

FIRST 5 STANISLAUS



**Commission Meeting
April 27, 2021, 4:00 pm**

Join Zoom Meeting:

<https://us02web.zoom.us/j/85725594839?pwd=L2VYVEFtQ1MyeE5rVnltZiNwSjdQdz09>

Meeting ID: 857 2559 4839

Passcode: 066410

Dial by your location

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Commission Meeting Notice

MEMBERS:

Vicki Bauman
School Representative

Ignacio Cantu, Jr.
Chair
Community Representative

Vito Chiesa
County Supervisor

David Cooper
Vice Chair
Community Representative

Kathy Harwell
Community Services Agency

Mary Ann Lilly-Tengowski
Health Services Agency

Tony Lomeli
Community Representative

Nelly Paredes-Walsborn, Ph.D.
Community Representative

Julie Vaishampayan, M.D.
Public Health Officer

David T. Jones
Executive Director

Tuesday, April 27, 2021, 4:00 PM

**Meeting to be conducted via Zoom (video and phone conference)
for Commissioners and Public**

This meeting will be held in accordance with the Governor's Stay at Home Executive Order N-33-20 and will not include in person public attendance. Members of the public may observe the meeting and provide comments to the Board via email or telephone as described below.

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The Stanislaus County Children and Families Commission welcomes you to its meetings which are ordinarily held on the fourth Tuesday of most months. Your interest is encouraged and appreciated. The agenda is divided into multiple sections including:

CONSENT CALENDAR: These matters include routine financial and administrative actions. All items on the consent calendar will be voted on at the beginning of the meeting under the section titled "Consent Calendar." If you wish to have an item removed from the Consent Calendar, please make your request at the time the Commission Chairperson asks if any member of the public wishes to remove an item from consent.

DISCUSSION ITEMS: These items will be individually discussed with opportunity for public comment.

PUBLIC HEARINGS: These items are opportunities for individuals interested in the matter being addressed on the agenda item to present their views to the Commissioners. Any member of the audience desiring to address the Commission on a matter on the agenda, please utilize the "raise hand" function or state that you have a comment through the chat function on zoom to be acknowledged by the Chair during the meetings or submit your comments by email to edwardsk@stancounty.com prior to the meeting. Those observing the meeting telephonically may speak up when the Chair asks if there are any comments. In order that interested parties have an opportunity to speak, any person addressing the Commission will be limited to a maximum of 5 minutes unless the Chairperson of the Commission grants a longer period of time.

PUBLIC COMMENT PERIOD: Public comment may be submitted in advance of the meeting via email to edwardsk@stancounty.com or by mail to 930 15th St. Modesto Ca. 95354. Please indicate in your email the agenda item to which your comment applies. Please submit public comments as soon as possible so that they can be provided to the Commissioners before, and, as feasible, during the meeting. Any member of the audience desiring to address the Commission on a matter on the agenda, please utilize the "raise hand" function or state that you have a comment through the chat function on zoom to be acknowledged by the Chair during the meetings. If you have anything that you wish distributed to the Board and included for the official record,

please include it in your email. Comments that require a response may be deferred for staff reply.



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Tuesday, April 27, 2021, 4:00 PM

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COMMISSION AGENDAS AND MINUTES: Commission agendas, minutes, and copies of items to be considered by the Children and Families Commission, are typically posted on the Internet on Friday afternoons preceding a Tuesday meeting at the following website: www.first5stan.org. A recording of the zoom Commission meeting will also be available at the same website.

Materials related to an item on this agenda submitted to the Commission after distribution of the agenda packet are available for public inspection in the Commission office at 930 15th Street, Modesto, CA during normal business hours. Such documents are also available online, subject to staff's ability to post the documents before the meeting, at the following website: www.first5stan.org.

NOTICE REGARDING NON-ENGLISH SPEAKERS: Stanislaus County Children & Families Commission meetings are conducted in English and translation to other languages is not provided unless the Commission is notified 72 hours in advance that an interpreter is necessary. Please contact Administration at (209) 558-6218 should you need a translator for this meeting.

Las juntas de la Comisión para Niños y Familias son dirigidas en Ingles y no hay traducción disponible a menos que la Comisión sea notificada con 72 horas por avanzado. Si necesita traducción, por favor contacte a la Comisión al (209) 558-6218. (Por favor tome nota, el mensaje es en Ingles, pero se le asistirá en Español cuando lo pida.)

REASONABLE ACCOMMODATIONS: In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact the Commission at (209) 558-6218. Notification 72 hours prior to the meeting will enable the Commission to make reasonable arrangements to ensure accessibility to this meeting.

RECUSALS: California Government Code Section 87100 states that "no public official at any level of state or local government may make, participate in making or in any way use or attempt to use his/her official position to influence governmental decision in which he/she knows or has reason to know he/she has a disqualifying conflict of interest." Likewise, California Government Code section 1090 provides that certain government officials and employees "...shall not be financially interested in any contract made by them in their official capacity."

These sections of law permit the Stanislaus County Children and Families Commission to execute contracts so long as the Commissioner(s) with the conflict recuses himself or herself from making, participating in making, or in any way attempting to use his or her official position to influence a decision on the contract.



COMMISSION MEETING AGENDA

April 27, 2021 • 4:00 P.M.

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One tap mobile

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1. Welcome & Introductions
2. Pledge of Allegiance
3. Announcement of Recusals¹
4. Presentation
 - A. IMPACT 2020 presentation by Yosemite Community College District
5. Public Comment Period (Limit of 5 minutes per person)
6. Consent Calendar
 - A. Miscellaneous
 1. Approval of the February 23, 2021, Commission Meeting Minutes
 2. Approval of the April 12, 2021, Administrative Committee Meeting Minutes
 - a. Result Area Fiscal Report as of February 28, 2021
 3. Approval of the April 15, 2021, Operations Committee Meeting Minutes
 4. Approval of the April 21, 2021, Executive Committee Meeting Minutes
7. Discussion
 - A. Acceptance of the First 5 Stanislaus 2020 State of Children Birth to Age 5 Report
 - B. Acceptance of the First 5 Stanislaus 2019-2020 Annual Program Evaluation Report
8. Public Hearing
 - A. Conduct a Public Hearing on the First 5 California 2019-2020 Annual Report
9. Correspondence

¹ Commissioners may publicly announce the item(s) or recommendation(s) from which he/she will recuse himself/herself due to an actual or perceived conflict of interest. The Commissioner will excuse himself or herself from the meeting and leave the room when the specific agenda item comes up for discussion and voting.

10. Commissioner Reports

11. Staff Reports

12. Adjournment into Closed Session - Public Employee Evaluation, Title: Executive Director, Government Code: 54957(b)



**STANISLAUS COUNTY
CHILDREN & FAMILIES COMMISSION
MEETING MINUTES**

Tuesday, February 23, 2021

Zoom

<https://us02web.zoom.us/j/87068133196?pwd=VmJPeUtCSXR0b2xtbitwSTNudGRzUT09>

Commissioners Present: Vicki Bauman, Ignacio Cantu, Jr. (Chair), Vito Chiesa, David Cooper (Vice-Chair), Kathy Harwell, Mary Ann Lilly-Tengowski, Tony Lomeli, Nelly Paredes-Walsborn, Dr. Julie Vaishampayan

Commissioners Absent: None

Staff Present: David Jones, Executive Director; Veronica Ascencio, Accountant III; Angie Cobb, Commission Counsel; Kellie Edwards, Confidential Assistant IV; Stephanie Loomis, Staff Services Coordinator; Pam Thompson-Ryan, Account Clerk III

1. Chair Cantu called the meeting to order at 4:02 p.m. Commission members, staff, and attendees were introduced and welcomed.
2. Pledge of Allegiance was conducted.
3. Announcement of Commissioner Recusals – Commissioners Bauman, Cantu, Harwell, and Lomeli announced they would be recusing themselves from sections of Item 8.B. Public Hearing to Consider Approval of One-Year Agreements for Fiscal Year 2021-2022.
4. Presentation
 - A. A presentation was given by Judi Sherman on the Community Services Agency/First 5 Stanislaus Family Resources Center Logic Model.
5. Public Comment Period (Limit of 5 minutes per person) – None
6. Consent Calendar

Cooper/Chiesa (9,0) approved the Consent Calendar

 - A. Miscellaneous
 1. Approval of the December 8, 2020, Commission Meeting Minutes
 2. Approval of the February 8, 2021, Administrative Committee Meeting Minutes
 - a. Result Area Fiscal Report as of October 31, 2020
 - b. Result Area Fiscal Report as of November 30, 2020
 - c. Second Quarter Financial Report 2020-2021
 3. Approval of the February 11, 2021, Operations Committee Meeting Minutes
 4. Approval of the February 17, 2021, Executive Committee Meeting Minutes
 5. Approval to Note the Current Trust Name for 930 15th Street, Modesto, CA Building Lease

7. Discussion
 - A. Harwell/Bauman (9,0) approved to accept and distribute \$50,000 of Emergency Funds from Sunlight Giving to identified organizations; authorized staff to make related budget actions for Sunlight Giving Funding.
 - B. Paredes-Walsborn/Lilly-Tengowski (9,0) authorized Executive Director to negotiate and sign a contract employee agreement for the First 5 California Home Visiting Coordination Project; authorized staff to make related budget actions for hiring of Contract Employee position.
8. Public Hearing
 - A. Cooper/Lomeli (9,0) conducted a public hearing and accepted the First 5 Stanislaus 2019-2020 Restated Audit Report prepared by Hudson Henderson & Company Inc., Certified Public Accountants.

Commissioner Vaishampayan left the meeting at 4:58 p.m.

- B. Cooper/Lomeli (8,0) (Vaishampayan absent), conducted a public hearing and approved staff recommendations: 1. Authorized the Executive Director to negotiate and execute one-year agreements for Fiscal Year 2021-2022 with contractors; 2.a. Authorized designation of Sierra Vista Child & Family Services (The Bridge) as one-year contractor for Fiscal Year 2021-2022 for \$150,000; 3. Authorized staff to work with contractors to develop budgets up to the amounts approved by the Commission; and 4. Authorized staff to make the necessary technical and budget adjustments associated with these agreements.

Commissioner Harwell left the meeting at 5:07 p.m.

Chiesa/Cooper (7,0) (Harwell, Vaishampayan absent), 2.c. Authorized designation of United Way of Stanislaus (211 Project) as one-year contractor for Fiscal Year 2021-2022 for \$20,000.

Commissioner Harwell returned to the meeting at 5:10 p.m.

Commissioners Bauman, Cantu, and Lomeli left the meeting at 5:11 p.m.

Commissioner Vaishampayan returned to the meeting at 5:15 p.m.

Chiesa/Harwell (6,0) (Bauman, Cantu, and Lomeli absent), 2.b. Authorized designation of Stanislaus County Office of Education (Healthy Start) for Fiscal Year 2021-2022 for \$498,398.

Commissioner Vaishampayan left the meeting at 5:16 p.m.

Commissioners Bauman, Cantu, and Lomeli returned to the meeting at 5:21 p.m.

Commissioner Chiesa left the meeting at 5:21 p.m.

9. Correspondence - None
10. Commissioner Reports – None
11. Staff Reports
 - A. Executive Director report. Jones reported that Prop 10 revenue has been coming in more consistently this year and the commission is trending at or a little bit above budget. Jones shared the submittal deadline for the Community Services Agency/First 5 Request for Proposal for Family Resource Centers has been extended to March 22, 2021.
 - B. Staff report. Loomis shared details on the upcoming Early Care and Education Conference, The Power of Play, scheduled from 7:45 a.m. to 11:45 a.m. on Saturday, February 27, 2021.

12. The Commission meeting adjourned at 5:26 p.m.



930 15th Street
Modesto, CA 95354
Office: 209.558.6218 Fax: 209.558.6225

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Public Health Officer

David T. Jones

Executive Director

Administrative/Financial Committee Minutes

Monday April 12, 2021

Commissioners Present: Vicki Bauman, Nelly Paredes-Walsborn

Commissioners Absent: Kathy Harwell, Mary Ann Lilly-Tengowski

Staff Present: David Jones, Veronica Ascencio, Kellie Edwards, Stephanie Loomis

Meeting was called to order at 12:05 p.m.

1. Result Area Fiscal Report as of February 28, 2021 – Ascencio presented the report to Committee members, and no action was taken.
2. First 5 Stanislaus 2020 State of Children Birth to Age 5 Report – Jones updated the Committee members on the status of the first annual report and the expectations of future reports, and no action was taken.
3. First 5 Stanislaus 2019-2020 Annual Program Evaluation – Loomis updated the Committee members on the status of the report and shared that both program and report changes are coming in future fiscal years, and no action was taken.
4. First 5 California 2019-2020 Annual Report – Loomis updated the Committee members on the report, and no action was taken.
5. Draft Agenda for April 27, 2021, Commission Meeting – the draft agenda was presented to Committee members, and no action was taken.
6. Executive Director Report – Jones reported that revenue appears to be trending ahead of budget; provided an update on the hiring status for the Home Visiting Coordinator Contract Position; reported meetings with HBO staff continue to coordinate the transition as their contract is concluding; updated attendees on The Family Network project; provided a status update on the RFP process for Family Resource Centers; introduced that FRC Contract programs will include Nurturing Parenting, Abriendo Puertas, Parent Cafes, and new workshops; acknowledged staff's excellent work on the updated FRC Guide Book; gave a preview on some of the items being considered for proposed budget in May including PlanetBaby! as the new Prenatal through Age 1. Jones highlighted program and possible expansion of grant opportunities including new mini-grant opportunities to include Parent Cafés, Library Hub Partnerships, and Empire Pool Summer Hub.

7. Adjournment at 12:51 p.m.

First 5 Stanislaus
Result Area Fiscal Report
YTD as of 2/28/21

	Budget	Actual Expenditures	Remaining Budget	% Actual to Budget
RESULT AREA 1: Improved Family Functioning (Family Support, Education, and Services)				
General Family Support				
<i>211/Family Resource Centers; CBO - Non-Profit; County Office of Ed-School District</i>				
211 Project (United Way)	\$ 40,000	\$ 19,581	\$ 20,419	49%
Family Resource Centers:				
Ceres Partnership for Healthy Children (CHS)	\$ 163,418	\$ 61,925	\$ 101,493	38%
Hughson Family Resource Center (SV)	\$ 147,135	\$ 66,900	\$ 80,235	45%
N. Modesto/Salida Family Resource Center (SV)	\$ 311,147	\$ 127,268	\$ 183,879	41%
Oakdale/Riverbank Family Resource Center (CHS)	\$ 158,847	\$ 39,818	\$ 119,029	25%
Parent Resource Center	\$ 350,457	\$ 125,845	\$ 224,612	36%
Turlock Family Resource Center (Aspiranet)	\$ 190,415	\$ 32,583	\$ 157,832	17%
Westside Family Resource Center (CHS)	\$ 237,938	\$ 70,718	\$ 167,220	30%
The Bridge (Sierra Vista)	\$ 166,500	\$ 76,992	\$ 89,508	46%
Healthy Start	\$ 498,398	\$ 202,429	\$ 295,969	41%
Total Area 1:	\$ 2,264,255	\$ 824,060	\$ 1,440,195	36%
RESULT AREA 3: Improved Health (Health Education and Services)				
Prenatal & Infant Home Visiting	<i>Other; County Health & Human Services</i>			
Healthy Birth Outcomes (Health Services Agency)	\$ 717,852	\$ 210,017	\$ 507,835	29%
Total Area 3:	\$ 717,852	\$ 210,017	\$ 507,835	29%
RESULT AREA 4: Improved Systems of Care				
Program and Systems Improvement Efforts				
Early Care and Education Conference	\$ 12,000	\$ 4,896	\$ 7,104	41%
Community Strengthening Efforts				
Stanislaus Community Foundation - Cradle to Career	\$ 40,000	\$ 6,667	\$ 33,333	-
Total Area 4:	\$ 52,000	\$ 11,563	\$ 40,437	22%
Result Area Total	\$ 3,034,107	\$ 1,045,640	\$ 1,988,467	
ADJUSTED PROGRAM CONTRACT EXPENDITURES*	\$ 2,982,107	\$ 1,040,743	\$ 1,948,030	35%

* Adjusted Program Contract Expenditures does not include ECE Conference Costs



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Julie Vaishampayan, M.D.

Public Health Officer

David T. Jones

Executive Director

Operations Committee Minutes

Thursday April 15, 2021

Commissioners Present: Julie Vaishampayan

Commissioners Absent: Ignacio Cantu, Jr., David Cooper, Tony Lomeli

Staff Present: David Jones, Veronica Ascencio, Kellie Edwards, Stephanie Loomis

Meeting was called to order at 12:05 p.m.

1. Result Area Fiscal Report as of February 28, 2021 – Ascencio presented the report to Committee members, and no action was taken.
2. First 5 Stanislaus 2020 State of Children Birth to Age 5 Report – Jones updated the Committee members on the status of the first annual report and the expectations of future reports, and no action was taken.
3. First 5 Stanislaus 2019-2020 Annual Program Evaluation – Loomis updated the Committee members on the status of the report and shared that both program and report changes are coming in future fiscal years, and no action was taken.
4. First 5 California 2019-2020 Annual Report – Loomis updated the Committee members on the report, and no action was taken.
5. Draft Agenda for April 27, 2021, Commission Meeting – the draft agenda was presented to Committee members, and no action was taken.
6. Executive Director Report – Jones reported that revenue appears to be trending ahead of budget; provided an update on the hiring status for the Home Visiting Coordinator Contract Position; reported meetings with HBO staff continue to coordinate the transition as their contract is concluding; updated attendees on The Family Network project; provided a status update on the RFP process for Family Resource Centers; introduced that FRC Contract programs will include Nurturing Parenting, Abriendo Puertas, Parent Cafes, and new workshops; acknowledged staff's excellent work on the updated FRC Guide Book; gave a preview on some of the items being considered for proposed budget in May including PlanetBaby! as the new Prenatal through Age 1. Jones highlighted program and possible expansion of grant opportunities including new mini-grant opportunities to include Parent Cafés, Library Hub Partnerships, and Empire Pool Summer Hub.

7. Adjournment at 12:25 p.m.



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Public Health Officer

David T. Jones

Executive Director

Executive Committee Minutes

Wednesday April 21, 2021

Commissioners Present: Ignacio Cantu, Jr., Vito Chiesa, David Cooper

Commissioners Absent:

Staff Present: David Jones, Veronica Ascencio, Kellie Edwards, Stephanie Loomis

Meeting was called to order at 12:20 p.m.

1. Result Area Fiscal Report as of February 28, 2021 – Jones presented the report to Committee members, and no action was taken.

Commissioner Cantu joined the meeting at 12:25 p.m.

2. First 5 Stanislaus 2020 State of Children Birth to Age 5 Report – Jones updated the Committee members on the status of the first annual report and the expectations of future reports, and no action was taken.
3. First 5 Stanislaus 2019-2020 Annual Program Evaluation – Loomis updated the Committee members on the status of the report and shared that both program and report changes are coming in future fiscal years, and no action was taken.
4. First 5 California 2019-2020 Annual Report – Loomis updated the Committee members on the report, and no action was taken.
5. Draft Agenda for April 27, 2021, Commission Meeting – the draft agenda was presented to Committee members, and no action was taken.

Commissioner Chiesa left the meeting at 12:45 p.m.

6. Executive Director Report – Jones reported that revenue appears to be trending ahead of budget; provided an update on the hiring status for the Home Visiting Coordinator Contract Position; reported meetings with HBO staff continue to coordinate the transition as their contract is concluding; updated attendees on The Family Network project; provided a status update on the RFP process for Family Resource Centers; introduced that FRC Contract programs will include Nurturing Parenting, Abriendo Puertas, Parent Cafes, and new workshops; acknowledged staff's excellent work on the updated FRC Guide Book; gave a preview on some of the items being considered for proposed budget in May including PlanetBaby! as the new

Prenatal through Age 1. Jones highlighted program and possible expansion of grant opportunities including new mini-grant opportunities to include Parent Cafés, Library Hub Partnerships, and Empire Pool Summer Hub; reported that Sunlight Giving has committed to general support funding of \$100,00 for the next three fiscal years.

7. Adjournment at 12:53 p.m.

**COMMITTEE ROUTING**

Administrative/Finance	<input checked="" type="checkbox"/>
Operations	<input checked="" type="checkbox"/>
Executive	<input checked="" type="checkbox"/>

ACTION AGENDA SUMMARYAGENDA DATE: April 27, 2021COMMISSION AGENDA #: 7.A.**SUBJECT:**

Acceptance of the First 5 Stanislaus 2020 State of Children Birth to Age 5 Report

BACKGROUND:

After an extensive and community-informed process, the Commission approved the First 5 Stanislaus Strategic Plan for 2019-2024 at its December 11, 2018, meeting. The strategic planning process consisted of three components: I. Discovery, II. Planning, and III. Plan Development and Finalization. The discovery process resulted in a comprehensive Discovery Report that outlined the analysis of extensive stakeholder input and information from secondary source materials. The report reviewed the national and state context and political and demographic changes in California; presented a snapshot of children in Stanislaus County and their families; looked at social determinants of health that are impacting Stanislaus County residents; identified community needs and opportunities; and outlined important strategy considerations.

The Discovery Report also highlighted the importance of data in understanding impacts on the community as well as outcomes. The importance of data is also reflected in multiple parts of the Strategic Plan including the Values and Strategic Principles of the Commission. Goal number 4 from the Strategic Plan states, "Sustainable and coordinated systems are in place that promote the well-being of children prenatal through age five." Goal section 4.2 states, "Increase the level of county data integration/alignment of indicators, associated monitoring, and use of data to inform course-correction as needed to improve outcomes for children and families." These items specifically demonstrate the importance of data to First 5, although data is referenced in other places throughout the Strategic Plan.

First 5 staff began working in partnership with the Glen Price Group in late 2019 to take data elements from the Discovery Report and create a streamlined community report for Stanislaus County called the 2020 State of Children Birth to Age 5 Report. The report would be designed as a snapshot instead of the nearly 100-page Discovery Report. Multiple data sources would be used to harvest this data which would appear across categories such as: population, health, housing, economic security, physical security, and education. The 2020 State of Children Birth to Age 5 Report pulls together a spectrum of common indicators that can be used to look at the well-being of the community in alignment with the Strategic Plan.

As the project was nearing completion, the COVID-19 pandemic radically changed the landscape and this project was placed on hold as other priorities emerged for First 5. As capacity for this project returned, staff engaged with the Glen Price Group to bring this first State of Children report to completion and presentation to the Commission. It is recommended the Commission accept the report. This report will reflect data that has been compiled prior to the COVID-19 pandemic. The 2021 Report would be an opportunity to see the impacts of COVID-19 on the community through a lens of this data.

For information purposes, staff will bring a funding recommendation for the 2021 State of Children Birth to Age 5 Report as part of the proposed budget for Fiscal Year 2021-2022 which would be considered at the May 2021 Commission meeting. Work would be projected to commence on this report in the September/October time period as much data for 2021 should start to become available by that time.

The Administrative and Finance Committee, the Operations Committee, and the Executive Committee were updated on this project at their respective meetings on April 12th, April 15th, and April 21st.

STAFF RECOMMENDATIONS:

1. Accept the First 5 Stanislaus 2020 State of Children Birth to Age 5 Report.
-

FISCAL IMPACT:

There is no fiscal impact associated with acceptance of the report.

COMMISSION ACTION:

On motion of Commissioner _____; Seconded by Commissioner _____

And approved by the following vote:

Ayes: Commissioner(s): _____

Noes: Commissioner(s): _____

Excused or Absent Commissioner(s): _____

Abstaining: Commissioner(s): _____

1) _____ Approved as recommended.

2) _____ Denied.

3) _____ Approved as amended.

Motion: _____

Attest: _____

Kellie Edwards – Confidential Assistant IV

2020 STATE OF CHILDREN BIRTH TO AGE 5



THE HEALTH OF OUR COMMUNITY

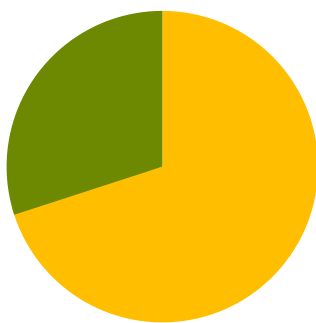
The 2020 State of Children Birth to Age 5 Report is a view into the well-being of kids in Stanislaus County. We look at how they are doing in areas like health, housing, economic security, physical security, education, and development.

At First 5 Stanislaus, we strongly believe that children are our greatest asset. For more than 20 years, we've worked alongside our community partners to be a catalyst to give children and families the best start.

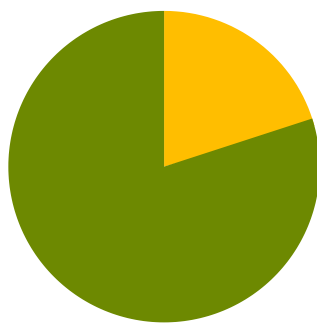


While California's annual number of births is projected to decrease between now and 2040, the number of births in Stanislaus County is projected to increase from 7,867 in 2016 to 8,384 in 2030 and to 8,507 by 2040.¹

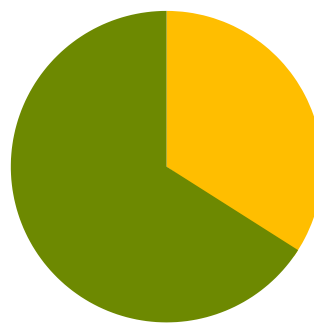
It takes our whole community to make a positive difference in the lives of our children and families. Despite the incredible assets, efforts, and strengths of our community, many of our children are being left behind:



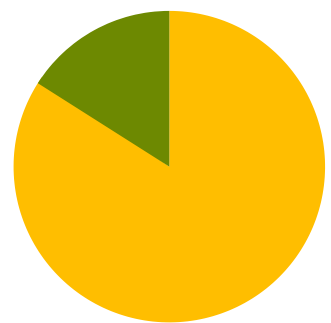
StanislausREADS! found that **70%** of kindergarteners at pilot schools were not **"Ready to Go"** ²



More than **20% of kids 0 - 5** live in households with **food insecurity** ³



More than **34% of children 0-5** live in households with income **below 200% of the federal poverty level** ⁴



Children in Stanislaus County ages 3 to 5 **lack access to preschool**. There are **no preschool slots for 84% of children in Stanislaus County** ⁵

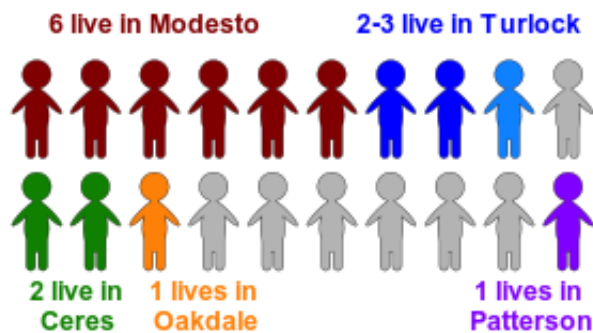
We know our community values each and every child. This document serves to inspire us to do better for our children, and informs us of the outcomes we seek to improve.

A SNAPSHOT OF OUR CHILDREN

To adequately and responsibly respond to our children's needs and foster their education, we must understand their unique identities and backgrounds.

Imagine a playground in the heart of Stanislaus County. There are 20 young children age five and under playing, learning, and interacting with one another. Of the 20 children on the playground:⁶

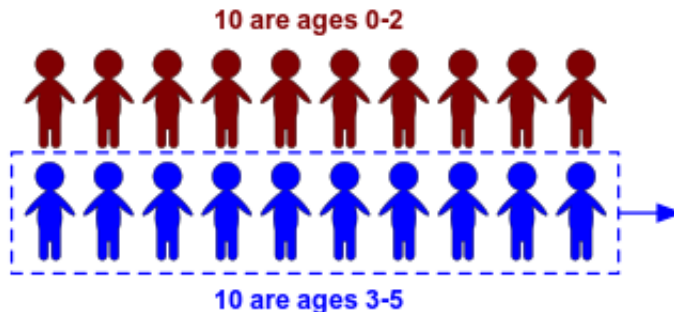
LOCATION



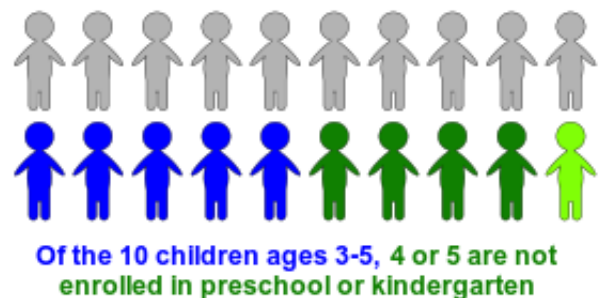
POVERTY



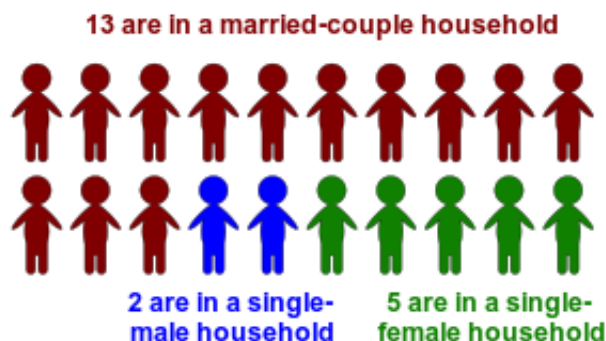
AGE



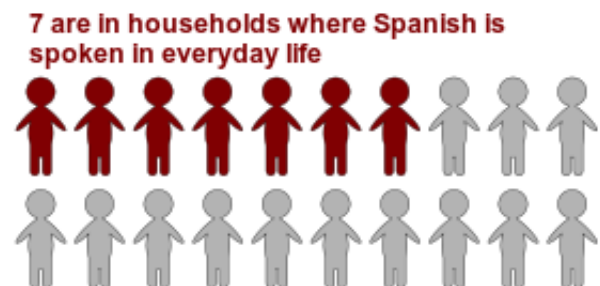
CHILDCARE/PRESCHOOL



HOUSEHOLD



SPANISH LANGUAGE



CHILDREN IN STANISLAUS COUNTY: A DATA SNAPSHOT

It is also important to consider how young children and their families in Stanislaus County are faring compare to the rest of the state:

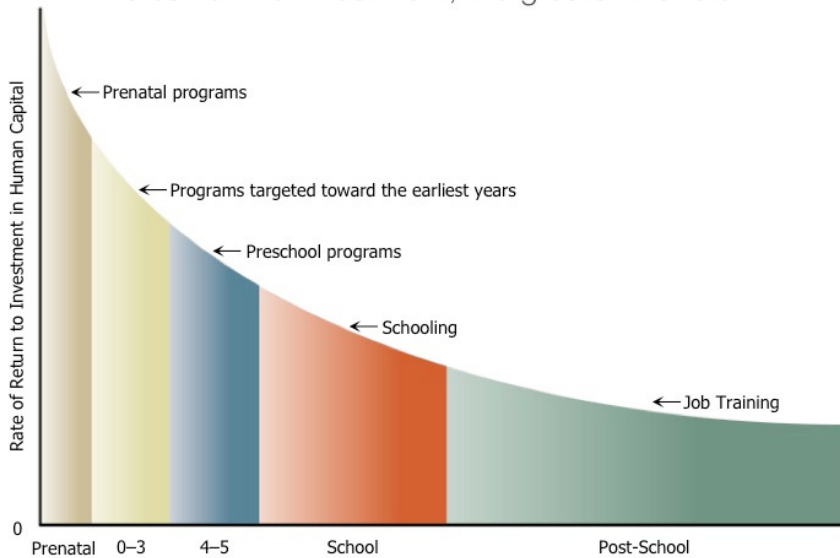
	Indicator	Stanislaus County	California	
Population	Births per 1,000 Women	69.6	61.7	7
	Households with Children Ages 0-17	40.8%	34.0%	8
Health	Rate of Parents Initiating Prenatal Care in the First Trimester	80.8%	83.5%	9
	Rate of Prenatal Depression Symptoms	20.2%	14.1%	10
	Rate of Infant Mortality per 1,000 Births	5.1	4.4	11
	Rate of Preterm Births	9.3%	8.7%	12
	Rate of Low Birth Weight Births	6.7%	6.9%	13
	Prevalence of Two or More ACEs Among All Residents	50.7%	40%	14
Housing	Rent As a Percentage Of Household Income	32.4%	32.8%	15
Economic Security	Families with Income Below 200% FPL	34.2%	26.1%	16
	Women with Births in the Past 12 Months Below 100% FPL	27.4%	21.8%	17
	Children Living in Food Insecure Households	20.6%	18.1%	18
	Average Percentage Ages 0-20 Enrolled in Medi-Cal Per Month	61.6%	49.7%	19
Physical Security	Substantiated Cases of Child Abuse and Neglect per 1,000 Children	10.7	7.5	20
	Violent Crime Reported Per 1,000 People	470	445.3	21
	Domestic Violence Calls Per 100,000 People	592	428	22
Education	Children Ages 3-5 Not Enrolled in Preschool or Kindergarten	45.6%	38.7%	23
	English Learners in Kindergarten	31.4%	27.8%	24
	3rd Graders Reading Proficiency (Meeting or Exceeding Standards)	38.9%	48.5%	25

THE NEED FOR INVESTMENT

High-quality early learning opportunities and nurturing relationships make the difference in child development. James Heckman, Nobel Laureate in economics, found a 13% return on investment for comprehensive, high-quality, birth-to-five early education. Ensuring children in Stanislaus County have access to these opportunities required investment.²⁶

EARLY CHILDHOOD DEVELOPMENT IS A SMART INVESTMENT

The earlier the investment, the greater the return



Source: James Heckman, Nobel Laureate in Economics



More than one million neural connections are made each second in the first years of a child's life.²⁷



90% of brain development happens before age 5.²⁸

Our children are our strength, they are our community's future, and they deserve the best possible start in life. In the words of Fred Rogers, "Anyone who does anything to help a child in his life is a hero to me."

Let us empower ourselves with data on how our children are doing; let us leverage the power of our partnerships; and let Stanislaus County be a county of heroes.

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**COMMITTEE ROUTING**

Administrative/Finance	<input checked="" type="checkbox"/>
Operations	<input checked="" type="checkbox"/>
Executive	<input checked="" type="checkbox"/>

ACTION AGENDA SUMMARYAGENDA DATE: April 27, 2021COMMISSION AGENDA #: 7.B.**SUBJECT:**

Acceptance of the First 5 Stanislaus 2019-2020 Annual Program Evaluation Report

BACKGROUND:

Section 130100 of the California Health and Safety Code requires local Commissions to “use outcome-based accountability to determine future expenditures.” This provision of law has been interpreted to require evaluations to be conducted of programs funded with Proposition 10 funds. The First 5 Stanislaus Strategic Plan includes the structure to evaluate its programs in alignment with the State’s results area framework.

For its 2019-2020 Annual Program Evaluation, the Commission uses four result areas for evaluating program outcomes: Improved Family Functioning; Improved Child Development; Improved Health; and Improved Systems of Care.

There are a variety of methodologies used by First 5 Stanislaus staff to review all funded programs. These include bi-annual on-site meetings at program locations, data analysis from multiple sources, and the preparation of an annual report.

The 2019-2020 Annual Program Evaluation report is designed to provide Commissioners and the public with important information including: the funding distribution of the various Commission contracts in regard to Result Areas; historic funding levels; geographic distribution of contracted services; demographics of funded program recipients; and outcomes/effectiveness of the 11 contracted programs of the Commission.

The Administrative and Finance Committee, the Operations Committee, and the Executive Committee were updated on this project at their respective meetings on April 12th, April 15th, and April 21st.

STAFF RECOMMENDATIONS:

1. Accept the First 5 Stanislaus 2019-2020 Annual Program Evaluation Report.

FISCAL IMPACT:

There is no direct fiscal impact associated with this agenda item. It is anticipated that information from this agenda item may be used by the Commission to make future decisions about funding, contracts, and budgets.

COMMISSION ACTION:

On motion of Commissioner _____; Seconded by Commissioner _____

And approved by the following vote:

Ayes: Commissioner(s): _____

Noes: Commissioner(s): _____

Excused or Absent Commissioner(s): _____

Abstaining: Commissioner(s): _____

1) _____ Approved as recommended.

2) _____ Denied.

3) _____ Approved as amended.

Motion: _____

Attest: _____
Kellie Edwards – Confidential Assistant IV



Annual Program Evaluation 2019-2020

April 2021

The Stanislaus County Children and Families Commission

Following voter approval of Proposition 10 in November 1998, the Stanislaus County Children & Families Commission was established by the Stanislaus County Board of Supervisors on December 8, 1998. The Commission operates as an independent County agency. In July 2018, the Commission also adopted the use of the name First 5 Stanislaus to align with nomenclature used by nearly all local commissions and the State commission.

The Commission is dedicated to promoting children's development and well-being by supporting programs that make a difference in the emotional, physical, and intellectual experiences in a child's first 5 years.

Every year, the Commission invests millions of dollars in vital services for children 0 through 5 and their families in the areas of health, safety, family support, and child development.

The Annual Program Evaluation assesses the Commission's funded programs to determine each program's performance and efficiency while also demonstrating the overall impact toward the Commission's long-term goals.

Mission

Be a catalyst to help give children and families the best start.

Commissioners

Vicki Bauman - School Representative
 Ignacio Cantu, Jr., Chair - Community Representative
 Vito Chiesa - Board of Supervisors
 David Cooper, Vice Chair - Community Representative
 Kathy Harwell - Community Services Agency
 Mary Ann Lilly-Tengowski - Health Services Agency
 Tony Lomeli - Community Representative
 Nelly Paredes-Walsborn - Community Representative
 Julie Vaishampayan, MD - Public Health Officer

April 2021

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Introduction

Section 130100 of the California Health and Safety Code requires the Stanislaus County Children and Families Commission to “use outcome-based accountability to determine future expenditures.” This provision of law has been interpreted to require that evaluations are conducted for the programs funded with Proposition 10 funds.

“Evaluation,” as used by the Stanislaus County Children and Families Commission, is the systematic acquisition and analysis of information to provide useful feedback to a funded program and to support decision making about continuing or altering program operations. The results of the evaluation illustrate how a program is making a difference and to what extent the program and their outcomes align with overall Commission goals.

This Evaluation Report contains information on:

- Strategic Plan goals
- The purpose of this evaluation
- Distribution of funding and services by result areas, geography, and type of services
- Intensity of services
- Participant and County demographics
- How program results (by result area) address Strategic Plan goals
- Program operations by contract including client makeup, highlights, contractor responses to last year’s recommendations, planned versus actual outcomes, and recommendations

Strategic Plan Goals and Objectives

In its 2019-2024 Strategic Plan, the Commission focused on providing services and producing results in the areas of family functioning, health, child development, and sustainable systems. In these areas of focus, the Commission’s desired results for children 0-5 in Stanislaus County are listed below with corresponding objectives:

Families are supported and safe in communities that are capable of strengthening families

- Increase parental and caregiver knowledge, skills, and access to resources to support their child’s development
 - Strive to ensure all parents and caregivers of children in Stanislaus County receive parenting education from the earliest possible moment
 - Decrease child abuse and neglect
- Improve a sense of community in the lives of families (connections, supports, etc.) by increasing connections, relationships, and concrete support for parents and caregivers

Children are eager and ready learners

- Increase the number of children that are read to daily
- Increase access to opportunities for professional growth for Family, Friend, and Neighbor childcare providers
- Increase the number of children who are “ready to go” when they enter kindergarten (as measured by the Kindergarten Student Entrance Profile/KSEP)

Children are born healthy and stay healthy

- Increase the rate of healthy births
 - Increase the number of pregnant women and teens who receive prenatal care
 - Maintain infant mortality rates below state levels
 - Decrease the number of low birth weight babies
 - Decrease the percentage of women who smoke during pregnancy
- Increase children’s access to and utilization of health insurance benefits

Sustainable and coordinated systems are in place that promote the well-being of children from prenatal through age five

- Increase the funding and/or alignment of funding for a coordinated system of support for children and families

- Increase the level of county data integration/alignment of indicators, associated monitoring, and use of data to inform course-correction as needed to improve outcomes for children and families
- Increase the knowledge of individuals serving young children about available resources (including professional development) services, and referral opportunities

Evaluation Purpose and Methodology

The intent of this evaluation is to answer questions on two level: individual programs' performance and the Commission programs as a collective. Put simply, on both the program performance and collective Commission levels, the Results-Based Accountability questions "How much was done?," "How well was it done?," and "Is anyone better off?" are answered in this evaluation.

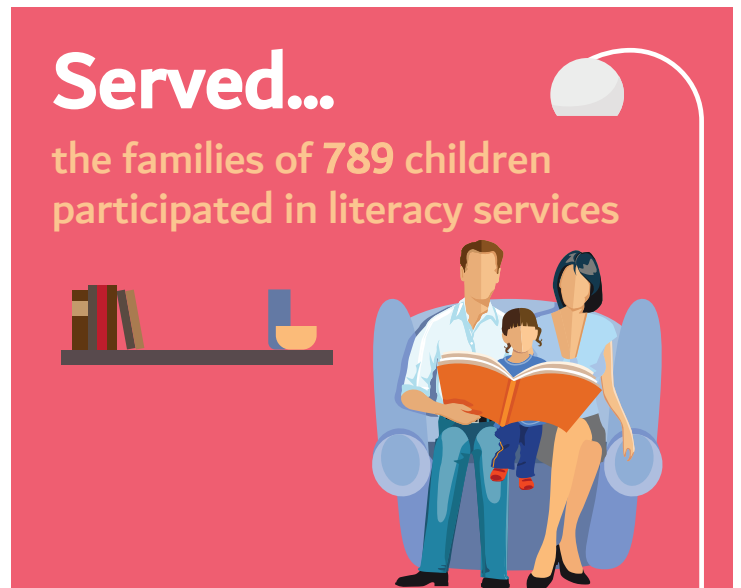
With these questions in mind, the goal of the evaluation process for the 2019-2020 fiscal year was to acquire, report, and analyze information, share that information with stakeholders (i.e., programs, community, funders), and then upon reflection, make recommendations based on the areas of strengths and areas that could improve to better serve target populations on both the Commission and program levels.

The evaluation is a collaborative effort between Commission staff, programs, and other involved stakeholders. A variety of data sources have been utilized to holistically evaluate the programs and the Commission's progress toward goals set forth in the Strategic Plan.

Data sources used for the evaluation include quarterly reports, outcome-based scorecards, budgets, invoices, and a participant demographic report (PDR). Two of the main tools utilized are the PDR database and the Stanislaus County Outcomes and Results Reporting Sheet (SCOARRS). PDR is a locally developed database that tracks demographics of participants and the services provided by funded programs. The SCOARRS is a reporting tool that programs use to track progress toward planned outcomes by defining activities and reporting outputs and changes in participants.

Program data was provided exclusively by the respective programs and financial data and contract information were acquired from Commission records. Whenever possible, the contracted programs' self-analysis was integrated into the evaluation, at times in their own words. All programs were also asked to review the drafted evaluations for accuracy and feedback. Collectively, this provides information about funded programs, the impact they make on children and families, their contributions towards the objectives and goals of the Commission's Strategic Plan, as well contributions toward population level results for our community's 0-5 population.

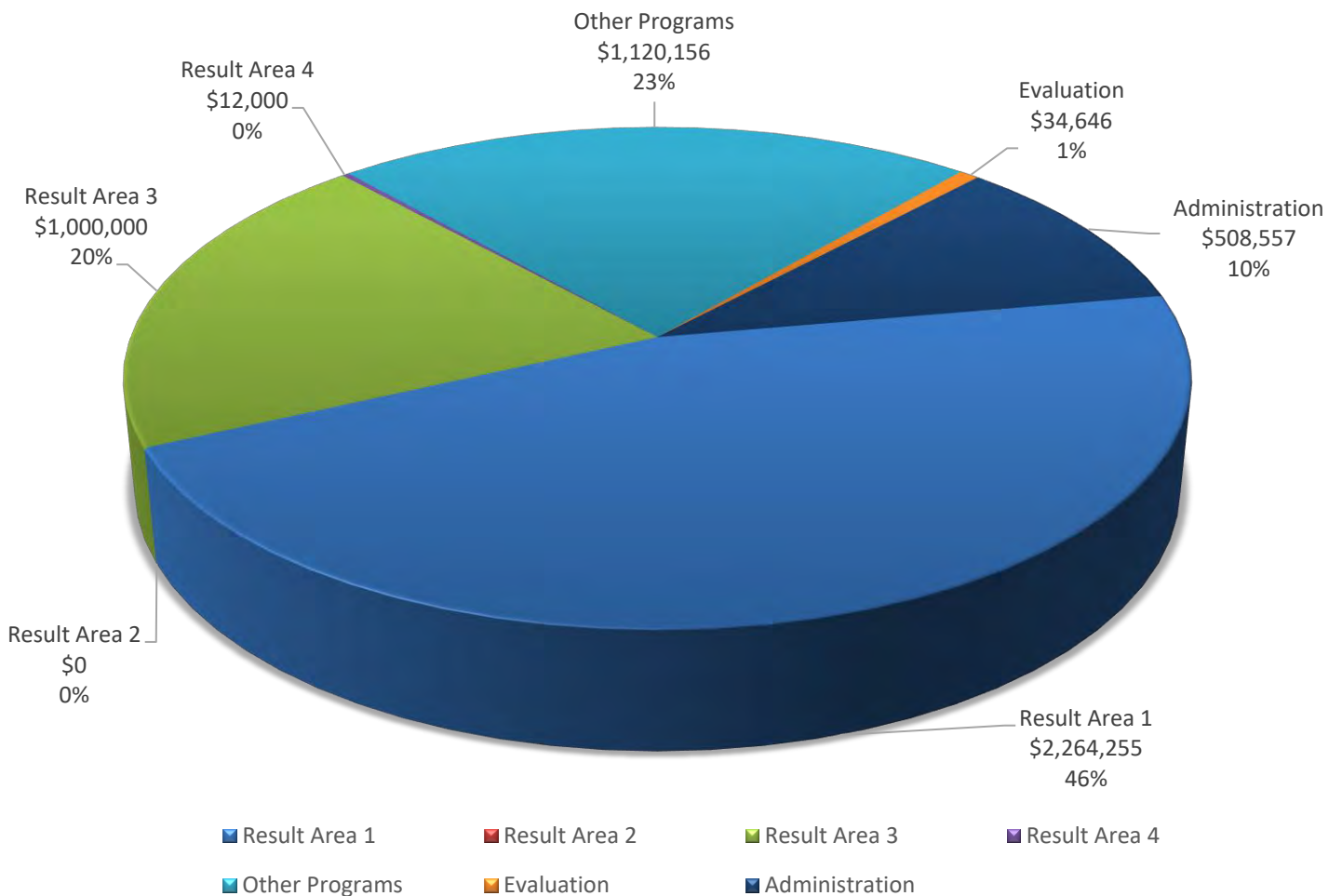
Community Impact Dashboard 2019-2020



*All data reported by contractors

Funding Distribution by Budget Category

Total: \$4,939,614



The 2019-2020 budget pie chart portrays the distribution of Commission funding by budget category.

Program Categories:

The program categories (also known as Result Areas) make up 66% of the annual budget. These are areas in which outcomes for children 0-5 and their families are reported and evaluated. The funding provides measurable services for children and families.

Other Programs Category:

"Other Programs" consists of Commission and Stanislaus County charges that support programs, and the funds appropriated for program adjustments. This category makes up 23% of the budget and supports the work that the programs are doing throughout the fiscal year.

Administration and Evaluation Categories:

These categories make up just 11%, with Administration comprising 10% and Evaluation comprising 1% of the annual budget.

The two graphs on the next page compare the distribution of the Stanislaus County Children and Families Commission total budget by fiscal year from 2015-2016 through 2019-2020. Graph 1 compares the **amount** of funding allocated to each result area (RA), and Graph 2 compares the **percentage of the total budget** allocated to each RA.

Graph 1 illustrates that for the past five fiscal years the Commission has consistently appropriated the largest *amount* of funding to RA 1 (Improved Family Functioning). In fiscal year 17/18, the amount of funding and percent of funding decreased substantially due to a reclassification of service and expenditure categories as required by First 5 California reporting requirements for county commissions. In 18/19, there was an additional 10% decrease in funding as the Commission moved to realign its funding and develop a balanced budget. The Commission adopted a new strategic plan in December 2019 and, in an effort to align its funded programs for 2019-2020 with its newly adopted Strategic Plan, several programs formerly funded under RA 1 were not renewed, reducing the amount and budget for this category. While the amount budgeted for RA 1 decreased in 19/20, the percentage of the total budget did increase slightly.

Both the funding amount and the percentage of funding for RA 2 (Improved Child Development) has remained relatively steady since 18/19. As the Commission moves to an emphasis on programs with a more primary prevention focus with the ability to scale to reach more individuals, the decision was made to no longer fund the Kindergarten Readiness program. Kindergarten Readiness was the final program funded under RA 2. As a result, funding is no longer reported under this category. However, it should be noted several other programs provide services that support the goals of Improved Child Development.

Compared to prior fiscal years both the amount of funding and the percentage of the total budget dedicated to RA 3 (Improved Child Health) had increased in 17/18 due to a change in reporting requirements implemented in fiscal year 17/18. The reporting change resulted in the Zero to Five Early Intervention Partnership (0-5 EIP) program which was previously reported in RA 1 to be reported in RA 3. Both the amount of funding and the percentage of the total budget dedicated to RA 3 decreased in 18/19 and again in 19/20, as several programs funded by the Commission no longer needed support such as Healthy Cubs and the Dental Disease Prevention Education programs. In addition, many of the services provided under the 0-5 EIP program could be offered through existing programs at Behavioral Health and Recovery Services.

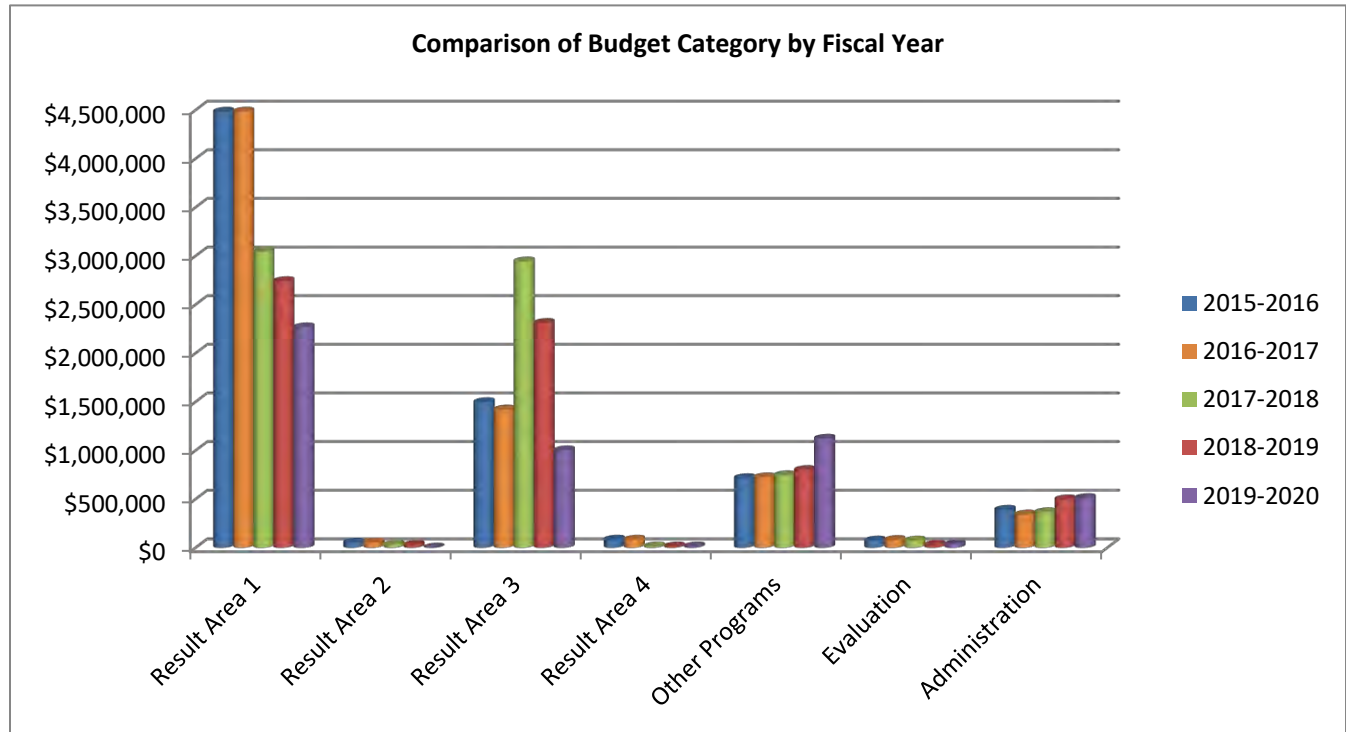
Graphs 1 and 2 show that RA 4 (Improved Systems of Care) has consistently been appropriated one of the smallest amounts and percentages of funding, even less than the "Administrative" category. The Early Care and Education conferences reported in RA 4 focus on supporting and nurturing widespread and overarching collaboration, coordination, and leveraging. However, there are also activities sponsored by the Commission, such as Commission staff time spent supporting funded programs, that are also support RA 4 but are categorized under "Other Programs." When reporting to First 5 California, these activity expenditures are reported under RA 4, but since they are not contracted programs, they remain in "Other Programs" for local budget and expenditure reporting.

The funding category "Other Programs" has remained relatively consistent since 18/19. In 19/20 both the allocated amount of funding and the percentage of total budget appropriated to "Other Programs" increased significantly (by 45%) as a result of the planning for Strategic Plan implementation. Many of the planned activities were place on hold as the Commission shifted its focus to the COVID pandemic and its impact on the community.

The budgets for the "Administrative" and "Evaluation" categories have remained consistently low in both the allocated amount and percentage. The Commission reduced funded contracts in 18/19 by 5%-20% in an effort to balance the Commission's budgeted expenditures to anticipated revenue. The Commission again reduced its budgeted expenditures in 19/20 when it aligned its funded programs to its newly adopted Strategic Plan. As a result of the reduction in the total budget, while maintaining staff time associated with administrative activities, the total allocated amount and percentage of total budget for the "Administrative" category increased in 18/19 and 19/20.

The Stanislaus County Children and Families Commission remains dedicated to allocating the greatest amount and percentage of the budget to programs and services that positively affect the well-being of children 0-5 and their families. As Prop 10 funding decreases, the Commission will continue to closely align spending with its priorities.

Graph 1

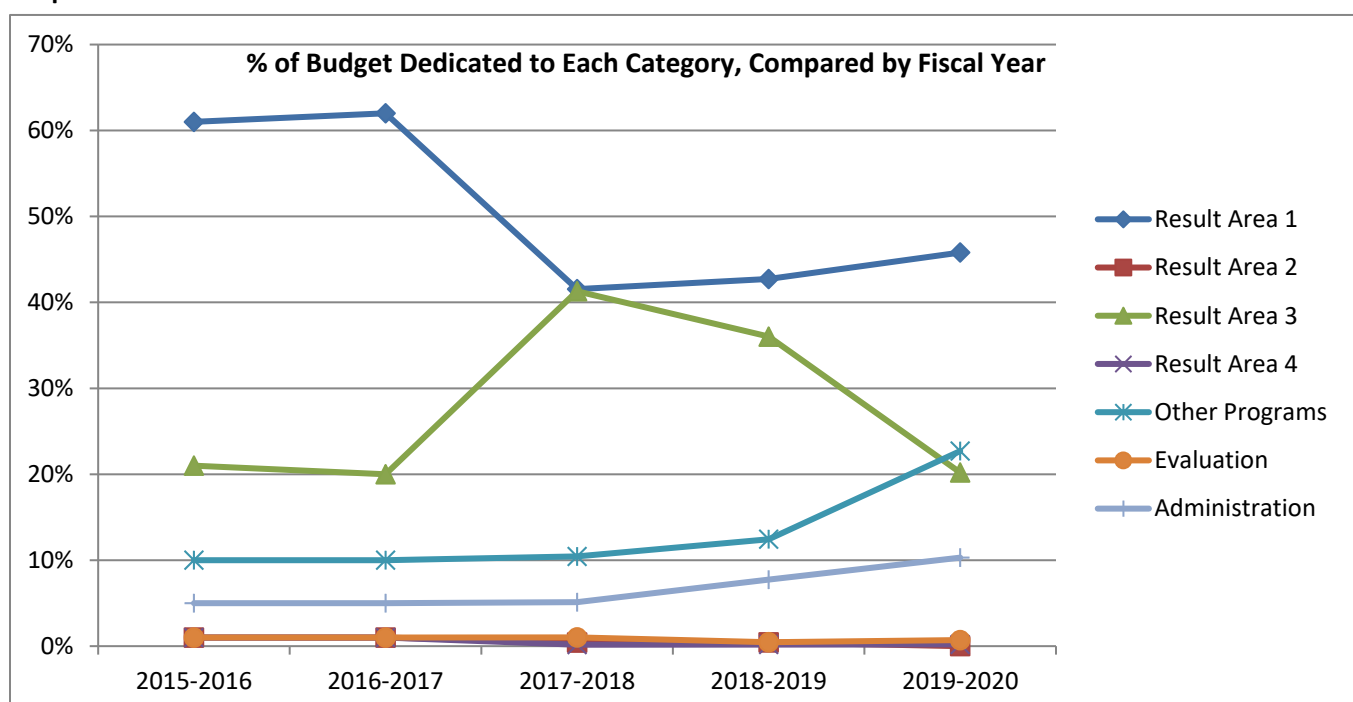


Total Budget

2015-2016: \$ 7,287,186
 2016-2017: \$ 7,178,774
 2017-2018: \$ 7,207,108
 2018-2019: \$ 6,413,193
 2019-2020: \$ 4,939,614

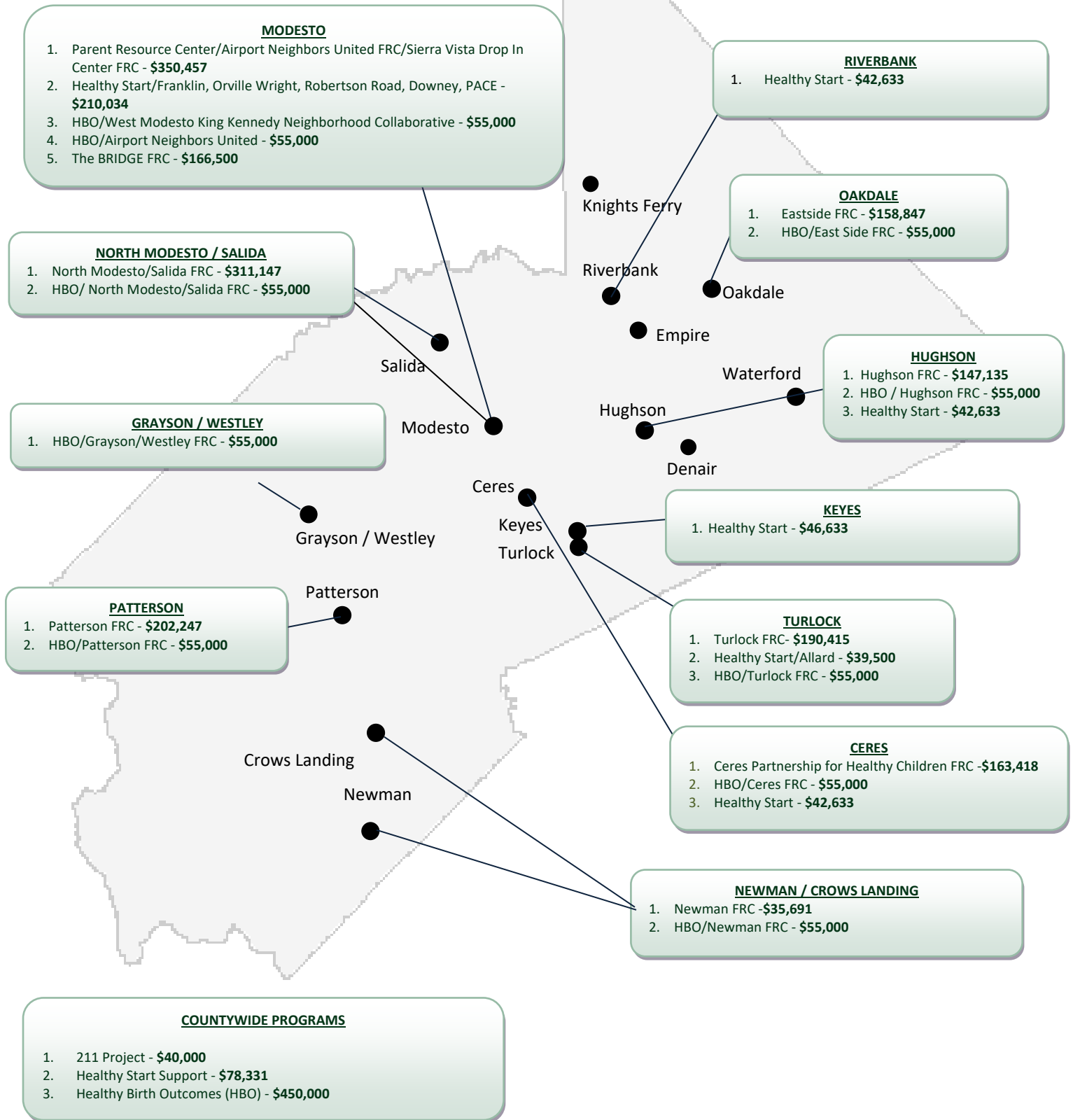
Result Area 1 (RA 1) – Improved Family Functioning
 Result Area 2 (RA 2) – Improved Child Development
 Result Area 3 (RA 3) – Improved Health
 Result Area 4 (RA 4) – Improved Systems of Care

Graph 2



STANISLAUS COUNTY CHILDREN & FAMILIES COMMISSION

2019-2020 PROGRAMS



Program Budget Award by Location

Location	Program Budget Allocation	% of 19/20 Program Budget*	% of County's Population**
Modesto	\$ 836,991	31.0 %	40%
Turlock	\$ 284,915	10.6 %	13%
Riverbank	\$ 42,633	1.6%	4%
Ceres	\$ 261,051	9.7%	9%
Newman/Crows Landing	\$ 90,691	3.4%	2%
Grayson/Westley	\$ 55,000	2.0%	.4%
Hughson (includes SE smaller towns)	\$ 244,768	9.1%	3%
Oakdale	\$ 213,847	7.9%	4%
Salida***	\$ 366,147	13.6%	3%
Keyes	\$ 42,633	1.6%	1.0%
Patterson	\$ 257,247	9.5%	4%
TOTAL of location specific programs	\$ 2,695,924		
Countywide Programs	\$ 568,331		
TOTAL:	\$ 3,264,255		

*Percent of Program Budget that is not allocated countywide

**State of California, Department of Finance, E-1 Population Estimates for Cities, Counties, and the State with Annual Percent Change – January 1, 2019 and 2020: Sacramento, CA, May 2020; U.S. Census Bureau, 2019 American Community Survey (5 Year Estimates)

***The program budget allocation for the Salida location includes parts of the North Modesto area.

The map depicts the distribution of Stanislaus County Prop 10 funds allocated to programs by location within the county. It illustrates the extent to which program services reach children 0-5 and their families countywide, and the number of programs in each area. The chart above shows the percentage of program funds allocated by city or region juxtaposed against the percentage of the county's population in that area. The percentage of funding allocated to the Stanislaus County cities and towns continues to align closely with population demographics in general, though some of the smaller, outlying areas of the county, such as Grayson/Westley and Patterson, were allocated disproportionately high amounts of funding. However, the outlying areas of the county are located farther from many community resources and have greater need for services in their community for their residents.

A total of \$593,398 was allocated to programs that operate throughout the county, making up 18% of the total program budget. These countywide programs reach all the above locations, and many have developed partnerships in order to collaborate with location specific programs, thereby leveraging Prop 10 resources. The remaining 82% of the program budget is allocated to programs that operate within a specific community to best serve the needs of the children and families within that community. As programs that operate within specific communities begin to expand their virtual services, they also have the potential to reach families outside of their immediate neighborhoods and community. This broadens their potential community reach.

Intensity of Services and Service Levels

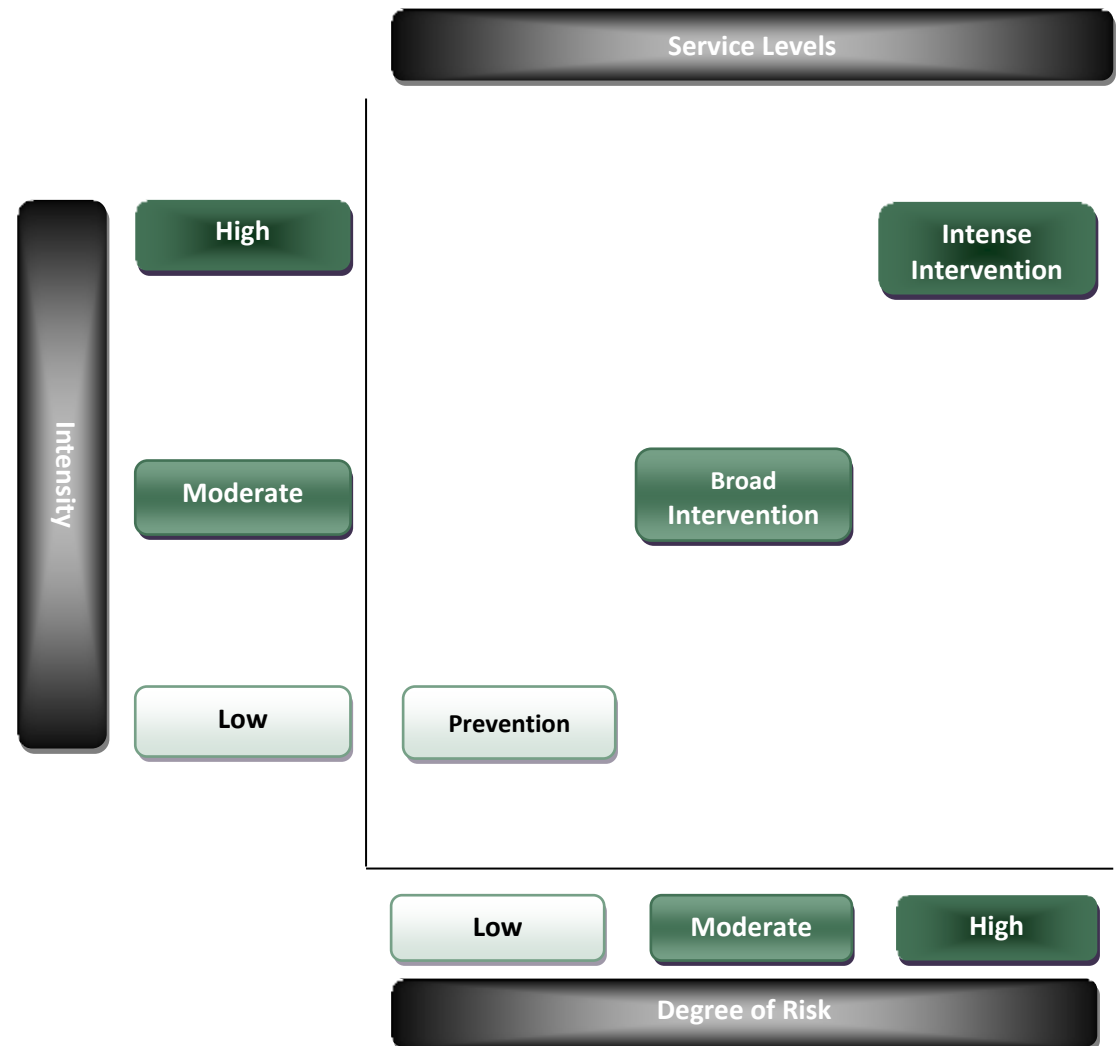
With the adoption of the Commission's 2019-2024 Strategic Plan, the Commission decided to focus more on primary prevention services. While the Commission continues to fund programs that offer a continuum of prevention and intervention services that target all children 0-5 and their families in Stanislaus County, it is shifting away from intensive services.

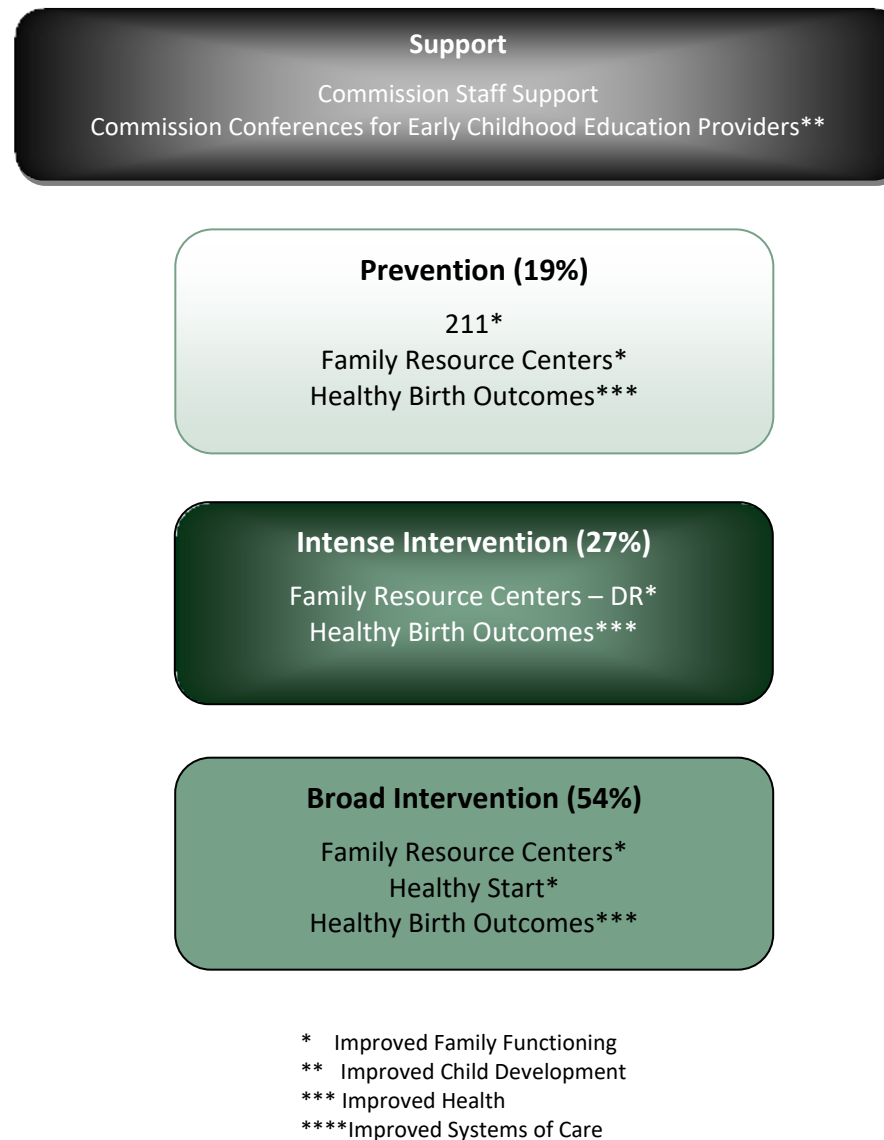
Service Levels

The diagram to the right portrays how the level of services relates to the intensity of the service and the degree of risk. In general, the low-risk and low-intensity services (prevention) are those that benefit a larger number of children and families with lower associated costs. Conversely, the high-risk and high-intensity services (intense intervention) usually assist a smaller number of children and families with higher associated costs. It is important to note that there are services that fall in areas between these main levels of services.

Service Level Investment

Approximately 54% of the program budget is dedicated to Broad Intervention, while 27% goes towards Intense Intervention and 19% to Prevention services. As the Commission's priority has shifted away from intensive services, its percentage has decreased while prevention and broad intervention have increased. Some programs are listed under more than one level because they have different program components, and there is certainly overlap between service levels.



**Prevention:**

Strategies delivered to the 0-5 population and their families without consideration of individual differences in need and risk of not thriving

Broad Intervention:

Strategies delivered to sub-groups of the 0-5 population and their families identified based on elevated risk factors for not thriving

Intense Intervention:

Strategies delivered to sub-groups of the 0-5 population and their families identified based on initiated or existing conditions that place them at high risk for not thriving

Participant and County Demographics

Prop 10 funded programs utilize the locally developed participant data report (PDR) to track and report direct service participants' demographic information. Demographic data used in these charts were obtained from state/federal sources and contract reports.

Race/Ethnicity Served and Participant Primary Language

These two charts depict the profile of the population being served by Prop 10 funded programs. As shown, the programs are providing services to a diverse population and closely align with county demographics. There is a continuing emphasis on serving Hispanic families. Programs are aware of the need for culturally sensitive and appropriate services. All funded programs have implemented cultural awareness/proficiency trainings and the outreach efforts to diverse populations have been consistently strong.

Participating Children Age Distribution

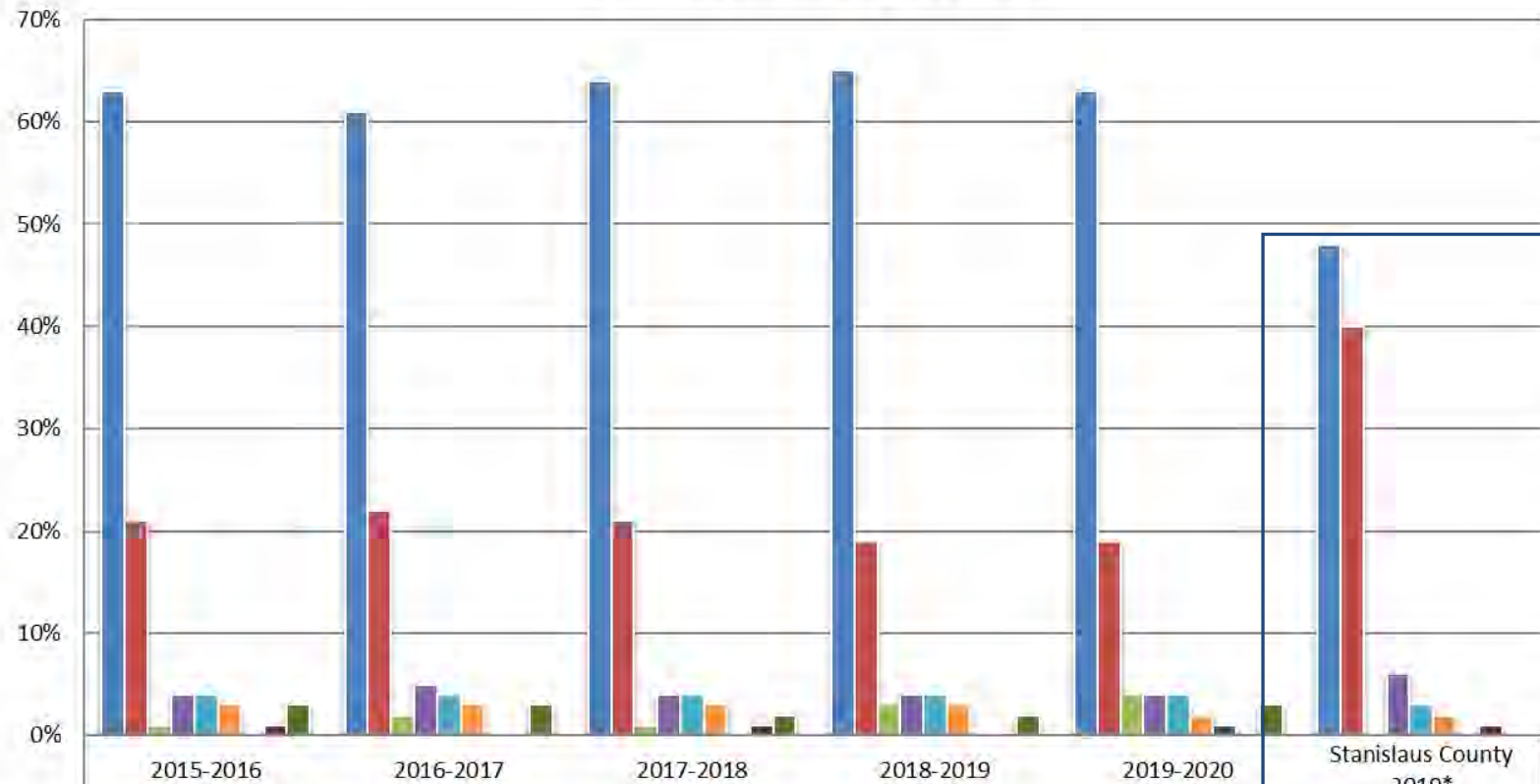
This chart shows the age distribution of children participating in Prop 10 funded programs. The programs offer families a wide range of services to engage and support children from birth through age 5. Since 15/16 the programs have almost equally served children ages 0 through 2 and children ages 3 through 5.

Infant Mortality Rate

These charts show that the Infant mortality rate for Stanislaus County is slightly higher than the State rate but exceeds the Healthy People 2020 goal. (Healthy People 2020 established science-based 10-year national objectives for improving the health of all Americans on a number of different indicators, including infant mortality. Visit <https://www.healthypeople.gov/2020/About-Healthy-People> for more information.)

However, there are disparities when comparing the infant mortality rates for individual ethnicities. Stanislaus County exceeds or meets the Healthy People 2020 goal for all but one ethnicity (Asian). Socioeconomic influences such as education, food security and income stability may be factors impacting the infant mortality rate for the different ethnicities.

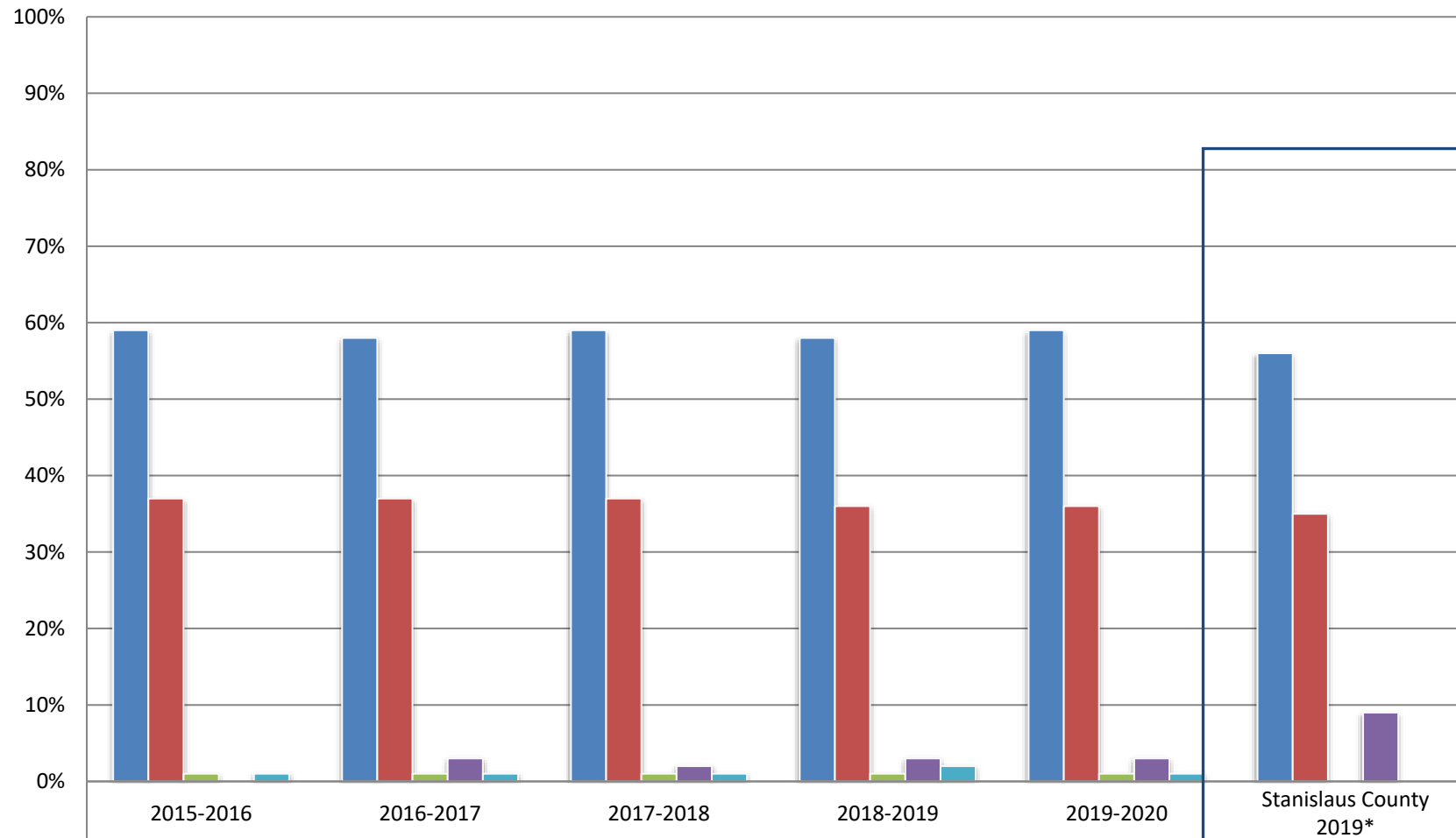
Race/Ethnicity Served



CFC data does not include provider capacity language data.

*U.S. Census Bureau, 2019 American Community Survey.

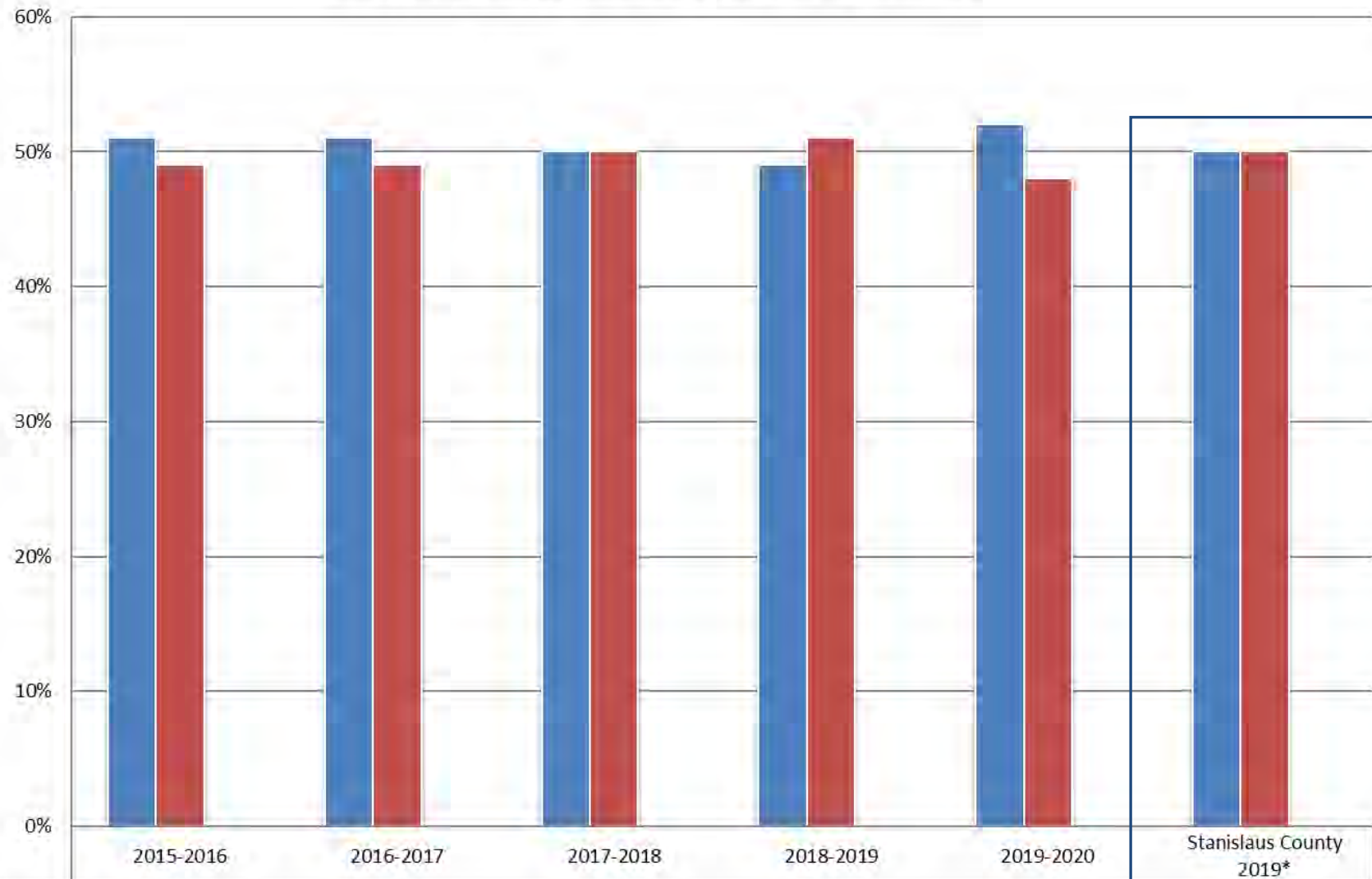
Participant Primary Language



CFC data does not include provider capacity language data.

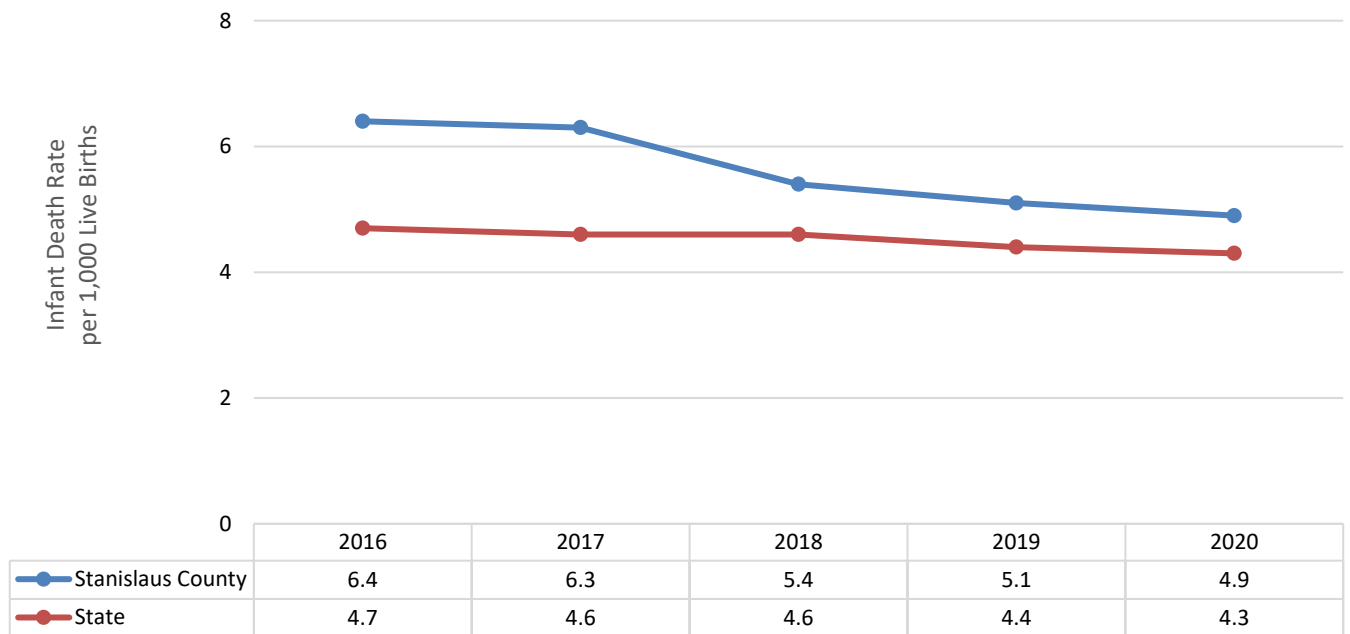
*U.S. Census Bureau, 2019 American Community Survey.

Participating Children Age Distribution



*State and County Total Population Projections by Race/Ethnicity and Detailed Age, California Department of Finance, 2020

Infant Mortality Rate



County Health Status Profiles, California Department of Public Health, 2016, 2017 and 2020; Stanislaus County's Health Status Profile, 2018 and 2019

Stanislaus County Infant Mortality Rate

	2016	2017	2018	2019	2020
All Races	6.4	6.3	5.4	5.1	4.9
Asian	8.3	6.3	7.7	NM*	NM*
Black	20.9	15.2	4.3	M*	M*
Hispanic	6.2	5.8	5	4	4.1*
White	5.9	6.3	5.2	5.7	5.3*

*Rates deemed unreliable when based on fewer than 20 data

*NM – Not Met refers to the Healthy People 2020 National Objective only (objective is 6.0)

*M – M refers to the Healthy People 2020 National Objective only (objective is 6.0)

<https://www.healthypeople.gov/2020/About-Healthy-People>

Result Area 1: Improved Family Functioning

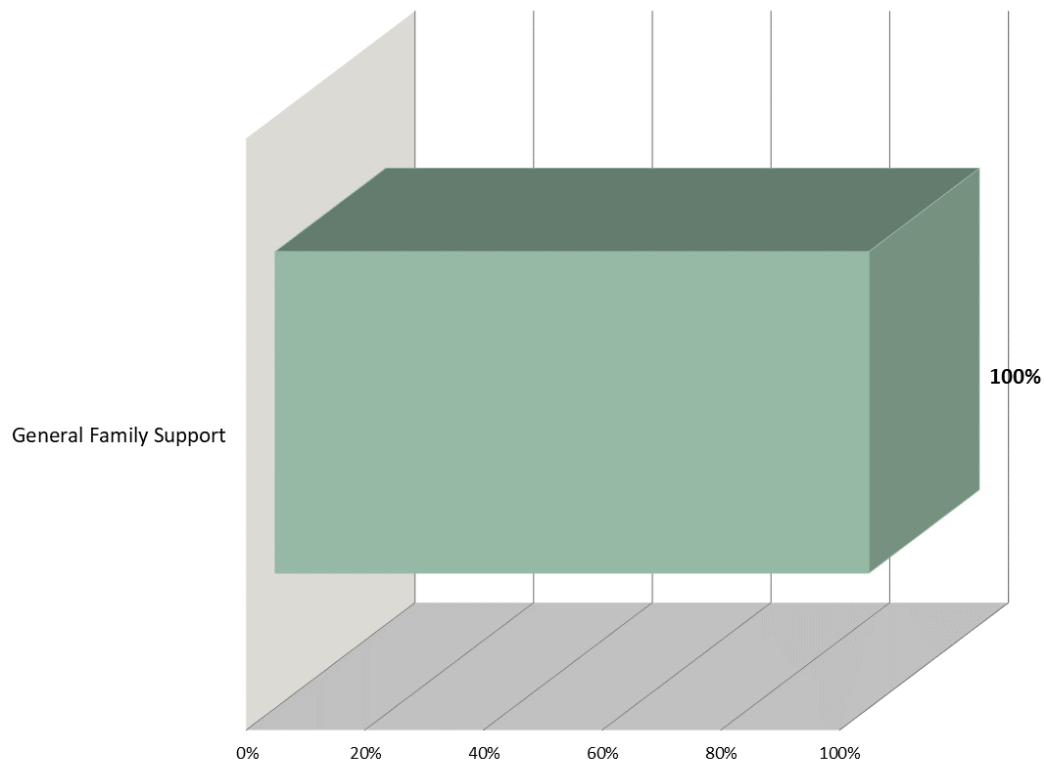
Description

The Result Area 1: Improved Family Functioning goal is to increase community capacity to support safe families. Programs included in Result Area 1 provide parents, families, and communities with relevant, timely, and culturally appropriate information, education, services, and support. The Commission's strategy is to fund programs that are working towards the two strategic plan objectives for Result Area 1, which are area: (1) Increase parental and caregiver knowledge, skills, and access to resources to support their child's development and (2) Increase a sense of community in the lives of families (connections, support, etc.) by increasing connections, relationships, and concrete support for parents and caregivers.

Ten Prop 10 funded programs are categorized under Improved Family Functioning and represent 46% of the 2019-2020 budget. Seven of the programs are grouped under "Family Resource Centers with Differential Response service

The amount budgeted in Result Area 1 is the largest of any other result area for fiscal year 19/20, suggesting that funding for Improved Family Functioning continues to be critical in the provision of services for children and families.

2019-2020
% OF TOTAL CLIENTS SERVED IN FAMILY FUNCTIONING
BY SERVICE CATEGORY



Result Area 1 Services and Service Delivery Strategies

The number of programs and services, as well as the amount of funding dedicated to the Improved Family Functioning Result Area, suggests that it plays a prominent role in fulfilling the goals of the Commission's strategic plan. The Commission's Strategic Plan confirms the emphasis on this area after reviewing countywide statistics regarding poverty, unemployment, substance abuse, and other issues that affect families and how they are able to function within our county's environment. The funding that is allocated to Result Area 1 is meant to increase the communities' capacity to support safe families, leading to a population result for Stanislaus County of, "Families Are Supported and Safe in Communities That Are Capable of Strengthening Families." Programs contribute to this population result by providing a variety of services that result in changes for children and families to improve family functioning, and ultimately, safety.

Desired Result: Families Are Supported and Safe in Communities That Are Capable of Strengthening Families

Objectives:

- *Increase parental and caregiver knowledge, skills, and access to resources to support their child's development*
 - *Strive to ensure all parents and caregivers of children in Stanislaus County receive parenting education from the earliest possible moment*
 - *Decrease child abuse and neglect*
- *Increase a sense of community in the lives of families (connections, support, etc.) by increasing connections, relationships, and concrete support for parents and caregivers*

The Commission has employed the following services and service delivery systems to progress towards these objectives, to increase community capacity to support safe families, and contribute to the population result "Families are Safe":

- **General Family Support**

Commission Programs provide 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 211 services or other general helplines. This category reflects services that are designed as a broad strategy for linking families with community services.

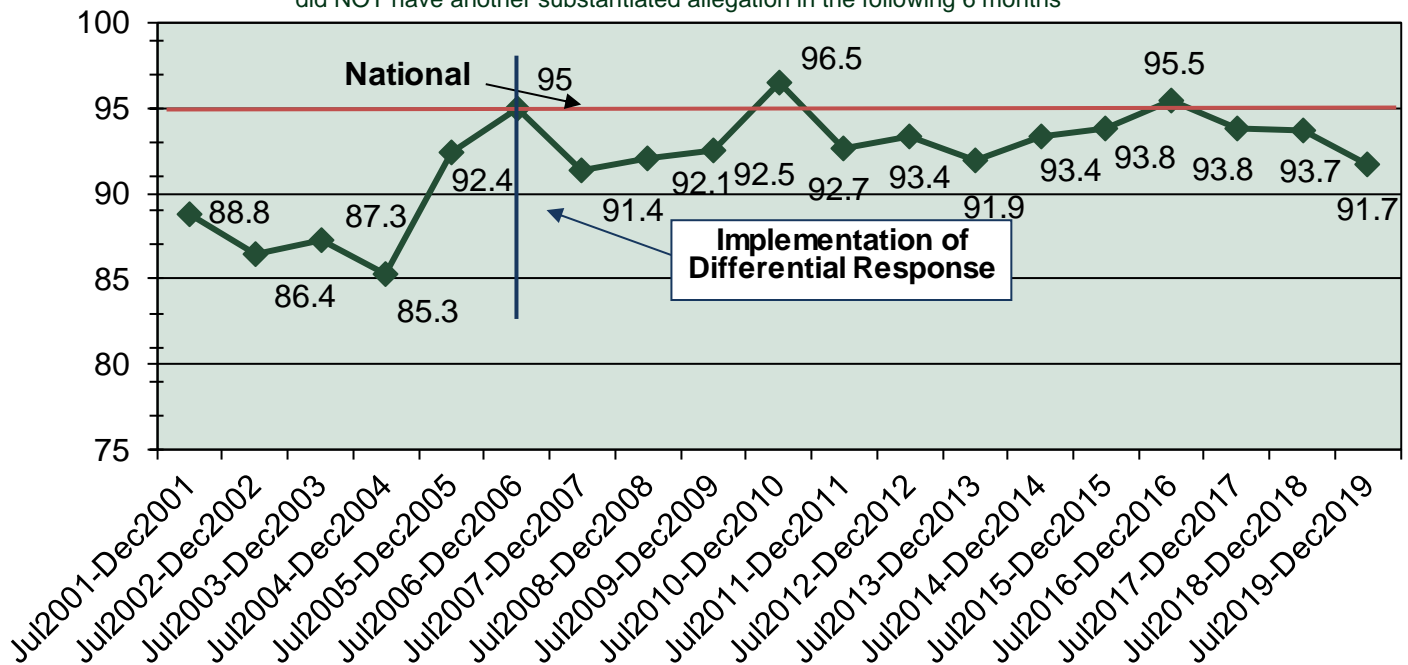
Services are offered by a spectrum of providers, from community-based family resource workers to mental health clinicians. A variety of strategies are used to provide the services, including differential response (a flexible approach for child welfare to respond to child abuse/neglect referrals), group classes, and home visitation.

Child Abuse/Neglect Outcomes

The graph below illustrates the recurrence of maltreatment trends from July 2001 through December 2019 for children 0-5. Stanislaus County exceeded the National Standard of 94.6% “no recurrence” of maltreatment within six months of a substantiated report in 2006, 2010 and 2016 after the implementation of Differential Response (DR) through FRCs. The rate has dropped in subsequent years, but it has never fallen below the rate before DR was implemented. In 2010, the rate of “no recurrence” of maltreatment was at the highest rate it had been in over a decade. Although there are many factors that contribute to this population indicator of “no recurrence” rate, 1,038 children 0-5 were referred through differential response, and of those, the families of 35% of those children (360) engaged with the FRCs for family support services. This engagement and participation are key components in assisting families who are at risk, and these DR services contributed to the statistics shown below. In addition, all programs funded in this result area help support these outcomes.

No Recurrence of Abuse/Neglect, Children 0-5 Years

Percentage of Children 0-5 with a substantiated allegation of abuse or neglect who did NOT have another substantiated allegation in the following 6 months



How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
<ul style="list-style-type: none"> • 6,067 children 0-5 received services designed to improve family functioning • The parents of 1,341 children attended parenting education classes • The families of 5,349 children 0-5 received resources or referrals to improve family functioning • 634 children 0-5 whose caregiver participated in literacy services received a book 		
	<ul style="list-style-type: none"> • 19% of the children and families who received family support services (1,127/6,067) were engaged further through assessments • 18% of those receiving family support services and who indicated a need (1,081/6,067) received more intensive services focused on improving child abuse risk factors • 1,075 caregivers of children 0-5 were screened for depression and 117 were referred for mental health services as a result 	
		<ul style="list-style-type: none"> • 81% of parents participating in parent education (1,090/1,341) report an increase in skills or knowledge • 96% of children 0-5 whose caregiver received literacy services (609/634) increased time reading at home with their family • 97% of children 0-5 whose caregivers receive individual counseling indicated improvement with presenting issues (56/58)

Result Area 1: Improved Family Functioning								
Program	Amount Expended in 2019-2020 (% of 2019-2020 allocation)		Total #Children 0-5 Served (or served through family members)	Cost per Child 0-5	Total Award To-Date (7/1/2007-6/30/2020)	Cumulative Amount Expended (7/1/2007-6/30/2020)	% of Cumulative Amount Expended	
211*	\$	32,720 (82%)	1,705	\$ 19	\$ 1,513,159	\$ 1,388,313	92%	
Healthy Start***	\$	506,286 (102%)**	2,004	\$ 253	\$ 8,482,389	\$ 8,447,938	99.6%	
The Bridge (FRC)	\$	161,352 (99.9%)	136	\$ 1,186	\$ 2,338,000	\$ 2,267,684	97%	
Family Resource Centers (providing Differential Response and AfterCare Services) (7 contracts)	\$	1,476,549 (95%)	2,222	\$ 665	\$ 22,037,246	\$ 20,606,844	94%	
TOTAL	\$	2,176,907 (96%)	6,067	\$ 359	\$ 34,370,794	\$ 32,710,778	95%	

* Includes prior year adjustments that were recorded in 2019-2020 according to generally accepted accounting principles.

** Healthy Start did not exceed its budget for 2019-2020 but figures includes prior year adjustments.

***Data for expenditures, award, and cost per child includes the total of entire contract and amount awarded. The amount of support funding and expenditures was split between result areas in previous years but is now inclusive.

211

Agency: United Way
Current Contract End Date: June 30, 2020

Program Description

211 helps meet the essential needs of Stanislaus County residents by providing health and human services referrals throughout Stanislaus County from trained Call Specialists 24 hours a day, 7 days a week, and 365 days a year. 211 is an easy to remember toll-free number where callers throughout the County can confidentially access information in over 120 different languages. Callers are given up-to-date referrals and a follow-up call seven to 10 days after their initial call to confirm they have received the help requested. In addition to the toll-free number, residents may now access the same information via their smart phone using the 211 website.

Through comprehensive outreach efforts, 211 staff members also strive to educate the County at large of 211's ability to provide vital referral services. Outreach efforts focus on providing access to critical resources for any resident of Stanislaus County, reaching those who live in underserved areas, and families with children 0-5.

Finances			
Total Award July 1, 2007 – June 30, 2020	FY 19/20 Award	FY 19/20 Expended*	Cumulative Amount Expended
\$1,513,159	\$40,000	\$32,720 (82% of budget)	\$1,388,313 (92% of budget)

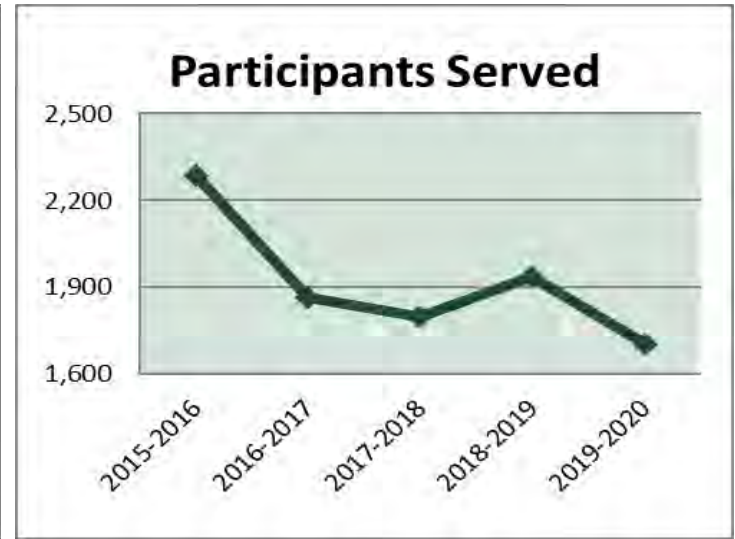
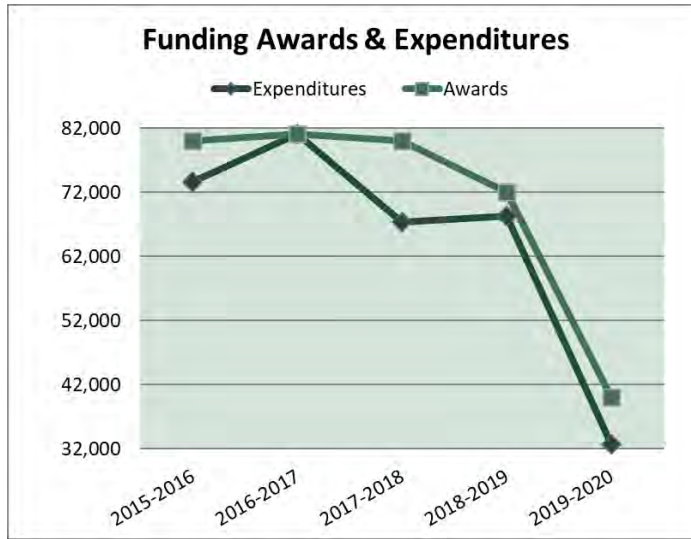
FY 19/20 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Marketing	Indirect Cost Rate	Cost per Caller (1,705 callers with a child 0-5)
\$17,370	\$14,190	\$1,160	0%	\$19

PARTICIPANT TYPE	% SERVED
Children 0-5	57%
52% <3; 48% 3-5;	
Parents/Guardians	41%
Other Family	2%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	51%
White	20%
Black/African American	11%
Asian	1%
Alaska Native/American Indian	1%
Pacific Islander	<1%
Multiracial	6%
Other	7%
Unknown	3%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	82%
Spanish	18%
Hmong	-
Other	-
Unknown	-

Participants Served Comparison by Fiscal Year



211 has struggled to consistently expend the award amount over the past several years. Funding for 211 has decreased as the Commission has begun implementing its 2019-2024 Strategic Plan. The decreased number of participants served starting in 2016-2017 reflects a Statewide trend across 211 programs. People are preferring to access services through the internet or phone applications instead of calling the call center. The slight increase in participants served in 18/19 is attributed to the program's partnership with the Focus on Prevention homeless initiative.

Program Highlights

- Only 16% of callers had families with a child 0-5. This percentage remains below the goal of 33% despite efforts to target outreach to 0-5 families. However, website traffic continues to increase as participants, in ever-increasing numbers, use cell phones and other personal devices to obtain information they need.
- 211 experienced a higher than normal call volume during the COVID-19 Pandemic. As a result, the call center implemented their standard "Disaster" call handling protocol which limits the amount of demographic data collected from callers. However, in reviewing the data, 1,263 COVID-19 related calls with limited or no demographic data including identifying a child 0-5 in the home were identified. 211 believes that a portion of those 1,163 calls were from a 0-5 household. As mentioned as above, 16% of callers were identified as an 0-5 call. Using that same percentage, it is not unreasonable to assume that at least 268 of the 1,163 unidentified demographic calls were a 0-5 call.
- On April 1, 2020, to support the residents of Stanislaus County during the COVID-19 Pandemic, 211 worked with Stanislaus County to establish a "COVID-19 Pop-Up Call Center" with the purpose of offering more detailed information about COVID-19 related resources. Stanislaus County directed individuals who needed assistance to call 211 through their live social media post. Calls were first triaged by 211 call specialists then, utilizing a hard transfer, directed to County staff who answered COVID-19 specific questions from callers. The Pop-Up Call Center answered questions regarding testing sites, specific testing information, Stanislaus County shelter in place information, stimulus check information, unemployment benefit support, etc. During the COVID-19 Pandemic, with the high demand of calls to Public Health, EDD, and the IRS, callers reported long wait times, busy signal, dropped calls or not being able get through to speak with a representative. The Pop-Up Call Center allowed callers to receive more "hands on" support during this time as well as report COVID-19 non-compliant businesses, social gatherings and activities exceeding COVID-19 social distancing guidelines.
- United Way Stanislaus County partnered with Love Our Neighbors (LON) to coordinate a food delivery program to assist seniors who could not leave their home due to COVID-19 and/or at-risk individuals who were self-quarantined due to health conditions. 211 assisted by screening calls and completing the LON food delivery survey which was then forwarded to LON to begin the process. Many individuals assisted were seniors; however, while screening calls, 211 found that some callers reported that they

were living with family or had family living with them which included children 0-5. During this reporting period, 211 referred/provided assistance to 304 individuals requesting food delivery assistance.

- In 2019-2020, Stanislaus County 211 staff attended 12 outreach events and made 10 presentations to local agencies and organizations. Over 20,000 materials including 211 brochures, cards, inserts, posters and health insurance enrollment assistance flyers were distributed to local churches, medical clinics and facilities, day cares, agencies, and organizations. Due to COVID-19, 211 outreach activities, including presentations were put on hold starting in March 2020. 211 continued marketing efforts through social media including Facebook, Twitter, and Instagram.
- The following were common types of service requests in 2019-2020:
 - Housing / Shelter / Rent – 3,921 requests
 - Food / Meals – 3,489 requests
 - COVID-19 Related – 2,006 requests
 - Utility Bill Payment – 1,701 requests
 - Health Care – 1,410 requests
 - Legal, Consumer and Public Safety – 931 requests
- The 211 website had 15,118 unduplicated visitors who received information about health and human service program information. This is more than double the number of visitors for 2018-2019.
- Leveraging: 211 received \$80,000 in funding from Stanislaus County Community Services Agency, \$90,000 from Kaiser, and \$10,000 from United Way Worldwide/CalETIC.
- Cultural Competency: All of 211's call operators are bi-lingual (English/Spanish) making the dialogue more proficient between the caller and the call specialist. All other languages are handled through the AT&T Language Line Services to provide translation services in over 120 languages as needed.
- Collaborations: 211 continues to collaborate with many agencies/programs throughout the county to educate staff, clients and the community through presentations, material distribution and attendance at scheduled outreach fairs/events in the community. United Way and 211 have partnerships already in place with local organizations, city/county government and existing collaborations to include: Stanislaus County agencies (OES, HSA, CSA, Cal-EMA); Advancing Vibrant Communities; Latino Community Roundtable/Latino Emergency Council; Stanislaus CBO Collaborative; Stanislaus County Focus on Prevention; Stanislaus Housing and Supportive Services Collaborative/Continuum of Care; and Turlock Community Collaborative Meeting. In addition, United Way and 211 are working with the Family Resources Centers to distribute 211 information among their clients. Due to COVID-19, outreach activities including presentations and community outreach were put on hold when the county was placed on a Shelter-in-Place order from Governor Newsom.
- Sustainability: As United Way Stanislaus County (UWSC) continues to operationalize their Strategic Direction that was adopted in 2017, and revisited in 2020, the sustainability of 211's current model will be at the forefront for leadership in the 2019-20 fiscal year. There are great opportunities for the expansion of the 211 services in Stanislaus County and many communities have seen success in offering a fee for service model to community partners and County departments, but this will require an initial investment in UWSC capacity. Also, the COVID-19 Pandemic has created various projects for SC 211 to support the community, such as The Stanislaus County Pop-Up Call Center and Senior Food Delivery collaboration with Love Our Neighbors. This could create additional funding for 211 to effectively manage these projects Post COVID-10.

Prior Year Recommendations

2018-2019 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	<ul style="list-style-type: none"> • UWSC continually seeks sources of funding to ensure SC 211 services will continue. Our current funding with Kaiser Permanente continues. During COVID-19, we have worked with statewide efforts to support 211's. These collaborations will hopefully create continued relations to further partner and leverage funding sources.

Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
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OUTPUTS / OUTCOMES	PLANNED	ACTUAL
211 callers have access to health and human services program information 24/7/365	100%	92% (9,908/10,821)
211 callers with children 0-5 have access to health and human services program information 24/7/365	100%	95% (1,612/1,705)
33% of callers have children 0-5	33%	16% (1,705/10,821)
Callers with children 0-5 years are unduplicated callers	75%	95% (1,612/1,705)
Children 0-5 years whose caregivers request health insurance information are provided a referral	No Planned Outcome	84% (41/49)

Recommendations

This program has undergone multiple annual and periodic evaluations by Commission staff and the program has been responsive to prior years' recommendations. As the program enters its "maturation phase," it is recommended that the program continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.

Healthy Start

Agency: Stanislaus County Office of Education
Current Contract End Date: June 30, 2020

Program Description

Ten Stanislaus County Healthy Start sites form a collaborative connecting children and families with resources, support and education essential to create and sustain healthy communities. Located on or near school sites, the sites link schools with the community to provide a safety net of culturally appropriate and family centered programs, services, referrals, and support for families with children 0-5. By connecting with families of school age children, Healthy Start also connects with families who have children 0-5 who are not accessing resources in any other way. The sites serve the populations specific to their communities, and some specialize in serving teen parents who are attending school. Healthy Start sites build relationships by meeting families where they are and reflect the demographics of the communities they serve.

The 10 countywide Healthy Start sites provide services to families with children 0-5 that include walk-ins, telephone calls, referrals, monthly presentations, and written materials about community resources and agencies so families will become more knowledgeable and access services. Healthy Start sites also provide sessions through various programs that include information on health, nutrition, and safety issues. In addition, Healthy Start sites provide child development strategies and tools for caregivers to support involvement in their children's development and education.

Stanislaus County Office of Education (SCOE) Healthy Start Support provides assistance in multiple ways to the individual Healthy Start sites. SCOE conducts site visits to each of the locations to provide technical assistance in the areas of budgeting, health services, outreach, education, sustainability, contract compliance, reporting, and operational issues. Regular consortium meetings are also facilitated to strengthen the countywide Healthy Start collaborative and to provide a forum for information, trainings, partnership development, and sharing of resources and best practices. The meetings have fostered a strong sense of collaborative purpose to serve children 0-5 and their families in Stanislaus County.

Finances			
Total Award March 15, 2002 – June 30, 2020	FY 19/20 Award	FY 19/20 Expended	Cumulative Amount Expended
\$8,482,389	\$498,398	\$506,286 (102%* of budget)	\$8,447,938 (99.6% of budget)

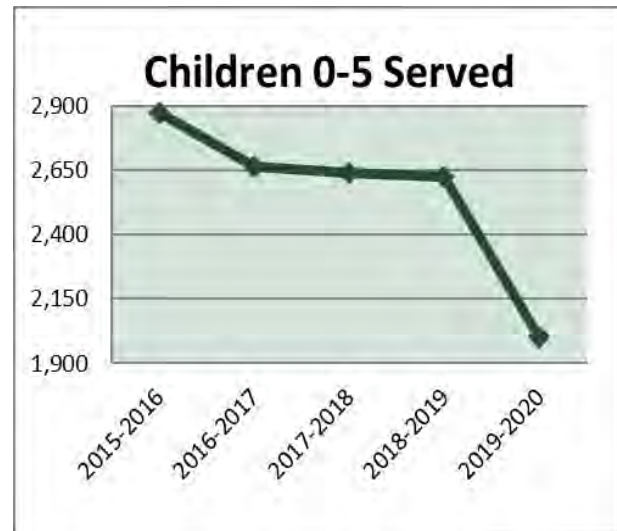
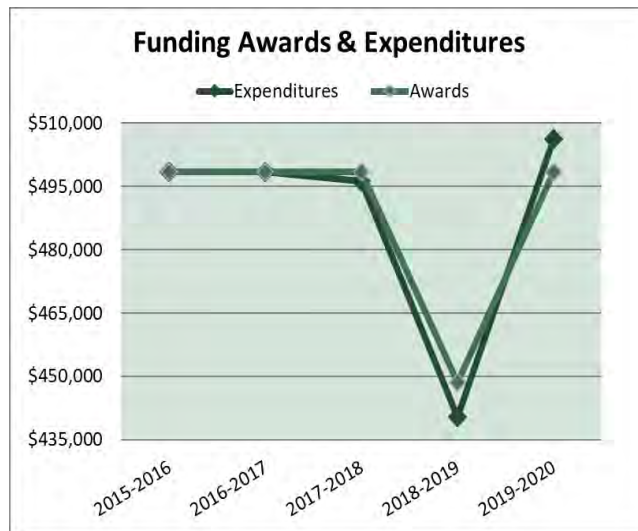
FY 19/20 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Healthy Start Sites	Indirect Cost Rate	Cost Per Child 0-5 (2,004)
\$70,764	\$7,567	\$420,067	9.8% (excludes sites)	\$253

PARTICIPANT TYPE		% SERVED
Children		32%
47% <3; 53% 3-5		
Parents/Guardians		26%
Other Family		42%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	83%
White	13%
Black/African American	2%
Asian	<1%
Alaska Native/American Indian	<1%
Pacific Islander	-
Multiracial	<1%
Other	1%
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	38%
Spanish	62%
Hmong	-
Other	-
Unknown	-

Children 0-5 Served Comparison by Fiscal Year



Funding for Healthy Start has remained stable except for 18/19 when all programs received funding reductions in an effort by the Commission to balance its budget while going through extensive strategic planning. A prior year technical adjustment in 19/20 is the reason the program appears to have spent over its award. The number of children served increased significantly in 15/16 due to increased outreach efforts by all Healthy Start sites. The number served decreased in 16/17 as a result of clients' immigration concerns but has remained stable since then. School closures as a result of COVID-19 impacting all 10 sites caused a significant decline in the number of children served in 19/20.

Program Highlights

- The 10 Healthy Start sites funded by the Commission are located at the following schools: Ceres, Downey, Franklin, Hughson, Keyes, Orville Wright, Petersen Alternative Center for Education (PACE), Riverbank, Robertson Road and Stanislaus Military Academy (SMA) at Teel.
- Many of the Healthy Start sites' classes and programs were scheduled for March, when gatherings began to be limited due to COVID-19. Ultimately the schools were closed, and as a result, the program's numbers reflect less children and families served compared to 2018-2019 (approximately 22% less families and 24% less children).
- Shortly following the school closures, several sites increased their services to children 0-5 and their families as they began to offer child care services for essential workers and other services to support families during the COVID-19 crisis. However, sites experienced difficulty collecting data due to the in-person contact limitations they employed to protect staff and clients while offering these services. The Collaborative is brainstorming how to collect data on services provided to families safely in these formats (such as curbside distributions) as schools will continue with the distance learning model for the start of the 2020-2021 school year.
- Due to parents having varying levels of comfort, familiarity, or technology skills the sites struggled to find effective virtual platforms to shift their classes and workshops. Another challenge reported was parents feeling "Zoomed out" after assisting their children with their distance learning for the traditional school day. The sites are in the process of trying out new apps and platforms and sharing with the Collaborative what platforms seem to be working well for families.
- Free and reduced lunch eligibility continues to be an indicator of the socio-economic levels at the 10 sites. The percentage of students at sites who are eligible for free and reduced lunch ranges from 53.6% to 96.9%.

- The Hispanic/Latino population continues to be the largest ethnic group in each of the 10 school communities ranging from 53% to 81.8%.
- Pre- and post-tests show increases of 82% for home literacy activities (reading to children, writing and coloring, and parental involvement).
- Use of the Family Support Outcome Survey (FSOS) has improved the accuracy and reliability of reported data but the tool is complicated and time consuming to use. The program will begin using Persimmony, an online data tool, to further improve accuracy, efficiency and save staff time in 2020-2021.
- Leveraging: In 2019-2020, the 10 Healthy Start sites reported receiving \$487,107 directly from State and Federal government sources, local government sources, and in-kind services or goods generated by participating school sites.
- Cultural Competency: The largest ethnic group served continues to be Hispanic/Latino at all of the 10 Healthy Start sites/districts. Materials and programs are culturally sensitive and provided in both Spanish and English. Most staff are bilingual or have bilingual support available as needed.
- Collaboration: All sites work with FRCs in their community, other Prop 10 programs, and a myriad of other community organizations. The program reports the 10 funded sites collaborate with over 100 different agencies.
- Sustainability: It continues to be a priority for sites to present outcome results to their local school boards and to community members as a method to promote and market their program. All 10 Healthy Start Family Resource Centers also support various community capacity building efforts through their continued partnerships with local businesses, faith-based organizations, and community organizations. Key champions are constantly revisited, and/or revised due to ongoing personnel changes. Site Coordinators continue to keep community decision makers such as Boards of Trustees, County Supervisors, district administrators and school principals apprised of up-to-date Healthy Start information.

Prior Year Recommendations

2018-2019 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
<p>1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.</p>	<ul style="list-style-type: none"> • Sustainability: Site Coordinators continue to keep community decision makers such as Boards of Trustees, County Supervisors, district administrators and school principals apprised of up-to-date Healthy Start information. For example, presentations were provided to Roma Teel Campus staff on the services and resources available through SMA at Teel's Healthy Start Family Resource Center. Ceres Healthy Start Family Resource Center presented at their district's Community Liaison meetings. Franklin presented information about Healthy Start at their district's Student, Parent and Community Support Services parent programs. • Leveraging: Sites continue to leverage school district resources such as Ceres Unified School District LCAP funds, and facilities usage (in-kind); Hughson Unified School District McKenny Veto Act, Student Attendance Review Team and LCAP funds; Riverbank Unified School District general fund, facilities usage (in-kind), and AEBG (in-kind). • Collaboration: All 10 Healthy Start school sites support various community capacity building efforts through their continued partnerships with local businesses, faith-based and community organizations.

Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
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OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Families with children 0-5 have support systems, social emotional systems, and decreased stress - as evidenced by the following:		1,583 families 2,004 children
Families indicating increased knowledge of community resources	80%	99% (265/268)
Families indicating increased social/emotional support	80%	98% (153/156)
Families indicating decreased stress	80%	96% (272/283)
Families reporting progress towards positive family goals	80%	98% (276/282)
Families reporting improved parenting skills	80%	98% (252/257)
Families reporting increased confidence in their parenting ability	80%	99% (233/235)
Families/caregivers have knowledge and skills and are empowered to improve their children's health, nutrition, safety – as evidenced by:		
Families indicating increased knowledge to access health and wellness information for their children	80%	99% (265/268)
Caregivers passing CPR/First Aid course	80%	100% (87/87)

Recommendations

This program has undergone multiple annual and periodic evaluations by Commission staff and the program has been responsive to prior years' recommendations. As the program enters its "maturation phase," it is recommended that the program continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.

Additionally, it is recommended the program continues its use of virtual services with families as appropriate.

The BRIDGE

Agency: Sierra Vista Child & Family Services
Current Contract End Date: June 30, 2020

Program Description

In 1988, The BRIDGE was created in response to the arrival of a large number of Southeast Asian (SEA) refugee families into Stanislaus County without the skills or background necessary to function or participate in a meaningful way within the community. The majority of The BRIDGE clients are Cambodian, Hmong, and Laotian families. Profound poverty, difficulties with parenting, cultural adaptation, language, and fundamental belief differences challenge the Southeast Asian community. In response, The BRIDGE offers many services including case management, parenting education/support, interpretation, translation, ESL classes, an after-school program, GED tutoring, and cultural liaison services to health care providers, schools, and legal and social service providers.

The BRIDGE provides culturally sensitive and knowledgeable services to the very reticent SEA population. The population has a history of poor service utilization, but The BRIDGE is a trusted service provider for the SEA community and has been successful in bringing in young SEA families with children 0-5. The BRIDGE provides focused outreach to inform families of the various programs offered and has hired younger, second generation outreach workers to identify families needing services. Additionally, other resource centers refer families to The BRIDGE when they determine that BRIDGE services would be more effective. The BRIDGE operates under Sierra Vista Child & Family Services, who provide administrative and fiscal services.

Finances			
Total Award June 1, 2007 – June 30, 2020	FY 19/20 Award	FY 19/20 Expended	Cumulative Amount Expended
\$2,338,000	\$166,500	\$161,352 (97% of budget)	\$2,267,684 (97% of budget)

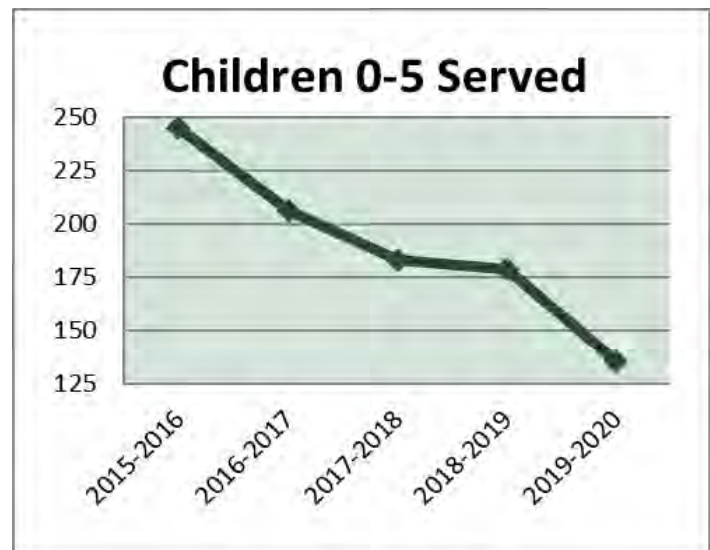
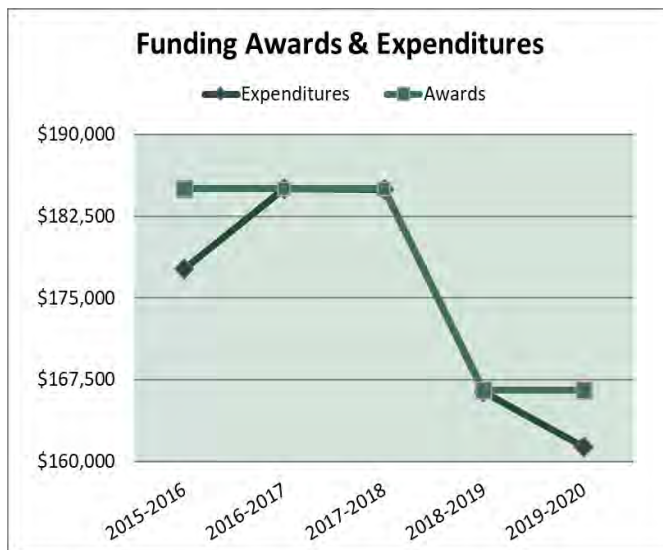
FY 19/20 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Indirect Costs	Indirect Cost Rate	Cost Per Child 0-5 (136)
\$113,809	\$32,775	\$14,768	10%	\$1,186

PARTICIPANT TYPE	% SERVED
Children	28%
41% <3; 51% 3-5	
Parents/Guardians	51%
Other Family	21%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	-
White	-
Black/African American	-
Asian	100%
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	-
Other	-
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	-
Spanish	-
Hmong	19%
Other	81%
Unknown	-

Children 0-5 Served Comparison by Fiscal Year



Funding remained steady for The BRIDGE until 18/19 when all programs received a reduction in funding as the Commission went through intensive strategic planning and began efforts to balance its budget. As a result of a vacant position, The BRIDGE did not expend all of its award in 19/20. A vacant position in 16/17 and a reduction of staff hours to offset salary costs in 18/19 resulted in the decline of children 0-5 served for those two years. Several factors influence the program's ability to served children 0-5 in 19/20 including the relocating to a new site, two vacant positions during the year and the COVID-19 pandemic. The latter resulted in a shift to providing services on a more one-on-one basis.

Program Highlights

- In December 2019, The BRIDGE moved to 1414 Scenic Drive in Modesto, about three miles east of its original location, between East and West Modesto. It is now centrally located and surrounded by the Southeast Asian populations it serves. The new facility is larger and provides more meeting space for families.
- The Bridge experienced staffing changes in 2019-2020. On August 16, 2019, The Bridge Site Supervisor resigned. In addition, one of the Cultural Advisors retired on December 31, 2019, further decreasing the number of staff members from four to two. These staffing changes, along with the site move during the year, impacted the program's ability to serve as many clients or offer as many services as in the prior year.
- Sierra Vista responded to COVID-19 sheltering orders by promptly developing protocols and guidance to continue family engagement and services through HIPAA compliant telehealth platforms. Within two weeks of the sheltering order, service provision had transitioned and outreach to families had occurred. The staff exhibited a strong commitment to caring for the families served and for each other. The swift and diligent adaptation to telehealth service delivery and day-to-day operations enabled the agency to maintain high-quality client/family engagement and comprehensive business practices. Community response to these efforts have been overwhelmingly positive and there was minimal to no disruption in services.
- Starting in March 2020, COVID-19 created additional challenges for staff. COVID-19 led to work changes, which included telecommuting and working in the office. If necessary, to assist children and family, staff would go for a home visit to drop off basic necessities while wearing a face mask and maintaining six feet social distance per the CDC's and agency guidelines at all times.
- The BRIDGE provided 2,878 hours for Family Support Services to 42 families representing 136 children 0-5. A total of 957 hours of case management services were provided to 109 families representing 50 children 0-5. While less children 0-5 were served for the year, almost as many families were served. In addition, more family support services and case management service hours were provided during the year with less program staff.

- In 2019-2020, large outreach events were sponsored by The BRIDGE focusing on the health, education, and welfare of children. The events included a Back to School event where school readiness materials were distributed and literacy activities were held, a Community Input and Information Meeting, and Modesto Irrigation District (MID) programs which provided staff an opportunity to outreach to families with children/grandchildren 0-5. Outreach workers continually identify and visit SEA families in their homes.
- The BRIDGE received eight food boxes from a collaboration with Ag Link. The food boxes were distributed to families within the Southeast Asian community in need (Cambodian, Hmong, and Lao).
- Special funding was made available via the California Family Resource Association. The BRIDGE purchased basic needs and filled bags to distribute to 40 Southeast Asian families (Cambodian, Hmong, and Lao).
- Leveraging: In 2019-2020, The BRIDGE received \$60,000 from local government sources and \$50,000 from Kaiser Permanente.
- Cultural Competency: It is critical in working with the SEA population that the staff be members of the SEA community and be respected by the community. Community members are involved in the hiring of staff to build capacity within the target population and to ensure staff reflects the target population. The BRIDGE staff provide services in Hmong, Cambodian and Laotian languages by staff who are both linguistically and culturally competent. Limited materials are available in the SEA languages; however, The BRIDGE has found several resources for health and parent education materials in SEA languages and uses them regularly. The BRIDGE participates in the monthly Cultural Competency Equity and Social Justice Committee (CCESJC) facilitated by Stanislaus County Behavioral Health & Recovery Services (BHRS). Additionally, Sierra Vista Child & Family Services (SVCFS) employs a Cultural Services Director who oversees all aspects of cultural diversity within the agency, including holding bi-monthly cultural competency meetings specifically structured to support staff who provide services to clients/families.
- Collaboration: The BRIDGE has a long history of collaborating with the Modesto Police Department, MID, PG&E, Probation, CSU Stanislaus, Josie's Place, El Concilio, BHRS, among other organizations. The BRIDGE also has collaborative relationships with several local Modesto City School campuses; Robertson Road, Kirschen, and Burbank. The BRIDGE continues strong and active collaborations with West Modesto King Kennedy, CVOC, Clients' Rights Advocates, Modesto Commerce Bank, and the Cambodian and Laotian Temples. The BRIDGE also continues strong collaborations with doctors' offices, social security, the Community Services Agency, and to providing linkages to interpreting services for families. The BRIDGE has created new relationships with other agencies and businesses including Modesto Commerce Bank, Self-Help Federal Credit Union, United Way, Public Health Advocates, Doctor's Medical Center, Stanislaus County Library, and Valley Mountain Regional Center. In addition, The BRIDGE has also collaborated with Health Plan of San Joaquin, Health Net, and Central California US 2020 Census. The Stanislaus Asian American Community Resource (SAACR) has reached out to and collaborated with The BRIDGE as well.
- Sustainability: The BRIDGE's continued strategy is to seek outside funding sources (grants, allocations, and other government support) and to work with a volunteer grant writer to search out and apply for new grants focused on serving The BRIDGE's client base to fund its current and future operations. The BRIDGE currently uses funding through grants from CSA CalFresh, Kaiser and California Resource Association. However, the majority of the program's funding continues to be provided by the Commission.

Prior Year Recommendations

2018-2019 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
<ol style="list-style-type: none"> 1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends. 	<ul style="list-style-type: none"> • Sierra Vista Child & Family Services continues to work on the Commission's priorities of sustainability, leveraging and collaboration to ensure services continue after the Commission's financial support ends. SVCFS annually updates its sustainability plan, instituting practices and procedures that build and strengthen fiscal, administrative and service capacity (i.e., Joint Commission Accreditation, leadership training, Strategic Planning, staff training, fundraising). SVCFS consistently

	seeks to leverage new and diverse funding to broaden services to families and bolster financial stability. Lastly, SVCFS values collaboration throughout the organization and with partners to provide children and families with the most comprehensive services to meet the unique needs of the community as well as to minimize duplication of services.
2. Continue to work to increase the number of caregivers engaging in parenting education services.	<ul style="list-style-type: none"> The BRIDGE increased outreach activities to engage the community in parenting classes. This was successful as indicated in outcomes. The BRIDGE staff will continue to outreach and encourage engagement in parenting classes.
3. Continue to work to increase the number of children 0-5 engaging in literacy services.	<ul style="list-style-type: none"> The BRIDGE increased outreach activities to engage more 0-5 children in Literacy activities. This was successful as indicated in outcomes. The BRIDGE staff will continue to outreach and encourage engagement in literacy services.

Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
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OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Children 0-5 whose caregiver(s) received services during the year have caregivers who receive a Strength Based Assessment	70%	97% (132/136)
Children 0-5 referred during the year have caregivers who receive referrals, resources, or support services	80%	100% (92/92)
Children 0-5 have caregivers who receive ongoing case management	40%	54% (50/92)
Children 0-5 have caregivers who indicate an increase in parenting knowledge or skills after attending parenting education or support groups as measured by an increase in knowledge/skills through a survey or pre/post test	80%	09% (89/111)
Children 0-5 who are assessed have caregivers who received depression screenings	60%	100% (90/90)
Children whose caregivers indicate a need will receive a mental health referral	90%	N/A (0/0)
Children 0-5 whose families are assessed receive developmental screenings	55%	100% (81/83)
Children who indicate a need will be referred for further developmental assessment	90%	N/A (0/0)
Children 0-5 served indicate increased time reading at home with family	60%	100% (49/49)

Recommendations

This program has undergone multiple annual and periodic evaluations by Commission staff and the program has been responsive to prior years' recommendations. As the program enters its "maturation phase," it is recommended that the program continues to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.

Additionally, it is recommended that the program:

- Offer virtual services with families as appropriate.
- Continue to work to increase the number of caregivers engaging in parenting education services.
- Continue to work to increase the number of children 0-5 engaging in literacy services.

Family Resource Center Countywide Summary

Agencies: AspiraNet, Center for Human Services, Ceres Partnership for Healthy Children,
Sierra Vista Child & Family Services, Parent Resource Center
Current Contract End Date: June 30, 2020

Program Description

In May 2005, the Children and Families Commission and the Community Services Agency (CSA) partnered to fund a network of Family Resource Centers (FRC's) to provide Differential Response (DR) and family support services to Stanislaus County communities. The intent was to provide families with children 0-5 and 6-17 and families at risk for child abuse/neglect with support services and a hub of resources. (DR is explained in more detail on the following page.) Originally, six contracts were awarded to serve Central/South Modesto, Ceres, Hughson and Southeast communities, Turlock, the Westside (Newman/Crows Landing, Grayson/Westley, and Patterson), and the Eastside (Oakdale/Riverbank). In May 2007 a seventh contract was awarded to serve North Modesto/Salida. In 2017-2018, After Care services were added as part of an expansion to CSA's portion of the contracts.

All FRC's provide the following core services: community resources and referrals, strength-based assessments and case management, parent education and support groups, school readiness information dissemination, depression screenings and mental health referrals, and child developmental screenings and referrals. In addition, each site provides unique services that address the needs of each community.

Finances							
Total Award June 1, 2005 – June 30, 2020		FY 19/20 Award		FY 19/20 Expended (% of budget)		Cumulative Amount Expended (% of budget)	
Commission Funds	Combined Funds (includes CSA)	Commission Funds	Combined Funds (includes CSA)	Commission Funds	Combined Funds (includes CSA)	Commission Funds	Combined Funds (includes CSA)
\$22,037,246	\$30,666,207	\$1,559,357	\$2,459,357	\$1,476,549 (95%)	\$2,1704,815 (88%)	\$20,480,844 (95%)	\$28,786,269 (94%)

Cost per Child 0-5 to Commission (2,222) = \$608

PARTICIPANT TYPE	% SERVED
Children	23%
46% <3; 54% 3-5	
Parents/Guardians	38%
Other Family	39%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	59%
White	24%
Black/African American	4%
Asian	<1%
Alaska Native/American Indian	-
Pacific Islander	<1%
Multiracial	2%
Other	2%
Unknown	8%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	68%
Spanish	28%
Hmong	-
Other	-
Unknown	4%

An Investment In Communities

Family Resource Centers and Differential Response

During the last 14 years, the Commission has invested \$22 million dollars in Differential Response-Family Resource Centers (DR-FRCs). The funding for 19/20 represents 48% of the Commission's total program budget and 69% of the budget allocated to Improved Family Functioning. This investment is based on both published national research about DR and FRCs, as well as the results that Stanislaus County has experienced. The Commission is funding what works within an effective structure.

What Works

Family Resource Centers

When the Commission, CSA, and the community began the work necessary to develop the network of FRCs, research was evolving which indicated that FRCs were promising strategies for addressing child abuse and neglect, substance abuse, family violence, isolation, instability, community unity and health, and educational outcomes. The California Family Resource Center Learning Circle cites this research and offers the shared principles and key characteristics of an effective FRC. All of the funded DR-FRCs share these principles and key characteristics and apply them within their own communities in unique ways.

Shared Principles

- Family Support
- Resident involvement
- Partnerships between public and private
- Community building
- Shared Accountability

Key Characteristics

- Integrated
- Comprehensive
- Flexible
- Responsive to community needs

Differential Response

Studies across the nation regarding various DR programs and services have suggested positive results for children, families, and communities. Evaluations have demonstrated that the implementation of DR has led to quicker and more responsive services. Evidence also indicates that parents are less alienated and much more likely to engage in assessments and services, resulting in the focus on the families' issues and needs (Schene, P. [2005]).

Drawing from the success of DR in other communities, the protocol for Stanislaus County's DR was designed by the Child Safety Team, a group made up of Community Services Agency staff and other stakeholders. Parameters had been set by the state, and members of the group attended various trainings about how other states had successfully implemented DR. A strength based and solution focused model was selected as the mode of implementation, with the Strength Based Assessment serving as the foundational tool. This strategy is well documented in the literature as empowering families to not only engage in services, but to become their own best advocates.

Effective Structure

- ***FRCs provide an infrastructure and capacity to organize and supply services at the community level***
FRCs are "one-stop-shops" located in the heart of the communities they serve. With an array of public and private partnerships, FRCs have the capacity to provide services to individuals and families where they live, alleviating access and transportation barriers that often prevent them from getting their needs met. FRCs provide a less formal, more comfortable setting for receiving services, and staff are familiar and connected to the community at large.
- ***FRCs provide a framework for unifying the efforts of new and existing programs***
FRCs offer a gateway through which many programs and services are offered and coordinated, and they are at the center of the resource and referral process.
- ***FRCs provide a structure for linking finance/administration with community feedback, local development and improved program evaluation***
FRCs provide the opportunity for consumers and partners to share feedback about their programming, community needs, and quality of services. By implementing various strategies such as focus groups, surveys, informal discussions and broader community forums, FRCs can regularly evaluate outcomes and any emerging needs that require support.
- ***FRCs provide a single point of entry to an integrated service system that provides local access to information, education, and services that improve the lives of families***
Families experiencing crisis or trauma are often overwhelmed and confused when seeking support. FRCs make this process easier by initiating contact locally and working with families to develop a plan for support (eliminating the need for families to access multiple service systems on their own).

Family Development Matrix and Case Management (Improved Family Functioning)

All FRCs utilize the same assessment from the Family Development Matrix (FDM). The assessments are conducted with families who are referred through Differential Response or who have a child 0-5 years old. This process allows the case manager to discuss with the family their strengths and concerns in the areas of basic needs, child safety and care, self-sufficiency, social community, family interactions, child development, and family health and well-being. An empowerment plan is then developed with the family to address any issues in those areas, and the family is always engaged in the work to be done to achieve goals. Case management activities may include frequent home visits to support the family, school readiness/preschool assistance, referrals for adjunct services such as housing/food/employment needs, and individual parenting support. Each case managed family is reassessed every three months and the FDM is used to document the family's progress towards self-sufficiency and independence. Individual FRCs, and the staff members employed, have their own style of delivering case management services, such as length of total services and duration of visits. All of the FRCs also provide interpretation and translation for Spanish speaking families, as well as culturally sensitive services.

Parent Education and Support Groups (Improved Family Functioning)

Parenting education and support groups are offered by every FRC and are adjusted to meet the community's needs. Each FRC uses unique curricula. The number of classes, times, and frequency vary, but all sites provide or give access to classes in both English and Spanish. Positive parenting and discipline, nurturing, infant care, and safety are some of the subjects addressed during the classes.

Community Outreach

All FRC sites conduct community outreach in a manner that is most appropriate for their particular communities and populations. Some of the methods that FRCs employ are door-to-door outreach, presentation of information at both health and safety events, family fairs, and participation in community events. Some sites have conducted their own events as well, including open houses and community-wide workshops. Outreach is a critical component of reaching positive outcomes due to a variety of barriers preventing families from knowing about or seeking services on their own.

FRC Core Services

**All funded DR-FRCs
provide
these core services**

Behavioral Health Services/ Depression Screenings (Improved Family Functioning)

The Burns Depression Screening is used by all FRCs to assess caregivers of children 0-5. Caregivers who indicate a need for additional assessment or mental health services are referred to a variety of resources, depending on the community. Some FRCs employ a clinician on-site for these referrals, and others provide support groups and/or opportunities for counseling.

Developmental Screenings/Preparation for School (Improved Child Development)

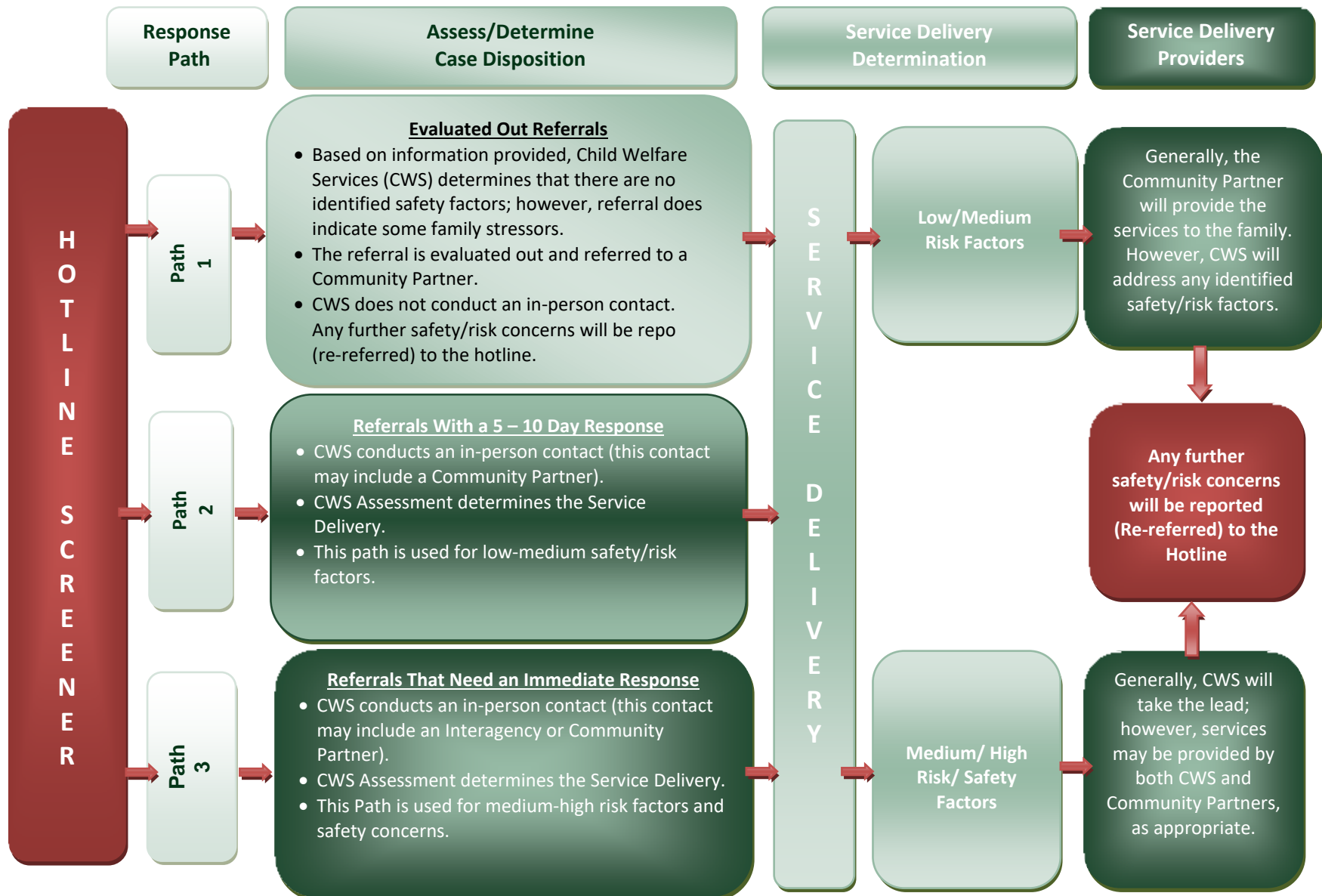
The Ages and Stages Questionnaire is used by all FRCs to screen children 0-5. The screening is intended for the early detection of developmental concerns in asymptomatic children. The caregiver is involved in the screening process, and child development activities and issues are discussed. If indicated, referrals and support are given to the children and families. Workshops, classes, and information about school readiness are offered at all FRC locations at varying levels of intensity.

Health Insurance Enrollment Assistance (Improved Health)

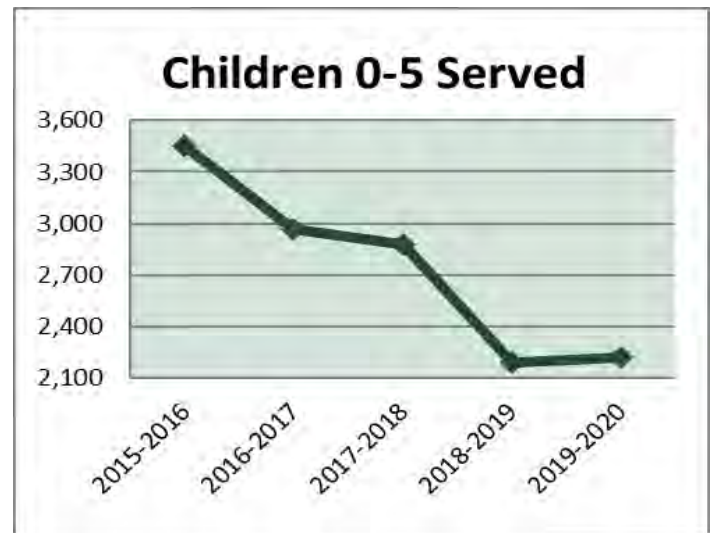
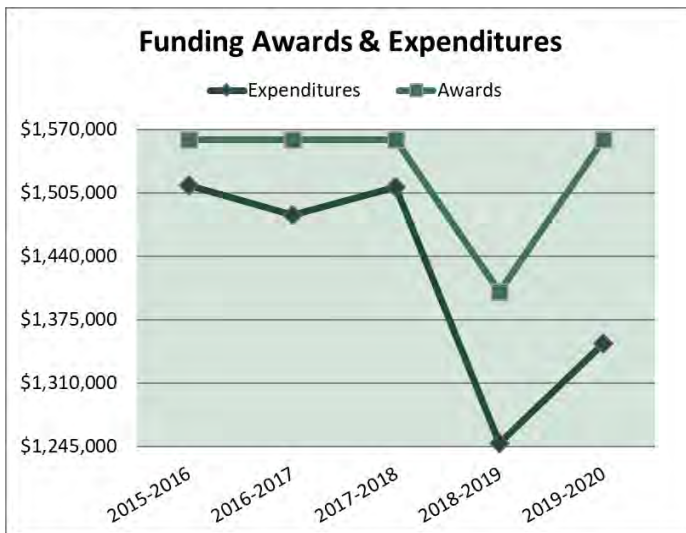
Every family who is assessed by an FRC is asked about the status of health insurance for their children 0-5. If a child does not have medical insurance, the family is assisted with applying for a program such as Medi-Cal and Kaiser Kids within 90 days of the assessment. FRCs conduct this activity in a variety of ways, including training staff to be Certified Application Assistors (CAAs) and employing the assistance of other agencies. Many of the FRCs take part in outreach events during which families are informed of the choices they may have for medical care and the assistance available through the FRCs.

Differential Response is a strategy where community groups partner with the county's child welfare agency to respond to child abuse/neglect referrals in a more flexible manner (with three response paths instead of one). CSA's response to a referral depends on the perceived safety and risk presented. The family circumstances and needs are also considered. Families are approached and assisted in a non-threatening manner, and family engagement is stressed; prevention and early intervention is the focus. Below is a graphic presentation of the DR structure used by Stanislaus County.

Stanislaus Differential Response Paths



Children 0-5 Served Comparison by Fiscal Year



Commission funding for countywide FRCs has remained stable except for 18/19 when all programs receiving funding reductions in an effort by the Commission to balance its budget while going through extensive strategic planning. FRC expenditures have been relatively stable (averaging 93% of award). The number of children served in 15/16 was high attributed to increased outreach efforts and an expansion of service by FRC. The number served returned to prior levels in 16/17 and declined slightly 17/18. In 18/19, there was a significantly decline in the number served in as a result of several factors: reduced funding, reporting error that were corrected, and staffing vacancies that impacted outreach efforts and service provision. The FRCs had a slight increase in the number served in 2019-2020 due to their efforts to engaging families during the pandemic using alternative formats.

Program Highlights

- In 2017-2018, CSA added an additional \$400,000 to the FRC program for the provision of After Care services. CSA began referring clients who closed out their family unification and family maintenance cases with CSA to FRCs for After Care support. The intent of After Care services is to increase awareness of and utilization of community resources by referred clients. CSA and FRC staff continue to develop strategies to further engage After Care clients and the FRCs have been slowly increasing their work with this population.
- In addition to collaborating with others in the region, the FRCs work together through the Multidisciplinary Team (MDT) within Stanislaus County. The MDT consists of providers of Differential Response services from each FRC. The Team has been meeting twice monthly since the inception of FRCs. The MDT members discuss cases, protocol, and best practices, as well as share successes and challenges.
- Each FRC partners with a wide and unique spectrum of agencies, businesses, and community organizations to serve the needs of the children and families it serves. The list of partnerships is extensive and continues to grow as one of the critical roles of the FRCs is to link children and families to community resources. The FRCs have become established and trusted in the communities and are considered hubs of services. Partnerships and collaboration are the cornerstones for this development.
- Each FRC utilizes unique tools for evaluation and operational purposes. However, the following are the common tools all FRCs use:
 - ✓ Stanislaus County Outcomes and Results Reporting Sheet (SCOARRS) - Completed quarterly throughout the fiscal year addressing five milestones: 1) Caregivers' assets and needs are assessed; 2) Mental health issues of caregivers are assessed; 3) Children receive early screening and intervention for developmental delays and other special needs; 4) Children possess literacy tools (books, skills) and caregivers demonstrate improved literacy skills; and 5) Caregivers possess parenting knowledge, skills, and support. The SCOARRS lists the strategies each program uses to reach milestones, and the indicators that show progress towards the milestones and planned outcomes.

- ✓ Demographic Data Sheets – Excel spreadsheets developed by Commission staff in which programs input counts for services and the demographic data of participants; data is entered quarterly.
 - ✓ Customer Satisfaction Surveys – Each FRC administers a customer satisfaction survey at least twice a year.
 - ✓ Employee Satisfaction Surveys – Each FRC administers an employee satisfaction survey at least once a year.
 - ✓ Family Development Matrix (FDM) – This assessment is used every sixty days to track the progress a case managed family is making towards independence and resiliency. The periodic assessments can be compared to document changes in the family unit.
 - ✓ Intake Forms/Logs – FRCs began using intake forms that collected consistent information. These coordinated intake forms allowed FRCs to collect and report data more consistently and accurately.
 - ✓ ASQ (Ages and Stages Questionnaire) – Every FRC uses the ASQ-3 to screen children 0-5 for developmental concerns.
 - ✓ Burns Depression Screening – Every FRC uses this screening to assess depression indicators.
- Due to the COVID-19 pandemic, delivery of all FRCs' services were still offered, although, via modified formats. All in person classes and groups were transitioned to virtual platforms. One-on-one meetings have been moved to virtual or telephone appointments. Staff adhere to strict safety procedures when in person contact is required, including wearing masks, social distancing, sanitization/disinfecting procedures, and health screenings for staff and clients before the in-person contact was made. The FRCs also increased their social media presence to reach families. These strategies allowed families to access critical services and resources during the pandemic.
 - The FRCs continued to offer holiday and other events to families using drive through or pick-up formats which allowed families to participate while maintaining social distance. Families received the materials needed to participate in the activities planned by the FRCs and could virtually join FRC staff for the scheduled activities. This allowed families to continue to have a sense of normalcy and much needed social connection during the pandemic. The FRCs also provided other materials in this way including: school readiness activities for families, self-care packets for caregivers, food and hygiene kits for families, and distributing emergency supplies First 5 Stanislaus received from First 5 California.
 - With the COVID-19 pandemic, families faced more struggles including: loss of employment or reduced work schedule, lack of availability or inability to access food and daily supplies, lack of availability or inability to access cleaning and hygiene supplies, the stressors of needing to become teachers for their children, and coping with anxiety and uncertainty. Due to being geographically dispersed throughout the County and their established relationships within their communities, FRCs were recognized as strategic partners to support families during the pandemic. Therefore, the FRCs received various COVID emergency grants to provide needed support for families such as housing and utility assistance and gift cards to purchase food, cleaning, hygiene and other basic needs.
 - Leveraging: As a group, in 2018-2019 the FRCs leveraged a total of \$1,222,064 from local government sources and \$263,984 was generated by civic groups, foundations, and local fundraising events.
 - Cultural Competency: All DR-FRCs are committed to the continued development of cultural competency for staff. FRCs recruit and hire multicultural and bi-lingual staff to meet the needs of their diverse communities. A large number of bi-lingual Spanish staff are employed by FRCs. FRCs employ staff with fluency in other languages including Cambodian, Laotian, Hmong, Farsi, Assyrian, and American Sign Language. FRCs also contract with the Language Line for translation for other languages and interpreters as needed. The FRCs provide direct services, literature, and presentations in threshold languages and in other languages as material is available. Staff at the FRCs is provided with ongoing cultural competency training in order to provide competent services to clients.
 - Collaboration: FRCs have developed an extensive number of collaborations with public, private, and non-profit agencies including: El Concilio, The BRIDGE, other Family Resource Centers, Women Infant and Children (WIC), Workforce Development, Healthy Birth Outcomes, Healthy Starts, International Rescue Committee, Family Justice Center, Salvation Army, United Samaritans, Children's Crisis Center, 211, Promotoras, local health plans and health clinics, churches, city governments, County departments, school districts, civic groups, and CalFresh.
 - Sustainability: Each FRC has prepared a Sustainability Plan that contains the following elements: (1) Vision and Desired Results; (2) Identifying Key Champions and Strategic Partnerships; (3) Internal Capacity Building through development of a strategic planning process and (in some cases) accreditation; (4) Strategic Financing (including cost management and revenue enhancement); and (5) Establishing an Implementation Plan with Periodic Reviews. The FRCs have successfully developed Sustainability Plans and each year the FRCs report on the progress made in each of the 5 elements of the plan.

Prior Year Recommendations

In the 2018-2019 Local Evaluation Report, the seven Family Resource Center contracts were evaluated together as an initiative and while the number and type of recommendations were the same for each contract, the individual responses of the contractors are listed below:

CERES	
2018-2019 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	<ul style="list-style-type: none"> On Sustainability: CHS and our FRCs will continue to grow a broad base of local community support and involvement to help sustain our work in the communities of Oakdale/Eastside, Westside/Newman/Patterson and Ceres. The agency will work to advance best practices and strong partnerships, as well as connect to larger, regional or national funding opportunities that support family strengthening work. Locally, CHS has been successful at promoting regional fund-raising events to increase our unrestricted funding, as well as utilizing MAA Medi-Cal as an additional resource to support FRC work. This year we will be focused on planning and new partner/funder development for all our community FRCs. On Leveraging: The FRCs continue to build a continuum of leveraged resources and support from public and private partners. We have leveraged monetary donations, manpower, food, clothing, space and household items (to name a few) and continue to look for ways to minimize costs and maximize our funding. A good example of leveraging is our collaborative application to CFRA for Emergency Funding to support all DR/0-5 FRCs in Stanislaus County. Leveraging our partnerships and resources resulted in an additional \$37,386 for impacted FRC families. On Collaboration: Collaboration on the county and local level will continue to be important for our FRCs. Each FRC collaborates with a multitude of partners, public and private, and helps increase our capacity to provide resources without duplicating efforts. The Stanislaus County FRC collaborative group is well-connected and there is continued interest on working together, vs. in silos. At CHS, we are working toward greater community engagement and involvement in our FRC. This movement of community will help ensure sustainability beyond our agency's involvement.
2. Work to increase the number of caregivers engaging in parenting education services.	<ul style="list-style-type: none"> Ceres Partnership promotes parent engagement and education by implementing several strategies, including 1:1 sessions, parent cafes, activity based events with families and workshops. We share local partner programs and opportunities to connect them to a broader array of resources to help them increase their parenting knowledge and skills.

<p>3. Work to increase the number of children 0-5 engaging in literacy services.</p>	<ul style="list-style-type: none"> • Ceres Partnership has been providing a variety of literacy services for children since its establishment in 1996. We have robust school readiness and literacy groups and are frequently at capacity in terms of the maximum number of children per group (which are bilingual English/Spanish). We work with our local schools and Head Start partners to recruit children for groups and will continue to focus on literacy services. Use of the Creative Curriculum has been key to strong child engagement.
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EASTSIDE	
2018-2019 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
<p>1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.</p>	<ul style="list-style-type: none"> • Center for Human Services continues to look for programs or grants to support sustainability efforts. Leveraging and collaboration with other partners, as well as developing other strategies, are a priority to ensure identified services continue as the Commission's financial support ends. The Center for Human Service is committed to continue to provide service to the Eastside Community as it has done for the past 18 years. • Medi-Cal Administrative Activities (MAA) is an example of unrestricted funds that are available that we are using as a way to leverage the end of financial support for the Oakdale FRC.
<p>2. Work to increase the number of caregivers engaging in parenting education services.</p>	<ul style="list-style-type: none"> • This has been a unique year. We are utilizing virtual platforms and drive thru events to engage our community. Each time someone new engages us we complete a welcome form to get to know them and we invite all of our parents to our parent cafe and other groups that fit their needs and is appropriate for their current stage in life. We have increased our group size for parent cafe and also heard their request to offer it twice per month.
<p>3. Work to increase the number of children 0-5 engaging in literacy services.</p>	<ul style="list-style-type: none"> • While our services are anything but traditional currently, I would say we have been able to reach far more families in literacy services during this time. We are using Facebook and have engaged hundreds of families with our virtual story time, crafts, and bingo. We are also engaging families on Zoom two times per month.

FAMILY RESOURCE CONNECTION	
2018-2019 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	<ul style="list-style-type: none"> The program partners, Parent Resource Center and Sierra Vista Drop-In Center, continued to work on sustainability by seeking new funding sources to maintain services. The PRC was awarded funding from the City of Modesto CBDG and Stanislaus County CBDG funding, both for parenting education classes. Also, as of March 2020, the PRC had a new contract from Stanislaus County Behavioral Health and Recovery Services to promote mental health awareness in west Modesto. Sierra Vista secured funding through BHRS and Probation to operate a Youth Assessment Program for youth at risk for law enforcement involvement. The Family Resource Connection project partners continually work on the priorities of financial sustainability, leverage, and collaboration.
2. Work to increase the number of caregivers engaging in parenting education services.	<ul style="list-style-type: none"> During fiscal year 2019-2020, the Family Resource Connection provided parenting education to 91 caregivers using Prop-10 funding. This is a decrease from 254 in fiscal year 2018-2019. However, a total of 258 parents/caregivers received parenting education through all programs. At the PRC these caregivers were primarily served through two CDBG programs with the City of Modesto and Stanislaus County, ensuring families in our community did not go without the important skills that can be learned from parenting classes. During the last quarter and due to classes and services being delivered via video platforms because of the COVID pandemic, staff reported a higher level of parent engagement.
3. Work to increase the number of children 0-5 engaging in literacy services.	<ul style="list-style-type: none"> Staff at all sites actively promote and engage children 0 to 5 in literacy services through book distribution, encouraging parents to read with their children, and providing a variety of learning activities while children are in child care. In January 2020 the Family Resource Connection staffs received training on The Creative Curriculum which utilizes a variety of activities to promote literacy and was incorporated by staff. Example activities that focused on engaging children include caterpillars and butterfly cycle project, the emotions (emoji) activity, and reading books to incorporate learning new vocabulary words, colors and related topics. The reading of the Peter the Cat book, "I Love My White Shoes" demonstrates a high level of literacy and engagement for children. Children read about Peter stepping into different things like blueberries, strawberries, and mud, and his white shoes changed colors with each object. Using craft sticks the children made puppets of the strawberries, blueberries, mud, water and the shoes, then sang the book's song, "I Love My White Shoes," using the puppets to demonstrate the cat stepping into objects until the cat steps into a water buck and the shoes come out white again. The phonemic awareness, phonics, new

	<p>vocabulary, reading comprehension, fluency and ability to learn rhyming words are other learning experiences that children experience by reading and singing. They also use their motor skills when turning the pages, holding the puppet sticks, and also body coordination when dancing to the song. The activities are easy and can be repeated at home, plus the materials are low cost and easy to access, increasing the likelihood of being used.</p>
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HUGHSON	
2018-2019 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
<p>1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.</p>	<ul style="list-style-type: none"> Sierra Vista Child & Family Services continues to work on the Commission's priorities of sustainability, leveraging and collaboration to ensure services continue after the Commission's financial support ends. SVCFS annually updates its sustainability plan, instituting practices and procedures that build and strengthen fiscal, administrative and service capacity (i.e., Joint Commission Accreditation, leadership training, Strategic Planning, staff training, fundraising). SVCFS consistently seeks to leverage new and diverse funding to broaden services to families and bolster financial stability. This fiscal year SVCFS leveraged new funding with BHRS PEI Brief Intervention Counseling Program Lastly, SVCFS values collaboration throughout the organization and with partners to provide children and families with the most comprehensive services to meet the unique needs of the community, as well as to minimize duplication of services. Specific to HFRC, the advisory board has continued to develop new fundraising opportunities. They have consistently increased their fundraising dollars each year.
<p>2. Work to increase the number of caregivers engaging in parenting education services.</p>	<ul style="list-style-type: none"> Hughson staff have reached out to the local elementary schools in the geographical area to educate on the parenting services available. The staff has created relationships with local churches to distribute services information. In March, letters were mailed to current and former clients with information on services being offered virtually and how to access it. The staff also visited migrant campus providing outreach regarding parenting services.
<p>3. Work to increase the number of children 0-5 engaging in literacy services.</p>	<ul style="list-style-type: none"> Hughson staff hosted several literacy events/activities focused on early literacy. The themed events helped engage children and promote literacy services. The staff also visited migrant campus providing outreach regarding literacy services.

NORTH MODESTO / SALIDA

2018-2019 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	<ul style="list-style-type: none"> Sierra Vista Child & Family Services continues to work on the Commission's priorities of sustainability, leveraging and collaboration to ensure services continue after the Commission's financial support ends. SVCFS annually updates its sustainability plan, instituting practices and procedures that build and strengthen fiscal, administrative and service capacity (i.e., Joint Commission Accreditation, leadership training, Strategic Planning, staff training, fundraising). SVCFS consistently seeks to leverage new and diverse funding to broaden services to families and bolster financial stability. Lastly, SVCFS values collaboration throughout the organization and with partners to provide children and families with the most comprehensive services to meet the unique needs of the community, as well as to minimize duplication of services.
2. Work to increase the number of caregivers engaging in parenting education services.	<ul style="list-style-type: none"> North Modesto staff have reached out to the local elementary schools in the geographical area to educate on the parenting services available. The staff has created relationships with local churches to distribute services information. In March, letters were mailed to current and former clients with information on services being offered virtually and how to access it.
3. Work to increase the number of children 0-5 engaging in literacy services.	<ul style="list-style-type: none"> North Modesto staff hosted several literacy events/activities focused on early literacy. The themed events helped engage children and promote literacy services.

TURLOCK

2018-2019 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	<ul style="list-style-type: none"> Aspiranet TFRC continues to work to achieve Commission's priorities of sustaining, leveraging, and collaborating to ensure services continue after the Commission's financial support end. The TFRC will continue to participate in the Commission's ongoing strategic planning towards sustaining funding streams towards the continued support of the FRC's. Aspiranet grant writers continually seek to expand resources and develop ways to raise funds. Currently, a Big Lots grant is in the RFP stage. Additional county funders serve to support the FRC expenses. Collaboration with other agencies generates expanded resources for the families in our community. Recently, WIC considered partnering with the TFRC, however, the space wasn't conducive to their needs. TFRC has been awarded the OCAP collaborative grant along with the other FRC's. Aspiranet

	<p>applied for another CSA grant with the plan to further leverage the TFRC expenses, however, negotiations resulted in CSA declining our bid. Aspiranet will continue to seek out other needed county programs.</p> <ul style="list-style-type: none"> • TFRC is looking to decrease the cost of overhead by looking for another building. • Our volunteer program has been successful and we plan to increase use of volunteers to include mentoring. TFRC is a Workforce Development site for the CSP program that allows Aspiranet to hire potential employees in their program without any cost to the employer.
2. Work to increase the number of caregivers engaging in parenting education services.	<ul style="list-style-type: none"> • The TFRC will continue to provide outreach to parents in the community, as evidenced by passing out flyers in the community and at local events. The TFRC staff will also continue reaching out to preexisting clients for referrals. The TFRC has started utilizing social media in order to inform parents in the community of the parent education services currently being offered. The TFRC provides incentives to parents that participate in the parent education services, as well as incentives to parents who refer others from the community.
3. Work to increase the number of children 0-5 engaging in literacy services.	<ul style="list-style-type: none"> • The TFRC will continue to pass out books to clients in order to promote literacy in the home setting. The TFRC has utilized different platforms in order to engage youth in a weekly story time facilitated by a TFRC staff member. The TFRC will be doing outreach at local libraries and putting together a "Book of the Month Club".

WESTSIDE	
2018-2019 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	<ul style="list-style-type: none"> • The Center for Human Service is committed to continue to provide service to the Westside Community as it has done for the past 18 years. Center for Human Services continues to look for programs or grants to support sustainability efforts. Leveraging and collaboration with other partners, as well as developing other strategies, are priorities to ensure identified services continue, as the Commission's financial support ends. • The development of a strong FRC regional network will be important to join to help leverage possible funding streams that can help sustain the programs. • Medi-Cal Administrative Activities (MAA) is an example of unrestricted funds that are available that we are using as a way to leverage the end of financial support for the Westside FRC's.

<p>2. Work to increase the number of caregivers engaging in parenting education services.</p>	<ul style="list-style-type: none"> • The Westside FRCs will focus to work with community partners, organizations and schools to outreach and engage caregivers in parenting education. We are looking to engage caregivers in non-traditional parenting education like Parent Café and/ or more formal parenting education. We will work to provide these parenting groups at our FRC locations, but also be more accessible by offering the parenting groups at other locations like community centers, and classrooms.
<p>3. Work to increase the number of children 0-5 engaging in literacy services.</p>	<ul style="list-style-type: none"> • The Patterson and Newman FRC will use social media as an approach to engage more children 0-5 in literacy services. Working with partners in the community like WIC, Healthy Starts, public library and schools to outreach will help parents become aware of the literacy services provided at each of our FRC's. Working with current parents to help reach other parents and using volunteers like the Community Promotoras to disseminate information about the literacy groups offered.

Planned Versus Actual Outputs / Outcomes

Family Resource Centers 19/20 Annual Scorecard Data

	Ceres Partnership		Eastside FRC		Parent Resource Center		Hughson FRC		North Modesto / Salida		Turlock FRC		Westside FRC		Total
FRC Staff will provide an FDM Assessment to the caregivers of children 0-5 (AC, DR & Non-DR).															
30% children 0-5's caregivers who responded to a contact will receive a second FDM assessment	29%		2%		38%		21%		37%		35%		1%		63% 527/1934
FRC staff will provide a valid depression screening to caregivers of children 0 -5 who receive an FDM assessment (AC, DR & Non-DR).															
Number of the children 0-5 whose caregivers receive depression screenings.	43		31		464		151		144		105		28		966
FRC staff or contracted staff will provide group and individual mental health counseling to caregivers of children 0-5. Improvement will be reported by clinician.															
96% of the children 0-5 whose caregivers receive GROUP counseling will, according to their clinician, indicate improvement with presenting issues	N/A	0/0	N/A	0/0	N/A	0/0	100%	17/17	100%	15/15	95%	21/22	N/A	0/0	98% 53/54
80% of the children 0-5 whose caregivers receive INDIVIDUAL counseling will, according to their clinician, indicate improvement with presenting issues	N/A	0/0	N/A	0/0	N/A	0/0	100%	7/7	100%	20/20	94%	29/31	N/A	0/0	97% 56/58

Family Resource Centers 19/20 Annual Scorecard Data

	Ceres Partnership	Eastside FRC	Parent Resource Center	Hughson FRC	North Modesto / Salida	Turlock FRC	Westside FRC	Total
FRC Staff will provide children 0-5, whose caregivers are assessed, with developmental screenings using Ages & Stages Questionnaire (AC, DR, & Non-DR)								
65% of the children 0-5, whose caregivers receive a second FDM assessment, will receive developmental screenings.	50	48	256	98	61	72	43	628
FRC Staff or contracted staff will provide literacy / school readiness services (teaching adults literacy, distributing children's books, teaching adults how to read to children, etc.)								
92% of children 0-5 who received literacy services will indicate increased time reading at home with family	84%	96%	97%	100%	100%	92%	100%	96% 560/585
97% of children 0-5 will be provided books	100%	100%	99%	100%	100%	100%	100%	100% 584/585
75% of children 0-5 whose caregivers receive adult literacy services will self-report an increase in adult literacy skills	100%	100%	96%	100%	100%	100%	100%	99% 559/564

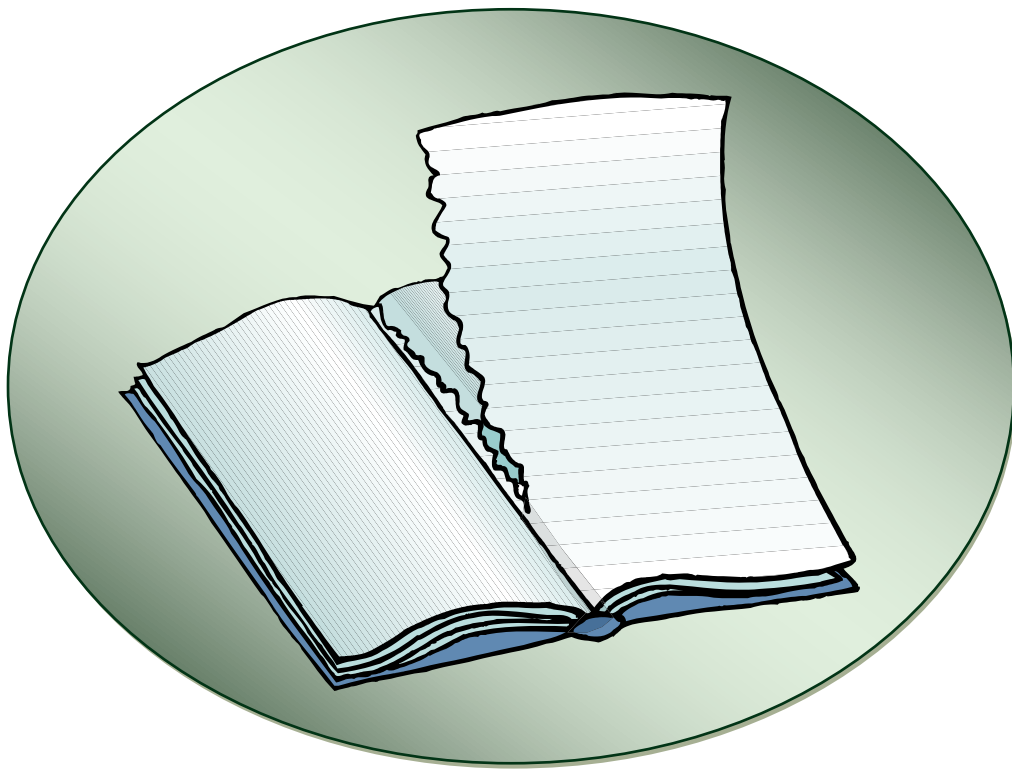
Recommendations

These programs have undergone multiple annual and periodic evaluations by Commission staff and the programs have been responsive to prior year's recommendations. As the programs enter their "maturation phase," it is recommended that the programs continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.

Additionally, it is recommended that Family Resource Centers:

- Work to increase the number of caregivers engaging in parenting education services.
- Work to increase the number of children 0-5 engaging in literacy services.
- Continue their use of virtual services with families as appropriate.

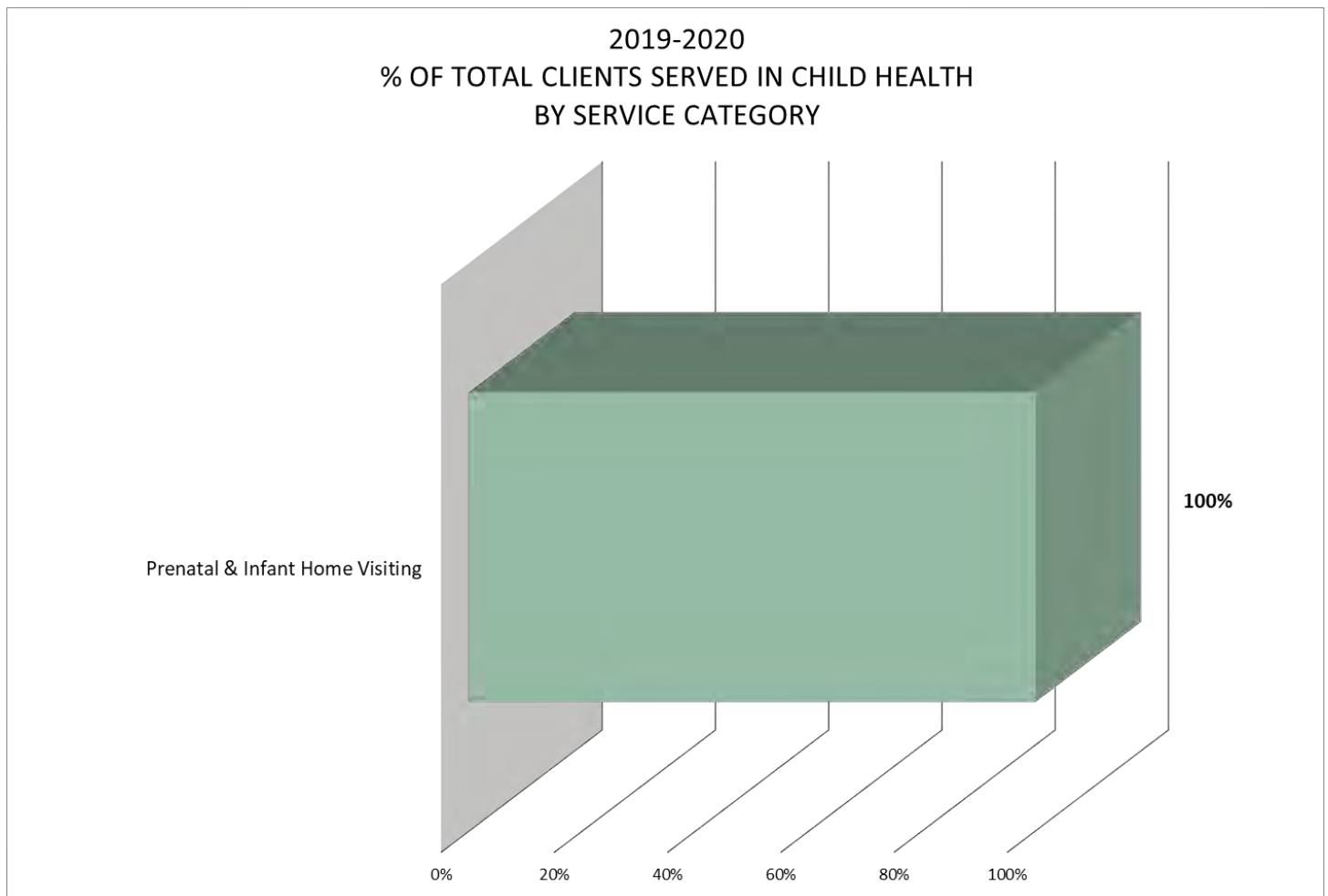
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Result Area 3: Improved Health

Description

Children who are born healthy and stay healthy is the goal of the Result Area 3: Improved Health. In order to work towards this goal, the programs in this result area include those that increase access to, and provide healthcare and health education for pregnant women, children 0-5, and their families. The Commission's strategy is to fund programs that are working towards the two objectives for this result area: (1) Increase the rate of healthy births and (2) Increase children's access to and utilization of health insurance benefits. The Prop 10 funded program categorized under Improved Health, represents 20% of the 2019-2020 budget.



Result Area 3 Services and Service Delivery Strategies

The services provided in Result Area 3 continue to promote optimal health for children 0-5 in Stanislaus County. The Improved Health Result Area remains a very important component in the Commission's strategic plan.

Funding allocated to Result Area 3 is meant to increase access to and improve healthcare for children 0-5 and their families, leading to a population result for Stanislaus County of, "Children are Born Healthy and Stay Healthy." Some countywide positive results are being seen, and indications are that services in this area may be a factor in the improving environment. Although programs categorized in other result areas also contribute to the Strategic Plan goal and objectives below, the programs categorized in Result Area 3 are those that are primarily providing health services or support of those services.

Desired Result: Children Are Born Healthy and Stay Healthy

Objectives:

- *Increase the rate of healthy births*
 - *Increase the number of pregnant women and teens who receive prenatal care*
 - *Maintain infant mortality rates below state levels*
 - *Decrease the number of low birth weight babies*
 - *Decrease the percentage of women who smoke during pregnancy*
- *Increase children's access to and utilization of health insurance benefits*

The Commission has employed the following services and service delivery systems to progress towards these objectives, increasing access to and improving healthcare for children, and contributing to the population result "Children are Born Healthy and Stay Healthy":

- ***Prenatal and Infant Home Visiting***

Home visiting is a primary service delivery strategy for inter-generational family-centered supports. Home visiting services are provided in the home by qualified professionals to parents, prenatally and/or with children birth to age three. These voluntary programs tailor services to meet the needs of individual families and offer information, guidance, and support directly in the home environment. While home visiting programs vary in goals and content of services, in general, they combine parenting and health care education, early intervention, and early learning supports for young children and their families. Home visits focus on linking pregnant women with prenatal care, promoting strong parent-child attachment, coaching parents on learning activities that foster their child's development and supporting families during the pivotal window of pregnancy through early childhood.

The services are offered by a variety of providers, including public health nurses, FRC family service providers and mental health clinicians. Multiple strategies are also used, including community-based support groups, county based health programs, and mobile health services.

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
<ul style="list-style-type: none"> • 530 children 0-5 received services that focused on improved health • 246 pregnant women received prenatal care • 246 women (who were pregnant for the first time) participated in pregnancy support groups • 125 home visits were made to at-risk pregnant women • Caregivers of 296 children participated in health, nutrition, or safety programs 		
<p>Infants are Being Born Healthy</p> <ul style="list-style-type: none"> • 80% of the infants born to participants in a healthy birth program (122/153) were born term • 84% of the infants born to participants in a healthy birth program (128/153) were born with a healthy weight (between 5 lbs. 5 oz. and 8 lbs. 13 oz.) • 92% of the mothers in a healthy birth program (141/153) initiated breastfeeding <p>Pregnant Women in a Healthy Birth Program Have Increased Knowledge and Make Positive Health Decisions for Themselves and Babies</p> <ul style="list-style-type: none"> • 100% of the infants (71/71) were up-to-date on immunizations at one year and 100% had health insurance (71/71) • 91% of participants (1,111/1,218 duplicated) report making positive changes based on health, nutrition, and safety classes • 100% of case managed families (7/7) reported making positive changes for themselves or children 		

Result Area 3: Improved Health									
Program	Amount Expended in 2019-2020 (% of 2019-2020 allocation)		Total # Children 0-5 Served (or served through family members)	Cost per Child 0-5		Total Award To-Date (7/1/2007-6/30/2020)	Cumulative Amount Expended (7/1/2007-6/30/2020)		% of Cumulative Amount Expended
Healthy Birth Outcomes	\$	948,250 (95%)	530	\$	1,789	\$ 21,138,004	\$	19,969,320	94%
TOTAL	\$	948,250 (95%)	530	\$	1,789	\$ 21,138,004	\$	19,969,320	94%

Healthy Birth Outcomes (HBO)

Agency: Health Services Agency
Current Contract End Date: June 30, 2020

Program Description

HBO focuses on improving maternal and infant health through education and support. Together, Public Health (PH) staff and 10 community partners provide services to pregnant and parenting women and teens in Stanislaus County. Program services are designed for those who are at risk of having an adverse outcome to their pregnancies because of age, medical, and/or psycho-social factors. This partnership also seeks to link individuals, families, and providers in Stanislaus County to available resources, increase access to services, and raise awareness about how to have a healthy pregnancy.

The program provides support, advocacy and education to promote the health of participants and their infants through the use of community support groups; intensive case management services; and outreach. Women and teens who are pregnant and would like extra support can attend one of 10 support groups that are located throughout the county. They may receive advocacy, peer and professional support, and education at each location through their infant's first year of life. In addition, women who are not pregnant but are parenting an infant less than one year of age, can also join a group if they have a need for extra support.

Women who are less than 28 weeks pregnant and are at highest risk due to medical issues, behavioral health, domestic violence, or other psycho-social stressors impacting their pregnancies, can receive intensive case management services from a multidisciplinary team of public health nurses, community health workers, and a social worker. Referrals for case management services can come from any entity who feels the pregnant woman could benefit from additional help to deliver a healthy infant.

Outreach to locate and provide information on services available to pregnant women is conducted by both the collaborative partners and the Health Services Agency (HSA) Public Health staff through door-to-door outreach, attending health fair events, creating linkages with neighborhood clinics and businesses, and meeting with perinatal providers. HSA staff also participates in the Maternal Child Health Advisory group that meets to network, raise awareness of current maternal-child health events, and share resources. In addition, HSA staff provides health education classes to participants at substance abuse treatment programs within First Step.

Finances			
Total Award September 1, 2003 – June 30, 2020	FY 19/20 Award	FY 19/20 Expended	Cumulative Amount Expended
\$21,138,004	\$1,000,000	\$948,250 (95% of budget)	\$19,969,320 (94% of budget)

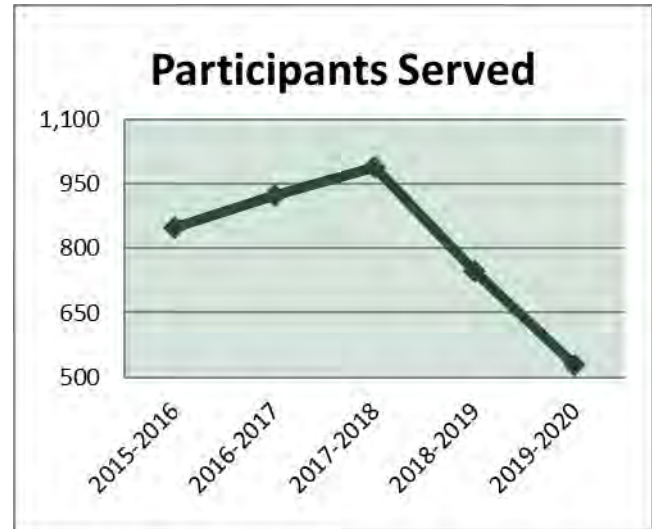
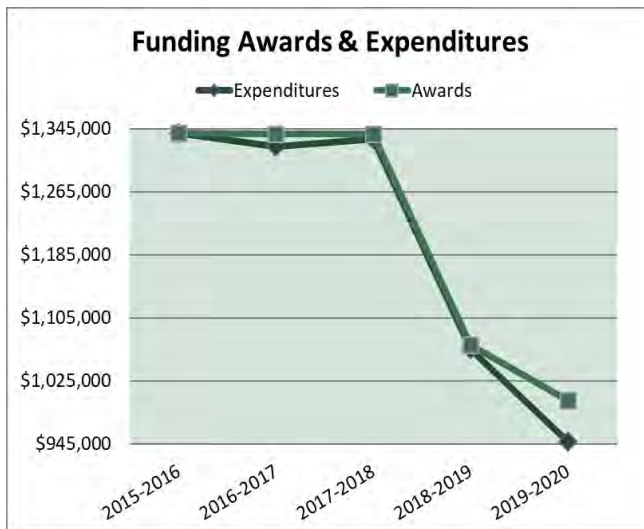
FY 19/20 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Community Partners	Indirect Cost Rate	Total Cost Per Participant (530)
\$388,373	\$57,874	\$502,003	10% of personnel	\$1,789

PARTICIPANT TYPE	% SERVED
Children	50%
100% <3	
Parents/Guardians	50%
Other Family	-

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	80%
White	17%
Black/African American	1%
Asian	<1%
Alaska Native / American Indian	-
Pacific Islander	-
Multiracial	-
Other	1%
Unknown	<1%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	39%
Spanish	61%
Hmong	-
Other	-
Unknown	-

Participants Served Comparison by Fiscal Year



Funding remained steady for HBO until 18/19 when all programs received a reduction as the Commission went through intensive strategic planning and began efforts to balance its budget. HBO has consistently expended its award. Several sites struggled to meet their enrollment number for 18/19 and this resulted in a decline in participants served. In addition, the program had a reduction in funding for 18/19 that impacted staffing for the home visiting component of the program. As a result, staff were not able to serve as many clients. Several sites continued to not meet their enrollments number for 19/20. HBO also reduced the case management component of program as it shifted the associated services and clients to other existing programs under HSA. Both these factors impacted the number of children served.

Program Highlights

- The program uses a multidisciplinary team approach, where public health nurses lead the case management team of community health workers and social workers in providing intensive services to high risk mothers. The case management component of the program has been reduced as these services are being transitioned to existing programs at HSA.
- Overall, HBO program participants deliver babies that are born on time and at healthy weights. Participants are more likely to initiate breastfeeding and continue for six months; have infants who at one year of age are more likely to be current with immunizations and have health insurance.
- Ten community sites held 422 support sessions and 246 new pregnant women joined the program. 95% of mothers who completed satisfaction surveys stated that the groups met their needs.
- Nearly all sites struggled to enroll 40 new pregnant women into HBO groups. The groups were temporarily suspended as result of the shelter in place orders before transitioning to a digital platform. The sites also struggled to adjust their outreach efforts during the pandemic once the groups resumed in a digital platform.
- More than 79% of participants indicated an increase in knowledge resulting from attending health education classes and 91% reported making changes in how they cared for themselves or their children as a result of information they gained in their HBO class.
- Leveraging: Leveraging data for 2019-2020 was unavailable. HSA staff continue to be impacted due to supporting the COVID 19 response for the community at large.
- Cultural Competency: Classes are presented in English and Spanish, and the community component has Spanish speakers available for class presentations. Interpreters from the HSA volunteer program and HSA staff assist case management staff when they conduct home visits with Spanish speaking clients. Program materials are in Spanish and English, which are the two main languages used by program participants.
- Collaboration: HBO works closely with the Maternal, Child and Adolescent Health program at HSA. HBO continues to collaborate with Stanislaus County Community Services Agency (CSA) on the Shaken Baby prevention outreach. HBO covered

the dangers and consequences of shaking a baby at HBO support groups as well as collecting data for CSA. There continues to be increased collaboration with the Public Health HIV/STD program, specifically focusing on Congenital Syphilis. HBO case managers conducted more intensive outreach to women with infections and assisted them in accessing treatment.

- Sustainability: Key Champions for the program include the Maternal, Child and Adolescent Health Advisory Board, Stanislaus Health Foundation, and the family resource centers. Strategic partnerships have been established with WIC, SCOE, March of Dimes, and the Child Lead Poisoning Prevention Program.

Prior Year Recommendations

2018-2019 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	<ul style="list-style-type: none"> • Fiscal year 2020-2021 will be the final year of the Healthy Birth Outcomes program. The high-risk case management component of the program will be absorbed into other existing programs offered at Health Services Agency. The Commission and HSA are developing a strategy to continue offering the community support groups in a modified way without HSA continued involvement.

Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Participants rate the support groups as having met their needs	85%	95%* (83/88)
Women receiving case management services recommend the service to others	85%	100%* (7/7)
Participants demonstrate an increase in knowledge after attending classes promoting health, nutrition, and safety	70%	79%* (963/1,218) (not a unique count)
Participants report having made changes based on what they learned in classes	60%	91%* (1,111/1,218) (not a unique count)
Case managed clients report having made self-care behavior changes for themselves and/or children based on case management services	60%	100%* (7/7)
Participants deliver term infants	90%	80% (122/153)
Participants deliver infants weighing at least 5 lbs. 5 oz. and no more than 8 lbs. 13 oz.	90%	84% (128/158)
Participants initiate breastfeeding	50%	92% (141/153)

Participants breastfeed for at least 6 months	30%	74%* (122/165)
Infants at one year of age have up-to-date immunizations	85%	100% (71/71)
Infants at one year of age have health insurance	85%	100% (71/71)
Clients admitting to substance use initiate treatment program	40%	75%* (3/4)
Case managed women discontinue smoking during pregnancy	25%	N/A* (0/0)
Case managed clients who indicate a need for mental health services are referred	90%	100%* (5/5)
Case managed clients who self-report behavioral health issues at time of intake receive referrals to mental health services	90%	100%* (6/6)
Perinatal providers are reached to increase awareness of services available to pregnant/parenting women	20	7*

* While raw data for these outcomes was collected for the entire year, Health Services Agency staff only provided analyzed data through third quarter as they were assigned to work on the COVID-19 pandemic response in the Emergency Operations Center in Stanislaus County. Commission staff approved this reporting for 19/20 given the staffing constraints the program was under.

Recommendations

First 5 Stanislaus has funded the Healthy Birth Outcomes program operated by the Health Services Agency (HSA) for more than 15 years. Discussions began with HSA staff at the beginning of Fiscal Year 2019-2020 to discuss and plan for the future of the HBO program. During this time, it became apparent that significant changes would be needed for the HBO program in Fiscal Year 2020-2021 and it would also be the final year for the HBO program.

As it enters its final year, it is recommended the program:

- Prepare its subcontractors and their clients for the conclusion of the HBO program.
- Completed all final reports and submit them in a timely manner.
- Compile and share all training materials and resources developed for HBO with Commission staff.

Result Area 4: Improved Systems of Care/Sustainable Systems

Description

Programs and services funded specifically to improve coordination, leveraging, collaboration, or utilization of resources are to be categorized in Result Area 4: Improved Systems of Care/Sustainable Systems. While the Commission does not have contracts to report under Result Area 4; however, it does have expenditures which support and nurture widespread and overarching collaboration, coordination, and leveraging.

The percentage of the budget represented by the Result Area 4: Improved Systems of Care/Sustainable Systems has consistently been .002%. In 2017-2018, due to State required reporting changes which resulted in contracted funds previously reported in Result Area 4 to be reported in Result Area 1, less than 1% of the Commission's 2019-2020 budget was in Result Area 4. It should be noted, that although the budget allocation for this Result Area is relatively low, expenditures that are allocated to "Other Programs" in the Commission's 2019-2020 budget should be considered as contributing to the results in Result Area 4. These include expenditures for community and partner training education, as well as staff time spent supporting and monitoring programs.

Result Area 4 Services and Service Delivery Strategies

Result Area 4 encompasses programs and services that build capacity, support, manage, train, and coordinate other providers, programs, or systems in order to enhance outcomes in the other result areas. Funding in this category also supports programs in their efforts to sustain positive outcomes. The overall population result that the Commission activities contribute to in Result Area 4 is, "Sustainable and coordinated systems are in place that promote the well-being of children from prenatal through age five" Although the Commission and funded programs cannot take full responsibility for this result in Stanislaus County, there are numerous ways that they are contributing to this result. In addition, Commission staff has continued to support contractors with sustainability, leveraging efforts, collaboration, and building capacity.

Desired Result: Sustainable and Coordinated Systems Are In Place that Promote the Well-Being of Children From Prenatal Through Age Five

Objectives:

- *Increase the funding and/or alignment of funding for a coordinated system of support for children and families*
- *Increase the level of county data integration/alignment of indicators, associated monitoring, and use of data to inform course-correction as needed to improve outcomes for children and families*
- *Increase the knowledge of individuals serving young children about available resources (including professional development) services, and referral opportunities*

The Commission has employed the following services and service delivery systems to progress towards these objectives, and contribute to the population result "Sustainable and coordinated systems are in place that promote the well-being of children 0-5":

- ***Fund programs that provide outreach, planning, support, and management***
Outreach is critical for all Result Areas in order to reach out to those who may be marginalized or underserved. The Commission expects all funded programs to ensure that targeted populations are reached to participate in their particular services. Effective planning, support, and management are also imperative in providing services that are efficient and valuable. Commission staff provides support in this area to contractors as needed.
- ***Offer training and support for providers and contractors to build capacity and improve utilization of limited resources***
Capacity building can occur at multiple levels, and the Commission supports this effort in a variety of ways. One way is through two Early Childhood Educator/Provider Conferences provided annually that are designed to train and support those working daily with young children. Offering these conferences at no cost to participants remains a cost-effective means to serve many with beneficial results. Another way is through the training and support Commission staff provides to contractors, including contractor trainings and workshops.

- ***Encourage collaboration and coordination amongst contractors and other organizations by sponsoring meeting/sharing opportunities***

Collaboration and coordination can help decrease duplication of and increase the effectiveness of services. Programs understand that to gain the most beneficial results, collaboration and coordination is often necessary, especially during times of diminishing resources. During each quarterly meeting of all agencies contracting with the Commission, successful collaboration efforts are celebrated, agency presentations are made to promote awareness of Commission-funded programs, and time for discussions and networking are built into the agenda of each meeting.

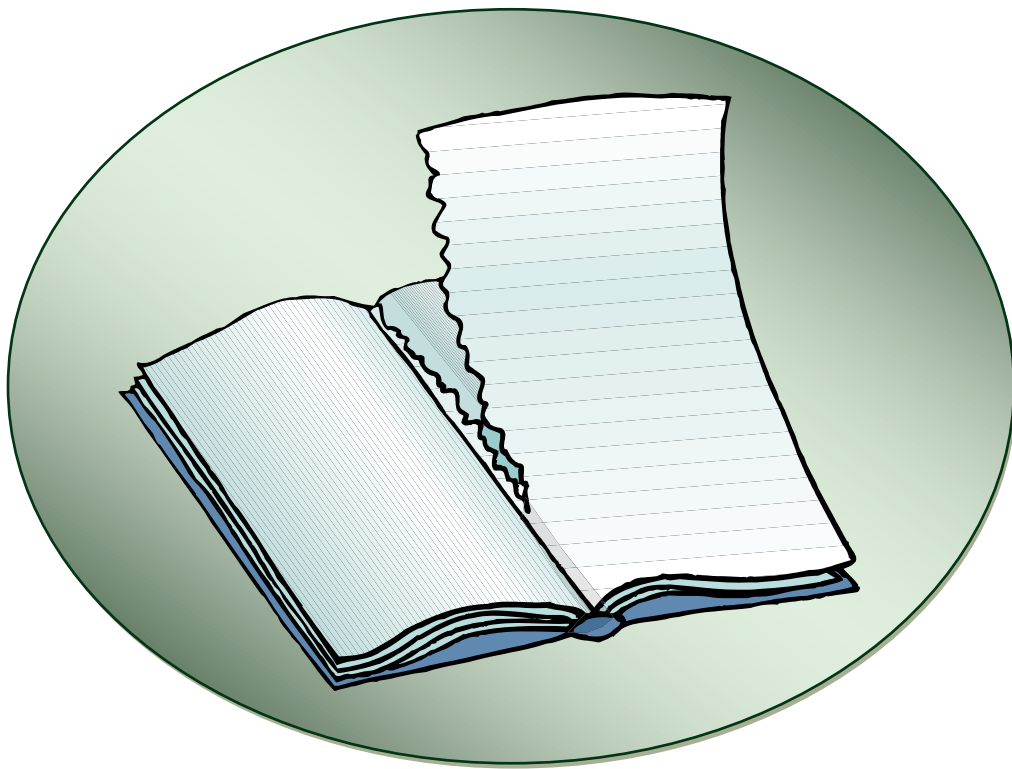
- ***Support leveraging opportunities within and outside of Stanislaus County***

As Commission revenues diminish, supporting leveraging opportunities is critical to be able to sustain services and programs, as well as the results they are achieving. Leveraging resources within the county increases both the capacity of the leveraging program as well as that of the community in which the leveraging occurs. Resources are maximized, services are improved or enhanced, and community capacity increases as assets are capitalized upon. Human resources (both paid and volunteer), supplies, physical sites, skills, and knowledge from other community members and organizations can and are utilized to benefit children 0-5 and families served. Leveraging resources outside of the county, including state, federal, and private sources, is also an effective strategy to sustain results. During FY 18/19, programs leveraged Commission funding both within and outside of Stanislaus County.

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
<ul style="list-style-type: none"> • 100% of the surveyed attendees (331/331) rated the August 2019 and February 2020 ECE/Provider Conferences as good or excellent • 99% of surveyed attendees (353/356) indicated they would take information they learned at the August 2019 and February 2020 ECE/Provider Conferences and apply it in their family childcare home/classroom/center • 100% of the surveyed attendees (45/45) indicated the Spanish Language ECE Conference trainer was effective and the content was fair/excellent 		
<p><i>Increases in Leveraging Within and Outside of the County</i></p> <p><i>Increase in Resources and Community Assets Leveraged Within the County</i></p> <ul style="list-style-type: none"> • 91% of the Commission contracted programs (10/11) report leveraging of community resources • A total of over \$1.5 million was leverage from inside sources in 2019-2020 <p><i>Increase in resources coming into Stanislaus County, As a Result of Leveraged Dollars</i></p> <ul style="list-style-type: none"> • 91% of the Commission contracted programs (10/11) report leveraging Prop 10 dollars to receive funding from outside of Stanislaus County • Over \$728,944 million was leverage from outside sources in 2019-2020 		

Result Area 4: Improved Systems of Care (Sustainable Systems)	
Program/Activity	Amount Expended in 2019-2020
Early Care & Education Conferences	\$ 6,315
TOTAL	\$ 6,315

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APPENDIX - ACRONYMS

The following list identifies widely used acronyms that have been referenced in this evaluation. They include organizations, programs, tools, and terms.

0-5 EIP	Zero to Five Early Intervention Partnership (formerly SCCCP)
AC	After Care
ADRD/DRDP	Adapted Desired Results Developmental Profile/Desired Results Developmental Profile
AOD	Alcohol and Other Drugs
ASQ	Ages and Stages Questionnaire
ASQ-3	Ages and Stages Questionnaire – Third Edition
ASQ SE	Ages and Stages Questionnaire – Social Emotional
BHRS	Behavioral Health and Recovery Services
CAA	Certified Application Assistor
CAPC	Child Abuse Prevention Council
CASA	Court Appointed Special Advocates
CAPIT	Child Abuse Prevention, Intervention, and Treatment
CARES	Comprehensive Approaches to Raising Educational Standards Project
CBCAP	Community-Based Child Abuse Prevention
CBOs	Community Based Organizations
CCC	Children’s Crisis Center
CDBG	Community Development Block Grant
CDC	Center for Disease Control
CFC	Children and Families Commission, also know as First 5 Stanislaus
CHA	Community Health Assessment
CHDP	Child Health and Disability Prevention Program
CHIS	California Health Interview Survey
CHS	Center for Human Services <i>Funded Programs:</i> Westside Family Resource Centers, Eastside Family Resource Center
CHSS	Community Housing and Shelter Services
CPHC	Ceres Partnership for Healthy Children
CPS	Child Protective Services
CPSP	Comprehensive Prenatal Services Program
CSA	Community Services Agency <i>Funded Programs:</i> Family Resource Centers
CVOC	Central Valley Opportunity Center
CWS	Child Welfare Services
CWS/CMS	Child Welfare Services Case Management System
DMCF	Doctors Medical Center Foundation

DR	Differential Response
ECE	Early Childhood Education
0-5 EIP	Zero to Five Early Intervention Program
EL	Early Learning <i>or</i> English Learners
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment
ESL	English as a Second Language
FJC	Family Justice Center
FCC	Family Child Care
FDM	Family Development Matrix
FFN	Family, Friends, and Neighbors (childcare category)
FM	Family Maintenance (division of CPS)
FPG	Federal Poverty Guideline
FPL	Federal Poverty Level
FRCs	Family Resource Centers
FSN	Family Support Network
FY	Fiscal Year
GED	General Education Diploma
GVHC	Golden Valley Health Centers
HBO	Healthy Birth Outcomes
HEAL	Healthy Eating Active Living
HEAP	Home Energy Assistance Program
HRSA	Health Resources and Services Administration
HSA	Health Services Agency <i>Funded Programs: Healthy Birth Outcomes</i>
IZ	Immunizations
KBS	Keep Baby Safe
KRP	Kindergarten Readiness Program
LSP	Life Skills Progression tool
MAA	Medi-Cal Administrative Activities
MCAH	Maternal Child Adolescent Health
MHSA	Mental Health Services Act
MOMobile	Medical Outreach Mobile
NSJVFRCN	Northern San Joaquin Valley Family Resource Center Network
PACE	Petersen Alternative Center for Education
PAT	Parents as Teachers Program
PEDS	Prop 10 Evaluation Data System
PEI	Prevention and Early Intervention

POP	Power of Preschool
PRC	Parent Resource Center <i>Funded Programs: Family Resource Connection</i>
PSI	Parental Stress Index
PSSF	Promoting Safe and Stable Families
RBA	Results Based Accountability
SAMHSA	Substance Abuse and Mental Health Services Administration
SBA	Strength Based Assessment
SBS	Shaken Baby Syndrome (Prevention Program)
SCCCP	Specialized Child Care Consultation Program
SCCFC / CFC	Stanislaus County Children and Families Commission
SCDLPC	Stanislaus Child Development Local Planning Council
SCOARRS	Stanislaus County Outcomes and Results Reporting Sheet
SCOE	Stanislaus County Office of Education <i>Funded Programs: SCOE Healthy Start Support</i>
SEA Community	Southeast Asian Community
SEI	Social Entrepreneurs, Inc.
SELPA	Special Education Local Plan Area
SFJC / FJC	Stanislaus Family Justice Center / Family Justice Center
SR	School Readiness
SVCFS	Sierra Vista Child and Family Services <i>Funded Programs: North Modesto/Salida FRC, Hughson FRC, Drop In Center, The BRIDGE</i>
TCM	Targeted Case Management
TUPE	Tobacco Use Prevention Education
VFC	Vaccines For Children
VMRC	Valley Mountain Regional Center
WCC	Well Child Checkup
WIC	Women, Infants, and Children

**COMMITTEE ROUTING**

Administrative/Finance	<input checked="" type="checkbox"/>
Operations	<input checked="" type="checkbox"/>
Executive	<input checked="" type="checkbox"/>

ACTION AGENDA SUMMARYAGENDA DATE: April 27, 2021COMMISSION AGENDA #: 8.A. (PUBLIC HEARING)**SUBJECT:**

Conduct a Public Hearing on the First 5 California 2019-2020 Annual Report

BACKGROUND:

Section 130140(a)(1)(H) of the California State Health and Safety Code requires County Commissions to hold a public hearing on the State Commission's annual report (which is submitted to the Legislature each January). The State's Annual Report can be reviewed and/or printed from First 5 Stanislaus' website at <http://www.first5stan.org/agendas.shtm>. The annual report summarizes past year's accomplishments including education, outreach and screening efforts.

The Administrative and Finance Committee, the Operations Committee, and the Executive Committee were updated on this project at their respective meetings on April 12th, April 15th, and April 21st.

STAFF RECOMMENDATIONS:

1. Conduct a public hearing on the First 5 California 2019-2020 Annual Report.
2. Accept the First 5 California 2018-2019 Annual Report.

FISCAL IMPACT:

There is no fiscal impact associated with holding a Public Hearing on the First 5 California 2019-2020 Annual Report.

COMMISSION ACTION:

On motion of Commissioner _____; Seconded by Commissioner _____ and approved by the following vote:

Ayes: Commissioner(s): _____

Noes: Commissioner(s): _____

Excused or Absent Commissioner(s): _____

Abstaining: Commissioner(s): _____

1) _____ Approved as recommended.

2) _____ Denied.

3) _____ Approved as amended.

Motion: _____

Attest: _____

Kellie Edwards, Confidential Assistant IV



FIRST 5 CALIFORNIA
2019-2020
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.



First 5 California Commission Members

George Halvorson, Chair (Member until December 2020)

Appointed by the Governor

Lupe Jaime-Mileham, Vice Chair (Member until September 2019)

Appointed by the Governor

Molly Munger, Vice Chair

Appointed by the Speaker of the Assembly

Jackie Majors

Appointed by the Speaker of the Assembly

Mayra Alvarez

Appointed by the Governor

Muntu Davis (Member until December 2020)

Appointed by the Governor

Monica Fitzgerald

Appointed by the Senate Rules Committee

Shana Hazan

Appointed by the Senate Rules Committee

Ex-Officio Member:

Mark Ghaly

Secretary of the California Health and Human Services Agency

Kris Perry, Designee

Secretary of the California Health and Human Services Agency

New Members Appointed in January 2021:

Dr. Nadine Burke Harris, Chair

California Surgeon General, Appointed by the Governor

Elsa Mendoza Jimenez

Appointed by the Governor

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Message from the Executive Director

What a year it has been! Like everywhere else across the country and around the globe, California has faced the ravages and unprecedented challenges brought on by the COVID-19 pandemic. While these dire circumstances have led to devastation for so many people in terms of illness, loss of loved ones, business closures, unemployment, educational logistics, and child care, Californians working together have found ways to face these daunting realities and work through them as best we can. As we continue to forge ahead through the end of the pandemic and through our state's health crisis and economic recovery, these partnerships and collaborations will continue until we are successfully on the other side of this frightening era. Toward that end, in 2020 the First 5 California Commission allocated a total of \$5 million to help address the pandemic and provide emergency support to local communities around the state. (See "[COVID-19 Pandemic Assistance](#)" for additional information.)

In addition to its efforts to address these unforeseen pandemic-related challenges of the past year, in Fiscal Year 2019–20 First 5 California continued to implement its 2019–24 Strategic Plan, which provides the agency's road map for its investments, partnerships, and advocacy efforts to fulfill its mission, vision, and goals. All of the Commission's work emanates from the firm belief that every child deserves a strong and solid start in life. This multi-faceted work is possible because of the dedication and work of our Commission, staff, the First 5 county commissions, and other stakeholders and partners.

First 5 California's 2019–20 Annual Report highlights its accomplishments and collaborations at both state and local levels, which include:

- Local consortia participating in First 5 IMPACT reported that over two-thirds (5,111 of 7,723) sites participating in Quality Counts California were supported in full or in part with First 5 IMPACT funding, reaching 310,378 children in 58 counties
- Home visiting services for California's high-need families supported by launch of the home visiting workforce study and engaging counties in home visiting coordination efforts
- The Family Engagement Toolkit launched as a free resource for early learning and care providers to build upon skills in family engagement strategies and provide techniques that can be implemented in everyday situations
- Celebrating a hard-fought and long-awaited policy win in the form of Paid Family Leave, SB 1383 (Jackson)

With another challenging and successful year behind us, there is still much work to do. With each year comes a renewal of our commitment to the principals that have always been at the core of our work in serving our youngest Californians and their families. We will continue to partner with our Governor, the Legislature, First 5 county commissions, and other groups and organizations that advocate for what is best for our kids and their future. As always, I consider it an honor to be part of this outstanding early learning and care community and its noble work dedicated to improving the lives of young children.



CAMILLE MABEN
EXECUTIVE DIRECTOR, FIRST 5 CALIFORNIA



***“First 5 California’s Children’s State Policy Agenda
guides the agency’s efforts to advocate for the strong
start all children deserve ...”***



Ensuring California's Children Receive the Best Start in Life and Thrive

PROPOSITION 10 AND THE LEGACY OF 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 over two decades, the California Children and Families Commission (First 5 California) has promoted standards of quality child care and invested in the development of programs and services emphasizing improvement in early education, child care, child health and development, research, and community awareness.

BUILDING PUBLIC WILL AND INVESTMENT

First 5 California's Children's State Policy Agenda guides the agency's efforts to advocate for the strong start all children deserve, with an emphasis on optimizing early childhood development and reducing childhood poverty for children prenatal through age 5 and their families. The Commission's Policy Agenda reflects First 5 California's commitment in its Strategic Plan to participate and lead in the area of civic engagement, and the recognition of the Commission's responsibility to the people of California to ensure the wise and effective use of public funds.

In its Strategic Plan, 2019–2024, First 5 California continues its commitment to engage and lead in building public will and investment to support the optimal wellbeing and development of children prenatal through age 5, their families, and communities. The Strategic Plan also recognizes First 5 California must engage in partnerships with First 5 county commissions, stakeholders, and other allies from local to federal levels in order to be successful in institutionalizing efforts to advance child-centered policies and increase these crucial investments.

First 5 California serves as a convener and partner in state policy conversations, collaborating with First 5 county commissions, state agencies, stakeholders, and other advocates to convene, align, support, and strengthen statewide advocacy efforts to realize shared goals. Despite a unique year, First 5 California continued to expand its policy and advocacy engagement in fiscal year 2019–20,

guided by its Policy Agenda. The Policy Agenda is focused on the following four areas the Commission identified as its top state policy priorities, including targeted goals within each priority area to achieve a seamless statewide system of integrated and comprehensive programs for children and families:

Resilient Families and Communities

- Support effective parent education and engagement, including parent engagement on child brain development and *Talk. Read. Sing.*®
- Support sustainability of Family Resource Centers and other comprehensive community hubs for integrated services for children and families
- Increase supports for breastfeeding, paid family leave, and baby-friendly policies for all families in all settings
- Expand voluntary home visiting programs

Child Health

- Protect children and families' access to health care, and support coordination across the health care system to ensure affordable and comprehensive health insurance coverage and services for every child and mother, prenatal through age 5
- Support and promote universal developmental screenings, assessment, referral, and treatment

Early Learning

- Expand access to quality early care and education programs for children ages 0 to 3
- Support implementation of high-quality universal preschool access for all low-income four-year-old children, and high-quality transitional kindergarten and kindergarten state-wide
- Define, measure, and achieve learning readiness for all California children prior to kindergarten

- Support a high-quality early learning workforce through strengthened qualifications, compensation, stability, diversity, and robust professional development systems
- Promote statewide access to and participation in quality improvement systems

First 5 Revenue

- Promote inclusion of funding for children ages 0 to 5 and their families in existing and new revenue policy discussions
- Promote regulation of tobacco-related products, including electronic cigarettes, and sustainability of licensing and enforcement programs
- Promote inclusion of funding for prenatal and 0 to 3 two-generation prevention strategies in Proposition 64 Memorandum of Understanding for prevention dollars

ACCOUNTABILITY: FUNDING AND AUDIT RESULTS

Under the Act, the California Department of Tax and Fee Administration 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 2019–20, First 5 California received \$60.6 million, and county commissions received \$242.4 million. The amount of funding allocated annually to each county commission is based on the annual number of births in the county relative to the total number of births in the state. Each county must prepare an independent annual 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 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 Program Management Division and Administrative Services, Evaluation, Executive, Communications, External and Governmental Affairs, Fiscal Services, 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
- Legislative advocacy efforts

The administration of these and other programs is consistent with all applicable State and Federal laws, rules, and regulations. The State Controller's Office conducts an annual review of the 58 county commissions' independent audits. In October 2020, the Controller published its review of the counties' audits for FY 2018–19, summarizing several findings contained in the local audits, but did not deem any of them significant enough to withhold funding. Audits can be viewed on First 5 California's website at http://www.ccfc.ca.gov/pdf/about/budget_perf/annual_report_pdfs/etc/AR-SCO-Audit-Report-2018-2019.pdf

FIRST 5 SUMMIT

As part of First 5 California's commitment to convene, align, collaborate, and support statewide efforts and initiatives to improve outcomes for children, First 5 California hosted the 2020 Child Health, Education, and Care Summit in February.

Approximately 700 early care and education professionals attended the 3-day event, which included a variety of breakout sessions, keynote addresses, and two evening receptions featuring recipients of the Champion for Children awards, Johnny Hekker and Nadine Burke Harris.

The Summit theme, "Equity in Action: Elevating Children, Families, and California's Workforce," represented the natural evolution of this statewide event – from building partnerships, to promoting collective impact, to providing leadership around critical programs and investments designed to benefit young children and their families. The Summit provided the perfect forum for the spectrum of early childhood stakeholders to learn from, collaborate with, and empower one another.

According to Summit attendees:

“For a first-time attendee, this was a wonderful experience. The Summit was well-organized, and the keynote speakers were noteworthy. The receptions were a great way to keep people connected and networking once the sessions were over. I look forward to attending the Summit again next year. Even my mother, who is a health care professional, upon hearing about the Summit, wished she would have sent some of her nurses.”

“Overall, the Summit was excellent! The keynote speakers were amazing, and the workshop topics were relevant to the work I do.”

LEGISLATIVE AND BUDGET ENGAGEMENT

The year 2020 marked an unprecedented year of policymaking as the COVID-19 pandemic impacted all aspects of California Legislative, Budgetary, and Administrative functions. Amid Capitol closures and a shift to mostly virtual operations, advocacy certainly looked different this year and will likely continue to look different for some time. Partnerships and coalition building proved more important than ever to elevate priorities at a time of immense need across the board. Through shared advocacy efforts between First 5 California and its early childhood education and care partners and leaders in the Legislature, the early childhood field was able to thwart deep budget cuts, including a proposed 10 percent reduction to provider reimbursement rates that would have been devastating to the field. First 5 California and the Early Care and Education Coalition were successful in working with various departments and the Governor’s Office on COVID-19 guidance, FAQs, emergency orders, and Management Bulletins regarding COVID-19 flexibility and protocols critical to the stabilization of the field, including the use of electronic signatures, reopening policies, personal protective equipment, obtaining essentials such as cleaning supplies, diapers, and formula, the suspension of family fees, and a hold harmless for providers for COVID-19-related absences.

With all focus on supporting children, families, and providers through the COVID-19 pandemic, the state did not see a lot of movement this year on new policies impacting children and families. However, Governor Newsom and the Legislature did set the stage for a restructuring of California’s child care system in the 2020–21 Budget Act, transferring all child development programs, with the exception of the California State Preschool

Program, to the Department of Social Services, beginning in July 2021, to promote a unified early childhood system that improves program integration and coordination with other major programs serving young children. This change will be implemented in conjunction with the adoption of a Master Plan for Early Learning and Care set to be completed at the end of 2020 that will guide the state’s investments in early childhood education and family strengthening supports.

While the year 2020 centered around protecting existing early childhood infrastructure, First 5 California celebrated one hard-fought and long-awaited policy win in the form of Paid Family Leave. In 2019, Governor Newsom convened a Paid Family Leave Task Force, bringing together members of the early childhood, business, and labor communities to develop a set of policy recommendations for how to expand and create a more equitable Paid Family Leave program in California, and ultimately achieve the goal of six months of bonding time with a parent for every California baby. First 5 California sat on the Task Force, providing a key early childhood voice and perspective, and helped to develop the recommendations released in January 2020. SB 1383 (Jackson) was signed by the Governor on September 17, 2020, making progress on the first recommendation made by the Task Force and getting the state closer to universal job protected leave. SB 1383 ensures all workers who work for an employer with five or more employees have access to job protected leave to care for a new baby, an ill family member, their own serious health condition, or to address a military exigency – a huge win for California families. Because of this legislation, more babies will be able to spend their first weeks and months bonding with a loving parent, setting a foundation for life success.

First 5 California is committed to supporting children, families, and providers through the COVID-19 pandemic and beyond, while continuing to build on state and federal advocacy achievements, by working to strengthen its partnerships with stakeholders and its efforts to build policymakers’ knowledge base and investment in shared priorities. Capitalizing on the deep commitment to early childhood education and care from the Administration and the Legislature, First 5 California staff and partners pledge to work with the Administration, State Superintendent of Public Instruction, Department of Social Services, Master Plan for Early Learning and Care and Early Childhood Policy Council teams, and the Legislative Women’s Caucus. These entities work together to build and implement a road map for building a stronger, more equitable, high-quality early learning system for all California’s children,

and determine how best to invest scarce resources in this crucial foundation for lifelong success. In doing so, the Commission will build on this year's successes and continue working toward the underlying Strategic Plan goal to ensure all children prenatal through age 5 have the resources, foundation, and systems of support they need to thrive.

COVID-19 PANDEMIC ASSISTANCE

On March 11, 2020, the World Health Organization (WHO) declared COVID-19 a pandemic with a sustained risk of further global spread. Out of an abundance of caution, the *Governor's Proclamation of a State Emergency and Executive Order, N-25-20*, was issued on March 12, 2020.

COVID-19 is having a devastating effect on the world, touching the lives of every person in some way, shape, or form. Governor Newsom was, and continues to be, on the forefront of addressing this ravaging pandemic. Despite the Governor's admirable and ambitious efforts, Californians still struggle with economic, emotional, and physical impacts of the virus.

In particular, children and families are experiencing a generational health crisis that requires extreme caution to help mitigate the growth of the coronavirus and inhibit infecting large portions of the population. Likewise, childcare programs and providers have been especially hard hit by closures and dwindling childcare services.

To assess COVID-19's impact, First 5 California worked with the Governor's Office, the First 5 Association, and childcare advocates to survey counties regarding what supplies were most needed. Survey results indicated basic necessities such as diapers, baby wipes, and hand soap were most needed.

In April 2020, the First 5 California State Commission took strong action to address the pandemic and approved \$4 million to provide emergency support to local communities around the state grappling with COVID-19. This effort has supplemented other supply acquisition efforts around the state and was coordinated to maximize the various funding sources to support the purchase of emergency supplies and not duplicate efforts. The goal was to prioritize childcare providers serving first-line responders and people working in essential services. After those childcare providers had been served, counties could provide supplies to the broader community.

To that end, First 5 California contracted with SupplyBank.Org, a 501(3) (c) non-profit organization. SupplyBank.Org, First 5 California, and the First 5 Association conducted

a second assessment to further quantify the needs of childcare providers remaining open for the kids of essential personnel and the broader community.

The Commission subsequently approved an additional \$1 million dollars during the May 2020 Commission meeting in order to continue supporting the local efforts to address COVID-19. As requested, SupplyBank.Org worked directly with each First 5 county commission to develop a county-specific distribution, storage, and delivery plan. This plan included distribution to several local partnering agencies.

Local partner types include:

- Family Resource Centers
- Women, Infants, and Children Program
- Homeless and domestic violence shelters
- County First 5 run centers
- Several hundred childcare providers (data being gathered)
- Other nonprofit and agency partners

SupplyBank.Org and the First 5 Association continue to work together to gather statewide data to illustrate the full scope of this distribution network. Through Fiscal Year 2019–20, SupplyBank.Org distributed the following emergency supplies statewide:

- 1.2 million adult masks
- 150,000 child masks
- 4.9 million diapers
- 75,000 baby wipes
- 30,000 units of all-purpose cleaner
- 68,000 units of disinfectant solution
- 30,000 units of disinfectant spray
- 60,000 units of hand sanitizer
- 114,000 units of hand soap
- 3.1 million surgical gloves
- 63,000 children's books

Efforts will be ongoing throughout the first half of Fiscal Year 2020–21 as the contract sunsets on February 28, 2021.



The First 5 California State Commission took strong action to address the pandemic and approved \$5 million in total to provide emergency support to local communities around the state grappling with COVID-19.





Serving California's Young Children, Parents, and Teachers

FOUR RESULT AREAS

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

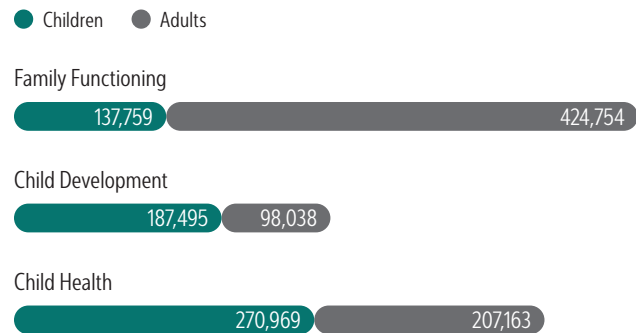
- Improved Family Functioning
- Improved Child Development
- Improved Child Health
- Improved Systems of Care

These result areas comprise a framework for reporting early childhood investments. This reporting framework provides a statewide overview of the number, type, and costs of services provided to children and adults during a fiscal year. Stakeholders can use this information to assess resource allocation and impact for First 5 county commissions statewide.

Exhibit 1 contains the total numbers of services provided to children ages birth to 5 and adults (including primary caregivers and providers) during FY 2019–20 for Improved Family Functioning, Improved Child Development, and Improved Child Health. First 5 county commissions provided a total of 596,223 child services and 729,955 adult services. The distribution of expenditures in these three result areas totals \$321 million (Exhibit 2).

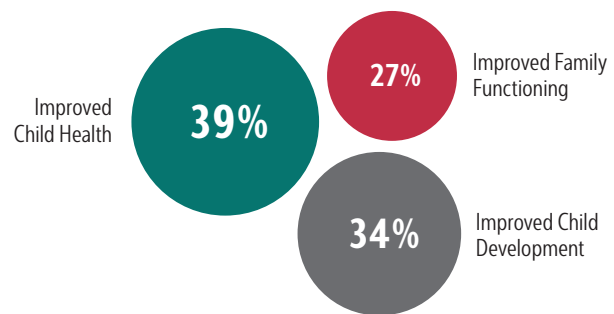
The result area, Improved Systems of Care, with expenditures of \$84 million, differs from the others. It consists of programs and initiatives that support program providers in the other three result areas. The four result areas combined have total expenditures of \$405 million.

Exhibit 1: Total Number of Services Provided to Children Ages 0 to 5 and Adults* in FY 2019–20 Across Result Areas



*Totals for Adults include both Primary Caregiver and Provider counts

Exhibit 2: Total Expenditures for Children Ages 0 to 5 and Adults* in FY 2019–20 by Result Area



*Adults include both Primary Caregivers and Providers



First 5 County Commission Program Result Areas

First 5 county commissions are required to report to First 5 California expenditure and service data for programs. In collaboration with the First 5 Association, First 5 California developed and adopted guidelines to standardize data collection and reporting under four result areas. For this annual report, data are aggregated to the statewide level. Data reported are from programs funded by both state and county First 5 Commissions (Appendix A) using specific definitions for each result area with service category detail (Appendix B). The four result areas are listed below:

IMPROVED FAMILY FUNCTIONING

Family Functioning includes the categories General Family Support and Targeted Intensive Family Support. Services include instruction on general parenting topics, support for basic family needs and case management, parent education and literacy, referrals to community resources, and assistance for parents and families; and support to schools and educational institutions, nonprofit community-based agencies, government agencies, and private institutions.

In FY 2019–20, First 5 county commissions provided a total of 137,759 services to improve family functioning for children ages birth to 5, with 116,346 child services in General Family Support and 21,413 child services in Targeted Intensive Family Support.

First 5 county commissions provided a total of 424,754 services to adults (parents, guardians, primary caregivers, relatives, and providers), with 399,510 adult services in General Family Support and 25,224 adult services in Targeted Intensive Family Support. Exhibit 3 displays the numbers of services provided.

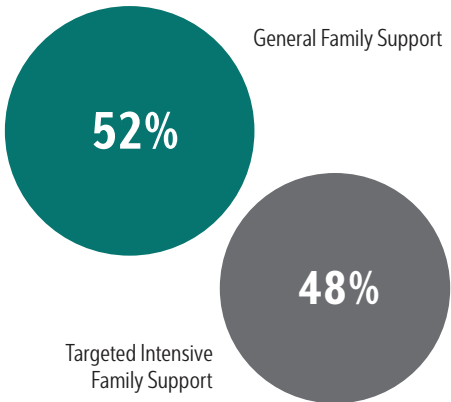
First 5 county commissions expended \$86 million to improve Family Functioning, with 52 percent of expenditures in General Family Support and 48 percent of expenditures in Targeted Intensive Family Support. Exhibit 4 shows the distribution of expenditures by service category.

Exhibit 3: Family Functioning—Total Number of Services Provided to Children Ages 0 to 5 and Adults* in FY 2019–20 by Service



*Totals for Adults include both Primary Caregiver and Provider counts

Exhibit 4: Family Functioning—Distribution of Expenditures for Children Ages 0 to 5 and Adults* in FY 2019–20 by Service



*Adults include both Primary Caregivers and Providers

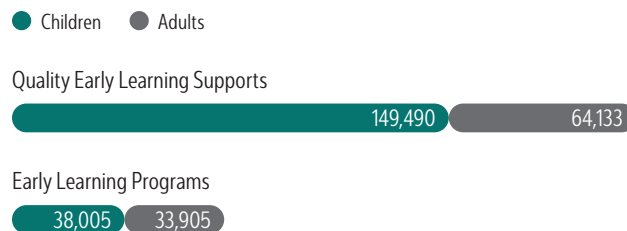
IMPROVED CHILD DEVELOPMENT

Child Development includes the categories Quality Early Learning Supports and Early Learning Programs. Programs include professional development for educators, high-quality preschool, services for diverse populations, and school readiness.

In FY 2019–20, First 5 county commissions delivered 187,495 child development services to children ages birth to 5, with 149,490 child services in Quality Early Learning Supports and 38,005 child services in Early Learning Programs.

First 5 county commissions provided 98,038 services to adults (parents, guardians, primary caregivers, relatives, and providers), with 64,133 adult services in Quality Early Learning Supports and 33,905 adult services in Early Learning Programs. Exhibit 5 displays the numbers of services provided.

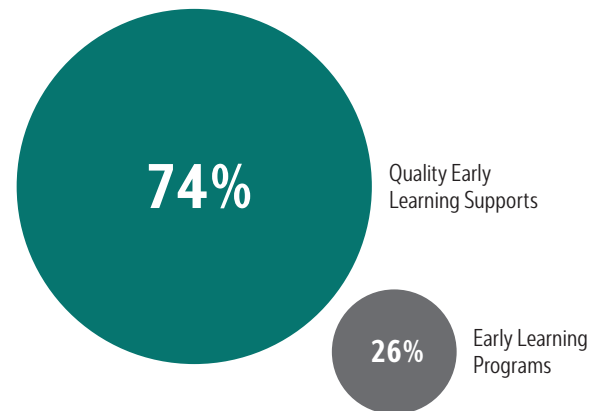
Exhibit 5: Child Development—Total Number of Services Provided to Children Ages 0 to 5 and Adults* in FY 2019–20 by Service



*Totals for Adults include both Primary Caregiver and Provider counts

In FY 2019–20, county commissions expended \$110 million to improve Child Development, with 74 percent of expenditures in Quality Early Learning Supports and 26 percent of expenditures in Early Learning Programs. Exhibit 6 shows the distribution of expenditures by service category.

Exhibit 6: Child Development—Distribution of Expenditures for Children Ages 0 to 5 and Adults* in FY 2019–20 by Service



*Adults include both Primary Caregivers and Providers

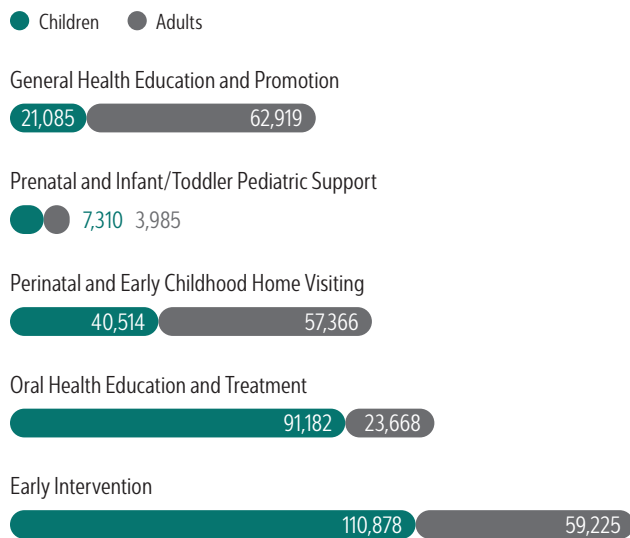
IMPROVED CHILD HEALTH

First 5 county commissions fund a variety of Child Health services that promote 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 the categories General Health Education and Promotion, Prenatal and Infant/Toddler Pediatric Support, Perinatal and Early Childhood Home Visiting, Oral Health Education and Treatment, and Early Intervention.

In FY 2019–20, First 5 county commissions provided a total of 270,969 to children ages birth to 5, with 21,085 child services in General Health Education and Promotion, 7,310 in Prenatal and Infant/Toddler Pediatric Support, 40,514 in Perinatal and Early Childhood Home Visiting, 91,182 in Oral Health Education and Treatment, and 110,878 in Early Intervention.

First 5 county commissions provided 207,163 services to adults (parents, guardians, primary caregivers, relatives, and providers), with 62,919 adult services in General Health Education and Promotion, 3,985 in Prenatal and Infant/Toddler Pediatric Support, 57,366 in Perinatal and Early Childhood Home Visiting, 23,668 in Oral Health Education and Treatment, and 59,225 in Early Intervention. Exhibit 7 displays the numbers of services provided.

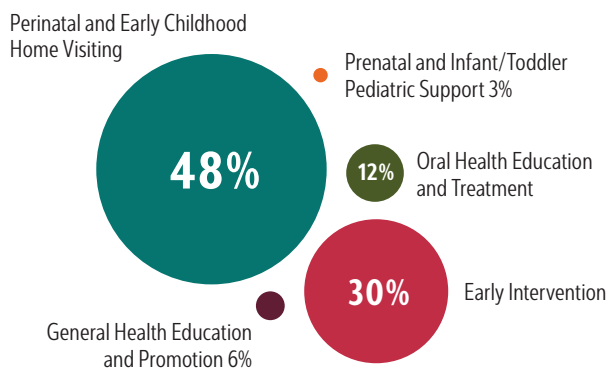
Exhibit 7: Child Health—Total Number of Services Provided to Children Ages 0 to 5 and Adults* in FY 2019–20 by Service



*Totals for Adults include both Primary Caregiver and Provider counts

In FY 2019–20, county commissions expended \$125 million to improve Child Health, with 6 percent of expenditures in General Health Education and Promotion, 3 percent in Prenatal and Infant/Toddler Pediatric Support, 48 percent in Perinatal and Early Childhood Home Visiting, 12 percent in Oral Health Education and Treatment, and 30 percent in Early Intervention. Exhibit 8 shows the distribution of expenditures by service category.

Exhibit 8: Child Health—Distribution of Expenditures for Children Ages 0 to 5 and Adults* in FY 2019–20 by Service

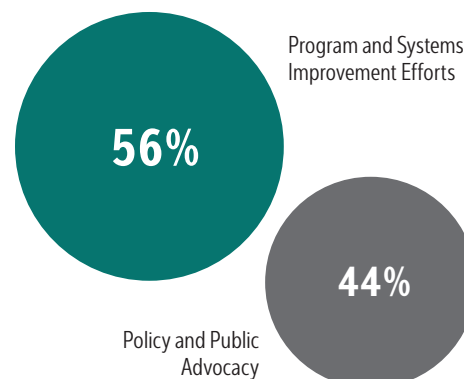


* Adults include both Primary Caregivers and Providers

IMPROVED SYSTEMS OF CARE

Systems of Care addresses system-wide structural supports as county commissions focus efforts within the 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 numbers of children and adults served. Expenditure data indicate that for FY 2019–20, county commissions expended \$84 million to improve Systems of Care (Exhibit 9), with 44 percent toward Policy and Public Advocacy, and 56 percent of expenditures toward Program and Systems Improvement Efforts.

Exhibit 9: Systems of Care—Distribution of Expenditures in FY 2019–20 by Service



POPULATIONS SERVED

County commissions serve populations representing a diversity of age, racial/ethnic, and language groups. Statewide, by age, 32 percent of children served were under 3 years old, 49 percent were ages 3 through 5 years old, and 19 percent were of unknown age. Adults served included primary caregivers such as parents and other family members (91 percent), and service providers (9 percent).

With respect to primary language of children served, the two largest groups served were English (41 percent) and Spanish (25 percent) speakers, followed by speakers of Asian languages (Vietnamese, Cantonese, Mandarin, Korean, 2 percent) and language unknown (29 percent). By racial/ethnic group, children and adults served included Hispanic or Latino as the largest group (32 percent), followed by White (12 percent), Asian (5 percent), Other (5 percent), Black or African American (4 percent), Two or More Races (2 percent), Alaska Native or American Indian (1 percent), Native Hawaiian or Pacific Islander (less than 1 percent) and unknown race/ethnicity (39 percent).



Priority Area: Child Health

KIT FOR NEW PARENTS

The award-winning *Kit for New Parents* targets hard-to-reach and low-income families, providing key information and resources for first-time parents, grandparents, and caregivers. The *Kit* is a foundational resource to support parents with the most important job anyone can have—parenting. The *Kit* is intended to put crucial materials at a parent or caregiver's fingertips on day one.

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, Chinese, Korean, and Vietnamese. Parents and organizations also can place *Kit* orders directly via First 5 California's ordering portal. <https://apps.ccfc.ca.gov/First5ParentingKits>

The *Kit* is a colorful, reusable bag containing a health handbook; a baby board book; a Women, Infants, and Children mobile website flyer; a poison control brochure and magnet; and other important information on paid family leave, and literacy and learning. It also features the Parent Guide, a resource written in collaboration with UC Berkeley's Health Research for Action. The Guide includes tips for parents on keeping their children healthy and safe, developmental milestones, handling emotional and behavioral challenges, finding quality childcare, and much more. It also is available in online format at <https://parentguide.first5california.com/en-US>.

First 5 county commissions are encouraged to add local references and resources to the *Kit* to help inform parents about services in their own communities.

To date, over 5 million *Kits* have been distributed throughout California since 2001, with 145,000 distributed this fiscal year alone.

SMOKING AND VAPING CESSATION

A major health risk to young children is exposure to nicotine, tobacco smoke, and e-cigarette (vape) liquid and aerosol. Exposure to these substances differ by demographic group,

exacerbating existing health disparities for ethnic minorities and low-income families.¹ Prenatal smoking dramatically increases the risk of health problems such as preterm birth, low birth weight, birth defects, and damage to a developing baby's brain and lungs. Exposure to secondhand smoke is also dangerous for babies and young children whose lungs are still developing. Newborns exposed to secondhand smoke are at an elevated risk for Sudden Infant Death Syndrome (SIDS). Additionally, young children exposed to secondhand smoke are more likely to have ear infections, breathing problems, and learning disabilities. Increasing use of e-cigarettes is problematic since vaping while pregnant and secondhand exposure after birth can expose a developing child to nicotine and other toxins. Though smoking prevalence has decreased in California overall, smoking remains high among low income families and poses health risks to the most vulnerable children.

First 5 California has funded the California Smokers' Helpline (Helpline) since 2001 to help parents and caregivers of young children quit smoking, educate the public about the harms of tobacco use, and reduce the likelihood babies and young children will develop tobacco-related health problems. Helpline services have expanded to include vaping because of the rise in e-cigarette use, especially in young adults (up from 10.1% in 2017 to 14.9% in 2018 among 18–25 year-olds²). In FY 2019–20, the Helpline provided services to 2,327 callers who were either pregnant smokers or smoking parents or caregivers of children ages 0 to 5.

Helpline Services

The Helpline provides one-on-one telephone counseling through a toll-free Helpline (1-800-NOBUTTS for smokers and at 1-844-8-NO-VAPE for vape users). Helpline services also include text, chat, and mobile apps as low barrier ways to engage people in the process of quitting. Helpline counselors utilize scientifically validated protocols shown to double the odds of callers quitting smoking successfully. Chat counseling support is available through www.nobutts.org. Participants are provided self-help materials, referrals to local resources, and free nicotine patches (if medically

eligible), sent directly to their homes. Services through the Helpline are available in English, Spanish, Mandarin, Cantonese, Korean, and Vietnamese.

In FY 2019–20, 10% of participants who received Helpline services were current vape users. Counseling to quit vaping addresses misunderstanding of health risks, difficulty assessing nicotine consumption, and challenges to identifying triggers when someone vapes all day long as well as motivation, planning, skill building, and accountability found in all Helpline protocols. The Helpline website has information about why “Kids and Vapes Don’t Mix” and fact sheets that explain the health consequences of exposing young children to e-liquid and vape aerosol, and the relationship between smoking/vaping and COVID-19.

HOME VISITING

Research shows intervening as early as possible to mitigate the impacts of poverty has the greatest likelihood of improving child outcomes. Early childhood home visiting and out-of-home prenatal/pediatric supports have proven to help vulnerable children and families overcome barriers to health and well-being. Yet, not all families who are eligible and interested have access to voluntary home visiting or prenatal/pediatric support services. Only 10 to 20 percent of at-risk families who would likely benefit from home visiting receive these services. To address this need, the FY 2019–20 Budget Act approved \$164.9 million in new state funds across multiple home visiting programs, bringing the total FY 2019–20 state investment in home visiting to more than \$230 million. This influx of new state funding highlighted two issues which the Commission sought to address:

1. Effectiveness of home visiting relies upon a well-qualified, culturally competent workforce available to serve populations of need. It became apparent California needed to understand the strengths and gaps in the home visiting workforce and develop an infrastructure to prepare, retain, and expand a well-qualified home visiting workforce. In July 2019, the Commission authorized \$2 million through January 2022 to understand the demographics, training, retention, and well-being of the existing California home-visiting workforce (including prenatal/pediatric support), map the current workforce to the demographics of vulnerable families and provide policy recommendations for workforce infrastructure and policy. Child Trends, Inc. was identified as the evaluation contractor through a competitive bid process and began work in March 2020.
2. In order for vulnerable families to access critical services and supports, home-visiting programs must be coordinated and embedded into broader systems of child and family support. In October 2019, the Commission authorized \$24 million for five years through FY 2024–25 to support this goal and to strengthen cross-county, cross-agency networks of support. A Request for Application was released in May 2020 and by June 30, 2020, 50 counties applied for the funding and agreed to work with local partners to better coordinate local systems that support families with the home-visiting services they need and maximize available funding to serve more families.

These projects are being implemented in collaboration with leaders from the Department of Social Services, Department of Public Health, First 5 Los Angeles, and the First 5 Association of California.

FUNDED RESEARCH: CALIFORNIA HEALTH INTERVIEW SURVEY

First 5 California continued support of the California Health Interview Survey (CHIS) conducted by the UCLA Center for Health Policy Research. In July 2019, the Commission approved \$1.7 million in support of CHIS for Fiscal Years 2019–20 and 2020–21. First 5 California is the primary funder of the CHIS Child Questionnaire that asks parents about topics including child care, preschool participation, positive parenting activities (parents’ or caregivers’ knowledge of the *Talk. Read. Sing.*® campaign), breastfeeding practices, health status and conditions, child oral health, developmental screening and referrals, languages spoken at home and English proficiency of parent, and receipt and use of First 5 California’s *Kit for New Parents*. Funding also supports online public access to data via the AskCHIS query tool, (www.ask.chis.ucla.edu), and various research reports (healthpolicy.ucla.edu/chis). With First 5 California’s contribution, UCLA will publish a policy brief and child questionnaire methodology brief during Fiscal Year 2020–21.



"Early childhood home visiting and out-of-home prenatal/pediatric supports have proven to help vulnerable children and families overcome barriers to health and well-being."





Priority Area: Child Development

FIRST 5 IMPACT

First 5 California completed the fifth and final year of First 5 IMPACT (Improve and Maximize Programs so All Children Thrive), a \$190 million investment that provided funding for the implementation of local quality rating and improvement systems (QRIS). Specifically, First 5 IMPACT supported the improvement of quality early learning and care (ELC) settings across the entire continuum—from alternative settings and family, friend, and neighbor care, to family child care homes, centers, and preschools. Building on the previous success of California’s Race To the Top-Early Learning Challenge grant, First 5 IMPACT supported a network of local quality improvement efforts, forged partnerships with all 58 counties via 48 consortia, built on past First 5 California programs, and aligned with and leveraged federal, state, and local investments. For FY 2019–20, local consortia participating in First 5 IMPACT reported that of the 7,723 sites participating in QRIS, over two-thirds (5,111) were supported in full or in part with First 5 IMPACT funding. The match requirement for First 5 IMPACT brought substantial new or leveraged funding sources identified to support local implementation. Those sources include county sales tax ballot measures, city/county funds, higher education partners, private foundations/ philanthropy organizations, and other federal funding sources (Head Start, Early Head Start-Child Care Partnership Grant, and more).

Regional Coordination and Training and Technical Assistance Hubs (Hubs) continued to be a central source of support for consortia. Funded through First 5 IMPACT, Hubs supported efficiencies in data collection and data systems, assessor management for rating and assessment tools, and provided assistance with local and regional training needs. Local consortia identified the regional Training and Technical Assistance Hubs as very effective in facilitating communication, offering high-quality professional development that met local needs, and supporting the use of data to guide continuous quality improvement decisions. First 5 California will continue to fund Hubs throughout IMPACT 2020.

Due to the COVID-19 pandemic, state, local, and regional consortia were forced to abruptly shift efforts in order

to provide emergency support to ELC providers and families. The pandemic caused participating site closures, delayed assessment and ratings, created barriers to teachers and providers completing planned professional development work, and brought an overwhelming concern for staff, children, and communities served. The design of the Hubs and First 5 IMPACT both directly contributed to the efficiencies and ability for regional and local implementation to shift in addressing the needs of families and providers in the wake of the COVID-19 pandemic. First 5 IMPACT consortia reported using a variety of strategies to support programs and providers during this time. Throughout the state, consortia quickly pivoted quality improvement supports whenever possible to address emerging health and safety needs, COVID-19 prevention practices and resources, parent engagement and support, child social-emotional needs, and trauma-informed practice. Because of the local flexibility of First 5 IMPACT and Hub supports, consortia were able to develop and implement strategies for providing and delivering critical supplies to those continuing care for the children of essential workforce personnel, as well as support families with early learning supports whose ELC programs were closed, either temporarily or permanently. To address workforce needs, local administrators promoted the use of technology to access virtual professional development and coaching, when feasible, and many worked to share technology resources. Most consortia also made adjustments to eligibility requirements for teachers and program stipends and grants in order to continue support to essential early learning and care service workers despite the participation barriers they faced.

The \$12 million Regional Training and Technical Assistance Infrastructure Development WestEd contract funded under First 5 IMPACT supported the development of quality standards, common definitions, and best practices across coaching, training, and family engagement resources for local administrators, technical assistance providers, and early learning and care professionals. Regional coordination has improved significantly as a result of these resources and sharing of best practices within and across regions. Alignment of quality standards will continue with the upcoming roll-out of the Coach Certification program development.

In January 2019, First 5 California released a Request for Application (RFA) for IMPACT 2020 funding, \$103 million over three fiscal years (2020–21 through 2022–23), to continue First 5 California’s efforts to support the ELC field and expand statewide participation in Quality Counts California. IMPACT 2020 was included in a joint RFA developed in partnership with the California Department of Education (CDE), the Quality Counts California Local Consortia and Partnership Grants. The cross-agency funding opportunity included both CDE Block Grants (California State Preschool Programs Block Grant and Quality Counts California (QCC) Block Grant), as well as IMPACT 2020, in an effort to align the QCC system of funding and strengthen partnerships. In addition to continuing and building upon the efforts of First 5 IMPACT, IMPACT 2020 will increase focus on underserved and high need populations by prioritizing settings that do not receive other state or federal funding such as family child care providers; family, friend, and neighbor care; and other private market settings serving vulnerable populations such as infants and toddlers, and families who receive subsidized care.

QUALITY COUNTS CALIFORNIA

Quality Counts California (QCC) is a statewide system of locally implemented Quality Rating and Improvement Systems (QRIS) that provide resources and support to early learning and care providers so they can create engaging and effective experiences that help children grow and thrive. California’s statewide QRIS, QCC, was funded in large part by First 5 IMPACT, and continues through IMPACT 2020, in addition to state and federal funding administered by the California Department of Education (CDE). QCC has created partnerships between state and local entities through the QCC Consortium. The QCC Consortium includes local lead agencies, and representatives of First 5 California and the CDE. Through this partnership, state and local leaders are able to come together to discuss topics and issues related to local and state level QRIS implementation. Local consortia reported QCC has provided a statewide common effort and unified vision for improving the quality of early learning sites in the state, and most identified great success in the areas of provider participation in professional development, maintaining strong collaborative partnerships, and programs and providers valuing participation in quality improvement efforts.

All early learning sites participating in QCC are reported in the statewide common data file, which is inclusive of all of the state’s QRIS funding streams. This data provides First 5 California and the CDE an efficient and collaborative method for receiving information about each county

participating in QRIS. As of June 30, 2019, there were over 7,700 participating QCC sites across the state, including 2,838 family child care homes, 4,139 centers, 268 family, friend, and neighbor providers, and 478 additional alternative settings. In total, 402,933 children ages 0 to 5 benefitted from the quality improvement support provided by QCC.

The onset of COVID-19 presented QCC local and regional partners with many challenges. QCC state leadership approved adjustments to local rating cycles which alleviated stressors on participating sites when support and rating processes were significantly limited. As the pandemic was realized and local and state guidance began to roll out to providers, consortia provided critical support to programs and the field. This included communication and guidance (frequently coordinated with local Child Care Resource and Referral Agencies) on mandates and information from state and federal agencies and programs, as well as supplies and resources. These linkages included the California Department of Social Services - Community Care Licensing, the California Department of Education - Early Learning and Care Division, the California Department of Public Health, as well as other forms of safety-net support to businesses through the U.S. Small Business Administration Payroll Protection Program and the California Employment Development Department Unemployment Benefits.

Throughout FY 2019–20, the QCC website has continued to expand, adding content to audience-specific webpages, updated county-specific profile pages, and an expanded format for formal messaging around the importance of quality early learning. The QCC website continues to add information regarding local QRIS efforts to support early learning providers, and connections to local resource and referral agencies for parents and families looking for quality child care. In addition to website expansion, the first two of five virtual modules of the Family Engagement Toolkit were released and are now accessible for professional development hours on the QCC website. For more information on QCC, visit the website at <https://qualitycountscalifornia.net/>.

SMALL POPULATION COUNTY FUNDING AUGMENTATION

First 5 county commissions in small population counties play a crucial role in providing programs for prenatal to five-year-old populations; without the local First 5 commissions, children in most of these counties would not have access to necessary services. Because the statutory funding formula in the California Children and Families Act (Proposition 10) is based on the number of births each year, in counties with small populations and a low number of births, funding is



"The design of the Hubs and First 5 IMPACT both directly contributed to the efficiencies and ability for regional and local implementation to shift in addressing the needs of families and providers in the wake of the COVID-19 pandemic."

not enough to fully operate a First 5 county commission and offer programs. Since the beginning of Proposition 10 in fiscal year (FY) 1999–2000, First 5 California has implemented a variety of strategies to support the state’s small population counties, including the Small Population County Funding Augmentation (SPCFA).

On January 26, 2017, the State Commission approved a continued investment of up to \$8.625 million in SPCFA funding over four years (July 1, 2017–June 30, 2021). The funding augments Proposition 10 revenue for 20 small population county commissions so they can maintain core operations and provide services for children and families in these communities and helps ensure implementation of Proposition 10 is a statewide effort. In FY 2019–20, small population counties received a total of approximately \$4.0 million in SPCFA funding.

SPCFA funding is vital to serving the needs of children in these counties. Small population counties serve proportionally high numbers of children with risk factors, including incidents of child maltreatment, adverse childhood experiences, and limited access to supports for health and wellness. With SPCFA funding, directors in First 5 county commissions reported successes in building collaborative relationships across health, education, child welfare, social service, and county government offices to address gaps in services, improve outreach and enrollment in services, overcome geographic barriers and family isolation, increase coordination among programs, and maximize resources. Every SPCFA county funded at least one evidence-based or evidence-informed program in FY 2019–20, such as the Nurturing Parents Home Visiting

Program, Parents as Teachers Home Visiting Program, Raising a Reader, the Dolly Parton Imagination Library, and Positive Parenting Program (Triple P). During FY 2019–20, approximately 19,704 children and 21,032 adults in these counties received services from SPCFA-funded child health, family support and strengthening, and early learning and development programs.³

DUAL LANGUAGE LEARNER PILOT

Nearly 60 percent of California’s children ages birth through five years are dual language learners (DLL). Research shows children who develop their home language and English early in life benefit from enhanced cognitive skills, academic outcomes in school, and long-term economic gains. Recent studies indicate, on average, inadequately supported DLLs enter kindergarten behind their peers, particularly in the areas of language, literacy, and mathematics. Young DLLs need rich early learning experiences and assessment in their home language so early childhood educators can fully understand what DLLs know and are able to do and how to support them.

In 2016, the First 5 California Commission authorized \$20 million for a DLL Pilot Study to examine culturally and linguistically responsive and effective intentional teaching, family engagement, and professional development strategies for DLLs. The DLL Pilot Study evaluation is led by a research team from the American Institutes for Research (AIR) and will continue through June 2021.

AIR identified 16 counties in which to conduct the DLL Pilot Study, including Butte, Calaveras, Contra Costa, Fresno, Los Angeles, Monterey, Orange, Riverside, Sacramento, San Diego, San Francisco, Santa Barbara, Santa Clara, Sonoma, Stanislaus, and Yolo.

On February 6, 2020, First 5 California hosted a legislative briefing at the State Capitol to release AIR’s report entitled, **The Early Learning and Care Context for Dual Language Learners in California**. Available at californiadllstudy.org/reports, the brief summarizes findings from interviews with leaders in the study’s 16 counties about the policy context, workforce development efforts, and instructional supports in these counties to better understand the landscape of policies and supports for DLLs in the state.

The second phase of the study, the in-depth phase, began during summer 2019. The in-depth phase is designed to examine how specific instructional and family engagement strategies support child outcomes, with attention to differences in age (infants and toddlers, preschoolers), setting type (family child care, center-based programs, and unlicensed community settings), and language



groups (home languages beyond Spanish). Because of the COVID-19 pandemic, AIR was required to curtail certain data gathering in March 2020. Modified data collection, in response to COVID-19, will help this phase of the study examine the effects of the pandemic on DLL children's learning and family engagement.

In spring 2020, First 5 California launched the third phase of the study, the expansion phase, designed to provide information about how effective instructional support, family engagement, professional development strategies can be sustained, scaled, and expanded to other contexts during the COVID-19 pandemic. In addition, this phase is examining how a systemwide commitment to DLLs can be integrated into recovery from the devastating effects of COVID-19 on early learning and care programs. This phase of the study will continue through 2021, providing findings and policy recommendations in early 2022.

The three phases of the study build on one another to further the ultimate goal for California's young DLLs—to thrive, develop bilingual ability, be ready for kindergarten, and succeed in school and beyond.

AIR plans to release at least 10 publications in Fiscal Year 2020–21, including topic-specific briefs and research papers for various audiences, policy products, and a final report.

EDUCARE

In 2010, the First 5 California Commission voted to become an inaugural funder in bringing the public-private Educare Quality Early Learning Model to California. The Commission dedicated \$6 million to support the launch, operation, and evaluation of the first California Educare centers in Santa Clara and Los Angeles counties. First 5 California's investment in California's two Educare sites funds high-quality classroom elements, which have proven to increase the quality of early learning programs through improved teacher-child interactions.

Through funding from First 5 California and other national, state, and local public and private partners, Educare California at Silicon Valley opened its doors in the 2015–16 school year and serves 168 Santa Clara County-area children and families. The center is co-located with Santee Elementary School, and operates in partnership with First 5 Santa Clara, the Santa Clara County Office of Education Early/Head Start and State Preschool programs, and the East Side Union High School Child Development Program.⁴

Educare of Los Angeles at Long Beach, a public-private partnership lead by Long Beach Unified School District and the Los Angeles Chamber of Commerce, opened its stand-

alone facility located on the Barton Elementary School campus in the Long Beach Unified School District in 2018, and serves 182 students and parents.⁵

FUNDED RESEARCH: CALIFORNIA EMERGENCY CHILD CARE BRIDGE EVALUATION

During 2020, First 5 California co-funded an evaluation of the California Emergency Child Care Bridge (Bridge Program). The Heising-Simons Foundation and First 5 San Bernardino also co-funded the project. The purpose of the evaluation, conducted by the Child Care Resource Center (CCRC), is to identify outcomes and guide continuous improvement for this new statewide emergency child care program for foster children.

Enacted by the state legislature in 2017, and administered by the California Department of Social Services through county child welfare agencies, California's Bridge Program aims to facilitate prompt placement of foster children in stable settings by helping relatives or other resource (foster) families obtain supplemental early learning and care for placed children. Key features of the Bridge Program include emergency child care vouchers for resource parents, child care navigators to assist the resource parent, and trauma-informed care training and coaching to staff of participating child care programs. During 2019, 13,347 children ages 0 to 5 years of age newly entered foster care in California.⁶

Children immediately placed with relatives experience less stress than those placed with strangers and gain valuable stability. However, kinship care providers tend to be older and have lower incomes than non-relative resource families. Prior research shows in comparison with non-relative resource parents, kinship care families need more help with:

- Paying for child care
- Navigating systems of child welfare and early learning and care
- Finding a child care provider who meets the needs of their family

The evaluation will provide information on best practices to reach and serve resource parents, focusing on 12 counties at different stages of implementing the Bridge Program. Evaluators will analyze administrative data and conduct interviews and surveys with administrators and resource parents. Results from the evaluation project will be released during 2021 and 2022.



Priority Area: Family Functioning

PARENT WEBSITE

First5California.com has historically served as First 5 California's main resource for parent engagement on child health, education, literacy, child development, and smoking cessation. In recent years, it has expanded to incorporate more information about early brain development, including activities, downloadable resources, and links to organizations that support families. Starting in 2019, First 5 California spent over a year re-envisioning a developing of the parent website in both English and Spanish. The website is slated to go live in fall 2020. Content for the site was informed by educators and researchers in the field of child development. It was redesigned from the bottom up to provide new levels of functionality, ease of use, access to resources, tips, and activities. Parents and caregivers visiting First5California.com will be able to browse by their child's age group—Newborn, Baby, Toddler, or Preschool—and instantly access a wide variety of parenting tips, articles, instructional videos, and activities geared specifically for that age group and be able to check developmental benchmarks.

SOCIAL MEDIA

The parent website also links to multiple social media channels, including Facebook, Instagram, Pinterest, and YouTube. Across most platforms, followers receive regular posts that highlight simple, actionable tips and ideas surrounding early brain development. As of June 30, 2020, First 5 California's Facebook audience included 215,486 followers. Instagram had 9,376 followers, and Pinterest had 1,742 followers. Beginning spring of 2020, engagement increased as families were primarily spending time at home and logging into social media to find activities to engage their children and information about staying healthy and up to date on COVID-19.

TALK. READ. SING.® SUCCESS

First 5 California's *Talk. Read. Sing.*® campaign, prompting parents statewide to take active roles in increasing their children's early brain development, is one of the most successful public health awareness efforts in First 5 California history. A 2019 study and health policy brief from the UCLA Center for Health Policy Research shows 87% of parents of children ages 0 to 5 recognize the messages of this campaign, understand that engaging with their children in these simple, cost-efficient ways will increase their brain

capacity and better prepare them for school and life. Parents who have seen the *Talk. Read. Sing.*® messages are nearly three times more likely to read to their children three or more times per week, and twice as likely to sing to their children three or more times per week. In 2020, specialized television and radio spots were produced and aired, reminding parents of the heightened importance of staying engaged with their children through talking, reading, and singing during the COVID-19 pandemic.

FIRST 5 EXPRESS

Since 2006, First 5 California's mobile outreach tour, First 5 Express, has traveled to every corner of the state, reaching out to families and caregivers of children ages 0 to 5 in all 58 counties. This interactive exhibit features "Edutainers" who educate parents and caregivers, and entertain children. The Express teaches families about a wide variety of topics, including nutrition, physical activity, oral health, literacy, and most recently, early brain development. In FY 2019–20, the exhibit traveled to 85 schools, libraries, resource centers, community festivals, county fairs, and other family-oriented events in 41 counties. The Edutainers directly engaged with more than 23,943 people who walked away with over 108,459 helpful First 5 resources, including a branded hand puppet to give parents and caregivers a tool to spark conversation with their young children. Families were given bilingual storybooks to help make reading a regular routine, a healthy portions plate to encourage a balanced diet, and age-appropriate musical instruments to bring out the joy of song. Together with the already established Kit for New Parents; "Fast, Fresh, and Fun Food from First 5" cookbooks; brain development information; and the First 5 California branded bilingual book, *Three Brainy Birds*, families were provided resources to reinforce the healthy behaviors they experienced. Due to COVID-19, the tour of the Express was cut short in mid-March 2020. Even though our edutainers could not physically visit with families throughout the state, we were still able to connect with families on-line. Beginning in May 2020, First 5 California began live-streaming on Facebook engaging bilingual reading times featuring Edutainers from the First 5 Virtual Express as well as celebrities such as Mario Lopez, Univision's Argelia Atilano, Disney Jr.'s Sonal Shah, and California's First Partner, Jennifer Siebel Newsom. Additionally, the First 5 Virtual Express team produced multiple videos featuring singing, puppet making, exercising, and cooking using the First 5 California cookbook for families to enjoy during their time at home together.



First 5 County Commission Highlights

Alameda

In response to the COVID-19 pandemic, First 5 Alameda County leveraged its investments and infrastructure to respond quickly to the needs of families, providers, and community. It provided direct support and engaged in systems change to disrupt inequities and improve conditions for families and communities. In recognition of the interplay between equity, poverty, place, and adult and child well-being, it mobilized resources swiftly for emergency food and essential items; supported the early childhood education (ECE) system with grants, supplies, and TA; funded school districts to support kindergarten transitions; engaged the county Board of Supervisors to invest in CBOs; and pivoted programs to provide direct services for families in alignment with health and safety protocols. These strategies represent a whole-family approach to improving outcomes for children, families, and neighborhoods.

- Neighborhoods Ready for School grantees became supply distribution hubs serving 7,800 families and distributing more than 5.2 million individual items (2,500 diaper packs, 4,900 masks, 500 books, and 900 toothbrushes).
- Direct service programs, Help Me Grow, Healthy Teeth Healthy Communities, and Project DULCE, navigated over 4,000 families to concrete supports.
- Provided stipends for basic needs to all 10 family-serving shelters in the county.
- Help Me Grow supported 3,300 families with care coordination.
- Nearly 100 people participated in “Dad-scussions,” an online forum for fathers and providers.
- Pivoted to virtual trainings, with a focus on equity topics and over 2,000 attendees.
- Partnered with Resource and Referral agencies to provide 753,000 diapers and wipes, 3,500 gallons of disinfectant solution, 44,300 masks, 1,800 books and backpacks, and laptops to ECE providers.
- Based on findings from its 2019 Kindergarten Readiness Assessment, First 5 Alameda County is funding 14 school districts over \$2 million to support successful kindergarten transitions.

Alpine

The First 5 Alpine County Children and Families Commission invests in a variety of services aimed at supporting children prenatal through age 5 and their families. Primary investments include:

- The Alpine Early Learning Center (AELC), which is the only licensed child care center serving Alpine County families. It provides early care and education to children as young as eight weeks old through kindergarten. In Fiscal Year 2019–20, the program served 24 children ages 0 through 5 and 24 primary caregivers and other family members.
- The Busy Bears Playschool is non-licensed early care and education program serving children as young as three months old through kindergarten. The program offers child care to working families as well as preschool education to young children to prepare them for successful kindergarten entry. In Fiscal Year 2019–20, the program served 12 children ages 0 through 5, and 19 primary caregivers and other family members.
- Catalyst Community provides learner-centered education to parents and caregivers. Workshops center on increasing the knowledge amongst parents and caregivers about research-based children rearing and child development practices. In Fiscal Year 2019–20, the program served six children ages 0 through 5, four primary caregivers, and three early care and education providers.
- School readiness programing, such as that offered at the AELC and Busy Bears Playschool, is serving a significant number of the children ages 0 through 5 in Alpine County.

According to the State of California Department of Finance, the population projections for children ages 0 through 5 for Alpine County in 2020 was 32. Combined, AELC and Busy Bears Playschool served a total of 36 children, indicating that most young children in the county are being served by programs funded by First 5 Alpine.

Amador

First 5 Amador County continues to invest in areas that support parents as their children’s first teacher. These investments include access to services by supporting two family resource centers in unincorporated areas, Mobile Outreach/Toddler Playgroups in four locations throughout

the county, a collaborative approach to early literacy with 23 Little Free Libraries throughout the county, and more than 60 percent of age-eligible children receiving books monthly through the *Imagination Library*. First 5 Amador collaborated with five community-based organizations to link families to First 5 California's Diaper Distribution Pilot Program by first offering a Baby Welcome Wagon home visit. This strategy resulted in a significant increase in home visits, screening and services for perinatal mood and anxiety disorders, enrollment in food security programs, and overall participation. Amador Quality for Kids (Q4K), a program focused on ensuring early care and education providers have the support needed to increase quality of care, has engaged more than 70 percent of licensed family child care homes and 92 percent of licensed centers in the county. Support for these providers during the pandemic included distribution of First 5 California and Resource and Referral supplies as well as early learning material and incentives for those who cared for essential workers' children. Q4K participants continue to provide feedback regarding the impact of the support offered during this community crisis. In an effort to decrease isolation brought on by the pandemic and continue to provide early learning opportunities, Toddler Playgroups, Family Resource Center School Readiness Programs, and Dad and Me events were reconfigured to accommodate Covid-19 restrictions by delivering services to families utilizing curbside events and home deliveries. Clinical support for children and their caregivers continues to be offered virtually in an effort to reduce stress and anxiety brought on by the pandemic.



Butte

First 5 Butte County Children and Families Commission was delighted to launch Help Me Grow Butte this past year. The multi-agency collaborative engaged Butte County Office of Education, Butte 211, and Northern Valley Catholic Social Services. Fortunately, the program was launched prior to the Covid-19 shelter-in-place orders, and quickly became a critical point of support for families who were contacting Butte 211 in search of resources. Through Facebook outreach, text messaging campaign and virtual trainings with medical providers, the program has grown steadily in its ability to support healthcare providers, early learning and care providers and families, in a collective effort to support the developmental needs of young children. Between March and June, *Help Me Grow Butte* interacted with 43 families, completed 39 screenings, and initiated 13 referrals. Nearly 80 percent of families reported *Help Me Grow Butte* successfully met their needs. First 5 Butte County is incredibly fortunate to have Dr. Lourdes Valdez as a commissioner and pediatrician champion for *Help Me Grow Butte*. Dr. Valdez's leadership, advocacy, and gentle persuasion has proven invaluable to bringing the project to fruition as well as encouraging the pediatric community to engage with this important initiative.

Calaveras

First 5 Calaveras County continues to enhance the lives of the community's youngest children through partnerships and strategic funding that support families in raising healthy children ages 0 to 5. The most significant accomplishment of the year was the coordinated and creative response to the needs of children and families during the COVID-19 pandemic. With generous supply contributions from First 5 California, our local commission collaborated successfully with the Resource and Referral Agency to distribute much needed supplies to 29 early learning sites that remained open to serve essential workers. IMPACT funds were used to provide emergency stipends to the early childhood education providers as well. Partnering with Calaveras Mariposa Community Action Agency, diapers, wipes, and children's books were distributed to community families. In addition, 334 family engagement activity kits and over 1,200 children's books were strategically distributed across the most remote areas of the county through Little Free Libraries. Programs funded by First 5 Calaveras responded without hesitation to create innovative ways to ensure that services were extended to support 0 to 5 families community wide as well as the early learning sites they regularly serve. Thoughtful and intentional programming flexibility consisted of home visiting being conducted virtually, creating children's safety videos for providers to share with families, developing private Facebook pages for families to have access to hands-on activities and resources, delivering home



gardening supplies to 0 to 5 families, and distributing early literacy activity packets to FCCs and library consumers with no disruption of advocacy and support for foster children through CASA of Calaveras. Four YouTube nutrition lessons were created and received over 7,900 views collectively. Through the long-standing partnership with Behavioral Health, MHSA funding, virtual support to educators, caregivers, and professionals was provided with multiple trainings and Zoom-based Grandparent Groups.

Colusa

Through its investments, the mission of First 5 Colusa County Children and Families Commission is to enhance the lives of all children ages 0 to 5 and their families through a county-wide, comprehensive, integrated system of early childhood development.

During Fiscal Year 2019–20, First 5 Colusa invested nearly \$572,000 in programs and services, benefiting children ages 0 to 5 and their families. Family Resource Centers (FRCs), as well as programs and/or services offered through the FRCs, equated to the largest investment of Commission funding. FRCs served as a central hub of services, offering various parent education classes, provisions of basic needs, application assistance, translation, and school readiness services. The FRCs were instrumental in ensuring the basic needs of families and children ages 0 to 5 were met, which was a critical factor in school readiness and child outcomes.

As with most agencies throughout California and the Nation, this fiscal year proved to be the Commission's most challenging yet. With the onset of the COVID-19 pandemic, the Commission shifted its focus to ensure families

received services to meet the needs of the ever-changing environment around them. In-person programming that was deemed non-essential halted as the Commission shifted its focus and resources on the overall health and safety of the community. Some of the services provided during the pandemic included the following:

- Mass distribution of personal protective equipment (PPE) provisions for families.
- COVID-19 Essential Services Operation Stipends for programs serving children ages 0 to 5 during the shelter in place mandate.
- Mass distribution of child development kits for families.
- Delivered kits of PPE provisions, as well as essential supplies to child care centers and family child care providers that remained open during the shelter in place.
- Increased basic emergency provision services at the FRCs through county-wide partnerships with the Board of Supervisors, Public Health, Department of Health and Human Services, and local non-profit agencies.

This fiscal year also allowed the Commission the opportunity to evaluate their existing operation of programming to ensure they are utilizing resources effectively. Administrative staff has worked diligently to create a plan for implementation of services that can be accessed through a virtual format, without compromising the integrity of the program and/or service. As the Commission embarks on an uncertain 2020–21 fiscal year, they are confident they will always keep the needs of the families they serve at the forefront of their work.

Contra Costa

First 5 Contra Costa County began planning *Ready Kids East County*. In partnership with the Dean and Margaret Leshner Foundation, this program is a collective action initiative that aims to address the root causes underpinning the opportunity gap for Black and African American children when it comes to being ready for kindergarten. First 5 Contra Costa serves as the backbone agency, defining the short- and long-term outcomes in the initiative. The agency established a Parent Advisory Group and Design Team consisting of parents, First 5 Contra Costa staff, and community partners. The Design Team will facilitate and plan the parent cafes, a component of the initiative that create spaces for Black and African American parents, to connect and discuss school readiness. Following the shelter-in-place order, First 5 Contra Costa conducted a COVID-19 survey to assess the state of mental health and financial standing of the families with young children in the county (<http://www.first5coco.org/wp-content/uploads/2020/09/F5-ContraCosta-Covid19-Brief-PrinterFriendly.pdf>). Over 400 families responded, providing critical information about their children's needs and concerns. First 5 Contra Costa has met these needs with swift efforts to supply aid to over 4,000 families with diapers, wipes, and PPE supplies from First 5 California. In partnership with Healthy and Active Before 5 and Community Financial Resources, First 5 Contra Costa made it possible for Regional Group families suffering from financial hardship to access cash assistance funds from philanthropic partners, and our partners are adapting and connecting with families virtually. First 5 Contra Costa Centers rolled out an evidenced-based online, distance-learning program known as "Ready Rosie," which seeks to increase family engagement via live videos and text messages. *Help Me Grow* hosted the first Virtual Café of its kind, in which guest speaker Jamie Nunez from Common Sense Media gave a presentation on Distance Learning Strategies and Tools for Early Childhood Providers.

Del Norte

It is hard to look back at this year without seeing COVID-19 as the primary event affecting First 5 Del Norte County's work. It may be overused, but "unprecedented" is the right word to describe the last quarter of the Fiscal Year 2019–20. Never before has the entire county experienced a community-wide trauma of this length and magnitude, shutting schools and businesses with only a few hours' notice in mid-March.

Fortunately, First 5 Del Norte's work over the past two years put it in a good position to continue to support families even while unable to be physically with them. Two of First 5 Del Norte's key programs require no face-to-face connection to families: Dolly Parton's *Imagination*

Library and *Ready4K* parent support/engagement texts. Over 600 children ages 0 to 5, approximately 40 percent of the county's total under-5 population, is enrolled in the *Imagination Library*. Children receive a free, high-quality book every month mailed to their home. The localized *Ready4K* texting program sends three texts a week to help parents support their child's learning and development, as well as supporting parental mental wellness. A few weeks after schools closed, Del Norte's countywide district enrolled all pre-K through 4th grade students giving parents a much-needed tool to support at-home learning. These two programs reach families where they are; in 2020, that meant First 5 Del Norte reached families at home.

First 5 Del Norte has also worked to support child care providers during the pandemic. It provided crisis care stipends to providers who continued to serve families throughout the spring and early summer. In partnership with First 5 California, First 5 Del Norte also distributed diapers, PPE, and cleaning supplies to home daycare providers and families through drive-through events. It distributed diapers and wipes, books, crayons and coloring pages, COVID resources, and so much more. Families needed First 5 Del Norte this year like never before. It was able to pivot quickly to serve new and ever-changing family needs.

El Dorado

The First 5 El Dorado County Children and Families Commission has always taken a regional approach to planning and service delivery, recognizing that different areas in El Dorado County have unique resources and needs. Within this framework, the Commission has identified Community Hubs as a key strategy within its 2016–21 strategic plan. In partnership with county agencies and community-based partners, First 5 El Dorado has leveraged resources to support a variety of services through five Community Hubs. During Fiscal Year 2019–20, 5,243 (duplicated across programs) individuals were provided with First 5 funded Community Hub services. The COVID-19 pandemic created increased hardships on families everywhere. In mid-March 2020, Hub services ceased to be offered in person. Community Hubs mobilized to meet the needs of the communities they served. Hub service partners shifted to virtual service delivery where possible, hosting Zoom playgroups and Storytime via Facebook live. Service providers reached out to families to connect and respond to meet basic needs requests. Hub providers partnered with other community service providers to host drive-by diaper giveaways, food distributions, and offer activity packet for families. Some of the feedback received by families who were served during the pandemic included statements of gratitude, such as:

- “The Hub staff came by our house and dropped off a bag of art supplies, and my kids just loved it. We did the diaper drive too, just to see familiar faces.”
- “Zoom meetings have continued to create regulation for my child. My daughter enjoys the families faces.”
- “Hub staff helped me with my unemployment. I applied in March, but it never came through. Hub staff sat with me for 2.5 hours, and we refilled. I got my unemployment the following month, and that was huge for me. If it wasn’t for Hub staff, I wouldn’t have gotten it. It has been a major help during this time that I don’t have a job.”

Fresno

At First 5 Fresno County, we believe that families and communities are the ultimate experts on their needs, and so we prioritize sustainable, innovative solutions that leverage local strengths and resources. The following are examples of the investments in community-based initiatives in both rural and urban Fresno County.

- To address barriers families with young children face accessing services in rural communities, First 5 Fresno County partnered with Centro la Familia Advocacy Services and United Way of Fresno and Madera Counties to improve the coordination of existing cross-sector services in the communities of Huron and Mendota. As a result, community partners developed a community resource guide; enhanced the resource database to be more inclusive of rural services; and piloted ongoing collaborative meetings inclusive of families, service providers, and stakeholders to raise awareness of local services and increase community engagement and alignment of similar organizations.
- As part of an ongoing commitment to tackle the high rates of infant mortality among the African American community in Fresno County, First 5 Fresno County joined a collaborative including West Fresno Family Resources Center, the County of Fresno’s Department of Public Health, UCSF San Francisco’s Preterm Birth Initiative, and March of Dimes to create a local version of the national Best Babies Zone Initiative (BBZ) called Fresno GROWS (Growing Real Opportunities in West Fresno). Fresno GROWS aims to reduce racial inequities in infant mortality and birth outcomes by mobilizing community residents and organizations to address the social, structural, and economic determinants of health and promote racial equity. Since being selected by the National Organization of Urban Maternal and Child Health Leaders to be part of the BBZ Cohort 4, West Fresno Family Resources Center has convened an African American Leadership Team to build a movement of activated citizens, focusing on the 93706 zip code in Southwest Fresno.

Glenn

First 5 Glenn County Children and Families Commission invests in a variety of services under the umbrella of its *Little Learners* program. These services support children prenatal through age five and their families. The *Little Learners* program provides universal access to preventative and supportive services designed to increase the skills of parents and increase healthy social interaction of families. The program has multiple service components, including parenting instruction, supervised visitation, playgroups, case management for families with complex needs, developmental assessments using the Devereaux Early Childhood Assessment (DECA), and referrals to community resources. In Fiscal Year 2019–20, *Little Learners* achieved the following:

- Parenting Instruction: 27 primary caregivers received parenting instruction, which had benefits for the 36 children of those caregivers.
- Parenting Inventories: 44 primary caregivers received an Adult Adolescent Parenting Inventory at program intake, which measures attitudes and beliefs about parenting and assesses parental knowledge of child development and appropriate expectations. Responses to the inventory provide an index of risk of behaviors known to be attributable to child abuse and neglect.
- Playgroups: 37 children attended playgroups with their primary caregivers.
- Developmental Assessments: 17 children received developmental assessments at program intake, most of which were identified as within the typical range of development.



- Referrals to Community Resources: 10 referrals to community services were provided, the majority of which were to early childhood education providers.

First 5 Glenn County's *Little Learners* program is providing critical supports for families most at risk for child maltreatment.

Humboldt

In Fiscal Year 2019–20, First 5 Humboldt County received funds from the Humboldt County's ACEs Collaborative Partnership (ACP) and the Vesper Foundation for projects to address/prevent Adverse Childhood Experiences (ACEs) and build resilience among local young children and their families. Projects included:

- First 5 Humboldt ACEs/Resilience Speakers Bureau: Qualified presenters with endorsements in Infant Family and Early Childhood Mental Health (IFECMH) and/or trained by the international Child Trauma Academy, were matched with service organizations requesting training based on their needs. Eight ACEs/Resilience training presentations were provided to seven different organizations during the fiscal year, with a total of 229 service providers receiving high-quality training in ACEs and community resilience.
- Expansion of Early Childhood Mental Health Support: Two part-time IFECMH Specialists (Specialists) provided support to outlying First 5 Humboldt Playgroups. One also supported bilingual First 5 Humboldt Playgroups. ACP also partially funds two Specialists working under the Humboldt County Office of Education Partnership. At *Playgroup*, specialists answer questions parents have about their child's development/behavior, conduct informal screenings, provide resource and referral help, and conduct temperament assessments at the request of parents. For additional information, see the Evaluation Narrative.
- ACP Grants to Community Organizations: First 5 Humboldt partnered with Humboldt County Department of Health and Human Services to coordinate selection of 11 grantees. Grants included parenting classes, professional development trainings, and provision of supplies to community members involved in trauma-informed activities. First 5 Humboldt coordinated project evaluations.
- Community Resilience Model (CRM) Training: A two-day online CRM training was offered through the Trauma Resource Institute, attended by 23 individuals from 17 agencies. Twelve participants from 10 agencies continued with the three-day online CRM Teacher Training



Imperial

Through strategies and partnerships, First 5 Imperial County funded programs designed to support the development and well-being of children. Services ranged from asthma care/education to early literacy and support for children with special needs. The Commission recognizes the impact that a sound home visitation program can have on families, particularly this year, as the COVID-19 pandemic and social unrest has affected everyone. In partnership with the Regional Occupational Program and Quality Start Imperial, the Commission funded Project NENES, a program designed to engage parents and Family, Friends, and Neighbors (FFN) providers through a 30-week home visitation model, incorporating developmental screening services into the model. Certified Home Visitors utilized the Home Instruction for Parents of Preschool Youngsters (HIPPY) curriculum, on a weekly basis for with enrolled primary caregivers. HIPPY is one of just a handful of evidence-based home visiting models with research demonstrating meaningful outcomes. With paraprofessional support intended to build confidence and help prepare children for success by teaching the primary caregiver to be the child's first teacher, Project NENES targeted 75 children and parents/FFN providers where all completed 30 weeks of home instruction, and participated in screening activities using the Ages and Stages Questionnaire. Subsequent to the COVID-19 pandemic, Project NENES was quick to act, and moved to ensure that parents were engaged through social media, and effectively used video conferencing to complete lessons; and participate in a drive-by graduation ceremony. As a result, parents/caregivers are spending more time reading with children; are engaged in teaching letters, numbers, and words; showed an increase in spending time in the library;

and demonstrated a desire to continue involvement in their children's education. Furthermore, children scoring below their developmental cutoff were reassessed and referred for additional services.

Inyo

First 5 Inyo County continued to focus on strengthening families and ensuring children are healthy.

- *Triple P Positive Parenting* was implemented in Levels 1 through 5. In Level 1, the second annual Positive Parenting Awareness month was held in January, with 8 agencies, 77 caregivers, and 233 children participating in the county proclamation, classes and workshops, and the super-star activity. First 5 Inyo offered Level 2 Seminars, Level 3 Primary, Level 4 Group, and Level 5 Pathways to 81 caregivers in the community and county jail setting. The *Triple P* Inyo Network focused on telling the story of *Triple P* activities countywide and trained 8 practitioners in Level 5 Family Transitions.
- The highlight of the Perinatal Taskforce was the completion of a *Maternal Mental Health* matrix, including a resource packet for mothers and a screening and care pathways for perinatal mood and anxiety disorders. This was an effort to reduce stigma and increase access to mental health services for mothers. Additionally, the Perinatal Taskforce brought the Postpartum Support International two-day training Perinatal Mood Disorders – Components of Care Curriculum to 34 local providers.
- Lastly, First 5 Inyo shifted gears to respond to the COVID pandemic in March. Its Diaper Depot continued to be open, utilizing a contactless pick up system helping the families of 25 children access diapers and wipes during the stay-at-home order. The Commission opened a new community grant to address the impact extraordinary costs of providing services during the pandemic. Funding was awarded to three local preschools to support child development and social-emotional learning. First 5 Inyo trained partners in utilizing online developmental screenings through the ASQ Online database.
- Finally, First 5 Inyo launched a local home visiting program aiming to increase caregivers' knowledge of early child development, decrease incidents of child abuse and neglect, and connect families to supports and resources in the community.

Kern

First 5 Kern County strives to promote and accomplish its vision statement that "all Kern County children will be born into and thrive in supportive, safe, loving homes and neighborhoods and will enter school healthy and ready to learn." In Fiscal Year 2019–20, First 5 Kern funded 43 programs across three focus areas in Health

and Wellness, Parent Education and Support Services, and Early Childcare and Education, including the *Improve and Maximize Programs So All Children Thrive (IMPACT)* program. The funded programs provided valuable services to 16,064 children and 16,187 primary caregivers. With a continued commitment of systems change efforts, First 5 Kern continued to support the Kern Behavioral Health and Recovery Services partnership to expand the Help Me Grow – Kern County program by educating partners and the community of early detection benefits. A total of 183 children received either the Ages and Stages Questionnaire-3 and/or the Ages and Stages Questionnaire: Social Emotional-2 developmental screening. The COVID pandemic proved to be an interruption of many activities and trainings. Still, through its Resilient Kern coalition, First 5 Kern was able to mobilize its Trauma-Informed Care efforts to address the stressors that providers had experienced or would continue to experience until quarantine efforts were lifted. The training provided an opportunity for self-care and helped all to understand the stresses and difficulties families and children experienced.

Kings

During this past fiscal year, the following are some of the most significant accomplishments of First 5 Kings County:

- The *UCP Parent & Me* and *Special Needs* programs served a combined total of 328 children who were at risk for developmental delays, filling a critical gap in early childhood systems of care. *Parent & Me* programs also screened 135 unduplicated children for developmental delays in Fiscal Year 2019–20, and served 21 special needs children in inclusion classrooms where they were able to benefit from interactions with typically developing children.





- Although services were limited due to school closures, school readiness programs were implemented at 15 public elementary schools and provided kindergarten transition services across 55 classrooms, reaching a potential pool of 1,206 enrolled kindergarten children. The project also distributed 1,216 backpacks with school supplies.
 - Family Resource Centers (FRC) reached 1,407 children and 1,196 unduplicated parents or caregivers, offering an array of health, education, childcare, and family support services in both virtual and in-person settings. FRCs have successfully maintained collaborative relationships with providers in the community to offer coordinated services.
 - The Kings County United Way used First 5 funds to engage in direct outreach to the Spanish-speaking community and to expand Spanish language resources to help close gaps in service access for families most at risk for health or educational disparities.
 - Kings County Cares About Quality (KCCAQ) staff enrolled 57 active agencies, including 80 center-based sites, FCCH or FFN childcare programs, or alternative learning sites, and 170 classrooms or ECE sessions. KCCAQ continued to progress toward full implementation of the QRIS rating system to assess program quality and to inform implementation of workforce development activities. Twenty ECE programs to date have participated in at least two or more QRIS ratings, and half of those that did not achieve the highest standard of quality at an initial assessment have now demonstrated measurable improvements in program quality over time.
- Lake**
- Fiscal Year 2019–20 marked the initiation of a new program funded by First 5 Lake County at Sutter Lakeside Hospital, wherein expectant parents who attend a Safe Sleep class can receive support from a Family Resource Navigator (FRN) throughout the first year of their baby's life. This effort is intended to ensure the earliest possible connection to resources for all families who need support. In the first year of the program, 65 families received personalized support from the FRN including referrals to local community resources and a warm hand-off. In addition:
- First 5 Lake leveraged funding in 2019–20 and secured a Title IV-E grant that enabled staff to facilitate and/or organize 98 hours of training for 36 agencies with a total of 209 service providers. Training topics included: "Child Sexual Abuse Prevention," "Nurturing Parenting in Substance Abuse," "Treatment and Recovery," and "Listening to Children's Fears: COVID-19 as an Aid to Empathy," with Dr. Alicia Lieberman.
 - First 5 Lake staff created a "State of Our Children" advocacy website (www.stateofourchildren.org) and collaborated with multiple community partners to present data on local child outcomes to the Lake County Board of Supervisors, city councils, and superintendents of local school districts. The intent of the collaborative group was to hold town halls in each county district in 2020 to further engage the community in conversation around the data about concerning child outcomes, but those efforts have been put on hold due to the COVID-19 public health restrictions.
 - In March, First 5 Lake staff and its grantees pivoted to meet changing community needs caused by COVID-19. First 5 Lake quickly organized a Kids Press Conference with the County Sheriff, Superintendent of Schools, a public health nurse, and a local PreK teacher who answered local children's questions presented by a kid reporter. The First 5 Lake Executive Director also served

as a liaison between the County Public Health Officer and local child care providers to ensure communication flowed efficiently.

Lassen

The First 5 Lassen County Children and Families Commission's primary strategy in realizing its vision and fulfilling its mission is through the Pathways Home Visiting Program. During Fiscal Year 2019–20, First 5 Lassen investments in home visiting resulted in the following accomplishments:

- Families are receiving the services and support they need through home visiting services.
- A total of 52 families, many of which are high-risk, were provided with intensive home visiting services.
- A total of 1,141 home visits were conducted by home visitors in which the bulk of services provided centered on supporting the family's basic needs.
- Due to the precautionary steps taken to prevent the spread of COVID-19, home visits had to transfer quickly to a virtual setting. Various platforms were used such as, Facebook, Messenger, texting, and phone calls. When families were in need of supplies and developmental activity kits, they were delivered and left on their doorsteps to maintain safety protocol during the pandemic.
- To further support Lassen County, First 5 California provided diapers, wipes, masks, books, and disinfectant to First 5 Lassen to help child care providers and community members. This, with some additional supplies provided by First 5 Lassen, enabled First 5 Lassen to increase communication and collaboration with local partners and resulted in helping 9 child care providers who serve 143 children.

In addition to these efforts, First 5 Lassen applied for the Home Visiting Coordination Funding opportunity which was made possible by First 5 California. With the increased communication and collaboration with local partners resulted from COVID-19, this funding opportunity will likely succeed and result in families with children being better served, thus increasing the outcome that children will be ready to learn by the time they start kindergarten.

Los Angeles

First 5 Los Angeles County had more than 100 service accomplishments during Fiscal Year 2019–20. First 5 Los Angeles' funding of *First Connections at Eisner Health*, for example, helped a mother and her two-year-old son; the mother had expressed concern at her previous clinic that her young son was experiencing a delay in his speaking.

However, when that provider failed to screen her son, she switched to Eisner Health. During the young patient's first encounter at Eisner's Pediatric Department, he was given an Ages and Stages Questionnaire, and the results confirmed the mother's concerns. Eisner was able to identify the boy's needs and referred him to the *TLC Bridge Program* with the First 5 Los Angeles Grant and to South Central Los Angeles Regional Center. The mother reported that her son would act out and have tantrums because he was unable to express his wants or needs. After treatment, his behavior not only improved with his parents, but also with his siblings. Once the young boy aged-out of the regional center system, the *TLC Bridge Program* assisted the transition of the patient to the Los Angeles Unified School District system to develop an Individualized Education Program and obtain ongoing speech therapy services.

Another success story comes from First 5 Los Angeles' Regional Support Networks, specifically Region 2. Concerned the COVID-19 pandemic would further exacerbate food insecurity in South Los Angeles and Compton, First 5 Los Angeles Region 2 Best Start Communities, Community Health Councils, and Sustainable Economic Enterprises of Los Angeles entered a partnership to establish the *Farm Box Grab & Go* program to distribute over 17,000 farm boxes to residents. The 10-week program was 100 percent community-led. Dozens of volunteers and community-based organizations across the region joined to safely distribute thousands of farm boxes, which provided a week's worth of fresh, locally grown produce and eggs for a family of four. This work is an example of how activating a nurtured network can connect families with critical food and other resources to help them thrive in a time of crisis.

Madera

First 5 Madera County was not immune to the direct impact on service delivery as a result of COVID-19. However, First 5 Madera County remained committed to providing effective and necessary early childhood education support resources.

The Family Resource Centers are at the core of the service delivery system. First 5 Madera County strategized innovative service-delivery methods to assist families and minimize the loss of support services and resources available. Utilizing social media, children's activities and videos modeling implementation of activities were uploaded weekly. In lieu of in-person parenting workshops, virtual parenting classes were made available twice weekly to families. Further, staff developed comprehensive themed activities around four popular children's books. These were distributed as "Take & Make Kits." The kits included all the lesson plans and materials to complete the activities. Families were provided opportunities to participate in

a social media video challenge designed to encourage parents to share videos of their children completing First 5 activities. Gift cards were distributed to participating parents. Additionally, in an effort to meet the needs of struggling families in the community, an Emergency COVID Relief Fund was released. Funds were used to purchase grocery gift cards for families in the community. Specific high-risk populations, such as foster youth, were among the recipients of the grocery gift cards. First 5 Madera County distributed a survey to the community requesting feedback for methods of distribution to minimize barriers for families. A total of eight gift card and “Take & Make Kits” distribution events were held across different geographic locations within the County of Madera.

Finally, First 5 Madera County also redirected its available IMPACT grant funds toward the distribution of over 2,000 infant, toddler, and preschool backpacks filled with educational resources to support learning in the home.

Marin

The Learning Bus – Formerly known as the FLAGship, the Learning Bus is a mobile library, preschool and community resource center all in one. Operated by the Marin County Free Library, the bus travels around the county with a calendar of regular stops, providing school readiness activities to children who aren’t in preschool and those in rural and remote areas. Children enjoy bilingual storytimes, educational songs, literacy and numeracy work, as well as art and small motor skill activities. Parents (or grandparents or caregivers) are asked to attend and participate, and in doing so they learn how to continue the learning fun at home.

When COVID-19 closures required the Learning Bus to put travel on hold, staff worked hard to connect with the community in other ways. They called families who had been regular participants, created Zoom meetings, offered virtual storytimes, and provided “Little Learners” Kits (Kits “Pequeños Aprendizes”) with bilingual, play-based learning supplies, projects, toys and new books. The Kits also contains a guide to help parents understand and facilitate learning at home.

The Learning Bus serves approximately 600 children and their families annually. First 5 Marin County has provided funding for the Learning Bus since 2001. At an average of approximately \$50,000 per year, we are proud to have invested about a million dollars in this project.

North Marin Community Services – In weekly developmental playgroups at North Marin Community Services, young children are improving their school readiness and their families are learning how to support

them at home and how to access local resources. In addition to the playgroup, families may also access rental assistance, subsidized child care, the food pantry, *promotores* (health educator) support or counseling. The playgroups teach, serve and support about 150 children and their families.

With challenges during COVID, all eligible families have been successfully connected to rental assistance, P-EBT (pandemic food benefits), DRAI (disaster relief assistance for immigrants), and other resources vital to meeting their basic needs. First 5 Marin is proud to have supported their developmental playgroup since 2005.

Kindergarten Student Entrance Profile (KSEP) – The Marin County Office of Education has been promoting the use of a shared kindergarten entrance screening tool among the County’s 19 school districts, and working to increase the number of teachers using it. In 2019–20, about 44 percent of the kindergarten population was screened using the KSEP tool. Four of the 11 participating districts had 100% participation, and 12 additional teachers began using the tool for the first time.

In 2019, KSEP screening happened during the first four weeks of the school year. The program continued with new teacher orientation, an in-person debrief meeting, and a feedback survey.

A key finding among those students screened using the KSEP tool is that students demonstrated more strengths in cognitive items rather than non-cognitive ones (i.e. the “soft skills”); this may have an important influence on approaches to teaching.

First 5 Marin has provided funding for this project since 2017, and future students, teachers and administrators will benefit from what we are learning.

Mariposa

During this past year, one of the most significant accomplishments of First 5 Mariposa County was the *School Readiness Program*, funded for \$196,114. The *School Readiness Program* serves two preschools (Catheys Valley and Lake Don Pedro), located in Mariposa County. Both preschools provide an outstanding play-based program that prepares the children for kindergarten. The facilities, curriculum, and activities are creative and educational and focus on developmentally appropriate activities using Science, Engineering, Technology and Math (STEM curriculum). This program is free of charge to the children in Mariposa County.

Another funded program that was highly successful was the instructional aide hired to work in the Mariposa Elementary

School Transitional Kindergarten classroom. The program was funded for \$18,481 in 2019–2020. The instructional aide worked with the reading program/assessments, and provided extra assistance to children who were having difficulty. Having the aide in the classroom also provided time for the teacher to work with the children individually. The class had 25 Transitional Kindergarten (TK) students who ranged in age from 4 through 6 years, and having an aide made it possible for the students to work on enrichment projects and technology.

Both the *School Readiness Program* and the *TK* program switched to a virtual-learning model once COVID-19 forced the closure of schools in March 2020. Activity packets were distributed weekly to students. Zoom, Facebook, and virtual classrooms were used to meet one-on-one with children, as well as provide a group setting for the children to interact with each other and the teachers.

Mendocino

Fiscal Year 2019-20 was fraught with challenges and rapid changes as the world shut down due to COVID-19 in March. Despite these challenges, First 5 Mendocino County continued to serve the community and shed light on the needs and disparities of the county. First 5 Mendocino funded contracts to support eight Family Resource Centers (FRC) for capacity building in the areas of *Triple P*, diaper access, information and referrals, and overall community engagement. Additionally, incentives were given to each FRC for trainings that focused on the importance of engagement of parents. In March, FRCs pivoted their work to providing resources to families in need through *Resiliency To-go bags*.



First 5 Mendocino continued to offer *Triple P* groups throughout the county in collaboration with multiple county and partnering agencies. Additionally, the State of California and County of Mendocino unanimously recognized January as Positive Parenting Awareness Month. After the state shut down, the *Triple P* team quickly pivoted to providing virtual groups.

In November, First 5 Mendocino held its second annual “State of the Child,” focusing on the “Importance of Early Learning” with First 5 Mendocino celebrating *Imagination Library’s* 10-year anniversary in Mendocino County. Keynote speaker Dr. Pat Levitt presented on the impacts of adversity on the development of children’s brains, and emphasized how everyone plays a part in a child’s early learning. This year’s Child Champion Award went to Patricia Thygesen, a staple in early childhood development in Mendocino County for nearly 40 years.

Prior to the state shutting down, First 5 county commissions all over the state were in discussion with local policymakers about the importance of child care. As the state was forced to close, the need to support child care providers became more apparent in order to support the infrastructure of the working world. With the generosity of First 5 California and local partners, First 5 Mendocino was able to provide local child care providers with the necessary supplies to remain open or reopen with the new regulations.

Merced

First 5 Merced County finished the final year of its strategic plan in Fiscal Year 2019–20, and engaged in a strategic planning process to develop a new plan that began in Fiscal Year 2020–21. Over the last Fiscal Year, First 5 Merced County spent approximately \$1.9 million to support services for more than 10,000 children, caregivers, and providers to build and enhance the 5 protective factors that promote optimal development, and enhance the system of effective family support/strengthening programs. The funded family-strengthening direct services include parent classes and support, intensive family screening, home visiting, mental health services, cultural connection for families, and in-school services. Further, First 5 Merced County supported innovative, quality systems-level interventions for family support that result in long-term change to an organization’s culture, professional norms, policies, or procedures, or increase systems efficiencies that impact young children and their families.

Parents and caregivers who participated in funded programs more frequently used resources in the community, got connected to services, and strengthened their support networks. Parents and caregivers reported improvements in their parenting knowledge and skills.

Most parents reported seeing improvements in their relationships with their children. Parents were better able to manage hardships in their families and personal lives, along with their children's behaviors.

Parents stepped into leadership positions and discovered their voice to express their opinions and thoughts. Parents who previously had not considered themselves as leaders became parent mentors, took on paid and unpaid roles in leading programs, and became more comfortable speaking up and sharing their experiences with others. Both parents and youth consistently volunteered with programs, developing and leading community-centered programming.

Modoc

In Fiscal Year 2019–20, First 5 Modoc County completed its Fiscal Year 20–25 strategic plan focusing on systems change. To enact systems-change efforts, the First 5 Modoc Early Learning & Resource HUB was created. The HUB provides a whole child, family-centered model for resources and services connection for families. The HUB positions First 5 Modoc to work collaboratively across sectors to identify and assist agencies with sustainability and equity. During the year, 279 hours of trauma-informed training were provided to key partners and community leaders. Despite the COVID-19 emergency, First 5 Modoc helped with relief efforts by providing access to essential supplies, leveraging funding and partnerships, and offering enrichment activities. Additionally, eight key program

investments helped support the overall well-being and development of children and their families. These programs served 350 children, 259 primary caregivers, and include the following achievements:

- The *Tulelake/Newell FRC* strengthened families by promoting self-sufficiency through service coordination, case management, playgroups, benefit access, and parenting classes.
- The *Early Mental Health Services* provided intensive family support through home-based psychotherapy and increased mental health access to families before school-age entry.
- The *Dollywood Imagination Library* provided monthly age-appropriate books at no cost to participating families; 1,900 books were distributed directly to families.
- The Budding Tree School Readiness Preschool and Surprise Valley Child Development Center provided high-quality early education and care environments to those not eligible for subsidized programs.
- The *Prenatal Incentives* program helped participants achieve prenatal health goals to increase positive child and maternal health, with 84 percent enrolling in home visiting. The vision screening program provided children with comprehensive vision screening through a coordinated referral service delivery model.
- *Healthy Beginnings* provided home visiting service to 37 families that were designed for 15.

Mono

The year began much like previous years for First 5 Mono County; home visiting, playgroups, and child care quality support were the largest and most successful programs. Partnerships continued to strengthen, as illustrated below.

A partnership was formed between the county and a school district to operate two preschools with the following funding sources: Federal Community Development Block Grant funding; the Department of Social Services additional home visiting funds with CalWORKS Home Visiting and Child Abuse Prevention Intervention and Treatment funds; and the Behavioral Health Department funding for playgroups with Proposition 63 funds. Partnerships with the county deepened with a general fund commitment enabling Home Visiting to become evidence-based rather than evidence-informed. Partnerships flourished with child care and education providers who participated in the local Childcare Quality System at a rate of 76 percent of licensed sites. Partnerships strengthened with families who enrolled in home visiting, played at playgroups, and read books from First Book and Raising a Reader.



COVID-19 hit Mono County hard, with the highest rate of infection in the state in the first months due to high numbers of visitors enjoying skiing and outdoor activities in the tourism-based economy. Then came the shutdown. Every child care facility in the county closed. Job loss was severe as service-sector employees had no work with the closure of ski resorts, hotels, and restaurants. New partnerships emerged with the local DeChambeau Creek Foundation and individuals seeking to help families in need. These funds were distributed to families in home visiting for groceries, diapers, utilities, and rent. First 5 California sent Personal Protective Equipment and diapers for child care providers, support that enabled some to begin to reopen. Home Visitors and Playgroup Leaders quickly switched to a virtual format. *Kindergarten Round Up* also pivoted to a drive-by event serving 60 percent of the incoming kindergarten children. First 5 staff served providers, families, and children exceptionally through many challenges.

Monterey

In October 2019, First 5 Monterey County staff had the opportunity to share policies across the nation through presentations and outreach. At the Zero to Three National Conference, early childhood colleagues from all over the nation were able to learn about specific policies at a poster presentation. At the California League of Cities Annual Conference, First 5 Monterey staff conducted a presentation with the City of Gonzales and County of Monterey staff. The presentation was based on a report outlining the incorporation of early childhood policies in local governments' general plans. In Monterey County, the cities of Gonzales, Salinas, and Seaside are among the communities that have incorporated early childhood policy recommendations. First 5 Monterey staff and partners were granted several awards as recognition of their work in Monterey County. First 5 Monterey's Senior Programs Manager, Oscar Flores, received the Safety and Peace Award from the City of Salinas' Community Alliance for Safety and Peace for his work in partnership with the county Department of Social Service. The award recognized the work and role that home visiting plays as part of a violence-reduction strategy for prevention. The Transportation Agency for Monterey County also recognized First 5 Monterey with the Transportation Excellence Award for co-creation and implementation of the *MY Town Pop-up Museum* as part of First 5 Monterey's 20th anniversary with *MY Museum* and the Steinbeck Center. Regarding First 5 Monterey's response to the COVID-19 pandemic, a coalition of early childhood champions is providing coordinated support and solutions for emergency care and education, developing the first-ever countywide emergency response and recovery plan for the early childhood development system. This coalition is coordinated by

Bright Beginnings, and First 5 Monterey staff participates in several workgroups, including supporting mental health for early childhood educators and caregivers, and mobilizing emergency supplies.

Napa

In Fiscal Year 2019–20, First 5 Napa County continued investing in systems-level change through expanding the First 5 Napa Network (F5NN), a network of leaders committed to moving the needle on the most intractable problems facing Napa County's children 0 to 5 and their families. The second F5NN cohort – consisting of 18 cross-sector leaders (35 F5NN leaders total) – was convened over an extended 10-month period (due to the COVID-19 pandemic) to build leadership skills, increase collaboration and connectivity, and utilize human-centered design and systems thinking strategies to identify and address challenges that face Napa County children 0 to 5 and their families.

In Fiscal Year 2019–20, one of the outcomes of the F5NN work was the formation of the *Rainbow Action Network (RAN)* – a group of LGBTQ and ally community members committed to making Napa County a welcoming and safe home for all LGBTQ families. RAN continued design work around the following identified needs for LGBTQ families:

- Increased visibility of support in the community and at schools
- Safety
- Opportunities to connect with other LGBTQ families and allies.

One of many *RAN* projects in Fiscal Year 2019–20 was the development and pilot of *Rainbow Kits* to provide guidance and materials to promote LGBTQ and gender inclusivity in early childhood education settings. The kits include LGBTQ inclusive picture books with bookmarks for facilitating discussion, LGBTQ inclusive toys, invitations for using the toys in the classroom, suggestions for inclusive teaching techniques, ideas for LGBTQ and gender-inclusive family nights, and policy recommendations that support and promote diversity and inclusion. The kits were piloted in a California State Preschool Program setting, a Family Child Care Home, and a private center. All three sites indicated they found the kits helpful in preventing and addressing bias, and that the children enjoyed and were engaged with the materials. In Fiscal Year 2020–21, the *Rainbow Kits* will be offered to all *Quality Counts* sites in Napa County.

Nevada

Despite facing challenges related to the COVID-19 pandemic, funded partners of First 5 Nevada joined



programs across the state in finding new and innovative ways to meet the needs of local families. Highlights include the following:

- The four Family Resource Centers (FRCs) served 814 caregivers and 985 children ages 0 to 5 years. The FRCs provided social emotional supports to families in the form of online playgroups and direct, one-on-one contact with families over the phone weekly. FRC staff provided concrete supports via food pantries (accessed over 1,350 times), clothing closets (accessed 1,183 times), and grocery cards (110 distributed). During the shelter-in-place, one advocate from the FRCs implemented a highly successful online parenting workshop using the *Nurturing Parenting* curriculum.
- The evidence-based home visiting program, *Healthy Babies*, continued to meet with families virtually, recognizing the increased need for social, emotional, and concrete support during this trying time. The *Avanza* program, which supports Latinx Early Education students, was able to transition from in-person meetings to online support.
- The First 5 Nevada Commission allocated emergency funds to sponsor child care slots for essential workers during the height of the pandemic, allowing over 20 families to access child care services in order to return to work.
- The two local Community Collaboratives continued to provide connection opportunities for non-profits who had the resources to serve families.
- Finally, the *School Readiness* program through the Tahoe Truckee Unified School District collaborated with

several local agencies, leveraging funds to put together developmentally appropriate book bags for 300 children ages 0 to 5. The bags included two bilingual books, scissors, paper, chalk, and other items to support parents in providing ongoing developmental support to their children. The program was able to distribute books two additional times, providing families with up to six new books for their home libraries.

Orange

In response to the COVID-19 pandemic, First 5 Orange County used its vast network to bolster support for child care facilities, frontline nonprofits, and providers addressing family homelessness. Measures ranged from procuring essential supplies and personal protective equipment for childcare centers, to providing additional funding to keep families safe and housed, to creating a resources webpage to assist families with young children.

First 5 Orange's *Engaged Neighborhoods* work focuses on closing opportunity gaps in communities through advocacy to improve the system of care for early childhood. The engagement effort includes outreach to school districts, city leadership, the business community, local nonprofits, and most importantly, residents in communities identified by our Early Development Index data as having the most opportunity for improved outcomes. The work looks different in each community, but the results are the same: To connect families on their journey, from prenatal through the start of school, to resources and supports that develop children who are ready for school and success. The ultimate goal is that communities work across sectors and prioritize early childhood, working to align resources, learn from parents, and focus on equity.

By encouraging childhood systems of care to work together – and helping build new bridges to make it possible – First 5 Orange is creating a holistic, supportive infrastructure that will let families experience seamless connections to quality services. First 5 Orange is aligning multiple systems of care to create a potent, effective, and united advocate for Orange County’s children and their families. For instance, First 5 Orange County’s Pritzker Fellow gathered a wide array of community partners – many of whom had never before come together – to develop the *You Are Not Alone* flier for new parents and the *Orange County Perinatal Mental Health Toolkit* for medical providers.

Placer

First 5 Placer County’s collaborative action work continued in 2020. A series of documents designed to lay out a plan for collaborative action, guide funded partners in planning their work, and allocating First 5 Placer funds were completed. These documents included a Collaborative Planning Guidance Document, Collaborative Action Plan, and a Funding Plan for the Collaborative Initiative. Staff is currently working with funded partners to develop program logic models, conduct program cost analyses, and draft scopes of work. As the collective action work proceeds, staff is ensuring each funded partner has an engagement strategy to reach First 5 Placer’s priority populations; shared indicators are included across similar program areas; and activities match First 5 Placer strategies, priorities, and funding plan.

In response to emerging needs due to the COVID-19 pandemic, First 5 Placer and its funded partners explored opportunities to do their work differently. Early in 2020, the evaluation team implemented a survey to better understand the impact of COVID-19 on agencies, staff, and families. Challenges cited by funded partners included: virtual program facilitation; tracking data virtually; finding and referring families to high-quality, affordable child care; and having to temporarily cancel programs and services. At the same time, funded partners were flexible, responsive, and resilient. They held regular team meetings to ensure they were up to date on emerging issues, started emergency response funds to meet family’s basic needs, and developed new and creative ways to provide services virtually.

Plumas

The First 5 Plumas County Children and Families Commission’s primary strategy in realizing its vision and fulfilling its mission is through the support of home visiting services. Currently, the Commission funds four programs that provide home visiting services to families who have children ages 0 to 5. All programs utilize the *Strengthening*

Families™ Protective Factors framework to support and measure success.

Home visiting programs are reaching the target population and have consistently served families with the youngest children in Plumas County as evidenced by the fact that most children served are under one year old (44 percent of all children ages 0 to 5, served). Additionally, home visiting programs are serving a more racial and ethnically diverse population than the overall county population, with a pronounced reach within the American Indian/Alaskan Native population (which comprises 13 percent of the service population and only 2 percent of the total county population). Lastly, home visiting programs are serving most communities proportionately except for Chester (which makes up 21 percent of the total county population but only 6 percent of the home visiting service population).

Families are being strengthened. A total of 91 families received home visiting services, most of which were highly engaged as demonstrated by both the number of home visits (785) and the total number of services provided (5,114). Additionally, families report increases in each of the five protective factors after receiving home visiting services, with the most significant gains being made in the area that many families struggled with at program entry – concrete support in times of need. The other area of marked growth was in relationship to social connections.

Families are satisfied. Families surveyed indicated high levels of satisfaction with services and staff and agree that they received the assistance they needed. Additionally, a high percentage of families exited the program because goals and needs were met.

Riverside

First 5 Riverside County focused on leveraging resources through strategic partnerships to expand countywide access while also responding to increased levels of need. With the arrival of COVID-19, First 5 Riverside partners, both private and public, worked together to provide direct financial assistance and emergency supply kits to providers, including books and diaper kits for children and families. Supplies purchased locally and provided by First 5 California and the Riverside County Emergency Operations Center were distributed to families and early education providers with the help of staff from the county Emergency Management Department, Family Resource Centers, Community Action Partnership, Public Health, and the Riverside University Health System Foundation. The Commission’s strategic plan details the intent to align with state-directed initiatives where possible. First 5 Riverside’s use of expansion opportunities through CalWORKs funding

greatly expands access; allows for a more seamless continuum of care for families; and creates a more integrated, coordinated home visiting system leveraging multiple funding streams. Maintaining relationships with families is key to ensuring families receive the economic, physical health, mental health, parenting, and family support services critical to their recovery from the impact of COVID-19. The Home Visiting Continuum of Care approach brings in new home visiting models to expand eligibility options to more effectively meet the diverse and unique needs of CalWORKs families by adding two new models that will serve more families. This provides an opportunity to ensure there is a continuum of care for CalWORKs families to maximize access to home visiting services by ensuring the diverse complexities of families are addressed across a two-year span. It also allows the possibility of families to graduate from one model and transition into another to better meet their needs.

Sacramento

First 5 Sacramento County funded a two-pronged evaluation on developmental screening processes and family engagement activities to gather formative data and make recommendations to First 5 Sacramento's nine partner school districts. The following presents information about key results:

- All nine School Readiness Coordinators participated in interviews that covered both developmental screeners and family engagement activities. School districts differ in when and how they administer developmental screeners. Twenty parents whose child had received a "flagged" developmental screener result participated in interviews about the screening process. Parents want a better explanation of the screening process, help to complete the screener, and to be given the results of their child's screening. As a result of the evaluation, a protocol was developed and distributed to all *School Readiness* coordinators to streamline and structure their developmental screener processes going forward.
- Regarding Family Engagement Activities, 8/9 districts offer 2+ family literacy categories of service. These include take-home reading programs, literacy programs and events, and parent workshops. All districts employ a variety of parenting education opportunities, and five of these districts organize classes in response to specific parent request. Three districts offer home visiting activities funded by First 5. Shared tips included sending the parent multiple reminder texts and holding staff trainings about how to set a positive tone during the visit. The most common transition orientation services were *Kinder Camp* and parent meetings to prepare for student transitions. Common challenges included having limited classroom space, translation needs, and finding a time

for parents to attend. All districts hold parent-teacher conferences. Shared tips included providing language support for non-English speaking parents and to follow up individually with parents who were unable to attend the conferences.

San Benito

In Fiscal Year 2019–20, First 5 San Benito County provided services and supports to children, families, and providers that addressed the four First 5 California result areas and responded to the effects that COVID-19 had on the community. While COVID-19 shut down many services in the state, First 5 San Benito quickly pivoted to offering virtual services and concrete support to families. For instance, between March and June 2020, a total of 255,749 meals, diapers, wipes, and activity kits were distributed by First 5 San Benito and its partners to address families' immediate needs and support Family Functioning in the community. In addition, families were referred to virtual home visiting and intensive case management services if they needed additional support. Over the course of the year, 33 families received case management services, and 29 caregivers attended parent education classes to strengthen their families and improve their parenting practices. Parents participating in these services demonstrated improvement in family functioning, knowledge of parenting and child development, feelings of social support, access to concrete supports, and the frequency with which they read with their child. To address Improved Child Development, First 5 San Benito offered professional development to 10 early childhood education providers, and 280 families participated in developmental play groups with their children. Child Health was addressed through the distribution of 20 new car seats, and 36 families received *Parents as Teachers (PAT)* home visiting services, all of whom said the PAT program helped them face parenting challenges. Finally, to contribute to Improved Systems of Care, First 5 San Benito facilitated a multisector collaborative of local leaders to integrate service systems in the county, advocated for policies that benefit young children and their families, collaborated with partners to leverage funding, and promoted the capacity of providers through professional development.

San Bernardino

Help Me Grow Inland Empire (HMGIE) is funded jointly by First 5 Riverside County and First 5 San Bernardino County, with Loma Linda University Children's Hospital serving as a sponsoring partner. Three-fourths of California's counties have a Help Me Grow program, and across the nation the program is active in 31 states and the District of Columbia. *HMGIE* is unique in that it is a dual-county service model, and utilizes technology to ensure the region's 375,000 age-appropriate children have access to developmental

screenings. After two years of planning, *HMGIE* activated its Access Center on April 1, 2020. Early Childhood Educators, medical professionals, and parents are served by bilingual care coordinators through the Access Center's toll-free telephone lines. Presently, the center offers two web-based developmental screens (ASQ-3 and ASQ-SE) and one Social Determinant of Health screen. Children with developmental concerns, and families demonstrating risks associated with social determinant factors, are provided linkage and referral to medical, behavioral, and social services. Care coordinators maintain contact with families to ensure referrals are successful and that the family is linked to the next level of care. In instances where referrals are not acted upon or are unsuccessful, staff works with the family to overcome barriers ensuring they can access important services.

San Diego

The COVID-19 pandemic presented unprecedented challenges for our staff, our community partners, and the families First 5 San Diego County serves. Fiscal Year 2019–20 was different from any previous year in the Commission's history. These last several months have been difficult and yet inspiring and encouraging by the way the community rallied to support one another. When Governor Newsom issued stay-at-home orders in March, First 5 San Diego providers quickly pivoted to supporting families virtually. Maintaining these connections and supporting families through these most difficult times is critical for children's and caregivers' well-being.

Despite the pandemic, during Fiscal Year 2019–20, 42,046 San Diegans received direct services, of which over 29,000 were under the age of 5. These services included quality preschool, parenting classes, and health and dental services. Thousands of young children and their parents benefited from community-wide services, such as the *Kit for New Parents*, a parent warm line, community health screenings, and outreach.

During Fiscal Year 2019–20, First 5 San Diego's Healthy Development Services initiative celebrated its 15th year of identifying and treating children with mild- to-moderate developmental and social-emotional needs. This year also marks the culmination of the First 5 San Diego 2015–20 strategic plan. As it embarks on its new Fiscal Year 2020–25 Strategic Plan, First 5 San Diego is embracing new strategic directions for its work: Resilient Families, Coordinated Systems of Care, Integrated Leadership, and Sustained Funding.

First 5 San Diego also is pleased to announce a new quality early learning initiative, *Learn Well*, which builds upon the success of its 8-year Quality Preschool Initiative, that



concluded this year. *Learn Well* will focus on strengthening existing early care and education system structures, and expand the participation to providers serving infants and toddlers and aim to improve the skills of the adults working directly with children.

San Francisco

For nearly two decades, First 5 San Francisco County has invested in San Francisco's youngest children, their families, and the providers who work on their behalf, with a vision that all children will start school eager to learn and grow with confidence. Investments in the Quality Connections Quality Rating and Improvement System (QRIS) reaches approximately 8,000 children enrolled in participating early care and education sites across the city. Between July 2018 and March 2020, 406 sites engaged in continuous quality improvement. Among those, 131 centers and 175 family child care homes received QRIS validation ratings. Rating data show that a majority are seeing improved quality, with 83 percent of family child care homes and 53 percent of centers increasing ratings over time. While all city-funded centers were required to close due to the COVID-19 pandemic and resulting stay-at-home orders, 100 percent have re-opened with support from First 5 San Francisco, in collaboration with other city departments, and concerted effort of all QRIS coaches and consultants.

San Francisco's network of 26 Family Resource Centers (FRCs) supported just under 10,000 parents and children through an array of services, some of which are focused specifically on child abuse prevention, and all of which are intended to provide parents with the tools and resources

they need to ensure their families are stable and their children can thrive. During the COVID-19 health crisis, FRCs have become a critical lifeline, distributing household supplies, diapers, and food to hundreds of families every week, even delivering directly to doorsteps when necessary. They are a trusted support, and in some cases, the only outside provider to proactively call and check in on isolated families and bring them together through virtual learning and social activities. San Francisco's *Help Me Grow* team worked across all initiatives throughout the year to train over 3,500 providers in developmental screening and inclusive educational practices.

San Joaquin

First 5 San Joaquin County has risen to the overwhelming challenges presented during Fiscal Year 2019–20. Our 2-1-1 Call Center and Home Visitation Programs are shining examples of the resilience, tenacity, and work ethic that are representative of San Joaquin County. The call center has been inundated with calls and requests for assistance due to COVID-19, in addition to the usual calls coming into the center. The call volume of the call center more than doubled from March to June. Staff were reassigned from other duties to help field calls to the center. The call center conducted 2,162 screenings and referrals for services and made 443 transfers to *Help Me Grow*.

First 5 San Joaquin provides two home visiting programs, the Home Visitation Initiative, and the Family Work Opportunity and Responsibility to Kids (FamilyWORKs) program. In Fiscal Year 2019–20, over 619 families with 778 young children received home visits that focused on areas of child development, family self-sufficiency, job searching, healthy eating, and physical activity.

JourneyWORKs, First 5 San Joaquin's Substance Abuse and Mental Health Home Visitation and Care Coordination program provides home visitation and care coordination services to pregnant or parenting CalWORKs Welfare to Work participants who have challenges related to substance use or mental health issues. Due to COVID-19, in-person home visits stopped in March 2020. Home visitation services were quickly restructured, and virtual visit models were developed. Most Home Visitors began using a system of "no contact" dropping off materials to families with a subsequent follow-up virtual visit and/or phone call to review the materials and conduct activities. Home Visitors reported the follow-up virtual visits and phone calls are unusually lengthy, as parents and caregivers are seeking their assistance in finding COVID-related resources such as the Internet, food, housing, test sites, and doctors.



San Luis Obispo

First 5 San Luis Obispo County convened community stakeholder conversations with families and family-serving agencies to help shape its next strategic plan. The plan was approved in June, and aligns with statewide focus areas of Resilient Families, Early Learning, and Health & Development. San Luis Obispo *Help Me Grow* officially launched, with a new Centralized Access Point funded by First 5 and the County of San Luis Obispo. In related work, First 5 San Luis Obispo bolstered its MHSA-funded *3 by 3 Project* by engaging pediatric health partners in developmental screenings/referrals. A Pediatric Town Hall is being planned, and work is underway to align efforts with the statewide *ACES Aware*. In response to critical needs arising with COVID-19, First 5 San Luis Obispo invested emergency funds in partnership with the Child Care Resource Connection, and with the Community Foundation's Disaster Response Fund to rapidly activate support for child care and other family-serving programs. Further COVID-related collaboration included facilitating local planning to build financial relief capacity for immigrant families, modeled after similar mobilizations statewide that provide basic needs assistance for vulnerable populations most impacted by the pandemic. First 5 San Luis Obispo continues to lead a collective effort to address the child care crisis through our "We Are the Care" initiative, consisting of parents, ECE professionals, employers, businesses leaders, school administrators, and government officials. The next step is a Collaborative Public Sector Child Care Study to help identify and pursue options to expand child care capacity across the county. Building on advocacy to spotlight child care as essential (during COVID-19 and beyond), First 5 San Luis Obispo redirected its monthly "Hands-on Heroes" public awareness campaign to highlight ECE professionals



and to pledge to stand with them through the recovery process. It folded in a Child Care Awareness Day social media storm to amplify the messaging and close out April: Month of the Young Child.

San Mateo

During Fiscal Year 2019–20, First 5 San Mateo County maintained its multi-faceted investments in programs supporting all aspects of a child's early years, including Early Learning; Child Health & Development; Family Engagement; and Policy, Advocacy, and Communications. Supported by \$6.3 million in community investments, its funded partners served over 9,800 children, parents, and providers, and distributed 1,494 Kits for New Parents. Highlights from this year include:

- Convening "A Culture of Care," a one-day forum and training about growing trauma-informed, healing organizations. The day featured Ken Epstein and Laura van Dernoot Lipsky, and was attended by about 180 providers who serve children and families.
- Implementing First 5 San Mateo's 2020–2025 strategic plan, which rolled out over \$10 million in total funding for projects including: a collective impact initiative focused on quality early care and education, with an emphasis on inclusion; a collective impact initiative focused on improving the system of care for children with special needs using the *Help Me Grow* framework; and critical services supporting family resilience, including home visiting, mental health services, trauma-informed child care centers, father involvement, parent advocacy, and Friday Cafes.

- Supporting the community during COVID-19. First 5 San Mateo helped secure \$2 million in CARES Act funds for child care and preschool programs; surveyed its partners to gauge the impact of COVID-19 and the public health orders on their financial situations and service delivery; and partnered in the distribution of personal protective equipment, cleaning supplies, books, diapers, and other necessities to child care programs and families. By early September, over 300 providers had received more than 4,500 items, enabling them to work safely with the children and families they serve.

Santa Barbara

In Fiscal Year 2019–20, First 5 Santa Barbara County invested \$3,311,193 in programs and services for 1,713 children, 1,513 primary caregivers, and 424 providers. Investment strategies included family strengthening, expansion and quality of early childhood spaces, communications and policy development, and systems capacity building. First 5 Santa Barbara achieved several noteworthy results that improved the lives of children and families within the county:

- Investment in Child Development: Programs that participate in the QCC continue to have Tier 4 and 5 scores as evidenced by the QRIS matrix. The child care centers and family child care homes served by Santa Barbara County Quality Counts provided high-quality child care to approximately 4,000 children 0 to 5 years of age.
- Investment in Family Functioning: The Santa Barbara Network of Family Resource Centers includes 17 agencies that provide oversight to over 50 Family Resource Centers. Families who received case-management



services improved in all domains of family functioning assessed, as measured on the Family Development Matrix. Additionally, parents who completed an evidence-based parent education program and those who received child development home visits reported engaging in positive parenting practices more often than before.

- Investment in Child Health: Through the *Welcome Every Baby* program, families of newborns reported that there were gains in reading and singing to their infants, an important indicator in supporting brain development and early language acquisition. Over 300 families of newborns received a nurse visit during this fiscal year.

Santa Clara

The COVID-19 pandemic exacerbated the financial challenges many families in Santa Clara County were already facing. In response, First 5 Santa Clara County secured 12 external grants totaling \$8,366,786 and swiftly transformed its service delivery partnerships to provide a safety net for thousands of children and families and the community providers that serve them. To promote linkage to coordinated services, the agency produced a downloadable Resource Guide for families and providers in English, Spanish, and Vietnamese (www.first5kids.org/resources). In the Family Strengthening Initiative, a Needs Tracker was put into place across all 27 family resource centers to log the needs of families and connect them to resources.

Santa Cruz

Throughout this coronavirus pandemic, First 5 Santa Cruz County and its partners have continued supporting the

health, safety, and development of young children and their families. First 5 Santa Cruz' successes over the past year include:

- The *Baby Gateway Newborn Enrollment Program* continues to meet safely with mothers and enroll eligible newborns in Medi-Cal.
- The *VisionFirst* program is developing safe methods for providing vision screening to young children.
- The Neurodevelopmental Foster Care Clinic shifted to phone or telehealth visits, and was able to respond to all referrals from CPS and provide all follow-up visits.
- *Triple P* practitioners are offering parenting support services by phone, videoconferencing platforms, and Independent Study programs.
- *Families Together* transitioned to a telehealth service model.
- *Quality Counts* Santa Cruz County offered professional development in online formats. A portion of IMPACT and related funding was reallocated to an emergency response fund for providers serving children of essential workers and at-risk populations.
- First 5 partnered with the Santa Cruz County Office of Education's Child Development Resource Center on two supply giveaway events to hundreds of child care providers in the county.
- *Santa Cruz Reading Corps Literacy Tutors* shifted their service work to creating literacy materials, attending virtual preschool and TK classes, and community volunteer work.
- *Raising A Reader* found ways to provide reading materials to families during the pandemic, and will continue the book bag program through local libraries.
- Drawing on supplies from First 5 California and a grant from the Central California Alliance for Health, First 5 and community partners distributed infant supplies to over 1,000 community residents impacted by COVID-19

The COVID-19 pandemic is on-going, but First 5 is working with County leaders and partners to ensure the collective wellbeing of our County's children and families. It is First 5's firm conviction that together we will emerge stronger and more interconnected than ever before.

Shasta

First 5 Shasta County's Fiscal Year 2019–20 successes include:

- *Help Me Grow Shasta* (HMG) completed more than 500 developmental screenings for children ages 0 to 5 and





provided referrals and case coordination services to more than 850 children and families.

- Distributed more than \$430,000 to participants of *Quality Counts* North State to improve the quality of Early Childhood Education.
- Issued more than \$95,000 in COVID-19 Retention Grants and \$100,000 in Continuation Grants to help sustain ECE providers impacted by COVID-19.
- Supported local child care and social service providers with grant funds and supplies in response to COVID-19.
- Partnered with community-based organizations to provide COVID-19-safe activities for families, such as virtual story-times and drive-thru events.
- Granted more than \$60,000 in academic scholarships to 80 ECE providers to help them increase their knowledge of child development issues.
- Invested more than \$19,000 in community collaborations to strengthen families in Shasta County.
- Continued work with community partners around ACEs education, prevention, and intervention, including quarterly community meetings around the Five Protective Factors.

- Provided NICU and families of newborns with books to read to their infants. Reading aloud provides exposure to language and opportunities for attachment in a stressful environment.
- The *Healthy Babies Program* provides mental health services for pregnant women and mothers of children ages 0 to 2 experiencing depression or anxiety brought on or exacerbated by pregnancy or during the postpartum period. Provided direct support to 87 parents/caregivers.
- First 5 Institute delivered training for 466 children and 776 parents/caregivers via activities including professional development, library story times, and professional training.
- Coordinated 15 Week of the Young Child events.
- Distributed more than 15,000 children's books to children and families in Shasta County.

Sierra

The vision of First 5 Sierra County is to ensure a continuum of appropriate and integrated health, education, and recreational support services from prenatal to old age for a balanced and sustainable Sierra County community. First 5 Sierra's strongest and most successful achievement continues to be its preschool tuition subsidy program. This program supports working families, most of whom would not be able to send their children to preschool without tuition assistance.

In Fiscal Year 2019–20, First 5 Sierra continued to achieve an amazing 90 percent rate of children attending preschool prior to entering kindergarten. Investing in a program where all local children can attend preschool ensures that all Sierra County children will start kindergarten with the most optimal preparation and with the least disparity in readiness possible.

- First 5 Sierra's summer swim and yoga programs supported our preschool-age children in learning critical water safety skills and healthy habits.
- First 5 Sierra continues to seek innovative ways to support the resilience of our families. The COVID-19 crisis and the stay-at-home order presented many challenges to parents of young children in our remote, rural community.
- First 5 Sierra responded by calling all our families to offer support and delivering activity bags with resources to preschools, daycare centers, and individual families in remote communities. Childcare stayed open to support the families of essential workers, and First 5 Sierra



supported them with distributions of much needed sanitation supplies.

- First 5 Sierra staff utilized the stay-at-home time to focus on revenue generating activities, and has successfully expanded its revenue to support the county's children and families in future years.

Siskiyou

Through innovative partnerships, First 5 Siskiyou County more than doubled its community investment to provide high-quality integrated services to all corners of Northern California's largest county.

Working through seven family resource centers (FRCs), First 5 Siskiyou provided 4,766 service encounters to children (duplicated), and 2,858 service encounters to parents (duplicated). A primary draw of FRCs is the parent-child playgroups, which helped 449 children and 261 parents experience enriching child development activities, bond with peers, and receive concrete support during times of need. Many parents (415) also engaged in evidence-based parent education and workshops, such as "Make Parenting a Pleasure," "Raising Emotionally Healthy Children," and "Nurturing Parenting." FRCs promoted literacy by enrolling 1,097 families in Dolly Parton Imagination Library, which mailed age-appropriate books each month to 1,214 children; First 5 also distributed 25,989 children's books across the county. Children's health needs were addressed with *Help Me Grow's* 462 developmental screenings, as well as enrollment in CalFresh at every FRC. Additionally, First 5's *IMPACT* program worked with 73 early education providers to provide quality environments for the 1,201 children in their care.

What is the sum impact of First 5 Siskiyou's whole-child whole-family programs? Teachers assessed the readiness skills of 59 percent of the kindergarten population and collected data from 185 parents about family experiences. The largest predictors of kindergarten readiness were being well-rested and well-fed, not having a special need, being resilient, being older, and having parents who were engaged in kindergarten transition activities with them – all factors that First 5 Siskiyou impacts. The assessment revealed 79 percent of kindergarten students had participated in at least one First 5 service, and that the more First 5 services children had, the more ready they were for kindergarten.

Solano

In Fiscal Year 2019–20, First 5 Solano County continued to implement its high-quality programs in the Priority Areas of Health and Well-Being, Early Childhood Learning and Development, Family Support and Parent Education, and Systems Change.

In early 2018, the Commission made the decision to establish a First 5 Center in the City of Vallejo near the census tracts with the highest risk factors for children. A site was identified that required substantial tenant improvements. Through a capital improvement campaign, 66 percent of the \$1.7 million tenant improvement funding was received from public and private donations and grants. The First 5 Center opened on February 13, 2020. It is a one-stop location to provide a full range of dual-generation services to support healthy behavior, social and emotional development, and school readiness of children, as well as provide parents the tools they need to develop positive parent-child relationships and be connected to other families. All services are family-centered and trauma-informed to build resilience and strengthen families.

Other accomplishments of Fiscal Year 2019–20:

- With blended funding from the First 5 Solano and Mental Health Services Act, the evidence-based Triple P Positive Parenting Program continues to be implemented as a parenting education strategy. Thirty new facilitators were trained and accredited by Triple P America, and eight local agency providers served 1,097 families.
- In response to COVID-19, First 5 Solano collaborated with local partners on several key initiatives:
 - » As part of the County's Office of Emergency Services, implemented pop-up child care for essential workers in Vallejo.
 - » Established an Emergency Response Fund to support community agencies and child care providers.

- » Provided \$64,519 in grants, ranging from \$150 to \$7,500.
- » Distributed masks, gloves, hand sanitizers, cleaning supplies, diapers, and wipes received from First 5 California to child care providers and directly to families.

Sonoma

In Fiscal Year 2019–20, the First 5 Sonoma County Commission's top priorities included the strategic planning process, and disaster responses for the COVID-19 pandemic and the wildfires. In fall of 2019, planned power outages disrupted the community and First 5 operations briefly. Fall 2019 also brought the Kincadee fire, hurting the economy even more. Before the community could recover from the power outages and wildfires, 2019–20 proved to have even greater challenges, as COVID-19 hit the community in early 2020. The shelter-in-place order began March 2020, straining the economic stability and mental health of families across the state. First 5 Sonoma conducted a parent survey in April 2020, one month after the shelter-in-place order, and shared a summary of results that showed significant disparities in loss of income particularly for Spanish-speaking parents, along with parents and caregivers reporting significant need for financial support for basic housing expenses. Parents and caregivers also struggled to provide food and diapers for their children. First 5 California responded with deliveries of basic need items, including diapers and wipes, cleaning supplies for child cares to remain open with increased health and safety standards, and responsive grants for agencies to support the community with mental health, financial literacy, and basic need support. Even with these challenges, the strategic planning process prevailed. Planning elements and processes through 2019–20 for the strategic plan included data in the form of: Early Childhood Landscape Scan; review of all 2019 Grantee Outcome Reports; evaluation of 2016–2019 READY Kindergarten Readiness data. Additionally, stakeholder input was developed through a parent survey on the impacts of COVID-19; Leadership Advisory Roundtable convenings; Strategic Planning Advisory Team; and First 5 Sonoma County Commission review of the plan throughout the process, with formal adoption of the plan on the horizon for Fiscal Year 2020–21.

Stanislaus

Among First 5 Stanislaus County's accomplishments during Fiscal Year 2019-20 are the following:

- Improved Family Functioning: The parents of 7,371 children received family support services through countywide Family Resource Centers or other programs, and 1,031 received more intensive services focused

on improving child abuse risk factors. Parents are gaining knowledge and improving parenting skills. The parents of 1,090 children attended parenting classes to increase parenting skills and knowledge. Of the 1,075 children ages 0 to 5 whose caregivers were screened for depression, 117 children ages 0 to 5 had a caregiver referred for mental health services as a result. 99 percent of parents participating in a Healthy Start program reported an increased confidence in their parenting ability.

- Improved Child Development: 93 percent of families of children ages 0 to 5 increased the time spent reading with their children at home after receiving literacy services. 633 children ages 0 to 5, who received literacy services, were given a book to take home and build upon the skills they and their families learned. 718 children ages 0 to 5 were screened for educational developmental issues.
- Improved Health: 122 infants were born full-term after their mothers participated in a healthy birth program, and 92 percent of the mothers initiated breastfeeding. 84 percent of babies born to women participating in a healthy birth program were a healthy weight at birth. 91 percent of participants attending a pregnant and parenting women support group reported making positive changes based on health, nutrition, and safety classes.
- Improved Systems of Care: Families of 5,347 children have increased knowledge and use of community resources.

Sutter

The COVID-19 pandemic placed undue strain on families and providers in Sutter County. To address these needs, Sutter County Children & Families Commission allocated \$25,000 in Commission reserves to fund the COVID-19 Emergency Funds Application in response to emerging critical needs and improve the development and support of young children and their families in Sutter County. Funds were spent on items such as rent/utilities/gas and grocery cards, car seats, diapers, and digital devices. Additionally, Sutter County Children and Families Commission applied for a multitude of funding opportunities that afforded the ability to provide gift cards, supplies, and services to the county's children ages 0 to 5 and their families during these recovery efforts. Sutter County Children and Families Commission funded partners also rose to the challenge posed by the pandemic by adapting their service delivery strategies. The Child Care Planning Council staff transitioned to virtual meetings and training to assist stipend program participants in completing required professional development to ensure program completion.

Child Development Behavior Services provided support by creating short videos called “Wednesday Wisdom With Jen” to discuss parenting topics. Family SOUP partnered with other agencies to provide virtual programs and activities to support families who have children with special needs. Sutter County Public Health’s *Health Families America* home visiting program did virtual visits, and mailed out information to meet basic needs. The *FLIP* program went virtual through YouTube and Facebook with take-home activity kits, instructional videos, and phone calls. Mindful Youth Adventures created engaging digital content for children that extended not only to their existing client base but to families that could not normally attend in-person meetups. In sum, in this time of unprecedented upheaval, Sutter County Children and Families Commission drew upon its partnerships to swiftly adjust service delivery systems to meet the urgent needs of children.

Tehama

First 5 Tehama County provides visionary leadership for building sustainable 0 to 5 programs. First 5 Tehama supported the *Pregnancy to Preschool Partnership (P2P)*, a collaboration of publicly-funded agencies to streamline referral and data sharing processes and ensure that every child that comes to the attention of partner agency receives service. An online Trackers system was developed and implemented at the end of Fiscal Year 2019–20. All members of *P2P* are able to create a profile about their client and send an electronic referral to another *P2P*; the receiving agency may update the status of that family (enrolled, waitlisted, or not enrolled). Improvements in reporting accuracy have been demonstrated. This lays the foundation for warm handoffs between agencies that will further be supported by *Help Me Grow*.

Nimble responding to program and community needs altered by COVID-19, First 5 Tehama made strong impacts across the county. First 5 Tehama collaborated with *Expect More Tehama* to host three webinars dealing with trauma-informed care during COVID-19. Two were focused on leaders and direct service providers. The third was featured as a Facebook Live event for families. Participants shared the immense value of these webinars, such as: “This was the best webinar I have been to since COVID-19;” “I am going to remember to take a breath and take time to think about what others are going through when you are interacting with them. Everyone reacts differently to the changes in our lives.” Through partnerships with School Districts, Tehama’s Resource and Referral as well as Tehama County Department of Education, concrete resources were distributed including 420 bilingual *Care, Cope, Connect* pamphlets and PPE to over 30 programs who continued services during the pandemic. Furthermore, programs pivoted their regular programming to virtual services,

offering families playgroups, home visiting, and parenting classes online.

Trinity

The First 5 Trinity County Children and Families Commission invests in a variety of services aimed at supporting children prenatal through age five and their families. Primary investments include:

- *School Readiness Playgroups*: First 5 Trinity partners with the Trinity County Office of Education (TCOE) to provide pre-K programs throughout the county. This program offers structured playgroups aimed at preparing kids for the academic, social, and emotional rigors of kindergarten. In Fiscal Year 2019–20, the program served 50 children ages 0 through 5.
- *Children’s Garden: The Children’s Garden Project* aims to teach young children the fundamentals of gardening, as well as to provide basic guidance on healthy nutrition. Through hands-on, interactive activities preschool aged children learn about the life cycle of a plant, garden friends and pests, companion planting, and harvesting. In Fiscal Year 2019–20, the program served 59 children ages 0 through 5. After participating in services, a large majority of children served were able to identify foods grown in a garden, as well as the difference between healthy and unhealthy foods.
- *Trinity Smiles: The Trinity Smiles* program provides mobile and dental services at various school sites, with a focus on providing care to underserved children in the county. Services include oral evaluations, extractions, cleanings, oral hygiene instruction, x-rays, and fillings. In Fiscal Year 2019–20, the program served 87 children ages 0 through 5, and 263 other family members.
- *Trinity Infant Passenger Safety (TIPS) Program*: Trinity County Health and Human Services provides car seat safety supports to families of young children throughout Trinity County by offering car seat education, installation instruction, and car seat distribution. In Fiscal Year 2019–20, the program served 35 families.
- In addition to primary investments, First 5 Trinity supports smaller community projects to include a school readiness assessment project, water safety programs, and food distribution.

Tulare

First 5 Tulare County’s vision is that all Tulare County children will thrive in supportive, safe, loving homes and neighborhoods and will enter school healthy and ready to learn. In Fiscal Year 2019–20, funded programs served 37,832 parents and children. Each of First 5 Tulare County programs are unique. This year, First 5 Tulare would like to

highlight all programs for their efforts during such a difficult end to the fiscal year due to COVID-19.

All programs focused on supporting families by being creative and innovative in approach. Most programs swiftly began to support families immediately.

- Home visiting programs and Family Resource Centers provided door drops (of necessary items such as food, cleaning supplies, books, diapers, and wipes), case management via Zoom, and telephone follow ups.
- Funded programs that support preschools provided packets that included activities for parents to do with their children utilizing the food distributions. Other programs have been ensuring the well-being of the children they serve and ensuring distribution of essential items.
- Funded programs that provide oral health were able to provide oral health education utilizing Zoom and outreach events via food distribution events.
- Local United Way saw an increase of 300 percent and has prioritized calls to ensure families are linked to resources.

Tulare County's community has come together during this difficult time. Everyone is working together for a common goal of ensuring that the county's youngest population and their families are healthy, strong, and in safe loving environments.

Tuolumne

First 5 Tuolumne County provides leadership and support for programs to achieve the vision that all children are healthy and ready to learn. First 5 Tuolumne invested \$726,982 in Fiscal Year 2019–20, providing services to over 1,500 young children, parents, and providers. Of those receiving services, most were served by Adult and Family Literacy and Health Programs (77 percent), such as the *Smile Keepers* dental program and the *Imagination Library*. First 5 Tuolumne's main focus areas are:

- Improved Family Functioning: Primary Caregivers obtained the supports and resources they need to be their child's first and best teacher. 225 parents, caregivers, and providers participated in programs for improving family functioning, such as in-home support and group parenting classes, as well as training to improve their ability to provide for their families, such as GED and ELL classes.
- Improved Child Health: The *Smile Keepers* oral health program provided oral health screening, fluoride varnish, and education to 517 children and 136 parents.



- Improved Child Development: First 5 Tuolumne County invested \$237,900 to improve the quality of its early care and education sites. This was done by investing in professional development stipends for providers who participate in continuing education and/or coaching as well as investing in training to provide the ASQ–SE to parents.

This was the second year First 5 Tuolumne County has invested in the *Imagination Library*. Since 90 percent of a child's brain develops before the age of 5, we know it is vital to invest in families and encourage them to talk, read, and sing to their children every day. We are confident the *Imagination Library* helps make this happen. After only two years, there are over 25 percent of children 0 to 5 receiving books every month.

Although First 5 Tuolumne faced significant challenges due to COVID-19, its programs and staff adapted and found creative and innovative ways to stay connected to local families. Many of these innovations will continue to benefit families for years to come.

Ventura

In Fiscal Year 2019–20, the First 5 Ventura County Commission substantially shifted investments toward systems change due to reduced resources resulting from the planned depletion of the Sustainability Fund. A considerable investment in the county's early childhood system continues to be provided. These investments include continuation of *Parent and Child Together* programs (PACT) and family support services through a redesigned, place-based *Neighborhoods for Learning (NFL)* Initiative;

preschool services for a two-year transitional period; programs that provide linkage to resources and early intervention; and systems integration, advocacy, and capacity-building efforts. First 5 Ventura is one of nine communities nationwide to receive funding from the Pritzker Family Foundation to house a Fellow who focused on advancing the Commission's Prenatal-to-Three agenda. Building upon an in-depth evaluation of PACT, First 5 Ventura implemented a new standardized PACT model to increase consistency throughout Ventura County. This new model enabled it to partner with the County Libraries and Quality Counts Ventura, further expanding the reach and improving the quality of these services. Several additional accomplishments were realized in the implementation of countywide system initiatives through national, state, and local partnerships with agencies, schools, and community organizations. First 5 Ventura was invited to participate in a national project led by Nemours Children's Health System and a state-level project led by the Center for the Study of Social Policy to better leverage Medi-Cal for promoting child outcomes. Leadership was provided locally and statewide for the 2020 Census to aid in counting families with children ages 0 to 5. First 5 Ventura also partnered with the county's Child Welfare Department on the development of the Prevention Plan, and continued to promote the importance of early literacy through book distribution and collaboration with libraries, and hosting the annual *Take 5 and Read!* event, which was held virtually due to the pandemic.

Yolo

In Fiscal Year 2019–20, the second year of a new strategic plan, First 5 Yolo County achieved an increasingly sharper focus on prevention and deeper investments in systems transformation. Funded program highlights include helping families avoid the need for entry into CWS and supporting positive parenting; increasing access to early mental health screens and supports; engaging families in early learning; and launching a countywide, integrated systems effort built on an earlier pilot maternal/infant program. Together with direct service partners, First 5 Yolo developed a larger initiative, The CHILD Project: *Road to Resilience (R2R)*, for higher-risk perinatal families. *R2R* is co-funded with California Department of Social Services Office of Child Abuse Prevention and several local agencies. All programs are increasingly coordinated and targeted to integrated systems transformation. The Commission realized significant progress in this direction led by the *R2R* progress. *R2R* is designed to prevent conditions that contribute to child maltreatment and prevent adverse childhood experiences by identifying high-risk mothers and infants, and providing intensive services to substantially mitigate the risk for child maltreatment and future trauma. *R2R* incorporates three models of evidence-based home

visiting, establishes central coordination, integrates medical and social services, and addresses early learning and family strengthening with over 10 partner agencies.

In the support of these efforts, First 5 Yolo advocated for the dedication of new revenues to early childhood prevention and intervention. This catalyzed leading-edge policies, resulting in the inclusion of early childhood in a county cannabis tax that enhanced *R2R* in Fiscal Year 2019–20, as well as dedicated funding from cities. In response to the COVID-19 pandemic, First 5 Yolo invested time and dollars in immediate and nimble support, including transition and maintenance of services, emergency supply efforts for families and child care providers, and child care provider stabilization and safety training.

Yuba

In March of 2020, the First 5 Yuba County Commission adopted a resolution and released \$20,000 in Responsive Emergency Relief funds to support children 0 to 5, their families, and child care providers directly affected by COVID-19. With these one-time funds, eight community-based organizations and community members were awarded funds to provide children and families with enrichment activities, including: Daily virtual story times, bi-weekly Facebook Live concerts, weekly virtual yoga classes, virtual early learning classes, and a text-based parenting curriculum focused on addressing trauma. A local charter school developed a 10-part short film series called "Children Outdoors," highlighting the importance and connections between child development, play, and the outdoor environment. This short film series provided parents with educational tips, ideas for creative outdoor play in various environments, and explored multiple outdoor treasures in Yuba County. The film series, along with many of the other virtual programs, resulted in tangible digital assets and educational tools that were used by other early child educators, child care providers, and families. In addition, seven local child care providers were awarded emergency relief funds to ensure their business remained open and continued to operate safely, with quality and suitable learning environments. Local child care providers utilized funds to purchase proper equipment to help mitigate the spread of COVID-19, including: screening stations, hands-free soap dispensers and faucets, and sanitizing stations. Children's outdoor equipment, such as shade structures and water tables, were also purchased to encourage outdoor play and social distancing in developmentally appropriate environments. As a result of this funding, First 5 Yuba was able to quickly meet the needs of local child care providers and families with children 0 to 5, and in doing so, created new sustainable relationships.

Appendix A: Number of Services and Expenditures by Result Area and Service Type, FY 2019–20¹

IMPROVED FAMILY FUNCTIONING										
Result Area and Service Type	Children	Primary Caregivers	Providers	Total Primary Caregivers and Providers	Total Number of Services	Percent of Services in Result Area	Percent of Total Number of Services	Total Expenditures for Services	Percent of Service Expenditures in Result Area	Percent of Total Expenditures ²
General Family Support	116,346	391,753	7,757	399,510	515,856	92%	39%	\$44,726,688	52%	11%
Targeted Intensive Family Support	21,413	23,412	1,832	25,244	46,657	8%	4%	\$41,414,176	48%	10%
Total Improved Family Functioning	137,759	415,165	9,589	424,754	562,513	100%	42%	\$86,140,864	100%	21%
IMPROVED CHILD DEVELOPMENT										
Result Area and Service Type	Children	Primary Caregivers	Providers	Total Primary Caregivers and Providers	Total Number of Services	Percent of Services in Result Area	Percent of Total Number of Services	Total Expenditures for Services	Percent of Service Expenditures in Result Area	Percent of Total Expenditures ²
Quality Early Learning Supports	149,490	17,111	47,022	64,133	213,623	75%	16%	\$81,722,531	74%	20%
Early Learning Programs	38,005	30,988	2,917	33,905	71,910	25%	5%	\$28,350,951	26%	7%
Total Improved Child Development	187,495	48,099	49,939	98,038	285,533	100%	22%	\$110,073,482	100%	27%
IMPROVED CHILD HEALTH										
Result Area and Service Type	Children	Primary Caregivers	Providers	Total Primary Caregivers and Providers	Total Number of Services	Percent of Services in Result Area	Percent of Total Number of Services	Total Expenditures for Services	Percent of Service Expenditures in Result Area	Percent of Total Expenditures ²
General Health Education and Promotion	21,085	58,886	4,033	62,919	84,004	18%	6%	\$7,869,071	6%	2%
Prenatal and Infant/Toddler Pediatric Support	7,310	3,917	68	3,985	11,295	2%	1%	\$3,650,795	3%	1%
Perinatal and Early Childhood Home Visiting	40,514	57,239	127	57,366	97,880	20%	7%	\$60,575,876	48%	15%
Oral Health Education and Treatment	91,812	22,755	913	23,668	114,850	24%	9%	\$15,175,651	12%	4%
Early Intervention	110,878	49,071	10,154	59,225	170,103	36%	13%	\$37,774,052	30%	9%
Total Improved Child Health	270,969	191,868	15,295	207,163	478,132	100%	36%	\$125,045,445	100%	31%
Total	596,223	655,132	74,823	729,955	1,326,178		100%	\$321,259,791		79%
IMPROVED SYSTEMS OF CARE										
Result Area and Service Type	Children	Primary Caregivers	Providers	Total Primary Caregivers and Providers	Total Number of Services	Percent of Services in Result Area	Percent of Total Number of Services	Total Expenditures for Services	Percent of Service Expenditures in Result Area	Percent of Total Expenditures ²
Policy and Public Advocacy								\$36,831,454	44%	9%
Program and Systems Improvement Efforts								\$47,361,048	56%	12%
Total Improved Systems of Care								\$84,192,502	100%	21%
GRAND TOTAL	779,068	633,088	55,635	688,723	1,467,791			\$405,452,293		

¹ Colusa and Glenn counties are not included.

² Totals may not equal 100 percent due to rounding.

Appendix B: Result Area and Service Type Definitions

Result Area: Improved Family Functioning

Providing parents, families, and communities with relevant, timely, and culturally appropriate information, education, services, and support.

General Family Support

Programs providing shorter-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). Supports may include referrals to family services such as Family Resource Centers (FRCs) and other community resources, adult and family literacy, and fatherhood programs. In general, these programs are designed to provide less intense and shorter term support services and classes for families by paraprofessional staff. Program models or initiatives may include Abriendo Puertas, Avance, family resource core support, and the Positive Parenting Program (Triple P).

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 designed to support at-risk parents and families prenatally or with young children to increase knowledge and skills related to parenting and improved family functioning (e.g., counseling, family therapy, parent-child interaction approaches, and long-term classes or groups). This also is the category for reporting comprehensive and/or intensive services to special populations (i.e., homeless, teen parents, foster children, special needs). Program models or initiatives may include Incredible Years, Nurturing Parenting Program, and Triple P.

Result Area: Improved Child Development

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

Quality Early Learning Supports

Programs designed to enhance early learning programs such as professional development for early educators, or implementation and integration of services. This service category may include quality rating and improvement system investments as part of First 5 Improve and

Maximize Programs so All Children Thrive and Quality Counts California. This service category covers Early Childhood Education (ECE) settings efforts, most commonly by licensed care providers, and may include interagency collaboration, facility grants and supply grants to providers, support services to diverse populations, and database management and development. Non-ECE settings work is included under General Family Support. Program models or initiatives include Quality Counts California.

Early Learning Programs

Early learning programs for children 0 to 5 years old may include preschool programs, kindergarten transition services, and early learning programs for all ages. Early learning programs for primary caregivers and their children together may include playgroups primarily focusing on 0 to 3 year-olds. Programs may include child-related early literacy and Science, Technology, Engineering, and Math programs. Programs may include extra supports in early learning settings for homeless children, Federal Migrant or Tribal Child Care programs, and children receiving Alternative Payment vouchers for childcare. Program models or initiatives include facility grants, playgroups, preschool/childcare reimbursement, and summer programs.

Result Area: Improved Child Health

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

General Health Education and Promotion

Programs promoting children's healthy development, including nutrition, fitness, and access to health/dental/vision insurance and health services. Programs also may focus on increased awareness of information about child safety seats, fire, safe sleep, and drug/alcohol/tobacco education. Program models or initiatives include nutrition/breastfeeding, safe sleep, safety education, smoking or tobacco cessation.

Prenatal and Infant/Toddler Pediatric Support

Out-of-home programs that may include prenatal care and follow-up for healthy development-related services during the first three years of a child's life. These programs are designed to improve the health and well-being of

women during and after pregnancy, and the infant or young child by a paraprofessional and/or professional outside of the family home, including, but not limited, to pediatric or clinical environments. Programs may provide comprehensive support, including parenting education, health information, developmental assessments, providing referrals, and promoting early learning.

Program Models or initiatives include Developmental Understanding and Legal Collaboration for Everyone, Healthy Steps, and local models.

Perinatal and Early Childhood Home Visiting

Home visiting is a primary service delivery strategy for inter-generational family-centered supports. Home visiting services are provided by qualified professionals with parents, prenatally and/or with children birth to age three. These voluntary programs are tailored to meet the needs of individual families and offer information, guidance, and support directly in the home environment. While home visiting programs vary in goals and content of services, in general, they combine parenting and health care education, early intervention, and early learning supports for young children and their families. Home visits focus on linking pregnant women with prenatal care, promoting strong parent-child attachment, coaching parents on learning activities that foster their child's development, and supporting families during the pivotal window of pregnancy through early childhood.

Program models or initiatives include Early Head Start, Healthy Families America, Nurse Family Partnership, Parents as Teachers, Home Instruction Program for Preschool Youngsters, Maternal, Infant and Early Childhood Home Visiting, and local models.

Oral Health Education and Treatment

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.

Early Intervention

Programs providing screening, assessment, and diagnostic services, including referrals or follow-up to needed services. Programs including 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, related parent education, and Mental Health Consultations in ECE settings. Program models or initiatives include care coordination and mild-to-moderate supports.

Result Area: Improved Systems of Care

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

Policy and Public Advocacy

Policy and Public Advocacy includes community awareness, public outreach and education on issues related to children 0 to 5 and their families. This also may include work focused on policy change, work with local and statewide stakeholders, policy development, related efforts, and Town Halls.

Initiatives include resilient families and communities, child health, early learning, and revenue.

Program and Systems Improvement Efforts

Efforts to improve service quality, connections between programs, infrastructure support, and professional development. This also may include activities such as strategic planning, business planning, grant writing workshops, sustainability workshops, and assistance in planning and promoting large community conferences or forums. These improvement efforts should result in improved outcomes for children ages 0 to 5 years of age. Improvements could be geared toward creating a well-trained workforce with shared professional standards and competencies, creating strong and effective linkages across particular system components, or leveraging funding to sustain the system of care. This also may include database management and other cross-agency systems evaluation support. Initiatives include early identification and intervention, health systems, family strengthening, *Talk. Read. Sing.*®, and Trauma Informed Care/Adverse Childhood Experiences.

References

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- 2 Meng, YY, Ponce, NA (2020). The Changing Landscape: Tobacco and Marijuana Use Among Young Adults in California. Los Angeles, California.: UCLA Center for Health Policy Research.
- 3 Total clients reported may be slightly inflated because of duplication within county programs; figures do not include Colusa and Glenn.
- 4 Educare California at Silicon Valley. <http://educaresv.org/>
- 5 Educare Los Angeles at Long Beach. <https://www.educareschools.org/schools/los-angeles-long-beach>
- 6 Child Welfare Indicators Project, CWS/CMS 2019 Quarter 3 Extract, <https://ccwip.berkeley.edu/>



OUR VISION

California's children receive the best possible start in life and thrive.



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