





DEAR COMMUNITY MEMBERS,

I hope this message finds you all healthy and doing well. I am grateful for the opportunity to reflect on yet another year of accomplishments on behalf of our First 5 San Diego community.

Our First 5 San Diego Strategic Plan 2020-2025 is centered on resilient families, coordinated systems of care, integrated leadership and sustained funding. During FY 2022-23, we invested over \$30.4 million in systems change efforts and direct services for young children and their families and served more than 45,755 children, parents, caregivers and providers. In addition, our First 5 San Diego partners leveraged \$11.9 million in cash and in-kind support from public and private entities.

Our First 5 funding continues to decline, while costs to serve children and families continue to increase. We are called to be very strategic about our future investments with systems change focus. Our roadmap for systems-change outlines three strategic directions: equitycentered coordinated systems of care, integrated leadership and policy advocacy and sustained funding. In order to continue to support long term positive outcomes for our children and their families, the early care and education system will require strong collaboration and continued advocacy for long term sustainable funding. Over the last 5 years, First 5 San Diego has been very intentional about diversifying its revenue portfolio that includes receiving funding from various HHSA departments and First 5 California.

As we prepare to draw down the remainder of the sustainability fund, First 5 San Diego will be faced with another reduction in funded programs in 2025. To sustain safety net programs for children and their families, a continued collaboration with other funding partners will be required. We call upon all our champions for children to join us in supporting key systems change efforts, as well as join us in funding programs that help prepare children for a healthy future.

Our children throughout San Diego County have benefited from First 5 San Diego's investments of over 25 years. We know that children having access to needed early intervention and prevention services during the first five years of life are critical to their future healthy development and well-being. First 5 San Diego has been a leader in the region, and it is imperative that our network of support continue to work closely to ensure that families are able to receive the best first referral and access the supports they need in a timely manner. Through the new Child and Family Well-Being department at the County of San Diego, the vision of a new prevention Hub for the county will be the mechanism that will support this for all our families seeking support.

During the height of the COVID-19 pandemic, our funded partners quickly shifted to offering virtual or hybrid services to continue to meet families' needs during a really difficult time. As we transitioned back to in-person services as the COVID pandemic stabilized, most of our providers continued to offer virtual services where they better met a family's needs. This flexibility is an important part of who we are as a network. First 5 San Diego and our partners are committed to meet families where they are so that we can ensure equitable access to services for young children and families in our San Diego community.

Our FY 2022-23 First 5 San Diego Annual Report highlights these achievements in each of our strategic goal areas:

HEALTH

- Screened 13,909 children for developmental delays and treated 5,087 children with developmental concerns
- Screened 11,887 children for behavioral delays and treated 1,401 children with behavioral concerns
- Screened 9,405 children for oral health needs and treated 7,459 children

LEARNING

- Provided high-quality early care and education for 16,717 children at 559 early learning and care sites across the county
- Supported 133 early learning and care professionals to continue their education and training at Cuyamaca, Grossmont, Mesa and Southwestern Community Colleges via the Tuition Partnership Pilot Program

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FAMILY

- Served 525 pregnant women and caregivers and 488 children with intensive home visits
- Provided care coordination to more than 8,500 children, parents and caregivers
- Provided 38,678 free parenting resource
 Kits for families across the county

COMMUNITY

- Sponsored or participated in community events that reached over 53,000 San Diegans
- Conducted the Talk, Read, Sing community awareness campaign that achieved more than 95 million gross impressions
- Provided 31,978 health and social service referrals for families

In this report, we celebrate the achievements of another year working to improve the lives of children ages zero through five and their families.

Sincerely,

Alethea Arguilez, M.A.

FIRST 5 SAN DIEGO FUNDED INITIATIVES FOR FY 2022-23

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 and low-income families and Cal WORKs recipients using the Healthy Families America (HFA) model, and the Baby TALK curriculum.

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 the 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 zero 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 childcare system by providing technology and staff infrastructure that enable sharing of staff, information and resources. A Shared Services Alliance Network provides business efficiencies to childcare providers, the majority of whom are low-income women of color, increasing business sustainability and expanding care for low-to-moderate income communities.

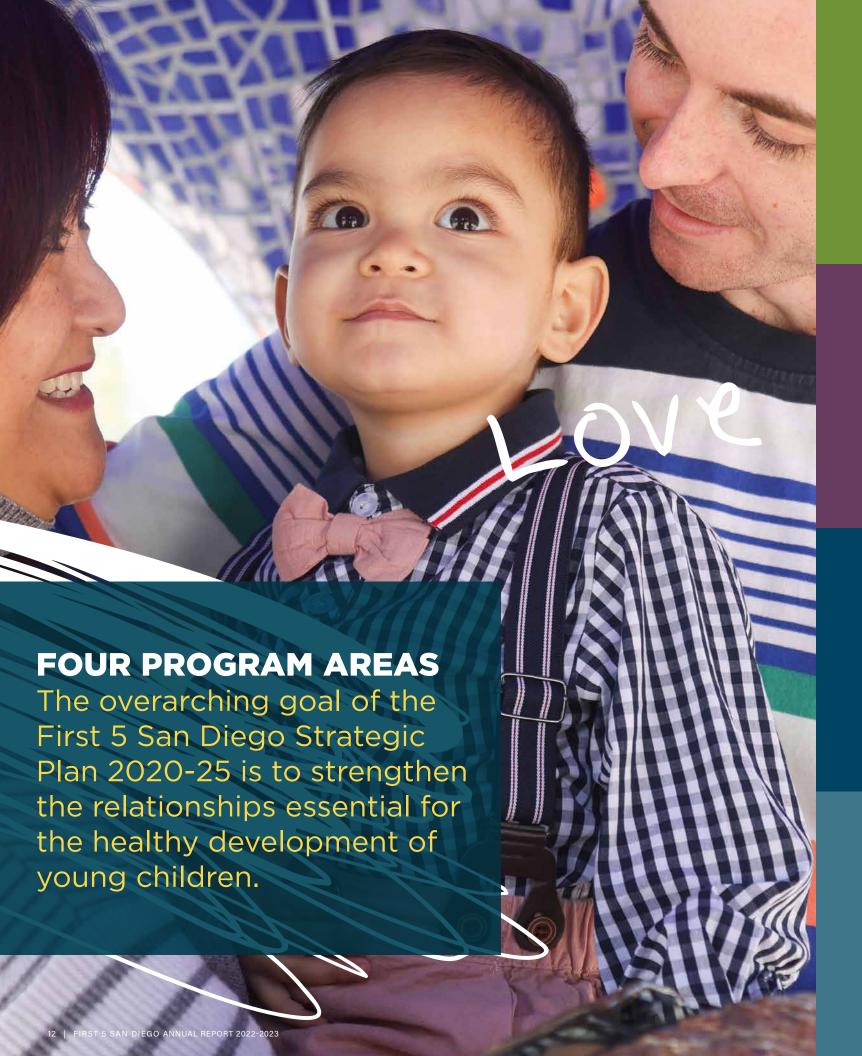
What Is First 5 San Diego?

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, loved and nurtured and enter school as active learners. First 5 San Diego is a key contributor to improving the system of care for our county's youngest children by providing them with developmental checkups and services, dental care, quality preschool, early education and literacy programs, home visiting services, obesity prevention services and other family support services, while building the community and organizational capacity to support families. First 5 San Diego programs and services are funded through San Diego County's portion of California's Proposition 10 tobacco tax revenues.

Why The First 5 Years?

The first five years of a child's life are critical to 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.^{3,4} 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.





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.



Figure 1.1

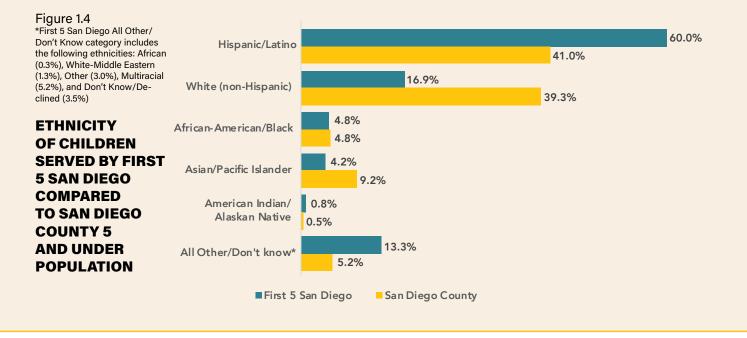


San Diegans Received First 5 San Diego Services

33,714Children

9,078
Parents or
Caregivers

2,963Providers



The Reach of FIRST 5 SAN DIEGO

WHO DID FIRST 5 SAN DIEGO SERVE?

During Fiscal Year (FY) 2022-23, 45,755 San Diegans received services through First 5 San Diego programs, of which 33,714 were aged zero through five (Figure 1.1). These services included quality early learning and care, 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 (54.3%) than girls (45.7%) (Figure 1.2), and more children between the ages of three and five (55.5%) relative to children under age three (44.5%) (Figure 1.3).

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

The majority of children (60.0%) and caregivers (49.9%) 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).⁵ Nearly two-thirds of children (63.5%) and families (65.5%) spoke English as their primary language and the next largest proportion of children (30.7%), and caregivers (26.1%) spoke Spanish. Other languages spoken were Arabic, Cantonese, Chaldean, Korean, Mandarin, Somali, Tagalog and Vietnamese (all less than 2.0%).



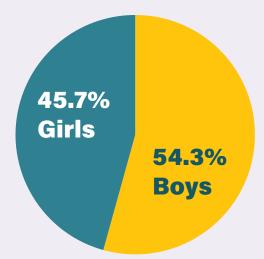
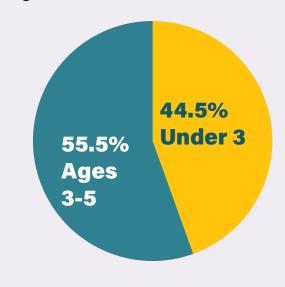
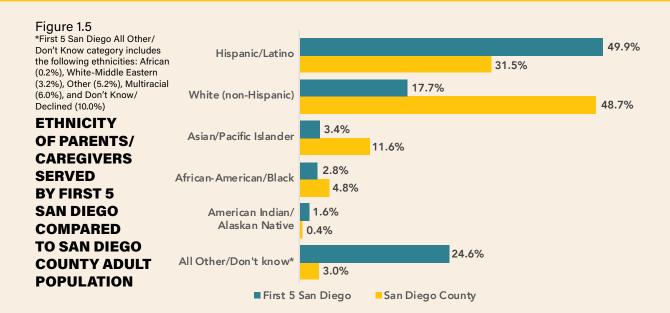


Figure 1.3

Ages of Children Served





Health

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

FUNDING

\$12,816,661

NUMBERS SERVED

27,681 children | **7,189 parents**

HIGHLIGHTS

85.4% of children receiving treatment for a developmental concern showed gains

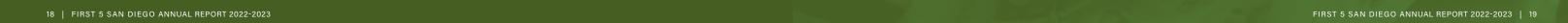
89.2% of children receiving treatment for a behavioral concern showed gains

99.9% of high-risk children identified with dental disease received treatment

WHY IS HEALTH IMPORTANT?

Early childhood is a critical time for the development of a child; in fact, the foundations of learning, behavior and health are all developed during this time. Early experiences and the environment highly influence a child's future, and shape a child's ability to learn, relate to others and respond to stress and challenges.^{6,7} 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.

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.⁸ In turn, effective early interventions can drastically improve a child's developmental pathway and lead to positive life-long outcomes.^{9,10}



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).



"Since this program
I have grown a closer
understanding and bond
with my child. I understand
more about her behavior
and development. We read
twice as much as before,
and bedtime and routine
has improved for us as
well. She can now do new
letter sounds." —Marianna*

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

Health System Navigation

Figure 2.1







EARLY IDENTIFICATION AND INTERVENTION FOR **DEVELOPMENTAL CONCERNS**

WHY IS EARLY INTERVENTION FOR **DEVELOPMENTAL CONCERNS IMPORTANT?**

In the United States, one in six children have one or more developmental delays.11 While developmental delays are not uncommon in early childhood, less than 5% of children with delays receive treatment.¹² 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.¹³ 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.^{14,15} Additionally, children and families experienced substantial service disruption and transition from in-person services to telehealth.¹⁶

The COVID-19 pandemic exacerbated the urgency of early childhood intervention, especially for lowincome and racial and ethnic minority children whose families have been disproportionately affected by

the pandemic, and who are at higher risk of underidentification and under-treatment of developmental delays.¹⁷ Research has shown that White children are more likely to be referred to early intervention prior to developmental screening, while Black children are more likely to be referred only after receiving a developmental screen showing concern. The disparity in practices further delays children from specific ethnic and racial backgrounds from receiving needed developmental intervention.¹⁸ Timely remediation and response are imperative to promoting healthy growth, social and emotional development, and educational success.¹⁹ 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.²⁰ Early intervention can change a child's developmental trajectory and improve outcomes for children, families and communities.²¹

WHAT DOES FIRST 5 SAN DIEGO DO?

Several First 5 San Diego programs offer developmental screenings, assessments and treatment services (such as speech and language, occupational and physical therapies) to address the developmental needs of young children. Specialized classes and one-on-one coaching for parents or caregivers are also offered to teach families how to support their child's healthy development at home. It is First 5 San Diego's goal to expand screenings across multiple settings, such as pediatrician offices and preschools, to ensure that all children in San Diego County have regular developmental checkups before entering kindergarten. Collectively, HDS, KidSTART, F5FS, Learn Well Initiative, MHP

and Mi Escuelita screened 13,909 children and identified 3,133 with developmental concerns. Developmental treatment was provided through HDS, Learn Well Initiative and KidSTART to 5,087 children, including those who were screened and referred to First 5 San Diego programs for treatment by other providers (Figure 2.2). As part of the system of care for families, First 5 San Diego prioritizes the mental health of caregivers and children alike. In FY 2022-23, 2,443 caregivers of young children were screened for mental health concerns in HDS, F5FS, KidSTART and Mi Escuelita.

Figure 2.2 ides children referred by providers not funded by First 5 San Diego

NUMBER OF CHILDREN WHO RECEIVED DEVELOPMENTAL SCREENINGS AND/OR SERVICES

13,909 Children Screened

3,133 Children Identified with Developmental Concerns

5,087 Children who Received Developmental Treatment*



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 San Diego 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 **Referred by physicians, ECE** providers, etc. to First 5 San Diego Mild to moderate **Severe concerns Complex concerns** concerns First 5 San HDS KIdSTART Diego **Bridge to external Enter school** ready to learn resources CA-ES, SDRC, School District

ARE CHILDREN WITH DEVELOPMENTAL CONCERNS IMPROVING?

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 to 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 long-term impact of the COVID-19 pandemic on children's development. Overall, 85.4% 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 San Diego are likely to reach their typical developmental trajectory by the time they enter kindergarten.

Figure 2.4

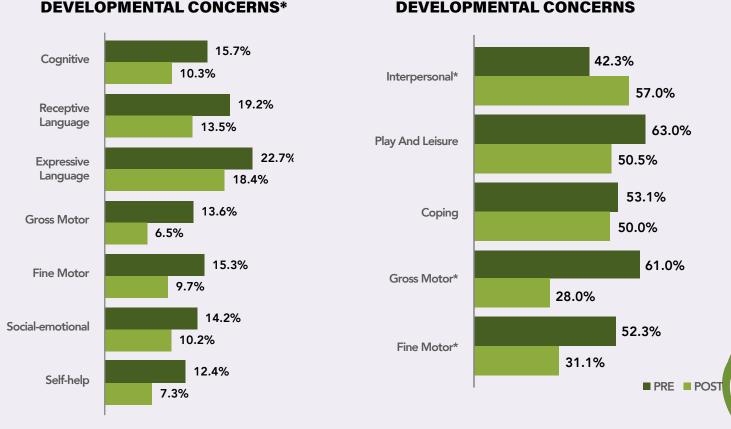
CHANGE IN AVERAGE PERCENT DELAY

FOR CHILDREN WITH MILD OR MODERATE

DEVELOPMENTAL CONCERNS*

Figure 2.5

CHANGE IN AVERAGE PERCENT DELAY
FOR CHILDREN WITH COMPLEX



^{*}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. Data for the Interpersonal construct in Figure 2.5 yielded unusually high, parent-reported scores and were confirmed with KidStart staff that these are accurate scores.

EARLY IDENTIFICATION AND INTERVENTION FOR BEHAVIORAL AND SOCIAL-EMOTIONAL CONCERNS

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

Children ages zero through five are experiencing increased emotional and behavioral challenges. In fact, approximately 10% of children under five experience social, emotional and/or behavioral problems that interfere with their functioning and development.²² These challenges can negatively impact a child's ability to learn, communicate and interact with others.²³ Likewise, children with socialemotional 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.²⁴ 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.^{25,26}

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 socialemotional 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 oneon-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.²⁷

Through HDS, KidSTART, LearnWell Initiative and F5FS, First 5 San Diego providers screened 11,887 children, identified 1,233 children with behavioral concerns and provided behavioral treatment for 1,401 children, including those who were referred to First 5 San Diego programs for treatment by other providers (Figure 2.6).

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 aimed 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, 89.2% of children who were identified with behavioral concerns and received behavioral treatment showed improvement.
- Of those children receiving clinical treatment through HDS, 86.5% reduced their total behavioral concerns (Figure 2.7).

*Includes children referred by providers not funded by First 5 San Diego **NUMBER OF CHILDREN WHO RECEIVED BEHAVIORAL SCREENINGS AND/OR SERVICES**

11,887 **Children Screened**

1,233 **Children with Behavioral Concerns**

1,401 **Children who Received Behavioral** Treatment*

Figure 2.7

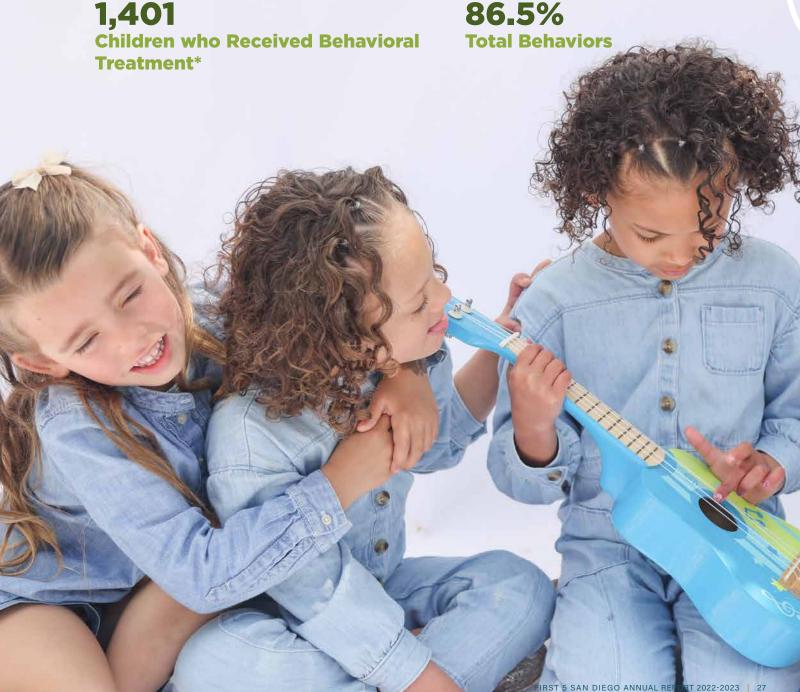
PERCENTAGE OF CHILDREN WHO MADE **BEHAVIORAL GAINS AFTER TREATMENT**

80.0%

Internalizing Behaviors

84.2%

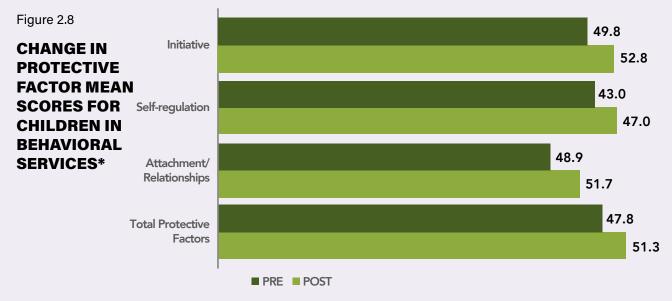
Externalizing Behaviors



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, 86.9% of children who participated in group classes or whose parents or caregivers received one-on-one consultations through HDS demonstrated an increase in protective factors.



^{*}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.





The COVID-19 pandemic exacerbated existing challenges and barriers for families and children. Children learn within the context of relationships and the pandemic deprived children from optimal opportunities to socialize with peers, caring adults such as grandparents, and Early Childhood Education providers. The pandemic also intensified the challenges and barriers that caregivers were already facing, such as job loss, domestic violence, and being able to manage their own emotions and meet their children's needs. In FY 2020-21, in the midst of this time of highest need, the First 5 Commission also faced budgetary reductions that resulted in reduced funding for Healthy Development Services (HDS) and KidSTART by an average of 26%.

Despite these challenges, the entire First 5 system of care faced the pandemic head on and provided greatly needed support to families and providers alike.

The system quickly moved to telehealth services to ensure minimal interruption for families and prioritize the safety of the community. Family engagement time was increased, as well as the frequency of countywide coordination meetings to support contracted providers. These steps were critical to promoting increased family capacity to engage in services and maintain their participation. In some cases, First 5 providers were the only external support that families had, and the only ones who were connecting them to concrete support during the height of the pandemic.

In the last three years, since the onset of the COVID-19 pandemic, the system of care has observed major impacts on children including increased developmental and behavioral needs, and at greater intensity. Additionally, providers are dealing with decreases in funding while their costs increase due to inflation and the cost to hire and maintain staff with expertise in working with young children. In response to these impacts, and as part of the continued commitment to serve children and families of San Diego, the First 5 Commission restored funding to the HDS initiative and KidSTART Center in the amount of \$3 million in each of three fiscal years, FY 2022-25, for a total of \$9 million.

Together, HDS and KidSTART have been the primary referral source for pediatricians, early care and education programs, Child Welfare Services (CWS) via the Developmental Screening and Enhancement Program (DSEP) and parents also self-referring for support. They have become critical safety net programs to the San Diego region and fill the over 20% gap between need and available services.²⁸ Without HDS and KidSTART there are no other programs that are available to meet the needs of our children that are presenting mild to moderate developmental and/or behavioral needs, thus First 5 San Diego continues to understand and prioritize community needs by providing funding and support for these essential programs.

As we emerge from COVID 19, First 5 providers have pivoted to a new norm. Services continue to be family-centered but approaches have shifted to prioritize safety while addressing family preferences for service delivery. Virtual and in-person options are available based on appropriateness and family choice and family engagement services are being enhanced.



Services are delivered by an integrated, transdisciplinary team of clinicians and specialists. The KidSTART model includes collaboration with existing systems to surround and support children and families who need intensive services. In partnership with First 5 San Diego, KidSTART Center offers a comprehensive program to address complex needs and provide extensive activities and services. Strategically, KidSTART continuously seeks to improve the efficiency and quality of the program and services.

Similar to other initiatives funded by First 5 San Diego, the last three years, since the onset of the COVID-19 pandemic, the program has experienced and had to overcome many challenges to continue serving families and children with complex needs in San Diego. Budgetary constraints required KidSTART to adjust to promote recruitment and retention in a time where there is a national shortage of behavioral health workers. In addition to market adjustments to the hourly rate across hundreds of positions, KidSTART continued to seek new ways to fill the program funding gaps, including applying for additional grant opportunities, leveraging insurance funding, advocating for additional services to be funded through insurance, and advocating at the County level with the Departments of Child Welfare Services and Behavioral Health Services.

The demand for behavioral health providers remains high and, thus, fair compensation and adequate support are needed to maintain team members in a competitive field of practice. KidSTART took steps towards building the behavioral health workforce for young children in San Diego by hiring student interns who are pursuing a Master of Social Work. Not only did this support the expansion of the behavioral health workforce, but it directly supported the KidSTART program through staffing challenges experienced since the onset of the pandemic.

While additional funding awarded through 2025 by the First 5 Commission will provide some support, continued funding will still be required through Rady Children's Hospital San Diego Foundation and other partners. The program is a unique offering; there is no other program like KidSTART in San Diego County to support children with complex developmental, behavioral, and family and/or medical needs.

mental health needs.

developmental and social-emotional/

ENSURING GOOD ORAL HEALTH

WHY IS ORAL HEALTH IMPORTANT?

Cavities are the most common, yet preventable, chronic disease of childhood in the United States.²⁹ Cavities in children can be prevented through regular screenings, fluoride varnishes, fluoridated water and use of fluoride toothpaste.³⁰ 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.³¹ In addition, children with poor oral health are more likely to miss or perform poorly in school.^{32,33,34} According to the National Health and Nutrition Examination Survey, 21.4% of children ages two through five had cavities in primary teeth.35 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 29.2% of children between the ages of one and five in San Diego County have never visited a dentist.36,37

Figure 2.9

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

9,405 Screenings

8,564 Exams

7,459 Treatment

WHO DID FIRST 5 SAN DIEGO SERVE?

This year, OHI providers screened 9,405 children for oral health needs and performed dental exams, which may include cleaning, scaling and x-rays, for 8,564 children. A total of 7,459 children received treatment for identified oral health needs, including those considered to be at highrisk for dental disease (Figure 2.9). Among those who were identified as high-risk with dental disease, 99.9% of children received treatment (Figure 2.10). OHI also provided health education for 2,329 parents or primary caregivers of children 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)

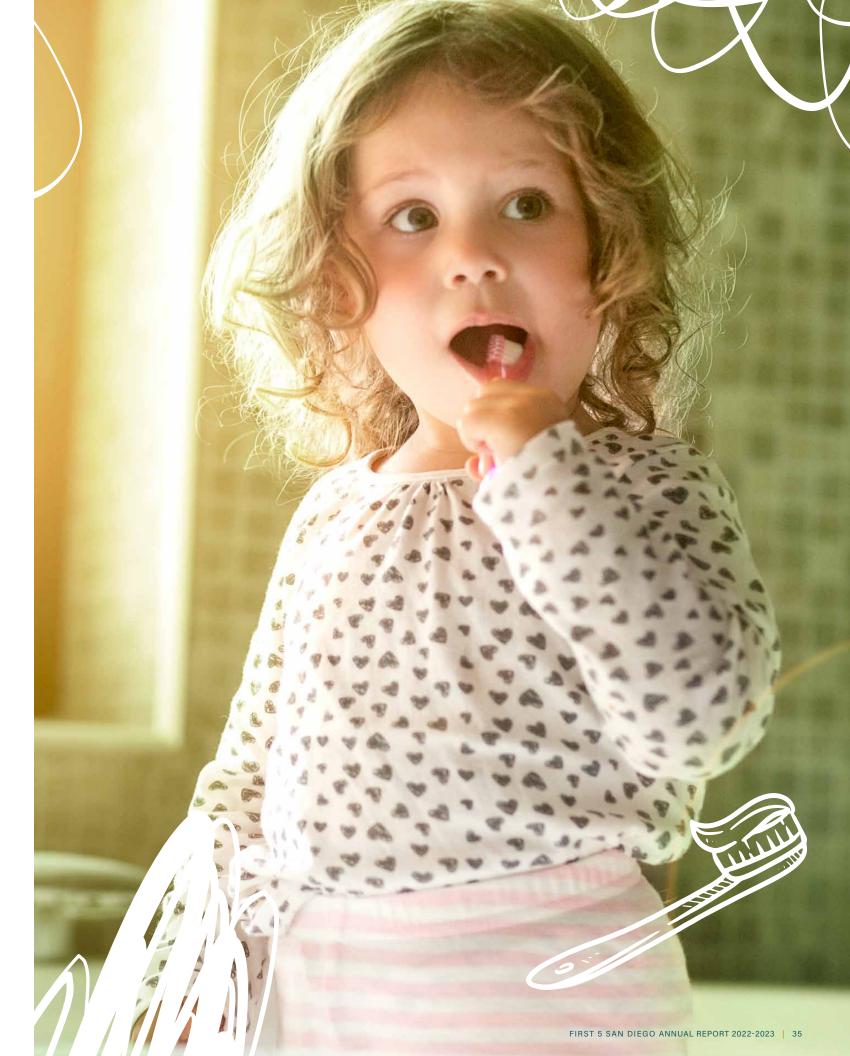
Figure 2.10

PERCENTAGE OF HIGH RISK CHILDREN WITH **DENTAL DISEASE WHO RECEIVED TREATMENT**



99.9% Received **Treatment**

0.1% **Did Not Receive Treatment**



Family Stories

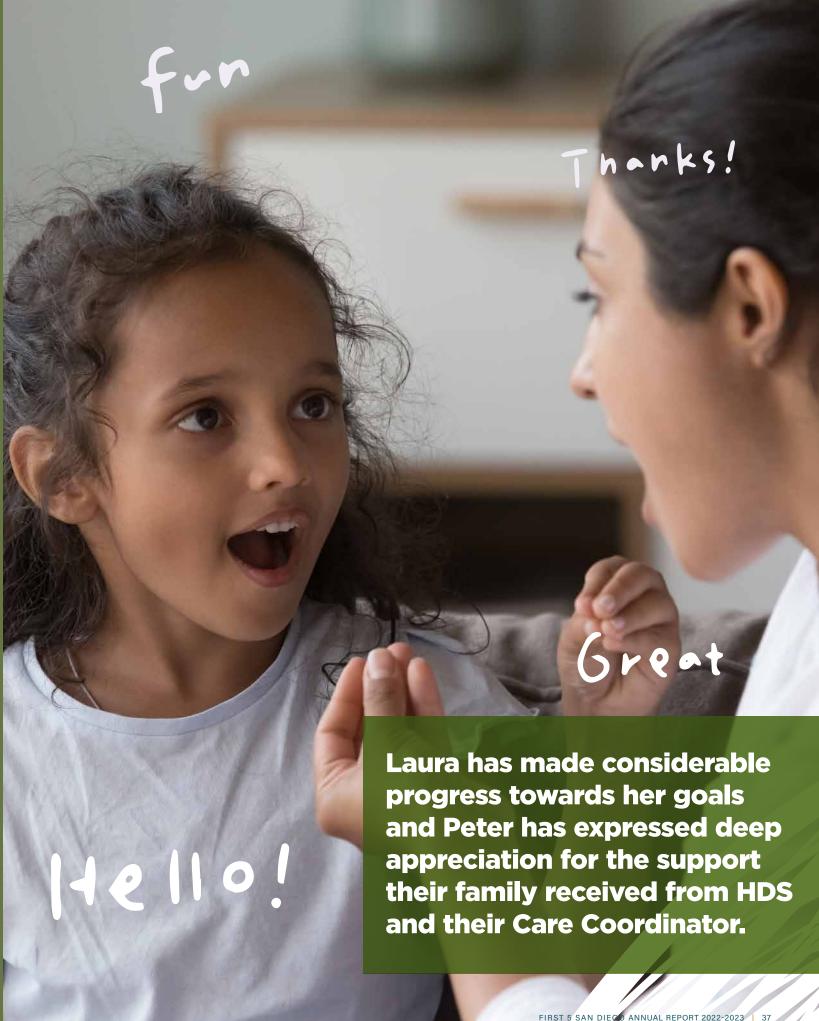
The positive impact of First 5 San Diego services

OVERCOMING TRAUMA TO SUPPORT A CHILD'S DEVELOPMENTAL TRAJECTORY

Laura* was two and half years old when her mother contacted HDS with concerns about Laura's speech. Laura was speaking in two-word phrases, but it was difficult to understand her. She was also easily frustrated, had frequent tantrums and experienced night terrors that kept her from sleeping consistently. The HDS Care Coordinator connected Laura and her family to speech consultations and behavior classes and coaching through HDS to address her speech, sleep concerns and tantrums. When services began, both parents were actively involved with her care. However, there seemed to be tension between them and, within a couple of months, Laura's father, Peter* informed the team he would be taking primary custody of Laura. Peter shared his desire to support Laura's development and help her heal from the impact of trauma she had been exposed to. During the first few speech sessions, Laura was very quiet, using one- and two-word utterances occasionally. When pushed to participate, she quickly became dysregulated and withdrawn. Laura was referred to Occupational Therapy (OT) to support her selfregulation skills and eating patterns as her father had started to notice picky eating habits resulting in weight loss. After a few OT services, Peter learned how to implement a "no thank you bowl," how to

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

introduce a variety of sensory experiences into daily routines, and how to play with Laura in a way that promoted language and co-regulation. Because of Laura's progress in feeding and sensory exploration, she was able to resume a healthier growth velocity and completed OT services quickly. Laura also learned how to use breathing and movement to help herself during times of stress and her sleep slowly started to improve. At her last Speech session, Laura, Peter and the therapist had a tea party where Laura was observed to use 2-4-word phrases, initiate comments, answer questions, demonstrate a variety of language skills (including social communication strategies) and show a wide range of affect. Peter expressed a desire to continue to learn as much as he could to help support Laura's development, so they were referred to a developmental class which he attends weekly with questions and an openness to learn. He has learned to offer support to Laura only when needed to encourage her independence and confidence and he has become a secure foundation that allows her to explore the environment and interact with peers. Peter also recognized that the entire family may need more therapeutic support to address their trauma exposure and has agreed to begin HDS's therapeutic behavior treatment.



THE POSITIVE IMPACTS OF FAMILY SUPPORT NAVIGATING THE CHILD WELFARE SYSTEM

Two-year old Elsie* was under the loving care of new foster parents who noticed that she was having trouble speaking, experiencing nightmares and having challenges connecting with her new siblings. After several attempts to connect Elsie with supportive services and experiencing many barriers to contacting them, Elsie's foster parents contacted KidSTART. The Care Coordinator met with Elsie and her family to understand their concerns and learned that they were having trouble navigating the child welfare system and preparing for an upcoming court appointment. While KidSTART does not play a role at court, the Care Coordinator supported the family by sharing knowledge about the system and providing a copy of the KidSTART Care Plan which detailed Elsie's developmental and behavioral health needs and the plan to address them.

The support of the Care Coordinator helped move things along for the family and they started to feel like they had found the support they needed. When Elsie began treatment, she could not speak, did not play with toys and was only eating fast food. Elsie needed a treatment team that could understand the impact of her trauma and this included a level of collaboration that would not have been supported by insurance. Elsie soon began trauma therapy and working with a transdisciplinary team that integrated speech, occupational and behavior therapies. Within six months, Elsie had made incredible gains. She began talking, trying new foods and developed better relationships with her siblings and new friends. With her caring foster family, Elsie continues to grow and her family continues to learn how to best support her developmental and behavioral needs.

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

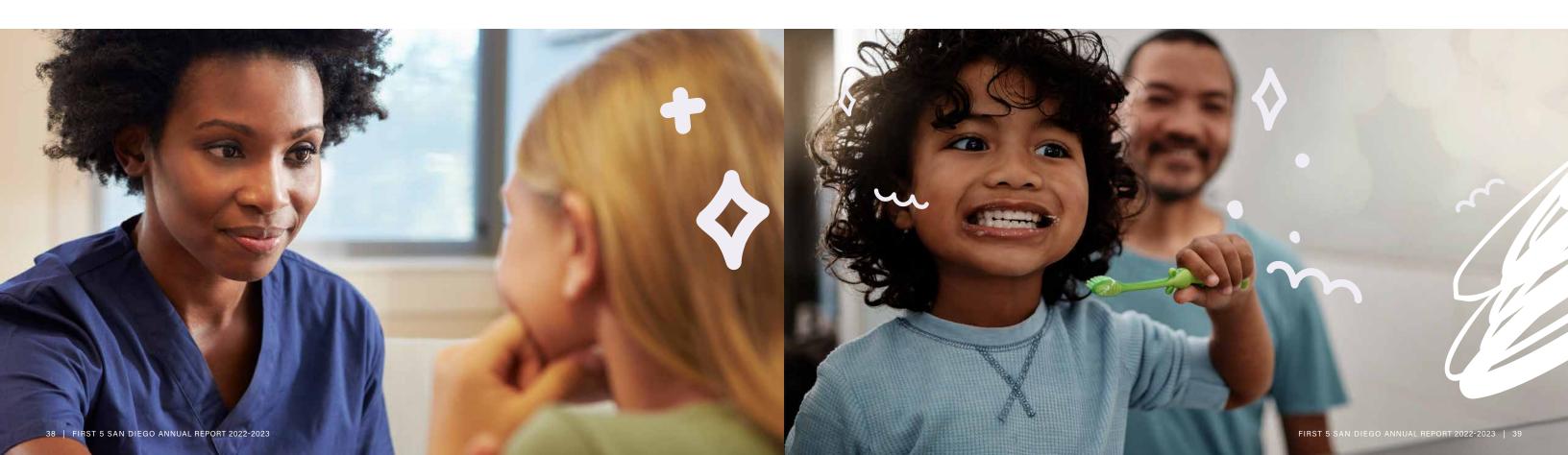
BRINGING ORAL HEALTH PREVENTION TO THE COMMUNITY

Rosa Gomez* attended the Give Kids a Smile event hosted by Vista Community Clinic in March 2023. She learned about the event through her neighbor who is very involved in the community and informed her about the no-cost preventive dental services First 5 San Diego offers for children. Rosa had only arrived in the United States a few months prior and was in the process of enrolling her children to school. If it wasn't for her neighbor informing her about the event, she would have paid a high out-of-pocket cost for a visual dental exam.

"I had the best experience ever! [HDS provider] taught me so much! She was always so open to listen to my deepest thoughts, guide me always with no judgment and give me the best orientation to deal with my son. I am definitely a better and stronger mother and parent after meeting her."

-Rachel*

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



LEARNING

The quest for educational equity is a moral imperative for a society in which education is a crucial determinant of life chances.³⁸

FUNDING

\$8,908,889

NUMBERS SERVED

16,717 children | 2,963 early learning and care staff

HIGHLIGHTS

559 early learning and care sites participated in the Learn Well Initiative during the 2022-23 school year

95.3% of Learn Well Initiative parents/caregivers reported their ability to help their child develop and learn improved over the last year

90.5% of Learn
Well sites worked
with experienced
coaches to develop
site-specific Quality
Improvement Plans

WHY ARE HIGH-QUALITY PRESCHOOL AND EARLY LEARNING IMPORTANT?

Achievement gaps between the poorest and wealthiest Americans are larger than ever, and they often already exist by the time children enter kindergarten.³⁹ Research shows that all children benefit from high-quality early learning and care, with low-income children and English learners benefiting the most.⁴⁰ High-quality programs promote a safe place for children to learn, explore their world, build relationships and set the foundation for them to be successful in school, work and life.⁴¹ Children who attend high-quality early care and education programs are less likely to be placed in special education, less likely to be retained in a grade and more likely to graduate from high school than peers who did not attend such programs. A few studies have examined longer-term impacts of early learning and care, with evidence suggesting long-term outcomes, including higher earnings, better health, better focus and less criminal activity.⁴²



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 and family child care homes, supporting the professional development of early learning and care staff, and strengthening parenting skills and knowledge of child development.

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, 16,717 children in San Diego County received high-quality early learning and care through these two programs in FY 2022-23 (Figure 3.1).

- The Learn Well Initiative focuses on leveraging and strengthening existing system structures and building the capacity of 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 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.

Figure 3.1

16,637 Learn Well Initiative 80 Mi Escuelita 16,717 Total



BUILDING CAPACITY OF EARLY LEARNING AND CARE PROVIDERS

WHY IS PROFESSIONAL DEVELOPMENT IMPORTANT?

Ongoing, high-quality professional development opportunities such as coaching or mentoring are critical components of a strong early learning and care system.⁴³ Research suggests early learning and care professionals who participate in professional growth opportunities stay in the field longer, have improved stress levels and enhanced classroom management skills and teaching techniques.44 Highquality professional development supports a provider's ability to identify and support a child's learning needs, which is particularly important in settings where early intervention to address a child's developmental and behavioral concerns can significantly impact future academic success.45 Professional development opportunities such as coaching and mentoring are also invaluable to early learning and care providers because they allow providers the opportunity to share, network and remain current in their field.

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 site leaders at all types of early learning and care sites, including those serving infants and toddlers, private centers and FCCs. The MTSS approach represents a shift to an equitable support model where early learning and care sites receive tailored support 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 also made the process less overwhelming for providers new to Learn Well.⁴⁶ This year, 559 early learning and care sites participated in the Learn Well Initiative. Site leaders from almost all sites (90.5%) worked with experienced coaches to collaboratively develop sitespecific 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 PROVIDERS' ABILITY TO PLAN FOR LEARNING AND DELIVER DEVELOPMENTALLY APPROPRIATE LEARNING OPPORTUNITIES?

During interviews with Learn Well providers between May and June 2023, providers reported access to professional development, high-quality tailored coaching and various workshops or trainings as critical mechanisms for increasing their knowledge, confidence and skills to deliver developmentally appropriate learning opportunities to the children in their care. According to one site leader, "The knowledge shared during coaching is extensive. Being new to the Director role, my coach walked me through critical operational pieces including

how to effectively budget. Watching how they interact with the children has also been invaluable. They have even helped me understand and interpret both the ASQ (the Ages and Stages Questionnaire) and the DRDP (the Desired Results Developmental Profile) results and how to tailor lesson planning based on those results."

For many, the alignment in coaching-training topics increased their capacity in goal areas and allowed site leads and early learning and care staff to go deeper into the topic areas together. One site leader explained, "With guidance from my coaches, I attended a couple of different trainings. They helped me tremendously in my organization work towards different quality areas. [Learn Well] gave me that opportunity where I can take learnings and resources from the trainings and have coaches to follow up with on questions."

Learn Well interviewees also reported classroom materials offered through Learn Well were helpful for creating an environment that supports children's development and learning. Several interviewees discussed having limited educational materials for their classrooms prior to their involvement in Learn Well. One site lead shared, "Through Learn Well, I was able to get all the materials I needed. I was able to get access to the FCCERS (Family Child Care Environmental Rating Scale) for free." Another site lead commented, "We are able to get educational materials we need and other classroom equipment

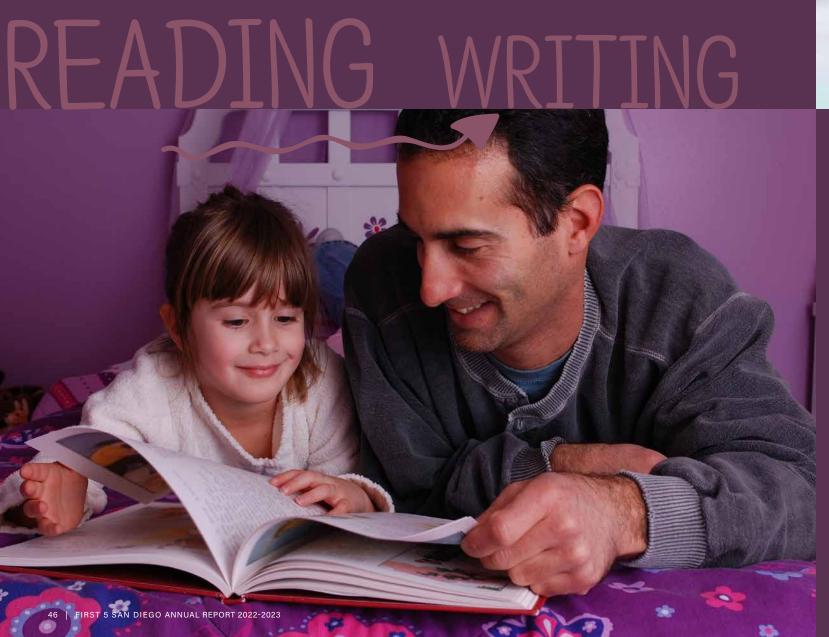
like chairs for the smaller kiddos." The financial stipend offered through Learn Well was also appreciated for the ability it gave site leads to make improvements at their site and also as a gesture that validated and valued their work. One site lead explained how they used the stipend to improve their site and attend professional development opportunities, such as an additional course and an early childhood conference.

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

Early learning and care providers encounter stressors that can negatively impact their wellbeing, relationships with children and, ultimately, job retention.⁴⁷ In addition to reports of increased skills obtained, Learn Well site leads reported professional development, particularly coaching through Learn Well, helped decrease their stress. A consistent theme in interviews was that coaches focused on provider self-care. "During sessions, my coach was always asking about what is happening at our facility and about my well-being and the well-being of the other teachers. She cares about me as a person," noted a site lead. Another site lead added, "My coach checks in before we start about how I am doing and feeling. She always tells me to make sure I am taking care of myself. Sometimes, she tells me to go and get a massage or she has recommended I journal to help document my thoughts and feelings."

Community College Tuition Partnership Pilot Program

The goal of the Community College Tuition Partnership Program is to partner with local community colleges for the common objective of increasing quality early learning services for children in San Diego County. By providing equitable access to a college education to San Diego Quality Preschool Initiative participants, this program is designed to meet the diverse needs of participates by covering tuition, technology, books and other resources leading to either [1] Child Development permit attainment or advancement from the California Commission on Teacher Credentialing; or [2] associate degree attainment in Child Development or Early Education. Nearly \$106,000 was disbursed to the four local community colleges participating in this partnership: Cuyamaca Community College, Grossmont Community College, Mesa Community College and Southwestern Community College who collectively served 133 students.





Shared Services Alliance Pilot

First 5 San Diego was awarded a grant from First 5 California to pilot a Shared Services Alliance (SSA) network in San Diego County in partnership with the YMCA Childcare Resource Service (CRS) and Child Development Associates (CDA). SSA is an approach to strengthen small early learning and care businesses by providing them supports to strengthen their business practices. During the 3-year pilot, YMCA CRS and CDA have successfully worked with the target population of family childcare providers and small centerbased childcare programs in the South Region of San Diego County to build a supportive infrastructure to strengthen childcare provider capacity and sustainability. Childcare Business Coaches worked alongside participating providers to assess their current business needs, develop Quality Improvement Plans, and achieve professional goals. Through the SSA Pilot, providers have had the opportunity to expand their business support and community connections, explore technology platforms to enhance their business model and obtain professional development support through coaching and training.

PARENTING AND HIGH-QUALITY **EARLY LEARNING AND CARE**

HOW ARE PARENTS/CAREGIVERS INVOLVED WITH THEIR CHILD'S LEARNING?

As their children's first teachers, parents have an amazing opportunity to nurture their children's growth and development and to advocate for their education. 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.⁴⁸ The Learn Well Initiative focuses on increasing parent/caregiver engagement in their child's learning.

At the end of the 2022-23 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 3.2). Survey results revealed that most Learn Well parents/caregivers (88.2%) reported that their knowledge of their child's development improved over the course of the school year. Additionally, almost all parents/caregivers (95.2%) 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 (93.4%) and to support their child's behavior (90.1%).

Learn Well providers aim to support families in understanding the community resources and supports that are available to them. Most Learn Well parents/ caregivers (78.2%) reported that their knowledge of community services and resources improved over the 2022-23 school year. Similarly, most parents/ caregivers (82.7%) reported that their ability to ensure their child received the services and resources they need improved over the year.

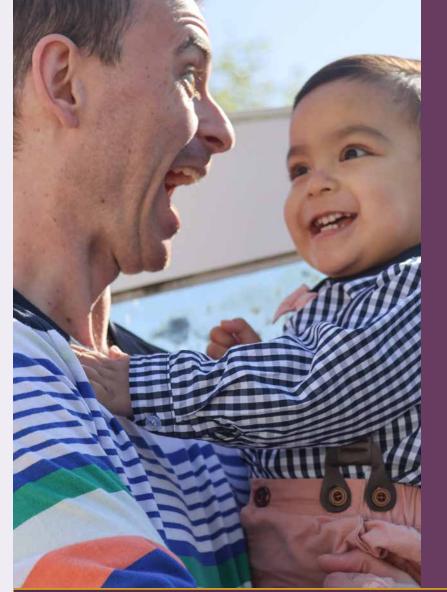
IS HIGH-QUALITY EARLY LEARNING AND **CARE HELPING TO SUPPORT CHILDREN WITH SPECIAL NEEDS?**

The Learn Well Initiative supports developmental and behavioral screenings to identify strengths and concerns that may require focused interventions, referrals or further assessments for children. This year, 10,391 screenings were completed in collaboration with Learn Well Initiative parents/caregivers. During the year, 1,141 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.

"This program has helped my child to reach her milestones and has helped me to understand her development better."

-Imelda*, Learn Well Parent

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



"Trainings offered through Learn Well have increased our knowledge and our capacity to be able to be effective in our communication with the children we are interacting with."

—Douglas*, Learn Well Provider

*Names of children and families have been changed to protect

Figure 3.2

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

My ability to help my child develop and learn improved over the last year

My ability to support my child's social-emotional well-being improved over the last year

My confidence in my ability to meet my child's developmental needs improved over the last year

behavior improved over the last year

My ability to ensure my child receives the services and resources they need improved over the last year

> My knowledge of community services and resources improved over the last year



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FAMILY

Strong family engagement is essential to promoting a child's healthy development.

FUNDING

\$7,874,164

NUMBERS SERVED

8,984 children | 5,884 parents

HIGHLIGHTS

84.6% of HDS
and Learn Well
Initiative parents
increased the
frequency of
reading, talking
or singing to their
child

91.3% of HDS and Learn Well Initiative parents know more about age-appropriate child development 90.1% of F5FS caregivers read, sing or talk with their child three or more days per week

More than 38,500 parent resource Kits were distributed



WHY IS FAMILY IMPORTANT?

Strong family engagement is essential to promoting a child's healthy development and helps to 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. 49,50 In fact, positive parenting practices can have a protective effect, independent of how many adverse childhood experiences a child has experienced. 51 Children develop within a network of relationships. A secure family structure and positive relationships with adults support a child's cognitive and socialemotional development, school readiness and overall academic success, buffer against social and behavioral problems, and increase a child's capacity to form positive relationships. 52,53,54 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.⁵⁵ Engaging families in programs that build their parenting skills and promote a child's learning, development and wellness is integral to preparing children to reach their fullest potential. 56,57,58,59

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.



"F5FS has been extremely useful as a first time Mommy. Weekly visits are convenient and helpful, not just for baby but for the mommies as well. F5FS has also provided some assistance for those of us that struggle a bit financially. I would definitely recommend this program to another first-time mommy." - Emma* *Names of children and families have been changed to protect confidentiality. 56 | FIRST 5 SAN DI

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?

Families are a child's first teachers and nurturers, and the lives and experiences of children are closely linked to those of their family.⁶⁰ 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. 61,62,63 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. 64 Home visiting and other parent and caregiver support programs connect families to needed services and provide parents with the necessary tools, support and knowledge to create safe environments for their children. These programs have been shown to improve physical, cognitive and emotional development in children, increase parent-child bonding and decrease rates of family violence, child abuse and neglect. 52,65,66,67 Parent support programs lead to improved maternal and child health, reduce juvenile delinquency and improve family economic self-sufficiency.⁶⁸ In addition, parent support programs help families establish positive relationships, increase their confidence, create more developmentally stimulating home environments and build connections with other families and community members. 61 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. 69

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.

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 wellbeing 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, and CalWORKs beneficiaries, 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. 70,71,72 This year, 525 pregnant individuals or caregivers and 488 children received F5FS services.

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:

- within 30 days of enrollment
- 95% of mothers were linked to a medical home within 2 months of enrollment
- 51% of mothers reported breastfeeding when their babies were 6 months old
- 96% of parents or caregivers reported their children were up to date with their Well Baby Checks at 12 months of age

- 97% of children were linked to a medical home 87% 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 37 weeks of gestation
 - 93% 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

91.3% Problem Solving

95.2% Mobilizing Resources



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 such as responding to a child in a predictable way or having routines and household rules, promotes nurturing parent-child interactions and supports a child's healthy development.73,74 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, 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 38,678 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).

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:

- 88.5% of parents and caregivers who participated in HDS, Learn Well Initiative and KidSTART reported knowing how to advocate for their child (Figure 4.2).
- 91.3% of parents and caregivers who participated in HDS and Learn Well Initiative reported an increase in their knowledge of age-appropriate child development.
- 84.6% of HDS and Learn Well Initiative parents increased the frequency of reading, talking or singing to their child.
- 90.1% 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).

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 their 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 8,500 children, parents and caregivers received care coordination services through First 5 San Diego programs during FY 2022-23, including:

- 211 children and 260 parents and caregivers in KidSTART;
- 4,902 families in HDS; and
- 3,473 children in OHI.



KIDSTART)







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Family Stories

The positive impact of **First 5 San Diego services**

Building Family Resilience

Susie* enrolled into F5FS as a 17-year-old mom with a family history of trauma. She wasn't sure how to care for a baby, didn't have a lot of support and was stressed because of housing and finances. She began working with her Family Support Specialist (FSS) who supported her and believed in her ability to be a good mom. Her FSS used various strategies to build Susie's confidence and parenting skills. Susie has since enrolled in college and made friends that also have babies, which has helped expand her support network and build connections in her community. Susie met her goal to breastfeed her child for an extended period of time. She engages well with her baby, seeks out developmental information and allows for her child to explore her surroundings. As a result of all of these efforts, Susie's child is happy and securely attached to her mom. She also has a network of caring adults in her life.

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



COMMUNITY

Strong family engagement is essential to promoting a child's healthy development.

FUNDING

\$839,914

NUMBERS SERVED

30,643 Children and Parents/Caregivers

HIGHLIGHTS

First 5 San Diego sponsored and participated in local community events that reached over 53,670 San Diegans First 5 San Diego providers made 6,103 health and social service referrals 2-1-1 San Diego made 25,875 referrals for families with children ages zero through five

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 community events for the whole family, First 5 San Diego strengthens the community's capacity to support the healthy development of children ages zero through five.





CO-SPONSORED COMMUNITY EVENTS

First 5 San Diego sponsored and participated in local community events that reached over 53,670 San Diegans.

San Diego Food Bank Holiday Food Drive 2022 March of Dimes

First 5 San Diego partnered with the San Diego Food Bank for the 2022 Holiday Food Drive. This was the 10th year that First 5 San Diego participated Diego Walk. The event attracted 500 participants, 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.

First 5 San Diego was proud to support the March of Dimes Foundation 2023 March for Babies San with 33 company teams and 16 family teams, to raise \$271,000. Participants gathered at Balboa Park on May 20th 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.

REFUGEE FAMILY SUPPORT PROGRAM

Due to the influx of refugees in the last year, the Board of Supervisors directed the County Health and Human Services Agency (HHSA) to coordinate a response plan to connect individuals and families to resources as they arrive at San Diego. Through funding from First 5 CA and in partnership with HHSA's Department of Homeless Solutions and Equitable Communities-Office of Immigrant and Refugee Affairs (HSEC-OIRA), First 5 San Diego established the Refugee Family Support (RFS) Program. The goal of the RFS Program is to provide support for refugee families in the areas of sociocultural adjustment and systems navigation support that include the following priority areas: language assistance, healthcare, and care coordination

(including behavioral health), transportation and social capital. Two organizations provided participating individuals and/or families that are pregnant and/or have children ages birth to 5 years of age, residing in San Diego County, access to supportive services for themselves and their children. Somali Family Services offered services to families in the East Region, while Alliance for African Assistance served families in the Central Region. Both organizations ensured families were connected to support services and build social emotional wellbeing and social capital among their community members, including ensuring participating families are connected in the community with other refugee families

SPONSORSHIPS AND EVENTS IN FY 2022-23

4th Annual Military Hero's Festival

(San Diego United Services Organizations, Rock Church)

In partnership with the San Diego United Services Organizations (USO) and the Rock Church, First 5 San Diego was able to support and attend the 4th Annual Military Hero's Festival. The festival brings together activity duty military and their families for a fun filled afternoon in Liberty Station. Activities included free craft building, children's games, clothes shopping, haircuts, groceries and more. First 5 San Diego is proud to support the military families throughout the county with our free children's services.

Talls & Smalls in the Garden

(Olivewood Gardens)

First 5 San Diego partnered with the Olivewood Gardens and Learning Center to sponsor the Talls & Smalls in the Garden classes. Talls & Smalls is a 1-hour interactive class for children ages 2-5 with an accompanying adult. Children and an accompanying adult explore the beautiful gardens and use their senses to smell, see, listen and taste a garden snack. Activities included story time, a garden walk, and a tasting!

All-Inclusive Day of Play

(Special Needs Resource Foundation of San Diego)

First 5 San Diego partnered with the Special Needs Resource Foundation of San Diego to sponsor the All-Inclusive Day of Play and Resource Fair. The event combines efforts with many local organizations to help families find needed resources and create wonderful family memories through play. Children of all abilities enjoyed themed activity stations including a Wheelchair Awareness Course, Under-the-sea Sensory Tent and more free activities and resources which are open to the public.

Kids Free October

(San Diego Museum Council)

First 5 San Diego partnered with the San Diego Museum Council to sponsor the Kids Free San Diego Month of October 2022. All month long, kids 12 and under received free admission with a paid adult to more than 50 of San Diego County's favorite museums, historic sites, aquariums, gardens and more. Many were even free for the whole family.

Mass Creativity Day

(The New Children's Museum)

First 5 San Diego partnered with The New Children's Museum to sponsor the Mass Creativity Day. The day is filled with collective art making and community building with San Diego communities. Mass Creativity Day stems from a series of artist-led outreach workshops designed to inspire imagination and creativity, and make hands-on art-making accessible to those that might not otherwise have the opportunity to experience it. Each year the Mass Creativity program consists of complimentary workshops in diverse communities in San Diego and culminates in a free all-day event at the museum.

December Nights

(City of San Diego)

First 5 San Diego partnered with the City of San Diego and it's Office of Child and Youth Success to sponsor the annual December Nights in Balboa Park. This year was the first time since 2020 that the event was in-person. December Nights is a twonight event in Balboa Park to help kick off the holiday season. December Nights highlights the gems of Balboa Park with free entrance to many of the worldfamous museums. The event includes live music. entertainment and hundreds of vendors.

Financial Information FY 2022/23

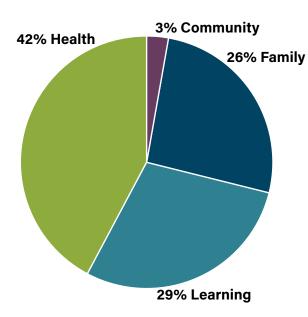
INVESTMENTS AND LEVERAGED RESOURCES

FIRST 5 SAN DIEGO COMMUNITY INVESTMENTS

During FY 2022-23, First 5 San Diego invested a total of \$30,439,628 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 children zero through five.

Figure 5.1

FIRST 5 SAN DIEGO INVESTMENTS BY PROGRAM AREA

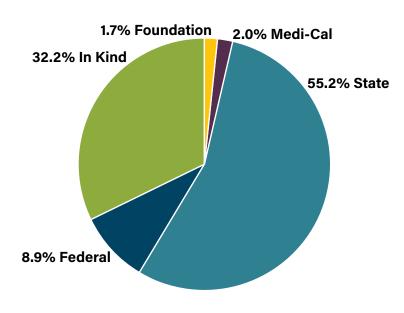


FUNDS AND RESOURCES LEVERAGED

As a direct result of the Commission's financial investments, contractors leveraged an additional \$11,921,555 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, but the capacity built through leveraging will allow agencies to continue improving the lives of children and families for years to come.

Figure 5.2

LEVERAGED FUNDING



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

REVENUES

Prop 10 Tobacco Tax	\$23,470,990
F5CA Home Visiting Coordination	\$47,586
CalWORKS Home Visiting Program Services	\$3,296,525
Cal-Learn Educational Support Services	\$301,980
CA Home Visiting Program State General Fund Expansion Program	\$505,161
F5CA Shared Services Alliance Pilot	\$151,499
F5CA Refugee Family Services Grant	\$209,614
HHSA OSI Prevention Drowning Campaign	\$37,738
HHSA Public Health Services Doula Pilot Program	\$120,201
Interest Revenue	\$1,098,757
TOTAL REVENUES	\$29,242,051

EXPENDITURES

Labor and Benefits	\$2,451,116
Services and supplies	\$283,191
Debt Service - Principal - Leases	\$262,776
Debt Service - Interest - Leases	\$16,810
Evaluation	\$851,088
Contributions to Community Projects	\$30,439,628
TOTAL EXPENDITURE	\$34,304,609
Net change in fund balance	(\$5,064,558)
Fund balance, beginning of fiscal year	\$40,412,747
Fund balance, end of fiscal year**	\$35,348,189

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

THANK YOU TO OUR **FUNDED PARTNERS**

2-1-1 San Diego

Alliance for African Assistance

American Academy of Pediatrics, California Chapter 3

Byron Chow, M.D.

Child Development Associates

Episcopal Community Services

Fallbrook Family Health Center

Family Health Centers of San Diego

First 5 California

For The Village

Harder+Company Community Research

Health and Human Services Agency -Public Health Services

Health and Human Services Agency -Eligibility Office

Health Quality Partners of Southern California

Home Start, Inc.

Horn of Africa

Huron Consulting Service LLC

Imperial Beach Health Center

Indian Health Council

Los Angeles Universal Preschool dba Child360

MIG, Inc

Motiva Associates

Neighborhood Healthcare

Newton Center for Affect Regulation

Palomar Health Development Inc. SubVertical, LLC

Persimmony International, Inc. Susan Hedges Consulting

Rady Children's Hospital - San Diego The Children's Initiative

San Diego American Indian Health The Regents of the University of

California-Berkeley Center

San Diego County Office of Education The Regents of the University of

California-San Diego San Ysidro Health Center

UCSD Department of Pediatrics

Vista Community Clinic

Wilkinson, Hadley, King and Co. LLP

WestEd

SDSU Research Foundation - Healthy

Early Years Clinic

SAY San Diego, Inc.

SBCS Corporation

SDSU Research Foundation YMCA Childcare Resource Service

Somali Family Service

Southern Indian Health Council, Inc.

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REFERENCES

- 1. Shonkoff, J. P. (2014). Changing the narrative for early childhood investment. JAMA pediatrics, 168(2), 105-106.
- 2. Attanasio, O., Cattan, S., & Meghir, C. (2022). Early childhood development, human capital, and poverty. Annual Review of Economics, 14, 853-892.
- 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.
- Bai, Y., Ladd, H. F., Muschkin, C. G., & Dodge, K. A. (2020). Long-term effects of early childhood programs through eighth grade: Do the effects fade out or grow?. Children and Youth Services Review, 112, 104890.
- 5. Demographic and Socio Economic Estimates: San Diego Region. (2021). San Diego Association of Governments (SANDAG). Retrieved from: www.sandaq.org
- Shonkoff, J. P., & Phillips, D. A. (Eds.). (2000). From neurons to neighborhoods: The science of early childhood development. National Academies Press.
- Centers for Disease Control and Prevention. (2022, April 29). Developmental disabilities. Centers for Disease Control and Prevention. https://www.cdc.gov/ ncbddd/developmentaldisabilities/index.html#:~:text=About%20one%20in%20 six%20children,disabilities%20or%20other%20developmental%20delays.
- 8. Vaivada, T., Gaffey, M. F., & Bhutta, Z. A. (2017). Promoting Early Child Development With Interventions in Health and Nutrition: A Systematic Review. Pediatrics, e20164308.
- 9. Patterson, P. Understanding Developmental Delays: How Parents Can Optimize Their Child's Outcomes (2022) https://www.pathfinder.health/post/understanding-developmental-delays
- Centers for Disease Control and Prevention. (2023, February 14). Developmental monitoring and screening. Centers for Disease Control and Prevention. https:// www.cdc.gov/ncbddd/childdevelopment/screening.html
- 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
- Zhang, S., Hao, Y., Feng, Y., & Lee, N. Y. (2022, March 10). Covid-19 pandemic impacts on children with developmental disabilities: Service Disruption, transition to telehealth, and child wellbeing. International journal of environmental research and public health. https://www.ncbi.nlm.nih.gov/pmc/ articles/PMC8951004/
- 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, 2023.
- 18. Ibi
- The Children's Hospital of Philadelphia. (2020, October 15). Study reveals disparities in key early intervention referrals for developmental delays. Children's Hospital of Philadelphia. https://www.chop.edu/news/ study-reveals-disparities-key-early-intervention-referrals-developmental-delays

- Cohen, A. K., Hazelton, T., Bassey, H., Gutierrez-Padilla, M., Novosel, C., Nichols, C. R., & Jain, S. (2023, January 9). Improving functioning of children birth to five with emotional and behavioral problems: The Role of Comprehensive Mental Health Services and supports. MDPI. https://www.mdpi.com/2036-7503/15/1/5
- 21. 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%20 Prenatal%20to%20Three_Developing%20a%20Public%20Response%20to%20 Improving%20Developmental%20Trajectories%20and%20Preventing%20 Inequities.pdf
- 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
- 24. 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
- 25. Ibid
- 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/
- 28. Child and Adolescent Health Measurement Initiative at Oregon Health & Science University and is sponsored by the MCHB, HRSA. (2011/2012).
- Children's Oral Health. (2022). Centers for Disease Control and Prevention.
 Retrieved from: https://www.cdc.gov/oralhealth/basics/childrens-oral-health/index.html on August 30, 2023.
- 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..
- 32. Ruff, R., et al (2019), Oral health, academic performance, and school absenteeism in children and adolescents: A systematic review and meta-analysis. The Journal of the American Medical Association, 150(2), 111-121.e4.
- 33. 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.
- 34. 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 2022). 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 on August 28, 2023.

- California Health Interview Survey [Data file]. (2020). UCLA Center for Health Policy Research. Retrieved from: www.askchis.ucla.edu
- 38. Morgan, H. (2019). Does High-Quality Preschool Benefit Children? What the Research Shows. Retrieved from https://files.eric.ed.gov/fulltext/EJ1211910.pdf.
- ChildTrends (2018). High-quality preschool can support healthy development and learning. Retrieved from https://cms.childtrends.org/wp content/ uploads/2018/05/PreschoolFadeOutFactSheet_ChildTrends_April2018.pdf.
- Morgan, H. (2019). Does High-Quality Preschool Benefit Children? What the Research Shows. Retrieved from https://files.eric.ed.gov/fulltext/EJ1211910.pdf.
- 41. Early Childhood Investment Corporation. (2023). Why High Quality Matters. Retrieved from https://greatstarttoquality.org/why-high-quality-matters/.
- McCoy, D. C., Yoshikawa, H., Ziol-Guest, K. M., Duncan, G. J., Schindler, H. S., Magnuson, K., Yang, R., Koepp, A., & Shonkoff, J. P. (2017). Impacts of Early Childhood Education on Medium- and Long-Term Educational Outcomes. Educational Researcher, 46(8), 474–487. https://doi. org/10.3102/0013189X17737739.
- Wechsler, M., Melnick, H., Maier, A., & Bishop, J. (2016). The Building Blocks of High-Quality Early Childhood Education Programs (policy brief). Palo Alto, CA: Learning Policy Institute.
- 44. Carolyn McKeon, PhD (2020). Professional Development in the Early Childhood Field: https://www.purdueglobal.edu/blog/education/early-childhood-professional-development/
- Institute of Medicine and National Research Council. 2015. Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation. Washington, DC: The National Academies Press. https://doi.org/10.17226/19401.
- 46. Marcella-Burdett, J., Savelkouls, S., & Zur, O. (2021). San Diego Quality Preschool Initiative: Year 1 evaluation report. San Diego County Office of Education.
- Lipscomb ST, Chandler KD, Abshire C, Jaramillo J, Kothari B. Early Childhood Teachers' Self- efficacy and Professional Support Predict Work Engagement. Early Child Educ J. 2022;50(4):675-685. doi: 10.1007/s10643-021-01182-5. Epub 2021 Apr 21. PMID: 33903791; PMCID: PMC8059119.
- Williams, D. S., & Mulrooney, K. (2021). Guardians in the nursery: The role of early childhood educators in fostering infant and young children's positive mental health. ZERO TO THREE Journal, 41(3), 10-16
- Office of Early Childhood Development. U.S. Department of Health & Human Services. (2020). Family Engagement. Retrieved from: https://www.acf.hhs.gov/ecd/family-engagement on August 28, 2023.
- 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 28,2023.
- 51. 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.
- Home Visiting: Improving Child Outcomes for Children. National Conference of State Legislatures. Retrieved from: https://www.ncsl.org/research/humanservices/home-visiting-improving-outcomes-for-children635399078.aspx on August 28,2023.
- 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.
- 54. 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.
- 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.
- 56. 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 28, 2023.

- 57. 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%20 Childhood/should_we_invest_ped.pdf on August 28, 2023.
- Centers for Disease Control and Prevention. Creating Positive Childhood Experiences Retrieved from: https://www.cdc.gov/injury/features/preventchild-abuse/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc. gov%2Ffeatures%2Fhealthychildren%2Findex.html on August 28, 2023.
- 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://www.acf.hhs.gov/sites/default/files/ documents/ecd/16_0152reportclean_logos.pdf on August 28, 2023.
- 60. 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.
- Casey Family Programs. Issue Brief Safe Children. Are home visiting programs
 effective in reducing child maltreatment? (2022). Retrieved from: https://www.
 casey.org/media/22.07-QFF-SC-Home-visiting-programs_fnl.pdf on August 28,
 2023
- 62. Bunting, L. (2004). Parenting programmes: The best available evidence. Child Care in Practice, 10(4), 327-343.
- 63. 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-theylive-supporting-parents-and-child-development-through-home-visiting August 28, 2023
- 64. 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 28, 2023.
- 65. Samuelson, A. (2010). Best practices for parent education and support programs. What Works, Wisconsin-Research to Practice Series, 10, 1-8.
- 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 28, 2023.
- American Academy of Pediatrics. Council on Community Pediatrics. The Role of Preschool Home-Visiting Programs in Improving Children's Developmental and Health Outcomes. (2009). 123(2):598-603.
- Healthy Families America- Evidence of Effectiveness. Retrieved from https://www. healthyfamiliesamerica.org/our-impact/evidence-of-effectiveness/ on August 31, 2022.
- 69. 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 28, 2023.
- Nievar, M. A., Jacobson, A., & Dier, S. (2008). Home visiting for at-risk preschoolers: A successful model for Latino families. Online Submission.
- 71. Nievar, M. A., Van Egeren, L. A., & Pollard, S. (2010). A meta⊡analysis of home visiting programs: Moderators of improvements in maternal behavior. Infant Mental Health Journal. 31(5), 499-520.
- 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.
- 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.
- Centers for Disease Control and Prevention. Child Development Basics. Retrieved from: https://www.cdc.gov/ncbddd/childdevelopment/facts.html on August 31, 2022.



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