



The First 5 years.  
Make them count.

**TO:** Children, Seniors and Families Committee  
Santa Clara County Board of Supervisors

**FROM:** Jolene Smith, Executive Director  
FIRST 5 Santa Clara County

**SUBJECT:** FIRST 5 Annual Report

**DATE:** June 7, 2006

**Title:** FIRST 5 Santa Clara County Annual Report to the Children, Seniors and Families Committee of the Board of Supervisors

**Recommended Action:** Accept the FIRST 5 Santa Clara County Strategic Plan for 2006-2010.

**Summary of Request:** This report is a summary of FIRST 5's Strategic Plan for 2006-2011 which was adopted by the FIRST 5 Santa Clara County Commission in a Public Hearing on May 10, 2006. The plan also summarizes FIRST 5's activities and expenditures from 2000-2005.

**Background:** Compliance with the new legislation (AB109/SB35) and recently issued audit requirements will be satisfied with the new Strategic Plan. This plan incorporates the county-wide strategic thinking and decision-making processes that resulted from various committee meetings and workshops as well as input from over 70 community meetings over the past two years. It also incorporates the Community Investment Plan, the 10-Year Sustainability Plan, and the Community Approach to the Healthy Development of Children Prenatal Through Age 5 and Their Families adopted by the Commission. The plan reflects the Commission's goals and aligns them with the First 5 California's Results Areas.

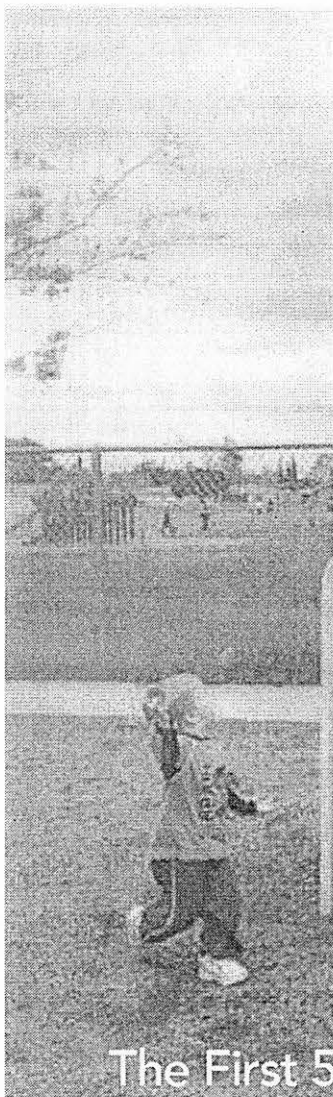
The Health and Safety Code requires that the Strategic Plan include:

1. A description of goals and objectives
2. A description of programs, services and projects
3. A description of how measurable outcomes will be determined based on appropriate reliable indicators
4. A description of how programs, services and projects will be integrated into a consumer-oriented and easily accessible system.

**Fiscal Impact:** None.



**FIRST 5**  
SANTA CLARA COUNTY



The First 5 years. Make them count.

STRATEGIC PLAN  
2006 - 2011

## Proposition 10

In 1998, California voters approved a \$.50 tax increase on tobacco products through the passage of Proposition 10---the Children and Families First Act. Each County was able to create a local commission and receive revenue from this tax to be used for early childhood development programs for children prenatal through age 5. Santa Clara County created an independent commission and FIRST 5 Santa Clara County was born!

## Our Commissioners

The FIRST 5 Santa Clara County Commission was created by the Santa Clara County Board of Supervisors in 1999. The Commission is comprised of the following members:

Cindy Ruby, Chair

Appointed by: Supervisor Kniss, District 5

Akemi Flynn, Vice-Chair

Appointed by: Supervisor McHugh, District 3

Frederick J. Ferrer

Local Early Education Planning Council

Blanca Alvarado

Santa Clara County Board of Supervisors

Cora Tomalinas

Appointed by: Supervisor Alvarado, District 2

Mayra E. Cruz

Appointed by: Supervisor Beall, District 4

Kim Roberts

Acting Director, Santa Clara Valley Health and Hospital System

Will Lightbourne

Director, Santa Clara County Social Services Agency

Eleanor Villarreal

Appointed by: Supervisor Gage, District 1

Jolene Smith

Executive Director

## To Our Friends and Partners in Santa Clara County

FIRST 5 Santa Clara County is committed to enhancing the lives of children prenatal through age 5 and their families. From 2000 –2005, FIRST 5 focused on building the organization, establishing strong community partnerships, and increasing awareness of the importance of the first five years of a child's life. Over \$72 million dollars was invested in young children and their families in Santa Clara County, including investments in such critical programs as the Children's Health Initiative and the Early Learning Initiative.

An analysis of our investments, coupled with feedback from the community, resulted in our Commission's need to develop clearly defined strategies for making sound and productive funding decisions that would:

- Align all programs with FIRST 5 Vision, Mission, Core Values and Goals
- Demonstrate durable impact
- Be coordinated and integrated into a comprehensive system of care
- Be grounded in research and an extensive understanding of best practices
- Promote Systemic Change
- Promote maximization of resources and achieve long-term sustainability of programs and services

As with most First 5 Commissions throughout the state, FIRST 5 Santa Clara County is challenged with funding multiple initiatives and programs that are designed to serve all young children in the County (universal) while demonstrating durable impact and sustainable changes at a more defined (targeted), community level. Our 2006-2011 Strategic Plan is a road map to achieve this goal.

The new Strategic Plan reflects ideas and information gathered from a variety of evaluation and research activities, including a review of existing research, best practices, data collection and analysis of areas with high cumulative risk and low early care and education capacity. FIRST 5 collected public comments from more than 45 community forums and presentations involving parents, community members and representatives from community-based organizations, local governments and the early care and education community.

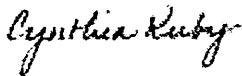
The FIRST 5 Commission will continue its mission to "support the healthy development of children prenatal through age 5 and enrich the lives of their families and communities" through the framework of its five (5) goal areas:

- Children are born healthy and experience optimal health and development;
- Families provide safe, stable, loving and stimulating homes;
- Children enter school fully prepared to succeed academically, emotionally and socially;
- Neighborhoods and communities are places where children are safe, neighbors are connected and all cultures are respected; and
- Systems are responsive to the needs of children and families.

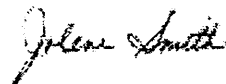
To achieve these goals, FIRST 5 Santa Clara County envisions working with the community in a variety of roles:

- As a community partner, we will engage with parents, community members, providers and leaders to continue to promote the importance of the first five years and ensure that young children are our highest priority;
- As a leader, we will promote, fund, and evaluate innovative, evidence-based and community-driven solutions;
- As a convener and facilitator, we will bring together individuals, agencies and organizations with a common goal of ensuring the healthy development of young children; creating a Learning Community that values quality workforce development, systems evolution and continuous quality improvement;
- As a catalyst for change, we will foster systemic evolution that results in inclusive, effective systems of care for young children and their families defined by:
  - Cultural competence,
  - Inclusion of children with special needs,
  - Service integration,
  - Effective leveraging of core competencies,
  - Reduced bureaucracy,
  - Active civic engagement, and,
  - Maximization of resources.

Implementation of this Strategic Plan is a critical juncture for FIRST 5 Santa Clara County. We look forward to continuing partnerships, to building new partnerships, and to working together to ensure children prenatal through age 5 in our County, are healthy, happy and thriving.



Cindy Ruby  
Commission Chair



Jolene Smith  
Executive Director

## Contents

Letter to Our Friends and Partners .....	3
Our Vision, Mission, Core Values and Goals .....	6
The First Years: 2000-2005 Investments and Results .....	8
Strategic Planning, Research and Findings .....	12
What the Research Told Us .....	14

### Our Strategic Direction

Our Strategic Direction for 2006-2011.....	23
How We Will Ensure Families Are Successfully Engaged .....	27
How We Will Know If We Are Successful .....	29
Goals, Outcomes and Menu of Indicators .....	31

### Our Sustainability Plan

How We Will Sustain Our Efforts Over Time .....	38
Our 10-Year Sustainability Plan .....	39
5-Year Community Investment Plan .....	40
FY 06/07 Community Investments by Goal Areas.....	41

### Appendices

A. FIRST 5 Santa Clara County Initiatives and Programs: 2000-2005.....	43
B. Investing in Our Community: 2000-2005.....	44
C. Research Projects and Planning Efforts.....	45
D. Services included in the Three-Part Model.....	47

## Our Vision

FIRST 5 Santa Clara County will be a catalyst for ensuring that the developmental needs of children prenatal through age 5 are a priority in all sectors of the community.

## Our Mission

FIRST 5 Santa Clara County supports the healthy development of children prenatal through age 5 and enriches the lives of their families and communities.

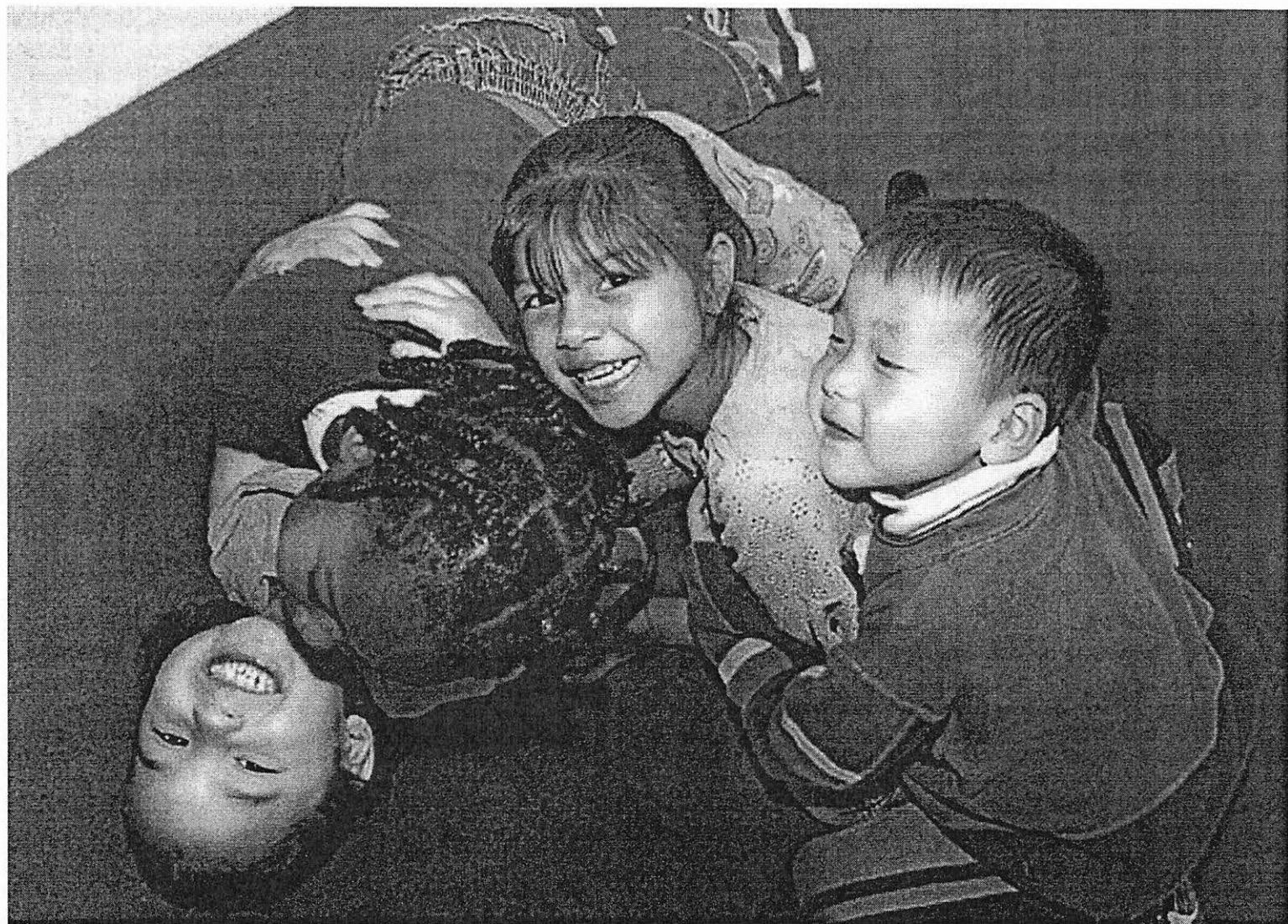
## Our Core Values

1. Collaboration
2. Accountability
3. Respect
4. Innovation
5. Excellence

## Our Goals

The following goals were developed through an extensive community engagement process:

1. Children are born healthy and experience optimal health and development.
2. Families provide safe, stable, loving and stimulating homes.
3. Children enter school fully prepared to succeed academically, emotionally and socially.
4. Neighborhoods and communities are places where children are safe, neighbors are connected and all cultures are respected.
5. Systems are responsive to the needs of children and families.



"The solution to adult problems tomorrow depends on large measure upon how our children grow up today."

Margaret Mead

## The First Years: 2000-2005

### Investments and Results

Since the year 2000, FIRST 5 Santa Clara County has been funding programs, services and activities focused on the mission of supporting the healthy development of children prenatal through age 5 and enriching the lives of their families and communities. During the first five years, FIRST 5 focused its efforts on building the infrastructure of the organization and developing community partnerships and relationships in order to best support its community investments. FIRST 5 funded many initiatives and programs that addressed the five goal areas totaling over \$72 million.<sup>1</sup>

From the beginning, extensive effort has been made to gather information on the effectiveness of these services in order to demonstrate progress towards achieving our goals. Feedback from parents, our partners and community members throughout Santa Clara County has reinforced what we believe—FIRST 5 Santa Clara County is having a positive impact on young children and their families in the County. Through the evaluation of our fiscal year 2004-2005 programs and initiatives, the following results were achieved according to our five goal areas:

Goal 1: Children are born healthy and experience optimal health and development.  
(Health Access Highlights)

Strategies: Healthy Kids (health insurance program), Parent Education, Service Information and Referral, Mobile Oral Health Services, Home Visitation and Care Management

#### Key Findings:

- Children insured by Healthy Kids both accessed and utilized medical, dental and vision services significantly more than those who were not.
- Among caregivers who smoked, 25 percent reduced their use after one year of services with FIRST 5. Children's exposure to second-hand smoke also decreased over time.
- Increased progress in obtaining and completing immunizations for families participating in home visitation and early learning services.
- More than half of over 2,000 children screened for developmental delays were recommended for additional testing and assessment.
- The Center for Learning and Achievement provided 484 developmental evaluation services and 301 complex assessments.
- 85 percent of parents who attended Parent Education Workshops agreed that they became more aware of their child's development.

<sup>1</sup> See Appendix A, FIRST 5 Santa Clara County Initiatives and Programs: 2000-2005 and Appendix B, Investing in Our Community: 2000-2005

Goal 2: Families provide safe, stable, loving and stimulating homes for children.  
(Family Support Highlights)

Strategies: Parent Education and Support, Information and Referral, Home Visitation and Care Management

Key Findings:

- FIRST 5 has increased both enrollment and opportunities for parent and adult education since its inception. Topic areas include parenting skills for special needs children, preschool development, high-conflict parenting class and literacy classes, among others.
- The majority of parents surveyed indicated that they planned to use the information and skills they learned in their own life.
- Assessments indicated that use of information provided to parents increased by 32 percent after one year.
- More than a quarter of mothers participating in home visiting services showed significantly fewer signs of depression after one year along with 43 percent of parents showing significant increases in their self esteem.
- Additionally, evaluation data showed positive changes in parent nurturing skills, positive discipline and support for child development.

Goal 3: Children enter school fully prepared to succeed academically, emotionally and socially.  
(Early Care and Education Highlights)

Strategies: Comprehensive Approaches to Raising Educational Standards Program (CARES), Care Management services, home visitation and literacy programs

Key Findings:

- After one year, 82 percent of parents in the home visitation program reported reading to their child more than once a week compared to less than half at intake of services.
- 60 percent of caregivers reported reading to their children more often than before participating in FIRST 5 parent education workshops and classes.
- CARES awarded nearly \$3.6 million in stipends to 7,768 early education professionals.
- The number of CARES stipend recipients holding a state Child Development Permit continues to increase by at least 60 percent each year.

Goal 4: Neighborhoods and communities are places where children are safe, neighborhoods are connected and all cultures are respected. (Neighborhood/Regional Support Highlights)

Strategies: Support of locally developed plans for services targeting children prenatal through age 5 and their families.

Key Findings:

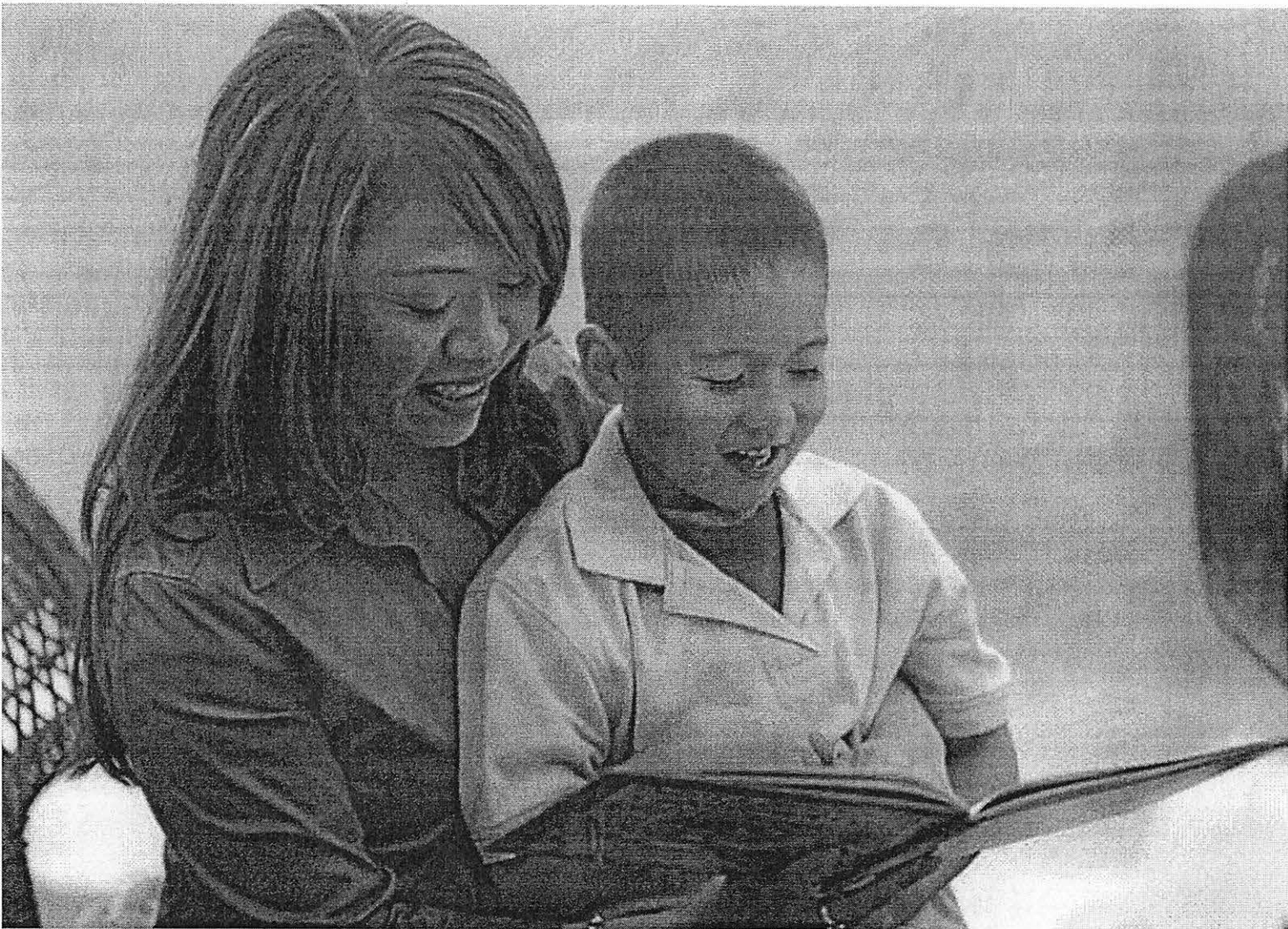
- A significant increase in program services that are co-located with other services for children.
- Parents who were surveyed confirmed that services are conveniently located.
- Parents participating in home visitation services expressed feeling less isolated as parents.
- Explicit involvement of parents in program design and implementation.
- More parents are able to identify and use community resources.
- Families with young children participated in nearly 200 community events supported by FIRST 5.

Goal 5: Systems are responsive to the needs of children and families. (System Integration and Change Highlights)

Strategies: Develop collaborative systems that sustain integrated, accessible and culturally appropriate services.

Key Findings:

- Programs have increased their cultural and linguistic capabilities by providing services in Spanish, Vietnamese, Cantonese, Mandarin, Tagalog and Cambodian.
- Increases in the number of referrals made and received among funded programs indicate improved collaboration and systems integration.
- FIRST 5 has enhanced the visibility of programs that serve the prenatal through age 5 community.



"FIRST 5 has helped me in being more patient and spending more time with my children. I used to read to them once in a while, but now it's part of my routine every afternoon. Now they ask me, Mom, when is it time for story?"

Franklin-McKinley Early Learning Initiative Parent

## Strategic Planning, Research and Findings

FIRST 5 Santa Clara County is a learning organization that is grounded in evidence-based practices. In early 2004, FIRST 5 identified a need for information and data that would better describe community strengths, needs and emerging trends; current research and evidence-based practices in the field of early childhood development; and the challenges to, and opportunities for, aligning currently funded FIRST 5 programs and other community resources and initiatives.

In 2004, the Commission approved the alignment of all programs and initiatives under two funding strategies:

- Community Engagement and Education (Countywide)
- High-Risk (Targeted Impact)

This action was intended to be the first step in addressing the following concerns:

- Better coordination and integration of programs and services;
- Greater potential for sustaining efforts through increased leveraging and maximization of resources, and the identification of new sources of funding; and
- Alignment of both FIRST 5 programs and other community initiatives to achieve greater impact.

Information was gathered from existing programs, as well as from new research and planning projects that were funded for this purpose. For over 18 months, FIRST 5 Santa Clara County embarked upon a process of gathering data, mapping resources, identifying gaps, and determining needs and opportunities.

The intent was to use the results of these efforts---- local data, the most current research and information, and evidenced-based and best practices----along with community input to guide decision-making for the future direction of FIRST 5 Santa Clara County.

The research projects and planning efforts included:

- The collection and analysis of data related to the risk factors affecting the healthy development of young children and their families living in Santa Clara County;
- The data collection and analysis of calls to the Santa Clara County Social Services Agency Child Abuse Hotline;
- The identification of early educator's workforce development needs;
- The identification of 14 critical quality service elements; and
- A survey of the health/medical community and education providers who provide early screening and assessment of a child's development.

These and other research and planning efforts contributed to the findings, which led us to the new FIRST 5 strategic direction. The details related to these efforts can be found in Appendix C.



"I will be truly gratified as we continue the next phase of FIRST 5 Santa Clara County,...to reach the ones that are most in need in the community."

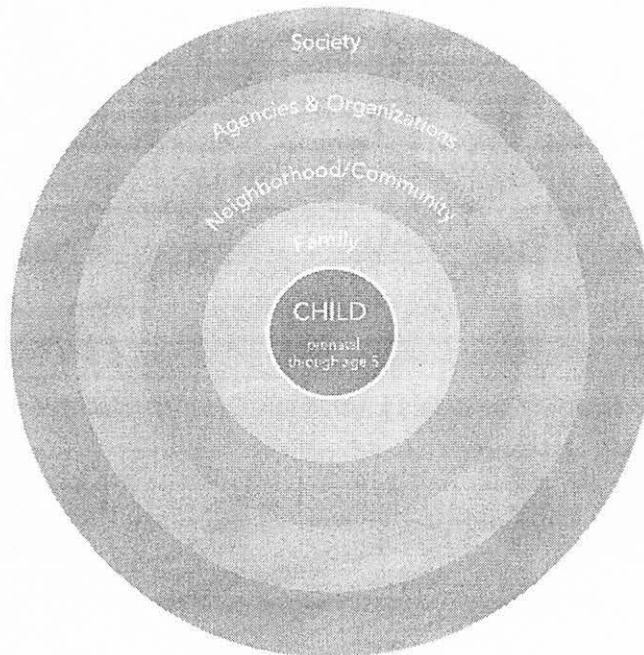
Commissioner, Blanca Alvarado  
Santa Clara County Board of Supervisors, District 2

## What the Research Told Us:

The FIRST 5 research and planning efforts led to the following key findings:

1. Children do not develop in isolation, but rather within a set of social systems (Circles of Influence) that are interconnected and dynamic, impacting, individually and collectively, the healthy development of the child.

Figure 1. Circles of Influence



All of these social systems need to be working together to ensure the three core components of healthy child development are present for all children:

- Physical health
- Age and developmentally appropriate cognitive skills
- Positive, age and developmentally appropriate social, emotional and behavioral skills

Many children are exposed to factors that put them at risk of intellectual delays, and/or physical, mental and social problems. As the number of risks a child is exposed to increases (cumulative risk), so does the impact on the developing child. Children living in high cumulative risk environments are more likely to experience challenges in one or more areas of development.

Risk factors work in synergistic ways to compromise a child's development. The presence of one risk factor alone generally does not create a barrier to a child's healthy development. Families exposed to multiple risks are more likely to have children with poor developmental outcomes.

Children who have the capacity to overcome the potentially harmful effects of adversity have a much greater chance of succeeding in school and life. The following six Early Childhood Developmental Assets support the development of that capacity:

- Family Support – Family members consistently provide plenty of love, attention, care and nurturing.
- Community Cherishes and Values Children – Parents and other adults in the community value and appreciate young children, and activities and resources are available to promote their healthy development.
- Other adult relationships – Young children receive love and comfort from at least one adult other than their parents, and their parents have support from people outside the home.
- Home-school connection – Adults in the home and at school or other out-of-home programs share information and activities that help young children feel secure and connected in the places where they spend time.
- Early literacy - Young children enjoy talking, writing, looking at pictures and learning to read.
- Positive cultural identity – Parents and adults encourage young children to feel good about their identity, including their physical abilities, ethnicity, faith and religion, family members, gender and language.

## 2. Children do better when they go to preschool.

Research has clearly demonstrated that children do better when they go to preschool. This outcome is predicated on the preschool experience being a quality learning experience. The 14 critical elements necessary for a quality early learning experience are:

- A well-educated workforce at a BA degree level,
- A workforce compensation schedule based on qualifications,
- Low adult/child ratios and group size based on staff qualifications,
- Length of day, length of year, and linkage to full-day services,
- Facilities and environment to be of the highest quality as measured by environmental and program rating tools,
- Developmentally, culturally, and linguistically appropriate curriculum content and activities with specific learning objectives,
- Developmental screening, assessments, and referral services,
- Inclusion of children with special needs,
- Integration of in-home support services and child and family supportive interventions in partnership with early educators,
- Family engagement and education,
- A thorough, and preferably longitudinal, evaluation,
- Monitoring and technical assistance,
- Commitments with community resources and partners, and
- Transition plans for children and families entering and leaving program and from Pre-Kindergarten through 3rd grade.

3. Children and their families who experience cumulative risks benefit from the assistance of a Three-Part Model.

While the research is clear that the presence of one risk factor alone does not create a barrier to a child's healthy development, the presence of multiple risks leads to a higher probability of poor outcomes. As the number of risks a child is exposed to increases (cumulative risk), so does the impact on the developing child. Children living in high cumulative risk environments are more likely to experience challenges in one or more areas of development.

A high quality Three-Part Model is necessary to ensure the greatest return on investment and the deepest impact for a child who experiences cumulative risks. This Model includes:

- Highest quality early learning environment
- Home visitation
- Comprehensive, culturally sensitive team approach to therapeutic interventions and family supports

Accompanying the Three-Part Model there must be:

- Intensive parent involvement
- Careful screening of developmental milestones and assessment for any suspected developmental delays or disabilities
- Family partners to help advocate for and secure services
- Oral and other health services as needed

Essential program elements include:

- Ample opportunities for inclusion of children with special needs and their families
- Adequate duration and intensity of services
- A culturally and linguistically responsive, comprehensive and integrated systems approach
- Transition planning across age and developmental stages

4. Children in Santa Clara County who face the greatest risk of poor developmental outcomes live in six (6) zip codes areas: 95020, 95111, 95122, 95116, 95112 and 95127.

Data was collected on more than 20 risk factors, and of these risk factors, eight (8) were determined to be the most prevalent and relevant to the prenatal through age 5 population. These eight (8) risk factors are:

- Mother with no high school degree
- Teenage mother
- Child with low birth weight
- Pregnant mother with late entry into prenatal care
- Substantiated child abuse reports
- Domestic violence involving children
- Medi-Cal as a proxy for poverty
- Elevated blood lead levels

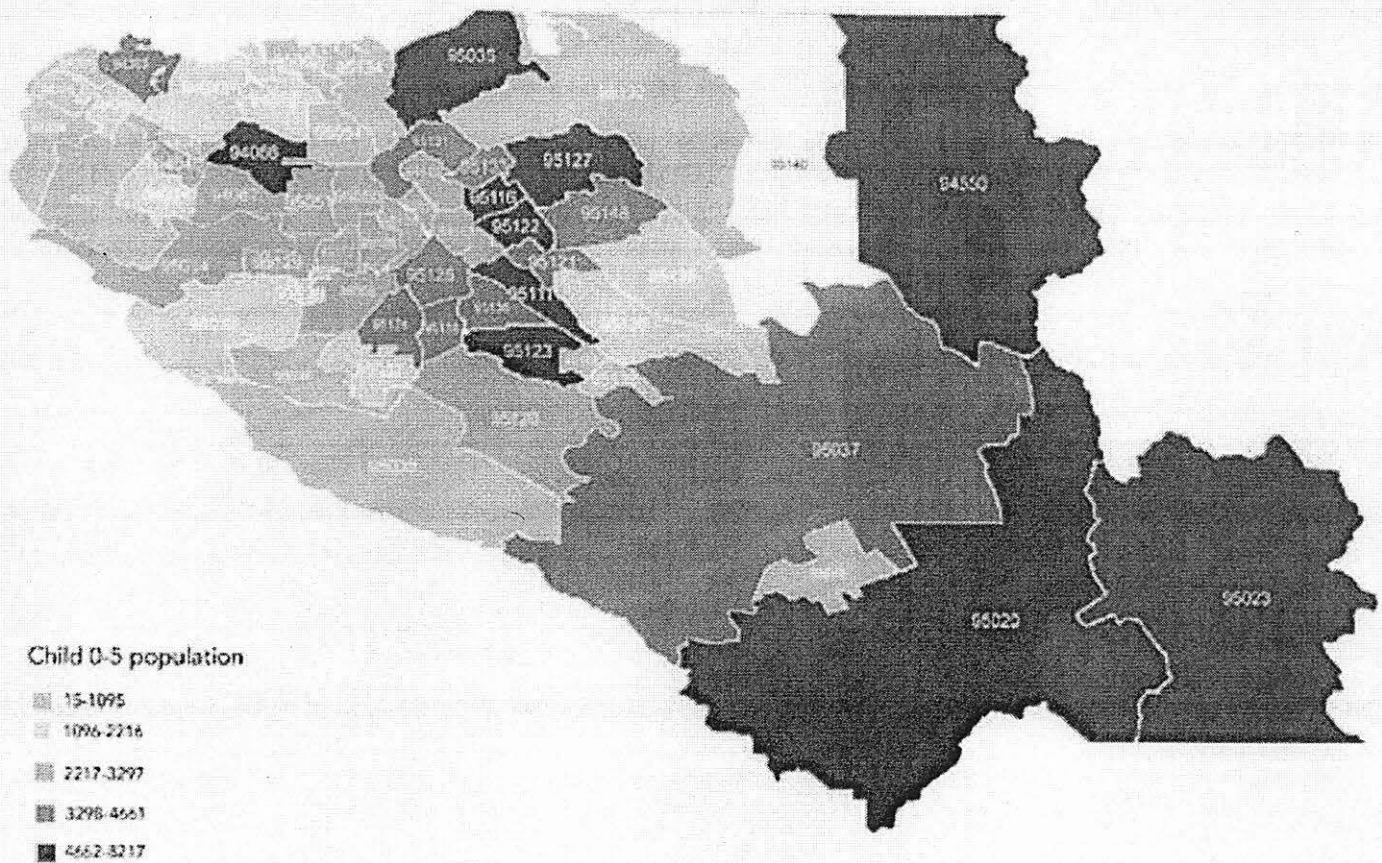
These same zip code areas also had the following characteristics:

- Schools with the lowest Academic Performance Index (API) scores
- The highest concentration of children under the age of 6 (23 percent of total population of children living in Santa Clara County under the age of 6 live in these six zip codes)

Additional analysis identified five (5) other neighborhoods (zip code areas: 95118, 95136, 95128, 95133 and 94040) of historic and current need with:

- 10 percent of the total population of children under the age of 6
- A high number of cumulative risk factor data was identified in neighborhoods within those specific zip codes
- Families who identified a need for advocacy, integration and coordination in order to access services and supports

Figure 2. Santa Clara County Population Age 0-5 by Zip Code Area



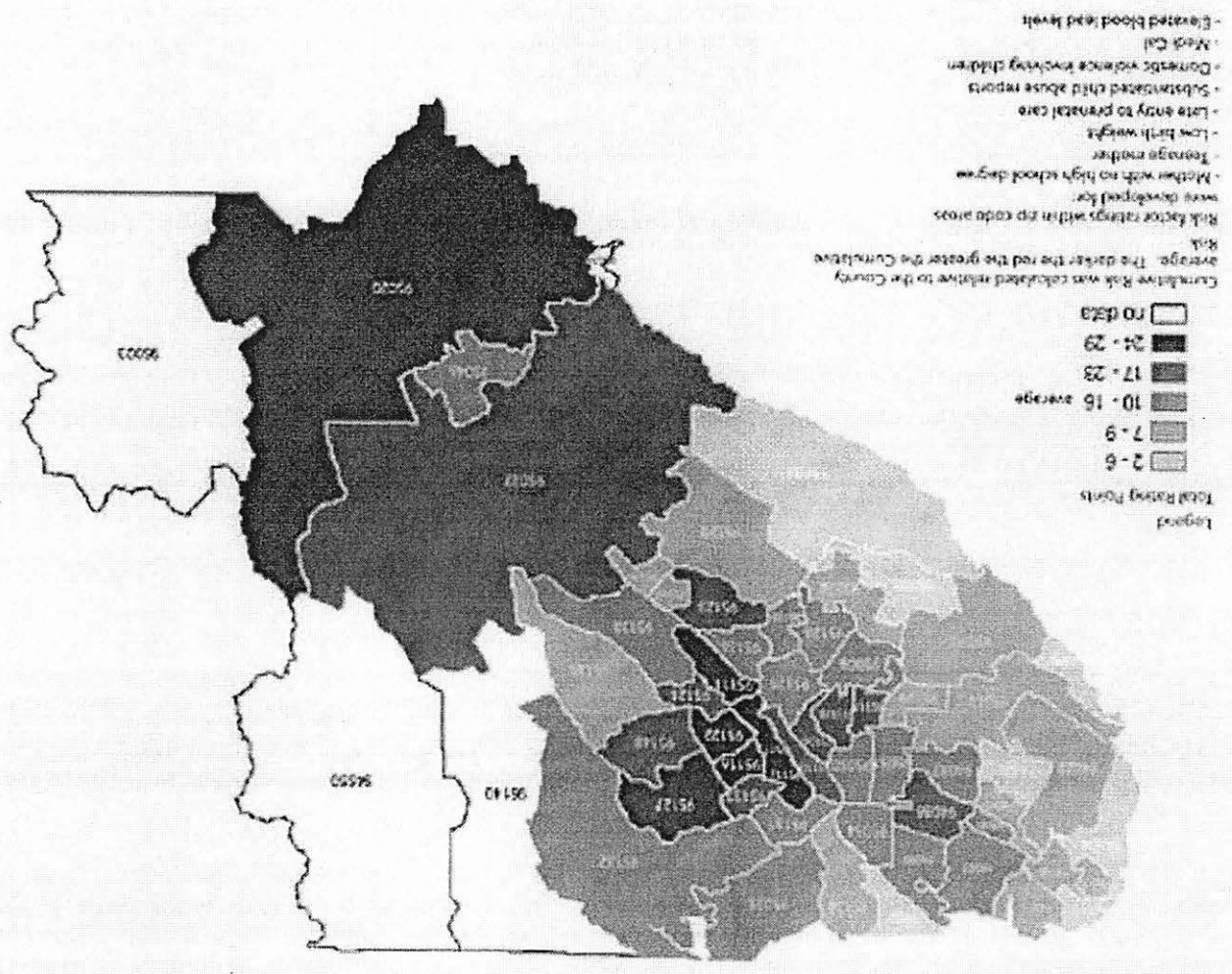


Figure 3. Combined Cumulative Risk Factors by Zip Code in Santa Clara County

5. Agencies, departments, community groups and policy makers must collaborate at every level to develop a high quality, coordinated, integrated and sustainable "system of care" focused on children prenatal through age 5. Research indicates the elements of a system of care must include:

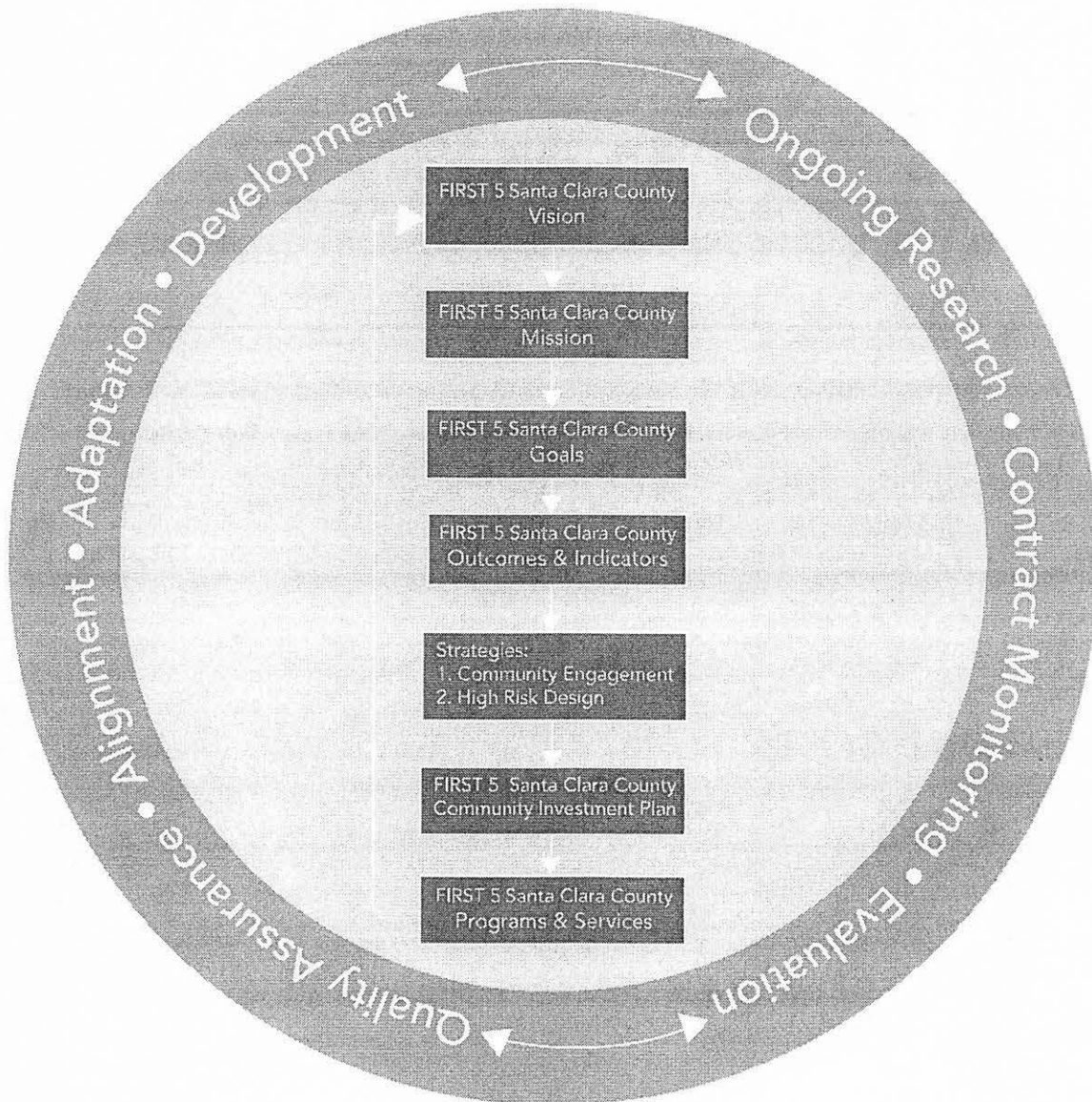
- Increased community engagement that promotes the importance of the first 5 years of a child's life and ensures that young children are a high priority
- Availability of and access to developmentally appropriate, child-focused activities for all young children and their families
- Consistent, quality screening of developmental milestones for all young children
- Consistency of and access to quality assessments and referrals for children with suspected developmental delays
- Increased understanding of and opportunities for inclusion of children with special needs and their families
- A coordinated child/family plan
- Services and supports that are respectful of and responsive to the cultures and languages of the children and families
- Outreach and engagement strategies that are effective in reaching families who are isolated, and/or those who are over-represented in such systems as child welfare, juvenile justice, and the courts
- A high-quality workforce with expertise in serving young children and their families across all systems
- Transition planning that transcends systems and crosses ages and developmental stages
- Maximization of existing resources
- Continuous evaluation and quality improvements at every level
- Information and access for the community regarding resources and activities available for families with children prenatal through age 5



## Our Strategic Direction

The schematic diagram below is a visual demonstration of our strategic direction. The FIRST 5 vision gave birth to our mission, goals, outcomes, indicators, strategies, investments and finally the delivery of programs and services. Information gathered through evaluation and contract monitoring informs our strategic direction and allows us to make improvements throughout the process in order to meet our vision, mission and goals.

Figure 4. FIRST 5 Santa Clara County Strategic Direction



## Our Strategic Direction for 2006-2011

As stated earlier, an analysis of investments, coupled with feedback from the community, resulted in the Commission's identification of the need to develop clearly defined strategies for making sound and productive funding decisions. In the spring of 2004, the Commission adopted two funding strategies under which all investments were aligned:

- Community Engagement and Education (Countywide)
- High-Risk (Targeted Impact)

These primary strategies provided for continued funding of countywide programs designed to serve all children in the County prenatal through age 5 and targeted impact programs that focus on children and families in specific communities and/or regions of the County. Thus, these strategies allowed FIRST 5 to allocate resources to reach children prenatal through age 5 throughout Santa Clara County, while demonstrating improved outcomes for children with high cumulative risk factors in targeted communities with the largest number of children prenatal through age 5. The overall intent of this allocation was to fund a continuum of services and activities throughout the County that would positively impact the lives of all young children and their families, while striving to develop resilience and mitigate risks for those children at greatest risk of poor developmental outcomes.

In May 2005, the Commission adopted the Community Investment Strategy, a framework for aligning funding, programs and services under the same two primary strategies. The framework builds upon the successes and experiences of the past five years, while including new, enhanced and innovative programs and services designed to address the gaps, needs and elements identified through our research. Programs and services have impact at both the countywide and targeted impact levels -- positively enhancing the lives of young children in our County. Significant systems evolution and change are at the very core of this plan. At the heart of the Community Investment Strategy is the Three Component Model:

- Component A: Countywide Community Engagement and Education;
- Component B: The expansion and enhancement of five Community Partnerships in targeted neighborhoods to create a comprehensive, integrated, coordinated, and culturally responsive network of services for children prenatal through age 5 and their families; and
- Component C: Community Partnerships with Full-Service Demonstration Sites in four targeted areas with an identified population of children that focus on the services within the Three-Part Model.<sup>2</sup> Children and families residing both the B and C targeted areas will be referred from:
  - Child abuse hotline/Differential Response system
  - Family Court
  - Domestic Abuse Criminal Court
  - Drug Court
  - Juvenile Court (Teen parents)
  - Reunified families from Dependency Court
  - Community-based organizations and agencies

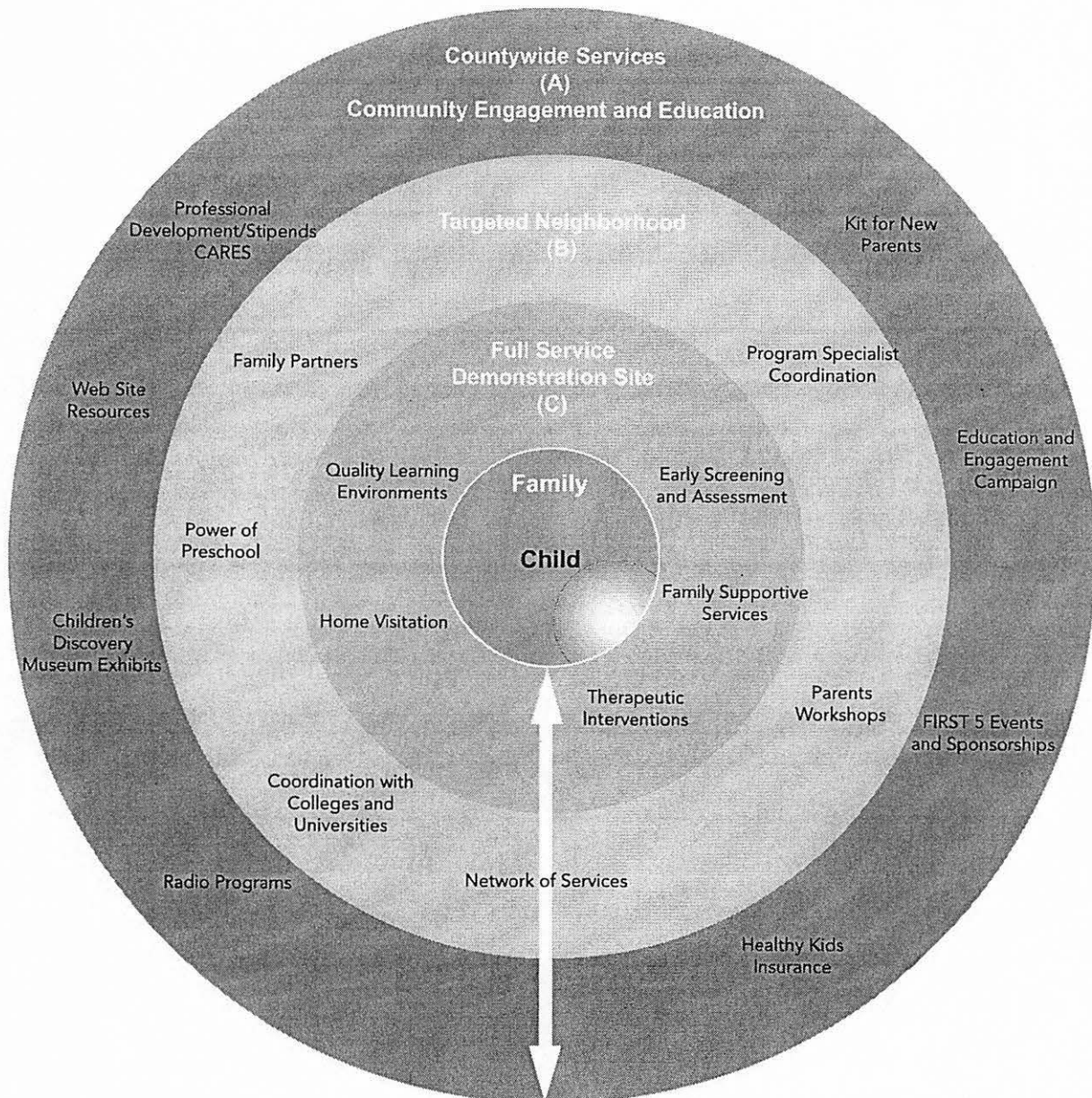
<sup>2</sup> See Appendix D for a description of services included in the Three-Part Model.

All components within the Community Investment Strategy (A, B, and C) will:

- Build upon existing partnerships developed through FIRST 5 funding;
- Align programs and practices for better coordination and integration;
- Engage children and their families in developmentally appropriate, child-focused activities;
- Maximize resources utilizing an array of public and private funding streams;
- Allow for deeper impact with identified populations in targeted areas;
- Create demonstration sites that will be evaluated for high impact, high yield on investment;
- Engage the entire community in promoting the importance of the first 5 years of a child's development;
- Create a continuum of care focusing on the healthy development of the whole child; and
- Promote the six Early Childhood Developmental Assets.

When children are able to easily access needed services, their social, physical and emotional health are positively impacted. All levels of service (A, B, and C) are integrated and coordinated to provide the child and family with the greatest level of support for the child to reach his/her full potential.

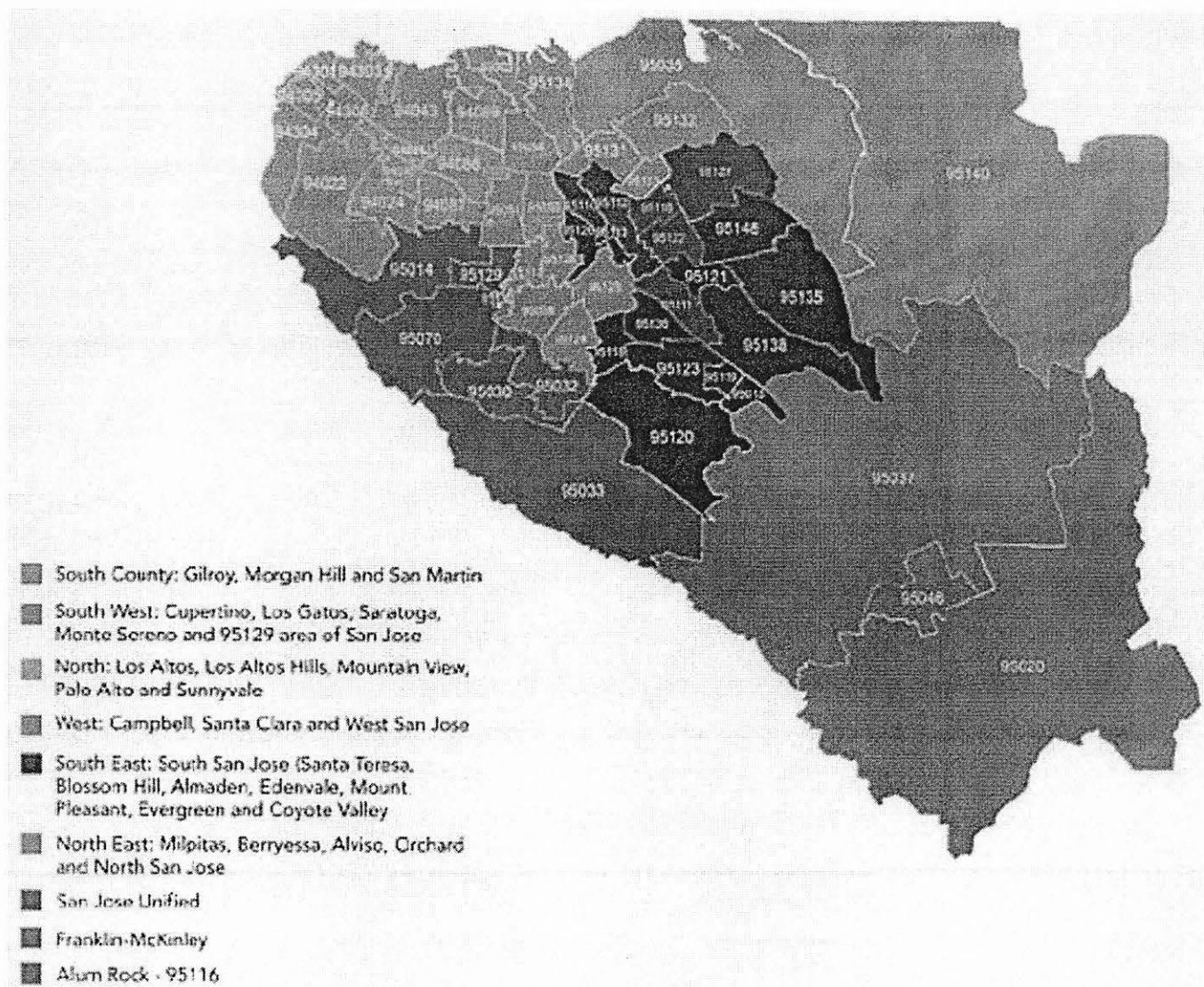
Figure 5. Component A, B and C Services, Activities and Events



FIRST 5's new and expanded Community Partnerships will span the County, working collaboratively to design appropriate systems of care for all young children. Funding provided by First 5 California for Power of Preschool and the School Readiness Initiative will be combined with local funding to support Full-Service Demonstration sites serving children from high cumulative risk environments. The services will be located in 20 low performing and highest need elementary school attendance areas in four school districts. The desired results of the School Readiness Initiative are: (a) Improved family functioning, (b) Improved child development, (c) Improved child health, and (d) Improved systems of care. Services provided under the High-Risk Strategy will include:

- Family partner services,
- Therapeutic and family support interventions,
- Home visitation services,
- Comprehensive oral health services, and
- Parent education workshops.

Figure 6. FIRST 5 Santa Clara County 9 Community Partnerships



## How We Will Ensure Families Are Successfully Engaged:

In an effort to reach all children prenatal through age 5 and their families in Santa Clara County, FIRST 5 is committed to engaging and serving the most needy and isolated families in the County. Evidence of that commitment includes, but is not limited to, the following:

- All agencies applying for funds must describe how they will address barriers that could inhibit access to services, including:
  - Hours and days of operation
  - Geographic location
  - Cultural and linguistic competency of program staff
  - Age and developmentally appropriate services
- FIRST 5 has allocated up to \$1 million dollars to fund organizations to work in communities throughout Santa Clara County. These organizations will develop and implement strategies that will provide outreach services to successfully engage all members of the community in understanding the importance of the first five years and promoting the healthy development of all young children.
- The Community Partnerships in each region of the County are charged with ensuring that families have knowledge of and access to the services they need to support their child's health and development. When barriers to access exist, these partnerships must develop a plan for overcoming the barriers.
- Families in targeted areas will be linked with Family Partners who will help them identify needs, navigate the systems, and ensure they are linked with the services and supports they need.
- Countywide community engagement and education strategies are presented in a variety of mediums and languages.



"Evaluation of Early Childhood Development programs shows that targeting children most in need of services---children most at risk of lagging behind in their development will deliver the best results. Not only are the needs of those children the most urgent, but the same type of intervention will have the greatest impact on this group of children as compared to children facing less adversity."

The World Bank: Why Invest in Early Childhood Education?  
Targeting Children Most At-Risk. (Web Print, 2000)

# How We Will Know If We Are Successful

## Evaluation Design

On February 8, 2006, the Commission adopted the Draft Evaluation Framework for FIRST 5 Santa Clara County, which is the draft evaluation design for the organization. The purposes of the draft framework are to: (1) Communicate to the Commission and its partners how FIRST 5 will systematically investigate the effectiveness and potential impact of its programs, services and activities; (2) Identify outcomes and indicators for the Commission to assess achievement towards its five goals; and (3) Describe the alignment between FIRST 5 Santa Clara County's Goal Areas and indicators with First 5 California's Result Areas and relevant indicators. Furthermore, the revised framework reflects the Commission's allocation of its resources in the three major component areas:

- A. Countywide community engagement and education services,
- B. The expansion and enhancement of five Community Partnerships in targeted neighborhoods, and
- C. Community Partnerships with Full-Service Demonstration Sites in four targeted areas with an identified population of children that focuses on the Three-Part Model.

The framework also provides an evaluation approach and appropriate rigorous methods to capture the individual and combined impacts of the three components. The indicators supporting outcomes are derived from various sources: (1) Revised First 5 California state evaluation framework including School Readiness Initiative and Power of Preschool Master Plan; (2) Existing research and literature on the local, state and national level; and (3) FIRST 5 Commission's Community Investment Strategy.

The evaluation design includes multiple measures to increase the reliability and validity of findings, which, in turn, will assist in justifying the replication of successful programs. The inclusion of a longitudinal study design for the evaluation of the Full Services Demonstration Sites will provide unique advantages for the documentation of long-term impact on children, families and networks of services. It is expected that the results from the longitudinal study will be published and widely disseminated to add to the existing literature on early childhood, family and systems interventions.

Using a targeted approach to the implementation of the evaluation design, a two-phase plan was developed. Both phases include process and outcome evaluation. Phase II focuses on impact assessments that emphasize the evaluation of the longitudinal design.

- Phase 1 (FY 2006-07) will prioritize the process evaluation while establishing and collecting baseline data for the outcome evaluation and longitudinal study.
- Phase 2 (FY 07-08 and beyond) will continue process evaluations to inform program quality improvements while expanding the scope of the evaluation to focus on long-term outcomes for children and families.

Process evaluation (also known as implementation assessment) is a monitoring method that determines whether programs and services were implemented and delivered to their target populations as intended, and outcome evaluation (also called impact assessment) produces findings that describe the effects that program and services have had on the target population and social conditions.

All programs funded by the Commission will be required to collect and report data on their operations and the effects of their programs on the children and families they serve. Grantees will track their activities and strategies for affecting changes in participants as defined by the indicators selected. Indicators are evidence of whether certain results (e.g., knowledge, skills, or behaviors) have been achieved. Information produced from indicators will inform FIRST 5 of its progress toward the achievement of relevant outcomes and goals. It is anticipated that the FIRST 5 evaluation contractor will track this progress through the application of various quantitative and qualitative methods and measurements, such as surveys, focus groups and interviews. Together, this information will be collected, compiled and analyzed to produce evaluation reports that will describe FIRST 5's progress towards achievement of its five goals. These reports will be reviewed by the Commission at its annual evaluation workshop and will influence the Commission in deciding how to refine FIRST 5's Strategic Plan. The following pages provide a list of FIRST 5 goals, outcomes and current inventory of indicators. Indicators may be revised as new programs and services are implemented and we continue to refine the evaluation framework.

## Goals, Outcomes and Menu of Indicators<sup>3</sup>

Goal 1: Children are born healthy and experience optimal health and development.

Outcome 1.1: Children are born and stay healthy	
PROGRAM INDICATORS	a. Percent of children enrolled in health insurance
	b. Percent of children enrolled in Healthy Kids
	c. Percent of children placed in a medical home (have a usual source of primary care)
	d. Percent of children who receive regular preventative dental care and annual dental exams
	e. Percent of children who receive vision screening
	f. Percent of children with an appropriate number of well baby/child visits
	g. Percent of children with complete or up to date with immunizations
Outcome 1.2: Families have the knowledge, skills and resources they need to promote their children's optimal health	
PROGRAM INDICATORS	a. Percent of families who demonstrate improved skills to promote their child's health
	b. Reduce pregnancies among adolescent females.
	c. Increase proportion of pregnant women who receive prenatal care beginning in the first trimester
	d. Decrease in parental smoking
	e. Percent of parents who reduce children's exposure to second hand smoke.
	f. Percent of parents who self-report that their child's health is good
	g. Percent of mothers who receive care for postnatal depression

<sup>3</sup> In February 2006, the Commission approved the Draft Goals, Outcomes and Menu of Indicators. Indicators are subject to change as we continue to refine our evaluation framework.

Goal 2: Families provide safe, stable, loving and stimulating homes.

Outcome 2.1: Families have the skills, comprehensive support and resources they need to promote their children's optimal development.	
PROGRAM INDICATORS	a. Percent of families who demonstrate improved parenting skills
	b. Percent of families who know where to go to find needed resources and support
	c. Percent of families utilizing culturally appropriate services that support their child's development.
	d. Number of parents who participate in linguistically appropriate parent/adult education classes such as general education, vocational training, ESL and/or GED.
	e. Increased percentage of parents/caregivers who have GED or high school diploma.
	f. For teen parents: Number of parents who regularly attend high school at grade level.
	g. Number of families who receive intensive support services through Family Partner Services, Home Visitation and referrals to other services.
	h. Percent of adults who report feeling connected to neighbors and other community members
	i. Percent of parents who participate in FIRST 5 community events and activities
Outcome 2.2: Children live in home environments supportive of cognitive development and school readiness	
PROGRAM INDICATORS	a. Number of families who report reading or telling stories regularly to their children.
	b. Number of parents taking parenting classes focused on supporting child physical, cognitive, socio-emotional development.
	c. Percent of families who are satisfied with preschool program
	d. Number of parents from diverse cultural and linguistic backgrounds who participate in family literacy programs and/or pre-literacy services.
Outcome 2.3: Children develop in safe homes	
PROGRAM INDICATORS	a. Number of families served by Family Court Services to reduce exposure to family violence
	b. Percent of children who are re-referred to Department of Family and Children's Services after receiving services
	c. Re-filing rate for families served by Family Court Services
	d. Number of restraining orders filed for families served by Family Court Services

Goal 3: Children enter school fully prepared to succeed academically, emotionally and socially.

Outcome 3.1: Children have access to quality services that promote their early learning	
PROGRAM INDICATORS	a. Providers collaborate across disciplines and skill sets to provide early learning and pre-literacy services to children
	b. Number of children ages 3-5 that regularly attend a nursery school, preschool, prekindergarten, or Head Start program by the time of Kindergarten entry.
	c. Number of children with special needs who participate in early childhood care and education programs.
	d. Number of children 0-3 who participate in an evidence-based program delivered in the home, such as Parents as Teachers.
Outcome 3.2: Children have age-appropriate competencies (social, emotional, and cognitive)	
PROGRAM INDICATORS	a. Number of children under age 3 who receive a comprehensive developmental screening within the last 6 months
	b. Number of children over age 3 who receive a comprehensive developmental screening in the last 12 months.
	c. Demonstrated social/emotional progress on desired results assessments
	d. Demonstrated cognitive progress on desired results assessments
	e. Demonstrated physical well-being and motor development progress on desired results assessments
	f. Demonstrated communicative progress on desired results assessment
	g. Number of children identified with disabilities or as high risk who receive development and/or behavioral services by kindergarten entry
Outcome 3.3: Children are successful in school (from kindergarten through 3rd grade)	
PROGRAM INDICATORS	a. Percent of children who achieve XX on standardized test scores
	b. Percent of children who are enrolled in school and remain enrolled for the duration of the school year (retention rates)
	c. Percent of children who attend school regularly
	d. Percent of children who are English learners
	e. Number of children with disabilities and other special needs receiving services
	f. Percent of children who are referred for special education
	g. Percent of children reading at grade level
Outcome 3.4: Preschools and early childhood teachers are of high quality	
PROGRAM INDICATORS	a. Percent of qualified early educators
	b. Percent decrease in child care worker turnover rates
	c. Increase in amount of training early childhood education (ECE) professionals receive
	d. Number/percent of Early Childhood Education settings either accredited and/or Early Childhood Environment Rating Scale (ECERS) /Family Day Care Environment Rating Scale /Infant/Toddler Environment Rating Scale attaining a satisfactory score
	e. Number/percent of preschools using ECERS

Goal 4: Neighborhoods and communities are places where children are safe, neighborhoods are connected and all cultures are respected.

Outcome 4.1: Children live in a safe and nurturing environment	
PROGRAM INDICATORS	a. Percent of parents who report they can count on adults in their neighborhoods to watch out for children to see that they are safe and don't get into trouble
	b. Percent of child injuries and accidents
	c. Decreased number of children birth through age five dying from intentional injuries
Outcome 4.2: Families are connected to neighbors and other community members	
PROGRAM INDICATORS	a. Percent of adults who report feeling connected to neighbors and other community members
Outcome 4.3: Community members are active participants in decision-making on policies affecting children	
PROGRAM INDICATORS	a. Increased public awareness and support of the FIRST 5 Commission
	b. Increased public support of early childhood issues
	c. Increased level of community dialogue on issues related to children and families
	d. Number of agencies who involve parents in making program and policy decisions

Goal 5: Systems are responsive to the needs of children and families.

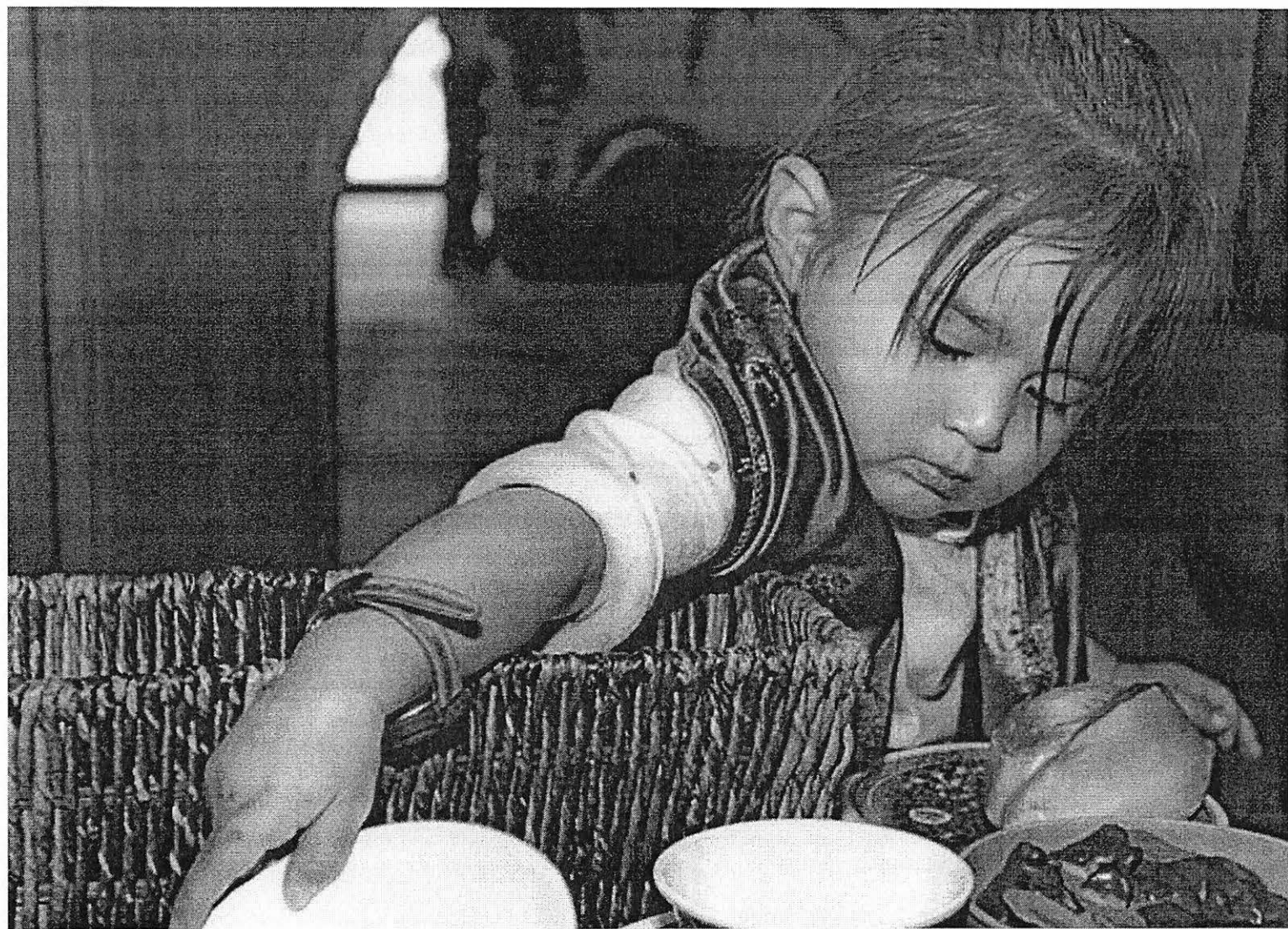
Outcome 5.1: Communities have adequate service capacity that is effective, coordinated, integrated, and sustainable	
PROGRAM INDICATORS	a. Increased service capacity to serve children prenatal through age five and their families
	b. Children are seamlessly connected from one partnering organization to another when necessary
	c. Number of instances of joint planning and decision-making with other agencies
	d. Demonstrated coordination/integration with other services to benefit families
	e. Demonstrated efforts to sustain operations through leveraging
	f. Providers exhibit high standards as defined by best practices in their field
Outcome 5.2: Families have access to culturally and linguistically responsive services	
PROGRAM INDICATORS	a. Services are culturally and linguistically reflective of their target population/community
	b. Services include children with special needs in their general programs
	c. Percent of parents who report that services are being offered in a language they are comfortable with
	d. Percent of parents who report that their concerns were addressed
	e. Percent of parents who report that services were offered at times that were convenient to them
	f. Amount of time families have to wait between initial referral and receipt of services
	g. Percent of parents who reported that providers respected them
	h. Percent of parents who report that they felt comfortable asking questions
	i. Percent of parents who report that they would recommend the service to their peers and other family members
Outcome 5.3: Policymakers and the public understand the importance of children's early years and support efforts to promote school readiness	
PROGRAM INDICATORS	a. Increased public awareness and support of the FIRST 5 Commission
	b. Increased public support of early childhood issues
	c. Increased level of community dialogue on issues related to children and families
	d. School districts adopt policies for school readiness

Outcome 5.4: Schools are ready for children

PROGRAM INDICATORS	a. Schools establish a school readiness department or unit
	b. Number of elementary schools with home to school transition plans that meet the criteria of National Education Goal Panel (NEGP).
	c. Number of schools with procedures that facilitate continuity between Early Childhood Education (ECE) programs and elementary schools as described by NEGP
	d. Number of preschools with formal linkages to public schools and private elementary schools, child-care centers, home-visiting programs and community resources.
	e. Number of children who participate in school-linked transition practices that meet NEGP criteria

Outcome 5.5: The work of the Commission and FIRST 5 funded programs is enhanced by community-driven solutions to issues that affect children and families

PROGRAM INDICATORS	a. FIRST 5 engages the community in planning activities
	b. FIRST 5 utilizes the community's input in formulating its work
	c. Parents are involved in joint planning at service, program planning, and evaluation levels
	d. Number of agencies who involve parents in making program and policy decisions
	e. Increased number of new partnerships



## Our Sustainability Plan

## How We Will Sustain Our Efforts Over Time:

FIRST 5 Santa Clara County is committed to ensuring that effective programs and services to young children and their families are sustainable.

A. We are committed to maximizing our own resources and funding opportunities. To this end, we:

- Established a Sustainability Investment Fund.
- Adopted a 10-Year Sustainability Plan that ensures the funding of Community Investments while maintaining a fund balance through the year 2015.
- Adopted a 5-Year Community Investment Plan that projects level of funding in accordance with the Strategic Plan from 2006-2011.
- Purchased an office building and developed a business plan for a rental income stream.
- Minimized the impact of decreases in revenue income on community investments.
- Seek opportunities to apply for grants that further FIRST 5's goals and objectives.

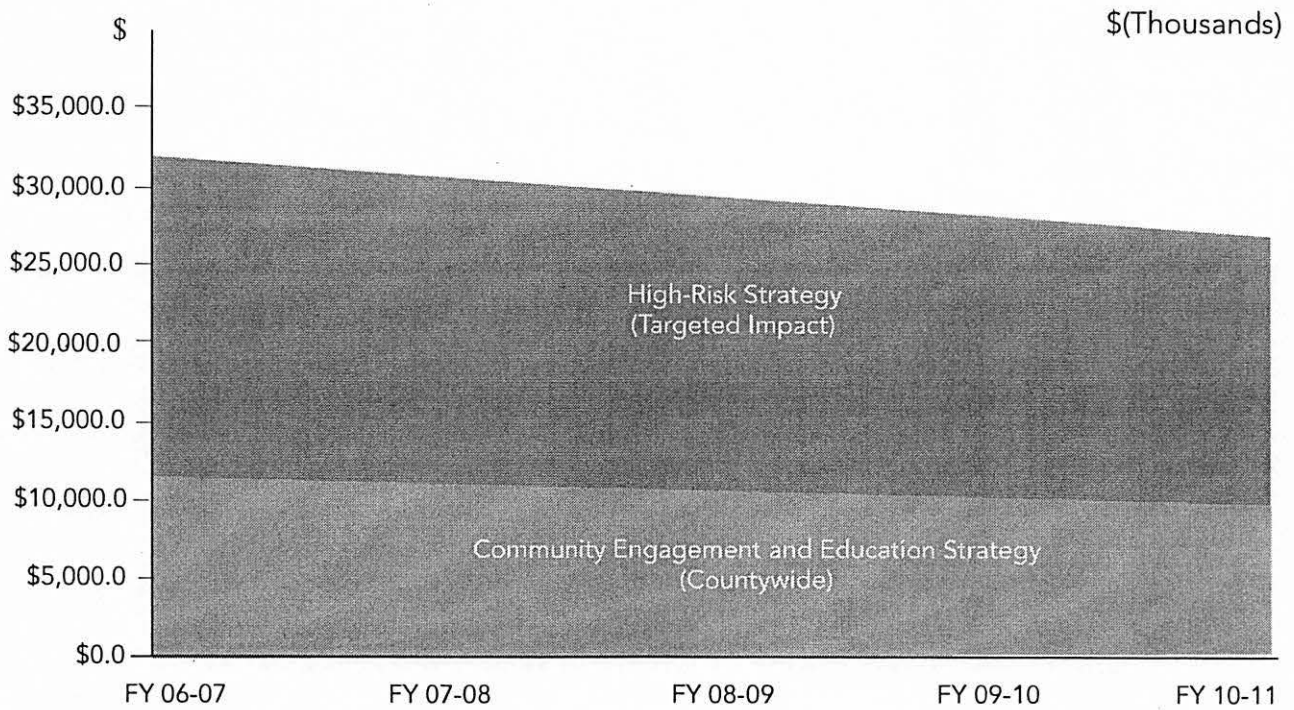
B. We are committed to assist our grantees in sustaining their successful programs, independent of FIRST 5 funds. To this end, we:

- Require all FIRST 5 grantees provide cash or in-kind match to FIRST 5 funds.
- Require all FIRST 5 grantees develop sustainability plans to leverage resources and maximize revenues, and to develop partnerships and pursue funding opportunities.
- Assist all FIRST 5 grantees in seeking outside funding resources through grants and other awards.

## Our 10-Year Sustainability Plan

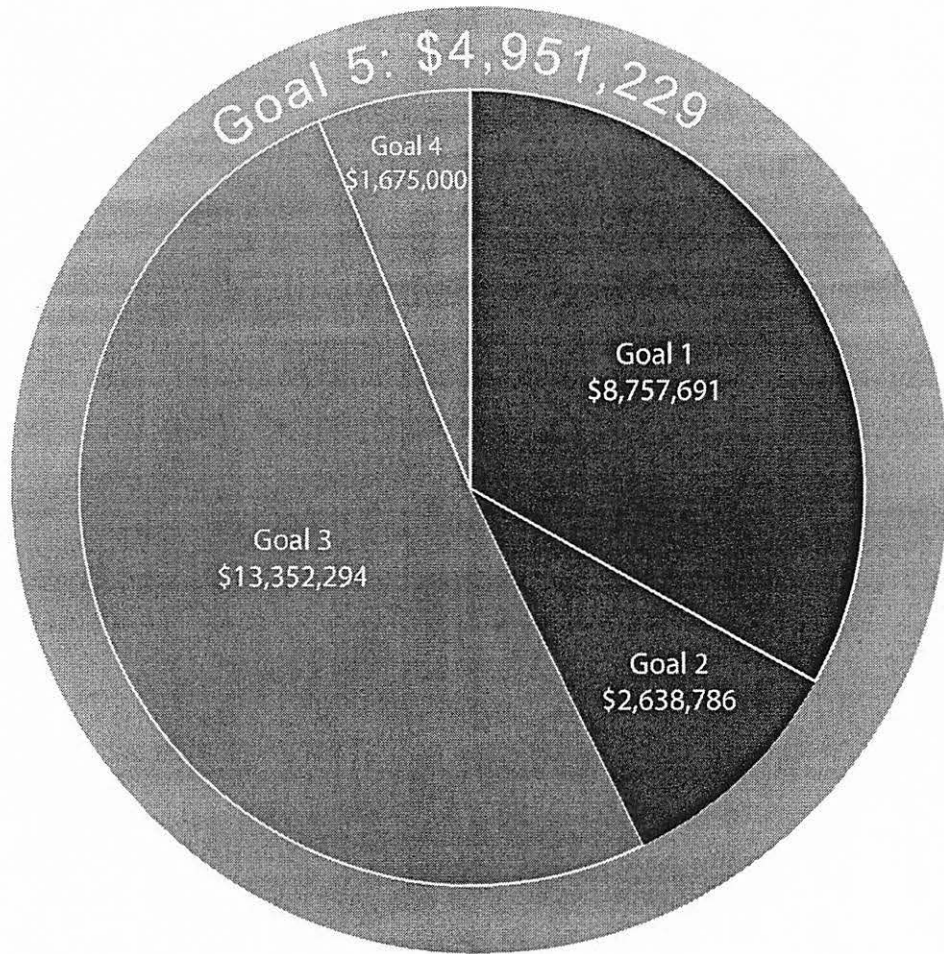
	FY 06/07	FY 07/08	FY 08/09	FY 09/10	FY 10/11	FY 11/12	FY 12/13	FY 13/14	FY 14/15	FY 15/16
	Projection	Projection	Projection	Projection	Projection	Projection	Projection	Projection	Projection	Projection
1. Beginning balance*	82,511.0	72,362.0	62,063.2	52,967.9	45,794.2	38,072.6	32,796.5	32,039.8	31,932.2	31,599.0
<b>REVENUE</b>										
2. Allocations	21,885.9	21,667.0	21,017.0	20,386.5	19,774.9	19,181.7	18,606.2	18,048.0	17,506.6	16,981.4
3. State matching	3,620.3	3,622.4	3,024.6	2,279.1	1,800.0	1,800.0	1,800.0	1,800.0	1,800.0	1,800.0
4. Other revenue	302.0	302.0	302.0	302.0	302.0	302.0	302.0	302.0	302.0	302.0
5. Subtotal revenue	25,808.2	25,591.4	24,343.6	22,967.6	21,876.9	21,283.7	20,708.2	20,150.0	19,608.6	19,083.4
6. Interest - Operation Fund	1,417.8	1,143.8	865.7	620.1	426.4	218.0	75.5	55.1	52.2	43.2
7. Interest - Sustainability Fund	1,200.0	1,200.0	1,200.0	1,200.0	1,200.0	1,200.0	1,200.0	1,200.0	1,200.0	1,200.0
8. Total revenue	28,426.0	27,935.2	26,409.3	24,787.7	23,503.4	22,701.6	21,983.7	21,405.1	20,860.8	20,326.6
<b>EXPENSES</b>										
9. Program**	4,808.5	4,664.2	4,477.7	4,298.6	4,126.6	3,961.6	3,803.1	3,651.0	3,504.9	3,364.7
10. Administration	2,319.8	2,457.6	2,227.0	2,137.9	2,052.4	1,970.3	1,891.5	1,815.8	1,743.2	1,673.4
11. Community Investments	31,375.0	31,250.0	28,800.0	25,525.0	25,045.9	22,045.9	17,045.9	16,045.9	15,945.9	15,945.9
12. Subtotal expenses	38,575.0	38,234.0	35,504.6	31,961.5	31,224.9	27,977.7	22,740.5	21,512.7	21,194.0	20,984.1
Admin/Expense Ratio	6.2%	6.1%	6.3%	6.7%	6.6%	7.0%	8.3%	8.4%	8.2%	8.0%
16. Ending balance*	72,362.0	62,063.2	52,967.9	45,794.2	38,072.6	32,796.5	32,039.8	31,932.2	31,599.0	30,941.5

Figure 7. 5-Year Community Investment Plan



	FY 06-07	FY 07-08	FY 08-09	FY 09-10	FY 10-11
Community Engagement & Education Strategy	\$11,375.0	\$10,250.0	\$8,800.0	\$7,525.0	\$7,525.0
High-Risk Strategy	\$20,000.0	\$21,000.0	\$20,000.0	\$18,000.0	\$17,520.9
Total Community Investments	\$31,375.0	\$31,250.0	\$28,800.0	\$25,525.0	\$25,045.9

Figure 8. FY 06-07 Community Investments by Goal Areas





## Appendices

## FIRST 5 Santa Clara County Initiatives and Programs: 2000-2005

## Appendix A

**Early Screening and Assessment Initiative:** A clinic for screening and assessing young children for developmental delays and/or serious behavioral concerns.

**Children's Health Initiative:** Comprehensive health insurance for all children birth through age 5.

**Early Learning Initiative (School Readiness):** Supports and services that are necessary to ensure children are prepared for school success in 18 high-need elementary schools in three school districts: Franklin-McKinley, Gilroy, and San Jose Unified.

**The East Initiative:** Comprehensive supports and services for children and families in three schools in the Alum Rock School District.

**Regional Partnership Initiative:** Community-driven, neighborhood supports and services covering 6 regions of the County.

**Prenatal and Toddler Home-based Visitation Initiative:** Home-based visitation services to first time mothers and parents with children prenatal through age two.

**Early Childhood Professional Development Initiative, E3 Institute:** Comprehensive Approaches to Raising Educational Standards (CARES), continuing education and professional development of the early childhood workforce.

**Family Court Initiative:** Care management and supplemental services for families dealing with separation and divorce issues to assist them in securing court mandated and family-identified services.

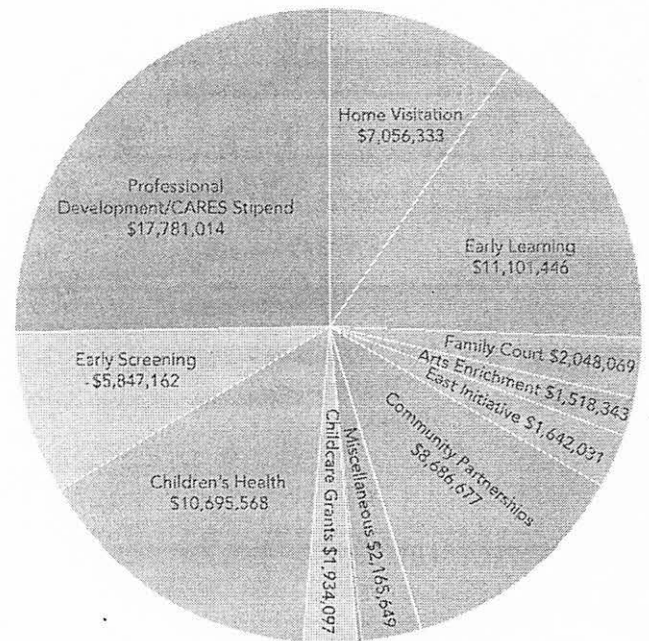
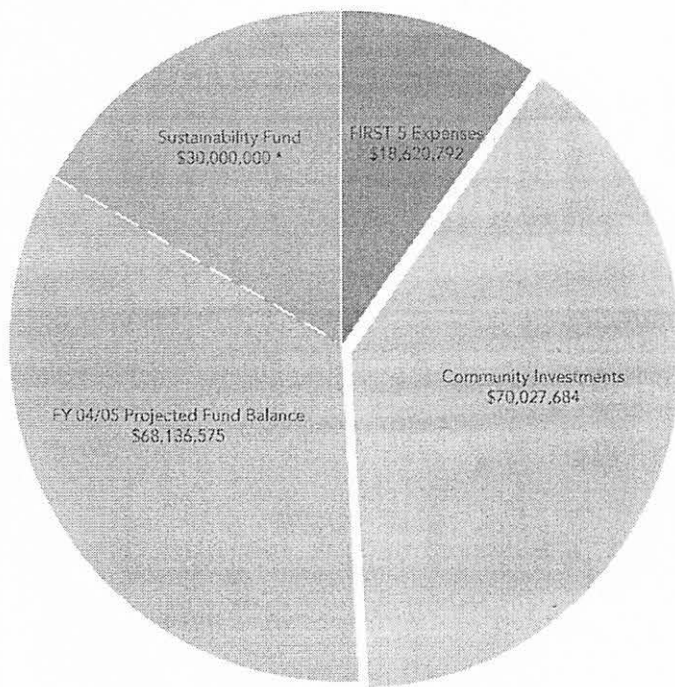
**Arts Enrichment Initiative:** Age-appropriate visual, performing and literary arts that highlight the culture, arts and traditions of local communities.

**Children's Discovery Museum:** Two exhibits at the museum that provide interactive play and discovery opportunities to support the emotional, social, physical and cognitive development of children under the age of six.

**Radio Programs:** Information, resources, and advice are offered to parents and caregivers of young children on two radio programs (in English and Spanish) in Santa Clara County.

**Kits for New Parents:** A local customized package of resources for new parents that includes practical information that parents can incorporate into their daily lives (available in English, Spanish and Vietnamese).

Community Investments  
\$70,027,684



1. High-Risk Research: This 15-month research project included:

- Geomapping throughout the County of more than 20 risk factors affecting young children and their families.
- The identification of those communities with the highest number of combined, cumulative risk factors.
- The identification of those communities with the largest number of children under the age of six.
- Research of local, state, national, international and evidenced-based best-practices across disciplines and appropriate for children under the age of six and their families.

2. Social Services Agency Child Abuse Hotline Calls: This research project involved the analysis of calls coming into the Child Abuse Hotline, and especially those that did not meet the legal threshold for Child Welfare intervention. The data included demographics (e.g. age, ethnicity, zip code, reason for referral) and validated the High Risk Research with regards to communities with the greatest cumulative risk.

3. Collaborative for Inclusion: The two-year planning process involved the formation of a collaborative of organizations, parents and community members who are focused on children with special needs and their families, to include:

- Increasing awareness of this population of young children
- Increasing the number, availability and appropriateness of services
- Increasing opportunities for inclusion

4. Comprehensive Approaches to Raising Educational Standards (CARES): Outreach to and engagement of early educators in professional development activities. This program provided invaluable information on the level of need for workforce development of early educators throughout the County, and resulted in successful cooperation and collaboration across Early Childhood Development programs in local community colleges and universities.

5. Quality Early Learning Opportunities (QELO): This program provided:

- Research on national and international best-practices in early education which resulted in guiding principles for quality standards;
- A survey of the county to assess needs for and determine supply of early education environments; and
- A review of per child cost and service delivery options for early education environments.

6. Power of Preschool: A year long planning process resulted in:

- The identification of 14 critical quality service elements;
- Areas of lowest availability and greatest need for licensed services; and
- An alignment of the High Risk research, the Early Learning Initiative programs and the Power of Preschool plan.

7. Early Learning Initiative (School Readiness): Data collected from programs in targeted school districts yielded:

- The need for an integrated continuum of child and family support services;
- Challenges and opportunities for collaborating with private and public funders;
- Partnerships with school districts ready to establish a Pre-K through 12 learning system; and
- An increased understanding of the importance of parent and community engagement.

8. Early Screening and Assessment: A survey of health/medical, community, and education providers who provide early screening and assessment of a child's development:

- Confirmed the need for greater collaboration to improve consistency of and access to quality screening, assessment and referral to appropriate services for children with suspected delays and disabilities; and
- Identified the need for cross-disciplinary, workforce development regarding inclusion of children with special needs.

### Family Partner Services: Components B & C

Family Partner services will be offered to the targeted population living within the zip code areas defined by Components B and C. Family Partners will be trained in the Cornell University Family Development Model and will:

- Engage with families and build rapport;
- Identify, secure and coordinate multiple services;
- Identify family needs and strengths;
- Screen for developmental delays and social/emotional behaviors;
- Identify gaps in family's services;
- Remove barriers to access:
  - Translation
  - Convenient locations for meeting families
  - Transportation
  - Cultural Competence
  - Assist with the completion of applications and forms
  - Appointments and follow up: remind families of follow up appointments;
- Work with families to achieve goals as identified by the Child and Family Development Plan;
- Celebrate with families when goals are accomplished;
- Coordinate with network of service providers;
- Collect and input client level data;
- Provide opportunities for families to practice self-reliance; and
- Advocate on behalf of families to:
  - Promote responsiveness of organizations, communities and other public institutions
  - Encourage communities to support families
  - Promote a unified approach to service delivery at the Partnership level:
    - Full Service Partnerships
    - Network of services.

### Therapeutic and Family Supportive Interventions: Component C

Qualified providers will deliver age and developmentally appropriate early childhood therapeutic and family supportive interventions within the context of the child's natural ecologies. Children in the targeted areas may present problems that include, but are not limited to:

- Depression
- Attention-deficit hyperactivity disorder
- Anxiety
- Disruptive behavior
- Other behavioral concerns

Relationship and evidenced-based treatment interventions (child, parent, family) and Therapeutic Behavioral Services (one-to-one) will include:

- Trauma-Focused Cognitive Behavioral Therapy (CBT);
- The Incredible Years;
- Parent-Child Interactive Therapy;
- Motivational Interviewing, Integrated Mental Health and Substance Abuse Treatment;
- Alameda County Early Childhood Mental Health System Groups; and
- Local Early Childhood Services.

#### Home Visitation Services: Components B & C

Home visitation is a vehicle for providing a range of education and supportive services to children and their families in their own homes. It also affords the service provider an opportunity to observe the child and family in the child's natural environment. Qualified providers will address issues related to:

- Typical and atypical child development and monitoring of the child's development;
- Effective parenting strategies;
- Health related issues such as nutrition, childhood illnesses; and
- Specialized interventions for children with special needs.

Home Visitation specialists will work as part of a coordinated-care team to provide specialized in-home supports for identified areas of concern. In order to deliver the most appropriate and effective home visitation services, demonstration sites will partner with providers who have a broad range of expertise. As with all other targeted interventions in the demonstration areas and surrounding communities, Home Visitation Specialists will work with Family Partners to provide families with access to needed services and supports.

#### Parent Workshops: Components B & C

Parent Workshops will address all potential barriers such as:

- Location, ease of access;
- Hours of service;
- Cultural competency and linguistic appropriateness; and
- Quality learning environments for children while the parents/caregivers are attending workshops.

Workshops for parents and other caregivers will cover a range of topics such as:

- Typical and atypical child development;
- Effective parenting strategies and strengthening families;
- Establishing and maintaining a nurturing and supportive home environment;
- Identifying obstacles to school readiness and preparing children to succeed in school;
- Strategies for working effectively with the child's education system;
- Children with special needs; and
- Other topics identified by parents/caregivers.

## Oral Health: Components B & C

Comprehensive Oral Health services will include:

### 1. Prevention

- Oral health Education and Training
- Oral hygiene and nutritional instruction to child and care giver
- Train Family Partners in oral health instruction for families (Oral hygiene and nutritional information for healthy mouths)

### 2. Intervention

- Simple Restorative Care
- Exam and X-ray as needed
- Restorative procedures (fillings) on decayed teeth
- Extraction of abscessed teeth
- Pit and fissure sealants and fluoride treatments

### 3. Intensive Intervention/Treatment

- Sedation Dental Services (as needed)
- Oral conscious sedation for behavioral or extensive oral decay
- General anesthesia for behavioral or extensive oral decay