

A close-up photograph of a young child with a joyful expression, holding a bright yellow rubber duck. The child's face is the central focus, with their mouth open in a wide smile. The background is a soft, out-of-focus light color. The entire image is overlaid with a semi-transparent orange filter.

# ANNUAL REPORT FY 2014-15

IMPROVING THE LIVES OF CHILDREN AGES 0 THROUGH 5



# MESSAGE FROM THE EXECUTIVE DIRECTOR

## DEAR COMMUNITY MEMBERS,

I am pleased to share the First 5 San Diego Annual Report for Fiscal Year (FY) 2014-15. This year, we invested \$53 million in direct services for young children and their families and served nearly 70,000 children, parents, caregivers and providers. In addition, First 5 San Diego partners leveraged \$11.7 million cash and in-kind support with public and private entities. This year is the final year of our 2010-2015 Strategic Plan. Over the course of the past five years, we invested more than \$256 million dollars and served more than 420,000 children, parents, caregivers and providers. We are tremendously proud of those accomplishments. Our new strategic plan began July 1, 2015 and it will guide our decisions and investments for the period 2015-2020. For this year, I am proud to report the following achievements for each of our program areas:

## HEALTH

- Screened 26,845 children and 5,186 pregnant women for oral health services and provided treatment for 14,312 children and 3,793 pregnant women
- Screened 18,008 children for developmental delays and treated 5,929 children with developmental concerns
- Screened 5,954 children for behavioral delays and provided treatment for 3,473 children with behavioral concerns

## LEARNING

- Provided high-quality early education for 14,297 children

- Achieved a high-quality ranking for 96% of participating preschool classrooms
- Provided professional development to 2,811 early childhood education teachers

## FAMILY

- Served primary caregivers with 12,334 intensive home visits
- Provided care coordination to 24,267 children, parents and caregivers
- Provided 6,007 parents and caregivers with parent education services

## COMMUNITY

- Sponsored or participated in community events that reached nearly 141,000 families
- Conducted a community awareness campaign that achieved more than 100 million gross impressions
- Provided 82,897 health and social service referrals for families

A highlight of this past year was our inaugural Parent Summit, themed “A Parent is a Child’s First and Best Teacher,” held in October 2014. This event gave parents and caregivers the chance to discover new parenting tools and techniques through a variety of workshops and demonstrations covering topics such as behavior and temperament, bonding with your child, talking, reading and singing to your child, preparing your child for preschool, healthy eating and exercise, being a foster and adoptive parent and more.

First 5 San Diego was honored to be the recipient of multiple awards and distinctions, including a prestigious recognition of Healthy Development Services (HDS) as a Bright Idea by the Harvard Kennedy School Ash Center for Democratic Governance and Innovation and the National Association of Counties’ (NACo) 2015 Achievement Award in recognition of outstanding innovation in our First 5 First Steps targeted home visiting program. We also received awards this year for our website, public service announcements, social media, annual report projects and the Comprehensive Annual Financial Report.

Finally, we are excited to announce our participation in countywide efforts to become a trauma-informed system of care. Consistent with *Live Well San Diego’s* strategy of “Improving the culture from within”, we began by taking a look at ourselves and doing a trauma-informed scan of our internal policies, practices and environment. Next, we created an action plan with items that will support our move towards trauma-informed integration in our work environment. These are just the beginning steps toward a trauma-informed culture in San Diego County that we believe will leave lasting impacts.

In this report, we celebrate the highlights of another productive year working to improve the lives of children ages zero through five and their families. Thank you to our Commissioners, First 5 San Diego staff and each of our community partners, who have made these achievements possible.

Sincerely,



Kimberly Gallo



*“We invested \$53 million in direct services for young children and their families and served nearly 70,000 children, parents, caregivers and providers.”*

*- Kimberly Gallo*

# FIRST 5 SAN DIEGO PROJECTS FOR FY 2014-15

## **INFORMATION AND REFERRAL 2-1-1**

2-1-1 San Diego is a free 24-hour phone service and online database that connects people with community resources. 2-1-1 also operates a First 5 San Diego Warm Line that assists parents of children ages zero through five with locating services and resources for their families.

## **BEST START**

Best Start provides breastfeeding education to nurses at three Sharp hospitals. The training enables the nursing staff to provide support to mothers and newborns receiving services at these birthing hospitals.

## **BLACK INFANT HEALTH (BIH)**

BIH was created to address health issues specific to African American women and infants. Prenatal care, breastfeeding, immunizations, smoking cessation and education on proper nutrition are all part of the BIH program that helps women achieve a healthy pregnancy which improves healthy outcomes for babies.

## **CALIFORNIA SCHOOL AGE FAMILIES EDUCATION (CAL-SAFE)**

The Cal-SAFE Program, located within the San Diego Unified School District, helps expectant and parenting teens successfully graduate from high school and improve their parenting skills while providing a quality childcare and development program for their children.

## **CAPITAL PROJECT**

Construction of a child development center that will serve military families in the Murphy Canyon area.

## **CHILDHOOD INJURY PREVENTION PROGRAM**

The Childhood Injury Prevention Program educates parents, caregivers and early childhood education staff about childhood injury prevention strategies to make homes, automobiles and communities safer for children ages zero through five.

## **CHILDHOOD OBESITY INITIATIVE (COI)**

COI is a public-private partnership with the mission of reducing and preventing childhood obesity through policy, systems and environmental change.

## **COMMUNITY TRANSFORMATION GRANT (CTG)**

The goal of the CTG is to increase the number of community health clinics, businesses and schools that adopt policies which support breastfeeding and lactation accommodations. The program provided training for Public Health Nurse home visitors.

## **COMMUNITY WATER FLUORIDATION**

Community water fluoridation supports Sweetwater Authority to become optimally fluoridated to improve the oral health of children and families. With First 5 San Diego investments, optimal fluoridation was also reached for the City of San Diego and Olivenhain Municipal water districts.

## **DEVELOPMENTAL SCREENING AND ENHANCEMENT PROGRAM (DSEP)**

DSEP provides developmental screenings, care coordination and caregiver coaching for children in the child welfare system. It also provides expanded training and support for staff at the Polinsky Children's Center that care for young children who have been removed from their homes.

## **FIRST 5 FIRST STEPS (F5FS)**

First 5 First Steps provides countywide home visitation services to specific high-risk target populations including pregnant and parenting teens, military, refugee, immigrant and low-income families using the Healthy Families America (HFA) model and the Parents as Teachers (PAT) curriculum.

## **FIVE AND FIT**

Five and Fit mobilizes volunteers ages 55 and older to prevent early childhood obesity by teaching children to make healthy food choices and engage in regular exercise while supporting parents and educators to build healthy habits.

## **GOOD START FOR WOMEN + CHILDREN**

The Good Start for Women + Children Program is a partnership with the Jacobs & Cushman San Diego Food Bank to provide pregnant women and children ages zero through five in high-need communities with a monthly healthy food package and education materials.

### **HEALTHY DEVELOPMENT SERVICES (HDS)**

HDS is an array of services for early identification and treatment of children with mild to moderate developmental or behavioral delays. Services include assessment and treatment for developmental concerns, such as speech and language, as well as for behavioral concerns, parent education, behavioral health coaching services to early education providers and care coordination to families.

### **IMMUNIZATIONS FOR SAN DIEGO KIDS**

The goal of Immunizations for San Diego Kids is to increase the number of children ages zero through five who are fully immunized. A particular focus of the program is engaging families with personal belief concerns and questions about immunizations.

### **KIDSTART**

KidSTART is a partnership between First 5 San Diego and HHS Behavioral Health Services to support children with complex needs. The KidSTART Center performs triage, assessment, referrals and treatment for children with multiple, complex delays and disorders. The KidSTART Clinic provides comprehensive behavioral and social-emotional clinical treatment.

### **KINDERSTART**

KinderStart is a summer Kindergarten readiness program at Laurel Elementary School in Oceanside and Joyner Elementary School in City Heights. It provides a high-quality multi-week early learning opportunity for children preparing to enter kindergarten. The program targets children with no preschool experience.

### **KIT FOR NEW PARENTS (KIT)**

The Kit is a free, comprehensive resource from First 5 California for new and expectant parents emphasizing the importance of a child's early years. Kits are distributed countywide and are available in English, Spanish, Vietnamese, Cantonese, Korean and Mandarin.

### **MATERNITY SHELTER PROGRAM (MSP)**

MSP provides safe, secure and supportive housing with intensive case management services for pregnant and parenting young women between 18 and 24 years old, and their dependent children. MSP assists these young women who are homeless or at risk of becoming homeless to develop the skills necessary to live independently while providing a safe and stable home for themselves and their children.

### **MI ESCUELITA THERAPEUTIC PRESCHOOL**

Mi Escuelita provides a therapeutic preschool experience for young children who have been exposed to domestic violence and abuse.

### **ORAL HEALTH INITIATIVE (OHI)**

OHI provides oral health services, care coordination and preventive education to parents of children ages one through five and pregnant women with the goal of improving oral health, promoting positive oral health practices and increasing provider capacity.

### **PATHWAYS TO PLAY**

The Pathways to Play project is a partnership with the County of San Diego Department of Parks and Recreation to create nature-based play areas for children ages zero through five at the Tijuana River Valley Regional Park, providing opportunities for physical activity, educational experiences and family engagement.

### **QUALITY PRESCHOOL INITIATIVE (QPI)**

QPI provides high-quality preschool services in center-based early childhood programs in high need communities throughout the County.

### **REACH OUT AND READ SAN DIEGO (ROR)**

Reach Out and Read San Diego partners with medical offices throughout the County to train and support pediatricians in their efforts to promote early literacy by providing children 6 months through 5 years old with a new book and parents with read aloud advice at regular pediatric checkups.

### **SAN DIEGO ADOLESCENT PREGNANCY AND PARENTING PROGRAM (SANDAPP)**

SANDAPP improves health outcomes for pregnant and parenting adolescents and their children through case management, counseling and parent-child therapy. Its goals are to promote high school graduation, effective parenting skills, youth development and self-sufficiency.

---

## TABLE OF CONTENTS

---

INTRODUCTION	10
HEALTH	13
LEARNING	23
FAMILY	31
COMMUNITY	46
THE ROAD AHEAD	47
REFERENCES	50



INTRODUCTION

# INTRODUCTION

## WHAT IS FIRST 5 SAN DIEGO?

The First 5 Commission of San Diego County (First 5 San Diego) promotes the health and well-being of young children during their most critical years of development, from the prenatal stage through five years of age. Our ultimate goal is that all children ages zero through five are healthy, are loved and nurtured, and enter school as active learners.

First 5 San Diego provides our county's youngest children with developmental checkups and services, dental care, quality preschool and early education programs, obesity prevention and family support services. First 5 San Diego programs and services are funded through San Diego County's portion of California's Proposition 10 tobacco tax revenues.

## WHY THE FIRST 5 YEARS?

The first five years of a child's life are critical to a child's development, shaping his/her success in school and in life. High-quality early childhood programs have been shown to reduce crime, raise earnings and promote education and better health.<sup>1</sup> First 5 San Diego targets its resources to give young children the opportunities they need to reach their highest potential and enter school healthy and ready to succeed.

## FOUR PROGRAM AREAS

The overarching goal of the First 5 San Diego Strategic Plan 2010-2015 is to strengthen the relationships essential for the healthy development of young children. These relationships are addressed in four key areas:

- **Health:** Promote each child's healthy physical, social and emotional development.
- **Learning:** Support each child's development of communication, problem-solving, physical, social-emotional and behavioral abilities, building on their natural readiness to learn.
- **Family:** Strengthen each family's ability to provide nurturing, safe and stable environments.
- **Community:** Build each community's capacity to sustain healthy social relationships and support families and children.

***“With First 5 services I know that my family is on its way to being healthy.”***  
**-Armando**

## VISION

The ultimate goal of First 5 San Diego's work is that all children ages zero through five are healthy, are loved and nurtured, and enter school as active learners.

## MISSION

First 5 San Diego leads the San Diego community in promoting the vital importance of the first five years of life to the well-being of children, families and society.

# THE REACH OF FIRST 5 SAN DIEGO

## WHO DID FIRST 5 SAN DIEGO SERVE?

During FY 2014-15, a total of 69,727 San Diegans received direct services via First 5 San Diego programs (Figure 1.1). These include health and dental services, quality preschool, parenting classes and much more. Over 44,000 children from birth through age five were served. Thousands of additional young children and their parents benefitted from community-wide services such as the Kit for New Parents, a parent warm line, community health screenings and media messages.

First 5 San Diego programs served slightly more boys (53.6%) than girls (46.4%) (Figure 1.2). More children between the ages of three and five (70.3%) were served relative to children under age three (29.7%) (Figure 1.3).

## WHAT WERE THE ETHNICITIES AND LANGUAGES OF CHILDREN AND PARENTS SERVED?

The majority of children (66.9%) and parents (63.6%) served by First 5 San Diego programs were Hispanic/Latino. First 5 San Diego served smaller percentages of children and adults in the White (non-Hispanic), Asian/Pacific Islander and African-American/Black categories (Figures 1.4 and 1.5).<sup>2</sup> Over 50 percent of children (55.6%) and parents (52.9%) spoke English as their primary language and the next largest proportion of children (40.5%) and parents (41.8%) spoke Spanish. Other languages spoken were Somali, Tagalog and Vietnamese, all at less than 1%.

***“My daughters  
are improving  
and the treatment  
they receive  
through First 5  
is exceptional.”  
-Esther***

### CHILDREN SERVED BY FIRST 5 SAN DIEGO COMPARED TO SAN DIEGO COUNTY UNDER 6 POPULATION

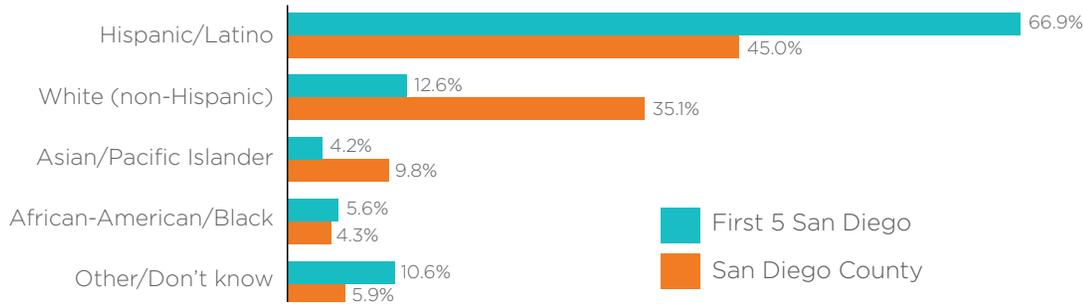


Figure 1.4

### PARENTS/CAREGIVERS SERVED BY FIRST 5 SAN DIEGO COMPARED TO SAN DIEGO COUNTY ADULT POPULATION

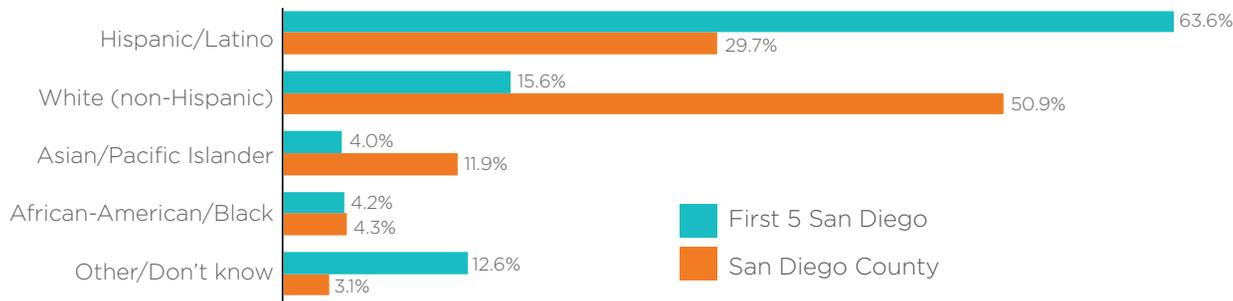


Figure 1.5

### NUMBER OF SAN DIEGANS WHO RECEIVED FIRST 5 SERVICES

Children	44,818
Parents or Caregivers	22,047
Providers	2,862
<b>Total</b>	<b>69,727</b>

Figure 1.1

### GENDER OF CHILDREN SERVED



Figure 1.2

### AGES OF CHILDREN SERVED

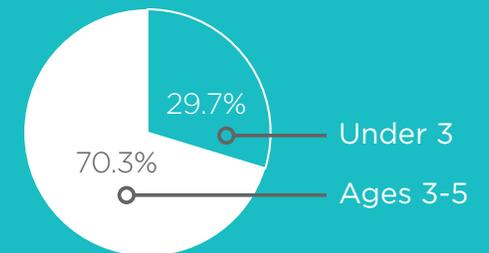


Figure 1.3



HEALTH

# HEALTH

## WHY HEALTH?

Ninety percent of a child's brain develops in the first five years of life.<sup>3</sup> Developmental and social-emotional delays experienced during this early stage of life are likely to have a negative influence on learning abilities, language capabilities and overall social development. Numerous research findings indicate that early interventions can modify a child's developmental pathway and lead to positive life-long results.

## WHAT DOES FIRST 5 SAN DIEGO DO?

First 5 San Diego programs support healthy child development by providing developmental, behavioral, home visiting and dental services to children ages zero through five and their families, as well as professional development to help early childhood education providers support children's development.

## WHAT DOES FIRST 5 SAN DIEGO FUND?

First 5 San Diego funds three major health initiatives: Healthy Development Services (HDS), KidSTART and the Oral Health Initiative (OHI). Each initiative provides a unique contribution to improving health outcomes for San Diego's

youngest children. Other First 5 San Diego programs that play an important role in addressing health needs include: Black Infant Health (BIH), California School Aged Families Education (Cal-SAFE), Developmental Screening and Enhancement Program (DSEP), First 5 First Steps (F5FS), Maternity Shelter Program (MSP), Mi Escuelita Therapeutic Preschool, Quality Preschool Initiative (QPI) and the San Diego Adolescent Pregnancy and Parenting Program (SANDAPP).

## HOW DO FAMILIES GET CONNECTED TO SERVICES?

Most of the First 5 San Diego health initiatives provide multiple levels of support for children and families through a comprehensive system of care (Figure 2.1). Often the first service a child receives from First 5 San Diego is a developmental or behavioral "checkup" or screening (Step 1). These screenings provide parents with a snapshot of how their child is developing in key areas such as speech, learning, fine and gross motor skills and social-emotional development. When screening results indicate a concern in any key area, service providers follow up with families to conduct a more comprehensive assessment and determine

the level of care needed (Step 2). Providers use assessment results to customize treatment or offer an appropriate service referral to address the child's specific needs (Step 3).

***"I feel the difference in the way my son is developing. When he was receiving therapy I learned a lot about how to help him with his development and his abilities."***

***-Diego***



**FUNDING: \$20,924,556**

### NUMBERS SERVED

- 61,997 children
- 21,358 parents
- 2,848 providers

### HIGHLIGHTS

- 96.5% of high-risk children and 94.5% of high-risk pregnant women identified with dental disease received treatment
- 95.5% of children receiving treatment for a developmental delay showed gains
- 88.8% of children receiving specialized behavior treatment for a behavioral delay showed gains

### HEALTH SYSTEM NAVIGATION



Figure 2.1





# ENSURING GOOD ORAL HEALTH

## WHY IS ORAL HEALTH IMPORTANT?

Tooth decay is one of the most common yet preventable chronic diseases among children in the United States.<sup>4</sup> Ensuring good oral health in early childhood is critical to prevent development and progression of dental disease. Early dental intervention can also reduce the number of dental procedures a child receives while contributing to long-term cost savings.<sup>5</sup> If not treated, tooth decay can affect a child's health and well-being by interrupting sleep, impairing speech and language development, and inhibiting social interaction.<sup>6</sup> In addition, children with poor oral health are more likely to miss or perform poorly in school.<sup>7</sup> Despite these risks, the most recent data show that an estimated 18.8% of San Diego County children between the ages of one and five have never visited a dentist.<sup>8</sup> By the time they enter kindergarten, more than half of children in the United States have already experienced dental decay, nearly one-third have untreated decay and almost one-fifth have severe decay.<sup>9</sup>

Oral health care is also vital for pregnant women because it contributes to the overall health of both the mother and baby.<sup>10</sup> Dental disease during pregnancy is linked to increased risk of preterm delivery, low birth weight infants, and the transfer of dental disease between mother and child.<sup>11</sup>

## WHAT DOES FIRST 5 SAN DIEGO DO?

Oral health services funded by First 5 San Diego include:

- Dental screening, examination and treatment services for pregnant women and children ages one through five;
- Care coordination services for pregnant women and children identified as high-risk for dental disease (key risk factors include intermittent oral hygiene and care, frequent consumption of sweetened beverages and food, and a family history of dental disease);
- Oral health education for parents, primary caregivers and early childhood education providers at community-based organizations and in clinical settings; and
- Training for prenatal care providers, general and pediatric dentists, primary care providers and ancillary staff.



## PERCENTAGE OF HIGH RISK CLIENTS WITH DENTAL DISEASE WHO RECEIVED TREATMENT

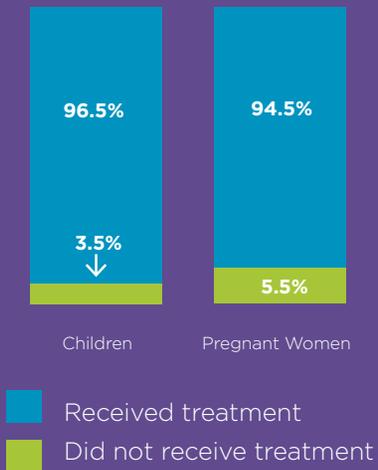


Figure 2.4

## NUMBER OF CHILDREN WHO RECEIVED ORAL HEALTH SERVICES

Screenings	26,845
Exams	16,894
Treatment	14,312

Figure 2.2

## NUMBER OF PREGNANT WOMEN WHO RECEIVED ORAL HEALTH SERVICES

Screenings	5,186
Exams	3,856
Treatment	3,793

Figure 2.3

## WHO DID FIRST 5 SAN DIEGO SERVE?

During FY 2014-15, OHI providers screened 26,845 children and 5,186 pregnant women for oral health needs and provided oral health education for 16,385 parents of children ages zero through five and pregnant women. OHI clinic staff performed a total of 16,894 exams for children and 3,856 exams for pregnant women. A total of 14,312 children and 3,793 pregnant women who were in need of additional services received treatment (Figures 2.2 and 2.3). Among those who were identified as high-risk patients with dental disease, 96.5% of children and 94.5% of pregnant women received treatment (Figure 2.4).



# EARLY IDENTIFICATION AND INTERVENTION FOR DEVELOPMENTAL DELAYS

## WHY IS EARLY INTERVENTION FOR DEVELOPMENTAL DELAYS IMPORTANT?

Early identification of and treatment for developmental delays are essential for young children to enter school ready to learn and to prevent the need for special services later in life. Annually in the United States, it is projected that approximately 12-16% of children demonstrate developmental and/or behavioral delays, yet only 2% of zero through two-year-olds and 5% of three through five-year-olds with delays receive treatment.<sup>12</sup> Many children with developmental concerns do not receive their first screening or treatment until after they enter school, when interventions tend to be less effective and more expensive.

## WHAT DOES FIRST 5 SAN DIEGO DO?

First 5 San Diego programs offer developmental screenings, assessments and treatment services (such as occupational, physical, speech and language therapies) to address the developmental needs of young children. Specialized classes and one-on-one coaching for parents are provided to teach families how to support their child's healthy development at home.

It is First 5 San Diego's goal to expand screenings across multiple settings to ensure that all children in San Diego have regular developmental checkups before entering kindergarten. Cal-SAFE, DSEP, HDS, KidSTART, F5FS, MSP, Mi Escuelita, QPI and SANDAPP all provide these essential screenings. In total, First 5 San Diego providers screened 18,008 children and identified 7,213 with developmental concerns. Developmental treatment was provided to 5,929 children, including those who were referred to First 5 San Diego programs for treatment by other providers (Figure 2.5). An additional 1,985 children served by QPI received one-on-one attention in their classrooms to work on their identified developmental or behavioral needs.

## ARE CHILDREN WITH DEVELOPMENTAL CONCERNS IMPROVING?

Developmental treatment services are provided through DSEP, HDS and KidSTART for children with mild, moderate or complex needs. Children identified with a developmental delay receive treatment to support and monitor their growth in cognitive, language, motor, social-emotional and self-help domains. Children served through HDS and KidSTART are assessed both at the beginning (pre)

and end (post) of treatment. The average percent delays for children at both of these time points are presented for children with mild to moderate needs in Figure 2.6 and for children with complex needs in Figure 2.7. Overall, 95.5% of children with concerns receiving developmental treatment through HDS or KidSTART demonstrated gains in at least one developmental domain.

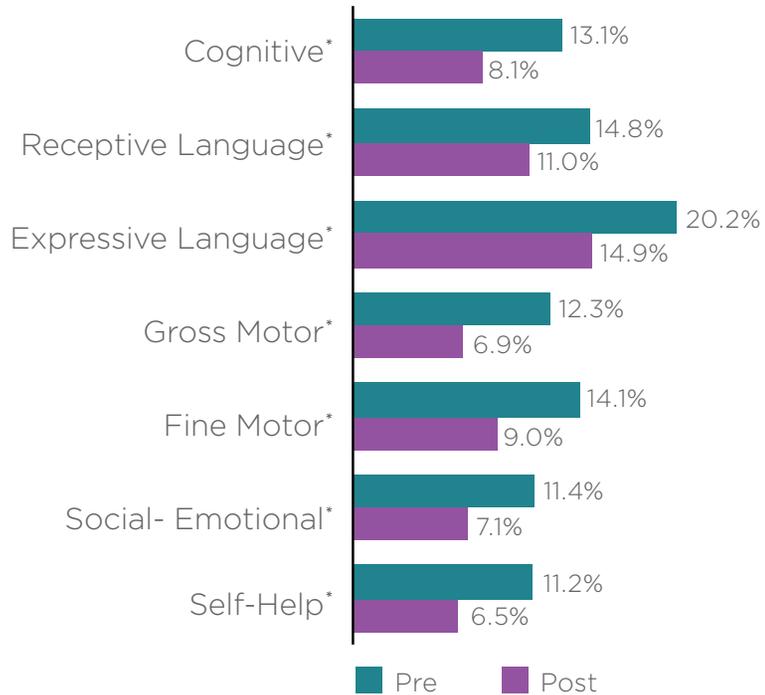
### NUMBER OF CHILDREN WHO RECEIVED DEVELOPMENTAL SERVICES

Children Screened	18,008
Children with Developmental Concern	7,213
Children who Received Developmental Treatment*	5,929

\*Includes children referred from providers outside of First 5 San Diego

Figure 2.5

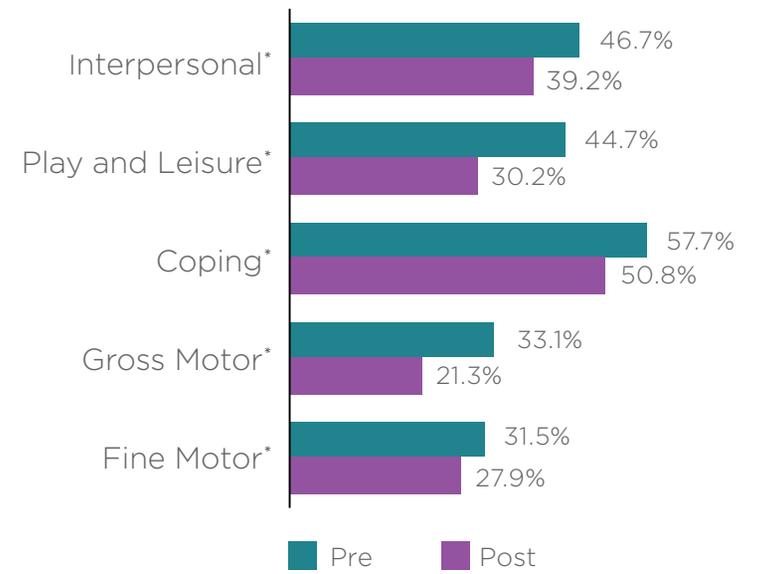
**CHANGES IN AVERAGE PERCENT DELAY FOR CHILDREN WITH MILD TO MODERATE DEVELOPMENTAL DELAYS**



\*Statistically significant;  $p < .05$ .

Figure 2.6

**CHANGES IN AVERAGE PERCENT DELAY FOR CHILDREN WITH COMPLEX DEVELOPMENTAL CONCERNS**



\*Statistically significant;  $p < .05$ .

Figure 2.7

\*A p-value, a measure of statistical significance, is provided in many of the figures presented in this report. When a p-value is less than value is less than .05, the finding is referred to as "statistically significant." Statistical significance means that the changes between the data points are likely not due to random chance. Therefore, a statistically significant finding means the change is a real difference.



# EARLY IDENTIFICATION AND INTERVENTION FOR BEHAVIORAL AND SOCIAL-EMOTIONAL DELAYS

## WHY IS EARLY INTERVENTION FOR BEHAVIORAL AND SOCIAL-EMOTIONAL DELAYS IMPORTANT?

An estimated 13% to 17% of children between the ages of zero and five experience social-emotional problems that negatively impact their functioning, development and school readiness.<sup>13</sup> Treating behavioral concerns before the age of five is likely to prevent the onset of mental health disorders, reduce future behavior concerns, and increase a child's ability to manage his or her emotions and function in their daily life.<sup>13-14-15</sup>

## WHAT DOES FIRST 5 SAN DIEGO DO?

First 5 San Diego funds programs that provide screenings, assessments and treatment services that are designed to meet the behavioral and social-emotional needs of children ages zero through five. Specialized classes and one-on-one coaching with parents and early childhood educators are also offered to promote a comprehensive approach to well-being. Through DSEP, HDS, F5FS and the KidSTART Clinic, First 5 San Diego providers screened 5,954 children, identified 1,734 children with behavioral concerns and provided behavioral treatment for 3,473 children, including those who were referred to First 5 San Diego programs for treatment by other providers (Figure 2.8).

## ARE CHILDREN'S BEHAVIORAL PROBLEMS DECREASING AFTER TREATMENT?

The behavioral treatment services offered by First 5 San Diego through the KidSTART Clinic and HDS are customized to meet each child's unique needs. This year, 3,473 children received treatment aimed at reducing internalizing behaviors (such as anxious or depressive symptoms) and externalizing behaviors (such as aggressive and hyperactive symptoms).

- Overall, 88.8% of children who were identified with behavioral concerns and received specialized behavioral treatment showed improvement.
- Of those children served by HDS, 85.3% reduced their total behavioral concerns (Figure 2.9).

## ARE CHILDREN'S BEHAVIORS IMPROVING?

Protective factors are strengths a child possesses that can positively influence their resilience such as their abilities to form relationships, have their needs met, regulate strong emotions and explore their surroundings with confidence. This year's results showed that children's protective factors increased after receiving HDS behavioral treatment (Figure

2.10). Specifically, children showed an increase in the following areas: initiative (using independent thought and action to meet needs), self-regulation (expressing feelings through socially appropriate words and actions) and attachment/relationships (mutual, strong, long lasting relationships with significant adults).

Overall, 86.0% of children who received behavioral services through HDS showed an increase in protective factors.

## NUMBER OF CHILDREN WHO RECEIVED BEHAVIORAL SERVICES

Children Screened	5,954
Children with Behavioral Concern	1,734
Children who Received Behavioral Treatment*	3,473

*\*Includes children referred from providers outside of First 5 San Diego*

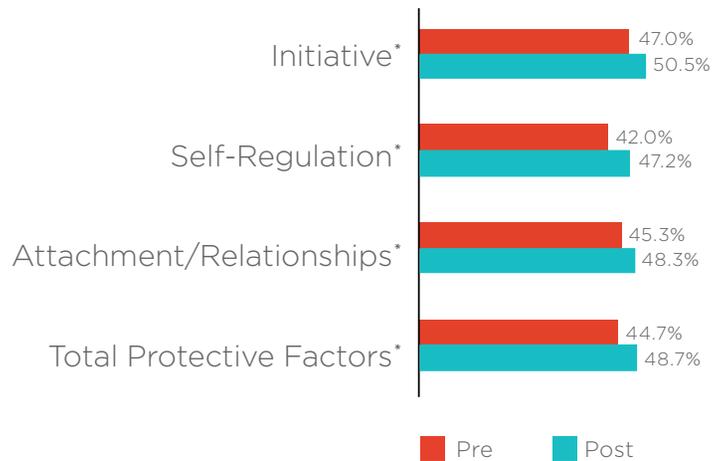
Figure 2.8

## PERCENTAGE OF CHILDREN WHO MADE BEHAVIORAL GAINS AFTER TREATMENT

Internalizing Behaviors	84.0%
Externalizing Behaviors	86.1%
Total Behaviors	85.3%

Figure 2.9

## CHANGES IN PROTECTIVE FACTOR MEAN SCORES FOR CHILDREN IN BEHAVIORAL SERVICES



\*Statistically significant;  $p < .05$ .

Figure 2.10



# FAMILY STORIES: THE POSITIVE IMPACT OF FIRST 5 SERVICES

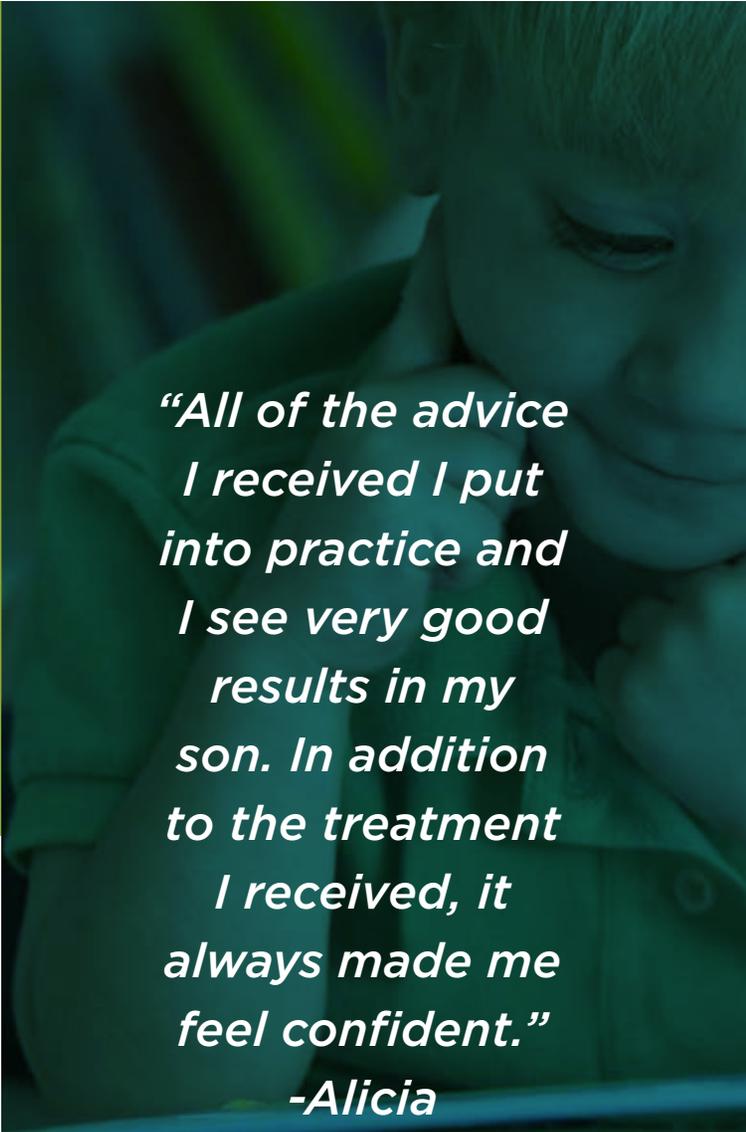
## STRENGTHENING SUSANA'S FAMILY

Four year old Susana\* came to HDS with her mother, Luz\*, who had concerns about Susana's behavior. Luz was worried about her daughter's attitude, specifically talking back to her, constantly saying "no" and unwillingness to stop engaging in preferred activities. Luz was also concerned with Susana's frequent tantrums while out in the community. HDS staff observed Susana as an active little girl, ready to engage in play and motivated to interact with peers and adults, but with difficulty sharing toys and taking turns. Luz actively participated in all 10 behavior classes and although Susana's father was not able to participate in the classes, Luz always requested copies of the class activities so she could share them with her husband who was engaged and following through with the Home Activity Plan. With support from HDS, Susana's parents were able to establish a structured routine at home, in particular a nighttime routine that disallowed Susana to stay up late watching videos. They also increased the quality of the one-on-one time they spent with Susana and her siblings. Staff provided Luz with a social story about desired behaviors while out in the community and Luz learned proactive techniques to address Susana's challenging behavior. At the end of the classes, Luz felt confident in improving Susana's behavior and reported feeling more connected to her children and to her husband as a partner in supporting their family.

## DEVELOPING HEALTHY HABITS

Max\* came into the dental office as an emergency patient with multiple cavities and a lot of pain. Because of his age (three years old) and discomfort being in a dental office, it was decided that Max should return and receive treatment under general sedation. Max's parents also let the dentist know that their son had a poor diet and consumed a lot of candy. Dental office staff worked with Max's parents to teach them about healthy eating and providing Max with healthy snacks. A month later, Max returned for treatment and left with a smile on his face. Both Mom and Max were happy and shared that Max was consuming less sugar because of the dental staff's advice.

\*Names of children and families have been changed to protect confidentiality.



***“All of the advice I received I put into practice and I see very good results in my son. In addition to the treatment I received, it always made me feel confident.”***  
***-Alicia***

LEARNING



# BENEFITS OF HIGH QUALITY EARLY LEARNING ENVIRONMENTS

## WHY IS EARLY LEARNING IMPORTANT?

In their first five years, research shows that a child's brain undergoes rapid development. It is during this time of great cognitive and social-emotional growth that high-quality early learning environments have been shown to have positive and lasting effects on academic achievement and other important child outcomes.<sup>16</sup> In particular, children who participate in high-quality learning environments are not only better prepared for kindergarten but also have greater success in elementary school and are more likely to graduate from high school and thrive in adulthood.<sup>17-18</sup>

## WHAT DOES FIRST 5 SAN DIEGO DO?

To ensure that San Diego's children enter kindergarten ready to succeed, First 5 San Diego dedicates significant resources to increasing children's access to high-quality early learning environments, enhancing preschool classroom quality, supporting the professional development of early childhood education (ECE) staff, and strengthening parenting skills and knowledge.

**FUNDING: \$17,364,392**

***“This program has helped my family keep a job and understand my child’s learning habits. I really saw so much improvement with my child.”  
- Marcia***

## NUMBERS SERVED

- 14,297 children
- 2,811 teachers and staff

## HIGHLIGHTS

- 96.0% of Quality Preschool Initiative (QPI) classrooms were rated as high-quality
- 94.3% of QPI children made gains in at least five of seven developmental domains
- Over half (54.2%) of QPI lead teachers have a bachelor's degree or higher

# ENSURING CHILDREN ATTEND HIGH-QUALITY PRESCHOOL

## WHY IS HIGH-QUALITY PRESCHOOL IMPORTANT?

A high-quality preschool program is one that includes structural elements that are evidence-based and nationally recognized as important for ensuring program quality. Generally, this includes highly qualified staff, high-quality professional development, low student-to-teacher ratio and small class size.<sup>19</sup>

Multiple studies show that children who participate in high-quality preschool are better off than their counterparts in many ways. Investments in high-quality early learning result in improved early literacy, reduced need for special education, improved cognitive abilities, greater motivation for learning, decreased social-emotional problems, better school attendance, higher rates of high school completion, increased likelihood of attending college and higher life-long earning potential.<sup>17,20-23</sup> The benefits of high-quality early education programs far outweigh the costs for children of all ethnic and socioeconomic backgrounds.<sup>24-25</sup>

## WHAT DOES FIRST 5 SAN DIEGO FUND?

Drawing on recommendations from early education research and emerging best practices, First 5 San Diego funds three key early learning programs: Quality Preschool Initiative (QPI), Mi Escuelita Therapeutic Preschool (Mi Escuelita), and KinderStart. In total, 14,297 children received high-quality early education through these three programs during FY 2014-15 (Figure 3.1).

- QPI is offered through school and community-based preschool providers who receive intensive professional development and incentive funding to improve quality in their programs.
- Mi Escuelita is a single-site therapeutic preschool for children affected by family violence.
- KinderStart is a five-week intensive summer program offered in an elementary school setting to prepare children for successful entry into kindergarten. Summer pre-kindergarten bridge programs such as KinderStart have been shown to be effective at preparing children who did not attend preschool for the transition to school.<sup>26</sup>



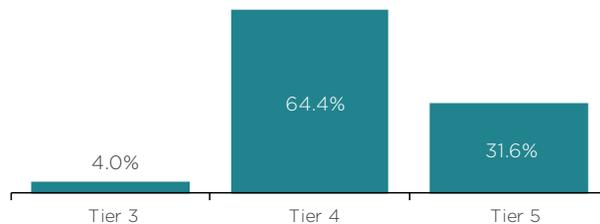
# ENSURING CHILDREN ATTEND HIGH-QUALITY PRESCHOOL

## HOW IS QUALITY MEASURED IN PRESCHOOL?

The characteristics of high-quality preschools include small class size, low student-teacher ratio, safe and engaging physical space, screenings for the early detection of developmental or social-emotional delays, culturally appropriate family engagement, qualified staff and directors, continual assessment of both teacher and child outcomes, and a developmentally appropriate curriculum based on nationally recognized early-learning standards.<sup>27-28-29</sup> These characteristics were used to create the County's Quality Rating and Improvement System (QRIS). To implement QRIS, every classroom receives points based on its performance in seven areas including child observations, teacher qualifications and classroom environment. Each classroom receives an overall rating from 1 (lowest) to 5 (highest) based on these scores. This year, 96.0% of QPI classrooms were rated at a high-quality tier (tiers 4 or 5) (Figure 3.2).

A specific component of the rating system is the educational attainment of ECE staff. Research suggests that preschool teachers with college-level education are more effective, nurturing and engaging, and provide richer language and cognitive experiences for children.<sup>30-31-32</sup> First 5 San Diego provides incentives to agency directors and teachers to advance their level of education. This year, 47 administrators and teachers earned a college degree (Figure 3.3). Overall, more than half (54.2%) of QPI lead teachers have a bachelor's degree or higher.

### PERCENTAGE OF QPI CLASSROOMS AT EACH QUALITY RATING TIER\*



\*No classrooms scored at Tiers 1 or 2

Figure 3.2

## NUMBER OF CHILDREN WHO RECEIVED HIGH-QUALITY EARLY EDUCATION

Quality Preschool Initiative	14,066
Mi Escuelita	114
KinderStart	117
<b>Total</b>	<b>14,297</b>

Figure 3.1

## NUMBER OF DEGREES EARNED BY QPI ADMINISTRATORS AND TEACHERS

Associates	21
Bachelors	22
Masters	4
<b>Total</b>	<b>47</b>

Figure 3.3

# ENSURING CHILDREN ATTEND HIGH-QUALITY PRESCHOOL

## IS HIGH-QUALITY PRESCHOOL HELPING CHILDREN?

Overall, children attending high-quality preschool programs funded by First 5 San Diego made gains in every developmental domain on which they were assessed (Figure 3.4). Furthermore, children with two years of QPI attendance demonstrated higher scores than their counterparts with only one year (Figure 3.5). By the end of the school year, 94.3% of children with room for improvement made gains in at least five of the developmental domains assessed. Children are assessed on either six or seven domains, depending on their primary language. Children who did not attend preschool but enrolled in KinderStart, the five-week intensive summer bridge program, also made gains.

## IS HIGH-QUALITY PRESCHOOL HELPING TO SUPPORT CHILDREN WITH SPECIAL NEEDS?

Children with special needs are more likely to succeed in the education system when their needs are identified and supported before entering kindergarten. QPI prioritizes special needs identification through systematic screenings and teacher-based observations. This year, over 10,500 children were screened and 241 children with learning difficulties received an Individualized Education Program (IEP). In addition, nearly 800 children with IEPs upon enrollment received continued, individualized learning support during the year. IEP designation is valuable for families with children who have special needs because it provides access to no-cost services and supports for children throughout their K-12 education.

## PERCENTAGE OF QPI CHILDREN WHO MADE DEVELOPMENTAL GAINS

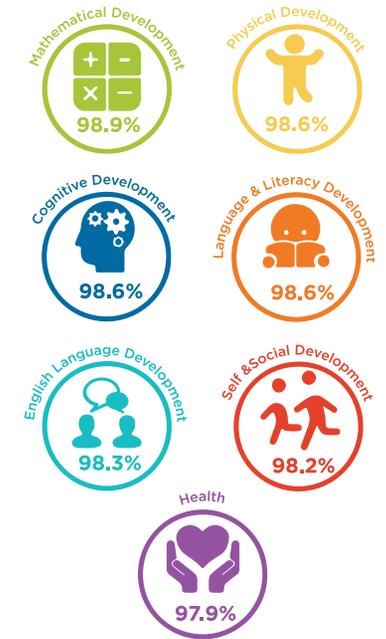
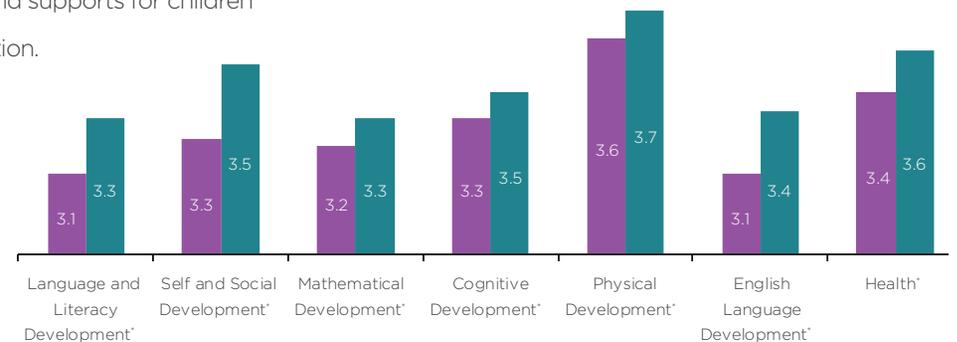


Figure 3.4

## MEAN DOMAIN SCORES OF 4 YEAR OLD CHILDREN IN QPI

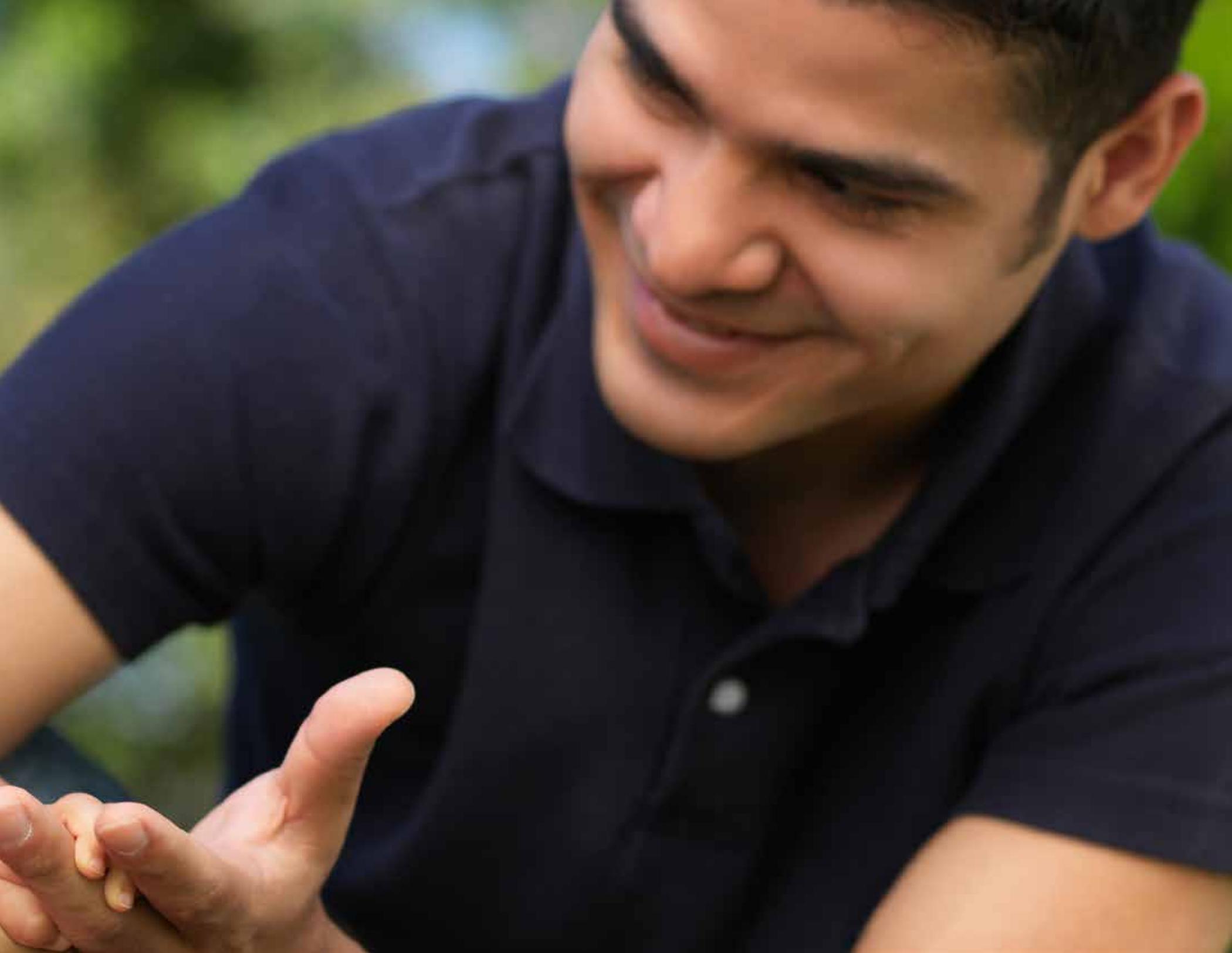


\*Statistically significant;  $p < .05$ .

Figure 3.5

■ One Year of QPI ■ Two Years of QPI





# PREPARED EARLY CHILDHOOD EDUCATION PROVIDERS

## WHY IS PROFESSIONAL DEVELOPMENT IMPORTANT?

Professional development for preschool teachers is important for the growth and maintenance of skills needed to offer high-quality instruction and promote student learning and achievement.<sup>33-34</sup> Professional development helps ensure that teachers have the knowledge and aptitude to detect and support a child's learning challenges, which is particularly important in preschool given that early intervention to address a child's developmental and behavioral concerns can improve academic success.<sup>17-35</sup>

## WHAT DOES FIRST 5 SAN DIEGO DO?

First 5 San Diego funds multiple professional development opportunities for QPI preschool teachers and administrators. Over 1,300 teachers participated in professional development activities focused on teacher/child interactions, systematic coaching utilizing classroom observation and customized professional development plans. Additionally, through Healthy Development Services (HDS), classes and consultations were provided to 1,480 ECE staff to improve their

knowledge of social-emotional development and how to effectively support children with behavioral challenges in the classroom (Figure 3.6).

## WHAT IS THE IMPACT OF PROFESSIONAL DEVELOPMENT?

First 5 San Diego's investment in the professional development of ECE staff has enhanced the effectiveness of QPI teachers. The Classroom Assessment Scoring System (CLASS) is a quality assessment tool administered by a reliable, independent observer who rates teacher/child interactions across three domains: emotional support (e.g., teacher sensitivity), classroom organization (e.g., behavior management) and instructional support (e.g., modeling language for students). This year, average QPI CLASS scores ranged from 3.8 to 6.1 out of 7 across the three domains, indicating a high level of classroom quality and effective instruction (Figure 3.7).

## NUMBER OF EARLY CHILDHOOD EDUCATION TEACHERS WHO RECEIVED PROFESSIONAL DEVELOPMENT

Quality Preschool Initiative	1,331
Healthy Development Services	1,480
<b>Total</b>	<b>2,811</b>

Figure 3.6

## AVERAGE QPI CLASS SCORES



Figure 3.7

*“Our neighborhood has an abundance of little kids, but not enough preschools. And this is a gem. The moment you walk through the door you feel it- an energy for teaching and inspiring little ones.”*

*-Geoff & Ilse*



# FAMILY STORIES: THE POSITIVE IMPACT OF FIRST 5 SERVICES

## EDUCATION FOR THE ENTIRE FAMILY

I have to tell you that before taking the “Teaching Pyramid for Families” workshop, it was so difficult to go out for dinner with our son Joaquin\* because he just didn’t behave at the restaurant. He was always jumping on the chair, throwing food and people around us would stare and be bothered. We felt embarrassed and decided not to go out anymore until Joaquin was older. After this training, we were able to create expectations to support Joaquin’s appropriate behavior at the restaurant. We created a poster using pictures of Joaquin behaving appropriately. For example, pictures of Joaquin sitting on the chair, using food utensils, and Joaquin respecting personal space. We would go over this poster before going to the restaurant and during the time at the restaurant we would also use positive descriptive acknowledgements to motivate him to continue the good behavior. Joaquin’s behavior changed because of the expectations and the pictures! Now he behaves and we can go out to eat together.

-Jose\* & Maria\*

### ***Letter to a Teacher at Graduation Time***

## DEAR MS. JONES,

Words cannot express how grateful we are to have had you as Blanca’s\* preschool teacher. You are an amazing person, always kind, caring, patient, and loving with the children. I know your days could be challenging at times, but you always had a smile on your face. It takes a very special person, and gifted, to do the job you do, and do it well. I am confident that you have prepared Blanca for kindergarten and I know she will miss you dearly. I wish you many more wonderful years of teaching so you can continue to touch the hearts of other children and families like you have touched ours.

-Mr. & Mrs. Kim\*

\*Names of children and families have been changed to protect confidentiality.



FAMILY



# FAMILY

## WHY IS FAMILY IMPORTANT?

Children blossom when raised in family environments that are safe, loving and stimulating. A substantial body of research documents that positive family relationships and interactions can improve a child's cognitive and social-emotional development, school readiness and overall academic achievement.<sup>36-37</sup> When parents and caregivers engage in positive behaviors such as routinely talking, reading and singing to infants and young children, they are actively supporting the development of social and language skills while preparing their child to succeed in school.<sup>38</sup>

## WHAT DOES FIRST 5 SAN DIEGO DO?

First 5 San Diego supports families by providing parents and caregivers with intensive home visitation services, care coordination and parent education services, as well as parenting resources to promote children's optimal development and school readiness.<sup>39</sup>

## WHAT DOES FIRST 5 SAN DIEGO FUND?

First 5 San Diego supports families through the following programs: Black Infant Health (BIH), California School Aged Families Education (Cal-SAFE), Developmental Screening and Enhancement

Program (DSEP), First 5 First Steps (F5FS), Healthy Development Services (HDS), KidSTART, Maternity Shelter Program (MSP), Oral Health Initiative (OHI), Quality Preschool Initiative (QPI), Community Transformation Grant (CTG), Reach Out and Read (ROR) and the San Diego Adolescent Pregnancy and Parenting Program (SANDAPP). In addition, general parenting information and resources are provided to the community through the Kit for New Parents (Kit) and the First 5 San Diego Newsletter.

## WHY ARE SERVICES TO FAMILIES IMPORTANT?

As any parent can tell you, children do not come with handbooks. Raising a young child can be stressful, confusing and overwhelming for even the most composed mother or father. When you add additional life stressors such as single parenthood, unemployment, housing instability or raising a child with special needs, having allies to support and empower parents can be critical to the well-being of all family members.<sup>40</sup> Effective parenting support programs, for example, are associated with better physical, cognitive and emotional development in children, positive parent-child bonding, increased praising of positive behaviors, and decreased rates of child abuse and neglect<sup>41</sup> First 5 San Diego's programs offer services that support the whole family, recognizing that good parenting can be taught and is a skill that will benefit children throughout their lives.



**FUNDING: \$5,572,073**

## NUMBERS SERVED

- 16,292 children
- 16,614 parents

## HIGHLIGHTS

- 95.0% of QPI parents tell stories or sing songs to their child
- 92.1% of QPI and HDS parents know more about age appropriate child development
- 67.7% of QPI, HDS and F5FS parents regularly read to their child
- Seven school districts and 15 businesses have adopted lactation policies through CTG
- Over 23,000 books were distributed through 80 medical offices through ROR

A woman with dark hair tied back, wearing a light-colored top, is smiling and looking down at a baby she is holding. The baby is lying down, wrapped in a white blanket, and has their eyes closed. The woman's hands are gently cradling the baby's head. The background is softly blurred, showing what appears to be a crib or a similar piece of furniture. The entire image has a blue tint.

*“We have made  
so many changes  
to our lives and  
attitudes and  
how we are with  
our kids. We just  
can’t thank you  
enough!”*

*-Jasmin*

# ENSURING FAMILY WELL-BEING THROUGH FIRST 5 FIRST STEPS (F5FS)

## WHAT IS FIRST 5 FIRST STEPS (F5FS)?

F5FS, a targeted home visiting initiative, promotes positive parenting, enhances healthy child development, and prevents child abuse and neglect using Healthy Families America, a nationally recognized and evidence-based service delivery model.<sup>42</sup> Several research studies demonstrate that evidence-based home visitation programs promote positive outcomes, particularly for high-risk populations including low-income families, immigrant families and families otherwise lacking social support.<sup>43-44-45</sup> F5FS focuses on supporting families who face hardships and stressors that may place children at increased risk for negative outcomes such as low birth weight, maltreatment and developmental or social-emotional concerns.

## WHO DID FIRST 5 FIRST STEPS SERVE?

F5FS was designed to serve high-risk families, including pregnant and parenting teens, military, immigrant, refugee and low-income families.

- 94.9% of families who were offered F5FS services accepted them;
- 656 caregivers/pregnant women and 546 children received F5FS services (Figure 4.1).

## WHAT DOES FIRST 5 FIRST STEPS DO?

F5FS provides intensive home visitation services for families who are not eligible for other home visiting programs. These services begin prenatally and extend through the child's third birthday. Services provided by home visitors include:

- Educating and supporting caregivers by enhancing knowledge about their child's age appropriate growth and development;
- Nurturing healthy bonding relationships between caregiver and child;
- Supporting positive parenting practices such as reading to their child, advocating for their child's well-being and ensuring their child is living in a healthy and safe environment;
- Providing community referrals for caregivers and their children, including linkages to medical and social service providers;
- Offering developmental and social-emotional screening and monitoring for children; and
- Providing screening and monitoring for prenatal and postpartum depression.

## NUMBER OF CAREGIVERS AND CHILDREN RECEIVING HOME VISITATION SERVICES

Caregivers	656
Children	546

Figure 4.1

## PERCENTAGE OF CAREGIVERS WHO MADE GAINS IN POSITIVE PARENTING PRACTICES

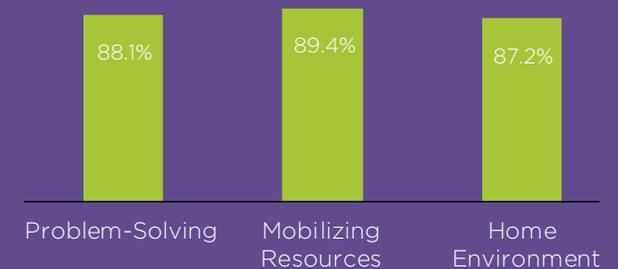


Figure 4.2

## REDUCTION IN MATERNAL DEPRESSION SEVERITY

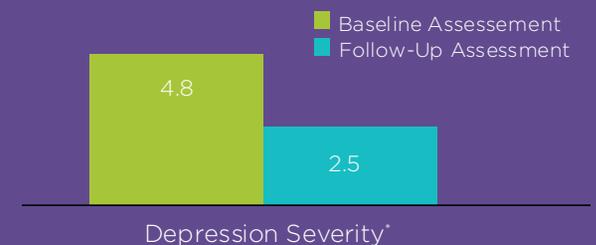


Figure 4.3

## HOW IS F5FS INCREASING POSITIVE PARENTING BEHAVIORS?

Home visitors play a vital role in providing needed support to families and ensuring they have the skills and resources to implement positive parenting practices. During FY 2014-15, families made gains in three critical areas of positive parenting (Figure 4.2).

- 88.1% of caregivers showed an increase in their ability to problem-solve.
- 89.4% of caregivers demonstrated improvement in mobilizing resources.
- 87.2% of caregivers improved their home environment.

## WHAT IS THE IMPACT OF F5FS ON FAMILY WELL-BEING?

The strength of a parent or caregiver's bond with a child is often determined by his or her ability to be present for the child, especially during difficult situations. This ability can be hampered if the parent or caregiver is not well. Consistent with F5FS's goal to increase access to needed services and resources, caregivers are routinely screened for depression and assessed on overall well-being. This year, the majority of F5FS families showed improvement on indicators of well-being and decreases in depression severity. At entry into F5FS, mothers had average depression scores close to 5 (indicating a severe level of depression on this screening tool), but significantly lower scores (2.5) at follow-up (Figure 4.3).

- 92.0% of families who received home visits improved their overall home environment by the time their child was 1 year old;
- 90.4% of mothers who experienced depression symptoms demonstrated a decrease in their feelings of depression;
- 82.2% of caregivers showed healthy improvements in their interactions with their child by the time their child was 1 year old;
- 98.3% of pregnant mothers and 98.0% of children were linked to a medical home within 30 days of enrollment.

In addition, at the child's six months of age:

- 68.2% of mothers reported breastfeeding, a rate higher than the National (63.1%) and State of California (49.4%) breastfeeding rates;<sup>46</sup>
- 90.5% of F5FS children were up-to-date with their Well Baby Checks; and
- 90.1% of F5FS children were up-to-date with their immunizations, a rate higher than the County as a whole of 75.5%.<sup>47</sup>



# CARE COORDINATION SERVICES

## WHAT SERVICES DOES FIRST 5 SAN DIEGO OFFER FOR FAMILIES?

Services to build parents' and caregivers' confidence and improve parenting practices are a cornerstone of First 5 San Diego. Care coordination services offered by initiatives such as DSEP, HDS, KidSTART and OHI, and parent education services and resources offered by HDS, OHI and QPI integrate these goals by:

- Encouraging and supporting parents' involvement in their child's development;
- Empowering parents to become active participants in their child's treatment;
- Supporting parents in advocating for their child's needs; and
- Linking parents to available tools and community resources, including medical and social services.

## WHO DID FIRST 5 SAN DIEGO SERVE THROUGH CARE COORDINATION?

Care Coordinators are staff devoted to coordinating services for children and supporting families as they navigate the complex health care system. Children served by DSEP, HDS, F5FS, KidSTART and OHI are likely to have more than one service provider working with their families to best meet the child's needs.

Care Coordinators ensure families obtain needed service referrals and are able to initiate recommended services. Often, Care Coordinators work hand-in-hand with families to monitor progress and help families overcome barriers (e.g., arranging transportation) to treatment plan completion. Care coordination services are particularly important when working with children in the child welfare system. These children often have developmental delays and challenging behaviors due to exposure to traumatic events. In addition to care coordination, First 5 San Diego's DSEP and KidSTART programs provide intensive family support, coaching and case management for families of children with complex physical, behavioral and developmental needs. This year, a total of 24,267 children, parents and caregivers received care coordination services through First 5 San Diego programs (Figure 4.4), including:

- 1,220 children and 1,335 parents in DSEP and KidSTART;
- 7,053 children and 6,754 parents in HDS; and
- 6,006 children and 1,899 pregnant women in OHI.

## RECEIVED FIRST 5 SAN DIEGO CARE COORDINATION SERVICES

Children	14,279
Parents or Caregivers	9,988
<b>Total</b>	<b>24,267</b>

Figure 4.4

## HIGHLIGHTS

- 6,007 parents received parent education services
- 45,462 parents received educational materials and information on parenting skills



# PARENT EDUCATION, SUPPORT AND EMPOWERMENT

## HOW DOES FIRST 5 SAN DIEGO SUPPORT PARENT EDUCATION?

First 5 San Diego supports parent education using two customized approaches: targeted education to parents whose children are served by First 5 San Diego programs and general parent education made accessible to the broader San Diego community.

## WHAT IS THE IMPACT OF GENERAL PARENT EDUCATION?

In addition to the targeted parent education services offered through First 5 San Diego initiatives, First 5 San Diego supported the customization and distribution of 26,711 Kits for New Parents (Kit). The Kit, a free parenting resource available to all new and expectant parents, includes advice and useful tips to prepare parents for the joys and challenges of parenting. The Kit is available countywide in six languages (English, Spanish, Mandarin, Vietnamese, Cantonese and Korean).

## WHAT IS THE IMPACT OF TARGETED PARENT EDUCATION?

Parent Education services are offered as workshops, classes and trainings in which parents learn how to support their child's health, the importance of play, the impact of relationships, healthy social-emotional development and how to access important community resources. This year, 6,007 parents received parent education services through First 5 San Diego initiatives. Over 95% of QPI, HDS and F5FS parents participated in parent-child engagement activities (Figure 4.5). The following results highlight the positive achievements of First 5 San Diego's parent education programs:

- 95.8% of parents who participated in DSEP, HDS and KidSTART parenting classes reported knowing how to advocate for their child (Figure 4.6).
- 92.1% of parents who participated in QPI and HDS parenting programs reported an increase in their knowledge of age appropriate child development.
- 67.7% of parents who participated in QPI, HDS and F5FS parenting classes reported reading to their child three or more days per week.

## PERCENTAGE OF PARENTS PARTICIPATING IN PARENT-CHILD ENGAGEMENT ACTIVITIES (QPI, HDS AND F5FS)

Help my child learn words/numbers	98.8%
Play active games/exercise together	97.4%
Do arts and crafts	96.2%
Tell stories or sing songs to my child	95.3%

Figure 4.5

## PERCENTAGE OF PARENTS WITH IMPROVED KNOWLEDGE OF HOW TO SUPPORT THEIR CHILD (DSEP, HDS AND KIDSTART)

Know how to advocate for my child	95.8%
Understand my child's needs	95.6%
Help my child learn and develop	94.0%
Know where to turn for resources	91.7%

Figure 4.6

# FAMILY STORIES: THE POSITIVE IMPACT OF FIRST 5 SERVICES

## BUILDING CAREGIVER CONFIDENCE

Andrea\* is a 26 year-old military spouse and mother of an 8 year-old. She self-referred to F5FS after seeing a flyer at the library. She was seven months pregnant with her second child and had been experiencing symptoms of depression, which she had not disclosed to her physician. After enrolling in F5FS and working regularly with a Home Visitor, she accepted a referral for mental health counseling and soon began treatment. She confided in her Home Visitor that because she had her first child at such a young age, she never really learned how to play with and enjoy her first baby. During regular home visits, Andrea was eager to learn different activities she could do with her new baby. The Home Visitor also helped connect Andrea and her family to additional financial resources through the military. Now as the baby turns six months old, Andrea

views herself as a successful and happy parent who has learned how to enjoy her children and appreciate her role as a mother. She has also built connections with other military families and is more involved in her community.

***“Our pediatrician told us we were doing an awesome job as first time parents and we told her it was because we had a First 5 First Steps home visitor.”***

***-Dawn***



***“My daughter and I are working towards discovering love, secure attachments and a healthy family through the support of her KidSTART therapist.”***

***-Heather***

\*Names of children and families have been changed to protect confidentiality.



COMMUNITY



**FUNDING: \$9,149,531**

## NUMBERS SERVED

82,897 CHILDREN AND PARENTS

## HIGHLIGHTS

- Encouraged parents to speak 30,000 words a day to young children through the “Good Start” campaign which achieved over 100 million gross impressions
- Providers made 19,996 health and social service referrals to other First 5 San Diego providers and community providers

### WHY IS COMMUNITY IMPORTANT?

The communities where young children and their families live, play a vital role in shaping their well-being. Community characteristics, such as air quality, food options, and places to play and exercise, influence children’s health and parents’ ability to establish healthy habits for their families.

### WHAT DOES FIRST 5 SAN DIEGO DO?

First 5 San Diego invests in countywide services to promote an efficient, customer-focused network that prioritizes continuity of care and service quality. By building community and organizational capacities, First 5 San Diego integrates its efforts with *Live Well San Diego*, the County of San Diego’s initiative to achieve its vision of healthy, safe and thriving communities.

### WHAT DOES FIRST 5 SAN DIEGO FUND?

First 5 San Diego is committed to supporting a healthy and thriving community for children and families by funding projects that build knowledge, infrastructure and capacity. Through broad-reaching investments, such as 2-1-1, Parent and Community Education, the Childhood Obesity Initiative, Best Start and Capital Projects, First 5 San Diego strengthens the community’s capacity to support the healthy development of children ages zero through five.



**LIVE WELL  
SAN DIEGO**

*“My experience with the Warm Line was great and the First 5 resources were very helpful. I would definitely recommend the services to other parents with similar concerns.”*

*- Sophia*





# BUILDING A HEALTHY AND THRIVING COMMUNITY

## HOW IS FIRST 5 SAN DIEGO SUPPORTING COMMUNITY AWARENESS?

First 5 San Diego promotes awareness of the significance of the first five years of life through media campaigns, strategic initiatives and community partnerships. During FY 2014-15, First 5 San Diego continued to implement the “Good Start” campaign, which educated parents about the need to actively speak to their child, recommending 30,000 words each day.

First 5 San Diego also highlighted the importance of healthy eating by continuing to work with *Live Well San Diego’s* recognized partner, Vons grocery stores. On June 10, 2015, First 5 San Diego and Vons hosted an event to promote healthy nutrition habits for young children. The event was held at Vons in La Mesa and celebrated June as “Fresh Fruit and Vegetables Month” by featuring healthy cooking demonstrations with Vons produce, giveaways and fun activities. Parents walked away with tips to create healthy recipes for their children. The event is part of Vons’ commitment to promote the *Live Well San Diego* vision among residents.

## HOW IS FIRST 5 SAN DIEGO CONNECTING FAMILIES TO SERVICES?

Children and parents who receive services through one of First 5 San Diego’s programs often receive referrals to other First 5 San Diego providers or other community agencies to help ensure that all of their family’s needs are addressed. In FY 2014-15, First 5 San Diego programs made 19,996 of these health and social service referrals.

First 5 San Diego also supports referrals for the broader San Diego community through 2-1-1 San Diego and the First 5 San Diego Warm Line (1-888-5 FIRST 5). By dialing either of these numbers, any family in San Diego County can be connected to health and social services near them. During FY 2014-15, 2-1-1 San Diego made 62,901 referrals for families with children ages zero through five.

## HOW IS FIRST 5 SAN DIEGO IMPROVING COMMUNITIES?

First 5 San Diego is committed to building communities’ capacity to foster healthy social relationships and to promote health and learning in the first five years of life. Several First 5 San Diego initiatives focus on system-level changes crucial to supporting early childhood development in San Diego County

First 5 San Diego projects like Healthy Development Services (HDS), the Quality Preschool Initiative (QPI) and the Oral Health Initiative (OHI) – play an important role in creating and improving countywide and regional systems that provide services for young children and their families. These programs have transformed the scope, availability and quality of early childhood mental and physical health, education and oral health services for young children in San Diego County. The work of HDS, QPI and OHI has created more comprehensive and coordinated service networks, made it easier for families to access services, streamlined processes and reduced duplication of services, improved the training and skills of staff, and leveraged resources to increase

the likelihood of sustaining these programs. Over the course of the Best Start two year grant period, 750 hospital nurses completed a 15 hour breastfeeding curriculum in three large Sharp birthing hospitals. This enabled the hospitals to proceed through the Baby Friendly Hospital designation process.

Another lasting impact of First 5 San Diego funds are 48 structural improvements from capital projects. These projects build critical infrastructure that offer long-term benefits to children and families. In FY 2014-15, the final capital project, the Murphy Canyon Child Development Center, was completed. The 13,000 square foot child development center has six classrooms that will provide childcare for 114 children. It has an updated playground, drop-off parking, and pedestrian walkway. First 5 San Diego contributed more than \$6 million for construction of the center. The building will double the child development center footprint in the Murphy Canyon area and provide more childcare opportunities for families.



## CO-SPONSORED COMMUNITY EVENTS

First 5 San Diego sponsored and participated in events that reached over 117,000 families. Three of the many events sponsored by First 5 San Diego this year included:

### HOLIDAY FOOD DRIVE 2014

For the second time, First 5 San Diego partnered with the Jacobs & Cushman San Diego Food Bank's countywide Holiday Food Drive. More than 750 organizations hosted food drives for the Food Bank and collected 620,000 pounds of food and more than \$309,000 in online donations. We expanded our partnership to provide low-income pregnant women and families with children ages zero through five with a monthly food package. The "Good Start for Women + Children" program addresses the nutrition-related challenges of mothers and young children struggling economically.

### MARCH OF DIMES MARCH FOR BABIES

Hundreds of San Diegans joined together on April 25, 2015 at Balboa Park to walk in the March of Dimes' biggest fundraising event of the year, March for Babies. As a sponsor, First 5 San Diego showed its support for March of Dimes whose mission is to improve the health of babies by preventing birth defects, premature birth and infant mortality. First 5 San Diego also sponsored the March for Babies walk in Oceanside held on April 11, 2015.

### LIVE WELL SAN DIEGO 5K WALK/RUN

First 5 San Diego was proud to sponsor the 2nd Annual County of San Diego *Live Well San Diego* 5K Walk/Run. The event brought the San Diego community together to increase awareness of the countywide *Live Well San Diego* vision for a healthy, safe and thriving region.



# FAMILY STORIES: THE POSITIVE IMPACT OF FIRST 5 SERVICES

To support parents in providing their children with a happy, healthy start in life, First 5 San Diego hosted the inaugural Parent Summit in October of 2014. The event, themed “A Parent is a Child’s First and Best Teacher,” gave parents and caregivers the chance to discover new parenting tools and techniques. Through a variety of workshops and demonstrations, parents learned about children’s behavior and temperament, the long term positive impact of bonding with children through activities like talking, reading and singing with them, preparing children for preschool, healthy eating, exercise and more.

The event also featured the unveiling of the Parent Portal, an online resource featuring parenting tips and resources to assist San Diego parents and caregivers of children ages zero through five. The Keynote speaker, Fred Becker of The Becker Institute, highlighted the importance of guiding children to create a solid foundation for the rest of their lives. Supervisor Greg Cox, 2014 Chairman of the First 5 San Diego Commission, further emphasized First 5 San Diego’s mission to promote the vital significance of the first five years of life to the well-being of children, families and society.

Parents also had the opportunity to meet and speak with First 5 San Diego’s service providers and community partners about their many resources. Families enjoyed healthy cooking demonstrations, music by a children’s band and a physical activity zone for children ages five and under.

***“The parent summit was incredible.  
Great information, excellent classes and a  
wonderful atmosphere. Thank you for the event!”***

***-Robert,***

***Parent Summit participant***



# FINANCIAL INFORMATION: INVESTMENTS AND LEVERAGED RESOURCES

## FIRST 5 SAN DIEGO COMMUNITY INVESTMENTS

During FY 2014-15, First 5 San Diego invested a total of \$53,010,552 to provide comprehensive health, education, and family strengthening services for young children and their families. These funds were distributed among the four key goal areas identified in the First 5 San Diego 2010-15 Strategic Plan - Health, Learning, Family and Community (Figure 5.1). Investments included countywide initiatives and a capital project that supported the physical infrastructure of programs that serve children zero through five.

## FUNDS AND RESOURCES LEVERAGED

As a direct result of the Commission's financial investments, contractors leveraged an additional \$11,710,570 in cash and in-kind support. Many of the leveraged funding streams (Figure 5.2) have match requirements that were only accessible due to the availability of First 5 San Diego dollars.

These leveraged funds and resources are critical to building capacity within and across programs and agencies in San Diego County. First 5 San Diego dollars are expected to decrease over time, but it is hoped that the capacity built through leveraging will allow agencies to continue improving the lives of children and families for years to come.

FIRST 5 SAN DIEGO INVESTMENTS BY PROGRAM AREA

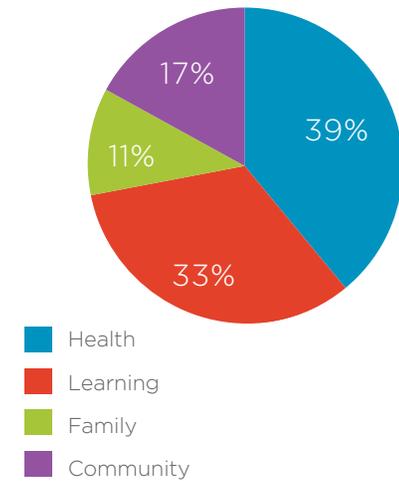
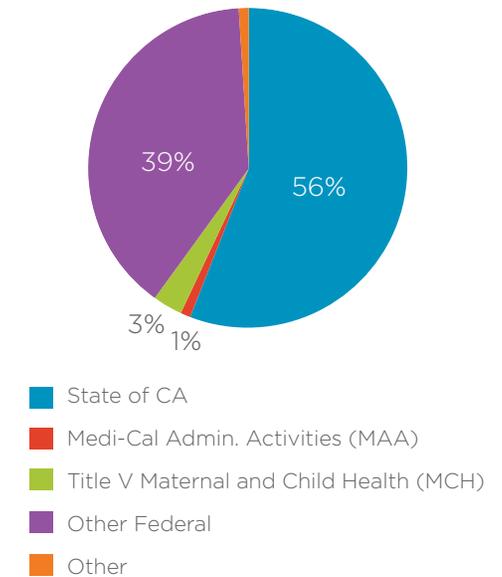


Figure 5.1

LEVERAGED DOLLARS<sup>+</sup>



<sup>+</sup>In-kind support is not included in this chart.

Figure 5.2

# Statement of Revenues, Expenditures and Changes in Fund Balance

## Revenues

Prop 10 Tobacco Tax	\$18,440,315
Prop 10 Quality Preschool Initiative	11,728,390
Prop 10 Child Signature Program	3,454,625
Race to the Top	2,245,507
Interest Revenue	443,268
Net Decrease in Fair Market Value	(3,050)

**Total Revenues** **\$36,309,055**

## Expenditures:

Salaries and Benefits	\$3,033,480
Services and Supplies	622,703
Evaluation	1,189,466
Contributions to Community Projects	53,010,552

**Total Expenditures** **\$57,856,201**

Net change in fund balance (21,547,146)

Fund balance, beginning of fiscal year 100,988,373

**Fund balance, end of fiscal year\*\*** **\$ 79,441,227**

\*\* Fund Balance includes the Commission's Operating and Sustainability funds.



THE  
ROAD  
AHEAD



# FIRST 5 SAN DIEGO IS WORKING ON EXCITING THINGS IN THE YEAR TO COME

**FY 2014-15 marks the end of the First 5 San Diego Strategic Plan 2010-2015. Beginning July 1, 2015, First 5 San Diego will embark on a new strategic plan that will guide efforts through FY 2019-20.<sup>48</sup> One of the biggest issues over the next five years is a significant reduction in revenue, a decrease of 32.5%. This is an anticipated change and the Commission has been proactively planning for it. Below are some of the activities First 5 San Diego is working on over the next year to continue to strengthen the community's capacity to provide critical services for young children and their families in San Diego in the face of declining revenue.**

## **California State Preschool Program (CSPP) Quality Rating and Improvement System (QRIS) Block Grant Award**

First 5 San Diego, in partnership with the San Diego County Office of Education, was awarded more than \$9.4 million from the Early Education and Support Division of the California Department of Education. This funding will be used between 2014-2016 to reinforce the high-quality early learning investment First 5 San Diego has made in the County and expand the number of high-quality state preschool programs to reach more low-income children, preparing them for success in school. As the Quality Preschool Initiative (QPI) expands in FY 2015-16, QRIS Block Grant funds are expected to support over 7,500 children in high-quality preschool sites. In addition, classroom and site quality investments will continue to positively impact children for years to come.

## **First 5 First Steps (F5FS) Healthy Families America (HFA) Accreditation**

As F5FS moves into its third year of providing home visitation services to families throughout San Diego County, program partners will go through an intensive program review to seek multi-site accreditation from HFA, a nationally recognized evidence-based home visiting program model. Through this accreditation process, F5FS is examining its practices and effectiveness in serving children and families.

HFA accreditation provides public recognition that a home visitation program is following best practice standards. HFA programs have also experienced improved outcomes for children and families after undergoing the accreditation process. If accredited, the F5FS program would become part of a nationally recognized model with the ability to take advantage of national and state level advocacy for HFA services, be recipients of training and technical assistance, and be considered for joint grant and research opportunities with Prevent Child Abuse America.

First 5 San Diego is excited about what next year has in store and for the new opportunities that will be afforded to San Diego's youngest children as a result.

# THANK YOU TO OUR FUNDED PARTNERS

Alpha Kappa Alpha Head Start

American Academy of Pediatrics, California Chapter 3

Borrego Springs Unified School District

California Dental Association Foundation

Casa de Amparo

Chaldean Middle Eastern Social Services

Child Development Associates

Children's Paradise, Inc.

Children's Physician Medical Group

Chula Vista Elementary School District

Community Action Partnership of San Luis Obispo County, Inc.

Community Clinics Health Network

Community Health Improvement Partners

delibrainy, LLC

Community Health Systems, Inc.

Educational Enrichment Systems

Episcopal Community Services

Escondido Community Child Development Center

Escondido Union School District

Family Health Centers of San Diego

Grossmont-Cuyamaca Community District

Health and Human Services Agency

- Aging and Independence Services
- Behavioral Health Services
- Child Welfare Services
- Public Health Services

Home Start, Inc.

Horn of Africa

Imperial Beach Health Clinic

Indian Health Council

Info Line of San Diego County Inc. (dba 2-1-1 San Diego)

International Rescue Committee

Jacobs & Cushman San Diego Food Bank

King Chavez Academy of Excellence, Inc.

La Maestra Family Clinic

Lemon Grove School District

MAAC Project Head Start

Motiva Associates

Mountain Empire Unified School District

Mountain Health & Community Services

National School District

Neighborhood Healthcare

Neighborhood House Association

Newton Center for Affect Regulation

North County Community Services

North County Health Services

North County Serenity House, Inc.

Oceanside Unified School District

Olivenhain Municipal Water District

Operation Samahan

Palomar Health Development Inc.

Quality Children's Services

Rady Children's Hospital - San Diego

Regents of the University of California

San Diego American Indian Health Center

San Diego County Library

San Diego County Office of Education

San Diego County Parks and Recreation

San Diego Family Care

San Diego Unified School District

San Ysidro Health Center

San Ysidro School District

SAY San Diego, Inc.

Scripps Mercy Hospital Chula Vista

Sharp Healthcare Foundation

South Bay Community Services

South Bay Union School District

Southern Indian Health Council, Inc.

St. Vincent de Paul Village, Inc.

Sweetwater Authority

The Children's Initiative

UCSD School of Medicine

US Department of the Navy

Valley Center-Pauma Unified School District

Vista Community Clinic

YMCA Childcare Resource Services

YMCA of San Diego County Early Enrichment Center

# REFERENCES



1. Campbell, F., Conti, G., Heckman, J., Hyeok Moon, S., Pinto, R., Pungelli, , Pan, Y. "Early Childhood Investments Substantially Boost Adult Health". *Science* 28, volume 343 no. 6178 pp.1478-1485. 4 March 2014. <http://www.sciencemag.org/content/343/6178/1478.short>
2. Demographic and Socio Economic Estimates: San Diego Region. (2014). San Diego Association of Governments (SANDAG). Retrieved from: [www.sandag.org](http://www.sandag.org)
3. Shonkoff, J., & Phillips, D. (2000). *From Neurons to Neighborhoods: The Science of Early Childhood Development*. National Research Council and Institute of Medicine. Washington, D.C.: National Research Council and Institute of Medicine.
4. Children's Oral Health. (2014). Centers for Disease Control and Prevention. Retrieved from: [http://www.cdc.gov/oralhealth/children\\_adults/child.htm](http://www.cdc.gov/oralhealth/children_adults/child.htm)
5. Nowak, A., Casamassimo, P.S., Scott, J., Moulton, R. (2014). Do Early Dental Visits Reduce Treatment and Treatment Costs for Children? *Pediatric Dentistry*, 36(7), 489-493.
6. Guarnizo-Herreño, C. C., & Wehby, G. L. (2012). Children's Dental Health, School Performance, and Psychosocial Well-Being. *The Journal of Pediatrics*, 161(6), 1153-1159. e1152.
7. Holt, K., & Barzel, R. (2013). *Oral Health and Learning: When Children's Health Suffers, so does their Ability to Learn*. National Maternal and Child Oral Health Resource Center. Washington, D.C.: National Maternal and Child Oral Health Resource Center.
8. California Health Interview Survey [Dataset]. (2012). UCLA Center for Health Policy Research. Retrieved from: [www.chis.ucla.edu](http://www.chis.ucla.edu)
9. CDA Reminds Parents to Prepare Children for School with Dental Checkup. (2012). California Dental Association. Retrieved from: [http://www.cda.org/Portals/0/press/pr\\_0912\\_kindergarten\\_dental\\_checkup.pdf](http://www.cda.org/Portals/0/press/pr_0912_kindergarten_dental_checkup.pdf)
10. Kang, S.Y. (2014). Prenatal Oral Health Care: An Issue Brief from the Center for Oral Health. Retrieved from: [http://www.centerfororalhealth.org/images/lib\\_PDF/prenatal\\_oral\\_health\\_issue\\_brief\\_2014-8-5.pdf](http://www.centerfororalhealth.org/images/lib_PDF/prenatal_oral_health_issue_brief_2014-8-5.pdf)
11. Hemalatha, V., Manigandan, T., Sarumathi, T., Aarthi Nisha, V., & Amudhan, A. (2013). Dental Considerations in Pregnancy-A Critical Review on the Oral Care. *Journal of Clinical and Diagnostic Research*, 7(5), 948.
12. Hix-Small, H., Marks, K., Squires, J., & Nickel, R. (2007). Impact of Implementing Developmental Screening at 12 and 24 Months in a Pediatric Practice. *Pediatrics*, 120(2), 381-389.
13. Basten, M., Tiemeier, H., Althoff, R., van de Schoot, R., Jaddoe, V., Hofman, A., Hudziak, J., Verhulst, F., van der Ende, J. (2015). The Stability of Problem Behavior Across the Preschool Years: An Empirical Approach in the General Population. *Journal of Abnormal Child Psychology*. Epub ahead of print. DOI: 10.1007/s10802-015-9993-y.
14. Fuchs, S., Klein, A. M., Otto, Y., & von Klitzing, K. (2013). Prevalence of Emotional and Behavioral Symptoms and their Impact on Daily Life Activities in a Community Sample of 3 to 5-Year-Old Children. *Child Psychiatry & Human Development*, 44(4), 493-503.
15. Wakschlag, L. S., Briggs-Gowan, M. J., Choi, S. W., Nichols, S. R., Kestler, J., Burns, J. L., Carter, A. S., & Henry, D. (2014). Advancing a Multidimensional, Developmental Spectrum Approach to Preschool Disruptive Behavior. *Journal of the American Academy of Child & Adolescent Psychiatry*, 53(1), 82-96. e83.
16. Rolnick, A. (2014). Investing in Early Childhood Development is Smart Economic Development. *The Science of Early Brain Development: A Foundation for the Success of Our Children and the State Economy*.
17. Reynolds, A. J., Temple, J. A., Ou, S.-R., Robertson, D. L., Mersky, J. P., Topitzes, J. W., & Niles, M. D. (2007). Effects of a School- Based, Early Childhood Intervention on Adult Health and Well-Being: a 19-Year Follow-up of Low-Income Families. *Archives of Pediatrics & Adolescent Medicine*, 161(8), 730-739.



# REFERENCES

33. Zeanah, P. D., Stafford, B. S., Nagle, G. A., & Rice, T. (2005). Addressing Social-Emotional Development and Infant Mental Health in Early Childhood Systems. Building State Early Childhood Comprehensive Systems Series. UCLA Center for Healthier Children, Families and Communities. UCLA Center for Healthier Children, Families and Communities.
34. Mizell, H. (2010). Why Professional Development Matters: Learning Forward. Retrieved from: [http://learningforward.org/docs/pdf/why\\_pd\\_matters\\_web.pdf?sfvrsn=0](http://learningforward.org/docs/pdf/why_pd_matters_web.pdf?sfvrsn=0)
35. Campbell, F. A., & Ramey, C. T. (1994). Effects of Early Intervention on Intellectual and Academic Achievement: a Follow-up Study of Children From Low-Income Families. *Child Development*, 65(2), 684-698.
36. Kreider, H. (2002). Getting Parents "Ready" for Kindergarten: The Role of Early Childhood Education: Harvard Family Research Project Cambridge, MA.
37. Kershaw, P., Forer, B., Irwin, L., Hertzman C., & Lapointe V. (2007). Toward a Social Care Program of Research: A Population-Level Study of Neighborhood Effects on Child Development . *Early Education and Development* 18(3), 535-560.
38. Kingston, S., Huang, K., Calzada, E., Dawson-McClure, S., & Brotman, L. (2013). Parent Involvement in Education as a Moderator of Family and Neighborhood Socioeconomic Context on School Readiness Among Young Children. *Journal of Community Psychology*, 41(3) 265-276.
39. The First 5 Commission of San Diego County. (n.d.). Retrieved from: <http://www.first5sandiego.org>
40. Bunting, L. (2004). Parenting Programmes: The Best Available Evidence. *Child Care in Practice*, 10(4), 327-343.
41. Samuelson, A. (2010). Best Practices for Parent Education and Support Programs. What Works, Wisconsin- Research to Practice Series(10).
42. Education: Knowledge and Skills for the Jobs of the Future. (n.d.). The United States Government. Retrieved from: <http://www.whitehouse.gov/issues/education/early-childhood>
43. Nievar, M. A., Jacobson, A., & Dier, S. (2008). Home Visiting for At-Risk Preschoolers: A Successful Model for Latino Families.
44. Nievar, M. A., Van Egeren, L. A., & Pollard, S. (2010). A Meta-Analysis of Home Visiting Programs: Moderators of Improvements in Maternal Behavior. *Infant Mental Health Journal*, 31(5), 499-520.
45. Peacock, S., Konrad, S., Watson, E., Nickel, D., & Muhajarine, N. (2013). Effectiveness of Home Visiting Programs on Child Outcomes: a Systematic Review. *BMC Public Health*, 13(1), 17.
46. Breastfeeding Report Card United States, 2014. (2014). National Center for Chronic Disease Prevention and Health Promotion. Retrieved from: <http://www.cdc.gov/breastfeeding/data/reportcard.htm>
47. Epidemiology and Immunization Services Branch, Public Health Services, County of San Diego Health and Human Services Agency. Random Digit Dialing Telephone Survey Immunization Coverage Levels. 2013.
48. First 5 San Diego Strategic Plan 2015-2020. (2014). First 5 San Diego. Retrieved from: [http://first5sandiego.org/wp-content/uploads/2013/11/F5SD\\_Final-SP\\_06-19-14.pdf](http://first5sandiego.org/wp-content/uploads/2013/11/F5SD_Final-SP_06-19-14.pdf)





harder+company  
community research



[first5sandiego.org](http://first5sandiego.org)