



FIRST 5 EL DORADO CHILDREN AND FAMILIES COMMISSION

AGENDA

Commissioners:

Ginger Swigart, Chair
Earl R. Washburn, MD, Vice Chair
Ed Manansala, EdD
Sue Novasel
Sabrina Owen

Janet Saitman
Don Semon
Drew Woodall
Connie Zelinsky

Staff:

Kathleen Guerrero, Executive Director
Alice Alk, Program Coordinator

March 11, 2019

9:00 AM – 2:00 PM

First 5 El Dorado Commission Office

"All children will live in nurturing families and enter school ready to learn." - Vision

1. **Call to Order/Roll Call:** Welcome Commissioner Don Semon
2. **Announcement of Recusals:** Commissioners will identify recusal for any agenda items and any new committee or board affiliations
3. **Adoption of Consent Calendar (Action):** The Commission will make any necessary additions, deletions, or corrections to the Agenda, determine matters to be added or removed from the Consent Calendar, and with one motion adopt the Agenda and approve the Consent Calendar.
 - 3.1 Approve March 11, 2019 Commission Agenda
 - 3.2 Approve January 14, 2019 Commission Meeting Summary
 - 3.3 Approve Letter to EDC Transportation Commission
 - 3.4 Approve Letter to CA State Library
 - 3.5 Approve Donation from Tahoe Yoga Shala
4. **Open Forum:** This is the public's chance to speak on any topic not listed on this agenda.
5. **Administration (Discussion)**
 - 5.1 **FY 18-19 Budget Report:** Commissioners will discuss progress on FY 18-19 Budget.
 - 5.2 **FY 19-20 Calendar:** Commissioners will discuss DRAFT FY 19-20 Annual Meeting Calendar.
 - 5.3 **Executive Committee Representation (Action):** Commissioners will discuss and consider replacing Commissioner Charles-Heathers' Executive Committee position.
 - 5.4 **Regional IMPACT Hub Contract Amendment (Action):** Commissioners will discuss and consider approval of the Region 3 IMPACT administrative database contract amendment and Consortia partnership agreement revisions.
6. **Public Hearing (Action):** First 5 CA Commission FY 17-18 Annual Report
7. **Strategic Plan**
 - 7.1 **Bellwether Project (Discussion):** Commissioners will discuss the El Dorado County Office of Education's Carnegie Grant and its relationship to the Board of Supervisor's Strategic Plan.

7.2 Community Hubs Report (Action): Commissioners will discuss and consider adoption of the 2017-18 Community Hubs Profile Report as presented by Lisa Watson of Social Entrepreneurs, Inc.

7.3 Community Hubs Panel Presentation (Discussion): Commissioners will engage Community Hubs Leadership on scope of work implementation.

8. Announcements, Correspondence and Reports:

8.1 Commission Staff

8.2 Commissioner

9. Adjournment

Notices: The public is invited to address the Commission after each agenda item. Comment time is limited to three minutes for each individual. In compliance with the Americans with Disabilities Act, for those requiring special assistance to access public meeting rooms or to otherwise participate at a public meeting conducted by the El Dorado County Office of Education (EDCOE), please contact Kathleen Guerrero at 530.622.5787; kguerrero@edcoe.org at least 48 hours in advance of the meeting you wish to attend so that every reasonable effort to accommodate you, including requests for auxiliary aids or services, can be made. Meeting documents are provided online at <https://www.first5eldorado.com/commission-meetings>. If you require documents being discussed at a public meeting be made accessible, please contact Kathleen Guerrero at 530.622.5787; kguerrero@edcoe.org at least 48 hours in advance of the meeting.

**First 5 El Dorado Commission Meeting
Unadopted Meeting Summary
January 14, 2019**

Commissioners in Attendance: Ginger Swigart, Trey Washburn, Patricia Charles-Heathers, Sabrina Owen, Drew Woodall, Connie Zelinsky, Janet Saitman

Staff in Attendance: Kathleen Guerrero, Alice Alk

Public: Don Semon, Elizabeth Blakemore, Jenna Knight, Jenny Pettit

1. Meeting called to order at 4:00 pm by Commissioner Swigart.
Commissioners thanked Patricia Charles-Heathers for service with the commission, her resignation is effective February 1, 2019. Don Semon was introduced as the new Director of Health and Human Services Agency in El Dorado County.
2. Announcement of Recusals: None.
3. Consent Calendar: Commissioner Washburn moved to adopt consent calendar, 2nd Commissioner Charles-Heather. Motion passed 6-0-0.
4. Open Forum: Elizabeth Blakemore acknowledged Commissioner Charles-Heathers' services and contributions to the Hubs.
5. Administration
 - 5.1 Conflicts of Interest: Commissioners discussed ethics compliance, conflicts of interest, and the due date of April 1, 2019 for completion of Form 700.

Arrive Commission Zelinsky 4:12pm

- 5.2 Property Disposition: Commissioners reviewed items recommended for disposal and El Dorado County Office of Education's disposition process. Staff will work with EDCOE to newer items are refurbished rather than disposed. Commissioner Zelinsky moved to approve the disposition and surplus of property as appropriate, 2nd Commissioner Saitman. Motion passed 7-0-0.
 - 5.3 Donation: Commissioners discussed receiving a donation of children's toothbrushes, toothpastes, and plastic gift bags as incentives for the 2018-2019 Family Survey from El Dorado Community Health Center. Commissioner Saitman moved to accept the donation, 2nd Commissioner Owen. Motion passed 7-0-0.
6. Fiscal
 - 6.1 Public Hearing
Opened 4:26 pm
Commissioners reviewed and discussed the revisions to page 21 and page 23 of the FY 17-18 Annual Audit by Jensen Smith, CPA.
Closed at 4:30 pm

- 6.2 FY 17-18 Audit: Staff informed Commissioners that the revised FY 17-18 Annual Audit report was submitted to the State. Commissioner Woodall moved to adopt the FY 17-18 Annual Audit, 2nd Commissioner Washburn. Motion passed 7-0-0.
 - 6.3 Regional IMPACT Hub Budget Revision: Commissioners reviewed changes to the Region 3 IMPACT budget and forms. The contract amendment would increase the total contract amount to \$3,678,466; this includes an increase in contract funding and moving the database from county consortia to the region. Commissioner Saitman moved to approve the Regional IMPACT Hub Budget Revision, 2nd Commissioner Charles-Heather. Motion passed 7-0-0.
 - 6.4 FY 18-19 Budget Revision: Commissioners discussed the impact of staffing changes and the revisions to the FY 18-19 Budget. Commissioner Charles-Heather moved to approve the revised FY 18-19 Budget; 2nd Commissioner Washburn. Motion passed 7-0-0.
7. Strategic Plan
 - 7.1 Program Update: Commissioners discussed the progress on Community Hubs and reviewed the SWOT analysis report. Staff shared leadership's recommendations to address the professional development, communication, system, policy and department specific concerns.
 - 7.2 Communications Plan: Staff updated Commissioners on the progress of the Connections Matter Campaign including plans for branding, a phone app and a website. Commissioners discussed the proposal for a 20th Year Anniversary event commemorating the success of the commission.
 - 7.3 Evaluation Plan: Staff updated Commissioners on updates to the First 5 Database and informed Commissioners that the Community Hubs Profile Report would be shared at the March 11, 2019 commission meeting. Staff also shared plans to collaborate with County Library and County IT on a shared database that would be housed within County IT.
 - 7.4 Sustainability Plan: Commissioners discussed the updates to the Sustainability Plan and EDCOE's involvement in a Countywide Communication and data sharing system.
 8. Dental Van MOU: Commissioners discussed the success of the Dental Van since the collaboration with El Dorado Community Health Center and reviewed the Dental Van MOU that would extend their collaboration for another 3 more years. Commissioner Charles-Heather moved to approve the Dental Van MOU; 2nd Commissioner Saitman. Motion passed 7-0-0.
 9. Announcements, Correspondence and Reports:
 - 9.1 Commission Staff: Staff discussed the March 11, 2019 meeting agenda, including plans to have a discussion with Hub partners.
 - 9.2 Commissioners: Commissioner Woodall presented an email update regarding continued progress with Georgetown activities. Commissioner Charles-Heathers confirmed that this commission meeting was her last and showed support for Don Semon's membership with the commission.
 10. Adjournment

Meeting adjourned at 6:08 pm by Commissioner Swigart.



FIRST 5 EL DORADO CHILDREN AND FAMILIES COMMISSION

January 28, 2019

Mr. Jerry Barton, Senior Transportation Planner
El Dorado County Transportation Commission
2828 Easy Street, Suite 1
Placerville, CA 95667

Re: Placerville Drive Bicycle and Pedestrian Facilities

Dear Mr. Barton:

First 5 El Dorado Commission supports the Placerville Drive Bicycle and Pedestrian Facilities Project. Our organization seeks to build strong, effective, and sustainable systems serving California's youngest children and their families. First 5 believes all young children deserve to be healthy, happy, and ready to learn.

The proposed project will improve pedestrian access to Community Hub 3 of our program centralized at the Placerville Library. This Community Hub provides family resources including Health, Early Literacy, and Parenting Programs.

The Library provides services and programs to clients that may be without transportation. Unfortunately, the roads that lead to the Library lack sidewalks and bike lanes which limits the safe transportation options for many of our clients, too many of whom may be financially struggling.

Adding sidewalks and bike lanes along Placerville Drive will not only improve safety, but make the important services this Hub provides more viable. Please feel free to contact me at (530) 622-5787 if you have any questions!

Sincerely,

Kathleen Guerrero,
Executive Director



COMMISSIONERS:

Ginger Swigart, Chair
Community Representative

Trey Washburn MD, Vice Chair
Medical Representative

Patricia Charles-Heathers, PhD
EDC HHSA Representative

Ed Manansala, EdD
Education Representative

Sue Novasel
EDC Board of Supervisors

Sabrina Owen
EDC HHSA Representative

Janet Saitman
Community Representative

Drew Woodall
Community Representative

Connie Zelinsky
Community Representative

STAFF:

Kathleen Guerrero, MA
Director

Alice Alk
Program Coordinator

First 5 El Dorado Commission

2776 Ray Lawyer Drive
Placerville, CA 95667

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www.first5eldorado.com



FIRST 5 EL DORADO CHILDREN AND FAMILIES COMMISSION

February 4, 2019

Dear Mr. Lucas,

First 5 El Dorado Commission applauds Governor Newsom's groundbreaking FY 19-20 Budget proposal, focusing on building resilient families and supporting outcomes for children. Investments in developmental screenings, home visiting, and access to preschool support the goals of El Dorado County's innovative Community Hubs. Our Community Hubs work with Libraries to play a key role in reinventing service delivery.

Libraries are essential partners for ensuring children are ready for school. In El Dorado County, one in four families with children under the age of five visit libraries making it the most accessible public service for children. Libraries offer services for all families and are not limited by eligibility requirements, considered to be an entitlement or result from a negative experience such as involvement with child protective services. Their services build upon resiliency, are free of cost are not provided through Plexiglas. Overall, libraries:

- **Are accessible.** Regardless if the county is rural, suburban or urban, a library branch is likely to be nearby. Often libraries are located in communities with limited services and are open to meet community needs, including weekends and evenings.
- **Are adaptable.** Libraries continually assess the needs of their community and adapt their services accordingly. For example, in communities with a significant population of non-English speaking families, libraries employ bilingual staff and expand their collections to include items in other languages.
- **Serve as technology hubs.** In keeping with the internet age, libraries provide computers, free internet access and instruction.
- **Embrace families.** Library services include programming for children, families, and seniors. Materials available for checkout extend well beyond written materials.
- **Understand children.** Libraries have a rich history in providing story times and other literacy services to families. In California, story times have been expanded to meet the individual needs of children including age specific programs, movement, song and hands-on activities.
- **Engage the community.** Libraries can reach beyond their doors, connecting with community agencies and early care and education programs to expand services
- **Have highly educated staff:** Most library positions require advance degrees and many staff have backgrounds in early and elementary education.



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Community Representative

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Medical Representative

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EDC HHSA Representative

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Education Representative

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When looking to build Community Hubs, First 5 El Dorado built upon the strong foundation of the County Library System. Community based prevention and early intervention services for expectant parents and families with children birth through eighteen years in the county are offered in five Community Hubs, one for each supervisorial district, centered in a public library. Each Hub team includes an Early Childhood Literacy Specialist, Family Engagement Specialist, Community Health Advocate, and Public Health Nurse. Activities are focused on early literacy and reading, developmental screens, parenting support, and preventative health services including home visits, all at no cost to families.

The goal of Community Hubs is to build family resiliency using the Family Strengthening Protective Factors. This is achieved by:

- Establishing trust and building relationships.
- Increasing access to community services.
- Applying a trauma informed approach.
- Providing services reflecting the cultural diversity of the communities they serve.
- Using data to inform local priorities.

Evaluation results from the first year are promising. During 2017-18, a total of 4,678 (duplicated across Hub programs) individuals were provided with First 5 funded services, resulting in the following accomplishments:

- **Families are using positive strategies to guide and teach their children.** Seventy-eight percent (78%) of parents reported that they or another family member reads with their child each day.
- **Children are receiving preventive health care.** Eighty-nine percent (89%) of parents reported that their children birth through 5 had received timely well child visits.
- **Children are being screened for developmental delays.** A total of 612 children received either an ASQ or ASQ:SE developmental screening.

One in four families completing the First 5 Family Survey experienced growth in each of the Family Strengthening Protective Factors.

Community Hubs are part of the El Dorado County Board of Supervisors Strategic Plan and supported by the County CAO:

“While success stories demonstrating how the County improves lives of people in our community occur every day, one of the most significant accomplishments this past year was the implementation of community hubs. This is a collaborative effort between HHSA/Behavioral Health, HHSA/Public Health, our Libraries and First 5 El Dorado. In summary, this model uses the libraries throughout the county to provide greater access to necessary services for kids and families. We should all be proud of our peers who had the vision and determination to implement this one of a kind, collaborative approach, which to date has been a complete success and is another example of El Dorado County becoming “The Gold Standard of Public Service”. ~ All County Employees, December 14, 2017, 2017 in Review

In 2014, Children Now ranked El Dorado County number one in the state for parents reading to their children on a daily basis, number two in 2016. In El Dorado County libraries have leveraged over a million dollars in the last decade to enhance base services and extend their reach in the community. They are a leader and exemplary model for delivering early learning services in the state. However, they cannot continue to operate at this level without acknowledging and investing in baseline services.

It is our hope that as the Governor builds an early childhood system for California, they consider investing in the CA State Library and local library branches to increase access to services for all children, families and communities.

Sincerely,

A handwritten signature in blue ink that reads "Kathleen Guerrero". The signature is written in a cursive style with a large initial 'K'.

Kathleen Guerrero, Executive Director
First 5 El Dorado Commission



February 28, 2019

Tahoe Yoga Shala
585 Tahoe Keys Blvd., Ste. F1A
South Lake Tahoe, CA
96150

First 5 El Dorado
2776 Ray Lawyer Drive
Placerville, CA
95667

To Whom It May Concern,

Every two months the Tahoe Yoga Shala selects a local organization to support through its weekly by donation classes and special events. First 5 El Dorado was the beneficiary of all donations collected in the months of January and February 2019. Our donation based classes occur every Sunday at 5:30pm. All are welcome to participate in these all-levels classes intend to support the valuable work done by local organizations such as yours. The Shala community is please to have raised \$280 to support First 5 El Dorado's in its mission to strengthen and enhance comprehensive early childhood systems.

Sincerely,

Laura Josephy, Owner
tahoeyogashala.com
tahoeyogashala@gmail.com



FIRST 5 EL DORADO CHILDREN AND FAMILIES COMMISSION

March 11, 2019

Laura Josephy, Owner
Tahoe Yoga Shala
585 Tahoe Keys Blvd., Ste. F1A
South Lake Tahoe, CA 96150

Dear Ms. Josephy,

I would like to take this opportunity to thank you, and your community, for the generous donation of \$280 to support First 5 El Dorado's mission to strengthen and enhance early childhood systems. Recently, our team held a focus group where families requested the opportunity to practice yoga with their children. We would like to propose reinvesting those funds in your community by hosting parent-child yoga classes at the South Lake Tahoe Library.

Our Commission thanks you for choosing to support our work and is grateful for our partnership. We look forward to future collaborative opportunities.

Sincerely,

Kathleen Guerrero,
Executive Director



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FIRST 5 EL DORADO CHILDREN AND FAMILIES COMMISSION

MEMO

TO: Commissioners
FROM: Kathleen Guerrero, Executive Director
DATE: March 11, 2019

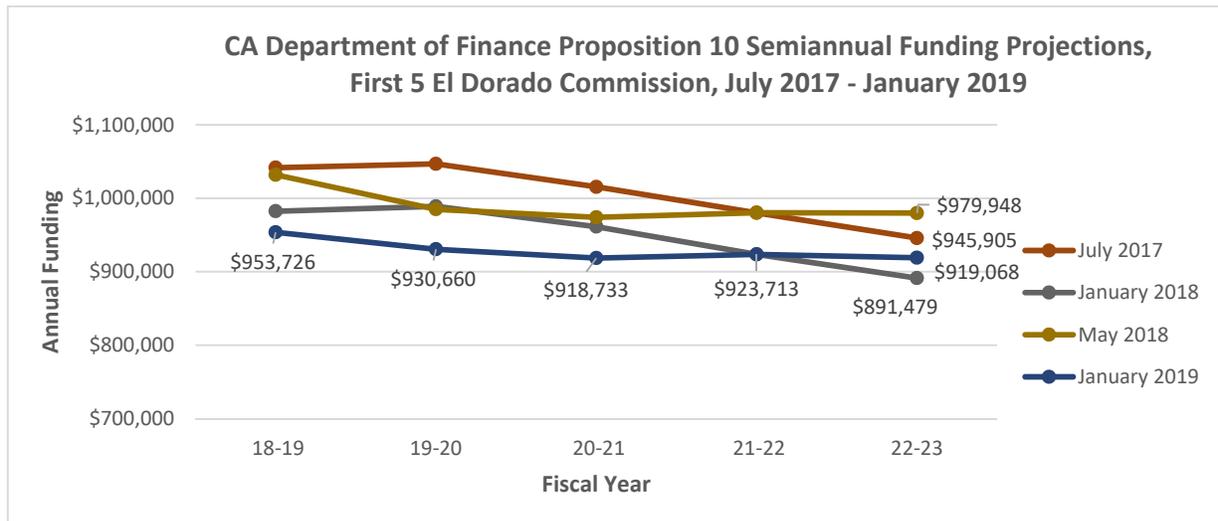
RECOMMENDATION: Commissioners will discuss progress on FY 18-19 Budget.

BACKGROUND: According to the First 5 El Dorado Commission Operational Guidelines (8.65.130.6): “The Commission shall develop final Support Services and Direct Services budgets for the incoming fiscal year for approval and commitment at the May Commission Meeting each year.” Commission staff presents FY 18-19 budget updates at regular Commission Meetings.

DISCUSSION: The FY 18-19 budget is updated regularly to reflect actual revenues and expenditures (Attachment 1).

Revenue: A total of \$699,753 in revenues has been recorded through December 2018. Proposition 10 revenues are on track at 54% of projection. Proposition 56 funding, tobacco tax backfill, was received at \$97,303.

First 5 CA Commission released updated fiscal projections in January 2019 from the CA Department of Finance. This projection offers a more accurate assessment of the impact of Proposition 56 on Proposition 10 revenues.



The last two projections level out in FY 22-23. The January 2019 projection between FY 20-21 and FY 22-23 increases from \$918,773 to \$919,068 indicating a leveling off. Regardless, these projections reflect the volatility of funding over time.

Expenditures: Current expenditures reflect 10% upfront payments and Q1 and Q2 reimbursements. Q3 expenditures will be posted mid-April and will be reported at the May 13, 2019 Commission meeting. We have received Q1 reimbursement for Regional IMPACT Funding.

FISCAL IMPACT: According to these projections, the Commission can expect to receive \$953,726 in the current fiscal year. This is a 7.5% change from the May 2018 projection of \$1,031,975.

Proposition 10 is a declining revenue source. Projections from the Department of Finance are signaling a leveling out of future funding.

CONTRACTOR(S): *Recipients of Commission funding are listed to assist Commissioners with assessing any potential conflict of interests: None.*

CONCLUSION: Contract budgets are monitored monthly and are reviewed at site visits.

ATTACHMENTS: FY 18-19 Budget

First 5 El Dorado Children and Families Commission

FY 18-19 Monthly Budget Report

July 2018-March 2019

Fund Balance Reporting	FY 18-19 Budget	FY 18-19 YTD Revenues & Expenses	Percent of Total Budget
Beginning of Year Fund Balance	\$ 2,147,057	\$ 2,147,057	100%
Total Projected Revenues	\$ 2,332,011	\$ 699,753	30%
Support Service Expenditures	\$ 400,000	\$ 250,091	63%
Direct Service Expenditures	\$ 815,000	\$ 414,219	51%
External Grant Expenditures	\$ 1,264,982	\$ 244,409	19%
End of Year Fund Balance	\$ 1,999,086	\$ 1,938,090	97%

Expenditures: FY 18-19 Support Services	FY 18-19 Budget	FY 18-19 YTD Expense	Percent of Total Budget
Salaries and Benefits	\$ 287,727	\$ 156,648	54%
Lease & Utilities	\$ 16,800	\$ 8,678	52%
Operations	\$ 39,449	\$ 12,551	32%
Conferences, Travel, Mileage	\$ 11,000	\$ 3,295	30%
Professional & Special Serv (Audit)	\$ 12,300	\$ 7,300	
Indirect @ 8.91%	\$ 32,724	\$ 17,120	52%
10% Payment		\$ 44,500	
Total Expenditures	\$ 400,000	\$ 250,091	63%

Revenues	FY 18-19 Budget	FY 18-19 YTD Revenue	Percent of Total Budget
Projected Prop. 10 Revenue	\$ 953,726	\$512,402	54%
Interest	\$ 16,000	\$13,506	84%
Proposition 56	\$ 97,303	\$97,303	100%
First 5 CA Commission IMPACT	\$ 1,264,982	\$76,541	
Other	\$ -		
Total Revenues	\$ 2,332,011	\$699,753	30%

Expenditures: FY 18-19 Direct Service	FY 18-19 Budget	FY 18-19 YTD Expense	Percent of Total Budget
Family Engagement	\$ 120,000	\$ 62,442	52%
Family Literacy	\$ 215,000	\$ 114,484	53%
Quality Child Care	\$ 170,000	\$ 109,761	65%
Childrens Health	\$ 250,000	\$ 102,942	41%
Evaluation	\$ 55,000	\$ 23,275	42%
Communications	\$ 5,000	\$ 1,314	26%
Total Expenditures	\$ 815,000	\$ 414,219	51%

Fund Balance Reporting	FY 18-19 Budget	FY 18-19 YTD Expense	Percent of Total Budget
Non-Spendable	\$ -	\$ -	
Restricted	\$ 170,000	\$ 109,761	65%
Committed	\$ 1,045,000	\$ 554,549	53%
Assigned	\$ 784,087		
Unassigned	\$ -		
End of Year Fund Balance	\$ 1,999,086	\$ 664,310	33%

Expenditures: External Funding F5CA IMPACT	Total 4 YR Funding	FY 18-19 Budget	FY 18-19 YTD Expense
Regional IMPACT: Database and ELNAT	\$ 785,500	\$ 433,889	\$ -
Regional IMPACT: First 5 CA Commission	\$ 2,675,766	\$ 831,093	\$ 244,409
Total Expenditures	\$ 3,461,266	\$ 1,264,982	\$ 244,409

Footnotes:

Revenue posted through December 2019

Expenditures are posted quarterly, through January 2019



Item 5.2 DRAFT 2019-20 Calendar

July 2019

M	T	W	T	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

August 2019

M	T	W	T	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

September 2019

M	T	W	T	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30				

October 2019

M	T	W	T	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

November 2019

M	T	W	T	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

December 2019

M	T	W	T	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

January 2020

M	T	W	T	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

February 2020

M	T	W	T	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

March 2020

M	T	W	T	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

April 2020

M	T	W	T	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	

May 2020

M	T	W	T	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

June 2020

M	T	W	T	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30			

July 2019

*8 - Commission Meeting (4-7 PM)

August 2019

12 - Executive Committee (12-2 PM)

September 2019

9 - Commission Meeting (4-7 PM)

October 2019

14 - Commission Meeting (4-7 PM)

November 2019

11 - Executive Committee (12-2 PM)

January 2020

13 - Commission Meeting (4-7 PM)

February 2020

10 - Executive Committee (12-2 PM)

March 2020

9 - Annual Commission Business Meeting (9 AM-2 PM)

April 2020

13 - Executive Committee (12-2 PM)

May 2020

11 - Commission Meeting (4-7 PM)

Executive Committee Members:

Ginger Swigart, Chair
Earl R. Washburn, MD, Vice Chair
Ed Manansala, Ed.D



Executive Committee meets from 12-2 PM and the Commission meets from 4-7 PM. Both meetings are held at the Commission Office at 2776 Ray Lawyer Drive, Placerville. Annual Business meeting is scheduled from 9 AM to 2 PM. Revised 02.04.19.



FIRST 5 EL DORADO CHILDREN AND FAMILIES COMMISSION

MEMO

TO: Commissioners
FROM: Kathleen Guerrero, Executive Director
DATE: March 11, 2019

RECOMMENDATION: Commissioners will discuss and consider replacing Commissioner Charles-Heathers' Executive Committee position.

BACKGROUND:

First 5 El Dorado Commission by-laws provide guidance for Committees in section 8.65.060.4 of the Commission's Operational Guidelines, "Committees are established as needed to provide oversight on Commission activities." Committees assist the Commission in formulating policies, making recommendations, and performing oversight functions delegated by the Commission. The primary activities for the Executive Committee are:

1. Oversee the Strategic Plan implementation.
2. Develop recommendations for collaborative approaches to address community need that may include grant development.
3. Review governing documents including ordinance, by-laws and operational guidelines.
4. Provide guidance on the auditor's contract including the review of the Annual Audit.
5. Oversee expenditures including reviewing the long term fiscal plan and budgets.
6. Provide guidance on the Support Services contract including reviewing staffing and Commission expenses.
7. Oversee the Evaluation Plan implementation.
8. Provide guidance on the Evaluator's contract including the review of the Evaluation Plan.

Executive Committee membership is comprised of the Commission Chair, Vice Chair, Education and a community representative. Membership is considered annually with officer elections. In the event of a vacancy, Commissioners will appoint a member from the appropriate category to fill the remainder of the term.

DISCUSSION:

The resignation of Commissioner Charles-Heathers has resulted in a vacancy on the Executive Committee. Current membership includes Commissioners Swigart (Chair), Washburn (Vice Chair), and Manansala (Education). A nomination for a Commissioner to serve as a community representative is requested.

The Executive Committee is scheduled to meet between Commission meetings, as needed, in the months of August, November, February and April.

FISCAL IMPACT: None.

CONTRACTOR(S): *Recipients of Commission funding are listed to assist Commissioners with assessing any potential conflict of interests:* None.

CONCLUSION: This position will become effective immediately.



FIRST 5 EL DORADO CHILDREN AND FAMILIES COMMISSION

MEMO

TO: Commissioners

FROM: Kathleen Guerrero, Executive Director

DATE: March 11, 2019

RECOMMENDATION: Commissioners will discuss and consider approval of the Region 3 IMPACT administrative database contract amendment and Consortia partnership agreement revisions.

BACKGROUND:

In April 2015, the First 5 California Children and Families Commission approved a total of \$190 million in funding for FYs 2015–16 through 2019–20 for First 5 IMPACT (Improve and Maximize Programs So All Children Thrive), \$18 million is earmarked for the implementation and operation of Regional Training and Technical Assistance Hubs (Hubs). A Request for Application (RFA) was released in April 2016 for consortia participating in First 5 IMPACT and the CA-QRIS (Quality Rating and Improvement System). As a regional body, the Hubs are required to:

- Help consortia identify local and regional strengths and assets, and determine local and regional gaps and needs
- Coordinate regional activities to implement the CA-QRIS elements and systems functions
- Reduce regional duplication of efforts
- Build local and regional expertise, and incorporate state and federal evidence-based practices models
- Maintain a strong connection to the CA-QRIS

DISCUSSION:

First 5 El Dorado Commission is the lead agency for the IMPACT Region 3 Training and Technical Assistance (T&TA) Hub Grant. This region covers fourteen counties: Amador, Calaveras, Colusa, El Dorado, Nevada, Placer, Sacramento, San Joaquin, Sierra, Stanislaus, Sutter, Tuolumne, Yuba and Yolo. The Commission was awarded \$3,448,466 in funding over five years. In January 2019, First 5 CA Commission issued a contract amendment, increasing the grant amount from \$3,448,466 to \$3,678,466. This increase is intended to address unexpected costs for database implementation. The grant term remains unchanged, June 30, 2020.

The Region 3 IMPACT Consortia members voted in November 2018 to consolidate database invoicing with the Regional Hub changing this from a no cost contract to an annual contract with Early Quality Systems (EQS) for \$413,464 annually through June 30, 2020. This following actions are needed to consolidate the database at the Region:

1. **Regional Database Contract Amendment:** Staff have worked with local staff, the Contactor and legal counsel to amend the current contract to reflect an annual payment in June of each year, the ability to access administrative data on a regular basis and a flat fee for services that eliminates proprietary fees. The local and state budgets were approved by Commissioners at the January 2019 Commission meeting to address database costs.

2. **Consortia Partnership Agreements:** These agreements have been amended to reflect the responsibility of invoicing at the region, eliminating the voting structure for consistency with state practice and ensuring Consortia partners agree to specific, administrative Hub reports.

The amended agreements were shared in draft with Consortia leads the first week of February 2019. Both documents were reviewed by legal counsel and brought to the Regional Hub Meeting for approval on February 27, 2019.

In order to effectively implement grant requirements, Commission Staff is requesting the Commission discuss and consider the administrative database contract amendment (Attachment 1) and revisions to the partnership agreement (Attachment 2).

FISCAL IMPACT(S): None

CONTRACTOR(S): *Recipients of Commission funding are listed to assist Commissioners with assessing any potential conflict of interests:* El Dorado County Office of Education is a partner in Region 3 and the T&TA Hub Lead.

CONCLUSION: Should the Commission approve amendments, the Executive Director will engage the Contractor in executing the database agreement amendment and engage county Consortia leads in executing the partnership agreements amendments.

ATTACHMENTS:

1. Region 3 IMPACT Database Administrative Contract Amendment 2
2. Region 3 Consortia Partnership Agreement Amendment 1

**Standard Agreement
for Professional Services between
First 5 El Dorado Children and Families Commission and
Early Quality Systems, LLC
October 10, 2016,
Amended March 11, 2019**

This agreement for professional services is made and entered into by and between the First 5 El Dorado Children and Families Commission, hereinafter referred to as "FIRST 5 EDC," having its principal office at 2776 Ray Lawyer Drive, Placerville, California 95667 and Early Quality Systems, LLC, hereinafter referred to as "CONTRACTOR", having its principal office at 11956 Bernardo Plaza Drive, Suite #406. San Diego CA 92128, each being a "Party" and collectively the "Parties".

RECITALS

Whereas, the terms "First 5 El Dorado Children and Families Commission" or "FIRST 5 EDC" shall mean both the Executive Director and the Commission, their officers, employees, representatives, and agents in their respective employment and oversight capacities of the First 5 El Dorado Children and Families Commission;

Whereas, FIRST 5 EDC requires professional services of technical assistance, quarterly data quality assurance reporting, annual data reporting, and software license fee invoicing on behalf of the counties representing IMPACT Region 3 T&TA Hub that participate in the First 5 California IMPACT Program;

Whereas, CONTRACTOR is qualified and desires to provide services of technical assistance, quarterly data quality assurance support and annual data collection, and bi-annual software license fee invoicing on behalf of the counties representing IMPACT Region 3 T&TA Hub that participate in the First 5 California IMPACT Program;

Whereas, FIRST 5 EDC desires CONTRACTOR to provide such services; and

Whereas, the Parties warrant that they have had the opportunity to obtain advice of counsel throughout the negotiations leading to the preparations and execution of this Agreement, and have read it carefully and understand its terms and consequences.

AGREEMENT

NOW, THEREFORE, in consideration of the acts and promises contained herein the Parties agree as follows:

A. SCOPE OF WORK:

CONTRACTOR agrees to take all steps and do all things reasonable and necessary to perform and complete in a good and workmanlike manner the project work of:

Summary of Work

Quarterly and annual data quality assurance and reporting services and training and technical assistance on behalf of the counties representing Region 3 HUB that participate in the First 5 California IMPACT program.

The CONTRACTOR shall work in partnership with and based on the guidance of FIRST 5 EDC to fulfill the deliverables and benchmarks identified below and in the referenced appendices:

- a) Scope of Work to be completed includes Quarterly Quality Assurance Support Services to Participating IMPACT Region 3 Counties, Annual Data Collection and Reporting on behalf of Participating Region 3 Counties, Technical Assistance for the IMPACT Region 3 HUB and Invoicing on Behalf of Participating IMPACT Region 3 Counties.

Project Deliverables

The following is a list of project deliverables:

Deliverable	Timeline	Description
Quarterly Quality Assurance Support Services to Participating IMPACT Region 3 Counties	Each quarter for the 4 year contract period 2016-17 – 2019-20 September 30 January 31 March 31 June 30	On a quarterly basis, Early Quality Systems will support county data administrators to collect and manage the data required for the “California Common Data Elements IMPACT Report” for the counties participating in the IMPACT Program in Region 3. Early Quality Systems’ staff will conduct quality assurance checks on this data and give a report back to the county QRIS Administrator with notes indicating areas where data is missing or where data may need attention.

Annual Data Collection and Reporting on behalf of Participating IMPACT Region 3 Counties	Each year end for the 2 year contract period 2018-2019 and 2019-20 June 30 th annually	Early Quality Systems will pull annual reports for Region 3 Consortia to inform regional training and technical assistance plans in the areas of staffing, ERS, CLASS, Coaching Logs, Rating and Quality Improvement Plans. Written consent from IMPACT Region 3 Counties will be authorized through partnership agreements. Data from these reports will be merged with the other participating counties' California Common Data Elements and will not contain any personally identifying information in conflict with privacy laws.
Technical Assistance for the IMPACT Region 3 HUB	On Going As Needed	Early Quality Systems will provide training and technical assistance to the Region 3 IMPACT HUB on an as-needed basis. Training on the use of the iPinwheel QRIS Data System will also be provided for Consortia as requested. Early Quality Systems staff will assist the Region 3 HUB Administrators to ensure successful data collection and reporting to First 5 California for the California Common Data Elements.
Invoicing on Behalf of Participating IMPACT Region 3 Counties	June 30, 2019 June 30, 2020	First 5 EDC will serve as the database administrator for Region 3. Early Quality Systems will invoice FIRST 5 EDC \$413,464 annually for the data system site license by June 30 th . First 5 EDC will seek reimbursement of \$150 per site per year as reported by First 5 CA through the CA Common Data Elements collected September 15 th annually.

b) Timeline for deliverables;
See table above in section (a)

c) Rate of Pay;
\$413,464 annually for all sites participating in the California IMPACT Program in one of the California Region 3 HUB Counties. This fee covers all costs associated with the Software-as-a-Service fees for the iPinwheel Data System across all Region 3 counties/consortia. Participating Region 3 counties/consortia will not be billed for the use of the iPinwheel Data System nor for the license fees owed to Teachstone or Teacher's College Press for ERS and CLASS Assessment score sheets. EQS will make payments to

Teachstone and Teacher's College Press for all ERS and CLASS Score Sheets hosted in Region 3 iPinwheel Data Systems.

- d) **Appendix I**, invoice and expenditure reporting format, for invoicing for services delivered and reporting any allowable expenditures, accompanied by a detailed schedule of work completed, to FIRST 5 EDC;
- e) **Appendix II**, Payee Data Record Form;

B. CONTRACT PERIOD:

The contract period will be July 1, 2018 through June 30, 2020 or upon the completion of obligations stated herein whichever occurs first. This contract can be terminated by either party for any reason with 30 days written notice. FIRST 5 EDC and the CONTRACTOR may extend or amend this contract by mutual written consent. CONTRACTOR acknowledges that this agreement is made possible by state, federal or grant funding to FIRST 5 EDC. FIRST 5 EDC reserves the right to terminate or amend the contract at any time based on funding changes.

C. FEE SCHEDULE:

For services outlined above, FIRST 5 EDC agrees to pay the CONTRACTOR \$413,464 annually for all sites participating in the California IMPACT Program in one of the California Region 3 HUB Counties. A completed Payee Data Record per format in Appendix II shall be completed and delivered to FIRST 5 EDC prior to any payment made. payments shall be made for the 2018-19 program year and the 2019-20 program year. Payments will be made in one annual payment in June each year upon delivery of an invoice in the name of FIRST 5 EDC using the prescribed expenditure reporting format in Appendix I and a detailed schedule of work completed. FIRST 5 EDC shall require confirmation of the work completed and approval of the invoice by FIRST 5 EDC prior to payment. Payment is due to CONTRACTOR no later than 60 days after receipt of invoice submitted to FIRST 5 EDC, at 2776 Ray Lawyer Drive, Placerville, California 95667 as funding allows. CONTRACTOR acknowledges that this agreement is made possible by state, federal or grant funding to FIRST 5 EDC and payments may be delayed if funding is not received in a timely manner.

In the event of termination, FIRST 5 EDC will pay CONTRACTOR for work done up to the time of termination. In the event of termination, CONTRACTOR need be compensated only to the extent required by law.

D. EXPENSES/INCIDENTALS/TRAVEL REIMBURSEMENTS

Expenses/ incidentals/travel are not reimbursable under this Agreement.

E. INDEPENDENT CONTRACTOR:

This is an independent contractor agreement. FIRST 5 EDC shall bear no responsibility for the payment of wages and benefits to any person providing services under this Agreement. It shall be the sole responsibility of the CONTRACTOR to pay wages or salary and employee benefits and to withhold taxes unemployment insurance or pay other insurance premiums, including workers' compensation insurance.

F. INDEMNIFICATION AND HOLD HARMLESS/INSURANCE:

FIRST 5 EDC agrees to indemnify, defend and hold harmless the CONTRACTOR and his officers, agents and employees against all liability, loss and costs arising from actions, suits, claims or demands attributable solely and exclusively to acts or omissions of FIRST 5 EDC, and FIRST 5 EDC's officers, agents and employees, in performance of this contract.

The CONTRACTOR agrees to indemnify, defend and hold harmless FIRST 5 EDC and its officers, agents and employees against all liability, loss and costs arising from actions, suits, claims or demands attributable solely and exclusively to acts or omissions of the CONTRACTOR, and the CONTRACTOR's officers, agents and employees, in performance of this contract.

Both parties agree to purchase and/or maintain through the duration of this agreement insurance or liability coverage (such as liability coverage provided by a Joint Powers Agency) ensuring their ability to meet their respective defense and indemnity obligations set forth above. Such insurance or liability coverage shall have a limit of liability of no less than \$1,000,000.00 per claim/occurrence, and \$2,000,000.00 in the aggregate. The insurance or coverage shall include, as may be reasonable and appropriate given the acts and activities contemplated by this Agreement, commercial general liability, premises liability, automobile liability (owned, non-owned, and hired), professional liability/errors and omissions, employer's liability, product liability, completed operations, and/or educator's legal liability coverages. To the full extent of the parties' respective indemnity obligations, but only up to the agreed limit of liability set forth above, the parties' insurance or liability coverage agreements shall also be endorsed to extend "additional insured" or "additional covered party" status to all proposed indemnitees, with such coverage to be provided on a "primary" basis. With respect to such coverage[s], each party shall provide evidence of such coverage by way of a Certificate of Insurance or Certificate of Coverage.

The parties' indemnity and coverage obligations shall survive the termination of this agreement with respect to any claim arising from the parties' actual or alleged performance or non-performance of or their respective rights, privileges, or obligations existing under this Agreement.

G. DISCRIMINATION

With respect to all issues associated with this Agreement, the parties and their directors, officers, employees, agents, volunteers and guests shall not discriminate on the basis of race, color, national origin, religion, sex, physical or mental disability, medical condition (cancer related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran.

H. SEVERABILITY:

The provisions of this Agreement are divisible. If any such provision shall be deemed invalid or unenforceable, such provision shall be deemed limited to the extent necessary to render it valid and enforceable and the remaining provisions of this Agreement shall continue in full force and effect without being impaired or invalidated in any way.

I. WAIVER:

No delay or omission by FIRST 5 EDC or the CONTRACTOR in exercising any right under this Agreement shall operate as a waiver of that or any other right. No waiver of any provision of this Agreement, or consent to any departure by either party from any provision of this Agreement, shall be effective in any event unless it is in writing, designated a waiver, and signed by the party waiving the breach. Such a waiver shall be effective only in the specific instance and for the purpose for which it is given.

J. GOVERNING LAW:

This Agreement shall be construed in accordance with, and the rights and duties of the parties hereto shall be governed in all respects by, the laws of the State of California.

K. ENTIRE AGREEMENT:

This Agreement supersedes all prior agreements, understandings, and communications between the FIRST 5 EDC and the CONTRACTOR, whether written or oral, expressed or implied, relating to the subject matter of this Agreement and is intended as a complete and final expression of the terms of the agreement between FIRST 5 EDC and the CONTRACTOR and shall not be changed or subject to change orally. The parties further agree and acknowledge that neither of them, nor anyone acting on their behalf, made any inducements, agreements, promises, or representations other than those set forth in this Agreement.

L. CONFLICT:

In the event of a dispute arising under this Agreement, the CONTRACTOR and FIRST 5 EDC, or their jointly agreed representatives, shall meet to resolve the conflict. If they are unsuccessful in their attempt to resolve the dispute, the matter shall be submitted to binding arbitrator, of the parties' choosing or upon appointment by a Court, with the arbitrator directed to resolve the dispute in the most efficient and cost effective manner. In addition to any damages properly awarded to the prevailing party, attorneys' fees and costs shall also be awarded upon a finding

by the arbitrator that the losing party's position was not made or continued in good faith and with reasonable cause or justification.

M. NOTICES:

Any notice required or permitted to be given under this Agreement shall be in writing and delivered to the other party at the following respective addresses:

For FIRST 5 EDC:

Attn: Kathleen Guerrero, Executive Director
First 5 El Dorado Children and Families Commission
2776 Ray Lawyer Drive
Placerville, CA 95667
kguerrero@edcoe.org

For CONTRACTOR:

Attn: Claire Crandall, Director of Operations
11956 Bernardo Plaza Drive, Suite #406
San Diego, CA 92128
claire@ipinwheel.com

The parties hereby agree to the terms of this agreement.

Kathleen Guerrero Date

Executive Director

First 5 El Dorado Children and Families Commission

Commissioner Date

First 5 El Dorado Children and Families Commission

Commissioner Date

First 5 El Dorado Children and Families Commission

CONTRACTOR

Claire Crandall Date

Director of Operations

Early Quality Systems, LLC

**FIRST 5 CA COMMISSION REGION 3 IMPACT
TRAINING AND TECHNICAL ASSISTANCE
PARTNERSHIP AGREEMENT**

THIS AGREEMENT is executed by and between First 5 California (CA) Commission Region 3 Improve and Maximize Programs so All Children Thrive (IMPACT) Training and Technical Assistance partners including City of West Sacramento, First 5 Amador, First 5 Calaveras, First 5 Colusa, First 5 San Joaquin, First 5 Tuolumne, El Dorado County Office of Education, Placer County Office of Education, Sacramento County Office of Education, Yosemite Community College District – Child Development Training Consortium, and Yuba County Office of Education (hereinafter referred to as “Local Consortia”) and First 5 El Dorado Commission (hereinafter referred to as “F5EDC”), for the purpose of implementing the First 5 CA Commission Regional Coordination and Training and Technical Assistance Hubs for Region 3 (hereinafter referred to as “Region 3 T&TA Hub”).

WHEREAS, it is the intention of the Parties to participate in services of Region 3 T&TA Hub meetings for the purposes of facilitating the Region 3 T&TA Hub Plan;

WHEREAS, it is the vision of the Parties to develop and implement a regional training and technical assistance plan supporting high quality early care and education programs as guided by the CA Quality Rating and Improvement System (QRIS) Matrix within Regional IMPACT funding requirements.

WHEREAS, it is the goal of the Parties to ensure:

- Membership will reflect all Local Consortia in the Region and serve as the voice for quality improvement activities.
- The Region 3 IMPACT Hub Plan will serve as a guide for training and technical assistance that will be regularly informed and updated by practice.
- Hub Plan implementation will be incremental, beginning with the basic needs and adding strategies as needed.
- Hub activities will be prioritized to build long term sustainability.
- Sub Hub Plans will be developed annually ensuring training and technical assistance is community based and meets local needs.
- Region 3 will model effective use of resources.

NOW, THEREFORE, in consideration of the mutual covenants hereinafter contained, the Parties hereto agree as follows:

I. Scope of Agreement:

As the Lead for the IMPACT Region 3 T&TA Hub, F5EDC and its contracted partner, the El Dorado County Office of Education, will ensure compliance with the First 5 CA Commission T&TA Hub 2016-03 (Appendix 1) Local Area Agreement. Each Local Consortia will participate in regular meetings for the purposes of planning, implementing, and improving services provided through the Region 3 T&TA Hub Plan (Appendix 2).

II. Partnership Responsibilities:

- A. First 5 El Dorado Commission and the El Dorado County Office of Education (referred to as Regional Leads) will:
1. Coordinate regional work and facilitate quarterly meetings and decision making by encouraging full participation;
 2. Coordinate the data system management and reporting;
 3. Support ERS Anchor and assessor sustainability within the region;
 4. Support activities that improve effective adult-child interactions within consortia in the region;
 5. Support family engagement and strengthening efforts in licensed; family, friend, and neighbor (FFN); and alternative settings;
 6. Provide specialized support, implemented to create regional efficiencies and build local capacity by supporting the development the Sub Hub Plans (Appendix 3); ensuring effective implementation; monitoring and informing implementation;
 7. Facilitate Early Learning Needs Assessment Tool (ELNAT), quarterly Sub Hub reimbursements, Regional database contract; and
 8. Fund QRIS Anchors and Classroom Assessment Scoring System (CLASS) Coaching Specialists.
- B. IMPACT Region 3 T&TA Regional Hub will support the Local Consortia Leads through encouragement of full participation of decision making by:
1. Identify three (3) Local Consortia Members to participate in quarterly regional meetings;
 2. Encourage continuous program improvement by using the Region 3 T&TA Hub Plan as a meeting guide. Should emerging issues present, the Hub Plan and budget will be revised. All Local Consortia will sign off on the Hub Plan and updates;
 3. Exercise decision making at these meetings with one vote per Local Consortia, decisions made by a majority vote with modified consensus (can live with the decision);
 4. Organize Local Consortia into three Sub Hubs: Metro (Sacramento, Yolo, Colusa/Yuba/Sutter); Sierra (Placer/Nevada/Sierra, El Dorado); Valley (San Joaquin, Stanislaus, Amador, Tuolumne, Calaveras);
 5. Appointing a Communication Lead for each Sub Hub for a one year term concurrent with the fiscal year. The Communications Lead will facilitate Sub Hub communications and meetings for the purposes of developing an Annual Sub Hub Plan including submission and invoicing with the Region 3 T&TA Hub.
 6. Participate in Sub Hub meetings for the purposes of facilitating the Hub Plan and Budget, ensuring individual consortium's strengths and needs are considered Hub priorities;
 - a. Sub Hubs, in collaboration with their QRIS Anchor, will develop a Sub Hub plan for each fiscal year to support strategies that meet local needs. The plans will be reviewed and approved by Local Consortia Representatives on an annual basis by the Hub.

- b. Strategies in the Sub Hub Plan must meet the application guidelines as a reimbursable cost and may include expenses such as travel, training, assessments, mentoring, coaching or professional development.
 - c. Each Sub Hub will be allocated funding in the annual budget to support local activities. The budgets will be consistent with the fiscal year allocation to support implementation. Each Sub Hub will submit required program and fiscal documentation to the Regional Leads as needed;
- 7. Coordinating the data system, management and reporting by:
 - a. Contracting with Early Quality Systems (EQS) iPinwheel to maintain the database, implement local agreements and train staff;
 - b. Meeting required data collection and entry requirements; ensuring all data has been reported and is correct in accordance with First 5 CA Commission requirements and mandated deadlines (Appendix 1);
 - c. Agreeing to allow EQS to pull annual reports for Region 3 Consortia to inform regional training and technical assistance plans in the areas of staffing, ERS, CLASS, Coaching Logs, Rating and Quality Improvement Plans. Data from these reports will be merged with the other participating counties California Common Data Elements and will not contain any personally identifying in conflict with privacy laws.
 - d. Regional IMPACT funding will support all counties to implement the database as invoiced by EQS.
- 8. Working with QRIS Anchor to assess local Environmental Rating Scale needs and build capacity to carry out local assessments;
- 9. Working with CLASS Coaching Specialist to support activities that improve effective teacher-child interactions within consortia in the region by identifying activities to support effective teacher-child interactions;
- 10. Supporting family engagement and strengthening efforts in licensed; family, friend, and neighbor (FFN); and alternative settings by identifying activities to support effective family engagement;
- 11. Providing specialized support, implemented to create regional efficiencies and build local capacity in Sub Hub Plans.

III. Term and Termination of Agreement

- A. **Term:** This Agreement shall become effective upon final execution by all parties hereto and shall expire June 30, 2020.
- B. **Termination:**
 - 1. This Agreement may be terminated by any party at any time by giving at least thirty (30) days written notice.
 - 2. This Agreement shall remain in effect unless terminated in writing upon thirty (30) days written notice by three or more Local Consortia.
 - 3. If a Partner no longer wants to participate, they may withdraw by giving at least thirty (30) days written notice.

4. This Agreement may be modified at any time by written consent of all Parties through a formal amendment.
5. This Agreement constitutes the entire Agreement between the Parties. There is no express or implied Agreement except as stated in this Agreement.

IV. Notices

Any notice required or permitted to be given under this Agreement shall be in writing and delivered to the other Parties at the following respective addresses:

Organization: First 5 El Dorado Commission
Attention: Andrea Powers, Program Coordinator
Address: 2776 Ray Lawyer Drive, Placerville, CA 95667
Email: apowers@edcoe.org

Organization: City of West Sacramento
Attention: Justine Jimenez, Early Learning Services Director
Address: 1110 West Capitol Avenue, 3rd Floor, West Sacramento, CA 95691
Email: justinej@cityofwestsacramento.org

Organization: First 5 Amador
Attention: Nina Machado, Executive Director
Address: P.O. Box 815, Jackson, CA 95642
Email: nina@first5amador.com

Organization: First 5 Calaveras
Attention: Teri Lane, Executive Director
Address: 891 Mountain Ranch Road, San Andreas, CA 95249
Email: tlane@co.calaveras.ca.us

Organization: First 5 Colusa
Attention: Ginger Harlow, Executive Director
Address: 217 9th Street, Colusa, CA 95932
Email: gharlow@ccoe.net

Organization: First 5 San Joaquin
Attention: Lani Schiff-Ross, Executive Director
Address: P.O. Box 201056, Stockton, CA 95202
Email: lschiff-ross@sjgov.org

Organization: First 5 Tuolumne
Attention: Sheila Kruse, Director
Address: 20111 Cedar Road North, Sonora, CA 95370
Email: sheilamkruse@gmail.com

Organization: El Dorado County Office of Education
Attention: Elizabeth Blakemore, Assistant Director

Address: 6767 Green Valley Road, Placerville, CA 95667
Email: eblakemore@edcoe.org

Organization: Placer County Office of Education
Attention: Janice LeRoux, Executive Director
Address: 365 Nevada St, Auburn CA 95603
Email: jleroux@placercoe.k12.ca.us

Organization: Sacramento County Office of Education
Attention: Natalie Woods Andrews, Director
Address: P.O. Box 269003, Sacramento, CA 95826
Email: nwoodsandrews@scoe.net

Organization: Yosemite Community College District, Child Development Training Consortium
Attention: Stephanie Aguliar, Director
Address: P.O. Box 3603, Modesto, CA 95352
Email: aguilar@yosemite.edu

Organization: Yuba County Office of Education
Attention: Tonya Byers, LPC Coordinator
Address: 1104 E Street, Marysville, CA 95901
Email: tonya.byers@yubacoe.k12.ca.us

- V. Administrator: The employee with responsibility for administering this Agreement is Kathleen Guerrero, Executive Director, First 5 El Dorado Commission, or successor.

First 5 El Dorado

By:

Date:

Name:

Title:

Address:

VI. Entire Agreement: This document and the documents referred to herein or exhibits hereto are the entire Agreement between the parties and they incorporate or supersede all prior written or oral Agreements or understandings

City of West Sacramento

By: _____ Date: _____
Name: _____
Title: _____
Address: _____

First 5 Amador

By: _____ Date: _____
Name: _____
Title: _____
Address: _____

First 5 Calaveras

By: _____ Date: _____
Name: _____
Title: _____
Address: _____

First 5 Colusa

By: _____ Date: _____
Name: _____
Title: _____
Address: _____

First 5 San Joaquin

By:

Date:

Name:

Title:

Address:

First 5 Tuolumne

By:

Date:

Name:

Title:

Address:

El Dorado County Office of Education

By:

Date:

Name:

Title:

Address:

Placer County Office of Education

By:

Date:

Name:

Title:

Address:

Sacramento County Office of Education

By:

Date:

Name:

Title:

Address:

Yosemite Community College District – Child Development Training Consortium

By:

Date:

Name:

Title:

Address:

Yuba County Office of Education

By:

Date:

Name:

Title:

Address:

2017-18 | FIRST 5 CALIFORNIA ANNUAL REPORT

Our Kids Our Future: Investing in the First Five Years of California's Children



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.



Our Kids Our Future: Investing in the First Five Years of California's Children

2017–18 | First 5 California Annual Report

FIRST 5 CALIFORNIA COMMISSION MEMBERS

George Halvorson, Chair
Appointed by the Governor

Lupe Jaime, Vice Chair
Appointed by the Governor

Joyce Iseri, Vice Chair (Member until December 2017)
Appointed by the Senate Rules Committee

Alejandra Campoverdi
Appointed by the Senate Rules Committee

Conway Collis (Member until December 2017)
Appointed by the Speaker of the Assembly

Muntu Davis
Appointed by the Governor

Monica Fitzgerald
Appointed by the Senate Rules Committee

Shana Hazan
Appointed by the Speaker of the Assembly

Molly Munger
Appointed by the Speaker of the Assembly

Ex-Officio Member:
Michael Wilkening
Secretary of the California Health and Human Services Agency

Jim Suennen, Ex-Officio Designee



Our Kids Our Future: Investing in the First Five Years of California's Children

MESSAGE FROM THE EXECUTIVE DIRECTOR

In 1998, California voters approved Proposition 10, leading to the formation of the California Children and Families Commission (First 5 California). Its intent was to facilitate the creation and implementation of an integrated, comprehensive, and collaborative system of information and services to enhance optimal early childhood development, and to ensure that children are ready to enter school and reach their full potential.

Over the last 20 years, First 5 California has provided continuous support to young children and their families to ensure all of California's children receive the best possible start in life and thrive. At both the state and county levels, the First 5 Network (i.e., First 5 California and all 58 First 5 county commissions) continues to be a committed partner across the state in providing information, advocacy, resources, and services in health and early child development for our state's youngest children and their families.

The 2017–18 Annual Report summarizes the past year's accomplishments at both the state and local levels. Highlights include:

- The planning and development of First 5 California's 2018 Child Health, Education, and Care Summit last April. Over 700 early education and care professionals attended the three-day event.
- The essential, ongoing services provided at local levels across the state for children and families. First 5 county commissions provided nearly 185,000 services to improve family functioning for children ages 0 to 5.
- The successful continuation of First 5 California's *Talk. Read. Sing.*® public education and outreach campaign. This effort is designed to inform parents and the public about the importance of early brain development in young children in their earliest months and years through positive verbal engagement. It continues to reach millions of Californians through television, radio, social and digital media, the First 5 California Parent Website, and First 5 California's *Kit for New Parents*.
- The First 5 Express, a mobile outreach tour that traveled to all 58 counties reaching out and providing information to families and caregivers of children ages 0 to 5. More than 39,000 Express visitors walked away with helpful resources and other creative items developed for both children and their parents.
- The continued commitment by First 5 county commissions in developmental screenings and services, leading the state in these important health investments.

Since its inception, the charge of the First 5 Network has been to serve our state's youngest children, a pledge that has only strengthened over time. Looking ahead, First 5 California is poised and ready to work with the governor, the legislature, First 5 county commissions, and other state and local stakeholders with renewed optimism and a steadfast commitment to this important charge. California's children deserve nothing less.



CAMILLE MABEN
EXECUTIVE DIRECTOR, FIRST 5 CALIFORNIA

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Ensuring California's Children Receive the Best Possible 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 nearly two decades, the California Children and Families Commission (First 5 California) has established 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.

STRATEGIC PLAN

First 5 California's Strategic Plan serves as an important compass for the Commission's deliberations on how best to plan future work, investments, and partnerships. The Strategic Plan establishes a vision, mission, and values for the agency, along with strategic priority areas and goals for how First 5 California will act as a leader in its field. The vision of First 5 California is for all of the state's children to receive the best possible start in life and thrive. The agency seeks to realize this vision by working on behalf of California's children prenatal through age 5 and their families to create a comprehensive, integrated, culturally competent, and coordinated system that optimizes early childhood development. First 5 California's mission is to serve as a convener and partner that both supports and leads the movement to create and implement this system.

The agency's work is driven by its values, including, but not limited to, its commitment to collaboration, civic engagement, accountability, and sustainability.

The agency's efforts are focused within the Plan on four strategic priority areas: creating child- and family-centered systems; providing leadership across networks and from a systems-approach; developing organizational capacity through strong internal systems and team members; and engaging the general public, and state and federal government to build public will and investment around its vision and mission.

The current Strategic Plan was revised by the Commission in April 2017, and will guide and focus First 5 California's endeavors over five years from 2014 to 2019. For more information about the Strategic Plan, please go to http://www.cfc.ca.gov/pdf/about/budget_perf/F5CA_Strategic_Plan_2017.pdf.

BUILDING PUBLIC WILL AND INVESTMENT

First 5 California's Children's State Policy Agenda guides the agency's efforts to advocate before the state Legislature for a comprehensive, integrated, culturally competent, and coordinated system to support California's youngest children. The Commission's 2017–18 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, First 5 California commits 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 that in order to advocate and influence policy change, 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 seeks to serve as a convener and partner in state policy conversations, working with First 5 county commissions, state agencies, stakeholders, and other advocates to convene, align, collaborate on, support, and strengthen statewide advocacy efforts to realize shared goals. First 5 California continued to expand its policy and advocacy engagement in 2017, guided by its Policy Agenda which 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:

Strong and Engaged Families and Communities

- Support evidence-based parent education and engagement, including parent engagement on child brain development and *Talk. Read. Sing.*[®]
- Support sustainability of family resource centers and other community hubs for integrated services for children and families
- Increase supports for breastfeeding, family leave, and baby-friendly policies in all settings
- Expand voluntary home visit programs

Child Health

- Protect children and families' access to health care, and support coordination across the health care system to ensure every pregnant mother and child age 0 to 5 has affordable and comprehensive health insurance coverage
- 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 statewide
- 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 successful Quality Rating and 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

ACCOUNTABILITY: FUNDING AND AUDIT RESULTS

Under the Act, the State Board of Equalization collects an excise tax levied on all tobacco products and deposits the revenue into the California Children and Families Trust Fund, allocating 20 percent to First 5 California and 80 percent to county commissions. In FY 2017–18, First 5 California received \$70.2 million and county commissions received \$280.8 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 in the state. Each county must prepare an annual independent audit subject to guidelines prepared by the State Controller’s Office. The counties invest their dollars in locally designed programs, as well as in First 5 California’s statewide 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 2017, the Controller published its review of the counties’ audits for FY 2015–16, 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.cfc.ca.gov/about/budget.html#fiscal>.

FIRST 5 SUMMIT

As part of its commitment to convene, align, collaborate, and support statewide efforts and initiatives to improve outcomes for children, First 5 California had its most recent Summit in April 2018.

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 *Talk. Read. Sing.*[®] Award and the First 5 California Service Award.

The Summit highlighted a special strand focusing on the implementation of Quality Counts California, the Quality Rating and Improvement System, across all types of early childhood settings. The program also included a father track showcasing the importance and role of fathers in children's lives.

According to one Summit attendee, "This was one of the most informational summits I have ever attended. The quality of the presenters and keynote speakers were top-notch. I was so excited by the information, I didn't want to leave."

First 5 California will host the next Child Health, Education, and Care Summit in February 2020.

NEW LEGISLATION

First 5 California continued to garner awareness of the importance of First 5-funded programs and significant state-level support for its Children's Policy Agenda goals from policymakers, advocacy partners, and other stakeholders during the 2017–18 state legislative and budget session. By expanding the reach of First 5 California's policy education efforts, deepening its advocacy partnerships, and continuing its commitment to shared priorities with its partners and leaders in the Legislature, significant gains were made in each priority area.

2017 was an active year for policies impacting young children, and First 5 California sponsored legislation

for the first time in over a decade. First 5 California co-sponsored AB 60 (Santiago and Gonzalez-Fletcher) with Parent Voices and the Child Care Law Center, which was implemented and fully funded through the 2017-18 Budget Act. The policy provisions of AB 60 adopted in the Budget Act modernize how working parents become eligible for child care subsidies by updating eligibility criteria to 70 percent of the current state median income (SMI) for all child care programs, taking into account the increasing state minimum wage and cost of living in California, and creating a graduated exit threshold of 85 percent of the modern SMI. Prior to this year's Budget Act, the State Budget had frozen the eligibility threshold for state subsidized child care at 70 percent of the 2005 SMI. In addition, the policy also ensures families receive a minimum of 12 months of continuous care, even if they experience minor pay changes, so they will not be forced to decline a raise in order to retain care for their children. These historic changes to family eligibility will help put more families within reach of California's limited state-subsidized child care programs.

First 5 California also co-sponsored the New Parent Leave Act—SB 63 (Jackson)—with the California Employment Lawyers Association and Legal Aid at Work, which was signed into law on October 12, 2017. SB 63 provides up to 12 weeks of job-protected maternity and paternity leave for more California employees. Prior to the passage of SB 63, only those who worked for an employer of 50 or more employees were eligible for job-protected parental leave to bond with a newborn or newly adopted child. SB 63 extends these protections to those who work for an employer with 20–49 employees. Consistent with First 5 California's *Talk. Read. Sing.*[®] campaign, SB 63 is based on the social equity imperative that every parent needs and deserves the facts about early brain science and must understand their crucial role in nurturing their young children. Parents who talk, read, and sing to their children are developing their children's brain capacity and thus, their futures. SB 63 helps more parents take this pivotal action.

In addition to the historic legislative wins the early care and education (ECE) field experienced in 2017, the year also provided significant budget wins for the state's youngest children and their families, which were achieved through shared advocacy efforts between First 5 California and its early childhood education





and care partners and leaders in the Legislature. First 5 California and the ECE Coalition were successful in advocating to restore the “paused” multi-year budget agreement to increase reimbursement rates and preschool slots, resulting in almost a quarter of a billion dollars in increased funds for per-child funding rates for all child care programs.

First 5 California is committed to building on its 2017 advocacy achievements by continuing to strengthen its partnerships with stakeholders and its efforts to build policymakers’ knowledge base, will, and investment in shared priorities. Capitalizing on the momentum and commitment to early childhood education and care in the Legislature, First 5 California staff and partners pledge to work with the Legislative Women’s Caucus and the Assembly Speaker’s Blue Ribbon Commission on a road map for building a stronger, more comprehensive, high-quality early learning system for all California’s children, and on how to best invest scarce resources in this crucial foundation for lifelong success. In doing so, the agency will continue to 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.

PARTNERSHIPS AND COLLABORATIVE EFFORTS

California Essentials for Childhood Initiative

First 5 California participated in the California Essentials for Childhood Initiative with other state agencies and organizations (e.g., ACEs Connection, CA Coalition to Counter Child Adversity). Under a competitive five-year grant from the Centers for Disease Control and Prevention, the California Department of Public Health co-leads the initiative with the California Department of Social Services, Office of Child Abuse Prevention. Using a collective impact model to address child maltreatment as a public health issue, the project focuses on: 1) raising awareness and commitment to promote safe, stable, nurturing relationships and environments; 2) creating the context for healthy children and families by changing social norms, programs, and policies; and 3) using data to inform actions. The Shared Data and Outcomes Workgroup identified three sources of data about adverse childhood experiences (ACEs) and resilience as well as key life course indicators for most California counties and conducted trainings on translating data into action for local partners. The information is located on the Lucile Packard Foundation for Children’s Health website (kidsdata.org).





Serving California's Young Children, Parents, and Teachers

FOUR RESULT AREAS

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

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

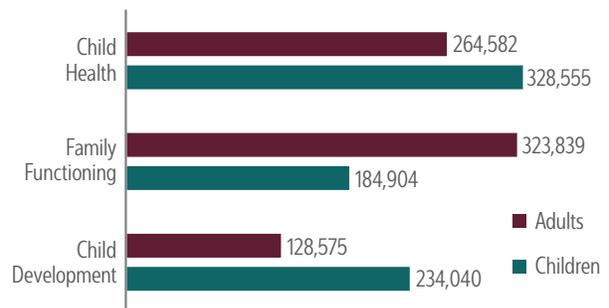
As a framework for reporting early childhood investments, these result areas support a statewide overview of the number, type, and costs of services provided to children and adults for a particular fiscal year. The public can use this information as one source to determine resource allocation and impact by First 5 county commissions statewide.

Exhibit 1 contains the total numbers of services provided to children ages 0 to 5 and adults in FY 2017–18 for Improved Family Functioning, Improved Child Development, and Improved Child Health. Exhibit 2 shows the distribution of expenditures in these three result areas, totaling \$341 million for children ages 0 to 5 and adults, including primary caregivers and providers, who received services in FY 2017–18.

The result area, Improved Systems of Care, with expenditures of \$67 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 \$408 million.

Exhibit 1:

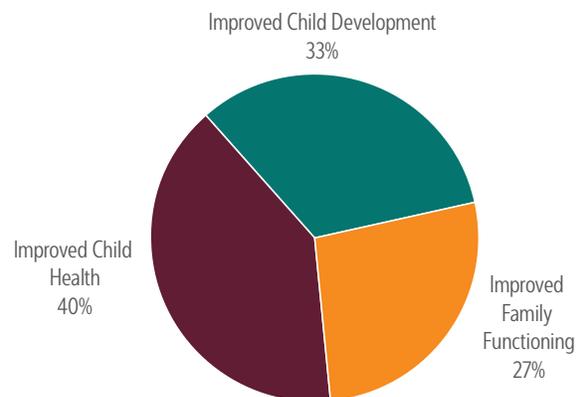
Total Number of Services Provided to Children Ages 0 to 5 and Adults* in FY 2017–18 Across Result Areas



*Totals for Adults include both Primary Caregiver and Provider counts

Exhibit 2:

Total Expenditures for Children Ages 0 to 5 and Adults* in FY 2017–18 by Result Area



*Totals for Adults include both Primary Caregivers and Provider Expenditures
Source: County Revenue and Expenditure Summary, November 2018





First 5 County Commission Program Result Areas

First 5 county commissions are required to report to First 5 California their annual expenditure and service data. In collaboration with the First 5 Association, First 5 California developed and adopted guidelines to standardize data collection. For this report, county commissions provide program service data under the four result areas and data are aggregated to the state level. Data reported are from programs funded by both local and state commission First 5 funds (Appendix A) using specific definitions for each result area (Appendix B).

IMPROVED FAMILY FUNCTIONING

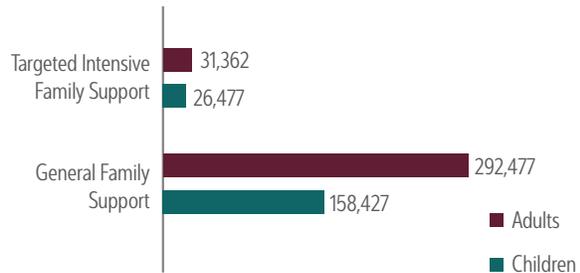
Family Functioning includes the categories General Family Support and Targeted Intensive Family Support. Services include instruction on general parenting topics, support for basic family needs and case management, parent education and literacy, referrals to community resources, and assistance for parents and families.

In FY 2017–18, First 5 county commissions provided 184,904 services to improve family functioning for children ages 0 to 5, and 323,839 services to parents, guardians, primary caregivers, relatives, and providers. Exhibit 3 displays the numbers of services provided.

In FY 2017–18, county commissions expended \$93 million to improve Family Functioning. Exhibit 4 shows the distribution of expenditures by service category. First 5 commissions provided support to schools and educational institutions, nonprofit community-based agencies, government agencies, and private institutions.

Exhibit 3:

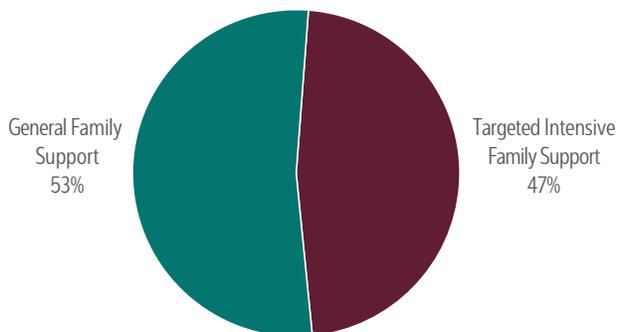
Family Functioning—Total Number of Services Provided to Children Ages 0 to 5 and Adults* in FY 2017–18 by Service



*Totals for Adults include both Primary Caregiver and Provider counts

Exhibit 4:

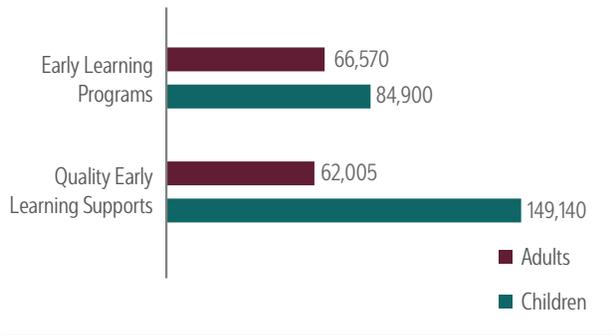
Family Functioning—Distribution of Expenditures for Children Ages 0 to 5 and Adults* in FY 2017–18 by Result Area



*Totals for Adults include both Primary Caregivers and Provider Expenditures
Source: County Revenue and Expenditure Summary, November 2018

Exhibit 5:

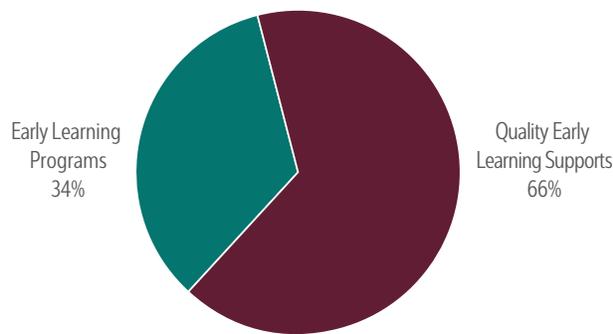
Child Development—Total Number of Services Provided to Children Ages 0 to 5 and Adults* in FY 2017–18 by Service



*Totals for Adults include both Primary Caregiver and Provider counts

Exhibit 6:

Child Development—Distribution of Expenditures for Children Ages 0 to 5 and Adults* in FY 2017–18 by Service



*Totals for Adults include both Primary Caregivers and Provider Expenditures
Source: County Revenue and Expenditure Summary, November 2018

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 2017–18, First 5 county commissions delivered 234,040 child development services to children ages 0 to 5 and 128,575 services to parents, guardians, primary caregivers, relatives, and providers. Exhibit 5 displays the numbers of services provided. In FY 2017–18, county commissions expended \$112 million to improve Child Development. Exhibit 6 shows the distribution of expenditures by service category.

IMPROVED CHILD HEALTH

Child Health includes the categories General Health Education and Promotion, Prenatal and Infant Home Visiting, Oral Health Education and Treatment, and Early Intervention. First 5 county commissions fund a variety of services that promote health identification, treatment, and elimination of risks that threaten health and cause developmental delays and disabilities.

In FY 2017–18, First 5 county commissions provided 328,555 services designed to improve Child Health to children ages 0 to 5, and 264,582 services to parents, guardians, primary caregivers, relatives, and providers. Exhibit 7 displays the numbers of services provided. In FY 2017–18, county commissions expended \$135 million to improve Child Health. Exhibit 8 shows the distribution of expenditures by service category.

IMPROVED SYSTEMS OF CARE

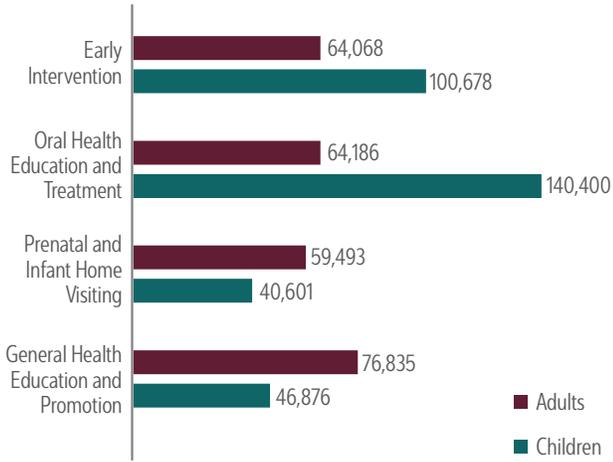
Systems of Care addresses system-wide structural supports as county commissions effectively work toward achievement in the result areas of Family Functioning, Child Health, and Child Development. For example, interagency collaboration allows coordinated wrap-around efforts from multiple organizations 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 2017–18, county commissions expended \$67 million to improve Systems of Care (Exhibit 9), with 76 percent of expenditures toward Program and Systems Improvement Efforts, and 24 percent toward Policy and Public Advocacy.

POPULATIONS SERVED

Statewide, 37 percent of children served were under 3 years old, 49 percent were ages 3 to 5 years old, and 14 percent were of unknown age. Adults included primary caregivers and parents (85 percent), other family (8 percent), and providers (7 percent). With respect to primary language of children served, services were provided to English speakers 56 percent of the time and to Spanish speakers 38 percent of the time. While children and adults from all racial/ethnic groups received services, for those with a reported race/ethnicity, the largest recipient group was Latino (58 percent) followed by White (18 percent).

Exhibit 7:

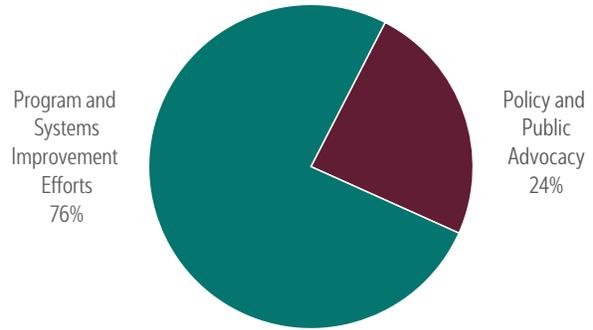
Child Health—Total Number of Services Provided to Children Ages 0 to 5 and Adults* in FY 2017–18 by Service



*Totals for Adults include both Primary Caregiver and Provider counts

Exhibit 9:

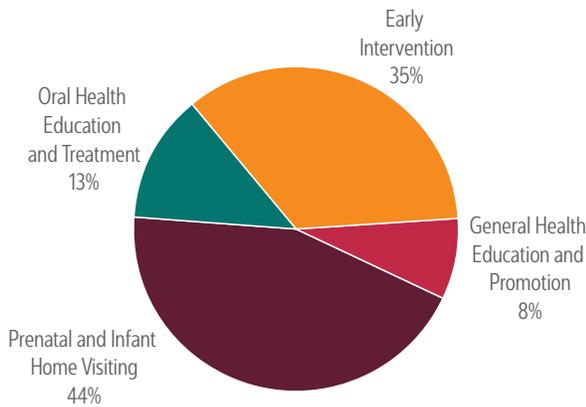
Systems of Care—Distribution of Expenditures in FY 2017–18 by Service



Source: County Revenue and Expenditure Summary, November 2018

Exhibit 8:

Child Health—Distribution of Expenditures for Children Ages 0 to 5 and Adults* in FY 2017–18 by Service



*Totals for Adults include both Primary Caregiver and Provider Expenditures
Source: County Revenue and Expenditure Summary, November 2018







Child Development Focus

FIRST 5 IMPACT

First 5 California completed the third year of First 5 IMPACT (Improve and Maximize Programs so All Children Thrive), a five-year, \$190 million investment that provides funding for the implementation of local quality rating and improvement systems (QRIS). Specifically, First 5 IMPACT supports the improvement of quality early learning and care 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 supports a network of local quality improvement efforts, forges partnerships with all 58 counties via 48 consortia, builds on past First 5 California programs, and aligns with and leverages federal, state, and local investments.

For FY 2017–18, local consortia participating in First 5 IMPACT reported many implementation accomplishments and lessons learned. Over 5,600 sites, or approximately 83 percent of all sites participating in QRIS, were supported in full or in part with First 5 IMPACT funding.

Regional Coordination and Training and Technical Assistance Hubs (Hubs) continue to be a central source of support for consortia. Funded through First 5 IMPACT, Hubs support efficiencies in data collection and data systems, assessor management for rating and assessment tools, and provide training and technical assistance to maximize investments by focusing on the needs within a geographic region.

Hubs meet regularly with consortia representatives in their region to address regional efficiencies and provide regionalized support for QRIS implementation.

In FY 2017–18, Hub fiscal lead agencies reported Hub funding was key to the development of an infrastructure that not only increased the capacity to reach more sites/providers, but also to bring previously unattainable professional development, technical assistance, consortia building supports, and shared resources that have reduced redundancies and increased efficiencies. The most frequently reported supports include:

- Coaching and training for participating QRIS sites as well as local implementation staff on topics such as family engagement, early learning environments, and effective adult-child interaction
- Training and certification in specific tools such as Strengthening Families’ Five Protective Factors, Teaching Pyramid, Classroom Assessment Scoring System (CLASS), Program for Infant and Toddler Care (PITC), and Making the Most of Classroom Interactions (MMCI)
- Regional and county assessment and observation alignments, protocol support, efficiencies, and other forms of technical assistance
- Communities of practice and professional learning communities focused on training content, strategies, and other systemic supports

Hub lead agencies also widely reported using various needs assessment tools and strategies to determine how existing supports are being used by participating Consortia, and how to ensure the needs of Consortia are met.

In addition to regional Hubs and First 5 California staff, ongoing support for the implementation of First 5 IMPACT is provided through a contract with the WestEd Center for Child and Family Studies. In FY 2017–18, contract work focused on systems building and alignment, support for the work of the Hubs, developing a QRIS website and communications plan, and revising the rating matrix used to assess quality in participating early learning settings.

QUALITY COUNTS CALIFORNIA

California’s statewide QRIS, Quality Counts California (QCC), is funded in large part by First 5 IMPACT, in addition to state and federal funding administered by the California Department of Education (CDE). QCC is a statewide system of locally-implemented QRISs to provide resources and support to early learning and care providers so they can create nourishing and effective experiences that will help children grow and thrive. The QCC movement also has created a partnership between state and local entities through the QCC Consortium. The QCC Consortium

includes lead agencies that locally administer QRIS funds from First 5 IMPACT and the CDE’s QRIS Block Grants, and staff representing First 5 California and the CDE. Through this partnership, state and local leaders are able to come together twice annually to discuss topics and issues related to local QRIS implementation, as well as co-create a vision for ongoing sustainability of California’s early learning quality improvement system.

All sites participating in QCC, whether funded by First 5 IMPACT and/or the QRIS Block Grants, are reported using the statewide common data file, one data file 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, 2018, there were over 6,800 participating QRIS sites across the state, an increase of nearly 1,000 sites from the previous fiscal year. Of the total, 56 percent were centers, 36 percent were family child care homes, and 8 percent were alternative sites such as libraries, home visiting programs, family resource centers, and family, friend, and neighbor providers (57 of 58 counties reporting).

Throughout FY 2017–18, one of the major tasks of QCC was to develop recommendations for revising the rating matrix that is used to assess quality of all rated sites. First 5 California and the CDE convened a QCC Rating Matrix Workgroup, a group of more than 20 stakeholders and content experts from across California, to revise the rating matrix to make it more cost effective, scalable, reliable, and more strongly associated with improved teacher and child outcomes. The state provided the group with some direction around the Rating Matrix revisions to improve cost effectiveness and reliability, and to decrease the burden of quality rating data collection of programs. Using these parameters, the workgroup developed two rating matrices that will go to the Consortium for vote later in 2018.

To round out FY 2017–18, the QCC Consortium finalized the development and approval of its communications brand, which included the adoption of a name, tagline, and logo: Quality Counts California: Raising the Quality of Early Learning and Care. Additionally, a QCC-specific website was developed that provides formal messaging around the importance of quality early learning, as well as





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. Local consortia reported QCC has provided a statewide common effort and unified vision for improving the quality of early learning sites in the state.

In addition to First 5 IMPACT and CDE Block Grant sources of funding, about half of the consortia reported new or leveraged funding sources identified to support QCC. Those included county sales tax ballot measures, city/county funds, higher education partners, private foundations/philanthropy organizations, and other federal funding sources (leveraged Head Start, Early Head Start-Child Care Partnership Grant, and others).

In the upcoming fiscal year, the QCC Consortium will be looking to increase their implementation capacity in order to include additional local providers into QRIS, increase efforts to message locally and statewide about the importance of high-quality early

learning and care programs, and refine other aspects of the system to maximize available funding and create efficiencies statewide.

For more information on QCC, visit the website at <https://qualitycountsca.net/>.

SMALL COUNTY AUGMENTATION

In the Small Population County Funding Augmentation (SPCFA) program, First 5 California provides supplemental funding above the legislated allocation of annual tax revenues to First 5 commissions in 20 counties with the smallest proportion of statewide births.

Initiated in FY 1999–2000, the First 5 California Commission provided funding of up to \$200,000 to small population counties to help ensure the implementation of the California Children and Families Act (Proposition 10) as a statewide effort. On January 26, 2017, the State Commission approved an annual investment of up to \$8.625 million in additional funding over four years (July 1, 2017–June 30, 2021) for 20 small population county commissions to ensure core operations and services for children and families in these communities. For FY 2017–18, 16 of the 20 small counties expended approximately \$3.9 million.

In order to participate in SPCFA, counties agree to terms outlined in a Local Assistance Agreement framework to implement successful local systems, measure outcomes, monitor progress, and demonstrate quality improvement in three focused investment areas of Child Health, Family Support and Strengthening, and Early Learning and Development.

During FY 2017–18, approximately 22,445 children and 29,282 adults received services across the 20 SPCFA counties. SPCFA-funded programs were required to focus on one of three investment areas. From most to least common, the percent of counties focusing on these areas was Family Support and Strengthening (43%), Early Learning and Development (34%), and Child Health (23%).

Of the 81 programs implemented with SPCFA funds, 32 percent were evidence-based, 43 percent were evidence-informed, 9 percent were health-focused, and 16 percent were described as “other.” All SPCFA counties funded at least one evidence-based or evidence-informed program. Programs were either fully (64%) or partially (36%) funded by SPCFA funding.

Key evidence-based programs included the Nurturing Parents Home Visiting Program, Raising a Reader, School Readiness, Parents as Teachers, and Positive Parenting Program (Triple P).

EDUCARE

The Educare Quality Early Learning Model provides the comprehensive early learning services beginning at birth that early brain science shows are necessary to narrow the achievement gap for at-risk children so they have the foundation they need to thrive in school and beyond. Research on early brain development demonstrates poverty and toxic stress can negatively impact a child's cognitive development and ability to learn.¹

California children from low-income families typically enter kindergarten 12 to 14 months behind the national average in pre-reading and language skills.^{2,3} A study conducted by the Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill indicates low-income children (including children who are dual language learners) who enroll in Educare as infants or toddlers enter kindergarten with the same skills as their middle-income peers.⁴ The Educare model also focuses on intensive family engagement to foster strong parent-child relationships, family well-being, and ongoing learning and development for both parents and children.

In 2010, the First 5 California State Commission voted to become one of several public funders in bringing the public-private Educare Quality Early

Learning Model to California. The Commission has now 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 specifically supports the costs of high-quality elements in the classroom in order to meet the Educare Core Features program requirements that have been 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 and began serving Santa Clara County-area children and families in the 2015–16 school year. 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.⁵

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, is currently in the planning, fundraising, and construction phase of its stand-alone facility located on the Barton Elementary School campus in the Long Beach Unified School District. The Educare of Los Angeles at Long Beach site soft-launched the 2017–18 school year in its temporary facility for preschool students. A full site launch at the new facility is anticipated for the 2018–19 school year.⁶

FUNDED RESEARCH

First 5 California continued funding the California Health Interview Survey (CHIS), conducted by the UCLA Center for Health Policy Research, under a two-year \$1.7 million contract approved by the commission in July 2017. First 5 California supports the CHIS Child Questionnaire to collect information from parents on many topics, including child care and preschool participation and perception, positive parenting activities (parents or caregivers reading, singing, going out to play with child, 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*. The



contract supports online dissemination of CHIS data and findings through the AskCHIS query tool (ask.chis.ucla.edu), the AskCHIS Neighborhood Edition mapping tool (askchisne.ucla.edu), and published research reports (healthpolicy.ucla.edu/chis/). As one example of statewide data collected by the survey, 88 percent of parents reported they saw or heard a message about the *Talk. Read. Sing.*® campaign (CHIS 2016). Among these parents, 49 percent reported they talked more to their child, 44 percent reported they read more to their child, and 43 percent reported they sang more to their child. Under the current contract, researchers are developing a new policy brief on factors related to parents' reading and singing with children, and exposure to the *Talk. Read. Sing.*® campaign.

DUAL LANGUAGE LEARNER PILOT

First 5 California's Dual Language Learner (DLL) Pilot Study is examining culturally and linguistically responsive and effective intentional teaching, family engagement, and professional development strategies for DLLs. The DLL Pilot Study also will examine how to optimize home language and promote dual language acquisition of DLL children ages birth to age five in early learning settings. Unlike a traditional pilot where an investment is made in new programs, which are then evaluated, this pilot is studying existing strategies implemented in early learning settings with young DLLs and their families, and the conditions under which they are effective. The DLL Pilot Study is designed to fill gaps in existing research by intentionally including early learning and care settings serving infants and toddlers (as well as preschoolers), unlicensed community-based settings (as well as licensed early learning and care settings), and a variety of languages spoken across California with an eye toward strategies that can be scaled and implemented statewide.

The DLL Pilot Study is being conducted by the American Institutes for Research (AIR) and its partners, and is driven by stakeholder input and F5CA's Strategic Plan. The Study will be implemented in three phases:

- Phase 1—Background information gathered through interviews with leaders in 16 counties selected based on the counties' diversity, and a survey of recommended and randomly selected early learning settings about their DLL practices.



- Phase 2—In-depth study of DLL strategies (family engagement, professional development, and teaching strategies) through site and classroom observations, teacher surveys, parent interviews, and child assessments.
- Phase 3—Replicate effective strategies identified in Phase 2 in other setting types and age groups.

Findings from First 5 California's DLL Pilot study will inform early childhood education preparation programs, quality improvement and rating in Quality Counts California, and state and local policy makers. Study findings also will be used to increase early educators', families', and the general public's awareness about the benefits of bilingualism and home language. First 5 California's investment in the DLL Pilot is approximately \$20 million over five years: \$7.5 million for AIR's evaluation and \$12.5 million to support the counties and regions chosen to participate in the evaluation (FY 2017–18 through 2020–21).





Parent Support Focus

PARENT WEBSITE

While first5california.com has historically served as the main portal for health, education, literacy, and smoking cessation, it has expanded to incorporate more information about early brain development, including activities, downloadable resources, and links to organizations that support families. In early 2017, new content was integrated into the site to support the launch of the “Smarter Birds” campaign, including tips, information, *Talk. Read. Sing.*[®] and an array of new activities for babies, toddlers, and preschoolers. In FY 2017–18, the parent site had more than 361,314 visits. Now, in 2018, with a new campaign underway, the parent website will be transforming its look and usability. It will contain more information for parents and caregivers. Additionally, it will join the technology revolution by becoming mobile friendly.

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 and beyond—everything from reading tips to words of encouragement. As of June 2018, First 5 California’s Facebook page has nearly 213,000 followers. Our Instagram and Pinterest platforms continue to grow every year.

KIT FOR NEW PARENTS

The award-winning *Kit for New Parents* targets hard-to-reach and low-income populations, providing information and tips for first-time parents, grandparents, and caregivers.

Since 2001, First 5 California has distributed the *Kit* free-of-charge to local hospitals, physicians, and community groups to reach new parents. The *Kits* are available in English, Spanish, Chinese, Korean, and Vietnamese, and include a health handbook, an early brain development brochure and tip card, and other important information on literacy and learning.

In 2018, First 5 California changed the *Kit*’s packaging from a box to a colorful, reusable bag containing a health handbook, an early brain development brochure and tip card, a poison control brochure and magnet, and other important information on paid family leave, and literacy and learning. This redesigned *Kit* also includes the *Parent Guide*, a new 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.

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 165,000 distributed this fiscal year alone.

FIRST 5 EXPRESS

Since 2006, First 5 California’s mobile outreach tour 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 called the First 5 Express 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 2017–18, the exhibit traveled to 182 schools, libraries, resource centers, community festivals, county fairs, and other family oriented events. The Edutainers directly engaged with more than 39,272 people who walked away with helpful First 5 resources. Over 164,845 newly designed resources were distributed, including a branded hand puppet to give parents and caregivers a tool to spark conversation with their young children; 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 our newest First 5 California branded bilingual book, *Three Brainy Birds*, families were provided resources to reinforce the healthy behaviors they experienced.

- 44% of events took place in low-income communities.
- 52% of events occurred in communities with diverse populations.
- 43% of events occurred in rural communities.

TOBACCO CESSATION

Through First 5 California’s investment in the California Smokers’ Helpline, parents and caregivers receive information and tools to help them quit smoking and using other tobacco products—especially around children or while pregnant. Parental smoking and secondhand smoke exposure have been linked to a range of ailments in babies and young children, including asthma, ear infections, pneumonia, bronchitis, and Sudden Infant Death Syndrome (SIDS). There also has been a rise in reports of young children accidentally ingesting the nicotine-containing

e-liquid used in electronic cigarettes (vapes). To reduce the incidence of these health problems, and to help smokers quit, in FY 2017–18, First 5 California supported the California Smokers’ Helpline with \$1.4 million for tobacco cessation services for parents and caregivers of young children. Participants are provided with telephone counseling and also receive free nicotine patches sent directly to their homes. Training also was provided for pediatric care providers to screen for secondhand smoke exposure.

The toll-free Helpline (1-800-NO-BUTTS) provides one-on-one telephone counseling, self-help materials, and referrals to local resources. Helpline counselors follow protocols that were scientifically proven to double the rate of successful long-term quitting. Counselors and callers work together to develop a plan to quit, and continue interaction during the quitting process which increases the likelihood of long-term success. These services are provided in English, Spanish, Chinese (Mandarin and Cantonese), Korean, and Vietnamese. Participants also receive free nicotine patches, sent directly to their homes. (If contraindicated [may not be advisable based on the health status of the caller] as with pregnant smokers, the Helpline first obtains medical approval before dispensing.)

Nationally, there has been a steady decrease over the last 5 years in the number of smokers calling state quit lines, a trend that has been true for the California Smokers’ Helpline as well. As a result, increased efforts are being made to proactively reach out to smokers and connect healthcare systems to the Helpline through automated referrals. The electronic medical record is used to send patient contact information to the Helpline, which then is used to call each smoker and encourage them to enroll in services. In FY 2017–18, 332 First 5-targeted smokers (pregnant, parents or caregivers of children 0 to 5) enrolled in services as a result of being referred directly by healthcare providers. First 5 California’s investment provided Helpline services for a total of 3,301 participants, including 173 pregnant smokers and 3,128 tobacco-using parents or caregivers of children ages 0 to 5 (note: 62 were both pregnant and had a child ages 0 to 5). See Exhibits 10 and 11 for breakdowns of Helpline callers by education and race/ethnicity, respectively.

In addition to supporting direct services to tobacco users, First 5 California also supports training of early

learning and care providers about the importance of quitting smoking and protecting children from exposure to secondhand smoke. Although no longer a requirement of First 5 California-funded programs, the online tobacco training modules, “Kids and Smoke Don’t Mix” and “Los Niños y el Humo no se Mezclan,” available on the California Smokers’ Helpline website, continue to be used. For the year, a total of 188 individuals completed the online training.

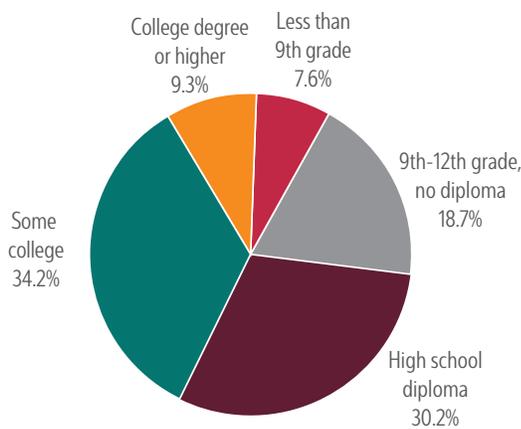
In this fiscal year, First 5 California continued to support the Clinical Effort Against Secondhand Smoke Exposure (CEASE) California project. CEASE trains pediatric practices to screen patients for secondhand smoke exposure and to help smoking parents quit. CEASE has champions at five University of California Medical centers (UC San Diego, UC Davis, UC Los Angeles, UC San Francisco, and UCSF’s Benioff Children’s Hospital in Oakland). These champions oversee ongoing training for pediatric residents to identify and intervene with smoking parents, including prescribing quitting aids and referring to the Helpline. In FY 2017–18, four newborn nurseries, two obstetrics practices, and seven outpatient clinics were recruited to participate in CEASE. The CEASE California project generated 389 Helpline referrals for the fiscal year.

One of the trained pediatricians (from the Children’s Health Center, Zuckerberg San Francisco General Hospital) who participates in CEASE talked about the positive impact of the training. “I saw a 5-month-old

for a well visit today whose grandmother had been approached about CEASE materials when this infant presented with an upper respiratory infection in urgent care last month. Since then, her grandmother has reduced from one pack daily to one cigarette every other day, is using nicotine replacement, and has been connected with the quit line. This kiddo’s sensitive skin is already better, and no ear infections or upper respiratory infections since the grandmother quit.”

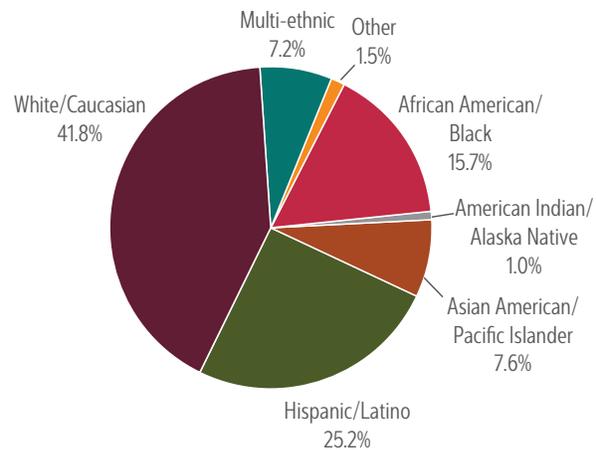
In FY 2017–18, 12.5% of First 5 California Helpline participants stated that they use e-cigarettes. This year, the Helpline has been pilot testing a counseling protocol for e-cigarette users who want to quit smoking. So far, 43 e-cigarette users have been counseled. In addition, recognizing the potential health consequences of exposing young children to these products, First 5 California has supported the Helpline’s development of fact sheets on E-liquid and Children and Quitting E-cigarettes. This fiscal year, two additional fact sheets were added. These were titled: Secondhand E-cigarette Aerosol, and Children and Juul and Suorin (new vaping devices popular among youth). They are available on the Helpline website at www.nobutts.org.

Exhibit 10: California’s Smokers’ Helpline—
Education Level of Callers in FY 2017–18



Source: California Smokers’ Helpline, September 2018
Total number of participants was 3,301, of whom 53 did not report their educational level.

Exhibit 11: California’s Smokers’ Helpline—
Race/Ethnicity of Callers in FY 2017–18



Source: California Smokers’ Helpline, September 2018
Total number of participants was 3,301, of whom 33 did not report their race/ethnicity.





Teacher Effectiveness Focus

In addition to parents and families, teachers and early childhood caregivers play an essential role in ensuring children are healthy and safe, equipping them with the skills to succeed as children mature physically, cognitively, emotionally, and socially. One of First 5 California's goals is to ensure all young children in all types of settings are cared for by a highly qualified, well-trained teacher/caregiver.

TRANSFORMING THE WORKFORCE FOR CHILDREN BIRTH THROUGH AGE 8

In 2016, First 5 California and the California Department of Education Early Learning and Care Division (CDE-ELCD) brought together a team of experts and leaders from across California to create an implementation plan (IP) to prepare and support the early childhood workforce throughout their careers. This IP draws on extensive research and is rooted in the recommendations from the Institute of Medicine (IOM) and the National Research Council (NRC) 2015 report, *Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation* (TWB8 Report). The report offers extensive research about early childhood development, and the competencies and supports professionals working with young children need.

The IP calls for a system where professionals working with young children have the knowledge, skills, and abilities needed to support each child's learning and development. The system supports professionals to access and complete training, higher

education programs, and ongoing professional development opportunities that enable them to progress along career pathways such as education, childcare, and health. The IP identified three overarching recommendations:

- **Permitting and Credentialing**—Developing appropriate permitting and credentialing standards, establishing a statewide professional development system, and strengthening preparation programs to help candidates meet certification standards.
- **Professional Pathways**—Creating a career lattice for the early childhood workforce, identifying challenges and solutions to career advancement, and increasing use of the California ECE Workforce Registry to more effectively track progress and answer key questions about the workforce.
- **Higher Education**—Identifying needs and ways to support degree-granting institutions, and promoting faculty and administrators to develop and revise coursework to include more practice-based content.

The following progress has been made in addressing the IP recommendations:

- In July 2017, First 5 California awarded a contract to the Child Care Alliance of Los Angeles to expand the Workforce Registry to serve all early childhood educators in early learning settings participating in Quality Counts California, and

support and advance rating and improvement processes through access to verified data about early educator qualifications.

- In October 2017, the State Advisory Council on Early Learning and Care approved the California Early Learning Career Lattice (Career Lattice), which defines a progression of roles, and the training and education necessary to demonstrate competence in a wide variety of positions in early learning.
- In May 2018, Yosemite Community College District was awarded a contract to embed practice-based content from EarlyEdU Alliance's® competency-based courses in early education into California community colleges' early childhood education coursework.

A Stewardship Group comprised of leaders from First 5 California, CDE-ELCD, California Commission on Teacher Credentialing, and Department of Social Services Community Care Licensing Division provides guidance, coordination, direction, and oversight to the effort. The Stewardship Group also is considering recommendations from the 2018 report, Financing Early Care and Education with a Highly



Qualified Workforce, which outlines a framework for a funding strategy that will provide reliable, accessible high-quality early care and education for young children from birth to kindergarten entry. This report emphasizes the importance of a highly qualified and adequately compensated workforce that is consistent with the vision outlined in the 2015 TWB8 Report.

TRAINING AND TECHNICAL ASSISTANCE INFRASTRUCTURE DEVELOPMENT

Building a high-quality, effective early childhood workforce relies upon clear standards for a statewide delivery system that ensures all training and coaching meets those standards. In 2017, First 5 California awarded a \$12 million contract (through June 2020) to WestEd to partner with state and national experts (University of Florida, University of Washington, Zero to Three, i3 Institute) to create and implement statewide infrastructure and resources for workforce development, quality improvement, and rating that:

- Promote evidence-based practices across California and within consortia implementing continuous quality improvement
- Are responsive to the geographic, cultural, and linguistic diversity of early childhood educators across California
- Ensure sustainability within the long-term vision of California's early learning system

Task teams comprised of regional representatives, and state and national experts are well-underway developing:

- Pathways for statewide coaching training and certification that build on existing resources and incorporate practice-based coaching processes and demonstration of cultural competence
- Standards for high-quality training grounded in adult learning science, and a statewide process to certify trainer and training quality
- Communities of Practice at the state, regional, and local levels to strengthen collaboration and leadership, and foster a culture of continuous quality improvement
- A family engagement toolkit of resources to promote caregiver-parent relationships that improve child and family outcomes, and help

educators build support for families' protective factors into their everyday practice

- Resources to help faculty, trainers, coaches, and implementers understand and communicate about Quality Counts California
- Assessor and rating guidelines and supports that enable early learning settings across California to be assessed and rated using consistent standards

SUPPORT FOR EFFECTIVE INTERACTIONS

Quality teacher-child interactions lead to better social and learning outcomes for children. Children are supported and developed through meaningful teacher-child interactions with educators who have the knowledge and skills to identify and support the needs of specific groups of children, including dual language learners. Research shows early childhood educators with higher educational levels and specialized training have greater quality interactions with children that result in positive effects on learning. Building on the success of the former Comprehensive Approaches to Raising Educational Standards (CARES) Plus program, First 5 California continued its partnership

with Teachstone to help regions build local capacity to offer training on the Classroom Assessment Scoring System™ (CLASS™) tool. More than 300 new CLASS observers became certified to assess quality of interactions using the infant, toddler, and PreK CLASS tools, and 54 educators were certified to provide in-person training to groups of teachers, preparing them to identify, understand, and apply stronger CLASS interactions in their classrooms.

In 2017–18, the CLASS-Based Coaching (CBC) program entered its second year, engaging 52 coaches from across the state to focus on effective adult-child interactions, using CLASS as their coaching lens and language. The year-long CBC program is designed to help coaches increase their competency to support center-based teachers and administrators, family child care providers, and other coaches through individualized facilitation by a Teachstone Specialist, practice-embedded exercises on effective interactions, and group calls and training. This dedicated cadre of coaches joined together around one goal: to ensure children have access to high-quality adult interactions. More than 90 percent of coaches reported the CBC program helped increase their confidence and competency as a coach.







First 5 County Commission Highlights

Alameda County

First 5 Alameda County (F5AC) uses Results Based Accountability to measure its contribution to two population level results, namely, children enter kindergarten ready to learn, and children are free from abuse and neglect. F5AC is focused on creating a more user-friendly early childhood system that leverages parent leadership and supports capacity building for providers. F5AC is making strategic investments that recognize the interplay between equity, place, adult health, and child well-being.

- Four Neighborhoods Ready for School grants of \$470,000 were awarded to community organizations in West Oakland, San Antonio, Deep East Oakland, and Union City.
- 1,845 referrals were made for home visiting and other early childhood and family supports by Perinatal Hospital Outreach Coordinators stationed at major birthing hospitals.
- 1,444 kindergartners from 13 school districts participated in the latest school readiness study resulting in the first county-wide representative sample.
- 270 childcare centers, 80 family childcare programs, and 119 alternative programs, serving 10,264 children, participated in Quality Counts quality improvement programs. All subsidized early learning programs are now participating.
- The most recent Kindergarten Readiness Study shows that low-income children who attended a high quality ECE program (as

rated by Quality Counts) were just as ready for kindergarten as their more affluent peers.

- 21,928 child development screenings were conducted in pediatric practices (65 practices), early care and education settings, and community organizations.
- 2,834 calls for support were received by the Help Me Grow phone line.
- 2,155 providers trained from 190 agencies with nearly 20,000 hours of training received. Providers reported: 85 percent improved knowledge, 81 percent improved skills, 75 percent implement best or promising practices as a result of training.
- 113 male providers from 80 different agencies have participated in the Fathers Corps Learning Community as of 2018.

Alpine County

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:

- Alpine Early Learning Center: The Alpine Early Learning Center is the only licensed child care center serving Alpine families. It provides early care and education to children as young as 8 weeks old, and continues to serve them until they enter transitional or traditional kindergarten. In FY 17–18, the program served 16 children ages 0 through 5, and 8 primary caregivers.

- Busy Bears Playschool: The Busy Bears Playschool is a non-licensed early care and education program serving children as young as 3 months old through kindergarten. The program offers childcare to working families as well as preschool education to young children to prepare them for successful kindergarten entry. In FY 17–18, the program served 15 children ages 0 through 5. Choices for Children Parent Education Project: The Choices for Children Parent Education Project provides learner-centered education to parents and caregivers. Workshops center on increasing the knowledge amongst parents and caregivers about research-based child rearing and child development practices. In FY 17–18, the program served 22 children ages 0 through 5, 16 primary caregivers, 7 other family members, and 5 early care and education provider. In FY 18–19, the Commission is expanding its evaluation efforts to move beyond process measures and focus on outcomes. It looks forward to utilizing the Protective Factors Framework, developmental screenings, and kindergarten readiness assessments to support these efforts.

Amador County

In order to sustain lasting improvements in the lives of Amador's youngest residents, First 5 partners with local and state organizations, private and public agencies, and families to

improve systems and provide access to information, resources, and services.

First 5 Amador oversees the Amador-Calaveras Perinatal Wellness Coalition by coordinating outreach, education, and direct services for families experiencing perinatal mood and anxiety disorders. This initiative has been extremely successful in addressing a topic that, for too long, was not acknowledged.

First 5 Amador spearheads Amador Quality for Kids; an initiative that provides ongoing training opportunities and quality improvement support for community-based organizations, family childcare providers, and home visitors. A primary objective of Amador Quality for Kids is establishing a sustainable system that supports family engagement and early identification utilizing a parent-led developmental screening tool. Amador Quality for Kids continues to encourage participation by licensed providers and community-based programs in ongoing early care and education quality improvement strategies.

To ensure First 5 Amador reaches families countywide, the commission continues to support universal newborn home visiting and family resource centers located in unincorporated areas.

Butte County

First 5 Butte is proud to provide leadership and funding to Butte Thrives, the Butte County coalition addressing Adverse Childhood Experiences (ACEs). The coalition has been in place since 2015, and First 5 has dedicated staff time to provide facilitation and backbone support to meetings and activities, as well as funds for outreach and education, training, travel, media, and marketing. During FY 2017–18, Butte Thrives has accomplished



many important activities. Leadership developed a standardized slide-deck for any member to customize and use to provide outreach and training about ACEs science. Dozens of trainings to hundreds of stakeholders were conducted throughout the county in a variety of sectors. A community awareness campaign was launched, utilizing bus tails, billboards, and social media. With the support of California State University Chico Tehama Group Communications students, Butte Thrives members developed several “Faces of Aces,” short videos of local Thrives members who tell their own stories about ACEs and resilience. The videos have been very popular, and have helped continue to expand the conversation and destigmatize childhood trauma. The videos can be viewed on the Tehama Group YouTube channel. First 5 staff was instrumental in facilitating a KQED News story about a local mother’s ACEs and resilience, including how she has been supported by First 5. The story can be viewed at <https://www.kqed.org/news/11687798>. Leadership and consistency are critical elements of any successful collective impact endeavor. First 5 Butte County recognizes the importance of supporting community coalitions and systems change efforts through contributions of leadership and staff engagement as well as funding.

Calaveras County

First 5 Calaveras successfully continues to facilitate partnerships and fund strategies that strengthen families and support them in raising healthy young children.

Local trauma-informed community efforts continued through partnerships with Prevent Child Abuse Calaveras and Behavioral Health Services (Mental Health Services Act–Prop 63 funding). Ages and Stage Questionnaire developmental screenings were provided to assess the impact of trauma on children in the child welfare system with referrals made. Staff participated in 87 Child Family Team Meetings with families in the child welfare system. Over 70 training sessions for 445 adults were provided for parents, educators, and family service professionals

on topics centered on resilient and healthy families and trauma-informed practices. Over 150 hours of counseling was provided to 27 parents to assist with their child’s emotional/behavioral development. *Raising A Reader Home Visiting* expanded access to quality early education and provided developmental assessments for 32 children that had preschool enrollment barriers.

As active members of the Calaveras Oral Task Force, First 5 Calaveras helps expand access to dental services through the *Children’s Dental Project* which provides screenings, cleanings, fluoride treatments, and oral health education to over 320 children.

Building Healthy Kids was added to help sustain healthy eating habits by providing early learning sites with nutrition curriculum and building of children’s gardens. This complements the *Kids Farmers Market* which provides hands-on cooking experiences, healthy recipes, and gives children fresh produce to take home to their families.

Talk Read Sing Calaveras added the *Little Leapers Early Literacy Program* which engages libraries in providing early learning Science, Technology, Engineering, and Mathematics kits as well as sharing Talk. Read. Sing. messaging and information. An additional five Little Free Libraries were placed in rural areas, and over 1,700 new books were distributed to young children.

Contra Costa County

During FY 2017–18, First 5 (F5) Contra Costa led a number of important efforts to strengthen the systems that serve children and families, and raised awareness about the ongoing needs Contra Costa County children face.

- F5 Contra Costa led the development of a trauma-informed curriculum and training for organizations serving young children and their families. The curriculum was designed to assist agencies who serve children ages 0 to 5 to understand the impact of trauma and traumatic stress on children’s development and learning, and how to develop a trauma-sensitive behavior plan. Over 120 professionals attended



the trainings in FY 2017–18.

- F5 Contra Costa’s Community Engagement initiative supported and organized under-represented communities in advocating for local park improvements. As a result, local governments in Antioch, Concord, Pittsburg, and San Pablo have invested over \$2.5 million in park improvements, including play structures, beautification, and more.
- F5 Contra Costa’s Early Childhood Education program is steadily improving quality of childcare delivery in the county as demonstrated by the program’s rating system. Nearly 70 percent of rated sites are rated as a level 4 or 5.
- Following a careful assessment of family needs, F5 Contra Costa purchased a large facility in Pittsburg for a new family resource center targeted to families with young children, which will open in early 2019. In addition, First 5 Contra Costa’s Antioch Center was relocated to a larger, more central location.

F5 Contra Costa released its Kindergarten Readiness Assessment, which showed low rates of children having the necessary skills to be successful in certain areas of the county. To highlight the report and build

partnerships, F5 Contra Costa held a policy breakfast in May. The event convened over 100 local leaders and partners to discuss the report, including policy recommendations targeted at key stakeholders.

Del Norte County

First 5 Del Norte (F5DN) works to support children age 0 to 5 and their families on the far northern corner of California. In 2017–18, F5DN focused significant attention on childhood trauma and resilience through community collaboration and new program supports. The Family Resource Center of the Redwoods, F5DN’s largest grantee, started offering monthly Parent Cafes throughout the county. Parent Cafes teach the Strengthening Families protective factors, building resilience in parents and families. F5DN also funded a trauma-informed play group at a domestic violence shelter and a fully-inclusive play group through a mini-grant program. In collaboration with Del Norte Child Abuse Prevention Council, F5DN provided presentations about the science of adverse childhood experiences and resilience to the County Board of Supervisors, the Chamber of Commerce, staff at the Department of Health and Human Services, child welfare staff, preschool teachers, parents, high school and middle school students, and other community groups. Many of these presentations were paired with the Brain Architecture Game to provide a hands-on experience of how a child’s experiences affect brain development.

In addition to the focus on trauma, F5DN continued to work to support parents and families in other ways. F5DN worked with the Department of Mental Health to prepare a proposal for Mental Health Services Act Innovation funding to expand the texting program, Ready4K, to include local resources and mental health supports. The FRC of the Redwoods, working with the local Community Food Council (F5DN is their fiscal sponsor), secured \$240,000 in funding through a Community

Development Block Grant to open a choice food pantry that served over 800 households in the first three months. F5DN is proud to host this concrete support for local income families in Del Norte County.

El Dorado County

The First 5 El Dorado Children and Families Commission has invested in areas of practice that support parents as their children’s first teacher. These investments include: 1) Ready to Read at Your Library, an early literacy program operated by local libraries; 2) Together We Grow, a program directed at providing families with structured activities to support their child’s optimal development; 3) High 5 for Quality, a program focused on ensuring early care and education providers have the support needed to increase their quality of care; and 4) Children’s Health, a program that utilizes health advocates to support access to health and dental care for children and families. Each of these programs are required to operate within the structure of Community Hubs and to provide services which are aligned with the Strengthening Families Protective Factors framework. During 2017–2018, a total of 4,678 (duplicated across programs) individuals were provided with First 5-funded services, resulting in the following accomplishments:

- Families are using positive strategies to guide and teach their children. Seventy-eight percent (78%) of parents served who completed a family survey reported they or another family member reads with their child each day.
- Children are receiving preventive health care. Ninety-seven percent (97%) of parents served who completed a family survey reported their children birth through 5 had received timely well child visits.

Children are being screened for developmental delays. A total of 612 children received either an ASQ or ASQ:SE developmental screening. Providers are focused on quality early care and education service provision.

The High 5 for Quality program supported more early care and education providers this year than last, and of those that participated, 16 sites realized an improvement in their QRIS rankings.

Fresno County

First 5 Fresno County (F5FC) works tirelessly to lift up young children to their full potential. During the past fiscal year, some of the most significant accomplishments include: Help Me Grow (HMG): Being a member of the HMG Fresno County Leadership Team, F5FC works together with cross-sector partners to enhance a comprehensive, systems-level approach to support the success of young children by connecting them to timely services and supports. This past year, the HMG Fresno County Leadership Team participated in strategic planning with the intended outcome of developing a guide for implementation. The process helped to develop a plan: 1) to increase clarity across partners; 2) to establish measurable priorities and outcomes; and 3) of financial sustainability of the HMG model for Fresno County. Upon the completion of the strategic planning, a Request for Quotations was released, and Fresno County Superintendent of Schools was selected to serve as the organizing entity responsible for providing administrative and fiscal oversight and facilitation of planning and implementation of the HMG system.

Public Education Campaign: This was the first year of implementation for the Every Milestone Matters Public Education Campaign aimed to increase public education and awareness of early childhood development and share the importance of positive parent and adult interaction in a child's first five years of life. The multi-media campaign is firmly grounded in people, events, and services primarily targeting multicultural parents, between the ages 18–44, of children ages 0 to 5 in Fresno County, including those fluent in English, Spanish, and Hmong.

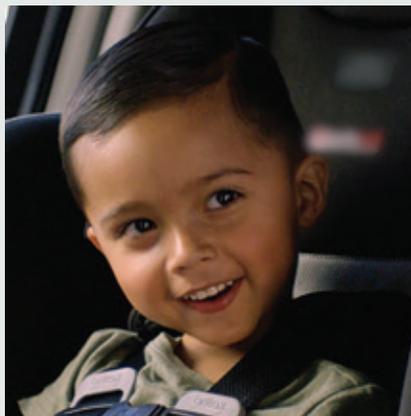
Alignment of Early Childhood Services in Rural Fresno County: In early 2017, F5FC commissioned a Rural Community Needs Assessment report for the communities of Huron

and Mendota within Fresno County. The report identified challenges, barriers, gaps, and strategies to focus on in order to improve the system of care for families with young children in those two rural communities. As a result, F5FC plans to implement the recommendations and released funding opportunities in the summer of 2018 to identify an agency or agencies to lead and implement the coordination and execution of the goals identified by community stakeholders set to enhance and support the early childhood service system in rural Fresno County.

Humboldt County

Humboldt County, along with Mendocino, has the highest percentage of residents with four or more Adverse Childhood Experiences (ACEs) which puts the county at high risk for negative physical and mental health outcomes. In 2017, the Humboldt County Board of Supervisors voted to use a portion of local marijuana tax monies to fund activities focused on the mental health and well-being of young children and their families during FY 2017–18, through the First 5 Humboldt and Humboldt County Department of Health and Human Services ACEs Collaborative Partnership. The Partnership consists of two major parts.

1. First 5 Humboldt projects and activities focused on strengthening Humboldt County's capacity to address and prevent ACEs as well as promote resilience among children ages 0 to 5 and their families.
2. Humboldt County Department Health and Human Services/First



5 Humboldt ACEs Collaborative Partnership grantee projects focused on serving pregnant women and youth, ages 0 to 8 and their families to help prevent ACEs, increase the awareness of ACEs, and mitigate the impacts of ACEs in Humboldt County.

Projects enhanced and provided new community services focused on young children and families through the 2017–2018 ACEs Collaborative Partnership. In their fiscal year 2018–2019 budget, the Humboldt County Board of Supervisors committed to on-going funding of the partnership. First 5 Humboldt funds Early Childhood Mental Health Specialists to provide direct support to families at Humboldt County playgroups, in part, as a way to help prevent ACEs and promote resilience. At playgroup, specialists answer questions caregivers have about their child's development and behavior, provide parent education, provide resource and referral assistance, and support developmental screening. More intensive support is provided to families on an as-needed basis via office and/or home visits. The support can include providing assessments, infant massage, addressing sleep issues, and more individualized support. The 2017 Playgroup Survey data show that parents had statistically significant positive outcomes (results range from $p=0.02$ to $p=1.59 \times 10^{-30}$). Parents who talked with a specialist at playgroup had, among other things: Learned more about behaviors typical for their child's age, dealt better with parenting issues, felt more supported as a parent, felt less stress, knew more about where to access services, and were more likely to have someone to talk with about concerns/frustrations than parents who hadn't talked with a specialist.

Imperial County

First 5 Imperial continues to sustain programs committed to improving the lives of children ages 0 to 5 and their families: programs that ranged from direct support to strengthen families, to increased investments in early care and education settings, to funding to improve child health. One example of a significant impact is demonstrated

by over a decade of investments to develop programs designed to increase services to children suffering from asthma/asthma-like symptoms. Asthma rates are significantly higher in Imperial County compared to the rest of the state, though the immediate concern is the extraordinarily high hospitalization rates. The Child Asthma Project offered case management, environmental assessment, and treatment services to address this issue with 87 families. The significant benefits of these interventions included substantial decreases in children that experienced emergency room visits, and/or hospitalizations, and reported missing days of instruction due to the condition, in addition to noteworthy increases in the proportion of parents that were administering asthma medications as prescribed and that reported feeling confident in managing their child's condition. Other meaningful accomplishments for FY 2017–18 include extensive support for 84 children in foster care, preschool inclusion services for 18 children with special needs, mobile library storytime activities that provided 3 to 5 books to over 3,000 children attending preschool programs, 30 weeks of home instruction support to 77 children cared for by a parent or exempt care provider, investments to increase lactation rates through progress on the local hospitals adopting Baby Friendly® standards, 10 preschool nutrition/fitness programs to address childhood overweight, planning and development for 2 new Family Place Libraries, continuous quality improvement for 65 childcare sites, and parenting programs for over 200 families.

Inyo County

First 5 Inyo County focuses on strategies to improve early child health and family strengthening, using evidence-based programs and evaluation tools to implement services countywide. Activities to improve early child health focused on Ages and Stages universal developmental screenings and efforts to support family strengthening focused on implementing Triple P (Positive Parenting Program). In FY 2017–18, First 5 Inyo County



served 621 children and 216 parents in all their programming, including positive parenting, developmental screenings, newborn support, literacy outreach, childcare advocacy, and other community outreaches.

Through our efforts in Family Strengthening, 77 parents began a Triple P parenting course offered in the community or jail setting. We had a 44 percent completion rate, with 34 parents successfully completing an intensive parenting course. Of those who completed the course, parenting styles in laxness decreased by 25 percent and over-reactivity decreased by 14 percent. In addition to direct service, First 5 Inyo County hosts the Triple P Network, facilitating efforts across the county to support and promote positive parenting.

In its third year of implementation locally, 278 children were screened using the Ages and Stages Questionnaire Third Edition and the Ages and Stages Questionnaire—Social Emotional Editions. These screening tools track developmental and social emotional development progress in children. Both are offered to families in English and Spanish. Of these, 12 percent of children were identified for referral to supportive services. First 5 Inyo County tracks and supports the referrals, working with parents, families, preschools, and family childcare providers to make sure children get access to the services they need.

Kings County

During this past fiscal year, one of the most significant accomplishments of First 5 Kings County was the First 5 Kings County Family Resource Centers. With a funding investment of \$718,931, the Kings County Family Resource Centers provide Early Childhood Education, Home Visitation, Developmental Screening, Parent Education and Referral services. During FY 2017–18, 1062 children ages 0 to 5 and 1,159 parents, siblings and caregivers who live in Kings County visited an FRC. The total number of services delivered by the 5 funded FRCs during FY 2017–18 was 27,306.

Other highlights that took place during FY 2017–18 included the following:

- The Linkages 2 Learning project had 2,472 school readiness services. This includes a spring orientation and a fall orientation, and receiving a children's school readiness backpacks.
- The Kings County CARES About Quality (KCCAQ) project provided support, ranking, technical assistance, and materials to 92 preschool and childcare sites. That is a 48 percent increase over FY 2016–17.
- The local CARES project provided training and professional growth advising to 297 professionals working in the early childhood education field.



- The United Cerebral Palsy Special Needs project provided 159 developmental assessments and 210 interventions to children ages 0 to 5.
- The United Cerebral Palsy Parent & Me project served 251 children ages 0 to 5 and 211 parents through weekly center-based early childhood activities.
- First 5 Kings County funded the translation of the 211 resource line database to Spanish, making the information available on the website and mobile application.

Lake County

In 2017–18, First 5 Lake invested in programs serving 2,677 children ages 0 to 5 which equates to 59 percent of all Lake County children in this age group. These are some of the highlights detailing how these children and their families benefitted from First 5 Lake’s investment: 194 parents completed Nurturing Parenting classes and 17 new facilitators were trained to keep the program in operation and help it expand. A total of 21,209 children’s books were distributed through Imagination Library. Three hundred Lake County adults accessed a new website, www.lakebloom.org, and its related Facebook page with information about activities, games, resources, and more to promote children’s kindergarten readiness. “Bloom into Kindergarten” booklets were created with the help of local kindergarten and preschool teachers and distributed to families. Over 70 families received transportation assistance to access health care services. Six homeless pregnant/parenting youth received housing and intensive support

services, including parenting education. Nearly 300 preschool children received Second Step lessons from AmeriCorps members to build their social, emotional, and interpersonal skills. Two Early Learning Centers provided a space for parents to play with their children and assess their development. Twenty early care and education (ECE) sites participated in the local QRIS coaching and improvement program and 70 ECE providers participated in the Quality Care Counts conference. Over 400 children ages 2 to 5 were screened for dental issues, and oral health and nutrition education was provided to 341 children and 56 parents in local preschools. Nearly 300 children ages 0 to 5 were screened for developmental issues, of which 32 percent were identified with developmental needs requiring follow-up. First 5 Lake also began the process of drafting a new five-year strategic plan by hosting a convening of over 30 members of the community to provide insight into the most pressing issues facing young children and their families in the county.

Lassen County

Through its investments, the goal of First 5 Lassen is to fund programs aimed at ensuring that all children enter school healthy and ready to learn. During FY 2017–18, the most significant accomplishment of First 5 Lassen was its home visiting program implemented by Pathways to Child & Family Excellence, Inc. With a funding investment of \$265,000, this program provided home visiting services to high risk families. The program is designed to improve family support and strengthening as well as improvement in child development, health, and systems of care. Weekly parent education and child development lessons using the Parents as Teachers (PAT) curriculum are provided. Screenings and assessments are completed on both children and parents to determine an individualized approach to addressing child, parent and family needs. The Home Visiting Program served 97 children aged 0 to 5, and 97 parents and caregivers in FY 2017–18. Another 37 children (siblings 6 years or older) participated in the program, increasing the total

number of children served during the year to 134. The number of service units provided was 1,947. Home visits occurred on a weekly basis, using the PAT curriculum. Home visiting is having a positive impact on family functioning and child development. The Life Skills Progression tool is used by home visitors to develop a profile of family strengths and needs. Children receive developmental screenings as well as Ages and Stages Questionnaire (ASQ) and ASQ Social-Emotional screenings. All results are showing improvement in the families and children being served. Parent surveys show an overall 99% satisfaction rate with services received. Pathways collaborates with multiple agencies, makes referrals, and connects families to specialized services as needs are identified.

Madera County

First 5 Madera County aims to ensure that all children in the county are healthy, grow up in a strong family environment, and are continuously learning. It is the goal of the local county commission to fund meaningful and sustainable programs that will have a lasting positive impact on the community. The Madera Unified Parent Education Program provides preventative strategies to the parents of preschool children towards bridging the gap between parent involvement at home and in classroom settings. Parents are offered monthly opportunities to attend educational workshops where they learn parent involvement strategies that can be utilized both at home and in the classroom. Parent and Child Time (PACT) is an opportunity for parents to implement the newly learned strategies in the classroom with their child. The success of the Parent Education Program is highly driven by staff dedication to identifying the needs of the parents and delivering services throughout the year in response. The Parent Education Program utilizes specific evidence-based assessment tools to measure program progress and outcomes such as the Desired Results Developmental Profile-15 (DRDP-15), Center on Social Emotional Foundations for Early Learning (CSEFEL), and the Ages and Stages Questionnaire (ASQ-3

and ASQSE-2). During FY 2016–17, a total of 909 preschool parents and 563 students received services. A total of 31 children received a developmental and/or behavior intervention referral by teaching staff throughout the year. Intervention services were successfully provided to 27% (n=8) of these students. Parents were offered 84 opportunities to attend learning workshops. A total of 10 PACT activities were offered with a cumulative total of 2,126 parents attending throughout the year. The outcomes of this program include: 1) increased parent involvement; 2) noteworthy DRDP scores in targeted developmental domains; and 3) enhanced understanding of parental needs. The Parent Education Program continues to be a significant contributor to improving parental involvement in the classroom and home environment.

Marin County

First 5 Marin has taken “community outreach” to a new level—they formalized “convenings” by scheduling monthly public policy forums that are offered to all community partners. Participants attend at no cost, and even get a little breakfast. The event series is called the “Marin Communications Forum.”

With just two employees, First 5 Marin has found an efficient and cost-effective way of offering educational presentations, trainings, professional development opportunities, and community interest events to their colleagues. They select important “First 5 topics” and trending issues, identify speakers, and draft an agenda for a 2 to 3 hour workshop. A local hotel handles most of the on-site logistics. Events are announced on Facebook and invitations are made on Constant Contact (which also manages the registrations).

The forums offer important networking opportunities; First 5 Marin connects with their community partners, and colleagues connect with one another.

Topics range from issues directly related to First 5 (The Pre-K to K-12 Transition) to broad policy discussions like racial disparities. In the last year, there also were sessions on children and technology (with Common Sense

Media), childhood poverty and the safety net (with the Public Policy Institute of California), Latino civic engagement; affordable housing, low-cost legal services, childhood mental health, cannabis, and financial literacy.

The Marin Communications Forum is now well-known enough that partners ask First 5 Marin to schedule an event for their project or topic of interest. Most recently, First 5 Marin partnered with their county Health and Human Services staff, the local food bank, and others to host an event about hunger, food insecurity and reducing “missing meals.” The forums are now a key component of many countywide collaborative efforts.

Mariposa County

During this past year, one of the most significant accomplishments of First 5 Mariposa was the School Readiness Program, funded for \$223,542. The School Readiness Program serves two preschools—Catheys Valley and Lake Don Pedro. The preschools provide an outstanding play-based preschool program that prepares the children for kindergarten. The facilities, curriculum, and activities are creative, educational, and focus on developmentally appropriate activities. This year there was a continued focus on Science, Engineering, Technology, and Math (STEM). In addition, the staff worked closely with the parents and shared Desired Results Developmental Profile (DRDP) and Classroom Assessment Scoring System (CLASS) assessments, highlights of growth/accomplishments and developmental strategies during the parent conference sessions.

Another funded program that was highly successful was the Children’s Dental Health Program. The program was funded for \$30,000 for FY 2017–2018. This program provided additional dental screenings by the Dental Hygienist, dental services for children with severe dental problems, and referrals for dental screenings treatment. Three local dentists provided reduced cost dental services to families who were in crisis and without resources.

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 \$16,882 for FY 2017–2018. The instructional aide worked with the reading program/assessments, and she 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 students who ranged in ages of 4 to 6 years. Having an aide made it possible for the students to work on enrichment projects and technology.

First 5 Mariposa appreciated the First 5 Express Van coming to Lake Don Pedro Preschool and Mariposa County. The activities and presentations were well received, and the families enjoyed participating with their children. The First 5 Express is a bilingual children’s activity center that travels across California to inspire families to understand the importance of a child’s earliest years and the positive impact they can have on brain development through talking, reading, and singing.

The last exciting event that First 5 Mariposa would like to highlight is the Hero Award. This is a long-standing honor for First 5 Mariposa—celebrating volunteers and folks who enjoy working with children and making a difference in the community. This year First 5 Mariposa honored Carol Bozsik (Lake



Don Pedro Preschool) who helps in her grandson's preschool. Also honored was Rhonda Grogan, a daycare provider, located in the Southeast part of Mariposa County.

Mendocino County

During the past fiscal year, First 5 Mendocino continued to help build the professional skills of those who work with Mendocino County's youngest and most vulnerable. This was done through a conference, Triple P trainings, and Community Resiliency Model® trainings, all targeted to decrease the negative effects on a child's brain from trauma. January 2018 was Mendocino County's first ever Positive Parenting Awareness Month. First 5 Mendocino received a proclamation from the Mendocino County Board of Supervisors and launched Triple P Transitions and Triple P Lifestyles. Transitions is a group that helps parents/families cope with changes or "transitions" in their lives (e.g., divorce, foster parenting, etc.), while Lifestyles takes the traditional Triple P group and adds a component on health and nutrition. First 5 Mendocino continued to hold trainings for community resiliency skills from the Trauma Resource Institute. Trainings were expanded out to the coastal regions. Follow-up support was provided to local facilitators that were trained to offer skills in the community. These skills proved to be incredibly instrumental, as Mendocino County faced devastating fires multiple years in a row. In June, First 5 Mendocino held a one-day conference: Understanding Your Trauma Through the Science of Resiliency. Dr. Linda Chamberlain spoke on health issues related to trauma and the implications for brain development. During the conference, Graphic Recorder Maria Pappas, captured the material in a visual representation to reinforce learning and to speak to those that are visual learners. Attendees at this free conference included preschool teachers, social workers, hospital staff, and home visitors. Additionally, First 5 Mendocino was approached by the Cahto Tribe to help them build a more family friendly workplace by providing in-house childcare for their staff and tribal members. With many of their staff

recently having children, the Cahto Tribe wanted to give the family members returning to work some support, and with childcare centers being scarce in their rural area, they felt it was in the best interest for everyone to set up a daycare center on site.

Merced County

First 5 Merced County (F5MC) spent approximately \$1.8 million to support services for more than 8,800 children, caregivers, and providers to build and enhance the five protective factors that promote optimal development and enhance the system of effective family support/strengthening programs. Examples of funded family-strengthening programs include:

- ACE Overcomers, which provides comprehensive services to at-risk families to help them overcome adverse childhood experiences
- Sierra Vista Child and Family Services, which provides a continuum of community-based mental health services children and families
- Project Prevention's Hmong Culture Camp, which supports Hmong-English dual-language learning for preschool-aged children

Further, F5MC shifted its focus from direct services reliant on F5MC funding to leveraged and sustainable direct services and systems change efforts. These new efforts are innovative, quality interventions for family support that result in long-term change to an organization's culture, professional norms, policies, procedures, or increase systems efficiencies that impact young children and their families. One example of a systems-focused program funded by F5MC is Afra Maternal/Child Church-based Health Network. The Network addresses health disparities in Merced County by connecting women of color who are pregnant or mothers of young children with existing community services. Broader activities, including the Children's Summit, Early Educator's Institute, the Week of the Young Child event, local program/event sponsorships, and Hands on Heroes, aim to increase awareness and advocacy for early childhood, while also increasing

access to high-quality environments for families.

Modoc County

First 5 Modoc continues to ensure the optimal health, development, and well-being of children ages 0 to 5 and their families by continually investing in programs that enable families to be primary caregivers and teachers to their children. Highlights from First 5 Modoc investments during FY 2017–18 include: The School Readiness and Strong Start programs, an investment of \$123,160 that funded two separate early education programs, both providing high-quality educational experiences for 20 children throughout Modoc County. The Tulelake/Newell Family Resource Center, an investment of \$20,337, strengthened families and promoted self-sufficiency through services and activities. The FRC provided parenting classes, resource and referral, case management, playgroups, health and nutrition benefit access, and safety education to serve a total of 72 children and 61 adults. The Healthy Beginnings program, an investment of \$31,380, is a collaborative project between Public Health and Behavioral Health. This program provided families with access to positive parenting education, case management, and nutrition and health related topics. Forty-four children and 64 adults were served. The Dollywood Imagination Library, an investment of \$4,729, provided age appropriate books at no-cost to participating families each month until the age of five years old. The program is designed to inspire a love of reading and it encourages family participation.



Over 230 children were enrolled this year. The BABIES (Bathrooms Accessible in Every Situation) project, an investment of \$536, implemented improvements to systems of care with equal access to public restroom facilities on a year-round basis to families with children ages 0 to 5. Thanks to strong community partnerships and collaborative efforts, First 5 Modoc's investments are successful and continue to provide much needed support and services to Modoc County.

Mono County

First 5 Mono County's goal is to enhance the network of support services for families with children ages 0 to 5 years. To this end, the commission invested in and leveraged funding for: Child Development: school readiness, preschool, and child care quality; Family Functioning: family behavioral health and home visiting; and Child Health: oral health and child safety. Without the First 5 California Small Population County Funding Augmentations the majority of our programs could not be sustained. Home Visiting using the Parents as Teachers curriculum supported parents in myriad of ways and continues to be the commission's largest investment. Transition to Kindergarten activities supported families with Kindergarten Round Up, Summer Bridge (a two-week classroom-based program for incoming kindergartners), and school readiness assessments. Early literacy was supported with free book distribution from First Book and the Raising a Reader program. Peapod Playgroups served 23 percent of children ages 0 to 5 in the county, provided an opportunity to socialize, and supported child development. Topical fluoride varnish application was provided twice in early learning settings to support oral health. Health and Safety Fairs provided families connections to resources. Child safety was improved through Safe Kids California, Mono Partners, with free car seat and bike helmet distribution. Ages and Stages developmental screenings were administered through Improve and Maximize Programs So All Children Thrive, and Home Visiting. A half million dollars in federal funding for childcare was accessed by a successful



Community Development Block Grant application completed by First 5 in partnership with the County and Eastern Sierra Unified School District to operate two centers for two years.

Monterey County

First 5 Monterey County (F5MC) invested \$5.19 million in FY 2017–18, providing services to about 21,400 young children, parents, and providers. This was the first year of a new strategic plan where F5MC focused its time and resources to establish a new way of supporting the system of care for families in the county. F5MC's strategies include (a) policy and advocacy, (b) funding Integrated Service Collaboratives, (c) building capacity for the Collaboratives, service providers, and students pursuing careers in early childhood, (d) increasing funding available for early childhood in the county, and (e) evaluating the impact of the work. In FY 2017–18, five multi-year grants began for Integrated Service Collaboratives enabling local networks of local agencies serving young children and their families to offer screening, referrals, and care coordination to improve family access to cohesive services. Other system-oriented efforts facilitated local policy and legislative shifts. F5MC worked to insert early childhood policies into city general plans. The City of Gonzales

adopted policies that include providing city childcare subsidies, creating a childcare task force, and supporting professional development opportunities for childcare providers. Also, F5MC and early childhood advocates in Monterey, Santa Cruz, and San Benito helped create the Central Coast Early Childhood Policy Network. With 60 participants representing 30 different organizations throughout the participating counties, the Network used the First 5 Association of California platform as a basis to create a unique, joint regional policy platform. F5MC actively participated in county community efforts around the allocation of cannabis revenue. Activities included community listening sessions in each supervisorial district, phone surveys, and an online poll. Thanks in part to years of F5MC consciousness raising, early learning and preschools were identified as top priorities.

Napa County

Through its investments, the goal of First 5 Napa County is to support a comprehensive system of services that ensures children ages 0 to 5 of Napa County will enter school healthy and ready to learn. During FY 2017–18, First 5 Napa County made a \$132,000 investment in programs aimed at building strong families. ParentsCAN received \$50,000 of that investment to implement an integrated protocol with



health care providers to screen children and provide consultation and referrals to families, so children have access to the appropriate developmental and mental health services they need.

In 2017–18, ParentsCAN coordinated the screening of 234 children using the Ages and Stages Questionnaire, ASQ and ASQ Social Emotional:

- 130 screenings were completed at health care provider visits.
- 104 screenings were conducted by ParentsCAN.

Based on the screening results, ParentsCAN conducted informational consults with families in need and made referrals to treatment and services when necessary (e.g., basic safety net services, community service providers, health care providers).

- 188 informational consults were conducted with families.
- 62 referrals were made for treatment and services.

Parents reported that they feel more comfortable advocating for their children and have more support and information needed to make informed decisions about treatment and services for their children.

- 95% had an increased understanding of their child’s disability/diagnosis.
- 95% were more familiar with local services and supports for their child.
- 85% felt more confident working with health and social service professionals.

Nevada County

To uphold their vision that Nevada County children will thrive, First 5 Nevada County (F5NC) fosters and supports programs that promote health,

wellness, and child development for children ages 0 to 5 and their parents through four initiatives: early learning, family strengthening, communication and outreach, and capacity building and systems change.

In October 2017, F5NC received a grant from Nevada County Public Health to provide Parent Cafés focused on developing the five protective factors, growing parent leadership, and creating connections among parents. F5NC rolled out the café program by hosting Partner Cafés which were attended by 26 family service agency providers and 24 child care providers, giving them an understanding of and enthusiasm for the Parent Café model so that they could more effectively tell parents about the cafés. Through June 30, 2018, F5NC hosted 20 cafés attended by 46 parents (unduplicated). Four parents have been trained as table hosts, a leadership position crucial to the functioning of the cafés for which they receive a stipend. F5NC collaborated with two non-profits, one of which provided the space for the cafés and one of which added the cafés to a monthly home-visiting client socialization gathering.

A focus group held with café participants by an outside evaluator showed parents value the cafés and feel that they have increased the amount of support in their lives, their self-care, and their understanding of parenting and child development. Parents said:

“Reaching out to other people is hard. It [the Family Cafés] makes me reach out more.”

“Talking about challenges together feels really, really, really good. It’s validating; you feel connected, and you don’t feel as alone.” “It’s totally brought my stress level down.”

“Here we have a deeper facet of non-judgment. You can talk about how hard it is.”

Orange County

The Children and Families Commission of Orange County is strengthening the early childhood infrastructure through systems-level impacts that lead to better integration and coordination among agencies that serve young children and their families. To that end, two successful

examples include the Intergovernmental Transfer (IGT) funding transactions and the Early Development Index (EDI) school readiness assessment tool. The Commission partners with the county’s managed care organization, CalOptima, and has completed three transactions drawing down close to \$4 million of federal Medicaid funding for reimbursement of uncompensated care for Medi-Cal beneficiaries. These transactions have leveraged federal funding that support investments in children’s health and alleviate program funding demands on the Commission’s declining budget. The Commission funds MOMS Orange County to improve rates of early prenatal care and birth outcomes and Help Me Grow Orange County’s developmental screening program to improve early identification and intervention strategies for young children with behavioral and developmental concerns and connect children with appropriated services. The EDI has been fully implemented at 379 schools with a kindergarten population to assess kindergarten student’s readiness for school in five key developmental areas. With 28,717 valid EDI records completed this year, Orange County is the only county in the nation with 100 percent EDI participation of its public schools and with a countywide dataset tracking the school readiness of incoming kindergarten students. The EDI data are used by nonprofit, government, and business organizations to monitor populations of children over time, report on populations of children in different communities, predict how groups of children will do in elementary school, and inform policies concerning young children and their families.

Plumas County

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 direct service grants that provide home visiting services to families (including foster parents) who have children ages 0 to 5. All programs utilize the Strengthening Families™ Protective Factors framework to support and measure success. During

FY 2017–18, First 5 Plumas County investments in home visiting resulted in the following accomplishments:

- Families are engaged in home-visiting services
 - A total of 106 families were provided with home visiting services, 31 of which received integrated care.
 - A total of 852 service contacts were made by home visitors in which 4,237 services were provided.
 - Over half of the children were screened using the Ages and Stages Questionnaire, while two were screened using the Social Emotional version of this tool.
- Families are stronger as a result of home-visiting services
 - All of the home-visiting programs identify outcomes achievements related to each of the five Strengthening Families™ Protective Factors. In each of the protective factors, there was an increase in parental perception of skills, supports, and knowledge after having received home-visiting services.
 - Over 90 percent of parents agreed that the program has helped them improve their parenting skills.
 - Over 80 percent of parents agreed that the program has helped them reduce the stress in their lives. Families accessing services report a high level of satisfaction. An overwhelming

majority of parents who completed the questions related to client satisfaction at the end of the Protective Factors survey were very satisfied with the home-visiting program.

Over 95 percent of parents agreed that their overall satisfaction with services was very good and that their ideas and opinions are welcomed and included in the program.

Riverside County

Strategic partnerships have been the focus in Riverside County to address sustainability in many investments. Emphasis has been placed on areas that enhance increased access to quality early learning environments for children and strengthening the professional development system for early care and education providers, promoting early identification and intervention throughout First 5 Riverside-funded programs, supporting team-based interventions in behavioral health to ensure a holistic and comprehensive approach in assessing needs, expanding home visitation capacity to increase family resilience and decrease child abuse and neglect, and diversifying funding to provide innovative solutions for children and families. Outstanding results have been achieved through Quality Start Riverside County (QSRC) resulting in almost 2,300 early education instructors benefiting from technical assistance and professional development to increase quality in their classrooms and curriculum

as well as enhancing child-teacher engagement. This comprises 430 licensed sites participating in QSRC and 1,115 children provided with access to child care. Ongoing investments that have expanded pediatric healthcare have come to fruition, with University of California, Riverside (UCR) School of Medicine graduating 5 pediatric residents, who are now practicing in Riverside. Significant accomplishments include regional partnerships with First 5 San Bernardino and Loma Linda Children’s Hospital to begin planning the launch of Help Me Grow to leverage resources and develop a comprehensive systems-level approach to support the success of young children and to connect them readily to developmental services. Other highlights included: breastfeeding support services delivered to over 6,705 mothers, more than 3,500 children received mental health screenings and 823 received treatment services, and 631 children received water safety classes/swim lessons.

Sacramento County

In anticipation of fewer resources to invest in direct services, the First 5 Sacramento Commission activated efforts to impact children’s services on a larger systemic scale. The Commission allocated staffing directed toward policy, advocacy, and sustainability, and has integrated sustainability planning into its strategic direction.

The Commission: 1) Established a Sustainability Committee as a subcommittee to support and advise staff and the Commission on furthering policy, advocacy, and sustainability efforts; 2) Created Policy Priorities that provide parameters to track proposals and legislation, and coordinates with local and statewide advocacy groups to improve outcomes for children; and 3) Created a Policy and Advocacy Protocol to guide how First 5 Sacramento will take positions on federal, state, and local policy matters related to the Policy Priorities.

During FY 2017–18, First 5 Sacramento developed a Sustainability Plan with the goal of sustaining children’s health, development, and family empowerment outcomes, and the systems that promote them. The



Commission identified strategies related to public awareness and action, policy change, and financial resources to be implemented over the next three years. Most notably, the Commission turned its focus to the sustainability of funded agencies by launching the “Certified Sustainable Initiative.” Through Certified Sustainable, partners receive capacity building, coaching, and technical assistance in the development of an agency specific Sustainability Plan to safeguard core services to families as First 5 funding declines.

San Benito County

In FY 2017–18, First 5 San Benito provided services, supports, and resources to children, families, and providers that addressed the First 5 California four result areas: Improved Family Functioning, Improved Child Development, Improved Child Health, and Improved Systems of Care. Outcome highlights related to these results are summarized below. According to pre-post survey results, parents participating in Family Wellness Court parenting classes demonstrated significant improvement in family functioning, particularly in family members’ ability to express their needs and feelings to one another. Parents as Teachers home visiting participants said that the program greatly improved their knowledge of child development and how to meet children’s social and emotional needs. Participants in Raising a Reader reported a significant increase over time in their child’s reading engagement (such as asking questions about the book), and 99% of participants in Story Time at the public library said this program gave them ideas about how to make reading fun at home. To address Improved Child Development, First 5 San Benito enrolled 26 Early Childhood Education providers in the Quality Rating and Improvement System program, who created professional development plans and completed at least 30 hours of professional development. Child health was addressed through the inspection of 38 car seats for safe and appropriate installation, and the distribution of 37 new car seats. Finally, to contribute to Improved Systems of Care, 17 service



providers were offered a series of trainings designed to improve the capacity of professionals in the county to provide trauma-informed care. They showed statistically significant improvements in their knowledge of the topics covered, including trauma, stress, resilience, and emotion regulation.

San Diego County

First 5 San Diego’s public education campaign recently earned national recognition. First 5 San Diego was recognized with three Edward L. Bernays Mark of Excellence Awards from the Public Relations Society of America for its Annual Report, “Talk, Read, Sing” public service announcement (PSA), and website. First 5 San Diego’s PSAs also earned Emmy® nominations from The National Academy of Television Arts & Sciences this summer in the Community/Public Service—Single Spot/Campaign and the Writer-Short Form categories.

San Diego was one of three counties featured in The David and Lucile Packard Foundation’s *Early Identification and Intervention Systems in California* report. The report highlighted San Diego’s cross-sector collaboration and long-term partnerships through First 5 San Diego’s Healthy Development Services initiative. It also explores the experiences of Alameda and Santa Clara counties in an effort to learn more about early childhood development identification and intervention systems.

Prevent Child Abuse America revised the Healthy Families America (HFA) 2018-2021 Best Practice Standards to

include practices developed by First 5 First Steps. First 5 San Diego’s First 5 First Steps provides home visitation for pregnant and parenting teens, military, refugee/immigrant, and low-income families. Although First 5 First Steps had been following the HFA model since the program’s inception in 2013, it developed additional practices to better serve the needs of its families. Some of these practices include the development of a Family Service Plan and the use of the Ages and States Questionnaire Social Emotional-2.

San Francisco County

First 5 San Francisco works to ensure that all children birth to age five will thrive in supportive, nurturing, and loving families and communities by advancing systems of support for quality early childhood education, family well-being, and early intervention. Investments in the Quality Connections Quality Rating and Improvement System now extend to all city-funded early education centers, reaching a total of 9,364 children in 411 participating programs. Nearly 2,000 providers received Quality Connections professional development, including over 10,000 hours of in-depth coaching instruction. As a result, percentages of programs meeting quality benchmarks continue to rise in the areas of instruction (62% meeting quality cut-off scores), environments (91% meeting quality cut-off scores), and adult/child interactions (98% meeting quality cut-off scores).

San Francisco’s network of 26 Family Resource Centers are now in their ninth year of operations and with approximately 12,000 parents and children served annually, they are dedicated to ensuring that San Francisco families are connected to city resources and thriving. Across all services, 96% of participants surveyed in 2017–18 agreed that they were provided valuable family supports. Data from more intensive services show that 67% of case management participants had progressed and were no longer at-risk in one or more of five areas aligning with Protective Factors for child abuse and neglect.

San Francisco’s Help Me Grow Initiative continued to expand early

identification and intervention efforts in 2017–18 with just under 6,000 children receiving a developmental screen. A total of 1,194 children were referred to a Help Me Grow Family Resource Specialist due to developmental concerns or special needs; 93% received the support they needed from the call-center or were successfully connected to a service.

San Joaquin County

First 5 San Joaquin (F5SJ) has been focusing on leveraging additional resources and partnerships in order to bring services related to systems change to the community. Two initiatives will be highlighted in this report. The first one is the Weed Free Baby campaign. The alarming rise in pregnant and new moms smoking marijuana led F5SJ to launch an awareness campaign to help protect babies. The campaign, lasting only two months in its first phase of implementation, showed the following successes: The campaign generated 14 stories on newspaper, television, and radio according to data compiled by NewsTrak. The stories totaled nearly 10 minutes of on-air coverage, viewed by a television audience of 295,224 and 76,700 radio listeners. Convenience store posters resulted in 4,340,000 impressions. Ads ran on one local radio station resulted in over 1.5 million impressions (listenership). Display banners, geo-fencing, and audio streaming resulted in a total of over 1.4 million impressions (how many times it was seen/heard). The overall click through rate (CTR), people who clicked an ad versus how many saw the ad, resulted in .39%. The highest combined CTR came from the banner ads with a total .49% CTR. The healthcare industry benchmark for digital ads is 0.09%, showing the high performance of this campaign. Campaign ads ran on Facebook resulted in nearly 1,000 “clicks to site” (weedfreebaby.com) and over 179,000 impressions. An overall goal was to elevate conversations with mothers and providers on this issue. The second initiative is San Joaquin Treatment & Education for Everyone on Teeth & Health (SJ TEETH). Nearly 32,000 local children will receive oral health services over 3.5 years, including

fluoride varnish, screening for cavities, referrals to dentists, and other critical oral health services as part of a \$3.5 million grant awarded to the San Joaquin County community by the California Department of Health Care Services. SJ TEETH, a coalition of three dozen local health, education, and nonprofit organizations, collaborated to develop the successful grant proposal to participate in the statewide Local Dental Pilot Program (LDPP) aimed at improving access to dental care for income-eligible children. Some findings from the first year include: In SJ TEETH’s first six months, care coordinators served 238 children; according to care coordinators’ records, of the 238 children served, 54% received dental care in 2017 after enrolling in SJ TEETH care coordination. The majority of these children (82%) received dental cleanings, and 15% received dental screenings. Parents who responded to a phone survey following their child’s preventive dental visit spoke positively of care coordinators’ ability to connect them with dental services.

San Luis Obispo County

First 5 San Luis Obispo County (First 5 SLO County) continued its work in four Priority Areas: Perinatal Readiness, Child Health and Development, Early Learning, and Family Strengthening. Nearly \$3 million in multiyear contracts were finalized for a range of services benefitting young children, families, and caregivers. Two new program

investments expanded support for strong families – a partnership with the United Way for Born Learning Academy bilingual parent groups, and expansion of early childhood family advocacy into Atascadero and Nipomo through a contract with the local child abuse prevention council. A blended funding model was enacted by First 5 and California State Preschool Program, allowing for maximum service capacity and enrollment of families who were financially challenged but minimally over the income eligibility threshold. First 5 SLO County has continued in its role as funder and facilitator of ongoing collaboration among partner agencies in the SLO County Quality Counts Consortium. Planning toward a Help Me Grow system gained momentum this year, including a large stakeholder convening, identification of pediatrician champions, launch of a developmental screening pilot at a local Federally Qualified Health Center, and a proposal for funding from the Mental Health Services Act Innovation program to support a developmental screening partnership between parents and pediatricians. The 2018 Advocacy Agenda included eight goals that align with First 5’s strategic plan. One goal – increased culture of family-friendly workplaces – gained traction through the process of updating the SLO County Chamber of Commerce Economic Vision Statement to include language and priorities related to young children and families. Public-awareness building has





remained core to First 5 SLO County's work, including a second successful year of monthly Hands-on Hero promotions aligned with the Children's Bill of Rights, and a frequent visual presence at local family festivals, social media posts, ongoing local *Talk.Read.Sing.*® promotion, event sponsorships, and an upgraded agency website.

Santa Barbara County

First 5 Santa Barbara County (First 5 SB) devotes its funding and organizational capacity in the following two primary areas: Family Strengthening (FS) and Early Care and Education (ECE). This past fiscal year within ECE, First 5 SB achieved several noteworthy results in improving the quality of childcare setting for children: In FY 2017–18, 149 sites participated in the Santa Barbara County Quality Rating and Improvement System, which included 67 childcare centers and 25 family childcare homes. Baseline and post-assessment information was available for 62 of the participating centers and 18 of the participating family childcare homes. For both, there was a statistically significant improvement in the overall quality of the program over time (i.e., from baseline to latest post-assessment), $t(90) = -26.72, p < .001$ for centers and $t(25) = -18.04, p < .001$ for family childcare homes. In FY 2017–18, the FS focus area achieved the following: Programs made 2,439 referrals for children and families for additional support services. The majority of referrals (84%) addressed the area of concrete support (basic needs, childcare, education, job training, financial assistance, or health and

wellness). At follow-up, the vast majority of the referrals made were successful (73%) or services were in progress (14%). Evidence-based parenting programs showed statistically significant improvements ($n=159$) in social support, concrete support, nurturing/attachment, and certain indicators of parenting knowledge. FS partners monitored the growth of case managed families across several important family functioning domains using the evidence-based Family Development Matrix (FDM). Parents who had at least two quarterly assessments on the FDM ($n = 100$) during FY 2017–18 showed statistically significant improvements in the following areas: access to services, parenting, basic needs, and emotional health.

Santa Clara County

The aim of the Universal Developmental Screening Initiative (UDS) is to ensure that developmental and behavioral screening with a standardized tool for children ages 0 to 5 is routinely conducted during well-baby/well-child checks in pediatric clinics and practices throughout Santa Clara County. This Initiative uses the Ages and Stages Questionnaire, 3rd Edition, (ASQ-3) and the Ages and Stages Questionnaire: Social Emotional as the standardized screening tools for its pilot program. Due to the success of this pilot program, the Santa Clara County Health and Hospital System invested in 7.0 FTE Licensed Vocational Nurses who conduct developmental screenings each of their eight county operated pediatric clinics. In addition, First 5 Santa Clara invests in staff who conduct developmental screenings at four community health clinics to expand UDS to all community health clinics in the county. In an effort to promote healthy development during the prenatal period, First 5 Santa Clara partners with the Santa Clara County Public Health Department to implement the Universal Perinatal Screening Pilot program in four OB/GYN clinics throughout the county. Pregnant women are screened with the 4Ps Plus, a validated screening instrument specifically designed to identify pregnant women at risk for

use of tobacco, alcohol, or illicit drugs. This tool also screens for intimate partner violence, depression, and anxiety. Through UDS, pregnant women and children who are identified with a concern are connected to early intervention services. Pregnant women receive home visitation from a Public Health Nurse. In addition of the 19,000 children screened, approximately 1,700 were connected to Help Me Grow/KidConnections (KCN) for further assessment, home visitation, and therapeutic services. Last fiscal year, 121 pregnant mothers received a 4Ps Plus screening and 90 received home visitation services. Children and their families served by KCN experienced the following positive outcomes: Overall, the percentage of children who had one or more flagged domains on the ASQ-3 reduced from 55 percent at baseline to 40 percent at follow up. Families, as measured by the Child and Adolescent Needs and Strengths–Early Childhood (CANS-EC) showed 78 percent improvement in parent-child interactions. As demonstrated by Keys to Interactive Parenting Scale, 44 percent of parents improved their parenting skills

Santa Cruz County

In 2017, the Santa Cruz County Board of Supervisors approved Supervisor Ryan Coonerty's request to establish the Thrive by Three Early Childhood Fund, dedicated to improving a range of health, family support, and early care and learning outcomes for Santa Cruz County's youngest and most vulnerable children. Building on a system of care approach that First 5 Santa Cruz County helped develop, the County of Santa Cruz engaged First 5 in FY 2017–18 to coordinate the initiative, build capacity of the system, and facilitate its evaluation.

In its first year of operation, Thrive by Three has established an Advisory Committee under the First 5 Commission, increased home visitation capacity in the county through enhancements to the Families Together and Nurse Family Partnership programs, launched the Early Learning Scholarship Pilot designed to help infant and toddler care providers close the gap

between the cost of high-quality infant/toddler care and available subsidies, conducted a “Child Care Developer Fee Study” that resulted in county staff recommending a graduated fee increase over the next three fiscal years that will increase revenue for child care facilities by 80%, supported the county office of education’s efforts to submit to the California Department of Education an “Individualized Child Care Subsidy Pilot Plan” for Santa Cruz County, and established a Thrive by Three Evaluation Plan as well as the first Preliminary Evaluation Report of the initiative in May 2018.

In FY 2018–19, First 5 Santa Cruz continues to provide backbone support to the initiative by convening the Thrive by Three Advisory Committee, continued implementation of a coordinated entry system and the Early Learning Scholarship program, and ongoing coordination and evaluation of the initiative.

Shasta County

First 5 Shasta’s investment in early childhood is guided by its strategic framework and five Pathway Goals: Healthy, Well-timed Births; Health and Development on Track; Supported and Supportive Families; High-quality Childcare and Early Education, and Continuity in Early Childhood Experiences. FY 2017–18 highlights included:

- Continued work with community partners around Adverse Childhood Experiences education, prevention and intervention.
- Provide Neonatal Intensive Care Unit families with books to read to their infants. Reading aloud provides exposure to language and opportunities for attachment in a noisy, stressful, and intimidating environment.
- Supporting the Healthy Babies Program, which 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.
- Support of Bridges to Success, a Shasta County Office of Education

program that serves parents and care providers of children at risk of preschool/child care expulsion. The program offers Second Step, in-class behavior management support, and evidence-based mental health services.

- Training for providers and parents through First 5 Institute. Activities include professional development, library story times, and the management of a calendar of parent-child activities and professional trainings in the community.
- Coordination of 44 parent-child events and community activities serving 2,219 children ages 0 to 5 during the annual Week of the Young Child.
- Distribution of over 17,000 childrens books through a wide range of community partners and at a variety of community events.

Sierra County

The vision of First 5 Sierra 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 focuses investments on accessible, high-quality early learning opportunities for families, family support programs, maternal prenatal health, dental health screenings, child safety, and family literacy. First 5 Sierra’s strongest and most successful program continues to be its preschool tuition subsidy which supports working families, most of whom would not be able to send their children to preschool without tuition assistance. Sierra County continues to have an extremely high rate of preschool attendance, with over 90% of students having attended high-quality preschool prior to entering kindergarten. First 5 Sierra strengthened its commitment to supporting families through the development of new programs, including Mommy & Me, focused on support and education for new mothers and Parent Cafes, a collaboration with Public Health, Family Resource Center, and Resource and Referral, offering families parenting education and social

support. The message of the importance of parents’ influence on their child’s brain development is one that First 5 Sierra seeks to inculcate throughout the community. This year, First 5 Sierra launched Dolly Parton’s Imagination Library—free books mailed monthly to children under the age of 5—a program whose importance in boosting early literacy is even greater in Sierra County as it is one of the only California counties without a library system. First 5 Sierra’s Provider Network program continued its successful professional development training series for its preschool teachers and childcare providers, focusing on the foundations of positive behavior in children and understanding and managing challenging behaviors.

Siskiyou County

First 5 Siskiyou’s primary focus is to build public will and sustainable, systemic investments to help parents raise children who thrive. Being a rural, sparsely populated county, the only way to stretch First 5 funding to its fullest potential is through systems collaboration. First 5 Siskiyou, therefore, helps support several county-wide collaboratives, such as the Siskiyou Professional Development Partnership, Siskiyou Family Resource Center Network, Siskiyou Home Visitation Systems Coordination, Help Me Grow Siskiyou, and Siskiyou Strengthening Families Collaborative (parent education).

Highlights of First 5 Siskiyou investments in FY 2017–18 include:



- First 5 Siskiyou doubled its impact in the county, in that it leveraged over 100 percent in additional funds above its base allocation
- Standardized county-wide kindergarten readiness assessment showed the impact of First 5 Siskiyou: Data showed former First 5 participants were more likely to be read to by their parents, visit the library, and had more kindergarten preparation activities. Additionally, nearly half of former First 5 Siskiyou participants were fully ready for kindergarten, compared to 34 percent of children who had not engaged with First 5 Siskiyou.
- Family/Community Resource Centers (FRC) continued to be the hub for First 5 Siskiyou efforts: Located in seven communities throughout the county, FRCs served 1,617 children and 1,614 caregivers with drop-in services, resources, referrals, free books, screenings, playgroups, CalFresh application assistance, Harvest of the Month activities, and parenting education.
- Over 20,000 books were given children: First 5 championed several causes to create more literacy rich homes, including the 10th Annual Read Across Siskiyou 2017 (5,000, 51 events), and Dolly Parton Imagination Library (769 children received monthly books, and 8,842 books were mailed). Another 13,000 books have been provided to families at family fun events, fairs, hospitals, preschools, FRCs, play groups, story time events, and Reach Out and Read



medical provided partnerships.

- Parenting education helped parents be their children's best first teacher: First 5 Siskiyou coordinated the Siskiyou Strengthening Families Collaborative to offer over 224 sessions of evidence-based parenting education series and workshops.
- Help Me Grow created a coordinated system of screening and support. Over 500 children received vision, dental, and hearing screenings from KHSI, and staffing and service protocols are being developed for developmental screenings.
- Professional development trainings created the shared knowledge and commitment needed to sustain our systems. First 5 Siskiyou's Professional Development Partnership held eight different trainings, reaching 351 attendees. Trainings covered topics related to sensory processing disorders, building resiliency in children and adults, Strengthening Families 5 Protective Factors, supporting families impacted by abuse of alcohol and other drugs, stress management, and training of trainers for ASQ/ASQ-SE and Nurturing Program.

Solano County

First 5 Solano continued to implement its high-quality programs in the priority areas of Health and Well-Being, Early Childhood Learning and Development, and Family Support and Parent Education. Highlights of services that took place during FY 2017–18 include:

- 8,215 Solano residents were served by First 5 Solano.
- Help Me Grow Solano served 1,660 individuals, connecting them to resources in the community. In addition, Help Me Grow Solano established new partnerships with 24 child healthcare providers.
- Enrolled 61 early care and education sites in QRIS, exceeding the target by five sites.
- Provided 771 children and families with case management, including

connection to basic needs, financial literacy skills, and parent education. 100 percent of 119 children receiving assessments from a child welfare social worker remained safely in their homes.

- Secured health insurance for 691 expectant mothers and children.
- Screened 324 high-risk children for developmental and social-emotional concerns.
- Provided 297 children with mental health treatment.
- Provided 435 children, who had no prior preschool experience or were high-risk, a Pre-Kindergarten Academy to prepare them transition to kindergarten. Nearly 80 percent of the children were "ready to go" or "nearly ready to go" to kindergarten at the end of the four-week program.

In addition, First 5 Solano implemented the second year of its Systems Change Action Plan with the goals of strengthening, expanding, integrating, and sustaining early childhood systems in Solano. Highlights of activities in the second year include:

- 26 nonprofit leaders attended the four-month UC Berkeley Extension Fundraising and Volunteer Management Program.
- Completed a nonprofit capacity assessment to inform future capacity building efforts.
- Conducted screenings and community discussions of the film *Resilience: The Biology of Stress & the Science of Hope*. Began development of a countywide Resiliency Strategic Plan.

Began development of a multi-agency Release of Information between county departments to facilitate sharing of information.

Sonoma County

In FY 2017–18, First 5 Sonoma County supported the recovery and resilience of families and providers impacted by the October 2017 wildfires. Families experienced housing loss (5,300 homes burned, 2,200 renters displaced), employment loss (590 businesses destroyed/damaged), childcare loss (16 sites lost), increased mental health needs, and



undocumented families faced additional barriers in accessing FEMA due to deportation fears.

The First 5 Sonoma County Commission drew on its strategic plan, a long-range view, and partnerships in response to this disaster. Fire impacts that compounded existing issues, such as childcare shortages, were prioritized and application processes were streamlined. Grants were awarded to rebuild childcare sites, support trauma-informed childcare, and create new home-based and employer-supported childcare sites. In addition, the Commission funded mental health supports for families, community resource networks, and the distribution of coping resources for families.

Following best practices in disaster grant making, the Commission set aside funds to plan for mid- and long-term recovery needs. In addition, a capacity-building cohort was established to increase the sustainability of local nonprofits, a need that was heightened as many donors diverted their annual charitable contributions to disaster funds in 2017–18. Finally, the First 5 Executive Director participated in the grants selection committees of other funders to help distribute \$4 million in fire-recovery funds and ensure children’s 0 to 5 needs was represented and efforts were aligned. The First 5 Sonoma County Commission recognizes that recovery will be ongoing and is monitoring emerging needs and

opportunities to support the continued resiliency of the community and well-being of its young children.

Stanislaus County

The work of First 5 Stanislaus continued to be powered by deep community partnerships in FY 2017–2018. First 5 Stanislaus maintained an emphasis on helping families to be supported and safe, having children grow to be eager and ready learners, having children born healthy and staying healthy, and working to see sustained and coordinated systems of care in the local community.

This past year, nearly 29,000 children, parents, and caregivers were reached through the work of a network of community services supported by First 5 Stanislaus. The network of 10 funded community Family Resource Centers continues to be an important element of the work of First 5 Stanislaus. It is here where tremendous work is done using leveraged funding to reach thousands of people in the community through nearly three dozen services. The resource centers are especially important through a partnership with the Community Services Agency for differential response work which helps to provide intervention services to those in need. Other highlights of the work of First 5 Stanislaus included the following:

- 1,603 children received developmental screenings.

- Parents of 2,811 children received parent education and support.
- Families of 1,386 children participated in literacy services.
- Families of 6,758 children increased their knowledge and use of community resources.
- More than \$7.8 million from non-Proposition 10 sources was leveraged.
- Of the 1,514 children ages 0 to 5 whose caregivers were screened for depression, 441 children ages 0 to 5 had a caregiver referred for mental health services as a result.

It was an important year as the Stanislaus County Children and Families Commission adopted our new name of First 5 Stanislaus.

Sutter County

The Sutter County Children & Families Commission is committed to programs that support the vision that all children in Sutter County will have optimal health, be nurtured, and prepared to succeed. Major highlights of the Commission’s work in FY 2017–18 include investments over \$930,000 in efforts with the goal of improving systems of care for families. A major highlight in programming this past fiscal year is the progress that was made in the Keys to Quality program. Keys to Quality, the local Quality Counts California initiative in Sutter County that is coordinated by the Child Care Planning Council of Yuba and Sutter Counties, strengthened regional collaborations to serve 85 sites engaged in improved adult-child interactions, family engagement, site ratings, and continuous quality improvement activities. These sites included a partnership with the local resource and referral agency, Children’s Home Society of California, to serve a strong base of family childcare providers. In addition, family, friend, and neighbor caregivers began participation in Caregiver Cafés through partnerships between the Sutter County Children & Families Commission, Sutter County Maternal, Child and Adolescent Health program, the Sutter County Memorial Museum, and the Child Care Planning Council of Yuba & Sutter Counties. Held monthly, the Caregiver Cafés support

the Strengthening Families framework, offering participants information and resources based on peer fellowship and support. Keys to Quality's rated sites receive coaching, technical assistance, resources, and training. As part of the initiative, providers also may receive individual stipends for professional development. In 2017–18, Keys to Quality blended state and local funding to serve 161 stipend participants, supporting their engagement in college coursework to obtain degrees in early childhood education/child development, as well as career-related training. Keys to Quality partners offered over 35 trainings and workshops in the local community. Overall, Keys to Quality more than doubled the number of sites being served through Quality Counts California than in the previous program year.

Tehama County

First 5 Tehama maintained its focus on programmatic investments in school readiness, a family resource center, and the Strengthening Families initiative during FY 2017–18, while completing innovative implementation plans to ensure that children ages 0 to 5 are healthy, thriving, and enter school ready to learn. A systems-level project, the Pregnancy to Preschool Partnership (P2P), was developed to streamline the referral and engagement of Tehama County families in early learning, pre-school, and family support. Involving First 5 Tehama, multiple county agencies, and community-based organizations, P2P revised the way in which families are referred, how they receive support while waiting for program enrollment, and how data is shared. This system change is producing a stable county-wide prevention platform that aligns new funding streams to expand First 5 Tehama's ability to serve the county's most vulnerable families. Secondly, the commission endorsed an evaluation approach that focuses on real changes in the lives and circumstances of the children and families it serves. For example, research with the county's T-K and Kindergarten teachers resulted in a Kindergarten Readiness Checklist including five social-emotional,

seven behavioral/procedural, and four cognitive/academic motor skills essential to teachers' abilities to implement a program of instruction without disruption or undue distraction. Pre- and post-test administration of this checklist demonstrated that just over half to about three-quarters (depending on the skill) of the 55 children attending KinderCamp achieved positive gains over its abbreviated period of instruction (19–25 days). Moving from descriptive to outcome evaluation is enabling First 5 Tehama to quantify the benefits and take credit for the success of its Parents as Teachers home visiting program, Parent Cafés, Play Groups, and early developmental screenings as it proceeds in FY 2018–19.

Tulare County

The mission of First 5 Tulare County is to support effective programs to improve the development of all Tulare County children ages 0 to 5, healthy pregnancies, the empowerment of families, and the strengthening of communities. In FY 17–18, programs have continued to provide Tulare County with essential programming; all programs have demonstrated positive outcomes. Here are a few highlights from our programs, 1) Family Resource Centers, 2) School Readiness sites, and 3) breastfeeding programs.

The four Family Resource Centers (FRC's) have become an integral part of the community. The FRC's provide services to four remote and distinct areas in Tulare County. In FY 17–18, Tulare County combined the FRC's and provided case management to 621 families and 2,441 home visits. Over 500 children were linked to oral health services, and nearly 600 children were linked to a medical care provider. Of the five School Readiness sites, all demonstrated positive outcomes based on their Desired Results Developmental Profile fall and spring observations. The sites served 526 children. The Sierra View Medical Center Breastfeeding Program has achieved unusually impressive rates of exclusive breastfeeding durations of 48% exclusively breastfeeding at six months, with little reported attrition of breastfeeding between three and six months.

Trinity County

First 5 Trinity continues to focus on building the capacity within its small communities to address the needs of children and families and help them further succeed in school and beyond. First 5 Trinity served as a convener, funder, and partner to four community investments during FY 2017–18. They include School Readiness and the Parent Nursery School, an investment of nearly \$159,000 that funded two separate early education programs.

- The pre-K School Readiness Program offered structured playgroups using a nationally recognized curriculum aimed at preparing kids for the academic, social and emotional rigors of kindergarten.
- The Parent Nursery School Program offered education to young children to prepare them for successful kindergarten entry. The program focus is on developing children into happy, healthy and emotionally equipped individuals. The program partners with parents to provide engaging, fun, interactive activities. It also



provides support services, such as parent workshops, to support the entire family. Both programs provide high-quality educational experiences for 78 children in many sites throughout the county.

- The Welcome Baby Program, an investment of \$33,000, offered new parents a lifeline to support, information, and community resources necessary to raise healthy and happy children. The program serviced 19 children and 26 caregiver/parents.

The Children’s Garden Project, an investment of nearly \$7,000, is a collaborative project between Public Health and the Resource Conservation District. The project aimed to teach young children ages 0 to 5 the fundamentals of gardening, as well as provide basic guidance on healthy nutrition and an appreciation of where their food comes from. The growing partnerships in the community are the reason for the successes of First 5 Trinity’s investments.

Tuolumne County

Tuolumne County invested \$571,431 in grants and programs to support direct services for children, parents, and teachers. Six focus areas were supported:

1. Parent Education and Support for parents at risk of child abuse and neglect
2. Social-Emotional Consultation to preschool teachers and direct help for children struggling in preschool settings
3. Children’s Oral Health through education, screening, and fluoride treatments
4. Family Learning and Literacy to promote family stability and early learning
5. Public Health Nurse outreach
6. Coaching and professional development support for Early Childhood Educators

In addition, First 5 Tuolumne actively engaged in Quality Counts California, supporting 98 early childhood educators and daycare providers with professional development and coaching.

Outcomes measured in FY 2017–18 included:



- Parents at high risk for child neglect and abuse improved their parenting skills and knowledge.
- Teachers learned how to support children’s social-emotional development in their preschool classrooms and how to better communicate with parents.
- Fewer young children had cavities or dental disease.
- More children received developmental screening and their parents learned about appropriate developmental expectations.
- Children with behavioral issues were helped to succeed in their preschool setting.

Linkages made between community programs, services, and systems continued to contribute to a more comprehensive approach to serving families.

Ventura County

In FY 2017–18, the Commission implemented the second funding year of its five-year strategic plan that was adopted in June 2015. The plan builds on the significant accomplishments realized for young children and their families in Ventura County and addresses declining resources in future years. For funding years one through three, investments in strategies and programs largely remain the same as the Commission utilizes its Sustainability Fund to maintain current funding levels. For subsequent years, strategic investments will shift toward advocacy and capacity building efforts to support

and build the overall early childhood system of services that promote parent engagement, build best practices and quality standards, engage partners in cross-system governance, and increase the alignment of resources for improved outcomes for young children. Over this five-year strategic plan spanning a funding period of July 1 2016, through June 30, 2021, the Commission anticipates its local investment to total over \$46 million dollars.

The Neighborhoods for Learning (NFL) initiative, a nationally recognized, community-based service delivery model and the Commission’s largest programmatic investment, represents 11 place-based NFL programs, with a total of 25 family resource centers throughout the county, bringing together early learning, health, and family support resources to families in their neighborhoods. Programs funded under Countywide Specialized Strategies played a critical role in the delivery of regional-based family strengthening and health-focused programming.

In preparation for the transition to years four and five of the current strategic plan, the Commission embarked on a comprehensive planning process to determine the key investment strategies for the last two years of the five-year strategic plan. After an in-depth review of current investments, services, outcomes, and stakeholder survey responses, the Commission adopted an implementation plan for years four and five that will continue a substantial investment in the county’s

early childhood system. The plan allocates \$2.9 million annually for place-based services focused on Parent and Child

Together programs (PACT) and family support services through a redesigned NFL Initiative and allocates funds based upon a formula that considers current needs in relation to population, poverty, and school readiness. The plan also maintains an annual investment of \$1 million in preschool for a two-year transitional period. The remainder of funds will be invested in countywide linkage to resources and early identification/intervention, systems change, results-based accountability, program management, and administration. The vision is to capitalize on existing partnerships as well as new opportunities and synergies, thereby maximizing impact and resources.

Yolo County

FY 17–18 was a year of significant advancement to the next phase of action and tactical planning for First 5 Yolo. Personnel reorganization and operational cost savings were fully implemented to prepare for the changing needs of First 5 Yolo for the next 20 years. The Commission concluded strategic planning, adopting a new Plan in June 2018. The Commission's new Strategic Plan budget reflects expenditures in alignment with revenues, consistent across the next three years, and targeted to higher impact activities and programs for families in highest need. Programs are more coordinated, as the Commission anticipates further refinement in subsequent years. In the interest of building effective programs and services, time and attention was invested in First 5 Yolo's local "Thrive by Five" initiative, advocating for the dedication of new revenues to very early childhood prevention and intervention efforts. Thus far, this has resulted in leading edge policies in (currently) one city and at the county, which included early childhood as one of four items listed in the ballot question language for a new cannabis tax. With the city, First 5 Yolo is a vehicle and a funding partner for "community benefit dollars" to be invested in a new pilot project for

highest risk families prenatal to three years in FY 18–19.

Yuba County

For FY 2017–18, First 5 Yuba highlights focus on the goal of all children maintain optimal health.

At program entry, parents and caregivers were asked to indicate the child's access to medical care, dental care, and health and developmental screenings. Almost half of children received a hearing screening, 44 percent received a vision screening, and 28 percent received a developmental screening. These figures represent an improvement from FY 2016–17, when approximately one-third of children received a hearing or vision screening at intake, but only 19 percent received a developmental screening.

Two of First 5 Yuba's programs are Marysville Joint Unified School District's (MJUSD) partnership with Peachtree Health for a mobile dental clinic—the Happy Toothmobile—and the partnership with Yuba County Office of Education (YCOE) for a Child Development Behavioral Consultation program (CDBC).

MJUSD and Peach Tree Health offer mobile dental services, including extractions, fillings, fluoride varnish, and sealants, to children who might not otherwise receive dental care. The most interesting highlight from the year for the Happy Toothmobile is, among parents surveyed, approximately 66 percent said their child would not have received dental care if the dental van were not available.

The YCOE provided brief and intensive behavioral services in the CDBC program, and two series of parent education classes on positive discipline and child development (Positive Discipline and BEST). YCOE also offered community workshops in English and in Spanish on several parenting and child development topics, including brain development, the impact of stress on the brain, and positive parenting strategies.

The positive impact of the program on one child's transition to kindergarten is summarized in comments from the child's caregiver:

- "I write to you with the utmost gratitude for hearing, seeing, and caring for our son and family with your service. Our son was struggling, and so were we as a family trying to connect and partner with our school. Your guidance and expertise applied for our son and family has generated a pivot in our relationship with the school that supported our son's success in learning. Our son received a Scholar Award last week and is confident and even more excited to learn."

The following were some additional essential services and supports provided to the community in FY 2017–18:

- Free swimming lessons, free open swim, and dental services were offered to many children who would not otherwise have access to such recreational programs and oral health services.
- Parents and caregivers participating in parenting classes demonstrated improvement in their knowledge of child development and positive parenting practices.
- Participants in programs at the library increased parents' engagement in literacy activities with their children.

The results illustrate how First 5 Yuba programs make an important contribution to the health, well-being, and school readiness of Yuba County's youngest children.

Appendix A: Number of Services and Expenditures by Result Area and Service Type, FY 2017–18 ¹

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
Improved Family Functioning										
General Family Support	158,427	286,737	5,740	292,477	450,904	89%		\$49,296,932	53%	
Targeted Intensive Family Support	26,477	29,970	1,392	31,362	57,839	11%		\$44,108,588	47%	
Total Improved Family Functioning	184,904	316,707	7,132	323,839	508,743	100%	7%	\$93,405,520	100%	27%
Improved Child Development										
Quality Early Learning Supports	149,140	30,204	31,801	62,005	211,145	58%		\$73,922,382	66%	
Early Learning Programs	84,900	65,132	1,438	66,570	151,470	42%		\$37,845,170	34%	
Total Improved Child Development	234,040	95,336	33,239	128,575	362,615	100%	32%	\$111,767,552	100%	33%
Improved Child Health										
General Health Education and Promotion	46,876	75,160	1,675	76,835	123,711	21%		\$10,392,960	8%	
Prenatal and Infant Home Visiting	40,601	59,073	420	59,493	100,094	17%		\$60,062,496	44%	
Oral Health Education and Treatment	140,400	62,048	2,138	64,186	204,586	34%		\$17,391,788	13%	
Early Intervention	100,678	52,342	11,726	64,068	164,746	28%		\$47,483,447	35%	
Total Improved Child Health	328,555	248,623	15,959	264,582	593,137	100%	61%	\$135,330,691	100%	40%
Total	747,499	660,666	56,330	716,996	1,464,495		100%	\$340,503,763		100%
Improved Systems of Care										
Policy and Public Advocacy								\$15,870,633	24%	
Program and Systems Improvement Efforts								\$51,259,720	76%	
Total Improved Systems of Care								\$67,130,353	100%	
Grand Total	747,499	660,666	56,330	716,996	1,464,495			\$407,634,116		

¹San Benito county not included.

²Totals may not equal 100 percent due to rounding.

Appendix B: First 5 California Result Areas and Services

Result 1: Improved Family Functioning

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

Services

a. Community Resource and Referral

Programs providing referrals or service information about various community resources, such as medical facilities, counseling programs, family resource centers, and other supports for families with young children. This includes 2-1-1 services or other general helplines and services that are designed as a broad strategy for linking families with community services.

b. Distribution of Kit for New Parents

Programs providing and/or augmenting the First 5 California Kit for New Parents to new and expectant parents.

c. Adult and Family Literacy Programs

Programs designed to increase the amount of reading that parents do with their children, as well as educate parents about the benefits of reading or looking at books together (e.g., Even Start, Reach Out and Read, Raising a Reader). Family literacy may include adult education programs that provide English as a Second Language and literacy classes, and/or a General Equivalence Diploma.

d. Targeted Intensive Family Support Services

Programs providing intensive and/or clinical services by a paraprofessional and/or professional, as well as one-to-one services in family support settings. Programs are generally evidence-based, and are designed to support at-risk expectant parents and families with young children to increase knowledge and skills related to parenting and improved family functioning (e.g., home visiting, counseling, family therapy, parent-child interaction approaches, and long-term classes or groups). This category also includes comprehensive and/or intensive services to homeless populations.

e. General Parenting Education and Family Support Programs

Programs providing short-term, non-intensive instruction on general parenting topics, and/or support for basic family needs and related case management (e.g., meals, groceries, clothing, emergency funding or household goods acquisition

assistance, and temporary or permanent housing acquisition assistance). Fatherhood programs are also included here. In general, these programs are designed to provide less intense and shorter term (“lighter touch”) support services and classes for families by non-clinical staff (e.g., Family Resource Centers).

f. Quality Family Functioning Systems Improvement

Family functioning system efforts are designed to support the implementation and integration of services primarily in Result Area 1. This may include use of the Family Strengthening approach, Protective Factors planning or implementation, service outreach, planning and management, inter-agency collaboration, support services to diverse populations, database management and development, technical assistance, and provider capacity building. Provider loan forgiveness programs for which child or provider counts are not measured are included in this category.

Result 2: Improved Child Development

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

Services

a. Preschool Programs for 3- and 4- Year-Olds

Programs providing preschool services, preschool spaces, and comprehensive preschool initiatives primarily targeting three and four year-olds. Child Signature Programs (CSP) 1 and 3 are included in this category, as well as county programs which mirror the quality and intensity of the CSP.

b. Infants, Toddlers, and All-Age Early Learning Programs

Programmatic investments in early learning programs for infants and toddlers, as well as all-age programs. Examples of all-age programs that may be included here are child related early literacy and Science, Technology, Engineering, and Math (STEM) programs; programs for homeless children; migrant programs; and similar investments.

c. Early Education Provider Programs

Programs providing training and educational services, supports, and funding to improve the quality of care. This includes Comprehensive Approaches to Raising Education Standards (CARES) Plus and workforce development programs.

d. Kindergarten Transition Services

Programs of all types (e.g., classes, home visits, summer bridge programs) that are designed to support the kindergarten transition for children and families.

e. Quality Early Childhood Education Investments

Improvement efforts designed to support the implementation and integration of services primarily in Result Area 2. This may include Race to the Top—Early Learning Challenge and other Quality Rating and Improvement System investments. This category includes early literacy and STEM systems-building projects. This also could include interagency collaboration, facility grants and supply grants to providers, support services to diverse populations, and database management and development. CSP 2 is reported in this category.

Result 3: Improved Child Health

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

Services

a. Nutrition and Fitness

Programs providing strategies to promote children’s healthy development through nutrition and fitness, including programs to teach the facts about healthy weight, basic principles of healthy eating, safe food handling and preparation, and tools to help organizations incorporate physical activity and nutrition. Recognized strategies include “Let’s Move” Campaign, MyPyramid for Preschoolers, and sugar-sweetened beverage initiatives.

b. Health Access

Programs designed to increase access to health/dental/vision insurance coverage and connection to services, such as health insurance enrollment and retention assistance, programs that ensure use of a health home, and investments in local “Children’s Health Initiative” partnerships. Providers may be participating in Medi-Cal Administrative Activities to generate reimbursements.

c. Maternal and Child Health Care

Programs designed to improve the health and well-being of women to achieve healthy pregnancies and improve their child’s life course. Voluntary strategies may include prenatal care/education to promote healthy

pregnancies, breastfeeding assistance to ensure that the experience is positive, screening for maternal depression, and home visiting to promote and monitor the development of children from prenatal to two years of age. Providers may be participating in Medi-Cal Administrative Activities to generate reimbursements.

d. Oral Health

Programs providing an array of services that can include dental screening, assessment, cleaning and preventive care, treatment, fluoride varnish, and parent education on the importance of oral health care. This may include provider training and care coordination of services.

e. Primary and Specialty Medical Services

Programs designed to expand and enhance primary and specialty care in the community to ensure the capacity to serve children. Services include preventive, diagnostic, therapeutic, and specialty medical care provided by licensed health-care professionals/organizations. Services may include immunizations, well child check-ups, care coordination, asthma services, vision services, services for autism/attention-deficit hyperactivity disorder, other neurodevelopmental disorders, and other specialty care.

f. Comprehensive Screening and Assessments

Programs providing screening, assessment, and diagnostic services, including developmental, behavioral, mental health, physical health, body mass index, and vision. Screening may be performed in a medical, education, or community setting. These services determine the nature and extent of a problem and recommend a course of treatment and care. This may include strategies to connect children to services which promote health development, such as *Help Me Grow*.

g. Targeted Intensive Intervention for Identified Special Needs

Programs providing early intervention or intensive services to children with disabilities and other special needs, or at-risk for special needs. May include strategies targeting language and communication skills, social and emotional development, developmental delays, and related parent education. Mental Health Consultations in ECE settings are included in this category. "Special Needs" refers to those children who are between birth and five years of age and meet the definition of "Special Needs."

h. Safety Education and Injury Prevention

Programs disseminating information about child passenger and car safety; safe sleep; fire, water, home (childproofing) safety; and the dangers of shaking babies. Includes education on when and how to dial 9-1-1, domestic violence prevention, and intentional injury prevention. Referrals to community resources that specifically focus on these issues also may be included in this category.

i. Tobacco Education and Outreach

Education on tobacco-related issues and abstinence support for people using tobacco products. Includes providing information on reducing young children's exposure to tobacco smoke.

j. Quality Health Systems Improvement

Efforts designed to support the implementation and integration of services primarily in Result Area 3. This may include service outreach, planning and management (general planning and coordination activities, interagency collaboration, support services to diverse populations, database management and development, technical assistance and support, contracts administration, and oversight activities), and provider capacity building (provider training and support, contractor workshops, educational events, and large community conferences). Provider loan forgiveness programs for which child or provider counts are not measured are included here. Includes Baby Friendly Hospital investments, projects for cross-sector data integration, and designing a community-endorsed developmental screening framework.

Result 4: Improved Systems of Care

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

Services

a. Policy and Broad Systems—Change Efforts

Investments in broad systems-change efforts, including inter-agency collaboration, work with local and statewide stakeholders, policy development, and related efforts. This category includes county investment and work with The Children's Movement and/or on grassroots advocacy efforts.

b. Organizational Support

Training and support provided to organizations that does not apply to one of the three programmatic Result Areas, but instead has a more general impact. Other examples of organizational support include business planning, grant writing workshops, sustainability workshops, and assistance in planning and promoting large community conferences or forums. Database management and other cross-agency systems evaluation support, and general First 5 program staff time are included in this category.

c. Public Education and Information

Investments in community awareness and educational events on a specific early childhood topic that does not apply to one of the three programmatic Result Areas, or promoting broad awareness of the importance of early childhood development.

References

- ¹ Shonkoff, J. P. & Garner, A. S. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics* 129, 232–246.
- ² Thompson, R. A. (2016). What more has been learned? The science of early childhood development 15 years after *Neurons to Neighborhoods*. *Zero to Three*, 18–24.
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- ⁴ Yazejian, N., Bryant, D., Freel, K., Burchinal, M., and the Educare Learning Network (ELN) Investigative Team. (2015). High-quality early education: Age of entry and time in care differences in student outcomes for English-only and dual language learners. *Early Childhood Research Quarterly*, 32, 23-39
- ⁵ Educare California at Silicon Valley. <http://educaresv.org/>
- ⁶ Long Beach Unified School District. <http://www.lbusd.k12.ca.us>



Our Vision

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



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Addressing Fragmentation for Youth and Families with Disrupted Pathways in El Dorado County

March 2019

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Disrupted education and fragmentation of care drive long-term negative outcomes for millions of students



~5M students experience **educational disruptions**: system involvement, trauma, homelessness, unplanned and unwanted pregnancy, repeated moves, etc.



Students face **additional burdens** due to **fragmentation** of care agencies: they must navigate multiple, complex, and misaligned systems to overcome disruptions

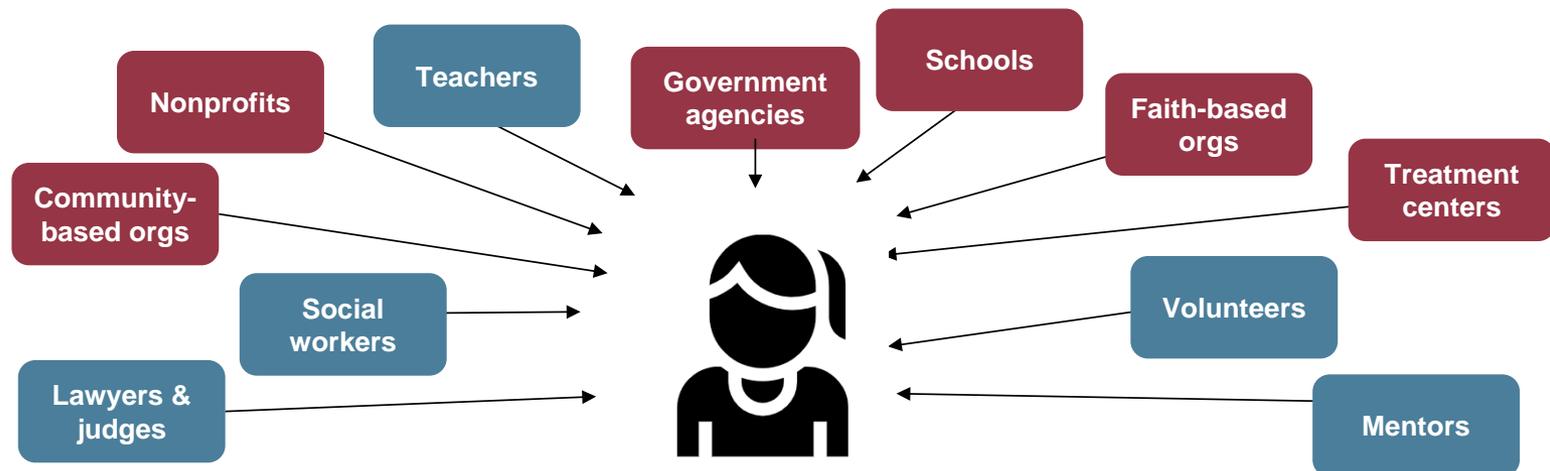


This has **negative effects on the trajectories** of young people: low academic outcomes, under- and unemployment, increased likelihood of adult incarceration, and lifetime reliance on public services

This disruption is an issue nationwide, and fragmentation among agencies limits our ability to address it

Fragmentation among agencies inhibits each agency's ability to ensure that all young people, especially those experiencing disruption, have access to coordinated services and coherent education pathways.

As a result, young people, rather than the system itself, bear the burden of navigating the full universe of adults, programs, policies, and services that support them.



As a result, **over the longer term**, these students are more likely to:

- ➔ Achieve **far below grade level**
- ➔ **Be excluded** from post-secondary and career training opportunities
- ➔ **Drop out** of high school
- ➔ Become **early parents**
- ➔ Access the **social safety net**
- ➔ Be employed in **insecure, low-skill, low-wage jobs**
- ➔ Enter (or return to) the **criminal justice system**

El Dorado County's young people face a host of challenges that disrupt their school pathways

Poverty

- 4,075 children live below the federal poverty threshold
- 11,117 students are eligible for free or reduced-price school meals

Systems involvement

- 255 children were in the foster care system in 2017
- Each of two secure juvenile detention facilities served between eight and 24 youth on a given day
- In SY 2013-14, 25 students were arrested on school property across the County

Mental and physical health challenges

- In 2016, there were 8.3 pregnancies per 1,000 females aged 15 to 19
- In 2014, 69.4 per 100,000 youth were hospitalized for self-inflicted injuries

Homelessness

- 1,144 public school students are homeless

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Over the course of ten months, county stakeholders have engaged with one another to address fragmentation

Between April 2018 and February 2019, Bellwether Education Partners partnered with the El Dorado County Office of Education to facilitate a series of three convenings.

30 stakeholders from county agencies, nonprofit organizations, and community partners attended each meeting.

The goal of this series of meetings was to develop a solution (or set of solutions) to strengthen cross-agency communication, coordination, and collaboration to ensure all of El Dorado's young people and families have access to the services they need to be successful.

These meetings culminated in today's recommendation to create and formalize a new commission to oversee countywide coordination efforts. The details of this recommendation can be found on slides 13-18. Summaries of each meeting can be found in the appendix on slides 20-25.

Participants reached consensus on what drives fragmentation, their ideal future state, and how to achieve it in El Dorado

How do we define the problem?

Problem statement

El Dorado County partners lack the **centralized communication and data systems necessary** to provide the comprehensive, coordinated level of service that would maximize positive impacts for all young people and their families.

What is our goal for future collaboration?

Intended impact

By 2023, El Dorado County partners will consistently use an integrated, transparent, and data-driven system of services to ensure **all young people have access** to the social, emotional, educational, and/or health services they need.

How will we achieve it?

Statement of purpose

All County partners commit to working together to **establish an integrated, transparent, and data-driven system of services** so that the burden of navigating across partners is on the system itself rather than on young people and their families. This will ensure that every door is the right door for a child or family in need of services.

Participants then identified two solutions that will improve cross-agency collaboration

Communication and coordination

1. Create a commission to oversee countywide collaboration

Data

2. Develop a centralized data tool to inform countywide collaboration

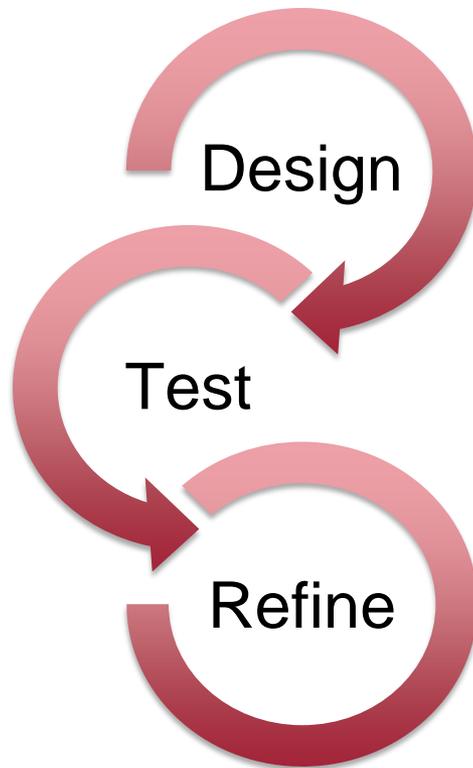


County leaders decided to **sequence the solutions to first focus on commission design, as the commission will likely oversee development of the data tool.**

The following slides focus exclusively on the creation of a commission to address the County's communication and coordination needs.

Finally, participants engaged in a prototyping process to guide design of a new commission

Prototyping is a three-step **strategic brainstorming process** that creates a **set of viable solutions**



The first phase focuses on **defining requirements and parameters** for the solution: What are the “must have” characteristics of the future solution? **What forms could it take?**

The second phase considers the **implementation considerations of potential solutions** brainstormed during the Design phase. Are any of them viable? Why or why not?

The third and final phase leverages insights from the Test phase to **improve and narrow the list of potential solutions** – ideally resulting in 1-2 options that fit your needs.

At February's meeting, stakeholders built recommendations responsive to four key questions



What is the purpose of the commission?



Where will the commission be housed?



What authority will the commission have?



Who will be on the commission?

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What is the purpose of the commission?

Recommendation: *The purpose of the commission is to guide and oversee countywide communication and data coordination efforts.*

Stakeholders agreed that the purpose of the commission should be **closely tied to the problem statement** and **intended impact**:

El Dorado County partners lack the centralized communication and data systems necessary to provide the comprehensive, coordinated level of service that would maximize positive impacts for all young people and their families.

By 2023, El Dorado County partners will consistently use an integrated, transparent, and data-driven system of services to ensure all young people have access to the social, emotional, educational, and/or health services they need.



Where will the commission be housed?

Recommendation: *The commission should be housed in the County's Chief Administrative Office (CAO).*

Stakeholders agreed that housing the commission in the CAO will give it **strength and credibility**; keep it **separate from any one agency**, thus helping ensure greater buy-in; **embed it within the broader County structure**; and set it up for **long-term sustainability and success**.



What authority will the commission have?

Recommendation: *The commission should have advisory and coordination authority in four defined areas: communication, data, operations, and evaluation.*

Communication

- **Gather** stakeholder input
- **Develop** and implement a strategic plan

Data

- **Approve** countywide data sharing tool/system
- **Coordinate** interagency MOUs
- **Leverage** countywide policies to strengthen collaboration

Operations

- **Hire** staff members (for the board to execute on this work)
- **Recommend** agency leaders
- **Convene** quarterly meetings

Evaluation

- **Collect** and **evaluate** data
- **Develop** and **distribute** annual report

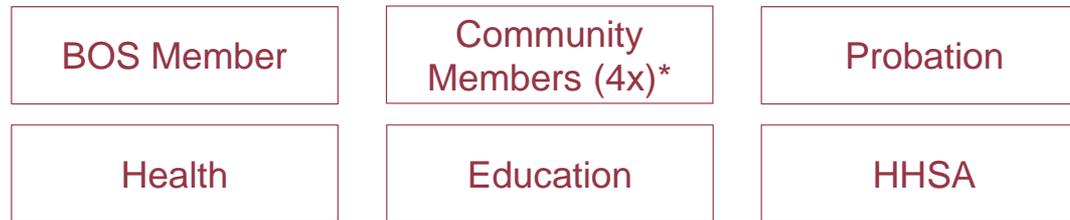
*Note: stakeholders recommend that the new commission should **not** spend time or resources on fundraising*



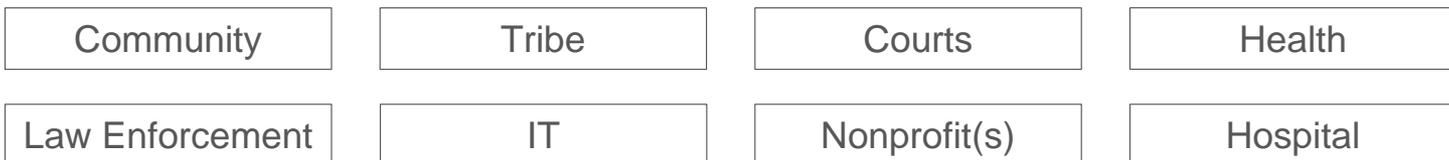
Who will be on the commission?

Recommendation: *The commission should have two layers of authority: a voting panel and an advisory panel.*

Voting Members



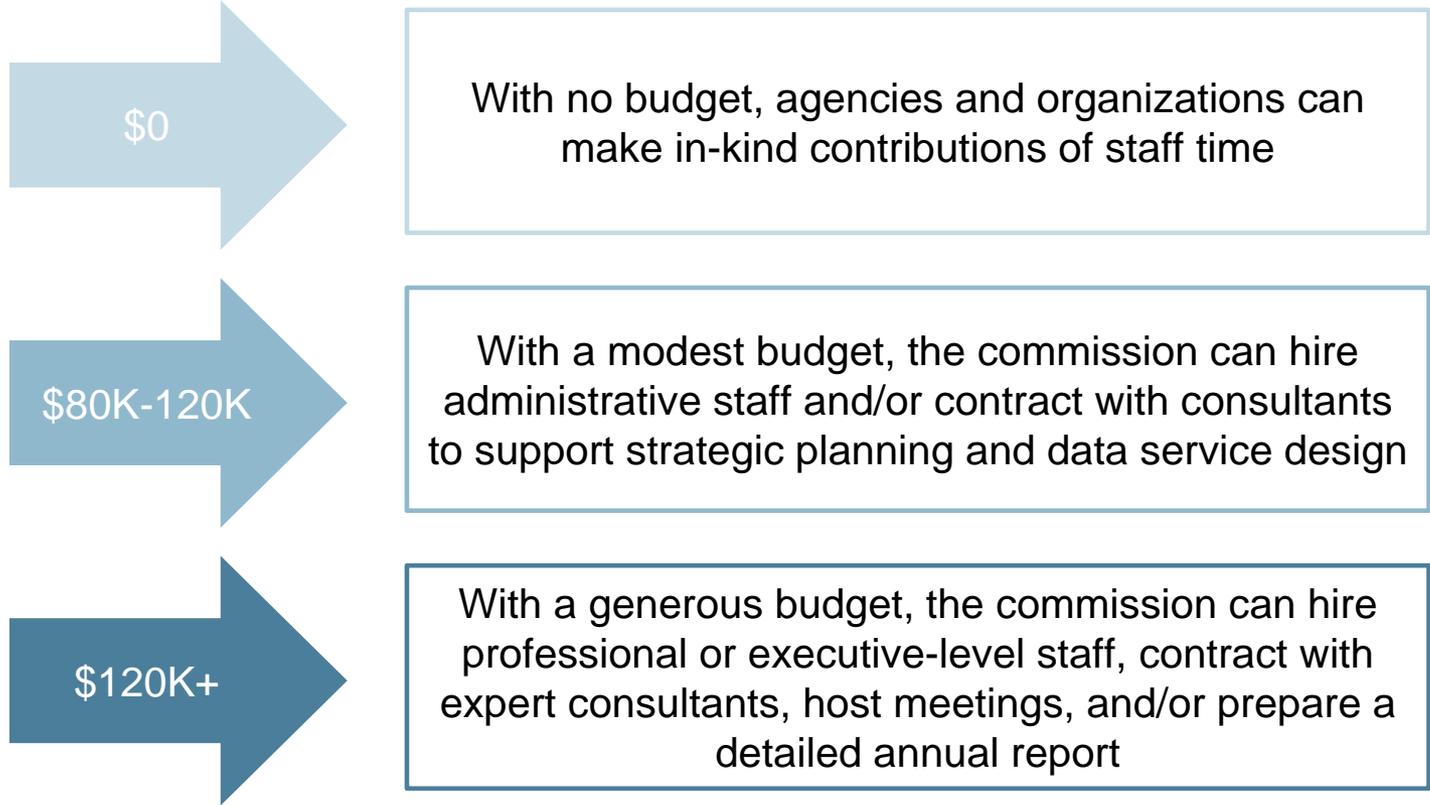
Advisory Members



This dual structure ensures that broad perspectives are included in deliberations while giving final decision-making power to those County leaders who will bear primary responsibility for implementation.

*These additional community members may include nonprofit organizations, community members or consumers with expertise, or other representatives that reflect the geography and population of the county

Stakeholders agreed that the commission would have impact at any annual budget



County leaders have identified several possible revenue sources beyond general fund spending

Summary recommendation

- By 2023, El Dorado County partners will consistently use an integrated, transparent, and data-driven system of services to ensure all young people have access to the social, emotional, educational, and/or health services they need.
- The first step to achieving this intended impact is to establish a countywide commission to lead cross-agency collaboration:
 - The commission will be housed in the County's Chief Administrative Office
 - The commission will have two layers of authority: voting members and advisory members
 - The commission will undertake work such as:
 - Developing a shared data system
 - Coordinating interagency MOUs
 - Leveraging countywide policies to strengthen coordination
 - Hiring and supervising staff members to execute on this work
 - Collecting, analyzing, and reporting data in an annual report
 - Convening quarterly meetings
- The annual budget for the commission will guide decision-making for its selected activities. The primary driver of cost is anticipated to be the hiring of dedicated staff.

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April's meeting asked participants to reflect on pain points in the current system and begin thinking about solutions

Session	Activities
Journey map discussion	<ul style="list-style-type: none">• Participants were presented with a composite student's journey through the County's existing services• Participants identified pain points for the student, the agencies he interacts with, and the system as a whole
Gallery walk review of potential solutions	<ul style="list-style-type: none">• Participants reviewed 13 potential solutions and rated them on a 2x2 of impact and feasibility• The group discussed three potential solutions and came up with a wide range of feedback on their potential impact and feasibility
High-level planning	<ul style="list-style-type: none">• Facilitators selected three potential solutions with broad consensus around their potential for high impact and high feasibility• Participants self-selected into groups to begin doing high-level planning for one of the three potential ideas



The journey map discussion helped identify both bright spots and challenges in the County's current system

Bright spots

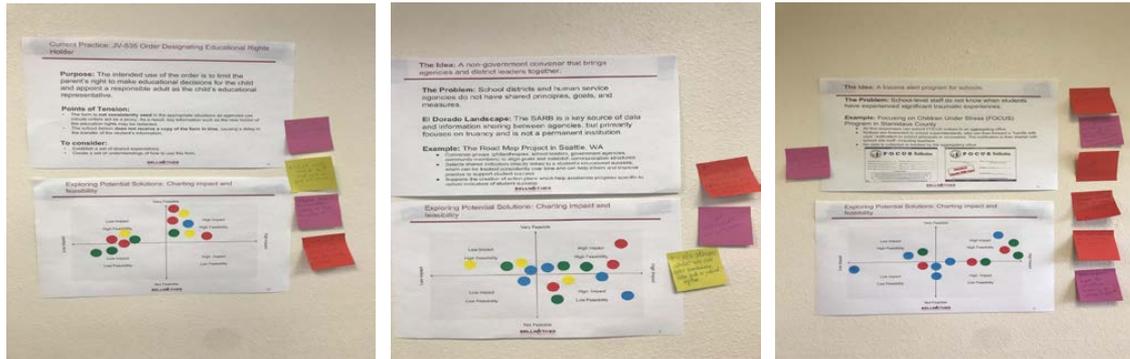
- A “triggering event,” such as a truancy or an arrest, **ensures that students get connected with services**
- Students can be referred to the **public health system** at any point, and this agency has access to a **broader set of data and information than other agencies**
- There is not a shortage of services in the County, and strong (though often informal) **relationships exist between staff members in different agencies**

Areas of challenge

- “Triggering events” ensure students are connected with services, but there are **too many children whose situations never reach the threshold of needing formal intervention** —what is the County doing to support them?
- **Out-of-state placements are especially challenging**, in particular with the state of Nevada, which borders South Lake Tahoe
- Agency “success” is **too often defined by completing a checklist or moving through a process** rather than understanding whether a student has **been well served and all of his needs met**
- Students have **very little power over their own lives** and experience confusion, social disruption, few lasting relationships, additional demands from agencies and programs, and **lack of strong and lasting connections** with adults and peers

The gallery walk discussion raised important questions about training, sustainability, and accountability

This whole-group discussion focused on three potential solutions (JV-535, a third-party convener, and a school-based trauma alert program) where participants had a wide variety of opinions



This discussion raised some important questions...

- How much additional training would be required?
- Could the court and/or CPS facilitate a process to get necessary forms to schools in a timelier manner?
- How many kids does this solution actually impact?
- Is a solution like this sustainable over time?
- Who is ultimately accountable?
- Could a process like this collect robust data?
- Are schools prepared to deal with a student's trauma once alerted to it? What training might they need?



...which identified key components of future solutions



By the end of April's meeting, stakeholders had identified a set of principles to guide future planning

Any solution must:

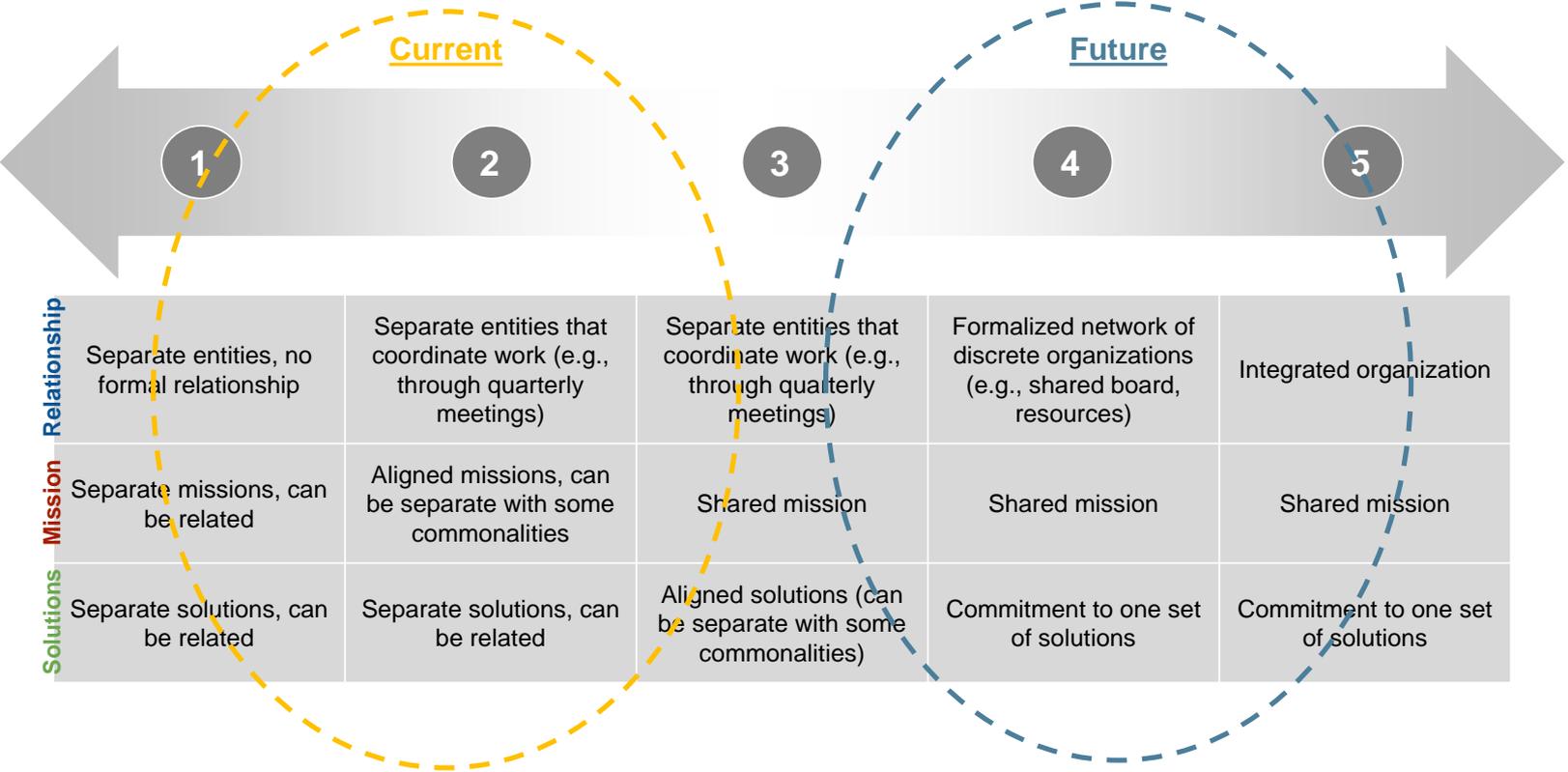
- ✓ **Serve all students** who would benefit but whose situations may **not rise to the threshold of needing formal intervention**
- ✓ **Lift burdens** from students and their families
- ✓ Clearly identify **who (or which organization) is ultimately accountable** for implementation success
- ✓ Include substantial **resources to train staff members** appropriately and provide the guidelines and structures to **systematize existing informal structures**
- ✓ Be able to **withstand personnel turnover and political change**

October's meeting continued the discussion of the problem and began to move toward concrete solutions for the County

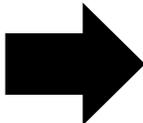
Session	Activities
<p>Problem statement, intended impact, and statement of purpose jigsaw</p>	<ul style="list-style-type: none"> • Small groups reviewed, discussed, and revised draft text for the problem statement, intended impact statement, and statement of purpose • Individuals indicated their agreement with the direction of each statement using green, yellow, and red sticky dots
<p>Collaboration spectrum</p>	<ul style="list-style-type: none"> • To spur thinking about how county entities should work together, participants used Post-it Notes to map where they see the current level of collaboration in the county and where they would like it to be
<p>Small-group solutions brainstorming</p>	<ul style="list-style-type: none"> • Small groups identified three potential solutions and chose one to develop in greater detail • For their chosen solution, groups used a graphic organizer to outline how the solution addresses the problem statement, who will lead it, how it will be funded, and any potential barriers or risks it poses



Participants mapped where they see the current level of county collaboration, and where they think it should be



The majority of participants agreed that the current level of collaboration falls somewhere on the left of the spectrum...



...but that they **would like to move** further to the right of the spectrum, **toward more formalized collaboration**



Community Hubs Impact Report

2019



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Social Entrepreneurs, Inc., a company dedicated to improving the lives of people by helping organizations realize their potential developed this report on behalf of the First 5 El Dorado Children and Families Commission.

Background and Introduction

First 5 El Dorado 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 2016-2021 strategic plan.

This Community Hubs Impact Report is intended to help each Community Hub understand the impact of Hub services on the population they serve, in an effort to support effective programming aimed at helping all children and families reach their full potential.

First 5 El Dorado

The First 5 El Dorado Children and Families Commission was formed following the passage of California Proposition 10 (Prop 10). The Prop 10 initiative added taxes on cigarettes and other tobacco products to fund programs promoting early childhood development for children birth through 5 and their families. First 5 El Dorado receives slightly less than \$1 million annually through revenues generated by Prop 10.

First 5 El Dorado works closely with county agencies and community-based partners, leveraging local resources to increase the value of its investments. The Commission directs resources to build a comprehensive early childhood service system based on research and best practice models that make a difference in the lives of young children.

Community Hubs

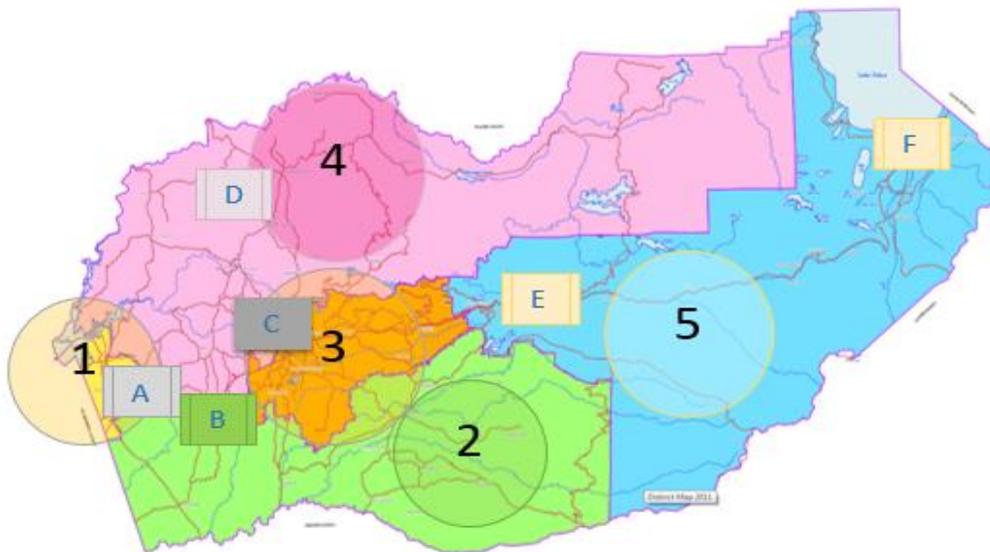
“Community Hubs” have been implemented in countries across the world. There is no single definition because Community Hubs are locally driven and vary in function and structure. However, most share common attributes that set them apart from other traditional models for service delivery and coordination. Most Community Hubs are:

- **Collaborative.** Built into the concept of the Hub is community – people get together to work, learn, and grow through supportive relationships. Foundational to the community must be a belief and understanding that people can help and serve one another in both formal and informal ways. Knowing that one person, leader, or organization cannot solve all social problems in a community, relationships are key at every level, from partnerships among organizations to individual relationships formed by participants.
- **Relevantly Placed.** Examples of Community Hubs include schools, libraries, hospitals, and neighborhood centers. While less common, a Community Hub can also be virtual—lacking a physical space but providing an online network of people and resources. When a Hub has a physical space, it should be centrally located or convenient for people in the community to access via public transportation.
- **Reflective of the Community Served.** Language, culture, and circumstances should be considered in all aspects of planning and may influence the makeup of leadership, staffing, programming, space design, communications, and service strategy.

- **Responsive to Local Needs.** Within governmental boundaries (e.g., counties and cities) there can be major differences in the opportunities, conditions, and experiences of sub-populations and within neighborhoods. Hubs are local and consider the unique assets and needs of those being served.
- **Person-Centered.** People are at the heart of the Community Hub. Community Hubs differ from single services in that they foster more effective, accessible, and coordinated services and actively work to take down silos. While many service systems have been designed to meet a specific need using narrowly defined service criteria, a Hub offers an opportunity to understand and support individual and family strengths and needs comprehensively.
- **Adaptive.** Community Hubs must be able to continually address their own strengths and challenges. In the startup phase, this requires piloting approaches, assessing successes and failures, and quickly making changes toward improvements. Longer term, commitment to change is also important so that the Hub reflects emerging community needs. Prescribing the results, or “what” is to be achieved, and guiding principles is important; however, it can be useful to avoid prescribing a specific method for service delivery so that sites have the flexibility to experiment with strategies and firmly establish those with the most meaningful results.

Community Hubs are implemented through local libraries and schools as a mechanism to facilitate early childhood community services that align with the Strengthening Families Framework and its three key “levers for change.” While Libraries and schools are central places where Hub activities occur, any place where Community Hub partners serve families within a community is considered a Hub.

The focus for Community Hubs is prevention—through early identification of developmental issues, targeted assistance, and efficient service delivery for expectant parents, children birth through 5, and their families.



El Dorado County Supervisorial District Boundaries shown with Library Locations A. Oak Ridge Joint-Use Library, El Dorado Hills; B. Cameron Park Branch, Cameron Park; C. El Dorado County Library, Placerville; D. Georgetown Library, Georgetown; E. Pollock Pines Library, Pollock Pines; and F. South Lake Tahoe Library, South Lake Tahoe.

Implementation of Community Hubs in El Dorado County occurs across systems and with multiple service partners to include El Dorado County Health and Human Services, the El Dorado County Library, and the El Dorado County Office of Education. As such, the approach is supported by multiple funding streams, as demonstrated in the chart below.

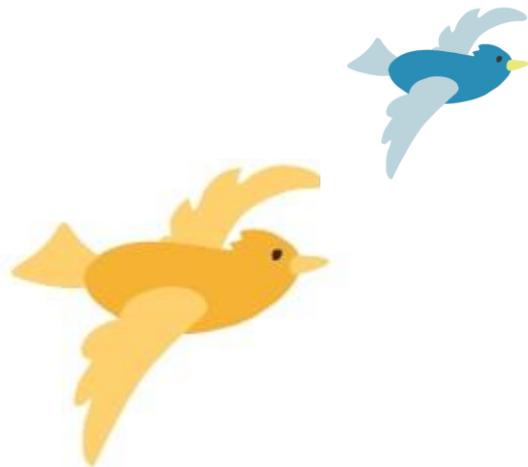
Partner Agency	Funding Source	Funding Commitment 2016-2020
El Dorado County Health and Human Services	Maternal Child Adolescent Health (MCAH) in federal match funding	\$2,846,481
	Mental Health Services Act Innovations (MHSA)	\$2,760,021
First 5 El Dorado Commission	\$937,500 for healthy children, \$860,000 for early literacy, \$480,000 for family engagement and \$680,000 for high quality child care	\$2,957,500
El Dorado County Office of Education	Four-year match funding from First 5 California Children and Families Commission to support high-quality child care	\$1,544,593
El Dorado County Library	Estimated four-year match funding for early literacy staffing and operations.	\$860,000
El Dorado County Office of Education	Child Abuse Prevention Council	\$255,000
Total 5-year Funding Commitments		\$11,223,595

First 5 El Dorado’s role in Community Hub implementation is to serve as the backbone organization, forming partnerships and linking with other stakeholders to provide prevention services for families with children birth through 5.

Together, the Commission and other stakeholders are:



The El Dorado Community Hubs have established a universal vision and mission to guide their efforts.



What is Available through a Hub?

HEALTH

Families learn ways to strengthen their health by connecting with staff or participating in Hub activities. Health activities include finding insurance, doctors, dentists, classes, and events. Health staff are available to provide individual assessments, support, and assistance.

LITERACY

A parent is a child's first and most important teacher. At Hubs, parents can meet other families and support their child in building strong language skills. Early literacy activities at the Hub include story times, workshops, and play centers. Early Childhood Literacy Specialists are available to provide education and early literacy supports.

PARENTING

Community Hubs provide activities for parents so that they better understand and support their child's development. Services include playgroups, developmental screenings, parenting supports, and resources. Family Engagement Specialists are available to support families with the everyday challenges of raising children.

CHILD CARE

Children who attend high-quality child care are better prepared for school. Learning what to look for in a quality program includes visiting providers and carefully choosing a caregiver that best fits you and your child. A Referral Specialist with Choices for Children can assist you in finding a quality provider that works for your family.

Purpose and Objectives

This report is intended to help each Community Hub to understand the following:

- The reach they have had within each Community Hub service area.
- The impact that Hub services have had on the population served, according to the framework set forth by First 5 El Dorado.
- Programming considerations based on recommendations offered.

Hub-specific information contained in the report includes the following:

Demographic and Socio-Economic Profile for each Community Hub Population Served

- Demographic information of Community Hub service recipients to include age, race/ethnicity, and primary language.
- Socio-economic information of Community Hub service recipients who completed the Family Survey to include family income, number/percent of families served who are living in poverty, and educational attainment.

Protective Factors for each Community Hub Population Served

- Number/Percent of Community Hub service recipients who completed the Family Survey with improved scores within four protective factors to include children's social and emotional security, social connections, parental resilience, and concrete support in times of need.

Reading Routines for each Community Hub Population Served

- Number/Percent of Community Hub service recipients who completed the Family Survey that report reading to their children each day.

Preventive Health and Dental Care Routines for each Community Hub Population Served

- Number/Percent of Community Hub service recipients who completed the Family Survey reporting that their children received a well-child exam within the past 12 months.
- Number/Percent of Community Hub service recipients who completed the Family Survey reporting that their children received a regular dental exam within the past 6 months.

Developmental Screenings Conducted within each Community Hub Population Served

- Number/Percent of Community Hub service recipients ages 0-5 that received a developmental screening.
- Number/Percent of Community Hub service recipients ages 0-5 that scored low on a developmental screening.

In addition, to the data sets described above, the voices of Hub staff and parents are included to illustrate their experiences and help contextualize data provided.

Methods

A combination of qualitative and quantitative data was used in the development of this report, each of which is described below.

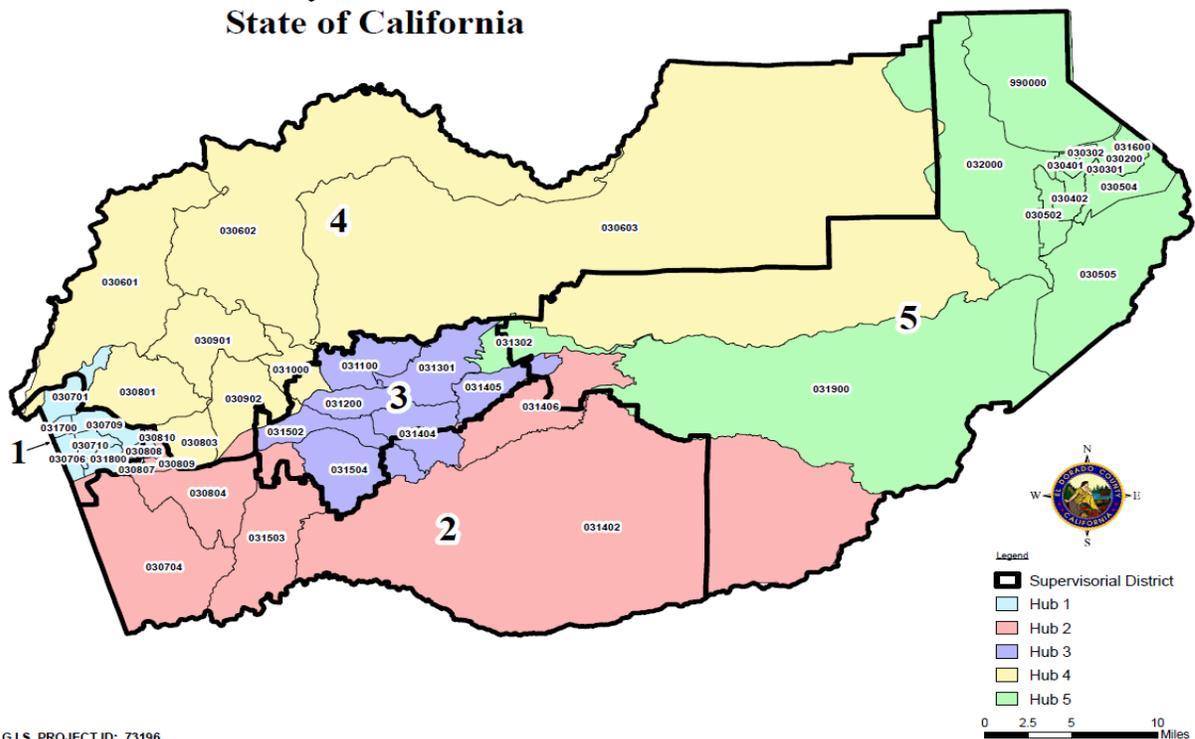
Data Sources

Publicly Available Data

Census Data

Census data was taken from https://factfinder.census.gov/faces/nav/jsf/pages/guided_search.xhtml by the El Dorado County GIS Department and separated by census track to establish a demographic and socio-economic profile of each Community Hub. The following map demonstrates which census tracks were included in each Hub dataset.

HUB Designations by 2010 Census Tracts County of El Dorado State of California



health practices, reading routines with children, and other circumstances and experiences associated with resilient families. All forms were completed manually and then submitted to First 5 El Dorado for entry into an electronic data management tool (Survey Monkey).

A total of 1,089 Pre-K observation forms were collected at the start of the 2018-2019 school year (out of a total participating school population of 2,044). This represents 53% of the participating school T-K and kindergarten population. Not all schools in El Dorado County participated in the collection of Pre-K Observation forms.

Appendix A includes a master table that demonstrates the schools within each hub, the number of kindergarten and transitional kindergarten students in each hub, and the response rate for the Pre-K Observation forms.

Family Surveys (FS)

The Family Survey contains demographic information, parent experiences, and survey questions regarding family and health practices, reading routines with children, and the presence of protective factors within family units. The protective factors survey questions measure participant perceptions of change after receiving services within five areas identified within the research-based Strengthening Families Protective Factors framework.

Family Surveys were completed by families and collected by the Ready to Read at Your Local Library program, the Together We Grow program, and the Child Health program. Surveys were available in both English and Spanish. A breakdown of the number of family surveys collected by each hub and their associated margin of error are provided in the chart below.

	Hub 1	Hub 2	Hub 3	Hub 4	Hub 5
<i>Total Family Surveys Collected</i>	110	99	110	34	127
<i>Total Families Served</i>	631	229	248	209	298
Margin of Error¹	8.50%	7.44%	6.98%	15.42%	6.60%

Developmental Screening Tools

First 5 El Dorado programs utilize the Ages and Stages Questionnaire (ASQ). The ASQ is a general developmental screening tool which is used with and by parents to assess age-specific development in the following domains: communication, gross motor, fine motor, problem-solving, and personal adaptive skills. There is also a separate tool that is used to measure the social-emotional development of children called the ASQ:SE. Programs encourage parents to complete these screening tools online, and results are tabulated within the Brookes Database. An export of that database is used to present information contained in this report.

Administrative Data

Three types of administrative data were collected for programmatic and evaluation purposes. First, populations-served reports submitted to First 5 by contractors provided data on the number and demographics of children and parents/caregivers receiving services. Second, contractors provided information regarding the number and type of services families received. Third, contractor progress reports were used to help inform issues impacting service delivery.

¹ The following Sample Size Calculator was used to generate this table: <https://www.checkmarket.com/sample-size-calculator/>

Parent Focus Groups

Focus groups were held with families and caregivers that participate in Hub services. The purpose of the focus groups was to gather parent perspectives about what families need, how people learn about the Hub, and their experience with the services available through the Hub. Focus groups were arranged at each community Hub and lasted approximately 45 minutes. The dates and the total number of focus group participants are provided in the chart below.

Hub Designation	Date/Time of Focus Group	Total Number of Participants
Hub 1: El Dorado Hills	January 22, 2019 - 11:00 am – 12:00 pm	4
Hub 2: Cameron Park	January 22, 2019 - 3:00 pm – 4:00 pm	None
Hub 3: Placerville	January 23, 2019 - 11:30 am – 12:30 pm	7
Hub 4: Georgetown	January 24, 2019 - 11:30 am – 12:30 pm	7
Hub 5: South Lake Tahoe	January 23, 2019 - 6:30 pm – 7:30 pm	27

Results of these focus groups were documented and considered in the establishment of this report.

Hub Staff Input

A meeting was held on January 16, 2018, in which Hub teams gathered to review and discuss the quantitative data as included in this report. Following presentation of the data framework, Hub teams gathered to discuss the successes and challenges related to data collection, outreach, and other circumstances that may have influenced the data presented in this report. Discussions were documented by a representative of each hub team and provided in written format for consideration in the development of this report.

Limitations

The data presented in this report should be considered with the following limitations in mind:

- Data extracted from the Pre-K Observation forms related to the protective factor of *Concrete Support in Times of Need* are phrased in the negative (e.g., “I wouldn’t know where to turn if my family needed food or housing”). In the Family Survey data, these statements are stated in the positive (e.g., “I would know where to turn if my family needed food or housing.”). In order to provide more comparable results for this protective factor, respondent answers from the Pre-K Observation Forms were scored in reverse.
- Data gathered via the Family Survey did not meet a 95% confidence level when separated by Hubs, which is the standard typically used to generalize about an entire service population. To accommodate for this circumstance, family survey data was triangulated with data collected from parent focus groups and Hub staff to understand the circumstances and impact of Hub services for families with young children.
- Parent input was collected in January 2019, whereas the family survey data represents families served from July 1, 2017 – June 30, 2018. It is not known whether focus group recipients were served during the timeframe that this report represents or if input would have been different if collected closer to such timeframe.

Additional considerations regarding data collection methodology, limitations, and considerations can be found in Appendix B.

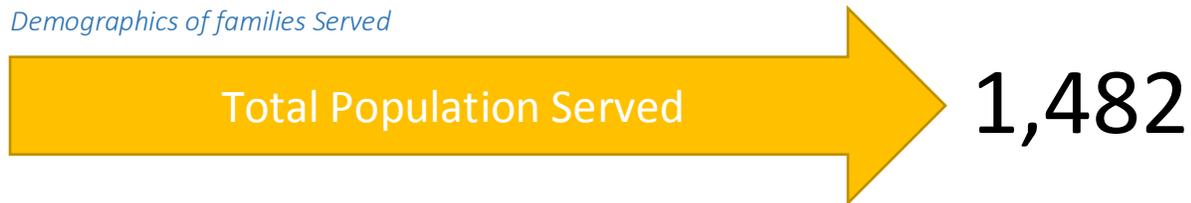
Results

Community Hub 1: El Dorado Hills

Community Hub 1 is within Supervisorial District 1 and includes the community of El Dorado Hills.

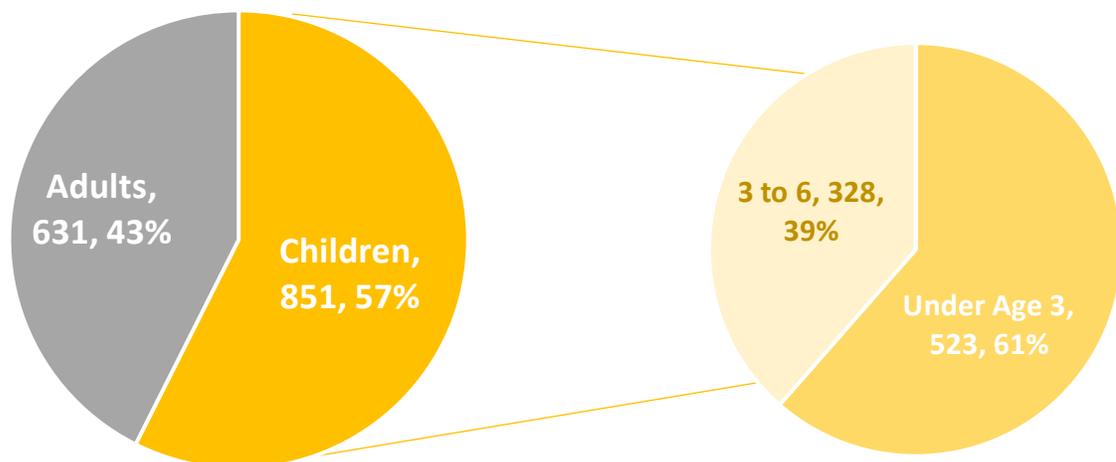
Who Was Served

Demographics of families Served



Community Hub 1 has a total service population of 39,658. In FY 2017-2018, the Community Hub provided services to a total of 1,482 individuals made up of children ages 0-5, as well as their parents and caregivers.

The majority of service recipients were children, of whom 61% were between the ages of 0-3, as demonstrated in the pie charts below.



The majority of the population served was white (895 or 65%) followed by multiracial (148 or 11%). Approximately 4% of those served in Hub 1 were Hispanic/Latino. The race and ethnicity of the population served is depicted in the table below.

White	Black	American Indian	Asian/Pacific Islander	Multi-racial	Hispanic / Latino	Other	Unknown
895 (65%)	6 (<1%)	7 (<1%)	91 (6%)	148 (11%)	59 (4%)	73 (5%)	203 (14%)

The majority of individuals served spoke English as their primary language (86% or 1,271) followed by Spanish (1% or 17), Mandarin (0.8% or 12), and Cantonese (0.7% or 10). The remaining languages spoken by individuals served were unknown.

Families who have accessed services through the Community Hub are asked to complete a Family Survey. The Family Survey contains demographic information, parent experiences, and questions regarding the presence of protective factors within family units. A total of 110 Family Surveys were collected during the 2017-2018 fiscal year. This represents approximately 17% of the families served by Hub 1.

Socio-Economic Characteristics of Families Served

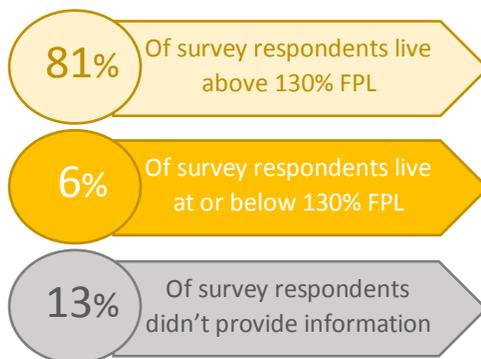
Characteristics help describe the kind of families that are being served by the Hub. The socio-economic characteristics most important to Hubs for which data are available include household income, the percentage of families being served that are living in poverty, and educational attainment.



6% of survey respondents in Hub 1 live at or below 130% of the Federal Poverty Level

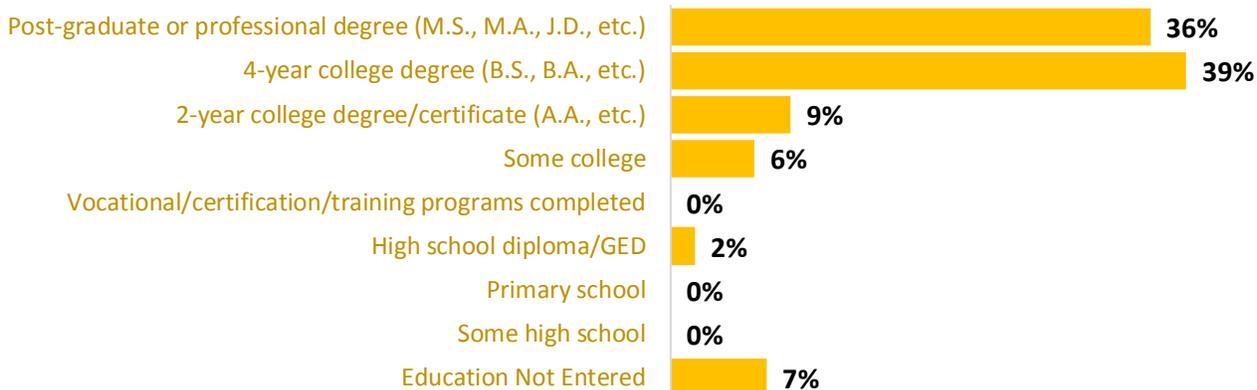
One useful gauge of socio-economic characteristics of a population is the percentage that live at or below 130% of the Federal Poverty Level (FPL). This is the standard used by the Head Start Program to qualify families for services based on income and household size.

6% of families (7 of 110 families) who completed the Family Survey in Hub 1 live at or below 130% of the Federal Poverty Level. 13% (or 14) of families who completed the survey did not provide enough information to determine their economic situation.



84% of survey respondents in Hub 1 have completed at least a two-year degree or more

The parents of families in Hub 1 who completed the Family Survey have achieved a high level of education overall, as demonstrated in the following chart. All survey respondents indicated achieving a high school diploma or higher.



Services Provided

Community Hubs provide a variety of services which are tailored to the local community and responsive to identified needs. Services provided between July 1, 2017 and June 30, 2018 are depicted below.

Type of Service Offered	Number of Individuals Served	Total Services (events) Provided
 Early Literacy Activities	1049	152
 Raising a Reader Activities	62	15
 Play and Learn Activities	248	19
 Connect Families to Medical Providers	1	10
 Connect Families to Dental Providers	1	N/A*

Families in Hub 1 received the greatest number of services related to early literacy and play and learn (also known as family engagement) activities. Medical and dental services were accessed much less. That being said, Hub staff did identify that data collection practices regarding connection to medical and dental providers may not capture the true reach or depth of this service delivery strategy.

**The data collected regarding the total number of dental services do not specify between First 5 qualifying and non-qualifying individuals and thus are not provided in this report.*

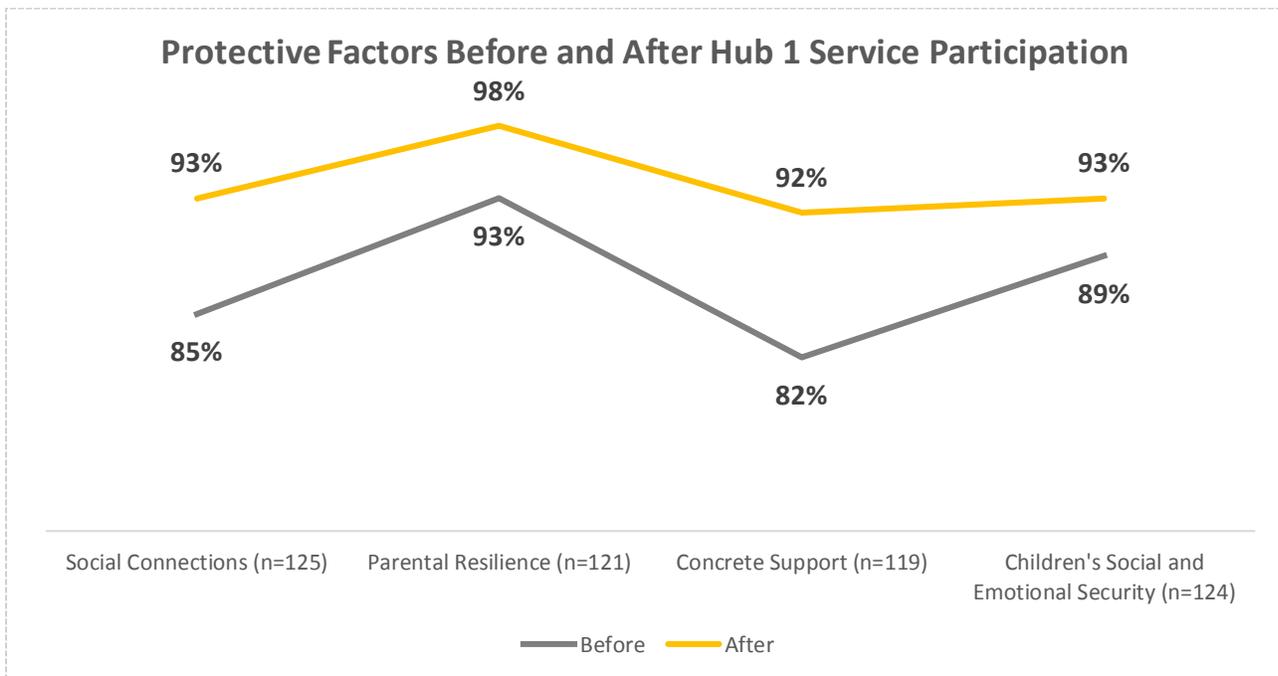
Impact on Families

Impact indicators are driven by the First 5 El Dorado Strategic Plan and include the presence of protective factors, reading routines, accessing preventive medical and dental care, and the completion of developmental screenings. Data was collected from families participating in Hub 1 services (Hub participant data) as well as from families with children entering T-K or kindergarten (Community-level data). The intent was to measure impact directly as well as how families accessing Hub services compare to the general population. The margin of error for both levels of data is in the chart below.

Type of Data	Number of Families in Service Population	Surveys Collected	Margin of Error
Hub 1 Participant Data	631	110	8.50%
Community Level Data	658	383	3.24%

Protective Factors of Families Served

The Family Survey included questions that measure the presence of protective factors before and after participation in Hub services. 93 families provided information regarding protective factors, the results of which are provided in the line graph below.



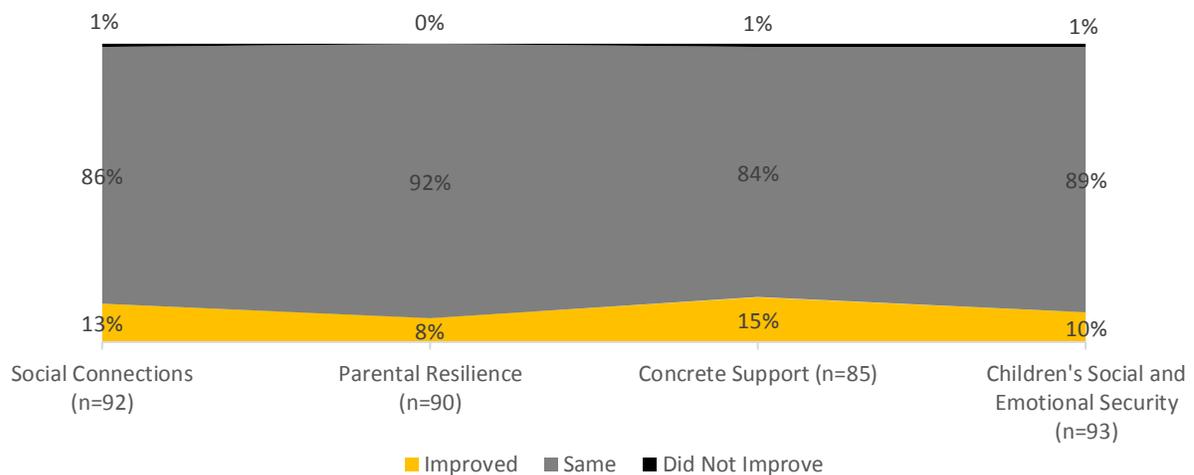
Results indicate that families participating in Hub 1 services were relatively high functioning prior to participation in services, and experienced little to moderate gains regarding protective factors. The most amount of gain was associated with concrete support in times of need, which is consistent with information collected from participants during the parent focus group.

The Hub is a really good place for parents to connect with one another and for children to make friends.

Parent in Hub 1 Focus Group

Beyond understanding improvement within individual protective factor domains, it is also important to know what percentage of the population served experienced growth. The chart below demonstrates that between 8% and 15% of families participating in Hub 1 services who completed the Family Survey experienced growth within the protective factors. The majority of families had the same presence of protective factors before and after receiving services as indicated in the chart below.

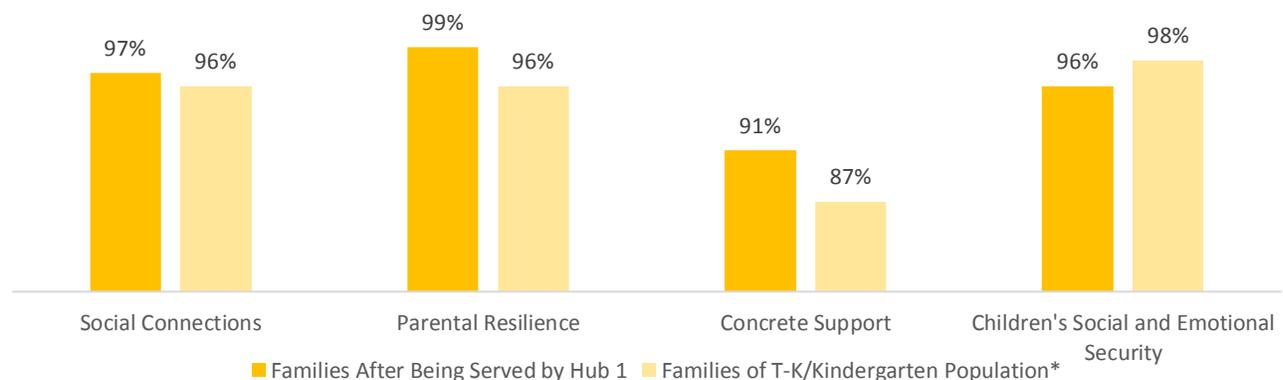
Percent of Hub 1 Participants that Experienced Change in Protective Factors Following Service Delivery



Comparison of Protective Factors in Families

Protective factors data results (following service participation) was compared to data collected from families with children entering T-K and kindergarten. The intent was to measure the presence of protective factors directly as well as at a community level. As the chart below demonstrates, families participating in Hub 1 services, who completed the Family Survey, scored higher in three of four protective factor domains than families of incoming T-K and kindergarten students at schools within the Hub 1 service area.

Comparison Between Families Served by Hub 1 and Families of T-K/Kindergarten Students



*The number of responses to each question varied. These percentages were calculated by using the average number of responses for each set of questions that relate to a single protective factor as the n.

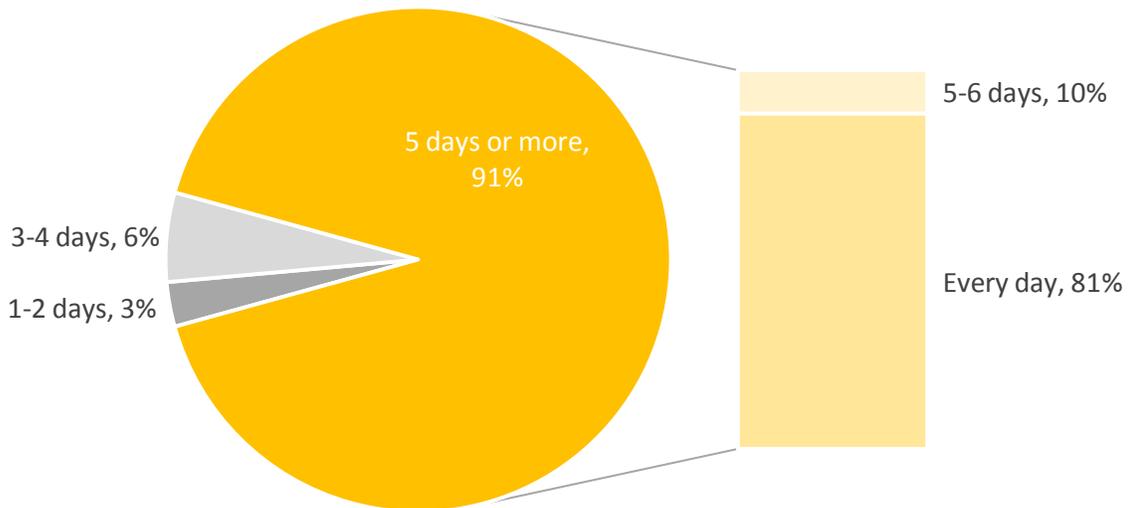
Reading Routines of Families Served



81% of families who responded to the survey in Hub 1 read to their children every day

Families in Hub 1 who responded to the Family Survey read to their children frequently. 81% read to their children every day, as the graph below demonstrates.

Frequency Children are Read to (n=105)



Comparison of Reading Routines

The data provided above regarding reading routines was compared to data collected from families with children entering T-K and kindergarten.

Children are Read to Every Day



As the chart above demonstrates, the percentage of families participating in Hub 1 services that read to their children every day totaled 81%, while 47% of families with children entering T-K or kindergarten reported reading to their children every day.

They create a space that is comfortable for young children

Parent in Hub 1 Focus Group

Preventive Medical and Dental Care of Families Served

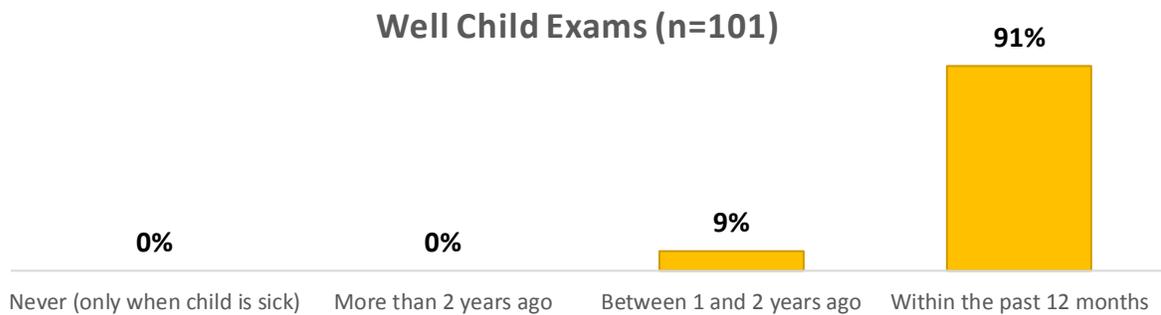
Community Hubs offer health and dental care education and supports, with the goal of encouraging families to access preventive treatment.

Accessing Preventive Medical Care



91% of Hub 1 children whose families completed the survey accessed preventive medical care

Of those families who responded to the survey in Hub 1, 91% indicated their children had received a well-child exam within the last 12 months.



Comparison of Preventive Medical Care Received

The data provided above regarding receipt of well-child exams was compared to data collected from families with children entering T-K and kindergarten. As the chart below demonstrates, the percentage of children participating in Hub 1 services that received well-child care within the last year totaled 91%, while 95% of families with children entering T-K or kindergarten reported their child had received well-child care within the last year.

Well-Child Exams Received within the Last Year



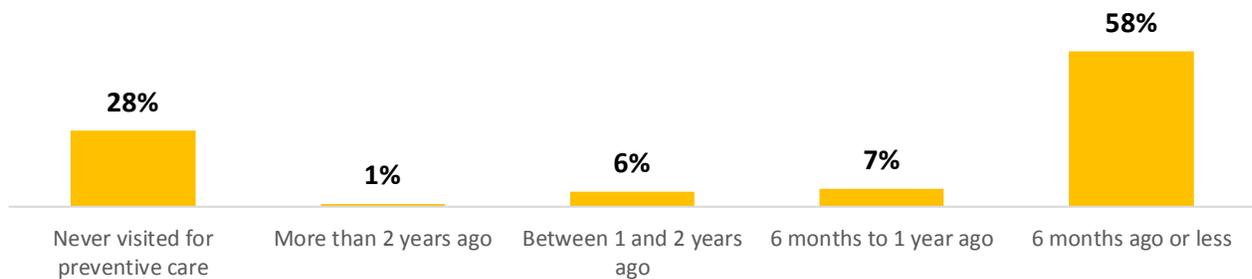
Comparison between Hub participants and families of incoming T-K and kindergartners should be considered in context. Whereas Hub participating families include children who are between the ages 0-5, the T-K and kindergarten population-level data only includes children who are between the ages of 3-5. Furthermore, the requirement that T-K and kindergarten children have medical clearance prior to school entry may result in a higher population achievement within this area of exploration.



58% of Hub 1 children whose families completed the survey received preventive dental care

Of those families who responded to the survey, 58% indicated that their children, age 1 or older, had received preventive dental care within the last six months. 28% indicated that they had never visited the dentist for preventive care, as the graph below demonstrates.

Dental Visits (n=88)



Comparison of Preventive Dental Care Received

The data provided above regarding receipt of dental care exams was compared to data collected from families with children entering T-K and kindergarten. As the chart below demonstrates, the percentage of children (that were age 1 year or older) participating in Hub 1 services that received preventive dental care within the last six months totaled 58%, while 71% of families with children entering T-K or kindergarten reported their child had preventive dental care within the last six months.

Children Have Semi-Annual Dental Visits



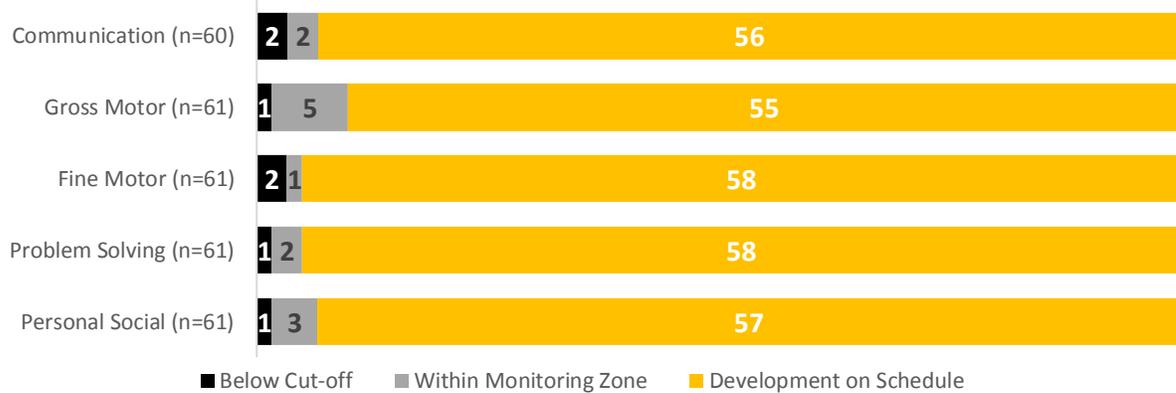
As stated before, the comparison between Hub participants and families of incoming T-K and kindergartners should be considered in context. Whereas Hub participating families include children who are between the ages 1-5, the T-K and kindergarten population-level data only includes children who are between the ages of 3-5. Furthermore, the requirement that T-K and kindergarten children have dental clearance prior to school entry may result in a higher population achievement within this area of exploration.

Developmental Screenings Conducted with Families Served

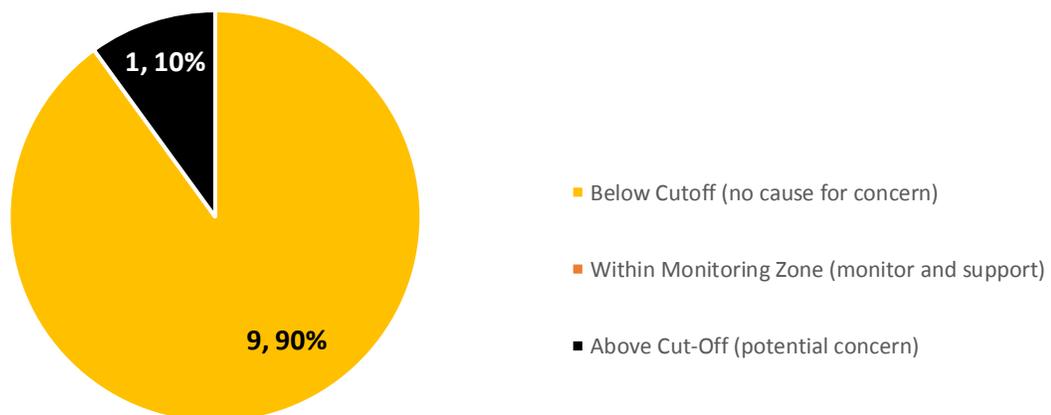


61 children in Hub 1 received developmental screenings

A total of 61 children (of 851 served by Hub 1) received developmental screenings. The majority of children screened had development that was on schedule. Six of the 61 (approximately 10%) children screened scored within the monitoring zone or below the cut-off for what was developmentally expected in regards to gross motor skills. Based on this, the Hub may want to consider developing curriculum that focuses on skill building in this particular developmental domain.



A total of 10 children received social and emotional developmental screenings in Hub 1. The majority of children in Hub 1 screened demonstrated no need for concern. One child was identified as needing ongoing monitoring and support or referral for additional assessment.



Data was not collected from entering T-K and kindergarten families regarding whether developmental screenings were obtained for their children.

Summary Snapshot

The following snapshot compares the socio-economic conditions of the Hub target population to the Hub populations served. It also ties the impact of services to direct service delivery types.

Total Hub Target Population		39,658	Race	Total Population	Service Population
Total Served		1,482	White	82%	65%
Surveys collected		110	Multiracial	5%	11%
Age			Black	2%	.4%
Adults		631 (43%)	American Indian	<1%	.5%
Children		851 (57%)	Asian/Pac Islander	10%	6%
Under 3		523 (61%)	Hispanic	9%	4%
3 to 6		328 (39%)	Other	-	5%
Age Unknown		0	Unknown	-	14%
Income	Total Population Mean Income	Service Population Living Below 130% FPL	Language	Total Population	Service Population
	\$154,631	6%	Primary language English	-	86%
Education	Total Population	Service Population	Primary language Spanish	-	1%
- HS Graduates	96%	92%	Primary language other	-	1.5%
- Bachelor's Degree	52%	75%	Primary language unknown	-	11.5%

Outcome data provided below has a 6.60% margin of error.

Protective Factors	% of Population that Experienced Change	Population Served		T-K/K Population Score
		Pre Service Score	Post Service Score	
Social Connections	13%	95%	97%	96%
Parental Resilience	8%	97%	99%	96%
Concrete Support in Times of Need	15%	84%	91%	87%
Children's Social and Emotional Security	10%	95%	96%	98%
Reading Routines	Population Served		T-K/K	Literacy Services
5-6 Days	10%		-	1049 people / 152 events
Every day	81%		47%	62 people / 15 events
Well Child	Population Served		T-K/K	Medical Supports
Within past year	91%		95%	1 person / 10 services
Dental Care	Population Served		T-K/K	Dental Supports
6 months ago or less	58%		71%	1 person / NA
Developmental Screenings	Population Served		Playgroups	
ASQ	61 (of 851 served)		248 people / 19 events	
ASQ:SE	10			

Implementation Strengths and Considerations

The following strengths and considerations are being offered specifically for Community Hub 1, and take into consideration the quantitative data presented as well as the input received by both parent consumers and Hub team members.

Strengths

- **Hub 1 has served a considerable amount of families with young children:** Hub 1 served 631 families and 851 children ages 0-5. Additionally, they have provided a significant amount of services to these families, most of which were Storytime activities. Staff report that the relationship that is developed with families, the comfort created in the setting, and the high quality of service provision are all contributing factors to consistent and repeat attendance at services.
- **Hub 1 created positive connections between families:** Hub 1 participants experienced the most growth in the protective factor that is related to “concrete support in times of need.” Additionally, both parent focus group participants and staff noted that connecting families to other families and to information about resources available is a key strength of the Hub 1 service delivery strategy.
- **Hub 1 supports regular reading routines within families:** A high percentage of families participating in Hub 1 services report reading to their children on a daily basis. Whereas 81% of Hub 1 participating families report reading to their children every day, only 47% of families of entering T-K or kindergarten students report reading to their children every day.

Storytime is well organized, geared for different age groups and services are offered at convenient times.

Parent in Hub 1 Focus Group

Considerations

- **Data collection efforts could be strengthened:** There was a considerable amount of demographic information that was missing from families served. In addition, the number of medical and dental supports reported was extremely low. Staff noted that it can be difficult to collect enrollment data from families prior to a service being delivered. They also noted that when services are provided over the phone, there is not always documentation to track and report those services. Hub 1 may want to examine the manner in which data is collected from families and for service provision to ensure that data accurately reflects the families being served and the services provided.
- **Increase outreach to at-risk families:** The results of the Protective Factors Survey (PFS), the demographics of those who responded to the Family Survey, and staff observations support the conclusion that Hub 1 may be serving primarily high-functioning families. Although these families certainly benefit from Hub services, there may be an opportunity for Hub 1 to conduct targeted outreach to at-risk families with young children in the area. It is recommended that Hub 1 create an outreach plan that is responsive to both staffing limitations and establishing concrete strategies to address this challenge and effectively reach targeted at-risk populations.

- **Prioritize messaging aimed at early dental care:** Hub 1 has high rates of access to preventive medical services; however, families who completed the Family Survey reported that only 58% of children had received dental care within the past 6 months. This may be attributable to many factors, including parental attitudes and inconsistent messages from dental care providers, as well as staffing issues. Hub 1 may want to consider a messaging campaign that stresses the importance of early and consistent dental care for their children.
- **Encourage the completion of a developmental screening:** Hub 1 provided services to 851 children, of which 61 had an ASQ developmental screening (7% of the population served), and 10 had an ASQ:SE social-emotional developmental screening completed. Staff and parents noted that the length of the tool, as well as the difficulty completing it in the library setting, may be factors contributing to the low percentage of parents/caregivers that had completed the screening on behalf of the children in their care. The Hub may want to strategize ways to support completion in a setting that is more conducive to completion in an effort to have more children screened for a developmental delay.

In addition, both staff and two of the four of the focus group participants (both who were caretakers) noted that caretakers don't often feel comfortable completing the ASQ. The Hub may want to establish messaging that promotes the value and administration of the developmental screening tool by both parents and caretakers.

As a caregiver, I didn't feel like I should be the one to complete the survey.

Caretaker in Hub 1 Focus Group

- **Collect more family surveys:** Hub 1 collected 110 family surveys, representing approximately 17% of all families served by the Hub. Family surveys are critical in understanding the impact that Hub services have had on families being served. The following strategies are being offered for consideration in an effort to increase the number of surveys collected:
 - Maintain messaging about family survey completion throughout the year, not just during the time that surveys are issued. This may help families understand the importance of the survey and support completion when the request is made.
 - Communicate what value of the survey to both funding and program development. Help families understand that the survey is not only used by the funder to determine the value of services being offered but also plays a role in determining what will be offered in the future through the Hub. Let families know that completion of the survey is their opportunity to let their voice be heard in shaping the services for the future.
 - Consider incentives that are responsive to the Hub 1 population. Identify what motivates families, and provide incentives that are aligned to those motivations to support survey completion.

The following service recommendations were offered by participants in the parent focus groups:

Family Services	Child Services
<ul style="list-style-type: none"> - Mobile dental services - Parent night out - Parent and child yoga - Youth services (12 - 18 years) 	<ul style="list-style-type: none"> - Physical fitness/active play - Rainy day activities

Community Hub 2: Cameron Park

Community Hub 2 is within Supervisorial District 2 and includes the communities of Cameron Park, Fairplay, Grizzly Flat, Latrobe, Mt. Aukum, Outingdale, Pleasant Valley, and Somerset.

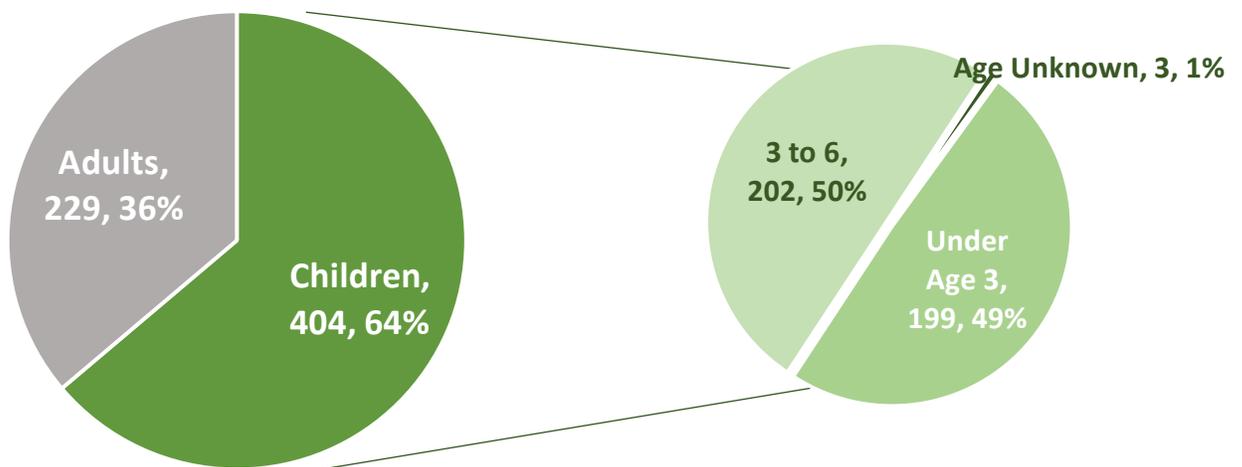
Who Was Served

Demographics of families Served



Community Hub 2 has a total service population of 36,809. In FY 2017-2018, the Community Hub provided services to a total of 633 individuals made up of children ages 0-5, as well as their parents and caregivers.

The majority of service recipients were children, of whom 50% were between the ages of 3 to 6, although only by a small margin, as demonstrated in the pie charts below.



The majority of the population served was white (529 or 84%) followed Hispanic/Latino (23 or 4%). The race and ethnicity of the population served is depicted in the table below.

White	Black	American Indian	Asian/ Pacific Islander	Multi-racial	Hispanic / Latino	Other	Unknown
529 (84%)	4 (<1%)	3 (<1%)	6 (1%)	8 (1%)	23 (4%)	2 (<1%)	58 (8%)

The majority of individuals served spoke English as their primary language (91% or 574). The remaining languages spoken by individuals served were unknown (9% or 58) or Spanish (0.2% or 1).

Families who have accessed services through the Community Hub are asked to complete a Family Survey. The Family Survey contains demographic information, parent experiences, and questions regarding the presence of protective factors within family units. A total of 99 Family Surveys were collected during the 2017-2018 fiscal year. This represents approximately 43% of the families served by Hub 2.

Socio-Economic Characteristics of Families Served

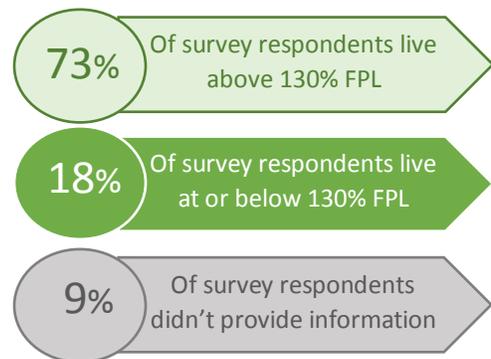
Characteristics help describe the kind of families that are being served by the Hub. The socio-economic characteristics most important to Hubs for which data are available include household income, the percentage of families being served that are living in poverty, and educational attainment.



18% of survey respondents in Hub 2 live at or below 130% of the Federal Poverty Level

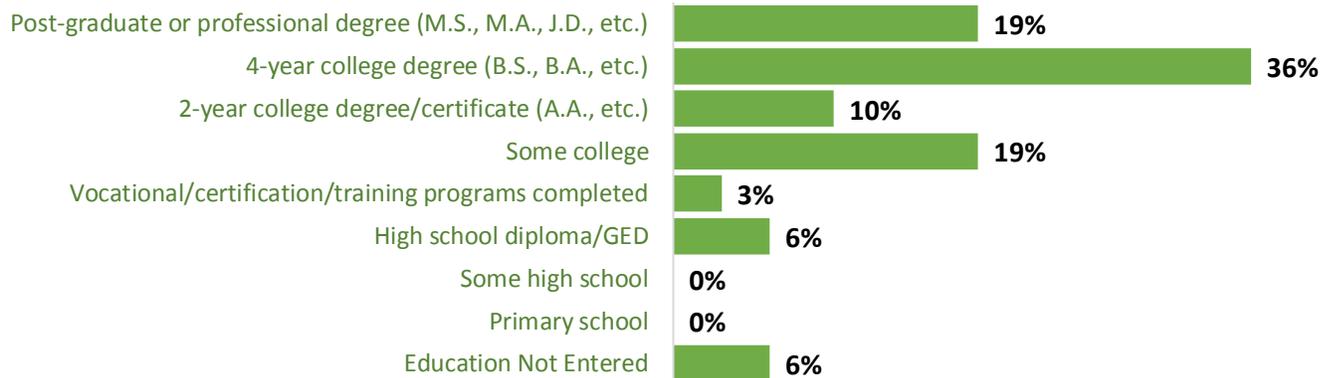
One useful gauge of socio-economic characteristics of a population is the percentage that live at or below 130% of the Federal Poverty Level (FPL). This is the standard used by the Head Start Program to qualify families for services based on income and household size.

18% of families (18 of 99 families) who completed the Family Survey in Hub 2 live at or below 130% of the Federal Poverty Level. 9% (or 9) of families who completed the survey did not provide enough information to determine their economic situation.



65% of survey respondents in Hub 2 have completed at least a two-year degree or more

The parents of families in Hub 2 who completed the Family Survey have completed at least a two-year degree from a higher education institution or more. All respondents indicated achieving a high school diploma or higher. The following chart demonstrates the percentage of parents at each education level.



Services Provided

Community Hubs provide a variety of services which are tailored to the local community and responsive to identified needs. Services provided between July 1, 2017 and June 30, 2018 are depicted below.

Type of Service Offered	Number of Individuals Served	Total Services (events) Provided
 Early Literacy Activities	482	174
 Raising a Reader Activities	100	16
 Play and Learn Activities	56	11
 Connect Families to Medical Providers	4	33
 Connect Families to Dental Providers	0	N/A*

Families in Hub 2 received the greatest number of services related to early literacy and connection to medical providers.

**The data collected regarding the total number of dental services do not specify between First 5 qualifying and non-qualifying individuals and thus are not provided in this report.*

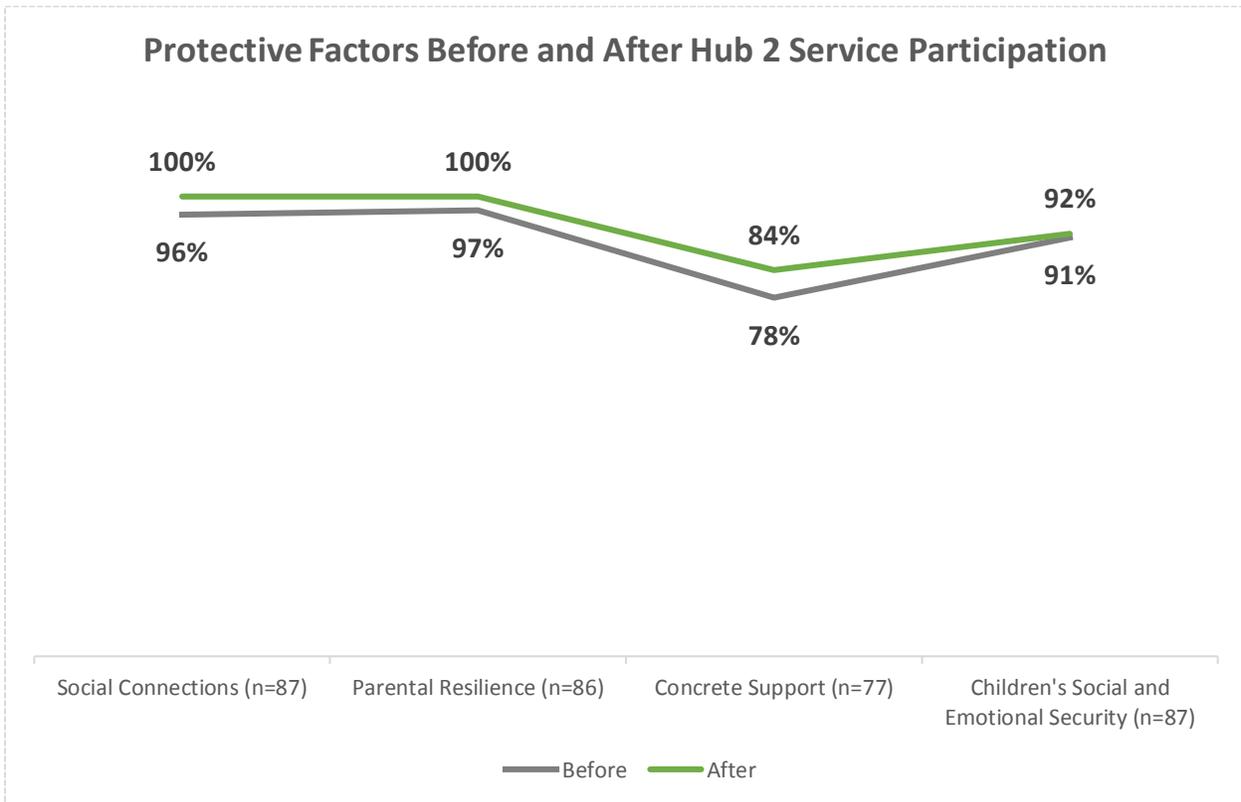
Impact on Families

Impact indicators are driven by the First 5 El Dorado Strategic Plan and include the presence of protective factors, reading routines, accessing preventive medical and dental care, and the completion of developmental screenings. Data was collected from families participating in Hub 2 (Hub participant data) as well as from families with children entering T-K or kindergarten (Community-level data). The intent was to measure impact directly as well as how families accessing Hub services compare to the general population. The margin of error for both levels of data is in the chart below.

Type of Data	Number of Families in Service Population	Surveys Collected	Margin of Error
Hub 2 Participant Data	229	99	7.44%
Community Level Data	154	59	10.05%

Protective Factors of Families Served

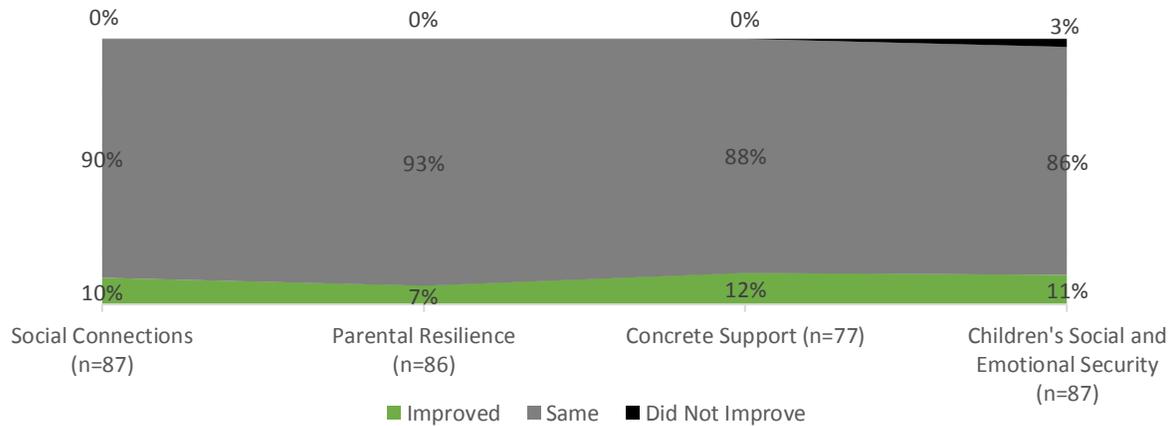
The Family Survey included questions meant to measure the presence of protective factors before and after participation in Hub services. 91 families provided information regarding protective factors, the results of which are provided in the line graph below.



Results indicate that families participating in Hub 2 services were relatively high functioning prior to participation in services, and experienced little to moderate gains within protective factors. The most amount of gain was associated with concrete support in times of need which improved by 6%.

Beyond understanding improvement within each of the protective factor domains, it is also important to know what percentage of the population served experienced growth. The chart below demonstrates that between 7% and 12% of families participating in Hub 2 services who completed the Family Survey experienced growth within the protective factors. The majority of families had the same presence of protective factors before and after receiving services as indicated in the chart below.

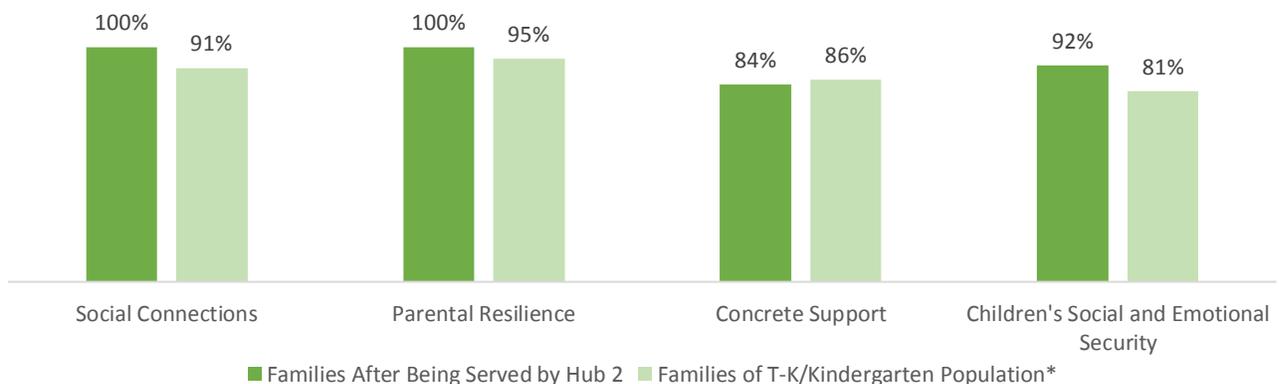
Percent of Hub 2 Participants that Experienced Change in Protective Factors Following Service Delivery



Comparison of Protective Factors in Families

Protective factors data results (following service participation) was compared to data collected from families with children entering T-K and kindergarten. The intent was to measure the presence of protective factors directly as well as at a community level. As the chart below demonstrates, families participating in Hub 2 services who completed the Family Survey scored higher in three of four protective factor domains than families of incoming T-K and kindergarten students at schools within the Hub 2 service area. That being said, results should be analyzed with caution as the margin of error for the T-K and kindergarten data set was rather high at 10.05%

Comparison Between Families Served by Hub 2 and Families of T-K/Kindergarten Students



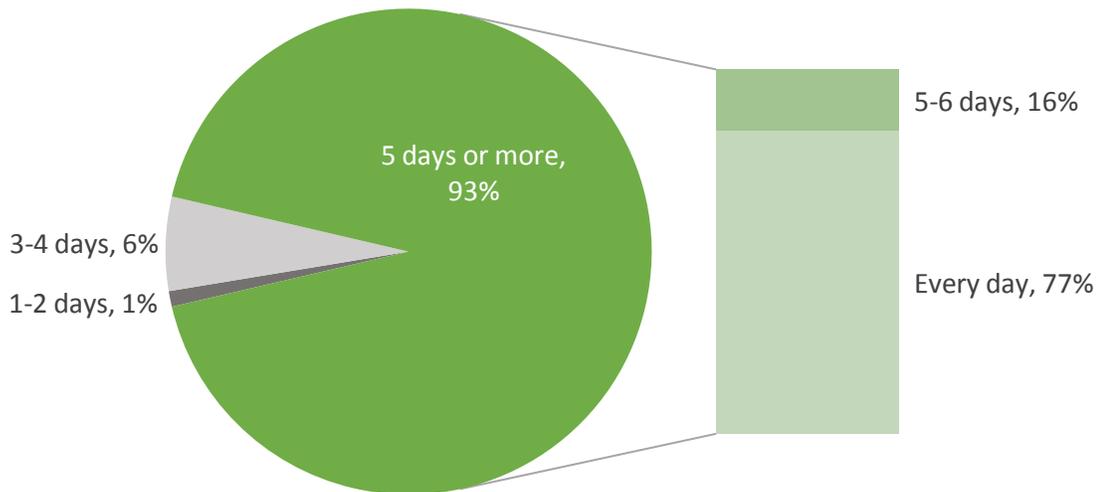
*The number of responses to each question varied. These percentages were calculated by using the average number of responses for each set of questions that relate to a single protective factor as the n.



77% of families who responded to the survey in Hub 2 read to their children every day

Families in Hub 2 who responded to the Family Survey read to their children frequently. 77% read to their children every day, as the graph below demonstrates.

Frequency Children are Read to (n=96)



Comparison of Reading Routines

The data provided above regarding reading routines was compared to data collected from families with children entering T-K and kindergarten. As the chart below demonstrates, the percentage of families participating in Hub 2 services that read to their children every day totaled 77%, while 59% of families with children entering T-K or kindergarten reported reading to their children every day.

Children are Read To Every Day



Results should be analyzed with caution as the margin of error for the T-K and kindergarten data set was rather high at 10.05%

Preventive Medical and Dental Care of Families Served

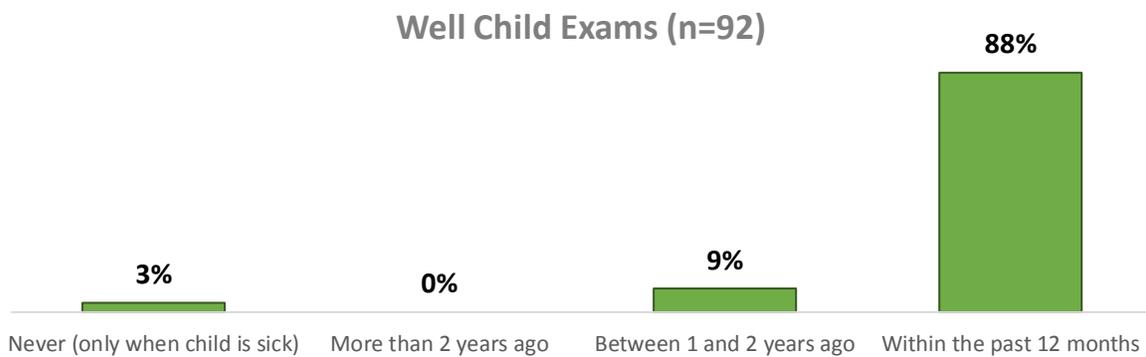
Community Hubs offer health and dental care education and supports, with the goal of encouraging families to access preventive treatment.

Accessing Preventive Medical Care



88% of Hub 2 children whose families completed the survey accessed preventive medical care

Of those families who responded to the survey in Hub 2, 88% indicated their children had received a well-child exam within the last 12 months.



Comparison of Preventive Medical Care Received

The data provided above regarding receipt of well-child exams was compared to data collected from families with children entering T-K and kindergarten. As the chart below demonstrates, the percentage of children participating in Hub 2 services that received well-child care within the last year totaled 88%, while 92% of families with children entering T-K or kindergarten reported their child had received well-child care within the last year.



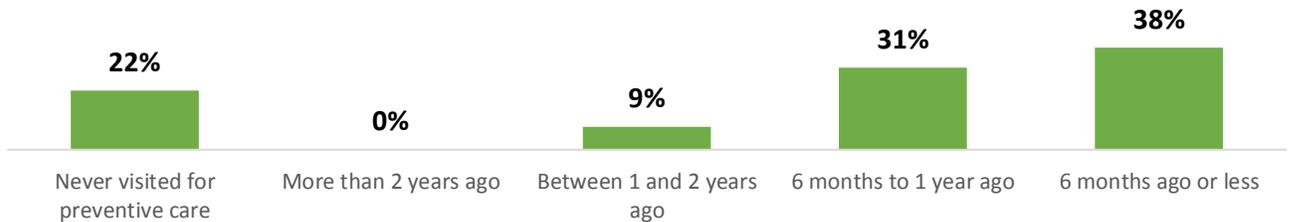
Comparison between Hub participants and families of incoming T-K and kindergartners should be considered in context. Whereas Hub participating families include children who are between the ages 0-5, the T-K and kindergarten population-level data only includes children who are between the ages of 3-5. Furthermore, the requirement that T-K and kindergarten children have medical clearance prior to school entry may result in a higher population achievement within this area of exploration. In addition, the margin of error for this T-K and kindergarten set was high at 10.05%



38% of Hub 2 children whose families completed the survey received preventive dental care

Of those families who responded to the survey, 38% indicated that their children, age 1 or older, had received preventive dental care within the last six months. 22% indicated that they had never visited the dentist for preventive care, as the graph below demonstrates.

Dental Visits (n=81)



Comparison of Preventive Dental Care Received

The data provided above regarding receipt of dental care exams was compared to data collected from families with children entering T-K and kindergarten. As the chart below demonstrates, participating in Hub 2 services that received preventive dental care within the last six months totaled 38%, while 69% of families with children entering T-K or kindergarten reported their child had preventive dental care within the last six months.

Children Have Semi-Annual Dental Visits



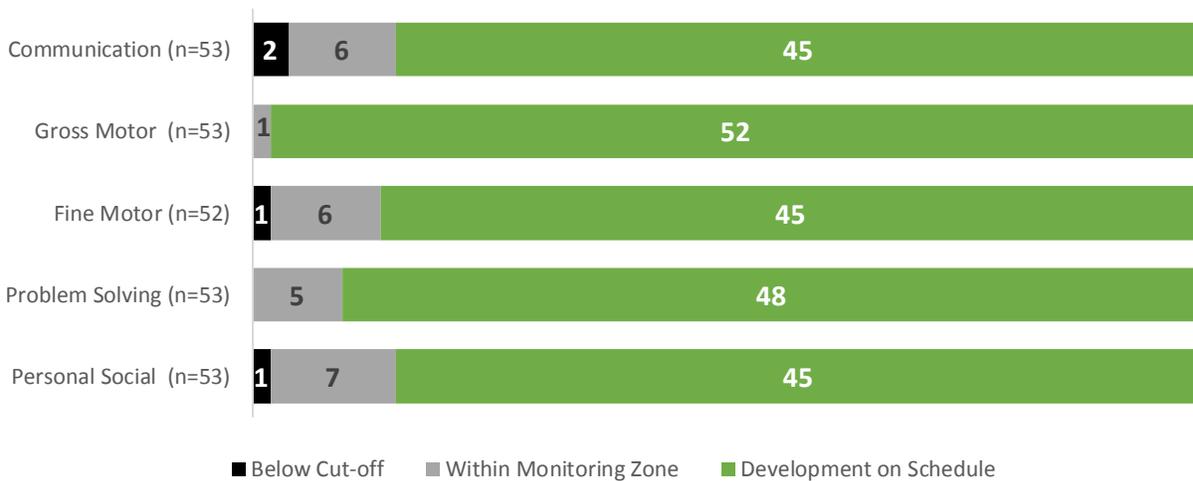
As stated before, the comparison between Hub participants and families of incoming T-K and kindergartners should be considered in context. Whereas Hub participating families include children who are between the ages 1-5, the T-K and kindergarten population-level data only includes children who are between the ages of 3-5. Furthermore, the requirement that T-K and kindergarten children have dental clearance prior to school entry may result in a higher population achievement within this area of exploration. In addition, the margin of error for this T-K and kindergarten set was high at 10.05%

Developmental Screenings Conducted with Families Served

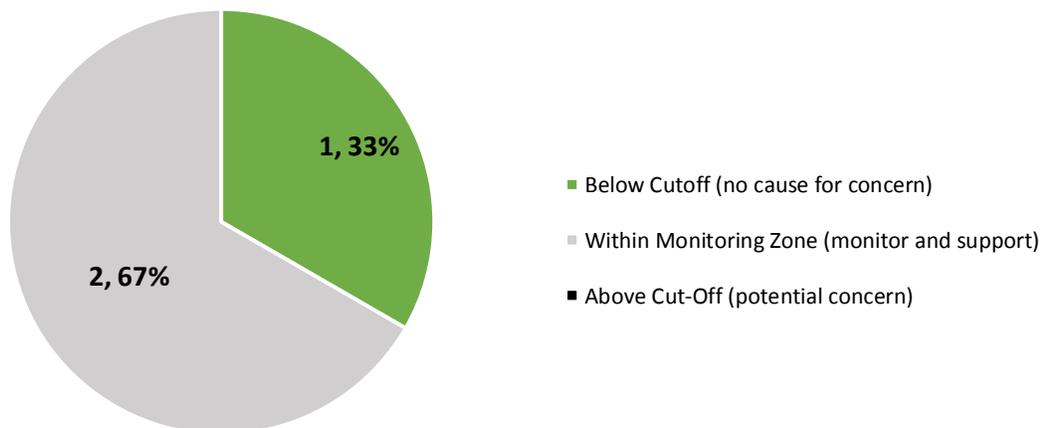


53 children in Hub 2 received developmental screenings

A total of 53 children (of 404 served by Hub 2) received developmental screenings. The majority of children screened had development that was on schedule. Eight of the 53 children screened scored within the monitoring zone or below the cut-off for what was developmentally expected in regards to communication and personal/social skill. These may be areas that the Hub wants to focus its instruction on in the future.



A total of three children received social and emotional developmental screenings in Hub 2. Two of those three children were identified as needing ongoing monitoring and support.



As noted earlier, there is no entering T-K and kindergarten population level developmental screening data available for comparison.

Summary Snapshot

The following snapshot compares the socio-economic conditions of the Hub target population to the Hub populations served. It also ties the impact of services to direct service delivery types.

Total Hub Target Population	36,809		Race	Total Population	Service Population
Total Served	633		White	90%	84%
Surveys collected	99		Multiracial	4%	1%
Age			Black	1%	.6%
Adults	229 (36%)		American Indian	1%	.5%
Children	404 (64%)		Asian/Pac Islander	3%	1%
Under 3	199 (49%)		Hispanic	11%	4%
3 to 6	202 (50%)		Other	-	.3%
Age Unknown	3 (1%)		Unknown	-	8%
Income	Total Population Mean Income	Service Population Living Below 130% FPL	Language	Total Population	Service Population
	\$103,615	18%	Primary language English	-	91%
Education	Total Population	Service Population	Primary language Spanish	-	.2%
- HS Graduates	93%	93%	Primary language other	-	0
- Bachelor's Degree	31%	55%	Primary language unknown	-	9%

Outcome data provided below has a 6.60% margin of error.

Protective Factors	% of Population Served that Experienced Change	Population Served		T-K/K Population Score
		Pre Service Score	Post Service Score	
Social Connections	10%	96%	100%	91%
Parental Resilience	7%	97%	100%	95%
Concrete Support in Times of Need	12%	78%	84%	86%
Children's Social and Emotional Security	11%	91%	92%	81%
Reading Routines	Population Served		T-K/K	Literacy Services
5-6 Days	16%		-	482 people / 174 events
Every day	77%		59%	100 people / 16 events
Well Child	Population Served		T-K/K	Medical Supports
Within past year	88%		92%	4 people / 33 services
Dental Care	Population Served		T-K/K	Dental Supports
6 months ago or less	38%		69%	0 / NA
Developmental Screenings	Population Served		Playgroups	
ASQ	53 (of 404 served)		56 people / 11 events	
ASQ:SE	3			

Implementation Strengths and Considerations

The following strengths and considerations are being offered specifically for Community Hub 2, and take into consideration the quantitative data presented as well as the input received by Hub team members.

Strengths

- **Hub 2 created positive connections between families:** Hub 2 participants experienced the most growth in the protective factor that is related to “concrete support in times of need.” Staff noted that the Hub team are intentional about developing relationships with families and encouraging peer support between families in the Hub which both contribute to this strength.
- **Hub 2 is collecting comprehensive demographic data of families being served:** Hub 2 had the most comprehensive data collected from families served across all Hub sites. Staff attributes this to a thorough explanation of why the survey is being issued and proper instruction on survey completion. They also offer incentives to support survey completion.

Considerations

- **Increase outreach efforts to serve more families:** The number of families served by Hub 2 totaled 229, while the entire targeted service population is 36,809. There are a number of barriers that were identified by staff that could negatively impact participation to include families lacking transportation, inconvenient location/timing of services, and interest in services. Other potential barriers identified include staffing shortages and an inconsistent relationship between the Hub and the service population. Hub 2 may want to consider these barriers and establish strategies to mitigate the impact that these have on families accessing services. Additionally, specific outreach for at-risk populations should be established as data indicates that this population is under-represented as service recipients.
- **Strategize around supports for routine dental care:** Only 38% of families surveyed indicated that their children (ages 1 through 5) had accessed dental care within the past 6 months. Barriers to accessing dental care, as identified by Hub staff, included a lack of transportation, and inadequate information around availability of resources and insurance options. Stigma was also identified as a potential barrier to access. Opportunities identified to encourage routine dental care amongst families served through the Hub include promotion of the dental van as a resource which is available at school sites and distribution of health tips for families.
- **Encourage the completion of a developmental screening:** Hub 1 provided services to 404 children, of which 53 had an ASQ developmental screening (13% of the population served). Staff noted that it may be helpful to take a team approach to ASQ completion as well as having staff present and available to support tool completion by parents.
- **Collect more family surveys:** Hub 2 collected 99 family surveys, representing approximately 43% of all families served by the Hub. While this is a considerable increase from last year, the number of surveys needed to reach the standard 95% confidence level is higher than what was actually collected. This year, a Hub specific goal for family survey collection should be established based on the 95% confidence level at the Hub level.

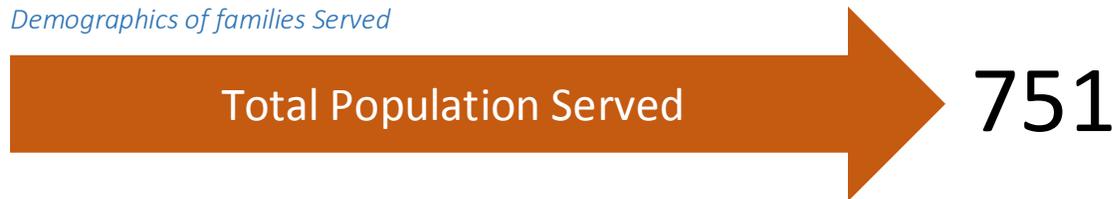
No service suggestions are being offered as there were no parents that participated in the scheduled parent focus group.

Community Hub 3: Placerville

Community Hub 3 is within Supervisorial District 3 and includes the communities of Camino, Diamond Springs, El Dorado, and Placerville.

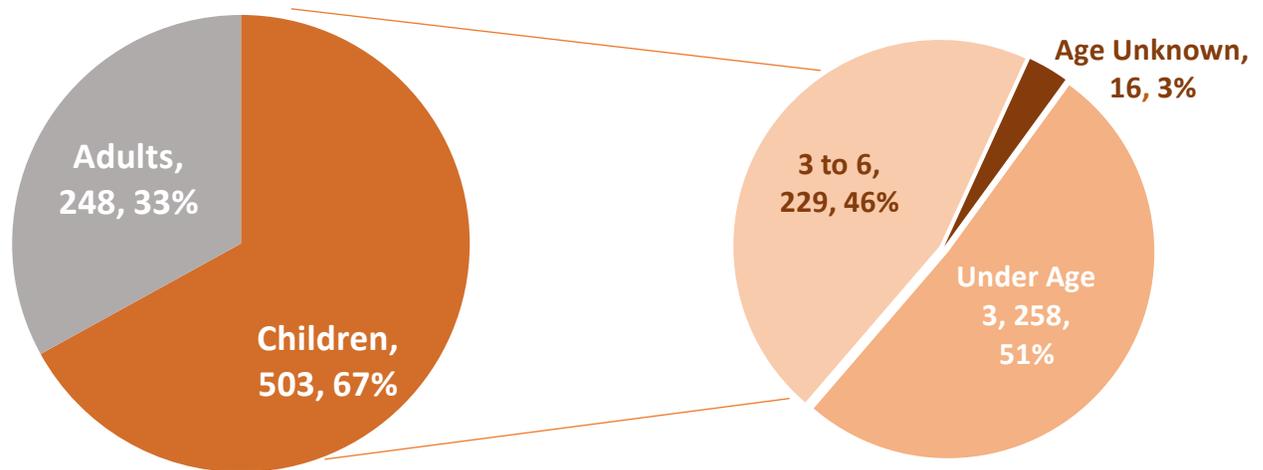
Who Was Served

Demographics of families Served



Community Hub 3 has a total service population of 30,597. In FY 2017-2018, the Community Hub provided services to a total of 751 individuals made up of children ages 0-5, as well as their parents and caregivers.

The majority of service recipients were children, of whom 51% were between the ages of 0-3, as demonstrated in the pie charts below.



The majority of the population served was white (426 or 57%) followed by Hispanic/Latino (87 or 12%). Approximately 7% (54) of the population served identified as multiracial. The race and ethnicity the population served are depicted in the table below.

White	Black	American Indian	Asian/Pacific Islander	Multi-racial	Hispanic / Latino	Other	Unknown
426	5	2	5	54	87	27	145
(57%)	(<1%)	(<1%)	(<1%)	(7%)	(12%)	(4%)	(20%)

The majority of individuals served spoke English as their primary language (71% or 535) followed by Spanish (6% or 42). The remaining languages spoken by individuals served were unknown (22% or 162).

Families who have accessed services through the Community Hub are asked to complete a Family Survey. The Family Survey contains demographic information, parent experiences, and questions regarding the presence of protective factors within family units. A total of 110 Family Surveys were collected during the 2017-2018 fiscal year. This represents approximately 44% of the families served by Hub 3.

Socio-Economic Characteristics of Families Served

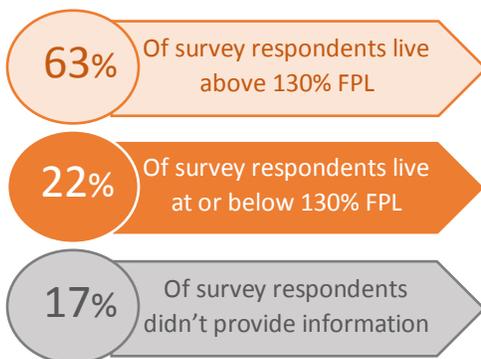
Characteristics help describe the kind of families that are being served by the Hub. The socio-economic characteristics most important to Hubs for which data are available include household income, the percentage of families being served that are living in poverty, and educational attainment.



22% of survey respondents in Hub 3 live at or below 130% of the Federal Poverty Level

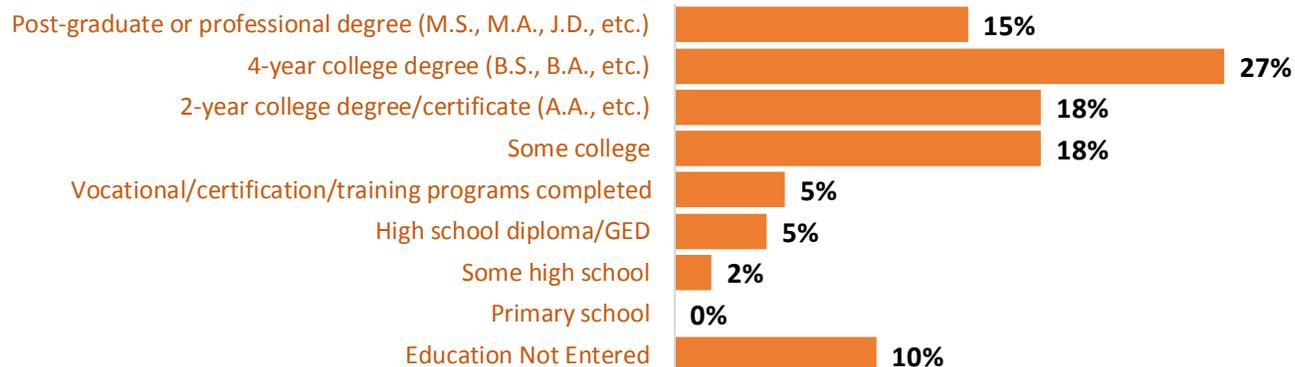
One useful gauge of socio-economic characteristics of a population is the percentage that live at or below 130% of the Federal Poverty Level (FPL). This is the standard used by the Head Start Program to qualify families for services based on income and household size.

22% of families (22 of 110 families) who completed the Family Survey in Hub 3 live at or below 130% of the Federal Poverty Level. 17% (or 19) of families who completed the survey did not provide enough information to determine their economic situation.



60% of survey respondents in Hub 3 have completed at least a two-year degree or more

The majority of parents who completed the Family Survey in Hub 3 have completed at least a two-year degree from a higher education institution or more. Only 2% of parents indicated that they had not received at least their high school diploma or GED. The following chart demonstrates the percentage of parents at each education level.



Services Provided

Community Hubs provide a variety of services which are tailored to the local community and responsive to identified needs. Services provided between July 1, 2017 and June 30, 2018 are depicted below.

Type of Service Offered	Number of Individuals Served	Total Services (events) Provided
 Early Literacy Activities	527	204
 Raising a Reader Activities	42	16
 Play and Learn Activities	69	13
 Connect Families to Medical Providers	21	251
 Connect Families to Dental Providers	17	N/A*

Families in Hub 3 received the greatest number of services related to early literacy and connection to medical providers.

**The data collected regarding the total number of dental services do not specify between First 5 qualifying and non-qualifying individuals and thus are not provided in this report.*

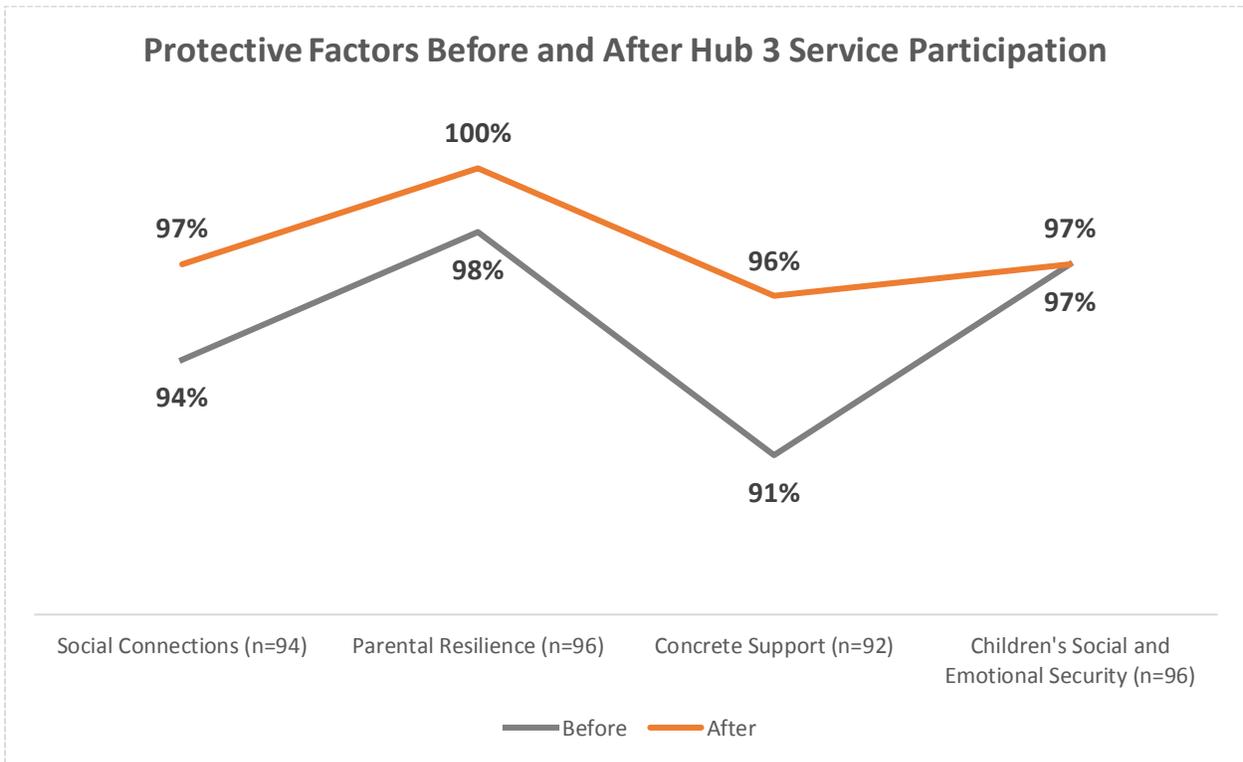
Impact on Families

Impact indicators are driven by the First 5 El Dorado Strategic Plan and include the presence of protective factors, reading routines, accessing preventive medical and dental care, and the completion of developmental screenings. Data was collected from families participating in Hub 3 (Hub participant data) as well as from families with children entering T-K or kindergarten (Community-level data). The intent was to measure impact directly as well as how families accessing Hub services compare to the general population. The margin of error for both levels of data is in the chart below.

Type of Data	Number of Families in Service Population	Surveys Collected	Margin of Error
Hub 3 Participant Data	248	110	6.98%
Community Level Data	297	178	4.66%

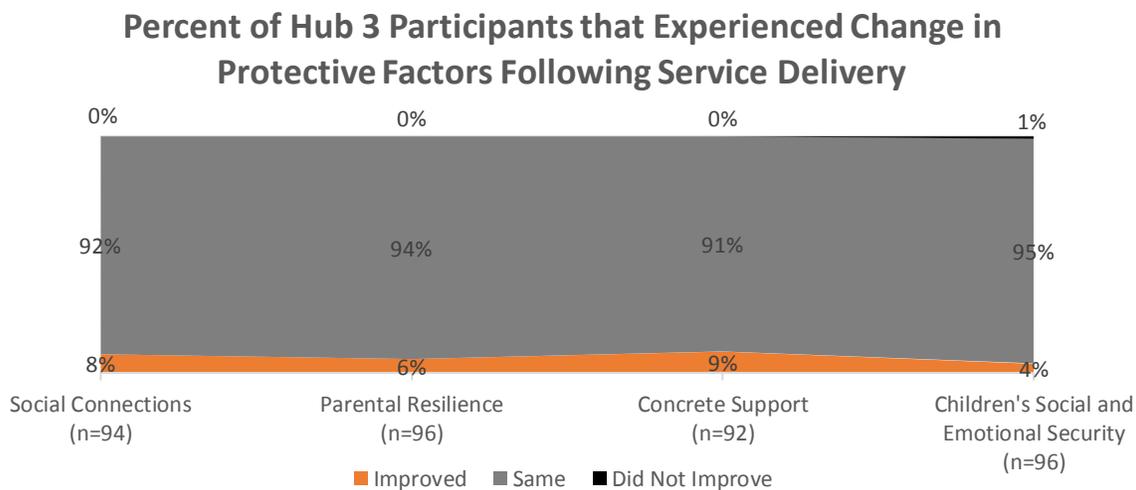
Protective Factors of Families Served

The Family Survey included questions meant to measure the presence of protective factors before and after participation in Hub services. 96 families provided information regarding protective factors, the results of which are provided in the line graph below.



Results indicate that families participating in Hub 3 services were relatively high functioning prior to participation in services, and experienced little to moderate gains within protective factors. The most amount of gain was associated with concrete support in times of need which improved by 5%.

Beyond understanding improvement within each of the protective factor domains, it is also important to know what percentage of the population served experienced growth. The chart below demonstrates that between 4% and 9% of families participating in Hub 3 services who completed the family survey experienced growth within the protective factors.



The majority of families had the same presence of protective factors before and after receiving services as indicated in the chart below.

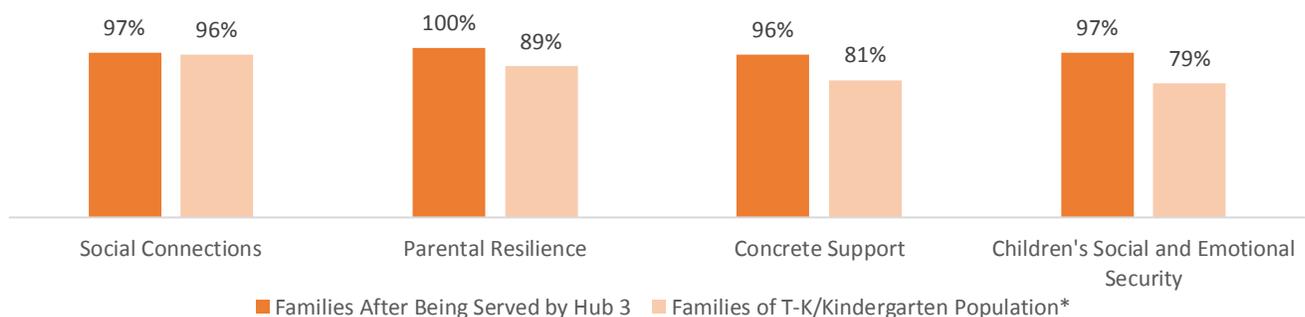
Comparison of Protective Factors in Families

Protective factors data results (following service participation) was compared to data collected from families with children entering T-K and kindergarten. The intent was to measure the presence of protective factors directly as well as at a community level.

The Hub teams are really good at engaging parents and children in activities.

Parent in Hub 3 Focus Group

Comparison Between Families Served by Hub 3 and Families of T-K/Kindergarten Students



As the chart above demonstrates, families participating in Hub 3 services, who completed the Family Survey, scored higher in all four protective factor domains measured than families of incoming T-K and kindergarten students at schools within the Hub 3 service area.

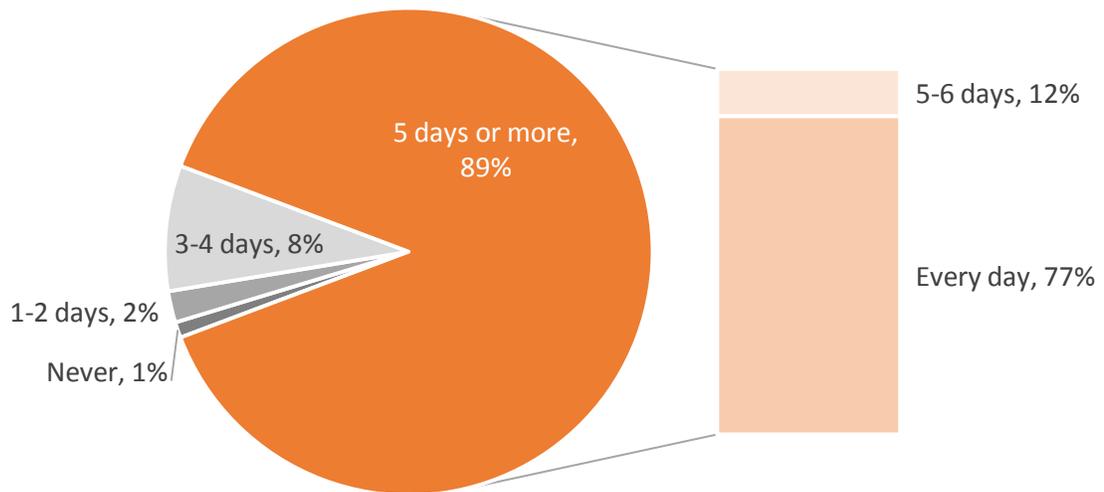
*The number of responses to each question varied. These percentages were calculated by using the average number of responses for each set of questions that relate to a single protective factor as the n.



77% of families who responded to the survey in Hub 3 read to their children every day

Families in Hub 3 who responded to the Family Survey read to their children frequently. 77% read to their children every day, as the graph below demonstrates.

Frequency Children are Read to (n=95)



Comparison of Reading Routines

The data provided above regarding reading routines was compared to data collected from families with children entering T-K and kindergarten. As the chart below demonstrates, the percentage of families participating in Hub 3 services that read to their children every day totaled 77%, while 42% of families with children entering T-K or kindergarten reported reading to their children every day.

Children are Read To Every Day



Preventive Medical and Dental Care of Families Served

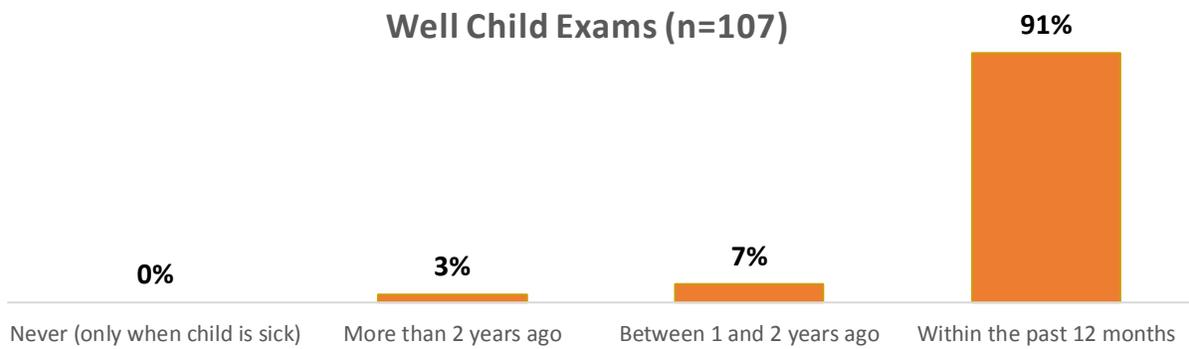
Community Hubs offer health and dental care education and supports, with the goal of encouraging families to access preventive treatment.

Accessing Preventive Medical Care



91% of Hub 3 children whose families completed the survey accessed preventive medical care

Of those families who responded to the survey in Hub 3, 91% indicated their children had received a well-child exam within the last 12 months.



Comparison of Preventive Medical Care Received

The data provided above regarding receipt of well-child exams was compared to data collected from families with children entering T-K and kindergarten. As the chart below demonstrates, the percentage of children participating in Hub 3 services that received well-child care within the last year totaled 91%, while 92% of families with children entering T-K or kindergarten reported their child had received well-child care within the last year.

Well-Child Exam Received within the Last Year

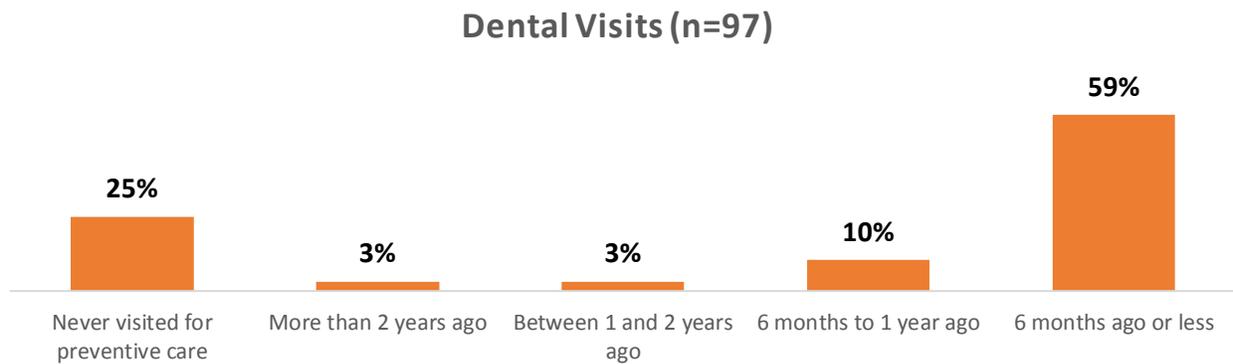


Comparison between Hub participants and families of incoming T-K and kindergartners should be considered in context. Whereas Hub participating families include children who are between the ages 0-5, the T-K and kindergarten population-level data only includes children who are between the ages of 3-5. Furthermore, the requirement that T-K and kindergarten children have medical clearance prior to school entry may result in a higher population achievement within this area of exploration.



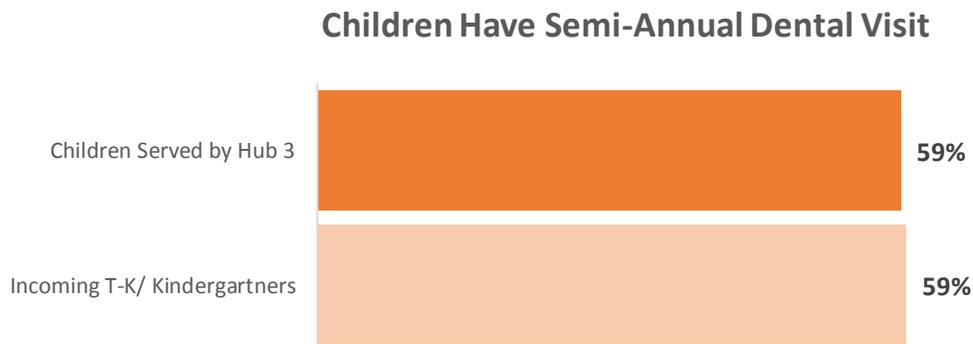
59% of Hub 3 children whose families completed the survey received preventive dental care

Of those families who responded to the survey, 59% indicated that their children, age 1 or older, had received preventive dental care within the last six months. 25% indicated that they had never visited the dentist for preventive care, as the graph below demonstrates.



Comparison of Preventive Dental Care Received

The data provided above regarding receipt of dental care exams was compared to data collected from families with children entering T-K and kindergarten. As the chart below demonstrates, families participating in Hub 3 services that received preventive dental care within the last six months totaled 59%, as did of families with children entering T-K or kindergarten.



As stated before, comparison between Hub participants and families of incoming T-K and kindergartners should be considered in context. Whereas Hub participating families include children who are between the ages 1-5, the T-K and kindergarten population-level data only includes children who are between the ages of 3-5. Furthermore, the requirement that T-K and kindergarten children have dental clearance prior to school entry may result in a higher population achievement within this area of exploration.

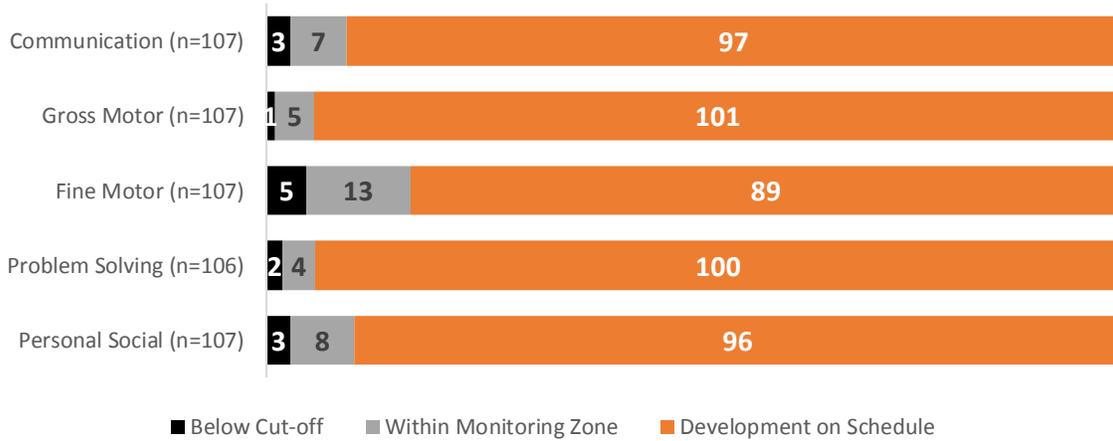
Developmental Screenings Conducted with Families Served



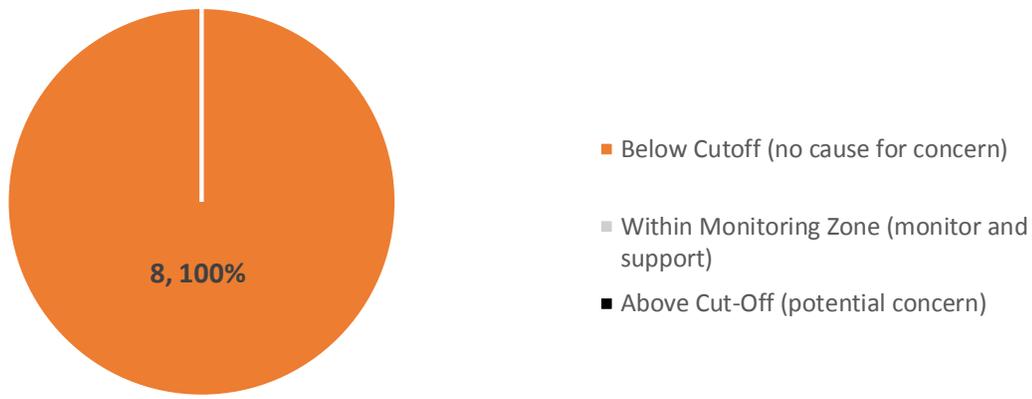
107 children in Hub 3 received developmental screenings

A total of 107 children (of 503 served by Hub 3) received developmental screenings. The majority of children screened had development that was on schedule. 18 of the 107 children screened scored within the monitoring zone or below the cut-off for what was developmentally expected in regards to fine motor skills. This may be an area that the Hub wants to focus its instruction on in the future.

Parents in the Hub 3 Focus Group appreciated that someone reviewed their child's results and communicated about them in a personal way.



A total of eight children received social and emotional developmental screenings in Hub 3. No children in Hub 3 screened demonstrated a need for concern.



As noted earlier, there is no entering T-K and kindergarten population level developmental screening data available for comparison.

Summary Snapshot

The following snapshot compares the socio-economic conditions of the Hub target population to the Hub populations served. It also ties the impact of services to direct service delivery types.

Total Hub Target Population		30,597		Race		Total Population	Service Population
Total Served	751		White		90%	57%	
Surveys collected	110		Multiracial		3%	7%	
Age			Black		<1%	.7%	
Adults	248 (33%)		American Indian		2%	.3%	
Children	503 (67%)		Asian/Pac Islander		1%	.7%	
Under 3	258 (51%)		Hispanic		11%	12%	
3 to 6	229 (46%)		Other		-	4%	
Age Unknown	16 (3%)		Unknown		-	20%	
Income	Total Population Mean Income	Service Population Living Below 130% FPL	Language		Total Population	Service Population	
	\$92,248	22%	Primary language English		-	71%	
Education	Total Population	Service Population	Primary language Spanish		-	6%	
- HS Graduates	91%	88%	Primary language other		-	0	
- Bachelor's Degree	23%	42%	Primary language unknown		-	23%	

Outcome data provided below has a 6.98% margin of error.

Protective Factors	% of Population that Experienced Change	Population Served		T-K/K Population Score
		Pre Service Score	Post Service Score	
Social Connections	8%	94%	97%	96%
Parental Resilience	6%	98%	100%	89%
Concrete Support in Times of Need	9%	91%	96%	81%
Children's Social and Emotional Security	4%	97%	97%	79%
Reading Routines	Population Served		T-K/K	Literacy Services
5-6 Days	12%		-	527 people / 204 events
Every day	77%		42%	42 people / 16 events
Well Child	Population Served		T-K/K	Medical Supports
Within past year	91%		92%	21 people / 251 services
Dental Care	Population Served		T-K/K	Dental Supports
6 months ago or less	59%		59%	17 people / NA
Developmental Screenings	Population Served			Playgroups
ASQ	107 (of 503 served)			69 people / 13 events
ASQ:SE	8			

Implementation Strengths and Considerations

The following strengths and considerations are being offered specifically for Community Hub 3, and take into consideration the quantitative data presented as well as the input received by both parent consumers and Hub team members.

Strengths

- **Hub 3 created positive connections between families:** Hub 3 participants experienced the most growth in the protective factor that is related to “concrete support in times of need.” Additionally, four of seven parent focus group participants noted that programming through Hub partners has helped them connect with other parents.
- The Hub is a really good place for families to meet.*
Parent in Hub 3 Focus Group
- **Hub 3 supports regular reading routines within families:** A high percentage of families participating in Hub 3 services report reading to their children on a daily basis. Whereas 77% of Hub 3 participating families report reading to their children every day, only 42% of families of entering T-K or kindergarten students report reading to their children every day.
 - **Hub 3 is providing linguistically and culturally appropriate service delivery:** Hub 3 serves a considerable Hispanic population (12% of those served), with 6% of those served speaking Spanish as their primary language (based on data available). To appropriately service this population, the Hub employs bilingual staff, who conduct outreach and offer services and programming in Spanish. This strategy is an effective approach to ensuring culturally and linguistically appropriate services.

Considerations

- **Data collection efforts could be strengthened:** There was a considerable amount of demographic information that was missing from families served (race/ethnicity was unknown for 20% of individuals served primary language was unknown for 23% of individuals served.) Hub 3 may want to examine the manner in which data is collected from families to ensure that data accurately reflects the families being served and allows the Hub to identify if they are serving families that match the demographics of their community.
- **Increase outreach to at-risk families:** The results of the Protective Factors Survey (PFS), and the socio-economic demographics of those who responded to the Family Survey support the conclusion that Hub 3 may be serving primarily high-functioning families. Although these families certainly benefit from Hub services, there may be an opportunity for Hub 3 to conduct additional targeted outreach to at-risk families with young children in the area. Staff noted that during this contract year, the Hub had success in reaching out to high-risk populations through Child Protective Services and incorporating them into programming. Hub 3 may consider leveraging this experience to conduct further targeted outreach to more at-risk populations.
- **Encourage the completion of a developmental screening:** Hub 3 provided services to 503 children, of which 107 had an ASQ developmental screening (21% of the population served), and

eight had an ASQ:SE social-emotional developmental screening completed. Parent focus group participants noted that the screening process was easy and the results were appreciated but stated that not everyone had knowledge about the resource. Staff identified an opportunity to establish a space where screenings could more easily take place and the value of encouraging parents to share their positive experiences with other parents to encourage completion of developmental screenings.

- **Collect more family surveys:** Hub 3 collected 110 family surveys, representing approximately 44% of all families served by the Hub. While this is a considerable increase from last year, the number of surveys needed to reach the standard 95% confidence level is higher than what was actually collected. Staff noted that there was mistrust amongst staff members about what the data is used for which may have impacted the number of surveys being collected. They also noted that the survey is long and can be intimidating and cumbersome for families to complete. The following strategies are being offered for Hub 3 consideration in an effort to increase the number of surveys collected:
 - Explore the use of the data and appropriate ways to request family completion with all team members to ensure understanding and comfort with survey collection.
 - Maintain messaging about family survey completion throughout the year, not just during the time that surveys are issued. This may help families understand the importance of the survey and support completion when the request is made.
 - Consider incentives that are responsive to the Hub 3 population. Identify what motivates families, and provide incentives that are aligned to those motivations to support survey completion.

There are additional considerations offered later in the document regarding tool structure that addresses the length and order of survey questions raised by Hub 3 staff members.

The following service recommendations were offered by participants in the parent focus groups:

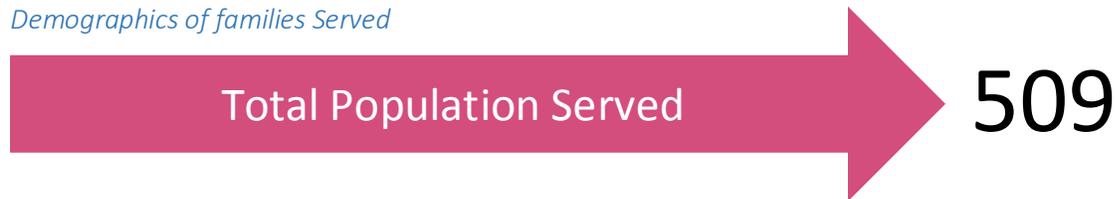
Family Services	Child Services
- Dad-exclusive activities (offered during the weekend)	- Art/sensory activities
- Parent support/sharing groups	- Language immersion classes
- Workshops that focused on a child development topic and activities to support growth in that particular domain	- Activities that expose children to different cultures
- Swap Services	- Baby sign language
- Child/Maternity clothing swaps	- Physical fitness/active play (potentially outdoors)
- Toy swaps	- Poor air day activities
- Nutrition Workshops	
- Age-specific recommendations	
- Food Safety	
- Family Meal Time options/routines	
- Health and Safety Workshops	
- Water Safety and Infant CPR	
- Safe products for kids	
- Go Bag Expo	

Community Hub 4: Georgetown

Community Hub 4 is within Supervisorial District 4 and includes the communities of Coloma, Cool, Garden Valley, Georgetown, Kelsey, Pilot Hill, Rescue, and Shingle Springs.

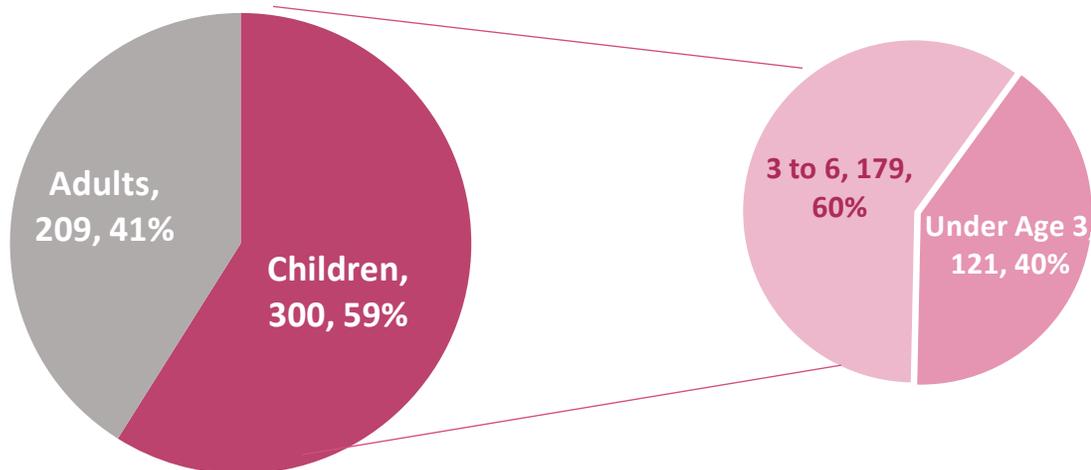
Who Was Served

Demographics of families Served



Community Hub 4 has a total service population of 40,718. In FY 2017-2018, the Community Hub provided services to a total of 509 individuals made up of children ages 0-5, as well as their parents and caregivers.

The majority of service recipients were children, of whom 40% were between the ages of 0-3, as demonstrated in the pie charts below.



The majority of the population served was white (323 or 64%). The race and ethnicity the population served are depicted in the table below.

White	Black	American Indian	Asian/Pacific Islander	Multi-racial	Hispanic / Latino	Other	Unknown
323 (57%)	2 (<1%)	9 (<1%)	2 (<1%)	10 (7%)	11 (12%)	3 (4%)	149 (20%)

The majority of individuals served spoke English as their primary language (69% or 353) followed by Spanish (2% or 8). The remaining languages spoken by individuals served were unknown (29% or 145).

Families who have accessed services through the Community Hub are asked to complete a Family Survey. The Family Survey contains demographic information, parent experiences, and questions regarding the presence of protective factors within family units. A total of 34 Family Surveys were collected during the 2017-2018 fiscal year. This represents approximately 16% of the families served by Hub 4.

Socio-Economic Characteristics of Families Served

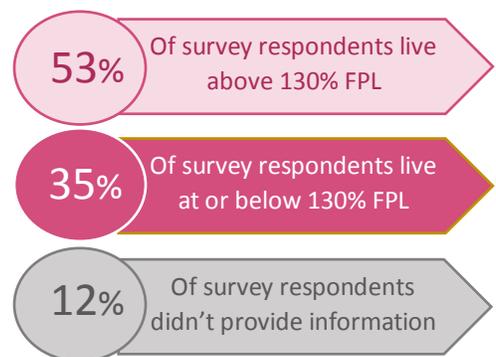
Characteristics help describe the kind of families that are being served by the Hub. The socio-economic characteristics most important to Hubs for which data are available include household income, the percentage of families being served that are living in poverty, and educational attainment.



35% of survey respondents in Hub 4 live at or below 130% of the Federal Poverty Level

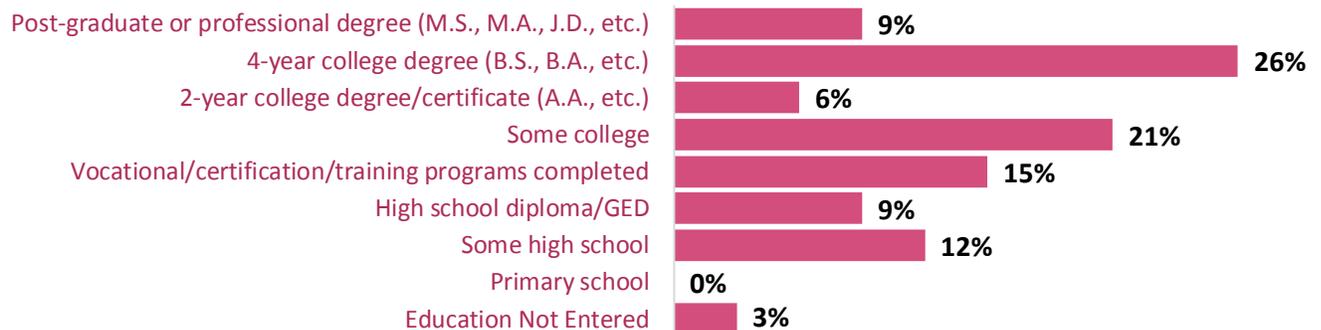
One useful gauge of socio-economic characteristics of a population is the percentage that live at or below 130% of the Federal Poverty Level (FPL). This is the standard used by the Head Start Program to qualify families for services based on income and household size.

35% of families (12 of 34 families) who completed the Family Survey in Hub 4 live at or below 130% of the Federal Poverty Level. 12% (or 4) of families who completed the survey did not provide enough information to determine their economic situation.



41% of survey respondents in Hub 4 have completed at least a two-year degree or more

The majority of parents of families in Hub 4 who completed the Family Survey have completed at least some college or obtained degrees from a higher education institution. 12% of these parents (or 4) indicated that they had not received at least their high school diploma or GED. The following chart demonstrates the percentage of parents at each education level.



Services Provided

Community Hubs provide a variety of services which are tailored to the local community and responsive to identified needs. Services provided between July 1, 2017 and June 30, 2018 are depicted below.

Type of Service Offered	Number of Individuals Served	Total Services (events) Provided
 Early Literacy Activities	181	75
 Raising a Reader Activities	81	18
 Play and Learn Activities	72	18
 Connect Families to Medical Providers	10	346
 Connect Families to Dental Providers	17	N/A*

Families in Hub 4 received the greatest number of services related to early literacy and connection to medical providers.

**The data collected regarding the total number of dental services do not specify between First 5 qualifying and non-qualifying individuals and thus are not provided in this report.*

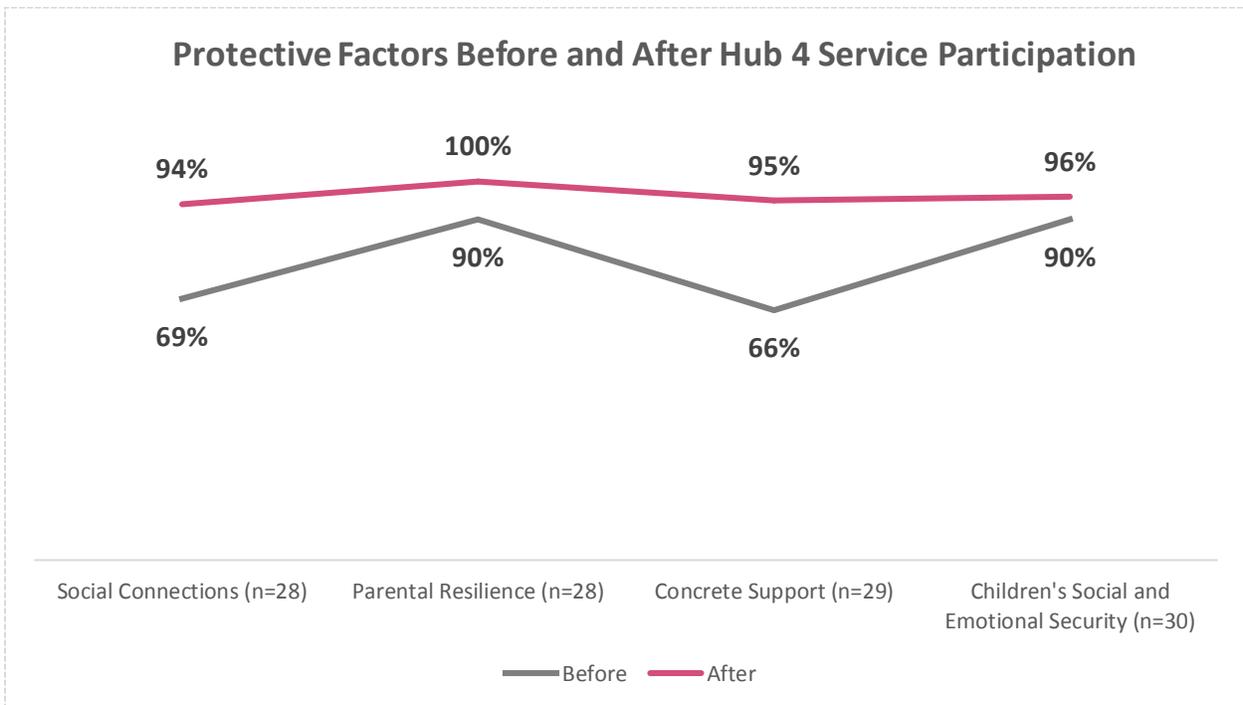
Impact on Families

Impact indicators are driven by the First 5 El Dorado Strategic Plan and include the presence of protective factors, reading routines, accessing preventive medical and dental care, and the completion of developmental screenings. Data was collected from families participating in Hub 4 (Hub participant data) as well as from families with children entering T-K or kindergarten (Community-level data). The intent was to measure impact directly as well as how families accessing Hub services compare to the general population. The margin of error for both levels of data is in the chart below.

Type of Data	Number of Families in Service Population	Surveys Collected	Margin of Error
Hub 4 Participant Data	209	34	15.42%
Community Level Data	525	226	4.92%

Protective Factors of Families Served

The Family Survey included questions meant to measure the presence of protective factors before and after participation in Hub services. 30 families provided information regarding protective factors, the results of which are provided in the line graph below.



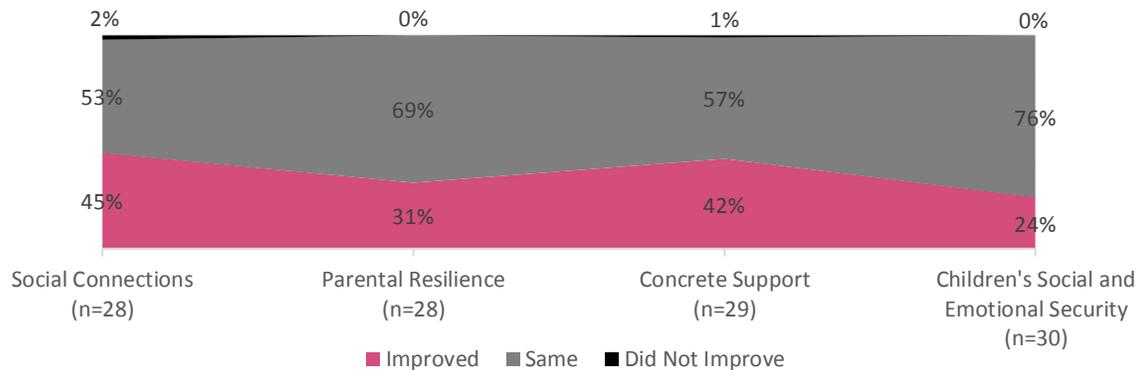
As the chart indicates, families experienced significant gains in relation to social connections and concrete support in times of need after participation in Hub 4 services.

We really appreciate how much is available through the Hub. For such a small community, we are lucky!

Parent in Hub 4 Focus Group

Beyond understanding improvement within each of the protective factor domains, it is also important to know what percentage of the population served experienced growth. The chart below demonstrates that between 24% and 45% of families participating in Hub 4 services who completed the family survey experienced growth within the protective factors.

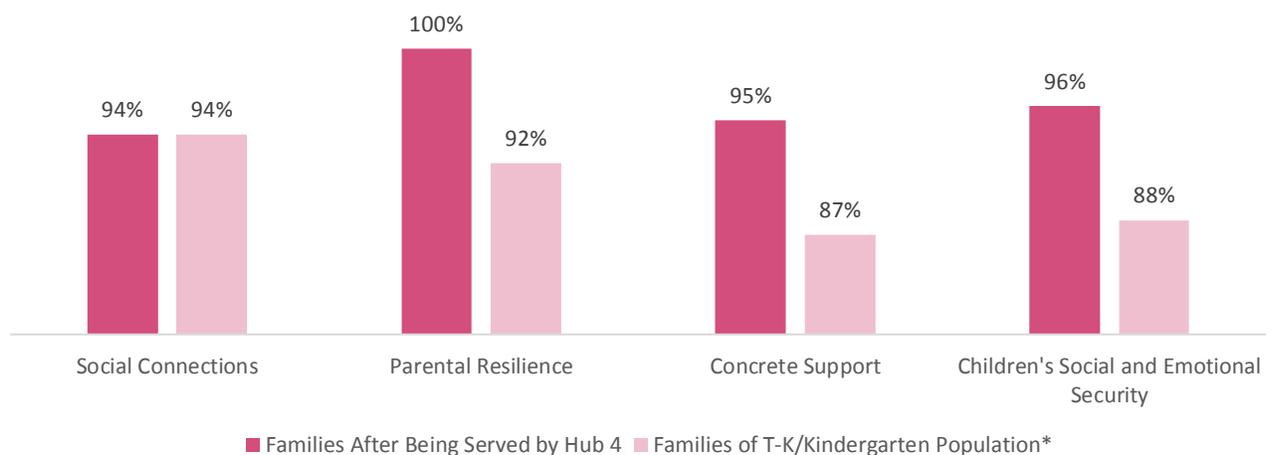
Percent of Hub 4 Participants that Experienced Change in Protective Factors Following Service Delivery



Comparison of Protective Factors in Families

Protective factors data results (following service participation) was compared to data collected from families with children entering T-K and kindergarten. The intent was to measure the presence of protective factors directly as well as at a community level. As the chart below demonstrates, families participating in Hub 4 services, who completed the Family Survey, scored higher in three of the five protective factor domains than families of incoming T-K and kindergarten students at schools within the Hub 4 service area.

Comparison Between Families Served by Hub 4 and Families of T-K/Kindergarten Students



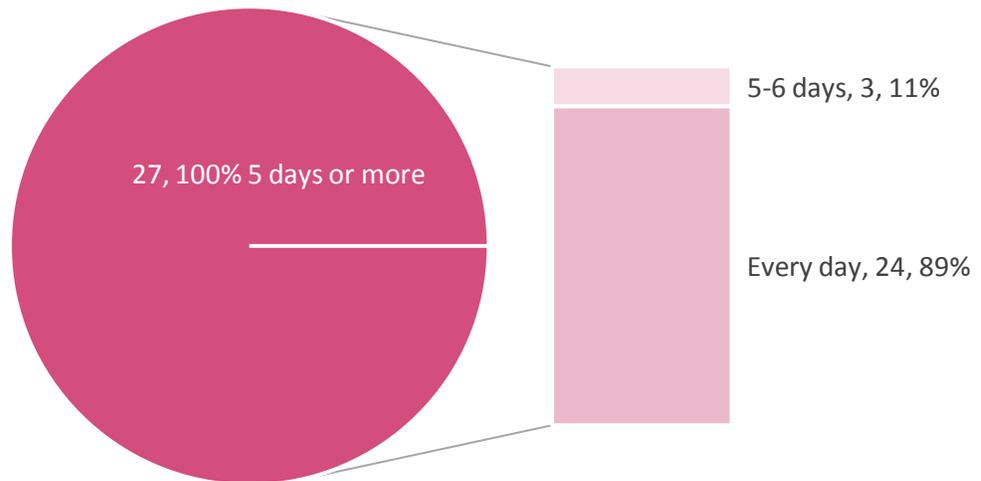
*The number of responses to each question varied. These percentages were calculated by using the average number of responses for each set of questions that relate to a single protective factor as the n.



89% of families who responded to the survey in Hub 4 read to their children every day

Families in Hub 4 who responded to the Family Survey read to their children frequently. 89% read to their children every day, as the graph below demonstrates.

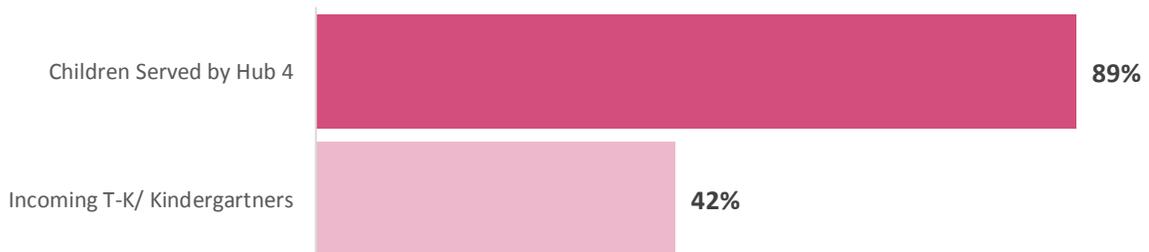
Frequency Children are Read to (n=27)



Comparison of Reading Routines

The data provided above regarding reading routines was compared to data collected from families with children entering T-K and kindergarten. As the chart below demonstrates, the percentage of families participating in Hub 4 services that read to their children every day totaled 89%, while 42% of families with children entering T-K or kindergarten reported reading to their children every day.

Children Are Read to Every Day



Preventive Medical and Dental Care of Families Served

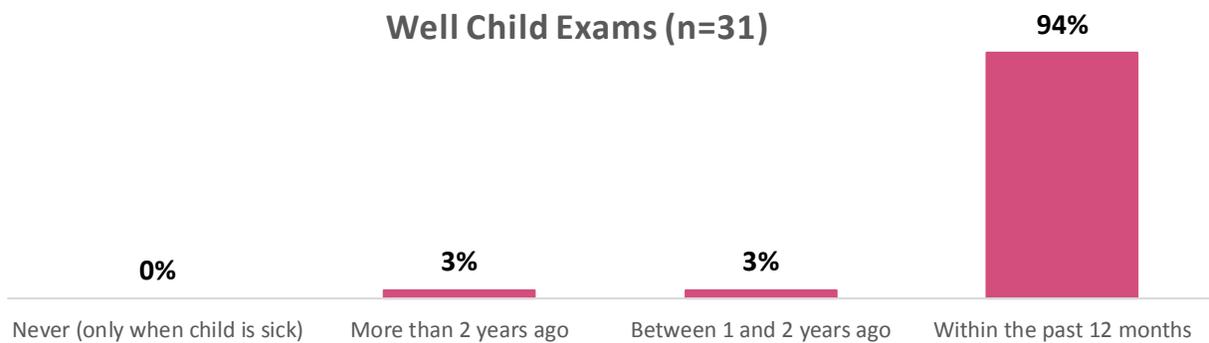
Community Hubs offer health and dental care education and supports, with the goal of encouraging families to access preventive treatment.

Accessing Preventive Medical Care



94% of Hub 4 children whose families completed the survey accessed preventive medical care

Of those families who responded to the survey in Hub 4, 94% indicated their children had received a well-child exam within the last 12 months.



Comparison of Preventive Medical Care Received

The data provided above regarding receipt of well-child exams was compared to data collected from families with children entering T-K and kindergarten. As the chart below demonstrates, the percentage of children participating in Hub 4 services that received well-child care within the last year totaled 94%, while 96% of families with children entering T-K or kindergarten reported their child had received well-child care within the last year.

Well-Child Received within the Last Year



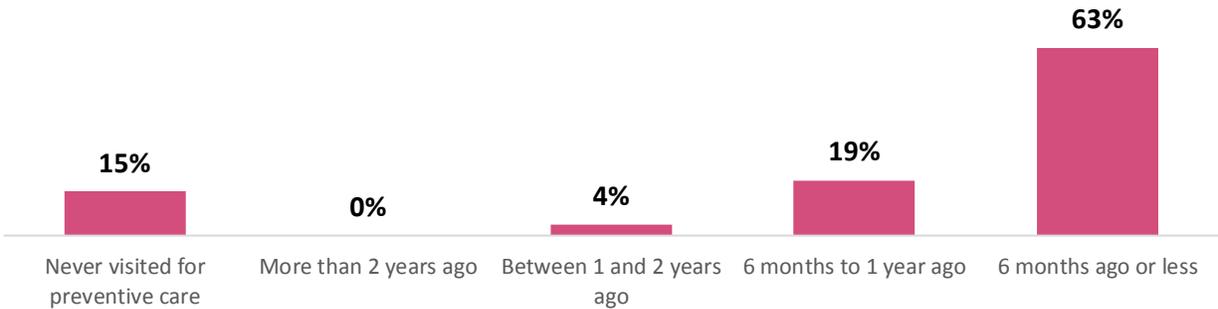
Comparison between Hub participants and families of incoming T-K and kindergartners should be considered in context. Whereas Hub participating families include children who are between the ages 0-5, the T-K and kindergarten population-level data only includes children who are between the ages of 3-5. Furthermore, the requirement that T-K and kindergarten children have medical clearance prior to school entry may result in a higher population achievement within this area of exploration.



63% of Hub 4 children whose families completed the survey received preventive dental care

Of those families who responded to the survey, 63% indicated that their children, age 1 or older, had received preventive dental care within the last six months. 15% indicated that they had never visited the dentist for preventive care, as the graph below demonstrates.

Dental Visits (n=27)



Comparison of Preventive Dental Care Received

The data provided above regarding receipt of dental care exams was compared to data collected from families with children entering T-K and kindergarten. As the chart below demonstrates, participating in Hub 4 services that received preventive dental care within the last six months totaled 63%, while 70% of families with children entering T-K or kindergarten reported their child had preventive dental care within the last six months.

Children Have Semi-Annual Dental Visits



As stated before, the comparison between Hub participants and families of incoming T-K and kindergartners should be considered in context. Whereas Hub participating families include children who are between the ages 1-5, the T-K and kindergarten population-level data only includes children who are between the ages of 3-5. Furthermore, the requirement that T-K and kindergarten children have dental clearance prior to school entry may result in a higher population achievement within this area of exploration.

Developmental Screenings Conducted with Families Served

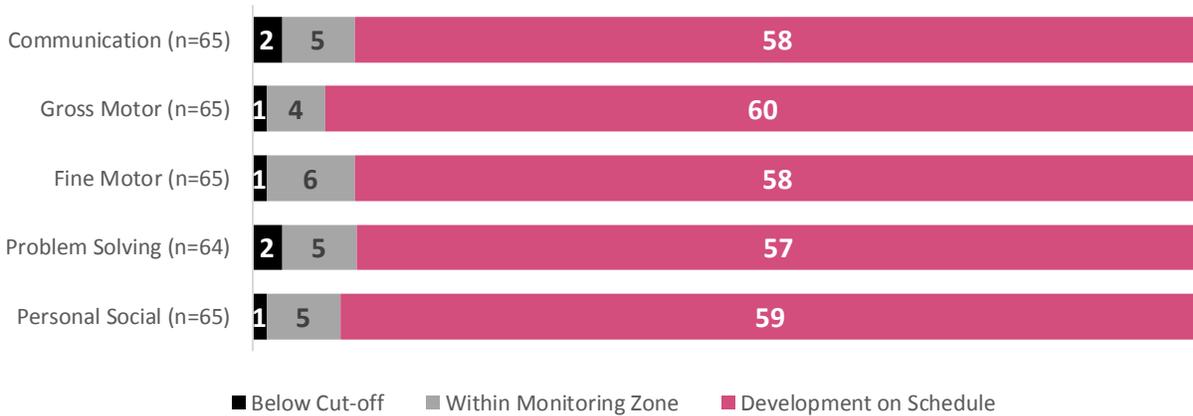


65 children in Hub 4 received developmental screenings

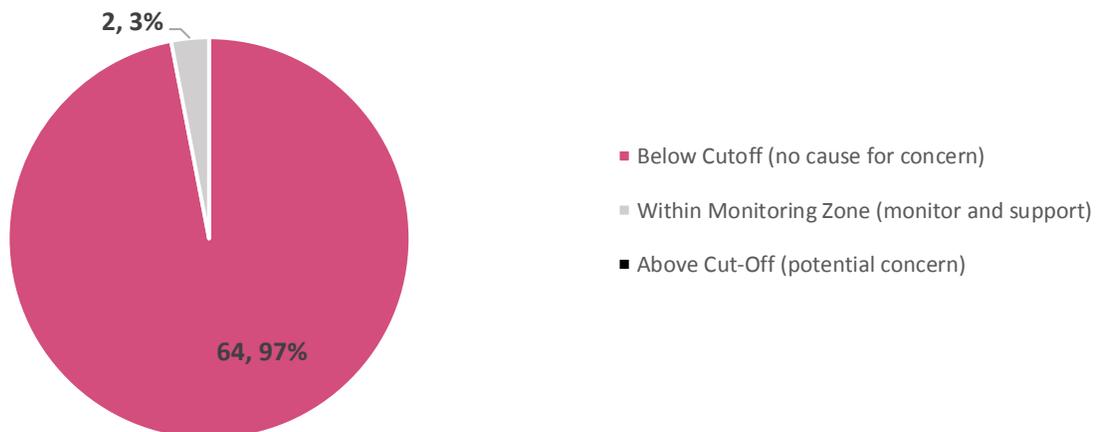
A total of 65 children (of 300 served by Hub 4) received developmental screenings. The majority of children screened had development that was on schedule. Approximately 10% of children screened scored within the monitoring zone or below the cut-off for communication for each of the skill categories assessed.

[Staff] was really good at providing me with feedback about the results and activities I could do at home to support my child's development.

Parent in Hub 4 Focus Group



A total of 66 children received social and emotional developmental screenings in Hub 4. The majority of children in Hub 4 screened demonstrated no need for concern. Two children were identified as needing ongoing monitoring and support or referral for additional assessment.



As noted earlier, there is no entering T-K and kindergarten population level developmental screening data available for comparison.

Summary Snapshot

The following snapshot compares the socio-economic conditions of the Hub target population to the Hub populations served. It also ties the impact of services to direct service delivery types.

Total Hub Target Population	40,718		Race	Total Population	Service Population
Total Served	509		White	93%	64%
Surveys collected	34		Multiracial	4%	2%
Age			Black	<1%	.4%
Adults	209 (41%)		American Indian	1%	2%
Children	300 (59%)		Asian/Pac Islander	2%	.4%
Under 3	121 (40%)		Hispanic	8%	2%
3 to 6	179 (60%)		Other	-	.6%
Age Unknown	0		Unknown	-	30%
Income	Total Population Mean Income	Service Population Living Below 130% FPL	Language	Total Population	Service Population
	\$103,010	35%	Primary language English	-	69%
Education	Total Population	Service Population	Primary language Spanish	-	2%
- HS Graduates	94%	86%	Primary language other	-	0
- Bachelor's Degree	29%	35%	Primary language unknown	-	29%

Outcome data provided below has a 15.42% margin of error.

Protective Factors	% of Population that Experienced Change	Population Served		T-K/K Population Score
		Pre Service Score	Post Service Score	
Social Connections	46%	69%	94%	94%
Parental Resilience	31%	90%	100%	92%
Concrete Support in Times of Need	42%	66%	95%	87%
Children's Social and Emotional Security	24%	90%	96%	88%
Reading Routines	Population Served		T-K/K	Literacy Services
5-6 Days	11%		-	181 people / 75 events
Every day	89%		42%	81 people / 18 events
Well Child	Population Served		T-K/K	Medical Supports
Within past year	94%		96%	10 people / 346 services
Dental Care	Population Served		T-K/K	Dental Supports
6 months ago or less	63%		70%	17 people / NA
Developmental Screenings	Population Served		Playgroups	
ASQ	65 (of 300 served)		72 people / 18 events	
ASQ:SE	66			

Implementation Strengths and Considerations

The following strengths and considerations are being offered specifically for Community Hub 4, and take into consideration the quantitative data presented as well as the input received by both parent consumers and Hub team members.

Strengths

- **Hub 4 has provided valuable services to families:**

Hub 4 provided a good dosage of literacy, health, and developmental screening/support services to families in the target population. Parent focus group participants noted that the type and quality of services available to such a rural and geographically dispersed area is appreciated. In addition, parent focus group participants widely acknowledged that the Hub has:

- *Helped them prepare their child for kindergarten (6/7 participants)*
- *Helped them understand what resources are available in the community (5/7 participants)*
- *Helped them connect with other parents (5/7 participants)*
- *Helped them connect with their child (5/7 participants)*

- **Hub 4 leverages other community resources:** Both staff and parent focus group participants identified the strong linkage between the Hub and other community partners, most notably the school, the wellness center, and the dental van. The Hub works with these community partners to cross-refer clients and mutually promote services. This is especially important in a rural community where resources are scarce.

- **Hub 4 supports social-emotional screenings for young children:** Hub 4 completed 66 ASQ:SE screenings for young children, demonstrating an appreciation for and value of this particular screening. This Hub is positioned to share with other Hub teams how they have been able to encourage parent completion of this particular screening tool.

The Hub offers a variety of activities, providing kids with a choice for what they want to do.

Parent in Hub 4 Focus Group

Considerations

- **Prioritize collection of more family surveys:** Hub 4 collected 34 family surveys, representing approximately 16% of all families served by the Hub. With a margin of error totaling 15.42%, it is not appropriate to generalize the results of data collected to the entire population served. This is unfortunate, as the Family Survey results indicate significant impact related to increased protective factors for the 34 survey respondents. Family surveys are critical in understanding the impact that Hub services have had on families being served. The following strategies are being offered for consideration in an effort to increase the number of surveys collected:
 - Explore the use of the data and appropriate ways to request family completion with all team members to ensure understanding and comfort with survey collection.
 - Maintain messaging about family survey completion throughout the year, not just during the time that surveys are issued. This may help families understand the importance of the survey and support completion when the request is made.

- Communicate what value of the survey to both funding and program development. Help families understand that the survey is not only used by the funder to determine the value of services being offered but also plays a role in determining what will be offered in the future through the Hub. Let families know that completion of the survey is their opportunity to let their voice be heard in shaping the services for the future.
- Consider incentives that are responsive to the Hub 4 population. Identify what motivates families, and provide incentives that are aligned to those motivations to support survey completion.
- Inform families that their information is kept confidential and individual information is not shared with any other public agencies (to address immigration concerns).

Staff identified concerns with the family survey tool to include issues with the content, order, and time it takes to complete. Another issue raised had to do with the required dosage of 6 hours of service delivery in order for the survey to be issued to families. Considerations addressing these concerns are provided later in the document as they are appropriate for Commission level consideration.

- **Data collection efforts could be strengthened:** There was a considerable amount of demographic information that was missing from families served (race/ethnicity was unknown for 30% of individuals served, primary language was unknown for 29% of individuals served.) Hub 4 may want to examine the manner in which data is collected from families to ensure that data accurately reflects the families being served and allows the Hub to identify if they are serving families that match the demographics of their community.
- **Explore alternative sites for service provision:** Both staff and parent focus group participants identified the geographical disbursement of residents as a potential barrier to accessing services. They also recognized the great benefit that the Hub offers in terms of programming. Because the Hub is not tied to a single physical location, the Hub may want to consider duplicating its current success by offering services outside of the Georgetown Divide to address the geographical disbursement issue and the lack of transportation options available to families. Additionally, parent focus group participants indicated a desire to have services that occur outdoors when feasible and consistent with the service option.
- **Continue to encourage the completion of a developmental screening:** Hub 4 provided services to 300 children, of which 65 had an ASQ developmental screening (22% of population served). While staff noted that they advertise and emphasize the importance of screening, parents noted that completing it can be a challenge when caring for children in the library. Hub 4 may want to consider alternative strategies that would make completion of the tool easier for families.

The following service recommendations were offered by participants in the parent focus groups:

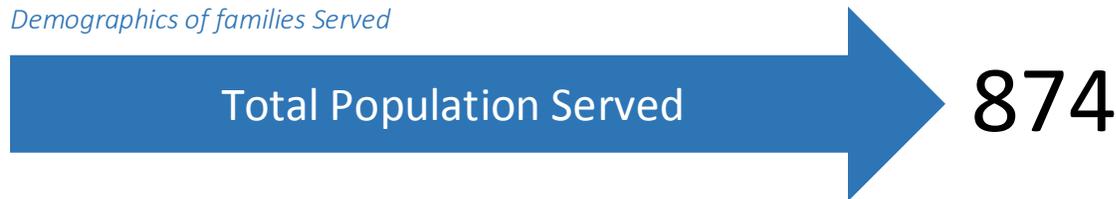
Family Services	Child Services
<ul style="list-style-type: none"> - Father-specific activities - Mom get-togethers - Family gatherings - Connecting families for play dates or car pooling 	<ul style="list-style-type: none"> - Science activities (more) - Puppet sleep-overs (more) - Hub grub and learn (more) - Physical fitness/active play

Community Hub 5: South Lake Tahoe

Community Hub 5 is within Supervisorial District 5 and includes the communities of Kyburz, Meyers, Pollock Pines, South Lake Tahoe, Tahoma, and Strawberry.

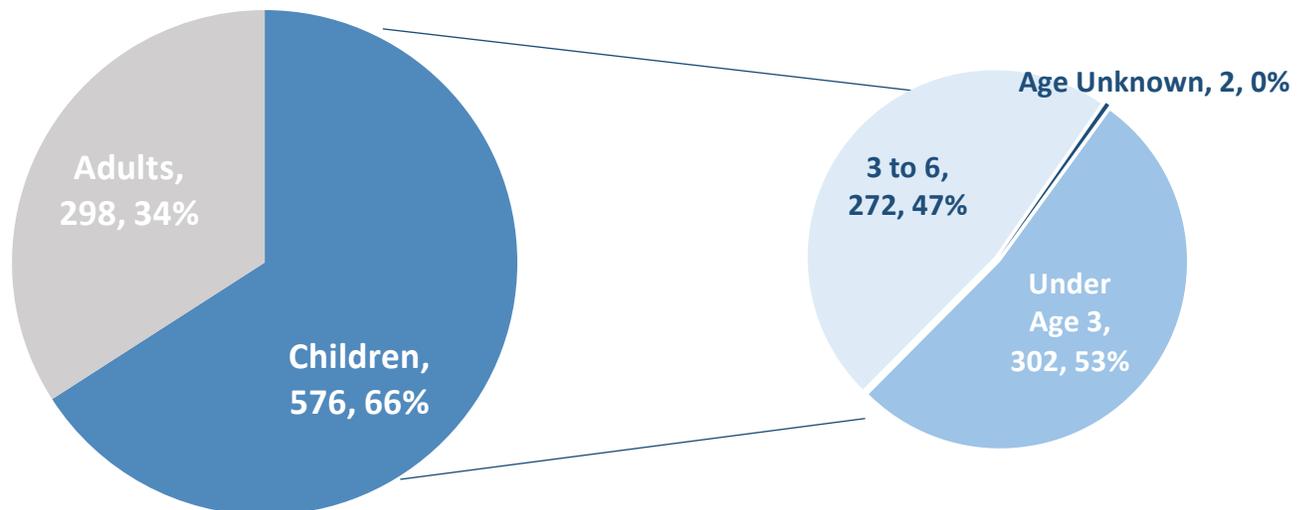
Who Was Served

Demographics of families Served



Community Hub 5 has a total service population of 34,311. In FY 2017-2018, the Community Hub provided services to a total of 874 individuals made up of children ages 0-5, as well as their parents and caregivers.

The majority of service recipients were children, of whom 53% were between the ages of 0-3, as demonstrated in the pie charts below.



The majority of the population served was white (413 or 47%) followed by Hispanic/Latino (188 or 22%). Approximately 9% (or 80) of the total service population identifies as multiracial. The race and ethnicity the population served are depicted in the table below.

White	Black	American Indian	Asian/Pacific Islander	Multi-racial	Hispanic / Latino	Other	Unknown
413 (47%)	0 (0%)	6 (<1%)	9 (<1%)	80 (9%)	188 (22%)	20 (2%)	158 (17%)

The majority of individuals served spoke English as their primary language (62% or 541) followed by Spanish (13% or 111). The remaining languages spoken by individuals served were unknown (25% or 216).

Families who have accessed services through the Community Hub are asked to complete a Family Survey. The Family Survey contains demographic information, parent experiences, and questions regarding the presence of protective factors within family units. A total of 127 Family Surveys were collected during the 2017-2018 fiscal year. This represents approximately 43% of the families served by Hub 5.

Socio-Economic Characteristics of Families Served

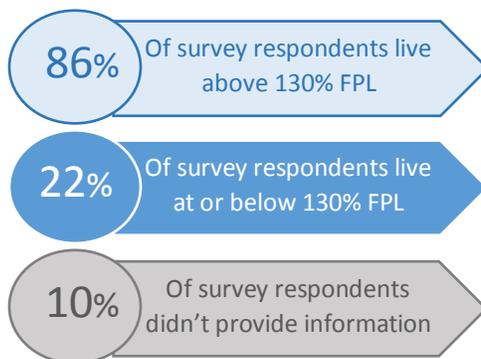
Characteristics help describe the kind of families that are being served by the Hub. The socio-economic characteristics most important to Hubs for which data are available include household income, the percentage of families being served that are living in poverty, and educational attainment.



22% of survey respondents in Hub 5 live at or below 130% of the Federal Poverty Level

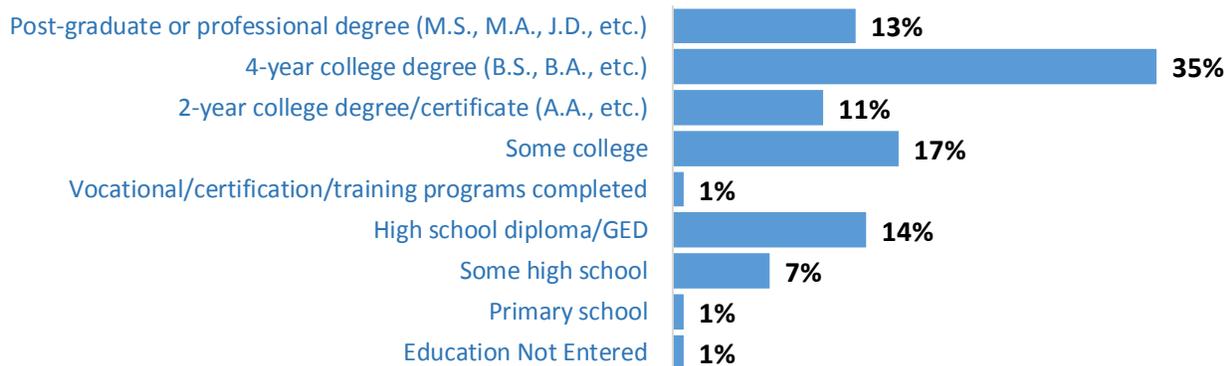
One useful gauge of socio-economic characteristics of a population is the percentage that live at or below 130% of the Federal Poverty Level (FPL). This is the standard used by the Head Start Program to qualify families for services based on income and household size.

22% of families (28 of 127 families) who completed the Family Survey in Hub 5 live at or below 130% of the Federal Poverty Level. 10% (or 13) of families who completed the survey did not provide enough information to determine their economic situation.



59% of survey respondents in Hub 5 have completed at least a two-year degree or more

The majority of parents of families in Hub 5 who completed the Family Survey have completed at least some college or obtained degrees from a higher education institution. 8% of parents (or 10) indicated that they had not received at least their high school diploma or GED. The following chart demonstrates the percentage of parents at each education level.



Services Provided

Community Hubs provide a variety of services which are tailored to the local community and responsive to identified needs. Services provided between July 1, 2017 and June 30, 2018 are depicted below.

Type of Service Offered	Number of Individuals Served	Total Services (events) Provided
 Early Literacy Activities	466	270
 Raising a Reader Activities	85	31
 Play and Learn Activities	56	20
 Connect Families to Medical Providers	11	238
 Connect Families to Dental Providers	31	N/A*

Families in Hub 5 received the greatest number of services related to early literacy and connection to medical providers.

**The data collected regarding the total number of dental services do not specify between First 5 qualifying and non-qualifying individuals and thus are not provided in this report.*

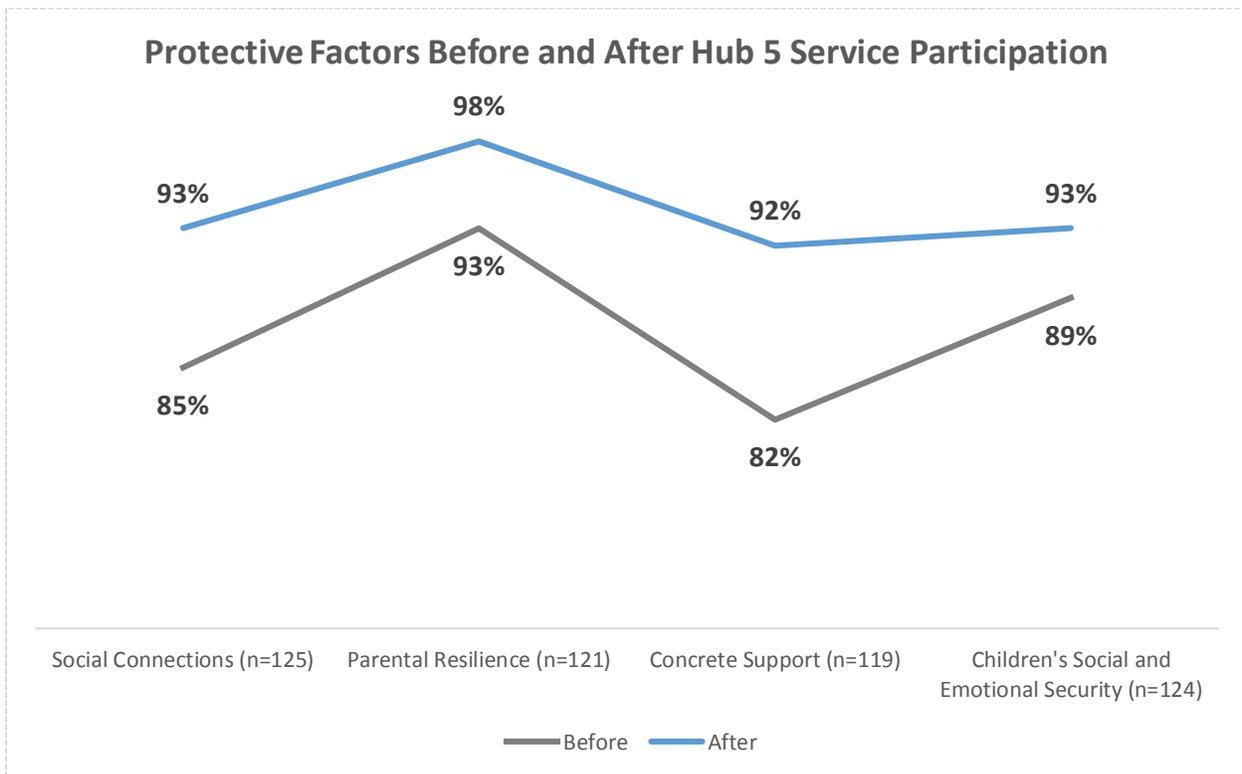
Impact on Families

Impact indicators are driven by the First 5 El Dorado Strategic Plan and include the presence of protective factors, reading routines, accessing preventive medical and dental care, and the completion of developmental screenings. Data was collected from families participating in Hub 5 (Hub participant data) as well as from families with children entering T-K or kindergarten (Community-level data). The intent was to measure impact directly as well as how families accessing Hub services compare to the general population. The margin of error for both levels of data is in the chart below.

Type of Data	Number of Families in Service Population	Surveys Collected	Margin of Error
Hub 5 Participant Data	298	127	6.60%
Community Level Data	410	243	4.02%

Protective Factors of Families Served

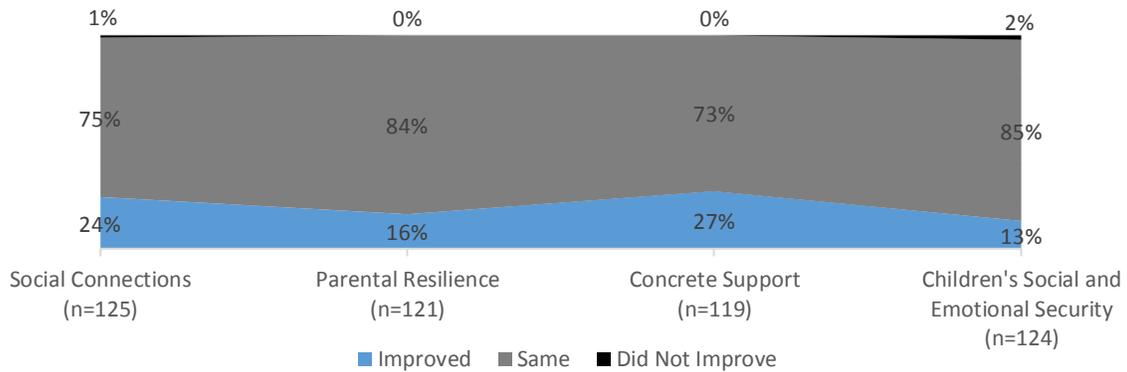
The Family Survey included questions meant to measure the presence of protective factors before and after participation in Hub services. 125 families provided information regarding protective factors, the results of which are provided in the line graph below.



Results indicate that families participating in Hub 5 services experienced varying degrees of improvement within each of the protective factors. The most amount of gain was associated with concrete support in times of need where there was a 10% improvement rating.

Beyond understanding improvement within each of the protective factor domains, it is also important to know what percentage of the population served experienced growth. The chart below demonstrates that between 13% and 27% of families participating in Hub 5 services who completed the family survey experienced growth within the protective factors.

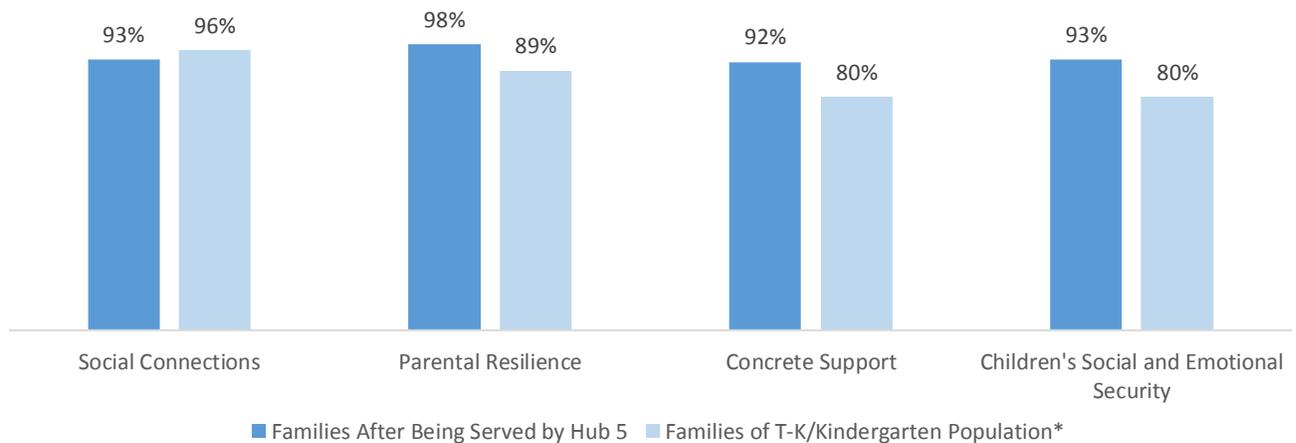
Percent of Hub 5 Participants that Experienced Change in Protective Factors Following Service Delivery



Comparison of Protective Factors in Families

Protective factors data results (following service participation) was compared to data collected from families with children entering T-K and kindergarten. The intent was to measure the presence of protective factors directly as well as at a community level. As the chart below demonstrates, families participating in Hub 5 services, who completed the Family Survey, scored higher in all protective factor domains measured than families of incoming T-K and kindergarten students at schools within the Hub 5 service area.

Comparison Between Families Served by Hub 5 and Families of T-K/Kindergarten Students



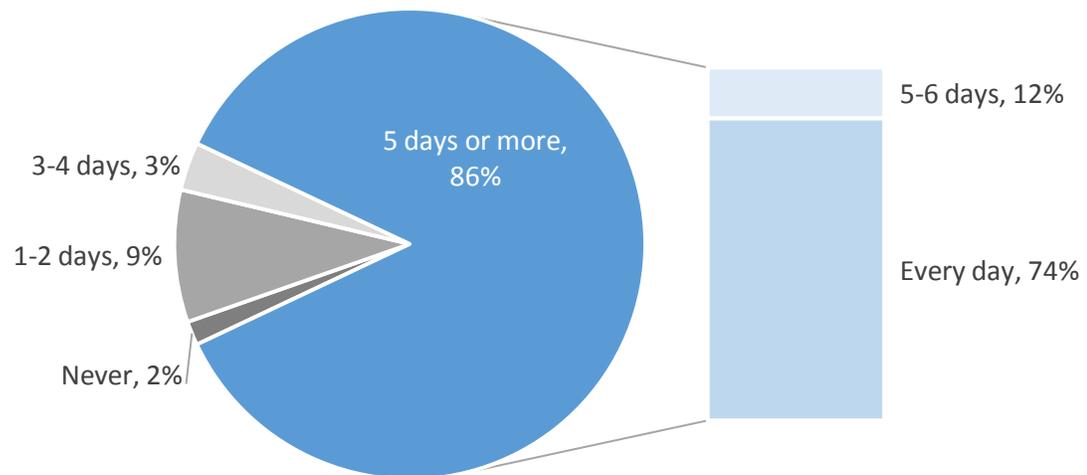
*The number of responses to each question varied. These percentages were calculated by using the average number of responses for each set of questions that relate to a single protective factor as the n.



74% of families who responded to the survey in Hub 5 read to their children every day

Families in Hub 5 who responded to the Family Survey read to their children frequently. 74% read to their children every day, as the graph below demonstrates.

Frequency Children are Read to (n=119)



Comparison of Reading Routines

The data provided above regarding reading routines was compared to data collected from families with children entering T-K and kindergarten. As the chart below demonstrates, the percentage of families participating in Hub 5 services that read to their children every day totaled 74%, while 47% of families with children entering T-K or kindergarten reported reading to their children every day.

Children are Read to Every Day



Preventive Medical and Dental Care of Families Served

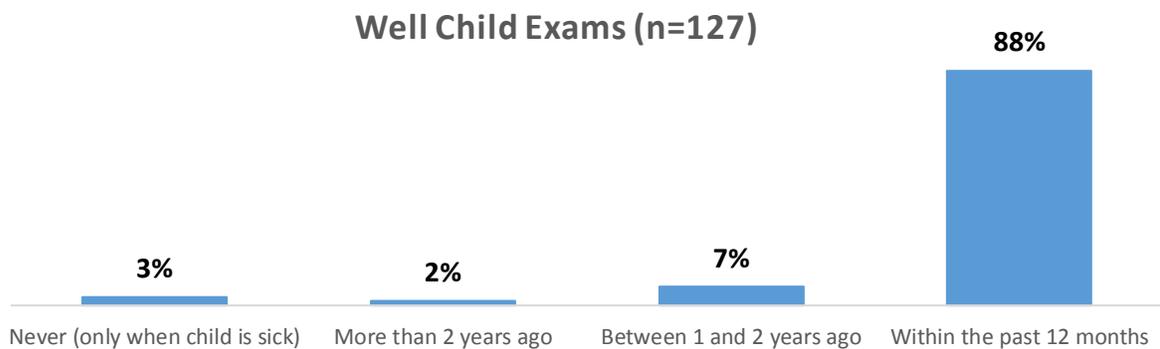
Community Hubs offer health and dental care education and supports, with the goal of encouraging families to access preventive treatment.

Accessing Preventive Medical Care



88% of Hub 5 children whose families completed the survey accessed preventive medical care

Of those families who responded to the survey in Hub 5, 88% indicated their children had received a well-child exam within the last 12 months.



Comparison of Preventive Medical Care Received

The data provided above regarding receipt of well-child exams was compared to data collected from families with children entering T-K and kindergarten. As the chart below demonstrates, the percentage of children participating in Hub 5 services that received well-child care within the last year totaled 88%, while 90% of families with children entering T-K or kindergarten reported their child had received well-child care within the last year.

Well-Child Received within the Last Year



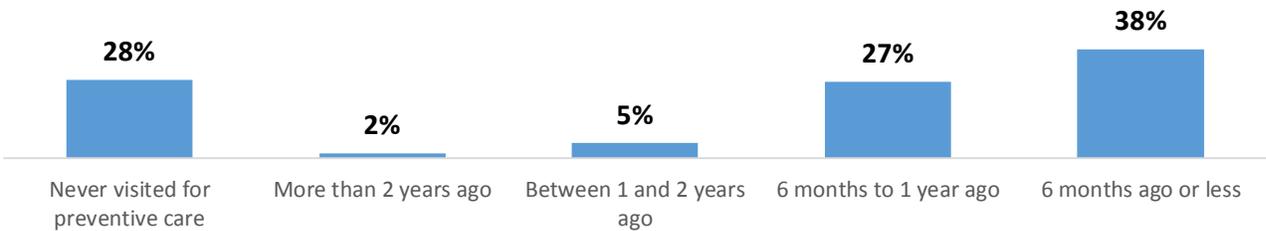
Comparison between Hub participants and families of incoming T-K and kindergartners should be considered in context. Whereas Hub participating families include children who are between the ages 0-5, the T-K and kindergarten population-level data only includes children who are between the ages of 3-5. Furthermore, the requirement that T-K and kindergarten children have medical clearance prior to school entry may result in a higher population achievement within this area of exploration.



38% of Hub 5 children whose families completed the survey received preventive dental care

Of those families who responded to the survey, 38% indicated that their children, age 1 or older, had received preventive dental care within the last six months. 28% indicated that they had never visited the dentist for preventive care, as the graph below demonstrates.

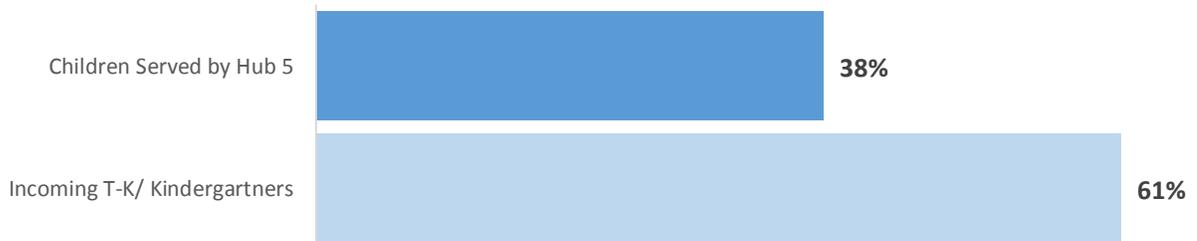
Dental Visits (n=112)



Comparison of Preventive Dental Care Received

The data provided above regarding receipt of dental care exams was compared to data collected from families with children entering T-K and kindergarten. As the chart below demonstrates, participating in Hub 5 services that received preventive dental care within the last six months totaled 38%, while 61% of families with children entering T-K or kindergarten reported their child had preventive dental care within the last six months.

Children Have Semi-Annual Dental Visits



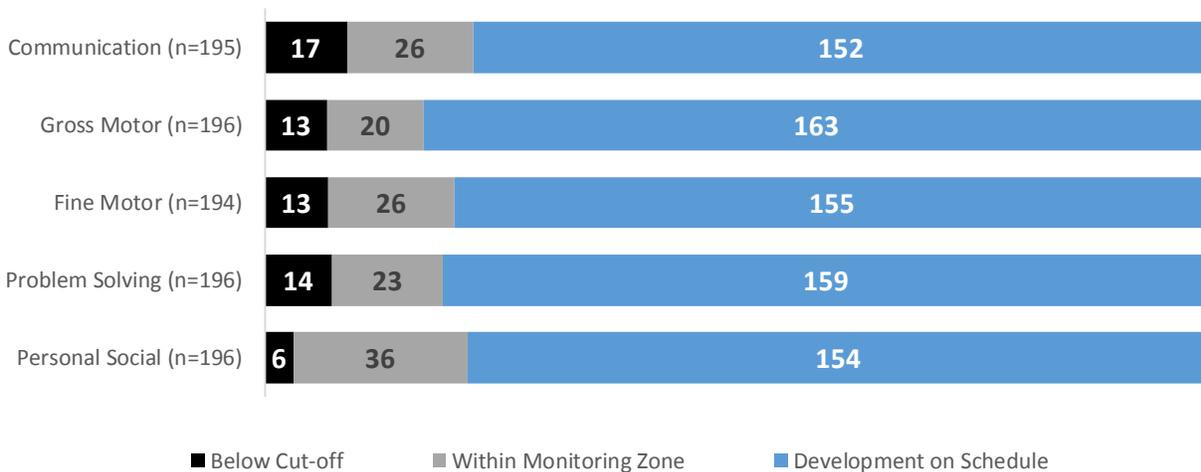
As stated before, comparison between Hub participants and families of incoming T-K and kindergartners should be considered in context. Whereas Hub participating families include children who are between the ages 1-5, the T-K and kindergarten population-level data only includes children who are between the ages of 3-5. Furthermore, the requirement that T-K and kindergarten children have dental clearance prior to school entry may result in a higher population achievement within this area of exploration.

Developmental Screenings Conducted with Families Served

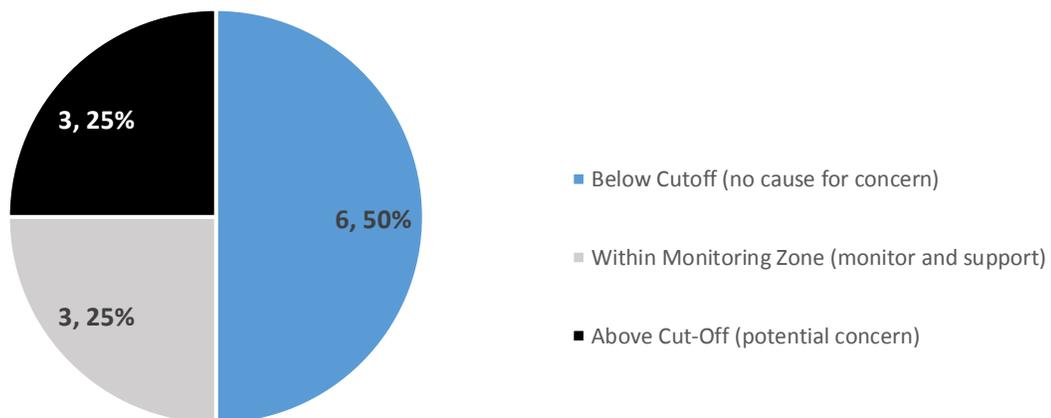


196 children in Hub 5 received developmental screenings

A total of 196 children (of 576 served by Hub 5) received developmental screenings. The majority of children screened had development that was on schedule. Approximately 20% of children screened scored within the monitoring zone or below the cut-off for what was developmentally expected in regards to communication and personal/social skills. These may be areas that the Hub wants to focus its instruction on in the future.



A total of 12 children received social and emotional developmental screenings in Hub 5. Six were identified as needing ongoing monitoring and support or referral.



As noted earlier, there is no entering T-K and kindergarten population level developmental screening data available for comparison.

Hub Experiences

Parent Focus Group Summary

The purpose of the focus group was to gather parent perspectives about what families need, how people learn about the Hub and their experience with the services available through the Hub. A high-level summary of key themes and ideas about programs and services that emerged from a focus group held with parents using services at Hub 5 is provided below. Because a large portion of the population is Spanish-speaking, this focus group was held in Spanish.

There were 27 parents and caregivers in attendance at the focus group held on January 23, 2019.

The most significant issues facing families in Hub 5 included housing and housing affordability and lack of recreation activities for children. Other issues mentioned included the lack of child care, the limited capacity of Head Start, and the distance to health care services.

Topic	Hub Successes	Hub Opportunities
Outreach	People find out about services through social service programs, friends, the library and flyers.	Still, participants felt that the Hub could conduct more outreach, especially through schools.
Services	Hubs were praised for connecting families to health care services and for the quality of programming offered at Storytime.	It was noted that Hubs could increase the frequency of services, the hours in which they were offered, and provide additional help connecting with dentists. Other services requested included: <ul style="list-style-type: none">• Yoga• Music classes• Art classes• Social-emotional support• Counseling for abused children• Specialized help for children with developmental delays
Screenings	Although many families had completed screenings through Head Start, some had done so through the Hub.	Bilingual staff could help parents understand both the purpose and results of the screening better.

Summary Snapshot

The following snapshot compares the socio-economic conditions of the Hub target population to the Hub populations served. It also ties the impact of services to direct service delivery types.

Total Hub Target Population		34,311	Race		Total Population	Service Population	
Total Served		874	White		80%	47%	
Surveys collected		127	Multiracial		3%	9%	
Age			Black		1%	0	
Adults		298 (34%0	American Indian		<1%	.7%	
Children		576 (66%)	Asian/Pac Islander		5%	1%	
Under 3		302 (53%)	Hispanic		24%	22%	
3 to 6		272 (47%)	Other		-	2%	
Age Unknown		2 (0%)	Unknown		-	17%	
Income		Total Population Mean Income	Service Population Living Below 130% FPL	Language		Total Population	Service Population
		\$72,670	22%	Primary language English		-	62%
Education		Total Population	Service Population	Primary language Spanish		-	13%
- HS Graduates		88%	91%	Primary language other		-	0
- Bachelor's Degree		25%	48%	Primary language unknown		-	25%

Outcome data provided below has a 6.60% margin of error.

Protective Factors	% of Population that Experienced Change	Population Served		T-K/K Population Score
		Pre Service Score	Post Service Score	
Social Connections	24%	85%	93% (8)	96%
Parental Resilience	16%	93%	98% (5)	89%
Concrete Support in Times of Need	27%	82%	92% (10)	80%
Children's Social and Emotional Security	13%	89%	93% (4)	80%
Reading Routines	Population Served		T-K/K	Literacy Services
5-6 Days	12%		-	466 people / 270 events
Every day	74%		47%	85 people / 31 events
Well Child	Population Served		T-K/K	Medical Supports
Within past year	88%		90%	11 people / 238 services
Dental Care	Population Served		T-K/K	Dental Supports
6 months ago or less	38%		61%	31 people / NA
Developmental Screenings	Population Served		Playgroups	
ASQ	53 (of 404 served)		56 people / 20 events	
ASQ:SE	3			

Implementation Strengths and Considerations

The following strengths and considerations are being offered specifically for Community Hub 5, and take into consideration the quantitative data presented as well as the input received by both parent consumers and Hub team members.

Strengths

- **Hub 5 created positive connections between families:** Hub 5 participants experienced the most growth in the protective factors related to “concrete support in times of need” and “social connections.”
- **Hub 5 supports regular reading routines within families:** A high percentage of families participating in Hub 5 services report reading to their children on a daily basis. Whereas 74% of Hub 5 participating families report reading to their children every day, only 47% of families of entering T-K or kindergarten students report reading to their children every day.
- **Hub 5 has successfully engaged the Hispanic/Spanish speaking community:** Hub 5 reported that 22% of the population served were Hispanic, which is comparable to their entire service population which maintains a 24% Hispanic population. Additionally, 13% of their population served speaks Spanish as their primary language. Lastly, the focus group conducted was host to a total of 27 actively engaged Spanish speakers.

Hub staff members credit their ability to reach this community to their bilingual staffing and their ongoing efforts to outreach to the community in areas where they frequent. Additionally, it was identified that their bilingual staff members had a long and trusting reputation in the community which they leveraged to bring families to the Hub as a “trusted resource.”

- **Hub 5 provides needed health supports:** Hub 5 provided 238 health-related services to 11 families, for an average of 22 services per family. In addition, 31 people accessed dental supports. This represents a significant need for health-related supports by some families served through the Hub. This reality was echoed throughout the parent focus group as many of the issues raised were health related to include:
 - *Lack of affordable health care*
 - *Lack of providers accepting Medi-Cal/Denti-Cal*
 - *Lack of quality health care*

Considerations

- **Data collection efforts could be strengthened:** There was a considerable amount of demographic information that was missing from families served (race/ethnicity was unknown for 17% of individuals served, primary language was unknown for 25% of individuals served.) Hub staff identified that there are a number of barriers that may impede comprehensive data collection which include:
 - Concerns because of immigration status
 - Lack of trust for government agencies
 - Lack of understanding of what data is used for

Hub 5 may want to examine how they request data from families, establishing consistent messaging that resonates with families and communicates the importance of the information for programming purposes, and the limits to how the information is shared/used.

- **Increase outreach to improve understanding of Hub services:** Parent focus group participants noted that there is not a wide-spread understanding of the Hub and the services available through it. They noted that there are additional opportunities to outreach and increase awareness and utilization of services.

Hub staff identified some outreach issues discovered during the period covered by this report which included:

- Tourism industry influences the number of residents that attend community events where outreach sometimes occurs
- Staffing shortages created competing priorities between service delivery and outreach
- Technology challenges created communication barriers (telephone dead spot)

Hub 5 has a clearer sense of the outreach efforts that bear the most fruit and intend to utilize those lessons learned to enhance the effectiveness of outreach efforts.

- **Encourage the completion of a developmental screening:** Hub 5 provided services to 404 children, of which 53 had an ASQ developmental screening (13% of population served), and three had an ASQ:SE social-emotional developmental screening completed. Some parent focus group participants were not aware of the resource while other noted that they became disengaged in the process when staff supporting survey completion and reviewing results was not a Spanish speaker. Hub 5 staff identified that some families may not understand the importance of the screening and may feel like it is time consuming. Furthermore, they felt like asking for demographic information at the front end of the process may dissuade some families from accessing the service.

Hub 5 may want to increase messaging about the value and importance of screenings to increase awareness, and ensure that support is offered to Spanish speaking families in their primary language.

The following service recommendations were offered by participants in the parent focus groups:

Family Services	Child Services
<ul style="list-style-type: none"> - Recreational sites/activities - Yoga classes - Social and emotional support - Parent and Child activities 	<ul style="list-style-type: none"> - Child counseling - Places where children can have fun - Music classes - Art classes - Yoga classes - Early intervention services for children having difficulty with speaking, reading, and writing

Conclusions and Recommendations

Based on an analysis of all of the data contained in this report, the following conclusions and recommendations are being offered for Commission consideration as they require decisions and action at a systems level. These conclusions and recommendations were developed based on the community context that Hubs are operating in as well as trends that were identified across multiple Hub communities.

Continue to invest in the Community Hub model of care. Being that Hubs offer a unique and place-based approach to serving a families comprehensive needs, they are a good strategy to address generational, toxic stress. By providing prevention and early intervention services, the Hubs can make a positive impact in building healthy and resilient families in El Dorado County.

Revisit evaluation framework, specifically around the protective factors. The evaluation framework originally established was based on an analysis that was to occur at a county-wide level. Applying that framework at a community level, while offering valuable information that can help propel Hubs to realize their potential, also exposed some weaknesses that should be addressed. Hubs are serving in large part, high functioning families and as such are experiencing minor gains within the protective factors as currently measured. In addition, many Hub staff have indicated that parents feel like the questions posed regarding some of the protective factors are invasive and offensive. It is being recommended that the Commission, in partnership with grantee partners, revisit the protective factors component of the Family Survey and identify modifications to the manner in which data is collected and analyzed. Some options for consideration include:

- Update Family Survey tool to utilize select components of the Protective Factors Survey 2.0, identifying protective factors categories that are most impacted by the Hub service delivery approach.
- Reconfigure how data is interpreted to only include an analysis where a change in protective factors occurred.
- Redevelop the Family Survey tool to exclude the protective factors questions for those families that do not meet the minimum six hours of service threshold.

Develop an approach, strategy, or mechanism to increase knowledge of and access to Hub services.

Service data, supported by parent focus group input reveals that there are a significant amount of families being served by a single service approach within the Hub (Storytime, Playtime, or Health Supports). Hubs are perfectly positioned to comprehensively support parents and families in dealing with challenging life situations. Each time a family accesses a single type of service, families should be informed of the other services and supports available to them through the Hub and its community partners. There should be a formal practice to ensure this occurs so that families understand the breadth of services they may access in a time of need.

In addition, the continues to be a general lack of understanding amongst program participants and the target population to be served about what a “Hub” is, what services it offers and how/when services occur. It is recommended that the Commission establish consistent messaging around the concept of the “Hub” to ensure people know what it is and how to access services within the model.

Consider the use of a navigator within the Hub model of care. In the 2017-2018 Evaluation Report, a recommendation was made for the Commission to consider establishing a Hub navigator that can serve as the entry point, assessment, and coordinator for all elements of service delivery at each Hub. This may serve to further impact service coordination, reach, and comprehensive data collection. The data contained in this Hub report further confirms that the use of this model may help streamline various components of the service cycle.

Establish an advocacy platform that encourages early and consistent dental screenings for young children. Many Hub teams identified various barriers to early and consistent dental screenings amongst families which included:

- Dentist willingness to serve the youngest of children. Staff reported that many dentists refuse or dissuade families from accessing early oral health care. The American Academy of Pediatric Dentistry recommends that a child “see a pediatric dentist when the first tooth appears, or no later than his/her first birthday.”² The Commission may want to consider mounting an educational campaign that encourages dentists to support early and routine dental care for young children consistent with the American Academy of Pediatric Dentistry recommendations.
- Insufficient providers who accept new patients and/or Denti-Cal insurance product. Staff reported this to be a significant barrier which prevents access to care. The Commission may want to work through Prop 56 efforts to support workforce development and strategize on how to encourage providers to accept Denti-Cal patients.

Support Hub Teams in understanding and using data to support continuous quality improvement.

Engaging Hub teams in understanding data and its use in continuous quality improvement efforts will strengthen programming at the Hub level as well as at a systems level. The Commission may want to consider hosting data review meetings and provide grantees with the opportunity to provide input on data collection and the evaluation framework.

Establish clear expectations around developmental screenings. Developmental screening offer multiple benefits to families being served. First, they provide parents with critically important information about what is appropriate child development. Second, they offer the opportunity of early identification and intervention which has proven to be more effective and less costly than addressing a delay within the k-12 educational system. Third, the results of developmental screenings can help programs understand the areas of child development that families need the most supports for. Thus, the Commission should establish clear expectations around the extent to which developmental screenings occur for young children in El Dorado County to include the option of a universal screening.

One final consideration that does not come with a Commission specific recommendation, but rather is being offered as a means to understand a condition that impacts Hub success and its relative outcomes for families has to do with staff vacancies within Hub Teams. Because the Hub model revolves around relationships, be it with community partners, the target population, or the people being served, when there is staff turnover within the Hub team, it tends to impact the ability of the Hub to be successful. There has been a significant amount of staff turnover and vacancies over the past year within multiple Hub Teams. It is likely that if Hub Teams are stabilized, their ability to have a more significant impact in both reach and depth within their communities will be magnified.

² Retrieved on February 20, 2019 from: http://www.aapd.org/resources/frequently_asked_questions/#311

Appendix A

Pre-K Observation Form Data Collection Summary

Hub 1

Entering School Year 2018-2019				
School Site	Total Number of T-K & Kinder Students* ³	Number of Pre-K Observation Forms Completed	Percentage of T-K and Kinder Population in which a Pre-K Observation Form was Completed	Percentage of families that completed Pre-K Observation Form who indicated their child went to preschool
Lake Forest School	80	53	66%	96%
Jackson School	94	36	38%	100%
Lakeview Elementary	89	61	69%	92%
Green Valley School	73	45	62%	87%
Silva Valley School	48	49 ⁴	102%	90%
Oak Meadow School	101	69	68%	86%
William Brooks School	96	44	46%	84%

Hub 2

Entering School Year 2018-2019				
School Site ⁵	Total Number of T-K & Kinder Students	Number of Pre-K Observation Forms Completed	Percentage of T-K and Kinder Population in which a Pre-K Observation Form was Completed	Percentage of families that completed Pre-K Observation Form who indicated their child went to preschool
Blue Oak School	92	37	40%	76%
Pioneer School	34	8	24%	63%
Latrobe	19	13	68%	77%
Walt Tyler	9	1	11%	0%

³ Enrollment data was gathered from schools in December 2018 and are not meant to represent final enrollment information, which will be made publicly available after the publication of this report at:

<https://data1.cde.ca.gov/dataquest/page2.asp?level=County&subject=Enrollment&submit1=Submit>

⁴ The number of Pre-K observations forms collected exceeds the number of students enrolled in the school as of December 2018. This could be due to transfers or dropped students.

⁵ Indian Diggings is not included in this report, but does fall within the communities served by Community Hub 2.

Hub 3

Entering School Year 2018-2019				
School Site	Total Number of T-K & Kinder Students	Number of Pre-K Observation Forms Completed	Percentage of T-K and Kinder Population in which a Pre-K Observation Form was Completed	Percentage of families that completed Pre-K Observation Form who indicated their child went to preschool
Louisiana Schnell School	84	27	32%	85%
Sierra School	91	78	86%	85%
Camino School	59	30	51%	73%
Gold Oak School	63	43	68%	79%

Hub 4

Entering School Year 2018-2019				
School Site	Total Number of T-K & Kinder Students	Number of Pre-K Observation Forms Completed	Percentage of T-K and Kinder Population in which a Pre-K Observation Form was Completed	Percentage of families that completed Pre-K Observation Form who indicated their child went to preschool
Otter Creek School	2	0	0%	0%
American River Charter	23	7	30%	29%
Georgetown Elementary	41	27	66%	67%
Northside School	45	21	47%	71%
Sutter's Mill School	91	27	30%	93%
Indian Creek School	137	85	62%	78%
Rescue School	111	40	36%	85%
Buckeye School	75	19	25%	89%

Hub 5

Entering School Year 2018-2019				
School Site	Total Number of T-K & Kinder Students ⁶	Number of Pre-K Observation Forms Completed	Percentage of T-K and Kinder Population in which a Pre-K Observation Form was Completed	Percentage of families that completed Pre-K Observation Form who indicated their child went to preschool
Bijou School	82	43	52%	74%
Tahoe Valley School ⁷	137	104	76%	75%
Lake Tahoe Environment Science	64	36	56%	81%
Pinewood School	71	33	46%	82%
Sierra House	56	27	48%	89%

⁶ Enrollment data was gathered from schools in January, 2018 and are not meant to represent final enrollment information, which will be made publicly available after the publication of this report at:

<https://data1.cde.ca.gov/dataquest/page2.asp?level=County&subject=Enrollment&submit1=Submit>

Appendix B

Data Considerations

The findings in this report should be considered with the following methodological and data limitations in mind.

1. Voluntary participants within any of the First 5 direct service programs may by nature be inclined to value child enrichment activities, hence their decision to volunteer for a program that is consistent with this value. This is also referred to as self-selection bias. Self-selection bias helps explain why so many evaluation subjects already possessed high scores within the protective factor domains at program entry.
2. This evaluation uses parent self-report surveys for data collection. The self-report method is vulnerable to social desirability bias whereby respondents or assessment raters answer questions in ways that they believe are pleasing to the person asking questions or to the persons who provided them with the survey.
3. The First 5 participant evaluation sample relies on a pre-test/post-test design, which does not allow for causal attributions to be made because it does not include a control group. Positive changes may correspond to the timing of program exposure, but that does not guarantee that the changes were caused by First 5 direct service programs.
4. The First 5 participant evaluation sample excludes those who did not reach “program saturation” meaning attendance in services for at least 6 hours of service delivery; therefore, the study group is not representative of all First 5 direct service program participants.
5. Results and conclusions drawn from this study cannot be generalized to families with children who are not similar in demographic characteristics as the study participants.

Additionally, data collection tools and methods require consideration be given to the following circumstances:

- A direct comparison between the First 5 participating families and community-level data (families of incoming T-K and kindergartners) achievement in any of the Commission result areas needs to be understood in context. Whereas First 5 participating families include children who are between the ages 0-5, the T-K and kindergarten population-level data only includes children who are between the ages of 3-5. Furthermore, the requirement that T-K and kindergarten children have medical and dental clearance prior to school entry may result in a higher population achievement within these two areas of exploration.

Finally, the program that serves the largest population of children, the Ready to Read @ Your Library, experienced a data malfunction and was unable to account for a significant amount of people served and services provided. This may have impacted the results achieved as it is unknown whether the First 5 participant sample is an accurate representation of the service population.