

The First 5 years.  
Make them count.



## Strategic Plan



**FIRST 5**  
SANTA CLARA COUNTY

## Our Commissioners

**Corazon Tomalinas**, *Chairperson*

Representing Santa Clara County  
Board of Supervisors, District 2

**Will Lightbourne**, *Vice-Chairperson*

Representing Santa Clara County  
Social Services Agency

**Blanca Alvarado**, *Commissioner*

Santa Clara County Board of Supervisors

**Cathy Boettcher**, *Commissioner*

Representing the Local Early Education  
Planning Council

**Margo Dutton**, *Commissioner*

Representing Santa Clara County  
Board of Supervisors, District 5

**Akemi Flynn**, *Commissioner*

Representing Santa Clara County  
Board of Supervisors, District 3

**Susan Mayer**, *Commissioner*

Representing Santa Clara County  
Board of Supervisors, District 4

**Kim Roberts**, *Commissioner*

Representing Santa Clara Valley Health  
and Hospital System

**Eleanor Villarreal**, *Commissioner*

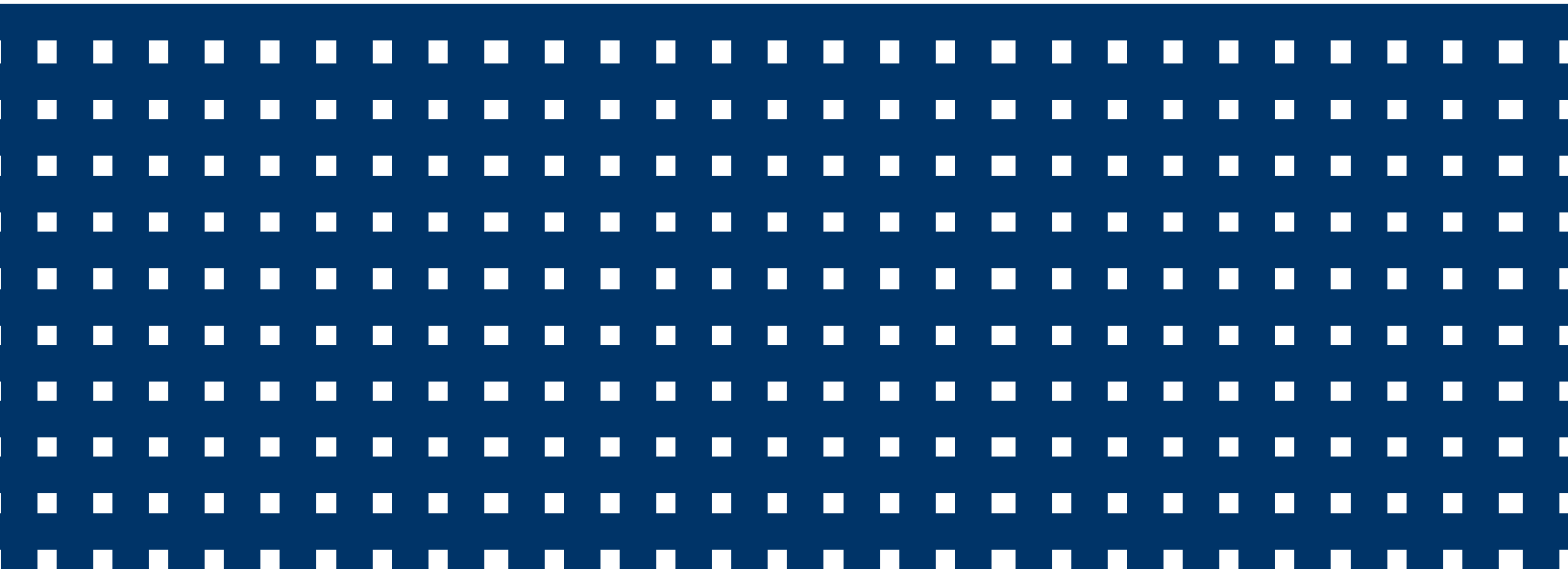
Representing Santa Clara County  
Board of Supervisors, District 1

**Mayra E. Cruz**, *Ex-Officio Member*

Child Development and Education  
Division De Anza College

**Jolene Smith**, *Executive Director*

FIRST 5 Santa Clara County



## Letter from the Commission

IN JUNE 2006, our Commission approved the FIRST 5 Santa Clara County Strategic Plan for 2006-2011. The FIRST 5 Santa Clara County Vision, Mission, Core Values, and Goals continue to guide our strategic direction. Activities and services that support the healthy development of children, prenatal through age 5, throughout our County remain the highest priority for FIRST 5 Santa Clara County.

The development and subsequent approval of the Plan marked the culmination of over two years of research and planning, coupled with input from all sectors of the community. The Plan was updated and approved again in June 2007. The following Message from our Executive Director will serve as an annual update of our progress and successes, lessons learned and any enhancements and/or modifications to our Strategic Plan.

Over the course of this fiscal year, 2007-2008, we focused on full and successful implementation of this plan, with continuous quality improvement becoming a hallmark of our efforts. We continue to pride ourselves on being a learning organization with a process for setting and maintaining our strategic direction that includes:

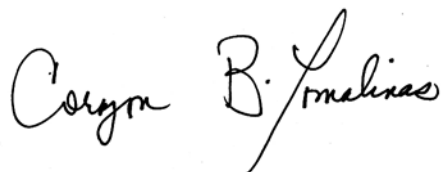
1. Staying abreast of research and trends;
2. Ongoing monitoring and evaluation of contracts, programs, and services;
3. Analyzing our utilization of fiscal and human resources;
4. Assessing effectiveness within each of our various roles and making adjustments as needed;
5. Continuing outreach to the community;
6. Expanding our circle of partners; and
7. Ensuring our Strategic Plan results in a positive impact on our relationships with our partners, our community, and ultimately, the children and families we serve.

Our FIRST 5 staff worked diligently this year with our community partners to clarify, revise and refine our System of Care for children prenatal through age 5 and their families. Our concerted efforts to strengthen and broaden our relationships with our community partners has resulted in an increased number of invitations over the course of this year to participate in and collaborate with other groups and agencies with a common vision. Together we will ensure that the healthy development of our youngest children is viewed as a high priority across the County.

With our support and encouragement, local and state politicians are championing issues and proposing legislation to support the healthy development of children prenatal through age 5. We were also invited to share our System of Care at state and national conferences and with children's commissions in other states wishing to develop similar models and approaches, thus taking this agenda to a national level.

We are grateful to our partners, our community groups, civic leaders, and to all of you who are committed to ensuring that our youngest children are healthy, happy and thriving. We look forward to continuing to work with all of you as we progress with the implementation of our 2006-2011 Strategic Plan.

Respectfully,



**Corazon Tomalinas**  
Commission Chairperson



**Will Lightbourne**  
Commission Vice-Chairperson

## Message from the Executive Director

FIRST 5 Santa Clara County's Strategic Plan for 2007-2012 is a culmination of two years of research, input from the community and extensive planning and discussion with our many partners. We were committed to developing a plan for our next five years that was responsive to: the interests, needs and gaps in services for families with young children; conditions and factors that place young children at risk of poor developmental outcomes, and where those conditions occur with greater frequency and intensity in the County; and evidence-based and best practice strategies for promoting the healthy development of all children prenatal through 5, especially those exposed to cumulative risks. In June 2006, the Commission approved this plan and we began the process of implementation.

In accordance with this plan, all decisions regarding funding, programs and services, our involvement with emerging issues and trends, and even our relationships with community partners are designed to address one or both of the two strategies adopted by the Commission in 2004:

- 1.** Community Engagement and Education activities that promote the healthy development of all children prenatal through age 5; and
- 2.** Direct Impact Services that are aimed at mediating risk and improving outcomes for children exposed to cumulative risk factors.

In FY 2006-2007, we began the process of enhancing our relationship with existing partners and reaching out to new partners in communities across the County. Because our process was deliberately designed to increase collaboration and integration, reduce fragmentation, maximize resources and improve

how all systems respond to young children and their families, it became apparent that our ultimate goal was an effective and comprehensive System of Care for children prenatal through age 5.

In FY 2007-2008, we have focused on refining and improving our System of Care at every level. We take great pride in being a Learning Organization, and as such, we have learned as much from our challenges as we did from our successes. The following information is intended to highlight our major activities over the course of this past year and where we are headed in 2008-2009 with further implementation of this Plan.

In fact, we recognized that these are critical components of a continuum of services, that with others, must be present in order to ensure that the diverse and ever-changing needs of families with young children are met. Major milestones for 2007-2008 include:

- 1.** Successful implementation of a countywide referral, screening and assessment system (KidConnections and KidScope) for those children with suspected developmental delays and/or behavioral concerns; with linkage to appropriate services for those with substantiated concerns;
- 2.** Successful launch of our Power of Preschool (PoP) program;
- 3.** Successful launch of an Early Childhood Mental Health certificate program with De Anza College;
- 4.** Collaborated with 22 other First 5 counties on the development of a state wide agenda for Early Childhood Social Emotional Development;
- 5.** Expanded opportunities to work with families coming through the court systems, including the new Family Wellness Court that resulted from our collabora-

tion on a national grant. Together with our partners in the Department of Family and Children's Services, Department of Alcohol and Drugs, the Mental Health Department and the Courts, we received one of the largest of the 53 grants that were awarded to serve children at risk as a result of parental substance abuse;

- 6.** Being selected as one of the Monitoring Early Childhood Autism (MECA) Screening sites by the Centers for Disease Control;
- 7.** Successful launch of the Path 1 Differential Response (Community Response to the Child Abuse and Neglect hotline) model with the Department of Family and Children's Services, and the development of a Path 4 model for those families who have been reunified;
- 8.** Hosted a successful workshop on The Impact of Trauma on Young Children. A task force was formed to address the request from participants for additional training and increased community awareness on this critical issue;
- 9.** Full implementation of our Community Engagement and Education Plan, including a newly designed website that received national recognition as a MarCom award recipient; increased visibility of the FIRST 5 vision and mission through broad-brush advertising campaigns; and the launch of our Countdown to Kindergarten Campaign;
- 10.** Hosted the first annual Partnership Forum with mayors, school superintendents, other elected officials and community partners. The forum successfully accomplished the intended goal of engaging high-level stakeholders in identifying collaborative strategies for serving young children and their families in every community of our County;

**11.** Sponsored workshops, conferences and forums that afforded our partners the opportunity to learn from and share with noted experts from across the country, including Dr. Richard Carrion from Stanford University and Drs. T. Barry Brazelton and Joshua Sparrow from TouchPoints; and

**12.** Strengthening our Community Partnerships through expanded membership and clarity of roles and opportunities.

### **Emerging Issues and Trends:**

As per the Commission's direction to track and develop collaborative responses to emerging issues and trends, we will be working with partners at both the state and local level to address the following:

- 1.** Substance Exposed Infants; and
- 2.** Early Childhood Social Emotional Development, and in particular, the impact of trauma on the child and family.

We will also continue to work with our partners to implement the Strategic Plans developed by the following collaboratives:

- 1.** Early Childhood Obesity Prevention Collaborative;
- 2.** Male Involvement/Fatherhood Collaborative; and
- 3.** Children in Nature Collaborative.

Community partners have identified two other issues of concern that the Commission and staff believe warrant further exploration. These involve:

- 1.** Providing immediate access to legal services for families with children under the age of 5 who are referred by Valley Medical Center physicians, nurses, social workers and public health nurses; and

**2.** Ensuring that every child in Santa Clara County has optimal oral health care and is free from dental pain.

### **Policy Issues:**

As per the Commission's direction, we will continue to identify policy level issues that have significant impact on the healthy development of our children 0-5 years of age. We are proposing to address the following issues with our partners in 2008-2009:

- 1.** All foster children under the age of 5 should have an immediate referral to Head Start/Early Head Start;
- 2.** All children should have developmental screenings as part of their well-baby checks;
- 3.** All high-risk infants in every hospital should have a developmental screen before being released; and
- 4.** All children should have a developmental screen as a requirement for entrance into Kindergarten.

### **System of Care Enhancements:**

We continue to work with our partners in 2008-2009 to refine and enhance our System of Care, building upon lessons learned and ongoing research and evaluation. Our 5-Year Investment Plan secured funding for our partners to continue to provide essential services to children and families. In addition, we have identified the following as critical system enhancements:

- 1.** Enhance the KidConnections Consultation Team in order to streamline the referral system and provide more timely referrals; assess more children; and increase the opportunity to leverage Medi-Cal and EPSDT dollars;
- 2.** Expand and enhance Family Resource Centers through the addition of three Resource Center Coordinators;

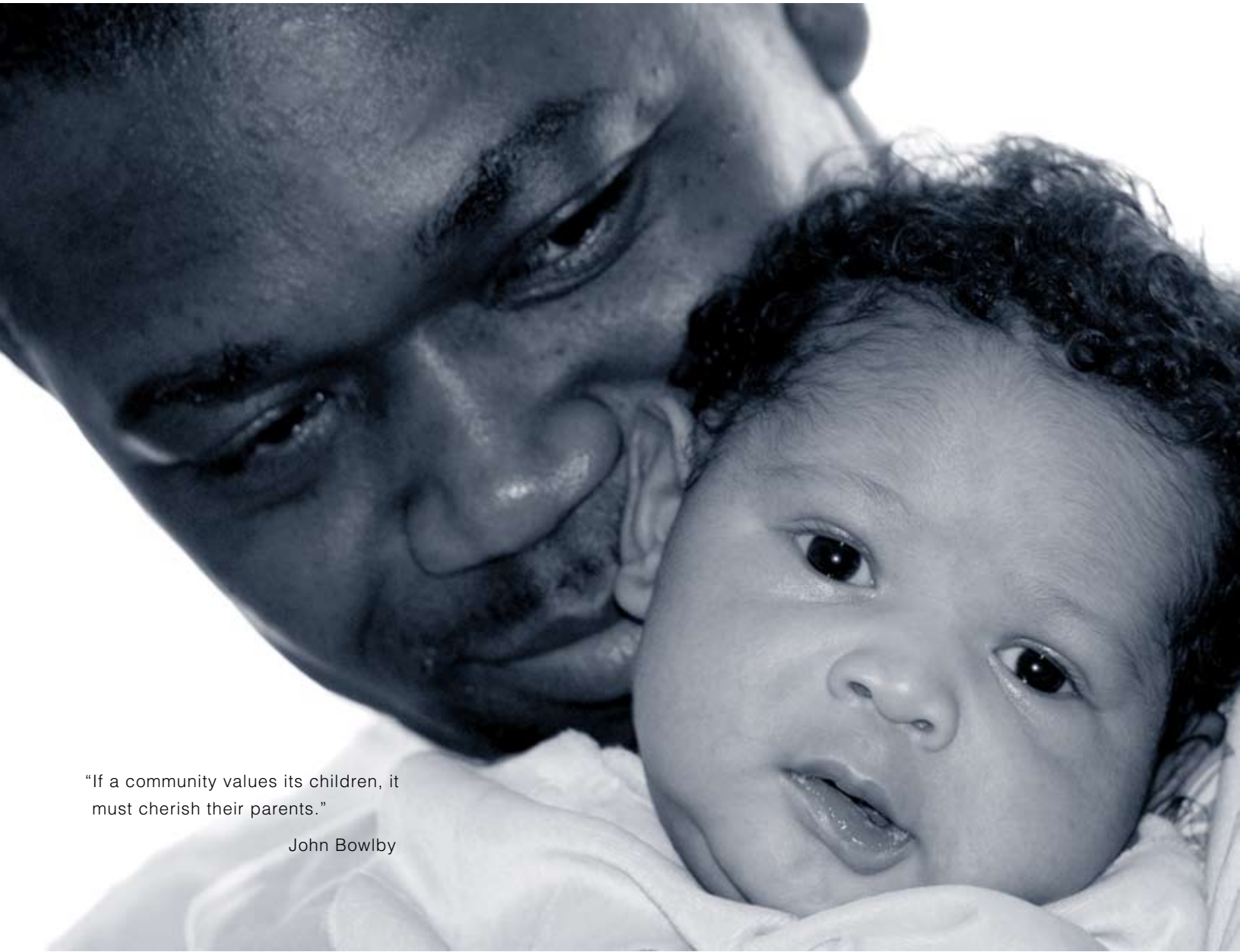
**3.** Enhance Friends Outside Home Visitor Program to provide home visitation services to families in Family Wellness Court, including conducting ASQ/ASQ SE and connection to KidConnections team;

**4.** Expand Parent Workshops to help address the growing concern of obesity in children under the age of 5 such as "The 5 keys to raising a Healthy and Happy Eater," which is a collaboration with Choices for Children, Santa Clara Valley Health and Hospital System and the Public Health Department; and

**5.** Increase access to Supervised Visitation services for families involved in Family Court, Dependency Drug Treatment Court and Family Wellness Court.

We take great pride in the work that has been done by our Commission, our staff and all of our partners in 2007-2008. We are equally excited about the many opportunities to further develop and enhance our System of Care in 2008-2009. We are committed to working in collaboration to be a voice for children prenatal through 5; to leverage partnerships and resources; to build the capacity of our community partners and agencies; and to advocate for policies and practices that promote and support the healthy development of young children. We are fortunate as an organization and as individuals to be part of a community that is working to ensure that all of our youngest children are healthy, happy and thriving—to be part of a community in which children matter!





"If a community values its children, it must cherish their parents."

John Bowlby

# Contents

- 01** Letter from the Commission
- 02** Message from the Executive Director
- 06** Proposition 10, Vision, Mission, Core Values and Goals
- 08** Strategic Planning, Research and Findings
- 10** What the Research Told Us

## **STRATEGIC DIRECTION**

- 16** Our Strategic Direction for 2006-2011
- 18** Our Initiatives and Programs
- 21** How We Will Ensure Families Are Successfully Engaged
- 23** How We Will Know If We Are Successful
- 24** Goals, Outcomes and Menu of Indicators
- 26** Selected Cross-Cutting Outcomes and Indicators

## **SUSTAINABILITY PLAN**

- 29** How We Will Sustain Our Efforts Over Time
- 30** Our 10-Year Sustainability Plan
- 31** Our 5-Year Investment Plan
- 33** Fiscal Year 08-09 Community Investments by Goal Areas

## **APPENDICES**

- 36** Appendix A - Investments and Results FY 00-01 - FY 06-07
- 38** Appendix B - Initiatives and Programs FY 00-01 - FY 06-07
- 39** Appendix C - Research Projects and Planning Efforts



## Proposition 10

In 1998, California voters approved a \$.50 tax increase on tobacco products through the passage of Proposition 10—the Children and Families First Act. Each County was able to create a local Commission and receive revenue from this tax to be used for early childhood development programs for children prenatal through age 5. Santa Clara County created an independent Commission and FIRST 5 Santa Clara County was born.

## Our Vision

FIRST 5 Santa Clara County will be a catalyst for ensuring that the developmental needs of children prenatal through age 5 are a priority in all sectors of the community.

## Our Mission

FIRST 5 Santa Clara County supports the healthy development of children prenatal through age 5 and enriches the lives of their families and communities.

## Our Core Values

1. Collaboration
2. Accountability
3. Respect
4. Innovation
5. Excellence

## Our Goals

The following goals were developed through an extensive community engagement process:

1. Children are born healthy and experience optimal health and development.
2. Families provide safe, stable, loving and stimulating homes.
3. Children enter school fully prepared to succeed academically, emotionally and socially.
4. Neighborhoods and communities are places where children are safe, neighbors are connected and all cultures are respected.
5. Systems are responsive to the needs of children and families.

## Strategic Planning, Research and Findings

FIRST 5 Santa Clara County is a learning organization that is grounded in evidence-based practices. In early 2004, FIRST 5 identified a need for information and data that would better describe community strengths, needs and emerging trends; current research and evidence-based practices in the field of early childhood development; and the challenges to, and opportunities for, aligning currently funded FIRST 5 programs and other community resources and initiatives.

In 2004, the Commission approved the alignment of all programs and initiatives under two funding strategies:

- 1.** Community Engagement and Education Activities; and
- 2.** Direct Impact Services.

This action was intended to be the first step in addressing the following concerns:

- 1.** Better coordination and integration of programs and services;
- 2.** Greater potential for sustaining efforts through increased leveraging and maximization of resources, and the identification of new sources of funding; and
- 3.** Alignment of both FIRST 5 programs and other community initiatives to achieve greater impact.

Information was gathered from existing programs, as well as from new research and planning projects that were funded for this purpose. For over 18 months, FIRST 5 Santa Clara County embarked upon a process of gathering data, mapping resources, identifying gaps, and determining needs and opportunities.

The intent was to use the results of these efforts—local data, the most current research and information, and evidenced-based and best practices—along with community input to guide decision-making for the future direction of FIRST 5 Santa Clara County.

The research projects and planning efforts included:

- 1.** The data collection and analysis related to the risk factors affecting the healthy development of young children and their families living in Santa Clara County;
- 2.** The data collection and analysis of calls to the Santa Clara County Social Services Agency Child Abuse Hotline;
- 3.** The identification of early educator's workforce development needs;
- 4.** The identification of 14 critical quality service elements; and
- 5.** A survey of the health/medical community and education providers who provide early screening and assessment of a child's development.

These and other research and planning efforts contributed to the findings, which led us to the new FIRST 5 Strategic Direction. The details related to these efforts can be found in Appendix C.



“The solution to adult problems tomorrow depends on large measure upon how our children grow up today.”

Margaret Mead

# What the Research Told Us

## 01

**Children do not develop in isolation, but rather within a set of social systems (Circles of Influence) that are interconnected and dynamic, impacting, individually and collectively, the healthy development of the child.**

All of these social systems need to be working together to ensure the three core components of healthy child development are present for all children:

1. Physical health;
2. Age and developmentally appropriate cognitive skills; and
3. Positive, age and developmentally appropriate social, emotional and behavioral skills.

Many children are exposed to factors that put them at risk of intellectual delays, and/or physical, mental and social problems. As the number of risks a child is exposed to increases (cumulative risk), so does the impact on the developing child. Children living in high cumulative risk environments are more likely to experience challenges in one or more areas of development.

Risk factors work in synergistic ways to compromise a child's development. The presence of one risk factor alone generally does not create a barrier to a child's healthy development. Families exposed to multiple risks are more likely to have children with poor developmental outcomes.

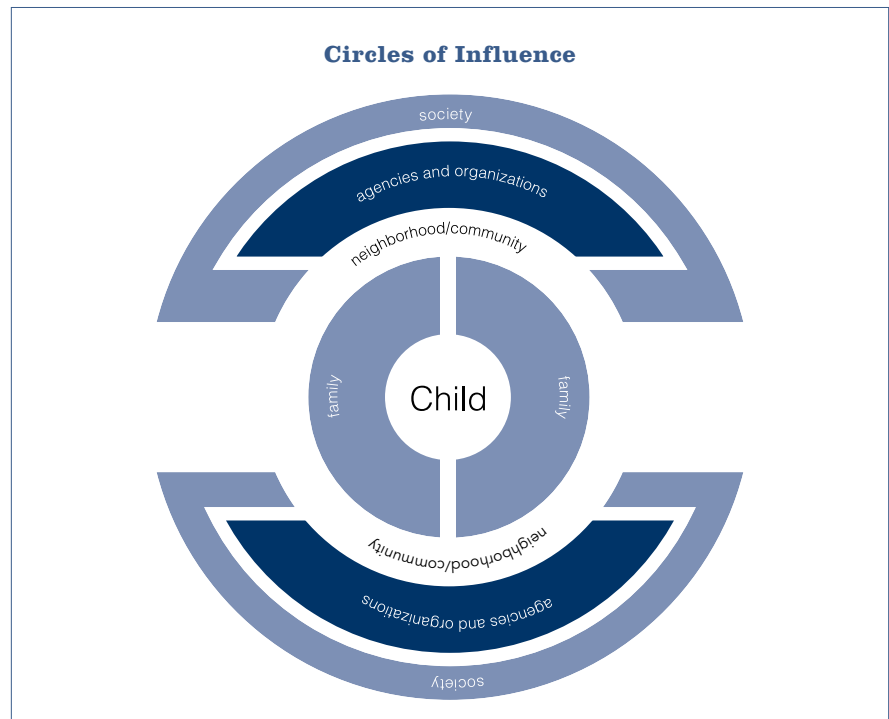
Children who have the capacity to overcome the potentially harmful effects of adversity have a much greater chance of succeeding in school and life. The following six Early Childhood Developmental Assets support the development of that capacity.

1. Family Support – Family members consistently provide plenty of love, attention, care and nurturing.
2. Community Cherishes and Values Children – Parents and other adults in the community value and appreciate young children, and activities and resources are available to promote their healthy development.
3. Early Literacy – Young children enjoy talking, writing, looking at pictures and learning to read.

4. Other Adult Relationships – Young children receive love and comfort from at least one adult other than their parents, and their parents have support from people outside the home.

5. Home-School Connection – Adults in the home and at school or other out-of-home programs share information and activities that help young children feel secure and connected in the places where they spend time.

6. Positive Cultural Identity – Parents and adults encourage young children to feel good about their identity, including their physical abilities, ethnicity, faith and religion, family members, gender and language.



## 02

### **Children do better when they go to preschool.**

Research has clearly demonstrated that children do better when they go to preschool. This outcome is predicated on the preschool experience being a quality learning experience. The 14 critical elements necessary for a quality early learning experience are:

- 1.** A well-educated workforce at a Bachelor of Arts degree level;
- 2.** A workforce compensation schedule based on qualifications;
- 3.** Low adult/child ratios and group size based on staff qualifications;
- 4.** Length of day, length of year, and linkage to full-day services;
- 5.** Facilities and environment to be of the highest quality as measured by environmental and program rating tools;
- 6.** Developmentally, culturally, and linguistically appropriate curriculum content and activities with specific learning objectives;
- 7.** Developmental screening, assessments, and referral services;
- 8.** Inclusion of children with special needs;
- 9.** Integration of in-home support services and child and family supportive interventions in partnership with early educators;
- 10.** Family engagement and education;
- 11.** A thorough, and preferably longitudinal evaluation;
- 12.** Monitoring and technical assistance;
- 13.** Commitments with community resources and partners; and
- 14.** Transition plans for children and families entering and leaving program and from Pre-Kindergarten through 3rd grade.

## 03

### **Children and their families who experience cumulative risks benefit from the assistance of a Three-Part Model.**

While one risk factor alone does not create a barrier to a child's healthy development, as the number of risks a child is exposed to increases (cumulative risk), so does the impact on the child's development. Children living in high cumulative risk environments are more likely to experience challenges in one or more areas of development.

A high quality Three-Part Model has greater likelihood of demonstrating the deepest impact on a child who experiences cumulative risks, and therefore, the greatest return on the community's investment. This Model includes:

- 1.** Highest quality early learning environment;
- 2.** Home visitation; and
- 3.** Comprehensive, culturally sensitive team approach to therapeutic interventions and family supports.

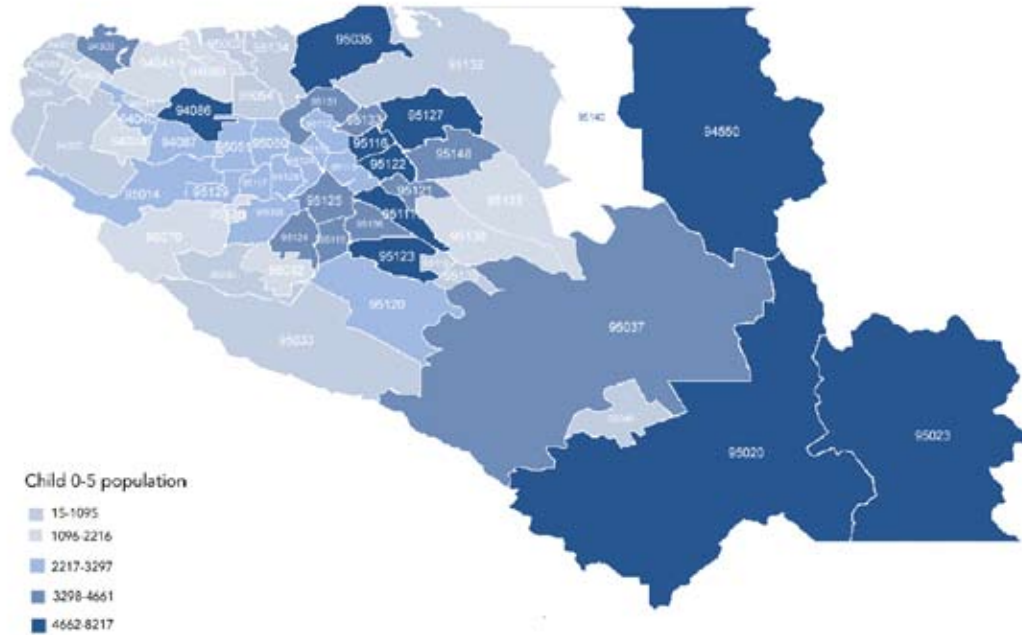
Accompanying the Three-Part Model there must be:

- 1.** Intensive parent involvement;
- 2.** Careful screening of developmental milestones and assessment for any suspected developmental delays or disabilities;
- 3.** Family partners to help advocate for and secure services; and
- 4.** Oral and other health services as needed.

Essential program elements include:

- 1.** Ample opportunities for inclusion of children with special needs and their families;
- 2.** Adequate duration and intensity of services;
- 3.** A culturally and linguistically responsive, comprehensive and integrated systems approach; and
- 4.** Transition planning across age and developmental stages.

### Santa Clara County Population Age 0-5 by Zip Code Area



## 04

**Children in Santa Clara County who face the greatest risk of poor developmental outcomes live in six zip codes areas: 95020, 95111, 95122, 95116, 95112 and 95127.**

Data was collected on more than 20 risk factors, and of these risk factors, eight were determined to be the most prevalent and relevant to the prenatal through age 5 population. These eight risk factors are:

1. Mother with no high school degree;
2. Teenage mother;
3. Child with low birth weight;
4. Pregnant mother with late entry into prenatal care;
5. Substantiated child abuse reports;

6. Domestic violence involving children;
7. Medi-Cal as a proxy for poverty; and
8. Elevated blood lead levels.

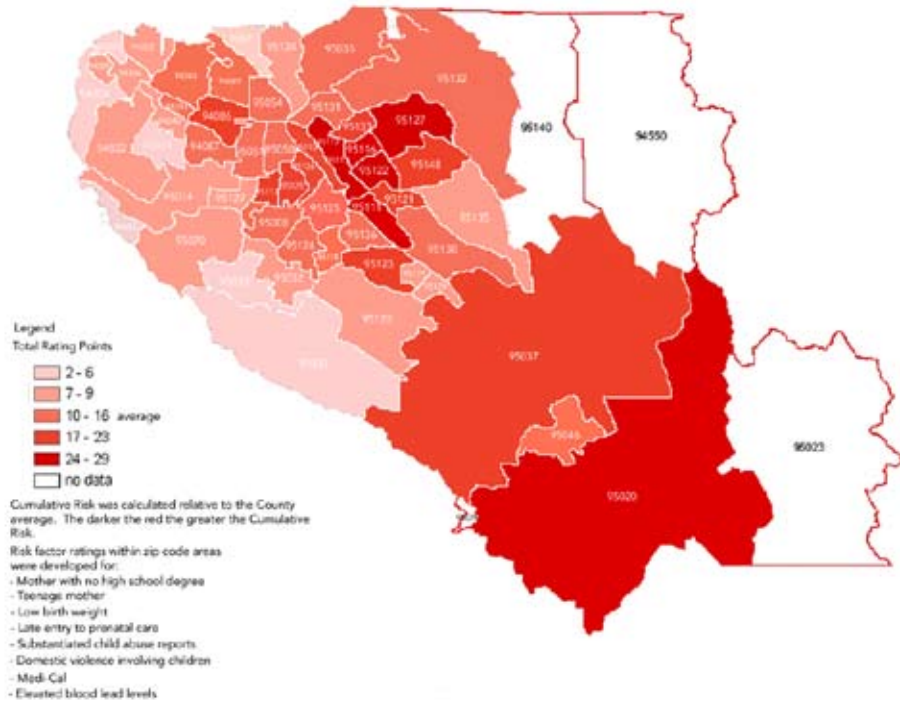
These same zip code areas also had the following characteristics:

1. Schools with the lowest Academic Performance Index (API) scores; and
2. The highest concentration of children under the age of 6 (23 percent of total population of children living in Santa Clara County under the age of 6 live in these six zip codes).

Additional analysis identified five other neighborhoods (zip code areas: 95118, 95136, 95128, 95133 and 94040) of historic and current need with:

1. Ten percent of the total population of children under the age of 6;
2. A high number of cumulative risk factor data was identified in neighborhoods within those specific zip codes; and
3. Families who identified a need for advocacy, integration and coordination in order to access services and supports.

**Combined Cumulative Risk Factors by Zip Code in Santa Clara County**



**05**

**Agencies, departments, community groups and policy makers must collaborate at every level to develop a high quality, coordinated, integrated and sustainable “System of Care” focused on children prenatal through age 5.**

Research indicates the elements of a System of Care must include:

- 1.** Increased community engagement that promotes the importance of the first 5 years of a child’s life and ensures that young children are a high priority;
- 2.** Availability of and access to developmentally appropriate, child-focused activities for all young children and their families;

- 3.** Consistent, quality screening of developmental milestones for all young children
- 4.** Consistency of and access to quality assessments and referrals for children with suspected developmental delays;
- 5.** Increased understanding of and opportunities for inclusion of children with special needs and their families;
- 6.** A coordinated child/family plan;
- 7.** Services and supports that are respectful of and responsive to the cultures and languages of the children and families;
- 8.** Outreach and engagement strategies that are effective in reaching families who are isolated, and/or those who are over-represented in such systems as child

- welfare, juvenile justice, and the courts;
- 9.** A high-quality workforce with expertise in serving young children and their families across all systems;
- 10.** Transition planning that transcends systems and crosses ages and developmental stages;
- 11.** Maximization of existing resources;
- 12.** Continuous evaluation and quality improvements at every level; and
- 13.** Information and access for the community regarding resources and activities available for families with children prenatal through age 5.



"I will be truly gratified as we continue the next phase of FIRST 5 Santa Clara County,...to reach the ones that are most in need in the community."

Commissioner Blanca Alvarado  
Santa Clara County Board of Supervisors

# **Our Strategic Direction**

## Our Strategic Direction for 2006-2011

As stated earlier, an analysis of investments, coupled with feedback from the community, resulted in the Commission's identification of the need to develop clearly defined strategies for making sound and productive funding decisions. In the spring of 2004, the Commission adopted two funding strategies under which all investments were aligned:

1. Community Engagement and Education Activities; and
2. Direct Impact Services.

These primary strategies provided for continued funding of countywide programs designed to reach all children in the County prenatal through age 5; and, Direct Impact Services designed to show improved outcomes for children exposed to cumulative risk factors. The intent of this strategic allocation was to fund services and activities throughout Santa Clara County that would positively impact the lives of all young children and their families, while striving to develop resilience and mitigate risks for those children at greatest risk of poor developmental outcomes.

In May 2005, the Commission adopted the Community Investment Strategy, a framework for aligning funding, programs and services under the same two primary strategies, thus creating a continuum of services, from education and prevention through early intervention, treatment and ongoing support. The framework builds upon the successes and experiences of the past five years, while including new, enhanced and innovative programs and services designed to address the gaps, needs and elements identified through our research. The alignment, enhancement and expansion of programs and services, both Countywide and Direct Impact, result in a System of Care for prenatal through age 5 children and their families. The primary goal of this System

of Care is to ensure that all levels of the community are engaged in and educated about the importance of the first five years, ultimately making young children their highest priority. Inherent in this plan is the expectation of true systemic change and evolution across multiple systems. Building upon our conceptual framework that children do not develop in isolation, but rather within a set of social systems (Circles of Influence), FIRST 5 envisions our **System of Care** as:

...a partnership made up of families, service providers/agencies, schools/teachers, community groups, and others who care for a child or children. All of these systems and individuals work together in a coordinated approach to ensure that children and their families have access to the services and supports they need to succeed. Together they develop plans, activities, and supports that build upon the unique strengths of each child and each family—in a way that is consistent with the family's culture and language.

The essential elements of this System of Care include, but are not limited to:

1. Community awareness and education;
2. Access to quality health care and preventive health services;
3. Monitoring of developmental milestones;
4. "No Wrong Door;"
5. Early identification of young children who exhibit significant problems or delays;
6. Continuity of programming;
7. Culturally, linguistically, and developmentally appropriate services;
8. Family-centered, strengths-based approach;
9. Enhanced ability of providers to ad-

dress the needs of children with challenging behaviors;

10. Thorough assessments and tailored interventions;
11. Case management, therapeutic services, home visitation, resource/referral, and support services for families; and
12. Consultation, mentoring, and professional development for early educators and other child care providers.

Children and their families may be referred to the System of Care from any one of the following:

1. Power of Preschool (PoP) sites and Head Start Programs;
2. Child Abuse Hotline/Differential Response System;
3. Dependency Court/Social Workers for Post Reunification Families;
4. The Courts;
5. Domestic Abuse Criminal Court;
6. Pediatricians; and
7. Neonatal/High Risk Infant Follow-Up Clinic.

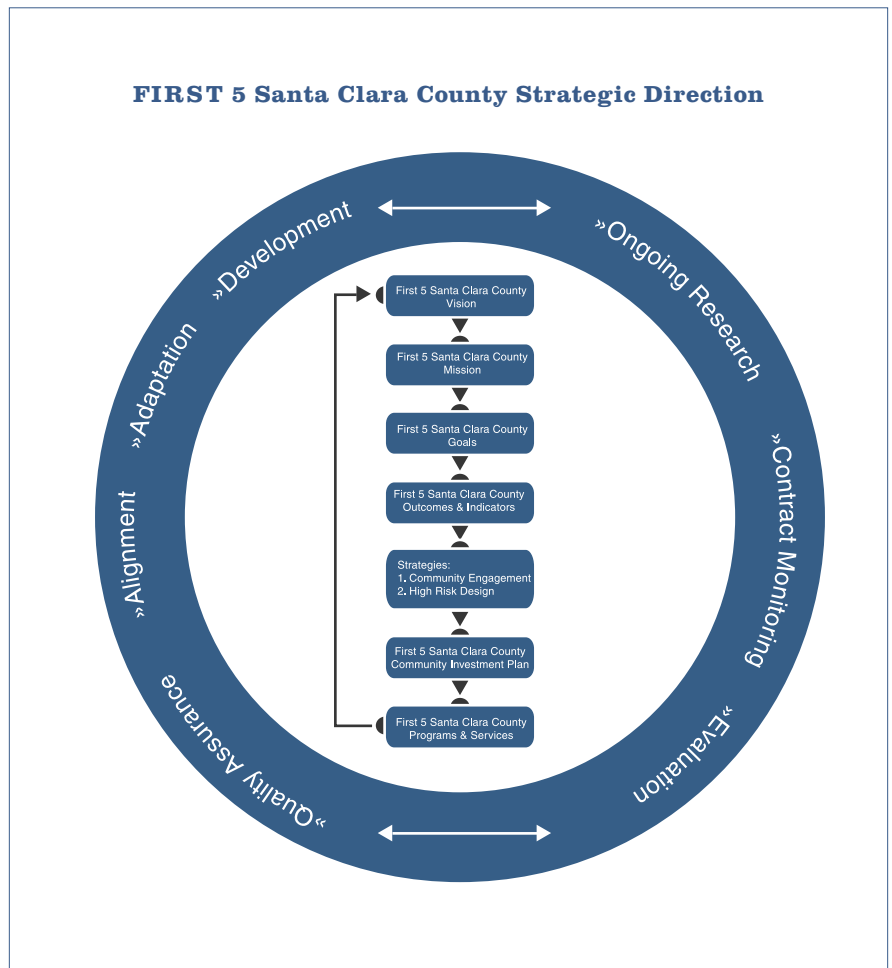
All children will have access to screening for developmental delays and/or social-emotional, behavioral concerns. Children for whom there are no identified delays or concerns may be linked with any or all of the Community Engagement and Education activities, supports and activities identified in Initiatives and Program section.

Children with red flags indicating potential delays and/or concerns will be further screened and assessed, and, along with their families, may be linked with any of the Direct Impact Services listed below. Direct Impact Services may be added or deleted as needed over the life of this Strategic Plan.

All components within the Community Investment Strategy will:

1. Build upon existing partnerships developed through FIRST 5 funding;
2. Align programs and practices for better coordination and integration;
3. Engage children and their families in developmentally appropriate, child-focused activities;
4. Maximize resources utilizing an array of public and private funding streams;
5. Allow for deeper impact with identified populations in targeted areas;
6. Create demonstration sites that will be evaluated for high impact, high yield on investment;
7. Engage the entire community in promoting the importance of the first 5 years of a child's development;
8. Create a continuum of care focusing on the healthy development of the whole child; and
9. Promote the six Early Childhood Developmental Assets

The schematic diagram below is a visual demonstration of our strategic direction. The FIRST 5 vision gave birth to our mission, goals, outcomes, indicators, strategies, investments and finally the delivery of programs and services. Information gathered through evaluation and contract monitoring informs our strategic direction and allows us to make improvements throughout the process in order to meet our vision, mission and goals.



## Initiatives and Programs: 2007-2012

### Community Engagement and Education Strategy

Community Engagement and Education is the overarching umbrella for all FIRST 5 programs and activities. FIRST 5 and its partners are committed to raising the community's collective awareness of the importance of supporting the healthy development of all children during the first five years of life, thus ensuring all children are:

1. Physically Healthy;
2. Have age and developmentally appropriate cognitive skills; and
3. Demonstrate age and developmentally appropriate social, emotional and behavioral skills.

To achieve the community's collective awareness, multiple strategies must occur simultaneously and at multiple levels throughout the County. Programs and initiatives are selected for their abilities to:

1. Promote the FIRST 5 messages throughout the broader community, while respecting the rich diversity of this county;
2. Deliver age and developmentally appropriate services to children prenatal through age 5 and their families;
3. Eliminate or minimize barriers to services for un-served and under-served populations; and
4. Participate in planning and policy level changes that result in systemic change and evolution.

Community Engagement and Education strategies may be added or deleted as needed over the life of this Strategic Plan, and, may include, but are not limited to:

**Education and Awareness:** Regarding child development, early intervention

and school readiness provided through an array of multi-media, multi-cultural communication strategies such as:

1. FIRST 5 website;
2. Radio Programs in multiple languages;
3. Advertising in various print and media outlets; and
4. Countdown to Kindergarten Campaign: A multi-media, multi-lingual public information campaign designed to increase parents' and caregivers' knowledge of what it takes to promote the healthy development of young children and prepare them to be ready to succeed in school.

**Interactive Play and Discovery Opportunities:** for children prenatal through age 5 and their families are aimed at enhancing early skills and interest in the child's natural surroundings while promoting play and family-togetherness:

1. The Children's Discovery Museum; and
2. Happy Hollow.

**Community Events:** Sponsorship of and participation in an array of multicultural community events throughout the year provide a vehicle for educating and engaging the community in the importance of the first five years, and distributing information and resources.

**Arts Enrichment Initiative:** The promotion of age-appropriate visual, performing, and literary arts that highlight the culture, arts and traditions of local communities.

**Comprehensive Approaches to Raising Education Standards (CARES):**

The stipend program for early education workforce that links monetary rewards with professional development, education attainment and longevity in the field. The goal is to build a skilled and stable workforce to serve our youngest children.

**Community Engagement:** Community based organizations to promote the importance of the first five years. These groups will ensure all parents and caregivers have knowledge of and access to information, services and activities.

**Healthy Kids Insurance:** Free or low cost health insurance for children birth through age 5 including comprehensive medical, dental, vision and mental health where family income is equal to or less than 300% of the Federal Poverty Level.

**Early Screening System:** A coordinated system of early screening, referral, triage for children with suspected developmental, social/emotional and/or behavioral concerns.

**Family Partners:** Based on the Cornell University Family Developmental Model, Family Partners provide support and advocacy helping to identify the family's strengths and needs, and assisting in securing appropriate services.

**Parent Workshops:** Workshops and classes for parents and caregivers focusing on high family conflict, a special needs child, and/or isolation as well as the challenges of parenting birth through age 5 children.

**Community Partnership and Leadership Development:** Support the development of 9 Community Partnerships throughout the County that focuses on the needs of young children and their families. Partnerships will address issues including the community's strengths and needs, increased coordination and collaboration, sustainable funding, and advocacy.

**Community of Learning:** Professional development, training and mentoring opportunities for all those involved in providing services and supports to young children. This program promotes the dissemination of evidence-based and best practice models to System of Care partners. A broader goal will be to engage local colleges and universities in the development of programs designed to increase the numbers of professionals trained to served children prenatal through age 5.

### Direct Impact Strategy

Children who are healthy and emotionally, socially and cognitively ready for school are much more likely to have a successful school experience; while children who experience serious emotional, social and behavioral and cognitive difficulties are at greater risk of early school difficulty and subsequent academic failure. (Raver, 2002.)

Funding the Direct Impact Strategy will enable FIRST 5 to:

1. Initially target specific populations and/or geographic areas where highest risk has been identified;
2. Allow theories and practices to be developed, tested and improved within a clearly defined region and/or target population known to be at significant risk of poor developmental outcomes;
3. Provide opportunities for in-depth evaluations and longitudinal studies on all levels—individual/client, community and systems; and
4. Provide opportunities to better understand the complex needs of some of the County's most vulnerable children and families, and the services and supports that are necessary and appropriate to address these needs.

Direct Impact Services will be selected for their ability to:

1. Promote the FIRST 5 messages throughout the broader community, while respecting the rich diversity of this county;
2. Deliver age and developmentally appropriate services to children prenatal through age 5 and their families;
3. Eliminate or minimize barriers to services for un-served and under-served populations; and
4. Participate in planning and policy level changes that result in systemic change and evolution. Partners will also be selected for their capacity to serve children and their families exposed to multiple risks and at greatest risk of poor developmental outcomes.

Direct Impact Services may be added or deleted as needed over the life of this Strategic Plan, and, may include, but are not limited to the following initiatives, programs and services:

**Power of Preschool:** Quality learning opportunities for three and four year olds living in communities and neighborhoods with high levels of cumulative risk and the lowest Academic Performance Index (API) schools. The process of developing quality learning environments will also serve as a model for expanding preschool opportunities to other areas of the County.

**Developmental Assessments and Interventions:** Children with identified delays and or concerns may receive further diagnostic assessments, a plan for appropriate intervention and treatment strategies, and a warm hand-off to the most appropriate service provider(s).

**Home Visitation:** Home visitors will provide support, guidance and coaching to parents and caregivers. Services, in the child's home environment, will be for a range of child development issues, including health and nutrition, coping with special needs, effective parenting, and support for medically vulnerable infants.

**Oral Health:** Prevention, intervention and treatment services for children.

**Therapeutic Interventions:** A continuum of interventions and treatment services designed to support those children, and their families, who display social, emotional and behavioral concerns.

### Emerging Issues and One-Time Requests

FIRST 5 allocates a portion of funding each year to respond to emerging issues, special, one-time projects, and studies that will allow for more informed decisions. Funding is based on the availability of funds as well as the alignment with FIRST 5's strategic direction and the Commission's 5 goal areas.

New funded programs will be described in our annual Strategic Plan update.



## How We Will Ensure Families Are Successfully Engaged

In an effort to reach all children prenatal through age 5 and their families in Santa Clara County, FIRST 5 is committed to effective outreach strategies to engage and serve the under-served and isolated families in the County. Evidence of that commitment will be demonstrated by all agencies applying for funds will describe how they will address barriers that could inhibit access to services, including:

1. Hours and days of operation;
2. Geographic location;
3. Cultural and linguistic competency of program staff; and
4. Age and developmentally appropriate services.

FIRST 5 has allocated up to \$1 million dollars to fund organizations to work in communities throughout Santa Clara County. These organizations will develop and implement strategies that will provide outreach services to successfully engage all members of the community in understanding the importance of the first five years and promoting the healthy development of all young children.

The Community Partnerships in each region of the County are charged with ensuring that families have knowledge of and access to the services they need to support their child's health and development. When barriers to access exist, these partnerships must develop a plan for overcoming the barriers.

Families in targeted areas will be linked with Family Partners who will help them

identify needs, navigate the systems, and ensure they are linked with the services and supports they need.

Community Engagement and Education Strategy is presented in a variety of mediums and languages.



“We need a conspiracy of adults gathered together on behalf of insuring the well-being and success of our children.”

Dr. James Comer

## How We Will Know If We Are Successful

On May 9, 2007, the Commission adopted the Evaluation Framework for FIRST 5 Santa Clara County, which is the draft evaluation design for the organization. The purposes of the framework are to:

- 1.** Communicate to the Commission and its partners how FIRST 5 will systematically investigate the effectiveness and potential impact of its programs, services and activities;
- 2.** Identify outcomes and indicators for the Commission to assess achievement towards its five goals; and
- 3.** Describe the alignment between FIRST 5 Santa Clara County's Goal Areas and indicators with First 5 California's Result Areas and relevant indicators.

Furthermore, the revised framework reflects the Commission's allocation of its resources in the two major component areas:

- 1.** Community Engagement and Education Strategy: Programs and services that support the healthy development of prenatal through age 5 children and families throughout the County, including the enhancement and expansion of 9 Community Partnerships; and
- 2.** Direct Impact Services for children at greatest risk of poor developmental outcomes; especially those children living in neighborhoods/communities with multiple risk factors. Children demonstrating developmental delays and/or behavioral concerns will be linked to appropriate services, which may include the 3-part model of quality preschool, home visitation and therapeutic supports.

The framework also provides an evaluation approach and appropriate rigorous methods to capture the individual and combined impacts of the three components. The indicators supporting out-

comes are derived from various sources:

- 1.** Revised First 5 California state evaluation framework including School Readiness Initiative and Power of Preschool Master Plan;
- 2.** Existing research and literature on the local, state and national level; and
- 3.** FIRST 5 Commission's Community Investment Strategy.

The evaluation design includes multiple measures to increase the reliability and validity of findings, which, in turn, will assist in justifying the replication of successful programs. The inclusion of a longitudinal study design for the evaluation of children who participated in a high quality Power of Preschool (PoP) site and received intensive and/or countywide services will provide unique advantages for the documentation of long-term impact on children, families and networks of services. It is expected that the results from the longitudinal study will be published and widely disseminated to add to the existing literature on early childhood, family and systems interventions.

Using a targeted approach to the implementation of the evaluation design, a two-phase plan was developed. Both phases include process and outcome evaluation. Phase 1 focuses on impact assessments that emphasize the evaluation of the longitudinal design.

- 1.** Phase 1 will prioritize the process evaluation while establishing and collecting baseline data for the outcome evaluation and longitudinal study.
- 2.** Phase 2 (FY 07-08 and beyond) will continue process evaluations to inform program quality improvements while expanding the scope of the evaluation to focus on long-term outcomes for children and families.

Process evaluation (also known as imple-

mentation assessment) is a monitoring method that determines whether programs and services were implemented and delivered to their target populations as intended, and outcome evaluation (also called impact assessment) produces findings that describe the effects that program and services have had on the target population and social conditions.

All programs funded by the Commission will be required to collect and report data on their operations and the effects of their programs on the children and families they serve. Grantees will track their activities and strategies for affecting changes in participants as defined by the indicators selected. Indicators are evidence of whether certain results (e.g., knowledge, skills, or behaviors) have been achieved. Information produced from indicators will inform FIRST 5 of its progress toward the achievement of relevant outcomes and goals.

It is anticipated that the FIRST 5 evaluation contractor will track this progress through the application of various quantitative and qualitative methods and measurements, such as surveys, focus groups and interviews. Together, this information will be collected, compiled and analyzed to produce evaluation reports that will describe FIRST 5's progress towards achievement of its five goals. These reports will be reviewed by the Commission at its annual evaluation workshop and will influence the Commission in deciding how to refine FIRST 5's Strategic Plan.

The following pages provide a list of FIRST 5 goals, outcomes and current inventory of indicators. Indicators may be revised as new programs and services are implemented and we continue to refine the evaluation framework.

# Goals, Outcomes and Menu of Indicators

## **GOAL 1**

**Children are born healthy and experience optimal health and development.**

### **Outcome 1.1**

**Children are born and stay healthy.**

1. Percentage of children who are enrolled.
2. Percentage of children who have a regular medical home.
3. Percentage of children who received dental services in the past year.
4. Percentage of children who receive a vision screening.
5. Percentage of children who have complete or up-to-date immunizations.
6. Percentage of children whose parents rate them as in very good or excellent health.
7. Percentage of children who meet developmental milestones (as measured by a developmental screening).

### **Outcome 1.2**

**Families have the knowledge, skills and resources they need to promote their children's optimal health.**

1. Percentage of adolescent females who have been pregnant.
2. Percentage of pregnant women who receive late or no prenatal care.
3. Percentage of parents who smoke.
4. Percentage of parents who reduce children's exposure to second hand smoke.
5. Percentage of children who are living in poverty.

## **GOAL 2**

**Families provide safe, stable, loving and stimulating homes.**

### **Outcome 2.1**

**Families have the skills, comprehensive support and resources they need to promote their children's optimal development.**

1. Percentage of parents who demonstrate improved parenting skills.
2. Percentage of parents who are aware of support services available in their community.
3. Percentage of parents who participate in linguistically appropriate parent/adult education classes such as general education, vocational training, ESL / GED.
4. Percentage of mothers who have a high school diploma, GED, or higher degree.
5. Number of families who receive intensive support services through Family Partner Services, Home Visitation and referrals to other services.
6. Number of parents who participate in FIRST 5 community events and activities.
7. Percentage of children who live with parents with untreated mental health or substance abuse issues.

### **Outcome 2.2**

**Children live in home environments supportive of cognitive development and school readiness.**

1. Number of families who report reading or telling stories regularly to their children.
2. Number of parents who are taking parenting classes focused on supporting child physical, cognitive, socio-emotional development.
3. Percent of families who are satisfied with their children's preschool programs.

## **Outcome 2.3**

**Children develop in safe home.**

1. Number of families served by Family Court Services to reduce exposure to family violence.
2. Percentage of children who are exposed to domestic violence.

## **GOAL 3**

**Children enter school fully prepared to succeed academically, emotionally, and socially.**

### **Outcome 3.1**

**Children have access to quality services that promote their early learning.**

1. Number of children ages 3 through 5 who regularly attend preschool by the time of kindergarten entry.
2. Number of children with special needs who regularly attend preschool by the time of kindergarten entry.
3. Percentage of children who regularly participate in high quality early care and education (ECE) programs.

### **Outcome 3.2**

**Children have age-appropriate competencies (social, emotional, and cognitive).**

1. Percentage of children under age 3 who receive a comprehensive developmental screening within the last 6 months.
2. Percentage of children over age 3 who receive a comprehensive developmental screening in the last 12 months.
3. Percentage of children who are identified with special needs or as high risk who receive developmental and/or behavioral services by kindergarten entry.

4. Percentage of children who enter kindergarten ready in the areas of cognitive, social, emotional, language, approaches learning, and health/physical development.

**Outcome 3.3**

**Children are successful in school (from kindergarten through third grade).**

1. Percentage of children who achieve grade level on standardized tests.
2. Percentage of children who are retained at grade level.
3. Percentage of children who attend school regularly.
4. Percentage of children who are English learners.
5. Percentage of children who are referred for special education.

**Outcome 3.4**

**Preschools and early educators are of high quality.**

1. Percentage of early educators who have advanced in their qualification levels.
2. Percentage of early educators who remain with their ECE program.
3. Number of early educators who receive training and education.
4. Number and percentage of ECE settings either accredited and/or attaining a satisfactory score on the Early Childhood Environment Rating Scale (ECERS)/Family Day Care Environment Rating Scale (FDCERS)/Infant/Toddler Environment Rating Scale (ITERS).

**GOAL 4**

**Neighborhoods and communities are places where children are safe, neighbors are connected, and all cultures are respected.**

**Outcome 4.1**

**Children live in a safe and nurturing environment.**

1. Number of child injuries and accidents.
2. Number of children ages prenatal through age 5 who die from intentional injuries.

**Outcome 4.2**

**Families are connected to neighbors and other community members.**

1. Percentage of parents who report a sense of belonging to the community.
2. Percentage of parents who perceive that they have social support.

**Outcome 4.3**

**Community members are active participants in decision-making in policies affecting children.**

1. Percentage of parents who are engaged in community action and advocacy.

**GOAL 5**

**System are responsive to the needs of children and families.**

**Outcome 5.1**

**Communities have sufficient service capacity that is effective, coordinated, integrated, and community-driven.**

1. Increased service capacity to serve children ages prenatal through age 5 and their families.
2. Demonstrated efforts to sustain operations through leveraging.
3. Programs have a sufficient number of qualified and trained staff, high program standards, and appropriate facilities.

**Outcome 5.2**

**Families have access to culturally and linguistically responsive services.**

1. Providers reflect the ethnic and linguistic diversity of the communities they serve (including multilingual/multicultural staff).
2. Services are designed and implemented to be tailored to the unique needs of families.

**Outcome 5.3**

**Policymakers and the public understand the importance of children's early years and support efforts to promote school readiness.**

1. Increased public awareness and support of the FIRST 5 Commission.
2. Increased public support of early childhood issues.

**Outcome 5.4**

**Schools are ready for children.**

1. Number of preschools with formal linkages to public schools and private elementary schools, home visiting programs, and community resources.
2. Number of children who participate in school-linked transition practices that meet the criteria of National Education Goals Panel (NEGP).

**Outcome 5.5**

**Schools are ready for children.**

1. FIRST 5 engages community members in planning activities.
2. FIRST 5 utilizes community members' input in formulating its work.
3. Parents, other community members, and collaborating agencies are engaged in joint planning at the system, program, and client levels.

## Selected Cross-Cutting Outcomes and Indicators

### **Children experience optimal health and development.**

1. Percentage of children who are enrolled in health insurance.
2. Percentage of children who have a regular medical home.
3. Percentage of children who received dental services in the past year.
4. Percentage of children whose parents rate them as in very good or excellent health.
5. Percentage of children who meet developmental milestones (as measured by a developmental screening).
6. Percentage of children who live with parents with untreated mental health or substance abuse issues.
7. Percentage of mothers who have a high school diploma, GED, or higher degree.

### **Children participate in important early learning experiences.**

1. Percentage of children who regularly participate in high quality early care and education programs.

### **Families provide safe, stable, nurturing, and stimulating homes.**

1. Percentage of families who report reading or telling stories regularly to their children.
2. Percentage of parents who report a sense of belonging to the community.
3. Percentage of parents who perceive that they have social support.
4. Percentage of parents who are aware of support services available in their community.

5. Percentage of parents who are engaged in community action and advocacy.

6. Percentage of children who are exposed to domestic violence.

### **Communities have sufficient service capacity that is coordinated, integrated, and community-driven.**

1. Extent to which programs have a sufficient number of qualified and trained staff, high program standards, and appropriate facilities.
2. Number of parents, other community members, and collaborating agencies engaged in joint planning at the system, program, and client levels.
3. Extent to which services are coordinated across agencies to meet the needs of families.
4. Extent to which community leaders and institutions share data, resources, and responsibilities for promoting the healthy development of children and families.

### **Participants report satisfaction with services.**

1. Percentage of participants who rate services as family-centered.
2. Percentage of participants who rate highly the content and quality of service delivery.

### **Families have access to culturally and linguistically responsive services.**

1. Percentage of participants who rate services as easy to access and utilize.

2. Percentage of participants who perceive that service providers reflect their ethnic and linguistic diversity.

3. Percentage of participants who perceive that services are tailored to the unique needs of their families.

4. Percentage of participants who rate materials as culturally and linguistically appropriate and written at appropriate literacy levels.

5. Number of providers who are given training, technical assistance, and other support to work within culturally and linguistically diverse communities.

# **Sustainability Plan**



## How We Will Sustain Our Efforts Over Time\*

FIRST 5 Santa Clara County is committed to ensuring that effective programs and services to young children and their families are sustainable.

**A.** We are committed to maximizing our own resources and funding opportunities. To this end, we:

- 1.** Established a Sustainability Investment Fund;
- 2.** Adopted a 10-Year Sustainability Plan that ensures the funding of Community Investments while maintaining a fund balance through the year 2017;
- 3.** Adopted a 5-Year Community Investment Plan that projects level of funding in accordance with the Strategic Plan from 2008-2012;
- 4.** Purchased an office building and developed a business plan for a rental income stream;
- 5.** Minimized the impact of decreases in revenue income on community investments; and
- 6.** Seek opportunities to apply for grants that further FIRST 5's goals and objectives.

**B.** We are committed to assist our grantees in sustaining their successful programs, independent of FIRST 5 funds. To this end, we:

- 1.** Require all FIRST 5 grantees provide cash or in-kind match to FIRST 5 funds;
- 2.** Require all FIRST 5 grantees develop sustainability plans to leverage resources and maximize revenues, and to develop partnerships and pursue funding opportunities; and
- 3.** Assist all FIRST 5 grantees in seeking outside funding resources through grants and other awards.

\*All financial information is updated and approved by the Commission in April 2008

# Our 10-Year Sustainability Plan

	FY 08-09	FY 09-10	FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 14-15	FY 15-16	FY 16-17	FY 17-18
	projection	projection	projection	projection	projection	projection	projection	projection	projection	projection
<b>1. Beginning Balance*</b>	77,502.1	65,783.1	54,601.3	45,670.4	37,658.1	31,978.9	30,087.3	30,055.5	30,067.8	30,125.2
<b>Revenue</b>										
<b>2. Allocations</b>	21,885.9	21,885.9	21,229.3	20,592.5	19,974.7	19,375.5	18,794.2	18,230.4	17,683.5	17,152.9
<b>3. State Matching</b>	3,970.3	3,972.4	3,974.6	1,800.0	1,800.0	1,800.0	1,800.0	1,800.0	1,800.0	1,800.0
<b>4. Other Revenue**</b>	450.0	450.0	450.0	450.0	450.0	450.0	450.0	450.0	450.0	450.0
<b>5. Subtotal Revenue</b>	26,306.2	26,308.3	25,653.9	22,842.5	22,224.7	21,625.5	21,044.2	20,480.4	19,933.5	19,402.9
<b>6. Interest - Operation Fund</b>	2,185.1	1,646.0	1,131.7	720.8	352.3	91.0	4.0	2.6	3.1	5.8
<b>7. Interest - Sustainability Fund</b>	1,380.0	1,380.0	1,380.0	1,380.0	1,380.0	1,380.0	1,380.0	1,380.0	1,380.0	1,380.0
<b>8. Total Revenue</b>	29,871.3	29,334.3	28,165.6	24,943.3	23,957.0	23,096.5	22,428.2	21,862.9	21,316.6	20,788.7
<b>Expenses</b>										
<b>9. Program***</b>	4,301.0	4,053.9	3,821.0	3,601.5	3,394.6	3,199.6	3,015.8	2,842.5	2,679.2	2,525.3
<b>10. Evaluation</b>	845.8	797.2	751.4	708.2	667.6	629.2	593.1	559.0	526.9	496.6
<b>11. Administration****</b>	2,531.1	2,385.7	2,248.6	2,119.4	1,997.7	1,882.9	1,774.7	1,672.8	1,576.7	1,486.1
<b>12. Community Investments</b>	34,144.0	33,511.0	30,507.0	26,758.0	23,808.0	19,508.0	17,308.0	17,008.0	16,708.0	16,608.0
<b>13. Subtotal expenses</b>	41,821.9	40,747.8	37,328.1	33,187.2	29,867.8	25,219.7	22,691.6	22,082.3	21,490.7	21,116.0
<b>14. Building Depreciation</b>	(231.6)	(231.6)	(231.6)	(231.6)	(231.6)	(231.6)	(231.6)	(231.6)	(231.6)	(231.6)
<b>15. Total Expenses</b>	41,590.0	40,516.2	37,096.5	32,955.6	29,636.2	24,988.1	22,460.0	21,850.7	21,259.1	20,884.4
Admin/Expense Ratio	6.1%	5.9%	6.1%	6.4%	6.7%	7.5%	7.9%	7.7%	7.4%	7.1%
<b>16. ENDING BALANCE*</b>	\$65,783.1	\$54,601.3	\$45,670.4	\$37,658.1	\$31,978.9	\$30,087.3	\$30,055.5	\$30,067.8	\$30,125.2	\$30,029.5

\*Book Fund balance available for expenses, including the sustainability fund of \$30 million plus interest earned with Merrill Lynch

\*\*Includes Rental Income, AmeriCorps, Medi-Cal Administrative Activities (MAA), Other 3rd Party Funding

\*\*\*Includes Program and Training Expenses

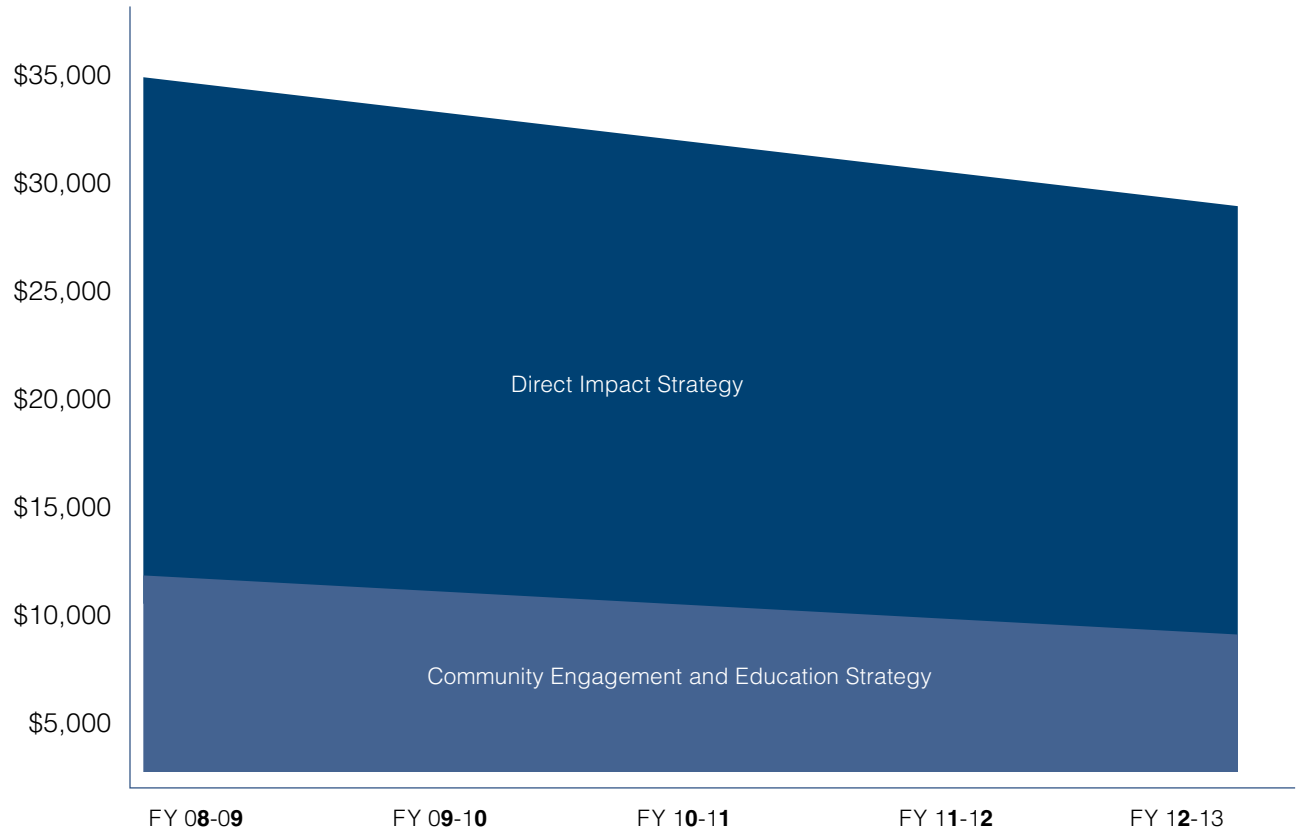
\*\*\*\*At 6% of total expenses; within allowable 10% in accordance to Administrative Cost Policy

## Our 5-Year Community Investment Plan

FY 08-09    FY 09-10    FY 10-11    FY 11-12    FY 12-13

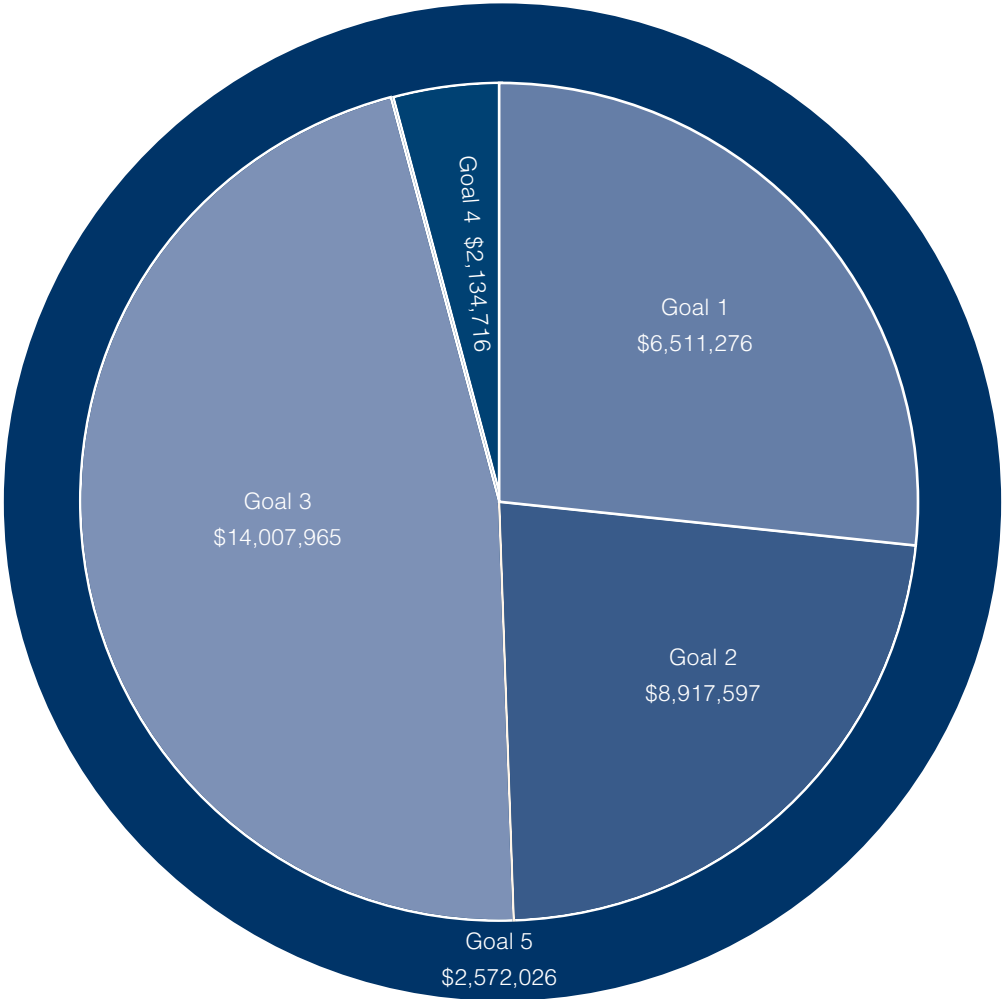
<b>Community Engagement and Education Strategy</b>					\$, (thousands)
1. Community Information and Education	500.0	400.0	300.0	300.0	300.0
2. Community Events and Sponsorship	125.0	125.0	125.0	125.0	125.0
3. Community Engagement & Awareness	1,032.0	1,032.0	500.0	500.0	—
4. Childhood Matters (3 Radio Programs)	200.5	150.0	100.0	100.0	100.0
5. Children's Discovery Museum	150.0	125.0	0	—	—
6. Emergency Requests	50.0	50.0	50.0	50.0	50.0
7. Emerging Initiatives	207.5	50.0	50.0	50.0	50.0
8. Children's Health Initiative	4,300.0	4,000.0	2,750.0	2,750.0	2,500.0
9. Happy Hollow	200.0	200.0	—	—	—
10. Oral Health Initiative	250.0	250.0	250.0	250.0	250.0
11. Early Care and Education (CARES)	5,000.0	5,000.0	5,000.0	3,000.0	3,000.0
<b>12. Total Community Engagement and Education Strategy</b>	<b>12,015.0</b>	<b>11,382.0</b>	<b>9,125.0</b>	<b>7,125.0</b>	<b>6,375.0</b>
<b>Direct Impact Strategy</b>					
13. Early Care & Education (PoP)	9,008.0	9,008.0	9,008.0	8,433.0	8,433.0
14. Children & Family Services	11,747.0	11,747.0	11,000.0	10,200.0	8,000.0
15. KidConnections (Early Assessment/Consultation)	1,374.0	1,374.0	1,374.0	1,000.0	1,000.0
<b>Total Direct Impact Strategy</b>	<b>22,129.0</b>	<b>22,129.0</b>	<b>21,382.0</b>	<b>19,633.0</b>	<b>17,433.0</b>
<b>TOTAL COMMUNITY INVESTMENTS</b>	<b>\$34,144.0</b>	<b>\$33,511.0</b>	<b>\$30,507.0</b>	<b>\$26,758.0</b>	<b>\$23,808.0</b>

## 5-Year Community Investments Plan



	FY 08-09	FY 09-10	FY 10-11	FY 11-12	FY 12-13
Community Engagement and Education Strategy	\$12,015.0	\$11,382.0	\$9,125.0	\$7,125.0	\$6,375.0
Direct Impact Strategy	\$22,129.0	\$22,129.0	\$21,382.0	\$19,633.0	\$17,433.0
<b>Total Community Investments</b>	<b>\$34,144.0</b>	<b>\$33,511.0</b>	<b>\$30,507.5</b>	<b>\$26,758.0</b>	<b>\$23,808.0</b>

### FY 08-09 Community Investments by Goal Areas



Total Investments = **\$34,143,580**

**FIRST 5 Santa Clara County's 5 Goals**

- 1. Children are born healthy and experience optimal health and development.
- 2. Families provide safe, stable, loving and stimulating homes.
- 3. Children enter school fully prepared to succeed academically, emotionally and socially.
- 4. Neighborhoods and communities are places where children are safe, neighbors are connected and all cultures are respected.
- 5. Systems are responsive to the needs of children and families.



# Appendices

## Appendix A: Investments and Results: FY 00-01 - FY 06-07

Since the year 2000, FIRST 5 Santa Clara County has been funding programs, services and activities focused on the mission of supporting the healthy development of children prenatal through age 5 and enriching the lives of their families and communities. During the first five years, FIRST 5 focused its efforts on building the infrastructure of the organization and developing community partnerships and relationships in order to best support its community investments. FIRST 5 funded many initiatives and programs that addressed the five goal areas totaling over \$119 million.

From the beginning, extensive effort has been made to gather information on the effectiveness of these services in order to demonstrate progress towards achieving our goals. Feedback from parents, our partners and community members throughout Santa Clara County has reinforced what we believe—FIRST 5 Santa Clara County is having a positive impact on young children and their families in the County. Through the evaluation of our fiscal year 2004-2005 programs and initiatives, the following results were achieved according to our five goal areas:

### **Goal 1:**

**Children are born healthy and experience optimal health and development (Health Access Highlights).**

#### **Strategies:**

Healthy Kids (health insurance program), Parent Education, Service Information and Referral, Mobile Oral Health Services, Home Visitation and Care Management.

#### **Key Findings:**

**1.** Children insured by Healthy Kids both accessed and utilized medical, dental and vision services significantly more than those who were not.

**2.** Among caregivers who smoked, 25 percent reduced their use after one year of services with FIRST 5. Children's exposure to second-hand smoke also decreased over time.

**3.** Increased progress in obtaining and completing immunizations for families participating in home visitation and early learning services.

**4.** More than half of over 2,000 children screened for developmental delays were recommended for additional testing and assessment.

**5.** The Center for Learning and Achievement provided 484 developmental evaluation services and 301 complex assessments.

**6.** 85 percent of parents who attended Parent Education Workshops agreed that they became more aware of their child's development.

### **Goal 2:**

**Families provide safe, stable, loving and stimulating homes for children (Family Support Highlights).**

#### **Strategies:**

Parent Education and Support, Information and Referral, Home Visitation and Care Management.

#### **Key Findings:**

**1.** FIRST 5 has increased both enrollment and opportunities for parent and adult education since its inception. Topic areas include parenting skills for special needs children, preschool development, high-conflict parenting class and literacy classes, among others.

**2.** The majority of parents surveyed indicated that they planned to use the information and skills they learned in their own life.

**3.** Assessments indicated that use of information provided to parents increased by 32 percent after one year.

**4.** More than a quarter of mothers participating in home visiting services showed significantly fewer signs of depression after one year along with 43 percent of parents showing significant increases in their self esteem.

**5.** Additionally, evaluation data showed positive changes in parent nurturing skills, positive discipline and support for child development.

### **Goal 3:**

**Children enter school fully prepared to succeed academically, emotionally and socially (Early Care and Education Highlights).**

#### **Strategies:**

Comprehensive Approaches to Raising Educational Standards Program (CARES), Care Management Services, Home Visitation and Literacy Programs.

#### **Key Findings:**

**1.** After one year, 82 percent of parents in the home visitation program reported reading to their child more than once a week compared to less than half at intake of services.

**2.** 60 percent of caregivers reported reading to their children more often than before participating in FIRST 5 parent education workshops and classes.

**3.** CARES awarded nearly \$3.6 million in stipends to 7,768 early education professionals.

**4.** The number of CARES stipend recipients holding a state Child Development Permit continues to increase by at least 60 percent each year.

**Goal 4:**

**Neighborhoods and communities are places where children are safe, neighborhoods are connected and all cultures are respected (Neighborhood/Regional Support Highlights).**

**Strategies:**

Support of locally developed plans for services targeting children prenatal through age 5 and their families.

**Key Findings:**

1. A significant increase in program services that are co-located with other services for children.
2. Parents who were surveyed confirmed that services are conveniently located.
3. Parents participating in home visitation services expressed feeling less isolated as parents.
4. Explicit involvement of parents in program design and implementation.
5. More parents are able to identify and use community resources.
6. Families with young children participated in nearly 200 community events supported by FIRST 5.

**Goal 5:**

**Systems are responsive to the needs of children and families (System Integration and Change Highlights).**

**Strategies:**

Develop collaborative systems that sustain integrated, accessible and culturally appropriate services.

**Key Findings:**

1. Programs have increased their cultural and linguistic capabilities by providing services in Spanish, Vietnamese, Cantonese, Mandarin, Tagalog and Cambodian.
2. Increases in the number of referrals made and received among funded programs indicate improved collaboration and systems integration.
3. FIRST 5 has enhanced the visibility of programs that serve the prenatal through age 5 community.

## Appendix B: Initiatives and Programs FY 00-01 - FY 06-07

**Early Screening and Assessment Initiative:** A clinic for screening and assessing young children for developmental delays and/or serious behavioral concerns.

**Children's Health Initiative:** Comprehensive health insurance for all children birth through age 5.

**Early Learning Initiative (School Readiness):** Supports and services that are necessary to ensure children are prepared for school success in 18 high-need elementary schools in three school districts: Franklin-McKinley, Gilroy, and San Jose Unified.

**The EAST Initiative:** Comprehensive supports and services for children and families in three schools in the Alum Rock School District.

**Regional Partnership Initiative:** Community-driven, neighborhood supports and services covering 6 regions of the County.

**Prenatal and Toddler Home-Based Visitation Initiative:** Home-based visitation services to first time mothers and parents with children prenatal through age two.

**Early Childhood Professional Development Initiative, E3 Institute:** Comprehensive Approaches to Raising Educational Standards (CARES), continuing education and professional development of the early childhood workforce.

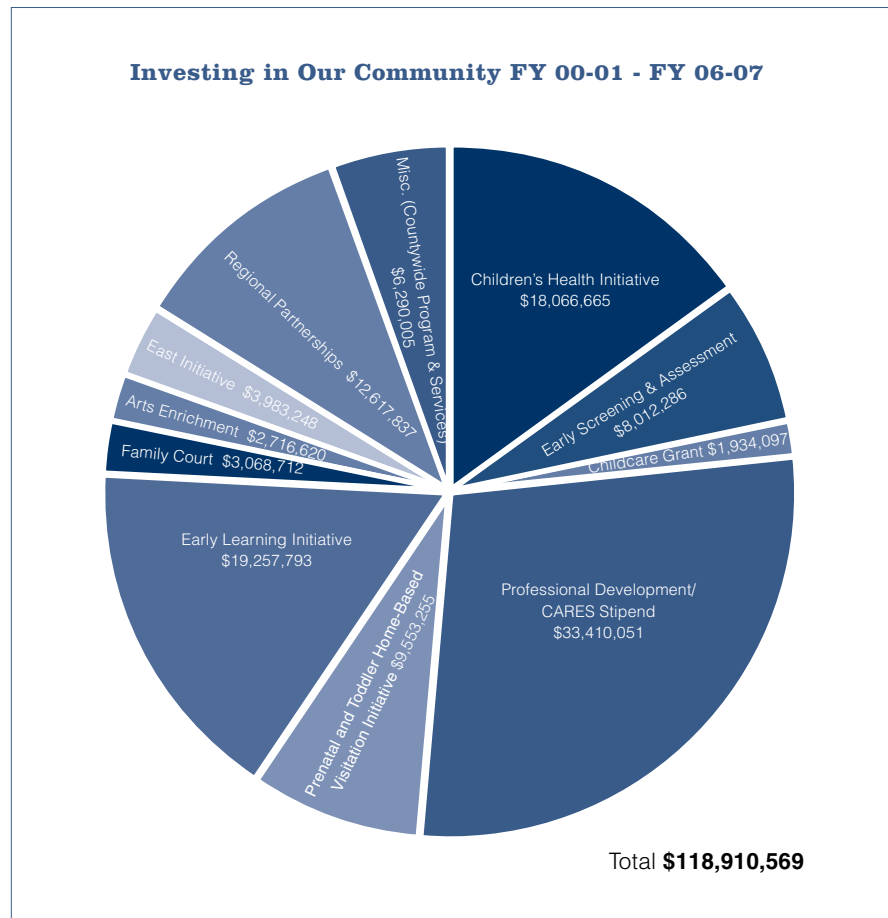
**Family Court Initiative:** Care management and supplemental services for families dealing with separation and divorce issues to assist them in securing court mandated and family-identified services.

**Arts Enrichment Initiative:** Age-appropriate visual, performing and literary arts that highlight the culture, arts and traditions of local communities.

**Children's Discovery Museum:** Two exhibits at the museum that provide interactive play and discovery opportunities to support the emotional, social, physical and cognitive development of children under the age of 6.

**Radio Programs:** Information, resources, and advice are offered to parents and caregivers of young children on three radio programs through out Santa Clara County in English, Spanish, and Vietnamese.

**Kit for New Parents:** A local customized package of resources for new parents that includes practical information that parents can incorporate into their daily lives which available in English and Spanish.



## Appendix C: Research Projects and Planning Efforts

**High-Risk Research:** This 15-month research project included:

1. Geomapping throughout the County of more than 20 risk factors affecting young children and their families;
2. The identification of those communities with the highest number of combined, cumulative risk factors;
3. The identification of those communities with the largest number of children under the age of 6; and
4. Research of local, state, national, international and evidenced-based best-practices across disciplines and appropriate for children under the age of six and their families.

**Social Services Agency Child Abuse Hotline Calls:** This research project involved the analysis of calls coming into the Child Abuse Hotline, and especially those that did not meet the legal threshold for Child Welfare intervention. The data included demographics (e.g. age, ethnicity, ZIP code, reason for referral) and validated the High-Risk Research with regards to communities with the greatest cumulative risk.

**Collaborative for Inclusion:** The two-year planning process involved the formation of a collaborative of organizations, parents and community members who are focused on children with special needs and their families, to include:

1. Increasing awareness of this population of young children;
2. Increasing the number, availability and appropriateness of services; and
3. Increasing opportunities for inclusion.

**Comprehensive Approaches to Raising Educational Standards (CARES):**

Outreach to and engagement of early educators in professional development activities. This program provided invaluable information on the level of need for workforce development of early educators throughout the County, and resulted in successful cooperation and collaboration across Early Childhood Development programs in local community colleges and universities.

**Quality Early Learning Opportunities (QELO):** This program provided:

1. Research on national and international best-practices in early education which resulted in guiding principles for quality standards;
2. A survey of the county to assess needs for and determine supply of early education environments; and
3. A review of per child cost and service delivery options for early education environments.

**Power of Preschool:** A year-long planning process resulted in:

1. The identification of 14 critical quality service elements;
2. Areas of lowest availability and greatest need for licensed services; and
3. An alignment of the High-Risk research, the Early Learning Initiative programs and the Power of Preschool plan.

**Early Learning Initiative (School Readiness):** Data collected from programs in targeted school districts yielded:

1. The need for an integrated continuum of child and family support services;
2. Challenges and opportunities for collaborating with private and public funders;
3. Partnerships with school districts ready to establish a Pre-K through 12 learning system; and
4. An increased understanding of the importance of parent and community engagement.

**Early Screening and Assessment:** A survey of health/medical, community, and education providers who provide early screening and assessment of a child's development:

1. Confirmed the need for greater collaboration to improve consistency of and access to quality screening, assessment and referral to appropriate services for children with suspected delays and disabilities; and
2. Identified the need for cross-disciplinary, workforce development regarding inclusion of children with special needs.

**Written by:**

Linda Carpenter

**Designed by:**

Daniel Tran and Fernando Joffre

**FIRST 5 Santa Clara County**

All rights reserved © 2008

Printed June 2008

[www.first5kids.org](http://www.first5kids.org)

**FIRST 5 Santa Clara County**

4000 Moorpark Avenue, Suite 200

San Jose, CA 95117

**T** 408.260.3700

**F** 408.296.5642

[www.first5kids.org](http://www.first5kids.org)

