



Bay Area First 5 Policy Platform

A collaborative project of eleven First 5 County Commissions: Alameda, Contra Costa, Marin, Monterey, Napa, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, and Sonoma.





BACKGROUND

The Bay Area First 5 Policy Platform is the result of collaborative policy work between the Executive Directors of eleven of the Bay Area First 5 County Commissions. This shared policy agenda identifies key policy goals, objectives and potential strategies that support children ages 0-5, their families, and service providers. The Bay Area First 5 has defined the following purpose statement for this regional policy platform.

PURPOSE

The influence of the Bay Area First 5 County Commissions on the well-being of children ages 0-5 and their families extends beyond the scope of what we are able to fund locally. The Commissions lead, advocate and act as a force for regional change and innovation, and work together to support and affect policy changes at the regional, state and national levels. In this way, the Bay Area First 5 County Commissions are able to have a deeper and longer lasting impact on the lives of children throughout the Bay Area and the State.

BENEFITS

The policy partnership and platform:

- Affirms our collective focus on policy and leadership for change.
- Develops a cogent set of recommendations in our common areas of concern.
- Maximizes our overall impact through collaboration.
- Promotes efficient and cost-effective cross-county efforts.
- Creates a common language to use in working with a variety of partners and stakeholders.
- Provides a tool for timely strategic action.

POLICY PLATFORM

The following Policy Platform identifies seven key goal areas that define desired outcomes to support young children and their families. Each goal area includes selected objectives that guide and fuel the collaborative policy work of the Bay Area First 5 County Commissions. The objectives are specific, measurable, attainable, relevant, and timely.

The policy strategies under each objective represent concrete steps that can be implemented or supported to achieve the identified goals. The examples outlined in this platform are provided as ‘potential strategies’ and are not intended to limit the Bay Area First 5 County Commissions, either collectively or individually, from developing and implementing additional strategies.

CRITERIA FOR POLICY GOALS

Bay Area First 5 members developed and utilized a set of criteria for selecting policy goal areas, objectives and potential strategies. The selection criteria include the following elements:

1. There is a demonstrated link to outcomes for children 0-5;
2. The policy goal area falls within the sphere of influence of the First 5 Commissions;
3. There is a high potential to impact change;
4. It is an effective use of time and resources;
5. It is consistent with local Bay Area First 5 Commissions’ interests and efforts; and
6. The potential policy solutions are evidence-based.

The aim of the policy agenda is not to create a platform to advocate for funding for specific programs at the local level, but instead to advance policies and sustainable efforts throughout the region and the state based on what has been learned from work in our communities — to move beyond what we are able to achieve acting alone or with local partners through our own funding strategies.



DEFINITIONS

Access: The ability to obtain needed services, as defined by the following elements:

Accessibility: The relationship between the location of services and the location of clients taking into account client transportation resources, distance and ease of travel (e.g., how difficult or easy is it for people to reach the services).

Accommodation: The degree to which service resources are organized in order to facilitate client usage such as hours of operation, amount of staffing, disability access as well as the clients' perception of these factors and their appropriateness.

Affordability: The relationship of the price of the services, the clients' ability to pay and their perception of the worth of the services.

Appropriateness: The degree to which the services fit the clients' needs in the context of the dynamic of the clients' characteristics (e.g., language, culture, life experience, literacy level) and their expectations of service providers with the actual characteristics of the providers such as sex, ethnicity, language and the perceptions and understandings the provider may have of the clients (e.g., cultural competence).

Availability: Degree to which there is an adequate supply of providers, facilities, and specialized programs and services.

Bridge Programs: Similar to the Summer Bridge six-week academic programs that facilitate the transition from high school to university (provided on college campuses for disadvantaged and low-income, first-

generation students), kindergarten bridge programs are offered for several weeks in the summer to children who have had little or no exposure to preschool. These programs are designed to improve academic performance and ease the transition to a school setting for children who are unfamiliar with the requirements and basic skills needed to succeed.

Comprehensive Healthcare: A continuum of preventive and intervention care (e.g., medical, dental, vision, mental health, and prescriptions) that is continuous, involves the family and addresses the unique developmental—physical, cognitive and social/emotional—issues of young children as well as maintaining the health of their families.

Developmental Screening Programs: Screening for identification of developmental concerns—physical, cognitive, social/emotional—combined with education, followed with assessment, referral and treatment as appropriate.

Policy Platform Goals: The overarching long term desired results for all children 0-5 and their families.

Policy Platform Objectives: Concrete and measurable precise outcomes that support each policy goal.

Potential Strategies: Specific activities that can be implemented or supported by policy makers, government agencies, community organizations, advocates, and funders to move toward achieving the identified goals and objectives.

Quality Care and Early Education: Settings that are developmentally appropriate, inclusive of all children, enriching, and safe; include engaging and appropriate activities that facilitate healthy growth and development; include intentional learning goals and rich language environments that support English language learners; prepare children for or promote their success in school and in life; meet best practice standards for care; possess trained and qualified staff; and are child and family focused.

Special Education Local Plan Area (SELPA)/ Regional Centers: In 1977, all California school districts and county school offices were required to join to form geographical regions of sufficient size and scope to provide all the federally mandated special education programs

and services to meet the unique needs of identified children residing within the region's boundaries. Each region developed and maintains a local plan describing how the SELPA will guarantee and provide special education programs and services for children from birth to 22 years of age. Regional centers are nonprofit private corporations that contract with the Department of Developmental Services to provide or coordinate services and supports for individuals with developmental disabilities. Regional centers provide Early Start services for children 0-36 months with developmental delays. Children identified as needing ongoing services are provided with an Individual Education Plan (IEP) and must be transitioned to special education programs within the school district at that time.





POLICY GOALS, OBJECTIVES, AND POTENTIAL STRATEGIES

GOAL #1: CHILDREN AND THEIR FAMILIES HAVE ACCESS TO COMPREHENSIVE HEALTH CARE

Rationale: *When health care is comprehensive, stable, universally accessible, and provided by well-trained and well-compensated practitioners, children are more likely to meet recommended guidelines (e.g., immunizations, regular visits). With the avoidance of major health issues or the early identification of health issues, there is a decrease in illness and medical costs.*

Policy Objectives

1. Health Insurance: Ensure that all children, prenatal to age 5, and their families have comprehensive health and dental insurance.
2. Developmental Screenings: Promote comprehensive developmental screenings at recommended intervals as part of well-baby examinations.
3. Availability of Health Services: Increase availability of medical and oral health services for children, prenatal to age 5, and their families.
4. Practitioner Education: Incorporate education on early child development into curricula and continuing education programs for medical and oral health practitioners.

Potential Strategies

- A. Extend health insurance to children and immediate family members with a gradual increase in premium costs and co-pays.
- B. Provide reimbursement for comprehensive developmental screenings conducted as part of well child visits.



GOAL #2: FAMILIES HAVE ECONOMIC STABILITY TO SUPPORT THEIR CHILDREN'S HEALTH AND WELL-BEING

Rationale: *When families have access to programs that support their economic stability (e.g., stable and safe housing, financial management support, sufficient food every day, access to health care, safe outdoor spaces for play, high-quality child care), it helps to create a healthy foundation that is critical to a child's development and well being.*

Policy Objectives

1. Access to Programs: Improve access to existing programs that support the economic stability of families.
2. Availability of Benefits and Resources: Expand the benefits and resources available to families to ensure their economic stability.

Potential Strategies

- A. Provide tax-filing assistance so that families can take advantage of the eligible deductions and tax credits (e.g., Child Care Tax Credit, the Earned Income Tax Credit [EITC] and use parent education programs such as Volunteer Income Tax Assistance [VITA] sites for assistance in filing the EITC).
- B. Provide financial management education, especially for parents (e.g., budgeting, managing a bank account, establishing a savings program).
- C. Ensure that workers in low-wage and hourly wage jobs receive paid sick leave that covers worker's illnesses, children's illnesses and medical appointments including well-child and preventive health and dental visits.
- D. Raise the asset limit for Supplemental Security Income (SSI) and Medicaid programs so that families are not penalized for saving money.



GOAL #3: CHILDREN HAVE ACCESS TO QUALITY EARLY CARE AND EDUCATION

Rationale: *Children do best when they are cared for in environments that are enriching, safe, that involve families, and that meet the best standards for care. High quality early care and education (ECE) helps children arrive at school ready to succeed in the short and long term. Additionally, investing in the early care and education workforce promotes economic recovery, growth and sustainability.*

Policy Objectives

1. Access to Quality: Improve access to existing high quality developmentally appropriate early care and education.
2. Quality Improvement: Increase the quality of existing early care and education.
3. Expand Supply: Expand the supply of high quality early care and education.
4. Increase Compensation: Increase compensation for the early care and education workforce.

Potential Strategies

- A. Expand access to facilities grants and low rate loans to develop and renovate facilities and predevelopment planning supports for early childhood providers.
- B. Create demand and incentives for high quality care by fully implementing quality rating systems for birth to age 5 care, and by providing loans, grants, tax credits and reimbursement rates that are tied to quality.
- C. Improve collaboration and coordination between agencies that administer funding streams, certification/licensing, monitoring and supervision of childcare.
- D. Create job opportunities in early childhood disciplines and strengthen the workforce. For example: improving higher education content and degrees in early childhood, especially a focus on infant/toddler development; providing tuition support; promoting improved compensation; providing mentoring and coaching to early care and education teachers; and providing incentives for special skills.



GOAL #4: CHILDREN ARE FREE FROM EXPOSURE TO VIOLENCE AND TRAUMA

Rationale: *Preventing violence or exposure to trauma and ensuring timely access to comprehensive services to parents and children will ameliorate the harmful effects that violence and trauma can have on a child's developing brain.*

Policy Objectives

1. **Systems Capacity:** Increase the capacity of law enforcement, child welfare, courts and judges to address the needs of and coordinate services for child victims/witnesses of violence.
2. **Measurement and Evaluation:** Create a monitoring and evaluation system to document the magnitude of the problem and track trends.
3. **Prevention:** Increase investments in prevention efforts to foster parenting skills and improve parent-child relationships.

Potential Strategies

- A. Integrate resilience-building strategies.
- B. Equip all providers involved in early identification and developmental screening (pediatricians and other health care providers, child care and early care and education providers, home visitors, public health workers) to conduct screening for domestic violence, maternal/perinatal depression, and ask about the status of children in the home when screening for domestic violence.
- C. Fully implement federal and state Child Abuse Prevention and Treatment Act requirements by assuring identification, referral, and assessment for children under the age of 3 who have substantiated cases of child abuse/neglect.
- D. Increase availability of therapeutic child care/early learning placements and early childhood mental health services (especially for infants), that can improve parent-child relationships and provide training for child care providers.
- E. Create court teams with specialized training and resources to support very young children in the court system and implement use of the "Checklist for Healthy Development of Infants and Toddlers in Foster Care."

GOAL #5: FAMILIES AND CAREGIVERS ARE SUPPORTED TO PROVIDE LOVING AND NURTURING ENVIRONMENTS FOR THEIR CHILDREN

Rationale: *Healthy adult-child relationships are crucial to a child's early brain development. Providing families and caregivers with appropriate information, supportive services, and opportunities to network with others helps foster a nurturing community for young children.*

Policy Objectives

1. Education: Increase parent and caregiver awareness and understanding of early childhood development.
2. Support: Increase opportunities for social connections and support.
3. Access: Provide parents, families, and communities with relevant, timely, and culturally appropriate information, education, services, and support.

Potential Strategies

- A. Support the statewide implementation of 2-1-1.
- B. Implement evidence-based parenting education programs.
- C. Support formal and informal community networks.



GOAL #6: CHILDREN LIVE IN SAFE AND HEALTHY COMMUNITIES

Rationale: *Creating a safe and healthy community by reducing environmental health risks and increasing access to healthier options is critical to improve the health of children and to influence the environmental design of communities.*

Policy Objectives

1. **Advocacy:** Ensure that public policies promote the planning, design and sustainability of healthy communities.
2. **Prevention:** Reduce exposure to environmental toxins in the communities, schools and homes in which children live and play.
3. **Access to Safe and Healthy Food:** Improve access to safe and healthy food for all children.
4. **Availability of Recreation Facilities:** Increase availability of accessible and safe recreation facilities in the communities in which children live and play.

Potential Strategies

- A. Develop planning and zoning policies that protect children and their families from environmental toxins.
- B. Support the availability of farmers markets, grocery stores, and supermarkets in low-income neighborhoods.
- C. Develop and promote community-planning policies that assure easily accessible safe parks and playgrounds for children in all communities.
- D. Support the use of Geographic Information System (GIS) mapping and socio-economic indicators to identify the assets and gaps in communities to assist in planning programs, services and infrastructure (e.g., Healthy Cities).



GOAL #7: SCHOOLS ARE READY FOR CHILDREN

Rationale: *When policies ensure a smooth transition to kindergarten and schools are ready to address the diverse needs of the children and families in their community, children will be more likely to succeed in school.*

Policy Objectives

1. Pre-K to K Transition: Ensure that Early Care and Education and K-12 programs work together to provide seamless transitions for children entering kindergarten.
2. Cultural Competency: Require that K-12 schoolteachers have the knowledge, skills, and resources to work with children from different cultures including those who are English language learners.
3. Developmentally Appropriate Curricula: Increase utilization of developmentally appropriate curricula that are aligned from Pre-K through 3rd grade.

Potential Strategies

- A. Support the use of Title I funds for Pre-K to K transition programs.
- B. Provide joint professional development opportunities for Pre-K and K-3 teachers.
- C. Provide opportunities for elementary school principals to increase their knowledge and understanding of early childhood education and programs.
- D. Implement summer bridge kindergarten transition programs at elementary school sites for entering kindergarteners to acclimate them to their new school environment and teachers.





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Investing in Our Future...
Investments that Last a Lifetime.

www.first5kids.org/bay