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First 5 California Annual Report Form

PART 1

FISCAL YEAR 2005-06

COUNTY COMMISSION NARRATIVE

Please complete the County Commission Narrative Form.

Enter official name of County Commission:

Kern County Children and Families Commission

Enter name of County Commission that should be used in the County Commission's profile, if different from above:

____

How to Submit Part 1 of the Annual Report Form

- Please **e-mail** your completed Part 1 by **October 15, 2006,** to: **First5AR@sri.com**.
- Photo release forms can be faxed to SRI International at (650) 859-5258.
- You should receive a reply within 5 days confirming receipt of any sent file(s).
- SRI International will provide First 5 California with a copy of all parts of the annual report form.

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County Commission Narrative Form

Please note that your evaluation technical assistance coach can help you collect and prepare much of this information. Please use the headings and subheadings provided when entering the information.

1. **County Commission's Priorities in Strategic Plan.** (Please limit your response to this question to **one page**.)

   The challenge Kern County faces in dealing with many public health and social problems lies in the geographic makeup of the county. The large geographic area alone presents a myriad of difficulties related to transportation, access to childcare and especially health care services as well as the isolation of families. Resources are limited, especially in some of the rural areas. Due to the cultural diversity of Kern County, 49.5% White, 38.4% Hispanic or Latino, 5.7% Black, 3.2% Asian, 2.1% More than 1 race, and 0.9% American Indian, language barriers are a common concern in many of the areas in attempting to provide adequate services to families. The primary languages of the county population are as follows: 66.6 percent English, 29.0 percent Spanish, 2.6 percent Asian & Pacific Islander (this group includes Tagalog) and 1.8 percent other languages (US Census, 2000).

   Poverty and unemployment are major issues in the county. According to the US Census of the year 2000, more 0-5 year old children in Kern County lived in poverty (30.1%) in 2000 than children throughout the state (19%). When comparing Kern County to the entire state of California and the United States, it is apparent that Kern has significantly higher rates of unemployment. Historically, Kern County has continually experienced higher unemployment with seasonal agricultural employment cited as a prevalent contributor to this condition. In 2004 the unemployment rate in Kern County was 9.8% and in the state of California it was 6.2% (California Employment Development Department). When comparing the unemployment rate of Kern County to both the state of California and to the United States, Kern County has not only shown a trend that is double the state and national average, but is also showing an increase in the unemployment rate while the state and national averages are decreasing.

   Although the problems facing workers in the Kern County are multi-faceted, from seasonal agricultural work to undocumented workers, the effects are profound. For example, families who are unemployed are no longer able to access employer-based insurance. In such instances, the cost to purchase private insurance becomes a barrier to accessing medical services. Although medical insurance through Medi-Cal and Healthy Families is available, some working families find themselves earning too much to qualify for these types of medical insurance but cannot afford to purchase private insurance.

   Children living in Kern County tend to be rated in poorer health and have health coverage at lower levels than children statewide. According to the 2001 California Health Interview Survey, 93.7% of children between the ages of 0-5 have health insurance in California. However, children in Kern County have a lower rate of health insurance coverage (88.8%). Kern also has a lower percentage of children who are rated with very good or excellent health (70%) when compared with statewide levels (75 %).

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a. Describe the **funding priorities** in your **strategic plan** that have been focused on in the past fiscal year (July 1, 2005 - June 30, 2006). These may include desired results related to systems of care, child and family outcomes, or outcomes for specific populations or communities.

As a result of the significant health issues facing our children and the impact on school readiness, the Commission has designated it's School Readiness and Child Health initiatives, as well as a third evolving initiative focusing on family support services as funding priorities. In April 2002, First 5 Kern invested $4.7million of local Proposition 10 funds, along with a matching $4.7 million grant of State Proposition 10 funds, towards the School Readiness Initiative. The School Readiness programs in Kern include 35 schools and 13 districts county-wide. These programs grew out of family resource centers, which were supported by numerous county collaboratives and were connected with local school districts.

In 2002, the Commission approved the planning and implementation of it's Children's Health Initiative taking the first steps in a bold and innovative move toward ensuring that all children in Kern County aged zero to five will have access to comprehensive health insurance and a medical, dental, and mental health home. The Children's Health Initiative is a multi-tiered initiative, 1) outreach, enrollment, retention, and utilization and 2) the creation of a parallel health insurance program for children that do not qualify for existing health insurance programs such as Medi-Cal and Healthy Families.

The Commission approved an initial expenditure of $550,000 to help launch the first tier of the program. Grants were awarded to two local agencies to increase the number of Certified Application Assisters available to assist families with health insurance applications. An additional grant in the amount of $670,000 was awarded to continue the work of the Certified Application Assisters for an additional year. A grant in the amount of $50,000 was awarded to develop and staff a countywide outreach and enrollment committee (OEC) which has been charged with identifying gaps and barriers in the existing system and to develop plans for filling these gaps and overcoming barriers. An additional grant in the amount of $293,000 was awarded during Fiscal Year 2005-2006 to continue the work of the OEC.

The Commission also entered into an Agreement with Health Net of California, Inc., to become the health plan administrator for the Healthy Kids Kern County program for the Fiscal Years 2005-2007. The Kern County Department of Human Services has been contracted to become the "Enrolling Agency" for the Healthy Kids Kern County program. All children will be screened for eligibility into the Medi-Cal and Healthy Families programs prior to being deemed eligible for the Healthy Kids Kern County program. The Kern County Department of Human Services is the county agency responsible for establishing Medi-Cal eligibility so a logical strategy for creating a "one open door" approach for enrollment was to contract with them to perform the same functions for the HKKC program as well as assisting with Healthy Families applications.The Children's Health Initiative provides a logical strategy for maximizing resources and effectively linking children to medical and dental homes through a coordinated public health insurance enrollment effort for eligible children.

In an effort to support quality child care and the availability of infant and non-traditional hour care the Commission approved $2 million dollars to support programs and strategies

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that aim to improve the quality of child care in Kern County. A total of $850,000 will go to address capital needs associated with constructing a brand new child care facility located in Bakersfield. With the construction of the new facility comes an increase of 112 new infant and non-traditional hour childcare spaces. An additional $386,000 will support 16 child care slots for children of migrant farm workers in the outlying area of Delano. The Commission also allocated $788,000 to support education and training programs for 90 students of early childhood education.

2. ***Primary Activities and Programs, by Funding Priorities.*** *(Please limit your response to this question to **five pages**.)*

   a. **Check the box(es)** below if your County Commission participated in any of the following statewide initiatives sponsored by First 5 California during fiscal year 2005-06.
      - ☒ School Readiness Initiative
      - ☐ Special Needs Project
      - ☐ Power of Preschool
      - ☒ Health Access for All Children
      - ☐ Comprehensive Approaches to Raising Educational Standards (CARES)

   b. For each of the key funding priorities named above in Section 1, please describe below: (1) the primary activities and accomplishments of your County Commission in fiscal year 2005-06, and (2) key outcomes for children, families, providers, and communities.

(a) Priority Area/Initiative: Children's Health Initiative

(1) Primary Activities and Accomplishments:

As a result of the significant health issues facing Kern County children and the impact on school readiness, the Commission continues to designate its Children's Health initiative as a funding priority.

In 2002, the Commission approved the planning and implementation of it's Children's Health Initiative taking the first steps in a bold and innovative move toward ensuring that all children in Kern County aged zero to five will have access to comprehensive health insurance and a medical, dental, and mental health home. The Children's Health Initiative is a multi-tiered initiative, 1) outreach, enrollment, retention, and utilization and 2) the creation of a parallel health insurance program for children that do not qualify for existing health insurance programs such as Medi-Cal and Healthy Families.

Implementation of the Children's Health Initiative began in September 2003, when the Commission approved the release of for Requests for Proposals (RFP) aimed at increasing children's health access. The first RFP, Outreach and Enrollment Committee, was released to identify an agency or organization willing to staff and coordinate a countywide outreach and enrollment committee charged with bringing together outreach and enrollment agencies in an effort to address barriers and gaps and to create a work plan for overcoming such barriers. In March 2004, a grant in the amount of $50,000 was awarded to the Friends of Mercy Foundation to staff the Outreach and Enrollment

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Committee (OEC). On July 1, 2005, the Friends of Mercy Foundation was awarded an additional grant, in the amount of $293,000, to continue to staff and coordinate the Outreach and Enrollment Committee (OEC). The OEC currently boasts a membership of 70 members representing 38 agencies throughout Kern County. Monthly OEC meetings continue to serve as an effective vehicle for identifying and addressing existing barriers, in our county and statewide, to health access.

The second RFP, Increasing the Pool of Certified Applications Assisters, was released in January 2004 seeking to identify one or more qualified agencies already engaged in children's health insurance enrollment activities. In May 2004, two grants were awarded, each in the amount of $250,000, to agencies already involved in health insurance outreach and enrollment activities. As a result of outreaching to and enrolling more than 3,000 children and pregnant women into existing health insurance programs such as Medi-Cal, Healthy Families, Kaiser Child Health Plan, and Access for Infants and Mothers (AIM), the Commission approved additional funding in the amount of $670,000 to both agencies to continue to provide application assistance to families throughout Kern County.

The third RFP, Health Insurance Coverage for Uninsured Children in Kern County, was released in March 2004, seeking a Knox Keene licensed medical, dental, and vision health plan or provider group to provide comprehensive healthcare coverage for children. In October 2004 First 5 Kern entered into an agreement with Health Net of California, Inc. to become the administrator of the Healthy Kids Kern County program.

First 5 Kern entered into an agreement with the Kern County Department of Human Services to become the enrolling agency for the HKKC program. Eligibility workers at the Kern County Department of Human Services screen children for eligibility into Medi-Cal and Healthy Families as well as provide screening and eligibility determination for the HKKC program. KC DHS entered into a Memorandum of Understanding with Health Net for the electronic transmission of enrollment data for the HKKC program.

In Fall 2004 First 5 Kern was awarded a grant from First 5 California under its Health Access for All RFP. The grant award totals $238,600 for the next four years to cover health insurance premiums for children aged 0 to 5. The grant will be a twenty percent match of First 5 California funds to every $1 spent of First 5 Kern local funds.

(2) Outcomes:

The primary indicators for the Children's Health Initiative and those programs funded under the CHI are 1) increase the number of children and families successfully completing health insurance applications; 2) increase the number of children successfully enrolled in health insurance programs and; 3) increase the number of children that maintain health insurance coverage.

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During FY 2005-2006 Clinica Sierra Vista and the Kern County Department of Public Health KATCH programs provided application assistance to approximately 9,700 children and 2,500 pregnant women. As a result of their assistance, 5,700 children and 1,000 women were enrolled or re-enrolled in health insurance programs such as Medi-Cal, Healthy Families, Access for Infants and Mothers, Kaiser Child Health Program, and the Healthy Kids Kern County program. Of the populations served by the programs, over 89% are of Hispanic descent and over 77.5% use Spanish as their primary language.

Enrollment into the Healthy Kids Kern County program, for children age 0 to 5, began in March 2005. During the period of July 1, 2005 – June 30, 2006 there were 629 new children aged 0 to 5 enrolled in the Healthy Kids Kern County Program. Utilization data presented to First 5 Kern from Health Net of California, Inc. shows that of the 648 children aged 0 to 5 enrolled in the Healthy Kids Kern County program, 529 initiated health care services with a primary care physician or dental provider. There were 2122 services provided by a primary care physician, including 263 immunizations, 285 screenings, and 88 physical exams. There were 803 services provided by a dental provider, including 211 diagnostic services which include x-rays and exams, 115 preventive services such as cleanings and sealants, 160 restorative services including caps and fillings, and 74 major services which included root canals.

(b) Priority Area/Initiative: School Readiness Initiative

(1) Primary Activities and Accomplishments:

In April 2002, First 5 Kern invested $4.7 million of local Proposition 10 funds, along with a matching $4.7 million grant of State Proposition 10 funds, towards the School Readiness Initiative. The School Readiness Initiative (SRI) in Kern County is housed at twelve (12) family resource centers (FRCs) that are linked to thirteen (13) school districts, community collaboratives, and community based organizations throughout the county. The SRI program in Kern County encompasses thirty-five (35) elementary schools. The linkage and support services provided through the FRCs provide parents and children easy access to resources and programs in the areas of health and social services and parenting and family support services at outlined in the "essential and coordinated element" for the SRI program. The activities provided through the SRI programs include but are not limited to the following:

I. *Early Care & Education*: in-home early learning activities, center-based child development activities, kindergarten summer bridge programs, kindergarten transition and orientation, kindergarten registration, etc
II. *Parenting and Support Services*: parenting classes, parent-child interactive activities, case management, etc
III. *Health and Social Services*: Community fairs, initial health screening and referrals, insurance application assistance, etc
IV. *School's (Community) Capacity*: Transition activities (between school and early care providers), staff development activities, etc

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These support services are consistent with the coordinated elements of the school readiness initiative statewide and provide support for the "whole" child based on a holistic approach. Additionally, staff members at the school readiness programs in Kern County are provided with on-going staff development opportunities through training on child development and early education in an effort to enhance the quality and care of children in the SRI program. The School Readiness programs are now in full implementation throughout the county. The programs use four main data collection tools to assess outcomes for children and families.

1. *Ages and Stages* Assessment is a developmental assessment of children's communication skills, gross motor skills, fine motor skills, problem solving, and person-social skills. The Ages and Stages Assessment is given to children at 36, 42, 48, 54, and 60 months.
2. *Social Condition Matrix* (similar to Family Development Matrix) is used by the programs to measure family stability in 12 areas – income/budget, employment, housing, food/nutrition, health care, transportation, adult education, family relations, community involvement, child care, condition of child, and drugs/addiction. The data from the Social Condition Matrix shows that the longer families are provided services by the SRI/family resource centers, the more improved the score on the Social Condition Matrix, i.e., the longer families are case managed the more improved their overall functioning.
3. *Kindergarten Summer Bridge Tool* (Adapted from Ages & Stages) is used by sites to assess children attending the kindergarten bridging programs. Each child is assessed at time of entrance and at time of completion of the bridging program to determine progress in various developmental areas including: motor, social/emotional, communication, self-help, and cognitive.
4. *The Database of Families Tool* is used by programs to report on the number different types of support services provided (health referrals, food, etc) for the families served. Reporting on such activities will help to provide an overall picture on the need and types of support services rendered to children and families served in various Kern County communities.

(2) Outcomes:

Some of the preliminary outcomes of the SRI program indicate that: 1) school readiness skills of children participating in early learning activities have improved, 2) children participating kindergarten transition and orientation activities are less likely to cry on the first day of school; 3) the longer a family is case managed the more stable they become; 4) parents participating in parenting classes are becoming more aware of child development milestones and kindergarten expectations. In 2005-2006 year, an estimated 860 core clients (children) were served through numerous intensive SRI services including but not limited to: in-home early learning services, case management, classroom activities, and others. This number does NOT include the total number of children ages 0 to 5 served through: parent-child activities, kindergarten orientation, kindergarten transition activities, early learning field trips, social service referrals, basic needs assistance, and others.

3. **Promoting Equitable Access and Outcomes.** Please answer (in no more than **one** page) the following questions:

   a. Has your County Commission formally adopted the Principles on Equity?

   ☐ Yes ☒ No

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b. What communities in your county have been historically underserved (e.g., specific ethnic or linguistic groups, families with children who have disabilities or other special needs, geographically isolated families)?

Kern County is the third-largest county in land area in California with 8,073 square miles. Kern County encompasses urban centers and suburban cities, as well as rural and remote communities. According to the 2000 Census, 85.5 percent of the population lives in an urban setting while 14.5% lived in rural areas. Given its geographic vastness, Kern County faces many challenges in dealing with many public health and social problems. The large geographic area presents a myriad of difficulties related to transportation, access to medical services, access to childcare, and isolation of families.

Resources are limited, especially in some of the rural areas of the county. Kern County is divided into three distinct geographic regions, the Mojave Desert, the San Joaquin Valley, and the Sierra Nevada and Tehachapi Mountains. Each region is home to a number of geographic areas and cities, each with its own unique characteristics as well as different levels of available resources. Transportation, access to specialized medical services and isolation are the biggest concerns in many of the outlying communities. In some areas, services are often obtained in adjacent counties. Mountain barriers and the distance from Bakersfield are the most common causes of isolation and have led some of these communities to have difficulties in relating to service providers who try to deliver services but do not reside in their community. In the communities where a large proportion of the population is Hispanic migrant farm workers, trust in public services and the issue of public charge are major barriers to accessing services.

c. What strategies has your County Commission used to reach each of the communities or groups mentioned above?

In many of the outlying communities Family Resource Centers are the only sources of support. First 5 Kern has made a commitment to continue funding support to 17 family resource centers (FRCs) around the county with 12 of the FRCs based in rural or outlying communities of Kern County. The FRCs provide an array of services that include: basic needs assistance, health screenings and referrals, insurance assistance, transportation support, case management, early learning activities for young children, parenting classes, and others. Many of the FRCs also provide added support to the migrant and farm worker population through the provision of the above services but as well as translation assistance.

Children's Health Initiative: The Commission over the past several years has embarked on a countywide Children's Health Initiative (CHI) to link families to existing insurance programs and also to provide an additional insurance program to those who do not qualify to these publicly funded programs. CHI provides 1) application assisters who will visit families in their homes if needed to assist them with insurance applications and 2) assist families who visit medical clinics around county with insurance application. Through this approach, families who do not have access to transportation can be assisted

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with insurance application in their own homes or when they visit a community health clinic.

Mobile Dental and Immunization Clinics – The Commission continues to fund programs that provide dental and immunization clinics that will visit various communities in the county to provide such services.

d. Have these strategies resulted in greater access to services and higher quality of services for these communities or groups? If so, describe how.

Yes, these strategies have resulted in services being readily accessible to the communities mentioned. For the most part, staff members with the various countywide programs are able to go to these communities and provide needed support for children and families. The San Joaquin Mobile Immunization Unit provided 9,122 immunizations to 4,426 children throughout the county. The Dental Health Network provided 9,373 dental services to 2,486 children throughout Kern County. These services included, oral health education to parents, screenings, professional cleanings and fluoride, sealants, and restorative treatment when decay was identified.

4. **Program Highlights.** Describe **at least three** programs that your County Commission funded during fiscal year 2005-06 that you would highlight in your County Commission profile in the annual report. (Some program descriptions may not be included in the report because of space limitations.) Please list them starting with the program your commission would most like to see highlighted in the annual report. (These programs also may be used to highlight statewide accomplishments in other chapters of the annual report.) Please make sure that at least one of the programs described is part of the **School Readiness Initiative**. For each program, provide a description that addresses each of the questions below. You may respond to each question separately or provide a narrative that addresses these questions in paragraph format. (Please limit each program description to **two pages**.)

Nurse Family Partnership Program

a. What is the name of the program, and in which agency is it housed?

The Nurse Family Partnership (NFP) program is housed at the Kern County Dept of Public Health.

b. Is this a School Readiness Initiative program?

No.

c. What identified need or issue does the program address?

NFP supports the health and well-being of children and families and provides parent education and family support services.

d. Is the program research based? What was the rationale for the program's design?

NFP is based on 30 years of research. It is the most rigorously tested program of its kind.

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e. On which of the four result areas does the program focus: improved child health, improved child development, improved family functioning, or improved systems of care?

NFP focuses on improved child health, improved child development and improved family functioning. NFP is not identified as a School Readiness Initiative (SRI) program. However, the home-based intervention includes essential elements of the SRI design including parenting and family support services and health and social services. These elements are addressed through the intensive case management and education provided to enrolled clients over their two and one half year participation in the program. The Public Health Nurse begins discussion and instruction on parenting as well as on health and social service needs when the client is still pregnant.

f. For whom is the program designed? How does the program directly or indirectly support children ages 0 through 5?

The NFP program is designed for first time, high-risk and low-income mothers and their children. The client is enrolled during pregnancy (no later than 24 weeks gestation) and remains in the program until her child turns two years old. By providing ongoing, one-on-one parenting education to the first time mother (and in many cases the father and/or other family members), NFP both directly and indirectly supports children ages 0 to 5.

g. If the program focuses on a specific subgroup, how does the program try to address the needs and interests of that subgroup (e.g., offering materials in primary languages, having staff who reflects the languages and ethnicities of groups being served, adapting materials in other ways)?

The curriculum and many of the materials used in NFP were developed or adapted for use with parents with lower levels of literacy and are also available in Spanish. The Public Health Nurses (PHN) who provide services have received additional training on the unique aspects of NFP nursing practice.

h. What specific results-based outcomes does the program aim to achieve?

The NFP program aims to: 1) increase breastfeeding during the newborn interval and at three months of age, 2) decrease the incidence of preterm and low birth weight rates, 3) increase immunization levels, 4) increase the interval between births, 5) decrease smoking, and 6) increase high school completion and employment rates of enrolled clients.

i. What activities or resources are offered through the program?

NFP nurses provide intensive case management services to their clients beginning in pregnancy and continuing until the client's child turns two years old. Nurses visit their clients (usually in the client's home) weekly during the first four weeks in the program, every other week until the baby is born, then weekly again for the first six weeks post partum. After that, visits are every other week until the child turns 20 months of age, then monthly visits are made until the child turns two and the client and child graduate. Learning activities are built into the curriculum and service plan. Many topics are presented to clients during home visits including nutrition, health (mom and baby/toddler), breast feeding, immunizations, parenting, smoking cessation, accident/injury prevention, seeking out and connecting with community resources, budgeting and job training. Resources which can be provided when no other options can

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be identified are bus passes in order to get to medical care and food obtained from local food banks.

j. Who staffs the program? What professional or other special training do the staff members have (e.g., is the program staffed by a multidisciplinary team, paraprofessionals, public health nurses, etc.)?

NFP is staffed by Public Health Nurses (PHN). The PHN's have attended three, one-week training sessions provided by national NFP in Denver, Colorado.

k. In what special ways does the program meet the needs of your county (e.g., has it been designed or adapted for a specific population)?

NFP services are available to eligible clients throughout Kern County. Kern County covers over 8,000 square miles. Program staff includes a bilingual PHN and a bilingual Public Health Aide to assist the PHN's who are not bilingual. Program materials are available in Spanish as well as English.

l. What types of positive impacts has the program had on children and families? (If quantitative data are not available, please describe any anecdotal findings about results of the program.)

Nearly all of the NFP clients (93%) initiated breastfeeding and 27% continued to breastfeed their child to 12 months of age; 7% of NFP infants were born preterm (overall Kern County rate was 11%); 6% of NFP infants were low birth weight (overall Kern County rate was 6.5%). Participants had high rates of immunization including 95% at 12 months and 93% at 24 months. Half of NFP clients who smoked prior to pregnancy stopped smoking during the pregnancy and the remaining 50% had reduced the number of cigarettes smoked per day by at least half. Many (40%) clients who entered the program without a high school diploma/GED had received their diploma/GED at the end of participation and 25% were continuing their education beyond high school. An additional 25% of clients were still working toward their diploma/GED.

m. How were these impacts measured or documented?

NFP has an evaluation component which allows the program to track the progress of the program toward achieving positive impacts and outcomes. The nurses collect data which is entered into the Clinical Information System managed by the NFP National Service Office. Reports can be reviewed at least quarterly and the National Service Office produces an annual report for each site. In addition, program staff collect data monthly which is entered into the OCERS AMM program for local evaluation by First 5 Kern.

Kern County Children's Dental Health Network

a. What is the name of the program, and in which agency is it housed?

The Kern County Children's Dental Health Network is a program developed by the Kern County Superintendent of Schools and West Kern Community College District (Taft College Dental Hygiene Program) to address the dental needs for Kern County children. Comprehensive dental services are provided to children at their school site utilizing second year dental hygiene students from the Taft College Dental Hygiene Program, under the direction of Stacy Eastman, DDS.

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b. Is this a School Readiness Initiative program?

No

c. What identified need or issue does the program address?

The program aims ton increase children's access to dental care.

d. Is the program research based? What was the rationale for the program's design?

The program is not research based but was designed based on a needs assessment administered in several communities within the County of Kern.

e. On which of the four result areas does the program focus: improved child health, improved child development, improved family functioning, or improved systems of care?

Improved child health.

f. For whom is the program designed? How does the program directly or indirectly support children ages 0 through 5?

Parents and their children (0-5 years of age) are directly supported by the program by providing comprehensive dental services to children at their school site. In addition, parents are educated about the importance of oral health and are also mentored on how to utilize the professional services of a dentist.

g. If the program focuses on a specific subgroup, how does the program try to address the needs and interests of that subgroup (e.g., offering materials in primary languages, having staff who reflects the languages and ethnicities of groups being served, adapting materials in other ways)?

All forms and educational materials are provided to parents in both English and Spanish. In addition, KCCDHN has bilingual staff.

h. What specific results-based outcomes does the program aim to achieve?

Eliminate decay in children's teeth

i. What activities or resources are offered through the program?

Oral health education is provided to children and parents. Children receive an oral screening, a professional cleaning, sealants, and dental treatment (if needed).

j. Who staffs the program? What professional or other special training do the staff members have (e.g., is the program staffed by a multidisciplinary team, paraprofessionals, public health nurses, etc.)?

The program is staffed by West Kern Community College District and the Kern County Superintendent of Schools. The West Kern Community College District employs the dental director, Stacy Eastman DDS., three registered dental hygienists, and 25 dental hygiene students. KCSOS employs the administrative staff of a program manager, family advocates and clerks.

k. In what special ways does the program meet the needs of your county (e.g., has it been designed or adapted for a specific population)?

All services are provided by staff who are bilingual.

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l. What types of positive impacts has the program had on children and families? (If quantitative data are not available, please describe any anecdotal findings about results of the program.)

- Over 10,000 children and their parents have been educated about the importance of oral health hygiene.
- Over 8000 children have been screened for decay.
- Over 7000 children have received a professional cleaning and fluoride.
- Over 4000 children have received sealants.
- Over 3000 children received treatment for their decay.

m. How were these impacts measured or documented?

Documentation of impacts was recorded on screening forms and treatment forms from dentists.

Bakersfield City School District - School Readiness Partnership Program

a. What is the name of the program, and in which agency is it housed?

It is called the School Readiness Partnership and it is housed in the Bakersfield City School District.

b. Is this a School Readiness Initiative program?

Yes.

c. What identified need or issue does the program address?

The program aims to ensure that children are ready for kindergarten. This includes preparing them developmentally, making sure that their health needs are met (e.g., vaccinations and dental treatment), and making sure that they are emotionally prepared for school. The program also emphasizes parents' self esteem, encouraging them to see themselves as teachers. The School Readiness Partnership also works to help schools be more parent-friendly, and to increase the parent volunteer base at schools. It helps schools to acknowledge that families often have a hard time with the transition of a child into kindergarten.

d. Is the program research based? What was the rationale for the program's design?

Its design is based on consistent research findings that: (1) children are more likely to excel in school when their families are involved in their learning, and (2) children who receive information in a natural and comfortable environment (e.g., through a home visit) are more likely to retain and process the information provided.

e. On which of the four result areas does the program focus: improved child health, improved child development, improved family functioning, or improved systems of care?

The program focuses on all four of these result areas.

f. For whom is the program designed? How does the program directly or indirectly support children ages 0 through 5?

The program serves children ages 0 through 5 who are getting ready for kindergarten and have no pre-kindergarten experience, and their families. Some mothers who have

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children in the program have signed on during pregnancy with a subsequent child, and these families can receive services for several years. The program supports children ages 0 through 5 directly through one-on-one home visits designed around the developmental needs of the child, and indirectly through a variety of services (described below) that are available to parents.

g. If the program focuses on a specific subgroup, how does the program try to address the needs and interests of that subgroup (e.g., offering materials in primary languages, having staff who reflects the languages and ethnicities of groups being served, adapting materials in other ways)?

There are two criteria for enrollment in the School Readiness Partnership: (1) that the family lives in one of the 12 schools in which the program is being implemented (the school district has 42 schools), and (2) that the child has had no pre-kindergarten experience. To meet the needs of the families being served, all materials are translated into Spanish, and the staff is bilingual. All families in the program to date have spoken either Spanish or English, or both. The staff tries to be as sensitive as possible to the specific family situation.

h. What specific results-based outcomes does the program aim to achieve?

The program aims to have all children enrolled on time for kindergarten, including having a full physical and required vaccination. It also aims to increase the number of children who are pre-enrolled for kindergarten, which means being enrolled before the end of the previous school year. Pre-enrollment eliminates long lines and waiting in September, and, more importantly, makes children eligible for the Summer Bridge program, a service which eases children's transition with visits to the school in July (see below). Finally, the program aims to increase parent volunteerism in the schools, first by supporting parents in terms of their own service needs, including parent literacy services, and then by helping parents to see how their skills are needed and valued in the schools.

i. What activities or resources are offered through the program?

The program offers center- and home-based programs for children and families. The center-based part of the program takes place in school libraries, where children and their families are exposed to literature in a group setting. Three family resource centers also offer center-based programs for children and families. The Summer Bridge program organizes groups of 15-20 prospective kindergarten students to visit the school campus, eat breakfast at school, meet teachers and other school staff, and explore their classroom and playground. Children who are pre-enrolled are eligible for this program, which takes place in July. Families also receive individualized services during home visits, which include working with children on developmentally appropriate skills and helping parents to identify their needs. Staff members ensure that parents have needed information about health and nutrition, vaccinations, and the process of enrolling their child in kindergarten. Because a major emphasis of the program is preparing parents to be actively involved in schools, program staff educates parents about ways they can volunteer once their child starts school. The program, together with the local police department, also sponsors Safe Escape, which teaches young children how to stay away from strangers. It also works with Even Start to provide ESL classes for parents while their children receive child development services. Program staff makes referrals for services that are needed and are outside the scope of this program.

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j. **Who staffs the program? What professional or other special training do the staff members have (e.g., is the program staffed by a multidisciplinary team, paraprofessionals, public health nurses, etc.)?**

   The program coordinator is a certified teacher in regular and special education, has her administrative credential, a master's degree, and is pursuing a doctorate. There are three family resource coordinators, all of whom are school nurses, as well as three family advocates who have a high school diploma. One of the family advocates also has a child development/education background. The program also employs two infant technicians who have 40-60 units of child development, education, occupational therapy or health coursework, as well as two clerks who are responsible for data entry.

k. **In what special ways does the program meet the needs of your county (e.g., has it been designed or adapted for a specific population)?**

   The School Readiness Partnership enables the families served to become more stable, which in turn, enables parents to help their children be prepared for school.

l. **What types of positive impacts has the program had on children and families? (If quantitative data are not available, please describe any anecdotal findings about results of the program.)**

   In all 12 school readiness sites, kindergarten enrollment and parent volunteerism have increased since the program began. In one school, 15 children were pre-enrolled for 100 available slots; the year after the program was implemented, 89 children were pre-enrolled. A particularly angry parent recently had her last child complete the Summer Bridge program. This mother was angry about the time required of parents to participate in the program, and the parent had been difficult for staff to deal with. As her son graduated from the program, she approached the program coordinator and said, "This is the greatest program! (My son) has changed so much. He sits down and he listens now at home." This mother greeted other staff with a smile and said, about her son's future education, "I'm going to be a team player." She has since applied to work as a playground aide at the school and is volunteering in the classroom. The majority of the families in the program who speak only Spanish are now learning English. In fact, one Spanish-speaking mother insists that her children speak only English during treatment sessions.

m. **How were these impacts measured or documented?**

   The program tracks the number of children who enroll and pre-enroll for kindergarten, and the number of parents who volunteer.

5. *(Optional)* **Systems Change Support Activities.** Systems change support activities are complex and can include such activities as bringing people from various agencies and backgrounds to the table, changing policies and practices, and systematically looking at information across programs. Sometimes it is difficult to communicate to the public how making such changes can result in better services and outcomes for children and families. If your County Commission has an example of an effective systems change effort, please share your story here. Below are some questions to guide your narrative. (Please limit your response to **one page**.)

   a. What were you trying to change and why?

   b. Who was involved?

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c. What agreements, changes, or products resulted from this work?
d. How, ultimately, are children and families better served because of these activities?

Kern County is home to a large population of uninsured children, an estimated 33,000. Within the county there are numerous agencies and community based organizations that provide various services to uninsured children in the county ranging from health care services to assistance with completing health insurance applications. Many of these agencies provide services to the same families and often times come up against the same barriers when trying to increase their client's access to health care coverage. In an effort to bring these agencies together to begin the process of identifying gaps and barriers in the system and to work together collectively to fill in these gaps and overcome some of the barriers the Kern Outreach and Enrollment Committee was formed.

In March 2004, a grant in the amount of $50,000 was awarded to the Friends of Mercy Foundation to staff the Outreach and Enrollment Committee. In 2005 an additional grant of $293,000 was awarded to the OEC to continue its work. The OEC serves as the advisory body for the program development, financing, implementation, community relations, and outreach for Healthy Kids Kern County Program. The OEC is responsible for advising and assisting in planning, design, fundraising, outreach, and education so that all children in Kern County are covered by health insurance and have access to health care services.

Since 2004, the OEC has grown to include more than 70 members representing 38 organizations and agencies, such as Kern Family Healthcare (Local Health Initiative), the Bakersfield City School District, Community Action Partnership of Kern, the Bakersfield Police Department, Kern County Immunization Coalition, California State University Bakersfield, the Kern County Department of Public Health, Kern County Department of Human Services, local community clinics, and many other community and faith based organizations.

A subcommittee of the OEC is the Community Outreach Retention and Enrollment (CORE) Subcommittee. This committee has 18 community agencies involved in examining and developing work plans for systems change to make outreach, enrollment, retention, and utilization more efficient and effective.

The OEC has helped to develop an inter-agency contact list that serves to keep managers in each agency in contact with their counterparts at other agencies. This has cut down on the time spent on the phone by front line staff trying to resolve issues.

The OEC has hosted three Public Charge/Immigration training session in Bakersfield with more than 190 people in attendance. Front line staff of local Community Based Organizations, Community Health Clinics, Family Resource Centers, private health care providers, and county departments was trained. Attorneys from the National Law Health Program and Legal Aid Foundation of Los Angeles facilitated the trainings.

Families in Kern County benefit from this integration of services by having a standardized and streamlined process to gain access to health care services. The member agencies have collectively worked together to streamline processes within their own agencies in an effort

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to ensure that families have an easier time navigating the systems. Training opportunities sponsored by the OEC are always offered county wide, providing opportunities for all to continue to increase their knowledge of how to navigate the difficult health care system. This results in better trained staff offering services to the families of Kern County and an increase in enrollment in existing health insurance programs.

6. *(Optional)* **Child/Family/Provider Vignettes.** Stories of how programs and systems affect specific children and families can be powerful tools for demonstrating the effectiveness and importance of funding such activities. Please use the questions below to guide your description about a child, family, or provider who has benefited from one of your County Commission's funded programs. You may respond to each question separately or provide a narrative that addresses these questions in paragraph format. Feel free to include as many vignettes as you like. Please try to select examples that are representative of most children and families served by this program. Some vignettes might be selected for use in other chapters of the annual report to illustrate the effectiveness of commonly delivered services funded by County Commissions.

Nurse Family Partnership Program

Timmy is an impish, active, fun, and precocious 15 month old "Super Boy". He enjoys attending preschool each day; he is making friends, has become an expert climber on the "kiddie" slide, and loves to drive toy trucks in the sand while providing all the sound effects! Timmy's mom, Lindsay, works hard - every day. She is a High School Senior.

Lindsay is just 17 and now lives with her boyfriend Chuck and his family. While Lindsay struggles with her homework and keeping up with her son's ever increasing activity level – with smiles and laughter, Chuck works in a department store, and enjoys playing drums with his garage band on days off. Lindsay and Chuck parent their son together, and are planning their future as a family.

This was not always the case. In the past, Lindsay was depressed, not eating well, using recreational drugs, truant from school, and had even gave up on the independent study program. Chuck was drinking a lot and sometimes left bruises on Lindsay's arms and face during a fight, yet she was afraid to leave him, because she didn't have other options. During this time, Lindsay also was fortunate enough to have her own Nurse Family Partnership nurse who would visit her, every one or two weeks.

The nurse began visiting Lindsay and Chuck when Lindsay was 5 months pregnant. They talked together about plans for the future, parenting their baby, working, finishing school and making a life for their child that was happy and safe. While looking at and holding a 'rubber baby' fetal model, Lindsay realized that her baby was vulnerable, and completely dependent on her. As a result, Lindsay completely quit smoking pot, and gradually cut down on, then finally quit smoking cigarettes too. She decided that her baby didn't need those things, and neither did she. Although she tried school again, it was too hard to find child care and study time once the baby arrived. She decided to return to school when she could find safe, reliable child care, and he was a little older. In the meantime, Chuck found a good job at a local department store, with health

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benefits for himself and the baby. Since he was raised without a father, he wanted to make sure that his own child had a daddy who would "be there" through the growing-up years.

After Timmy was a few months old, Lindsay began to have a hard time just getting through the day. She was tired. She was sad. Her appetite was gone. She wasn't able to smile and didn't even want to open the door. She was always a good mom to Timmy, but hopelessness seemed to surround her like a Tule Fog. The nurse came to visit anyway. With warmth and compassion she would say, "I didn't come to see your house, I came to see YOU. What can I do to help?" It took a while, but with her NFP nurse's encouragement, Lindsay saw her doctor and got some medicine for her depression. Gradually, her smiles returned, and even some laughter! Timmy again brought the sunshine into each day, and Lindsay was thriving!

During their visits, the nurse noticed the ups and downs with which Lindsay struggled. She made referrals to community agencies, and even took Lindsay and the baby on a "field trip" to a petting zoo on a particularly difficult day. The llamas, miniature ponies, rabbits and a tractor ride thrilled Timmy. Then as Timmy finally gave into the need for a nap on the jiggling tractor, Lindsay was able to put into perspective what was <u>really</u> important in her life; her son, her education, and her future – with or without her boyfriend. Lindsay began to make some plans. Another "field trip" took them to the local high school to visit with an optimistic head counselor and discuss the possibilities of re-enrolling. They also visited the on-campus child care for babies her son's age. Timmy really liked it!

Now Lindsay is working through some rocky relationship challenges with her boyfriend. He is paying more attention to busy Timmy and even helps him to play the drums with Daddy's band! Lindsay no longer feels like her only connection with the world is her visit with the nurse. She has new friends at school, and has even changed her schedule to allow more time in the morning to spend with Timmy in <u>his</u> class before going to her own class. Lindsay continues taking her medication, has school breakfast with Timmy, and a school lunch too. The visits with her nurse are still important to them both. Lindsay looks forward to her graduation - first from the NFP program and then from High School – with Timmy speeding along beside her! Chuck is proud of Lindsay and their son. He has cut down on his drinking, and there are no more bruises for Lindsay to hide or explain.

<u>Kern County Children's Dental Health Network</u>

The Kern County Children's Dental Health Network (KCCDHN) program provided school site dental services to over 100 preschool children in McFarland, CA. For ninety percent of these children, this was their first but pleasant exposure to the oral health environment. Five second year dental hygiene students, two registered dental hygienists and Stacy Eastman DDS traveled to McFarland to set up the dental clinic with portable dental hygiene equipment, patient chairs, and high scope lights. There, in a portable classroom, the clinicians administered over 100 oral screenings, 97 prophylaxis, 34 sealants and 48 follow up free dental treatment referrals by one of two of Kern County's pediatric dentists. For non-English speaking Stella Garcia, this was an opportunity she knew she couldn't pass up because her 5 year old daughter Gabrielle had never been to the dentist. In addition, Stella found out Gabrielle had five caries.

Although Stella had just delivered Gabrielle's new little brother three weeks prior to finding out about Gabrielle's oral health, she made a plan to get her to the dentist. She first called the

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KCCDHN office and spoke to bi-lingual advocate, Jessica. She confided in Jessica that she had some obstacles to overcome in order to get Gabrielle to the dentist. First, she had no transportation to the Bakersfield dental office, very limited English reading and speaking skills and no one to take care of her newborn while Gabrielle was at the dentist. She knew enough though that if she could access the right resources, she could make it work.

She asked Jessica for information related to the public bus system. She called and got the bus route and instructions on how to ride the bus. She contacted her good friend, Eva, to watch the newborn so she could travel on the bus with her daughter. With Gabrielle in tow, they met Jessica at the dental office and filled out necessary consent and medical history forms. There she learned about the dental appointment process. She then accompanied her daughter to the dental chair where she was educated by the dentist about the importance of brushing Gabrielle's teeth and limiting her consumption of sugary foods and drinks. Mom left the office with Gabrielle after a successful treatment appointment and a sense of gratification knowing she learned about a process she had never done prior to that day. She also felt good that her daughter was now healthy and ready for school.

Bakersfield City School District - School Readiness Partnership Program

A family consisting of a newly-married 24-year-old mother of four young children ranging in age from a newborn to a 5 year-old (a kindergarten student) lived with other relatives in the family's two-bedroom condominium. At any given time, more than 10 people were living in the house. The mother could not read or write and the father had been a drug user and had been clean for six months at the time of their marriage. There was significant domestic abuse of the mother by her new husband. The mother, embarrassed because she couldn't provide a good foundation for her children, learned about the program from a poster at her oldest son's school (the school had already contacted the program about this family). She signed up her own children, as well as the nieces and nephews who were living with her. The program offered home visits, where the children received individualized services, as well as center-based group activities for the family. Even the youngest children were welcome at center-based activities, which emphasized developmental skills needed for school readiness. Home visits included the provision of school readiness activities for the mother and children to work on together until the next home visit. The oldest son had significant behavioral problems, which staff addressed, and the oldest daughter had emotional problems. Staff referred her to a psychologist. The program helped the mother to obtain restraining orders so that the abuse in her home would end, assisted her in completing her education and finding child care, and provided activities to help prepare her children for kindergarten. One staff member donated business clothing to the mother so that, following the completion of her GED, she would have professional interview attire. Since beginning the program, the mother moved her children to a safer location and completed her GED. After starting one job, she realized that she could make more money as a child care provider. She now operates a licensed home daycare facility. When staff from the School Readiness Partnership met this mother, her hair was dirty and in her face. Now she is wearing make-up and walks with her head up. Also, she is a dedicated parent, involved in all aspects of her children's education. Recently, she asked to help at kindergarten orientation at her children's school, even though she did not have a child of her own attending the orientation. The benefits of the program are evident in her children as well. All of the children are excited about school and are performing at age-appropriate levels on all assessments. They are happy and stable children. The oldest son's behavioral issues have been addressed effectively and his teachers report being amazed at his

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transformation. The daughter who received treatment for emotional problems is now at the top of her class academically. The eligible children in this family had one-on-one school readiness activities in their home and attended kindergarten orientation. The mother received support in helping her children to prepare for kindergarten, as well as significant support in caring for her children in a safe environment and for her professional growth. This program has many similar stories, with program staff meeting families at particularly low points and seeing tremendous change and growth over the course of the program.

7. *(Optional)* **Photograph for County Commission Profile.** If you have one or more digital or scanned photographs of a child, family, or program that you would like incorporated into your County Commission profile, please submit each one electronically with this form as a JPG file. Attach a copy of the release allowing the publication of the photograph (a sample release is provided with the narrative tools.) A caption also can be submitted to accompany each photograph. The number of words used in photo captions is included in the overall word count for a County Commission profile.

   Size: For horizontal photographs, the width should be 3.5" (and the height will be ~2.3"); for vertical photographs, the height should be 3.5" (and the width will be ~2.3"). Larger photographs need to be resized before submitting.

   Resolution: 300 dpi. We will not be able to use any photograph that is less than 300 dots per inch (dpi). (A 3.5" x 2.3" photo at 300 dpi will have pixel dimensions of 1050 x 700.) We can make adjustments for resolutions greater than 300 dpi. However, when transmitting files, remember that the file size increases as the resolution increases.

   Release: All photographs that include identifiable individuals must be accompanied by a release form granting permission for the publication of the photograph. A sample of a release form is provided with the narrative tools.

8. **County Commission Profile.** Please indicate below whether you would like SRI International to prepare your County Commission profile or your County Commission is preparing its own draft profile. If your County Commission wants to prepare its own profile, please follow directions provided in the **County Commission Profile Guidelines**.

   ☐ My County Commission is preparing and attaching a draft of its own profile, using the **County Commission Profile Guidelines**.

   ☒ SRI International should prepare a draft of my County Commission's profile.

9. **County Commission Funding Priority Outcomes and Indicators.** Please indicate on the following chart the outcomes that were local funding priorities in fiscal year 2005-06.

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County Commission Funding Priority Outcomes and Indicators

Directions: Please check all the outcomes listed below that were local funding priorities in fiscal year 2005-06. The associated population-based and core participant indicators do not need to be marked.

Funding Priority Outcome	Population-Based Data	Core Participants	
		Key Indicators	Elective Indicators
☒ Children are born healthy.	• Infant survival rate • Number and percentage of births at low birth weight • Number and percentage of births at very low birth weight • Number and percentage of live births in which mothers received late or no prenatal care	• Number and percentage of births at low birth weight • Number and percentage of births at very low birth weight • Number and percentage of live births in which mothers received late or no prenatal care	
☒ Children receive preventive and ongoing regular health care.	• Number and percentage of children who receive the recommended vaccines for their age • Number and percentage of children with a regular medical home • Number and percentage of children who have health insurance	• Number and percentage of children who receive the recommended number of well-baby and child checkups by age 2 • Number and percentage of children with a regular medical home • Number and percentage of children who have health insurance	• Number and percentage of children who receive the recommended vaccines for their age
☒ Children are in healthy and safe environments.	• Number and rate of nonfatal injuries to children ages 0 to 5 requiring medical advice or treatment		

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Funding Priority Outcome	Population-Based Data	Core Participants	
		Key Indicators	Elective Indicators
☒ Children are healthy and well nourished.	• Number and percentage of children whose parents rate them to be in very good or excellent health • Number and percentage of women who are breastfeeding at time of hospital discharge/ 6 weeks or more/6 months or more • Number and percentage of children 0 to 5 years of age who are in the expected range of weight for their age	• Number and percentage of women who are breastfeeding at time of hospital discharge/ 6 weeks or more/6 months or more	• Number and percentage of children whose parents rate them to be in very good or excellent health • Number and percentage of children 0 to 5 years of age who are in the expected range of weight for their age
☒ Children have good oral health.	• Number and percentage of children age 3 or older who receive annual dental exams • Number and percentage of children who have dental insurance	• Number and percentage of children age 3 or older who receive annual dental exams	• Number and percentage of children ages 0 to 5 years who have dental insurance

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Funding Priority Outcome	Population-Based Data	Core Participants	
		Key Indicators	Elective Indicators
☒ Children are free of smoking-related illnesses.		• Number and percentage of children who live in households where no adults smoke • Number and percentage of women who did not smoke during pregnancy	
☒ Children have access to high-quality early care and education.	• Number of licensed center child care spaces per 100 children • Number of licensed family child care slots per 100 children • Number of Head Start slots per 100 low-income children • Number and percentage of licensed center child care spaces for children with special needs		
☒ Children participate in early childhood education programs.	• Number and percentage of children ages 0 to 5 who regularly attended a nursery school, pre-kindergarten, or Head Start program by the time of kindergarten entry Percentage of children with special needs who participate in early childhood care and education programs	• Number and percentage of children ages 0 to 5 who regularly attended a nursery school, pre-kindergarten, or Head Start program by the time of kindergarten entry • Percentage of children with special needs who participate in early childhood care and education programs	

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Funding Priority Outcome	Population-Based Data	Core Participants	
		Key Indicators	Elective Indicators
☒ Children receive early screening/intervention for developmental delays, disabilities, and other special needs.	• Number and percentage of children identified as having special needs by the time of kindergarten entry	• Number and percentage of children identified as having special needs by the time of kindergarten entry	• Number and percentage of children under age 3 who receive a developmental screening from their primary care provider • Number and percentage of children identified with disabilities who receive developmental services by the time of kindergarten entry
☒ Children enter kindergarten "ready for school."	Number and percentage of children entering kindergarten ready for school as determined by assessments completed by teachers and parents that indicate the child is ready in the areas of cognitive, social, emotional, language, approaches to learning, and health/physical development		• Number and percentage of children who participate in school-linked transitional practices
☐ Children live in home environments supportive of optimal cognitive development.	• Number and percentage of families who report reading or telling stories regularly to their children, 3 to 5 years of age	• Number and percentage of families who report reading or telling stories regularly to their children, 3 to 5 years of age	

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Funding Priority Outcome	Population-Based Data	Core Participants	
		Key Indicators	Elective Indicators
☐ Children are safe from intentional injuries in their homes and communities.	• Number and percentage of children with substantiated or confirmed (open) cases of child abuse • Number and percentage of child maltreatment in which there is a recurrence within a 6-month period		
☐ Fewer teens have babies, and more parenting teens delay subsequent pregnancies.	• Number and rate of births to young teenage mothers		• Number and rate of births to young teenage mothers
☒ Families are self-sufficient.	• Number and percentage of children living in poverty		• Number and percentage of children living in poverty • Number and percentage of parents reporting food security (i.e., no hunger, as opposed to moderate or severe hunger) • Number and percentage of children who move more than once in a year • Number and percentage of mothers who completed high school or its equivalent
☐ Parents provide nurturing and positive emotional support to their children.			• Number and percentage of mothers screened for depression

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Funding Priority Outcome	Population-Based Data	Core Participants	
		Key Indicators	Elective Indicators
☐ Children achieve permanency.	• Number and percentage of children 0 to 5 years of age who have lived in foster care within the past year • Number and percentage of children 0 to 5 years of age in foster care who are placed in a permanent home		

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First 5 California Annual Report Form
Part 2
County Commission Revenues and Expenditures Summary
for the period July 1, 2005 - June 30, 2006

Please type only in the yellow cells. The Word document titled "Part 2 Instructions" provides line-by-line information and instructions for filling out this spreadsheet. If you are viewing the spreadsheet on a computer, this information is also contained in "comment boxes," which are designated by a red triangle in the upper-right corner of each relevant cell. Simply position your mouse on the cell, and a yellow text box will appear to the right. If all comments are showing, go to View > Toolbars and check "Reviewing," then click the icon labeled "Hide all comments." To print this spreadsheet without the comments, go to File > Page Setup > Sheet and select "None" next to the "Comments" field, to hide the comments.

Table 1. FY 2005-2006 Revenue Detail (**Please contact the State Commission if these numbers do not match the County Commission's records.)**

Line	Description	Sub-amount	Amount
1.1	State School Readiness Initiative Funds		$725,756
1.1.1	School Readiness Initiative - Program Funds	$725,756	
1.1.2	School Readiness Initiative - Implementation Funds	$0	
1.2	All Other First 5 Funds		$11,266,613
1.2.1	Monthly Disbursements	$11,173,895	
1.2.2	Augmentation Funds: Administrative	$0	
1.2.3	Augmentation Funds: Travel	$0	
1.2.4	Augmentation Funds (Minimum $200,000)	$0	
1.2.5	Child Care Retention Incentives	$0	
1.2.6	SMIF Funds	$57,837	
1.2.7	Other First 5 Funds	$34,881	
1.3	FY 2005-2006 Non-First 5 Funds (Revenues from Sources Other Than First 5 California)		$1,081,190
1.3.1	Grants	$325,000	
1.3.2	Donations		
1.3.3	Revenues from Interest Earned	$751,697	
1.3.4	Other	$4,493	
1.0	FY 2005-2006 Total Revenues		$13,073,559

Table 2. Funds Available for FY 2005-2006

Line	Description	Sub-amount	Amount
1.0	FY 2005-2006 Total Revenues		$13,073,559
2.1	FY 2004-2005 Year-End Fund Balance (uncommitted funds, including adjustment)		$1,721,469
2.1.1	FY 2004-2005 Year-End Fund Balance (uncommitted funds only) as reported in the 2004-2005 Annual Report	$1,721,469	
2.1.2	Adjustment to FY 2004-2005 Year-End Fund Balance (uncommitted funds only) as reported in the 2004-2005 Annual Report		
	Please type an explanation for adjustment here.		
2.2	Net Committed Funds Brought Forward from Prior Years		$12,882,949
2.2.1	FY 2004-2005 Total Committed Funds as reported in the 2004-2005 Annual Report	$19,834,660	
2.2.2	Adjustment to FY 2004-2005 Total Committed Funds as reported in the 2004-2005 Annual Report		
	Please type an explanation for adjustment here.		
2.2.3	FY 2005-2006 Reversal of Committed Funds from Prior Year	$6,951,711	
2.3	FY 2005-2006 Funds Reversed from Committed to Uncommitted (reported in Line 2.2.3)		$6,951,711
2.0	Funds Available for FY 2005-2006		$34,629,687

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Table 3. FY 2005-2006 Committed Funds

		State School Readiness Initiative Funds	All Other First 5 Funds (including First 5 funds used as a county match)	Non-First 5 Funds disbursed through the County Commission
3.1	FY 2005-2006 Total Committed Funds	$2,583,409	$17,904,450	$0
	3.1.1 FY 2005-2006 Encumbrances	$1,130,725	$6,537,167	
	3.1.2 FY 2005-2006 Approved Contracts Not Yet Executed (Obligations)	$1,093,092	$6,274,006	
	3.1.3 FY 2005-2006 Restricted Funds Not Yet Obligated			
	3.1.4 Funds Invested in Capital Assets		$11,900	
	3.1.5 Funds Reserved for First 5 California Initiatives	$359,592	$81,377	
	3.1.6 Funds Reserved for Local Initiatives and Program Sustainability		$5,000,000	

Table 4. FY 2005-2006 Expenditures

		State School Readiness Initiative Funds	All Other First 5 Funds (including First 5 funds used as a county match)	Non-First 5 Funds disbursed through the County Commission
4.1	FY 2005-2006 Program Expenditures	$1,095,202	$9,498,979	$658,573
	4.1.1 FY 2005-2006 Funds Disbursed to Externally Run Programs (Sum from Table 6)	$1,095,202	$7,746,681	$658,573
	4.1.2 FY 2005-2006 Funds Spent on Commission-Run Programs (Sum from Table 7)	$0	$1,752,298	$0
4.2	FY 2005-2006 Administrative Expenditures		$756,296	
4.3	FY 2005-2006 Expenditures on County Commission Capital Investments			
4.0	FY 2005-2006 Total Program, Administrative, and Capital Expenditures	$1,095,202	$10,255,275	$658,573

Table 5. End of FY 2005-2006 Fund Balance

2.0	Funds Available for FY 2005-2006	$34,629,687
3.1	FY 2005-2006 Total Committed Funds	$20,487,859
4.0	FY 2005-2006 Total Program, Administrative, and Capital Expenditures	$12,009,050
5.0	FY 2005-2006 Total Uncommitted Funds	$2,132,778

Table 6. FY 2005-2006 Program Expenditures Detail: Externally Run Programs

Externally Run Program: An activity or set of activities funded by First 5 dollars that is administered by an agency other than a First 5 Commission (i.e., the agency receives a contract or grant to provide services). To add a program to the table, please contact your technical assistance coach or send an e-mail to first5ar@sri.com. Please report mini-grants in Table 7.

Program ID	Program Name	State School Readiness Initiative Funds	All Other First 5 Funds (including First 5 funds used as a county match)	Non-First 5 Funds disbursed through the County Commission
115001	American Lung Assn-Kern Asthma Education & Home Visitation Program		$127,759	
115004	CASA of Kern County--Infant & Toddler Program		$132,807	
115005	Child Care Health Consultancy		$206,818	
115007	KCDPH Child Health & Disability Prevention Program		$678,410	
115009	Healthy Mothers, Healthy Babies of Kern County--Doula Project		$10,673	
115012	Clinica Sierra Vista Great Beginnings Program		$137,978	
115014	Henrietta Weill Child Guidance Clinic		$275,445	
115022	Indian Wells--Family Resource Center		$172,469	
115023	Kern River Valley--Family Resource Center		$158,017	
115025	McFarland--Family Resource Center		$149,835	
115026	Mt Communities--Family Resource Center		$127,756	
115029	Southeast--Family Resource Center		$164,442	
115031	West Kern CCD: Kern Cty Dental Health Network		$872,993	
115032	Kern County Superintendent of Schools--Richardson Special Needs Collaborative Center		$149,857	
115036	Neighborhood Place Community Learning Ctrs		$260,867	
115037	KCDPH Nurse Family Partnership Program		$252,664	
115038	Adolescent Family Life / Cal-Learn Program		$228,045	
115039	Bakersfield Adult School--Project BETTER		$24,309	
115041	San Joaquin Hosp. Mobile Immunization Unit		$321,330	
115043	Community Action Partnership of Kern--Fatherhood Program		$206,466	
115044	Kern Cty Supt. of Schools-Teen Parent-Child Outreach Project		$249,546	
115045	Wind in the Willows Education Organization--Wind in the Willows Preschool		$93,772	
115048	Bakersfield Homeless Center--Homeless Childcare Project		$252,817	
115049	Kern County Parks & Recreation Department--Tot Lot		$404,553	
115050	KCSOS SRI (Kern County Network for Children)	$60,735	$60,736	
115051	Arvin Unified SD School Readiness	$168,886	$168,885	
115052	Bakersfield City SD School Readiness	$81,256	$81,256	
115053	Delano Unified SD School Readiness	$119,924	$119,924	
115100	Friends of Mercy OEC		$55,922	
115102	Bakersfield City SD Phase II School Readiness	$155,785	$155,785	

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115103	Buttonwillow School Readiness	$44,627	$44,627	
115104	Greenfield Union School Readiness	$83,085	$83,085	
115105	Lamont/Vineland School Readiness	$100,772	$100,772	
115106	Lost Hills/Semitropic School Readiness	$59,680	$59,681	
115107	Mojave Unified (Clinica) School Readiness	$68,497	$68,497	
115108	Richland School Readiness	$74,532	$74,532	
115109	Taft/Maricopa School Readiness	$77,423	$77,423	
115110	Calif Migrant Leadership-Delano			
115111	Clinica Sierra Vista Application Assisters		$285,412	
115112	KCDPH (KATCH)		$186,402	
115113	El Tejon Unified School Dist		$3,466	
115114	KCSOS-Preschool for All		$28,978	
115115	Health Net		$275,474	
115116	Friends of Mercy TCE			$658,573
115117	Dept of Human Services		$33,849	
115118	City of Shafter		$41,695	
115119	CSV MVIP		$80,652	

Table 7. FY 2005-2006 Program Expenditures Detail: Commission-Run Programs

Commission-Run Program: An activity or set of activities funded by First 5 dollars and administered directly by County Commission staff (i.e., not by an outside agency). For example, a County Commission may disburse provider stipends or incentives, or hold community events. To add a program to the table, please contact your technical assistance coach or send an email to first5ar@sri.com. Please report mini-grants here.

Program ID	Program Name	State School Readiness Initiative Funds	All Other First 5 Funds (including First 5 funds used as a county match)	Non-First 5 Funds disbursed through the County Commission
115096	Consultants and evaluation programs		$1,390,303	
215023	Mini-grants (Capital Improvements)		$299,632	
215024	Mini-grants (Community Events)		$62,363	

Additional Fiscal Information

Please use this space to document any issues with the information provided on this spreadsheet. Thank you!