



FIRST 5'S COMMITMENT TO CHILDREN AND FAMILIES



The greatest opportunities to improve the trajectory of a child's life happen during pregnancy and the first five years of life.

First 5 leads statewide efforts to champion the complex needs of young children and their families through strong, effective and proven systems of care. Established by California voters through the passage of Proposition 10, First 5 commissions in all 58 counties now have nearly 20 years of on-the-ground experience and work to make kids healthy, safe, and ready to learn.

IN 2016, FIRST 5 COUNTY COMMISSIONS SPENT:

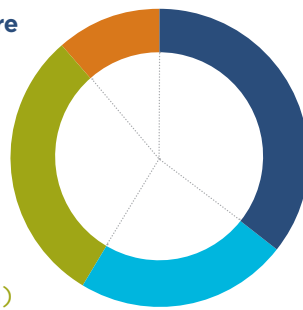
\$503M* reaching over 800,000 kids

\$179M **Preschool and Quality Child Care** (Preschool, QRIS, Infant and Toddler Care)

\$116M **Family Strengthening** (Parent Education, Homeless Services)

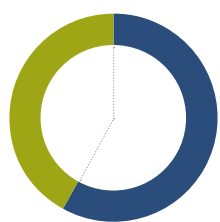
\$151M **Child Health** (Home Visiting, Early Intervention, Oral Health)

\$57M **Systems Building** (Coordinating services between agencies, leveraging resources, advocating for unmet needs)



*includes leveraged funding

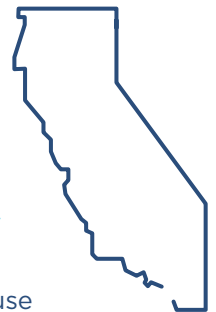
FIRST 5 FUNDING GOES TO:



42% **Community-Based Organizations** (non-profits, including child care providers)

58% **Public Agencies** (Department of Public Health, School Districts, County Offices of Education, Health & Human Services Agencies)

CHILDREN AND FAMILIES FACE REAL CHALLENGES



50% Medi-Cal births

24% living in poverty

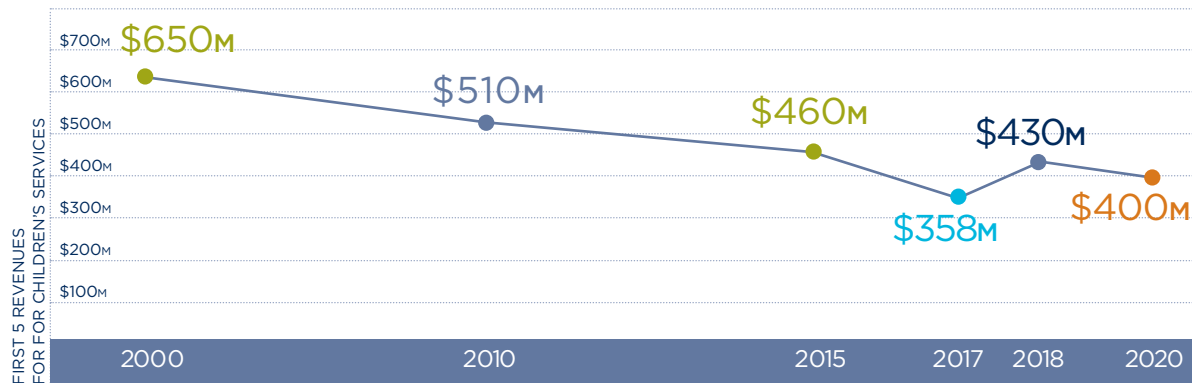
14% reported for abuse or neglect at least once

67% are not screened for development delays

91% of eligible infant toddlers are NOT placed in subsidized child care

BE A CHAMPION FOR CHILDREN

FIRST 5 REVENUES WILL DECLINE BY NEARLY 40 PERCENT BY 2020.



VOLATILE & INADEQUATE FUNDING:

First 5 is solely funded through statewide Tobacco Taxes (Proposition 10, 1998). Fortunately, fewer Californians are smoking. However, California has tied essential services to unstable tobacco taxes.

The cumulative effects of increasing taxes on tobacco products (Prop 56) and increasing the smoking age to 21 (SBx2 5) have further reduced First 5 funding.

The expected declines in tobacco tax revenues will affect programs and services funded by First 5 in your county.

The State must fulfill its responsibilities for the health, education, and care of our youngest children.

EVEN AT ITS PEAK, FIRST 5 FUNDING WAS NEVER ENOUGH TO ADDRESS THE NEEDS OF CHILDREN:

\$200 spent per child by First 5 in 2000
\$125 spent per child by First 5 by 2020

BY COMPARISON:

\$9,500 spent per child enrolled in Head Start programs and services in CA.

THE TIME TO INVEST IS NOW. BE A CHAMPION FOR...



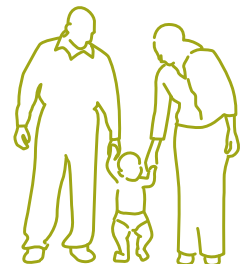
Kindergarten readiness and quality early learning



Developmental screening and early intervention



Preventative health services and oral health care



Supporting resilient families and safe homes

...CALIFORNIA'S YOUNGEST CHILDREN

FAMILY STRENGTHENING



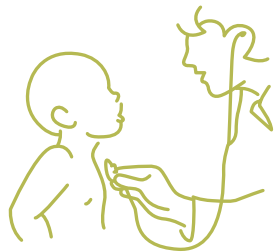
VISION:

Enhance systems that support parental resilience, social connections, concrete support in times of need, and knowledge of parenting and child development.

POLICY GOALS:

- Expand access to evidence-based family strengthening programs, including voluntary home visiting, which optimize child development and reduce the risk of abuse and neglect.
- Increase and improve child and parental mental health and substance abuse awareness, diagnosis and treatment.
- Strengthen the social safety-net to ensure families are self-sufficient and can meet their basic economic needs, such as food, housing, child care, transportation and health care.

EARLY IDENTIFICATION AND INTERVENTION



VISION:

Build a family-centered system that supports all children at risk of developmental and behavioral delay.

POLICY GOALS:

- Ensure all children receive mandated developmental and behavioral screenings.
- Invest in and improve coordination across systems of care to efficiently connect young children to early intervention.
- Improve statewide data collection, sharing and reporting on key indicators of screening, assessment, referral and treatment.

ORAL HEALTH



VISION:

Expand access to preventative and restorative oral health services and oral health education.

POLICY GOALS:

- Increase utilization of essential Medi-Cal dental services by young children.
- Expand the availability and geographic spread of pediatric oral health providers.
- Mobilize state support for innovative approaches that provide oral health services in alternative settings.

QUALITY EARLY LEARNING



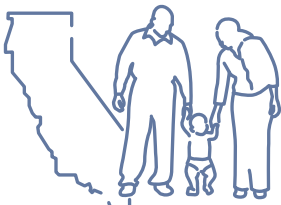
VISION:

Improve overall well-being and social-emotional and cognitive outcomes for all children from birth in order to achieve kindergarten readiness.

POLICY GOALS:

- Increase the quality and number of state-funded early learning slots for infants, toddlers and preschoolers.
- Embed high-quality standards in all state-funded early learning programs and support state and local efforts to meet them.
- Strengthen the qualifications, compensation and stability of the early learning workforce.

SYSTEM SUSTAINABILITY AND REACH



VISION:

Ensure that California's youngest children and their families thrive.

POLICY GOAL:

- Explore and advance opportunities to preserve and increase funding streams dedicated to early childhood, including Proposition 10 revenues.
- Improve state and county data systems to track children's outcomes.