

FIRST 5 COMMISSION OF SAN DIEGO COUNTY STRATEGIC PLAN 2010-2015

DRAFT NEEDS ASSESSMENT

March 17, 2009

I. Introduction

This document provides an overview of community needs that will inform the development of the Strategic Plan 2010-2015 for the First 5 Commission of San Diego County (First 5 San Diego). This assessment is based on the best available research related to young children's health, early care and education, parent and family development, and community capacity building in San Diego County. Key informant interviews, a web-based parent survey and provider survey, and parent focus groups in each of the six HHSA Regions were an important part of the planning process and have provided information central to the needs assessment findings. Outreach findings are summarized in each section of this document.

The report is structured in four sections that correspond to the goal areas of the 2010-2015 Strategic Plan currently under development:

- **Children's Physical and Social Emotional Health**
- **Learning and Early Care and Education**
- **Parent and Family Development and Resources**
- **Community Capacity Building**

Each section includes a brief introduction to the major topics to be addressed and a list of subtopics corresponding to areas of need, followed by a summary of outreach findings for the overall topic. Then, for each subtopic or area of need, a high-level summary of existing strengths and assets and gaps is presented. Each section concludes with a table showing the areas of need associated with:

- First 5 San Diego funded programs addressing this need
- First 5 San Diego current investment
- Other programs, partners or contributors addressing this need

A list of source documents appears at the end of this report.

II. Children's Physical and Social Emotional Health

This section provides an overview of outreach findings, existing research, strengths and assets, and gaps for each of the following areas:

- **Maternal Health and Family Planning**
 - Early prenatal care and health interventions for women
 - Unwanted pregnancies and teen births
 - Preterm and low birth weight births
 - Breastfeeding
 - Post-Partum Depression

- **Children’s Physical Health**
 - Overweight and obesity
 - Access to health care
 - Oral health
 - Injury and violence

- **Behavioral and Social Emotional Health**
 - Parent and community education and awareness
 - Spectrum of effective and accessible behavioral health services for 0-3
 - Spectrum of effective and accessible behavioral health services for preschool age

Outreach Findings

Health Insurance and Access to Care

Parents and providers alike express the need for accessible, comprehensive health care for all families. A wide range of community members are in great need of health services for children ages 0-5 and their families, particularly those who might be considered “isolated” due to cultural, language, geographic, institutional, or other barriers, including:

- Refugee and immigrant families
- Single parent families
- Young and teen parents
- Foster parents
- Residents in rural areas

Service and care providers in San Diego County report that health insurance for children, along with baby shots, vaccinations and supporting the health of pregnant women, is one of the most successfully met needs for children ages 0 to 5. At the same time, with the economic downturn expected to be lengthy, more families who may have accessed health services through private insurance will likely turn to public sources, placing greater burdens on the system. Furthermore, many families report that they fall into “accessibility gaps”—that is, their income may be high enough to not qualify for Healthy Families and other public assistance, but too low to afford private insurance. According to parents and providers alike, a lack of information about where to go or who

to call to receive services and cost are the two most notable barriers to health care access and other support.

Healthy Families and other public insurance programs are valued by the parents who are participants. Parents and providers note that there are many ways to provide care to those who have accessibility challenges, but specific solutions should be tailored to each community (demographic and geographic), when possible. Parents and providers feel that one-stop community clinics, home visits to all newborns, and mobile clinics were especially promising and effective strategies.

Prevention and Early Intervention

More prevention and early intervention efforts are needed in San Diego County. Early care efforts such as the Kit for New Parents and programs such as the Nurse Family Partnership in East County are noted as providing valuable resources. Parents and providers support continued and expanded health and developmental screenings and assessments for early identification and treatment of speech and developmental delays, vision, hearing, oral, and other health concerns. Some providers noted that critical to prevention and early intervention efforts is a supportive reimbursement structure and an overall community philosophy that prioritizes such care to young children. Other parents and providers noted that promoting the importance of active lifestyles, healthy foods, and early development are important steps in minimizing the need for treatment in later years. Parents expressed the need for structured play for children ages zero to three, and for more opportunities for unstructured play and exploration outside of the home for all young children.

Social Emotional Health

Healthy development encompasses not only physical health, but also the social, emotional and behavioral health of young children. The majority of San Diego care providers who participated in the online First 5 survey believe that region's service network for children's behavioral and social emotional health is either extremely or somewhat effective. There are also many providers who feel that San Diego's service network is not adequate to meet the needs of children 0 to 5 and their families.

Parents and providers expressed that knowing if their children are growing and learning as they should is the greatest need of parents and families in supporting the healthy development of children ages 0 to 5. Similarly, parents and providers alike believe that supporting parental understanding of developmental stages, including key issues and milestones, is the most valuable support to provide parents and families. Parents and providers stated that supporting parents in addressing behavioral health issues such as temper, sadness, and discipline issues would have a positive effect and would help meet critical needs of San Diego's young children and families. Social skills and social support and treatment for developmental delays and special needs were identified as important.

A. Maternal Health and Family Planning

Early Prenatal Care and Health Interventions for Women

Improving health interventions for women prior to and during pregnancy is known to reduce complications and adverse pregnancy outcomes such as low weight birth, premature birth, and infant mortality. According to the Center for Disease Control and Prevention, early and adequate prenatal care and initiating care during the first three months of pregnancy are associated with healthier births, and give time to monitor and intervene if a problem is detected.

Strengths and Assets

California's Access for Infants and Mothers (AIM) Program provides low-cost health care insurance for middle-income pregnant women who don't have health insurance and whose income is too high for no-cost Medi-Cal. AIM is also available to those who have health insurance if their deductible or co-payment for maternity services is more than \$500. Other local resources filling this need include California Comprehensive Prenatal Care Services, Regional Perinatal System, and Black Infant Health.

Currently, First 5 San Diego is investing \$3.1 million annually to its Healthcare Access Initiative (HCA). This initiative helps eligible families and pregnant women sign up for, use, and stay enrolled in health insurance to help pay for routine care for children and adults, as well as health conditions that are more serious. First 5 San Diego's Oral Health Initiative (OHI) also provides dental exams, care coordination, and limited treatment services for pregnant women. The primary funding source for treatment is partial payment by Denti-Cal. These services help to reduce the risk of preterm births and other negative outcomes that are associated with dental disease.

Gaps

Overall there is a lack of consistent delivery of health care and interventions before pregnancy (CHIP 2007). This need is particularly acute among women who earn too much to qualify for AIM and other low-cost insurance but who cannot afford private insurance. Denti-Cal will discontinue funding services for pregnant women this year.

Prenatal care is one of five top investment opportunities identified in the 2004 Needs and Assets Assessment of Children's Health. In 1995, 82% of African American and Latina mothers in San Diego County began prenatal care within the first three months of pregnancy, compared to 89% of Asian women and 90% of expectant white women (Children Now, County Data Book). Mothers in the North Coastal and Central HHS Regions received early prenatal care slightly less frequently than mothers in other regions.

Unintended Pregnancies and Teen Births

Overall, children of unwanted conception are at greater risk of suffering from low birth weight, physical abuse, and developmental disabilities. While Child Health Improvement Partners (CHIP) reports a decline in the birth rate between 2000 and 2006 for teens age

15 to 19, the 2007 Report Card on Children and Families indicates that progress related to this indicator has leveled off over the past three years. The teen birth rate in San Diego County was roughly 33 out of every 1,000 births. This compares to 37 out of every 1,000 births statewide and 41.9 per 1,000 births nationally.

Strengths and Assets

Existing resources to help reduce incidence of and risks associated with unwanted pregnancies and to improve health outcomes for pregnant and parenting adolescents and their children include:

- The UCSD San Diego BRIGHT Families Project
- The San Diego Adolescent Pregnancy and Parenting Program (SANDAPP)
- Public Health Nursing
- San Diego Youth and Community Services (SDYCS) Teen Options Program

Teen Options provides comprehensive services to pregnant and parenting teens and young adults ages 12 to 25, and receives approximately \$117,000 annually through the First 5 for Parents Program (First 5 San Diego).

Gaps

The 2004 Needs and Assets Assessment of Children's Health noted prevention of teen pregnancy as a priority for First 5 investment in San Diego County. In 2005, teen birth rates in San Diego County were highest among Latinas and the proportion of low birth weights was highest among girls under the age of 15 (CHIP 2007). The San Diego Report Card states a need for more preventative services, especially expanded health education for teens regarding abstinence and contraceptives.

Preterm and Low Birth Weight Births

Low birth weight and premature birth are associated with long-term disabilities that can negatively impact a child's ability to learn and succeed in school. Associated conditions include, but are not limited to, cerebral palsy, autism, mental retardation, and vision and hearing impairments. Smoking¹ and poor nutrition are two of the most widely known factors associated with low birth weight.

Between 2000 and 2006, the annual percentage of births that have occurred prior to 37 weeks of gestation increased slightly from 10.6% to 11.3% nationally (CHIP 2007). Similarly, the percentage of infants born at low birth weights in San Diego County increased, a finding that is consistent with trends throughout the country. In 2006, approximately 6.6% of San Diego babies were born weighing less than 5.5 pounds, compared to 8.2% in the U.S (2007 Report Card on Children and Families).²

¹ Approximately 20% of pregnant women smoke nationwide. It is estimated that 25% of all female smokers quit shortly after learning they are pregnant. Among those who quit on their own, 21% to 35% will go back to smoking during pregnancy (Rady's Childrens Hospital San Diego).

² The national statistic is based on 2005 data.

Strengths and Assets

Existing key resources in San Diego County include California's AIM Program and the Women, Infants and Children (WIC) Program funded by the U.S. Department of Agriculture. WIC provides vouchers for nutritious foods at no cost, nutrition education, and breastfeeding support. The Black Infant Health program also provides support services for pregnant African American women, and the March of Dimes provides education and advocacy to promote the birth of healthy babies.

First 5 San Diego currently provides \$140,000 annually to fund activities under the Partnership for Smoke- Free Families as part of the Healthy Development Services (HDS) Initiative (First 5 San Diego). The HDS Regional Service Networks (RSN) provides tobacco use screening and cessation referral services for pregnant women and new parents to reduce children's exposure to tobacco in the home (Harder 2008). HCA also helps by enrolling pregnant women in health insurance.

Gaps

African American mothers in San Diego County experience the highest proportion of preterm and low weight births. Mothers in the HHSA Central Region experience the highest proportion of preterm and very low weight births, while the Central and North Central regions experience the highest proportion of low birth weight births (CHIP and 2007 Report Card on Children and Families).

Breastfeeding

According to data cited as part of the 2007 Report Card on Children and Families, breastfeeding is one of the most successful and cost-effective preventive health practices. The AAP recommends exclusive breastfeeding for the first six months, and supports breastfeeding for up to one year or longer if desired. According to UNICEF, the many health benefits of breastfeeding could translate into millions of dollars of savings to our health care system through decreased hospitalizations of infants and pediatric clinic visits.

Strengths and Assets

According to the most recent First 5 San Diego evaluation report, breastfeeding rates for newborns in San Diego County meet or exceed the national Healthy People 2010 targets. Ninety percent of San Diego women *initiate* breastfeeding in the hospital, compared to the goal of 75% (Report Card on Children and Families).

Key services in the county that provide breastfeeding resources and support include:

- WIC Program
- The San Diego County Breastfeeding Coalition (SDCBC)
- La Leche League
- The HDS Newborn Home Visiting program

Gaps

Of the approximately 45,000 infants born each year in San Diego County, 89% have the *opportunity to breastfeed* in the hospital. However, less than 20% of these infants receive any breast milk by six months of age (SDCBC).

The Baby-Friendly Hospital Initiative (BFHI) is a global program sponsored by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) to encourage and recognize hospitals and birthing centers that offer an optimal level of breastfeeding support for mothers and their babies.³ There are 77 Baby-Friendly accredited hospitals and birth centers in the United States, and over one quarter of these are located in California. However, only 2 of the state's 21 Baby-Friendly accredited hospitals and birth centers are in San Diego County.⁴

Post-Partum Depression

Available research suggests that depression is one of the most common health complications for women during prenatal and post-partum periods. One analysis reported that between 6.5% and 12.9% of mothers suffer from depression during their first 12 months after giving birth, and up to nearly 6% experience major depression during that same time period (Anand 2000). Maternal depression is known to negatively affect the connection between an infant and a mother, often referred to as the primary attachment relationship.

Strengths and Assets

Postpartum Health Alliance is a San Diego-based, nonprofit membership organization comprised of health professionals committed to providing information about the mood disorders that can follow childbirth and support services to women at risk of, or experiencing, postpartum depression. Public health nurses also provide support and referrals during home visits to families identified as "at-risk." The Nurse Family Partnership in the East Region provides multiple home visits to high risk mothers.

First 5 San Diego invests over \$2.5 million annually for newborn and at-risk home visiting. At the home visits, the mother's risk for postpartum depression is assessed and families are provided with referrals to ancillary services, as well as support and case management for at-risk families.

Gaps

Postpartum depression may not be recognized, especially for a mother who does not have a history of depressive symptoms. It also may be difficult to admit or accept, which may deter families from seeking help. Through HDS, at-risk home visits are provided to families; however, most referrals come for the newborn home visitation services that are

³ Baby-Friendly USA, the non-profit organization created by the Healthy Children Project, Inc., now implements the Baby-Friendly Hospital Initiative in the United States.

⁴ Scripps Memorial Hospital Encinitas and UCSD Medical Center.

available to first time mothers. Therefore, mothers at risk for depression with more than one child, without other risk factors, are far less likely to be seen and assessed.

B. Children's Physical Health

Overweight and Obesity

Overweight is a serious health concern for children throughout the United States. The percentage of children and adolescents who are overweight has tripled since the early 1970s. Data collected as part of the National Health and Nutrition Examination Surveys for the years 1999 through 2004 shows that the prevalence of overweight among children ages 2 to 5 increased from 10% to 14% over that period (CHIP 2007).

Strengths and Assets

San Diego County Childhood Obesity Initiative is in the process of executing its Childhood Obesity Action Plan to improve the health of children and families in San Diego. The plan includes strategies to educate families about nutrition and exercise, as well as creating a community that supports healthier choices. The Initiative has been a collaborative effort of many partners, including the San Diego Coalition on Children and Weight.

The California Endowment's (TCE) Healthy Eating, Active Communities (HEAC) Initiative has proved an asset to communities in California that are willing to take proactive steps to combat childhood obesity. Through this demonstration project, TCE provided grant funding to help Chula Vista and its South Bay Partnership affect changes in local policy needed to help combat diabetes and obesity among school-aged children. HEAC seeks to help communities improve their physical, social, and cultural environments to promote healthier, more active lifestyles and choices.

Current First 5 San Diego investments in promoting children's optimal physical health through coordination and oversight of nutrition and physical activity education services for caregivers of young children include:

- \$130,000 annually to support the San Diego County Childhood Obesity Initiative and the Childhood Obesity Action Plan
- First 5 for Parents Programs including NEAT at 2 and Options for Health (\$632,755 in FY 08-09)

Gaps

Thirty-one percent of San Diego's children are overweight, compared to 33% statewide. Nationally, obesity prevalence is more than twice as high among low income teens compared with teens from more affluent households. Latino and African American youth face higher rates of overweight than white and Asian youth. Childhood obesity has been identified as the most pressing health need in the North Central Region (2004 Needs and Assets Assessment).

Access to Health Care

Health insurance coverage is often used as an indicator of access to regular health care. In general, children from households below the federal poverty level are disproportionately affected by a lack of regular access to care and a lack of health insurance coverage.

Strengths and Assets

The Healthcare Access Initiative (HCA) and Healthy Development Services (HDS) are key programs providing coverage and services in San Diego County. HCA is the only insurance enrollment program in the county that focuses exclusively on pregnant women and children ages 0 to 5. HCA's outreach and follow-up strategies help ensure that children retain insurance coverage and families can access and utilize appropriate medical services.

In 2007-08, over 90% of children using HCA services became insured. Of those enrolled, 94.7% were still enrolled at 18 months, exceeding the state's retention rate goal of 62%. Nearly 100% of children utilizing HCA services had an appropriate medical home and received an annual well child visit (Harder + Co: Annual Evaluation Report).

Other programs in the community serving this need are Medi-Cal, Healthy Families, AIM, and San Diego Kids Health Assurance Network (SD-KHAN).

Gaps

Families surveyed throughout San Diego County identified health insurance enrollment as a priority for improving children's health (2005 Family Survey). In 2005, 7% of families reported that their children were without health coverage, an increase from previous years (2007 Report Card). Data from the 2005 California Health Interview Survey (SCHIS) indicates that 11.4%, or 95,000, of San Diego children between the ages of 0 and 18 were uninsured for all or part of the year, compared to 10.7% statewide. Children Now ranks San Diego 42nd out of 58 California counties in the percentage of children with health insurance. Latino children comprise the lowest percentage of the insured (2007 County Data Book).

Oral Health

Tooth decay is the single most chronic childhood disease affecting children in the United States (Surgeon General 2000). More than one quarter of all kindergartners in California suffer from tooth decay, a finding that corresponds with trends at the national level. Because dental decay is such a highly preventable disease, prevention, as opposed to costly treatments, represents significant cost savings to both families and society.

Strengths and Assets

Understanding the need for oral health services, there are many resources in the San Diego community that contribute to the fight against tooth decay for pregnant women and children. Some of these include the Share the Care Dental Health Initiative of San

Diego, the AAP's Bright Futures, San Diego County Office of Education's SMILES Dental Disease Prevention Program, Anderson Dental Center at Rady Children's Hospital, community clinics, and the California Dental Association.

First 5 San Diego invests \$1.3 million annually towards its Oral Health Initiative (OHI). OHI provides a network of care to meet the oral health needs of young children and pregnant women throughout the county. During 2007-08, routine oral health treatment increased for children ages 0 thru 5 and pregnant women (Harder 2008). First 5 San Diego's investment of \$5.7 million to fluoridate water districts in the county is anticipated to have a positive impact on the oral health of county residents (First 5 San Diego).

Gaps

In FY2007-08, over 30% of children and nearly 42% of pregnant women receiving dental screenings through First 5 San Diego's Oral Health Initiative (OHI) had obvious decay or urgent dental needs, representing an increase for both populations from FY 2006-07 statistics (Harder 2008; First 5 San Diego).

Existing service gaps in San Diego County related to oral health for children and pregnant women include:

- Lack of available care in rural areas
- Lack of treatment funds for pregnant women
- Lack of public information and knowledge about oral health practices that will prevent dental disease, especially among low income and immigrant communities (First 5 San Diego)

Injury and Violence

Injury and violence in the lives of children can have far-reaching impacts on their physical, cognitive, and social emotional growth and development, and thus on school readiness and achievement. A child who witnesses or is subject to violence at home or in his/her community is less likely to have the interest or emotional capacity to devote to early learning. In turn, children who grow up in abusive homes or are subject to violence in their communities are more likely to perpetuate the cycle of violence, and thus the negative impacts of violence on children.

Strengths and Assets

Existing resources in San Diego County to address children's health and development issues related to violence include:

- Community Services for Families
- United Way Project Safecare
- Child Abuse Prevention Foundation
- HHSA Child Welfare Services
- Chadwick Center

Ongoing investments from First 5 San Diego include:

- Funding of the Developmental Screening and Enhancement Program (DSEP) which addresses the developmental and behavioral needs of children entering the child welfare system. (Additional support is provided by San Diego County HHSA, Child Abuse Prevention Foundation, Rady Children’s Hospital, and the Child and Adolescent Services Research Center).

Key contracts recently funded through First 5 San Diego include:

- Therapeutic services for abused and neglected children ages 0-5 who enter the Child Welfare System (\$9 million for three years).
- \$610,000 over a two-year period to the County of San Diego, Health and Human Services Agency Child Welfare Services for the Foster Parent Respite Support Services program.
- \$878,400 over a three-year period to South Bay Community Services for the “Mi Escuelita” therapeutic preschool program for children who have been traumatized by family violence and/or homelessness.

Gaps

The 2007 San Diego County Report Card on Children and Families reported rates of domestic violence and violent crime victimization of children higher than the state averages. Despite a gradual increase witnessed over the last ten years, the rate of unintentional injuries affecting children ages 0 to 18 in San Diego County is significantly higher than the national Healthy People 2010 goal for this indicator. San Diego County rates remain slightly below the state average.

C. Children’s Behavioral and Social Emotional Health

Parent and Community Education and Awareness

Elevating the profile of behavioral and social emotional health in the dialogue about early childhood health is of paramount importance to a child’s learning and development. Many families and educators are not aware of the role that they play in influencing their young child’s social and behavioral health. Often, they lack the appropriate knowledge to identify the environmental stressors that negatively affect social and emotional competencies. They are not aware of the risk factors that may provide early indication that their children are at risk of experiencing associated developmental challenges. Similarly, many parents are not aware of the protective factors and “developmental assets” that can greatly increase a child’s mental health.

Strengths and Assets

The Statewide Early Childhood Social and Emotional System Development Project is helping to raise awareness of early childhood social and emotional health among existing networks of care and education. Through this process, First 5 representatives from throughout the state have partnered with departments of public health and social

services, county offices of education, and community-based organizations that serve families with young children to discuss how to improve mental health services delivery and funding for children ages 0 to 5 and their families.

In addition, this statewide planning group has identified the implementation of a social marketing campaign to promote behaviors that enhance young children's social emotional health as one of four key strategies. First 5 California will take lead responsibility in this and other public education efforts. (Other strategies address screening and assessment, insurance reimbursement for screening and treatment, and workforce development, using the "California Training Guidelines and Personnel Competences for Infant-Family and Early Childhood Mental Health" developed by the Infant Development Association, WestEd, and USC's University Center for Excellence in Development Disabilities).

Local resources involved in family and community education include Head Start and state preschools, military family services, Exceptional Family Resource Center, San Diego Regional Center, YMCA Childcare Resource Service, and Behavioral Health Prevention and Early Intervention (PEI). First 5 San Diego also promotes education and awareness for parents and the community through First 5 for Parents programs, HDS Parent Support and Empowerment, the Kit for New Parents, Preschool for All and School Readiness programs, and the Special Needs Demonstration Project.

Gaps

Although resources are available in the community and through First 5, parents are often reluctant to take advantage of them because of the stigma they associate with needing help with parenting. Also, many parents may feel that they don't need help with parenting and are not aware that there may be effective alternative parenting techniques they are not familiar with.

Spectrum of Effective and Accessible Behavioral Health Services

Developments in neuroscience and the behavioral and social sciences have drawn increasing attention to the important role that social and emotional health plays in a child's well-being and in their preparation to succeed in school. Services that support focus on the first five years of life are critical to establishing social and emotional competencies. While the focus of this section is on behavioral health services for young children, the mental health of parents and caregivers has dramatic impacts on a child's development and should not be overlooked.

The network of relationships that provide the experiential context for development is perhaps the most significant environmental factor in developing a child's social emotional competencies (Sweet, 2006, unpublished). The bond between an infant and its primary caregiver – most often the mother – stimulates brain development and serves as that critical model for subsequent relationships. By definition, services that support early nurturing and secure attachments must be family and community-based. Further, family and community-based services must provide support that is linguistically and culturally appropriate.

Given the direct role that social and emotional well-being plays in school readiness, academic success over the years, and later success in life, San Diego clinicians and care providers recognize the need for a coordinated system of care in which early childhood behavioral health is better understood and supported.

Strengths and Assets

Many Mental Health Services Act (MHSA) programs and services, administered by the San Diego County HHSA and partners, work to reduce disparities in services among San Diego's diverse populations, providing support for groups including foster youth, homeless youth, and geographically isolated communities in rural areas. A sustained and increased funding stream for behavioral health prevention and early intervention in a child's earliest years will help ensure that San Diego's young children grow to become healthy, active learners.

This understanding, shared by First 5 San Diego and many of its providers, is alone an important strength of the program. First 5 San Diego's Healthy Development Services Initiative (HDS) is one critical component of the County's network of behavioral and developmental health services, conducting developmental assessments and behavioral screenings for thousands of children every year.

Existing family-based prevention and early intervention (PEI) services that focus exclusively on the social emotional health of young children include the MHSA Positive Parenting Program. Additional family- and community-based MHSA programs and services include:

- School and Home-Based Services
- Family Education Services
- Family Peer Support Line
- Interpreter Services
- Chaldean Outpatient Services
- Breaking Down Barriers (HHSA 2009)

According to findings from an earlier study, First 5 San Diego appropriately complements other funding streams to address service gaps, serving as "an important contributor to behavioral healthcare services locally" (Walsh 2004). Lessons learned from implementation of the First 5 California Infant, Preschool, and Family Mental Health Initiative (IPFMHI) should be considered an asset to San Diego County as it develops and strengthens its own mental health programs and services for children and families. First 5 is also playing a vital role in the formation of KidSTART which aims to connect and integrate the existing developmental systems in San Diego into a single coherent system in order to create a comprehensive system of support.

Zero to Three

Early intervention during the first three years of life plays an important role in the realm of social emotional health. Community resources specific to 0-3 include the San Diego

Regional Center and Early Head Start. First 5 investments specific to 0-3 include HDS funding of capacity building opportunities for Infant and Toddler Mental Health Professionals.

DRAFT

Preschool Age

As children begin to attend preschool, behavioral health issues may become more apparent. Head Start provides support for the behavioral and social emotional health of preschool age children.

Gaps

Participants in the 2005 Family Survey identified increasing the number of children receiving developmental screenings and the provision of timely screenings as priorities. However, treatment and services to address social and emotional health needs are critical as well. Clinicians point out a general lack of services for children and families once developmental screenings and assessments are performed and referrals are needed. Within HDS, behavioral treatment wait times create a gap in the access to timely services. In some cases, this has led to a reluctance on the part of providers to provide support in the form of screening – without the services needed to address the problems identified, investments in screening provide little benefit to children and families.

While MHSA provides a number of services addressing serious emotional disorders among youth through Community Services and Supports (CSS) work plans, further investments will be made in Prevention and Early Intervention (PEI) services for the County's residents, including 51% of funds to go to children and youth 0-19 years old.

San Diego County lacks qualified clinicians with the appropriate, specialized training to provide early childhood mental health services (Walsh 2004). The need for training in this area and recruitment of bilingual, bicultural clinicians and providers is essential and is a critical gap that is known to affect communities throughout San Diego County. Participants in First 5 San Diego's 2004 study of behavioral health services in the county expressed the need for culturally competent services that are able to reach and serve at-risk populations effectively.

According to the 2004 Behavioral Health and Coordination Study, there is no coordinated system of care for behavioral health services in San Diego County for children ages 0 to 5 and their families. Similarly, there is no designated lead agency to coordinate behavioral health services (Walsh 2004).

First 5 San Diego SUMMARY OF NEEDS

Health			
Maternal Health and Family Planning			
Need or Gap	First 5 San Diego Funded Programs addressing this need	First 5 San Diego Current Investment (figures are annual averages unless otherwise noted)	Other Programs, Partners or Contributors addressing this need
Early Prenatal Care and Health Interventions for Women	<ul style="list-style-type: none"> ▪ HCA ▪ OHI 	<ul style="list-style-type: none"> ▪ \$710,134 for FY 07/08 ▪ \$322,460 for FY 07/08 	<ul style="list-style-type: none"> ▪ MediCal, Healthy Families, AIM ▪ California Comprehensive Prenatal Care Services ▪ Regional Perinatal System ▪ Black Infant Health
Unintended pregnancies and teen births	<ul style="list-style-type: none"> ▪ SDYCS - Teen Options (F5FP) 	<ul style="list-style-type: none"> ▪ \$116,823 this FY 	<ul style="list-style-type: none"> ▪ SANDAPP ▪ UCSD BRIGHT Families ▪ Public Health Nursing
Preterm and low birthweight births	<ul style="list-style-type: none"> ▪ Partnership for Smoke Free Families ▪ HCA 	<ul style="list-style-type: none"> ▪ \$140,000/year ▪ \$710,134 for FY 07/08 	<ul style="list-style-type: none"> ▪ Hospitals, Medical Centers ▪ AIM ▪ WIC ▪ Black Infant Health ▪ March of Dimes
Breastfeeding	<ul style="list-style-type: none"> ▪ HDS - Newborn home visiting 	<ul style="list-style-type: none"> ▪ \$1,674,693/year 	<ul style="list-style-type: none"> ▪ WIC ▪ San Diego County Breastfeeding Coalition ▪ La Leche League
Post partum depression	<ul style="list-style-type: none"> ▪ HDS - At risk home visiting 	<ul style="list-style-type: none"> ▪ \$1,183,295/year 	<ul style="list-style-type: none"> ▪ Postpartum Health Alliance ▪ Public Health Nursing
Children's Physical Health			
Overweight and Obesity	<ul style="list-style-type: none"> ▪ SD County Childhood Obesity Initiative ▪ F5FP: NEAT AT 2 and Options for Health 	<ul style="list-style-type: none"> ▪ \$130,000/year ▪ \$515,932 and \$116,823 this FY 	<ul style="list-style-type: none"> ▪ California Endowment-Healthy Eating Active Communities ▪ Coalition on Children and Weight San Diego ▪ SD County Childhood Obesity Initiative Partners

Need or Gap	First 5 San Diego Funded Programs addressing this need	First 5 San Diego Current Investment (figures are annual averages unless otherwise noted)	Other Programs, Partners or Contributors addressing this need
Access to health care	<ul style="list-style-type: none"> ▪ HCA ▪ HDS 	<ul style="list-style-type: none"> ▪ \$3.1M/year ▪ \$11.2M/year 	<ul style="list-style-type: none"> ▪ MediCal, Healthy Families, AIM ▪ SD KHAN
Oral Health	<ul style="list-style-type: none"> ▪ OHI ▪ Fluoridation 	<ul style="list-style-type: none"> ▪ \$1.3M/year ▪ \$5.7M 	<ul style="list-style-type: none"> ▪ MediCal, Healthy Families ▪ AAP Bright Futures ▪ Cal Dental Association ▪ Share the Care ▪ SDCOE SMILES ▪ Anderson Dental Clinic ▪ Community Clinics
Injury and Violence	<ul style="list-style-type: none"> ▪ CWS Therapeutic Services ▪ CWS Foster Parent Respite Support Services ▪ SBCS Therapeutic Preschool 	<ul style="list-style-type: none"> ▪ \$3M/year for 3 years ▪ \$610,000 over 2 years ▪ \$878,400 over a three-year period 	<ul style="list-style-type: none"> ▪ Community Services for Families ▪ United Way Project Safecare ▪ Child Abuse Prevention Foundation ▪ HHS Child Welfare Services ▪ Chadwick Center
Children’s Behavioral and Social Emotional Health			
Parent and Community Education and Awareness	<ul style="list-style-type: none"> ▪ First 5 for Parents ▪ HDS Parent Support and Empowerment ▪ KIT for New Parents ▪ PFA and SR ▪ Special Needs Demonstration Project 	<ul style="list-style-type: none"> ▪ \$3.15M/year ▪ \$442,075/year ▪ \$647,000 ▪ \$6M and \$5.8M/yr ▪ \$500,000/year 	<ul style="list-style-type: none"> ▪ Statewide Early Childhood Social and Emotional System Development Project ▪ Behavioral Health-PEI (future) ▪ Head Start and state preschools ▪ Military Family Services ▪ EFRC ▪ Regional Center ▪ YMCA CRS
Spectrum of Effective and Accessible Behavioral Health Services for 0-3	<ul style="list-style-type: none"> ▪ KidSTART ▪ HDS ▪ Capacity Building – Infant Toddler Mental Health 	<ul style="list-style-type: none"> ▪ \$2.5M/year ▪ Data unavailable at this time ▪ \$59,020 over 2 years 	<ul style="list-style-type: none"> ▪ Mental Health Service Act (MHSA) programs ▪ Chadwick Center ▪ Children’s Hospital ▪ Children’s Mental Health ▪ Regional Center ▪ Early Headstart

Need or Gap	First 5 San Diego Funded Programs addressing this need	First 5 San Diego Current Investment (figures are annual averages unless otherwise noted)	Other Programs, Partners or Contributors addressing this need
Spectrum of Effective and Accessible Behavioral Health Services for Preschool Age	<ul style="list-style-type: none"> ▪ KidSTART ▪ HDS 	<ul style="list-style-type: none"> ▪ \$2.5M/year ▪ Data unavailable at this time 	<ul style="list-style-type: none"> ▪ Chadwick Center ▪ Children’s Hospital ▪ Children’s Mental Health ▪ Headstart

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III. Learning and Early Care and Education

This section provides an overview of existing research, strengths and assets, and gaps for each of the following areas:

- Universal early care and education
- Quality early care
- Early child and family literacy
- Workforce and professional development
- Parent involvement in early education

Outreach Findings

Care for Ages 0 to 3

Parents and providers identified learning and early care and education as an area in critical need of investment. While there is progress in improving access to quality preschools and applying comprehensive care models such as Preschool For All, care for children ages 0-3 is inadequate in the region. Overall, the structure of services and resources is lacking, requiring a new focus on understanding the needs of care for children ages 0-3. Parents and providers alike explain that consistent, affordable, and quality care for the youngest children has a domino effect on improving families' access to employment opportunities, thereby expanding their resources and stability.

Early Learning Environments

According to parents and providers, childcare environments conducive to learning and education are needed for all young children. Survey findings help illustrate the relative weight that parents and providers place on the availability of affordable, quality preschool in the context of early childhood health and development. Providers assert that making affordable, quality preschool more widely available is one of the most important activities for affecting positive change in the lives of young children and their families. Parents note affordable, quality preschool as one of the most valuable existing programs or services, as well as one of their community's greatest needs. Early education must support writing and reading in a child's own language, in addition to English. Parents assert that children need care and learning environments that help engender confidence and that recognize linguistic and cultural differences as assets rather than weaknesses. One example provided is that young children from immigrant and refugee families and children in the welfare system often have low morale, and are frequently low in achievement and in need of greater attention. Parents desire to be more involved in their child's early education and want to better understand developmental stages and how they can be the best possible educators in the home.

Universal Early Care and Education

Early care and education (ECE) is an integral part of a child's cognitive development, and thus in preparing children to succeed in school and later in life. Identifying and reaching target populations is an essential part of making early care and education universally accessible throughout the County. According to the Pre-Literacy Collaborative Study, improvements among the most at-risk groups with respect to health, literacy and student achievement are likely to realize the greatest cost savings to society.

Strengths and Assets

The Preschool for All (PFA) Program provides a strong foundation for a universal system of early care and education in San Diego County. The goal of PFA is to provide universal quality preschool on a voluntary basis and increase the number of students currently enrolled. According to the First 5 Annual Evaluation Report for FY07-08, children in PFA programs have exhibited gains in personal, social, and emotional competence.

San Diego County currently has licensed center-based formal early care and education available to more than three quarters of the 4-year olds projected to participate in preschool. Programs and organizations contributing to this need are YMCA Childcare Resource Services, California Child Care Initiative Project, Early Head Start and Head Start, the San Diego Child Care and Development Planning Council, and Pre-K Now.

Gaps

While formal early care and education is available to more than three quarters of the 4-year olds projected to participate in preschool, available data indicates that enrollment ranges widely. Wide variation exists not only among the different geographic regions, but even within school district communities. Low staff-child ratios and lack of adequate facilities are significant obstacles to providing universal preschool in San Diego County.

Quality Early Care

The quality of caregiving that a child receives in its first years of life has a profound influence on his/her development. All childcare arrangements have the potential to provide the positive early learning experiences in the context of strong, nurturing relationships that children need for their intellectual, social, and emotional growth (Zero to Three).

Recent research on early childhood brain development has raised the criticality of the earliest years in predicting cognitive and language development. According to Dr. J. Shonkoff, founder of the Center of the Developing Child at Harvard University, much of the basic circuitry of a child's brain has already been developed by age three. Several studies show that a focus on the most disadvantaged children as early as possible can lead to significant savings in special education, welfare, and prison costs. (San Diego Child Care and Development Planning Council)

Although this time in a child's development is crucial to his or her future, no training is required of family child care providers who care for infants and toddlers and only twelve units of early child development courses is required for center staff.

Strengths and Assets

The San Diego chapter of the National Association for the Education of Young Children (NAEYC) works to raise the quality of programs for all children from birth to age eight. The San Diego County Family Child Care Association and the San Diego Child Care and Development Planning Council are also addressing this critical need. The CalWORKS Child Care Program provides financial assistance for families needing childcare services.

Gaps

Affordable, high-quality childcare for young children is a critical need experienced by parents and caregivers throughout San Diego County. Although 47% of parent calls to the YMCA Childcare Resource Service (YMCA CRS) are requesting infant and toddler care, only 6% of slots in licensed child care centers are available. Cost is frequently cited as a barrier to receiving reliable childcare assistance that takes place in a setting that promotes learning and healthy activities, averaging \$10,745 a year for infants in California licensed centers. Extended childcare services, or childcare support that is available throughout the day, is another service gap identified during parent focus groups.

Workforce retention is another issue in the field of early care as childcare staff transition to teaching positions at the K-12 level for increased salary and benefits. The low hourly wage and lack of benefits offered to childcare workers makes it difficult to recruit quality staff and providers.

Early Child and Family Literacy

Early literacy is known to have a significant impact on a broad range of social and economic outcomes throughout the course of a child's life. Developing literacy skills begins at birth through everyday interactions such as reading books and singing songs (Zero to Three). The development of fine motor skills through activities such as painting, drawing, and other forms of play is essential to learning to read and write.

Strengths and Assets

During the 2004 Pre-Literacy Planning Collaborative Study, focus group participants consistently identified existing literacy services and education programs as important assets in San Diego County. Community resources that are addressing this need include San Diego READS, the San Diego Literacy Council, and ESL programs offered throughout the county.

First 5 San Diego provides early literacy support through existing contracts under its School Readiness and PFA Initiatives. The National City Library WOW Mobile and the AAP's Reach Out and Read program are funded by First 5 San Diego as well.

Gaps

San Diego's growing population of English-learners requires quality English as a Second Language (ESL) education. The lack of linguistically competent teachers and staff is a major challenge to teaching literacy skills and providing quality ESL education to the county's young children and their families.

Workforce and Professional Development

Little is known about the quality of existing formal early care and education programs in San Diego County and the standards that programs are required to meet vary. However, there is a direct positive correlation between program quality and the education and training of the professionals who administer program services and provide care to enrolled students.

Past studies have identified the need for ongoing training and support for early care and education providers in the following areas:

- Training to better identify and address behavioral health issues.
- Training to provide quality ESL education and teach early literacy skills in a variety of languages.

Strengths and Assets

During FY07-08, the San Diego County Office of Education (SDCOE) professional development coaching team provided coaching on a variety of topics to PFA providers throughout the County. While PFA sites were not required to utilize this service, professional development was available to all PFA providers. Through San Diego CARES, First 5 San Diego funds training and education for early care and education providers so they may better support children's learning and development, including literacy. The State of California offers the AB212 program to promote professional development and capacity building among early child educators. In addition, the California Preschool Instructional Network (CPIN), the California Childcare Initiative Project (CCIP), and some San Diego colleges and universities are serving this need for workforce development.

Gaps

Turnover rates among early care and education providers in San Diego County and throughout the state are on the rise. The turnover rate in California is roughly 22% among ECE teachers, and is largely attributed to low salaries and a lack of benefits offered to early care and education professionals as compared with those for K – 12 teachers. (California Early Care and Education Workforce Study, July 2006)

There is a significant gap with respect to teacher education, as well. Estimates for San Diego County indicate that only 11% to 20% of preschool teachers have bachelor's

degrees. According to the 2005 San Diego County Preschool for All Draft Master Plan, the County will need to more than double the number of teachers in existing programs with bachelor's and associate degrees by 2014 in order to meet the proposed PFA standards.

Parent Involvement in Early Education

There is a significant positive relationship between family involvement in children's learning and the healthy development and academic achievement of children. In addition, pre-school level family involvement is an essential gateway to parent involvement during elementary and middle school years. (Epstein, Peabody Journal of Education, 2006)

Strengths and Assets

Since 1964, the Head Start Program, and now Early Head Start, has included a parent involvement program component as one of its funding requirements. Many programs funded by First 5 San Diego strongly encourage and facilitate parent and family involvement in a child's learning. These programs are woven throughout the Preschool for All, First 5 for Parents, and School Readiness Initiatives. The California Parent Center provides technical assistance to schools and school districts in the area of parent involvement and includes training on building family-school partnerships to increase student achievement. The Parent Institute for Quality Education (PIQE) is headquartered in San Diego and provides parent involvement training classes at schools throughout California and in other states as well.

Gaps

Findings from previous studies in San Diego County affirm the need for well-designed family involvement plans and programs. In addition, effective preschool program design and planning requires input from the families the programs are intended to serve.

First 5 San Diego SUMMARY OF NEEDS

Learning			
Need or Gap	First 5 San Diego Funded Programs addressing this need	First 5 San Diego Current Investment	Other Programs, Partners or Contributors addressing this need
Universal Early Care and Education	<ul style="list-style-type: none"> ▪ PFA 	<ul style="list-style-type: none"> ▪ \$6M/year 	<ul style="list-style-type: none"> ▪ California Childcare Initiative Project ▪ Early Head Start and Head Start ▪ SD Child Care and Development Planning Council ▪ PreK Now ▪ YMCA CRS
Quality Infant Care	<ul style="list-style-type: none"> ▪ None 	<ul style="list-style-type: none"> ▪ \$0 	<ul style="list-style-type: none"> ▪ YMCA CRS ▪ NAEYC - SD Chapter ▪ Family Child Care Association ▪ CalWORKS Child Care Program ▪ SD Child Care and Development Planning Council
Early Child and Family Literacy	<ul style="list-style-type: none"> ▪ National City Library WOW mobile ▪ Reach Out and Read ▪ PFA ▪ School Readiness 	<ul style="list-style-type: none"> ▪ \$122,157/ FY08-09 ▪ \$164,116 /FY08-09 ▪ \$6M/year ▪ \$5.8M 	<ul style="list-style-type: none"> ▪ San Diego READS ▪ SD Literacy Council ▪ ESL Programs
Workforce and Professional Development	<ul style="list-style-type: none"> ▪ CARES ▪ PFA 	<ul style="list-style-type: none"> ▪ \$3M /year ▪ \$6M/year 	<ul style="list-style-type: none"> ▪ AB212 (State program) ▪ CPIN ▪ Colleges and Universities
Parent Involvement in Early Education	<ul style="list-style-type: none"> ▪ PFA ▪ First 5 for Parents ▪ SR 	<ul style="list-style-type: none"> ▪ \$6M/year ▪ \$3.15M/year ▪ \$5.8M/year 	<ul style="list-style-type: none"> ▪ Head Start ▪ PIQE ▪ California Parent Center

IV. Parent and Family Development and Resources

This section provides an overview of existing research, strengths and assets, and gaps for each of the following areas:

- Promoting Positive Family Practices
- Parent Self-Advocacy and leadership
- Access to Social Support and Services
- Supportive Workplaces for Parents
- Provider Training and Capacity Building

Outreach Findings

Prioritizing Support for Parents

Parents and providers who participated in focus groups, interviews, and the online survey believe that health and learning starts with the parent: progress in other areas will follow if parents receive the information and support they need. Parents and providers stated that continued funding for parent development and resources is essential and should be considered a priority goal area. Specifically, they note the need for more culturally competent parent education and skill development for mothers and fathers in a range of areas including nutrition, discipline, stress management, and an improved understanding of what to expect from their young child during different developmental stages.

Modes and Venues

Parents would like to improve their parenting skills and learn more about the areas identified above through a range of modes such as interactive sessions, parent forums, informal social support networks, online media, and other methods. Additionally, some parents suggest the need for advocacy and assistance in navigating the existing system to find information about quality dental care, preschool enrollment, and eligibility for other critical services.

Community-based places such as community centers or libraries were identified as some of the best places for parents to access or receive the services or information they need to support the healthy development of their young children. Both parents and providers ranked children's schools the highest in terms of access to services and information, and some noted the particular role schools can play in reaching parents who experience social isolation or other notable barriers. Having one website to visit or one phone number to call were also noted as important to improving parent's access to care and support.

Community and Employer Support

Employers and communities in general could be more supportive of parents and families by promoting better use of the Family Medical Leave Act, by creating more

flexible workplace environments, and by increasing society's empathy for workers from low income, immigrant and refugee communities. As parents and families face challenging economic times in the coming months and years, their focus will be on the basic needs for their children such as food and shelter. In this context, some providers noted that they will need to be more creative in how they reach these families with child development and wellness support.

Promoting Positive Family Practices

Predictors of a student's achievement in school include the extent to which families:

- support learning by creating a home environment in which learning is valued
- communicate high and reasonable expectations for their children's achievement; and
- become involved in their children's schools.

Strengths and Assets

The First 5 for Parents Program in the San Diego region seeks to strengthen parents' knowledge and encourage behavioral change. Recent findings suggest positive behavioral change among program participants and an improvement in the learning environment in many homes, including:

- increases in the number of days parents read to their children
- increases in the number of days that children engage in physical activity; and
- a decrease in the number of hours that children spent on the computer, watching television, and playing video games.

The Kit for New Parents, HDS Baby Basics, and newborn and at-risk home visiting programs promote positive family practices. Public health nurses also serve as educators for the families they visit.

Gaps

According to the 2005 Family Survey, parents and caregivers in the Central Region and in lower-income households were less likely to participate in daily activities with their children and less likely to impose bed-time routines. Approximately 51.7% of parents/caregivers in the Central Region read or showed books to their children daily, versus over 65% county-wide.

First 5 San Diego is successfully engaging Latino parents to create healthy learning environments in the home, but is serving other immigrant communities to a much lesser extent (Harder 2008).

Parent Self-Advocacy and Leadership

Supporting parent self-advocacy and involving parents in planning and program development efforts in a meaningful way is a promising strategy for improving systems that serve young children. Past studies have identified many barriers to parent self-

advocacy. The lack of a lead agency or organization to facilitate greater collaboration between parents and provider is one institutional barrier that exists in San Diego County (Parent Development Initiative).

Strengths and Assets

First 5 San Diego funds and supports programs and services that directly address the above barriers. Parents who have participated in First 5 for Parents have shown improvement in their confidence and ability to meet the needs of their young children and families. In addition, First 5 San Diego has commissioned studies, including the current Strategic Plan process, designed to engage parents and families in discussions of how to improve the existing system of care. HDS Parent Support and Empowerment also promotes the empowerment of parents to advocate for their families, as does the current Innovative Grant for the University of San Diego COMPASS program.

Community organizing groups in the county, such as the San Diego Organizing Project (a PICO Network affiliate), also support parent self-advocacy and empowerment. The Exceptional Family Resource Center (EFRC) and the Family and Youth Roundtable address this need as well.

Gaps

Many San Diego parents have expressed a need for assistance in overcoming the obstacles they face in meeting the needs of their families. Identified gaps include:

- Information and support to help parents achieve equal access to resources and services for themselves and their families
- Assistance in identifying and overcoming discrimination
- Support for parent involvement in improving local communities and engaging parents in improving the systems that serve them

First 5 San Diego funds for parent leadership training are budgeted but not yet *allocated*. Programs have been explored but allocation of First 5 San Diego resources will not occur until completion of the current strategic planning process.

Access to Social Support and Services

Connecting parents to the resources they need and ensuring that they know how to access needed support are critically important to supporting families as they raise their children. Self-advocacy is only part of the solution: parents need to know where to turn and what specific resources are available when they need them.

Strengths and Assets

In order to provide support to as many parents as possible, First 5 for Parents offers classes that employ different curricula, strive to reach various audiences, and are offered in a number of forms. During FY07-08, First 5 San Diego witnessed an increase in the number of home visits, classes, and workshops held as part of this program.

Barriers to access, including childcare, transportation, and timing of classes, were recognized and addressed through an additional \$10,000 of funding for First 5 for Parents contractors that implemented strategies to improve access. Results of activities funded by this investment are not yet available (Harder 2008).

Other important First 5 San Diego-funded resources that provide access to information and support to thousands of San Diego parents and families include 211 San Diego, Preschool for All and School Readiness, HDS Parent Support and Empowerment, and the KIT for new parents. Many county based organizations and family resource centers also fill this need, as well as Head Start and some state preschools.

Gaps

San Diego parents have specifically noted a gap in services provided in venues or locations that families frequent and already feel comfortable with. Constituencies who experience service gaps or perceive that service gaps exist, or have expressed feelings of geographic and social isolation include, but are not limited to:

- Fathers
- Parents whose primary language is neither English or Spanish
- Parents who are incarcerated
- Parents who are in drug and alcohol recovery
- Parents with more than one child
- Military parents
- Refugee and immigrant parents

Supportive Workplaces for Parents

The ability of parents to provide the support they need to their children is directly tied to workplace culture and policies. Employers can support positive parenting in many important ways, ranging from providing adequate health benefits to creating workplace cultures that nurture and value family.

Strengths and Assets

As a result of recommendations made as part of the Parent Development Initiative (PDI) Study, the First 5 San Diego plans to develop and implement a program that promotes child and family friendly business practices among San Diego County employers. This, as well as increased focus on other identified needs for families, will be a high priority for the Parent Development Specialist that First 5 San Diego plans to hire (First 5 San Diego).

Gaps

Key informants involved in the PDI Study identified the need to better engage San Diego's business community in supporting families, particularly employers in industries that employ unskilled, low wage workers. During this study, participants in a military family focus group and a focus group held in Logan Heights noted the inconsistent level of support received by their commanders and employers with respect to family life.

Provider Training and Capacity Building

Enhancing provider training and capacity was one of the strategies identified in the 2008 PDI Study. Parent educators and key informants spoke clearly to the need for ongoing professional development opportunities, particularly in light of the lack of formal standards or certification for parent educators in California.

Strengths and Assets

In the Parent Educator Survey conducted by the San Diego Commission on Children, Youth, and Families, 78.6% of parent educators reported that they had a bachelor's degree or higher. In FY06-07, First 5 San Diego dedicated \$2 million of additional funds to parent development services outside of the First 5 for Parents Program, a portion of which is applied to encouraging and enhancing provider training and capacity building. Specifically, these funds provide scholarships covering registration costs for provider training opportunities such as the Zero to Three Conference and the First 5 statewide conference. Professional development funding is also included in many First 5 contracts and contractors are encouraged to seek professional development.

Gaps

A clear need identified for parent educators is access to training and networking opportunities. Many parent educators lack professional training and do not have the background in teaching required to best support San Diego parents. The need for training exists in the following areas:

- How to best serve various sub-populations, including fathers, parents of children with special needs, and parents battling substance abuse
- Program evaluation, marketing, and family and community engagement
- Parent development topics including nutrition, communication, and children's mental health
- How to deal with vicarious trauma or work-related stress

First 5 San Diego SUMMARY OF NEEDS

Family			
Need or Gap	First 5 San Diego Funded Programs addressing this need	First 5 San Diego Current Investment	Other Programs, Partners or Contributors addressing this need
Promoting Positive Family Practices	<ul style="list-style-type: none"> ▪ First 5 for Parents ▪ HDS Baby Basics ▪ Newborn and At Risk Home Visiting ▪ KIT for New Parents 	<ul style="list-style-type: none"> ▪ \$3.15M/year ▪ Data unavailable at this time ▪ \$2,857,988/year ▪ \$647,000 	<ul style="list-style-type: none"> ▪ Public Health Nursing
Parent Self-Advocacy**	<ul style="list-style-type: none"> ▪ HDS Parent Support and Empowerment ▪ USD- COMPASS Innovative Grant 	<ul style="list-style-type: none"> ▪ \$442,075/year ▪ \$74,969 total 	<ul style="list-style-type: none"> ▪ EFRC ▪ PICO (San Diego Organizing Project) ▪ Family and Youth Roundtable
Access to Social Support and Services**	<ul style="list-style-type: none"> ▪ First 5 for Parents ▪ 211 ▪ HDS Parent Support and Empowerment ▪ PFA and SR 	<ul style="list-style-type: none"> ▪ \$3.15M/year ▪ \$991,475/year ▪ \$442,075/year ▪ \$6M and \$5.8M/year 	<ul style="list-style-type: none"> ▪ FRC's and CBO's ▪ Head Start and some state preschools
Supportive Workplaces for Parents**	<ul style="list-style-type: none"> ▪ None 	<ul style="list-style-type: none"> ▪ \$0 	
Provider Training and Capacity**	<ul style="list-style-type: none"> ▪ Scholarships for training opportunities ▪ Professional Development funding in many F5 contracts 	<ul style="list-style-type: none"> ▪ \$6000 (0-3 Conference), \$1895 (First 5 State Conf) ▪ Data unavailable at this time 	

** These are planned to be addressed by the Parent Development Specialist once hired.

V. Community Capacity Building

This section provides an overview of existing research, strengths and assets, and gaps for each of the following areas:

- Poverty
- At-risk target populations
- Culturally competent services
- Systems alignment and integration

Outreach Findings

Strengthening the Existing System

According to parents and providers, the need for an ongoing financial commitment to early childhood health and development in San Diego County is essential to the future of the region and the health and prosperity of future generations. Improving the capacity of the existing system of care and support will be challenging in the near term due to the economic downturn and the need to preserve the current network of services.

Nevertheless, parents and providers believe there are many avenues to improving the system. Providers assert that more needs to be done to connect parents with the community resources they need. Many rural areas have access to services that are “bare minimum at best.”

Marketing Resources and Sharing Information

First, providers and families alike still do not have a clear understanding of resources available to children and families in the region. Targeted outreach to raise awareness about the services that exist is critical, especially as demand for these services grows. Parents suggested that they can best learn about resources through their communities, including existing social networks, schools, community clinics and organizations, and faith communities. Trust is paramount, so sharing knowledge through sources and venues that families trust, frequent, and feel comfortable with is critical. According to providers could make better use of 211 and First 5 San Diego resources and referrals, as well as localized networks and existing provider communication channels.

Targeted Community Outreach

Parents and providers recommended that service delivery be enhanced differently in each community, social or geographic, depending upon their needs. Some parents in rural communities and some urban areas suggest that mobile services targeting rural communities and isolated social groups in urban areas may be most effective. Some urban areas may benefit from comprehensive community centers that provide health, learning, and family resources. Overall, providers and families assert that they will benefit from continued expansion and integration of resources and services that break the traditional silos, as well as continued workforce development that promotes an ethic

of ongoing learning and supports retaining workers. Constant employee turnover in the care, education, social service, and justice systems that serve young children was identified as a problem.

Many parents, community leaders, and even providers suggest that they lack a clear understanding of the importance of the first five years of life with respect to many facets of physical, social and emotional health and development. Some providers believe that First 5 San Diego can play a greater role in supporting ongoing efforts to educate the broader community about the importance of these years. This is critical not just for each child's well-being, but for the overall benefit to society in fostering healthy, safe and prosperous communities.

Poverty

Poverty has a significant, direct impact on the ability of parents and families to support the health, development and learning of their young children. The generally high cost of living influences the ability of San Diego's families to afford food, shelter, and needed services, including quality medical care and childcare and early education.

Strengths and Assets

211 San Diego is an important community resource that helps families identify where they can find needed support and services to meet their basic needs. HCA also contributes to the fight against poverty as access to healthcare and having sufficient health insurance plays an essential role in decreasing the high costs of medical bills and avoiding future health problems that went ignored due to a lack of insurance.

Other important County programs include CalWORKS, San Diego Workforce Partnership, the WIC Program, and the Nurse Family Partnership in the East and South Regions.

Gaps

In 1995, approximately 15.9% percent of children ages 0 to 17 were living in poverty in San Diego. While this percentage is lower than both the state and national averages for the percent of children living at or below 100% of the federal poverty level, the level of income sufficient to meet basic needs in California is closer to 200% of the Federal Poverty Level (FPL).

At-Risk Target Populations

Identifying and reaching populations most at risk of entering kindergarten unprepared to succeed in school is critical to reducing future public spending. According to the 2004 Pre-Literacy Planning Collaborative Report, "More advantaged populations also will thrive with good early literacy programs; however, in a results-based accountability system of funding, improvements among the most at-risk groups are likely to realize the greatest measurable cost savings." The need to identify and reach the most at-risk populations extends beyond literacy and into the realms of physical, social, and emotional health, as well.

Strengths and Assets

First 5 has much of the information it needs to identify the factors that contribute to making children ages 0 to 5 “at risk” with respect to physical and social emotional health, reading achievement, and school readiness. Examples of successful First 5 San Diego outreach and service provision to at-risk communities occurs under the following programs and initiatives:

- The Healthcare Access Initiative (HCA)
- 211 San Diego
- The School Readiness Initiative (SRI), which contracts with low API schools
- The Special Needs Demonstration Project
- At-risk home visiting provided through the Healthy Development Services Initiative (HDS)
- Contracts with Child Welfare Services
- Fluoridation

Since many existing services in the county (such as those administered by HHSA and programs receiving federal funding) target “high-risk” populations, many First 5-funded programs target populations experiencing mild to moderate problems. This focus is important to ensuring that children and families who do not often qualify for other services still receive the support they need.

Gaps

In San Diego County, indicators of at-risk populations with regard to early literacy and education are known broadly to include diversity, children and youth living in poverty, juvenile delinquency, domestic violence, child abuse and neglect, and educational achievement in later grades.

Culturally Competent Services

California has the highest percentage of foreign-born children in the U.S. and the largest Hispanic population of any state. In 2000, 16% of children in California had difficulty speaking English. Experience demonstrates that the lack of culturally competent services available to young children and families often serves as both a barrier to accessing care and as a barrier to families’ active participation in the health treatment and formal education of their young children.

Strengths and Assets

Recent evidence suggests that First 5 San Diego is reaching a culturally and linguistically diverse audience. Approximately 67% of parents who participated in First 5 for Parents Program speak a language other than English at home, including Spanish, Arabic, Chinese, Japanese, Kirundi, Somali, Swahili and Vietnamese (Harder 2008).

Other key First 5 programs that serve the County’s culturally and linguistically diverse population include:

- The recently released Asian Kit for New Parents
- Horn of Africa (serves East African families)
- The Alliance for African Assistance

In addition, most First 5 San Diego services are offered in Spanish. The majority of families served by First 5 programs in FY 07-08 were identified as Latino/Hispanic (Harder)

Gaps

Studies that illustrate the need for culturally and linguistically appropriate services in San Diego County include the Parent Development Initiative Study, the Behavioral Health Planning and Coordination Study (2004), the Needs and Assets Assessment of Children's Health (2004), and the Preschool For All Master Plan (2005). Needs have been identified for:

- Bilingual and bicultural service providers and access to professional bilingual staff or interpretation services for all families with limited English proficiency (LEP)
- Resource and promotional materials in family's language
- Keeping a consistent record of client's primary spoken language and self-identified race/ethnicity in organization's management information system and all patient records used by provider staff

While First 5 for Parents contractors have successfully engaged parents from Latino populations, they are serving other immigrant populations to a much lesser extent (Harder 2008).

Systems Alignment and Integration

Alignment and integration of systems and services is critical to improving the continuity of care available to and received by San Diego's young children and their families. One strategy identified to better align existing systems is to promote partnerships between human service agencies, mental health, early care and education, and school readiness sites.

Strengths and Assets

A number of First 5 initiatives seek to address the care continuum from promotion to screening to treatment, including the Oral Health Initiative (OHI) and Healthy Development Services (HDS) (Evaluation Report p. 213). KidSTART, another First 5-funded effort, aims to connect and integrate the existing developmental systems in San Diego into a single coherent system in order to create a comprehensive system of support.

First 5 San Diego has also incorporated new strategies into the design of their initiatives in order to better align systems and engender a more regional approach to establishing service networks, including restructuring its request for proposals (RFPs) to require

lead/subcontractor services. This has helped strengthen existing relationships and create new relationships between regional service providers with the goal of improving the continuity of care available to families and young children.

Gaps

Stakeholders in San Diego have noted the need to design tools to facilitate an improved understanding of different elements of care among educators and providers, including baseline competencies for social and emotional development for use across sectors.

Other needs identified at the systems or policy level include:

- Greater opportunities for collaboration and more systematic sharing of information related to best practices and local resources
- Identification of policy and process changes to improve coordination, linkage, and accessibility of services for children 0 to 5
- Development of a plan to coordinate potential funding opportunities that links with existing collaborations
- Review and analysis of the existing initiatives that are moving towards building comprehensive, integrated systems of care

First 5 San Diego SUMMARY OF NEEDS

Community			
Need or Gap	First 5 San Diego Funded Programs addressing this need	First 5 San Diego Current Investment	Other Programs, Partners or Contributors addressing this need
Poverty	<ul style="list-style-type: none"> ▪ 211 ▪ HCA 	<ul style="list-style-type: none"> ▪ \$991,475/year ▪ \$3.1M/year 	<ul style="list-style-type: none"> ▪ CalWorks ▪ SD Workforce Partnership ▪ WIC ▪ Food Stamps ▪ Nurse Family Partnership
At-Risk Target Populations	<ul style="list-style-type: none"> ▪ HCA ▪ 211 ▪ At-risk home visiting ▪ SR ▪ PFA ▪ Special Needs Demonstration Project ▪ OHI ▪ CWS contract ▪ Fluoridation 	<ul style="list-style-type: none"> ▪ \$3.1M/year ▪ \$991,475/year ▪ \$1,183,295/year ▪ \$5.8M/year ▪ \$6M/year ▪ \$500,000/year ▪ \$1.3M/year ▪ \$3M/year ▪ \$6.7M total 	<ul style="list-style-type: none"> ▪ Jumpstart ▪ Head Start ▪ Chadwick Center ▪ CalWorks ▪ SD Workforce Partnership ▪ WIC ▪ Food Stamps ▪ Nurse Family Partnership ▪ TANF
Culturally Competent Services	<ul style="list-style-type: none"> ▪ Most programs offered in both Spanish and English ▪ Asian KIT for new parents ▪ Horn of Africa ▪ Alliance for African Assistance 	<ul style="list-style-type: none"> ▪ Data unavailable ▪ \$647,000 ▪ \$75,000 (Innovative Grant) \$370,570 (Responsive Fund) ▪ \$75,000 	<ul style="list-style-type: none"> ▪ Community Clinics ▪ Horn of Africa ▪ Alliance for African Assistance ▪ UPAC ▪ Operation Samahan ▪ Survivors of Torture International ▪ Other culturally specific agencies
Systems Alignment and Integration	<ul style="list-style-type: none"> ▪ KidSTART ▪ Integrated services and referrals across all First 5 initiatives 	<ul style="list-style-type: none"> ▪ \$2.5M/year 	<ul style="list-style-type: none"> ▪ Behavioral Health System of Care

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