual state-level data on the prevalence of ACEs
- Increase awareness about ACEs and their impact on health and wellness
- Increase access to health care, including mental health services, for all Californians
- Support efforts to identify evidence-based practices to identify and respond to ACEs
- Advance efforts to integrate behavioral and physical health care practices



## INTRODUCTION

There is a hidden danger lurking in communities across California. Adverse Childhood Experiences, or ACEs, affect people from all backgrounds, regardless of race, income, education, or geography. Occurring in childhood, exposure to chronic adversity during the most formative years of a person's development has the potential to reap a lifetime of challenges, including poor health and even early death. Groundbreaking research is underway to explore the neurobiological and physiological impact of exposure to adverse experiences in childhood. However, as science works tirelessly to understand fully the impact of ACEs on children's brains and bodies, we must recognize the current and ongoing effects that ACEs have on individuals, families, and communities across the state.

This report represents the first of its kind in California – an effort to illustrate the long-term and far-reaching consequences of ACEs on California adults. Based on four years of data from the California Behavioral Risk Factor Surveillance System, this report endeavors to bring to light the hidden health risks of ACEs.

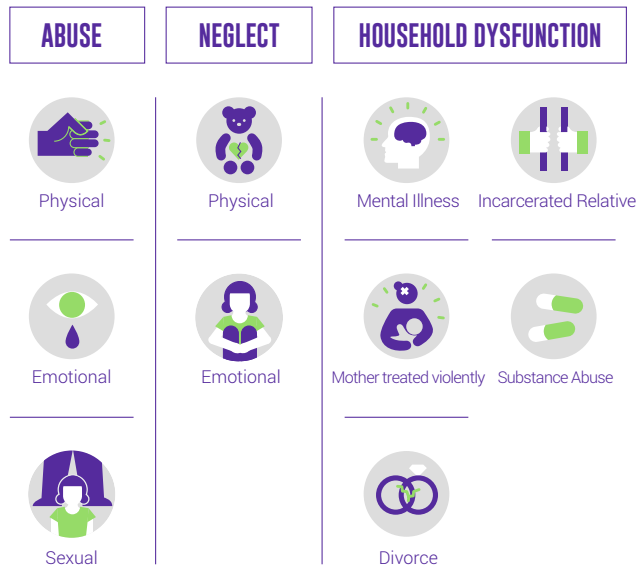
While the findings in this report may appear bleak, health and healing begins with hope. By recognizing ACEs as a public health crisis in California with impacts across numerous sectors, including education, child welfare, and the economy, we have the opportunity to take a stand against ACEs and create a California in which every child has the opportunity to thrive.

# WHAT ARE ACES?

ACEs, or Adverse Childhood Experiences, are traumatic experiences that can have a profound impact on a child’s developing brain and body with lasting impacts on a person’s health and livelihood throughout her lifetime. There are ten recognized ACEs, which fall into three types – abuse, neglect, and household dysfunction. New research is underway to establish other traumatic events, such as exposure to community violence, bullying, homelessness, discrimination, and involvement in the foster care system, as ACE indicators.

The term, “ACE”, was coined in 1998 following the publication of the groundbreaking Adverse Childhood Experiences Study (ACE Study). Led by researchers Dr. Vincent Felitti and Dr. Robert Anda, the ACE Study surveyed over 17,000 California adults, who were patients of Kaiser Permanente in San Diego, about their medical history and traumatic experiences in childhood.<sup>1</sup> Within the study population, the vast majority of the participants were white (74.8%) and had attained a college-level education or higher (75.2%).<sup>2</sup>

## The three types of ACEs include



**FIGURE 1: Types of Adverse Childhood Experiences**  
Image courtesy of the Robert Wood Johnson Foundation

The study revealed that ACEs were common among study participants – almost two-thirds (63.9%) of participants reported having at least one adverse childhood experience.<sup>3</sup> One in eight participants (12.5%) reported having four or more ACEs.<sup>4</sup> Moreover, researchers found that high ACE scores significantly increased the risk for poor health outcomes and negative health behaviors among study participants.<sup>5</sup>

Additionally, there was a strong dose-response relationship between ACEs and poor outcomes. As the number of ACEs increased, the risk of negative health outcomes increased as well. In fact, subsequent studies have found that the life expectancy of a person with six or more ACEs is 20 years shorter than a person with no ACEs.<sup>6</sup> The ACE Study’s findings were unprecedented and would spark a new way of understanding the connection between childhood and adult health.

**ACEs lead to increased risk for negative health behaviors.**

**A PERSON WITH 4 OR MORE ACES IS:**

- 12.2 times as likely to attempt suicide
- 10.3 times as likely to use injection drugs
- 7.4 times as likely to be an alcoholic

**ACEs lead to increased risk for serious health conditions.**

**A PERSON WITH 4 OR MORE ACES IS:**

- 2.2 times as likely to have ischemic heart disease
- 2.4 times as likely to have a stroke
- 1.9 times as likely to have cancer
- 1.6 times as likely to have diabetes

# THE EMERGING SCIENCE OF TOXIC STRESS

The ACE Study raised significant questions about the impact of early life experiences on lifelong health. Scientific breakthroughs, in the fifteen years since the ACE Study was first published, have revolutionized our understanding of the effects of stress caused by traumatic events on the developing brain and body of a child. This stress, or “toxic stress,” is caused by strong, frequent, or prolonged adversity, such as ACEs, and is the “extreme, frequent, or extended activation of the body’s stress response without the buffering presence of a supportive adult.”<sup>7</sup>

Toxic stress is particularly harmful for children, whose brains and bodies are just developing. Left unaddressed, toxic stress can cause fundamental changes to a child’s basic brain architecture as well as her developing immune and hormonal systems.<sup>8</sup> These changes can dramatically alter her ability to learn and interact with others and can fundamentally affect her physical and mental health.<sup>9</sup>

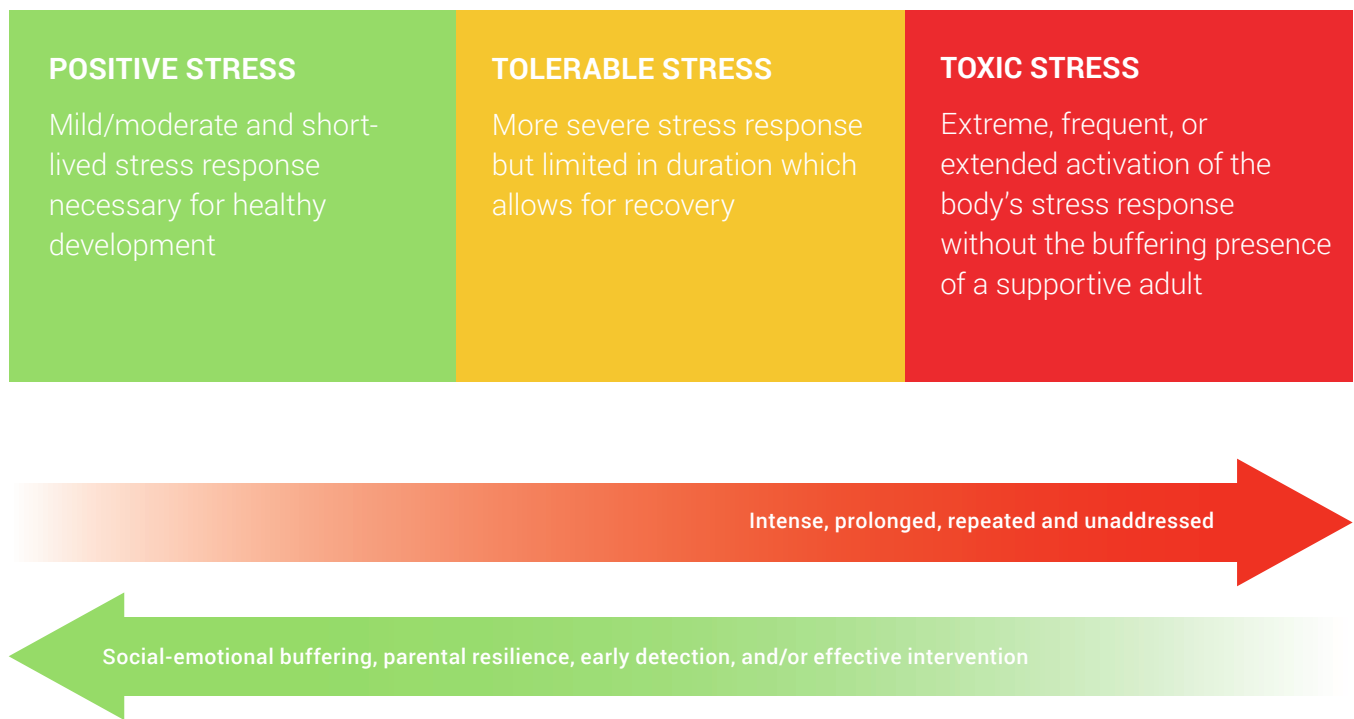


Figure 2: Spectrum of stress

# ASSESSING THE HEALTH OF CALIFORNIA

The California Behavioral Risk Factor Surveillance System (BRFSS) is a random-digit dialing telephone survey of households with landlines and cellular telephones conducted each year by the California Department of Public Health. Led by the U.S. Centers for Disease Control and Prevention (CDC), the BRFSS gathers comprehensive information on the health and health-related behaviors of California adults ages 18 and over.

In 2008, the ACE module was introduced to the California BRFSS and was subsequently included in the 2009, 2011, and 2013 California BRFSS surveys. The ACE module was developed by the CDC in collaboration with Dr. Felitti and included eleven questions relating to eight types of ACEs

– physical, emotional, and sexual abuse; parental incarceration; substance abuse by a household member; mental illness in a household member; domestic violence; and parental separation or divorce. An additional question related to neglect was created by researchers at the Public Health Institute and included in the 2008, 2009, and 2013 ACE modules.

**The findings presented in this report reflect a cumulative analysis of all four years of ACEs data from the California BRFSS (sample size = 27,745).**

The findings have been weighted to be representative of the California population in 2010. All of the findings included in this report are derived from stable and reliable prevalence estimates. For more information on the methodology of this analysis, please see Appendix A.

# ACES ACROSS CALIFORNIA

ACEs are an unfortunate reality for the majority of Californians - **61.7%** of adults have experienced at least one ACE, and **one in six**, or **16.7%**, California adults have experienced four or more ACEs. The number of Californians who have experienced four or more ACEs is considerably higher than the finding from the original Kaiser study in which 12.5%, or one in eight, of the study participants experienced four or more ACEs.

The most common ACE experienced by California adults is “emotional (or verbal) abuse” with almost 35% of adults indicating that a parent or adult swore, insulted, or put them down during their childhood. The next most prevalent ACEs are “parental separation or divorce”, reported by 26.7% of adults, and “substance abuse by a household member”, reported by 26.1% of adults.

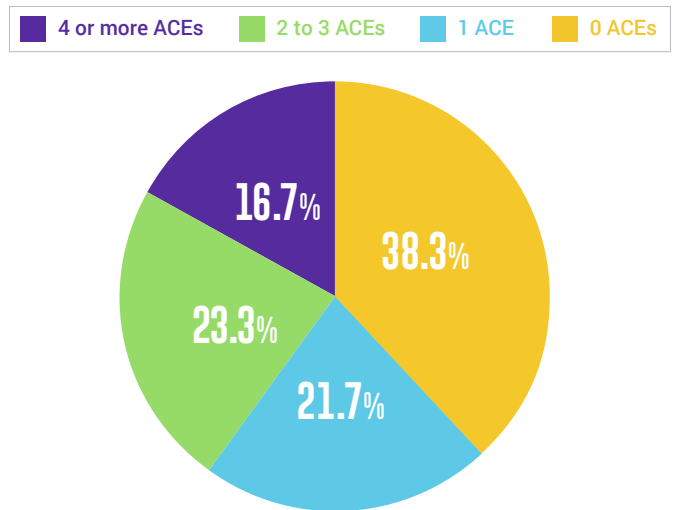


Figure 3: Prevalence of number of ACEs among California adults

## Most Common ACEs Among California Adults

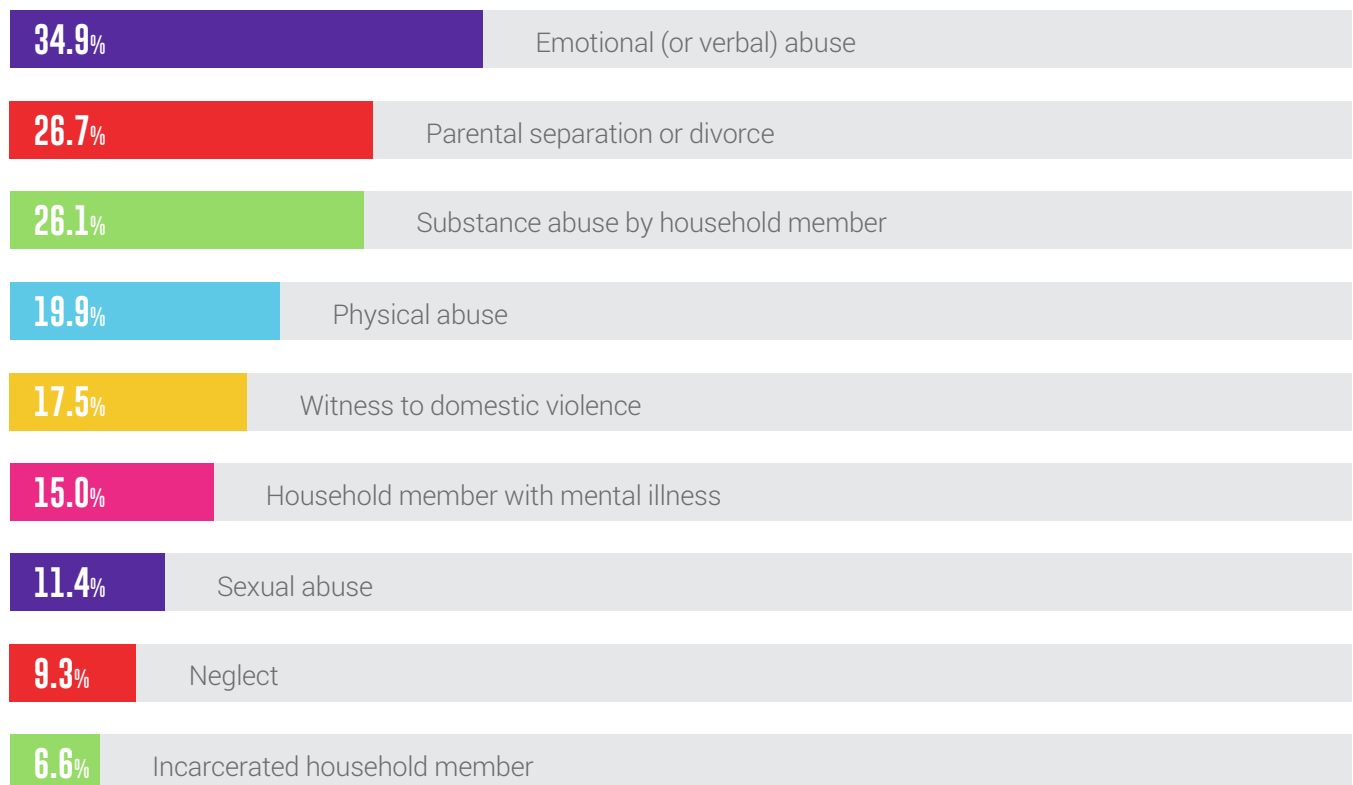


Figure 4: Most common ACEs among California adults

# THE FACE OF ACEs IN CALIFORNIA

ACEs impact Californians from all walks of life regardless of geography, race, income, or education. Although the prevalence of ACEs is generally consistent across race and ethnicity, high numbers of ACEs correlate with a person's poverty, education, and employment.<sup>10</sup>

## A PERSON WITH 4 OR MORE ACEs IS:

- 21% more likely to be below 250 percent of the Federal Poverty Level (FPL)
- 27% more likely to have less than a college degree
- 39% more likely to be unemployed

## A NOTE ABOUT THE “NEGLECT” QUESTION:

To maintain consistency with CDC guidelines on data analysis of the BRFSS ACE module, the neglect question created by Public Health Institute researchers and included in the 2008, 2009 and 2013 ACEs modules has been omitted from the ACE score calculations, which were used to determine the following prevalence and prevalence ratios.

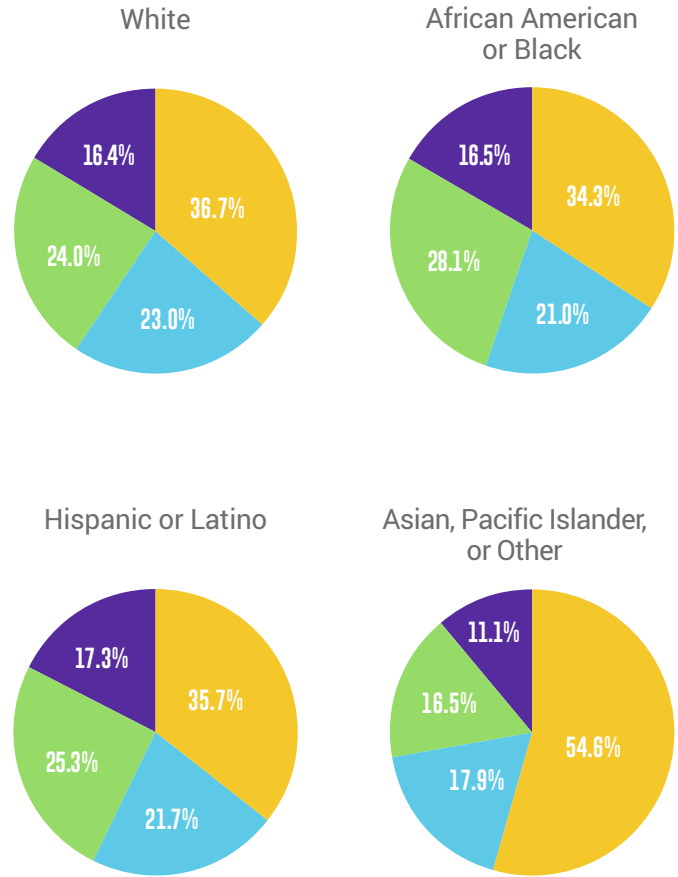


Figure 5: Prevalence of ACEs within racial/ethnic groups in California

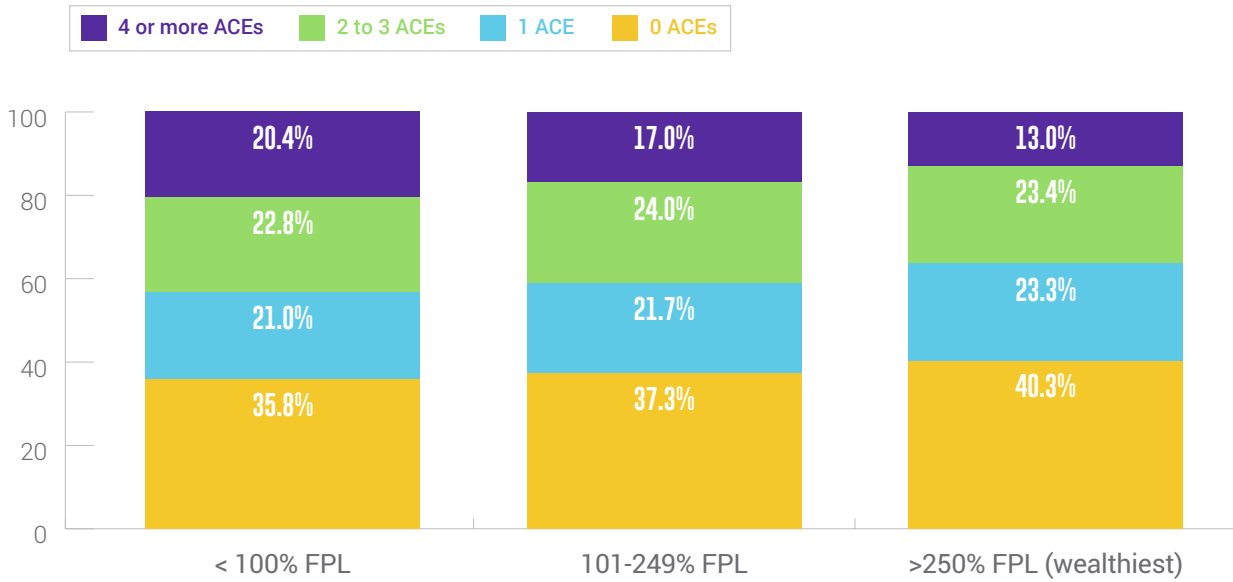


Figure 6: Distribution of ACEs within income levels

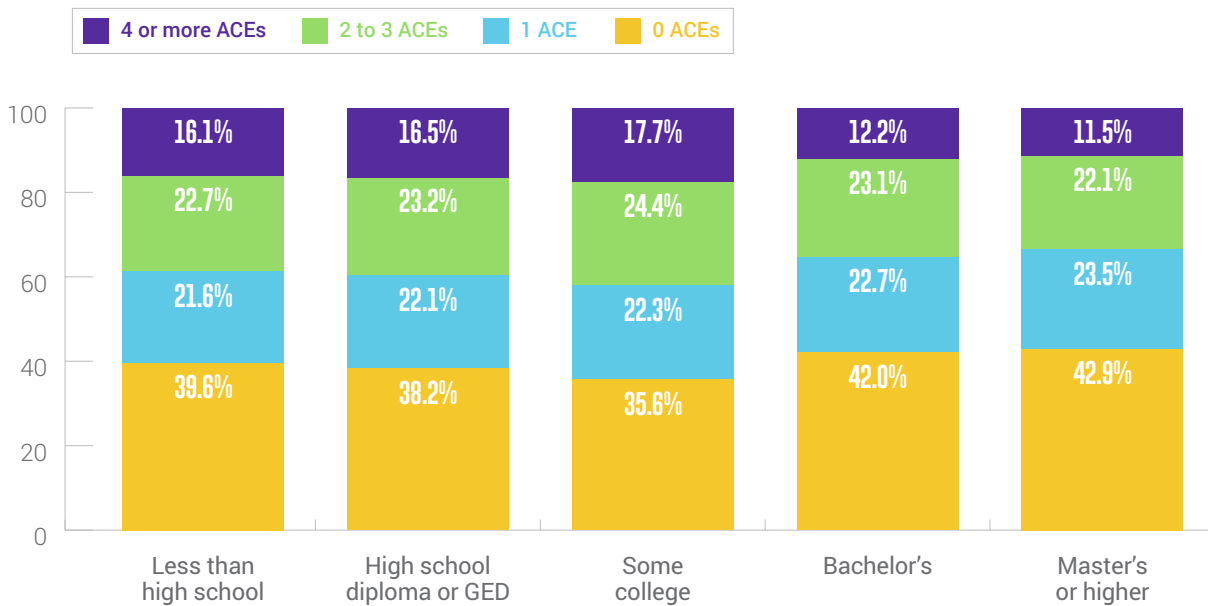


Figure 7: Distribution of ACEs within education levels

Figure 6 illustrates a correlation between ACEs and poverty. As income decreases, the percentage of individuals with four or more ACEs increases. Figure 7 shows a similar correlation with education level. The percentage of individuals who have

received a bachelor's degree or higher and who have four or more ACEs is noticeably less than the percentage of individuals who have completed "some college" or have received a high school diploma and who also have four or more ACEs.



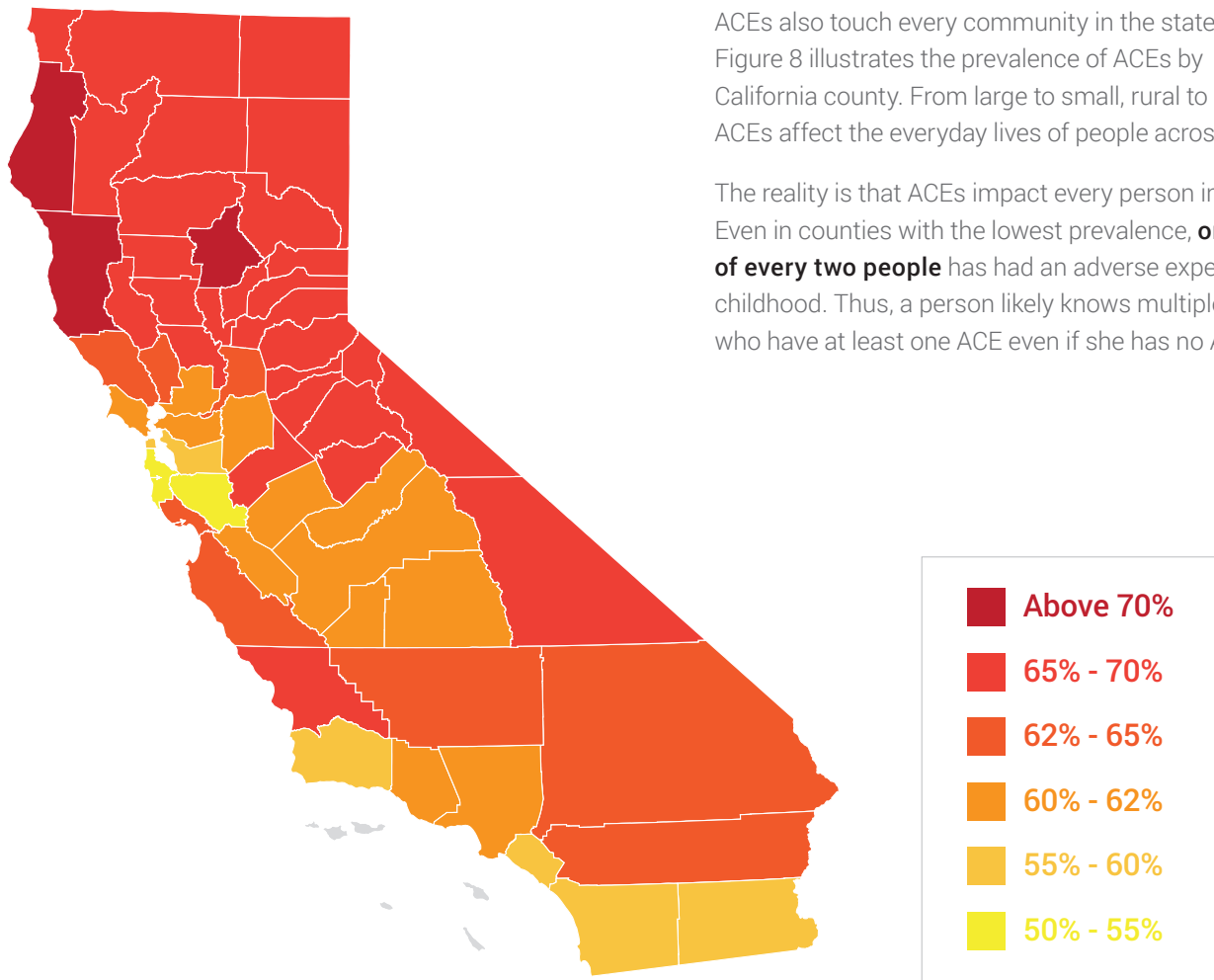


Figure 8: Percent of residents with at least one ACE across California counties

### PREVALENCE OF ACES IN CALIFORNIA'S MOST POPULOUS COUNTIES

- Los Angeles County – 60.7% of residents have 1 or more ACEs
- San Diego County – 59.0% of residents have 1 or more ACEs
- Orange County – 59.3% of residents have 1 or more ACEs
- Riverside County – 64.5% of residents have 1 or more ACEs
- San Bernardino County – 62.5% of residents have 1 or more ACEs

### CALIFORNIA COUNTIES WITH THE HIGHEST NUMBER OF ACES

- Butte County – 76.5% of residents have 1 or more ACEs
- Mendocino & Humboldt Counties (combined) – 75.1% of residents have 1 or more ACEs

### CALIFORNIA COUNTIES WITH THE LOWEST NUMBER OF ACES

- Santa Clara County – 53.4% of residents have 1 or more ACEs
- San Mateo County – 53.9% of residents have 1 or more ACEs

# ACES AND CALIFORNIA'S HEALTH

## PHYSICAL HEALTH

### BRENDA'S STORY

Brenda is a 50-year old woman living in Southern California. Although she now lives in a solidly middle-class suburb of Orange County, Brenda grew up in a low-income area of Los Angeles where gangs and drugs were a part of daily life. Brenda's father went to prison when she was five years old for selling drugs. Her mother, addicted to prescription painkillers, struggled to support the family and Brenda often went without enough food or clothing. Brenda's aunt stepped in to care for Brenda when she was ten years old but often suffered from severe bouts of depression. Not having health insurance, her aunt's illness went untreated for years. After she graduated high school, Brenda worked to put herself through college. Although she now lives comfortably, she has recently developed serious health problems and often struggles to complete simple tasks, experiencing muscle and chest aches daily.

#### Brenda has 4 ACEs

- Parental incarceration
- Substance abuse by household member
- Physical neglect
- Mental illness in household member

Numerous studies have found strong correlations between high numbers of adverse experiences in childhood and poor health outcomes in adulthood. As illustrated in Figure 9, the strong association between high numbers of ACEs and poor health outcomes among Californians has serious implications for the state's public health and healthcare systems.

### ADULTS IN CALIFORNIA WITH 4 OR MORE ACEs ARE:

- 2.42 times as likely to have chronic obstructive pulmonary disease (COPD)
- 1.86 times as likely to have asthma
- 1.69 times as likely to have kidney disease
- 1.55 times as likely to have a stroke

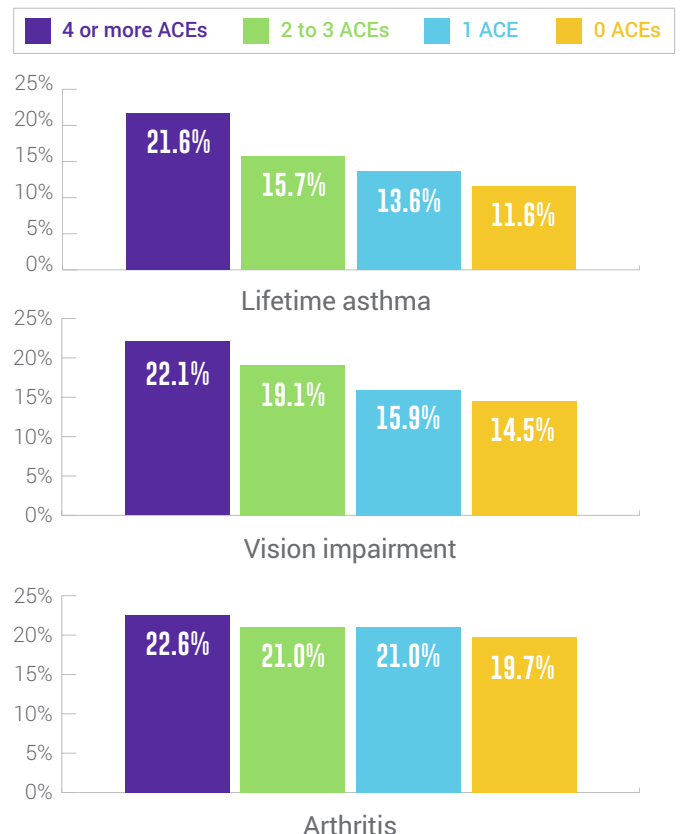


Figure 9: Relationship between ACEs and physical health

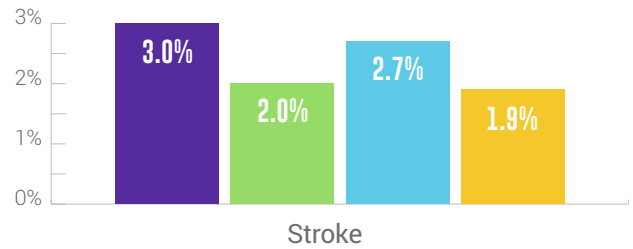
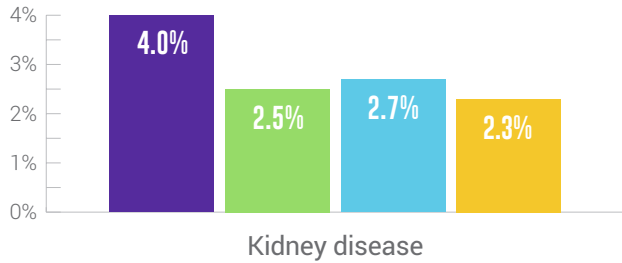
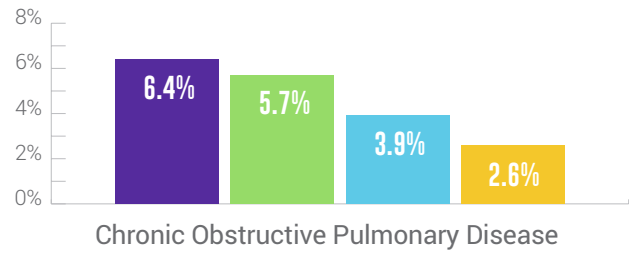
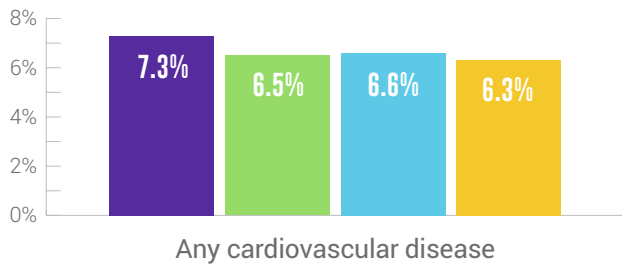


Figure 9: Relationship between ACEs and physical health (continued)

## MENTAL HEALTH

ACEs have long been associated with mental health challenges in adulthood. Similarly, in California, a person who has experienced four or more ACEs is **5.13 times** as likely to suffer from depression than a person who has no ACEs.

Moreover, an adult who has four or more ACEs is **4.65 times** as likely to seek help from a mental health professional and **4.22 times** as likely to be diagnosed with Alzheimer’s or dementia as compared with an adult who has no ACEs.

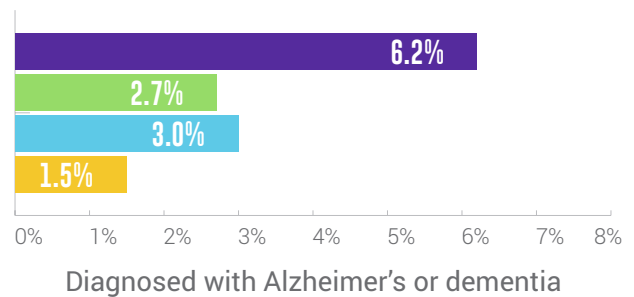
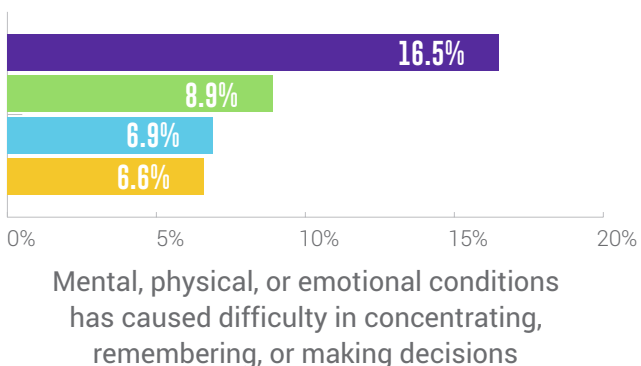
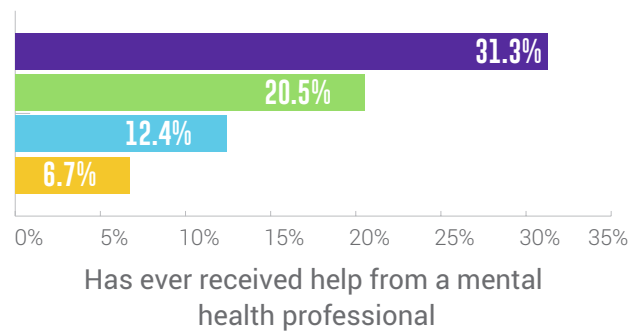
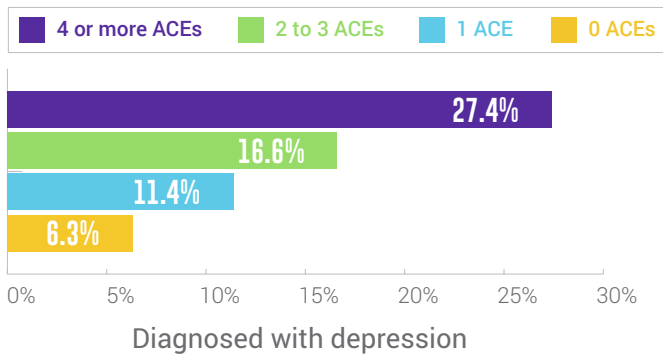


Figure 10: Relationship between ACEs and mental health

# SELF-RATED HEALTH

In addition to increased risk for poor health outcomes, Californians with high numbers of ACEs also report feeling less healthy. Adults with four or more ACEs were **1.36 times** as likely to rate their health as “fair” or “poor” compared with adults with no ACEs.

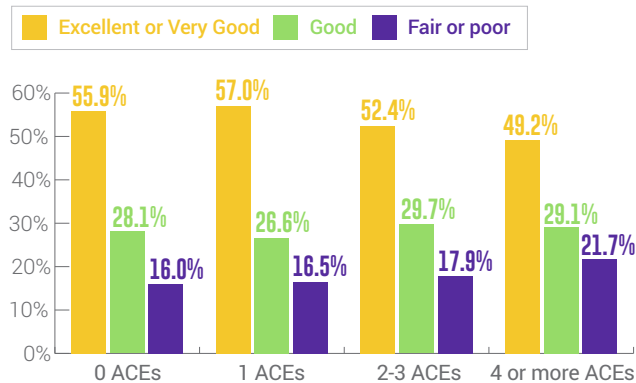


Figure 11: Relationship between ACE score and how adults perceive their health

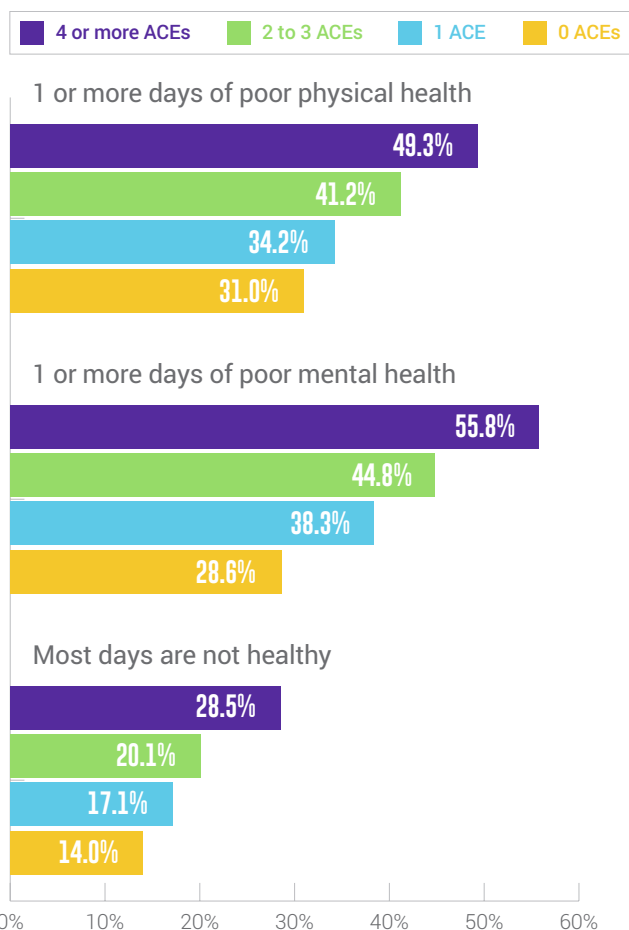


Figure 12: Relationship between ACE score and the number of healthy days

## ADULTS WITH 4 OR MORE ACEs ARE:

- **1.59 times** as likely to report one or more days of poor physical health in the past 30 days
- **Almost twice** (1.95 times) as likely to report one or more days of poor mental health in the past month
- **2.14 times** as likely to report that their poor health – physical or mental – had prevented them from participating in their usual activities

The impact of high numbers of ACEs is particularly apparent when California adults were asked to report on the effect of arthritis on their everyday lives. There was a strong dose-response relationship between the number of ACEs and the impact of arthritis on an individual’s day-to-day activities. As the number of ACEs increased, adults were increasingly likely to report that arthritis caused serious or severe joint pain and interfered with their normal activities a lot compared to adults with no ACEs. Thus, although the prevalence of arthritis increased only slightly (see Figure 9) in persons with four or more ACEs, the impact of arthritis on a person’s day-to-day life appears to be far greater in individuals who have experienced four or more ACEs.

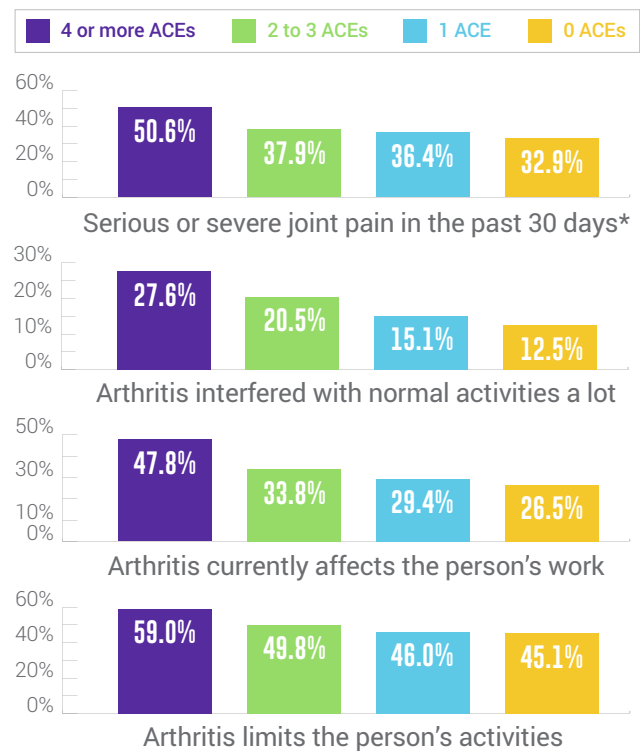


Figure 13: Relationship between ACE score and arthritis effect  
\* Individuals rated their average pain from 6 to 10 on a pain scale

# ACES AND HEALTH BEHAVIORS

## LEO'S STORY

Leo is a 35-year old man living in Northern California. He grew up in an affluent community in the Bay Area. When he was eight years old, his parents divorced and Leo and his sister went to live with his mother. Two years later, his mother remarried. However, soon after he moved in, his stepfather began to sexually abuse Leo. Leo's stepfather would also threaten and demean him. Although his mother witnessed Leo's stepfather's verbal abuse, she blamed Leo for making his stepfather angry – withdrawing her affection and becoming very distant. Leo began spending as much time as he could at school and at his friends' houses but no one ever questioned his behavior. The abuse lasted until Leo left home to attend college. In order to cope with depression, Leo began drinking and smoking in high school and has never been able to stop. He now struggles to maintain stable housing and employment.

### Leo has 4 ACEs

- Parental separation or divorce
- Sexual abuse
- Verbal abuse
- Emotional neglect

In numerous studies, researchers have found strong correlations between ACEs and negative health behaviors. Among California adults, high numbers of ACEs, similarly, correlate with risky health behaviors.

## A PERSON WITH 4 OR MORE ACEs IS:

- **2.93 times** as likely to be a current smoker
- **3.23 times** as likely to engage in binge drinking
- **3.30 times** as likely to engage in risky sexual behavior<sup>11</sup>

Although early research hypothesized that the emotional impact of ACEs caused individuals to engage in risky behavior, emerging research indicates that chronic adversity affects the area of the brain implicated in substance dependence, increasing the likelihood of addiction and other high risk behaviors.<sup>12</sup>

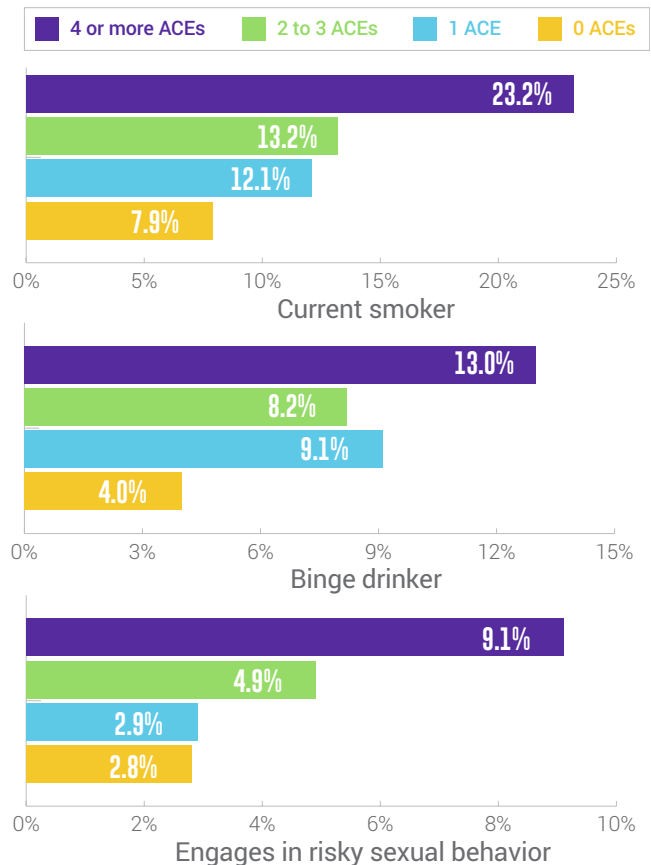


Figure 14: Relationship between ACE score and risky health behaviors

# ACES AND ACCESS TO HEALTHCARE

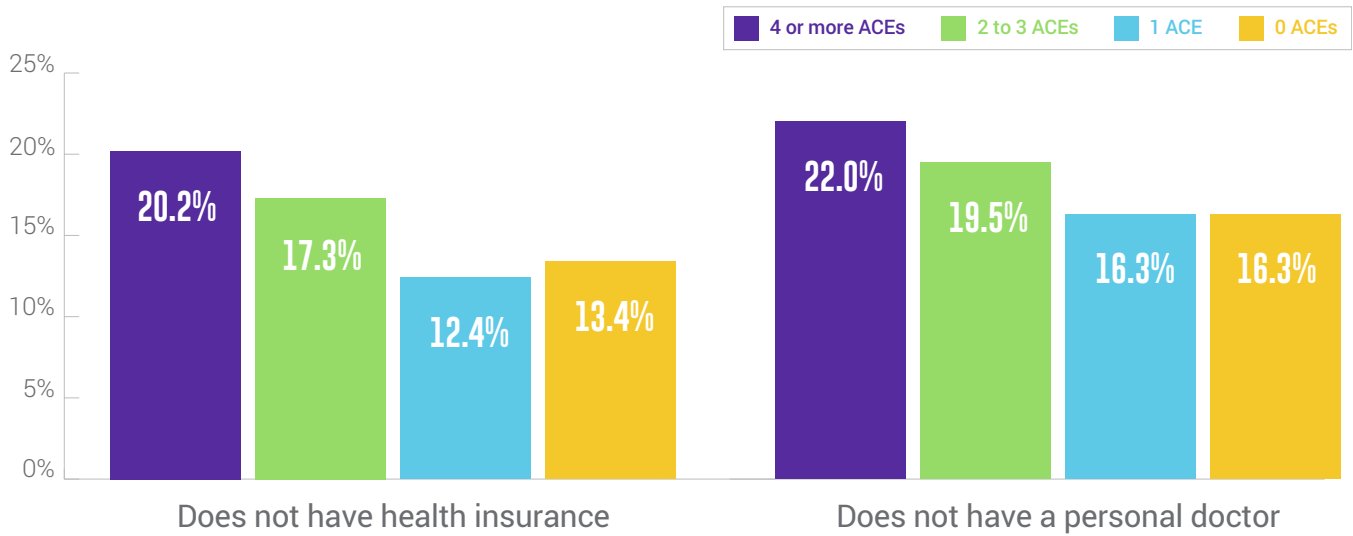


Figure 15: Relationship between ACE score and access to healthcare

Among Californians, high numbers of ACEs also appear to correlate with limited access to health care. Adults with four or more ACEs are **50% more likely** to lack health insurance as compared to those who have no

ACEs. Individuals lacking health insurance or access to regular healthcare often delay seeking medical services, resulting in untreated medical conditions and increased emergency room visits.

# ACES AND CHILD WELFARE

High numbers of ACEs, unsurprisingly, have strong correlations with involvement in the child welfare system. In California, a person with four or more ACEs is **12.96 times** as likely to have been removed from her home as a child as compared to a person with no ACEs. In 2012, over 350,000 California children received a Child Protective Services response for an allegation of child maltreatment.<sup>13</sup> Of the 76,026 children who were found to be victims of maltreatment in 2012, 86.7% were found to have suffered from neglect and 18.3% were found to have suffered from emotional abuse.<sup>14</sup>

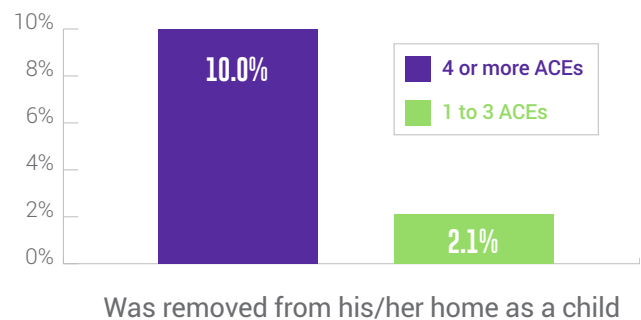


Figure 16: Relationship between ACE score and removal from home during childhood

# ACES AND SEXUAL VIOLENCE

Alarming, high numbers of ACEs increase the likelihood that a person will be the victim of intimate partner violence or sexual violence in adulthood. Studies have shown that a woman with three violent ACEs is **3.5 times** as likely to become a victim of intimate partner violence and a man with 3 or more violent ACEs is **3.8 times** as likely to perpetrate intimate partner violence.<sup>15</sup> In California, an individual with four or more ACEs is **11.6 times** as likely to report being forced to have sex *after* the age of 18.

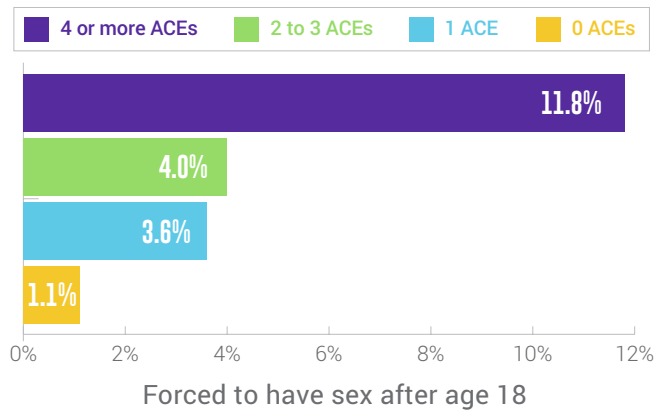


Figure 17: Victim of sexual violence in adulthood

## AN OPPORTUNITY TO HELP CALIFORNIA THRIVE

ACEs and their impact on the health and welfare of Californians are a reality that cannot be ignored. The science and data are clear. The findings from four years of BRFSS data illustrate, all too clearly, the lifelong consequences of unaddressed adverse experiences in childhood. California must seize this opportunity to promote the health and success of California's children and families by addressing the impact of ACEs.

**Annual state-level data collection on the prevalence of ACEs:** Continuing state-level data collection on the prevalence of ACEs throughout California is necessary to craft effective strategies and policies to address the impact of ACEs on local communities. Data collection efforts must also expand to examine the relationship between ACEs and other systems that impact the lives of children, including child welfare and juvenile justice.

**Increase awareness about ACEs and their impact on health and wellness in communities across California:** Public education must be a priority in crafting an effective response to ACEs. Change can begin from the ground up as more communities join the movement to address chronic adversity in childhood.

**Increase access to health care, including mental health services, for all Californians:** By improving access to quality, affordable health care, including mental health services, we can work to prevent the onset of chronic, life-changing diseases and prevent the harm of untreated mental illness.

**Support efforts to identify evidence-based practices to screen for and respond to ACEs across systems:** ACEs do not have to determine a person's life trajectory. Early identification and intervention can help stem the impacts of ACEs and toxic stress on a person's brain and body. At the Center for Youth Wellness, children and youth are routinely screened for ACEs to ensure targeted and enhanced care.

**Advance efforts to integrate behavioral and physical health care practices:** ACEs impact the health of the whole person mentally and physically. More must be done to explore and advance efforts to integrate behavioral and physical health care practices to heal the individual – body and mind.

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- <sup>9</sup> Id.
- <sup>10</sup> All prevalence ratios are based on a comparison to persons with zero ACEs.
- <sup>11</sup> “Engage in risky sexual behavior” is based on a positive response to the following instructions on BRFSS telephone survey: “I’m going to read you a list. When I’m done, please tell me if any of the situations apply to you. You don’t need to tell me which one. You have used intravenous drugs in the past year. You have been treated for a sexually transmitted or venereal disease in the past year. You have given or received money or drugs in exchange for sex in the past year. You had anal sex without using a condom in the past year. Do any of these situations apply to you?”
- <sup>12</sup> Supra Note 8, Shonkoff; Centers for Disease Control and Prevention, Pyramid, ADVERSE CHILDHOOD EXPERIENCES (ACE) STUDY (Jan. 18, 2013), available at <http://www.cdc.gov/ace/pyramid.htm>; Charles L. Whitfield, M.D., The Adverse Childhood Experience (ACEs) Study: A Summary, available at: <http://www.cbwhit.com/ACEstudy.htm>.



<sup>13</sup> U.S. Department of Health and Human Services, Administration for Children & Families, Children's Bureau, Child Welfare Outcomes Report Data, CALIFORNIA CONTEXT DATA 2009-2012 (Sept. 29, 2014), available at <http://cwoutcomes.acf.hhs.gov/data/downloads/pdfs/california.pdf>.

<sup>14</sup> Id.

<sup>15</sup> Charles L. Whitfield, et al., Violent Childhood Experiences and the Risk of Intimate Partner Violence in Adults, 18 J. OF INTERPERSONAL VIOLENCE 166 (2003). "Violent Childhood Experiences" was defined as physical abuse, sexual abuse, and witness domestic violence.

## ACKNOWLEDGMENTS

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- The Sarlo Foundation
- The California Wellness Foundation
- Sierra Health Foundation
- The San Francisco Foundation
- Rosenberg Foundation
- CPMC/ Sutter Health
- Clif Bar Family Foundation

# APPENDIX A

## METHODOLOGY

Prepared by Survey Research Group, Public Health Institute, Danielle Ewing, MPH, Suzanne Ryan-Ibarra, MS, MPH, Michael Wright, MA, Marta Induni, PhD

## PARTICIPANTS

We used four years of data from the California Behavioral Risk Factor Surveillance System (CA BRFSS) 2008, 2009, 2011, and 2013 to estimate the prevalence of adverse childhood experiences (ACEs) according to demographic, social, and health-related characteristics. CA BRFSS is a cross-sectional, population-based telephone survey of non-institutionalized households, and methods have been described elsewhere.<sup>1</sup> Briefly, using random digit dialing, one adult age 18 or older per household was randomly selected to participate in a telephone interview. Respondents were interviewed in English, Spanish, or Chinese (Cantonese or Mandarin) (2009 only). In 2013, the sampling frame included landlines and cellular telephones. In earlier years (2008-2011),

the sampling frame included only landline telephones. CA BRFSS data are weighted to account for the complex sampling design, adjust for non-response and households without telephones, and balance the sample so that it matches the California population's age, gender, and race/ethnicity distribution.

Data from four years were used to increase sample size. The prevalence of ACEs was similar for each of the four years (Table A). In the combined four years, there were a total of 27,745 respondents. After excluding participants without complete information on ACEs (n=5,200) our analytic, combined sample included 22,545 adults.

Before age 18...	2008		2009		2011		2013	
	n	%	n	%	n	%	n	%
Experienced verbal abuse <sup>a</sup>	1,587	32.5	1,489	32.2	3,489	37.3	1,037	38.4
Parents divorced or separated	1,336	27.2	1,170	25.8	2,249	25.4	820	28.9
Household member abused substances <sup>b</sup>	1,349	27.0	1,131	22.8	2,568	27.1	822	27.6
Experienced physical abuse <sup>c</sup>	913	19.2	853	17.9	1,868	20.7	630	22.1
Witnessed domestic violence <sup>d</sup>	706	15.7	627	14.9	1,635	18.8	564	21.3
Household member mentally ill <sup>e</sup>	749	14.3	680	13.6	1,520	16.1	469	16.4
Experienced sexual abuse <sup>f</sup>	591	11.0	476	8.6	1,336	11.8	449	14.5
Parent or adult caretaker ever fail to provide for basic needs <sup>g</sup>	241	9.0	372	8.9	-	-	290	10.0
Household member in jail, prison, or convicted to serve time	241	6.7	193	5.4	442	6.9	198	7.4

**Table A: Prevalence of ACEs in 2008, 2009, 2011 and 2013**

<sup>a</sup> Said yes to “Did a parent or adult in your home ever swear at you, insult you, or put you down?”

<sup>b</sup> Said yes to “did you live with anyone who was a problem drinker or alcoholic?” or “Did you live with anyone who used street drugs or who abused prescription medication?”

<sup>c</sup> Said yes to “Not including spanking, did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?”

<sup>d</sup> Said yes to “Did your parents or adults in your home ever hit, punch, or beat each other up?”

<sup>e</sup> Said yes to “Did you live with anyone who was depressed, mentally ill, or suicidal?”

<sup>f</sup> Said yes to “Did an adult or anyone at least 5 years older than you try to make you touch them sexually?” or “Did an adult or anyone at least 5 years older than you ever touch you sexually?”, or “Did an adult or anyone at least 5 years older than you force you to have sex?”, or “Did an adult or anyone at least 5 years older than you ever sexually abuse you?”

<sup>g</sup> Said yes to “Did a parent or adult caretaker ever fail to provide for your basic needs, such as food, clothing, medical care, hygiene, or fail to protect you from known dangers?” This question was not asked in 2011.

## ADVERSE CHILDHOOD EXPERIENCES

The standard ACE optional module from the Centers for Disease Control and Prevention was used to collect data on ACEs before the age of 18 among participants in the CA BRFSS in 2008, 2009, 2011, and 2013. The questions included in the ACE module are listed in Table A. The questions in the module were identical for all four years, with the following exceptions: 1) sexual abuse was assessed using slightly different, but comparable, questions in 2008 versus 2009, 2011, and 2013, and 2) a question to assess neglect was added in California for years 2008, 2009, and 2013.

An ACE score variable was created for use in analyses. An answer of “yes” to one of the ACE questions

contributed 1 point to the ACE score. Because there were multiple questions that asked about sexual abuse and parental substance abuse, only one point was given for a “yes” answer to the sexual abuse and substance abuse questions, respectively. The ACE score variable was coded as: 0 ACEs, 1 ACE, 2-3 ACEs, or 4 or more ACEs. When sample size was too small to permit using this coding, ACE categories were combined. For example, for some county estimates, ACEs categories were collapsed and coded as: 0 ACEs, 1-3 ACEs, or 4 or more ACEs. This secondary coding was consistently used when the standard coding could not be utilized.

# STATISTICAL ANALYSIS

First, sample characteristics were compared with the CA population. Next, prevalence rates of ACEs according to each individual ACE question as well as overall ACE score were estimated. Prevalence of ACEs was examined according to: Demographics, Health Conditions, Arthritis Burden, Chronic Conditions, Healthy Days (Self-Rated Health), Healthcare, Health Behaviors, Foster Care, Mental Health, Social Factors, and Sexual Violence. Prevalence ratios and 95% confidence intervals were estimated using Cox proportional-hazards regression. Prevalence ratios were estimated instead of odds ratios because odds ratios tend to be artificially inflated if the prevalence of the outcome variable (in this case, ACEs) is higher than 10%.<sup>2</sup>

To examine the stability and reliability of the prevalence estimates, three criteria were used: 1) sample size greater than or equal to 30, 2) confidence interval range less than 20, and 3) coefficient of variation less than 30. If an estimate did not meet

all three of these criteria, it was considered unstable and unreliable, and the cell was highlighted in a light orange color. If an estimate was found to be unstable and unreliable, the recommendation was to withhold publication in the report.

All analyses were conducted with the combined dataset (years 2008, 2009, 2011, and 2013) and with single years. Some years did not include every variable in the analyses. Only findings from the combined dataset are included in this report. Survey weights were applied in all analyses so that estimates would be representative of the CA population. Survey weights were rescaled for use with the combined dataset. Analyses were conducted using SAS survey procedures, version 9.3.

## REFERENCES

1. Ryan-Ibarra S, Induni M, Zuniga M, Ewing D. California Behavioral Risk Factor Surveillance System SAS Dataset Documentation and Technical Report: 1984 - 2012. Survey Research Group, Public Health Institute; 2013.
2. Spiegelman D. Easy SAS Calculations for Risk or Prevalence Ratios and Differences. *Am J Epidemiol.* 2005;162(3):199-200. doi:10.1093/aje/kwi188.

# APPENDIX B

	California population, 2010 <sup>a</sup>		CA BRFSS 2008, 2009, 2011, and 2013, Unweighted Sample		CA BRFSS 2008, 2009, 2011, and 2013, Weighted Sample	
	n	%	n	%	n	%
<b>Overall</b>	27,958,916	100.0	27,745	100.0	27,958,916	100.0
<b>Age</b>						
18-24 years	3,922,951	14.0	1,286	4.6	3,923,023	14.0
25-34 years	5,317,877	19.0	2,820	10.2	5,317,918	19.0
35-44 years	5,182,710	18.5	4,333	15.6	5,182,733	18.5
45-54 years	5,252,371	18.8	5,111	18.4	5,252,350	18.8
55-64 years	4,036,493	14.4	5,715	20.6	4,036,450	14.4
65+ years	4,246,514	15.2	8,480	30.6	4,246,443	15.2
<b>Gender</b>						
Male	13,761,238	49.2	11,092	40.0	13,761,248	49.2
Female	14,197,678	50.8	16,653	60.0	14,197,668	50.8
<b>Race/ethnicity</b>						
Non-Hispanic White	12,409,858	44.4	17,785	64.1	12,409,888	44.4
Non-Hispanic African American/Black	1,640,279	5.9	1,203	4.3	1,640,279	5.9
Hispanic or Latino	9,257,499	33.1	6,740	24.3	9,257,484	33.1
Non-Hispanic Asian, Pacific Islander, Other	4,651,280	16.6	2,017	7.3	4,651,265	16.6
<b>Education<sup>b</sup></b>						
High School	4,650,042	19.3	3,495	12.6	4,413,177	16.3
High School Diploma, GED	5,012,413	20.8	5,538	20.0	5,935,093	21.9
Some College	7,183,474	29.8	7,143	25.7	6,795,761	25.1
Bachelor's	4,610,875	19.1	6,155	22.2	5,902,699	21.8
Master's or higher	2,640,396	11.0	4,889	17.6	4,070,622	15.0

**Table B: Demographics of the 2010 California adult population compared to California Behavioral Risk Factor Surveillance System (CA BRFSS) sample, 2008, 2009, 2011, and 2013.**

<sup>a</sup> Source: State of California, Department of Finance, California State Data Center, Census 2010 Summary File 1. Adults ages 18 and older. Counts may not match exactly due to rounding.

<sup>b</sup> Source: American Community Survey 1-year estimates for 2010. Adults ages 25 and older. CA BRFSS data is not weighted for education, so the weighted sample will not match the CA population data.

# APPENDIX C

Before age 18...	n	%	95% CI <sup>b</sup>
Did you live with anyone who was a problem drinker or alcoholic?	5,171	22.17	(21.30-23.03)
Did you live with anyone who used street drugs or who abused prescription medications?	1,834	9.84	(9.20-10.48)
Did you live with anyone who was convicted of a crime and sentenced to serve time in a prison, jail, or other corrections facility?	1,074	6.60	(6.04-7.16)
Did you live with anyone who was depressed, mentally ill, or suicidal?	3,418	15.07	(14.32-15.81)
Did your parents or adults in your home ever hit, punch or beat each other up?	3,532	17.59	(16.75-18.44)
Were your parents ever separated or divorced because of marital problems?	5,575	26.74	(25.80-27.69)
Not including spanking, did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?	4,264	19.94	(19.09-20.79)
Did a parent or adult in your home ever swear at you, insult you, or put you down?	7,602	34.99	(33.97-36.02)
Did an adult or anyone at least 5 years older than you try to make you touch them sexually?	1,063	8.09	(7.32-8.86)
Did an adult or anyone at least 5 years older than you ever touch you sexually?	1,468	10.49	(9.73-11.26)
Did an adult or anyone at least 5 years older than you ever sexually abuse you?	1,067	9.85	(8.90-10.80)
Did an adult or anyone at least 5 years older than you force you to have sex?	531	3.85	(3.38-4.31)
Did a parent or adult caretaker ever fail to provide for your basic needs, such as food, clothing, medical care, hygiene, or fail to protect you from known dangers? <sup>c</sup>	903	9.36	(8.51-10.20)

**Table C: Prevalence of individual adverse childhood experiences among adults in California, California Behavioral Risk Factor Survey, 2008, 2009, 2011, and 2013<sup>a</sup>**

<sup>a</sup> Data weighted to 2010 California population.

<sup>b</sup> CI = confidence interval

<sup>c</sup> Not asked in 2011.

Before age 18...	n	%	95% CI <sup>b</sup>
Experienced verbal abuse <sup>c</sup>	7,602	34.99	(33.97-36.02)
Parents divorced or separated	5,575	26.74	(25.80-27.69)
Household member abused substances <sup>d</sup>	5,870	26.16	(25.24-27.08)
Experienced physical abuse <sup>e</sup>	4,264	19.94	(19.09-20.79)
Witnessed domestic violence <sup>f</sup>	3,532	17.59	(16.75-18.44)
Household member mentally ill <sup>g</sup>	3,418	15.07	(14.32-15.81)
Experienced sexual abuse <sup>h</sup>	2,852	11.43	(10.77-12.09)
Parent or adult caretaker ever fail to provide for basic needs <sup>i</sup>	903	9.36	(8.51-10.20)
Household member in jail, prison, or convicted to serve time	1,074	6.60	(6.04-7.16)

**Table D: Prevalence of ACEs by ACE type<sup>a</sup>**

<sup>a</sup> Data weighted to 2010 California population.

<sup>b</sup> CI = confidence interval

<sup>c</sup> Said yes to “Did a parent or adult in your home ever swear at you, insult you, or put you down?”

<sup>d</sup> Said yes to “Did you live with anyone who was a problem drinker or alcoholic?” or “Did you live with anyone who used street drugs or who abused prescription medications?”

<sup>e</sup> Said yes to “Not including spanking, did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?”

<sup>f</sup> Said yes to “Did your parents or adults in your home ever hit, punch or beat each other up?”

<sup>g</sup> Said yes to “Did you live with anyone who was depressed, mentally ill, or suicidal?”

<sup>h</sup> Said yes to “Did an adult or anyone at least 5 years older than you try to make you touch them sexually?” or “Did an adult or anyone at least 5 years older than you ever touch you sexually?”, or “Did an adult or anyone at least 5 years older than you force you to have sex?”, or “Did an adult or anyone at least 5 years older than you ever sexually abuse you?”

<sup>i</sup> Said yes to “Did a parent or adult caretaker ever fail to provide for your basic needs, such as food, clothing, medical care, hygiene, or fail to protect you from known dangers?” This question was asked in 2008, 2009, and 2013.

# APPENDIX D

County	0		1		2 OR 3		4 OR MORE	
	n	%	n	%	n	%	n	%
Alameda	381	43.0	218	19.1	227	25.4	116	12.5
Butte	78	23.5	60	26.3	57	19.9	54	30.3
Fresno	215	39.6	132	25.0	117	18.3	99	17.1
Imperial <sup>c</sup>	44	42.7	--	--	--	--	--	--
Kern	212	37.5	147	28.5	118	19.3	85	14.7
Los Angeles	1302	39.3	792	22.6	790	24.6	436	13.5
Marin	98	39.0	50	21.3	56	20.7	42	19.0
Orange	758	40.7	411	22.9	376	22.1	215	14.2
Riverside	525	35.5	297	20.4	310	24.6	238	19.5
Sacramento	394	37.5	214	20.0	248	22.8	188	19.6
San Bernardino	435	37.5	257	20.0	270	23.0	206	19.4
San Diego	849	41.0	439	20.3	472	24.2	300	14.5
San Francisco	209	44.1	142	25.3	140	21.5	71	9.0
San Joaquin	171	38.6	95	25.4	74	16.1	60	19.9
San Luis Obispo	94	32.9	50	13.7	84	33.4	45	20.0
San Mateo	210	46.1	126	23.6	95	18.2	51	12.0
Santa Barbara	126	42.5	79	19.6	85	24.7	43	13.3

**Table E: Prevalence of ACEs among residents in California counties<sup>a, b</sup>**



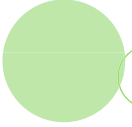
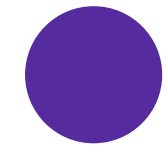
County	0		1		2 OR 3		4 OR MORE	
	n	%	n	%	n	%	n	%
Santa Clara	508	46.6	257	22.6	224	19.8	126	11.0
Stanislaus	154	34.8	74	14.5	85	27.0	67	23.7
Ventura	224	39.8	125	20.6	126	24.4	75	15.2
Colusa, Glenn, Tehama, Lake	72	33.9	35	14.5	63	30.4	36	21.3
Plumas, Sierra, Siskiyou, Lassen, Modoc, Trinity, Del Norte, Shasta	159	31.2	94	19.2	103	26.6	84	23.0
Mariposa, Mono, Tuolumne, Alpine, Amador, Calaveras, Inyo, El Dorado	173	33.8	95	21.0	129	28.5	60	16.7
Monterey, Santa Cruz	194	36.3	111	18.6	144	24.5	90	20.5
Mendocino, Humbolt	98	24.9	73	21.0	79	23.3	62	30.8
Napa, Sonoma	243	35.5	129	18.2	147	24.2	124	22.0
Kings, Tulare	159	38.9	86	21.1	80	21.2	49	18.8
Nevada, Placer	189	33.4	118	24.3	136	25.9	76	16.4
Yuba, Sutter, Yolo	103	33.3	62	25.6	76	28.3	44	12.8
Solano, Contra Costa	386	39.3	203	21.2	220	24.0	133	15.4
San Benito, Merced, Madera	129	38.2	72	24.6	83	24.9	44	12.3

**Table E: Prevalence of ACEs among residents in California counties<sup>a, b</sup> (Continued)**

<sup>a</sup> Data weighted to the 2010 California population

<sup>b</sup> In some cases, data from geographically and demographically similar counties were combined to allow for reliable reporting

<sup>c</sup> Sample size was too small to be reliably reported





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3450 3rd Street, Bldg 2, Suite 201,  
San Francisco, CA 94124

# From Trauma to Trauma Informed Community

Stephan Betz, Ph.D., CGP  
Deputy Director  
Solano County Health and Social  
Services

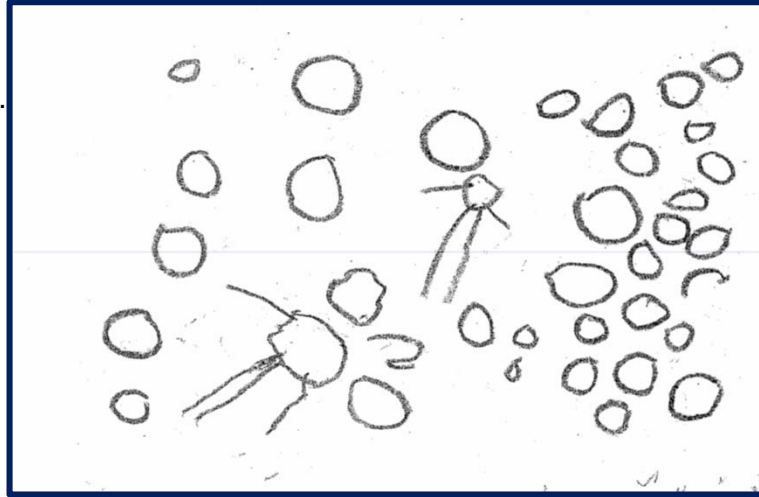
## Content

- What is Trauma, what are Adverse Childhood Experiences?
- What is the impact of ACEs? On kids? On the community?
- A systems approach – policies and politics.



## What is Trauma, ACE?

Victor  
Carrion, M.D.  
Stanford  
Early  
Life  
Stress  
Research  
Program



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## What is Trauma, ACE?

- “Actual or threatened death or serious injury or threat to the physical integrity of self or others.
- Fear, helplessness, horror
- In children: disorganized or agitated behavior.”

(V.Carrion, M.D., Stanford Early Life Stress Research Program – ELS)

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## ACE Study – A survey of 17,000 Kaiser members

### Measurements:

- ACEs score
- Resiliency score
- UCLA PTSD and TESI scores -Schools screening tools
- CANS score - MH

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## Impact of ACEs

### Diagnostic Criteria - PTSD

- B. Persistently re-experienced in one or more of the following ways:
  - 1.Recurrent and intrusive recollections of the event: images, thoughts, perceptions.
    - In children, repetitive play.
  - 2.Recurrent distressing dreams of the event.
    - In children, frightening dreams.

## Impact of ACEs

### Diagnostic Criteria - PTSD

- 3. Acting or feeling as if recurring.
  - In children, trauma-specific reenactment may occur.
- 4. Intense distress upon cues.
- 5. Intense physiological reactivity upon cues.
  
- DSM-V Dissociative Reactions: In children traumatic play.

### Diagnostic Criteria - PTSD

- C. Avoidance of stimuli and numbing of general responsiveness:
  - 1. Thoughts, feelings or conversations.
  - 2. Activities, places or people.
  - 3. Inability to recall important aspect of trauma.
  - 4. Diminished interest.
  - 5. Restricted range of affect.
  - 6. Sense of foreshortened future.



### A systems change starts with proving your point – VCUSD outcomes of the Positive Youth Justice Initiative 2012 to 2014:

- Graduation rates up 10.3% for African American, 16.5% for Latino and 12% for white students
- ADA up from 92% to 93.4%
- Dropout rate decreased by 10.9%
- Reduced referrals for discipline by 81%, suspensions by 55%, expulsions by 47%.

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### A systems change continues with involving key community leaders as stake holders:

- Kaiser Napa – Solano has initiated a trauma informed initiative and requires residents to go through a trauma informed care placement
- California Supreme Court Chief Justice Tani Gorre Cantil-Sakuye and State Superintendent of Public Instruction Tom Torlakson convened [a summit](#) for juvenile court workers, educators and others to examine how trauma, truancy and school discipline affect children, and how to build resilience.

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A systems change continues with involving key community leaders as stake holders:

- CA Secretary of Health and Human Services has made trauma informed care an agenda item for the CA Dept of Public Health “Health Disparities Initiative”
- San Diego spearheaded trauma informed care with trauma informed policies, a care team and a care day
- Wisconsin’s First Lady’s Fostering Futures Initiative



Thank you!



STATE OF CALIFORNIA  
OFFICE OF THE ATTORNEY GENERAL  
KAMALA D. HARRIS  
ATTORNEY GENERAL

February 12, 2015

Re: Oversight and Enforcement of Laws Related to Foster Youth

Dear Colleagues:

As elected and appointed leaders in your county with responsibility for our child welfare and juvenile justice systems, I write to inform you of the creation of the Bureau of Children's Justice (Bureau) at the California Department of Justice. The Bureau's mission is to protect the rights of children and focus the attention and resources of law enforcement and policymakers on the importance of safeguarding every child so that they can meet their full potential.

Staffed with both civil rights and criminal prosecutors, the Bureau will focus its enforcement and advocacy efforts on several areas, including California's foster care, adoption and juvenile justice systems; discrimination and inequity in education; elementary school truancy; human trafficking of vulnerable youth; and childhood trauma. The Bureau of Children's Justice will use the criminal and civil law enforcement powers of the California Department of Justice to identify and pursue much-needed improvements to policies impacting children, and work with local, state, and national stakeholders to enhance supports available for children in need and to hold those who prey on children accountable.

As the chief law officer of the State of California, I share your interest in seeing that laws and regulations enacted to protect our children are consistently and effectively enforced.<sup>1</sup> Within my office, sections across our civil, criminal and public rights divisions pursue a variety of cases to ensure all of California's children are given full protection under the law. These efforts have included investigations of alleged self-dealing or other improprieties by nonprofit charities; litigation involving foster care licensure or adoption; maintenance of the Child Abuse Central Index; and participation in the Commercial Sexual Exploitation of Children (CSEC) statewide taskforce, to name a few. The new Bureau will organize, focus, and expand on expertise within the Department of Justice on

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<sup>1</sup> Cal. Const., art. V, §13.



issues impacting children, as well as engage a spectrum of stakeholders – policymakers, elected officials, child welfare agencies, local education agencies, mental health officials, and law enforcement agencies – in order to fulfill its mission to protect the rights of all children.

The engagement process begins with you as leaders in California who have the vital responsibility of protecting some of our most vulnerable children – our foster youth.

Despite extensive legal protections and public agencies' legal obligations to foster youth, a 2011 audit of California child welfare services found that throughout the State, county agencies could be more vigilant and responsive to child abuse and neglect, and that they must more consistently inform oversight or licensing entities of child abuse and neglect.<sup>2</sup> Similarly, a review of the educational, employment, health, and criminal justice outcomes for foster youth in California makes clear that we can and must do better. Generally, students in foster care are older for their grade level than other student groups; drop out at a higher rate than other at-risk student groups; only 50% pass the California high school exit exam in grade 10; about 33% change schools at least once during the school year (at four times the rate of the low-socioeconomic status or general populations); and 20% are classified with a disability. Among students with disabilities, foster youth have a higher rate of emotional disturbance.<sup>3</sup> Emancipated foster youth are also more likely to become homeless and to become involved in the criminal justice system.<sup>4</sup>

As officials and employees in positions of public trust, we all have a duty to care for and protect the children placed into foster care in California.<sup>5</sup> The failure to protect California's foster children cannot be attributed solely to one official or agency. As part of our shared commitment to improving outcomes for our children, I urge you to evaluate your current enforcement and oversight policies and practices in this area, and to contact our office with concerns and ideas for potential collaboration.

California law, as you are aware, provides foster children with a variety of rights, including but not limited to:

*Rights Relating to Home Environment*

- live in a safe, healthy, and comfortable home where they are treated with respect;<sup>6</sup>
- be free of corporal punishment or physical, sexual, emotional or other abuse;<sup>7</sup>

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<sup>2</sup> Cal. State Auditor, *Child Welfare Services: California Can and Must Provide Better Protection and Support for Abused and Neglected Children* (2011) pp. 29, 31.

<sup>3</sup> Barrat, *The Invisible Achievement Gap, Part 1: Education Outcomes of Students in Foster Care in California's Public Schools* (2013) pp. 10, 12, 14, 17, 36-37.

<sup>4</sup> Danielson, *Foster Care in California: Achievements and Challenges* (2010) p. 14.

<sup>5</sup> Welf. & Inst. Code, § 16000.1, subd. (a)(1).

<sup>6</sup> Welf. & Inst. Code, § 16001.9, subd. (a)(1).

<sup>7</sup> Welf. & Inst. Code, § 16001.9., subd. (a)(2).

- receive adequate and healthy food, clothing, and for youth in group homes, an allowance;<sup>8</sup>
- receive medical, dental, vision, and mental health services;<sup>9</sup>
- be free of medication or chemical substances, unless authorized by a physician;<sup>10</sup>
- not be discriminated against on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or HIV status;<sup>11</sup>
- have caregivers and child welfare personnel who are trained in cultural competency and sensitivity relating to, and best practices for, providing adequate care to lesbian, gay, bisexual, and transgender youth in out-of-home care;<sup>12</sup> and
- contact family members, unless prohibited by court order, and social workers, attorneys, foster youth advocates and supporters, and, unless prohibited by court order, to make and receive confidential telephone calls and send and receive unopened mail.<sup>13</sup>

*Rights Relating to Education*

- attend school and participate in extracurricular, cultural, and personal enrichment activities, consistent with their age and developmental level, with minimal disruptions to school attendance and educational stability;<sup>14</sup>
- access the same academic resources, services, and enrichment activities as other students;<sup>15</sup>
- at 16 years of age or older, have access to existing information regarding the educational options available, including, but not limited to, the coursework necessary for vocational and postsecondary educational programs, and information regarding financial aid for postsecondary education;<sup>16</sup>
- remain enrolled in and attend their school of origin pending resolution of any school placement dispute,<sup>17</sup> and be immediately enrolled in school even if all typically required school records, immunizations, or school uniforms are not available;<sup>18</sup> and
- be protected from being penalized for school absences due to placement changes, court appearances, or related court ordered activities.<sup>19</sup>

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<sup>8</sup> Welf. & Inst. Code, § 16001.9, subd. (a)(3).

<sup>9</sup> Welf. & Inst. Code, § 16001.9, subd. (a)(4).

<sup>10</sup> Welf. & Inst. Code, § 16001.9, subd. (a)(5).

<sup>11</sup> Welf. & Inst. Code, § 16001.9, subd. (a)(23).

<sup>12</sup> Welf. & Inst. Code, § 16001.9, subd. (a)(24).

<sup>13</sup> Welf. & Inst. Code, § 16001.9, subds. (a)(6), (9).

<sup>14</sup> Welf. & Inst. Code, § 16001.9, subd. (a)(13).

<sup>15</sup> Ed. Code, §§ 48850, subd. (a)(1); 48853, subd. (h).

<sup>16</sup> Welf. & Inst. Code, § 16001.9, subd. (a)(25).

<sup>17</sup> Ed. Code, §§ 48853, subd. (d); 48853.5, subd. (e)(1).

<sup>18</sup> Ed. Code, § 48853.5, subd. (e)(8)(B).

<sup>19</sup> Ed. Code, § 49069.5, subds. (g), (h).

Each of the above-described rights in the Education Code applies to youth in both the dependency and juvenile justice systems.<sup>20</sup> Foster youth also have the right to make complaints related to any violations of these rights.<sup>21</sup>

It is paramount that state, county and local agencies throughout the State guarantee these rights by fulfilling their legal obligations, including but not limited to:

- **Meeting licensing requirements.** Under current California law, foster care facilities must meet respective health and safety standards in order to be licensed or approved.<sup>22</sup>
- **Ensuring quality of care.** Licensed facilities providing care for children must be inspected at least annually. Such inspections should take place without advance notice and as often as necessary to ensure the quality of care provided.<sup>23</sup>
- **Reporting child abuse.** A “mandated reporter” includes a licensing worker or evaluator; an administrator or employee of a licensed care facility; a social worker, probation officer, or parole officer; and a district attorney investigator, inspector, or local child support agency caseworker.<sup>24</sup> If a mandated reporter, in his or her professional capacity or within the scope of his or her employment, knows or reasonably suspects a foster youth has been the victim of child abuse or neglect, he or she must call a designated agency immediately or as soon as is practicably possible, and submit a written follow up report within 36 hours of receiving the information concerning the incident.<sup>25</sup>
- **Investigating suspected child abuse cases.** Any police or sheriff’s department, county welfare department, or other agency designated by the county to receive mandated reports must accept reports of suspected child abuse or neglect from a mandated reporter, or from any other person or referring agency.<sup>26</sup> The agency must then investigate the report of child abuse or neglect, and forward substantiated reports in writing to the California Department of Justice.<sup>27</sup>

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<sup>20</sup> Specifically, they apply to a “foster child,” defined as: a child who has been removed from his or her home pursuant to Section 309 of the Welfare and Institutions Code, is the subject of a petition filed under Section 300 or 602 of the Welfare and Institutions Code, or has been removed from his or her home and is the subject of a petition filed under Section 300 or 602 of the Welfare and Institutions Code. (Ed. Code, §§ 48853.5, subd. (a), 49069.5, subd. (i)(3).) A child is the subject of a petition filed under section 602 of the Welfare and Institutions Code when he or she has violated any law of this State or of the U.S., other than murder in certain circumstances and certain sex offenses, or any ordinance of any city or county of this State defining crime other than an ordinance establishing a curfew based solely on age, and are within the jurisdiction of the juvenile court and may be adjudged a ward of the court. (Welf. & Inst. Code, § 602, subd. (a).)

<sup>21</sup> Welf. & Inst. Code, § 16001.9, subd. (a)(8).

<sup>22</sup> Welf. & Inst. Code, § 16519, subd. (b).

<sup>23</sup> Health & Saf. Code, § 1522.4, subd. (a)(4); Cal. Code. Regs., tit. 22, § 84044.

<sup>24</sup> Pen. Code, § 11165.7.

<sup>25</sup> Pen. Code, § 11166, subd. (a).

<sup>26</sup> Pen. Code, § 11165.9.

<sup>27</sup> Pen. Code, § 11169, subd. (a).

- **Protecting foster youth against discrimination.** Under federal law, states receiving federal foster care funds cannot delay or deny placement of a child for adoption on the basis of the child's or prospective parent's race.<sup>28</sup> Additionally, LGBTQ foster children, foster parents, and service providers have a right to equal access to all services, placement, care, treatment and benefits of the foster care system, without discrimination or harassment.<sup>29</sup> Lastly, in 2010, California enacted AB 1325 to better serve Native American children in the child welfare system. The statute added "tribal customary adoption" as a less disruptive placement option, through which termination of parental rights is not required and Native children maintain the option of later returning to their tribal community.
- **Ensuring equal access to education for youth in the dependency and juvenile justice systems.** Educators, county probation and child welfare agencies, care providers, advocates, and the juvenile courts must work together to maintain stable school placements and to ensure that each student is placed in the least restrictive educational programs with access to the academic resources, services, and extracurricular and enrichment activities that are available to all pupils.<sup>30</sup> Both the local educational agency and the county placing agency are therefore responsible for the proper and timely transfer between schools of pupils in foster care.<sup>31</sup> And each local educational agency must designate a staff person as the educational liaison for foster youth who is responsible for ensuring and facilitating the proper educational placement and enrollment of foster youth, and assisting them when transferring from one school to another or from one school district to another, including ensuring the proper transfer of credits, records, and grades.<sup>32</sup> The educational liaison must also ensure that a child is immediately enrolled in a new school, and within two business days must request all academic and other records for the child to be transferred from the old school to the new school.<sup>33</sup>

Through my office's new Bureau of Children's Justice, I look forward to working with you to uphold these and other obligations to children across our State.

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<sup>28</sup> Section 422(b)(7) of the Social Security Act (Title IV-B); Section 471(a)(18) of the Social Security Act (Title IV-E).

<sup>29</sup> Welf. & Inst. Code, §§ 16001.9, subd. (a)(23); 16013, subd. (a).

<sup>30</sup> Ed. Code, § 48850, subd. (a)(1).


<sup>31</sup> Ed. Code, § 49069.5, subd. (b).

<sup>32</sup> Ed. Code, § 48853.5, subd. (b).

<sup>33</sup> Ed. Code, §§ 48853.5, subd. (e)(8); 49069.5, subds. (d)-(f).

As the Bureau begins its work, I welcome your ideas, feedback, and suggestions for ways we can work together on this endeavor. I encourage you to contact Deputy Attorney General Michael Newman at [Michael.Newman@doj.ca.gov](mailto:Michael.Newman@doj.ca.gov). Thank you for all that you do for Californians.

Sincerely



KAMALA D. HARRIS  
Attorney General

cc:

Tom Torlakson, Superintendent of Public Instruction, California Department of Education  
Diana S. Dooley, Secretary, California Health and Human Services Agency  
Jeffrey A. Beard, Secretary, California Department of Corrections and Rehabilitation  
Will Lightbourne, Director, California Department of Social Services  
Jennifer Kent, Director, California Department of Health Care Services  
Michael Wilkening, Acting Director, California Department of Public Health  
Michael Minor, Director, Division of Juvenile Justice, California Department of  
Corrections and Rehabilitation  
Martin N. Hoshino, Administrative Director of the Courts, Judicial Council of California  
Karen Grace-Kaho, Foster Care Ombudsman, California Department of Social Services  
Linda Penner, Chair, Board of State and Community Corrections  
Camille Maben, Executive Director, First 5 California Children and Families Commission



P

Presented By  
Mayor  
Bob Filner

*The City of San Diego*  
*Proclamation*

***Trauma Informed Care Day***

**WHEREAS**, on May 1, 2013, the Trauma Informed Guide Team and the San Diego community will come together to celebrate Trauma Informed Care Day to raise awareness of mental health problem; and

**WHEREAS**, the effects of trauma are felt by people everywhere regardless of age, race, ethnicity, socio-economic status, gender or work environment; and

**WHEREAS**, the Trauma Informed Care Guide Team engages those with histories of trauma; and

**WHEREAS**, the City of San Diego and the County of San Diego have adopted the Trauma Informed Care approach that understands the vulnerabilities and triggers of trauma and makes services and programs more supportive; and

**WHEREAS**, Trauma Informed Care has changed the way services are provided to families; and

**WHEREAS**, through Trauma-Informed Care techniques we are putting hope back into the hearts of San Diego's children; **NOW, THEREFORE**,

**BE IT RESOLVED, THAT I, BOB FILNER**, the 35<sup>th</sup> Mayor of the City of San Diego, do hereby proclaim, May 1, 2013, to be "Trauma Informed Care Day" in the City of San Diego in recognition of all the hard work the Trauma Informed Care Guide Team put into raising awareness of the effect of trauma.

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND, THIS DAY,  
AND HAVE CAUSED THE SEAL TO BE AFFIXED HERETO:

*Bob Filner*

BOB FILNER  
MAYOR

May 1, 2013

DATE



# First Lady's Fostering Futures Initiative

- Public awareness campaign to increase health literacy about Adverse Childhood Experiences, trauma-informed care and building resilient communities.
- Build and support a statewide community of practice that promotes improved health and wellbeing for Wisconsin's children, especially those involved with child welfare.
- Develop a blueprint that translates science into practice for use by Wisconsin communities seeking to become trauma-informed.
- Identify barriers and policy recommendations to be addressed by the Policy Advisory Council.



# County of San Diego, Health and Human Services

## TRAUMA-INFORMED SYSTEMS POLICY STATEMENT

**The Vision:** Improve the health and wellness of our community by providing innovative and integrated policies, practices, services and systems so San Diegans can engage and enjoy lives that are Healthy, Safe and Thriving.

**The Purpose:** San Diego County Health and Human Services Agency (HHSA) is dedicated to being a trauma-informed system. Being trauma-informed is a component of cultural competency; an approach to engage all people we serve, all staff and those we encounter whilst conducting business.

HHSA holds a universal awareness that individuals and organizations may have experienced and been affected by trauma and/or complex stress. HHSA understands that a range of concurrent, sequential, and mutually reinforcing changes are required in culture, policy, practice, and environment. HHSA believes relationships are a vehicle for healing and strives to adhere to the principles of trauma-informed systems of care, which includes: Safety; Trustworthiness; Choice; Collaboration; Empowerment; Transdisciplinary Training, Education and Coaching/Supervision; and Peer/Family Support Partnerships.

### RECOMMENDATIONS TO SUPPORT VISION:

1. Shared Philosophy and Leadership Commitment
2. Universal Awareness
3. Step-Wise, Cross-System Training
4. Interconnect Recommendations to Existing County Initiatives
5. Prioritize Self-Care and Wellness for Staff and Providers
6. Shared Resources, Materials and Database
7. Integrated Trauma-Informed Systems to include (Practices, Policies, Place, Contract Language, Supplemental Materials, and Utilization of Electronic Records and Databases)
8. Meaningful and Consistent Evaluation and Consultation
9. Consumer/Clients are Partners in Care

# The Recommendations ~ In Brief

## 1. Shared Philosophy and Leadership Commitment

- a. Shared Policy Statement Developed, Practiced and Disseminate widely.
- b. HHS Programs, Providers and Community Partners commitment to providing resources (including inviting staff members to coordinate the implementation recommendations and sustainability).

## 2. Universal Awareness

- a. Universal awareness begins to institutionalize trauma and complex stress awareness and impact throughout the Agency, Providers and Partners.
- b. All clients who enter the systems and all staff who work in the systems should be engaged within the universal awareness. Individuals who have been impacted by trauma and/or complex stress will have impacts and interpretations integrated into their plan for wellness.

## 3. Step-Wise, Cross-System Training

- a. Trauma-Informed systems become a part of all trainings.
- b. A training "buddy system" will be developed.
- c. Training will be delivered via LMS, The Knowledge Center, Public Child Welfare Training Academy (PCWTA) and/or Behavioral Health Education and Training Academy (BHETA).

## 4. Interconnect Recommendations to Existing County Initiatives

- a. Clear linkages to current initiatives within Agency, Providers and Partners are integrated.
- b. Within the County, specific Initiatives align best with the recommendations: Live Well San Diego; Knowledge Integration Project; CADRE; Trauma-Informed Workgroup; Trauma-Informed Guide Team; Mental Health Learning Collaborative; and Cultural Competency Action Plan.

## 5. Prioritize Self-care and Wellness for Staff and Providers

- a. Self-care is prioritized by the Agency, Provider Agencies and Partners.
- b. All staff receive support to enhance wellness strategies. Prevent, ameliorate, and address complex stress/trauma; and strategies are in place, practiced and reinforced.

## 6. Shared Resources, Materials and Database

- a. Resources revolve around being responsive and meaningful to the needs of the systems, providers, clients and others identified. Resources are accessed and utilized.
- b. Electronic records are shared, serving the client and providers with effective and efficient means to better understand and provide needed information and linkages toward their wellness.

## 7. Integrated Trauma Informed Systems (Practices, Policies, Place, Contract Language, Supplemental Materials, and Utilization of Electronic Records and Databases)

- a. Review and revise policies, practices, language, job descriptions, wellness plans and standards to support trauma-informed systems.
- b. Ensure environments are safe, non-threatening and engaging, following best practices.

## 8. Meaningful and Consistent Evaluation and Consultation

- a. Establish a culture of continued data exploration of the effectiveness and efficacy of Trauma-Informed systems.
- b. Consistent reporting to feed data (e.g., quarterly progress reports on implementation).
- c. Establish measurable outcomes and link all evaluation with Quality Improvement Units.

## 9. Consumer/Clients are Partners in Care

- a. Clients are the experts of themselves. Accordingly, they play an active role in every aspect of involvement of systems and their wellness.
- b. Clients feel safe, welcomed, valued and empowered. Their choice and control are standard practice.
- c. Opportunities for employment are available (e.g., Family/Peer Support Partners, whose role is valued with promotional advancements). Clients provide critical perspectives on all trainings, language, policies, procedures and environment.

Trauma-Informed Systems recognize and hold a universal awareness of trauma and/or complex stress as seen through social ecological and cultural lenses. Trauma often results in individualistic coping strategies that may contribute to multiple strengths and challenges over the lifespan. To this end, the Agency seeks to:

1. Ensure systems and services are outcome driven, culturally competent, recovery focused, client/family directed, and trauma informed.
2. Support activities designed to support wellness and complete health, reduce stigma and raise awareness surrounding behavioral/medical health and wellness.

Evidence to support Trauma Informed Systems would include:

1. Universal awareness of the prevalence and impact of trauma and complex stress adopted;
2. Trauma Informed philosophy and principles are evidenced in the Agency culture: policy, practice, place, language, attitudes and behaviors;
3. Consumers/clients are authentic partners and building relationships is an accepted cultural norm;
4. Communication to consumers/clients is in person-first language, strength based, and non-jargon;
5. The Agency, Providers, Contractors and Partners environments are welcoming and empowering;
6. Services and care plans are developed with consumers/clients using social ecological factors and therefore are comprehensive, manageable, prioritized based on their strengths and needs;
7. The Agency, Providers, Contractors and Partners environments are welcoming and empowering; All systems and services are fully integrated; and
8. Across the Agency, Providers, Contractors and Partners, the workforce and in the community everyone understands how Trauma Informed Systems is being integrated (i.e., right hand and left hand are working better together). If not, Trauma Informed systems and services are explained.

Principles of Trauma Informed Systems	Descriptor
Understanding Trauma and Its Impact	Understanding traumatic stress and how it impacts people and recognizing that many behaviors and responses that may be seen as ineffective and unhealthy in the present, represent adaptive responses to past traumatic experiences
Promote Safety	Establishing a safe physical and emotional environment where basic needs are met, safety measures are in place, and provider responses are consistent, predictable, and respectful
Ensure Cultural Competence	Understanding how cultural context influences one's perception of and response to traumatic events and the recovery process; respecting diversity within the program, providing opportunities for consumers to engage in cultural rituals, and using interventions respectful of and specific to cultural background
Support Client Control, Choice and Autonomy	Helping consumers regain a sense of control over their daily lives and build competencies that will strengthen their sense of autonomy; keeping consumers well-informed about all aspects of the system, outlining clear expectations, providing opportunities for consumers to make daily decisions and participate in the creation of personal goals, and maintaining awareness and respect for basic human rights and freedoms
Sharing Power and Governance	Promoting democracy and equalization of the power differentials across the program; sharing power and decision-making across all levels of an organization, whether related to daily decisions or in the review and creation of policies and procedures
Integrating Care	Maintaining a ecological and holistic view of clients and their process of healing and facilitating communication within and among service providers and systems
Healing Happens in Relationships	Believing that establishing safe, authentic and positive relationships can be corrective and restorative to survivors of trauma
Recovery is Possible	Understanding that recovery is possible for everyone regardless of how vulnerable they may appear; instilling hope by providing opportunities for consumer and former consumer involvement at all levels of the system, facilitating peer support, focusing on strength and resiliency, and establishing future-oriented goals

## Common View vs. Trauma-Informed View

The descriptions below can be used to help determine to what extent a particular policy, practice, place (environment) or language is or is not trauma-informed. The contrasting views are designed to draw attention to language, both verbal and non-verbal, that does not support a trauma-sensitive environment and may trigger individuals with trauma histories and or complex stress.

Common View	Trauma Informed View
Views negative behavior solely as clients' choice. Utilizes punitive consequences to motivate client (punish, remove incentives, shame, blame, guilt, rejection, isolation or deprivation).	Views clients as wanting to do well but possibly 1) lacking the necessary skills to get their needs met or 2) having developed misunderstood patterns of behavior in response to challenges. Considers clients may have a negative world view (safety compromised), which can influence their interactions.
Characterizes clients' challenges in negative language (acting out, uncontrollable, manipulative, defiant). Communicates an expectation of failure.	Characterizes clients' challenges in constructive language (in need of emotional regulation, coping and or calming strategies or skills).
Refers to the client with a label (e.g., frequent user, by diagnosis, penal code, and behavior).	Eliminates the use of labels and uses richer language to describe the client (e.g., Ted does well with his co-workers when his workplace allows him to go shoot some hoops to self-regulate).
Utilizes an authoritarian approach.	Uses a collaborative and integrative approach.
Punishes or minimizes the importance of the clients' coping strategies.	Recognizes that behavior is a form of communication and therefore searches for the function of the behavior. Strives to support the clients' meeting the function of the behavior in positive and productive ways.
Does not take the whole client into account (strict focus on behavior only, reduced capacity for genuine warmth or concern, prioritizes task completion exclusively).	Recognizes clients' behavior, social-emotional learning, health, family and community wellness as connected and works to integrate support from a social ecological perspective.
Does not teach expectations to the client and assumes the client should already know.	Teaches and re-teaches expectations in program, workforce, etc. Understands that teaching is not simply telling – it is modeling what we teach. Differentiates instruction for services, workforce and behavioral expectations.
Creates systems by which the client must demonstrate he/she is worthy of intervention or must qualify for services.	Promotes systems that are integrated (not "siloed") and a culture where all clients get what they need to be successful, healthy and balanced regardless of whether they qualify for services or not.
Prioritizes the needs (convenience) of the program or staff over the needs of the client.	Fosters a balanced client driven environment. Staff's needs (wellbeing) are included.
Uses professional "insider" language or jargon. Limited or no translation services for non-English speakers.	Uses language that can be understood by clients and families considering comprehension level (developmental), language skills, and native language.

# Positive Youth Justice Initiative

## Vallejo City Unified School District

A Juvenile Justice Community Partnership

*"Promoting Social justice Youth Development, Maximizing Resources Deepening Impact Through Interagency Collaboration Community Building and Wellness."*

### Governing Board

Vallejo City Unified School District- Board of Trustees

Superintendent. Dr. Ramona Bishop

(Elected/ Appointed Policy Makers of Partners Agencies meet regularly to establish/maintain direction for initiative and monitor progress of programs)

### Taskforce Leadership Team

Dr. Ramona E. Bishop. Superintendent. VCUSD

Dr. Alana Shackelford, Director of Partnerships & Community Engagement. VCUSD UC

Davis School of Education, Center for Community School Partnerships

Kathy Hahn, Coordinator of Full Service Community Schools. VCUSD

Christopher Hansen. Chief Probation Officer. Solano County Probation Department

Earl Montilla, Supervising Deputy Probation Officer. Solano County Probation Department

Stephan Betz, Assistant Director, Solano County Health and Social Services

Josephine Wilson, Fighting Back Partnerships

Cynthia Verrett. Kaiser Permanente

Ed Center, Senior Director of Education. United Way

Robert Fracchia. Superior Court Judge. Solano County

Lisette Estrella-Henderson, Associate Superintendent. Solano County Office of Education

Policy & Fund Development Manager. First 5 Solano Country

Marion Aiken, Employability Coordinator. Solano County Workforce Investment Board

Megan Vandenbroek, Alternative Education Counselor, VCUSD

Pastor P.D. Jefferson, President of Vallejo Faith-Based Community

2 Student Representatives

(CEOs/Decision Makers of Partner Agencies meet regularly to monitor operations and identify issues)

### Work Groups

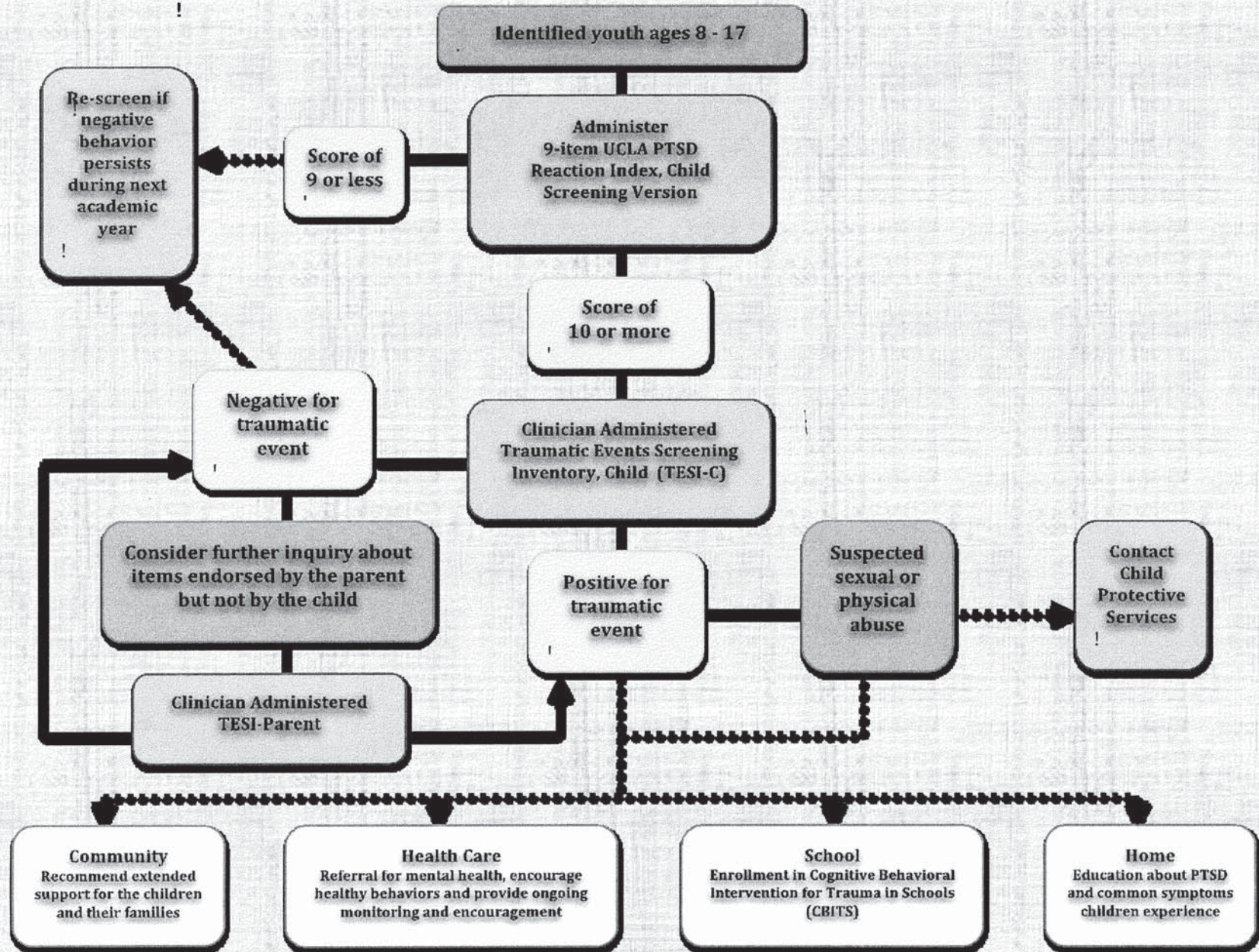
**Positive Youth  
Development**

**Trauma Informed  
Care**

**Wraparound Service  
Delivery**

**Improving Operational  
Capacity**

# VCUSD Trauma Screening Protocol





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S  
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T



C T I S P  
Chadwick Trauma-Informed Systems Project

Rady 4I  
Children's Chadwick Center  
San Diego for Children & Families

NCTSN  
The National Child  
Traumatic Stress Network

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# TRAUMA SYSTEM READINESS TOOL (TSRT)



The Trauma System Readiness Tool (TSRT) was developed by the Chadwick Trauma-Informed Systems Project (CTISP) as part of the National Child Traumatic Stress Network, with funding from the Substance Abuse and Mental Health Services Administration (SAMHSA). The TSRT is part of the larger *Trauma-Informed Child Welfare Practice Toolkit* that includes a number of resources that can be utilized by child welfare systems as they move towards becoming more trauma-informed. These include:

- *Creating Trauma-Informed Child Welfare Systems: A Guide for Administrators*
- *Guidelines for Applying a Trauma Lens to a Child Welfare Practice Model*
- *Desk Guide on Trauma-Informed Mental Health for Child Welfare*
- *Desk Guide on Trauma-Informed Child Welfare for Mental Health*

## Purpose of the TSRT

The TSRT is a self-report measure that was designed for child welfare systems to use as they assess the trauma-informed nature of their own system. The TSRT was designed to be administered to multiple informants across all levels of the organization, including caseworkers, supervisors, managers and administrators. It can be completed across regions within a state or county. Results from the TSRT provide cross-informant data to each system detailing how front-line case workers' responses from the survey are similar to or different from those of supervisors and administrators. The TSRT was designed to align with the Essential Elements of a Trauma-Informed Child Welfare System developed by the Child Welfare Committee of the National Child Traumatic Stress Network (NCTSN). These include:

- 1) Maximize physical and psychological safety for children and families
- 2) Identify trauma-related needs of children and families
- 3) Enhance child well-being and resilience
- 4) Enhance family well-being and resilience
- 5) Enhance the well-being and resilience of those working in the system
- 6) Partner with youth and families
- 7) Partner with agencies and systems that interact with children and families

## Development of the TSRT

The TSRT was developed by the Chadwick Trauma-Informed Systems Project (CTISP) with consultation and support from the CTISP National Advisory Committee, which includes experts in the fields of child welfare, child trauma, child development, resilience, and family engagement. The original TSRT contained 150 questions and was pilot tested within the State of New Hampshire, the State of Oklahoma, and in the County of San Diego in 2011. A follow-up administration of the TSRT was conducted in late 2013/early 2013 in order to determine the TSRT's ability to measure change over time as these systems moved towards becoming more trauma-informed. Statistical analysis of these data provided guidance on revising items and was used to create the final tool that is included here. For more information on the development of this tool, please refer to Hendricks, Conradi and Wilson (2011).

## Domains Measured

The following four domains are measured in the TSRT:

- 1) Child Welfare Agency's Understanding of the Impact of Child Traumatic Stress on Children Being Served
  - Training and Education Practices
  - Screening and Referral Practices
  - Knowledge Regarding Trauma-Focused Treatment/Interventions
  - Availability and Accessibility of Trauma-Focused Treatment
- 2) Child Welfare Agency's Understanding of Parent/Adult Trauma History and Its Impact on Parenting and Parents' Response to Services
  - Parent/Caregiver Trauma and Its Impact
  - Child Welfare System's Ability to Assess Parent Trauma and Its Impact
  - Child Welfare System's Ability/Capacity to Address Parent Trauma and Its Impact
- 3) Trauma and the Child Welfare System
  - Child Welfare System's Understanding of Its Role in Mitigating Impact of Trauma
  - Psychological Safety for Children and Families
  - Promoting Positive and Stable Connections in the Lives of Children
  - Child Welfare System's Provision of Education and Support to Caregivers
- 4) Vicarious Trauma (also known as Secondary Traumatic Stress) in Professionals Working in Child Welfare Systems
  - Agency's Understanding of the Impact of Vicarious Trauma on Professionals in Child Welfare
  - Agency's Efforts to Reduce the Impact of Vicarious Trauma in Workers
- 5) Systems Integration/Service Coordination with Other Child-Serving Agencies

## Administration and Scoring of the TSRT

For each item, participants respond on a six-point Likert scale (from Strongly Disagree to Strongly Agree). Child Welfare jurisdictions can easily convert the TSRT into a computerized survey for ease of administration across the system using an online survey system. It is recommended that jurisdictions add or adapt demographic questions that accurately reflect their own staffing structure or their own state or county organization. For example, questions can be added so that respondents can indicate the region in which they work and their role within the system. Results can then be statistically analyzed using Crosstabs or other applicable functions using statistical software such as SPSS. It is highly recommended that jurisdictions work with a skilled researcher with a solid understanding of statistical software in order to determine which analyses would be most relevant and applicable for their current system.

## Using and Adapting the TSRT

The TSRT is free for use. However, in order to gain permission to use or adapt the TSRT for use across different service systems, please contact Lisa Conradi at [lconradi@rchsd.org](mailto:lconradi@rchsd.org).

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### References

Hendricks, A., Conradi, L., & Wilson, C. (2011). Creating trauma-informed child welfare systems using a community assessment process. *Child Welfare, 90*(6), 187-206

## Finding Your ACE Score

### While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often or very often**...  
Swear at you, insult you, put you down, or humiliate you?  
**or**  
Act in a way that made you afraid that you might be physically hurt?  
Yes No If yes enter 1 \_\_\_\_\_
2. Did a parent or other adult in the household **often or very often**...  
Push, grab, slap, or throw something at you?  
**or**  
**Ever** hit you so hard that you had marks or were injured?  
Yes No If yes enter 1 \_\_\_\_\_
3. Did an adult or person at least 5 years older than you **ever**...  
Touch or fondle you or have you touch their body in a sexual way?  
**or**  
Attempt or actually have oral, anal, or vaginal intercourse with you?  
Yes No If yes enter 1 \_\_\_\_\_
4. Did you **often or very often** feel that ...  
No one in your family loved you or thought you were important or special?  
**or**  
Your family didn't look out for each other, feel close to each other, or support each other?  
Yes No If yes enter 1 \_\_\_\_\_
5. Did you **often or very often** feel that ...  
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?  
**or**  
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?  
Yes No If yes enter 1 \_\_\_\_\_
6. Were your parents **ever** separated or divorced?  
Yes No If yes enter 1 \_\_\_\_\_
7. Was your mother or stepmother:  
**Often or very often** pushed, grabbed, slapped, or had something thrown at her?  
**or**  
**Sometimes, often, or very often** kicked, bitten, hit with a fist, or hit with something hard?  
**or**  
**Ever** repeatedly hit at least a few minutes or threatened with a gun or knife?  
Yes No If yes enter 1 \_\_\_\_\_
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?  
Yes No If yes enter 1 \_\_\_\_\_
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?  
Yes No If yes enter 1 \_\_\_\_\_
10. Did a household member go to prison?  
Yes No If yes enter 1 \_\_\_\_\_

**Now add up your "Yes" answers: \_\_\_\_\_ This is your ACE Score**

## RESILIENCE Questionnaire

Please circle the most accurate answer under each statement:

**1. I believe that my mother loved me when I was little.**

Definitely true      Probably true      Not sure      Probably not true      Definitely not true

**2. I believe that my father loved me when I was little.**

Definitely true      Probably true      Not sure      Probably not true      Definitely not true

**3. When I was little, other people helped my mother and father take care of me and they seemed to love me.**

Definitely true      Probably true      Not sure      Probably not true      Definitely not true

**4. I've heard that when I was an infant someone in my family enjoyed playing with me, and I enjoyed it, too.**

Definitely true      Probably true      Not sure      Probably not true      Definitely not true

**5. When I was a child, there were relatives in my family who made me feel better if I was sad or worried.**

Definitely true      Probably true      Not sure      Probably not true      Definitely not true

**6. When I was a child, neighbors or my friends' parents seemed to like me.**

Definitely true      Probably true      Not sure      Probably not true      Definitely not true

**7. When I was a child, teachers, coaches, youth leaders, or ministers were there to help me.**

Definitely true      Probably true      Not sure      Probably not true      Definitely not true

**8. Someone in my family cared about how I was doing in school.**

Definitely true      Probably true      Not sure      Probably not true      Definitely not true

**9. My family, neighbors, and friends talked often about making our lives better.**

Definitely true      Probably true      Not sure      Probably not true      Definitely not true

**10. We had rules in our house and were expected to keep them.**

Definitely true      Probably true      Not sure      Probably not true      Definitely not true

**11. When I felt really bad, I could almost always find someone I trusted to talk to.**

Definitely true      Probably true      Not sure      Probably not true      Definitely not true

**12. As a youth, people noticed that I was capable and could get things done.**

Definitely true      Probably true      Not sure      Probably not true      Definitely not true

**13. I was independent and a go-getter.**

Definitely true      Probably true      Not sure      Probably not true      Definitely not true

**14. I believed that life is what you make it.**

Definitely true      Probably true      Not sure      Probably not true      Definitely not true

Score: \_\_\_\_\_

# Traumatic Events Screening Inventory – Self Report Revised

These questions are about stressful events that can happen to anybody. Please say if these things have happened to you. You can begin with the PRACTICE QUESTION. If you have any questions, please ask the adult who is helping you with this questionnaire.

What is your name? \_\_\_\_\_ What is today’s date? \_\_\_\_\_

<b>PRACTICE ITEM</b>									
<b>Have you ever had a doctor’s visit?</b>	<input type="radio"/> <b>YES</b>	<input type="radio"/> <b>NO</b>	<input type="radio"/> <b>PASS</b>						
<hr/> <p><b>IF you answered NO or PASS, go on to the next question. If YES, how old were you:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; padding: 5px;"><b>the first time</b> _____</td> <td style="width: 33%; padding: 5px;"><b>the last time</b> _____</td> <td style="width: 33%; padding: 5px;"><b>the worst time</b> _____</td> </tr> <tr> <td style="padding: 5px;">(the first time you ever saw a doctor, even if you were very young and only know about it because an adult told you</td> <td style="padding: 5px;">(the doctor visit that you had most recently)</td> <td style="padding: 5px;">(the doctor visit that was the worst you ever had)</td> </tr> </table>				<b>the first time</b> _____	<b>the last time</b> _____	<b>the worst time</b> _____	(the first time you ever saw a doctor, even if you were very young and only know about it because an adult told you	(the doctor visit that you had most recently)	(the doctor visit that was the worst you ever had)
<b>the first time</b> _____	<b>the last time</b> _____	<b>the worst time</b> _____							
(the first time you ever saw a doctor, even if you were very young and only know about it because an adult told you	(the doctor visit that you had most recently)	(the doctor visit that was the worst you ever had)							
Did you feel really bad, upset, scared, sad, or mixed up in the <b>worst</b> doctor’s visit or soon after?	<input type="radio"/> <b>YES</b>	<input type="radio"/> <b>NO</b>	<input type="radio"/> <b>PASS</b>						
Who took you to <b>the worst</b> doctor’s visit?									
<input type="radio"/> Mother									
<input type="radio"/> Father									
<input type="radio"/> Brother/Sister									
<input type="radio"/> Other close relative or friend									
At the <b>worst</b> doctor’s visit, did you:									
<input type="radio"/> Get shots									
<input type="radio"/> Have your temperature taken									
<input type="radio"/> Have your ears and nose looked at									
<input type="radio"/> Get medicine									

Now you can go on to answer the rest of the questions:

1.1 **Have you ever *been in* a really bad accident where someone could have been (or actually was) badly injured or killed? (like a bad car or bike crash, a fall, a fire, bad burn, almost drowning, or a bad sports injury)**

YES       NO       PASS

**IF you answered NO or PASS, go on to the next question. If YES, how old were you:**  
 the **first** time \_\_\_\_\_ the **last** time \_\_\_\_\_ the **worst** time \_\_\_\_\_

Did you feel really bad, upset, scared, sad, or mixed up by the **worst** accident or soon after?

YES       NO       PASS

**Was the accident:**

- A car crash
- Bad sports injury
- Bike crash
- Bad fall
- Almost drowning
- Other accident \_\_\_\_\_

**Did you:**

- Stop breathing
- Have broken bones
- Get knocked out
- Get badly burned
- Get really bloody or bleed a lot
- Have to go in an ambulance
- Have to go to the hospital emergency room (ER)
- Have to have an operation in the hospital
- Have to stay in the hospital until you were better

**Did someone die?**

Yes     No     Pass

**If YES, who?**

- Mother
- Father
- Brother/Sister
- Other close relative/friend
- Someone else \_\_\_\_\_

1.2 **Have you ever *seen* a really bad accident (that didn't happen to you) where someone could have been (or actually was) badly injured or killed? (like a bad car or bike crash, a fall, a fire, bad burn, almost drowning, or a bad sports injury)**

YES

NO

PASS

**IF you answered NO or PASS, go on to the next question. If YES, how old were you:**

the **first** time \_\_\_\_\_

the **last** time \_\_\_\_\_

the **worst** time \_\_\_\_\_

Did you feel really bad, upset, scared, sad, or mixed up by the **worst** accident or soon after?

YES

NO

PASS

**Was the accident:**

A car crash

Bike crash

Bad fall

Almost drowning

Bad sports injury

Other accident \_\_\_\_\_

**Did you see someone:**

Have broken bones

Get knocked out

Get badly burned

Get really bloody or bleed a lot

Stop breathing

Have to go to the hospital emergency room (ER)

Have to go in an ambulance

**Did someone die?**

Yes  No  Pass

**If YES, who?**

Mother

Father

Brother/Sister

Other close relative/friend

Someone else \_\_\_\_\_



1.3 **Have you ever *been in* a natural disaster (like a tornado, hurricane, flood, fire, earthquake) where someone could have been (or actually was) badly hurt or killed, or where your family had to leave their home?**

YES

NO

PASS

**IF you answered NO or PASS, go on to the next question. If YES, how old were you:**

the **first** time \_\_\_\_\_

the **last** time \_\_\_\_\_

the **worst** time \_\_\_\_\_

Did you feel really bad, upset, scared, sad, or mixed up by the **worst** disaster or soon after?

YES

NO

PASS

**Was the disaster:**

A hurricane

Tornado

Big fire

Flood

Explosion

Other disaster \_\_\_\_\_

**Did you:**

Have broken bones

Get knocked out

Get badly burned

Get really bloody or bleed a lot

Stop breathing

Have to go to the hospital emergency room (ER)

Have to go in an ambulance

Have to have an operation in the hospital

Have to stay in the hospital until you were better

**Did someone die?**

Yes  No  Pass

**If YES, who?**

Mother

Father

Brother/Sister

Other close relative/friend

Someone else \_\_\_\_\_

1.4a **Have there been any other times when someone close to you was so badly injured or so sick that he/she almost died or had to go to the hospital?**

YES

NO

PASS

**IF you answered NO or PASS, go on to the next question. If YES, how old were you:**

the **first** time \_\_\_\_\_

the **last** time \_\_\_\_\_

the **worst** time \_\_\_\_\_

The **worst** time this happened, did you feel really bad, upset, scared, sad, or mixed up?

YES

NO

PASS

**Was the sickness or accident:**

Cancer

Heart attack

Bad accident

Beating

Other accident \_\_\_\_\_

Other sickness \_\_\_\_\_

**Did this person:**

Have broken bones

Get knocked out

Get badly burned

Get really bloody or bleed a lot

Stop breathing

Have to go to the hospital emergency room (ER)

Have to go in an ambulance

**Did someone die?**

Yes  No  Pass

**If YES, who?**

Mother

Father

Brother/Sister

Other close relative/friend

Someone else \_\_\_\_\_

1.4b **Has someone close to you ever died, not counting someone who was old and died naturally?**

YES

NO

PASS

**IF you answered NO or PASS, go on to the next question. If YES, how old were you:**

the **first** time \_\_\_\_\_

the **last** time \_\_\_\_\_

the **worst** time \_\_\_\_\_

Did you feel really bad, upset, scared, sad, or mixed up by the **worst** death?

YES

NO

PASS

**Did the person die because of**

Cancer

Heart attack

Bad accident

Beating

Shooting

Other accident \_\_\_\_\_

Other sickness \_\_\_\_\_

Other reason \_\_\_\_\_

**Did you see the person who died:**

Have broken bones

Get knocked out

Get badly burned

Get really bloody or bleed a lot

Stop breathing

Have to go to the hospital emergency room (ER)

Have to go in an ambulance

**Did someone die?**

Yes  No  Pass

**If YES, who?**

Mother

Father

Brother/Sister

Other close relative/friend

Someone else \_\_\_\_\_

1.5 **Have you ever been so sick that you or the doctor thought you might die? Or so sick that you had to have hospital emergency medical treatment or an operation where you were put to sleep the whole time?**

YES

NO

PASS

**IF you answered NO or PASS, go on to the next question. If YES, how old were you:**

the **first** time \_\_\_\_\_

the **last** time \_\_\_\_\_

the **worst** time \_\_\_\_\_

Did you feel really bad, upset, scared, sad, or mixed up the **worst** time this happened?

YES

NO

PASS

**Was the sickness or accident:**

Cancer

Heart or blood problem

Bad accident

Beating

Other accident \_\_\_\_\_

Other sickness \_\_\_\_\_

**Did you:**

Have broken bones

Get knocked out

Get badly burned

Get really bloody or bleed a lot

Stop breathing

Have to go to the hospital emergency room (ER)

Have to go in an ambulance

Have to have an operation in the hospital

Have to stay in the hospital until you were better

1.6 **Have you ever been separated from someone who you depend on for love or security for more than a few days? (like going to a foster home or detention center, moving to the U.S.A. from another country, or because of being in a war or having a major illness or being in a hospital for a long time)**

YES

NO

PASS

**IF you answered NO or PASS, go on to the next question. If YES, how old were you:**

the **first** time \_\_\_\_\_

the **last** time \_\_\_\_\_

the **worst** time \_\_\_\_\_

Did you feel really bad, upset, scared, sad, or mixed up by the **worst** separation?

YES

NO

PASS

**Who were you separated from:**

Mother

Father

Brother/Sister

Other close relative/friend

Someone else \_\_\_\_\_

**What happened?:**

You were very sick and had to stay in the hospital

You were in a detention center

You were in a foster home

You were living with another relative

There was a war

Something else happened \_\_\_\_\_

1.7 **Has someone close to you ever tried to *kill or hurt himself/herself* really badly *on purpose* (like stabbing, cutting, or burning himself/herself, or taking too many pills or drugs [an overdose])?**

YES

NO

PASS

**IF you answered NO or PASS, go on to the next question. If YES, how old were you:**

the **first** time \_\_\_\_\_

the **last** time \_\_\_\_\_

the **worst** time \_\_\_\_\_

Did you feel really bad, upset, scared, sad, or mixed up the **worst** time this happened?

YES

NO

PASS

**Who did this?:**

Mother

Father

Brother/Sister

Boyfriend/Girlfriend

Other close relative/friend \_\_\_\_\_

Someone else \_\_\_\_\_

**When this person tried to hurt or kill himself/herself, did he/she:**

Die

Get really bloody or bleed a lot

Get badly burned

Hang himself/herself

Shoot himself/herself

Stop breathing

Have to go the hospital emergency room (ER)

Have to go in an ambulance

Have to have an operation in the hospital

Have to stay in the hospital until he/she was better

2.1 **Has someone ever physically (bodily) attacked you, like hitting, pushing, choking, shaking, biting, or burning you? Or punished you so you were badly hurt or bruised? Or attacked you with a gun, knife, or other weapon?**

YES       NO       PASS

**IF you answered NO or PASS, go on to the next question. If YES, how old were you:**  
 the **first** time \_\_\_\_\_      the **last** time \_\_\_\_\_      the **worst** time \_\_\_\_\_

Did you feel really bad, upset, scared, sad, or mixed up the **worst** time this happened?  
 YES       NO       PASS

**Who tried to hurt you?:**

- Mother
- Father
- Brother/Sister
- Boyfriend/Girlfriend
- Kids your age
- Kids older than you
- Gang
- Other close relative/friend \_\_\_\_\_
- Teacher
- Foster parent
- Staff at a program
- Other adult \_\_\_\_\_
- Someone else \_\_\_\_\_

**What happened?:**

- They tried to beat you up
- They punished you
- They used a weapon (gun, knife, bat, sharp or heavy object)

**When this happened, did you:**

- Get really bloody or bleed a lot
- Get badly burned
- Stop breathing
- Have to go to the hospital emergency room (ER)
- Have to go in an ambulance
- Have to have an operation in the hospital
- Have to stay in the hospital until you were better

2.2 **Has someone ever said they were going to hurt you really badly or kill you?  
Or acted like they were going to hurt you really badly or kill you, even if they didn't actually do it?**

YES

NO

PASS

**IF you answered NO or PASS, go on to the next question. If YES, how old were you:**

the **first** time \_\_\_\_\_ the **last** time \_\_\_\_\_ the **worst** time \_\_\_\_\_

Did you feel really bad, upset, scared, sad, or mixed up the **worst** time this happened?

YES

NO

**PASS**

**Who threatened you?:**

Mother

Father

Brother/Sister

Other close relative/friend

Boyfriend/Girlfriend

Kids your age

Kids older than you

Gang

Teacher

Foster parent

Staff at a program

Other adult \_\_\_\_\_

Someone else \_\_\_\_\_

**What happened?:**

They threatened to beat you up

They threatened to punish you

They threatened to use a weapon (gun,  
knife, bat, sharp or heavy object)



2.3 **Has someone ever *mugged you (jumped you)*—attacked you in order to steal from you? Or have you seen a family member or someone you care about get *mugged or jumped*?**

YES

NO

PASS

**IF you answered NO or PASS, go on to the next question. If YES, how old were you:**

the **first** time \_\_\_\_\_

the **last** time \_\_\_\_\_

the **worst** time \_\_\_\_\_

Did you feel really bad, upset, scared, sad, or mixed up by the **worst** mugging?

YES

NO

PASS

**Who was the mugger?:**

Kid your age

Kid older than you

Gang

Other adult \_\_\_\_\_

Someone else \_\_\_\_\_

**What happened?:**

You got mugged

You saw someone you care about get mugged

Mugger used a weapon (gun, knife, bat, sharp or heavy object)

2.4 **Has anyone ever *kidnapped* you—taken you away from your home when they shouldn't have? Or has someone close to you ever been *kidnapped*?**

YES       NO       PASS

**IF you answered NO or PASS, go on to the next question. If YES, how old were you:**  
 the **first** time \_\_\_\_\_      the **last** time \_\_\_\_\_      the **worst** time \_\_\_\_\_

Did you feel really bad, upset, scared, sad, or mixed up by the **worst** kidnapping?

YES       NO       PASS

**Who was the kidnapper?:**

- Adult in your family
- Kid your age
- Kid older than you
- Gang
- Other adult \_\_\_\_\_
- Someone else \_\_\_\_\_

**What happened?:**

- You got kidnapped
- Someone close to you got kidnapped
- Kidnapper used a weapon (gun, knife, bat, sharp or heavy object)

2.5 **Have you ever been *attacked* by a dog or other animal?**

YES       NO       PASS

**IF you answered NO or PASS, go on to the next question. If YES, how old were you:**  
 the **first** time \_\_\_\_\_      the **last** time \_\_\_\_\_      the **worst** time \_\_\_\_\_

Did you feel really bad, upset, scared, sad, or mixed up by the **worst** dog/animal attack?

YES       NO       PASS

**When this happened, did you:**

- Get really bloody or bleed a lot
- Get knocked out
- Stop breathing
- Have to go to the hospital emergency room (ER)
- Have to go in an ambulance
- Have to have an operation in the hospital
- Have to stay in the hospital until you got better

3.1 **Have you ever seen or heard people *in your family* physically fighting, hitting, slapping, kicking, or throwing things at each other? What about shooting with a gun or a stabbing, or any other kind of dangerous weapon?**

YES       NO       PASS

**IF you answered NO or PASS, go on to the next question. If YES, how old were you:**  
 the **first** time \_\_\_\_\_ the **last** time \_\_\_\_\_ the **worst** time \_\_\_\_\_

Did you feel really bad, upset, scared, sad, or mixed up by the **worst** fighting?

YES       NO       PASS

**Who started it?:**

- Mother
- Father
- Brother/Sister
- Other close relative/friend
- Someone else \_\_\_\_\_

**Did you see someone:**

- Have broken bones
- Get knocked out
- Get badly burned
- Get really bloody or bleed a lot
- Stop breathing
- Have to go to the hospital emergency room (ER)
- Have to go in an ambulance

**Did someone die?**

**If YES, who?**

- Mother
- Father
- Brother/Sister
- Other close relative/friend
- Someone else \_\_\_\_\_

**3.2 Have there been any other times when you saw or heard people in your family act like they were going to kill or hurt each other really badly, even if they didn't actually do it?**

YES       NO       PASS

**IF you answered NO or PASS, go on to the next question. If YES, how old were you:**  
 the **first** time \_\_\_\_\_ the **last** time \_\_\_\_\_ the **worst** time \_\_\_\_\_

Did you feel really bad, upset, scared, sad, or mixed up the **worst** time this happened?  
 YES     NO     PASS

**Who made the threats?:**

- Mother
- Father
- Brother/Sister
- Other close relative/friend \_\_\_\_\_
- Someone else \_\_\_\_\_

**3.3 Have you ever had a family member who was arrested, put in jail or prison, or taken away by the police, soldiers, or other authorities?**

YES       NO       PASS

**IF you answered NO or PASS, go on to the next question. If YES, how old were you:**  
 the **first** time \_\_\_\_\_ the **last** time \_\_\_\_\_ the **worst** time \_\_\_\_\_

Did you feel really bad, upset, scared, sad, or mixed up?     YES     NO     PASS

**Who was taken away?:**

- Mother
- Father
- Brother/Sister
- Boyfriend/Girlfriend
- Other close relative/friend
- Someone else \_\_\_\_\_

**How long was it until he/she came home?**

- 1-2 days
- 1-2 weeks
- 1 month
- many months
- never came back





5.1 **Has someone ever *made you see or do something sexual* -- like touching you in a sexual way or in your private parts, or making you see or touch their private parts, or making you watch them touch their own private parts?**

YES                       NO                       PASS

**IF you answered NO or PASS, go on to the next question. If YES, how old were you:**  
 the **first** time \_\_\_\_\_                      the **last** time \_\_\_\_\_                      the **worst** time \_\_\_\_\_

Did you feel really bad, upset, scared, sad, or mixed up the **worst** time this happened?  
 YES                       NO                       PASS

**Who did this to you?**

- Mother
- Father
- Brother/Sister
- Other close relative/friend
- Boyfriend/Girlfriend
- Kids your age
- Kids older than you
- Gang
- Teacher
- Foster parent
- Staff at a program
- Other adult \_\_\_\_\_
- Someone else \_\_\_\_\_
- A stranger

Did you have to do something sexual?                       YES                       NO                       PASS

Did you have to watch sex acts?                       YES                       NO                       PASS

Did someone threaten to hurt you really badly?  YES                       NO                       PASS

Were you physically hurt?                       YES                       NO                       PASS

Did you try to get help by telling someone?  YES                       NO                       PASS

If you told about this:

Did anyone believe you?                       YES                       NO                       PASS

Did anyone help you?                       YES                       NO                       PASS

Did they make it stop?                       YES                       NO                       PASS

Did someone say you were bad?                       YES                       NO                       PASS

Did someone punish you for telling?  YES                       NO                       PASS

<b>5.2 Have you seen or heard someone else being forced to do sex acts?</b>			
	<b>0 YES</b>	<b>0 NO</b>	<b>0 PASS</b>
<hr/>			
<b>IF you answered NO or PASS, go on to the next question. If YES, how old were you:</b>			
the <b>first</b> time _____	the <b>last</b> time _____	the <b>worst</b> time _____	
Did you feel really bad, upset, scared, sad, or mixed up the <b>worst</b> time this happened?			
	<b>0 YES</b>	<b>0 NO</b>	<b>0 PASS</b>
<b>Who made this happen?</b>			
<input type="checkbox"/> Mother			
<input type="checkbox"/> Father			
<input type="checkbox"/> Brother/Sister			
<input type="checkbox"/> Other close relative/friend			
<input type="checkbox"/> Boyfriend/Girlfriend			
<input type="checkbox"/> Kid(s) your age			
<input type="checkbox"/> Kid(s) older than you			
<input type="checkbox"/> Gang			
<input type="checkbox"/> Teacher			
<input type="checkbox"/> Foster parent			
<input type="checkbox"/> Staff at a program			
<input type="checkbox"/> Other adult _____			
<input type="checkbox"/> Someone else _____			
<input type="checkbox"/> A stranger			
<b>Who was being forced to do sex acts?</b>			
<input type="checkbox"/> Mother			
<input type="checkbox"/> Father			
<input type="checkbox"/> Brother/Sister			
<input type="checkbox"/> Other close relative/friend			
<input type="checkbox"/> Boyfriend/Girlfriend			
<input type="checkbox"/> Kid(s) you age			
<input type="checkbox"/> Kid(s) older than you			
<input type="checkbox"/> Gang			
<input type="checkbox"/> Teacher			
<input type="checkbox"/> Foster parent			
<input type="checkbox"/> Staff at a program			
<input type="checkbox"/> Other adult _____			
<input type="checkbox"/> Someone else _____			
<input type="checkbox"/> A stranger			
Did someone use a weapon to do this?	<b>0 YES</b>	<b>0 NO</b>	<b>0 PASS</b>
Was someone hurt badly?	<b>0 YES</b>	<b>0 NO</b>	<b>0 PASS</b>



6.1 **Have you ever been told repeatedly that you were no good, that the people you live with were going to leave or send you away because you were bad?**

YES

NO

PASS

**IF you answered NO or PASS, go on to the next question. If YES, how old were you:**

the **first** time \_\_\_\_\_

the **last** time \_\_\_\_\_

the **worst** time \_\_\_\_\_

Did you feel really bad, upset, scared, sad, or mixed up the **worst** time this happened?

YES

NO

PASS

Who said this to you?

Mother

Father

Brother/Sister

Boyfriend/Girlfriend

Other close relative/friend

Someone else \_\_\_\_\_

6.2 **Have you ever watched people using drugs, like smoking drugs or using needles?**

YES

NO

PASS

**IF you answered NO or PASS, you can stop here. If YES, how old were you:**

the **first** time \_\_\_\_\_

the **last** time \_\_\_\_\_

the **worst** time \_\_\_\_\_

Did you feel really bad, upset, scared, sad, or mixed up the **worst** time this happened?

YES

NO

PASS

Who was using drugs?

Mother

Father

Brother/Sister

Boyfriend/Girlfriend

Other close relative/friend

Someone else \_\_\_\_\_

***Thank you for answering all of these questions carefully. If you have any questions or would like to talk about any of your answers, please tell the adult who collects this questionnaire from you and he/she will be glad to talk with you.***

**DATE:** March 31, 2015  
**TO:** First 5 Solano Commission  
**From:** Michele Harris, Executive Director  
**SUBJ:** Planning for 2016 and Beyond

**A. Collective Impact Update**

The Help Me Grow Leadership Group has made great progress in the articulation and development of a Common Agenda. Working over a number of months, the Help Me Grow Collective Impact Leadership Group has considered a great deal of qualitative and quantitative data in order to develop their agenda and goals for improving the lives of young children and their families.

The following Common Agenda statement and related Goals have emerged:

**Common Agenda:**  
 All Solano Children Thrive in Safe, Stable, Healthy, and Nurturing Families and Communities



Next steps for the Help Me Grow Collective Impact Leadership Group will include

- Digging deeper into goal areas;
- Developing a small number of shared measures;
- Collaborative development and;
- Ongoing outreach to a broad array of partner organizations and systems leaders.

## **B. Strategic Plan Framework Review**

A review of the strategic framework from the last Strategic Plan Update is an early step in articulating the new strategic framework and plan. The three levels of Priorities, Goals, and Results along with the cross-cutting “Key Criteria” summarize the most recent Strategic Plan Update.

The First 5 Solano strategic framework is an important starting point for developing a new strategic plan as a new strategic framework will serve as the foundation for Commission investments. The introduction of the framework allows the Commission to begin considering its future direction in light of their most recent planning cycle and provide opportunity for them to significantly develop the direction of the next plan.

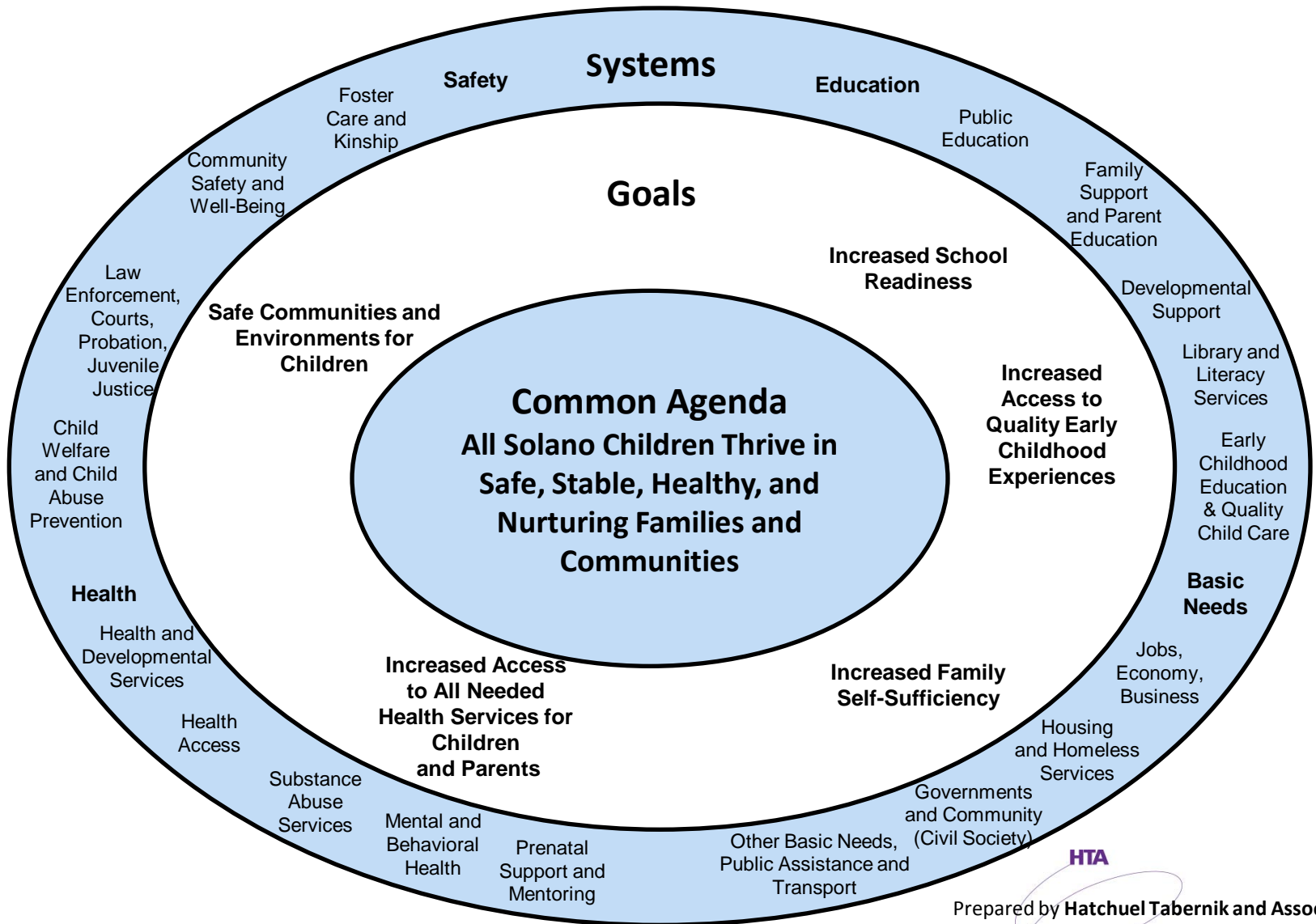
### **Attachments**

Attachment A – Common Agenda Graphic

Attachment B – Strategic Plan Framework

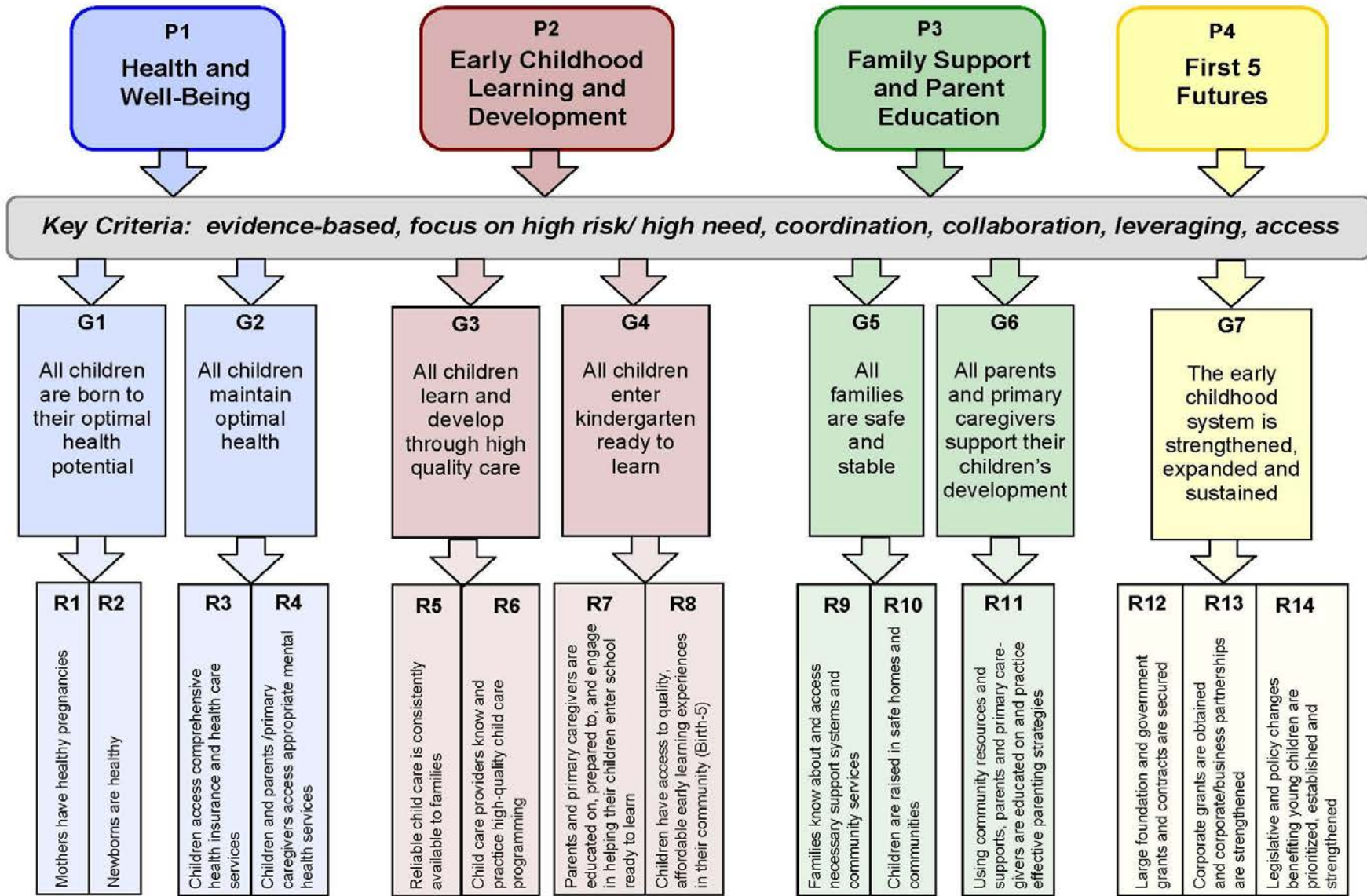
Attachment C – Revised Strategic Planning Timeline

# Connecting the Dots for Collective Impact: the Common Agenda, Goals, and Systems



HTA

# First 5 Solano 2012 Strategic Framework



# Strategic Planning and Collective Impact Activities 2015 (Updated March 2015)

## January – June 2015



	January 13 5:00 - 7:30pm Commission Meeting	February 3 3:00 - 4:30pm SPC Meeting	March 3 5:00 - 7:30pm Commission Meeting	March 10 3:00 - 4:30pm SPC Meeting	April 7 5:00 - 7:30pm Commission Meeting	May 5 3:00 - 4:30pm SPC Meeting	June 2 5:00 - 7:30pm Commission Meeting
<b>Strategic Planning</b>	I.D. Range of Indicators	Review plan for mission, vision, and values	SWOT Exercise	Review of Existing First 5 Solano Strategic Framework  Share Indicator work	Review of First 5 Solano Strategic Framework	Indicator and Performance Data  Process for draft of First 5 Strategic Framework & Prioritization	Indicator and Performance Data  Draft First 5 Strategic Framework & Prioritize
<b>Collective Impact</b>	Share Systems Map Draft	SWOT for Commission  Update on CI Planning	Update on CI Planning	Present Emerging Common Agenda	Commission explores Common Agenda	Update on Common Agenda and shared measurement	Update on Common Agenda and shared measurement

## July – December 2015

	July 7 3:00 - 4:30pm SPC Meeting	August 11 5:00 - 7:30pm Commission Meeting	September 1 3:00 - 4:30pm SPC Meeting	October 6 5:00 - 7:30pm Commission Meeting	October 24 Time TBD Commission Retreat	November 17 3:00 - 4:30pm SPC Meeting	December 1 5:00 - 7:30pm Commission Meeting
<b>Strategic Planning</b>	Review finalized framework  Review initial documents for LTFP and PIP	Review & approve finalized framework Mission, Vision, Values Begin to discuss LTFP and PIP strategies	Planning for Commission retreat: -Strategic plan draft -Review LTFP -Program Investment Plan  Agenda for retreat	Approve Retreat agenda	Long Term Financial Planning  Program Investment Planning  Review draft Strategic Plan	Review Draft Plan Report  LTFP  PIP	Present for Approval: Strategic Plan Report, LTFP, PIP
<b>Collective Impact</b>	Update on Common Agenda, shared measurement, & outreach	Update on Common Agenda, shared measurement, & outreach	CI progress report		CI progress report	Share draft CI written report	Share CI written report



CHILDREN ARE OUR BOTTOM LINE

**SYSTEMS AND POLICY COMMITTEE**  
**March 10, 2015 3:00 – 4:30 PM**  
**601 Texas Street, Suite 210, Fairfield, CA 94533**

**AGENDA**

**CALL TO ORDER**

- I. Introductions, Public Comment, Commissioner Comments**
- II. Consent Calendar** **Action**  
A. Approve Agenda of March 10, 2015  
B. Approve Minutes of February 3, 2015  
C. Receive Commissioner Meeting Attendance Status Report
- III. Planning for 2016 and Beyond** **Discussion**  
A. Review current Strategic Plan Framework and emerging common agenda item progress  
B. Preliminary Indicator Report review  
*Michele Harris, Executive Director, Lori Allio, Hatchuel, Tabernik, and Associates, Lisa Colvig, Applied Survey Research*
- IV. Receive a First 5 Solano Staffing and Finance Update** **Information**  
Receive a report on First 5 Solano staffing and financials  
*Megan Richards, Deputy Director*
- V. Receive a First 5 Futures Update** **Discussion**  
A. Discuss Solano Economic Development Corporation partnership  
B. Implementation and Fund Development Plan Review Part 2 of 3: Policy Strategy  
*Ciara Gonsalves, Policy & Fund Development Manager*
- VI. Future Agenda Items, Meeting Time, Date, and Location** **Information**  
Systems and Policy Committee May 5, 2015 3:00 – 4:30 PM  
601 Texas Street Suite 210, Fairfield CA

Future agenda items: First 5 Solano Budget and Staffing Update; Commissioner Meeting Attendance; First 5 Futures Update, Planning for 2016 and Beyond

**ADJOURN**

*The First 5 Solano Children and Families Commission does not discriminate against persons with disabilities. If you require a disability-related modification or accommodation in order to participate in the meeting, please call (707) 784-1332 at least 24 hours in advance of the meeting. Non-confidential materials related to an item on this Agenda are available for public inspection at the First 5 Solano business office, 601 Texas Street, Suite 210, Fairfield, CA during normal business hours.*

**Vision:** All Solano County children are loved, healthy, confident, eager to learn, nurtured by their families, caregivers and communities.

**Mission:** First 5 Solano Children and Families Commission creates and fosters programs and partnerships with community entities to promote, support and improve the lives of young children, their families and their communities.

**First 5 Solano Children and Families Commission  
Systems & Policy Committee Meeting**  
March 10, 2015, 3:00 PM – 4:30 PM  
601 Texas Street, Suite 210, Fairfield, CA

**Minutes**

**I. Introductions, Public Comments, Commissioner Comments**

Commissioner Barbosa called the meeting to order at 3:06pm.

Committee Members present: Marisela Barbosa and Jay Speck

First 5 Solano staff present: Michele Harris (Executive Director), Megan Richards (Deputy Director), Ciara Gonsalves (Policy and Fund Development Manager), Christiana Lewis (Office Assistant III)

Members of the public present: Lori Allio (Hatchuel, Tabernik, and Associates), Lisa Colvig, Christina Branom, and Kim Carpenter (Applied Survey Research), Debbi Davis (Children's Nurturing Project)

Public Comment: Ms. Davis provided Commissioners with the new Help Me Grow outreach materials that will be sent out to Solano County childcare providers, clinics, hospitals, and other providers of children's services. The materials promote the new Help Me Grow Solano call center, with the tagline - *One Call. That's All.* This call center connects parents and providers with community programs and services. Commissioner Barbosa asked if this program would reach homeless children. Ms. Davis answered that Help Me Grow Solano is doing outreach at homeless shelters and will also do on-site developmental screening.

Commissioners' Comments: None

**II. Consent Calendar**

- A. Approve Agenda of March 10, 2015
- B. Approve Minutes of February 3, 2015
- C. Receive Commissioner Meeting Attendance Status Report

***Motion: Approve Agenda of March 10, 2015, approve minutes of February 3, 2015, and receive Commissioner Meeting Attendance Status Report.***

Moved by Commissioner Speck; Seconded by Commissioner Barbosa  
Approved: 2-0-0

**III. Planning for 2016 and Beyond**

- A. Review current Strategic Plan Framework and emerging common agenda item progress



Ms. Allio presented the committee with the First 5 Solano 2012 Strategic Framework and stated it will be brought to the next Commission meeting for review and to decide if the Commission would like to revise the framework. Commissioner Speck asked if current and future budgeting would be involved in the framework discussion. Ms. Harris replied that the budget information requested by the Commission at the March 3, 2015 Commission meeting is being compiled and will be presented as a separate item.

#### B. Preliminary Indicator Report review

Ms. Colvig guided the Committee through the core indicators related to the Commission's Strategic Plan and portfolio. Ms. Colvig indicated that these are the indicators that have been paired down from the full list from the Commission, but there is still a lot of data and asked the Committee to provide feedback on how to focus the data.

Ms. Colvig asked the Commissioners if there was any data that should be added, or data that would not be useful to the full Commission. Commissioner Speck replied that the ethnicity data and poverty rate should be an area of focus. Commissioner Speck also said it would be good to know what the First 5 Solano investment in each of these areas. In addition, it would be helpful for future decision-making to know who else was providing services in these areas.

Ms. Harris suggested the Committee consider delaying the report to the full Commission in order to reevaluate the presentation. Ms. Harris proposed revising the presentation to include First 5 Solano's investments in specific core areas, the systems map, who is being served, the gaps emerging and the core indicators to provide a more complete picture. The presentation would be grouped by initiative rather than type of report. Commissioners Barbosa and Speck agreed.

### **IV. Receive a First 5 Solano Staffing and Finance Update**

Ms. Richards reported the Commission is fiscally on target.

### **V. Receive a First 5 Futures Update**

A. Ms. Gonsalves presented suggestions made by the Solano Economic Development Corporation (EDC) President, Sandy Person, to capture a bigger audience for First 5 Solano messaging at the next EDC breakfast. Suggestions included bringing a local celebrity or economist to lead the conversation. Ms. Gonsalves asked for the Committee member's feedback. Commissioner Speck asked the cost of partnership with EDC. Ms. Gonsalves responded that it is \$500 for membership, and \$2,500 to sponsor the breakfast. Ms. Harris added that originally the breakfast started to bring in business dollars, but it has not been as successful as initially anticipated. The current goal is to promote the mission of First 5 Solano.

B. Ms. Gonsalves reported that to date, First 5 Solano has completed all activities from Goal 3 of the First 5 Futures Fund Development Plan of 2010-2015. Ms. Gonsalves proposed moving forward with five modified activities. Commissioner Barbosa asked how these modifications align with the Strategic Plan and commented that targeting policy is key. Ms. Gonsalves answered that First 5 Futures update report will be brought to the next Commission meeting, per the request at the last meeting. Commissioner Speck commented that he believes First 5 Futures has evolved from just leveraging dollars into a way to influence legislation.

## **VI. Future Agenda Items, Meeting Time/Date/Location**

Systems and Policy Committee May 5, 2015 3:00 – 4:30 PM  
601 Texas Street Suite 210, Fairfield CA

Future agenda items: First 5 Solano Budget and Staffing Update; Commissioner Meeting Attendance; First 5 Futures Update, Planning for 2016 and Beyond

## **Adjourn**

Commissioner Barbosa adjourned the meeting at 4:53pm.

Christiana Lewis, Office Assistant III

Approved:

**DATE:** April 1, 2015  
**TO:** First 5 Solano Children and Families Commission  
**FROM:** Megan Richards, Deputy Director  
**CC:** Michele Harris, Executive Director  
**SUBJECT:** FY2015/16 Contracting Update

**Introduction**

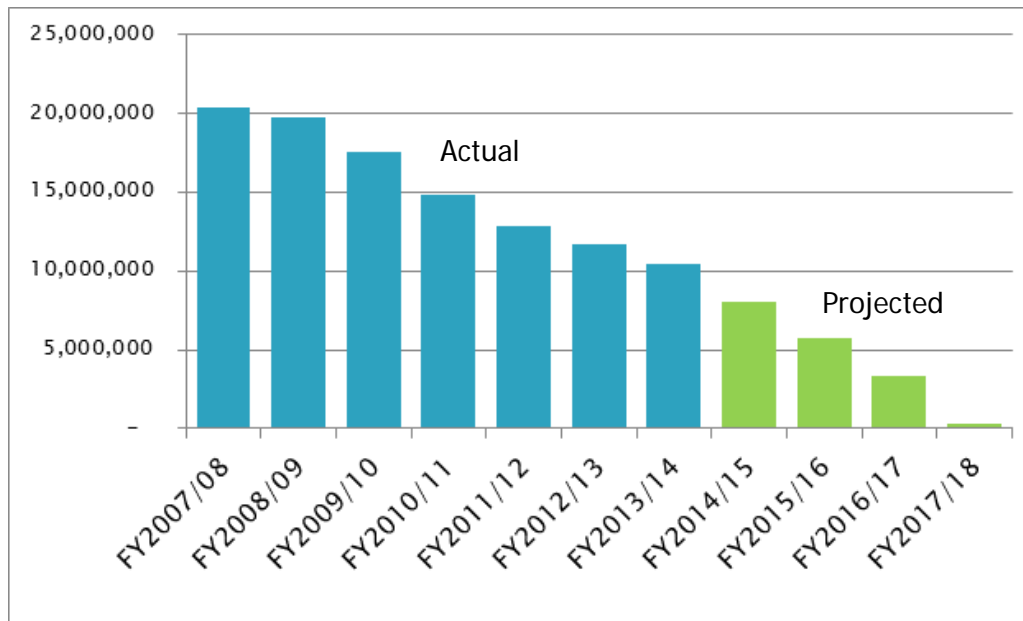
At the March 2015 Commission meeting, the First 5 Solano Children and Families Commission approved its FY2015/16 Budget and contract allocations totaling approximately \$2.9 million for a one-year extension of the 2012-2015 Program Investment Plan. At that meeting, the Commission also directed staff to work with grantees to identify any savings that could be incurred in the next year to help make a “softer landing” for the First 5 Solano upcoming fiscal cliff. The direction also included looking more heavily to First 5 Solano’s public sector grantee agencies to contribute to this reduction plan.

This report details the results of those grantee discussions/analysis and next steps.

**Background**

In accordance with its Long-Term Financial Plan (LTFP), the Commission has been intentionally spending down a healthy reserve for years, similarly to other First 5 County Commissions. The LTFP projections show that the Commission is expected to “run out of reserves” around FY2017/18, and actual spending appears to confirm these projections.

Table 1: First 5 Solano Fund Balance Projections March 2015



In June 2014, the Commission discussed its current plans including the 2012 strategic plan, 2012-2015 Program Investment Plan, and Long Term Financial Plan to identify how to move forward with future funding beyond June 2015. At that time, faced with the reality of dwindling resources, the Commission decided to conduct a full strategic planning process to ensure the Commission's strategic framework aligned with the current environment and resources. The Commission acknowledged this 18 month strategic planning timeline would require the Commission to extend its current portfolio 1 year as outlined in its current Program Investment Plan to provide the time to do strategic planning.

Staff prepared the FY2015/16 Commission budget in accordance with this direction and at the March 2015 Commission meeting presented the Commission with the proposed FY2015/16 budget and funding allocations to extend current funding levels 1 year. However, at the Commission meeting, faced with the stark reality of the dwindling fund balance and the reliance upon the use \$2.3 million of the reserves in one year to balance the budget, the Commission expressed concern with the steep fiscal cliff and decided that earlier intervention should be attempted.

The Commission did approve its FY2015/16 budget and funding allocations with the direction to staff to discuss with each of the First 5 contractors where they could reduce their budgets for FY2015/16, in an effort to achieve a "softer landing" when the reserves are gone. Additionally, the Commission also inquired about the proportion of First 5 Solano funding that is dedicated to contracts with other public agencies vs. non-profits. The Commission expressed interest in exploring how our public sector partners can take on funding some of the programs that have been funded by First 5 Solano, in alignment with Collective Impact efforts.

### **Analysis/Results**

As a result of the direction detailed above, the First 5 Solano Executive Director and the Contract Managers met personally with each contractor that is up for a contract amendment to discuss their FY2015/16 budget and look for areas of reduction while maintaining the same level of services in the community.

The results of those conversations are detailed below:

<b>Grantee</b>	<b>Public/ Private</b>	<b>Contract</b>	<b>FY 14-15 Budget</b>	<b>FY 15-16 Revised</b>	<b>Variance</b>
<b>Children's Health Insurance</b>					
Solano Coalition for Better Health	Non-Profit	2012-401	250,000	245,000	(5,000)
<b>Early Childhood Mental Health</b>					
Solano County H&SS EPSDT	County	2012-101	299,870	299,870	-
<b>Early Childhood Education</b>					
CARES Plus - Children's Network	Non-Profit	2013-509	131,167	121,167	(10,000)
Child Start/Head Start	Non-Profit	2012-502	144,000	139,680	(4,320)
<b>Prenatal Services</b>					
Solano Coalition for Better Health	Non-Profit	2012-601	35,000	34,300	(700)
Solano County Health & Social Services	County	2012-602	1,026,185	513,093	(513,093)
<b>Family Support Services</b>					
City of Benicia Police Department	Other Public	2012-301	63,005	61,115	(1,890)
Dixon Family Services	Non-Profit	2012-302	82,323	80,263	(2,060)

Fairfield-Suisun Unified School District	Other Public	2012-303	162,621	158,285	(4,336)
Fighting Back Partnership	Non-Profit	2012-304	169,644	166,144	(3,500)
Rio Vista CARE	Non-Profit	2012-305	60,937	59,880	(1,057)
City of Vacaville Police Department	Other Public	2012-306	91,701	88,901	(2,800)
Children's Network	Non-Profit	2012-308	14,495	14,060	(435)
Interfaith Council	Non-Profit	2012-309	43,353	42,053	(1,300)
Solano County Health & Social Services	County	2012-307	187,956	187,956	-
<b>2012-03 Parent Education Services</b>					
Children's Nurturing Project	Non-Profit	2012-701	104,173	101,223	(2,950)
Fairfield-Suisun Unified School District	Other Public	2012-703	100,000	95,000	(5,000)
<b>Other</b>					
Children's Nurturing Project Collaboration	Non-Profit	2013-901	100,000	97,000	(3,000)
				<b>Total Savings:</b>	<b>\$(561,441)</b>

### **Long-Term Results and Next Steps**

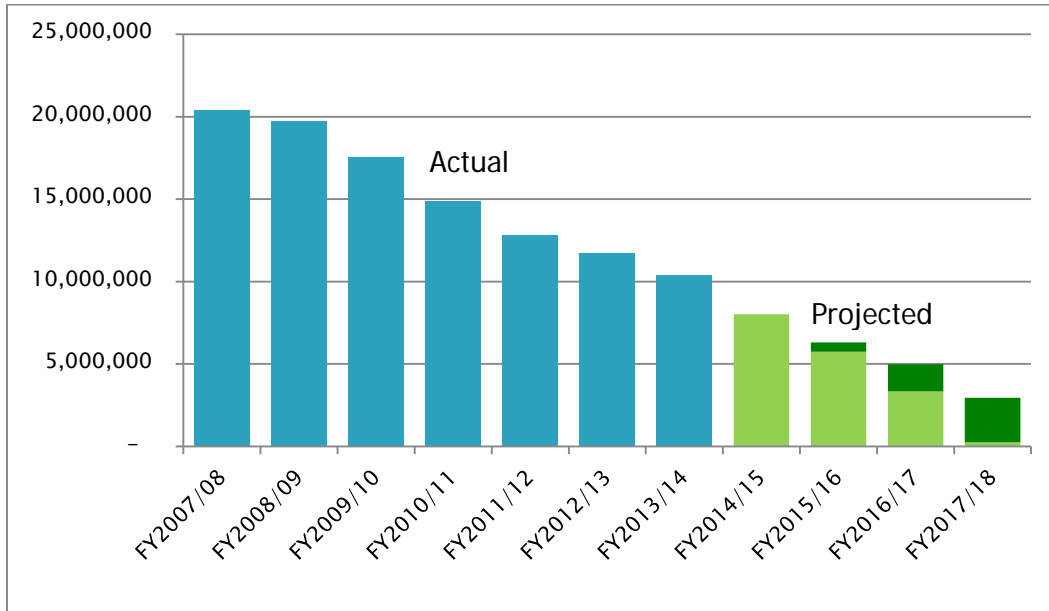
As a result of these conversations, staff is pleased to report every First 5 Solano grantee agency has agreed to contribute to the reduction in spending for FY2015/16 for an estimated savings of \$561,441, which represents approximately 19% of the Commission's \$2.9 million allocation for contract extensions. Additionally, the leaders of each of the First 5 Solano funded partners will be attending a meeting on April 9 to begin discussions regarding First 5 Solano's available resources beyond FY2015/16, and begin to intensively brainstorm and discuss ideas to sustain programs and preserve the early childhood services currently being provided.

Of significant note, the Solano County Health & Social Services Department has agreed to be an active partner in funding the BabyFirst Solano prenatal program, which includes the evidence based programs Healthy Families America (HFA) and Nurse Family Partnership (NFP). This portion of the Commission's portfolio is approximately \$1 million per year, and the First 5 Solano Commission has contributed over \$12 million to its prenatal initiative over the course of its 10+ year tenure. For FY2015/16, First 5 Solano will continue to fund at a rate of ½ of the approximately \$1 million annual allocation. The Department will analyze the program, eliminate expenditure that is not core to the HFA and NFP model, and fund the remaining expenditure necessary to keep the evidence based programs intact.

Beyond FY2015/16, the Department has agreed to continue the core evidence based-programs NFP and HFA with alternate funding sources. First 5 Solano has agreed to assist the Department with identifying and completing grant and other funding opportunities. This result is a true reflection of the community's commitment to working together to address community needs, and is a demonstration of Collective Impact achieving its goals.

With these reductions in spending, a "softer landing" is beginning to emerge as evidenced by the projected fund balance.

Table 2: First 5 Solano Fund Balance Projections April 2015



Staff would like to thank all of its grantee partners for their understanding and willingness to discuss this difficult issue and to contribute to an overall “softer landing” for First 5 Solano’s upcoming fiscal cliff.

**DATE:** April 1, 2015  
**TO:** First 5 Solano Children and Families Commission  
**FROM:** Ciara Gonsalves, Policy and Fund Development Manager  
**CC:** Michele Harris, Executive Director  
**SUBJECT:** First 5 Futures Analysis Report

### **Introduction**

At the March 2015 Commission meeting, the First 5 Solano Commission approved its FY2015/16 Budget and directed staff to provide a report on First 5 Futures efforts including how much has been expended and received to support the early childhood system.

### **Background**

First 5 Futures was introduced during the FY2010/11 budget process with the Implementation and Fund Development (IFD) Plan formally adopted September 2011. This five-year initiative was designed to aid in sustainability and expansion efforts of the Solano County early childhood system with three main goals:

1. Secure large foundation and government grants and contracts
2. Obtain corporate grants and strengthen corporate and business partnerships
3. Pursue legislative and policy changes to increase support for the mission of First 5 Solano

Furthermore, the First 5 Futures Mission and Vision focus on securing resources and improving policies. The short-term goal is to secure resources and improve policies for children 0-5 in Solano County and the long-term goal is to sustain and expand the early childhood system. The downstream impacts for First 5 Futures efforts are:

- Secure at least \$2.5 million annually from foundations, corporations, and government grants
- Sustain services for young children
- Increase individual contributions
- Engage policymakers and community leaders in new supports
- Enact new or revise laws, regulations and policies that positively impact young children.

The following report includes an overview of First 5 Futures including: funds expended and received; the financial and non-financial return on investment; a recap of Collective Impact efforts; and a summary of potential funding activities happening at the local and statewide levels.

The Systems and Policy Committee has been participating in an analysis of each of the three priority areas of the IFD Plan, and engaged in discussions to help shift the focus and trajectory of the IFD Plan to achieve success for Solano. Staff has included a summary of each of the three priority areas in this report (Attachments A-C); the associated level of effort under each goal; highlights/accomplishments; and lessons learned as we proceed into the fifth year of the First 5 Futures strategic initiative. Once the Systems and Policy Committee completes its review

and recommendations of First 5 Futures activities, a revised approach to the IFD Plan will be brought forward to the Commission for consideration.

### **Analysis/Results**

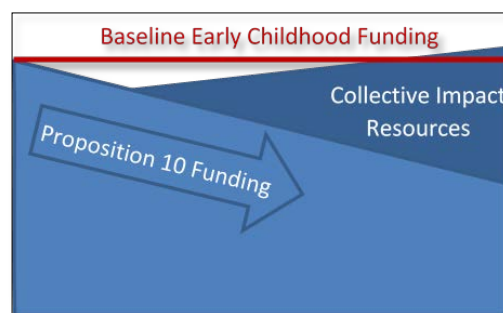
Overall, financial investments in First 5 Futures efforts since FY2010/11 total \$912,126 (an average \$243,000 annually, including staffing), with \$5,061,175 secured. This amount includes \$3,702,524 in dollars secured through grants and donations, and \$1,358,651 in additional leveraged funding for Solano’s youngest children over the same period (see Attachment D). In addition to the monetary return on investment, other non-tangible results include: building political will (locally, regionally, and state-wide); building and maintaining relationships with the Bay Area Early Childhood Funders, Healthcare Funders, Northern California Grantmakers and others; messaging and advocacy; and systems change efforts.

The First 5 Solano Commission has received statewide recognition for its First 5 Futures efforts. The activities are seen as building blocks for the evolution of many First 5s, as they all consider their footprint and how they want to participate in their community – largely by systems change efforts such as First 5 Futures. There is also growing statewide momentum around cultivating additional local resources (Funding the Next Generation) and influencing policy at both the local and state level to benefit the early childhood system.

As First 5 Solano winds down its 10-year Long-Term Financial Plan and works toward its sustainable level of community funding, activities over the last 4 years have laid the groundwork to successfully transition many programs and services to alternative sources of funding. These efforts, along with Collective Impact efforts, the increased effort around grant applications, and the increased policy development work are gateway activities that are intended to result in an early childhood system that is not only sustained, but expanded.

### **Collective Impact**

In addition to First 5 Futures efforts, First 5 Solano seeded a community-wide Collective Impact effort to engage stakeholders in a common agenda, shared goals and measures, and diversify the early childhood portfolio. As First 5 Solano’s resources decline, other stakeholders can help to support and sustain the early childhood system. As a Solano common agenda is formed, it is anticipated that this agenda and local efforts will be further aligned to accomplish common goals, and bring other partners into the early childhood system.



These Collective Impact efforts have recently resulted in the Solano County Health and Social Services Department, Public Health Division, agreeing to take on the prenatal program funded by First 5 Solano over the last 10 years. This \$1 million program is a critical component to the compliment of prenatal programs in Solano, and is an excellent demonstration that other partners are willing and able to help sustain valued and proven programs in Solano.

### **On the Horizon**

A communitywide effort to sustain and expand services and supports for young children and their families in our community began and continue with First 5 Futures efforts and are



complimented by Collective Impact efforts. There are multiple other efforts, both locally and statewide, that will impact the early childhood system. Some of these efforts are:

#### Local

- Funding the Next Generation: This local initiative will create a ballot measure to introduce a tax to support children's programs in Solano County.
- Grants: First 5 Solano has applied for nearly \$2 million in grants (since 11/2014).
- Donation Menu: First 5 Solano staff is developing a "donation menu" for community partners who are interested in donating to children's programs. Donations will range from small to large and will benefit non-profit partners.

#### Statewide

- Alternate Sources of Proposition 10 Revenue: First 5 California and the First 5 Association have been working to identify additional revenue sources to offset the decrease in Proposition 10 tobacco taxes. Alternate sources of revenue that are being explored are:
  - Taxation on e-cigarettes
  - Raise per pack tax above current \$0.50 per pack
  - Increase retailer costs and licensure requirements
  - Inclusion of children's services in taxation if marijuana is legalized
  - Taxation on sugar sweetened beverages
- Decrease administrative costs from the Board of Equalization: First 5 California and a number of counties have been in discussion with the legislature and the California Board of Equalization regarding the increased administrative costs charged against Proposition 10 that are related to administration of the tobacco licensing program.

#### Next Steps

1. The Systems and Policy Committee will continue to review the IFD Plan and develop recommendations for course corrections based upon the evolution of the early childhood system, including lessons learned. A revised approach to the IFD Plan will be brought forward to the Commission for consideration.
2. As Collective Impact efforts continue and a common agenda is finalized, staff will work to secure additional partnerships and relationships that sustain the early childhood system.
3. Staff will continue to monitor and engage in the activities happening locally and statewide that will have an effect on the early childhood system in Solano. Updates will be brought forward to the Commission as they develop.

#### Attachments:

- A – Fund Development Plan Goal 1 – Foundation and Government Grants
- B – Fund Development Plan Goal 2 – Business Engagement Strategy
- C – Fund Development Plan Goal 3 – Legislative and Policy Changes
- D – FY2013/14 Leveraged Funds Summary
- E – Grant Funds Summary

## ATTACHMENT A: FOUNDATION AND GOVERNMENT GRANTS

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Over the last four years, a total of 22 grants have been applied for, totaling **\$14,231,392**. Of those applications, approximately **\$3.6 million** has been secured in grant funding for Solano (see Attachment E for a list of grant funds summary). Over the last 4 months alone, **11** grants totaling **\$3,607,878** have been applied for with \$1,377,878 outstanding.

Additionally, First 5 Solano is a member of several funder organizations that provide access to resources, as well as an opportunity for relationship development and partnerships to achieve alignment in funding. The regional meetings staff attends provide the opportunity to network with other funders and discuss partnership opportunities as they arise.

Level of effort – Goal 1 of the IFD plan has required intermittent moderate to intensive time commitments from First 5 Futures staff, depending upon the stage of the grant cycle/application. With the change of the First 5 Solano Executive Director, a resurgence and focus on grant applications has developed. This goal area is anticipated to require an intensive time commitment, as it has shown the largest return on investment over the course of the initiative.

Accomplishments – First 5 Futures, Commissioners, staff and community partners made significant strides towards positioning First 5 Solano as a leading funder and community convener on behalf of children and their families. Specific recent accomplishments include:

- Pursued 25 grants totaling \$31,367,027
- Featured in GEO member story for the month of October 2014 highlighting First 5 Futures efforts.
- Participating on the steering committee of Bay Area Health Care Funders, a new collaborative philanthropy project of Northern California Grantmakers (NCG)

Lessons Learned – Many challenges surfaced early, but they became valuable lessons that improved work in this area. Early on, grantees and community partners expressed the challenges of staff capacity and/or short turn-around time when considering grant opportunities. Some opportunities were not pursued due to lack of provider time/capacity to complete the grant application.

First 5 Futures staff has filled the critical role of seeking alternate funding sources to support the good work being provided by grantees. Grantees who apply for grants can utilize First 5 Solano for assistance, including identifying, drafting applications, and reviewing/providing feedback, in addition to dedicating their own internal resources to a grant opportunity.

## **ATTACHMENT B: BUSINESS ENGAGEMENT STRATEGY**

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The Business Engagement Strategy was created to leverage First 5 Solano funds with businesses and strengthen businesses partnerships in the community for First 5 Solano on behalf of children and family service providers.

While this strategy has resulted in a small financial return of nearly \$41,000, non-tangible results have been produced with the business engagement strategy. Business engagement activities include advocating for Solano County businesses to include 'family-friendly' practices in the workplace for their employees and to learn the importance of children and families in the community they serve. Additionally, relationships were strengthened with each of the Solano County Chambers of Commerce, the Solano Economic Development Corporation, and relaying the early childhood message to business and community leaders.

Level of effort –The level of effort versus the rate of return for activities varies for this strategy. Some activities such as participation in corporation health fairs and chamber mixers are labor intensive and do not result in significant changes for the early childhood system. Other activities, such as business challenge grants, are less labor intensive and result in tangible benefits.

### Accomplishments

- Implemented a “Family-Friendly Business” recognition program, and presented awards to eleven local businesses that demonstrated they have Family-Friendly practices.
- Awarded a \$7,000 Business Matching Grant to the Solano County Library Foundation, leveraging funds for a total of \$21,000 for the “Reach Out and Read” early literacy program. The funds were used to purchase 5,250 books and serve 2,625 families.
- First 5 Futures efforts are discussed at statewide convenings when considering the evolution of First 5s across the state and their general move toward more systems change efforts.
- Developed Pre-Kindergarten Business Champions (PKBC) Campaign, which is in its third year and has garnered over \$28,000 to date. The goal of PKBC is to match business donations dollar-for-dollar to send children to summer Pre-K Academies.
- Established the Business Challenge Grant Opportunity as a resource for children and family service providers in the community.

Lessons Learned – Engaging with the business community is time intensive. Additionally, larger corporations that have giving programs often already have the agencies that they give to designated. Further complicating the issue, many businesses in Solano are small businesses, which have a smaller amount of available resources.

Lastly, several businesses have provided the feedback that they are less inclined to want to donate to a government agency. This has encouraged the move toward brokering relationships between non-profits and businesses whose interests align, so that First 5 Solano is not the “middle man” and a business can donate to a non-profit directly.

## ATTACHMENT C: LEGISLATIVE AND POLICY CHANGES

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Goal 3 of the First 5 Futures IFD is to pursue legislative and policy changes with the upstream goal of navigating policy at all levels, propose legislation, and encourage elected officials to prioritize children's issues. The downstream goals were set to implement new or revised laws and policies that will impact children and families positively.

Legislative and policy activities include participation on the First 5 Associations Legislative Committee; participating on the Funding the Next Generation workgroup and sponsoring the polling in Solano that demonstrated constituents are likely to support a ballot measure benefiting children's issues; working with regional groups with missions that align, such as Early Childhood Funders; working with the Children's Alliance, the advocacy group in Solano for children's issues; supporting Board of Supervisors legislative platform, which includes language for children and family friendly policies; and educating local and state elected officials of the importance of policies that benefit children and families.

Level of effort – Staff spends a relatively small amount of staff time focused on policy-related activities in First 5 Futures. The majority of time spent is participating on various planning committees, such as the Policy Forum, Funding the Next Generation, the Raising of America Screening Event, and/or attending policy related meetings.

### Accomplishments -

- Two Children and Families Policy Forums were held. The most recent Forum highlighted four local priority areas for children's issues. There were local, state, and federal representatives present to hear the testimony from families who have been affected by the four priority areas. The elected officials were then provided specific "asks" for how they can assist in improving the priority areas: early childhood mental health/treatment; quality early learning; youth safety; and homelessness.
- Participation with the Early Childhood Funders (ECF) Messaging Committee which worked with members to create an early childhood messaging campaign that could be used broadly by the early childhood field. This effort evolved into the "Talk, Read, Sing" Campaign.
- Active participation in the Funding the Next Generation workgroup which is working to successfully pass a ballot measure to secure additional local resources for children's issues.
- Participated in discussions with elected officials (local, state, and federal) representing Solano County. There has been some recent legislator turnover, presenting an opportunity for future partnerships and development of champions for early childhood issues.

Lessons Learned – Influencing policy is time consuming work. Policy changes require political will, influence, momentum and a champion. It also requires perseverance to continually educate legislators and the public, to keep children at the front of the political agenda. With the Funding the Next Generation and Collective Impact efforts happening in Solano, it would appear that this area is gaining momentum and may be a critical area in which to devote resources over the coming years. Consistent messaging and collaboration is a critical component to gaining momentum in moving a children's agenda forward.

Lastly, the importance of being involved both regionally and statewide is critical. The political voice at the state level for children's issues is often the loudest voice and is a great opportunity to make significant change for children in California and Solano.

**ATTACHMENT D: LEVERAGED FUNDS SUMMARY**

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One strategy of maximizing Commission resources has always been the use of leveraged funds. These funds, which would not have been brought to Solano without the use of First 5 Solano funds, are outlined below, starting with the FY2010/11 baseline year.

	<b>First 5 Solano Funds Expended</b>	<b>Total Funds Leveraged</b>	<b>Total Spent (First 5 + Leveraged)</b>	<b>Leverage Percent</b>	<b>% Increased Leveraged from Baseline Year</b>	<b>Additional Leverage from Baseline Year</b>
FY2010/11	4,887,177	5,714,149	10,601,326	54%	Baseline Year	N/A
FY2011/12	4,497,282	5,791,961	10,289,243	56%	2%	246,026
FY2012/13	3,446,098	4,821,497	8,267,595	58%	4%	365,237
FY2013/14	3,486,208	5,697,363	9,183,571	62%	8%	747,389
<b>Total:</b>						<b>\$1,358,651</b>

## ATTACHMENT E: GRANT FUNDS SUMMARY

Applying for grant funding is a critical component of the First 5 Futures initiative, and is expected to be the largest source of dollars for Solano County. The list below details the grants that have been applied for over the course of the 4-year period.

	<b>Grant</b>	<b>Amount</b>	<b>Awarded</b>	<b>Not Awarded</b>
1.	Elementary and Secondary Counseling	1,200,000	X	
2.	Child Welfare and Supportive Housing Services	5,000,000		X
3.	School-Based Comprehensive Oral Health Services	800,000	X	
4.	Mayor's Challenge	1,000,000		X
5.	Domestic Violence Prevention Services	250,000	X	
6.	Car / Booster Seat Purchase, Installation & Training	5,000	X	
7.	General Mills Foundation Nutrition and Physical Ed.	10,000		X
8.	PEAK – Plus Svcs (Perinatal Substance Abuse Exposure)	1,856,990		X
9.	W.K. Kellogg	500,000		X
10.	Cal Poison and SafeKids CA Poison Control	1,024	X	
11.	EHS/CC Partnerships by Child Start	1,400,000	X	
12.	Kaiser CDA Cares	500	X	
13.	<i>Valero – Raising a Reader*</i>	55,000	TBD	
14.	Game changer 50 Fund – CNP	500,000		X
15.	<i>Hellman – Collective Impact*</i>	200,000	TBD	
16.	Kaiser – SCBH children's insurance	25,000		X
17.	<i>Propel Next – CNP*</i>	400,000	TBD	
18.	<i>Kresge – CNP*</i>	112,878	TBD	
19.	Rathmann Challenge – KSEP	300,000		X
20.	<i>Hillman Fdtn – MCAH NFP*</i>	600,000	TBD	
21.	Kaiser Solano SNS	5,000	X	
22.	<i>Wish You Well*</i>	10,000	TBD	
	Totals	\$14,231,392	\$3,661,524	\$9,191,990*

\*\$1,377,878 in grant proposals is still outstanding (no response).

# First 5 Futures



APRIL 7, 2015  
COMMISSION MEETING

## First 5 Futures Overview

- Commission adopted FY2011/12
- 3 Main Goals:
  - Secure foundation & government grants
  - Obtain corporate grants & strengthen business relationships
  - Pursue legislative and policy changes
- ***Upstream Mission*** and ***Downstream Vision*** to sustain the early childhood system in Solano

## Summary

2010 - Present

- Spent \$912,126
- Generated \$3,702,534; Leveraged \$1,358,651
- Non tangible ROI:
  - Building political will
  - Building and maintaining relationships
  - Messaging and advocacy
  - Systems change efforts

## Leveraged Funds

	Expended	Leveraged	Total Spent	Leverage Percent	% Increase	Additional Leverage
FY2010/11	4,887,177	5,714,149	10,601,326	54%	0	N/A
FY2011/12	4,497,282	5,791,961	10,289,243	56%	2%	246,026
FY2012/13	3,446,098	4,821,497	8,267,595	58%	4%	365,237
FY2013/14	3,486,208	5,697,363	9,183,571	62%	8%	747,389
<b>Total:</b>						<b>\$1,358,651</b>



## Collective Impact

As First 5 Solano's available resources decline, other stakeholders can help to support and sustain the early childhood system.

- Backbone Support
- Common Agenda
- Shared Measurement
- Mutually Reinforcing Activities
- Continuous Communication



## Part 1 of 3: Foundation and Government Grants

- Generated **\$3.6 million**
- Accomplishments:
  - Pursued 22 grants totaling **\$14,231,392**
  - Featured in GEO member story highlighting First 5 Futures efforts
  - Participating on the steering committee of Bay Area Health Care Funders, a new collaborative philanthropy project of Northern California Grantmakers (NCG)
- Advocated with two Bay Area funders to expand their geographic giving area to include Solano.
- Level of effort: sporadic **Moderate** to **Intensive** staff time
- Lessons learned:
  - Short turn around time for grant applications
  - Lack of time/capacity for grantee agencies to complete grant applications
  - First 5 Solano fills critical role by completing applications on behalf of agencies



## Part 2 of 3 Business Engagement



- Generated **\$41,000**
- Accomplishments:
  - 5 years of Solano EDC Breakfast Sponsorships since 2011
  - Implemented “Family Friendly Business” Program
  - ROAR Business Challenge Grant for \$7,000 leveraging \$14,000
  - Developed PKBC Campaign
  - Established Business Challenge Grant as a resource
- Level of effort: **Intensive** staff time
- **Non-tangible** returns are predominantly seen in this strategy
- Lessons learned:
  - Business engagement is time consuming
  - Solano is built on small business with limited resources
  - Business is less inclined to give to government and prefers to donate directly to non-profits

## Part 3 of 3: Policy



- Accomplishments:
  - 2 Children and Family Policy Forums
  - Early Childhood Funders
  - Funding the Next Generation Solano
  - Engaging with elected officials
- Level of effort: **Moderate to Low** staff time participating on steering committees and representing First 5 Solano across the state
- **Non-tangible** returns are predominantly seen in this strategy
- Lessons learned:
  - Influencing policy requires time, commitment, and perseverance
  - Term limits present opportunities to cultivate new champions for children in legislature
  - Collaboration and consistent messaging critical to gaining momentum in moving a children's agenda forward

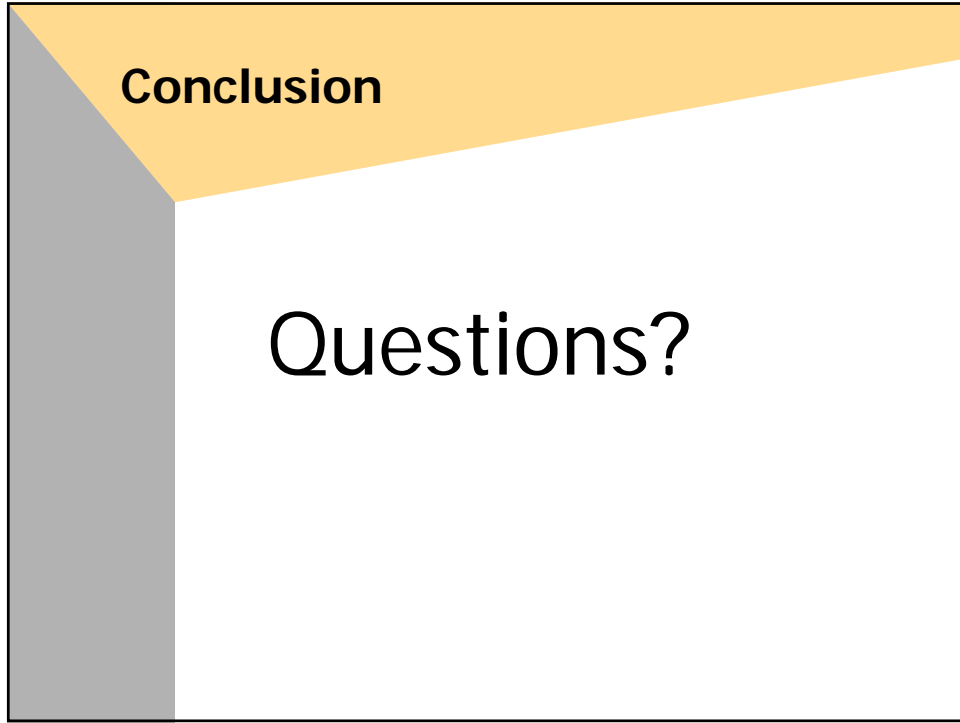


## On The Horizon

- Local Efforts
  - FNG Solano
  - Grants
  - Grantee Donation Menu
- Statewide Efforts
  - Decreasing BOE Admin Costs
  - Taxation on e-cigarettes
  - Raise per pack tax above current \$0.50 per pack
  - Increase retailer costs and licensure requirements
  - Inclusion of children's services in taxation if marijuana is legalized
  - Taxation on sugar sweetened beverages

## Next Steps

- Systems & Policy Committee continue to review IFD plan, develop recommendations
- Collective Impact
- F5 Solano staff:
  - Continue to monitor and engage in local, regional, and state activities
  - Bring updates forward to Commission for consideration





CHILDREN ARE OUR BOTTOM LINE

**DATE:** March 26, 2015

**TO:** First 5 Solano Children and Families Commission

**FROM:** Cherelyn Ellington Hunt, Community Engagement Program Manager

**SUBJ:** **First 5 California FY2013/14 Annual Report**

**Motion:** **Consider acceptance of the First 5 California Children and Families Commission's FY2013/14 Annual Report, pursuant to Health and Safety Code Section 130150**

**Summary/Discussion:**

Proposition 10 statues provide that First 5 California Children and Families Commission prepare a written report each year that consolidates, summarizes, analyzes, and comments on the annual audits and reports submitted by all of the county commissions and the state Controller for the preceding fiscal year. This annual report must be transmitted to the Governor, the Legislature, and each county commission. County commissions, in turn, are required to review this report in a public hearing.

The First 5 California FY2013/14 Annual Report highlights and describes the impact of First 5 services on California children between ages 0-5. The report includes overviews of the services and programs provided by the state commission and county commissions. Collaborations between First 5 California and county commissions, as well as key programmatic accomplishments, are outlined.

A brief summary of First 5 Solano Family and Children's Commission accomplishments is included in the FY2013/14 First 5 California Annual report on page 52.

The report is available on the First 5 Solano website at [www.first5solano.org](http://www.first5solano.org) and at the First 5 California website at [www.cafc.ca.gov](http://www.cafc.ca.gov).

Attachment A: First 5 CA FY2013/14 Annual Report



# Building on the Momentum Surrounding Early Childhood Education

2013-14 | FIRST 5 CALIFORNIA ANNUAL REPORT





## **Our Mission**

CONVENE, PARTNER IN, SUPPORT, AND HELP LEAD THE MOVEMENT TO CREATE AND IMPLEMENT A COMPREHENSIVE, INTEGRATED, AND COORDINATED SYSTEM FOR CALIFORNIA'S CHILDREN PRENATAL THROUGH 5 AND THEIR FAMILIES. PROMOTE, SUPPORT, AND OPTIMIZE EARLY CHILDHOOD DEVELOPMENT.



# Building on the Momentum Surrounding Early Childhood Education

2013-14 | FIRST 5 CALIFORNIA ANNUAL REPORT



# Building on the Momentum Surrounding Early Childhood Education

## MESSAGE FROM THE EXECUTIVE DIRECTOR

California has long-recognized the importance of investing in the success of its youngest children. By passing Proposition 10 in 1998, Californians voiced their commitment to making this investment a high priority. First 5 California was established to improve the lives of newborns, infants, and toddlers. With its county partners, First 5 California's mission is to do everything in its power to advance the well-being of children ages 0 to 5.

This past year has seen unprecedented attention spotlighting the importance of early childhood education. The President, recognizing expanding access to high-quality early childhood education as “among the smartest investments that we can make,” has earmarked millions of dollars to increase early education funding. Likewise, former Secretary of State Hillary Clinton co-chairs a national organization whose mission is to improve the health and well-being of children ages 0 to 5 so that more of America's children will be prepared to succeed in the 21<sup>st</sup> century.

In its 2013–14 session, the California Legislature identified early education as one of its highest priority policy issues. Numerous bills were introduced to support and improve early childhood education opportunities in the state, including an ambitious attempt to expand the State's transitional kindergarten program to all 4-year-olds.

The Governor took notice, passing a budget that included the biggest investment in early education in at least a decade. Among other things, the State's budget included a \$50 million investment for quality improvement, and a one-time \$25 million allocation for preschool and transitional kindergarten teacher training.

First 5 California is perfectly poised to build on this momentum. Our recently approved Strategic Plan directs us to work with our Federal, State, local, private, and stakeholder partners to maximize our resources to better serve our target





population. We also have been tasked with supporting and strengthening our statewide efforts and initiatives to facilitate the creation of a seamless system of integrated and comprehensive programs and services.

In the last year, First 5 California has been an active convener, partner, participant, and advocate on early childhood issues at the Federal and State levels and with various stakeholder groups within California. During this process, First 5 California continually has emphasized its commitment to foster the ongoing conversation on these issues so they remain fresh and relevant.

For example, First 5 California is hosting the first Child Health, Education, and Care Summit in 2015, which will bring together eight State agencies that provide support and assistance to our youngest children and their families, with the goal of building powerful partnerships to maximize cross-agency efforts and outcomes.

Finally, First 5 California's recent media activity has helped reinforce with California's parents and caregivers the need to work with children as early as possible to support healthy brain development. For the first time in years, we launched a television and radio campaign, with the slogan *Talk.Read.Sing.<sup>SM</sup>: Your Words have the Power to Shape Their World*. This successful campaign culminated with First 5 California's radio spot receiving a 2014 Southern California Broadcasting Association Outstanding Achievement Award.

There has never been greater momentum than now for early education issues, and First 5 California looks forward to its continued and proactive involvement in this most noble crusade.

A handwritten signature in black ink that reads "Camille Maben".

**CAMILLE MABEN**

EXECUTIVE DIRECTOR, FIRST 5 CALIFORNIA

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# Support Healthy Development and School Readiness for Young Children

## LEADERSHIP: FIRST 5 CALIFORNIA

In 1998, California voters passed Proposition 10—the California Children and Families Act (the Act)—and declared the importance of investing in a better future for California’s youngest children. For the past 15 years, the California Children and Families Commission (First 5 California) has established quality standards and invested in the development of programs and services emphasizing improvement in early education, child care, social services, health care, research, and community awareness. The vision of First 5 California is for all of the state’s children to receive the best possible start in life and thrive.

## STRATEGIC PLAN

The State Commission approved a new Strategic Plan for First 5 California in January 2014. The Strategic Plan serves as an important compass for the Commission’s deliberations to decide how best to plan future work, investments, and partnerships over

the next five years. For more information about the Strategic Plan, please go to [http://www.ccfc.ca.gov/pdf/commission/resources/F5CA\\_Strategic\\_Plan.pdf](http://www.ccfc.ca.gov/pdf/commission/resources/F5CA_Strategic_Plan.pdf).

## STRUCTURE: STATE AND COUNTY

The Act established an independent seven-member State-level Commission appointed by the California Legislature and Governor, with a designee from Secretary of the California Health and Human Services Agency serving as an ex-officio member. The Commission appoints the First 5 California Executive Director; the current Executive Director is Camille Maben.

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

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

First 5 California collects and reviews each county commission's annual report, and includes county-level data in this State-level annual report. First 5 California prepares guidelines to assist the county commissions in the preparation of their annual reports.

## PARTNERSHIPS: WORKING TOGETHER

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

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

## ACCOUNTABILITY: FUNDING AND AUDIT RESULTS

Under the Act, the State Board of Equalization collects an excise tax levied on all tobacco products and deposits the revenue into the California Children and Families Trust Fund, allocating 20 percent to First 5 California and 80 percent to county commissions. In FY 2013–14, First 5 California received \$86.1 million and county commissions received \$344.4 million.

### EXHIBIT 1: FIRST 5 CALIFORNIA COMMISSION MEMBERS FY 2013–14

#### COMMISSION MEMBERS:

**George Halvorson**, Chair  
*Appointed by Governor*

**Joyce Iseri**, Vice Chair  
*Appointed by Senate Rules Committee*

**Casey McKeever**  
*Appointed by Senate Rules Committee*

**Conway Collis**  
*Appointed by Speaker of the Assembly*

**Kathryn Icenhower**  
*Appointed by Speaker of the Assembly*

**Magdalena Carrasco**  
*Appointed by Governor*

**Muntu Davis**  
*Appointed by Governor*

#### EX-OFFICIO MEMBER:

**Diana Dooley**  
*Secretary of the California Health and Human Services Agency*

**Jim Suennen**, Designee



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

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

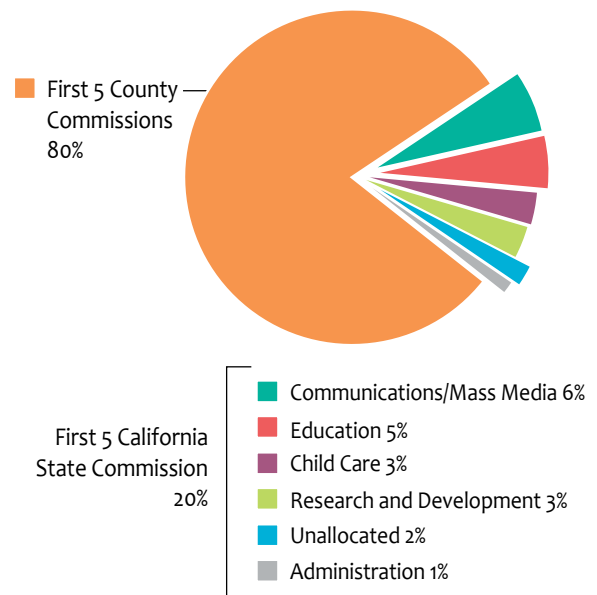
First 5 California’s Administrative Services, Evaluation, Executive, and Program Management Divisions; and the Communications, Contracts and Procurement, and Information Technology Offices provide staff support for the following functions, operations, and systems:

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

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

The California Department of Finance, Office of State Audits and Evaluations, conducted an audit of the First 5 California financial records for FY 2013–14. Submitted in December 2014, this report on the California Children and Families Trust Fund was free of any negative findings.

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



Source: Health and Safety Code Section 130105

The State Controller’s Office conducts an annual review of the 58 county commissions’ independent audits. In October 2014, the Controller published its review of the counties’ audits for FY 2012–13, summarizing several findings contained in the local audits, but did not deem any of them significant enough to withhold funding. The audit can be viewed on First 5 California’s website at [http://www.ccfc.ca.gov/commission/commission\\_annual\\_report.html](http://www.ccfc.ca.gov/commission/commission_annual_report.html).





# Serving California's Young Children, Parents, and Teachers

## FOUR KEY RESULT AREAS

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

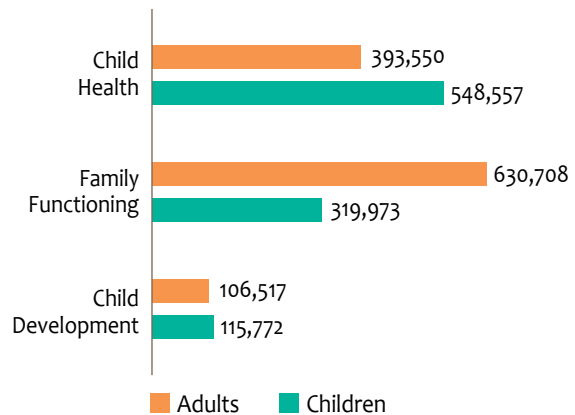
1. Improved Family Functioning
2. Improved Child Development
3. Improved Child Health
4. Improved Systems of Care

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

Stakeholders can use this information as one source to determine impact and resource allocation

from First 5 statewide. Exhibit 3 contains the total numbers of services provided to children ages 0 to 5 and adults in FY 2013–14 for Improved Family Functioning, Improved Child Development, and Improved Child Health.

**Exhibit 3:** Total Numbers of Services Provided to Children Ages 0 to 5 and Adults in FY 2013–14 Across Result Areas



Source: County Demographic Worksheet, November 2014

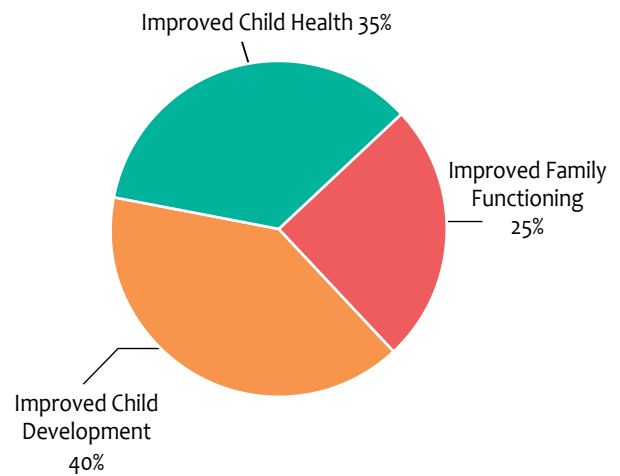


The total expenditures (\$489,044,045) for children ages 0 to 5 and adults receiving services in FY 2013–14 by result areas and providers are presented in Exhibits 4 and 5, respectively.

One result area, Improved Systems of Care, differs from the others; it consists of programs and initiatives that support program providers in the other three result areas. In FY 2013–14, 15 percent of expenditures went toward community strengthening efforts; 30 percent toward service, outreach, planning, support, and management; and 55 percent toward provider capacity building, training, and support.

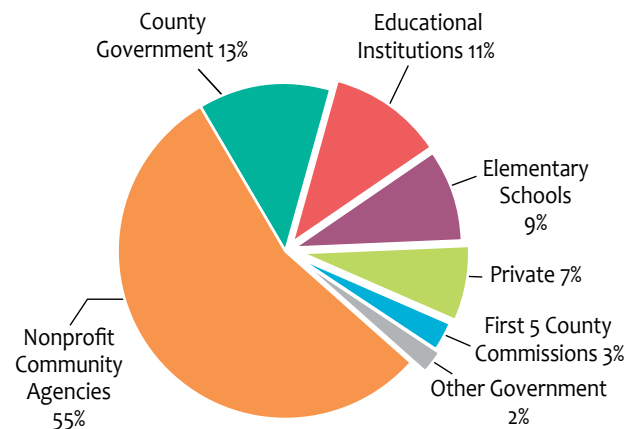


**Exhibit 4:** Total Expenditures for Children Ages 0 to 5 and Adults Receiving Services in FY 2013–14 by Result Area



Source: County Revenue and Expenditure Summary, November 2014

**Exhibit 5:** Total Expenditures for Children Ages 0 to 5 and Adults Receiving Services in FY 2013–14 by Provider



Source: County Revenue and Expenditure Summary, November 2014



## Child Development Focus

The cornerstone of First 5 California's purpose is to invest in quality early learning programs. National research indicates high-quality early learning programs have a significant, positive impact on early childhood outcomes and at-risk children in cognitive, language, and social development.<sup>1,2</sup> Decades of program evaluations show investments in high-quality early learning produce higher rates of return.

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

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

Scientific studies conclude high-quality early learning programs improve school readiness and lead to better academic achievement in elementary school.<sup>4</sup> Cost-benefit and return on investment analyses demonstrate investments in high-quality early learning programs generate substantial social and economic payoffs by reducing persistent social costs, such as unemployment, drug or alcohol abuse, and crime.<sup>5</sup>

### CHILD SIGNATURE PROGRAM

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

CSP works to invest in high-quality early learning that enhances the quality of care and education for young children. A growing body of research confirms

the importance of quality early learning experiences to effectively prepare young children not only for school, but for life.

The design of CSP integrates proven elements of other First 5 California-funded programs, selected core components of Educare (see page 15 for description of Educare), and continues to align with the California Department of Education Infant/Toddler and Preschool Learning Foundations and Frameworks. CSP was launched in three phases via three Requests for Application to First 5 county commissions.

Built primarily upon the prior success of Power of Preschool (PoP)<sup>6</sup> program and First 5 California's current partnership with the Educare quality learning model, CSP was designed to increase the quality of early learning and development programs by implementing three research-based Program Elements:

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

CSP classrooms implementing Quality Enhancements in all three Program Elements are referred to as Quality Enhancement (QE) classrooms. Classrooms not implementing the new CSP Quality Enhancements are referred to as Maintenance of Effort (MOE) Classrooms.

Analyzed in summer 2014, FY 2012–13 program data shows that CSP 1 served children at risk of school failure, especially children of low income families. Almost 80 percent of classrooms are either State Preschool or Head Start classrooms, programs that enroll children based on income-eligibility requirements. On average, classroom quality is high as evidenced by scores from the Environment Rating Scales (ERS) and Classroom Assessment Scoring System<sup>®</sup> (CLASS<sup>®</sup>) instruments. Most classrooms, whether QE or MOE, meet CSP program standards: ERS global scores of 5; and CLASS domain scores of 5 for Emotional Support, 3 for Classroom Organization, and 2.75 for Instructional Support, thresholds of quality that have been shown to impact child outcomes. Furthermore,

teachers in both QE and MOE classrooms report their children make developmental gains as assessed by the Desired Result Developmental Profile (DRDP 2010) observational tool. Teachers of children in QE classrooms report greater gains than teachers of children in MOE classrooms.

Launched in 2012, CSP 2 focuses on providing quality improvement support through training and technical assistance to centers and classrooms in an effort to bring them up to the quality levels of classrooms participating in CSP 1. In 2012–13, every center and classroom in the 34 CSP 2 counties completed a Readiness Assessment (RA) and collected baseline data to determine levels of strength and identify areas for improvement. The Early Learning Systems Specialist (ELSS), a required position funded through the CSP 2, is responsible for providing support to classrooms and sites in all aspects of the program.

In 2013–14, with assistance from the ELSSs, every classroom and some sites used the RA results to complete an Improvement Plan (IP). The IP identifies priority areas for program improvement efforts. The ELSSs assisted in the development of the IPs and the coordination and facilitation of training, technical assistance, and other support to classrooms and sites to facilitate quality improvements identified in the IPs.

Launched in spring 2013, CSP 3 allowed CSP 2 counties not currently participating in CSP 1 to apply for two years of Quality Enhancement funding for classrooms that met Teacher/Provider Qualifications at the First 5 Quality Level and CSP Baseline Criteria. All classrooms qualifying for CSP 3 became QE classrooms. The purpose of CSP 3 is similar to that of CSP 1 in terms of Quality Enhancements for qualifying classrooms. Thirty-three classrooms serving 705 children from Orange County and one classroom with 8 infants in San Mateo County were awarded funding for CSP 3. Both counties have found CSP is constantly evolving and improving with continuous support for staff, coordinated services for families and children, and strong local partnerships.

During FY 2013–14, CSP 1 and 3 included 1,289 classrooms serving nearly 25,000 children. These classrooms consisted of 3 percent children with

special needs, 1 percent infants, 3 percent toddlers, and 57 percent dual language learners.

### A Child Signature Program 1 Example—Ventura County

First 5 Ventura County created a seamless Quality Rating and Improvement System (QRIS) initiative in partnership with the Ventura County Office of Education (VCOE). Ventura County’s QRIS is anchored in a five-tier matrix and uses First 5 Ventura County, CSP, Comprehensive Approaches to Raising Educational Standards (CARES) Plus, AB212, and the federal Race to the Top-Early Learning Challenge (RTT-ELC) grant funding streams to support quality improvement. First 5 Ventura County, one of the original PoP counties, continued to increase quality in early learning programs by participating in CSP. Ventura has a total of 28 CSP classrooms, one QE classroom, and 27 MOE classrooms.

Two successful strategies for continuous program quality improvement in CSP have been on-site training and developmental screenings. On-site

training is provided for teaching teams or small groups of teachers, and is customized to meet their needs. In such a small group setting, classroom staff tends to be less inhibited and feels more comfortable asking questions or raising concerns. The second strategy has been to ensure developmental screenings are conducted in all classrooms with the support of *Help Me Grow*, a system that builds collaboration across sectors, including child health care, early care and education, and family support. The collaboration includes the Ventura County Public Health Department and the CSP-Funded Early Education Experts (EEEs)/Technical Assistance Specialists.

A main challenge for First 5 Ventura County CSP classrooms has been recruiting and retaining Bachelor of Arts/Bachelor of Science degree teachers. Site administrators have taken different approaches to incentivize teachers, including motivating teachers by providing stipends for completing course work with a grade “C” or better, and incentives for teachers who have higher degrees.



For example, one administrator who operates twelve CSP 1 classrooms provides stipends to teachers who complete course work related to child development or degree attainment in child development. In addition, 135 teachers have obtained an Associate of Arts or Bachelor of Arts degree through the CARES Plus/AB212 Stipend Project since degree attainment has become the focus. VCOE has implemented creative strategies for supporting students, including contracting with a math tutor to assist them if they are struggling with math.

First 5 Ventura County's integrated system of services has been built on a strong foundation of collaboration with county agencies/partners.

### **A Child Signature Program 2 Example—Tuolumne and Amador County Consortium**

During FY 2013–14, the CSP 2 Tuolumne and Amador County Consortium experienced noteworthy accomplishments.

In March 2014, the twelve CSP 2 preschool and toddler classrooms were involved in a Head Start federal review. Results from the review revealed 100 percent of the nine preschool classrooms assessed improved significantly, raising CLASS® scores in the Instructional Support domain from an average score of 2 to 4.5. The overall CLASS scores were the highest for a Head Start federal review in Head Start Region IX (Arizona, California, Nevada, Hawaii and the Outer Pacific Islands) and in the top 10 percent in the nation.

This remarkable progress was accomplished through the combined efforts of strong leadership, engaged staff, high-quality teacher coaching and CLASS training supported by First 5 California's CARES Plus program. The CSP 2 ELSSs played a key role in leveraging and coordinating staff resources and materials. The ELSSs provided enhance math and science focused materials, instruction, training, and expanded coaching, which ultimately enhanced teacher effectiveness and raised CLASS scores.

### **A Child Signature Program 3 Example—Orange County**

Another county that integrates CSP, CARES Plus, RTT-ELC grant, local First 5, and First 5 California funding is the Children and Families Commission of Orange County. The county commission applied

for CSP 3 and received funding for 33 qualifying classrooms—29 preschool and 4 infant/toddlers. All classrooms through the QRIS matrix have received either a four- or five- star quality rating. CSP 3 directors and teachers have developed and implemented a continuous quality improvement plan with the EEs utilizing both the RTT-ELC Quality Continuum Framework-Hybrid Rating Matrix and Continuous Quality Improvement Pathways documents.

The Children and Families Commission of Orange County and community partners have developed CSP 3 to include a wide range of direct services, such as case management for children, parent education and coaching, home visitation, mental health resources, physical health, and nutritional support. CSP 3 will provide services to approximately 750 families and more than 70 early educators. Key partners include the Orange County Commission-funded Early Learning Specialists, School Readiness Nurses, the Orange County Department of Education, and the Center for Autism and Neurodevelopmental Programs.

The strength of the program is the additional support of CSP-funded staff, including mental health specialists, family support specialists, a nutrition/physical activity coach, and a dietician. Parent involvement in these classrooms is high. Parents are offered workshops, volunteer opportunities, and, at some sites, English-as-a-Second-Language and parenting classes. There is a strong collaboration with the K-12 classrooms. CSP preschool teachers work closely with the transitional kindergarten and kindergarten teachers.

The county's CSP has addressed the challenge of a lack of available qualified substitute preschool teachers. This has caused difficulty for coaches trying to schedule classroom visits with teachers. A solution has been to schedule lunch and afternoon appointments with teachers, and to offer teachers a stipend to meet with the coach after hours.

The Children and Families Commission of Orange County continues to partner with other county funding organizations to provide seed money that is leveraged through matching funds to produce a greater impact for their children ages 0 to 5 in programs such as CSP.

## EARLY EDUCATION EFFECTIVENESS EXCHANGE

First 5 California's Early Education Effectiveness Exchange (E4) serves as the primary statewide resource designed to facilitate quality improvement in early learning centers and classrooms participating in any of the three Child Signature Programs. First 5 California selected WestEd Center for Child and Family Studies to implement the E4 from July 1, 2013, through June 30, 2015. The E4 was created to provide quality enhancement training and technical assistance to CSP county, site, and classroom staff to implement the requirements of CSP.

In its first year of implementation, the E4 has assisted CSP 2-funded Early Learning System Specialists (ELSS) in the development of classroom and site Improvement Plans (IPs) based on their Readiness Assessment results. A web-based application developed by E4 tracks and monitors progress toward quality improvement goals. Based on the needs and goals of classrooms identified in the IPs, the E4 has provided ongoing training and technical assistance through a system of Training and Technical Assistance Coordinators (TTACs) assigned to each E4 region.

E4 also planned and facilitated quarterly regional meetings and a statewide annual meeting. The meetings provided CSP county staff with training by subject matter experts and opportunities for networking. The first annual CSP meeting was held in San Diego on February 26, 2014. Participants recorded high ratings in their evaluations of the meeting.

In addition, E4 created and continues to maintain an interactive website that includes a resource center, document library, calendar of events, CSP user community forum, partner information, and other resources. The website was launched at the first CSP annual meeting. The website was designed to provide CSP participants and other early childhood educators the ability to engage in topic-specific discussion, network with others, access customized teaching and learning resources, and more importantly, improve classroom experiences for children.

## EDUCARE

Ongoing research consistently demonstrates poverty and economic stress can threaten a child's cognitive development and ability to learn. California children in low-income families typically enter kindergarten 12 to 14 months behind the national average in pre-reading and language skills<sup>7</sup>, and in 2013, 25 percent of children age 0 to 5 were living in families with incomes below the federal poverty level.<sup>8</sup> A study conducted by the Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill indicates low-income children (including children with limited proficiency in English) who enroll in an Educare program as infants or toddlers enter kindergarten with skills on par with their middle-income peers.<sup>9</sup>

Educare promotes school readiness by implementing programs designed to reduce the achievement gap for disadvantaged children ages 0 to 5 who are less likely to attend high-quality preschool programs, if they attend preschool at all. The Educare model also strengthens the abilities of parents to support their children's learning when they enter school. Nationally, the Educare Learning Network consists of 20 Educare centers in more than a dozen states as the result of a partnership that includes the Ounce of Prevention Fund and the Buffet Early Childhood Fund, along with other national philanthropic organizations and public-private groups.<sup>10</sup>

Based on the success of Educare, the State Commission approved First 5 California as a public partner in the public-private funding to implement an Educare Quality Early Learning Model in Santa Clara and Los Angeles counties, beginning Fiscal Year 2011–12. In January 2014, the State Commission approved an extension of the funds for an additional three years through June 2017.

On September 17, 2013, a partnership of business, education, and non-profit leaders, including First 5 Santa Clara, the Silicon Valley Leadership Group, the Santa Clara County Office of Education, the Franklin-McKinley School District, and the Health Trust, marked the beginning of an effort to raise the remaining \$3 million necessary to build the Educare

center at Santee Elementary School in San Jose. On June 5, 2014, a groundbreaking ceremony was held and construction of the 35,000 square foot Educare center began. When completed in spring 2015, the state-of-the-art facility will provide infant through preschool early learning services to families, as well as training for educators.”

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Educare is a research-based program that serves at-risk children ages 0 to 5 through a coast-to-coast network of state-of-the-art, full-day, year-round schools funded through an innovative partnership between the public and private sectors. Each Educare school embraces a community’s most vulnerable children with programming and instructional support that develop early skills and nurture the strong parent-child relationships that create the foundation for successful learning and ensures the school readiness of children most at risk for academic failure.



## LOCAL DEVELOPMENTAL SCREENINGS AND SERVICES

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

Since 1998, First 5 California and county commissions have actively promoted screenings and assessments that help identify critical issues for children with special needs. When identified and addressed early, these issues are less likely to hinder children’s chances for success in school and beyond.

During FY 2013–14, First 5 California focused on screening by providing leadership at the State level

and support locally. First 5 California held a leadership role in the Statewide Screening Collaborative (SSC), a group consisting of multiple State agencies including Public Health and Developmental Services, and stakeholder organizations such as the American Academy of Pediatrics and Kaiser Permanente. First 5 California served on the planning team for SSC and led a work group focused on developmental screening and follow-up activities in the early learning field.

In addition, through First 5 California’s role in implementing the RTT–ELC grant, support was provided to participating counties on screening and follow-up in early learning settings, specifically around use of the Ages and Stages Questionnaire, a valid and reliable screening tool for early childhood development.

## RACE TO THE TOP–EARLY LEARNING CHALLENGE

A robust body of research demonstrates that high-quality early learning and development programs can improve young children’s health, social, emotional, and cognitive outcomes; enhance school readiness; and help close the wide school readiness gap. Based on this research, the U.S. Departments of Education and Health and Human Services released the RTT–ELC application on August 23, 2011. A total of 37 RTT–ELC grant applications were submitted and California was one of nine winning states. California requested \$100 million and was awarded \$75 million with a grant period from January 1, 2012, to December 31, 2015. The Governor appointed the California Department of Education (CDE) as the lead fiscal agency. As a participating State agency and co-member with CDE of the RTT–ELC State Implementation Team, First 5 California provides leadership, technical assistance, evaluation, and administrative support for the RTT–ELC grant. Other participating State agencies include the California Departments of Developmental Services, Public Health, and Social Services, and the State Board of Education.

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

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

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

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

California’s RTT–ELC grant incorporates a unique approach that builds upon California’s local and statewide successes to create sustainable capacity at the local level to meet the needs of our early learners (from birth to age five), with a focus on those of greatest need. Approximately 77 percent of California’s RTT–ELC total grant funding is spent at the local level to support a voluntary network of early learning programs. Each county in the network, known as the Regional Leadership Consortia (Consortia), is led by an established organization already operating or developing a Tiered Quality Rating and Improvement System (TQRIS).

The original Consortia includes 17 members in 16 counties (Alameda, Contra Costa, El Dorado, Fresno, Los Angeles, Merced, Orange, Sacramento, San Diego, San Francisco, San Joaquin, Santa Barbara, Santa Clara, Santa Cruz, Ventura, and Yolo). In 2013, the Consortia served 1009 early learning sites and 39,601 children.

In 2014, California allocated supplemental federal funds to the Consortia to serve as mentors to new

counties in implementing the RTT–ELC TQRIS. Fourteen new counties were added, bringing the total number of counties participating in RTT–ELC to 30. These “mentee” counties are Imperial, Kern, Kings, Madera, Mariposa, Nevada, Placer, Riverside, San Bernardino, San Luis Obispo, San Mateo, Sierra, Stanislaus, and Tulare.

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

One of the State-level projects is focused on the development of an Assessor Management System (AMS) to support the implementation of the RTT–ELC TQRIS in each Consortium. CDE is contracting with First 5 California to build and manage the AMS to assist in increasing the cadre of site assessors and providing reliability checks to ensure each site is being assessed to the same rigor, both on a Consortia-wide and local level. The AMS will support the Consortia in maintaining an appropriate degree of rigor in their rating processes and ensure each consortium has a comprehensive system for rating and monitoring that meets a high standard for inter-rater reliability in relation to application of the common elements and utilization of common tools and resources.

The RTT–ELC Implementation Team is working together with the American Institutes for Research on an evaluation of the TQRIS. The researchers are working together with a sample of consortia to study how successfully the TQRIS measures early learning program quality, possible alternative rating approaches, and how TQRIS ratings predict child learning and development outcomes. Additionally, this evaluation will inform policymakers on a link between quality improvement strategies and changes in program or workforce quality, and describe RTT–ELC implementation processes. Evaluation results are due in 2015.





## Parent Support Focus

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

The importance of child health for school readiness and early elementary success is well established. Children's overall health can make a difference in how well they will do in school. A child who is ill, has undiagnosed visual or hearing problems, developmental delays, or neglected dental disease might miss class, struggle in school, and even have learning problems. The alarming rate of childhood obesity is particularly severe in California—the Centers for Disease Control reports that 15 to 20 percent of low-income preschoolers in the state are obese.<sup>12</sup> The accompanying risk of current and chronic disease among at-risk young children further stunts their ability to achieve their maximum potential in

school. The Parent Signature Program strives to provide parents with the information, resources, and advice that can help them raise healthier children.

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

### HANDS-ON HEALTH EXPRESS

As part of its comprehensive outreach campaign that seeks to reach families in their homes and where they go, First 5 California takes its show on the road with its Hands-On Health Express—a colorful van filled with information and engaging activities. The Hands-On Health Express features “Edutainers” who educate parents and entertain children in a traveling interactive exhibit. “Edutainers” teach families how to incorporate fresh foods and physical activity, and

talking, reading, and singing into their everyday lives. In FY 2013–14, the exhibit traveled to more than 135 schools, community festivals, county fairs, and other family-oriented events, making appearances in even the smallest rural communities and directly engaging with more than 134,972 people who walked away with helpful First 5 resources.

## KIT FOR NEW PARENTS

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

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

To date, 4.5 million *Kits* have been distributed throughout California since 2001, with 210,645 being distributed this fiscal year alone.

## AWARD-WINNING MEDIA CAMPAIGN: TALK.READ.SING.<sup>SM</sup>

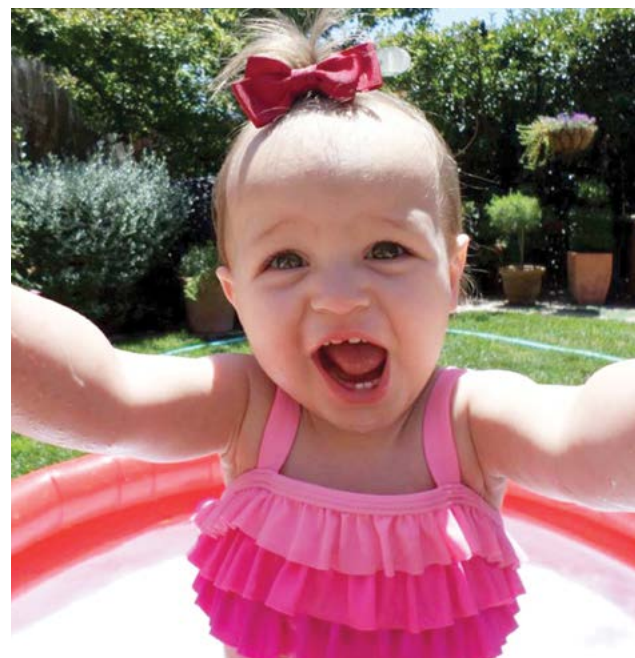
In the wake of compelling research on the importance of early brain development for children ages 0 to 5, First 5 California launched its highly successful media campaign, *Talk.Read.Sing.<sup>SM</sup>* in March of 2014. The campaign encourages parents and caregivers to talk, read, and sing to babies and toddlers from the day they are born to aid in brain development, build vocabulary, and help form the brain connections that will determine how they learn, think, and grow. The campaign was recognized by the Southern California Broadcasters Association, which awarded

First 5 California a 2014 “Outstanding Achievement in Radio Advertising Award;” this award is given to a radio campaign that exemplifies creative use of radio’s digital platforms to reach an audience in a 24/7 environment. The *Talk.Read.Sing.<sup>SM</sup>* campaign has resulted in hundreds of thousands of YouTube views. In the first four months following the launch, it brought in more than 36,000 new Facebook fans and nearly 73 million total impressions from content associated with the First 5 California Facebook page. Add to those 600 new Twitter followers and more than 608,000 total impressions from content associated with our Twitter page. The campaign continues to spread the First 5 California message and make a difference in thousands of young lives.

## PARENT EDUCATION WEBSITE

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

According to a recent Public Policy Institute of California study, Californians of all ethnicities have dramatically increased their access to the Internet via a smart phone or cell phone.<sup>13</sup>



Since its launch in 2009, the Parent Education website ([www.first5california.com/parents](http://www.first5california.com/parents)) has received more than three million visits. Relaunched with a new design in May 2014, the site has generated more than 1.4 million hits. The site covers health, education, literacy, and brain development, smoking cessation, and more. The content and usefulness of the site is tested regularly with focus groups to ensure the most engaging and useful information is available for families. Parents can download information and view videos and government public service announcements, as well as examples of brain development activities for parents and children. The most recent videos contain information on healthy beverages, nutrition, physical activity, and language development.

The website also links to its social media tools, including Facebook and Twitter. As of June 30, 2014, the First 5 California Facebook page had more than 212,500 “likes” and generated a total of 556,828 post likes, comments, and shares. Its Twitter account has more than 17,155 followers who receive daily bits of information about early childhood development and wellness that parents, care providers, and teachers can use to improve or inspire their relationship with young children. In March 2014, First 5 California

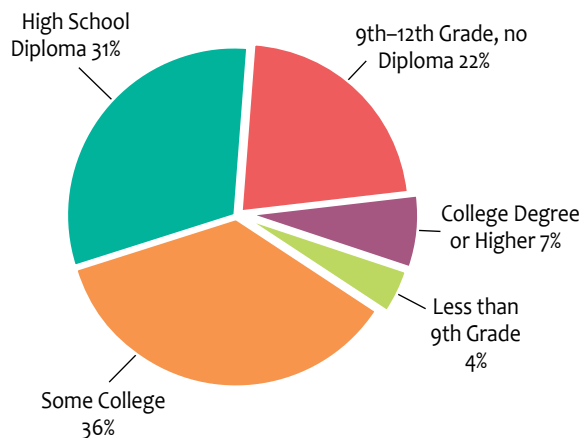
launched a hashtag campaign (#talkreading) that reached a potential 12.3 million people through Twitter and Instagram posts and re-posts.

## TOBACCO CESSATION

Through First 5 California’s investment in the California Smokers’ Helpline, parents and caregivers are provided information and tools to help them quit smoking and the use of other tobacco products—especially around children or while pregnant. Parental smoking and secondhand smoke exposure have been linked to a range of ailments in babies and young children, including asthma, ear infections, pneumonia, bronchitis, and Sudden Infant Death Syndrome (SIDS). To reduce the incidence of these health problems, and to help smokers quit, in FY 2013–14, First 5 California supported the California Smokers’ Helpline with \$1.4 million for tobacco cessation services for parents and caregivers of young children, as well as for the training of child care providers, pre-school teachers, and pediatric health care providers.

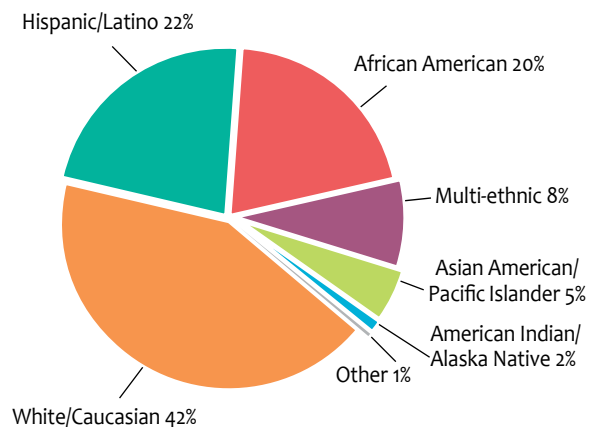
The toll-free Helpline (1-800-NO-BUTTS) provides one-on-one telephone counseling, self-help materials, and referrals to local resources. Its counselors follow

**Exhibit 6:** California Smokers’ Helpline—Education Level of Callers in FY 2013–14



Source: First 5 California

**Exhibit 7:** California Smokers’ Helpline—Race/Ethnicity of Callers in FY 2013–14



Source: First 5 California



scientifically proven protocols to double the rate of successful long-term quitting. Counselors and callers work together to develop a plan to quit, and continued interaction during the quitting process increases the likelihood of long-term success. Services are provided in English, Spanish, Mandarin, Cantonese, Korean, and Vietnamese.

In FY 2013–14, First 5 California’s investment provided Helpline services for a total of 6,531 participants, including 439 pregnant smokers and 6,269 tobacco-using parents or caregivers of children ages 0 to 5. (Note: 177 were both pregnant *and* had a child 0 to 5.) Tobacco users with less education or of ethnic minority background were well represented among Helpline callers. See Exhibits 6 and 7 for breakdowns by education and race/ethnicity, respectively.

The online tobacco training modules, “*Kids and Smoke Don’t Mix*” and “*Los Niños y el Humo no se Mezclan*,” continue to be used by First 5 California Signature Program participants. The modules give child care providers, preschool teachers, classroom staff, and others who work with children the knowledge and skills they need to encourage smoking parents and caregivers to quit, refer them to the Helpline for counseling, and protect children

from secondhand smoke. In FY 2013–14, a total of 4,377 individuals from 46 counties completed the online training.

Additionally this year, a new effort was supported by First 5 California—the Clinical Effort Against Secondhand Smoke Exposure (CEASE) California project. CEASE began training pediatric practices to screen patients for secondhand smoke exposure and help their smoking parents quit. In FY 2013–14, pediatric care providers at 41 clinic sites across the state were trained to identify and intervene with smoking parents, including prescribing quitting aids and referring them to the Helpline.

CEASE was met with overwhelming success as evidenced by the response from pediatric care providers. “Two days after the training, I was able to put my new skills to use. A mother of a child with asthma asked me what she could do to make her child’s asthma better. Now, instead of just telling her to quit smoking, I was able to tell her, ‘I can help you do this for your son and yourself.’ I gave her instructions and a prescription for nicotine patches and the 1-800-NO-BUTTS to help walk her through it. Took only 2 minutes!” (Erin Fortune, MD, Pediatrician, Logan Heights Family Health Center, San Diego).



## Teacher Effectiveness Focus

Teacher quality is a powerful contributor to children's learning and success. Children are supported and developed through rich teacher-child interactions with educators who have the knowledge and skills to identify and support the needs of specific groups of children, including dual language learners. Research shows early childhood educators with higher educational levels and specialized training have higher quality interactions with children and result in positive effects on learning.<sup>14,15</sup> Teacher quality is so critical that a growing number of states and federal programs have mandated early childhood educators to attain more professional development and training in the field.

High-quality programs that train and retain qualified early learning educators create learning environments that stimulate and support children through formative developmental stages. One study indicates only 13 percent of California's low-income children are in high-quality early learning programs that support advanced thinking skills and language development.<sup>16</sup>

### COMPREHENSIVE APPROACHES TO RAISING EDUCATIONAL STANDARDS PLUS

The Comprehensive Approaches to Raising Educational Standards (CARES) Plus program is First 5 California's Teacher Signature Program. Launched in 2010, it is designed to increase the quality of early learning programs for children ages 0 to 5 by supporting the professional development of the early learning workforce. CARES Plus is an enhancement of the original CARES program (2000–08) that gained national recognition during its tenure from Head Start, Zero to Three, and the Center for Law and Social Policy.

CARES Plus offers quality professional development opportunities in both English and Spanish for early childhood educators. Some support services are provided in other languages as well. These opportunities include access to community college courses, online best practice learning sessions, a video library, one-on-one coaching, and

at least two sessions with a professional growth advisor. The goals of CARES Plus are to:

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

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

- The CLASS Observation Tool—an assessment that focuses on the effectiveness of classroom interactions among teachers and children, using a common language and lens to evaluate the quality and improvement of those interactions
- Introduction to the CLASS Tool—an online, two-hour interactive course to gain an understanding of the CLASS framework
- Looking at CLASSrooms—a self-paced directed study using exemplar videos to focus on identifying and analyzing effective teacher-child interactions
- MyTeachingPartner™ (MTP™)—an evidence-based professional development tool focused on improving classroom interactions through intensive one-on-one coaching, classroom observation, and reflective analysis of teaching practice

In addition to the professional development tools and activities listed above, all CARES Plus participants are required to complete a one-hour online tobacco training module titled *Kids and Smoke Don't Mix: A Tobacco Training for Child Care Providers and Preschool Teachers*. Stipends are provided to participants who complete the professional development requirements to encourage workforce retention.

## CARES PLUS EVALUATION RESULTS

Evaluation of the CARES Plus program indicates the program is highly valued by teachers who participated in different program components and that training was associated with improved quality of teacher-child interactions. Among participants surveyed during FY 2013–14, 86 percent found the training to be very useful for their professional development, 77 percent felt the training very much helped them become better teachers, 81 percent thought the program would help them continue in early childhood education, and 90 percent believed their CARES Plus experience would have a very positive effect on children in their care. Analysis of CLASS® observation data for FY 2011–12 and FY 2012–13 showed participation in Components A and B was associated with improvements in the CLASS domains of Emotional Support and Classroom Organization, while Component D (MTP) was associated with improvements in the domains of Classroom Organization and Instructional Support.

## EXAMPLE PROGRAMS

### CARES Plus County Example—San Bernardino

The San Bernardino County CARES Plus Program (SBCCPP) covers an area of over 20,000 square miles. San Bernardino is the largest county in the United States. SBCCPP uses teleconference calls and webinars to communicate with local community partners, CARES Plus participants, and stakeholders who are vital to the local program success. This approach is especially useful for CARES Plus participants living in Needles, a town located approximately four hours from the city of San Bernardino.

SBCCPP is participating in all CARES Plus Components (A, B, C, and D). The CARES Plus program falls under the purview of the Local Child Care Planning Council, which voted in FY 2012–13 to blend the CARES Plus and AB 212 programs for the three-year funding period. The required matching funds for SBCCPP are provided by First 5 San Bernardino, which has been supportive through auditing program compliance and attending

orientations, as well as extending an open invitation to use its services and staff support.

There are over 700 CARES Plus participants in San Bernardino County. The local program priority is to incentivize and motivate teachers to obtain their Bachelors of Arts Degree and/or obtain, renew, or upgrade their Child Development Teaching Permit.

The participants bring unique child development experiences, a broad spectrum of native languages, and a wide range of unique philosophies and curricula to diverse settings including, center-based, family child care homes, and private agencies.

The unifying force among these curricula is the CLASS. The county requires each participant to create a Professional Development Plan and choose at least two CLASS Dimensions/Behavior Markers as areas for a participant's improvement. Additionally, each participant is required to complete a "reflection" form, which is designed to encourage an introspective look at one's own teaching practices

and explore ways to infuse learned principles into daily classroom activities. All Component A and B participants must complete the form and share it with their Component C Advisor before implementation and then again (at least 30 days later) to discuss successes and challenges.

The SBCCPP is proud of the accomplishments of their participants.

### **A CARES Plus County Example—Mono and Alpine**

Mono and Alpine counties formed a CARES Plus consortium to offer all child care providers in both counties access to the First 5 California-supported quality improvement program. Due to the rural nature of both counties, participants are eager to participate and consistently express their thanks for the support and access to scarce training opportunities. In FY 2013–14, the CARES Coordinator served as the advisor for all Mono County participants and personally supported each provider. The Coordinator worked closely with a local non-profit organization, Inyo Mono Advocates for Community Action (IMACA), which administers the AB 212 program to streamline training opportunities.

Approximately 50 percent of the licensed providers in Mono County are native Spanish speakers, so the Mono/Alpine CARES Plus program focuses on recruitment and retention of Spanish-speaking providers. The Mono/Alpine consortium successfully meets this need by hiring a Spanish-speaking CARES Coordinator who provides in-person training in Spanish to assist in the completion of the CARES Plus requirements. Many of the Spanish-speaking providers have participated in professional development for many years.

In partnership with IMACA and the Local Child Care Planning Council, the Mono/Alpine CARES Plus program provides an appreciation day at the end of the year that includes a motivational speaker and provides a meaningful opportunity to thank providers for the services they bring to families.





# First 5 County Commission Program Result Areas

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

## IMPROVED FAMILY FUNCTIONING

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

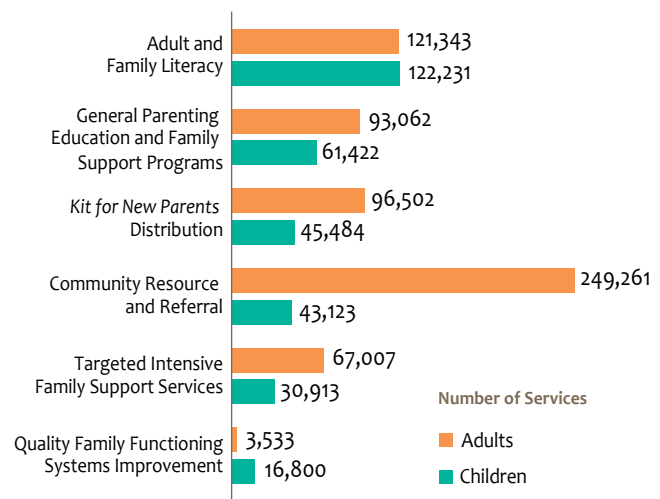
- Increasing parent education and literacy
- Providing referrals to community resources
- Supplying basic needs such as food and clothing

In FY 2013–14, First 5 California provided 319,973 services to improve family functioning to children ages 0 to 5 and 630,708 services to parents, guardians, primary caregivers, relatives, and providers.

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

While children and adults from all ethnic groups received services, for those reporting an ethnicity, Latinos were the largest recipient group (44 percent).

**Exhibit 8:** Family Functioning—Total Number of Services Provided to Children Ages 0 to 5 and Adults in FY 2013–14 by Service



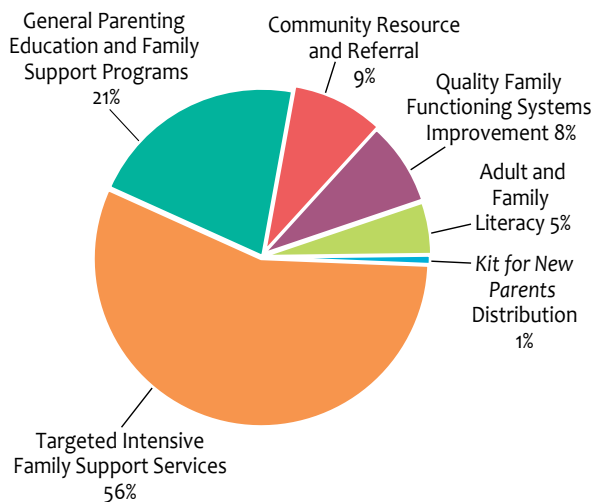
Source: County Demographic Worksheet, November 2014

For children reporting a primary language, services were provided to Spanish speakers 46 percent of the time and English speakers 30 percent of the time.

In FY 2013–14, county commissions expended almost \$122 million to improve Family Functioning. Exhibit 9 shows the distribution of expenditures by service category. Schools and educational institutions, nonprofit community-based agencies, government agencies, private institutions, and First 5 county commissions provided services to children and adults in order to improve Family Functioning. Exhibit 10 displays distribution of expenditures by provider type. Community-based agencies received 60 percent of all Family Functioning expenditures in FY 2013–14.

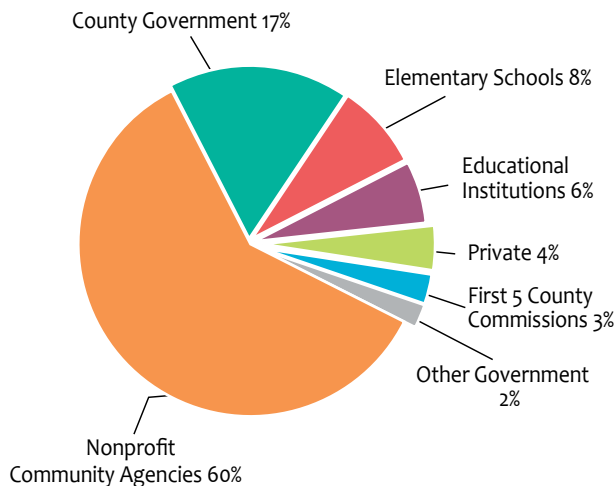


**Exhibit 9:** Family Functioning—Distribution of Expenditures for Children Ages 0 to 5 and Adults in FY 2013–14 by Service\*



Source: County Revenue and Expenditure Summary, November 2014

**Exhibit 10:** Family Functioning—Distribution of Expenditures for Children Ages 0 to 5 and Adults in FY 2013–14 by Provider\*



Source: County Revenue and Expenditure Summary, November 2014

## IMPROVED CHILD DEVELOPMENT

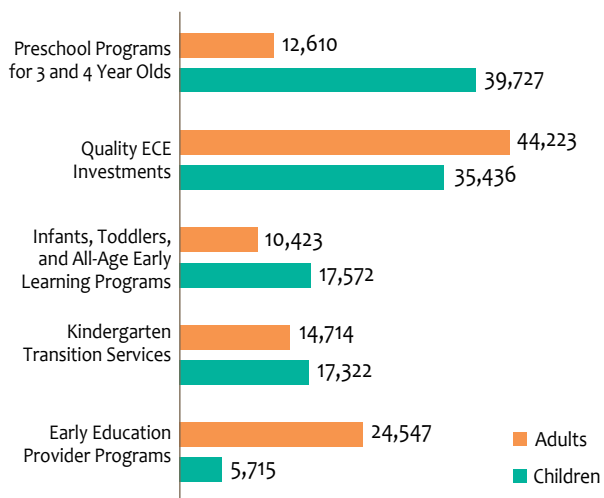
Child Development services increase access and quality of early education and learning. These services include free, high-quality preschool, special needs assessment and intervention, and school readiness programs.

In FY 2013–14, First 5 delivered 115,772 child development services to children ages 0 to 5 and 106,517 services to parents, guardians, primary caregivers, relatives, and providers. Exhibit 11 shows the numbers of services provided to children ages 0 to 5 and adults in each child development service category.

While children and adults from all ethnic groups received services, for those reporting an ethnicity, Latinos were the largest recipient group of services (59 percent). For those reporting a primary language, the largest recipient groups of services were those speaking Spanish (45 percent) and English (35 percent).

In FY 2013–14, county commissions expended \$197 million to improve Child Development. Exhibit 12 shows the distribution of expenditures by service category. Schools and educational institutions, nonprofit community-based agencies, government agencies, private institutions, and First 5 county commissions provided services to children and adults

**Exhibit 11:** Child Development—Total Numbers of Services Provided to Children Ages 0 to 5 and Adults in FY 2013–14 by Service



Source: County Demographic Worksheet, November 2014

in order to improve Child Development. Exhibit 13 shows distribution of expenditures by provider. In FY 2013–14, elementary schools received 14 percent of all expenditures to improve Child Development.

## IMPROVED CHILD HEALTH

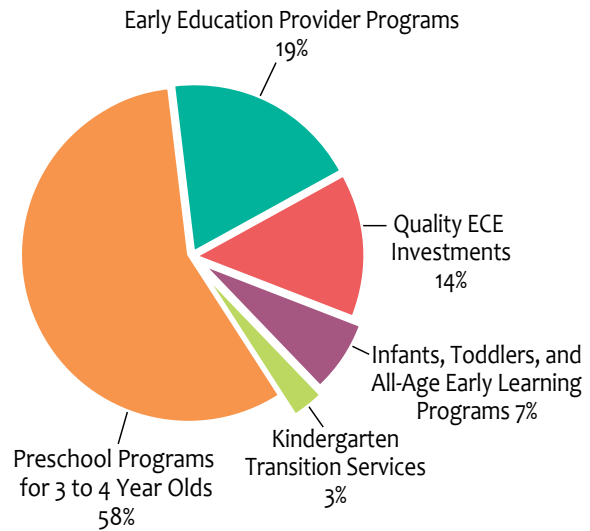
First 5 county commissions fund Child Health services that promote health through identification, treatment, and elimination of risks that threaten health, and cause developmental delays and disabilities. First 5 Child Health services are far ranging and include prenatal care, oral health, nutrition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

In FY 2013–14, First 5 provided 548,557 services designed to improve Child Health to children ages 0 to 5, and 393,550 services to parents, guardians, primary caregivers, relatives, and providers. Exhibit 14 shows the number of services provided to children ages 0 to 5 and adults for each Child Health service category.

While children and adults from all ethnic groups received services, for those reporting an ethnicity, Latinos were the largest recipient group of services (55 percent). For those reporting a primary language, the largest recipient groups of services were to those speaking English (41 percent) and Spanish (35 percent).

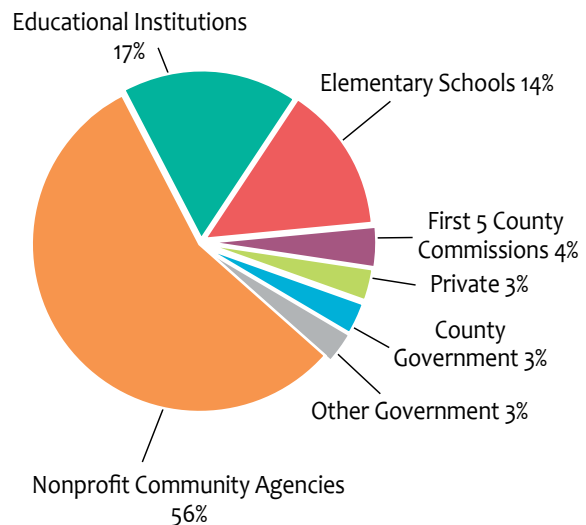
In FY 2013–14, county commissions expended \$170 million to improve Child Health. Exhibit 15 shows the distribution of expenditures by service category. Schools and educational institutions, nonprofit community-based agencies, government agencies, private institutions, and First 5 county commissions provided services to children and adults in order to improve Child Health. Exhibit 16 shows distribution of expenditures by provider. Community-based agencies accounted for 49 percent of all expenditures to improve Child Health in FY 2013–14.

**Exhibit 12:** Child Development–Distribution of Expenditures for Children Ages 0 to 5 and Adults in FY 2013–14 by Service\*



\*The percentages in this chart do not add to 100 due to rounding.  
Source: County Revenue and Expenditure Summary, November 2014

**Exhibit 13:** Child Development–Distribution of Expenditures for Children Ages 0 to 5 and Adults in FY 2013–14 by Provider\*



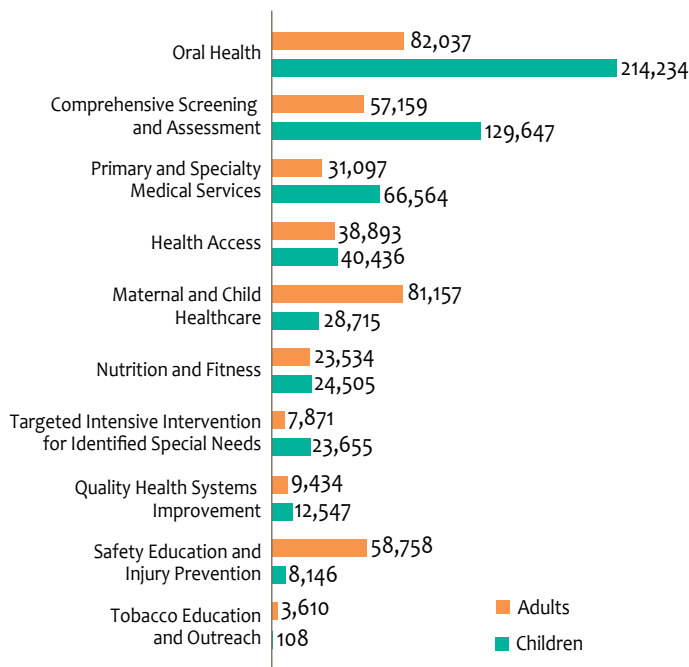
Source: County Revenue and Expenditure Summary, November 2014

## IMPROVED SYSTEMS OF CARE

Systems of Care addresses system-wide structural supports which allow county commissions to effectively work towards achievement in the other three result areas of Family Functioning, Child Health, and Child Development. For example, interagency collaboration allows coordinated wrap-around efforts from multiple organizations providing targeted services. Since this result area is at a systems level, counties do not report number of children and adults served. Expenditure data indicates that for FY 2013–14, county commissions expended \$57 million to improve Systems of Care.

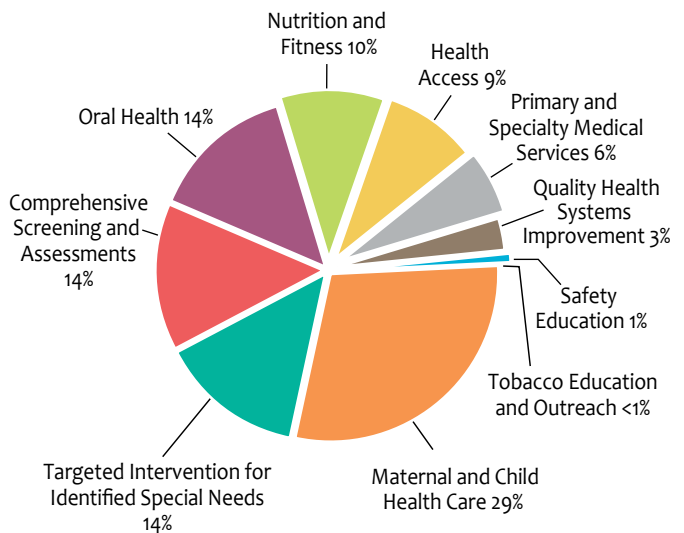


**Exhibit 14:** Family Functioning—Total Numbers of Services Provided to Children Ages 0 to 5 and Adults in FY 2013–14 by Service



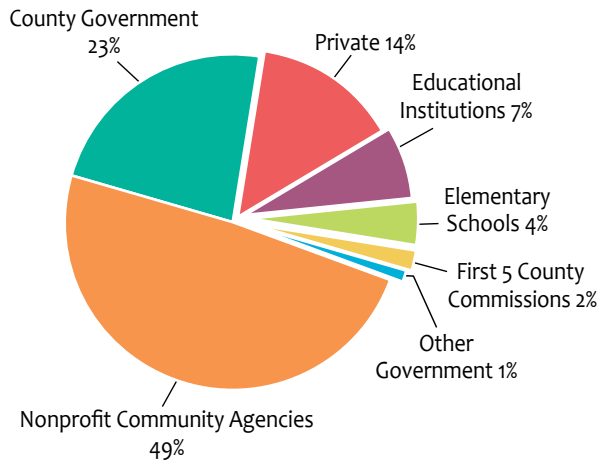
Source: County Demographic Worksheet, November 2014

**Exhibit 15:** Child Development—Distribution of Expenditures for Children Ages 0 to 5 and Adults in FY 2013–14 by Service\*



\*The percentages in this chart do not add to 100 due to rounding.  
Source: County Revenue and Expenditure Summary, November 2014

**Exhibit 16:** Child Development—Distribution of Expenditures for Children Ages 0 to 5 and Adults in FY 2013–14 by Provider\*



\*The percentages in this chart may not add to 100 due to rounding.  
Source: County Revenue and Expenditure Summary, November 2014

## SUMMARY

First 5 California’s comprehensive approach to early childhood education seeks to provide services for children, families, and educators in the home and in the classroom to ensure children enter school ready to learn. Our current Child, Teacher, and Parent Signature Programs were developed based on the most current research on childhood development and on the diverse needs of California families. The State and county commissions provide multiple services to families and their children ages 0 to 5 to ensure the family functions in a way that encourages healthy and lasting development inside the home, at school, and in the community. See our County Commission Highlights section, page 30 which includes highlights from First 5 county commissions. Programs are continually evaluated for their effectiveness and updated to serve the needs of individual counties. Together, First 5 California and the county commissions seek to provide families most in need with services that prepare children to enter school ready to learn and thrive.



# First 5 County Commission Highlights

## Alameda County

Through its investments, the goal of First 5 Alameda County is to ensure children are ready for kindergarten and third grade success, and free from abuse and neglect.

During FY 2013–14, one of the most significant accomplishments of First 5 Alameda was the completion of a countywide baseline school readiness assessment of entering kindergarteners. With an investment of \$96,000 jointly funded by First 5 Alameda, Alameda County Interagency Children’s Policy Council, and the Long Foundation, 1,696 kindergarteners were assessed using Applied Survey Research’s Kindergarten Observation Form. The four building blocks of school readiness include self-care and motor skills, social-emotional development, self-regulation, and kindergarten academics. The results showed only 45 percent of children assessed were ready for kindergarten in all building blocks. These results, together with ongoing efforts to identify common outcome measures and establish a countywide children’s budget, have energized the Alameda County Board of Supervisors to consider expanded funding of successful school readiness strategies funded by First 5. These include home visiting, quality early care and education, and *Help Me Grow (HMG)*.

Other highlights during FY 2013–14 included:

- First 5 Alameda’s HMG resource system investment in building the capacity of pediatricians and child care providers to use the Ages & Stages Questionnaires® (ASQ) screening tools and make referrals for children whose scores are of concern to the HMG Triage Phone Line. First 5 Alameda is expanding early identification efforts to include training providers at Women, Infants, and Children sites to use the Centers for Disease Control and Prevention’s “Learn the Signs. Act Early.” approach. First 5 Alameda

also worked to strengthen technical assistance to pediatric practices to increase screening and improve referral rates of children identified with possible developmental delay. HMG rolled out the Developmental Screening Program which gives access for all parents in the county to web-based, periodic ASQ and ASQ: Social-Emotional screening tools.

- Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health), a Substance Abuse and Mental Health Services Association (SAMHSA) five-year grant, focused on the integration of mental health supports in child-serving agencies and programs, including mental health consultation in home visiting, early care and education, and kindergarten to second grade (SAMSHA served 0 to 8 years). This work led to the creation of three mental health specialist positions in Alameda County Public Health to serve home visiting programs.

## Alpine County

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

During FY 2013–14, one of the most significant accomplishments of First 5 Alpine was the implementation of its center-based child development programs. First 5 Alpine partnered with the Alpine County Office of Education to help ensure school readiness for Alpine’s children. The Early Learning Center (ELC), under the auspices of the Alpine County Office of Education, is the largest grantee and service provider for First 5 Alpine. The ELC preschool program serves as the framework for meeting the strategic goals of the First 5 Alpine Commission. Following standards set by the National Association

for the Education of Young Children, highly qualified teachers implement developmentally appropriate activities throughout the day. The teachers in the preschool program complete ongoing developmental assessments while working with local kindergarten teachers to help provide successful kindergarten transitions. With the barriers that exist in Alpine County, accessibility is a challenge for its community members. Last year, local partners helped provide access for all children with oral health and well child examinations, immunization checks, developmental screenings, and the delivery of First 5 California’s *Kit for New Parents*.

In the remote town of Bear Valley, First 5 Alpine funded a license-exempt drop-in child development program for children ages 0 to 5. This ski resort/summer home village holds many challenges for the full-time residents who try to serve the varying population. This program has successfully served seasonal and year-round residents with a focus on all areas of social-emotional and cognitive development of early childhood. The program is staffed with professionals who emphasize cultural diversity. First 5 Alpine and the Bear Valley Parents Group continue to collaborate on sustainability of the program.

## Amador County

Through its investments, the goal of First 5 Amador County is to ensure families with children ages 0 to 5 are well-equipped to help their children reach their optimal development and full potential.

Using the Strengthening Families Five Protective Factors (parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence), funded programs address the necessary support systems and community services needed to ensure:

- Children are raised in safe and supportive homes and communities.
- Families have access to necessary support systems and community services.
- Parents and caregivers have the opportunity to build networks of support as well as receive education on early childhood development.

With a funding investment of \$436,000, First 5 Amador provided essential services such as the Baby Welcome Wagon Universal Home Visiting offered to all families with newborns. The program is administered by Amador County Public Health and utilizes the First 5 California Kit for New Parents customized with local resources. Families are offered a minimum of one visit with high-risk families benefiting from ongoing Public Health Nursing services. More than 30 percent of families with newborns in FY 2013–14 received a minimum of one visit.

Providing services that are accessible to families was achieved through multiple systems. Two family resource centers received First 5 Amador funding to provide ongoing as well as short-term crisis case management. The Parent Education Profile (PEP) was utilized to measure the increase in family literacy activities, parents taking on the parent role, and support in the child’s learning in formal educational settings. The most significant growth was observed in the parent taking on the parent role. Some of the ongoing programs offered at the centers included information and referral, depression screening, health and wellness workshops, Hispanic women’s group, and emergency food distribution.

Other highlights from FY 2013–14 included:

- A total of 135 playgroups in four areas of the county were held with more than 160 unduplicated children, parents, and caregivers participating. Parents report learning about early childhood development, making social connections, and ideas to utilize at home to encourage early learning.

- The Bridge to Kindergarten program served 118 children in eight classrooms throughout the county. The three-week program, taught by kindergarten teachers and pre-K aides, provided a gentle transition and jump-start for children with little or no preschool experience. Parents received information on school readiness at Kick-off to Kindergarten events conducted at each school site in the county.
- A systems change approach for delivering preventive oral health services for children was established to address the lack of pediatric dental services in Amador County. The new system will provide an opportunity for more children to receive essential services in a medical setting on an ongoing basis.

### Butte County

First 5 Butte County strives to improve the lives of children from the prenatal stage through age 5, and promote their optimal development by strategically investing in three initiatives focusing on health, oral health, and family strengthening.

During FY 2013–14, one of the most notable accomplishments of First 5 Butte was the implementation of a countywide Parent Café project. With a Strengthening Families Initiative investment of \$150,000, two community partners (Valley Oaks Children’s Services and Youth for Change) were trained in the *Be Strong Illinois Parent Café Model* to provide Parent Cafés in four communities throughout Butte County. Several hundred parents and children attended a total of 17 Cafés, with many families returning for subsequent Cafés, which are planned and implemented by parents (both staff and volunteer) in collaboration with community partners. Held at locations that are inviting and preferred by families, Cafés offer families a chance to enjoy a nutritious dinner together, followed by supervised activities for the children and engaging, peer-led discussions for parents. Trained volunteer table hosts focus on creating an atmosphere that is inclusive and informative while



still maintaining the casual feel of dinner with friends. Carefully selected questions focused on the Five Protective Factors and designed to illuminate the inherent strengths of families are used to guide the conversations. Many parents have reported developing friendships as well as making changes in their parenting behaviors and priorities based on these rich discussions. The project’s success is largely due to the specialized training for both staff and parent volunteers and the thoughtful and sustainable design of the Parent Café model. Created to be flexible and adaptable to the unique qualities of each community, the Butte County Parent Café project is proving to be an ideal way to engage families who experience isolation based on culture, language, or circumstance. Amid an atmosphere of creativity, safety, and empathy, parents are discovering and strengthening their own abilities to be leaders within both their families and their communities.

Other highlights during FY 2013–14 included:

- The Mothers’ Well Project, which provides in-home counseling services to women experiencing prenatal and perinatal anxiety and/or depression. By partnering with Butte County Behavioral Health and Northern

Valley Catholic Social Service to provide this service, additional Medi-Cal funding is available, thereby expanding fiscal resources and enabling more women to be served beyond the initial funding provided by First 5.

- Funding from First 5 Butte that enabled the Hmong Cultural Center of Butte County (HCCBC) to work with Strategies Northern Region in developing training materials for existing and future staff on the Strengthening Families framework and the Five Protective Factors. The primary focus is identifying where the Factors are embedded within the Hmong culture, how to strengthen those Factors, and how to build on Factors not yet apparent or practiced. The HCCBC is sharing its materials with those who request them and will provide training for First 5 Butte grantees who serve the Hmong community.
- A partnership with E-Center Head Start to provide a hygienist to provide parent education, classroom screenings, and fluoride varnish application as part of the Oral Health Initiative. Children requiring hospital dentistry are referred directly to First 5's hospital dentistry program by the hygienist. This saves parents the extra step of seeing a referring dentist and results in children having a shorter wait time for treatment.

### Calaveras County

Through its investments, the goal of First 5 Calaveras County is to ensure that all children in the county will enter school safe, healthy, and ready to learn. Investments make a positive impact on strong family functioning, child health and safety, school preparedness, and system collaboration by focusing on direct services to children, parents, and educators.

During FY 2013–14, one of the most significant accomplishments of First 5 Calaveras was the Children's Dental Program. In collaboration with the Calaveras County Office of Education

and a funding investment of \$88,853, this program provided on-site oral health education and a screening to over 250 low-income young children. Dental cleanings, topical fluoride treatments, and referrals were made available in preschool classrooms. A mobile dental van targeting isolated locations in this rural county delivered crucial preventive and/or restorative treatment.

Other highlights during FY 2013–14 included:

- Funding of \$50,000 and collaboration with The Resource Connection Food Bank provided the "Kids Farmers Market and Preventive Intervention Program." Nutrition education, hands-on cooking projects, healthy recipes, and having Head Start children take fresh produce and fruit home highlight this unique program. Puppets, games, and story times help teach children age-appropriate personal safety and appropriate expression of feelings.
- A funding investment of \$39,000 for a "Raising a Reader and Early Literacy Home Visiting Program" served over 200 Head Start and State Preschool children. In addition to early literacy activities, the 1.5 hour home visits twice a month to 22 remotely located families included developmental screenings for children, parent depression screenings, resource sharing, and community referrals.
- Support to early childhood professionals in their efforts to obtain college units toward their degree and for retention in their place of employment through a \$15,000 investment to the local Calaveras CARES Program.
- Forty safety seat assessments and thirty-four car seats distributed through the "Child Passenger Safety Program" funded by a \$2,000 investment.

In a successful collaboration with Behavioral Health Services and Mental Health Services Act funding, First 5 Calaveras provided 77 "Parent Education Workshops and Trainings for Educators." Topics centered on family skill building,

nurturing skills, mindfulness, healthy eating, childhood trauma, brain development, and raising emotionally healthy children. Several sessions were provided for Spanish-speaking parents, and a series of workshops was made available for incarcerated fathers. A high point was partnering with several agencies, including First 5 Tuolumne, to bring Dr. Bruce D. Perry to the area for a full-day session, "Understanding Childhood Trauma: Creating a Trauma Informed Community."

### Colusa County

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

During FY 2013–14, one of the most significant accomplishments of First 5 Colusa was the magnitude of services provided at its Family Resource Centers (FRCs). The FRCs are central hubs of services that offer various parent education classes, provisions of basic needs, application assistance, translation, and school readiness services. The FRCs are instrumental in ensuring basic needs of families and children birth through 5 are met, which is a critical factor in school readiness and child outcomes.

With a funding investment of \$211,462, the FRCs provided a total of 8,143 outreach and walk-in services to children and families in Colusa County. Services provided included food assistance (commodities, vouchers, distributions), various classes (parenting, health, nutrition, English-as-a-Second-Language, and General Education Diploma preparation), application assistance, referral services, and translation. In addition, a total of 36,940 pounds of food, including fresh produce, was distributed to families through programs at the FRCs.

Other First 5 Colusa investments and initiatives included:

- Comprehensive Approaches to Raising Educational Standards Plus

- Child Passenger Safety Classes and Checkup Stations
- Growing Start (evidence-based parent/child playgroups)
- First 5 Service Corps/Americorps (child development screenings and assessments)
- Health Access (Covered California outreach, education, and enrollment)
- Raising a Reader Program
- Kindergarten Transition Programs (Kinder Camp and Backpack Program)
- Certified Lactation Counselor Training Scholarships

### Contra Costa County

The goal of First 5 Contra Costa County is to support effective programs and more efficient systems that ensure Contra Costa County children grow up healthy, nurtured, and prepared for success in school.

With a relatively modest investment of \$220,000, one of its most significant accomplishments last year was to continue building a system for early identification, referral, and care coordination for children with developmental delays or behavioral concerns. The system includes convening the Early Childhood Leadership Alliance, a collaborative of 50 children's agencies, increasing provider capacity to provide developmental screening, responding to children's identified needs through new developmental playgroups, and leading the effort to become a *Help Me Grow* (HMG) affiliate in Contra Costa County to provide high-quality, coordinated services for all children in need.

Since 2011, First 5 Contra Costa has trained 280 children's service providers (including 95 public health nurses) from 58 agencies to implement the Ages & Stages Questionnaires® (ASQ) screening tool. More than 4,400 children have been screened, with one-third flagged for possible developmental concerns. Children not eligible for state-funded services, yet still experiencing concerning delays, can now participate in new developmental playgroups. At the conclusion of this eight-week program, many children received higher ASQ scores and no

longer needed services. Our new partnership with Contra Costa's 211 providers will make it easier for parents to find developmental and behavioral services for their children, an important step in centralizing referral services and becoming a HMG affiliate.

Other highlights from FY 2013–14 included:

- A newly designed, more intensive home visiting program serving families up to two years with case management, parenting support, and father engagement that promotes the Strengthening Families Five Protective Factors. Also formed was a new partnership with Early Head Start, which increased services. Last year, 250 families received more than 3,100 home visits.
- A Quality Rating and Improvement System (QRIS) was piloted to improve the quality of early care and education low-income children receive and to help parents easily identify high-quality programs. One hundred child care programs are participating, including family child care homes and child care centers, Head Start sites, and state preschool programs.

### Del Norte County

First 5 Del Norte County's long-term goal is to build a true resource and referral hub through its Family Resource Center that highlights educational tools and easily accessible information about local and state resources that will support parents, grandparents, and caregivers in raising their young children to be healthy, safe, and ready to enter kindergarten and be successful in school and life.

During this past fiscal year, First 5 Del Norte's most significant challenge was to reopen the doors of its Family Resource Center after the nonprofit entity operating the facility closed. With a funding investment of over \$126,000, this program provides access to safe, neutral space for community partners and families. The Family Resource Center offers partners space to hold trainings, parenting classes, childbirth education,

children's programs, wrap-around and counseling services, energy-assistance support for families, and a welcoming, nonjudgmental place for families in the child welfare system to visit and work on reunification.

Other highlights during FY 2013–14 included:

- Increased access to early literacy programs and books for young children through the Wonder Bus, a mobile lending library offering services throughout the county and Reach Out and Read (in partnership with medical clinics)
- The launch of a locally developed Comprehensive Approaches to Raising Educational Standards program that offered high-quality trainings and classes to preschool and family day care providers to encourage increased professional development of early educators and paid out stipends to all who met the training requirements. The program was well-attended and for the first time extended professional learning opportunities to family day care providers.
- Establishment of a strong, working partnership with the school district, local preschools, and Head Start programs based on investments by First 5 to assess kindergarten readiness over the past three years. The work focused on building bridges between kindergarten teachers and





early educators to jointly address the social-emotional, self-regulation, and kindergarten academic needs of Del Norte County children.

### El Dorado County

First 5 El Dorado County Children and Families Commission promotes nurturing, stable, and loving family environments so that all children enter school physically and emotionally healthy and ready to learn. First 5 El Dorado supports school readiness through universal, countywide investments in newborn home visitation, health and dental access, developmental monitoring, early literacy, and high-quality early care and education programs.

In FY 2013–14, First 5 El Dorado invested \$1.4 million in school readiness initiatives. According to Kindergarten Student Entrance Profiles in fall 2013, 80 percent of all children entered kindergarten ready to learn. This marked a five percent increase over the last three years.

Commission initiatives offered early childhood and family support programs for 4,688 children ages 0 to 5 in FY 2013–14. Based on surveys of participants (n = 753):

- Thirty-three percent of families in which the youngest child was born in El Dorado County reported having a Best Beginnings home visit for their newborn.
- Ninety-five percent reported having a well-check for their children within the past 12 months. Ninety-four percent reported they had a regular doctor that their children see for well-child care. Ninety-six percent reported having health insurance for their child.
- Fifty-nine percent reported having a developmental screening for their children in the past 12 months.
- Twenty-nine percent of licensed early care and education programs in the county are engaged in quality improvement activities.
- Seventy-one percent of families reported reading to their children

every day (six to seven days each week).

- A total of 134 collaborative partners were convened in three areas of the county for information sharing, promotion, referral, and outreach projects.

### Fresno County

First 5 Fresno County wants all children to thrive. As an advocacy organization, First 5 Fresno invests in resources and supports efforts to improve the lives of children ages 0 to 5 and their families. Through its efforts, First 5 Fresno serves as a catalyst for creating an accessible and effective network of quality services promoting children's social, emotional, physical, and cognitive development need. Its 2013–20 strategic plan sets out a bold vision aimed at changing the odds for all children, with third grade reading proficiency rates as the primary, long-range desired outcome and indicator of a successful birth to age 5 system of care.

To this end, First 5 Fresno served nearly 5,670 children ages 0 to 5, parents, professionals, and other primary caregivers over FY 2013–14. Services included integration of systems to support early identification and intervention for young children with or at-risk for developmental delays and other special needs, investments to increase the capacity and quantity of high-quality early care and education programs, multi-disciplinary home visitation, child and family literacy programs and activities, public education partnerships focused on raising healthy, school-ready children, mentoring programs for at-risk parents, connecting families with tools and resources, and a variety of other efforts targeting countywide school readiness and third-grade-level reading.

Along with the launch of First 5 Fresno's new seven-year strategic plan, FY 2013–14 marked the beginning of a five-year longitudinal study following 3- and 4-year-old children and their families receiving First 5 Fresno-funded services through third grade. The longitudinal study will examine the link between early childhood experiences and outcomes for

children and families, school readiness, and later school achievement. First-year data, collected from more than 500 parents, indicates First 5 Fresno continues to support children and families with the greatest needs and that the highest-need families are being connected to the greatest levels of support.

### Glenn County

First 5 Glenn County invests in four results areas and respective goals: improved family functioning, improved child development, improved child health, and improved system functioning. First 5 Glenn started the Little Learners program using proven practices and curriculum designed to strengthen families and ensure children are ready to learn. First 5 Glenn has continued working collaboratively with public and nonprofit agencies in Glenn County and Butte County to leverage and extend resources to reach even more children and families. First 5 Glenn programs have achieved the following positive outcomes:

- Increased parental skills and reduced numbers at post testing for those who scored in the “high-risk” category through the Nurturing Parenting Curriculum facilitated through the Little Learners and Parenting programs. Almost all parents initially identified with high-risk behaviors (based on a standardized assessment tool) had increased skills and knowledge as a result of program participation, and moved out of the high-risk category, as determined by the follow-up assessment.
- A total of 41 Devereux Early Childhood Assessments (DECA) were conducted on Little Learners' children (ages 4 weeks to 4 years) at the beginning of the program year. Parents and teachers supported these children at home and in the classroom. All 11 children who initially were identified with concerns were referred for additional services and supports. At the follow-up assessment; however, only three children were noted with concerns. In addition, 308 DECA's, separate from

Little Learners, also were conducted on kindergartners in Glenn County.

- During FY 2013–14, as a result of the partnership with the Northern Valley Indian Health’s Mobile Dental Clinic and First 5 staff’s coordination and organization, 90 Glenn County children ages 0 to 5 had their oral health needs addressed.
- First 5 Glenn funded kindergarten and transitional kindergarten teachers to attend a state transitional kindergarten training in San Francisco. The training ensured that teachers had the appropriate skill set to work with the children entering their classroom. First 5 Glenn has remained a leading county in the area of transitional kindergarten.
- First 5 Glenn had six AmeriCorps members during this program year, which resulted in approximately 9,200 hours of direct service in the home, classroom, and Little Learner and community events.

### Humboldt County

Together with its families and communities, the mission of First 5 Humboldt County is to promote comprehensive, integrated systems of services for early childhood development in order to foster secure, healthy, and loving children eager to learn and develop to their full potential. Beginning with the initial First 5 Humboldt strategic planning process in 1999, parents and providers alike repeatedly expressed the desire for “safe and family friendly” places in their communities that would enable families to get together for recreation and mutual support, and access opportunities for learning and services. First 5 Humboldt responded to this need and made parent and family support programs a priority for funding, including establishing playgroups that are accessible for as many families as possible throughout the 3,600 square miles of land in this rural county. Evaluations of the playgroups demonstrate they have had a positive impact for young children and their families in Humboldt County.

During FY 2013–14, a major accomplishment of First 5 Humboldt was providing 17 playgroups in virtually all areas of the county. During FY 2013–14, there were more than 11,046 parent/care-giver playgroup visits, 9,148 playgroup visits by children ages 0 to 2, and 4,320 playgroup visits by children ages 3 to 5 at 990 playgroup events. According to annual surveys (the Participant Survey, n=493, in 2013, and the Playgroup Survey, n=205, in 2014), these low-cost groups (ranging from less than \$2,000 per year to \$14,000 per year for the largest groups) provide a place where parents feel they learn more about parenting, get social support, and access needed help and services, and also provide a place for children to learn new things, including very important socialization skills. Additionally, the 2013 Participant Survey showed a statistically significant positive correlation between frequency of playgroup attendance and the frequency with which parents read to their children, and play music and sing with them.

During interviews, kindergarten teachers have said they feel First 5 Humboldt playgroups help prepare children for kindergarten and are pleased that children have access to playgroups throughout this rural county. In 2012 and again in 2013, what these teachers stated was reinforced by the results of Humboldt County Office of Education’s Kindergarten Screening Tool (KST), which was used to screen almost 89 percent of all incoming kindergartners. The KST measures children’s readiness in four domains: language/literacy, mathematics, social-emotional development, and self-portrait. The average countywide total score for those who attended a playgroup was 80 percent in 2013 and 77 percent in 2012. For those children who did not attend a playgroup, this figure was 72 percent in 2013 and 70 percent in 2012. Additionally, the Humboldt County Office of Education reported that for children who attended preschool, the average score was 77 percent, and for children who attended both preschool and a playgroup, the total score rose to 82 percent.

### Imperial County

For FY 2013–14, First 5 Imperial County awarded approximately \$1.9 million in funding for 20 projects that worked to provide services targeting children ages 0 to 5, their parents, guardians and providers. Investments used to support these projects addressed strategic objectives by offering services that focused on health, family support, and early care and education. For instance, investments used to support families with young children included case management services for at-risk families, family resource fairs at low-performing school sites that included programs from up to 36 distinct agencies, and intensive parent education using the *Systematic Training for Effective Parenting Program* for more than 100 parents. Investments in health ranged from support to ensure



expectant mothers receive prenatal education and programs designed to increase breastfeeding rates, to intensive child asthma case management services, and nutrition and fitness activities. Additionally, investments in early care and education included story time activities at more than 50 preschool centers with a book give-away program at each visit, as well as intensive preschool home instruction services or preschool slots for children who have a mild disability or are at risk of developing a disability but do not qualify for special education services.

Perhaps one of the most meaningful successes during FY 2013–14 was the



developmental screening partnership established between First 5 Imperial, Court Appointed Special Advocates (CASA), and the Family Treehouse. First 5 Imperial awarded \$203,264 to the Family Treehouse to offer developmental screening services for children ages 0 to 5 through its family resource center. CASA was awarded another \$82,296 to provide advocacy and school readiness support for children ages 0 to 5 who are in the custody of the juvenile court dependency system. Through this partnership, 86 percent of CASA children participated in developmental screening and surveillance services facilitated by Family Treehouse staff, where all children assessed with a delay in their development were supported with court ordered follow-up referrals and evaluation. Additionally, more than 90 percent of CASA child cases that were closed resulted in placement in a permanent home, where the majority of children were reunified with their parents.

Other noteworthy accomplishments achieved by projects funded by First 5 Imperial for FY 2013–14 included:

- The involvement of more than 3,000 children from preschool centers in mobile library story time activities, with each child receiving three to five books to take home
- Participation of more than 987 children in fire/burn-prevention activities at more than 20 preschool centers, and the involvement of 30 child care providers involved in hands-on fire safety training
- The participation of parents of 100 children diagnosed with asthma or asthma symptoms in intensive case management, where more than 90 percent demonstrated confidence managing the condition and 80 percent learned to identify asthma triggers
- The funding of 16 slots for children with disabilities or who are “at risk” of developing a disability that does not qualify for special education services
- The promotion of nutrition and fitness through education, cooking classes, and active gardening at 12 preschool centers for 181 children
- The completion of a model 30-week home instruction program involving 89 children in which up to 88 percent of parents showed increases in confidence with respect to working with their children

### Inyo County

First 5 Inyo County is committed to funding outcomes that promote early optimal development, shaping the trajectory of a child’s life to yield ongoing benefits and rewards. It accomplishes this by investing in the Five Protective Factors in each Inyo County community to improve child health and development, strengthen families, and provide critical resources from before birth through kindergarten entry at age 5.

During FY 2013–14, one of the significant accomplishments of First 5 Inyo was its ability to extend evidence-based parenting education to a pilot class with inmates in the county jail, laying a foundation for continued support and involvement with First 5

programs after incarcerated parents are released, as well as putting First 5 Inyo in touch voluntarily with the families of incarcerated parents of children ages 0 to 5. With information and permission to directly contact families dealing with an incarcerated parent, First 5 Inyo was able to offer a wide range of resources to families with small children who are experiencing a dramatic shift in relationships, living arrangements, and financial resources at a point in time when their families often feels reluctant to engage with any agencies or systems due to perceived shame and a wariness that aid will somehow be used against the family unit. Costing only additional staff time, curriculum, and supplies, this was a successful example of how annexing existing programs to serve new client pools with identified needs can improve outcomes and strengthen more families countywide.

Other highlights from FY 2013–14 include the establishment of a Family Resource Center at the Bishop Paiute Head Start campus in Northern Inyo, a complement to the Southern Inyo Family Resource Center in Lone Pine that offered more classes and events than ever for families with children ages 0 to 5; continued early oral health services and education; new bilingual story hours at three primary library branches throughout the county; and the completion of a six-month community needs assessment that culminated in a comprehensive strategic plan update for 2014–19.

### Kern County

Through its investments, First 5 Kern County’s goal is to strengthen and support the prenatal to age 5 children of Kern County and their families by empowering its providers through the integration of services, with an emphasis on health and wellness, parent education, and early childcare and education.

In FY 2013–14, First 5 Kern continued to dedicate its efforts in providing children with services by funding 40 programs in the three result areas: improved child health, improved child development, and improved family

functioning. The most significant accomplishments were demonstrated through compelling outcomes of three programs: *Differential Response* (improved family functioning), *Supporting Parents and Children for School Readiness* (improved child development), and *Richardson Special Needs Collaborative* (improved child health).

- With a funding investment of \$615,000, the *Differential Response* program provided case management services to 1,920 children. *Differential Response* ensures prompt attention to suspected reports of child abuse and neglect. Following Child Protective Services referrals, contact is made within 72 hours and clients are provided a home visit within 10 working days. Families exiting the program showed significant improvement in family functioning domains on the North Carolina Family Assessment Scale-General instrument.
- With a funding investment of \$457,000, the *Supporting Parents and Children for School Readiness* program provided Summer Bridge services to 144 children to enhance school readiness. The program also provided a broad scope of age-appropriate services, including home visitation, case management, and developmental assessment, as well as center-based learning for both parents and children. The program demonstrated significant improvements in the following domains: cognitive, communication, self-help, social-emotional development, and fine motor skills on the Child Assessment-Summer Bridge assessment.
- With an investment of \$246,000, the *Richardson Special Needs Collaborative* program provided 72 children with prevention and intervention services to address special needs. The program also provided case management, home visitation, basic needs referral, parent education, and behavioral health support. The program demonstrated

significant improvements in meeting health needs for case-managed children by reducing unmet health needs to 0 by the twelfth month of service.

### Kings County

Through its investments, the goal of First 5 Kings County is to ensure all families receive access to the tools, knowledge, and quality care necessary to encourage each child to develop to his or her fullest potential, including building life skills that will allow them to become successful members of the community.

During FY 2013–14, one of the most significant accomplishments of First 5 Kings was the locally funded Comprehensive Approaches to Raising Educational Standards (CARES) project. With a funding investment of \$158,461, this program provided mentoring, coaching, training, technical assistance, and materials to 39 preschool classrooms located in Kings County. The CARES project assisted preschool classrooms with completing the Early Childhood Environmental Rating Scale (ECERS), the Classroom Assessment Scoring System® (CLASS), and Desired Results Developmental Profile (DRDP). In addition, the local Kings County CARES project conducted the following for child care providers: a conference, 38 trainings, a monthly book club, a webinar series, and a teacher appreciation banquet.

Other highlights during FY 2013–14 included:

- Coordination of Linkages 2 Learning project transition teams at 12 kindergarten serving school sites in Kings County. This included two new school sites.
- Distribution of 1,502 school readiness backpacks to incoming kindergarteners through the Linkages 2 Learning project
- Linkages 2 Learning project-facilitated kindergarten orientations prior to the first day of school at all 12 participating school sites, serving 990 incoming kindergarteners

- A total of 215 developmental assessments of children with or at risk of developing special needs provided by the United Cerebral Palsy Special Needs project
- A total of 193 interventions and/or treatment plans provided to children with or at risk for developing special needs through the United Cerebral Palsy Special Needs Project
- Weekly center-based early childhood activities through the United Cerebral Palsy Parent & Me project that served 267 children ages 0 to 5 and 212 parents
- Parent education and/or early childhood education services provided through the Kings County Family Resource Centers serving 1,189 children ages 0 to 5 and 1,055 parents, siblings, and caregivers
- The launch of home visitation services through the Kettleman City Family Resource Center. A total of 255 home visits were made.

### Lake County

The goal of First 5 Lake County, as stated in its strategic plan, is “to inspire and promote healthy, safe, happy, and family-centered experiences for children 0 to 5 through partnerships with local families and service providers.” Through its investments, First 5 Lake works to achieve its long-term vision that “Lake County’s children receive the best possible start in life and thrive.”

FY 2013–14 marked the completion of the ninth year of the countywide *Nurturing Parenting* program in Lake County. Approximately 22 agencies and programs were directly involved in the *Nurturing Parenting* program’s network this past year, funded through the Lake County Office of Education. This network is an example of what can be done when agencies align and coordinate their services. Cross-agency data collection also has been utilized as part of this funded program through use of the *Nurturing Parenting* online database. Three facilitators from First 5 Lake, Lake County Office of Education, and Lake County Child Welfare Services attended a “train

the trainers” event in Chico in January 2014. This is a giant leap for the program to have certified local trainers to be able to enhance the quality of the classes and ensure that Lake County facilitators have the latest training available to them. Eight new *Nurturing Parenting* facilitators were trained during this past year.

Several other programs also made a difference in the lives of Lake County families during FY 2013–14. The *Mother-Wise* program provided one-on-one and group services to a total of 176 mothers and 11 fathers, with support and access to mental health and other needed services for mothers experiencing postpartum depression. The *Children’s Oral Health* program provided 943 children ages 0 to 5 with education, screening, and treatment funded through First 5 Lake, including nutrition and oral health lessons, a new storybook about brushing teeth and encouraging healthy bedtime routines, and dental screening at preschool/school sites, with 40 percent of the children screened as cavity free. In addition, the newly funded *Family Signing* training program offers two weekly classes along with a weekly video or web resource through a Facebook group. This year, 16 parents and children joined the classes, with the Facebook group growing to 76 members. Staff reports improvements in the signs and vocabulary of the children attending the classes, and parents have reported their children are using the sign language at home to communicate. The Easter Seals Health Line continued to be a point of access for developmental information and assistance, and linkages to referrals and resources. More than 475 calls were received from child care providers, parents, pediatricians, and others asking for information, resources, and technical assistance via the toll-free phone line. This included 78 percent repeat callers and 22 percent new callers from the county, indicating that outreach to new users is continuing to be effective, and that this is an important and trusted source of information for previous users of the Health Line.

## Lassen County

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

During FY 2013–14, one of the most significant accomplishments of First 5 Lassen was its home visiting program implemented by *Pathways to Child & Family Excellence, Inc.* With a funding investment of \$263,116, this program provided home visiting services to high risk families. It is designed to improve family functioning, child development, health, and systems of care. The primary services provided include weekly parent education and child development lessons using the *Parents as Teachers (PAT)* curriculum. Screenings and assessments are completed on both children and parents to determine an individualized approach to addressing child, parent, and family needs. Each child is screened for developmental progress using the *Ages and Stages Questionnaires®*; simple PAT health screenings are used for hearing and vision. The *Life Skills Progression Tool* is used with each family to gauge the strengths of the family and the areas that need attention. Based on this tool and weekly communication with the family, the home visitor is able to make targeted referrals. The *Home Visiting Program* served 103 children ages 0 to 5 and 110 parents and caregivers in 2013–14. Another 26 children (siblings 6 years or older) participated in the program, increasing the total number of children served during the year to 129. In 2013–14, the number of service units was 1,621.

In addition, the First 5 Lassen *Children’s Oral Health Program*—implemented in the community by *Smiles For Life, Inc.*—serves Lassen County via different service delivery strategies

including direct prevention, consultation services, assessment, health services, community health events, and resource and referral activities. During FY 2013–14, the program provided 345 children ages 0 to 5 with direct oral health services. This equates to 26 percent of the age 0 to 5 population of Lassen County.

Hospital-based oral health services for children, a local First 5-funded program started in 2003 and now sustained by Banner Lassen Hospital, continued to provide oral surgery services to children.

## Los Angeles County

Through its investments, First 5 Los Angeles County (First 5 LA) seeks to ensure that babies are born healthy, children maintain a healthy weight, children are safe from abuse and neglect, and children are ready for kindergarten. To accomplish these goals in FY 2013–2014, First 5 LA spent almost \$190 million to fund 52 initiatives and their associated evaluations. Through about 250 grants and contracts, First 5 LA worked with almost 200 different organizations throughout Los Angeles County. Overall, First 5 LA directly served approximately 150,000 children, 165,000 parents, and 14,000 providers. In addition, more than 120 organizations were assisted in building their capacity to serve more than 96,000 children and their families. Through the communications work of its contractors and grantees, First 5 LA educated almost 400,000 people at community events, workshops, and other person-to-person venues. Through mass media efforts such as television, billboards, and radio, potentially millions of people received First 5 LA public education messages. First 5 LA also invested in systems change at the organization, community, county, state, and federal levels.

During FY 2013–14, one of the most significant accomplishments of First 5 LA was the expansion of its *Welcome Baby* program from 1 hospital to 13. With an investment of \$20.2 million this year, this program provided bedside screening and referrals to almost 6,000 new mothers during their hospital stays and home visits to about 3,600 women. Women

in *Best Start* communities (neighborhoods where First 5 LA is focusing its community building efforts) are eligible to receive up to nine “touch points:” two prenatal home visits, one prenatal phone call, a post-partum hospital visit, a post-partum at home nurse visit, and three post-partum home visits and one phone call from parent coaches. Women in *Best Start* communities who are found to be at high risk of poor outcomes during their hospital screening will be referred to an evidence-based home visitation program for more intensive and sustained support. When fully operational in 2016, it is anticipated that *Welcome Baby* will serve about 34,000 women a year—roughly 25 percent of all births in Los Angeles County.

The following are other highlights from FY 2013–14:

- Quality preschool slots were provided to 9,307 4-year-olds.
- Rental assistance and supportive services were provided to 877 children ages 5 and under and their families who were homeless or at risk of homelessness.
- Targeted intensive family support was provided to 1,402 children and their families at risk of child maltreatment.
- Access to substance abuse services was provided to 916 parents who were clients of the Department of Children and Families Services.
- Home visitation and early care and education were targeted as policy priorities by First 5 LA, contributing to greater outreach, education, and advocacy efforts in Los Angeles, Sacramento, and Washington, D.C.

### Madera County

Through its investments, the goal of First 5 Madera County is to ensure that children are healthy, families are strong, and children are learning. It strives to serve the families of Madera County through the promotion of meaningful, lasting programs that greatly contribute to the betterment of the community.

During FY 2013–14, one of the most significant accomplishments of First 5

Madera was the *Oral Health Initiative*. With a funding investment of \$40,000, this program provided oral health screenings and referrals in a school-friendly setting, using the tooth fairy concept to entice children and counter some hesitations that many children have for the dentist. The program screened 458 children. Of these, 45 percent (n=209) were referred for services, meaning they needed services based on their screenings. The findings of the screenings demonstrated that 22 percent (n=45) did not have a dental home. A total of 78 percent (n=165) of families that indicated their children had a dental home demonstrated the need for services. Further data regarding the intensity of the need and population served is being reviewed. First 5 Madera is using this information to determine future policy and programming.

Early identification is key to prevention and treatment. In FY 2013–14, 185 first-time parents received case management via the *First Parents Program*. The program performed 1,140 screenings, including Denver II, Ages and Stages Questionnaires®, Ages and Stages Questionnaires: Social-Emotional, NCAST Feeding and Teaching, and Life Skill Progression. Of the various screenings, two children were identified as having concerns.

In addition, 159 families received intensive multidisciplinary services via the Healthy Beginnings Program. Of the cases closed in 2013–14, as of September 2014, none of the families had any recurrence of maltreatment.

### Marin County

Through its investments, the goal of First 5 Marin County is to build public support for children’s health and school readiness, promote shared responsibility in support of children and families, build partnerships and increase resource leveraging, and create a community that puts children at the center of the agenda.

During FY 2013–14, one of the most significant accomplishments of First 5 Marin was the creation of the *Marin Strong Start* movement—a grassroots (and “grasstops”) effort to improve

equity of opportunity for all children in Marin County. *Marin Strong Start* has proposed a ballot measure asking for a 1/4 cent sales tax to support underserved children. First 5 Marin supported the work to build a broad coalition of supporters, conduct extensive community engagement, and craft an expenditure plan.

The proposed measure would provide approximately \$10 million annually to:

- Increase the number of children attending preschool and prepare children for success in school
- Expand afterschool/summer learning programs for reading, writing, and math achievement
- Provide affordable child care for infants, toddlers, and young children
- Expand health care for underinsured children



- Support early identification of physical, developmental, and emotional issues

*Marin Strong Start* has conducted professional polling and has worked with a campaign consulting team to help ensure the success of the ballot measure (tentatively slated for November 2016). It worked with the Board of Supervisors throughout and has secured the board’s endorsement as well as financial support.

Other highlights during FY 2013–14 included:

- The creation of *The Marin Communications Forum*. This program provides free monthly workshops to community partners to expand their skills and knowledge

in communications, outreach, and advocacy. These workshops have become extremely popular, with topics ranging from media and social media (Facebook, Twitter), to legislative advocacy and outreach to the Spanish-language community.

- Publication of multiple opinion editorials, in an effort to contribute regularly to the “thought leadership” for children’s issues in Marin County.
- A countywide policy breakfast for 250 community leaders with a keynote address by Chris Hoenig from the California Budget Project (CBP). The keynote focused on the high cost of living in Marin County (based on CBP’s online tool called “Making



Ends Meet: How Much Does it Cost to Raise a Family in California?” [<http://cbp.org/MakingEndsMeet>]

### Mariposa County

The following accounts help share the work of First 5 Mariposa County. This year, First 5 Mariposa funded a *Children’s Dental Health Program* for \$61,000; a *School Readiness Program* funding three preschools (Catheys Valley, Greeley Hill, and Lake Don Pedro) for \$162,384; three mini-grants for \$5,000 or less; and the Comprehensive Approaches to Raising Educational Standards (CARES) Plus grant with First 5 California. In addition, First 5 Mariposa was involved in the 15th anniversary of First 5, the Board of Supervisor’s recognition of the Hero

Award recipients, the Safe-at-Home fairs in Coulterville and Mariposa Township, and the children’s Fall Festival in October.

**Children’s Dental Health Program (Burney Stephens, Dental Hygienist):** The *Children’s Dental Health Program* provides dental education, screenings, referrals, and some financial assistance for dental services. Three local dentists provide a discount to assist with children who have serious dental concerns. The highlights of the program have been the dental screenings and the referrals to local dentists. Children who have been in pain with tooth decay have received services. This year, the hygienist provided dental screenings throughout the county and made more than 50 referrals to local dentists as a result of home visits as well as preschool and community screenings. This program is in only its third year of funding; however, the screenings and referrals have already been invaluable. During this year, 52 children and 72 parents were served. The program focuses largely on education and prevention. The dental hygienist visits all preschools, child care programs, and community fairs and events, providing toothbrushes and other materials as part of the program.

**Transitional Kindergarten Aide:** First 5 Mariposa funded an instructional aide in the Transitional Kindergarten classroom at Mariposa Elementary School. Mariposa Elementary School is currently the only full service Transitional Kindergarten class in Mariposa County School District.

The instructional aide has made a positive difference in the Transitional Kindergarten classroom, with children receiving individualized attention and more one-on-one instructional time.

**Sierra Foothill Charter School Transitional Kindergarten Classroom Materials:** The listening center and associated compact discs and books are powerful learning tools. This provides practice for essential reading skills, including decoding, listening, and comprehension. The station also has an iPod that can be attached for music and

to record personal stories. In addition, three iPads were purchased with a match from a parent.

**Transitional Kindergarten Special Education Classroom Equipment:** This First 5 Mariposa mini-grant funded bicycle helmets. Children became aware of the need to wear a helmet while riding their tricycles. The tandem tricycles encourage cooperative play, sharing, and caring for others.

**School Readiness Program (Catheys Valley, Greeley Hill, and Lake Don Pedro Preschools):** The School Readiness Program has been invaluable by providing preschool to children throughout Mariposa County, along with transportation and services in the mountainous regions of Mariposa. As a result of the program, the children entering kindergarten are socially, academically, behaviorally, and emotionally ready for school. The program provides hands-on activities that are developmentally appropriate in a play-based atmosphere. The staff provided music, art, literacy, and centers with manipulatives and circle time that focused on school readiness, including kindergarten visits. Parents are encouraged to work in the classrooms and are involved in the home visitation/literacy programs.

**15 Year Anniversary Recognition and Proclamation by the Board of Supervisors:** First 5 Mariposa received a proclamation by the Mariposa Board of Supervisors for serving Mariposa County for 15 years and making a difference in the lives of the children in Mariposa County.

**Comprehensive Approaches to Raising Educational Standards (CARES) Plus Grant Training on Working with Special Needs Children:** First 5 Mariposa held a training on Saturday, April 12, 2014, with the theme and focus that child care providers can successfully include children with disabilities or other special needs in the program while promoting belonging for all children. Nine CARES Plus participants attended the workshop on working with special needs with presenter Susan Thomas from California Preschool Instructional Network.

## Mendocino County

Through its investments, the goal of First 5 Mendocino County is to improve parenting and decrease substance abuse among parents of children ages 0 to 5. In the 2013–14 program year, First 5 Mendocino adopted a new strategic plan focused on these dual priorities. Major accomplishments in addressing parenting and substance abuse prevention in 2013–14 included:

- Development of new initiatives in the amount of \$82,000 to reduce parental substance abuse, including funding and designing a pilot *Recovery Parenting Program* in collaboration with the Family Dependency Drug Court at the Mendocino County Superior Court. This innovative work led to recovery-focused *Triple P Positive Parenting Program* classes in both Ukiah and Fort Bragg. First 5 Mendocino also funded local detox residential drug treatment for pregnant women referred through the county’s alcohol and drug treatment program when no other funding sources were available to women during the critical prenatal time period.
- Development of a Family Resource Center in southern Ukiah at the Alex Rorabaugh Recreation Center focusing on Spanish-speaking families. With funding from the county Health and Human Services Agency and First 5, the center offers a parenting “warm” line, community resource and referral, a Spanish parent/child playgroup, *Triple P* workshops and groups, health insurance and CalFresh application assistance, English-as-a-Second-Language conversation groups, a child safety program that offers professional installation and car/booster seats at a sliding scale, and *Music Together* sessions.
- Supporting *Signs of Safety* training for staff at Family Resource Centers and other public and private agencies as a strategy to reduce child abuse and neglect. (*Signs of Safety* is an evidence-based practice adopted by

Mendocino County Child Welfare to keep at-risk children safer).

- Improved parenting. First 5 Mendocino supports a countywide *Triple P* parenting program including a “warm” line for referrals, workshops, classes, and support groups; the Imagination Library (in collaboration with the Dollywood Foundation, the Mendocino County Library, and other local donors) to provide a book a month to children from birth to age 5; social marketing to promote breastfeeding in conjunction with Mendocino County Women, Infants, and Children (WIC) peer counselors; and community collaborations with WIC, preschools, and the inter-agency Mendocino County Food Policy Council to improve nutrition and fitness for children ages 0 to 5 and their parents.

## Merced County

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

- Improve parents’ (especially new parents’) relationships with their children to make them more nurturing and engaging
- Improve the quality of care provided in out-of-home settings (including center-based care, family child care, and nonlicensed environments)
- Improve the system for early screening, referral, assessment, and services for children with developmental, health, social, emotional, behavioral, and other special needs
- Improve community-level awareness and acknowledgment of the critical need to prioritize and support structured action for change benefitting our youngest children (ages 0 to 5 years)
- Advocate for improvement and preservation of systems serving children ages 0 to 5 years at the local and state levels

During FY 2013–14, one of the most significant accomplishments of First 5 Merced was increased quality among identified Child Signature Programs 1

and 2. With a funding investment match of \$525,125, this program maintained quality in identified Quality Enhanced classrooms and continued improvement across the Maintenance of Effort classrooms. Targets of family engagement and coaching for teachers were reached. Specialized training was offered reflective of classroom- and child-level work. A large number of reliable assessors for Early Childhood Environment Rating Scale (ECERS) and Classroom Assessment Scoring System® (CLASS) were trained. Training was offered with an emphasis on social, emotional, and developmental screening as well as individualized teaching strategies, which also were offered to neighboring counties and partnering agencies.

During FY 2013–14, First 5 Merced also:

- Provided support for a local Parent Leadership Training Institute event for over 450 parents
- Engaged in a new contract with UC Merced for a virtual resource center
- Increased overall reach through Facebook
- Completed a countywide breastfeeding survey and support for a Baby-Friendly hospital
- Maintained 11 Child Signature Program 1 Quality Enhanced classrooms (morning and afternoon) and one “full-day” classroom

## Modoc County

Through its investments, the goal of First 5 Modoc County is to ensure that each and every child in Modoc County is in an environment that is conducive to optimal development, and to ensure that the parents and families have the first option to be primary caregivers and teachers for their 0 to 5-year-old children.

During FY 2013–14, one of the most significant accomplishments of First 5 Modoc was the Modoc County Public Health *Healthy Beginnings* program. With a funding investment of \$55,950, this program provided a home visiting program focused on strengthening and improving positive parent-infant



interaction, healthy infant development, and parental competencies. The total number of families served this year was 32. This is the seventh year of this program and it continues to grow, providing much needed support and services to Modoc County families.

Other accomplishments from FY 2013–14 included:

- The Modoc County Office of Education *School Readiness in State Preschool* program, with a funding investment of \$49,041, was able to provide preschool opportunities and family support for 10 additional children and families in Modoc County.
- The TEACH, Inc., Tulelake/Newell Family Resource Center, with a funding investment of \$27,538, was able to provide Family Resource Center services and activities to the families of Modoc and Siskiyou counties. This program also collaborates services with First 5 Siskiyou.
- Comprehensive Approaches to Raising Educational Standards (CARES) Plus, with a funding investment of \$38,456, was able to continue our professional development program for early educators designed to improve the quality of early learning programs by focusing on increasing the quality, effectiveness, and retention of early educators. Twelve CARES Plus participants completed their program requirements this year. This program is made possible with funding and support from First 5 California.

### Mono County

First 5 Mono County's overarching goal is to enhance the network of support services for families with children ages 0 to 5. In FY 2013–14, investments were made in home visiting, school readiness, family behavioral health, oral health, child safety, and child care quality. The result areas for First 5 Mono are that Mono County children ages 0 to 5 are: 1) educated to their fullest potential, and 2) are healthy.

One of First 5 Mono's most significant accomplishments in FY 2013–14 was a

partnership with the county's only local hospital (Mammoth Hospital) to provide the course fees for labor and delivery nurses to become Certified Lactation Educator-Counselors (CLEC). The increase in hospital staff's knowledge, coupled with in-hospital lactation education provided by First 5 Mono's home visitation program staff (who also are CLECs), helped increase the percentage of exclusive breastfeeding at hospital discharge from 60 percent in 2010 to 81 percent in 2013. In this three-year span, First 5 Mono also partnered with Mammoth Hospital to provide new mothers with breastfeeding bags at hospital discharge instead of formula bags.

Some highlights from First 5 Mono's FY 2013–14 indicators are:

- Thirty-nine percent of children birth to 5 lived in households in which parents and other family members received: 1) child-development and parenting education, and 2) information about appropriate community services.
- Eighty-five percent of children received support transitioning to kindergarten.
- Eighty-six percent of moms in First 5 Mono's home visiting program sustained breastfeeding to 12 months.

### Monterey County

The mission of First 5 Monterey County is to serve as a catalyst to create sustainable change in systems, policies, and practices that enrich the development of children in their first five years of life. First 5 Monterey focuses on three vision areas:

**Parenting Development:** Programs that maintain relationships with parents to build knowledge, skills, and confidence in parenting

**Child Care Quality:** Programs that enhance child care provider and caregiver education, child care environment quality, child care workforce development, and parent-teacher interactions

**Mental and Physical Health:** Programs that provide a coordinated system of screening, referrals, and services for children with special

needs, including emotional delays, and coordinated, flexible, and individualized support; and services for children who have experienced trauma or prenatal exposure to drugs or alcohol

Through its investment of \$7.2 million in FY 2013–14, First 5 Monterey provided services to more than 23,000 young children, parents, and providers. One of the most significant accomplishments of First 5 Monterey was support for the *Early Childhood Development Initiative (ECDI)*. In the past year, ECDI has developed a strategic vision, road map, and action plan to help children from the prenatal stage through third grade reach their full potential. A collective impact framework is being used to bring together multiple sectors of the community. ECDI has received financial support from the Packard Foundation, Community Foundation for Monterey County, and the Monterey County Board of Supervisors.

Some additional highlights during FY 2013–14 included:

- Building leadership within the early educator community. Early educators who participate in technical assistance programs prepare presentations about their work to share with each other and other interested providers through seminars held several times a year, each drawing more than 150 early childhood development providers throughout the county.
- Sponsoring a highly acclaimed Infant-Family Early Childhood Mental Health training series designed to strengthen family-centered, relationship-based knowledge and skill among diverse professionals.

### Napa County

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

During FY 2013–14, First 5 Napa made a \$68,400 investment in a local family resource center's *Healthy Families America (HFA)*, home visiting program.

The HFA program served 27 “high-risk” families to prevent child maltreatment and strengthen and stabilize the family. Families are receiving needed services and 190 referrals were made.

“High-risk” families received services that improved family and parent strengths:

- Eighty percent of clients remained stable (36 percent) or improved their ability (44 percent) to access social supports.
- Sixty-eight percent of clients remained stable (28 percent) or improved (40 percent) their satisfaction with being a parent.
- Fifty-two percent of clients maintained (8 percent) or improved (44 percent) their problem-solving skills.
- Home visitors provided support, resources, and services to ensure children are receiving wellness services. In the last year:
- A total of 35 children received Ages & Stages Questionnaires® (ASQ), Third Edition, and ASQ:Social-Emotional screens at regular intervals.
- A total of 81 percent of children are up-to-date on immunizations.
- All children have a medical home and health insurance.

### Nevada County

Through its investments, the goal of First 5 Nevada County is to—in partnership with the community—create, foster, and support programs that promote health, wellness, and child development for children ages 0 to 5 and their parents. Its current major investments are in family resource centers, home visiting, children’s behavioral health services, school readiness programs, community collaboratives of family-service agencies, and a quality child care rating program.

During FY 2013–14, one of the most significant accomplishments was the Foothill/Truckee Healthy Babies (FTHB) program’s achievement of accreditation with the evidence-based *Healthy Families America* (HFA) model. A national review team rated FTHB in all 117 of the HFA best practice standards. As part of

accreditation, FTHB will engage in continuous quality improvement, using data on program service delivery and outcomes to continually improve services. FTHB has been supported with First 5 funds for 15 years, initially serving 20 families; this investment has now been leveraged to serve 120 families with the addition of Federal Home Visiting dollars through the California Maternal, Infant, and Early Childhood Home Visiting Program. With a funding investment of \$83,000, this program provided intensive services to 27 of the total 170 families served by FTHB in FY 2013–14. Home visitors provide regular developmental screenings of children using Ages & Stages Questionnaires® (ASQ) and ASQ:Social-Emotional as well as regular screenings of mothers for perinatal mood disorders (Edinburgh) and relationship violence (Women’s Experience with Battering Scale). Children and parents with identified needs are connected to services, often with a warm hand-off. Home visits follow curriculum on child development and building positive parent-child interactions to encourage the development of a secure attachment. Families identify goals they wish to work on. Among those served for three months or more in FY 2013–14, 81 percent had attained or made substantial progress on at least one goal they had set for the year. Home visitors assess health insurance status of mothers and children, making sure each has insurance, is connected to a medical home, and is receiving preventive medical care. In a county where less than 73 percent of entering kindergartners are fully immunized, 100 percent of FTHB-enrolled infants and toddlers are on target to be fully immunized.

Other accomplishments in FY 2013–14 included:

- In the summer kindergarten preparation classes, teacher observation showed that, on average, children who had had no preschool showed growth in 8.33 areas on a modified Desired Results Development Profile, which was scored on 18 school-readiness-related areas.

- A total of 863 parents of 1,014 children ages 0 to 5 were served in four family resource centers; this is a growth in the number of children served of 7 percent from the prior year, though available funding was reduced at all centers.
- The STAR child care rating program has grown to include 12 centers, five large family child care homes, and four small family child care homes; 52 percent achieved the highest rating by a professional after at least a year of self-study.

### Orange County

First 5 Orange County serves as a convener, planner, and sponsor to implement programs in four goal areas—healthy children, early learning, strong families, and capacity building—to achieve the vision that all children are healthy and ready to learn.

In FY 2013–14, one of the most significant accomplishments was the expansion of autism services. Last year, First 5 Orange invested \$7 million that was matched by the Thompson Family Foundation. This year, The Center for Autism & Neurodevelopmental Disorders opened in a new 21,500-square-foot facility, increased the number of providers from 15 to 50, increased annual visits from 3,000 to 21,000, and now provides treatment in addition to evaluation and diagnosis. With the match funding, the center is now open to children from infancy to age 22. First 5 Orange continues to provide over \$1.5 million for annual operations and services for young children.



Other highlights included:

- **Early Childhood Science, Technology, Engineering, and Math (STEM) Conference:** First 5 Orange and its early learning manager THINK Together partnered with the Children’s Center at Caltech in February 2014 for the first annual Orange County Early Childhood STEM Conference. The conference included a panel presentation with represen-



tatives from business and early and higher education to discuss the skills children need to develop for the 21st century workplace. More than 500 early educators and others interested in early STEM education attended the two-day conference. First 5 Orange funds 27 Early Learning Specialists in 25 school districts throughout Orange County. The conference was developed to respond to the Early Learning Specialists’ request for professional development to better understand how to incorporate math and science into their curriculums.

- **Regional Common Data System:** Four southern California First 5 county commissions participated in a multi-commission application process this year for a joint database vendor to reduce costs, achieve efficiencies, and improve outcomes reporting by the southern California region. In Orange County, the new agreement

represents an annual savings of \$41,000 to \$63,000 depending on the number of participating counties. As tobacco tax revenue declines, these cost savings will be redirected to programs that serve children. The new system was operational in April 2014 and the collected data is used to inform local program improvements and renewal decisions, and provides the data reporting as required to First 5 California. The regional common data system is now being used by six southern California First 5 commissions and is expected to ensure joint planning in relation to developing common data for evaluation and communicating regional results.

### Placer County

First 5 Placer County believes all children are its children, and works to create an environment that supports its children and their families in reaching their full potential. In order to achieve this vision, First 5 Placer focuses on early childhood development and supports and builds on existing collaborative efforts by bringing together diverse perspectives, communities, and resources to assure comprehensive, integrated strategies, and holistic, family-centered, sustainable approaches.

First 5 Placer began to implement a *Strengthening Families and Community Protective Factor* framework with its funded programs as of January 2011. The approach is described in the First 5 Placer Strategic Plan 2011–16. In FY 2013–14, First 5 Placer provided significant contributions toward strengthening families with children ages 0 to 5 and built community capacity to support parents, family members, and service providers. The funded programs’ self-assessment, addressed through the results of an end-year organizational survey, indicated that agencies offer a range of services that support positive change across the protective factors, including strategies that support both family and community strengthening.

During FY 2013–14, one of the most significant accomplishments of First 5 Placer was the planning for and

development of a children’s early trauma treatment center. Placer County Health and Human Services Children’s System of Care, in collaboration with Sacramento County, developed agreements for a shared, regional center for children and families to provide early care and education, including a range of wrap-around and therapeutic services needed for children ages 3 to 5 years who have experienced trauma. The center will be operated by Children’s Receiving Home of Sacramento (CRH) through a contract with the County of Placer.

Other highlights from the overall evaluation findings for FY 2013–14 indicate that through First 5 Placer investments:

- Parents increased their individual and family social connections; improved their knowledge of and connections to community resources; and enhanced their resilience.
- Parents improved their knowledge of parenting and child development, and their ability to nurture and support their children’s development.
- Family and community strengthening messages were used in active community education.
- Service networks and systems were developed, used, and strengthened.
- Families and stakeholders were offered opportunities for participation in strengthening their community.

### Plumas County

In FY 2013–14, First 5 Plumas County focused its resources on sustaining its ongoing, intensive home visitation for pregnant women and children through age 5. The program is modeled after the Healthy Families America model of home visitation. Desired outcomes include greater access to health and dental care, improved parenting skills, improved family literacy, father involvement, and creating home environments that are supportive of optimal child development.

In FY 2013–14, four home visiting programs worked toward shared outcomes, gathered information on standardized instruments to measure

changes in family functioning and health access, and used a single integrated database to record clients and services. First 5 Plumas developed Memoranda of Understanding between the agencies operating the Home Visiting Program, and created a common consent form which allowed for sharing information across programs to better serve clients. In its second year of operation, the program served 82 families in ongoing home visitation, conducted 1,244 home visits, and met its desired goals for improved health access and family functioning. In FY 2013–14, First 5 Plumas invested \$150,000 in the home visitation initiative.

Other accomplishments in FY 2013–14 included:

- Creation of a strong collaborative relationship with the California Department of Social Services, Child Welfare Services unit
- Collaboration with health department staff to ensure that children in foster care are assessed with the Ages and Stages Questionnaires® and that appropriate follow up takes place
- Shared training opportunities across programs so that staff from the various agencies had opportunities to share experiences and insights and learn new home visiting skills

### Riverside County

Riverside County is invested in a range of early care and education and health services, with the goal of helping to ensure children’s success in school and throughout their lives. The range of First 5 Riverside County investments includes promotion of parent and caregiver education to assist early learning everyday practices, increased access to quality child care and preschool services, early care and education workforce development; and improved quality health care services for asthma, breastfeeding support home visitation services, health access, nutrition and physical activity, oral health, special needs child care, and targeted home visitations for high-risk families.

During FY 2013–14, one of the most significant accomplishments of First 5 Riverside was the establishment of the University of California, Riverside (UCR), School of Medicine Pediatric Residency Program. With a funding investment of \$5,000,000 over four years, this program is designed to address the drastic shortage of pediatricians in Riverside County and help support building new primary care pediatric capacity in Riverside County. This program has four objectives: establish a primary and ambulatory care-oriented pediatrics residency at the UCR School of Medicine’s Riverside County Affiliates; develop a health-outcomes research program to assist pediatric residents and program faculty in developing projects to assess the impact of public health interventions on children 0 through 5 years of age, including but not limited to First 5 initiatives now and in the future to measure their impact on our community; launch an innovative loan-to-scholarship program that provides an additional incentive for students who receive their medical doctorate at UCR School of Medicine to remain in Riverside County and practice primary care pediatrics; and develop and implement a prevention-oriented residency training curriculum that also incorporates the special health care needs of the patient population consisting of children 0 through 5 years of age, acceptable to the Accreditation Council for Graduate Medical Education.

Other highlights during FY 2013–14 included:

- A total of 991 children accessed quality child care services.
- More than 1,900 children were screened for asthma-related symptoms, and 159 environmental assessments were completed in child care facilities.
- Breastfeeding support services were delivered to over 10,000 mothers through the Helpline and Home Visitation Services.
- A total of 571 children were enrolled in health insurance.
- More than 15,000 children accessed oral health screenings, and 1,600

received treatment with First 5 Riverside funds.

- More than 6,000 children received mental health screenings, and almost half of these children received treatment services.

### Sacramento County

First 5 Sacramento County served approximately 70,130 children, parents, and providers in Sacramento County through the work of 38 contractors.

Highlights included:

- **Effective Parenting:** The *Birth & Beyond* Program provided parent education, crisis intervention, and home visitation services through nine Family Resource Centers throughout Sacramento County. During FY 2013–14, the program served over 13,000 individuals (children and caregivers). A recently released cumulative study of referrals to Child Protective Services (CPS) for 1,943 families receiving home visitation for at least three months demonstrated that the rates of CPS reporting pre-, during, and post-program declined for both a cohort of families with prior CPS history and for families without prior referrals to CPS. Altogether, 48 percent of families enrolled without CPS history increased to 84 percent without referrals to CPS post-program. Among the 52 percent of *Birth & Beyond* families with a CPS history, only 16 percent had new referrals post program.
- **Reduction of the Number of Disproportionate African American Child Deaths:** First 5 Sacramento allocated \$3.4 million over an 18-month period focused on the reduction of perinatal condition deaths, infant sleep-related deaths, and child abuse and neglect homicides in the African American community. Efforts included educational campaigns and cultural broker programs to provide outreach, education, and support services. The efforts also included the opening of a new Family Resource Center.

- **School Readiness:** First 5 Sacramento is actively engaged in statewide Quality Rating and Improvement System efforts and funds preschool, playgroups, parent engagement, kindergarten transition programs, and comprehensive screenings in 37 high-needs school communities. During the 2013–14 school year, Sacramento school readiness programs served over 10,300 individuals.
- **Oral Health:** First 5 Sacramento continues to support five children’s dental centers that offer free or low-cost dental services. Combined, the five centers served 2,200 children. Sacramento also funds the Smile Keepers Mobile Dental Van that provided dental screenings and fluoride varnishes to more than 7,400 children at schools and community events. Additionally, First 5 Sacramento provided leadership and staff support for the Medi-Cal Dental Advisory Committee. Efforts involved working with legislators, the Department of Health Care Services, and multiple community partners to implement policy and systems changes necessary to improve dental care for children with Medi-Cal.
- **Media Efforts:** As of June 30, 2014, First 5 Sacramento had 2,264 followers on Facebook, 1,360 on Twitter, and 387 following 20 Pinterest boards. A two-month, multi-media campaign highlighting the Family Resource Centers generated a total of 1,436,550 impressions and 38,898 targeted text replies. Additionally, First 5 Sacramento took the lead in coordinating two regional media efforts: a 12-page English and Spanish publication titled “Bringing Home Baby,” focusing on prenatal through the first year of a child’s life; and a television campaign with Univision focusing on literacy, oral health, and safe sleeping.

### San Benito County

Through its investments, the goal of First 5 San Benito County is to ensure that San Benito County’s children

thrive and reach their full potential at home, in school, in the community, and throughout life. To support its goal, First 5 San Benito has intentionally shifted from funding grants for individual programs to investing in initiatives that address multiple priority areas through coordinated systems and services. This funding strategy has broadened the reach and impact of First 5 San Benito’s investments.

During FY 2013–14, with a funding investment of \$260,000 and support from the David and Lucile Packard Foundation, First 5 San Benito implemented the *Family Wellness Program*, a countywide strategy that provides parent education and playgroup services for children ages 0 to 5 years and their families. Additionally, the agency established a *Family Wellness Program* network consisting of representatives from eight partnering sites, including schools and early education centers serving children and families. Services targeted families from priority populations such as rural, low income, children with special needs, migrant, and families with limited-English proficiency. The *Family Wellness Program* framework is aligned with emerging research and uses an approach to strengthening families by building evidence-based, protective factors around the youngest children through supporting their families. Research demonstrates that these protective factors can form a buffer of sorts around the family, which can reduce the incidence of child abuse, neglect, and poor developmental and academic outcomes. Protective factors related to adult family members include: 1) parental resilience; 2) an array of social connections; 3) adequate knowledge of parent and child development; 4) concrete support in times of need; and 5) access to quality early learning opportunities.

Parents who participated in parenting programs showed a statistically significant increase in the following areas:

- Confidence in helping their children grow and develop

- Family support with parents reporting that they could easily find someone to talk to when they needed advice about raising their children
- Knowledge of behaviors to use when talking with their children. A significant increase in parents who reported bending down to eye level when they talked to their children.
- At-home early literacy activities between the group at the beginning and end of the program. For example, half of parents reported having a routine for looking at books with their children in fall 2013, increasing to 61 percent in the spring of 2014. Children asked to look at books 3.9 times during the week prior to the survey in fall 2013. This increased to 4.4 times in spring 2014; the number of minutes they spent looking at books together rose from 18 minutes in fall 2013 to 21 minutes in the spring, a statistically significant increase.

### San Bernardino County

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

FY 2013–14 yielded many notable accomplishments and positive outcomes for our youngest residents and their families. One of the most significant investments was a comprehensive parenting education program utilizing the *Nurturing Parenting* curriculum. With a \$2.34 million investment, nine contracted agencies were able to provide 1,460 parents with education that evidence shows significantly decreases the likelihood of child maltreatment. Data collected before and after demonstrated that significant decreases in risk were achieved by participants.

Other highlights in FY 2013–14 included:

- A comprehensive year-round preschool experience for 1,146 children
- Oral health treatment and care coordination for 496 children
- Support for eight communities at various stages of obtaining or maintaining their designation by the Department of Public Health as a “healthy community”

### San Diego County

The goal of First 5 San Diego County is that all children ages 0 through 5 are healthy, loved, nurtured, and enter school as active learners. First 5 San Diego invests in programs that strengthen relationships essential for the healthy development of young children in four key areas: health, learning, family, and community.

During FY 2013–14, one of the most significant accomplishments of First 5 San Diego was the launch of *First 5 First Steps*, its new, targeted home visiting initiative serving pregnant and parenting teens, as well as low-income, military, immigrant, and refugee families across the county. Starting in October of 2013, this initiative provided intensive home visitation services to more than 300 families beginning prenatally or within the first few weeks of a child’s life.

Some additional highlights during FY 2013–14 included:

- A total of 90,000 children, parents, and caregivers were served by First 5 San Diego programs.
- A total of 20,102 children were screened for a developmental delay, and 6,477 received treatment for a developmental concern.
- A total of 6,235 children were screened for a behavioral delay, and 3,260 were treated for a behavioral concern.
- A total of 13,687 children received quality preschool in a school-based, community-based, or family child care setting.
- A total of 17,210 children and 4,344 pregnant women received dental exams.

- Care coordination services were given to 23,162 children and caregivers, and 5,269 parents participated in parent education services.
- The *Good Start* community awareness campaign achieved more than 70.5 million gross impressions.
- First 5 San Diego sponsored or participated in community events that reached nearly 141,000 San Diegans.

### San Francisco

In FY 2013–14, First 5 San Francisco County invested \$32 million to ensure that all San Francisco’s children will thrive in supportive, nurturing, and loving families and communities. As a result of these investments, approximately 20,000 residents were served through 200 community programs, including 147 preschools and 25 family resource centers.

First 5 San Francisco’s *Preschool for All (PFA)* Initiative, jointly funded through San Francisco City’s Public Enrichment Funds and Proposition 10 revenue, continued to expand in 2013–14 with the creation of 216 new preschool slots and a total of 3,445 four-year-olds served in 247 classrooms. Nearly three out of every four participants were low-income children whose preschool enrollment would have been vulnerable to loss or disruption without the PFA tuition enhancements. Evidence-based assessment tools show that nearly 90 percent of assessed PFA classrooms are meeting cut-off scores (five out of seven) for high-quality environments and social-emotional support of children; 97 percent of surveyed parents report that PFA has helped prepare their children for kindergarten.

The following provides additional highlights from funded family support, health, and early child development initiatives:

- Approximately 9,000 parents and caregivers were served across the 25 First 5-funded Family Resource Centers; 1,045 participated in a curriculum-based parenting class



series and received before and after assessments of parenting practices. Results showed notable skill improvements for 82 percent of parents who had been above the problematic threshold at the start of the class series.

- First 5 San Francisco has joined the national Quality Rating Improvement System Race to the Top Initiative. In FY 2013–14, an independent consultant rated 130 PFA preschools. All sites received a score of three or higher on the five-tiered rating system; almost half, 41 percent, scored at the highest tiers four and five.
- In 2014 San Francisco became a *Help Me Grow* Affiliate County. Support for Families Family Resource Center oversees First 5 San Francisco’s early identification and intervention system through a phone line; parent education, advocacy, and support; provider training; and site-based technical assistance. During FY 2013–14, information and referral was provided to nearly 1,000 parents, caregivers, and professionals with concerns or questions about a child’s development. Over 500 providers were trained on child development, *Ages and Stages Questionnaires*®, and partnering with families. More in-depth and on-site technical assistance was given to 24 preschools.

Through contributions from public health nurse consultants, mental health consultants, trained early childhood education providers, and trained FRC staff, a total of 9,091 health and developmental screenings were conducted for children ages 0 to 5.



### San Joaquin County

Through its investments, the goal of First 5 San Joaquin County is to ensure that all San Joaquin County children will thrive in supportive, nurturing, and loving environments; enter school healthy and ready to learn; and become productive, well-adjusted members of society.

During FY 2013–14, one of the most significant accomplishments of First 5 San Joaquin was the investment in the *Preschool Initiative*. With a funding investment of \$4.8 million, this initiative provided preschool spaces with comprehensive services for 886 3- and 4-year-olds. Seven school districts and community-based organizations received funding under this initiative. Data from the 2014 Preschool Newsletter demonstrates that programs serve diverse populations living in high priority communities with Academic Performance Index scores of 1-5 and selected school attendance areas designated eligible

under Title I of the Federal Education Act to improve academic achievement for the disadvantaged. First 5 San Joaquin County preschools provide services to children with high needs, including those who are homeless, living in poverty, those with severe behavior problems, mental health issues, and special needs. Over half the children who participated were dual language learners. To respond to the needs of children and families, First 5 San Joaquin preschool programs provide a range of services including:

- Parent engagement activities
- Developmental screening
- Behavioral specialists and intervention services
- Inclusion programs (collaboration with special education)
- Family support specialists
- Family literacy (*Raising a Reader*)
- Kindergarten transition programs
- Home visits
- Trainings and staff development opportunities for teachers and staff

Additional highlights during FY 2013–14 included:

- Approximately 16,500 children, parents, and expectant parents received services from First 5 San Joaquin.
- More than 3,000 families received a nutrition and physical activity program in their home, or at their child’s preschool or child care.
- Approximately 890 children received vision and hearing screenings.
- Approximately 2,500 children received developmental screenings.
- Approximately 1,250 parents were reached with school readiness “Messages from the Pulpit” as part of the Faith-Based Community Initiative.

### San Luis Obispo County

Through its investments, the goal of First 5 San Luis Obispo County is to ensure children thrive in nurturing, respectful environments and enter school healthy and ready to learn. First 5 San Luis Obispo allocates funds and advocates for quality programs and services, supporting children prenatal

to age 5, to ensure that every child is healthy and ready to learn in school.

During FY 2013–14, one of the most significant accomplishments of First 5 San Luis Obispo was the conclusion of a three-year community driven planning process, resulting in the expansion of children’s oral health services in the central region of the county, the area with the least access to Denti-Cal provider dental homes. The process involved a collaborative effort among both public and private agencies including the San Luis Obispo County Children’s Oral Health Coalition, the San Luis Obispo County Public Health Department (Oral Health Coordinator), the Partnership for the Children of San Luis Obispo County (Tolosa Children’s Dental Center), the San Luis Obispo Noor Foundation, and First 5 San Luis Obispo. With a two-year funding investment of \$107,640 from First 5 San Luis Obispo, Tolosa Children’s Dental Center will provide 368 annual preventive care appointments for approximately 175 unique children ages 0 to 5.

First 5 San Luis Obispo also accomplished the following during FY 2013–14:

- Expanded peer breastfeeding support for lactating women through our Babes At Breast Education and Support (BABES) program, a collaborative project with the local Women, Infants, and Children program
- Sponsored the 2014 Children’s Oral Health Summit and supported the Children’s Oral Health Coalition’s Strategic Planning Review by hosting a number of Oral Health Forums with the goal of advancing children’s oral health in the county
- Funded a television and web media campaign promoting April as Child/Child Abuse Prevention Month and the Children’s Bill of Rights for San Luis Obispo County
- Advocated for and received a proclamation from the San Luis Obispo City County for the local Children’s Bill of Rights, an aspirational framework spearheaded by First 5 San Luis Obispo as part of its strategic plan

- Celebrated the groundbreaking of the Uptown Family Park in Paso Robles, next to the school readiness site, on land that was purchased by First 5 San Luis Obispo
- Commemorated the 15th Anniversary of Proposition 10 as the San Luis Obispo County Board of Supervisors adopted a resolution marking the milestone
- Broadened First 5 San Luis Obispo advocacy efforts with a presence at a dozen farmers' markets, festivals, fairs, and other community events

### San Mateo County

During FY 2013-14, First 5 San Mateo County maintained its multifaceted investments in programs supporting all aspects of a child's early years, including early learning, child health and development, family support and engagement, and communications and systems change. Supported by \$8.4 million in community investments, its funded partners provided 26,980 services to children, parents, and providers, and distributed 4,719 *Kits for New Parents*.

During the past fiscal year, one of the most significant accomplishments of First 5 San Mateo was driving a systems-level Children's Oral Health Workgroup. Along with partners including local health care districts, dental societies, and public dental clinics, this initiative examined oral health access and utilization data for children with public health insurance, one of the largest and most persistent inequities in the county. Only 45 percent of children ages 1 to 5 on Denti-Cal have visited a dentist in the past year, compared with 77 percent of all children ages 1 to 5. Parents of children on Denti-Cal cite long wait lists and a lack of providers as the primary reasons they are unable to take their children to the dentist. Based on this data, the Children's Oral Health Workgroup is embarking on a strategic planning process to further this work, with the goals of increasing the utilization rates for preventive dental care for young children on public insurance as well as increasing the capacity of dental

providers to accept more patients on Medi-Cal.

Other highlights from FY 2013-14 included:

- Analysis of First 5 San Mateo's 2013 Parent Story Survey. This representative survey of parents with children ages 0 to 8 yielded these key findings:
  - High rates of parents reporting a sense of social isolation and challenges developing a parenting support network. This was particularly salient for mothers of infants and toddlers who did not have family nearby.
  - Low-income parents were much more likely than middle- to high-income parents to report relying on professionals and service systems for parenting support.
- Continued involvement in *The Big Lift*, a local collective impact initiative designed to improve rates of third-grade reading proficiency through four pillars of investment and community engagement:
  - High quality preschool for 3- and 4-year-olds
  - Inspiring summers for children in preschool through third grade
  - Reducing chronic absenteeism
  - Family engagement in their children's education
- Strategic planning process for 2015-20, resulting in a commitment to a more intentional focus on community partnerships that result in sustainable and meaningful improvements in policy and systems supporting the well-being of children ages 0 to 5 and their families

### Santa Barbara County

Through its investments, the goal of First 5 Santa Barbara County is to devote its funding and organizational capacity in the following two primary areas:

- Family Support:
  - Parent education and support
  - Intensive case management, information, and referral/linkages to services with follow up
  - Child and maternal health access

### Early Care and Education:

- Improving the quality of existing child care and preschool services
- Creating new quality child care and preschool services and expanding access

First 5 Santa Barbara also has a focus on three secondary areas: capacity building and systems change; communications and health insurance; and access for children.

During FY 2013-14, one of the most significant accomplishments of First 5 Santa Barbara was its investment in family support. With a funding investment of \$691,000, this initiative, through its network of family resource centers, provides intensive case management, and resource and referral services as well as screenings of children for developmental delays and health issues. Of particular importance is this initiative's partnership with the county's Child Welfare Services and other agencies on reducing child abuse through the Differential Response/Front Porch Project. This effort has resulted in a dramatic decrease in the percent of Differential Response clients with child abuse referrals at one year after intake. In FY 2008-09, the county rate was 30 percent. In FY 2012-13, the last year with complete data, the rate had decreased to just 3 percent. The result is that children in Santa Barbara County are growing up in safer home environments as a result of First 5 Santa Barbara services and the partnerships with Child Welfare Services (lead agency), Community Action Commission, and Child Abuse Listening Mediation is embarking on a strategic planning process to further this work.

Other highlights for FY 2013-14 included:

- Twenty-four percent of licensed child care centers within the county are now accredited by the National Association for the Education of Young Children.
- All parents who had at least two assessments in the Family Development Matrix (FDM) had positively statistically significant improvements in all core FDM



indicator areas. These included nurturing, parenting skills, family communications skills, basic needs, child health insurance, community resource knowledge, as well as other areas.

- Parents participating in the family support initiative report that their access to services went from 54.7 percent at “Safe/Self-Sufficient” after the first assessment to 88 percent after the second assessment.
- There was a statistically significant improvement in enrollment of children ages 0 to 5 in health insurance, from 82 percent at intake to 96 percent at follow-up ( $p < .001$ ), and dental insurance, from 81 percent to 96 percent ( $X^2$  ( $p < .001$ )).

### Santa Clara

The goals of First 5 Santa Clara County are to ensure that children are born healthy and experience optimal health and development; families provide safe, stable, loving, and stimulating homes; children enter school fully prepared to succeed academically, emotionally, and socially; neighborhoods and communities are places where children are safe, neighbors are connected, and all cultures are respected; and systems are responsive to the needs of children and families.

During FY 2013–14, one of the most significant accomplishments of First 5 Santa Clara was progress made on the Universal Developmental Screening Project. First 5 invested a total of \$593,402 in the Project last fiscal year,



with \$120,065 of that total leveraged through county mental health department funding. First 5 leveraged the longstanding relationships with the leadership of county agencies and the Board of Supervisors to move toward the goal of Universal Developmental Screening. The aim of the Project is to ensure developmental screening with a standardized tool for children birth through age 5 is routinely conducted during well-baby and well-child checks in pediatric clinics and practices throughout Santa Clara County.

Other accomplishments in FY 2013–14 included:

- Development of a Collaborative Cross Systems Governance Structure. The Systems Workgroup focuses on system elements of this project, including policy enactment, integrating screening information with the County’s Electronic Health Record system, and dissemination of information.
- Implementation of a Universal Developmental Screening pilot at three county pediatric clinics
- Integration of prenatal screening planning that uses a standardized screening tool into the Universal Developmental Screening project
- Screening of 5,336 children through three county pediatric clinics since January 2013. Approximately five percent of children screened showed some type of developmental or behavioral concern and were referred to the Early Start Program and/or the KidConnections Network of Providers.
- Investment in Gardner Family Health Network to implement computer-assisted screening at four pediatric health clinics. The number of children screened was 2,701; of those screened approximately 10 percent showed some type of developmental or behavioral concern and were referred to KidConnections Network of Providers for additional services.
- Approval of the use of the Ages and Stages Questionnaires® iPad application in the Santa Clara Valley Health &

Hospital System by the County Chief Information Security Officer in June of 2014.

- Production of short video clips to accompany selected ASQ questions. The video clips will help eliminate the need for the time-intensive activity testing, improve efficiency, and further build language capacity and the option for caregivers to complete the ASQ independently of staff support.

Other significant highlights during FY 2013–14 included First 5 Santa Clara’s investments in and full implementation of:

- A Health and Wellness Initiative
- An Early Learning Initiative
- Race to the Top – Early Learning Challenge Grant
- Comprehensive Approaches to Raising Educational Standards Plus
- Child Signature Program 1 and 2

### Santa Cruz

First 5 Santa Cruz County’s mission is to help children succeed in school and in life by investing in their health, early learning, and family support. Through these investments, First 5 Santa Cruz helps ensure that all children enter school ready to achieve their greatest potential.

In FY 2013–14, one of First 5 Santa Cruz’s most significant accomplishments was the ongoing implementation and success of its SEEDS of Early Literacy professional development program and the related Santa Cruz County Reading Corps. Through an investment of approximately \$451,000, First 5 Santa Cruz served 50 early educators, 12 Reading Corps tutors, and more than 550 children. The program saw an increase in the number of early education settings that provide high-quality support for language and literacy, as well as demonstrable gains in the preliteracy skills of children. Over the course of the program year, the percentage of participating classrooms demonstrating high-quality support for language and literacy increased from 18 percent to 100 percent.

In addition, the percentage of children at or above targets for letter naming in English (one of the key predictors of later reading success) increased from 20 percent to 60 percent for primarily English-speaking children and from 6 percent to 41 percent for primarily Spanish-speaking children.

Other key accomplishments in the past year included:

- First 5 Santa Cruz led a community effort to save the local Healthy Kids health insurance program. First 5 Santa Cruz convened community partners, rallied renewed support for the program, and developed a three-year sustainability plan.
- Braiding Race to the Top – Early Learning Challenge Grant and First 5 California Child Signature Program funding, First 5 coordinated the ongoing implementation of a local Quality Rating and Improvement System in Santa Cruz County, helping support and raise the quality of early care and education by providing professional development, assessment, rating, coaching, and technical assistance to 40 early care and education sites.
- Integrating local First 5 and Early and Periodic Screening, Diagnosis, and Treatment resources, First 5 Santa Cruz helped decrease the risk of child abuse and neglect by families referred to the Child Welfare System. More than 70 percent of participating families reduced their risk over the course of the program year. In addition, program participants that engaged in *Triple P Positive Parenting Program* services reported significant improvements in their parenting practices, their children’s behaviors, and their levels of stress and anxiety.

### Shasta County

Through its investments, First 5 Shasta County’s vision is that all Shasta County young children are ensured optimal early development and are ready to enter school. First 5 Shasta uses its adopted strategic framework “Pathway to Children Ready for School

and Succeeding at Third Grade” and five selected Pathway Goals to guide its investment in early childhood. These goals include: Healthy, Well-timed Births; Health and Development on Track; Supported and Supportive Families; High-Quality Child Care and Early Education; and Continuity in Early Childhood Experiences.

During FY 2013–14, one of First 5 Shasta’s most significant accomplishments was the development and implementation of the county’s first kindergarten readiness assessment, the Kindergarten Readiness Snapshot (KRS). Building a new partnership with the Shasta County Office of Education and a funding investment of approximately \$20,000 ultimately provided teachers with a quick and easy-to-use comprehensive assessment tool and provided the county with valuable school readiness data. Over 900 kindergarteners were assessed throughout the county. Beyond the creation of an assessment and the gathering of countywide kindergarten readiness data, this project has produced systems change, including:

- Alignment of pre-K and kindergarten curricula
- Countywide sharing of data (KRS results are linked to student information data and results from other countywide assessments)
- A countywide definition of kindergarten readiness (California Department of Education Preschool Learning Foundations at 60 months)

This year, the KRS has been turned into an application that automatically generates custom reports for teachers and parents.

Other highlights during FY 2013–14 included:

- Distribution of 19,163 children’s books through a wide range of community partners and at a variety of community events
- Preschool Parent Partners Program: Funded parent partners at preschool sites to address family basic needs, provide *Triple P Positive Parenting Program* elements to address problem behaviors in children,

improve family connections to preschool sites, and improve preschool attendance

- Shasta College: Partnered with the local community college to offer a community education course for child care providers on incorporating *Triple P* into their care settings and how to link families to *Triple P* services in Shasta County
- Bridges to Success: This program provides behavior management support and other evidence-based mental health services to parents and care providers of children at risk of being expelled from their preschool or child care settings.
- Bright Futures: This program includes an innovative English-as-a-Second Language (ESL) instruction component as a part of a broader parent education and support program. Through the loan of computers loaded with Rosetta Stone software, the program allows parents to learn English at times that are convenient for them. Having the computer in the home has led to spouses, children, and neighbors also accessing the ESL software to improve their language skills. As a result, participants have been able to better advocate for their children and to access new employment opportunities.

### Sierra County

First 5 Sierra County piloted a new program during 2012–13 called *Music Together*. Due to its success, *Music Together* was added as an ongoing program in 2013–14, making it available to over 30 Sierra County children ages 2 to 5. Sierra County Health and Human Services provided a licensed marriage and family counselor with background working with preschoolers and a certificate of instruction from *Music Together* to conduct weekly music activities at a classroom in the Loyalton Elementary Public School. First 5 Sierra provided public relations and curriculum materials. The intent of the program is to create family interaction around a sophisticated and effective instructional

program in basic music. An ancillary but significant impact of the program is to immerse a qualified family counselor in an ongoing activity involving 3- to 5-year-old children, their parents, and the staff of the county's largest childcare center.

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

The classroom is provided by Sierra Plumas Joint Unified School District free of charge, indicative of a mutual goal of increasing children's exposure to music appreciation and participation.

It was fortuitous that a member of Sierra County's Mental Health counseling team had background in *Music Together* and that a partnership could be forged that would support a great music program and place a counselor interactively with families potentially in need of special education services and behavioral intervention.

Three weekly sessions were offered during the school year. Children from three child care/preschool centers, children from the public school special education preschool, and children who attended with their parents were included in an annual average enrollment of more than 30 children.

## Siskiyou County

First 5 Siskiyou County continues to invest in programs and services to improve lives for the youngest citizens of its frontier county. Nearly 80 percent of children from birth to age 5 and their families benefit from five Primary Initiatives:

- **Oral Health Education and Prevention:** A total of 436 children received oral health education, screening and as-needed treatment in 19 preschool events. In addition, 363 Oral Health Kits were distributed to

16 physicians to provide to pregnant mothers. These services resulted in the continued decreased rate of urgent care needs of preschoolers by 50 percent, as well as the acquisition of extensive knowledge about the importance of oral health by prenatal mothers.

- **Early Literacy Education:** In an effort to advocate for the equal access to higher levels of education through the building of home libraries (as proven to be an effective mechanism by various research studies), First 5 Siskiyou championed literacy-promotion education by distributing over 10,000 quality children's books, and facilitating the annual Read Across Siskiyou (RAS), which jump-starts the literacy promotion education. Over 40 RAS events occurred, with guest readers such as the Board of Supervisors and other elected officials, the city manager, early childhood advocates, and community leaders. Each year, these efforts provide children with equal accessibility with early education through books and daily reading with caregivers and parents.
- **Provider Capacity Building Trainings:** First 5 further aims to assure the well-being of children building the capacity of service providers through coordination of free, countywide, high-quality professional development trainings. This year, a total of more than 400 individuals attended nine countywide trainings. Of these participants, child-centered institutions like Court Appointed Special Advocates, Child Protective Services, early childhood educators, and Foster Family Agencies were represented. The merits of these trainings are not only manifested by the consistently high number of participants, but more importantly, attendees are vocal about the trainings' impact in showcasing the importance of empathy in dealing with their clients and increased knowledge about child development, the impact of trauma, and more.

- **Parenting Education Classes:** A total of 179 sessions of evidence-based parenting education series and workshops were offered throughout Siskiyou County in partnership with the Siskiyou Family Resource Centers, Community Services Council, and Collage of the Siskiyou Foster Family Program.

- **Family Resource Centers (FRCs):** Continued funding of the 10 FRCs assures First 5 services can be provided to the most rural of 5,000 square miles of this frontier county. The FRCs offer over 14,000 hours of drop-in services, including resource and referral, application assistance, life skills, nutrition and physical activity education and promotion, children's play groups, volunteer opportunities, and other family strengthening supports. More than 140 support groups and 119 family fun events and celebrations were offered during the current fiscal year.

- **Comprehensive Approaches to Raising Educational Standards Plus:** First 5 Siskiyou continues to collaborate with First 5 California to offer this important resource to early care and education providers throughout Siskiyou County. This resource has improved the quality of educational opportunities for the early childhood community.

## Solano County

Through its investments, the mission of First 5 Solano County is to be a leader that fosters and sustains effective programs and partnerships with the community to promote, support, and improve the lives of young children, their families, and their community. Through its strategic framework, First 5 Solano funds services in the priority areas of: Health and Well Being; Early Learning and Development; Family Support and Parent Education; and First 5 Futures. First 5 Solano values these key criteria: evidence-based, focus on high risk/high need, coordination, collaboration, leveraging, and increasing access.

During FY 2013–14, one of the most significant accomplishments of First 5 Solano was increasing attendance at pre-kindergarten academies, which doubled from the previous year. With an investment of \$160,000, nine providers served 426 children at 20 schools and child care sites. Nearly 3 out of 4 (73 percent) children had no prior pre-school experience. Overall, children gained in all components of the social-emotional and cognitive scales as measured by the Kindergarten Student Entrance Profile (KSEP). Pre-kindergarten Academies also included enrichment activities for children, such as, art and science, and parent engagement to increase familiarity and participation of the families in the school and classroom.

In FY 2013–14, First 5 Solano also accomplished the following:

- Became a *Help Me Grow* Affiliate County
- Collectively partnered with the community to participate in a Solano County Children and Families Policy Forum with elected officials and representatives from Congress, the State Assembly, Solano County Board of Supervisors, and local cities and school boards
- Screened nearly 1,000 children for developmental and behavioral delays
- Enrolled 611 children and 271 pregnant women in health insurance
- Assisted 74 homeless families with transitional housing funding and services to secure permanent housing. Nine out of ten (89 percent) of those assisted maintained their housing for at least a three-month period.
- Assessed 2,000 high-risk and/or at-risk families utilizing the Solano Family Development Matrix tool. A total of 378 families throughout Solano County were provided intensive case management services, with 94 percent of participants increasing their scores in the Family Functioning domain of the tool.

## Sonoma County

One key First 5 Sonoma County 2011–20 Strategic Plan goal is to ensure that parents are supported and nurturing through the delivery of evidence-based programs proven to strengthen parenting capacity and family literacy skills. Programs in these two priorities include *Nurse Family Partnership* intensive home visiting; *Triple P Positive Parenting Program* training for providers working with parents of young children; *Reach Out and Read* within pediatric well-child visits at six federally qualified health centers; weekly *Pasitos* playgroups, and the *AVANCE Parent-Child Education Program (PCEP)*.

During FY 2013–14, one of First 5 Sonoma’s most significant accomplishments was the expansion of *AVANCE PCEP* to 10 classes in three high-need communities in Petaluma, Santa Rosa, and Sonoma Valley. With a funding investment of \$655,000, this program provided weekly, three-hour classes for 248 low-income, Spanish-speaking parents and their 272 children, birth to age three. Eight-two percent of these parents and 247 children completed the full nine-month program. Each community’s graduation event celebrated this achievement with parent speeches and singing, and participant children received their own “Ticket to College,” which promised them admission to Santa Rosa Junior College following their high school graduation. Over 90 percent of parents increased their knowledge of child development, parenting skills, and community resources, and learned to understand their role as their children’s first and most important teachers. Ninety-five percent of parents reported reading to their children at least three times per week, and 88 percent plan to continue their own education. *AVANCE National* has recognized Sonoma County’s program for meeting a standard of excellence in implementing the evidence-based model with fidelity. *AVANCE PCEP* has also achieved a Tier 1 designation in Sonoma County’s Portfolio of Model Upstream Investments. Upstream is a local initiative emphasizing evidence-based prevention and early

intervention to achieve better outcomes for children and families and to reduce the community’s “downstream” costs.

Additional First 5 Sonoma highlights from FY 2013–14 included:

- A survey of First 5 grantees and community members showed that grantees are overwhelmingly comfortable reaching out to First 5 staff with problems or questions, view staff as responsive, and feel that First 5 has treated their organizations fairly. These are three key predictors of strong funder-grantee relationships as identified by the Center for Effective Philanthropy.
- Sonoma County’s Cradle to Career collective impact initiative selected early childhood as its first-year focus for action. This broad community coalition will now join First 5 over the next year to identify and implement strategies to ensure that every child enters kindergarten ready to succeed.
- First 5’s leadership and Santa Rosa Chamber of Commerce’s relationships with the private sector have resulted in the creation of a Funder’s Roundtable to better align local business and foundation grant-making around shared goals of early childhood, school readiness, and third-grade reading proficiency.

## Stanislaus County

Through its investments in family support, child safety, health, and early learning, First 5 Stanislaus County promotes the development and well-being of children ages 0 to 5 and their families.

During FY 2013–14, one of the most significant accomplishments of First 5 Stanislaus was the operation of the *Family Resource Center/Differential Response Program*. With a funding investment of \$2,059,357 from First 5 Stanislaus and the Community Services Agency, this program provides intensive family support and child protection services to families when a child maltreatment report is filed. Since the start of the program in 2005, the rate of recurrence of additional maltreatment reports

within six months of the first report has remained below the rates existing prior to the program's initiation. And in two quarters and for the first time, the rate of recurrence of additional maltreatment reports within six months of the first report have been below the national goal of 5.4 percent.

Other highlights from FY 2013–14 included:

- Parents of 8,974 children received family support services through countywide Family Resource Centers and other programs.
- Caregivers of 1,636 children ages 0 to 5 were screened for depression and, of those, 387 children ages 0 to 5 had a caregiver referred for mental health services.
- Parents of 2,147 children received more intensive support services focused on improving child abuse factors.
- The parents of 2,592 children attended parenting classes to increase parenting skills and knowledge.
- A total of 418 children ages 0 to 5 and pregnant women who did not have access to health care received medical attention through an interim health care program.
- A total of 363 pregnant women and children ages 0 to 5 who did not have health insurance are now enrolled in a health coverage plan.
- A total of 210 infants were born healthy after their mothers participated in a healthy birth program and 90 percent of the moms giving birth (207/230) initiated breastfeeding.
- A total of 1,070 families increased the time spent reading with their children at home after receiving literacy services.
- A total of 127 children participated in the Kindergarten Readiness Program at school sites across the county that helped prepare them for kindergarten.
- A total of 1,377 children ages 0 to 5 were screened for educational developmental issues and 252 were

referred for further assessment or services.

- The families of 5,902 children have increased knowledge and utilization of community resources.
- Proposition 10 funded programs brought in more than \$3 million from other funding sources during FY 2013–14, increasing the overall level of services for children and families.
- On average, Proposition 10-funded programs collaborate with four or more other Proposition 10-funded programs to decrease duplication and increase effectiveness of services.

### Sutter County

Through its investments, the goal of First 5 Sutter County is to provide a comprehensive system of information, programs, and services that support all Sutter County children and families to ensure each child from 0 to 5 years of age is prepared to enter school healthy and ready to learn.

During FY 2013–14, one of First 5 Sutter's most successful programs was providing mobile dental services to the county's children ages 0 to 5 and pregnant/post-partum women, in response to a clearly defined need for a low/no cost dental provider for Sutter County's children and families. The *Sutter Smiles* program features a mobile dental clinic capable of providing full-service dentistry, including screening, cleaning, restorative treatment, and dental health education services. With a funding investment of \$172,625, the *Sutter Smiles* program served 1,711 individual children and provided nearly 10,000 dental procedures. In addition to the services provided inside the mobile dental clinic, 334 oral health assessments were conducted for the county's kindergarten students. A total of 77 percent of the students assessed required early treatment, and 12 percent required urgent care. *Sutter Smiles* is the result of an Oral Health Initiative approved by First 5 Sutter in January 2004.

Additional highlights during FY 2013–14 included:

- *Project SAFE* (Smoke-free And Family-friendly Environment) provided on-site training, materials, and monthly technical support visits over a five-month period to Sutter County pediatric and prenatal providers to improve the efficacy of their efforts to assist pregnant women and family with children ages 0 to 5 to create a healthy tobacco-free environment for themselves and their children. The trainings incorporated the evidence based "Ask, Advise, Refer" protocol, which emphasized the following critical points: 1) medical providers and staff are in a respected and persuasive position to remind patients that tobacco dependence is a chronic health condition; and 2) multiple interventions by a clinician and/or front-line medical staff has been shown to contribute to success in tobacco cessation. Program evaluation demonstrates that 100 percent of respondents agree that Project SAFE increased the frequency with which staff talk to patients about tobacco use, and 70 percent of respondents agree their office will integrate to sustain routine cessation into patient visits.
- *Music Making, Magic and Me!* was a six-week therapeutic activity for children ages 0 to 5 with special needs and their parents and caregivers. The music therapist used musical experiences to create changes for children with special needs. The Skill Set Assessment demonstrated an average 13 percent functional behavior gain for the enrolled children.

### Tehama County

First 5 Tehama County focuses resources on ensuring children are ready for school when they enter kindergarten. Three funded programs work toward this goal. The *School Readiness Project*, a multi-faceted program including home visits and group activities, is implemented in four school districts in the county. The *Mobile Dental Clinic* provides oral health care to pregnant women and

children ages 1 through 5, targeting the school districts served by the *School Readiness Project*. The third program, the *West Street Family Resource Center*, serves low-income, primarily Spanish-speaking families in the community of Corning.

During FY 2013–14, with an investment of more than \$ 300,000, the *School Readiness Project*:

- Provided over 1,500 home visits and 295 case management services, screened 304 children for kindergarten readiness or developmental milestones, and identified 111 3- and 4-year-old children in need of formal early learning opportunities and referred them to preschool programs
- Conducted 73 playgroups, 31 KinderCamp sessions, and four “READY! for Kindergarten” sessions for parents
- Improved health access and family literacy practices in families receiving home visitation: 98 percent had up-to-date preventive care for their children after six months compared to 73 percent at entry; 81 percent had up-to-date preventive oral health care for their children after six months compared to 58 percent at entry. Ninety-three percent of the families read to their children at least three times a week after six months compared to 71 percent at entry.

The *School Readiness Project* expanded into Red Bluff Elementary School District in 2013–14 with funding from the school district. The project uses AmeriCorps members as home visitors, expanding the reach of the program. A complementary, county-wide, social marketing effort, “Read, Sing, and Play,” encourages all parents to read, sing, and play with their children, and to take them to the doctor and dentist prior to entering school.

### Trinity County

Through its investments, the goal of First 5 Trinity County is to improve the lives of children ages 0 to 5 and

their families. The poverty rate for children in Trinity County is 37 percent. Investments in early education and home visitation have provided important opportunities for these children and their families in isolated rural areas of the county.

Funding for FY 2013–14 and its uncertainty resulted in making difficult decisions about priority funding and where limited resources should be spent for the greatest impact. Five programs were funded, for a total \$132,142; of this total, \$62,500 funded *School Readiness Programs* at seven sites countywide. First 5 Trinity values early education and the *School Readiness Program* and understands the importance it plays in rural communities. The loss of \$225,000 in funding almost decimated this program.

First 5 Trinity’s grantees have continued to provide quality programs for children and families on tight budgets and are highly commended for their work and creative investments.

Other highlights during FY 2013–14 included:

- The Trinity County Office of Education *School Readiness Program* provided quality early education programs at seven sites throughout the county and served 241 children and parents. Many of these programs are in isolated rural communities that are a three- to four-hour drive from other services.
- The *Home Visitation/Welcome Baby* program had a target of 15 families and served 35. Of these families, 82 percent were Child Protective Services referrals with a Family Reunification Plan; 64 percent successfully completed their Reunification Plan.
- The Children’s Garden reported 1,272 visitors. Preschools, private day care providers, and parents with little ones are regular participants in this outstanding program. Children help plant the garden, follow it to harvest, and “put the garden to bed.”

### Tulare County

For the year ending June 30, 2014, First 5 Tulare County invested more than \$4.8 million in programs enhancing the health and school readiness of the county’s youngest residents. First 5 Tulare has a long-standing commitment to improving children’s health, and grants of Proposition 10 tobacco tax funds reflect this.

During the 2013–14 year, children’s oral health was an area of significant achievement. More than 9,800 young children were screened and received fluoride varnish applications at sites throughout Tulare County. Those needing care from a dentist were referred for services. Children were seen at preschools, elementary schools, and at community events such as health fairs in both urban and rural communities. Since this initiative launched in 2008, there has been a 300 percent increase in the number of children seen. Program operators continually refine their scheduling practices, which allows them to see more children and to make second visits later in the year to reinforce children’s learning from the first visit. Oral health screening and varnish costs for the year were \$141,428, or \$14.35 per child. This modest investment of slightly less than three percent of total program expenditures yielded tremendous benefits.

Other notable achievements during FY 2013–14 included:

- Court-appointed special advocates provided a variety of support services to foster children younger than six years of age, including ensuring they made their well-child visits, were current on vaccinations, and saw a dentist at least once a year. Approximately 320 of the most vulnerable young children benefited from this program.
- With the arrival of a new, highly motivated pediatrician, the Tulare Community Health Clinic implemented the evidence-based *Reach Out and Read* program to foster a love of reading in their young patients and their parents. A small grant from First 5 Tulare enabled them to purchase

developmentally and age-appropriate books for children ages 6 months to 5 years.

- The Save the Children Federation produced a 40-minute video, “The Art of Home Visiting,” with a grant from First 5 Tulare. The video emphasizes the value of positive early development for children, demonstrates practical home visiting techniques, and shows the *Early Steps for School Success* curriculum as it is delivered in people’s homes.

### Tuolumne County

Through its investments, the goal of First 5 Tuolumne County is to enhance the healthy development of young children through direct services and by enhancing the capacity of the adults who care for them. The biggest investments in Tuolumne County were targeted for intensive services for families with the most entrenched barriers to success. The overall funding investment for grants and programs in FY 2013–14 was \$429,419.

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

- 1) Children’s oral health through education, screening, and fluoride treatments
- 2) Nurse home visiting for at-risk newborns and young children
- 3) Family learning and literacy to promote family stability and early learning
- 4) Parent education and support for parents at risk of child abuse and neglect
- 5) Social-emotional consultation to preschool teachers

In addition, First 5 Tuolumne partnered with First 5 California in Comprehensive Approaches to Raising Educational Standards Plus and Child Signature Program, supporting early childhood educators with coaching, professional development, and stipends.

Some measured outcomes from FY 2013–14 included:

- Parents improved their parenting skills, and knowledge, with those

at highest risk making the most significant gains.

- Children improved early literacy skills and parents supported early literacy by reading more to their children.
- Teachers learned how to incorporate curriculum and practices to support children’s social-emotional development in early childhood classroom environments, and learned how to better communicate with parents about children’s behavior.
- Fewer young children had cavities or dental disease.
- Children served in programs targeting high-risk families received a developmental screening.
- Linkages between community programs, services, and systems continued to contribute to a more comprehensive approach to serving families.

### Ventura County

At the heart of First 5 Ventura County are 11 *Neighborhoods for Learning (NfLs)*, a community-based service system for early care and education. This nationally recognized place-based model provides parents with high quality, locally based resources to help them raise children who are healthy, nurtured, and prepared to meet their full potential. Each of the First 5 *NfLs* is governed by its community and decides how best to serve the area’s health, early learning, and family support needs. *NfL* resources may include preschools or preschool scholarships, family resource centers (currently 25 throughout the county), and early learning activities for children ages 0 to 3. Through partnerships with the Ventura County Health Care Agency and other local organizations, First 5 Ventura also provides community-based access to health services, dental treatment, developmental check-ups, behavioral health services, and parent education through the local *NfL*, thereby increasing access to essential services for families with young children.

First 5 Ventura continues to expand quality preschool spaces. Through its Community Investment Loan Fund,

the completion of two additional loans has resulted in a total of 255 new early care and education spaces, including 40 infant/toddler spaces, financed through public and private partnerships. Partnering with the Economic Development Collaborative of Ventura County, more than \$600,000 in First 5 Ventura loans have leveraged approximately \$243,000 in other public funding. Thirty-eight new jobs were created as a result of this expansion into high-need areas of Ventura County. Bolstered by support from federal Race to the Top – Early Learning Challenge grant funds and First 5 California’s Child Signature Program, Ventura County has expanded its local quality rating and improvement initiative. Seventy-five early education sites located in seven school districts participated in Quality Rating Improvement System (QRIS), including 26 family child care homes. In FY 2014–15, QRIS will be expanded to 116 sites in 11 school districts, including 46 family child care homes. First 5 Ventura’s investment in high-quality preschool is paying off. Of those participating in QRIS, 84 percent of programs countywide and 100 percent of First 5 Ventura funded programs are rated as “good” to “excellent” on the five-tiered QRIS matrix. More than 135 teachers, with the support of CARES Plus stipends, have attained an Associate’s or Bachelor’s degree over the course of the program.

First 5 Ventura has been a champion and convener of several communitywide initiatives for combating obesity. It is helping to build capacity to promote exclusive breastfeeding by providing trainings that have resulted in 80 new Certified Lactation Consultants; this also was achieved through the development of a hospital consortium of all six birthing hospitals building on best practices for increasing exclusive breastfeeding rates. The county’s *Good for Kids (GfK)* restaurant program has realized the addition of several new *GfK* restaurants in a largely underserved area of Ventura, with local restaurants now offering healthy kids’ meals and working with community partners to increase the availability of healthy foods.

## Yolo County

FY 2013–14 marked the second year of First 5 Yolo County's enhanced strategic plan. As a result of the restoration of Assembly Bill 99 funds in 2012, First 5 Yolo expanded its strategic plan to include stronger family support services through a place-based family resource center model. This funding strategy enabled First 5 Yolo to address identified high needs of children ages 0 to 5 and their families, including:

- Resource and Referral: Helping families access services for which they are eligible
- Financial Literacy: Helping families maximize and manage their financial resources
- Early Childhood Education: Providing parents with interactive parent/child workshops to increase skills and confidence in ability to be their children's first teacher
- Parent Education: Providing parents with education on a wide variety of parenting skills and nutrition education
- Quality Food: Increasing access to fresh produce in communities throughout the county
- Developmental Screenings: Providing developmental/mental health assessments to children ages 0 to 5, and ensuring referral and access to appropriate levels of treatment

A total of \$800,000 was allocated in FY 2013–14 to the *Expanded Family Resource Center (EFRC)* initiative. This year's accomplishments included:

- Connection to needed services for 1,476 eligible families
- Services to 180 families to increase financial management skills and to maximize their income through the Earned Income Tax Credit
- Over 300 parents receiving the knowledge, skills, and opportunities to engage in activities that support their child's social, emotional, physical, and cognitive development
- Almost 350 families receiving fresh fruits and vegetables every week

through free produce distribution at the family resource centers

- The screening of 447 children for developmental issues and providing access to appropriate levels of treatment

In addition to the *EFRC* services, many activities continued through First 5 Yolo's programs funded under the *Integrated Family Support Initiative (IFSI)* including: oral health prevention and treatment for young children and pregnant women; early learning/child development programs for children in West Sacramento and rural Yolo County; family literacy programs; foster parent recruitment and retention efforts; home visiting using the Healthy Families America model; as well as health insurance outreach, enrollment, retention, and utilization.

Outstanding achievements through *IFSI* funding included:

- A total of 23 newly licensed foster homes, for a total of 89 countywide with a 70 percent increase in local placements over last year alone
- Intensive case management and home-visiting services for 80 families as part of the *Step by Step/Paso a Paso* program
- Increased dental access funding, allowing for more than 800 pregnant women and 2,026 children ages 0 to 5 to have dental visits, with an additional 2,334 children reached through the Smile Savers program
- A total of 749 children ages 0 to 5 obtaining and using their library cards with the support of family literacy programs

## Yuba County

Through its investments, the goal of First 5 Yuba County is to significantly strengthen community resources and services designed to improve the lives of young children.

During FY 2013–14, one of the most significant accomplishments of First 5 Yuba was to formalize policies in order to establish three strategically coordinated community partnership programs. With a funding investment of \$575,000, these

tactical programs provided a variety of education, health, and family support resources and services. The programs not only supported First 5 Yuba's priority outcomes but also focused on areas designed to facilitate an integrated, comprehensive collaboration among local providers dedicated to improving the lives of young children. First 5 Yuba's commitment to expanding community partnerships has provided Yuba County children and families with an array of additional services that include the increase of safety net assistance programs for families in crisis, and early childhood enrichment opportunities throughout the community and in the classroom.

Other highlights from FY 2013–14 included:

- Increased countywide accessibility to early literacy programs through partnerships with Bring Me A Book and the Yuba County Library
- Continued school readiness services administered to children living in impoverished communities through the partnership with Marysville Unified School District
- Continued accessibility of physical activity programs to children and their families through partnerships with various community, city, and county entities
- Countywide continuation of parent support and early childhood education services to families through partnerships with Yuba County Office of Education and Yuba County Family Resource Center Network





## APPENDIX A: FIRST 5 CALIFORNIA RESULT AREAS AND SERVICES

### Result 1: Improved Family Functioning

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

#### Services

##### a. Community Resource and Referral

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

##### b. Distribution of Kit for New Parents

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

##### c. Adult and Family Literacy Programs

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

##### d. Targeted Intensive Family Support Services

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

##### e. General Parenting Education and Family Support Programs

Programs providing short-term, non-intensive instruction on general parenting topics, and/or support for basic family needs and related case management (e.g., meals, groceries, clothing, emergency funding or household goods acquisition assistance, and temporary or permanent housing acquisition assistance). Fatherhood programs are also included here. In general, these programs are designed to provide less intense and shorter term (“lighter touch”) support services and classes for families by non-clinical staff (e.g., Family Resource Centers).

##### f. Quality Family Functioning Systems Improvement

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

### Result 2: Improved Child Development

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

#### Services

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

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

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

Programmatic investments in early learning programs for infants and toddlers,

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

##### c. Early Education Provider Programs

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

##### d. Kindergarten Transition Services

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

##### e. Quality Early Childhood Education Investments

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

### Result 3: Improved Child Health

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

#### Services

##### a. Nutrition and Fitness

Programs providing strategies to promote children’s healthy development through nutrition and fitness, including programs to teach the facts about healthy weight, basic principles of healthy eating, safe food handling and preparation, and tools to help organizations incorporate physical activity and nutrition. Recognized

strategies include “Let’s Move” Campaign, MyPyramid for Preschoolers, and sugar-sweetened beverage initiatives.

**b. Health Access**

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

**c. Maternal and Child Health Care**

Programs designed to improve the health and well-being of women to achieve healthy pregnancies and improve their child’s life course. Voluntary strategies may include prenatal care/education to promote healthy pregnancies, breastfeeding assistance to ensure that the experience is positive, screening for maternal depression, and home visiting to promote and monitor the development of children from prenatal to two years of age. Providers may be participating in Medi-Cal Administrative Activities to generate reimbursements.

**d. Oral Health**

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

**e. Primary and Specialty Medical Services**

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

**f. Comprehensive Screening and Assessments**

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

**g. Targeted Intensive Intervention for Identified Special Needs**

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

**h. Safety Education and Injury Prevention**

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

**i. Tobacco Education and Outreach**

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

**j. Quality Health Systems Improvement**

Efforts designed to support the implementation and integration of services primarily in Result Area 3. This may include service outreach, planning and management (general planning and coordination activities, interagency collaboration, support services to diverse populations, database management and development, technical assistance and support, contracts administration, and oversight

activities), and provider capacity building (provider training and support, contractor workshops, educational events, and large community conferences). Provider loan forgiveness programs for which child or provider counts are not measured are included here. Includes Baby Friendly Hospital investments, projects for cross-sector data integration, and designing a community-endorsed developmental screening framework.

**Result 4: Improved Systems of Care**

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

**Services**

**a. Policy and Broad Systems – Change Efforts**

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

**b. Organizational Support**

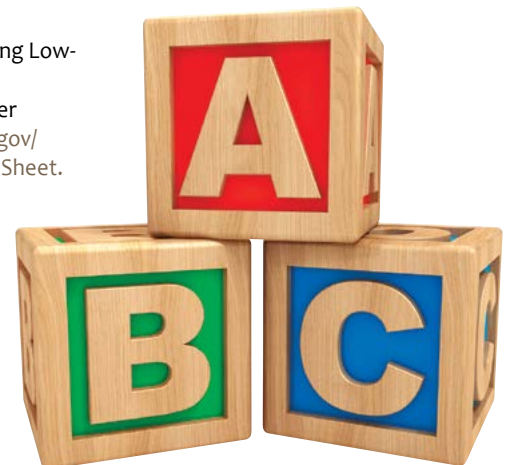
Training and support provided to organizations that does not apply to one of the three programmatic Result Areas, but instead has a more general impact. Other examples of organizational support include business planning, grant writing workshops, sustainability workshops, and assistance in planning and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

**c. Public Education and Information**

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

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# Our Vision

CALIFORNIA'S CHILDREN RECEIVE THE  
BEST POSSIBLE START IN LIFE AND THRIVE.

— *First 5 California Vision Statement*



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**DATE:** March 31, 2015  
**TO:** First 5 Solano Commission  
**From:** Michele Harris, Executive Director  
**SUBJ:** **Executive Director's Report for April 2015**

**Information Items:**

**Raising of America Launch:** First 5 Solano, in partnership with Solano County Health & Social Services Public Health Division, Help Me Grow Solano, and other community partners, is launching a sneak peak of the groundbreaking *The Raising of America* documentary series produced by California Newsreel. The launch will be held on Wednesday, April 29, 2015 from 3-5pm at the Fairfield Downtown Theater. See Attachment A for the invitation.

*The Raising of America* explores the effects of early childhood experiences on the developing brain, and links investments we make in young children and families today to how strong, prosperous, and dynamic the United States will be tomorrow. The film analyzes the latest scientific and socioeconomic evidence to reveal alarming class and racial inequalities for young children and their families in the United States. Following the screening guest speakers will challenge the audience to start a conversation and to take action within their communities.

**Grant Award:** Child Start, Inc. announced in March that the agency received \$1.4 million for the Early Health Start-Child Care Partnerships federal grant. First 5 Solano provided a letter of support in July 2014 for this innovative opportunity to collaborate between Child Start and local child care programs in both Solano and Napa to expand high quality early learning opportunities for the counties' most vulnerable infants and toddlers.

**Reach Out and Read:** Through use of \$2,500 of the Executive Director Funds, First 5 Solano has assisted Solano County Library Reach Out and Read Program to purchase books for children ages 0-5 for distribution at 17 medical clinics throughout Solano County. Pediatricians and healthcare providers participating in the program are encouraged to incorporate books and reading into well baby checkups for children from birth to five years old, including giving parents developmentally appropriate advice about reading. At the end of each visit, children are given an age and language appropriate book to take home.

**Early Learning Water Cooler Conference:** Several First 5 Solano staff and grantees attended the Early Learning Water Cooler conference March 23-24. The Water Cooler Conference brought together diverse stakeholders to build consensus for policy solutions that support the needs of children from birth to five. More than 500 education advocates attended the conference.

The keynote speaker was Nobel laureate and social economist, Professor James Heckman, well known for the Heckman curve. His message was clear: Smart investments start by addressing the major root cause of inequality – disadvantaged early childhoods. He went on to make several more points during his presentation:

- The solution: predistribution, not just redistribution or remediation (provide resources as a prevention strategy, not just as an intervention strategy or to fix what has already been broken)
- Early development is as important as education in promoting wages, employment and health
- Later remediation is costly and as currently configured is usually ineffective

- Developing skills and abilities is the best way to solve the problems of economic and social inequality
- Developing cognition and character from conception to birth to school, college and career training is key
- The early years are important: skills beget skills
- We must help troubled American families develop skills required for their children's success.

**CSDA/CWDA Policy Symposium:** Megan Richards and I attended the 2015 CSDA/CWDA Policy Symposium on March 4, 2015. The Policy Symposium featured dynamic topics presented by local, state and national leading child advocates representing a broad field of professions. Of particular note was a video that was played at the symposium featuring Richard V. Reeves, a fellow at the Brookings Institution. In the video, titled, the Death of the American Dream, in Legos, Mr. Reeves explores inequality and opportunity in America with Legos, using them to explain the chances for economic success of Americans born at the bottom of the economic ladder. Reeves shows the chances that the poorest fifth of Americans have to rise to the top, based on their race, the marital status of their mothers, and their level of education. The video can be found at: [https://www.youtube.com/watch?v=t2XFh\\_tD2RA](https://www.youtube.com/watch?v=t2XFh_tD2RA).

**Board of Equalization Update:** The Assembly held a joint hearing of two committees in March to hear from the Board of Equalization (BOE) regarding the costs of the tobacco licensing program. The purpose of the hearing was to review the report on the program which was requested by the Legislature last June, addressing the rising BOE administrative costs.

The hearing was very positive for First 5s. All of the members who spoke at the hearing had already heard from their local First 5s. Assemblyman Cooper (Los Angeles) raised the critical question: Given that the licensing program has been underfunded for seven years, why are we just addressing this issue now? Committee members raised questions about future revenues (from e-cigarettes), the need to ensure that services for children are maintained, and the failure of the BOE to justify the costs of their programs.

The First 5 Association intends to reach out to legislators on both the Senate and Assembly Budget Committees, as well as to the members of the Board of Equalization. Additionally, the First 5 Association will be discussing outreach efforts as a group at the April 22 Association meeting.

**Solano Early Childhood Education Convening:** Early childhood leaders met on Friday March 13 at the Solano County Office of Education to talk about the Early Childhood System in Solano County. The summit was sponsored by First 5 Solano, The Children's Network, Solano Community College and Child Start Inc.

Primary discussions and work centered around the current state of the ECE system, current and future needs, and the importance of agencies in Solano County being prepared to apply for and receive ECE federal and state funds in the future. Participants identified three goals; create a unified message about quality early childhood education, develop a system of coordination and collaboration for early childhood services locally, and develop funding strategies to focus on over the next 5 years. These goals will help to strengthen the ECE system and allow for leveraging of ECE resources countywide. This meeting also helped strengthen the ECE intra-agency infrastructure.

**Systems Change Convening:** Megan and I will be attending a First 5 Systems Change Convening in Alameda on April 10<sup>th</sup>. This First 5 Association-sponsored convening is for Executive Directors and leadership staff to help develop a shared understanding of systems change in the First 5 world, as well as develop a common language for what the Association mean by "systems," "systems change," and what is needed to tell the First 5 systems change story.

## First 5 Futures Update:

### Grants -

1. **The Rita and Alex Hillman Foundation:** First 5 Solano staff submitted a proposal on behalf of Solano County's Maternal, Child, and Adolescent Health (MCAH) Bureau for \$600,000. The funding opportunity called for proposals focused on community, nurse-driven models either in implementation stages or to build upon existing models focused on vulnerable populations. First 5 Solano and Solano County MCAH Director Nancy Calvo applied for the existing, evidence-based Nurse Family Partnership Home Visiting Program. Finalists will be notified by May 4, 2015 to submit a full proposal if selected.

### Business Engagement –

1. **Solano Economic Development (EDC) Breakfast:** First 5 Solano is hosting its annual Solano EDC breakfast on Thursday May 28, 2015. This year's theme, "A New Social Contract of Mutual Benefits for the Future of California" focuses on why investing in children is best for all Californians in order to sustain our future economy, featuring Dowell Myers. Mr. Myers is a demographer and a professor in the Sol Price School of Public Policy at the University of Southern California.

With the annual Solano EDC breakfast comes the Pre-Kindergarten Academies fundraiser, Pre-K Business Champions (PKBC). First 5 Solano staff kicked off the third-annual PKBC campaign in February this year, targeting efforts towards businesses to increase their donations from prior years. This year, there are four ways to give with First 5 Solano matching each donation:

- \$200 sends one child to a Pre-K Academy
- \$500 provides an entire classroom with backpacks and supplies
- \$2,500 funds half of a classroom
- \$5,000 funds an entire classroom

Business donors will be honored at the Solano EDC breakfast on May 28, 2015.

**Help Me Grow Outreach Launch:** Help Me Grow Solano has launched its formal outreach effort and distribution of materials to let the community know about the new Help Me Grow Solano call center, with the tagline - *One Call. That's All.* This call center connects parents and providers with community programs and services. Outreach materials have been distributed to Solano County childcare providers, preschools, clinics, hospitals, libraries, and other providers of public and children's services. The provider outreach letter (Attachment B) and materials have been distributed in a variety of venues, including Child Care Centers, Family Child Care Providers, libraries, Health & Social Services, school, faith-based organizations, and many more.

### Attachments

Attachment A – Raising of America Invitation

Attachment B – Provider Outreach Letter



# THE RAISING OF AMERICA

## Solano County Premiere Screening Event



Be the first to watch *The Raising of America* documentary series that explores the science of how our earliest environments literally shape our developing brains.

It links the investments we make in young children and families today to how strong, prosperous, and dynamic the U.S. will be tomorrow.

**April 29, 2015 from 3:00-5:00pm**  
**Fairfield Downtown Theater**  
**1035 Texas Street, Fairfield**

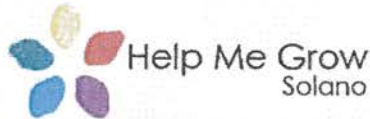
Refreshments ♦ Documentary Premiere ♦ Join the Conversation

To register for this FREE event contact: Christiana Lewis at (707) 784-1492 or [calewis@solanocounty.com](mailto:calewis@solanocounty.com) or visit [EventBrite.com](http://EventBrite.com) and search "The Raising of America Premiere Launch Event" by [April 15, 2015.](#)



# One Call...That's All!

## 1-844-501-KIDS



March 2015

Dear Solano Community Partner;

Raising a safe, healthy, happy child is a parent's primary goal. As a service provider, you know that providing resources and information to parents that help support good choices is an important part of your care for the child and family. We would like to inform you about a new resource to help provide service and care to the children and families you serve.

We are excited to announce the official kick-off of **Help Me Grow Solano**, a centralized linkage and referral call center that connects our community's youngest children and their families with programs and services that exist in the community. These programs helped families for many years. Unfortunately, many families don't know about the resources available in our community. Help Me Grow Solano maintains a robust list of resources to connect families based upon their individual needs.

As a service provider, you are an integral part of bridging the information gap and letting families know that there are resources available when a family has an unmet need, such as:

- health or mental health services
- special needs services
- child development, behavior
- meeting their basic needs (food, shelter)
- parenting education and support
- child care and preschool
- other community resources

The knowledgeable support specialists at the Help Me Grow Solano call center or online portal provide referrals to meet a family's individual needs and will even link them if they have difficulty connecting to the service. Best of all, this free service is not tied to a family's income – everyone is eligible and there is no fee.

**We want to be your partner!** The enclosed Help Me Grow Solano outreach and referral materials are provided to you as a way to refer families and connect them with needed resources. We welcome the opportunity to meet with you and your team to discuss Help Me Grow Solano and answer any questions.

In the meantime, families and providers can connect to Help Me Grow Solano by calling **1-844-501-KIDS (5437)** or via web portal at [www.HelpMeGrowSolano.org](http://www.HelpMeGrowSolano.org).

Sincerely,

A handwritten signature in blue ink that reads "Debbi Davis".

Debbi Davis, RN  
Executive Director  
Children's Nurturing Project  
707-422-0464  
[ddavis@cnpkids.org](mailto:ddavis@cnpkids.org)

A handwritten signature in blue ink that reads "Michele Harris".

Michele Harris, MPA  
Executive Director  
First 5 Solano  
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