

FIRST 5 SAN FRANCISCO

STRATEGIC PLAN FOR 2007 TO 2012

Approved by the San Francisco Children and Families Commission on *December 6, 2006*



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Introduction

First 5 San Francisco, established in 2000, is part of the statewide First 5 California movement to assist public agencies, non-profit organizations and families in supporting early education, pediatric healthcare, family support and systems change.

Six months ago First 5 San Francisco initiated an inclusive process to collect information and solicit input from hundreds of parents, caregivers, service providers, practitioners, funders and policy makers. Our goal was to create the next First 5 San Francisco Strategic Plan that links our community's collective wisdom to funding strategies that will enable all members of San Francisco's families with children ages five and under the means to realize healthy, productive lives.

The Plan that follows is designed to:

- Ensure common understanding of First 5's priorities among San Francisco stakeholders
- Guide the activities and funding allocations of the San Francisco First 5 Commission
- Encourage co-investment from First 5's public and private funding partners
- Lay the foundation for evaluating the impact and outcomes of implementing the Plan
- Facilitate alignment between our local priorities and the goals of the California First 5 Commission.

This endeavor has offered an invaluable opportunity to bring key stakeholders together to assess lessons learned from First 5 San Francisco's past efforts and to discuss current trends facing San Francisco's young children and their families. Those involved in the thinking that went into the Plan spent time identifying effective strategies and practices to support our families. The process we engaged in also has allowed our community to examine how to strategically build upon new legislation, particularly the passage of Proposition H that has made San Francisco the first county in California to establish universal preschool for all four year olds.

The Plan is premised on First 5's vision for all young children living in the City and County of San Francisco:

All children will thrive in supportive, nurturing and loving families and communities. Children from birth to five years of age will be safe, healthy and stimulated. They will be supported in their physical, emotional and cognitive development. They will start school eager to continue to learn and grow with confidence and connections to families, community and society.

We hope you will feel inspired by the potential of what we can, as a community, achieve together in San Francisco by making thoughtful, strategic, and targeted investments on behalf of our young children and their families. The Commissioners and the staff of First 5 would very much like to make First 5 San Francisco's vision a reality.

Laurel Kloomok, Executive Director

THE CONTEXT: BACKGROUND INFORMATION ON FAMILIES AND YOUNG CHILDREN LIVING IN SAN FRANCISCO

The Plan that follows can only succeed if it takes into account the specific conditions affecting San Francisco's young children and their families. While we recognize that the City faces significant challenges as it seeks to retain and promote the well-being of a diverse population we also believe that we have the opportunity now to make a real difference in the lives of San Francisco's children and families. This is due, in large part, to a renewed generosity of spirit and fiscal commitment of the City's taxpayers to making San Francisco truly family friendly.

Diverse Families

The families of San Francisco are varied, vibrant and resilient. Approximately 24 percent of children in San Francisco live in single parent families.¹ One in 7 children lives with a relative other than his or her parent. At least one out of 10 lives in a home with two parents of the same gender.² No longer are San Francisco's children largely Caucasian and African American. More than half (54 percent) of all children under age six in San Francisco live in immigrant families where at least one parent was born abroad.³ In 42 percent of all San Francisco households, a language other than English is spoken in the home – a percentage that is significantly higher than in California (38 percent) or in the United States (19 percent) as a whole. More than one out of every 10 households (13.3 percent) contains no adult who speaks English well.⁴

Changing Economics and Vulnerable Populations

Over the past decade, the percentage of affluent families living in San Francisco has increased while the working poor have fled to surrounding areas. Nevertheless, there remain pockets of poor and vulnerable families throughout the City, most facing both economic and social challenges. These families often experience one or more of the following risk factors:

- difficulty meeting basic needs for food, stable housing, clothing and medical care
- limited formal education and employment skills
- social and/or linguistic isolation
- community or domestic violence
- single parent households
- having a children with special needs
- parental/caregiver instability

Children from these vulnerable families are in serious jeopardy of experiencing poor social, educational and health outcomes. While some of these families are concentrated in particular geographic areas in the City, homeless families and recently arrived immigrants are scattered throughout the forty-nine square miles of the City.

Shifting Neighborhoods

Reflecting in part the search for affordable housing, many families with young children have moved out of the City or to its outer edges and South East quadrant of the City. Almost 50 percent of all families with children now live in just five zip codes in select neighborhoods:

Oceanview Merced Ingelside/Excelsior, Visitacion Valley, Bayview Hunters Point, Mission/Bernal Heights and the Sunset.

Fewer Children

San Francisco has a shrinking population of children and the smallest per capita population of children in the entire country. Children comprise only 14.5 percent of San Francisco's total population, compared to 26 percent of the U.S. population and 27 percent of California's population.⁵ In 2004, San Francisco was home to approximately 46,000 children aged 0 to 5, but the number of births in San Francisco has been steadily declining. While 10,125 babies were born in the City in 1990, only 8,403 were born in 2005, and demographers estimate that only 5,604 will be born in San Francisco in 2015.⁶ An alarming 44 percent of families with children under age 6 say that they are "very or somewhat likely" to leave San Francisco,⁷ primarily because of the lack of affordable housing and concerns about the quality and stability of public schools.

Strong Commitment to Children

San Francisco demonstrates a continuing strong commitment to investing in the well-being of its children and families. Voters have repeatedly endorsed legislation that allocates significant funding for children. In 1991, the landmark passage of Proposition D established a property tax set aside for services to children and youth which was then renewed and increased in 2000 with the landslide victory of Proposition J. Earmarking City general support funding for universal preschool and enrichment programs in public schools, Proposition H is an even more recent example of the public's understanding of the needs of children.

THE STRATEGIC PLAN 2007 TO 2012

First 5 San Francisco recognizes that ensuring children's healthy development depends upon achieving success within four, closely connected areas:

1. Improved Child Health
2. Enhanced Child Development
3. Improved Family Functioning
4. Improved Systems of Care

These areas are deeply intertwined. For example, children who are healthy miss fewer days of preschool so benefit more from high quality child development programming. When parents are thriving and supported, they do a better job of promoting their children's social and cognitive growth at home and ensuring that their needs are met in the community. And achieving the desired outcomes across these areas is more likely when agencies work together to adopt effective practices and develop high quality services.

It is important to note that this Plan is the first step in a process. Our next step will be to operationalize the Plan. This will include identifying service strategies, determining the allocation of funds, establishing an evaluation framework and methodology, and initiating a Request for Proposal process.

Goal 1: Improved Child Health

No child can thrive without a foundation of good health. Working closely with the Department of Public Health, First 5 San Francisco will continue to make sure that children have access to quality health care, beginning before they are born. Given the critical importance of detecting and addressing special needs early, we will also expand access to early comprehensive screening to detect vision or hearing impairments, dental decay and developmental delays. During the next five years, First 5 San Francisco will assess its effectiveness in achieving its desired health outcomes by tracking change as noted in the chart below.

Desired Outcomes	Planned Strategies	Indicators of Success*
<p>A. Children are physically and emotionally healthy</p>	<p>Invest in prenatal care linked to pre- and post-natal home visits for vulnerable populations of mothers</p> <p>Work with other City Departments and health plans to develop a viable, universal postpartum home visiting strategy</p>	<p>Increased percentage of vulnerable mothers receiving prenatal care that includes dental care in the 1st trimester of pregnancy</p> <p>Increased mother's knowledge of how to access community services for themselves and their infants among participants in home visiting services</p>
<p>B. Children have health insurance and utilize comprehensive health care</p>	<p>Support continued implementation of Healthy Kids, focusing on expanding access to dental care</p>	<p>Increased number of children with comprehensive health and dental insurance</p>
<p>C. Children with special health care needs are identified early and linked to appropriate services</p>	<p>Partner with community clinics, early care and education programs, family resource centers and other public agencies to promote comprehensive screening for vision, hearing, dental decay and developmental delays for all children by age 3</p> <p>Work with key public agencies, community-based organizations, families, and the medical community to</p> <p>① identify gaps in screening, assessments and the availability of services, and ② improve access, linkages, and services</p>	<p>Increased percentage of children who are screened for vision impairments, hearing impairments, dental decay and developmental delays</p> <p>Increased percentages of children birth to 5 identified with special needs and linked to services</p>

*Specific measures will be developed as a component of establishing an evaluation framework and methodology.

Rationale:

A healthy beginning sets the stage for all other aspects of a child's development and his/her overall well-being. Children born preterm or low-birth weight typically lag behind their peers in language development, are more likely to have problems in school, and have a higher incidence of learning disabilities.⁸ While most children in San Francisco are born healthy, data suggests, however, the continued existence of significant health disparities for certain populations. For example, while less than 1 percent of all Caucasian mothers in San Francisco receive late or no prenatal care, nearly 7 percent of African American and nearly 5 percent of Latinas fail to access prenatal care until the third trimester, or not at all.⁹ African American infants are also more than twice as likely to be born with low birth weights as children of other backgrounds (14.9 percent) versus the percentages for Caucasian (6.2 percent), Asians (6.5 percent) or Latinos (6.5 percent).¹⁰

In order to address such health disparities, First 5 San Francisco intends to ensure that the most vulnerable groups in the population receive high-quality, comprehensive prenatal care and have the opportunity to enroll in home visiting services that begin during pregnancy and continue after birth. Research suggests that home visiting services result in significant positive effects when they begin during pregnancy, continue through the first years of the child's life, and focus on those women whose children are at highest risk for poor health and developmental outcomes.¹¹

At the same time, First 5 San Francisco will work with the Department of Public Health, existing private and public health plans and other key stakeholders to ensure that all parents receive one or two home visits soon after the birth of their infant. One or two initial home visits for every new mother can help reassure anxious new parents, provide valuable information about available community resources, and are a stigma-free method to identify families who need and want more intensive services.

To stay healthy, we recognize that all children need health insurance and access to care delivered by a consistent health provider. As a result of the enormously successful Healthy Kids and Young Adult program of the San Francisco Health Plan, this City has come very close to providing health insurance for all children. While access to medical care has improved significantly, First 5 San Francisco remains concerned about the dental health of our young children. For example, we are aware that many parents do not recognize the importance of preventive dental activities for young children. Even when families know they need to arrange dental care for their children, they may find care difficult to obtain due to lack of transportation, language barriers, and a shortage of pediatric dentists, particularly those willing to serve low-income families.¹²

Parents need to be healthy to take care of their children. In fact, their health care needs are as important as their children's. Because we recognize the critical importance of parents staying healthy we will work with the Department of Public Health and other health care agencies to support parents' access to health care.

We are making comprehensive health screening a priority to achieve early identification of children who have vision or hearing problems or whose development is lagging behind typical norms. Without intervention, these children are likely to suffer long-term effects.

Undiagnosed vision and hearing problems, for example, are associated with delays in language and early literacy skills. Evidence is overwhelming that problems can be ameliorated if they are caught early and if children are provided appropriate treatment or therapy.¹³

In San Francisco, as many as an estimated 7,400 children under age 6 have special health care needs, including social and emotional delays, but fewer than 1,600 have been seen by the major providers of special needs services.¹⁴ However, services cannot be provided without parents and health care providers identifying a need for care. First 5 San Francisco therefore will support comprehensive health screenings of all children by age 3. To promote easy access to these screenings, screenings will be available in multiple convenient locations throughout the City and will be co-located within community-based agencies, early care programs, family resource centers and community clinics – places that are familiar to families with low and moderate incomes. It is our hope that this approach will reduce the stigma that may prevent some families from accessing screening services.

As we do so, we will pay close attention to ensuring the cultural and linguistic appropriateness of our early identification and assessment strategies. Current data suggest that Latino and African American children are being identified and are receiving special needs services at a disproportionately higher rate than their presence in the population, while Caucasian children may be disproportionately under-identified or under-served.¹⁵

We will encourage agencies to hire new staff and/or provide training for existing staff in order to offer culturally meaningful and linguistically appropriate programs grounded in realities of the families who now live in our City and to offer services at different times to take into account parents' work schedules.

Finally, we will work closely with our many partners to make assessment and screening meaningful by ensuring a strong system of "follow-up" services. We are concerned that the problem of limited follow-up services will grow as we expand access to comprehensive screening. Since children with significant delays can currently access existing services, we are especially intent on addressing the gap for those children who have a detectable delay but whose condition is not severe enough to qualify them for government-mandated services.

Goal 2: Enhanced Child Development

For the majority of children, the adults around them who matter the most to them are family members – parents and relatives. However, 83% of California's children of working parents regularly spend time in non-parental care, averaging 35 hours a week¹⁶. For this reason, in the next 5 years, we will focus on efforts to enhance the relationships between children, their families and their early childhood teachers and childcare providers. We will also work to strengthen the ability of these key caregivers to work together to bring up vibrant, healthy children who are eager to learn and contribute to their families and community.

Our activities will pursue the achievement of the outcomes in the following table.

Desired Outcomes	Planned Strategies	Indicators of Success*
<p>A. Children from birth through five years of age and their families have access to high quality early care and education</p>	<p>Partner with the Department of Children, Youth and Families and Human Service Agency to invest in programs for children birth through three</p> <p>First 5 San Francisco will focus on promoting the quality of care in early care and education settings</p>	<p>Improved program quality for early childhood programs, as evidenced, for example, by ECERS/FDCR/ITRS and PFA program quality reviews</p>
<p>B. Preschoolers attend high quality licensed early childhood programs, for at least a portion of their day</p>	<p>Implement Preschool For All (PFA) for all 4 year olds and assure adoption of the PFA program quality guidelines, especially those related to family engagement, language and literacy development, kindergarten transition and inclusion of children with special needs</p>	<p>Higher percentage of 4 year olds enrolled in San Francisco Preschool for All program</p> <p>Increased parent satisfaction with Preschool for All programs</p>
<p>C. San Francisco has a well-trained and stable early childhood workforce equipped to deliver high quality early care and education</p>	<p>Work with key community stakeholders and funding partners to develop a city-wide system of professional development and technical assistance for the early childhood workforce</p>	<p>Increased level of professional development and education among early care and education providers.</p> <p>Heightened knowledge of key content areas including strategies for inclusion of children with special needs, early literacy, early learning and development for dual language learners, family engagement and promoting health and safety</p>

Desired Outcomes	Planned Strategies	Broad Brush Indicators of Success*
<p>D. Children enter kindergarten ready for school</p>	<p>Invest in strategies for serving children with special needs within early care and education programs and ensuring their smooth transition to kindergarten</p> <p>Strengthen the connections between preschools and elementary schools through joint professional development opportunities and kindergarten transition activities</p>	<p>Increased percentage of children entering kindergarten with a portfolio reflecting what each child has learned in preschool and an individual assessment upon enrollment into kindergarten</p> <p>Improved social, emotional, linguistic, and cognitive development as measured by kindergarten school readiness assessments</p>

*Specific measures will be developed as a component of establishing an evaluation framework and methodology.

Rationale:

Fifty-eight percent of children ages 5 and under in San Francisco are being raised in families where all parents work.¹⁷ Given the high cost of living in the Bay Area, holding a job is often not just a matter of personal choice but a matter of financial necessity.

While their parents are at work, children spend their days with relatives, in family childcare homes or center-based programs, or in the care of a nanny. Some families rely upon a childcare center in the morning and grandma in the afternoon. Often, young children spend as many or more of their waking hours with caregivers as they do in the company of their parents.

First 5 San Francisco is committed to supporting high quality care for children birth through five in all childcare settings. High quality care means skilled and effective teachers, teacher-child ratios and group sizes small enough to permit individualized attention, a curriculum that supports all aspects of children’s development, and a safe and healthy environment.¹⁸ High quality programs also engage parents and communicate regularly with them about their children’s development. Staff of high quality programs treat parents with respect and as valuable sources of knowledge about child rearing. They also link families to other health and social services, as needed.

Like most urban cities, San Francisco has many fewer spaces in licensed infant/toddler care programs than infants and toddlers who could benefit from such care.¹⁹ Since 1998, with leadership from the Department of Children, Youth and Families and the San Francisco Human Services Agency, the City has made significant strides in expanding the availability of licensed care for our youngest children through a combination of grants, parent subsidies and investments in facilities. As a result, the number of family childcare homes offering care to infants and toddlers has expanded and the number of spaces now available in centers has nearly doubled to approximately 1,076 in 2006.²⁰ As noted above, First 5 San Francisco will continue to work closely with our partner agencies to ensure the availability of high quality care for infants and toddlers. We are especially interested in concentrating our resources on ①improving program quality and ②ensuring that all childcare programs include and are capable of and supported to work with children with special needs and their families.

With the 2004 passage of Proposition H,²¹ San Francisco became the first county in California to allocate local resources to support county-wide implementation of preschool for all for 4-year-olds. Because San Francisco is one of only a handful of California counties launching universal preschool, what happens locally can not only benefit our children, but can also inform similar efforts in California and throughout the nation. San Francisco Preschool for All (SF PFA) started last year in four low-income neighborhoods with large numbers of immigrant and African American families and will roll-out to the rest of the City's neighborhoods over the next four years. This approach has allowed San Francisco to give initial priority to children least likely to already be enrolled in preschool and who are most likely to gain from participation. As Preschool For All expands city-wide, we are committed to it offering high quality programming, a powerful platform to help children, especially those most at risk, to do better academically and socially.

The backbone of our quality improvement efforts is the priority we are placing on developing a well-trained early childhood workforce who can skillfully nurture infants and toddlers as well as preschoolers. Specialized training in early childhood development is key to high quality care. Additional education is also important for the advancement of experienced early childhood workers, particularly as some programs, such as Head Start and San Francisco's PFA program, begin requiring teachers to have Bachelor degrees in early childhood.²² Our goal is to create a city-wide system of professional development and technical assistance that makes higher education more accessible to all early childhood professionals, with special attention to the advancement of currently under-represented ethnic groups. We also seek to develop a system that combines college course work with mentoring and coaching, to convert concepts into practice. We are particularly committed to addressing the current gap in professional development that will help teachers address the needs of dual language learners and children with special needs. First 5 San Francisco also recognizes the importance of continuing to explore how to link increased professional development with appropriate compensation in order to maintain and retain a skilled workforce.

Finally, we are committed to strengthening the connections between preschools and elementary schools. Entering kindergarten is a difficult transition for all children. Kindergarten classrooms are often very different from children's early childhood classrooms. At the very least, children have to adjust to larger group sizes, greater emphasis on formal

instruction, and increased requirements to sit still.²³ In San Francisco, the city-wide open enrollment process makes this transition even more difficult because children living and attending preschool in a particular neighborhood will not always be enrolled in the nearby public school. First 5 San Francisco believes the transition to kindergarten can be improved through better communication between early childhood providers and kindergarten teachers and joint professional development activities involving both preschool and kindergarten teachers. Children’s transition to elementary school can also be eased if their kindergarten teachers know something about them and understand their learning styles. First 5 San Francisco therefore supports creating “kindergarten portfolios” that show what each child has learned in preschool, along with a comprehensive school readiness assessment that is conducted by kindergarten teachers upon enrollment.

Goal 3: Improved Family Functioning

Because raising children is a challenge and an enormous responsibility, all families can benefit from support and guidance to make possible the healthy development of their children. San Francisco is fortunate to have created a strong, neighborhood-based network of family resource centers (FRCs) that meet the every-day needs of parents/caregivers for “community” and are also hubs of a wide range of resources. First 5 San Francisco will focus on FRCs as key vehicles to reduce parents’ isolation, strengthen their parenting skills and facilitate constructive relationships between parents and their young children.

First 5 San Francisco’s Outcomes and Planned Strategies for Improved Family Functioning are outlined in the following table.

Desired Outcomes	Planned Strategies	Indicators of Success*
<p>A. Families provide nurturing and positive emotional support to their children</p>	<p>Invest in family resource centers (FRCs) as a platform for service delivery and align First 5 San Francisco investments with DCYF and HSA</p> <p>Ensure that FRCs are accessible and responsive to the needs of families</p>	<p>Greater numbers of families participate in family resource centers (FRCs) on an ongoing basis</p> <p>Participating parents demonstrate improved parenting and problem solving skills as well as an understanding of child development</p>

Desired Outcomes	Planned Strategies	Broad Brush Indicators of Success*
<p>B. Families support their children’s social, emotional, cognitive and physical development</p>	<p>Strengthen connections between early care and education programs and family resource centers</p> <p>Assist families to enroll their children in high quality childcare, with a special focus on PFA programs</p> <p>Build capacity of FRCs to help families promote their children’s school readiness</p>	<p>Greater involvement of parents in early care and education programs</p> <p>Increased number of parents who read to/share books with their young children on a daily basis</p>
<p>C. Families are connected to a supportive community</p>	<p>Build the capacity of FRCs to help families to ① support children with special needs ② develop leadership and advocacy skills and ③ access city resources and public benefits</p>	<p>Increased percentage of those parents who participate in FRCs are satisfied with FRC programs and referrals made by FRCs to other services</p> <p>Increased parent involvement and leadership at FRCs</p>

*Specific measures will be developed as a component of establishing an evaluation framework and methodology.

Rationale:

The first five years of children’s lives are magical. In the blink of an eye, a babbling baby grows into an inquisitive preschooler asking endless questions about how the world works. A baby crying for her bottle grows into a thoughtful friend comforting a buddy with a skinned knee. A crawling infant turns into a toddler taking his first tottering step, and then into the child dancing to music and playing catch with his older brother. It is during these amazing early years that children forge the foundation of cognitive, social, emotional, and physical skills that will shape their future.

None of this development happens in a vacuum. Young children rely on the adults around them to protect them, to interpret the world for them, and to love them so that they feel

secure and self-confident. It is through adults that children learn what they must know in order to thrive in a world that is filled with challenge and opportunity.

Children flourish when they grow up in strong families and are guided by loving and nurturing adults. Children who enjoy strong parent-child relationships have greater self-confidence, self-esteem, and better academic achievement and relationships with others. Children depend upon parents to act as their first teachers and most important advocates. These roles are not always easy; especially if parents are struggling financially to keep their family clothed, sheltered and nourished, have minimal education and limited literacy skills, or are not familiar with how to navigate public institutions – “the system”.

What can make a tremendous difference to parents is a supportive community of relatives and friends. Whether parents keep their jobs can depend upon whether they know someone who can pick up their children if they need to work late. Often, the most meaningful parenting advice comes from a peer who has worked through a similar challenge. Knowing they are not alone helps some parents avoid feeling hopeless and depressed.

In the past, parents relied on local relatives and neighbors for advice and support, but today, with more mobility, these natural networks of support have diminished. Primarily for this reason, family resource centers (FRCs) have blossomed in the United States and in San Francisco. FRC’s are welcoming, accessible neighborhood places where families can seek services, obtain parenting advice and education, and build relationships of mutual supports with other families with children.

Since the 1970’s, families have voiced their need for additional supports to effectively raise and care for their children. Human service agencies and community-based organizations have understood that prevention is the most efficient method to foster healthy families and communities. The family support philosophy promotes policies and practices that assist families in raising healthy and happy children. FRC’s have been in existence since the nineteenth century, but they have flourished in the last few decades as a response to parents needs for more supports. Because many parents are faced with isolation, stress, violence and lack of resources, FRCs have emerged as the vehicles that provide services, resources and activities that help families to not only handle difficult situations, but also as a place where families can bond with other families and connect with residents and community agencies on issues of mutual concern²⁴.

First 5 San Francisco is committed to working together with the Human Services Agency and the Department of Children, Youth and their Families to align our respective resources to ensure the broad availability of family support services. While we believe family support services should be available to all families, we will work to target public resources lower income communities and to vulnerable populations that have challenges in creating a family support system on their own.

First 5 San Francisco sees FRCs as trusted community settings that can address multiple desired outcomes for families and children. However, we also recognize that FRCs will need infrastructure development, staff capacity building and training supports to do this. We intend to work with FRCs to develop their capacity to help families in four priority areas: (a)

meeting the needs of children with special needs; (b) preparing children for school; (c) expanding parents’ advocacy and leadership skills; and, (d) gaining access to city resources, economic supports and public benefits, as needed. We are also interested in exploring how we might build the capacity of FRCs to recognize and address maternal depression, a reversible condition that can have an extremely detrimental impact on the ability of mothers to bond with their children and engage in effective parenting.²⁵

Finally, we intend to marry two of our strongest community assets by strengthening the connections between early care and education programs and family resource centers. Research on long-term outcomes of early childhood programs demonstrates that programs that combine child and parent focused activities often produce the longest lasting and broadest set of benefits for children.²⁶ We want to ensure that families of children in early care and education programs can access the services offered by family resource centers, and that families served via FRCs will learn how important it is to enroll their children in high quality early care and education programs, particularly universal preschool. We also believe FRCs and early childhood programs can work together to nurture the leadership skills and abilities of parents.

Goal 4: Improved Systems of Care

Because we have a responsibility to be good stewards of public funds and because families tell us it is difficult to navigate the system of providers and resources available for assistance, we will work to increase the efficiencies in the systems that serve our youngest children and their families. We want to ensure that funders and agencies coordinate services in ways that ease the burdens of the families who are seeking those services. To achieve better outcomes for children, we are determined to strengthen the ability of agencies and practitioners funded by First 5 San Francisco to collaborate with each other as well as with other appropriate non-profits and governmental agencies in our community.

First 5 San Francisco’s focus for this goal area is outlined in the following table.

Desired Outcomes	Planned Strategies	Indicators of Success*
A. Greater knowledge and utilization of evidence-based practices among practitioners who work in settings funded by First 5 San Francisco	Partner with city agencies and key community stakeholders to promote a deeper investment in the adoption of best practices and standards among programs and practitioners serving young children birth to 5 and their families	Greater percentage of providers receive and complete quality in-depth training; surveys indicate improved knowledge of evidence based practice covered in the training
B. Funding and services to young children and their families are better coordinated,	Work within First 5 San Francisco initiatives and with other funding partners to further	Grantees report spending less time completing duplicative paperwork for multiple funding streams

<p>contiguous and leveraged</p>	<p>coordinate and streamline reporting and evaluation requirements</p> <p>Identify and cultivate private foundations and business as funding partners to support and sustain First 5 San Francisco initiatives</p>	<p>Private foundations and businesses contribute resources and funding to First 5 initiatives and programs</p>
<p>C. San Francisco residents and public and private policymakers support public investments in young children and their families</p>	<p>Ensure the needs of families birth to 5 are incorporated into key local and state policy discussions</p> <p>Inform and influence the planning and policies of local government agencies who have direct responsibility for K-12 education and housing</p>	<p>More public and private resources are being leveraged to support services for children under age 6 in San Francisco</p>

*Specific measures will be developed as a component of establishing an evaluation framework and methodology.

Rationale:

Achieving the desired outcomes across all of the first three result areas requires the development of effective systems that enable everyone to work together in support of families with young children. Because our funding is flexible, First 5 San Francisco is in a strong position to help put such systems in place through strategic investment of our staff's time and talents as well as our financial contributions.

First 5 San Francisco is committed to advancing a deeper investment in the adoption of effective practices and quality standards across agencies and funding streams. We recognize the critical importance of moving beyond one time trainings to sustained investments in on-going approaches to quality improvement that help practitioners ①learn about the latest developments in best practice and then ②apply their learnings to their daily work. We will also work to align First 5 San Francisco program evaluations with agreed upon standards so that these evaluations offer regular and meaningful feedback about what is going well and what needs to be improved.

At the same time, we are aware that many agencies spend too much of staff's available time completing paperwork. While some requirements are essential in order to account for the use of public resources and to obtaining data for program planning, we also recognize the need to further streamline requirements, especially for agencies that receive funding from

multiple sources. First 5 San Francisco will therefore work closely in its own initiatives and with other government sources of funding to reduce duplicative reporting requirements through the development of common forms and interagency agreements to promote data sharing.

In order to continue to develop and sustain high quality programs for young children and their families, it is clear to First 5 San Francisco that we must also do a better job of partnering with local foundations and businesses whose expertise and funding capacities can complement ours. San Francisco is blessed with an abundance of private foundations and civic-minded corporations. Over the next five years, First 5 San Francisco will develop even stronger relationships with foundations and businesses by learning more about their particular philanthropic interests and helping them understand how their goals can be advanced through partnerships with First 5 San Francisco.

Finally, we recognize that the conditions affecting the lives of families with young children are deeply affected by the policy decisions made by other City departments on issues that lie far beyond the scope of First 5 San Francisco's funding purview. First 5 will endeavor to inform the development of local and state policies about key issues affecting the well-being of families, such as affordable housing, domestic violence, homelessness and community development. Most immediately, First 5 San Francisco is interested in assessing the role it can play in helping the current administration develop the Communities of Opportunity Initiative. This effort aims to improve the quality of life and improve outcomes for families in well-defined pilot zones located within the South East sector of the City that represent areas of great need and marginalization.

Next Steps

First 5 San Francisco is committed to making sure that our children's critical first five years are filled with that which is most important for young children: health, safety, nurturing and shelter. Throughout all our efforts, we will focus on connections – the relationships between children and those adults entrusted with their care, and the connections among the children, families, and agencies that serve them.

Our next steps are to further prioritize the goals of the Plan, to develop an allocation plan, create a Request for Proposals for programs and services that will result in the Desired Outcomes noted within this Plan. We will continue our partnerships with parents, providers, funders and policy makers to implement working groups to help us design our service strategies. Our commitment to maintaining strong community involvement in First 5 San Francisco's direction and activities is essential, in order for First 5 to identify emergent needs, respond to those needs with wise investments and to also measure the impact of our work.

We are very excited by what lies ahead and look forward to our community achieving its goals.

Appendix A: STRATEGIC PLAN GUIDELINES

Priorities for activities and investments reflected in this Plan and in previous First 5 San Francisco plans focus on tenets that:

- Support the “whole” child including his/her physical, cognitive, emotional and social development
- Nurture the ability of parents to act as their children’s first teachers and advocates
- Build upon the strengths of San Francisco’s diverse families and communities while addressing disparities in outcomes and gaps in access to services for families living in poverty and families of color
- Can have a significant, simultaneous impact on multiple outcomes for families and their young children
- Respect choices families make about where to seek assistance, supports, and services
- Advance the capacity of agencies and their staff to offer high quality programming and services oriented to prevention and early intervention
- Build upon past successful investments, but do not duplicate existing services or supplant existing funding
- Offer strong partnership opportunities that allow First 5 to maximize and leverage existing resources, and
- Take advantage of the flexibility of First 5 San Francisco funding while not spreading First 5 San Francisco resources too thin

APPENDIX B: The Development of the Plan

The Strategic Plan was developed after six months of meetings with key stakeholders in San Francisco. Many thanks Commissioner Cheryl Polk for her leadership in guiding the development of the Plan and to First 5 San Francisco staff members Gloria Corral and Derik Aoki and consultants Hedy Chang and Deanna Gomby who skillfully helped capture the community's thinking. Specific sources of input included the following:

- ***San Francisco Children and Families First Commissioners.*** The 9 San Francisco Children and Families First Commissioners approved the process for development of the Plan and then provided individual and group feedback on all aspects of the Plan. Commissioners included: Dr. Raymond Weisberg, Dr. Lucy Crain, Kara Dukakis, September Jarret, Betty Robinson Harris, Supervisor Ross Mirkarimi, Cheryl Polk, Michele Rutherford and Virginia Smyly.
- ***Strategic Planning Advisory Committee.*** Comprised of members representing a cross-section of perspectives and agencies committed to improving the lives of children, the Strategic Planning Advisory Committee met four times during 2006 to help develop the Plan and reflect on its evolution. Members included: Dr. Lucy Crain, Rafael Lopez, Rosa Pascal, Judith Baker, Bill Bettencourt, Hector Melendez, Rhea Durr, Candace Wong, Marie Lee, Melinda Felice, Jessica Garcia-Kohl, Juno Duenas, Maryann Fleming, Dr. Raymond Weisberg, Ellen Rodgers, and Linda Asato, Sai-ling Chan-Sew, Nancy Rubin, Dr. Francisco Ramos Gomez, Martha Ryan and Melange Matthews.
- ***Parents*** Multiple strategies were utilized to ensure feedback from parents including their review of the draft strategic plan. The Plan was presented to Parent Action Grantees and to First 5 San Francisco's Civic Engagement Committee. Participants prioritized the following strategies: supporting parents in helping their children become ready for school, serving children and their families with special needs, and ensuring that programs and practitioners use evidenced based practices. Parents also indicated the lack of translated written resource material as well as a lack of bilingual and bicultural presenters, lecturers and guest speakers who are knowledgeable about child development.
- ***Broad array of agencies and practitioners.*** First 5 San Francisco staff gathered additional community feedback by sharing drafts of key portions of the Plan at meetings of multiple stakeholder groups, including the Child Care Planning Advisory Council, the Mayor's Clusters for Children, Youth and Families, the High Risk Infant Interagency Council, the Preschool for All Stakeholders, First 5 San Francisco Grantees and San Francisco's Family Support Network.
- ***Analysis of local data and national research.*** A review was conducted of evaluations of programs currently supported by First 5 San Francisco, trends on the quality of life in San Francisco, and existing resources for children and families. Literature and research was also studied to identify effective service strategies that have the potential to produce the desired outcomes described in the Plan.

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- ⁸ Rose, S.A. Judith Feldman, J.F. Janowski, JJ. Et al, (2005, November), Pathways from prematurity and infant abilities to later cognition, *Child Development* 76(6) 1172-1184.
- ⁹ Building a Healthier San Francisco, 2004 Community Assessment, San Francisco, Department of Public Health.
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- ¹¹ Olds, D.L, Henderson, C.R., Kitzman, H.J, Eckenrode, J.J., Cole, R.E., & Tatelbaum, R.C. (1999). Prenatal and infancy home visitation by nurses: Recent findings. *The Future of Children*, 9(1), 44-65.
- ¹² Aved, Barbara, Options for supporting an integrated dental health initiative in San Francisco – A Report Prepared for the Children and Families Commission of San Francisco, November 2001
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- ¹⁹ In California, providers must be licensed if they are operating a family child care home or center that serves children from more than one family.
- ²⁰ Child Care Planning Advisory Committee, Needs Assessment 2007
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- ²² Burchinal, M.R., Cryer, D., Clifford, R.M., & Howes, C. (2002). Caregiver training and classroom quality in child care centers. *Applied Developmental Science*, 6(1), 2-11. NICHD Early Child Care Research Network. (1999a). Child outcomes when childcare center classes meet recommended standards of quality. *American Journal of Public Health*, 89(7),1072–1077. Vandell, D. L. & Wolfe, B. (2000). *Childcare quality: Does it matter and does it need to be improved?* Washington, DC: U.S. Department of Education (ERIC Document ED441941).

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