



ANNUAL REPORT 2023-24





First 5

San Diego

MESSAGE FROM THE EXECUTIVE DIRECTOR

DEAR COMMUNITY MEMBERS,

I hope that this message finds you and your family in good health.

As we head into our final year of the First 5 San Diego Strategic Plan 2020-2025, I am reflecting on how much we have accomplished together. During FY 2023-24, we invested over \$34.9 million in direct services for young children and their families and served more than 52,000 children, parents, caregivers and providers. In addition, our First 5 San Diego partners leveraged \$10.3 million in cash and in-kind support from public and private entities.

We are in the process of developing a new strategic plan for 2025-2030 and are excited to chart a new path for the future in support of the children and families of San Diego County. As we celebrate 25 years of impact, we will continue to build upon the strong early care and education foundation and aim to support all children ages zero through five years and their families. We look forward to presenting the new strategic plan this fall to our First 5 San Diego Commissioners.

Next fiscal year we are anticipating a big shift in funding. Our Proposition 10 revenue is declining, and we anticipate fully expending our fund balance over the next 5-year funding cycle.

We have difficult decisions ahead of us as we prepare to reduce \$13M annually from our operating budget. The reduction will impact all our programs, and we will carefully consider which programs have the greatest direct service impact on children and their families. Although this decline in funding presents a great challenge for us, it also presents great opportunities to elevate awareness about the amazing work that First 5s across the state have led for 25 years and continue our collective advocacy and partnership to support future sustainability of our work.

A new opportunity that is before us here in San Diego County is the partnership with the newest HHS Child and Family Well-Being Department (CFWB). First 5 San Diego will be a part of CFWB's focus on prevention and early intervention. A new Prevention Hub will support a no wrong door approach to connecting San Diego families to supportive services. During this first year, we have been supporting a pilot program that helps to leverage new federal funds from the Family First Prevention Service Act (FFPSA) in our home visiting program. We are hopeful that the partnership with CFWB will create other opportunities to sustain some of our key First 5 San Diego programs.

This FY 2023-24 First 5 San Diego Annual Report highlights achievements across each of our four strategic goal areas. These are a testament to the power of collective action and the difference we can make when we work together.

HEALTH

- Screened 15,993 children for developmental delays and treated 6,816 children with developmental concerns
- Screened 14,203 children for behavioral delays and provided treatment for 1,368 children with behavioral concerns
- Screened 11,360 children for oral health needs and provided treatment for 8,768 children

LEARNING

- Provided high-quality early care and education for 18,828 children at 595 early learning and care sites across the county
- Coached staff at 568 Learn Well sites to develop site-specific Quality Improvement Plans
- Supported 81 early learning and care professionals to continue their education and training at Grossmont, Mesa, Cuyamaca and Southwestern Community Colleges via the Community Tuition Partnership Pilot Program

FAMILY

- Served 566 pregnant individuals and caregivers and 526 children with intensive home visits
- Provided care coordination to more than 8,900 children, parents and caregivers
- Provided 17,889 parenting resource Kits at no-cost for families across the county

COMMUNITY

- Sponsored or participated in community engagement events that reached over 100,000 San Diegans
- Conducted three community awareness campaigns that together achieved more than 80 million gross impressions
- Provided 6,492 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. A special thanks to our partners for being an integral part of our journey.

Sincerely,



Alethea Arguilez, M.A.

FIRST 5 SAN DIEGO FUNDED INITIATIVES FOR FY 2023-24

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 CalWORKS 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 (Learn Well) 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 to 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 impacted 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.

GRANTS AND OTHER FUNDING SOURCES

DOULA PILOT PROGRAM

The Doula Pilot Program aimed to bring greater doula access to birthing people who are Black, Indigenous, People of Color (BIPOC). The program seeks to address barriers by contracting with community-based doulas to provide prenatal, birth and delivery, and postpartum care at no cost to clients while also training new doulas to serve the community. The goal of the program was to address birthing health disparities while prioritizing culturally appropriate, diverse and community-based care.

HOME VISITING REGIONAL TECHNICAL ASSISTANCE ASSISTANCE (HV-RTA)

The HV-RTA grant aims to empower counties to continue their work creating a sustainable, unified system that supports families with the home visiting services to support family well-being and maximize available funding to serve more families. The regional technical assistance helps counties continue strengthening a range of systems coordination and integration activities, highlight lived-experience in policies and program decisions, and address inequities.

IMPACT LEGACY AND IMPACT HUB

The IMPACT LEGACY grant aims to expand access to the Quality Counts California (QCC) Quality Rating and Improvement System (QRIS) and provide resources and quality support to center and home-based early learning and care (ELC) educators serving high-need communities and populations.

REFUGEE FAMILY SUPPORT PROGRAM

The Refugee Family Support Program (RFS) was a coordinated response 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 was to ensure families were connected to support services and build social emotional well-being and social capital among their community members, including building connections in the community with other refugee families.

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 focused on building a sustainable childcare system by providing technology and staff infrastructure to family childcare providers 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.



TABLE OF CONTENTS

| | |
|------------------------------|-----------|
| INTRODUCTION | 1 |
| HEALTH | 9 |
| LEARNING | 25 |
| FAMILY | 41 |
| COMMUNITY | 53 |
| FINANCIAL INFORMATION | 61 |
| REFERENCES | 63 |

INTRODUCTION

WHAT IS FIRST 5 SAN DIEGO?

The First 5 Commission of San Diego County (First 5 San Diego) promotes the health and well-being of young children during their most critical years of development, from the prenatal stage through five years of age. Our goal is that all children ages zero through five are healthy, loved, nurtured and enter school as active learners. First 5 San Diego is a leader in improving the system of care for our county's youngest children by providing 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 for brain development, laying the foundation for future learning, behavior and health.^{1,2} High-quality early childhood programs provide the stimulation and nurturing environments necessary for optimal development, while supporting children to develop the essential skills that lead to better academic performance and higher graduation rates.^{3,4} Additionally, high-quality early childhood programs help mitigate social inequalities by giving all children, especially those from disadvantaged backgrounds, a strong start in life.⁵ By supporting children and their families during these formative years, society benefits from healthier, more capable and successful individuals.⁶ 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.







4 PROGRAM AREAS

The overarching goal of the First 5 San Diego Strategic Plan 2020-25 is to strengthen the relationships essential for the healthy development of young children.

HEALTH

Promote each child's healthy physical, social and emotional development.

LEARNING

Support each child's development of communication, problem-solving, physical, social-emotional and behavioral abilities, building on their natural readiness to learn.

FAMILY

Strengthen each family's ability to provide nurturing, safe and stable environments. Parents and primary caregivers are a child's first and best teachers.

COMMUNITY

Build each community's capacity to sustain healthy social relationships and support families and children.

VISION

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

MISSION

First 5 San Diego builds the early care and education systems and supports needed to ensure our County's youngest children are safe, healthy and ready to succeed in school and life.

THE REACH OF FIRST 5 SAN DIEGO

WHO DID FIRST 5 SAN DIEGO SERVE?

During Fiscal Year (FY) 2023-24, First 5 San Diego programs provided services to 52,071 San Diegans, including 38,102 children aged zero through five (Figure 1.1). These services included quality early learning and care, parenting classes, health and dental services and more. First 5 San Diego programs served more boys (57.5%) than girls (42.4%; Figure 1.2*). Programs also served more children between the ages of three and five (51.4%) compared to those under three (48.6%; Figure 1.3). Additionally, thousands of young children and their caregivers benefited from community-wide resources such as the Kit for New Parents, a parent warm line, community health screenings and media campaigns.

FIGURE 1.1

52,071
SAN DIEGANS WHO RECEIVED
FIRST 5 SAN DIEGO SERVICES
38,102 CHILDREN
10,853 PARENTS OR CAREGIVERS
3,116 PROVIDERS

FIGURE 1.2*
GENDER AT BIRTH OF CHILDREN SERVED

*This chart only includes children served by initiatives for which gender data were reported; this includes First 5 First Steps, Healthy Development Services and the Oral Health Initiative.

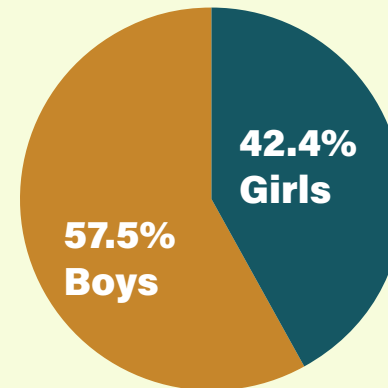
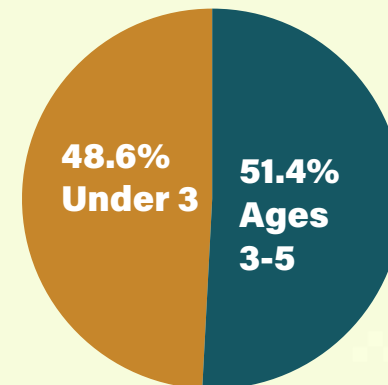


FIGURE 1.3
AGES OF CHILDREN SERVED



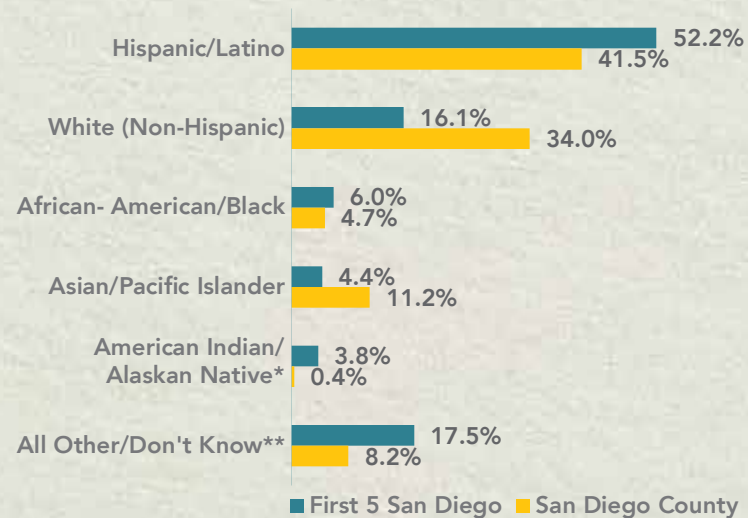
WHAT WERE THE ETHNICITIES AND LANGUAGES OF CHILDREN AND CAREGIVERS SERVED?

As shown in Figures 1.4 and 1.5, larger percentages of children (52.2%) and caregivers (53.2%) served by First 5 San Diego programs were Hispanic/Latino, relative to the percentages of Hispanic/Latino children under 5 (41.5%) and adults (31.5%) in the broader San Diego County population.⁷ First 5 San Diego also served a slightly larger proportion of African-American/Black children (6.0%), relative to the proportion of African-American/Black children under 5 in the San Diego County population (4.7%; Figure 1.4).

Nearly two-thirds of children (61.7%) and about half of caregivers (55.7%) spoke English as their primary language (Figure 1.6). Spanish was the next most common primary language among children (30.6%) and caregivers (33.6%). Other languages spoken included Arabic, Cantonese, Chaldean, Korean, Mandarin, Somali, Tagalog and Vietnamese, each comprising less than 1.5%.

FIGURE 1.4 ETHNICITY OF CHILDREN SERVED BY FIRST 5 SAN DIEGO COMPARED TO SAN DIEGO COUNTY UNDER 5 POPULATION

*Due to a shift in policy for local head start programs reporting child level data on race and ethnicity, there is a significant increase in the percentage of children identified as American Indian/Alaskan Native.
**First 5 San Diego All Other/Don't Know category includes the following ethnicities: African (0.1%), White- Middle Eastern (2.6%), Other (2.0%), Multiracial (7.3%) and Don't Know/ Declined (5.5%)



THE FIRST FIVE YEARS OF LIFE ARE THE MOST IMPORTANT FOR BRAIN DEVELOPMENT.

FIGURE 1.5
ETHNICITY OF PARENTS/CAREGIVERS
SERVED BY FIRST 5 SAN DIEGO COMPARED
TO SAN DIEGO COUNTY ADULT POPULATION

*First 5 San Diego All Other/Don't Know category includes the following ethnicities: African (0.2%), White- Middle Eastern (3.7%), Other (4.4%), Multiracial (5.8%) and Don't Know/Declined (8.5%)

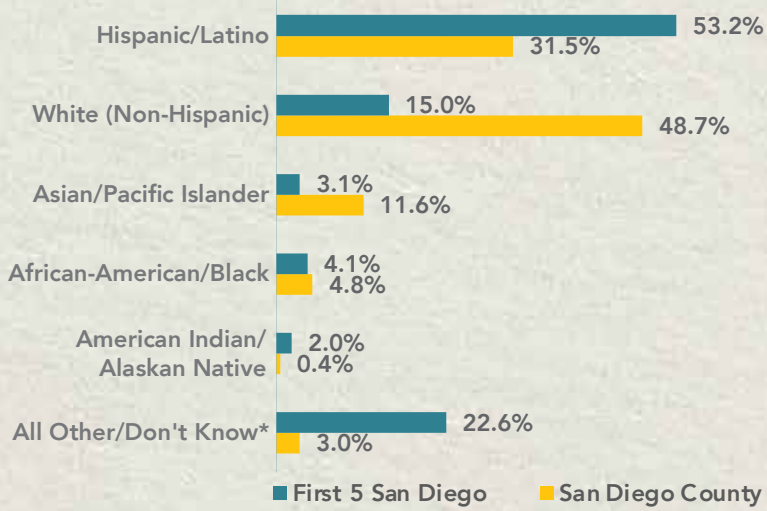
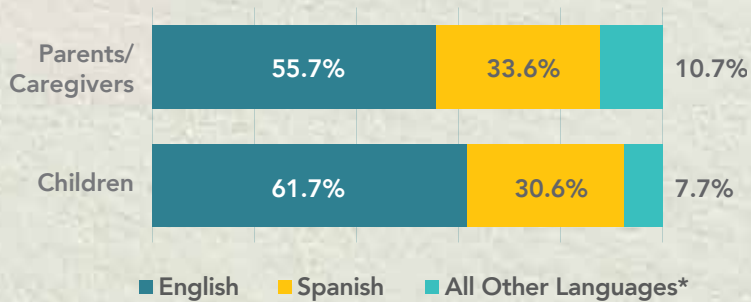


FIGURE 1.6
PRIMARY LANGUAGE OF CHILDREN
AND PARENTS/CAREGIVERS SERVED
BY FIRST 5 SAN DIEGO

*Other languages spoken included Arabic, Cantonese, Chaldean, Korean, Mandarin, Somali, Tagalog and Vietnamese, each comprising less than 1.5%.





HEALTH

WHY IS HEALTH IMPORTANT?

Early childhood is a pivotal period for a child's development, as the foundation for learning, behavior and health is established during these years. The environment and early experiences significantly shape a child's future, influencing their cognitive and emotional growth, social interactions and resilience to stress and challenges.⁸ Research shows that the first five years of life are especially critical, as 90% of brain development occurs during this period.^{9,10} While the brain stays flexible into early adulthood, its ability to change and grow slows down as we age. This makes early childhood a crucial time for building strong cognitive and emotional skills.^{11,12}

Unaddressed developmental and social-emotional delays can adversely affect a child's learning ability, language development and social skills. Research suggests that as many as one in six children between the ages of 3 and 17 experience developmental or behavioral delays, many of which remain undiagnosed until school age, at which point key opportunities for intervention may have already been missed.¹³ However, effective early interventions can greatly enhance a child's development trajectory, leading to improved lifelong outcomes.¹⁴

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 (Learn Well).

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).

FUNDING

\$13,509,115

NUMBERS SERVED

32,046 CHILDREN
6,809 PARENTS*

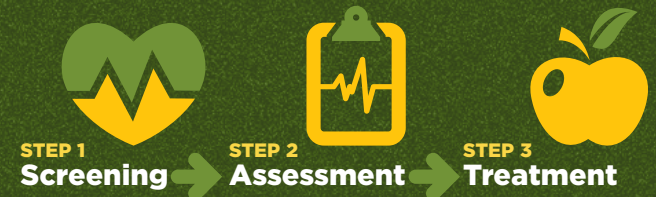
HIGHLIGHTS

83.2% OF CHILDREN RECEIVING TREATMENT FOR A DEVELOPMENTAL CONCERN SHOWED GAINS

86.1% OF THE CHILDREN RECEIVING TREATMENT FOR A BEHAVIORAL CONCERN SHOWED GAINS

99.9% OF HIGH-RISK CHILDREN IDENTIFIED WITH DENTAL DISEASE RECEIVED TREATMENT

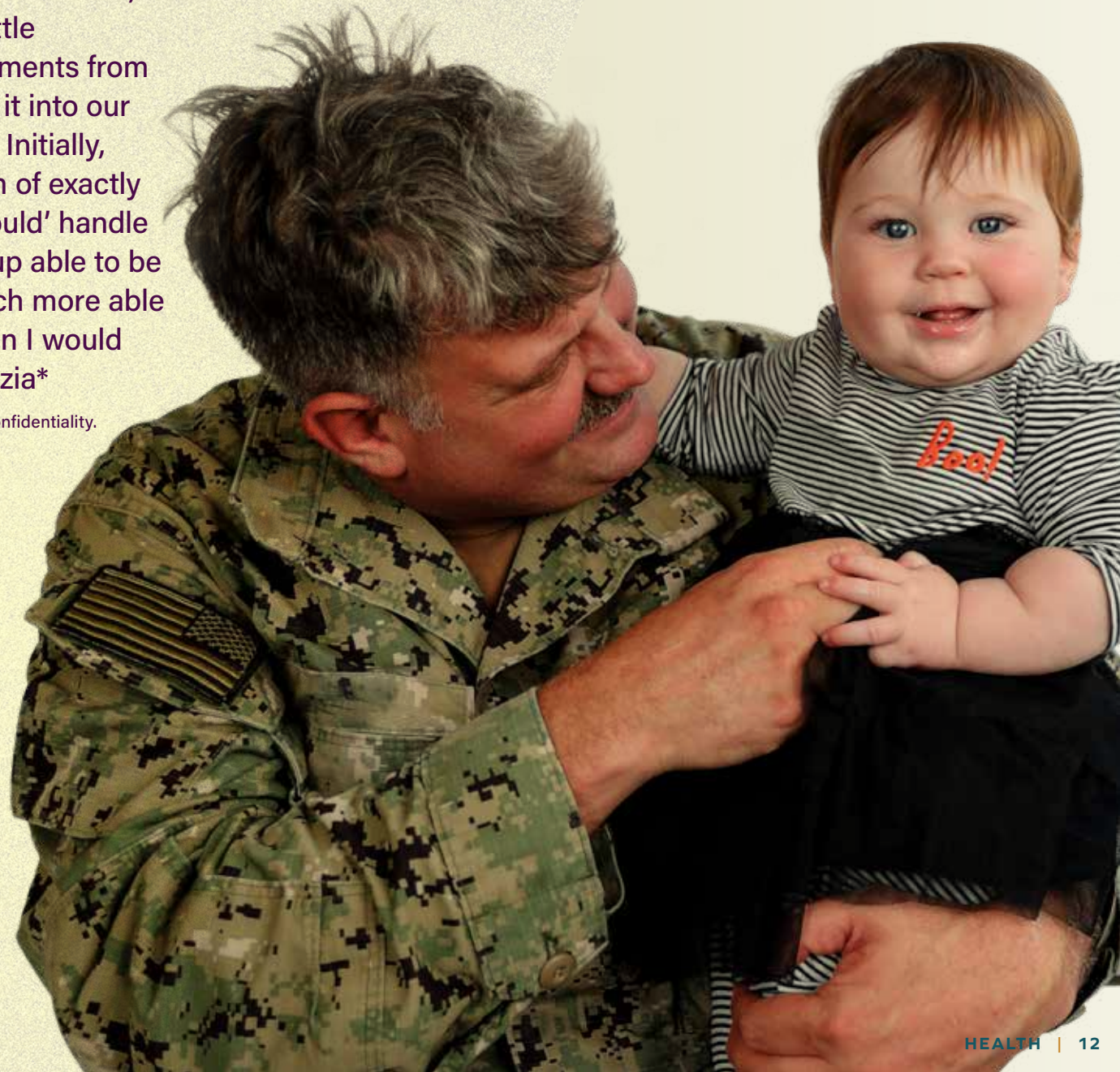
**FIGURE 2.1
HEALTH SYSTEM NAVIGATION**



*In the FY 2022-23 Annual Report, the number of parents served was erroneously reported as 7,189. The actual number of parents served in FY 2022-23 was 6,004.

“As I look back through the notes I made and concerns we had about our son’s behavior and development before starting services with First 5, I notice how many of the little suggestions and encouragements from the program staff have made it into our everyday parenting strategies. Initially, I wanted a ‘silver bullet’ solution of exactly what I ‘should’ do and how I ‘should’ handle tough situations but am winding up able to be more present with my son and much more able to deal with things that come up than I would following a prescribed behavior.” Shazia*

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



EARLY IDENTIFICATION AND INTERVENTION FOR DEVELOPMENTAL CONCERNS

WHY IS EARLY INTERVENTION FOR DEVELOPMENTAL CONCERNS IMPORTANT?

Early intervention for developmental concerns is important because it takes advantage of the brain's most flexible stage, which happens in the first five years of life. During this time, the brain can adapt and change easily, making it more responsive to positive experiences and helpful treatments. Addressing developmental delays early can significantly improve outcomes in areas such as language, motor skills and social-emotional growth and children who receive timely interventions are more likely to catch up to their peers and enter school ready to learn.¹⁵ 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. This disparity in practice further delays children from specific ethnic and racial backgrounds from receiving needed developmental intervention.¹⁶ Early intervention also reduces the likelihood of needing more intensive services later in life, which can be less effective and more costly.¹⁷

In addition to improving developmental outcomes, early intervention has long-term benefits for a child's overall well-being. Children who receive early intervention support demonstrate better academic performance, improved social skills and greater emotional stability as they grow.¹⁸ These children are also more likely to experience positive lifelong outcomes, including higher educational attainment, gainful employment and strong mental health.¹⁹ Investing in early intervention not only benefits children but also has a positive impact on families and society by reducing costs associated with special education, healthcare and social services.^{20,21}

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, MHP and Mi Escuelita screened 15,993 children and identified 3,880 with developmental concerns. Developmental treatment was provided through HDS, Learn Well and KidSTART to 6,816 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 2023-24, 2,471 caregivers of young children were screened for mental health concerns in HDS, F5FS, KidSTART and Mi Escuelita.

FIGURE 2.2
NUMBER OF CHILDREN WHO RECEIVED
DEVELOPMENTAL SCREENINGS AND/OR SERVICES

15,993
CHILDREN SCREENED

3,880
CHILDREN IDENTIFIED WITH
DEVELOPMENTAL CONCERNS

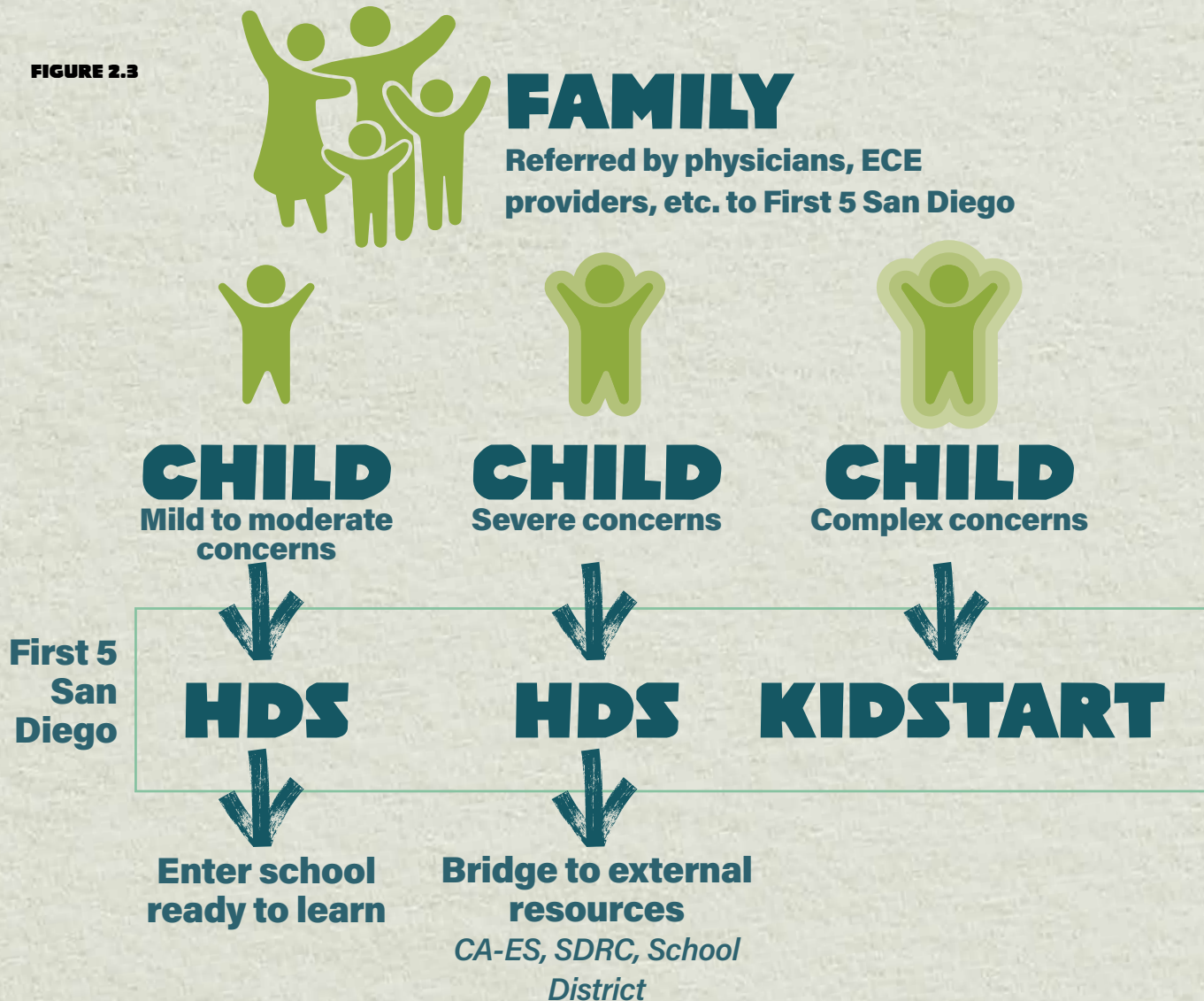
6,816
CHILDREN WHO RECEIVED
DEVELOPMENTAL TREATMENT*

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



As shown in Figure 2.3, in addition to identifying and directly treating children with mild to moderate developmental needs, HDS provides bridging services for children with more severe needs that have been referred to California Early Start, San Diego Regional Center or their school district but are waitlisted or awaiting appointments.

These bridging services offer some intervention for these children and keep their families engaged in the system while they wait for further services. As families are referred to First 5 from pediatricians, early learning and care providers and other sources, HDS and KidSTART serve with an open door, supporting children and families and connecting them to other resources as needed.

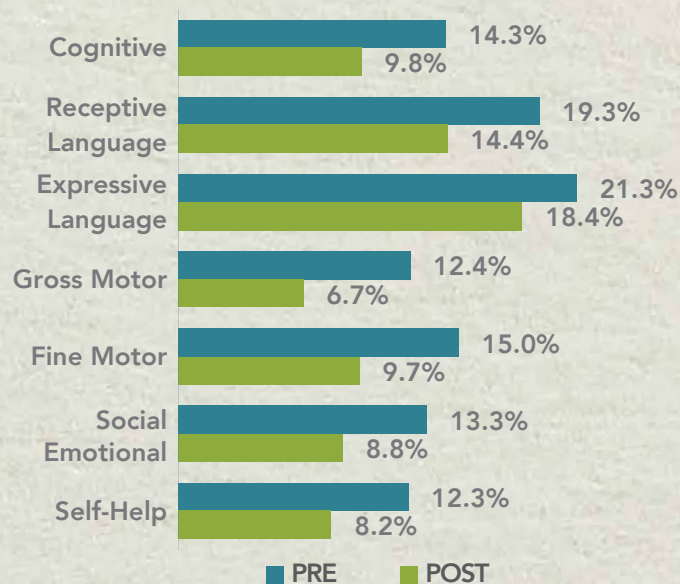


ARE CHILDREN WITH DEVELOPMENTAL CONCERNS IMPROVING?

HDS and KidSTART provide developmental assessment and treatment services for children with mild, moderate and complex needs. Children identified with a developmental concern receive treatment to support and monitor their growth in cognitive, language, motor, social-emotional and self-help domains. Children served through HDS and KidSTART are assessed both at the beginning (pre) and end (post) of treatment. The average

percent delays for children at both time points are presented for children with mild to moderate needs in Figure 2.4 and for children with complex needs in Figure 2.5. Overall, 83.2% 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 because of HDS and KidSTART services indicate that children who complete early intervention services through First 5 are likely to reach their typical developmental trajectory by the time they enter kindergarten.

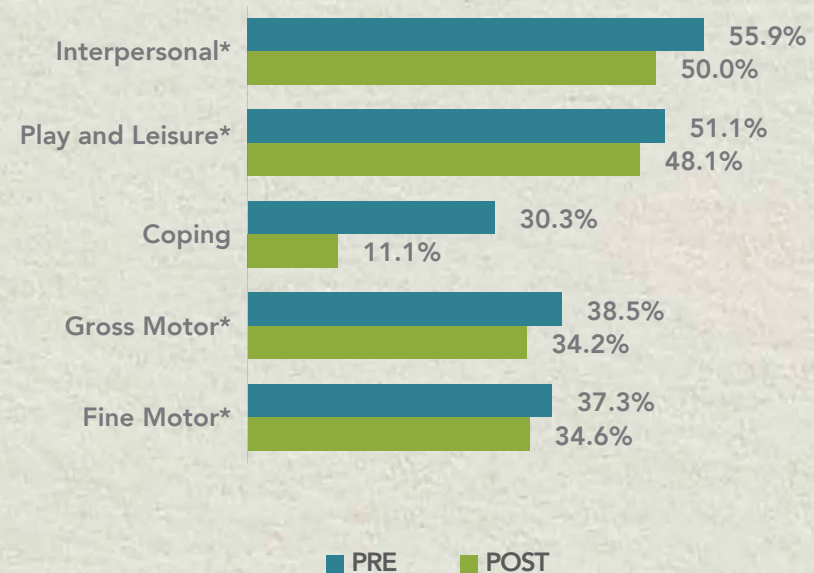
FIGURE 2.4
CHANGE IN AVERAGE PERCENT DELAY FOR CHILDREN WITH MILD OR MODERATE DEVELOPMENTAL CONCERNS*



*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.

FIGURE 2.5
CHANGE IN AVERAGE PERCENT DELAY FOR CHILDREN WITH COMPLEX DEVELOPMENTAL CONCERNS



EARLY IDENTIFICATION AND INTERVENTION FOR BEHAVIORAL AND SOCIAL-EMOTIONAL CONCERNS

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

Approximately 10% of children under five experience social, emotional and/or behavioral problems that interfere with their functioning and development.²² Early intervention for behavioral and social-emotional concerns is critical for fostering positive long-term outcomes in children. Research shows that addressing behavioral concerns early can significantly improve a child's life in various domains, including academic achievement, social skills and emotional regulation. Early intervention can also reduce the risk of more severe issues in the future.²³ Furthermore, early interventions are associated with enhanced outcomes including resilience and adaptive functioning, which helps children navigate challenges more effectively, and helps prevent escalation of problems into more complex issues later in life.²⁴ Proactively addressing behavioral and social-emotional concerns can support healthier developmental trajectories and more successful life outcomes for children.²⁵

WHAT DOES FIRST 5 SAN DIEGO DO?

First 5 San Diego funds community programs that provide screening, assessment and treatment services that are designed to meet the behavioral and social-emotional needs of children ages zero through five. First 5 San Diego providers offer clinical treatment and specialized classes that parents, or caregivers, and children participate in together, as well as one-on-one parent or caregiver coaching to promote a comprehensive approach to well-being. Providing coordinated services to parents or caregivers and children has been shown to be effective at preventing or reducing children's behavioral problems while promoting social skills and academic performance.²⁶

Through HDS, Learn Well and F5FS, First 5 San Diego providers screened 14,203 children, identified 1,631 children with behavioral concerns and provided behavioral treatment for 1,368 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, 86.1% of children who were identified with behavioral concerns and received behavioral treatment showed improvement.
- Of those children receiving clinical treatment through HDS, 76.3% reduced their total behavioral concerns (Figure 2.7).

FIGURE 2.6
NUMBER OF CHILDREN WHO RECEIVED
BEHAVIORAL SCREENINGS AND/OR SERVICES

14,203
CHILDREN SCREENED

1,631
CHILDREN WITH BEHAVIORAL
CONCERNS

1,368
CHILDREN WHO RECEIVED
BEHAVIORAL TREATMENT*

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

FIGURE 2.7
PERCENTAGE OF CHILDREN WHO MADE
BEHAVIORAL GAINS AFTER TREATMENT

78.8%
INTERNALIZING BEHAVIORS

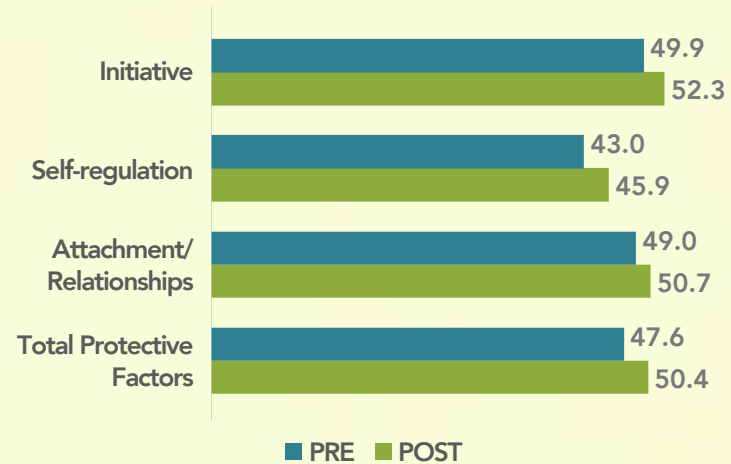
79.0%
EXTERNALIZING BEHAVIORS

76.3%
TOTAL 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, 84.4% of children who participated in group classes or whose parents or caregivers received one-on-one consultations through HDS demonstrated an increase in protective factors.

FIGURE 2.8
CHANGE IN PROTECTIVE FACTOR MEAN SCORES
FOR CHILDREN IN BEHAVIORAL SERVICES*



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

DOULA PILOT PROGRAM: INCREASING ACCESS TO CARE AND HEALTH OUTCOMES FOR BIPOC BIRTHING PEOPLE

The County of San Diego allocated funding from the California Department of Health Care Services to implement a Doula Pilot Program in the efforts to increase access to care and promote better health outcomes for Black, Indigenous, People of Color (BIPOC) birthing people. The Doula Pilot is in alignment with other efforts to increase doula support for pregnant individuals, including the 2023 Medi-Cal expansion to cover doulas services.

First 5 San Diego, in collaboration with the Maternal, Child and Family Health Services branch of the Public Health Services Department, contracted with a local community-based organization, For the Village (FTV), to expand no-cost care to pregnant individuals and provide training opportunities for doulas. Through the pilot program, FTV aimed to enroll 100 birthing BIPOC people and provide participants with prenatal and post-partum services, and train and/or certify 40 new doulas. While the direct service to birthing people was central to the program, an additional critical component was also to engage and train new doulas to adequately amplify the impact of the pilot and lead to more sustainable outcomes for communities.

The Doula Pilot Program provided support for 131 pregnant individuals throughout FY 2023-24. The clients' residences spanned across six regions in the County of San Diego with the most residing in Central Region (n=43). The program supported clients from nine varying ethnicities with the majority (n=60), identifying as African American or Black. The program supported a total of 74 births, with a doula present for 69 births. The doulas supported 72 full-term births and two pre-term births, where the infant was born at 34 weeks 6 days or less.

The Doula Pilot Program offered continuing education and training to 32 BIPOC individuals throughout FY 2023-24. FTV trained people from six varying ethnicities with most identifying as African American or Black. The Doulas received mentorship and professional development opportunities to support healthy birth outcomes for BIPOC birthing individuals at any stage of their pregnancy. The training curriculum included: Perinatal Counseling and Support Services, Labor Support, Infant Care, Cultural Competency, Health Insurance Portability and Accountability Act (HIPAA) Compliance, Breastfeeding, Communicating with Medical Providers, Physiology of Childbirth, Maternal Mental Health, Trauma Informed Care Practices, and CPR Certification.

EXPLORING MEDI-CAL BENEFITS

In January 2023, California Department of Health Care Services (DHCS) launched a new Medi-Cal benefit for dyadic services, building on its family therapy benefit launched in January 2020. These benefits expand needed services to families with children and youth at risk of mental health disorders or when a diagnosis is not in place. With the focus on family-centered services for prevention and mild to moderate needs, these Medi-Cal benefits may provide an opportunity to help mitigate the funding reductions to First 5 San Diego and, in turn, their initiatives like HDS.

American Academy of Pediatrics, California Chapter 3 (AAP-CA3) contracted with UCSF's Center for Advancing Dyadic Care in Pediatrics (UCSF) in June 2023. UCSF is guiding Healthy Development Services (HDS) through an assessment process with the goal of providing recommendations to HDS on appropriateness and feasibility of Regional Service Network (RSN) lead agencies seeking reimbursement for the dyadic care and family therapy benefits.

Some HDS services may be eligible for reimbursement under these Medi-Cal benefits, including:

- Care coordination services for the child or caregiver in support of the child's health
- Caregiver wellness including mental health screening and referral
- Screening, treatment and referral for a child's behavioral health problems
- Screening and referral for social determinants of health
- Providing training and counseling related to:
 - a child's behavioral health issues,
 - developmentally appropriate parenting strategies, and
 - parent-child interactions.

While not an exhaustive list, a key element of this Medi-Cal Leveraging Project is to evaluate and assess what HDS services are aligned with these Medi-Cal benefits.

AAP-CA3, First 5 San Diego, and HDS will better understand the extent to which Medi-Cal leveraging can potentially help mitigate anticipated FY 25-26 budget cuts as this exploratory work with UCSF continues and as relationships are established and strengthened with San Diego health plans.

Upon completion of UCSF's feasibility analysis, AAP-CA3, First 5 San Diego, and HDS can consider UCSF's recommendations and suggestions for implementation and whether a pilot with an HDS Regional Service Network lead agency is an appropriate next step.



ENSURING GOOD ORAL HEALTH

WHY IS ORAL HEALTH IMPORTANT?

Cavities remain the most prevalent yet preventable chronic disease among children in the United States.²⁷ While the prevalence of cavities in permanent teeth has decreased in the past 20 years from 25.0% to 18.0% in school-aged children, children from some minority racial groups and those affected by poverty have seen less improvement.²⁸ For children living in poverty, nearly 1 in 4 experience tooth decay, compared to about 1 in 8 children living in households at twice the federal poverty guideline level or higher.²⁹ Additionally, disparities in the prevalence and severity of dental cavities continue to persist in the United States, with Hispanic and non-Hispanic Black preschool children having higher average levels of dental decay than non-Hispanic White children.³⁰ Effective prevention strategies include regular dental screenings, fluoride varnishes, fluoridated water and the use of fluoride toothpaste.³¹ Early intervention is crucial for maintaining good oral health and preventing the onset and progression of dental disease. Untreated tooth decay can have significant impacts on a child's overall well-being, including disruptions to sleep, delays in speech and language development and challenges in social interactions.³² Additionally, poor oral health can lead to increased school absences and lower academic performance.³³ According to research, 23.3% of children aged two to five have cavities in their primary teeth.³⁴ Despite recommendations from the American Academy of Pediatric Dentistry for a child's first dental visit by age one, approximately 31.0% of children between one and five years old in San Diego County have not visited a dentist.³⁵

WHO DID FIRST 5 SAN DIEGO SERVE?

This year, OHI providers screened 11,360 children for oral health needs and performed dental exams, which may include cleaning, scaling and x-rays, for 9,520 children. A total of 8,768 children received treatment for identified oral health needs, including those considered to be at high-risk for dental disease (Figure 2.9). Among those who were identified as high-risk with dental disease, 99.9% of children received treatment (Figure 2.10). OHI also provided health education for 3,322 parents or primary caregivers of children zero through five and pregnant women in a community or virtual setting.

FIGURE 2.9
NUMBER OF CHILDREN WHO RECEIVED
ORAL HEALTH SCREENINGS AND/OR SERVICES

11,360
SCREENINGS

9,520
EXAMS

8,768
TREATMENT

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



FAMILY STORIES

THE POSITIVE IMPACT OF FIRST 5 SAN DIEGO SERVICES

FROM INSTABILITY TO SECURITY: JULIAN AND RAMIRO'S JOURNEY TO A NEW BEGINNING

Ramiro is a 73-year-old, retired single parent who cares for Julian, a 4-year-old. When they were referred to HDS they were struggling with housing instability, as they had been asked to leave the room they were renting. While figuring out a more stable situation, Julian and Ramiro were couch-surfing with friends. Ramiro's HDS care coordinator connected them with various resources, including San Diego Housing Commission, affordable housing and shelters in the community. Through HDS's support with navigation of resources and services, Ramiro was able to secure a one-bedroom apartment for himself and Julian.

Simultaneously, Julian began receiving behavior services through HDS to address behavior and self-regulation concerns. Within just a few sessions, his HDS clinician had established an excellent relationship with Julian and taught Ramiro how to support Julian with self-regulation and following directions.

During his time with HDS, Julian made improvements in his impulse control and responded well to routines. Near the end of his HDS services, Ramiro shared that Julian's teacher and physician recommended further evaluations, and his HDS care coordinator connected them with San Diego Regional Center, Rady Children's Hospital Developmental Evaluation Clinic and applied behavior analysis therapy, where Julian received a diagnosis and appropriate therapy.

During their time engaged in HDS services, Julian and Ramiro were provided supplemental food assistance, gift cards to support their household and several gifts from the South Bay Community Services Hope for the Holidays events. Ramiro and the HDS care coordinator developed a great bond, collaboratively addressing barriers that came up throughout their engagement in services. This relationship has helped Ramiro become an advocate for Julian and a more active member of his community.

"I am so grateful for the support I have received through HDS. Through their services, I have learned a lot about how to support my child through big emotions and have age-appropriate expectations for his age, so we can continue to build a safe relationship." -Gia*

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

THE RELATIONSHIP BETWEEN PARENT AND CHILD SUPPORTS CHILD WELL-BEING

Anna* was referred to KidSTART by HDS due to concerns about her social emotional development, language and behavior. Anna and her mother, Karina, immigrated to the US one year prior to becoming involved with KidSTART. Anna was only using single words at the time of her referral and really did not engage with others or even engage in play with her mother. Anna's developmental assessment, which considered her background and experiences of trauma, made it clear that early intervention could help identify more specific needs that she may have. While on the waitlist for KidSTART services, Anna's behavior escalated in her daycare program with her being sent home and even removed from the daycare. Due to the risk of losing her placement, Anna was then fast tracked into KidSTART and assigned a Social Worker. Karina was happy to have the support of her Social Worker to navigate the system of services and support Anna's success in services.

Anna was prioritized for behavior support with the KidSTART Behavior Specialist. Karina also worked with the Social Worker to advocate for Anna with the school district and get her additional support. Anna then joined the KidSTART Speech & Motion group, which includes group support with a therapist, behavior specialist and occupational therapist. While she struggled initially, Anna made quick gains, including following routines, utilizing strategies to stay regulated, managing her frustration, communicating her needs and enjoying playing with her peers. Karina also learned new skills from the group classes and was able to apply the skills from group to home. Anna was able to maintain her school placement and thrive in school, and her relationship with her mother changed as mom learned to support Anna's developmental needs and help her to stay regulated. Anna's mom was elated with her progress and kindly shared that she had struggled so much in the beginning but now she felt like they could be a family thanks to the support they received at KidSTART.



LEARNING

WHY ARE HIGH-QUALITY PRESCHOOL AND EARLY LEARNING IMPORTANT?

Early learning programs help bridge the achievement gap between children from different socioeconomic backgrounds. Research shows that children from low-income families often enter kindergarten already behind their more affluent peers, but high-quality preschool can help level the playing field by preparing them academically, socially and emotionally.³⁶ Research also shows that children who attend high-quality early learning and care programs are more prepared for school, have improved literacy and math skills and have lower rates of special education needs. Recent studies affirm the long-term benefits of high-quality early learning. For instance, children who attend well-designed preschool programs are more likely to graduate from high school, pursue higher education and achieve higher earnings as adults.³⁷ Additionally, they are less likely to engage in delinquent behaviors and experience chronic health problems, which suggests that the societal benefits of investing in early childhood education far outweigh the costs.³⁸

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.

FUNDING

\$10,982,603

NUMBERS SERVED

18,828 CHILDREN

3,116 TEACHERS AND STAFF

HIGHLIGHTS

595 EARLY LEARNING AND CARE SITES PARTICIPATED IN THE LEARN WELL INITIATIVE DURING THE 2023-24 SCHOOL YEAR.

90.8% OF LEARN WELL INITIATIVE PARENTS/ CAREGIVERS REPORTED THEIR ABILITY TO HELP THEIR CHILD DEVELOP AND LEARN IMPROVED OVER THE LAST YEAR.

95.5% OF LEARN WELL SITES WORKED WITH EXPERIENCED COACHES TO DEVELOP SITE-SPECIFIC QUALITY IMPROVEMENT PLANS.

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 (Learn Well) and Mi Escuelita Therapeutic Preschool (Mi Escuelita). In total, 18,828 children in San Diego County received high-quality early learning and care through these two programs in FY 2023-24 (Figure 3.1).

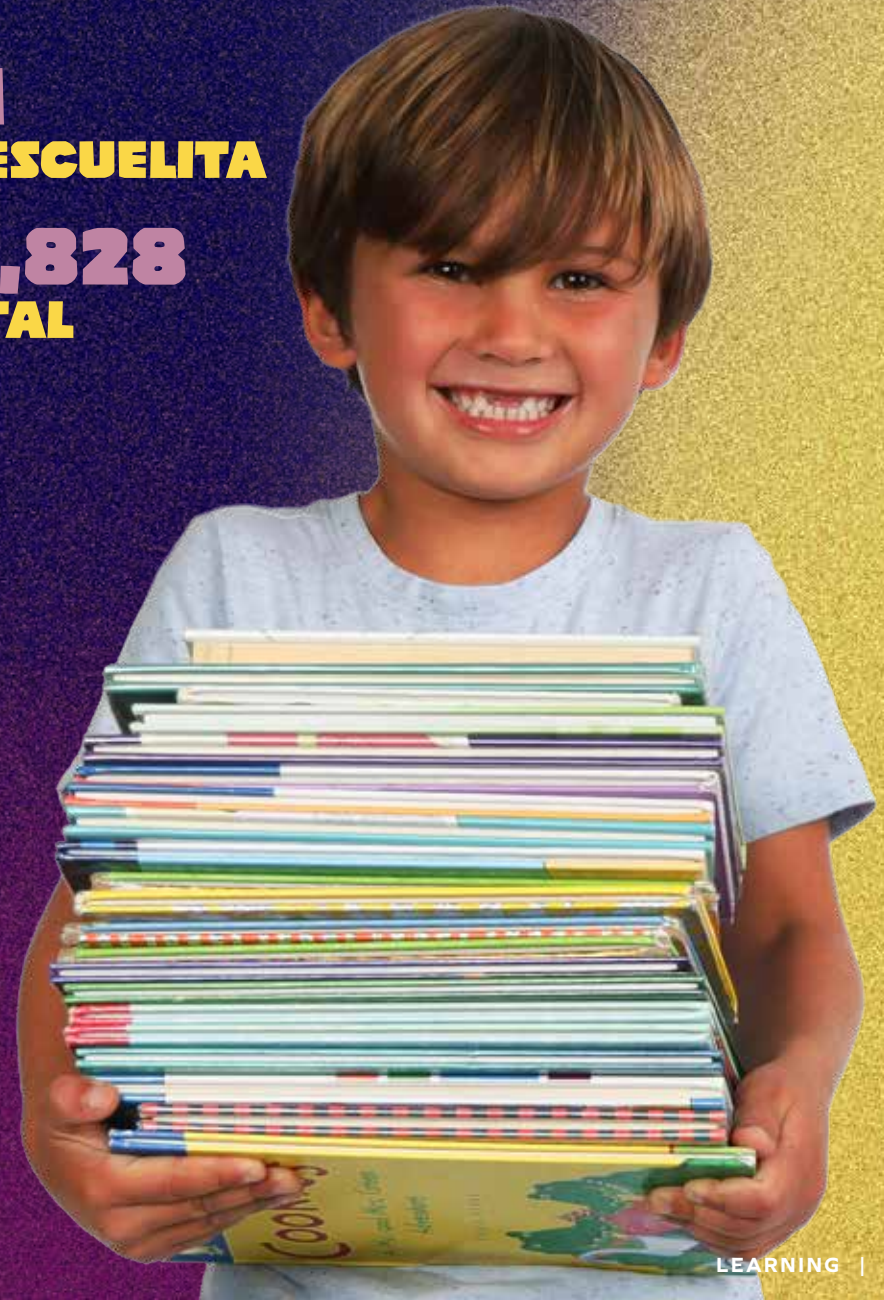
- Learn Well focuses on leveraging and strengthening existing system structures and building the capacity of adults working directly with children and their families. Learn Well provides early learning and care sites throughout San Diego County with tailored resources and supports to help them achieve 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

18,744
LEARN WELL INITIATIVE

84
MI ESCUELITA

18,828
TOTAL



BUILDING CAPACITY OF EARLY LEARNING AND CARE PROVIDERS

WHY IS PROFESSIONAL DEVELOPMENT IMPORTANT?

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.³⁹ Additionally, professional development fosters a sense of community and collaboration among early-childhood educators. By engaging with peers and experts, educators can share experiences, discuss challenges and exchange creative ideas for better supporting young learners' growth.⁴⁰ By continuously expanding their knowledge and honing their skills, educators can create enriching, stimulating and supportive environments where children can thrive academically, socially and emotionally.⁴¹ Professional development is an investment in the future, one that pays dividends for generations to come.

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 for providers to participate in professional development and made the overall professional development process less overwhelming for providers new to Learn Well. This year, 595 early learning and care sites participated in Learn Well. Site leaders from almost all sites (95.5%) worked with experienced coaches to collaboratively develop site-specific Quality Improvement Plans (QIP) outlining short-term measurable goals that target the quality of programming and enhance the outcome of services provided to children. Key outcomes of Learn Well 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?

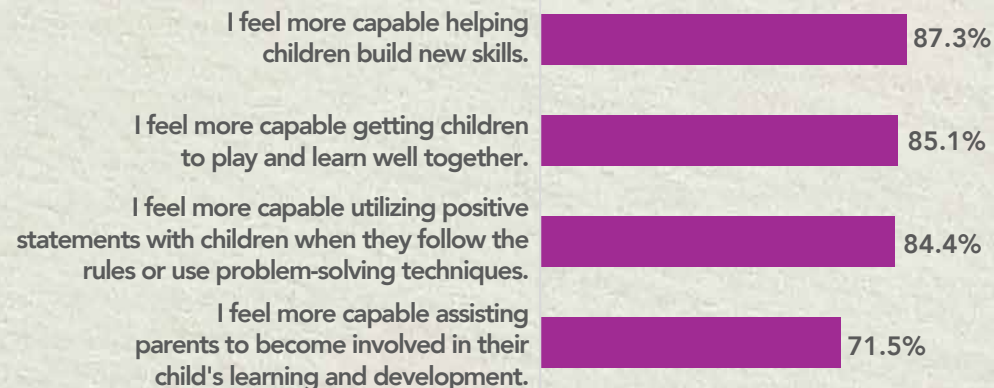
Over the course of the 2023-24 school year, 95.1% of early learning and care providers indicated feeling more confident delivering developmentally appropriate learning opportunities to the children in their care because of the support they received from Learn Well. Similarly, as compared to the beginning of the school year, providers noticed improvements in children's initiative, curiosity, creativity, persistence as learners, self-regulation, executive functioning, mathematical and scientific reasoning, and conflict resolution skills. Overall, 96.0% of providers reported that they have been able to incorporate what they learned through Learn Well into their work with children and families.

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

Existing literature shows that teacher stress is complex and multifaceted. Teacher stress has consequences for the quality of interactions in the preschool classroom, which in turn influences the social, emotional and academic skills of young children. A growing number of studies establish that well-designed professional development opportunities can lead to desirable changes in teacher practice and student outcomes and buffer the stress early learning and care providers experience.⁴² Reflecting on their stress levels during the 2023-24 school year, a vast majority of early learning and care providers (84.7%) indicated that working with children, parents and fellow staff was not a large source of stress for them. However, a little over a third of providers (34.5%) indicated feeling drained at the end of the workday.

During the 2023-24 school year, early learning and care providers also demonstrated an increase in the areas of instructional self-efficacy, disciplinary self-efficacy and efficacy to enlist parental involvement. Over eighty percent of early learning and care providers felt more capable of helping children build new skills (87.3%) and/or getting children to play and learn well together (85.1%). A similar percentage (84.4%) indicated feeling more capable of utilizing positive statements with children when they follow the rules or use problem-solving techniques. Lastly, compared to the beginning of the school year, the majority of providers (71.5%) felt more capable assisting parents to become involved in their child's learning and development as compared to the beginning of the school year (Figure 3.2).

FIGURE 3.2
CHANGES IN PROVIDER'S EFFICACY
DURING THE 2023-24 SCHOOL YEAR



“My coach and I collaborated on so many things including strategies to support our teachers to improve on concept development, individualization of student learning and parent engagement.” - Stacey*, Learn Well Provider

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

FAMILY STORIES

THE POSITIVE IMPACT OF FIRST 5 SAN DIEGO SERVICES

PROVIDER 1

A family child care provider who serves children 18 months through five years of age shared their experience thus far as a Learn Well provider: "It has been a very rewarding experience for me. I enjoy learning and having the opportunity to pick a professional development path with free workshops for my staff and I. My program has grown in confidence and quality because of the supplies received and the different stipends offered. The children have the opportunity to increase their learning and development skills because of the different materials that we now have for them. My coach has been a great support every time we have met. She is always willing to help me in any way that I need to reach my goals. She is very knowledgeable and keeps me on target!"

PROVIDER 2

Before working with Learn Well staff, the staff at a community based early learning and care program, including the site leader and owners, were not familiar with the Ages and Stages Questionnaire (ASQ) or Ages and Stages Questionnaire- Social Emotional (ASQ-SE) developmental screening tools. With Learn Well supports, they focused on learning how to administer the ASQ and interpret results to support children and families during the 2023-24 school year. Over the course of the year, staff attended ASQ trainings provided

by Learn Well staff and the site leader received individualized coaching to better understand the process of implementing and interpreting ASQs. As a result of Learn Well's support, they created an ASQ screening and referral system which benefits the children and families in the program.

PROVIDER 3

During the 2023-24 school year, a faith-based early learning and care program worked with Learn Well staff to strengthen staff's knowledge of early learning and care environments and how to support children's social and emotional skills. Through coaching sessions and access to incentives, they identified areas of need for the classroom. Specifically, the need to create a cozy and quiet space for children to retreat to when they need a moment to themselves, to read a book or to refocus. With materials provided by Learn Well, they created the cozy corner where children have a space to retreat to when their sensory system is overstimulated and have the opportunity to practice their cooperation skills. The new cozy corner supports children's ability to self-regulate which helps to focus on learning.

*Names of sites have been omitted to protect confidentiality.



“The Learn Well trainings helped me accomplish my goals as a Daycare Provider and Site Leader to ensure a better and safer learning environment.” Trang*, Learn Well Provider

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

COMMUNITY COLLEGE TUITION PARTNERSHIP PILOT PROGRAM

The San Diego County Office of Education implemented the final semester of the Community College Tuition Partnership Program funded by First 5 San Diego in the Fall of 2023. The institutes of higher education that participated included Cuyamaca College, Grossmont College, Southwestern College and Mesa College. This program provided early learning and care workforce members with a comprehensive range of tools and resources essential for both academic achievement and long-term career growth. Through personalized advising, access to technology, multilingual support services and clear pathways to permits and degrees, participating students are now equipped to excel in their current career but are also strategically prepared to advance in the field of early childhood education.

A total of 81 early learning and care workforce members benefited from comprehensive support across several key areas:

- **Information Sessions & Advising:** Orientation meetings were conducted in person and via Zoom, with Spanish-language options. Students attended personalized advising on coursework and career pathways, with support available in multiple languages and through various channels, including in-person, virtual and phone meetings.
- **Administrative Support:** The colleges created a seamless student access system for ease of payment for tuition, textbooks, parking permits and technology.
- **Tutoring & Academic Resources:** Tutoring and academic support were provided, with resources available in several languages. Students were introduced to campus and online resources, including the Tutor Center and the English Writing and Humanities Center.
- **Technology & Materials:** Students received essential technology, including laptops, to support their coursework, with Zero Cost Textbooks available for some courses.
- **Financial & Transfer Opportunities:** Information on financial opportunities, such as the Child Development Training Consortium (CDTC) and transfer options to BA programs, was provided.
- **Child Development Permit Application Support:** Individual meetings and workshops were held to assist with the permit application process with the distinctions between the various Early Childhood Education (ECE) permits offered by the California Commission on Teacher Credentialing.
- **Career Support:** Students had access to workforce advisors and career counselors, with flexible office hours offered to meet diverse scheduling needs.

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). Through the SSA Pilot, 15 providers had the opportunity to work directly with coaches to enhance their business practices, explore the use of technology for program efficiencies, expand their community connections and obtain professional development. Providers reported that through trusting coaching relationships they were more comfortable asking for support, gained more confidence as business owners and felt empowered communicating with parents and vendors. During the 2-year pilot, YMCA CRS and CDA implemented an established model, data collection tools and best practices that would serve as the foundation for an expansion program. In the summer of 2023, the County of San Diego approved \$2 million in American Rescue Plan Act funding to expand SSA countywide and awarded the contract to YMCA CRS based on the success of the pilot. The lessons learned from the pilot were critical in refining the expansion program to meet ongoing provider needs focusing on budgeting and financial management.



IMPACT LEGACY AND IMPACT HUB

The IMPACT grant aims to expand access to the Quality Counts California (QCC) Quality Rating and Improvement System (QRIS) and provide resources and quality support to center and home-based early learning and care (ELC) educators serving high-need communities and populations.

In FY 2023-24, the San Diego County Office of Education (SDCOE) partnered with 579 ELC sites across San Diego County to participate in the local QCC and QRIS program, known as the San Diego Quality Preschool Initiative (SDQPI). This grant was designed to enhance the support provided to these 579 sites, offering one-on-one coaching to program administrators, professional development for all site staff (including administrators, teachers and data technicians), technical assistance to site leaders and resources to further implement quality practices.

Among the participating sites, 75% serve children in the infant-toddler age group and 55% are home-based programs, known as Family Child Care homes (FCC) and Family, Friend and Neighbor (FFN) care. These demographics are crucial targets for the grant's implementation, with SDCOE exceeding its initial target of 40% participation for infant and toddler programs in this first year. The agency is also close to reaching its second target of 60% participation from FCC and FFN programs.

As a single-county region, SDCOE has successfully ensured that participation includes ELC sites from across the county: 33% in the South Region, 17% in Central, 18% in East, 7% in North Central, 10% in North Coastal and 15% in North Inland. Center-based programs are most concentrated in the North Inland Region, with 25%, followed by North Coastal (15%), North Central (9%), East (18%), Central (14%) and South (19%). In contrast, the majority of FCCs are located in the South Region, with 45%, followed by Central (21%), East (17%), North Inland (7%), North Coastal (5%) and North Central (5%). The smallest group of participants, FFNs, are primarily located in the South Region (71%) and East Region (29%).

A total of 3,116 ELC workforce members are employed by the sites participating in SDQPI. These professionals had access to 287 professional learning opportunities, with a total attendance of 7,208 participants. This aspect of the grant is particularly significant, as it requires the grant holder to provide high-quality training for its participants.

Another critical component of the grant is providing consistent and equitable coaching to participants. This was achieved through 4 to 8-week coaching cycles for 579 site leaders, which included self-reflection, culturally responsive practices for staff, children and families, and addressing the needs of adult learners while working on quality improvement plans. A total of 4,467 coaching hours were delivered during the 2023-24 program year. A significant emphasis was placed on supporting programs in fostering the learning and development of multilingual learners. With San Diego's diverse population, 40% of the 18,744 children enrolled in participating programs speak a language other than English.



PARENTING AND HIGH-QUALITY EARLY LEARNING AND CARE

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

Parents, as their children's first and most influential educators, have a unique and powerful role in fostering their children's growth and development, and advocating for their educational needs. Active involvement of parents and caregivers in their child's early learning experiences reinforces the lessons learned in early care settings, creating a consistent and supportive learning environment. This involvement helps children develop essential social, emotional and cognitive skills, leading to better academic outcomes as they grow.⁴³ Learn Well is dedicated to strengthening parent and caregiver participation in their child's learning journey.

Parents and caregivers involved in Learn Well participated in an online survey at the end of the 2023-24 school year to evaluate changes in their understanding of child development, their confidence in meeting their child's needs and their capacity to support their children throughout the year (Figure 3.3). The survey results showed that 85.2% of parents/caregivers felt their knowledge of their child's development had increased during the school year. Moreover, 90.8% of parents and caregivers reported an improvement in their ability to help their child learn and grow.

Additionally, 89.1% noted an enhanced ability to support their child's social-emotional well-being, and 86.8% reported being more capable of supporting their child's behavior.

Learn Well providers strive to help families understand the community resources and support available to them. Over the 2023-24 school year, 75.7% of Learn Well parents and caregivers reported an increase in their knowledge of these community services and resources. Additionally, 79.3% indicated that their ability to secure the necessary services and resources for their child improved during the year.

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

Learn Well supports developmental and behavioral screenings to identify strengths and concerns that may require focused interventions, referrals or further assessments for children. This year, 11,266 screenings were completed in collaboration with Learn Well parents/caregivers. During the year, 1,640 children received special education and related services under the Individuals with Disability Education Act (IDEA) and had an Individual Education Plan (IEP) developed to support their individual learning needs.

"My provider is really resourceful and communicates very well with me about my child and his development and behavior."

- Naomi*, Learn Well Parent/Caregiver

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

FIGURE 3.3
CHANGES IN PARENT'S/CAREGIVER'S KNOWLEDGE AND CONFIDENCE IN CARING FOR THEIR CHILD



“The program offers many different and new learning opportunities for my child and has opened their eyes to who they are as an individual and what they personally like and don’t like to do.”

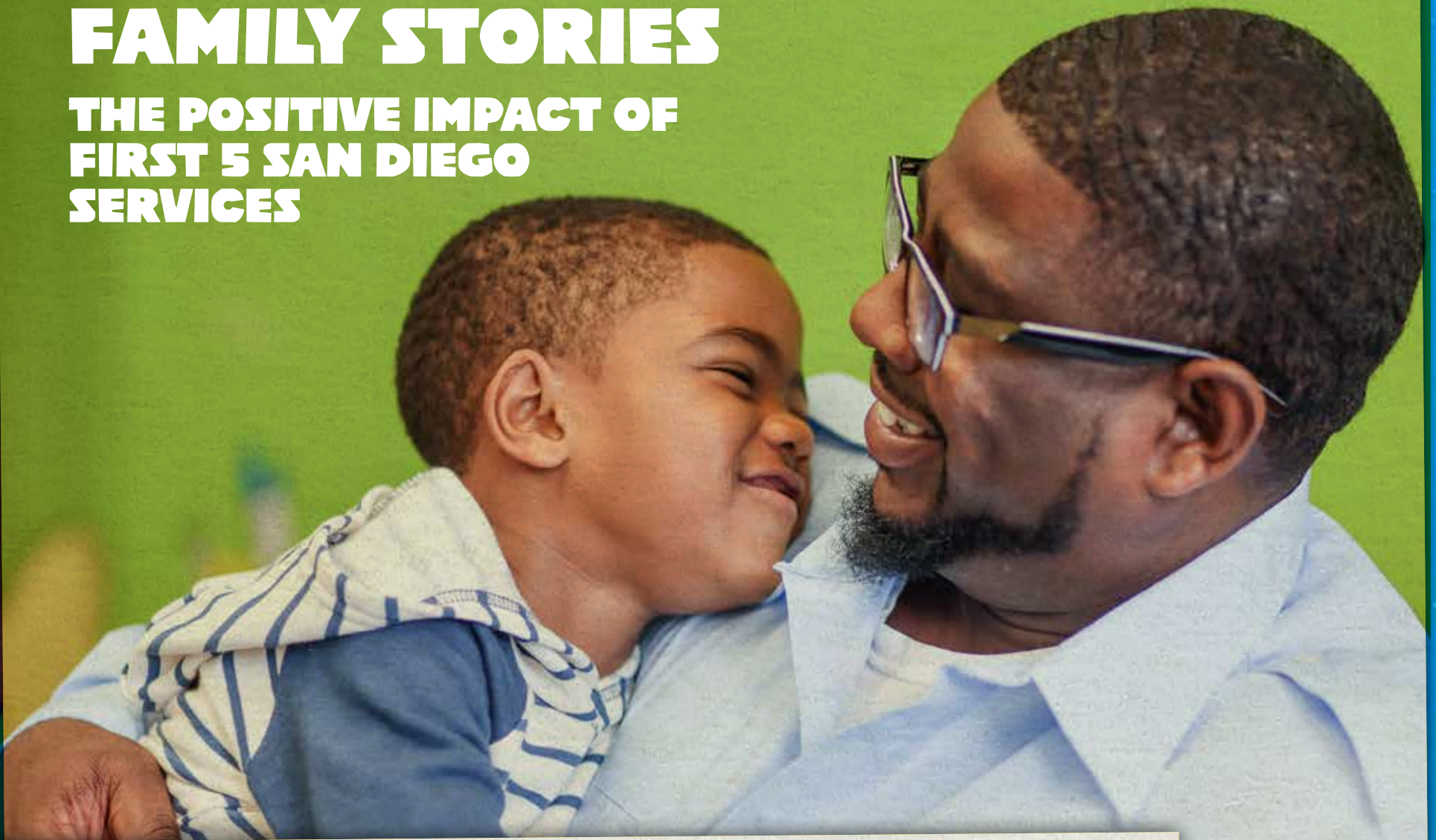
- Harvey*, Learn Well Parent/Caregiver

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



FAMILY STORIES

THE POSITIVE IMPACT OF FIRST 5 SAN DIEGO SERVICES



“Having conversations with my child’s teacher was helpful as I was able to understand my child’s experience outside the context of my care. And being able to have similar dialogue as her caregiver at school is helpful.”

- Alisha*, Learn Well Parent/Caregiver

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



“I am very thankful for this program in which the staff is educated and provides resources, referrals and support.”

– Tariq, Learn Well Parent/Caregiver

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



FAMILY

WHY IS FAMILY IMPORTANT?

Families are a child's first teachers and nurturers, and they play a primary role in a child's health and development.^{44,45} Strong family engagement is essential to promoting a child's healthy development and helps create the foundation for a secure attachment between parents and children. A secure attachment enables children to feel safe and comfortable to explore and interact with the world.^{46,47} In fact, positive parenting practices can have a protective effect, independent of how many adverse childhood experiences a child has experienced.⁴⁸ Positive parenting also helps children learn to regulate emotions and develop the skills to face challenges throughout their life.^{49,50}

Children develop within a network of relationships that include secure family structures and positive relationships with adults that support a child's cognitive and social-emotional development, school readiness and overall academic success, buffers against social and behavioral problems, and increases a child's capacity to form positive relationships.^{51,52,53} 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.⁵⁴ Engaging families in programs that help build parenting skills and promote a child's learning, development and wellness is integral to preparing children to reach their fullest potential.^{55,56,57,58}

WHAT DOES FIRST 5 SAN DIEGO SUPPORT?

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

WHAT DOES FIRST 5 SAN DIEGO FUND?

First 5 San Diego supports families through the following programs: First 5 First Steps (F5FS), Healthy Development Services (HDS), KidSTART, Maternity Housing Program (MHP), Oral Health Initiative (OHI) and the Learn Well Initiative (Learn Well). 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.

FUNDING

\$9,626,862

NUMBERS SERVED

9,438 CHILDREN

6,263 PARENTS

HIGHLIGHTS

80.3% OF HDS AND LEARN WELL PARENTS AND CAREGIVERS INCREASED THEIR FREQUENCY OF TALKING, READING, AND/OR SINGING TO THEIR CHILD.

89.4% OF HDS AND LEARN WELL PARENTS AND CAREGIVERS INCREASED THEIR KNOWLEDGE OF AGE-APPROPRIATE CHILD DEVELOPMENT.

85.1% OF F5FS CAREGIVERS READ, SING OR TALK WITH THEIR CHILD THREE OR MORE DAYS PER WEEK.

MORE THAN 17,000 PARENT RESOURCE KITS WERE DISTRIBUTED.

WHY ARE SERVICES TO FAMILIES IMPORTANT?

Building a strong, supportive and nurturing caregiving environment 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.^{59,60,61}

Home visiting and other parent and caregiver support programs provide individually tailored support to families and connect them to needed services, teach parents how to support their child's growth and development, improve parents' coping and problem-solving skills and empower parents to advocate for their child.^{62,63,64}

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, especially when they are implemented in the first three years of a child's life.^{65,66,67,68,69} Parent support programs such as home visiting lead to improved maternal and child health, improved educational outcomes, reduced juvenile delinquency and improved family economic self-sufficiency.^{70,71}

In addition, parent support programs help families establish positive relationships, increase their confidence and improve parent's knowledge and social support, including building connections with other families and community members.^{72,73} 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.⁷⁴

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.

The Family First Prevention Services Act (FFPSA) was signed into law on February 9, 2018. This legislation includes historic reforms to help keep children safely with their families and avoid the traumatic experience of entering foster care. Congress recognized that too many children are unnecessarily separated from parents who could provide safe and loving care if given access to needed mental health services, substance abuse treatment or improved parenting skills. FFPSA provides child welfare agencies with the tools needed to help children and families in crisis.

In FY 2023-24, the First 5 First Steps (F5FS) network expanded participation to include all direct service sites in the FFPSA pilot. The goal is to learn how San Diego County can draw down federal funds by serving eligible families. Families with a child under 24 months old and deemed at risk for Child Welfare involvement are eligible. The work this year has led to a higher number of referrals to F5FS from Child and Family Well Being (CFWB) as well as greater collaboration between the Office of Family Strengthening and the Office of Child Safety.

Letter to a Family Support Specialist

"I want to thank you for all this time you have supported us in [my daughter's] development. Thank you for resolving my doubts and your advice. Thank you for always listening to me and making me feel better. I once told you that I didn't know how you always had the right words to say but your visits always made me feel better. Thank you for always cheering me on. I learned a lot from you, and you taught me how to take time for me and to take care of myself and things that make me happy, and now I am and it's going well. You are incredible, keep supporting other families. God bless you and your family. We will miss you." - Samantha*

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





SUPPORTING FAMILIES THROUGH HOME VISITATION

WHAT SERVICES DOES FIRST 5 SAN DIEGO OFFER FOR FAMILIES?

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

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

WHO DID FIRST 5 SAN DIEGO SERVE?

F5FS serves high-risk families, including pregnant and parenting teens, military, immigrant, refugee and low-income families, 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.^{75,76,77} This year, 566 pregnant individuals or caregivers and 526 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:

- **96.7% of children** were linked to a medical home within 30 days of enrollment.
- **94.8% of mothers** were linked to a medical home by the time their babies were 6 months old.
- **63.8% of mothers** reported breastfeeding when their babies were 6 months old.
- **96.8% of parents or caregivers** reported their children were up to date with their Well Baby Checks at 12 months of age.
- **93.8% of parents or caregivers** reported their children were up to date with their immunizations at 12 months of age.
- **94.9% of babies** born to mothers enrolled in F5FS were born after 37 weeks gestation.
- **96.1% 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

90.9% Problem Solving

89.7% Mobilizing Resources

“I am grateful that I have access to a wonderful family support specialist (FSS) that I feel goes above and beyond to make sure I feel welcomed, heard, and is there for me. She finds resources that meet my needs, especially the therapist. I would be lost right now without the whole team. I am truly appreciative of this program and for my FSS being in my life, I can't thank her enough.”

– Victoria*

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



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.^{78,79} 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 Learn Well, 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 17,889 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:

- 86.6% of parents and caregivers who participated in HDS, Learn Well and KidSTART reported knowing how to advocate for their child (Figure 4.2).
- F5FS parents and caregivers demonstrated competency in knowledge of child development, scoring an average of 5.1 out of 6.0 (Figure 4.3).
- 89.4% of parents and caregivers who participated in HDS and Learn Well reported an increase in their knowledge of age-appropriate child development (Figure 4.4).
- 80.3% of HDS and Learn Well parents increased the frequency of talking, reading and/or singing to their child (Figure 4.4).

FIGURE 4.2
PERCENTAGE OF PARENTS AND CAREGIVERS WITH IMPROVED KNOWLEDGE OF HOW TO SUPPORT THEIR CHILD (HDS, LEARN WELL AND KIDSTART)

93.8%
HELP MY CHILD LEARN AND DEVELOP

92.7%
UNDERSTAND MY CHILD'S NEEDS

86.6%
KNOW HOW TO ADVOCATE FOR MY CHILD

83.0%
KNOW WHERE TO TURN FOR RESOURCES

FIGURE 4.3
AVERAGE KNOWLEDGE SCORES FOR CAREGIVERS WHO RECEIVED HOME VISITATION SERVICES



FIGURE 4.4
80.3 % OF HDS AND LEARN WELL PARENTS AND CAREGIVERS INCREASED THEIR FREQUENCY OF TALKING, READING, AND/OR SINGING TO THEIR CHILD



89.4% OF HDS AND LEARN WELL PARENTS AND CAREGIVERS INCREASED THEIR KNOWLEDGE OF AGE-APPROPRIATE CHILD DEVELOPMENT

CARE COORDINATION

Children served by 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 8,900 children, parents and caregivers received care coordination services through First 5 San Diego programs during FY 2023-24, including:

- **241 children** and **303 parents and caregivers** in KidSTART;
- **5,210 families** in HDS; and
- **3,568 children** in OHI.

FAMILY STORIES

THE POSITIVE IMPACT OF FIRST 5 SAN DIEGO SERVICES

FIRST 5 FIRST STEPS FAMILY WINS AWARD

Maria Dolores Montealvo is a homemaker and mother of three daughters, Montserrat (age 9), Giovanna (age 6) and Denisse (age 3). When Maria and her husband Gavino were first married, it was a difficult time. They both had health problems, were struggling financially and didn't have a car. Gavino was also dealing with substance use issues. It was at that time that Maria decided that something needed to change. She got a job to help support the young family financially and to help her husband through his recovery. After one year, they were able to buy their first car. After three years, they were able to buy a second car and welcomed their first daughter, Montserrat.

After the birth of her first child, Maria's motivation to continue to make a better life for her family was reinvigorated and she started to go to food banks for food, which in turn helped the family financially. Then, their second child, Giovanna, was born and the family was able to rent a trailer to live in. Despite these improvements, the Montealvo family was still struggling.

After two years, Maria got pregnant with her third child, Denisse. It was at this time that Maria said, ***"my life took a 360-degree turn."*** Maria learned about the F5FS program and, with the same motivation she carried all these years to create a better life for her family, she decided to enroll in the program. Maria knew she made the right choice when her Family Support Specialist, Odilia, told her during her first visit ***"Whatever you need, we are here to help you."*** Maria shared, ***"This was the first time anyone had ever told me that. I felt understood and happy that someone cared about me, my well-being and the well-being of my family."***

At first, Maria was concerned about where she would meet with Odilia since her home was small. Odilia explained that the home visits could be done anywhere, including outside of her trailer on the patio. As Odilia started to work with Maria, she told her, ***"I feel like my family is just existing. We work, we have a roof over our head, but I still feel like something is missing."*** Odilia shared that Maria described being mentally checked out. As Odilia and Maria worked together, Maria learned that for her children to flourish, they needed to form secure bonds with her and Gavino because this would help her children understand and manage their emotions and form nurturing and meaningful connections. Through regular home visits, a light bulb went off for Maria and she realized, ***"I have to fill my own cup in order to fill others."*** Maria shared,

"I learned new strategies on how to be a better mom. I learned about feelings and emotions and started working on them. I learned the importance of spending quality time with my loved ones, and, above all, I learned more about myself and the people I love. All I had to do was accept the support and put it into practice. This led me to make several big changes for the well-being of my family. We were able to buy the trailer we rented and then set goals to save money to remodel our home, making it safer for our daughters. I was able to have better communication with my husband, thanks to the mental health support I received from the program. Now, we resolve everything by talking and are doing the best we can. All of this was possible thanks to the support I received."

Maria and Gavino also worked on their own relationship. As Maria described, ***“I think that one of the most important goals was learning how to communicate. Through the programs mental health support, my husband and I realized that we were not really communicating. Even though he went through the recovery process, it had not taught him the skills to engage with his family. He was providing, but not mentally present. Now, he takes time off from work to be there for me and the girls. We are happier because we learned about communication skills. We are a connected family that understands each other.”***

Odilia noted this shift in the family dynamic as well. She shared that when Maria learned new communication strategies, Gavino noticed changes in her. He decided to start listening to all the information Odilia shared and practiced at home with Maria. With Maria and Gavino communicating more clearly, the family started to set bigger goals. First, they bought the trailer they were renting, then they both worked together to remodel it. The changes were noticeable in between visits. They started by fixing a hole in the ceiling. Then, Gavino built a huge patio cover right outside of their trailer because he wanted to build this space for the girls to play in the shade.

The Montealvo family has also been able to achieve another big dream to travel! They were able to travel to Texas twice to visit Maria’s sister and even took a road trip to Virginia and Washington D.C. to learn about the history of the United States. As of today, the Montealvo family lives in the same trailer and Gavino has the same job. But now, the family is happy and at peace. So, what changed? Their way of connecting with their children and each other.

Odilia also encouraged Maria to apply for a Recovery Action Grant through a local agency. She was awarded a \$4,000 grant which the family plans to use to continue to remodel and upgrade their trailer. Maria was also one of two parents selected for the Graduate of the Year award from Healthy Families America (HFA). Each year the HFA National Advisory Committee offers an award to two parents that have graduated from a current HFA affiliate site over the last year and are willing to share their inspiring story. The Montealvo’s story truly is inspiring. Although the family was sad to graduate from the program, the skills and lessons they learned will continue to impact their family for many years to come.

“With the confidence I got by being in the First Steps program, I now believe in myself, and I know that I can achieve everything I set my mind to. The First Steps Program has helped me make my life better with all the important information brought to each visit which has helped me understand about my babies’ growth and development, and who we are as parents. They treated us with so much respect. I felt understood and happy that someone cared about me, my well-being and that of my family. I participated in all the activities the program offered. But the greatest benefit is in practicing what we have learned, and we see the results. I have a family that now knows how to manage their emotions, and we know the importance of our emotional well-being. I can say that we feel fulfilled and happy. I want to thank my educator and all the members of this program for all their support and for changing my life. Today I am ready to overcome any adversity.”

-Maria Dolores Montealvo



COMMUNITY

WHY IS COMMUNITY IMPORTANT?

Thriving communities offer a foundation for children and their families to develop and prosper. Healthy 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, promote community-building and offer opportunities for families with young children to participate in fun activities together. 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.





FUNDING

\$804,569

NUMBERS SERVED

**30,784 CHILDREN
AND PARENTS**

HIGHLIGHTS

**FIRST 5 SAN DIEGO
SPONSORED AND
PARTICIPATED IN
LOCAL COMMUNITY
EVENTS THAT
REACHED OVER
100,000 SAN
DIEGANS**

**FIRST 5 SAN DIEGO
PROVIDERS MADE
6,492 HEALTH AND
SOCIAL SERVICE
REFERRALS**

**THIS YEAR, 2-1-1
SAN DIEGO MADE
25,388 REFERRALS
FOR FAMILIES
WITH CHILDREN
AGES ZERO
THROUGH FIVE**

BUILDING A HEALTHY AND THRIVING COMMUNITY

HOW IS FIRST 5 SAN DIEGO SUPPORTING COMMUNITY AWARENESS?

First 5 San Diego invests in public education campaigns to educate parents, caregivers and the San Diego community on the importance of the first five years of a child's life. The FY 2023-24 Talk, Read, Sing campaign promoted early childhood literacy and encouraged parents and caregivers to talk, read, sing and be active with their children. Messaging also promoted positive parenting practices that support healthy, social emotional development of children ages zero through five. Campaign messaging was broadcasted via television, radio, digital media and outdoor advertisements. The campaign achieved more than 80 million gross impressions, and the use of First 5 San Diego's website averaged 13,269 page views per month and 6,662 new visitors each month.

HOW IS FIRST 5 SAN DIEGO CONNECTING FAMILIES TO SERVICES?

Children and families who receive services through one of First 5 San Diego's funded programs often receive referrals to other First 5 San Diego providers or community agencies to help ensure that all their family's needs are addressed. This year, First 5 San Diego-funded programs made 6,492 of these health and social service referrals. First 5 San Diego also supports referrals for the broader San Diego community through 2-1-1 San Diego and the First 5 San Diego Warm Line (1-888-5 FIRST 5). By dialing either of these numbers, any family in San Diego County can be connected to health and social services near them. This year, 2-1-1 San Diego made 25,388 referrals for families with children ages zero through five.

CO-SPONSORED COMMUNITY EVENTS

First 5 San Diego sponsored and participated in local community events that reached over 100,000 San Diegans.

LIVE WELL 5K FAMILY FUN ZONE

First 5 San Diego partnered with *Live Well San Diego* and sponsored the *Live Well San Diego* 5K. This is an annual event that brings thousands of San Diegans together for a run/walk and an interactive, family-friendly expo in support of a healthy, safe and thriving San Diego County. San Diego County's Live Well San Diego 5K, in partnership with 2-1-1 San Diego, is an opportunity for families to be physically active, enjoy quality time with their neighbors and community members, and connect with dozens of participating partners sharing information and resources. First 5 San Diego sponsored the Family Fun Zone which partnered with The Home Depot – Imperial Beach Store to provide a Kid's Clinic where children and families could build and paint a project together. Family resource partners included The San Diego Community Birthing Center, The Special Needs Resource Foundation of San Diego, Neighborhood House Association, Olivewood Gardens and Learning Center, Child Development Associates, Jewish Family Services, and Foster and Adoptive Resource Family Services.

KIDS FREE OCT - MUSEUM MONTH FEB (SD MUSEUM COUNCIL)

In FY23-24 First 5 San Diego sponsored Kids Free San Diego in October 2023 and Museum Month in February 2024 through the San Diego Museum Council. During Kids Free San Diego, children ages 12 and under enjoy free admission to dozens of museums and other family friendly attractions throughout San Diego. Museum Month offers half off admission to more than 70 museums in the San Diego region. As part of the sponsorships for both initiatives, First 5

San Diego received the following: logo included on all promotional materials as well as website and digital coupons in both Spanish and English; included in the press release and invited to participate in earned media opportunities; dedicated social media posts about First 5 San Diego and free passes to museums for First 5 San Diego to giveaway. More than 100,000 kids and parents participated in Kids Free (20% increase over 2022), 23,000 passes downloaded, 85,000 new website visitors during Kids Free. More than 110,000 kids and partners participated in Museum Month, 150,000 new website visitors during Museum Month and for the first time, Museum Month included a dozen cross-border locations in Tijuana. Through these sponsorships, First 5 San Diego receives significant visibility, opportunities to participate in earned media and an increase in social media engagement through museum pass giveaways.

ALL INCLUSIVE DAY OF PLAY

First 5 San Diego partnered with the Special Needs Resource Foundation of San Diego to sponsor their 6th Annual "All-Inclusive Day of Play & Resource Fair." This free family event was designed to help families educate themselves and connect with the community. At the resource fair, community groups provided awareness information, resources and support for all participants. The event had plenty of fun for the kids too with games, opportunity drawings and performances.

SUMMER MOVIES IN THE PARK

First 5 San Diego partnered with the County of San Diego Parks and Recreation to sponsor Summer Movies in the Park. Summer Movies in the Park is the largest free outdoor movie series in San Diego County, with dozens of hosting sites and more than 100 screenings in neighborhoods from the beach to the desert, and everything in between. Now in its 16th year, the program offers show times in the cities of San Diego, Carlsbad, Imperial Beach, La Mesa, Lemon Grove, Oceanside, Poway and Vista, along with unincorporated areas like Fallbrook, 4S Ranch, Julian, Lakeside, Pine Valley, Ramona, Rancho San Diego and Spring Valley.

WATERFRONT PUMPKIN PATCH

First 5 San Diego partnered with San Diego County Parks Society to sponsor the Waterfront Park Pumpkin Patch. The Waterfront Pumpkin Patch was constructed to provide a free, inclusive, age-appropriate event that reinforced family time, a good sense of community, and child development. By encouraging visitation to Waterfront Park, the Department of Parks and Recreation introduced families to the myriad programs available through park services, such as educational classes (i.e. art and science), fitness classes, sports programs and community awareness for parents and children. Sponsors that aligned with family-building and enrichment goals had an opportunity to share information and promote a healthier and more positive lifestyle.

NEIGHBORHOOD HOUSE ASSOCIATION BLOCK PARTY

First 5 San Diego partnered with Neighborhood House Association for their 2nd Annual Block Party. The event was free for families to attend and obtain resources while enjoying free fun activities at each booth. This year, First 5 California was invited to join the Block Party and brought along their Stronger Starts campaign via their Toxic Stress Takedown Truck. The truck was equipped with touch screen monitors for children to play the Toxic Stress Takedown Game as well as prizes and resources for families. The Stronger Starts campaign is a First 5 California initiative to raise awareness among California parents and caregivers about toxic stress responses in children 0-5 years old caused by Adverse Childhood Experiences, known as ACEs.



THANK YOU TO OUR PARTNERS

2-1-1 San Diego

American Academy of Pediatrics, California Chapter 3

California Children & Families Foundation

Family Health Centers of San Diego

First 5 Commission of California

For The Village

Harder+Company Community Research

**Health and Human Services Agency - Homeless Solutions
and Equitable Communities - Office of Immigrant and Refugee
Affairs**

Health and Human Services Agency - Public Health Services

Health and Human Services Agency - Self Sufficiency Services

Health Quality Partners of Southern California

Home Start

MIG

Palomar Health Development

Persimmony International

Rady Children's Hospital - San Diego

San Diego County Office of Education

SAY San Diego

SBCS

The Children's Initiative

YMCA of San Diego County-Childcare Resource Service

FINANCIAL INFORMATION FY 2023/24

INVESTMENTS AND LEVERAGED RESOURCES

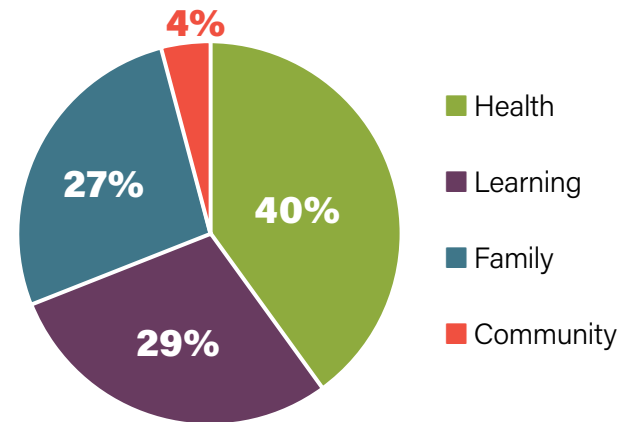
FIRST 5 SAN DIEGO COMMUNITY INVESTMENTS

During FY 2023-24, First 5 San Diego invested a total of \$34,923,149 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.

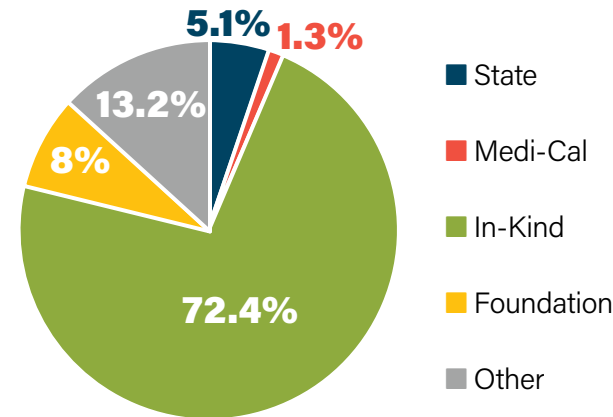
FUNDS AND RESOURCES LEVERAGED

As a direct result of the Commission’s financial investments, contractors leveraged an additional \$10,323,207 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 5.1
FIRST 5 SAN DIEGO INVESTMENTS
BY PROGRAM AREA**



**FIGURE 5.2
LEVERAGED FUNDING**



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

| REVENUES | |
|--|---------------------|
| Prop 10 Tobacco Tax | \$21,959,123 |
| F5CA Home Visiting Coordination | \$266,643 |
| CalWORKS Home Visiting Program Services | \$3,418,485 |
| F5CA IMPACT Legacy Grant | \$1,575,574 |
| F5CA Shared Services Alliance Pilot | \$86,382 |
| F5CA Refugee Family Services Grant | \$213,404 |
| HHS Public Health Services Doula Pilot Program | \$262,154 |
| Interest Revenue | \$1,296,702 |
| TOTAL REVENUES | \$29,078,467 |

| EXPENDITURES | |
|-------------------------------------|---------------------|
| Labor and Benefits | \$2,575,559 |
| Services and Supplies | \$263,844 |
| Debt Service – Principal – Leases | \$272,757 |
| Debt Service – Interest – Leases | \$13,596 |
| Evaluation | \$956,250 |
| Contributions to Community Projects | \$34,923,149 |
| TOTAL EXPENDITURE | \$39,005,155 |

| | |
|---|---------------------|
| Net change in fund balance | (\$9,926,688) |
| Fund balance, beginning of fiscal year | \$35,348,189 |
| Fund balance, end of fiscal year** | \$25,421,501 |

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

REFERENCES

- 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. Harvard University.
- García, J. L., Heckman, J. J., & Ziff, A. L. (2018). Early childhood education and health. *Health Affairs*, 37(7), 1122-1127. <https://doi.org/10.1377/hlthaff.2018.0001>
- Jones, S. M., & Kahn, J. (2017). The evidence base for how we learn: Supporting students' social, emotional, and academic development. The Aspen Institute.
- García, J. L., Heckman, J. J., Leaf, D. E., & Prados, M. J. (2017). Quantifying the life-cycle benefits of a prototypical early childhood program. National Bureau of Economic Research. <https://doi.org/10.3386/w23479>
- Reeves, R. V., & Howard, K. (2019). The benefits and costs of investing in early childhood education. Brookings Institution.
- National Academies of Sciences, Engineering, and Medicine. (2019). *Vibrant and healthy kids: Aligning science, practice, and policy to advance health equity*. The National Academies Press. <https://doi.org/10.17226/25466>
- San Diego Association of Governments. (2024). Demographic and socio-economic estimates: San Diego region. Retrieved from <https://www.sandag.org>
- Centers for Disease Control and Prevention. (2022, April 29). Developmental disabilities. <https://www.cdc.gov/ncbddd/developmentaldisabilities/index.html>
- Meaningful Beginnings. (2021). How environment influences development in a child's early years. <https://www.meaningfulbeginnings.org/how-environment-influences-development-in-a-childs-early-years/>
- American Academy of Pediatrics. (n.d.). Early brain development. <https://www.aap.org/en/patient-care/early-childhood/early-childhood-health-and-development/early-brain-development/>
- Ibid
- North Carolina Department of Health and Human Services. (n.d.). Why early childhood matters. Retrieved August 16, 2024, from <https://www.ncdhhs.gov/about/department-initiatives/early-childhood/why-early-childhood-matters>
- Ibid
- Ibid
- Centers for Disease Control and Prevention. (2021). Impact of COVID-19 on developmental delays and disabilities. <https://www.cdc.gov/ncbddd/actearly/pdf/impact-covid-developdisabil-508.pdf>
- HealthyChildren.org. (n.d.). Give your baby the best possible start. Retrieved August 16, 2024, from <https://www.healthychildren.org/English/ages-stages/prenatal/Pages/Protect-Tiny-Teeth.aspx>
- First Five Years Fund. (2022, September 9). How has COVID-19 impacted infants and toddlers' social development? <https://www.fffy.org/resources/2022/09/how-has-covid-19-impacted-infants-and-toddlers-social-development/>
- Ibid
- Shonkoff, J. P., & Phillips, D. A. (Eds.). (2000). *From neurons to neighborhoods: The science of early childhood development*. National Academies Press. <https://doi.org/10.17226/9824>
- Ibid
- Ibid
- 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 <https://www.developingchild.harvard.edu>
- Chavez, A. E., Troxel, M., Sheldrick, R. C., Eisenhower, A., Brunt, S., & Carter, A. S. (2024). Child social-emotional and behavioral problems and competencies contribute to changes in developmental functioning during early intervention. *Early Childhood Research Quarterly*, 66, 245-254. <https://doi.org/10.1016/j.ecresq.2023.10.009>
- National Research Council & Institute of Medicine. (2009). Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities. The National Academies Press. <https://doi.org/10.17226/12480>
- Tollan, K., Jezrawi, R., Underwood, K., & Janus, M. (2023). A review on early intervention systems. *Current Developmental Disorders Reports*, 10(2), 147-153. <https://doi.org/10.1007/s40474-023-00274-8>
- 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. <https://doi.org/10.1002/hsr.2.82>. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6266514/>
- Centers for Disease Control and Prevention. (2023). Oral health tip for children. Retrieved August 16, 2024, from <https://www.cdc.gov/oralhealth/basics/childrens-oral-health/index.html>
- National Institute of Dental and Craniofacial Research. (n.d.). Oral health in America - February 2022 bulletin. <https://www.nidcr.nih.gov/research/oralhealthinamerica/section-2-summary>
- Ibid
- Dye, B. A., Mitnik, G. L., Iafolla, T. J., & Vargas, C. M. (2017). Trends in dental caries in children and adolescents according to poverty status in the United States from 1999 through 2004 and from 2011 through 2014. *Journal of the American Dental Association* (1939), 148(8), 550-565.e7. <https://doi.org/10.1016/j.adaj.2017.04.013>
- Chou, R., Pappas, M., Dana, T., Selph, S., Hart, E., Fu, R. F., & Schwarz, E. (2021, December 1). Introduction and background. In *Screening and interventions to prevent dental caries in children younger than age five years: A systematic review for the U.S. Preventive Services Task Force*. NCBI Bookshelf. <https://www.ncbi.nlm.nih.gov/books/NBK575917/>
- Dye, B. (2017). The global burden of oral disease: Research and public health significance. *Journal of Dental Research*, 96(4), 361-363. <https://doi.org/10.1177/0022034517693571>
- Çoğulu, D., Önçağ, Ö., Aşık, A., Solak, C., & Mola, M. E. (2023). Are oral health conditions associated with schoolchildren's performance and school attendance? *The Journal of Pediatric Research*, 10(1), 8-12. <https://doi.org/10.4274/jpr.galenos.2022.37431>
- National Institute of Dental and Craniofacial Research. (n.d.). Dental caries (tooth decay) in children ages 2 to 11 years. <https://www.nidcr.nih.gov/research/data-statistics/dental-caries/children>
- Finlayson, T., Zapata, R., Institute for Public Health, & San Diego State University. (2019). Available local oral health data summary report. County of San Diego. <https://www.sandiegocounty.gov/content/dam/sdc/hhsa/pro>
- National Academies of Sciences, Engineering, and Medicine; Division of Behavioral and Social Sciences and Education; Board on Children, Youth, and Families; Committee on Exploring the Opportunity Gap for Young Children from Birth to Age Eight; Hutton, R., & Allen, L. R. (Eds.). (2023). *Closing the opportunity gap for young children*. National Academies Press. <https://www.ncbi.nlm.nih.gov/books/NBK596379/>
- Schoch, A. D., Gerson, C. S., Halle, T., & Bredeson, M. (2023, August). Children's learning and development benefits from high-quality early care and education: A summary of the evidence. Available from <https://www.acf.hhs.gov/sites/default/files/documents/opre/%232023-226%20Benefits%20from%20ECE%20Highlight%20508.pdf>
- Amadon, S., Gormley, W. T., Claessens, A., Magnuson, K., Hummel-Price, D., & Room, K. (2022, March 18). Does early childhood education help to improve high school outcomes? Results from Tulsa. *Child Development*. <https://doi.org/10.1111/cdev.13752>
- McKeon, C. (2020). Professional development in the early childhood field. *Purdue Global*. Retrieved August 23, 2024 from <https://www.purdueglobal.edu/blog/education/early-childhood-professional-development/>
- A collaborative professional development and its impact on teachers' ability to foster higher order thinking. (2024, May). *Journal of Education and Learning (EduLearn)*, 18(2), 561-569. <https://doi.org/10.11591/edulearn.v18i2.21182>
- Darling-Hammond, L., Hyster, M. E., & Gardner, M. (2017). *Effective teacher professional development* (Research brief). Learning Policy Institute. Institute.
- Sandilos, L. E., Goble, P., Rimm-Kaufman, S. E., & Pianta, R. C. (2018). Does professional development reduce the influence of teacher stress on teacher-child interactions in pre-kindergarten classrooms? *Early Childhood Research Quarterly*, 42, 280-290. <https://doi.org/10.1016/j.ecresq.2017.11.003>

43. National Association for the Education of Young Children. (2019). Family engagement in early childhood programs. Retrieved August 23, 2024 from <https://www.naeyc.org/resources/topics/family-engagement>
44. The role of the family and family-centered programs and policies. (2015). *Future Child*, 25(1), 155–176.
45. U.S. Department of Health and Human Services & U.S. Department of Education. (2016, May 5). Policy statement on family engagement from the early years to the early grades. Retrieved August 23, 2024, from <https://challengingbehavior.org/docs/policy-statement-on-family-engagement-executive-summary.pdf>
46. Office of Early Childhood Development, U.S. Department of Health & Human Services. (2020). Family engagement. Retrieved August 23, 2024, from <https://www.acf.hhs.gov/ecd/family-engagement>
47. American Psychological Association. (n.d.). Parents and caregivers are essential to children's health development. Retrieved August 28, 2023, from <https://www.apa.org/pi/families/resources/parents-caregivers>
48. Yamaoka, Y., & Vard, D. E. (2018). Positive parenting matters in the face of early adversity. *American Journal of Preventive Medicine*, 56(4), 530–539. <https://doi.org/10.1016/j.amepre.2018.01.015>
49. Drak, K., et al. (2014). From early attachment to engagement with learning in school: The role of self-regulation and persistence. *Developmental Psychology*. Advance online publication. <https://doi.org/10.1037/a0033793>
50. Lanjekar, P. D., Joshi, S. H., Lanjekar, P. D., & Wagh, V. (2022, October 22). The effect of parenting and the parent-child relationship on a child's cognitive development: A literature review. *Cureus*, 14(10), e30574. <https://doi.org/10.7759/cureus.30574>
51. National Conference of State Legislatures. (n.d.). Home visiting: Improving child outcomes for children. Retrieved August 23, 2024, from <https://www.ncsl.org/research/human-services/home-visiting-improving-outcomes-for-children635399078.aspx>
52. 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. <https://doi.org/10.1080/10409280701610729>
53. 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 <https://www.developingchild.harvard.edu>
54. 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. <https://doi.org/10.1002/jcop.21537>
55. 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 23, 2024.
56. Oregon State University. (2010, June). Should we invest in parenting education? [PDF document]. Excerpt from Enhancing Skills of Parents Program II Summary: 2006-2009. Retrieved August 23, 2024, from https://oregonconf.org/Templates/media/files/grants/Early%20Childhood/should_we_invest_ped.pdf
57. Centers for Disease Control and Prevention. (n.d.). Creating positive childhood experiences. Retrieved August 23, 2024, from <https://www.cdc.gov/child-abuse-neglect/prevention/index.html>
58. U.S. Department of Health and Human Services & U.S. Department of Education. (2016, May 5). Policy statement on family engagement from the early years to the early grades. Retrieved August 23, 2024, from https://www.acf.hhs.gov/sites/default/files/documents/ecd/16_0152reportclean_logos.pdf
59. Casey Family Programs. (2022). Issue brief: Safe children. Are home visiting programs effective in reducing child maltreatment? Retrieved August 23, 2024, from https://www.casey.org/media/22.07-QF-SC-Home-visiting-programs_fnl.pdf
60. Bunting, L. (2004). Parenting programmes: The best available evidence. *Child Care in Practice*, 10(4), 327–343. <https://doi.org/10.1080/1357527042000300376>
61. DiLauro, E. (2012). Reaching families where they live: Supporting parents and child development through home visiting. ZERO TO THREE Policy Network. Retrieved August 23, 2024, from <https://www.zerotothree.org/resources/997-reaching-families-where-they-live-supporting-parents-and-child-development-through-home-visiting>
62. Michalopoulos, C., Faucetta, K., Hill, C. J., Portilla, X. A., Burrell, L., Lee, H., Duggan, A., & Knox, V. (2019). Impacts on family outcomes of evidence-based early childhood home visiting: Results from the Mother and Infant Home Visiting Program Evaluation (OPRE Report 2019-07). Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
63. Alves, C. R. L., et al. (2024). Home visiting parenting programs to improve mother-infant interactions at early child ages: A systematic review. *Psicossociais Intervenções*, 33(2), 117–132. <https://doi.org/10.5935/1678-9557.20240012>
64. Prenatal-to-3 Policy Impact Center. (2023). Evidence-based home visiting programs. Retrieved August 23, 2024, from <https://pn3policy.org/pn-3-state-policy-roadmap-2021/or/home-visiting/>
65. Ibid
66. Samuelson, A. (2010). Best practices for parent education and support programs. What Works, Wisconsin-Research to Practice Series, 10, 1–8. Retrieved August 23, 2024 from https://fyi.extension.wisc.edu/whatworkswisconsin/files/2014/04/whatworks_10.pdf
67. Child Welfare Information Gateway. (2013). Parent education to strengthen families and reduce the risk of maltreatment [PDF document]. Retrieved August 23, 2024, from <https://www.childwelfare.gov/pubPDFs/parented.pdf>
68. American Academy of Pediatrics, Council on Community Pediatrics. (2009). The role of preschool home-visiting programs in improving children's developmental and health outcomes. *Pediatrics*, 123(2), 598–603. <https://doi.org/10.1542/peds.2008-2580>
69. Kanda, K., Blythe, S., Grace, R., et al. (2022). Parent satisfaction with sustained home visiting care for mothers and children: An integrative review. *BMC Health Services Research*, 22, 295. <https://doi.org/10.1186/s12913-022-07666-3>
70. Healthy Families America. (n.d.). Evidence of effectiveness. Retrieved August 23, 2024, from <https://www.healthyfamiliesamerica.org/our-impact/evidence-of-effectiveness/>
71. Ibid
72. Ibid
73. Ibid
74. 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 23, 2024.
75. Nievar, M. A., Jacobson, A., & Dier, S. (2008). Home visiting for at-risk preschoolers: A successful model for Latino families. Online Submission.
76. 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.
77. 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.
78. 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.
79. Centers for Disease Control and Prevention. Child Development Basics. Retrieved from: <https://www.cdc.gov/ncbddd/childdevelopment/facts.html> on August 31, 2022





First 5

San Diego



FIRST5SANDIEGO.ORG

harder  co | community
research

