First 5 San Diego

Improving the Lives of Children 0–5

First 5 Commission of San Diego County

Annual Evaluation Report 2008–2009

May 2010

harder+company community research

Founded in 1986, Harder+Company Community Research is a comprehensive social research and planning organization located in San Diego, Los Angeles, San Francisco, and Davis, California. The focus of the company's work is in broad-based community development and human services. Its staff conducts needs assessments, program evaluation, planning studies, and trainings for a wide range of clients across the country.

Acknowledgements

This report brought together the efforts of those touched by First 5 San Diego, such as its contractors, the families it serves and community stakeholders in a profoundly collaborative process. Contractors were often required to expand their view of evaluation from program-specific to initiative-level. The willingness of Commission contractors to see themselves as part of a larger system working to improve services for young children and their families made this evaluation possible. We hope that they have also benefited from seeing themselves as part of a "learning community." Families and stakeholders took time out of their busy schedules to answer questions about themselves and their families, as well as reflected on the impacts First 5 San Diego may have had in their lives and the community. Without these individuals, understanding the impact of the Commission's work – both in numbers and in personal stories – would not have been possible.

In particular, Harder+Company Community Research would like to thank the following people:

- The Commissioners of the First 5 Commission of San Diego County for their commitment to positively affect the lives of children ages 0-5 years in this county: Greg Cox (Chair 2008), Diane Jacob (Chair 2009), Dr. Wilma J. Wooten, Jean Shepard, Nick Macchione, Carol Skiljan, and Charleen Tressler.
- The First 5 San Diego staff who provided valuable insight and guidance to the evaluation team: Barbara Jimenez (Executive Director), Laura Spiegel (Executive Director through March 2009), Dr. Lynn Eldred (Program and Evaluation Manager), Grace Young (Contracts and School Readiness Program Manager), Lauren Chin, Lisa Contreras, Martha Garcia, Charissa Hines, Phyllis House-Cepeda, Randall Marks, Steven Smith, and the rest of the staff.
- MJE Marketing Services for graphic support.

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Executive Summary

"Life affords no greater responsibility, no greater privilege, than the raising of the next generation."

— C. Everett Koop

During FY 2008-09, First 5 San Diego supported six interconnected initiatives that address the needs of children ages 0-5 and their families, as well as key projects that address strategic areas of importance. Through these services, 70,711 children ages 0-5 and 40,329 adults were intensively served and thousands more were served through less intensive services. Many services, such as those associated with Oral Health, Healthcare Access, Healthy Development Services, and 211 San Diego, received additional funding this fiscal year to address the core service needs which deepened during the economic recession. Other projects, such as Preschool for All, also expanded their services to the community.

Unduplicated Count of Intensively Served Children and Adults (FY 08/09)

Initiative	Children (under 6)	Adults (over 12)
Healthcare Access Initiative	17,549	14,449
Healthy Development Services	38,336	16,957
Oral Health Initiative	3,389	634
Parent Education (First 5 For Parents)	1,908	5,260
Preschool for All	3,528	247
School Readiness	5,330	2,695
Other funded programs	671	87
Total of all Initiatives	70,711	40,329

This report contains a brief analysis and synthesis of the data collected during the FY 2008-09 period. It includes only the most salient results. Full results are used by initiatives and contractors for program improvement. This executive summary is organized by the four areas outlined in the Commission's most current strategic plan: Health, Learning, Family, and Community.

Health

- Support for pregnant and new mothers continues through health insurance enrollment, breastfeeding support (50.6% of mothers receiving medical and at-risk home visits reported breastfeeding at 6 months) and dental healthcare (screening, exams, and treatment).
- A majority (75.1%) of children served by Healthy Development Services (HDS) received the necessary treatment to address developmental, behavioral, or language delays.
- The percentage of children who showed gains after receiving HDS treatment increased to 82.4% this fiscal year.
- Healthcare Access Initiative (HCA) providers assisted 18.0% more families and 33.0% more pregnant women in this economic recession than in previous fiscal years. While retention of clients enrolled in a health plan decreased from last year, a greater percentage of clients maintained their coverage compared to California rates overall.
- Due to HCA follow-up efforts, 97.0% of children saw a doctor within the last year and 67.0% of children saw a dentist in the last six months, both surpassing county benchmark comparison data.

- The Oral Health Initiative (OHI) implemented the Caries Risk Assessment, a best practice case management tool to monitor the 3,073 children and 548 pregnant women found to be at high risk of dental disease.
- Nearly half the children (44.9%) reported receiving a dental exam, the highest proportion since the initiative's inception. Yet, needs surpass funding and a wait list remains for children.
- The majority of children were screened for developmental delays in School Readiness (72.6 %) and San Diego County Preschool For All (78.3%).

Learning

- The majority of children enrolled in School Readiness or Preschool for All programs exhibited gains in overall social, emotional and learning competencies.
- The quality of the Preschool for All early care and education workforce improved – more teachers were educated at or above the Bachelors Level compared to last year.
- During Year 3 of Preschool For All, 3,413 children were given a quality preschool experience, exceeding the Year 5 target.
- 80.0% of the Preschool for All sessions that could increase a tier level did so (a marker of improvement).
- The CARES program assisted 523 early care and education providers by providing stipends to further their education.

Family

- Parents participating in First 5 for Parents, School Readiness Initiative, and Preschool For All parenting classes and workshops reported improvements in knowledge, confidence, ability and behavior.
- Families accessing Healthcare Access Initiative services exhibited consistently lower usage of emergency room services (14.9% at 6-12 month follow-up) than county benchmark comparison data (19.4%).
- 49,034 Kits for New Parents were distributed to parents of children ages 0-5 – kits contain valuable information about how to support the learning and social-emotional development of children and accessing resources.
- First 5 for Parents parent education programs supported parents in learning positive parenting skills and enhancing their children's early literacy. For example, parents exhibited a 27.7% increase in reading to their children.

Community

- Families with children ages 0-5 accessed 211 San Diego (a 24/7 information and referral line) to support their knowledge of, and access to, community health and human services. Compared to last year, 211 San Diego increased their overall referrals to services by 44.8% and to First 5 San Diego funded services by 342.3%.
- First 5 San Diego's financial support of fluoridation efforts in the City of San Diego will benefit 41.2% of the total 0-5 population in the County.
- The Commission developed a more targeted strategic plan, informed by evaluation results and community feedback, to meet and address the needs of children ages 0-5 and their families.

Introduction

"Measurement is the first step that leads to control and eventually to improvement. If you can't measure something, you can't understand it. If you can't understand it, you can't control it. If you can't control it, you can't improve it."

— H. James Harrington

In 1999,the First 5 Commission of San Diego County (First 5 San Diego or the Commission) was charged with serving the needs of San Diego's 0-5 year old population and their families. Now, over a decade later, the Commission has distributed a total of $270,180,110 to services benefitting young children. In fiscal year 2008-09, the Commission distributed $43,876,292 to its long- term initiatives and funded programs – a 9.0% increase from last fiscal year.

The important role of First 5 San Diego was even more pronounced this fiscal year. During the height of the national recession, First 5 San Diego not only maintained its existing initiatives and funded programs; it also provided additional needed resources to critical social safety net projects. After carefully reviewing its past evaluation results, the Commission increased funding to critical healthcare services for vulnerable populations. It also provided resources for crucial services to support children at risk of abuse. In all, the Commission provided an additional $4,964,000 to support services for young children and their families this fiscal year and allocated an additional $48,011,983 for FY 2009-10.

First 5 San Diego's Evaluation Design for FY 2008-09

First 5 San Diego generally funds multi-year initiatives that build on existing services, concentrate on community impact, and ensure that funded programs are strategically linked to both the Commission's strategic plan and its vision. "Initiatives" are defined as a group of programs that seek to produce common outcomes for young children and families by pursuing similar activities and strategies. Each initiative has its own unique evaluation design to capture data that highlight these common outcomes and connect program level findings to the goals in the Commission's strategic plan.

The approach to evaluating the Commission's work is a partnership between the Commission staff, its contractors, as well as the Commission's evaluation contractor, Harder+Company Community Research. The key components to the evaluation design include:

- Consensus based: Within the evaluation framework, each initiative's funded programs reach agreement on common tools and evaluation approaches.
- Utilization focused: The evaluation balances rigor of academic research with what is meaningful, feasible, and timely for use in planning, policy, and program improvement.
- Multi-level: Evaluation information is collected from multiple sources at multiple levels (client, program, initiative, systems, and community).

- Mixed methods: The design utilizes an array of quantitative and qualitative methods, ranging from surveys and assessments that quantify behavior change to focus groups and case studies that lend context and an opportunity to hear directly from families who receive services funded by First 5 San Diego.

Understanding and Utilizing Results

From the beginning, the Commission was clear about their desire to ensure that their dollars are distributed to services that benefit children most. The new strategic plan guides the Commission's activities while the evaluation assesses their results. During this past year, evaluation results influenced Commission funding decisions and guided program improvement in the following ways:

- Results from the FY 2007-08 evaluation guided many of the Commission's funding decisions for FY 2008-09. For example, the Commission provided additional funding to Healthy Development Services (HDS) in response to the wait lists reported in the FY 2007-08 Annual Report.
- Evaluation results were core to determining priorities for the new strategic plan.
- Past evaluation results guided the development of the Commission's solicitation of competitive contracts by highlighting local strategies that successfully serve young children and their families.
- Preschool for All increased its outreach to children with special needs.
- The Oral Health Initiative actively sought ways to improve outreach and education to both parents and dentists.
- All initiatives have worked toward creating a more robust system of referrals to other First 5 San Diego funded programs.
- 211 San Diego utilized the results of a secret shopper sub-study to improve its services through a better understanding of First 5 San Diego funded programs and initiatives.

This report continues in the spirit of past reports providing critical information about the efficacy of the Commission's funded programs. It is the summary of the Commission's progress toward achieving its new vision that "all children ages 0-5 are healthy, are loved and nurtured, and enter school as active learners." However, it is a departure from previous reports in that it presents only the most salient results for the Commission as determined in collaboration with Commission staff. It does not provide details about the methods, extensive narrative about results, or detailed tables. These additional details are now captured in the Data Compendium, available on the Commission's website. These more comprehensive results are reviewed with the funded programs to continually improve programs and services to young children and their families in San Diego County.

Chapter 1

Healthcare Access Initiative

"Anyone who comes across families that need health insurance will remember that we are here to help those families."

— First 5 San Diego Provider

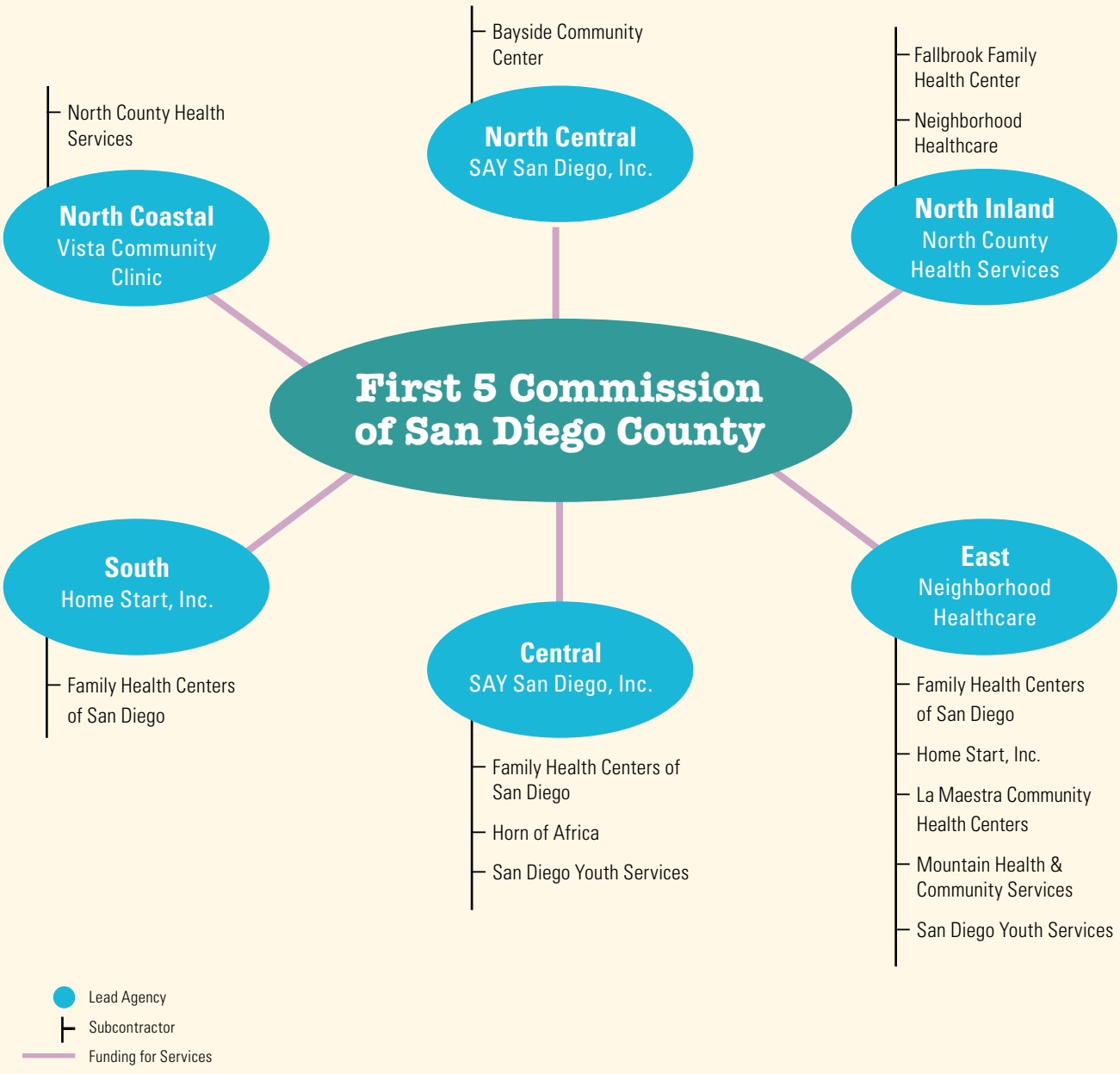
Key Results

- **HCA providers saw a higher number of families in need of insurance enrollment assistance.** The dire economic climate in FY 2008-09 could be the most significant contributor to the increase in the number of families requesting assistance compared to FY 2007-08. HCA providers were able to assist almost 18.0% more families than in the previous fiscal year.
- **HCA staff helped more pregnant women enroll in medical insurance than in any other year since the inception of the initiative.** Pregnant women enrolled in medical insurance exhibited the greatest increase, with almost 33.0% more pregnant women being enrolled than in FY 2007-08.
- **Children enrolled in HCA were more likely to have seen a doctor and a dentist in the past year.** Approximately 96.4% of children in San Diego County were reported to have visited a doctor in the past year, while up to 97.5% of children enrolled in HCA were reported to have visited a doctor. For dental visits, about 65.8% of San Diego County children 1-5 years of age visited the dentist in the past year, while over 67.0% of HCA children ages 1-5 visited the dentist in the past year.

Summing It Up

- 16,262 children ages 0-5 received insurance enrollment assistance from HCA staff, 17.8% more than last fiscal year.
- 11,771 children ages 0-5 were enrolled in some form of health insurance with the help of HCA staff, 21.8% more than last fiscal year.
- 4,981 pregnant women were enrolled in medical insurance, 32.7% more than last fiscal year.

Healthcare Access Initiative Structure*



** Includes First 5 San Diego funded Lead Agencies and Partners.*

Introduction

"[HCA] is a simple concept, but complex to implement. We do a lot of work and we steer a lot of people to getting insurance who wouldn't be getting it otherwise. Once we help them, we really educate them."

- F5 HCA Provider

Research shows that children who are insured are more likely to have a usual source of medical care, be immunized, receive basic dental services, have early identification of serious childhood problems, have fewer inpatient hospital stays, and miss fewer days of school than their uninsured counterparts.[1,2] In 2007, an estimated 4.1% of San Diego's children ages 0-5 were without medical insurance, a percentage lower than both the state and the nation.[3]

In San Diego County, approximately 60.8% of those insured receive healthcare coverage from their employer.[4] The number of people losing their jobs and thus their insurance coverage is growing as the county unemployment rate reached the highest in years (10.4% as of August 2009 [5]). This expanding pool of uninsured adults and children increases the need for government supported programs like Medi-Cal, Healthy Families, and AIM. It is in this environment that the First 5 San Diego Healthcare Access Initiative (HCA) entered its fifth year and spent $3,011,442 in FY 2008-09 to enroll all eligible children and pregnant women into health insurance programs.

Key Elements

HCA focuses its efforts on insuring San Diego County's eligible uninsured children ages 0-5 and pregnant women by 1) identifying and reaching out to families in need of healthcare; 2) assisting families in completing enrollment applications; 3) providing ongoing support to families to ensure they remain enrolled in insurance; and 4) educating families to ensure enrollees are linked to medical homes and utilizing available healthcare services. HCA is a key strategy of the Commission's 2004-2009 strategic plan and pursues the following goals:

- Increase and sustain enrollment of eligible children from birth through age 5 and pregnant women in existing health plans.
- Link enrollees to a medical home.
- Support appropriate utilization of services ensuring that children and pregnant women receive preventive health services and families get the help they need to navigate the healthcare system.

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[1] March of Dimes. *March of Dimes Data Book for Policy Makers: Maternal, Infant, and Child Health in the US 2008*. Retrieved [08/24/09] from www.marchofdimes.com.

[2] Institute of Medicine. America's *Uninsured Crisis: Consequences for Health and Health Care*. Retrieved [09/28/09] from www.iom.edu.

[3] University of California, Los Angeles. California Health Interview Survey. 2007. Accessed August 24, 2009. <www.chis.ucla.edu>.

[4] University of California, Los Angeles. California Health Interview Survey. 2007. Accessed September 22, 2009. <www.chis.ucla.edu>.

[5] San Diego Union Tribune. "S.D County Jobless Rate Holds Steady." Accessed on September 22, 2009. <SignOnSanDiego.com>.

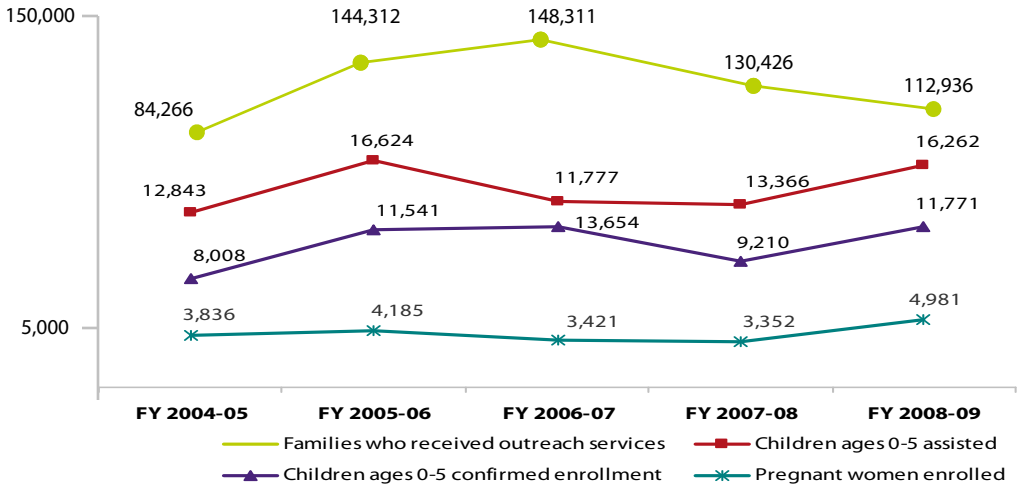
Summing it Up

"We have been able to reach part of the population that has not been reached by any other means…so I think that we are impacting [a] population that is not too well informed about the services."

- F5 HCA Provider

FY 2008-09 marks the fifth year of the HCA initiative. This section includes key process data including the number of families who received outreach services, the number of children assisted with applications and enrolled in health insurance (new and renewals), as well as the number of pregnant women enrolled.

Exhibit 1.1 Number of People Receiving Healthcare Access Services



- **Families who Received Outreach:** There was a decrease in the number of families that received outreach services in comparison to last year. One possible reason for this decrease may be due to changes in the way family outreach services are counted. During this fiscal year, agencies transitioned to a more stringent method of accounting for outreach services by only recording one-on-one contact with a family. Additionally, contractors noted that, because they have been funded for five years, they are a well-known resource among the community, thus requiring less of a need for outreach.

- **Children who Received Application Assistance:** The number of children who received application assistance in FY 2008-09 not only increased from the past fiscal year, but is the second highest in HCA's history. The recession may have been the greatest contributor to the increase in applicants for health insurance.

- **Children Enrolled in Health Insurance:** The increase in the number of children enrolled in health insurance is directly related to the increase in the number of children who received application assistance. It appears that more children retained their health insurance with the assistance of HCA from FY 2007-08 to FY 2008-09 (see Exhibit 1.2).

- **Pregnant Women Enrolled in Health Insurance:** Fiscal year 2008-09 exhibited the greatest enrollment of pregnant women since the initiative began. Enrollment of pregnant women has also seen the greatest percent increase compared to last year among all other measures.

Exhibit 1.2 Number of People Reached by the Healthcare Access Initiative: FY 2008-09

Enrollment Activity	FY 07-08			FY 08-09			% Change *
	Renewals	New	Total	Renewals	New	Total	
Children ages 0-5 assisted	1,795	11,571	**13,366**	4,890	11,372	**16,262**	+17.8%
Children ages 0-5 confirmed enrolled**	1,374	7,836	**9,210**	3,262	8,509	**11,771**	+21.8%
Pregnant women enrolled	N/A	3,352	**3,352**	N/A	4,981	**4,981**	+32.7%

** Indicates percent of increase or decrease from the previous year.*
***Includes children enrolled into Medi-Cal, Healthy Families, and other types of insurance such as Kaiser.*

Making a Difference

"A lot of people are losing their insurance because they lost their jobs so they are applying for Healthy Families and Medi-Cal. There is a need in the community."

-F5 HCA Provider

Once families are enrolled, HCA contractors schedule follow-up appointments to ensure families understand their benefits and how to access services. They also provide education about maintaining insurance and utilizing healthcare appropriately, as well as the importance of immunizations. The results presented below are from follow-up (FU) surveys conducted at 6, 12, and 18 month periods by the five key outcomes: 1) maintaining coverage; 2) maintaining linkage to a medical home; 3) doctor visits, 4) dental visits; and 5) emergency room utilization.

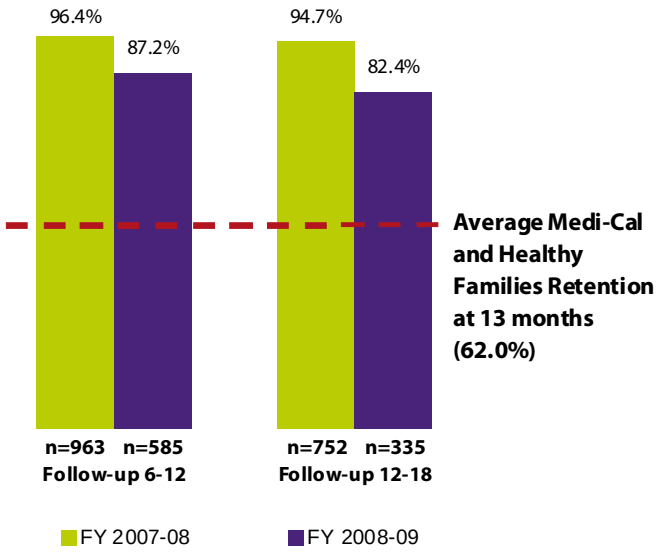
Maintaining Coverage

Insurance Retention

Although retention in HCA decreased slightly from last year, a greater percentage of clients enrolled in HCA maintained their coverage compared to California state data. Contractors noted that a possible reason for this decrease may be associated with clients moving away from San Diego as a result of the economy.

Source: G. Fairbrother, J. Schuchter. Stability and Churning in Medi-Cal and Healthy Families. March 2008. The California Endowment. 14 September 2009. Children's age was not specified in this report.

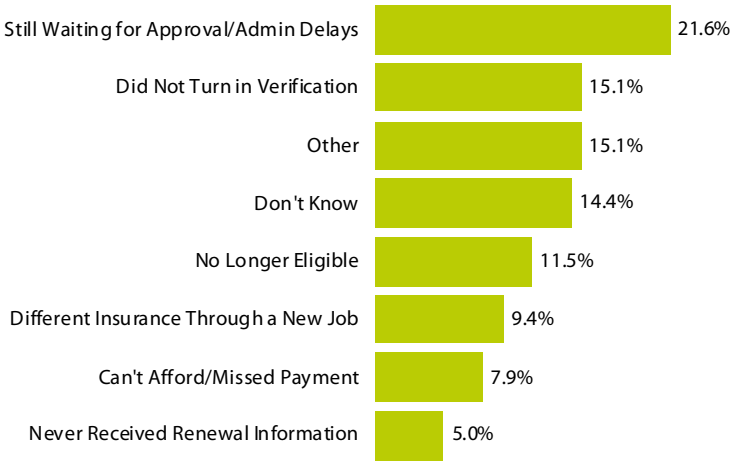
Exhibit 1.3 Children Retained in Insurance for 1 year



Reasons for Disenrollment

Similar to last year, HCA clients reported the most common reason for no longer being enrolled in health insurance this fiscal year was because their application was still pending approval. Contractors stated long Medi-Cal application wait times left clients uncertain of their application status.

Exhibit 1.4 Reasons Children are No Longer Enrolled in Health Insurance (n=139)*

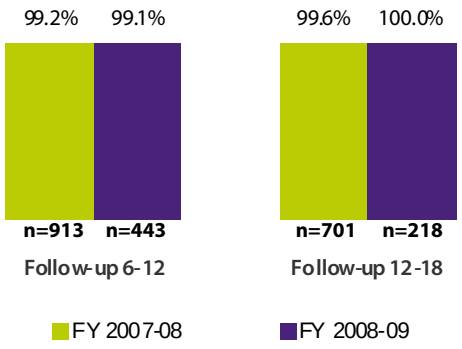


**Includes responses from all surveys. Categories are not mutually exclusive.*

Maintaining Linkage to Medical Home

In both FY 2007-08 and FY 2008-09, almost all parents were able to name their child's clinic or doctor (a proxy for medical home).

Exhibit 1.5 Parents Who Can Name Their Child's Clinic or Doctor

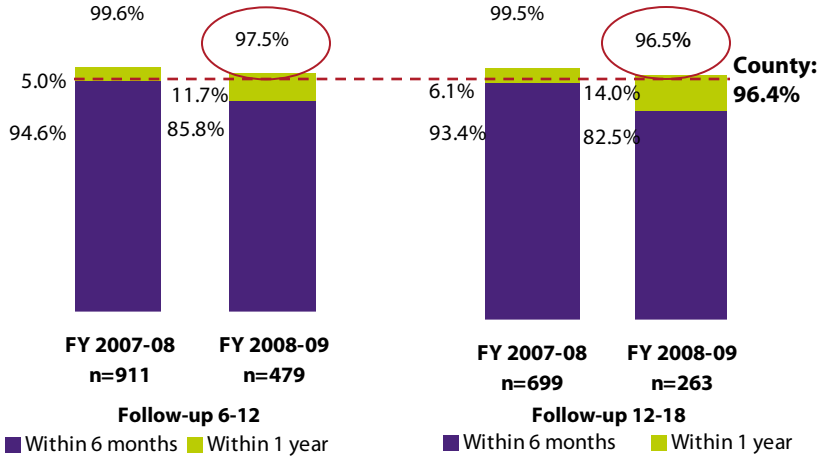


Doctor Visits

Children's visits to the doctor in the past 6 months slightly decreased from FY 2007-08 to FY 2008-09. The percentage of children who visited the doctor within a year increased. HCA clients were more likely to visit the doctor in the past year compared to the County overall (96.4%).

Source: California Health Interview Survey, 2007.

Exhibit 1.6 Visits to the Doctor for Children



Reasons for Visiting Doctor or Healthcare Provider

The most common reason for visiting the doctor in FY 2008-09 was for a regular check-up. Results demonstrate that the majority of parents utilized prevention services.

Exhibit 1.7 Reasons Children Visited the Doctor

	Follow-up 6-12 (n=411)		Follow-up 12-18 (n=217)	
Activity/Item	**6mo**	**Past year**	**12 mo**	**18 mo**
Regular Check-Up	65.2%	58.2%	64.1%	56.2%
Immunization	18.7%	16.3%	16.1%	12.0%
Illness	31.4%	40.6%	37.3%	36.9%
Accident	1.2%	1.0%	0.9%	0.5%
Other	8.0%	8.5%	8.8%	10.1%

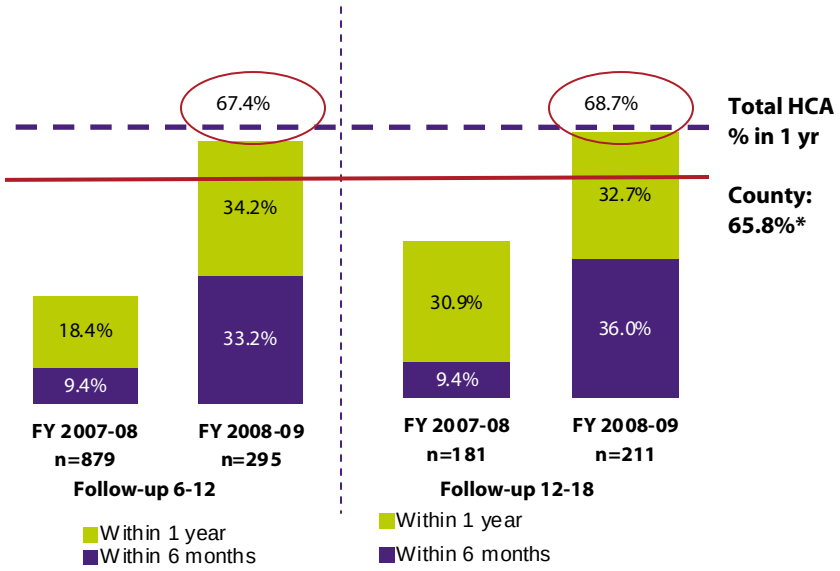
Dentist Visits and Utilization

Dental Care Visits

There was a dramatic increase in dental care utilization in FY 2008-09. The percentage of children ages 1-5 who visited the dentist in the past 6 months more than tripled when compared to last fiscal year, while the percentage of children who visited the dentist in the past year also increased compared to last year. Overall, over two-thirds of children in both follow-up groups visited the dentist within the year, surpassing the overall County rate of 65.8% of children 1-5 having a dental visit in the past year.

Source: First 5 San Diego, The Status of San Diego County's Children 0-5, 2007.

Exhibit 1.8 Visits to the Dentist for Children

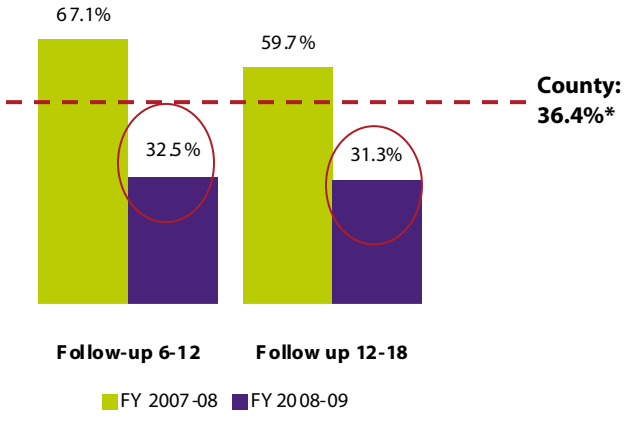


No Dental Care Visits

For both follow-up groups, the percentage of children who had never had a dental visit was lower in FY 2008-09. This percentage was lower than the County overall.

Source: California Health Interview Survey, 2007.

Exhibit 1.9 Children Who Have Never Visited the Dentist



Reasons for Dental Visits

The most common reason for visiting the dentist in FY 2008-09 was for a check-up/cleaning. This signifies that the majority of children visited the dentist for preventive services.

Exhibit 1.10 Reasons Children Visited the Dentist

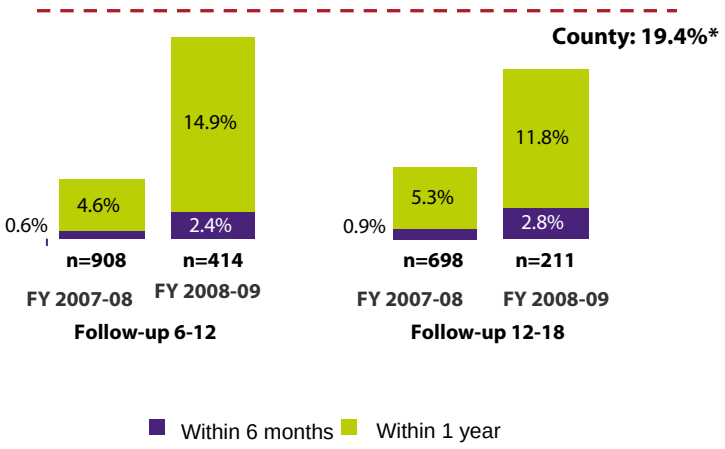
	Follow-up 6-12 (n=95)		Follow-up 12-18 (n=74)	
Activity/Item	**6mo**	**12 mo**	**12 mo**	**18 mo**
Check-up/Cleaning	80.0%	66.3%	79.7%	83.8%
Cavity	13.7%	27.4%	13.5%	10.8%
Cleaning and Cavity	5.3%	3.2%	5.4%	1.4%
Other	1.1%	3.2%	1.4%	4.1%

Emergency Room Utilization

More children visited the emergency room (ER) in FY 2008-09 than in the previous year. These rates are still well below the county rate of 19.4%. Contractors noted one possible reason for this increase in ER utilization may be attributed to the flu epidemic. Although ER utilization increased, children in HCA still maintain a lower ER utilization rate than the children in the County overall.

Source: California Health Interview Survey, 2007.

Exhibit 1.11 Children's Emergency Room Visits



Line Staff Perspectives

A total of 61 staff from HCA contractors were invited to participate in a survey to understand their perspective of the HCA initiative's challenges and successes. In total, 44 staff members completed the survey resulting in a 72.1% response rate. The following highlights ***the most common responses*** by staff members who participate in outreach, application assistance, client education activities and retention.

Outreach

- Community events are the most effective method for outreach, followed by school events and flyer distribution.

Application Assistance

- The most common reason that clients were denied insurance is because they do not have the necessary paperwork (i.e., birth certificates, social security cards, etc.).
- The most common reason for why clients may be resistant to completing the application process is not wanting to submit personal documentation for fear of revealing personal information.
- It takes staff 1 hour or less to help one client complete an application.

Client Education

- The top three most common education topics for clients are: 1) how to use their insurance, 2) how to stay enrolled in insurance, and 3) where to go for medical care.
- Education topics needing more attention include nutrition, hygiene, and appropriate use of emergency departments.

Retention

- The most common reasons noted for why clients are no longer enrolled in Medi-Cal and Healthy Families are that 1) clients are not completing their renewal paperwork, 2) clients are not receiving their renewal paper work, and 3) clients cannot afford the insurance.

Update on FY 2007-08 Recommendations

Last year's Recommendation	Update on Recommendation
Establish a liaison to improve collaboration between lead agencies and subcontractors.	+ Lead agencies have designated internal staff to improve collaboration between leads and subcontractors. + Some agencies have carried out joint outreach activities among some leads and subcontractors.
Increase client knowledge of the importance of dental care utilization and appropriate emergency room utilization.	+ Utilize Statewide Emergency Room Collaborative – Medi-Cal Managed Care Health Plans brochures and posters posted in the application assistance office and distributed to families. + Continue use of Kit for New Parents, which serves as a tool to increase knowledge. + Agencies are giving health insurance utilization classes developed through another First 5 project to educate parents and also outreach to the uninsured.
Increase interagency interaction between staff (CAAs, retention specialists, etc.) at both lead and sub level.	+ Regional collaborative meetings have increased information sharing. + Regular meetings are hosted for staff from all agencies to share information updates and celebrate staff cohesion. + Internal agency staff works with the clinics' prenatal departments to distribute the Kit for New Parents to encourage appropriate utilization and increase access to HCA.

Recommendations

The following recommendations are based on FY 2008-09 data and evaluation findings.

- **Encourage clients to take a proactive role in the health insurance application process.** FY 2008-09 exhibited a drop in the percentage of clients who retained their health insurance coverage. Although the most common cited reason for this was clients still waiting for approval/administrative delays on behalf of health insurance programs, there are several other reasons where actions on the part of the client may positively increase retention. Data indicate that clients' not turning in their verification documentation was one of the most common reasons for not being insured. This, coupled with the difficulty encountered by contractors to get in touch with clients to assess whether they are still enrolled (e.g., phone lines were disconnected or clients had moved), was a contributing factor for clients not being insured or not knowing their insurance status. Creating checklists and providing educational packets, in addition to the regular check ins already conducted, may help clients be more self sufficient in maintaining their coverage. Moreover, educating clients about the consequences of losing their health insurance may motivate clients to provide additional contact information and take a more proactive role in the application process.

- **Improve collaboration with local Medi-Cal offices to facilitate the status of applications and the process for approval.** Over the past 12 months, the number of applications and demand for services has increased significantly in Med-Cal, Food Stamps, and CalWORKs and staffing levels have remained flat. Contractors and/or providers have expressed frustration with Medi-Cal customer service, particularly longer than normal administrative delays in processing applications. To meet the increased demand for services, the County Health and Human Services Agency (HHSA) completed a business process reengineering of the Medi-Cal, Food Stamps, and CalWORKs eligibility model at the Family Resource Centers (FRCs). As part of this new eligibility model, HHSA introduced ACCESS – a customer service center that reduces the number of people needing to come into FRCs to obtain services. Clients, providers, and other government agencies may contact ACCESS by phone or by email to receive information regarding their case. General information is also available on the ACCESS website. These efforts and additional planned enhancements may reduce delays in the enrollment and re-enrollment process.

A Sign for Better Care

Teresa had a feeling that her three-year-old, Daniela needed a more thorough dental check-up than the one received at a non-First 5 clinic. One day she passed by La Maestra and noticed a sign for dental services. She made an appointment after receiving encouragement from friends and clinic staff. At the La Maestra clinic, Daniela had a cleaning and x-rays. It turned out she had five cavities. Because she refused to open her mouth for clinic staff to treat her, Daniela was sent to a specialist for treatment under anesthesia. In a single appointment, the specialist filled all five cavities.

"The first time that I took her, they asked me if I had insurance. I told them no and they helped me get temporary insurance. [The provider] talked with me about scheduling my appointments within the time that I had insurance coverage. They helped me get an appointment with the specialist in order for the insurance to still cover it."

Daniela's dental care was facilitated by insurance coverage obtained with La Maestra's help. When she first arrived at the clinic, she did not have insurance and staff helped her mother fill out forms for temporary insurance, while stressing the importance of scheduling treatment as soon as possible (while the insurance was still valid). Once the cavities were filled, La Maestra staff helped Teresa find a source of permanent insurance. *"They were the ones who researched which [insurance] provided greater coverage."* A year later, Daniela was still benefiting from Medi-Cal insurance, which covers dental services.

Teresa was very satisfied with the services her daughter received: it was easy to make appointments and Spanish-speaking staff was always available. She learned about avoiding sugary drinks and about correct teeth brushing techniques, including the use of dental floss. Previously, Teresa would "*grab the brush and just sort of brush.*" Now, she knows better: "*I have to brush, especially her molars—which is a little bit complicated because it's way in the back and I have to have [her] mouth open.*" Teresa happily shared these new techniques with her husband, who at first was reluctant to try them, but who eventually integrated them into his own routine.

"Sometimes I stop paying attention and when I look, [the children] have been eating a lot of things and so I tell them, 'For the sake of your teeth, not so many sweets…'"

The hardest challenge has been remaining consistent in monitoring the children's sugar intake, and Teresa admits she is not always successful. However, she is committed to regular check-ups and has made them part of the routine care her children receive. This commitment has turned out to be crucial because during Daniela's follow-up visits, new cavities were identified. At the time of the last interview, Daniela had an appointment at La Maestra and because she appeared to be more comfortable with staff members, they were going to try to fill the cavities on the spot.

"I already got used to the dental [check-ups] being about every six months. I think it's normal."

Chapter 2

Oral Health Initiative

"We are able to target those folks who are at high risk [for dental disease] and work with them closely."

— First 5 San Diego Dental Director

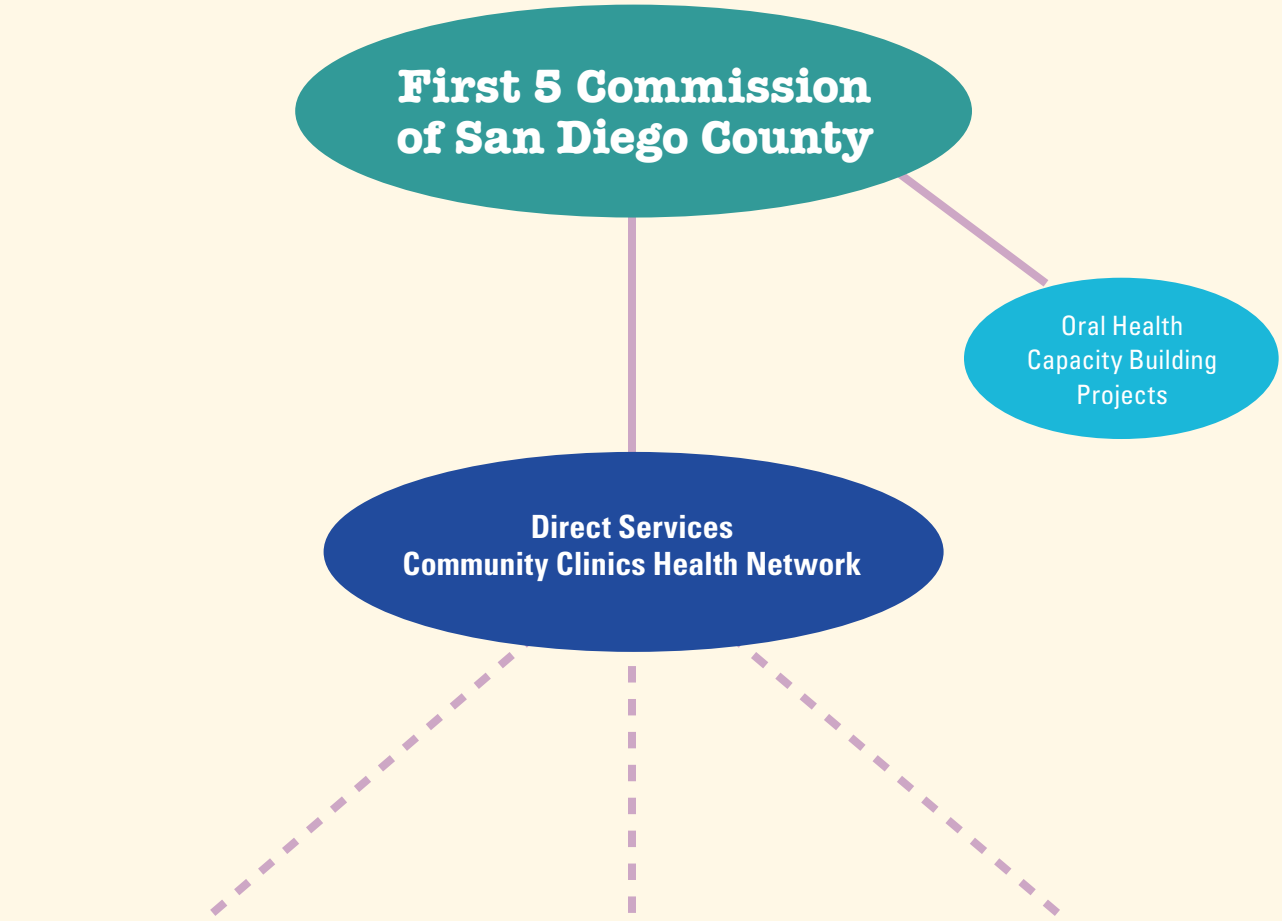
Key Results

- **The Caries Risk Assessment (CRA), a national best practice, was implemented in Oral Health Initiative (OHI) clinics in FY 2008-09 to determine high risk clients.** A total of 3,073 children ages 1-5 and 548 pregnant women were found to be high risk by the CRA and received care coordination.
- **There was a 3.8% increase in the percentage of children who received a dental exam in the past year.** In FY 2008-09, 44.9% of children reported having an exam within the past year, the highest percentage compared to all previous years.
- **A substantial increase in urgent need was identified during oral health screenings for children ages 1-5 and pregnant women.** Children and pregnant women who were identified as having urgent dental needs increased in FY 2008-09, an expected finding given the focus on high-risk clients. Children with urgent needs increased by 9.6% from last fiscal year. The increase among pregnant women identified as having urgent dental needs upon screening was 17.6% greater than last fiscal year.

Summing It Up

- Approximately 13,643 children 1-5 and 1,632 pregnant women received oral health screenings in either a clinic or community setting in FY 2008-09.
- 10,308 dental exams were administered to children ages 1-5 and 1,753 were conducted with pregnant women.
- Routine treatment was offered to children ages 1-5 and pregnant women; 9,145 children and 1,282 pregnant women were treated for oral health issues.
- There was an increase in tertiary treatment for children ages 1-5, with 1,016 children receiving specialty treatment, a 33.1% increase from last fiscal year.

Oral Health Initiative Structure*



* Includes First 5 San Diego funded Lead Agencies and Partners.
** This partner has an Oral Health Capacity Building Contract directly with First 5 San Diego.
*** Operated by San Ysidro Health Center

Introduction

"We get them in the clinic, we give them an exam…we give them a treatment plan for their child before it becomes an emergency."

- F5 OHI Dental Care Coordinator

Despite significant strides to ensure that children receive regular dental check-ups and treatment for oral health issues, approximately 36.4% of San Diego County's children ages 1-5 have never visited a dentist.[1] Without regular dental check-ups and other preventive oral healthcare, children are more likely to suffer from pain and discomfort induced by oral health problems. According to research, oral health issues can affect a child's overall well-being by preventing daily activities such as sleeping, going to school, and eating.[2] Moreover, pregnant women's oral health problems have been linked to poor birth outcomes including preterm delivery and low birth weights.[3,4]

The First 5 San Diego Oral Health Initiative (OHI) was launched in 2005 to address the oral health needs of young children and pregnant women in San Diego County. With an annual budget of $1.27 million, OHI provides screenings, examinations, care coordination, preventive oral health services like fluoride varnishes, and comprehensive treatment options to young children and pregnant women in need who would otherwise not receive oral health services.

Key Elements

The Council of Community Clinics serves as the lead agency and oversees a web of community clinics, hospitals, County programs, and private dental providers. Services provided by these partners include:

- Oral health screenings for children ages 1-5 years and pregnant women in clinic and community settings.
- Dental examinations for children ages 1-5 years and pregnant women.
- Treatment services and follow-up for children ages 1-5 years and pregnant women.
- Care coordination services for high risk children ages 1-5 years and pregnant women.
- Oral health education for parents and caregivers of children ages 1-5 years, pregnant women, child care providers, and staff at community-based organizations (CBOs).
- Training for prenatal care providers, general dentists, primary care providers, and ancillary staff.

[1] University of California, Los Angeles. California Health Interview Survey. 2007. Accessed October 9, 2009. <www.chis.ucla.edu>.

[2] Children NOW. "California Report Card 2009: Setting the Agenda for Children." Accessed October 9, 2009. <http://publications.childrennow.org/assets/pdf/policy/rc09/ca-rc-2009.pdf>.

[3] Garfield, M. L., B. J. Clooey-Gilbert, D. M. Malvitz and R. Romaguera. "Oral health during pregnancy: An analysis of information collected by the Pregnancy Risk Assessment Monitoring System." Journal of the American Dental Association. 132.7 (2001): 1009-1016.

[4] Offenbacher, S., V. Katz, G. Fertik, et al. "Periodontal infection as a possible risk factor for preterm low birth weight." Journal of Periodontol. 67.10 (1996): 1103-13.

Summing it Up

"You catch the kids and then you catch the parents so we can get the knowledge out to the parents. Once they understand what is going on, you get their cooperation and the type of results you need."

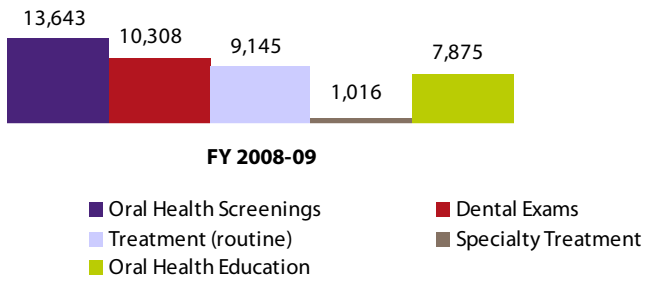
-F5 OHI Dental Director

FY 2008-09 marks the fourth year for OHI. This section includes key data including the number of children and pregnant women who received screenings, exams, treatments, and education[5].

Oral Health Services for Children

These numbers reflect the number of services provided by OHI in FY 2008-09. OHI provided record numbers of specialty treatment services to children with severe dental disease.

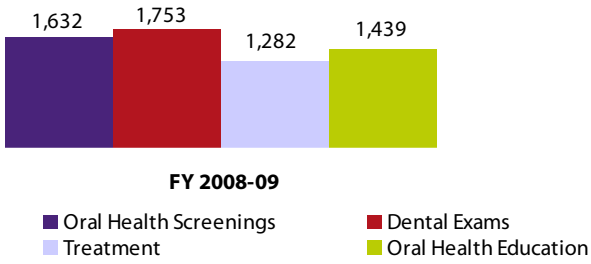
Exhibit 2.1: Number of Services for Children 1-5: FY 2008-09



Oral Health Services for Pregnant Women

OHI providers educate pregnant women and dental professionals on the importance and safety of oral health treatment for pregnant women.

Exhibit 2.2: Number of Services for Pregnant Women: FY 2008-09



[5] OHI programs collect and report monthly unduplicated counts of the number of individuals served for each type of service under each goal area. The total number of individuals served may include duplicate counts if an individual accessed services in more than one goal area and/or month.

Making a Difference

"There are some patients who are just beyond our ability to care for in our general dentist setting. I think it is wonderful that we have the resources to be able to refer those patients to get the treatment they need."

-F5 OHI Dental Director

FY 2008-09 marked several changes in OHI with the most apparent change being the implementation of the Caries Risk Assessment (CRA) to identify high-risk children 1-5 and pregnant women. As such, practices for tracking clients and documenting outcomes varied across OHI clinics. Therefore, the following FY 2008-09 results presented for screenings, exams, and care coordination results are not directly comparable to previous years' outcomes. Where applicable, comparison to past years' data is discussed.

Results of Oral Health Screenings

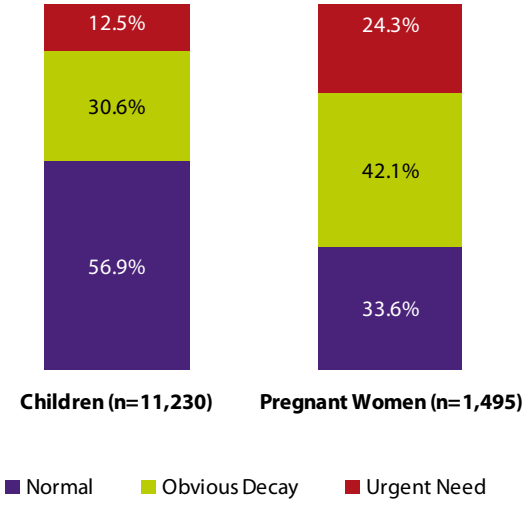
The following results represent the outcomes from OHI oral health screenings in both the clinic and community settings for children and pregnant women.

Screening Results

Over half of children were found to have normal health screenings while 12.5% had an urgent need. Previous years exhibited a much lower urgent need percentage ranging from 2.0%-3.0%.

Pregnant women most commonly had obvious decay (42.1%), while almost a quarter (24.3%) had an urgent need. Prior to FY 2008-09, less than 7.0% of pregnant women exhibited urgent needs.

Exhibit 2.3: Results of Oral Health Screenings: FY 2008-09



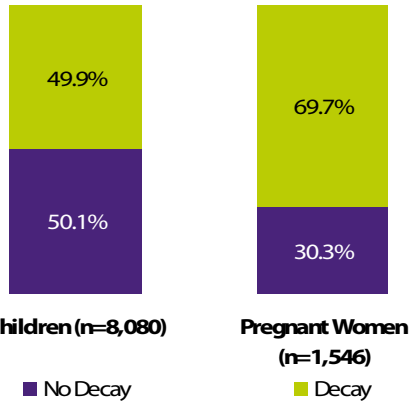
Results of Oral Health Exams

OHI oral health exams show the percentage of children and pregnant women experiencing decay as well as the time lapse since their last dental exam.

Exam Results

In FY 2008-09 about half (50.1%) of children experienced no decay at the time of the examination, the greatest percentage of children without decay in all of OHI's history. However, results for pregnant women did not reflect the same outcome. Over two-thirds (69.7%) of pregnant women were diagnosed with decay. This is a slightly greater percentage than last year's rate of 65.6% of pregnant women with decay.

Exhibit 2.4: Results of Dental Exams: FY 2008-09

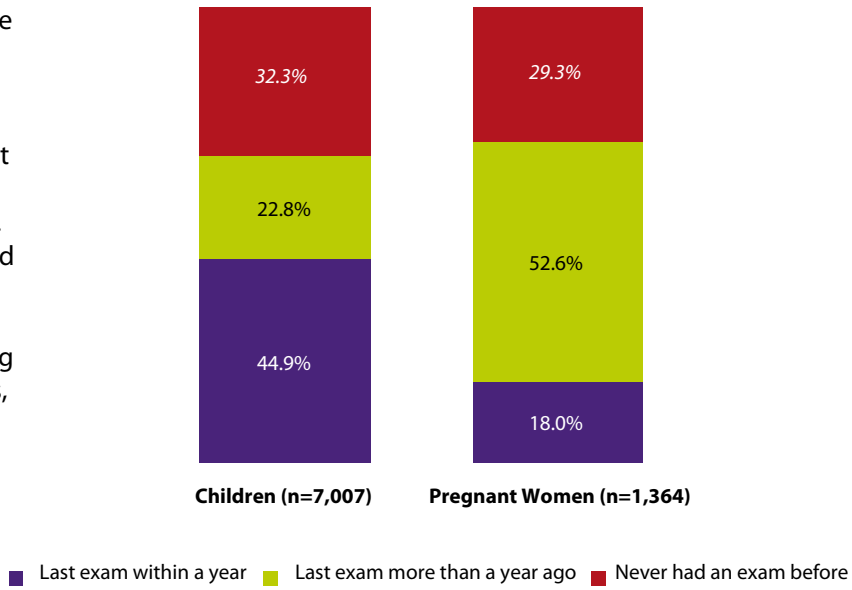


Timely Access to Dental Exams

In FY 2008-09, 44.9% of children reported having an exam within the past year, the highest rate compared to all previous years.

In FY 2008-09, over half of pregnant women (52.6%) reported their last exams being more than a year ago. Although 29.3% of women reported never having an exam in FY 2008-09, this was fairly low compared to the percentage of women reporting never having an exam in past years, which ranged from 16.5%-40.7%.

Exhibit 2.5: Time Lapse since Last Dental Exam: FY 2008-09



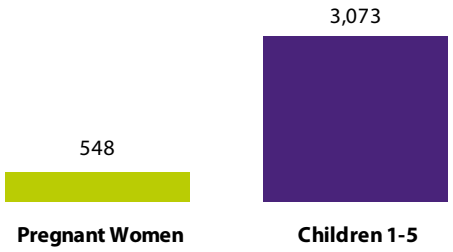
Care Coordination

During FY 2008-09, the care coordination process included assessment of clients' risk for dental disease and other oral health problems and tracking the treatment and education services they received. This was accomplished by first completing a Caries Risk Assessment (CRA) on all clients at the time of their exam and then providing care coordination for those deemed high-risk. The CRA is a national best practice that provides data on individual and family oral health habits in order to develop a targeted treatment plan to reduce dental disease. It is a two-pronged assessment comprised of a patient interview followed by a clinical exam. Since this is the first year OHI has collected data with this instrument, comparisons to outcomes in this population cannot be made.

Care Coordination for High-Risk Clients

Based on the CRA, 3,073 children ages 1-5 and 548 pregnant women were found to be high risk and received care coordination.

Exhibit 2.6: Number of Care Coordination for High-Risk Clients: FY 2008-09



Risk and Protective Factors

The implementation of the CRA allows for a more robust analysis on the oral health problems that high-risk children and pregnant women face.

High-risk children and pregnant women exhibited similar protective factors and risk indicators. The most common protective factor was the use of fluoridated toothpaste. The most common risk factors were a history of caries/decay, frequent snacks or sweetened beverages, and irregular dental care for children.

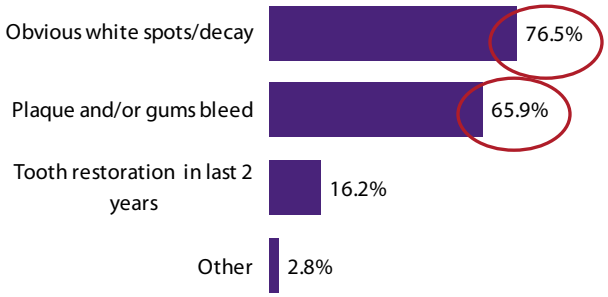
Exhibit 2.7: Most Common CRA Protective Factors and Risk Indicators: FY 2008-09

	Children (n = 1,434)		Pregnant Women (n = 297)	
Indicator/Factor	**Issue**	**Percent**	**Issue**	**Percent**
Protective Factor	Use fluoridated toothpaste	66.2%	Use fluoridated toothpaste	70.4%
Risk Indicator	Mother, caregiver, sibling(s) with decay in past 12 months	62.3%	Caries in the last 3 years	68.4%
Risk Indicator	Frequently drinks sweetened beverages or snacks (more than 3 times/day)	55.5%	Frequently drinks sweetened beverages	41.8%
Risk Indicator	Child has episodic dental care	30.7%	Frequent snacks of sweet/starches (more than 3 times/day)	39.1%

Attributes of High-Risk Children

As a result of the clinical exam, the majority of children found to be high-risk had obvious decay (76.5%) and obvious plaque and/or bleeding gums (65.9%).

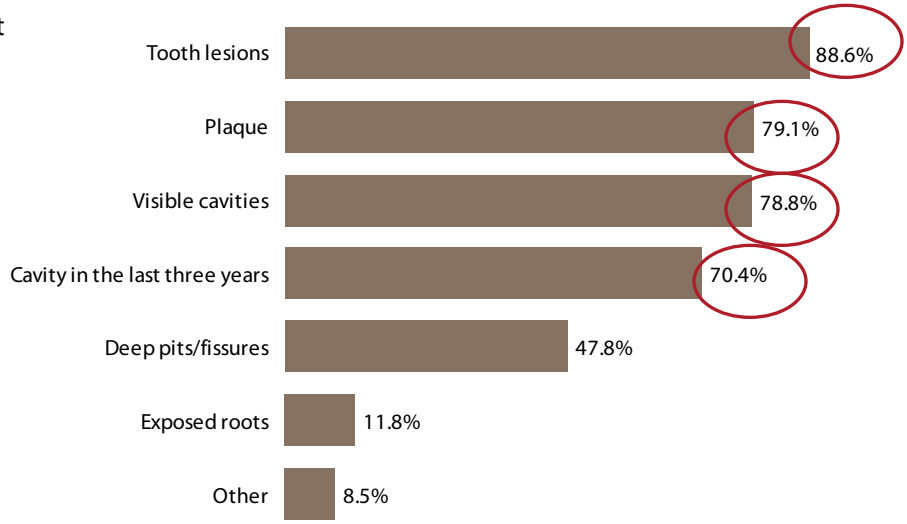
Exhibit 2.8: CRA Clinical Exam Results of High-Risk Children (n= 1434): FY 2008-09



Attributes of High-Risk Pregnant Women

Common results among pregnant women categorized as high risk from the clinical exam were tooth lesions (88.6%), plaque (79.1%), visible cavities (78.8%), and a cavity in the last three years (70.4%).

Exhibit 2.9: CRA Clinical Exam Results of High-Risk Pregnant Women (n= 297)



Prevention and Treatment Services Provided to High-Risk Clients

The majority of children and pregnant women considered to be high-risk received at least one of the following prevention and/or treatment services:

- Teeth cleaning/plaque removal
- Exam
- Fluoride varnish (children)
- Fillings (pregnant women)

Education and Assistance Topics Provided to High-Risk Clients

At least half of children and pregnant women considered to be high-risk received education and/or assistance on at least one of the following topics:

- Nutrition counseling
- Fluoride education (children)
- Oral hygiene

OHI Specialty Treatment Pool

Since its inception in 2006, the OHI specialty treatment pool has focused on treating children identified as having severe dental needs, who need oral surgery or need procedures that require anesthesia. In FY 2009-10, OHI will also initiate a treatment pool for pregnant women. Since 2006, the specialty treatment pool has:

- Expended $366,056 on specialty treatment;
- Treated 143 children;
- Conducted 3,523 procedures.

In FY 2008-09, OHI provided 36 children with 797 specialty treatment services totaling $88,583. There are currently two providers who offer treatment for children in the OHI specialty treatment pool. Similar to last fiscal year, OHI subcontractors still identified a wait list as the key barrier to treatment.

Update on Fluoridation

First 5 San Diego initiated a project to fund optimal water fluoridation in the City of San Diego. This project is currently in the design phase. Implementation of fluoridation in the City is targeted for late 2010. Once it is fully operational, it will benefit approximately 112, 210 children ages birth-5, or 41.2% of the population of San Diego County under age 6.

Capacity Building

- To better serve ethnically diverse, low-income children from infancy through age five, First 5 funded the construction of two pedodontal operatories in a local community health center.

Update on FY 2007-08 Recommendations

Last year's Recommendation	Update on Recommendation
Continue to consider a treatment pool or other funding mechanism for pregnant women.	+ The First 5 Commission allocated $800,500 for expanded oral health treatment and care coordination for children and pregnant women. + A treatment fund is scheduled to start in fall 2009 and will cover dental services for uninsured pregnant and postpartum women. The fund will also assist pregnant women on Denti-Cal needing uncovered dental services.
Expand the pool of specialty providers who contract with the treatment pool for children ages 1-5.	+ During FY 2008-09, a second contractor was added to provide specialty treatment services. + Efforts are underway to add another Specialty Treatment Pool (STP) provider in North County, but insurance requirements continue to be a barrier.
Investigate strategies to recruit and retain dentists or other dental professionals in Community Health Centers.	+ Information was provided to a vast network of dental societies and dental graduates about relevant professional development opportunities for dentists, such as the Pediatric Oral Health Access Program (POHAP), a training program that provides general dentists with the skills and comfort level to provide dental services to children ages 1-5.
Finalize the Caries Risk Assessment Tool and intensive care coordination model and provide ongoing training and technical assistance for CMEDS to maximize the capability of the database.	+ The Caries Risk Assessment Tool has been operationalized at all OHI clinic sites and is used by providers to determine those at highest risk for dental caries to enter intensive care coordination.
Continue to foster partnerships with the medical community.	+ OHI community subcontractors continue to hold oral health education and fluoride varnish trainings with medical staff in both the private and public sectors at community health clinics as well as at pediatric and prenatal clinics. + Members of the medical community (prenatal and primary care providers) also attended the 4th Annual OHI Conference. This conference expands the message of the importance of oral health among the medical community, reinforces the connection between oral health and overall health/pregnancy and healthy births, and fosters continuity of care from the medical to the dental setting/home.

Recommendations

The following recommendations are based on FY 2008-09 data and evaluation findings.

- **Standardize the way clients are identified as high-risk for care coordination at OHI clinics.** In FY 2008-09, the CRA was implemented in OHI clinics to determine a client's dental disease risk level. Dental directors and care coordinators currently use their professional judgment to categorize clients as low, medium, or high risk on an individual client basis. Standardizing the way clients' risk level is categorized will ensure that all OHI clients receive the same care. One possible method to standardize the way the CRA is implemented would be to follow the American Dental Association guidelines on evaluating clients' risk of developing dental disease.

- **Provide trainings on treating pregnant women**. Dentists at the clinics differ in opinion on the best practices for treating pregnant women. Providers should be educated on the American Dental Association best practices of maintaining good oral health throughout pregnancy to ensure overall positive health outcomes of both the expectant mothers and their babies.

- **Enhance oral health education programs and services.** Integrating education programs during the community screening process, in outreach sessions, or at schools could help bolster oral health education services and create new ways to educate and outreach to the target population.

- **Connect dental care coordinators to other First 5 programs.** OHI clients need health insurance enrollment assistance and oral health education. Clients should be referred to F5's Healthcare Access (HCA) program to address any health insurance needs. Dental staff should also collaborate with the First 5 School Readiness (SR) and Preschool For All (PFA) programs to provide oral health education or services in the school setting.

Something to Smile About

Cristina's parents had made several attempts to have her teeth checked by a dentist. However, Cristina was so terrified of medical staff that she always refused to be checked. When a nurse saw her during a visit to a Head Start program, she suspected the child had tooth decay and referred her to the Comprehensive Health Center. Again, Cristina refused to let the staff work on her, so she was referred out to a specialist for treatment under general anesthesia. According to her parents, the specialist was for children who are difficult to treat. For Cristina, it meant she was unaware that her cavities were quickly filled. For her parents, the experience was beneficial overall, although having their daughter under anesthesia was difficult.

["My daughter] is terrified of doctors…. she screams. Before they even touch her or anything, she is already screaming."

Positive aspects of the experience with the specialist included a relatively short wait time. The parents were also pleased by how helpful the staff was, particularly with giving directions. In addition, the parents appreciated the availability of translation services: "*The doctor spoke a little bit of Spanish, but I could understand him, and when I didn't understand him, his nurse assistant would interpret.*" Even though Cristina's parents found the anesthesia experience to be very upsetting for them, they understood that it was a necessary procedure that did not take long and benefited their daughter. In the father's words, *"Even with sadness in your heart it is better to say, 'I feel terrible but it's just for a day. But later I won't feel so terrible because everything will be fixed.'"*

Cristina's parents are determined to maintain good oral hygiene and do all they can for their daughter in order to prevent future cavities. This is especially important because Cristina remains scared of doctors. They have eliminated her usual chocolate milk drink because of its sugar content. They now use dental floss and follow brushing instructions given by the nurse who visited Head Start. "*She showed me how I should [brush] in a circle, how I need to brush soft, not hard. She showed me how I have to brush and wash her teeth with a little bit of toothpaste because it can be spicy hot." And to try to buy her children's toothpaste that doesn't have a lot of mint because she's little.'"*

"The nurse told me that every time she drinks juice or eats food, she should brush her teeth because that's where cavities come from"

In retrospect, Cristina's parents are extremely grateful to the nurse who visited Head Start because they had no idea where to go to help their daughter meet the dental health requirements for kindergarten: "*I am grateful to her. Because if she had not gone, and [the school] would've said, 'No, you need the papers filled out by the dentist,' where would I have gone? What would I have done? I'm like a blind person; I don't know where to go. She is the one who led me there."*

Chapter 3

Healthy Development Services

"I like the program a lot because they give lots of advice, they help the parents a lot, as well as the children."

— HDS Parent

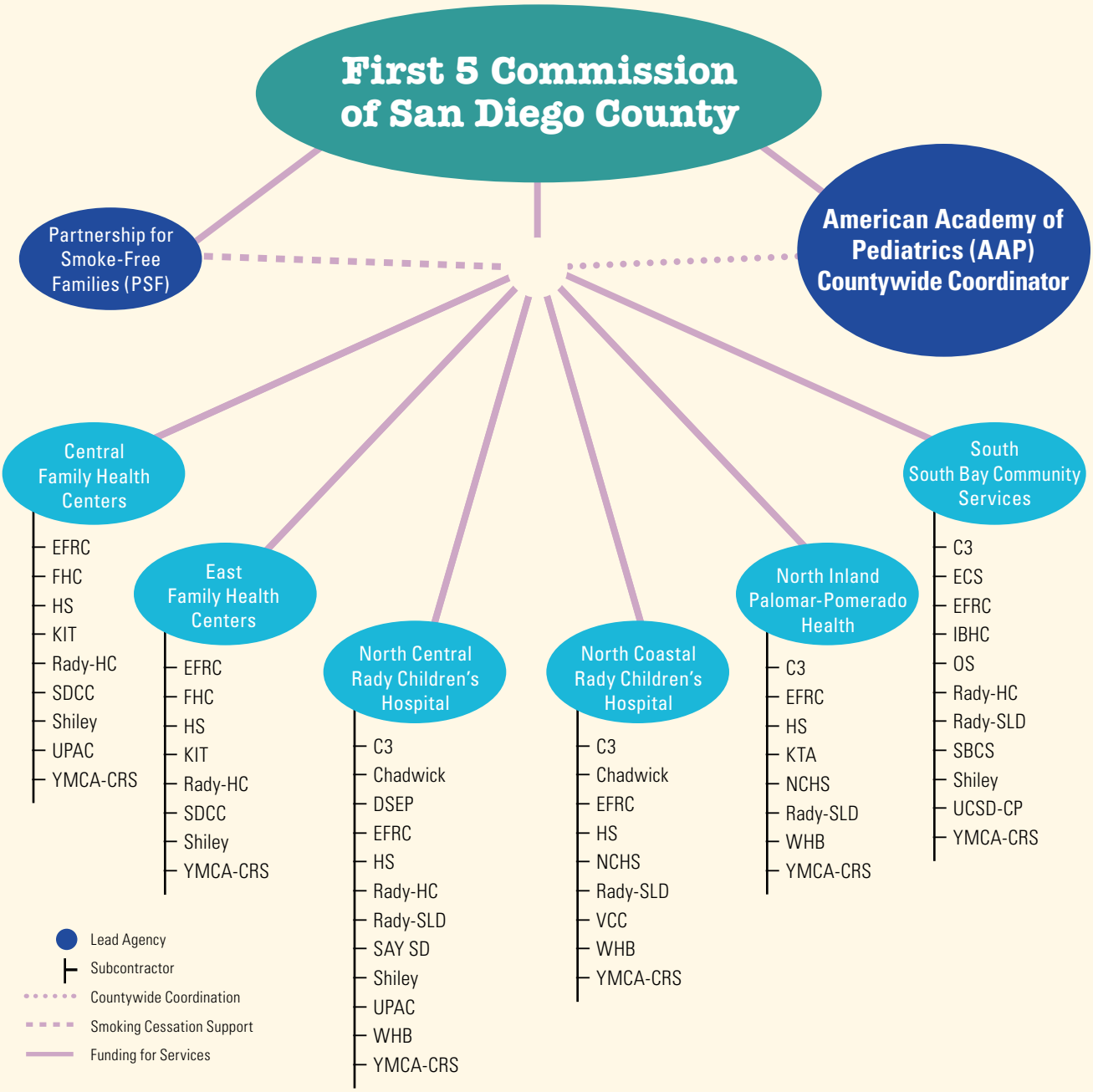
Key Results

- **Children received needed services.** Approximately 72.0% of children needing treatment received services this year.
- **Children exhibited health and developmental gains.** Across the project, over three-quarters (82.4%) of all children receiving treatment exhibited gains during FY 2008-09. Children receiving treatment for developmental, speech and behavioral issues showed improvement.
- **Children had access to and used appropriate health care resources.** Over 98% of children were insured, and approximately 96% had an appropriate medical home. Additionally, about 99% of children received an annual well child visit.
- **HDS providers continued service collaboration and coordination.** Nearly a quarter (24.9%) of children received services in more than one service area.
- **The HDS system of care approach continued to strengthen.** Regional leads and AAP continued to meet to standardize approaches to service delivery through clinical pathways, referral networks and data collection. First 5 San Diego, the Countywide Coordinator and the Commission evaluator redesigned the evaluation framework to be implemented during FY 09-10.

Summing It Up

- A conservative estimate of 32,617 unduplicated children were served through HDS in FY 2008-09, similar to last fiscal year. Children served among all service areas increased by 5.6% to 71,399, though children may have received services across multiple areas and may be duplicative.
- Developmental screenings were the most provided service with 18,908 screenings provided to 14,430 children, 5.9% more children than last fiscal year.
- There was an increase in behavioral services with 5,583 children receiving services, a 27.3% increase over last fiscal year.
- While fewer new clients were served through At-Risk Home Visiting (2,041 children), over 1,000 more home visits were conducted in FY 08-09 than last fiscal year (9,089 visits).

Healthy Development Services Initiative *



** Includes First 5 San Diego funded Lead Agencies and Partners.*

C3=Children's Care Connection
Chadwick=Chadwick Center for Children and Families
DSEP=Developmental Screening and Enhancement Program
ECS=Episcopal Community Services
EFRC=Exceptional Family Resource Center
FHC=Family Health Centers of San Diego
HS=Home Start, Inc.
IBHC=Imperial Beach Health Clinic
KIT=Kids Included Together, Inc.
KTA=Kids Therapy Associates, Inc.
NCHS=North County Health Services
OS=Operation Samahan Clinic
Rady-HC=Rady Children's Hospital Home Care
Rady-SLD=Rady Children's Hospital Speech and Language Department
SAY SD=Social Advocates for Youth San Diego
SBCS=South Bay Community Services
SDCC=San Diego Center for Children
Shiley=UCSD Shiley Eyemobile
UCSD CP=UCSD Community Pediatrics
UPAC=Union of Pan-Asian Communities
VCC=Vista Community Clinic
WHB=Welcome Home Baby
YMCA-CRS=YMCA Childcare Resource Service

Introduction

"I would take him a lot to the [HDS] classes, and it helped him a lot to share with the kids… He was a very quiet child that did not talk very much… now he does socialize more with other kids."

- HDS Parent

Early identification of a developmental or physical delay is critical to ensuring children enter school ready to learn. According to the Centers for Disease Control and Prevention, 17% of children ages 0-17 have developmental or behavioral disabilities, and more have delays in language or other areas. Yet, less than 50% of these children are identified as having a delay prior to entering school, by which time the delay may become more significant and opportunities for treatment are missed.[1] Furthermore, there may be significant costs ($30,000 to $100,000 per child) resulting from the failure to identify and address developmental problems in the early years of a child's life.[2] Much of this cost is ultimately born by the education system when children with preventable delays enter school.

In response to this need, the First 5 Commission of San Diego County funded the Healthy Development Services Initiative (HDS) in January 2006. The Initiative's primary goal is the early identification and treatment of health problems and developmental delays that can negatively affect a child's ability to learn. The initiative follows the research recommendations of developing systems that reduce gaps and improve the coordination of early childhood services.[3] First 5 San Diego allocated $11,869,600 to the HDS project for FY 2008-09. In FY 2008-09, HDS continued to provide services to tens of thousands of children throughout San Diego County, as well as strengthen system-level efforts to improve the delivery of those services and create a more responsive and more effective system of care.

Key Elements

HDS is a comprehensive system with four key goals:

- Promoting early identification of needs by increasing access to screening, assessment, and treatment for cognitive, behavioral, and developmental delays.
- Ensuring children receiving health and developmental services are showing appropriate gains.
- Providing all first time parents with a free newborn home visit and providing at-risk families with ongoing in-home support services.
- Empowering parents to acquire the knowledge and skills necessary to support and/or improve their children's health and development.

[1] U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities. Accessed 28 September 2007. <http://www.cdc.gov/ncbddd/child/devtool.htm>

[2] Halfon, N., Uyeda, K., Inkelas, M., Rice, T. "Building Bridges: A Comprehensive System for Healthy Development and School Readiness." National Center for Infant and Early Childhood Health Policy, 2004.

[3] Ibid.

The HDS Initiative has a number of key elements:

- **Systems Change:** HDS aims to transform the system of care for health and developmental services for young children by creating a more coordinated and comprehensive system built upon existing networks, resources, and services.
- **Regional Service Networks (RSNs):** In each of San Diego County's six Health and Human Services Agency (HHSA) regions, a lead agency and its funded partners form a coordinated service network aimed at improving coordination of referrals and services, reducing service duplication and filling service gaps.
- **Countywide Support and Capacity Building:** The American Academy of Pediatrics (AAP), California Chapter 3, is contracted to oversee and coordinate HDS' countywide implementation. AAP identifies screening protocols and clinical pathways, develops referral guidelines, organizes uniform and standardized reporting, shares best practices, and designs quality improvement resources and support. Additionally, AAP coordinates needed training, develops and utilizes an advisory committee, creates linkages with key health care and community-based organizations, and promotes fiscal leveraging.

HDS is a service continuum starting with 1) the parents' ability to support their child's development, 2) early identification of developmental delays, and 3) early intervention. For each of these components, each RSN provides care coordination (i.e., case management) as well as the following health and developmental services to children ages 0-5 years and their families:

1) Parents' ability to support their child's development:

- *Newborn Medical Home Visits (NMHV)* for all first time parents that include screening and referrals for health and developmental needs, as well as referrals to ancillary services for the family and children.
- *At-Risk Home Visitation (ARHV)* or ongoing home visiting for families considered "at-risk" that includes support and case management to meet a variety of family needs.
- *Tobacco use screening and cessation referral services* for pregnant women and new parents to reduce children's exposure to tobacco in the home.

2) Early Identification of developmental delays

- *Screening services* for children in the areas of development, hearing and vision.
- *Parent Support and Empowerment (PS&E)* services that assist parents of young children to navigate the system of care and to gain the knowledge and skills needed to promote their child's development.

3) Early Intervention

- *Assessment and treatment* for children in the areas of vision, hearing, development, speech and language, and behavioral services.
- *Health and Behavioral Consultation* services for licensed and license-exempt early care and education providers and the families they serve.

Summing it Up

"I'm very grateful to have this [HDS] support network to use…It only makes things easier."

- HDS Parent

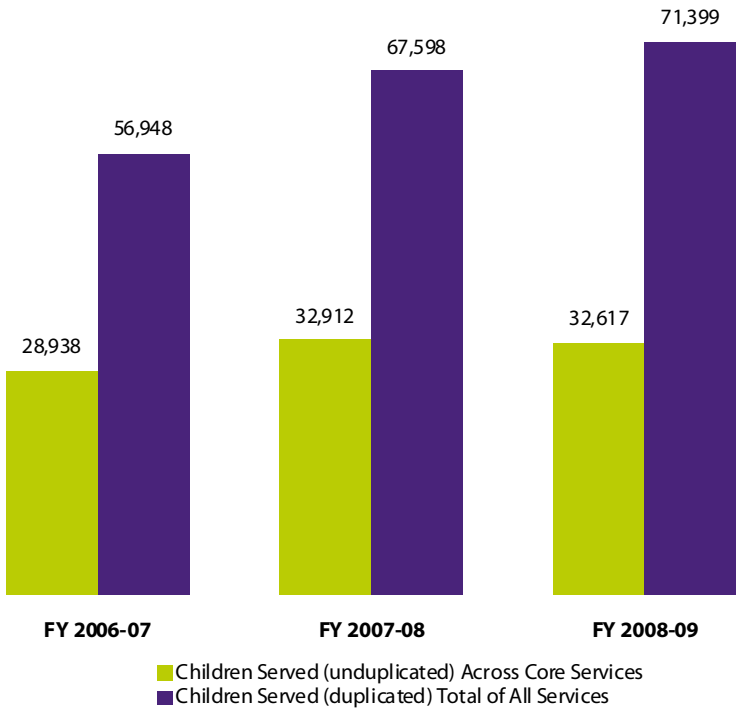
FY 2008-09 marks the third full year of the HDS project. This section includes an overall picture of children served. Additional detail of children and families served by each core service area is presented in the following section.

Total Children Served

Each funded service area independently collects the number of children served. Therefore, it is difficult to determine an exact count of unduplicated children served across all service areas as children may receive services from more than one service area and provider. The data below provides information about the total number of children served as well as an estimated unduplicated count for the initiative.

- 71,399 children ages 0-5 were served by HDS during FY 2008-09. This is an aggregate count of children served across all service areas (Exhibit 3.1).
- 32,617 unduplicated children received HDS services. This is a conservative estimate based on a total of children accessing "gateway" services.[4]

Exhibit 3.1 Total New Children Served



[4] This is calculated by totaling the unduplicated children from four "gateway" HDS services: NMHV, Developmental screening, Vision screening and PS&E. In FY 09-10, the CMEDS data system will be able to provide a true unduplicated count.

Making a Difference

"He is doing much better. He's doing stuff he never did for me… because he loves the Occupational Therapy."

- HDS Parent

HDS is a service continuum starting with 1) the parents' ability to support their child's development, 2) early identification of developmental delays, and 3) early intervention. This section presents key process data and core outcomes associated with each component.[5]

Parent Support of Child Development

Key to this project is assisting parents who often lack the knowledge and resources needed to navigate complex health and social services systems or who may not feel empowered to advocate for their children.

- The number of children served through Newborn Medical Home Visitation (NMHV), a gateway service into the HDS system, decreased in FY 2008-09.
- At initial contact, families are identified as "at risk" for family stress or a possible child developmental delay and receive At-Risk Home Visitation (ARHV). In FY 2008-09, the number of children served through ARHV decreased.

Exhibit 3.2 Total New Children Served by Service Category*

Service Area	FY 2006-07	FY 2007-08	FY 2008-09	Percent change from FY 2007-08 to FY 2008-09
Newborn Medical Home Visitation	6,396	8,331	7,860	-5.7%
At-Risk Home Visitation	3,187	2,157	2,041	-5.4%

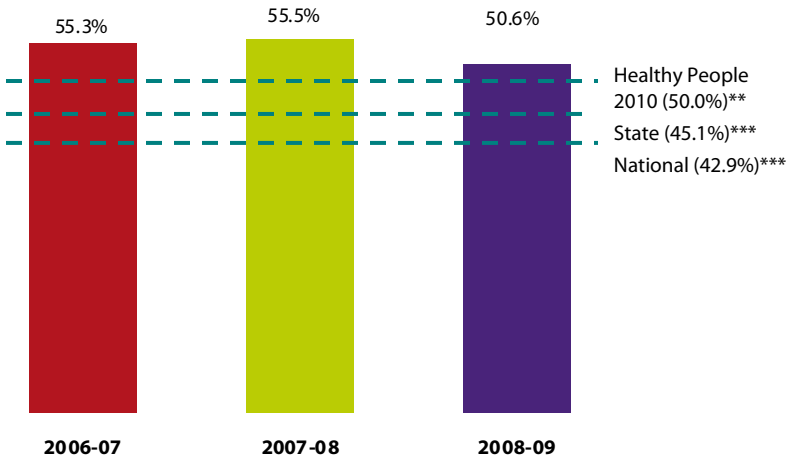
**These numbers include new clients to the HDS projects during the designated fiscal year, and thus may not reflect all clients served in the fiscal year (i.e., continuing clients who began services in a previous year). This methodology will be changed for FY 09-10. See the HDS Data Compendium for additional data notations.*

[5] When possible, graphs and tables show data across all three fiscal years of HDS: FY 2006-07, FY 2007-08 and FY 2008-09. However, FY 2006-07 included an implementation phase of HDS, which resulted in fewer clients served compared to FY 2007-08 and FY 2008-09. Also, some data collection methods, such as measuring Child Development Gains (Exhibit 3.13) changed in FY 2008-09, therefore previous years data were omitted. Additional outcomes and system-level evaluation outcomes can be found in the HDS section of the Data Compendium.

Breastfeeding at 6 Months

Research has shown that breastfeeding provides nutritional, health, immunological, developmental and psychological benefits for infants and children.[6,7] In FY 2008-09, there were slightly fewer children served by NMHV who were breastfeeding at 6 months of age when compared to FY 2007-08 (50.6% vs. 55.5%). The rate of breastfeeding continued to be higher than state and national rates and exceeded the Healthy People 2010 goal.

Exhibit 3.3 Breastfeeding rates at 6 months of age*

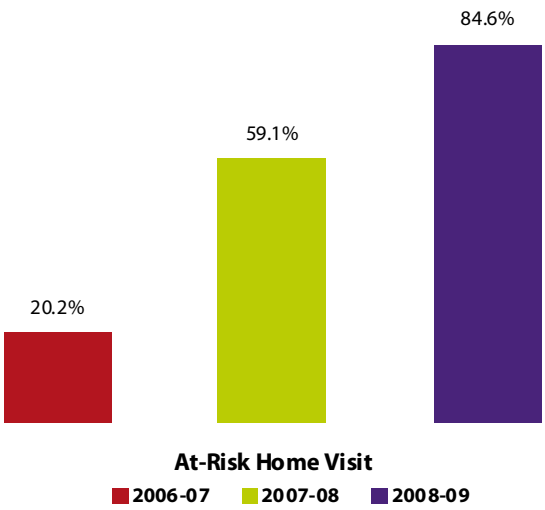


**Valid percents (pending, unknown or missing responses were not included)*
***Source: Office of Disease Prevention and Health Promotion, "Maternal, Infant and Child Health." Healthy People 2010: Volume II. Washington DC: U.S. Department of Health and Human Services, 2000. Accessed 5 September 2007. <www.healthypeople.gov>*
****Centers for Disease Control and Prevention. National Immunization Survey. 2005. Accessed 22 October 2009. <www.cdc.gov/nis>*

Parent Knowledge and Skill Increase – At-Risk Home Visiting

It is imperative for parents to learn about their child's health and developmental needs as well as to navigate a complex healthcare system. This is particularly important for families with identified risk factors. Based on a survey parents completed before and after receiving services, the FY 08-09 results show an increase in the percentage of parents with increased knowledge over FY 07-08.

Exhibit 3.4 Parent increases in knowledge - ARHV*

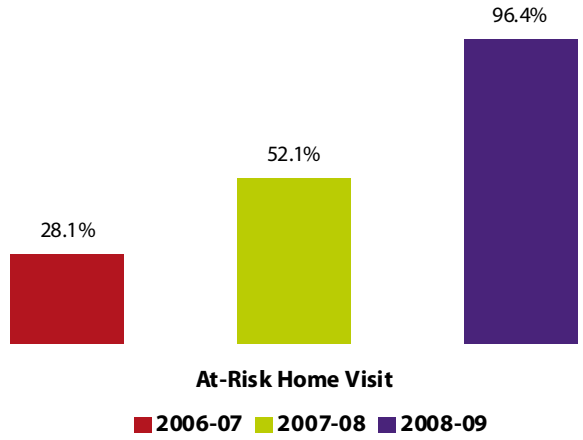


**Valid percents (pending, unknown or missing responses were not included)*

[6] Bright Futures Children's Health Charter. "Nutrition Issues and Concerns." Bright Futures in Practice: Nutrition. Washington, DC: Georgetown University, 2002.
[7] American Academy of Pediatrics Work Group on Breastfeeding. "Breastfeeding and the Use of Human Milk." Pediatrics, 100 (1997): 1035-39.

Similarly, families must learn skills to promote their children's health and development. In ARHV, there were a higher percentage of parents reporting increased skills. This increase was the largest in At-Risk Home Visiting (96.4% in FY 08-09, compared to 52.1% in FY 07-08).

Exhibit 3.5 Parent increases in skills- ARHV*



**Valid percents (pending, unknown or missing responses were not included)*

Children and Families Use of Health Resources

Key to all parents' ability to support their child's development is a clear understanding and appropriate use of health resources. HDS home visiting services collect four elements of children's access and use of health care: 1) health insurance; 2) a primary medical provider/medical home; 3) an annual well child preventive exam; and 4) up-to-date immunizations. These data were collected by all home visitors at baseline (entry into services) and again at follow-up (i.e., at 6 months of child's age for NMHV; at case closure for ARHV).

- HDS children's health insurance rates were higher at follow-up, yet behind the Healthy People 2010 goal of 100%.
- Medical home rates among children tracked during FY 08-09 continued to be high (96.3%-100%), near or above the Healthy People 2010 goal.
- In FY 08-09, the rate of up-to-date immunizations at baseline was just at or slightly below the Healthy People 2010 goal of 90.0% for both NMHV and ARHV. At follow-up, however, the rates for both NMHV and ARHV exceeded the Healthy People goal: 98.1% and 99.1%, respectively.

Exhibit 3.6 Use of Health Resources by Families Served through Newborn and At-Risk Home Visiting*

Health Resources	Service Area	FY 2008-09		Healthy People 2010 Goal**	Percent difference from Follow-Up to HP 2010 Goal
		Baseline	Follow-Up		
Children with Health Insurance	NMHV	93.0%	98.3%	100.0%	-1.7%
	ARHV	86.0%	98.2%		-1.8%
Children with a Medical Home	NMHV	99.7%	96.3%	97.0%	-0.7%
	ARHV	99.7%	100.0%		+3.0%
Children with Up-to-Date Immunization Status	NMHV	90.6%	98.1%	90.0%	+8.1%
	ARHV	88.1%	99.1%		+9.1%

**Valid percents (pending, unknown or missing responses were not included)*
***Source: Office of Disease Prevention and Health Promotion, "Maternal, Infant and Child Health." Healthy People 2010: Volume II. Washington DC: U.S. Department of Health and Human Services, 2000. Accessed 5 September 2007. <www.healthypeople.gov>*

Tobacco Use Screening and Treatment Referral Services

Smoking during pregnancy can seriously slow fetal growth and nearly doubles a woman's risk of having a baby with low birth weight.[8] Additionally, the Surgeon General has stressed that secondhand smoke causes premature death and disease in children including asthma and other respiratory diseases.[9] As a separate but integral part of HDS, the Partnership for Smoke-Free Families (PSF) is a nationally recognized, countywide, tobacco control program operated through Rady Children's Hospital and partially funded through First 5 San Diego. As part of HDS, PSF trains clinicians and providers to identify and treat tobacco use among pregnant women and families with young children through evidence-based practices.

- PSF trained providers conducted 25,515 tobacco screenings during FY 08-09, 36.0% of which were conducted through NMHV and ARHV services.
- Though the number of screenings and the rate of smoking were about the same as the previous year, the rate of smoking was higher in ARHV than the previous year, suggesting a higher need among families served in this category.

Exhibit 3.7 Tobacco Screenings

	FY 06-07	FY 07-08			FY 08-09		
	Number of Screenings	Number of Screenings	Number of Smokers	% of Smokers Based on Screening	Number of Screenings	Number of Smokers	% of Smokers Based on Screening
Prenatal	6,033	12,953	499	3.9%	12,505	383	3.1%
Newborn Medical Home Visit	2,418	8,553	560*	6.6%	7,516	528*	7.0%
At-Risk Home Visit		1,394	129*	9.3%	1,682	222*	13.2%
Pediatric	1,917	2,539	212	8.4%	3,812	161	4.2%
Total	**10,368**	**25,439**	**1,400**	**5.5%**	**25,515**	**1,294**	**5.1%**

**Number of households*

[8] March of Dimes. Smoking During Pregnancy Fact Sheet. Accessed 22 October 2009. <www.marchofdimes.com>

[9] U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Children and Secondhand Smoke Exposure. 2007. Accessed 30 September 2008. <http://www.surgeongeneral.gov/library/smokeexposure/report/fullreport.pdf>

Early Identification of Developmental Delays

Early identification and treatment of delays or concerns in children's development, speech and language, and behavior is critical for children's later success in school and life. Parents often need assistance in order to access available resources, as well as to foster the skills needed to support and advocate for their children.

- The number of children receiving developmental screenings has increased steadily since FY 2006-07.
- The number of children receiving hearing and vision screenings has decreased somewhat each year.

Exhibit 3.8 Total New Children Served by Service Category*

Service Area	FY 2006-07	FY 2007-08	FY 2008-09	Percent change from FY 2007-08 to FY 2008-09
Developmental Screening	11,622	13,624	14,430	+5.9%
Hearing Screening	8,952	8,639	8,270	-4.3%
Vision Screening	8,921	8,590	8,319	-3.2%
Parent Support and Empowerment	1,999	2,367	2,008	-15.2%

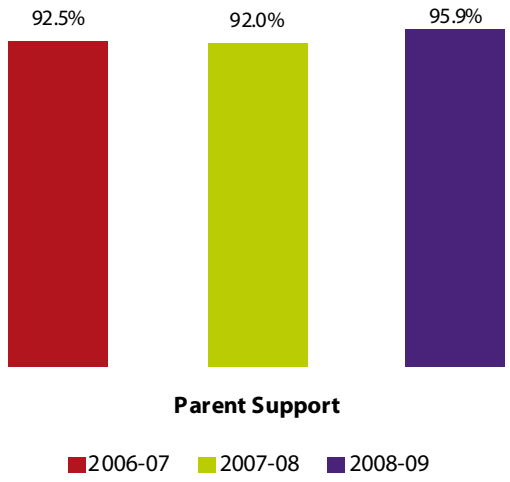
**These numbers include new clients to the HDS projects during the designated fiscal year, and thus may not reflect all clients served in the fiscal year (i.e., continuing clients who began services in a previous year). This methodology will be changed for FY 09-10. See the HDS Data Compendium for additional data notations.*

Parent Knowledge and Skill Increase – Parent Support & Empowerment

Parent support and empowerment providers seek to educate parents about child development, available resources, and the skills needed to support their children.

Almost all (95.9%) parents receiving Parent Support and Empowerment reported increases in knowledge from pre to post.

Exhibit 3.9 Parent increases in knowledge - Parent Support*

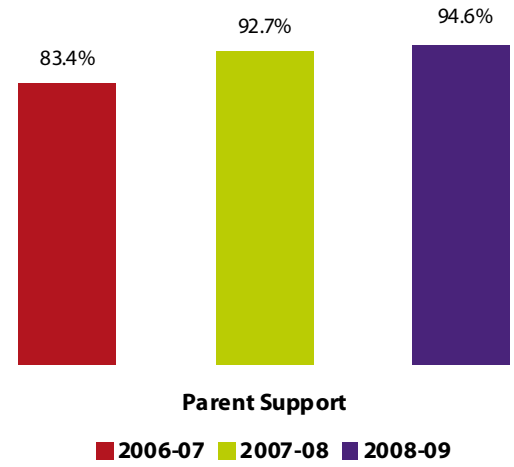


**Valid percents (pending, unknown or missing responses were not included)*

While knowledge acquisition is a critical first step, increase in a parent's skills is the ultimate goal of parent education and support.

The majority of parents receiving Parent Support and Empowerment services (94.6%) reported an increase in skills from pre to post.

Exhibit 3.10 Parent increases in skills - Parent Support*



**Valid percents (pending, unknown or missing responses were not included)*

Early Intervention and Treatment

Early intervention is critical to ensuring children enter school ready to learn. HDS provides intervention services for families, including developmental, speech and behavioral treatment. Parent support is also provided to parents of children with identified delays.

- The number of children receiving developmental assessment and treatment has increased steadily since FY 2006-07, increasing over 20% in FY 2008-09.
- Speech and language services have also increased over the years, up to 13,927 in FY 2008-09.
- There was a marked increase in behavioral service provision, up 27.3% since FY 2007-08.
- There was a 30.5% decrease in behavioral consultation services in FY 2008-09; these are services delivered primarily to early learning professionals in the community.

Exhibit 3.11 Total New Children Served by Service Category*

Service Area	FY 2006-07	FY 2007-08	FY 2008-09	Percent change from FY 2007-08 to FY 2008-09
Developmental Assessment/Treatment	5,801	6,605	7,934	+20.1%
Speech and Language Services	8,771	11,423	13,927	+21.9%
Behavioral Services	1,209	4,384	5,583	+27.3%
Behavioral Consultation	90	1,478	1,027	-30.5%

**These numbers include new clients to the HDS projects during the designated fiscal year, and thus may not reflect all clients served in the fiscal year (i.e., continuing clients who began services in a previous year). This methodology will be changed for FY 09-10. See the HDS Data Compendium for additional data notations.*

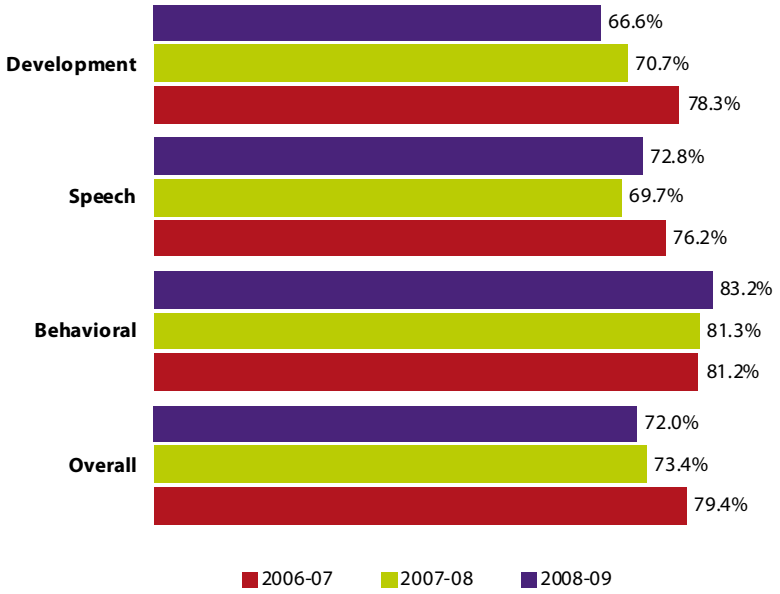
Treatment Services Based on Need

Since HDS is designed as a system of care, a critical measurement of the system's success is the entry into needed treatment services.

Across all service areas, the percent of children identified with a need, who received the necessary treatment in FY 08-09 was similar to that of FY 07-08. There were increases in the areas of Speech and Behavioral. This could be due to multiple factors including the First 5 media campaign as well as FY 07-08 carryover funds used to increase provider capacity to provide treatment, track families, and assist them with accessing services.

Overall, 28% of children identified as needing treatment did not receive it. Within that group, the most common reasons for not receiving treatment included: family could not be reached (57.5%) or family declined treatment (35.2%).

Exhibit 3.12 Children receiving treatment based on need by service*



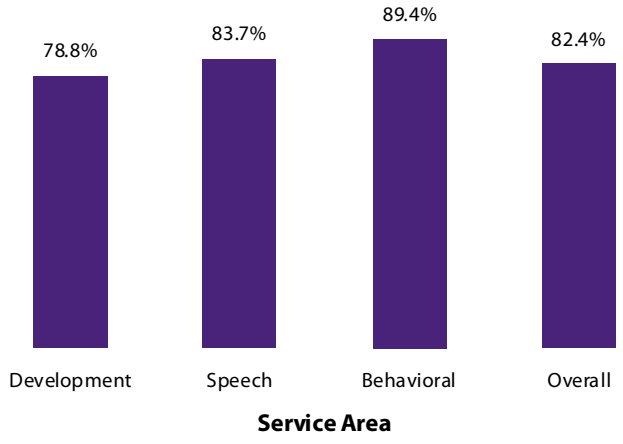
**Valid percents (pending, unknown or missing responses were not included)*

Child Developmental Gains

Each program measured child gains as appropriate to their treatment methodology, and the aggregate results are shown in Exhibit 3.13 for each service area.[10]

Overall, 82.4% of children showed a gain after receiving treatment services during FY 08-09. The majority (75.0%) of those not yet showing gains continued in treatment. It is expected that children will not show immediate gains because the complex nature of some developmental delays requires longer term treatment.

Exhibit 3.13 Child gains due to HDS treatment by service FY 2008-09*



**Valid percents (pending, unknown or missing responses were not included)*

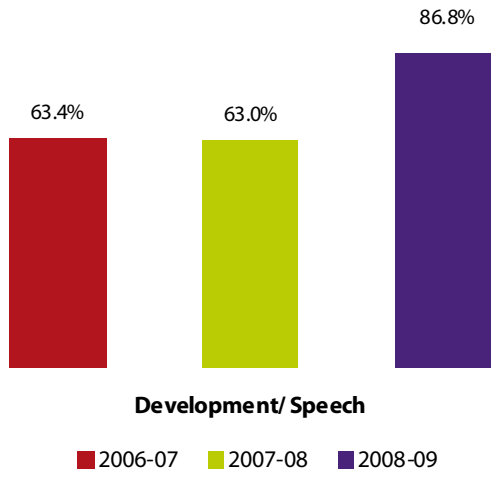
[10] Children are assessed for gains in the context of their treatment methodology, so the assessment varies by program. Efforts to standardize methods of measuring gains continued in FY 08-09 and will be further defined in FY 09-10.

Parent Knowledge and Skill Increase – Development/Speech and Behavioral

Exhibit 3.14 Parent increases in knowledge - Development/Speech*

Parents with children in need of developmental/speech intervention participated in parent classes aimed at increasing their abilities to support their child's development.[11]

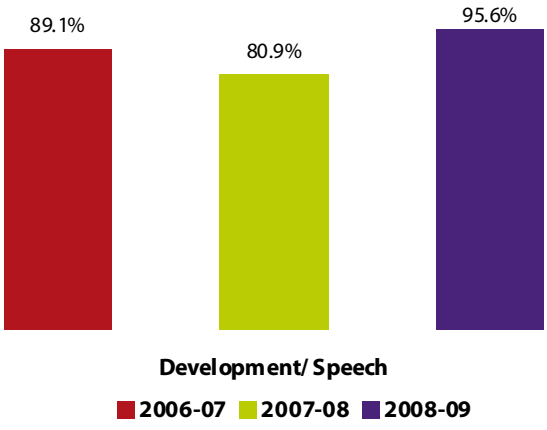
There was an increase (from 63.0% in FY 2007-08 to 86.8% in FY 2008-09) in the percent of parents enrolled in development/speech classes who reported an increase in knowledge from pre to post.



Valid percents (pending, unknown or missing responses were not included)

Exhibit 3.15 Parent increases in skills - Development/Speech*

There was an increase (from 80.9% in FY 2007-08 to 95.6% in FY 2008-09) in parents reporting an increase in skills regarding development/skills from pre to post.[12]



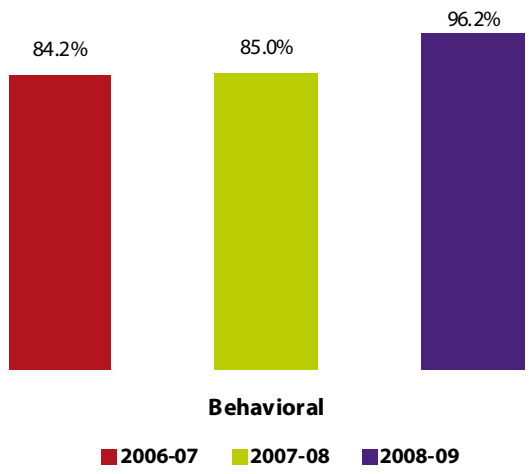
Valid percents (pending, unknown or missing responses were not included)

[11] Just as many children receiving developmental services also received speech services. These data for parent knowledge and skills were combined.
[12] Ibid.

Similar to parents of children with developmental/speech needs, parents of children with behavioral needs also participated in parent classes and services.

There was an increase in the percentage of parents enrolled in behavioral classes reporting an increase in behavioral knowledge from pre to post (from 85.0% in FY 2007-08 to 96.2% in FY 2008-09).

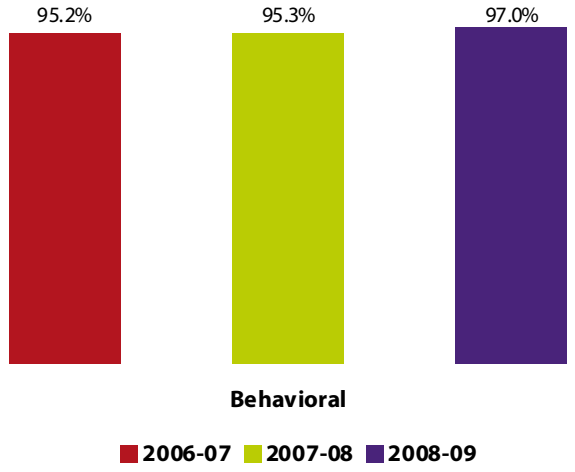
Exhibit 3.16 Parent increases in knowledge - Behavioral*



**Valid percents (pending, unknown or missing responses were not included)*

Almost all (97.0%) parents reported an increase in skills associated with their child's behavior from pre to post.

Exhibit 3.17 Parent increases in skills - Behavioral*

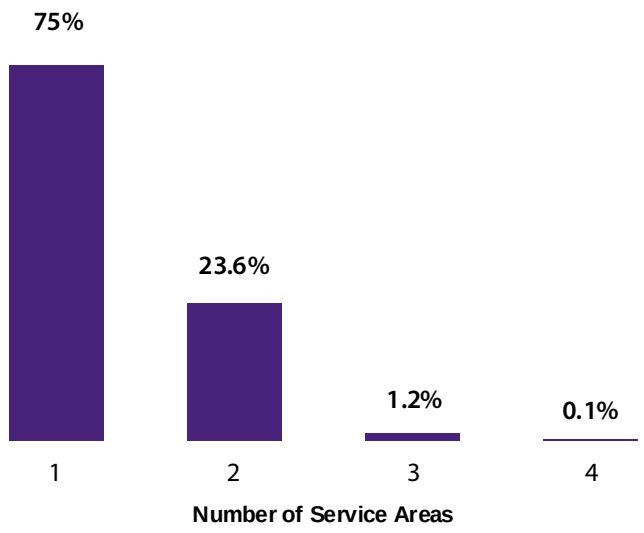


**Valid percents (pending, unknown or missing responses were not included)*

Successful Referrals and Services in Multiple Areas

A key goal of the HDS service network is to enhance the coordination of providers and services delivered by providers, who are serving young children and their families. About one quarter (24.9%) of clients received more than one type of service. On average, each client received services in 1.3 service areas.[13] These data point to continued efforts to provide appropriate and comprehensive services for children and their families.[14]

Exhibit 3.18 Clients Receiving Services in One or More HDS Core Service Areas in FY 2008-09* (n=21,386)



**Valid percents (pending, unknown or missing responses were not included)*

Families may face challenges in accessing services when young children are identified with developmental needs. A parent may not be ready to acknowledge a child has a developmental need. Some parents may hope their child's developmental need will disappear as they age. Overall, 75.1% of children referred by HDS for services initiated those services. Of the remaining 24.9% who did not initiate services: 51.2% were lost to follow-up (e.g., families moved, have disconnected phones, do not return repeated phone attempts), 25.9% declined services and 22.0% were on a waitlist. Additional funding for care coordination and case management added for FY 2009-10 is expected to increase the number of clients initiating needed services.

[13] This data could be underreported, as HDS contractors utilized varied data collection methods to track referrals and services between contractors. Also, FY 08-09 was the first year of implementation of the First 5 San Diego data system CMEDS for HDS, possibly contributing to underreporting.

[14] For more information on referrals, please see the HDS Data Compendium.

Update on FY 2007-08 Recommendations

Last year's Recommendation	Update to Recommendation
Expand capacity to support prompt, professional treatment	+ As services grow, so does the need for professional-level staff to provide developmental, speech and behavioral treatment. Mid-year of FY 2008-09, the Commission provided additional funding to expand behavioral treatment. The availability of additional treatment services should help reduce wait time for children, especially when funds are fully realized in FY 2009-10.
Play a leadership role in increasing the numbers of early childhood development professionals in the San Diego area.	+ As the countywide coordinator of HDS, AAP continued to provide trainings to professionals working in early childhood development. In FY2007-08, this included a conference on Reflective Practice as well as trainings for Public Health Nurses and pediatricians to use the ASQ developmental screening tool. AAP also spoke to providers and universities on the importance of early childhood development and to encourage student and professionals to expand their practice into the field. + Partial scholarships were also provided to local Master's level behavioral professionals to specialize in early childhood mental health.
Address the need for case management	+ Additional First 5 San Diego funding during the fiscal year resulted in the hiring of regional care coordinators to help families in navigating HDS and other systems of care, reduce the number of families lost to follow-up, and reduce wait times in being connected to services.
Strengthen the HDS platform	+ AAP and the regional leads led efforts to better standardize service delivery and measurement of outcomes. Expanded care coordination also improved the ability to refer children across systems (i.e., to the Regional Center, school districts). HDS is now integrating with Commission-funded projects for the child welfare population and groundwork has been laid to coordinate with the upcoming KidSTART project.
Strengthen focus on accountability and sustainability	+ With the implementation of a system-level database, more robust data are available that better target HDS program goals. + Contractors have continued efforts to secure additional funding from state and federal funding streams, as well as private foundations and corporate donors.
Continue to examine opportunities for standardization	+ In FY 2008-09, HDS contractors worked to create clinical pathways for core service areas, strengthened the evaluation, and laid the groundwork for more standardization of practices, which are being implemented FY 2009-10.

Recommendations

FY 2009-10 will be the final year of the current HDS contracts. Solicitations for new contracts will occur in FY 2009-10. The following recommendations for FY 2009-10 are intended to address programmatic trends and should also be considered in the development of the new HDS contracts.

- **Develop strategies to increase the rate of initiated services:** Approximately 75% of families of children identified as needing developmental services initiated services. This is an achievement considering some parents find it difficult to accept a diagnosis of developmental delay for their child and many families served by HDS face barriers to receiving services. Yet 12.8 % of families whose children are identified as needing services were not able to be reached through follow-up and 6.5% of families declined services. With a new emphasis and funding focused on care coordination, there is an expanded capacity within HDS to follow-up with clients over time. This presents new opportunities to focus on informing families about the importance of accessing these services and more capacity to perform personal follow-up with parents and caregivers.

- **Use systems to examine waitlists and time elapsed to service delivery:** As the network of providers performing screenings expands (health, early care and education, and community based organizations) there will be an increase in the number of children identified as having delays who can benefit from HDS services. The new HDS contract cycle includes more standardized data collection which offers new opportunities to more precisely track and study service demand and wait time to initiate services. This can maximize the number of children and families receiving appropriate and timely intervention.

- **Standardize, strengthen, and implement program models and measurement tools:** Currently, HDS providers utilize different treatment designs and corresponding outcome measurement tools, making it challenging to assess the impact of the project on the countywide level. This is particularly true in assessing parent and child gains, both critical outcomes of HDS. The HDS initiative would benefit from increased standardization of program models and more robust measurement tools for each service area, as needed, across the county.

- **Implement the revised evaluation framework:** A revised evaluation framework was developed in FY 08-09 through a collaborative process of HDS partners. Implementation of this framework will better measure HDS efforts and accomplishments.

Supporting A First-Time Mother

When Janet gave birth to her daughter, hospital staff asked if she would like to be visited at home by a nurse. She agreed and during the home visit, the nurse checked the baby's weight, gave the mother some tips on nursing, and referred her to Ann from the Military Cluster Family Healthy Start program. The very next day, Ann called Janet and regular home visits began twice a month.

"I love having the activities that she shows us. I went and bought a book so we could go and play that game. So, basically I've taken the games that she showed me and I've recreated them at home."

Throughout the course of the Healthy Start services, Janet expressed great satisfaction. She felt the home visits were very valuable and a "great resource," particularly because she was a first-time mother, her husband was in the military, and she had no family living nearby. Janet found Ann to always be helpful, attentive and resourceful. During the initial visits, Janet received information and handouts about expected developmental gains. When needed, she referred Janet to community activities such as an infant CPR class. As the baby grew, Ann showed Janet activities she could do with the baby: playing with bright toys, looking at books, hiding objects, etc. Gradually, Janet started replicating the activities taught by Ann. She even purchased some of the same items Ann brought during the home visits such as a metal bowl (to make noise), hand mirrors, and books.

Jane appreciated that Ann shared her findings on the baby's progress against developmental milestones and encouraged her to be honest when answering questions. Meanwhile, the baby made steady progress and was "ahead of her milestones." Janet attributes this, in part, to the activities learned through Ann: "*I mean, I would have played with her, but maybe I wouldn't have played with her in these specific ways that are educating her in time.*"

"She has information for me or she has websites for me. Whenever I need anything, I can find it and get it."

The visits helped Janet relax as a parent. Initially, she had been anxious about her baby's progress and spent a lot of time researching on the internet. Thanks to Ann, she feels less worried. *"I feel more relaxed. Not as stressed about everything. I think part of it too is that it's nice to be able to know that Ann is coming every two weeks, and I can always ask her certain things."* Janet keeps all the handouts she received in a folder and refers to them often.

Janet feels fortunate to have been part of the program and wonders why some of her friends and relatives don't participate. She wishes for more new mothers to have access to Healthy Start, so that they can learn to interact with their babies early on: *"I know a lot of young people having babies, and it was sad to see their babies sitting in their seats the whole time with a pacifier in their mouths. And I think some of it is [lack of] education, not just me being an educated person, but also education on what to do. How do we get those parents involved or is it not offered to them? It has to be [offered] because it's available to everybody."*

Initially Janet's husband was reluctant to receiving services but after he got to know Ann he was very supportive and even joined a father's support group.

Chapter 4

Preschool for All Demonstration Project

"[A] reward is having the opportunity to partner up with PFA and being part of something that could be history in the making."

— PFA Director

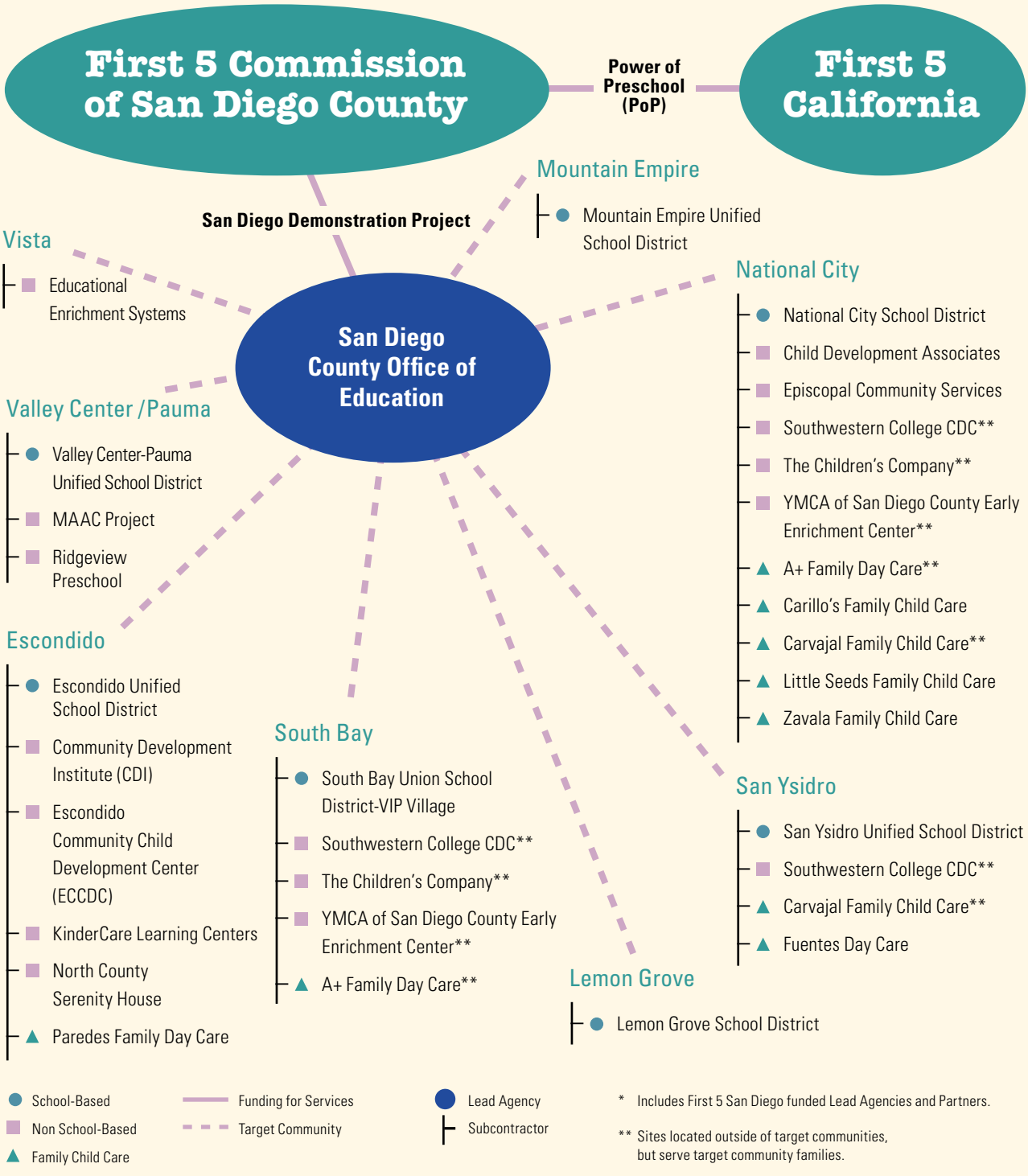
Key Results

- **Improvement in classroom quality.** For sessions participating in San Diego County Preschool for All (SDCPFA) Demonstation Project for more than one year, quality has increased overall. For those sessions that began the SDCPFA program below tier level 3 (quality level), approximately 80.0% increased in tier level since the first year of participation.
- **Improved child development.** Children showed improvement or mastery of every developmental domain. *Motor skills* was the area in which the most children were mastered, while most children showed improvement in *Learning*.
- **Improved workforce quality.** This year, more teachers were educated at or above the bachelor's level compared to last year. 34.7% of lead teachers had their bachelors's degree compared to 33.8% in Year 1 and 29.0% in Year 2. 3.1% of lead teachers had a master's degree compared to 1.5% last year. 97 of nearly 1,100 teachers have advanced their permit since the onset of PFA. The teacher stipend program encourages advanced education and permits.
- **Improved early identification of children with special needs.** Approximately 18.0% of the children screened for developmental delays were identified as having a special need, and approximately 15.0% of all children received services (either for a developmetal or other type of need).

Summing It Up

- SDCPFA provided 213 preschool sessions throughout eight target communities. Across the County, 3,413 children were provided a quality preschool experience through SDCPFA. Actual enrollment was 132.7% of the target enrollment for Year 3, exceeding even Year 5 targets.
- A total of 3,163 preschool slots were funded (671 new fully funded slots, enhanced services to 2,435 existing preschool and 57 slots were pre-entry).
- 78.3% of children enrolled in PFA were screened for developmental delays, a slight increase from last year, and 15.2% of children were referred for services.

Preschool for All Demonstration Project Structure*



Introduction

"My child is excited to learn every day."

- SDCPFA Parent

Research shows that children who participate in high quality pre-kindergarten programs are less likely to repeat a grade, require fewer special education services, and are more likely to graduate from high school and attend college.[1] To improve access to quality early education opportunities for San Diego's young children, First 5 San Diego launched the San Diego County Preschool for All (SDCPFA) Demonstration Project in 2005. SDCPFA currently funds 26 agencies with preschool sites in eight priority communities throughout San Diego County. The Commission dedicated $30,000,000 to fund a five-year SDCPFA Demonstration Project, including $6,030,000 in FY 2008-09.

Key Elements

SDCPFA's target is to successfully enroll and serve 70% of four-year-olds located in all target communities by FY 2010-11. First 5 San Diego contracted with the San Diego County Office of Education (SDCOE) to coordinate the project and they, in turn, contract with school-based, non-school-based (i.e., for-profit, private non-profit, faith-based, and Head Start), and family child care providers to provide quality preschool in each community. Key elements of the project include:

- **Classroom Quality:** Each session (or classroom) is assigned a tier level based on its external review scores and teacher education level.
- **Parent Engagement:** Providers offer opportunities and support for families to be involved in their children's education to maximize each child's development and learning experiences.
- **Screening and Inclusion:** Providers offer universal screening and identification of developmental delays, as well as ensure that services are provided for children with special needs.
- **Professional Development**: Education and training are offered to teachers and administrators to develop a qualified workforce and to meet the needs of the children who are English learners.
- **Collaboration with the Community:** To better serve families, providers build relationships with other agencies in San Diego County, referring families to these agencies as needed.

[1] Lynch, Robert. Enriching Children, Enriching the Nation: Public Investment in High-Quality Prekindergarten. UEconomic Policy Institute, 2007. Accessed 31 August 2007 <http://www.epi.org/content.cfm/book_enriching>

Summing It Up

"[PFA Partnerships] strengthened our commitment to inclusion; it's one of the best things that happened this year."

- PFA Director

FY 2008-09 marks the third year of the SDCPFA initiative. This section includes key process data including the number of agencies, sessions, and slots by preschool setting. Note that a slot is a funded space that may serve more than one child throughout the year.

- **Children:** The number of children enrolled in SDCPFA increased by 58.5% from last fiscal year. Enrollment was 132.7% of the target enrollment for Year 3, exceeding the target enrollment for Year 5.
- **Agencies and sessions:** The number of agencies increased by 62.5% from last fiscal year. Non school-based agencies were the most common type (46.2%) and the majority of sessions (55.4%) were also located in non school-based settings.
- **Slots**: The number of slots increased by 46.7% from last fiscal year. The majority of slots (56.2%) were located at school-based sites. Most slots were enhanced (meaning that PFA funding was used to increase the quality of existing slots) and there was a drop in pre-entry slots because there were fewer pre-entry sessions.

Exhibit 4.1 PFA Number of Agencies, Sessions and Children

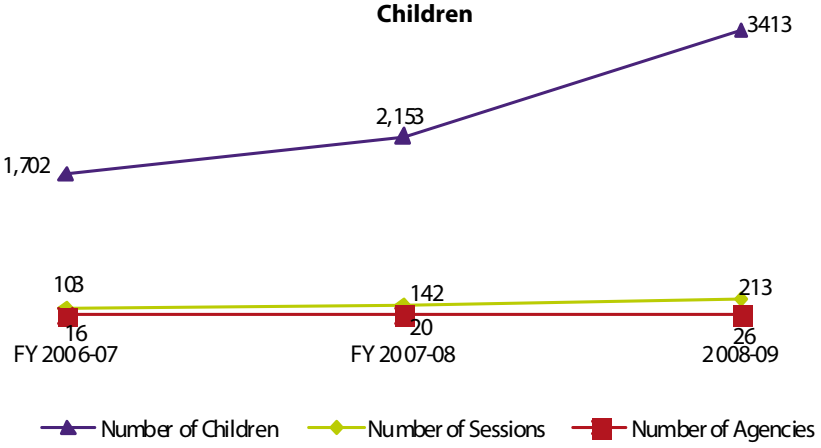
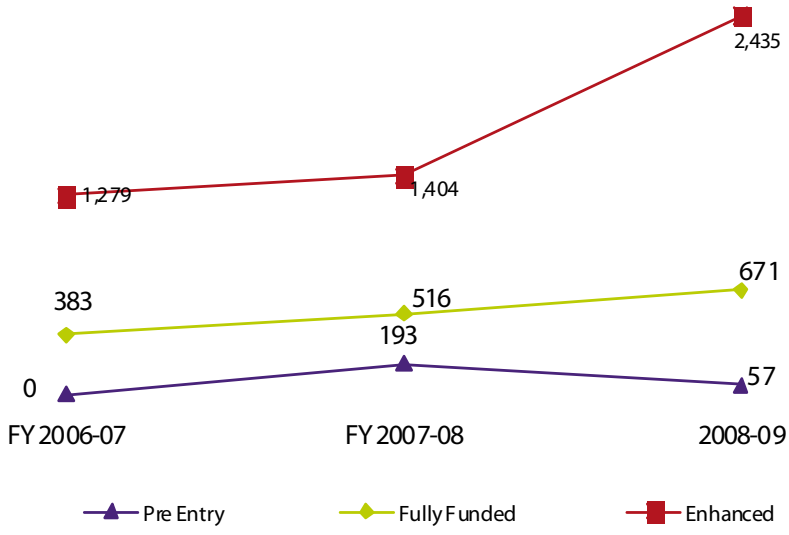


Exhibit 4.2 PFA Number of Funded Slots



Making a Difference

"Communication is a very powerful key, and [the program] communicates with me about my child everyday. I am very grateful for that."

-SDCPFA Parent

PFA outcomes were measured for the classroom, children, parents, and teachers. The following section presents findings related to each of these domains.

Classroom Quality

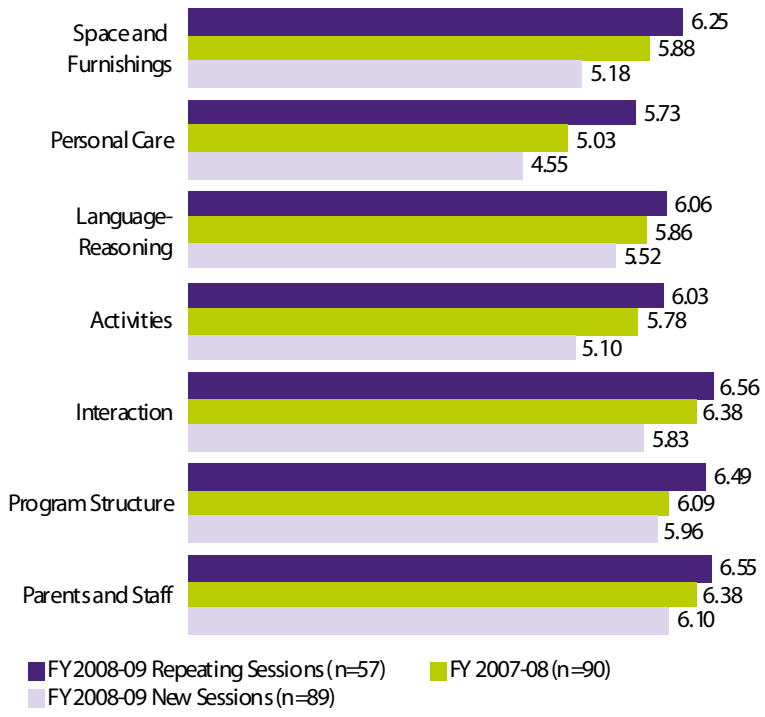
PFA uses three tools to evaluate SDCPFA preschool classroom quality depending on the setting and tier level: 1) the Early Childhood Environment Rating Scale- Revised (ECERS-R), 2) the Family Child Care Environment Rating Scale-Revised (FCCERS-R), and 3) the Classroom Assessment Scoring System (CLASS). Each session is assigned a tier level based on classroom quality and the teacher's education. From lowest to highest, these tiers are Pre-Entry (Tier 0), Entry (Tier 1), Advancing (Tier 2), and Quality (Tier 3).

Classroom Quality Scores

Quality Scores: Pre-Entry, Tier 1, Tier 2

For repeating sessions (sessions participating in Year 2 and Year 3, ECERS-R scores were higher than the scores for new sessions. Additionally, repeating sessions increased in every category compared to last fiscal year, while new sessions generally scored lower. This is a reflection of the fact that SDCPFA is focused on increased funding for classroom quality improvements.

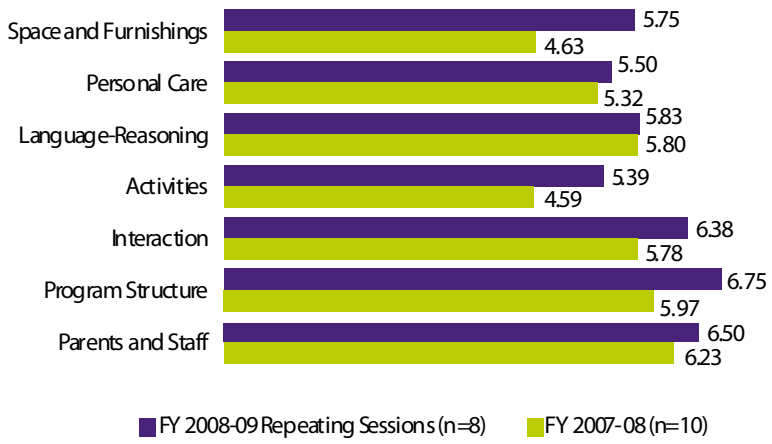
Exhibit 4.3 Mean ECERS-R Scores (range is 1 as low to 7 as high)



Quality Scores: Pre-Entry, Tier 1, Tier 2

For repeating sessions (sessions participating in Year 2 and Year 3, FCCERS-R scores were higher than the scores for new sessions. Additionally, repeating sessions increased in every category compared to last fiscal year, while new sessions generally scored lower. This is a reflection of the fact that SDCPFA is focused on increased funding for classroom quality improvements.

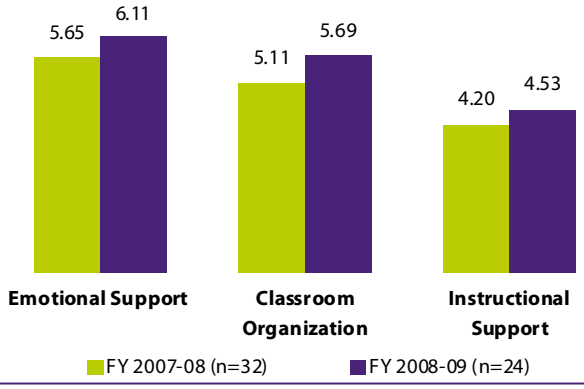
Exhibit 4.4 Mean FCCERS-R Scores (range is 1 as low to 7 as high)



Top Tier Quality Scores

The CLASS is administered every two years to sessions at the Tier 3 level, thus the sessions reviewed in Year 2 and Year 3 were not the same. However, quality scores increased this fiscal year for each domain, indicating overall improvement. *Emotional Support,* which measures the teacher's ability to support children's social and emotional functioning, was the highest scoring area.

Exhibit 4.5 Mean CLASS Scores (range is 1 as low and 7 as high)

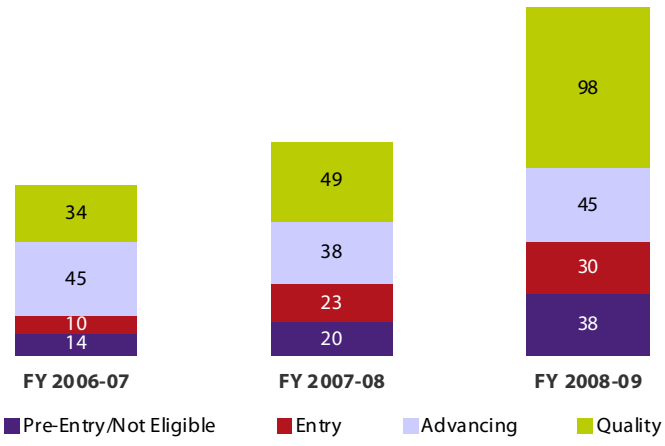


Quality Improvements

Classrooms at Each Quality Tier Level

This fiscal year, there was an overall increase in the number of sessions, with the greatest increases in the number of tier 3 (quality) level and pre-entry level sessions. In all three years, the majority of sessions reviewed were rated at either the tier 2 (advancing) or tier 3 (quality) level.

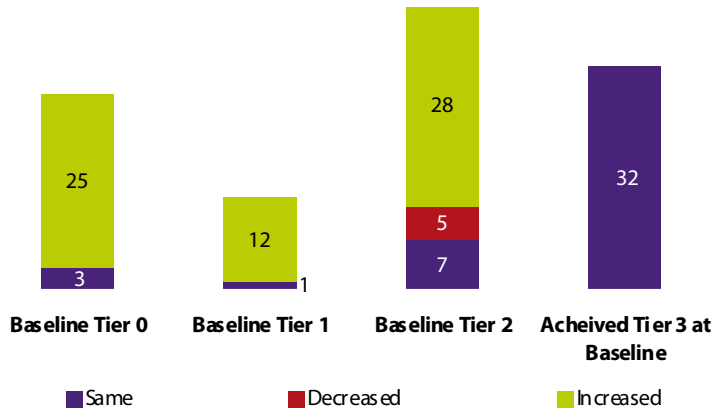
Exhibit 4.6 Number of Sessions at Each Tier Level by Year



Tier Progression

Of the 113 sessions that have participated in PFA for more than one year, 32 achieved tier level 3 at baseline. Most of the sessions entered SDCPFA at tier level 2. The majority of sessions increased in tier level, while only 5 sessions decreased. Professional development efforts are being implemented to address the issues that contributed to the decreased tier levels.

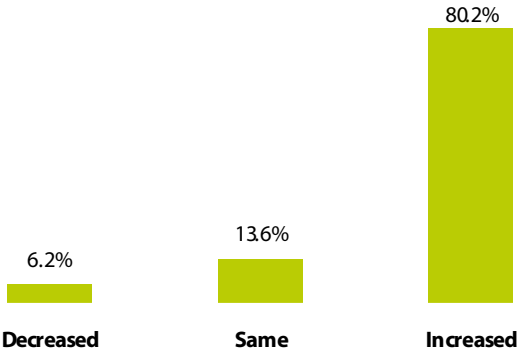
Exhibit 4.7 Tier Change from Baseline (first year of participation) to Year 3 (n=113)



Tier Growth

About 80% of sessions that had room for improvement increased in tier level, while 13.6% remained at the same tier level. This indicates that SDCPFA is improving the overall quality of preschool sessions.

Exhibit 4.8 Tier Growth from Baseline (first year of participation) to Year 3 (n=81)



Developmental Gains for Children

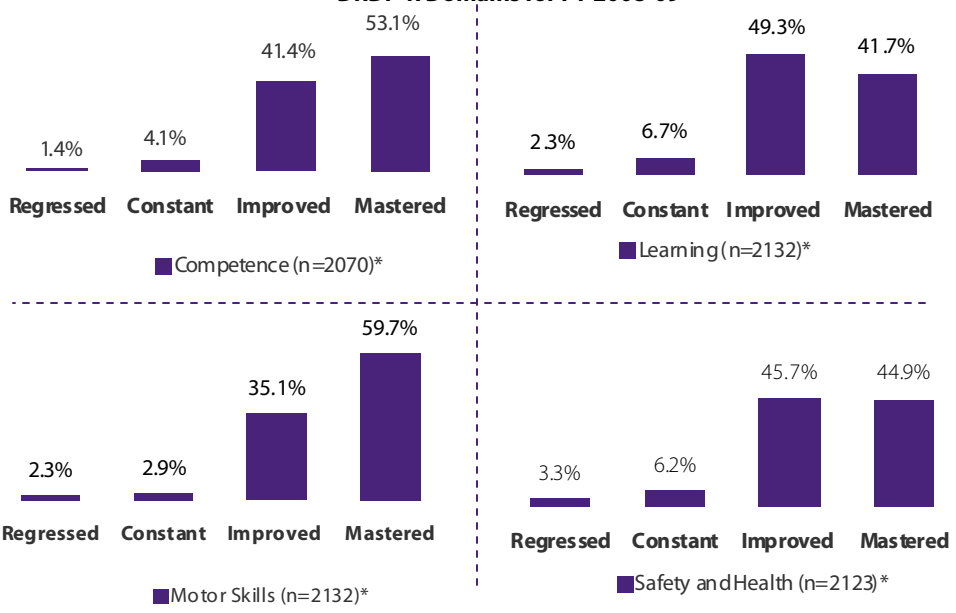
Classroom-based child outcomes are measured through the Desired Results Developmental Profile-Revised (DRDP-R). Teachers assess children's competencies in four domains: competency, learning, motor skills and safety and health. Exhibit 4.9 shows the developmental progress of children from fall to spring as follows:

- **Regressed**: children whose scores started high in fall but ended low in spring.
- **Constant:** children whose scores started low in fall and ended low in spring.
- **Improved**: children whose scores started low in fall but increased to high in spring.
- **Mastered**: children whose scores started high in fall and ended high in spring.

Children's Developmental Progress from Fall to Spring

Overall, most children 's skills were rated as either "improved" from fall to spring or as "mastered" in each of the four DRDP-R domains. *Motor skills* were most often rated as "mastered," while the greatest gains were in the *Learning* domain. The changes in all domains from fall to spring were statistically significant.

Exhibit 4.9 Children's Progress from Fall to Spring in Four Key DRDP-R Domains for FY 2008-09



**Statistically significant at p<0.001*

Additional Services (Screenings, Inclusion, and Referrals)

Early identification and intervention for developmental delays is a key goal of all First 5 San Diego projects, as this can dramatically improve a child's health and learning, as well as social and emotional development.[2]

Identifying Developmental Delays

Children Receiving Screenings

Overall, the percentage of children receiving a developmental screening increased each fiscal year. This year, 78.3% of children received a primary screening and 94.2% of children who required the secondary screen received it. Compared to other providers, school-based agencies provided secondary screenings to a smaller percentage of children.

Note: All children should receive primary screenings. Secondary screenings are provided if indicated (with the exception of two non school-based programs, which provided secondary screenings for all children).

Exhibit 4.10 Developmental Screenings

	Children Served	Primary Screening	Secondary Screening*
School-Based	1,879	78.4%	45.3%
Non School-Based	1,469	78.1%	98.2%
Family Child Care	65	78.5%	100.0%
Total FY 2008-09	**3,413**	**78.3%**	**94.2%**
Total FY 2007-08	**2,153**	**75.4%**	**74.5%**
Total FY 2006-07	**1,702**	**15.9%**	**23.3%**

**This is the percent of children receiving a secondary screening when a secondary screening was indicated.*

[2] The American Academy of Pediatrics recommends developmental screenings for children at 9, 18, 24 or 30 months; prior to entry in preschool or kindergarten; and whenever a parent or provider concern is expressed. See Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening PEDIATRICS Vol. 118 No. 1 July 2006, pp. 405-420.

Children with Individualized Education Plans (IEP) and Special Needs

National statistics show that 8%-17% of children ages 0-17 have special needs, which is consistent with the percentage of SDCPFA children identified with special needs (17.6%). Of the children with special needs, some have disabilities that legally qualify them for school services, which are documented in an Individual Education Plan (IEP). SDCPFA served a larger percentage of children with IEPs in FY 2008-09 compared to previous years. Both these findings suggest that SDCPFA is more successful in supporting the inclusion of all children.

Exhibit 4.11 Percent of Children with IEPs and Special Needs*

	Children Served	IEPs		Special Needs	
		Upon Enrollment	At End of Year	Upon Enrollment	At End of Year
School-Based	1,879	4.4%	8.1%	5.4%	19.8%
Non School-Based	1,469	7.6%	12.3%	7.8%	14.6%
Family Child Care	65	20.9%	23.1%	20.0%	23.1%
Total FY 2008-09	**3,413**	**6.1%**	**10.2%**	**6.7%**	**17.6%**
Total FY 2007-08	**2,153**	**4.4%**	**5.0%**	**NA****	**NA****
Total FY 2006-07	**1,702**	**4.0%**	**8.5%**	**NA****	**NA****

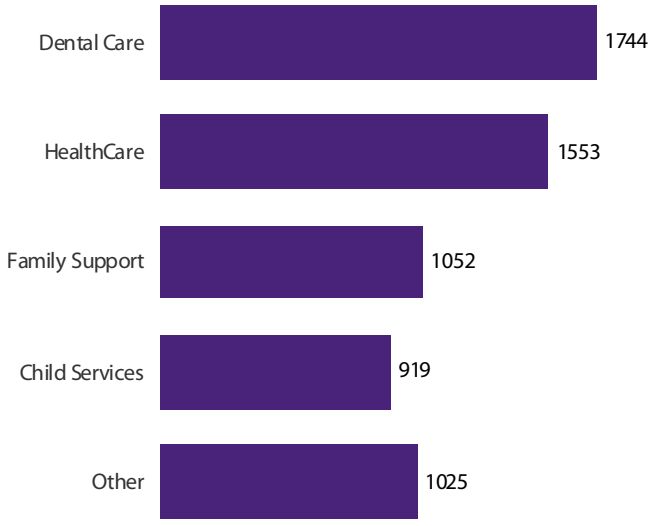
**Special needs is defined by First 5 as children with identified disability, health, or mental health conditions requiring early intervention, special education services, or other specialized services and supports; or children without identified conditions, but requiring specialized services, supports, or monitoring.*

***Data is not available for previous fiscal years.*

Referring Children and Families for Services

Overall, 519 children (15.2%) were referred for 6,293 services (an increase from 10.9% of children last year). Dental care referrals were the most common, followed by healthcare, family support (including parenting, job training, employment), and child services (including daycare, education, and early intervention). Some of these referrals were recommended by the SDCPFA inclusion specialist and were a direct result of screenings, while other referrals were based on observations by teachers and other agency staff.

Exhibit 4.12 Number of Referrals by Type



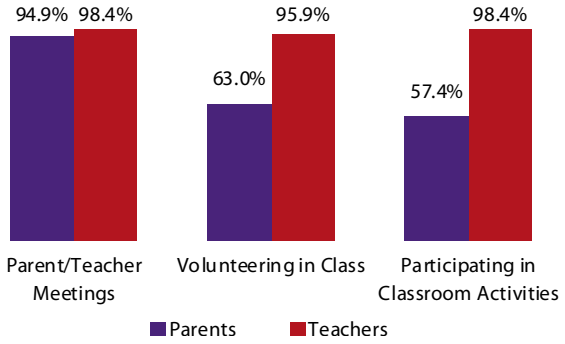
Parent Involvement, Education, and Satisfaction

This section focuses on the parent education offered to parents and their subsequent development as well as parental satisfaction with their PFA funded program.

Parent Involvement

As in past fiscal years, almost all teachers offered parents opportunities to become involved, however less than three-quarters of parents volunteered in the classroom or participated in classroom activities. This is consistent for all agency types. Parent involvement may have been negatively affected for various reasons: many parents work during the day or have other children to care for. Additionally, some sites require tuberculosis testing and fingerprinting requirements, which parents often have to pay for.

Exhibit 4.13 Percent of Parents Engaging in Parent Involvement Activities and Percent of Teachers Offering Activities



Categories are not mutually exclusive.
Valid n for parents is 1,628. Valid n for teachers ranges from 123 – 127.

Parent Education

Providers offered an estimated 330 classes for parents this year. Classes covered a variety of topics including child development, nutrition, stress management, and ESL classes.

Similar to previous fiscal years, parents reported high levels of knowledge, confidence, ability, and behavior before PFA participation, thus increases were small but statistically significant.

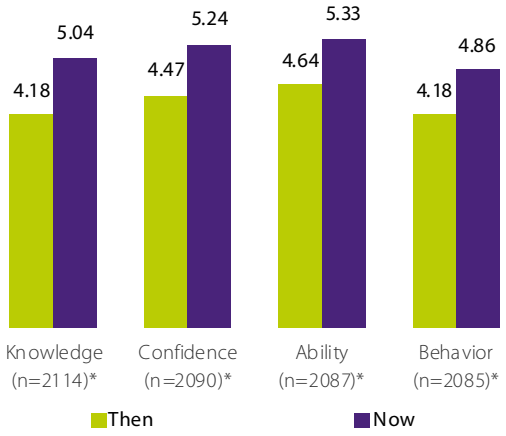
Note: This survey is administered retrospectively. After completing the PFA program, parents report how they rated on various items "then" (before participation) and "now" (after participation).

Exhibit 4.14 Percent of Parents Attending Classes and Number of Classes Offered by Site Type

	Children Served	Number of Classes Offered	Parents Attending Classes *	
			%	Number
School-Based	1,879	176	44.7%	323
Non School-Based	1,469	136	49.4%	433
Family Child Care	65	18	70.6%	36
Total FY 2008-09	**3,413**	**330**	**48.0%**	**792**

** The percentage and unduplicated number from the First 5 Parenting Survey.*

Exhibit 4.15 Mean Parent Development Scores (range is 0 as low and 6 as high) from "Then" (Before PFA) to "Now" (After PFA) for FY 2008-09

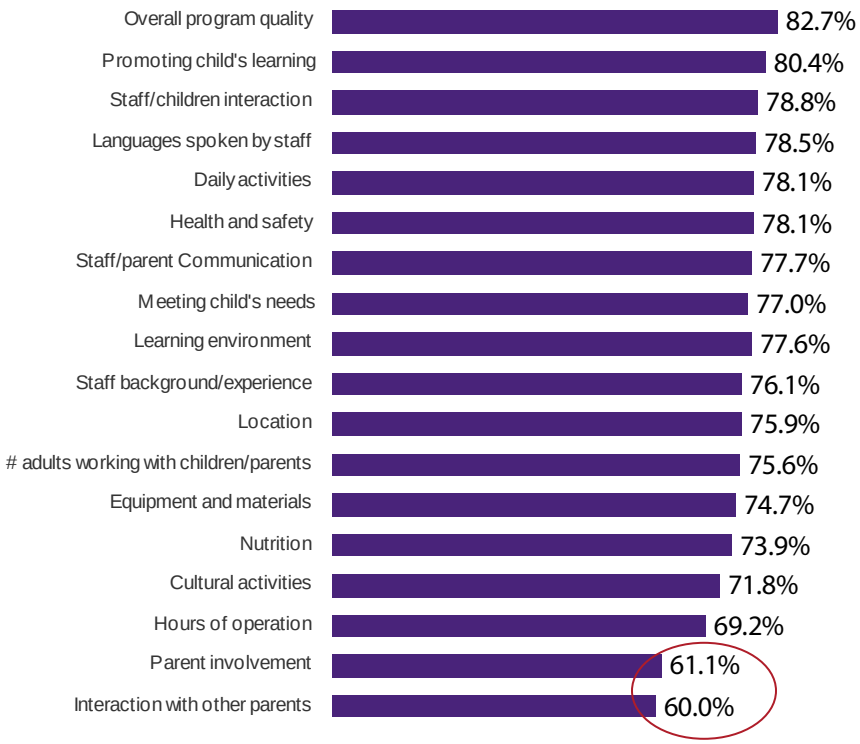


**Statistically significant at p<0.01 with alpha set at 0.05 and 0.0125 (Bonferroni's Correction).*

Parent Satisfaction with PFA Agencies

The areas of greatest and least satisfaction are shown here. Parent satisfaction was high, with the majority of parents (60.0% or higher) being "very satisfied" with all items. It is notable that the five areas of greatest and least satisfaction were generally the same in Year 1, Year 2, and Year 3. As noted in Exhibit 4.16, parent involvement in classroom activities was low, and it is one of the areas of least satisfaction. This may be an area in need of improvement for providers.

Exhibit 4.16 Percent of Parents "Very Satisfied" FY 2008-09



Workforce Education and Professional Development

Workforce with Degrees and Permits

Workforce education level is a core component of SDCPFA quality. From last fiscal year to this fiscal year, there were slight increases in the percent of staff with bachelor's and master's degrees. Since FY 2007-08, 40 staff members have earned degrees; 5% earned degrees this fiscal year, while last year 4% earned degrees. In addition, 97 members of the workforce have advanced their permit since the onset of SDCPFA, 9.3% advanced their degrees this fiscal year and 14.7% last fiscal year. The stipend program encourages staff to advance their education and permit level.

Exhibit 4.17 Number of Workforce with Degrees

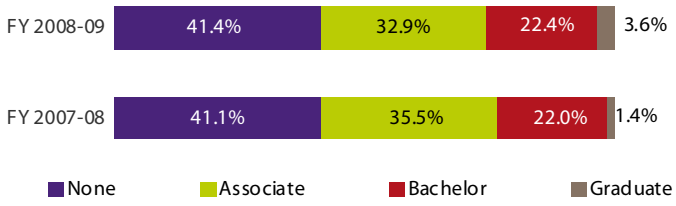
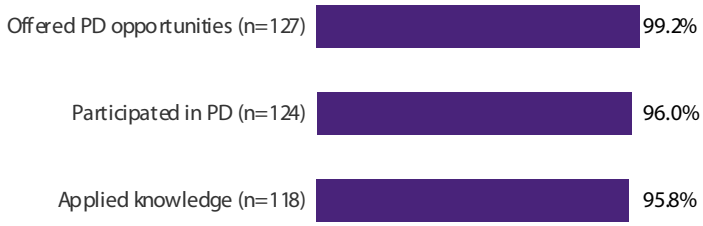


Exhibit 4.18 Number of Degrees Earned in FY 2007-09

Teacher's Professional Development Participation

SDCPFA, as well SDCPFA providers, offered teachers a variety of professional development opportunities. This fiscal year, 99.2% of teachers reported being offered professional development opportunities, and over 95% of teachers participated in the opportunities and applied the knowledge in their classrooms. Professional development coaching was one of the opportunities offered to all agencies. Coaching included group workshops and individualized coaching for teachers. Many directors believed that this coaching played a large role in improving classroom quality.

Exhibit 4.19 Percent of Teachers Participating in Professional Development Opportunities during FY 2008-09



Kindergarten Transition

Overall, 96.2% of all children received kindergarten transition services this fiscal year, an increase from last fiscal year. The most common activity for all agency types was sharing information with parents. A higher percentage of school-based programs engaged in transition activities compared to other agency types.

Exhibit 4.20 Percent of Providers Participating in Kindergarten (K) Transition Services Activities by Agency Type

Transition Service	School-Based (N=7)	Non School-Based (N=12)	Family Child Care (N=7)	Total FY 08-09	Total FY 07-08
Share information	100.0%	100.0%	85.7%	**92.3%**	**100.0%**
Students visit K	100.0%	66.7%	71.4%	**76.9%**	**62.5%**
Create portfolio	85.7%	75.0%	71.4%	**76.9%**	**62.5%**
Teachers visits K	85.7%	75.0%	42.9%	**69.2%**	**62.5%**
PreK and K teacher meet	71.4%	66.7%	28.6%	**57.7%**	**43.8%**
Parents and K teachers meet	28.6%	66.7%	28.6%	**46.2%**	**43.8%**
K teachers visit preschool	42.9%	58.3%	14.3%	**42.3%**	**31.2%**

Update on FY 2007-08 Recommendations

Last year's Recommendation	Update on Recommendation
Expand the focus on special needs.	+ The percentage of children screened using primary and secondary screening tools increased from the past fiscal year. + The percentage of children with IEPs at the end of this fiscal year was double what it was last fiscal year, which may indicate that children with developmental delays are being identified more effectively than in the past. + SDCPFA recruited families of children with IEPs to participate in SDCPFA.
Continue to offer professional development opportunities.	+ Providers continued to take advantage of the professional development opportunities offered by SDCPFA, especially the professional development coaching. + Several providers commented that having trainings throughout the County would make them more accessible.
Expand connections with other First 5 San Diego Initiatives and with kindergartens.	+ The percentage of agencies offering kindergarten transition services increased this fiscal year.
Identify ways to increase parent engagement.	+ The Joyce Epstein Framework on Parent Involvement is being implemented as the parent engagement model for SDCPFA providers. + Providers received training on the model and completed worksheets to identify areas for growth in parent engagement. + The rate of parent participation was similar to last year.
Improve data collection, particularly the response rates.	+ Results were mixed. Data collection improved for some areas and decreased for others.
Work to sustain programs over time.	+ No new funding sources for SDCPFA were identified in FY 2008-09. + Systems change improvements include an increase in classroom quality and improvement in teachers' qualifications.

Recommendations

The following recommendations are based on recommendations from last year, the data in this report, interviews conducted with providers, and the SDCPFA quarterly reports.

- **Explore strategies to increase parent involvement.** Despite the large number of opportunities offered to parents, less than 75% of parents participated in these opportunities. Additionally, parent involvement was one of the areas where parents reported lower levels of satisfaction. Parents cite various reasons for low involvement including employment and the responsibility of caring for other children. Additionally, some agencies require tuberculosis testing and fingerprinting, which parents may have to pay for. To help alleviate these barriers, SDCPFA could provide funding to help pay for any required testing on site.

- **Continue to increase classroom quality through professional development coaching.** The majority of directors attributed the biggest success of SDCPFA to be classroom quality improvement. Directors attributed these improvements in large part to the professional development coaching and other types of support.

Getting Caught up for School

Mari was worried that her toddler, Ben, was not reaching his developmental milestones. She found out through her pediatrician about First 5's HDS initiative and, after much hesitation, agreed to have Ben assessed by a specialist from UCSD Community Pediatrics (Child Ready School Ready). Results showed mild delays in speech, social, and fine motor skills and "borderline" concerns in sensory processing, tending to tasks, and crawling in circles. Ben was referred to multiple service providers, including South Bay Community Services for developmental and toddler play classes, in-home therapy and a hearing test. He also received speech therapy as well as services through California Early Start and a developmental behavioral pediatrician to address his behavior issues. During follow-up interviews, his mother reported "dramatic" improvement in his language/speech, gross motor and socialization skills. He learned to do things he previously couldn't do: communicate basic needs, jump, throw a ball, and sing songs. He also became more social, shared with other children, and began to give hugs. He gained confidence and independence and had less trouble separating from his mother. *"He is different, he is another child,"* Mari reported. At the last interview, he had started preschool and had been linked by the Regional Center to the school district in preparation for when he "ages out" of the program on his third birthday.

"I love [the classes] because he is getting ready for preschool or for school."

For Mari, getting Ben to catch up has been a difficult road. Parenting has been hard. She has put a lot of effort into attending classes and working with her child. Her efforts have paid off. "*It has been difficult, but at the same time I feel very satisfied because I see his progress in just a few months. It has been about 200%, that's the truth."* She eagerly shared some of the lessons learned from the service providers:

- Children may have behavioral problems because they are unable to communicate their needs.
- Parents must work in partnership with educators and specialists to help the child. They must persevere and attend classes regularly. "*It is true, as a parent you must remain constant, have a lot of discipline … take them to classes and never miss anything.'"*
- There are many things parents can do to help improve a child's speech, such as blowing through a straw to strengthen mouth muscles.
- It is important to talk to children, to explain things during discipline, to tell them what is happening. "*I prepare him for what he is going to experience by talking to him, 'We're going to the zoo, you are going to see the flamingos that are in the water, the elephants.' I know that it's important to talk to him. [Before the classes] I didn't think that, because I didn't know I had to do it."*

"I can't imagine life without San Diego First 5. They have helped me, no doubt.

Now that Ben is in preschool, Mari is ensuring that he benefits from available resources in order to prepare him for success in kindergarten. Her goal is to "*keep moving forward so that he will be ready for kindergarten, at the level of the other children; and that his development won't be hindered …he will be very advanced because sometimes they do things or exercises with him that I see that many four- or five year-olds can't…"*

Chapter 5

School Readiness

"Thank you for the wonderful program. I learned that my daughter is ready to learn to read and write the alphabet from this program."

— First 5 San Diego Parent

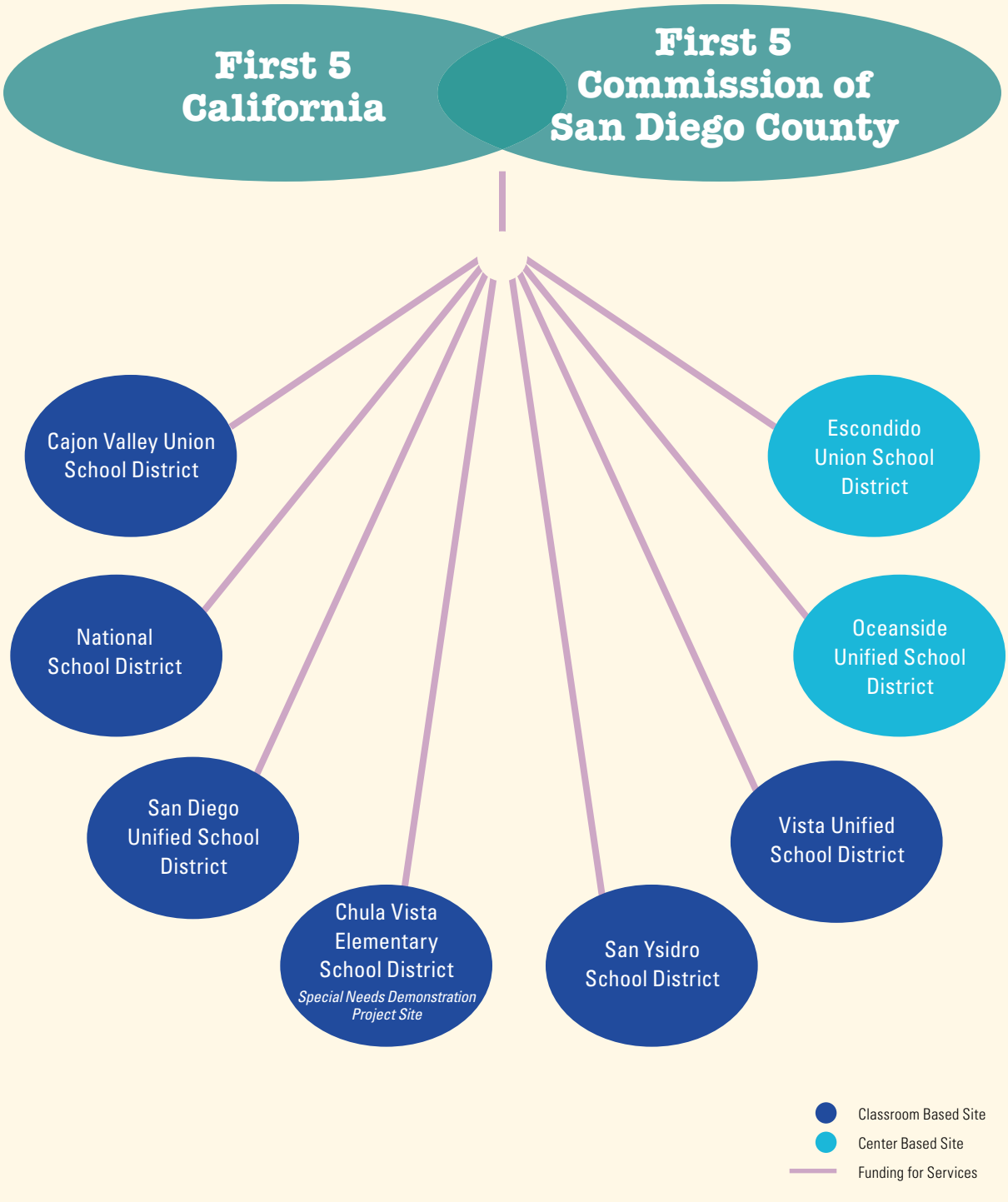
Key Results

- **Children improved in each of the developmental domains.** This was true for both preschool and parent-child activity centers.
- **Parents increased ratings in each of the four parenting practice areas.** Parents participating in parenting classes and workshops reported increases in knowledge, confidence, ability and behavior for the third consecutive year. Additionally, 99.4% of parents indicated overall satisfaction with School Readiness (SR) programs.
- **Staff members are coordinating with elementary schools and participating in professional development.** The majority of SR preschool teachers have formal kindergarten transition plans for children. All teachers and over three-fourths of specialty service providers participated in professional development activities this year.

Summing It Up

- 863 children received full or part-time preschool early childhood education services.
- 193 children received intensive education services at parent & child centers.
- 2,452 children enrolled in early childhood and education services received a developmental screening.
- 1,861 children participated in kindergarten transition activities and 1,175 parents had transition meetings with teachers.
- 515 children were screened by the Special Needs Demonstration Project.

School Readiness Initiative Structure



Introduction

"The overall experience was outstanding. I gained so much knowledge and as a result, our lives have changed."

– F5 SR Parent

Almost 40,000 children enter kindergarten in San Diego County each year.[1] While enrollment reaches record numbers, approximately 60% of these children perform at significantly lower levels than expected because they arrive without the necessary skills to learn.[2] Research has found that children's low performance in the early years can continue throughout their academic career. To address this gap, the School Readiness Initiative (SR) was launched in 2002 as a joint project between First 5 California and local county Commissions to help children, living in school districts with low Academic Performance Indexes (API), enter kindergarten ready to succeed. SR is based on the National Education Goals Panel's "Five Essential and Coordinated Elements." Eight local school districts received $5.85 million in total in FY 08-09 for this project (50% provided by the State Commission). SR has been funded at a total of $34.77 million since its inception.

The Special Needs Demonstration Project (SNP) is a complementary component of the School Readiness Initiative. This pilot project was designed by First 5 California to enhance School Readiness services in a specific geographic area through early identification of children ages 0-5 years with disabilities, developmental delays, and other special needs. Chula Vista Elementary School District was one of ten sites across the state selected by First 5 California to implement the Demonstration Project. First 5 San Diego matches their funds dollar-for-dollar for a total of $2,234,500 over four and a half years. Both projects are discussed in this chapter.

Key Elements

School Readiness programs consist of the following key elements:

- *A "whole child" approach:* All SR program models across the state are based upon the First 5 California "Five Essential and Coordinated Elements" of school readiness, adapted from the National Education Goals Panel (NEGP).[3, 4, 5]
- *Variation in design*: Six programs are classroom-based and two are parent-child activity centers.
- *Multi-level*: SR programs focus on three target groups: children, families and schools.

[1] California Department of Education, *California Public Schools - County Report.* 7 July 2009. Accessed 6 Nov. 2009. <http://dq.cde.ca.gov/dataquest/CoEnr.asp?cChoice=CoEnrGrd&cYear=2008-09&TheCounty=37%2CSAN^DIEGO&cLevel=County&cTopic=Enrollment&myTimeFrame=S&submit1=Submit>

[2] Child Trends Data Bank. Child Trends. 2003. Accessed 8 August 2008. <http://www.childtrendsdatabank.org/indicators/7EarlySchoolReadiness.cfm>

[3] Early Connections: Technology in Early Child Development. Five Areas of Child Development. 2005. Accessed 17 August 2006. <http://www.netc.org./earlyconnections/index1.html>

[4] National Education Goals Panel (1997), "Getting a Good Start in School," Washington, D.C. : National Education Goals Panel.

[5] The NEGP "Five Essential and Coordinated Elements" include Parent and Family Support, Early Care and Education, Health and Social Services, Schools' Readiness for Children, and Program Infrastructure, Administration and Evaluation.

Summing It Up

"It helps me understand my child's needs and gives me advice on how to be involved in his learning and developing skills." – F5 SR Parent

FY 2008-09 marks the seventh year of the initiative. Most children participating in SR activities were three years of age or older, of Hispanic/Latino descent, and primarily spoke Spanish in the home.

Early Childhood Education (ECE)

SR provides full-time and part-time preschool, parent and child "drop in" activity centers, and service enhancements to children in State Preschool.

Exhibit 5.1 ECE Services Provided to Children

Services	FY 2006-07	FY 2007-08	FY 2008-09	Increase (+) or Decrease (-) from FY 07-08 to FY 08-09
Core Services				
Full-time Preschool	628	588	653	+
Part-time Preschool	624	367	210	-
Parent & Child Activities	150	190	193	+
Additional Services*				
Service Enhancements**	1,451	2,232	2,082	-
"Light Touch" Services	1,528	1,675	1,743	+

** Represents a duplicated count of children who receive multiple services.*
***Includes service enhancements such as curriculum and access to health, behavioral and social services.*

Making a Difference

"It's a joy to see my child enjoy learning and interacting with others."

– F5 SR Parent

The overarching goal of SR is to increase the school readiness of children in low Academic Performance Index (API) performing schools. Programs utilize common tools to measure outcomes for children, families, and SR staff in four key domains: 1) Child Development, 2) Family Functioning, 3) Child Health, and 4) System of Care.

Improved Child Development

Classroom-Based Program Child Results

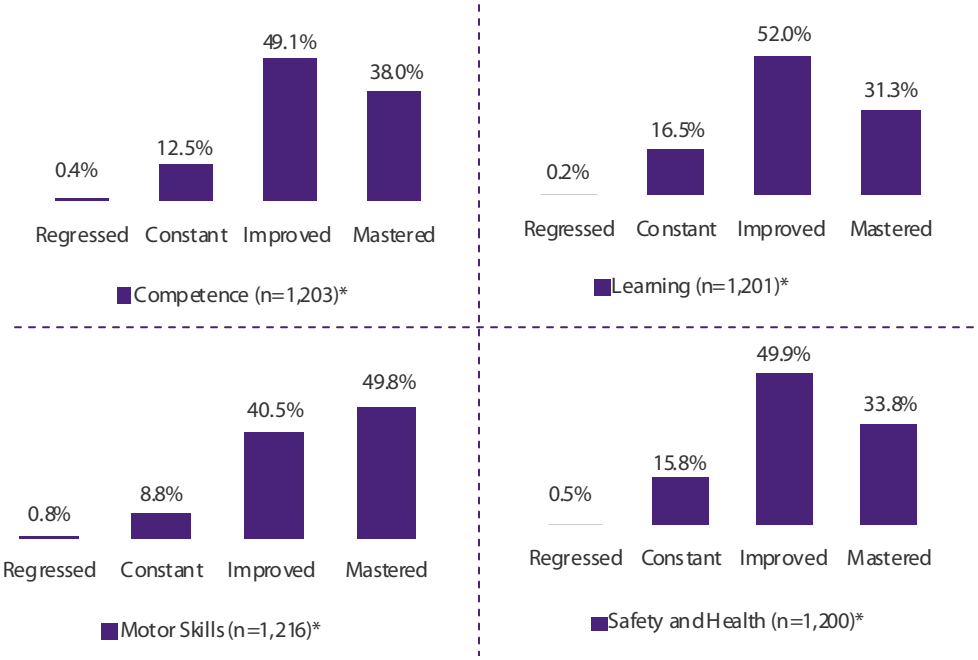
The six classroom-based SR programs use the Desired Results Developmental Profile- Revised (DRDP-R) to measure child outcomes. Teachers assess children's competencies in four domains: competency, learning, motor skills, and safety and health. Exhibit 5.2 shows the developmental progress of children from fall to spring as follows:

- **Regressed**: children whose scores started high in fall but ended low in spring.
- **Constant:** children whose scores started low in fall and ended low in spring.
- **Improved**: children whose scores started low in fall but increased to high in spring.
- **Mastered**: children whose scores started high in fall and ended high in spring.

Children's Developmental Progress from Fall to Spring

Overall, most children either "Improved" from fall to spring or were "Mastered" in each of the four DRDP-R domains. Children improved the most within the l*earning* domain. The highest number of children were at the mastered level in *motor skills*. All changes from fall to spring were statistically significant.

Exhibit 5.2 Children's Progress from Fall to Spring in Four Key DRDP-R Domains for FY 2008-09



** Statistically significant at (p<.001)*
Note: Missing data and children considered unable to rate are not included in analysis causing discrepancy in the sample size across domains.

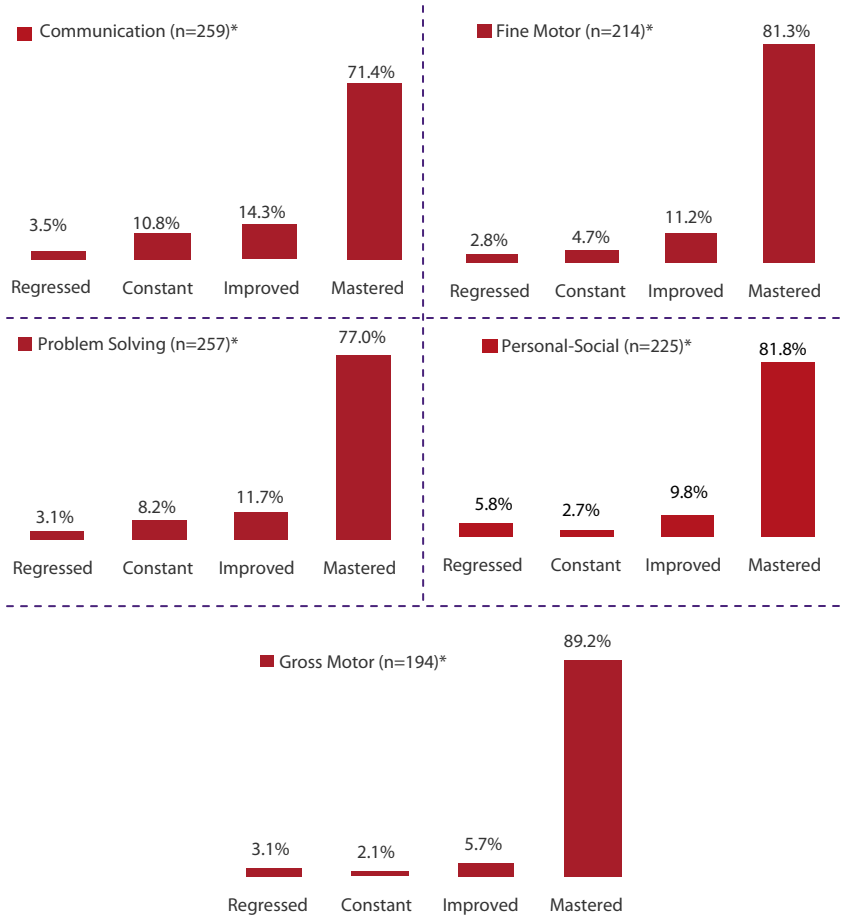
Parent-Child Center Child Results

The two parent-child center programs use the Ages and Stages Questionnaire (ASQ). This is a screening tool that measures whether children are at or above a cut-off point in five developmental areas.

Improved Child Development across the Five Domains

On the whole, most children were "Mastered" from fall to spring in each of the ASQ domains. The highest number of children were at the mastered level in gross motor skills. While children showed the greatest improvement in communication skills, the largest number of children remained below the cut-off in spring in this domain. Children may need the most assistance in this area. All changes from fall to spring were statistically significant.

Exhibit 5.3 Children's Progress from Fall to Spring in Five Key ASQ Domains in FY 2008-09



** Statistically significant at (p<.001)*
Note: Missing data and children considered unable to rate are not included in analysis causing discrepancy in the sample size across domains.

Improved Family Functioning

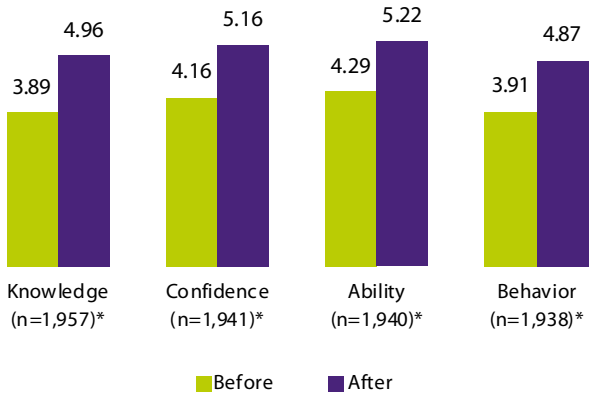
Parenting Development

To measure improvements, parents are asked to complete a survey on whether their knowledge, confidence, ability, and behaviors have changed due to parent development activities, comparing before the program to after the program. Overall, the parents noting the greatest improvement attended more intensive parent development programs: sequential parent and child together (PACT) classes, home visitation programs and classroom-based programs.

Parent Development in Key Areas

Improvement in parenting knowledge showed the highest gains from before the program to after the program. Parents responded that their greatest knowledge gains were in learning, "how my child's brain is growing and developing." Within the behavior category, the item that showed the most improvement was, "the amount I read to my child."

Exhibit 5.4 Mean Parent Development Scores at "Before" and "After" for FY 2008-09



** Statistically significant at (p<.001)*

Parent Satisfaction

To measure parent satisfaction, SR providers implemented the "Desired Results for Children and Families-Parent Survey." Satisfaction ratings remained fairly similar to those in past years.

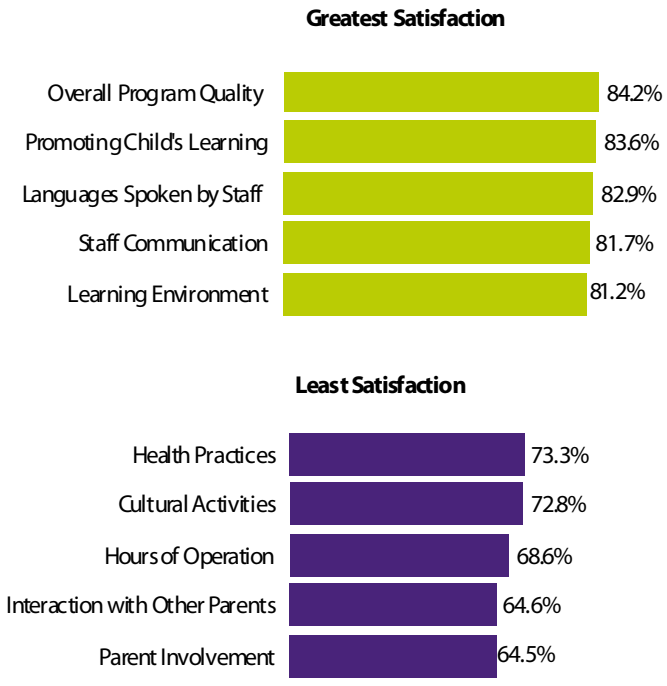
Parent Satisfaction with Key Program Elements

The majority of parents were "very satisfied" with all items on the survey. The highest percentage of parents indicated that they were "very satisfied" with the "overall program quality" (84.2%). Components that received the lowest satisfaction ratings were related to parent interaction and involvement in the classroom/program.

Parents participating in sequential PACT classes and classroom-based programs had the highest levels of satisfaction.

Notably, the percentage of parents who were "very satisfied" increased for all 18 components since last year.

Exhibit 5.5 Percentage of Parents Who Were "Very Satisfied" by Component for FY 2008-09



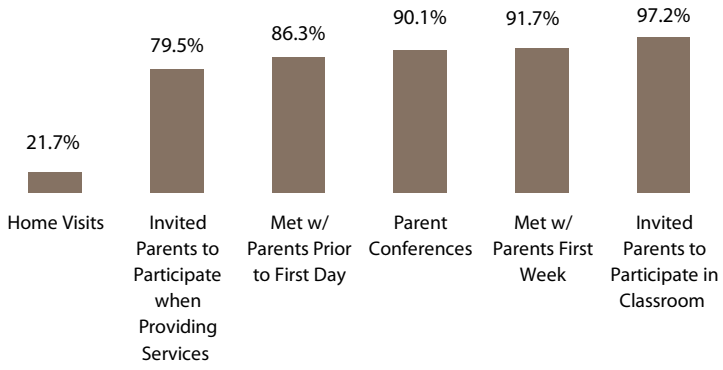
Valid Ns vary by item and range from 1,564-1,974

Activities Involving Parents

Parent Interaction with Staff

Parent involvement in the learning environment is vital to a student's success. The most common on-going parent involvement activity during the school year was to invite parents to participate in the classroom. Almost every SR preschool teacher indicated that they met with parents during the first week of school, (91.7%).

Exhibit 5.6 Activities Involving Parents



Improved Child Health

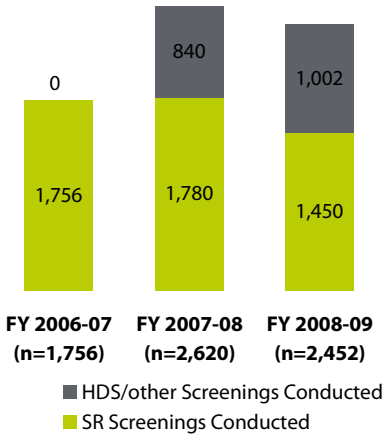
Developmental Screenings

To promote early identification of children with developmental delays, all children intensively served through SR programs are required to have a developmental screening. Screenings are provided in-house by the SR Program, or referred to outside health service providers, such as First 5 San Diego's Healthy Development Services Initiative (HDS). Children identified with delays are referred to either district services or external services, such as HDS.

Children Receiving Developmental Screenings

In FY 2008-09, 2,452 children enrolled in Early Care and Education services received a developmental screening and were given referrals as appropriate (for further assessments and/or services). Of the children enrolled in the classroom-based programs, 69.5% received a developmental screening compared to 69.3% in FY 2007-08 and 53.8% in FY 2006-07. Additionally, 412 children in parent-child center programs received a developmental screening, exceeding their target goal by 33%.

Exhibit 5.7 Children Receiving Early and Comprehensive Developmental Screenings



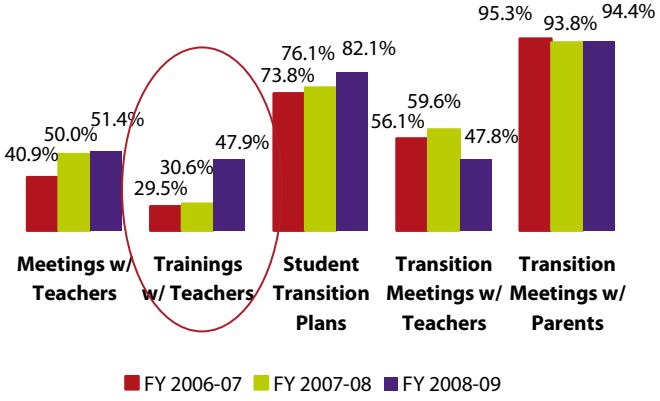
Improved Systems of Care

Systems integration and improvement are core components of the SR Initiative. Perhaps, one of the most important components of SR systems improvement is enhancing communication between the SR programs, elementary schools, and parents. During FY 2008-09, 1,861 children participated in kindergarten transition activities, such as Kinder Camp, kindergarten visitation and kinder-readiness assessments; 1,175 preschool parents were included in school-based activities and 154 SR staff participated in kindergarten articulation meetings with elementary staff.

Kindergarten Transition

Survey responses show that preschool teachers' interaction with kindergarten teachers remained fairly the same this fiscal year compared to previous fiscal years. One of the most notable increases was in the number of trainings with kindergarten teachers (30.6% in FY 2007-08 compared to 47.9% in FY 2008-09). Transition meetings with kindergarten teachers, however, dropped nearly 12%.

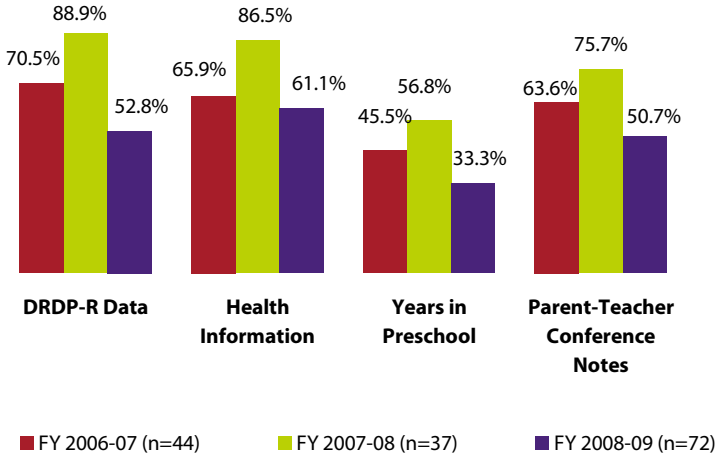
Exhibit 5.8 Preschool Teachers' Activities Involving Kindergartens



Transition File Contents

Transition files help kindergarten teachers obtain preparatory information about children coming into their classes. Over three-fourths of preschool teachers (82.1%) and a little over half of specialty services providers (50.6%) have formal transition plans for students entering kindergarten. All types of transition documents decreased from FY 2007-08 to FY 2008-09. Of particular importance is the decrease in DRDP-R data included in these files. These results would give kindergarten teachers important information about a child's developmental strengths and areas where a child might need more focused assistance and attention.

Exhibit 5.9 Preschool Teacher Transition Files

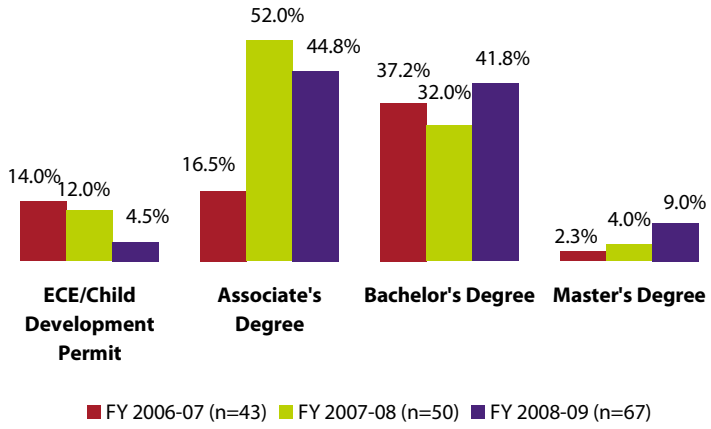


Staff Education and Experience

Level of Education

Survey results show that teachers were more educated in FY 2008-09 than in the last two fiscal years – 95.6% of preschool teachers were educated at or past the Associate's level, with the greatest increase in education level from the last fiscal year occurring among preschool teachers obtaining a Bachelor's degree.

Exhibit 5.10 Preschool Teachers Level of Education



Update on Recommendations from FY 2007-08

Last year's Recommendation	Update on Recommendation
Increase parent involvement in programs and kindergarten transition.	+ Parent participation was similar to last year and appeared low, especially for classroom activities, volunteering in the classroom, and attending classes.
Work with SR programs to retain past improvements.	+ Programs overall have retained and slightly improved most results.
Continue collaboration between SR providers, other First 5 San Diego Initiatives, and community agencies.	+ Many SR programs successfully partnered with other First 5 San Diego agencies and some made connections beyond First 5 San Diego. In several cases, community agencies reached out to SR programs for collaboration.
Sustain programs over time.	+ First 5 San Diego and SR coordinators have met to discuss sustainability planning. SR coordinators completed a "Title I Funding Survey" and participated in two focus groups.
Increase the quality and quantity of outcome data.	+ The quantity and quality of outcome data improved this year.

Recommendations

The following recommendations were developed based on FY 2008-09 data and evaluation findings.

- **Explore reasons for and ways to overcome consistently low parent engagement.** The involvement of parents in School Readiness services is of utmost importance for the success of the program and the children enrolled. The parent survey revealed that "parent involvement in programs" received the lowest rating in each of the past three years. Further, teacher and staff surveys noted a decrease in the number of parents volunteering in classrooms since FY 2006-07. This may be due to changing requirements for classroom volunteers. Parents now need to pass a TB screening and a background check – which may intimidate and discourage some from volunteering. SR program staff should continue to strategize to increase parent participation in activities and services.
- **Work to retain past improvements.** Program results should be examined to determine the cause of declining trends. An improvement strategy could then be developed.
- **Continue collaboration between SR providers, other First 5 San Diego Initiatives, and community agencies.** Creating and maintaining ties to outside entities is key to creating sustainable programs and systems to serve children and families. First 5 San Diego could help strengthen these bonds to increase exposure in the community for future service planning and development.
- **Identify best practices to sustain program elements over time.** One of the eight school districts participating in SR has declined to continue its SR program in FY 2009-10. Three other SR contracts will end in FY 2009-10 and the other 4 programs by June 30, 2011. Per the Commission's new strategic plan, the SR initiative will sunset. At this time, the remaining First 5 San Diego SR programs have not yet secured continuation funding from other sources. School districts should actively seek additional funding and/or examine shifting existing district funds (e.g., Title I funding) to sustain their programs. First 5 San Diego can support these activities when appropriate.

Special Needs Demonstration Project

In 2005, the Chula Vista Elementary School District (CVESD) was one of ten sites across the state selected for a First 5 Special Needs Demonstration Project (SNP). The local project, named Kids on TRACK, is jointly funded by First 5 California and First 5 San Diego, for a total of $2,234,500 over four and a half years. The project is designed around three goals: 1) Screening and Assessment, 2) Access to Service, and 3) Community Participation and Inclusion.

Below are some key results of SNP's Kids on TRACK:

- 515 children screened received a health survey, completed by a parent or guardian.[6]
- 514 children received an age-appropriate Ages and Stages Questionnaire: Social-Emotional (ASQ:SE) screening, completed by trained Kids on TRACK staff and parents/caregivers together.
- 513 children received an age-appropriate Ages and Stages Questionnaire (ASQ), also completed by staff and parents/caregivers together.
- The majority of parents and caregivers of these children completed a Parent Stress Index: Short Form (PSI:SF) assessment (86.8%).

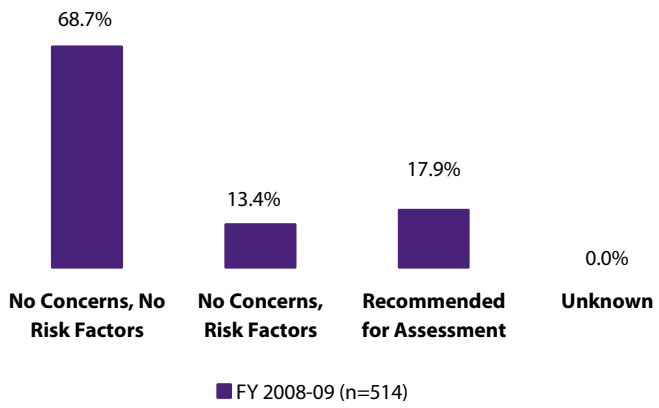
Screening and Assessment

The percentage of children recommended for assessment in this fiscal year is similar to last fiscal year and closely matches with statewide percentages. Thus, this section only includes results from this fiscal year.

Screening Results

Exhibit 5.11 displays the results of all 514 screenings this year. The majority of children screened had no concerns, no risk factors (68.7%). In addition to first-time screenings shown in Exhibit 5.11, Kids on TRACK staff also aim to rescreen as many children as possible. This year, 182 children were rescreened using the SNP screening protocol. The majority of children rescreened had no concerns or risk factors (75.3%), 11.5% had no concerns but risk factors were present, and 13.2% of children rescreened were recommended for assessment.

Exhibit 5.11 First-Time Screening Results in FY 2008-09



[6] The health screening consists of a "Level 1 Survey" parent report or a "Level 2 Screening", conducted by SNP staff. Elements of the "Level 2 Screening" include California Child Health and Disability Prevention Program (CHDP) standards for health and development, oral and nutritional health, vision, hearing and immunizations.

On the Road to Literacy

When Pablo was one year old, his mother, Alicia, discovered and joined the WOW Mobile, which provides books and activities to children. He is now five years old and in kindergarten. Alicia explains that even though Pablo was in preschool, she wanted school readiness activities that would complement what he did in class. In particular, she was determined to give him a head start in reading skills: "*I always wanted him exposed to books, to love books, to like reading, and [to] read at a certain level.*" Her efforts have paid off. Pablo loves books and really enjoys going to the WOW Mobile. He is very interested in the stories read aloud by staff and eagerly answers questions at the end of the story. He has his own library card, loves to check out books, and occasionally receives a free book. More importantly, he loves to read and has said to Alicia, "*Mom, that's what I love the most.*"

"[The librarian] reads to them and then she'll ask questions about the book as she's going through the story. At the end sometimes she asks questions about what it was about, and then tries to get them thinking about the story."

At the WOW Mobile, Pablo strengthened other skills that have helped him in kindergarten: he uses the computer and practices hands-on activities such as using scissors to cut and glue projects related to stories they read.

"To me their education is very important. To see that they're being interested, they're being exposed to it, it makes me feel good as a parent. It makes me feel like I'm doing my job... "

Alicia enjoys visiting the WOW Mobile because it is easily accessible, (by referring to the monthly calendar) and she is free to pick and choose the dates and times of her visits. Above all, she likes the setting: staff is very friendly, her children feel at ease, and the small size of the facility makes it easier to keep an eye on the children. "*The space is not humongous. I don't have to worry about, 'Oh, he's going to get lost.'*" By watching staff interact with the children, Alicia has learned how reading skills are developed and that books come in different reading levels. She is replicating those skills by being better able to select the appropriate books to borrow. When she noticed staff using note cards to practice numbers and letters, she created her own set to use at home. "*They're trained to work with kids, so I figure it doesn't hurt to watch them and pick up things from them.*"

"I see my son being involved, asking questions, and he's paying attention, but he loves the story, he definitely loves the craft. He likes taking the books; he knows that if we're going to go, he's going to get books. He gets home and he's like, 'Ok, can you read my book now?'

From her experience with the WOW Mobile, Alicia has suggestions for improvement, such as more rotation of books in order to offer a better selection and improve the on-time arrival of the WOW Mobile. Regardless, Pablo and his younger sibling love the program.

Chapter 6

First 5 for Parents Project

"I think it's [F5FP] great because basically it gives you parent-child time, which nowadays is hard to come by because most parents are working."

— F5FP Parent

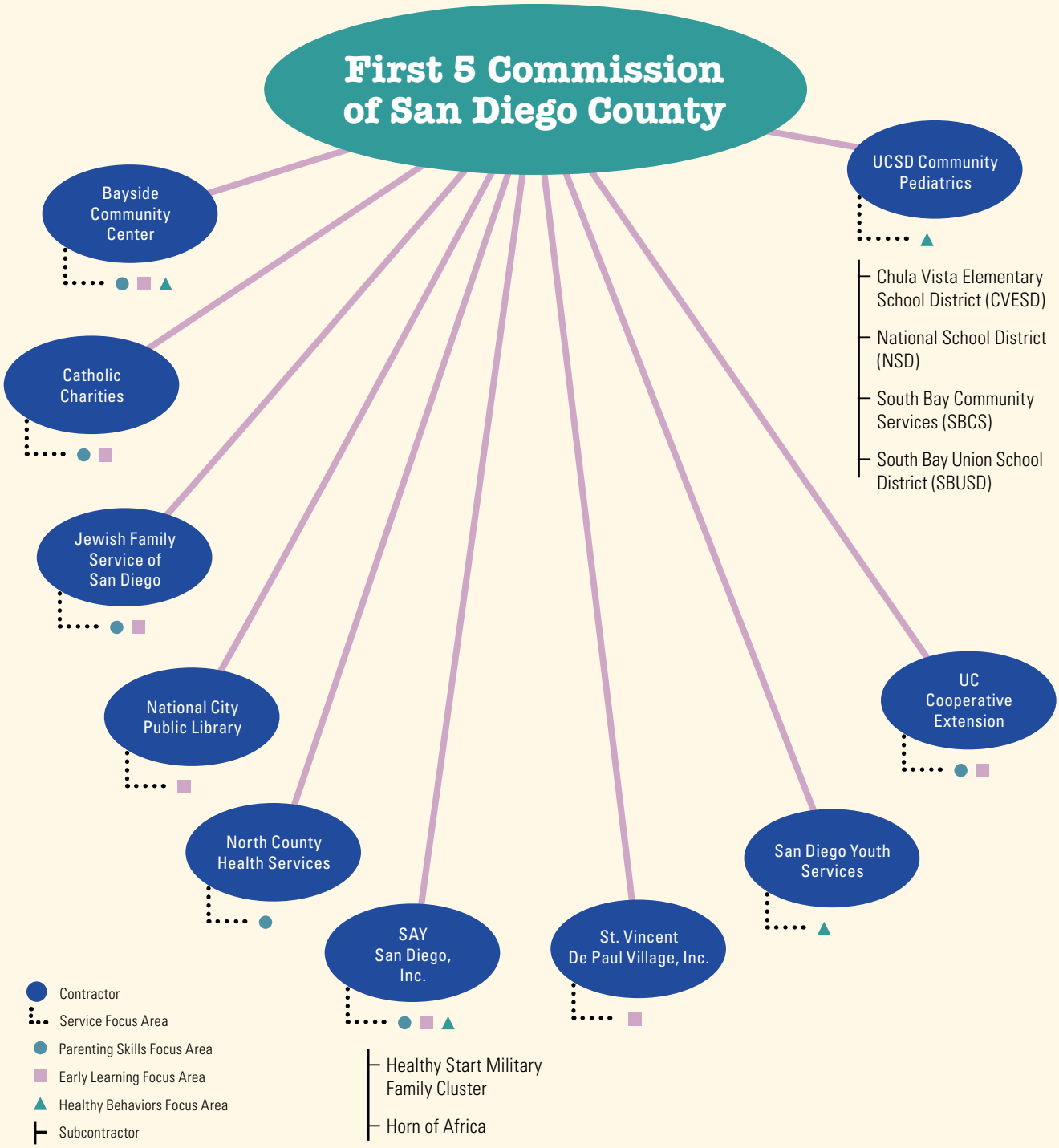
Key Results

- **After participating in F5FP programs, parents reported increased confidence in their parenting skills.** These increases were statistically significant.
- **Participation in parent-child activities has steadily increased over the past three fiscal years.** At post-test, 87.7% of parents read to their children, 89.4% told stories/sang songs to their children, and 91.9% played with their children at least three days per week. The percentage of parents reading to their children and telling stories/singing songs to their children exceeded or matched California and San Diego County percentages.
- **There was an increase in physical activity, but also an increase in hours children spent watching television, on the computer, or playing video games.** More parents and children reported engaging in physical activity compared to previous fiscal years. However, more children were also spending time engaged in sedentary indoor activities (such as watching television and video games) than in previous years, with little change in behavior at post-test.

Summing It Up

- Approximately 4,720 parents and 5,440 children ages 0-5 years were intensively served by F5FP. This was a 1.2% increase in parents and a 16.7% increase in children from last fiscal year.
- 7,885 home visits were made, 30.6% more than last fiscal year
- 5,559 classes were held, 4.3% more than last fiscal year.
- 1,028 workshops were held, a decrease of 8.4% from last fiscal year.

First 5 for Parents Project Structure*



* Includes First 5 San Diego funded Lead Agencies and Partners.

Introduction

"I used to leave everything up to the school. I thought that everything she needed to learn, she was going to learn there. But now I've realized that I too can participate, and that it all will benefit her."

- F5FP Parent

Parents and caregivers are a child's first, and most important, teachers. Research has shown that "the environment provided by the child's first caregivers has profound effects on virtually every facet of early development, ranging from the health and well-being of the baby at birth to the child's readiness to start school at age five."[1] A child's first exposure to language, attitudes, behaviors, and socialization occurs in the home. The First 5 for Parents project (F5FP) provides parenting trainings and classes to caregivers to support them in their important role. In FY 2008-09, the Commission funded F5FP at $3,304,159, for a total of $12,752,547 over four years (through FY 2009-10).

Key Elements

F5FP seeks to strengthen parents' knowledge and encourage positive behavior change. Although the contractors share the same goals and outcomes, they address them in different ways. The Commission identified three Service Focus Area(s) and contractors chose the area(s) in which they believed they could most effectively support caregivers. The Service Focus Areas include: 1) developing more effective parenting skills, 2) promoting children's early learning and early literacy development, and 3) fostering healthier behaviors with proper nutrition and exercise. Contractors vary also in the populations they serve (e.g., single parents, fathers, parents in immigrant families, and pregnant and parenting teens), their service approaches (e.g., classes, workshops, and home visits) and their parent education curricula. Some of these differences are outlined in Exhibit 6.1.

Exhibit 6.1 F5FP Programs by Service Areas and Service Methods

Contractor	Service Areas			Service Approaches		
	Parenting Skills	Early Learning	Healthy Behaviors	Classes	Workshops	Home Visits
Bayside Community Center	X	X	X	X	X	X
Catholic Charities	X	X			X	X
Jewish Family Service of San Diego	X	X		X		X
National City Public Library		X			X	
North County Health Services	X			X	X	
SAY San Diego, Inc.	X	X	X	X	X	X
St. Vincent De Paul Village, Inc.		X		X		X
San Diego Youth Services			X	X	X	
UC Cooperative Extension	X	X			X	
UCSD Community Pediatrics			X	X		X

[1] National Research Council and Institute of Medicine. Committee on Integrating the Science of Early Childhood Development. From Neurons to Neighborhoods: The Science of Early Childhood Development. Ed. Jack P. Shonkoff and Deborah A. Phillips. Washington, D.C.: National Academy Press, 2000.

Summing it Up

"I just hope to continue with them [F5FP]. It gives me more support."

- F5FP Parent

FY 2008-09 marks F5FP's third year. This section includes key process data including the number of participants, the number of services offered, and the languages served.

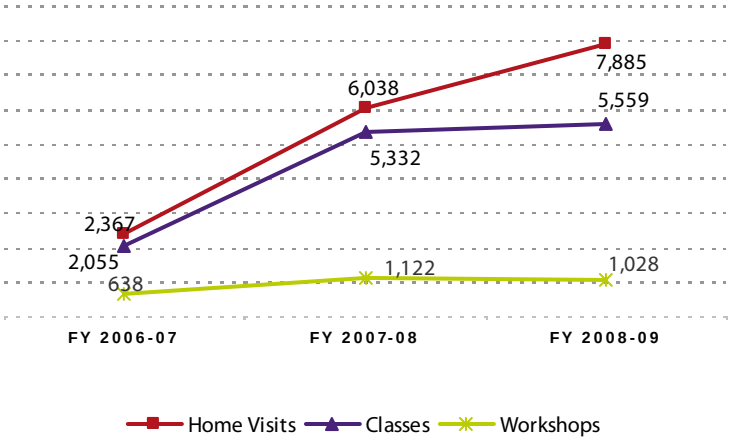
- **Children:** The majority of children (63.1%) were ages 3-5, and there was a 44.8% increase in the total number of children served from last fiscal year.
- **Parents:** From last fiscal year, there was a slight increase (1.2%) in parents served.
- **Services:** From last fiscal year, there were increases in home visits (30.6%) and classes (4.3%). Home visits increased the most, indicating that F5FP programs provided more intensive services this year.

Exhibit 6.2 Number of Participants

	FY 2006-07	FY 2007-08	FY 2008-09
Parents/Caregivers*	3,381	4,662	4,720
Children: Intensively Served *	3,837	5,363	5,440
Children: "Light Touch" *	6,053	11,871	17,193

**In some cases, parents participated in multiple programs at the same agency, and thus there may be some duplication in the child and parent counts.*

Exhibit 6.3 Number and Types of Services



Making a Difference

"I want to be a good mom and make good choices for her [my daughter], and now I know what is actually in our food and what is healthy and what's not so healthy… I know now what to give her and what not to give her, what is ok to have once in a while."

-F5FP Parent

Although each F5FP program is different, each program administers a pre and post survey comprised of common items that address the specific outcomes and result areas contractors address. The outcomes for those questions with the most significant results are presented in this section. Key outcomes are highlighted with red circles. Data was only analyzed for matched cases, where parents completed both a pre-test and a post-test. For the majority of data, trends between pre-test and post-test assessments are presented.

Parenting Skills and Early Learning

F5FP projects focusing on parenting skills and early learning aim to improve overall parenting knowledge and confidence, especially as related to child development, as well as increase parent-child interaction.

Increasing Parent Confidence and Knowledge

These F5FP projects work to improve parent knowledge and confidence for a variety of topics including the importance of peer socialization, parent-child interaction, and early learning. For knowledge and confidence, scores from FY 2007-08 were similar to FY 2008-09. Parents had high levels of knowledge upon entering programs and increases over time were small. Thus, this section only includes scores from this fiscal year.

Parent Confidence in Key Parenting Aspects

In FY 2008-09, there was significant improvement in parents' confidence in their parenting skills after completing programs. Parents reported fairly high confidence levels upon entering the program, which may contribute to the small increases over time.

Note: These questions were asked at post-test only where parents were asked to rate themselves "before" and "after" program participation.

Exhibit 6.4 Mean Parent Confidence Scores (range from 1 as low to 6 as High)

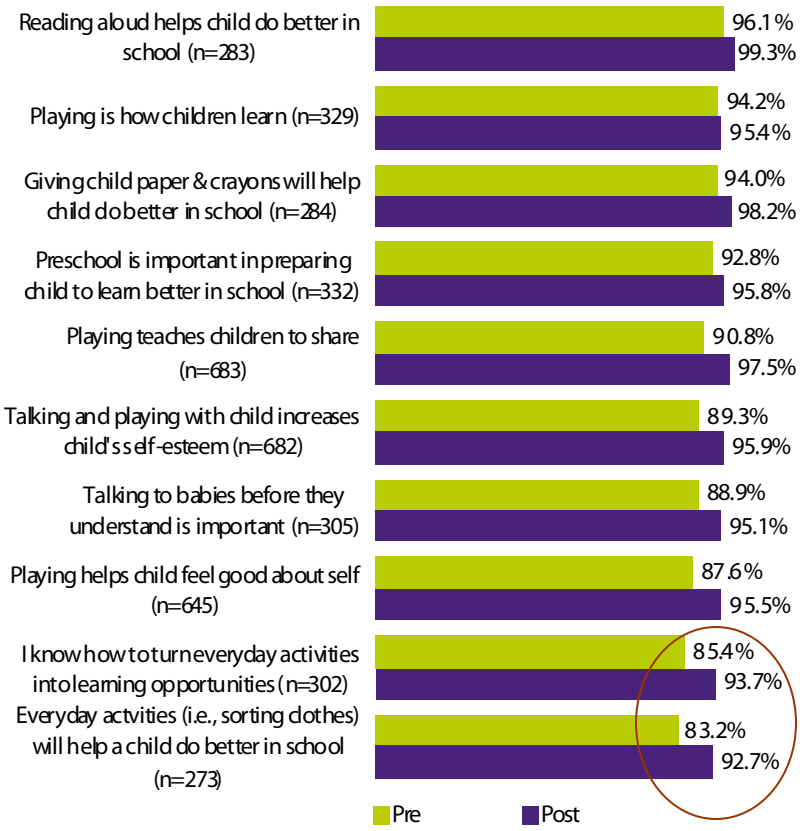
	Then (before)	Now (after)	Mean Difference	Valid N
Ability to make decisions about the services my child needs	4.19	5.77	1.58*	812
Ability to help my child learn	4.13	5.74	1.62*	807
Knowing what is right for my child	3.87	5.66	1.78*	820
Ability to discipline my child	3.86	5.64	1.79*	790
Ability to handle the day-to-day challenges of raising my child	3.85	5.63	1.78*	812

**Statistically significant at p<0.001*

Parent Knowledge of Key Concepts

Overall, parents had high levels of knowledge at baseline so only slight increases in knowledge were reported over time. Key areas of learning were in knowing how to turn everyday activities into learning opportunities and understanding how these activities (like sorting clothes) help children do better in school.

Exhibit 6.5 Parents Responding Correctly to Statements Related to Peer Socialization, Early Learning, and Parent-Child Interaction



Changing Parent Behavior

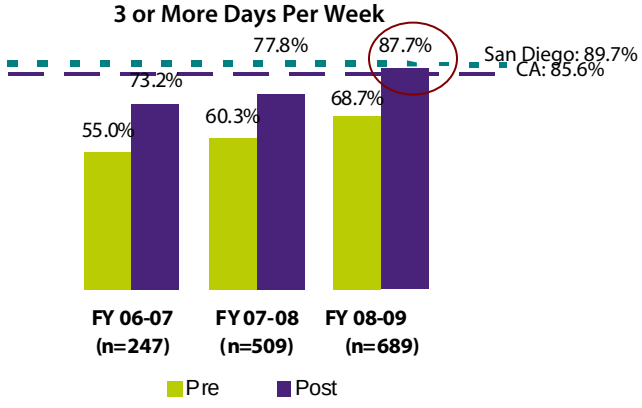
Three key activities measure changes in parents' behavior to promote their children's development: 1) reading to their children, 2) telling stories or singing songs to their children, and 3) playing with their children. Results from FY 2006-07 through FY 2008-09 are reported in this section.

Parents' Early Literacy Activities-Reading

Overall, more parents read to their children at post-test, with results improving each year. Reading frequency exceeded the statewide figures and was only 2.0% below the countywide rates for all parents.

Source: California Health Interview Survey, 2007.

Exhibit 6.6 Parents Reading to Their Children 3 or More Days Per Week

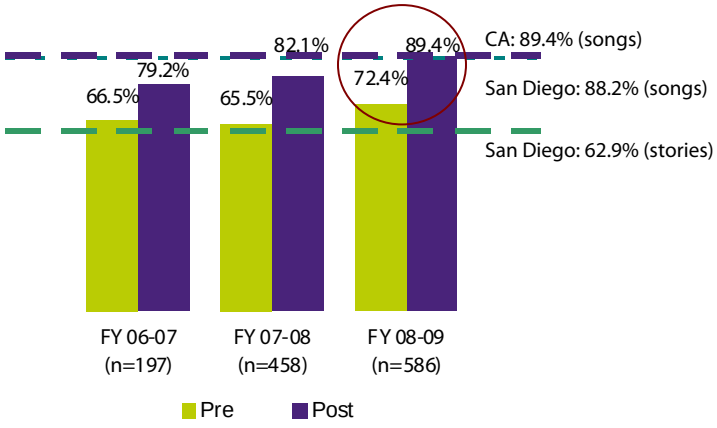


Parents' Early Literacy Activities- Readings/Singing Songs

More parents sing songs and tell stories to their children at post-test. Each year, there was about a 15.0% increase in parents telling stories or singing songs from pre-test to post-test, with results improving steadily each year. The frequency of singing songs in FY 2008-09 matched California rates and slightly exceeded San Diego County rates.

Sources: California Health Interview Survey, 2007. First 5 Family Survey, 2005.
Note: Questions varied between CHIS, F5 Family Survey, and F5FP Survey.

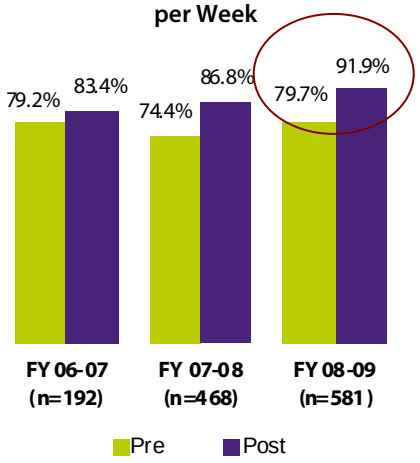
Exhibit 6.7 Parents Telling Stories or Singing Songs 3 or More Days Per Week



Parent-Child Engagement

More parents play with their children at post-test compared to baseline. In recent years, there was approximately a 12.0% increase in parents playing with their children from baseline to post-test. This was improvement over the first year of the program and may indicate that F5FP programs have become more effective in changing behavior. It may also be the result of other environmental factors and influences on parents.

Exhibit 6.8 Parents Playing with Children 3 or More Days per Week



Healthy Behaviors

The following results are for F5FP projects focusing on healthy behaviors, with a goal of improving parent knowledge about nutrition and exercise, as well as fostering healthy behaviors.

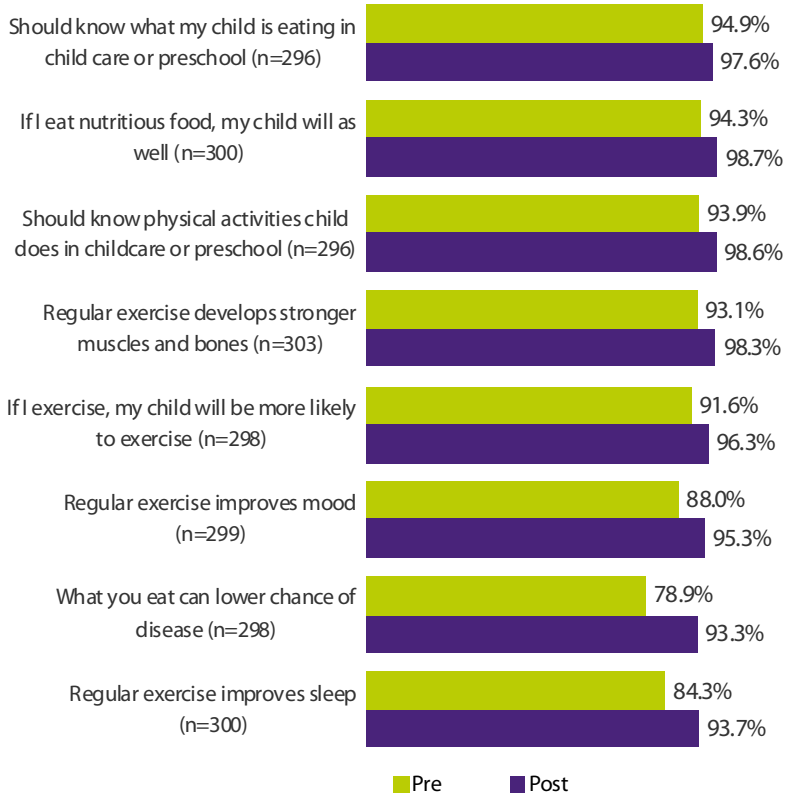
Increasing Parent Knowledge

F5FP projects working to foster healthy behaviors aim to improve parenting knowledge about the importance of nutrition and regular exercise, the relationship between diet and disease, and the importance of family participation in activities that promote a healthy lifestyle. Knowledge scores for FY 2007-08 and FY 2008-09 were similar; parents had high levels of knowledge upon entering programs and increases over time were small. Due to the similarities, this section includes scores from this fiscal year only.

Parents' Nutrition and Exercise Knowledge

Overall, parents had high levels of knowledge about nutrition both when they entered and completed F5FP programs. Parents were most knowledgeable about the importance of knowing what their child was eating at child care or preschool, while the lowest knowledge area was parents' awareness of the relationship between food and disease. Key areas of learning were in the awareness that regular exercise improves mood and in the relationship between food and disease.

Exhibit 6.9 Parents Responding Correctly to Statements Related to Nutrition and Exercise



Changing Parent and Child Behavior

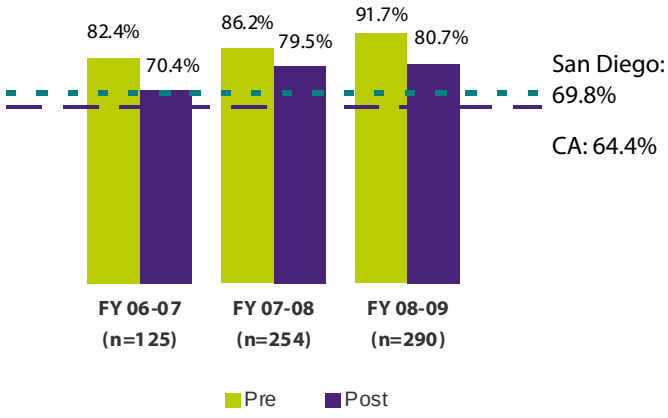
These F5FP projects also focused on changing various family behaviors including: decreased consumption of fast foods, increased exercise, and decreased television, computer, and video game time.

Fast Food

Although a high percentage of families eat fast food each week, each year there was a decrease in fast food consumption at post-test. Overall, fast food consumption has increased each year, which contractors noted may be partly due to the economic downturn, as fast food is inexpensive. Additionally, contractors noted that some parents in this economy are working more than one job and thus may have less time to prepare food.

Sources: California Health Interview Survey, 2007.

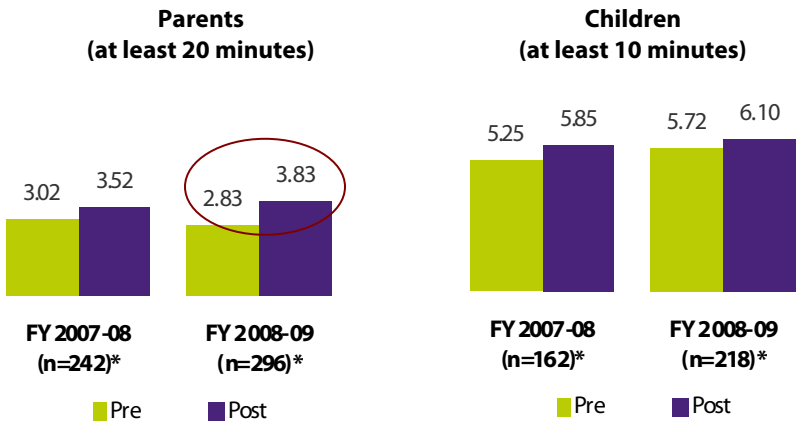
Exhibit 6.10 Parents Reporting that Families Eat at Least One Meal at a Fast Food Restaurant at Least One Day per Week



Physical Activity

As a result of F5FP classes, parents and children engage in physical activity more frequently. On average, children increased their days of activity by about half a day. Parents made greater gains, increasing their physical activity by one full day each week. Additionally, exercise frequency at post-test was higher in FY 2008-09 compared to the previous year, which indicates a positive trend for both parents and children.

Exhibit 6.11 Mean Number of Days Per Week Parents and Children (ages 2-5) Engage in Physical Activity



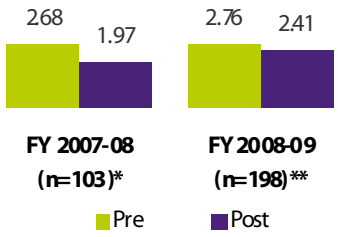
**Differences statistically significant at p<0.001.*

Screen Time

A high percentage of children spend time watching television, on the computer, or playing video games. From FY 2007-08 to FY 2008-09, there was an overall increase in children engaging in these activities. Last fiscal year, there was a decrease from baseline to post-test, but this fiscal year, there was almost no change. Additionally, F5FP figures exceed State and County benchmarks. Contractors noted that families have less money in this economy and may be relying more on television for low-cost family entertainment.

Sources: California Health Interview Survey, 2005.

Exhibit 6.12 Mean Number of Hours Children (ages 3-5) Watch Television, Play Video Games and/or Spend Time on the Computer on a Weekday



**Statistically significant at p<0.001.*
***Statistically significant at p<0.05.*

Update on FY 2007-08 Recommendations

Last year's Recommendation	Update on Recommendation
Improve linkages with other First 5 San Diego programs and initiatives.	+ Contractors were encouraged to connect with San Diego's health and early learning programs. + Some contractors are working with early learning providers to provide parenting classes and workshops.
Facilitate learning communities to explore the efficacy of evidence-based interventions that have been modified and/or adapted to meet the needs of multiple immigrant populations who often speak languages other than English and Spanish.	+ This recommendation has not been implemented.
Facilitate learning among agency partners about effective recruitment, retention and incentives for completion of program activities as designed.	+ First 5 San Diego made $10,000 available to contractors for proposed strategies to increase services. Eight of the ten contractors applied for and were awarded these funds; however only 50% of the overall amount awarded was spent. (One contractor used the entire award, while others used only a small portion). + Funds were used for various recruitment and retention activities including providing transportation, childcare, retention specialist, outreach, and advertising. The effectiveness of activities in increasing recruitment and retention varied among programs.

Recommendations

FY 2009-10 will be the final year F5FP is funded. Beginning in FY 2010-11, programs focused on parent education will be incorporated into the Healthy Development Services (HDS) and Preschool for All (PFA) Initiatives. Thus, the following recommendations are based on lessons learned and challenges faced by F5FP to both assist these contractors in their final year and to help First 5 San Diego refine its parent education approach in the future.

- **Programs should focus on changing parent and child behavior as opposed to increasing knowledge**. The data indicates that most parents have high knowledge at baseline, however this knowledge does not necessary translate into behavior. For example, although almost all parents report knowing about the importance of nutrition and exercise, a high number of families eat fast food and a large percentage of children spend two or more hours per day watching television, on the computer, or playing video games.

- **Future parent education programming should narrow the focus and utilize a single evidence-based curriculum.** One of the challenges in understanding the effectiveness of F5FP is that each agency used a different curriculum and there were three different focus areas.

- **Current F5FP programs could be used as models for future parent development activities.** Given F5FP contractors' expertise and experience working with families to improve parenting skills, facilitate early learning, and increase healthy behaviors, they could provide valuable expertise to other First 5 San Diego initiatives in the health and early education fields that will play a larger role in parent education under the new strategic plan. This collaboration could be formalized through subcontracts with other programs to provide services in schools and clinics, or it could be less formal and include consultations and referrals.

Working toward Family Stability

In 2006, Gloria fled from Mexico after discovering her husband had sexually abused her young daughter. She arrived in the United States with four children and was pregnant with her fifth. She was devastated by the family crisis, suffered from depression and felt unfit as a parent. At the same time, her children were showing signs of behavior issues such as having nightmares, separation anxiety, and frequent fighting. In sum, Gloria felt "broken."

"I would enter crying and would leave really happy. [The therapist] always said encouraging words, she lifted my spirits. And when the sessions finished, she would always give me a big hug, a big hug that would make me feel – like when you are really tired, and you arrive there exhausted, and just by listening and hugging you feel like she has taken a heavy burden from you."

When Gloria was referred to Catholic Charities by a private clinic, she entered a network of services focused on supporting her family: psychological services for herself and the two oldest children, guidance services, and parent education through the Parents As Teachers (PAT) program. In addition, Catholic Charities linked the family to several other First 5 services, including speech and developmental assessments for the older children, home visits through Home Start, legal consultation, and health insurance assistance.

Eighteen months after entering Catholic Charities, the family is more stable. Thanks to therapy and the PAT program, the children are calmer (they have fewer nightmares and behavior problems). Likewise, Gloria's mental state and parenting skills have greatly improved. She attributes this progress to the psychologist, who "lifted her spirits" and taught her how to release anger and cope with her family's crisis.

Gloria's parenting skills were augmented by the PAT provider's home visits during which Gloria learned more effective parenting skills. As a result, Gloria gained a better understanding of her children's development, became more patient with her children and more capable of appropriately disciplining them. While describing how she uses newly-acquired techniques to manage a tantrum, she happily exclaims, "It works!" Over time, she gained confidence as a single parent and was able to take time for fun activities such as fishing or going to a drive-in movie.

Thanks to Catholic Charities and to other supportive services, Gloria feels a strong sense of community support. She is able to look toward the future as Catholic Charities services and the PAT program continue to support her and her children.

"I have understood that I have to be strong for [my children], If needed, tough – and say no to them. If they want something, they have to earn it. That has helped me a lot because I feel – I no longer feel like I'm going to break, not anymore. I no longer feel like I want to revert to being a baby. I feel a little stronger and capable of doing many things by myself."

Chapter 7

Non-Initiative Contractors and Activities

"We must recognize that the welfare of our children is intimately linked to the welfare of all other people's children….The good life for our own children can be secured only if a good life is also secured for all other people's children." — Lilian Katz

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. First 5 San Diego selects and funds non-initiative contractors according to five funding strategies: 1) provide a local match to State First 5 individual contractor projects; 2) support projects of county-wide importance; 3) utilize Responsive Funds to invest in projects that target emerging needs in the community; 4) fund new direct service approaches or techniques that support early childhood development (Innovative Grants), and 5) support infrastructural enhancements for children's services (Capital Projects). This chapter reviews the contributions of non-initiative First 5 San Diego contractors that enhance systems of care for young children and families.

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

The Kit for New Parents (Kit), one of First 5 California's first and longest running programs, expanded its reach in FY 2008-09. The Kit, containing valuable resources and information on parenting and child development in both English and Spanish, was released in four Asian languages in the spring of 2009. The importance of the Kit as a resource for parents was emphasized by findings of the 2009 Status of San Diego County's Children 0-5 report, which showed that more than half of parents do not know where to call for support and requested more information about resources. Locally, the Kit is primarily distributed by UCSD Regional Perinatal System's Welcome Baby Program (WBP) through over 680 partner agencies, 87 of which were new in FY 08-09. 211 San Diego also began distribution of the Kit and offered Kits to all callers of the First 5 San Diego parent line. Exhibit 7.1. shows that the total number of Kits distributed in San Diego County dropped by 24.8% in FY 2008-09. This drop is likely due to a combination of higher numbers in FY 07-08 because of the launch of the new DVD version and budgetary constraints at the state level in FY 08-09 resulting in the production of fewer kits. Exhibit 7.2 shows the number and percentage of Kits distributed by language in FY 2008-09, including the new Asian languages.

Exhibit 7.1 Kits Distributed in San Diego County by Fiscal Year

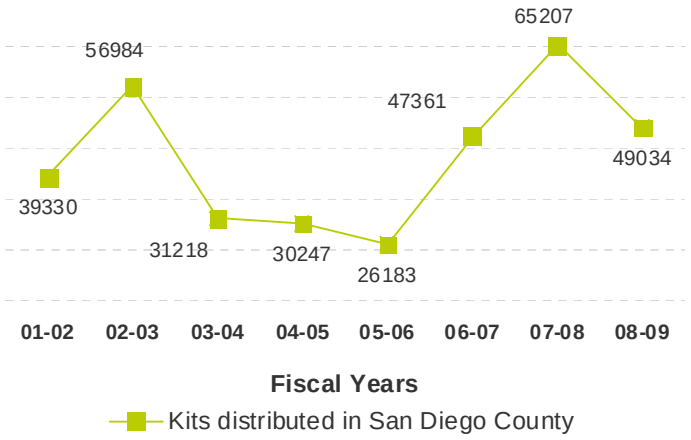


Exhibit 7.2 Kits Distributed in San Diego County by Language in FY 2008-09

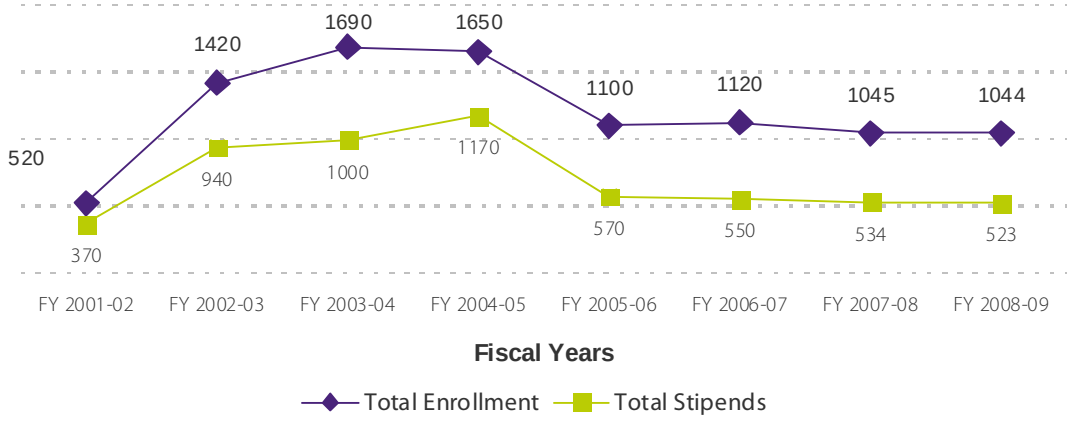
Language of Kit	Number of Kits	Percentage of Total Kits
English	29,046	59.2%
Spanish	18,435	37.6%
Vietnamese	647	1.3%
Mandarin	331	0.7%
Cantonese	292	0.6%
Korean	283	0.6%

YMCA Childcare Resource Service: San Diego CARES

The San Diego CARES (Comprehensive Approaches to Raising Educational Standards) program seeks to improve the quality of local child care by offering stipends to child care providers who attend early care and education classes. CARES was launched in FY 2001-02 by First 5 California, which provides 20.0% of the funds (the remaining is supplied by County Commissions). FY 2008-09 saw the lowest number of CARES enrollees (1044) since the program's first year, and participation has dropped 5.0% overall since FY 2005-06 when CARES changed its participation rules. Similar to the last four years, 50.1% of those enrolled (523 participants) completed their classes and received stipends. Participant satisfaction in the program was assessed through a retention survey, described in the box below.

Exhibit 7.3 San Diego CARES Participants

Total Enrollment vs. Total Stipends by Year



CARES Retention Survey

This year, First 5 San Diego partnered with YMCA-CRS to administer a statewide CARES survey locally to 1,479 San Diego CARES participants from the past three years of the program. The survey achieved a 25% response rate and showed the following key results:

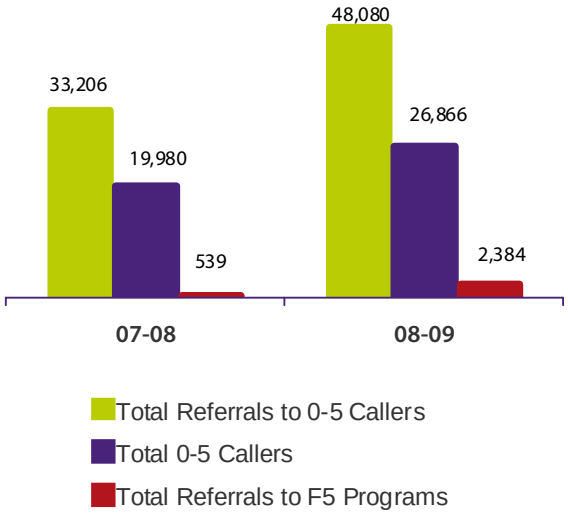
- A majority of participants reported that the financial incentive was the most favored component in the CARES program (81%) and the primary motivating factor in their decision to participate (77%).
- Respondents found many benefits to the CARES program, especially the ability to learn more about early childhood education and to earn child development permits.
- Respondents who stopped participating in the program primarily cited personal reasons, such as health or family issues, or that it was too difficult to take classes while working full time.
- 86% of respondents were working in the same child care facility as when they most recently participated in CARES and 90% intended to continue participation in the CARES program.
- Participants were frustrated by the low salaries, lack of promotional opportunities, and lack of health insurance in the child care field.

Source: Brown, Marianne. "San Diego CARES for the Early Learning Workforce: Results of the CARES Retention Survey." YMCA Childcare Resource Service. February 2009.

211 San Diego: Information and Referral Services

211 is the national dialing code for information about community health and disaster services. Locally, 211 San Diego provides live phone specialists who offer personalized information to callers seeking services in San Diego County. During FY 2008-09, 211 San Diego answered 164,561 calls, 16% of which were from families with children ages 0-5, and provided 48,080 referrals to 0-5 callers (5% of which were referrals to First 5 San Diego programs). The Secret Shopper study[1], described in the box below, was used to improve the accuracy of referrals for families of young children. 211 San Diego continues to be an important resource to the community in times of distress: in just two weeks, from June 17 to June 30, 2009, 211San Diego assisted 3,500 callers in response to the H1N1 (Swine Flu) Pandemic.

Exhibit 7.4 211 San Diego Callers and Referrals by Year



Note: FY 07-08 data has been revised since FY 07-08's Annual Evaluation Report to address inconsistencies in data reporting.

[1] Harder+Company. "First 5 Commission of San Diego County: Special Report – Evaluation of 2-1-1 San Diego." September 2009.

211 San Diego Secret Shopper

In FY 2007-08, First 5 San Diego conducted a Secret Shopper project to enhance the existing 211 San Diego evaluation with the primary focus of assessing the appropriateness and accuracy of the referrals.* 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."** The results of the Secret Shopper project are based on 1,223 calls completed in two phases, in English and Spanish, during business hours and after hours. ***

As a result of the project, 211 San Diego and Harder+Company identified very specific targeted areas to improve referrals. First 5 staff worked with 211 San Diego to develop improved training and referral protocols for 211 San Diego operators. As a result, improvements were seen in the number of referrals and referral completeness in calls from young families.

Recommendations for improvement were to keep the First 5 San Diego funded organizations in 211San Diego's database up-to-date and to reduce wait times for callers, since speed was the area that scored the lowest and wait time actually increased from Phase 1 to Phase 2.

* Accuracy is defined as meeting the caller's needs in terms of the type of service, region/locality and language.
**Mystery Shoppers Providers Association of North America; http://www.mysteryshop.org/index-na.php, accessed July 11, 2007
***Harder+Company. "First 5 Commission of San Diego: Special Report-Evaluation of 2-1-1 San Diego." September 2009.

Responsive Funds

The Commission has allocated $3 million annually for responsive projects to be used for new opportunities, urgent needs, pilot projects, or leveraging efforts that support the Commission's strategic plan. The following are brief descriptions of the Commission's ongoing responsive projects, as well as new projects for the 2008-09 fiscal year.

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

In FY 2007-08, Community Health Improvement Partners (CHIP) began the Boo-Boos, Belly Aches, and Bumps, Before You Go to the Doctor: What to Do When Your Child Gets Sick (B4) program.[2] The centerpiece of the program is the *What to Do When Your Child Gets Sick* book, an easy-to-understand resource book for parents. The B4 program trains "master trainers" from community based organizations throughout San Diego County to, in turn, instruct parents and caregivers to utilize the book. The project is evaluating whether the combination of training with provision of the book will reduce the number of non-emergency uses of emergency departments and clinics, as well as the number of days parents miss work and children miss preschool or daycare. [3]

Exhibit 7.5 CHIP B4 Program Results for FY 2008-09

Results	FY 2008-09
Number of active master trainers	125
Number of parent/caregiver trainings held by master trainers	41
Number of parents/caregivers trained	638
Number of active partner sites	26

[2] During the first year of the program, it was called "What to Do When Your Child Gets Sick."
[3] sdchip.org. 2008. 6 October 2009 <http://www.sdchip.org/B-4/index.html>.

The program was fully implemented in FY 2008-09 and surpassed its goal of training 500 parents and caregivers in FY 2008-09 by more than 25%.

American Academy of Pediatrics: Reach Out and Read

Reach Out and Read (ROR) is a pediatrician-developed program that uses regularly scheduled doctor's visits to encourage parents to read frequently to their children.[4] The goal of this national, evidenced-based program is to make literacy promotion a standard part of pediatric primary care so that children grow up with books and the love of reading. ROR provides books for children ages 0-5 via their health providers as a part of the "well child visit" and trains local community clinics and health providers to implement practices that promote early literacy.

In FY 2008-09, ROR expanded to four new sites. First 5 San Diego funding purchased 8,267 new books, serving 4,133 children and their families. Most of First 5 San Diego funds were used to leverage other funding sources and provide the staffing and infrastructure that enabled ROR to distribute over 68,000 books and serve 49,000 children.

Exhibit 7.6 AAP ROR Program Results for FY 2008-09

Results	FY 2007-08	FY 2008-09
Number of new sites	7	4
Number of new books purchased	8,329	8,267
Number of children and families served	4,164	4,133

New Programs

The following programs were awarded funding during the latter part of FY 2008-09. Brief descriptions and data collected thus far are provided. Future reports will better highlight the results of these programs.

South Bay Community Services: Mi Escuelita Therapeutic Preschool

Mi Escuelita is a therapeutic preschool program for children ages 3 through 5 who have been exposed to domestic violence, abuse, and/or homelessness. Through First 5 San Diego funding and other financial supporters, the school provides free bilingual services for children and their families including developmental screenings, parenting classes, counseling, teacher/caregiver training, and educational activities in a safe, healthy environment.[5]

Exhibit 7.7 Mi Escuelita Program Results for FY 2008-09

Results	Jan-June, 2009
Number of children attending therapeutic preschool	52
Number of parents attending parenting classes/workshops	14
Number of children attending individual counseling	33
Number of children attending group counseling	47
Number of children receiving occupational and/or physical therapy	45
Number of children attending speech classes	45

[4] Reachoutandread.org. 2003-2006. 25 September 2009 <http://www.reachoutandread.org/about.html>.

[5] Southbaycommunityservices.org. 2009. 25 September 2009 < http://www.southbaycommunityservices.org/child-well-being.php>.

Mi Escuelita is the only school of its kind in Southern California and provides specialized age-appropriate care to a unique population in San Diego County.[6] Future evaluation reports will compare results of developmental assessments conducted prior to receiving services to those conducted upon completion of services.

Horn of Africa: Families Together Program

Horn of Africa's Families Together Program (FTP) is an affiliate program of the evidence-based Healthy Families America (HFA) program. This program serves East African families with children ages 0-5. FTP staff members work with pregnant women and their families to ensure that their infants and children have appropriate healthcare, education, and advocates that support them. A comprehensive assessment of the family is completed, and weekly home visits are provided to implement individualized care plans, link children and mothers to a medical home and other needed social services, and support parent-child interaction and bonding, nutrition, and family well-being.

Prior to receiving First 5 San Diego Responsive Funds, the Horn of Africa's Families Together Program had enrolled 45 families. The funding from the Commission in the spring of FY 2008-09 was provided to increase the program's capacity to serve an additional 30 families over the next three years. During the last two quarters of FY 2008-09, the program served 89 children ages 0-5 and 48 parents of children ages 0-5, including seven pregnant women. Future evaluation reports will provide data on the outcomes of this program, such as improved parenting skills and increased access to healthcare for young refugee and immigrant children and their families.

San Diego County Health and Human Services Agency, Child Welfare Services

First 5 San Diego and San Diego County's Child Welfare Services (CWS) developed a deeper partnership during FY 2008-09. In response to the economic downturn and the negative effect it has had on families of children ages 0-5, First 5 San Diego collaborated with CWS to support two programs that address the well-being of young foster children and their caregivers:

> ***Foster Care Respite:*** A program that seeks to offer support and reduce stress for foster parents and kinship caregivers by providing respite care. Through this program, these caregivers can attend trainings, appointments and other personal obligations while the children receive professional care. Since February of 2009, CWS estimates 416 foster parents, kinship caregivers and foster caregivers of medically fragile or severely handicapped children received respite services.
>
> ***Child Welfare Services (CWS) Developmental Screening and Enhancement Program (DSEP) Project:*** A program to enhance existing developmental and behavioral assessments and care coordination for children at the Polinsky Center and in foster care settings. Staff at the Polinsky Center will also receive specialized training and coaching on supporting the developmental challenges of young children in foster care. This program was not funded by First 5 San Diego until near the end of the fiscal year and no outcomes were available for this report.

[6] Ibid.

Capital and Equipment Grants

In FY 2008-09, First 5 San Diego continued their strategic effort to further support the improvement of early childhood development for children 0-5 through building or expanding critical infrastructure such as classrooms, clinics, and medical and playground equipment. Exhibit 7.8 displays the projects that received funding for capital improvements during FY 2008-09.

Exhibit 7.8
Capital Project and Equipment Grants

Capital Improvements	Use of Funds
Blessed Sacrament Parish Preschool	Improvements to preschool and pre-K classrooms.
Borrego Community Health Foundation	Additional exam room with equipment at the Centro Medico.
Cajon Valley Union School District	Toddler/preschool play structure at Kennedy Park.
Chicano Federation of San Diego County, Inc.	Improve the current child development facility, which includes: building three enclosed classrooms, building an inside gym, remodeling the center's kitchen and replacing the existing carpet throughout the center.
Family Health Centers	Construct and equip two children's dental operatories to exclusively serve children ages 0–5. Expand the service areas of the Pediatrics Department, Speech and Language, Occupational Therapy, the Women's Clinic/OB-GYN and the Health Education Department at the Logan Clinic.
Grossmont Cuyamaca Community College District	Improve the playground at the Child Development Center.
North County Serenity House, Inc.	Refurbish the Child Development Center and purchase computer equipment.
Oceanside Unified School District-LISTOS Center	Expand the children's learning areas by providing additional furniture, equipment, and activities at the LISTOS Center.
Pregnancy Care Center DBA East County Pregnancy Care Clinic (ECPCC)	Purchase of medical equipment, exam rooms, and office equipment.

Exhibit 7.8 (continued) Capital Project and Equipment Grants	
Capital Improvements	**Use of Funds**
Rady Children's Hospital of San Diego	Improve the playground at the Oceanside Developmental Services Center (ODSC) and Children's Toddler School (CTS), and behavior treatment/observation rooms of the new Autism Discovery Institute (ADI).
Ridgeview Preschool	Improvements to the gross motor play area of the preschool.
Ronald McDonald House Charities San Diego	Construct a recreation and education playground.
San Diego Public Library	Add a preschool area in four new libraries to promote school readiness.
San Diego Unified School District	Restructure, renovate, replace, and enhance the facility at Garfield Children's Center and at Rowan Children's Center. Also, update the playground at Garfield.
San Diego Youth & Community Services	Improve facilities for adolescent parents and their children ages 0-5.
St Vincent de Paul / Father Joe's Villages	Construct a new facility to house St. Vincent de Paul Village's therapeutic childcare services.
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.
U.S. Department of the Navy, Navy Region Southwest	Construct two new Child Development Centers in the Murphy Canyon and Coronado Naval Air Station communities.

Innovative Grants

First 5 San Diego supports innovative practices and new approaches or techniques that encourage the healthy development of children ages 0-5 and their families in San Diego County. Through one-year Innovative Grants for up to $75,000, the Commission enables organizations in the community to demonstrate unique approaches or expand successful strategies in different ways or to underserved populations. Exhibit 7.9 describes the Innovative Grants that received funding during FY 2008-09.

Exhibit 7.9
Innovative Grants

Grantee/Program	Description of Project/Services
Alliance for African Assistance *Parent Play Group for Burmese Refugees*	Provide school readiness playgroups for Burmese refugee parents and children.
Angels Foster Family Network *Healthy Attached Little Ones (HALO)*	Parenting classes and support to strengthen the parent-child relationship; training for foster parents on bonding, attachment, and techniques to create a smooth transition from the foster family to the birth family during visitations.
Hearts and Hands Working Together *High Conflict Diversion Program (Spanish)*	A 12-week class for parents to reduce tension in high conflict divorces and custody battles. These conflicts often have profound effects on young children.
Horn of Africa *Families Together Program (FTP)*	A pilot to implement an affiliate program of Healthy Families America (HFA), providing comprehensive family assessments and follow-up home visits to East African families and their children ages 2 to 5 to implement an individualized plan of care.
Jewish Family Service of San Diego *Preschool in the Park (PIP)*	Parenting instruction, community-based early learning preparation, medical access and play for children ages 1-5 and their parents.
Nile Sisters Development Initiative *Circle One Literacy*	Training for first generation college students from SDSU to provide home-based tutoring services to refugee families with children 0–5 living in Central San Diego.
Resounding Joy *Sound Minds: An Early Intervention Music Program for Children and Teenage Parents*	Builds attachment between teen mothers and their babies through the use of music therapy.

Exhibit 7.9 (continued) Innovative Grants	
Grantee/Program	**Description of Project/Services**
Riding Emphasizing Individual Needs & Strengths (REINS) San Diego *Therapeutic Consulting Partnership Occupational and Physical Therapist Program*	Provides specialized training by occupational and physical therapists to riding instructors working with children with disabilities. Establishes a system to better track the progress of children in therapy.
San Diego Symphony Orchestra *Words and Music: Music and Words*	Parent workshops and activities promoting reading and using music as a tool to promote school readiness by holding performances for young children and their families in geographically diverse, community-based locations.
Scripps Memorial Hospital La Jolla *The Parent Connection*	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. *Talk To Me*	Using parents and community-based approaches to raise the vocabulary levels of young children living in lower socio-economic communities. These children often start kindergarten with half the vocabulary of their peers.
UCSD, School of Medicine *Substance Abuse Screening for Women*	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 – SOLES/COMPASS *Family Center Transition Support Program*	Prepares 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.
Vista Community Clinic *Dad to Dad Connection*	Provide outreach, parenting education, case management, and family activities designed to increase the involvement of young fathers in their children's health, development and school readiness.