

# FIRST 5 COMMISSION OF SAN DIEGO COUNTY STRATEGIC PLAN 2010-2015

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## COMMUNITY NEEDS ASSESSMENT REPORT

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August 2009

### I. Introduction

This document presents key findings from the community needs assessment conducted to inform development of the Strategic Plan 2010-2015 for the First 5 Commission of San Diego County (First 5 San Diego). This report is based on the best available research related to young children's health, early care and education, parent and family development, and community capacity building in San Diego County. Community outreach in the form of key informant interviews, web-based parent and provider surveys, and parent focus groups served as a critical source of information throughout the planning process.<sup>1</sup>

The report is organized into chapters that correspond to the four goal areas<sup>2</sup> of the 2010-2015 Strategic Plan:

- **Health**
- **Learning**
- **Family**
- **Community**

Each chapter addresses the key areas of need identified during the needs assessment process, and begins with a high-level summary of community outreach findings. The *Outreach Findings* sections highlight the most pressing needs as identified by parents and families, service providers and key informants in the fields of early childhood health and education.

Next, each chapter presents a discussion of community strengths, assets and key challenges for each area of need. This discussion is developed using the most current data and research available for San Diego County. The *Strengths and Assets* and

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<sup>1</sup> The needs assessment was conducted primarily between November 2008 and February 2009. Many of the needs and assets identified in this report are likely to be significantly impacted the deepening of the economic downturn and severe state budget cuts to health and human services programs.

<sup>2</sup> Health, learning, family and community work together to build the foundation for healthy relationships, the overarching goal identified in the Strategic Plan. While this report does not address the overarching goal explicitly, research and outreach findings frequently highlight what is needed to support healthy relationships.

*Gaps* sections discuss strengths and weaknesses of the existing network of care and service delivery, as well as the specific needs of families and their youngest children.<sup>3</sup>

Each chapter in this report concludes with a table summarizing the following information for each identified area of need:

- First 5 San Diego-funded programs addressing this need;
- the level of current First 5 San Diego investment in these programs; and
- other programs, partners or contributors addressing this need.

## II. Health

This chapter provides an overview of community needs related to early childhood and maternal health, focused on both physical and social emotional well-being.

### A. Health: Outreach Findings

The Outreach Findings section includes summary discussion of the following topics, frequently identified among families and service providers as critical areas of need in San Diego County:

1. Health Insurance and Access to Care
2. Prevention and Early Intervention
3. Social Emotional Health

#### ***Health Insurance and Access to Care***

Parents and providers alike express the need for accessible, comprehensive health care for all families. A number of communities are in great need of health services for children ages 0 to 5 and their families, particularly those who might be considered “isolated” due to cultural, language, geographic, institutional, or other barriers.

Potentially isolated groups include:

- refugee and immigrant families;
- single parent families;
- young and teen parents;
- foster parents; and
- families in rural areas.

Service and care providers in San Diego County report that health insurance for children, along with immunizations and prenatal care, are some the most successfully met needs for children ages 0 to 5. At the same time, with the current economic downturn expected to be lengthy, more families who may have accessed health services through private insurance will likely turn to public sources. This will place

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<sup>3</sup> Note that the strengths, assets, and gaps, while current at the time of this assessment, are very likely to change as a result of state and local budget cuts and changing economic conditions.

greater demand on a system that is expected to be severely reduced due to the economic conditions and California's budget crisis.

Furthermore, many families report that they fall into "accessibility gaps"—that is, their income may be too high to qualify for Healthy Families and other public assistance, but too low to afford private insurance. According to parents and providers alike, lack of information about where to go or who to call to receive services and the cost of services are the two most notable barriers to health care access and other support.

Healthy Families and other public insurance programs are valued by the parents who are served by them. Parents and providers note that there are many ways to provide services to those who have accessibility challenges, but specific solutions should be tailored to each community (demographic and geographic), when possible. Parents and providers feel that one-stop community clinics, home visits to all newborns, and mobile clinics were especially promising and effective strategies.

### ***Prevention and Early Intervention***

More health-related prevention and early intervention efforts are needed in San Diego County. Early care efforts such as the Kit for New Parents and programs such as the Nurse Family Partnership in East County are noted as providing valuable resources. Parents and providers support the continuation and expansion of healthy development screenings and assessments for early identification and treatment of speech and developmental delays, vision, hearing, oral, and other health concerns. Some providers noted that a supportive reimbursement structure and an overall community philosophy that prioritizes such care for young children are critical to prevention and early intervention efforts. Other parents and providers noted that promoting the importance of active lifestyles, healthy foods, and early development are important steps in minimizing the need for treatment in later years. Parents expressed the need for structured play for children ages zero to three, and for more opportunities for unstructured play and exploration outside of the home for all young children.

### ***Social Emotional Health***

Healthy development encompasses not only physical health, but also the social, emotional, and behavioral health of young children. The majority of San Diego providers who participated in the online survey believe that the region's service network for children's behavioral and social emotional health is either extremely or somewhat effective. There are also many providers who feel that San Diego's service network is not adequate to meet the needs of children 0 to 5 and their families.

Parents and providers expressed that "knowing if their children are growing and learning as they should" is the greatest need in supporting the healthy development of children ages 0 to 5. Similarly, parents and providers alike believe that supporting parents' understanding of developmental stages, including key issues and milestones, is of the most valuable support to provide parents and families. Parents and providers stated that supporting parents in addressing behavioral health issues such as temper, sadness, and discipline issues would have a positive effect and would help meet critical needs of

San Diego's young children and families. Social skills and social support and treatment for developmental delays and special needs were also identified as important.

## **B. Health: Selected Research Findings**

This needs assessment is in part based on secondary research findings resulting from a review of state and county data, peer-reviewed articles, and publications commissioned by agencies and organizations dedicated to improving the lives of young children and families. Based on information provided by these sources, health-related strengths, assets and gaps have been identified in the following areas:

1. Maternal Health and Family Planning
  - Early prenatal care and health interventions for women
  - Unintended pregnancies and teen births
  - Preterm and low birth weight births
  - Breastfeeding
  - Postpartum Depression
2. Children's Physical Health
  - Overweight and obesity
  - Access to health care
  - Oral health
  - Injury and violence
3. Behavioral and Social Emotional Health
  - Parent and community education and awareness
  - Spectrum of effective and accessible behavioral health services

### ***1. Maternal Health and Family Planning***

#### **• Early Prenatal Care and Health Interventions for Women**

Improved health interventions for women prior to and during pregnancy are known to reduce complications and adverse pregnancy outcomes such as low birth weight, premature birth, and infant mortality. According to the Center for Disease Control and Prevention, early and adequate prenatal care, including beginning care in the first three months of pregnancy, is associated with healthier births and allows time to monitor and intervene if a problem is detected.

#### ***Strengths and Assets***

California's Access for Infants and Mothers (AIM) Program provides low-cost health care insurance for pregnant women who don't have health insurance and whose income is too high for no-cost Medi-Cal. AIM is also available to those who have health insurance if their deductible or co-payment for maternity services is more than \$500.

Other local resources contributing toward this need include California Comprehensive Prenatal Care Services, Regional Perinatal System, and the Black Infant Health Program.<sup>4</sup>

Currently, First 5 San Diego invests \$3.1 million annually in its Healthcare Access Initiative (HCA). This initiative helps eligible families and pregnant women sign up for, use, and stay enrolled in health insurance. First 5 San Diego's Oral Health Initiative (OHI) provides dental exams, care coordination, and limited treatment services for pregnant women. The primary funding source for treatment is partial payment by Denti-Cal. These services help to reduce the risk of preterm births and other negative outcomes that are associated with dental disease.

### **Gaps**

According to the Status of San Diego County's Children 0-5 Report (2008), the percentage of live births to mothers receiving late or no prenatal care increased from 2.7 percent in 2005 to 3.6 percent in 2008<sup>5</sup>. The need for improved access to prenatal care is particularly acute among women who earn too much to qualify for AIM and other low-cost insurance but who cannot afford private insurance.

Prenatal care is one of five top investment opportunities identified in the 2004 Needs and Assets Assessment of Children's Health, conducted on behalf of First 5 San Diego. In 1995, 82 percent of African American and Latina mothers in San Diego County began prenatal care within the first three months of pregnancy, compared to 89 percent of Asian women and 90 percent of expectant white women (Children NOW, 2007). Mothers in the North Coastal and Central Health and Human Services Agency (HHSA) Regions received early prenatal care slightly less frequently than mothers in other county regions.

### **• Unintended Pregnancies and Teen Births**

Overall, children of unintended conception are at greater risk of suffering from low birth weight, physical abuse, and developmental disabilities. While Community Health Improvement Partners (CHIP) reports a decline in the birth rate between 2000 and 2006 for teens age 15 to 17, progress related to this indicator has leveled off over the past three years. The teen birth rate in San Diego County in 2006 was roughly 19 out of every 1,000 births. This compares to 20.3 out of every 1,000 births statewide and 21.4 per 1,000 births nationally (The Children's Initiative, 2007).

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<sup>4</sup> Funding for AIM was recently reduced and funding for the Black Infant Health Program was eliminated from the state budget.

<sup>5</sup> The 2008 figure provided is based on an analysis using the most recent data available. For a full list of sources, see The Status of San Diego County's Children 0-5, Appendix E (full citation found in document list of sources).

## **Strengths and Assets**

Existing resources to help reduce incidence of and risks associated with unwanted pregnancies and to improve health outcomes for pregnant and parenting adolescents and their children include:

- San Diego Adolescent Pregnancy and Parenting Program (SANDAPP);<sup>6</sup>
- County of San Diego Public Health Nursing; and
- San Diego Youth Services (SDYS) Teen Options Program.

SANDAPP provides case management services to pregnant and parenting youth to improve health outcomes for the adolescents and their children. The program focuses on increasing high school graduation rates, enhancing parenting skills, preventing child abuse, neglect and family violence, promoting youth development and assisting to postpone subsequent pregnancies. The County of San Diego's Public Health Nursing program provides services to teen moms through home visits, providing education and support to help moms and babies stay healthy.

Teen Options provides comprehensive services to pregnant and parenting teens and young adults ages 12 to 25 to help them gain sobriety and deliver healthy, drug-free babies and increase their knowledge of child development, parenting, and life skills. The program is partially supported through First 5 San Diego's First 5 for Parents Initiative.

## **Gaps**

The 2004 Needs and Assets Assessment of Children's Health identifies prevention of teen pregnancy as a priority for First 5 investment in San Diego County. In 2005, teen birth rates in San Diego County were highest among Latinas, and the proportion of low birth weights was highest among girls under the age of 15 (CHIP, 2007). The 2007 San Diego Report Card on Children and Families identifies the need for more prevention services, especially expanded health education for teens regarding abstinence and contraceptives.

### **• Preterm and Low Birth Weight Births**

Low birth weight and premature birth are often associated with long-term disabilities that can negatively impact a child's ability to learn and succeed in school. Associated conditions include, but are not limited to, cerebral palsy, autism, mental retardation, and vision and hearing impairments. Smoking during pregnancy<sup>7</sup> and poor nutrition are two of the most widely known, preventable risk factors associated with low birth weight.

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<sup>6</sup> Recent state budget cuts include a significant reduction for the Adolescent Family Life Program which funds SANDAPP.

<sup>7</sup> Approximately 20 percent of pregnant women smoke nationwide. It is estimated that 25 percent of all female smokers quit shortly after learning they are pregnant. Among those who quit on their own, 21 percent to 35 percent will go back to smoking during pregnancy (Rady Children's Hospital San Diego).

In San Diego, the percentage of preterm births was 10.8 in 2007. The percentage of infants born at low birth weight has increased from 6.1% in 2002 to 6.9% in 2007 (County of San Diego HHS).

### **Strengths and Assets**

Existing key resources in San Diego County include California's AIM program and the Women, Infants and Children (WIC) program funded by the U.S. Department of Agriculture. WIC provides vouchers for nutritious foods, along with nutrition education and breastfeeding support. The Black Infant Health program provides support services for pregnant African American women, and the March of Dimes conducts education and advocacy activities to promote improved infant health and the prevention of birth defects, premature birth, and infant mortality.

First 5 San Diego currently provides \$140,000 annually to fund the Partnership for Smoke-free Families. The Partnership for Smoke-free Families provides tobacco use screening and cessation referral services for pregnant women and to new parents to reduce children's exposure to tobacco in the home. HCA supports access to prenatal care by enrolling pregnant women in health insurance.

### **Gaps**

African American mothers in San Diego County experience the highest proportion of preterm and low weight births. The Black Infant Health program addresses this gap but funding for the program was eliminated from the state budget in July 2009. Mothers in the HHS Central Region experience the highest proportion of preterm and very low birth weight births, while the Central and North Central regions experience the highest proportion of low birth weight births (CHIP, 2007).

The percentage of mothers in San Diego County who smoke during pregnancy increased from 8.0 percent in 2002 to 10.8 percent in 2006 (California Department of Public Health Maternal and Infant Health Assessment Survey, 2006). Not only does smoking during pregnancy increase the risk of low birth weight births, but it also increases the chance of placental damage and respiratory problems for infants (Centers for Disease Control and Prevention).

### **• Breastfeeding**

The Surgeon General lauds breastfeeding as one of the most important contributors to infant health. Not only does it provide a range of benefits for the infant's growth, immunity and development, it also improves maternal health and contributes economic benefits to the family, health care system and workplace (Department of Health and Human Services, 2000). The American Academy of Pediatrics (AAP) recommends exclusive breastfeeding for the first six months, and supports breastfeeding for up to one year or longer if desired. According to the United Nations Children's Fund (UNICEF), the many health benefits of breastfeeding could translate into millions of dollars of savings through decreased hospitalizations of infants and pediatric clinic visits.

### **Strengths and Assets**

Breastfeeding rates for newborns in San Diego County meet or exceed the national Healthy People 2010 targets. Ninety percent of San Diego women *initiate* breastfeeding in the hospital, compared to the goal of 75 percent (The Children’s Initiative, 2007).

Key services in the county that provide breastfeeding resources and support include:

- WIC;
- The San Diego County Breastfeeding Coalition (SDCBC);
- La Leche League; and
- First 5 San Diego Healthy Development Services (HDS) Newborn Home Visiting program.

### **Gaps**

Of the approximately 45,000 infants born each year in San Diego County, 89 percent initiate breastfeeding in the hospital. However, fewer than 20 percent of these infants receive any breast milk by six months of age (San Diego County Breastfeeding Coalition).

The Baby-Friendly Hospital Initiative (BFHI) is a global program sponsored by the World Health Organization (WHO) and UNICEF to encourage and recognize hospitals and birthing centers that offer an optimal level of breastfeeding support for mothers and their babies.<sup>8</sup> There are 77 Baby-Friendly accredited hospitals and birth centers in the United States, and over one quarter of these are located in California. Two of the state’s 21 Baby-Friendly accredited hospitals and birth centers are in San Diego County<sup>9</sup> (BFHI).

### **• Postpartum Depression**

Available research suggests that depression is one of the most common health complications for women during prenatal and post-partum periods. One analysis reported that between 6.5 percent and 12.9 percent of mothers suffer from depression during their first 12 months after giving birth, and up to nearly 6 percent experience major depression during that same time period (California Department of Health Services, 2007). Maternal depression is known to negatively affect the connection between an infant and a mother, often referred to as the primary attachment relationship.

### **Strengths and Assets**

The Postpartum Health Alliance is a San Diego-based, nonprofit membership organization comprised of health professionals committed to providing information and support services to women at risk of, or experiencing, postpartum depression. UCSD Medical Center provides clinical services for depression, pre- and post-natally, to

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<sup>8</sup> Baby-Friendly USA, the non-profit organization created by the Healthy Children Project, Inc., now implements the Baby-Friendly Hospital Initiative in the United States.

<sup>9</sup> Scripps Memorial Hospital Encinitas and UCSD Medical Center.

patients referred by providers or social workers. Public health nurses also provide support and referrals during home visits to families identified as “at-risk.” The Nurse Family Partnership in the East Region provides multiple home visits to high risk mothers.

First 5 San Diego invests over \$2.5 million annually for newborn and at-risk home visiting. If a risk is observed during a home visit, the mother is assessed for postpartum depression and families are provided with referrals to ancillary services, as well as support and case management for at-risk families.

### **Gaps**

Postpartum depression may not be identified, especially in a mother who does not have a history of depressive symptoms. It also may be difficult for women and families to admit or accept, which may deter them from seeking help. Through First 5 San Diego’s HDS initiative home visitation services are available for all at-risk families. However, most referrals are received through newborn home visitation services that are available only to first-time parents. Therefore, mothers at risk for depression who have more than one child, without other risk factors, are far less likely to be seen and assessed. Some health care providers are reluctant to screen and assess for postpartum depression due to perceived lack of expertise and the limited availability of treatment services to refer patients to once they are identified (Baker-Ericzen et. al., 2008).

## **B. Children’s Physical Health**

### **• Overweight and Obesity**

Overweight and obesity is a serious health concern for children throughout the United States. The percentage of children and adolescents who are overweight has tripled since the early 1970s. Data collected as part of the National Health and Nutrition Examination Surveys for the years 1999 through 2004 shows that the prevalence of overweight among children ages 2 to 5 increased from 10 percent to 14 percent over that period (CHIP, 2007).

### **Strengths and Assets**

The San Diego County Childhood Obesity Initiative is currently advocating for implementation of various strategies identified in the Childhood Obesity Action Plan to improve the health of children and families in San Diego. The plan includes strategies to educate families about nutrition and exercise, as well as creating a community that supports healthier choices. The Initiative is a collaborative effort of many partners, including the San Diego Coalition on Children and Weight.

The California Endowment’s (TCE) Healthy Eating, Active Communities Initiative seeks to help communities improve their physical, social, and cultural environments to promote healthier, more active lifestyles and choices. Through this demonstration project, TCE provided grant funding to help Chula Vista and its South Bay Partnership

affect changes in local policy needed to help combat diabetes and obesity among school-aged children.

Current First 5 San Diego investments in preventing childhood obesity include:

- \$130,000 annually to support the San Diego County Childhood Obesity Initiative and the Childhood Obesity Action Plan; and
- First 5 for Parents programs including NEAT at 2 and Options for Health (\$632,755 in FY 2008-09).

### **Gaps**

In 2002, 13.5 percent of children younger than 5 years of age were overweight, compared to the statewide rate of 16.2 percent. (Social Entrepreneurs, Inc. and Center for Health Improvement, 2004). Thirty-one percent of San Diego's 5<sup>th</sup>, 7<sup>th</sup>, and 9<sup>th</sup> grade students are overweight, compared to 32.2 percent statewide (CHIP, 2007).

In the U.S., the prevalence of obesity in low-income 2 to 4 year-olds increased from 12.4 percent in 1998 to 14.5 percent in 2003, but rose to only 14.6 percent in 2008 (CDC) Nationally, obesity prevalence is more than twice as high among low income teens compared with teens from more affluent households. Latino and African American youth face higher rates of overweight than white and Asian youth. Childhood obesity prevention and treatment has been identified as a pressing health need in the North Central Region in particular (Social Entrepreneurs, Inc. and Center for Health Improvement, 2004).

### **• Access to Health Care**

Health insurance coverage is often used as an indicator of access to regular health care. In general, children from households with incomes below the federal poverty level are disproportionately affected by a lack of regular access to care and a lack of health insurance coverage.

### **Strengths and Assets**

The First 5 San Diego HCA and HDS initiatives are key programs providing services to children ages 0 to 5 in San Diego County. HCA is the only insurance enrollment program in the county that focuses exclusively on pregnant women and children ages 0 to 5. HCA's outreach and follow-up strategies help ensure that children retain insurance coverage and families can access and utilize appropriate medical services.

In FY 2007-08, 68 percent of children using HCA services were successfully enrolled in health insurance. Of those initially enrolled, 94.7 percent were still enrolled at 18 months, exceeding the state's average retention rate of 62 percent. Nearly 100 percent of children utilizing HCA services had an appropriate medical home and received an annual well child visit (Harder + Company, 2007).

Other programs serving this need are Medi-Cal, Healthy Families, AIM, and San Diego Kids Health Assurance Network (SD-KHAN).

## **Gaps**

Considerable gains have been made in this area over the past several years. In 2005, 91.3% of children ages 0 -5 had health insurance, and this increased to 95.3% in 2008 (Harder + Company, April 2009). However, due to the current economic recession, health insurance availability is expected to decrease as more people are becoming unemployed and uninsured. In addition, recent cuts to the Healthy Families program will likely have a significant impact, and it will be difficult to maintain current percentages of insured children. Although health care reform is being discussed at the national level, change at this level is not likely to occur in the near term, and health insurance availability and access to care at the local level will likely decrease over the next year.

### **• Oral Health**

Tooth decay is the single most prevalent chronic childhood disease affecting children in the United States (Surgeon General, 2000). More than one-quarter of all kindergartners in California suffer from tooth decay, a finding that corresponds with trends at the national level. Because dental decay is such a highly preventable disease and treatment can be very expensive, a focus on prevention efforts represents significant cost savings to both families and society.

### **Strengths and Assets**

Several resources in the San Diego community contribute to improving the oral health of pregnant women and children. Some of these include the Share the Care Dental Health Initiative of San Diego, AAP's Bright Futures, San Diego County Office of Education's SMILES Dental Disease Prevention Program, Anderson Dental Center at Rady Children's Hospital, community clinics, and the California Dental Association.<sup>10</sup>

First 5 San Diego has invested \$1.3 million annually towards its Oral Health Initiative (OHI). OHI provides a network of care to meet the oral health needs of young children and pregnant women throughout the county. During FY 2007-08, 13,946 children ages 0 to 5 and 1,878 pregnant women received routine oral health treatment through OHI services, an increase of 11.9 percent and 34.1 percent, respectively, from FY 2006-07. (Harder + Company, 2008). First 5 San Diego has also invested in improved oral health by allocating \$5.7 million to fluoridate water districts in the county, starting with the City of San Diego.

## **Gaps**

In FY 2007-08, over 30 percent of children and nearly 42 percent of pregnant women receiving dental screenings through OHI had obvious decay or urgent dental needs, representing an increase for both populations from FY 2006-07 (Harder + Company, 2008).

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<sup>10</sup> Funding for Share the Care been reduced in the County of San Diego's 2009/10 budget and funding for SMILES has been cut from the state budget .

Existing service gaps in San Diego County related to oral health for children and pregnant women include:

- lack of available care in rural areas;
- lack of treatment funds for pregnant women; and
- lack of public information and knowledge about oral health practices that will prevent dental disease, especially among low income and immigrant communities.

## • Injury and Violence

Injury and violence in the lives of children can have far-reaching impacts on their physical, cognitive, and social emotional growth and development. A child who witnesses violence or is a victim of violence at home or in his or her community experiences enormous stress, and thus is less likely to have the cognitive or emotional capacity to devote to early learning.

### ***Strengths and Assets***

Existing resources in San Diego County that address children’s health and development issues related to violence include:

- Community Services for Families.
- United Way Project Safecare.
- Promises2Kids (formerly the Child Abuse Prevention Foundation).
- HHSA Child Welfare Services.
- Chadwick Center for Children and Families at Rady Children’s Hospital.
- First 5 for Parents Initiative parent education programs.

Investments from First 5 San Diego include:

- Approximately \$3.5 million annually from FY 2006/07 through FY 2009/10 for the First 5 for Parents Initiative, which provides parenting skills education and support.
- Funding of Foster Parent Respite Support Services provided through the County of San Diego HHSA Child Welfare Services at \$610,000 over a two-year period beginning in FY 2008-09.
- Therapeutic services for abused and neglected children ages 0 to 5 who enter the Child Welfare System (\$9 million for three years beginning in FY 2008-09).
- \$878,400 over a three-year period to South Bay Community Services for the “Mi Escuelita” therapeutic preschool program for children who have been affected by family violence.

- Funding of the Developmental Screening and Enhancement Program (DSEP), which addresses the developmental and behavioral needs of children entering the child welfare system.<sup>11</sup>

## **Gaps**

The 2007 San Diego County Report Card on Children and Families reported rates of domestic violence and violent crime victimization of children higher than the state averages. Despite a gradual decrease witnessed over the last ten years, the rate of unintentional injuries affecting children ages 0 to 18 in San Diego County, at 27.7 per 100,000 children, is significantly higher than the national Healthy People 2010 goal of 17.5 for this indicator. San Diego County rates remain slightly below the state average of 29.3 per 100,000 children.

## **C. Children’s Behavioral and Social Emotional Health**

### **• Parent and Community Education and Awareness**

Increasing parents’ awareness of the importance of behavioral and social emotional health to a child’s overall learning and development is of critical importance. Many families and care providers are not aware of the role that they play in influencing their young child’s social and behavioral health. Often, they lack the appropriate knowledge to identify the environmental stressors that negatively affect social and emotional competencies. Parents are often not aware of the risk factors that may be early indicators of developmental challenges. Similarly, many parents are not aware of the protective factors and “developmental assets” that can greatly enhance a child’s social emotional health.

### **Strengths and Assets**

The Statewide Early Childhood Social and Emotional System Development Project is helping to raise awareness of early childhood social and emotional health among existing networks of care and education. Through this process, First 5 representatives from throughout the state have partnered with departments of public health and social services, county offices of education, and community-based organizations that serve families with young children to discuss how to improve mental health services delivery and funding for children ages 0 to 5 and their families. In addition, this statewide planning group has identified the implementation of a social marketing campaign to promote behaviors that enhance young children’s social emotional health as one of four key strategies.<sup>12</sup> (First 5 Association of California, 2009).

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<sup>11</sup> Additional support is provided by San Diego County HHSA, Child Abuse Prevention Foundation, Rady Children’s Hospital, and the Child and Adolescent Services Research Center.

<sup>12</sup> Other strategies address screening and assessment, insurance reimbursement for screening and treatment, and workforce development using the “California Training Guidelines and Personnel Competences for Infant-Family and Early Childhood Mental Health.” Training guidelines were developed

Local resources involved in family and community education include Head Start and state preschools, military family services such as Fleet & Family Support Centers and Healthy Start Military Family Cluster, Exceptional Family Resource Center, San Diego Regional Center, YMCA Childcare Resource Service, and HHS Behavioral Health Prevention and Early Intervention (PEI).

First 5 San Diego promotes education and awareness for parents and the community through a variety of programs and initiatives, including:

- the First 5 for Parents Initiative;
- HDS Parent Support and Empowerment;
- the Kit for New Parents;
- Preschool for All and School Readiness programs; and
- the Special Needs Demonstration Project.

In FY 2008-09, First 5 San Diego also invested in a public education campaign focused on the HDS program that included an emphasis on positive parent-child interaction.

### **Gaps**

Although resources are available in the community and through First 5, parents are often reluctant to take advantage of them because of the perceived stigma they associate with needing help. Also, many parents may feel that they don't need help with parenting and are not aware that there may be effective, alternative parenting techniques they are not familiar with.

### **• Spectrum of Effective and Accessible Behavioral Health Services**

Developments in neuroscience and the behavioral and social sciences have drawn increasing attention to the important role that social and emotional health plays in a child's well-being and in their preparation to succeed in school. The first five years of life are critical to establishing social and emotional competencies. While the focus of this section is on behavioral health services for young children, the social emotional health of parents and caregivers has dramatic impacts on children's development and should not be overlooked.

The experience of building relationships is, perhaps, the most significant environmental factor in developing a child's social emotional competencies (Sweet, 2006, unpublished). The bond between an infant and its primary caregiver – most often the mother – stimulates brain development and lays the foundation for subsequent relationships. By definition, services that support early nurturing and secure attachments must be family-focused and community-based. Further, these family-

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by the Infant Development Association, WestEd, and USC's University Center for Excellence in Development Disabilities.

focused and community-based services must provide support that is linguistically and culturally appropriate.

Given the direct role that social and emotional well-being plays in school readiness, academic success over the years, and later success in life, San Diego clinicians and care providers recognize the need for a coordinated system of care in which the importance of early childhood behavioral health services is better understood and behavioral health care services are more fully integrated.

### ***Strengths and Assets***

Many Mental Health Services Act (MHSA) programs and services, administered by the San Diego County HHSA and partners, work to reduce disparities in services among San Diego's diverse populations by providing support for foster youth, homeless youth, and geographically isolated communities in rural areas, among others. Existing family-based prevention and early intervention (PEI) services that focus exclusively on the social emotional health of young children include the MHSA-funded Triple P Parent Education Program, administered by HHSA's Children's Mental Health Services.

MHSA funds a number of services addressing serious emotional disorders among youth through Community Services and Supports (CSS) work plans, and further investments will be made in PEI services for the County's residents, including 51 percent of funds for children and youth 0 to 19 years old. A sustained and increased funding stream for behavioral health prevention and early intervention in a child's earliest years will help ensure that San Diego's young children grow to become healthy, active learners.

According to findings from a 2004 study, First 5 San Diego appropriately complements other funding streams to address service gaps, serving as "an important contributor to behavioral health care services locally" (Walsh 2004). First 5 San Diego's HDS Initiative is one critical component of the County's network of behavioral and developmental health services. Through HDS, First 5 San Diego partners conduct developmental assessments, behavioral screenings and assessments and provide behavioral treatment services. First 5 San Diego is currently playing a central role in the formation of KidsSTART, which aims to connect and integrate the existing social emotional and developmental treatment systems in San Diego into a single, coherent system in order to create a comprehensive system of support.

### **Zero to Three**

Early intervention during the first three years of life can play a critical role in a child's social emotional health. Community resources specific to children ages 0 to 3 include the San Diego Regional Center Early Head Start, and the federal Child Health and Disability Program (CHDP), administered locally through the County. HDS identifies and refers children with severe social emotional issues to the Regional Center, Early Start and CHDP.<sup>13</sup> As a result more children receive critical services before they enter school. Additional First 5 investments specific to this age group include HDS funding for

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<sup>13</sup> State funding of Regional Centers was significantly reduced in July 2009; funding for CHDP is also likely to be reduced.

professional development opportunities to build capacity among Infant and Toddler Mental Health Professionals.

### **Preschool Age**

As children begin to attend preschool, behavioral health issues may become more apparent. Head Start, Regional Center and CHDP provide support for the behavioral and social emotional health of eligible preschool age children.

### **Gaps**

Only approximately 65 percent of San Diego parents who participated in the 2005 Family Survey reported that their child received some type of developmental screening or assessment. However, treatment and services to address social and emotional health needs are critical as well. Clinicians point out a general lack of services for children and families once developmental screenings and assessments are performed and referrals for behavioral services are needed. Within HDS, behavioral treatment wait times create a gap in access to timely services. In some cases, the limited availability of services needed to address the problems identified has led to reluctance on the part of providers to provide screening and assessment.

San Diego County lacks an adequate number of qualified clinicians with the appropriate, specialized training to provide early childhood mental health services (Walsh 2004). The need for training in this area and recruitment of bilingual, bicultural clinicians and providers is essential and represents a critical gap known to affect communities throughout the county. Participants in First 5 San Diego's 2004 Behavioral Health and Coordination Study express the need for culturally competent services that effectively reach and serve at-risk populations (Walsh, 2004).

Health: Overview of Needs and Resources			
Maternal Health and Family Planning			
Need or Gap	First 5 San Diego Funded Programs Addressing this Need	First 5 San Diego Current Investment <sup>14</sup>	Other Programs, Partners or Contributors Addressing this Need
Early prenatal care and health interventions for women	<ul style="list-style-type: none"> <li>▪ HCA</li> <li>▪ OHI</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$710,134 for FY 07/08</li> <li>▪ \$322,460 for FY 07/08</li> </ul>	<p><b>Funders:</b></p> <ul style="list-style-type: none"> <li>▪ MediCal, Healthy Families, AIM</li> </ul> <p><b>Direct Services:</b></p> <ul style="list-style-type: none"> <li>▪ California Comprehensive Prenatal Care Services</li> <li>▪ Regional Perinatal System</li> <li>▪ Black Infant Health</li> </ul>
Unintended pregnancies and teen births	<ul style="list-style-type: none"> <li>▪ SDYCS - Teen Options (F5FP)</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$116,823 for FY08/09</li> </ul>	<p><b>Direct Services:</b></p> <ul style="list-style-type: none"> <li>▪ SANDAPP</li> <li>▪ Public Health Nursing</li> </ul>
Preterm and low birthweight births	<ul style="list-style-type: none"> <li>▪ Partnership for Smoke Free Families</li> <li>▪ HCA</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$140,000/year</li> <li>▪ \$710,134 for FY 07/08</li> </ul>	<p><b>Funders:</b></p> <ul style="list-style-type: none"> <li>▪ AIM, MediCal</li> </ul> <p><b>Direct Services:</b></p> <ul style="list-style-type: none"> <li>▪ Hospitals, Medical Centers</li> <li>▪ WIC</li> <li>▪ Black Infant Health</li> </ul> <p><b>Advocates:</b></p> <ul style="list-style-type: none"> <li>▪ March of Dimes</li> </ul>
Breastfeeding	<ul style="list-style-type: none"> <li>▪ HDS - Newborn home visiting</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$1,674,693/year</li> </ul>	<p><b>Direct Services:</b></p> <ul style="list-style-type: none"> <li>▪ WIC</li> </ul> <p><b>Advocates:</b></p> <ul style="list-style-type: none"> <li>▪ San Diego County Breastfeeding Coalition</li> <li>▪ La Leche League</li> </ul>
Postpartum depression	<ul style="list-style-type: none"> <li>▪ HDS - At-risk home visiting</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$1,183,295/year (not specific to postpartum depression)</li> </ul>	<p><b>Direct Services:</b></p> <ul style="list-style-type: none"> <li>▪ Public Health Nursing</li> <li>▪ Therapy and counseling services</li> <li>▪ UCSD Medical Center Maternal Mental Health Collaborative Care Clinic</li> </ul> <p><b>Advocates:</b></p> <ul style="list-style-type: none"> <li>▪ Postpartum Health Alliance</li> </ul>

<sup>14</sup> Figures are annual averages unless otherwise noted.

<b>Children’s Physical Health</b>			
<b>Need or Gap</b>	<b>First 5 San Diego Funded Programs Addressing this Need</b>	<b>First 5 San Diego Current Investment<sup>15</sup></b>	<b>Other Programs, Partners or Contributors Addressing this Need</b>
Overweight and obesity	<ul style="list-style-type: none"> <li>▪ SD County Childhood Obesity Initiative</li> <li>▪ F5FP: NEAT AT 2 and Options for Health</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$130,000/year</li> <li>▪ \$515,932 and \$116,823 this FY</li> </ul>	<p><b>Funders:</b></p> <ul style="list-style-type: none"> <li>▪ California Endowment-Healthy Eating Active Communities</li> </ul> <p><b>Advocates:</b></p> <ul style="list-style-type: none"> <li>▪ Coalition on Children and Weight San Diego</li> <li>▪ SD County Childhood Obesity Initiative Partners</li> </ul>
Access to health care	<ul style="list-style-type: none"> <li>▪ HCA</li> <li>▪ HDS</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$3.1M/year</li> <li>▪ \$11.2M/year</li> </ul>	<p><b>Funders:</b></p> <ul style="list-style-type: none"> <li>▪ MediCal, Healthy Families, AIM</li> </ul> <p><b>Direct Services:</b></p> <ul style="list-style-type: none"> <li>▪ SD KHAN</li> </ul>
Oral health	<ul style="list-style-type: none"> <li>▪ OHI</li> <li>▪ Fluoridation</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$1.3M/year</li> <li>▪ \$5.7M</li> </ul>	<p><b>Funders:</b></p> <ul style="list-style-type: none"> <li>▪ MediCal, Healthy Families</li> </ul> <p><b>Direct Services:</b></p> <ul style="list-style-type: none"> <li>▪ Share the Care</li> <li>▪ SDCOE SMILES</li> <li>▪ Anderson Dental Clinic</li> <li>▪ Community Clinics</li> </ul> <p><b>Advocates:</b></p> <ul style="list-style-type: none"> <li>▪ AAP Bright Futures</li> <li>▪ Cal Dental Association</li> </ul>
Injury and Violence	<ul style="list-style-type: none"> <li>▪ CWS Therapeutic Services</li> <li>▪ CWS Foster Parent Respite Support Services</li> <li>▪ SBCS Therapeutic Preschool</li> <li>▪ First 5 for Parents Initiative</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$3M/year for 3 years</li> <li>▪ \$610,000 over 2 years</li> <li>▪ \$878,400 over a three-year period</li> <li>▪ \$3.5M/ year for 4 years</li> </ul>	<p><b>Direct Services:</b></p> <ul style="list-style-type: none"> <li>▪ Community Services for Families</li> <li>▪ United Way Project Safecare</li> <li>▪ HHSA Child Welfare Services</li> <li>▪ Chadwick Center</li> </ul> <p><b>Advocates:</b></p> <ul style="list-style-type: none"> <li>▪ Promises2Kids (formerly Child Abuse Prevention Foundation)</li> </ul>

<sup>15</sup> Figures are annual averages unless otherwise noted.

<b>Children’s Behavioral and Social Emotional Health</b>			
<b>Need or Gap</b>	<b>First 5 San Diego Funded Programs Addressing this Need</b>	<b>First 5 San Diego Current Investment <sup>16</sup></b>	<b>Other Programs, Partners or Contributors Addressing this Need</b>
Parent and Community Education and Awareness	<ul style="list-style-type: none"> <li>▪ First 5 for Parents</li> <li>▪ HDS Parent Support and Empowerment</li> <li>▪ KIT for New Parents</li> <li>▪ PFA and SR</li> <li>▪ Special Needs Demonstration Project</li> <li>▪ HDS Public Education Campaign</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$3.15M/year</li> <li>▪ \$442,075/year</li> <li>▪ \$647,000</li> <li>▪ \$6M and\$5.8M/yr</li> <li>▪ \$500,000/year</li> <li>▪ \$400,000/ year</li> </ul>	<p><b>Direct Services:</b></p> <ul style="list-style-type: none"> <li>▪ Head Start and state preschools</li> <li>▪ Military Family Services</li> <li>▪ EFRC</li> <li>▪ Regional Center</li> <li>▪ YMCA CRS</li> </ul> <p><b>Advocates:</b></p> <ul style="list-style-type: none"> <li>▪ Statewide Early Childhood Social and Emotional System Development Project</li> <li>▪ Behavioral Health-PEI (future)</li> </ul>
Spectrum of Effective and Accessible Behavioral Health Services for 0-3	<ul style="list-style-type: none"> <li>▪ KidsSTART</li> <li>▪ HDS</li> <li>▪ Capacity Building – Infant Toddler Mental Health</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$125,000/FY09/10 (planning)</li> <li>▪ \$2.96M/ FY09-10<sup>17</sup></li> <li>▪ \$59,020 over 2 years</li> </ul>	<p><b>Funders:</b></p> <ul style="list-style-type: none"> <li>▪ Mental Health Service Act (MHSA)</li> </ul> <p><b>Direct Services:</b></p> <ul style="list-style-type: none"> <li>▪ MHSA programs</li> <li>▪ Chadwick Center</li> <li>▪ Children’s Hospital</li> <li>▪ Children’s Mental Health</li> <li>▪ Regional Center</li> <li>▪ Early Headstart</li> <li>▪ CHDP</li> </ul>
Spectrum of Effective and Accessible Behavioral Health Services for Preschool Age	<ul style="list-style-type: none"> <li>▪ KidsSTART</li> <li>▪ HDS</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$125,000/ FY09/10 (planning)</li> <li>▪ \$2.96M/ FY09-10</li> </ul>	<p><b>Direct Services:</b></p> <ul style="list-style-type: none"> <li>▪ Chadwick Center</li> <li>▪ Children’s Hospital</li> <li>▪ Children’s Mental Health</li> <li>▪ Headstart</li> <li>▪ CHDP</li> </ul>

<sup>16</sup> Figures are annual averages unless otherwise noted.

<sup>17</sup> This amount is approximate for HDS behavioral services for children from birth through 5 years of age.

### III. Learning

This chapter provides an overview of community needs related to early childhood learning.

#### **A. Learning: Outreach Findings**

The Outreach Findings section includes summary discussions of the following topics, frequently identified among families, service providers and policy experts as critical areas of need in San Diego County:

1. Ages 0 to 3
2. Preschool

##### **1. Ages 0 to 3**

Parents and providers identified learning and early care and education as an area in critical need of investment. While there is progress in improving access to quality preschools and applying comprehensive care models such as Preschool For All (PFA), care for children ages 0 to 3 is inadequate in the region. Overall, services and resources targeted to this age group are lacking, requiring a new focus on understanding the needs of care for children ages 0 to 3. This is the most intensive and critical period of cognitive and social emotional development. Parents and providers alike explain that consistent, affordable, and quality care for the youngest children has a domino effect on improving families' access to employment opportunities, thereby expanding their resources and stability.

##### **2. Preschool**

According to parents and providers, childcare environments supportive of development and learning are needed for all young children. Findings from the web-based survey of community needs help illustrate the relative weight that parents and providers place on the availability of affordable, quality preschool in the context of early childhood health and development. Providers assert that making affordable quality preschool more widely available is one of the most important activities for affecting positive change in the lives of young children and their families. Parents note affordable quality preschool as one of the most valuable existing programs or services, as well as one of their community's greatest needs.

Early education provides the early literacy skills needed to help children later learn to read and write. Parents assert that children need care and learning environments that help engender confidence and recognize linguistic and cultural differences as assets rather than weaknesses. Providers indicate that young children from immigrant and refugee families and children in the welfare system often have low self-esteem, are frequently behind their peers in achievement, and often in need of greater attention. Parents want to be more involved in their child's early learning and education and want

to better understand developmental stages and how they can be the best possible educators in the home.

## **B. Learning: Selected Research Findings**

This needs assessment is in part based on secondary research findings resulting from a review of state and county data, peer-reviewed articles, and publications commissioned by agencies and organizations dedicated to improving the lives of young children and families. Based on information provided by these sources, learning-related strengths, assets and gaps have been identified in the following areas:

1. Universal early care and education
2. Quality early care
3. Early child and family literacy
4. Workforce and professional development
5. Parent involvement in early education

### **• Universal Early Care and Education**

Early care and education (ECE) plays an integral role in a child's cognitive development, and in preparing children to succeed in school and later in life. According to the Pre-Literacy Collaborative Study, improving health, literacy and student achievement among the most at-risk groups will likely realize the greatest cost savings to society (Cheverton & Associates, 2004). Identifying and reaching target populations in greatest need is an essential part of making early care and education accessible to families throughout the County.

### ***Strengths and Assets***

The Preschool for All (PFA) Demonstration Project provides a strong foundation for a universal system of early care and education in San Diego County. The goal of PFA is to provide universal quality preschool on a voluntary basis and increase the number of students currently enrolled in high quality preschool programs. According to the First 5 Annual Evaluation Report for FY07-08, children in PFA programs have exhibited gains in personal, social, and emotional competence.

San Diego County currently has licensed, center-based formal early care and education available to more than three quarters of the 4-year olds projected to participate in preschool.<sup>18</sup> Programs and organizations that are contributing to meeting this need include:

- YMCA Childcare Resource Services;
- California Child Care Initiative Project;
- Early Head Start and Head Start;
- San Diego Child Care and Development Planning Council; and

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<sup>18</sup> Given that the demand for preschool is lower than the actual, unmet need, The Preschool for All Master Plan assumes a realistic preschool participation rate of approximately 70 percent of pre-school age children.

- Pre-K Now.

### **Gaps**

While formal early care and education is available to more than three quarters of the 4-year olds projected to participate in preschool, available data indicates that enrollment ranges widely. Wide variation exists not only among the different geographic regions, but even within school district communities. Low staff-child ratios and lack of adequate facilities are significant obstacles to providing universal preschool in San Diego County.

### **• Quality Early Care**

The quality of caregiving that a child receives in his or her first years of life has a profound influence on development. All childcare arrangements have the potential to provide the positive early learning experiences in the context of strong, nurturing relationships that children need for their intellectual, social, and emotional growth (Zero to Three).

Recent research on early childhood brain development emphasizes the critical importance of the earliest years in predicting children's cognitive and language development. According to Dr. J. Shonkoff, founder of the Center of the Developing Child at Harvard University, much of the basic circuitry of a child's brain has already been developed by age three. Several studies show that a focus on the most disadvantaged children as early as possible can lead to significant savings in special education, welfare, and prison costs (San Diego Child Care and Development Planning Council).

### **Strengths and Assets**

The San Diego chapter of the National Association for the Education of Young Children (NAEYC) works to improve the quality of programs for all children from birth to 8 years of age. The San Diego County Family Child Care Association and the San Diego Child Care and Development Planning Council are also addressing this critical need. The CalWORKS Child Care Program provides financial assistance for families needing childcare services.

### **Gaps**

Affordable, high-quality childcare for young children is a critical need experienced by families throughout San Diego County. Although 47 percent of parent calls to the YMCA Childcare Resource Service (YMCA CRS) are requesting infant and toddler care, only 6 percent of slots in licensed child care centers are available for this age range. Cost is frequently cited as a barrier to receiving reliable childcare in a setting that promotes learning and healthy activities. The average annual cost for infant care in licensed centers is \$10,745.

Extended childcare services, or childcare support that is available throughout the day, is another service gap identified during parent focus groups. Quality publicly funded

preschools frequently offer only half-day programs, while working parents often require full time care.

In light of state budget cuts and their impact to CalWORKs and related programs, resources available to families of young children have diminished, and the need for services such as affordable and/or subsidized child care is increasing.

Although this time in a child's development is crucial to his or her future, no training related to child development and early learning is required of family child care providers who care for infants and toddlers, and only twelve units of early child development courses are required for center staff.

Workforce retention is another key issue in the field of early care. Childcare staff that increase their knowledge and skills through formal education frequently transition to teaching positions at the K-12 level or to other fields for increased salary and benefits. The low hourly wages and lack of benefits offered to childcare workers makes it difficult to recruit quality staff and providers.

### • **Early Child and Family Literacy/Learning**

Early literacy is known to have a significant impact on a broad range of social and economic outcomes over the course of a child's life. Development of literacy skills begins at birth and occurs through everyday interactions such as reading books, telling stories and singing songs (Zero to Three). The development of fine motor skills through activities such as painting, drawing, and other forms of play is essential to learning to read and write.

#### ***Strengths and Assets***

During the 2004 Pre-Literacy Planning Collaborative Study, focus group participants consistently identified existing literacy services and education programs as important assets in San Diego County. Key to child literacy is parent literacy. Community resources that provide adult and early literacy programs include San Diego READS/Even Start, the San Diego Literacy Council, and English as a Second Language (ESL) programs offered throughout the county.

First 5 San Diego provides early literacy support through existing contracts under its School Readiness and PFA Initiatives. The National City Library WOW Mobile and the AAP's Reach Out and Read Program are funded by First 5 San Diego as well.

#### ***Gaps***

San Diego's growing population of English-learners requires quality ESL education. The lack of linguistically and culturally competent teachers and staff is a major challenge to teaching literacy skills and providing quality ESL education to the county's young children and their families.

## • **Workforce and Professional Development**

Little is known about the quality of existing, formal early care and education programs across San Diego County, and the standards that programs are required to meet vary. However, there is a direct, positive correlation between program quality and the education and training of the professionals who administer program services and provide care to enrolled students.

Past studies have identified the need for ongoing training and support for early care and education providers in the following areas:

- training to better identify and address behavioral health issues; and
- training to provide quality ESL education and teach early literacy skills in a variety of languages.

### **Strengths and Assets**

During FY 2007-08, the San Diego County Office of Education (SDCOE) professional development coaching team provided coaching on a variety of topics to PFA providers throughout the County. While PFA sites were not required to utilize this service, professional development was available to all PFA providers. Through San Diego CARES, First 5 San Diego has supported training and education for early care and education providers so they may better support children's learning and development, including literacy. The State of California offers the AB 212 program to promote professional development and capacity building among early child educators. In addition, the California Preschool Instructional Network (CPIN), the California Childcare Initiative Project (CCIP), and some San Diego colleges and universities are contributing to workforce development.

First 5 San Diego recently funded a responsive grant request from SDCOE to provide the California Department of Education's Preschool Learning Foundations materials, training, and professional coaching to local center-based and family child care providers who offer preschool services to children ages 3 to 5 and who are non-state funded. Preschool Learning Foundation training will be provided to state-funded preschool providers through the CPIN via state funding.

### **Gaps**

Turnover rates among early care and education providers in San Diego County and throughout the state are on the rise. The turnover rate in California is roughly 22% among ECE teachers, and is largely attributed to low salaries and a lack of benefits as compared with those for K-12 teachers (UC Berkeley and California Child Care Resource and Referral Network, 2006).

There is a significant gap with respect to teacher education, as well. Estimates for San Diego County indicate that only 11 percent to 20 percent of preschool teachers have bachelor's degrees. According to the 2005 San Diego County Preschool for All Master Plan, the County will need to more than double the number of teachers with bachelor's and associate degrees by 2014 in order to meet the proposed PFA standards.

## • **Parent Involvement in Early Education**

There is a positive relationship between family involvement in children's learning and the healthy development and academic achievement of children. In addition, pre-school level family involvement is a gateway to parent involvement during elementary and middle school years (Epstein, 2006).

### ***Strengths and Assets***

Since 1964, the Head Start Program, and now also Early Head Start, has included a parent involvement program component as one of its funding requirements. The California Parent Center provides technical assistance to schools and school districts in the area of parent involvement and includes training on building family-school partnerships to increase student achievement. The Parent Institute for Quality Education (PIQE) is headquartered in San Diego and provides parent involvement training classes at schools throughout California and in other states as well. Some school districts invest in formal parent involvement centers and education.

Many programs funded by First 5 San Diego strongly encourage and facilitate parent and family involvement in a child's learning. These programs are woven throughout PFA, First 5 for Parents, Reach Out and Read and School Readiness.

### ***Gaps***

Findings from previous studies in San Diego County affirm the need for well-designed family involvement plans and programs. In addition, effective preschool program design and planning requires input from the families the programs are intended to serve.

<b>Learning: Overview of Needs and Resources</b>			
<b>Need or Gap</b>	<b>First 5 San Diego Funded Programs Addressing this Need</b>	<b>First 5 San Diego Current Investment</b>	<b>Other Programs, Partners or Contributors Addressing this Need</b>
Universal early care and education	<ul style="list-style-type: none"> <li>▪ PFA</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$6M/year*</li> </ul>	<p><b>Direct Services:</b></p> <ul style="list-style-type: none"> <li>▪ California Childcare Initiative Project</li> <li>▪ Early Head Start and Head Start</li> <li>▪ YMCA CRS</li> </ul> <p><b>Advocates:</b></p> <ul style="list-style-type: none"> <li>▪ SD Child Care and Development Planning Council</li> <li>▪ PreK Now</li> </ul>
Quality infant care	<ul style="list-style-type: none"> <li>▪ None</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$0</li> </ul>	<p><b>Direct Services:</b></p> <ul style="list-style-type: none"> <li>▪ YMCA CRS</li> <li>▪ CalWORKS Child Care Program</li> </ul> <p><b>Advocates:</b></p> <ul style="list-style-type: none"> <li>▪ SD Child Care and Development Planning Council</li> <li>▪ San Diego Association for the Education of Young Children</li> <li>▪ National Association for Family Child Care</li> </ul>
Early child and family literacy	<ul style="list-style-type: none"> <li>▪ National City Library WOW mobile</li> <li>▪ Reach Out and Read</li> <li>▪ PFA</li> <li>▪ School Readiness</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$122,157/ FY08-09</li> <li>▪ \$164,116 /FY08-09</li> <li>▪ \$6M/year*</li> <li>▪ \$5.8M*</li> </ul>	<p><b>Direct Services:</b></p> <ul style="list-style-type: none"> <li>▪ San Diego READS</li> <li>▪ ESL Programs</li> </ul> <p><b>Advocates:</b></p> <ul style="list-style-type: none"> <li>▪ SD Literacy Council</li> </ul>
Workforce and professional development	<ul style="list-style-type: none"> <li>▪ CARES</li> <li>▪ PFA</li> <li>▪ Preschool Foundations Project</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$2M / FY09-10</li> <li>▪ \$6M/year*</li> <li>▪ &amp;1M for 3 years</li> </ul>	<p><b>Direct Services:</b></p> <ul style="list-style-type: none"> <li>▪ AB212 (State program)</li> <li>▪ CPIN</li> <li>▪ Colleges and Universities</li> </ul>
Parent involvement in early education	<ul style="list-style-type: none"> <li>▪ PFA</li> <li>▪ First 5 for Parents</li> <li>▪ SR</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$6M/year*</li> <li>▪ \$3.15M/year</li> <li>▪ \$5.8M/year*</li> </ul>	<p><b>Direct Services:</b></p> <ul style="list-style-type: none"> <li>▪ Head Start</li> <li>▪ PIQE</li> <li>▪ CA Parent Center</li> </ul>

\* Includes state matching dollars from First 5 California

## IV. Parent and Family Development and Resources

This chapter provides an overview of community needs related to parent and family development and resources in San Diego County.

### A. Family: Outreach Findings

The Outreach Findings section includes summary discussions of the following topics, frequently identified among families, service providers, and policy experts throughout the county as critical areas of need:

- Prioritizing Support for Parents
- Parent Support: Modes and Venues
- Community and Employer Support

#### ***Prioritizing Support for Parents***

Parents and providers who participated in focus groups, interviews, and the online community needs survey believe that health and learning starts with the parent; progress in other areas will follow if parents receive the information and support they need. Parents and providers engaged in the strategic planning process believe that continued funding for parent development and resources is essential and should be considered a priority goal area. Specifically, they note the need for more culturally competent parent education and skill development for mothers and fathers in a range of areas, including nutrition, discipline, stress management, and an improved understanding of what to expect from their young child during different developmental stages.

#### ***Parent Support: Modes and Venues***

Parents would like to improve their parenting skills and learn more about the areas identified above through a range of modes such as interactive sessions, parent forums, informal social support networks, online media, and other methods. Additionally, some parents suggest the need for advocacy and assistance in navigating the existing systems to find information about quality dental care, preschool enrollment, and eligibility for other critical services.

Community-based places such as community centers or libraries were identified as some of the best locations for parents to access or receive the services or information they need to support the healthy development of their young children. Both parents and providers ranked children's schools the highest in terms of access to services and information, and some noted the particular role schools can play in reaching parents who experience social isolation or other notable barriers. Having one website to visit or one phone number to call were also noted as important to improving parents' access to services and support.

## **Community and Employer Support**

Employers and communities in general could be more supportive of parents and families by promoting better use of the Family and Medical Leave Act, which allows up to 12 weeks of unpaid leave for the birth and care of newborns of employees, and the Family-School Partnership Act, which allows parents to take time off work to participate in their children's school or child care activities. Creating more flexible workplace environments to promote such activities as breastfeeding and parent involvement in education are needed especially for workers from low income, immigrant, and refugee communities. As parents and families face challenging economic times in the coming months and years, their focus will be on meeting the basic needs for their children such as food and shelter. In this context, some providers acknowledged that they will need to be more creative in how they reach these families with child development and wellness-focused support.

## **B. Family: Selected Research Findings**

Learning-related strengths, assets and gaps have been identified in the following areas:

- Promoting Positive Family Practices
- Parent Self-Advocacy and Leadership
- Access to Social Support and Services
- Supportive Workplaces for Parents
- Provider Training and Capacity Building

### **• Promoting Positive Family Practices**

Predictors of a student's achievement in school include the extent to which families:

- support learning by creating a home environment in which learning is valued
- communicate high and reasonable expectations for their children's achievement; and
- become involved in their children's schools.

## **Strengths and Assets**

The First 5 for Parents Initiative in the San Diego region seeks to strengthen parents' knowledge and encourage positive behavioral change. Recent findings suggest positive behavioral changes among program participants and an improvement in the learning environment in many homes, including:

- increases in the number of days parents read to their children;
- increases in the number of days that children engage in physical activity; and
- a decrease in the number of hours that children spend on the computer, watching television, and playing video games.

The Kit for New Parents, HDS Baby Basics classes, and newborn and at-risk home visiting programs promote positive family practices. Public health nurses also serve as educators for the high risk families they visit.

## **Gaps**

According to the 2005 Family Survey, parents and caregivers in the Central Region and in lower-income households were less likely to participate in daily activities with their children and less likely to impose bedtime routines. Approximately 51.7 percent of parents/caregivers in the Central Region read or showed books to their children daily, versus over 65 percent county-wide.

### **• Parent Self-Advocacy and Leadership**

Supporting parent self-advocacy and involving parents in planning and program development efforts in a meaningful way are promising strategies for improving systems that serve young children. Past studies have identified many barriers to parent self-advocacy. The lack of a lead agency or organization to facilitate greater collaboration between parents and providers is one institutional barrier that exists in San Diego County (Sinay and Nash, 2008).

## **Strengths and Assets**

First 5 San Diego funds and supports programs and services that directly address barriers to parent self-advocacy. Parents who have participated in First 5 for Parents have shown improvement in their confidence and ability to meet the needs of their young children and families. In addition, First 5 San Diego has commissioned studies, including the current Strategic Plan process, designed to engage parents and families in discussions of how to improve the existing system of care. HDS Parent Support and Empowerment also promotes the empowerment of parents to advocate for their families.

Community organizing groups in the county, such as the San Diego Organizing Project (a PICO Network affiliate), also support parent self-advocacy and empowerment. The Exceptional Family Resource Center, the COMPASS Family Center, and the Family and Youth Roundtable also address this need. Some early care and education providers and faith-based centers host parent education and support groups that build social networks and support systems for parents.

## **Gaps**

Many San Diego parents have identified significant obstacles in trying to meet their families' needs. Parents indicate that more is needed in the way of:

- information and support to help parents achieve equal access to resources and services for themselves and their families;
- assistance in identifying and overcoming discrimination; and
- support for parent involvement in improving local communities and engaging parents in improving the systems that serve them.

## • **Access to Social Support and Services**

Connecting parents to the resources they need and ensuring that they know how to access needed support are critically important to strengthening families as they raise their children. Self-advocacy is only part of the solution: parents need to know where to turn and what specific resources are available when they need them.

### ***Strengths and Assets***

In order to provide support to as many parents as possible, First 5 for Parents offers classes that employ different curricula, strive to reach various audiences, and are offered in a number of forms. During FY 2007-08, First 5 San Diego witnessed an increase in the number of home visits, classes, and workshops held as part of this program.

Barriers to access, including childcare, transportation, and timing of classes, were recognized and addressed through an additional \$10,000 of funding for First 5 for Parents contractors that chose to implement strategies to improve access. Results of activities funded by this investment are not yet available.

Other important First 5 San Diego-funded resources that provide access to information and support to thousands of San Diego parents and families include 211 San Diego, Preschool for All and School Readiness initiatives, HDS Parent Support and Empowerment, and the KIT for New Parents. Many community based organizations and family resource centers also fill this need, as well as Head Start and some state preschools. With additional support from First 5 San Diego, 211 has implemented a “warm line” that answered by operators specifically trained in helping families of children 0 – 5 access appropriate services.

### ***Gaps***

San Diego parents have specifically noted a gap in services provided at venues or locations that families frequent and already feel comfortable with. Constituencies that experience service gaps, perceive that service gaps exist, or have expressed feelings of geographic and social isolation include, but are not limited to:

- fathers;
- parents whose primary language is neither English or Spanish;
- parents who are incarcerated;
- parents who are in drug and alcohol recovery;
- parents with more than one child;
- military parents; and
- refugee and immigrant parents.

## • **Supportive Workplaces for Parents**

The ability of parents to provide the support they need to their children is directly affected by workplace culture and policies. Employers can support positive parenting in

many important ways, ranging from providing adequate health benefits to creating workplace cultures that nurture and value family.

### ***Strengths and Assets***

The Child Care Planning and Development Council is preparing to launch a speakers' bureau program to educate employers about they can support employees with young children through family-friendly workplace practices and policies.

### ***Gaps***

Key informants involved in the PDI Study identified the need to better engage San Diego's business community in supporting families, particularly employers in industries that employ unskilled, low wage workers. Parent participants in a military family focus group and a focus group held in Logan Heights noted the inconsistent level of support received from their commanders and employers with respect to family life.

### **• Provider Training and Capacity Building**

Enhancing parent education provider training and capacity was one of the strategies identified in the 2008 PDI Study. Parent educators and key informants spoke to the need for ongoing professional development opportunities, particularly in light of the lack of formal standards or certification for parent educators in California.

### ***Strengths and Assets***

In the Parent Educator Survey conducted by the San Diego Commission on Children, Youth, and Families, 78.6 percent of parent educators reported having a bachelor's degree or higher. In FY 2006-07, First 5 San Diego dedicated \$2 million of additional funds over three years to parent development services outside of the First 5 for Parents Initiative, a portion of which has been applied to enhance provider training and capacity building. Specifically, these funds provide scholarships covering registration costs for provider training opportunities such as the Zero to Three and the First 5 California Statewide conferences. Professional development funding is also included in many First 5 contracts, and contractors are encouraged to seek professional development opportunities for their staff.

### ***Gaps***

A clear need identified for parent educators is access to training and networking opportunities. Many parent educators lack professional training and do not have the background in teaching and training required provide effective adult education programs. The need for training exists in the following areas:

- how to best serve various sub-populations, including fathers, parents of children with special needs, and parents battling substance abuse;
- program evaluation, marketing, and family and community engagement;
- parent development topics including nutrition, communication, and children's mental health; and
- how to deal with vicarious trauma or work-related stress.

<b>Family: Overview of Needs and Resources</b>			
<b>Need or Gap</b>	<b>First 5 San Diego Funded Programs Addressing this Need</b>	<b>First 5 San Diego Current Investment</b>	<b>Other Programs, Partners or Contributors Addressing this Need</b>
Promoting positive family practices	<ul style="list-style-type: none"> <li>▪ First 5 for Parents</li> <li>▪ HDS Baby Basics</li>   <li>▪ Newborn and At-risk Home Visiting</li> <li>▪ KIT for New Parents</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$3.15M/year</li> <li>▪ Data unavailable (funds are a portion of larger contracts)</li> <li>▪ \$2,857,988/year</li>   <li>▪ \$647,000</li> </ul>	<p><b>Direct Services:</b></p> <ul style="list-style-type: none"> <li>▪ Public Health Nursing</li> <li>▪ Many organizations across the county</li> </ul>
Parent self-advocacy <sup>19</sup>	<ul style="list-style-type: none"> <li>▪ HDS Parent Support and Empowerment</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$442,075/year</li> </ul>	<p><b>Direct Services:</b></p> <ul style="list-style-type: none"> <li>▪ EFRC</li> <li>▪ PICO (San Diego Organizing Project)</li> <li>▪ Family and Youth Roundtable</li> </ul>
Access to social support and services	<ul style="list-style-type: none"> <li>▪ First 5 for Parents</li> <li>▪ 211</li> <li>▪ HDS Parent Support and Empowerment</li> <li>▪ PFA and SR</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$3.15M/year</li> <li>▪ \$815,000/FY09-10</li> <li>▪ \$442,075/year</li>   <li>▪ \$6M and \$5.8M/year</li> </ul>	<p><b>Direct Services:</b></p> <ul style="list-style-type: none"> <li>▪ FRC's and CBO's</li> <li>▪ Head Start and some state preschools</li> <li>▪ Many organizations across the county</li> </ul>
Supportive workplaces for parents	<ul style="list-style-type: none"> <li>▪ None</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$0</li> </ul>	<p><b>Advocates:</b></p> <ul style="list-style-type: none"> <li>▪ SD Child Care and Development Planning Council</li> </ul>
Provider training and capacity	<ul style="list-style-type: none"> <li>▪ Scholarships for training opportunities</li>   <li>▪ Professional Development funding in many F5 contracts</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$6000 (0-3 Conference), \$1895 (First 5 State Conf)</li> <li>▪ Data unavailable at this time</li> </ul>	<p><b>Direct Services:</b></p> <ul style="list-style-type: none"> <li>▪ Various entities including higher learning institutions and curricula developers</li> </ul>

<sup>19</sup> Parent self-advocacy, access to social support and services, supportive workplaces for parents, and provider training and capacity are all needs that will be addressed by the First 5 Parent Development Specialist once hired.

## V. Community Capacity Building

This chapter provides an overview of needs related to the community's capacity to provide information and services in support of early childhood health and development.

### A. Community: Outreach Findings

The Outreach Findings section includes summary discussions of the following topics, frequently identified among families, service providers, and policy experts as critical areas of need in San Diego County:

1. Strengthening the Existing System
2. Marketing Resources and Sharing Information
3. Targeted Community Outreach

#### ***1. Strengthening the Existing System***

According to parents and providers, the need for an ongoing financial commitment to early childhood health and development in San Diego County is essential to the future of the region and the health and prosperity of future generations. Improving the capacity of the existing system of care and support will be challenging in the near term due to the economic downturn and the need to preserve the current network of services.

Nevertheless, parents and providers believe there are many avenues to improving the system. Providers assert that more needs to be done to connect parents with the community resources they need. Many rural areas have access to services that, according to one informant, are “bare minimum at best.”

#### ***2. Marketing Resources and Sharing Information***

Providers and families do not have a clear understanding of resources available to children and families in the region. Targeted outreach to raise awareness about the services that exist is critical, especially as demand for these services grows. Parents suggest that they can best learn about resources through their own communities, including existing social networks, schools, community clinics and organizations, and faith communities. Sharing knowledge through sources and venues that families trust, frequent, and feel comfortable with is critical.

#### ***3. Targeted Community Outreach***

Parents and providers recommend that service delivery be enhanced differently in each community, social or geographic, depending upon the individual needs. Some parents in rural communities and in some urban areas suggest that mobile services targeting rural communities and isolated social groups in urban areas may be most effective. Some urban areas may benefit from comprehensive and accessible community centers that provide health, learning, and family resources.

Overall, providers and families assert that they will benefit from continued expansion and integration of resources and services that break the traditional silos, as well as

continued workforce development that promotes an ethic of ongoing learning and supports retaining workers. Constant employee turnover in the childcare, education, social service, and justice systems that serve young children was identified as a problem.

Many parents, community leaders, and even providers suggest that they lack a clear understanding of the importance of the first five years of life with respect to many facets of physical and social emotional health and cognitive development. Some providers believe that First 5 San Diego can play a greater role in supporting ongoing efforts to educate the broader community, including policy makers, about the importance of these years. This is critical not just for the well-being of children, but for the overall benefit to society in fostering healthy, safe and prosperous communities.

## **B. Community: Selected Research Findings**

Community-related strengths, assets and gaps have been identified in the following areas:

- Poverty
- At-risk Target Populations
- Culturally Competent Services
- Systems Alignment and Integration

### **• Poverty**

Poverty has a significant, direct impact on the ability of parents and families to support the health, development and learning of their young children. The generally high cost of living influences the ability of San Diego's families to afford food, shelter, and needed services, including quality medical care and childcare and early education.

### ***Strengths and Assets***

211 San Diego is an important community resource that helps families access support and services to meet their basic needs. The Commission's HCA Initiative also contributes to reducing and preventing poverty, as access to health care and having sufficient health insurance plays an essential role in decreasing the high costs of medical bills and avoiding future, potentially expensive health problems that do not receive early attention due to the lack of insurance.

Other important programs include CalWORKS, San Diego Workforce Partnership, the WIC Program, and the Nurse Family Partnership in the East and South Regions.

### ***Gaps***

In 2005, approximately 15.3 percent of children ages 0 to 5 were living in poverty in San Diego (U.S. Census American Community Survey). This percentage is lower than both the state and national averages for the percent of children living at or below 100 percent of the federal poverty level (FPL). At the same time, it is important to note that the level

of income sufficient to meet basic needs in California is closer to 200 percent of the FPL (Harbage et. al. 2007)<sup>20</sup>.

### • **At-Risk Target Populations**

Identifying and reaching populations most at risk of entering kindergarten unprepared to succeed in school is critical to reducing future public spending. According to the 2004 Pre-Literacy Planning Collaborative Report, “More advantaged populations also will thrive with good early literacy programs; however, in a results-based accountability system of funding, improvements among the most at-risk groups are likely to realize the greatest measurable cost savings.” The need to identify and reach the most at-risk populations extends beyond literacy and into the realms of physical and social emotional health as well.

### **Strengths and Assets**

First 5 has much of the information it needs to identify the factors that put children ages 0 to 5 at risk with respect to physical and social emotional health, cognitive development and overall school readiness. Examples of successful First 5 San Diego outreach and service provision to at-risk communities occurs under the following programs and initiatives:

- the Healthcare Access Initiative (HCA);
- 211 San Diego;
- the School Readiness Initiative (SRI), which contracts with low API schools;
- the Special Needs Demonstration Project;
- at-risk home visiting provided through the Healthy Development Services Initiative (HDS);
- contracts with Child Welfare Services; and
- fluoridation.

Since many existing services in the county (such as those administered by HHSA and programs receiving federal funding) target “high-risk” populations, several of First 5-funded programs target populations experiencing mild to moderate problems. This focus is important to ensuring that children and families who do not often qualify for other services still receive the support they need.

### **Gaps**

The Pre-Literacy Planning Collaborative Study identifies indicators of at-risk populations with regard to early literacy and education. These include diversity, children and youth living in poverty, juvenile delinquency, domestic violence, child abuse and neglect, and educational achievement in later grades.

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<sup>20</sup> The Federal Poverty guidelines are the same for all mainland states, regardless of regional differences in the cost of living. Programs such as the federal State Children's Health Insurance Program (SCHIP) target families with incomes up to 200 percent of the FPL. Eighteen states, including California, currently have SCHIP income eligibility thresholds set at 200 percent of the FPL.

## • **Culturally Competent Services**

California has the highest percentage of foreign-born children in the U.S. and the largest Hispanic population of any state in the country. In 2007, 11 percent of children ages 5 to 17 in California were not fluent in English (National KIDS COUNT Program). The lack of culturally and linguistically competent services available to young children and families often serves as both a barrier to accessing care and as a barrier to families' active participation in the health treatment and formal education of their young children.

### **Strengths and Assets**

Recent evidence suggests that First 5 San Diego is reaching a culturally and linguistically diverse audience. Approximately 67 percent of parents who participated in First 5 for Parents programs speak a language other than English at home, including Spanish, Arabic, Chinese, Japanese, Kirundi, Somali, Swahili, and Vietnamese (Harder + Company, 2008).

Other key First 5 programs and contractors that serve the County's non-Hispanic culturally and linguistically diverse population include:

- the Kit for New Parents, available in four Asian languages
- Horn of Africa (serves East African families); and
- the Alliance for African Assistance.

In addition, most First 5 San Diego services are offered in English and Spanish. The majority of families served by First 5 programs in FY 2007-08 were identified as Latino/Hispanic (Harder + Company, 2008).

### **Gaps**

Studies that illustrate the need for culturally and linguistically appropriate services in San Diego County include the Parent Development Initiative Study, the Behavioral Health Planning and Coordination Study (2004), the Needs and Assets Assessment of Children's Health (2004), and the Preschool For All Master Plan (2005). The following key gaps are highlighted in these reports:

- bilingual and bicultural service providers and access to professional bilingual staff or interpretation services for all families with limited English proficiency;
- resource and promotional materials in the family's language; and
- consistent recording of a client's primary spoken language and self-identified race/ethnicity in organizations' management information systems and all client/patient records used by provider staff.

While First 5 for Parents contractors have successfully engaged parents from Latino populations, they are serving other immigrant populations to a much lesser extent (Harder + Company, 2008).

## • **Systems Alignment and Integration**

Alignment and integration of systems and services is critical to improving the continuity of care available to and received by San Diego's young children and their families. One strategy identified to better align existing systems is to promote partnerships between human service agencies, mental health, early care and education, and school readiness sites.

### ***Strengths and Assets***

A number of First 5 initiatives seek to address the care continuum from promotion to screening to treatment, including the OHI and HDS (Harder + Company, 2008). KidsSTART, another First 5-funded effort currently in the planning phase, is being shaped to connect and integrate the existing developmental systems in San Diego into a single coherent system, in order to create a comprehensive system of support.

First 5 San Diego has also incorporated new strategies into the design of their initiatives in order to better align systems and engender a more regional approach to establishing service networks. One example is restructuring its request for proposals (RFPs) to require lead-subcontractor services. This has helped strengthen existing relationships and create new relationships among regional service providers, with the goal of improving the continuity of care available to families and young children.

### ***Gaps***

Stakeholders in San Diego have noted the need to design tools to facilitate an improved understanding among educators and providers of different elements of service, including baseline competencies for social and emotional development for use across sectors.

Other needs identified at the systems or policy level include:

- greater opportunities for collaboration and more systematic sharing of information related to best practices and local resources;
- identification of policy and process changes to improve coordination, linkage, and accessibility of services for children 0 to 5;
- development of a plan to coordinate potential funding opportunities that links with existing collaborations; and
- review and analysis of the existing initiatives that are moving towards building comprehensive, integrated systems of care.

<b>Community: Overview of Needs and Resources</b>			
<b>Need or Gap</b>	<b>First 5 San Diego Funded Programs Addressing this Need</b>	<b>First 5 San Diego Current Investment</b>	<b>Other Programs, Partners or Contributors Addressing this Need</b>
Poverty	<ul style="list-style-type: none"> <li>▪ 211</li> <li>▪ HCA</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$815,000/FY09/10</li> <li>▪ \$3.1M/year</li> </ul>	<p><b>Direct Services:</b></p> <ul style="list-style-type: none"> <li>▪ CalWORKs</li> <li>▪ SD Workforce Partnership</li> <li>▪ WIC</li> <li>▪ Food Stamps</li> <li>▪ Nurse Family Partnership</li> </ul>
At-risk target populations	<ul style="list-style-type: none"> <li>▪ HCA</li> <li>▪ 211</li> <li>▪ At-risk home visiting</li> <li>▪ SR</li> <li>▪ PFA</li> <li>▪ Special Needs Demonstration Project</li> <li>▪ OHI</li> <li>▪ CWS Development Services</li> <li>▪ Fluoridation</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$3.1M/year</li> <li>▪ \$815,000/FY09/10</li> <li>▪ \$1,183,295/year</li> <li>▪ \$5.8M/year</li> <li>▪ \$6M/year</li> <li>▪ \$500,000/year</li>   <li>▪ \$1.3M/year</li> <li>▪ \$3M/year</li>   <li>▪ \$5.7M total</li> </ul>	<p><b>Direct Services:</b></p> <ul style="list-style-type: none"> <li>▪ Head Start</li> <li>▪ Chadwick Center</li> <li>▪ CalWORKs</li> <li>▪ SD Workforce Partnership</li> <li>▪ WIC</li> <li>▪ Food Stamps</li> <li>▪ Nurse Family Partnership</li> <li>▪ TANF</li> </ul>
Culturally competent services	<ul style="list-style-type: none"> <li>▪ All programs offered in both Spanish and English, many in other languages</li> <li>▪ KIT for New parents</li> <li>▪ Horn of Africa</li>   <li>▪ Alliance for African Assistance</li> </ul>	<ul style="list-style-type: none"> <li>▪ Data unavailable</li>   <li>▪ \$647,000/Year</li> <li>▪ \$75,000/FY08-09- Innovative Grant: \$370,570/3 years - Responsive Fund</li> <li>▪ \$75,000/FY08-09</li> </ul>	<p><b>Direct Services:</b></p> <ul style="list-style-type: none"> <li>▪ Community Clinics</li> <li>▪ Horn of Africa</li> <li>▪ Alliance for African Assistance</li> <li>▪ UPAC</li> <li>▪ Operation Samahan</li> <li>▪ Survivors of Torture International</li> <li>▪ Other culturally specific agencies</li> </ul>
Systems alignment and integration	<ul style="list-style-type: none"> <li>▪ KidsSTART</li> <li>▪ Integrated services and referrals across all First 5 initiatives</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$2.5M/year</li> </ul>	<p><b>Direct Services:</b></p> <ul style="list-style-type: none"> <li>▪ Mental Health Services Systems of Care</li> </ul>

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