

CHAPTER 7

Non-Initiative Contractors and Activities

“We know that what happens in the first five years of a child’s life has a huge amount of influence on everything that happens afterwards.”

—Ed Balls, British Secretary of State, Department of Children, Schools and Families



The primary efforts of the Commission are accomplished through its large-scale long term initiatives. However, the Commission also supports a limited number of non-initiative contractors that provide needed services in the community. It selects and funds non-initiative contractors according to five funding strategies: 1) providing a local match to State First 5 individual contractor projects; 2) supporting projects of county-wide importance; 3) utilizing Responsive Funds to invest in projects that target emerging needs in the community; 4) funding new direct service approaches or techniques that support early childhood development through Innovative Grants, and 5) supporting infrastructural enhancements for children’s services through their Capital Campaign project. This chapter reviews the contributions of these non-initiative First 5 contractors that enhance systems of care for young children and families and increase community awareness of the critical importance of the early years.

UCSD Regional Perinatal System, Welcome Baby Program: Kit for New Parents

The Kit for New Parents (Kit) has been a flagship program of First 5 California since its launch in 2001. The Kit contains DVDs, books and other resources that provide information and tips on parenting and children’s development. Since 2001, approximately 2.5 million Kits for New Parents have been distributed to parents and caregivers at no charge

throughout California,²³¹ with over 272,811 distributed in San Diego County alone.²³² Locally, the Kit is distributed by UCSD Regional Perinatal System’s Welcome Baby Program (WBP), which enhances the Kit by including San Diego specific resources and provides training using the *Creating Teachable Moments* curriculum (CMT). WBP also provides distribution support to over 800 local agencies, such as clinics, hospitals and resource centers, that in turn issue the Kits to the parents they typically serve. The Kit is available in English, Spanish and Chinese (Mandarin).



***Completely Revised Kit for New Parents**

The number of Kits distributed in San Diego County increased by almost 18,000 between FY 2006-07 (total of 47, 361) and FY 2007-08 (total of 65,207). This increase was largely due to the release of the new Kit in English

²³¹ First 5 California. “Kit for New Parents Q & A.” Accessed 2 September 2008. <<http://www.cfc.ca.gov/kit/documents/QA.DOC>>

²³² Advanced Logistics Operations Manufacturing (ALOM) Database. Accessed September 2008. <<https://www.cfc.alom.com>>

and Spanish with much anticipated new items.²³³ Released in spring of 2007, the Kit has been completely revised and updated to include the latest early childhood development information, new content, user-friendly improvements, a fresh look and technical upgrades.²³⁴ It now contains DVDs (instead of VHS), a developmental guide book divided by ages and stages for ease of reference, the health book *What to Do When Your Child Gets Sick*, a developmental growth chart, local resources for parents and a board book for parent/child reading. As one partner stated, “It’s very useful because it offers parents alternative solutions rather than a bunch of don’ts.”²³⁵

“It’s not just about getting them out, but making sure they’re being effectively used.”

- Kit Distributor

The success of the Kit program is not only evident in the number of kits distributed annually and in the number of partnerships the Kit for New Parents includes, but also in the program’s ability to maintain long-term community partnerships. In FY 2007-08, WBP shifted its focus from recruitment of new community partners to retention and maintenance of existing partnerships within the community. According to the FY2007-08 Quarterly Progress Report, Kit for New Parents maintained 90% of their partners throughout the year. This high rate of retention was achieved through WBP site visits, emails, and phone calls to established partners in order to inquire whether or not the Kit is still being offered, identify any obstacles the partner may experience when distributing the Kit, and to offer support to the partner. WBP also held thirteen primarily on-site training sessions – three of them in Spanish – surpassing their training goal of eight for FY 2007-08. Partners that participated in the training program strongly recommended that all partners distributing the Kit should be trained to increase the partner’s ability to engage parents more effectively in using the information in the Kit.²³⁶

This year, WBP held provider focus groups to discuss successes, challenges, and best practices for Kit distribution.²³⁷ The groups’ topics and recommendations are listed in Table 1. WBP has used the information received from the focus groups to create a stronger, more efficient program.

²³³ Communication with Amy Chatten, Welcome Baby Program Coordinator, UCSD Regional Perinatal System, 7 October 2008.

²³⁴ First 5 California. “Kit for New Parents Q & A.” Accessed 2 September 2008.
<<http://www.cafc.ca.gov/kit/documents/QA.DOC>>

²³⁵ First 5 San Diego. “Best Practices and Challenges to Kit Distribution Focus Group Evaluation Project.” San Diego Welcome Baby: Kit for New Parents Newsletter. May 2008. Issue 7.

²³⁶ First 5 San Diego. “Best Practices and Challenges to Kit Distribution Focus Group Evaluation Project.” San Diego Welcome Baby: Kit for New Parents Newsletter. May 2008. Issue 7.

²³⁷ First 5 San Diego. “Best Practices and Challenges to Kit Distribution Focus Group Evaluation Project.” San Diego Welcome Baby: Kit for New Parents Newsletter. May 2008. Issue 7.

Exhibit 7.1: Topics and Recommendations Discussed at the WBP Focus Group

Hospitals- Show video clips from the Kit during the patients' stay at the hospital.

Clinics- Give the Kit to mothers during pregnancy. It was suggested that the best time for a parent to receive the Kit is during the 1st trimester, as it allows the parent to have more time to look at the Kit's content before the baby is born.

Case Managers/Home Visiting Nurses- Use the Kit as a storage device. One case manager shared that the parents continue to use the Kit to store all the baby's important papers, thus making it a keepsake

Educators- Partners who have participated in the CTM (Creating Teachable Moments) training program strongly recommend that all partners distributing the Kit should be trained. This training enhances the Partner's ability to engage the parents more effectively in using the information in the Kit.

Social Services- Encourage mothers to host a Welcome Baby party. These "parties" are at the home of the mother with a DVD player to watch video segments and provide support for one another.

Librarians- Providers can encourage low-literacy parents to watch the DVD and have an older child read the materials with them. Participants also suggested incorporating the Kit into a literacy program

** First 5 San Diego. "Best Practices and Challenges to Kit Distribution Focus Group Evaluation Project." [San Diego Welcome Baby: Kit for New Parents Newsletter](#).. May 2008. Issue 7.*

An identified challenge in previous years of the program was the lack of communication between Kit coordinators of different counties. This fiscal year, Kit Coordinators held a meeting at the First 5 State Conference and connected further through a Southern Region conference call. Coordinators spoke about issues both unique to their counties and shared between counties. At the First 5 State Conference, Kit coordinators across the State also made an effort to sit down in a structured meeting environment to discuss their experiences and focus group findings.

What to Do When Your Child Gets Sick: Training the Trainers Curriculum-CHIP

The Community Health Improvement Partners (CHIP) is a non-profit collaborative organization of 30 San Diego Hospitals, health plans, community clinics, physicians, universities, community based organizations, and the County of San Diego Health and Human Services Agency. Under the general oversight of CHIP's Access to Care Work Team, the *What to Do When Your Child Gets Sick?* project aims to increase parental education and awareness of child illness. To accomplish this, CHIP developed a "Train-the-Trainers" curriculum. The Kit for New Parents and CHIP have built a notable relationship with each other, supporting one another in areas where their two missions overlap, and promoting each other's training. Ultimately, CHIP hopes to reduce the number of unnecessary or inappropriate uses of emergency departments and clinics, as well as the number of days parents miss work and children miss preschool or daycare.

The *What to Do When Your Child Gets Sick?* curriculum is a two-day training program designed to educate 100 "master trainers" from community based organizations, such as those that have Women, Infants and Children (WIC) and Head Start sites throughout the county. In turn, the master trainers will instruct 1,000 parents and caregivers over a two-year period to utilize the *What to Do When Your Child Gets Sick?* book. The book was designed for low-literacy readers, providing easy-to-understand information on more than 50 common childhood medical issues such as fevers, minor scrapes, chicken pox, head lice, etc.

Fiscal Year 2007-08 was a planning year for the *What to Do When Your Child Gets Sick?* program, characterized by outreach efforts and groundwork. One of the main challenges in the past year involved employee turnover – specifically in the curriculum developer and trainer consultant positions. Both are key positions for the development and dissemination of the *What to Do When Your Child Gets Sick?* program. Despite staffing delays, at the end of FY 2007-08 CHIP was prepared to begin their training. As a result of this year of preparation, in FY 2008-09, the project is expected to train a high number of trainers and even a higher number of parents.

YMCA Childcare Resource Service, San Diego CARES

The goal of the San Diego CARES (Comprehensive Approaches to Raising Educational Standards) program is to improve the quality of local child care and encourage professional development by providing monetary stipends to early care and education (ECE) providers for completing college units. CARES is an inclusive program, available to family child care providers and early education/preschool teachers. Launched by First 5 California in FY 2001-02, CARES receives 80% of its funding from the First 5 Commission of San Diego County and 20% from First 5 California.

CARES provides stipends to teachers and administrative staff to reward and encourage educational attainment. As redesigned in 2005, CARES participants are assigned to one of the following five tracks to work toward a CARES Stipend:²³⁸

- Family, Friend & Neighbor
- Entry Level (less than 6 units)
- Permit Level (6 units or more)
- Degree (B.A. and M.A.)
- Professional (CARES Advisor for lower track participants)

During FY 2007-08, there were approximately 1,045 participants enrolled in CARES. Of those who initially enrolled, 534 (51.1%) completed their coursework and received their stipend. As Exhibit 8.1 illustrates, CARES enrollment increased dramatically in the first three years of the program. From its inception year to its peak in FY 2003-04, there was a 225% increase in enrollment, from 520 to 1,690 respectively. The number of stipends paid also increased during this same period by 63%, from 370 in FY 2001-02 to 1,000 in FY 2003-04. Despite the surge in enrollment seen over the course of the first three years, the number of enrollments began to fall in FY 2004-05.

²³⁸ First 5 California. CARES Training and Technical Assistance Project: About the Project. 2007. Accessed 14 September 2007. <<http://cares.w4qcc.org>>

Exhibit 7.2 San Diego CARES Participants: Total Enrollment vs. Total Stipends by Year



The History of CARES

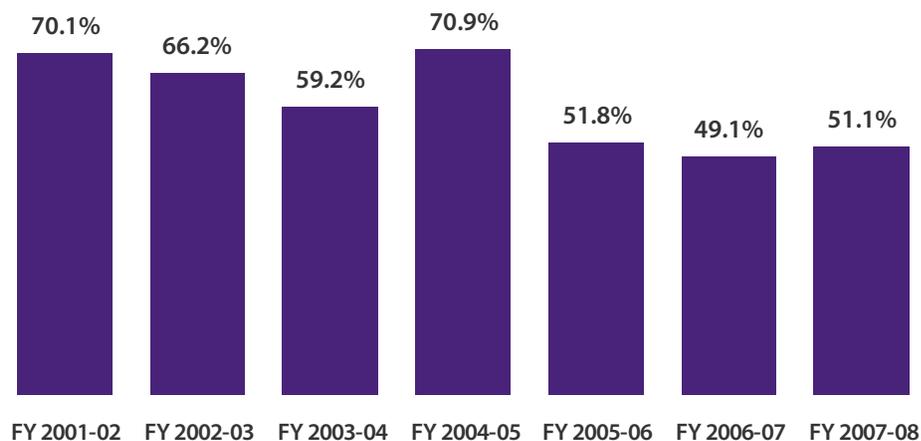
The California Comprehensive Approaches to Raising Educational Standards (CARES) initiative (formerly called *Compensation and Retention Encourage Stability*) originated in 1997 in response to a major child care crisis throughout the State. At that time, child care centers and family child care homes struggled with high turnover rates and under-qualified staff. The Center for the Child Care Workforce, along with a coalition of other service providers, developed this initiative to increase the number of highly skilled providers and improve staff retention with the use of rewards. Providers were given incentive stipends for pursuing early childhood education courses. While the California Department of Education allocates stipends to state-subsidized child care providers, First 5 California and local First 5 Commissions provide incentives for non-subsidized child care workers. Most all of California's 58 counties have implemented the CARES program model and have modified it to best serve their communities.

In FY 2001-02, First 5 San Diego allocated the 80% match to the State's funds to initiate a CARES program in an effort to improve the continuity and quality of child care in the County. Now in its eighth year across the state, CARES has implemented programmatic modifications in order to increase enrollment rates and stipends awarded. Examples of these modifications include the implementation of a pre-entry track in FY 2003-04, which allowed providers with less than 6 units of coursework to participate. These participants could receive stipends for attending professional training rather than completing college coursework (thereby explaining the spike in enrollment that year). In FY 2005-06, the CARES program model was again modified to create five different tracks (listed above in the main text) and tightened eligibility requirements for reimbursement (thereby explaining the decrease in enrollment and stipends). During FY 2007-08, CARES increased the number of units Permit and Degree participants can complete towards their stipend to 12 units. Those who fulfill 12 units of college coursework toward their approved degree or higher level permit are now eligible for a \$3,000 stipend (an increase from the previous maximum of 9 units with a \$2,250 stipend). Additional modifications include the reintroduction of Permit Stipends at Year 4 level and the introduction of a \$250 stipend to Permit and Degree participants who fulfilled Environmental Rating Scale (ERS) requirements. To encourage the utilization of an ERS by track participants, the stipend offered to CARES advisors who assist others in the ERS process increased to \$100. Further modifications to the CARES model will continue with the intent of increasing program participation and completion in the coming years.

Source: First 5 California. CARES Training and Technical Assistance Project: CARES History. 2007. <<http://cares.w4qcc.org>>

In looking at program completion rates over time (the number of enrolled participants who received a stipend), an interesting trend emerges (see Exhibit 8.2). Up to FY 2004-05, program completion rates ranged from 59% to 70%, while from FY 2005-06 to the current year, completion rates hovered around 50%. These changes in enrollment and stipends paid are likely due to programmatic modifications over time, which are discussed in further detail in the “History of CARES” text box (page 202). However, it is of note that the rate of completion of the program is relatively low. The graph below shows the enrollment to stipend receipt ratio of San Diego CARES participants since its inception year.

Exhibit 7.3 San Diego CARES Completion Rates by Year



Participants continue to express overall satisfaction with their experience with the CARES program. This year’s participation satisfaction survey found that a majority of CARES participants continue to give San Diego CARES high ratings in terms of how the program has affected their ability to: provide quality child care, effectively work with parents, learn new skills in working with children and stay motivated to continue their education (see Exhibit 8.3).²³⁹ Recent participant surveys revealed that 98% of survey participants were satisfied with services received by San Diego CARES staff, an increase from last year’s reported 90%. Although most opinions about the program remained positive, about 29% of respondents found completing the program requirements challenging, which contributed to the relatively low enrollment to stipend receipt ratio, as illustrated in Exhibit 8.2. The following are some of the reasons respondents found the program requirements challenging:

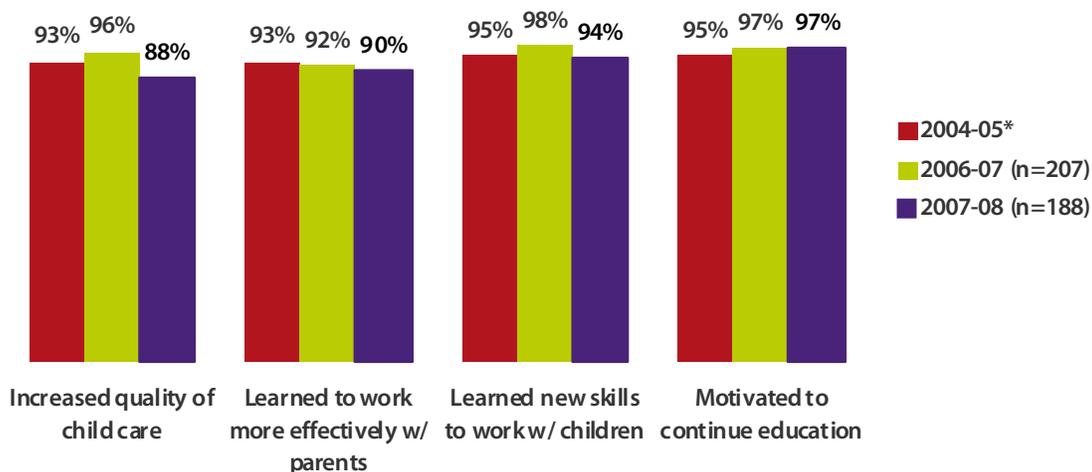
- Conflicts with work hours and class schedules
- Lack of class availability
- Cost of registration and books²⁴⁰

²³⁹ YMCA Childcare Resource Service [Participant Satisfaction Survey Results](#). San Diego CARES. 2006-2007.

²⁴⁰ The CARES stipend is issued to a participant after classes are completed. Participants must pay upfront costs.

Even with these challenges, 81% of the respondents felt these difficulties would not impede them from completing the program requirements.²⁴¹ Similar to last year's suggestions, participants shared that more weekend and evening classes at colleges near their residence, as well as the availability of more online classes, would increase their ability to complete their course work and receive their stipend.

Exhibit 7.4 San Diego CARES Participants' Perceptions by Year



*The total number of respondents was not available.

211 San Diego: Information and Referral Service

211 is the national dialing code for information about community health and disaster services, and also offers callers personalized information by a live phone specialist regarding a variety of nonprofit services and agencies. Locally, 211 is available 24 hours per day, 7 days per week, and plays a critical role in the community. For example, during the 2007 wildfires, 211 answered 11,000 calls per day and 120,000 calls total during the course of the fires linking people to critical needed services. First 5 San Diego has been the primary financial supporter of San Diego County's 211 information and referral service since 2003. First 5 San Diego's funding has broadened community awareness of the service, increased call handling capacity, and provided ease-of-access to First 5-funded service providers throughout the County. This fiscal year, the ease of accessing First 5 San Diego funded services was enhanced through the implementation of a "warmline" established within the 211 network. This warmline is a direct number (1-888-5-First5) that was included in a broad-based community awareness campaign to provide parents and caregivers a direct line to First 5 funded services information and referral.

"211 was a tremendous service to the public and removed a lot of calls that would have otherwise gone to 911."

- Board of Supervisor Greg Cox, speaking of 211's role in the 2007 wildfires

http://www.nctimes.com/articles/2008/02/26/news/top_stories/1_45_022_25_08.txt

²⁴¹ Ibid.

During FY 2007-08, 211 assisted a total of 162,857 callers in finding needed health and social services, 24% (n=38,696) had a child aged 0-5 years. According to a recent “snapshot” of 211 callers, 54% of those callers eligible for First 5 services were calling 211 for the first time. Of those callers, approximately 72% indicated that 211 was the first number they tried. In total, 211 made 27,385 referrals to First 5 funded programs in FY 2007-08. Ultimately, callers are offered referrals, to both First 5 and non-First 5 funded agencies, that address numerous needs including child abuse prevention, basic needs (e.g. food and shelter), legal services, disaster relief, physical and mental health services, parenting programs and employment assistance.

In an effort to gain a better understanding of the quality of services provided by 211, an annual Client Satisfaction Survey was conducted in FY 2007-08. A total of 352 callers agreed to participate in this survey.²⁴² Of those callers who participated in the survey, 99% of respondents said the 211 representative they spoke to understood their needs, 99% noted the service was helpful (87% saying “very” and 12% “somewhat” helpful), and 90% noted that they have a better understanding of the help that is available to them. Overall, 99% of survey participants said they would call 211 again and 98% would recommend 211 to someone else.

Language & Access to 211

211 staff is trained to assist non-English speaking callers by utilizing the Tele-Interpreter telephone translation service. Use of the Tele-Interpreters will ensure:

- + Callers receive help at the time of their call regardless of language spoken
- + Minimized miscommunication and error due to language and cultural barriers
- + 211 services are accessible in all languages – 24-hrs a day, 7-days a week
- + Collection of accurate call statistics for reporting purposes

“[There are] very caring and understanding people at 211.”

– 211 caller

In an effort to track the entire 211 referral process, participants of the initial survey were asked if they would be willing to participate in a follow up survey 2-3 weeks after their initial call. The survey would determine if those callers were able to utilize the referrals offered to them by 211. Twenty-four percent (n=85) of the originally interviewed callers were reached for a follow up survey during FY 2007-08. Of these respondents, everyone remembered calling 211 (100%), with the majority (98%) reporting that they had received a referral. There was a

slight decline from FY 2006-07 to FY 2007-08 in the number of 211 callers that reported having tried to call or visit an agency they were referred to (92% to 89%, respectively). While 11% of participants stated they had not tried to follow up with the referral they received, only 56% of those who followed up on their referral said that the agency they called or visited met their needs. This was a drop from the 64% reported last fiscal year. When asked about their attitude towards 211, respondents overwhelmingly agreed (87%) with the following statement: “As a result of calling 211, I feel more confident to make informed decisions.”

²⁴² The CAPSTONE Group. “211 San Diego Client Satisfaction Evaluation Report: FY0708.” San Diego, CA: June 2008.

Beginning in FY 2007-08 First 5 initiated a “secret shopper” evaluation to assist 211 with improving the quality of service referrals. The text box below showcases the “secret shopper” project.

211 San Diego Secret Shopper Project

In FY 2007-08, First 5 issued a Secret Shopper project to enhance the existing 211 evaluation. The Secret Shopper Project allows First 5 to more fully assess the extent to which 211’s service benefits callers with children ages 0-5 years and pregnant women with a primary focus on assessing the appropriateness and accuracy of the referrals.²⁴³

Also known as “mystery shopping”, secret shopping is “the practice of using shoppers who have been specially briefed to anonymously evaluate customer service, operations, merchandising, product quality, and in special cases, employee integrity”.^{244,245} TrendSource Inc. will be subcontracted to complete 1,250 secret shopper phone calls, as well as follow-up phone calls on the referrals provided by the 211 call specialists.²⁴⁶ Calls will be completed in English and Spanish during business hours and after hours. Data from each secret shopper call is made available to the Commission and 211 within 48 hours of the call via an Internet-based web portal.

Secret shopper calls for the 211 San Diego Secret Shopper project began April 23, 2008 and secret shoppers continue to collect information. While the focus of the questions is on the appropriateness and accuracy of the referral, customer service data is also being collected and used to inform the outcome of this study.

As a partner in this project, 211 is motivated to make programmatic changes in response to the data findings. The Secret Shopper Project is facilitating 211 to continue to work with First 5 in addressing referral appropriateness and accuracy through the development of initiative specific referral pathways. Working under the premise that a caller should be referred to “the right place the first time,” the referral pathways will include points at which 211 can administer screening questions to assist callers in obtaining the most appropriate referral for the expressed need.

²⁴³ Accuracy is defined as meeting the caller’s needs in terms of the type of service, region/locality and language.

²⁴⁴ Mystery Shoppers Providers Association of North America; <http://www.mysteryshop.org/index-na.php>, accessed July 11, 2007

²⁴⁵ While this project is called “secret shopping” market researchers might call it an “unrevealed survey.”

²⁴⁶ TrendSource®, a leader and innovator in the industry since 1989, is a premier mystery shopping and evaluation firm offering customer experience evaluations (mystery shops), market research, compliance audits, reward programs, competitor shops, pricing audits, business verifications, physical inspections and merchandising.

American Academy of Pediatrics: Reach Out and Read

The concept for Reach Out and Read (ROR) was born from the desire of a group of pediatricians working in urban clinics to help improve the literacy levels and school success of children in low-income neighborhoods. In 1989, with the help of early childhood educators, pediatricians developed ROR, a program which uses regular medical exams as a vehicle to develop parents' literacy skills and provides books to children of low-income families.²⁴⁷ ROR trains physicians and nurses in three linked interventions: 1) promoting reading aloud as an integral part of well child visits; 2) providing developmentally and culturally appropriate picture books to families; and 3) engaging community volunteers to read to children in the waiting rooms while modeling developmentally appropriate techniques for the parents.²⁴⁸

In FY 2006-07, First 5 San Diego recognized this model as an optimal, low cost, effective means to support the early literacy of the County's children. As part of its Responsive Grants program, the Commission approved \$37,754 in funding over three years to strengthen and expand the existing Reach Out and Read program in San Diego County. During the FY 2007-08, ROR San Diego partnered with San Diego County Libraries, the San Diego City Libraries, Community Clinics, Children's Primary Care Medical Groups, and Native American Health Centers in order to better provide for participating ROR sites. Monies awarded by First 5 San Diego has supported ROR San Diego in expanding their model to new sites and has allowed them to purchase more books to distribute to young children and their families. In FY 2007-08, First 5 San Diego funding allowed ROR San Diego to add ROR to seven new sites, all of which received training, and a reported purchasing of 8,329 books.

Capital and Equipment Grants: Building Critical Infrastructure

As a strategic effort to address the limited funding sources for public and nonprofit agencies, the Commission approved the Capital and Equipment Campaign in FY 2004-05. This one-time expenditure of \$60 million dollars was allotted in order to invest in the physical infrastructure of programs that support children ages 0-5 years. Funds are released in three separate cycles each fiscal year. Exhibit 8.4 displays the projects that received funding for capital improvements during FY 2007-08.

Exhibit 7.5 Capital Project and Equipment Grants	
Capital Improvements	Use of Funds
Blessed Sacrament Parish Preschool	Improve infrastructure in the preschool and pre-K classrooms.
Borrego Community Health Foundation	Additional exam room with equipment at the Centro Medico.
Casa de Amparo	Purchase playground equipment, furniture for toddler and preschool classrooms, and office furniture for the Child Development and Family Services Center.

²⁴⁷ reachoutandread.org. 2003-2006. 22 August 2007 < <http://www.reachoutandread.org/about.html>>.

²⁴⁸ Needleman R, Klass P, Zuckerman B, "Reach out and get your patients to read," *Contemporary Pediatrics* (2002) 19:1

**Exhibit 7.5 (continued)
Capital Project and Equipment Grants**

Community Health Systems (Fallbrook Family Health Center)	Equipment for the Women’s Health Center to provide state-of-the-art prenatal care.
Jewish Family Service of San Diego	Purchase of a van for the Preschool in the Park Program.
La Maestra Family Clinic	New equipment for three pediatric clinics in City Heights, El Cajon, and National City.
North County Serenity House, Inc.	Refurbish the Child Development Center and purchase computers equipment.
Oceanside Unified School District- LISTOS Center	Expand the children’s learning areas by providing additional furniture, equipment, and activities at the LISTOS Center.
Palomar Pomerado North County Health Department, Inc. on behalf of Palomar Pomerado Health	Purchase two new ALGO 3 Newborn Hearing Screeners.
Palomar Pomerado Health	Purchase of computer equipment and a file server needed to implement a new client data collection and interface system for the Welcome Home Baby home visitation program.
Pregnancy Care Center DBA East County Pregnancy Care Clinic (ECPPC)	Purchase of additional medical, exam rooms, and office equipment.
Ridgeview Preschool	Improvements to the gross motor play area of the preschool.
San Diego Youth & Community Services	Improve facilities for adolescent parents and their children 0-5.
Santee School District	Purchase indoor and outdoor equipment for the Children & Families Ready \$ School (CFR4S) program.
Southern Indian	Purchase two dental chairs and other dental equipment to equip two pediatric dentists in the clinics.

**Exhibit 7.5 (continued)
Capital Project and Equipment Grants**

Health Council	
United Cerebral Palsy Association of San Diego County	Purchase a full utility van for use by the staff of the Toy and Software Lending Library to serve children ages 0-5 years.
Vista Community Clinic	Purchase one ultrasound machine, one exam table, six Non-Stress Test monitors and other equipment for pregnant women undergoing testing at several clinic sites.

Innovative Grants: Responding to Emerging Needs and Strategies

The Commission recognizes its role in supporting innovative practices and supports these efforts by allocating monies to new projects that encourage the development and application of new service approaches or techniques that assist the overall development of children ages 0-5 years and their families. Toward that goal, the Commission awards one-year Innovative Grants for up to \$75,000 to enable organizations to pilot unique approaches or expand successful strategies in new ways or to new communities. Exhibit 8.4 showcases the seven Innovative Grants that received funding during the FY 2007-08. Each program displayed provided direct services to young children and/or their families.

**Exhibit 7.6
Innovative Grants**

Grantee/Program	Description of Project/Services
Horn of Africa <i>Families Together Program</i>	Families Together Program (FTP) is an affiliate program of Healthy Families America (HFA) a program that will focus on East African families and their children age 0 to 5. FTP provides a comprehensive assessment of the family, and home visiting staff provides weekly home visits to families to implement an individualized plan of care.
Kids Included Together-San Diego Kit <i>Inclusion Builds School Readiness</i>	Trains and support early childhood educators in the system of six Navy Child Care Centers, serving 1063 children, to build inclusive environments that increase the school readiness of children with disabilities and other special needs.
La Cuna, Inc. <i>Individualized Therapy and Support Project</i>	Provide a therapist to work with La Cuna's foster children to ensure their social and emotional development is not stifled by their early life experiences. It will also provide ongoing, consistent and intensive therapy to all of its foster parents and children.
Rady Children's Hospital San Diego <i>Center for Healthier Communities</i>	Provides low income pregnant women or parents with children 0-4 years, visiting Family Resource Centers, with education, skills, and resources to initially "key" behaviors in their home environment aimed at preventing overweight.

**Exhibit 7.6 (continued)
Innovative Grants**

Ramona United Methodist Preschool <i>Gymnastic Camp</i>	Provides daily gymnastic classes for eight weeks throughout the summer of 2007 for children 2.5 –5 years of age to combat childhood obesity at the preschool level.
Riding Emphasizing Individual Needs & Strengths (REINS) San Diego <i>Therapeutic Consulting Partnership</i>	Provide therapeutic riding lessons to children with a variety of disabilities.
SDSU Foundation Exceptional Family Resource Center (EFRC) <i>NICU Family Support Project</i>	Implements Systematic NICU Referral for Support Protocol, institutes a MOU between EFRC and 4 hospitals and identifies families with infants who experienced NICU care.
San Diego Community College Auxiliary Organization/San Diego State University Research	Provides education, practice, and support for fathers of preschool children.
Santee School District <i>Children & Families Ready 4 School PAL Innovative Project</i>	Provide Parent Participation School Readiness classes to families living in the subsidized housing projects on site at their resource center.
Scripps Memorial Hospital La Jolla <i>The Parent Connection</i>	Conducts monthly parenting classes for groups of 12-15 fathers who have newborn to 1-year old babies.
Social Advocates for Youth (SAY) San Diego, Inc. <i>Talk To Me</i>	Provide information for parents & community about 1) the importance of building vocabulary early in life; 2) formulating culturally appropriate community awareness strategies on this topic; 3) implementing strategies to help low-income families improve their children’s vocabulary levels; & 4) utilizing partnerships and networks to carry the message & engage parents in interactive behaviors with children.
UCSD, School of Medicine <i>Substance Abuse Screening for Women</i>	Provides screenings and referrals for at-risk substance abusing pregnant women to assist them in seeking treatment and optimizing pregnancy outcomes.
University Of San Diego – <i>SOLES/COMPASS Family Center Transition Support Program</i>	The project will help prepare parents to effectively transition from an Individualized Family Service Plan (IFSP) to an Individualized Educational Program (IEP) when their child with special needs reaches the age of 3 years old.

Case Study 7

A Neighbor and a Resource*

Introducing Miriam

Miriam is of Mexican origin and a mother of five active children, three under the age of 5 years, who has lived in San Diego for the last 7 years. One day, about 6 years ago, she contacted Bayside Community Center for help in dealing with an undisclosed problem with a neighbor. Miriam was connected with an individual who provides the guidance she needed to resolve her situation. Since she had children at the time, Bayside offered to connect Miriam to other services for her family, such as an after school program for her children, and lead paint testing. Several years later, when she gave birth to her third child, Beatriz, Bayside began providing monthly in-home parent education, funded by the First 5 San Diego Parents as Teachers program. Miriam came to Bayside because of a troublesome neighbor, but was seamlessly integrated into the services that brought deep benefits to her children.

Connecting to Services

Once her daughter was born, Miriam's parent educator provided her with new information on how to help her daughter's development and growth. A couple of years after Beatriz was born, Miriam welcomed the birth of twins. Miriam now had three children under the age of 5 that were eligible for the First 5 funded services offered at Bayside.

Miriam decided to enroll herself and her children in several First 5 funded parenting education programs at Bayside. She enrolled her children in "Ready to Succeed," a reading program that she felt provided more than just a learning experience. "They read stories to them, teach them, above all, to familiarize [my children] with other kids, to become more sociable," she said. Miriam and her three youngest children attended ten parent-child interaction classes and received a diploma upon completion. These classes also focused on promoting her children's optimal development. Currently, Bayside staff visit the house and provide interactive parent and child education classes using the Parents as Teachers curriculum.** Miriam also learns what to expect of her children's development so that she could help them along the way.

Miriam took the initiative to enroll herself in other parenting education components supported by First 5 San Diego, such as monthly nutrition classes, where she learned how to compliment nutrition with exercise. In all, she has participated in Parents as Teachers (PAT) home visits, development classes focused on cognitive, fine/gross motor, language, and social emotion issues and now attends parenting classes at Bayside with her husband. Miriam applies the lessons she learned and has begun teaching her children at an earlier age so that they are better prepared for preschool.

At Bayside, Miriam also found help with essential needs, as Bayside was able to provide bags of food during the times her family was in need. The program's staff, in particular Mary, was very proactive in arriving at Miriam's house and providing any assistance they could. "...Without me calling her or anything, [she] came to see what was happening and helped me and so I continued with the classes..." she said. Miriam took advantage of some of the other services offered at Bayside, such as being connected to the Healthcare Access Initiative through First 5 when it became financially difficult to maintain her children's private insurance.

Learning at Any Age

Bayside helped Miriam learn the skills she needed as a parent to advocate and provide her children with the necessary skills to be successful in school and health. Miriam would like to continue learning about how "to

better treat her children, to be a better person.” Bayside also helped Miriam recognize the importance of education for developing her children’s character and future career goals. She hopes for her children to attend a university and achieve a better education. Miriam believes that by motivating her children while they are young, they can develop healthier study habits and increase their potential for doing better in school and ultimately in their future. “And, more than anything else, I would like my kids to have a career,” Miriam urged, adding that she wants them to be “good people, good citizens, and good students, honestly.” Having three young and active children under the age of 5 years can also be stressful. Miriam learned how to better approach her children and herself in relation to so much activity. As a result, she learned techniques in how to communicate with her children more effectively, working with them one-on-one, and identifying the best approach for each of her children.

Miriam noticed positive results in her children’s learning abilities since participating in Bayside, including improved speech and better vocabulary. She noted that her children now think before they speak and are talking at an earlier age. The children are now learning at their age level and are currently learning about colors and the alphabet.

Looking Towards the Future

Miriam plans to continue taking her children to classes to maintain their learning and she plans to continue taking nutrition classes. Miriam has come to see the program as providing valuable assistance in guiding her in discovering her children’s abilities and challenges. She is interested in participating in other classes that focus on health, food, and child development to continue to improve as a parent. Miriam feels strongly about advocating not only for her children, but also for the program to people she knows and meets so that they can get the same help she receives. “I want them to have the services, as well, for themselves, so that they’ll help their children, because a lot of people need that help and are not aware that there is that help.”

“Sometimes I am even talking with women and I’ll recommend they go there, to those classes with the kids and to nutrition or whatever it is that they require.”

- Miriam, First 5 Parent

**All names were changed to protect confidentiality*

*** An evidence based curriculum*