

Make Learning Fun

Message from the Executive Director

DEAR COMMUNITY MEMBERS,

As we wrap up another year of services for San Diego's youngest children and their families, we are grateful for the opportunity to reflect on our accomplishments and the many strengths of our First 5 San Diego community. After having pivoted to offering virtual or hybrid services during the height of the COVID-19 pandemic, most of our funded partners returned to in-person services for children and families during Fiscal Year (FY) 2021-22. While health and safety remain top priorities, this is an important step to ensure we are providing services in a way that meets families' needs and are best suited to support children and families in achieving their goals.

The COVID-19 pandemic and the current economic conditions have had lasting impacts on service provision. As you'll see in the Health Chapter of this report, our providers share that it costs them more now to serve the same child; they are dealing with staff retention challenges due to their inability to offer competitive salaries and give cost of living raises; they are experiencing staffing shortages as a result of staff who left the job during COVID and haven't returned; and consequently, there are longer waitlists for families to receive services. First 5 San Diego is facing a challenging new reality, one that requires new solutions, creative thinking, and, importantly, funding from external partners.

Our First 5 San Diego Strategic Plan 2020-2025 focuses on resilient families, coordinated systems of care, integrated leadership and sustained funding. During FY 2021-22, we invested over \$30 million in direct services for young children and their families and served more than 44,000 children, parents, caregivers and providers. In addition, First 5 San Diego partners leveraged \$4.6 million in cash and in-kind support from public and private entities.

In this report, while we celebrate the achievements of another year working to improve the lives of children ages zero through five and their families, I want to emphasize, more than ever, that we cannot do this alone. Our First 5 dollars continue to decline, while costs to serve children and families continue to increase. First 5 San Diego providers have worked for more than two decades to transform the system of care for children and families in San Diego County and their work must continue as it fills a critical gap in our healthcare ecosystem. Without First 5 San Diego, thousands of young San Diego children with developmental delays and behavioral concerns will go untreated each year and their needs will only intensify as they enter school and struggle unnecessarily. We need the support of philanthropy and private partners, and we need additional investments of public dollars, to ensure San Diego children get interventions early on, when they are most effective.

Our FY 2021-22 First 5 San Diego Annual Report highlights these achievements in each of our strategic goal areas:

HEALTH

- Screened 13,613 children for developmental delays and treated 4,721 children with developmental concerns
- Screened 11,321 children for behavioral delays and provided treatment for 1,735 children with behavioral concerns
- Screened 8,034 children for oral health needs and provided treatment for 7,854 children

LEARNING

- Provided high-quality early learning and care for 14,422 children at 513 early learning and care sites across the county
- Achieved a high-quality ranking for 90.0% of participating Learn Well sites
- Supported 110 early learning and care professionals to continue their education and training at Grossmont and Cuyamaca Community Colleges via the Tuition Partnership Pilot Program

FAMILY

- Served 523 pregnant individuals and caregivers and 477 children with intensive home visits
- Supported 99 parenting teenagers through the California Work Opportunity and Responsibility to Kids (CalWORKs) program
- Provided care coordination to more than 9,000 children, parents, and caregivers
- Provided 11,401 free parenting resource kits for families across the county

COMMUNITY

- Sponsored or participated in community events that reached over 18,000 San Diegans
- Conducted three community awareness campaigns that together achieved more than 136 million gross impressions
- Provided 25,365 health and social service referrals for families

I ask you to join me in this call to action in support of San Diego's youngest and most vulnerable community members.

Sincerely,



Alethea Arguilez, M.A.

Funded Initiatives

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 learning and care 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, low income families and Cal WORKs recipients using the Healthy Families America (HFA) model and the Parents as Teachers (PAT) and Baby TALK curricula.

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.

KIDSTART

KidSTART is an integrated program within First 5 San Diego and Health and Human Services Agency's Behavioral Health Services to support children with complex needs. The KidSTART Center performs screenings, triage, assessment, referrals and treatment for children with multiple, complex delays, and needs. 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, Chinese and Korean.

LEARN WELL INITIATIVE

The Learn Well Initiative supports sustainable development of quality early learning and care programs and aims to support providers in the form of technical assistance, instructional support, coaching and ongoing professional development.

MATERNITY HOUSING PROGRAM

The Maternity Housing Program (MHP) provides safe, secure and supportive housing with comprehensive home-based, family-focused supportive services and intensive case management services for pregnant and parenting young women between 18 and 24 years old, and their dependent children. MHP 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 them and their children.

MI ESCUELITA THERAPEUTIC PRESCHOOL

Mi Escuelita provides a therapeutic preschool experience for young children 3-5 years old who have been traumatized by family violence. The goal of this program is to help children enter kindergarten as active learners by working with the family emotionally, socially and developmentally.

ORAL HEALTH INITIATIVE

The Oral Health Initiative (OHI) provides oral health services, care coordination and preventative education to children ages birth through five with the goal of improving oral health, promoting positive oral health practices and increasing provider capacity.

SHARED SERVICES ALLIANCE

The Shared Services Alliance (SSA) is an approach to strengthen small early learning and care businesses by providing them the supports to strengthen their business practices. The SSA is aimed at building a sustainable provider-based child care system by providing technology and staff infrastructure that enable sharing of staff, information, and resources. A Shared Services Alliance Network provides business efficiencies to child care providers, the majority of whom are low-income women of color, increasing business sustainability and expanding care for low-to-moderate income communities.



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Our vision is that all children ages zero through five are healthy, are loved and nurtured, and enter school as active learners

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 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, 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 their development and shape his or her success in school and into adulthood. 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} Additionally, high-quality early childhood programs are critical for addressing the health, academic achievement, and earning potential disparities that exist among low-income and vulnerable populations.³ First 5 San Diego focuses its resources on providing 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 2020-25 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. Parents and primary caregivers are a child's first and best teachers



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 builds the early care and education systems and supports needed to ensure our County's youngest children are safe, healthy and ready to succeed in school and life.



THE REACH

of first 5 san diego

WHO DID FIRST 5 SAN DIEGO SERVE?

During FY 2021-22, 44,586 San Diegans received direct services via First 5 San Diego programs, of which 32,517 were under the age of five (Figure 1.1). These services included quality preschool, parenting classes, health and dental services, and much more. Thousands of additional young children and their caregivers 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 (54.0%) relative to children under age three (46.0%) (Figure 1.3).

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

The majority of children (60.4%) and parents (50.1%) 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).⁴ Nearly two-thirds of children (64.0%) and families (65.0%) spoke English as their primary language and the next largest proportion of children (30.8%) and parents (24.0%) spoke Spanish. Other languages spoken were Arabic, Cantonese, Chaldean, Korean, Mandarin, Somali, Tagalog and Vietnamese (all less than 2.0%).

FIGURE 1.2



FIGURE 1.3

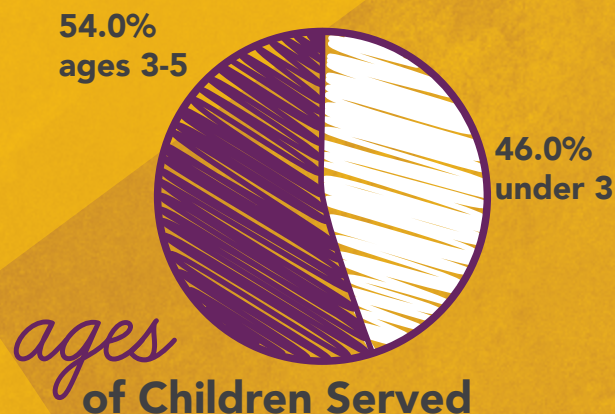


FIGURE 1.1

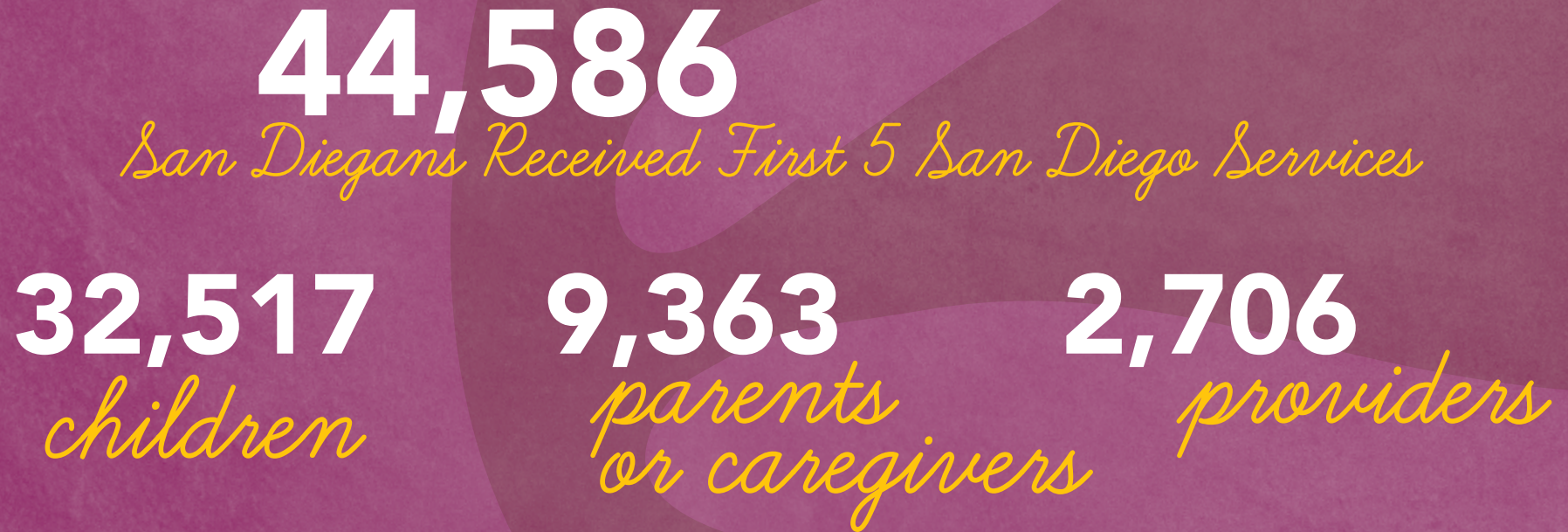


FIGURE 1.4

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

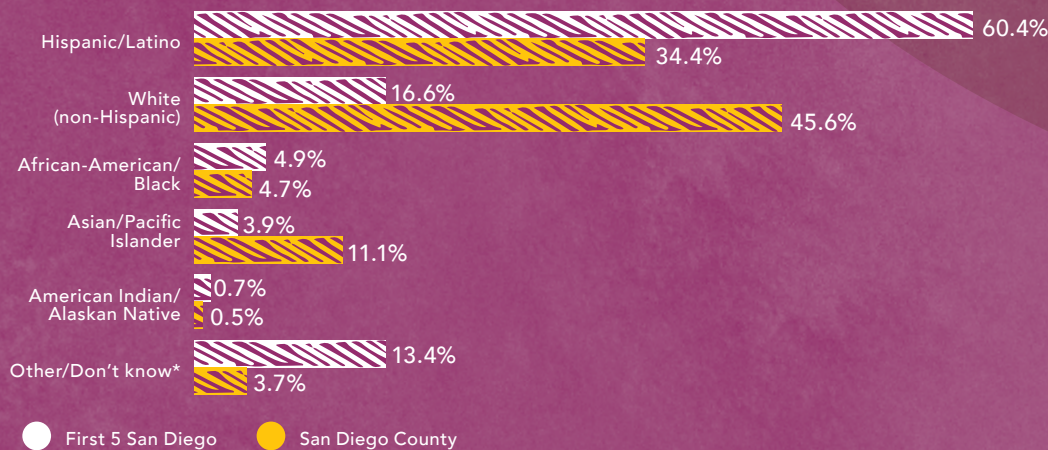
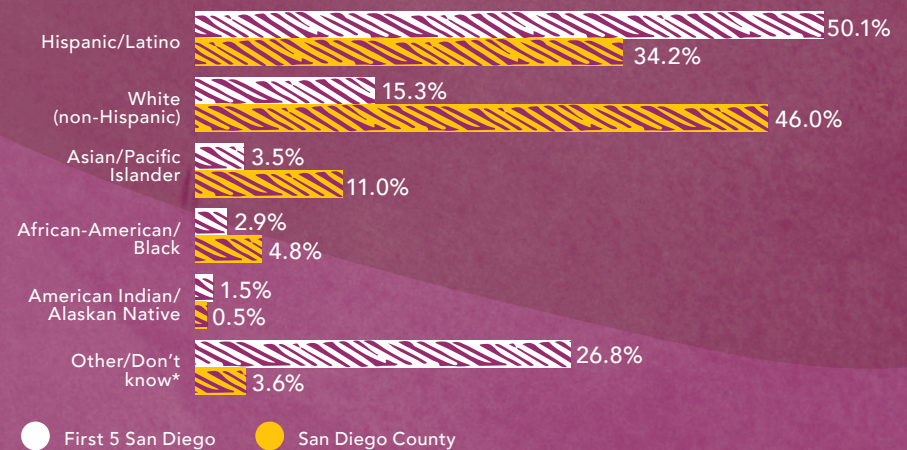


FIGURE 1.5

ETHNICITY OF *Parents/Caregivers* SERVED BY FIRST 5 SAN DIEGO COMPARED TO SAN DIEGO COUNTY ADULT POPULATION



*First 5 San Diego Other/Don't Know category includes the following ethnicities: African (0.1%), White- Middle Eastern (1.2%), Other (1.8%), Multiracial (5.0%), and Don't Know/Declined (5.4%)

*First 5 San Diego Other/Don't Know category includes the following ethnicities: African (0.4%), White- Middle Eastern (2.9%), Other (3.1%), Multiracial (5.7%), and Don't Know/Declined (14.7%)



Health

WHY IS HEALTH IMPORTANT?

The foundations of learning, behavior and health are developed during early childhood. Healthy early childhood experiences shape a child's ability to learn, relate to others, and respond to stress and challenges.⁵ The first five years of life are the most important in terms of brain development; in fact, while the brain continues to develop into early adulthood, ninety percent of brain development occurs during the first five years of life.

This time is critical for laying the groundwork for a child's future, and it is highly influenced by their early experiences and environment.⁶ Untreated developmental and social-emotional delays can negatively impact learning ability, language skills and social development. As many as one in six children ages 3-17 have one or more developmental or behavioral delays but many are not identified until they are in school and opportunities for treatment have been missed.⁷ Effective early interventions can drastically improve a child's developmental pathway and lead to positive life-long outcomes.^{8,9}



The first five years of life are the most important in terms of brain development

WHAT DOES FIRST 5 SAN DIEGO DO?

First 5 San Diego programs support healthy child development by providing developmental, behavioral, home visiting and dental services to children ages zero through five and their families, including early intervention for children with mild to moderate concerns who otherwise would not receive care until their concerns became more severe.

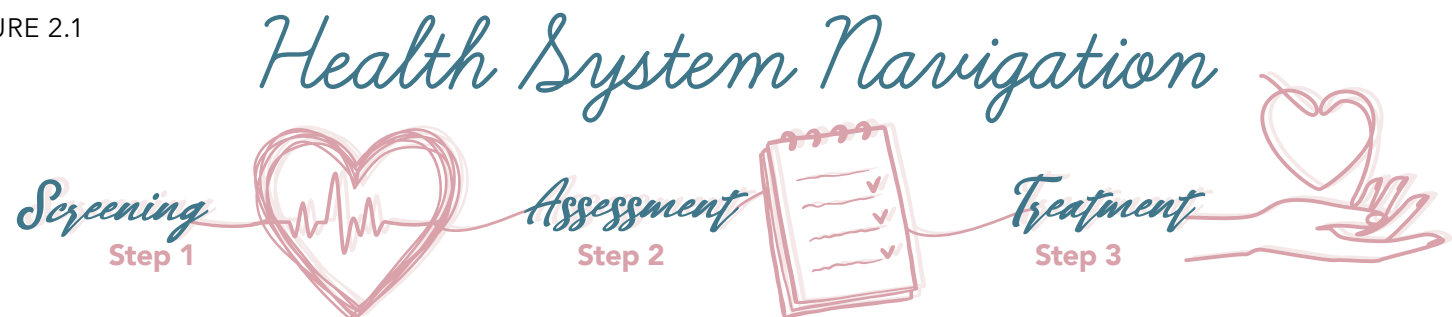
WHAT DOES FIRST 5 SAN DIEGO FUND?

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 Housing Program (MHP), Mi Escuelita Therapeutic Preschool (Mi Escuelita) and the Learn Well Initiative.

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).

FIGURE 2.1





Funding
\$12,010,123

NUMBERS SERVED

31,053 *children*

6,222 *parents*

HIGHLIGHTS

84.4% of children
receiving treatment for a
developmental concern showed gains

88.6% of children
receiving treatment for a
behavioral concern showed gains

99.7% of high-risk children
identified with dental disease received treatment

EARLY IDENTIFICATION AND INTERVENTION FOR DEVELOPMENTAL CONCERNS

WHY IS EARLY INTERVENTION FOR DEVELOPMENTAL CONCERNS IMPORTANT?

In the United States, approximately 15% of children under the age of five are at moderate risk for having a developmental delay.¹⁰ While developmental delays are not uncommon in early childhood, less than 5% of children with delays receive treatment. The COVID-19 pandemic has limited children's ability to enter social spaces and gain exposure to cognitive stimulation, which early research has shown is leading to higher rates of developmental delays.¹¹ Although the full impact of the pandemic is not yet fully understood, evolving studies are showing that children born during the pandemic are starting off with lower developmental skills that are decreasing over time, signaling an alarming cumulative impact of the pandemic on a child's neurodevelopmental system.^{12,13}

Furthermore, the COVID-19 pandemic has exacerbated the urgency of early childhood intervention, especially for low-income and racial and ethnic minority children whose families have been disproportionately affected by the pandemic, and who are at higher risk of under-identification and under-treatment of developmental delays.¹⁴ Timely remediation and response are imperative to promoting healthy growth, social and emotional development, and educational success.¹⁵ 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. 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.¹⁶ Early intervention can change a child's developmental trajectory and improve outcomes for children, families, and communities.¹⁷

*"The change I noticed in myself is that I now understand how important it is that [we as parents] put ourselves to the child's level to understand and help her better (includes everything, playing, learning together, doing things together). My provider showed me how to help my daughter, she has the patience to teach me." - Ana Corina**

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



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 vision that screenings happen across multiple settings that encounter young children and their families, 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, Learn Well Initiative, MHP and Mi Escuelita screened 13,613 children and identified 3,257 with developmental concerns. Developmental treatment was provided through HDS and KidSTART to 4,721 children, including those who were screened and referred to First 5 San Diego programs for treatment by other providers (Figure 2.2).

Figure 2.2

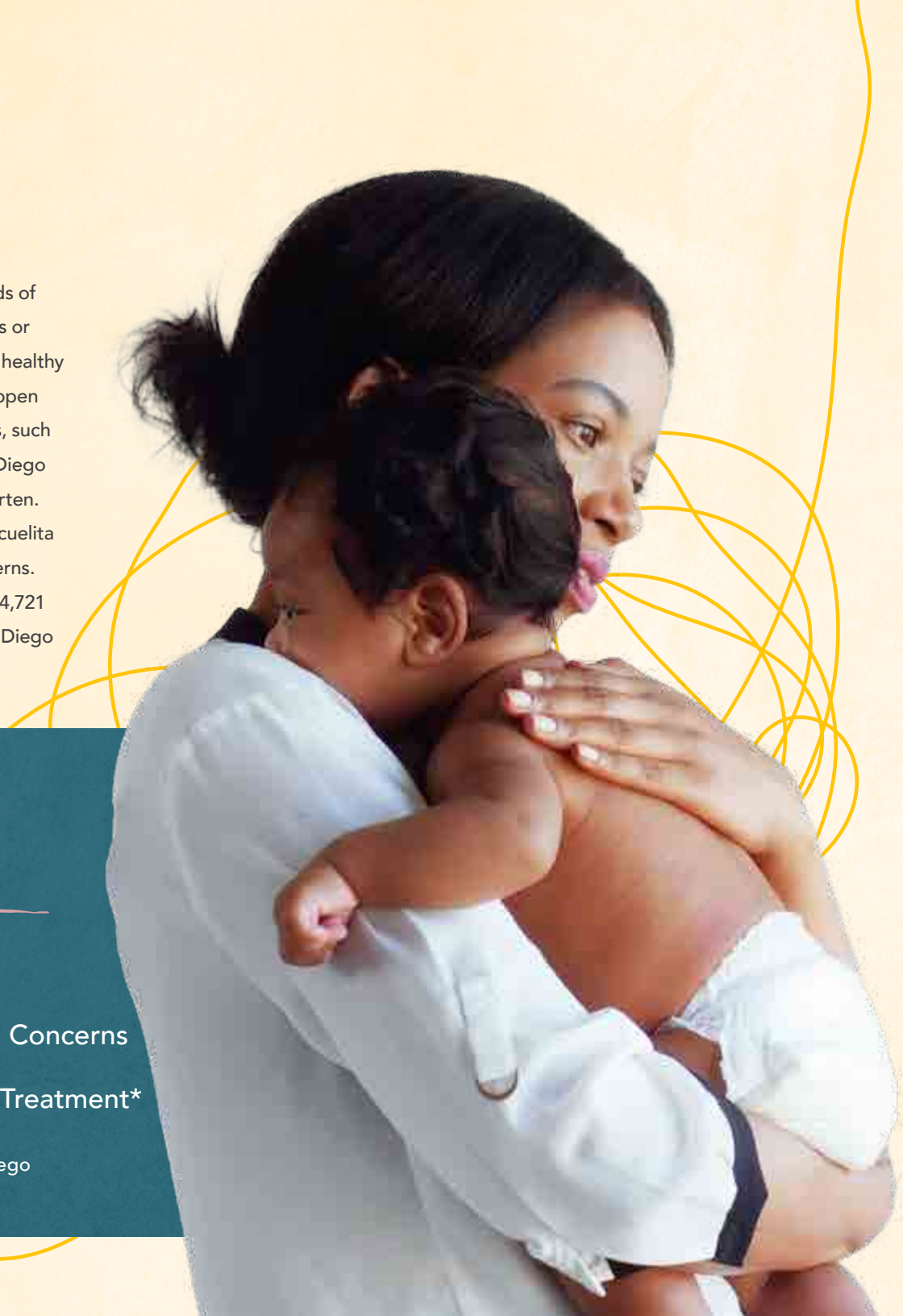
NUMBER OF CHILDREN WHO RECEIVED DEVELOPMENTAL SCREENINGS AND/OR SERVICES

13,613 Children Screened

3,257 Children Identified with Developmental Concerns

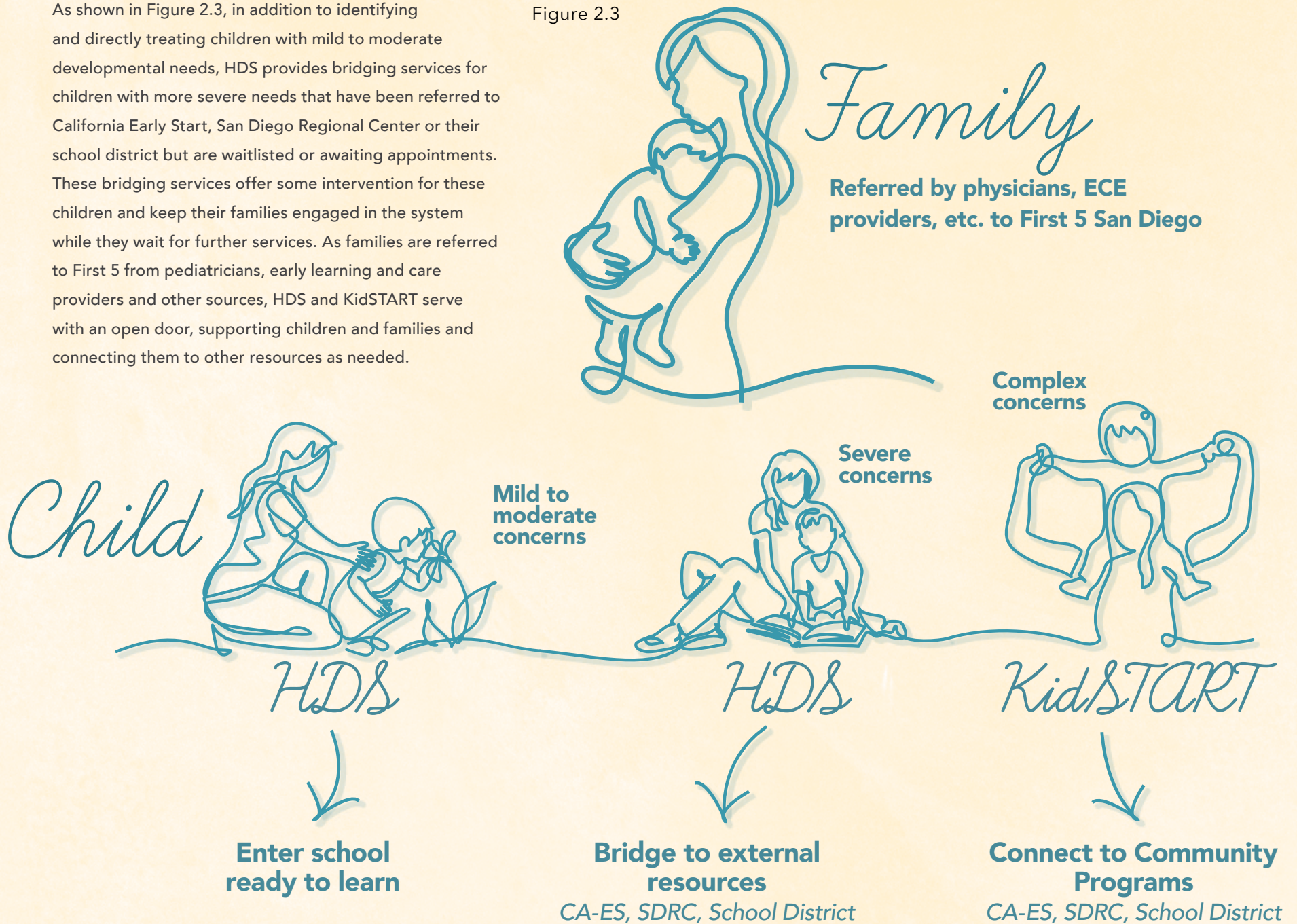
4,721 Children who Received Developmental Treatment*

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



As shown in Figure 2.3, in addition to identifying and directly treating children with mild to moderate developmental needs, HDS provides bridging services for children with more severe needs that have been referred to California Early Start, San Diego Regional Center or their school district but are waitlisted or awaiting appointments. These bridging services offer some intervention for these children and keep their families engaged in the system while they wait for further services. As families are referred to First 5 from pediatricians, early learning and care providers and other sources, HDS and KidSTART serve with an open door, supporting children and families and connecting them to other resources as needed.

Figure 2.3



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 time points are presented for children with mild to moderate needs in Figure 2.4 and for children with

complex needs in Figure 2.5. Average percent delays at pre for children with mild or moderate developmental concerns are higher than previous years, confirming observations from providers that children are entering services with higher levels of need, potentially related to the impact of COVID-19 on children's development. Overall, 84.4% of children with concerns who received developmental treatment through HDS or KidSTART demonstrated gains in at least one developmental domain. The decrease in average percent delays as a result of HDS and KidSTART services indicate that children who complete early intervention services through First 5 are likely to reach their typical developmental trajectory by the time they enter Kindergarten.

Figure 2.4

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

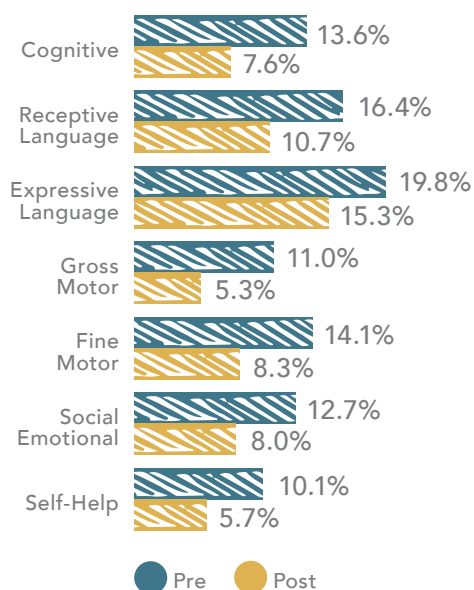
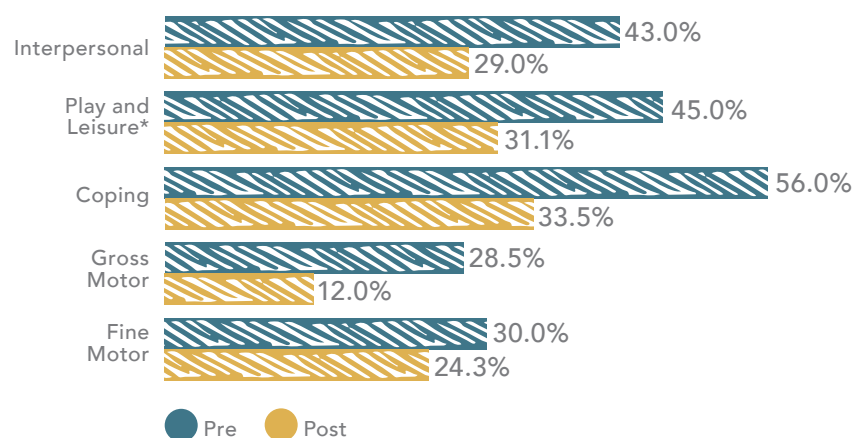


Figure 2.5

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.

EARLY IDENTIFICATION AND INTERVENTION FOR BEHAVIORAL AND SOCIAL-EMOTIONAL CONCERNS

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

It is estimated that between 5% and 20% of children under five experience behavioral and social-emotional challenges.¹⁸ These challenges can negatively impact a child's ability to learn, communicate and interact with others.¹⁹ 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 in relationships, school and employment.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 zero through five. 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, Learn Well Initiative, KidSTART and F5FS, First 5 San Diego providers screened 11,321 children, identified 1,290 children with behavioral concerns and provided behavioral treatment for 1,735 children, including those who were referred to First 5 San Diego programs for treatment by other providers (Figure 2.6).



Figure 2.6

NUMBER OF CHILDREN WHO RECEIVED BEHAVIORAL SCREENINGS AND/OR SERVICES

11,321 Children Screened

1,290 Children with Behavioral Concerns

1,735 Children who Received Behavioral Treatment*

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

Figure 2.7

PERCENTAGE OF CHILDREN WHO MADE BEHAVIORAL GAINS AFTER TREATMENT

79.7% Internalizing Behaviors

82.1% Externalizing Behaviors

80.7% Total Behaviors



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. HDS behavioral treatment aims to support children to improve their internalizing behaviors (e.g., anxious, or depressive symptoms) and/or externalizing behaviors (e.g., aggressive and hyperactive symptoms).

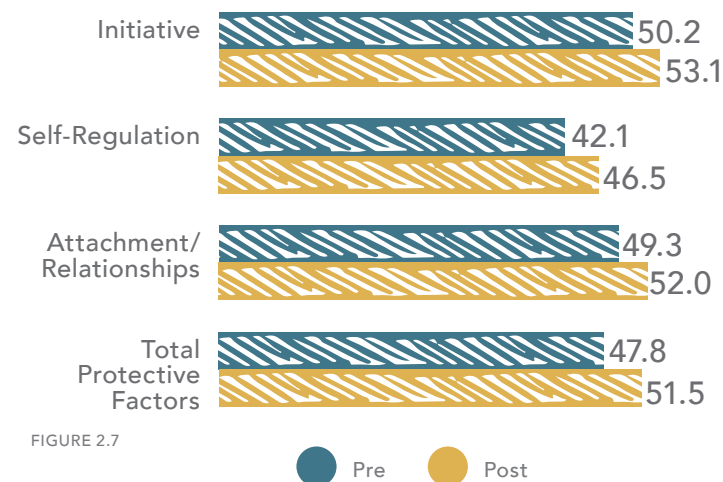
- Overall, 88.6% of children who were identified with behavioral concerns and received behavioral treatment showed improvement.
- Of those children receiving clinical treatment through HDS, 80.7% reduced their total behavioral concerns (Figure 2.7).

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 2.8). 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, 88.0% 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.

Figure 2.8

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



*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.

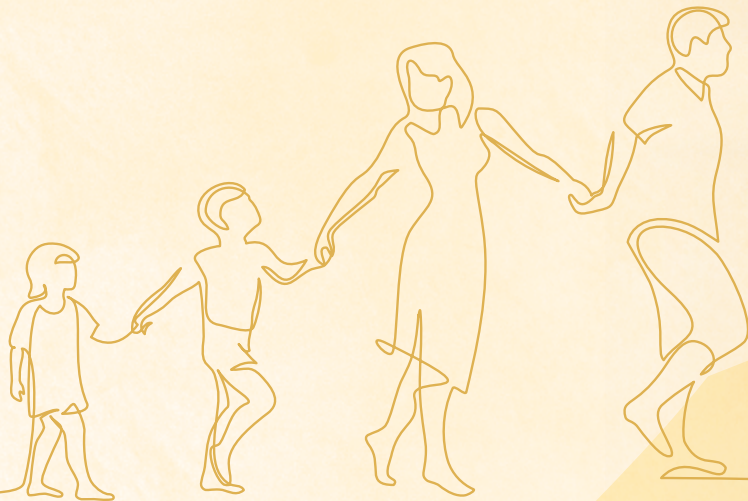
Looking Ahead

The COVID-19 pandemic continued to impact San Diego County families and service providers during the 2021-2022 fiscal year. Despite the challenges and barriers brought on by the pandemic, HDS service providers came together to provide the highest quality services and meet families' needs during this difficult time. HDS providers noticed that caregivers they are working with are showing higher mental health needs than before the pandemic. One HDS provider explained, "one of the most prominent changes we have seen is an increased level of mental health needs in the clients referred; more clients were referred to psychiatry this past fiscal year than in the past." Additionally, HDS providers continue to see that children referred for services are presenting with higher needs and more delays than before the pandemic.

First 5 San Diego has met these challenging times of the pandemic through consistent, intentional efforts to serve the whole family. As part of a larger system of care for families in San Diego, First 5 San Diego programs support caregiver mental health by screening for depression and anxiety and referring caregivers to mental health services when needed. In FY 2021-22, 2,522 caregivers of young children were screened for mental health concerns in HDS, F5FS, KidSTART and Mi Escuelita.

The initiation of this screening within the context of First 5 San Diego services helps caregivers understand the importance of their own mental health to the well-being of their child. An HDS provider reflected: "Understanding that children have fallen behind and many families are presenting with mental health needs, HDS brings the training and expertise to acknowledge that reality, consider bridging services to help parents understand how mental health relates to development and behavior, and provide access to existing resources through care coordination." Providers are optimistic that despite pandemic setbacks, most children could catch up if they engaged in early intervention.

First 5 San Diego providers continue to offer the flexibility that families need when engaging in services, while keeping fidelity to effective developmental and behavioral interventions. HDS providers have recognized opportunities in the challenges stemming from the pandemic, for example being able to conduct initial screenings during telehealth appointments. Observing children and caregivers, virtually, in their home environments, has helped build trust and establish relationships with families before in-person services. Even after most of the pandemic-related restrictions on in-person engagements were lifted, HDS providers continue to offer telehealth services and adjust the care plans for families, while prioritizing the safety and health of the community.



While there have been many opportunities in the past few years to continue providing early intervention services, decreased funding has impacted the system at large. In fact, many HDS provider agencies experienced high staff turnover rates due to budget cuts, burnout from the pandemic, and increased contract costs. Many providers have had to reduce full time staff positions as a result, which has created longer wait times for families to get screened and be served, has put a strain on provider's ability to meet targets, and has impacted families' ability to access needed services. To continue high quality early intervention services for San Diego communities, sustained and increased funding of First 5 services is imperative. As providers have shared "HDS is a system of care for the community, most often the best first referral to support parents in identifying a developmental or behavioral concern; providing access to services either through HDS or outside HDS for existing resources through the support of Care Coordination. This hybrid model meets the needs of families, providers, and programs alike."



Figure 2.9

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

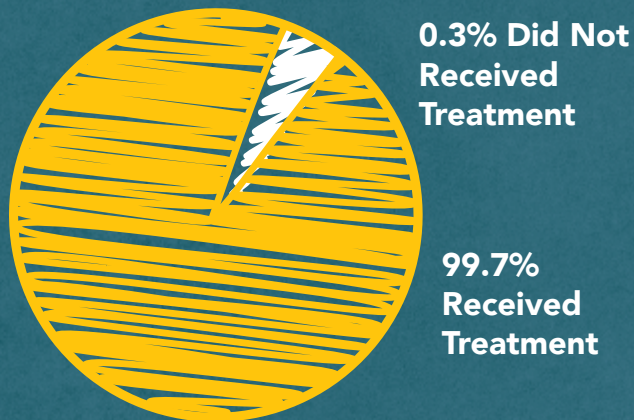
8,034 Screenings

9,137 Exams

7,854 Treatment

Figure 2.10

PERCENTAGE OF HIGH RISK CHILDREN WITH DENTAL DISEASE WHO RECEIVED TREATMENT



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.^{24,25,26} Cavities in children can be prevented through regular screenings, fluoride varnishes, fluoridated water and use of fluoride toothpaste. 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. In addition, children with poor oral health are more likely to miss or perform poorly in school.^{27,28,29} According to the National Health and Nutrition Examination Survey, 21.4% of children ages two through five had cavities in primary teeth.³⁰ 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 24.9% of children between the ages of one and five in San Diego County have never visited a dentist.^{31,32}

WHO DID FIRST 5 SAN DIEGO SERVE?

This year, OHI providers screened 8,034 children for oral health needs and performed dental exams, which may include cleaning, scaling, and x-rays, for 9,137 children. A total of 7,854 children received treatment for identified oral health needs, including those considered to be at high-risk for dental disease (Figure 2.9). Among those who were identified as high-risk with dental disease, 99.7% of children received treatment (Figure 2.10). OHI also provided health education for 2,250 parents or primary caregivers of children ages zero through five and pregnant women in a community or virtual setting.

WHAT DOES FIRST 5 SAN DIEGO DO?

Oral health services funded by First 5 San Diego include:

- Dental screening, examination and treatment services for children ages zero through five;
- Care coordination services for 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)

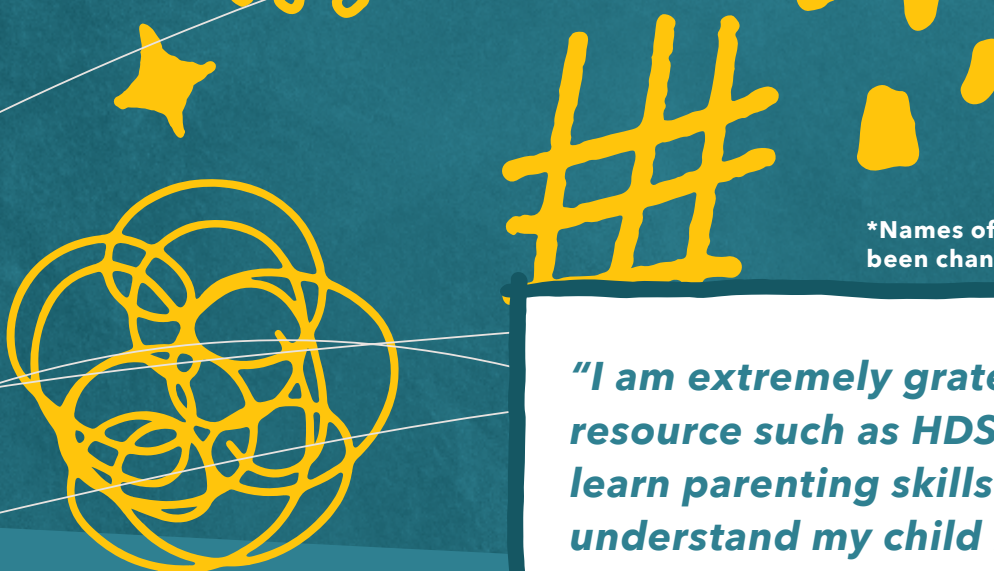


Family Stories

SUPPORTING A CHILD'S DEVELOPMENT THROUGH MAJOR LIFE CHANGES

Three-year-old Ali* and his parents came to HDS with concerns that Ali may have autism. Ali and his parents immigrated to the U.S. when Ali was just over a year old and had since been granted refugee status. Ali's father reported that the family was very isolated due to COVID and were not connected with any social services or support upon arrival to the U.S. During his developmental assessment, Ali was found to have scripted language, illogical answers and reasoning, difficulty following conversations, and delayed motor functioning. Mom and dad also reported concerns that Ali had regressed in toilet training and had anxiety about separation from his mother which impacted his preschool participation. The Developmental Specialist recommended a Preschool Time class, parent coaching, and an occupational therapy consultation. Through parent coaching sessions, mom and dad were given strategies to support with separation and toileting and by the second coaching session they reported some success, especially with the use of positive reinforcement and rewards. Ali was also tolerating separation from mom to run errands with dad or to stay with the neighbor. HDS staff stepped in to support Ali and provide interpretation as well as cultural support. Through care coordination and other HDS services, Ali and his family have been connected to various services that will continue to support their transition to life in the United States. While Ali still has more developmental milestones to reach, his family has expressed immense gratitude for the support they have received through HDS to get connected with services and help Ali reach his highest potential.





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

"I am extremely grateful to have a resource such as HDS to help me learn parenting skills and understand my child better. HDS is a tremendous program and resource to any parent." - Haven

SUPPORTING FAMILIES WITH COMPLEX NEEDS THROUGH A SYSTEM OF CARE

Four-year-old Ashton* had many adverse childhood experiences early on. After being in foster care for a year, Ashton was reunited with his parents, who overcame many personal challenges and worked hard to create a stable, loving environment for Ashton. The family was connected to Healthy Development Services (HDS) given Ashton's developmental and behavioral needs, where he received Behavioral and Occupational Therapy services. However, HDS providers recognized that Ashton had higher needs that would be better supported by the KidSTART team. Ashton's developmental concerns included speech, sensory sensitivity, motor skill challenges, and adaptive skills. He was also exhibiting behavioral concerns, with issues sleeping, tantrums, and aggression towards others. Ashton went through various behavior and developmental assessments at KidSTART, which showed the family's commitment to doing everything they could to ensure Ashton received all the support he needed. Through individual behavior sessions at KidSTART, Ashton made great progress

and was able to transition to an interdisciplinary treatment group. There, he built on the skills he learned in individual sessions. Ashton's parents took turns participating in his sessions to ensure they were both learning new strategies and tools to support him. By the time Ashton made it to the group treatment's graduation, he was able to follow the group routine, participate with peers, and follow direction for group activities. He had learned new coping skills and was holding conversations with his peers. The team at KidSTART worked intentionally to support the parents and Ashton for his transition and be thoughtful about what he needed to be ready for Kindergarten. Ashton's KidSTART Care Coordinator continues to support the needs of the family and provided Ashton's mom with identifying support groups for Ashton and for herself around mental health. Ashton's mom felt confident about his transition given all his gains and has expressed so much gratitude for the KidSTART team and their support.



Learning

WHY IS HIGH-QUALITY EARLY LEARNING AND CARE IMPORTANT?

Studies have shown that early childhood is a time when developmental changes can have profound and lasting consequences for a child's future. In the first few years of life, more than 1 million new neural connections are formed in the brain every second. Sensory pathways like those for basic vision and hearing are the first to develop, followed by early language skills and higher cognitive functions. The emotional and physical health, social skills, and cognitive-linguistic capacities that emerge in the early years are all important prerequisites for success in school, and later in the workplace and community.³³ Involvement in high-quality early learning and care programs has been shown to improve academic, health and behavioral outcomes for children at kindergarten entry, and can improve children's likelihood of attending college, entering the workforce, and avoiding justice system involvement later in life.^{34,35} In addition, the benefits of high-quality early learning and care programs are shown to outweigh the costs for children of all ethnic and socioeconomic backgrounds and are more cost-effective than other types of educational interventions.^{36,37,38}

"All aspects of support from the Learn Well Initiative helped me increase my knowledge for the children under my care, including learning different strategies and learning more about resiliency so I may better help my students and their families." -Shandra, Learn Well Provider*

WHAT DOES FIRST 5 SAN DIEGO SUPPORT?

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 and care environments, enhancing the quality of preschool classrooms, family child care homes, and supporting the professional development of early learning and care staff, and strengthening parenting skills and knowledge of child development.

Figure 3.1

14,324 Learn Well Initiative

98 Mi Escuelita

14,422 Total

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 and care programs: Learn Well Initiative and Mi Escuelita Therapeutic Preschool (Mi Escuelita). In total, 14,422 children in San Diego County received high-quality early learning and care through these two programs in FY 2021-22 (Figure 3.1).

- The Learn Well Initiative focuses on leveraging and strengthening existing system structures and building the capacity of the adults working directly with children and their families. Learn Well provides early learning and care sites throughout San Diego County with tailored resources and supports to help them achieve a level of quality that results in positive outcomes for providers and the children and families they serve. The initiative also prioritizes equitable distribution of funding and resources, including stipends, incentives, coaching and training opportunities, by providing services to all types of early learning and care sites including those serving infants and toddlers, private centers, and Family Child Care homes (FCCs).
- 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.

Funding
\$8,832,179

NUMBERS SERVED

14,422 *children*

2,710 *teachers and staff*

HIGHLIGHTS

513 early learning and care sites
participated in the Learn Well Initiative during the 2021-22 school year.

94.0% of Learn Well Initiative parents
reported their ability to help their child develop and learn improved over the school year.

92.0% of early learning and care providers
indicated feeling more confident delivering developmentally appropriate learning opportunities because of the support provided through the Learn Well Initiative.





IMPACT OF COVID ON EARLY CHILDHOOD EDUCATION

Most early learning and care providers transitioned from virtual instruction back to in-person learning during the 2021-22 school year, which created new challenges for providers, children, and families. Only a little over half of providers (53.0%) noted feeling 'safe' or 'very safe' providing care in the last year. The top three challenges providers experienced during the past school year were: enforcing the mask mandate and social distancing, navigating inconsistent COVID-19 policies, and classroom closures.

BUILDING CAPACITY OF EARLY LEARNING AND CARE PROVIDERS

WHY IS PROFESSIONAL DEVELOPMENT IMPORTANT?

Effective professional development enables early learning and care providers to strengthen and maintain the knowledge and skills required to provide high-quality instruction and promote student learning and achievement.^{39,40,41} Sustained professional development helps early learning and care providers meet diverse student needs, improve engagement with parents, increase their ability to deliver developmentally appropriate learning opportunities, and allows providers to develop an active agenda for their own professional growth, all of which has been linked to positive child outcomes.⁴² High-quality professional development can improve a provider's ability to identify and support a child's learning needs, which is particularly important in early learning and care settings where 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 a Multi-Tiered System of Support (MTSS) approach to the delivery of professional development for early learning and care providers. The MTSS approach represents a shift to an equitable support model where each early learning and care site receives the level of support they need to progress towards an expected level of quality in knowledge and skills. This shift to a MTSS approach increased flexibility for providers to choose their own goals and action steps, which increased buy-in and motivation and made the process less overwhelming for providers new to Learn Well.⁴³ This year, 513 early learning and care sites participated in the Learn Well Initiative. Of those, 92.0% worked with experienced coaches to collaboratively develop site-specific Quality Improvement Plans (QIP) outlining short-term measurable goals that target the quality of programming and enhance the outcome of services

provided to children. Key outcomes of the Learn Well Initiative include ensuring early learning and care staff feel competent in their position, have a reduction in their stress levels, and demonstrate competence in planning for learning and delivering developmentally appropriate learning opportunities to children.

WHAT IS THE IMPACT OF PROFESSIONAL DEVELOPMENT ON PROVIDER WELL-BEING?

Effective professional development has been shown to buffer stress early learning and care providers experience that often leads to burnout.⁴⁴ Professional development is also a critical strategy for positively impacting teacher efficacy in the areas of classroom management, instruction, and student engagement.⁴⁵ Reflecting on their stress levels during the 2021-22 school year, a vast majority of Learn Well Initiative providers (81.0%) indicated that working with children, parents, and fellow staff was not a large source of stress for them. However, at the same time, close to half of providers (48.0%) indicated feeling drained at the end of the workday. As the 2021-22 school year coincided with another year of the COVID-19 pandemic, it is likely that pandemic-related factors may have contributed to the stress levels experienced by Learn Well providers.

During the 2021-22 school year, Learn Well Initiative providers also demonstrated an increase in instructional self-efficacy, disciplinary self-efficacy, and efficacy to enlist parental involvement. Eighty percent (80%) of Learn Well providers felt more capable helping children build new skills and/or getting children to play and learn well together. A similar percentage (83.0%) indicated feeling more capable of utilizing positive statements with children when they follow the rules or use problem-solving techniques. Lastly, compared to the beginning of the school year, nearly two-thirds (63.0%) of providers felt more capable of assisting parents to become involved in their child's learning and development as compared to the beginning of the school year (Figure 3.2).

WHAT IS THE IMPACT OF PROFESSIONAL DEVELOPMENT ON PROVIDERS' ABILITY TO PLAN FOR LEARNING AND DELIVER DEVELOPMENTALLY APPROPRIATE LEARNING OPPORTUNITIES?

Over the course of the 2021-22 school year, 92.0% of early learning and care providers indicated feeling more confident delivering developmentally appropriate learning opportunities to the children in their care because of the support they received from the Learn Well Initiative. Providers cited access to professional development, the high-quality tailored coaching, and various workshops or trainings as critical mechanisms for enhancing their knowledge and confidence to carry out developmentally appropriate learning opportunities with children. Similarly, as compared to the beginning of the school year, providers noticed improvements in children's initiative, curiosity, creativity, persistence as learners, self-regulation, executive functioning, mathematical and scientific reasoning, and conflict resolution skills. Overall, 96.0% of providers reported that they have been able to incorporate what they learned through the Learn Well Initiative into their work with children and families.

FIGURE 3.2

CHANGES IN PROVIDER'S EFFICACY DURING THE 2021-22 SCHOOL YEAR

- 80% I feel more capable helping children build new skills.
- 80% I feel more capable getting children to play and learn well together.
- 83% I feel more capable utilizing positive statements with children when they follow the rules or use problem-solving techniques.
- 63% I feel more capable assisting parents to become involved in their child's learning and development.

Community College Tuition Partnership Pilot Program

In San Diego County early learning and care professionals with advanced levels of education and field-recognized certifications are acutely needed. Workforce development in early education has been stalled by the COVID-19 pandemic and recovery efforts. The San Diego Quality Preschool Initiative (SDQPI) Community College Tuition Partnership Program represents a concentrated effort to support employees working at SDQPI sites and/or any early learning and care site in San Diego County that receives a state subsidy to increase the educational credentials/permit levels of existing early learning and care professionals. During the 2021-22 school year, the Tuition Partnership Pilot Program was implemented at two local community colleges, Grossmont and Cuyamaca Community Colleges. Through this program, all costs for tuition, academic supports, technology, books, and advising are covered by SDQPI for participants. Additionally, the community colleges developed professional communities of practice for participants and organized the coursework into cohorts to support those new to educational programs. Over one hundred participants engaged in the pilot program (n=110) during the 2021-22 school year. Twenty-five people applied for a California Teaching Commission permit/credential and approximately 13 participants will continue the tuition program into the 2022-23 school year.

PARENTING AND HIGH-QUALITY EARLY LEARNING AND CARE

HOW ARE PARENTS INVOLVED WITH THEIR CHILD'S LEARNING?

Parent/caregiver involvement in their child's early learning and care experiences helps to extend teaching outside of the care setting, creating a more positive experience for children and helping children perform better when they are in their care setting.⁴⁶ The Learn Well Initiative focuses on increasing parent/caregiver engagement in their child's learning.

At the end of the 2021-22 school year, Learn Well Initiative parents/caregivers responded to an online survey that assessed changes in their own knowledge of child development, their confidence in their ability to meet their child's needs, and their ability to support their children over the course of the school year (Figure 3.3). Survey results revealed that most Learn Well parents/caregivers reported that their knowledge of their child's development improved over the course of the school year (86.0%). Additionally, almost all (94.0%) parents/caregivers reported that their ability to help their child develop and learn improved during the year.

Further, similar percentages of parents/caregivers reported improvements in their ability to support their child's social-emotional well-being (92.0%) and in their ability to support their child's behavior (92.0%).

Learn Well providers aim to support families in understanding the community resources and supports that are available to them. Most (75.0%) Learn Well parents/caregivers reported that their knowledge of community services and resources improved over the 2021-22 school year. Similarly, most parents/caregivers (76.0%) reported that their ability to ensure their child received the services and resources they need improved over the year.

IS HIGH-QUALITY EARLY LEARNING AND CARE HELPING TO SUPPORT CHILDREN WITH SPECIAL NEEDS?

Learn Well supports developmental and behavioral screenings to identify strengths and concerns that may require focused interventions, referrals or further assessments for children. This year, 9,762 screenings were completed in collaboration with Learn Well Initiative parents. During the year, 1,326 children received special education and related services under the Individuals with Disability Education Act (IDEA) and had an Individual Education Plan (IEP) developed to support their individual learning needs.

"My child has grown so much since he started this program. His teachers did a great job helping him with learning, especially with his emotions." -Hector*, Learn Well Parent

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

FIGURE 3.3

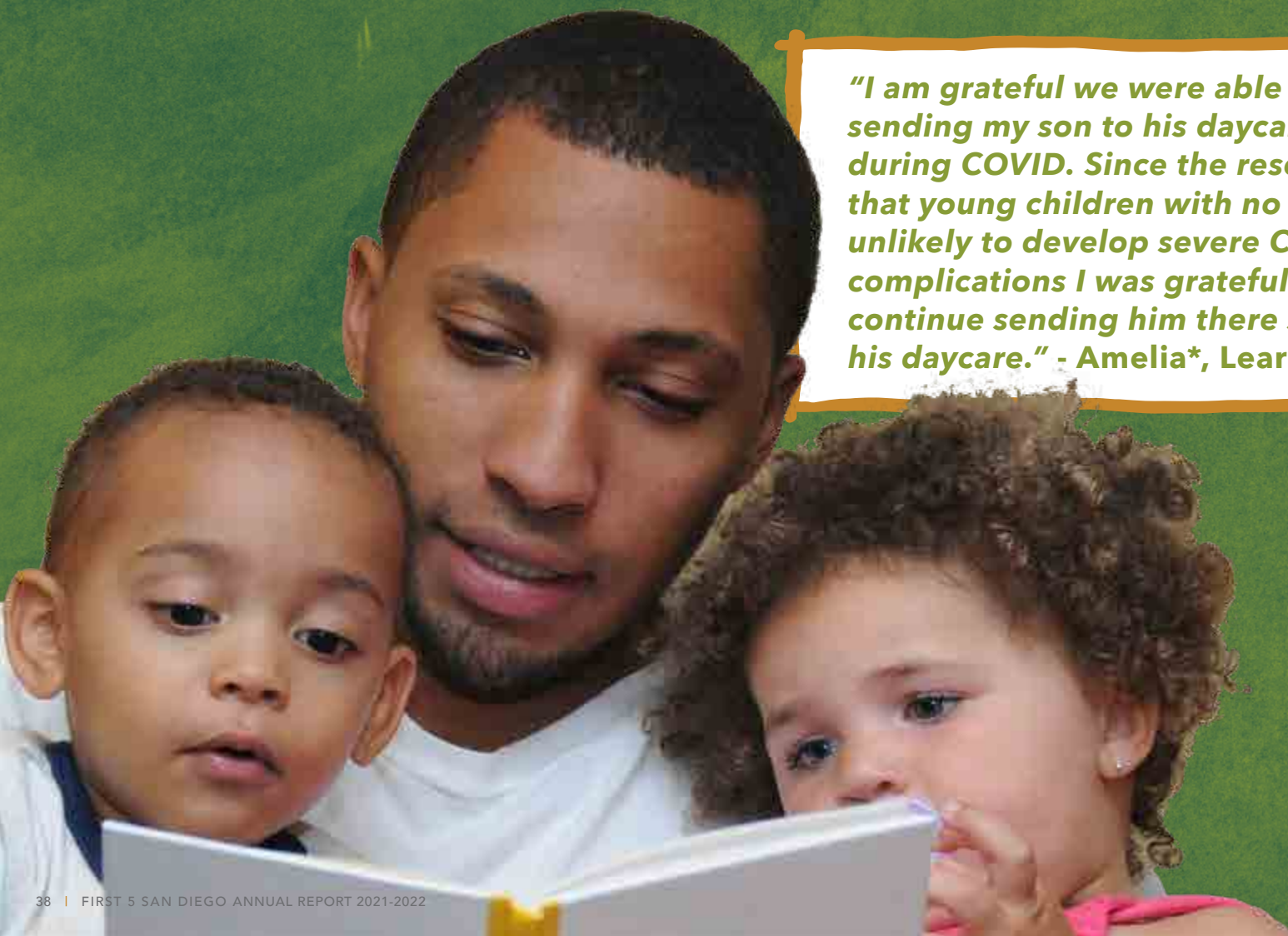
CHANGES IN PARENT'S/CAREGIVER'S KNOWLEDGE AND CONFIDENCE IN CARING FOR THEIR CHILD



Family Stories

THE POSITIVE IMPACT OF
FIRST 5 SAN DIEGO SERVICES

"I am grateful we were able to continue sending my son to his daycare/preschool during COVID. Since the research indicates that young children with no risk factors were unlikely to develop severe COVID infection/ complications I was grateful we could continue sending him there since he thrives at his daycare." - Amelia, Learn Well Parent*



"It is very interesting to know the areas of development my child is doing well and the areas he needs help improving."

- Ramona*, Learn Well Parent

"Conversations with my child's teacher were very helpful because we both saw similar things that my child needed to work on and were able to work on them at home and at school."

- Victor*, Learn Well Parent

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

Impact of COVID-19 on Parents/Caregivers

On average, Learn Well parents/caregivers reported feeling safe sending their children to out-of-home care during the 2021-22 school year (caregiver's average reported level of safety was 4.2 out of 5). Despite feeling safe, parents/caregivers continued to experience challenges during the second year of the pandemic. The most significant challenges parents/caregivers reported were around social isolation from friends, family and other supports; lack of childcare; worry or concern about themselves or a family member becoming sick with COVID-19; not being able to go to parks or playgrounds and talking to their child about why they cannot go to childcare, parks, or play with friends.

Parents/caregivers expressed appreciation that their early learning and care providers returned to in-person services during the 2021-22 school year. However, unpredictable closures due to children testing positive for COVID was extremely challenging, especially for parents/caregivers who did not have alternative childcare options and would therefore have to miss work. While some parents/caregivers appreciated the cautious nature of closures, others described closures as disruptive and excessive. Similarly, some parents/caregivers appreciated the cautious nature of having children wear masks in the classroom while others found it challenging for their child.



Family

WHY IS FAMILY IMPORTANT?

Children and families benefit from having access to safe, stable, loving and stimulating environments that promote positive childhood experiences. Engaging families in programs that promote a child's learning, development and wellness is integral to preparing children to reach their fullest potential.^{47,48,49,50} Positive parenting and family engagement are critical to ensuring a child's healthy development and 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.^{51,52,53} In fact, positive parenting practices can have a protective effect, independent of how many adverse childhood experiences a child has experienced.⁵⁴ Children develop within a network of relationships. A secure family structure and positive relationships with adults support 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 positive relationships.^{55,56,57} When 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.⁵⁸



WHAT DOES FIRST 5 SAN DIEGO SUPPORT?

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 Housing Program (MHP), Oral Health Initiative (OHI) and the Learn Well Initiative. 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?

Children's experiences are intertwined with the experiences of their families.⁵⁹ Therefore, building a strong, supportive, and nurturing household is essential to the growth and well-being of a child. When families experience stressors such as single parenthood, unemployment, housing instability or raising a child with special needs, having allies such as home visitors and other community resources to support and empower parents and caregivers is critical to the well-being of all family members.^{60,61} The need for programs and services that support families is even more essential during difficult times such as the COVID-19 pandemic when families face even more challenges.⁶² Home visiting and other parent and caregiver support programs connect families to needed services, resulting in better physical, cognitive and emotional development in children, increased parent-child bonding, and decreased rates of family violence, child abuse and neglect.^{63,64,65} Parent support programs lead to improved maternal and child health, reduced juvenile delinquency and improved family economic self-sufficiency.⁶⁶ In addition, parent support programs help families establish positive relationships and networks of other families and community members. These connections to the community and other families with similar experiences help parents create more nurturing and stimulating home environments, improve their communication with their kids and feel more confident in their role as parents.⁶⁷

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
\$7,957,275

NUMBERS SERVED

9,411 *children* **6,035** *parents*

HIGHLIGHTS

77.1% of HDS and Learn Well Initiative parents increased the frequency of reading, talking or singing to their child.

92.1% of HDS and Learn Well Initiative parents know more about age-appropriate child development.

More than 11,000 parent resource Kits were distributed.

90.9% of F5FS caregivers read, sing or talk with their child three or more days per week.

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 are particularly effective for reaching high-risk families who need more social support.^{68,69,70}

This year, 549 pregnant individuals or caregivers and 491 children received F5FS services.

"The most helpful part [of the First 5 First Steps program] has been learning about the different resources they provide. Back in 2020, during the hardest part of the pandemic, I had to stop working and was having financial difficulties. At the time, my Family Support Specialist connected me to a program that helped me pay my rent. I don't know what would have happened to my family if we hadn't been connected to that. Also, the program helps me learn about my child's development and shows me new techniques and things to do with her." -Cindy*



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

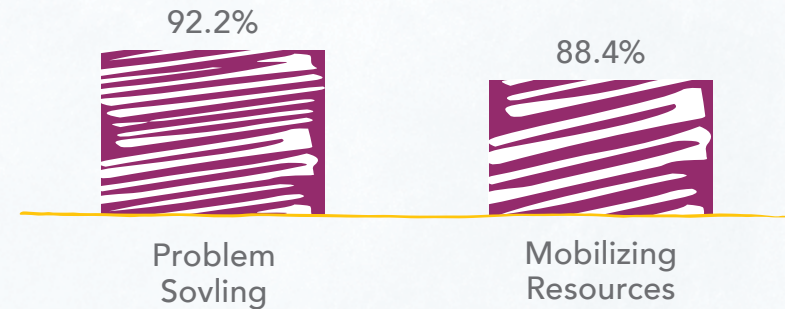
WHAT IS THE IMPACT OF SERVICES FOR FAMILIES?

F5FS home visitors routinely assess parents and caregivers on their parenting skills development. High percentages of parents and caregivers who have participated in F5FS demonstrate competence in their ability to problem-solve and mobilize resources (Figure 4.1). Families who receive home visiting through F5FS demonstrate these important healthy behaviors:

- **96%** of children were linked to a medical home within 30 days of enrollment
- **92%** of mothers were linked to a medical home within 2 months of enrollment
- **59%** of mothers reported breastfeeding when their babies were 6 months old
- **86%** of parents or caregivers reported their children were up to date with their Well Baby Checks at 12 months of age
- **84%** of parents or caregivers reported their children were up to date with their immunizations at 12 months of age
- **91%** of babies born to mothers enrolled in F5FS were born after 38 weeks of gestation
- **92%** of babies born to mothers enrolled in F5FS had a healthy birthweight (weighed more than 5 lbs 8 ounces)

FIGURE 4.1

PERCENTAGES OF F5FS PRIMARY CAREGIVERS DEMONSTRATING PARENTING COMPETENCE



SUPPORTING FAMILIES THROUGH PARENT EDUCATION

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

Teaching parents and caregivers about their child's development and how to utilize positive parenting practices promotes nurturing parent-child interactions and supports children's healthy development.^{71,72} First 5 San Diego provides parent education through coordinated services that involve both the parent and child. In HDS, 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. Through the Learn Well Initiative, early learning and care providers work with parents to discuss strategies parents can implement to engage with their child and support their child's development and behavior. F5FS provides parent education through regular home visits where parents learn skills to support their child's growth and development, build a strong parent-child bond and learn how to advocate for their child's needs.

Parent education across all initiatives, including HDS, Learn Well Initiative, F5FS, KidSTART and MHP, provides parents and caregivers with skills and resources to be strong role models and advocates for their families by:

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

First 5 San Diego supported the distribution of 11,401 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 five languages (English, Spanish, Vietnamese, Chinese and Korean).

FIGURE 4.2

PERCENTAGE OF PARENTS AND CAREGIVERS WITH IMPROVED KNOWLEDGE OF HOW TO SUPPORT THEIR CHILD (HDS, LEARN WELL INITIATIVE AND KIDSTART)

- 95.6%** Help my child learn and develop
- 88.2%** Know how to advocate for my child
- 94.7%** Understand my child's needs
- 85.5%** Know where to turn for resources

WHAT IS THE IMPACT OF PARENT EDUCATION?

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

- 88.2% of parents and caregivers who received parent education through HDS, Learn Well Initiative and KidSTART reported knowing how to advocate for their child (Figure 4.2).
- 92.1% of parents and caregivers who participated in HDS and Learn Well Initiative reported an increase in their knowledge of age-appropriate child development.
- 77.1% of HDS and Learn Well Initiative parents increased the frequency of reading, talking or singing to their child.
- 90.9% of F5FS caregivers read, sing or talk with their child three or more days per week.
- F5FS parents and caregivers also demonstrated competency in knowledge of child development (Figure 4.3).

FIGURE 4.3

AVERAGE KNOWLEDGE SCORES FOR CAREGIVERS WHO RECEIVED HOME VISITATION SERVICES



Family Stories

THE POSITIVE IMPACT OF FIRST 5 SAN DIEGO SERVICES

BUILDING FAMILY RESILIENCE

Elena joined the F5FS program and was immediately connected to a Family Support Specialist named Melisa. During early conversations, Melisa learned that Elena was a single mother and a domestic abuse survivor. She also learned about some of Elena's strengths and resiliency as a mother and individual. Through her partnership with Melisa, Elena has not only learned about child development and how she can support her children's age-appropriate development, but she is also learning the importance of engaging in self-care practices and how to incorporate these activities into her daily life. One of Elena's goals was to expand her own garden in her home. She is using gardening as a self-care strategy to reduce stress, bond with her children, and grow vegetables that remind her of her home in Guatemala. Elena has also shared that she has limited writing and reading skills. However, that has not stopped her from reading to her children. With Melisa's support, Elena made it another goal to read to all of her children each night and found creative ways to do so. She describes the pictures and tells her own stories and has her older daughters read aloud to the family as well. These changes have given Elena the confidence to decide that her next goal is to learn English. She has started using an app to help her learn English while at home and hopes to return to school. Elena explained that this would help not only herself, but also her children in the long-run.

"I want to thank you and the program sooo much. You lifted a huge weight off my shoulders with all the support that you are giving me, that I literally was able to just smile today. I am finding much more time to play with my baby. I get it how that helps her development and our relationship." -Jazmin*

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

"My Family Support Specialist, Valerie, helped me recognize what stress is and how it impacts my life. Valerie has helped me learn how to balance my life. My relationships are stronger, I'm happier, and my children are doing better. I'm more excited about tomorrow than ever before!" -Ashley*



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 9,000 children, parents and caregivers received care coordination services through First 5 San Diego programs during FY 2021-22, including:

- 195 children and 283 parents and caregivers in KidSTART;
- 5,107 families in HDS; and
- 3,618 children in OHI.

IN FY 21-22, FIRST 5 SERVED 99 TEENS THROUGH CAL-LEARN

Cal-Learn is a statewide program for pregnant and parenting teens in the California Work Opportunity and Responsibility to Kids (CalWORKs) program. It is designed to encourage pregnant and parenting teens to graduate from high school or its equivalent, become independent, and form healthy families. Cal-Learn staff support teens through intensive case management, supportive services such as providing childcare or transportation and covering educational expenses and bonuses to encourage school attendance.⁷³



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.

BUILDING A HEALTHY AND THRIVING COMMUNITY

HOW IS FIRST 5 SAN DIEGO SUPPORTING COMMUNITY AWARENESS?

First 5 San Diego invests in public education campaigns to educate parents, caregivers and the San Diego community on the importance of the first five years of a child's life. The FY 2021-22 Talk, Read, Sing campaign promoted early childhood literacy and encouraged parents and caregivers to talk, read, sing and be active with their children. Messaging also promoted positive parenting practices that support healthy, social emotional development of children ages zero through five. Campaign messaging was broadcasted via television, radio, digital media and outdoor advertisements. The campaign achieved more than 77 million gross impressions and the use of First 5 San Diego's website averaged 7,310 page views per month and 2,840 new visitors each month.

The FY2021-22 San Diego Swim Safer campaign promoted public education geared toward increasing knowledge of the dangers of unsafe swimming, drowning prevention methods, and where to access swim lessons. Education included swimming safely at home, in the ocean, and while boating in addition to CPR resources. The campaign was created in partnership with the County of San Diego's Health and Human Services Agency and *Live Well San Diego* (LWSD). The campaign achieved more than 31 million gross impressions.

The FY2021-22 Hooray! for Reading campaign promoted early childhood literacy, resilience and encouraged parents to make reading a part of their daily routine. The campaign emphasized that you can read, teach, and learn anywhere you are – the signs on the streets can be read, the colors around us can be observed, and anything can be counted. The campaign was created in partnership with the County of San Diego Public Health Department and the Office of Violence Prevention. The campaign achieved more than 28 million gross impressions.

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 3,980 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 17,866 referrals for families with children ages zero through five.

CO-SPONSORED COMMUNITY EVENTS

First 5 San Diego sponsored and participated in local community events that reached over 18,600 San Diegans. (Note: COVID prevented most organizations from having in-person events for most of the fiscal year.)

JACOBS & CUSHMAN SAN DIEGO FOOD BANK HOLIDAY FOOD DRIVE 2021

First 5 San Diego partnered with the Jacobs & Cushman San Diego Food Bank for the 2021 Holiday Food Drive. This is the ninth 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 2022 March for Babies San Diego in-person walk. The event attracted 600 participants, 30 family teams and raised approximately \$267,000. Participants gathered in Balboa Park on May 21st 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.

Funding

\$1,217,391

NUMBERS SERVED

24,167 *Children and Parents*

HIGHLIGHTS

First 5 San Diego sponsored and participated in local community events that **reached over 18,600 San Diegans**

First 5 San Diego providers made **6,250 health and social service referrals**

This year, 2-1-1 San Diego made **19,115 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 Learn Well Initiative (Learn Well), 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.



Sponsorships and Virtual Events During COVID-19

San Diego Zoo Sponsorship

First 5 San Diego partnered with the San Diego Zoo Wildlife Alliance (dba San Diego Zoo) for a promotional partnership featuring San Diego Zoo Global's Hope & Inspiration Series and to encourage families to read more and to do more activities. This partnership included the following items:

- Sponsored the Children's Zoo Activity Page - "Presented by First 5 San Diego" (<https://kids.sandiegozoo.org/activities>)
- Sponsored Breastfeeding Signage in the Nursing Lounges at the San Diego Zoo and the San Diego Zoo Safari Park
- Sponsored "Karen's Heart" – a live book read of a story about an orangutan named Karen at the San Diego Zoo

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.

Day of Play (Olivewood Gardens)

First 5 San Diego partnered with the Olivewood Gardens and Learning Center to sponsor the "Day of Play" event. The Day of Play is a free educational community event designed to teach the connections between food, health, and the environment. This event engages families with interactive cooking, tasting, gardening, art, and physical fitness activities that allow them to learn together, grow together, have fun together, and ultimately make healthy decisions together. First 5 San Diego provided free cookbooks and plates to encourage healthy eating to children who attended this in-person event.

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 awareness information, resources and support for all participants. The event had plenty of fun for the kids too with games, opportunity drawings and performances.

Military Hero's Festival (USO San Diego)

First 5 San Diego partnered with USO San Diego and the Rock Church to sponsor the "Military Heroes Festival." The Military Heroes Festival is a free event to inspire hope and show appreciation for active-duty military and their families. The event engaged military families through interactive activities and resources for children as well as providing free haircuts, groceries, children's books, and clothing for the whole family.

Waterfront Pumpkin Patch (San Diego County Parks & Recreation)

First 5 San Diego partnered with the County of San Diego Department of Parks and Recreation to sponsor the "Waterfront Pumpkin Patch" event. The event brings families together to encourage quality time and family tradition while promoting programs and services available in the community. The free event provided age-appropriate activities to strengthen family relationships, support child development, promote healthy lifestyles, and create new positive memories. The event had a pumpkin patch, petting zoo, crafts for kids, interactive games, and played a movie at the end of the night.

Toddler Time (The New Children's Museum)

First 5 San Diego partnered with the New Children's Museum to sponsor "Toddler Time" through the month of September 2021. Toddler Time brought children and their families together to have fun and engage in interactive story times, explore music and sounds through dance and musical instruments, and enjoy unique toddler-centered art experiences led by Museum staff.



Financial Information

INVESTMENTS AND LEVERAGED RESOURCES

FIRST 5 SAN DIEGO COMMUNITY INVESTMENTS

During FY 2021-22, First 5 San Diego invested a total of \$30,016,968 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 2020-2025—Health, Learning, Family and Community (Figure 5.1). Investments included countywide initiatives that serve pregnant individuals and children zero through five years of age.

FUNDS AND RESOURCES LEVERAGED

As a direct result of the Commission's financial investments, contractors leveraged an additional \$4,584,411 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 decreasing over time, and the capacity built through leveraging will allow First 5 and its partners to continue improving the lives of children and families for generations to come.

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

REVENUES

Prop 10 Tobacco Tax	\$26,670,216
F5CA Home Visiting Coordination Grant	\$80,179
F5CA Shared Services Alliance Pilot Grant	\$11,232
CalWorks Home Visiting Program	\$2,823,098
Cal-Learn Educational Support Services	\$866,183
CA Home Visiting Program State General Fund Expansion Program	\$600,000
HHSA OSI Prevention Drowning Campaign	\$208,370
HHSA Public Health Office of Violence Prevention Literacy Campaign	\$250,000
Interest Revenue	\$325,559
Total Revenues	\$31,854,836

EXPENDITURES

Labor and Benefits	\$2,257,842
Services and Supplies	\$223,912
Debt Service – Principal – Leases	\$254,721
Debt Service – Interest – Leases	\$17,017
Evaluation	\$875,421
Contributions to Community Projects	\$30,016,968
Total Expenditures	\$33,645,891
Net change in fund balance	(\$1,811,045)
Fund balance, beginning of fiscal year	\$42,223,791
Fund balance, end of fiscal year**	\$40,412,744

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



FIGURE 5.1

FIRST 5 SAN DIEGO INVESTMENTS BY PROGRAM AREA

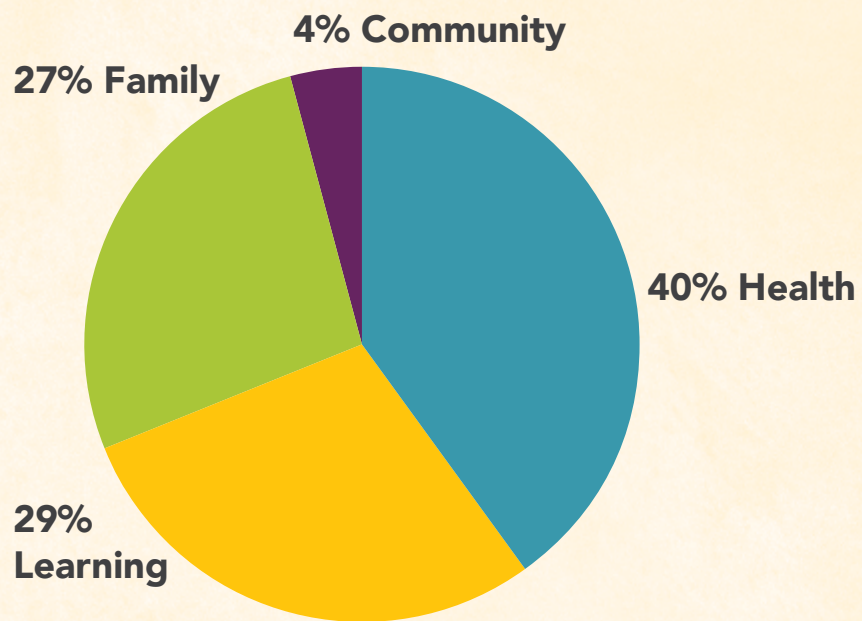
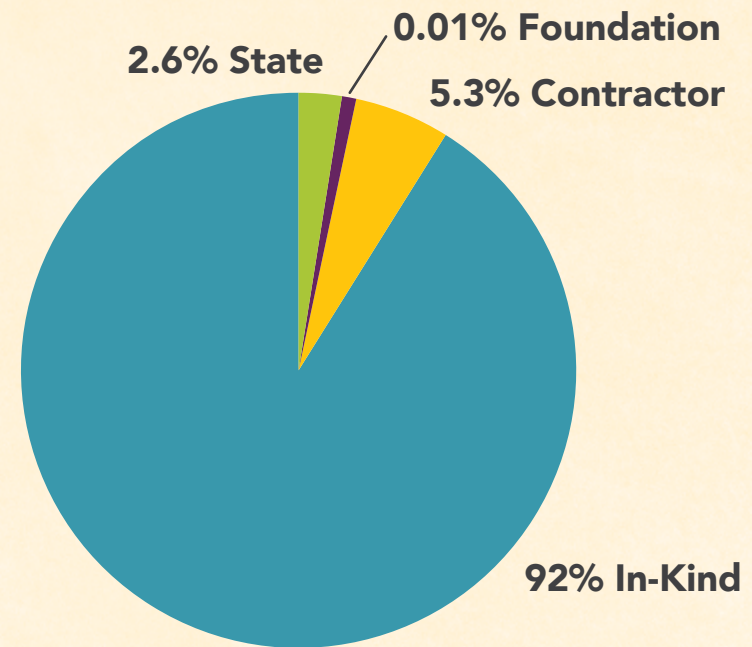


FIGURE 5.2

LEVERAGED FUNDING



REFERENCES

- Shonkoff, J. P. (2014). Changing the narrative for early childhood investment. *JAMA pediatrics*, 168(2), 105-106.
- 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.
- Black, Maureen & Walker, Susan & Fernald, Lia & Andersen, Christopher & DiGirolamo, Ann & Lu, Chunling & McCoy, Dana & Fink, Günther & Shawar, Yusra & Shiffman, Jeremy & Devercelli, Amanda & Wodon, Quentin & Vargas-Baron, Emily & Grantham-Mcgregor, Sally. (2016). Early childhood development coming of age: Science through the life course. *The Lancet*. 389. 10.1016/S0140-6736(16)31389-7.
- Demographic and Socio Economic Estimates: San Diego Region. (2020). San Diego Association of Governments (SANDAG). Retrieved from: www.sandag.org
- https://www.beststart.org/OnTrack_English/1-importance.html
- Shonkoff, J. P., & Phillips, D. A. (Eds.). (2000). From neurons to neighborhoods: The science of early childhood development. National Academies Press.
- <https://www.cdc.gov/ncbddd/childdevelopment/screening.html>
- Vaivada, T., Gaffey, M. F., & Bhutta, Z. A. (2017). Promoting Early Child Development With Interventions in Health and Nutrition: A Systematic Review. *Pediatrics*, e20164308.
- Choo, Y. Y., Agarwal, P., How, C. H., & Yeleswarapu, S. P. (2019). Developmental delay: identification and management at primary care level. *Singapore medical journal*, 60(3), 119-123. <https://doi.org/10.11622/smedj.2019025>
- Araújo, L. A., Veloso, C. F., Souza, M. C., Azevedo, J., & Tarro, G. (2021). The potential impact of the COVID-19 pandemic on child growth and development: a systematic review. *Jornal de pediatria*, 97(4), 369-377. <https://doi.org/10.1016/j.jped.2020.08.008>
- Sparks, S. D. (2022, April 26). Babies are saying less since the pandemic: Why that's concerning. *Education Week*. Retrieved August 30, 2022, from <https://www.edweek.org/teaching-learning/babies-are-saying-less-since-the-pandemic-why-thats-concerning/2022/04>
- Shuffrey LC, Firestein MR, Kyle MH, et al. Association of Birth During the COVID-19 Pandemic With Neurodevelopmental Status at 6 Months in Infants With and Without In Utero Exposure to Maternal SARS-CoV-2 Infection. *JAMA Pediatr*. 2022;176(6):e215563. doi:10.1001/jamapediatrics.2021.5563
- Child Trends (2013) Screening and Risk for Developmental Delay. Retrieved from https://www.childtrends.org/wp-content/uploads/2015/10/111_Developmental-Risk-and-Screening.pdf
- HealthyChildren.Org. Give your Baby the Best Possible Start. Retrieved from: <https://www.healthychildren.org/English/ages-stages/prenatal/Pages/Protect-Tiny-Teeth.aspx> on August 21, 2020.
- 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
- Risk factors for delayed social-emotional development and behavior problems at age two: Results from the All Our Babies/Families (AOB/F) cohort Sheila W. McDonald , Heather L. Kehler , Suzanne C. Tough First published: 28 August 2018. Retrieved from: <https://doi.org/10.1002/hsr2.82>
- 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.
- 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/>
- 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.
- 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
- Children's Oral Health. (2014). Centers for Disease Control and Prevention. Retrieved from: http://www.cdc.gov/oralhealth/children_adults/child.htm
- The Tooth Decay Process: How to Reverse It and Avoid a Cavity. (n.d.). Retrieved on August 21, 2020, from <https://www.nidcr.nih.gov/health-info/tooth-decay/more-info/tooth-decay-process>
- Holt K, Barzel R. 2013. Oral Health and Learning: When Children's Oral Health Suffers, So Does Their Ability to Learn (3rd ed.) Washington, DC: National Maternal and Child Oral Health Resource Center.
- 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.
- 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.
- 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.
- Fleming, E. and Afful, J. Prevalence of Total and Untreated Dental Caries Among Youth: United States, 2015-2016. NCHS Data Brief No. 307 (April 2018) Retrieved from: <https://www.cdc.gov/nchs/data/databriefs/db307.pdf> on August 21, 2020.
- 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
- California Health Interview Survey [Data file]. (2020). UCLA Center for Health Policy Research. Retrieved from: www.askchis.ucla.edu
- National Scientific Council on the Developing Child. (2020). Connecting the Brain to the Rest of the Body: Early Childhood Development and Lifelong Health Are Deeply Intertwined: Working Paper No. 15. Retrieved from www.developingchild.harvard.edu
- Takanashi, R. (2004). Reconsidering when education begins. What happens before kindergarten matters. New York: Foundation for Child Development. Retrieved
- at: <http://fcd-us.org/sites/default/files/ReconsideringWhenEducationBegins.pdf>
- Campbell, F., Ramey, C. T., Pungello, E., Miller-Johnson, S., & Sparling, J. J. (2002). Early childhood education: Young adult outcomes from the
- Abecedarian Project. *Applied developmental Science*, 6(1), 42-57. DOI:10.1207/S1532480XADS0601_05
- 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>
- Zigler, E., Gilliam, W. S., & Jones, S. M. (2006). A vision for universal preschool education. Cambridge University Press.
- 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.
- Mizell, H. (2010). Why professional development matters. *Learning Forward*. Retrieved from: http://learningforward.org/docs/pdf/why_pd_matters_web.pdf?sfvrsn=0
- 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>
- 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/pdf/essentials_for_childhood_framework.pdf

42. Continued Professional Development Framework for Early Childhood Educators: https://www.childcarelink.gov.sg/ccls/uploads/CPD_Guide_5_FA.pdf
43. Marcella-Burdett, J., Savelkous, S., & Zur, O. (2021). San Diego Quality Preschool Initiative: Year 1 evaluation report. San Diego County Office of Education.
44. Sandilos, L. E., Goble, P., Rimm-Kaufman, S. E., & Pianta, R. C. (2018). Does professional development reduce the influence of teacher stress on teacher-child interactions in pre-kindergarten classrooms?. *Early Childhood Research Quarterly*, 42, 280-290.
45. Liu, Y., & Liao, W. (2019). Professional development and teacher efficacy: Evidence from the 2013 TALIS. *School Effectiveness and School Improvement*, 30(4), 487-509.
46. 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.
47. Centers for Disease Control and Prevention. (2014). Essentials for childhood: Creating Safe, Stable, Nurturing Relationships and Environments for All Children. National Center for Injury Prevention and Control. Retrieved from: <https://www.cdc.gov/violenceprevention/pdf/essentials-for-childhood-framework508.pdf> on August 31, 2022.
48. 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: https://oregoncf.org/Templates/media/files/grants/Early%20Childhood/should_we_invest_ped.pdf on August 31, 2022.
49. Centers for Disease Control and Prevention. Creating Positive Childhood Experiences Retrieved from: https://www.cdc.gov/injury/features/prevent-child-abuse/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Ffeatures%2Fhealthychildren%2Findex.html on August 31, 2022.
50. U.S. Department of Health and Human Services. U.S. Department of Education. (May 5, 2016). Policy Statement on Family Engagement From the Early Years to the Early Grades. Retrieved from: <https://www2.ed.gov/about/inits/ed/earlylearning/files/policy-statement-on-family-engagement.pdf> on August 31, 2022.
51. Healthy Families America Impact. Retrieved from: <https://www.healthyfamiliesamerica.org/our-impact/> August 19, 2021.
52. 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 31, 2022.
53. Office of Early Childhood Development: Family Engagement. Retrieved from <https://www.acf.hhs.gov/ecd/family-engagement> on August 31, 2022.
54. Yamaoka, Y. and Vard, D.E. [2018]. Positive Parenting Matters in the Face of Early Adversity. *American Journal of Preventive Medicine*, 56(4), 530-539.
55. Home Visiting: Improving Child Outcomes for Children. National Conference of State Legislatures. Retrieved from: <https://www.ncsl.org/research/human-services/home-visiting-improving-outcomes-for-children635399078.aspx> on August 31, 2021.
56. 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.
57. Center on the Developing Child at Harvard University (2016). From Best Practices to Breakthrough Impacts: A Science-Based Approach to Building a More Promising Future for Young Children and Families. Retrieved from www.developingchild.harvard.edu.
58. 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.
59. U.S. Department of Health and Human Services. U.S. Department of Education. (May 5, 2016). Policy Statement on Family Engagement From the Early Years to the Early Grades. Retrieved from: <https://www2.ed.gov/about/inits/ed/earlylearning/files/policy-statement-on-family-engagement.pdf> on August 23, 2021.
60. Bunting, L. (2004). Parenting programmes: The best available evidence. *Child Care in Practice*, 10(4), 327-343.
61. 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> August 31, 2022.
62. The Crucial Role of Home Visiting During COVID-19: Supporting Young Children and Families. Center for Health Care Strategies, Inc. Retrieved from: <https://www.chcs.org/the-crucial-role-of-home-visiting-during-covid-19-supporting-young-children-and-families/> on August 31, 2022.
63. Samuelson, A. (2010). Best practices for parent education and support programs. *What Works, Wisconsin-Research to Practice Series*, 10, 1-8.
64. Parent education to strengthen families and reduce the risk of maltreatment [PDF document]. (2013). Child Welfare Information Gateway. Retrieved from: <https://www.childwelfare.gov/pubPDFs/parented.pdf> on August 31, 2022.
65. American Academy of Pediatrics. Council on Community Pediatrics. The Role of Preschool Home-Visiting Programs in Improving Children's Developmental and Health Outcomes.
66. Healthy Families America- Evidence of Effectiveness. Retrieved from <https://www.healthyfamiliesamerica.org/our-impact/evidence-of-effectiveness/> on August 31, 2022.
67. Understanding Family Engagement Outcomes: Family Connections to Peers and Community. (2014). National Center for Parent, Family and Community Engagement. Retrieved from <https://eclkc.ohs.acf.hhs.gov/family-engagement/article/understanding-family-engagement-outcomes-research-practice-series-on> August 31, 2022.
68. Nievar, M. A., Jacobson, A., & Dier, S. (2008). Home visiting for at-risk preschoolers: A successful model for Latino families. Online Submission.
69. Nievar, M. A., Van Egeren, L. A., & Pollard, S. (2010). A metaanalysis of home visiting programs: Moderators of improvements in maternal behavior. *Infant Mental Health Journal*, 31(5), 499-520.
70. 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.
71. 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.
72. Centers for Disease Control and Prevention. Child Development Basics. Retrieved from: <https://www.cdc.gov/ncbddd/childdevelopment/facts.html> on August 31, 2022.
73. <https://www.cdss.ca.gov/cal-learn>

Thank you to our Funded Partners

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