

CHAPTER 8

Making the Connection: An Overview of First 5 San Diego's Approach

"I think that First 5 funds provide an important role in the community. Without it, there's no single voice on the impact on children 0-5 and their families."

—Health Stakeholder



From its inception over a decade ago, the First 5 Commission of San Diego County (First 5 San Diego or the Commission) has held the overarching goal of creating a lasting impact on the children and families of San Diego County. As the only funder in the county that is solely devoted to issues related to children ages 0-5 years, the Commission works to achieve this goal through a systems change vision. As part of this vision, the Commission seeks to encourage collaboration between services, strengthen the connections between existing programs and providers, develop initiatives, and focus funding to fill service gaps. This chapter provides a broad overview of the Commission's achievements and opportunities from FY 2007-08. The current general evaluation was not designed to collect standardized, cross-initiative findings that could be aggregated to a general, systems-level evaluation. Rather, the findings presented in this chapter are based on a meta-analysis of the individual initiative's evaluation results, observations made by the evaluation team over the course of the year, and interviews with key stakeholders in the community.¹⁴⁹

Enhancing and Connecting Services

The following section highlights the areas in which the Commission has enhanced the systems of care that support San Diego's children ages 0-5 years and their families.

- **Developing care continuums:** A number of the initiatives seek to address the care continuum from screening to treatment. For example, the Oral Health Initiative (OHI) and Healthy Development Services (HDS) both were developed to include early identification of issues, further assessment of needs and provision of necessary clinical services to address identified needs. As part of developing care continuums, new strategies have been incorporated into the initiative designs. For example, OHI funds care coordinators that dedicate themselves to ensuring that a child or pregnant woman identified as needing further assessment or treatment receives that service. In addition, both HDS and OHI have developed clear referral pathways and partnership agreements to

"Before [First 5], bonds between San Diego (County) and providers wasn't strong...First 5 has really facilitated that process. They like 'bringing (sic) people to the table' as they say."
- Education Stakeholder

¹⁴⁹ Key stakeholder interviews were conducted in July 2008 of individuals representing the health care and early childhood education fields in San Diego County. Of the twenty-one interviewees, fourteen were from the health care field and seven were from the early childhood education field. See Appendix B for details.

ensure that organizations with a specialization on one point in the continuum connect with organizations at other points in the continuum.

- **Connecting previously disconnected services and systems:** First 5 San Diego required many previously disconnected services to collaborate by structuring their RFPs to require lead/subcontractor relationships. This was true of HDS, where the Commission required the lead contractor in each region to submit a proposal that included a minimum of four different partners to provide, with a plan for creating an integrated provider network offering a broad range of developmental services. As a result, some of these HDS regional networks now include over a dozen providers that previously did not work together. This regional approach to establishing service networks has been a springboard for expanding relationships with other existing services, such as the public health nurses (funded through HHSA Maternity and Child Health) and local pediatricians. Another connection that is still being forged is between the health and education providers. In FY 2007-08, more education and health providers were working together than in previous years. For example, School Readiness (SR) contractors referred the children they serve to OHI in light of the AB1433¹⁵⁰. Also, both SR and Preschool for All (PFA) have begun to more frequently refer children to HDS for mild to moderate developmental issues not generally covered by school district services. There, children are often identified as a result of the First 5 contractual requirement that every core child served in its early care and education programs receive a developmental screening.
- **Ensuring multiple levels:** In developing initiatives, the Commission also looks at the needs of children and families from a number of vantage points – including the individual child, parent, provider, and community. As an example, OHI funds direct dental services, parent and provider education, provider capacity (by training general dentists, pediatricians and OBGYN’s on the importance of early oral health), and a strong community-wide, public health prevention approach through the Community Water Fluoridation Project.
- **Providing services to children not served by existing programs and services:** A number of the initiatives were specifically developed for children who have “fallen through the cracks” in the existing services system. For example, HCA contractors expand their reach to families through subcontracts with key partners in order to reach more families effectively – such as San Diego’s many refugee and immigrant communities. PFA provides services for children with family incomes too high for state preschool, but who cannot afford private preschool. Similarly, HDS provides needed services for children with mild to moderate delays, which are delays that frequently go unaddressed because they are not severe enough to be covered by insurance or to qualify for school-based services under IDEA (Individual with Disabilities Education Act), but treatments are too expensive for families to pay out-of-pocket.
- **Expanding the definition of care for children:** The Commission also strives to redefine how providers think about the services provided to children. Embracing the “whole child” approach that First 5 was built upon, the Commission requires their contractors to expand their vision of how they interact with children. For example, the Commission requires both SR and PFA to ensure all children receive a developmental screening using a standardized tool in addition to the early education and family support activities that the schools are more accustomed to providing. This required early care providers to systematically assess a child’s development, make a needed referral and, most importantly, incorporate those initial results into their daily interactions with the children. This last anticipated result has yet to be fully realized in SR and

¹⁵⁰ In September 2006 the California Governor signed Assembly Bill 1433 into law in an effort to decrease the number of children with dental disease through early intervention. The law requires oral health assessments for all children entering public school for the first time (kindergarten or first grade).

PFA. In another example, the Healthcare Access Initiative provides “hardship funds” for families who have difficulties paying health care premiums or who have difficulty getting their children to doctor visits due to transportation challenges. The hardship fund ensures that families not only are enrolled in health care, but that they retain this care and access to needed health services.

- ***Increasing the quality of services:*** In a number of initiatives, First 5 has provided funds to implement new standards of care or strategies that have the potential of leaving a lasting effect on these services, long after the provision of First 5 funding. For example, OHI is currently working on implementing a Carries Risk Assessment, a national best practice to assess children’s risk for dental carries and improve the tracking of high-risk children to ensure they continue to get the services they need. In this instance, First 5 provided the necessary space for innovation and improvement among the initiative’s providers and is supporting the service enhancements needed to implement the new tool. In the case of both PFA and SR, teachers are seeking and finding support (some through the First 5 funded CARES program) to pursue additional or higher education.
- ***Increasing provider awareness and capacity:*** An important aspect of many initiatives, including health and education services, is to work with direct service providers to both enhance their awareness of the importance of the first five years as well as increase their ability to identify needs and treat young children.

Below are examples of this commitment to increase provider awareness and capacity:

- SR is designed to build a bridge between early care providers and kindergarten teachers to ensure a smooth transition from preschool to kindergarten.
 - PFA providers are regularly given quality assessments to gauge their current abilities and performance and are provided coaching to address any identified issues.
 - The OHI coordinator (Council of Community Clinics) provides training to general dentists, pediatricians and primary care providers to train them on the importance of dental care in the first five years.
 - HDS has enhanced provider capacity to provide referrals for additional services through developing clear clinical pathways and referral processes. Through HDS, the American Academy of Pediatrics (AAP) offers provider training sessions on topics such as the Ages and States Questionnaire, a developmental assessment tool, and autism.
 - The HDS Countywide Coordinator (AAP) works with local pediatricians to change standards of practice to make developmental screenings part of well-child check-ups and refer eligible children needing follow-up to HDS.
- ***Promoting community awareness:*** This fiscal year, the Commission contracted a media consultant to better inform parents of young children about the First 5 funded services available to them and inform the broader community of the importance of the first five years of life. Most stakeholders interviewed for this project noted that the Commission should be more proactive in their outreach. For example, one health stakeholder notes, “I don’t know if there’s public awareness. That’s a big challenge outside of community, funders and those that work with them.” An education stakeholder expanding on this saying, “I think they could have more visibility [...] I think they have a good start, but more advertising or publishing of achievements would be great.”

Opportunities for Additional Focus

While First 5 San Diego has made great strides in enhancing and strengthening the services that support young children and their families, there continues to be opportunities for additional focus in the coming year. Below is a brief highlight of some of the core opportunity areas.

- **Internal collaboration within Initiatives:** Each initiative has regular working meetings to discuss the challenges and successes of service provision as well as develop better ways to integrate services. However, the initiatives are each wrestling with difficult issues, such as state insurance or service requirements, ensuring referral and data sharing protocols are HIPAA compliant, as well as establishing common service standards, data collection protocols and clinical pathways, and following the Commission's contractual requirements. For most initiatives, these meetings are an ongoing source of support and problem solving. However, it is clear that the need to continue these meetings in an effort to support internal collaboration is needed. For example, the HDS regional networks have made great strides in facilitating critical communication lines and referrals, but the intricacies and scale of the initiative will require more years of discussions, problem solving, and work in order to ensure effective service provision between partners.
- **Cross initiative collaboration:** While intra-initiative collaboration has worked relatively well, inter-initiative collaboration is still a challenge. Currently, the First 5 holds "All-Contractor Meetings" several times a year, encourages key leaders from one initiative to join the Advisory Board of another (e.g., PFA and HDS), and facilitates cross-initiative presentations and project-level meetings. Still, this was a theme among stakeholders. As one Health Stakeholder stated:

"I think [the Commission] could encourage more collaboration and integration. I think it's important. One of the things I see is little intersect between initiatives. ...[H]aving an integrated plan that talks about how initiatives intersect, that's very important so contractors can work more closely together."

The above statement is true on two fronts. First, providers from different agencies are sometimes not aware of all the different services funded by First 5. For example, SR providers are not always clear on what services are provided by HDS and how to refer their children to these services, despite cross-initiative presentations of services. In this instance, there is neither an established referral protocol nor a Business Service Agreement or Memorandum of Understanding to facilitate information exchange between these organizations. Some OHI care coordinators assist families with Medi-Cal paperwork instead of referring these individuals to HCA, an initiative which specializes in health enrollment and retention. Second, some organizations hold multiple First 5 contracts and yet the providers within the same organization are not aware of the services. Some OHI directors, for example, were not aware of the HDS services that were provided in the same clinic as their services. If the Commission wants to increase parents' access to needed services, starting with their contractor's knowledge of the First 5 network is an important first step.

- **Cross initiative coordination:** One of the goals of First 5 San Diego is to build connections across systems to create more seamless services for children. One of the largest coordination gaps to bridge is between the education and health and human services systems, which operate under different regulations and within different organizational cultures. While First 5 has promoted

"I haven't seen [First 5] at key collaborative meetings. They need to be more visible and way more proactive on communication about programs and what is going on."

– Health Stakeholder

coordination of services and referrals of children across initiatives, these systems have yet to effectively build service coordination bridges, such as the aforementioned Business Service Agreements or Memorandum of Understandings. Consequently, HDS and OHI contractors regularly conduct screenings and treatment for children who are in SR and PFA classrooms, and the results, while communicated to parents, cannot always be directly shared with the early care providers. The Commission has required coordination of services, and it can also promote cross-system agreements between providers to allow appropriate information sharing.

- **Community input:** Many stakeholders noted that they would like to see the Commission pursue more community input in their processes. Community input suggestions ranged from recommending the Commission to be more involved with county, funder, and local collaborations to increasing involvement with parents and providers in the initial design and development of initiatives. While this theme has emerged in past evaluation years, the Commission's two primary constraints to address this issue remains. First, the Commission has limited staffing, which precludes existing staff from becoming more involved in local workgroups and collaboratives. Second, government agencies are constrained from using potential bidders in designing scopes of work. First 5's participation in some local collaboratives could be later construed as preliminary design work, which would prevent participating organizations from competing for funds. This fiscal year, First 5 has worked to address this issue through soliciting community and stakeholder input for planning studies (such as the recent study for enhancing Parent Development activities) and in planning their FY 2008-09 strategic planning process. According to stakeholders, more could be done.
- **Leverage resources and support:** A key concern for most providers is the sustainability of their programs. First 5 San Diego has sent a clear message that contractors should be leveraging their First 5 program to proactively seek funds to continue it beyond First 5's involvement. However, the struggle for many providers is that First 5 is the only funder that solely focuses on the 0-5 age group. This is compounded by the recent budget crisis in which federal, state and county funds are shrinking. For example, the recent crisis in the budget has greatly decreased school district spending and restricted many districts to core services that do not include "prevention" oriented programs, such as SR. Further, the status of the California budget will make it challenging to garner statewide funding for PFA once the demonstration project concludes. Consequently, despite efforts to identify additional funds, many contractors are left with limited options to continue critical services to the community without First 5 funds. A frequent comment over the years has been that First 5, because of their prominence, has the ability to leverage their own funds to draw in additional foundation or government funding. This almost occurred one year ago for the Health Care Access Initiative with OERU funding¹⁵¹ and there are plans to assist SR in sustainability planning for

"When a grantee can show the grantor success with the program funded by First 5, it's a sign of legitimacy, and funders respect agencies that have been funded by First 5."

– Health Stakeholder

"I get the sense that the Commission primarily collaborates by...planning with other systems...But in terms of actually...putting the dollars on the table, that's what I don't see happening."

– Health Stakeholder

¹⁵¹ The State passed Outreach, Enrollment, Retention, and Utilization (OERU) in 2007– a program that offers the same services as the HCA but targets children and young adults ages 0-18. A number of the HCA grantees successfully won their bids for OERU funding only to have it line-item vetoed shortly thereafter.

FY 2008-09. However, there are a number of untapped opportunities, such as pursuing jointly funded projects with local and regional foundations and working with the County to integrate early childhood approaches and funding that could build a bridge between First 5 contractors and other funding sources. Additionally, the Commission could provide workshops or results fairs to introduce providers to potential funders. These could be coordinated jointly by local and regional foundations or with the San Diego Grantmakers.

A Final Word

First 5 San Diego remains in a unique position to change the way services and the larger community address the critical first five years of life. Over the years, First 5 has developed promising practices as a funder of services to help strategically guide the current services and plant seeds for the future. If the Commission continues to pursue these strategic funder activities, while balancing service provider and authentic community input, they have an opportunity to leave a lasting positive legacy for the San Diego community.

