



First 5 San Mateo County **Strategic Plan**

July 1, 2020 - June 30, 2025





Vision

Success for every child.

Mission

First 5 San Mateo County promotes positive outcomes for young children and their families through strategic investments, community leadership, and effective partnerships.

Desired Outcomes

The First 5 San Mateo County Commission (F5SMC) adopted the following desired outcomes to guide its efforts during the 2020-2025 Strategic Plan:

1 San Mateo County will give priority to young children and their families

2 Communities provide a safe and healthy environment for young children

3 Children have access to high-quality early care and education settings

4 Families feel connected to and supported by their community and able to nurture their children's health and development

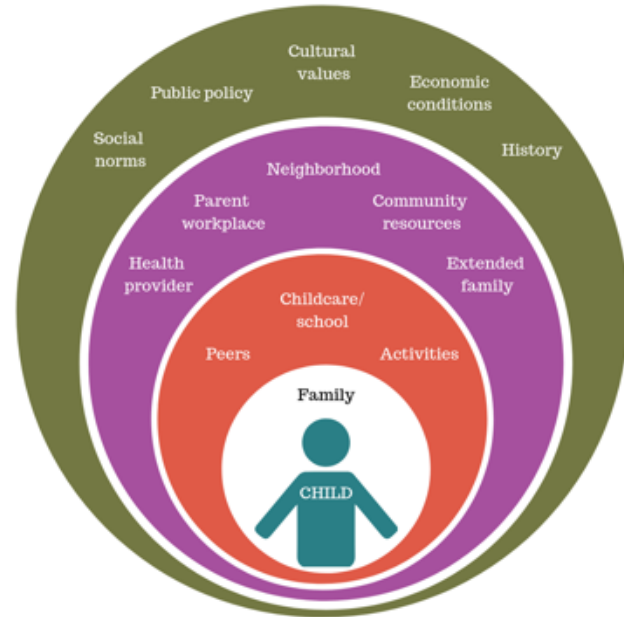
5 Children have healthy attachments to their parents and caregivers

6 Children have access to and are utilizing appropriate health care services to meet their health and developmental needs

Preparing Children for Lifelong Success

By the time children reach their sixth birthday, they should be poised to achieve their potential in all areas. This is frequently labeled “school readiness” and measured using standardized tests; however, the work of the First 5 San Mateo County Commission goes far beyond success in school settings. F5SMC’s vision is for children to succeed in all aspects of their lives.

The foundations for physical, emotional, cognitive, and behavioral health are laid during the first years of life. Children develop these capacities through interactions with responsive and loving caregivers in safe environments. Stable, nurturing relationships literally build children’s brains in ways that foster healthy emotional expression, self-regulation and impulse control, and social interactions. Parents and other caregivers are better able to build warm and consistent relationships with children if they themselves feel secure in their lives. Parents who are experiencing mental health issues, substance abuse, violence, social isolation, or the stress of being unable to meet their family’s basic needs face more barriers to providing a nurturing environment for their children.



Research has identified four major building blocks that contribute to a child’s likelihood of thriving in school and beyond: behavioral and emotional health, physical health, social skills, and academic skills. Children who arrive in elementary school well prepared in all four of these building blocks are over three times more likely to be reading at grade level in third grade than children who need additional support in all areas. In fact, healthy behavioral and emotional development at kindergarten entry is just as important as academic skills in predicting future success. Given our charge to foster optimal development for children prenatally through age 5, F5SMC can play a unique role in ensuring that communities prioritize the needs of young children and their families.

Our approach to supporting children’s success is aligned with Bronfenbrenner’s Ecological Systems Theory, which was first published in 1979. This theory emphasizes environmental factors as central context to development. In this approach, the child is at the center of what can be visualized as concentric circles including other systems and influences, such as family, community, and public policy.

Many of these systems and influences have been studied in research on social determinants of health, including physical environment, housing, employment opportunities, wages, education, community safety, and social connections. These factors influence the health, cognitive and social-emotional development, well-being, and long-term success of children and their caregivers. Each child’s development and opportunity to thrive is thus shaped by the distribution of and access to resources and power.¹ Understanding the complexity of achieving health and well-being, we strive to work broadly and proactively to create, support, and sustain the social, physical, and economic conditions for children’s success.

¹ World Health Organization (2018), *Social Determinants of Health*, Retrieved from www.who.int/social_determinants/en/

History of First 5 Children and Families Commissions

In November 1998, California voters passed the California Children and Families First Act (Prop 10). This groundbreaking legislation added a 50-cent tax on all tobacco products. The purpose of this funding is to create “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.”

The Act established the Children and Families Commissions, subsequently called First 5 Commissions, in each of the state’s 58 counties. It also created a State Children and Families Commission (First 5 California) that focuses on statewide initiatives, media communications, public education, and research and evaluation functions.

Funds from the Children and Families First Act are distributed to each county based upon the number of births in that county. County Commissions are responsible for developing strategic plans that guide funding decisions to meet local strategic priorities, consistent with the legislative intent of the Act.

For the last 20 years, First 5 County Commissions have funded a wide variety of programs and services that address the needs of children in the prenatal stage through age 5 and their families. Investments were made in the areas of early childhood development and education, health care, and parent education and support. Additionally, investments have been made to improve capacity and quality of services provided to young children and their families. These local efforts have been complemented by an array of investments by First 5 California.

In recent years, many Commissions have been faced with the issue of declining revenues. While First 5 dollars were never able to meet all of the need for children 0-5 and their families, the decrease in funding has resulted in five related trends in Commission investments:

- 1 Endorsing practices with evidence of effectiveness**
- 2 Focusing on prevention and early identification**
- 3 Targeting populations most at risk**
- 4 Shifting the balance from funding primarily direct services to efforts that contribute to broader systems change**
- 5 Considering the contextual landscape at the local, state, and federal level by examining the policy and budget landscape, partnership opportunities, and other funding and sustainability considerations**

As outlined in its 2015-2020 Strategic Plan, F5SMC is prioritizing partnerships with entities that are achieving both direct impact and positive systemic change. This approach fosters sustainable improvement within agencies and systems, and allows families beyond the direct service reach to benefit. Many of our investments serve present needs as well as examining and improving the underlying systems.

About the First 5 San Mateo County Commission

The First 5 San Mateo County Commission was established in March 1999. It consists of nine Commissioners appointed by the San Mateo County Board of Supervisors. Since its inception, First 5 San Mateo County has invested more than \$150 million in local programs and has served nearly 100,000 children from birth through age five. Each year, more than 8,000 parents and primary caregivers receive F5SMC services.

Roles of the First 5 San Mateo County Commission

First 5 San Mateo County is fortunate to be a part of a community with a history of collaboration and partnership within and across our publicly funded service sectors and community-based organizations. In light of the Commission's declining revenues, as well as expanding opportunities for partnership, the First 5 San Mateo County Commission reaffirmed that its desired role in the community is to maximize positive impacts for children, families, and the community. For the duration of the 2020-2025 Strategic Plan, F5SMC will focus on three primary community roles: Strategic financial investor, community partner in aligned efforts, and systems leader to advocate for the prioritization of young children and their families in decision-making processes.

Strategic Financial Investor:

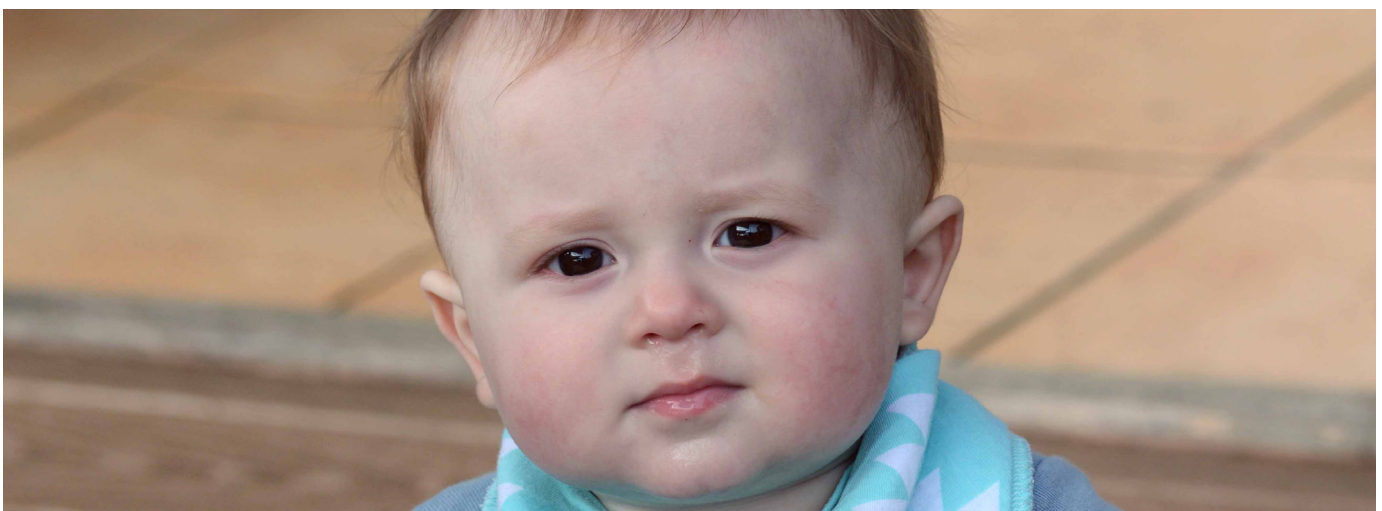
The Commission's role as an investor is to make positive movement toward its desired outcomes in critical areas of need for young children and their families. Specifically, these investments aim to make a unique contribution to specific family needs that are currently unable to be addressed by other entities. Strategic investments will also target quality improvement and enhancements within and across organizations and professionals serving children 0-5 and their families.

Community Partner:

The Commission's role as a community partner may be as a leader, initiating collaborative efforts aligned to its vision and mission; as a partner in existing efforts for which the leadership is provided or shared; or as a champion of community efforts, encouraging the efforts of others better resourced to make a positive impact. First 5 San Mateo County prioritizes partnerships that are results-driven, action-oriented, and likely to achieve measurable results and community impact.

Systems Leader:

As the County's only organization legislated exclusively to achieving positive outcomes for children 0-5 and their families, the Commission will vigorously advocate for their needs and priorities. Using appropriate and respectful channels, this leadership aims to ensure that the unique health and developmental needs of young children are known, discussed, and integrated into community solutions for families.





Prioritizing San Mateo County's Young Children Through Policy, Advocacy, and Building Awareness

Lasting improvements to the well-being of the County's youngest residents are possible when community organizations, policy makers, businesses, and residents understand the importance of supporting young children and their families, and work together to mobilize resources.

Voicing the need to prioritize young children and those who care for them is especially important in light of the stark inequalities of opportunity for the children of San Mateo County. While San Mateo County overall has some of the best health outcomes in the state,² these experiences are not shared equally. San Mateo County has greater income inequality than any other county in California, with the average income of the top 1% being nearly 50 times greater than the average income of the bottom 99%.³

This inequality manifests itself in the stress experienced by parents and caregivers, and the opportunities available for young children to reach their potential. Children living in low-income families are less likely to visit the dentist, attend preschool, be read to daily, and have access to enrichment activities, and they are more likely to be diagnosed with a developmental disability and to have a parent dealing with depression.

Children's health and development outcomes follow a social gradient: the further up the socioeconomic spectrum, the better the outcomes. Inequitable access to supports and services has the potential to maintain or increase inequities for children during their early years, because those families most in need of services are typically least able to access them. Reducing inequities during early childhood requires a multi-level, multi-faceted response.⁴

First 5 San Mateo County strives to create the conditions that will allow all young children to prosper socially, emotionally, and economically. Ensuring that all children can achieve their potential is a significant undertaking and will require a community solution that is not possible with funding alone. This effort will require common understanding, shared ownership, willingness to change, and commitment to providing equitable opportunities for all children.

An example of this work is the Early Childhood Policy Cabinet, which was convened as part of the strategic planning process in 2015-2020. The Cabinet consisted of a cross-section of large agencies in San Mateo County, including the County Office of Education, Human Services Agency, Probation, Housing, and others. The leadership of these agencies quickly identified opportunities for alignment and maximization of positive outcomes while better meeting family needs. This work will continue as part of First 5 San Mateo County's 2020-2025 Strategic Plan.

² University of Wisconsin Population Health Institute. (2018). *County Health Rankings & Roadmaps*. Retrieved from [countyhealthrankings.org](http://www.countyhealthrankings.org): <http://www.countyhealthrankings.org/app/california/2018/rankings/san-mateo/county/outcomes/overall/snapshot>

³ Price, E. S. (2018, July 19). *epi.org*. Retrieved from Economic Policy Institute: <https://www.epi.org/publication/the-new-gilded-age-income-inequality-in-the-u-s-by-state-metropolitan-area-and-county/>

⁴ Moore, T., McDonald, M. & McHugh-Dillon, H. (2014). *Early childhood development and the social determinants of health inequities: A review of the evidence*. Parkville, Victoria: Centre for Community Child Health at the Murdoch Children's Research Institute and the Royal Children's Hospital.

Additional activities to promote the prioritization of young children in San Mateo County are listed below:

Leadership on Early Childhood Advocacy & Policy Development:

Identify strategic partners and align leadership and resources to promote optimal child and family outcomes. Activities may include: convening high-level, multi-agency policy conversations that keep early childhood priorities and the impact of early childhood in the forefront of decision making; development and implementation of a Policy and Practices Platform that advances First 5 San Mateo County’s vision of Success for every child; and partnering with elected officials, community leaders, and other stakeholders to promote an early childhood agenda.

Community Partnership:

Foster cross-agency and multidisciplinary partnerships to better serve children 0-5 and their families. Activities may include: facilitation of partnerships and collaborative efforts that increase the capacity and quality of services to children 0-5 and those that care for them; and hosting facilitated opportunities for multidisciplinary cross-training and networking for both funded and unfunded partners.

Community Education:

Increase understanding about foundational early childhood topics such as early brain development. In coordination with other efforts, build public and political will to invest in the well-being and success of our young children. Activities may include: development and implementation of a Communications Plan highlighting the importance of a child’s early years, the needs and circumstances of families with young children in San Mateo County, and opportunities for stakeholders to act in ways that maximize positive outcomes for this population.

Early Childhood Research

The Children and Families First Act was based on research that a child’s brain develops more during the first five years than at any other time and that a child’s experiences and relationships during these years will impact a child for the rest of his or her life.

Since that time, a wealth of research has supported and expanded upon these earlier findings. This newer research provides First 5 Commissions additional information about types of early childhood programs and services that make the greatest difference, as well as demographic targets that will achieve the greatest benefit.

Among the primary findings are:

- The brain undergoes its most rapid development from the prenatal period through three years old. In the first few years of life, 700 new neural connections are formed every second.
- During these early sensitive periods of development, healthy emotional and cognitive development is shaped by responsive, dependable interaction with adults.
- Conversely, stress experienced early in life can result in physiological changes to the brain and have a cumulative toll on a child’s physical, emotional, and cognitive development.
- The more adverse experiences in childhood, the greater the likelihood of developmental delays and lifelong problems in learning, behavior, and physical and mental health.

The impact of experiences on brain development is greatest during the earliest years of a child’s life. It is easier and less costly to form strong brain circuits during the early years than it is to intervene later. However, it is important to remember that the brain remains flexible and capable of building new pathways throughout life. Therefore, while prevention of early childhood trauma is ideal, intervention after stressors have occurred can also be significantly beneficial to children.

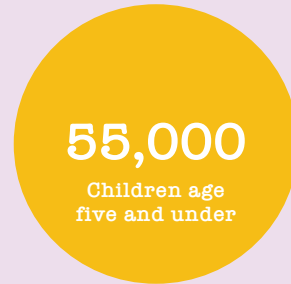
Children and Families in San Mateo County

Located in the heart of the Silicon Valley, San Mateo County has a highly-educated population with a median family income of \$125,227. It is home to over 55,000 children age five and under. Latinx children are the majority population in the county at 33.9%, followed by Caucasian (31.9%) and Asian American (22.6%). Other ethnic populations include: Multiracial (11.1%), African American (1.8%), and Pacific Islander (1.7%).⁵

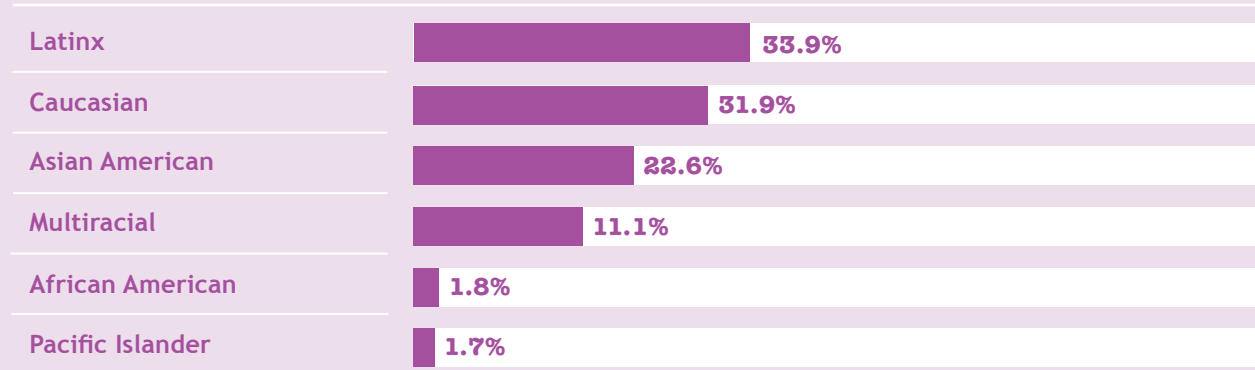
Median annual income for families in San Mateo County



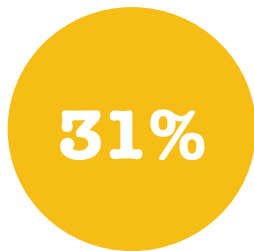
San Mateo County is home to over



Ethnic population



Approximately 10% 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, Latinx and African American children are much more likely to be living in poverty than all other children. In fact, 31% of all African American children 0-5 and 20% of all Latinx children 0-5 live in poverty.⁵



of all African American children 0-5 live in poverty



of all Latinx children 0-5 live in poverty

⁵ 2016 American Community Survey, 5-year estimates for San Mateo County.

While the median annual income for families in the county was \$125,227 in 2016, the Self-Sufficiency Standard for California estimates that a San Mateo County family of two adults and two children (one infant/toddler and one preschooler), would need an annual income of \$146,005 to make ends meet without assistance. Although a relatively small proportion of families in the county live below the Federal Poverty Line, 39% of families with children are below the Self-Sufficiency Standard.⁶ At the same time, high housing prices continue to make owning a home—or even finding affordable rentals—difficult for most families, as the median value of housing units is almost double that of the state.

According to the 2013 Silicon Valley Parent Story Project,⁷ approximately one-third of parents in San Mateo and Santa Clara Counties experienced depressive symptoms. Low-income parents reported higher frequency of depressive symptoms compared to middle-to-high income parents. The study also brought to light several other troubling disparities between low-income or Latinx parents and their middle-to-high income and non-Latinx peers. These included:

- Low-income parents reported lower levels of both personal and neighborhood support;
- Latinx preschool-age children were less likely to be enrolled in preschool and less likely to participate in enrichment activities outside of school;
- Low-income parents were more likely to encounter problems finding childcare and identified cost and inconvenient hours or locations as barriers to selecting child care options; and
- Low-income parents engaged in language development activities less frequently with their infants/toddlers than middle-to-high income parents.

The Parent Story Project also presented findings that illustrated strengths among low-income and Latinx parents. These included that they:

- Were more likely to help their children with homework;
- Were more likely to have family meals together than middle-to-high income parents; and
- Reported a greater ability to deal with stress compared to non-Latinx parents.

Core Values & Guiding Principles

The First 5 San Mateo County Commission has established the following Core Values and Principles to guide this Strategic Plan.

Core Values

We believe that our work must:

- 1 Support the whole child within the whole family:** We understand that young children's social, emotional, physical, and cognitive development are interdependent, and that children grow and learn within their family relationships and the larger community.

⁶ Sources: 2016 American Community Survey, 5-year estimates for San Mateo County, and 2018 Self Sufficiency Standard for California, San Mateo County estimate.

⁷ Diaz, Rebeca & Rodriguez, Fernando & Boal, Ashley & Miller, Sarah. (2014). *The Silicon Valley Parent Story Project*.

- 2 **Build connections between the many systems that serve young children and their parents and caregivers:** We recognize the importance of smooth transitions for children and families as they grow from infancy through toddlerhood and preschool, and enter elementary school.
- 3 **Embrace the importance of fathers and male role models in the healthy development of children:** We expect intentional inclusion of fathers/male role models and consideration of their needs within the structure and delivery models of family services and supports.
- 4 **Promote positive development in infants and toddlers, and focus on prevention and early intervention:** We know that 75% of a child’s brain develops before the third birthday, and that it is therefore critical to support pregnant women and to help mothers, fathers, and caregivers establish and maintain stable and loving relationships with their infants and toddlers.
- 5 **Include children of diverse abilities:** We support the right of all children to live, grow, and learn in their communities.
- 6 **Respect and engage parents and families:** We acknowledge the strength of individual familial structures and cultures, and respect the desire and ability of parents to nurture their children and act as their first teachers.
- 7 **Honor cultural, ethnic, and linguistic diversity:** We believe that all services should be delivered in a culturally and linguistically appropriate way.
- 8 **Appreciate strengths:** We build upon the positive qualities of children, families, and communities in the design and delivery of programs.
- 9 **Enlarge community capacity:** We invest in our community’s understanding of and ability to support the healthy development of all children.

Guiding Principles

In our work on behalf of young children, we strive to:

- 1 **Create value:** Invest in approaches that add social and economic value to the landscape of supports for all children and families; and build upon, integrate, and collaborate with existing services to improve quality and provide efficient service delivery.
- 2 **Promote equity:** Ensure that all children, regardless of circumstance, have the opportunity to reach their full potential, and include families as partners in decisions that affect their service provision.
- 3 **Foster excellence:** Expect excellence and allow for innovation in the development and implementation of initiatives and programs.
- 4 **Demonstrate effectiveness:** Consider the existing evidence of impact when designing and supporting activities, and evaluate our investments to monitor results and inform continuous quality improvement.
- 5 **Achieve sustainable change:** Use Commission investments to effect long-term policy, institutional, funding, and systemic changes that extend the reach and impact of First 5 San Mateo County activities.

Developing the Strategic Plan - The Planning Process

In March 2018, the First 5 San Mateo County Commission began its strategic planning revision process to guide future community investments. The process included the following activities:

- A Community Forum for members of the public to share their experiences, perspectives and priorities
- A Partnership Breakfast with public agency systems partners to identify areas for collaboration
- An ad-hoc committee of F5SMC Commissioners that met regularly over seven months
- Two strategic planning sessions held as part of Commission meetings that included dialogue among Commissioners, community members, and First 5 San Mateo County staff.

Across the input processes, five themes emerged as central to F5SMC efforts moving forward.

- 1 Convener and Collaborator:** Helping local funded and unfunded stakeholders tap into collaborative opportunities.
- 2 Resource Maximization:** Leveraging, aligning, and blending funding as well as ensuring available public funds are maximized before F5SMC funding is utilized.
- 3 Impact Investor:** Focus investments on prevention and target interventions to children with the very highest needs.
- 4 Systems Catalyst:** Striking the right balance between program investments and systems improvements through cross-sector initiatives and effective partnership.
- 5 Advocate and Champion:** Impacting local and regional decision makers, including community business leaders, to prioritize young children.

The information gathered from these discussions served as guidance for the strategic planning process and informed the Commission's deliberations and ultimate decisions on the Strategic Plan.

Framework for the 2020-2025 Strategic Plan

The 2020-2025 Strategic Plan is consistent with the focus and intent of the Children and Families Act, building on what has been learned and accomplished locally and providing a framework for the Commission and the community for how Proposition 10 funds will be strategically invested over the next five years.

Central to the success of these investments is a strong foundation that adequately prioritizes early childhood systems and services in San Mateo County. These foundational improvements will be furthered with investments in three core focus areas: Quality care and education, healthy children, and resilient families.



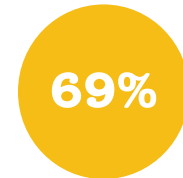
Focus Area: Quality Care and Education

Early learning settings—including infant and toddler care, family child care homes, and center-based preschool programs—play a critical role in nurturing children’s social, emotional, and cognitive development and are an essential component of any strategy to promote school readiness and success in all aspects of life. In San Mateo County, 69% of children ages 0-5 live in families where all parents work,⁸ and 81% of kindergartners attend preschool in the year before entering elementary school.⁹ The benefits of a continuum of high-quality early learning, beginning in infancy and with smooth transitions into toddler care, preschool, and elementary school, has been well researched and is a priority for the Commission.

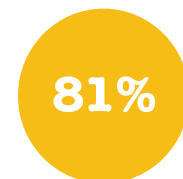
Quality matters when providing early care and education services. Programs that participate in continuous quality improvement efforts are more likely to prepare students for success in school and beyond. Children who participate in high-quality early childhood education programs show long-term impacts on their ability to learn and interact with the world around them, including increased language and math skills, positive peer relationships, decreased rates of grade repetition, fewer referrals to special education services, and higher levels of cognitive and social development.¹⁰

Central to providing a quality early care and education experience for children is a well-compensated, well-educated, and well-respected workforce. Studies have found that teachers’ specialized knowledge about child development and instruction for young children is particularly important.¹¹ A highly skilled, educated, and compensated workforce is necessary for high-quality early education. Professionalizing the early care and education field reduces teacher vacancies and turnover.¹²

The long-term economic benefit of children attending high-quality preschool programs is well documented, particularly for children living in low-income households. These “return on investment” studies differ on level of return depending on the population served, length of the program, and quality enhancements. One of the most widely studied programs is The Perry Preschool Program, a high-quality, half-day preschool targeted to very low-income children. Evaluations of this program document that the program returned seven dollars for every dollar invested.¹³



of children ages 0-5 in San Mateo County, live in families where all parents work



of kindergartners attend preschool in the year before entering elementary school

⁸ American Community Survey, 2012-2016 5 year estimates. American Fact Finder, Retrieved from <https://factfinder.census.gov/>

⁹ 2012 San Mateo County School Readiness Assessment, June 2013, SRI International, <https://www.siliconvalleycf.org/sites/default/files/publications/2012-silicon-valley-school-readiness-assessment.pdf>

¹⁰ Reynolds, A.J. and Wolfe, B. (1997). School achievement, early intervention, and special education: New Evidence from the Chicago Longitudinal Study. Focus 19, 3, 25-28. Available online at: www.worldbank.org/children/why/18.htm

¹¹ Bueno, M., Darling-Hammond, L., and Gonzales, D. Preparing Teachers for Pre-K: What Policymakers Should Know and Be Able to Do (Washington, DC: Pre-K Now, 2008).

¹² San Mateo County Teacher Compensation Study, Davis Consulting 2017

¹³ National Institute for Early Education Research. Economic benefits of quality preschool education for America’s 3- and 4- year olds. <http://nieer.org/resources/facts/index.php?FastFactID=6>

Parents of children with special needs and parents of infants and toddlers consistently report difficulty finding appropriate child care settings for their children. According to the 2017 San Mateo County Child Care Needs Assessment conducted by the Child Care Partnership Council, only 60% of the demand for infant and toddler care can be met with the available supply, and only 13% of the need for subsidized infant/toddler care is met.¹⁴



of the demand for infant and toddler care can be met with the available supply

The 2014 assessment estimated that the parents of 1,956 children ages 0-5 with identified special needs are looking for an early learning program that will enroll their child. While the 2017 report did not provide a numerical estimate of the number of children with special needs who are seeking child care, it noted that the overall numbers of children served through the Golden Gate Regional Center and school district special education programs is similar to what has been found in prior assessments.



of the need for subsidized infant/toddler care is met

High-quality early learning programs can also provide an early identification process to assess young children for special needs. Early interventions for children at high risk can improve their social competence and cognitive abilities prior to school entry.^{15,16} These programs adapt to meet the needs and strengths of their students, to ensure that students with physical, sensory, or cognitive disabilities can learn some or all of the same lessons as other students.

In order to enroll their children in high-quality early learning programs, parents must be able to find understandable, user-friendly, reliable information about the quality of specific programs. Under the collaborative leadership of First 5 San Mateo County, San Mateo County Office of Education, and 4Cs of San Mateo County, San Mateo County began its Quality Rating and Improvement System (QRIS), which is called Quality Counts San Mateo County.

Quality Counts San Mateo County supports the quality improvement efforts of early learning programs to help make the care and education they provide even better. It is part of a state and national movement to raise early learning quality. Quality Counts rates early learning programs using statewide, evidence-based standards for high quality care and education. The ratings help programs identify where they want to improve; Quality Counts gives the programs helpful resources and training based on their ratings. Quality Counts also gives parents information to help find and select the best early learning program for their child.

The strategies for investments listed below link to and build upon the foundation of Quality Counts.

STRATEGIES FOR INVESTMENT

1

Quality Improvement:

In partnership with existing community efforts, support formal quality improvement frameworks in early learning environments, and provide the services required to help providers and programs improve their quality as measured by these frameworks. Such services may include: coaching/consultation, including reflective practice and consultation to support children with social-emotional needs or who are at risk for expulsion and/or reduced hours; peer mentoring; program quality assessments; facility enhancements; early learning provider training; and technical assistance. Recruiting, retaining, and educating the early learning workforce is vital to creating and sustaining high-quality early learning programs.

¹⁴ San Mateo County Child Care and Preschool Needs Assessment. (2017) Retrieved from http://www.smcoe.org/assets/files/learning-and-leadership/child-care-partnershipcouncil/Needs%20Assessment%202017/CCPC_Full_Report_Needs_Assessment_11-17.pdf

¹⁵ Karoly, L., Greenwood, P.W., Everingham, S.S., Hoube, J., Kilburn, M.R., Rydell, C.P., Sanders, M. and Chiesa, J. (1998). *Investing in Our Children: What We Know and Don't Know about the Costs and Benefits of Early Childhood Education*. Santa Monica, CA: RAND Corporation. Available online at: www.rand.org/publications/MR/MR898.

¹⁶ Reynolds, A.J. and Wolfe, B. (1997). *School achievement, early intervention, and special education: New evidence from the Chicago Longitudinal Study*. Focus 19, 3, 25-28. Available online at: www.worldbank.org/children/why/18.htm

2

Expand Access to Early Learning Settings/Environments for Children with Special Needs:

Support families' ability to access appropriate early learning experiences for their children with special needs. Such efforts may include: enhanced referrals matching children with appropriate placements, training and technical assistance to providers who enroll children with special needs, and/or policy approaches supporting inclusion.

Population-level Indicators:

These indicators have community baseline data and are impacted by many efforts and agencies. The Commission will monitor the following indicators to inform its work:

- The percentage of children ages 3-5 who are enrolled in preschool prior to Transitional Kindergarten/Kindergarten entry
- The available supply of infant and toddler care relative to the need
- The number/percent of early learning programs that enroll and maintain children 0-5 with special needs
- The percentage of all early learning programs participating in the QRIS

Participant-level Indicators:

These indicators will be measured by First 5 San Mateo County grantees, as applicable, for participants in services:

- The percentage of children ages 3-5 who are enrolled in quality preschool prior to Transitional Kindergarten/Kindergarten entry (note: availability of information on the quality of programs is limited)
- The percentage of early learning programs that improve their overall rating on the QRIS matrix
- The percentage of families of children with special needs and of infants/toddlers reporting ability to access appropriate early care for their children

Focus Area:

Healthy Children

Children's optimal health and development is influenced by many factors, from the environments in which children live and are cared for to their access and utilization of preventive health services. F5SMC has a strong history of supporting collaborative health efforts, particularly those that focus on prevention and early intervention.

Preventive health care can help minimize threats to healthy development and provide early detection and intervention for problems that emerge.¹⁷ In San Mateo County, 98.5% of children are covered by health insurance (CHIS). Health coverage and utilization of preventive care benefits has been and continues to be an advocacy priority for the First 5 San Mateo County Commission.

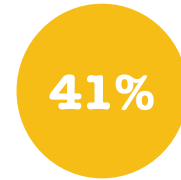
Given that there are limited resources to address the numerous important inputs that impact health, F5SMC is intentionally focusing on three areas that are not adequately supported in the current landscape of healthcare: oral health access and utilization, integrated systems for children with special needs and their families, and enhanced mental health systems.

¹⁷ Center on the Developing Child at Harvard University (2007). A Science-Based Framework for Early Childhood Policy: Using Evidence to Improve Outcomes in Learning, Behavior, and Health for Vulnerable Children. <http://www.developingchild.harvard.edu>

Oral Health Access and Utilization

Tooth decay is the most common chronic condition for children in the United States. Untreated decay can have negative implications for children’s development, including problems with eating and speaking, as well as poor self-esteem. Additionally, dental problems are one of the leading causes of school absenteeism, which is associated with lower academic achievement.¹⁸ Preventive dental visits for children save 10 times the cost of more invasive dental treatment and help to avoid the negative physical, socio-emotional, and academic consequences of poor dental health.¹⁹

One-third of California children are low income and subsequently qualify for Denti-Cal. Children on Denti-Cal experience inadequate access to dental care. In 2016, the Little Hoover Commission issued a scathing report detailing the reasons for the poor utilization rates, including dismal reimbursement rates and the lack of providers willing to accept the state insurance provision.²⁰ According to 2017 data from the California Department of Health Care Services, only 41% of eligible children on Medi-Cal ages 1-20 in San Mateo County received an annual dental visit in the year prior. These rates differ significantly from those of children with private insurance.²¹ Denti-Cal reimbursement rates, administration of the Medi-Cal dental provision, and higher no-show rates are cited as significant barriers for dental providers to accept Medi-Cal patients.²²



of eligible children on Medi-Cal ages 1-20 in San Mateo County received an annual dental visit in the year prior

Integrated Systems for Children with Special Needs and Their Families

Early identification and treatment 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. Early detection is critical for the 12 to 16 percent of all children in the U.S. who experience developmental or behavioral problems.²³ Although developmental delays pose risks for all children, delays that are prevalent among low-income children are more likely to be missed. Although the national average for all children to receive an autism diagnosis is four years of age, the average age of diagnosis for low-income children varies by race, with white low-income children diagnosed on average at six years of age, and their black and Latinx peers diagnosed at eight and nine years, respectively.²⁴ In California, 70% of children with developmental delays go undetected until kindergarten.²⁴ Undetected developmental problems in young children may cause delays in acquiring speech and language, inability to maintain relationships, and serious impediments to school learning.



of children with developmental delays go undetected until kindergarten

¹⁸ Research Brief. *Chronic Health Conditions and Academic Achievement*, 2017. Retrieved from https://www.cdc.gov/healthyschools/chronic_conditions/pdfs/2017_02_15-CHC-and-Academic-Achievement_Final_508.pdf

¹⁹ *Early Childhood Caries and the Impact of Current U.S. Medicaid Program: An Overview*. March 2012 Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3312229/>

²⁰ *Fixing Denti-Cal*, Report #230, April 2016. Little Hoover Commission Retrieved from <https://lhc.ca.gov/sites/lhc.ca.gov/files/Reports/230/Report230.pdf>

²¹ <http://healthpolicy.ucla.edu>.

²³ Boyle CA, Boulet S, Schieve LA, et al. *Trends in the prevalence of developmental disabilities in U.S. children, 1997-2008*. *Pediatrics* 2011;127:1034-42.

²⁴ Retrieved from <http://helpmegrowca.org/index.php/resources/resources-and-references/>

²⁵ Source for FY 2017: Part C Early Intervention Numbers and Percentages 2016. Retrieved from <https://www2.ed.gov/programs/osepidea/618-data/static-tables/2016-2017/part-c/child-countand-settings/1617-cchildcountandsettings-1.xlsx> Citation Source for Part B Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health, National Survey of Children with Special Health Care Needs (Dec. 2012). downloaded from Kids Data: Lucile Packard Foundation for Children’s Health: www.kidsdata.org/topic/65/special-needs-special-education-participation

Screening for developmental delays using a validated tool has been shown to detect credible concerns that are otherwise missed by primary care physicians and other child-serving professionals who rely instead on surveillance methods. Although the American Academy of Pediatrics recommends that pediatricians implement universal screening for their patients three times before a child's third birthday, only 29% of children in California receive timely developmental screenings.²⁵ California ranks 30th among all 50 states for screening of infants and toddlers.²⁵ Early data in San Mateo County mirror the statewide data, indicating that each year 4,000 children under age six are not receiving critical early intervention services for which they may qualify.²⁵

Families and providers need support to understand and navigate the complex array of community-based services and supports available to promote children's optimal health and wellness.²⁶ However, California ranks 46th in the nation on effective care coordination for children with special health care needs, and families in our state are more likely than families in every other state to cut back or stop working due to their child's condition.²⁷

Enhanced Mental Health Systems

Trauma is increasingly recognized as a significant contributing factor to overall health and well-being. Trauma can affect individuals, families, and communities immediately and long term, even over generations. It can have particularly negative developmental impacts on young children.²⁸ When young children are exposed to trauma, they can experience feelings of helplessness, uncertainty about whether there is continued danger, and a general fear that extends beyond the traumatic event.²⁹

Trauma refers to the effects of an event, series of events, and/or ongoing circumstances that are experienced as physically or emotionally harmful. For children, this can include abuse and neglect, as well as living in a household affected by substance abuse, mental illness, domestic violence, or incarceration. These conditions are often also referred to as Adverse Childhood Experiences, or ACEs. ACE scores are highly correlated with future health outcomes and opportunities, including greater risk of nearly every major disease or condition. People with high ACE scores are more likely to die decades before their counterparts with lower ACE scores.³⁰

Given the increase of knowledge regarding the critical role that ACEs play in overall health and well-being, equal attention is also being paid to the importance of child- and family-facing services being mindful and attentive to trauma, a concept that has been coined "trauma-informed." Similarly, the recognition that systems that are intended to serve children and families in supportive ways can often unintentionally exacerbate the trauma of their clients has led to a new body of knowledge focused on promoting "trauma-informed organizations." This work encourages organizations to recognize the importance of trauma and its impacts, plan and implement trauma-informed practices at the organizational level, and adapt for the ongoing and evolving needs of those they serve.

²⁶ Hughes, D. (2015). *In their own words: Improving the care experience of families with children with special health care needs*. Lucile Packard Foundation for Children's Health & University of California, San Francisco. Retrieved from: <http://www.lpfch.org/publication/their-own-wordsimproving-care-experience-families-children-special-health-care-needs>

²⁷ Data source: *2009/10 National Survey of Children with Special Health Care Needs*. Data Resource Center for Child and Adolescent Health. www.childhealthdata.org

²⁸ Center for Collective Wisdom. *Trauma and Resiliency: A Systems Change Approach: Emerging Lessons and Potential Strategies from the Los Angeles County Trauma and Resiliency-Informed Systems Change Initiative*, 2017. <https://www.first5la.org/files/Trauma.pdf>.

²⁹ National Child Traumatic Stress Network, 2013. <http://www.nctsn.org/>

³⁰ "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults," published in the *American Journal of Preventive Medicine* in 1998, Volume 14, pages 245-258

STRATEGIES FOR INVESTMENT

1

Oral Health Access and Utilization:

Partnerships to improve young children's utilization of preventive oral health care and advocating for policies and practices that increases dental utilization for children on Medi-Cal.

2

Integrated Systems for Children with Special Needs and their Families:

Bolster the continuum of care to identify and treat children with special needs, and the ongoing efforts to address systemic issues that impact access to and quality of these services. Activities may include: promoting universal social-emotional and developmental screening services for children 0-5; embedding screenings, assessments, and care coordination into pediatric clinics, early learning settings, or family support services; and supporting linkages and timely access to care coordination, assessment, and services for children and families requiring additional assistance.

3

Early Mental Health Systems and Infrastructure Enhancements:

Partnerships to support trauma- and resiliency-informed practices and policies in child- and family-serving organizations.

Population-level Indicators:

These indicators have community baseline data and are impacted by many efforts and agencies. The Commission will monitor the following indicators to inform its work:

- The number and/or percentage of children ages 0-5 who live in areas of High Community Need, as defined by the Community Collaboration for Children's Success Project.
- Maintenance of universal or near-universal health insurance rates for children ages 0-5 (at or above 98.5% of children 0-5 insured)
- The number or capacity of dental providers who serve children on public insurance
- The number or percentage of pediatric health providers who provide access to developmental screening as a part of routine well-child visits

Participant-level Indicators:

These indicators will be measured by First 5 San Mateo County grantees, as applicable, for participants in services:

- The percentage of children with the appropriate number of well-child visits for their age in the past 12 months, calculated using the Academy of Pediatrics schedule
- The percentage of children ages 1-5 who have seen the dentist for a routine check-up in the past year
- The percentage of parents reporting difficulty accessing services for mental health, developmental, or behavioral concerns

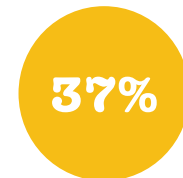


Focus Area: Resilient Families

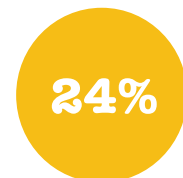
Secure, stable, and supportive relationships with caring adults significantly contribute to a child's healthy brain development.³¹ A loving and caring environment within the parent-child relationship is associated with many positive outcomes including higher self-esteem, increased communication, and fewer psychological and behavioral problems.³² Furthermore, lower levels of parenting stress may serve as a protective factor of the social-emotional health of their children. The early childhood field has gained tremendous knowledge in recent years about the ways in which families should be engaged in children's healthy development. Strength-based approaches that authentically affirm different cultures, languages, and family structures are accepted by the field as the best way to partner with families to achieve positive outcomes for children. Research on family engagement has repeatedly demonstrated that the majority of parents want the best for their children but may lack the knowledge and resources to promote development in the critical early years.

Data gathered from First 5 San Mateo County's research and evaluation efforts has identified social isolation, especially during the infant and toddler years, as a common struggle for parents. Between 2009 and 2015, more than one of every four parents participating in F5SMC services reported a lack of social support. This mirrors one of the key findings of the 2013 Silicon Valley Parent Story Project, which found that 37% of low-income families could not count on anyone in their neighborhood for help. Similarly, 24% of high-needs families reported they did not have friends to help them in their role as parents. Mothers' or fathers' groups can help parents network with other parents from similar backgrounds. Effective parent support groups are led by individuals who have similar life experiences and have a deep understanding of the socio-cultural backgrounds of the group participants.

Families in greatest need of support, for example, parents with mental health or substance abuse problems, parents experiencing domestic violence or incarceration, and especially those dealing with more than one serious issue benefit from focused services that are targeted to their particular source of stress. The cumulative effects of toxic stress can have damaging effects on learning, behavior, and health across the lifespan. Supporting families with multiple stressors diminishes the effects of trauma and promotes resilience by providing a more stable foundation for lifelong learning and success.



of low-income families could not count on anyone in their neighborhood for help



of high-needs families reported they did not have friends to help them in their role as parents

³¹ Schorr, L. B., & Marchand, V. (2007). "Pathway for Children Ready for School and Succeeding at Third Grade." Harvard University, Cambridge, MA.

³² Cox, M. Parent-child relationships. In M. Bornstein, L. Davidson, C. Keyes, and K. Moore (Eds.), *Well-being: positive development across the lifespan*. Hillsdale, NJ: Lawrence Erlbaum.

It is critical that parents and caregivers feel able to nurture their child's optimal development, because positive home learning environments contribute significantly to children's school achievement.³³ 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 increased school attendance and higher academic achievement.³⁴ Effectively partnering with parents in promoting their child's optimal development also results in better lifelong outcomes and reduces costs to society for special education, welfare, criminal justice, and health. By working with parents as equal partners in their child's healthy development, as well as acknowledging parents, schools, and communities as collectively responsible for the success of children, we promote reciprocal relationships that exponentially benefit children.

Authentic family engagement is the shared responsibility of families, providers, and communities to all collaborate in meaningful ways to support children's optimal development and learning. One barrier to family engagement for service providers and early childhood educators is a lack of knowledge and/or skills to effectively develop family engagement strategies. A key ingredient of effective family engagement is developing the capacity of providers through professional development.³⁵ A focus should be placed on building capacity of staff and families in four key areas: Capabilities (skills and knowledge), Connections (networks), Cognition (beliefs, values), and Confidence (self-efficacy). Service sector leaders (i.e. executive directors, supervisors, and decision makers) must have a fundamental understanding of early brain development and the parent-child relationship, as well as an understanding of the importance of family engagement for child development. This is critical to guard against decision makers implementing practices/approaches/policies that unwittingly burden families and/or the family-serving system. Having a fundamental understanding of child development is key to positively impacting children. Without such knowledge and information, service providers will struggle to reach children in a positive light.³⁶

STRATEGIES FOR INVESTMENT

1

Intensive Support for Families with Multiple Risk Factors:

Provide ongoing, individualized, professional support to children and parents in families experiencing multiple challenges, such as: homelessness, low income, domestic violence, incarceration, mental illness, or substance abuse. Activities may include: home visiting, care coordination, case management, family needs assessments, social-emotional screening, and therapeutic services, as well as wrap-around services such as parent support/parent education groups.

³³ Duncan, G.J. and Magnuson, K. (2003). *Promoting health development of young children*. In Sawhill, I. [ed.], *One Percent for the Kids: New Policies, Brighter Futures for America's Children*. Washington, DC: Brookings Institution Press.

³⁴ Caspe, M., Traub, F., and Little, P. (2002). *Beyond the Head Count: Evaluating Family Involvement in Out-of-School Time*. Harvard Family Research Project. Cambridge, MA. <http://www.gse.harvard.edu/hfrp/projects/afterschool/resources/issuebrief4.html>

³⁵ Mapp and Kuttner. (2013) *Partners in Education: A Dual Capacity-Building Framework for Family-School Partnerships*. Retrieved from <https://www2.ed.gov/documents/family-community/partners-education.pdf>

³⁶ National Association for the Education of Young Children (NAEYC)

2

Parent Connectivity:

Support informal or semi-formal social networks to promote parental resilience and reduce social isolation. Activities may include: mothers' or fathers' groups; paraprofessional- or peer-led support groups; social media networking opportunities; father involvement efforts; family cafés; father cafés; developmental playgroups; and partnering with parents to identify parent leaders who understand and share knowledge about attachment and early child development among their peers.

3

Family Engagement Capacity Building:

Increase the understanding of early brain development, the parent-child relationship and culturally responsive practices among service providers from sectors whose decisions affect family functioning, and to promote the appropriate application of that knowledge within their work. Activities may include: training and learning communities (Friday CAFEs - Community and Family Engagement) to create a culture of awareness, learning and sharing; building the capacity of both service sector leaders and direct service staff on early childhood development, adverse early childhood experiences, the 5 Protective Factors, and related subjects; systematized data sharing; and promotion of family-centric practices. Target service sectors include: child- and family-serving organizations.

Population-level Indicators:

These indicators have community baseline data and are impacted by many efforts and agencies. The Commission will monitor the following indicators to inform its work:

- The percentage of children ages 0-5 reunified with their families within 12 months of entering out-of-home care
- The percentage of children ages 0-5 re-entering the child welfare system
- The percentage of parents who regularly read, sing, and/or count with their children ages 0-5
- Increase in percentage of parents who report feeling connected to a support network

Participant-level Indicators:

These indicators will be measured by First 5 San Mateo County grantees, as applicable, for participants in services:

- The number and/or severity of risk factors reported by parents, such as inadequate food, inadequate housing, depression, domestic violence, and substance abuse
- The percentage of parents reporting that they are able to access the services their family needs
- The percentage of parents who report feeling connected to a support network
- The percentage of parents reporting confidence in their ability to nurture their children and support their development
- The percentage of parents who regularly read, sing, and/or count with their children ages 0-5

Accountability and Evaluation

First 5 San Mateo County Commissioners are responsible for ensuring that First 5 funds are used as voters intended when the California Children and Families First Act (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: Finance & Administration; Program, Operations, & Planning; and Evaluation. Committee work facilitates in-depth discussions on internal and external activities and responsibilities. Reports from committee meetings are a part of each Commission meeting.

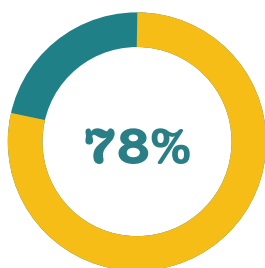
Organizations that receive First 5 San Mateo County funds report financial, program, and evaluation data in order to ensure contractual compliance. The fiscal reporting structure of the First 5 San Mateo County Commission was developed in accordance with the First 5 Financial Management Guide. This guide 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, F5SMC reports financial and program data to First 5 California for inclusion in the statewide Annual Report. In addition, F5SMC 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.

Evaluation

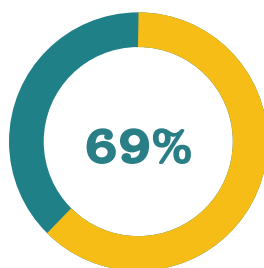
Starting in 2009, First 5 San Mateo County used a comprehensive evaluation approach to track its impact and identify effective strategies for achieving its desired outcomes using common indicators and data collection protocols across funded partners. The comprehensive evaluation has provided the Commission with a more complete picture of the families and providers we serve, and the benefits they gain from F5SMC-funded programs. For example, among families who received home visiting or care coordination services:



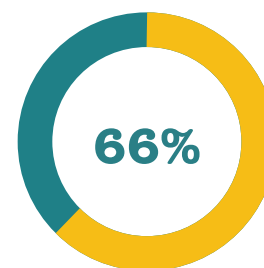
80% lived in households with annual incomes of less than \$30,000



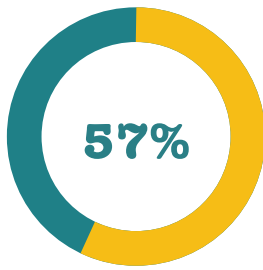
were Latinx, and 70% spoke primarily Spanish



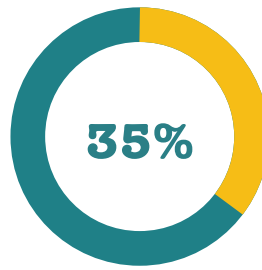
of parents had a high school education or less



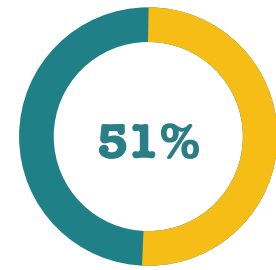
of parents read to their children at least 3 times per week



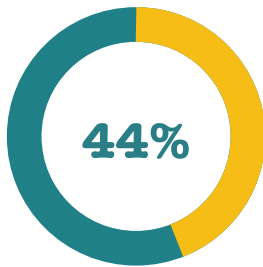
of children were breastfed for at least six months



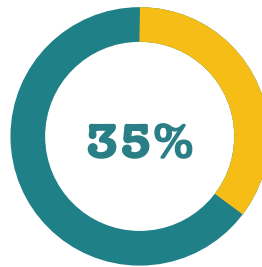
of the children had developmental concerns identified at screening, and 12% had been diagnosed with a developmental disability



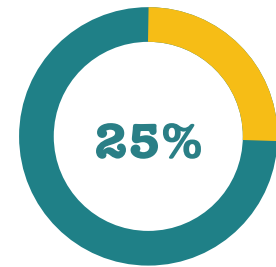
of parents worried about inadequate housing



of children ages 1-5 had never been to the dentist



of children had two or more hours of screen time per day



of parents needed help with their sadness or depression

While F5SMC is continuing common data collection for clients who participate in intensive services through our funded programs, different types of data collection may be required as we shift towards partnership, policy, and systems-level interventions. Collective impact models of community change require common data collection and data sharing procedures. Such efforts require that all partners build deeper connections to align, share, and use the data we collect on behalf of the children and families we serve. Regional, statewide, or national efforts typically have their own data collection and evaluation requirements, which we must map onto our local efforts. Work conducted through cross-agency, cross-sector collaborations also requires specialized evaluation to assess the changing nature of relationships between organizations and how those relationships improve systems’ abilities to support high-quality service delivery as well as client outcomes.

Status of Young Children Countywide

In addition to evaluating the impact of its funded programs, F5SMC has an interest in tracking the overall status of the young children and families of San Mateo County. Partnering with local and regional funders to collect and analyze information about the status of young children allows all those who care about the wellbeing of our youngest residents to monitor trends, identify emerging issues, and inform program and policy development. To further these ends, the Commission will continue to partner with other funders in support of countywide research projects such as school readiness assessments, parent surveys, or service participation analyses.

Conclusion

It is with tremendous gratitude for our fellow investors, leaders, and partners that F5SMC celebrates its contribution to the increased well-being of children ages birth through five and their parents in our County. It is also satisfying that as Proposition 10's funding has decreased, the impact of First 5 continues to be significant.

F5SMC's pivot from primarily serving as a direct-service grant maker to a strategic investor, leader, and partner has set up its enduring relevance and the championing of young children for years to come. Now at its 20-year anniversary as an organization, the maturation of F5SMC, its leadership, and community partners facilitated the ability to rethink the strategies used to make the most impact. Rather than perceiving the funding decline as a fiscal cliff from which one should recoil, it was embraced as an opportunity to seek out new opportunities for leverage and significance. This creative and opportunity-based approach has yielded profound impact for young children and their families, and reinvigorated F5SMC as a community investor, partner, and leader.



First 5 San Mateo County Commissioners

Commissioners Who Adopted the Strategic Plan

Pam Frisella, Public Member, Commission Chair
Louise Rogers, Chief, San Mateo County Health, Commission Vice-Chair
Anne E. Campbell, County Superintendent of Schools
David J. Canepa, Board of Supervisors
Nicole Pollack, Director, San Mateo County Human Services Agency
Michael Garb, Public Member
Rosanne Foust, Public Member
Neel Patel, M.D., Public Member
Sandra Phillips-Sved, Public Member

2020 Current Commissioners

Louise Rogers, Chief, San Mateo County Health, Commission Chair
Sandra Phillips-Sved, Public Member, Commission Vice-Chair
Nancy Magee, County Superintendent of Schools
David J. Canepa, Board of Supervisors
Ken Cole, Director, San Mateo County Human Services Agency
Alexis Becerra, Public Member
Rosanne Foust, Public Member
Pam Frisella, Public Member
Neel Patel, M.D., Public Member

First 5 San Mateo County Staff

Kitty Lopez, Executive Director
Michelle Blakely, MA, Program and Planning Director
Khanh Chau, MBA, CPA, Fiscal Management Analyst
Myra Cruz, Administrative Secretary III
Jenifer Clark, Research and Evaluation Program Specialist
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Emily Roberts, MSW, MPH, Child Health and Development Program Specialist
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- First 5 San Mateo County strategic planning ad-hoc members which includes the following Commissioners: Pam Frisella, Louise Rogers, Nicole Pollack, and Michael Garb
- First 5 San Mateo County staff for their thoughtful and tireless work, and dedication to San Mateo County's youngest children and families
- VIVA Strategy + Communications for their wise counsel and facilitation of the strategic planning.