

January 1, 2009 – June 30, 2015

First 5 San Mateo County Strategic Plan

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Letter From the Commission

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Message from the Executive Director

--- placeholder; will be included in the designed version of the plan ---

Overview of Proposition 10

In November 1998, California voters passed Proposition 10, the California Children and Families Act, which added a 50-cent tax on all tobacco products to fund early childhood development, health care, parent education, and other programs that improve services for children from a prenatal stage through age five and their families.

Funds from Proposition 10 are distributed to each of the 58 counties based on the number of births in that county. These funds are overseen by a local county commission that is responsible for developing a strategic plan to guide funding decisions that are consistent with the intent of Proposition 10.

Proposition 10 is based on evidence-based research which shows that children's brains develop more during the first five years than any other time. What parents and caregivers do during these first years makes a difference in the physical development of their child's brain and will impact the rest of their lives.

First 5 San Mateo County Commission

The First 5 San Mateo County Commission was established in March 1999. It is led by Commissioners who are appointed by the County of San Mateo Board of Supervisors. Since its inception, First 5 San Mateo County has invested more than \$68 million in local programs and has served over 26,000 children prenatal through age five and 14,000 parents and primary caregivers.

Accomplishments

Together with our community partners, First 5 San Mateo County investments have resulted in:

- More than 1,000 new and 700 enhanced child care and preschool spaces;
- Raising the rate of children 0-5 with health insurance to 98% ;
- Screening 5,300 children to detect special health and developmental needs;
- Increasing the number of early care and education providers enrolling in college coursework and improving the quality of their care;
- More families supporting their children's early learning;
- Children who are better prepared for kindergarten.

Vision, Mission, Core Values & Guiding Principles

The stated intent of Proposition 10 is to “facilitate the creation and implementation of an integrated, comprehensive, and collaborative system of information and services to enhance optimal early childhood development and to ensure that children are ready to enter school.”¹ Research that illustrated the critical nature of brain development and its impact on school readiness was central to the passage of Proposition 10. First 5 San Mateo County honors the intent of the act by viewing all of its services as one part of a larger system of care and services for children and families.

Vision: Success for every child.

Mission: All children in San Mateo County will be emotionally, socially, and physically healthy; have a loving attachment to a parent or other caregiver; and live in an environment that promotes learning.

Core Values & Guiding Principles:

- **Excellence and Innovation:** Facilitate excellence and innovation in the development and implementation of pioneering initiatives, programs, services, and activities.
- **Effectiveness:** Demonstrate results through the utilization of evidence -based strategies, outcome-based program evaluation and quality improvement practices.
- **Inclusion:** Support the right of all children, regardless of their diverse abilities and cultures, to participate actively in natural settings within their communities.
- **Cultural, Ethnic and Linguistic Diversity:** Ensure that services are delivered in a culturally and linguistically competent way.
- **Leadership:** Leverage leadership capacity to accomplish organizational objectives and promote the importance of the first five years.
- **Strength-based:** Build upon the successes, assets, and strengths of families in the design and delivery of programs.
- **Mission Alignment:** Prepare all children for success in school and in life through early intervention (starting at the prenatal stage) and comprehensive supports.
- **Creates Value:** Add social and economic value to the landscape of services and supports for all children and families.
- **Non-Duplicative:** Build upon, integrate and collaborate with existing services to prevent duplication of effort.
- **Cost- Effective:** Use the most cost-effective and seamless means of service delivery and offer services along the continuum of care including prevention, early intervention, and treatment services.

Family Partnerships and Community Collaboration

First 5 San Mateo County respects parents as their child’s first and most important teacher. Honoring and supporting a healthy parent-child relationship is the foundation for First 5 San Mateo County’s direct service investments. All families have unique

needs and circumstances. It is expected that all First 5 San Mateo County funded providers assess each family's needs and provide high-quality, prompt, and culturally and linguistically reflective services.

The Commission recognizes that its investment of funding alone will not make lasting community change. Building and sustaining a community that supports young children and their families is possible by having meaningful community collaboration and nourishing a shared vision. Partnership is the cornerstone of all existing efforts and future endeavors. At times, the Commission may be a convener and facilitator of these efforts, and at other times, it may offer support to other organizations and agencies working with young children and their families.

Brain Development: The Research Guiding Commission Investments

The brain is composed of billions of highly integrated sets of neural circuits (i.e. brain connections) that are wired under the influences of genetics, environment, and experience.² A child's genes determine when neural circuits are formed, but environment and experiences shape how that formation unfolds. For example, a healthy and loving attachment to a primary caregiver contributes to healthy brain development.³ In fact, babies appear to be so strongly motivated and prepared to develop attachments to one or more caregivers that, given the opportunity to interact regularly with a responsive caregiver, he or she will develop an emotional tie to that person.⁴

The raw number of actual brain cells (neurons) peaks before birth, but physical brain size increases rapidly in the first five years of life. A child's brain is 80% the size of an adult's brain at age three and 90% at age five.⁵ This growth is due mainly to the structure of neurons, which physically resemble miniature trees with a trunk (axon) and hundreds of growing branches (dendrites). Early experiences determine whether a child's developing brain architecture provides a strong or weak foundation for all future learning, behavior, and health.⁶ Striking disparities in what children know and can do are established by kindergarten; these differences are strongly associated with social and economic circumstances and are predictive of subsequent academic performance.^{7,8}

As a person ages, the brain becomes more specialized to assume increasingly complex functions which leads it to become less capable of reorganizing and adapting to new or unexpected challenges. The basic principles of neuroscience illustrate that providing favorable conditions for healthy development in early childhood is likely to be more effective than treating problems at a later age.⁹ In the past forty years, a compelling body of research has demonstrated that programs aimed at improving young children's health and development have resulted in positive long-term childhood outcomes. In addition, numerous studies show that certain parental decisions and utilization of community programs result in substantial long-term cost savings. Some examples include: breastfeeding, high quality preschool programs, and nurse-based prenatal and postpartum home visiting.^{10, 11, 12}

First 5 San Mateo County System of Care

Preceding and informing the strategic planning process were in-depth discussions about the way in which First 5 San Mateo County should function as an organization. The result of this effort was a vision of Commission- funded programs and community partnerships that operate as a countywide “System of Care” for children and families. Some of First 5 San Mateo County’s multifaceted roles within this larger system are described below.

Community Partner: First 5 San Mateo County partners with other agencies and organizations to provide leadership in the community on behalf of children from a prenatal stage through age five and their families. The Commission convenes partners to jointly identify solutions to unmet needs, participates in existing efforts, advocates on behalf of young children, and is a visible voice in the community for children.

Systems Change Agent: First 5 San Mateo County serves as an agent for change benefiting young children and families. In partnership and in coordination with other efforts countywide, the Commission identifies how practices can be improved and policies can be adopted that promote high quality and easily accessible services.

Funder: First 5 San Mateo County identifies the most critical needs of children from a prenatal stage through age five and responsibly invests in programs and services to achieve desired results for children as outlined in its strategic plan. The commission targets funded services to serve children and their caregivers with the highest need and to programs that are the most likely to produce long lasting positive outcomes.

Steward of Funds: First 5 San Mateo County is an effective steward of the Proposition 10 resources and is accountable to the community for investing in strategies that have the highest likelihood of resulting in the best outcomes for children. The Commission ensures that there is strong internal fiscal accountability and that all funded organizations are held accountable for the dollars that they receive.

Community Profile: Young Children and Families in San Mateo County

Located in the heart of the Silicon Valley, San Mateo County has a highly educated population with a median family income of \$93,000.¹³ At the same time, high housing prices continue to make owning a home difficult for most families. Only 12% of households can afford to purchase a median-priced home, compared to 16% of households in California.¹⁴ The county unemployment rate has been steadily declining since 2003 and in 2006 the rate was 3.7%, which is lower than the state average of 4.9%.¹⁵

San Mateo County is home to 49,000 children age five and under.¹⁶ The average birthrate has remained steady around 10,000 for several years and the majority of these children are White (36%), Latino (33%) and Asian (23%). Other 0-5 child ethnic

populations include: African -American (2%), Pacific Islander (2%), Mulitracial (1%) and Other/Unknown (3%).¹⁷

Eleven percent of all children 0-5 are living at or below federal poverty standards. Compared to the overall population of children 0-5 in the county, Latino and African American children are much more likely to be living in poverty than all other children. In fact, 44% of all African American children 0-5 (n=504) and 23% of all Latino children 0-5 (n=3,906) live in poverty.¹⁸

The American Academy of Pediatrics recommends that all pediatricians conduct regular developmental screenings on all infants and young children using formal screening tools. The 2006 First 5 San Mateo County Family Survey showed that 10% of children 0-5 had special needs, as reported by their parent, and only 41% of children 0-5 had ever received a developmental screening from their doctor or other health care provider. As self-reported by San Mateo County pediatricians, 58% had “rarely” or “never” used a formal screening assessment. In addition, 38% of San Mateo County pediatricians rate their understanding of the early intervention system as “fair” or “poor” and 60% rate their understanding of the special education system as “fair” or “poor.”¹⁹

Families residing in San Mateo County have many strengths and live in a community with a history of collaboration that supports the wellness of children. For example, when the collaboratively funded San Mateo County Children’s Health Initiative was launched in 2003, there were approximately 17,000 uninsured children. The countywide initiative was very successful and, within four years, it was estimated that there were only 3,000 uninsured children in the county.²⁰ Other strengths of children and families residing in the county are listed in the table below.

	San Mateo	California
Children with Health Insurance ²¹	98%	93%
Infants Exclusively Breastfed at Birth ²²	70%	43%
Children Diagnosed with Asthma ²³	12%	16%
3-4 year old Children Enrolled in Preschool ²⁴	68%	42%
Substantiated Cases of Child Abuse (rate per 1000) ²⁵	5	11
Teenage Births (rate per 1000) ²⁶	23	39

At the same time that many families are thriving in San Mateo County, there are substantial differences among many populations. Pockets of poverty are found across the county, but most often in families residing in densely populated urban areas and those in outlying coastal communities. Like most counties in California, there are large racial disparities in the well-being of young children in San Mateo County, with White and Asian children generally showing the best outcomes. In particular, although African-American children comprise only 2% of the overall child population, they are the most likely to be born with a low birth weight, have a substantiated claim of child abuse, and have a juvenile felony arrest. In addition, African-American children are the least likely to be breastfed as newborns and have the highest child/youth death rate.²⁷

According to the First 5 San Mateo County 2006 Family Survey, 24% of primary caregivers of children 0-5 report needing help with sadness or depression since their child was born. Low-income mothers are more likely to be depressed than other income groups. In addition, mothers of children with special needs are more than twice as likely to be depressed as mothers of children without special needs. Research shows that young children with depressed mothers are more likely to have difficulties in school, social emotional problems, poor peer relationships, aggressive behavior, lower IQ scores, and developmental delays.²⁸

Strategic Direction: The Planning Process

In April 2008, First 5 San Mateo County began a six-month comprehensive strategic planning process to guide community investments from January 1, 2009 to June 30, 2015. As part of this process, there was an extensive review of the Commission's investments, long-term financial plan, and community data.

In order to assess previous investments and build upon lessons learned, the results of First 5 San Mateo County funded program evaluation efforts were analyzed along with additional community needs assessments and population trend data. This synthesis was completed by the Commission and a report titled "Children Ages 0-5 in San Mateo County: A Review of Research, Community Data, and Grantee Results" was produced documenting the findings.

In addition, strategic planning sessions were facilitated with the Commission and members of the public. A strategic planning committee convened regularly to provide direction to the process, structure, and draft content of the plan. The Commission hosted a countywide public forum to help identify existing services for children 0-5 and their caregivers and to garnish ideas for new and enhanced services. In addition, providers serving young children and their families completed a strategic planning anonymous online survey.

The information gathered from this valuable community input process served as a guide during strategic planning. Some of the needs and funding priorities identified included:

- Parent education and support;
- Quality enhancements in early care and education settings;
- Health education, screenings and treatment;
- Services to identify and treat children with special needs;
- Training opportunities for professionals serving young children;
- Access to health insurance and health care professionals;
- Home visiting services for high risk families;
- Community education about the importance of a child's first years.

Upon a comprehensive review of all available materials, First 5 San Mateo County selected strategies to focus its investments in four areas: Early Learning, Child Health and Development, Family Support and Engagement, and Communication and Systems Change.

Responsive Funding and the Importance of Partnership

In response to the clear disparities found among families in San Mateo County, the Commission decided to dedicate a majority of direct service funding and partnership efforts to those that have the highest needs and to children who are at the most risk for developmental, cognitive, and social-emotional delays and other health problems. This targeted approach recognizes that there is a limit to the services that First 5 San Mateo County can fund and aims to improve the ability of children from families with the greatest needs to enter kindergarten healthy and ready to succeed.

The Commission also recognizes that there are many family needs that are systemic in nature. In these areas, direct service funding alone is unlikely to make meaningful and long-term change. In these situations, and as appropriate, the Commission will raise the awareness of the needs and work with community partners to improve systems and services for families. For example, First 5 San Mateo County is unable to eliminate child poverty, but it can partner with other organizations serving low-income families to coordinate and enhance multidisciplinary services that result in positive outcomes for children. By targeting program investments and understanding the importance of community and family partnership, First 5 San Mateo County improves the ability of all children to be healthy and ready for school.

Organizational Framework for the 2009-2015 Strategic Plan

The 2009-2015 Strategic Plan is consistent with the focus and intent of Proposition 10, building on what has been learned and accomplished locally, and providing a framework for investments over the next six and a half years. Underneath an umbrella of eight desired outcomes, the strategic plan is organized by the four focus areas of: Early Learning, Child Health and Development, Family Support and Engagement, and Communication and Systems Change. The strategic plan focus areas, outcomes, strategies, and indicators have been selected based on research, best practices, local learning and community input. The evidence-based rationale is presented at the beginning of each focus area.

Measuring Our Success

Evaluation Approach

First 5 San Mateo County is committed to fund strategies that will make positive strides toward achieving the eight desired outcomes outlined below. Progress will be measured using the indicators listed in each focus area. To help accomplish this task, the Commission has updated its overall evaluation approach. Rather than fund individual organizations to conduct program-level evaluations, the new approach will utilize a single external evaluator that will work with all grantees. A single evaluator of all First 5 San Mateo County efforts, based on common outcomes and indicators, enhances the Commission's ability to track progress and investment impact, as well as identify the most effective strategies for achieving desired outcomes.

The following eight desired outcomes guided the selection of all strategies within the four focus areas during the strategic planning process. This outcome-based funding approach enhances the Commission's ability to measure the impact of its program investments and make adjustments as needed.

Desired Outcomes

1. Children's health and developmental needs are identified and treated early.
2. Early care and education settings provide high-quality services for young children and their families.
3. Children are ready for school.
4. Children live in safe, stable, and nurturing families and communities.
5. Parents and caregivers are knowledgeable and able to support their child's development and understand the importance of a healthy parent-child relationship.
6. Children have access to and utilize primary health care services.
7. Local policies and practices support an environment that nurtures young children and families within their communities.
8. San Mateo County residents understand the importance of a child's first five years of life.

Tools of Measurement

Indicators are used to help First 5 San Mateo County measure the impact of its investments and are found within each of the focus area sections. They are comprised of process and outcome-level indicators including county-level benchmark data and comparative indicators used in local, regional, state, and national early childhood evaluations.

Indicators within each focus area match the types of interventions supported by the Commission and will be used as a tool of measurement by First 5 San Mateo County's external evaluator. The indicators should be viewed as a menu from which each program will be matched to a subset of indicators, as deemed appropriate for their services (i.e. indicators match and will measure the specific program intervention/s).

Status of Young Children Countywide

In addition to the use of an external evaluator to provide a coordinated evaluation of grantees, the Commission will continue to track the status of young children in San Mateo County through various survey methods. Collecting and analyzing information about the status of young children countywide allows the Commission to quickly identify new population trends and make investment adjustments. Some of the Commission's countywide evaluation activities include:

1. *School Readiness Assessment*: Population-based assessment conducted periodically in four Bay Area counties, including San Mateo County that examines entering Kindergarten children's school readiness. Results are tracked over time and trend analysis is completed within and across participating counties.

2. *Family Survey*: Population-based random digit dial telephone survey conducted every three years that assesses and tracks demographic information about parents of children 0-5 and their needs.
3. *Special Project, 2007 Early Screening Survey*: A countywide survey of pediatricians that assessed health care provider's attitudes and practices related to early developmental screening and care coordination to identify and serve children 0-5 with special needs.
4. *Data Collaboration, San Mateo County Children's Data Team*: Participation on a countywide data team to share findings and needs across various public and nonprofit agencies and organizations. Results of collaborative work include the 2007 San Mateo County's Children's Report titled *Children in Our Community: A Report on Their Health and Well Being*.

Focus Areas: Rationale, Strategies, and Indicators

Early Learning

First 5 San Mateo County will focus the majority of its Early Learning investments to improve the quality of early care and education for young children. A tiered approach of working with early care and education providers, child development programs, and institutions of higher learning toward a common goal of high-quality care, will facilitate capacity building at all levels. In addition, the Commission will provide capital support for child care expansion and renovation that will increase the physical quality of the care environment and contribute to the availability of care. Relationships among early care providers and elementary school settings will be supported through articulation efforts aimed at smoothing the transition to kindergarten.

RATIONALE

Quality matters when providing early care and education services. Programs with highly qualified staff and low staff turnover are associated with positive results for children.^{29,30} In addition, children whose child care providers are observed to be responsive, attentive, and sensitive are shown to have optimal development and are more likely to enter school eager and ready.³¹ Providing high-quality care is largely dependent on having a qualified and stable workforce. Some factors that contribute to a qualified workforce include: completion of coursework in early childhood education, higher wages, low staff-to-child ratios, and low staff turnover.³²

The long-term economic benefit of children attending high-quality preschool programs is well documented. These "rate of return" studies differ on level of return depending on the population served, length of the program, and quality enhancements. One of the most well studied is "The Perry Preschool," a high-quality and half-day preschool program targeted to very low income children. Evaluations of this preschool document that there is a seven to one return on every dollar invested.³³

A smooth transition into kindergarten benefits families and schools. Children experience a smoother early care to primary care school transition when there is coordination among schools, parents, and early care providers.³⁴ When schools have open communication

and a systematic relationship with parents and early care providers, positive outcomes are achieved including: greater problem solving, optimal language development and learning, and parental comfort with their role in their child's education.³⁵

STRATEGIES & ACTIVITIES FOR INVESTMENT

1. **Program Quality Enhancement**: Support program quality environmental assessments, early care educator provider training, technical assistance and peer mentoring.
2. **Workforce Development**: Partner with local colleges to strengthen the development of early care and education infrastructure and institute coursework and articulation agreements. Support efforts to recruit, retain, and educate early care and education providers.
3. **Facility Renovation or Expansion**: Provide capital support for facility renovation and expansion to child care facilities serving low-income children and children ages birth to three.
4. **Kindergarten Transition Programs**: Support summer bridge programs in schools with an Academic Performance Index (API) score of 1-5 to help prepare children and families to transition into kindergarten. Convene early care and education providers and elementary school professionals to create and institute kindergarten transition plans and policies.

INDICATORS THAT WILL MEASURE OUR SUCCESS:

- Programs participate in program quality improvement.
- Early care and education settings are accredited and/or receive a score of 5 or above on an independently administered early childhood environmental rating assessment.
- Children with special needs are enrolled in early care inclusion programs.
- Providers participate in formal education and professional growth activities and workshops.
- Providers have early childhood education certificates, permits, and/or degrees.
- The rate of infant/toddler and preschool age child care spaces per 100 children.
- Children participate in school-linked transition/school readiness programs.
- Children enter kindergarten ready for school.
- Written articulation plans are shared and agreed upon between early care settings and elementary schools.

Child Health and Development

Preventative care and early identification of special health needs are critical to the health and development of children from a prenatal stage through age five. A central theme of all First 5 San Mateo County investments is support for universal early childhood screenings to detect potential health and developmental delays, in addition to detecting social-emotional needs. In order to achieve this goal, the Commission will engage with multiple community partners to build local capacity to improve the service providers and parents' ability to identify a child's needs as early as possible.

RATIONALE

Access to medical care for pregnant women and children can help prevent threats to healthy development, as well as provide early detection and intervention for problems that emerge.³⁶ Well-baby and well-child health care focus on prevention and promotes child health by reducing the incidence of illnesses and general health problems. Providing access to affordable health services, including mental health services, is one of the most effective policies available for reducing perinatal and early childhood health impairments.³⁷

Early identification of special needs during the first five years of life is critical because this is the time when a child's brain, body, and behavior are most malleable.³⁸ Undetected developmental problems and mental health needs in young children may cause delays in acquiring speech and language, inability to maintain relationships, and serious impediments to school learning.³⁹ Parent mental health affects children's school readiness. Children who have parents who are either clinically depressed or parents that report symptoms of depression are at risk for a variety of negative outcomes including health, cognitive, and mental health problems.⁴⁰

Many families are able to successfully adapt to the challenges of preparing for a newborn's birth and caring for a baby. However, this can be a particularly difficult time for some families. Home visiting services can provide critical support for these families. Research shows that home visiting programs are most likely to succeed when they are: targeted to specific populations, provided by well-trained staff, implemented based on clear goals, and engage families for the duration of the program.⁴¹

STRATEGIES & ACTIVITIES FOR INVESTMENT

1. **Health Access & Utilization:** Fund Healthy Kids health insurance premiums and insurance enrollment assistance. Partner with others to increase the number of dentists serving children age one to three and those with special needs. Increase utilization of primary health care of children 0-5, including oral health.
2. **Early Identification of Children with Special Needs:** Provide health, social-emotional, and developmental screening services for children 0-5. Support specialized training to early care, health, and family support providers to increase the capacity and availability of countywide special needs screening.
3. **Prenatal & Newborn Home Visiting:** Support an evidence-based home visiting program targeted to low-income families.

INDICATORS THAT WILL MEASURE OUR SUCCESS:

- Children have health and dental insurance.
- Children utilize preventive health care services (e.g., medical home, well-child visits).
- Children over the age of 1 receive oral screenings/dental services in the past 12 months.
- Parents receive psycho-social screenings for depression, substance abuse, and other risk factors, and are referred for treatment for depression and other family risk factors.

- Babies are breastfed.
- Parents are knowledgeable and able to access health, education, and other services for their children.
- Children live in home environments supportive of optimal cognitive, emotional, and physical development.
- Parents demonstrate positive parenting attitudes and practices.
- Children are born into and grow up in homes and environments free of family violence.
- Children 0-5 receive a comprehensive developmental and behavioral screening in the past 12 months.
- Children receive referrals and/or services addressing the needs identified in the developmental screening.
- Children transition from early intervention to special education without barriers.
- Providers serving young children (health, early care educators, & family support) conduct developmental screenings regularly and make referrals for further assessments and services.

Family Support and Engagement

First 5 San Mateo County will focus the majority of its Family Support and Engagement investments in increasing parent knowledge about the importance of their child's first five years and to engage with parents to enhance existing parenting practices. The Commission believes that healthy parent-child relationship is crucial and recognizes that some families need intense support.

RATIONALE

Secure, stable, and supportive relationships with caring adults significantly contribute to a child's healthy brain development.⁴² Warmth in a parent-child relationship is associated with many positive outcomes including higher self-esteem, increased communication, and fewer psychological and behavioral problems.⁴³ In San Mateo County, 22% of parents report that they do not have someone to turn to for day-to-day emotional help with parenting.⁴⁴

Families in greatest need of support, for example parents with mental health or substance abuse problems and parents experiencing high levels of conflict or violence, benefit from focused services that are targeted to their particular source of stress. Specifically, families at high risk for child abuse benefit from individualized coaching to increase their awareness of particular child behaviors and to use praise and nonviolent discipline strategies.⁴⁵ Similarly, young children of depressed mothers benefit from interventions that treat maternal symptoms and teach parents how to protect the children from the effects of their illness.⁴⁶

It is critical that parents are knowledgeable about how they can nurture their child's optimal development because positive home learning environments significantly contribute to a child's school achievement.⁴⁷ In addition, when parents act as their child's advocate and are involved in their child's education, it is more likely that their

child will have higher academic achievement, increased school attendance, and improved school transitions.⁴⁸

Later reading proficiency is causally related to the extent of pre-literacy skills and experiences.⁴⁹ The level of literacy at kindergarten is a good predictor of reading ability throughout a child's educational career.⁵⁰ One of the ways to support parents' participation of a child's emerging literacy is through parent education programs. In particular, family literacy programs can enhance children's cognitive development by educating parents about the role of the parent teacher as well as enhance the literacy of the parents. When parents improve their own literacy skills, they increase in-home literacy activities with their children.⁵¹

STRATEGIES & ACTIVITIES FOR INVESTMENT

1. **Intensive Support for High Risk Families:** Provide social-emotional health screening and support services including case management to children and parents for families who are homeless, low income, experiencing domestic violence or substance abuse, and for children who are court dependents.
2. **Parent Education & Support:** Support the education of parents through groups, classes and workshops aimed at increasing knowledge and improving practices that will lead to optimal birth outcomes, child health, development, school readiness, and safety. Provide parent workshops to support the emerging language and literacy skills of their children 0-5. These services will be targeted to families who have at least one of the following characteristics: homeless, low-income, experiencing domestic violence, substance abuse problems, court dependents, or residing in a low -performing school community (API 1-5).

INDICATORS THAT WILL MEASURE OUR SUCCESS:

- Parents receive psycho-social screenings for depression, substance abuse and other risk factors, and are referred for treatment for depression and other family risk factors.
- Children live in home environments supportive of optimal cognitive, emotional, and physical development.
- Parents demonstrate positive parenting attitudes and practices.
- Parents read to their children three or more times a week.
- Parents participate in school readiness activities.
- Families participate in literacy and English as a Second Language classes.
- Children are born into and grow up in homes and environments free of family violence.
- Parents are knowledgeable and able to access health, education, and other services for their children.

Communication and Systems Change

Within and across all First 5 San Mateo County investments, the Commission strives to improve the availability and quality of services for young children and their families. Sustainable community impact will be achieved by respecting and collaborating with

existing organizations to create a shared vision and responsibility leading to the healthy development of San Mateo County's youngest children.

RATIONALE

Research has shown that the way in which a service is provided is just as important as whether or not it is provided. Some of the factors that contribute to positive child and family outcomes include: service accessibility, multiple services entry points, high-quality services, mutually respectful relationships, and programs sensitive to clients with diverse backgrounds.⁵² Education, training, and facilitating cross-agency efforts help to ensure that services are provided appropriately and effectively.

Changes to policies and practices that promote better experiences and outcomes for children and families are often the result of multiagency efforts. For example, in schools where policies and practices support a smooth transition into kindergarten from home and early care settings, parents are more likely to become involved in their child's education.⁵³ Students that have parents involved in their schools are more likely to be successful.⁵⁴

Raising awareness of the importance of a child's early years provides a platform of basic child health and development knowledge. It is critical that parents understand how they can nurture their child's optimal development because positive home learning environments significantly contribute to a child's school achievement.⁵⁵

STRATEGIES & ACTIVITIES FOR INVESTMENT

1. **Community Education:** In coordination with other efforts, develop and deliver a coordinated countywide community education campaign highlighting the importance of a child's early years.
2. **Early Childhood Advocacy & Policy Development:** Partner with elected officials, community leaders, and other stakeholders to promote an early childhood policy agenda.
3. **Community Partnership:** Facilitate partnerships and collaborative efforts that will increase the capacity and quality of services to children 0-5 and those that care for them. Host facilitated opportunities for multidisciplinary cross training and networking for both funded and unfunded partners.

INDICATORS THAT WILL MEASURE OUR SUCCESS:

- Community members are knowledgeable about the importance of a child's first five years.
- Practices have been improved and policies have been adopted which promote early childhood health and development.
- Programs participate in coordination and collaboration across agencies including client consultation/case management and data integration and sharing.
- Programs have common intake, risk assessment tools and referral strategies.
- Programs adhere to common quality standards.
- Providers have the training, knowledge, and capacity to work with children with disabilities and other special needs.

Funding Priorities and Approach

First 5 San Mateo County's primary role is to ensure that Proposition 10 resources are used to support the healthy development of children from a prenatal stage through age five. In order to accomplish its eight desired outcomes for families, the Commission will invest in programs and activities that are consistent with the strategies identified within each of the four focus areas: Early Learning, Child Health and Development, Family Support and Engagement, and Communication and Systems Change.

Funding Priorities

1. Programs will likely result in progress toward at least one of the Commission's eight desired outcomes.
2. Programs are research-based and are executed with high quality standards.
3. Programs fit within the outlined strategic plan strategies and target audiences.
4. Programs build local capacity, capitalize on existing efforts, and promote sustainable partnerships.

Approaches to Funding

First 5 San Mateo County awards three categories of grants: planning, direct services to families and/or caregivers, and efforts to support systems change. Direct service grants are typically multiyear investments while planning and systems change grants range from annual to multiyear investments, depending on the complexity of the project and the desired outcomes.

Accountability

First 5 San Mateo County Commissioners are responsible for ensuring that First 5 funds are used as voters intended when Proposition 10 was passed in 1998. Commissioners work with First 5 staff to create and implement internal policies and procedures in order to help guide decision-making that is both consistent with the law and that respects and honors families with young children. In addition, commissioners serve on committees such as the Finance & Administration Committee and the Program & Planning Committee. Committee work facilitates in-depth discussions on internal and external activities and responsibilities. Reports from committee meetings are a part of each Commission meeting.

Organizations that receive First 5 funds report financial, program, and evaluation data in order to ensure compliance within their contractual guidelines. First 5 staff partner with grantee staff to ensure that all programs utilize best practices. The fiscal reporting structure of the Commission was developed in accordance with the First 5 Financial Management Guide. This guide is a result of a cooperative project of the First 5 Association, First 5 California, and the Government Finance Officers Association of the United States and Canada (GFOA). Each year, the Commission reports financial and program data to First 5 California for the statewide Annual Report. In addition, the Commission completes a comprehensive external audit annually. Together, these measures serve to ensure the public that Proposition 10 funds are being used as they were intended.

Conclusion

The First 5 San Mateo County 2009-2015 Strategic Plan will be implemented in partnership with community agencies and organizations to promote positive child and family outcomes within a coordinated system of care. It will be used to guide all decisions of the Commission and staff. The plan will be evaluated annually to ensure that it is reflective of community needs and that progress is made toward the Commission's eight desired outcomes.

Commission and Staff

First 5 San Mateo County Commissioners

Richard Gordon, San Mateo County Board of Supervisors
Beverly Beasley Johnson, J.D., Director, San Mateo County Human Services Agency
Charlene Silva, Director, San Mateo County Health Department
Jean Holbrook, Ed.D., San Mateo County Superintendent of Schools
Harvey Kaplan, M.D., Public Member
Margaret Taylor, Public Member
Patricia Miljanich, J.D., Public Member
Taara Hoffman, Public Member
David Mineta, Public Member

First 5 San Mateo County Staff

Debby Armstrong	Executive Director
Cynthia Alvarez	Office Assistant
Michelle Blakely, M.A.	Program Director
Jenifer Clark	Program Specialist
Jason Gordon	Fiscal Office Specialist
Lynette O'Dea, M.S., MFT	Program Specialist
Karen Pisani	Program Specialist
Chonne Sherman	Executive Assistant
Maricela Watt	Fiscal Analyst

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Endnotes

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