



## AGENDA ITEM #3

# COUNTY OF SAN DIEGO

## *Child and Family Strengthening Advisory Board*

### Minutes of September 13, 2019

#### BOARD OF SUPERVISORS

GREG COX  
First District

DIANNE JACOB  
Second District

KRISTIN GASPAR  
Third District

NATHAN FLETCHER  
Fourth District

JIM DESMOND  
Fifth District

#### Members Present:

Supervisor Greg Cox, County Board of Supervisors  
Supervisor Nathan Fletcher, County Board of Supervisors  
Judge Kimberlee Lagotta, Juvenile Court  
Alethea Arguilez, First 5 San Diego  
Crystal Irving, Protective Services  
Patty Boles, Straight from the Heart, Inc.  
Sarah Pauter, Phenomenal Families  
Meredith Riffel, District 2 Appointee  
Adam Reed, Dependency Legal Services  
Carolyn Griesmer, Children's Legal Services of San Diego  
Stephen Moore, Voices for Children, Inc.  
Jeff Weimann, Angels Foster Family Network  
Cheryl Rhodes, San Diego Center for Children  
Kimberly Giardina, Child Welfare Services  
Nick Macchione, County Health and Human Service Agency

#### Members Not Present:

Chief Adolfo Gonzales, County Probation Department  
Maddy Kilkenny, District 5 Appointee  
Pamela O'Neil, District 3 Appointee  
Suzanne Starling, Chadwick Center for Children and Families  
Dr. Paul Gothold, San Diego County Office of Education

#### Staff Present:

Stephanie Gioia, Supervisor Nathan Fletcher's Office  
Khea Pollard, Supervisor Greg Cox's Office  
Kyle Sand, County Counsel  
Sandra McBrayer, The Children's Initiative  
Sarah Rafi, County Health and Human Services Agency  
Rachel Weber, County Department of Human Resources

### 1. Welcome and Introduction

- Supervisor Greg Cox brought the meeting to order at 9:07 AM and asked the Advisory Board members and public attendees to provide a brief introduction.

### 2. Public comment

- Eight members of the public addressed the Advisory Board.
  - Public members discussed the need for additional support and resources for foster youth who are over 21 years of age.
  - Public members emphasized that they felt that there are higher rates of African American youth in the child welfare system and there is not enough diversity with foster parents.
  - There was a request from a former foster youth and a parent of a child involved with the child welfare system to be selected to fill the newly created Advisory Board seats.
  - There was a request for the location and time of Advisory Board meetings to be reviewed to ensure community involvement.
  - Public members discussed the need for deeper cultural competency across the child welfare landscape.
  - It was also requested to explore manufacturing employment opportunities for foster youth.

### 3. Approval of the Statement of Proceedings/Minutes for the meeting of June 18, 2019

- Supervisor Fletcher called for a motion to approve the minutes of the June 18, 2019 meeting, Crystal Irving moved to approve, Nick Macchione seconded the motion, with all members present voting in favor.

### 4. Subcommittee Updates

- Sandra McBrayer introduced the recent formation and work of the subcommittees and described the initial work of each subcommittee.
  - **Workforce Development**
    - Carolyn Griesmer provided comment on the Workforce Development subcommittee and noted the large focus on further developing the cultural competency of all involved in the child welfare system, how frequently social workers are trained, and the types of trainings provided.
    - Sandra McBrayer added to the discussion and shared that there was in depth discussion on the demographics of the staff within Child Welfare Services and whether they reflect the demographics of the communities they are serving. Sandra also noted that the committee requested the recommendations be modified and wherever the recommendation says, “Case Worker” to replace with “Child Welfare Staff”. The committee members all agreed that when families are working with Child Welfare Services, they may interact with staff across Child Welfare Services, and not just their case worker.
    - Supervisor Fletcher tasked Kim Giardina and Crystal Irving with spending time before the next subcommittee meeting to focus on how to ensure that Child Welfare Service staff have greater access to available training. Nick Macchione requested to define the workforce as everyone who encounters the families and children in the system, not just Child Welfare Services.
    - Supervisor Fletcher expressed interest in exploring ways for the community to have access to the trainings that are made available to County staff and Nick Macchione agreed that the Health and Human Services Agency is committed to working with the committee and community.
      - Sandra McBrayer shared that Advisory Board member Dr. Gothold and his staff are looking into providing space in current Office of Education trainings to other entities and community partners.
  - **Organizational Structure**
    - Sandra McBrayer shared that the subcommittee started conversation on cultural diversity in the community who gets served within our community and how we focus our services. There was also in-depth discussion on policy and practice and how it’s balanced in each region.
    - Jeff Weimann shared that the biggest discussion was the differences in cultures between the regions/offices and a lack of unified culture throughout the regions and offices. Jeff also shared that current organizational structure makes policy changes that impact the line staff within the organization of Child Welfare Services difficult to implement and there is a disconnect within the organization that needs to be addressed.
    - Alethea Arguilez shared that one recommendation of the subcommittee would be to come up with a glossary of terms and volunteered to take the lead in creating a glossary of terms to be used throughout the child welfare landscape. Alethea also shared how important it is for the recommendations to be clear and easy to understand so anyone reviewing or implementing the recommendations understands what’s being asked.
    - Supervisor Fletcher requested the subcommittee work on the first draft of the glossary of terms as well as come up with recommendations for change to the organizational structure throughout the regions and bring the recommendations to the Advisory Board.

- Supervisor Cox would like for the subcommittee to put together a listing of all organizations throughout the child services landscape to ensure outreach and collaboration.
- Crystal Irving inquired about the addition of Chiefs in the organization, specifically the purpose of the Chiefs and how the new positions will impact the staff.
  - Kimberly Giardina explained that roles of the Chiefs will be to help support workforce development opportunities, translate policy into practice and be a resource for support to staff. The intention is to make sure staff know what practices look like and how to achieve good outcomes. There is a Chief in each region and one for centralized structure of Child Welfare.
  - An Advisory Board member requested an organizational chart be provided to board members and Kimberly Giardina agreed to provide the organizational chart of Child Welfare Services at the November meeting.
  - Nick Macchione would be interested in seeing an organizational structure for the entire child services landscape.
  - Alethea Arguilez shared that First Five is in the process of ecosystem mapping for children services and invited all county programs and community partners to become part of what has already been created.
- **Child and Family Services**
  - Sandra McBrayer explained that the subcommittee took time to hone in on the first few recommendations which focused on children and youth being present at their court proceedings. The subcommittee made clear recommendations surrounding the entire court proceeding process.
  - Patty Boles shared her experience as a foster parent and commends the public for coming and having their voices heard. Patty shared that she has tremendous hope because of the caliber of people who are in Child Welfare Services and in the community. Patty also expressed her gratitude for the committee taking the time to define what makes a child's experience during their court proceedings meaningful.
  - Stephen Moore commented that the meeting was robust with great dialogue and generated a need for all community members to communicate and continue to communicate with one another. Members left the meeting with more momentum to make our courthouse more trauma-informed and create a space for our children and youth to feel safe and be productive while at court.
- Supervisor Cox reiterated that subcommittee meeting participation is open to anyone to attend and become involved with recommendations.
- Supervisor Fletcher encouraged the subcommittees to create recommendations and present them to the full Advisory Board.
- Public speaker for Item #4 provided a description for a learning model that focuses on learning as opposed to training.
  - Sandra McBrayer confirmed the subcommittee recommended changing the word "training" to "learning" anywhere it is found in the work group recommendations.

### 5. CWS Data Dashboards

- Kim Giardina walked the Advisory Board through six draft dashboards explaining each. The dashboards presented were: Hotline Monthly Averages, New Cases Opened, Cases Open Each Month, Placements at Point in Time, Extended Foster Care, and Foster Care.

- Advisory Board members discussed the dashboards and requested additional data on placement of sibling sets and rate of maltreatment while in care.
- Kim Giardina also informed the Advisory Board that Child Welfare Services will be hiring an epidemiologist to further develop data collection and reporting.
- An Advisory Board member requested that it might be informative to reach out to the Center for Social Services Research, School of Social Welfare at University of California Berkeley to provide a presentation on their data base and its functionality to the Advisory Board.
- Members of the board requested to see benchmark counties to compare San Diego's data to.

### 6. System Level Improvements

- Supervisor Cox opened the discussion by discussing the feedback he has heard from Advisory Board members and the community on the current operating structure of the Child Abuse Hotline.
- Supervisor Cox asked Kim Giardina if there were any state or national best practices that could improve our decision-making processes concerning Child Abuse Hotline calls and evaluating calls and services.
- Kim Giardina discussed the practice of utilizing a multidiscipline team approach to Review, Evaluate, and Direct.
- The Advisory Board discussed how a multidiscipline team would be formed and how this approach would improve care for children, families and support staff.
- Supervisor Cox asked what it would take to put this in place and Kim Giardina recommended that with support from the Board of Supervisors, Child Welfare Services could pilot a multidisciplinary team at the Hotline with County staff and a Community contractor to provide additional support in decision making.
  - The Advisory members echoed their support for this idea.
  - Supervisor Cox recommended a Board letter be drafted to support the formation of a pilot to develop a multidiscipline team, including community representation on the team, to support Child Abuse Hotline calls.
- Supervisor Fletcher asked if there were other areas in Child Welfare Services where reviewing state or national best practices could also improve services for children and families and support staff.
- Sandra McBrayer discussed how improving technology can improve workflow processes and assist child welfare staff in managing daily operations.
  - The Advisory Board discussed what type of case management system is currently being used and the benefits of exploring a more innovative resource for case management.
  - Kim Giardina discussed a case management/monitoring software system that can support staff in tracking case progress, staying abreast of all due dates, tracking deadlines and allowing greater oversight of case management.
  - Supervisor Fletcher asked Kim Giardina what she needs to move forward with implementing such a system and recommended she return to the November meeting with a recommendation on how to proceed.
- Public speaker for Item #6 discussed their concern with the amount of focus on administrative duties versus care and attention to the families.

Supervisor Fletcher noted that we were over our allotted time and had not completed the agenda therefore reminded the Advisory Board that agenda items number 7 and 8 will be covered at the November meeting. The Meeting was adjourned at 11:06 AM.

### **Future Agenda Items:**

- Complete agenda items 7 & 8 from the September 13 agenda
- Subcommittee updates
- Additional data on:
  - Sibling sets
  - Demographics of foster parents
  - Adoptions
  - Rate of maltreatment
  - Reconciliation of availability of resource families
- Update on development of multidiscipline teams for the hotline
- Update on case management/monitoring software

### **Next Meeting:**

- November 8<sup>th</sup>, 2019

### **Distributed:**

- Meeting Agenda
- Minutes of June 18, 2019 meeting
- Summary of August 22, 2019 Subcommittee Meetings
- Child Welfare Data Dashboards
- First 5 San Diego FY 17/18 Snapshot and FY 17/18 Annual Report
- CA Welfare and Institutions Code Sec. 749.22
- Board Letter for Juvenile Justice Comprehensive Strategy Task Force
- Child Abuse Prevention Coordinating Council Summary of Activities and Funding

Meeting minutes were submitted by Rachel Weber. Please call her at (619) 531-5123 if you have corrections or suggested revisions. She may also be contacted for agenda items or general information.



# COUNTY OF SAN DIEGO

## Child and Family Strengthening Advisory Board

### Summary of Subcommittee Meetings

**Subcommittees:**

Workforce Development	9:00-10:30 am
Child and Family Services	11:00-12:30 pm
Organizational Structure	1:30-3:00 pm

**Date:** Thursday, October 24, 2019

**Location:** County Operations Center, 5530 Overland Avenue, First Floor - Room 124  
San Diego, California 92123

**Facilitators:** Sandra McBrayer, Sarah Rafi

**Meeting Staff:** Rachel Weber

**Workforce Development Subcommittee Summary:**

More than 25 attendees took part in the Workforce Development Subcommittee. Sandra opened the meeting providing a brief background from the Child Welfare Work Group, the formation of the Child and Family Strengthening Advisory Board, and the purpose of each of the three subcommittees. Sarah confirmed everyone’s understanding of the agreements for interaction and communication for the committee structure.

Members introduced themselves and Sandra introduced that the goal of the meeting was to hear from Child Welfare Services (CWS) Acting Director, Kim Giardina, on recommendations completed thus far as well as recommendations that are in progress and ongoing.

Kim reported that recommendation #22 to increase caseworker training on assessing for safety across all regions and units has been completed and will also be an ongoing goal. She reported advanced safety simulation trainings from FY 18-19 to FY 19-20 increased by 58%, from 12 to 19 trainings.

The committee then discussed recommendation #5 to provide access to licensed therapists throughout the regions who can provide ongoing support to workers and supervisors. Kim stated that this recommendation is in progress and informed members that CWS received approval to hire 3 additional staff psychologists and that CWS anticipates having all staff psychologists on board by January 2020.

The group provided the following feedback on the status of Recommendation #5:

- Members supported the hiring of additional staff physiologist is supported.

- Members asked how the psychologists be utilized. CWS staff provided several examples: via check-ins with staff, leading group sessions, connecting staff to EAP, assisting with obtaining specialized therapists and assisting workers in developing case plans.

Kim provided a status update of recommendation #15 Engage in cross-training and shared learning opportunities with system partners and providers to increase trauma awareness and improve collaboration. She informed the committee that this recommendation is ongoing and provided examples of recent shared learning opportunities.

Lastly, the subcommittee discussed recommendation #17, to establish designated training units in each region comprised of a supervisor and a senior-level worker to coordinate learning opportunities. Kim informed the committee that this recommendation is in progress and that 7 training units are being established and are expected to be in place by January 2020. She emphasized that additional hiring is needed to fill vacancies due to promotions.

The group provided the following feedback on the status of Recommendation #17:

- Members share concerns around new staff being fully supported to aid with staff retention.
- Members asked if CWS checks-in with newer staff to see what they wished was in their training. CWS staff stated that regular check-ins and debrief occurs and acknowledge as this is being done informally, there is not a clear feedback loop back to the training unit.
- Members recommended that caregivers be seen as partners with CWS and suggested workers have more active role with caregivers to better understand systems of support. CWS staff stated that the Quality Parenting Initiative is one avenue for these discussions.
- Members suggested caregivers provide new CWS staff a presentation to further strengthen the relationships between social worker and caregiver.

In addition, Kim Giardina provided updates to the committee regarding several system level improvements. The committee discussed the "Review, Assess, Direct" proposal, which would augment the current approach to assessing hotline referrals to a team approach. The committee also discussed the proposal to utilize the ConnectWellSD system to help manage staff assignments. Members suggested that CWS include staff in developing new processes and review tools used by other counties.

### **Child and Family Services Subcommittee Summary:**

More than 50 attendees took part in the Child and Family Services Subcommittee. Sandra opened the meeting providing a brief background from the Child Welfare Work Group, the formation of the Child and Family Strengthening Advisory Board, and the purpose of each of the three subcommittees. Sarah confirmed everyone's understanding of the agreements for interaction and communication for the committee structure.

Members introduced themselves and Sandra introduced that the goal of the meeting was to hear from Child Welfare Services (CWS) Acting Director, Kim Giardina, on recommendations completed thus far as well as recommendations that are in progress and ongoing.

Kim reported that recommendation #3 “CWS to conduct quarterly audits of ‘unfounded’ findings to ensure that sufficient investigations are being conducted and to identify any training needs of this unit’s workers” is ongoing. Kim informed members that currently 20 referrals are reviewed each month and that the Continuous Quality Improvement Unit (CQI) team is using a new referral tool to for referrals on open cases.

The group provided the following feedback on the status of Recommendation #3:

- Members were interested in learning how trends are identified and how staff is made aware of any trends. CWS staff confirmed trends are shared via learning sessions with staff.
- Several members wanted to know more about how CWS accounts for cultural variations in trainings. Several members stated disproportionality should be address in trainings/learnings and recommended utilizing cultural broker to address disproportionality. Other members asked if the cultural broker program can be expanded to beyond the African American culture.
- Members wanted to confirm that CWS reviews founded cases as well as unfounded cases. CWS staff confirmed that founded cases are also reviewed.
- A member asked if an incorrect decision was made during a review, how is it corrected? CWS staff informed the committee that workers go back to cases and take appropriate actions when this happens. CWS staff also stated that when specific issues are found in reviews, it is addressed with staff right away.

The committee then discussed recommendation #1 “A Child’s right to be present at court proceedings” and had many questions and concerns regarding it. Members discussed the importance of child and youth attending their own court proceedings and that they need to be prepared mentally and physically for court.

The group provided the following feedback on the status of Recommendation #1:

- Members asked how children are encouraged to attend court? And what determines if a child/youth can attend court proceedings? The committee discussed the importance of communicating court requirements accurately to youth and again suggested youth be able to tour a courtroom before their scheduled court date.
- A member inquired if the Children’s Bill of Rights can be updated to include the right to attend court. Other members asked if Group Home staff are required to follow the Children’s Bill of Rights. Members asked for this to be available at the next committee meeting.
- Sandy informed the committee that the lead judge stated all court staff will undergo trauma-informed training. Several members wanted to know what training will be used and how the impact of the trainings will be evaluated.
- Members wanted more clarity regarding how children/youth are asked who they want to accompany them to court. One member asked how parents go about approving the person(s) a child chooses. Other members asked how the information flows to the Sheriff’s department, so deputy sheriffs know which accompanying adult has been approved.

The subcommittee also discussed recommendation #2 “Create a special Emergency Response Unit to investigate reports of maltreatment while in care.” Kim reported that this recommendation is in progress and that CWS is creating an Open Case Investigations unit (OCI) that is anticipated to be in place by January 2020. The unit will include: 2 supervisors, 2 senior level workers, 7 social workers.

### Organizational Structure Subcommittee Summary:

More than 25 attendees took part in the Organizational Structure Subcommittee. Sandra opened the meeting providing a brief background from the Child Welfare Work Group, the formation of the Child and Family Strengthening Advisory Board, and the purpose of each of the three subcommittees. Sarah confirmed everyone's understanding of the agreements for interaction and communication for the committee structure.

Members introduced themselves and Sandra introduced that the goal of the meeting was to hear from Child Welfare Services (CWS) Acting Director, Kim Giardina, on recommendations completed thus far as well as recommendations that are in progress and ongoing.

Kim provided a status update of recommendation #2 "Create an implementation team to expand and evaluate Safety Enhanced Together (SET) efforts." She informed the committee that this recommendation is completed as the implementation team was initiated in August and has been meeting every six weeks. Members commented that they want to ensure knowledge of SET is being practiced and asked for reassurance from CWS that ensuring the knowledge and practice of SET is a priority moving forward.

The committee then discussed recommendation #7 "Change the chair of the CAPCC from CWS management to a community representative, ideally an executive level representative of a community partner with the experience and expertise to set an agenda that includes community concerns and can provide more transparency to the community." Kim reported that this recommendation is completed as on March 12, 2019 the Board of Supervisors approved creating a new board to oversee the County's child welfare system.

Next, Kim reported that recommendation #8 "Establish a standing CAPCC subcommittee of concerned and knowledgeable community partners who can understand and effectively promote implementation of the recommendations in this report and monitor their progress" is completed. The Child and Family Strengthening Advisory Board established three subcommittees that meet every other month: Workforce Development, Child and Family Services and Organizational Structure.

The committee then discussed recommendation #9 "Authorize the new Child Abuse Prevention Coordinating Council (CAPCC) standing subcommittee permission to investigate and report to the CAPCC chair on issues raised by community partners, children and families, or the general public that pertain to the implementation of recommendations in this report." Kim reported that this recommendation is completed as when the CFSAB was created, San Diego County Code of Administrative Ordinances added Ordinance 10598 Section 84.700-84.710 effective 4/25/19 which provided authority to investigate and report to the CAPCC chair on issues raised by community partners, children and families, or the general public that pertain to the implementation of recommendations in this report.

Members discussed recommendation #10 "Require the Child Abuse Prevention Coordinating Council (CAPCC) to monitor and issue a periodic report to the County Administrative Office and Board of Supervisors." Kim reported that this recommendation is also completed as when the CFSAB was created, San Diego County Code of Administrative Ordinances added Ordinance 10598 Section 84.700-84.710 and provided authority to provide periodic updates to the Board of Supervisors.

## AGENDA ITEM #4

The committee discussed recommendation #12 “Establish the position of Chief of Social Work, reporting to the Director of CWS, who is focused on the transparent and unified delivery of social work practice across all Health and Human Services Agency (HHSA) regions.” Kim reported that this recommendation is completed as CWS established the position of Chief of Practice. The Chief of Practice positions will report to the Director of Practice for CWS case decision making. Kim added that Regional Chiefs of Practice will meet regularly with Director of Practice to ensure transparent and unified delivery of social work practice. A lengthy discussion followed with members asking several clarifying questions.

The group provided the following feedback on the status of Recommendation #12:

- Members inquired on what the Director of Practice oversight would look like.
- Members voiced concerns with the current organizational structure and questioned if this change will correct deficiencies and better align. One member suggested that a consultant could help with reviewing the current organizational structure. Many members discussed their dissatisfaction with the current regional model but all agreed that the goal is standardized practice.
- Members reiterated their main concern regarding this recommendation was standardized centralized placement practices.

The committee then discussed recommendation #18 “Determine as quickly as possible, the potential fiscal impact of the Title IV-E project ending.” Kim stated that this recommendation is completed and stated the fiscal impact is \$9-10M for Fiscal Year 19/20 and \$12-14M for Fiscal Year 20/21 and that CWS operations will be sustained via alternate revenue sources.

The committee then discussed recommendation #27 “Obtain approval for additional funding to increase staff” and Kim reported that this recommendation is completed. Kim stated of the 125 positions received, 15 have been designated as Resource Family Approval positions.

The committee then discussed recommendation #3 “Actively involve stakeholders in establishing forward looking core values, adding to the foundation established by Safety Enhanced Together (SET), to provide consistent decision points for leadership and staff for strategy, prioritization, execution, and personnel practices.” Kim reported that this recommendation is in progress and that the Safety Enhanced Together (SET) re-implementation team meets every 6 weeks to establish forward looking core values and add to the foundation established by SET. A member commented that CWS staff may request a salary study as they believe salaries are low.

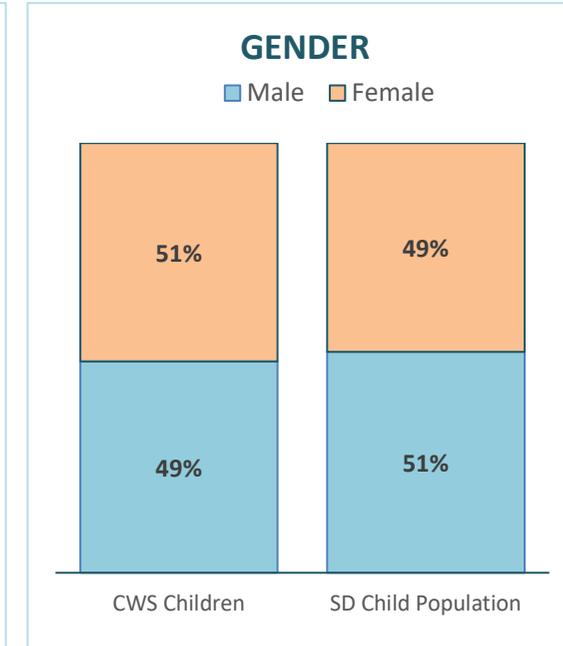
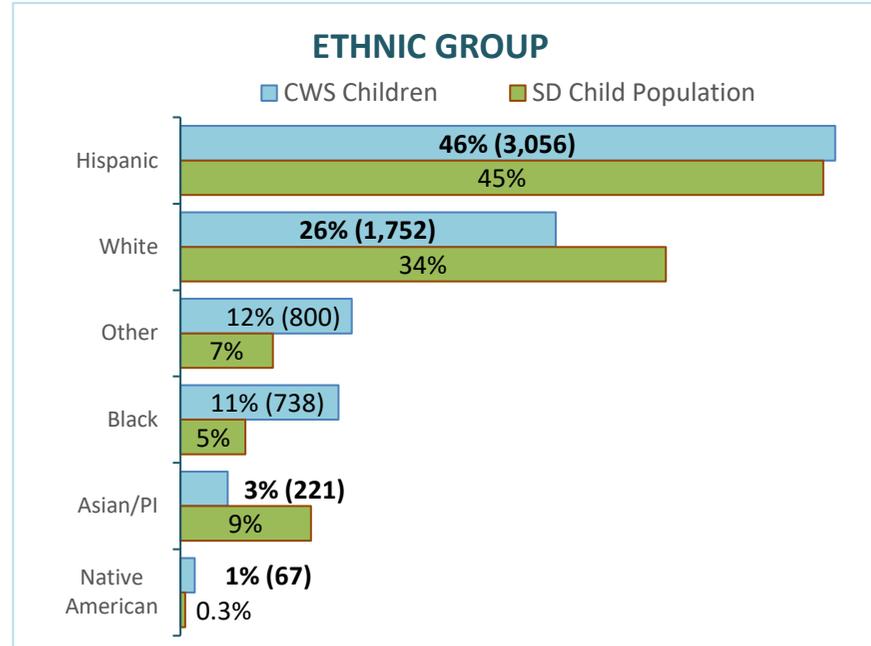
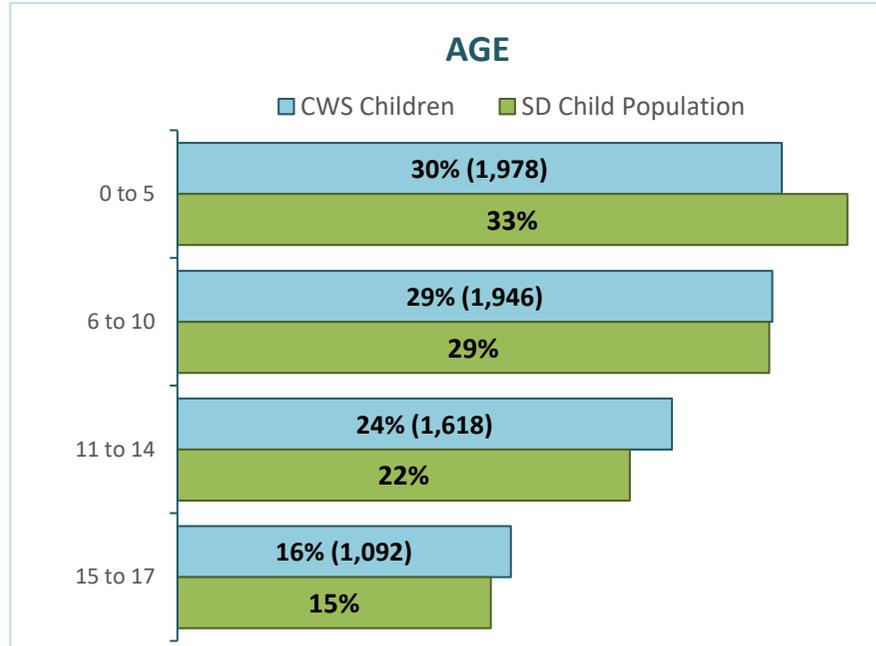
Lastly, the committee then discussed recommendation #30 “The County must immediately leverage both internal and external technology resources to adopt/develop an RFA Applicant Management System.” Kim reported that this recommendation is in progress. She added that the previous processes for Resource Family Approval (RFA) were primarily manual and that in December 2018, the RFA team began using a Microsoft CRM database to enhance their workflow process and tracking. Kim also added that the Contracts unit is currently working on Statement of Work for the procurement of additional RFA software to help further manage our recruitment, approval, and retention processes

## CHILD DEMOGRAPHICS

**6,633** Children Referred Per Month

**79,598** Total Children Referred in FY2018/19

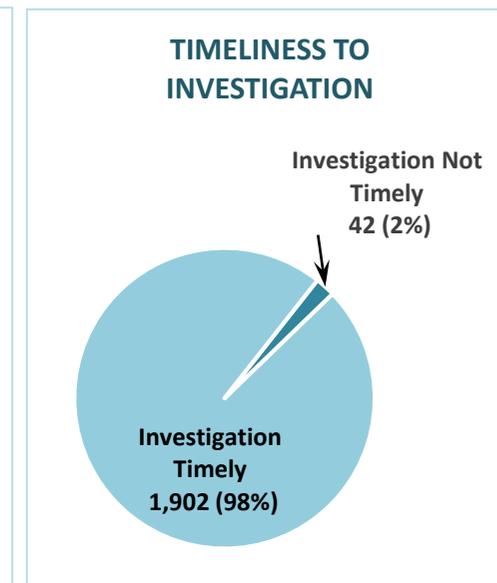
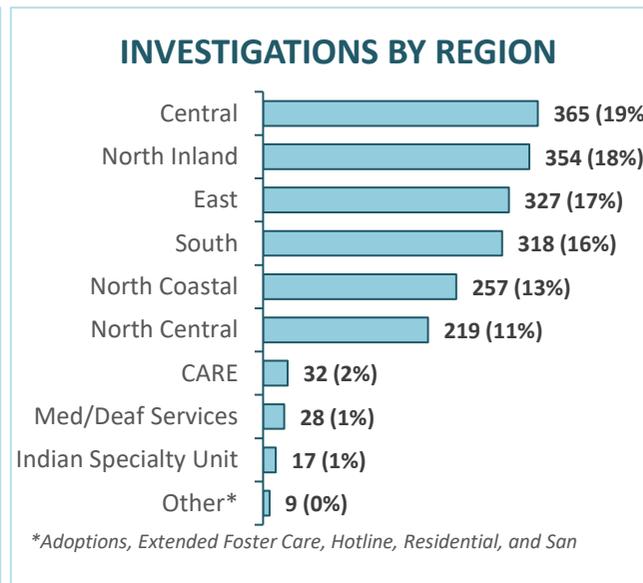
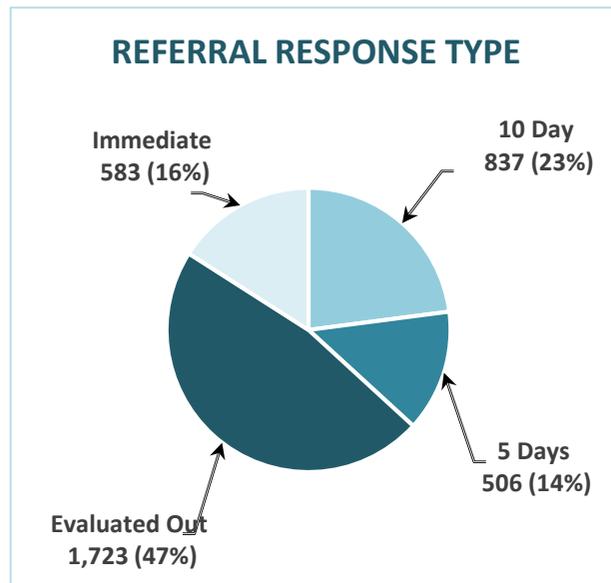
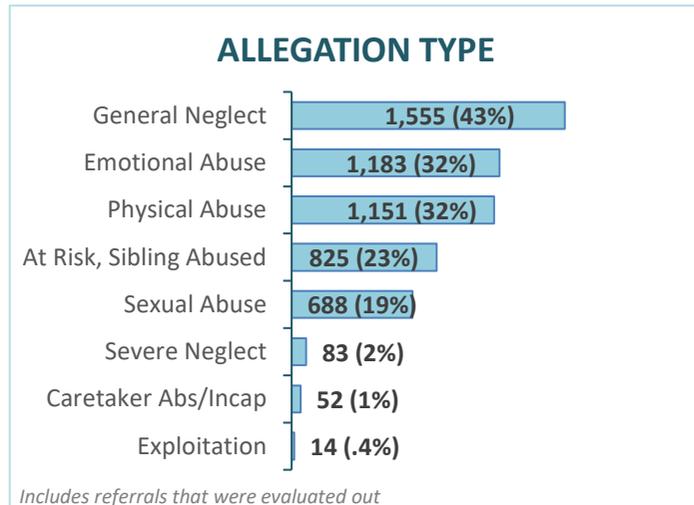
**801,136** 2019 Child Population of San Diego County (0-17)



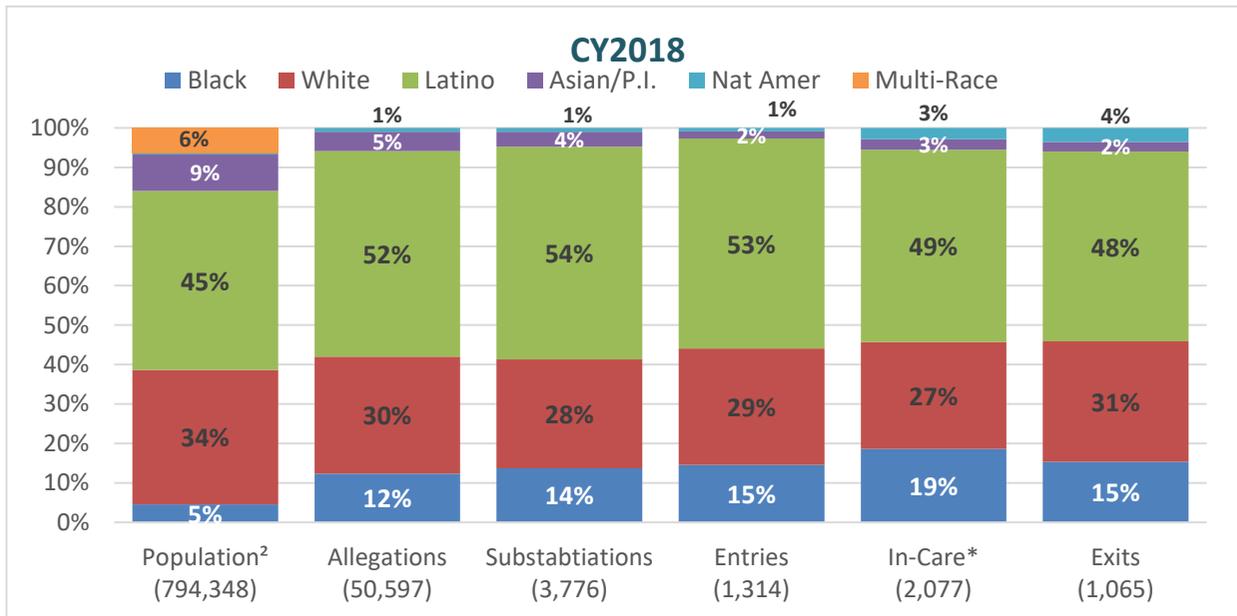
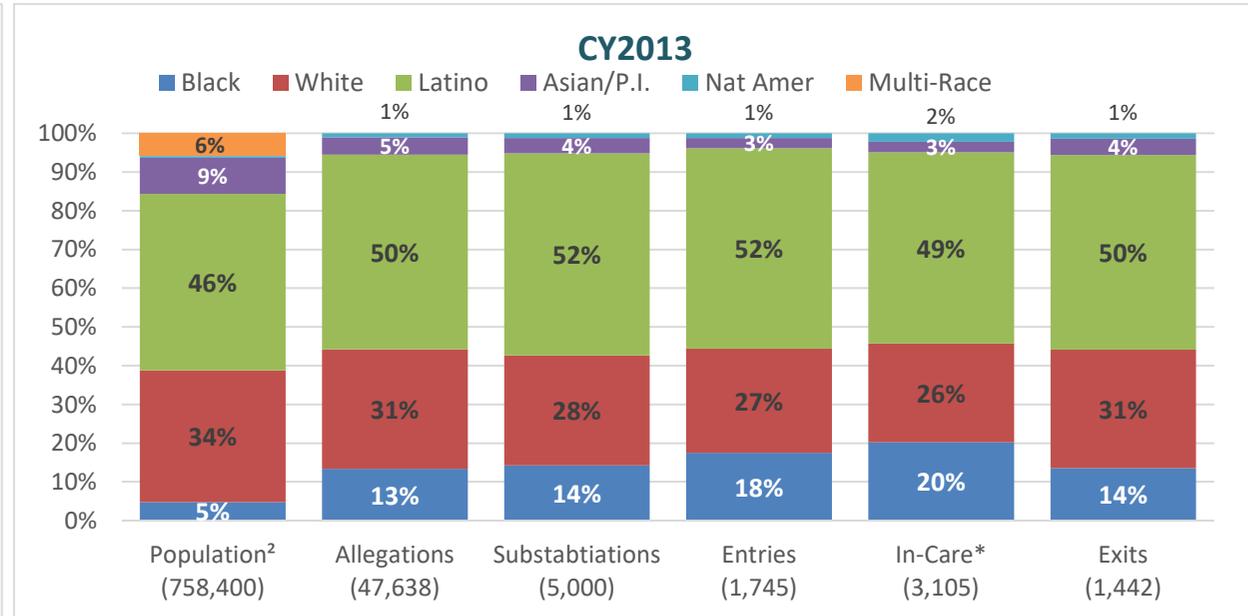
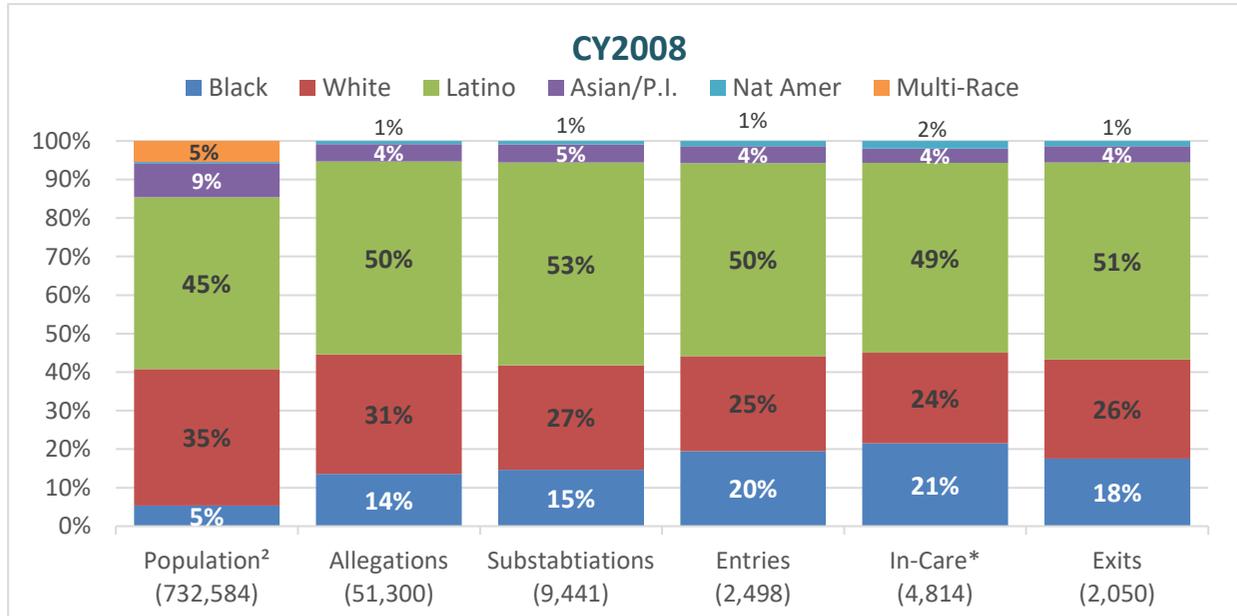
## REFERRAL INFORMATION

**3,648** Families Referred Per Month

**43,779** Total Families Referred in FY2018/19



# ETHNICITY AND PATH THROUGH CHILD WELFARE SERVICES <sup>1</sup>



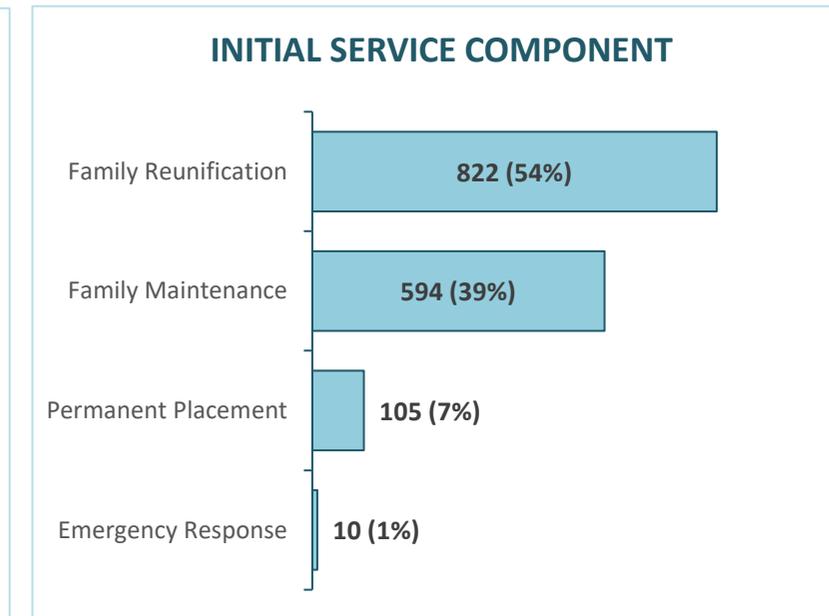
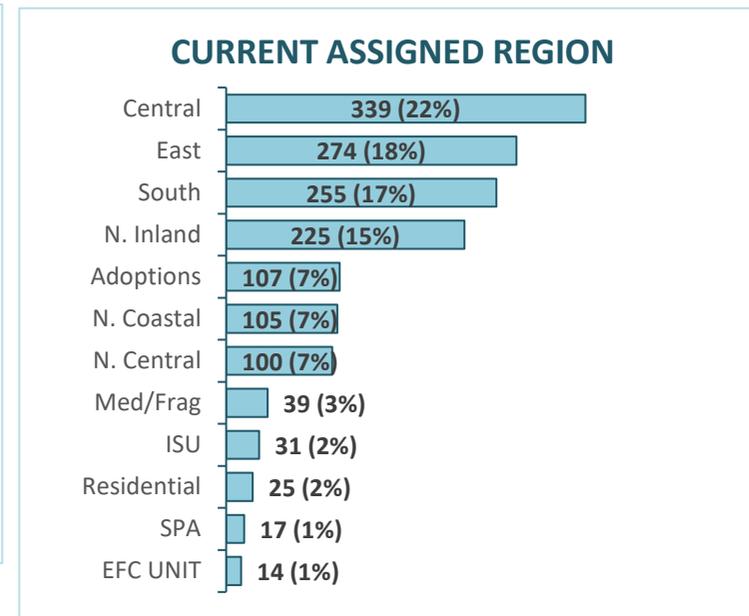
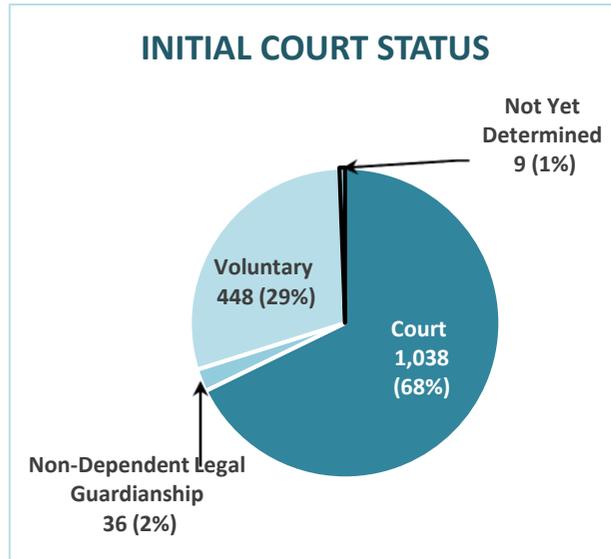
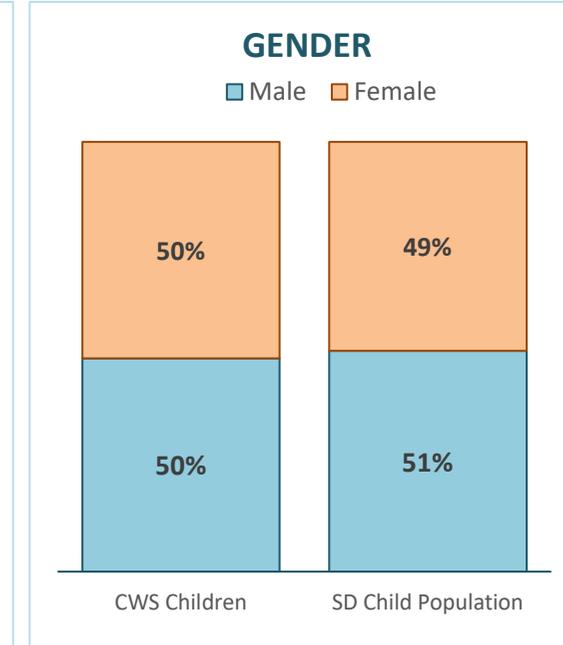
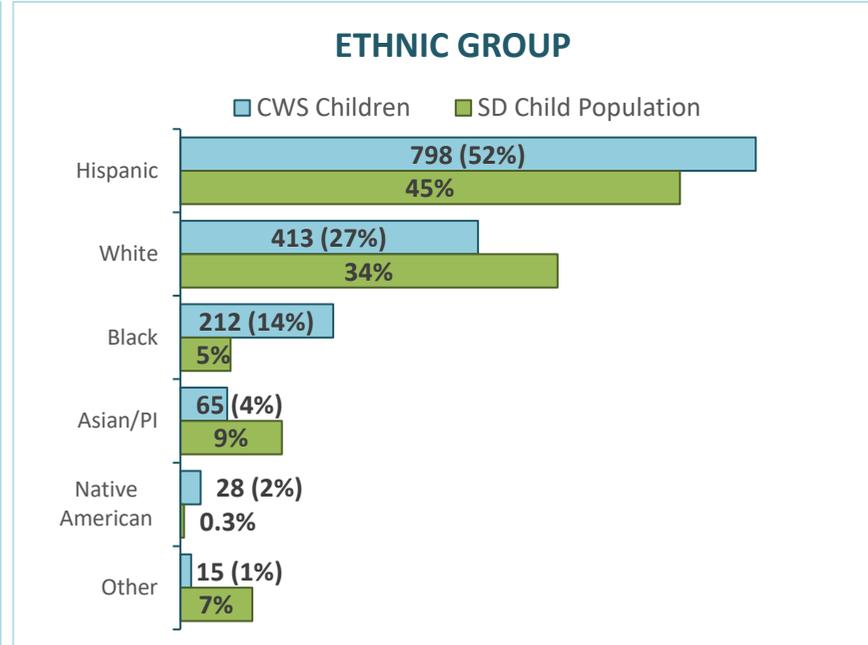
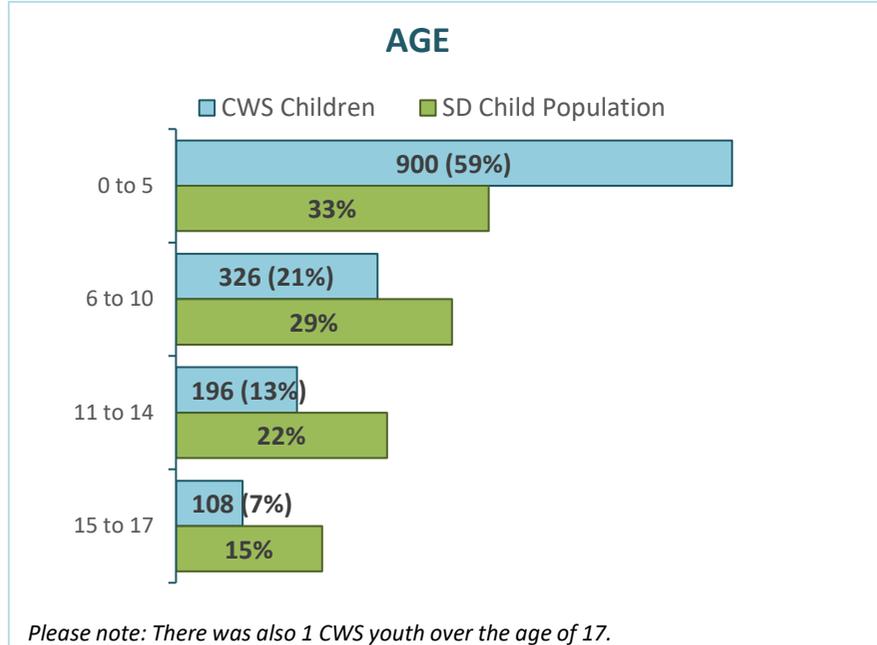
<sup>1</sup> Missing values & "Other race" excluded from % calculations, children 17 and under

<sup>2</sup> Native American children make up less than 1% of the child population in San Diego county

## DEMOGRAPHICS

**1,531** New Cases Opened in The Fiscal Year

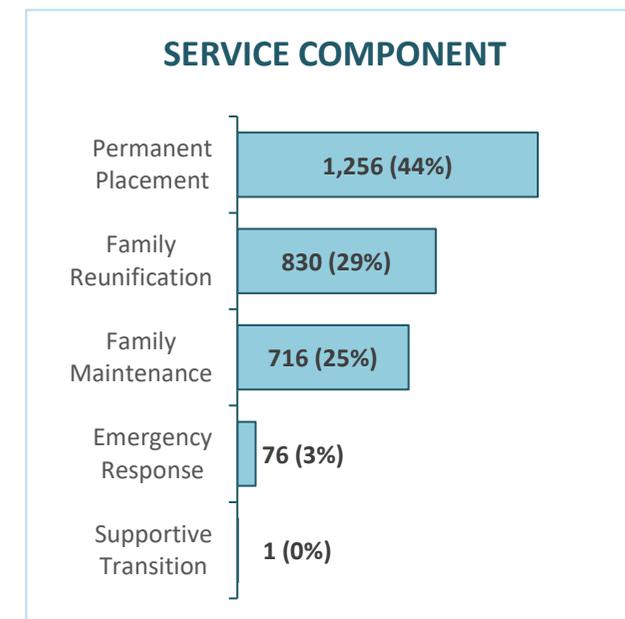
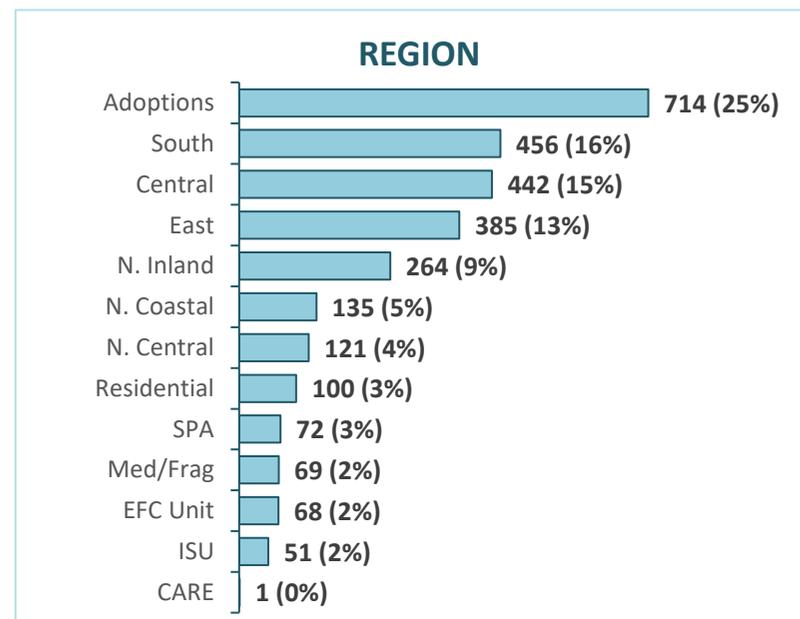
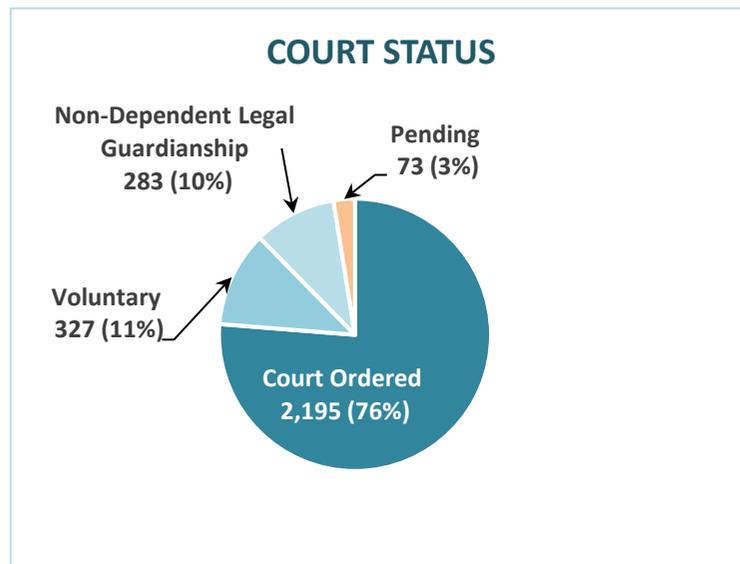
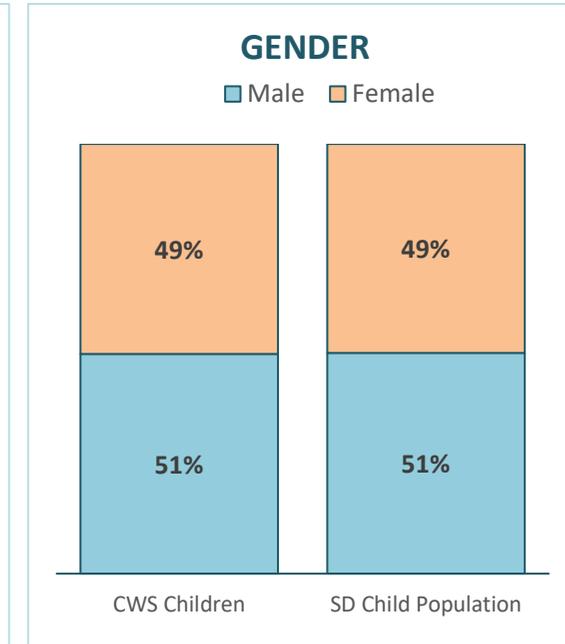
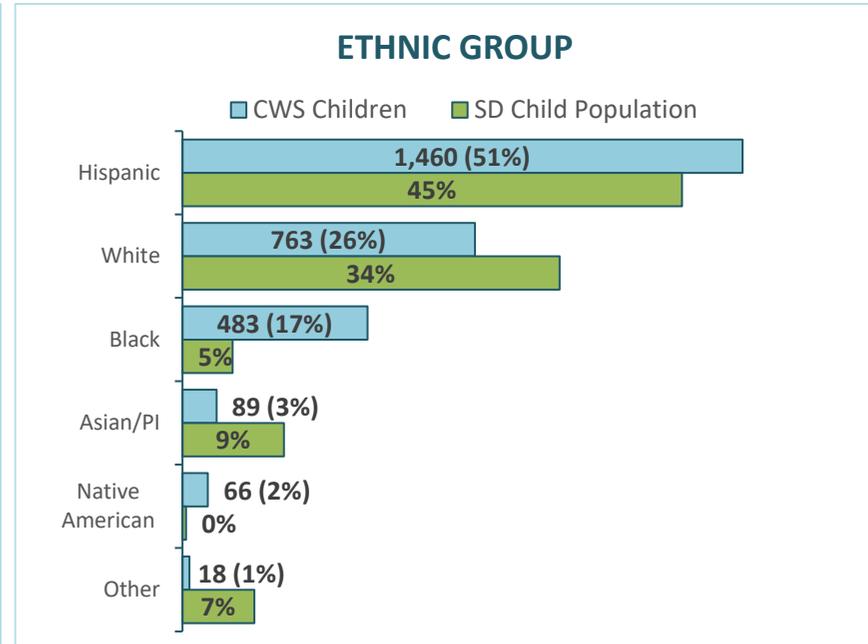
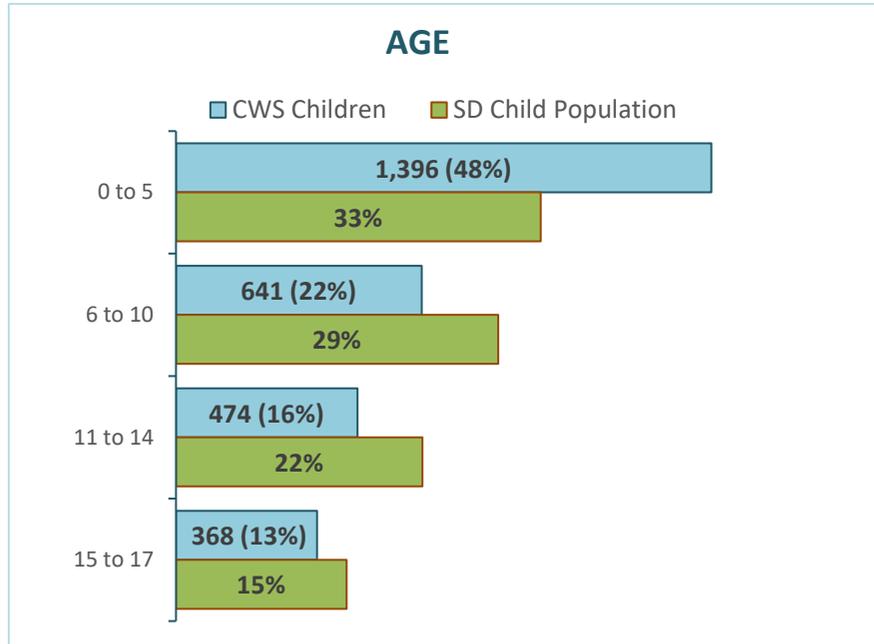
**801,136** 2019 Child Population of San Diego County (0-17)



## DEMOGRAPHICS

**3,218** Average Number of Open Cases Each Month

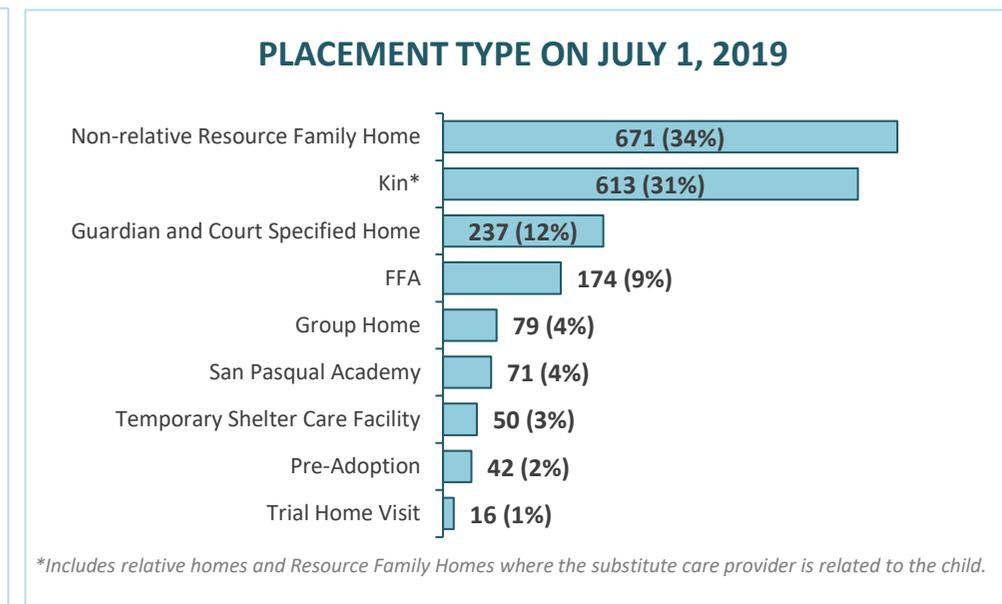
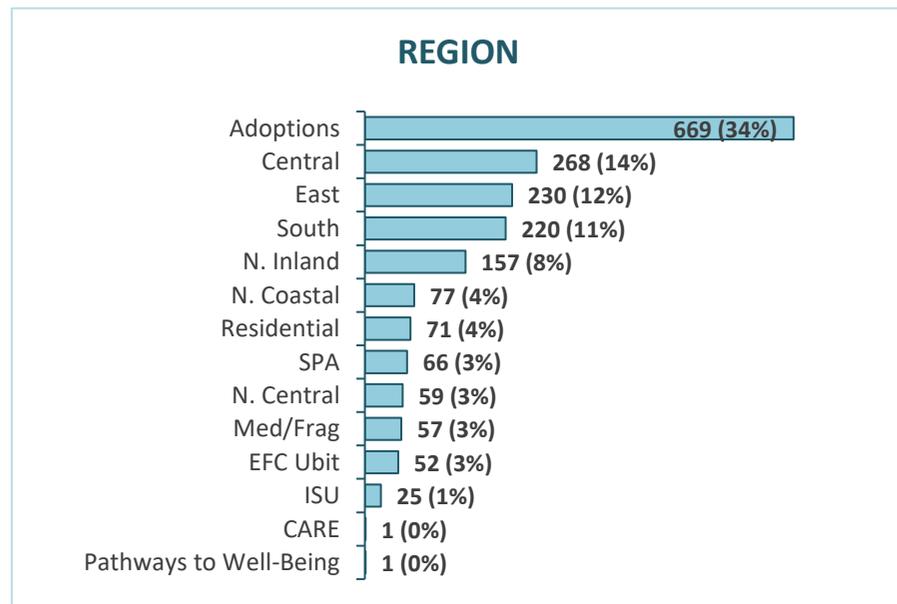
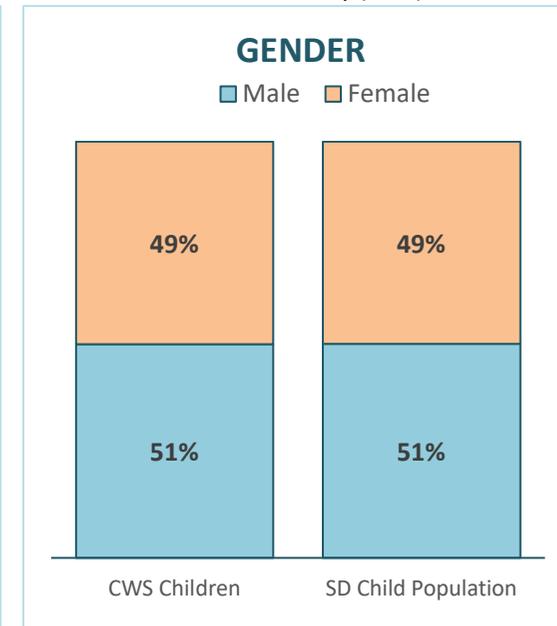
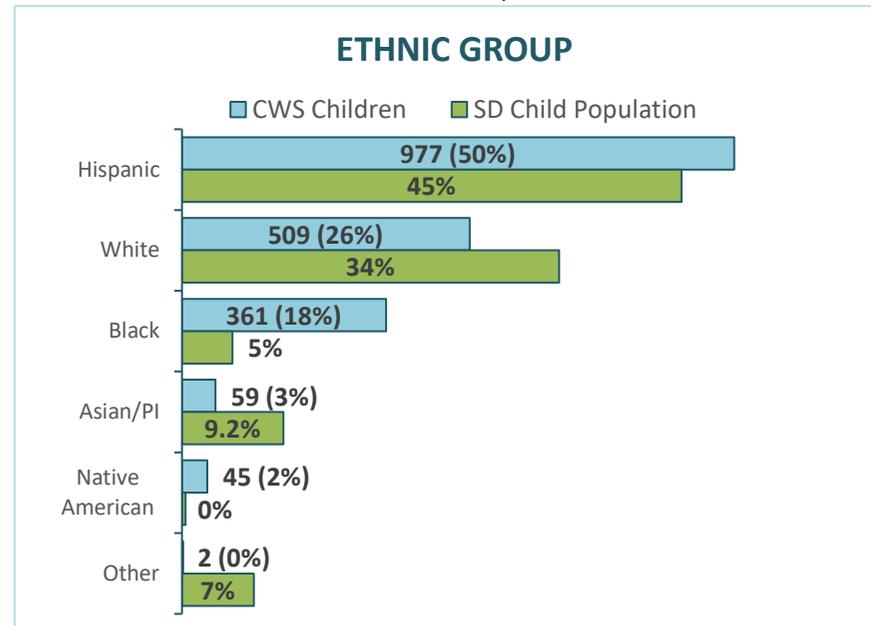
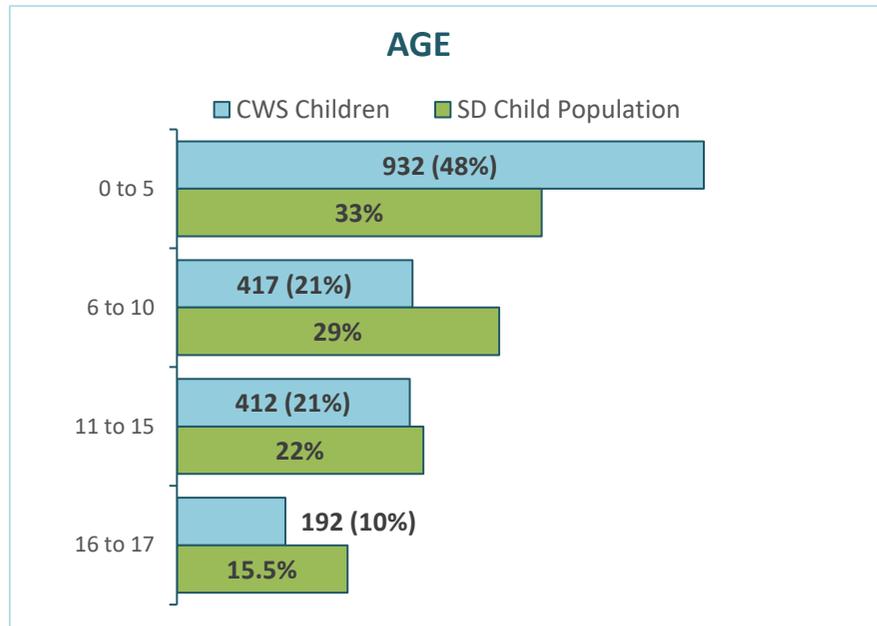
**801,136** 2019 Child Population of San Diego County (0-17)



### DEMOGRAPHICS

**1,953** Number of Children, 0 to 17, in Out-of-Home Care on July 1, 2019

**801,136** 2019 Child Population of San Diego County (0-17)

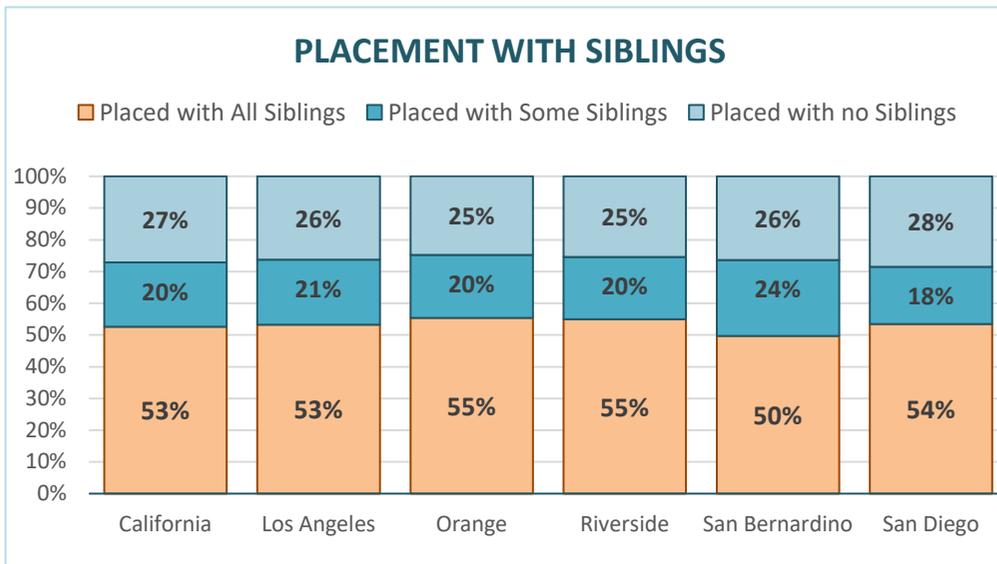
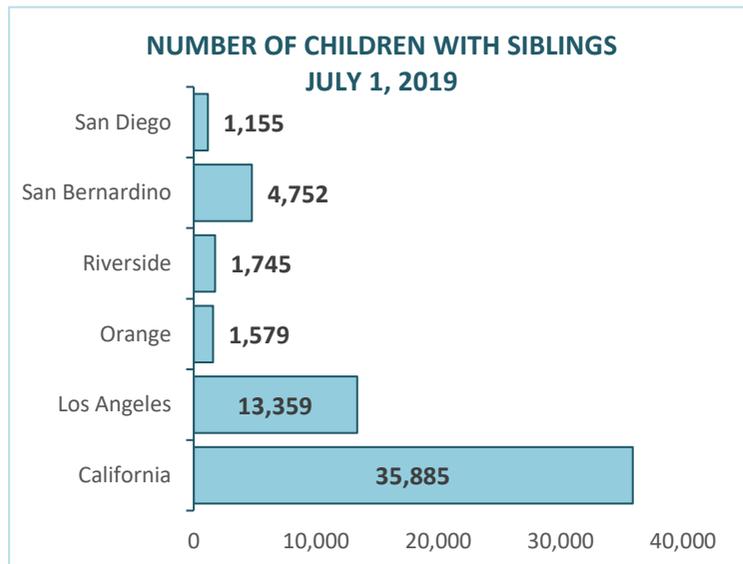
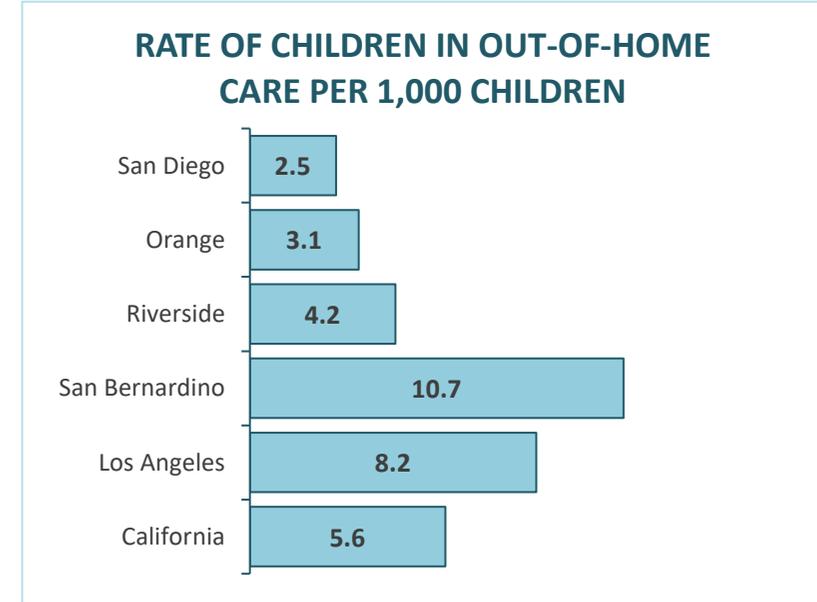
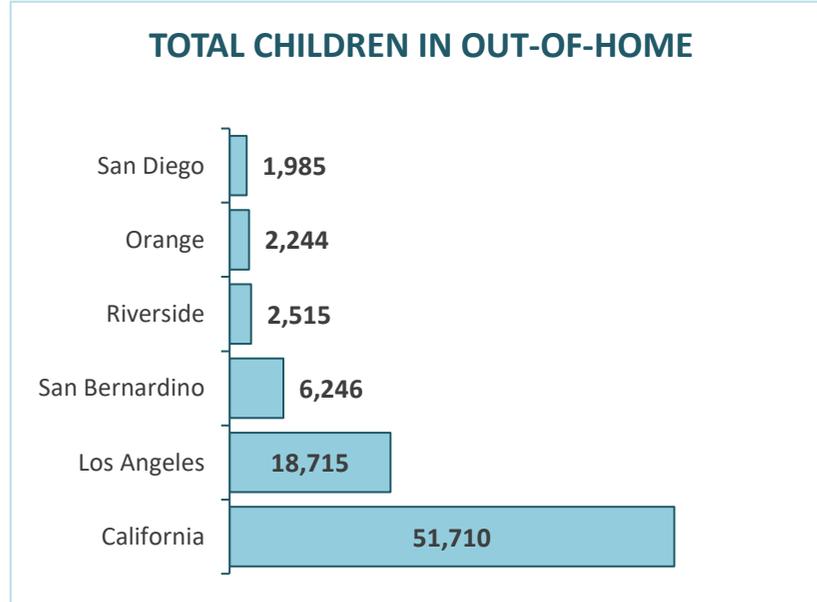
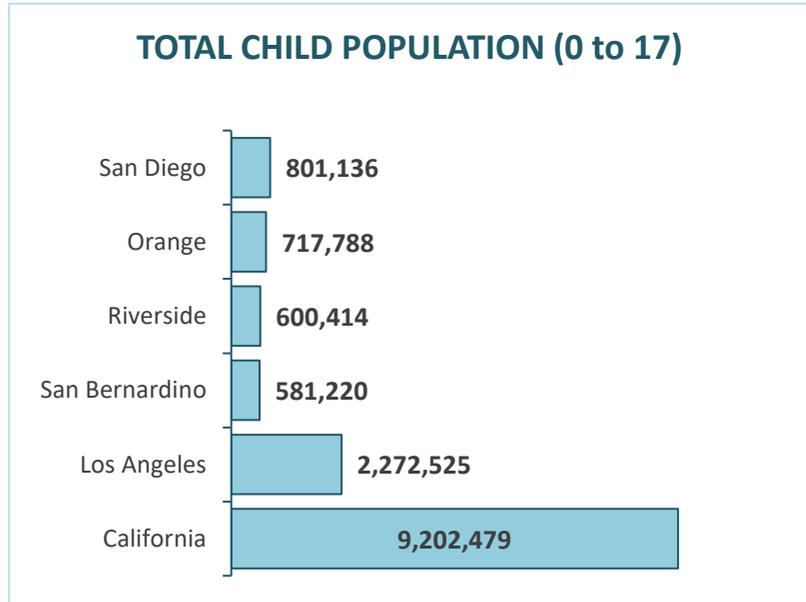


#### RATE OF ABUSE IN FOSTER CARE JULY, 2018 - JUNE 2019

8.9 instances of abuse per 100,000 days in care

\*Federal Standard: 8.5/100,000 Days in Care

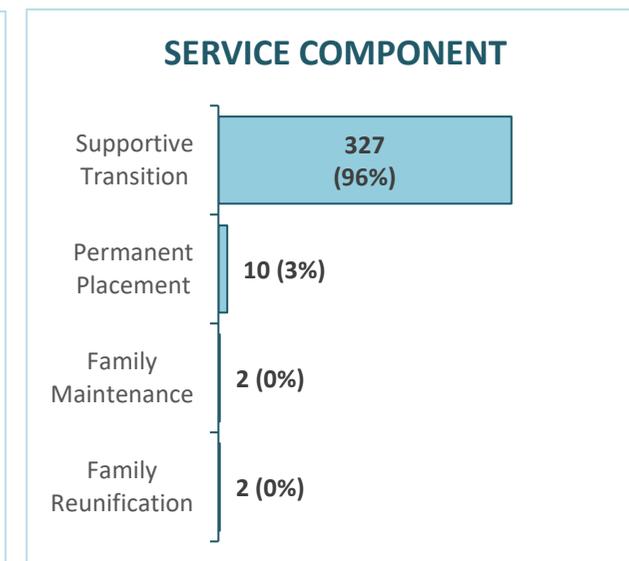
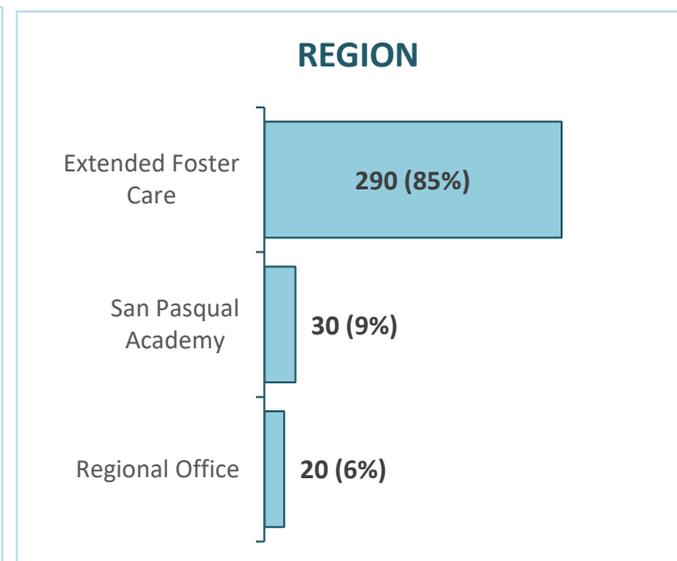
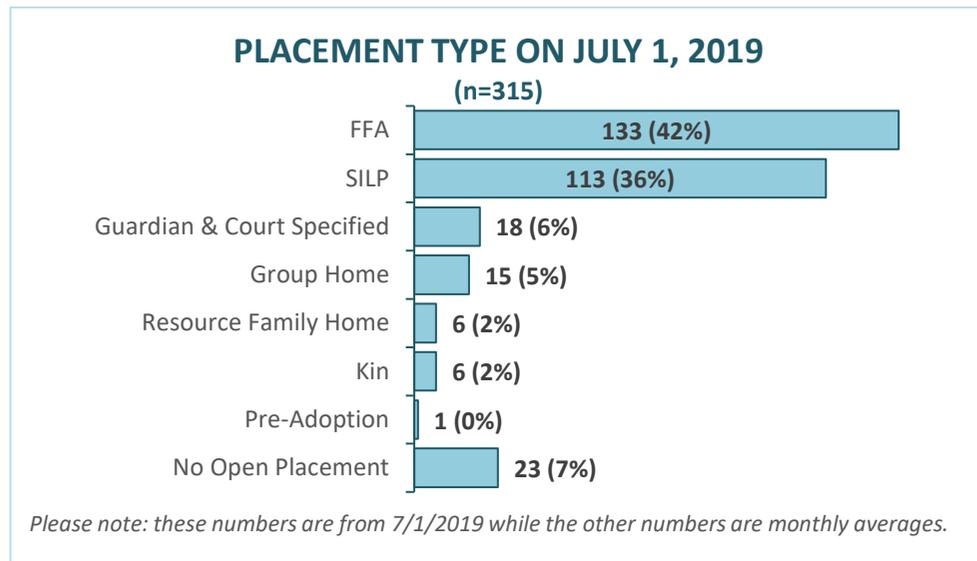
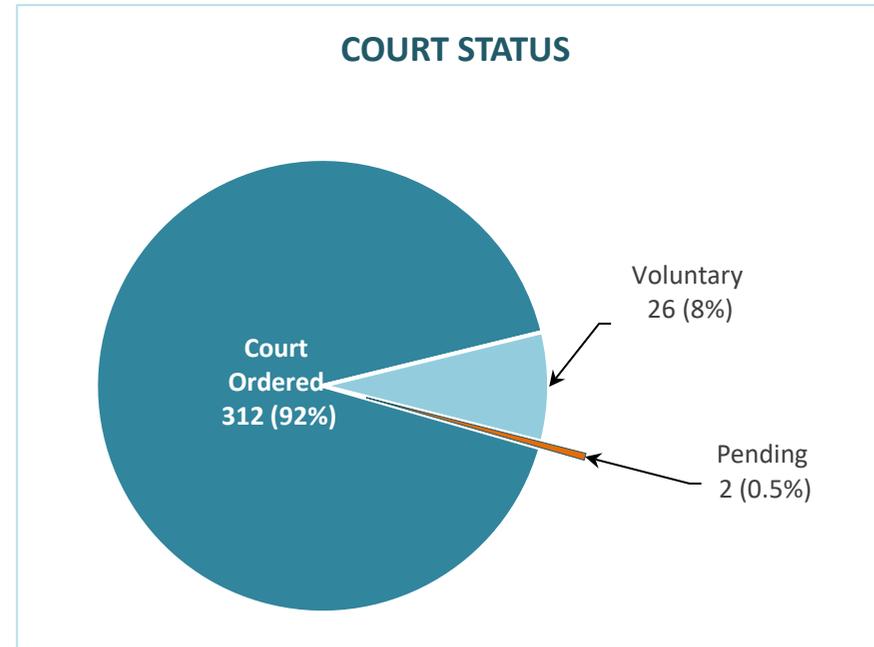
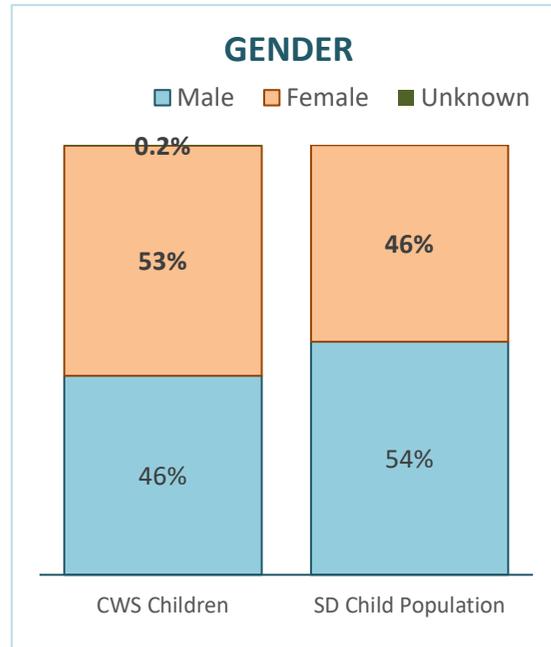
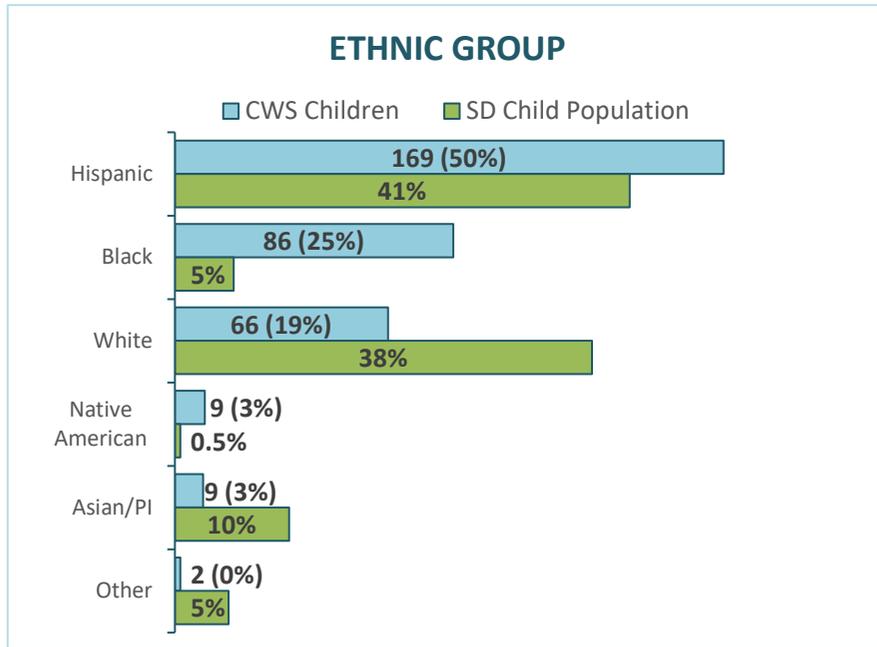
PLACEMENTS - FIVE COUNTIES WITH THE HIGHEST CHILD POPULATION COMPARISON ON JULY 1, 2019



## DEMOGRAPHICS

**340** Average Number of Youth in Extended Foster Care Each Month

**207,505** Age 18 to 21 Population of San Diego County



# FOSTER CARE - SEPTEMBER 2019

Approved Homes <sup>1</sup> <b>1541</b>	Medically Fragile Homes <b>87</b>	Options Families <sup>2</sup> <b>135</b>	Daily Avg. Available Beds <sup>3</sup> <b>72.9</b>	Complaints <b>18</b>	Kidsline Responses <b>380</b>	Orientation Attendees <b>TBD</b>
--	--------------------------------------	---	---	-------------------------	----------------------------------	-------------------------------------

Approved Homes			
Homes with Placements	Home Facility Type	Region	Type of Home
<p><b>Total: 1,541</b></p>	<p><b>Total: 1,541</b></p>	<p><b>Total: 1,541</b></p>	<p><b>Total: 1,541</b></p>
Home Accepted Age Range <sup>4</sup>	Available Homes	Type of Home (by Availability)	
<p><b>Total: 1,541</b></p>	<p><b>Availability: 59%</b></p>	<p><b>Total: 1,541</b></p>	
Home Accepted Age Range <sup>4</sup> (by Availability)	Homes on Hold <sup>5</sup>	Ethnicity of the Substitute Care Provider	
<p><b>Total: 1,541</b></p>	<p><b>Total: 402</b></p>	<p><b>Total: 1,541</b></p>	

<sup>1</sup>Includes Licensed Foster & Resource Family Homes only <sup>2</sup>TBD <sup>3</sup>Daily average number of available beds for all regions by month  
<sup>4</sup>'Other' category represents all other accepted age ranges combined <sup>5</sup>Holds at month-end <sup>6</sup>Uncleared adults in home, building/ground deficiency





# MESSAGE FROM THE EXECUTIVE DIRECTOR

## DEAR COMMUNITY MEMBERS,

I am pleased to share the First 5 Commission of San Diego Annual Report for Fiscal Year (FY) 2017-18. This year, we invested over \$35 million in direct services for young children and their families and served more than 51,000 children, parents, caregivers and providers. In addition, First 5 San Diego partners leveraged \$10.4 million in cash and in-kind support with public and private entities.

Having approached the half-way point of the current Strategic Plan, we began working on our Strategic Plan for 2020-2025. We are being thoughtful about the next phase of our work. As our revenues continue to decline, we know we will have to be increasingly strategic with our investments. We have also been an active participant in First 5 Association of California's launch of the First 5 Network Strategy. The goal of this effort is to bring all commissions statewide towards a common vision and mission as well as, using the strength of the network to leverage the importance of supporting and investing in early care and education efforts. We at First 5 San Diego are supportive of the First 5 Network Strategy to continue building upon early childhood systems and supports needed to ensure that California's youngest children are safe, healthy, and ready to succeed in school and life.

In addition, this was also my first year leading at First 5 San Diego and one of my areas of focus was to steward new and existing relationships. This year entailed a tremendous amount of learning on my part, as well as engaging in discussions focusing on leveraging our collective resources and aligning our collective efforts. I look forward to continuing this work together and engaging in generative discussions that will continue to lead us into the emerging future of our work.

For FY 2017-18, I am proud to report the following achievements for each of our strategic goal areas:

## HEALTH

- Screened 23,012 children and 6,091 pregnant women for oral health services and provided treatment for 14,612 children and 2,064 pregnant women
- Screened 16,362 children for developmental delays and treated 6,652 children with developmental concerns
- Screened 11,157 children for behavioral delays and provided treatment for 3,133 children with behavioral concerns

## LEARNING

- Provided high-quality early care and education for 12,341 children
- Achieved a high-quality ranking for 97.9% of participating preschool sites
- Provided professional development to 1,350 early childhood education staff

## FAMILY

- Served 637 pregnant women and caregivers and 579 children with intensive home visits
- Provided care coordination to 21,598 children, parents and caregivers
- Provided 4,863 parents and caregivers with parent education services

## COMMUNITY

- Sponsored or participated in community events that reached over 103,000 San Diegans
- Conducted a community awareness campaign that achieved more than 85 million gross impressions
- Provided 39,754 health and social service referrals for families

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

This upcoming year, we look forward to celebrating the 20th Anniversary of the passage of the California Children and Families Act (Proposition 10), which enabled the creation of First 5 California and subsequently First 5 Commissions in every county throughout California. Over twenty years of serving our State's most vulnerable children and families is certainly something to celebrate!

Sincerely,



Alethea Arguilez, M.A.

# FIRST 5 SAN DIEGO PROJECTS FOR FY 2017-18

## **THE CHILDHOOD INJURY PREVENTION PROGRAM**

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

## **COMMUNITY WATER FLUORIDATION**

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

## **FIRST 5 FIRST STEPS**

First 5 First Steps (F5FS) provides countywide home visitation services to specific high-risk target populations including pregnant and parenting teens, military, refugee/immigrant and low-income families using the Healthy Families America (HFA) model and the Parents as Teachers (PAT) curriculum.

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

The Good Start for Women + Children Program is a partnership with the Jacobs & Cushman San Diego Food Bank to provide pregnant women and children ages five and under in high-need communities with a monthly food package and First 5 San Diego parent education materials.

## **HEALTHY DEVELOPMENT SERVICES**

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

## **HDS – MATERNAL DEPRESSION PROGRAM**

The Maternal Depression Program (MDP), a component of HDS, addresses the detrimental effects of maternal depression on young, developing children. MDP systematically screens, identifies, refers and treats mothers with depression and their young children. MDP addresses the needs of both the caregiver and the child, while attending to the context of the parent-child relationship.

## **IMPACT FAMILY CONNECTIONS**

Improve and Maximize Programs so All Children Thrive (IMPACT) Family Connections is a partnership with the YMCA Childcare Resource Service (CRS) that assists Family Child Care Home (FCCH) providers to implement developmental screenings and clearly articulated referral pathways for services. The program also provides training and technical assistance to home visitors across San Diego County to enhance families' knowledge about quality early childhood education settings.

## **IMPACT BREASTFEEDING FRIENDLY ENVIRONMENT PROGRAM FOR CHILDCARE FACILITIES**

This program, supported through IMPACT funding, seeks to increase access to environments that support the initiation and duration of breastfeeding. Specifically, services aim to increase the number of baby-friendly childcare facilities helping them adopt and implement policies supportive of breastfeeding and lactation accommodation.

## **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.

## **KidSTART**

KidSTART is an integrated program within First 5 San Diego and Health and Human Services Agency's (HHS) Behavioral Health Services to support children with complex needs. The KidSTART Center performs triage, assessment, referrals and treatment for children with multiple, complex delays and disorders. The KidSTART Clinic provides comprehensive behavioral and social-emotional clinical treatment (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, Mandarin, Vietnamese, Cantonese and Korean.

## **MATERNITY SHELTER PROGRAM**

Maternity Shelter Program (MSP) provides safe, secure and supportive housing with intensive case management services for pregnant and parenting young women

between 18 and 24 years old, and their dependent children. MSP assists these young women who are homeless, or at risk of becoming homeless, develop the skills necessary to live independently while providing a safe and stable home for themselves and their children.

## **MI ESCUELITA THERAPEUTIC PRESCHOOL**

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

## **ORAL HEALTH INITIATIVE**

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

## **QUALITY PRESCHOOL INITIATIVE**

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



## Table of Contents

1 INTRODUCTION	1
2 HEALTH	5
3 LEARNING	15
4 FAMILY	25
5 COMMUNITY	33
REFERENCES	45

# [ 01 ]

## Introduction



### WHAT IS FIRST 5 SAN DIEGO?

The First 5 Commission of San Diego County (First 5 San Diego) promotes the health and well-being of young children during their most critical years of development, from the prenatal stage through five years of age. Our ultimate goal is that all children ages zero through five are healthy, are loved and nurtured, and enter school as active learners. First 5 San Diego is a key contributor to improving the system of care for our county's youngest children by providing them with developmental checkups and services, dental care, quality preschool, early education and literacy programs, home visiting services, obesity prevention services and other family support services while building the community and organizational capacity to support families. First 5 San Diego programs and services are funded through San Diego County's portion of California's Proposition 10 tobacco tax revenues.

### WHY THE FIRST 5 YEARS?

The first five years of a child's life are critical to development—shaping his or her success in school and in life. High-quality early care and education programs have been associated with fewer developmental delays, higher educational attainment and higher income, in addition to being linked to lower rates of substance abuse and justice system involvement later in life.<sup>1,2</sup> First 5 San Diego focuses its resources to provide young children the opportunities they need to reach their highest potential and enter school healthy and ready to learn.

### FOUR PROGRAM AREAS

The overarching goal of the First 5 San Diego Strategic Plan 2015-2020 is to strengthen the relationships essential for the healthy development of young children.

**These relationships are threaded across four key areas:**

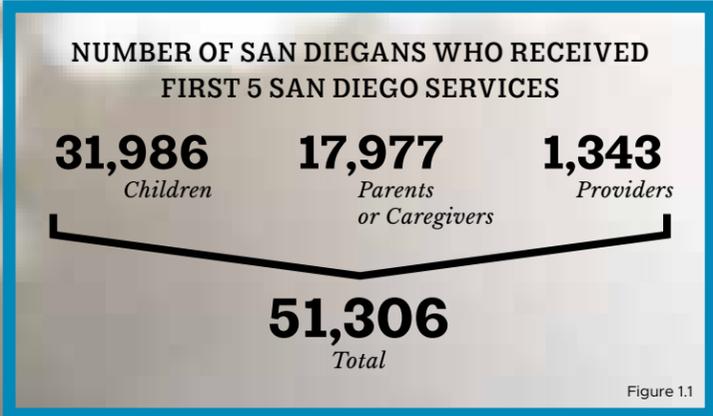
- **HEALTH:** Promote each child's healthy physical, social and emotional development.
- **LEARNING:** Support each child's development of communication, problem-solving, physical, social-emotional and behavioral abilities, building on their natural readiness to learn.
- **FAMILY:** Strengthen each family's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

### VISION

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

### MISSION

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



# THE REACH OF FIRST 5 SAN DIEGO

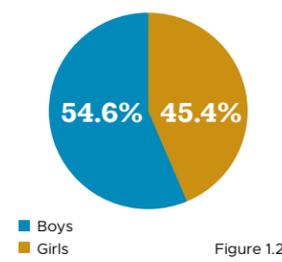
## WHO DID FIRST 5 SAN DIEGO SERVE?

During FY 2017-18, a total of 51,306 San Diegans received direct services via First 5 San Diego programs (Figure 1.1). These included health and dental services, quality preschool, parenting classes and much more. Nearly 32,000 children from birth through age five were served. Thousands of additional young children and their parents benefited from community-wide services such as the Kit for New Parents, a parent warm line, community health screenings and media messages. First 5 San Diego programs served more boys (54.6%) than girls (45.4%) (Figure 1.2). More children between the ages of three and five (56.2%) were served relative to children under age three (43.8%) (Figure 1.3).

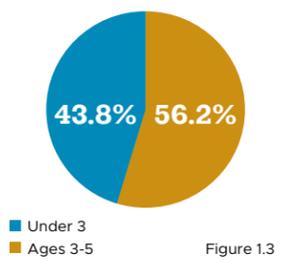
## WHAT WERE THE ETHNICITIES AND LANGUAGES OF CHILDREN AND FAMILIES SERVED?

The majority of children (64.5%) and parents (58.9%) served by First 5 San Diego programs were Hispanic/Latino. First 5 San Diego served smaller percentages of children and adults in the White (non-Hispanic), Asian/Pacific Islander and African-American/Black categories (Figures 1.4 and 1.5).<sup>3</sup> More than half of children (55.3%) and families (61.3%) spoke English as their primary language and the next largest proportion of children (39.2%) and parents (33.4%) spoke Spanish. Other languages spoken were Arabic, Cantonese, Chaldean, Korean, Mandarin, Somali, Tagalog and Vietnamese (all less than 2%).

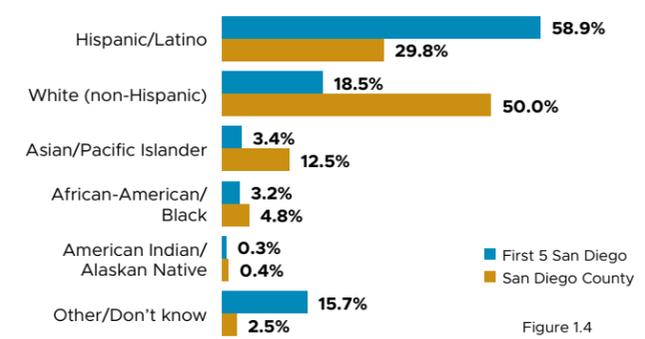
**GENDER OF CHILDREN SERVED**



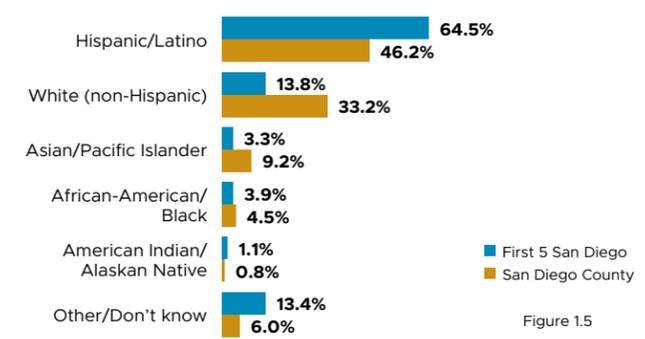
**AGES OF CHILDREN SERVED**



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



**ETHNICITY OF CHILDREN SERVED BY FIRST 5 SAN DIEGO COMPARED TO SAN DIEGO COUNTY UNDER 6 POPULATION**



# [ 02 ]

## Health

“I always felt alone whenever my four-year-old son threw a tantrum. I felt judged and that no one could possibly understand what I was going through. For the first time, I feel like my child is normal and that my reactions are valid. First 5 San Diego’s classes allowed me to see my child in a different light, and find the support system I have been looking for.”

- Maya\*

### WHY IS HEALTH IMPORTANT?

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

### 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 under age six and their families.

### WHAT DOES FIRST 5 SAN DIEGO FUND?

First 5 San Diego funds three key health initiatives: Healthy Development Services (HDS), KidSTART and the Oral Health Initiative (OHI). Each initiative offers a unique contribution to improving health outcomes for San Diego’s youngest children. Other First 5 San Diego programs that play an important role in addressing health needs include: First 5 First Steps (F5FS), Maternity Shelter Program (MSP), Mi Escuelita Therapeutic Preschool (Mi Escuelita) and the Quality Preschool Initiative (QPI).

### HOW DO FAMILIES GET CONNECTED TO SERVICES?

First 5 San Diego health initiatives provide multiple levels of support for children and families through a comprehensive system of care (Figure 2.1). Often, the initial service a child receives from a First 5 San Diego program is a developmental or behavioral “checkup” or screening (Step 1). These screenings provide parents with a snapshot of how their child is developing in key areas such as speech, cognition, fine and gross motor skills and social-emotional development. When screening results indicate a concern, service providers follow up with families to conduct a more comprehensive assessment and determine the level of care needed (Step 2). Providers use assessment results to customize treatment or offer an appropriate service referral to address the child’s specific needs (Step 3).

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

### FUNDING

\$15,189,593

### NUMBERS SERVED

47,162 children

19,138 parents

770 providers

### HIGHLIGHTS

98.4% of high-risk children and pregnant women identified with dental disease received treatment

95.8% of children receiving treatment for a developmental concern showed gains

84.9% of children receiving treatment for a behavioral concern showed gains

### HEALTH SYSTEM NAVIGATION



Figure 2.1

# ENSURING GOOD ORAL HEALTH

## WHY IS ORAL HEALTH IMPORTANT?

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

## WHO DID FIRST 5 SAN DIEGO SERVE?

This year, OHI providers screened 23,012 children and 6,091 pregnant women for oral health needs and performed dental exams, which may include cleaning, scaling and x-rays, for 16,303 children and 4,094 pregnant women. A total of 14,612 children and 2,064 pregnant women received treatment for identified oral health needs, including those considered to be at high-risk for dental disease (Figures 2.2 and 2.3). Among those who were identified as high-risk for dental disease, 98.4% of children and 98.4% of pregnant women received treatment (Figure 2.4). Additionally, oral health education was provided in a clinic or community setting to a total of 6,952 pregnant women and parents of children ages zero through five.

For the third year, OHI provided Offsite Dental Services (ODS) to children at four preschool sites in three targeted zip codes (91945, 92115 and 92020) that have a high number of underserved children. ODS teams consist of a dentist, dental assistant and care coordinator who assists the children's parents with scheduling appointments and applying for dental insurance. During FY 2017-18, 123 children were screened, 47 children were given an exam and 47 were treated through ODS (Figure 2.5). Additionally, 118 parents and primary caregivers received oral health education.

## WHAT DOES FIRST 5 SAN DIEGO DO?

Oral health services funded by First 5 San Diego include:

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

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

Screenings	23,012
Exams	16,303
Treatment	14,612

Figure 2.2

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

Screenings	6,091
Exams	4,094
Treatment	2,064

Figure 2.3

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



**98.4%**  
Children



**98.4%**  
Pregnant Women

Figure 2.4

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

Screenings	123
Exams	47
Treatment	47

Figure 2.5

# EARLY IDENTIFICATION AND INTERVENTION FOR DEVELOPMENTAL CONCERNS

## WHY IS EARLY INTERVENTION FOR DEVELOPMENTAL CONCERNS IMPORTANT?

Early identification and treatment of developmental concerns are essential for young children to be able to enter school ready to learn and prevent the need for more intensive services later in life. In the United States, about 15% of children under age six have moderate risk for developmental delays, yet only 2% of zero through two-year-olds and 5% of three through five-year-olds with delays receive treatment.<sup>16</sup> Many children with developmental concerns do not receive their first screening or treatment until after they enter school, when interventions tend to be less effective and more expensive.<sup>17</sup>

## WHAT DOES FIRST 5 SAN DIEGO DO?

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

in San Diego County have regular developmental checkups before entering kindergarten. Collectively, HDS, KidSTART, F5FS, QPI, MSP and Mi Escuelita screened 16,362 children and identified 3,954 with developmental concerns. Developmental treatment was provided through HDS, QPI and KidSTART to 6,652 children, including those who were screened and referred to First 5 San Diego programs for treatment by other providers (Figure 2.6).

## ARE CHILDREN WITH DEVELOPMENTAL CONCERNS IMPROVING?

HDS and KidSTART provide developmental assessment and treatment services for children with mild, moderate and complex needs. Children identified with a developmental concern receive treatment to support and monitor their growth in cognitive, language, motor, social-emotional and self-help domains. Children served through HDS and KidSTART are assessed both at the beginning (pre) and end (post) of treatment. The average percent delays for children at both of these time points are presented for children with mild to moderate needs in Figure 2.7 and for children with complex needs in Figure 2.8. Overall, 95.8% of children with concerns receiving developmental treatment through HDS or KidSTART demonstrated gains in at least one developmental domain.

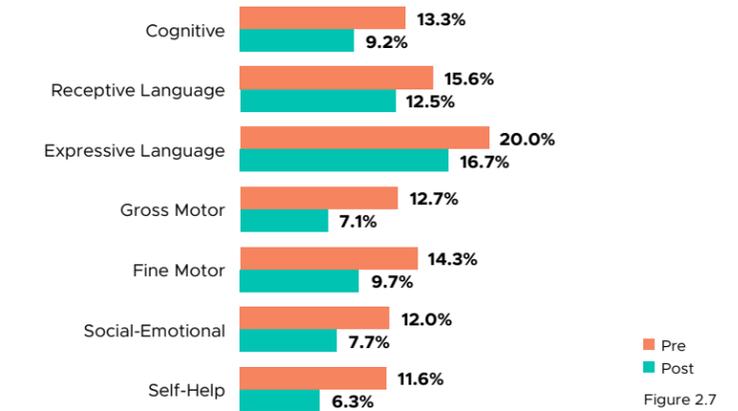


## NUMBER OF CHILDREN WHO RECEIVED DEVELOPMENTAL SCREENINGS AND/OR SERVICES

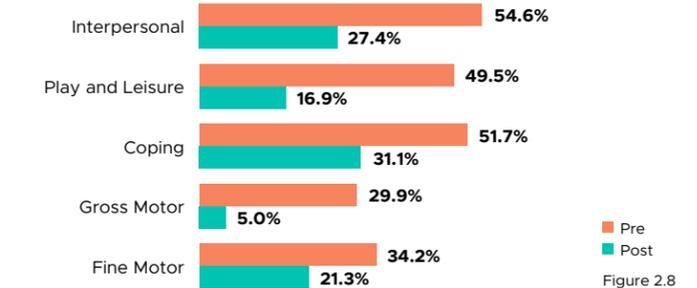
Children Screened	16,362
Children Identified with Developmental Concerns	3,954
Children who Received Developmental Treatment*	6,652

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

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



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



\*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.

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

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

An estimated 13–17% of children ages zero through five experience social-emotional problems that negatively impact their functioning, development and school readiness.<sup>18</sup> Children with social-emotional difficulties may have a hard time managing their emotions, focusing on tasks, interacting with family and peers and controlling their behavior, which can lead to lifelong challenges.<sup>19</sup> Studies have shown that treating behavioral concerns before the age of five can prevent the onset of mental health disorders, reduce future behavior concerns and increase a child’s ability to regulate his or her emotions during daily activities.<sup>16, 20, 21</sup>

## 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.<sup>22</sup>

Through HDS, QPI, KidSTART and F5FS, First 5 San Diego providers screened 11,157 children, identified 1,419 children with behavioral concerns and provided behavioral treatment for 3,133 children, including those who were screened and referred to First 5 San Diego programs for treatment by other providers (Figure 2.9).

## ARE CHILDREN’S BEHAVIORS AND PROTECTIVE FACTORS IMPROVING?

The behavioral treatment services offered by First 5 San Diego are customized to meet each child’s unique needs. This year, 3,133 children received treatment aimed at improving their internalizing behaviors (e.g., anxious or depressive symptoms) and/or externalizing behaviors (e.g., aggressive and hyperactive symptoms).

- Overall, 84.9% of children who were identified with behavioral concerns and received behavioral treatment showed improvement.
- Of those children receiving clinical treatment through HDS, 82.5% reduced their total behavioral concerns (Figure 2.10).

First 5 San Diego behavioral services also strengthen children’s protective factors. Protective factors are strengths that positively influence a child’s resilience, such as the ability to form relationships, get needs met, regulate strong emotions and explore surroundings with confidence. This year’s results showed that children’s protective factors significantly increased after receiving HDS behavioral treatment (Figure 2.11). Specifically, children improved in the following areas: initiative (using independent thought and action to meet needs), self-regulation (expressing feelings through socially appropriate words and actions) and attachment/relationships (mutual, strong, long-lasting relationships with significant adults).

- Overall, 84.5% of children who participated in group classes or whose parents or caregivers received one-on-one consultations through HDS demonstrated an increase in protective factors.

## FIRST 5 SAN DIEGO’S MATERNAL DEPRESSION PROGRAM

The Centers for Disease Control and Prevention’s (CDC) studies show that about 1 in 10 women in the United States experience symptoms of depression and about 1 in 9 women experience symptoms of postpartum depression.<sup>23</sup> Children of mothers who experience depression are at an increased risk for developmental delays, as well as their own depression and other emotional disorders.<sup>24</sup> First 5 San Diego funds the Maternal Depression Program (MDP) which provides care coordination and therapeutic treatment and support for mothers with mild to moderate depression and children under age six in the Central region of San Diego. Mothers are screened at their child’s pediatric visits and referred to the program if they are experiencing mild to moderate depression.\* In FY 2017-18, nearly 2,000 mothers of young children were screened by their pediatricians and the program provided care coordination and/or treatment to almost 150 mothers.

\* Other programs are available for mothers with more severe depression and this program seeks to fill the gap of services for mothers with mild to moderate depression.

## NUMBER OF CHILDREN WHO RECEIVED BEHAVIORAL SCREENINGS AND/OR SERVICES

Children Screened	11,157
Children with Behavioral Concerns	1,419
Children who Received Behavioral Treatment*	3,133

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

## PERCENTAGE OF CHILDREN WHO MADE BEHAVIORAL GAINS AFTER TREATMENT

Internalizing Behaviors	78.1%
Externalizing Behaviors	83.9%
Total Behaviors	82.5%

Figure 2.10

## SCORES FOR CHILDREN IN BEHAVIORAL SERVICES\*

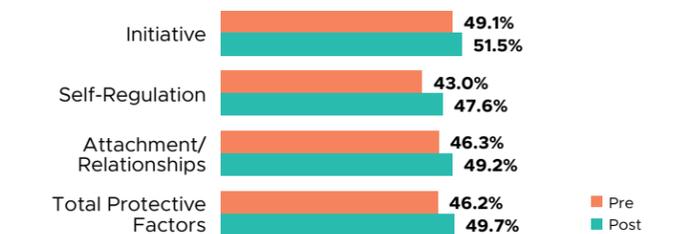


Figure 2.11

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

# FAMILY STORIES

## THE POSITIVE IMPACT OF FIRST 5 SAN DIEGO SERVICES

“Before these services, my wife and I were stressed everyday about our son’s behavior. During and after [services], we were able to learn different tools to help our son with his emotions, which also helped us realize that he was/is perfectly normal and just needed some extra help in dealing with his emotions. We are very thankful for all the help and tools we received.”

–Scott\*



### OVERCOMING TRAUMA THROUGH BUILDING HEALTHY RELATIONSHIPS

Two-year-old David’s\* pediatrician at Southern Indian Health Reservation connected him to HDS with concerns about his development. David had a history of being in foster care and had lived in five different homes in the past year. When he came to HDS, he had just moved in with his aunt, Sophia\*, his uncle, Victor\*, and their three young children. Sophia expressed concern that she had difficulty connecting with David, that he talked to himself and that he pinched himself when he was angry. She also reported that he had a history of trauma and possible abuse. Initial screening and assessment results indicated concerns in behavior, language and fine motor skills. At their first developmental class, staff immediately noticed their lack of connection as they sat on opposite ends of the waiting room and Sophia was reluctant to participate in the activities. However, by their last session, they were sitting together, high-fiving and smiling at each other. During their behavioral services, as the behavior clinician modeled positive interactions for Sophia, she began to discover and experience David in a new light; the little boy was vibrant, playful and humorous, and Sophia began to appreciate his skills and personality, gaining an understanding of his abilities. Through HDS services, Sophia realized that David’s lack of connection with her was not due to developmental delays, but rather because of his level of anxiety as he experienced her own anxiety and discontent towards him. This realization helped her understand how her relationship with David impacted his responses and overall well-being and development. Sophia and Victor adopted David into their family and report greater understanding of his needs and engaging regularly in joyful play with him. Additional clinical services to address his history of trauma were recommended and are underway.

### FINDING THE RIGHT PROVIDER

Troy came in for his first dental visit at 3 years old. Upon the initial exam the dentist identified severe cavities. In talking with his family, the dentist learned that Troy’s diet had consisted of sweet drinks and crackers throughout the day and he did not brush his teeth regularly. Troy was in a lot of pain and could not tolerate having all the X-rays done, but the dentist was able to make him comfortable enough to complete a few. Troy’s dentist determined the appropriate treatment for Troy given his age and his level of decay. His cavities were treated and Troy and his parents were educated on the importance of good nutrition and oral hygiene.

Troy returned for follow-up appointments every three months for basic maintenance and prevention services. Two years later, Troy has had no recurrence of cavities. Because of the wraparound services OHI provided to Troy including oral health screening, dental treatment and follow-up maintenance visits, Troy’s story was a success.

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

# [ 03 ]

## Learning

“I appreciate that we are able to earn a stipend for the classroom in order for us to create a better learning environment for our students. With this stipend, I am able to purchase materials such as science materials, books, outdoor equipment, etc. We are thankful for QPI and everything it allows us to do for our children, families, staff and agency.”

-Meredith\*, QPI Teacher

### WHY IS HIGH-QUALITY EARLY CARE AND EDUCATION IMPORTANT?

From the moment of conception to the first step into a kindergarten classroom, a child’s development takes place at a rate that exceeds any other stage of life.<sup>25</sup> High-quality early learning environments during this time of critical cognitive and social-emotional growth have been shown to enhance children’s cognitive and language development and long-term academic achievement.<sup>26, 27, 28, 29</sup> In particular, children who participate in high-quality learning environments are better prepared for kindergarten, have greater success in elementary school, and are more likely to graduate from high school and thrive in adulthood.<sup>30, 31</sup> In addition, the benefits of high-quality early education programs have been shown to outweigh the costs for children of all ethnic and socioeconomic backgrounds and are more cost-effective than other types of educational interventions.<sup>29, 32, 33</sup>

### WHAT DOES FIRST 5 SAN DIEGO DO?

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

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

### FUNDING

\$11,802,425

### NUMBERS SERVED

12,341 children  
1,350 teachers and staff

### HIGHLIGHTS

- 97.9% of QPI classrooms were rated as high-quality
- 91.3% of QPI children with room for improvement made gains in four or more developmental domains as measured by the Desired Results Developmental Profile 2015 assessment tool
- 58.0% of QPI lead teachers have a bachelor’s degree or higher

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

Quality Preschool Initiative	12,240
Mi Escuelita	101
Total	12,341

Figure 3.1



## WHAT DOES FIRST 5 SAN DIEGO FUND?

Drawing on recommendations from early education research and emerging best practices, First 5 San Diego funds two early learning programs: Quality Preschool Initiative (QPI) and Mi Escuelita Therapeutic Preschool (Mi Escuelita). In total, 12,341 children in San Diego County received high-quality early education through these two programs in FY 2017-18 (Figure 3.1).

- QPI supports and enhances quality in early care and education programs across San Diego County. QPI provides intensive coaching and professional development for administrators and teachers to reach improvement goals in key areas of early learning, supports early care and education staff to identify and address developmental and social-emotional concerns, and enhances family engagement and parent education.
- Mi Escuelita is a therapeutic preschool program tailored to the special needs of children between the ages of 3 and 5 years old who have been exposed to domestic violence and abuse. The program offers therapeutic services, such as individual and group counseling, to both the child and the parents or caregivers. The goal of the program is to help vulnerable children make gains emotionally, socially and developmentally so that they can enter school as active learners.

“Our staff are grateful to receive coaching through QPI. It definitely gives them a new experience and it enhances their learning. QPI has provided our agency with another opportunity to focus on quality education for our future generation.”

–Darryl\*, QPI Director

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

## SAN DIEGO QUALITY PRESCHOOL INITIATIVE LAUNCHES NEW ONLINE RESOURCE

On October 2017, families across the region were introduced to a new resource to research and find quality early care and education thanks to SDQPI.org, a new website from the San Diego Quality Preschool Initiative (QPI). The website is a comprehensive resource designed to help parents, caregivers and providers understand what quality early care and education looks like; how to find participating early care and education providers; and to assist providers who want to become part of QPI. The website also provides guidance on the essential elements of quality in early care and education, as well as quality rating data on more than 300 local programs – from infant/toddler programs to center-based preschools to family child care homes – making it the go-to resource for parents and providers. The website includes sections for families, programs, providers, community members and funders. Visitors to the site will find topics such as:

- How to find an early care and education provider.
- Elements to look for in a quality early care and education program.
- An explanation of QPI’s Quality Rating and Improvement System (QRIS), which is used to assess, improve, and sustain high-quality early care and education programs.

The QPI website is designed to help parents and caregivers find the type of early care and education programs that will give their child a strong foundation in life.

## HOW IS QUALITY MEASURED IN PRESCHOOL?

A high-quality early care and education is one that implements evidence-based practices for learning including:

- highly-qualified teachers, instructional assistants and program directors;
- ongoing professional development of staff;
- low child-to-teacher ratios and small class sizes;
- health screenings and referrals to appropriate services;
- supportive learning environments;
- positive teacher-child interactions; and
- family engagement in their child’s education.<sup>34, 35, 36, 37</sup>

Elements of high-quality early care and education programs are assessed and rated as part of the San Diego County Quality Rating and Improvement System (QRIS). San Diego’s QRIS was developed over 12 years of quality preschool program implementation. Every QPI site receives points using the San Diego QRIS matrix based on its performance in seven rated elements. Each site receives an overall rating from 1 (lowest) to 5 (highest) based on these points. This year, 97.9% of rated QPI sites earned a high-quality tier rating of 4 or 5 (Figure 3.2).

Two of the seven QRIS elements (Figure 3.3) focus on the qualifications of early care and education staff, with a greater number of points assigned for higher levels of teacher education. Research suggests that early care and education teachers with a college education in child development or early childhood education are more effective, nurturing and engaging, and provide richer language and cognitive experiences for children.<sup>38, 39, 40, 41</sup> Overall, nearly three in five QPI lead teachers (58%) have a bachelor’s degree or higher.

# PROFESSIONAL DEVELOPMENT FOR EARLY CARE AND EDUCATION PROVIDERS

## WHY IS PROFESSIONAL DEVELOPMENT IMPORTANT?

Professional development for early care and education teachers is important to grow and maintain the knowledge and skills required to provide high-quality instruction and promote student learning and achievement.<sup>42, 43, 44</sup> Sustained professional development helps teachers meet diverse student needs, improves teacher engagement with parents and allows teachers to develop an active agenda for their own professional growth, all of which has been linked to positive child outcomes.<sup>45</sup> High-quality professional development can support a teacher's ability to identify and support a child's learning needs, which is particularly important in early care and education when early intervention to address a child's developmental and behavioral concerns can significantly impact future academic success.

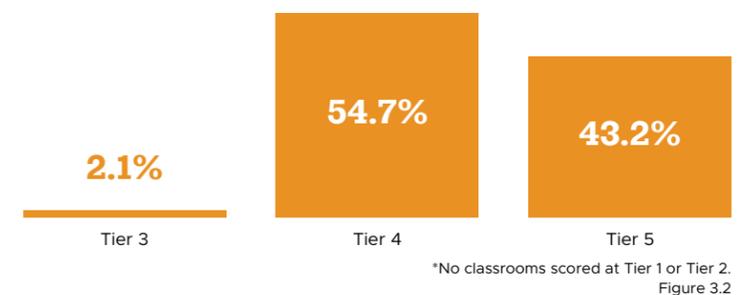
## WHAT DOES FIRST 5 SAN DIEGO DO?

First 5 San Diego funds several professional development opportunities for QPI teachers and administrators. This year, over 1,300 teachers and site directors received support to develop customized professional development plans, accessed robust and systematic coaching aligned to their professional development plans from experienced coaches and participated in professional development workshops and teaching communities to achieve their goals. First 5 San Diego also provides incentives to site directors and lead teachers to advance their level of education. This year, 16 teachers and administrators earned a college degree (Figure 3.4).

## WHAT IS THE IMPACT OF PROFESSIONAL DEVELOPMENT?

First 5 San Diego's investment in the professional development of early care and education staff enhances the effectiveness of QPI teachers and supports the success of preschoolers in San Diego County. QPI utilizes the Classroom Assessment Scoring System (CLASS) as one way to measure teacher effectiveness. The CLASS is a quality assessment tool administered by a reliable, independent observer who rates teacher-child interactions across three domains on a scale from 1 (lowest) to 7 (highest): emotional support (e.g., teacher sensitivity), classroom organization (e.g., behavior management) and instructional support (e.g., modeling language for students). This year, average QPI CLASS scores ranged from 3.5 to 6.3 across the three domains, indicating a high level of classroom quality and effective instruction (Figure 3.5).

PERCENTAGE OF QPI SITES AT EACH QUALITY RATING TIER



## SAN DIEGO'S QRIS ELEMENTS

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

Figure 3.3

## NUMBER OF DEGREES EARNED BY QPI ADMINISTRATORS AND TEACHERS

Associates	2
Bachelors	11
Masters	3
Total	16

Figure 3.4

## AVERAGE CLASS SCORES



**PERCENTAGE OF QPI CHILDREN WHO MADE DEVELOPMENTAL GAINS**

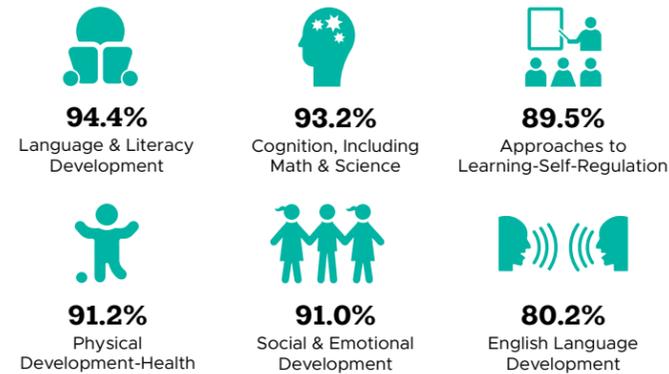


Figure 3.6

**AVERAGE DOMAIN SCORES OF CHILDREN COMPLETING ONE YEAR OF QPI AND MORE THAN ONE YEAR OF QPI**

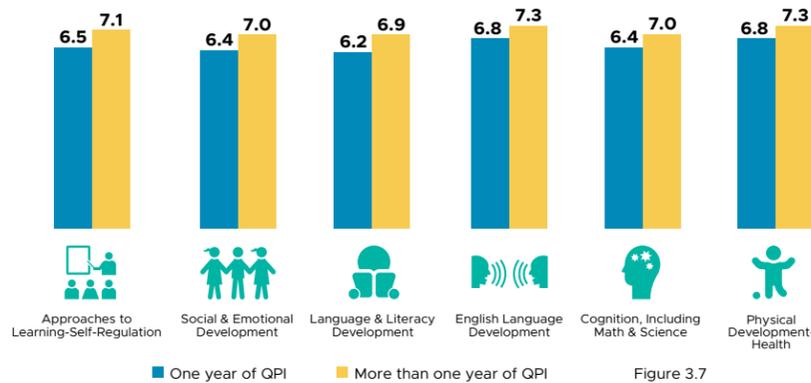


Figure 3.7

\*\*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.

# BENEFITS OF HIGH-QUALITY EARLY CARE AND EDUCATION

## IS HIGH-QUALITY EARLY CARE AND EDUCATION HELPING CHILDREN?

Overall, children attending high-quality early care and education programs funded by First 5 San Diego made gains during the 2017-18 school year in every developmental domain on which they were observed, using the Desired Results Developmental Profile 2015 (DRDP 2015) tool (Figure 3.6). Furthermore, children who attended QPI for more than one year demonstrated significantly greater developmental gains than their counterparts who only attended QPI for one year (Figure 3.7). Overall, 91.3% of children made gains in at least four of the developmental domains observed. The DRDP 2015 includes five developmental domains and one additional domain for dual language learners.

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

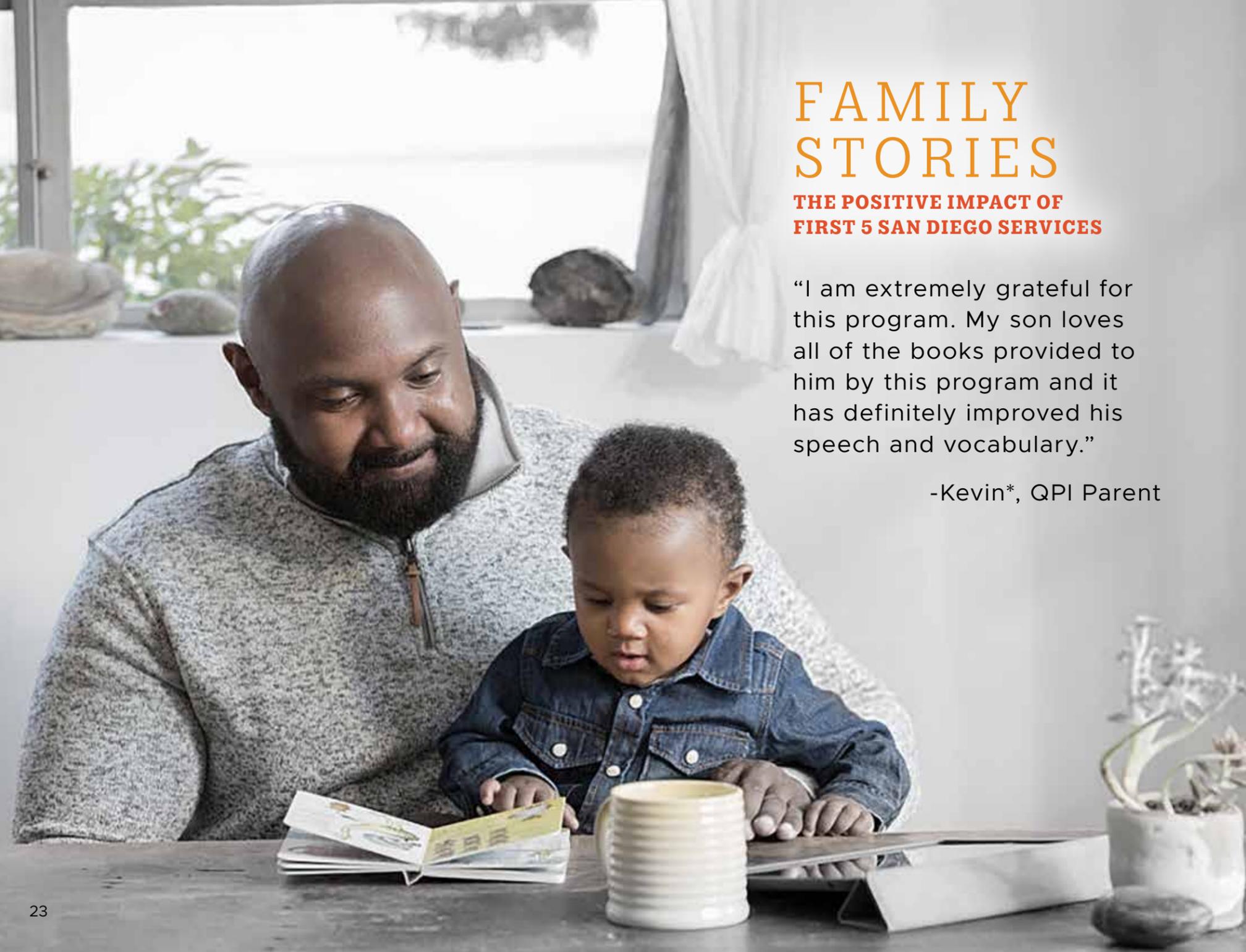
QPI supports early screenings to identify strengths and concerns that may require focused interventions, referrals or further assessments for individual children. This year, 10,903 screenings were completed in collaboration with QPI parents and caregivers. During the year, 328 children were determined to be eligible for 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. In addition, just under 900 children with IEPs upon enrollment received continued, individualized learning support throughout the year.

"QPI has helped us increase the quality of our preschool. We have a better program because of the coaching, mentoring and professional development offered by the QPI program. The quality criteria QPI requires ensures that we are implementing best practices program-wide. I so appreciate their involvement in early education at our school. It's been invaluable."

-Stanley\*, QPI Director



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



# FAMILY STORIES

## THE POSITIVE IMPACT OF FIRST 5 SAN DIEGO SERVICES

“I am extremely grateful for this program. My son loves all of the books provided to him by this program and it has definitely improved his speech and vocabulary.”

-Kevin\*, QPI Parent

“QPI has helped my son detach from me and become independent and more social. He now plays on his own and interacts with just about anyone! He has learned what he needs to for his age, and I feel confident that he’s going to be ready to enter kindergarten next year. An added bonus is that he also speaks both English and Spanish!”

-Angela\*, QPI Parent

“I came to this country when I was 10 years old. I speak English but my wife does not. It means so much to us to know that our son learned to speak English in preschool. Because of the QPI program, my son is going to have better opportunities in life than I did, and our family is forever grateful.”

-Oscar\*, QPI Parent

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



# [ 04 ]

## Family

“I was suffering in silence; it got hard for me to talk and spend time with my wife and girls. My home visits unconsciously took so much weight off my shoulders. F5FS taught us guidelines to help us pave a path for our girls as they grow and mature. Working with our home visitor, we’ve learned to observe, learn and teach. This journey has been hard but it would’ve been a lot harder if F5FS wasn’t in our lives.”

-Mauricio\*

### WHY IS FAMILY IMPORTANT?

Children reach their fullest potential when raised in safe, stable, loving and stimulating environments.<sup>44, 45</sup> Positive family relationships and interactions support a child’s cognitive and social-emotional development, school readiness and overall academic achievement, buffer against social and behavioral problems and increase a child’s capacity to form successful relationships.<sup>47, 48, 49</sup> When parents and caregivers engage in positive parenting behaviors such as routinely talking, reading, singing and telling stories to their children, they are actively supporting the development of social and language skills and preparing their child to succeed in school.<sup>50</sup>

### WHAT DOES FIRST 5 SAN DIEGO DO?

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

### WHAT DOES FIRST 5 SAN DIEGO FUND?

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

### WHY ARE SERVICES TO FAMILIES IMPORTANT?

Raising a young child has its challenges and is demanding. With the addition of stressors such as single parenthood, unemployment, housing instability or raising a child with special needs, having allies to support and empower parents and caregivers is critical to the well-being of all family members.<sup>51, 52</sup> An effective parent support program can be one such ally, resulting in improved physical, cognitive and emotional development in children, increased parent-child bonding and decreased rates of child abuse and neglect.<sup>53, 54, 55</sup>

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.

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

### FUNDING

\$4,034,365

### NUMBERS SERVED

14,547 children

13,836 parents

### HIGHLIGHTS

97.2% of QPI, HDS and F5FS caregivers tell stories or sing songs to their child

81.1% of HDS parents know more about age appropriate child development

76.1% of QPI, HDS and F5FS parents regularly read to their child

Nearly 18,000 parent resource Kits were distributed

# SUPPORTING FAMILIES THROUGH HOME VISITATION

## PERCENTAGES OF F5FS PRIMARY CAREGIVERS DEMONSTRATING PARENTING COMPETENCE

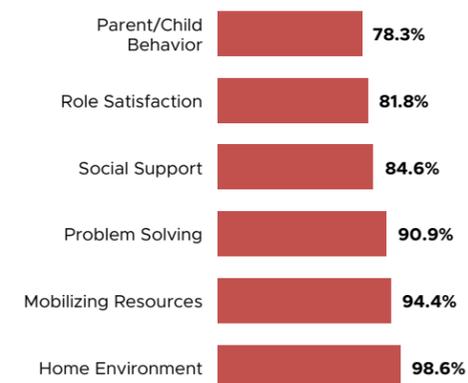


Figure 4.1

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

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

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

## WHO DID FIRST 5 SAN DIEGO SERVE?

F5FS serves high-risk families, including pregnant and parenting teens, military, immigrant, refugee and low-income families using an evidence-based home visiting model and curriculum. Evidence-based home visiting programs have been shown to be particularly effective for these high-risk populations who often lack social support.<sup>56, 57, 58</sup> This year, 637 pregnant women or caregivers and 579 children received F5FS services.

## WHAT IS THE IMPACT OF SERVICES FOR FAMILIES?

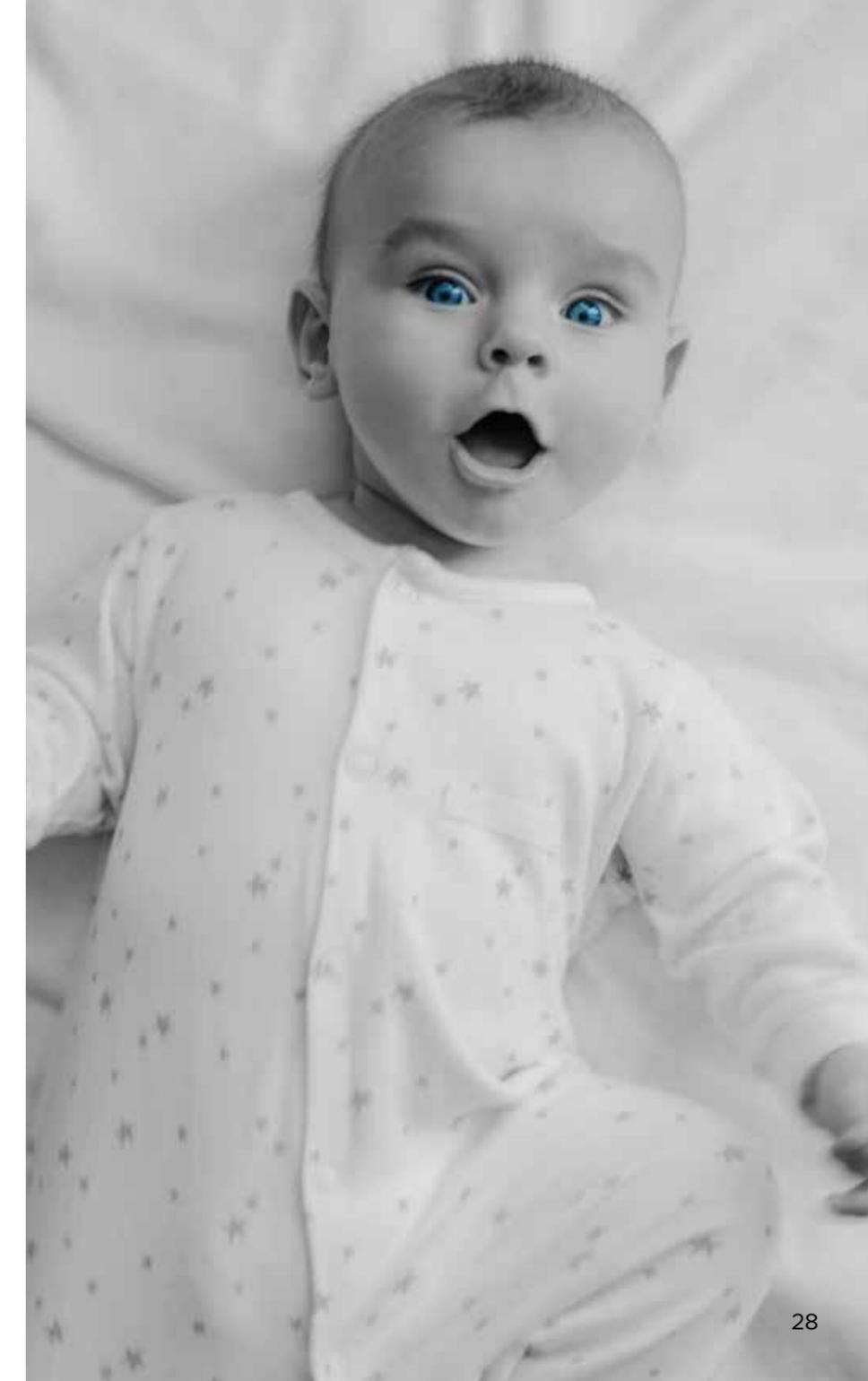
F5FS home visitors routinely assess parents and caregivers on the development of their parenting skills. High percentages of parents who have participated in F5FS demonstrate competence in these skills, including in their development of social support networks, ability to problem-solve and mobilize resources,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

- 100% of mothers were linked to a medical home within 30 days of enrollment.
- 97.1% of children were linked to a medical home within 30 days of enrollment.
- 62.4% of mothers reported breastfeeding when their babies were 6 months old, which is higher than the National (51.8%) and State of California (58.5%) breastfeeding rates.<sup>59</sup>
- 94.4% of parents reported their children were up-to-date with their Well Baby Checks at 12 months of age.
- 91.3% of parents reported their children were up-to-date with their immunizations at 12 months of age.

"I felt so much better during my pregnancy because of the education and connection to community resources that [F5FS] provided."

-Jenny\*

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





# SUPPORTING FAMILIES THROUGH PARENT EDUCATION

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

Parent education programs reduce childhood injuries and maltreatment by helping parents and caregivers learn the essential skills necessary to build a healthy family.<sup>60, 61</sup> Teaching parents about their child’s development promotes positive parent-child interactions and children’s healthy development.<sup>62</sup> First 5 San Diego offers a variety of parent education services in the form of workshops, classes and trainings through F5FS, HDS, KidSTART, OHI and QPI. These programs focus on providing parents with skills and resources to be strong role models and advocates for their families by:

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

## WHO RECEIVED PARENT EDUCATION FROM FIRST 5 SAN DIEGO?

This year, 4,863 parents and caregivers received parent education services focused on supporting their child’s health, the importance of play, healthy social-emotional development and how to access important community resources through HDS, OHI, Mi Escuelita, MSP and QPI. F5FS also provided education to 637 primary caregivers during home visits.

Additionally, First 5 San Diego supported the distribution of 17,900 Kits for New Parents (Kit) this year. The Kit, a free parenting resource available to all new and expectant parents, includes advice and useful tips to prepare parents for the joys and challenges of parenting. The Kit is available countywide in six languages (English, Spanish, Mandarin, Vietnamese, Cantonese and Korean).

## WHAT IS THE IMPACT OF PARENT EDUCATION?

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

- 95.7% of parents who participated in HDS and KidSTART parenting classes reported knowing how to advocate for their child (Figure 4.2).
- 81.1% of parents who participated in HDS parenting programs reported an increase in their knowledge of age appropriate child development.
- 76.1% of caregivers who received F5FS home visitation services or parenting classes from HDS or QPI reported reading to their child three or more days per week.

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

## CARE COORDINATION

Children served by First 5 San Diego programs HDS, KidSTART and OHI are likely to have multiple appointments and more than one service provider working with their families to best meet the child’s needs. Care Coordinators are critical partners for families in these situations, working hand-in-hand with them to make appointments, prioritize which services to start first, monitor progress and help families overcome barriers (e.g., arranging transportation) to completing a treatment plan. More than 21,000 children, parents and caregivers received care coordination services through First 5 San Diego programs during FY 2017-18, including:

- 210 children and 320 parents and caregivers in KidSTART;
- 7,298 children and 7,114 parents and caregivers in HDS; and
- 5,472 children and 1,184 pregnant women in OHI.

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

Know how to advocate for my child	95.7%
Understand my child’s needs	95.5%
Help my child learn and develop	94.8%
Know where to turn for resources	94.1%

Figure 4.2

### CHANGE IN AVERAGE PARENTING PRACTICE SCORES FOR PARENTS AND CAREGIVERS WHO RECEIVED HOME VISITATION SERVICES\*

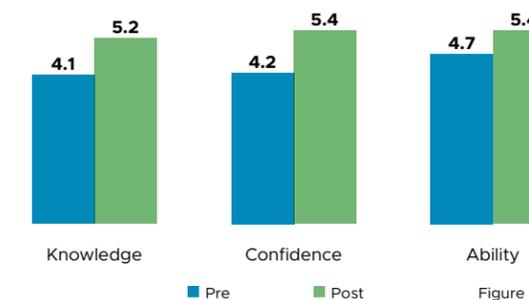


Figure 4.3

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



# FAMILY STORIES

THE POSITIVE IMPACT OF  
FIRST 5 SAN DIEGO SERVICES

“My Care Coordinator, Brittney, has always been a great source of understanding and assurance to me. In seeing her, I have learned great tools that will forever stay with me and someday I can pass on to my son when he has his children. Her vast knowledge and kindness were greatly appreciated. The other staff were so awesome at keeping my son company and playing with him so I could be at ease during my sessions and focus on what we needed to cover. Thank you, thank you, thank you!”

-Carl\*

## **BUILDING A STRONG SUPPORT SYSTEM**

Layla enrolled in the F5FS program over three years ago, early on in her pregnancy. She wasn't expecting to have a baby at this time and was going to have to do it on her own as the baby's father wasn't interested in having a child. Layla was sick a lot during her pregnancy and had a lot of fears about the pregnancy and the upcoming birth. Layla's baby was born healthy, but the family struggled with finding stable housing and with having limited finances. Her Family Support Specialist worked with her to set goals to find housing, enroll in programs to help her financially after her

diagnosis of multiple sclerosis, and to connect her with mental health services. Nearing the end of the F5FS program, the family has secured stable and affordable housing. Layla is also connected with long-term financial and mental health care and her son is enrolling in preschool. Currently, Layla is working on teaching her son the letters of the alphabet. She really likes to attend the F5FS parent groups every month. Layla has a lot of support in her life now, both family and friends. Layla and her son have a close bond and you can feel the joy and laughter during the home visits.

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



[ 05 ]

## Community

### WHY IS COMMUNITY IMPORTANT?

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

### WHAT DOES FIRST 5 SAN DIEGO DO?

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

### WHAT DOES FIRST 5 SAN DIEGO FUND?

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

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

### FUNDING

\$4,157,192

### NUMBERS SERVED

39,754 Children and Parents

### HIGHLIGHTS

First 5 San Diego sponsored and participated in local community events that reached over 103,000 San Diegans

First 5 San Diego providers made 13,685 health and social service referrals

Community Water Fluoridation at Sweetwater Authority optimally fluoridated the water supply to improve the oral health of nearly 19,000 children under the age of 5

# BUILDING A HEALTHY AND THRIVING COMMUNITY

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

First 5 San Diego invests in public awareness campaigns with the goal of educating parents on the importance of the first five years of life and raising awareness about the many programs it funds. This year's campaign promoted early childhood literacy and encouraged parents to "Talk, Read & Sing" and be active with their children. Even before a child is able to speak, words play an important role in brain development. By the time children reach three months of age, words have a bigger impact on their brain development than other sounds, including music. Studies show that the more words a child hears from parents or caregivers before the age of three, the greater their vocabulary and the greater likelihood of performing well academically.<sup>53</sup> Campaign messaging was broadcasted via television, radio, digital media and outdoor advertisements. We are proud to report that two of the public service announcements that were part of the campaign earned Emmy nominations in two categories! The campaign achieved more than 85 million gross impressions and the use of First 5 San Diego's website averaged 8,300 page views per month and 2,200 new visitors each month.

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

Children and families who receive services through one of First 5 San Diego's funded programs often receive referrals to other First 5 San Diego providers or community agencies to help ensure that all of their family's needs are addressed. This year, First 5 San Diego-funded programs made 13,685 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 27,538 referrals for families with children ages zero through five.

## HOW IS FIRST 5 SAN DIEGO IMPROVING COMMUNITIES?

First 5 San Diego is committed to building the community's capacity to promote health and learning in the first five years of life. Several First 5 San Diego initiatives focus on affecting system-level change that is crucial to supporting early childhood development in San Diego County. First 5 San Diego initiatives like Healthy Development Services (HDS), First 5 First Steps (F5FS), the Quality Preschool Initiative (QPI) and the Oral Health Initiative (OHI) play an important role in creating and improving countywide and regional networks that provide services for young children and their families.

## ZERO TO THREE ANNUAL CONFERENCE SPONSORSHIP AND PARTICIPATION

As a leader in the early childhood field, First 5 San Diego shares its best practices with local, state and national audiences. This year, First 5 San Diego partnered with Zero to Three as a Platinum Sponsor at the Annual Conference that was held in San Diego from November 29 – December 1, 2017. The conference was Zero to Three's

biggest event ever, featuring almost 100 sessions, over 200 speakers, dozens of vendors and over 3,400 attendees. First 5 San Diego had a presence in the event marketplace as an exhibitor in addition to being showcased at the following presentations by our partners:

**The Intersection between Systems Coordination and Care Coordination to Promote Children's Optimal Development.** *Presented by the American Academy of Pediatrics-Chapter 3 (AAP-CA3).*

**The Missing Piece of the Developmental Profile: Transdisciplinary Identification of Sensory Concerns in Young Children.** *Presented by AAP-CA3 and Palomar Health Development.*

**Treating Mild to Moderate Developmental Delays: Filling the Service Gap.** *Poster presentation by AAP-CA3 and Harder + Company.*

**The Journey towards a Community-wide Continuum of Infant/Early Childhood Mental Health (IECMH) Services.** *Poster presentation by AAP-CA3 and First 5 San Diego.*

**Utilizing the Parallel Process to Implement Motivational Interviewing in a Developmental Services System of Care.** *Poster presentation by AAP-CA3 and Palomar Health Development.*

**Changing Trajectories, Changing Systems: How One County Built Bridges Ensuring Access for the Most Vulnerable** *Poster presentation by Rady Children's Hospital of San Diego.*

**Growing Healthy Together** *Poster presentation by the San Diego County Office of Education.*



# CO-SPONSORED COMMUNITY EVENTS

First 5 San Diego sponsored and participated in local community events that reached over 103,000 San Diegans.

## **SUMMER MOVIES IN THE PARK**

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

## **JACOBS & CUSHMAN SAN DIEGO FOOD BANK HOLIDAY FOOD DRIVE 2017**

First 5 San Diego partnered with the Jacobs & Cushman San Diego Food Bank for the 2017 Holiday Food Drive. This is the fifth year that First 5 San Diego participated in this collaboration to provide food for hundreds of thousands of the most vulnerable people in San Diego County, including chronically hungry children living in poverty.

## **WE CAN'T WAIT 2017 - THE ART AND SCIENCE OF HEALING: EVERY PLACE, EVERY TIME, EVERY RELATIONSHIP**

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





# LIVE WELL SAN DIEGO IN ACTION

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

### **MARCH OF DIMES RECOGNIZED AS A LIVE WELL SAN DIEGO PARTNER**

For over 80 years, March of Dimes has helped millions of babies survive and thrive no matter their age, socio-economic background or demographics. First 5 San Diego was proud to support the March of Dimes Foundation at its 2018 March for Babies San Diego walk on April 28, 2018. Nearly 5,000 participants gathered in Balboa Park to share in March of Dimes' mission to improve the health of babies by preventing birth defects, premature birth and infant mortality through research, education, community service and advocacy. The County of San Diego also recognized March of Dimes as a *Live Well San Diego* Partner for its commitment to continuing to advance the *Live Well San Diego* vision through a strong resolve to constantly improve access to health and information for all women and babies.

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

First 5 San Diego was thrilled to partner with Food4Less and Channel 93.3's Geena the Latina to celebrate National Fruits and Vegetables Month. The team held a healthy cooking demonstration

on May 21, 2018 at a local Food4Less grocery store that featured a healthy cooking demonstration by Chef Danielle Soto for families looking to improve their children's eating habits. Parents were able to learn a variety of new healthy kid-friendly recipes that their children would actually enjoy eating and some new tips and tricks to enhance home-cooked meals with healthy alternatives.

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

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

### **DAY OF THE CHILD (CHULA VISTA)**

First 5 San Diego partnered with the Chula Vista Community Collaborative to sponsor the Day of the Child event. This family event provided resources to keep parents and caregivers well-informed of services in the community. The event focused on providing a safer and healthier environment for children by promoting family/community togetherness. There were plenty of fun activities like entertainment, face painting, performers, dance contests, puppets, a magic show, story time and games.

# COMMUNITY STORIES

THE POSITIVE IMPACT OF FIRST 5 SAN DIEGO SERVICES



Janelle\* called the First 5 San Diego warm line because she had heard on the radio about some of the services First 5 offers. She had recently found out that she was pregnant and was really worried about having a healthy pregnancy. Janelle was extremely surprised that she could receive almost everything she needed for her pregnancy in one call. She stated that she was no longer worried about being pregnant and felt confident about having a healthy pregnancy and a healthy baby. When a 2-week follow up was completed with Janelle, she had already been approved for Pregnancy Medi-Cal, had a prenatal care appointment scheduled and was contacted by First 5 First Steps and had enrolled in the program. She had also received her Kit for New Parents and was grateful to have additional information regarding her pregnancy.

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

# FINANCIAL INFORMATION: INVESTMENTS AND LEVERAGED RESOURCES

## FIRST 5 SAN DIEGO COMMUNITY INVESTMENTS

During FY 2017-18, First 5 San Diego invested a total of \$35,183,575 to provide comprehensive health, education and family strengthening services for young children and their families. These funds were distributed among the four key goal areas identified in the First 5 San Diego Strategic Plan 2015-2020: Health, Learning, Family and Community (Figure 5.1). Investments included countywide initiatives and a capital project that supported the physical infrastructure of programs that serve children ages zero through five.

FIRST 5 SAN DIEGO INVESTMENTS BY PROGRAM AREA

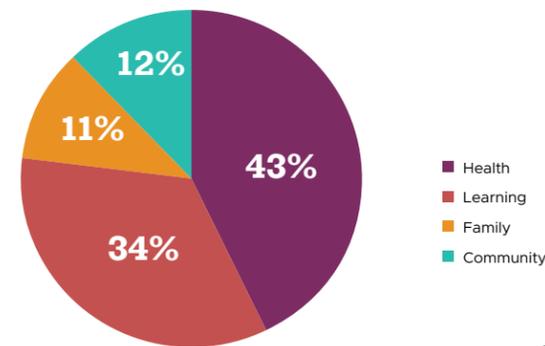


Figure 5.1

## FUNDS AND RESOURCES LEVERAGED

As a direct result of the Commission's financial investments, contractors leveraged an additional \$10,355,477 in cash and in-kind support. Many of the leveraged funding streams (Figure 5.2) have match requirements that were only accessible due to the availability of First 5 dollars. These leveraged funds and resources are critical to building capacity within and across programs and agencies in San Diego County. First 5 San Diego dollars are expected to decrease over time, but it is hoped that the capacity built through leveraging will allow agencies to continue improving the lives of children and families for years to come.

LEVERAGED FUNDING

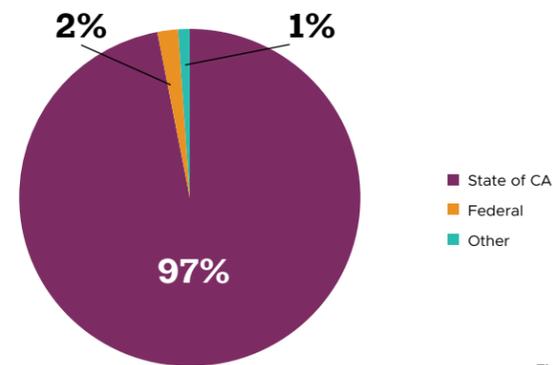


Figure 5.2

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

### REVENUES

Prop 10 Tobacco Tax	\$25,589,026
IMPACT Award	1,587,196
IMPACT Hub Award	400,661
QRIS Certification Grant	189,959
Interest Revenue	784,637
Net Increase in Fair Market Value	248,038
<b>Total Revenues</b>	<b>\$28,799,517</b>

### EXPENDITURES

Labor and Benefits	\$ 2,226,197
Services and Supplies	632,742
Evaluation	873,122
Contributions to Community Projects	35,183,575
<b>Total Expenditures</b>	<b>\$38,915,636</b>

Net change in fund balance	(10,116,119)
Fund balance, beginning of fiscal year	65,280,608
<b>Fund balance, end of fiscal year**</b>	<b>\$55,164,489</b>

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



# THANK YOU TO OUR FUNDED PARTNERS

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

Episcopal Community Services  
 Escondido Community Child Development Center  
 Escondido Union School District  
 Fallbrook Child Development Center  
 Fallbrook Family Health Center  
 Family Health Centers of San Diego  
 Health and Human Services Agency - Public Health Services  
 Health Quality Partners of Southern California  
 HealthRight 360 (formerly known as North County Serenity House)  
 Home Start, Inc.  
 Horn of Africa  
 Imperial Beach Health Center  
 Indian Health Council  
 Jacobs & Cushman San Diego Food Bank  
 King Chavez Academy of Excellence, Inc.  
 La Maestra Family Community Health Centers  
 La Mesa-Spring Valley School District  
 Lemon Grove School District  
 Metropolitan Area Advisory Committee on Anti-Poverty of San Diego County, Inc.  
 Mexican American Opportunity Foundation  
 Motiva Associates  
 Mountain Empire Unified School District  
 Mountain Health & Community Services  
 National School District  
 Neighborhood Healthcare

Neighborhood House Association  
 Newton Center for Affect Regulation  
 North County Community Services  
 North County Health Services  
 Oceanside Unified School District  
 Palomar Health Development Inc.  
 Poway Unified School District  
 Rady Children's Hospital – San Diego  
 San Diego American Indian Health Center  
 San Diego County Office of Education  
 San Diego Unified School District  
 San Ysidro Health Center  
 San Ysidro School District  
 Santee School District  
 SAY San Diego, Inc.  
 Scripps Mercy Hospital Chula Vista  
 South Bay Community Services  
 South Bay Union School District – VIP Village  
 Southern Indian Health Council, Inc.  
 St. Vincent de Paul Village, Inc.  
 Sweetwater Authority  
 The Children's Initiative  
 The Regents of the University of California  
 Vista Community Clinic  
 Warner Unified School District State Preschool  
 YMCA Childcare Resource Service  
 YMCA of San Diego County Early Enrichment Center



# REFERENCES

[1] Reynolds, A. J., Temple, J. A., Ou, S., Arteaga, I. A., & White, B. A. B. (2011). School-based early childhood education and age-28 well-being: Effects by timing, dosage, and subgroups. *Science*, 333, 360–364. <https://doi.org/10.1126/science.1203618>

[2] Cannon, Jill S., M. Rebecca Kilburn, Lynn A. Karoly, Teryn Mattox, Ashley N. Muchow, and Maya Buenaventura, Investing Early: Taking Stock of Outcomes and Economic Returns from Early Childhood Programs. Santa Monica, CA: RAND Corporation, 2017. Retrieved from [https://www.rand.org/pubs/research\\_reports/RR1993.html](https://www.rand.org/pubs/research_reports/RR1993.html)

[3] Demographic and Socio Economic Estimates: San Diego Region. (2016). San Diego Association of Governments (SANDAG). Retrieved from <https://sandag.org/>

[4] Shonkoff, J. P., & Phillips, D. A. (Eds.). (2000). From neurons to neighborhoods: The science of early childhood development. National Academies Press.

[5] Vaivada, T., Gaffey, M. F., & Bhutta, Z. A. (2017). Promoting Early Child Development With Interventions in Health and Nutrition: A Systematic Review. *Pediatrics*, e20164308.

[6] Children's Oral Health. (2014). Centers for Disease Control and Prevention. Retrieved from [https://www.cdc.gov/OralHealth/children\\_adults/child.htm](https://www.cdc.gov/OralHealth/children_adults/child.htm)

[7] Guarnizo-Herreño, C. C., & Wehby, G. L. (2012). Children's dental health, school performance, and

psychosocial well-being. *The Journal of Pediatrics*, 161(6), 1153-1159.

[8] Jackson, S.L. et al. (2011). Impact of Poor Oral Health on Children's School Attendance and Performance. *American Journal of Public Health*, 101(10), 1900-1906.

[9] Detty, A.M.R and Oza-Frank, R. (2014). Oral health status and academic performance among Ohio third-graders, 2009-2010. *Journal of Public Health Dentistry*, ISSN 0022-4006, 336-342.

[10] Seirawan, H, Faust, S., Mulligan, R. (2012). The Impact of Oral health in the Academic Performance of Disadvantaged Children. *American Journal of Public Health*, 102(9), 1729-1734.

[11] Dye, B.A. et al. (2015). U.S. Department of Health and Human Services Centers for Disease Control and Prevention, National Center for Health Statistics. Data Brief No. 191 [PDF document]. Retrieved from <https://www.cdc.gov/nchs/data/databriefs/db191.pdf>

[12] American Academy of Pediatric Dentistry. (Updated 2013). Guideline on Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents. [PDF document]. Retrieved from [http://www.aapd.org/media/policies\\_guidelines/g\\_periodicity.pdf](http://www.aapd.org/media/policies_guidelines/g_periodicity.pdf)

[13] California Health Interview Survey [Data file]. (2016). UCLA Center for Health Policy Research. Retrieved from <http://ask.chis.ucla.edu/>

[14] Kang, S.Y. (2014). Prenatal oral health care: An issue brief from the center for oral health [PDF document]. Retrieved from [http://www.centerfororalhealth.org/images/lib\\_PDF/prenatal\\_oral\\_health\\_issue\\_brief\\_2014-8-5.pdf](http://www.centerfororalhealth.org/images/lib_PDF/prenatal_oral_health_issue_brief_2014-8-5.pdf)

[15] Hemalatha, V. T., Manigandan, T., Sarumathi, T., Aarthi Nisha, V., & Amudhan, A. (2013). Dental considerations in pregnancy-A critical review on the oral care. *Journal of Clinical and Diagnostic Research: JCDR*, 7(5), 948.

[16] Child Trends (2013) Screening and Risk for Developmental Delay. Retrieved from [https://www.childtrends.org/wp-content/uploads/2015/10/111\\_Developmental-Risk-and-Screening.pdf](https://www.childtrends.org/wp-content/uploads/2015/10/111_Developmental-Risk-and-Screening.pdf)

[17] National Early Childhood Technical Assistance Center (2011). The importance of early intervention for infants and toddlers with disabilities and their families. Retrieved from <http://www.nectac.org/~pdfs/pubs/importanceofearlyintervention.pdf>

[18] Basten, M. et al. (2016). The stability of problem behavior across the preschool years: An empirical approach in the general population. *Journal of Abnormal Child Psychology*, 44(2), 393-404.

[19] New Freedom Commission on Mental Health. (2003). Achieving the promise: Transforming mental health care in America. Final Report (DHHS Pub. No. SMA-03-3832). Rockville, MD: Department of Health and Human Services.

[20] Fuchs, S., Klein, A. M., Otto, Y., & von Klitzing, K. (2013). Prevalence of emotional and behavioral symptoms and their impact on daily life activities in a community sample of 3 to 5-year-old children. *Child Psychiatry & Human Development*, 44(4), 493-503.

[21] Wakschlag, L. S. et al. (2014). Advancing a multidimensional, developmental spectrum approach to preschool disruptive behavior. *Journal of the American Academy of Child & Adolescent Psychiatry*, 53(1), 82-96.



[22] Van Ryzin, M. J., Kumpfer, K. L., Fosco, G. M., & Greenberg, M. T. (Eds.). (2015). Family-based prevention programs for children and adolescents: Theory, research, and large-scale dissemination. Psychology Press.

[23] Centers for Disease Control and Prevention. Depression Among Women. Retrieved from <https://www.cdc.gov/reproductivehealth/depression/index.htm>

[24] Center on the Developing Child at Harvard University. (2009). Maternal depression can undermine the development of young children. Working paper No. 8. Retrieved from <https://developingchild.harvard.edu/>

[25] Shonkoff, J. P., Phillips, D. A. (2000). From Neurons to Neighborhoods: The Science of Early Childhood Development. Retrieved from <https://files.eric.ed.gov/fulltext/ED446866.pdf>

[26] Rolnick, A. (2014). Investing in early childhood development is smart economic development [PDF document]. The Science of Early Brain Development: A Foundation for the Success of Our Children and the State Economy. Retrieved from [https://www.purdue.edu/hhs/hdfs/fii/wp-content/uploads/2015/07/s\\_wifis32c01.pdf](https://www.purdue.edu/hhs/hdfs/fii/wp-content/uploads/2015/07/s_wifis32c01.pdf)

[27] Barnett, W. S. (2008). Preschool education and its lasting effects: Research and policy implications. Great Lakes Center for Education Research & Practice.

[28] Campbell, F. A., & Ramey, C. T. (1994). Effects of early intervention on intellectual and academic achievement: A follow-up study of children from low-income families. *Child Development*, 65, 684-698.

[29] U.S. Department of Health and Human Services. U.S. Department of Education. (2014). Preschool development grants executive summary [PDF document]. Retrieved from: <http://www2.ed.gov/programs/preschooldevelopmentgrants/executivesummary-419a.pdf>

[30] Weiland, C., & Yoshikawa, H. (2013). Impacts of a prekindergarten program on children's mathematics, language, literacy, executive function, and emotional skills. *Child Development*, 84(6), 2112-2130.

[31] Reynolds, A. J., Temple, J. A., Ou, S. R., Robertson, D. L., Mersky, J. P., Topitzes, J. W., & Niles, M. D. (2007). Effects of a school-based, early childhood intervention on adult health and well-being: A 19-year follow-up of low-income families. *Archives of Pediatrics & Adolescent Medicine*, 161(8), 730-739.

[32] Zigler, E., Gilliam, W. S., & Jones, S. M. (2006). A vision for universal preschool education. Cambridge University Press.

[33] Howes, C., Phillipsen, L. C., & Peisner-Feinberg, E. (2000). The consistency of perceived teacher-child relationships between preschool and kindergarten. *Journal of School Psychology*, 38(2), 113-132.

[34] Yoshikawa, H. et al. (2013). Investing in our future: The evidence base on preschool education. Society for Research in Child Development. Retrieved from <http://fcd-us.org/resources/evidence-base-preschool>

[35] Heckman, J. J., Moon, S. H., Pinto, R., Savelyev, P. A., & Yavitz, A. (2010). The rate of return to the HighScope Perry Preschool Program. *Journal of Public Economics*, 94(1), 114-128.

[36] Barnett, W. S. (2008). Preschool education and its lasting effects: Research and policy implications. Great Lakes Center for Education Research & Practice.

[37] McEntire, N. (2011). The Impact of Teacher Education on Outcomes in Center-Based Early Childhood Education Programs: A Meta-Analysis. *Childhood Education*, 87(5), 374-375.

[38] Weiland, C., & Yoshikawa, H. (2013). Impacts of a prekindergarten program on children's mathematics, language, literacy, executive function, and emotional skills. *Child Development*, 84(6), 2112-2130.

[39] Barnett, W. S. (2003). Better teachers, better preschools: Student achievement linked to teacher qualifications [PDF document]. NIEER Preschool Policy Matters, (2). Retrieved from <http://nieer.org/wp-content/uploads/2016/08/2.pdf>

[40] Early, D. M. et al. (2006). Are teachers' education, major, and credentials related to classroom quality and children's academic gains in prekindergarten?. *Early Childhood Research Quarterly*, 21(2), 174-195.

[41] Zeanah, P. D., Stafford, B. S., Nagle, G. A., & Rice, T. (2005). Addressing social-emotional development and infant mental health in early childhood systems. Building state early childhood comprehensive systems series, number 12. UCLA Center for Healthier Children, Families and Communities.

[42] Mizell, H. (2010). Why professional development matters. Learning Forward. Retrieved from <https://learningforward.org/report/professional-development-matters/>

[43] Minervino, J., & Pianta, R. (2013). Early learning: The new fact base and cost sustainability.



Lessons from research and the classroom. Bill & Melinda Gates Foundation. Retrieved from <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.729.1288&rep=rep1&type=pdf>

[44] Centers for Disease Control and Prevention. (2014). Essentials for childhood: steps to create safe, stable, nurturing relationships and environments. National Center for Injury Prevention and Control. Retrieved from [https://www.cdc.gov/violenceprevention/pdf/essentials\\_for\\_childhood\\_framework.pdf](https://www.cdc.gov/violenceprevention/pdf/essentials_for_childhood_framework.pdf)

[45] Ministry of Social and Family Development. Continued Professional Development Framework for Early Childhood Educators [PDF document]. Retrieved from [https://www.childcarelink.gov.sg/ccls/uploads/CPD\\_Guide\\_5\\_FA.pdf](https://www.childcarelink.gov.sg/ccls/uploads/CPD_Guide_5_FA.pdf)

[46] Should we invest in Parenting Education? [PDF document]. Oregon State University, Excerpt from Enhancing Skills of Parents Program II Summary: 2006-2009; June 2010. Retrieved from [https://www.oregoncf.org/Templates/media/files/grants/Early%20Childhood/should\\_we\\_invest\\_ped.pdf](https://www.oregoncf.org/Templates/media/files/grants/Early%20Childhood/should_we_invest_ped.pdf)

[47] Kreider, H. (2002). Getting parents “ready” for kindergarten: The role of early childhood education. Harvard Family Research Project.

[48] 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.

[49] National Scientific Council on the Developing Child. (2004). Young children develop in an environment of relationships. Working Paper No. 1. Retrieved from <http://www.developingchild.net>

[50] 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.

[51] Bunting, L. (2004). Parenting programmes: The best available evidence. *Child Care in Practice*, 10(4), 327-343.

[52] DiLauro, E. ZERO TO THREE Policy Network. (2012). Reaching Families Where They Live: Supporting Parents and Child Development Through Home Visiting. Retrieved from <https://www.zerotothree.org/resources/997-reaching-families-where-they-live-supporting-parents-and-child-development-through-home-visiting>

[53] Samuelson, A. (2010). Best practices for parent education and support programs. *What Works, Wisconsin-Research to Practice Series*, 10, 1-8.

[54] Parent education to strengthen families and reduce the risk of maltreatment [PDF document]. (2013). Child Welfare Information Gateway. Retrieved from <https://www.childwelfare.gov/pubPDFs/parented.pdf>

[55] The Role of Preschool Home-Visiting Programs in Improving Children’s Developmental and Health Outcomes [PDF Document]. (2009). American Academy of Pediatrics. Council on Community Pediatrics. Retrieved from <http://pediatrics.aappublications.org/content/123/2/598>

[56] Nievar, M. A., Jacobson, A., & Dier, S. (2008). Home visiting for at-risk preschoolers: A successful model for Latino families. Online Submission.

[57] 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.

[58] 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.

[59] Breastfeeding report card United States 2016. (2016). National Center for Chronic Disease Prevention and Health Promotion. Retrieved from <https://www.cdc.gov/breastfeeding/pdf/2016breastfeedingreportcard.pdf>

[60] Bunting, L. (2004). Parenting programmes: The best available evidence. *Child Care in Practice*, 10(4), 327-343.

[61] Healthy Families America: Rigorous evidence [PDF document]. (2016). Prevent Child Abuse America. Retrieved from <http://preventchildabuse.org/wp-content/uploads/2016/02/HFA-Rigorous-Evidence-final.pdf>

[62] National Academies of Sciences, Engineering, and Medicine. (2016). *Parenting Matters: Supporting Parents of Children Ages 0-8*. Washington, DC: The National Academies Press. doi: 10.17226/21868.



IMPROVING THE LIVES OF CHILDREN  
AGES 0 THROUGH 5



FIRST5SANDIEGO.ORG

harder # co | community  
research

M I G | M J E



# FIRST 5 SAN DIEGO

FY 2017-2018 SNAPSHOT

**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. First 5 San Diego programs and services are funded through San Diego County's portion of California's Proposition 10 tax revenues.

Programs and services are funded based on local needs and priorities as identified in our strategic plan. Our vision is that all children ages zero through five are healthy, loved and nurtured, and enter school as active learners. For more information about First 5 San Diego programs and complete annual report, visit:

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

## FISCAL YEAR 2017-18 HIGHLIGHTS & ACCOMPLISHMENTS

- Invested **\$35.1 million in direct services for young children and their families**
- Partners leveraged an **additional \$10.4 million in cash and in-kind support with public and private entities**
- Served **more than 51,000 children, parents, caregivers and providers**



### HEALTH

- Screened 23,012 children and 6,091 pregnant women for oral health services and provided treatment for 14,612 children and 2,064 pregnant women
- Screened 16,362 children for developmental delays and treated 6,652 children with developmental concerns
- Screened 11,157 children for behavioral delays and provided treatment for 3,133 children with behavioral concerns

### LEARNING

- Provided high-quality early education for 12,341 children
- Achieved a high-quality ranking for 97.9% of participating preschool sites
- Provided professional development to 1,350 early childhood education teachers

### FAMILY

- Served 637 primary caregivers and 579 children with intensive home visits
- Provided care coordination to 21,598 children, parents and caregivers
- Provided 4,863 parents and caregivers with parent education services

### COMMUNITY

- Sponsored or participated in community events that reached over 103,000 San Diegans
- Conducted a community awareness campaign that achieved more than 85 million gross impressions
- Provided 39,754 health and social service referrals for families





# [ PROJECTS ]

## **Quality Preschool Initiative (QPI)**

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

## **Healthy Development Services (HDS)**

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 developmental (including speech and language) and behavioral concerns, parent education and care coordination to all families receiving HDS services.

## **First 5 First Steps**

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

## **Kit for New Parents (Kit)**

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

## **Oral Health Initiative (OHI)**

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

## **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 triage, assessment, referrals and treatment for children with multiple, complex delays and disorders. The KidSTART Clinic provides comprehensive behavioral and social-emotional clinical treatment (First 5 San Diego funding supports the Center only).



**LIVE WELL  
SAN DIEGO**

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



## AGENDA ITEM # 7.D

# COUNTY OF SAN DIEGO

## BOARD OF SUPERVISORS

1600 PACIFIC HIGHWAY, ROOM 335, SAN DIEGO, CALIFORNIA 92101-2470

### AGENDA ITEM

**DATE:** February 28, 2006

**TO:** Board of Supervisors

**SUBJECT:** Support for the Juvenile Justice Comprehensive Strategy Task Force  
(District: All)

#### **SUMMARY:**

##### **Overview**

In 1993 the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP) designed a conceptual model to coordinate and enhance youth-centered efforts in cities and counties across the nation. Known as the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders, or simply as the Comprehensive Strategy, this model is predicated upon a philosophy of shared responsibility and coordinated action at the local level to assess factors and influences that put youth at risk of delinquency, determine available resources, and establish prevention programs targeted at juvenile delinquency and promoting the positive development of youth.

The Comprehensive Strategy, as implemented locally, has allowed the region to build a system of care for juvenile offenders and at-risk youth based on a foundation of services provided through a network of community-based organizations (CBOs) in conjunction with the County's Probation Department, local law enforcement agencies and schools.

Community based organizations provide a critical link between the County's Probation Department and juvenile offenders and their families. With a focus on prevention and education, our CBO partners have helped to ensure that offenders and their families exit the system with the tools they need to continue to lead productive lives free of crime, drugs, and gangs. It is essential that CBOs are provided an independent forum where they can convey their thoughts and ideas to not only their partners in the juvenile justice community, but also to Probation staff.

The Children's Initiative has created a separate entity, the Juvenile Justice Comprehensive Strategy Task Force (JJCST), as a channel of communication to the County and subject matter experts in the area of social services to at-risk youth.

Today's action will express the Board of Supervisors' support for the efforts of this independent Task Force to work in partnership with the County of San Diego and the

## AGENDA ITEM # 7.D

County's Probation Department to continue this Board's longstanding commitment to juvenile justice through prevention and education.

### **Recommendation(s)**

#### **VICE CHAIRMAN RON ROBERTS AND SUPERVISOR GREG COX :**

1. Authorize the Board of Supervisors' support for the Juvenile Justice Comprehensive Strategy Task Force.
2. Authorize the Chairman to sign a letter to Sandra McBrayer, Executive Director of The Children's Initiative and convener of the Juvenile Justice Comprehensive Strategy Task Force, supporting the Task Force's vital role in helping to shape San Diego County's nationally recognized juvenile justice system.

### **Fiscal Impact**

There is no fiscal impact associated with approving these recommendations.

### **Business Impact Statement**

N/A

### **Advisory Board Statement**

N/A

### **BACKGROUND:**

In 1993 the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP) designed a conceptual model to coordinate and enhance youth-centered efforts in cities and counties across the nation. Known as the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders, or simply as the Comprehensive Strategy, this model is predicated upon a philosophy of shared responsibility and coordinated action at the local level to assess factors and influences that put youth at risk of delinquency, determine available resources, and establish prevention programs targeted at juvenile delinquency and promoting the positive development of youth.

Under the leadership of Supervisor Ron Roberts, the County of San Diego was selected as a pilot site for the implementation of this new strategy, which developed as a region-wide partnership to develop healthy, responsible youth through prevention, intervention and appropriate sanctions.

Since that time, the OJJDP has highlighted San Diego County as one of the three most successful Comprehensive Strategy Pilots in the nation with regard to our "Best Practices" Strategic Plan. The Comprehensive Strategy, as implemented locally, has allowed the region to build a system of care for juvenile offenders and at-risk youth based on a foundation of services provided through a network of community-based organizations (CBOs) in conjunction with the County's Probation Department, local law enforcement agencies and schools. Through our partnership with local CBOs, the County is preventing and reducing delinquency, allowing fewer youth to "fall between the cracks", and is developing ongoing community support and partnership around delinquency prevention and intervention. Programs such as Breaking Cycles, Working to Insure and Nurture Girls Success (WINGS), and the Truancy Supervision Program, among others, have demonstrated outcomes with success rates in the 85-99 percent range. The implementation of

## **AGENDA ITEM # 7.D**

the Comprehensive Strategy and its success in San Diego County can be credited directly to our partnerships.

Community based organizations provide a critical link between the County's Probation Department and juvenile offenders and their families. With a focus on prevention and education, our CBO partners have helped to ensure that offenders and their families exit the system with the tools they need to continue to lead productive lives free of crime, drugs, and gangs. It is essential that CBOs are provided an independent forum where they can convey their thoughts and ideas to not only their partners in the juvenile justice community, but also to Probation staff.

To maintain the integrity of the juvenile justice system and San Diego County's success in implementing the Comprehensive Strategy approach to juvenile justice, The Children's Initiative has created a separate entity, the Juvenile Justice Comprehensive Strategy Task Force (JJCSTF), as a channel of communication to the County with subject matter experts in the area of social services to at-risk youth. This feedback to the County and the Board of Supervisors is essential to ensure that the core principles and values of the Comprehensive Strategy remain embedded in services that San Diego County provides for at-risk youth and that the County continues to make progress in steering at-risk children away from a life of crime.

The Children's Initiative, a local non-profit child advocacy agency, will staff and coordinate the activities of the JJCST. The Task Force has been charged with the following duties:

- Serve as an advocate for comprehensive juvenile justice programs, services and policies
- Educate, through periodic updates to the San Diego County Board of Supervisors and other elected officials, on the Comprehensive Strategy for Juvenile Justice
- Conduct outreach to community stakeholders as well as local, state and national leaders
- Monitor, engage in and facilitate legislative advocacy to pursue, promote and coordinate efforts to support legislation that benefits the San Diego Comprehensive Strategy
- Research and facilitate partnerships for current funding sources (grants, foundations, legislation, and governmental budget sources)
- Participate in community forums/events to elicit local support and community investment in realizing Comprehensive Strategy goals (activities may include public speaking, conference presentations, and education/training seminars)
- Working in a collaborative manner with all Comprehensive Strategy partners (i.e. schools, municipalities, law enforcement agencies, and community-based organizations)
- Advocate for future funding of programs that adhere to comprehensive strategy principles

Today's action will express the Board of Supervisors' support for the efforts of this independent Task Force to work in partnership with the County of San Diego and the County's Probation Department to continue this Board's longstanding commitment to juvenile justice through prevention and education.

### **Linkage to the County of San Diego Strategic Plan**

This request supports the "Safe and Livable Communities" and the "Improve Opportunities for Children" Initiatives. The creation of the JJCSTF will provide a forum through which subject matter experts in the field of juvenile delinquency prevention and intervention may keep the Board apprised of the latest evidence-based practices, funding trends, emerging opportunities and risks. This will, in turn provide the Board with the information needed to help children and families in San Diego County to meet their full potential.

**AGENDA ITEM # 7.D**

Respectfully submitted,

VICE CHAIRMAN RON ROBERTS  
Fourth District

SUPERVISOR GREG COX  
Supervisor, First District

## **California Welfare and Institutions Code Sec. 749.22**

To be eligible for this grant, each county shall be required to establish a multiagency juvenile justice coordinating council that shall develop and implement a continuum of county-based responses to juvenile crime. The coordinating councils shall, at a minimum, include the chief probation officer, as chair, and one representative each from the district attorney's office, the public defender's office, the sheriff's department, the board of supervisors, the department of social services, the department of mental health, a community-based drug and alcohol program, a city police department, the county office of education or a school district, and an at-large community representative. In order to carry out its duties pursuant to this section, a coordinating council shall also include representatives from nonprofit community-based organizations providing services to minors. The board of supervisors shall be informed of community-based organizations participating on a coordinating council. The coordinating councils shall develop a comprehensive, multiagency plan that identifies the resources and strategies for providing an effective continuum of responses for the prevention, intervention, supervision, treatment, and incarceration of male and female juvenile offenders, including strategies to develop and implement locally based or regionally based out-of-home placement options for youths who are persons described in [Section 602](#). Counties may utilize community punishment plans developed pursuant to grants awarded from funds included in the 1995 Budget Act to the extent the plans address juvenile crime and the juvenile justice system or local action plans previously developed for this program. The plan shall include, but not be limited to, the following components:

- (a) An assessment of existing law enforcement, probation, education, mental health, health, social services, drug and alcohol and youth services resources which specifically target at-risk juveniles, juvenile offenders, and their families.
- (b) An identification and prioritization of the neighborhoods, schools, and other areas in the community that face a significant public safety risk from juvenile crime, such as gang activity, daylight burglary, late-night robbery, vandalism, truancy, controlled substance sales, firearm-related violence, and juvenile alcohol use within the council's jurisdiction.
- (c) A local action plan (LAP) for improving and marshaling the resources set forth in subdivision (a) to reduce the incidence of juvenile crime and delinquency in the areas targeted pursuant to subdivision (b) and the greater community. The councils shall prepare their plans to maximize the provision of collaborative and integrated services of all the resources set forth in subdivision (a), and shall provide specified strategies for all elements of response, including prevention, intervention, suppression, and incapacitation, to provide a continuum for addressing the identified male and female juvenile crime problem, and strategies to develop and implement locally based or regionally based out-of-home placement options for youths who are persons described in [Section 602](#).
- (d) Develop information and intelligence-sharing systems to ensure that county actions are fully coordinated, and to provide data for measuring the success of the grantee in achieving its goals. The plan shall develop goals related to the outcome measures that shall be used to determine the effectiveness of the program.

(e) Identify outcome measures which shall include, but not be limited to, the following:

(1) The rate of juvenile arrests.

(2) The rate of successful completion of probation.

(3) The rate of successful completion of restitution and court-ordered community service responsibilities

## CHILD ABUSE PREVENTION COORDINATING COUNCIL SUMMARY OF ACTIVITIES AND FUNDING

### FAIRNESS AND EQUITY SUBCOMMITTEE

The multi-agency subcommittee was formed in January 2005 under Commission on Children, Youth and Families. In 2015, the subcommittee then serving under the Child Abuse Prevention Coordinating Council (CAPCC), subsequently engaged with a broad group of stakeholders to review current research, promising practices, and develop an Action Plan for addressing disproportionality and disparate outcomes for Native American and African American families the Child Welfare system from prevention to aftercare. The Fairness and Equity Committee was open to all member of the CAPCC and initially convened once a month then moved on a quarterly meeting schedule as items in the work plan were completed, including the development of the Cultural Responsiveness Academy for Child Welfare Services. The Fairness and Equity Committee stopped convening in 2017.

### STARS AWARDS

The STARS Awards is an annual countywide recognition event in April coinciding with child abuse prevention month honoring STARS in the community. The STAR qualities are **S**upport children and parents in your community, **T**ake a positive perspective, **A**ddress the issues, **R**ecognize that parenting can be challenging and offer support and **S**trengthen communities. The event hosts approximately 100-125 attendees inclusive of the CAPCC Board and members, CWS staff and community partners. Funded by CAPCC and the cost varied depending on the venue, programming, selection of food and beverages, awards, inclusion of paid speakers, and event planning contracts.

### PARENTING EXPO

The Parenting Expo is an annual free event that encourages and facilitates community support to prevent and address child maltreatment and strengthen all families to *Live Well*. The Expo provides parents and caregivers with new tools and resources on parent education about healthy, safe and thriving children and families. The event consists of workshops, demonstrations, resource tables, exhibits, keynote speakers, and panel discussions. The day event provided breakfast, lunch, and free childcare to about 300 attendees annually. This event could be combined with other events that are hosted throughout the County such as Grandparents Raising Grandchildren and the *Live Well San Diego Advance*.

### CAPCC FUNDING SUMMARY

The AB 2994 Children's Trust Fund (CTF) consists of funding from birth certificate receipts, license plate fees, child maltreatment court restitution fines, Community-Based Child Abuse Prevention funds and grants, gifts or bequests from private sources. The approved CTF Funding for Fiscal Year 2018-19 is \$2,050,000.

- *Child Abuse Prevention Coordinating Council: \$400,000*
  - \$200k to carry out the duties and responsibilities of the CAPCC as outlined in Admin Code 84.98.
  - \$200k for continued funding of contracted services with iHeartMedia for commercials, news alerts, public service announcements, and social media posts.
- *Community Services for Families (CSF): \$800,000*

### CHILD ABUSE PREVENTION COORDINATING COUNCIL SUMMARY OF ACTIVITIES AND FUNDING

- CSF contracted providers provide community-based child maltreatment prevention and intervention services to children and families.
- *Voluntary Guardianship Services and Special Education Legal Advocacy: \$550,000*
  - Contract with nonprofit providers for the provision of legal guardianship and caregiver representation in special education matters.
- *Community and Caregiver Support: \$300,000*
  - Contracts for Kinship Support to provide primary and secondary prevention services such as the Grandparents Raising Grandchildren initiative and other kinship caregiver programs and activities.

### SAN DIEGO PREVENTION PROJECT

The Prevention Cabinet of the County Welfare Directors Association of California, the California Office of Child Abuse Prevention (OCAP), and Strategies 2.0 co-hosted a Prevention Summit in 1/2019. The purpose of the summit was to identify counties interested in taking more of a focus on child abuse prevention and develop specific projects in those counties. San Diego was one of 22 counties selected to participate. This summit resulted in the creation of San Diego's *Pursuit of Happiness Team* and its vision is to *Build the capacity of providers and caregivers to strengthen the social and emotional well-being of children 0-5 in order to support their engagement in and ongoing success in formal and informal early care and education settings.*

OCAP has developed a structure for the prevention projects that requires each county's child abuse prevention council to oversee the project, with project co-chairs being the Child Welfare Director and an appointee from the child abuse prevention council. Meredith Riffel has served as the co-chair of the project, along with the Child Welfare Director. Originally the project team consisted of 10 members representing Child Welfare Services, Behavioral Health Services, Eligibility Operations, Public Health Services, First 5 Commission of San Diego, San Diego County Office of Education, Casey Family Programs, YMCA Child Care Resources, Children's Legal Services of San Diego, and the CAPCC. The team meets monthly and has expanded to include additional partners who work in the early childcare sector. The Pursuit of Happiness team continues to outline specific strategies to achieve its vision, such as asset mapping of early childcare providers in San Diego County.