



Strategic
Plan



Introduction





First 5 Sonoma County

Strategic
Plan

2011 – 2015

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Understanding First 5 and Sonoma County

History of First 5

In 1998, California voters passed Proposition 10, the California Children and Families Act. This Act imposed a tax on all tobacco products, generating revenue that is dedicated to supporting California's youngest children, from the prenatal stage through age five. It also created Children and Families Commissions, now called First 5. First 5 was created to provide California's children with the best opportunities for physical, emotional, cognitive, and social development, which are so crucial to optimal early learning and school readiness.

First 5 recognizes the enormous benefit of investing in children's optimal development, and its efforts are grounded in scientific research on early learning and brain development in infants and young children. Studies have demonstrated the rapid growth of the brain in the earliest years of life. Young children's early life experiences create the basis for their future learning, relationships, and behavior. First 5 stresses the importance of young children engaging in nurturing interactions with their parents and other caregivers. In addition to nurturing parents and caregivers, children need good health and quality early care and education to assure their healthy development. These factors work together to insure that children arrive at the school door prepared to succeed in kindergarten and in life.

Nobel economist James J. Heckman's groundbreaking work has demonstrated that the quality of early childhood development heavily influences health, economic, and social outcomes not only for individuals but also for society at large. Heckman has established that investing in early childhood development for disadvantaged children provides a 10% annual return to society through increased personal achievement and social productivity.

Eighty percent of First 5 revenues statewide are allocated annually to participating counties, based on the number of children born in the county each year. The remaining twenty percent is used by the State Commission for statewide initiatives, mass media communications, research on early childhood development, technical assistance, evaluation, and administration. By law, First 5 funds cannot be used to supplant, or take the place of, state or local general fund money for any purpose.

Each county established a local First 5 Commission. The county Commissions are charged with promoting, supporting and improving the early development of children from the prenatal stage through five years of age within their local communities.

Accountability is critical to First 5 Commissions. Each participating Commission is required to create a strategic plan with measurable outcomes for programs using appropriate and reliable indicators and evaluation processes. Annually, each county Commission conducts an independent audit covering financial management, implementation, and performance.

First 5 Sonoma County

The Sonoma County Board of Supervisors has established a nine-member Commission for Sonoma County. Membership is comprised of three ex officio members: the Director of the Sonoma County Department of Health Services, the Director of the Sonoma County Human Services Department, the Health and Human Services liaison member of the Board of Supervisors; and six members from the following categories:

- recipients of project services included in the First 5 strategic plan
- educators specializing in early childhood development



or representatives of:

- a local child care resource or referral agency or a local child care coordinating group
- a local organization for prevention or early intervention for families at risk
- community-based organizations that have the goal of promoting nurturing and early childhood development
- local school districts
- local medical, pediatric, or obstetric associations or societies

Commission Structure

The work of the Commission is done within a committee structure. The Commission utilizes three types of committees and includes community and professional advisors in both voting and non-voting roles. Commission staff supports all committees, whether ongoing or ad hoc.

Financial Planning and Management

During the first eleven years of the Act, First 5 Sonoma County has received over \$55 million in Proposition 10 revenues, averaging slightly over \$5 million per year.

Currently, annual revenues have declined to less than \$4 million per year. This decline is the result of multiple factors, including a decline in smoking rates; an additional federal tax on tobacco, which was authorized by the Children’s Health Insurance Reauthorization Act of 2009 (CHIPRA); and additional mandated costs to the State Board of Equalization related to the collection of tobacco taxes.

The Commission manages its fiscal resources through a Dedicated Fund structured to support sustained investments in Sonoma County’s children and families beyond the year 2020, a five-year resource allocation plan to fund Commission initiatives, and an annual budget plan.

Overview of Sonoma County

Located about 50 miles north of San Francisco, Sonoma County is largely rural with more than one million acres of land and water. There are nine incorporated cities in the county and seventeen unincorporated areas. The current population of approximately 493,000¹ is expected to increase 54 percent by 2050.² The county demographics are shifting from predominantly white, non-Hispanic to a more ethnically diverse population. Hispanics are the fastest-growing ethnic group and are expected to increase by almost 220 percent by 2050.² Currently, nearly 43 percent of all Sonoma County children under five are Hispanic.³

Affordability for Families

Sonoma County housing is among the least affordable in the nation. Although less expensive than several of its Bay Area counterparts, Sonoma County is an expensive county in which to raise a family. The overall cost of living in Sonoma County is far above the state average and the cost of childcare is among the highest in the state. The California Budget Project, a nonprofit organization dedicated to independent fiscal and policy analysis, has estimated the minimum amount of money families of different sizes need to earn in order to achieve a very modest standard of living with no savings.

¹ “E-1: State/County Population Estimates with Annual Percent Change January 1, 2009-2010.” California Department of Finance, Demographic Research Unit.

² “Population Projections by Race/Ethnicity, Gender, & Age Report 06 P-3.” California Department of Finance, Demographic Research Unit.

³ “Population Estimates Sonoma County 2000-2050.” May 2010. California Department of Finance.

In Sonoma County, a family of four with two working adults needs to earn \$77,069 per year to live without assistance. However, in order to qualify for nutritional benefits of the Women, Infant, Children (WIC) program, a family of four needs to demonstrate income at or below 185% of the Federal Poverty Level, or \$40,793 as of April 2009. Because of the high cost of living, a majority of families with children need two incomes to survive in Sonoma County.

Sonoma County Demographics

Home to nearly 500,000 people, Sonoma County has the 17th largest county population among California's 58 counties. Its largest city and the county seat, Santa Rosa, is located near the center of the county and ranks 30th in population (roughly 161,000 people) of cities in the state. Continuing a trend begun in the 1980s, Sonoma County's population is steadily growing more diverse.

One of the First 5 Commission's core beliefs is that all children, regardless of language, culture or special needs, have the right to access the entire spectrum of services that support their development. To this end, the Commission is monitoring changes in the local population to ensure that funded programs and services address the needs of Sonoma County's families. The following tables and figures illustrate the current and projected populations that are the focus of the Commission's efforts.

Table 1 shows the Sonoma County population by age, ethnicity and median age. This chart demonstrates changes in ethnicity of the 0-5 population. The median age of the white non-Hispanic population is 42, an age outside the traditional child bearing years of 18-35. By contrast the median age of Hispanics is 27.

Table 1: Population by age category, race/ethnicity, and median age, Sonoma County 2010

Race / Ethnicity	0-5	6-17	18-34	35-49	50-64	65+	Median
White	18,160	38,209	73,685	56,409	87,219	53,041	42.1
Hispanic	16,620	32,649	30,884	23,279	11,300	5,509	26.7
Asian	2,093	3,585	5,586	5,450	4,344	2,301	35.9
Pacific Islander	62	115	257	240	185	107	39.7
African American	611	1,379	2,194	1,678	1,419	616	34.2
American Indian / Alaska Native	294	640	1,250	1,132	1,119	518	38.4
Multi-race	1,182	3,405	3,283	1,349	1,283	771	27.5
Total	39,022	79,982	117,139	89,537	106,869	62,863	37.5

Source: California Department of Finance, Population Estimates Sonoma County 2000-2050, May 2010

Figure 1 shows the number of Sonoma County's children ages 0-5 by ethnicity in 2010, and Figure 2 shows the projected change in that population's ethnicity by 2025. The chart reveals a significant increase in the percentage of Hispanics in the population of children ages 0-5.

Figure 1: Population distribution of children 0-5 by race/ethnicity, Sonoma County 2010

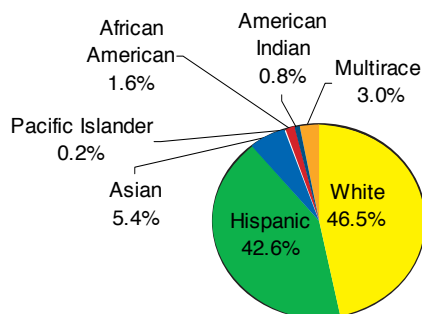
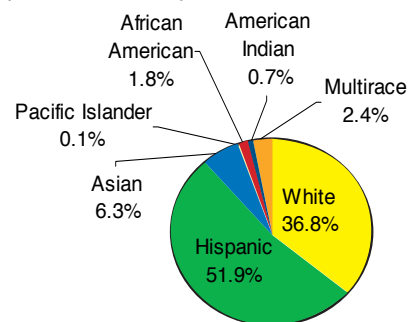


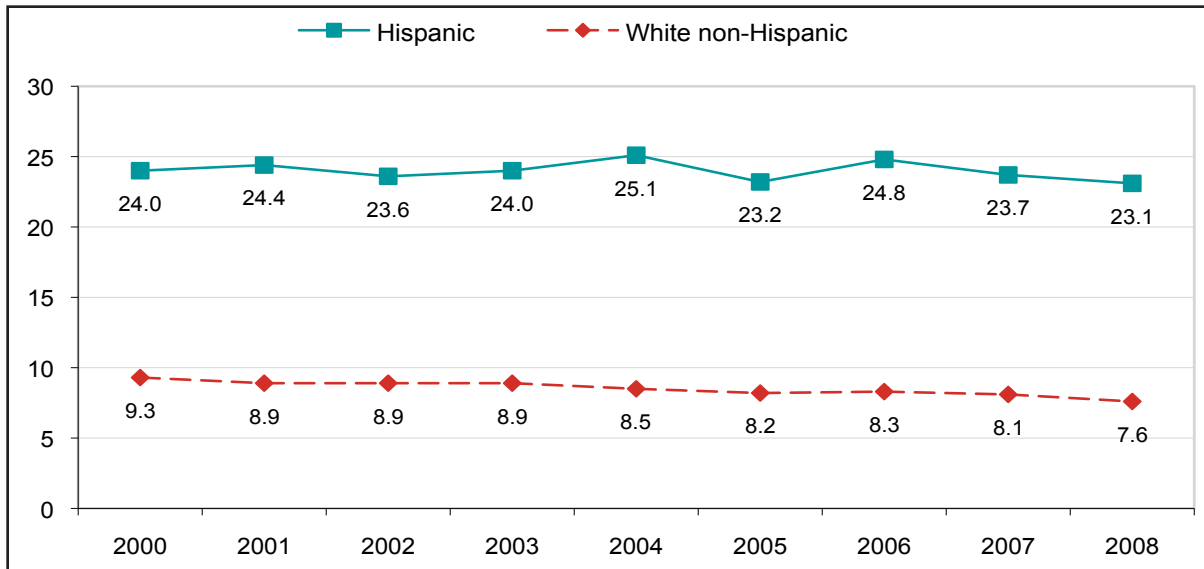
Figure 2: Population distribution of children 0-5 by race/ethnicity, Sonoma County 2025



Source: California Department of Finance, Population Estimates Sonoma County 2000-2050, May 2010

Figure 3 illustrates the greater birthrate per 1,000-population among Hispanics as compared to white non-Hispanics for the period 2000-2008. Although there is no significant change over the time period for Hispanic birth rates, the White, non-Hispanic birthrate is decreasing.

Figure 3: Birth rate (per 1,000 population) by race/ethnicity, Sonoma County 2000-2008



Source: CA Dept of Public Health, Birth Statistical Master Files, 2000-2008

English Language Learners

Table 2 shows the number of English Learner kindergarten children in Sonoma County as compared to other nearby counties. More than one-third of kindergarteners in Sonoma County are English Learners.

Table 2: Percentage of English Learner Kindergarten Children

County	# Kindergarten Students	# English Learners	Percentage
Lake	736	139	19%
Marin	2,638	659	25%
Mendocino	996	333	33%
Napa	1,596	742	46%
Sonoma	5,678	2,014	35%
California	461,063	184,770	40%

Source: California Department of Education, English Learner Kindergarten Students in 2008-09

According to a 2008 California Department of Public Health report, 41% (2,460) of the approximately 6,000 annual births in Sonoma County are to foreign-born mothers, 79% (1,943) of whom were born in rural Mexico, where there is no secondary education. This means, each year, approximately one-third of the children entering kindergarten in Sonoma County schools will come from Spanish-speaking families with low education levels. Additionally, 45% (2,700) of all Sonoma County births are to those insured through Medi-Cal (eligibility based on Federal Poverty Level). Thus, nearly half of all Sonoma County kindergartners every year will be living in poverty.



**Mission, Goals
& Outcomes**

Vision, Mission, Core Beliefs, and Guiding Principles

Vision

Children in Sonoma County from the prenatal stage to age five will develop to their fullest potential.

Mission

The mission of First 5 Sonoma County is to maximize the healthy development of all Sonoma County children from the prenatal stage through age five through support, education, and advocacy.

Core Beliefs and Guiding Principles

These core beliefs and principles reflect the values that guide all First 5 Sonoma County Commission decisions.



Core Beliefs - We believe:

- Children must be appreciated for who they are now as well as for who they will become.
- Experiences in the first five years have a critical and long lasting impact on a child's developing brain.
- Families are their children's first teachers.
- All children, regardless of language, culture, or special needs, have the right to access the entire spectrum of services that support their development.
- The entire community benefits from providing all children with the opportunity to reach their fullest potential.
- Early intervention and prevention services are essential investments of resources.

Guiding Principles - In our work, we will:

- Partner with parents, families, and communities to provide safe and nurturing environments for young children.
- Recognize and honor the rights, intelligence, curiosity, and imagination of all children.
- Respect the diversity, strength, uniqueness, and potential of all children, families, and communities.
- Invest in programs and systems that are most likely to lead to sustainable systems change.
- Collaborate with community partners to coordinate and integrate services for children from the prenatal stage through age five and their families.
- Build support for policies and research-based programs that benefit children from the prenatal stage through age five and their families.

- Maintain a strong sense of fiscal responsibility in determining how to best allocate public funds.
- Be transparent and accountable as stewards of First 5 public funds.
- Assess and refine our efforts based on community feedback, documented evaluation, and evidence-based practices.

Developing the Strategic Plan

The First 5 Sonoma County Commission established the following criteria to inform decisions regarding proposed options and choices for the Strategic Plan:

The Commission will prioritize funding for programs that:

- **Address a priority need or critical gap in the community**
- **Build on local assets**
- **Have been proven to create significant, measurable change**
- **Are likely to mobilize other resources to intensify the effort**
- **Are closely connected to school readiness**

These criteria were developed to be consistent with the following strategic planning guidelines.

Strategic Planning Guidelines

The Commission established the following **Strategic Priority** and **Guidelines** to help inform and guide the development of the Strategic Plan.

Strategic Priority:

- **Maximize the return on** the Commission's **investments** in the community in light of diminishing resources.

Guidelines:

- **Go deep** – Focus the Commission's funding by going deeper (increased dosage/intensity) versus funding broad lighter-impact efforts
- **Prioritize high need populations** – Prioritize high need populations and communities for more intensive interventions to increase degree of change and return on investments.
- **Fund integrated approaches** – Fund more multi-disciplinary, integrated approaches versus compartmentalized, single focus services
- **Fund evidence-based practices** – Fund model programs and evidence-based practices and focus evaluation on program performance
- **Match resources to need: targeted and/or countywide** – Provide both targeted and countywide services appropriate to levels of need, matching resources to need
- **Leverage funding & resources** – Leverage funding to maximize resources
- **Build on assets** – Build on existing assets—e.g. integrate services into structures that already exist
- **Focus on prevention** – Focus on prevention and early intervention
- **Create scalable initiatives with clear measurement** – Create scalable initiatives with high potential for clearly communicated successes based on clear measurement.
- **Advance policy change and systems change** – Engage in strategic collaborations to advance policy change and systems change consistent with achieving the Commission's goals

Defining “Evidence-Based Practices”

There are a variety of terms applied to describe the evidence of effectiveness of programs and strategies in the human/social services field (e.g., evidence-based practice, best practice, promising practice, etc.). There is also no universally agreed upon standard definition for these terms nor agreed upon criteria to be used for discerning the strength of the evidence.

After a review of several examples in use in the field, staff identified the following scale to be used to classify the quality of evidence utilized to determine the effectiveness of programs/strategies being proposed for this Strategic Plan. This typology is utilized by the California Institute for Mental Health:

Evidence-Based Practice

- Clearly articulated model
- Has shown substantial and credible evidence of positive outcomes based upon experimental¹ or equivalently strong research methods
- Has been replicated

Promising Practice

- Clearly articulated model
- Has shown generally consistent evidence of positive outcomes based upon qualitative or quasi-experimental² research methods
- May have been replicated

Emerging Practice

- Clearly articulated model
- Has sound theory to support it
- There is an intention to evaluate



¹ “Experimental” studies involve random assignment to treatment and control groups, therefore offering controls for the effects of intervening variables

² “Quasi-experimental” studies are designed to evaluate effectiveness, but do not use random assignment to a comparison group (either no treatment or alternative treatment)

Goals and Priority Outcomes

Overarching Goal **School Readiness: Children enter kindergarten ready to succeed.** School Readiness is a proxy measure for optimal child development.



Goal 1

Ensure the Health and Healthy Development of Children

Priority Outcome 1A: Increase the availability of high quality, accessible health care for children

Priority Outcome 1B: Increase early detection of, and intervention for, developmental concerns



Goal 2

Ensure Families Are Supported and Nurturing

Priority Outcome 2A: Increase support for parents to strengthen their parenting capacity

Priority Outcome 2B: Increase support for parents to strengthen their family's literacy skills



Goal 3

Ensure That Early Care and Education Is High Quality

Priority Outcome 3A: Increase the availability of high quality early care and education

Priority Outcome 3B: Increase the capacity of early care and education providers to link their client families to appropriate health, mental health, substance abuse, and developmental services



Goal 4

Increase Integration of Systems and Effect Policy Change to Fill Gaps and Better Serve Children and Families

Health Systems

Priority Outcome 4A: Increase implementation of successful strategies to reduce iron deficiency anemia through collaboration with community partners

Priority Outcome 4B: Increase the community's capacity to address children's oral health needs through collaboration with community partners

Family Support Systems

Priority Outcome 4C: Reduce child abuse and neglect through collaboration with community partners to identify, implement, and sustain high quality intervention and support for families with substance abuse, mental health, and domestic violence issues

Priority Outcome 4D: Increase family economic self-sufficiency and reduce the impacts of poverty on children 0-5 through collaboration with community partners



Early Care and Education Systems

- Priority Outcome 4E:** Collaborate with the early care and education and K-3 systems to:
- Increase parents' engagement as partners in education and increase families' connection to related resources
 - Increase alignment and articulation between early care and education and K-3
 - Identify and increase institutionalization of successful school readiness strategies and programs

- Priority Outcome 4F:** Increase alignment of systems of academic advancement for early care and education providers in Sonoma County through collaboration with community partners

Advocacy

- Priority Outcome 4G:** Advocate for policies and programs that increase children's ability to develop to their fullest potential



Goal 5:

Engage Entire Community to Support Achievement of First 5 Sonoma County Goals

- Priority Outcome 5A:** Increase the awareness of parents and the community about:
- The needs of children 0-5 and their parents and caregivers
 - Activities to support the optimal development of children 0-5
 - First 5 Sonoma County and the nature and value of services/ programs provided by its grantees and community partners
- Priority Outcome 5B:** Increase behaviors that support optimal child development through social marketing
- Priority Outcome 5C:** Engage the community to implement projects that support First 5 Sonoma County goals by providing mini- and matching grants
- Priority Outcome 5D:** Inform and engage the private sector to understand and value the high return on investments in early childhood

First 5 Sonoma County's Pathway to School Readiness



*School Readiness is a proxy measure for optimal child development

Strategic Plan Specifics

Across the country and beyond, early childhood experts are working to increase the number of children who arrive at school ready to succeed and achieve their highest potential, including college graduation. In this strategic planning process, the First 5 Sonoma County Commission and its Strategic Planning Committee made extensive use of the *Pathway to Children Ready for School and Succeeding at Third Grade*, a tool of the Pathways Mapping Initiative, which is supported by Harvard Medical School and the Annie E. Casey Foundation. The Pathway is a compendium of the work of these experts.

The *Pathway* “assembles a wealth of findings from research, practice, theory, and policy about what it takes to improve the lives of children and families, particularly those living in tough neighborhoods. By laying out a comprehensive, coherent array of actions, the pathway informs efforts to improve community conditions within supportive policy and funding contexts.

“The Pathways framework does not promote a single formula or program. Rather, it emphasizes acting strategically across disciplines, systems, and jurisdictions to increase the number of children who are ready for school... The Pathway provides a starting point to guide choices made by...funders and policymakers to achieve desired outcomes for children and their families.”¹

Using this tool in our First 5 Sonoma County planning process provided reliable guidance about what has worked elsewhere and offered an organized framework for using available evidence. We combined this evidence with local wisdom and understanding of local conditions to plan strategically.

Throughout this document, you will find “Rationales.” They are quotes from the *Pathway*, sometimes supplemented with other information, that provide an understanding of why the Commission has chosen a particular goal, priority outcome, or strategy.



Goal 1: Ensure the Health and Healthy Development of Children

Priority Outcome 1A: Increase the availability of high quality, accessible health care for children

Rationale: “Local coalitions reach out to families and work with policymakers to help families obtain public and private health insurance for their children. All stakeholders work to expand eligibility for and enrollment in health insurance coverage to low-income children through Medicaid, State Children’s Health Insurance Program (SCHIP) and other, broader programs.” (*Pathways Mapping Initiative: School Readiness and Third Grade School Success*, p. 2-2)

1. Ensure Children’s Health and Healthy Development

- 1A. High Quality, Accessible Health Care for Children
- 1B. Early Detection of, and Intervention for, Developmental Concerns

¹ Schorr, Lisbeth B., and Vicky Marchand. *Pathway to Children Ready for School and Succeeding at Third Grade*, Pathways Mapping Initiative, funded by The Annie E. Casey Foundation.

Strategy 1A1: Continue support for the Children’s Health Initiative: Healthy Kids Sonoma County

Program Model/Design

Children’s Health Initiatives typically have two parts: 1) an insurance product called Healthy Kids that covers children who are not eligible for Medi-Cal and Healthy Families, California’s public programs for children in low-income families with incomes up to 250 percent of the federal poverty level; and 2) comprehensive outreach campaigns that find and assist families with enrolling children into programs for which they are eligible.

Locally, a four-county coalition (Sonoma, Solano, Napa, and Yolo) contracts with Partnership Health Plan to provide a comprehensive insurance product—a “safety net” for those children not otherwise eligible for coverage. First 5 Sonoma County pays insurance premiums for those children locally up to their sixth birthday. In addition, First 5 funds outreach to identify uninsured children and match them with insurance according to eligibility.

Key Local Elements:

- In Sonoma County, Healthy Kids also includes KIDS’ Net, which provides immediate healthcare for uninsured children who need to be seen immediately while they wait for their health insurance coverage to become effective. Services are provided by a network of volunteer physicians, dentists, pharmacies, specialty and diagnostic service providers.
- Kaiser Permanente enrolls many children who would otherwise require the safety net product, thereby reducing premiums needed for children under six.
- United Way raises funds to pay premiums for children 6-18 who are not enrolled by Kaiser.

Measurable Outcomes Achieved by Original Model

Children’s Health Initiatives (CHIs) have achieved the status of an **evidence-based** program, based on three independent evaluations of CHIs in three Healthy Kids counties: Los Angeles, San Mateo, and Santa Clara. Those evaluations found “overwhelming evidence that the programs improved medical care access and use among children who participated, which, in turn, improved the well-being of both the children and their families.”²

- These studies used two basic indicators of whether children have good health care access: Whether children have a usual source for health care, such as a local clinic or private doctor’s office, and
- Whether they have had a recent medical visit

Across all three Healthy Kids programs studied, children enrolled in Healthy Kids experienced dramatic improvements in both of these indicators when compared to similar children without Healthy Kids coverage.



² “Three Independent Evaluations of Healthy Kids Programs Find Dramatic Gains in Well-Being of Children and Families,” *In Brief*, Nov. 2007

According to data recently available for 2007³, compared to other CHI counties, Sonoma County shows strong results in:

- Children’s access to primary care
- Low emergency room use by children

A December 2007 study entitled “Covering California’s Kids” found that Children’s Health Initiatives have helped prevent over 1,000 unnecessary child hospitalizations annually. The study found that providing health coverage for children reduced hospitalizations in the CHI counties studied by 25 percent and saved up to \$7.35 million annually in preventable hospitalizations.

Local Context/Additional Information

Healthy Kids Sonoma County is a collaborative local effort begun in 2004. Representation on the local Healthy Kids Steering Committee includes the Sonoma County Office of Education; the Sonoma County departments of Human Services and Health Services; Kaiser, Sutter, and St. Joseph Health System; Redwood Community Health Coalition health centers; United Way of the Wine Country; and First 5 Sonoma County. This strong and active coalition is working to maintain and improve the initiative; to resolve identified weaknesses in the system, such as lack of dental insurance coverage; and to assure that families are educated to fully utilize the benefits their coverage provides.

Leveraging of funds has been significant due to Kaiser’s willingness to enroll children 0-5 whose premiums would otherwise be paid by First 5 Sonoma County.

Children’s Health Initiatives are currently active in 29 California counties. They actively advocate at the state and federal levels for public policies that support children’s health through their association, the California Children’s Health Initiatives (CCHI).

Priority Outcome 1B: Increase early detection of, and intervention for, developmental concerns

Rationale: *“Providers of routine pediatric care make health screenings and developmental assessments easily accessible to all families. They provide or link families promptly to follow-up, diagnostic, and treatment services by appropriate specialists and community resources.” (Pathways Mapping Initiative: School Readiness and Third Grade School Success, p. 2-3)*

Strategy 1B1: Implement a sustainable system to support screening and early intervention programs

Program Model/Design

A sustainable system to support screening and early intervention programs roots comprehensive developmental and social-emotional screening in settings where young children are naturally present, including well-child visits, early care and education programs, and child welfare. Sites where reimbursement can be established will be preferred.

First 5 intends to work with other county organizations to develop a system that includes developmental and social-emotional screening of children, follow-up assessments, and early interventions that maximize children’s development, address situational delays and eliminate, when possible, the need for entry into the special education system. Sustainability will be achieved, in part, by leveraging funding through collaboration with Mental Health Services Act Prevention and Early Intervention efforts and expansion of Early Periodic Screening Diagnosis and Treatment (EPSDT) for children 0-5

³ Healthy Kids Sonoma County’s second year of operation, and first year to meet enrollment requirements for HEDIS, the Healthcare and Effectiveness Data Information Set

By working together, First 5 Sonoma County, County Mental Health and Human Services, community health centers, community-based organizations, and private providers will build this system. These partnerships will undertake and coordinate efforts to:

- Promote comprehensive and systemic developmental and social-emotional screening
- Promote use of evidence-based screening tools
- Support initial and ongoing training of providers to use evidence-based tools and refer for appropriate intervention
- Establish a decision tree for progression of screenings and assessment
- Establish ongoing process evaluation
- Create a countywide database to avoid duplication and assure regular screening
- Develop a unique identifier system to assure that each child is linked to his/her medical records
- Establish a system of facilitated referral to a network of services (“no wrong door”)
- Engage local physicians, childcare providers, WIC (the Women, Infants, and Children program), and social service providers to monitor child development
- Ensure that the development of children in vulnerable circumstances (such as children identified by Child Welfare Services) is monitored and intervention is available
- Educate parents and the community about child development



Measureable Outcomes Achieved by Original Model

Evidence-based screening tools are available, and regular comprehensive developmental screening for young children is recognized as good practice and recommended by the American Academy of Pediatrics (AAP) and the Centers for Disease Control, among other experts.

AAP guidelines (July 2006) for surveillance and screening of children from birth through 3 years of age state that early identification of developmental disorders is critical to the well-being of children and their families, an integral function of the primary care medical home, and an appropriate responsibility of all pediatric health care professionals. AAP recommends that:

- Developmental surveillance be incorporated at every well-child preventive care visit
- Any concerns raised during surveillance should be promptly addressed with standardized developmental screening tests
- In addition, screening tests should be administered regularly at the 9-, 18-, and 24 or 30-month visits
- The early identification of developmental problems should lead to further developmental and medical evaluation, diagnosis, and treatment, including early developmental intervention

Recent research makes clear that implementing such a sustainable system will have a profound positive impact on the lives of Sonoma County’s youngest children.

- “Most physicians depend on clinical judgment rather than screening tools. Unfortunately, research shows that clinical judgment detects fewer than 30% of children who have mental retardation, learning disabilities, language impairments, and other developmental disabilities. Clinical judgment also identifies fewer than 50% of children who have serious emotional and behavioral disturbances.”⁴ In addition 20% to 30% of children with a disability may be missed by a single developmental screening but will be identified if screening and monitoring are continued in all well-child medical visits.
- About one-third of California children who receive early intervention services before the age of three do not require additional intervention once they enter school.⁵
- Developmental and social-emotional screening can greatly increase the chances that such children are identified and helped before their developmental issues become permanent disabilities.⁶

In addition, studies of early intervention programs for infants and toddlers have found that addressing children’s developmental delays or disabilities early can have significant economic benefits down the road, by creating savings in social programs, reduced crime, and reduced remedial education. For example in California, almost 14% of the K-12 education budget is spent on special education services, so early intervention promises significant savings to the community (Stanford Research Institute, 2007).

Local Context/Additional Information

Over the last two years, First 5-led efforts at the state and local level to design an effective system of early childhood social-emotional health as well as the planning work group for the Mental Health Services Act–Prevention and Early Intervention process have concluded that social-emotional and developmental screening is a critical element in an effective system for early childhood mental health in Sonoma County and in California.



Goal 2: Ensure Families Are Supported and Nurturing

Priority Outcome 2A: Increase support for parents to strengthen their parenting capacity

Rationale: “Providers of services and supports constantly look for opportunities to strengthen parents in their child-rearing role and to build strong relationships between young children and their parents and other adult caregivers. Providers promote and model effective parenting skills by engaging parents in their homes or other familiar settings, and through evidence-based parent training programs.” (Pathways Mapping Initiative: School Readiness and Third Grade School Success, p.3-1)

2. Ensure Families Are Supported and Nurturing

- 2A. Support Parents to Strengthen Their Parenting Capacity
- 2B. Support Parents to Strengthen Their Family’s Literacy Skills

⁴ “Early Detection of Developmental and Behavioral Problems,” Frances Page Glascoe, PhD, *Pediatrics in Review*, 2000, American Academy of Pediatrics. Abstract retrieved July 6, 2009.

⁵ “Early Intervention for Infants and Toddlers with Disabilities and Their Families: Participants, Services, and Outcomes, Final Report of the National Early Intervention Longitudinal Study (NEILS),” SRI International, January 2007

⁶ “Improving Health and School Readiness through Developmental Screening,” *First 5 Bay Area Policy Brief*, by Florence Nelson and Cindy Oser of ZERO TO THREE

Strategy 2A1: Implement the Nurse-Family Partnership home visiting model

Program Model/Design

In the Nurse-Family Partnership (NFP) program, nurse home visitors work intensively with first-time, low-income mothers for approximately 2½ years—from pregnancy through their child’s second birthday—to transform their lives and the lives of their children. The program has been proven to improve parents’ ability to care for themselves and their infants and toddlers, thereby preventing child maltreatment and childhood injuries, unintended subsequent pregnancies, school drop out, unemployment, and welfare dependence.

The public health nurses who deliver the program are perceived as trusted and competent professionals, fostering a powerful bond between nurse and mother. Visits combine relevant content valued by the mother with a therapeutic relationship focused on self-efficacy.

Content centers on three goals during each home visit. They are: improved pregnancy outcomes, improved child health and development, and improved maternal life course development.

Implementing agencies enter data from each visit into the national web-based Clinical Information System. This data is monitored to ensure that the program is being implemented with fidelity to the model as tested in randomized, controlled trials, so that comparable results are achieved.

Measureable Outcomes Achieved by Original Model

Nurse-Family Partnership is an **evidence-based** program. Three randomized, controlled trials in three diverse populations of first-time, low-income mothers (Elmira, NY, Memphis, TN, and Denver, CO) demonstrated that the following specific outcomes were achieved (including long-term outcomes from Elmira, NY, 15-year follow-up trial), including:

- **Increases in children’s school readiness**—Improvements in language, cognition and behavioral regulation.
 - Higher IQs
 - Better language development
 - Fewer mental health problems
- Reductions in children’s healthcare encounters for injuries
 - 80% reduction in days hospitalized
 - 56% reduction in Emergency Room visits
- Improvements in women’s health
 - 28% decrease in cigarette use among mothers
 - 44% decrease in behavioral problems due to drug or alcohol use
- Fewer unintended subsequent pregnancies, and increases in intervals between first and second births
 - 32% decrease in subsequent pregnancies
- Increases in father involvement and women’s employment



- Long Term Outcomes at 15-year Follow Up (Elmira, NY trial)⁷
 - **Long Term Benefits to Mothers**
 - 61% fewer arrests
 - 72% fewer convictions
 - 98% fewer days in jail
 - **Children Born to NFP mothers**
 - 48% reduction in child abuse and neglect
 - 59% reduction in arrests
 - 90% reduction in adjudications as PINS (person in need of supervision) for incorrigible behavior

Independent research has shown that for every dollar invested in a local Nurse-Family Partnership program, communities can realize more than five dollars in return. Studies by the RAND Corporation and the Pacific Institute for Research and Evaluation have demonstrated savings in the following areas:

- Decrease in welfare use by an average of 30 months
- Increased tax revenues
- Reduced costs for educational services
- Lower criminal justice costs
- Reduced use of Medicaid

Local Context / Additional Information

The population of the Denver study reflects a significant proportion of Mexican-American women (47%), showing that successful outcomes have been demonstrated with an ethnic population that constitutes a significant demographic component in Sonoma County. In 2008, 41% of births in Sonoma County were to foreign-born mothers. Of those mothers, 79% were born in Mexico.⁸

Sonoma County is beginning to enjoy a growing supply of newly graduated Public Health Nurses through recent efforts to expand nursing school capacity and the slowed economy.

The Obama Administration is sponsoring a legislative initiative that will provide funding for evidence-based home visiting programs.

As of May 2009, NFP was being implemented in 28 states, four of which have state-wide initiatives. In California, programs are active in 10 counties.

Strategy 2A2: Implement Triple P—Positive Parenting Program

Program Model/Design

Triple P is a multi-level, parenting and family support strategy that aims to prevent severe behavioral, emotional, and developmental problems in children by enhancing the knowledge, skills and confidence of parents. This flexible, tiered multi-level strategy recognizes that parents have differing needs and desires regarding type, intensity, and mode of assistance. The Triple P system is designed to maximize efficiency, contain costs, and ensure the program has wide reach in the community. The model consists of five levels as follows:

- **Level 1**—is a universal parent information strategy, providing parents with access to information about parenting through a coordinated media and promotional campaign using print and electronic media. This level of intervention aims to increase community awareness of

⁷ Olds, DL, J. Eckenrode, C.R. Henderson Jr, H. Kitzman, J. Powers, R. Cole, K. Sidora, P. Morris, L.M. Pettitt, D. Luckey. "Long-term effects of home visitation on maternal life course and child abuse and neglect." Fifteen-year follow-up of a randomized trial. JAMA 1997;278(8):637-43.

⁸ California Department of Public Health, Birth Statistical Master File 2008.

- parenting resources, to encourage parents to participate in programs, and to create a sense of optimism by depicting solutions to common behavioral and developmental concerns.
- **Level 2**—is a brief, one- or two-session intervention (in settings where children and parents usually receive services, such as physicians’ offices or preschools), providing anticipatory developmental guidance to parents of children with mild behavior difficulties, with the aid of user-friendly parenting tip sheets and DVDs that demonstrate specific parenting strategies.
- **Level 3**—is a four-session intervention (by child welfare workers, for example), targeting children with mild to moderate behavior difficulties and includes active skills training for parents.
- **Level 4**—is an intensive eight- to 10-session individual, group, or self-help parenting program for parents of children with more severe behavior difficulties.
- **Level 5**—is an enhanced behavioral family intervention program for families where parenting difficulties are complicated by other sources of family distress (e.g. relationship conflict, parental depression, or high levels of stress).

Measurable Outcomes Achieved by Original Model

Triple P has achieved the status of an **evidence-based** practice. Numerous random clinical trials have found the following outcomes:

- Improved parenting skills
- Decrease in parental stress and depression
- Decrease in child maltreatment
- Decrease in child injuries
- Decrease in out-of-home placements
- Decrease in child behavior problems
- Improved parent anger management skills
- Decrease in social isolation



Population-Based Outcomes:

Based on the results of the Center for Disease Control-funded population trial in South Carolina⁹, countywide implementation in Sonoma County would annually result in:

- 165 fewer substantiated cases of child maltreatment
- 58 fewer out-of-home placements into foster care
- 14 fewer hospitalizations or emergency room visits for child maltreatment

Local Context/Additional Information

Many local and California entities are implementing Triple P to prevent child abuse and neglect; improve child development and school readiness by strengthening the skills and knowledge of parents; and reduce the costs of child welfare and criminal justice.

⁹ Prinz, Ronald J., Matthew R. Sanders, Cheri J. Shapiro, Daniel J. Whitaker, & John R. Lutzker, “Population-Based Prevention of Child Maltreatment: The U.S. Triple P System Population Trial,” *Prevention Sciences*, January 22, 2009, online.

Local efforts include:

- Mental Health Services Act–Prevention and Early Intervention (MHSA-PEI) is funding Triple P services in its plan to improve the social-emotional health of children 0-5.
- Child Welfare Services is exploring training foster parents, reunification parents, and social workers in Triple P.
- A wide variety of local organizations are training staff in Triple P, including: Petaluma People Services Center, Jewish Family and Children Services, Sonoma County Office of Education, Early Learning Institute, California Parenting Institute, Alternative Family Services, Community Child Care Council, and many others.
- The County of Sonoma has investigated upstream methods for reducing criminal justice costs in the future and has identified Triple P as a program that appears “to meet the needs of individuals who are most at risk to enter the criminal justice system.”
- Additional funding by First 5 could join together these disparate efforts to create a coherent system to serve parents and children in Sonoma County.

Statewide efforts include:

- First 5s and their local partners in 10 or more counties are planning to implement Triple P. By working collaboratively with each other and California Institute for Mental Health, First 5s will enjoy economies of scale, enhanced evaluation data, and more effective monitoring to maintain model fidelity.

Priority Outcome 2B: Increase support for parents to strengthen their family’s literacy skills

Rationale: “Providers of a wide variety of services and supports use diverse approaches to promote literacy-centered practices at home. Providers encourage parents to read to children daily, have rich conversations with children, and limit TV use. Adult literacy and General Education Degree (GED) programs are offered in many settings to equip parents and informal child care providers to engage children in reading and other cognitively stimulating activities.” (Pathways Mapping Initiative: School Readiness and Third Grade School Success, p.3-2)

Strategy 2B1: Implement the AVANCE Parent-Child Education Program model

Program Model/Design

The AVANCE Parent-Child Education Program provides education and support to Latino parents with children under age three. It is founded on the belief that a parent is a child’s first and most important teacher, so it is important to train parents to have the skills to support optimal child development, literacy, and school readiness. The nine-month core program operates in housing projects, community centers, and schools. AVANCE instructors guide parents through their children’s stages of emotional, physical, social, and cognitive development with special attention to the importance of reading, nutrition and effective discipline.

Parents attend weekly three-hour workshops for nine months. Workshops are frequently conducted in Spanish and child care is provided. During each three-hour session, the first hour parents make an educational toy using typical household items and are taught to use the toy in activities that will promote their child’s development. They receive a “possibility sheet” of suggested activities and vocabulary to use at home. The second hour is used for a 27-lesson sequence on early childhood development based on community college curriculum. The third hour is devoted to introducing parents to an array of community resources, services and providers. Parents receive monthly home visits beginning in the third month. After the first year, parents are encouraged to continue on to classes in literacy, English, obtaining a GED, and enrolling in college or career training.

Measurable Outcomes Achieved by Original Model

AVANCE is an **evidence-based** program. Several studies have been conducted to assess the program's impact on maternal life course, attitudes, child development, and school readiness. Below is a list of domains in which one or more of the studies found significant program impacts:

- Average or higher levels of academic achievement by child participants compared to their peer group
- High levels of maternal involvement in their child's education
- Improved mother-child interaction
- Improved maternal education over time
- High levels of kindergarten readiness
- Increased maternal participation in the workforce over time
- Decreased reliance on public benefits over time
- Increased maternal income over time



Pre-K and kindergarten teachers with AVANCE students in their classes completed a survey assessing the students' school readiness skills. The teachers shared the following information about the students:

- 82% know their letters
- 86% know their numbers
- 86% understand the concept of time
- 89% listen and follow directions
- 89% can express themselves verbally
- 90% have extended vocabularies
- 91% are able to sit and attend to tasks
- 93% know songs and rhymes
- 93% participate in the classroom
- 94% play or work by themselves
- 96% know their colors

Evaluations show AVANCE children out perform other Texas school children in pre-kindergarten to seventh grade. In the 2008-09 school year, 846 AVANCE children in Dallas schools showed the following positive outcomes:

- 98% promotion to next grade
- 98% average attendance
- 90% met the passing standard on reading assessment compared to 85% in the Dallas school district and 83% in the state
- 89% met the passing standard on math assessment compared to 78% in the Dallas district and 76% in the state

Similar results were shown for AVANCE children in El Paso schools.

Local Context/Additional Information

AVANCE began in Texas, spread into New Mexico, and now has a state office and executive director in San Jose, CA. A unique benefit of the program is lessening the isolation of Spanish-speaking parents by bringing them together and providing an avenue for them to develop a social network. Parents are encouraged to develop their own skills to elevate both themselves and their family.

Strategy 2B2: Implement Reach Out and Read: Making Books Part of a Healthy Childhood

Reach Out and Read promotes school success by supporting reading through routine pediatric care. Doctors and nurses are trained to advise parents about the importance of reading aloud and to give books to children at pediatric well-child checkups from 6 months to 5 years of age, with a special focus on children growing up in poverty. Each child receives 7-10 books, and the child's developmental milestones are assessed based on age-appropriate interactions with books. For example, at 6-12 months, a baby would reach for the book and put it up to his mouth and turn pages with adult help, looking at and patting pictures. By 12-18 months, a child may carry the book, turn it right side up, and turn board pages by herself, pointing at pictures with one finger and making the same sound for a particular picture.

Parents are also given suggestions for a successful reading aloud experience at home. For example, at 6-12 months, parents can follow baby's cues for "more" and "stop" and point and name pictures. By 12-18 months, parents can let their child control the book, ask "Where's the ...?" and let the child point to it. By building on the unique relationship between parents and medical providers, Reach Out and Read helps families and communities encourage early literacy skills, so children enter school prepared for success in reading. The program works because it has a broad scope, is low-cost and easy to implement, and is made effective by children themselves, because they expect to receive a book when they visit the doctor and will "demand" to hear the books read aloud over and over at home.

Measureable Outcomes Achieved by Original Model

Reach Out and Read is an **evidence-based** program. Research shows that when pediatricians promote literacy according to the Reach Out and Read model, there is a significant effect on parental behavior, beliefs, and attitudes toward reading aloud, as well as improvement in the language scores of young children receiving the intervention.

Research findings from 11 published, peer-reviewed studies clearly demonstrate that Reach Out and Read is effective.

- Compared to families who have not participated in the program, parents who have received the Reach Out and Read intervention are significantly more likely to read to their children and have more children's books in the home.
- Children served by the Reach Out and Read program score significantly higher on vocabulary tests. For a two-year-old child, this increase represents an approximate six-month developmental gain.

In a 2005 national sample of 1,647 parents of children age 6-72 months, implementation of Reach Out and Read programs was associated with increased parental support for reading aloud. The study provides multi-site evidence, from 19 clinical sites in 10 states, of the effectiveness of a primary care intervention strategy to promote reading aloud to young children. Combining data across the country, specific findings include:

- Parents exposed to Reach Out and Read were approximately 1.5 times more likely to consider reading aloud a favorite activity than those parents not exposed.

- Similar results were found for parents’ literacy-promoting attitudes and practices, including reading aloud at bedtime, reading at least three days per week, and providing books in the home.
- Parents exposed to Reach Out and Read were approximately 2.6 times more likely to ever read to their child, as compared to parents not exposed.

Local Context/Additional Information

Reach Out and Read is a 20-year old program developed originally by pediatricians and early childhood educators in Boston. A Boston-trained doctor brought it to Kaiser Santa Rosa. Kaiser Permanente now funds the program for its Northern California clinics. First 5 will support the expansion of the program to the community health centers of the Redwood Community Health Coalition.

Reach Out and Read points to studies showing the disadvantage low-income children face before school begins, particularly in the area of language exposure. (“The landmark Hart-Risley study on language development documented that children from low-income families hear as many as 30 million fewer words than their more affluent peers before the age of 4.”¹⁰). By encouraging parents to read aloud to children and talk to their children about what they are reading, **Reach Out and Read** aims to “improve the home learning environment for disadvantaged children to ensure that they are ready to learn when they enter school and succeed later in life.”



Goal 3: Ensure That Early Care and Education (ECE) Is High Quality

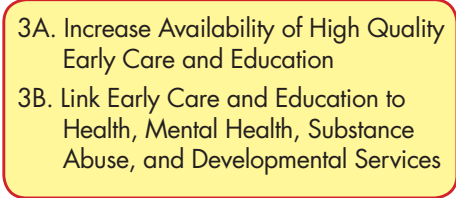
Priority Outcome 3A: Increase the availability of high quality early care and education

Rationale: “Federal, state, and local public agencies and philanthropists provide funds to make high-quality child care and early education widely available, especially to families of children most at risk, and to strengthen providers’ capacity to continually improve the quality of child care and early education and its ability to support social, emotional, and cognitive development.” (Pathways Mapping Initiative: School Readiness and Third Grade School Success, p. 4-1)

“Child care staff who have more specialized education and training in child development tend to give more sensitive care, and the children they care for have better developmental outcomes in both center-based and family care.” (Pathways Mapping Initiative: School Readiness and Third Grade School Success, p. 4-19)



3. Ensure That Early Care and Education (ECE) Is High Quality

- 
- 3A. Increase Availability of High Quality Early Care and Education
 - 3B. Link Early Care and Education to Health, Mental Health, Substance Abuse, and Developmental Services

Strategy 3A1: Provide preschool scholarships for low-income families to use at accredited early care and education sites

Program Model/Design

First 5 Sonoma County will make scholarships to high quality preschool (as indicated by accreditation) available to families who qualify based on income eligibility and ability to assure their three or four-year-olds’ attendance at a qualified site with an available slot. Programs that meet the accreditation requirement and are able to accept scholarships are placed on an eligible program list. Parents who qualify for a scholarship may apply their scholarship only to a preschool from the eligible program list.

¹⁰ Hart, B. and T.R. Risley. (1995). *Meaningful Differences in the Everyday Experience of Young American Children.*



Scholarship amounts are set at a level that encourages preschools to pursue accreditation in order to be eligible to serve scholarship recipients. Mini-grants provide funding to assist providers with the initial accreditation process, thus encouraging quality preschools to validate their quality through accreditation.

Measurable Outcomes Achieved by Original Model

High quality preschool, as measured by accreditation, has achieved the status of an **evidence-based** program. Scientifically rigorous studies show that well-designed preschool programs serving three- and four-year-olds can improve school readiness and raise performance on academic achievement tests in the early elementary grades. Some longer-term studies show achievement gains and reduced special education use through children's middle school years as well as higher rates of high school completion. The effects in the early grades have been demonstrated not only for small-scale model programs, but also for large-scale publicly funded programs currently operating in a number of states, e.g., Michigan, New Jersey, and Oklahoma. While this evidence base is strongest for programs serving more disadvantaged students, findings from Oklahoma's universal preschool programs show school readiness benefits across diverse groups of children.

A RAND study found that a one-year universal, high-quality preschool program in California would, for a \$4300-per-child cost beyond current public preschool spending in the state, generate

- \$11,400 in benefits per child for California society, for a net benefit of over \$7,000 per child, or \$2.62 for every dollar expended
- Other potential benefits for the California labor force, the competitiveness of the state's economy, and economic and social equality (Dollar values are in 2003 dollars)

Significantly, the study notes

- A program targeted at disadvantaged children would be less costly and generate more benefits per dollar expended, and
- A program providing two years of preschool would generate greater benefits

Local Context / Additional Information

Local resource and referral directors have indicated a scholarship program would be a good incentive for providers to start the accreditation process. Investigation into the number of accredited programs in Sonoma County revealed that some providers have recently allowed their accreditation to lapse, due to the time and money required, combined with their perception that parents did not value the accreditation status. Because of the low number of currently accredited providers, it will take a while to build up a sufficient supply of available slots in accredited programs.

Offering a mini-grant track to reimburse providers for accreditation fees will provide an incentive to increase the pool of accredited providers to a level sufficient to implement such a program.

Also, many local organizations, such as Rotary Clubs, provide college scholarships. Educating such organizations about the value of preschool could create an interest in providing preschool scholarships. The lower cost of preschool scholarships, compared to college scholarships, could increase their attractiveness as a philanthropic option.

Strategy 3A2: Implement a focused version of Comprehensive Approaches to Raising Education Standards (CARES)

Program Model/Design

CARES (Comprehensive Approaches to Raising Educational Standards) is designed to reward and encourage early care and education (ECE) professionals to continue professional development through education and training in order to raise the quality of child care in Sonoma County. First 5 makes financial incentives available to ECE providers who demonstrate progress toward a research-based academic standard of quality—e.g. a bachelor’s degree.

“Research has found that teachers with bachelor’s degrees and specialized training in child development provide young children with the best preparation to succeed in kindergarten.” (Whitebook, M. 2003). The Child Development Permit Matrix lists the bachelor’s degree as a qualification for the Program Director permit and as an alternative qualification for the Master Teacher and Site Supervisor permits. An AA degree in ECE or child development, which is offered by Santa Rosa Junior College, is used as an alternative qualification for the Teacher permit and for the Site Supervisor permit. The bachelor’s degree could be called the gold standard and the AA the “silver standard” of the educational requirements contributing to high quality early care and education. To encourage more providers to attain these research-based standards of quality, incentives are focused on those who are making good progress toward their AA or bachelor’s degree in child development.

Measurable Outcomes Achieved by Original Model

CARES is a **promising practice**. A few studies have been conducted on CARES programs in California to assess impact on individuals working in child development and the impact on the field of child development as a whole. *However, evidence linking CARES to improvements in the quality of child care itself is lacking.* Below is a list of domains in which one or more of the evaluations found program impacts:

- Increased wages
- Increased employee retention
- Improved employee professional development and professionalization of the field
- Increased awareness of professional development strategies
- Increased planning for career advancement
- Increased participation in professional development
- Increased job mobility

LFA Group, LLC, conducted a comprehensive evaluation of San Francisco’s CARES program. The study analyzed three years of data (2000-2002) to assess the effects of the program on individuals and the field of child development as a whole. The results include:

- Effects on Retention
 - Over 40% of site directors believed that the SF CARES program made it easier to retain teachers at their center
 - Participants were three times more likely than non-participants to have stayed longer at their current centers
 - Participants were almost twice as likely as non-participants to have plans to advance within the child development field and have plans to move up on the Child Development Permit Matrix.
- Effects on Professional Development
 - Participants were about three times more likely than non-participants to have pursued professional development

- Participants were about 1.5 times more likely than non-participants to have taken unit-bearing courses
- On average, participants had higher levels of ECE or child development training
- Participants were 1.6 times more likely than non-participants to have been promoted in the field over the span of the study
- Effects on Professionalization of the Child Development Field
 - Participants were 1.6 times more likely than non-participants to have set professional goals for themselves
 - Participants were 2.6 times more likely to know about the matrix, 2.3 times more likely to have taken courses for the purpose of moving up on the matrix, and 2.3 times more likely to have actually moved up the matrix, when compared with non-participants.
 - Participants were 2.2 times more likely than non-participants to have received some form of teaching certification over the span of the study

Local Context/Additional Information

The fall 2008 Sonoma County CARES Program Report estimates that over the three-year period covered by the report, 18 providers earned an AA degree at Santa Rosa Junior College and a minimum of 51 participants continued their education toward a BA or MA degree. Additionally 141 CARES participants applied for a new Child Development Permit or upgraded a current permit.

CARES participation by Spanish speaking providers increased by 89% in 2007-08.

Strategy 3A3: Implement a more targeted Teachers Acquiring Language Learner Knowledge (TALLK) program

Program Model/Design

The TALLK (Teachers Acquiring Language Learner Knowledge) project provides preschool teachers with training and coaching in specific strategies for interacting with English learner (EL) children—especially those whose home language is Spanish—to best support their language acquisition. TALLK is based on the research-validated best practice of providing adult education through a combination of didactic information sharing followed by personal coaching.¹¹ This focused TALLK program targets services to those ECE providers who have had the least training in language development strategies and working with English learners in school districts that demonstrate the greatest achievement gaps.

Participating teachers attend a full-day orientation training at the beginning of the school year and subsequently receive one-hour monthly trainings at their sites. The TALLK coach also works with teachers bi-weekly for approximately 30 minutes each, observing teacher-child interactions and providing real-time input and support using a “telepresence” approach (i.e., the teacher wears a headset and the coach communicates via microphone in real time).

Measurable Outcomes Achieved by Original Model

The TALLK coaching model is a promising practice. Specific outcomes identified in the initial evaluation by LFA Group include:

- Results for Teachers
 - 92% of teachers reported their confidence in working with English Learner students increased “a lot” as a result of the training and coaching they received through TALLK.

¹¹ Joyce, Bruce, and Beverly Showers. *Student achievement through staff development*. (3rd ed.) Alexandria, VA: Association for Supervision and Curriculum Development, 2002.

- Results for Coach
 - Participating teachers universally rated the quality of the coaching and support they received highly: 100% reported the TALLK coach performed “consistently” or “frequently” on all measures of coaching effectiveness.

With further data collection and analysis, the program is expected to demonstrate increased effectiveness in the following domains:

- Teachers’ knowledge of strategies to work with English Learners
- Teachers’ use of skills and strategies to work with English Learners
- Quality of teachers’ interactions with children



Local Context/Additional Information

English learners have the highest achievement gap and highest drop-out rate of all students in Sonoma County and California. If early childhood educators have the strategies to work successfully with English learners to support language acquisition, they will be on target to read at grade level by the end of third grade. “Students will enter fourth grade with proficiency in reading” is one of four research-based key markers identified in United Way’s Best Practices Report “On Our Watch—Success for All.” The National Research Council further concludes that a child “who is not at least a modestly skilled reader by [fourth grade] is unlikely to graduate from high school.”¹²

TALLK is among the efforts under the umbrella of Sonoma County Office of Education’s Aiming High Initiative, which brings school districts and business partners together to accelerate the achievement of English learners by sharing best practices and by holding themselves accountable to a sustained commitment.

Priority Outcome 3B: Increase the capacity of early care and education providers to link their client families to appropriate health, mental health, substance abuse, and developmental services

Rationale: “The child care setting provides opportunities to identify warning signs and to link children and parents with the help they need. This is especially important because depression, attachment difficulties, and post-traumatic stress are prevalent among mothers living in poverty. In the absence of recognition and interventions, those conditions undermine mothers’ development of empathy, sensitivity, and responsiveness to their children—often leading to poorer developmental outcomes—and the opportunity to head off more serious, long-term consequences may be missed.” (Pathways Mapping Initiative: School Readiness and Third Grade School Success, p. 4-20)

¹² National Research Council. “Preventing Reading Difficulties in Young Children.” Edited by Catherine E. Snow, Susan Burns and Peg Griffin, Committee on the Prevention of Reading Difficulties in Young Children. Washington, DC: National Academy Press, 1998.

Strategy 3B1: Implement an enhanced version of the Behavioral Consultation Project

Program Model/Design

The Behavioral Consultation Project (BCP) provides free, individually tailored technical assistance to childcare providers and preschool teachers seeking help to manage difficult behaviors and temperaments of children in their care. Providers seeking assistance contact the project, and early childhood mental health and education specialists work with them to strengthen their understanding, willingness to persevere, and ability to intervene effectively with a challenging child. These consultants provide developmental guidance, help providers interpret the meaning of a child's behavior, and suggest interventions appropriate to a group setting. They also help providers strengthen the effectiveness of their environment and their team and build positive relationships with parents, so the needs of the whole child can be addressed in a consistent manner. When needed, they make referrals to additional services for the children, their parents, and the providers.

In addition, the BCP offers childcare providers "site-based" case consultation when a site requests help overall with their day-to-day routines or environment, rather than with one identified child. The provider may identify a classroom or age group that consistently has multiple children who struggle. In these cases, the consultants suggest changes that could benefit the children and the center and help match the provider with needed resources.

Previously, the Behavioral Consultation Project successfully linked ECE providers with health, mental health, and developmental services. This enhanced version of BCP also delivers training to help providers identify signs of substance abuse and related issues among the parents of the children in their care and take appropriate steps to link these parents with resources and services, such as substance abuse treatment.

Measureable Outcomes Achieved by Original Model

The Behavioral Consultation Project is grounded in an **evidence-based** model of early childhood mental health consultation services to improve early care and education through early intervention with children exhibiting challenging behavior and difficult temperaments in ECE settings. According to the Yale preschool expulsion study, teachers who have access to mental health consultants (classroom-based or on-call) are only about half as likely to expel a child with disruptive behavior as teachers with no access to mental health consultation.¹³ In 2007, LFA Group, LLC, conducted a program evaluation of the Behavioral Consultation Project, using data from January 2006 through June 2007. Though data in this evaluation was limited, the evaluation found significant effects:

- Improved problem behaviors of children in classrooms
 - 83% (73 of 88) of children were retained in the setting and demonstrated improved behavior
- Increased provider skills and knowledge of strategies for managing behavioral issues in the classroom
 - 75% (50 of 66) of providers reported "learning a new strategy for dealing with children with emotional or behavioral issues"
- Increased provider and family knowledge of available resources for families and their children
 - 84% (26 of 31) of families agree or strongly agree that they learned about community services that will help meet their child's needs
- Increased provider and family knowledge of normal child development and child behavioral issues
 - 90% (29 of 32) of families agree or strongly agree that they learned more about their child's behavioral and emotional needs

¹³ Gilliam, Walter S. (2005). "Prekindergartners Left Behind: Expulsion Rates in State Prekindergarten Systems," Yale University Child Study Center.

Local Context/Additional Information

Children whose conduct disorders go unresolved in childcare and preschool are at risk for subsequent school failure, substance abuse, violence, and delinquency in adolescence. If their behavior problems can be resolved before kindergarten, these children will be better able to learn in school, be more successful in the labor force, earn higher incomes, and have less need for high-cost public services, such as special education, welfare, and criminal justice.

Half of all children showing aggression as adolescents can be identified by age 6, and disruptive behavior disorders are the primary presenting problem for children receiving public mental health services.¹⁴

Experts, such as the American Academy of Pediatrics and Walter S. Gilliam, PhD, contend that early education programs should not expel children with challenging behaviors, but should assess the child’s needs and determine the behavioral supports necessary for the child to succeed in the current program or to transition to a program that does offer those supports. They argue that all early education and child care providers should have regular access to early childhood mental health consultation to help them make these assessments and provide the necessary supports.

 **Goal 4: Increase Integration of Systems and Effect Policy Change to Fill Gaps and Better Serve Children and Families**

4. Integrate Systems & Effect Positive Policy Change to Better Serve Children & Families

<p><u>Health Systems:</u> 4A: Iron Deficiency Anemia 4B: Children’s Oral Health</p>	<p><u>Family Support Systems:</u> 4C: Child Abuse and Neglect 4D: Family Economic Self-Sufficiency</p>	<p><u>ECE Systems:</u> 4E: ECE and K-3 Coordination 4F: Provider Academic Advancement</p>
<p><u>Advocacy:</u> 4G: Advocate for Programs and Policies That Increase Children’s Ability to Develop to Their Fullest Potential</p>		

HEALTH SYSTEMS

Priority Outcome 4A: Increase implementation of successful strategies to reduce iron deficiency anemia through collaboration with community partners

Rationale: “Children with iron-deficiency anemia (IDA), the most common form of malnutrition in children (especially poor children), are more likely to have persistent developmental delays and behavior problems, such as decreased attention to tasks and poor social interaction, lower IQ scores, reading disability, impaired coordination, and school dropout.” (Pathways Mapping Initiative: School Readiness and Third Grade School Success, p. 2-19)

Strategy 4A1: Monitor implementation and impact of emerging efforts to prevent iron deficiency anemia in children

In 2008, 18.4% of children under five in Sonoma County had iron deficiency anemia—one of the highest rates in California. The local rate is highest for 12-17 month olds—19.9%. In Sonoma County, one out of every two newborns is eligible for the WIC (Women, Infants, and Children) program. Infants and children up to age five who are found to be at nutritional risk and low-income pregnant and postpartum women receive supplemental foods, health care referrals, and nutrition education

¹⁴ Webster-Stratton, C., and T. Taylor. (2001). “Nipping early risk factors in the bud: Preventing substance abuse, delinquency, and violence in adolescence through interventions targeted at young children (0-8 years).” *Prevention Science*, 2 (3)165-192.

from WIC. Program changes occurring now at WIC will introduce meat as infants' first solid food. It is anticipated that the effect on iron-deficiency anemia will be substantial. Nutritional guidance is also a significant element in the Nurse-Family Partnership home visiting program, which will reach first-time, low-income mothers, as well as the AVANCE Parent-Child Education Program. First 5 staff will monitor the impact of these and other associated efforts and identify areas where First 5 could add value and/or address gaps.

Priority Outcome 4B: Increase the community's capacity to address children's oral health needs through collaboration with community partners

Rationale: *There is an epidemic of tooth decay among young children in Sonoma County and not enough accessible dental services to address this need, because very few providers accept the insurance available to low-income children. "Healthy children are not distracted by pain, discomfort, or fatigue. Therefore, they are better able to engage with the learning process and less likely to be absent from school.*

"Poor dental care may lead to tooth loss, dental caries, and gingivitis, resulting in high rates of absenteeism, inability to concentrate in school, and poor speech development. Dental problems may also impair a child's ability to eat correctly and therefore to achieve good nutrition and health." (Pathways Mapping Initiative: School Readiness and Third Grade School Success, p. 2-18, 19).

Strategy 4B1: Monitor implementation and impact of the WIC pilot project on children's oral health and seek opportunities to bring this effort to scale

First 5 Sonoma County has partnered with the Women, Infants, and Children (WIC) program and the Dental Health Foundation to implement a pilot project to provide dental assessments, parent education, fluoride varnish, and care coordination for needed treatment of children enrolled in county WIC programs. The project will receive technical assistance from the Dental Health Foundation to achieve sustainability through reimbursement strategies.

First 5 staff will monitor the impact of this effort and apply lessons learned from the pilot project to expand to other WIC clients.

FAMILY SUPPORT SYSTEMS

Priority Outcome 4C: Reduce child abuse and neglect through collaboration with community partners to identify, implement, and sustain high quality intervention and support for families with substance abuse, mental health, and domestic violence issues

Rationale: *"Young children are emotionally vulnerable to the adverse influences of parents' mental health problems and family violence."*

"Maternal depression and other mental health problems, substance abuse, and domestic violence have a serious negative impact on a mother's ability to nurture, support, and provide structure for her young children. A substantial body of research suggests a high incidence of these conditions among low-income mothers. Children whose mothers are depressed or involved with substance abuse or domestic violence have lower levels of academic achievement, more behavior problems, lower levels of social competence, and poorer physical health. They are most vulnerable to developmental delays, failure to thrive, lack of school readiness and school success, health problems, and other difficulties that significantly compromise their innate resiliency and ability to succeed at school and to negotiate critical developmental milestones." (Pathways Mapping Initiative: School Readiness and Third Grade School Success, p. 3-21).

Strategy 4C1: Partner with Department of Health Services Mental Health/Alcohol and Other Drug Services (DHS MH/AODS) and the Perinatal Alcohol and Other Drug Action Team (PAODAT) to support a Perinatal Placement Specialist within the Drug Free Babies system

Beginning with a First 5 Sonoma County planning grant in 2003, and with subsequent substantial support from the California Endowment, the Perinatal Alcohol and Other Drug Action Team (PAODAT) has recruited and trained obstetric care providers to screen their pregnant clients for alcohol and drug abuse as part of an overall Drug Free Babies system. A perinatal placement specialist (PPS) then assesses women identified as at-risk via screenings and connects them with treatment programs appropriate to their specific circumstances. The PPS serves as a critical link between providers, their pregnant clients, and treatment programs and has been particularly successful in persuading women to voluntarily consent to treatment.

First 5 Sonoma County will continue to fund the PPS and work with PAODAT to develop an effective sustainability plan.

Strategy 4C2: Partner with Department of Health Services Mental Health/Alcohol and Other Drug Services to provide perinatal treatment and advocate for policies that increase perinatal treatment capacity

DHS AODS has funding from The California Endowment to improve systems integration between probation, child welfare, and AODS. Part of this work will examine how funds are used within those systems to identify efficiencies and allocations to increase treatment capacity.

First 5 will continue to fund perinatal tobacco cessation and alcohol and other drug treatment while work proceeds across the probation, child welfare, and AOD systems to increase treatment capacity and achieve treatment on demand.



Strategy 4C3: Partner with Mental Health Services Act-Prevention and Early Intervention (MHSA-PEI) efforts to identify women with perinatal mood disorder and connect them with services

The early childhood (0-5) portion of the MHSA-PEI plan includes training for medical providers and health care workers to identify women with perinatal mood disorder. First 5 Sonoma County staff will work collaboratively with MHSA-PEI and community partners to facilitate trainings, data collection, and reporting.

First 5 Sonoma County will continue to participate as a co-funder of the MHSA-PEI 0-5 efforts to provide training and evaluation and reinforce the critical value of prevention and early intervention in the first five years.

Strategy 4C4: Partner with Child Welfare Services and other agencies serving highest-risk families to implement Triple P-Positive Parenting Program

First 5 Sonoma County will improve early childhood social-emotional health by facilitating systems change in agencies working with Sonoma County's highest-risk families. Specifically, First 5 will support these agencies to integrate the Triple P-Positive Parenting Program into their services and programs for high-risk families.

First 5 will continue to participate as a co-funder of the MHSA-PEI 0-5 efforts—funding Triple P training and evaluation and reinforcing the critical value of prevention and early intervention in a child’s first five years.

Priority Outcome 4D: Increase family economic self-sufficiency and reduce the impacts of poverty on children 0-5 through collaboration with community partners

Rationale: *Many low-income families need help to obtain the financial supports they are entitled to and the opportunities they need to become self-sufficient. “Children who experience poverty before age 5 have lower cognitive skills (e.g. reading, number skills, problem solving, creativity, memory) than children living above the poverty line (Stipek & Ryan, 1997). Conversely, small gains in family income and assets have been shown to improve cognitive development in children (Dearing & McCartney, 2001).”*

“Children who experience poverty before age 5 have fewer total years of schooling, more school failure, and more drop out (McLoyd, 1998).”

“Children in poor families have more physical health problems and worse nutrition than their non-poor counterparts (Brooks-Gunn et al, 1999). Children from socio-economically disadvantaged circumstances are at greater risk of emotional and social difficulty due to stresses on family relationships.” (Pathways Mapping Initiative: School Readiness and Third Grade School Success, p. 3-22-23)

Strategy 4D1: Connect families to resources, such as Earned Income Tax Credit (EITC), Supplemental Nutrition Assistance program (SNAP), financial counseling, and other assistance programs

“The federal Earned Income Tax Credit (EITC), which supplements the income of working families that earn less than 200% of the poverty level, lifted 2.5 million children out of poverty in 1999 and was shown to promote employment. Three-fifths of the increase in workforce participation was found attributable to EITC increases.” (Berube & Foreman, 2001, Pathways, p. 3-30) Guidance about nutrition, community resource, and employment are significant elements in the Nurse-Family Partnership home visiting program, which will reach first-time, low-income mothers, and in the AVANCE Child and Family Development Program for low-educational level, Spanish-speaking parents of children birth-3.

First 5 staff will monitor the impact of these efforts and identify areas where First 5 could add value and/or address gaps.

Strategy 4D2: Support and encourage family economic self-sufficiency by funding the evidence-based programs AVANCE and Nurse Family Partnership

Specific outcomes achieved in a 15-year follow-up for participants in the Nurse-Family Partnership include increases in father involvement and mother’s employment, both indicators of increased family economic self-sufficiency. Similarly, outcomes for AVANCE program participants include increased maternal participation in the workforce, decreased reliance on public benefits, and increased maternal income.

First 5 staff will document and facilitate efforts of funded programs, monitor results, and identify areas where First 5 could add value and/or address gaps.

EARLY CARE AND EDUCATION SYSTEMS

Priority Outcome 4E: Collaborate with early care and education and K-3 systems to:

- Increase parents' engagement as partners in education and increase families' connection to related resources
- Increase alignment and articulation between early care and education and K-3
- Identify and increase institutionalization of successful school readiness strategies and programs

Rationale: *One of the recommendations from Closing the Achievement Gap, Report of Superintendent Jack O'Connell's California P-16 Council is to "Better Align Educational Systems from Prekindergarten to College." Goals 5 and 6 from Pathway to Children Ready for School and Succeeding at Third Grade are "Continuity in Early Childhood Experiences" and "Effective Teaching and Learning in K-3 Classrooms." The First 5 Sonoma County School Readiness Initiative implemented in targeted Santa Rosa neighborhoods has developed several strategies that successfully engage parents, increase the school readiness of English language learners, and develop effective partnerships between the schools and early care communities. Several other communities throughout Sonoma County mirror the socio-economic and demographic composition of the zone served by the School Readiness Initiative and will benefit from these strategies.*

Strategy 4E1: Collaborate with schools and local communities to establish effective school readiness programs and services

Through the School Readiness Initiative, schools have begun to adopt as their own school readiness strategies and programs begun in collaboration with First 5 Sonoma County. Parents have also voiced their desire to have such programs at their schools.

First 5 staff will work with the School Readiness Collaborative to enhance existing partnerships with school systems and identify opportunities. Sharing evaluation and providing small competitive grants and incentives has proven to be a successful strategy in rooting these programs in school systems. We will be alert for opportunities to leverage future funding from First 5 California and other funders in this arena.

Priority Outcome 4F: Increase alignment of systems of academic advancement for early care and education providers in Sonoma County through collaboration with community partners

Rationale: *Research has found that a bachelor's degree is an important indicator of a provider's ability to provide high quality early education. Santa Rosa Junior College (SRJC) offers an associate degree (AA) in child development, but students must leave Sonoma County to earn a bachelor's degree. Sonoma State University (SSU) offers a master's degree (MA) in child development and has an accredited preschool on campus for children of students and staff, which also operates as the campus Child Development Laboratory. There is an opportunity to bridge the gap between the AA and MA programs for early care and education providers.*

Strategy 4F1: Convene SRJC and SSU to establish an articulated system of academic offerings for early care and education providers

Sonoma State University offers an Early Childhood Education minor to provide the prerequisite courses for the Elementary Education Teaching Credential program. SSU already accepts SRJC child development units as electives toward this ECE minor. The ECE minor core courses are also approved courses for the Child Development Permit, the certification required for educators who wish to work

in state-funded preschools. With this foundation in place, First 5 staff will convene appropriate SRJC and SSU representatives to assess the feasibility of offering a bachelor's degree in child development, and if appropriate, coordinate developing a plan to establish such a degree.

ADVOCACY

Priority Outcome 4G: Advocate for programs and policies that increase children's ability to develop to their fullest potential

Rationale: *The ongoing California budget crisis means that health, education, and safety net programs for children and families will be underfunded for the foreseeable future. As a recognized voice for the importance of investing in children 0-5 and their families, First 5 has the responsibility to advocate for the enactment and continuation of programs and policies that support children and families.*



Strategy 4G1: Collaborate with other First 5 Commissions to advance programs and policies that support children and families

First 5 Sonoma County will continue to be an active participant in the First 5 Association of California. The Association works to improve the lives of California's youngest children and their families through an effective, coordinated, and inclusive implementation of the California Children and Families Act at the local and state levels. First 5 Sonoma County will support that agenda and maximize the benefits of those efforts for children and families in Sonoma County. Much of the work of the Association is done on a regional basis. The 12-county Bay Area Region has developed a policy framework for advocacy. Endorsed by the First 5 Sonoma County Commission in February 2008, the framework advances a cogent set of policy recommendations and promotes efficient and cost-effective cross-county efforts. First 5 Sonoma County will actively support the Bay Area policy agenda and monitor and report on these efforts to the Commission.

Strategy 4G2: Collaborate with local child-serving agencies to advocate for policy changes to better serve and support children and families

The strength and capacity of the local system of supports and services for children and families is intermittently compromised due to fluctuations in the political and economic environments. The current state of the economy has resulted in the contracting of state and county budgets with dire consequences for programs and services for children and families. First 5 Sonoma County will actively work with other child- and family-serving agencies to advocate for policies and resources that not only maintain, but also improve, effective services for Sonoma County's children and families.



Goal 5: Engage the Entire Community to Support Achievement of First 5 Sonoma County Goals

5. Engage the Entire Community to Support Achievement of First 5 Sonoma County Goals

- 5A. Increase the awareness of parents and the community
- 5B. Increase behaviors that support optimal child development
- 5C. Engage the community to implement projects in support of First 5 goals
- 5D. Inform and engage the private sector to understand and value the high return on investments in early childhood

Priority Outcome 5A: Increase the awareness of parents and the community about:

- The needs of children 0-5 and their parents and caregivers
- Activities to support the optimal development of children 0-5
- First 5 Sonoma County and the services/programs provided by its grantees and community partners

Rationale: *If it truly “takes a village to raise a child,” it is important that the community shares an understanding of optimal child development and values and supports parents and caregivers in their roles. First 5 will continue to inform parents and the community that investing in children’s early years makes the biggest difference in their ultimate success in school and in life and that nurturing children from the beginning ensures that they will grow up to be contributing members of our community.*

Strategy 5A1: Distribute Kits for New Parents and Parent Guides broadly. Update both products as needed

The Kit for New Parents (KNP) is a comprehensive set of resources filled with advice and useful tips for first-time parents provided by First 5 California. First 5 Sonoma County augments the KNP with a Parent’s Guide for Sonoma County and more helpful tools for parenting.

- Staff works with local organizations to distribute these resources to pregnant women, new families, and parents of children through age five and updates the Parent’s Guide to reflect changes in the community resources available to parents.

Strategy 5A2: Collaborate with United Way to enhance the 2-1-1 information line

Staff will work with United Way and 2-1-1 staff to assure that the help line includes valuable resources available to parents of children from the prenatal stage through age five and to support efforts to offer all 2-1-1 services in Spanish.

Strategy 5A3: Expand and maintain the First 5 Sonoma County website

Staff maintains the First 5 website to inform our community about First 5, its programs, and opportunities for funding. In addition, the website offers information and resources for parents and providers that enhance their understanding of child development and the needs of young children and promote parent engagement in all aspects of children’s lives from the prenatal stage through age five.

Priority Outcome 5B: Increase behaviors that support optimal child development through social marketing

Rationale: Just as social marketing has been used to support the use of seat belts, car seats, and other pro-social behaviors, social marketing can persuade parents and the community to undertake behaviors that support optimal child development. The first of these behavior-change campaigns, known as Hand in Hand/Mano en Mano, promotes positive engagement between parents and their young children from birth to age two in order to increase the number of confident, resilient children with secure attachment in Sonoma County. First 5 collaborates with community partners to strengthen these efforts.

Strategy 5B1: Conduct social marketing campaigns

First 5 staff and consultants work with community partners to promote behavior change through increased understanding of child development and the needs of young children. Our social marketing campaigns are designed to help prevent child abuse, improve children's readiness for school, promote early childhood mental health, and raise the level of concern among community decision makers about the effect their decisions have on children.

Strategy 5B2: Collaborate with community partners to implement the Partnership for Children Initiative

Partnership for Children is envisioned as a collaboration of public and private agencies and businesses working to achieve common goals on behalf of children. The broad-based coalition will work to effect positive social and policy change, to provide a united voice for children in Sonoma County, and to align efforts on behalf of children.

Priority Outcome 5C: Engage the community to implement projects that support First 5 Sonoma County goals by providing mini- and matching grants

Rationale: Making modest sums available through the mini and matching grant programs serves as an active avenue for engaging community partners in grass-roots efforts to achieve First 5 Sonoma County's Strategic Plan goals.

Strategy 5C1: Mini-Grant Program

First 5 Sonoma County's Mini-Grant Program provides small grants of up to \$5,000 to non-profit organizations, private businesses, community groups, local governments, and individuals to conduct activities that support the healthy development of children 0-5 and strengthen the ability of families and communities to provide safe and nurturing environments for children.

Strategy 5C2: Matching Grant Program

First 5 Sonoma County established the Matching Grant Program to expand the reach and impact of its funds by leveraging dollars from other sources to improve the development of young children and their families in Sonoma County. Funds allocated under the Matching Grant Program are provided for projects or programs that address the goals identified in this Strategic Plan. Matching Grant applicants must demonstrate the commitment of a cash match from another public or private source in an amount equal to or exceeding that which is being requested from the Commission.

Priority Outcome 5D: Inform and engage the private sector to understand and value the high return on investments in early childhood

Rationale: New research is demonstrating the robust dollars-and-cents benefits of early childhood investment. Nobel economist James J. Heckman's groundbreaking work has proven that the quality

of early childhood development heavily influences the health, economic, and social outcomes for individuals and society at large. Heckman has established that investing in early child development for disadvantaged children provides a 10% per annum return to society through increased personal achievement and social productivity.

"It's the best public investment you could possibly make," says Art Rolnick, senior vice president and director of research for the Federal Reserve Bank of Minneapolis, who has extensively studied the economics of early childhood development. "At-risk preschoolers who attend high-quality programs are less likely to lose a grade or need special education, more likely to be literate, more likely to graduate from high school, and more likely to get jobs."



Strategy 5D1: Encourage advocacy and investments from the private sector

First 5 Sonoma County educates and informs the private sector about the economic benefits of investing in early childhood and about successful models of public/private-sector partnerships in the early childhood development arena. First 5 communicates this information to business leaders through chambers of commerce, service clubs, and other business associations and provides them with options to advocate for and make investments in early childhood.

Strategy 5D2: Engage business partners in social marketing efforts

First 5 Sonoma County's social marketing campaigns provide opportunities to engage the private sector to support the goals and priority outcomes of this Strategic Plan. First 5 staff conducts outreach to business and the private sector to identify ways to partner in disseminating First 5's social marketing messages.

Strategy 5D3: Collaborate with the Santa Rosa Chamber of Commerce to expand the Worksite Held Employee English Learning (WHEEL) program

First 5 Sonoma County funds literacy education and resources to low-income English language learner families with children 0-5. Santa Rosa Chamber of Commerce includes this program as a component of its WHEEL effort to help employers improve their company's bottom line by developing the literacy skills of their workforce. First 5 staff works with the Chamber's Workforce Development Committee to support the expansion of WHEEL.



Accomplishments



Accomplishments 2006-2009

As described in the Strategic Plan for 2006-2010, First 5 Sonoma County focused its efforts in this period on six priority outcomes and the overarching outcome of School Readiness. School Readiness is First 5 Sonoma County's proxy measure for optimal child development. Efforts in each priority outcome area contribute to children achieving School Readiness. These outcomes are consistent with the original goals established by the Children and Families Commission, now First 5 Sonoma County Commission, which continue to guide the Commission's investments in programs and systems change.

From June 2005 through July 2009, First 5 Sonoma County invested \$18,177,839 and leveraged more than \$4,528,662 (primarily in matching grants from First 5 California) to improve the health and well-being of Sonoma County's youngest children. Key accomplishments include:

Overarching Outcome: School Readiness

(Goal 5: School Readiness, Goal 6: Systems Change)

In 2005-2006, the School Readiness Initiative served children and families in the attendance areas of seven under-performing schools. By 2008-2009, the number of participating schools grew to 14.

- Over these four summers, 743 four-year olds with no previous preschool experience participated in First 5's four-week Kindergarten Transition Program (KTP), which prepared them to enter kindergarten in the fall. Evaluation results showed that children in the program experienced significant improvement in social-emotional, physical/motor, and cognitive development.
 - 94% of participating children improved in communication and language development.
 - 89% improved in cognition and general knowledge.
 - 86% improved in learning skills.
 - 81% improved in social and emotional development.
 - 80% improved in physical well being and motor development.
 - Teachers reported the program has a positive impact on acclimating students to routines, setting the foundation for academics, increasing student confidence, and building trusting relationships between families and schools.
- Weekly Pasitos playgroups, for Spanish-speaking parents and their three and four-year olds, effectively prepare children for school success while providing parents with a social network and tools to advocate for their children. Family advocates link families to resources for parenting, health, nutrition, and special needs while transitioning children to preschool/Head Start and summer kindergarten readiness programs. In spring 2010, 12 Pasitos playgroups serving 180 children met in 10 locations. A total of 542 children were served by Pasitos as of June 2010. Evaluation of the program showed increased family literacy activities at home.
 - 85% of parents reported using new school readiness skills at home.
 - 88% reported increased literacy activities at home.

- o Universal screening of children 0-5 within the School Readiness Initiative zone by the Watch Me Grow Program identified children with special needs, referred them to appropriate assessment and intervention services, and fostered their greater inclusion in mainstream social and educational environments. In nearly 2,200 screenings over four years, 2005-2009, 23% of children were identified as needing further assessment or services.

Priority Outcome: Parents and the larger community will be educated and supported to create safe and nurturing environments for children.

(Goal 1: Community Engagement, Goal 4: Effective Parenting, Goal 6: Systems Change)

- First time parents received visits through the Families First Home Visiting Program (FFHV), which offered a series of three home visits in English or Spanish to parents of all firstborn newborns throughout Sonoma County. FFHV made more than 20,000 home visits over five years, July 2005 through June 2009.
- Kids First's education and mentoring for homeless parents residing at Committee on the Shelterless (COTS) in Petaluma and developmental screening for their young children age 0-5 helped mitigate the distress of the homeless experience for these children.
 - o Families who are involved in the Kids First program appear to stabilize over time, especially in regard to food and nutrition; health; social/emotional health and competence; and family relations/parenting.
- Through March 2010, 15,131 Kits for New Parents (7,908 English and 7,223 Spanish) were distributed to families of children from the prenatal stage through age 5. The kit, customized for Sonoma County, contains valuable information that helps parents understand early child development, health, and child safety issues. It also includes a guide to local resources.

Priority Outcome: Children will be born free of exposure to alcohol, tobacco, and other drugs.

(Goal 2: Healthy Children, Goal 4: Effective Parenting)

Through the Drug- and Smoke-Free Babies Program, women at risk of drug exposed pregnancies were linked to services to help them stop using alcohol, tobacco, or other drugs and assure their babies were born drug-free. An evaluation of the program by LFA Group, LLC, between August 2006 and May 2008 found:

- 85% of the 88 women whose drug test reports were received from Women's Recovery Services, Drug Abuse Alternative Center's First Steps Perinatal Program, and Casa Teresa were substance-free.
- 72% of clients whose newborns were drug tested at birth delivered drug-free babies. This outcome increased to 100% for babies born during the period July through December 2009.
- 61% of clients successfully completed the program.
- 86% of 14 women who successfully completed the program and participated in the six month follow-up survey reported being substance-free six months post-discharge.

Priority Outcome: Children will be well-nourished and physically active.

(Goal 2: Healthy Children, Goal 4: Effective Parenting)

- Mothers and their babies in WIC (the federal Women, Infants, and Children program that provides supplemental nutrition to low-income families at risk) received counseling and support to increase initiation, duration, and exclusivity rates of breastfeeding through the Breastfeeding Peer Counselor Program offered at three WIC agencies in the county. Breastfeeding has been proven to significantly reduce childhood obesity. As reported in March 2009:
 - When their child was 0-3 months old, 60% of program participants were breastfeeding exclusively compared to 39% of non-participants.
 - At 4-6 months, 49% were breastfeeding exclusively compared to 27% of non-participants.
 - At 7-9 months, 36% were breastfeeding exclusively compared to 23% of non-participants.
 - At 10-12 months, 39% were breastfeeding exclusively compared to 20% of non-participants.
- 127 certified bilingual promotores disseminated information on healthy nutrition to families through the Raising Healthy Active Kids Program to prevent obesity and iron-deficiency anemia in children.

Priority Outcome: Children will have health care coverage.

(Goal 2: Healthy Children, Goal 6: Systems Change)

- From January 2006 through December 2009, 8,946 Sonoma County children ages 0-5 benefited from health care coverage thanks to efforts of First 5 Sonoma County and our collaborative partners in Healthy Kids Sonoma County, the countywide children's health initiative.

Priority Outcome: Children will have healthy teeth and gums

(Goal 2: Healthy Children, Goal 6: Systems Change)

- From July 2006 through December 2009, 2,585 children 0-5 received oral health screening and education through Sonrisas Brilliantes, which included an affordable community dental clinic, school-based education and prevention programs, and a mobile dental clinic serving low-income residents.
- Additionally, from July 2006 through December 2009, 1,879 Sonoma County children 0-5 living in the School Readiness Initiative zone received oral health screening, fluoride treatment, and education from Dental Health Connections. A three-year comparison of children attending Kindergarten Transition Program (KTP), which serves children in the School Readiness Zone, showed a significant improvement in children's dental health:
 - From 2007 to 2009, the number of children without caries increased from 46% to 73%.
 - Visible caries were reduced from 40% to 23%.
 - Urgent care needs were reduced from 12% to 4%.

- In January 2008, the Pediatric Dental Initiative of the North Coast (PDI) opened the first surgery center in Northern California to specialize in dental treatment under anesthesia for young children suffering from severe tooth decay. PDI's innovative program addresses the detrimental effects of advanced forms of tooth decay and the lack of access to routine dentistry care for low-income children with Early Childhood Carries (ECC), particularly those from birth to 5, who could not otherwise receive or afford these services. Since its opening, PDI has treated 2,674 children whose average age was 3.5 years. Approximately 854 were Sonoma County children 0-5.
- Leaders in oral health, hospitals, and clinics came together to form the Sonoma County Oral Health Access Coalition (SCOHAC) in late 2006, dedicated to increasing oral health access and treatment in Sonoma County, particularly for young children.
- Through a partnership with the Dental Health Foundation of California, First 5 Sonoma County granted funding in September 2009 for a one-year pilot to develop systems for providing dental assessments, parent education, two fluoride varnish applications and care coordination for necessary treatment for one-year olds enrolled in the county WIC programs.

Priority Outcome: Early child care and education will be of the highest quality.

(Goal 3: Quality Early Childhood Education, Goal 5: School Readiness)

- Child care providers dealing with the behavioral and temperamental issues of approximately 385 children annually received on-site consultation from a support team consisting of early childhood and mental health specialists. A follow-up survey of providers and parents showed that, after intervention:
 - 96% of 207 children who exhibited problem behaviors putting them at-risk of expulsion demonstrated improved behavior and were able to stay in their child care setting, thus benefiting from continuity of care.
 - 75% of providers served reported learning a new strategy for dealing with children with emotional and behavioral issues.
- Over four years, 2005-2009, 734 family- and center-based child care providers earned stipends averaging \$700 for increasing their professional development through education and training in the Comprehensive Approaches to Raising Educational Standards (CARES) Program.
 - Through the Diverse Early Educators (DEE) project, 21 Spanish-speaking students received additional, individualized support and completed requirements for a 12-unit Associate Teacher child development permit.
 - Seven members of the DEE student cohort have earned an AA degree. Three more cohort members are in place to earn an A.A. degree in spring 2010.
 - Additionally, 13 of the core cohort members have advanced from the Assistant Teacher level to the Teacher level on the Permit Matrix.
- In three years, 2007-2009, the Teachers Acquiring Language Learner Knowledge (TALLK) program coached 76 preschool teachers at 15 sites to interact with English learners in their classrooms in ways proven to support language acquisition.
 - 92% of participating teachers reported their confidence in working with English learners increased "a lot" as a result of the training and coaching they received.
 - 96% reported that the TALLK coach consistently provided a variety of teaching techniques and language and literacy strategies.
- Since July 2005, mini-grants of up to \$5,000 totaling \$729,965 have been awarded to family child care and center-based providers to improve the environment of their early care and education programs.

Improved Systems of Care: Improving Local Systems and Engaging New Partners

- **Perinatal Substance Abuse Prevention**
 - The First 5-funded Perinatal Placement Specialist (PPS), who provides the critical link between providers, their pregnant clients, and treatment programs, has been a key component of the success of the perinatal substance abuse prevention program, especially in times of dwindling resources.
 - In September 2009, the Department of Justice awarded the County of Sonoma a grant to expand the Dependency Drug Court. Drug Free Babies program staff believe this successful award to be an outgrowth of local collaborative efforts to address perinatal alcohol and other drug use.
 - The Latino Commission, which operates Casa Teresa, has opened a second location that is a perinatal program for Spanish- and English-speaking women and their children.

- **School Readiness and Family Literacy**
 - First 5 developed partnerships with schools resulting in increased alignment of School Readiness strategies and programs and the K-3 school system.
 - Sonoma County Office of Education's *Aiming High* initiative to close the achievement gap has funded 12 additional "Jump Start" kindergarten transition programs, modeled on First 5's Kindergarten Transition Program (KTP) model, in low performing school areas.
 - Teacher training and parent engagement activities are also being conducted jointly.*
 - Pasitos playgroups provide three- and four-year olds, who are not enrolled in preschool, with the opportunity to participate in structured, weekly activities. Conducted in Spanish, the playgroups introduce the skills and practices of school readiness and help families form an early connection with their neighborhood school. Pasitos playgroups are held on 10 Bellevue, Roseland, and Santa Rosa school sites.
 - The business community has become aware of the economic benefit of investing in early education through First 5's collaboration with the Santa Rosa Chamber of Commerce. The Chamber incorporated Volteando Paginas (Turning Pages) into its Worksite Held Employee English Learning (WHEEL) program. WHEEL engages employers to support family literacy and English language classes for employees with children 0-5. WHEEL participants at The Filtration Group improved productivity and the company's "bottom line."

- **Early Childhood Mental Health**
 - First's collaboration in the Early Childhood Mental Health Workgroup and participation in the planning process for the Mental Health Services Act funding resulted in Sonoma County including Prevention and Early Intervention for children 0-5 in their MHSA Plan.
 - First 5 participated as a co-funder in grants awarded in October 2010 to
 - Provide screening and services to women experiencing perinatal mood disorder.
 - Institutionalize screening of children 0-5 for developmental and social-emotional delays.
 - Train local practitioners in Triple P (Positive Parenting Program), which has been proven to prevent and reduce child abuse.
 - System integration and policy change goals in the areas of Health and Healthy Development of Children, Family Support Systems, and Early Care and Education have been included in the Commission's 2010-2015 Pathway to School Readiness Strategic Plan.

Accomplishments 2000-2005

From July 1999 to June 2005, First 5 Sonoma County strategically invested nearly \$16 million to address observed and expressed needs among children from the prenatal stage to age five, their families, and early educators throughout Sonoma County. First 5 Sonoma County's investments contributed to reaching the goals articulated in its strategic plan, as well as to building the community's knowledge and capacity to achieve those goals as follows:

Goal 1. The entire community will be engaged in supporting the healthy development of children.

- Bi-annual media campaigns were conducted that communicated social marketing messages via print, radio, and television outlets. Messages focused on early childhood brain development, the importance of oral health for young children, and parent education and support. Messages were broadcast in both English and Spanish.
- A Supermarket Campaign placed First 5 displays at collaborating supermarkets in four target neighborhoods in conjunction with TV and radio campaigns. The displays included free Parent Kits and a TV with a DVD showing First 5 social marketing messages.

Goal 2. Children from the prenatal stage to age five will have access to full continuum of health care and services.

- Oral health education increased parents' and providers' knowledge of age-appropriate dental care at home and in professional dental offices.
- Sedated dentistry services were provided to more than 100 uninsured and underinsured children.
- Children learned the importance of caring for their baby teeth through an oral health curriculum that was implemented at child care centers throughout the county.
- Oral health training for staff of a local community-based organization assisted them in promoting oral health with special needs clients.

Goal 3. Families will have access to high quality, dependable, stable and affordable child care.

- Coaching and technical assistance on best practices in measuring quality in child care settings were made available to child care providers through on-site services and academic trainings.
- Child care providers improved their ability to identify and serve children with special needs through on-site consultations provided by resource specialists with expertise in early screening as well Individualized Education Plans and Individualized Family Service Plans.
- Early care and education providers earned 778 training stipends offered as incentives to advance their education in child development.
- Vouchers were provided to parents allowing them to afford and access child care for 120 children.
- Programs and environments at over 225 early care and education sites were improved through over 300 mini-grants of \$5000 or less.

- More than 180 early care and education providers developed new strategies for dealing with the challenging behaviors of 556 children through on-site consultations with early childhood mental health professionals teamed with master teachers. Positive changes were reported in teacher-child interactions, and child care providers and parents were more likely to jointly and constructively address behavioral issues of children.

Goal 4. Through support, education, information and services, parents, caregivers and potential parents will use their understanding of the developmental and health needs of children and the demands of pregnancy and parenting to create safe and nurturing environments for children.

- Home visitors made more than 9,000 home visits to approximately 4,500 first-time parents providing them with parenting support and education concerning their child's health and developmental needs.
- Parents' ability to provide safe, healthy, and nurturing environments for their children was enhanced through over 500 parent education and skill building classes and workshops attended by over 4,000 parents.
- Parents who participated in parent education programs reported increased parenting knowledge, competence, and confidence.
- Parents served by parent education programs reported increased organized social support beyond parenting classes and increased knowledge of community resources.
- Over 6,000 parents received Kits for New Parents containing educational videos and materials as well as a directory of relevant Sonoma County parenting resources.

Goal 5. Families with children from the prenatal stage to age five will have access to the resources that enable their children to develop optimally and begin kindergarten at readiness level.

- Over 375 children with no previous pre-school experience participated in four-week kindergarten preparation classes with the goal of better preparing these children to succeed academically and socially in the K-12 environment.
- Parents of children in kindergarten preparation classes participated in parent workshops to increase their ability to support their children's success in school. Topics covered—many of which were suggested by parent participants—included nutrition, parent involvement in school, oral health, and preserving cultural values.
- Both parent participation in school readiness workshops and children's enrollment in kindergarten preparation classes were increased by family advocates who made home visits to eligible families.

Goal 6. The Children and Families Commission funds will be invested in programs and service systems to make a positive and significant impact in the community over time.

- First 5 Sonoma County provided financial support for planning the Children’s Healthcare Initiative and pledged to fund outreach, enrollment, retention, and evaluation for the resulting health insurance program, as well as health insurance premiums for uninsured children aged 0-5 in the county.
- Pilot funding was provided for the development and institutionalization of an alcohol and other drug screening and referral system for pregnant women.
- The County’s system of child protective services was enhanced by establishing access to a system of early intervention and prevention services for at-risk families whose situations warrant concern but do not rise to the level of substantiated child abuse.
- Funding from First 5 supported the purchase and remodeling of the building housing a resource and referral organization for child care services located in Guerneville and serving the Coast/ River area.
- Child care was established on the campus of Jefferson Elementary School in Cloverdale through the purchase of a relocatable building funded by First 5.

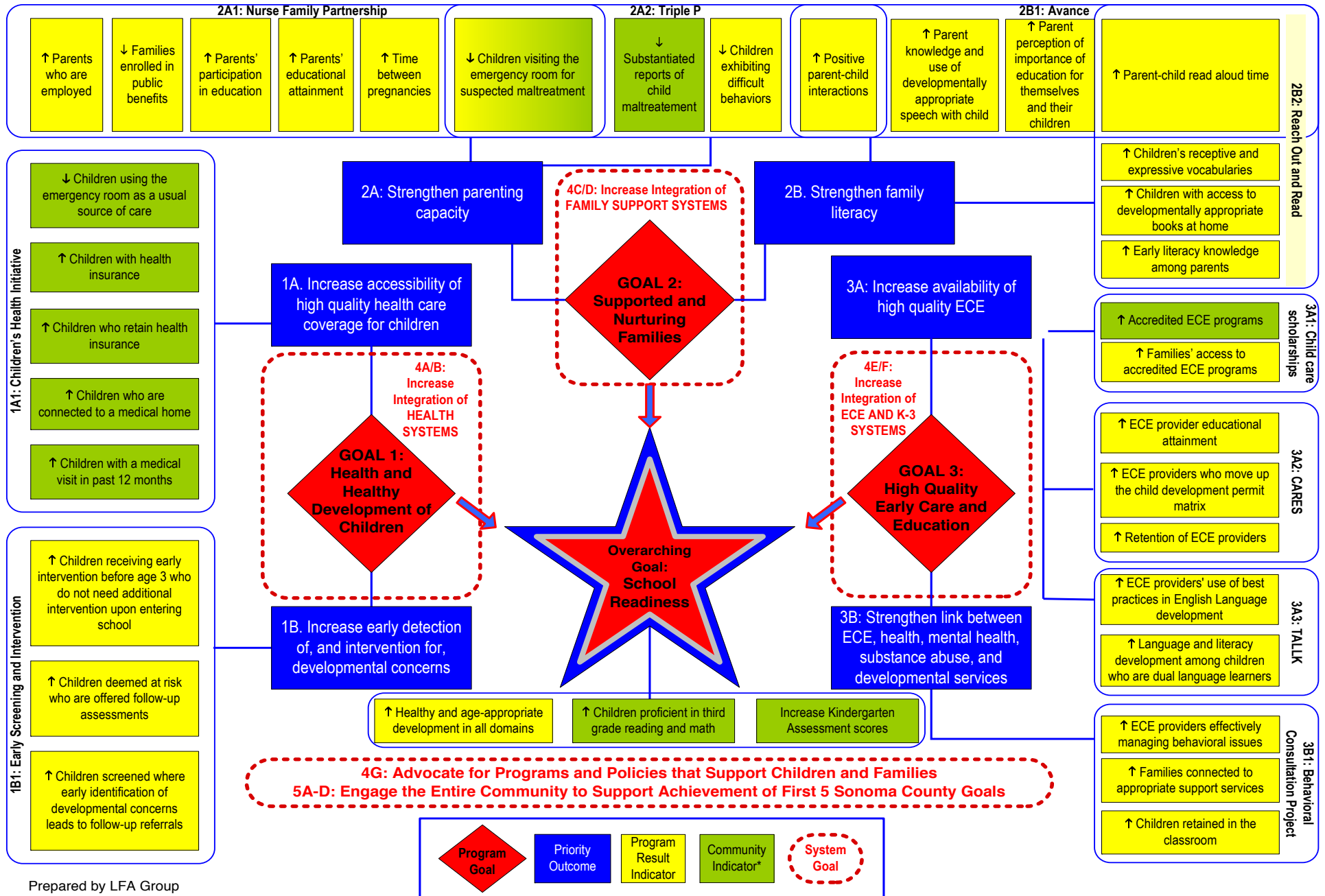
Mini and Matching Grants

- More than 350 mini-grants of up to \$5,000 and totaling nearly \$1.1 million were granted to more than 250 individuals and organizations for projects consistent with the Commission’s goals and desired outcomes.
- With approximately \$250,000 from its Matching Grant program, First 5 Sonoma County leveraged over \$1.25 million in additional funding from outside sources.



Communications & Evaluation







Funding

First 5 Funding Allocation Plan FY 10/11-14/15

The First 5 Sonoma County Strategic Plan 2011-2015 serves as a blueprint for the Commission's efforts during this period. The Commission has adopted this Funding Allocation Plan to indicate funding committed to the specific strategies contained in the Strategic Plan.

Note: Dollars expressed in thousands

Goals	Priority Outcomes	Strategies	FY 10/11	FY 11/12	FY 12/13	FY 13/14	FY 14/15	5 Year Total
1. Healthy Development	1A. Health Care Access	Healthy Kids	\$530	\$530	\$530	\$530	\$530	\$2,650
	1B. Screening & Intervention	Develop Sustainable System	\$125	\$125	\$125	\$125	\$125	\$625
2. Families Supported & Nurturing	2A. Parent Capacity	Nurse Family Partnership	\$650	\$975	\$975	\$1,300	\$1,300	\$5,200
		Triple P	\$150	\$400	\$350	\$350	\$350	\$1,600
	2B. Family Literacy	Avancé	\$130	\$195	\$260	\$260	\$260	\$1,105
		Reach Out and Read	\$150	\$175	\$175	\$175	\$175	\$850
3. Quality Early Care & Education	3A. High Quality ECE	Scholarships	\$75	\$75	\$150	\$200	\$260	\$760
		Focused CARES	\$360	\$360	\$360	\$360	\$360	\$1,800
		TALLK	\$160	\$160	\$160	\$160	\$160	\$800
	3B. Link ECE to Services	Behavioral Consultation	\$350	\$350	\$350	\$350	\$350	\$1,750
Total Funding: Goals 1-3			\$2,680	\$3,345	\$3,435	\$3,810	\$3,870	\$17,140
Flexibility Fund			\$55	\$55	\$55	\$55	\$54	\$274
4. Systems Change	4C1. Perinatal Placement Specialist		\$100	\$100	\$100	\$100	\$100	\$500
	4C2. Perinatal AOD Treatment		\$125	\$125	\$125	\$125	\$125	\$625
	4C3. Perinatal Mood Disorder Services ¹		\$50	\$50	\$50	\$50	\$50	\$250
	4C4. Triple P for Highest Risk Families ¹		\$150	\$150	\$150	\$150	\$150	\$750
	4E. School Readiness Strategies		\$50	\$50	\$50	\$50	\$50	\$250
Total Funding: Goal 4			\$475	\$475	\$475	\$475	\$475	\$2,375
Goal 5. Community Engagement	5A1. Parent Kits/Resource Guides		\$34	\$34	\$34	\$34	\$34	\$170
	5B1. Social Marketing ²		\$0	\$0	\$66	\$66	\$66	\$198
	5B2. Partnership for Children ³		\$0	\$0	\$50	\$50	\$50	\$150
	5C. Mini & Matching Grants		\$200	\$200	\$200	\$200	\$200	\$1,000
	5D3. SR Chamber WHEEL program ⁴		\$0	\$61	\$72	\$72	\$72	\$277
Total Funding: Goal 5			\$234	\$295	\$422	\$422	\$422	\$1,795
FY10/11-14/15 Totals			\$3,444	\$4,170	\$4,387	\$4,762	\$4,821	\$21,584

¹ In partnership with Mental Health Services Act's Prevention & Early Intervention effort
² Funding from previous allocations: \$66,517 for FY 10/11, \$66,517 for FY 11/12

³ Funding from previous allocations: \$50,000 for FY 10/11, \$50,000 for FY 11/12
⁴ Funding from previous allocations: \$72,000 for FY 10/11, \$11,000 for FY 11/12