



# First 5 California Children and Families Commission 2002-03 Annual Report Executive Summary

## INTRODUCTION

The 2002-03 Annual Report is a comprehensive overview of First 5 California’s progress toward achieving its vision:

*Through the implementation of innovative, sustainable programs and the advancement of the understanding of the importance of early care and learning among all Californians, all young children in the State of California will reach age five physically and emotionally healthy, learning and ready to achieve their greatest potential in school.*

### Background

The California Children and Families First Act of 1998 (the Act) created the California Children and Families Commission, also known as First 5 California. The Commission is the leadership agency and statewide coordinator of the Act. As the lead agency, the Commission administers 20% of revenues from the Proposition 10 tobacco tax, which support its leadership responsibilities but also support additional activities that include technical assistance and matching grants to County Commissions, research and evaluation, public media campaigns, infrastructure development, and statewide initiatives.

In this leadership role, the First 5 California Commission has had the opportunity to have a significant impact on the lives of

California’s young children by developing a long-term public policy framework around school readiness, setting strategic goals, and integrating early childhood services into existing education, health, and social service systems.

Eighty percent of the revenues go directly to the County Commissions. Consistent with the overarching framework of school readiness goals, guidelines, and strategic goals identified by First 5 California and with maximum flexibility in tailoring funding and programs to local needs, each County Commission has developed a strategic plan that guides its actions.

### **First 5 Strategic Goals and Results to be Achieved**

While the Act emphasizes local decision-making, it also requires the State Commission to adopt a strategic plan and goals to define “results to be achieved” that support those goals and provide a basis for defining, gathering, and analyzing data that are to be used to assess the overall impact and progress of First 5 investments, programs, and activities.

The following are the First 5 strategic goals, with samples of First 5's short- and long-term results:

1. **Early Childhood Learning and Education.** Increase the quality of and access to early learning and education for young children ages 0-5.
  - Children receive high-quality care (as defined by provider training, adequate compensation, adult-to-child ratios, staff retention, facilities, fees, and developmentally appropriate activities), including infants, toddlers, and children with special needs.
  - Children enter kindergarten "ready for school."
2. **Early Childhood Health.** Increase the availability of and access to early and periodic assessments of children's health and development. Promote the early identification of health and developmental issues and promote appropriate preventive and intervention services.
  - Children are born healthy.
  - Children receive preventive and ongoing regular health, mental health, and oral health services.
  - Children are in safe and healthy environments.
3. **Parent and Community Education.** Provide information and tools to parents, families, and communities on the importance of early learning experiences for children 0-5 and their families.
  - Culturally and linguistically appropriate services and special-needs services are integrated in all systems.
  - Parents are knowledgeable about and practice healthy behavior prior to and during pregnancy.
  - Parents are knowledgeable about child development and practice effective parenting skills.

4. **Tobacco Cessation.** Contribute to the decrease in the use of tobacco products by pregnant women, parents, and caregivers of young children.
  - During pregnancy, women refrain from use of tobacco, drugs, and alcohol.
  - Parents have access to smoking, alcohol, and substance abuse cessation and treatment supports.

***Statewide Data Collection and Evaluation***

In April 2002, a new comprehensive statewide data collection and evaluation of First 5 California was developed and implemented. The evaluation design is an in-depth, systematic process to assess the progress toward achieving the First 5 goals. Priority outcomes were identified in each of four result areas (improved family functioning, child development, child health, and systems of care), and one or more indicators were identified to track each outcome. Indicators track trends and patterns and can identify both areas of concern and positive outcomes.

As required by the Act, County Commissions submit an annual report to the State Commission, this year using the new evaluation design and providing detailed data and information on their funded programs, activities, and participants. Because this was the first year of implementation of the more extensive data collection process, counties ranged in their abilities to report on all data elements for all programs and activities for the 2002-03 fiscal year. (The counties will fully incorporate the new data requirements for their 2003-04 annual reports.)

This 2002-03 Annual Report aggregates, analyzes, and presents the data and information collected from the counties in order to tell the First 5 story.

## STATEWIDE FIRST 5 CALIFORNIA PROJECTS AND INITIATIVES

The State Commission's strategic goals provide the structure for current and future initiatives. First 5 California has committed funding to a range of statewide initiatives and projects, some of which are summarized here.

### ***The School Readiness Initiative***

- The purpose of the School Readiness (SR) Initiative, funded at \$413 million over 4 years, is to improve the ability of families, schools, and communities to prepare children to enter school ready to succeed. School Readiness Programs are located in communities served by schools primarily in the lowest three deciles of the Academic Performance Index (API).
- As of June 30, 2003, forty-four counties have received SR program funds, serving families living in the attendance area of 461 high-priority schools.
- Statewide, the schools/communities participating in the School Readiness Initiative serve children and families with the following characteristics:
  - 83% receive free or reduced-price meals (low income).
  - 71% are Latino and 15% other ethnic groups.
  - 54% are English language learners.
- Direct services were provided to 72,051 children and families (by the 55% of SR Initiative programs that provided information).
  - 46% of programs provided kindergarten transition programs, serving 15,557 participants.
  - 40% provided early preschool education programs, serving 9,053 children.

### ***Preschool for All (initiative under development)***

In Preschool for All, to be funded at more than \$1 billion over 5 to 7 years from state and county funds, six demonstration project sites will have the unique opportunity to implement the findings of a growing body of research and to focus public attention on a major education reform by expanding opportunities for children to attend preschool.

The purposes of the First 5 Preschool for All Demonstration Projects are to:

1. Demonstrate the impact of voluntary preschool for all 4-year-olds on children's readiness for school and schools' readiness for children in a limited number of counties and school districts representing California's language, cultural, and geographic diversity.
2. Provide a learning "lab" for coordinated strategies, funding streams (including cost and finance models), and partners to implement high-quality preschool programs in diverse settings.
3. Reduce disparities in outcomes by effectively addressing the language and cultural diversity of California's children and their families and providing programs inclusive of children with disabilities and other special needs.
4. Inspire public will to expand preschool for all California children and fully implement the California Master Plan for Education Preschool for All recommendations.

### ***Infant, Preschool, and Family Mental Health Initiative***

The Infant, Preschool, and Family Mental Health Initiative, conducted in partnership with the Department of Mental Health, is a 3-year project funded at \$3,600,000. Implementation began in June 2001 in eight counties. The overarching question addressed by the project's clinical services study is: *Are relationship-based, developmentally focused approaches to providing infant-family and early mental health services effective in contributing to positive outcomes for children, age birth to 5, and their families?*

Results for children have been evaluated in five domains. All domains showed improvement at the time that results were evaluated:

1. Child mental health concerns were significantly lower.
2. Developmental concerns declined significantly, as did reported developmental risk factors.
3. Parental concerns about their children's behavior and functioning were significantly lessened after intervention.
  - Parental stress was significantly reduced.
  - Parent satisfaction with services was high.

***Health Access for All Children (initiative under development)***

The First 5 Commission approved the First 5 Health Access for All Children (Birth to 5) Initiative in October 2003, with a funding level of \$46.5 million. The initiative will specifically support:

- Health insurance premiums
- Outreach and enrollment activities
- Quality enhancement and evaluation activities.

Ninety percent of the investment will support 4-year allocations to the County Commissions to assist with paying for the health insurance premiums to cover the state's approximately 50,000 children birth to 5 who are ineligible for Medi-Cal and Healthy Families and who have a family income below 300% of the federal poverty level. The county allocation will require a \$1 state to \$4 local cash match to subsidize premiums for an insurance program that offers a comprehensive benefit package (medical, dental, and vision) that mirrors the Healthy Families Program. The county allocation application process is scheduled to be established and operational in 2004.

***Kit for New Parents***

The Kit for New Parents, with more than 1 million distributed, is a comprehensive resource for new and expectant parents. The videos and printed materials in the Kit translate recent scientific findings about the importance of the early years in every child's life into practical guidelines for parents' daily interaction with their babies and young children. The study conducted during the pilot phase found that participating parents used the Kit and made many positive attitudinal and behavioral changes based on the information provided in it.

***Public Education Campaign***

First 5 materials are produced in 11 languages and placed in every media market in the state, reaching every county through a mix of TV, radio, print, and outdoor formats. Components of the campaign include:

- Three major statewide announcements, resulting in more than 40 million media impressions.
- Media outreach in partnership with County Commissions, resulting in an average of 42 stories per month, totaling more than 27 million media impressions in both large and small markets in California.
- A partnership with the Spanish-language television network Univision brought 12 news segments to air in key California markets to educate parents and caregivers about early childhood development issues, including special needs and disabilities, health, safety, and child care.
- Granting \$12 million to 166 community-based organizations reaching diverse populations with early childhood development public education messages in more than 35 languages.
- Publishing a quarterly newsletter titled Building Blocks to provide updates on key early childhood development issues.
- Creating a clearinghouse to disseminate First 5 California early childhood educational materials.

## COUNTY COMMISSION ACTIVITIES AND PARTICIPANTS

### *First 5 Funded Programs Are Addressing Four Result Areas*

Research tells us that the course of early child development has profound long-term effects on children’s ability to be ready and able to learn successfully and to achieve their greatest potential in school and in life. Because of the high stakes for our children, First 5 California and each of the 58 County Commissions are committed to increasing school readiness by addressing four result areas through long-term commitments to continue to support California’s children. The following are examples of such commitments in each result area.

#### 1. Improved Family Functioning

Counseling and behavioral and mental health assessments were provided by 157 programs to 85,112 children and their family members. These services were most often provided through:

- In-person consultations (34%)
- Case management (25%)
- Classes (23%)
- Home visits (15%).

#### 2. Improved Child Development

County Commissions funded:

- 21 Head Start programs
- 15 State preschools
- 36 Private preschools
- 16 Family-based child care homes
- 95 Other child care centers or preschools.

In 40 counties, 243 programs:

- Screened 91,924 children for developmental delays and other disabilities.
- Worked with 58,325 parents to provide referrals for assessments and intervention programs.

The majority of these services were part of case management (40%), home visits (22%), and in-person consultations (21%).

#### 3. Improved Child Health

- 117 programs provided prenatal/birth care education and services directly to 70,125 expectant parents through home visits (34%), case management (24%), and classes (19%).
- 173 programs assisted 178,060 families to apply for low-cost and/or public health insurance programs for children ages 0-5.

#### 4. Improved Systems of Care

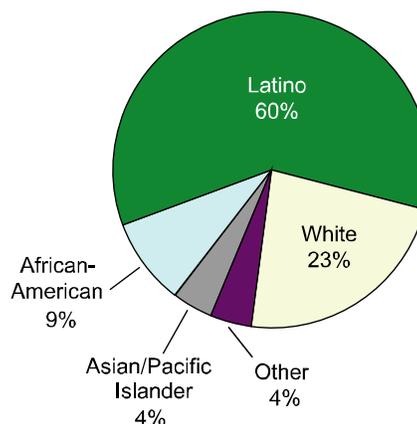
82 programs concentrated on systems change activities, such as:

- Civic engagement
- Advocacy for policies that support children and families
- Leveraging funds
- Interagency collaboration
- Accessibility of services.

#### *Who Is Receiving Services from First 5?*

- More than 22 million young children, parents, and other family members received services and/or information through First 5 programs.
- The children most commonly served are diverse (Exhibit 1), reflecting the diversity of children ages 0-5 in California.

**Exhibit 1  
Ethnic Distribution of Children Directly Served**



**How Is First 5 Serving Children and Families?**

- More than 3,224,000 received indirect services and information through community outreach activities such as local media campaigns, the Kit for New Parents, and community events.
- Approximately 18,000,000 were reached through the statewide media campaign.
- 1,400,000 (with 53% of programs reporting) received direct services through activities such as home visitation, case management, classes, and mobile vans.
- Direct-service programs accounted for more than 71% of all expenditures made on programs, and participation was distributed fairly evenly between parents and children (Exhibit 2) and between age groups (Exhibit 3).

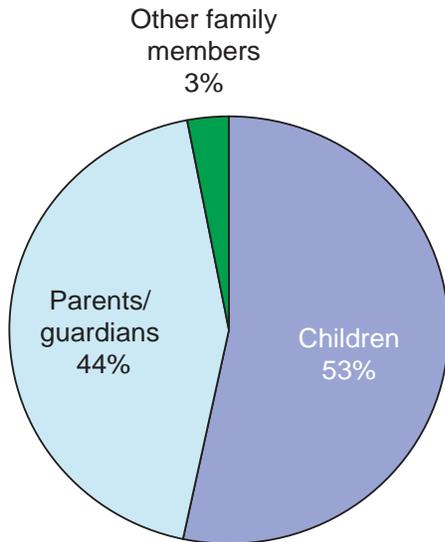
**Strategies for Improving Children’s Outcomes**

First 5 County Commissions have funded a wide range of programs and strategies to improve young children’s health, development, and readiness for school. Most First 5 funded programs have used one or more of the following five strategies:

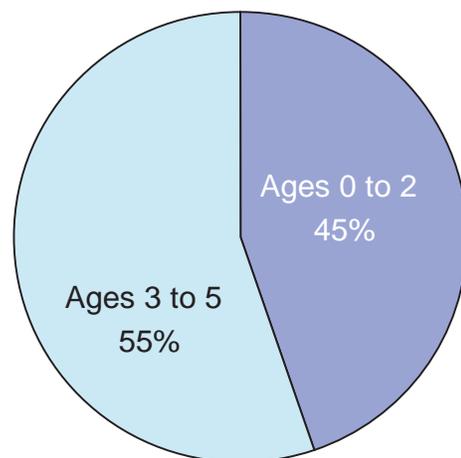
- Direct services
- Community strengthening efforts
- Provider capacity building/support
- Infrastructure investments
- Systems change support activities.

County Commissions reported funding 2,254 programs with First 5 funds and were able to report on the specific strategies being used by 2,086 (92%) of those programs. Exhibit 4 shows the percentage and number of programs using each of the five strategies.

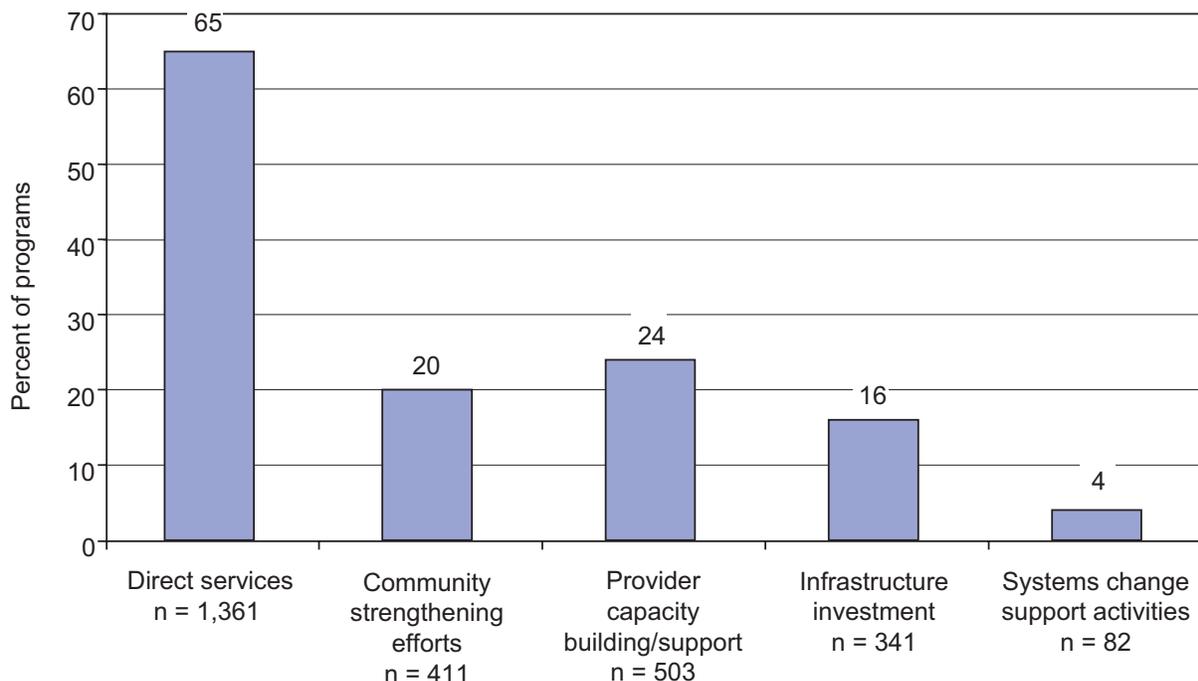
**Exhibit 2  
Distribution of Direct-Service Program Participants Served**



**Exhibit 3  
Age Distribution of Children Receiving Direct Services**



**Exhibit 4  
Programs Using the Five Strategies (n = 2,086)**



**Services for Children and Families**

Almost two-thirds (1,361) of all First 5 funded programs provided direct services to children and families.<sup>1</sup> These programs reported delivering services to improve outcomes for children and families in all four result areas of First 5 California. The 13 types of services most commonly received are listed in Exhibit 5.

First 5 created a comprehensive set of services by funding multiple types of organizations that each offered a range of services and that helped families link to services at other agencies through referrals. Many of these services were delivered in ways that made them more accessible and family friendly by conducting them via home visits and mobile services. The numbers of participants who were served through these various methods are shown in Exhibit 6.

<sup>1</sup> Sixty-two percent of the 1,361 programs providing direct services reported information on the types of services and activities they delivered, and 53% reported information on participants as well.

**Services for Children and Families, by Result Area**

As mentioned earlier, First 5 programs are addressing all four result areas. The types of activities provided and participants served to address each result area are summarized below. The counts of programs and participants reflect only those programs that were able to submit the information requested on the new annual report form (62% of the 1,361 direct service programs provided information on the types of services they provided and 53% provided information on the numbers of participants they served). Therefore, the actual numbers of programs offering the services described below and participants receiving them are much higher.

**Exhibit 5**  
**Services Received Most Often by First 5 Program Participants, by Result Area**

<b>Improved Family Functioning</b>	<b>Improved Child Development</b>	<b>Improved Health</b>	<b>Improved Systems of Care</b>
<ul style="list-style-type: none"> <li>• Distribution of Kit for New Parents</li> <li>• Parenting education</li> <li>• Community resource and referral</li> </ul>	<ul style="list-style-type: none"> <li>• Family literacy programs</li> <li>• Early education programs for children</li> <li>• Developmental screenings and assessments</li> <li>• Recreational and physical activities for children</li> </ul>	<ul style="list-style-type: none"> <li>• Safety education and injury/violence prevention</li> <li>• Health insurance enrollment and assistance</li> <li>• Prenatal care and birth care education</li> <li>• Health screenings</li> </ul>	<ul style="list-style-type: none"> <li>• Transportation services or vouchers</li> <li>• Service coordination</li> </ul>

**Exhibit 6**  
**Number of Participants Served by Direct Service and Community Strengthening Methods**

<b>Method of Delivery</b>	<b>Total Number of Participants</b>
<i>Direct services</i>	
Class/workshop	289,923
Mailing/distribution of materials	269,437
In-person consultation or service	177,107
Case management	163,819
Home visit	131,761
Mobile service	83,991
Phone consultation	68,812
Community event (services delivered to individuals)	76,306
Support group	38,738
Other direct services	80,647
Unknown	18,690
<i>Direct services subtotal</i>	<i>1,399,231</i>
<i>Community Strengthening Efforts</i>	
Organizing community associations/networks	18,543
Media campaigns (radio, television, newspapers, magazines)	20,379,925
Information dissemination (brochures, newsletters, directories)	581,247
Community events, celebrations, or fairs (to groups of people)	135,833
Public speaking	8,130
Other community strengthening efforts	100,076
<i>Community strengthening efforts subtotal</i>	<i>21,223,754</i>
<b>Total</b>	<b>22,622,985</b>

*Services to Improve Family Functioning*

- **Distribution of Kit for New Parents.** 186 programs distributed First 5 California’s Kit for New Parents to 357,062 program participants. 26 additional organizations distributed the Kits to other new parents with support from mini-grants.
- **Parenting education.** 381 programs served 134,344 parents, affecting 159,470 children ages 0-5. 94 programs promoted positive parenting practices with 4,591,994 parents and children through outreach efforts. 393 additional organizations and groups provided parenting education services with support from mini-grants.
- **Family literacy programs.** 155 agencies conducted programs that served 101,565 children, 77,341 parents, and 20,575 other family members. In addition to these programs, another 558 organizations received mini-grants to promote improved family literacy practices.
- **Parenting/caregiver support.** 202 programs served 31,105 parents, affecting 45,445 children ages 0-5. Peer parent support networks also were organized and advertised to 814,167 parents and related community members.
- **Mental health services.** 157 programs served 85,112 children and their family members. An additional 69 programs provided substance abuse treatment, counseling, and referrals to 21,626 people living in families with young children.
- **Enrollment assistance.** 92 programs assisted 80,029 people in families with young children to enroll in food assistance. 117 programs provided 86,404 family members with help in obtaining basic necessities.
- **Adult education programs.** 81 programs provided activities to 38,318 parents and other family members of young children. 168 organizations received mini-grants to support adult education programs.
- **Family planning services.** 57 programs provided 14,663 young parents (often teenage parents) with services to help them postpone future pregnancies until they were older and more self-sufficient.

*Services to Improve Child Development*

- **Early care and education referrals and resources.** 73 programs provided information and referrals to 37,272 people. 34 programs provided subsidies or vouchers for child care and preschool to 6,430 people. 157 organizations received mini-grants to provide early care and education referrals and to provide subsidies or vouchers.
- **Classes and activities for children.** 150 programs provided recreational/physical activities to 68,302 children and their 61,769 parents. 257 programs provided comprehensive early education programs to 100,204 children and 87,995 parents. 700 organizations received mini-grants to provide both these types of educational opportunities to children.
- **Kindergarten transition programs.** 105 programs provided transition activities to 37,664 children and 20,342 parents. 89 programs provided 14,667,598 parents and related community members with information about ways to help children become ready to succeed in school. 344 organizations received mini-grants to provide kindergarten transition activities.
- **Developmental screenings/assessments.** 243 programs screened 91,924 children for developmental delays and other disabilities and worked with 58,325 parents on screenings and referrals. 56 programs disseminated information to 18,167,888 parents and related community members. 27 additional organizations received mini-grants to identify and refer children for services.

*Services to Improve Child Health*

- **Prenatal and birth care and education.** 117 programs provided prenatal and birth care education and services directly to 70,125 expectant parents. 39 funded programs promoted prenatal care education and awareness to a total audience of 3,466,411 expectant parents. 181 organizations also received mini-grants to provide prenatal care and education to expectant parents.
- **Breastfeeding assistance.** 92 programs provided breastfeeding assistance to 63,544 new mothers. 34 programs promoted

breastfeeding, reaching a total audience of 3,170,804 expectant and new parents. 108 organizations received mini-grants to provide breastfeeding assistance.

- **Health insurance enrollment/assistance.** 173 programs helped 178,060 program participants apply for low-cost and public health insurance programs for children ages 0-5. 86 organizations were funded through mini-grants to help enroll children in free and low-cost health insurance programs.
- **Health care.** 361 programs provided health care services to 338,389 children. These services included:
  - 84,846 health screenings
  - 47,255 immunizations
  - 52,048 nutrition assessments and educational sessions
  - 27,971 well-baby or well-child checkups
  - 6,255 acute medical care visits
  - 120,014 other health services.

90 programs provided information promoting health care for children to 19,350,227 children and parents. 52 programs provided information about nutrition to 3,115,051 children and parents. 424 organizations received mini-grants to provide health care services.
- **Oral health treatment, screening, or prevention.** 100 First 5 programs provided oral health treatment, screenings, checkups, and education to 106,086 participants. 172 organizations received mini-grants to provide oral health services.
- **Safety education and injury/violence prevention.** 168 programs provided education and services to prevent injuries and violence to 179,896 program participants. 63 programs provided information about injury prevention to 6,193,301 parents and related family members. 414 mini-grants were awarded to organizations to provide injury and violence prevention education and services.
- **Car seat distribution.** 48 programs distributed and correctly installed car seats, they also provided information and

education to 49,035 people. 116 organizations received mini-grants to support this activity.

- **Tobacco cessation education or treatment.** 95 programs provided tobacco cessation education and treatment to 30,773 parents and 6,164 other family members. 39 programs shared information about the importance of not smoking with 3,964,243 people. 130 organizations received mini-grants to provide tobacco cessation services and education.

#### *Services to Improve Systems of Care*

- **Service coordination.** 221 programs provided service coordination for their 132,905 participants, of which about half were children. In addition, 116 organizations received mini-grants to establish or expand their service coordination efforts.
- **Community resource and referral (to health and social services).** 405 programs provided 292,441 people with information about and referrals to health and social service programs in their communities. 128 programs conducted outreach activities to 17,873,591 parents and related community members to increase awareness of community resources. 231 organizations were awarded mini-grants to begin or expand the sharing of community resource and referral information with their program participants.
- **Transportation services or vouchers.** 103 programs provided transportation services to 158,421 people, most of which were for children ages 0-5. An additional 95 organizations received mini-grants to provide transportation services.

#### ***Provider Capacity Building and Support Activities***

503 programs provided capacity building and support to 108,526 providers. In addition to training providers, First 5 funding offered several other types of support: incentives or stipends, distribution or loaning of program materials, distribution of informational materials, and meetings or events for providers.

### **Infrastructure Investments**

163 funded programs received funding for infrastructure investments. 64 mini-grants also were awarded for infrastructure investments.

### **Systems Change Support Activities**

Most of the activities described above were part of larger efforts to improve systems of care for young children and their families. In some cases, County Commissions funded special programs to coordinate or augment their other programs' efforts through evaluations, civic engagement efforts, and interagency collaboration and planning.

## **SCHOOL READINESS INITIATIVE ACTIVITIES AND OUTCOMES**

In July 2001, the First 5 California State Commission approved funding for a 4-year School Readiness (SR) Initiative. The initiative is a State and County Commission partnership that includes county-level matching funds. The purpose of this important initiative is to improve the ability of families, schools, and communities to prepare children to enter school ready to succeed.

The SR Initiative specifically targets the state's underperforming schools. Because these are schools that serve communities with high ethnic diversity and high levels of poverty, the initiative has a major goal of closing the achievement gap by addressing inequities in access to appropriate services, programs, and schools for California's neediest young children and their families. Five "Essential and Coordinated Elements" provide the framework for programs undertaken as part of the SR Initiative. Applications for funding such programs must address each of the five elements: (1) early care and education services with kindergarten transition services, (2) parenting/family support services, (3) health and social services, (4) schools' capacity to prepare children and families for school success, and (5) program infrastructure, administration, and evaluation.

### **SR Initiative Program Participants**

SR Initiative programs funded during the 2002-03 fiscal year served 90,123 individuals. Since many programs are provided to children and their parents together, it is not surprising that similar percentages of children ages 0-5 (46%) and their parents and guardians (45%) were served. More services were provided for infants and toddlers (57%) than for preschool-age children (43%), a pattern consistent with a focus on serving children as early as possible in order to make the greatest impact on the skills and competencies that will help them be successful in school. Information on participants' ethnicity was reported for half of children ages 0-5 receiving direct services (64% were Latino, 16% were white). Information on children's primary languages was available for 16% of children receiving direct services (Spanish was the primary language for 70%). Three percent of children ages 0-5 receiving direct services had disabilities or other special needs.

### **SR Initiative Funded Programs**

Program funds were designed to be used to restructure, coordinate, and evaluate the delivery of high-quality early care and education, health and social services, and parental education/involvement and support, and to improve schools' readiness for children through family-friendly environments in school-based or school-linked settings. All County Commissions were eligible to apply for program funds and needed to provide a local match when program funds were received. As of June 30, 2003, 112 applications from 44 County Commissions were approved to receive program funds. A total of 461 schools were associated with the 112 approved applications.

**Strategies of SR Initiative programs for improving children's outcomes.** In fiscal year 2002-03, County Commissions reported funding 197 programs with SR Initiative funds. The most common recipients of SR Initiative funds were schools and educational organizations (45%), including school districts, elementary schools, and local county offices of education.

Strategies being used across all programs were reported for 190 programs (96%):

- Many County Commissions gave a high priority to funding services that fill gaps identified through community needs assessment, are coordinated across agencies, and include special features to make them more easily accessible (e.g., expanded hours of operation and locations, transportation).
- The majority of SR Initiative programs (75%) provided direct services to 67,499 children and families.
- About one-third of programs (34%) did community strengthening activities such as disseminating information or holding community events, celebrations, or fairs.
- About one-fourth of programs (27%) conducted activities to improve the training, knowledge, and skills of providers.
- About one-fifth of programs (19%) used SR Initiative funds for infrastructure investments, such as facilities improvement and purchasing books and educational materials.
- Individual programs often used multiple strategies; 101 programs (51%) reported using more than one strategy.

#### **Types of services funded by the SR Initiative.**

Programs funded by the SR Initiative provided a variety of services to children and families. Direct services were provided to 72,051 children and families by the 55% of SR Initiative programs that provided information for the 2002-03 fiscal year. The direct services that were most commonly provided were in the areas of child development services, family support, and parent education. Another major emphasis was on smoothing the transition into kindergarten for children and their families. Other activities or services that were funded were in the areas of community strengthening, provider capacity building, infrastructure investments, and initial planning and governance.

In addition to a variety of direct activities, the SR Initiative was designed to go beyond simply funding direct services to influencing the quality of early systems of care for young children and

their families. According to County Commissions, the SR Initiative is also having a positive impact on programs' collaborative decision-making with school personnel and creating positive collaborative relationships across the multiple agencies and programs involved.

#### ***Participation of Schools in the SR Initiative***

One goal of the SR Initiative is to improve and build new relationships between schools and the programs and supports that serve children ages 0-5 and their families. Many SR Initiative applications and programs were recently funded and are just beginning to affect how schools support families prior to kindergarten entry. Most County Commissions reported that their schools are accommodating children with disabilities and other special needs (76%) and children from culturally and linguistically diverse populations (71%), and are offering on-site family support services (59%). Some County Commissions also reported that schools in their area have formal relationships with child care and preschool programs in the county (15%), on-site state pre-kindergarten programs (21%) or other on-site early care and education programs (12%), teachers who meet with preschool teachers or child care providers to plan children's transitions to kindergarten (18%), or teachers who visit children in their homes before they enter kindergarten (3%).

#### ***SR Initiative Local Community Resources***

One fundamental aim of the SR Initiative is to expand the capacity of targeted school neighborhoods to meet the needs of their children and families for services that promote school readiness. The goal is to move toward closing the gaps in access and equity across California's diverse population.

#### ***SR Initiative Promotes Community and Systems Change***

The First 5 SR Initiative is beginning to have important and positive impacts on the local communities and schools in which it is being implemented. The planning and the governance

of the SR Initiative programs are seen as highly collaborative, and the SR Initiative has been well received and supported by many different groups in their communities.

## **FIRST 5 COUNTY COMMISSIONS ARE CHANGING SYSTEMS**

### ***Program Approaches to Systems Change***

Many County Commissions are changing systems of care by planning and funding specific types of programs or approaches to services that respond to their unique local needs. The four most widely funded approaches are:

- **Home visiting programs.** County Commissions funded 222 programs that did home visiting. Home visiting programs are especially effective in overcoming transportation barriers to accessing services.
- **Family resource centers.** County Commissions funded a total of 82 family resource centers. Family resource centers typically bring various kinds of services together, often through the collaboration of different community-based organizations and public agencies.
- **Provider training and support.** County Commissions have funded large efforts to recruit, train, and support service providers in a variety of domains. The most frequent use of this strategy has been to support training of child care providers.
- **Efforts to promote universal access to care.** Several County Commissions have launched major efforts to promote universal access to essential early care, the two most common services being universal access to health insurance coverage and universal access to early education preschool programs.

### ***Systems Change Strategies***

**Funding strategies.** County Commissions often strengthened the effect and influence of their First 5 dollars when they used funding strategies such as requiring that grant applicants make clear how their programs will improve systems

of care and funding a few broad initiatives rather than many individual programs.

- The most commonly reported funding consideration was whether a proposed program would fill a gap identified through a community needs assessment (e.g., whether it would increase access).
- More than half of County Commissions require that agencies or programs applying for funds are already collaborating with other agencies or programs or agree to do so if they are funded.
- County Commissions often prefer to fund initiatives rather than programs to concentrate funding for greatest impact, to engage important major stakeholders, and to improve sustainability through focused efforts.

**Convening and collaborating.** County Commissions often convened meetings that brought together disparate groups or power brokers within the community to respond to crises, to develop common grant proposals, to craft countywide visions for children’s services, and to provide an ongoing forum for troubleshooting and learning.

**Using data.** County Commissions have used data to develop thoughtful, countywide approaches to providing services to young children and their families, for strategic planning, and for program monitoring and evaluation.

**Training and technical assistance.** County Commissions have provided training and technical assistance to improve the skills of funded programs or enhance the capacity to raise funds, work on evaluation, or address other aspects of systems change.

### ***Findings from the Statewide Evaluation***

- Even though County Commissions’ systems change efforts cut across multiple domains of care, they have concentrated their efforts most frequently on improving child care, school readiness, and health care.

- A primary focus of most county commissions is to make services more family focused, accessible, integrated, and coordinated.
- County Commissions are in a unique position to focus on the entire service system for young children/families because of the flexibility they have in their funding.
- County Commissions have been deliberate in their systems change efforts by providing targeted funding, technical assistance, and community organizing.
- Large statewide initiatives funded by First 5 California and other funders have created unique opportunities to focus on and expand their systems change efforts by increasing available fiscal resources and promoting shared practices across counties and regions of the state.

**COUNTY CHILDREN AND FAMILIES COMMISSIONS’ REVENUES AND EXPENDITURES**

***County Commissions’ Revenues***

In fiscal year 2002-03 (July 1-June 30), First 5 California disbursed \$476,398,773 to the 58 County Commissions.

As shown in Exhibit 7, the majority of County Commissions’ revenues came from County Commission allocations. Interest earned

contributed to 7% of their revenues. The School Readiness Initiative contributed 4% to County Commissions’ overall revenues.

***County Commissions’ Expenditures***

As discussed above, County Commissions made investments in a wide variety of programs, and services for young children and their families. The majority of investments (\$251,916,024) were spent on 2,254 family support, early care and education, and child health programs with administrative costs representing only 10% of all expenses. Exhibit 8 shows the types and amounts of expenditures by County Commissions in fiscal year 2002-03.

**Expenditures by strategy.** County Commissions provided funding in the amount of \$336,739,371 to support a wide variety of services and activities. The percentages of funds spent on various strategies are displayed in Exhibit 9.<sup>2</sup>

**Expenditures by type of organization.** County Commissions disbursed First 5 funding to a wide range of agencies and organizations in their counties. The variety of agencies and services they funded aimed to create a comprehensive system of care for young children and their families. Exhibit 10 displays the types and numbers of organizations supported and the amounts of funding that they received.

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<sup>2</sup> Total is different from that reported in Exhibit 8 because of reporting differences among County Commissions.

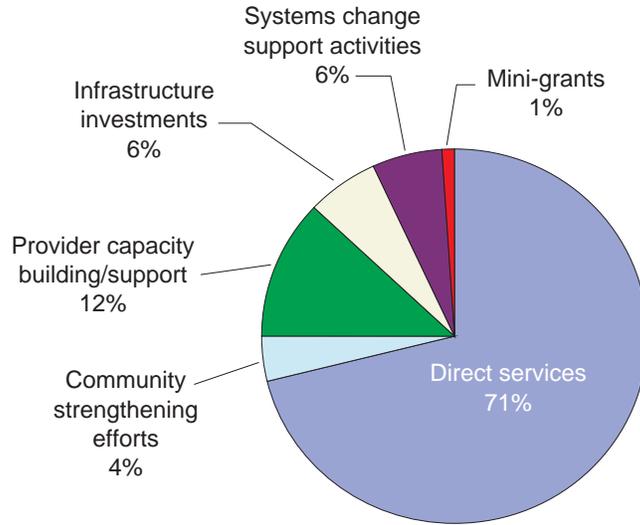
**Exhibit 7  
Sources and Amounts of County Commissions' Revenues**

Source	Amount	Percentage of Total Revenues
<b>First 5 California funds</b>		
<b>First 5 California funds (minus SR Initiative funds)</b>		
Monthly disbursements	\$449,830,724	86
\$200,000 Baseline	\$647,936	<1
Augmentation funds: Administrative	\$2,502,883	<1
Augmentation funds: Travel	\$234,825	<1
Child care retention incentives	\$25,000	<1
Other First 5 funds (including SMIF)	\$1,167,134	<1
<i>Total First 5 California funds (minus SR Initiative)</i>	<i>\$454,408,502</i>	<i>87</i>
<b>School Readiness (SR) Initiative funds</b>		
Program funds	\$20,465,271	4
Implementation funds	\$1,525,000	<1
<i>Total SR Initiative funds</i>	<i>\$21,990,271</i>	<i>4</i>
<b>Total First 5 California funds</b>	<b>\$476,398,773</b>	<b>91</b>
<b>Non-First 5 California funds</b>		
Grants	\$1,372,691	<1
Donations	\$204,441	<1
Interest earned	\$37,937,125	7
Other non-First 5 funds	\$5,802,800	1
<b>Total non-First 5 funds</b>	<b>\$45,317,057</b>	<b>9</b>
<b>Total revenues</b>	<b>\$521,715,830</b>	<b>100</b>

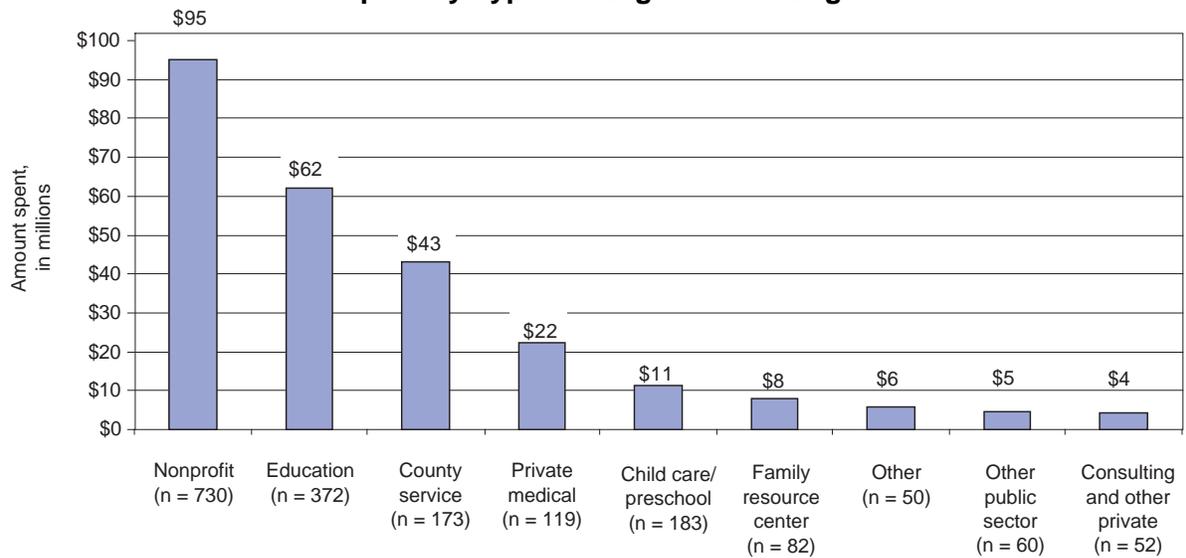
**Exhibit 8  
Types and Amounts of County Commissions' Expenditures**

Type of Expenditure	Expenditure Amount	Percentage of Total Expenditures
First 5 (except SR Initiative) funds disbursed to programs**	\$287,793,934	86
SR Initiative funds disbursed to programs**	\$11,638,889	3
Administrative expenses	\$34,566,700	10
<b>Total 2002-03 funds expended</b>	<b>\$333,999,523</b>	<b>100</b>

**Exhibit 9  
Funding Spent on Each Strategy**



**Exhibit 10  
Funds Spent by Types of Organizations/Agencies\***



## CONCLUSION

In summary, First 5 California dollars have enabled County Commissions to **invest in young children during the most critical period (birth to age 5) of their cognitive, social, and physical development.** These investments have reached many of California's young children.

**More than 22 million young children, parents, and other family members received services or information** through First 5 programs; 1,246,787 of these people received direct services, and 21,223,754 were reached through community outreach activities.<sup>3</sup>

Programs have been **successful at reaching out to culturally and linguistically diverse populations** and to families with children with disabilities and other special needs. Many First 5 programs **focus on children most at risk** of not having access to the services and supports needed for optimal early development.

First 5 funds are disbursed to the entire range of agencies that serve young children and their

families. These investments have **funded 2,254 programs to promote family support, early care and education, and child health and to improve systems of care for young children and their families.**

Tracking and documenting the performance and results of First 5 California presents a historic opportunity to demonstrate to the public and others that making strategic investments in the infrastructure and services that support the development of its youngest citizens can pay off. It is a unique opportunity to learn what types of investments seem to add the most value (i.e., are associated with the greatest improvement in well-being) for specific communities and groups. Also, it is an opportunity to improve existing strategies and programs by using the information learned to refine practices and policies. Finally, it is an opportunity to set an agenda for promoting child and family well-being by publicly monitoring the status of key indicators and community supports for children and families.

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<sup>3</sup>These numbers represent only those funded programs that provided information on participants, so the actual number of people served is much higher.