

Investing in Early Childhood



VISION

OUR VISION

Contra Costa's young children will be healthy, ready to learn and supported in safe, nurturing families and communities.



Investing in Early Childhood
First 5 Contra Costa Strategic Plan, 2010-2015
Approved October 2009



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DEAR FRIENDS AND COLLEAGUES,

We are pleased to present First 5 Contra Costa Children and Families Commission's third strategic plan, which is designed to guide our priorities and investments over the next five years, from 2010 through 2015.

Since our first strategic plan was approved nearly a decade ago, First 5 Contra Costa has invested over \$75 million to help local children grow up healthy, nurtured, and ready for school. Our investments and strategic partnerships have created a strong foundation on which to build over the next five years.

When First 5 was created ten years ago, few could have anticipated the current economic situation in Contra Costa and California. The last two years in particular have seen the collapse of core funding for child welfare, public health, health insurance, and other programs that support young children and their families.

Within this environment, the role of First 5 Contra Costa as partner, funder, and leader of early childhood development is needed more than ever.

We know that the physical, mental, social, and emotional development of a child is critical during their first five years. Children whose development is impeded during this time can spend a lifetime trying to catch up, often at great expense and loss to society. Our response in these times is to do as much as possible, as effectively as possible, so families will not need the kind of crisis interventions for which funding has become increasingly scarce.


The Commission's approval of this strategic plan marks the culmination of a nearly 18-month-long public planning process that engaged community stakeholders, grantees, Commissioners, and staff. It reflects the impact, outcomes, and accomplishments of our currently funded programs, the growing needs of the community, and new knowledge about early childhood development and successful practices that have emerged in recent years.

We look forward to the next five years as a time of change and continued improvement for families in Contra Costa. We invite you to join us in our work to help Contra Costa's children grow up healthy, ready to learn, and supported in safe, nurturing families and communities.

Sincerely,



John Jones, Chair
First 5 Contra Costa
Children and Families Commission



Sean Casey, Executive Director
First 5 Contra Costa
Children and Families Commission

INTRODUCTION AND STRATEGIC PLAN DEVELOPMENT

Research shows that a child's brain develops most dramatically during the first five years of life. During this time, a window of opportunity exists to shape how a child's brain develops. A child's relationships with her parents and the kind of experiences she grows up with profoundly affect how her brain develops.

Based on this research, California voters passed Proposition 10 (the Children and Families First Act) in 1998, adding a 50 cents-per-pack tax on tobacco products to fund health, early childhood education, and parent education programs for expectant parents and children from birth to age five.

Numerous studies confirm that early childhood initiatives like Proposition 10 can reduce the need for more expensive taxpayer-funded services later such as special education, foster care, and welfare programs.

Proposition 10

Approximately \$600 million is collected statewide from Proposition 10 each year. Commissions at the state and in each of California's 58 counties were formed to distribute funds.

The State Commission receives 20 percent of the revenues for statewide programs, public education, and outreach. County Commissions receive the remaining 80 percent of revenues to fund local programs. Funds are allocated to counties based upon the number of births to residents in each county.

All county Commissions are required to submit strategic plans to the State Commission based on input from parents, child care providers, and service and advocacy groups to guide funding decisions and ensure that plans reflect local needs and priorities.

In 2002, the State and most County Commissions adopted the name "First 5" to reflect the program's focus on a child's first five years of life.

Proposition 10 in Contra Costa County

The Contra Costa County Board of Supervisors established the First 5 Contra Costa Children and Families Commission on June 15, 1999 (Ordinance 99-15). The Board appointed nine Commission members and nine Alternate members on September 1, 1999.

Members include one Supervisor from the County Board of Supervisors, the directors of the County departments of Health Services and Employment and Human Services, and a representative from the County Administrator's Office of Children's Services. The other five members of the Commission are appointed by the Board of Supervisors and represent each Supervisorial District.

Commissioners and Alternate Commission members represent various disciplines and backgrounds including pediatrics, early childhood education, child welfare, and schools. Alternate members, including second representatives from the Board of Supervisors, the county agencies mentioned above, and the five districts, hold all the powers of the appointed Commissioners except voting privileges.



"The best investment in economic development that government and the private sector can make is in the healthy development of children."

- Art Rolnick, Ph.D.
Vice President Federal
Reserve Bank, Minneapolis

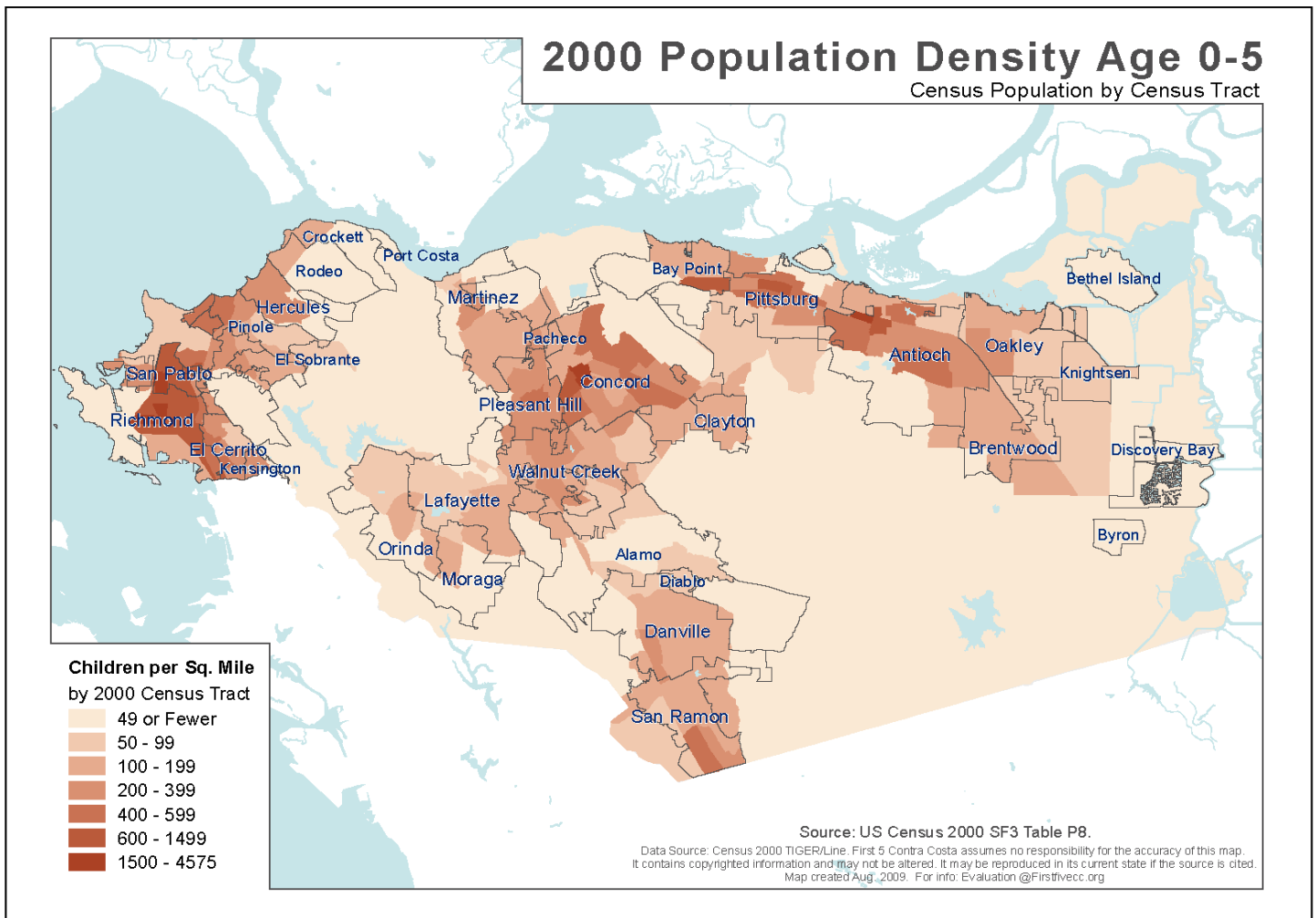
The Context: Children of Contra Costa

A Current Snapshot

More than one million people call Contra Costa County home, including approximately 80,000 children under six years old. Over 13,000 children are born in the county each year, accounting for approximately 2.25% of all California births (California Department of Finance 2007).

In recent years, foreign immigration, primarily from Latin America and Asia, has been a major influence on the County's population. Most immigrants arrive as young adults, get married, and have children, thereby not only increasing the population size but also changing the age structure and ethnic mix (Craft, 2003).

The California Department of Finance estimates that approximately one-third of children age birth to five years are Latino (35%), one-third are white (35%), 12% are Asian/Pacific Islander, 8% are African-American, and 5% are another ethnicity or multiple ethnicities.



Diversity extends to the County's wealth as well. Although Contra Costa's median household income is relatively high – \$75,483 compared to the state median of \$58,361 – income varies substantially across the county: the wealthiest Contra Costa zip code earns six times more than the poorest (U.S. Census, 2005-07). Pockets of deep and sustained poverty persist in large areas of the west, east, and to a lesser extent, central portions of the county.

The economic recession has deeply affected Contra Costa's residents. Home foreclosure rates are among the highest in the country. Unemployment rates climbed from 6.1% in June 2008, to 10.7% in the following June. In several areas, unemployment rates have spiked even higher, such as Bay Point at 21% and San Pablo at 20% (California Employment Development Department 2009).

For County government, the combined losses of property, income, and sales taxes locally and statewide have meant drastic cuts in health and social services, particularly in child welfare services. While recovery in the private sector is projected for 2010, public-sector recovery is expected to lag for several years. Ironically federal spending for early childhood is increasing as the new administration has made preschool and other child development programs a priority.

Why Invest in Children?

After more than two decades of research on early brain and child development, the results are in: investing in young children is good social policy. Furthermore, results from several long-term, well-respected evaluations of early childhood development programs support a growing consensus among leading economists, sociologists, and policymakers that high-quality programs for early childhood development are a sound *financial* investment as well.

Research has illuminated how brain development in the early years – particularly the first three to five years – sets the patterns and processes individuals will follow throughout their lives. Although the brain is not inflexible after the first five years, neural pathways have largely been set and the brain's ability to change – its plasticity – is markedly reduced. Therefore, the quality of life and the contributions each person makes to society *as an adult* may be traced back to early childhood.

When a young child is supported by her family and principal caretakers in her development of cognition (knowledge), language, motor skills, adaptive skills, as well as her social and emotional functioning, she is far more likely to succeed in school, the workplace, and in life generally. Children at risk because of family crisis such as violence, substance use, or parent mental illness can particularly benefit from well-designed child development programs.

The benefit to society can be equally great in the form of reduced cost for remedial or intervention programs later in life. As social investment, economists place early childhood favorably against conventional economic development projects: "Why invest in a new stadium (rate of return uncertain) when you can get a whopping 16% by investing in pre-kindergarten for poor kids?" (Rolnick and Grunewald 2008).

"Why invest in a new stadium (rate of return uncertain) when you can get a whopping 16% by investing in pre-kindergarten for poor kids?"

- Rolnick and Grunewald 2008

The first five years are a time of enormous potential for positively affecting lifelong development, health, and learning. Providing high-quality, enriching experiences to our young children can significantly impact later spending demands for education, healthcare, special education, child welfare and foster care, mental healthcare, substance use treatment, and incarceration. To make smart use of public funds in this way is to make an investment with a high likelihood of return many times over for years to come.

Our Accomplishments

To date, we have invested \$75 million in local programs and activities designed to help children grow up healthy, nurtured, and ready for school. Our investments have:

- Improved the quality of child care for young children by helping thousands of child care providers to advance their education and training.
- Doubled the number of licensed child care programs that meet national accreditation standards – the country's highest mark of quality.
- Established five First 5 Centers that provide free parenting classes and early learning programs to over 1,800 low-income families each year.
- Created school readiness preschools that have boosted developmental skills for low-income children who otherwise might start kindergarten behind.
- Provided high-quality home visiting programs to at-risk expectant and new parents to help them bond with their babies, enroll in health insurance, and locate needed services.
- Helped children with emotional, social, behavioral, or developmental problems to remain in their child care settings and/or locate services to improve their development.
- Ensured that parents are aware of resources in their community and know how to access them.
- Provided extensive trainings to local service providers to make sure that parents and children receive high-quality services.
- Formed strategic partnerships to address issues such as universal preschool, family economic security, child obesity, and the effects of domestic violence on young children.

Our strategic planning process allowed the opportunity for Commissioners, staff, partners, and the community to reflect on our accomplishments, evaluate lessons learned from nearly ten years implementing Proposition 10, and to strategize on how best to move forward with a focused set of priorities for improving the lives of children in Contra Costa County.

Strategic Plan Development

Our strategic planning process began in April 2008 with the formation of an ad-hoc committee made up of Commissioners, staff, and community representatives. This Committee subsequently designed the process the Commission used to solicit community input, consider the current landscape of services for children, and set future goals and priorities.

To engage the community, we held ten forums and focus groups in various regions of the county in which nearly 200 providers and parents with young children participated. We also conducted interviews with key stakeholders to obtain input from local policy makers and posted surveys in English and Spanish on our Web site.

The parent focus groups, which were held in English and in Spanish, provided information about the programs and supports parents rely on to help them raise their children, their ideas for programs and services that would be most helpful, and the best way to inform the community about the services we fund.

Providers offered impressions of changes affecting families over the past eight years, discussed which programs and services they believed to be most effective and important in meeting families' needs, and described the kind of training and education that would be of value to providers and the community.

In January 2009, the Commission held a strategic planning retreat to reaffirm our mission and vision and to review the current landscape of services for children, trends in the early childhood field, and funding scenarios based on new projections. The Commission also developed goals we want to achieve for families, and identified seven of these goals as "core goals" in which resources particularly should be applied. To help inform discussions at the retreat, First 5 staff prepared a Briefing Book for the Commission, which summarizes local data and key research findings, information from the community input process, and results from our currently funded programs. The Briefing Book can be accessed at www.firstfivecc.org.

Since the Commission's retreat, First 5 staff and the Commission's Program and Evaluation Committee (PEC) refined the goals developed at the retreat, confirmed core goals, and developed objectives and strategic directions to guide the development of implementation plans and future funding allocations. The Commission approved these elements of the strategic plan in July 2009. The Commission then reviewed the entire strategic plan in September 2009 and formally adopted the plan in October 2009.

Definitions

The following definitions explain the framework for the strategic plan:	
Strategic Result Area	The five major areas of life that significantly influence children's healthy development.
Goal	The long-range end result that will lead to the accomplishment of the mission.
Objective	The specific changes necessary to achieve the goal.
Strategic Direction	The direction that will guide our implementation plan.
Initiative	The organizational structure around which our funding will occur.
Outcome	A specific effect that is expected to result from a program's activity.



VISION, MISSION, AND STRATEGIC PRINCIPLES

Vision Statement

Contra Costa's young children will be healthy, ready to learn, and supported in safe, nurturing families and communities.

Mission Statement

The mission of First 5 Contra Costa is to foster the optimal development of our children, prenatal to five years of age.

In partnership with parents, caregivers, communities, public and private organizations, advocates, and county government, we support a comprehensive, integrated set of sustainable programs, services, and activities designed to:

- Improve the health and well-being of our young children
- Advance their potential to succeed in school
- Strengthen the ability of their families and caregivers to provide for their physical, mental, and emotional growth



"Any significant education reform effort must start with children before they enter their kindergarten classrooms. If we only start focusing on kids at kindergarten and on - it's five years too late."

- Rep. George Miller

Strategic Principles

First 5 Contra Costa adopts the following strategic principles to guide our work:

- **Honor and respect community voice and engage community members in respectful and meaningful ways.** First 5 Contra Costa provides multiple opportunities for community members to participate meaningfully in our work, including soliciting input on improving our funded programs and forming advisory groups that include parents to identify community needs and implement innovative solutions.
- **Respect the County's diverse communities and ensure appropriate practices.** First 5 Contra Costa wants to ensure that children from diverse backgrounds and with diverse abilities have access to high-quality, culturally competent services. We believe that programs should be delivered in a sensitive and competent manner that is respectful of race, ethnicity, language, and special needs. First 5 Contra Costa will work to ensure staff and Commission members reflect the diversity of our community, and continue to increase the cross-cultural awareness and engagement of our staff and Commission members.
- **Prioritize funding allocations to benefit families in greatest need.** First 5 Contra Costa allocates the majority of our funding to programs that serve families with the greatest needs in order to reduce the disparities and poor outcomes that families living in low-income communities typically experience.
- **Align and link our funded programs with other programs to enhance services, fill gaps, and share resources.** First 5 funds are best used when they are aligned with other programs and funding sources in complementary ways, such as professional development and training for providers, sharing data to track program effectiveness, and linking services to make them more accessible to families.

- **Sustain programs as revenues decline.** To ensure our programs have long-term impact in the community, First 5 Contra Costa has maintained a Sustainability Fund to shore up allocations affected by revenue decline. First 5 also seeks funding partners and companion funding streams, leverages funding from state and federal sources to promote sustainability, and advocates for policy changes that sustain the systems changes brought about by First 5.
- **Fund high-quality programs that use promising or evidence-based practices.** First 5 Contra Costa researches evidence-based curricula and provides training and expertise to children's service providers to ensure that children and families receive the highest quality programming.
- **Conduct regular evaluations to improve our funded programs.** First 5 uses a variety of evaluation methods to ensure that funded programs are achieving their intended results, and to determine how programs can be improved. Evaluations will rely on the opinions and experiences of program beneficiaries; focus on strengths; respect the confidentiality and dignity of program participants; and remain mindful of the diversity among participants. Our evaluation results will be shared with the Commission, contractors, and the community.

STRATEGIC RESULTS AREAS, GOALS, AND OBJECTIVES

The purpose of any strategic plan is to describe the steps by which the organization's vision will be achieved. First 5 Contra Costa believes that in order to achieve our vision, children need to grow up with five essential components.

These five components – called Strategic Results Areas – represent what we believe it takes for children to thrive. We recognize that without any one of these, a child may be at a disadvantage, and that without any two or three, a child most certainly will be.

The Strategic Results Areas set the foundation for our investments over the next five years, and include the following:

STRATEGIC RESULTS AREAS
Children are HEALTHY
Children are LEARNING
Children are in LOVING AND SUPPORTIVE FAMILIES
Children are in FINANCIALLY STABLE FAMILIES
Children live in SAFE AND SUPPORTIVE COMMUNITIES



"We have bailed out banks, propped up Detroit's automakers, and approved billions of dollars for highways and bridges. Now it is time to invest smartly in children."
- James Heckman

These Strategic Results Areas are nearly identical to those identified in our original strategic plan; however in the 2000 strategic plan, we had a Strategic Result called "Collaborative systems to sustain integrated, accessible, and culturally appropriate services". We moved this to our list of Strategic Principles because we believe establishing collaborative systems is essential to all that we do. The other modification we made was to add a result about growing up in financially stable families, which research shows can improve outcomes for children.

We have developed a set of corresponding goals and objectives for each of our five Strategic Results Areas. These goals and objectives are based on input from the community, community-wide data, research on early childhood initiatives, and our experience investing in local programs over the last eight years. The Commission identified seven of these goals as "core goals" in which resources particularly need to be applied.

Goals and Objectives

Children are HEALTHY


- Goal 1: Children in need receive early intervention services.**
A. Developmental screening is practiced universally.
B. A responsive system exists to serve children with identified needs.
C. Parents concerned about their child's development receive education and support.
- Goal 2: All pregnant women, including teens, receive early prenatal care.**
A. Women at-risk for late or no entry are enrolled into prenatal care.
- Goal 3: All children receive routine health and dental care.**
A. Families have access to information about children's health.
B. Families have access to health and oral health services for their children.
- Goal 4: Children receive good nutrition and develop habits for physical activity and healthy eating.**
A. Organizations that serve families with young children promote good nutrition and physical activity.

Children are LEARNING

- Goal 5: High-quality child care and early education are available, accessible, and affordable for all.**
A. Early care and education settings are high-quality.
B. Countywide plan for universal preschool (Preschool Makes a Difference) is implemented.
- Goal 6: Parents are actively engaged in their children's learning and development from birth.**
A. Parenting education and support promote parent engagement in children's learning.
B. Parents understand the importance of early literacy activities and play on children's success.
- Goal 7: Children make a successful transition into kindergarten.**
A. Schools, preschools, families, and community are linked through activities that support successful transitions to kindergarten.

Children are in LOVING AND SUPPORTIVE FAMILIES

- Goal 8: Children have relationships with caregivers that promote bonding and attachment.**
A. Services support healthy bonding and attachment between at-risk children and parents/caregivers.
B. Policies and practices of agencies serving families promote opportunities for attachment and bonding between children and caregivers.
- Goal 9: Children experiencing chronic stress receive support.**
A. Children in crisis are identified early.
B. Services reduce the effects of traumatic and chronic stress on children's development and relationships with caregivers.
- Goal 10: All parents have the knowledge, confidence, and skills to nurture and support their children.**
A. Information and resources are available to all parents.
B. Parenting education and support promote children's social and emotional development.

 **Note:** Goals displayed in blue have been identified as “core goals” by Commissioners and are an area where resources will particularly need to be applied.

Children are in FINANCIALLY STABLE FAMILIES

Goal 11: Families earn, keep, and grow financial assets.

- A. Family support providers offer a range of asset-building services.
- B. Agencies serving families provide low-income families with resources and referrals to address their financial needs.

Goal 12: Families receive supports to lift them out of poverty.

- A. The public and policymakers understand that sustained and deep poverty adversely affects children.

Children live in SAFE AND SUPPORTIVE COMMUNITIES

Goal 13: Families have strong and supportive connections in their community.

- A. Families engage with one another in neighborhood activities.

Goal 14: Families are engaged in improving their community.

- A. Families have the leadership skills to improve the lives of young children in their community.

Goal 15: Communities have assets and resources that support families.

- A. Policies and practices exist to promote safe and empowered communities.



INITIATIVES AND STRATEGIC DIRECTIONS

In reviewing our goals and objectives, it became clear that organizing our existing strategies and programs into four broad initiative areas would bring greater cohesion to our work and increase the likelihood that our investments will have lasting impact. The following initiatives are the structure by which we will fund programs and activities from 2010 through 2015:

- Early Care and Education**
- Family Support**
- Early Intervention Services**
- Community Information and Engagement**

Working from our goals and objectives, the Commission has developed strategic directions to guide the development of implementation plans for each initiative. While the strategic directions from the Commission call for the continuation of several of our funded programs, these programs may be modified as the plan is implemented.



“What my children have learned at the First 5 Center will stay with them for the rest of their lives.”
- Antioch mother

Early Care and Education Initiative

Description:

The Early Care and Education Initiative is designed to help children enter kindergarten fully prepared. The Initiative builds on our existing programs and activities to improve child care quality, including professional development activities for child care providers and support to improve child care programs. It also includes the most effective elements of our School Readiness program, such as engaging parents in their children’s early learning and providing children with high-quality preschool. Combined with statewide advocacy for universal preschool funding and our continued support of preschool scholarships, it is our hope that this Initiative will move us closer toward establishing universal preschool in Contra Costa County.

Addresses: **Goal 5- High-quality child care and early education are available, accessible, and affordable for all.**

Goal 6- Parents are actively engaged in their children’s learning and development from birth.

Goal 7- Children make a successful transition into kindergarten.

Strategic Directions:

- Support activities that improve the quality of early care and education children receive, including **professional development** for child care providers, **quality improvement** for child care sites, and increased provider capacity to **serve children with special needs**.

Strategic Directions continued:

- Promote the ongoing implementation of the county's **universal preschool plan** (Preschool Makes a Difference), including advocating for high-quality universal preschool.
- Promote **parent involvement in their child's learning**, including teaching parents how to develop their child's language and literacy skills.
- Support **transition activities** among families, preschool teachers, and schools to ensure children experience a smooth transition to kindergarten.

Family Support Initiative

Description:

The Family Support Initiative primarily focuses on supporting families with children birth to age three, the time in a child's life when bonding and attachment with primary caregivers is most important. This Initiative builds on programs and activities developed through our First 5 Center and Home Visiting strategies, and supports programs that serve families living in communities with greatest need.

Addresses: Goal 4- Children receive good nutrition and develop habits for physical activity and healthy eating.

Goal 6- Parents are actively engaged in their children's learning and development from birth.

Goal 8- Children have relationships with caregivers that promote bonding and attachment.

Goal 9- Children experiencing chronic stress receive support.

Goal 10- All parents have knowledge, confidence, and skills to nurture and support their children.

Goal 11- Families earn, keep, and grow financial assets.

Goal 13- Families have strong and supportive connections in their community.

Strategic Directions:

- Focus on **families who would benefit most** from support and education.
- Assess existing **First 5 Center physical sites**; explore options for enhancement, expansion, satellite, or new sites.
- **Broaden the scope of activities** to include health and development screening, child nutrition and physical activities, economic stability, and leadership opportunities.
- Help First 5 Center families **transition their children to high-quality preschool programs.**
- Promote **active parent involvement in children's early development** (0-3), including teaching parents how to develop their child's language and literacy skills.
- Support **stronger relationships** between parents and children, particularly in 0-3 years.

Early Intervention Services Initiative

Description:

The Early Interventions Services Initiative is designed to help young children with existing risk factors or conditions that potentially hinder healthy development. Intervention, treatment, and support for developmental delays, special needs, social, emotional, or health problems, or the effects of trauma can be most effective and least costly in the early years.

While this Initiative builds on many of our existing programs, it also includes the ambitious task to establish more effective developmental screening for children at risk of delays or other problems. Existing services in this Initiative include consultation for child care providers caring for children with behavioral or emotional problems, one-on-one support to help children with special needs thrive in child care, support for teen parents and parents of children with special needs, and mental health services for children with severe problems.

- Addresses:**
- Goal 1- Children in need receive early intervention services.**
 - Goal 2- All pregnant women, including teens, receive early prenatal care.**
 - Goal 8- Children have relationships with caregivers that promote bonding and attachment.**
 - Goal 9- Children experiencing chronic stress receive support.**
 - Goal 10- All parents have knowledge, confidence, and skills to nurture and support their children.**

Strategic Directions:

- Promote ongoing systems development to support **screening, assessment, referral, and treatment.**
- Develop capacity for **developmental screening** in a variety of settings.
- Expand access to **evidence-based mental health services** for children.
- Address the **needs of pregnant women** who are at risk for or experiencing substance use, maternal depression, domestic violence, or other family crises.
- Expand the ability of agencies serving families in crisis to **address the impact of trauma** on early childhood development.

Community Information and Engagement Initiative

Description:

The Community Information and Engagement Initiative employs various strategies to reduce disparities in child well-being and to educate parents, providers, policymakers, and the public at large about the many facets of a child's early years. This Initiative will provide all Contra Costa parents with information to help them raise their children, including help finding local programs. In addition, through media, advocacy, community organizing, policy development, and coalition participation, this Initiative will help First 5 build a constituency of community leaders who understand the value of investing in early childhood and take action on behalf of families.

- Addresses:** Goal 3- All children receive routine health and dental care.
- Goal 4- Children receive good nutrition and develop habits for physical activity and healthy eating.
- Goal 6- Parents are actively engaged in their children’s learning and development from birth.**
- Goal 10- All parents have knowledge, confidence, and skills to nurture and support their children.**
- Goal 11- Families earn, keep, and grow financial assets.
- Goal 12- Families receive supports to lift them out of poverty.
- Goal 13- Families have strong and supportive connections in their community.
- Goal 14- Families are engaged in improving their community.
- Goal 15- Communities have assets and resources that support families.

Strategic Directions:

- **Provide public information** about the **importance of a child’s early years** and the role of parents as their child’s first teacher.
- **Promote common health messages** on topics such as immunizations, breastfeeding, oral health, environmental hazards and tobacco smoke, obesity prevention, nutrition and physical activities.
- **Promote efforts designed to reduce disparities** in child well-being, such as decreasing **poverty** (e.g., living wage, predatory lending practices), supporting healthy eating and physical activity for children, ensuring universal health and dental insurance, and other issues that promote optimal child development.
- **Form alliances with business and county leaders and other service providers** to support investments in early childhood, financially stable families, and strong communities.
- Continue to support activities that **build community leadership** and **improve local communities.**

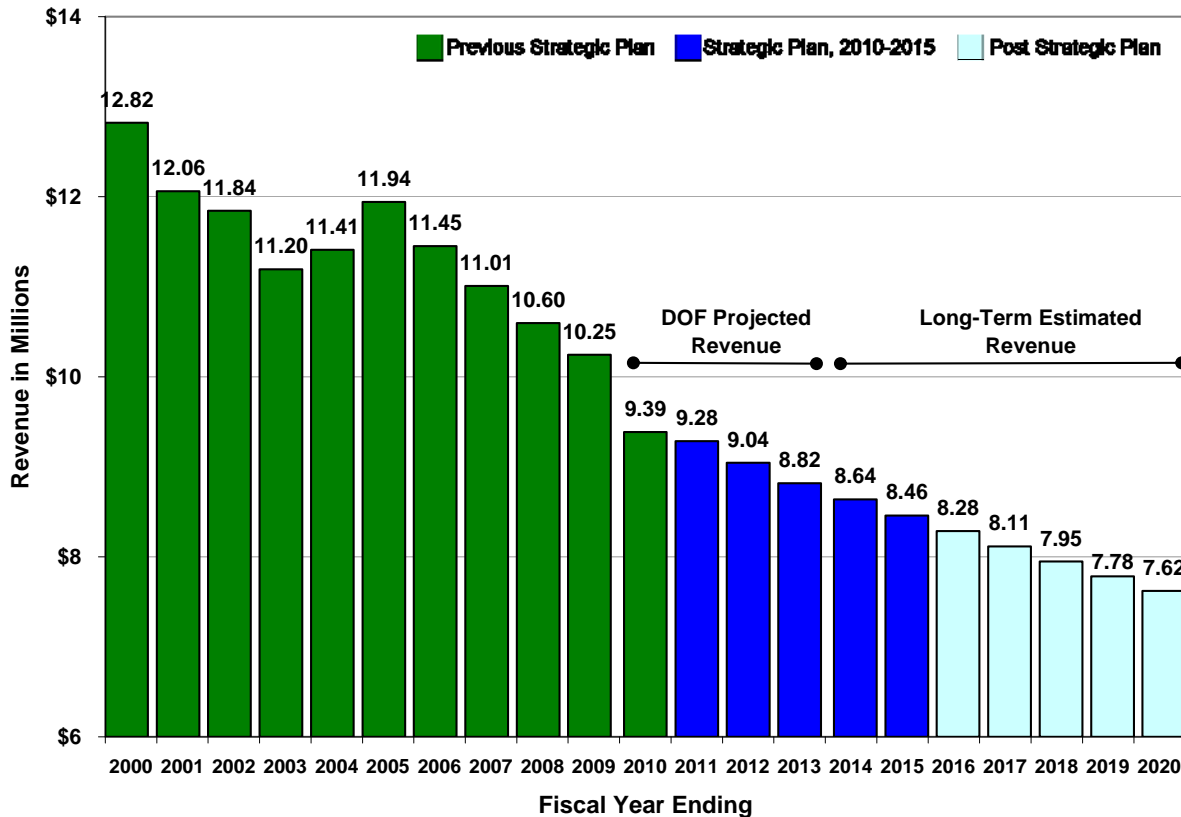
We will develop an implementation plan for each of these initiatives, which will include directions on program design, funding allocations, and our process for awarding funds.

FUNDING AND REVENUE PROJECTIONS

First 5 Contra Costa's 2010-2015 strategic plan marks our commitment to maintain a consistent level of funding for our effective programs over the next five years – despite that fact our revenues are declining. Given the state of the economy and the effects of budget reductions on state and county programs for children and families, we realize that this is not the time for First 5 to scale back.

Using estimates from the California Department of Finance (DOF), we project that Proposition 10 revenues over the next three years and through 2020 will decline by an average of 2% each year. As such, we estimate that in the year after the conclusion of this plan (2015-16), we will be receiving approximately \$8.2 million in tobacco tax revenue. A sudden drop in consumption, an additional tobacco tax, or a new ballot initiative could very quickly change the revenue outlook.

Proposition 10 Actual and Projected Revenues: Contra Costa County 2000-2020



Combined with our annual tobacco tax revenues, we plan to maintain our funded programs over the next five years by drawing heavily from the sustainability reserve our Commission first established in 2001.

Because tobacco taxes are a declining revenue source, our Commission recognized early on the need to set aside funds in order to sustain programs in later years. The “later years” are here. We drew from the sustainability fund last year as spending for programs exceeded revenue received. We will continue to draw from this fund each year over the next five years to ensure a consistent level of funding for our programs.

To determine the most appropriate level of funding to expend over the next five years, our Commission agreed to the following:

- **Maintain our current level of investment** over the next five years. The actual expenditure during each of the five years may vary, according to program activities.
- Use the next five years as an opportunity to **secure the Commission's legacy** for the future, which, despite significant shifts in public funding and structures, could form the basis for future services for young children in Contra Costa.
- **Manage the transition in 2015**, from our current funding level to what we anticipate will be a reduction in funding due to the decline in tobacco tax revenues and the use of our sustainability fund.
- **Allow for a small reserve** – no less than \$8 million or the amount of one year of tax revenue – in 2015 in anticipation of emergent needs, sudden drops in revenue, or even the consequences of another ballot initiative.

Given these factors, the Commission has targeted a **total expenditure of \$77.5 million** during the five years of this plan. This figure includes projected Proposition 10 revenue of \$44.2 million, interest and other income of \$3.3 million, and a drawdown on the sustainability fund of \$30 million.

This funding approach reflects our best effort to respond to the markedly different economic climate we now live in, and our intent to mitigate its effects on local children and families.

CONCLUSION

California voters had the foresight to approve Proposition 10 in 1998 and designate local funding for young children. Now, as public funding diminishes, Prop.10 revenue is one of the few funding sources left to support the prevention and early intervention services we know California's children need.

Our new strategic plan reflects the smart choices we will make using a relatively small and finite resource, and demonstrates our commitment to helping the growing number of families struggling in our county. But we can't do it alone.

It will take a shared effort among our partners, policymakers, other funders, and families to ensure that young children in Contra Costa get the foundation they need to succeed in school and life.

Fortunately we have a decade of experience to build on, solid partnerships with community partners, and relationships with elected officials who understand and support our work. And we are encouraged that a growing number of new advocates including economists, law enforcement personnel, and even President Obama, understand that investing in high-quality programs benefit children for a lifetime.

Despite the challenges the country and our community are facing, or perhaps because of them, there may be no better time to implement a new strategic plan for First 5 Contra Costa. We are proud to continue serving the children of Contra Costa – our next generation of students, workers, and parents – whose lives will improve because of our funded programs.



"Studies show that children in early childhood education programs are more likely to score higher in reading and math, more likely to graduate from high school and attend college, more likely to hold a job, and more likely to earn more in that job. For every dollar we invest in these programs, we get nearly \$10 back in reduced welfare rolls, fewer health care costs, and less crime."

- President Barack Obama's remarks to the Hispanic Chamber of Commerce, March 10, 2009



BACKGROUND SUPPORT FOR GOALS AND OBJECTIVES

CHILDREN ARE HEALTHY

GOAL 1: CHILDREN IN NEED RECEIVE EARLY INTERVENTION SERVICES.

- Objectives:**
- A. Developmental screening is practiced universally.
 - B. A responsive system exists to serve children with identified needs.
 - C. Parents concerned about their child's development receive education and support.

Rationale:

Children at-risk of or identified with special needs (e.g., children with social, emotional, behavioral, physical, and/or development difficulties, delays or disabilities) are among the most vulnerable children in our communities, and they require specialized services and supports:

- **Babies born at low birth weight** are more likely to have special needs later. Rates of low birth weights are on the rise, with African American mothers and mothers under age 15 or over age 40 at greatest risk of having babies with low birth weight. In Contra Costa, low birth weights are higher among African Americans than other ethnicities.
- **Teen mothers** are more likely to give birth to low weight babies and their children are more likely to have developmental delays and academic or behavioral problems. The number of teen births is high (over 100/year) in Richmond, San Pablo, Antioch, and Concord. Rates are highest among Latinos, followed by African Americans.
- **Lead poisoning** and other toxins in the home can harm a young child's nervous system and brain; exposure to even small amounts of lead causes damage in newborns and infants.
- **Prenatal exposure to alcohol and other drugs** can affect the development of cognitive functioning and behavioral regulation and cause learning disabilities and behavioral problems in young children.
- Nationally, an estimated 12.3% of children ages 5-17 years **have a disability** that makes it difficult to perform everyday activities. The proportion of children who have a disability is increasing nationwide.
- In Contra Costa, 14% - 16% of children in public schools in West County and Far East County are **in special education programs**. These rates are far lower in South County and Lamorinda. An estimated 19% of African American children in Contra Costa public schools are in special education programs.

Community Input:

- Focus on reducing barriers to access to services by taking services to families via home visiting or mobile services; when families are more stable assist them in getting transportation to services; co-locate multiple services in one easily accessible location.
- Enable more qualified providers to assess children's special needs.
- Increase awareness of and trainings about children with sensory integration problems.
- Advocate for durable medical equipment in health coverage (e.g., hearing aids).

- Children need more speech pathologists', speech therapy is prohibitively expensive.

Strategy Reviews/Evaluation:

Outcomes:

- Parents and child care providers served by the Mental Health Consultation, Inclusion Facilitation, and Special Needs programs are learning new skills to address social, emotional, behavioral, developmental, and/or physical difficulties, delays and disabilities displayed by young children.
- Home Visiting services have been used extensively to screen children for special needs; 78% of children whose families received a home visit were screened for child development; of these, 7% were at high/moderate risk for problems with development; and of these 74% received referrals to another agency.
- Nearly 85% of parents surveyed in a representative sample of those attending a First 5 Center stated that they know more about child development after having attended First 5 Center activities.
- All children of mothers in the residential treatment facility, Rosemary Corbin House, were screened for developmental issues; all tested at typical levels at intake and discharge.
- The number of children accessing early childhood mental health services is a small fraction of the projected need. Using the commonly accepted prevalence rate for serious emotional disorders of 5%, 4,400 children under the age of 6 have an emotional disorder in need of services.

Strategy Review Recommendations:

1. Maintain funding for Mental Health Consultation, Inclusion Facilitation, and Special Needs services, and consider some service expansions across racial/ethnic and linguistic groups and across geographic areas of the county. Support efforts to maintain service quality when faced with staff attrition, and/or to address its causes.
2. Increase education and training for parents and early childhood education/child care providers, and coordinate the new efforts. Providers and parents asked for more training and educational opportunities on a range of topics.
3. Create a forum for communication and coordination between the Mental Health Consultation and Inclusion Facilitation programs with the aim of clarifying processes and coordinating training and education to make sure that good practices are shared across agencies and that families benefit.
4. Address a broad range of family needs, including developmental screenings at First 5 Centers. Consider placing an early care professional at each of the Centers.
5. Ensure appropriate care for children with special needs and prevent them from "falling through the cracks" by convening a countywide multidisciplinary task force or committee with all relevant parties.
6. Coordinate the activities of early childhood mental health and home visiting programs.
7. Incrementally expand the current collaborative of agencies providing early childhood mental health services, and improve the coordination of funding and outreach.
8. Renew efforts to develop and implement a proactive, comprehensive, countywide outreach strategy for early identification and easy access to early childhood mental health services.

CHILDREN ARE HEALTHY

GOAL 2: ALL PREGNANT WOMEN, INCLUDING TEENS, RECEIVE EARLY PRENATAL CARE.

Objective: A. Women at-risk for late or no entry are enrolled into prenatal care.

Rationale:

Inadequate prenatal care is linked to nutritional deficiencies in the mother and baby, as well as to other adverse outcomes such as premature births, lower birth weight, and higher infant mortality. Approximately 1,500 women in the county receive no or late prenatal care.

- **Early prenatal care** can improve birth outcomes and reduce the likelihood of complications during pregnancy and child birth because it allows women and their health providers to identify and, when possible, treat health problems that can harm fetal development. While the percentage of mothers receiving early prenatal care increased statewide and in six Bay Area counties between 1995 and 2004, African American and Latina women are still less likely to get early care than Asian and white women in Contra Costa.
- **Low birth weight** babies face six to ten times the risk of infant mortality, and are at increased risk of long-term disabilities. African American mothers and mothers under age 15 and over age 40 are most at risk of having low birth weight babies.
- **Teenage mothers** are more likely to give birth to low birth weight children and have fewer parenting skills; their children are thus disadvantaged. The rate of births to teens in Contra Costa's Latina population is seven times that of whites and Asians; and rates among African Americans are more than five times that of whites and Asians.
- Screening for depression during prenatal visits can enable treatment. **Women with untreated depression** may have a hard time caring for themselves during pregnancy, and are at higher risk for having a premature or low birth weight baby. Untreated postpartum depression may cause the baby to have delays in language development, problems with mother-child bonding, behavior problems, and increased crying.

Community Input:

- Programs need and want to connect with families earlier, either prenatally or immediately after the child is born.
- The management and line staff of Child and Family Services, the courts, and Alcohol and Other Drug Services should coordinate more with each other. Further, it is critical that CSF staff and judges receive regular training about issues related to drugs and alcohol.
- Use incentives and voice-activated phone messages to remind women that they are due for their next perinatal appointment to encourage substance-using pregnant women to return for prenatal care.

Strategy Reviews/Evaluation:

- 98% of the 562 high-risk pregnant women who received comprehensive prenatal care services through the Best Beginning program in 2006/07 had healthy babies with normal birth weights.
- 83% of pregnant women interviewed for the Home Visiting program Strategy Review obtained prenatal care in the first trimester (83%).
- 85% of mothers who received home visits during pregnancy interviewed for the strategy review said that their home visitor provided support for them to get prenatal care.

CHILDREN ARE HEALTHY

GOAL 3: ALL CHILDREN RECEIVE ROUTINE HEALTH AND DENTAL CARE.

- Objectives:
- A. Families have access to information about children's health.
 - B. Families have access to health and oral health services for their children.

Rationale:

Children in good health attend school more often, get more out of their education and are much more likely to be healthy, productive adults. Children with health insurance are more likely to receive well-baby preventative medical care and less likely to rely on the emergency room for medical care. Poor oral health causes children pain and infection and is one of the most common reasons children miss school.

- At least 8% of Contra Costa children from birth to 17 years of age are **without insurance** for some or all of the year.
- African American children are much less likely to be **fully immunized** at age 24 months than their white and Latino counterparts (66% versus 77% and 78%, respectively).
- **Asthma rates are on the rise**, with children under age five experiencing the highest rates of increase. African American children are hospitalized for asthma four times more often than white children.
- In 2006, **only 15 of 785 private dental practices** in Contra Costa County accepted Denti-Cal patients age three years or younger. Most low-income families receive care at county health centers, community clinics, and the Ronald McDonald Care Mobile.
- Exposure to certain **chemical substances and environmental toxins** during conception through the early years of life can interfere with the normal function of genes, proteins, and other small molecules that influence brain development. This exposure also increases the likelihood of cancer, hypertension and stroke, and neurodegenerative diseases later in life. Many of these exposures for young children occur at home, in substandard housing:
 - There is an estimated **6 times more diesel pollution** released per square mile in inner West Contra Costa County than in the county as a whole.
 - The eastern portion of the county typically has **higher concentrations of ozone** than the rest of the county due to wind patterns.

Community Input:

- There was an overall consensus that families who are poor but do not qualify for Medi-Cal are in great need of health-related services.
- Advocacy efforts are needed to change Medi-Cal, expand reimbursement, increase mental health services, and increase providers who accept Medi-Cal.

- Parents are concerned about delayed speech in their children and the lack of speech pathologists available locally.
- Families want the connection between pediatricians and other providers (speech therapists, behavioral health experts, etc.) to improve. They think that pediatricians need better training to diagnose developmental delays earlier.

Strategy Reviews/Evaluation:

- 97% of families served by First 5 Contra Costa had health insurance in 2007/08. 92% had a regular doctor, and 97% had up to date immunizations.
- 81% of Home Visitors reported that they helped families to sign up for health insurance, and 56% parents recalled that they received this help from their Home Visitor; 99% of children served through the Home Visiting program had health insurance.
- 97% of children seen by a Home Visitor have a medical provider for well-child care, and 100% of children served by the Home Visiting program had up-to-date immunizations.
- Parents who used the Kit for New Parents and Baby Bag Project enrolled their infants in consistent medical care.
- The Online Information and Referral strategy has also increased opportunities for parents to learn how to access medical care.

CHILDREN ARE HEALTHY

GOAL 4 CHILDREN RECEIVE GOOD NUTRITION AND DEVELOP HABITS FOR PHYSICAL ACTIVITY AND HEALTHY EATING.

Objective: A. Organizations that serve families with young children promote good nutrition and physical activity.

Rationale:

Overweight youth are at a risk for a number of health problems throughout their lives. They are at increased risk for Type 2 diabetes and are more likely than other young people to have risk factors associated with cardiovascular disease. Social pressures related to being overweight can also contribute to low self-esteem, which can reduce overall quality of life.

Overweight young people are more likely to become obese adults than young people within the healthy Body Mass Index (BMI) range, and up to 80% of overweight children and adolescents are likely to be obese as adults. Physically fit children generally have better memory, concentration, and energy levels. They are likely to be healthier physically and emotionally and to carry their healthy lifestyle into adulthood.

- Children who were bottle fed may be more at risk of obesity later in childhood than those who were breastfed; **exclusively breastfed babies** had roughly a 34% reduced risk of being overweight during childhood. In Contra Costa, 64% of white newborns, 55% of Latino, and 43% of African American newborns were exclusively breastfed.
- Children living in areas with more **green space** gained about 13% less weight over a two-year period than children in equivalently dense areas, but with more concrete and fewer trees. The average square miles of city parks per 1,000 children varies across Contra Costa, and is not strongly correlated with income/poverty.
- Women who have **limited or no access to healthful food** are more likely to pass on diet-related diseases and conditions to their children. In West County, there are 1 1/2 times more liquor stores than supermarkets/grocery stores, compared to Lamorinda and East County where there are half as many liquor stores as supermarkets/grocery stores.
- **33% of low income children** ages 2-5 years in Contra Costa County were either **overweight or obese** in 2006. Further, in Contra Costa between 35% and 38% of Asian/Pacific Islanders, African Americans, and Latino 5th graders were overweight (2005-06), compared to 20% of white 5th graders.

Community Input:

There was wide agreement that childhood obesity should be addressed with a broad, multi-faceted and interdisciplinary approach to include healthy nutritional standards for child care settings, family education on nutrition, and the use of best practices in places families go to learn, such as First 5 Centers.

Strategy Reviews/Evaluation:

- The Community Engagement sports classes provided exercise opportunities to 700 children in 2008-09 who live in areas where few other low-cost or free organized athletic programs exist.
- 72% of Home Visitors reported that they provided support to breastfeeding mothers.

CHILDREN ARE LEARNING

GOAL 5 HIGH-QUALITY CHILD CARE AND EARLY EDUCATION ARE AVAILABLE, ACCESSIBLE, AND AFFORDABLE FOR ALL.

- Objectives:
- A. Early care and education settings are high-quality.
 - B. Countywide plan for universal preschool (Preschool Makes a Difference) is implemented.

Rationale:

Children who participate in effectively designed preschool programs achieve more in elementary school, are less likely to be held back a grade or need special education, and are more likely to graduate from high school. These benefits continue into adulthood, with higher rates of employment, greater earning, lower levels of criminal activity, and perhaps less use of welfare.

- **Quality of care** is related to skills and education level of teaching staff. Highly educated and fairly compensated preschool teachers are more likely to develop strong, responsive, interpersonal relationships with their students, which affect each child's motivation to learn, social competence, and school achievement. In Contra Costa, only 25% of early education teachers have a BA degree, compared to 34% in the Bay Area, overall.
- Young **children of immigrants** need experiences in child care that support their home- and second-language development, respect their families' culture and traditions, and offer meaningful opportunities for parents to be involved. This means having **staff who speak their language** and who are trained to work with culturally and linguistically diverse children. In Contra Costa, Spanish is spoken in 25% of homes; in 29% of child care centers, one or more providers speak Spanish.
- Many studies have shown that **the quality of available child care varies**. Center-based care is usually higher quality than care provided in family child care homes, which is typically higher quality than care provided by license-exempt providers or friends and relatives. Many children from **low and middle-income families** are often in child care programs whose quality is too low to prepare them for school.

Community Input:

- The quality of early care and education has increased and the field has become more professional, in part due to First 5-funded programs.
- Funding for subsidized child care for infants, toddlers, and preschool is insufficient, and the cost of child care has increased.
- The downturn in the economy will continue to have negative effects, as providers lay off staff and parents find child care too expensive.

Strategy Reviews/Evaluation:

Outcomes:

- 91% of Professional Development Program (PDP) participants who responded to a survey reported that they provide higher quality of care as a result of their participation, and 74% stated that the education stipend they received contributed to staying at their current job. Over one-half said they would not have gone back to school if it were not for the program.
- 44 of the 52 participating provider sites completed the Early Learning Demonstration Project (ELDP) program to improve their care facility and program. Sites initially rated as low in quality increased their quality rating by an average of 40% (child care centers) to 59% (family child care providers). All sites initially scored as high quality achieved accreditation or were awaiting the accreditation visit at time of report.
- Through the services of the mental health consultation and inclusion facilitation programs, early childhood education/child care providers are learning new skills to address social, emotional, behavioral, developmental, and/or physical difficulties, delays, and disabilities displayed by young children in their care settings.

Strategy Review Recommendations:

1. Create a forum for communication and coordination between the Mental Health Consultation and Inclusion Facilitation programs to clarify processes, and coordinate training and education to ensure that good practices are shared across agencies so that families benefit more.
2. Establish a centralized and/or standardized intake process to facilitate mental health consultation or inclusion facilitation services requested by either a family or child care provider.
3. Streamline the PDP Incentive system. Strengthen the College Advisor System. Create a coordinated mentoring/peer advising system.
4. Investigate cost-effective alternatives to accreditation for participants in the ELDP program.
5. Collaborate with regional and statewide colleagues to promote policies and resources that advance early childhood education professional development and quality improvement programs.

CHILDREN ARE LEARNING

GOAL 6 PARENTS ARE ACTIVELY ENGAGED IN THEIR CHILDREN'S LEARNING AND DEVELOPMENT FROM BIRTH.

- Objectives:
- A. Parenting education and support promote parent engagement in children's learning.
 - B. Parents understand the importance of early literacy activities and play on children's success.

Rationale:

In the first three years of life, most of the brain's architecture is formed, and with it, children's ability to learn and develop. Children in families that engage in early literacy activities, such as reading, tend to achieve at higher levels and have life-long success.

- The greatest predictor of child's **reading success** is vocabulary development which results from the ways parents interact with children. Children who are read to regularly by their parents typically have better vocabularies and enter kindergarten more prepared to learn to read.
- Effective **family literacy programs** support education for the whole family, provide families with necessary resources, connect parents to their children's schooling, and increase student achievement.
- Children with mothers who narrate the day and **talk about emotions** raise children who have a strong understanding of social interactions and emotional responses. An understanding of reasons for adult intentionality and emotionality make these children more ready to learn from those around them. Studies have found that **maternal depression** is a key reason why mothers do not talk about emotions with their children.

Community Input:

Increase the number of First 5 Centers, expand Center activities in unincorporated parts of county, make classes smaller, and increase bi-cultural/bi-lingual Asian staff at First 5 Centers.

Parents want to learn more about how to be their child's "first teacher". They appreciate receiving information about what to expect regarding child developmental stages.

Strategy Reviews/Evaluation:

Outcomes:

- Through the Inclusion Facilitation and Parents of Children with Special Needs programs, parents are learning new skills to address the special needs and delays displayed by their young children. These services decreased parental isolation, sadness, and desperation, and gave them hope.

- 86% of parents participating in First 5 Center's classes who responded to a survey reported knowing more about various aspects of child development after having attended Center classes. Families with a positive outlook on parenting and those with the greatest parenting challenges gained more knowledge from these classes than parents who already had an attentive and active approach to parenting.
- A review of school readiness programs found that parent behavior with their children at home, such as reading daily, is low and does not appear to be associated with First 5-funded school readiness services.

Strategy Review Recommendations:

1. Maintain the Mental Health Consultation, Inclusion Facilitation and Parents of Children with Special Needs program and consider service expansion. Increase availability of information about services for parents of children with special needs to parents in the community.
2. Deepen the First 5 Centers' impact by providing full-time, experienced, and degreed staff with expertise in early childhood development at each of the Centers, as well as consider social workers, counselors or mental health professionals to assist families with social and emotional challenges. Shift the major focus in First 5 Centers to activities focusing on families with children 0-3, while still supporting 4 and 5 year olds through high-quality preschool.
3. Tailor First 5 Center services to meet the needs of families with the greatest parenting challenges.
4. Consider more effective ways to use the Kit for New Parents as a teaching tool with our funded programs as well as determine which local information should be inserted into Contra Costa Kits, such as a 211 or the *Surviving Parenthood* resource directory.

CHILDREN ARE LEARNING

GOAL 7 CHILDREN MAKE A SUCCESSFUL TRANSITION INTO KINDERGARTEN.

Objective: A. Schools, preschools, families, and community are linked through activities that support successful transitions to kindergarten.

Rationale:

Children who transition smoothly into kindergarten with a solid foundation of skills in place are more likely to have school success and ultimately success in life.

- The transition from pre-kindergarten or home environment to kindergarten is a critical time in children's development. Unfortunately, many children do not experience a **smooth transition** or continuity as they enter public school because there is poor coordination between schools and early childhood programs.
- Transition to kindergarten has particular significance for **struggling preschool-age learners** given the increased cognitive, language, and social demands they will encounter in elementary school. In Contra Costa County, 17% of public school students are English-language learners (up from 11% in 1998).
- Decreasing the cognitive gap in children in poverty is key to achieving equitable **educational opportunities** for children.
- According to the National Educational Goals Panel "school readiness" requires children to have access to **high-quality preschool** programs; **parents act as children's first teachers** and devote time each day to helping their children learn; **children receive health care, nutrition, and physical activity** so they can arrive at school healthy; **schools become ready** for entering children.

Community Input:

Children who are five years of age need transition services from preschool into kindergarten.

Strategy Reviews/Evaluation:

Outcomes:

- Children who attended First 5-supported family literacy and cooperative preschools showed benefits in development prior to kindergarten, and children who were enrolled longer showed greater benefits.
- Since school readiness funding began, 32 schools (all except those in Antioch) developed kindergarten transition plans. Increasing percentages of parents report that they participated in some of these transition activities.
- Schools did not implement all the transition activities suggested by national research; for example, only 12% of kindergarten teachers met with early care providers in the neighborhood preschool programs.

- Children who attend preschool and schools that have many kindergarten transition practices in place scored higher on a school readiness assessment (MDRDP).
- Interviews with County school officials suggest that school principals with backgrounds in early childhood were more likely to be receptive to First 5's kindergarten transition and other services.
- The results suggest that Tigo and distributing books, by themselves, are not sufficiently intensive to generate a great deal of change in parents or in children's readiness for school. Possible changes could include altering the kindergarten backpack content to more closely dovetail with kindergarten requirements; and/or linking Tigo with subsequent, more intensive, parent education services such as ongoing home visiting programs or a center-based parent education program such as The Incredible Years.

Strategy Review Recommendations:

1. Provide more intensive services for longer periods of time; include direct intervention with children, rather than focusing on parents alone; use messages that are reinforced by other programs.
2. Expand preschool services, and/or couple parent education with preschool services.
3. Train school principals and kindergarten teachers about the importance of early childhood education and appropriate kindergarten transition activities.
4. Work closely with school districts, principals, and kindergarten teachers to make sure that services for parents and children are aligned with current kindergarten requirements.
5. Connect school readiness services with other First 5-funded activities.

CHILDREN ARE IN LOVING AND SUPPORTIVE FAMILIES

GOAL 8 CHILDREN HAVE RELATIONSHIPS WITH CAREGIVERS THAT PROMOTE BONDING AND ATTACHMENT.

- Objectives:
- A. Services support healthy bonding and attachment between at-risk children and parents/caregivers.
 - B. Policies and practices of agencies serving families promote opportunities for attachment and bonding between children and caregivers.

Rationale:

Strong parent-child relationships establish the foundation for healthy child development. Children who enjoy strong parent-child relationships have greater confidence, self esteem, and better academic achievement and relationships with others.

- Between birth and three years, the child's brain creates more **neural synapses** than at any other time. The number of synapses and the architecture of the "circuits" that are produced depend not only on genetics and the physical environment, but on the **quality of the bonding** between the child and those around her.
- **Bonding and attachment** enables development of emotional security, sense of well being, self worth, facilitates early learning, and develops social competence. It enables **healthy brain development** and the building of cognitive skills.
- New research shows that it is in the earliest years when nurturing is crucial for healthy emotional and social development. Children develop their **sense of trust** – or mistrust – very early in life. In fact, if bonding and attachment are secured early, they act as a buffer against later traumatic childhood experiences.

Community Input:

- Parents have increased access and support to help them raise their children and have greater recognition of the importance of the first five years. Providers have seen a shift in parents' capacity and interest in choosing quality services.
- Home visiting services have helped meet many family needs. Fathers have become more involved in the development of their children. Teen parents are becoming more skilled at parenting.
- Working parents need programming that occurs after regular working hours.
- Interacting with other parents helps parents feel less isolated, and many parents would like to be part of a mothers' or parenting group in their neighborhood.
- Spanish-speaking parents (especially in West County) are less familiar with where services are located. They feel isolated due to their husbands' expectations that women stay in the home and their fear of immigration problems.
- Many mothers want more parenting classes and programs for fathers.

- Parents need more respite child care, especially those who have children with special needs.
- Parents who attend the First 5 Centers appreciate its services and have specific suggestions for improvement, such as opening additional Centers, offering afternoon classes, or providing child care for children over five years of age.

Strategy Reviews/Evaluation:

Outcomes:

- 95% of parents interviewed about their First-5-funded Home Visiting services stated that they received information about child development from their home visitor; 97% said they better understand their child's behavior; 98% feel more connected with their child due to the home visits.
- Through the Inclusion Facilitation and Parents of Children with Special Needs programs, parents are learning new skills to address the special needs and delays displayed by their young children.
- 86% of parents participating in First 5 Center classes who responded to a survey reported knowing more about various aspects of child development after having attended Center classes. Families with a positive outlook on parenting and those with the greatest parenting challenges gained more knowledge from these classes than parents who already had an attentive and active approach to parenting.
- Focus group participants described the positive benefits of their involvement with the First 5 Centers, including bonding with their children and increased knowledge about parenting.

Strategy Review Recommendations:

1. Increase availability of information about parenting support services and parenting education for parents of children with special needs.
2. Increase Spanish-speaking home visiting workforce and expand services in West County with the intention of serving more Asian and African American families.
3. Fund First 5 Centers to address a broader range of family needs by forging agreements with community providers.
4. Place an early care professional at each of the First 5 Centers.
5. Tailor First 5 Center services to meet the needs of families with the greatest parenting challenges.

CHILDREN ARE IN LOVING AND SUPPORTIVE FAMILIES

GOAL 9 CHILDREN EXPERIENCING CHRONIC STRESS RECEIVE SUPPORT.

- Objectives:
- A. Children in crisis are identified early.
 - B. Services reduce the effect of traumatic and chronic stress on children's development and relationships with caregivers.

Rationale:

The negative effects of toxic stress can be lessened or even prevented with the support of caring adults. Intensive services provided early to young children experiencing toxic stress can prevent the disruption of brain architecture and promote better developmental outcomes. Child care providers, teachers, and other adults who interact frequently with children should have sufficient knowledge and skills to identify and care for children who have been exposed to traumatic childhood experiences.

- **Toxic stress** can result from recurrent child abuse or neglect, severe maternal depression, family violence, and parental substance abuse. Toxic stress can suppress the body's immune system, making individuals more vulnerable to a variety of health problems later on in life.
- Of mothers who **abuse their children**, 70% were abused as children. Fortunately the majority of parents who were abused as children do not abuse their own children. There can be a **generational cycle of abuse**, but intervention can break this cycle.
- Social isolation and **depression** are risk factors for child maltreatment, especially neglect. **Maternal mental health**, especially depression, is an important determinant of children's health.
- Witnessing **domestic violence** affects children's health and behavior.
- **Persons who were abused as children** are two to five times more likely to attempt suicide, become an alcoholic, marry an alcoholic, have 30+ sexual partners, and feel at risk for contracting AIDS.
- Research findings suggest that the most important factor for **family resiliency** is the capacity to empathize with oneself and with others through the medium of a safe, caring relationship.

Community Input:

- Families face more stressors now than before. Providers perceive an increase in depression, anxiety, domestic violence, and families in crisis due to the economic downturn. Many parents are working two jobs and children are spending more time with other caregivers.
- Cuts to Children and Family Services and mental health services will have a negative effect on families and children.

- Federal funding expansions for relatives who seek to foster or adopt children will mean increased support for those relatives and greater possibility that children will be able to remain with family members they know.
- Parents need more respite care. Some parents say they need more support with stress reduction.

Strategy Reviews/Evaluation:

Outcomes:

- 85% of mothers receiving First 5-funded home visiting services were screened for mental health; 8% had high/moderate risk ratings for mental health problems, and 72% of these were referred to other agencies.
- Women who received residential substance abuse treatment at the Corbin House suggested that parenting classes and individual therapy improved their parenting skills. The majority of these women felt closer to their child, were better able to communicate honestly, and saw their child was happier to be with them.

Strategy Review Recommendations:

1. Renew efforts to establish a countywide early childhood mental health collaborative that will direct and support program development and funding specific to the promotion of social-emotional development.
2. Expand the current collaborative with First 5, County Mental Health, and the Birth-to-Six providers in an incremental manner, involving a series of successive activities focusing on a portion of the overall need.
3. Renew efforts to develop a multiagency funding strategy that maximizes the use of federal and state claiming opportunities and local (county) dollars.
4. Improve coordination of funding between First 5, County Mental Health, and any new collaborative funding agency, such that combined contracts are developed, and/or multiple contracts are tightly coordinated. This will result in funding and accountability being maximized, and highly discretionary or flexible funding, like that contributed by First 5, being reserved for expenditures that are not eligible for reimbursement under any state or federal programs.
5. Renew efforts to develop and implement a proactive, comprehensive, countywide outreach strategy for early identification and easy access to early childhood mental health services.
6. Coordinate services between mental health system of care and the home visitation collaborative.
7. Employ a full-time, experienced, degreed social worker/counselor or mental health professional at the First 5 Centers to assist families with the myriad social and emotional issues that impair parents' ability to nurture their children.

CHILDREN ARE IN LOVING AND SUPPORTIVE FAMILIES

GOAL 10 ALL PARENTS HAVE THE KNOWLEDGE, CONFIDENCE, AND SKILLS TO NURTURE AND SUPPORT THEIR CHILDREN.

- Objectives:
- A. Information and resources are available to all parents.
 - B. Parenting education and support promote children's social and emotional development.

Rationale:

The task that caregivers face is not necessarily to teach infants to understand them, but to become skilled at understanding their infants. Caregivers who are affectively attuned to their infants' communicative bids have infants who are more capable of learning from social interactions.

Children develop in an environment of relationships that begin within the family, extend into the community, and are affected by broader social and economic resources. From early infancy, they naturally reach out for interaction through such behaviors as babbling, making facial expressions, and uttering words, and they develop best when caring adults respond in warm, individualized, and stimulating ways.

Community Input:

- The community needs more awareness of what First 5 offers. Increase advertising in schools, churches, library, etc.
- More training is needed for adoptive families.
- More training is needed on issues related to infant and early childhood development.
- Parents would benefit from parenting, nutrition, and health classes at family shelters.

Strategy Reviews/Evaluation:

Outcomes:

- 99% of families who received home visits for their newborns felt more connected with their child.
- Families getting home visits were better connected to their community. 96% learned where to get their family what they needed and felt more comfortable in working with public service agencies. They also indicated that the home visitor provided assistance enrolling in and finding health insurance.
- Teen parents receiving services in school settings agreed that as a result of their participation in the program, they learned where to go to get necessary help for their child, such as obtaining medical care, WIC, or food stamps.
- As a result of participation in First 5 Center activities, 90% of families reported that the program helped them to better understand their child, and 89% improved their parenting skills.

Strategy Review Recommendations:

1. Recognize that although the First 5 Centers have many similarities, the “feel” and functioning of each Center is unique as a result of the interests and expertise of the lead agency, level of community involvement, amount of funding, the composition of the parent-child population, and the community in which the Center is housed.
2. Coordinate trainings for parents and early childhood education providers on early childhood development.
3. Consider adopting a set of nationally-recognized family resource center principles and standards of practice.
4. Expand to provide more services and more forms of parental support.
5. Deliver some services that help parents develop competencies that will enable them to become more effective parents, i.e. English language skills, stress reduction classes, adult basic education.
6. Employ a full-time, experienced, degreed early childhood specialist at each First 5 Center to supervise the child care staff, deliver basic screening for developmental delays, serve as the liaison between the center and other early care and education services, and work with parents one-on-one as their early childhood resource and support.
7. Ensure that each Center has a minimum of 4,500 square feet.

CHILDREN ARE IN FINANCIALLY STABLE FAMILIES

GOAL 11 FAMILIES EARN, KEEP, AND GROW FINANCIAL ASSETS.

- Objectives:
- A. Family support providers offer a range of asset-building services.
 - B. Agencies serving families provide low-income families with resources and referrals to address their financial needs.

Rationale:

The well-being of children depends greatly on the financial circumstances and material well-being of their families. A higher income enables parents to provide better living conditions and learning materials, adequate food, and high-quality child care, which enables children to experience positive outcomes in the areas of cognitive ability, school achievement, and fewer behavioral problems.

- For each \$1,000 increase in family's **annual income**, the children's math scores went up by 2.1% and reading scores by 3.6%.
- When a **family's income increased**, the children were better able to identify colors, letters, and shapes, and knew more words.
- When a family of four living in poverty increased their income by \$13,400 over three years, **children scored as well** as those in families in the middle class.

Community Input:

- It is important to teach at-risk parents budgeting, how to manage a bank account, and other financial education topics.
- Prevention services are still important in the face of meeting basic needs.
- The high cost of child care makes it difficult to find affordable child care now that many stay-at-home mothers are returning to work.
- Parents need assistance with transportation to get to important appointments or programs.
- Parents need workplace support to allow parent flexibility, need for time off, unexpected absences, etc.

Strategy Reviews/Evaluation:

- The Family Economic Security Partnership's (FESP) Earn It! Keep It! Save It! campaign offered free tax assistance that resulted in refunds that helped thousands of families increase their income.

CHILDREN ARE IN FINANCIALLY STABLE FAMILIES

GOAL 12 FAMILIES RECEIVE SUPPORTS TO LIFT THEM OUT OF POVERTY.

Objective: A. The Public and policymakers understand that sustained and deep poverty adversely affects children.

Rationale:

Low-income families and families with incomes below the poverty level typically live paycheck to paycheck, with few assets or savings. These families are so poor that even federal government programs set eligibility criteria at 125% to 185% above the poverty guideline. A higher income enables parents to provide better living conditions to experience positive outcomes in the areas of cognitive ability, school achievement, and fewer behavioral problems.

- **Duration of poverty** is an important factor. Children who were never poor scored 6 to 9 points higher on assessment tests than those who were at or below the poverty threshold for four or more years. These differences in cognitive abilities held for three year olds and eight year olds, but not for adolescents.
- Children living in long-term poverty had somewhat **higher behavioral problems** than those never in poverty (even after controlling for maternal characteristics and nutrition).
- Economists estimate that child poverty costs the U.S. \$500 billion a year in lost productivity in the labor force and spending on health care and the **criminal justice system**. Each year, child poverty reduces productivity and economic output by about 1.3% of the GDP.

Community Input:

- In several focus groups, individuals requested increased services for families' basic needs.
- Too many children have been forced from their homes or apartments due to unemployment of their parents.
- People don't have enough money to pay for quality child care, to meet their children's health care needs, to buy nutritious food, to have the stability to focus on school, learning, family time, etc.
- Many parents are forced to work two or three jobs.
- Wages are not keeping pace with the increased cost of living.

Strategy Reviews/Evaluation:

Not applicable.

CHILDREN ARE IN SAFE AND SUPPORTIVE COMMUNITIES

GOAL 13 **FAMILIES HAVE STRONG AND SUPPORTIVE CONNECTIONS IN THEIR COMMUNITY.**

Objective: A. Families engage with one another in neighborhood activities.

Rationale:

Social networks are protective factors for children when they are positive, trusting, reciprocal, and flexible, and embody pro-social, child-friendly values. When parents benefit from their membership in social networks, their children are better off.

- In areas where **maltreatment rates** were high, community leaders described high levels of isolation and depression, in areas with lower maltreatment rates, there were more services available and subjects knew more about what was available and there were very strong formal and informal social support networks.
- Even if residents are part of **social networks** and the community has strong local institutions to aid them, poor communities will remain socially and economically isolated if they lack broader connections with person outside their community-especially persons in positions of authority.

Community Input:

- Transportation is needed to get to services. It is difficult to get strollers on and off the bus.
- Parents in the Antioch area seemed much further removed from services and programs, and less connected with their communities. They worry about gang violence.
- Spanish speaking parents reported fear of going out in public due to immigration raids.

Strategy Reviews/Evaluation:

Outcomes:

- 86% of parents participating in the First 5 Centers reported that they were connected to other parents through attending classes and other activities.
- Other parents at First 5 Centers cited reduced social isolation and connection with others as key benefits of the Centers. They made friendships that extended beyond Center walls. 81% made new friends, and of those parents, 64% met-up with their new friends elsewhere.

CHILDREN ARE IN SAFE AND SUPPORTIVE COMMUNITIES

GOAL 14 FAMILIES ARE ENGAGED IN IMPROVING THEIR COMMUNITY.

Objective: A. Families have the leadership skills to improve the lives of young children in their community.

Rationale:

Community organizations can create opportunities for families to build friendships, and when programs embed services to parents within networks of family and friends, the entire neighborhood reaps the benefits.

- Linking **social capital** is not just about getting by; it is also about getting ahead – gaining access to people and institutions that add information and decision-making clout.
- When residents form local **social ties**, they are more apt to recognize strangers and guard against victimization.

Community Input:

- New partnerships are needed with the faith and business communities.

Strategy Reviews/Evaluation:

Not applicable.

CHILDREN ARE IN SAFE AND SUPPORTIVE COMMUNITIES

GOAL 15 **COMMUNITIES HAVE ASSETS AND RESOURCES THAT SUPPORT FAMILIES.**

Objective: A. Policies and practices exist to promote safe and empowered communities.

Rationale:

Our community helps determine how healthy we are. The buildings, streets, and open space that make up our communities – the built environment – shape our lives, our health, our social relationships, and even influence our behavior.

- **Supportive communities** are those in which city planners, developers, supervisors, and other who plan, legislate, fund, and oversee the physical structure of neighborhoods bear in mind ways to best support young children.
- The need for "linking" **social capital** is greatest in poor areas.
- Children living where there is **more green space** gained about 13% less weight over a two-year period. Public green space contributes to lower crime rates.
- **There is limited access** to healthy foods in poorer neighborhoods.
- Parents in **safe** neighborhoods impose fewer restrictions on children, which may increase the child's cognitive stimulation and ability to establish a sense of autonomy.
- Several studies support the importance of the **physical environment** in influencing behavior (*i.e.*, litter, graffiti, blight).

Community Input:

- The population in the county has changed with more immigrant families and more households living with multiple generations.
- Libraries are primary places where families go to use computers to fill out applications for government programs and look for information about services.
- As families are more stressed financially, community and family violence have increased.

Strategy Reviews/Evaluation:

Not applicable.

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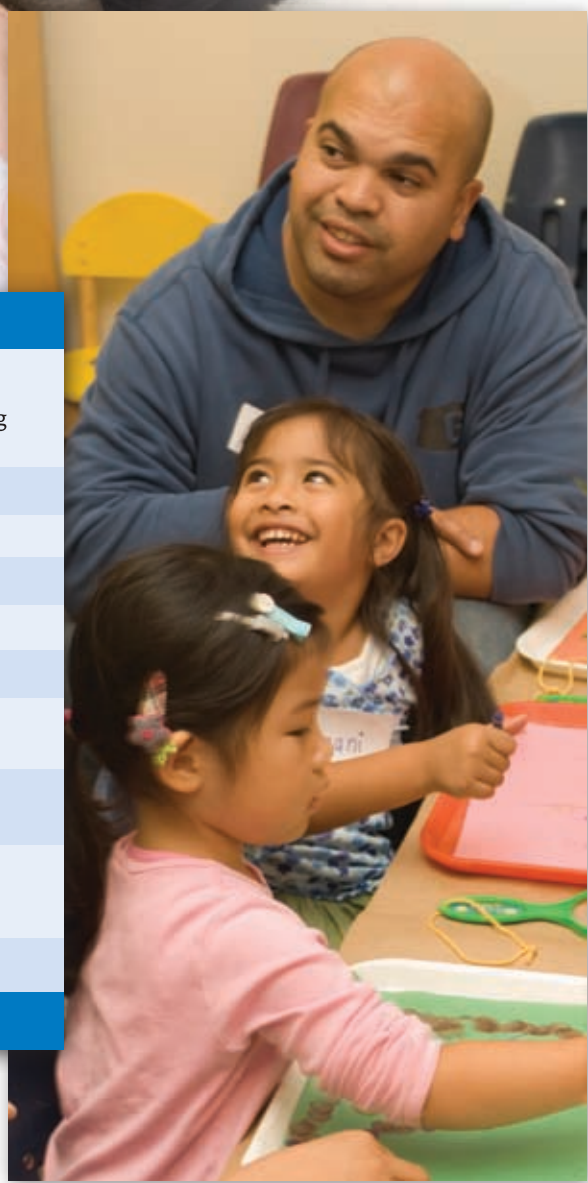
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Citations for information about Goals' Rationale:

First 5 Contra Costa (2009). 2009 Strategic Planning Retreat Briefing Book. Concord, CA. Feb. 2009.



2009 COMMISSION ROSTER

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(925) 771-7300 | 1485 Enea Court, Suite 1200, Concord, California 94520