

# STRATEGIC PLAN



Fiscal Years  
**2023-2026**



**CONNECTING FAMILIES** and the **COMMUNITY**  
with resources to build a **STRONG FOUNDATION**  
for **SUCCESS** for children 0 through 5 years of age.



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All children in Riverside County  
are healthy and thrive in

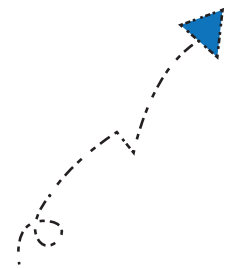
**SUPPORTIVE, NURTURING, *and* LOVING**  
== *environments* ==

AND

enter school ready to learn &



Lifelong  
Learning

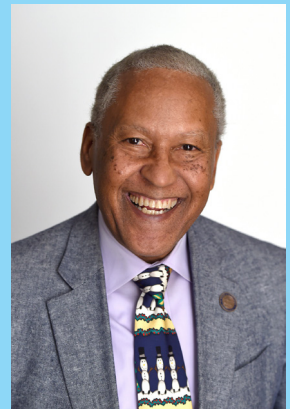




## I. OVERVIEW

On August 4, 2020, the Riverside County Board of Supervisors voted unanimously to declare racism as a public health crisis. The resolution passed by the Board listed several planned actions describing what the County will do to act on this, including seeking more diversity in county's workforce and in leadership positions, implementing solutions to eliminate systemic inequality in all external services provided by the county, and enhancing public education to increase understanding and awareness of systemic inequality and its impact. Similarly, the First 5 Association has established a commitment to "center race, equity, diversity, inclusion (REDI) in all we do" in its 2022-2025 strategic plan, including an objective to build local First 5 capacity to advance REDI locally. While both entities are still formulating plans for what this work will entail, First 5 Riverside County shares the commitment to centering race equity.

The County of Riverside is blessed with incredible diversity that makes us unique and is one of our many strengths. Therefore, we will focus on developing programs and initiatives that are equitable to create a better future for our residents. This will build a solid foundation to improve the health and wellbeing of our community. We have a strong sense of community, and we must ensure this is inclusive of all. I am proud that we are moving forward together to address the needs of our residents to further health, wellness, and success in every aspect of all lives.



**-Chuck Washington, District 3 Supervisor  
First 5 Riverside County Commissioner 2022**

First 5 Riverside County understands that this commitment will have a significant bearing on its own work to advance the vision stated above through its investment of its resources, which are largely but decreasingly comprised of revenues from Proposition 10.

State voters passed Proposition 10, the "California Children and Families Act of 1998," in November of that year. Subsequently, the Riverside County Board of Supervisors created the Riverside County Children & Families Commission, also known as First 5 Riverside County. The act levies a \$.50 tax increase on cigarettes and other tobacco products to provide funding for early childhood development programs. The revenue generated from this tax, which was increased in 2016 by Prop 56, is distributed by the state to the counties to ensure that our youngest Californians, from prenatal through age 5, get the best start in life.

Revenues generated from the tobacco tax must be used to enhance the early growth experiences of children, enabling them to be more successful in school and ultimately to give them an equal opportunity to succeed in life. Since inception, First 5 Riverside County has invested more than \$505 million of Proposition 10 and Prop 56 funds

in local programs. Additionally, since 2016, First 5 Riverside County has identified and accessed an additional \$22 million in federal, state, and inter-county funding to expand and support integrated whole child and whole family supports. In the past 23 years, through diverse funding strategies, approximately \$527 million has been invested in the County.

First 5 Riverside County supports and advocates for the strong start all children deserve and is committed to engaging in partnerships that maximize investments to ensure children and families have every opportunity to succeed.

## II. ANNUAL STRATEGIC PLAN REVIEW

The Commission is required to conduct an annual review of the adopted strategic plan and to adjust the plan to respond to opportunities, challenges, or changes in the environment. In 2018, a mid-course revision reflected the evolution of the entire First 5 system, which is occurring in the context of a slow but steady decline in the tobacco taxes that are the main revenue source for First 5 Commissions. In 2020, the Commission revised and extended the Plan through 2023.

Since inception, many First 5 Commissions initiated their work by funding direct services for children and families since it was an obvious need, evidenced by services that were limited and not supporting children and families adequately. These efforts also gave First 5 Commissions an opportunity to gain valuable practice knowledge and to identify where gaps existed in the provision of programs and associated systems that resulted in inadequate and/or interrupted services, especially for vulnerable children. Grants to fund services created the possibility to address these issues quickly and efficiently. Although the majority of Proposition 10 funds have been focused on supporting families through direct services, First 5 Commissions have shifted increasingly toward funding services with an intent to change the core practice of organizations and improve or develop systemic approaches. The First 5 Association defines system change as: “working with organizations, communities, and public agencies in new ways to change how services and supports are organized and delivered.”<sup>1</sup> This approach reflects First 5 Commissions’ role as stewards of public resources, and the associated imperative to maximize the public’s investment and invest those funds strategically in a way that creates real and lasting change for children and families. Furthermore, given that funding entities can be politically influential, First 5’s are in a unique position to engage relevant and significant stakeholders, such as elected officials and senior leaders of public agencies, to highlight the challenges faced by children and families in respective communities.

Several important changes have occurred in recent years that shift the context for this work even further. Building on, and leveraging, its role as leader and convener, First 5 Riverside County has become an official department of Riverside County, more deeply embedding it within the public systems it seeks to improve on behalf

of children. First 5 Riverside County and the county's Department of Public Social Services established a partnership to redesign county-operated family resource centers (FRCs) to be essential sites for innovation and a part of the larger county-wide prevention and early intervention strategy for children and families. This includes supporting and nurturing a larger family resource center network beyond the county operated FRCs to contribute to building a much larger coordinated system of care for child abuse prevention and child well-being efforts. Combined with additional learning based on recent experimentation and innovation in engaging formal and informal systems of care, First 5 Riverside County is investing in meaningful and lasting systems change on behalf of children and families. This learning and success have engendered another evolution in the First 5 system: an increase in the level of coordination between and alignment of approaches taken by individual First 5 Commissions. This alignment has reflected an effort to incorporate and codify the learning and success on the one hand, and to set the stage for more effective system-wide and statewide advocacy on the other.

Since the adoption of the 2016-2021 Strategic Plan, the Commission has made timely revisions to support the evolution of its work and has extended the Plan through 2023. To account for and leverage its changing context, First 5 Riverside County has updated both the content of the strategies (an increase in level and sophistication of systems-change investments) and the structure and language of its planning framework (to reflect a more intentional change model and align with the rest of the First 5 system wherever possible). The strategies contained in this document reflect the updated content and the following sections explain and present First 5 Riverside County's updated strategic framework.

## Riverside County Profile

Riverside County is the fourth largest county in California and the 10<sup>th</sup> largest in the United States. It covers more than 7,300 square miles and is home to 2.4 million residents.<sup>2</sup> There are 28 cities, large areas of unincorporated land, and several Native American tribal entities. The population by race is as follows: 56.24% White, 6.63% Black/African American, 1.12% American Indian/Alaskan Native, 6.82% Asian, 0.34% Native Hawaiian/Pacific Islander, 23.36% Other Race and 5.49% Multiracial.<sup>2</sup> The population by ethnicity is 51.97% Hispanic/Latino and 48.03% Non-Hispanic/Latino.<sup>2</sup>

The median household income of Riverside County is \$70,732 compared to \$78,672 for the State of California.<sup>2</sup> In Riverside County, 33.6% of individuals are living in households with income below 200% of the Federal Poverty Level (FPL) compared to 31.0% in California.<sup>3</sup>

In 2020, Riverside County was home to approximately 175,500 children under age 6.<sup>4</sup> Births average 30,000 annually.<sup>5</sup> Enrollment in Medi-Cal for children 0 through 5 years is at 48.2% for Riverside County compared to 44.7% for the state.<sup>6</sup> In the 2018-19 academic year, 23.2% of 3rd graders met English language arts/literacy (ELA/literacy) Common Core State Standards, and 28.5% in Riverside County met

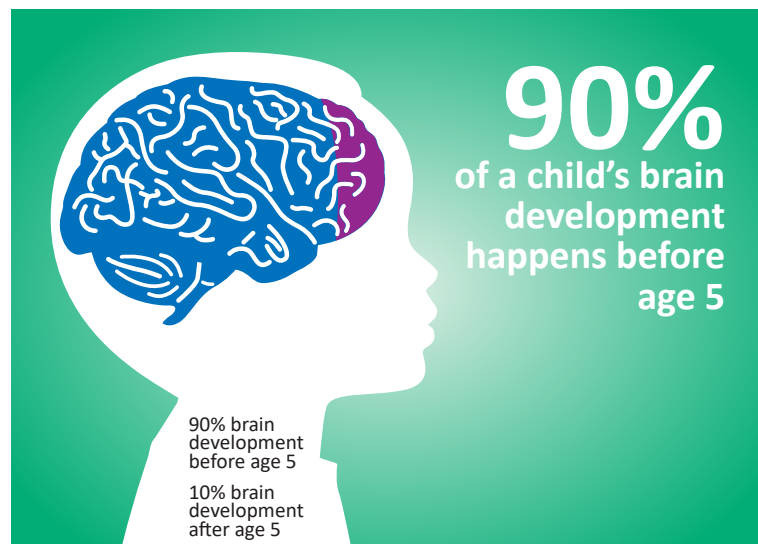


the mathematics Common Core State Standards.<sup>7</sup>

While this County-level data is critical for informing our County-wide approach, understanding the regional variation in needs and assets of children and their families can help us determine how to focus our resources even more efficiently. To this end, First 5 Riverside County will begin work to develop datasets at the supervisorial district level, so that strategy refinements can be made that are responsive to community need at the local level. This work is anticipated to be complete in time to inform our next strategic plan in 2023.

## The Importance of Early Childhood

First 5 Riverside County's commitment to serving our youngest children stems from research in brain development showing that the experiences of children in their earliest years significantly affect the way they grow and develop. The first years are the most rapid period of brain growth, with nearly 90% of brain development occurring by age 5. This remarkable growth happens in response to, and in the context of, a child's experiences. During the early years, critical connections form between nerve cells, creating pathways that determine an individual's emotional, social, and intellectual makeup. Investments in the early years, when children's brains are developing and taking permanent shape, are the best investments First 5 Riverside County can make.



## Early Learning Matters

Research demonstrates that children who attend a quality early learning and care program are more likely to do well in school and experience better outcomes as adults. In fact, for every dollar invested in quality early childhood education, there is up to a 13% return on investment per year through better outcomes in education, health, sociability, economic productivity, and reduction in crime.<sup>8</sup> This is especially true for children living in poverty and those who experience multiple risk factors and in Riverside County, nearly one-fifth of children under age 5 live in poverty. Moreover, over half of the County's 3rd graders score below grade level in English Language Arts.<sup>7</sup> Families have a continued need for quality early learning and care programs. As of February 2022, 569 early learning providers are a part of Quality Start Riverside County. Of the 501 sites that have a quality

higher on quality standards established by the Quality Counts California Quality Rating Matrix. These standards include quality elements at five tiers in three core areas of child development and school readiness, teachers and teaching, and program and environment.

While the availability of licensed early learning and care increased between 2017 and 2019 (4% increase in center-based spaces and 7% increase in family child care spaces)<sup>9</sup>, the impact of the COVID-19 pandemic on the availability of licensed child care is still being felt. Another challenge, that is in part due to the ongoing impact of the COVID-19 pandemic, is the lack of qualified early educators. During the pandemic many early educators left the field due to the low wages, lack of benefits, the high risk of working with young children during a pandemic, as well as the economic impact of program closures and lack of enrollment during the pandemic.

Over three quarters of parents who request assistance from the Riverside County Office of Education (RCOE) Resource and Referral program need early learning and care for their children so that they can work. However, even for families earning the median family income of \$70,732 who have a preschool age child and an infant, the cost of child care is greater than the cost of housing (25% compared to 20% of the family's income, respectively).<sup>9</sup> For lower income households and those who qualify for subsidized early learning and care, the availability of subsidized care is inadequate to meet the need, particularly for infant and toddler care. In fact, only 5% of the eligible infants and toddlers in Riverside County receive the care for which they are eligible, compared to over one-third of preschool age children.

Universal preschool/Kindergarten (UPK), which offers families free preschool to all 4-year-old children in the state for a minimum of 3 hours per day, is expected to have a dramatic impact on the early learning and care field. Pre-Kindergarten (PK) expansion is expected to not only increase the number of 4-year-olds enrolled in PK but will also shift the early learning and care system to serve more children ages 0-3 years. While the shift is intended to increase the availability of spaces for infants and toddlers, there is concern that the higher cost of providing care to younger children (primarily due to the lower adult/child ratios) coupled with the anticipated shift of qualified early educators to UPK, will be too great for the early learning and care system to bear. Fortunately, the state recognizes this challenge and the rates at which providers are reimbursed for serving income eligible children has increased and will continue to increase with rate reform efforts.

In addition, there is a growing prevalence of children with a wide range of special needs. Children with high needs are 50% more likely to be placed in special education classes, 25% more likely to drop out of school, 70% more likely to be arrested for a violent crime and 40% more likely to become a teen parent.<sup>10</sup> Children with high needs who participate in high-quality early learning environments benefit greatly, often exceeding national averages on measures of school readiness. In Riverside County, families have a continued need for services in early learning settings which support inclusion.

## Whole Child, Whole Family

With the number of critical developmental processes that are at play during early childhood in mind, the First 5 Association has adopted a whole child, whole family framework to put child development into an even more explicit ecological context that includes connections between a child and their family and community that they are a part of. While First 5 Riverside County has always incorporated these vital connections, its direct involvement and strategic investment in the Family Resource Center network in Riverside County puts it in an even stronger position to address these connections as a part of its work. As it approaches its next strategy cycle, First 5 Riverside County will be looking for ways to identify and address opportunities to strengthen comprehensive family systems in ways that promote the healthy development of children, as well as other social determinants of health that have a significant bearing on the developmental environment for children growing up in Riverside County.

## Growing Need for Health Equity

Riverside County ranks 39<sup>th</sup> out of 58 California counties in relation to overall health factors. For quality of life, it ranks 42<sup>nd</sup>, 47<sup>th</sup> for clinical care, and 56<sup>th</sup> for the physical environment.<sup>11</sup> The combination of nearly all health indicators strongly correlated with race and/or class with a saturation of users to the health care system make health equity a growing area of concern for the county as a whole.

In Riverside County access to both prenatal and pediatric care are trailing state averages. There is one primary care pediatrician available for every 2,800 children through age 5 in the county; this is six times lower than the statewide rate. In addition, rates of timely prenatal and postpartum care are declining in the county in recent years and preterm, and very preterm births in the county are higher than the state average, a poor outcome that disproportionately impacts Black women and babies.<sup>12</sup>

Persistent health inequities exist statewide and within the county. In California Black and Latinx women experience higher rates of postpartum depression.<sup>12</sup> The county also has lower than State average rates of children visiting the dentist, with only two-thirds of children 2 to 3 years of age having ever visited a dentist.<sup>13</sup> In addition, childhood obesity rates have more than tripled in the last four decades,<sup>14</sup> only 77% of mothers receive prenatal care,<sup>15</sup> and asthma prevalence continues to be higher in Riverside County (21% compared to 15% statewide in 2013-2014).<sup>16</sup> There is also a significant increase in behavioral health needs particularly among children age 17 and younger; a challenge exacerbated by low rates of developmental screening (nationally, fewer than one in three children receive developmental screening).

Overall healthcare coverage in California has increased and reduced the need for local investment in providing premium subsidies. However, gaps in services remain and navigation of the health system and other services is not consistently available to families. A healthcare system that can effectively achieve positive birth and early childhood health outcomes will include (1) a stronger focus on prevention; (2) enhanced care coordination to assist families in meeting multi-faceted healthcare



needs and (3) resources to address social determinants of health and trauma. Most children in Riverside under age 6 have health insurance and over 40% of those children are Medi-Cal recipients, making Medi-Cal the largest health insurance provider for children in the county. Further, the 0-5 population is expected to increase over the next decade increasing the population insured by Medi-Cal.<sup>5</sup>

California Advancing and Innovating Medi-Cal (CalAIM) is a long-term commitment from the State to transform and strengthen Medi-Cal, offering Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory<sup>17</sup>. Improvements in the Medi-Cal managed care system can catalyze population-level improvements in health, especially for young children. The CA Department of Health Care Services Medi-Cal procurement in 2022 is redefining how care is delivered to more than 12 million Californians by raising the state's expectations of plans in the Medi-Cal program to be committed to:

1. High-quality, accessible, and comprehensive care across all settings and levels of care
2. Reducing health disparities
3. Improving Health outcomes

## Increase in Family Stress

Approximately one-third (30%) of households in Riverside County have a child under age 6.<sup>18</sup> The physical and emotional well-being of children is largely dependent on the strength, health, and resilience of their family.

There is an increasing number of families facing critical challenges in Riverside County. The COVID-19 pandemic exacerbated these longstanding challenges resulting in more children experiencing homelessness, child abuse and neglect, and food and housing insecurities. At some point in the 19-20 school year, 2,365 children ages birth-kindergarten (which includes infants, toddlers, pre-kindergarteners, and kindergarteners) were reported as being homeless in Riverside County.<sup>19</sup> Approximately 19.2% of children ages 5 and under are living below the poverty level in Riverside County.<sup>20</sup> In 2020, for children under 1, the rate of substantiated reports is 26.4 per 1,000 children compared to California's rate of 22.2 per 1,000 children, 11.4 for ages 1-2 compared to 8.7 for the state, and 9.2 for ages 3-5 compared to 7.2 for the state.<sup>21</sup>

According to the California Office of the Surgeon General, "widespread stress and anxiety regarding COVID-19, compounded by the economic distress due to lost wages, employment and financial assets, mass school closures, and necessary physical distancing can result in an increase of stress-related health outcomes."<sup>22</sup> Families continued to struggle to find affordable quality child care and early learning options keeping some parents from returning to work. Other challenges include a significant percentage of children in foster care and grandparents who are responsible

for raising their grandchildren while dealing with their own aging needs and health issues. These all contribute to a high number of families with limited access to the resources necessary to help children grow up healthy and ready to succeed.

### III. STRATEGIC ESSENTIALS AND INVESTMENT GUIDELINES

In 2016, the Commission developed three strategic essentials to ensure the success and sustainability of the Commission's efforts to advance its vision, mission, and long-term objectives. The Strategic Essentials include:

- **Support strategic positioning and partnerships:** Maximize return on the Commission's future investments through leveraging resources
- **Support the development of organizations and providers:** Provide technical assistance and support to programs to build capacity and increase independence from First 5 funding
- **Integrate direct services:** Provide funding for services that integrate other First 5 programs and link to existing programs and services

#### Investment Guidelines

To help define and support First 5 Riverside County's shifting focus, the Commission developed five investment guidelines to express First 5 Riverside County's point of view about how and where it can have the most impact and advance the strategic essentials.

#### Five Investment Guidelines to Implement the Strategic Essentials

Upstream (Prevention) ➡ Downstream (Intervention)

PROMOTION ➡ PRIMARY PREVENTION ➡ EARLY INTERVENTION ➡ TREATMENT OR SERVICE



Upstream strategies focus on improving fundamental social and economic structures, environments, and conditions that support the ability of individuals and groups to reach their full health potential and to withstand challenges. Downstream strategies focus on providing equitable access to care and services to ensure that any presenting problems or challenges are addressed effectively.<sup>23</sup>

**First 5 Riverside County position:** First 5 Riverside County investments will fall on the upstream/prevention side of the continuum, prioritizing support for promotion, primary prevention, and early intervention strategies.

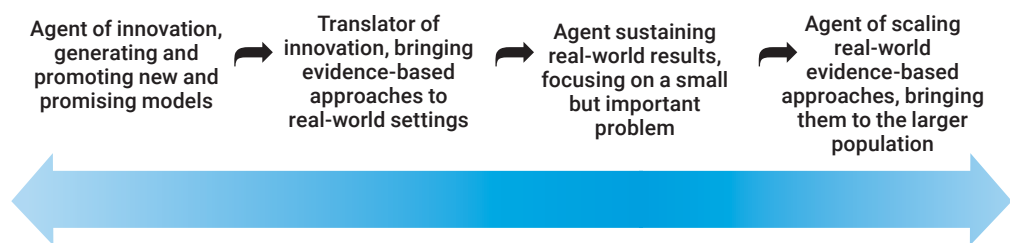
## Going Broad ➡ Going Deep



Going broad means engaging in strategies that have less impact on a greater number of people, while going deep means engaging in strategies that have a greater impact but reach fewer people.

**First 5 Riverside County position:** First 5 Riverside County investments will fall on the left to middle section of this continuum, with most investments ranging from low intensity with high reach to moderate intensity and reach.

## Growing Local Models ➡ Leveraging Evidence-Based Models



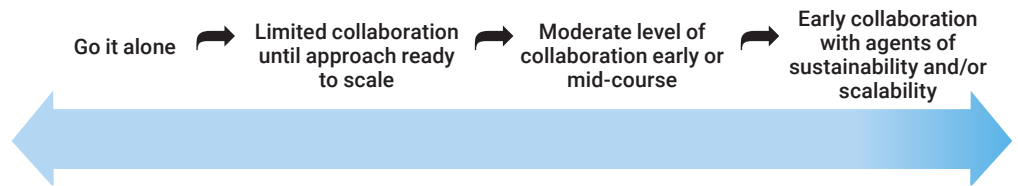
Growing local models means being an agent of innovation, generating and promoting new and promising models. In the middle of this continuum means being a translator of innovation, bringing evidence-based approaches to real-world settings, and being an agent sustaining real-world results, focusing on a small but important problem. Leveraging evidence-based models means being an agent of scaling real-world evidence-based approaches by bringing them to the larger population.

**First 5 Riverside County position:** Investments will generally fall in the middle of this continuum, and thus First 5 Riverside County will largely serve as a translator of innovation and agent of sustaining real-world results.





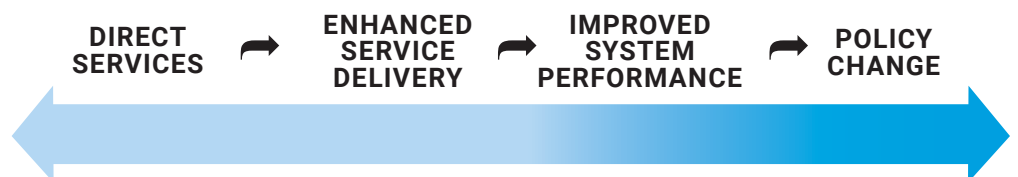
## Go It Alone ➔ Start with Partnership Opportunity



Going it alone means engaging in limited collaboration until an approach is ready to replicate or scale, while starting with partnership opportunities means engaging in collaboration early in the process with agents of sustainability and/or scalability.

**First 5 Riverside County position:** Investments will primarily follow a model of collaborating early with other partners and/or agents of sustainability and/or scalability.

## Direct Services ➔ Systems and Policy Change



On one side of this continuum is a focus on funding direct services; the middle of this continuum includes enhancing service delivery; and the other side of this continuum focuses on working towards systems improvement and being a champion for policy change.

**First 5 Riverside County position:** Investments will primarily be directed towards systems and policy change.

These guidelines establish the Commission's preferences for how future investments will be allocated and are to be considered both in evaluating individual proposals and assessing the overall portfolio of First 5 Riverside County investments.



## IV. OUR STRATEGIC FRAMEWORK

First 5 Riverside County's vision, mission, and values remain constant and continue to anchor and guide the Commission's work:

### Vision

All children in Riverside County are healthy and thrive in supportive, nurturing, and loving environments and enter school ready to learn and embrace lifelong learning.

### Mission

First 5 Riverside County invests in partnerships that promote, support and enhance the health and early development of children, prenatal through age 5, their families and communities.

### Values

- Child & Family
- Outcomes-Driven
- Collaboration
- Sustainability

### Protective Factors

In addition to mission, vision, and values, First 5 Riverside County utilizes the Strengthening Families™ Protective Factors Framework<sup>24</sup> (see Appendix C) as a foundational philosophy for its approach to improving the lives of young children. Extensive evidence supports the common-sense notion that, when these Protective Factors are present and robust in a family, the likelihood of a child achieving optimal health and development is greatly increased.

First 5 Riverside County's Impact Model reflects its ideal role in supporting improvements to systems that primarily serve children prenatal through age 5 and their families.

### Impact Model

First 5 Riverside County's Impact Model is organized around three developmental areas for children:

1. Quality Early Learning
2. Comprehensive Health and Development; and
3. Resilient Families

These three developmental areas, aligned with the First 5 Association, correspond to the three program areas around which First 5 Riverside County organizes its investments.

The Impact Model establishes an outcomes framework for the system changes First 5 Riverside County is working towards, which is divided into four different kinds of systems change outcomes and expressed in terms of what will be different for children and their families in relation to the services and supports they need to thrive:

1. Increased access
2. Increased quality
3. Increased coordination
4. Increased consumer and community capacity to utilize services and supports, as well as to successfully face challenges

These outcome areas are important because they define how First 5 Riverside County will measure the success of its investments: in terms of their effectiveness in advancing these systems change outcomes on behalf of young children and their families. These outcome areas are used to organize the measurable results listed in the program strategies that specify what each of the program strategies is designed to achieve.





The Impact Model organizes the different types of investments First 5 Riverside County makes to strengthen the system of services and supports for young children and their families. This organizing principle divides investments into two meta-categories: direct services and systems change.

Direct services can take the form of services for children or services for families and caregivers, while systems change investments take the form of efforts to build provider capacity, to support organizations and communities to work better together through strengthened partnerships and service integration, to increase and leverage financial resources, and to educate parents and policymakers about the importance of supporting a child's early development. Within each program area, those systems change investments target a set of stakeholders specific to that program area, while First 5 Riverside County continues to lead and advocate for change at a county-wide, cross-systems level.

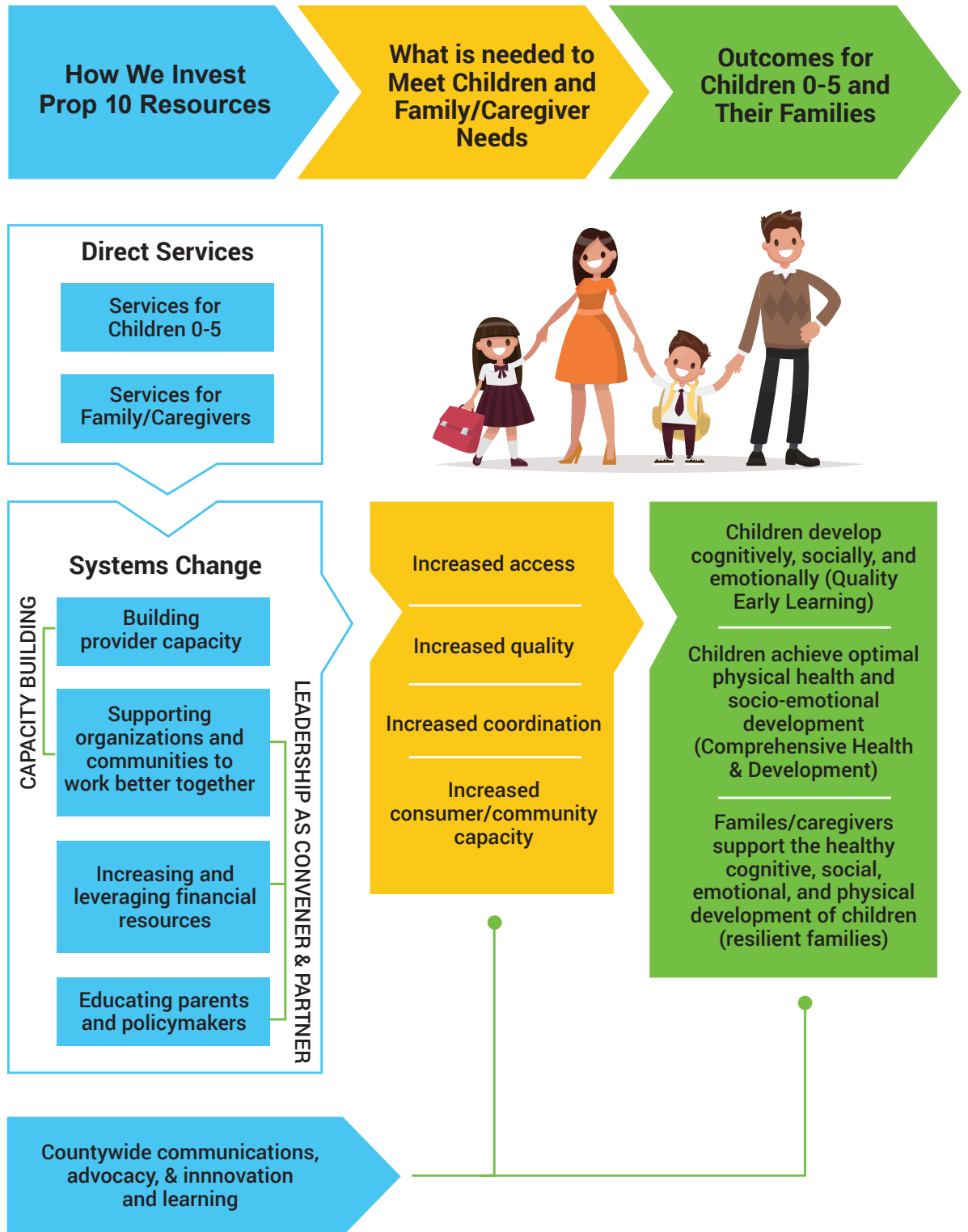
The Impact Model provides clarity and consistency of First 5 Riverside County's investment strategies and helps to build connection and alignment between streams of work across program areas that have characteristics in common. For example, provider capacity building efforts in the Quality Early Learning program area could be leveraged in services of similar capacity building efforts in Comprehensive Health and Development.

Two significant recent developments – First 5 Riverside County's direct involvement and investment in Family Resource Centers and its commitment to centering a heightened focus on race equity – may lead to a revision of this Impact Model in the next strategy cycle; in the interim, First 5 Riverside County will continue to use it to guide its thinking about how it invests its resources and to what end.

In the following section, goals, strategies, activities, and results are organized according to this Impact Model.



## First 5 Riverside County Impact Model



## V. PROGRAM GOALS

### Goal 1

#### QUALITY EARLY LEARNING

##### Goal Statement

Children, birth through age 5, benefit from high-quality early education, early intervention, family engagement, and support that prepares all children to reach their optimal potential in school and life.

##### Strategy Narrative

First 5 Riverside County increases access to quality child care through two major collaborative initiatives: Quality Start Riverside County (QSRC) and the Riverside Hybrid Alternative Payment (RHAP) program. In addition, First 5 Riverside County addresses key gaps in the early learning landscape.

QSRC is the region's Quality Improvement System (QIS) and provides four critical supports:

1. establishing and promulgating quality standards for early care and education,
2. supporting quality improvements with early childhood education (ECE) providers using these standards,
3. providing professional development opportunities for providers to help them increase the quality of their care, and
4. providing parents and caregivers with tools and resources to select quality programs.

The RHAP program increases the number of children accessing high-quality early learning environments. RHAP is a systems approach that aligns with and supplements the existing California Alternative Payment Program (CAPP) administered by Riverside County Office of Education (RCOE). In 2019, RCOE received increased state funds to enroll children into CAPP reducing the need for Proposition 10 funded RHAP scholarships.

RHAP leverages QSRC and provides scholarships for families who do not qualify for other child care subsidies. RHAP also leverages the capacity of RCOE to administer scholarships, collect data, and provide enhanced reimbursement for quality programs participating in QSRC.

Further, the Commission continues to address barriers to families' access to high quality early learning opportunities committing Proposition 10 funds to expand ECE facilities. Analysis of existing childcare licensing data has revealed that Riverside County currently has only six active, licensed ECE facilities per 1,000 children ages 0-5. The Bipartisan Policy Center indicates that, across all income levels, Riverside

County needs to add 59,750 licensed childcare slots to meet estimated current demand. The Low Income Investment Fund cost model finds that meeting this demand could cost the county more than \$1.4 billion in ECE facilities construction and expansion efforts.

The Riverside County Board of Supervisors approved the County Executive Office and First 5 Riverside County's recommendation to direct American Rescue Plan Act (ARPA) funds to provide wage enhancement payment to the ECE workforce and expand facilities. This was an innovative approach to support a workforce that is critical to both the educational and economic success of the county and to effectively utilize Federal relief funds.

The need for increased funding for childcare is broadly recognized and legislative efforts are underway to increase funding at the State and Federal levels. These legislative initiatives are essential to establish on-going funding streams to stabilize the child care system and increase access to a comprehensive, quality, and affordable care. In California, child care rate reform is underway that will align all child care and preschool programs, including school-based, to a single regionalized reimbursement rate structure that addresses quality standards for equity and accessibility while supporting positive learning and developmental outcomes for children. Rate reform is projected to be adopted for all child care programs and implemented in 2023.

[edsourcesource.org/wp-content/uploads/2022/01/EarlyChildhoodBudgetSummary.pdf](https://edsourcesource.org/wp-content/uploads/2022/01/EarlyChildhoodBudgetSummary.pdf)





## Goal 1 Activities

### A. DIRECT SERVICES

#### Services for children

- Support early literacy efforts such as Ready for K and Raising a Reader
- Support the Alternative Payment system for child care and early childhood education to low-income families through the RHAP program, including scholarships for special populations and tiered reimbursement to support increases in levels of quality of QSRC Providers, in preparation for and in alignment with, rate reform at the State.

#### Services for families/caregivers

- Provide education and tools to parents/caregivers on how to choose a quality early learning program
- Provide parents/caregivers with evidence-based early language and literacy tools, through the use of technology and traditional resources, to maximize existing family routines to engage in more home and center-based learning.

### B. SYSTEMS CHANGE

#### Building provider capacity

- Strengthen the professional development system for early care and education providers by making available a cohort of experts that provide mentoring, training and assessments, with a focus on increasing the quality of curriculum, teacher-child engagement, and enhanced teaching practices.
- Increase supply of high-quality early learning programs across our mixed delivery system for children 0–5.
- Support infrastructure/facility expansion of Quality Start Riverside County early learning center-based infant and toddler settings.
- Support improved facility safety in Quality Start Riverside County sites, including supporting providers' responsiveness to public health COVID-19 guidance.
- Support community and home-based child care settings that are not subsidized child care or preschool sites and provide early learning and school readiness services to parents and young children. These may include, but are not limited to, home visitation programs, family resource centers, Boys and Girls Clubs, and libraries.

#### Supporting organizations and communities to work better together

- Convene a consortium comprising of ECE and health-related stakeholders that share the same vision for children in Riverside County to improve the quality of early learning, and to implement the QIS framework in Riverside County.



## Goal 1 Results

### **Increasing and leveraging financial resources**

- Leverage resources and capacity to expand access to outside funding, including awards to First 5 Riverside County via Federal, State, local, foundations or other private sector funding, including CARES & ARPA funds.
- Align partnerships and investments that support infrastructure expansion for child development centers for infants and toddlers.

### **Educating parents and policymakers**

- Inform and drive policy decisions and investments across the early education sector in Riverside County.

### **Increased access**

- Increased access to high-quality early care and education for infants, toddlers, and preschoolers with a focus on families who fall between low-income level ranks who are not supported by other subsidized programs.

### **Increased quality**

- Increased level of quality in early learning centers and family child care homes as demonstrated by site-specific improvements or implementation of evidence-based practices in alternative sites.
- Increased safety and outdoor learning environments.
- Increased supply of high-quality child development centers in Riverside County.
- Increased capacity of ECE providers to provide high quality care and learning environments.
- Utilize assessments to understand need, tailor learning experiences, and prepare children for seamless transition into kindergarten.
- Increased positive engagement and quality interactions between child and parent/caregiver or child and teacher.
- Increased knowledge and understanding on the part of early learning providers of children's development of motor, social, emotional, literacy, and numeracy skills.

### **Increased efficiency**

- Existing professional development and subsidy programs are leveraged to expand reach.
- Early education stakeholders embed workforce development strategies to increase alignment across qualifications, competencies, preparation and training.

### **Increased consumer/community capacity**

- Increased parent's awareness regarding the importance of choosing quality licensed learning environments and how to choose quality care.

- Increased community understanding of the important role that high quality early learning plays in young children’s school-readiness and long-term success.
- A shared vision for systems reform amongst early learning stakeholders and communities and a joint approach to solving early childhood development barriers and challenges, aligning countywide data and measurement of indicators.

## Quality Early Learning Program Spotlight: MASTER PLAN FOR EARLY LEARNING AND CARE



In December 2020 a team of researchers led by WestEd, authored the Master Plan for Early Learning and Care: Making California For All Kids funded by the California Health and Human Services Agency. The intent of the Master Plan is to provide an actionable roadmap to achieving the vision that "all California children thrive physically, emotionally and educationally in the early years, through access to high-quality early learning and care resources; equitable opportunities for the workforce that advance equitable outcomes for children; and greater efficiencies to the state today and every day through structures for continuous improvement" by 2020.<sup>25</sup> The Master Plan lays out the following four key objectives:

1. Improve the life outcomes of infants and toddlers by providing comprehensive early learning and care.
2. Ensure that all families can easily identify and access a variety of quality early learning and care choices that fit the diverse needs of their children, their financial resources, and workday.
3. Promote school readiness through preschool for all three-year-old children experiencing poverty and universally for all four-year-old children.
4. Advance better outcomes for all children by growing the quality, size, and stability of the early learning and care workforce through improved and accessible career pathways, competency-based professional development supports, and greater funding.

The Master Plan also lays out the following four policy goals:

1. Unify programs to improve access and equity.
2. Support children's learning and development by enhancing educator competencies, incentivizing, and funding career pathways, and implementing supportive program standards.
3. Unify funding to advance equity and opportunity.
4. Streamline early childhood governance and administration to improve equity

Strategies outlined within the Master Plan focus on (1) Unifying a continuum of early and development opportunities from Paid Family Leave to Universal Preschool; (2) Enhancing workforce competencies, career pathways and standards; (3) Aligning funding and reforming rates of pay; (3) and Establishing more equitable and efficient administration of programs, including facilities and integrated data development. F5RC is well-positioned to continue to promote a systems approach to expanding, improving and achieving equitable access to early learning opportunities for young children that align with the Master Plan goals and objectives.





## Goal 2

### COMPREHENSIVE HEALTH AND DEVELOPMENT

#### Goal Statement

Children, prenatal through age 5, and their families access the full spectrum of health and behavioral health services needed to support their healthy physical and socio-emotional development and overall health.

#### Strategy Narrative

First 5 Riverside County improves capacity of health and behavioral systems to meet the needs of children and families through a systemic and coordinated network, enabling increased effectiveness and navigation of services. Strengthening the system of care for children and families allows for better connection and access to the services they need and creates enhanced opportunities for high quality and seamless services.

First 5 Riverside County has identified multiple approaches for advancing improvements across health-related systems to help the greatest number of children and families. Investments in this goal area focus on improving how health-related systems connect, coordinate, and assist families in receiving early intervention services needed for their child's healthy development. Specifically, First 5 Riverside County will work to improve how systems work together to provide timely screening, effective care coordination, and appropriate referrals so that more young children at risk of developmental delays have access to the care they need to thrive. In addition, some investments will focus on directly serving children and families, including drowning prevention efforts delivered through funded partners that provide water safety and swim lessons for young children and prevention strategies for parents.

Help Me Grow Inland Empire (HMGIE) is a system integration effort conducted in partnership with First 5 San Bernardino and Loma Linda University Children's Health (LLUCH). HMGIE provides both an access point for our most vulnerable families to be connected to community resources, and a system framework for providers to work together to ensure an organized system of support is available in our community. The centralized access point assists families in connecting with specialized professionals in community-based settings, following early detection through screenings for cognitive, physical, or behavioral issues. 2020-2021 marked the first full year of HMGIE Access Center operations.

HMGIE has been intentional in its outreach and partnership development with organizations across the region's early identification and intervention system, strengthening relationships to improve services and activating new opportunities to increase the number of children who receive developmental screenings. These efforts were completed against the backdrop of the ongoing COVID-19 pandemic and resulting economic hardships facing many Inland Empire families. HMGIE's dual focus on developmental delays and risk factors for delays, the



social determinants of health, enabled supports to families with a range of needs during this challenging time by linking them to needed resources and providing an important throughline as they navigate new and unfamiliar systems of care.

In partnership with California Northstate University (CNU), the Early Childhood Oral Health Assessment (ECOHA) is continuing with training provided to home visitors, improving cross system integration with Help Me Grow Inland Empire, and expanding educational training and resource materials for home visitors and families. Sustainability and expansion of ECOHA will continue through CNU's development of a network system of dentists to accept referrals resulting from ECOHA assessments and the establishment of a program dental hygienist to provide additional assessment, education and referral pathways for families determined to be at risk by the ECOHA assessment. The CNU dental hygienist identifies dentists willing to provide treatment to children ages 0-5 who are on Medi-Cal. This program was developed to sustain and expand the ECOHA created for children ages 0-5 and to embed into home visiting programs to be utilized with the families.

### **HealthySteps Pilot in Riverside County**

In 2017, First 5 Riverside County Children and Families Commission approved an investment to pilot the HealthySteps model in a variety of healthcare settings with three pediatric/primary care agencies across the county serving children with the highest needs in partnership with the national organization, ZERO TO THREE.

HealthySteps Pilot Agencies and Sites:

- Riverside University Health System: A public general hospital that also operates Federally Qualified Health Centers. Piloted at the main campus in Moreno Valley
- Borrego Community Health Foundation: A non-profit, Federally Qualified Health Center (FQHC). Piloted in Cathedral City, Desert Hot Springs, San Jacinto, and Riverside
- Rady's Children's Hospital: A non-profit children's hospital. Piloted in satellite locations in Murrieta and Temecula-Expansion plan for Hemet in 2022

HealthySteps is increasing access to quality care, expanding screenings, connecting families to services and supports, increasing physician satisfaction, and reducing health care costs.

Underlying these comprehensive health and development initiatives is the continued emphasis on systems integration and coordination through expansion and capacity building of providers and existing services. The presence of a responsive health care system is key to universal access for children and families and to addressing children's physical and developmental needs, as well as the social determinants of health.





## Goal 2 Activities

### A. DIRECT SERVICES

#### Services for children

- Provide swimming instruction and water safety classes for children.
- Care coordination for families/caregivers for children dental screenings and assessments for caries risk. Provide culturally relevant developmental screenings, comprehensive assessments, and early intervention services through an integrated system of care.
- Connect families to HMGIE for care coordination and systems navigation to community resources for early identification and early intervention.
- Provide team-based well-child visits in a primary care setting that ensures infants and toddlers receive nurturing parenting and healthy development. HealthySteps model will be embedded through primary pediatric care practices and Federally Qualified Health Centers (FQHCs) across the county serving various communities and will provide:
  - Child development, social-emotional and behavioral screening.
  - Screening for family risk/protective factors and social determinants of health.
  - Connections to community resources.
  - Care coordination and systems navigation.
  - Access to HealthySteps Specialist (HSS) support between well-child visits.

#### Services for families/caregivers

- Through HealthySteps, provide parents with parenting guidance, information, and personalized support regarding child development needs.

### B. SYSTEMS CHANGE

#### Building provider capacity

- ECE provider training on using Ages and Stages Questionnaire (ASQ-3; ASQ:SE-2).
- Support pediatric providers, early learning specialists and home visitors to use evidence-based validated screenings in accordance with American Academy of Pediatrics (AAP) guidelines.
- Support providers' ability to ensure continuity of care across the spectrum of developmental and behavioral services and supports.
- Support expansion of specialized practices in maternal medicine that address at-risk pregnant and/or parenting mothers through the development of fellowship and other research and clinical residency programs.

- Support telemedicine practices that increase access.

#### **Supporting organizations and communities to work better together**

- Through HMGIE, provide information, referrals and linkages to health services for high risk children and families through a coordinated and responsive system.
- Create cross-county regional systems that leverage resources, skills and partnerships to deliver comprehensive health programs. Examples of existing platforms include partnerships with First 5 San Bernardino for HMGIE and LDPP-IE.
- Facilitate the exchange of information and best practices amongst private and public organizations that deliver services for children and their families.
- Create an integrated system involving community health centers, early care and education centers, schools, and home visitors to improve coordination and better assist families in receiving early identification and intervention services.
- Create a system that encourages ownership of child outcomes using data to inform decision making at the population and community level.

#### **Increasing and leveraging financial resources**

- Acquire sustainable financial resources for a HMGIE system that has the capacity to develop a robust inventory of resources and services for children and families.

#### **Educating parents and policymakers**

- Increased community knowledge about healthy child development through public education campaigns and cross-disciplinary workforce development.

## **Goal 2 Results**

#### **Increased access**

- Increased access to swim and water safety lessons for children.
- Increased number of children receiving developmental screenings per the AAP guidelines.
- Increased number of Medi-Cal enrolled children who have had an ECOHA and preventative dental visit.
- Increased continuity of care across the spectrum of developmental, health, oral health, and behavioral health services.
- Increased early identification and early intervention services for children, especially for high-risk and at-risk children.
- Increased number of children receiving an oral health assessment.
- Increased number of specialized medical practitioners in the maternal mental health and Maternal Fetal Medicine disciplines.
- Increased coordination across systems of care to connect young children to

screening and early intervention, including through the expansion of HMGIE.

#### **Increased quality**

- Increased understanding of social emotional learning and its value by health and early learning providers.
- Increased application of validated screening tools in accordance with AAP guidelines.
- Increased health provider knowledge about developmental screenings.
- Increased wellness checks within clinics with a HealthySteps Specialist.

#### **Increased efficiency**

- Early identification and intervention:
  - Increased number of referrals.
  - Increased number of referrals that lead to service uptake.
  - Decreased inappropriate utilization of the emergency room.

#### **Increased consumer/community capacity**

- Increased understanding by parents and the community of social emotional learning and its value.
- Strengthened connections for families to pediatric practice.
- Parents are empowered to identify child health care needs and participate fully in decision-making and care planning.
- Increased awareness by parents/caregivers around water safety.
- Increased utilization of specialized services by parents through targeted care coordination.





### **HealthySteps: Changing Pediatric Care in Riverside County**

Each year nearly 30,000 babies are born in Riverside County. Decades of research show how important the first three years will be to each one of these babies. This is the time when critical connections are made in the brain that will shape how they will grow, learn, and develop. During this time some children may experience developmental delays that can affect their ability to meet their full unique potential. Unfortunately, children who are born to families living below the poverty line and children of color are more likely to have delays that go undetected.

The good news is that early identification through screenings and linkages to supportive services can make a big difference. In Riverside County, with funding from First 5 Riverside County, an innovative model of pediatric care—HealthySteps— is being demonstrated in pediatric care settings. The model integrates a child development specialist into the pediatric primary care team to promote nurturing parenting and healthy development for babies and toddlers. “HealthySteps Specialists” connect with families during and between well-child visits, providing families with guidance, referrals, and care coordination tailored to their needs as identified by developmental and behavioral screenings.

### **HealthySteps: Changing Pediatric Care in Riverside County**

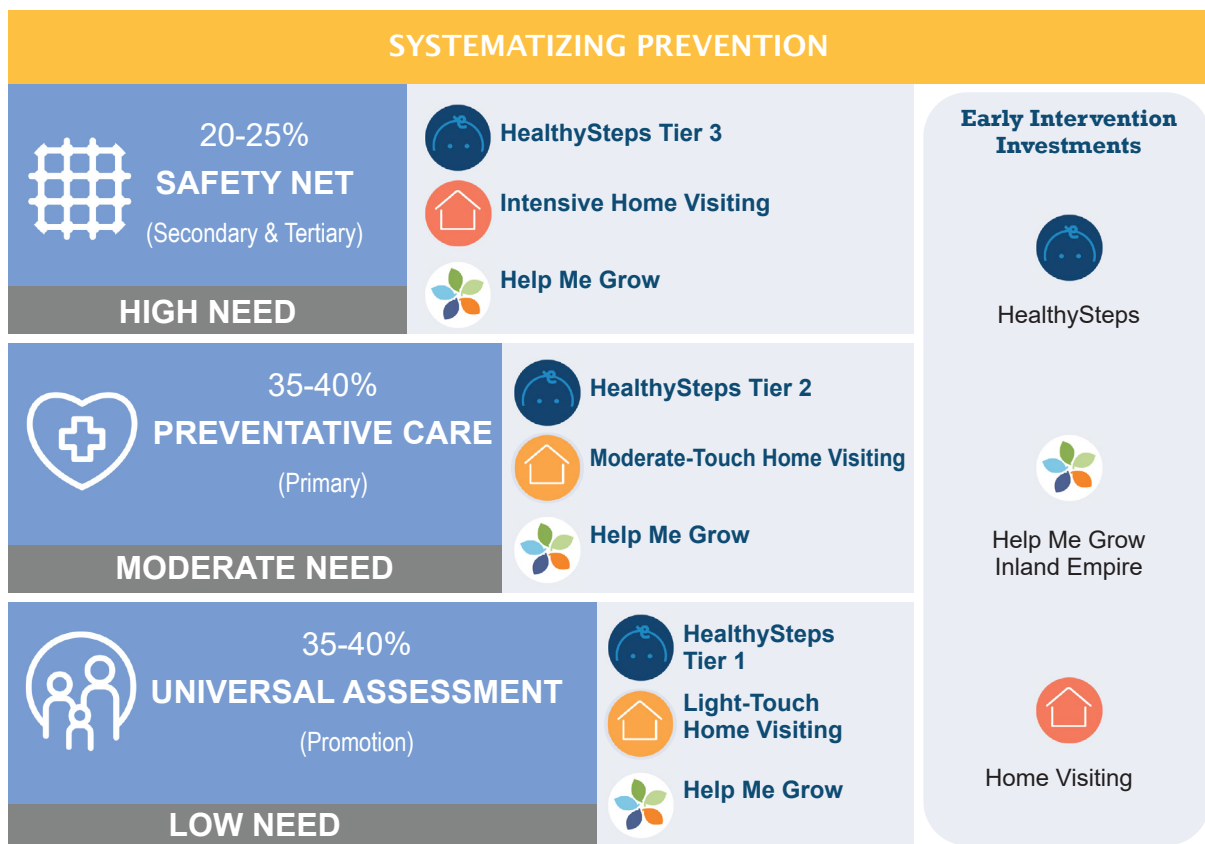
In 2017, First 5 Riverside County Children and Families Commission approved a three-year investment to test the HealthySteps model in a variety of healthcare settings across the county serving children with the highest needs. First 5 invested more than \$4.45 million and partnered with ZERO TO THREE to pilot HealthySteps in three pediatric primary care agencies between October 2018 and 2021.

## HealthySteps Pilot Agencies and Sites:

Although still in the early stages of implementation, HealthySteps is already making a significant impact in its first years by:

- **Increasing Access to Quality Care:** HealthySteps is reaching more than 6,000 children and their families each year
- **Expanding Screenings:** Over a 2-year period more than 10,000 child development, social and emotional, autism, maternal depression, and family needs screenings were conducted
- **Connecting Families to Services & Support:** In that same period, more than 4,000 referrals and follow up was conducted for child and family needs for early intervention, mental health, early care and education, and maternal depression
- **Demonstrating a Model for Practice Improvement:** Across sites, physicians reported significantly higher satisfaction with HealthySteps and that they felt emotionally supported by the HealthySteps Specialist.
- **Reducing Health Care Costs:** A financial analysis in one HealthySteps practice serving a diverse pediatric population found that an estimated \$641 - \$959 of costs were averted by services provided by HealthySteps.

## STRENGTHENING THE SYSTEM BY:





## Goal 3

### RESILIENT FAMILIES

#### Goal Statement

Families and communities are engaged, supported, and strengthened through culturally effective resources and opportunities that assist them in nurturing, caring, and providing for their children's success and well-being.

#### Strategy Narrative

First 5 Riverside County strives to support the community in understanding the importance of, and ways of building, resilient families. The Protective Factors™ are the foundation of First 5 Riverside County's approach to strengthening families; the factors are:

1. parental resilience,
2. knowledge of parenting and child development,
3. social and emotional competence of children,
4. social connections, and
5. concrete support in times of need.

Research shows that these factors are essential to create healthy environments for the optimal development of all children. By helping to create safe physical and emotional environments at home, in school and in neighborhoods, First 5 Riverside County can support building vibrant and resilient communities throughout Riverside County. To this end, First 5 Riverside County's approach to supporting family resilience is based on the expectation that all parents and caregivers can benefit from some level of support ranging from information about child development and social connections to support in navigating the safety net and behavioral health systems. By investing in Home Visiting and Family Resource Centers (FRCs), First 5 Riverside County has an opportunity to promote healthy family functioning and prevent maltreatment of children through a multi-platform approach that reaches families in their homes and communities. Both Home Visiting and FRCs are service delivery models that are able to respond to a range of needs in family-friendly spaces.

#### Home Visiting

First 5 Riverside County is partnering with key stakeholders and associated sector leaders to co-design a system of home visiting. The stakeholders envision a system where all families have access to home visiting services for the prenatal to five year period through an integrated system that positively impacts healthy development and early learning. The envisioned system will:

- Ensure equity in access.
- Be responsive to family strengths and needs.

- Empower and support families to speak to their own needs and advocate for the child and family.
- Advance strengths-based programming and use a relationship-based approach.
- Function as part of a bigger system of supports within communities and the county.
- To make effective home visitation available to more families who need it.

First 5 Riverside County has worked to expand funding and implementation of multiple evidence-based home visiting models that have been shown to make a positive difference for children and families on a range of outcomes related to the Protective Factors. Expansion of these models has included leveraging additional funds, including CalWORKs, and working with key partners to establish upstream efforts to assess family strengths and needs and make offers of home visiting and other supportive services from which families can most benefit.

First 5 Riverside County's investments in family resiliency draw heavily on evidence-based and promising-practice models, most of which require National affiliation and entail annual monitoring of outcomes and measurements to ensure and maintain the fidelity of the model. In addition to Nurse Family Partnership (NFP) and SafeCare, other prominent family strengthening models that First 5 Riverside County supports include Parents As Teachers (PAT), Home Instruction for Parents of Preschool Youngsters (HIPPY), Healthy Families America (HFA), Parent Child Plus (PC+), and Nurturing Parent Program (NPP).

Investments will primarily address direct services for children who are living in communities of highest need and/or are at risk of abuse or neglect. Risk factors may include childhood-related trauma, poverty, parental substance abuse, and repeated changes in caregivers and schools, which result in poor emotional response in children, affecting their early learning development and opportunities to grow in stable environments. Supported programs will serve overlapping populations with some programs targeting first-time parents, children with incarcerated parents, and pregnant women. Other approaches focus specifically on teenage parents, low-income families, or geographically-isolated families.

The parent/caregiver and service provider relationship is foundational to increasing Protective Factors, given the critical role parents/caregivers play in their child's development. Therefore, First 5 Riverside County, in partnership with others, will seek to impact systems of services and supports to better engage parents/caregivers in fostering their child's early learning and healthy development. This will be undertaken through the expansion of existing programs that create a continuum of services for children and families and improves child outcomes through strengthening families.

### **Strategy Narrative**

Family Resource Centers are collaborative partnerships of public and non-profit

organizations that bring together services and activities which support and promote healthy family functioning. Model Family Resource Centers are prevention focused, community responsive, strength-based spaces for families to connect, learn and exercise their leadership. FRCs may provide:

- Comprehensive Case Management
- Access to concrete supports
- Differential response programming that supports families with child welfare involvement
- Treatment programs
- Parenting education and supports
- Formal services for children and youth
- Social activities and peer support opportunities

First 5 Riverside County partners with the Department of Public Social Services to fund the county-operated FRCs, while also committing to expanding access to family resource centers by partnering with community-based and trusted agencies to provide stronger linkages for families to an array of support services through a family resource center network. Further, the Commission has matched county child welfare dollars to invest in enhancing early childhood programming within FRCs.



## Goal 3 Activities

### A. DIRECT SERVICES

#### Services for children

- Prevent children experiencing housing instability from becoming homeless through FRCs and home visiting programs.
  - Operate Riverside County Family Resource Centers through a partnership with the Department of Public Social Services, the Child Abuse Prevention Council and community-based providers, with funding targeted for the prevention of child maltreatment and matching funds from Proposition 10 to enhance services for the prenatal to five population.
  - Expand the network of family resource centers in Riverside County by investing in community-based organizations that are trusted by families to function as part of a network of Family Resource locations.

#### Services for families/caregivers

- Provide families/caregivers with access to evidence-based home visiting models through partnerships with providers who have expertise in the provision of home visiting programs, parent education, and parent and father-friendly practices, to optimize child development and reduce the risk of abuse and neglect:
  - Connect families to community supports and resources to meet basic needs.
  - Address personal and environmental health, parenting, life course development, relationships with family and friends and community connections.
  - Provide parenting tools to support positive parent-child interactions and respond appropriately to challenging child behaviors.
  - Increase families'/caregivers' knowledge of child development.
  - Build positive parenting skills and resilient families.
- Support parent engagement on child brain development, including Talk. Read. Sing.®

### B. SYSTEMS CHANGE

#### Building provider capacity

- Mobilize health providers to systematically engage parents/caregivers in supporting their child's development through the promotion of evidence-based programs that increase protective factors in home and community settings.
- Identify data collection tools and performance measures that inform best practice and continuous improvement in building resilient families.
- Harness local leadership to improve local services.



## Goal 3 Results

### **Supporting organizations and communities to work better together**

- Develop partnerships to strengthen the coordination of existing home visiting programs, FRCs, community hubs and alternative settings by convening and creating shared opportunities for learning and problem-solving.

### **Increasing and leveraging financial resources**

- Align investments with programs that use the Protective Factors Framework and promote community hubs for integrated services and crisis supports for children and families.
- Align partnerships and investments supporting collaborative frameworks and local policies that address housing instability and homelessness in the region.
- Improve workforce development through leveraged skills and resources with organizational partners.

### **Educating parents and policymakers**

- Build sustainable infrastructure through advocacy efforts with legislators and policymakers, increasing their understanding of the needs of children at risk of abuse and neglect and ensuring mutual responsibility for better outcomes for children and families.

### **Increased access**

- Increased social supports for families.
- Increased connection for families to additional concrete support.

### **Increased quality**

- Increased provider knowledge about child development and parenting and ability to integrate this knowledge into programming.
- Increased environments that provide safe and nurturing experiences for children.

### **Increased efficiency**

- Strengthened and better coordinated social safety net which supports family resiliency and promotes self-sufficiency.

### **Increased consumer/community capacity**

- Increased capacity of parents to support their child's development. Increased parent-provider engagement.
- Increased community capacity to support and promote the safety, healthy development, and well-being of children, prenatal through age 5, and their families.

## Resilient Families Program Spotlight: HOME VISITING



### What is home visiting?

Evidence-based home visitation models provide families of children, prenatal through age 5, with in-home support from a trained professional to strengthen protective factors and ensure that young children are safe, healthy, and ready to learn. Research demonstrates that home visiting programs that provide parent education and support to at-risk families can help to reduce rates of child abuse and neglect, and improve children's health, development, and school readiness outcomes. Home visiting increases families' access to services and resources that support family resiliency, building provider capacity to support families in caring for their children, and educating parents to have the skills and tools to help their children achieve their fullest potential.

### How does home visiting strengthen the system of care for children and families?

A home visiting system that is nested within larger systems such as the healthcare, public health, child welfare and self-sufficiency systems is well-positioned to make contact with families at a time when they can most benefit from learning about resources available to support their child's development in the context of families' unique circumstances. A home visiting system with diverse offerings is able to act as a universal touchpoint for assessing how families may benefit and make best-fit offers of support. Systems of universal contact with families:

1. lower stigma associated with asking for help;
2. reduce isolation;
3. prevent poor child outcomes;
4. maximize the use of public funds; and
5. reduce longer-term need for higher-cost interventions

This approach prioritizes ensuring families are offered services commensurate with their strengths and needs and which optimizes system resources.

## VI. COUNTYWIDE IMPACT

### Goal 4

#### CROSS-PROGRAM GOAL

##### Goal Statement

Work with early childhood stakeholders, including State and County agencies, local educational agencies, the child care planning council, institutions of higher education, and elected officials to strengthen countywide efforts to create a comprehensive, integrated early childhood system to improve outcomes for children, prenatal through age 5, and their families.

##### Strategy Narrative

First 5 statute calls for County Commissions to focus on integrated and comprehensive systems of care for children 0 through 5 years of age. The Commission plays a significant role in working with partners that mirror First 5 Riverside County's commitment towards enhancing early childhood systems and to leverage resources as a mechanism to advance the well-being of Riverside County's youngest children and to strengthen families.

First 5 Riverside County has prioritized early intervention investments that build a foundation for a system of care that emphasizes (i) prevention, (ii) support for clinical and community linkages, and (iii) promotion of population-based approaches to addressing children's comprehensive needs. Riverside's investments in HealthySteps, Help Me Grow Inland Empire, and Home Visiting programs act as key drivers in actualizing a comprehensive care model of "systemized prevention." This involves addressing three levels of preventive care, as illustrated in the graphic below: 1) universal assessment: providing universal access to early identification and basic services; 2) preventative care: providing services to families with moderate needs and preventing the need for safety net services; and 3) safety net: providing comprehensive service and safety net navigation to children and families exhibiting the highest needs for care.

#### SYSTEMATIZING PREVENTION



## Goal 4 Activities

### A. COMMUNICATIONS

- Utilize technology, including the First 5 Riverside County website, e-newsletter, and social media platforms to share information and resources such as trainings, best practices, latest research, and funding opportunities.
- Identify, update, design, and disseminate community resource materials to increase public awareness on the importance of early childhood investments.
- Participate in workgroups to facilitate communication, share learnings, and reduce silos among stakeholders on current priorities, goals, and projects to increase services for children and families and maximize resources.

### B. RESEARCH AND DATA

- Support and guide efforts by Riverside County to conduct a needs assessment for children 0 through age 5 that accurately reflects the diversity of our communities.
- Improve data collection and coordination with other First 5 Commissions to enhance research and evaluation capacity.
- Develop internal measurement and learning plans, data collection processes and tools, and learning systems; train and orient staff as needed to new systems, tools, and processes.
- Integrate data systems where possible to enhance efficiencies.
- Support the dissemination and implementation of the Early Development Instrument that measures physical well-being and motor development, social and emotional development, cognitive skills, language and developing literacy and the ability to concentrate and follow directions.
- Maximize the use of technological tools such as Geographical Information Systems (GIS) to enhance visual interpretation of data in a mapping format (such as story mapping) that leads to better informed decision-making for investments.

### C. ADVOCACY

- Promote and support First 5 California (F5CA) and the First 5 Association of California (F5A) policy platforms, and to the extent possible, align and collaborate on shared policy goals.
- Advocate for and support state legislative efforts for Medi-Cal expansion of home visitation to achieve sustainability.
- Explore and promote innovative funding models that have the potential to support infrastructure and increase affordable housing units within the region.
- Elevate the early care and education profession by increasing compensation,



providing professional development opportunities, and emphasizing diversity across the field.

- Regulate tobacco products and promote smoking cessation.
- Explore and advance additional revenue sources for services to children and families.
- Improve and integrate data systems to track and evaluate children's outcomes.
- Increase use of and integrate essential Medi-Cal services across systems of care, including dental, mental health, and vision services.
- Expand access to evidence-based family strengthening programs, including home visiting and parent education, and parent and father friendly practices to optimize child development and reduce the risk of abuse and neglect.
- Strengthen the social safety net to build family resiliency and promote early relational health.

## Goal 4 Results

### Communications

- Policymakers and legislators have an increased understanding of the importance of early brain development and the impact on families, especially those living in poverty.
- Community members have a greater understanding of early childhood challenges through educational campaigns such as Talk.Read.Sing.®, Kit for New Parents, and Quality Start Riverside County.

### Research and Data

- Riverside County specific early childhood needs assessment utilized as a tool to make data-informed decisions.
- First 5 Riverside has a robust system and internal capability for monitoring and evaluation practices that support program excellence and continuous improvement.
- Evidence-based models, practices, and positive outcomes are at the core of investments undertaken by the Commission.

### Advocacy

- Shared policy goals and legislative platform recommendations developed annually.
- New, diverse, and innovative funding sources secured for prenatal through age 5 programs in the county.

## VII. PROCUREMENT AND ACCOUNTABILITY

First 5 Riverside County is committed to funding strategies and programs that make positive impacts within the community. All strategies in this plan include results and measurable indicators that will be used to assess progress and performance. The results and indicators for each goal are all connected to the First 5 Riverside County Impact Model and will be used as the basis for contracts with external entities to carry out its work, and to guide the monitoring processes in place to ensure contract compliance and learn whether, and for what reasons, results are or are not being achieved. Annual plans for all goal areas are based on the strategies presented in this document and results will be assessed and reported to the Commission on an annual basis.

Evaluation identifies the success of past investments and defines future priorities. Evidence-based models are the premise of First 5 Riverside County's efforts in moving the needle towards positive results for children and families in the county. As collaborative functioning increasingly characterizes how we engage with partners across the county, evaluation of our efforts to build capacity will be paramount to our implementation of programs and investments. This work will involve reviewing the framework of our service systems and consider the effectiveness of the service pathways.

Systems change is complex and requires strong stakeholder engagement, commitment, and accountability. Given First 5 Riverside County's focus on systems change, the evaluation of these efforts across the service system will be critical to the ongoing prioritization for Commission investments. This provides the opportunity to identify different strategies that lead to better outcomes for children and their families.

This also aligns with the Riverside County mission to identify collaboration opportunities and innovative partnerships to maximize public funds to impact a greater number of citizens. As tobacco tax revenues continue to decrease, First 5 Riverside County will increase its efforts to increase and diversify funding streams for children and families in order to ensure the development of comprehensive, integrated systems and services for children and families.



### The Strategic Plan Revision Process

Following are the Commission Review actions relating to the current strategic plan and preceding the approval of this plan:

- December 9, 2020 – Action Item 20-41, Commission approved extension of the Riverside County Children and Families Commission Strategic plan through June 30, 2023.
- December 11, 2019 – Action Item 19-33, Annual Review and Public Hearing of Riverside County Children and Families Commission Strategic Plan Fiscal Years 2018 – 2021.
- December 13, 2017 – Action Item 17-19, Commission approved revised Strategic Plan for July 1, 2018 implementation.
- May 10, 2017 – Action Item 17-06, Commission approved existing plan, with no changes.
- October 28, 2015 – Action Item 15-25, Commission approved and adopted 2016 – 2021, five-year Strategic Plan.

The California Children and Families Act, Health and Safety Code Section 13140 (Proposition 10) requires Commissions to annually review strategic plans and adjust accordingly based on revised priorities. First 5 Riverside County engaged Learning for Action (LFA) to guide the updating of its 2018-2023 Strategic Plan and to support the 2022 Annual Review, which upon approval by the Commission, will be Version IV of the current strategic plan. The process included the following components:

**Management Team Workshop:** LFA designed and facilitated a session with First 5 Riverside County's Management Team on September 14, 2021 to brainstorm environmental factors and recent developments that should inform the update of the strategic plan.

**Executive Management Team Collaboration:** LFA worked with First 5 Riverside County's Executive Management Team to integrate input from the full Management Team and solicit targeted input from other staff and board members to update information about First 5 Riverside County's context and progress towards objectives.

**Strategy Development:** LFA worked with First 5 Riverside County staff to use the updated information about context and progress towards objectives to refine the activities and results articulated in each of First 5 Riverside County's 4 program areas: Quality Early Learning, Comprehensive Health and Development, Resilient Families, and Countywide Impact strategies.

**Strategic Plan Approval:** The plan was presented and approved by the Commission during a regularly scheduled meeting held on May 11, 2022. First 5 Riverside County staff and LFA made refinements to the plan based on Commissioner feedback.

## APPENDIX B: GLOSSARY

### Programs, Terms & Acronyms to Know

**Alternative Payment (AP) Program:** State programs that provide assistance with child care payments through a subsidized (alternative) payment.

**American Rescue Plan Act (ARPA):** The American Rescue Plan Act of 2021, also called the COVID-19 Stimulus Package or the American Rescue Plan (ARP), is a \$1.9 trillion economic stimulus bill passed by the 117<sup>th</sup> United States Congress and signed into law by President Biden on March 11, 2021, to accelerate the United States' recovery from the economic and health impacts of the COVID-19 pandemic. The American Rescue Plan includes \$350 billion for eligible state, local, territorial, and Tribal governments. These funds known as the Coronavirus State and Local Fiscal Recovery Funds provide a substantial infusion of resources to help turn the tide of the pandemic, address its economic fallout, and lay the foundation for a strong and equitable recovery.

**California Advancing and Innovating Medi-Cal (CalAIM):** CalAIM is a long-term commitment to transform and strengthen Medi-Cal, offering Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory.

**California Alternative Payment Program (CAPP):** The program provides vouchers for families to obtain childcare in licensed childcare centers, licensed family childcare homes, or license-exempt care. The family may choose the type of care that their child receives. Alternative payment programs use federal and state funding to provide vouchers for low-income families ranked on income eligibility. The Riverside County Office of Education administers CAPP and provides support to families to arrange childcare services and makes payment for those services directly to the childcare provider selected by the family.

**California Department of Health Care Services:** State department dedicated to providing Californians with access to affordable, integrated, high-quality health care, including medical, dental, mental health, substance use treatment services and long-term care.

**Care Coordination:** Involves an intentional and deliberate approach in organizing various services and activities (such as healthcare and social services) for individuals and families through a person-centered approach, including sharing information among all participants concerned to achieve better outcomes for participants seeking support. This includes ensuring appropriate delivery of services and active follow up of resources are aligned with individual and family needs and priorities.

**CARES Act:** The Coronavirus Aid, Relief, and Economic Security Act, also known as the CARES Act, is a \$2.2 trillion economic stimulus bill passed by the 116<sup>th</sup> U.S. Congress and signed into law by President Donald Trump on March 27, 2020, in response to the economic fallout of the COVID-19 pandemic in the United States. The Act provided fast and direct economic assistance for American workers, families, small businesses, and industries.

**Department of Public Social Services (DPSS):** A county department that provides temporary financial assistance and employment services for families and individuals, programs and services to protect children and adults from abuse and/or neglect, and access to health care coverage to low income individuals and families.



**Early Childhood Oral Health Assessment (ECOHA):** A new screening tool for non-dental providers for children 0 through 5 to assess the current condition of the teeth and overall health of children aged 0 through 5.

**Early Development Instrument (EDI):** The EDI is a validated, population-based measure of early child development in five key domains (physical health, emotional maturity, social competence, language and cognitive skills, and communications skills and general knowledge). The EDI is a 103-item questionnaire completed by kindergarten teachers in the second half of the school year which has shown to predict later school success.

**Evidence-Based:** Refers to the use of research and scientific studies as a base for determining best practices.

**Federally Qualified Health Center (FQHC):** Entities as defined by the Social Security Act at section 1905(l)(2) which is receiving a grant under section 330 of the Public Health Service Act. Programs meeting the FQHC requirements commonly include the following: Community Health Centers, Migrant Health Centers, Health Care for the Homeless Programs, Public Housing Primary Care Programs, Federally Qualified Health Center Look-Alikes, and Tribal Health Centers.

**First 5 Association of California (F5A):** A nonprofit membership organization for the fifty eight First 5 County Commissions. The Association connects Commissions to other public and nonprofit partners, including county departments, foundations and child advocacy organizations to ensure collaboration and a common statewide agenda to ensure the best future for children.

**First 5 California (F5CA):** A statewide Commission created by voters under Proposition 10 to recognize that children's health and education are a top priority, especially in the early years of development.

**First 5 Riverside Hybrid Alternative Payment Program (RHAP):** RHAP is a subsidized reimbursement program that provides scholarship slots for families with children 0 through 5 years of age that meet eligibility criteria to access early care and education in quality settings. The RHAP program supplements and enhances the existing California Alternative Payment Program by funding additional scholarship slots for families at a higher income or with specific needs therefore expanding services to a greater number of children.

**Geographic Information System (GIS):** A system designed to capture, store, manipulate, analyze, manage and present all types of spatial or geographical data.

**Healthy Families America (HFA):** A home visiting approach for at-risk families that supports positive parent-child engagement, promotes optimal child health and development, and enhances parental resiliency.

**HealthySteps:** A national initiative that focuses on the importance of the first three years of life. Healthy Steps emphasizes a close relationship between health care professionals and parents in addressing the physical, emotional and intellectual growth and development of children from birth to age three.

**Help Me Grow (HMG):** A system model that works to promote cross-sector collaboration to build efficient and effective early childhood systems that mitigate the impact of adversity and support protective factors among families, so that all children can grow, develop, and thrive to their full potential.

**Home Instruction for Parents of Preschool Youngsters (HIPPY):** A home visiting model that provides parents with moderate to intensive support that promotes early literacy practices, focuses on school readiness through

parent-involved and parent-directed early learning.

**Improve and Maximize Programs so All Children Thrive (IMPACT):** First 5 California initiative aimed at increasing the number of high-quality early learning settings, including supporting and engaging families in the early learning process.

**Low Income Investment Fund (LIIF):** LIIF is a non-profit community development financial institution (CDFI) that has invested over \$2 billion in capital to high-impact community development projects nationally, including \$200 million in investments to support ECE nationwide. LIIF has a dedicated focus on improving access to quality ECE and has served the ECE sector for nearly 30 years. Additionally, LIIF served as the facilities-lead on the California Early Learning and Care Master Plan.

**Managed Care:** Managed Care is a health care delivery system organized to manage cost, utilization, and quality. Medicaid managed care provides for the delivery of Medicaid health benefits and additional services through contracted arrangements between state Medicaid agencies and managed care organizations (MCOs) that accept a set per member per month (capitation) payment for these services.

**Medi-Cal Managed Care:** California's approach to healthcare and consists of established networks of organized systems of care, which emphasize primary and preventive care.

**The National Association for the Education of Young Children (NAEYC):** A professional membership organization that works to promote high-quality early learning for all young children, birth through age 8, by connecting early childhood practice, policy and research.

**Nurse Family Partnership (NFP):** A maternal and early childhood health home visitation program that fosters long-term success for first-time moms, their babies and society.

**Nurturing Parenting Program (NPP):** A low intensity in-home (and/or group-based) program for multiple specific populations (such as parents of teens, parents of children birth to five) to increase parenting skills and strengthen parent-child relationships

**ParentChild Plus (PC+):** Early Learning Specialists from the community who share language/culture background from the family, provide home visiting support to parents/caregivers to support children's healthy development, increase cognitive, social-emotional and early literacy skills through reading, conversation and play.

**Parents as Teachers (PAT):** A parent education home visitation program designed to give children the best start in life, based on the philosophy that parents are their first and most influential teachers.

**Proposition 56:** California ballot proposition that passed on the November 8, 2016 ballot. It increased the cigarette tax by \$2.00 per pack, effective April 1, 2017, with equivalent increases on other tobacco products and electronic cigarettes containing nicotine. Proposition 56 backfill replaces revenue lost attributable to the decline in consumption due to this tax increase

**Quality Rating & Improvement System (QRIS):** A QRIS is a systemic approach to assess, improve, and communicate the level of quality in early and school-age care and education programs. Similar to rating systems for restaurants and hotels, QRIS awards quality ratings to early and school-age care and education programs that meet a set of defined program standards. By participating in their State's QRIS, early and school-age care providers embark on a path of continuous quality improvement. Even providers that have met the standards

of the lowest QRIS levels have achieved a level of quality that is beyond the minimum requirements to operate.

**Raising A Reader:** A model designed to engage caregivers in a routine of book sharing with children from birth through age 8 to foster healthy brain development, healthy relationships, a love of reading and the literacy skills critical for school success.

**Reach Out and Read (ROR):** An evidence-based model recommended by the American Academy of Pediatrics which incorporates early literacy into pediatric practice to equip parents with tools and knowledge to ensure children are prepared to learn when they start school.

**Riverside County Office of Education (RCOE):** The agency that provides specific educational, financial, legislative and leadership services and support to all K-12 school districts in Riverside County.

**SafeCare:** An evidence-based curriculum for parents who are at-risk or have been reported for child maltreatment.

**Social Determinants of Health (SDOH):** SDOH refers to factors in the external environment (non-medical factors) where people are born, live, work, and play that affect a wide range of health and quality-of-life risks and outcomes. Examples of SDOH are: safe housing, transportation, neighborhoods, education, job opportunities, racism, discrimination, violence, access to nutritious food and physical activity, polluted air/water, language and literacy skills. Screening for risk factors of SDOH support a holistic approach in identifying and addressing circumstances for individuals and families.

**Virtual Dental Home (VDH):** Using tele-health technology, the VDH creates a community-based oral health delivery system in which children 0 through 20 years of age receive preventive and simple therapeutic services in community settings.

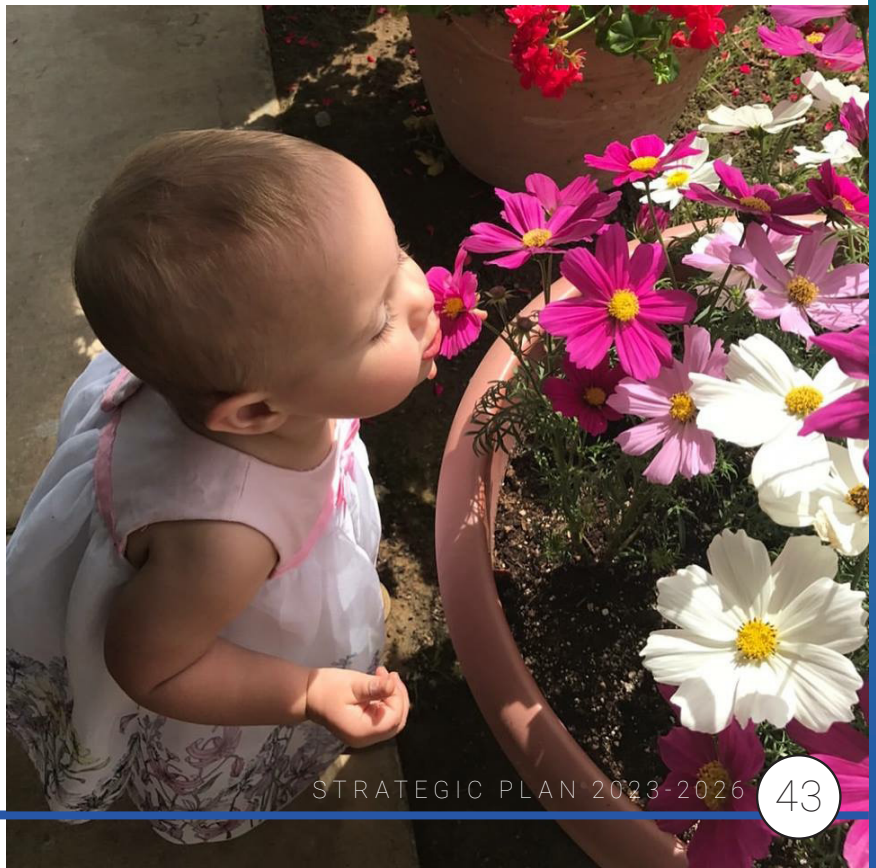
## Sources

- 1 "Systems Building and Policy Engagement." Presentation by the First 5 Association of California to a First 5 Riverside Commission meeting on February 23, 2017.
- 2 SHAPE Riverside County, Demographic information provided by Claritas, updated January 2021.
- 3 American Community Survey (ACS) 5-Year Estimates 2016-2020
- 4 Kidsdata.org (CITATION ADDED)
- 5 CA Dept. of Finance
- 6 U.S. Census Bureau, 2019 American Community Survey 1-Year Estimates. Public Health Insurance Coverage by Type and Selected Characteristics.
- 7 California Assessment of Student Performance and Progress. Smarter Balanced Summative Assessments 2018-19 academic year.
- 8 The Heckman 13% ROI Research Toolkit
- 9 The 2015 Child Care Portfolio produced by the California Child Care Resource & Referral Network
- 10 Center for American Progress's 2013 study of the effects of budget cuts on Early Childhood Education programs
- 11 County Health Ranking & Roadmaps: Building a Culture of Health, County by County, California. 2017 State Level Data and Ranks. (CITATION ADDED 1ST INSTANCE)
- 12 CA Health Care Foundation, October 2019
- 13 Riverside County Indicators Report 2014
- 14 Family Health Outcomes Project: Community Health Status Report 2010
- 15 CA Department of Public Health Status Profiles
- 16 Kidsdata.org
- 17 Department of Health Care Services (DHCS): California Advancing and Innovating Medi-Cal (CalAIM) Our Journey to a Healthier California for All
- 18 US Census Bureau American Community Survey
- 19 Kidsdata.org, a program of PRB, analysis of California Department of Education custom tabulation (Dec. 2021)
- 20 SHAPE Riverside County, Children Living Below Poverty Level, Measurement Period 2015-2019
- 21 University of California, Berkley, Center for Social Services Research, Child Welfare Research Center cited in 2020 Substantiated Child Abuse Rate under 30 Community Dashboard in SHAPE Riverside County
- 22 Office of the California Surgeon General, Information and Resources: COVID-19 – Manage Stress for Health
- 23 National Collaborating Centre for Determinants of Health
- 24 Created by the Center for the Study of Social Policy, the Strengthening Families™ Protective Factors Framework is a strength-based initiative for preventing child abuse and neglect in families with children birth to age 5 <https://www.cssp.org/reform/strengthening-families/basic-one-pagers/Strengthening-Families-Protective-Factors.pdf>
- 25 Led by WestEd, California for all Kids: Master Plan for Early Learning and Care, [https://www.ctc.ca.gov/docs/default-source/educator-prep/files/master-plan-for-early-learning-and-care.pdf?sfvrsn=b6512bb1\\_2](https://www.ctc.ca.gov/docs/default-source/educator-prep/files/master-plan-for-early-learning-and-care.pdf?sfvrsn=b6512bb1_2)

## APPENDIX C: FAMILY PROTECTIVE FACTORS

The Family Protective Factors include the following:

- 1. Parent Resilience:** No one can eliminate stress from parenting but building parental resilience can affect how a parent deals with stress. Parental resilience is the ability to constructively cope with and bounce back from all types of challenges. It is about creatively solving problems, building trusting relationships, maintaining a positive attitude and seeking help when it is needed.
- 2. Knowledge of Parenting and Child Development:** Having accurate information about raising young children and appropriate expectations for their behavior help parents better understand and care for children. It is important that information is available when parents need it, that is when it is relevant to their life and their child. Parents whose own families used harsh discipline techniques or parents of children with developmental or behavior problems or special needs require extra support in building this Protective Factor.
- 3. Social and Emotional Competence of Children:** A child's ability to interact positively with others, to self-regulate, and to effectively communicate his or her emotions has a great impact on the parent-child relationship. Children with challenging behaviors are more likely to be abused, so early identification and working with them helps keep their development on track and keeps them safe. Also, children who have experienced or witnessed violence need a safe environment that offers opportunities to develop normally.
- 4. Social Connections:** Friends, family, neighbors, and other members of a community provide emotional support and concrete assistance to parents. Social connections help parents build networks of support that serve multiple purposes: they can help parents develop and reinforce community norms around childrearing, provide assistance in times of need, and serve as a resource for parenting information or help solving problems. Because isolation is a common risk factor for abuse and neglect, parents who are isolated need support in building positive friendships.
- 5. Concrete Support in Times of Need:** Parents need access to the types of concrete supports and services that can minimize the stress of difficult situations, such as a family crisis, a condition such as substance abuse, or stress associated with lack of resources. Building this Protective Factor is about helping to ensure the basic needs of a family, such as food, clothing, and shelter, are met and connecting parents and children to services, especially those that have a stigma associated with them, like domestic violence shelter or substance abuse counseling, in times of crisis.







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