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Bridging the Transition to Kindergarten: School Readiness Case Studies from California's First 5 Initiative

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Recent advances in science have underscored how critical children's first five years of life are to their later success in school and life. It has also been recently recognized that early childhood interventions, particularly those that combine child-focused educational activities with parent-child relationship building, can positively influence children's readiness for school, particularly for those at-risk for poor developmental outcomes. Though early childhood services have traditionally received fewer resources than those for school-aged children or adults, many states have tried to address this inequity by sponsoring early childhood initiatives aimed at providing comprehensive health and social services to children ages 0 to 5 and their families. The current article presents an overview of one such initiative—California's *First 5*—and provides three Southern California case studies of how it is being implemented at the county level. Implications for policy makers, school psychologists, and other educational stakeholders are discussed.

Importance of Early Childhood Development

It has long been widely accepted that children's early development and experiences—prenatally through age 5—contribute greatly to their chances to succeed in elementary school and in later life. It has only been in recent years, however, that the scientific, professional, political, and public communities have come together to make early childhood development a fundamental priority. In their comprehensive review of the literature—*Neurons to Neighborhoods*—the National Research Council and Institute of Medicine (NRCIM, 2000) summarized the critical importance of early childhood development with some of the following conclusions:

1. From birth to age of five is the period of the most rapid growth in children's linguistic, cognitive, emotional, social, regulatory, and moral abilities, and it is during this time that the foundation for future development is laid.

2. While development in the early years is extremely robust, it is also quite vulnerable and can be seriously compromised by emotional trauma, such as loss and early personal rejection; and environmental threats, such as poor nutrition, specific infections, environmental toxins, drug exposure, and chronic stress due to abuse or neglect.

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3. Wide differences in children's abilities, noticeable well before kindergarten, are associated with multiple risk factors, as well as disparities in social and economic circumstances, and are predictive of later academic performance.

4. Children's relationships to their parents and other caregivers, including those outside the home, play a critical role in strengthening nearly every aspect of their development by providing stable, nurturing, and secure attachments upon which exploration, learning, and self-regulation are based.

Given these conclusions, the importance of childhood development to early school success cannot be underestimated.

The NRCIM report (2000) also found that early childhood interventions, particularly those that combine child-focused educational activities with parent-child relationship building, positively affect children's developmental trajectories. For example, numerous studies have shown that well-designed, child-focused early interventions lead to immediate improvements in standardized test scores, particularly on measures of intelligence (NRCIM, 2000). In addition, children who attend high-quality preschool programs or early child care centers are more cognitively advanced (by at least two months) than similar children who did not attend programs, a trend that seems particularly strong for children from disadvantaged families (Bridges, Fuller, Rumberger, & Tran, 2004). Family-focused intervention programs directed at parent and caregiver education have also been shown to have strong, positive influences on child growth and school readiness (Zigler, Finn-Stevenson, & Hall, 2002). Early intervention not only has a positive impact on school readiness, but also promotes long-term improvements in reading and math, decreases the likelihood that students will be retained in grade school, and increases the chances that children will attend a four-year college and maintain a skilled (non-entry level) job as an adult (Ramey & Ramey, 2004).

The recent surge in research on early physical and social-emotional development, as well as the effectiveness of child- and family-focused early interventions, has demonstrated the importance that early childhood and family support services have in facilitating the optimal development of young children—particularly those who may be at-risk for poorer developmental trajectories. Yet, traditionally, early childhood services have been undervalued by society and have received relatively fewer resources than services for school-aged children and adults (NRCIM, 2000). Increasingly, however, parent advocacy groups, practitioners and policy makers have recognized and supported the critical importance of the first years of life. Over the past decade, early care and education (ECE) providers and other early health and social providers have developed systems of assessment and diagnosis (e.g., National Education Goals Panel [NEGP], 1998; Zero to Three, 1994), created standards of quality care (e.g., Casamassimo & Holt, 2004; National Association for the Education of Young Children, 1997), and advocated for funding and policy improvements (e.g., Hayes, 2004; National Governor's Association Center for Best Practices, 2001; NRCIM, 2000; Parent Advocacy Center for Educational Rights, 2004). Several states have responded by implementing early childhood initiatives aimed at providing comprehensive health and social services to children ages 0 to 5 and their families, including *Smart Start* in North Carolina and *First 5* in California.

The California Children and Families Act

First 5 was created by the California Children and Families Act ("the Act"), when Proposition 10 was passed by California voters in November 1998 and implemented beginning January 1999. The four primary goals of the Act are to promote: (a) improved child health: healthy children; (b) improved child development: children learning and ready for school; (c) improved family functioning: strong

families; and (d) improved systems for families: integrated, accessible, inclusive, and culturally appropriate services. Funding for the Act, generated from a 50-cent excise tax increase on tobacco products, provides approximately $600 to 700 million annually, 20% of which is distributed to the state, and 80% of which is distributed proportionately to each of California's 58 counties based on live birth rate. The California Children and Families Commission—recently rebranded to *First 5 California*—handles state-level administration of the Act and allocates funds to statewide initiatives in mandated proportions in the following areas: mass media communications (30%), parent and provider education (25%), child care (15%), research (15%), administration (5%), and unallocated (10%).

At the county level, funds are overseen by local Children and Families Commissions, many of which recently adopted the *First 5* moniker as well, consisting of 5 to 9 members (plus alternates). The Commissions are comprised of at least 1 County Supervisor, 2 directors of public departments serving children and families (e.g., Mental Health, Juvenile Justice, Public Health, Social Services, or Drug/Alcohol Services), and remaining members representing the fields listed above and/or (a) early care and education (ECE) educators, (b) ECE planning council/resource and referral, (c) families-at-risk coordinating/planning groups, (d) community-based organizations focusing on early childhood development, (e) local school districts, and (f) health boards/medical associations. County Commissions have the choice of operating as an independent body or under the structure of county services. One of the primary conditions of the Act is that funds are to be used to create new services and enhance existing services, but cannot be used to supplant existing funding sources.

To receive funding, each county Commission must create and periodically update a strategic plan outlining their goals and objectives, funding priorities, and implementation strategies as to how they will achieve the desired results of the Act. The Act also specifies that each county Commission must (a) establish advisory committees to provide professional, technical, and community input; and (b) evaluate the outcomes of their work using a results-based accountability framework. Most county Commissions have opted to distribute funds to local service providers (including public, private, and non-profit organizations) through a competitive bidding process, whereas a few have augmented this practice by becoming direct service providers themselves. The types of services counties have funded/provided comprise a wide array of strategies, including newborn home visiting, health and dental screening and treatment, family literacy and parenting education programs, family resource centers, ECE quality and capacity enhancements, and a variety of family support programs such as case management and counseling interventions. Many of these strategies have been built upon the infrastructure of existing programs, such as Head Start, Healthy Start, family resource centers, ECE Resource and Referral, and Public Heath programs; but in many cases, *First 5* has funded the planning and development of entirely new programs. In fact, for school psychologists in California working with at-risk young children, there is a good chance that they or their families have been touched by *First 5* in some way over the past six years.

The First 5 Approach to School Readiness

First 5 has worked for several years at the state level in partnership with the California Department of Education to develop an early childhood component of the Master Plan for Education. They established a collaborative School Readiness Working Group, which developed a consensus definition of *school readiness* that consisted of five *essential and coordinated elements*: (a) early care and education; (b) parenting education and family support services; (c) health and social services; (d) schools' readiness for children/school capacity; and (e) program infrastructure, administration, and evaluation. They also worked to identify policies, systemic reforms, and legislative options to promote school

readiness for every child in the state. In 2001, the State's *First 5* Commission developed and implemented the School Readiness Initiative, awarding $206.5 million in incentive matching funds to local county Commissions to support school readiness centers at high-priority schools (≤ 30th percentile on the California Academic Performance Index). To qualify for the four-year projects, each program must provide at least a one-to-one local funding match and address each of the five essential and coordinated elements of school readiness. As of June 30, 2003, the School Readiness Initiative included 110 school readiness centers representing 461 schools in 44 counties (*First 5* California, 2003).

Another by-product of the School Readiness Working Group was the recommendation to build a statewide system of early childhood education. Towards this aim, *First 5* California developed the *Preschool for All* program. This included funds and tools to help counties investigate how to develop short-term plans for the development and sustainability of a universal system of preschool programs available to all children. In November 2005, *First 5* California changed the name of this program to *Power of Preschool* to avoid confusion with a separate and distinct *Preschool for All Initiative* anticipated to appear on the state ballot in 2006. Similar to Proposition 10, this state initiative, if passed, would provide an ongoing funding stream for the planning and implementation of universally available early care and education services for California's young children. In 2005, 10 counties were funded to conduct *Power of Preschool* planning, with the opportunity to apply for state implementation funds in the near future. Finally, the state Commission has funded numerous media outreach and education activities, local demonstration projects, stipend programs, and research and evaluation activities aimed at general topics (e.g., school readiness, ECE, and health care); and targeted groups, such as children with special needs, families of migrant farm workers, and informal care providers (*First 5* California, 2003).

CASE STUDIES

Activities funded by *First 5* California are numerous and far-reaching, but perhaps the greatest impact of *First 5* funding comes at the county level through local implementation strategies. Often, counties face demographic, geographic, social, economic, and/or political realities that present unique challenges and require creative, individualized solutions. One of the greatest advantages of *First 5* funds is that they are highly leverageable and must be used to enhance existing or develop new services. The culture of supporting new approaches and building collaboration within a system of early childhood services can best be seen at the local level, as illustrated by the following case studies.

Los Angeles County

Demographic/economic profile and challenges. With approximately 10 million people, including almost one million children ages 0 to 5; Los Angeles (LA) County's population is the largest of any county in the nation and exceeds all but eight states. Each year, approximately 160,000 children are born in LA County. Almost half of these children ages 0 to 5 live in families earning below 200% of the Federal Poverty Level ($36,489 for a family of four in 2002) and more than half speak a language other than English at home (Los Angeles County School Readiness Indicators Workgroup [LASRIW], 2004). Despite ample evidence that preschool helps children succeed in school and in life, only about half of LA County's 160,000 four-year-olds are currently enrolled in any kind of preschool experience. Of these, only about 8,000 are enrolled in high-quality programs taught by a credentialed teacher (Hill-Scott, 2004). In 2002, nearly 1 of every 20 children ages 0 to 5 was referred to the County Department of Children and Family Services and subsequently received emergency response services based on reports of child abuse and neglect (LASRIW).

Strategic approach to school readiness. First 5 LA's mission is to increase the number of children from the prenatal stage through age 5 who are physically and emotionally healthy, safe, and ready to learn. To that end, the Commission funds programs and initiatives under three strategic goal areas: (a) early learning, (b) health, and (c) safe children and families. The Commission's major initiatives in each of the goal areas include a Universal Access to Preschool Initiative, a Healthy Births Initiative, a Healthy Kids health insurance initiative and a community based child abuse prevention initiative called Partnerships for Families. In addition to these local initiatives, the Commission provides matching funds for the statewide School Readiness Initiative and currently funds 43 School Readiness Centers under this program.

Program spotlight. In addition to these large-scale initiatives, the Commission funds programmatic grants based on local needs. One such programmatic grant is particularly noteworthy because its activities cut across all strategic plan goal areas described above. Child Health Works (CHW), a five-year project currently in its third year, is a special needs health resource collaborative led by Children's Hospital Los Angeles that also includes the Los Angeles County Department of Mental Health, the Family Resource Network of Los Angeles County, and the Los Angeles Unified School District (LAUSD). CHW is designed to improve services and school readiness for children with special health care needs in 20 LAUSD Early Education Centers (EEC) located in high need areas. The EECs are operated by the LAUSD Early Childhood Education Division and provide preschool programs on or near LAUSD elementary school campuses. CHW staff members—including mental health providers, pediatricians, nurses and nutritionists—provide health, developmental/behavioral health, and nutrition screenings to all children attending the EECs. Children identified through screenings receive interdisciplinary assessments, integrated service delivery and family consultations through the network of collaborative partners. In addition, CHW provides specialized trainings and ongoing support to EEC staff on early childhood health, mental health and nutrition, as well as education for parents on similar topics.

After a planning phase, CHW launched its activities in an initial group of eight EECs. By the end of the second year of the grant, CHW had screened 1,433 children, had educated 1,101 parents; and had provided training to 133 early childhood educators, 600 LAUSD nurses, 4 LAUSD administrators, and 45 classroom volunteers. Of the mental health consultations provided at the EECs, the most frequent mental health concerns voiced during consultations with CHW staff were *impulsivity, inattention*, and *aggressive behavior*. Parents sought consultations most often about aggressive behavior and impulsivity; teachers sought consultations most often about *inattention* and *impulsivity.*

In addition, more than 40% of children screened had a Body Mass Index–for-age (BMI) over 85%, and at the EECs where dental screenings were performed, more than 50% of children were in need of dental care. A program evaluation is underway that includes electronic reporting of screening data via a web portal, focus groups, and participant surveys. Preliminary data from the evaluation demonstrate the high level of need for CHW services at the targeted EECs. The program model is effectively reaching young children and families at the preschool setting. Data on school readiness outcomes are forthcoming.

Orange County

Demographic/economic profile and challenges. Orange County is the second largest county in California by population ages 0 to 5 years old, and the second most densely populated. In June 2003, only 21% of households could afford to buy the median priced home. Rental affordability is equally dismal, with the fastest growing occupations (service jobs, manufacturing, and retail jobs) paying less

than half the amount needed for rent (Orange County Community Indicators Project, 2004). Low- and moderate-income earners have difficulty finding affordable housing, which leads to overcrowding and potentially negative affects on their children's health and social, emotional, and cognitive development.

Although the media glamorizes the wealthy communities in Orange County, there are vast areas of poverty that are not widely known beyond the county borders. Approximately 43,800 children ages 0 to 5 live in families earning less than $25,000 per year (Orange County Health Needs Assessment Project, 2002). Almost half of the young children in the county rely on publicly funded health care programs. In comparison to the county as a whole, Orange County's preschool population (ages 0 to 5) represents a disproportionate number of children in low-income families, and families with limited English proficiency. Orange County children 5 years and under are more likely to be Hispanic/Latino than Caucasian, and there is a sizable and growing Asian and multi-racial population (Children's Services Coordination Committee, 2003).

Strategic approach to school readiness. The Commission's strategic plan is based on a holistic view of school readiness, modeled after the *National Education Goals Panel* (NEGP) definition, which includes supportive families and communities, good health, and appropriate preschool experiences. The Commission funds community and specialty clinics to promote good health, family resource centers to strengthen families, birthing hospitals to identify and refer those newborns most at risk, and school readiness programs that provide young children with comprehensive preschool services, including strategies to enhance early literacy and language development.

The Commission also funds School Readiness Coordinators and School Readiness Nurses at each of the 25 elementary school districts in the county who create a network among districts, early care providers, health service providers, and family support services, so that families with children ages 0 to 5 are aware of and can access all available resources. With the addition of school nurses, more young children will be able to receive services, including general health and early developmental screenings, to start addressing unidentified issues prior to the first day of school.

Program spotlight. One of the strategies that the Commission funds to enhance early literacy and language development is the Home-based Activities Building Language Acquisition (HABLA) School Readiness program. The HABLA program is a broad-spectrum, Latino-focused educational outreach program based at the University of California at Irvine (UCI), and is an accredited replication site of the National Parent-Child Home Program.[1] Focusing on improved child development and improved family functioning through parenting skills, HABLA is a home visitation program that seeks to increase the school readiness of disadvantaged children ages 2 to 4 through a collaboration of faculty and students at UCI, the Santa Ana Unified School District, local Family Resource Centers, AmeriCorps/VISTA, as well as state and federal funding. Because HABLA focuses on Latino families, home visitors are recruited who know the language and the culture of the parents.

HABLA clients are Latino children from low-income, low socioeconomic status families. The average parental education is eighth grade and the average annual income is $20,000. HABLA emphasizes that parents are the first and most important teachers for their children and that they need to assume this role whatever their native language. Home visitors use toys and books to model and coach parenting techniques intended to increase verbal interaction and promote child learning and expressive language. Since the majority of the parents are monolingual speakers of Spanish, all HABLA home visitors typically deliver their visits in Spanish and distribute Spanish language books and activities. Home visitors also coach parents on reading to their children, talking to them and asking them questions to engage them in conversation, and other strategies to help prepare children to enter school.

Some of these activities focus on health and hygiene, whereas others focus on cognitive development and pre-academic skills in science, math, and reading. All of the toys and books stay in the home for continued use and often become the only books that the family owns and the first books that the children learn to read.

HABLA helps ensure that children enter kindergarten with the language and cognitive skills needed to succeed in school. In order to measure these outcomes, home visitors conduct weekly assessments, and more in-depth testing at program entry and annual follow-ups to assess parent-child engagement, and child oral and receptive language development. More than 450 children have been enrolled to date and the results indicate that HABLA participants demonstrate significant improvements on the Preschool Language Scale–3, Spanish Edition (Zimmerman, Steiner, & Pond, 1993). Whereas untreated children have standard scores that tend to fall to substandard levels between ages 2 and 4, HABLA clients move from standards scores of 90 at entry to 95 after one year of treatment and 100 after two years (see Figure 1). Kindergarteners who have participated in HABLA maintain this advantage and tend to have a greater awareness of language and greater potential for phonics-based instruction.

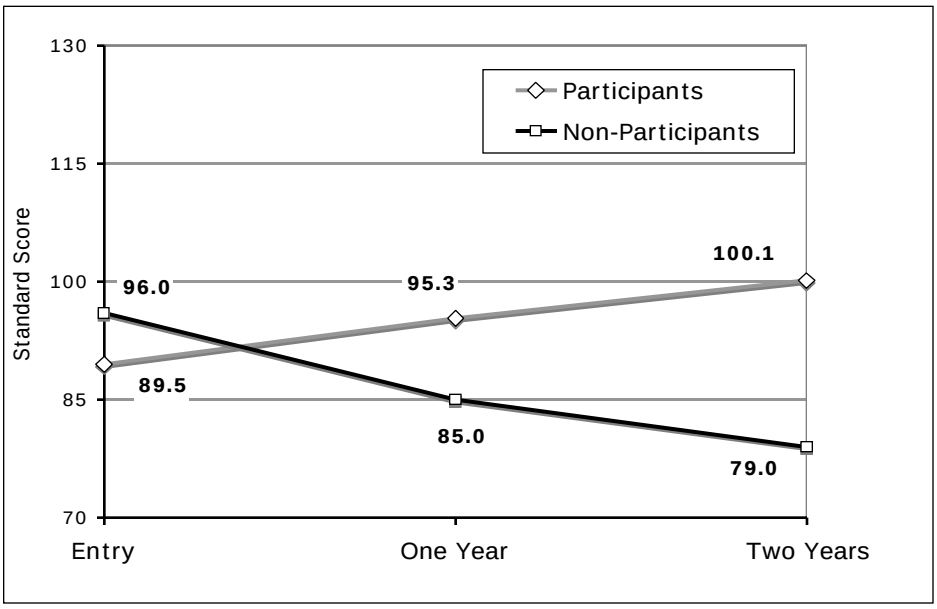

Figure 1.
Comparison of Scores on the Preschool Language Scale-III, Spanish Edition for Participants and Non-Participants of the Home-Based Activities Building Language Acquisition (HABLA) School Readiness Program
Note. Participants' mean ages were as follows: 31 months at entry (n = 401), 39 months at one year (n = 413), and 50 months at two years (n = 175). Non-participant controls were grouped as follows for age comparisons: 30 months or less for entry, 31-42 months for one year, and 42 months or greater for two years.

Parents have responded positively to HABLA. Many have expressed that they had not realized how they could help their children and that subsequently their children have overcome their shyness and language barriers. Parents are also able to sustain verbal interactions with their children; they grow in perceived competence and in the quality of attention that they give to their children. Where parents in the community-at-large tend to have a passive view of their role in their children's education, HABLA parents seem to realize their role as their children's first and most important teachers and are ready to form a responsive partnership with the educational system.

Santa Barbara County

Demographic/economic profile and challenges. Santa Barbara is a geographically and socially diverse county located on the central coast of California. Its total population—estimated at 414,800 for 2003—includes approximately 26,000 children under age 5 (Damery, Furlong, Graydon, Greif, & Bates, 2005). The county is divided along geographical and economic lines by the Santa Ynez Mountain range, with approximately half of the population residing in the relatively affluent south coast cities of Santa Barbara, Goleta, and Carpinteria, with the other half residing in the central and northern portions of the counties, particularly in the cities of Santa Maria and Lompoc, and in the Santa Ynez Valley. Interspersed are a number of geographically and socially isolated communities with very few or no services.

The southern coast has a much higher cost of living than the northern portions of the county, as reflected by the estimated median home prices for August 2004 rising to more than $1 million, compared to $390,000 for the north county region and $627,000 for neighboring Ventura County (Damery et al., 2005). Yet, only 12.3% of entry-level jobs pay enough to meet the conservative standard of 200% poverty level for a family of four. Thus, there are a large number of very wealthy families and a large number of families in poverty, with very few middle-income families. Countywide, an estimated 22.7% of children ages 0 to 4 live in poverty, most of them Hispanic/Latino. Most of the families receiving public assistance reside in the Santa Maria (56%) and Lompoc (21%) regions and are Hispanic/Latino (67%, Damery et al.). Santa Barbara County also has the highest rate of uninsured children ages 0 to 17 in the state (Inkelas et al., 2003).

Strategic approach to school readiness. Since 2000, the *First 5* Commission of Santa Barbara County has made a significant investment in supporting and expanding existing programs for young children and creating new services. Over the years, the Commission's funding priorities have evolved to focus on core initiatives that will have a long-term impact on building integrated systems of comprehensive services and support for children and families in the community. Beginning in 2004, the Commission funded programs that provided core and/or supportive services under the following six initiatives: (a) Early Care and Education Infrastructure—improving the quality of ECE programs and providers; (b) Early Childhood Oral Health—screening and treating preschool children with oral health problems; (c) Early Childhood Mental Health and Other Special Needs—building a system of care for young children with special needs; (d) Family Support—providing family support services such as case management, basic needs assistance, resource and referral, parent education, and family counseling; (e) Newborn Home Visiting—providing early screening, developmental support, and parenting education to families of newborns through age 9 months; and (f) School Readiness—providing matching funds for the state School Readiness Initiative. Santa Barbara is also one of the state-funded counties for *Power of Preschool* planning, and *First 5* is an active partner in *Healthy Kids*, a state and local initiative aimed at providing universal health coverage to all children ages 0 to 5.

The Commission's approach to ensuring and evaluating the success of these initiatives has been to facilitate system integration through: (a) collaboration among and between initiatives by encouraging integration and coordination of services; (b) strategic planning for long-term sustainability for both funded programs and non-funded agencies with similar foci, services, and target populations; (c) development of common evaluation plans and data collection tools; (d) implementation of a software system for data entry, tracking, reporting, and transfer; and (e) provision of technical support for data management, analysis, reporting, and communication.

Program spotlight. The Santa Barbara County School Readiness Initiative is fully operational in 14 targeted school sites within all five eligible districts. School readiness programs focus on early literacy and socialization skills for children ages 0 to 5 through a combination of strategies that include home-based education, twilight preschool, and summer pre-kindergarten (pre-K) classes. All programs target services to children who are not enrolled in any other structured pre-K environment. Parents are a vital component of all school readiness programs due to the common core value that a parent is a child's first and most important teacher. They are served in a variety of modalities, such as one-on-one home visitation with a structured literacy curriculum, and evening parenting workshops paired with pre-K classes for children (i.e., *twilight preschool*). The program also features an innovative Adult Education and Community College course focusing on school readiness issues for ECE providers.

Each of the readiness programs is working collaboratively with the ECE community in conjunction with kindergarten teachers and school administrators to smooth the transition into kindergarten. As of October 2003, more than 150 professionals had attended kindergarten-transition articulation workshops. Some of the positive outcomes include (a) the transfer of early care records and assessments to kindergarten prior to classroom placement, (b) the adoption of common screening tools among preschool and kindergarten teachers, and (c) the redesign of kindergarten orientation programs by a workgroup of multiple community stakeholders to better reflect family needs.

Early results suggest that these school readiness programs are having a positive impact on participating families. Some of the preliminary findings, for example, are: (a) an increased percentage of parents regularly reading to their children, (b) an increased number of children who have been enrolled in health insurance and who are receiving primary health care, and (c) an increase in children's early literacy skills. As a specific example of the latter, the Santa Maria School Readiness Program—comprising 7 of the 14 eligible schools in the county—assessed the progress of 197 children who attended their four-week summer pre-K camps using the Santa Barbara Healthy Start Teacher Scale, a locally developed teacher rating of children's school readiness skills.[2] The scale includes 15 items with three subscales: Social-Emotional Development, Language Development, and Approaches Toward Learning. Results of pretest and posttest comparisons showed improvements in mastery of skills on each domain and for the total score (from 39.6% at pretest to 77.3% at posttest; see Figure 2).

DISCUSSION

Lessons Learned from First 5

Designing early childhood services. First 5 is a unique opportunity that has generated numerous benefits for young children and their families through the development of systems of early childhood services. Some of the common strategies that are being implemented across the state are helping (a) children get off to the right start at birth (e.g., through pre- and perinatal health and support programs for families of newborns); (b) children grow up in safe, supportive, and nurturing environments (e.g.,

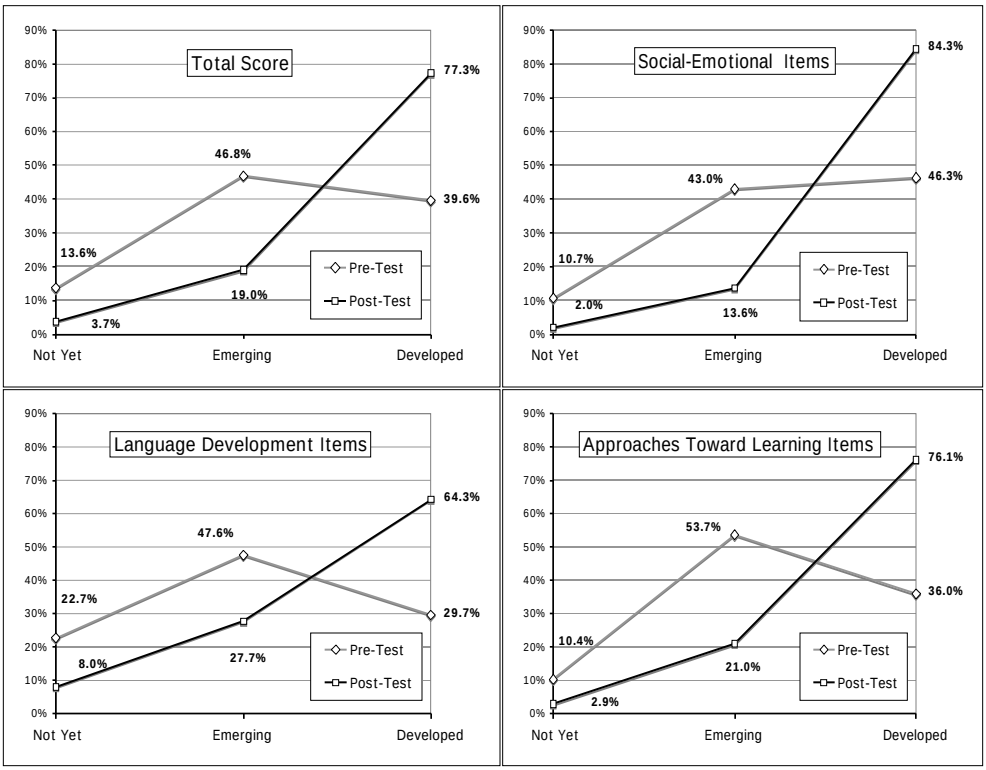

Figure 2. ***Pretest to Posttest Comparisons for Participants in the Santa Maria School Readiness Program's Summer Pre-Kindergarten Camps (n = 197)***

Note. Paired comparison t-tests showed significant pre-to-post improvement as follows: (a) Total Score, t (196) = 17.835; (b) Social-Emotional Development, t (196) = 15.437; (c) Language Development, t (196) = 15.368; and (d) Approaches Toward Learning, t (196) = 15.672. All $p < .001$.

through a variety of family resource and support programs); (c) parents gain and/or maintain the skills and confidence to be their children's first teachers (e.g., through parenting education programs); and (d) children enhance early learning, language, cognitive, and social-emotional development (e.g., through improvement in the availability of high quality ECE programs). Together, these strategies are laying the foundation for an infrastructure of coordinated early childhood services in California. All of these efforts are intended to ensure that young children enter kindergarten with the best possible chance to succeed.

Transition to kindergarten. In this paper, we have highlighted some innovative programs that cut across many of the strategies identified above. Some common elements of the three case studies were a focus on multiagency collaboration and breaking down barriers between systems that traditionally operate independently, such as the early care and education community and public schools. In the effort to ensure the smoothest possible transition to kindergarten, the highlighted programs have each focused on identifying and supporting children most at risk to encounter difficulties in kindergarten—

such as those with special health care needs, those without previous preschool experiences, and those from linguistically diverse backgrounds—and involved the family as a key partner in ensuring that both children are ready for school and schools are ready for children. Perhaps the most critical element to ensuring smooth kindergarten transition, however, has been the process of creating community support among and between the various stakeholders—parents, ECE and kindergarten teachers, health care providers, administrators, and policy makers. Each of the programs described in these case studies has been created and sustained through countless meetings, luncheons, workshops, tours, mailings, newsletters, parent education, newspaper and television advertisements, and other support processes. Based on reports from First 5 Commissions and funded programs, this work appears to have been made possible, not just from *First 5* funds, but from an infusion of collaborative spirit and innovation—the knowledge of having the opportunity to improve systems for children and families.

Relevance to School Psychologists

The work of *First 5* at both the state and local levels should be of particular interest to school psychologists, special educators, and other education professionals for a variety of reasons, including its shared goals on several federal and state fronts. For example, Goal #1 of the NEGP (1998) states that, "all American children will start school ready to learn" (p. 1). NEGP defines *school readiness* as comprising three components:

1. Children will receive the nutrition, physical activity experiences, and health care needed to arrive at school with healthy minds and bodies, and to maintain the mental alertness necessary to be prepared to learn, and the number of low-birth weight babies will be significantly reduced through enhanced prenatal health systems;
2. Every parent in the United States will be a child's first teacher and devote time each day to helping such parent's preschool child learn, and parents will have access to the training and support parents need;
3. All children will have access to high-quality and developmentally appropriate preschool programs that help prepare children for school.

In February 2005, the National School Readiness Indicators Initiative—a collaborative partnership of 17 states, including California—expanded upon this definition to create the *Ready Child Equation*, comprising ready families, ready communities, ready services, and ready schools (Rhode Island Kids Count, 2005). *First 5* California was one of the organizations contributing to the project, serving as the coordinator for California. Clearly, there is growing consensus at the state and national levels as to the scope of family, community, and school involvement needed to prepare young children to succeed in kindergarten and beyond, and this relates directly to the professional interests of school psychologists.

School psychologists are natural partners to help children and families make a smooth transition to elementary school and ensure that children are ready to learn. School psychologists in California can also become involved with the *First 5* initiative on a number of different levels.

Awareness and knowledge. School psychologists can become more aware of *First 5* activities in their community and around the state by contacting their local Commission, including School Readiness programs. Most county *First 5* Commissions host websites with information about the programs they fund, as well as the other services and activities in which they may be involved. Links to county websites can be found on the *First 5 California* website (http://www.ccfc.ca.gov/countyinfo.htm). The state website also contains information about state-funded programs such as the *School Readiness Initiative.*

Receiving a referral. School psychologists are in an ideal position to receive referrals from local *First 5* programs and gain a head start with young children who may benefit from additional attention and services. In particular, school psychologists working in elementary schools will likely run across families and children who have already benefited from *First 5* services. Information about assistance provided by *First 5* can be used to determine which services will best serve children. Furthermore, this important information about participation in *First 5* programs can be communicated to teachers and other school staff working directly with children and families.

Making a referral. In addition to receiving referrals, school psychologists may be in a position to refer children and their families to *First 5*-funded programs and services. Not only would this be appropriate for those working with preschool-aged children and their families, but families with older children often have younger siblings in the 0 to 5 age group who would benefit from *First 5* services. School psychologists in secondary schools may work with pregnant and parenting teenagers who could receive support from *First 5* programs as well.

Monitoring the progress of young children. One of the most important ways school psychologists can participate in *First 5* is by understanding its ramifications on the assessment and monitoring of children who may be at-risk for developing academic, behavioral, and emotional problems. Increasingly, research findings and other evidence has highlighted the importance and potential benefits of early identification and treatment for children with developmental problems. In many California counties, *First 5*-funded programs are a common milieu where this early identification and treatment occurs. School psychologists can contribute to these efforts by applying their expertise in child development and assessment in a variety of roles, such as program development, child advocacy, and program evaluation. In a more central role, they can serve as a critical partner in helping children with identified needs transition to the Kindergarten setting and monitoring their progress through early elementary and beyond.

Participating in First 5 programs. There are many opportunities for school psychologists to become involved with *First 5*-funded programs themselves. For example, in Santa Barbara County the Child Assistance Team Creating Hope (CATCH) program employs a multidisciplinary team, including a school psychologist, to provide early intervention for young children with emotional and behavioral problems. Across the state, there are opportunities for school psychologists to become involved in *First 5* programs, with activities ranging from school readiness articulation and developmental assessment, to parent education. School psychologists can also become involved in *First 5* advisory groups, volunteer for program evaluation projects, or, potentially, even serve as a commissioner.

Professional development. Serving young children is one of the credentialing skills required of California school psychologists, and it is essential for school psychology programs to consider how to meet these training needs. With the widespread investment in early childhood services that *First 5* has provided, there is a resulting need for a professional workforce that is well-trained in early development and related issues. As such, school psychology training programs may feel increasing pressure to ensure that their students are well-educated in areas such as early childhood assessment, program design for young children, and continuous program monitoring. Trainers of school psychologists may benefit from *First 5* by cultivating student fieldwork placements and internships in settings serving children ages 0 to 5, including early care and education, school readiness, and early intervention programs. In general, there is a need for the field of school psychology to pay more attention to the early stages of development. Given the broad range of competencies required of school psychologists, it is worth considering whether some school psychologists could develop a special skill set to serve preschool students and target this age group for service delivery.

CONCLUSIONS

Overall, the work of *First 5* has critical implications for the way that early disabilities and developmental delays are identified and approached. Early identification and treatment will likely have profound impacts on the special education system. It is unknown whether this model would reduce certain types of Student Study Team and special education referrals, and change the problems identified in IEPs. For example, early identification and parent education might facilitate early parental involvement, increasing the potential for positive parent-psychologist-teacher relationships (and increased parent buy-in for working with the school system). Furthermore, early parent education can make it possible for interventions to be implemented simultaneously in the home and school. There is still much to learn about the impacts of effective school readiness programs on youth in the long term; however, based on the preliminary results presented above, early findings look extremely promising.

The convergence of developmental research, prevention science, and public policy initiatives are increasing efforts to provide stimulating, nurturing educational experiences for all children in order to increase their chances of entering school fully ready to learn and respond to a challenging curriculum. Among school psychologists, similarly there has been increasing interest in early childhood education. The California Pupil Personnel Services Credential training standards added preschool as one of the primary fieldwork settings for school psychologists. Furthermore, the Infants and Toddlers with Disabilities Act (ITDA) Part C of IDEA (2004) was developed to improve the identification of infants and toddlers (ages birth to 2 years) with disabilities and to provide early intervention and family support services, strategies that are commonly employed by *First 5* funded programs. As efforts to implement response-to-intervention strategies become more common in grades K-3, it is inevitable that efforts to build children's competencies will continue to be pushed into the preschool years. These efforts affirm the recognition that no developmental opportunities for any child should be wasted. By becoming aware of and joining with the *First 5* initiatives in each of California's counties, school psychologists can support the early development of all children and help promote community-school collaborations that have the potential to significantly increase the odds that each child will experience early and sustained school success.

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Footnotes

1 The local Parent-Child Home Program was launched four years ago by Virginia Mann Ph.D., Professor of Cognitive Sciences and director of the NSF-MSP FOCUS project at the University of California, Irvine. Located in the School of Social Sciences, HABLA is the first University sponsored site. The extensive evaluation research on the Parent Child Home Program has been published in peer reviewed professional journals and includes the demonstrated success of the program in achieving sustained high verbal responsiveness of parents to their children, along with reading and math standardized test scores of participating children that are above national elementary school norms.

2 The Santa Barbara Healthy Start Teacher Scale is a 15-item scale that was developed using responses from a sample of 249 Latino children attending a similar type of pre-kindergarten immersion program, and yielded 3 factors accounting for 67.7% of item variance: Social-Emotional Development (48.6%), Language Development (10.3%), and Approaches Toward Learning (8.5%). For more information on this scale, please contact the lead author.