



MESSAGE FROM THE EXECUTIVE DIRECTOR

DEAR COMMUNITY MEMBERS,

I hope that the end of this year finds you and your family happy and healthy!

I am pleased to share the First 5 Commission of San Diego Annual Report for Fiscal Year (FY) 2018-19. This year, we invested over \$34.8 million in direct services for young children and their families and served more than 49,000 children, parents, caregivers and providers. In addition, First 5 San Diego partners leveraged \$9.9 million in cash and in-kind support from public and private entities.

We shared with you last year that we had begun working on a new Strategic Plan for FY 2020-25. We are excited to announce that we completed our new plan which will be approved in July 1, 2020! As we look to our emerging future, our declining revenue calls for us to consider a greater focus on our investments. The 2020-25 Strategic Plan provides First 5 San Diego with a unique opportunity to function as a convener, as an expert leader and thought partner to continue improving the overall system of care for our region's youngest children and their families.

This past year, along with First 5 California and other First 5 Commissions across the state, we celebrated 20 years of impact throughout San Diego County! From 1999-2019, First 5 San Diego invested \$716,601,896 in direct services to San Diego children, families and providers. We are incredibly proud of what we have been able to accomplish together with our community partners and we look forward to continuing this work into the future.

For FY 2018-19, I am proud to report the following achievements for each of our strategic goal areas:

HEALTH

- Screened 18,659 children and 4,159 pregnant women for oral health services and provided treatment for 13,883 children and 2,598 pregnant women
- Screened 16,351 children for developmental delays and treated 6,792 children with developmental concerns
- Screened 12,731 children for behavioral delays and provided treatment for 3,191 children with behavioral concerns

LEARNING

- Provided high-quality early care and education for 12,138 children
- Achieved a high-quality ranking for 97.7% of participating preschool sites
- Provided professional development to 1,323 early childhood education staff

FAMILY

- Served 608 pregnant women and caregivers and 565 children with intensive home visits
- Provided care coordination to 20,337 children, parents, and caregivers
- Provided 4,448 parents and caregivers with parent education services

COMMUNITY

- Sponsored or participated in community events that reached over 115,000 San Diegans
- Conducted a community awareness campaign that achieved more than 86 million gross impressions
- Provided 37,766 health and social service referrals for families

In this report, we celebrate the achievements 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,

A handwritten signature in black ink that reads "Alethea Arguilez". The signature is fluid and cursive, with the first name "Alethea" and last name "Arguilez" clearly distinguishable.

Alethea Arguilez, M.A.

FIRST 5 SAN DIEGO PROJECTS FOR FY 2018-19

2-1-1 INFORMATION AND REFERRAL

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.

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.

FIRST 5 FIRST STEPS

First 5 First Steps (F5FS) 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.

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 five and under in high-need communities with a monthly food package and First 5 San Diego parent education materials.

HEALTHY DEVELOPMENT SERVICES

Healthy Development Services (HDS) is an array of services for early identification and treatment of children with mild to moderate developmental delays. Services include assessment and treatment for behavioral and developmental concerns (including speech and language), parent education and Care Coordination to all families receiving HDS services.

IMPACT FAMILY CONNECTIONS

IMPACT Family Connections is a partnership with the YMCA Childcare Resource Service (CRS) that assists Family Child Care Home (FCCH) providers to implement developmental screenings and clearly articulated referral pathways for services. The program also provides training and

technical assistance to home visitors across San Diego County to enhance families' knowledge about quality early childhood education settings.

IMPACT BREASTFEEDING-FRIENDLY ENVIRONMENT PROGRAM FOR CHILDCARE FACILITIES

Through IMPACT funding, the goal of this program is to increase access to environments that support the initiation and duration of breastfeeding. Specifically, services will work to increase the number of baby-friendly childcare facilities, helping them adopt and implement policies supportive of breastfeeding and lactation accommodation.

KIDSTART

KidSTART is an integrated program within First 5 San Diego and HHSA 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 (First 5 San Diego funding supports the Center only).

KIT FOR NEW PARENTS

The Kit for New Parents 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 and Korean.

MATERNITY SHELTER PROGRAM

MSP assists these young women who are homeless, or at risk of becoming homeless, 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

The Oral Health Initiative (OHI) provides oral health services, care coordination and preventative education to children ages birth through five and pregnant women with the goal of improving oral health, promoting positive oral health practices and increasing provider capacity. OHI also offers offsite dental services utilizing place-based portable dental services technology at targeted First 5 San Diego Quality Preschool Initiative (QPI) preschools.

QUALITY PRESCHOOL INITIATIVE

The Quality Preschool Initiative (QPI) is a systemic approach to assess, improve and communicate the level of quality in early care and education programs.



Table of Contents

1 INTRODUCTION	1
2 HEALTH	5
3 LEARNING	15
4 FAMILY	25
5 COMMUNITY	33
REFERENCES	47





[01]

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 is a key contributor to improving the system of care for our county's youngest children by providing them with developmental checkups and services, dental care, quality preschool, early education and literacy programs, home visiting services, obesity prevention services and other family support services while building the community and organizational capacity to support families. 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 the development that will shape his or her success in school and in life. High-quality early childhood programs have been associated with fewer developmental delays, higher educational attainment and higher income, in addition to being linked to lower rates of substance abuse and justice system involvement later in life.^{1,2} First 5 San Diego focuses its resources to provide 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 2015-20 is to strengthen the relationships essential for the healthy development of young children.

These relationships are threaded across four key areas:

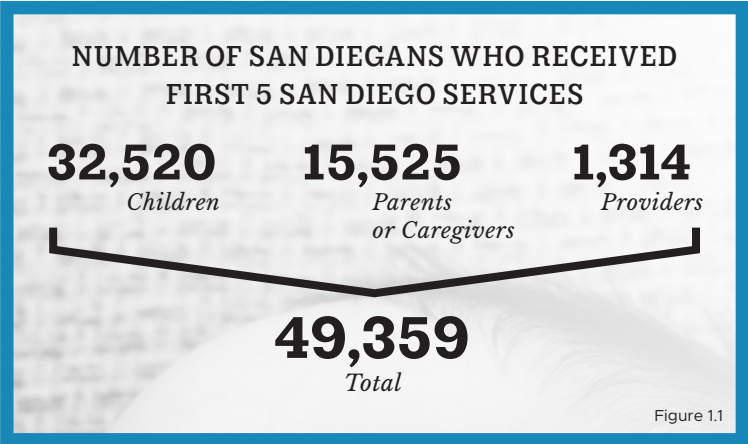
- **HEALTH:** Promote each child's healthy physical, social and emotional development.
- **LEARNING:** Support each child's development of communication, problem-solving, physical, social-emotional and behavioral abilities, building on their natural readiness to learn.
- **FAMILY:** Strengthen each family's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

VISION

The vision 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

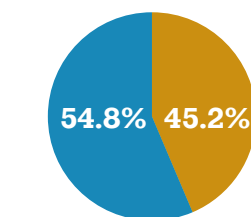
WHO DID FIRST 5 SAN DIEGO SERVE?

During FY 2018-19, a total of 49,359 San Diegans, of which over 32,000 were under the age of six, received direct services via First 5 San Diego programs (Figure 1.1). These included health and dental services, quality preschool, parenting classes and much more. Thousands of additional young children and their parents benefited 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 more boys (54.8%) than girls (45.2%) (Figure 1.2), and more children between the ages of three and five (56.7%) relative to children under age three (43.3%) (Figure 1.3).

WHAT WERE THE ETHNICITIES AND LANGUAGES OF CHILDREN AND FAMILIES SERVED?

The majority of children (62.5%) and parents (58.2%) 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).³ More than half of children (57.1%) and families (62.5%) spoke English as their primary language and the next largest proportion of children (36.8%) and parents (31.7%) spoke Spanish. Other languages spoken were Arabic, Cantonese, Chaldean, Korean, Mandarin, Somali, Tagalog and Vietnamese (all less than 2.5%).

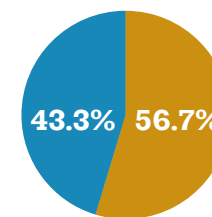
GENDER OF CHILDREN SERVED



Boys
Girls

Figure 1.2

AGES OF CHILDREN SERVED



Under 3
Ages 3-5

Figure 1.3

ETHNICITY OF CHILDREN SERVED BY FIRST 5 SAN DIEGO COMPARED TO SAN DIEGO COUNTY 5 AND UNDER POPULATION

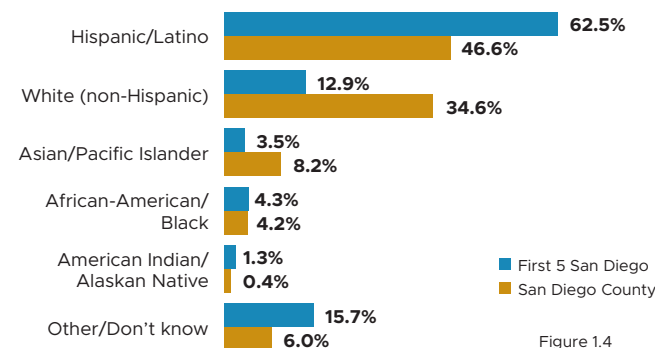


Figure 1.4

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

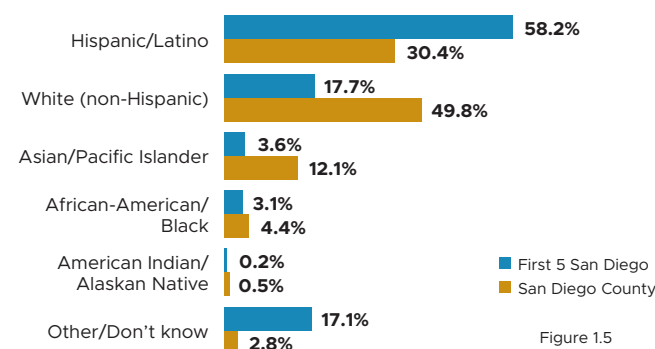


Figure 1.5



[02]

Health

“Through [HDS] services my child and I have been able to heal together and form a deeper connection. My child now uses words instead of fists and these services have made a world of difference.”

- Kendra*

WHY IS HEALTH IMPORTANT?

The human brain does not stop developing until early adulthood; however ninety percent of brain development occurs during the first five years of life. As a result, a child's experiences and environment during those earliest years lay the foundation for his or her future.⁴ Untreated developmental and social-emotional delays can negatively impact learning ability, language skills and social development. Conversely, effective early interventions can drastically improve a child's developmental pathway and lead to positive life-long results.^{4, 5}

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 0 through 5 and their families.

WHAT DOES FIRST 5 SAN DIEGO FUND?

First 5 San Diego funds three key health initiatives: Healthy Development Services (HDS), KidSTART and the Oral Health Initiative (OHI). Each initiative offers 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: First 5 First Steps (F5FS), Maternity Shelter Program (MSP), Mi Escuelita Therapeutic Preschool (Mi Escuelita) and the Quality Preschool Initiative (QPI).

HOW DO FAMILIES GET CONNECTED TO SERVICES?

First 5 San Diego's health initiatives provide multiple levels of support for children and families through a comprehensive system of care (Figure 2.1). Often, the initial service a child receives from a First 5 San Diego program 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, cognition, fine and gross motor skills, and social-emotional development. When screening results indicate a concern, 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).

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

FUNDING

\$15,613,398

NUMBERS SERVED

40,570 children

14,572 parents

868 providers

HIGHLIGHTS

98.9% of high-risk children identified with dental disease received treatment

99.5% of pregnant women identified with dental disease received treatment

96.9% of children receiving treatment for a developmental concern showed gains

86.1% of children receiving treatment for a behavioral concern showed gains

HEALTH SYSTEM NAVIGATION

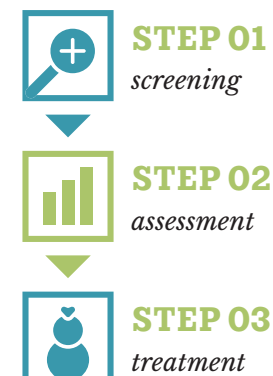


Figure 2.1

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.⁶ Ensuring good oral health in early childhood is critical to prevent the onset and progression of dental disease. If untreated, tooth decay can affect a child's health and well-being by interrupting sleep, impairing speech and language development and inhibiting social interaction.⁷ In addition, children with poor oral health are more likely to miss or perform poorly in school.^{8, 9, 10} According to the National Health and Nutrition Examination Survey, 22.7% of children ages two through five had cavities in primary teeth.¹¹ Despite the fact that the American Academy of Pediatric Dentistry recommends that a child have his or her first visit to the dentist by age one, an estimated 30.5% of children between the ages of one and five in San Diego County have never visited a dentist.^{12, 13} Oral health care is also important for pregnant women as it affects the overall health of the mother and her unborn baby.¹⁴ Dental disease during pregnancy is linked to increased risk of preterm delivery, low birth weight and the transfer of dental disease between mother and child.¹⁵

WHO DID FIRST 5 SAN DIEGO SERVE?

This year, OHI providers screened 18,659 children and 4,159 pregnant women for oral health needs and performed dental exams, which may include cleaning, scaling and x-rays, for 17,131 children and 2,943 pregnant women. A total of 13,883 children and 2,598 pregnant women received treatment for identified oral health needs, including those considered to be at high-risk for dental disease (Figures 2.2 and 2.3). Among those who were identified as high-risk with dental disease, 98.9% of children and 99.5% of pregnant women received treatment (Figure 2.4). Additionally, oral health education was provided in a clinic or community setting to a total of 7,088 pregnant women and parents of children ages 0 through 5.

The Offsite Dental Services (ODS) provides comprehensive dental services at GPI preschool sites. These services include screenings, oral health education for children and their parents, exams and treatment, and care coordination to schedule ODS appointments and establish a dental home. For the fourth year, OHI provided ODS to children at four preschool sites in one target zip code (92020) that has a high number of underserved children. ODS teams consist of a dentist, dental assistant and a care coordinator. During FY 2018-19, 85 children were screened, 28 children were given an exam and 28 were treated through ODS (Figure 2.5). Additionally, 124 parents and primary caregivers received oral health education.

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 0 through 5;
- Care coordination services for pregnant women and children identified as high-risk for dental disease (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;
- Training for prenatal care providers, general and pediatric dentists, primary care providers and ancillary staff; and
- Offsite Dental Services at four preschool sites in order to provide access to a dental home for children.

NUMBER OF CHILDREN WHO RECEIVED ORAL HEALTH SCREENINGS AND/OR SERVICES

Screenings	18,659
Exams	17,131
Treatment	13,883

Figure 2.2

NUMBER OF PREGNANT WOMEN WHO RECEIVED ORAL HEALTH SCREENINGS AND/OR SERVICES

Screenings	4,159
Exams	2,943
Treatment	2,598

Figure 2.3

PERCENTAGE OF HIGH RISK CLIENTS WITH DENTAL DISEASE WHO RECEIVED TREATMENT



98.9%

Children



99.5%

Pregnant Women

Figure 2.4

NUMBER OF CHILDREN WHO RECEIVED OFFSITE DENTAL SCREENINGS AND/OR SERVICES

Screenings	85
Exams	28
Treatment	28

Figure 2.5

EARLY IDENTIFICATION AND INTERVENTION FOR DEVELOPMENTAL CONCERNS

WHY IS EARLY INTERVENTION FOR DEVELOPMENTAL CONCERNS IMPORTANT?

By age three, there can be large disparities in development that, without significant remediation and response, are directly linked to suppressing healthy growth, social and emotional development and educational success.¹⁶ Early identification and treatment of developmental concerns are essential for young children to be able to enter school ready to learn and prevent the need for more intensive services later in life. In the United States, about 15% of children age five and under have moderate risk for developmental delays, yet only 2% of zero through two-year-olds and 5% of three through five-year-olds with delays receive treatment.¹⁷ 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.¹⁸

WHAT DOES FIRST 5 SAN DIEGO DO?

Several First 5 San Diego programs offer developmental screenings, assessments and treatment services (such as speech and language, occupational and physical therapies) to address the developmental needs of young children. Specialized classes and one-on-one coaching for parents or caregivers are also offered 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, such as pediatrician offices and preschools, to ensure that all children

in San Diego County have regular developmental checkups before entering kindergarten. Collectively, HDS, KidSTART, F5FS, QPI, MSP and Mi Escuelita screened 16,351 children and identified 3,981 with developmental concerns. Developmental treatment was provided through HDS, QPI and KidSTART to 6,792 children, including those who were screened and referred to First 5 San Diego programs for treatment by other providers (Figure 2.6).

ARE CHILDREN WITH DEVELOPMENTAL CONCERNS IMPROVING?

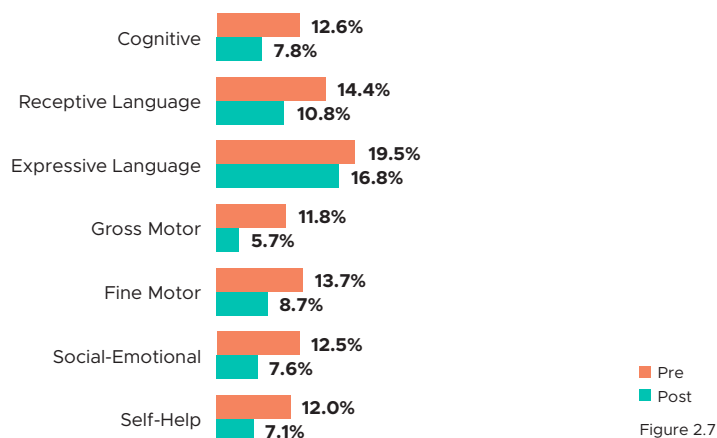
HDS and KidSTART provide developmental assessment and treatment services for children with mild, moderate and complex needs. Children identified with a developmental concern receive treatment to support and monitor their growth in cognitive, language, motor, social-emotional and self-help domains. Children 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 2.7 and for children with complex needs in Figure 2.8. Overall, 96.9% of children with concerns who received developmental treatment through HDS or KidSTART demonstrated gains in at least one developmental domain.

NUMBER OF CHILDREN WHO RECEIVED DEVELOPMENTAL SCREENINGS AND/OR SERVICES

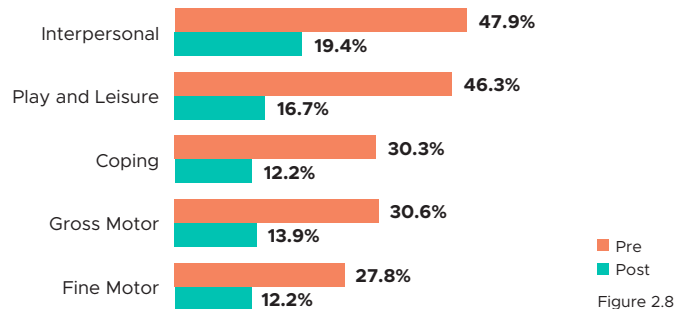
Children Screened	16,351
Children Identified with Developmental Concerns	3,981
Children who Received Developmental Treatment*	6,792

*Includes children referred by providers not funded by First 5 San Diego
Figure 2.6

CHANGE IN AVERAGE PERCENT DELAY FOR CHILDREN WITH MILD OR MODERATE DEVELOPMENTAL CONCERNS*



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



*Statistically significant; $p < .05$.

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 .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.

CALIFORNIA SURGEON GENERAL VISITS FIRST 5 SAN DIEGO

On May 28th, 2019, California Surgeon General, Dr. Nadine Burke-Harris, visited San Diego as part of her statewide listening tour. The event, held at The San Diego Foundation, was an opportunity for her to learn about the various resources available in our region, including First 5 initiatives, highlighting the Healthy Development Services and First 5 First Steps home visitation services. Dr. Burke-Harris, a leading expert on Adverse Childhood Experiences (ACEs) participated in a community dialogue on the importance of early identification and intervention for families with young children ages 0 through 5. Many of First 5 San Diego's initiatives actively work to prevent and address ACEs among program participants and their families.

EARLY IDENTIFICATION AND INTERVENTION FOR BEHAVIORAL AND SOCIAL- EMOTIONAL CONCERNS

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

An estimated 13 – 17% of children under six experience social-emotional problems that negatively impact their daily functioning, development and school readiness.¹⁹ Social-emotional and behavioral delays can have an impact on a child's ability to learn, communicate and interact with others. Likewise, children with social-emotional difficulties may have a hard time managing their emotions, focusing on tasks and controlling their behavior, which can lead to lifelong challenges.²⁰ Studies have shown that treating behavioral concerns before the age of five can prevent the onset of mental health disorders, reduce future behavior concerns and increase a child's ability to regulate his or her emotions during daily activities.^{21, 22}

WHAT DOES FIRST 5 SAN DIEGO DO?

First 5 San Diego funds community programs that provide screening, assessment and treatment services that are designed to meet the behavioral and social-emotional needs of children ages 0 through 5. First 5 San Diego providers offer clinical treatment and specialized classes that parents, or caregivers, and children participate in together, as well as one-on-one parent or caregiver coaching to promote a comprehensive approach to well-being. Providing coordinated services to parents or caregivers and children has been shown to be effective at preventing or reducing children's behavioral problems while promoting social skills and academic performance.²³

Through HDS, QPI, KidSTART and F5FS, First 5 San Diego providers screened 12,731 children, identified 1,497 children with behavioral concerns and provided behavioral treatment for 3,191 children, including those who were referred to First 5 San Diego programs for treatment by other providers (Figure 2.9).

ARE CHILDREN'S BEHAVIORS AND PROTECTIVE FACTORS IMPROVING?

The behavioral treatment services offered by First 5 San Diego are customized to meet each child's unique needs. This year, 3,191 children received treatment aimed at improving their internalizing behaviors (e.g., anxious or depressive symptoms) and/or externalizing behaviors (e.g., aggressive and hyperactive symptoms).

- Overall, 86.1% of children who were identified with behavioral concerns and received behavioral treatment showed improvement.
- Of those children receiving clinical treatment through HDS, 79.2% reduced their total behavioral concerns (Figure 2.10).

First 5 San Diego behavioral services also strengthen children's protective factors. Protective factors are strengths that positively influence a child's resilience, such as the ability to form relationships, get needs met, regulate strong emotions and explore surroundings with confidence. This year's results showed that children's protective factors significantly increased after receiving HDS behavioral treatment (Figure 2.11). Specifically, children improved 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, 84.9% of children who participated in group classes or whose parents or caregivers received one-on-one consultations through HDS demonstrated an increase in protective factors.

FIRST 5 SAN DIEGO'S MATERNAL MENTAL HEALTH PROGRAM

The Centers for Disease Control and Prevention's (CDC) studies show that about 1 in 10 women in the United States experience symptoms of depression and about 1 in 9 women experience symptoms of postpartum depression.²⁴ According to research, postpartum depression in a mother can affect her child through childhood, causing delays in language development and problems learning, behavior problems, problems dealing with stress, and adjusting to school and other social situations.²⁵ First 5 San Diego funds the Maternal Mental Health Program which provides care coordination and therapeutic treatment and support for mothers with mild to moderate depression and children ages 0 through 5 in the Central region of San Diego. Mothers are screened at their child's pediatric visits and referred to the program if they are experiencing mild to moderate depression.* Between July 2013 and June 2018, mothers participating in the program decreased both their depression and anxiety scores by over 58%. Providers working with the mothers reported observing increases in their use of positive parenting techniques, improved quality of attachment, and increased** feelings of efficacy and self-worth.

* This program seeks to fill the gap of services for mothers with mild to moderate depression; other programs are available for mothers with more severe depression.

** <https://aapca3.org/wp-content/uploads/2019/10/Binder-MMR-Report.pdf>

NUMBER OF CHILDREN WHO RECEIVED BEHAVIORAL SCREENINGS AND/OR SERVICES

Children Screened	12,731
Children with Behavioral Concerns	1,497
Children who Received Behavioral Treatment*	3,191

*Includes children referred by providers not funded by First 5 San Diego
Figure 2.9

PERCENTAGE OF CHILDREN WHO MADE BEHAVIORAL GAINS AFTER TREATMENT

Internalizing Behaviors	81.1%
Externalizing Behaviors	80.8%
Total Behaviors	79.2%

Figure 2.10

CHANGE IN PROTECTIVE FACTOR MEAN SCORES FOR CHILDREN IN BEHAVIORAL SERVICES*

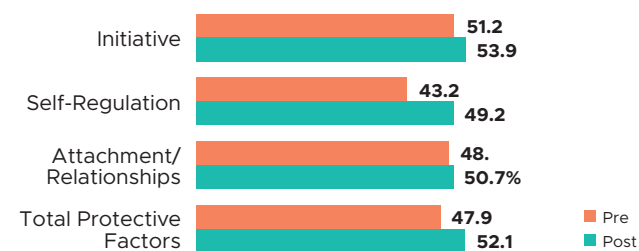


Figure 2.11

*All domains are statistically significant; $p < .05$.

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 .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.

A young girl with curly hair is blowing a dandelion seed. She is wearing a pink long-sleeved shirt and blue overalls with a floral pattern. In the background, a woman with glasses is smiling and watching her. The background is blurred, showing some foliage.

FAMILY STORIES

THE POSITIVE IMPACT OF FIRST 5 SAN DIEGO SERVICES

“I’m thankful to have [HDS provider] as a partner to support me as I support my child to develop emotionally and physically. Because of [HDS] I feel more confident in my ability to set limits and offer structure in our home as we face the next chapter together.”

–Leah*

IMPROVING CONFIDENCE AND BEHAVIOR THROUGH STRONGER RELATIONSHIPS AND MODELING

Four year old Bella* was referred to HDS based on her mother's concerns about her speech and her aggressive behaviors, including hitting, kicking, biting, pushing and throwing things. Bella's father was on military deployment and she was living with her mother and five year old brother at her grandparent's mobile home while her father was away. Bella's mother, Suzie,* shared that there was a history of anxiety, depression, speech delays and alcoholism on both sides of the family. Although she was four years old, Suzie had not enrolled Bella in preschool because it was too far. She began receiving speech therapy and level 3 behavior services through HDS. Bella showed little interest in playing with others and would easily get angry and frustrated, which she expressed through tantrum behavior. Suzie was worried that Bella's behavior was related to her father's deployment and Suzie's difficulty filling the roles he typically provided, including setting limits and playing with her. The HDS therapist, Liz, worked with Suzie to teach her about the underlying motivations for her child's behaviors and how to recognize building behaviors, focus on prevention and offer choices. Liz encouraged Suzie to engage in positive interactions and commit to more one-on-one time with Bella daily. Liz showed Suzie how to set Bella up for success by altering her environment, anticipating her needs and avoiding problematic situations. She also learned emotional regulation skills such as deep breathing, expressing her feelings and asking for help. The care coordinator also worked with Suzie to ensure that she felt supported and was aware of community resources. By the end of her HDS services, Bella showed great improvements in her behavioral assessment and went from an average of six tantrums a day to one. Also, as her speech improved, Bella showed more confidence and comfort around other children, developing more friendships and having more fun. Additionally, Suzie showed decreases in her stress levels and reported that she was spending much more one-on-one time with Bella and that their relationship had improved tremendously. Suzie shared "I learned to be much more compassionate about Bella's feelings once I understood where her behaviors came from. I also learned the value of staying calm around Bella and noticed that when I practiced my own emotional regulation, I was being a better role model for Bella."

FINDING THE RIGHT PROVIDER

The Ortiz* family has been an OHI client for many years. Over the years, their two older children were brought to OHI for their first dental appointments around age three. Both children had severe early childhood decay which required full mouth dental rehabilitation under sedation. After multiple visits and discussions with the family regarding risk factors and ways to prevent decay, the Ortiz family brought their two younger children to OHI as infants. Neither of the children had cavities! Sandra* reported that she made a conscious effort to change her habits with her younger children after seeing what her older children had to go through and after learning about proper oral health practices through OHI!

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

A black and white photograph of a young girl with a hair clip, looking through a magnifying glass. The background is blurred, showing some foliage.

[03]

Learning

“I had an excellent coach this year who provided me with valuable resources to enrich my lessons and classroom environment. She helped me identify my strengths and weakness by comparing my previous classroom quality reviews to my current scores. I hope she will be here next school year!”

–Alexis*, QPI Director

WHY ARE HIGH-QUALITY PRESCHOOL AND EARLY LEARNING IMPORTANT?

Birth through age five is the most rapid developmental stage, making children's learning and experiences during that period critical.⁴ Engagement in high-quality early learning environments during this crucial time of rapid cognitive and social-emotional growth have been shown to enhance children's cognitive and language development and long-term academic achievement.^{26, 27, 28, 29} In particular, children who participate in high-quality learning environments are better prepared for kindergarten, have greater success in elementary school, and are more likely to graduate from high school and thrive in adulthood.^{30, 31} In addition, the benefits of high-quality early education programs have been shown to outweigh the costs for children of all ethnic and socioeconomic backgrounds and are more cost-effective than other types of educational interventions.^{29, 32, 33}

WHAT DOES FIRST 5 SAN DIEGO DO?

First 5 San Diego's goal is to ensure that all children in San Diego County enter kindergarten ready to learn. To that end, First 5 San Diego invests in increasing children's access to high-quality early learning environments, enhancing the quality of preschool classrooms, supporting the professional development of early childhood education (ECE) staff, and strengthening parenting skills and knowledge of child development.

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

FUNDING

\$12,770,648

NUMBERS SERVED

12,138 children
1,323 teachers and staff

HIGHLIGHTS

97.7% Quality Preschool Initiative (QPI) classrooms were rated as high-quality

The majority of QPI parents (96.1%) report being satisfied or very satisfied with the overall quality of the QPI program

61.2% of QPI lead teachers have a bachelor's degree or higher

NUMBER OF CHILDREN WHO RECEIVED HIGH-QUALITY EARLY EDUCATION

Quality Preschool Initiative	12,013
Mi Escuelita	125
Total	12,138

Figure 3.1



WHAT DOES FIRST 5 SAN DIEGO FUND?

Drawing on recommendations from early education research and emerging best practices, First 5 San Diego funds two early learning programs: Quality Preschool Initiative (QPI) and Mi Escuelita Therapeutic Preschool (Mi Escuelita). In total, 12,138 children in San Diego County received high-quality early education through these two programs in FY 2018-19 (Figure 3.1).

- QPI supports and enhances quality in early care and education programs across San Diego County. QPI provides intensive coaching and professional development for administrators and teachers to reach improvement goals in key areas of early learning, supports early care and education staff to identify and address developmental and social-emotional concerns and enhances family engagement and parent education.
- Mi Escuelita is a therapeutic preschool program tailored to meet the special needs of children between the ages of three and five years old who have been exposed to domestic violence and abuse. The program offers therapeutic services, such as individual and group counseling, to both the child and the parents or caregivers. The goal of the program is to help vulnerable children make gains emotionally, socially and developmentally so that they can enter school as active learners.

BUILDING HIGH-QUALITY PRESCHOOLS

HOW IS QUALITY MEASURED IN PRESCHOOL?

A high-quality preschool program is one that implements evidence-based practices for learning including:

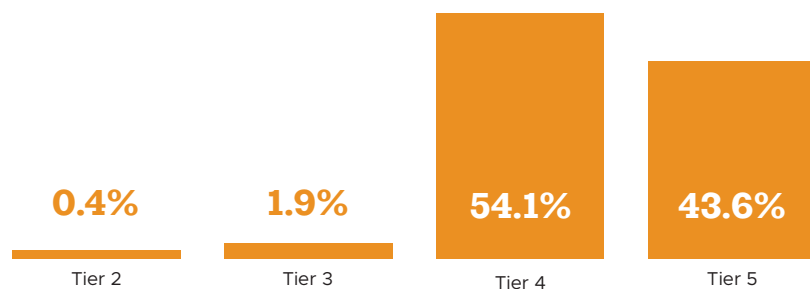
- Highly-qualified teachers, instructional assistants and program directors;
- Ongoing professional development of staff;
- Low child-to-teacher ratios and small class sizes;
- Health screenings and referrals to appropriate services;
- Supportive learning environments;

- Positive teacher-child interactions; and
- Family engagement in their child's education.^{34, 35, 36, 37}

Elements of high-quality early care and education programs are assessed and rated as part of the San Diego County Quality Rating and Improvement System (QRIS). San Diego's QRIS was developed over 12 years of quality preschool program implementation. Every QPI site receives points using the San Diego QRIS matrix based on its performance in seven rated elements. Each site receives an overall rating from 1 (lowest) to 5 (highest) based on these points. This year, 97.7% of rated QPI sites earned a high-quality tier rating of 4 or 5 (Figure 3.2).

Two of the seven QRIS elements (Figure 3.3) focus on the qualifications of early care and education staff, with a greater number of points assigned for higher levels of teacher education. Research suggests that early care and education teachers with a college education in child development or early childhood education are more effective, nurturing and engaging, and provide richer language and cognitive experiences for children.^{38, 39, 40} Overall, nearly three quarters of QPI lead teachers (61.2%) have a bachelor's degree or higher.

PERCENTAGE OF QPI SITES AT EACH QUALITY RATING TIER



*No classrooms scored at Tier 1.
Figure 3.2

A SUCCESSFUL APPROACH TO CONNECTING EARLY CHILDHOOD AND ELEMENTARY SCHOOL DATA

The San Diego County Office of Education (SDCOE) has successfully developed a protocol to track children who attended QPI in the California Longitudinal Pupil Achievement Data System (CALPADS). This advancement opens a wealth of potential to better understand the long-term benefits of quality preschool by examining how children who attend quality preschool are doing in elementary school and beyond. In support of this outreach and with funding from The San Diego Foundation, First 5 San Diego, SDCOE and Harder+Company are collaborating on a field-facing report that will outline the development of SDCOE's process and approach to tracking QPI children into elementary school, the benefits of data sharing and how a select number of volunteer school districts are leveraging this information to improve student retention. This report will further help set the stage for a QPI longitudinal study by Stanford University School of Education, which will examine the benefits of early education settings, using data collected as part of QPI since 2012-13. Upon completion, the report will be shared across the state in support of state level efforts to develop a system that matches early education QRIS data to CALPADS.

PROFESSIONAL DEVELOPMENT FOR EARLY CARE AND EDUCATION PROVIDERS

WHY IS PROFESSIONAL DEVELOPMENT IMPORTANT?

Effective professional development enables early care and education teachers to strengthen and maintain the knowledge and skills required to provide high-quality instruction and promote student learning and achievement.^{41, 42, 43} Sustained professional development helps teachers meet diverse student needs, improves teacher engagement with parents and allows teachers to develop an active agenda for their own professional growth, all of which has been linked to positive child outcomes.⁴⁴ High-quality professional development can improve a teacher's ability to identify and support a child's learning needs, which is particularly important in early care and education when early intervention to address a child's developmental and behavioral concerns can significantly impact future academic success.

WHAT DOES FIRST 5 SAN DIEGO DO?

First 5 San Diego funds several professional development opportunities for QPI teachers and administrators. This year, over 1,300 teachers and site directors received support to develop customized professional development plans, accessed robust and systematic coaching aligned to their professional development plans from experienced coaches and participated in professional development workshops and teaching communities to achieve their goals. First 5 San Diego also provides incentives to site directors and lead teachers to advance their level of education. This year, 14 teachers and administrators earned a college degree (Figure 3.4).

WHAT IS THE IMPACT OF PROFESSIONAL DEVELOPMENT?

First 5 San Diego's investment in the professional development of early care and education staff enhances the effectiveness of QPI teachers and supports the success of preschoolers in San Diego County. QPI utilizes the Classroom Assessment Scoring System (CLASS) as one way to measure teacher effectiveness. The CLASS is a quality assessment tool administered by a reliable, independent observer who rates teacher-child interactions across three domains on a scale from 1 (lowest) to 7 (highest): instructional support (e.g., modeling language for students), classroom organization (e.g., behavior management) and emotional support (e.g., teacher sensitivity). This year, average QPI CLASS scores ranged from 3.6 to 6.5 across the three domains, indicating a high level of classroom quality and effective instruction (Figure 3.5).

SAN DIEGO'S QRIS ELEMENTS

- Child Observation
- Developmental and Health Screenings
- Minimum Qualifications for Lead Teacher
- Effective Teacher-Child Interactions:
Using CLASS Assessments
- Ratios and Group Size (Centers Only)
- Program Environment Rating Scale(s)
- Director Qualifications (Centers Only)

Figure 3.3

NUMBER OF DEGREES EARNED BY QPI ADMINISTRATORS AND TEACHERS

Associates	4
Bachelors	9
Masters	1
Total	14

Figure 3.4

AVERAGE CLASS SCORES



Figure 3.5



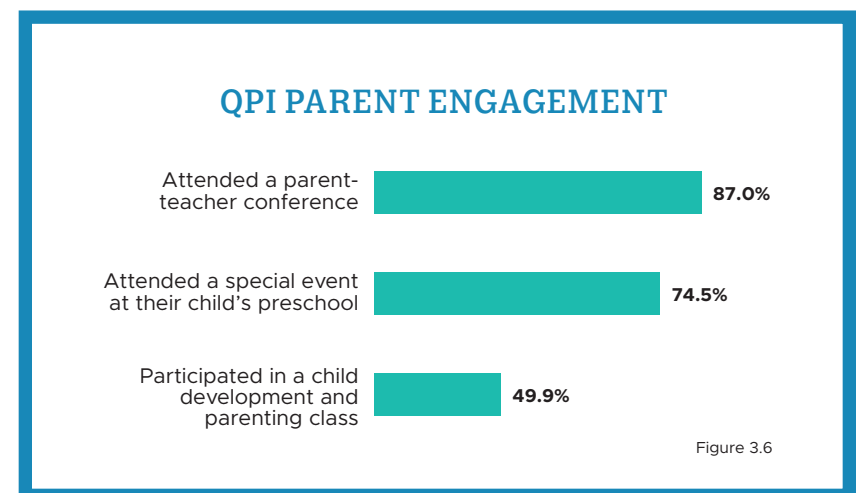
PARENTING AND HIGH-QUALITY EARLY CARE AND EDUCATION


HOW ARE PARENTS ENGAGED WITH THEIR CHILD'S LEARNING?

Parents who are aware of what is happening in their child's preschool classroom are better able to establish a connection between what is learned at school and what takes place in the home. Parental engagement in the preschool classroom helps extend teaching outside the classroom, creates a more positive experience for children and helps children perform better when they are in school.⁴⁵ The majority of QPI parents (96.1%) report being satisfied or very satisfied with the overall quality of the QPI program. Parents' engagement in their child's classroom is high, as three-quarters (74.5%) of QPI parents attended a special event at their child's preschool and 87.0% of parents attended a parent-teacher conference (Figure 3.6). About half of QPI parents (49.9%) took steps to improve their parenting skills by participating in child development and parenting classes. The vast majority of the 4,386 parents that took a parenting class reported knowing how to help their child do well in school (97.1%) and reported successful efforts to help their child learn (95.2%) as a result of the class, indicating that parenting classes are useful to parents.

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

QPI supports early screenings to identify strengths and concerns that may require focused interventions, referrals or further assessments for individual children. This year, 10,722 screenings were completed in collaboration with QPI parents. During the year, 241 children were identified as eligible for special education and related services under the Individuals with Disability Education Act (IDEA) and had an Individualized Education Program (IEP) developed to support their individual learning needs. In addition, just under 950 children with IEPs upon enrollment received continued, individualized learning support throughout the year.



A black and white photograph of a man with a short beard and mustache, smiling warmly at the camera. He is holding a young child with curly hair, who is laughing joyfully. The child is wearing a bright blue shirt and patterned shorts. The man is wearing a white t-shirt. The background is slightly blurred, showing what appears to be a window or a doorway.

“I had such a great experience at the “Positive Solutions for Parents” classes! I will definitely use the tools we learned with our kids. I would love to attend more of these parenting workshops!”

-Johnny*, QPI Parent

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



FAMILY STORIES

THE POSITIVE IMPACT OF FIRST 5 SAN DIEGO SERVICES

“I don’t know what I would do without the QPI program. Being a single mother is not easy, and this program not only helps me keep a roof over my son’s head by allowing me to work full-time, but also provides him with the high quality education he deserves. Thank you, I am so grateful!”

-Moiria*, QPI Parent

“I have seen my son reach a new level of potential since attending the QPI program, both socially and academically. The teachers and aides are like extended family to us, and as we do not have other family members in San Diego, this type of consistent support is huge! My husband and I both work full time, and knowing our son is in a safe, enriching and fun place gives us peace of mind to work to our full potential at work and make our family stronger. We will certainly miss the center as we transition into kindergarten next year, but I know my son will be ready, and will always have amazing memories of his time in preschool.”

-Jocelyn*, QPI Parent

“I am so very impressed with the amazing support from the teachers and administration at my son’s preschool. The structure, hard work and devotion of the staff helps make our child’s life better. From the free parenting classes, which give us extra tools to improve our daily parenting skills, to the free mobile eye exams which diagnosed my son’s astigmatism early enough for it to be corrected and provided him with glasses for free, this program has been life changing. I get choked up thinking that he can now see the world how it’s supposed to be seen. Thank you for making my child’s life better and taking the time to show how much you care.”

-Roland*, QPI Parent

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



[04]

Family

“I appreciate the First 5 First Steps program because my Family Support Specialist is there any time I need her. First 5 First Steps has been my support system during difficult times. Anytime I have a question regarding my baby, I know who to ask.”

-Jessica*

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

WHY IS FAMILY IMPORTANT?

Children reach their fullest potential when raised in safe, stable, loving and stimulating environments.^{43, 46} Positive family relationships and interactions help create the building blocks for a secure attachment between parents and children which enables children to feel safe and comfortable to explore and interact with the world.^{47, 48} A secure family structure further supports a child's cognitive and social-emotional development, school readiness and overall academic success, buffers against social and behavioral problems, and increases a child's capacity to form successful relationships.^{49, 50, 51} When parents and caregivers engage in positive parenting behaviors such as routinely talking, reading, singing and telling stories to their children, they are actively supporting the development of social and language skills and preparing their child to succeed in school.⁵²

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.

WHAT DOES FIRST 5 SAN DIEGO FUND?

First 5 San Diego supports families through the following programs: First 5 First Steps (F5FS), Healthy Development Services (HDS), KidSTART, Maternity Shelter Program (MSP), Oral Health Initiative (OHI) and Quality Preschool Initiative (QPI). In addition, parenting information and resources are provided to the community through the Kit for New Parents (Kit) and the First 5 San Diego Good Start Newsletter.

WHY ARE SERVICES TO FAMILIES IMPORTANT?

Raising a young child is demanding and has its challenges. With the addition of stressors such as single parenthood, unemployment, housing instability or raising a child with special needs, having allies to support and empower parents and caregivers is critical to the well-being of all family members.^{53, 54} An effective parent support program can be one such ally, resulting in better physical, cognitive and emotional development in children, increased parent-child bonding, and decreased rates of family violence, child abuse and neglect.^{55, 56, 57} It can also improve maternal and child health, reduce juvenile delinquency and improve family economic self-sufficiency.⁵⁸

First 5 San Diego's programs support the whole family, recognizing that good parenting can be learned and positive parenting skills will benefit children throughout their lives.

FUNDING

\$5,118,518

NUMBERS SERVED

15,167 children

11,424 parents

HIGHLIGHTS

97.4% of QPI, HDS and F5FS caregivers tell stories or sing songs to their child

96.8% of HDS parents know more about age appropriate child development

76.9% of QPI, HDS and F5FS parents regularly read to their child

More than 20,000 parent resource Kits were distributed



SUPPORTING FAMILIES THROUGH HOME VISITATION

WHAT SERVICES DOES FIRST 5 SAN DIEGO OFFER FOR FAMILIES?

F5FS provides intensive home visitation services for families in San Diego County and supports them by:

- Helping families to develop healthy attachment relationships;
- Promoting positive parenting practices such as reading to a child and advocating for a child's well-being in school and at the doctor's office;
- Supporting healthy and safe living environments for families; and
- Connecting families to community resources, including medical and social service providers.

WHO DID FIRST 5 SAN DIEGO SERVE?

F5FS serves high-risk families, including pregnant and parenting teens, military, immigrant, refugee and low-income families using an evidence-based home visiting model and curriculum. Evidence-based home visiting programs have been shown to be particularly effective for these high-risk populations who often lack social support.^{59, 60.}

⁶¹ This year, 608 pregnant women or caregivers and 565 children received F5FS services.

WHAT IS THE IMPACT OF SERVICES FOR FAMILIES?

F5FS home visitors routinely assess parents and caregivers on the development of their parenting skills. High percentages of parents who have participated in F5FS demonstrate competence in these skills, including in their development of social support networks, ability to problem-solve and mobilize resources, satisfaction with their role as parents, interactions with their child(ren), and overall safety and developmental appropriateness of the home environment (Figure 4.1). Additionally, families who receive home visiting through F5FS demonstrate these important healthy behaviors:

- 97.7% of children and mothers were linked to a medical home within 30 days of enrollment.
- 56.0% of mothers reported breastfeeding when their babies were 6 months old.
- 94.8% of parents reported their children were up-to-date with their Well Baby Checks at 12 months of age.
- 94.2% of parents reported their children were up-to-date with their immunizations at 12 months of age.

“I like this program because it has taught me things I didn’t know before. I realized as a mother you don’t have to be perfect but we all still have a lot to learn to be the best teacher for your child.”

-Liz*

PERCENTAGES OF F5FS PRIMARY CAREGIVERS DEMONSTRATING PARENTING COMPETENCE

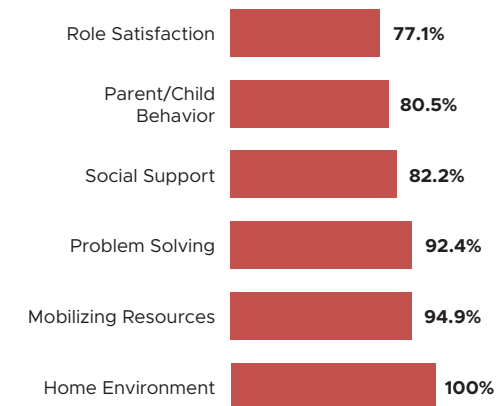


Figure 4.1

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



SUPPORTING FAMILIES THROUGH PARENT EDUCATION

WHAT SERVICES DOES FIRST 5 SAN DIEGO OFFER FOR PARENTS AND CAREGIVERS?

Parent education programs reduce childhood injuries and maltreatment by helping parents and caregivers learn the essential skills necessary to build a healthy family.^{62, 63} Teaching parents about their child's development promotes positive parent-child interactions and children's healthy development.⁶⁴ First 5 San Diego offers a variety of parent education services in the form of workshops, classes and trainings through F5FS, HDS, KidSTART, OHI and QPI. These programs focus on providing parents with skills and resources to be strong role models and advocates for their families by:

- Encouraging and supporting parents' involvement and engagement 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 RECEIVED PARENT EDUCATION FROM FIRST 5 SAN DIEGO?

This year, 4,448 parents and caregivers received parent education services focused on supporting their child's health, the importance of play, healthy social-emotional development, and how to access important community resources through HDS, OHI, Mi Escuelita, MSP and QPI. F5FS also provided education to 608 primary caregivers during home visits.

Additionally, First 5 San Diego supported the distribution of 20,195 Kits for New Parents (Kit) this year. 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 PARENT EDUCATION?

First 5 San Diego parents who participated in parent education or home visitation services demonstrated the following positive outcomes:

- 97.2% of parents who participated in HDS and KidSTART parenting classes reported knowing how to advocate for their child (Figure 4.2).
- 96.8% of parents who participated in HDS parenting programs reported an increase in their knowledge of age appropriate child development.
- 76.9% of caregivers who received F5FS home visitation services or parenting classes from HDS or QPI reported reading to their child three or more days per week.

F5FS caregivers also improved in confidence, ability, action and knowledge of child development (Figure 4.3). These domains are important to foster connectivity, attachment and a secure relationship between caregiver and child.

CARE COORDINATION

Children served by First 5 San Diego programs HDS, KidSTART and OHI are likely to have multiple appointments and more than one service provider working with their families to best meet the child's needs. Care Coordinators are critical partners for families in these situations, working hand-in-hand with them to make appointments, prioritize which services to start first, monitor progress and help families overcome barriers (e.g., arranging transportation) to completing a treatment plan. More than 20,000 children, parents and caregivers received care coordination services through First 5 San Diego programs during FY 2018-19, including:

- 230 children and 315 parents and caregivers in KidSTART;
- 7,393 children and 5,077 parents and caregivers in HDS; and
- 6,065 children and 1,257 pregnant women in OHI.

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

Help my child learn and develop	97.6%
Know how to advocate for my child	97.2%
Understand my child's needs	97.2%
Know where to turn for resources	94.5%

Figure 4.2

CHANGE IN AVERAGE PARENTING PRACTICE SCORES FOR CAREGIVERS WHO RECEIVED HOME VISITATION*



Figure 4.3

*All domains are statistically significant; $p < .05$
 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 .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.



FAMILY STORIES

**THE POSITIVE IMPACT OF
FIRST 5 SAN DIEGO SERVICES**

“My son is 2 1/2 and has so much confidence and intelligence which I know comes from me being a great mom. Understanding that I need to take care of myself in order to be the best mother has been something that I’ve learned along the way with First 5 First Steps. If I could do this all over again, I would.”

-Veronica*

CREATING A NETWORK OF SUPPORT

Shannon* came to the F5FS program as a refugee from Iraq and a first time mom. She wanted to participate in the program to learn how to provide the best life for her child and to learn about raising a child in this country. She told her Family Support Specialist (FSS) she did not want to raise her child “the old way.” When her baby turned 10 months old, Shannon and her FSS began to notice that Shannon’s daughter was missing some important milestones. Shannon’s FSS began to speak to her about a referral to Healthy Developmental Services (HDS). This was a very sensitive conversation since there is a stigma in the refugee community about seeking help for developmental disabilities. However, with the trust that was built between the FSS and

Shannon, she agreed to connect with HDS. Shannon’s daughter was eventually diagnosed with Autism and was then connected with San Diego Regional Center. The FSS continued to work with the family to help them understand the diagnosis and the importance of remaining in treatment. The FSS also helped Shannon explain the diagnosis to her own family and assured Shannon that it was not her fault and that she didn’t do anything wrong, which is a common sentiment in Shannon’s community. Shannon continued to work with San Diego Regional Center and with F5FS, giving her daughter every opportunity to thrive. Her daughter began receiving help at an early age because of the program and has already made huge gains in communication.

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

A photograph of a man with dark skin and short hair, seen from the side, holding a baby. The baby is looking directly at the camera with a surprised expression. The man is wearing a grey and white striped shirt. The baby is wearing a blue headband with a bow and a blue shirt with a white heart pattern. In the background, there are several bowls of food on a table, and other people are visible but out of focus.

[05]

Community

WHY IS COMMUNITY IMPORTANT?

Thriving and healthy communities offer a foundation for children and their families to develop and prosper. Good living conditions, including quality air, nutritious food options, and places to play and exercise are fundamental to promoting well-being and a healthy lifestyle among children and families who live in San Diego County.

WHAT DOES FIRST 5 SAN DIEGO DO?

First 5 San Diego invests in countywide services to promote an efficient, family-centered 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 vision to achieve healthy, safe and thriving communities.

WHAT DOES FIRST 5 SAN DIEGO FUND?

First 5 San Diego is committed to supporting healthy, vibrant communities for children and their families by funding projects that build knowledge, infrastructure and capacity. Through broad-reaching investments, such as 2-1-1 San Diego, Parent and Community Education, and Summer Movies in the Park, First 5 San Diego strengthens the community's capacity to support the healthy development of children ages zero through five.

FUNDING

\$1,307,091

NUMBERS SERVED

37,766 Children and Parents

HIGHLIGHTS

First 5 San Diego sponsored and participated in local community events that reached over 115,000 San Diegans

First 5 San Diego providers made 13,564 health and social service referrals

This year, 2-1-1 San Diego made 25,327 referrals for families with children ages zero through five

BUILDING A HEALTHY AND THRIVING COMMUNITY

HOW IS FIRST 5 SAN DIEGO SUPPORTING COMMUNITY AWARENESS?

First 5 San Diego invests in public awareness campaigns with the goal of educating parents on the importance of the first five years of life and raising awareness about the many programs it funds. This year's campaign promoted early childhood literacy and encouraged parents to "Talk, Read & Sing" and be active with their children. Even before a child is able to speak, words play an important role in brain development. By the time children reach three months of age, words have a bigger impact on their brain development than other sounds, including music. Studies show that the more words a child hears from parents or caregivers before the age of three, the greater their vocabulary and the greater likelihood of performing well academically.⁵⁵ Campaign messaging was broadcasted via television, radio, digital media and outdoor advertisements. We are proud to report that two of the public service announcements that were part of the campaign earned Emmy nominations in Scriptwriting! The campaign achieved more than 86 million gross impressions and the use of First 5 San Diego's website averaged 7,730 page views per month and 2,100 new visitors each month.

HOW IS FIRST 5 SAN DIEGO CONNECTING FAMILIES TO SERVICES?

Children and families who receive services through one of First 5 San Diego's funded programs often receive referrals to other First 5 San Diego providers or community agencies to help ensure that all of their family's needs are addressed. This year, First 5 San Diego-funded programs made 13,564 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. This year, 2-1-1 San Diego made 25,327 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 the community's capacity to promote health and learning in the first five years of life. Several First 5 San Diego initiatives focus on affecting system-level change that is crucial to supporting early childhood development in San Diego County. First 5 San Diego initiatives like Healthy Development Services (HDS), First 5 First Steps (F5FS), the Quality Preschool Initiative (QPI) and the Oral Health Initiative (OHI) play an important role in creating and improving countywide and regional networks that provide services for young children and their families.

CO-SPONSORED COMMUNITY EVENTS

First 5 San Diego sponsored and participated in local community events that reached over 115,000 San Diegans.

SUMMER MOVIES IN THE PARK

Summer Movies in the Park, a series of free outdoor movie events in park facilities, is a collaboration between the County of San Diego Department of Parks and Recreation and local parks. The program brings families together to encourage quality time and offer a safe, free, age-appropriate event aligning with communities supporting families and giving access to services for parents and kids. As a partner, First 5 San Diego used the Summer Movies in the Park platform to screen public service announcements on the importance of healthy eating, physical activity and literacy. Summer Movies in the Park gives an opportunity to interact with thousands of San Diego families to educate and support them with these types of important messages. Many of the events are held in parks located within socio-economically challenged areas of the county. These events are sometimes the only option for safe recreation available to families struggling financially.



JACOBS & CUSHMAN SAN DIEGO FOOD BANK HOLIDAY FOOD DRIVE 2018

First 5 San Diego partnered with the Jacobs & Cushman San Diego Food Bank for the 2018 Holiday Food Drive. This is the sixth year that First 5 San Diego participated in this collaboration to provide food for hundreds of thousands of the most vulnerable people in San Diego County, including chronically hungry children living in poverty.

MARCH OF DIMES

First 5 San Diego was proud to support the March of Dimes Foundation at its 2018 March for Babies San Diego Walk. Nearly 5,000 participants gathered in Balboa Park on April 27th to share in March of Dimes' mission to improve the health of babies by preventing birth defects, premature birth and infant mortality through research, education, community service and advocacy.

WE CAN'T WAIT 2018 - THE ART AND SCIENCE OF HEALING: EVERY PLACE, EVERY TIME, EVERY RELATIONSHIP

First 5 San Diego was proud to sponsor this event which aims to educate, encourage and support the development of knowledge and skills for working with children with developmental and social emotional difficulties and their caregivers. The conference's intent is to amplify the early identification of difficulties, provide early intervention and support caregivers through this process.





LIVE WELL SAN DIEGO IN ACTION

Live Well San Diego empowers all members of the San Diego community, from government and local businesses to schools, faith-based organizations and individual residents, to become agents of change in Building Better Health, Living Safely and Thriving. Each one of the First 5 San Diego funded programs embodies this *Live Well San Diego* vision with the services they provide in support of our region's young children and families. In addition to our programs, we also partner with community organizations that demonstrate our commitment to building healthy, safe and thriving communities:

FIRST 5 SAN DIEGO AND FOOD4LESS TEAM UP TO PROMOTE HEALTHY MEALS

First 5 San Diego was thrilled to partner with 93.3's Geena the Latina and Food4Less to celebrate national fruits and vegetables month with a healthy cooking demonstration on May 15th, 2019. Then on June 15th First 5 San Diego hosted a similar event with Vons and 92.5's Xavier the X-Man. Both events featured healthy cooking demonstrations by Chef Danielle Soto for families looking to improve their children's eating habits. Parents were able to learn a variety of new healthy kid-friendly recipes that their children could enjoy eating and some new tips and tricks to help enhance home-cooked meals with healthy alternatives.

NEIGHBORHOOD HOUSE ASSOCIATION'S HEAD START LET'S MOVE OLYMPICS

First 5 San Diego partnered with Neighborhood House Association for the 6th Annual Head Start Let's Move Olympics. The focus of the event is to foster ways to implement healthy lifelong habits at a young age through physical fitness. Not only does the event promote an active lifestyle, it also encourages parents to engage with their children with positive nurturing and encouragement.

IT'S HOW WE LIVE (LAKESIDE)

First 5 San Diego partnered with the County of San Diego Department of Parks and Recreation to promote health and wellness. This event encouraged families to visit parks and recreation facilities for year-round use throughout San Diego County. It also provided a free community gathering that featured tips on healthy living, fitness, crafts, bounce houses, an opportunity drawing and so much more.

DAY OF THE CHILD (CHULA VISTA)

First 5 San Diego partnered with the Chula Vista Community Collaborative to sponsor the "Day of the Child" event. This free family event provided resources to keep children safe, healthy and well-informed of services in the community. The event focused on providing a safer and healthier environment for young people by promoting family/community togetherness. There were plenty of family-friendly activities and entertainment such as face painting, cultural performances, dance contests, puppets and magic shows, story time, games and more.

DAY OF PLAY (SPECIAL NEEDS FOUNDATION OF SAN DIEGO)

First 5 San Diego partnered with the Special Needs Foundation of San Diego to sponsor the "Day of Play and All Abilities Resource Fair." This free family event was designed to help families educate themselves and connect with the community. At the resource fair, community groups provided information, resources and support for all participants. The event had plenty of fun for the kids too with games, opportunity drawings and performances.



LIVE WELL SAN DIEGO 5K

First 5 San Diego partnered with *Live Well San Diego* and sponsored the 5th Annual *Live Well San Diego* 5K and Kid's 1-Mile Fun Run. This is an annual event that brings thousands of San Diegans together for a run/walk and an interactive, family-friendly expo in support of a healthy, safe and thriving San Diego County. San Diego County's *Live Well San Diego* 5K, in partnership with the San Diego Blood Bank, is an opportunity for families to be physically active, enjoy quality time with their neighbors and community members, and connect with dozens of participating partners sharing information and resources. The event itself offers children the ability to develop learning skills as well as social and emotional abilities by participating in the various activities in the Kids Zone, Safety Zone, Health Zone and Thriving Zone.

LIVE WELL ADVANCE

On October 2nd, First 5 San Diego partnered with the County of San Diego Health & Human Services Agency to sponsor the 3rd Annual *Live Well Advance: Connecting the Unconnected to Live Well*. The advance brought together nearly 1,300 partners and stakeholders to network, learn about new tools and best practices, and participate in breakout sessions. Leaders from every sector participated in efforts to advance the County's shared vision of a healthy, safe and thriving region.

COMMUNITY STORY

THE POSITIVE IMPACT OF FIRST 5 SAN DIEGO SERVICES

I was referred to First 5 San Diego from my son's pediatrician at the military base where my husband was stationed. I always knew my son was a little different from other children. He was diagnosed with autism in 2009, barely spoke, had learning difficulties, and was a handful with his meltdowns. First 5 set us up with behavioral and group occupational therapy and speech therapy later on. When he entered in junior high this past year, he was placed in Honors English and Honors Math (and he has maintained a 4.0). From those early, difficult days to where he's at now is literally unbelievable. To say that I'm proud of him is an understatement. First 5 gave me the tools to cope with my son's behavior and continue helping him long after we moved from San Diego. I truly believe that First 5 was paramount in my child's life and I am so appreciative for that.

-Ericka*

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

FINANCIAL INFORMATION: INVESTMENTS AND LEVERAGED RESOURCES

FIRST 5 SAN DIEGO COMMUNITY INVESTMENTS

During FY 2018-19, First 5 San Diego invested a total of \$34,809,655 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 Strategic Plan 2015–2020: 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 ages zero through five.

FIRST 5 SAN DIEGO INVESTMENTS BY
PROGRAM AREA

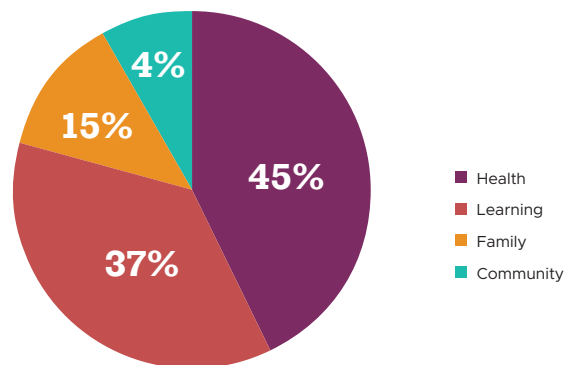


Figure 5.1

FUNDS AND RESOURCES LEVERAGED

As a direct result of the Commission's financial investments, contractors leveraged an additional \$9,900,287 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 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.

LEVERAGED FUNDING

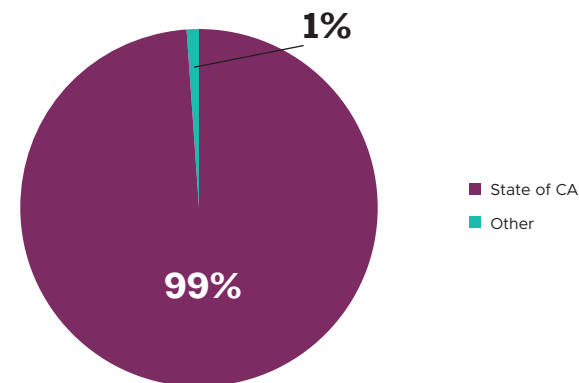


Figure 5.2

STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCE (STATEMENT OF NET POSITION)

REVENUES

Prop 10 Tobacco Tax	\$26,411,158
IMPACT	1,599,578
IMPACT Hub	339,197
QRIS Certification Grant	179,039
Interest Revenue	1,021,281
Net Increase in Fair Market Value	206,530
Total Revenues	\$29,756,783

EXPENDITURES

Labor and Benefits	\$2,053,585
Services and Supplies	654,081
Evaluation	824,939
Contributions to Community Projects	34,809,655
Total Expenditures	\$38,342,260

Net change in fund balance	(8,585,477)
Fund balance, beginning of fiscal year	55,164,489
Fund balance, end of fiscal year**	\$46,579,012

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



THANK YOU TO OUR FUNDED PARTNERS

2-1-1 San Diego
All Kids Academy
American Academy of Pediatrics, California Chapter 3
Borrego Springs Unified School District
Cajon Valley Union School District
Child Development Associates
Children of the Rainbow
Children's Paradise, Inc.
Chula Vista Elementary School District
Community Action Partnership of San Luis Obispo County, Inc.
Coronado Unified School District
Delibrainy, LLC
Easter Seals Southern California
Educational Enrichment Systems
Episcopal Community Services

Escondido Community Child Development Center
Escondido Union School District
Fallbrook Child Development Center
Fallbrook Family Health Center
Family Health Centers of San Diego
Health and Human Services Agency - Public Health Services
Health Quality Partners of Southern California
HealthRight 360
Higher Learning Academy
Home Start, Inc.
Horn of Africa
Imperial Beach Health Center
Indian Health Council
Jacobs & Cushman San Diego Food Bank
Jewish Family Service
King Chavez Academy of Excellence, Inc.
La Maestra Family Community Health Centers
La Mesa-Spring Valley School District
Lemon Grove School District
Metropolitan Area Advisory Committee on Anti-Poverty of San Diego County, Inc.
Mexican American Opportunity Foundation
Mira Costa Community College District
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
Oceanside Unified School District
Palomar Health Development Inc.
Poway Unified School District
Rady Children's Hospital – San Diego
San Diego American Indian Health Center
San Diego County Office of Education
San Ysidro Health Center
San Ysidro School District
SAY San Diego, Inc.
Scripps Mercy Hospital Chula Vista
South Bay Community Services
South Bay Union School District
Southern Indian Health Council, Inc.
St. Vincent de Paul Village, Inc.
The Children's Initiative
The Regents of the University of California
Vista Community Clinic
Warner Unified School District State Preschool
YMCA Childcare Resource Service
YMCA of San Diego County Early Enrichment Center



REFERENCES

- [1] Shonkoff, J. P. (2014). Changing the narrative for early childhood investment. *JAMA pediatrics*, 168(2), 105-106.
- [2] Cannon, Jill S., M. Rebecca Kilburn, Lynn A. Karoly, Teryn Mattox, Ashley N. Muchow, and Maya Buenaventura, *Investing Early: Taking Stock of Outcomes and Economic Returns from Early Childhood Programs*. Santa Monica, CA: RAND Corporation, 2017. https://www.rand.org/pubs/research_reports/RR1993.html.
- [3] Demographic and Socio Economic Estimates: San Diego Region. (2018). San Diego Association of Governments (SANDAG). Retrieved from: www.sandag.org
- [4] Shonkoff, J. P., & Phillips, D. A. (Eds.). (2000). *From neurons to neighborhoods: The science of early childhood development*. National Academies Press.
- [5] Vaivada, T., Gaffey, M. F., & Bhutta, Z. A. (2017). Promoting Early Child Development With Interventions in Health and Nutrition: A Systematic Review. *Pediatrics*, e20164308.
- [6] Children's Oral Health. (2014). Centers for Disease Control and Prevention. Retrieved from: http://www.cdc.gov/oralhealth/children_adults/child.htm
- [7] 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.
- [8] Jackson, S.L. et al. (2011). Impact of Poor Oral Health on Children's School Attendance and Performance. *American Journal of Public Health*, 101(10), 1900-1906.
- [9] Detty, A.M.R and Oza-Frank, R. (2014). Oral health status and academic performance among Ohio third-graders, 2009-2010. *Journal of Public Health Dentistry*, ISSN 0022-4006, 336-342.
- [10] Seirawan, H, Faust, S., Mulligan, R. (2012). The Impact of Oral health in the Academic Performance of Disadvantaged Children. *American Journal of Public Health*, 102(9), 1729-1734.
- [11] Dye, B.A. et al. (2015). U.S. Department of Health and Human Services Centers for Disease Control and Prevention, National Center for Health Statistics. Data Brief No. 191 [PDF document]. Retrieved from: <https://www.cdc.gov/nchs/data/databriefs/db191.pdf>
- [12] American Academy of Pediatric Dentistry. (Updated 2018). Guideline on Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents. [PDF document]. Retrieved from http://www.aapd.org/media/policies_guidelines/g_periodicity.pdf
- [13] California Health Interview Survey [Data file]. (2017). UCLA Center for Health Policy Research. Retrieved from: www.askchis.ucla.edu
- [14] Kang, S.Y. (2014). Prenatal oral health care: An issue brief from the center for oral health [PDF document]. Retrieved from: http://www.centerfororalhealth.org/images/lib_PDF/prenatal_oral_health_issue_brief_2014-8-5.pdf
- [15] Hemalatha, V. T., 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: JCDR*, 7(5), 948.
- [16] Bruner and Johnson (2018) Federal Spending on Prenatal to Three: Developing a Public Response to Improving Developmental Trajectories and Preventing Inequities. Center for the Study of Social Policy. Retrieved from https://www.thencit.org/sites/default/files/2018-12/Federal%20Spending%20on%20Prenatal%20to%20Three_Developing%20a%20Public%20Response%20to%20Improving%20Developmental%20Trajectories%20and%20Preventing%20Inequities.pdf
- [17] Child Trends (2013) Screening and Risk for Developmental Delay. Retrieved from https://www.childtrends.org/wp-content/uploads/2015/10/11_Developmental-Risk-and-Screening.pdf
- [18] National Early Childhood Technical Assistance Center (2011). The importance of early intervention for infants and toddlers with disabilities and their families. Retrieved from <http://www.nectac.org/~pdfs/pubs/importanceofearlyintervention.pdf>
- [19] Basten, M., Tiemeier, H., Althoff, R. R., van de Schoot, R., Jaddoe, V. W., Hofman, A., ... & van der Ende, J. (2016). The stability of problem behavior across the preschool years: An empirical approach in the general population. *Journal of Abnormal Child Psychology*, 44(2), 393-404.
- [20] McDonald, S. W., Kehler, H. L., & Tough, S. C. (2018). Risk factors for delayed social-emotional development and behavior problems at age two: Results from the All Our Babies/Families (AOB/F) cohort. *Health science reports*, 1(10), e82. doi:10.1002/hsr2.82. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6266514/>



- [21] 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.
- [22] Wakschlag, L. S., Briggs-Gowan, M. J., Choi, S. W., Nichols, S. R., Kestler, J., Burns, J. L., ... & 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.
- [23] Van Ryzin, M. J., Kumpfer, K. L., Fosco, G. M., & Greenberg, M. T. (Eds.). (2015). *Family-based prevention programs for children and adolescents: Theory, research, and large-scale dissemination*. Psychology Press.
- [24] Ko, J.Y., Rockhill, K.M., Tong, V.T., Morrow, B., Farr, S.L. (2017). Trends in Postpartum Depressive Symptoms — 27 States, 2004, 2008, and 2012(link is external). *MMWR Morb Mortal Wkly Rep*; 66: 153–158.
- [25] Center on the Developing Child at Harvard University. (2009). Maternal depression can undermine the development of young children. Working paper No. 8. Retrieved from <http://www.developingchild.harvard.edu>.
- [26] Rolnick, A. (2014). Investing in early childhood development is smart economic development [PDF document]. *The Science of Early Brain Development: A Foundation for the Success of Our Children and the State Economy*. Retrieved from: https://www.purdue.edu/hhs/hdfs/fii/wp-content/uploads/2015/07/s_wifis32c01.pdf
- [27] Barnett, W. S. (1995). Long-term effects of early childhood programs on cognitive and school outcomes. *The Future of Children*, 5(3), 25 – 50.
- [28] 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, 684 – 698.
- [29] U.S. Department of Health and Human Services. U.S. Department of Education. (2014). *Preschool development grants executive summary* [PDF document]. Retrieved from: <http://www2.ed.gov/programs/preschooldevelopmentgrants/executivesummary-419a.pdf>
- [30] Weiland, C., & Yoshikawa, H. (2013). Impacts of a prekindergarten program on children's mathematics, language, literacy, executive function, and emotional skills. *Child Development*, 84(6), 2112-2130.
- [31] 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.
- [32] Zigler, E., Gilliam, W. S., & Jones, S. M. (2006). *A vision for universal preschool education*. Cambridge University Press.
- [33] Howes, C., Phillipsen, L. C., & Peisner-Feinberg, E. (2000). The consistency of perceived teacher-child relationships between preschool and kindergarten. *Journal of School Psychology*, 38(2), 113-132.
- [34] Yoshikawa, H., Weiland, C., Brooks-Gunn, J., Burchinal, M. R., Espinosa, L. M., Gormley, W. T., ... & Zaslow, M. J. (2013). Investing in our future: The evidence base on preschool education. Society for Research in Child Development. Retrieved from <http://fcd-us.org/resources/evidence-base-preschool>
- [35] Heckman, J. J., Moon, S. H., Pinto, R., Savelyev, P. A., & Yavitz, A. (2010). The rate of return to the HighScope Perry Preschool Program. *Journal of Public Economics*, 94(1), 114-128.
- [36] Barnett, W. S. (2008). Preschool education and its lasting effects: Research and policy implications. *Great Lakes Center for Education Research & Practice*.
- [37] McEntire, N. (2011). The Impact of Teacher Education on Outcomes in Center-Based Early Childhood Education Programs: A Meta-Analysis. *Childhood Education*, 87(5), 374-375.
- [38] Barnett, W. S. (2003). Better teachers, better preschools: Student achievement linked to teacher qualifications [PDF document]. NIEER Preschool Policy Matters, (2). Retrieved from: <http://nieer.org/resources/policybriefs/2.pdf>
- [39] Early, D. M., Bryant, D. M., Pianta, R. C., Clifford, R. M., Burchinal, M. R., Ritchie, S., ... & Barbarin, O. (2006). Are teachers' education, major, and credentials related to classroom quality and children's academic gains in prekindergarten?. *Early Childhood Research Quarterly*, 21(2), 174-195.
- [40] 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, number 12. UCLA Center for Healthier Children, Families and Communities.



- [41] Mizell, H. (2010). Why professional development matters. Learning Forward. Retrieved from: http://learningforward.org/docs/pdf/why_pd_matters_web.pdf?sfvrsn=0
- [42] Minervino, J., & Pianta, R. (2013). Early learning: The new fact base and cost sustainability. Lessons from research and the classroom. Bill & Melinda Gates Foundation. Retrieved from: <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.729.1288&rep=rep1&type=pdf>
- [43] Centers for Disease Control and Prevention. (2014). Essentials for childhood: steps to create safe, stable, nurturing relationships and environments. National Center for Injury Prevention and Control. Retrieved from: <https://www.cdc.gov/violenceprevention/childabuseandneglect/essentials.html>
- [44] Continued Professional Development Framework for Early Childhood Educators: https://www.childcarelink.gov.sg/ccsl/uploads/CPD_Guide_5_FA.pdf
- [45] Marcon, R. A. (1999). Positive Relationships Between Parent School Involvement and Public School Inner-City Preschool Development and Academic Performance. *School Psychology Review* (28)3, 395-412.
- [46] Should we invest in Parenting Education? [PDF document]. Oregon State University, Excerpt from Enhancing Skills of Parents Program II Summary: 2006-2009; June 2010. Retrieved from: http://www.oregoncf.org/Templates/media/files/grants/Early%20Childhood/should_we_invest_ped.pf
- [47] Healthy Families America Impact. Retrieved from: <https://www.healthyfamiliesamerica.org/impact-briefs> on August 21, 2019.
- [48] American Psychological Association. Parents and Caregivers Are Essential to Children's Health Development. Retrieved from: <https://www.apa.org/pi/families/resources/parents-caregivers> on August 21, 2019.
- [49] Kreider, H. (2002). Getting parents "ready" for kindergarten: The role of early childhood education. Harvard Family Research Project.
- [50] Kershaw, P., Forer, B., Irwin, L. G., 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.
- [51] National Scientific Council on the Developing Child. (2004). Young children develop in an environment of relationships. Working Paper No. 1. Retrieved from <http://www.developingchild.net>
- [52] Kingston, S., Huang, K. Y., 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.
- [53] Bunting, L. (2004). Parenting programmes: The best available evidence. *Child Care in Practice*, 10(4), 327-343.
- [54] DiLauro, E. ZERO TO THREE Policy Network. (2012). Reaching Families Where They Live: Supporting Parents and Child Development Through Home Visiting. Retrieved from: <https://www.zerotothree.org/resources/997-reaching-families-where-they-live-supporting-parents-and-child-development-through-home-visiting>
- [55] Samuelson, A. (2010). Best practices for parent education and support programs. What Works, Wisconsin-Research to Practice Series, 10, 1-8.
- [56] Parent education to strengthen families and reduce the risk of maltreatment [PDF document]. (2013). Child Welfare Information Gateway. Retrieved from: <https://www.childwelfare.gov/pub-PDFs/parented.pdf>
- [57] American Academy of Pediatrics. Council on Community Pediatrics. The Role of Preschool Home-Visiting Programs in Improving Children's Developmental and Health Outcomes.
- [58] Healthy Families America- The Research. Retrieved from <https://www.healthyfamiliesamerica.org/research-articles> on August 21, 2019.
- [59] Nievar, M. A., Jacobson, A., & Dier, S. (2008). Home visiting for at-risk preschoolers: A successful model for Latino families. Online Submission.
- [60] 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.
- [61] 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), 1.
- [62] Bunting, L. (2004). Parenting programmes: The best available evidence. *Child Care in Practice*, 10(4), 327-343.
- [63] Healthy Families America: Rigorous evidence [PDF document]. (2016). Prevent Child Abuse America. Retrieved from: <http://preventchildabuse.org/wp-content/uploads/2016/02/HFA-Rigorous-Evidence-final.pdf>
- [64] National Academies of Sciences, Engineering, and Medicine. (2016). Parenting Matters: Supporting Parents of Children Ages 0-8. Washington, DC: The National Academies Press. doi: 10.17226/21868.



IMPROVING THE LIVES OF CHILDREN
AGES 0 THROUGH 5



FIRST5SANDIEGO.ORG

harder+co | community
research

M I G

SAN DIEGO

 LIVE WELL
SAN DIEGO