

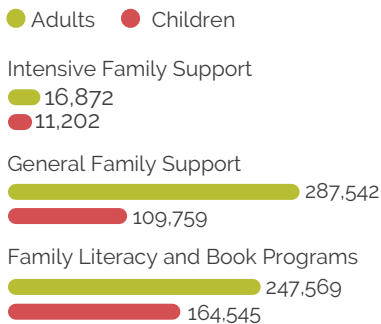
## IMPROVED FAMILY FUNCTIONING

Family Functioning includes the categories Family Literacy and Book Programs, General Family Support, and Intensive Family Support. Services include instruction on general parenting topics, support for basic family needs and case management, parent education and literacy, referrals to community resources, assistance for parents and families, and support to schools and educational institutions, nonprofit community-based agencies, government agencies, and private institutions.

In FY 2021–22, First 5 county commissions provided a total of 285,506 services to improve family functioning for children ages birth to 5, with 164,545 child services in Family Literacy and Book Programs, 109,759 child services in General Family Support and 11,202 child services in Intensive Family Support.

First 5 county commissions provided a total of 551,983 services to adults (parents, guardians, primary caregivers, relatives, and providers), with 247,569 adult services in Family Literacy and Book Programs, 287,542 adult services in General Family Support and 16,872 adult services in Intensive Family Support. Exhibit 3 displays the numbers of services provided.

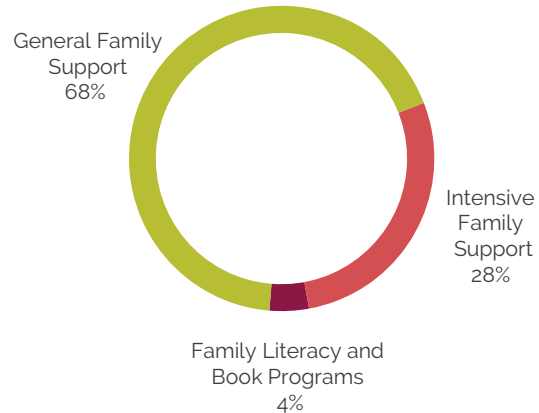
### Exhibit 3: Family Functioning—Total Numbers of Services Provided to Children Ages 0 to 5 and Adults\* in FY 2021–22 by Service



\*Totals for Adults include both Primary Caregiver and Provider counts

First 5 county commissions expended \$95 million to improve Family Functioning, with 4 percent of expenditures in Family Literacy and Book Programs, 68 percent of expenditures in General Family Support, and 28 percent of expenditures in Intensive Family Support. Exhibit 4 shows the distribution of expenditures by service category.

### Exhibit 4: Family Functioning—Distribution of Expenditures for Children Ages 0 to 5 and Adults\* in FY 2021–22 by Service



\*Adults include both Primary Caregivers and Providers  
Source: County Revenue and Expenditure Summary, December 2022

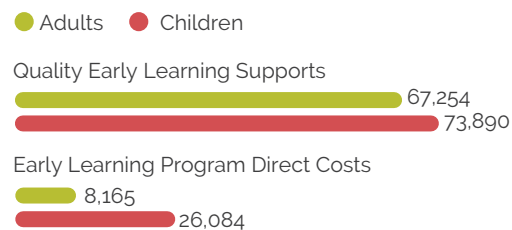
## IMPROVED CHILD DEVELOPMENT

Child Development includes the categories Early Learning Program Direct Costs and Quality Early Learning Supports. Programs include professional development for educators, high-quality preschool, services for diverse populations, and school readiness.

In FY 2021–22, First 5 county commissions delivered 99,974 child development services to children ages birth to 5, with 26,084 child services in Early Learning Program Direct Costs and 73,890 child services in Quality Early Learning Supports.

First 5 county commissions provided 75,419 services to adults (parents, guardians, primary caregivers, relatives, and providers), with 8,165 adult services in Early Learning Program Direct Costs and 67,254 adult services in Quality Early Learning Supports. Exhibit 5 displays the numbers of services provided.

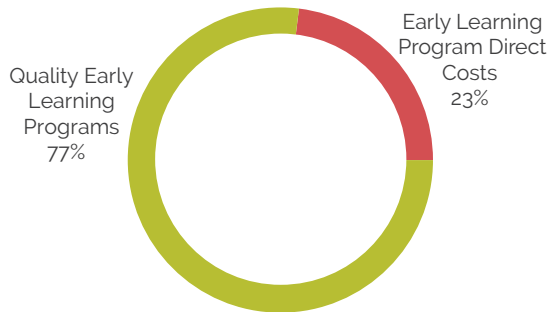
### Exhibit 5: Child Development—Total Number of Services Provided to Children Ages 0 to 5 and Adults\* in FY 2021–22 By Service



\*Totals for Adults include both Primary Caregiver and Provider Counts

In FY 2021–22, county commissions expended \$74 million to improve Child Development, with 23 percent of expenditures in Early Learning Program Direct Costs and 77 percent of expenditures in Quality Early Learning Supports.

**Exhibit 6: Child Development—Distribution of Expenditures for Children Ages 0 to 5 and Adults\* in FY 2021–22 by Service**

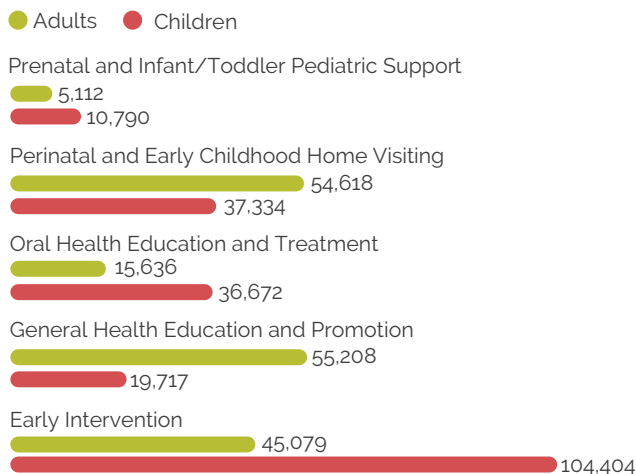


\*Adults include both Primary Caregivers and Providers  
Source: County Revenue and Expenditure Summary, December 2022

## IMPROVED CHILD HEALTH

First 5 county commissions fund a variety of Child Health services promoting identification, treatment, and elimination of risks that threaten health and may cause developmental delays and disabilities. First 5 Child Health services are far-ranging and include the categories Early Intervention, General Health Education and Promotion, Oral Health Education and Treatment, Perinatal and Early Childhood Home Visiting, and Prenatal and Infant/Toddler Pediatric Support.

**Exhibit 7: Child Health—Total Number of Services Provided to Children Ages 0 to 5 and Adults\* in FY 2021–22 By Service**

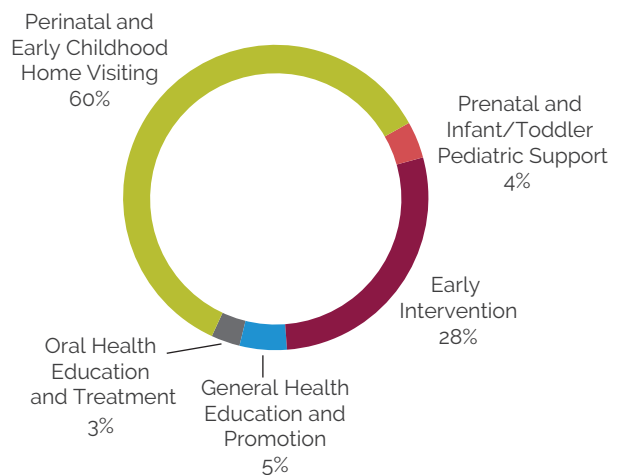


\*Totals for Adults include both Primary Caregiver and Provider counts

In FY 2021–22, First 5 county commissions provided a total of 208,917 services to children ages birth to 5, with 104,404 child services in Early Intervention, 19,717 child services in General Health Education and Promotion, 36,672 child services in Oral Health Education and Treatment, 37,334 child services in Perinatal and Early Childhood Home Visiting, and 10,790 child services in Prenatal and Infant/Toddler Pediatric Support.

First 5 county commissions provided 175,653 services to adults (parents, guardians, primary caregivers, relatives, and providers), with 45,079 adult services in Early Intervention, 55,208 adult services in General Health Education and Promotion, 15,636 adult services in Oral Health Education and Treatment, 54,618 adult services in Perinatal and Early Childhood Home Visiting, and 5,112 adult services in Prenatal and Infant/Toddler Pediatric Support.

**Exhibit 8: Child Health— Distribution of Expenditures for Children Ages 0 to 5 and Adults\* in FY 2021–22 by Service**



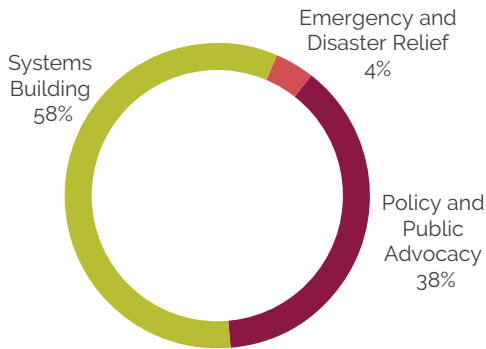
\*Adults include both Primary Caregivers and Providers  
Source: County Revenue and Expenditure Summary, December 2022

In FY 2021–22, county commissions expended \$108 million to improve Child Health, with 28 percent of expenditures in Early Intervention, 5 percent of expenditures in General Health Education and Promotion, 3 percent of expenditures in Oral Health Education and Treatment, 60 percent of expenditures in Perinatal and Early Childhood Home Visiting, and 4 percent of expenditures in Prenatal and Infant/Toddler Pediatric Support.

## IMPROVED SYSTEMS OF CARE

Systems of Care addresses system-wide structural supports as county commissions focus efforts within the result areas of Family Functioning, Child Development, and Child Health. For example, interagency collaboration allows coordinated wrap-around efforts from multiple organizations providing focused client services. Since this result is at a systems level, counties do not report numbers of children and adults served. Expenditure data indicate that for FY 2021–22, county commissions expended \$93 million to improve Systems of Care, with 4 percent focused on Emergency and Disaster Relief, 37 percent on Policy and Public Advocacy, and 58 percent of expenditures toward Systems Building.

**Exhibit 9: Systems of Care—Distribution of Expenditures in FY 2021–22 by Service**



Source: County Revenue and Expenditure Summary, December 2022

## POPULATIONS SERVED

County commissions served a diversity of populations by age, race/ethnicity, and language (Appendix C). Statewide, 575,816 children were served by county commission programs. The total of 783,186 adults served included primary caregivers such as parents and other family members (683,069) and service providers (100,117).

By age, 31 percent of children served were under 3 years old, 32 percent were ages 3 through 5 years old, and 37 percent were of unknown age.

By race/ethnicity, children served included Hispanic or Latino as the largest group (38 percent), followed by White (11 percent), Asian (6 percent), Black or African American (4 percent), Other (4 percent), Two or More Races (2 percent), Alaska Native or American Indian (less than 1 percent), Native Hawaiian or Pacific Islander (less than 1 percent) and unknown race/ethnicity (35 percent).

With respect to primary language of children served, the two largest groups served were speakers of English (40 percent) and Spanish (21 percent), followed by speakers of Asian languages (Vietnamese, Cantonese, Mandarin, Korean, 2 percent) and language unknown (35 percent).





## Priority Area: Child Health

### KIT FOR NEW PARENTS

The award-winning *Kit for New Parents* targets hard-to-reach and low-income families, providing key information and resources for first-time parents, grandparents, and caregivers. The *Kit* is a foundational resource to support parents with the most important job anyone can have: parenting.

Since 2001, over 5 million *Kits* have been distributed throughout California, with 83,000 distributed in Fiscal Year 2021–22 alone. First 5 California has distributed the *Kit* free-of-charge to local hospitals, physicians, and community groups to reach new parents. *Kits* are available in English, Spanish, Chinese, Korean, and Vietnamese.

The *Kit* includes a health handbook; a baby board book; a Women, Infants, and Parentage Opportunity Program flyer; a poison control brochure and magnet; and other important information on paid family leave, literacy, and early learning.

The *Kit* also features the *California Parent Guide*. Written in collaboration with UC Berkeley's Health Research for Action, the *Guide* contains tips for parents on:

- Keeping children healthy and safe (includes COVID-19 safety information)
- Tracking developmental milestones
- Handling emotional and behavioral challenges
- Finding quality child care

Parents can also access the *Guide* online at:

- <https://parentguide.first5california.com/en-US> (English)
- <https://parentguide.first5california.com/es-MX> (Spanish)

First 5 county commissions are encouraged to add local references and resources to the *Kit* to help inform parents about services in their own communities.

Parents can order the *Kit* directly by visiting First 5 California's ordering portal at <https://first5parentingkits.com>.

### SMOKING AND VAPING CESSATION

A major health risk to young children is exposure to tobacco, which often comes in the form of cigarette smoke and vape aerosol.<sup>1</sup> Prenatal smoking dramatically increases the risk of preterm birth, low birth weight, birth defects, and damage to a developing baby's brain and lungs. Young children exposed to secondhand smoke are more likely to have ear infections, breathing problems, and learning disabilities. Use of e-cigarettes is problematic since vaping while pregnant and being around secondhand vape aerosol after birth can expose a developing child to nicotine and other toxins. Despite smoking prevalence going down in the state overall (from 16.5% in 2003 to 6.2% in 2021), smoking in California remains more than twice as high among low-income families, widening health disparities and posing risks to the most vulnerable children.<sup>2</sup> To approach health equity, smoking and vaping cessation services must reach low-income populations with free, convenient, culturally appropriate, and effective intervention.

First 5 California has funded the California Smokers' Helpline since 2001 to help parents and caregivers of young children quit smoking and vaping, educate the public about the harms of tobacco use, and reduce the likelihood babies and young children will develop tobacco-related health problems. Recognizing the need for a more inclusive name that extends to vape users and non-tobacco using proxies, in the fall of 2021, the California Smokers' Helpline was rebranded to Kick It California. This name change more accurately reflects the fact that, although telephone-based smoking cessation remains the core service, the use of tobacco has evolved beyond smoking, and changes in the way people seek help now requires more expansive forms of intervention services.

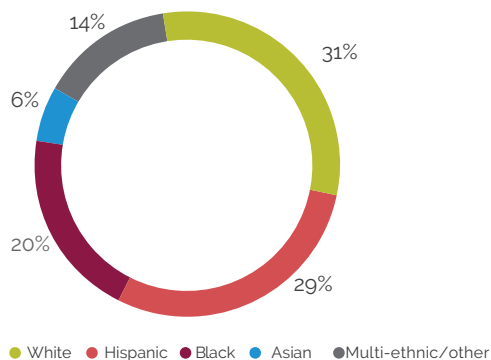
## Helpline Services

Kick It California provides one-on-one telephone counseling for smokers, vapers, and for non-tobacco using proxies (i.e., family members or friends calling on behalf of smokers or vape users). Services are available in English (1-800-300-8686) and Spanish (1-800-600-8191) and through the Asian Smokers' Quitline (<https://www.asiansmokersquitline.org/>) in Chinese (Cantonese & Mandarin) (1-800-838-8917), Korean (1-800-556-5564), and Vietnamese (1-800-778-8440). For those who might not be ready to work one-on-one with a counselor, Kick It California services also include live chat, mobile apps, online videos, and most recently, an automated text program targeted toward smokers who are pregnant or have a young child in the home. Kick It California also has an interactive and user-friendly website ([www.kickitca.org](http://www.kickitca.org)) designed to appeal to tobacco users, those who want to help others quit, and tobacco control advocates interested in fact sheets, promotional items, and county-level data on enrollee demographics.

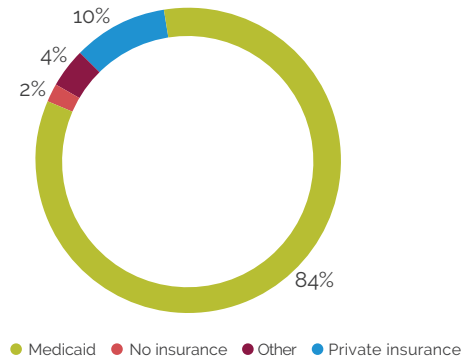
In FY 2021–22, 3,163 tobacco users who were either pregnant, or parents or caregivers of children ages birth to five enrolled in Kick It California. Of those, 802 vaped, although most were dual users of cigarettes and vapes; 277 were seeking help for vaping exclusively. Kick It California also provided coaching services to 141 non-tobacco-using proxies.

Kick It California enrollees are ethnically diverse (almost 70% identify as other than white) and primarily low income (i.e., over 80% are Medicaid recipients). Over 80% have not obtained a college degree, and nearly 60% report one or more of the following mental health conditions—anxiety, depression, bipolar, schizophrenia, or drug/alcohol addiction.

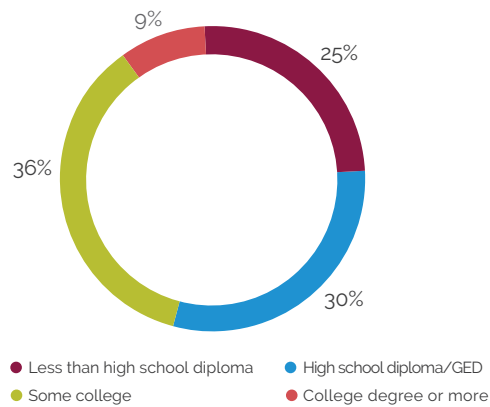
**Exhibit 10: Ethnicity**



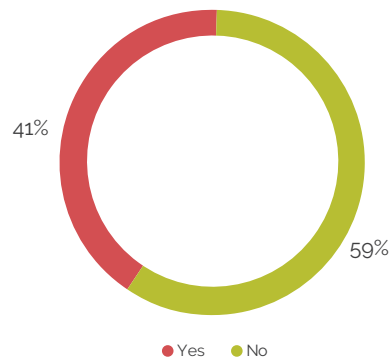
**Exhibit 11: Insurance Coverage**



**Exhibit 12: Education**



**Exhibit 13: Mental Health Condition\***



\*At least one of the following: anxiety, depression, bipolar, schizophrenia, drug or alcohol addiction

## Health Disparities

Smoking is increasingly concentrated among the socioeconomically disadvantaged<sup>2</sup> and is a primary cause of health disparities.<sup>3</sup> Quitting smoking is hard and struggling to meet basic needs makes it even more difficult. Kick It California has been an important safety net resource for tobacco users across socioeconomic status, race/ethnicity, and mental health status. In FY 2021–22, Kick It California partnered with 211 Information

and Referral call centers to proactively reach out to low-income tobacco users, rather than waiting for them to call in for service. Most tobacco users who call 211s are seeking help with meeting basic needs such as help paying utility bills and rent, not seeking help with quitting. In this partnership, 211 staff ask callers about tobacco use and exposure and proactively refer callers who are interested in cessation services. Kick It California staff then calls those who are referred and enrolls them in service. In FY 2021–22, over 1,100 people who were pregnant, or parents or caregivers of children 0 to 5 years old received service through this partnership. Helping them and thereby preventing their children from the damaging consequences of exposure to tobacco is critical in the fight for health equity.

## HOME VISITING

Home visiting is a primary prevention strategy for inter-generational support for pregnant women and families with children in the first few years of life. During the past decade, the home visiting landscape in California has become more complex as federal, state, and local funding is invested in home visiting services. Many First 5 county commissions support and fund home visiting. The California Department of Public Health implemented the California Home Visiting Program following passage of the Patient Protection and Affordable Care Act of 2010 that established the federal Maternal, Infant and Early Childhood Home Visiting Program with funds for evidence-based home visiting in every state. Additionally, the California Legislature passed Assembly Bill 1811 (Chapter 35, Statutes of 2018), appropriating funding for implementation of the California Home Visiting Program under the CalWORKs program, effective January 1, 2019.

Research shows intervening as early as possible to mitigate the impacts of poverty has the greatest likelihood of improving child outcomes. Early childhood home visiting and out-of-home prenatal/pediatric supports have proven to help vulnerable children and families overcome barriers to health and well-being. Yet, in California, not all families who are eligible and interested have access to voluntary home visiting or prenatal/pediatric support services. Only 10 to 20 percent of at-risk families who would likely benefit from home visiting receive these services.

Recognizing effective home visiting expansion requires an infrastructure to recruit and retain a well-qualified workforce and coordination across home visiting programs. In 2019, the First 5 California Commission authorized two investments to promote effective home visiting expansion and coordination:

- 1. Home Visiting Workforce Study.** Effectiveness of home visiting relies upon a well-qualified, culturally responsive workforce. In July 2019, the Commission authorized \$2 million through January 2022 for a study to understand the demographics, training, retention, and well-being of the existing California home visiting workforce, map the workforce to the demographics of vulnerable families, and provide policy recommendations for workforce infrastructure and policy. In fiscal year (FY) 2020–21, Child Trends conducted interviews with over 80 home visiting staff and received survey responses from more than 900 home visitors representing 171 programs in 48 counties, and launched a home visiting supply and demand map to inform policymakers and stakeholders about service levels and gaps. Child Trends published their findings in March 2021, including analysis of how the COVID-19 pandemic impacted home visiting programs, staff, and service delivery, which were shared in F5CA's 2020–21 Annual Report.

The Home Visiting Workforce Study continued during FY 2021–22 with additional interviews and data collection, and concluded in January 2022. Child Trends released findings and policy recommendations from the Study on January 19, 2022. Recommendations include, but are not limited to:

- Increasing awareness of home visiting as a profession
- Increasing home visitors' access to trainings on diversity, equity, and inclusion as well as supporting the mental health and well-being of the workforce
- Adopting a core set of cross-model home visiting competencies for home visitors and supervisors
- Promoting cross-service coordination for systems integration through shared training, integrating the home visiting workforce into the career lattice and workforce registry, and other opportunities

First 5 California staff continue working with the First 5 Association of California, leaders from the California Department of Social Services and the California Department of Public Health, and other partners to move these recommendations forward.

- 2. Home Visiting Coordination Funding.** Most California counties are implementing at least one home visiting program through First 5 county commission investments, Maternal Infant and Early

Childhood Home Visiting, or CalWORKS (Home Visiting Program) funding. Although most counties offer home visiting to families, counties report being at different stages of service coordination. For most, home visiting programs operate as separate and distinct programs even while sharing similar goals, principles, and desired outcomes. In October 2019, the Commission authorized \$24 million through June 2025 to promote home visiting coordination at the local level. The funding was to be implemented in two stages:

- Stage one included approximately \$9.5 million through June 2022 to support county coordination and technical assistance to 50 counties to achieve coordination goals. However, one of the effects of COVID-19 was an inability for some counties to convene local leaders and/or carry out planned home visiting coordination activities, disrupting most counties' ability to fully expend their contracts by June 2022. Most counties participating in the home visiting coordination funding opportunity chose to extend their contracts with F5CA for an additional year (through June 2023) to continue collaborating with home visiting and family support partners to coordinate intake and referral, data collection, and other activities, and embed home visiting into other child-and family-serving systems.
- Utilizing the remaining \$14.5 million, stage two continues and expands on stage one work with a focus on regional coordination and will begin in July 2023 after an extended Request for Applications timeline to allow more time for regions to develop their applications. Stage two will be implemented between FYs 2023–24 and 2024–25.

In June 2022, contractors from James Bell Associates and Johns Hopkins University, who provided technical assistance to counties engaged in home visiting coordination efforts, released policy recommendations for moving toward a coordinated home visiting infrastructure in California. Culminating recommendations are a result of data collected from several surveys of county commissions and other local home visiting program implementers, notes from technical assistance sessions, interviews with policy leaders, and other data gathering opportunities.

The recommendations focus on specific ways California can improve interagency coordination at the state level to support local county implementation, reduce duplication of effort, and remove barriers to families across programs and systems. Recommendations include:

1. Creating a state-level interagency steering committee to advance coordination and home visiting within the early childhood system of care.
2. Defining home visiting and its role within the early childhood system of care and creating state-level vision and goals.
3. Developing infrastructure to support parent leadership.
4. Creating a state-level fiscal map for home visiting and identifying opportunities to leverage funding.
5. Developing common home visiting data collection and reporting requirements.
6. Creating state-level infrastructure to support data integration.
7. Developing a state-level communication strategy for home visiting and a central location for sharing publicly funded assessments and evaluations.
8. Publishing an annual state-level home visiting scan to inform future funding and policy recommendations.

The home visiting workforce study and coordination activities are being implemented in collaboration with leaders from the California Department of Social Services, California Department of Public Health, First 5 Los Angeles, and the First 5 Association of California.





# Priority Area: Child Development

## IMPACT 2020

First 5 California completed the third year of IMPACT 2020, a \$103 million investment to support local and regional Quality Improvement System infrastructure implemented statewide through Quality Counts California (QCC). This represented a continued commitment to the innovative First 5 IMPACT approach to quality improvement and professional development systems for early learning and care (ELC) providers. IMPACT 2020 is designed to address the needs of the whole child and builds upon the initial effort of First 5 IMPACT, which was launched in 2015 and sunset on June 30, 2020. The implementation of IMPACT 2020 takes place at a local consortium level, supported by the Regional Coordination and Training and Technical Assistance Hubs (T&TA Hubs). IMPACT 2020 is funded from July 1, 2020, through June 30, 2023. It was included in a joint request for application (RFA) titled the Quality Counts California Local Consortia and Partnership Grants. QCC is administered statewide in coordination with the California Department of Education (CDE) and the California Department of Social Services.

IMPACT 2020 works in cooperation with all other ELC quality improvement efforts and investments in California to support the implementation of the QCC Quality Continuum Framework. IMPACT 2020 is specifically designed to fund quality improvement expansion and support providers serving high-impact communities and populations not already receiving support. QCC participation focuses on expansion of access to high-quality ELC in private centers and family child care (FCC) homes; with family, friend, and neighbor caregivers; and in alternative settings such as home visiting programs and libraries. For fiscal year (FY) 2021–22, local consortia participating in IMPACT 2020 reported that of the 9,139 sites participating in QCC, over two-thirds (5,236) were supported in full or in part with IMPACT 2020 funding.

## Regional Coordination and Training and Technical Assistance Hubs

Training and Technical Assistance (T&TA) Hubs continued to be a vital source of support for consortia. Funded through IMPACT 2020 dollars, Hubs streamlined the collection of data and management of expensive data systems, saving substantial administrative dollars. T&TA Hubs provided trainings, facilitated communication, shared best practices, and promoted consistency in supports available to coaches, trainers, and administrators. Regional T&TA Hub support was deemed particularly beneficial by small and rural consortia that would not have been able to access certain training or have the critical mass needed for Communities of Practice (CoP) and other professional learning opportunities.

In FY 2021–22, Hubs identified taking steps toward increased equity as a major area of success. Regions hosted numerous professional development opportunities focused on training on equity, anti-bias, and anti-racism, including an equity conference, an ongoing, statewide Equity CoP, and reported that equity was brought to the forefront in decision making.

## Support During the COVID-19 Pandemic

Due to the effects of the COVID-19 pandemic, consortia and T&TA Hubs have continued to show flexibility and responsiveness to the needs of ELC settings and the children and families they serve. While the pandemic brought closures to sites and delayed classroom observations, ratings, and delivery of planned professional development services, QCC administrators were able to adjust to meet new priorities such as emerging health and safety needs, and COVID-19 prevention practices and resources. QCC partners have found innovative ways to strengthen family support and focus on child social-emotional needs, training, and resources on a variety of critical topics, including trauma-informed practice, adverse childhood experiences, implicit bias, equity, and strategies to best serve multi-lingual learners and communities. IMPACT 2020 lead agencies continued



to provide quality improvement supports such as professional development training, coaching, and check-ins with providers and programs using various platforms to provide dedicated virtual quality support.

### Shared Services Alliance Networks

Funded through IMPACT 2020, the Shared Services Alliance Networks (SSA) pilot began in FY 2021–22 to support private, licensed ELC providers and tribal child care settings, with priority given to FCC homes and other small and underserved providers. These SSA Networks leverage regional partnerships to streamline local operations, such as billing, enrollment, fund management, and reporting, which will allow for increased service capacity within the Network. The seven implementing counties have begun recruitment and implementation of shared services and will operate under the First 5 California funding through June 30, 2024.

### State-Level Support

WestEd and First 5 California continue working together to deliver technical assistance and foster partnerships between QCC state agency partners, regions, and local consortia. This work includes building relationships with institutions of higher education and developing common definitions and shared quality standards across many professional development types. Alignment of quality standards is also being improved through the upcoming roll-out of the Coach Certification program.

The Coach Certification program was one of the biggest infrastructure development projects of FY 2021–22. In partnership with CDE, and with support from the Preschool Development Grant-Renewal (PDG-R), First 5 California worked on cross agency coordinated contracts to deliver three primary areas of work related to coaching development and services: Professional Development, Coaching Services, and Coach Certification. WestEd staff oversees content development, coordinates advisor engagement, and serves as liaison with internal and external partners.

Professional development activities included:

- Develop and implement six webinars based on previous professional development sessions, including two additional requested sessions
- Develop content for online and in-person adult learning and coaching modules based on California Early Childhood Education (CA ECE) Competencies and CA Coaching Rubric
- Develop online coach certification/orientation module

- Plan, coordinate, and implement virtual professional development and in-person professional development opportunities statewide in coordination with support team
- Support the delivery of 3,000 hours of professional development online to coaches, coach supervisors and trainers, expanding to site directors as appropriate
- Develop and facilitate professional development activities, including learning communities for coaches and trainers

Coaching Services included:

- Inform development of and implement virtual coaching system for 1,000 ECE providers
- Facilitate training for virtual coaching team
- Recruit, train, and coordinate with coaches statewide
- Develop and implement virtual training system for ECE trainers
- Develop training for virtual training team
- Recruit, train, and coordinate with trainers statewide

Coach Certification System Development:

- Further refine and develop coach certification process for use by 300 coaches
- Train and support certification review team
- Develop and support virtual and on-site certification orientations statewide multiple times per year
- Develop and distribute certification communications materials



- Liaison with various coaching entities, coaches, and other ECE providers
- Develop and facilitate online and in-person professional development to coaches statewide as needed

F5CA continues to explore options for long-term sustainability and management as well as expansion of CA ECE Competencies for Adult Learning and Coaching Course.

## QUALITY COUNTS CALIFORNIA

Quality Counts California (QCC) is a statewide system of locally implemented Quality Rating and Improvement Systems (QRIS) that provide resources and support to early learning and care (ELC) providers so they can create engaging and effective experiences that help children grow and thrive. QCC was funded by IMPACT 2020, and state and federal funding administered by the California Department of Education and the California Department of Social Services.

All ELC participant sites in QCC are reported in the statewide common data file, which is inclusive of all the state's QRIS funding streams. This data provides the state an efficient and coordinated method for receiving information about each county participating in QRIS. As of June 30, 2022, there were 9,139 participant QCC sites across the state, including 3,283 family child care homes, 4,181 centers, 1,098 family, friend, and neighbor providers, and 577 additional alternative settings. In total, 343,269 children ages 0 to 5 benefitted from the quality improvement support provided by QCC.

Growth in QCC participation increased by 8 percent statewide from last fiscal year. Through the QCC Annual Performance Report, Consortia reported that 94% of QCC participant sites remained open during the COVID-19 pandemic. Ninety-two percent of QCC consortia indicated participation and support in QCC was as a major

factor in sites remaining open. This is especially encouraging considering as of January 2021, the California Department of Social Services reported 8,330 licensed sites, or 11% of licensed programs statewide, were closed due to COVID-19.

During FY 2021–22, QCC Consortia continued to respond to the changing ELC field and emerging priorities. While the needs are unique to different counties and their communities, QCC partners remain trusted messengers and further fostered responsive relationships with the field. Many counties reported success in the following:

- Strength-based, culturally responsive support
- Expanded access to high-quality training
- Provision of robust coaching supports
- Expanded outreach and participation of home-based settings
- Trauma-informed care, resiliency, and healing focused supports and resources
- Strengthened direct financial stipends and other incentives to ELC programs and providers
- Expanded support to multilingual and non-English monolingual learning programs and families
- New and expanded communities of practice
- Improved local governance structures

While many themes emerged from county QCC reports, several counties reported powerful, unique examples of meeting community needs. Some examples include:

- Orange County provided "Be Brave-Be Safe" training for all participating QCC programs and local homeless shelters serving families experiencing housing insecurity. Content was delivered to staff, parents, and children. Workshops focused on empowering children to develop their own safety plan and other child protection topics.
- First 5 San Joaquin expanded their local participation of family, friend, and neighbor providers from 60 to over 300. This outreach work was done by five community-based organizations focusing on the underserved Latinx, African American, and Southeast Asian communities.
- The Tribal Child Care Association of California reported developing a Tribal Workforce Pathways Program to help navigate and support higher education goals toward degrees, certifications, or professional development. For example, TCCAC developed culturally relevant professional development pathways including "The Journey Toward Healing." This pathway focuses on healing



and resiliency by addressing topics around trauma faced by children, families, providers, and communities. "The Journey Toward Healing" conversations, videos, and materials were created through a partnership with Brazelton Touchpoints Center.

Throughout FY 2021–22, the F5CA-funded QCC website was under review for updating content and layout to add additional resources and accuracy of information. These updates will expand content and resources for the parents and families and providers pages specifically. The website updates are anticipated to be implemented during FY 2022–23. For more information on QCC, visit the website at <https://qualitycountsca.net/>.

## SMALL POPULATION COUNTY FUNDING AUGMENTATION

The Small Population County Funding Augmentation (SPCFA) grant was voted and created by the Commission consistently since the implementation of Proposition 10 in 1999. The Commission recognized shortly after implementation of the Act that the statutory proportional funding formula based on birth rate didn't provide adequate funds to operate effective First 5 programs for counties with low birth rates because the formula did not set a base funding level for all counties.

Through this grant, small population counties have received base funding to support county commission activities needed to fulfill the statutory requirements and for Proposition 10 to be a statewide effort that promotes, supports, and improves the early development of children ages 0 to 5.

The new 3.25-year grant funding term (April 1, 2021, through June 30, 2024) focuses on evaluation activities related to systems change efforts, their intended and actual impacts, as well as exploring the potential for pooled services for the purpose of improved efficiencies. This new grant saw an increase (from 20 to 21) in SPCFA counties, due to the increased number of counties with 1,000 or fewer annual births between FYs 2017–18 and 2018–19, which is the set eligibility criteria for the grant. During FY 2021–22, \$4,592,796 was budgeted by small population counties (SPC) to administer their First 5 county commission and fund programs.

During FY 2020–21, SPCs completed the initial version of a systems change tool – Telling the Story of Systems Change. In FY 2021–22, a revised tool, the Systems Change Data Map, was developed to build on the First 5 Association's Race, Equity, Diversity, and Inclusion (REDI) focus. This Data Map Tool (DMT) has a more explicit focus on equity and the data SPCs use to help demonstrate



the reach and impacts of their systems change activities. Development of the DMT included SPC's participation in focus groups to gather feedback about key components of their systems change work. To help prepare SPCs in the completion of the tool, a webinar was held to train them on the use of the DMT, review examples of its completion, and answer questions prior to the October 2022 submission. The submission highlights SPC's specific systems change activities that foster cross-sector collaboration in an effort to improve outcomes for children and families.

First 5 California continued to partner with Child Trends to identify options for a pooled services pilot. To build on prior work, four states who have implemented pooled services were interviewed to gain an understanding of lessons learned, and focus groups were held with 20 of the 21 SPCs to explore their experiences, preferences, and priorities for pooled service options. The two identified priority areas by SPCs for pooled services were virtual trainings and shared marketing materials. The information gathered will be used to determine whether and how best to implement pooled services for SPCs.

## DUAL LANGUAGE LEARNER PILOT

Research is clear that learning multiple languages is an asset, young children show natural tendency for learning multiple languages, and there are multiple benefits of being a dual language learner (DLL), including cognitive skills, academic outcomes, and long-term health and economic gains. Nearly 60% of children ages 0 to 5 years in California are DLLs whose home language is a language other than English.

In 2016, First 5 California was authorized a \$20 million investment for the DLL Pilot by the State Commission. The DLL Pilot was implemented between 2017–2022 in 16 California counties. This investment coincided with the passage of Proposition 58 in 2016, which repealed English-only laws. The DLL Pilot study was designed to examine effective culturally and linguistically responsive strategies in instruction, professional development, and family engagement in early learning and care settings, and the conditions in which they are effective, sustainable, and scalable.

The DLL Pilot study was implemented in three phases: background, in-depth, and expansion. Each of the three phases built on one another to further the goal of California's DLLs to thrive, develop multilingual ability, be ready for kindergarten, and succeed in school and beyond.

In the background phase, 16 counties were identified to implement the DLL Pilot and the American Institutes for Research (AIR) was selected as the evaluation contractor. Initial findings in this phase revealed that overall beliefs about bilingualism and policies to support DLLs are in place, but there are still systemic challenges that limit implementation of high-quality instruction for DLLs.

In the in-depth phase, AIR collected data around the instructional, family engagement, and professional development strategies associated with positive child and family outcomes, and how they vary in the context of children's age group and setting type. AIR modified the study design due to the challenges presented by COVID-19 to collect additional data about experiences of families during this health emergency.

During the expansion phase (fall 2020–summer 2022), the DLL Pilot counties included an additional 28 counties with a regional approach, expanding the pilot activities to 44 of the 58 California counties. Counties offered over 90 professional development training sessions to nearly 2,400 providers. Over 80,000 books in multiple languages have been distributed to over 12,500 families. Expansion phase services and activities reached children and families whose home language is a language other than English, with a total of 27 different languages.

The pilot counties and their partners participated in monthly communities of practice (CoP) sessions. Through the CoPs, counties worked together around DLL best practices related to implementing, expanding, and sustaining their DLL expansion projects, made policy recommendations to better support DLLs, and highlighted resources that should be developed and translated to support high-quality practices. The CoPs were implemented in partnership with the Advancement Project of California, Early Edge California, California

Department of Education—Opportunities for All Branch, and the American Institutes for Research (AIR). The CoPs were facilitated by the Glenn Price Group through a grant funded by the Emerging Bilingual Collaborative.

## Study Findings

The DLL Pilot study evaluation was conducted by AIR. AIR published over twenty reports highlighting key issues, challenges, and recommendations for policy and practice, which provided a deeper understanding of multi-lingual language learners, their families, how early childhood education systems and local county systems support their needs.

Highlights of the findings include:

- Partnering with families is critical: When families' home language and culture are supported in school and at home, children show better outcomes.
- Multilingualism is an asset: Multilingualism improves cognitive abilities and changes brain architecture to promote short- and long-term success.
- Caregivers need to understand how to work with DLL populations, which requires a systematic approach.

## Recommendations for Policy and Practice

To best support DLLs in early learning settings throughout California's mixed delivery system:

- Widely disseminate key messages about the benefits of bilingualism and the value of home language use to encourage families, programs, and communities to prioritize children's bilingual development.
- Include knowledge of language development and best practices for supporting DLLs from birth through age 5 in educator competencies.
- Enact policies to broaden the language diversity of the early learning and care workforce and encourage multilingual educators to use the home language in early learning classrooms.
- Expand access to and support early educators to participate in professional development focused on working with DLLs and their families.
- Provide early learning programs with books and materials in children's home languages to share with young DLLs and their families.
- Support the development and use of culturally and linguistically responsive tools and assessments to identify DLLs upon enrollment and monitor their learning and development in English as well as in the home language.

- Encourage two-way communication with families:
  - Gathering information about families' language, culture, and learning goals to inform instruction
  - Providing information and engagement opportunities that are culturally and linguistically responsive.

The DLL Pilot investment provided a better understanding of what it takes to offer culturally and linguistically responsive supports to multilingual children and their families and ensure their care providers are prepared to serve their needs. It also illuminates areas to focus on to continue First 5 California's commitment and scale up multilingual supports statewide.

## FUNDED RESEARCH: CALIFORNIA EMERGENCY CHILD CARE BRIDGE PROGRAM

During 2022, the Child Care Resource Center released the *Strengthening California's Emergency Child Care Bridge Final Study Report*. First 5 California co-funded the evaluation with the Heising-Simons Foundation and First 5 San Bernardino. The purpose of the evaluation was to identify outcomes and guide continuous improvement for the recently implemented statewide emergency child care program for children in foster care.

The Emergency Child Care Bridge Program for Foster Children (Bridge Program) was enacted by the State Legislature in 2017 to provide kinship caregivers, or other caregivers, emergency child care. Overseen by the California Department of Social Services, the Bridge Program works to connect child welfare agencies and early learning and care systems in each county across the state. Foster parent caregivers can receive emergency child care vouchers with child care navigator support to help them find care appropriate for their family, while child care providers receive trauma-informed care training and coaching. The report identified statewide successes and challenges faced by families and staff during implementation of the Bridge Program. The following outcomes were identified:

- The Bridge Program decreased economic and emotional stress of caregivers
- 90% of providers stated trauma-informed care training and coaching helped them better support the foster children in their care

- Bridge administrators expressed the importance of collaboration, networking, and establishing a strong working relationship and consistent communication between partner agencies were necessary to the successful implementation of the Bridge Program across all counties

In order to continue the success of this program and ensure that California's most vulnerable children have access to quality child care, the study includes the following recommendations:

- Keep implementation process changes made in response to the pandemic to maintain accessibility and increase convenience for foster families and child care providers
- Extend the length of the Bridge voucher and allow children and families to continue accessing subsidies after reunification or adoption
- Increase program funding to allow for expanded eligibility and out-of-county placements
- Provide additional support in marketing, outreach, and advertising trauma-informed care training and coaching





# Priority Area: Family Functioning

## FIRST 5 CALIFORNIA PARENT WEBSITE: [FIRST5CALIFORNIA.COM](https://first5california.com)

First5California.com is the main resource for parent engagement on child health, education, literacy, child development, and smoking cessation. In recent years, the website has expanded to incorporate additional information on early brain development, including activities, downloadable resources, and links to organizations that support family functioning strategies. In 2021, First 5 California's Parent Site was updated with new content and resources centered around family engagement and toxic stress response in both English and Spanish. Content for the site was informed by educators and researchers in the field of child development. The site provides enhanced levels of functionality, enabling parents to create an account and personalize their visit by inputting their child's age, allowing them to access resources, tips, and activities specific to their interests. Parents and caregivers visiting First5California.com can browse by their child's age group—Newborn, Baby, Toddler, or Preschool—to check developmental benchmarks and instantly access a wide variety of parenting tips, articles, instructional videos, and developmentally appropriate activities geared specifically for that age group. The First 5 California Parent Site serves as a resource tool for families seeking up-to-date information, services, and programs.

## SOCIAL MEDIA

The First 5 California Parent Site links to the organization's multiple social media channels, including Facebook, Instagram, Pinterest, and YouTube. Across most platforms, followers receive regular posts that highlight simple, actionable tips, and ideas related to early brain development, nutrition, family engagement, and healthy development. First 5 California's Facebook audience includes 213,000 followers. Instagram has 13,200 followers, Pinterest has 2,000 followers, and Twitter has

19,400 followers. During fiscal year 2021–22, engagement continued to increase as families were still spending time at home and logging onto social media to find activities to engage their children and to look for information about staying healthy and the latest on COVID-19. Throughout 2021 and 2022, First 5 California broadcast numerous Facebook bilingual book readings for families. Throughout 2021–22, First 5 California strengthened our partnership with the California Department of Public Health (CDPH) to share timely information about the importance and availability of family and child vaccinations through all our social media platforms.

## MEDIA CAMPAIGN

In 2021, First 5 California engaged a new media firm to expand on the success of the *Talk. Read. Sing.*® Campaign and support First 5 California's North Star and Audacious Goal. The new media campaigns will provide messaging that supports parents and caregivers in developing safe, stable, nurturing relationships and environments to buffer against toxic stress response and ensure young children can thrive.

